
THE WASHINGTON GUIDE
to
PROMOTING DEVELOPMENT
in the
YOUNG CHILD

4 TO 8 MONTHS

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University of Washington, 1987

How to use this guide:

The left half of each page describes the developmental skills your child should master during this age range. The right half of the page gives ideas for helping your child learn the new skills.

Motor Skills

- 1) Sits with little support, with stable head and back.
- 2) Sits alone steadily.
- 3) Plays with hands, which are open most of the time.
- 4) Holds a rattle or bottle with both hands.
- 5) Picks up small objects.
- 6) Transfers toys from one hand to the other.

- 1) Pull your baby up to a sitting position.
- 2) Allow your baby to sit supported or by herself when she is able to hold her head and trunk steadily.
- 3) Put brightly-colored objects within her reach.
- 4) Give your baby toys or household objects: rattles, teething rings, cloth animals or dolls, 1-inch cubes, or plastic objects such as cups, rings and balls.
- 5) At around 8 months of age offer small objects such as cereal to improve her ability to grasp.
- 6) Offer a variety of patterns or textures to play with.
- 7) Use squeak toys.

Feeding Skills

- 1) Tongue is used in moving food around in the mouth.
- 2) Your baby uses hand-to-mouth motions.
- 3) Recognizes bottle as soon as she sees it.
- 4) Gums or mouths solid foods.
- 5) Feeds herself crackers.
- 6) Is able to swallow pureed foods.

- 1) Give finger foods to help develop chewing, to stimulate your baby's gums, and to encourage hand-to-mouth motion (shredded cheese, bananas, dry toast, bread crusts, cookies).
- 2) Introduce solids, one kind at a time. Use a small spoon and place the food well back on your infant's tongue.
- 3) Sit your baby upright in an infant seat, car seat or high-chair for feeding.
- 4) Encourage her to hold her own bottle.
- 5) Introduce junior foods.

Sleep

- 1) Night: 10 to 12 hours.
- 2) Naps: 2 to 3 naps, each one lasting 1 to 4 hours.
- 3) Night awakenings can happen normally.

- 1) Keep crib sides up.
- 2) Try not to take your child into your room if she awakens. *
- 3) Place your child in the crib while she is still awake. Do not get her used to being fed in order to fall asleep.
- 4) Check if there is a cause for awakenings: hunger, teething, pain, cold, wet, noise, or illness.
- 5) If a baby-sitter is used, try to find someone with whom your infant is familiar. Explain bedtime and naptime arrangements to the baby-sitter.

Play

- 1) Plays with her own body.
- 2) Can tell strangers from family members.
- 3) Tries to get objects to play with.
- 4) Grasps, holds, and manipulates objects.
- 5) Repeats activities she enjoys.
- 6) Bangs toys or objects together.

- 1) Begin playing patty-cake and peek-a-boo.
- 2) Allow time for solitary play (playpen).
- 3) Hold and touch your child.
- 4) Provide a variety of multi-textured objects that your child can hold.
- 5) Encourage exploration of body parts.
- 6) Provide floating toys for the bath.

Language

Receptive Language

- 1) Your baby looks toward sounds.
- 2) Responds to "hi there" by looking up at the face that is across from and in front of him.
- 3) Head turns to the sound of cellophane held and crunched 2 feet away and at a 135 degree angle on either side of his head.
- 4) Will turn head to locate sound of "look here" when spoken from 2 feet away at 90 degree angle. (Baby will not be able to localize sound directly behind his head.)
- 5) Turns head to the sound of a rattle.
- 6) Responds differently to vacuum cleaner, phone, doorbell, or the sound of a dog barking; may cry, whimper, look toward sound, or parent may notice a change in baby's body tension.
- 7) Responds by raising arms when parent reaches toward child and says "come up."

Expressive Abilities

- 1) Uses different inflectional patterns. In other words, your baby's voice rises and falls in different patterns when he is happy, sad, lonely or just trying to talk to you.
- 2) Laughs out loud.
- 3) Has different patterns of crying when hungry, in pain, or angry.
- 4) Produces vowel sounds and several syllables in a row such as "baba," "gugu," or "didi".
- 5) Makes "talking sounds" in response to others talking to him.
- 6) Babble to produce consonant sounds such as "ba," "da," or "m-m."
- 7) Talks to toys.
- 8) Says "da-da" or "ma-ma" but not specifically to the correct parent.

Discipline

- 1) Begins to understand "no no."
- 2) An infant who is left alone for long periods of time may become bored or fretful and learns that crying or whining results in attention.
- 3) Begins to show signs of stranger shyness and may whimper and cry when parent leaves him or when a stranger picks him up.

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- 1) Engage in smiling eye-to-eye contact while talking to your infant.
- 2) Talk in a conversational style with your baby; echo the sounds he makes.
- 3) Watch for signs that your baby is tired of communication. He might look away, struggle to move away, have flushing of his skin, tension of his body, or movement of his arms.
- 4) Talk with your infant during handling, while feeding, bathing, dressing, diapering, doing bedtime preparations, and holding him.
- 5) Make him laugh by tickling him lightly.
- 6) Observe your child's reactions to bells, whistles, phones, laughing, singing, talking, music boxes, noise-making toys, horns, and common household noises.
- 7) While talking to your child hold him in a position so that he can see your face.
- 8) Have your infant placed at a position of eye level while talking to her throughout the day.
- 9) If you haven't heard laughing and crying sounds yet from your baby, report that to your pediatrician, family physician, public health nurse or well-child clinic.

Discipline Continued

- 4) Beginning to grasp objects and bring them to his mouth, but unable to differentiate safe from hazardous items.

