

WELL CHILD: THE NINE MONTH OLD (1 OF 2)

VIRGINIA MASON FRANCISCAN HEALTH – PEDIATRICS AND ADOLESCENT MEDICINE

<https://www.vmfh.org/our-services/primary-care-in-person-and-virtual-care/pediatric-care>

Name _____ Weight _____ lbs.
Date _____ Length _____ inches
Head Circumference _____ cm.

NUTRITION

- Three meals a day with two healthy snacks. Soft fruits and vegetables or dry cereal are excellent snacks.
- Continue to commit to feeding your baby healthful foods. Soon your infant will be modeling your eating habits.
- Breastfed infants over age 4 months also need 10 mg of supplemental iron every day, which they will get if they are taking at least 24 oz. of supplemental iron-fortified formula per day, or 2 servings (1/4 cup each, measured dry) of iron-fortified infant cereal per day. If not, simply give Yum WITH IRON 1 mL daily to meet both the vitamin D and iron requirement for your baby. Be careful with iron as it may stain clothing.
- If you are nursing, breast feed after rather than before meals. Encourage cup use. Remember: no bottles in bed.
- Introduce finger food; encourage family meals by pulling the highchair right up to the table. Present small amounts of finger food at a time (small pieces of food easily mashed between your fingers).
- AVOID FOODS THAT ARE CHOKING OR ASPIRATION HAZARDS UNTIL AT LEAST AGE 4 YEARS, such as raw apple, raw carrot, raw celery, nuts, hot dogs, grapes, popcorn, raisins, hard candy, gum, and marshmallows. Children should always be seated while eating.

DENTAL CARE

- After meals, brush your child's teeth while they sit in the highchair. When they are comfortable with the bristles, let your child have a turn after you. Use a toothpaste with fluoride.
- A fluoride supplement may be needed if your baby does not receive water with fluoride.
- If your child is using a pacifier, limit the use to sleep time only.

DEVELOPMENT FROM 9-12 MONTHS

- Sits well with good head control
- Imitates your use of objects: telephone, hairbrush
- Pulls to stand and may walk holding onto furniture
- Waves, plays peek-a-boo, looks for hidden objects
- Assumes hand/knee position and may be crawling
- Bangs two blocks together
- Hunts for a hidden toy
- Responds to "no" but may not know what it means
- Mimics sounds: mama, dada, uh oh
- If you have any concerns about your child's vision or hearing, please let me know.

SLEEP/PARENTING

- Your child may begin to resist going to bed as separation anxiety intensifies. This is normal. Continue your reassuring night routine. If/when night waking recurs, respond much as you did when you were initially teaching your baby to sleep through the night. Make a brief reassuring visit but let them stay in the crib; if visiting makes matters worse consider not going into the room. Do not start middle-of-the-night feedings or bring your child to bed unless you want to teach your baby that this is the way all nights will be.
- Many children have chosen a transitional object (favorite blanket, etc.).
- During the next few months your child will want to touch, taste, and play with everything that is within reach. Curiosity is vital to development. Your job is to allow them to explore safely. Distraction is usually a successful way to deal with undesirable behavior at this age.

SAFETY

- Now is the time for parents to discuss what is and is not important, what is and is not off limits.
- Consistent messages are very important. The message must be simple, clear, and supported with action if needed. For example, if an object is potentially a real danger, say "no", take the off-limit object away, and provide a safe substitute. Show your child what to do rather than just focusing on what not to do.
- Your child has a short memory; do not expect learning to occur after one or two incidents.
- Check your smoke detectors and fire extinguishers on a regular basis. Have a family fire exit plan: ladders in the upstairs bedroom, etc.

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- Increased mobility creates a bigger challenge for you to make the world a safe place for your child. THOROUGHLY CHILD-PROOF YOUR HOME. Protect from falls—secure gates, doors, windows, and screens. Keep sharp objects away—knives, razor blades, plastic wrap boxes. Secure heavy objects, furniture, TVs.
- Improved fine motor abilities gives children access to previously unavailable dangers such as small disc batteries, plant parts, and other items that represent a choking hazard.
- DO NOT USE BABY WALKERS! Babies can be seriously injured in them, even with close supervision or automatic wheel locks, and walkers do not help a child learn to walk.
- Always use a properly fitted rear-facing car seat. The center rear seat is safest. If they outgrow the infant seat, transition to a larger rear-facing car seat. Children should remain rear-facing until TWO years of age and when they reach the maximum weight or height for rear-facing in their car seat. Check your car seat manual.
- **In case of ingestion of poisons, call the Poison Control Center immediately. Put this number into your phone: 1(800)222-1222.** Do not use ipecac syrup. Visit poison.org for more information.
- We do not recommend that your baby wear a necklace or other similar jewelry due to choking and strangulation risk.
- If you need assistance, helnegrowwa.org is available to help with food resources, transportation, clothing, employment, housing, or other support.

ACTIVITIES

- Talk and read and talk and read some more! Identify body parts, label simple objects consistently.
- Now is a great time for hide and find games. Try in-and-out-of-container games.
- TV and videos, even “educational” programs, are not recommended, and do not help your baby’s development.
- No screen time is recommended before the age of 2. Do not entertain your baby with videos or apps on the phone, laptop or television. The human voice is the best stimulant for developing infant brains.

IMMUNIZATIONS TODAY

You may find detailed information about vaccines, including our recommended schedule and links to the CDC’s Vaccine Information Statements.

Acetaminophen (Tylenol)

Child’s Weight	Infant’s or Children’s Suspension (160 mg/5 mL)
6-12 lbs	1.25 mL
12-18 lbs	2.5 mL
24 lbs	3.75 mL (3/4 tsp)
over 24 lbs	5 mL (1 tsp)

Acetaminophen may be given every 4 hours but not more than 5 times in 24 hours. Please call the office if a fever persists for more than 2 days or if you have any questions about your child’s illness or vaccine side effects.

Ibuprofen (Advil, Motrin)

Child’s Weight	Infant Drops (50 mg/1.25 mL)
12-18 lbs	1.25 mL
18-24 lbs	1.875 mL
24-28 lbs	1.25 mL + 1.25 mL
over 28 lbs	1.875 mL + 1.25 mL

Ibuprofen may be given every 6 hours and not more than 4 times in 24 hours. PLEASE CHECK THE CONCENTRATION OF THE IBUPROFEN YOU ARE USING.

NEXT VISIT

- Please schedule your baby’s 12-month appointment as you leave today.

BOOKS / RESOURCES

- *My Child Won’t Sleep* by Sujay Kansagra
- *Healthy Sleep Habits, Happy Child* by Marc Weissbluth, MD
- *Solve Your Child’s Sleep Problems* by Richard Ferber, MD
- *Sleeping Through the Night* by Jodi A. Mindell, PhD
- *The No-Cry Sleep Solution* by Elizabeth Pantley
- *How to Get Your Kid to Eat ... But Not Too Much* by Ellyn Satter