

WELL CHILD CARE AT NINE MONTHS

At Today's Visit

- We will ask for an update on your baby's health.
- We will discuss your baby's growth and development.
- We will score and discuss the results of the ASQ developmental questionnaire.
- We will screen for post partum depression using the Edinburgh Postnatal Depression Screen.
- You will have an opportunity to ask questions.

Things to Keep in Mind Between Now and the Next Visit

- **FEEDING**
 - ▷ ***Munching, chewing, and finger feeding.*** At 9 months of age, the learning of feeding is very evident. Your infant continues to practice and learn how to eat. Mastery ends one stage and experimentation, uncertainty, and curiosity heralds the beginning of the next feeding transition. Wherever you find your infant on the munching, chewing, finger food spectrum, continue to invest in your feeding relationship by offering her your time, interaction, trust, and the desire to learn her needs.
 - ▷ ***Joining the family table.*** Toward the end of the first year, your child will start to get very interested in what goes on at the family table. When she demands to join in, you'll know she's ready to make her last feeding transition to table food. She'll be enthusiastic about the change but not very neat. She will want to feed and she can only do it with her fingers. Finger foods can be little pieces of table food, or anything else that hangs together enough to get it from the high chair tray to her mouth, like mashed potatoes or cut up noodles. Prepare for a mess. The mess is an important part of learning. The nutritional value of the solids your child eats becomes important now. As she fills up on table food and milk from a cup, she will drop her breast feedings or bottle feedings one by one. When she is one year old and she is well established in table food, she can shift from her infant milk feeding to whole (Vitamin D) pasteurized milk.
 - ▷ Most babies now take 6 to 8 ounces of formula 4 times a day.
 - ▷ ***This is a good time to begin weaning from the bottle.*** Encourage your infant to begin drinking formula and juice from a cup. Please ask us for a copy of Ellyn Satter's nipple to the cup to the table and giving up the breast or bottle feeding handouts for a narrative on how to successfully make these sometimes difficult feeding transitions.

▪ **DEVELOPMENT**

- ▷ Babies are starting to pull themselves up to stand. They love to bang things together to make sounds. Soon, they may start to say "dada" and "mama." At this age, babies learn what "no" means. Say "no" calmly and firmly and either take away the item that your child should not be playing with or remove him from the situation. It is a good idea to be both gentle and firmly in control. Give your baby a choice of toys. Talk to him about the toy he chooses and what he is doing with the toy. Peek-a-boo is a favorite game. Look for the following characteristics in your infant between 9 to 12 months of age:

Daily Activities

- ◆ Continues to enjoy banging, waving, and throwing toys
- ◆ Scrutinizes toys and other objects
- ◆ Becomes absorbed in toys and games
- ◆ Explores food with fingers
- ◆ Initiates play

Motor Skills

- ◆ Goes from sitting to lying position unassisted
- ◆ May pull self to standing position
- ◆ Stands holding on to furniture
- ◆ Tries to move one foot in front of the other when held upright
- ◆ May try to crawl up stairs
- ◆ May begin to walk with assistance

Language Development

- ◆ Imitates the rising and falling sounds of adult conversation
- ◆ Imitates more speech sounds, but does not yet understand most of them
- ◆ Repeats sounds again and again
- ◆ May begin to say "mama" or "dada" appropriately

Emotional and Behavioral Development

- ◆ Continues to resist doing what he does not want to do
- ◆ Begins trying to imitate some parent behaviors
- ◆ Loves showing off for family audience
- ◆ May cry when parent leaves the room
- ◆ May resist diapering

▪ **SLEEP**

- ▷ By 9 months, all infants should be able to sleep through the night and most take only 2 daytime naps.
- ▷ A regular bedtime hour and developing a bedtime routine like playing a game, singing a lullaby, turning the lights off, and giving a goodnight kiss continue to be important.
- ▷ Babies enjoy looking at picture books. You may want to read one regularly with your child.

- ▷ A favorite blanket or stuffed animal may help your baby feel secure at bedtime. The period between 8 and 15 months is usually the time when children become attached to transitional objects, cuddly blankets, toys, or sometimes unusual choices that help them make the emotional passage from dependence to independence. The presence of a comforting, familiar transitional object helps your child feel at home in a strange place, reassures him when he's away from you, calms him when he's upset, and helps him relax into sleep. It's a good idea to help your child blend a transitional object into his bedtime ritual by keeping a small, cuddly, blanket or very small, soft toy in the crib. For many children, the pacifier is a favorite transitional object; however, an alternative object would be advisable. Pacifier use should be minimized at this time in an attempt for weaning in the near future. Language begins to develop about this time, and a child with a pacifier constantly in his mouth may not babble and speak as much as other children. If the transitional object also becomes an indispensable daytime companion, as many do, you may want to keep a duplicate so you can wash and dry one while the other is on duty. A transitional object is a stress buster that the child will gradually give up on his own as he finds more mature ways to deal with life's challenges.
- ▷ Never put your baby in bed with a bottle.
- ▷ Put your baby to bed awake, but drowsy

