

Pediatric Associates
645 N. Arlington Ave Suite 620
Reno, Nevada 89503
775-329-2525

9 MO WELL CHILD VISIT

DATE _____ WT _____ HT _____ HC _____

DIET

- encourage drinking from a cup; recommend weaning from bottle by 18mo
- feed baby soft solids and finger foods
- avoid foods that can cause choking like raisins, popcorn, chunks of meat, hot dogs, raw carrots or apples, grapes, peanuts, and hard candy
- give toast or teething biscuits for self feeding
- try to clean teeth daily with soft cloth; may start using baby toothbrush

DEVELOPMENT

- crawls, creeps on hands
- pulls to stand, cruises, walks with support and alone around 7-12mo
- imitates sounds; may say "mama" and "dada"; by 12 mo may have 3 other words
- responds to own name
- plays social games like "so big" and "peek-a-boo"
- may develop fear of strangers, may protest when mom leaves
- develops object permanence; looks for hidden or dropped objects
- has more independent behavior

GUIDANCE

- talk to baby describing and naming things
- read with baby daily; large picture books are great
- follow bedtime routine; use favorite toy or night light to help decrease the incidence of night waking; most babies only need one nap/day by one year of age
- not unusual for babies to start waking up at night around this age; try to allow them to fall back asleep on their own; don't fall into the trap of feeding them at night to get them to go back to sleep
- DON'T buy expensive shoes
- NO WALKERS

SAFETY

- have poison control number # handy
- rear facing car seat
- turn handles of pot and pans to back of stove
- NEVER leave baby unattended in bath even for a "few" minutes
- Gun, water, sun safety

In the study, professional families averaged 487 of these utterances per hour. Low-income families averaged 176 per hour.

Vocab explosion!

Age	Average child can understand
1½ years	100 words
3 years	1,000 words
6 years	6,000 words (only 44,000 more to go . . .)

A LITTLE TEST AT THE SINK: 60 WORDS TAKES 26 SECONDS

OK, let's wash your hands. This is the cold water. No, that's the hot water. We'll put a little soapy on your palm. Yep, rub, rub, rub. You're rubbing your hands together. Ooh, I see lots of bubbles. Let's get the backs of your hands. Good. OK, time to rinse! Rub, rub, rub under the water. All right, let's dry.

2,100 words per hour?!

THE RESEARCH

Betty Hart tried everything she could think of to improve the vocabularies of the 4-year-olds in the low-income preschool where she was teaching. She couldn't do it. Finally, she and Todd Risley, her graduate supervisor at the University of Kansas, figured out that, by age 4, it was too late.

They wanted to know why.

So they followed forty-two families and recorded every word they said—for one hour per month, over two-and-a-half years.

It took six years to transcribe the resulting thirteen hundred hours of tapes. Hart and Risley then analyzed the differences in the way rich and poor parents speak with their children. They studied the quality of the talking from many angles: Did the mix of nouns and verbs matter? The vocabulary level? Whether the talk was positive or negative?

The number of words turned out to be the most interesting variable:

- A child in a family on welfare heard an average of 600 words an hour, while a child in a professional family heard 2,100 words an hour.
- By age 4, children of professional parents had heard forty-eight million words addressed to them; children in poor families had heard thirteen million. No wonder poor kids were behind in vocabulary and speech acquisition—differences that affected their later educational abilities.
- Children's language skills at age 3 predicted their language skills at age 9 or 10.

How much is the "ton of talk" baby needs to hear to have a bigger vocabulary, a higher IQ, and better grades? Researchers found that it's 21,000 words a day, or 2,100 words an hour. Sound daunting? I thought so at first.

As it turns out, 2,100 words an hour does not mean a stream of constant chatter. It's about fifteen minutes' worth of talking over an hour.

Parents also tend to speak in chunks averaging only four words: "Hi, beautiful baby." "Who's that in the mirror? Is that you?" "Oops, Mommy forgot her keys." "Where are your shoes?" Simple phrases—they count. These parents weren't riffing on the theory of relativity.

