



Weight: _____ Length: _____ Head Circumference: _____

9 months

Signs that your baby comprehends what you are saying become evident and you can watch them process all that they are learning. They are like little investigators; inspecting, watching and studying the world around them. They are beginning to experience things differently as the senses heighten around this age.

Development

Social/Emotional:

- Enjoys games like peek-a-boo and songs like wheels on the bus.
- May develop stranger anxiety with unfamiliar adults.
- Will often have a favorite toy or book.

Language/Communication:

- Respond to their name, and to verbal cueing like , “Where is mom?”, “Wave bye-bye.”
- Understands “no”.
- Babbles using syllables

Cognitive:

- Watches objects as they fall.
- Looks for objects that have been hidden (object permanence).
- They begin to understand that their pet dog (ball, tree etc) and the picture of a dog (ball, tree, etc) in a book are the “same” thing.

Movement/Physical Development:

- Sits well and can get into a seated position with little to no assistance.
- Many are able to pull up to standing.
- Some cruise around holding on to furniture.
- May start to use the pincer grasp and can turn pages in a board book.

Nutrition

Breast milk and formula are still the staple of a baby's diet. There is a wide variety of solid food scenarios at this age. Some babies are just getting comfortable with purees and more textured foods and some are eating 3 meals a day that look a lot like regular table foods. Meet your baby where they are at. Continue to challenge them with increased textures and new food exposures, but follow their cues if they are getting overstimulated by the experience. Offering water in a small cup or sippy is important with each solid food offering. Baby can have up to 9 oz of water at this age, no juice is recommended, unless otherwise discussed with your provider.

Regardless of what type of solid food baby is having success with (puree to baby led weaning), they should have the opportunity to work on their solid food skills 2-3 times a day.

For breastfeeding moms, many babies are getting more distractible with daytime feeds. Try not to worry about frequency or length of feeding, particularly if baby is doing solids well and growing appropriately. Many babies at this age can get 70-80% of their daily breastmilk volume between the first morning feed and the feed that occurs right before bed.

As we look toward the one year mark, many babies will be transitioning off of formula or weaning from the breast. There is always the question of what baby drinks once they are off of formula or breastmilk. When do we transition to sippy cups and regular cups completely? There's lots to cover, let's start first with solids. If your child has been doing baby led weaning or transitioned to more textured foods easily, the progression to meals and snacks as the base of baby's nutritional needs may be fairly easy and happen pretty organically. If you have a baby that is not tolerating really textured or table foods, you may still be working with purees. Continue to offer and challenge baby's sensitivity (be it gag or texture issues) with meals. Start meals with the more textured or solid foods. As they get frustrated or outright refuse, transition to a texture they are tolerating. This gradual exposure will help move them to table foods while still allowing them the success and enjoyment of the solid food experience.

A word on milk and milk alternatives

We are the only mammals that are told to drink another mammals' milk after infancy. It's a little strange. That being said, whole fat cow's milk is a very easy way to package fat, calcium and Vit D. The cons to milk are that it can cause constipation in some people, when drank in excess the calcium in milk can fight with iron for binding sites to the red blood cell leading to anemia and if it is looked at as a replacement for formula or breast milk, it does not offer the same broad spectrum of vitamins and nutrients. Now, if your family loves whole milk and tolerates it well, it can be a nice compliment to table foods and regular water intake. The recommended serving of dairy for infants from 12-24 months is 2-3 dairy servings daily. If your child gets a lot of dairy in their solid food diet (yogurt, cheese, etc) they don't need a lot of cow's milk. The recommended daily intake of cow's milk is 16-24oz/day - NOT including other forms of dairy. Children tend to love dairy, so be cautious not to over do it.

