

**WELL CHILD: THE NINE-MONTH-OLD (1 OF 2)**  
VIRGINIA MASON MEDICAL CENTER – PEDIATRICS AND ADOLESCENT MEDICINE  
www.virginiamason.org/pediatrics

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Name \_\_\_\_\_ Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz.  
Date \_\_\_\_\_ Length \_\_\_\_\_ in.  
Head Circumference \_\_\_\_\_ cm

### NUTRITION

- Three meals a day with two healthy snacks. Soft fruits and vegetables or dry cereal are excellent snacks.
- To prevent vitamin D deficiency, breastfed infants should take 400 IU of supplemental vitamin D every day. You can give 1 mL of over-the-counter infant vitamin drops (such as D-Vi-Sol, Tri-Vi-Sol, or Poly-Vi-Sol, with or without iron), or 1 mL of “Just D” (available at [sunlightvitamins.com](http://sunlightvitamins.com) and at some pharmacies), or 1 DROP (not 1 mL!) of Carlson for Kids Ddrops (400 IU per drop), every day.
- 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 Tri-Vi-Sol WITH IRON or Poly-Vi-Sol 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 high chair right up to the table. Present small amounts of finger food at a time (small pieces of food easily mashed between your fingers)—steamed chopped vegetables, ripe thinly sliced fruits, grated or cottage cheese, chopped/shredded meat, rice, pasta, toast with cream cheese, melted cheese, iron-fortified cereals.
- AVOID FOODS THAT ARE CHOKING OR ASPIRATION HAZARDS UNTIL AT LEAST AGE 3 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.

### NUTRITION — LOOKING AHEAD

- 12 MONTHS: Offer solids at 3 meals and 2 snacks, roughly 16 ounces of breast milk or formula. At 12 months, you can substitute whole milk for formula. Continue whole milk until age 2, unless instructed otherwise by your child’s doctor, to ensure adequate fat intake for your child’s developing brain. Give whole milk in a cup with meals.

### DENTAL CARE

- After meals, brush your child’s teeth while she/he sits in the high chair. When they are comfortable with the bristles let your child have a turn after you. Use a fluoride-free toothpaste, or no toothpaste, before age 2 years.
- 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 him/her 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 him/her 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.
- 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, TV’s.
- 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 **or** until they reach the maximum weight or height for rear-facing in their car seat. Check your car seat manual.

# WELL CHILD: THE NINE-MONTH-OLD (2 OF 2)

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- In case of ingestion of poisons, call the Poison Control Center immediately. Post this number by your phone: **1(800)222-1222**. Do not use syrup of ipecac. Visit [poison.org](http://poison.org) for more information.
- Check your smoke detectors and fire extinguishers on a regular basis. Have a family fire exit plan: ladders in upstairs bedroom, etc.
- We do not recommend that your baby wear a necklace or other similar jewelry due to choking and strangulation risk.

## 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, lap top or television. The human voice is the best stimulant for developing infant brains.

## IMMUNIZATIONS

- You may find detailed information about vaccines, including our recommended schedule and links to the CDC’s Vaccine Information Statements, at [virginiamason.org/immunizations](http://virginiamason.org/immunizations).

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### Acetaminophen (Tylenol)

Child’s Weight	Infant’s or Children’s Suspension (160 mg/5 mL)	<b>PLEASE NOTE</b>
6-12 lbs	1.25 mL	The old concentrated acetaminophen infant drops (80 mg/0.8 mL) are being phased out and should no longer be used.  For more information, visit <a href="http://snipurl.com/NewTylenolDosing">snipurl.com/NewTylenolDosing</a>
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 4 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 make an appointment for when your child is 12 months old as you leave today.

## BOOKS/RESOURCES:

*Healthy Sleep Habits, Happy Child* by Marc Weissbluth, M.D.

*Solve Your Child’s Sleep Problems* by Richard Ferber, M.D.

*Sleeping Through the Night, Revised Edition: How Infants, Toddlers, and Their Parents Can Get a Good Night’s Sleep* by Jodi A. Mindell, Ph.D.

*The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night* by Elizabeth Pantley

*How to Get Your Kid to Eat ... But Not Too Much* by Ellyn Satter

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[sunlightvitamins.com](http://sunlightvitamins.com)