Childhood Temperaments

Find your child below and try to identify any mismatch between your expectations of your child's behavior and your child's temperament.

High Activity Child

You hear yourself saying: "You're over excited/too revved up/getting too wild."

- allow the child the opportunity to expel energy regularly
- learn to identify early signs of overexcitement
- intervene promptly to prevent escalation

High Persistence Child

You hear yourself saying: "I know it's hard for you to give up when you really want something."

- take a firm stand early
- help your child get unstuck by setting limits on duration or number of repetitions
- pick battles carefully; your child needs to "win" some of the time

Slow to Warm Up Child

You hear yourself saying: "I understand this is new for you/takes you time to get used to a new place." "I know that new places and people make you nervous."

- introduce new things with ample preparation
- allow the child to go forward at his own pace with new people or in a new situation

Poor Adaptability Child

You hear yourself saying: "I know it's hard for you to make a change."

- prepare the child for transitions by describing the sequence of events that are coming
- teach the child to anticipate when a change will occur; give a "5 minute warning"

Distractable Child

You hear yourself saying: "I know it's hard for you to pay attention."

- establish eye contact before attempting verbal communication
- at school, place the child near the teacher

High Intensity Child

You hear yourself saying: "I know you have a loud voice, but.../you have trouble speaking softly, but..."

- enjoy the laughter
- don't get angry or upset with tantrums; they need to be ignored

Low Sensory Threshold Child

You hear yourself saying: "I know you feel hot when other people don't" "I know this sweater doesn't feel right." "I know certain things smell/look/taste funny."

- avoid settings that are over stimulating
- offer choices

Irregular Habits Child

You hear yourself saying: "I know you don't feel hungry/sleepy right now."

- don't try to force the child to eat when not hungry or sleep when not tired, but you can insist that the child sit at the table with the family or lie in the bed at bedtime

Healthy Sleep Habits: How Many Hours Does Your Child Need?

From infants and toddlers to school-aged kids and teens, parents want to know how many hours of sleep are recommended. While it's true that sleep needs vary from one person to another, there are some very reasonable, science-based guidelines to help you determine whether your child is getting the sleep he or she needs to grow, learn, and play.



Childhood Sleep Guidelines

The American Academy of Sleep Medicine (AASM) provides some helpful guidelines regarding just how much sleep children need at different stages in their development. Keep in mind that these numbers reflect total sleep hours in a 24-hour period. So if your son or daughter still naps, you'll need to take that into account when you add up his or her typical sleep hours.

Recommended Amount of Sleep for Pediatric Populations*

Age	Recommended Sleep Hours per 24 Hour Period
Infants: 4 to 12 months	12 to 16 hours (including naps)
Toddlers: 1 to 2 years	11 to 14 hours (including naps)
Preschoolers: 3 to 5 years	10 to 13 hours (including naps)
Gradeschoolers: 6 to 12 years	9 to 12 hours
Teens: 13 to 18 years	8 to 10 hours

*The American Academy of Pediatrics (AAP) has issued a Statement of Endorsement supporting these guidelines from the American Academy of Sleep Medicine (AASM).

Source: Paruthi S, Brooks LJ, D'Ambrosio C, Hall W, Kotagal S, Lloyd RM, Malow B, Maski K, Nichols C, Quan SF, Rosen CL, Troester MM, Wise MS. Recommended Amount of Sleep for Pediatric Populations: A Statement of the American Academy of Sleep Medicine. J Clin Sleep Med. 2016 May 25. pii: jc-00158-16. PubMed PMID: 27250809.

Do those numbers surprise you?