If your family is not one to have cow's milk in the fridge there are really great ways to get your child Vit D, fat and calcium that do not include milk at all. You can even get your child's daily requirements easily without dairy in their diet if desired. There are some great milk alternatives out there that have very comparable amounts of fat, calcium and are Vit D fortified. One great option is Silk Brand Protein blend of almond/cashew milk. It has 8 g of fat per 8 oz serving, 10g of protein and 30% of daily calcium requirements. Another good option is Oatly Full Fat Oat Milk; with 9g of fat, 25% of daily calcium requirements, 20% of Vit D requirements, only 7g of sugar and vegetarian DHA added. Generally, once the transition to milk or a milk alternative has occurred it gets a bit easier to transition from the bottle if your child is particularly attached to this method of liquid delivery. The fact that baby does not need as much volume of milk or milk alternative can alleviate the concern over baby getting "enough" from the bottle. The nighttime bottle or breastfeeding is often the last go because it is so intimately associated with winding down and going to bed. The best bet is to move this feeding up in the bedtime routine, so it is not the last thing you do before bed. It conveniently makes way for the toothbrush to become the last thing in baby's mouth before bed. More on that later.

So if a typical routine looks like bath, jammies, book, bottle and then bed. Let's move that bottle up to be right after bath, get in jammies, brush teeth, read a book and then bed. We want baby to begin to associate bedtime with something other than a feeding. Ideally, an activity that does not eventually have to go away like a book or a song. Once this transition is well accepted, the bottle can honestly go away and that milk or milk alternative can be offered with or at the end of their dinner time meal. Babies should be off of the bottle between 12-15 months.

If mom and baby continue to enjoy breastfeeding, there is no reason to stop. The composition of human milk does not change markedly from 12 to 24 months, including most nutrients and bioactive factors. Because the human immune system may not mature completely for several years, the components of human milk continue to support the host defense of the infant.

Fever and Medication

- FEVER = 100.4 F or higher rectally or under the arm. Fevers are normal, natural responses and do not always need to be treated. If baby has a fever but is not uncomfortable, having difficulty sleeping or eating - they are fine to ride this fever out. Generally, any fever over 102-103 makes for a fussy baby and it is ok to manage these fevers with medication.
- Note that fever reducing medication will likely only drop the fever by 1-2 degrees.
- Tylenol (Acetaminophen) may be given for fever, teething, or pain relief. Tylenol may be given as often as every 4 hours but we suggest using it as sparingly as possible. Tylenol dosing is based on weight.
- Motrin (Ibuprofen/Advil) may be given for fever, teething or pain relief. In general, motrin is better at reducing inflammation (so think teething and after injury), but it does have some fever reducing properties). Every child responds to medication differently, so see what works best for your baby.
- Children's Benadryl (Diphenhydramine) is a good thing to have on hand. There is NO infant Benadryl, it is all labeled for age 2 years and up. This medicine can be dosed based on weight and is ALWAYS the same dose as your child's Tylenol (Acetaminophen) dose.

**** There is an infant and a children's liquid suspension of this medication so read labels carefully, they are different concentrations, require different syringes for dosing and are NOT the same measurements as infant/children's Tylenol. See chart below.**

Acetaminophen (Tylenol): dose lasts 4-6 hours

Weight	Age	Infant's Tylenol Oral suspension (Acetaminophen 160mg in 5mL)	Children's Tylenol Oral Suspension (Acetaminophen 160mg in 5mL)	Children's Tylenol Meltaways Chewable Tabs (80mg per tab)	Jr. Tylenol Meltaways Chew Tabs (160mg per tab)
6-11 lbs	2-3 mo (do not give under 2 mo)	1.25 mL	1.25 mL	--	--
12-17 lbs	4-11 mo	2.5 mL	2.5 mL	--	--
18-23 lbs	12-23 mo	3.75 mL	3.75 mL	--	--
24-35 lbs	2-3 yrs	5 mL	5 mL (1tsp)	2 tablets	--
36-47 lbs	4-5 yrs	--	7.5 mL (1.5tsp)	3 tablets	--
48-59 lbs	6-8 yrs	--	10 mL (2tsp)	4 tablets	2 tablets
60-71 lbs	9-10 yrs	--	12.5 mL (2.5tsp)	5 tablets	2.5 tablets
72-95 lbs	11 yrs	--	15 mL (3tsp)	6 tablets	3 tablets