▪ **SAFETY TIPS**

- ▷ ***Avoid Choking and Suffocation.*** No peanuts, popcorn, hot dogs, carrot/celery sticks, grapes, raisins, beans, hard candy, or tough meat. Keep strings and cords, small objects and plastic bags out of reach. Cut food into small pieces. Store toys in a chest without a dropping lid.
- ▷ ***Prevent Fires and Burns.*** Practice your fire escape plan. Check your smoke detector to make sure it is working. Cover all exposed electrical outlets and throw away cracked/frayed cords. Keep hot appliances and cords out of reach. Keep all electrical appliances out of the bathroom. Don't cook when your child is at your feet. Use the back burners on the stove with the pan handles out of reach. Keep hot foods and liquids out of reach. Turn your water heater down to 120°F (50°C). Avoid too much direct sunlight, and use waterproof, broad-spectrum sunscreen, SPF 15 or higher, if your baby will be in the sun. Check your smoke alarms every six months.
- ▷ ***Prevent Drowning.*** Never leave an infant or toddler in a bathtub alone -- NEVER. Continuously supervise your baby around any water, including toilets and buckets. Infants can drown in a bucket that has water in it. Empty all water and store buckets turned over.
- ▷ ***Avoid Falls.*** Check drawers, furniture, and lamps for stability. Install safety gates to guard stairways, and keep the baby away from open windows without screens. Lock basement and garage doors. Remove or pad furniture with sharp corners. Keep sharp objects out of reach. Make sure windows are closed or have screens that cannot be pushed out. Don't underestimate your child's ability to climb.

- ▷ **Prevent Poisoning.** Babies at this age are very curious about the world around them. We suggest that you consider putting baby proof latches on all cabinets that the baby may reach. Keep any poisonous plants out of reach. Keep all medications, vitamins, and household chemicals securely stored. Poison control's number is **1-800-222-1222**.
- ▷ **Avoid Cuts.** Remove or pad furniture with sharp corners. Keep sharp objects out of reach.
- ▷ **Car/Car Seat Safety.** If your child reaches 20 pounds and is still riding in an infant seat, it is time for a new car seat. Always use the rear-facing infant car seat. Your baby needs to be 20 pounds AND 1-year-old to have a front facing seat. Some car seats can convert from a backward-facing infant seat to a forward-facing toddler seat. Carefully follow the manufacturer's instructions when installing new or converting old car seats for your child. For more information you can call the National Highway Traffic Safety Administration at 1-888-327-4236 or check the Web site (<http://www.nhtsa.dot.gov>). Never leave your baby alone in a car, or alone with siblings or pets.
- ▷ **Outdoor safety.** DEET-containing insect repellants can be used as long as the concentration of DEET is 30% or less. Apply these sprays sparingly on exposed skin, and not on your child's hands, or near the eyes or mouth. Wash treated skin with soap and water after returning indoors.

▪ **GENERAL RECOMMENDATIONS**

- ▷ Point to and name objects, shapes and colors in books. Board books are easy for your baby to hold. Explore sounds with animal noises. Play pat-a-cake, peek-a-boo, and "so-big." Toys should be safe to place in the mouth or bang together. There shouldn't be any small parts to choke on.
- ▷ At this age, babies learn what "no" means. Say "no" calmly and firmly and either take away the item that your child should not be playing with or remove them from the situation.
- ▷ Your baby may cry when near strangers – this is age-appropriate stranger anxiety. Calm your baby and allow time to warm up.
- ▷ Join play groups and parent support groups.
- ▷ By now, many children have 2 or more teeth. After meals and before bedtime, try to wash off the teeth with a clean cloth. Don't worry too much about getting every last bit off the teeth. Try to make this a fun time for your baby. If interested, brush your baby's teeth with a soft toothbrush and water only. Avoid fluorinated toothpaste until your child can predictable spit it out.
- ▷ 9-month-olds have a lot of energy and it requires a lot of energy to take care of them. Make sure you get enough rest. Ask friends and family for help so you can take a break and rest. If you are rested, you will be better able to take care of your child.

▪ **IMMUNIZATIONS**

- ▷ *No immunizations are routinely given at the 9 month visit.*

▷ ***Immunization Controversies***

Empower yourself to objectively determine the facts regarding modern day immunization practices. Continue to allow yourself to feel that your decision to vaccinate your child is medically founded, effective, and socially responsible. Most importantly, this proactive choice affords your child an opportunity to remain well against vaccine preventable diseases that others have not had - whether it be now or in the past or whether it be here in the United States or elsewhere in the world at large.

Please utilize our immunization web links, vaccine information statements (VIS) provided by the Centers for Disease Control (CDC), and additional resources found within the immunization section of our website to educate yourself about principles of vaccination and the reasons to immunize your child against vaccine preventable diseases.