So, are you sending your child off to bed early enough? If those numbers are surprising to you, you're not alone. Working (/English/family-life/work-play/Pages/Working-Parents.aspx) and single parents (/English/family-life/family-dynamics/types-of-families/Pages/Stresses-of-Single-Parenting.aspx), especially, are often forced to get by on 5, 6, or even fewer hours of sleep each night. This is likely impacting your own social and mental functioning, as well as increasing your risk for other health problems. It might be tempting to think that your children can also get by with less sleep than they need, or that

they should be able to cope fairly well with a few skipped hours here and there. However, all children thrive on a regular bedtime routine (/English/healthy-living/oral-health/Pages/Brush-Book-Bed.aspx). Regular sleep deprivation often leads to some pretty difficult behaviors and health problems—irritability, difficulty concentrating, hypertension, obesity, headaches, and depression. Children who get enough sleep have a healthier immune system, and better school performance, behavior, memory, and mental health (/English/healthy-living/sleep/Pages/Sleep-and-Mental-Health.aspx).

Healthy Sleep Habits - Tips from the AAP

The American Academy of Pediatrics (AAP) supports the AASM guidelines and encourages parents to make sure their children develop good sleep habits right from the start.

- **Make sufficient sleep a family priority.** Understand the importance of getting enough sleep and how sleep affects the overall health of you and your children. Remember that you are a role model (/English/healthy-living/emotional-wellness/Building-Resilience/Pages/Offering-Boundaries-Being-Role-Models.aspx) to your child; set a good example. Staying up all night with your teen to edit his or her paper or pulling an all-nighter for work yourself isn't really sending the right message. Making sleep a priority for yourself shows your children that it's part of living a healthy lifestyle—like eating right and exercising regularly.
- **Keep to a regular daily routine.** The same waking time, meal times, nap time, and play times will help your child feel secure and comfortable, and help with a smooth bedtime. For young children, it helps to start early with a bedtime routine such as brush, book, bed (/English/healthy-living/oral-health/Pages/Brush-Book-Bed.aspx). Make sure the sleep routines you use can be used anywhere, so you can help your child get to sleep wherever you may be.
- **Be active during the day.** Make sure your kids have interesting and varied activities during the day, including physical activity and fresh air. *See Energy Out: Daily Physical Activity Recommendations* (/English/healthy-living/fitness/Pages/Energy-

Out-Daily-Physical-Activity-Recommendations.aspx) *for more information.*

- **Monitor screen time.** The AAP recommends keeping all screens—TVs, computers, laptops, tablets, and phones out of children's bedrooms, especially at night. To prevent sleep disruption, turn off all screens at least 60 minutes/1 hour before bedtime. Create a Family Media Use Plan (/English/family-life/Media/Pages/How-to-Make-a-Family-Media-Use-Plan.aspx) and set boundaries about use before bedtime.
- **Create a sleep-supportive and safe bedroom and home environment.** Dim the lights prior to bedtime and control the temperature in the home. Don't fill up your child's bed with toys. Keep your child's bed a place to sleep, rather than a place to play. One or two things—a favorite doll or bear, a security blanket—are okay and can help ease separation anxiety (/English/healthy-living/sleep/Pages/Separation-Anxiety-and-Sleeping.aspx). See *Suitable Sleeping Sites* (/English/ages-stages/baby/sleep/Pages/Suitable-Sleeping-Sites.aspx) *for more information specifically for babies under 12 months of age.*
- **Realize that teens require more sleep, not less.** sleep-wake cycles begin to shift up to two hours later at the start of puberty. At the same time, most high schools require students to get to school earlier and earlier. The AAP has been advocating for middle and high schools delay the start of class to 8:30 a.m. or later. It is important that parents and local school boards work together to implement high school start times that allow teens to get the healthy sleep they need. See *the AAP policy statement, School Start Times for Adolescents* (<http://pediatrics.aappublications.org/content/early/2014/08/19/peds.2014-1697>), *for more information.*
- **Don't put your baby to bed with a bottle of juice, milk, or formula.** Water is okay. Anything other than water in the bottle can cause baby bottle tooth decay (/English/ages-stages/baby/teething-tooth-care/Pages/How-to-Prevent-Tooth-Decay-in-Your-Baby.aspx). Feed or nurse your baby, and then put him or her down to sleep.
- **Don't start giving solids before about 6 months of age.** Starting solid food (/English/ages-stages/baby/feeding-nutrition/Pages/Switching-To-Solid-Foods.aspx) sooner will not help your baby sleep through the night (/English/ages-stages/baby/sleep/Pages/Getting-Your-Baby-to-Sleep.aspx). In fact, if you give your baby solids before their system can digest them, he or she may sleep worse because of a tummy ache.
- **Avoid overscheduling** (/English/family-life/work-play/Pages/Healthy-Children-Radio-Overscheduled-Kids-Audio.aspx). In addition to homework, many children today have scheduled evening activities (i.e., sports games, lessons, appointments, etc.) that pose challenges to getting a good night's sleep. Take time to wind down and give your children the downtime that they need.
- **Learn to recognize sleep problems.** The most common sleep problems in children include difficulty falling asleep, nighttime awakenings, snoring (/English/health-issues/conditions/ear-nose-throat/Pages/Does-Your-Child-Snore-Video.aspx), stalling and resisting going to bed, sleep apnea (/English/ages-stages/baby/sleep/Pages/Sleep-Apnea-Detection.aspx), and loud or heavy breathing (/English/health-issues/conditions/ear-nose-throat/Pages/Noisy-Breathing-in-Children.aspx) while sleeping.

