

# GUIDE FOR PARENTS 9 MONTHS

## INFANT CARE

*Normal Sleep Patterns*—At this time your baby should still be taking two regular naps per day, usually one in the morning and one in the afternoon. Your baby may also begin to sleep as long as twelve hours at night without waking for a feeding. Some problems with sleep patterns may arise over the next few months as your baby develops separation anxiety. Your baby will become more clingy to you and every time you leave the room, or leave him in the care of someone else, he may fuss and cry. This is a perfectly normal reaction that normally peaks between 10 and 18 months and fades over the last half of the second year. At bedtime, however, he may refuse to leave you to go to sleep and may wake up searching for you in the middle of the night. The following are some suggestions that may help you and your baby through this trying time.

- 1) If you know you are going to go out, make sure your baby has napped and eaten. Also try to stay with your baby as much as possible when he is sick.
- 2) Have the person staying with your baby create a distraction with a toy, bath, etc., then say good-bye and slip away quickly.
- 3) Remember that your baby's tears will subside within minutes of your leaving.
- 4) Help your baby learn to cope by using short practice sessions at home. For example, when he crawls into another room, do not follow him for 1-2 minutes. When you go to another room, tell him where you are going and that you are coming back.
- 5) Spend a few extra minutes playing with your baby when you drop him off at the sitter's or at daycare. Reassure him that you will be back later.

## CHILD CARE PROVIDERS

*Baby Sitters*—Your baby sitter becomes a “surrogate parent” when you are away and should be selected with care. Make sure you give explicit instructions to the sitter. The following are some guidelines you should use:

- 1) Leave a written note stating where you will be, how you can be reached, and when you will return
- 2) Post important numbers by the phone including police, fire, poison control center, hospital, doctor, ambulance, and nearby friend, neighbor, or relative
- 3) Explain rules about friends, TV, stereo & telephone (applies to sitter).
- 4) Explain baby's routine including feedings and sleep.
- 5) Make sure they know the location of first aid supplies, emergency exits, fire extinguishers, toys, clothing, etc.
- 6) Rough or otherwise dangerous play is not tolerated and child should never be left alone.

*Day Care*—If day care is needed there are several options to choose from including center-based day care, home day care (care in someone else's home), and in-home day care (care in your home). There are advantages and disadvantages to each and which you decide to use is a personal and individual decision. Before choosing any day care environment, you should be familiar with the state licensure regulations for childcare, check references, and observe the caregiver(s) with your child. For preliminary information you may contact the State Department of Social Services, United Way, religious organizations, the yellow pages, your doctor, or word-of-mouth from friend and relatives. Check out a number of different child care arrangements and facilities by telephoning and asking questions about openings and admission requirements; meeting with the directors and staff or caregiver to discuss your expectations; and talking with other parents from the facilities.

## INJURY AND ILLNESS PREVENTION

*Car Restraints*—All 50 states have passed laws that require children to ride in approved child passenger safety seats. Use a rear-facing, federally approved, properly installed infant safety seat until your child is over 20 pounds and able to sit up by himself. Keep your child facing backward as long as possible, up to one year of age or until the child is able to sit independently. Then he can be restrained in a forward facing, federally approved, properly installed car seat. The safest place for a child to be restrained in a car is in the middle of the back seat.

*Crib Safety*—Your baby’s crib should have 12 slats per side, and no more than 2 and 3/8 inches between the slats. No crossbars on sides. Drop side should not release too easily. Metal hardware should be smooth with no rough edges. Mattress should fit tightly with no more than two-fingers width between mattress and side of crib. If crib is painted, make sure it is lead-free paint. The top rail of the crib should be a least ¾ the height of the child to keep the baby from falling out. Use bumper pads for the crib until the baby is able to stand up.

*Smoke-free Environment*—Passive smoke comes from two sources: Secondhand smoke, which is exhaled by the smoker, and Sidestream smoke, which arises from the end of a burning cigarette. Children exposed to passive smoke have more frequent and more severe respiratory tract infections than non-exposed children. Other problems made worse by exposure to passive smoke include: pneumonia, cough, bronchitis, croup, laryngitis, wheezing, bronchiolitis, asthma, flue, ear infections, middle ear fluid and blockage, sore throats, eye irritation and SIDS. If you smoke, QUIT. If you can’t quit, NEVER SMOKE INSIDE YOUR HOME, NEVER SMOKE IN THE CARE, and NEVER LEAVE YOUR CHILD WITH SOMEONE WHO SMOKES.

