



# Well Child Book **AGE: 9 - 11 MONTHS**

---

Riley Physicians Pediatrics

Date: \_\_\_\_\_

Weight: \_\_\_\_\_

Length: \_\_\_\_\_

Head Cir.: \_\_\_\_\_



**Riley Physicians**  
Indiana University Health

A partner with IU Health Arnett Physicians



## DEVELOPMENT

---

Your child will display certain physical and mental developmental skills, also known as developmental milestones. Please keep in mind, development is slightly different for every child. If you have concerns about your child's development, please talk to his or her healthcare provider.

At 9 to 11 months, your child can:

- Crawl or scoot around well
- Pull up by holding onto furniture and walk around (legs often appear bowed until about 18 months)
- Sit steady for a long time
- Repeat sounds that parents make
- Bang things together and play peek-a-boo
- Say "mama" or "dada" (or related phrases)
- Use the index finger and thumb to pick up small objects (i.e., pincer grasp)

## DIET & FEEDING TIPS

---

At 9 months, your baby may be taking 3 - 4 meals per day of formula or breast milk plus baby foods and/or table foods. Appetite often decreases, as rate of growth is less now.

The average intake of formula at this age varies widely: 16 - 32 ounces per day. Giving whole milk before 1 year of age is associated with anemia and lower I.Q. Encourage your baby to take fluids from a cup, to encourage weaning from a bottle by 12 - 15 months of age. Water is okay with solid foods in small amounts.

Many infants are experimenting with table foods at this age. Others prefer baby foods. You can select "second" or "third" stage baby foods based on how chunky your baby likes his or her food.

Cook table foods until soft, with no added salt or spices. Mash or chop these foods very fine. Your baby can manage to chew these even if no teeth have erupted.

You may try introducing the following foods. Please note, only introduce one new food every 3 - 4 days.

**COOKED VEGETABLES:** Carrots, peas, sweet potatoes, white potatoes, squash, pinto beans, kidney beans, lima beans.

**FRESH FRUITS:** Sliced or mashed bananas, peaches, pears, etc.

**PROTEINS:** Small strips of lunch meat, sliced Vienna sausages, tender chunks of boiled or baked chicken, small pieces of cooked hamburger, fish and fully-cooked eggs.

**MISCELLANEOUS:** Small pieces of sliced cheese or cheese cubes, toast in strips, crackers (whole wheat crackers are recommended), cooked macaroni. It is okay to have your baby try peanut butter, but monitor him or her for any changes or reactions.

To prevent choking, avoid giving large pieces of food. Do not offer your baby things like chunks of raw carrots, apples, nuts, fruits with seeds, raisins, whole grapes, stringy vegetables, popcorn, hard candy or gum

until your child is 3 - 4 years of age. Do not give your child honey before 12 months of age.

Resist feeding your baby desserts, pudding, sweets, chips or carbonated sugar-sweetened drinks. These things give calories with little nutrition, spoiling your baby's appetite for more healthy foods.

Juice is not necessary to meet nutritional requirements if your child is eating 2 - 3 fruit servings per day. If you choose to give your baby juice, limit it to 4 - 6 ounces one time per day.

## TEETHING

---

Brush your baby's teeth daily with fluoride-free toothpaste or tooth cleaner.

Do not allow your baby to go to bed with a bottle. A drink before bed is okay, but drinks in bed can increase ear infections and tooth decay, as well as encourage the idea that nights are for eating instead of sleeping. One way to stop the need for bottles at nap and bedtime is to slowly dilute each bottle with more and more water until it is all water and no formula. The process can be done over a 1- to 2-week period. Your baby will soon be less interested in the bottle.

Teething does not cause fever over 101° F or diarrhea. It may cause drooling. Parents report looser stools and fretfulness. Avoid teething gels, as these may cause choking. Instead, treat with a cold teething ring or the appropriate dose of Tylenol® (acetaminophen) infant drops.

