



Cornerstone Pediatrics

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6 Month Well Child

Name: _____ Date: _____

Weight: _____ lbs _____ oz Length: _____ in Head Circumference: _____ cm

Age: _____ Next Scheduled Appointment: _____

General Nutrition:

- Breast milk or iron-fortified formula continues to be your baby's main source of nutrition. Cow's milk given too early can lead to allergies, anemia and poor nutrition.
- Solid foods should be initiated at 6 months unless otherwise recommended at your well child check.
- Breast feed or bottle feed on demand.
- Babies should not be laid flat on their backs while feeding and bottles should always be held by a caregiver and not propped up. These can lead to choking and increased ear infections.
- Begin to use a cup for water.
- Juice is not necessary. If you do give juice to your baby, serve in a cup and limit to no more than 4 ounces a day of pasteurized juice ideally fortified with vitamin C. No orange or grapefruit juice until 12 months of age.
- As your baby is able to sit up more, you might want to get a high chair. Be sure to check for sharp edges, make sure the tray attaches securely and that you can easily buckle in your baby.
- Babies need fluoride at 6 months to help strengthen developing teeth and prevent cavities later on. Check whether the water you use is fluoridated. We will prescribe a fluoride supplement at six months if your household water is not fluoridated.
- Please do not give honey, tomatoes or citrus until after 12 months of age.
- Please do not given hen eggs until 24 months of age.
- Please do not give peanuts, tree nuts, fish or seafood until 36 months of age.
- If your baby is wetting 6-8 diapers a day and gaining weight appropriately the baby's feeding is adequate.
- Never heat formula or breast milk in the microwave because the milk will heat unevenly and may burn your baby.
- Many babies spit up a portion of each feeding. As long as it is a small amount and the baby gains weight, this is harmless and usually ends by 6-9 months.
- Most babies do not need vitamin supplements.

Breastfeeding:

- Breastfed infants are simply fed as much as they want. Breastfed babies are getting enough milk if they are gaining weight and wetting 6 or more diapers a day. Burp as needed during feedings.
- Many medications can pass through breast milk, be sure to ask your doctor for safe choices.
- Freshly expressed breast milk is good up to 48 hours if refrigerated and 3-4 months in a refrigerator freezer. Thawed milk may be refrigerated for up to 24 hours. Breast milk should

never be refrozen. Avoid over heating or boiling breast milk as it can harm the proteins in the milk.

- Although they may take bottles well at first, breastfed babies between 4-6 weeks may start refusing to bottle feed. If you plan to give your breastfed baby some bottles long term, offer a bottle once a day. Increase the number if you see reluctance and continue bottles until the reluctance is overcome.
- Some babies will become fussy in response to certain foods in the breastfeeding mother's diet. If you notice this try to avoid those foods for a week or two and try again. If you suspect a dietary cause of fussiness, the most common causes are cow's milk, citrus and tomatoes.
- When breastfeeding, you may eat or drink whatever you wish – all in moderation. Remember that alcohol and caffeine passes through breast milk. Onions and garlic may affect the taste of breast milk causing your baby to protest. When a baby reacts negatively it will usually be when mom has ingested a lot of an offending product.
- Contact your Lactation Consultant if you have further questions about your diet and breastfeeding.

Formula Feeding:

- Will take anywhere from 24 to 30 ounces a day including what is used for cereal.
- Formula is supplied as ready-to-feed, concentrate and powder. Be careful to follow the directions exactly when preparing the different formulas. Never dilute formula more than instructed. Prepared formula is good for up to 24 hours refrigerated.
- Test the temperature of heated formula by shaking well and dropping a few drops on the inside of your wrist. Room temperature formula does not need to be heated.
- Do not save formula from used bottles because bacteria from your baby's mouth may have mixed during feeding.
- Babies should be burped every few ounces during feeding and after each feeding.
- Let your baby decide when he/she is done feeding. Never force feed to finish what formula you have prepared. If your baby begins to finish the prepared amount, add an extra ½ to 1 ounce to the next feeding.

