



PATIENT EDUCATION

Caring for Your Nine-Month-Old

MAYO CLINIC CHILDREN'S CENTER



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Mayo Clinic Children's Center

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Critical Care	Neurology	Rheumatology
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Adrenoleukodystrophy Clinic	Dana Child Developmental and	Metabolic Bone Clinic
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Anxiety Disorders Clinic and	Dermatology Genetics Clinic	Neonatal Follow-Up Clinic
Intensive Therapy Program	Diabetes Clinic	Neuromuscular Clinic
Arrhythmia and Device	Eating Disorders Clinic	Pain Clinic
Placement Clinic	Eosinophilic Esophagitis Clinic	Pain Rehabilitation Center
Asthma Center	Epilepsy Clinic	Pediatric Diagnostic Referral Clinic
Attention Deficit Hyperactivity	Erythromelalgia Clinic	Pediatric Level 1 Trauma Center
Disorders (ADHD) Clinic	Facial Paralysis and	Plagiocephaly Program
Bariatric Surgery Clinic	Reanimation Clinic	Pulmonary Hypertension Program
Brain Injury Program	Feeding Program	Renal Stone Clinic
Brain Tumor Clinic	Fertility Preservation	Spina Bifida Clinic
Cerebral Palsy Clinic	Fetal Surgery Program	Spinal Deformities Clinic
Chemotherapy/Radiation	Friedreich's Ataxia Clinic	Sports Medicine Center
Long-Term Effects Clinic	Functional Movement	Thyroid Nodule/Cancer Clinic
Child and Adolescent Intensive	Disorder Program	Transgender Clinic
Mood Program (CAIMP)	Heart Failure Clinic	Transitions Program
Childhood Sarcoma Clinic	Hemophilia/Coagulopathy Clinic	Transplant Center
ComPASS (Palliative Care and	Hyperlipidemia Program	Travel Clinic
Integrative Medicine)	Immunodeficiency Disorders Clinic	Vascular Malformations
Congenital Heart Clinic	Inflammatory Bowel Disease Clinic	Velo-Pharyngeal
Constraint Induced Movement	Learning Disorders	Insufficiency Clinic
Therapy Program	Assessment Clinic	Voiding Clinic
Craniofacial Clinic	Long QT Syndrome Clinic	Weight Management Clinic
Cystic Fibrosis Center	Marfan Syndrome Clinic	

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Introduction

As they near their first birthday, babies become more mobile, experience new foods, and increase their vocal communication skills. For parents, the changes in their baby's life are exciting but also present new issues and challenges.

Use the following information as a resource during the next three months of your baby's life. If you have questions about this information or your baby, talk with your baby's health care provider.



Developmental Milestones

Mental and physical development

Most nine-month-olds can use their thumb and index finger, called a pincer grasp, to pick up small objects. They also enjoy hitting two objects together.

You should notice your baby become more vocal. Your baby may be able to make “M,” “D,” and “B” sounds and say “mama” and “dada.” Your baby may imitate some sounds. And your baby may respond to their name.

At around nine months, babies usually can roll over and begin to creep or crawl. They can get into a sitting position and sit without support. Some babies skip crawling all together. Your baby may be able to stand now when supported.

In the next three months, you can expect your baby to learn to wave bye-bye, begin to let you know what they want, and “jabber” or talk more.

Your baby may begin to use furniture to pull up to a standing position and stand while holding onto something. Your baby may begin to walk with help and walk sideways while holding onto furniture.

Keep in mind that every baby develops new motor skills at a different rate.

Watch whether your baby seems to hear and see well and makes eye contact with you to show wants or needs. Check to see whether your baby’s eyes are straight when your baby looks at something. Talk with your baby’s health care provider if you have concerns.

Separation and stranger anxiety

Separation anxiety is common and normal for nine-month-olds. Many babies cry when their parents leave the room. Eventually, they learn that parents go away and come back. Parents should never sneak away. Rather, say a brief good-bye and assure your baby that you will be back.

