



Cornerstone Pediatrics

Michael Marsh, M.D.

Phone Number: (817)596-3531

Website: www.cornerstonekid.com

9 Month Well Child

Name: _____ Date: _____

Weight: _____ lbs _____ oz Length: _____ in Head Circumference: _____ cm

Age: _____ Next Scheduled Appointment: _____

General Nutrition:

- Breast feeding and formula intake may decrease.
- By about 11-12 months your child will eat solids well, want to feed themselves and are able to recognize their own hunger and satiation needs. They usually do not eat the same amount at each meal and demonstrate specific food preferences.
- Feedings start to follow a routine of breakfast, lunch, dinner with midmorning, afternoon, and bedtime snacks.
- Use table foods while child is sitting at the table with the family. Allow child to feed self. Good finger food choices include: teething biscuit, toast, bananas, avocados, melted cheese on bread and cooked carrots.
- Babies respond to solid foods with a wide range of enthusiasm. Some will reduce their breast or bottle feeds to three times a day, while others will still be primarily milk fed. Let us know if your baby seems uninterested in solid foods.
- Limit juice to only 4 ounces a day. Offer a pasteurized, 100% pure fruit juice, ideally fortified with vitamin C.
- Begin to wean from the bottle and encourage the cup. Plan to end bottle feeding by 12 months of age to help prevent cavities in developing teeth. Do not offer bottles in bed for soothing.

Formula Feeding:

- Will take anywhere from 16 to 24 ounces a day including what is used for cereal.
- Formula is supplied as ready-to-feed, concentrate and powder. Be careful to follow the directions exactly when preparing the different formulas. Never dilute formula more than instructed. Prepared formula is good for up to 24 hours refrigerated.
- Test the temperature of heated formula by shaking well and dropping a few drops on the inside of your wrist. Room temperature formula does not need to be heated.
- Do not save formula from used bottles because bacteria from your baby's mouth may have mixed during feeding.

Solids:

- Feed solids with a spoon, never put in bottle. Oral development is a prerequisite for speech and among the most complex movements that your child will master. Throughout infancy oral development progresses from sucking and rooting to rhythmic biting and chewing. Feeding should be enjoyable for parent and baby.

- Add new foods slowly- one new food a week. Start by feeding one new food for 3 to 4 days. Watch for rash, vomiting, or diarrhea with each new food. If any of these symptoms occur, stop the new food for one month and then try again.
- Start with single vegetables first then add in single fruits. After 6 months you can introduce meats.
- You do not have to use processed baby foods. You can use regular foods that have been pureed. You can freeze small portions of pureed fresh foods in ice cube trays for several months. Do not refrigerate or re-freeze purees for future use. Wash fresh fruits and vegetables thoroughly with soap and water to remove pesticides. Organic foods do avoid pesticides but must be washed thoroughly to remove dirt and bacteria.
- Daily suggestions or goal of intake after initiation of rice cereal is established:
 - **Cereals:** 4-6 Tbsp/day. Add 1.5 ounces of breast milk or formula to each Tbsp of dry cereal.
 - **Vegetables :** 4-6 Tbsp/day. Start with strained single vegetables advance to junior and mashed table foods at 7-8 months.
 - **Fruits:** 4-5 Tbsp/day. Start with strained advance to junior and mashed table foods at 7-8 months.
 - **Meats:** Begin at 6-9 months of age, 4-5 Tbsp/day. Begin with strained advance to junior and mashed at 7-8 months.
- Avoid empty calories such as puddings, punches, soft drinks and desserts.
- Please do not give honey, tomatoes or citrus until after 12 months of age.
- Please do not give hen eggs until 24 months of age.
- Please do not give peanuts, tree nuts, fish or seafood until 36 months of age.
- It is common for babies to refuse food, offer a few more times or again at the next meal.

Weight:

- Your baby should continue to gain ½ ounce a day or about 1 pound a month until 12 months. Birth weight should double between 4 to 6 months and triple by one year.

Length:

- Your baby's length will increase 9-11 inches in the first 12 months.
- Length increase by about ½ inch a month until 12 months.

Head Circumference:

- Head circumference will increase ½ cm a month from 6 to 12 months.

