



Wellness Check Informational Handout

9 Month Check-Up

Immunizations

The following vaccinations will be provided today as long as your child is up-to-date on their vaccines:

Influenza (During Flu Season)

It is common for children to experience some discomfort from today's vaccines.

The following are **NORMAL** side effects:

- Soreness, redness, swelling, tenderness where shot is given
- Fever (usually low grade)

For **relief**, you may apply ice pack for up to five minutes at a time throughout the day for the first 24 hours and give Tylenol (see dosage chart on well check card).

Should your child experience: Streaking at the site of injection, difficulty breathing, hoarseness, wheezing, swelling of the throat, weakness, fast heartbeat, dizziness, or hives **CONTACT OUR OFFICE IMMEDIATELY.**

Other Recommendations:

- Lead Risk Assessment
- ASQ Developmental Screening

Nutrition

Your child's diet should be expanding at this age. This is the perfect time to teach your child to enjoy eating healthy foods. There are very few inborn taste preferences; almost all young children can be taught to accept & like a variety of healthy foods. At his age, the most important factor in food acceptance is repeated exposure. Babies instinctively prefer familiar foods. Parents must appreciate that the initial rejection of a new food is normal. Studies indicate that vegetable intake in toddlers was

doubled after 10 exposures to each vegetable. Ignore the faces your baby makes upon trying new foods. Try again later. Keep trying because it may take up to 10 tries before your child will accept the food.

Liquid Intake:

Continue to feed your baby breast milk or an iron-fortified formula until at least 12 months of age. Wait until 12 months of age to introduce cow's milk.

1. **Breast-feeding:** Continue to breastfeed your baby until 1 year of age if possible. Try to substitute an activity such as a bedtime story for your baby's good night routine, rather than nursing to sleep.
2. **Formula-feeding:** The average amount of formula taken per day at this age is 24 ounces. By 12 months, 16 ounces a day is sufficient. Do not let your child go to sleep with a bottle because this can cause tooth decay. Read a story or look at a book at bedtime instead.
3. **Cup Training:** Offer formula or water in a spout top cup at mealtimes. Work towards a goal of discontinuing the bottle by 12 months, or very soon after.

Solids:

1. **Meals:** Your baby should have 3 well-balanced meals a day at this age. In addition to breast milk or formula, your baby's daily diet should include the following foods each day: cereal, vegetables, fruit, and meat. At this age, your baby should eat junior foods and mashed table food. Table food should be nutritious, not spicy or greasy. Most babies at this age will take 6-8 ounces (3/4 to 1 cup) of solids per meal, but there is a tremendous amount of normal variation among babies.
2. **Snacks:** Two or three small snacks a day may be necessary for your little one. These snacks should be nutritious, non-milk food. If your baby is thirsty between meals give him extra water.
3. **Cereal:** Continue with 2 servings a day of an iron-fortified infant cereal until 12 months of age. A serving is considered 4 tablespoons (2 ounces, 1/4cup) of dry cereal. Infant cereals are an important source of iron for your baby during this period of rapid growth and a changing diet. If your child does not enjoy cereal, talk to your doctor about starting Poly Vi Sol with iron in order to ensure adequate iron intake.
4. **Fruits and Vegetables:** Make sure that your baby receives at least 2 to 3 servings of both fruits and vegetables a day. A serving is 2 ounces (1/4 cup) of the jar baby food or 1/4 cup of cooked vegetables or fruit. Although you may feed your baby mashed bananas or other soft fruits, most fruits and vegetables should be cooked until they are soft. This is a good time to start the "Five a Day" rule. The "Five a Day" recommendation refers to a basic recommendation by nutrition experts that the entire population should eat a total of at least 5 servings of fruits and vegetables a day. This rule translates into five 1/4 cup servings of fruit and vegetables or 2 1/2 jars (4 ounce size) of baby fruit and and vegetables a day.
5. **Meat and Eggs:** Your baby should have 1-2 servings of meat or eggs a day. A serving is 1 ounce of meat or 1/2 an egg. Jarred baby-food meats are fine. Other forms of meat need to be minced into tiny pieces before being given to your baby. Hot dogs and meat sticks should be cut lengthwise and then into smaller pieces before feeding them to your baby. Eggs are an excellent source of protein,
6. **Finger Foods:** Now that your baby has a good pincer-grasp and can pick up small bits of food, she will enjoy feeding herself. Start finger foods by giving your baby puffs as these will dissolve very quickly and have a lower risk of choking. Puffs are a great way to practice and transition your baby to finger foods, but they are not nutrient-dense and should not be continued past this stage. Finger