Solids:

- Readiness for solids should be determined based on the infant's ability to sit unassisted, presence of hand to mouth, interest in food and decreased tongue thrust response.
- Feed solids with a spoon, never put in bottle. Oral development is prerequisite for speech and among the most complex movements that your child will master. Throughout infancy oral development progresses from sucking and rooting to rhythmic biting and chewing. Feeding should be enjoyable for parent and baby. The best time to start is often in the mid-morning, when your baby is hungry but not ravenous.
- Start with iron-fortified rice cereal. Begin with 1 Tbsp. mixed with 2-4 Tbsp. of breast milk or formula. Build up to 3-4 Tbsp. 2 times a day. As your baby gets used to the consistency of the cereal you can decrease the amount of breast milk or formula.
- Add new foods slowly – one new food a week. Start by feeding one new food for 3 to 4 days. Watch for rash, vomiting, or diarrhea with each new food. If any of these symptoms occur, stop the new food for one month and then try again.
- Start with single vegetables first then add in single fruits. After 6 months you can introduce meats.
- You do not have to use processed baby foods. You can use regular foods that have been pureed. You can freeze small portions of pureed fresh foods in ice cube trays for several months. Do not refrigerate or re-freeze purees for future use. Wash fresh fruits and vegetables thoroughly with soap and water to remove pesticides. Organic foods do avoid pesticides but must be washed thoroughly to remove dirt and bacteria.
- Daily suggestions or goal of intake after initiation of rice cereal is established:

- **Cereals:** 4-6 Tbsp./day. Add 1.5 ounces of breast milk or formula to each Tbsp. of dry cereal.
- **Vegetables:** 4-5 Tbsp./day. Start with strained single vegetables advance to junior and mashed table foods at 7-8 months.
- **Fruits:** 4-5 Tbsp./day. Start with strained advance to junior and mashed table foods at 7-8 months.
- **Meats:** Begin at 6-9 months of age, 4-5 Tbsp./day. Begin with strained advance to junior and mashed at 7-8 months.
- Avoid empty calories such as puddings, punches, soft drinks and desserts.
- It is common for babies to refuse foods, offer a few more times or again at the next meal.
- Do not feel pressured to get your baby on an abundance of solid foods at this age. Most nutritional needs can be met through breastfeeding or formula alone.

Weight:

- Your baby should continue to gain ½ ounce a day or about 1 pound a month until 12 months. Birth weight should double between 4 to 6 months and triple by one year.

Length:

- Your baby's length will increase 9-11 inches in the first 12 months.
- Length increases by about ½ inch a month until 12 months.

Head Circumference:

- Head circumference will increase ½ cm a month from 6 to 12 months.

Sleep:

- Babies at this age show a wide variation in night sleep patterns. Some will sleep 8 or more hours, others 6 hours and some will continue to wake every 3 to 4 hours. On average babies sleep 12 to 15 hours a day.
- If your baby is still waking every 304 hours at night, please contact us to see if a change in sleeping arrangement and bedtime ritual might help.
- Remember no bottles in bed.
- Encourage the use of a transitional object- a friendly soft toy or favorite blanket to your baby to hold.
- **Back to sleep** – Make sure your baby is placed on his/her back on a firm mattress for sleeping. This reduces the risk of Sudden Infant Death Syndrome or SIDS. However, if your baby is rolling over you may not be able to keep him/her on their back.
- Never place pillows, toys or blankets under or around your baby.
- Place your baby in the crib when drowsy, before he/she falls asleep completely.
- If possible, have your baby sleep in a crib in a room separate from yours.
- Establish a nighttime routine to help your baby learn sleep time.
- If your baby awakens and cries, check for safety and comfort. Try to limit stimulation. Avoid picking up your baby, feeding, playing or taking him/her to your bed at night. During the day respond to fears by holding and reassuring.
- It is important for your baby to learn how to put him/herself back to sleep.

Bowel Movements (Stools):

- Consistency and color of stool with change and vary as new solid foods are introduced.
- Babies may show dramatic facial expressions, pass gas, strain and draw their legs up when passing stools. This is normal as long as the stools are soft and there is no pain. However, if your child passes small, hard, dry pellets, this might be true constipation.
- The number of stools decline after the age of 1 month from after most feedings to a variable number of stools per day. Occasionally, even 1 large stool every 2-3 days. More important than

the number of stools is your baby's eagerness to eat, comfort, ability to be consoled and proper weight gain.