Sleep:

- Babies at this age show a wide variation in night sleep patterns. Some will sleep 8 or more hours others 6 hours and some will continue to wake every 3 to 4 hours. On average babies sleep 12 to 15 hours a day.
- If your baby is still waking every 3-4 hours at night, please contact us to see if a change in sleeping arrangement and bedtime ritual might help.
- Remember no bottles in bed.
- Encourage the use of a transitional object- a friendly soft toy or favorite blanket to your baby to hold.
- Never place pillows, toys or blankets under or around your baby.
- Place your baby in the crib when drowsy, before he/she falls asleep completely.
- If possible, have your baby sleep in a crib in a room separate from yours.
- Establish a nighttime routine to help your baby learn sleep time.
- If your baby awakens and cries, check for safety and comfort. Try to limit stimulation. Avoid picking your baby up, feeding, playing or taking him/her to your bed at night. During the day respond to fears by holding and reassuring.

- It is important for your baby to learn how to put him/herself back to sleep.

Bowel Movements (Stools):

- Consistency and color of stool will change and vary as new solid foods are introduced.
- Babies may show dramatic facial expressions, pass gas, strain and draw their legs up when passing stools. This is normal as long as the stools are soft and there is no pain. However, if your child passes small, hard, dry pellets, this might be true constipation.
- The number of stools decline after the age of 1 month from after most feedings to a variable number of stools per day. Occasionally, even 1 large stool every 2-3 days. More important than the number of stools is your baby's eagerness to eat, comfort, ability to be consoled and proper weight gain.
- If you notice your baby has not had a stool in 3 to 4 days you can try to give 2-4 ounces of pear or apple juice mixed 1:1 with water once a day.
- **Constipation:**
 - Constipation virtually never occurs in **breastfed babies** drinking an adequate amount of milk. If your breastfed infant is producing less than one stool every 3 days, then the milk intake may not be sufficient. We should check the weight and see how breastfeeding is going.
 - If your baby is **formula-fed** and seems fine but is passing stools less than once every 3 days, then you may stimulate passing stool by inserting an infant glycerin suppository in to your baby's anus. Call us if problems persist for more than a week or two.

Crying:

- Crying periods are less frequent now, when occur they are commonly from a minor problem that is easily resolved. This chronic "good mood" will persist for the next six months or so. Enjoy!
- Many infants have fussy periods in the late evening that may last 1 to 3 hours. Especially if no regular nap schedule is established, fussiness may increase.

Development:

Gross Motor: Usually can sit for longer periods (ten minutes), lean forward and recovers, pivot while sitting and crawl on hands and knees. Some babies will not crawl for another 2-3 months. They begin to "cruise" walking around furniture holding on with both hands. Can pull themselves up from a sitting position to a standing position. May begin to let themselves down from furniture with fairly good control. Eventually they will start to take steps while holding onto your hands and momentarily stand alone.

Fine Motor: Fine motor development will help your child be able to entertain him or herself for extended times. Your baby can hold objects of different sizes. Initially small objects will be picked up using the sides of their fingers and eventually with fine pincer grasp (thumb and index finger), most of the time the small objects will go straight to their mouths. Will start to voluntarily release objects. Will start to hold a cup with two hands, but unable to seal their lips around the edge. By 11-12 months will be able to stack blocks.

Oral Motor: Munching early chewing movements begin.

Speech and Language: Your baby will start to say "mama" and "dada" not specific to the person. Between 9-12 months your child will begin to give you a toy on request. Understand simple commands. Turn head to own name being called. Understands "hot" and "where's"...?". Responds to gesture with "bye-bye". Increased efforts to imitate people around him or her. Accompanies vocalization with gestures. Jargon increases. Imitate animal sounds. Your baby will momentarily stop activity when he or she hears "no", but does not truly understand what "no" means. May participate in singing a song. By 12 months your baby's language will expand to using 3-4 words, name a picture in a book, visually look for objects when named and follow simple one-step requests.

Social: Your baby will demonstrate stranger awareness and fear of new situations or experiences. Emotions such as affection, anger, jealousy and anxiety become more evident in late infancy. By 11-12 months your baby will appear to be in love with the world, love to explore, and have little understandings of these things that can cause harm. Interactive games are a hit at this age. Start to imitate clapping and

simple gestures. They begin to assist with dressing, retrieve dropped bottle or cup, take pride in mastering new skills, overcoming their fears and notice others around them.

Play and Stimulation:

- Your child will begin to like to stack objects, container play (putting objects in and out of a container), easily locate a toy placed out of site or under an object. Begin to take a more active role in hide-and-peek, peek-a-boo.
- Your baby will explore by grasping, poking, shaking, pushing, and pulling at objects. As skills continue to develop playtime with your baby will increasingly become directed by your baby. Add a variety of textures to help stimulate your child's learning.
- Balls of all sizes larger than your child's mouth.
- Your child will be able to hold a crayon with their whole hand and draw dots on paper and eventually be able to scribble on paper.

