

NINE MONTHS OF AGE

FEEDING:

By now the baby should be eating three meals of solid foods every day as well as breast milk or 24-32 ounces of formula per day. They should be eating a wide variety of soft table foods and be learning to drink from a cup, as well as trying to use a spoon. The only foods the baby should not have are uncooked honey from the jar or can, peanut butter, whole nuts or chunks of solid food, especially hot dogs. Your baby should be eating a wide variety of solid foods, including cereals, breads, rice, pastas, fruits, green and yellow vegetables, meats and some juice. If the baby is breast fed, you do not have to discontinue breastfeeding. In fact, be encouraged to continue. Even while continuing to breast feed, you may want to introduce some other liquids in a cup. Babies should be allowed to experiment with foods, even though they make messes. This enhances their eye to hand coordination as well as teaches them simple physical principles—like the “drop” game. Always be attentive for signs of choking. Do not be surprised if your baby’s appetite decreases as he/she is distracted by more interesting pursuits, like crawling, walking and redecorating your home. Again, avoid whole peanuts and cashews, beans, raw carrots, frozen peas and moderately sized pieces of raw apple because these are choking hazards. Do not be surprised if you see raisins and corn in your baby’s stool completely unchanged from when they were eaten.

SLEEPING:

Continue bedtime routines so that your baby will know what to expect. Night crying due to separation anxiety and/or teething is common and normal. Occasionally at this age, two naps seem to be too much for a baby and one nap does not seem to be enough. Hang in there. If your baby has night awakening, do not feed him/her and do not bring him/her to your bed. Console him/her in their crib and make sure your baby is not ill. Don’t despair. This too will pass.

GROWTH AND DEVELOPMENT:

The baby has increasing mobility and although this is exciting, it can also be a challenge. Make sure your home is child proofed. Remove hazards, dangerous objects and poisons and put them beyond your baby’s reach. Give the baby his/her own bottom drawer in the kitchen with safe objects available, such as plastic spoons, cups, containers, etc. By now, babies sit without support, roll over at will, crawl, and may pull to stand and cruise around furniture. Some walk before one year of age, while other normal babies may not reach this milestone until 14-18 months of age. Some babies scoot on their bottoms, “army crawl” or slither on their tummies. If you have stairs, teach your baby to go down backwards. Babies now use a pincer grasp to pick up small pieces of food. They will put objects into and take them out of a container and also try to imitate scribbling. They also are able to use objects like cups, brushes, play phones, etc. appropriately. Babies often have their own “foreign dialect” that they speak, with normal inflections, which is all part of developing communication skills. They often understand what you are saying to them and respond to simple verbal requests. They can say “Mama” and

“Dada” and will try to imitate simple words. *Avoid* the temptation to compare your baby with other infants. Babies are usually shy with strangers and cry when Mom and Dad leave. However, babies will generally calm down for a babysitter a few minutes after you leave.

SAFETY:

Always use a car seat! The car seat should still be facing rearward. Keep him/her away from matches, stoves, hot liquids, poisons, etc.

COMMON WORRIES:

Appetite: Parents worry that their baby is not eating enough or not eating as much as he/she used to eat. This is normal because eating is not the most interesting activity in his/her life that it used to be.

Language: Parents are often concerned that their baby is not saying anything. However, communication is not necessarily the acquisition of words. If a baby is able to say at least three words besides Mama and Dada by 22 months of age, he/she has normal expressive language. Listen for inflection and expression in his/her “baby” talk. Do not speak “baby talk” to your baby and do not refer to yourself in the third person. Teaching an infant sign language may be fun and even helpful for communication, but don’t rely on it exclusively because other language skills may then be delayed.

Personality Changes: Often parents feel that their baby went to bed an angel and woke up a demon. Babies are developing their own personal space that they either do not want invaded or want to choose who does invade it. This is part of normal development.

Discipline: Babies are becoming independent and begin to “test” parents. Both parents must be constantly consistent in their disciplinary techniques. Learn to set boundaries and maintain them. Otherwise, your baby will learn to manipulate both of you and pit one parent against the other. Do not underestimate the intelligence of your infant! Give an abundance of hugs, kisses and verbal attention. Review your “loving” vs. “nice” responses, always keeping your infant’s best interests at heart. You know what those best interests are much more than your infant does.

HEALTH CARE:

Routine well child appointments and immunizations are:

2 MONTHS OF AGE: DTaP, IPV, Hep B, PCV13, HIB, Rotavirus

4 MONTHS OF AGE: DTaP, IPV, Hep B, PCV13, HIB, Rotavirus

6 MONTHS OF AGE: DTaP, IPV, Hep B, PCV13

9 MONTHS OF AGE: Hematoerit

12 MONTHS OF AGE: Varicella, MMR, PCV13, Hep A

15 MONTHS OF AGE: DTaP, HIB

18 MONTHS OF AGE: Hep A

24 MONTHS OF AGE: Update any vaccine deficits

3 YEARS OF AGE: Update any vaccine deficits

4 YEARS OF AGE: DTaP, IPV, MMR, Varicella

5 YEARS OF AGE: Update any vaccine deficits

6 YEARS OF AGE: Update any vaccine deficits
7 YEARS OF AGE: Update any vaccine deficits
8 YEARS OF AGE: Update any vaccine deficits
9 YEARS OF AGE: Update any vaccine deficits
10-11 YEARS OF AGE: Tdap, HPV, update any vaccine deficits
12-18 YEARS OF AGE: MCV4, update any vaccine deficits

WHEN TO CALL THE PEDIATRICIAN:

1. Baby has a rectal temperature of 101 degrees rectally or greater for more than 3 days which does not respond to Acetaminophen.
2. Baby has specific signs and/or symptoms of illness.
3. Baby is extremely lethargic, feeding poorly or is unusually irritable.
4. Baby is persistently vomiting and/or has green tinted watery or mucousy stools.
5. ***Parent is uncomfortable and/or worried.***

If you are dealing with a life-threatening emergency, CALL 911.
Otherwise, call our office phone number ***first*** and our voice message will provide detailed instructions on how to obtain medical care for your child when our office is closed. ***(775) 329-5555***

Date _____

Ht: _____

Wt: _____

HC: _____



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OWNER'S GUIDE
for the
9 MONTH OLD