- If you notice your baby has not had a stool in 3 to 4 days you can try to give 2-4 ounces of pear or apple juice mixed 1:1 with water once a day.
- **Constipation:**
 - Constipation virtually never occurs in **breastfed babies** drinking an adequate amount of milk. If your breastfed infant is producing less than one stool every 3 days, then the milk intake may not be sufficient. We should check the weight and see how breastfeeding is going.
 - If your baby is formula-fed and seems fine but is passing stools less than once every 3 days, then you may stimulate passing stool by inserting an infant glycerin suppository into your baby's anus. Call us if problems persist for more than a week or two.

Gas:

- All babies pass a lot of gas and do so noisily, but this does not necessarily mean that gas is giving the baby discomfort.
- When your baby cries and draws up his/her knees, this is not a sign of gas – it is just what a baby does when he/she cries.
- Swallowed air is mostly burped back by the baby, just as in older children and adults and does not cause pain.
- How to burp your baby:
 - Hold baby on your chest, upright and stroke or pat baby's back gently. Anything firmer is unnecessary and unpleasant for the baby.
 - Keep your burping sessions to shorter than 5 minutes (2 minutes usually is fine).
 - Not all babies will produce a burp after each feeding. Burping is really a moment for a peaceful, upright cuddle at the end of a satisfying feed.

Crying:

- Crying periods are less frequent now, when occur they are commonly from a minor problem that is easily resolved. This chronic "good mood" will persist for the next six months or so. Enjoy!
- Many infants have fussy periods in the late evening that may last 1 to 3 hours. Especially if no regular nap schedule is established, fussiness may increase.

Development:

Gross Motor: Pushes upper body up off surface when lying on stomach, rolls over, sits with support or leans forward on hands, bears most of weight on legs when standing with your support, may be starting to crawl by 8 months.

Fine Motor: Reaches for, grasps and transfers objects from hand to hand, plays with feet, approaches small objects with a raking movement of the hand. Gradually, they will be using fingers and thumb to pick up objects.

Oral Motor:

Speech and Language: Takes initiative in vocalizing and babbling at others, blows bubbles, imitates sounds (such as a cough or "raspberry"). Articulation of single-sounds ("ah", "ba", "da", or "ga") will be followed by double sounding constants ("da-da"). Will gradually start to use "ma-ma" and "da-da" but not specifically for their parents. May stop or quiet when parents say "no" in a different tone of voice and will turn towards parent's voice.

Social: Smiles and vocalizes at mirror image, may show fear of strangers or be "coy", laughs when head is hidden under towel in peek-a-boo game, can distinguish between angry and friendly voice patterns. Individual personality and temperament continue to be expressed. Control issues can arise. Infant begins to gesture such as pointing, reaching, tugging, and throwing things to get their parents attention and attempt to communicate their needs. *Positive* parental responsiveness and attention is important. Stranger anxiety may start to appear at this time.

Physical: Growth curves can change as infants decrease the intake of breast milk or formula and add solids. Teething may begin at this time.

Cognitive: Significant growth in this area at this time. Your baby will be able to see cause-and-effect relationships in activities such as ringing a bell, pulling on a string to retrieve an object and dropping a toy. Your child will follow a toy if it remains in visual field when dropped from a highchair or crib. Along with pleasures may come resistance to bedtime, feeding and parental separation.

Play and Stimulation:

- Read, talk, and sing to your baby to help stimulate your baby's speech. Point at objects in the house, outside or in a book naming them to your baby.
- Encourage playtime alone and with other babies. Play peek-a-boo and pat-a-cake. Peek-a-boo will help with separation anxiety that starts to develop at this age.
- "Put in, take out" toys such as blocks in a bucket, stacking toys and noisy toys will help stimulate your baby.
- Over the next few weeks you can expect your baby to scoot around, sit with support, reach for objects and transfer from hand to hand. Bring feet to mouth, recognize and may be afraid of strangers and babble words as "gaga", "dada" and "mama".

