

Pediatric Health Care

Dr. Lori Gara-Matthews

65 Walnut Street Suite 310
Wellesley, MA 02481
Tel: 781-772-1527
Fax: 781-772-1497

Your Child at Nine Months

Your Next Visit is at: 12 Months

Immunizations and Tests:

Prevnar #3. Next immunizations at 12 months old. A blood test for anemia and lead level will be done at 12 months as well. We will call you only with an abnormal result.

Development:

Gross Motor: Sits steadily unsupported for ten minutes, leans forward and recovers tries to crawl; may drag legs or go backwards. Some babies may stand; may “cruise” (takes steps while holding onto furniture for support).

Fine Motor: Picks up small objects clumsily with thumb and index finger (pincer grasp), can handle finger food, transfers objects from hand to hand.

Language: Uses consonants. Repeats syllables “da-da” and “ba-ba” (called babbling), may have one or two meaningful vocalizations, understands own name, “no”, and “bye-bye”.

Social: Enjoys social games with adults (Peek-a-boo, pat-a-cake); reacts to strangers with anxiety or fear; may wave, clap and imitate simple gestures. May show separation anxiety when parents or primary caregivers leave. The ability to crawl and “move away” coincides with increased awareness and discomfort with separation.

Early signs of autism: No back-and-forth sharing of sounds, smiles, or other facial expressions by 9 months of age

Feeding:

People often question how much they should feed their baby and how often. Starting at 5-6 months, you can give the baby solids 2-3 times a day and as much as he or she wants for that meal. If the baby doesn't stop accepting the food, a half cup of food is enough at 6-7 months but can increase with time. Solid foods at for babies under a year old help them learn how to eat, talk, move their mouth, swallow, and is not needed for nutrition.

Pediatric Health Care

Dr. Lori Gara-Matthews

65 Walnut Street Suite 310
Wellesley, MA 02481
Tel: 781-772-1527
Fax: 781-772-1497

Use table foods while child is at the table with family. Allow child to feed him/herself. Good finger food choices include: teething biscuit, toast, bananas, avocados, melted cheese on bread, cooked carrots, soft fruits chopped into small pieces, home made vegetable soups now that the baby is about 9 months old. Babies respond to solid foods with a wide range of enthusiasm. Some will reduce their breast or bottle feeds to three a day, while others will still be primarily milk fed. Let us know if your baby seems uninterested in solid foods.

Limit juice to no more than four ounces a day if you want to give the baby juice. Offer only pasteurized, 100% pure fruit juices, ideally fortified with vitamin C. Begin to wean from bottles; encourage cup. Plan to end bottle feeding by 12 months, to help prevent cavities in developing teeth. Do not offer bottles in bed for soothing.

Continue fluoride supplement if your drinking water is not fluoridated. Continue daily vitamin D supplement of 400 units.

Wait until 12 months to introduce whole cow's milk. If food allergies are not a concern (that is, they don't run in the baby's family), you may introduce cheese or yogurt at this age. New recommendations from allergists are that there is no reason to delay introducing any particular foods (except for honey) such as egg whites, strawberries or nut products. Although, keep in mind that nuts are a choking hazard and should only be given once able to chew safely. No honey until at 1 year of age. When introducing new foods, please have Benadryl on hand in the event of a reaction (hives, rash, or swelling of the face). Please print the dosing sheet from our website (<http://www.pediatrichealthcare.com/faqs.html>) and place the Benadryl and dosing sheet in a ziplock bag so they are together should you need it. If your child has a reaction, give Benadryl and call the office immediately. In the unlikely event that it is a severe reaction where your child has difficulty breathing, call 911 right away. The instructions on the Benadryl indicate that you shouldn't give if under 4 years old because it can be sedating. However, it is safe to give to your baby if they are having an allergic reaction.

New Calcium and Vitamin D Recommendations

- Recommended daily calcium allowance: Depending on your child's age, please see if your child gets enough calcium from their diet and whether they need supplementation.