Discipline:

- As baby gets more mobile, he or she will find more opportunities to get into areas that are unsafe or otherwise "off limits." Begin to set limits when necessary by saying "no" firmly and explaining in simple terms.
- Distract and remove objects from sight when capable.
- Consistent discipline is important.

Safety:

- **Crying and shaking** – Never shake your baby. Shaking can badly damage your baby's brain. Put your baby in a safe place, like the crib or playpen and give yourself a time-out.
- **Choking** – Keep plastic bags, buttons, powder, baby cleaners and other small objects out of your baby's crib and out of reach. Inspect all toys and throw away any which are small enough to choke on, are worn, have sharp edges, breakable or removable edges. Plastic bags, wrappers or balloons can cause suffocation. Toys should be at least 1.5 inches in diameter. Avoid small hard foods such as popcorn, peanuts, celery, apple, grapes, tough meats, sausage, hard candy, hot dogs and carrot sticks.
- **Ingestions** – Keep Poison Control Number by your telephone (800-222-1222). Call Poison Control first with ingestions. Have Ipecac on hand to induce vomiting *only* when advised to by Poison Control or health care provider. It is not always appropriate to induce vomiting after ingestions of certain poisons. Make sure to check expiration on Ipecac and replace when necessary.
- **Burns** – Always check your baby's bath water temperature with your hand before placing your baby in it. Your water heater should not heat above 120° F or 49°C. Use your smoke alarms and check it monthly. Protect your baby from damaging rays of sun. Keep your baby out of the sun completely, use shade, a brimmed hat and protective clothing. Use sunscreen (SPF 15 or greater) sparingly, avoiding hands.
- **Falls or injuries** – Never leave your baby unattended on an elevated surface or in the bathtub. Place car seat or infant seat low to the ground and always have your infant buckled. Avoid lifting or swinging your child by the arms. This can dislocate the elbows. Place washcloths or non-slip barrier on the bottom of the bathtub or sink to keep your baby from slipping. Avoid hanging toys or pacifiers with elastic, string or ribbon because they can strangle your baby. If using a string to attach your baby's pacifier to their clothes, make sure the string is less than 3 inches. Place a gate at the top and bottom of any stairs in your home. Keep sharp knives or scissors in a secure place.
- **Shoes** – Primarily to protect against cold and sharp objects. Flexible, light-weight shoes are best. Barefoot is better for learning to walk.
- **Crib Safety** – Always keep the crib rails up when your baby is in the crib. The bars should be no more than 2 3/8 inches apart or the width of a regular soda can. Keep the crib away from

windows and curtain cords. Remove mobiles when your baby can sit up. Lower the mattress as your baby grows.

- **Car Seat/Car Accidents** – Your baby should always ride in an approved properly installed infant car seat even on short trips. The car seat should face the rear of the vehicle until your child is 20 pounds and 1 year old. The safest place is in the center of the second or back seat. Do not place the car seat in the front of the vehicle. Never leave your baby alone in the car.
- **Smoke** – Second hand smoke can cause a greater risk of ear infections, chronic stuffy nose and respiratory infection. Second hand smoke lingers on clothes and everywhere the person has smoked such as the car or house. Falling ashes can burn your baby. Never smoke while holding your baby. For your baby's health if you smoke consider quitting.
- **Child proof your house:** Do a search of your home on your hands and knees looking for potential hazards to your baby. Place safety covers on all unused electrical outlets. Put cords, plastic bags, small objects, household plants out of reach. Remember your child places everything in his or her mouth. Remove coffee tables with sharp edges or use corner bumpers. Use safety devices on cabinets and inspect the top of low tables for small objects.
- **Water Safety-** Pools, hot tubs, bathtubs, toilets, buckets and dog bowls even with only two inches of water can be dangerous.
- **Avoid infant walkers** – The American Academy of Pediatrics advises against these as they are a known safety hazard and can possibly lead to delays in motor development. Let your baby wiggle and learn to crawl and explore. The use of play saucers, though, is safe and entertaining.
- Make sure an adult is always with your baby when around young siblings or pets.
- Consider taking an infant CPR class through your local hospital or Red Cross.

