



**Premier Pediatrics, P.A.**  
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## 9 Month Appointment

At Premier Pediatrics, we provide an age-relevant handout prior to each well-visit appointment. Please feel free to use the handout to write down questions and to take notes throughout your appointment. We will be happy to discuss questions you might have regarding anything covered in this handout or otherwise. Please continue to refer back to this handout at home. However, know that you have several options to answer additional questions and concerns that may come up at home.

1. Our staff is available by phone during our office hours 8AM-4:30PM. On Saturday's our phone goes to voice mail or you may be directed to Children's Mercy Nurse Triage line..
2. Also, be sure to check our website: [www.premierforkids.com](http://www.premierforkids.com). We have partnered with Pediatric Web to bring you a quick symptom guide in addition to a quick medicine and dosage guide.
3. Additionally, we offer triage services through Children's Mercy in the event that you need urgent assistance when we are not in the office. You may follow the prompts from our primary phone number to be connected to this line.

### Immunizations

The 9 month appointment does not typically include any immunizations. The next round will be given at the patient's 12 month appointment. Please let the nurse know if you have any questions regarding immunizations.

### Appointment and Immunization Schedule

**Your child's next regularly scheduled well-visit will be at 12 months of age.** The patient does need to be at least 12 months at this well-visit. Please schedule this appointment as soon as possible. A patient care coordinator will be happy to help you schedule appointments at checkout.

\*Well-visit appointments should be scheduled every year around the patient's birthday.

### Vaccine Schedule

AGE	REQUIREMENT	DESCRIPTION OF SHOTS
Birth		Hep B
2 month		Pediarix (Dtap, IPV, HepB); PedVaxHib; Prevnar 13 (pneumococcal); Rotarix (Rotovirus-oral)
4 month		Pediarix (Dtap, IPV, HepB); PedVaxHib; Prevnar 13 (pneumococcal); Rotarix (Rotovirus-oral)
6 month	<b>*must be 6M</b>	Pediarix (Dtap, IPV, HepB); Prevnar 13 (pneumococcal); Vision Screen
9 month		Hgb/HCT (finger-prick); Any catch-up shots
12 month	<b>*must be 12M</b>	MMR; Varivax (Varicella); Vision Screen

15 month		Prevnar 13(pneumococcal); Hep A #1
18 month		Infanrix (Dtap); Hiberix; MCHAT
2 year		Hep A #2; Hgb/HCT/Lead (finger prick); MCHAT; Vision Screen
4 year	<b>*must be 4YR</b>	Kinrix (Dtap/IPV); MMRV (MMR/Varicella); Vision Screen
5 year		Vision Screen; Hearing Screen
11 year	<b>*must be 11YR</b>	Boosterix (Tdap); Menveo (Meningococcal ACWY); HPV9; Cholesterol
12 year		HPV9 #2
13 year		HPV if not completed
16 year	<b>* must be 16YR</b>	Menveo (Meningococcal ACWY); Bexsero (Meningococcal B); Cholesterol; Hgb
17 year		Bexsero #2 (Menigococcal B)
18-21 year		Tdap; Catch up on Men B or HPV9 if not complete

### **Immunization Notes**

- \*We follow the CDC/AAP (American Academy of Pediatrics) guidelines for vaccinations
- \*We can give the Dtap, IPV (polio) and Hep B individually and not as a combination shot if necessary.
- \*Flu shots do not have preservatives.
- \*Minimum spacing between 2M, 4M, and 6M shots is 6 weeks

### **Daycare Forms**

We have the Kansas Department of Health forms available at our office and will be happy to provide these for your child after a scheduled appointment. Please let the patient care coordinator know you need a daycare form at check out. Once the provider has completed the patient note, the well care form will be pushed out to your patient portal. If you are in need of a daycare form at any time outside of the well care visit in the office, please request this form through the portal or call the office and it will be pushed out to the portal. These well care forms are good for one year once your child reaches the age of two years of age.

## **Infant Care: 9 Months**

Have you noticed how quickly your baby is developing at this stage? Every day, it seems as if something new is being learned. He/she is crawling everywhere and may begin pulling up or even “cruising” around furniture. You may notice how much your baby is using his/her hands to accomplish tasks. For example, he/she uses the finger and thumb in a “pincer” grasp to pick up small objects instead of “raking” them. He/she may show a preference for a dominant hand when reaching for something. Your child may respond to simple verbal commands such as “Say bye-bye” and can

comprehend “no-no.” When separated from care givers and family, especially Mom, the fear of strangers is even stronger now and is intensified.

### **Feeding**

Because of the increased fine motor (hand) coordination, your baby is able to eat more finger foods. Some examples of these include: cheese cubes, small chunks of hot dog or infant chicken franks (with the skin removed), small chunks of fruit (fresh or canned), cooked vegetables such as broccoli, beans, peas or carrots. Dry cereals without sugar coatings such as Cheerios or Chex are good snacks as are crackers and fruit chunks. You must carefully watch your child to see that he/she can handle (without choking) each food tried until it is finished. He/she is able to hold a spoon but may spill much of its contents but let him/her continue to try, even though this will be messier for you! An old shower curtain or plastic table cloth placed under the high chair makes clean-up easier.

Your baby may also hold his/her own cup (infant-type) without assistance. Your baby is still on breast milk, or formula, along with solid food; however, he/she should not be taking more than 32 ounces in a 24 hour period. Since your baby is on table or infant foods, it is a good time to begin weaning, if you so desire. You may want to ask your doctor about a weaning schedule, as well as about vitamin and mineral supplements (and fluoride if it has not been previously discussed).