Safety:

- **Crying and shaking-** Never shake your baby. Shaking can badly damage your baby's brain. Put your baby in a safe place, like the crib or playpen and give yourself a time-out.
- **Choking** – Keep plastic bags, buttons, powder, baby cleaners and other small objects out of your baby's crib and out of reach. Inspect all toys and throw away any which are small enough to choke on, are worn, have sharp edges, breakable or removable edges. Plastic bags, wrappers or balloons can cause suffocation. Toys should be at least 1.5 inches in diameter. Avoid small hard foods such as popcorn, peanuts and carrot sticks.
- **Burns** – Always check your baby's bath water temperature with your hand before placing your baby in it. Your water heater should not heat water above 120° F or 49° C. Use your smoke alarms and check it monthly. Protect your baby from damaging rays of the sun. Keep your baby out of the sun completely, use shade, a brimmed hat and protective clothing. Use sunscreen (SPF 15 or greater) sparingly, avoiding hands. Reapply if out more than a couple of hours.
- **Falls or injuries** – Never leave your baby unattended on an elevated surface or in the bathtub. Place car seat or infant seat low to the ground and always have your infant buckled. Avoid lifting or swinging your child by the arms. This can dislocate the elbows. Place washcloths or non-slip barrier on the bottom of the bathtub or sink to keep your baby from slipping. Avoid hanging toys or pacifiers with elastic, string or ribbon because they can strangle your baby. If using a string to attach your baby's pacifier to their clothes, make sure the string is less than 3 inches. Place a gate at the top and bottom of any stairs in your home.
- **Crib Safety** – Always keep the crib rails up when your baby is in the crib. The bars should be no more than 2 3/8 inches apart or the width of a regular soda can. Keep the crib away from windows and curtain cords. Remove mobiles when your baby can sit up. Lower the mattress as your baby grows.
- **Car Seat/ Car accidents** – Your baby should always ride in an approved properly installed infant car seat even on short trips. The car seat should face the rear of the vehicle until you child is 20 pounds *and* 1 year old. The safest place is in the center of the second or back seat. Do not place the car seat in the front of the vehicle. Never leave your baby alone in the car.
- **Smoke-** Second hand smoke can cause a greater risk of ear infections, chronic stuffy nose and respiratory infection. Second hand smoke lingers on clothes and everywhere the person has smoked such as the car or house. Falling ashes can burn your baby. Never smoke while holding your baby. For your baby's health, if you smoke consider quitting.
- **Child proof you house** – Do a search of your home on your hands and knees looking for potential hazards to your baby. Place safety covers on all unused electrical outlets. Put cords,

plastic bags, small objects, household cleaners and household plants out of reach. Remember your child places everything in his or her mouth.

- **Avoid infant walkers-** The American Academy of Pediatrics advises against these as they are a known safety hazard and can possibly lead to delays in motor development. Let your baby wiggle and learn to crawl and explore. The use of play saucers, though, is safe and entertaining.
- Dog water bowls are potential drowning spots for your baby, make sure they are out of reach.
- Make sure an adult is always with your baby when around young siblings or pets.
- Consider taking an infant CPR class through your local hospital or Red Cross.

Teething:

- Teething may begin at this age though it can range from 1-12 months. It is normal for babies to drool even before teething starts. Teething may cause low-grade fevers, looser stools and fussiness. It does not cause high fever or diarrhea. Tips- offer refrigerated teething rings, washcloths, or Tylenol™ for comfort.
- Clean your baby's teeth with a soft brush or cloth.
- Teething for central incisors can begin about 6 months and lateral incisors appear at about 8 months.

Immunizations:

- DTaP – Diphtheria, tetanus and acellular pertussis
- Hib – Haemophilus influenza type B
- PCV – Pneumococcal
- Rota Teq
 - After the immunizations your baby may develop a mild fever, irritability, sleepiness, or leg swelling around the injection site. Acetaminophen (Tylenol™ Infant Drops) may be used every 4 hours as needed. Give the dose based on your child's weight: check the bottle for proper dose. Call if symptoms are severe or last longer than 48 hours. If your child's temperature is above 102° F or your baby does not look well he/she should be evaluated.

Lab tests:

- None unless warranted by exam.

Fever:

- A fever is considered a rectal temperature greater than 100.5° F.
- Take your baby's temperature under the arm. If elevated do a rectal temperature for confirmation.
- To take a rectal temperature;
 - Put a small amount of Vaseline™ on the end of the thermometer.
 - Lay your baby on his stomach, with one hand on his bottom and your arm resting lightly on his back to keep him from rolling. Holding the thermometer in the other hand, gently insert the bulb (the silver part) into your child's rectum. You only need to insert it far enough to cover the bulb.
 - After it stops, remove the thermometer and read the temperature.
 - Make sure you clean the thermometer well after each use.
- If your baby has an elevated temperature first try to undress your baby leaving only the diaper and recheck in ten minutes. If remains elevated you need to give us a call for additional guidance.