## CRYING & SLEEP

---

As part of normal development, infants at this age develop stranger anxiety and separation anxiety (fear of being away from the parent). This leads to fretfulness, clinginess and nighttime awakening. If your baby awakens crying, you may check on him or her, but resist the urge to pick your baby up. In time babies will learn that they are safe and will put themselves back to sleep. Your baby will still need to sleep about 14 hours per day, including two 1 - 2 hours naps during the day. At this age, a regular bedtime hour and routine are very important.

## PLAYTIME

---

1. Encourage your baby to copy the sounds you make. Babies enjoy playing games, such as peek-a-boo, pat-a-cake and bye-bye. They also like looking for objects you show them and then cover with a cloth.
2. Toys your baby might like now include nesting toys that fit inside each other, such as a set of measuring cups or spoons, stacking toys and blocks, graduated rings on a stand or toys on a string. Let your baby put objects (big enough not to be swallowed) inside containers and take them out again. Read short stories to your baby. Give your child a choice of toys. Talk with your baby about the toy and what he or she is doing with it.
3. Nine-month-olds have a lot of energy. Make sure that you get enough rest. Ask friends and family members to help so you can take a break and rest.

- TV viewing and the use of other media devices (e.g., cell phones, iPads, iPods and video games) should be minimized. Many experts recommend restricting these types of activities until your child is 2 years of age.

## SHOES

Your baby does not need high-top shoes unless specifically recommended by his or her healthcare provider or an orthopedic surgeon. Socks, booties, sandals or tennis shoes are preferable only to protect the bottom of the foot.

## DISCIPLINE

Discipline is a way of teaching your child how to gain self-control, to respect others' rights and to learn rules that govern our society. Obviously, babies cannot understand all of these ideas, so we must help protect them from dangerous situations and thus teach them family rules. Spanking is definitely not understood at this age and is harmful to the child.

Set limits for your baby. A regular bedtime is one such goal. When your baby is approaching a dangerous situation, a loud "NO" and removal from the immediate area are preferable to spanking or scolding. If your baby continues to do what you asked him or her not to do, put your baby in the playpen for 1 minute without any toys or attention from you.

Your baby may resent and protest your actions. Praise your baby by smiling and giving your attention when he or she does things you like.

Be Consistent: Avoid situations that lead to conflict. For example, remove breakable or valuable objects from your baby's reach instead of constantly saying, "No."

## SAFETY

According to the Centers for Disease Control and Prevention (CDC), unintentional injuries are one of the leading causes of death in children 1 - 4 years of age in the United States. Most of these injuries can be prevented. Often injuries happen because parents are not aware of what their children can do. Your child is a fast learner and will suddenly be able to crawl and stand. Children may climb before walking, grasp at almost anything and reach things they could not reach before. No matter how safe we think we have made our homes, babies need constant watching. The safest place for a baby is in the crib with side rails up or in a playpen when the parents are busy.

### 1. PREVENT FALLS AND RELATED INJURIES

Remove breakable or valuable objects from low tables and shelves, and remove sharp-edged or hard furniture from the room where your child plays. Do not use a baby walker. Use gates on stairways and doors. Install operable window guards on all windows above the first floor.

### 2. PREVENT CHOKING

Your child will explore the world by putting anything and everything into his or her mouth. Never leave small objects or balloons in your child's reach. Choose toys carefully. Avoid toys with small or

removable parts that can be swallowed. Be prepared if your child starts to choke. Learn how to save the life of a choking child.

### 3. PRACTICE POISON SAFETY

Keep all detergents, soaps, household cleaners, medicines and poisons out of reach and locked in cabinets. Also, remove plants from your child's reach. Syrup of ipecac, which you can buy without a prescription at your drugstore, is **NO LONGER RECOMMENDED**. If you are concerned that your child has ingested poison, call the American Association of Poison Control Centers at 800.222.1222.

