4 Month Well Child Visit

**Competency:** The resident should know:

1. What elements of the general health assessment are unique to the 4 month well child check.
2. What is the normal behavior and activity of a healthy four month old.
3. What immunizations are required for the four month visit.
4. What anticipatory guidance should be provided to parents at the four month visit.

**Case:** A four month old boy is brought into your clinic for a well child visit. The mom wonders if she can give her son fruits and vegetables and wonders if he will need any shots at this visit. She wants to know if she should give her child any vitamins.

**Questions:**

1. What are the elements of a well child visit at 4 months of age?
2. What developmental milestones should a child reach by this age?
3. What Immunizations are required?
4. What anticipatory guidance should be provided?

**References:**

American Academy of Pediatrics Bright Futures (http://brightfutures.aap.org/web/healthCareProfessionals.asp)


Case: A four month old boy is brought into your clinic for a well child visit. The mom wonders if she can give her son fruits and vegetables and wonders if he will need any shots at this visit. She wants to know if she should give her child any vitamins.

What are the elements of a well child visit at 4 months of age?

The four-month visit is an exciting time for parents as this is the time their infant becomes more social and active. This is also an important visit for the pediatrician to observe and understand parent and infant bonding. For many families, this is the time at which parents will return to work or school for the first time after the birth of their child.

In addition to a thorough physical exam, the four-month well child visit should include a review of interval history that includes a discussion of behavior and development, feeding, elimination, sleep patterns, family environment and safety issues. The discussion should also prepare the parents for the required immunizations, reviewing any adverse reactions from the 2-month visit. In general, no laboratory exams are required unless there is a specific issue or concern. As always, the visit should include an appropriate amount of anticipatory guidance.

The initial discussion should incorporate a number of open ended questions to questions to obtain a global understanding of particular stressors or concerns parents may have. This time should be used to observe parent child interaction. Basic questions may include: “How are you?” “How is your family getting along?” “What do you enjoy most about your child?” If a parent is returning to work, specific questions can be asked about who will be taking care of the child or what the family is planning to do during this time of change.

Assessing nutritional status is an important part of the four-month visit. Understanding the quantity and quality of the infant’s feedings will help to guide anticipatory guidance discussions. At this point, the child should be gaining approximately 20 grams per day and taking in 110kcal/kg/day. Are there any difficulties of feeds? What are the family’s plans for introducing solids? How much vitamin D and iron is the infant taking in? Assessing the pattern of feeds allows for a nice transition to a discussion about sleep habits, e.g does the baby go to sleep with a bottle? Parents should be reminded to not leave a bottle propped in the baby’s mouth.

By this age, most infants can sleep through the night without the need for feeds. Infants will generally sleep between 14 to 16 hours per day, taking two to three naps during day time hours. Understanding the sleep routine, location and position will assist in directing your anticipatory guidance.

Like any well child check, the visit should include a thorough physical exam. A major portion of the physical exam can be accomplished through observation during the initial history. At every visit the weight, length and head circumference should be plotted on the appropriate CDC growth chart at every visit. Particular areas of focus should include the following:

1. Head: Fontanelle Size and overall shape of the head. Especially looking for plagiocephaly and encouraging more tummy/sitting time.
2. Eye: Red reflex and assessment of conjugate gaze
3. Cardiac: Assessing for the development of any murmurs and evaluating the peripheral vasculature.
4. Abdomen: Assess for any abdominal masses
6. Assess for tone, head control, parent infant interaction and for any evidence of abuse/neglect.
What developmental milestones should a child reach by this age?

The developmental assessment at the four-month visit is always exciting for parents. Now, their child is reaching more obvious milestones and is beginning to develop his or her personality. Again, a significant amount of the assessment can take place during the initial interview. In general the following should be observed or reported:

- Babbles and coos
- Smiles, laughs, and squeals
- Tracks to 180°
- In prone position, holds head upright and raises body on hands
- Rolls over from front to back (~50% of infants)
- Opens hands, holds own hands, grasps rattle
- Controls head well
- Begins to bat at objects
- Looks at and may become excited by mobile
- Recognizes parent’s voice and touch
- Has spontaneous social smile
- May sleep for at least 6 hours
- Able to comfort himself (e.g., fall asleep by himself without breast or bottle)

(From AAP Bright Futures Website)

What Immunizations are required?

- Rotavirus #2
- Diptheria, Tetanus and Pertussis
- Hib
- PCV
- IPV
- HepB #2 (if not previously given)

What anticipatory guidance should be provided?

