



**KJARTAN D. ARMANN, M.D.**  
Infant, Child and Adolescent Medicine

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## ANTICIPATORY GUIDANCE 4-5 MONTHS

### **FEEDING:**

Breast milk or formula is the ideal major source of food for your baby. It is not unusual for your baby to cut back on feedings at this age.

#### Introduction of Solid Foods:

Cereal- It is not necessary to give solids to your baby until they are between 4-6 months of age. A baby should start solid food by 6 months of age. If solids are introduced after the age of 6 months the baby may not want to take solid foods from a spoon. Early feeding of solids can create problems in the intestine and may give the baby cramps and gas. It may also increase the baby's risk of food allergies. Therefore, do not start solid until the baby is at least 4 months old.

When you introduce solid foods, start with rice cereal. Buy rice cereal marked "fortified with iron". Taking food from a spoon and swallowing it will be new for your baby, so begin with only a small amount on the tip of a small spoon. Let your baby suck it off. They may need time to get used to the feel and taste of it. Offer this "new" food only after the baby has taken a small amount of "familiar" formula or breast milk.

Begin with 1-2 teaspoons full of dry cereal at each feeding. Prepare the cereal to the thickness of cream. From a small spoon feed lukewarm cereal mixed with formula or breast milk in a bowl. Increase until your baby is eating 2-6 tablespoons per feeding. Continue rice cereal for 5 days. If your baby has no reaction such as vomiting, diarrhea or rash, you may then progress to other cereals. After your baby has had 2-3 cereals, each for 5 days, you may then introduce vegetables and fruits. Introduce one new vegetable or fruit every 3 days as an additive diet. For example, after you have started rice cereal and fed that for 5 days, you may decide to give your baby peas. You may feed your baby peas for 3 additional days in addition to rice cereal. Next, you may wish to add bananas. Your baby may continue to receive rice cereal, peas and bananas all at the same time at the same meal if you wish. When your baby is looking for food during other times of the day, feed your baby. I prefer to start babies once a day at a time when the baby can consistently be fed at the same time everyday. Generally, that's in the evening. However, if your baby is watching you eat breakfast and wants to eat off your spoon, it is probably time to start a second meal.

### **DEVELOPMENT:**

In the next two months, your baby will begin to transfer objects from one hand to another, try to hold the bottle and spoon, turn to the sound of a voice and sit alone, bearing some weight on their legs. Remember one of the ways your baby finds out about things is by



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putting them in their mouth. Watch what goes in to the mouth. Babies do not know the difference between foods and poisons.

**SAFETY:**

A CHILD OF THIS AGE NEEDS FULL TIME PROTECTION. ACCIDENTS ARE MORE FREQUENT THAN IN THE FIRST 3 MONTHS BECAUSE THE BABY GRASPS AND MOVES MORE.

**Play Area**

When you are busy, put the baby in a safe place near you. Do not put the baby on the floor, the bed or in the yard unless you are there. **DO NOT LEAVE YOUR BABY ALONE WITH THE PETS!**

**Bath**

Do not leave your baby alone in the bath at anytime. A baby can drown in seconds. Turn your water heater down to 124 degrees. (Burns will be less likely.)

**Toys**

Large rounded toys of smooth wood or plastic are safe. Nothing sharp!

**Small Objects**

Keep buttons, beads, and other small objects away from the baby's reach. The baby can find the smallest pin on the cleanest floor. Always keep a close eye on your baby.

**COMMON CONCERNS:**

Almost all babies have a stuffy or runny nose sometime during their first year of life. Sometimes they will also have a cough and noisy breathing. Some of the things you can do to help your baby feel better and breathe more easily are the following:

1. **Salt water nose drops and suction the nose:** Clean the baby's nose with a bulb syringe, which may have been given to you at the hospital. Mix ¼ teaspoon of salt water with one cup of warm water. Or you may buy saline drops (over the counter) at any store. Hold the baby with the head below the body. Fill a dropper with the saltwater; put a few drops in each nostril and release. With the bulb syringe suck out the mucus in the baby's nose. Squeeze out the bulb syringe on a piece of tissue and repeat the process if needed. You can do this before eating and sleeping times. The baby will cry when you do this, but if done gently no harm is done. After use, boil the bulb syringe for ten minutes to kill any germs that may collect in it. Wait until it cools before using it again. Do not use for more than 3-4 days.
2. **Cool mist vaporizer:** Another thing you can do if your baby has chest congestion, is use a cool mist vaporizer. A cool mist vaporizer is preferable because it is safer and



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more comfortable in the summer months. Be sure the child cannot touch the vaporizer. If the hair and bedding are not damp, your vaporizer is not putting out enough moisture. **BE SURE THE VAPORIZER DOES NOT RUN DRY.** Only use water in the vaporizer.

3. Taking their temperature: When your baby is sick, take their temperature. Call me if:
- A. The temperature is over 101 degrees.
  - B. The baby has trouble breathing.
  - C. The baby is very fussy or irritable.
  - D. The baby does not want to eat.
  - E. The baby is vomiting or has diarrhea.

You will not spoil your child by giving them lots of love and affection. Your baby needs love and attention just as you do.



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**NORMAL DEVELOPMENT FOR 4-5 MONTHS**

- Is active, playful and gregarious.
- Rolls from side to side.
- Holds up chest when lying on tummy by pushing up with hands.
- Can hold his entire weight on his legs when supported in a standing position.
- Helps put themselves to sitting position. Supports head when helped to a sitting position.
- Sits with support for longer periods. Try propping your baby up with pillows but never leave your baby unattended in this position.
- Reaches and grasps some objects. Begins one handed reach and may transfer objects from hand to hand to mouth. Hand begins to adjust to shape and size of object when reaching.
- Shakes and turns rattle. Loves to grab earrings, glasses, hair, necklaces and bracelets. Carefully studies objects placed in hand.
- Is learning his actions have a result. Hits mobile to make it swing.
- Easily brings objects to mouth. Explores everything with mouth.
- Plays contently with fingers and hands.
- Usually sleeps through the night and wakes quickly in the morning. May play in the crib with a toy before you get there.
- Focuses clearly near and far. Developing depth perception. Sees in full color. Likes, orange, blue and green.
- Acknowledges bottle gleefully. Grasps bottle in attempt to feed themselves. Enjoys playful exchanges while feeding. May nurse at the breast longer.
- Fascinated with mirror images. Smiles in response to mirror image. May pat image.
- Turns head purposefully in response to human voices. May follow familiar people as they leave the room. Looks where you look.
- Smiles and coos when talked to. May cough for attention. May vocalize to draw mother's attention when she is engaged in conversation with someone else. Makes raspberries and smacks lips.
- Laugh and giggle while playing and socializing. Will play alone for 10-15 minutes. Loves to play peek-a-boo.
- Basks in attention. Extends hands like "pick me up". Will look at floor, squirm and fuss as in saying, "put me down".
- Is intensely absorbed in what is going on. Studies people out of the immediate family.
- Just begins to realize objects exist even when out of site. Begins to compare objects to self (i.e. sucks on toes and sucks on toy to feel the difference).
- Explores genitals by poking and pulling.



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Each child is unique. It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. Consequently, these guidelines are offered as a way of showing general progression through the development stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier or later than the general trend. Keep this in mind as you review these milestones.

If you have any concerns related to your child's pattern of development, please discuss them with me at your next well child care visit.