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GENERAL PEDIATRIC CLINIC / 9-MONTH VISIT (See 2nd page for Anticipatory Guidance for 9-Month Visit)

Completion of this form is voluntary.

Patient Name	Date of Birth	Age	Height	Weight	Today's Date
Accompanied by				Head Circumference	
Parental Concerns		Alertness			
Feeding: Milk, type _____ Amt / day _____ oz. Bottle _____ Cup _____ Self Feeding _____ Solids: type & meals / day _____		Activity			
		Adaptability to Examination			
Sleeping: Behavior at naps, bedtime		Note — Present (+) or Absent (-) as Appropriate (Cross off parts not examined or not applicable)			
		Part	N	Abn	
		Skin: Color, texture, scalp, bruises, scars			
		Head & Face: Symmetry, AF open ()			
Family Activity with Baby		Eyes: Pupils, conjunctivae, EOM, peripheral vision			
		Ears & Nose: Canals, tympanic membranes, turbinates, nodes			
		Mouth & Throat: Tongue, pharynx, number of teeth ()			
Parents' Description of Baby's Temperament Reaction to new situations, adaptability, persistence / attention Span, distractibility, threshold level		Neck & Chest			
		Heart & Lungs: Rhythm, S1, S2, Number ()			
		Abdomen & Spine: Contour, palpation			
		Extremities: Hips, tibiae, feet, standing position			
		Genitourinary: Testes (), foreskin, retraction, vagina			
Problems Identified and Reviewed		Neuromuscular: Tone, C2 – 12, reflexes, DTRs, babinski			
		Nodes			
		Describe abnormal findings.			
Physical and Emotional Status					
Diet: Use of spoon and cup, finger foods, add egg whites, normal drop in appetite		Development Observation R = Reported. O = Observed NO* = not observed by parents or examiners.			
		R	O	NO*	
					G.M. Stands holding on
					Pulls to standing
					Walks holding on to furniture
					Gets to sitting
					Crawling on hands and knees
					P.M. Thumb-finger grasp
					Holds two cubes, bangs them together
					Lang. Babbles
					Ma, Dada, nonspecific
					P.S. Initially shy with strangers
					Plays repetitive game (e.g., Pat-a-cake, bye bye)
					Feeds self using fingers
SIGNATURE — Provider		Date Signed			
Return to clinic in _____ months.					
		Parents' Interactions with Baby O = Observed M = Mother F = Father NO* = Not observed here			
		O	NO*		
				Touches baby	
				Talks to baby	
				Spontaneously identifies positive qualities of baby	
				Responds verbally to baby's vocalization	
				Limits activity by physical actions	
				Limits activity by verbal command	
				Allows baby to explore	
				Calmly holds to quiet baby	
				Consoles baby who shows reservations of strangers	
		Other Observations			
		Development and Parent-Child Interaction			

Diet

Use of spoon — although the hand-to-mouth movement is well developed at this age, the use of the spoon as an extended hand is not working. The baby is more likely to hit the table or plate with the spoon or play the "I drop, you pick up" game throughout the meal. Nevertheless, a little help in guiding the filled spoon into the mouth from time to time will seed the idea and if allowed to experiment, the baby will start using the spoon as a feeding tool. The parents need to be told there will be a mess and if they greatly dislike the mess, it may be better to delay the actual spoon self-feeding or give suggestions like a newspaper around the high chair, feeding outside, or a dog!

Use of cup — similarly the hand-to-mouth coordination is not steady but this can be developed by putting very little fluid in the cup (prevents choking and over spilling) and a guiding hand.

Finger foods — The diet still needs to be watched so that not too many new foods are added all at once. Small pieces of soft solid foods can be given, especially when the parents are eating. These should be easily picked up by either the whole hand or by thumb-index opposition if the baby has developed this grasp.

Eggs are started by some people at this age. Citrus fruits such as orange juice are also sometimes started at this age although there are other juices more suitable, and in a family with allergies it may be better to delay both the egg and citrus fruits.