foods for babies include: crunchy toast, dry unsweetened cereals (cheerios, rice krispies), small bits of chicken, well-cooked pasta, scrambled eggs, small slices of cheese, small pieces of banana or other soft fruits, and crackers. Always supervise eating. Since children often swallow without chewing and can choke easily, avoid the following foods for children younger than 4 years of age: chunks of peanut butter, nuts and seeds, popcorn, raw vegetables, hard or gooey candy, raisins, and chewing gum. Other firm foods like grapes, cooked carrots, hot dogs, meat sticks, & chunks of cheese or meat should always be cut into very small pieces.

7. **Spoon-feeding:** Give your baby his own spoon and let him play with it at mealtimes. Dip his spoon into his food and let him try to feed himself. Do not expect much success in the beginning. You will still need to spoon-feed your child for quite a while. He may not truly be able to use a spoon on his own until after his 1st birthday.
8. **Home-Prepared Foods:** Warning: Do not home prepare beets, turnips, carrots, spinach, or collard greens for your baby. In some parts of the country, these vegetables have large amounts of nitrates, chemicals that can cause an unusual type of anemia (low blood count) in young infants. Baby food companies are aware of this problem & screen the produce they buy for nitrates. They avoid buying these vegetables in parts of the country where nitrates are prominent. Because you can not test for this chemical yourself, it is safer to use commercially prepared forms of these foods. If you choose to prepare them at home anyway, serve them fresh and do not store them. Storage of these foods may actually increase the amount of nitrates in them.
9. **Introducing Highly Allergenic Foods:** New studies now recommend that it is not necessary nor recommended to wait to introduce highly allergenic foods to your baby. Foods such as cheese, yogurt, eggs, soy, wheat, fish, shellfish, peanuts/tree nuts (in the form of a thin paste) can become part of your child's regular diet as early as 4 months of age to reduce his/her chance of developing allergies. Introduce smooth peanut butter as soon as possible and continue to offer this at least weekly. Nuts can be prepared by crushing them into a thin paste to prevent choking. Each new food should be given for 3-7 days before another new food is tried. These first time trials are best started at home rather than at day care or a restaurant. Honey and milk should not be given before a year of age due to other nutritional reasons. Contact your baby's medical provider before starting highly allergenic foods if your infant has had an allergic reaction to food, has had a positive food allergy test, atopic dermatitis (eczema) or a sibling has a peanut allergy.

Healthy Eating Habits for the Entire Family:

As your child gradually transitions from an all-milk (breast or formula) diet of a small infant to the more varied toddler diet of mainly table food and cow's milk during the second year of life, it is important that you evaluate your own diet. You will be your toddler's role model. What food you eat and what food you serve will be critical in helping your child develop healthy eating habits.

A recent large survey of the eating habits of children 4 -24 months-old showed disturbing trends. One major problem is that as infants & toddler progress to table foods, they are less likely to eat fruits and vegetables. Another disturbing trend is that children between 9 months and 2 years or age are eating high-calorie, low-nutrient foods, such as french-fries, sodas, chips, and candy with great regularity.

On the day that the children were studied, 25% of children under 2 did not eat a fruit and 33% did not eat a vegetable. Even more disappointing was that 10% of the infants 9 to 11 months old ate French fries on the day of the survey, as did 20% of the 19-24 month olds.

We need to do better. Parents must make sure the entire family is provided with nutritious foods at every meal. Aim for 5 servings of fruits and vegetables a day. Eliminate the high calorie, poor quality snacks such as sodas, chips, and cookies. Make sure milk is served at every meal. Set an example for your child. Eating habits formed during this critical phase may set the stage for food choices well into adulthood. Healthy eating habits decrease the risk of chronic diseases such as obesity, heart disease, diabetes, cancer, & stroke.