- **Talk to your child's teacher or child care provider about your child's alertness during the day.** Sleep problems may manifest in the daytime, too. A child with not enough, or poor quality sleep may have difficulty paying attention or "zoning out" in school. Let your child's teacher know that you want to be made aware of any reports of your child falling asleep in school, as well as any learning or behavior problems.
- **Talk to your child's pediatrician about sleep.** Discuss your child's sleep habits and problems with your pediatrician, as most sleep problems are easily treated. He or she may ask you to keep a sleep log or have additional suggestions to improving your child's sleep habits.

Additional Information from HealthyChildren.org:

- [Brush, Book, Bed: How to Structure Your Child's Nighttime Routine \(/English/healthy-living/oral-health/Pages/Brush-Book-Bed.aspx\)](/English/healthy-living/oral-health/Pages/Brush-Book-Bed.aspx)
- [Sleep Tips for Children's Mental Health \(/English/healthy-living/sleep/Pages/Sleep-and-Mental-Health.aspx\)](/English/healthy-living/sleep/Pages/Sleep-and-Mental-Health.aspx)
- [How can I get my 2-year-old to stay in her bed? \(/English/tips-tools/ask-the-pediatrician/Pages/question.aspx?qid=3113\)](/English/tips-tools/ask-the-pediatrician/Pages/question.aspx?qid=3113) (Ask the Pediatrician)
- [The Healthy Children Show: Sleep \(/English/ages-stages/baby/sleep/Pages/The-Healthy-Children-Show-Sleep-Video.aspx\)](/English/ages-stages/baby/sleep/Pages/The-Healthy-Children-Show-Sleep-Video.aspx) (Video)

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The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Tips for improving your child's language

- ✓ Talk a lot to your child!
- ✓ Narrate what you are doing as you are doing it ("Now I'm washing the dishes. Oh, look how dirty!...")
- ✓ Ask him/her a lot of questions. Try to start a conversation.
- ✓ Label everything in site
- ✓ Use short, simple sentences with lots of expression an lots of gestures
- ✓ Respond to anything he says.
- ✓ Read a book to him a few times a day. Tell him stories.
- ✓ Discourage others (like big sister) from speaking for him.
- ✓ Don't criticize his grammar or language or pronunciation. It doesn't help and may discourage him from talking.
- ✓ Don't punish for lack of speech (e.g, "No ice cream until you ask for it").
- ✓ Find a place where he can be with kids his/her age who are talking better than s/he.
- ✓ Don't obsess about improving his language. It's more important to have fun together!