Colds:

- Babies often sneeze, but this is not necessarily a sign of a cold. However, if your baby sounds congested, coughs and has some nasal drainage, a cold may have developed. Most colds are mild and don't interfere with normal feedings and sleep.

- Comfort measures include: elevate the head of the crib by adjusting crib (do not place pillow in crib to elevate); run cool-mist vaporizer and perform nasal toilet using bulb syringe aspirator.
 - *Nasal toilet* – Add 2-3 saline drops in each nostril prior to suctioning. Saline drops will help loosen the mucus assisting with clearing secretions out of the nose. Saline drops can be bought over-the-counter or can be made by adding 1 teaspoon of salt to one cup of room temperature water.
- Avoid using decongestants.

Parenting Tips:

- Consistency in night time ritual to help transition from play time to sleep time. It is also important for your baby to go to sleep in their own bed so when they awaken at night they can return to sleep.
- Your baby is capable of waiting for gratification. You can talk in a distracting tone to calm and reassure your baby.
- Babies soothe themselves by sucking. Your baby's thumb, finger or a pacifier can help to satisfy this need. Select a pacifier constructed in one piece. Never tie the pacifier to the face or neck.
- Many normal babies will engage in thumb sucking, ear pulling, hair pulling and head banging. Biting is a part of your baby's exploration of the world, but there is no reason for a parent to accept being bitten. You can let your baby know this is unacceptable with a firm "no".
- Handling of the genital is normal activity and part of baby's exploration. Ignore it.
- Remember to take time for yourself. Arrange to spend some time alone with your other loved ones. Each parent should spend some time alone with the baby each day. Accept others' help with the baby. This will allow you to spend some special time alone with your partner, older siblings and friends. Introduce your baby first to the babysitter before you plan to leave him or her for the first time.
- Be careful when leaving your baby alone around young siblings.
- If you smoke, please try (again) to quit. It isn't easy, but you now have a brand new reason to stay healthy.
- Becoming a parent for the first time or adding a new member to your family is a challenge and huge change in your life. If you find yourself depressed or sad or overwhelmed, please let your doctor or your baby's doctor know. We can help. For individual counseling, call your medical health provider.

Skin Care:

- Occasionally, a baby will have some dry skin. This can be treated with an emollient (cream or ointment that keeps the skin moisturized) such as Eucerin™ or Aquaphor™.

Call the office if you baby:

- Has a rectal temperature over 102.0° F especially without any explanation or associated cold symptoms
- Coughing frequently
- Vomiting persistently or excessively
- Falls, hits his/her head and passes out, vomits or behaves unusually
- Refusing to eat
- Does not look well or is unusually sleepy or inconsolable
- If you have any questions

Important Phone Numbers:

- Cornerstone Pediatrics (817) 596-3531
Cornerstone Pediatrics after hours (817) 596-3531 dial zero for an operator
- Medical City of Weatherford's Emergency Department (682) 582-1000
- Cook Children's Emergency Department (682) 885-4093

- Integra Urgent Care (817) 596-4313
- Tri Cities Urgent Care (817) 984-7120
- Oakridge Urgent Care (817) 599-5518
- Smoking Cessation (877) 937-7848
- Poison Control (800) 222-1222

Next Visit:

- 9 Month Well Child Check
- Schedule your appointment 3-6 weeks in advance
- Arrive 15 minutes before your appointment to update chart
- Remember to bring your shot record with you for the exam. The immunizations your child will receive at the 9 month visit will include:
 - IPV- Inactivated poliovirus
 - Hepatitis B #3

Suggested Reading for Parents:

- Your Baby and Child: From Birth to Age Five, Penelope Leach
- Child of Mine: Feeding With Love and Good Sense, Ellyn Satter
- Oneness and Separateness: From Infant to Individual, Louise Kaplan, PhD
- Baby Proofing Basics, Vicki Lansky
- The Sleep Book for Tired Parents, Rebecca Huntley
- Caring for Your Baby and Young Child: Birth to Age Five, American Academy of Pediatrics, Stephen Shelov, M.D.

If you have any concerns about your baby's health, please call. This handout is meant to be a guideline, not a substitute for care of a competent health provider. Please do not give any medicines without talking to your doctor first. We are happy to help you in any way we can.