Development

Gross Motor (Movement):

By 9 months, most babies can get themselves into a sitting position without help and can sit well-balanced for extended periods. You may still need to arrange cushions or other padding around your baby as he sits. Your baby may still topple over as he reaches for items or gestures wildly. Do not leave your baby unsupervised, even for a moment. Little arms can get caught in odd positions, thus preventing your baby from rolling normally. Babies this age can still smother themselves accidentally.

Crawling:

Most, but not all, 9 month-olds are starting to crawl. Some babies never do crawl, but rather they scoot on their bottoms or slither on their stomachs. As long as your baby is learning to coordinate each side of her body & is using each arm and leg equally, there is no cause for concern. If you feel that your baby is not learning to move normally please discuss your concerns with your baby's provider.

Pulling to Stand and "Cruising":

After crawling is mastered, your baby will learn to pull himself up to a standing position using the bars of a crib, furniture, you, or whoever is handy. The next few weeks are then spent learning how to lower himself back down to sitting. Within a month after your baby masters pulling to stand, he will walk about the room holding onto objects such as furniture. Consider the furnishings and potential dangers for your baby as he becomes mobile. Remove tall flimsy objects, dangling cords, and hazardous pieces with sharp edges. Do not buy your baby a walker. Walkers can slow the development of your baby's upper thighs & hips, and they can be dangerous. Again, your baby needs constant supervision.

Walking:

The average baby walks without assistance around 12 months of age, although it can be normal to take as long as 15-18 months to master this skill.

Fine Motor (Hand & Finger) Skills:

By 9 months, most babies have mastered the pincer grasp (picking up small objects with thumb & index finger). The next task for those little hands to learn is how to let go of the object that they grasp. At first, she will press the object against a flat surface and uncurl her fingers. Then by 10 or 11 months, most babies will learn to uncurl their fingers in mid-air and drop objects. Now the fun begins. She will practice this new skill constantly & those around her will be picking up toys, food, and whatever else she can get her hands on. Towards the end of the first year, this constant, intentional dropping will give way to deliberate throwing and to an equally deliberate placing of small objects. You will need to supply her

with a small soft ball to throw and objects to place, such as blocks & stacking rings. She will enjoy filling and emptying all sorts of containers.

Language:

Your baby probably does not speak a true word yet, but he is learning the language. Babies learn language long before they can speak. Early sound making is a playful & enjoyable activity. They learn language from those people who care for them & play with them. Talk directly to your baby in uninterrupted one-to-one “conversations” to stimulate language development. They learn the meaning of words by hearing them over & over again in different sentences and with varying tones of voice, facial expressions, and body language from the speaker.

By 6 months most babies are vocalizing single-syllable sounds such as “maa” and “boo”. By 9 months vocal control improves & repetitive 2 syllable sounds such as “baba” and “mama” are heard. This is babbling. Your baby may even learn to shout for attention or sing three or four notes scaled at times. Over the next few months, your baby’s babbling will become more elaborate. You will hear long strings of varied syllables with variable inflections. As you listen, you will hear questions, exclamations, and even jokes. This meaningful-sounding nonsense language is often referred to as jargon.

Most babies say their first real word by 10 to 12 months of age, but do not be too obsessed by when this first word occurs. Expressive, varied jargon, especially if accompanied by gestures such as pointing, is good evidence that language is developing. Forming spoken words is not easy & occurs after much language development has occurred. In fact, in households where sign language is used instead of or in addition to spoken words, babies learn their 1st recognizable signs about 3 months earlier than most babies in speaking households produce their first spoken words. Control over hands & fingers are easier than controlling their vocal apparatus.

Lots of talking is the best way to help your baby’s language development. Talk directly to your baby. Overact by using lots of gestures & expressions. Use key labeling words when you talk. “Let’s find the ball. Where is the ball?” Talk about things that are physically present. “Look at brother riding his trike.” If you talk about something not present make sure that it is something that will interest your baby. “Let’s tell mommy about the fire truck we saw.” Try to understand your baby’s words or invented words. “Read” your child picture books with big clear illustrations of babies & adults doing familiar things. “Look, the daddy is washing the car.” Sing those word-and-gesture songs & games that involve their bodies, such as “This little piggy went to the market” and “itsy-bitsy spider.”