For babies 0-12 months, they get all of the calcium they need from breast milk or formula. From 0- 6 months, the RDA is 200, 6-12 months the RDA is 260 mg.

Dietary sources of calcium examples:

Pediatric Health Care

Dr. Lori Gara-Matthews

65 Walnut Street Suite 310
Wellesley, MA 02481
Tel: 781-772-1527
Fax: 781-772-1497

Yogurt, lowfat 8 ounces- 300-400 mg
Mozzarella, part skim, 1.5 ounces- 300 mg
Milk, lowfat, 8 ounces - 300 mg

- Vitamin D is now 400 IU daily for children from 0-12 months and 600 IU daily for children over 12 months. We recommend giving a Vitamin D supplement such as Trivisol, Dvisol 1 ml daily or another brand such as Carlsol for your infant if over half of your baby's milk intake is breast milk. You can begin supplementing at about 2 weeks of age. Mom should continue to take her prenatal vitamin if nursing.

Other than the above, most babies do not need vitamin supplements.

Tooth Care and Tooth Brushing

It is recommended to clean your child's teeth twice a day. Parents must supervise and do the brushing before or after your child until your child is 8 years old or has the manual dexterity to be able to tie their own shoelaces. We recommend that the toothpaste amount be limited to a smear or the size of a grain of rice until 3 years old or a small pea sized amount after 3 years old in case of accidental swallowing of the toothpaste. The use of any toothpaste at all between the age that teeth erupt and 2 years old is currently debated by different health agencies, but limiting it should keep the risk of having too much fluoride down. Your first dental visit should be by two years old if there is no significant family history of dental problems or by 1 if there is such a history. The American Dental Association recommends a first dental visit by 1 year old if you desire.

Safety:

Avoid foods with high choking potential (such as peanuts, popcorn, raw carrots, celery, apple, grapes and hot dogs; or you can chop up the grapes for example) Consider taking an infant CPR class through your local hospital or Red Cross. Place the Poison Control Center phone number on your telephone (1 800 222 1222).

Increased mobility means that the baby will naturally fall more often. Take precautions, such as installing gates. Remove coffee tables with sharp edges or use corner guards or bumpers. Objects on low tables may be hazardous such as cans, pins, medicines, coins, and plants. Be sure you have safety devices on cabinets with medicines, cleaning supplies, knives and other hazardous items. Safer still is to move such items completely out of the baby's reach. Use safety devices on windows and screens. Cover unused electrical outlets. Secure

Pediatric Health Care

Dr. Lori Gara-Matthews

65 Walnut Street Suite 310
Wellesley, MA 02481
Tel: 781-772-1527
Fax: 781-772-1497

electrical cords behind furniture whenever possible. Tall bookcases, the television and dressers may need to be secured to the wall as well. Use the playpen as a safety island.

Water safety!! Pools, hot tubs, bathtubs, toilets and buckets- even if filled two inches- can be dangerous.

If there are guns in the house, store them unloaded and locked up out of reach and lock ammunition away from firearms. Make sure others you and your family visit do the same.

Avoid prolonged sun exposure. Use sunscreen SPF 15 or higher, although covering up with hats and light weight pants and shirts is more effective. Sun does penetrate loose-weave fabric, however. Realize that tanned skin is damaged skin.

Place car seat for infant in the center of the second row of the car, with infant facing the rear. The American Academy of Pediatrics now recommends to keep children in rear facing car seats until 2 years old. Use the seat belt and proper seat based on age and size for all passengers at all times in a moving car. Never remove baby from car seat when the vehicle is moving.

Sleep:

Back to sleep: Place your baby on his/her back on a firm mattress. Do not use soft pillows, plush toys or waterbeds. These measures will reduce the risk of SIDS (Sudden Infant Death Syndrome).