Baby cereals should still be encouraged because of the iron content. Most solids and adult cereals have much less iron.

Normal drop in appetite — the growth rate slows down and the baby's interest in the environment increases. These two factors plus self-feeding lead to a decrease in total food intake, which leads to parental anxiety. The parents will often give milk by bottle, which the baby can take faster than eating solids. This creates a problem, the "milk baby" syndrome. The baby then eats less solids because milk satisfies their caloric needs. Milk is a poor supplier of iron (unless formula is used).

Anticipatory Guidance

Discipline, setting limits. Around 9 months, the baby is beginning to understand the word "no," especially if accompanied by a serious look on the parent's face and removal from whatever the baby was doing. This is a good age to explain that disciplining can be taught without the use of physical punishment in the form of slapping, spanking, or hitting. The type of physical punishment that can be used is body restraint or removal of the object that is not to be touched. Verbal commands should be clearly differentiated into two levels. The everyday "no, don't touch, etc." and the emergency "NO" that should be followed by physical restraint. This latter is reserved for dangerous situations such as touching the stove, oven, fireplace, going out in the street. The child should understand the difference in this command by the time they are running around. It should stop them right there. To be useful, it must be used consistently for a few situations only and never when the child is in a situation where they will not be hurt.

Setting limits to a few situations is very important. It is equally important to allow the child a chance to explore and learn, as long as they are not at risk. Some parents feel that their home environment should be "child oriented" and the child has to learn the limits. Most "adult" homes have many objects that are valuable or a danger to the child.

The whole day may be spent in limit setting and "no" may become the child's first word. Such a situation may prohibit exploration and even a normally active child may be described as "into everything" since everything is an untouchable. It is important to suggest that these parents leave a few "non-touchables" whereby the child can be taught discipline but also to allow the child more freedom in exploration and learning.

Fear of strangers — sometime in the second half of the first year, most babies go through a stage of being acutely aware of his parents and daily caretakers and rejecting all others, including the grandparents and sometimes the working parent as well. This stage may last a few days to several months, depending on the baby's temperament and how frequently they are in contact with other adults. The parents can make this stage less traumatic if they allow the baby to do the approaching.

If there are babysitting changes at this time, the parents can expect noisy objections from the child. A hospitalized child may need the parent around during the waking hours.

Sleeping (See 12 months for one nap)

Two naps are required by most babies. Because of their increasing interest and mobility, naptime can be delayed but invariably the baby's sleep needs will be met and if delayed too long, they may take their second nap in the early evening, thus delaying the time before they are ready for night sleep. Bedtime routine is important for the baby's sense of regularity and undisturbed sleep. Because of more intense attachment at this stage, the baby might cry at night and reassurance by voice or hand may be sufficient for the child to go back to sleeping. Picking up, feeding, changing, socializing, all lead to increased night awakening and calling for attention.

Safety

Stairs — the baby is mobile and is not aware of danger. A barrier at the top of the stairs is important. If the mother is close at hand, the baby may crawl up and be caught before trying to come down. Many babies can be taught to come downstairs sliding on their stomachs, legs first. Similarly, they can be taught to ease off a couch or table, feet first.

Drawers — upper extremity development may be advanced enough for the baby to open drawers and low closet doors, and take everything out and climb in. The main advice is to be sure there is nothing sharp, heavy, or too small, such as pins that can be swallowed. All chemicals should be moved to locked closets.

Plants can fall on the baby, or be eaten, and most of them are potentially poisonous. The paints in older houses, outdoors, indoor, and furniture pieces all contained lead. Now only outside paints have lead. This was the most common cause of lead poisoning, and the eating of nonfood substances is called PICA.

Car Seat

Encourage continued use.

Home Water Temp

The baby is becoming more adapt at hand manipulations so turning the hot water temperature down to below 120° is essential.

Syrup of Ipecac

See six-month.