

Partners in Pediatrics



Naturally Healthy Kids Since 1977

WELL-CHILD CARE

AGE: 9 MONTHS

GROWTH:

Weight: lb. oz. (%)

Height: inches (%)

Head Circumference: inches (%)

IMMUNIZATIONS:

- DTap
- IPV (Injectable Polio)
- Hemophilus B
- Hepatitis B

- Pneumococcal
- Influenza (today, Fall)

- COVID
- _____

SCREENINGS:

- Hgb _____
- TB screen

Development:

GENERAL PARENTING ISSUES:

1. NUTRITION

A. This age represents a playful time of many new skills and exciting developments. This increase in physical activity creates more caloric demands, so you might notice an increase in your child's appetite and interest in food. Therefore, this stage becomes a great time to explore new tastes and textures. The accompanying list of foods will help guide you in this important transition. We recommend a well-balanced offering of foods which you would serve regularly in your own home. If you have a selective diet, such as vegetarian or vegan and have questions about your infant's nutritional needs, we can help guide you. We also recommend avoiding processed foods that are high in saturated fats, high fructose corn syrups, etc. because they can lead to diseases such as obesity, heart disease, stroke, and cancer. Don't become frustrated or discouraged if your infant creates some distinct likes and dislikes. Offering a variety of foods regularly, and not always "the favorites", will help overcome this stubbornness and relieve a lot of mealtime anxieties.

- B. As previously noted, please introduce only **one new food** at a time, for a trial of three days. Observe your child for any adverse reactions: vomiting, diarrhea, generalized rash, excessive fussiness, or gas. While previously introduced foods may be continued during this trial, **only one new food** may be tried during the three-day period.
- C. The following foods are suggestions that are not mandatory. If you do **not** serve them in your own home regularly, you need not introduce them to your child.
- Legumes: Lentils, split peas.
 - Meats
 - (1) Give white meats first (chicken, turkey, fish). Serve as strained, ground, or soft table texture as tolerated by your child.
 - (2) Give red meats second (beef, veal, lamb, pork). Serve initially as strained or ground only. Recommended 2-3 times per week.
 - Beans and bean products: Tofu, hummus, refried beans.
 - Pasta: Macaroni, noodles, etc.
 - Eggs: Whole eggs prepared any style.

- Milk products: Cheese, cottage cheese, yogurt, ice cream, cream cheese and sour cream. We recommend both breast fed and formula fed babies can be introduced whole milk, 2% or other non-dairy milk at around 12 months of age. Low-fat (2%) or whole milk are the preferred milks to skim and 1% milk. This appears to provide the best balance of nutrients and fats. Begin by gradually mixing the milk with formula for taste acceptance. This process may take up to 2 weeks.

D. Foods to Avoid Until One Year

- Raw honey
- Heavy salting and spices.

Avoid Until Two Years

- Foods which induce choking (peanuts, raisins, large meat chunks, popcorn, uncut grapes, hotdogs).

E. How Often to Feed

Your child should be offered three meals and may also need one to two snacks per day when crawling, pulling to stand, or walking.

F. How to Prepare

It is now time to advance the **texture** of baby's food to enhance the skill of chewing.

If not previously begun, **junior** foods with increased texture and/or table foods should be introduced.

By 12-18 months, children should eat what the family eats, appropriately textured according to age.

All babies should now be encouraged to independently finger-feed, usually after spoon-feeding.

G. Milk

We recommend breast-feeding approximately 3-5 times per day or formula 18-28 ounces per day or any combination of the two. At 12 months of age, we advise 3 calcium servings per day (yogurt, milk, cheese).



H. Juices

We discourage consumption of juices, but if you do decide to offer juice, please limit juices to no more than 4 oz./day.

2. SLEEP

Many babies who previously slept through the night may begin awakening at least once per night. This may be for developmental reasons or because of some physical change: teething, ear infections, colds, etc. In dealing with these awakenings, take care not to **over-stimulate** your baby in your efforts to return him to sleep. This may create a habit of frequent awakening. Thus, your child may become accustomed to you being their sleep inducement and become unable to do so on their own. If your child has become a persistent night waker, you may want to try the 5-10-15-minute method. Check out the sleep classes on our PIP website for tips.

Many children go from two naps to one nap a day between the ages of 9 and 15 months.

3. STOOLS

Stool frequency is generally from 3-4 times per day to once every other day. As long as the infant is comfortable, this amount of variation is fine.