Immunization Schedule is subject to change based on the recommendations of the Committee on Infectious Diseases.

How to Have a Healthy Family Table

Research has revealed many benefits for family members (parents and children) who eat meals together on a regular basis. These benefits include healthier eating habits, less obesity, better family communication, fewer behavioral problems, less television watching, less stress, better school performance, and a lower risk of drug abuse. The following suggestions will help you create a healthy family table in your home.

- **Make family meals a priority.**
 - Take some time to discuss with everyone in your family ways to make family meals possible.
 - Schedules or meal times may need to be re-arranged to make the family table happen.
 - Try to have family meals at least 3-5 times a week.
 - Even eating together at a restaurant can count as a family meal!
 - It is better to have children eat a little later or earlier in order for everyone to spend some time together.
 - Toddlers and young children may need snacks to help them wait to eat with the family. Offer healthy snacks, such as fresh fruits, nuts string cheese.
 - If a family meal is not possible, consider a healthy evening snack time or family discussion time.
- **Share in the dinner preparation and clean up.**
 - Chores not only teach children how to do a job and be responsible, but they also make children feel like important members of the family.
 - So, feel free to have younger children help set and clear the table.
 - Encourage your children to help with meal preparation. They are more likely to eat foods they have helped cook.
- **Designate a specific location for eating family meals.**
 - Eat together at a table in a dining area of the home; not in a living area or in front of the television.
- **Protect your child's appetite for mealtime.**
 - Limit snacks just prior to mealtime. Your child should always ask permission before getting snacks or drinks from the pantry or refrigerator.
 - Limit your young child's intake of sweet drinks, even juices. Serve only water or mil at lunch and supper to young children to guard their appetite.
 - Schedule sit-down snack times as appropriate for your child's age and activity level.
 - Offer mid-morning and mid-afternoon snacks to your toddlers and preschoolers at regular times and, ideally, at the dining table.
- **Serve the same foods to everyone at the table.**
 - Don't short-order cook for children older than 18 months.
 - Be a good example to your children; eat your veggies.
- **Serve a healthy variety of foods.**
 - Serve foods from different food groups, and include some foods that you know will be acceptable to most people at the table.
 - Serve home-cooked foods as often as possible.

- However, even a fast-food meal purchased on the way home from work and served at the family table is better than no table time at all. Most fast-food restaurants offer some healthy options.
- **Turn off the television and other media during mealtime.**
 - Children from families in which television viewing is a normal part of meal routines have poorer dietary patterns (fewer fruits and vegetables; more pizzas, snack foods, and sodas) than those of children from families in which television viewing and eating are separate activities.
 - Encourage older children and adolescents to turn off cell/smart phones.
 - Avoid texting or answering the telephone during meal time.
- **Encourage pleasant conversation.**
 - Set the mood – create a relaxing environment. If necessary, try some soothing music.
 - Require that all talk be respectful and encouraging. Don't allow excessive silly talk that may lead to chaos at the table.
 - Mealtime is not a time for correcting children or discussing wrongdoings of the day.
 - Think of various ways to encourage conversation.
 - Everyone tells something funny that happened that day.
 - Discuss a news item with older children –what are their thoughts?
 - Everyone tells something they learned that day.
 - Choose a positive character trait and brainstorm about ways to live out that quality. The next evening, discuss whether or not each person was successful in doing it.
- **Don't discuss your child's poor eating habits at the table.**
 - Teach your child the benefits of healthy eating before or after mealtime. Nagging your child about poor eating habits during the meal spoils the time for everyone.
 - Older children can be encouraged to display good manners and avoid negative commentary.
- **Encourage everyone to participate and to stay at the table until all have finished.**
 - While this can be the most difficult to enforce, it is key to the success of the family table. Teach this concept early and it will enrich mealtime for years to come.
 - This will require consistent enforcement, even when your child's attitude is less than attractive and the pleas to leave the table are quite persuasive.
 - Be aware of your child's developmental stage since young children may not be able to sit still for long periods of time.
 - Once learned, your children will come to appreciate this family time together.
 - It is important for teenagers to remain part of the family mealtimes. This emphasizes the importance of the family and each person's role in the family. The teen does not have to talk, but should be present.
 - The parent should have a special way of ending the meal so the children know when they can leave the table.