Your 9-Month-Old Infant

Feeding
- Many babies enjoy soft table foods and “Stage 3” foods at this age. A typical day could include three meals and two snacks. Try to eat together as a family — babies enjoy the social aspects of eating.
- Avoid foods that are choking hazards, such as popcorn, nuts, whole grapes, raisins, hard candies, hot dogs or large chunks of food.
- Breastfed babies should continue taking vitamin D.
- Formula-fed babies usually drink 16–24 ounces per day.
- Wait until 12 months to introduce cow’s milk. Until then, encourage your baby to practice drinking from a sippy cup, with water.
- Juice is not necessary. If you offer juice, dilute with water and limit it to four ounces per day.
- Do not give honey or corn syrup in the first year of life.
- Over the next few months, introduce more variety. Most babies do not need (or want) pureed foods by 11–12 months of age. The goal is for your baby to eat an age-appropriate version of the family meal. Some foods will need to be cut up, shredded or cooked longer.
- It may take 8–10 tries before your baby accept some foods.
- With the increasing prevalence of food allergies, recommendations for introduction of allergenic foods may change. Refer to the allergy website aaaai.org for the latest guidelines.
- If there is no family history of food allergies, it is a good idea for most babies to be introduced to peanut products (not whole peanuts) at this age. Eggs, soy and soft flaky fish (avoid bones) may also be introduced.

Sleep
- Most babies sleep through the night and take two naps.
- Bedtime routines are important. Be consistent, and choose activities that help your baby relax. Continue to put your baby to bed awake.
- Sleep regression often occurs at this age. It is okay to allow your baby to self-soothe back to sleep.

Development
- Most 9-month-olds are able to imitate sounds and gestures, say “mama” and dada” without meaning, understand “no,” move across the floor (by crawling, rolling or scooting), push to sitting, pick up small objects and finger feed.
- Your baby may be fearful of strangers and cry when parents leave the room. Short separations can help your child learn that when parents go away, they return.
- This is a good age for social games such as “peek-a-boo” or “so big.” Cause-and-effect toys can be fun (shape sorters, toy cars, balls). Music and reading are enriching activities.
- Your child’s newly acquired mobility is exciting, if occasionally challenging for parents. Distraction and diversion can be helpful. You may find that modeling and describing desired behavior (“time to sit”) is more helpful than saying “don’t stand.”

Safety
- Always use an infant car seat, rear-facing in the back seat. Your child should be rear facing until age 2, regardless of weight.
- Maintain your childproofing efforts. Continue to be mindful of household cleaners and medications, electrical outlets and cords, stairs and choking hazards. Window blind cords should be attached to the wall or out of reach. Consider upper floor window guards.
- Make sure the crib mattress is on the lowest level.
- Children can drown in just a few inches of water. Always supervise your child around water.
- Visit cpsc.gov for a list of recalled toys.
- Avoid direct sun exposure by using clothing, hats, shade and sunscreen (SPF 30 or higher).
Fever/Illness

- Fever is a common symptom in children, usually caused by the immune system’s response to an infection. Any temperature over 100.4°F is considered a fever. Once you’ve identified a fever, you can treat it with acetaminophen or ibuprofen to make your child more comfortable. Depending on other symptoms, it may be necessary to come to the office, although most fevers are caused by viruses, and can be managed at home.
- More important than the number on the thermometer is how your child looks and acts. If your child is interactive after receiving fever medicine, that is a good sign.
- Please call our office to report fever that lasts more than 72 hours, or is accompanied by other concerning symptoms (decreased drinking, decreased urine output, labored breathing or looking very ill).
- Being prepared can help you cope with fever. Keep your thermometer handy, have acetaminophen or ibuprofen (and dosing information) available, and take these with you when travelling.

Disease prevention

- To prevent cavities, do not give your baby a bottle in bed. Once your baby has teeth, clean them with a wet washcloth, or a small soft toothbrush with water.
- We follow the vaccine schedule recommended by the American Academy of Pediatrics. If you have questions or concerns about vaccines, please visit vaccine.chop.edu/parents.

Reaching us

If you have concerns, please do not hesitate to call the office to speak to a nurse. Nurses return calls throughout the day. You may also leave a non-emergent message for your doctor or nurse practitioner, who will return your call by the end of the day. For emergencies, a doctor is on call when the office is closed.

Resources

- A good website to bookmark for future reference is healthychildren.org.
- We suggest having the Illinois Poison Control Center phone number handy: 800.222.1222.

Today

- Your child will receive the Hepatitis B vaccine.
- A questionnaire will be given for you to complete at 10 months and mail back to our office. This helps us monitor your child’s development.

At the 12-month check-up

- Your baby will receive the MMR (measles, mumps, rubella) or Prevnar #4 and Varicella (chicken pox) vaccines. A simple blood test will be performed to check for anemia and lead exposure. A tuberculosis skin test may be performed.
- You will be given a 12 months Ages and Stages developmental questionnaire to complete at home and mail back to our office.

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<th>Dose</th>
<th>Infant OR Children’s suspension 160 mg/5 mL</th>
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<td>80 mg</td>
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Visit our website at luriechildrens.org/tcp