HEALTH BASICS

Developmental milestones record - 6 months

A six-month developmental milestones record documents the skills a baby is showing around this age.

WHAT IT IS
A snapshot of skills noticed around six months

WHERE IT COMES UP
Six-month visits and personal child health records

WHY IT MATTERS
Helps identify when development needs a closer look

WHAT IT IS NOT
Not a diagnosis or pass-fail test

WHO TO ASK
Paediatrician, family clinician, nurse, or health visitor

HOW IT IS CHECKED
Caregiver observations, clinical examination, and sometimes screening questionnaires

Overview

A developmental milestones record is a checklist or written record of skills a baby shows around a certain age. At six months, it usually covers social interaction, communication, learning, movement, and physical control.

It is not a disease, diagnosis, or test that a baby must pass. Babies develop at different rates, and a single missing skill does not show why development is different. The record helps you and your child's healthcare team notice progress and decide whether anything needs a closer look.

The exact items can differ between countries, health services, and record books. Common examples around six months include:

These examples describe skills that many babies show by this age. They are not deadlines.

- Recognising familiar people and laughing
- Taking turns making sounds or making squealing noises
- Reaching for objects and exploring them with the mouth

- Rolling from the tummy onto the back
- Pushing up on straight arms while lying on the tummy
- Using the hands for support while sitting

How it works

You may be asked whether your baby does each activity, does it sometimes, or has not done it yet. A clinician may also watch how your baby looks, listens, moves, reaches, and interacts during a visit.

Development is assessed across several areas because one activity can involve more than one skill. Reaching for a toy, for example, involves vision, attention, coordination, and arm movement. Turning toward a voice involves hearing, attention, and social interest.

A developmental record is part of developmental surveillance . This means gathering information over time from caregivers, observations, health history, and clinical examinations. It is different from developmental screening , which uses a standard questionnaire or assessment with set scoring rules.

A routine six-month visit may not include a formal screening test. Screening schedules differ between health systems, and a clinician may use a screening tool at any age if there is a concern.

Context matters. A baby may not demonstrate a skill when tired, hungry, unwell, or in an unfamiliar room. It can be more useful to record what you have seen over several days than what happens during one appointment.

For a baby born early, development may be considered using corrected age . This is the baby's age counted from the expected due date rather than the birth date. Ask the healthcare team which age to use and for how long, because the approach should reflect the baby's birth history and local practice.

Why it matters for your health

A six-month record creates a clear picture of your baby's development at one point in time. Later records can be compared with it to show how skills have appeared and changed.

This can help a clinician distinguish between an isolated skill that is still developing and a broader pattern that needs assessment. Early review may identify needs related to hearing, vision, movement, feeding, communication, or learning.

The record also gives you a structured way to share observations. Short appointment times can make details easy to forget. Notes about when a skill first appeared, whether it happens on both sides of the body, or whether a skill has been lost can be useful.

Milestone records do not predict intelligence, school performance, or a child's long-term future. They also cannot identify the cause of a developmental difference on their own.

What can go wrong

A checklist can create unnecessary worry if it is treated as a strict timetable. Development is not always even. A baby may make quick progress in one area while taking longer in another.

A record can also miss a concern. Checking a box does not assess the quality of movement, hearing, vision, muscle tone, or interaction. This is why caregiver observations and clinical review matter.

When development is slower than expected, clinicians may use the term developmental delay . A delay can affect one area, such as movement or communication, or several areas. Causes can include hearing loss, vision problems, motor disorders such as cerebral palsy, genetic conditions, complications related to premature birth, or other medical and developmental conditions. Sometimes no single cause is found.

A six-month checklist cannot diagnose any of these conditions. It also cannot diagnose autism. If concerns continue, assessment may involve hearing or vision tests, a physical and neurological examination, a standard developmental questionnaire, or referral to a child-development service.

Loss of a skill is different from being slower to gain it. Developmental regression means a baby stops being able to do something they previously did reliably. This needs prompt medical review.

Seek emergency help if a sudden loss of ability occurs with a seizure, severe breathing difficulty, unresponsiveness, or unusual difficulty waking. Without those emergency signs, contact a clinician promptly rather than waiting for the next routine check.

What you can do

Complete the record using activities you have actually seen. If you are unsure, write "not sure" rather than guessing. Watch during ordinary routines such as play, feeding, dressing, and time on the floor.

Useful actions include:

You do not need to drill a baby repeatedly so they can complete the checklist. Talking, singing, reading, responding to sounds, and offering supervised floor play provide natural opportunities to interact and move. Follow safe-sleep advice and supervise play, especially when objects may go into the mouth.

If one item is marked "not yet," record it and discuss it at the next routine visit if your baby is otherwise making progress. Contact a clinician sooner if several areas concern you, your baby seems unusually stiff or floppy, movement is consistently one-sided, your baby rarely responds to sound, or feeding development is difficult.

Do not wait for a scheduled checklist if your baby loses an established skill. Contact a paediatrician, family clinician, nurse, health visitor, or local child-development service promptly.

- Keep the date when you first notice a new skill
- Note whether movement looks similar on both sides
- Record whether your baby responds to voices and everyday sounds
- Bring the record, relevant videos, and your questions to appointments
- Ask whether corrected age should be used after premature birth
- Ask whether hearing, vision, movement, or feeding needs assessment

Common questions

Does every six-month-old need to meet every listed milestone?

No. Milestones describe common patterns, not exact deadlines. The overall pattern, the baby's medical history, and progress over time matter more than one unchecked box.

What if my baby does a skill only sometimes?

Record what you see. New skills are often inconsistent at first. You can note when the activity happens and whether it becomes more frequent over the following weeks.

Is sitting without support required at six months?

Some babies sit independently at this age, while others still need their hands or another form of support. A clinician considers sitting alongside head control, muscle tone, symmetry, and other movement skills.

Does rolling in only one direction matter?

A new skill may first appear on one side. Mention it if your baby consistently avoids using one

side, keeps one hand tightly closed, drags one side, or shows a clear difference between the two sides.

Can an app replace a developmental visit?

No. An app or checklist can help you organise observations, but it cannot examine movement, hearing, vision, growth, or general health.

What happens if a clinician is concerned?

They may arrange another review, use a standard developmental screening questionnaire, examine hearing or vision, or refer your baby for a more detailed assessment. Referral is a way to gather information and support development; it is not itself a diagnosis.

Sources

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