



YOUR NIMBLE NINE MONTH OLD

Special Notes About My Child:

Another milestone has passed! **Independence** is now your baby's theme, the beginning of many years of developing give and take. Patterns of conflict resolution and differing wills begin to take shape. You need to decide how much of your infant's world he/she will control. It's time to think about discipline (supervision and protection and doing the right thing regardless of the child's response). Look back at your parents' habits and methods, and look ahead in anticipation of enforcing what was effective and eliminating what was harmful or not productive. **Effective discipline** is the key to healthy and successful parenting. (Remember, you have already started to discipline by feeding, changing, protecting and putting your baby to bed at times you've decided are in baby's best interest). A useful model for the happy home is the "benevolent monarchy", with mom and dad as co-regents (queen and king), and children the loyal subjects who are most happy when they obey the edicts designed for their health and well being. Don't back away now! Perhaps it is a good time to start some reading or talk to your pediatrician or clergy person about this.

Your infant now responds to his/her environment in a cause and effect fashion. He/she is continually better at picking up on your **moods** – be aware of this at stressful times. Variety of emotions expands rapidly at this time. Newfound **mobility** results in explorative crawling (and in some babies, cruising). Don't rely on standers too much (they put stress on the hips). He/she should sit well, pull to stand easily, bang toys together, look after fallen objects, and may even totter a few steps. **Fine motor** control results in a smoother "pincer" grasp (thumb and forefinger). Poking with the index finger and self-feeding finger foods are fun activities also. Hand rotation also begins as objects are explored. Mouthing (and swallowing) small objects is an ever-present possibility, so be on guard.

Language becomes specific during this period, and about nine months is the age at which you will hear the first "longed-for" "dada" and "mama" spoken (yes, usually dada first, though children generally show preference for mom's affection about now). Several syllable babbling may also occur. He/she may stop briefly when a sharp "no" is heard – but *only* briefly. This does not mean that your baby is defiant, but merely that he is not controllable verbally yet. **Cognitive** development progressing at this point includes some object permanence, (he/she knows that the toy is under the blanket)! Baby may respond with gaze preference to questions such as "where's mommy!" **Emotion** is expressed with facial expression of increasing complexity. Simple gestures are imitated. All these brain activities result in the baby being able to watch you move out of the room and know you will keep going – this may be upsetting! **Stranger anxiety** begins to develop at around eight months as well. The degree of this is very variable. Remember through all of this that difference among babies is common – it is reasonable progress in development that is important. Remember to mention any concerns about vision or hearing as well. Babies should not be cross-eyed or have a lazy eye at this age.

Although separation anxiety and ability to make demands on you are present, a regular **bedtime** schedule and short routine is important to establish. Night waking is common with bursts of crying – the best approach is gentle touching, singing and soothing while the baby is still in bed! Avoid giving a formula bottle or even breast-feeding at night at this age – it promotes tooth decay and ear infection in prone children.

Transitional toys or blankets are good ideas. Another important technique is to put baby to bed while he/she is drowsy but awake. This encourages learning to fall asleep. Again, independent behavior is not disobedience at this age -- just normal development. Limit setting in sleep behaviors is just another healthy area of discipline. Continue to take parental breaks, alone and together, and use what support systems you have. This is a demanding time!

Play regularly with baby. Social, vocalization and interactive games are now possible and encouraged. Both parties will have great rewards as they learn how to delight the other. Peek-a-boo and patty-cake are old standbys and still entertaining. Again, play is the main developmental educational tool at these ages. Continue to provide toys that require exploration. Continue to check for safety of new items. Noisy and musical toys are good at this age, especially of the infant can evoke the response. If all parties are “having fun” and safe, you are playing the “right” way.—unless you are watching a screen! Interest in simple toys like rattles may decline.



Feeding and eating are messy propositions – allow for some slack by putting a plastic tablecloth under the high chair. Mealtime should become more regular, and solids will become a greater and greater proportion of diet and calories. Continue to introduce new items slowly, avoiding the “forbidden” group. Encourage self-feeding with biscuits, soft healthy foods. A cup can be introduced (sipper or regular) – some babies may actually be ready for bottle weaning. Continued breast feeding is good if desired. **Fluoride** may still be necessary. Iron supplementation may be recommended (see below) Balance remains important. Do not use too many “simple sugar” foods – complex carbohydrates (whole grain starches, vegetables, fruits, etc.) and proteins (meat, beans) are best and will remain the most important major portion of the diet throughout life. Don’t worry about limiting fat intake! Prepare for some pickiness at this time – they’ve got more important things to do! **Teething** remains variable. Some may still not have any teeth! Hold off on **cow’s milk**, juice and NO FORBIDDEN foods (see list provided at visit).

Attention to skin and **diaper** area care are still important. Remember the **sun screens** (30 SPF or greater) Diaper frequency will slowly diminish. **Shoes** are only needed for warmth and to protect feet from objects and unfriendly surfaces. They should be flexible, long and wide enough, non-skid with a porous upper. There is no scientific evidence at present for altering shoes with wedges or heels for treating flat feet, in-toeing or out-toeing. Discuss this with your doctor if concerned. **Bowel** movements may be firmer.

New emphasis is placed on accident prevention and **safety**. You cannot be too careful through this stage. Babies fall a lot, so watch for sharp objects, corners--put coffee tables away. **Stairs** are a real fright – use sturdy gates. Continue to **avoid** walkers. Tablecloths should not dangle. Continue to watch **hot liquids**. It’s still not safe (for you or baby) to smoke in the house. Keep sharp and small items safely away (scissors, razors, knives, beads, pins, coins). Continue to watch extension cords, sockets. Install **safety** latches on upstairs windows and all doors. **Chemicals** and medicines are especially attractive at this time – keep Lifeline, emergency numbers handy. For any ingestion bring the jar, container or bottle to the emergency room or doctor to assist in management after calling poison control. **Water safety** in the tub and near pools is critical. Zero seconds is the time a baby can be left alone in these settings. **Small food** items like nuts, candy, popcorn, peas, corn, raisins, and round hot dog pieces are easily aspirated. Mash or slice appropriately.

Review *fire escape* plans. Continue proper car seat use even for short rides. Watch open fireplaces and heaters. Lower the crib mattress. Buy flame resistant sleepwear. Keep thermostat down on hot water heater. Using DEET insect repellants are safer than getting bit or stung!

If any immunizations have been missed, now may be the time for catch-up. This will also be time to check for anemia or lead exposure by means of a simple laboratory test.

As the baby *challenges* you, it may be a good time to challenge yourself with some questions. Are you satisfied with the direction you and your family are taking? If not, what can be changed? Are there struggles in your own disciplines of living that need resolution (eating, exercise, sleeping, social, religious habits that may need addressing)? Family is a good word when it comes to healthy changes.

Remember, “A baby makes the mother and father, otherwise they’re just plain people” – Ruth Krauss

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