Teething:

- Teething usually begins by this age through it can range from 1-12 months. It is normal for babies to drool even before teething starts. Teething may cause low-grade fevers, looser stools and fussiness. It does not cause high fever or diarrhea. Tips- offer refrigerated teething rings, washcloths or Tylenol™ for comfort.
- Clean your baby's teeth with a soft brush or cloth daily. Offer cup of water to help rinse off teeth during the day.
- Teething for central incisors can begin about 6 months and lateral incisors appear at about 8 months.

Immunizations:

- IPV –Inactivated poliovirus
- Hepatitis B #3
 - After the immunizations your baby may develop mild fever, irritability, sleepiness, or leg swelling around injection site. Acetaminophen (Tylenol™ Infant Drops) may be used every 4 hours as needed. Give the dose based on your child's weight: check the bottle for proper dose. Call if symptoms are severe or last longer than 48 hours. If your child's temperature is above 102° F or your baby does not look well he/she should be evaluated.

Lab tests:

- None unless warranted by exam.

Fever:

- A fever is considered a rectal temperature greater than 102° F.
- Take your baby's temperature under the arm. If elevated do a rectal temperature for confirmation.
- To take a rectal temperature;
 - Put a small amount of Vaseline™ on the end of the thermometer.
 - Lay your baby on his stomach, with one hand on his bottom and your arm resting lightly on his back to keep him from rolling. Holding the thermometer in the other hand, gently

insert the bulb (the silver part) into your child's rectum. You only need to insert it far enough to cover the bulb.

- After it stops, remove the thermometer and read the temperature.
- Make sure you clean the thermometer well after each use.
- If your baby has an elevated temperature first try to undress your baby leaving only the diaper and recheck in ten minutes. If remains elevated you need to give us a call for additional guidance.

Colds:

- Babies often sneeze, but this is not necessarily a sign of cold. However, if your baby sounds congested, coughs and has some nasal drainage, a cold may have developed. Most colds are mild and don't interfere with normal feedings and sleep.
- Comfort measures include: elevate the head of the crib by adjusting crib (do not place pillow in crib to elevate); run cool-mist vaporizer and performing nasal toilet using bulb syringe aspirator.
 - **Nasal toilet** – Add 2-3 saline drops in each nostril prior to suctioning. Saline drops will help to loosen the mucus assisting with clearing secretions out of the nose. Saline drops can be bought over-the-counter or can be made by adding 1 teaspoon of salt to one cup of room temperature water.
- Avoid using decongestants.

Skin Care:

- Occasionally, a baby will have some dry skin. This can be treated with an emollient (cream or ointment that keeps the skin moisturized) such as Eucerin™ or Aquaphor™.

Call the office if your baby:

- Has a rectal temperature of 100.5° F especially without any explanation or associated cold symptoms
- Coughing frequently.
- Vomiting persistently or excessively.
- Falls, hits his/her head and passes out, vomits or behaves unusually.
- Refusing to eat.
- Does not look well or is unusually sleepy or inconsolable.
- If you have any questions.

Important Phone Numbers:

- Cornerstone Pediatrics (817) 596-3531
- Weatherford Regional Medical Center's Emergency Department (817) 599-1111
- Cook Children's Emergency Department (682) 885-4093
- Tri Cities Urgent Care (817) 984-7120
- Parker County Urgent Care (817) 341-3016
- Smoking Cessation (877) 937-7848
- Poison Control (800) 222-1222

Next Visit:

- 12 Month Well Child Check
- Schedule your appointment 3-6 weeks in advance
- Arrive 15 minutes before your appointment to update chart
- Remember to bring your shot record with you for the exams. The immunizations your child will receive at the 12 month visit will include:
 - Varicella – Chicken Pox
 - Hepatitis A #1
 - MMR – Measles, Mumps, Rubella
- Labs- CBC to check for anemia and lead level

Suggested Readings for Parents:

- Your baby and Child: From Birth to Age Five, Penelope Leach.
- Child of Mine: Feeding With Love and Good Sense, Ellyn Satter.
- Oneness and Separateness: From Infant to Individual, Louise Kaplan, PhD.
- Baby Proofing Basics, Vicki Lansky.
- The Sleep Book for Tired Parents, Rebecca Huntley.
- Caring for Your Baby and Young Child: Birth to Age Five, American Academy of Pediatrics, Stephen Shelov, M.D.

If you have any concerns about your baby's health, please call. This handout is meant to be a guideline, not a substitute for the care of a competent health care provider. Please do not give any medicines without talking to your doctor first. We are happy to help you in any way we can. Immunization Schedule is subject to change based on the recommendations of the Committee on Infectious Diseases.