

# Nine Month Visit

## DEVELOPMENT

Your baby is rapidly becoming a little boy or girl. He/she is developing likes and dislikes. It is very important to help your child develop this autonomy. Encourage vocalizations and communication by imitating baby sounds, by using picture books, and by playing name games. Encourage exploration and curiosity. Minimize “no’s” by childproofing rooms and simply removing him from danger. The goal of infancy is to establish a sense of trust. The goal of toddlerhood is to establish a sense of self, to feel the thrill of actually saying, “I did it myself!” Nine-month-olds are at the very beginning of this transitional period. At the same time, they are not too young to start to learn some rules. As parents, we should not hesitate to set some limits on behavior. Your little boy or girl is still very dependent upon you and may at this age react to strangers with soberness, anxiety or even fear. Separation from you may be especially difficult. Many cry when parents leave their presence. This is due to cognitive growth and not due to spoiling them, nor does it mean the mother is “harming the child by returning to work.” Your child will find security in a regular bedtime and pre-sleep routine. You should respond to night-waking but interact minimally so that you don’t unintentionally reinforce this behavior.

## NUTRITION

Your nine-month-old should start to eat more like a child and less like a baby. Reduce feedings to three to four times each day and set regular mealtimes. Try to make mealtime a family time. Encourage your child to feed himself table foods cut into little pieces. He should be praised for drinking from a cup. Aim to wean him from the bottle by about one year of age. Anticipate that your child’s daily intake will seem to drop off as his rate of growth is normal. If in between meal snacks and beverages are minimized (be strict here), then an empty stomach will motivate him to eat at meal time. Keep things relaxed, pleasant, and social. Don’t focus on food. Give attention, smiles, and conversation to your child when he’s eating. If he doesn’t well, don’t push it. If NOT eating is a good attention getter, he will quickly learn to refuse food to get your attention. Any table foods that are not choking hazards may be given now. We are no longer restricting foods for their allergic potential.

## ANEMIA

Screening for anemia is done routinely at nine months of age. We also screen for lead poisoning if your child is at risk. If the results of these tests are abnormal, we will discuss management with you. For your information, iron rich food includes the following: commercially prepared dry ready-to-serve infant cereals, green and yellow vegetables, red meats, and egg yolk. Peaches are the best source of iron among fruits. Children who, during their second year of life, drink large quantities of milk are at risk for iron deficiency. They fill up on milk, a poor source of iron, and don’t have appetites for well-balanced iron rich diets. These children tend to be either on demand frequent breast feeders or bottle users – another reason to encourage structured feeding times or transition to the cup.

## SHOES

Shoes are not necessary until your child has learned to walk. They are only for warmth, protection and later for traction on slippery surfaces. Learning to walk is best done bare-footed. No shoe can fit perfectly for any period of time because of rapid foot growth. Many toddlers have their natural gait thrown off because of heavy or poor fitting shoes. Tennis shoes are best because they are flexible, light weight, they breathe, and they are usually less expensive.

## INJURY PREVENTION

1. Your child’s increasing mobility and change from crawler to a stander pose new safety concerns. Re-childproof your house room by room with his new abilities in mind. Never leave him unattended by the water. Always use gates as stairwells. Beware that hot or heavy containers can be pulled down by tablecloths.
2. His improving “pincer grasp” (thumb and index finger) enables your child to get small objects into the mouth. Do not give foods that can be aspirated such as peanuts, popcorn, hot dog, raisins, etc. Teach him that whenever he is eating, he must stay seated to minimize the chance of choking. Children who stand up or walk around with food should have the food taken away. Don’t leave potentially dangerous objects such as scissors and coins within your child’s reach.
3. Always use the car safety seat. Do not carry your child as a passenger on your bike except in a special seat, helmeted, and off the street. Wear a helmet yourself to model safe biking at an early age.

## POISONING

Poisoning accidents are common and preventable.

1. Lock cabinets containing medicines. Never refer to acetaminophen or any other medicine as “candy” to children. Be especially careful with candy-flavored or colored medicines. Check for unused drugs and clean out your medicine cabinet regularly. Replace all torn or lost labels from medicine bottles and cover with transparent tape to keep them legible.

If in doubt about what an old unlabeled medicine is, throw it away. Never leave medicines such as tranquilizers, sedatives, hormones (e.g. birth control pills), iron pills or Tylenol around the house, on tables, dressers or in pocketbooks. An often overlooked source of potential drug poisoning is the visiting grandmother’s purse.

2. Keep dangerous substances in their original containers with proper labels and safety closures. Never store polishes, waxes, bleaching agents, dry cleaning fluids, drain cleaners, ammonia, paint thinners, insecticides and other poisons in low cabinets or shelves that are accessible to children. Keep them high up and locked up. Never leave a pressurized spray container within reach of a child.
3. Periodically make a room by room check of the entire house, including storage areas, for potential poisons that might attract children. Here’s a checklist of poisons that you may not have thought of:

Bathroom	Around the House	Kitchen	Garage	Bedroom	Storage Areas
Soaps & Shampoos Detergent/Cleaners Deodorizers Mouthwash Aftershave/Cologne Suntan Lotions All Medicines Deodorant	Cigarettes/Cigars Felt Tip Markers Flaking Paint Insulation Alcoholic Beverages Plants (Check with us or poison control if you have questions about which are poisonous.)	Vitamins Drain Cleaners Furniture Polish Pet Medicines Dishwasher Detergent Oven Cleaners Ammonia Detergents/Bleach Disinfectants Metal Cleaners	Lime/Fertilizers Paints/Varnishes Turpentine Kerosene Gasoline Antifreeze Weed Killers Insecticides	Medicine Cosmetics Nail Polish Remover	Mothballs/Spray Rat/Insect Poisons

4. Certain substances simply should not be kept in homes with children because of their high toxicity. These include Drano, Liquid Plumber, paint or furniture stripper, and Old English liquid furniture polish.

5. Never leave the room, even for a moment, while using a household product that may be a potential poison. Always take the cleaner or polish with you while you answer the door or telephone.
6. Remember that 13% of all poisonings involving children aged 5 years or younger occur away from home, especially at grandparents' homes.
7. The use of Mr. Yuk warning stickers on potential poisons is controversial. Some studies showed that these stickers did not effectively deter toddlers from manipulating labeled containers. Some people argue that these bright green stickers may actually attract some children to dangerous substances.
8. If your child should ingest a poison, the first thing to do is call the Poison Control Center, 1-800-222-1222. This phone number should be clearly written near every phone in the house. Call us after following Poison Control Center's instructions so that we can follow up.