Reading out loud to your child is the best way to help them love books & learning. Early “reading” milestones between 6-12 months:

Your child should:

- Reach for book
- Lift book to mouth
- Sit in lap, head steady
- Turn pages with adult help
- Look at pictures
- Vocalize, pat pictures

- Prefers pictures of faces

The parent should:

- Gaze face-to-face with child
- Follow baby's cues for "more" and "stop"
- Point and name pictures

Social/Emotional Development:

Your baby will be open, affectionate, and outgoing with you, but anxious, clinging, and easily frightened around unfamiliar people or objects. This is called separation anxiety or stranger anxiety, and is a normal emotional phase. Some people may say that a child is fearful because you are spoiling him. Do not believe it. Separation anxiety is a sign of a healthy relationship with you.

Separation anxiety usually peaks between 10 and 18 months and then fades as your child approaches 2 years of age. This is usually both a tender & a painful phase for parents, especially mothers. You feel flattered to be so loved, but may also feel suffocated by his clinging or may also feel guilty when you must leave. Fortunately for all, this phase will not last forever.

Suggestions that may help:

- Your baby is more susceptible to separation anxiety when he's tired, hungry, or sick. Try to schedule your departure after your baby has napped and eaten. Try to stay with him when he is sick.
- Don't make a fuss when you are leaving. Have the caretaker create a distraction, such as a toy. Then say good-bye and leave quickly. Remember that his tears will subside quickly after you leave.
- When you drop your child off at the sitter's or a child-care center, spend a few minutes playing with her in this new environment. When you leave, reassure him that you'll be back.

Screen Time Recommendations:

Helping children develop healthy media use habits early on is important. The American Academy of Pediatrics recommends the following guidelines:

- For children younger than 18 months of age, use of screen media other than video-chatting, should be discouraged.
- Children ages 18-24 months may be introduced to high quality programming/apps if parents use them together with their children. Children learn best when interacting with parents/caregivers.
- For children older than 2 years, limit screen use to no more than 1 hour per day of high quality programming. Co-viewing with your child is recommended.
- All children and teens need adequate sleep, physical activity, and time away from media. Designate media-free times to be together as a family and media-free zones. **Children should not sleep with electronic devices in their bedrooms, including TVs, computers, ipads and smartphones.**
- Parents are encouraged to develop personalized media use plans for their children taking into account each child's age, health, personality and developmental age. Plans should be communicated with caregivers and grandparents so that media rules are followed consistently.

Dental Tips

If your baby has less than 7 teeth, you can use a dab of fluoridated toothpaste (the size of a grain of rice) & a soft toothbrush to gently brush baby teeth and gums. Try to brush your baby's teeth twice a day; the best times are before breakfast & before bedtime. Once your baby has 7 teeth, you should use a soft child-sized toothbrush. For more information visit the American Academy of Pediatric Dentistry's website at www.aapd.org

Care Of Your Child

Sleep:

Most 9 month-olds sleep around 11 hours overnight and have 2 naps (morning & afternoon) of 1 to 2 hours each for a total of 13-14 hours of sleep in a 24-hour day. Even babies who were sleeping through the night may wake up at this age. This is normal and considered part of separation anxiety.

Tips to Prevent Sleep Problems

- Have a soothing bedtime routine such as bath, bedtime story, and saying goodnight to family and favorite objects. A late evening breastfeeding or bottle should not be the last event in the bedtime routine.
- Your baby should be able to fall asleep on his own. Place him in his crib awake but drowsy.
- A small soft friendly toy tucked into the corner of the crib may help with separation anxiety.
- Respond to your child's separation fears by holding him and reassuring him during the day.
- Make middle of the night contacts brief and boring. Your baby should not need a middle of the night feeding at this age.