We do not recommend the use of an infant sleep positioning devise. They can be dangerous and can lead to infant death. The safest crib is a bare crib. Remember your ABC's of safe sleep ~ **A**lone on the **B**ack in a bare **C**rib.

Newborns typically have one four-to-five hour sleep period, often occurring during the day. Parents can gradually shift this from day to night by keeping stimulation to a minimum during normal sleep hours and lights low during nighttime feeds. Many newborns can sleep five consecutive hours once feeding is well established.

Our office offers appointments to assist with sleep problems for infants 4 months and older.

Breastfeeding may reduce the risk of SIDS.

Pediatric Health Care

Dr. Lori Gara-Matthews

65 Walnut Street Suite 310
Wellesley, MA 02481
Tel: 781-772-1527
Fax: 781-772-1497

The baby should be sleeping in the same room as a parent for their first 6 months, and ideally for the first year. Be careful not to fall asleep with the baby on your lap on a couch, chair or bed. Pacifiers may reduce the risk of SIDS, but should never be hanging from a string. Second hand smoke exposure is dangerous. Avoid overheating infants. They should be dressed on one more layer than what you are comfortable in.

Infants should have tummy time while they are awake and supervised. This avoids flat head and helps to encourage their development.

There is no evidence that swaddling reduces the risk of SIDS. It is risky if a swaddled infant rolls to their tummy while sleeping. Swaddles infants should be placed on their back to sleep, and swaddling should allow ample room in the hips and knees. Arms can be put in or out. When they start to roll, they should no longer be swaddled.

Toys:

Stacking toys, cups, other unbreakable containers, balls of any size too large to fit in the mouth, toys with a variety of textures.

Books made of plastic, cloth or sturdy cardboard with large pictures and interesting textures.

Play interactive games such as peek-a-boo, patty-cake, or bye-bye. Listen to and make music.

Other:

Shoes are primarily to protect against cold and sharp objects. Flexible, light-weight shoes are best. Barefoot is better for learning to walk.

Discipline:

As baby gets more mobile, he or she will find more opportunities to get into areas that are unsafe or other-wise "off-limits". Begin to set limits when necessary by saying "no" firmly and explaining in simple terms the concern ("hot", "might break", etc.). When removing the baby from the source of danger, try to offer an alternative: "You can't play with our stereo, but you can play with this". Don't spank or yell. Try to adjust some parts of the home as havens that the baby can explore safely, for example, a low cabinet in the kitchen with plastic containers. When possible, install gates to keep the baby out of areas that are not child proofed.

Febrile Seizure:

If your child has a fever, there is a small chance that a rapid change in temperature can induce a seizure. Although it looks life threatening, febrile seizures are usually harmless. Febrile seizures often occur early in an illness

Pediatric Health Care

Dr. Lori Gara-Matthews

65 Walnut Street Suite 310

Wellesley, MA 02481

Tel: 781-772-1527

Fax: 781-772-1497

when there is a sudden onset of a high fever. The seizure is a result of the increased excitability of the child's nervous system from the rapid increase in temperature. Medications are rarely prescribed for this kind of seizure. While parents may try to prevent these seizures by giving fever-reducers (Tylenol or ibuprofen) at the first sign of illness, the fever and/or febrile seizure may be the first indication that the child is sick. It is recommended to use a fever reducer for fevers over 102.5. If your child has a febrile seizure, they should be seen by us or in the emergency room to make sure it is not another kind of seizure.

Suggested Reading for Parents:

Oneness and Separateness: From Infant to Individual, Louise Kaplan, Ph.D.

Baby Proofing Basics, Vicki Lansky

The Sleep Book for Tired Parents, Rebecca Huntley

Child of Mine: Feeding with Love and Good Sense, Mary Renfrew et al

Your baby and Child: From Birth to Age Five, Penelope Leach.

Caring for Your Baby and Young Child: Birth to Age Five, American Academy of Pediatrics, Stephen Shelov, M.D.