*Notes:*

### **Sleeping**

This age can be difficult! Your baby may show fears of going to bed and fight it every night. He/she may also fuss some after being put to bed. A regular bedtime routine is helpful and provides extra reassurance to your child. You can check on the baby every five minutes, pat and reassure, but do not pick him/her up or put him/her in your room. You don't want to reinforce this behavior. In a calm voice, take a minute to remind your baby that he/she needs sleep and that everything is **OK**. Your child will understand your calm reassurance.

You may also notice that your baby, who previously had undisturbed nighttime sleep, is now awakening abruptly and crying. This may even be accompanied by nightmares. You should check your baby immediately, however, keep the time spent brief and do not give extra bottles, take him/her to your bed, or rock him/her. These positive reinforcements encourage night-time awakening and could set you up for problems later if awakening becomes a habit.

*Notes:*

### **Elimination**

Bowel patterns remain mostly regular for your baby. He/she may even begin to let you know when he/she has a soiled diaper, although toilet training should not begin until at least 18-24 months of age and when readiness signs are noted.

*Notes:*

## Safety

The more mobile your baby is, the more curious they become. He/she is into everything! Accidents, burns, and poisonings are among the injuries your baby could incur. **Child-proofing your house means examining every room, including the garage, basement, shed and yard! Save the poison control number on your phone – 1-800-222-1222.**

If you take your baby bicycle riding, be sure he/she has a helmet, is securely strapped in the bicycle infant safety seat, and his/her feet cannot reach the spokes. In the car make sure your baby remains buckled up and rear-facing in a car seat. Always supervise your baby when outdoors and never leave him/her alone to “just run inside for a minute.” Swimming pools should be surrounded by a fence with a padlock on the gate. **THEY'RE DEADLY!!!** Also, beware of wading pools and even buckets of water or open toilets.

*Notes:*

## Development/Play

Talk with and listen to your baby! At this age he/she loves to interact with you. He/she may begin to repeat simple words such as “Da-Da,” “Mama,” or even his/her name. He/she may also begin to name parts of his/her body and point to them or name his/her favorite foods. He/she likes to play peek-a-boo, pat-a-cake, or games such as “Where’s Baby?” He/she is a great imitator—of people, animals, or sounds. Read to your baby! A portion of his/her vocabulary develops from seeing and verbally hearing objects identified. Purchase infant books made of cloth, plastic or hard cardboard. Let your baby read. Hold him/her on your lap and point to an object on the page, say and repeat the word. Soon your baby will be saying this word. You are sending a message about the importance of reading that will last a lifetime.

Containers which permit baby to “put objects in and take them out” are great at this age. These toys are called “nesting” toys and include colored boxes or cups. They are relatively inexpensive. Toys or books with different textures (for example, squares of different fabrics in a box) allow him/her to experience soft, rough, smooth, etc. Remember, your baby is learning about in and out, up and down, on and off, so say these words when performing the task.

Although baby walkers are appealing at this age, they are no longer recommended at any age. They encourage lower leg muscle development when babies need upper leg muscle exercise to prepare for walking. In addition, walkers are a safety hazard because they tip over easily and children can slip through and be seriously injured or strangled.

A word about—**Discipline**. Try to use the word “no” only when necessary. Babies do not need to be spanked. If you become angry with your baby, place him/her in his/her crib or playpen for a time-out for 1-2 minutes. This will allow you to calm down and the baby to realize that he/she has done something wrong. Parents and other care givers should discuss this subject together before the baby gets much older. Your consistency in manner of interaction helps your child develop a foundation for relating to you and others. Your consistency in the use of the word “no” and in adhering to reasonable limits helps to keep your child safe. You cannot accident proof their world forever.

*Notes:*

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**FEEDING GUIDELINES: ALL FOODS MUST BE CUT OR PORTIONED TO THE APPROPRIATE SIZE FOR YOUR CHILD.**

**4-6 months**

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Cereals: (Start here) rice, barley, or oatmeal. Wheat based cereals to be given last.
- Fruits: apples, bananas, pears
- Vegetables: avocados, green beans, sweet potatoes, butternut squash
- Nuts: peanut butter, eggs and yogurt may be introduced now, in most cases. Discuss with your doctor.

**6-8 months**

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Cereals/Grains: Cereals may continue as before, may offer crackers (saltines or graham).
- Fruits: Mango, peaches, papaya, plums, prunes, apples, bananas, pears
- Vegetables: carrots (cooked and peeled), cauliflower, parsnips, peas, zucchini, avocados, green beans, sweet potatoes, butternut squash
- Proteins: beef, chicken, pork, turkey, tofu, eggs, fish

**8-10 months**

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Finger Foods: rice puffs, cheerios, crackers
- Grains: buckwheat, kasha, flax, kamut, millet
- Fruits: Mango, peaches, papaya, plums, prunes, apples, bananas, pears, cranberries (chopped), figs, grapes (chopped), kiwi, melons, persimmons, blueberries, coconut
- Vegetables: carrots (cooked and peeled), cauliflower, parsnips, peas, zucchini, avocados, green beans, sweet potatoes, butternut squash, asparagus, broccoli, beans, cucumber, eggplant, leeks, onions, turnip, potatoes
- Dairy: cheese, cottage cheese, cream cheese, yogurt
- Proteins: beef, chicken, pork, turkey, eggs, tofu, fish

**10-12 months**

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Offer Table Foods At This Time

**12 months +**

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Fruits: oranges, grape fruit, strawberries, raspberries, blackberries, honey
- Dairy: whole milk