- b. Allow your infant to cling to you and get used to other people a little at a time.
 - c. Play hiding games like peek-a-boo in which the person disappears and reappears.
 - d. If a baby-sitter is used, find a person familiar to your infant or introduce her for brief periods before leaving the infant in her care.
 - e. Avoid rough handling, particularly by strangers. Mother, father, and siblings should handle the child gently.
- 4) Provide toys that do not have small detachable parts. Check frequently for small objects in your child's line of reach.
- 5) When traveling in a car, place your child in a car seat with safety belts securely fastened.

third visit...

4 months

Food for Thought

Any feeding concerns?

When someone other than yourself is feeding your baby, do you know what and how much your baby is eating?

Do you put your baby to bed with a bottle?

Have you offered any solid foods?

How much time does your baby spend on his or her belly?

Feeding Advice

- Your doctor will encourage you to introduce cereal between 4-6 months.
 - When your baby is developmentally ready.
 - Your baby is ready for cereal when he can sit up with support and can hold his head up well.
 - Use a single grain (rice, barley or oat) iron-fortified cereal.
 - Give cereal with a spoon, never put it in a bottle.
 - Start with 1 T and gradually increase to 1-2 T twice a day (mix with breastmilk or formula).
- Vegetables will be the next baby food you offer around 6 months.
- Do Not give your baby juice until 6 months of age.

Be Active

- When your baby is awake, actively play with your baby, use crib gyms to encourage kicking, stretching and reaching.
- Screen time (TV, computer, electronic games) not recommended under age 2.

Notes:

Child's name _____

Height _____ Weight _____ Date _____

Weight for Height percentile _____ %

Your Child's First Vaccines:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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The vaccines included on this statement are likely to be given at the same time during infancy and early childhood. There are separate Vaccine Information Statements for other vaccines that are also routinely recommended for young children (measles, mumps, rubella, varicella, rotavirus, influenza, and hepatitis A).

Your child is getting these vaccines today:

DTaP

Hib

Hepatitis B

Polio

PCV13

(Provider: Check appropriate boxes.)

1. Why get vaccinated?

Vaccines can prevent disease. Childhood vaccination is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases.

Diphtheria, tetanus, and pertussis (DTaP)

- **Diphtheria (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **Tetanus (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **Pertussis (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

Hib (*Haemophilus influenzae* type b) disease

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections

or bronchitis, or they can cause severe illness, such as infections of the blood. Severe Hib infection, also called “invasive Hib disease,” requires treatment in a hospital and can sometimes result in death.

Hepatitis B

Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness. Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach. Chronic hepatitis B infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

Polio

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis. Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.



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Centers for Disease Control and Prevention

A smaller group of people will develop more serious symptoms: paresthesia (feeling of pins and needles in the legs), meningitis (infection of the covering of the spinal cord and/or brain), or paralysis (can't move parts of the body) or weakness in the arms, legs, or both. Paralysis can lead to permanent disability and death.

Pneumococcal disease

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Besides pneumonia, pneumococcal bacteria can also cause ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (infection of the blood). Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. DTaP, Hib, hepatitis B, polio, and pneumococcal conjugate vaccines

Infants and children usually need:

- 5 doses of **diphtheria, tetanus, and acellular pertussis vaccine (DTaP)**
- 3 or 4 doses of **Hib vaccine**
- 3 doses of **hepatitis B vaccine**
- 4 doses of **polio vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV13)**

Some children might need fewer or more than the usual number of doses of some vaccines to be fully protected because of their age at vaccination or other circumstances.

Older children, adolescents, and adults with certain health conditions or other risk factors might also be recommended to receive 1 or more doses of some of these vaccines.

These vaccines may be given as stand-alone vaccines, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

3. Talk with your health care provider

Tell your vaccination provider if the child getting the vaccine:

For all of these vaccines:

- Has had an **allergic reaction after a previous dose of the vaccine**, or has any severe, life-threatening allergies

For DTaP:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

For PCV13:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP)

In some cases, your child's health care provider may decide to postpone vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before being vaccinated.

Your child's health care provider can give you more information.

4. Risks of a vaccine reaction

For all of these vaccines:

- Soreness, redness, swelling, warmth, pain, or tenderness where the shot is given can happen after vaccination.

For DTaP vaccine, Hib vaccine, hepatitis B vaccine, and PCV13:

- Fever can happen after vaccination.

For DTaP vaccine:

- Fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

For PCV13:

- Loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13 vaccination.
- Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



Rotavirus Vaccine: What You Need to Know

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1. Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus commonly causes severe, watery diarrhea, mostly in babies and young children. Vomiting and fever are also common in babies with rotavirus. Children may become dehydrated and need to be hospitalized and can even die.

2. Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called "porcine circovirus" can be found in one brand of rotavirus vaccine (Rotarix). This virus does not infect people, and there is no known safety risk.

Rotavirus vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of rotavirus vaccine, or has any severe, life-threatening allergies
- Has a weakened immune system
- Has severe combined immunodeficiency (SCID)
- Has had a type of bowel blockage called "intussusception"

In some cases, your child's health care provider may decide to postpone rotavirus vaccination until a future visit.

Infants with minor illnesses, such as a cold, may be vaccinated. Infants who are moderately or severely ill should usually wait until they recover before getting rotavirus vaccine.

Your child's health care provider can give you more information.

4. Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 U.S. infants to 1 in 100,000 U.S. infants who get rotavirus vaccine. Your health care provider can give you more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



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Control and Prevention

5. What if there is a serious problem?

For intussusception, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest. Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

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