*Check for Hazards at Baby’s Eye Level*—Since your baby will become mobile in the next few weeks, it is important to “baby-proof” your home if you haven’t already. Just get on your hands and knees and crawl around each room in your home. If you see anything hazardous that would be within baby’s reach, remove it.

## **EARLY SIGNS OF ILLNESS**

*Fever*—If your child has a rectal temperature greater than 101.0 degrees F, call your doctor. A temperature this high is usually the sign of a significant infection, which may need treatment.

*Failure to eat*—Breast-fed babies who are refusing to nurse or formula-fed babies who are refusing the bottle may be in the early stages of an illness.

*Vomiting*—You should also inform your doctor about any vomiting that persists for more than 12 hours, or is associated with diarrhea and/or fever.

*Diarrhea*—Watery stools are usually caused by a viral infection. The danger from diarrhea is the possibility of dehydration. If stools are watery or occur more often than 6-8 times per day, baby’s mouth is dry, baby is not making tears, or there is a decrease in the number of wet diapers in a day, call your doctor.

## **NUTRITION**

*Finger Foods*—Finger foods for babies include crunchy toast, well-cooked pasta, small pieces of chicken, scrambled egg yolk, dry cereals, and chunks of banana. Try to offer a variety of shapes, colors, flavors, and textures. Never offer a young child spoonfuls of peanut butter, large pieces of raw carrot, nuts, grapes, popcorn, uncooked peas, celery, hard candies, or other hard, round foods. Cut meat sticks and hot dogs lengthwise then into smaller pieces to avoid choking.

*Junior Foods*—At this time you may introduce junior foods that are coarser than strained baby foods and require more chewing. You can also include in your baby’s diet soft foods like puddings, mashed potatoes, yogurt and gelatin. As always, introduce new foods one at a time, 2-3 days apart, and watch for allergic reactions.

## **ORAL HEALTH**

Never put your baby to bed with a bottle. This can cause ear infections and when they get teeth can cause cavities. Never prop bottle to feed infant.

Teething usually starts between 4 and 7 months of age. Teething occasionally may cause irritability, crying, low-grade fever (<100.0 F), excessive drooling, and a desire to chew on something hard. Teething rings made of hard rubber are helpful as is massaging the baby’s gums with your finger. Once your baby has a new tooth clean it by using a soft children’s toothbrush in the morning and at night. Do not use toothpaste.

## **PATIENT-INFANT INTERACTION**

Talk to your baby as much as possible. Read to your baby as often as you can. Sing to your baby. Play soft music. Cuddle, rock, and touch your baby often. Stimulate your baby by playing with bath toys that float, squirt, or hold water; balls of all sizes; cardboard books with large pictures; cups, pails and other unbreakable containers; push-pull toys; and stacking toys.

## **SAFETY**

*Falls*—Never leave baby unattended in high places like on a tabletop or in the crib with the sides down. If your baby does fall and seems to be acting abnormally in any way, call your doctor. Do not use a walker.

*Burns*—Never hold baby while smoking, drinking a hot liquid, or cooking on a hot stove. Never allow anyone to smoke around your baby. Always test baby's bath water temperature with the inside of your wrist before placing baby in tub. Never heat baby's milk in microwave. Set water heater setting to 120 degrees F or lower to prevent scalding. Do not allow baby to crawl near a hot oven, space heater, or furnace vents.

*Choking*—Check all toys for sharp edges and for small parts that could be pulled or broken off. Keep crib away from windows with mini blind cords. Never give baby any food or small object that could cause choking. Never leave small objects in your baby's crawling area.

*Drowning*—Never leave baby alone in the tub or near a pool of water no matter how shallow it is. Infants can drown in just a few inches of water. Never leave baby alone around containers of water like buckets, wading pools, sinks, and open toilets.

*Poisoning*—Store all medicines and cleaning products up and out of reach in locked cabinets. Use safety latches on drawers and cabinets and plastic safety plugs in all unused electrical outlets.

## **IMMUNIZATIONS**

None required at this visit unless baby is behind with him immunizations.

Your doctor may decide to check a hematocrit (blood count) and lead level at this visit.