### 4. PREVENT BURNS

To avoid scalding, set your hot water heater at no more than 120° F. Do not leave your baby alone in the tub. Your child could turn on the hot water faucet or drown. Do not carry your baby around when you have a hot drink in your hand. Be sure to keep hot foods and liquids off tables and counters where your baby may be pulling to stand. Turn handles of skillets away from the stove's edge. Cover electrical outlets or place large pieces of furniture in front of them. Remove all tablecloths and dangling electrical cords from your baby's reach (e.g., cords on coffeepots, irons and kitchen appliances). Test the batteries on your smoke alarm often and change them at least once a year on a date that you will remember. Enclose space heaters with protective fences.

### 5. PRACTICE CHILD PASSENGER SAFETY

Because motor vehicle accidents are the number one killer of children ages 1 - 14 in the United States, it is important to transport children in the safest way possible. This sobering statistic reminds us that even if you are a careful driver, you can't eliminate the possibility of an auto accident. Child safety seats are made to properly restrain a child in the safest way possible.

#### SAFETY TIPS

- Select a car seat based on your child's age and size. Choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.
- Never leave your child alone in the car.
- The American Academy of Pediatrics recommend keeping children rear facing until 2 years of age.

For more information or to get your car seat inspected, please contact IU Health Arnett Childbirth Education at 765.838.4670 or email [childbirthed@iuhealth.org](mailto:childbirthed@iuhealth.org).



## 6. PREVENT STRANGULATION AND SUFFOCATION

Place the crib away from windows. Cords from window blinds and draperies can strangle your child. Tie them high and out of reach. Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your child.

## 7. PRACTICE WATER SAFETY

At this age, children love to play in the water. Never leave your child alone in, or near, a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment. Drowning can happen in less than two inches of water. Empty all standing water immediately after use. If you have a swimming pool, now is the time to install a fence that separates the house from the pool. The pool should be fenced in on all four sides. Most children drown because they fall into a pool that is not fenced off from the house.

## 8. AVOID SMOKING HAZARDS

Do not smoke around your baby. Smoking can cause increased risk of respiratory infections, ear infections and burns. Many home fires are caused by improperly extinguished cigarettes.

## 9. PRACTICE SUN SAFETY

Sunburns at any age increase the risk of skin cancer. Protect your child with sunscreen, SPF 30 or greater. Apply sunscreen 30 minutes before sun exposure and then reapply every 2 hours if outside for a long period of time.

## IMMUNIZATIONS

Today there are no routine immunizations. However, the flu vaccine may be recommended. The Centers for Disease Control and Prevention recommends that everyone over 6 months of age receive an annual flu vaccine when it becomes available. A booster is required 4 weeks after the first time a child under 9 years of age receives a flu vaccine. To ensure your child has adequate protection, be sure to have your baby vaccinated early in the season.

The flu vaccine protects from influenza, a severe respiratory flu. It does not protect from other "cold viruses" or the "stomach flu." The flu vaccine does not cause the flu.

## ILLNESS

We would like to see your child for the following illnesses:

- Fever over 101 °F for 48 - 72 hours
- Difficulty breathing (i.e. wheezing, croup or rapid breathing)
- Fewer than 3 - 4 wet diapers in a 24-hour period
- Your child seems unusually ill to you
- Diarrhea for more than 10 days or blood in the stool
- Cold symptoms that are not improving after 10 - 14 days

Our nurses are available 24 hours a day, 7 days a week, if you have any questions about your child's health.

## MEDICATION

It is best not to use over-the-counter cough and cold medicines, especially cough suppressants. Instead, use nasal saline, your bulb syringe and a cool mist humidifier for nasal congestion and/or runny noses.

For infants 6 months of age and older, acetaminophen (e.g., Tylenol®) and ibuprofen (e.g., Advil®, Motrin®) may be given to reduce fever and help alleviate discomfort. Even if there is no temperature, you may use them if your baby is fussy or uncomfortable. However, please check rectal temperature and do not use pain relievers for more than 3 days without contacting your baby's healthcare provider. If your baby is not uncomfortable, you do not need to treat a fever less than 101 °F. For appropriate dosage, please see dosage charts on page 4.

## NEXT VISIT

Your baby's next visit is recommended at 12 months of age. Immunizations will be recommended at this visit.