Safety

Thousands of children, ages 6-12 months, have serious accidental injuries every year--most of which are preventable. Most injuries occur because parents are not aware of what their child can do. Motor development is rapid in this age group. Constant supervision is needed. This is a good age to use a playpen.

Poisoning:

Children are very curious, which can lead them to getting a hold of dangerous household detergents and other poisonous materials. If your child should ingest a poison, call the Universal Poison Control Number, 1-800-222-1222. In the case of convulsions, cessation of breathing, or unconsciousness, call 911.

The American Academy of Pediatrics no longer recommends that Syrup of Ipecac (a medication that induces vomiting) be kept at home as a possible home treatment strategy. Recent research has failed to show the benefit for children who were treated with Ipecac.

Things to Remember

- Read labels and warnings on all containers
- Store potentially harmful products and medicines out of reach of children.
- Throw away unused portions and empty containers.

- Do not put potentially harmful substances in food or drink containers.
- Teach children to stay away from storage areas and medicine cabinets.
- Use child-protective safety latches and guards on doors, drawers, cabinets, etc.
- Avoid calling any medicines “candy.”

High Blood Lead:

Children can be exposed to lead by living in older homes that have lead-based paints and /or by a family member’s occupation or hobby. This lead exposure can be harmful. In our part of the country, the incidence of lead exposure is quite low.

Home Safety:

Now that your child is mobile, it is important to childproof her environment. Remove crib gyms & other hanging toys at 6 months. Keep all medicines & cleaning supplies well out of reach and equip all cabinets with safety latches. Everything your child finds will end up in her mouth, so be careful with what is left lying around.

Falls:

As your child’s strength and curiosity grows, it is important to place gates on stairways and other potentially dangerous areas. Remove or cushion any sharp edged furniture just in case your child falls against it. Coffee tables and fireplaces seem to cause the most injuries. Make sure that your baby is strapped in properly at all times when in a stroller, high chair, car safety seat, or infant carrier.

Burns:

At this age, children grab at everything. Never leave hot drinks on tables or counter edges. Never carry hot liquids or food near your child or while holding your child. Do not let your child crawl or walk around stoves, wall or floor heaters, or other hot appliances. Turn pot handles away from the stove’s edge so they are not reachable. A safe place for your child while you’re cooking, eating, or unable to provide full attention is a playpen, high chair, or crib.

- Because children are just learning to grab at things, water can be a source of burns. Turn your water heater to 120 degrees. At this temperature, it takes 5 minutes to scald severely compared to 5 seconds at the usual water temperature of 150 degrees.
- Children are at greatest risk in house fires. Test the batteries on your smoke alarm. Change the batteries at least twice a year on dates that you’ll remember, such as Daylight Saving and Standard Time.
- If your child does get burned, put cold water on the burned area immediately and cover the burn with a bandage or clean cloth.
- Call your doctor for all burns.

Sun Exposure:

Avoid the sun during the hours of 10am to 4pm. If outside, stay in the shade, use a floppy hat to protect your baby’s face, & use a sunscreen approved for children. Use broad spectrum SPF 30 or greater when your child is outside for more than a few minutes during the day. Apply sunscreen 15-30 minutes before sun exposure and reapply every hour. Sun exposure during childhood can cause skin cancer and premature skin aging.

Walkers:

The AAP does not recommend using walkers. Walkers allow children to get to places where they can pull heavy objects or hot foods onto themselves. Also, many children in baby walkers have had injuries from falling down stairs, walking out of doors, and running into furniture.

Choking In An Infant Under 12 Months:

Make sure food is always cut into small pieces and that small objects, such as coins, beads & small toys are kept out of child's reach. Do not feed your child hard pieces of food such as raw carrots. Grapes, peanuts, and popcorn are also foods to be avoided.