There are a significant number of topics that can be addressed during the well child visit. Unfortunately, time and parent interest do not permit a complete review of anticipatory guidance. High yield topics should be identified during the initial interview. It is important to try and provide this information in a supportive discussion rather than a lecture.

Topics of discussion can include promoting healthy habits:
- Car Seat Safety (Rear facing until 20lbs and 1 year of age)
- Back to Sleep Program (sleeping on back until 6m/o)
- Water Temperature and Bath Safety
- Smoke and Gun Free Environment
- Sun Exposure
- No Baby Walkers
- Introduction of Solid Foods (Particularly iron fortified, starting with rice cereal and then gradual introduction of new solids every 4-5 days)
- Avoiding Honey, nuts or things on which they can choke.
- Childproofing the Home (outlet plugs, poison control, choking hazards etc…)
Anticipatory guidance should also include promotion of parent child interaction (reading with their children daily, games, toys, bed time routines), family relationships (sibling involvement, time for self, time with family members) as well as identifying any referrals that may be necessary, including WIC and Early Intervention.

Each visit should also incorporate what the parents should expect from their child in the coming months. Between the four and six month visit, the infant should have increased responsiveness to social interaction, babbling, improved reaching, holding, turning. At six months, the infant may be able to sit unassisted.

Below is a nice summary of some of the topics that can be addressed during the visit:

### ANTICIPATORY GUIDANCE FOR THE FAMILY

<table>
<thead>
<tr>
<th>Healthy and Safe Habits</th>
<th>Parent-Infant Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Injury and Illness Prevention</strong></td>
<td><strong>Hold, cuddle, and play with baby</strong></td>
</tr>
<tr>
<td>Use infant safety seat in back seat</td>
<td><strong>Talk, sing, read to baby; play music</strong></td>
</tr>
<tr>
<td>Never place baby in front seat with a passenger air bag</td>
<td><strong>Play pat-a-cake, peek-a-boo</strong></td>
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<tr>
<td>Put baby to sleep on back or side (back preferred) to reduce SIDS risk</td>
<td><strong>Provide age-appropriate toys</strong></td>
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<tr>
<td>Don’t use soft bedding, soft toys</td>
<td><strong>Set bedtime routine: put baby to bed awake</strong></td>
</tr>
<tr>
<td>Test water temperature with wrist</td>
<td><strong>Give same comfort object (toy, blanket, stuffed animal)</strong></td>
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<tr>
<td>Never leave baby alone with young siblings or pets</td>
<td><strong>Family Relationships</strong></td>
</tr>
<tr>
<td>Don’t leave baby alone in tub, high places (changing tables, beds, sofas); always keep hand on baby</td>
<td><strong>take time to see, time with partner</strong></td>
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<tr>
<td>Keep home and car smoke-free</td>
<td><strong>Encourage partner to help care for baby</strong></td>
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<tr>
<td>Avoid direct sun</td>
<td><strong>Keep in contact with friends, family</strong></td>
</tr>
<tr>
<td>Never shake baby</td>
<td><strong>Give siblings attention</strong></td>
</tr>
<tr>
<td>Childproof home (hot liquids, cigarettes, alcohol, poisons, medicines, outlets, cords, small/sharp objects, plastic bags, safety locks)</td>
<td><strong>Choose responsible babysitters</strong></td>
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<tr>
<td>Use safety locks on cabinets</td>
<td><strong>Discuss child care, returning to work</strong></td>
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<tr>
<td><strong>Nutrition</strong></td>
<td><strong>Community Interaction</strong></td>
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<tr>
<td>Don’t use baby walkers</td>
<td><strong>Ask for resources/referrals if needed</strong></td>
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<tr>
<td>Wash hands often, clean toys</td>
<td><strong>Consider parenting classes</strong></td>
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<tr>
<td>Know signs of illness: fever &gt;100.4°F, seizure, rash, unusual irritability, lethargy, failure to eat, vomiting, diarrhea, dehydration</td>
<td><strong>Maintain ties to community</strong></td>
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<td>If breastfeeding exclusively, give iron supplement</td>
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<td>Introduce solids at 4-6 months (iron-fortified cereal first, then pureed fruits, vegetables, meats)</td>
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<td>Wait ≥1 week to add a new food</td>
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<td>Don’t feed baby directly from jars or warm jars in microwave</td>
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<tr>
<td><strong>Oral Health</strong></td>
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<tr>
<td>Don’t put baby to bed with bottle</td>
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<tr>
<td>Discuss teething</td>
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<tr>
<td>Practice good family oral health habits (brushing, flossing)</td>
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(From Bright Futures Pocket Guide Book)

### References:

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