## IMPORTANT PHONE NUMBERS

American Association of Poison Control Centers	800.222.1222
IU Health Arnett	
Appointments	765.448.8100 800.542.7818
Car Seat Inspections	765.838.4670
General Information	765.448.8000 800.899.8448
Lactation Services	765.838.5353
Pediatric Triage Nurse	765.838.7400

(Your Child's Physician)

### Pharmacy Refill Line for Pediatrics

765.446.4499 or 800.899.8448 Ext 4499

or request refills through MyChart at [iuhealth.org/mychart](http://iuhealth.org/mychart)

Please leave the following information:

- Your name and phone number
- Name of medicine to be filled
- Patient name and birth date
- Medicine dose and frequency
- Physician's name
- Pharmacy name and location

Please allow 48 hours for refills.



Arnett Physicians



# Pediatric Dosage Charts

## Acetaminophen & Ibuprofen

Give EVERY 4 - 6 HOURS as needed for fever or discomfort								
<b>Acetaminophen</b> (Tylenol®)	WEIGHT (lbs)	WEIGHT (kg)	DOSE (mg)	CHILDREN'S/ INFANTS LIQUID (160 mg/5 ml) <small>Please confirm the concentration for Tylenol® *</small>	CHILDREN'S CHEWABLE (80 mg)	CHILDREN'S JUNIOR STRENGTH TABLETS (160 mg)	ADULT TABLETS (320 mg)	
	6 - 11 lbs	2.7 - 5 kg	Consult your physician					
	12 - 17 lbs	5.5 - 7.7 kg	80 mg	½ tsp (2.5 mL)*	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	
	18 - 23 lbs	8.2 - 10.5 kg	120 mg	¾ tsp (3.7 mL)*	1 ½ tablets			
	24 - 35 lbs	10.9 - 15.9 kg	160 mg	1 tsp (5 mL)	2 tablets	1 tablet		
	36 - 47 lbs	16.4 - 21.4 kg	240 mg	1 ½ tsp (7.5 mL)	3 tablets	1 ½ tablets		
	48 - 58 lbs	22 - 26 kg	320 mg	2 tsp (10 mL)	4 tablets	2 tablets	1 (325 mg) tablet	
	59 - 69 lbs	27 - 31 kg	400 mg	2 ½ tsp (12.5 mL)	NOT RECOMMENDED	2 ½ tablets	NOT RECOMMENDED	
	70 - 80 lbs	32 - 36 kg	480 mg	3 tsp (15 mL)		3 tablets		
	81 - 95 lbs	37 - 43 kg	560 mg	3 ½ tsp (17.5 mL)		3 ½ tablets	1 (500 mg) tablet	

\*The Tylenol® brand is no longer available in the 80 mg/0.8 mL concentration formulation.

NOT TO BE GIVEN UNDER 6 MONTHS OF AGE							
Give EVERY 6 - 8 HOURS as needed for fever or discomfort							
<b>Ibuprofen</b> (Advil® & Motrin®)	WEIGHT (lbs)	WEIGHT (kg)	DOSE (mg)	INFANT DROPS (50 mg/1.25 ml)	CHILDREN'S LIQUID (100 mg/5 ml) <small>*Please confirm the concentration</small>	CHILDREN'S JUNIOR STRENGTH TABLETS OR CHEWABLES (100 mg)	ADULT TABLETS (200 mg)
	12 - 17 lbs	5.5 - 7.7 kg	50 mg	1 dropper	½ tsp (2.5 mL)*	NOT RECOMMENDED	NOT RECOMMENDED
	18 - 23 lbs	8.2 - 10.5 kg	75 mg	1 ½ droppers	¾ tsp (3.7 mL)*		
	24 - 35 lbs	10.9 - 15.9 kg	100 mg	2 droppers	1 tsp (5 mL)	1 tablet	
	36 - 43 lbs	16.4 - 19 kg	150 mg	NOT RECOMMENDED	1 ½ tsp (7.5 mL)	1 ½ tablets	
	44 - 54 lbs	20 - 24 kg	200 mg		2 tsp (10 mL)	2 tablets	1 tablet
	55 - 65 lbs	25 - 29 kg	250 mg		2 ½ tsp (12.5 mL)	2 ½ tablets	1 tablet**
	66 - 76 lbs	30 - 34 kg	300 mg		3 tsp (12.5 mL)	3 tablets	1 tablet**
	77 - 87 lbs	35 - 39 kg	350 mg		3 ½ tsp (17.5 mL)	3 ½ tablets	1 tablet**
	88 - 98 lbs	40 - 44 kg	400 mg		4 tsp (20 mL)	4 tablets	2 tablets