Some babies this age experience stranger anxiety when they are around anyone with whom they are not familiar. Let your baby watch you talk with, and see that you are comfortable with, a person. Then you may suggest that your baby go to that person. If your baby cries, do not force your baby to go to someone they do not know.

Thumb sucking and pacifier use

Many babies suck their thumb or fingers or use a pacifier. This is common. These habits have a soothing, calming effect. They usually are not a concern unless they continue past age five.

Do not let your baby use a pacifier in place of or to delay meals.

Growth

Your baby's health care provider continues to monitor your baby's growth and ensure your baby is thriving and growing well.



Nutrition

Continue to give your baby breast milk or iron-fortified formula. Both provide essential, balanced nutrients. Until 12 months, it is recommended you continue to give breast milk or formula. And continue to introduce age-appropriate solid foods. After 12 months, breastfeeding may continue if you and your baby desire to do so.

Feeding basics

Do not give your baby cow's milk or honey until they are at least 12 months of age. Drinking cow's milk before this can cause iron deficiency and allergies. Giving honey before your baby is 12 months old can cause botulism, a type of food poisoning.

Increase the use of a small cup or sippy cup, rather than a bottle, for breast milk or formula. It is much easier for a nine-month-old to stop using a bottle than it is for an older baby.

Do not put your baby to bed with a bottle or sippy cup. This can cause choking, overeating, and tooth decay. It also can cause an increase in the likelihood of ear infections.



Solid foods

Your baby soon will be able to eat more foods that the rest of the family eats. Offer a variety of healthy food choices. But do not expect your child to eat many types of food in one sitting. Finger foods, such as cereal, well-cooked pasta, crackers, bananas, and cooked vegetables, are good choices. Limit the amount of desserts and sweets you give your baby.

Put your baby's food in a bowl or on a plate. Encourage your baby to eat without your help. Allow your baby to use fingers to eat with. But also give a spoon so your baby can learn how to use it. Expect this to be slow and messy. Your baby is learning.

As your baby learns about new food textures, choking becomes a concern. Never leave your baby alone while they are eating. Cut foods into pieces no larger than one-half inch, and offer small amounts. Do not let your baby put too much food into their mouth. Avoid giving foods that are round, hard, or sticky. This includes

- Hot dogs
- Nuts and seeds
- Hard candy
- Uncooked vegetables
- Popcorn
- Whole grapes
- Raisins
- Chunks of peanut butter

Allow your baby to eat with the family whenever possible. Make mealtime enjoyable.

Food allergy

Food allergy reactions can range from mild to severe. They happen when the body reacts against proteins found in foods. Usually, this happens shortly after a food is eaten. The following foods cause most food allergies.

- Cow's milk
- Eggs
- Peanuts
- Soy
- Wheat
- Nuts from trees
- Fish
- Shellfish

As you start new foods, watch for signs of a food allergy or intolerance, such as:

- Tingling or itching in the mouth
- Face, tongue, or lip swelling
- Wheezing
- Hoarse breathing
- Flushed skin or rash
- Hives or welts
- Diarrhea
- Vomiting

If any of these signs happen after you start a new food, stop feeding the food. Tell your baby's health care provider about the possible reaction. You may wish to keep a diary of new foods and any reactions.

Seek immediate medical attention if your baby has difficulty breathing or loses consciousness.

Juice

Juice has little nutritional value for babies or children. Offering juice before you introduce solid foods can risk having juice replace breast milk or infant formula in the diet. Your baby then takes in less protein, fat, vitamins, and minerals, such as iron, calcium, and zinc.

Babies who drink juice also are at increased risk for dental cavities. Prolonged exposure of the gums and teeth to the sugars in juice is a major cause of dental cavities.

If you decide to give your baby juice when they are older, limit it to no more than four ounces a day. It is best to help your baby drink juice from a small cup or sippy cup.

