

9 MONTH OLD

Safety:

-*Child-proof your house!*

- All medicines, vitamins, cosmetics, cleaners, toxic chemicals should be locked or out of reach. Have poison control number by phone: 1800 222 1222. Never induce vomiting prior to talking with poison control.
- Electrical outlets should have plug protectors. Tape down exposed lamp cords/extension cords to prevent burn injuries from infants biting on such objects.
- Make living room/play areas safe. Rearrange or place “bumpers” on dangerous furniture edges. Gates may contain infants into known safe areas. Keep small objects off floor.
- Stairs should be gated on top and bottom.
- Bathroom door kept closed. Never leave bathtub full with water. Water heater set at 120 F.
- Child resistant safety latches may be helpful for kitchen/bathroom cupboards.
- Candles, fireplace must be out of reach or avoided. Classic burn injury is hot coffee/tea/soup pulled off of table.
- Do not use baby walkers.
- Be careful of long cords (strangulation risk).
- Always use a *car seat*. The safest place is rear facing in the back seat, ideally the center back seat. Never put an infant in the front seat with an air bag. Move to a *convertible* car seat placed rear facing if your child's length exceeds specifications on your *infant* car seat. Air bag/car seat questions: call Safety Restraint Coalition 1800 282 5587

Development:

- Your nine month old likely has consonant sounds (“ba, da, ga”), babbles, turns to name, crawls or scoots, sits solidly, bangs objects/claps, plays peek-a-boo, two or three finger pincer grasp. He/she should make good eye contact, turn to his/her name, and mimic some facial expressions/movements.
- Soon he/she will be pulling up to stand.
- Separation anxiety is prominent now. Stranger anxiety is beginning.

Sleep:

- Most children are sleeping through the night (eight or more hours) by nine months. Colds, new sleeping environments, teething may disrupt sleeping briefly. Attempt to get back to routine when above disruption is resolved.
- Your child may be comforted by a night light.
- Continue bed-time routine and brushing after last feeding.

Diet:

- Formula with iron and/or breast milk still provide much nutrition. However, now is the time for your child to learn how to eat well.
- Feed your child solids two or three times a day. Forcing foods is typically not effective. Have fun with meals. Sit down as a family when possible.
- Start softer foods such as avocado, bananas. Progress to other finger foods such as “O” cereals, well cooked vegetables, small pieces of chicken, toast, soft pasta, etc..
- Avoid honey until at least one year. If there is a strong family history of asthma, allergies or eczema discuss with your pediatrician if longer avoidance of allergenic foods is necessary.
- Avoid hard foods such as raw vegetables, raisins, hard candy, gum until 4 years of age (nuts in their hard, natural form even longer). Cut up round solids like grapes, cheese, whole beans, meats, cooked carrots, hot dogs into small pieces.
- Breast fed babies need to focus on getting some iron rich foods daily (fortified cereals, green vegetables, meats).
- Always observe your child while eating.

Tips:

- Continue brushing twice daily with water or a toothpaste for babies (no or low fluoride)

- Allow infant to drink water from cup. This allows him/her to explore drinking skills as well as receive some water daily. If the drinking water has no fluoride, inform your pediatrician.
- Let your child gnaw on a cold washcloth, teething ring or fingers to soothe erupting teeth.
- Consider joining a play group or parent support group.
- Have conversations with your infant. Read to her.

Medications:

****Important Dosing Changes: Starting in Fall 2011 manufacturers of acetaminophen will begin to discontinue Infant Drop formulations (80mg per 0.8mL). This is an attempt to avoid dosing errors caused by caregiver confusion over different concentrations. Acetaminophen will be moving to a single pediatric concentration of 160mg per 5mL for Infants' suspension liquid and Children's suspension liquid. Please be sure to confirm the concentration of acetaminophen before following dosing parameters below:*

-Acetaminophen (Tylenol, paracetamol, APAP)

Infant Drops (80mg per 0.8mL)

(*may not be available much longer)

12 to 18 pounds: 0.8mL (80mg) each 4-6 hours
 18 to 24 pounds: 1.2mL (120mg) each 4-6 hours
 24 to 30 pounds: 1.6mL (160mg) each 4-6 hours

Suspension (160mg per 5mL)

12 to 18 pounds: 2.5mL = ½ teaspoon (80mg) each 4-6 hours
 18 to 24 pounds: 3.75mL = ¾ teaspoon (120mg) each 4-6 hrs
 24 to 30 pounds: 5mL = 1 teaspoon (160mg) each 4-6 hours

-Ibuprofen (Advil, Motrin)

Drops (50mg per 1.25mL):

11 to 17 pounds: 1 dropper = 1.25mL (50mg) each 6-8 hours
 17 to 22 pounds: 1 ½ droppers = 1.875mL (75mg) each 6-8 hours

Suspension (100mg per teaspoon):

11 to 17 pounds: 2.5mL = ½ teaspoon (50mg) each 6-8 hours
 17 to 22 pounds: 3.8mL = ¾ teaspoon (75mg) each 6-8 hours
 22 to 30 pounds: 5mL = 1 teaspoon (100mg) each 6-8 hours

-We generally do not recommend *over the counter* cough and cold medicines in children less than 2 years old because of lack of benefit and possibility of side effects.

Visit our website for further health information and links to other medical sites: www.ballardpediatrics.com
 Ballard Pediatrics: 206 783 9300

9 Month Parent Questionnaire

Please complete this side only

Interval History/New Problems

Has there been any change in general family history since last visit? yes no

If "yes", please specify: _____

Any changes at home since last visit? yes no

If "yes", please specify: _____

General

Do you have any concerns or worries about your child? yes no

If "yes", please specify: _____

Is your child in daycare or the care of a babysitter/nanny? yes no

Do you have concerns about your child's vision/hearing? yes no

If "yes", please specify: _____

Do your child's eyes cross, even briefly? yes no

Feeding

How is your baby fed? _____

Breast Bottle: Expressed breast milk Formula: Name of formula _____ Ounces per feeding: _____

Does your child get a good variety of foods (meat, vegetables, grains, fruit)? yes no

Sleep

Where does your baby sleep: Crib Parents' bed Other

Does your baby sleep through the night? yes no

If not, what is the longest stretch of night time sleep: _____ hrs.

Elimination

Do you think your baby's bowel movements are normal? yes no

Development

Do you have concerns about your baby's development or behavior? yes no

If "yes", please specify: _____

Can your baby sit well unsupported? yes no

Does your baby vocalize/babble with consonants? yes no

Does your baby crawl/scoot? yes no

Does your baby turn to your voice? yes no

Does your baby pull up to a standing position? yes no

Does your baby pick up small objects between his/her thumb and finger (ie 'pincer grasp')? yes no

Does your baby respond to his or her name? yes no

Does your baby wave? yes no

Does your baby clap? yes no

Does your child participate in games like peek-a-boo? yes no

Does your baby feed his/herself crackers/finger foods? yes no

Safety

Does your home have working smoke detectors? yes no

Is your water heater turned down to below 120 degrees? yes no

Does your child ride in a rear-facing car seat in the back seat? yes no

Does anyone smoke who cares for your child? yes no

Are small objects kept out of baby's reach at all times? yes no

Have you baby proofed your home? yes no

Completed by: _____ Relationship to Patient: _____ Date: _____

End of parent questionnaire

Provider review: _____

Patient Name: _____ DOB: _____