Choking in an infant under 12 months

1. Check the infant's mouth by opening the mouth with the thumb over the tongue and the fingers wrapped around the lower jaw. If the object is seen, it may be removed with a finger sweep.
2. If the infant is still choking, place the infant face-down over your arm with head lower than the trunk. The infant's face should be in the support arm's hand and the infant's legs should straddle the arm with one leg on each side of the elbow. Five blows are delivered with the heel of the hand between the infant's shoulder blades.
3. If back blows were not successful, turn the infant over and give rapid chest compressions (two fingertips on chest just below nipple line) as in CPR. This is to expel the object from the windpipe.
4. If breathing is not reinitiated after five back blows and five chest compressions, check the infant's mouth again by opening the mouth with the thumb over the tongue and the fingers wrapped around the lower jaw. If the object is seen, it may be removed with a finger sweep.
5. If the object is not removed and the infant is still choking, start the sequence again with the back blows.

Safe Sleep Guidelines:

To prevent possible suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS), the American Academy of Pediatrics has come out with the following recommendations:

- Until their first birthday, babies should sleep on their backs during naps and nighttime. If your baby falls asleep in a car seat, move him or her to a firm sleep surface on his/her back as soon as possible. If your baby is comfortable rolling both ways (back to tummy, tummy to back) and you find that he/she has rolled onto their tummy, you do not have to return the baby to his/her back.
- Use a firm sleep surface. A crib, bassinet, portable crib or play yard that meets the current safety standards is recommended along with a tight-fitting mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby. Keep soft, loose bedding out of your baby's bed.
- Room sharing in which baby sleeps in his/her crib in the same room where you sleep is encouraged for the first 6 months of age.
- Co-sleeping/bed sharing is NOT recommended. Only bring your baby into your bed to feed or comfort.
- Never place your baby to sleep on a couch or armchair.
- It is fine to swaddle your baby. Stop swaddling when your baby looks like her or she is trying to roll over.

- Try giving a pacifier at nap time and bedtime. This helps to reduce the risk of SIDS. If the pacifier falls out after the baby is asleep, you don't have to put it back in. If you are breastfeeding, wait until breastfeeding is going well for approximately 2-3 weeks before introducing the pacifier.
- In-bed sleepers and bedside sleepers that attach to your bed have not been fully researched as to their effects on SIDS so the American Academy of Pediatrics has not made recommendations for or against these products.

To prevent the development of a "flat spot on the head" or other positional skull deformities, it is advisable to alternate the infant's head position while sleeping so that he/she is facing the opposite way each time the child is in the crib. This will prevent pressure from consistently being in one region of the skull and also help to maintain long healthy neck muscles. It is not recommended to use a boppy or infant pillow to position your infant's head.

Smoking:

If you or another family member is a smoker, one of the best ways to protect your newborn's health is to quit smoking. Smoking in the household increases respiratory illnesses, frequency of ear infections, and increases your child's long-term cancer risk. Household smoking also increases the risk for Sudden Infant death Syndrome (SIDS). We encourage you to discuss smoking cessation with your family provider.

Car Safety Recommendations

We highly recommend following the recommendations provided by the American Academy of Pediatrics:

- **Infants and toddlers:** keep in a **rear-facing car safety seat** until they reach the highest weight or height allowed by the car safety seat manufacturer. It is important to keep your child rear-facing for as long as possible. This is a change from the previous recommendation and your child will be rear facing until at least age two.
- **Preschool and early school-age:** children who have **outgrown the rear-facing weight or height limit** for their car seat should **switch to a forward-facing car safety seat** with a harness. They should remain in this seat for as long as possible and until they reach the highest weight or height allowed by their car safety seat manufacturer.
- **School-age:** children who have outgrown the forward-facing car safety seat should use a **belt-positioning booster seat** until the lap and shoulder seat belt fits properly. The seat belt typically fits properly when they have reached 4 ft 9 inches in height and are between the ages of 8 and 12 years.
- **Older school-age:** when the seat belt alone fits properly, they should always use lap and shoulder seat belts for optimal protection.
- **All children less than 13 years:** must remain in the rear seats of vehicles no matter what. An airbag deployed in the front seat can seriously injure or kill children under the age of 13 years.
- **Winter season:** Do **not** restrain your child while he or she is wearing a thick winter jacket.
- **Important:** Have your child buckle up for **every** trip, no matter the length of time.

Next Appointment

Your baby's next appointment is at 12 months of age. Check out our website for additional resources regarding your child's health.