\*\*Adult tablets can be used. However, children's liquid and children's junior strength tablets provide the most effective dose.

mL = milliliter      mg = milligram      kg = kilogram      lbs = pounds  
tsp = teaspoon (Household teaspoons vary in size and are not recommended for administering medication.)



Riley Physicians  
Indiana University Health

**POISON CONTROL = 800.222.1222**

# Pediatric Preventative Health Plan

## Riley Physicians Pediatrics

WELL CHILD VISIT	DTAP/IPV/HIB (Pentacel®)	HEP B	PCV-13	MMR	VARICELLA (Varivax®)	HEP A	ROTAVIRUS (RotaTeq®)	FLU*	SCREENING
Birth (hospital)		X							Hearing & Heart
2 - 3 Weeks									Newborn Screen Results
2 Months	X	X	X				X		
4 Months	X		X				X		Anemia
6 Months	X	X	X				X	X	Tuberculosis
9 Months								X	Developmental
12 Months			X	X	X	X		X	Tuberculosis, Lead & Anemia
15 Months	DTaP & Hib							X	Lead & Anemia
18 Months						X		X	Autism & Developmental
24 Months								X	Autism, Heart, Lead, Anemia & Tuberculosis
30 Months								X	Developmental
3 Years								X	Tuberculosis, Head & Anemia
4 Years								X	Hearing & Vision
5 Years	DTaP & IPV			X	X			X	Tuberculosis, Head & Anemia
6 Years								X	Tuberculosis, Lead, Anemia, Hearing & Vision
7 Years								X	Tuberculosis
8 Years								X	Vision, Hearing & Tuberculosis
9 Years								X	Tuberculosis
10 Years								X	Vision, Hearing, Tuberculosis & Cholesterol

\* Please note: Children under 9 years of age will need two vaccines, 4 weeks apart the first year the vaccine is give to ensure protection.

WELL VISITS	RECOMMENDATIONS - ANNUAL VISITS	SCREENING
11 - 14 Years	Vaccines: Tdap (tetanus and whooping cough), Meningitis, HPV (human papiloma virus), Flu (annually) & Hep A (if not completed)	Tuberculosis, Depression, Cardiovascular, Anemia & Vision (age 12 years)
15 - 21 Years	Meningitis (age 16 years), HPV if not completed, Hep A if not completed & Flu (annually)	Tuberculosis, Depression, Cardiovascular, Anemia (females), Vision (age 15 & 18 years), Sexually transmitted infections, HIV (age 16 years), Cholesterol (age 20 years), Pap smear (females, age 21 years)

### BRIEF DESCRIPTION OF VACCINES

- **DTaP** - Diphtheria, tetanus (lockjaw) and pertussis (whooping cough) vaccine
- **IPV** - Inactivated poliovirus vaccine
- **Hib** - Haemophilus influenza type b (leading cause of bacterial meningitis among children under 5 years)
- **Hep B** - Hepatitis B vaccine
- **PCV-13** - Pneumococcal conjugate vaccine (protects against 13 pneumococcal serotypes)
- **MMR** - Measles, mumps and rubella vaccine
- **Varicella vaccine** - Chickenpox vaccine
- **Hep A** - Hepatitis A vaccine
- **Rotavirus vaccine** - Rotavirus (leading cause of severe diarrhea and dehydration in infants)
- **Flu vaccine** - Influenza vaccine



Riley Physicians  
Indiana University Health