Ibuprofen (Motrin, Advil): dose lasts 6-8 hrs

Weight	Age	Concentrated Oral Infants' Drops (50mg in 1.25mL)	Children's Oral Suspension (100mg in 5mL)	Children's Chewable Tablets 50mg	Junior Strength Chewable Tabs or Caplets 100mg
6-11lbs (DO NOT USE)	0-6 mo (DO NOT USE)	--	--	--	--
12-17lbs	6-11 mo	1.25 mL	2.5 mL	--	--
18-23 lbs	12-23 mo	1.875 mL	3.75 mL	--	--
24-35 lbs	2-3 yrs	2.5 mL	5 mL (1tsp)	2 tablets	--
36-47 lbs	4-5 yrs	3.75 mL	7.5 mL (1.5tsp)	3 tablets	--
48-59 lbs	6-8 yrs	--	10 mL (2tsp)	4 tablets	2
60-71 lbs	9-10 yrs	--	12.5 mL (2.5tsp)	5 tablets	2.5
72-95 lbs	11 yrs	--	15 mL (3tsp)	6 tablets	3

The Importance of Crawling

Criss-cross crawling or hands and knees crawling requires limbs from opposite sides to coordinate with each other. A baby alternates arms and legs, getting the arm on one side to meet the floor at the same time the opposite leg does. Also called contra-lateral, or cross-lateral crawling, this diagonal style of movement is vital in the development of an important pathway in the brain that belly crawling does not impact — the corpus callosum.

The corpus callosum is a band of nerve fibers between the hemispheres of the brain. Criss-cross crawling stimulates the corpus callosum to develop in a balanced way, facilitating the hemispheres of the brain to communicate, making for a better connection between the right and left brain.

A baby's cross lateral movements work both sides of the body evenly and involve coordinated movements of the eyes, ears, hands, feet, and core muscles. This helps support cognitive function, problem solving, and ease of learning. This type of movement is key for developing vision, hearing, learning, and integration of reflexes. Crawling is important for hip socket development, it serves as a physiological stepping stone to walking. The crawling muscle actions start to reshape the hips, pulling them inward and forward. As the baby gets stronger they become better positioned to lift their body and gain balance for walking.

Other ways crossing the midline helps babies:

- Increases lower back strength in preparation for upright positioning.
- Prepares the ankles for the flexion used in walking.
- Exercises spinal rotation.
- Strengthens hand-eye coordination.

Sleep

On average, babies this age sleep 12-15 hours a day with about 11 hours of sleep occurring at night and around 3-4 hours split between two day time naps. Babies should be able to sleep for 6-8 hour stretches overnight before needing to feed, many will sleep longer than this however.

Discipline

As baby becomes more aware and receptive to your communication, they begin to understand more of what you are saying. As they develop the understanding of “no” we recommend using this word sparingly. Try to limit its use to issues of safety, like, “No don’t touch that, it’s hot!” This allows “no” to keep its important meaning and makes baby less likely to tune you out when they hear it.

When there is a behavior you want to discourage or redirect, try telling baby what you **DO** want them to do. “That cord is not a toy, but we can play with this car.”, as opposed to “Don’t pull on that cord. Reinforce the behaviors you want to see. Outline what behaviors are and are not acceptable with caregivers so you can all remain consistent in your messaging and approach to discipline.

Development from 9 - 12 months

Social/Emotional:

- Often cries when caregivers leave the room
- Copies gestures or sounds

Language/Communication:

- Will use gestures (like shaking their head) to communicate
- Tries to say words you say

Cognitive:

- Can easily find things you have hidden (object permanence)
- Will look at the correct picture or thing when it is named

Movement/Physical Development:

- May stand alone, may take a few steps on their own
- Pulls up on furniture to standing
- Cruises along and between objects