4. SHOES

Prior to walking, shoes are only used for warmth and protection. Once your child is walking, the following are the only **mandatory** requirements for shoes:

1. A flat, flexible sole. You should be able to flex the sole with the fingers of one hand.
2. Reinforcement in the heel counter (part supporting the back of the heel).
3. Correct fit: Shoes should last 2-6 months. A good rule is that the tip of the big toe (when standing) should be the breadth of your index finger behind the tip of the shoe. There should also be some play in the width.
4. Good aeration for summer shoes, cloth better than leather or plastic. Good water repellent for winter, for example, leather.

The **optional** requirements for shoes are:

1. Low tops are preferable but not mandatory.
2. Cloth tennis shoes are certainly satisfactory in the summer and leather tennis shoes in the winter.
3. Sandals are acceptable, if they don't slip off the heel. "Crocs"-type footwear, though convenient, should only be used for the beach or pool.

5. CAR SEATS

Your infant should stay in a **rear-facing** car seat until **two** years of age with the appropriately fitted car seat. The car seat should sit in the back seat of the car. Never seat the child in the front seat with an air bag device installed.

6. LEAD SCREENING

As discussed in the 6-month handout, if you still have questions concerning lead exposure, discuss this with your health-care provider.

7. DENTAL CARE

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry

now recommend the establishment of a "dental home" by the time an infant is 12 months old, or no later than 6 months after the first tooth erupts.


DEVELOPMENT/STIMULATION:

Movement is beginning. Your child is now attempting to place themselves in and out of the seated position, into four point and creeping all about. With this mobility comes pulling to stand, lateral cruising and, finally, forward cruising. Some children are now even walking alone.

Play becomes exploratory in large spaces. A toy they can push such as a wagon or shopping cart is good, especially one that cannot be tipped easily. Also, children are now beginning to "put in" so they may like to fill the toy with objects to push around. Individual use of fingers continues, so "poking" is important.

As movement becomes greater, the child can explore larger rooms and participate in more activities. This corresponds with their ability to use distant vision as well as close vision. Encourage looking at books and helping to point to pictures. Books that are not overly busy are very helpful as fine scanning and fine pointing remain poorly developed. Of course, rhythm and music encourage more and more movement.

At this time, introduce more cause-and-effect toys (the child acts and the toy gives a response). Nesting cups, circular first, followed by square; shape-sorters; simple blocks; and ring stackers now begin to be educational.



HOMEWORK ASSIGNMENTS:

1. Please read the sections on teething and head injury in the *Parent's Pediatric Handbook*.
2. If you are planning international travel with your infant, ask your provider about special vaccinations needs (MMR).

COMING SOON:

1. The next visit is at 12 months.
2. Recommended Vaccines.
3. Ongoing discussion of dental hygiene.
4. Optional lead screening test.

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visit us at

www.partnersinpediatrics.com

Make sure your child is always buckled in a car seat, booster seat, or seat belt that is appropriate for their age and size.



REAR-FACING CAR SEAT

Birth until age 2–4

Buckle children in a rear-facing car seat with a harness until they reach the maximum weight or height limit of their car seat. Keep children rear-facing as long as possible. Never place a rear-facing car seat in the front seat. Front passenger air bags can injure or kill young children in a crash.



FORWARD-FACING CAR SEAT

After outgrowing rear-facing car seat and until at least age 5

When children outgrow their rear-facing car seat, they should be buckled in a forward-facing car seat with a harness and a top tether in the back seat until they reach the maximum weight or height limit of their car seat.



BOOSTER SEAT

After outgrowing forward-facing car seat and until seat belt fits properly

When children outgrow their forward-facing car seat, they should be buckled in a booster seat in the back seat until the seat belt fits properly without a booster seat. Proper seat belt fit usually occurs when children are age 9–12.



SEAT BELT

When seat belt fits properly without a booster seat

Children no longer need to use a booster seat when the seat belt fits them properly. A seat belt fits properly when the lap belt is across the upper thighs (not the stomach) and the shoulder belt is across the center of the shoulder and chest (not across the neck or face, and not off the shoulder).

Keep children properly buckled in the back seat until age 13.

*Recommended age ranges for each seat type vary to account for differences in child growth and weight/height limits of car seats and booster seats. Use the car seat or booster seat manual to check for important information about installation, the seat weight and height limits, and proper seat use.

Child passenger safety recommendations: American Academy of Pediatrics 2018.

www.cdc.gov/child-passenger-safety/about



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