

I am 6 months old

My development – *Learn the Signs. Act Early.*

(what most babies do at this age)

Social/Emotional Milestones

- Knows familiar people
- Likes to look at themselves in a mirror
- Laughs

Language/Communication Milestones

- Takes turns making sounds with you
- Blows “raspberries” (sticks tongue out and blows)
- Makes squealing noises

Cognitive Milestones (learning, thinking, problem-solving)

- Puts things in their mouth to explore them
- Reaches to grab a toy they want
- Closes lips to show they don’t want more food

Movement/Physical Development Milestones

- Rolls from tummy to back
- Pushes up with straight arms when on tummy
- Leans on hands to support themselves when sitting

Other important things to share with your Child and Family Health Nurse or GP

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills they once had?
- Does your baby have any healthcare needs or were they born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your Child and Family Health nurse or GP, share your concerns, and ask about developmental screening.

Download the Love, Talk, Sing, Read, Play app for ideas to spending time with your child. Available on Android and iPhone.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's *Learn the Signs. Act Early.* Program (www.cdc.gov/ActEarly; February 2022).

For more great ideas on how to support my development, download the Bright Tomorrows app <https://www.brighttomorrows.org.au/>

Additional questions for parents/carers

Answer these questions before you visit your nurse or doctor for the 6 month health check.

I have concerns about my baby	Yes No
I have completed the health risk factor questions on page 22	No Yes
I have completed the dental risk factor questions on page 84	No Yes
I am concerned about my baby's hearing	Yes No
Others have said they are concerned about my baby's hearing	Yes No
My baby turns toward light	No Yes
I have noticed one or both of my baby's pupils are white	Yes No
My baby and I enjoy being together	No Yes
I read, talk to and play with my baby	No Yes
My baby is exposed to smoking and/or vaping in the home or car	Yes No
I place my baby on their back for sleeping	No Yes

If you circled any answer in the first column, please tell your doctor or child and family health nurse.

Health professional to complete:

Normal	Review	Refer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My personal health record

Feeding	Cannot Recall	Yes	No
When your baby was 4 months old , did they receive breast milk? (you may have answered this question at the 4 month immunisation tab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday , did your baby receive breast milk?		<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday , did your baby receive any of the following?			
a) Vitamins OR mineral supplements OR medicine (if required)		<input type="checkbox"/>	<input type="checkbox"/>
b) Plain water OR sweetened/flavoured water OR fruit juice OR tea/infusions		<input type="checkbox"/>	<input type="checkbox"/>
c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)		<input type="checkbox"/>	<input type="checkbox"/>
d) Solid OR semi-solid food		<input type="checkbox"/>	<input type="checkbox"/>

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond. *NHMRC Infant Feeding Guidelines: Information for Health Workers (2012).*