▪ **ADDITIONAL RESOURCES***

- ▷ Shoes
- ▷ Teething
- ▷ Prevention of infection
- ▷ Passive Smoking
- ▷ Weaning
- ▷ Weaning from breast to bottle
- ▷ Weaning from bottle to cup
- ▷ Weaning from breast to cup
- ▷ Weaning reluctance or resistance

How to Prepare for the Next Visit

- Please bring in questions and observations about your child that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Please bring your vaccine record.

What to Expect at the Next Visit

- Your child should return when he is **12 months old**.
- We will ask questions to determine if your child has had a possible exposure to tuberculosis.
- You will complete a childhood lead risk assessment form.
- Your child's hemoglobin will be determined through a finger or heel stick to screen for anemia (low red blood cell count).
- Your baby will have a physical examination.
- Your child will receive her fourth set of immunizations at the twelve month well child visit to protect against measles, mumps, rubella, pneumococcal disease, and hepatitis A.

* =found on our website

QUESTIONS FOR 9 MONTH VISIT

PATIENT NAME: _____

DATE: ____ / ____ / ____

Please answer the questions that apply to either your breast milk or formula fed infant.

NUTRITION

BREAST MILK

Do you feel that breast feeding is going well? yes no
Are you? breast feeding exclusively pumping both

APPROXIMATE NUMBER OF FEEDINGS IN A 24 HOUR PERIOD:

5 6 7-8 9-10 10-12 >12

DOES YOUR INFANT BREAST FEED FROM ONE OR BOTH BREASTS?

one both N/A

APPROXIMATE AMOUNT OF TIME PER BREAST?

< 15 minutes 15-30 minutes 30-45 minutes > 45 minutes n/a

Are you currently taking your prenatal vitamins? yes no
Is your infant taking a vitamin D supplement? yes no
Do you plan on weaning? yes no

What type of water source do you have?

city well bottled with fluoride bottled without fluoride

FORMULA FED

OUNCES PER FEEDING:

4-5 ounces 6-7 ounces 7-8 ounces > 8 ounces

FREQUENCY OF FEEDING:

every 2-3 hours every 3-4 hours every 4-5 hours > 5 hours

APPROXIMATE FEEDINGS IN A 24 HOUR PERIOD:

5 6 7-8 >8

APPROXIMATE TIME PER FEEDING:

< 15 minutes 15-30 minutes 30-45 minutes > 45 minutes

FORMULA TYPE:

Enfamil Lipil Nestle Goodstart Prosobee Enfacare Other
 Similac Advance Isomil Nutramigen Neosure

SOLID FOODS

Has your infant started solids (complementary foods)? yes no

If yes, what?

Iron fortified cereal Stage 1 products Stage 2 products Home made baby foods

Has your infant started to drink water? yes no

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____ / ____ / ____

QUESTIONS FOR 9 MONTH VISIT

PATIENT NAME: _____

ELIMINATION

Wet diapers per day: <6 >6

BOWEL MOVEMENTS:

Frequency:

< 1 per day 1-3 per day 4-6 per day > 6 per day

Is your infant having any problems with bowel movements? yes no

SLEEP

Sleeps consecutively for:

2-3 hours 3-4 hours 4-5 hours 5-6 hours > 6 hours

How many naps does your infant take?

none 1 2 3 > 3

How much time (total) does your infant spend napping during the day?

< 1 hour 1-2 hours 3-4 hours 4-6 hours > 6 hours

Is your infant sleeping on his/her back? yes no

Is your infant using a pacifier? yes no

Are you establishing a routine before placing your infant to sleep? yes no

Are you placing your infant to sleep while partially or fully-awake? yes no

VISION

Do you have any concerns about your infant's vision? yes no

HEARING

Do you have any concerns about your infant's hearing? yes no

SAFETY

Does your infant ride in the car using a rear facing infant car seat? yes no

DO YOU HAVE A POOL?

Above ground without a fence Above ground with fence around pool Above ground with fence around yard
 In ground without a fence In ground with fence around pool In ground with fence around yard

DEVELOPMENT

Turns his/her head to localize to sound (even those that originate from behind the child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Responds to own name	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Sits independently without support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Crawls or creeps on hands and knees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Pulls up to stand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Holds own bottle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Uses pincer grasp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Feeds self with fingers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Deliberately drops or throws things	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Bangs, strikes and shakes toys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Is becoming wary of unfamiliar people	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Makes sounds that use vowels and consonants (babbling)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Understands a few words such as "no-no" and "bye-bye"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

**CHILDHOOD LEAD RISK
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____ ZIP CODE: _____

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS MUST BE ASSESSED FOR LEAD POISONING.
 (410 ILCS 45/6.2)**

A documented result of a blood lead test or a properly filled out Childhood Lead Risk Assessment Questionnaire must be attached to a Certificate of Child Health Examination form for purposes of admission to an Illinois Department of Children and Family Services or state regulated child-care facility, including those operated by a school district.

Respond to the following questions by checking the appropriate answer.

Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live in or regularly visit a home that was built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Is this child a refugee or an adoptee from any foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does your child live in a high risk zip code area? * Please reference list of high risk zip codes on the back of this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* <input type="checkbox"/> Don't Know

MAR 2, 2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____