Vitamin D and supplements

Vitamin D helps develop strong bones. Talk to your baby's health care provider about giving your baby a daily vitamin D supplement. To give your baby the correct dose, follow the instructions that come with the liquid supplement.

You do not need to give other vitamin or mineral supplements unless your baby's health care provider tells you otherwise.

Health

Preventing illness

Babies are especially susceptible to illness. It is not unusual for babies to get seven to nine colds a year, each lasting about seven to 10 days. To lower your baby's exposure to illness:

- Have people wash their hands before they hold or play with your baby.
- Wash your baby's hands before and after meals, after diaper changes, and after playing with toys.
- Wash toys that your baby puts in their mouth, especially toys that are used by more than one child.
- Whenever possible, keep your baby away from large crowds and people who have colds.
- If you breastfeed, continue to give your baby breast milk, which helps build up your baby's immunity to many illnesses.
- Create a smoke-free environment. Children who are exposed to smoke from cigarettes, pipes, or cigars are at increased risk for serious health problems. Babies of parents who smoke are at greater risk for sudden infant death syndrome (SIDS). See the section titled "Preventing sudden infant death syndrome (SIDS)" for more information about SIDS.

A baby entering daycare has an increased risk for colds and ear infections. Talk with your baby's daycare providers about their policy on illness, hand washing, regular washing of toys that children may put in their mouths, and smoking around children.



Immunizations

Immunizations, also called vaccinations, are an important part of your baby's care. They save lives and protect against the spread of disease. Not having your child immunized puts your child at risk to catch a dangerous or deadly disease.

Go to all scheduled well-child appointments. Keep your baby's immunizations up to date. Read the information that you get at the well-child appointments.

If you have questions about immunizations, talk with your baby's health care provider.

All babies six months and older should get a yearly influenza (flu) vaccination. This helps to prevent the flu and flu-related complications that may develop. Those who have close contact with your baby also should get a yearly flu vaccination to help prevent passing this illness.

Cough and cold medicine

Over-the-counter cough and cold medicines are not recommended or safe for children younger than six years old. These medications have not been studied in children.

Suggested treatment options include nasal suction, saline rinse, cool humidified air, and drinking plenty of fluids.

If you are thinking of using natural remedies to soothe your baby, talk with your baby's health care provider first. Many natural remedies are thought to be safe but may in fact harm your baby.

Fever

A fever occurs when the body temperature rises above normal – above 100.4 degrees Fahrenheit (F) or 38 degrees Celsius (C).

A fever is a symptom, not an illness by itself. Fevers can have many causes. The most common cause of fever in children is viral illness. Fevers related to viral illness usually last about two to three days.

Fevers can be a sign of a more serious illness. Follow these guidelines for when to contact your baby's health care provider. But remember, these are general guidelines. **If you are worried about how your baby looks or acts, call your child's health care provider.**

Call your baby's health care provider during regular office hours if your baby has:

- A fever for more than 48 to 72 hours without a known cause.
- A fever that returns after having gone away for 24 or more hours.
- Burning or pain with urination.
- Ear pain or ear pulling.

Call your baby's health care provider right away or take your baby to an emergency care facility if your baby has:

- Difficulty breathing.
- Disorientation or confusion, or is not responsive or difficult to awaken.
- Stiff neck.
- Seizure.
- Signs of significant dehydration, such as a dry mouth, sunken eyes, or minimal urination, for 8 to 12 hours.
- Intense abdominal pain.
- Extreme irritability and is difficult to comfort or calm for more than one hour.
- Acts very sick.

Taking your baby's temperature

If you think your baby has a fever, use a digital rectal thermometer to check your baby's temperature, unless instructed otherwise by your baby's health care provider.

Put a small amount of lubricant, such as KY™, Jelly on the tip of the thermometer. Insert the thermometer into the rectum following the instructions that come with the thermometer. Hold your baby's feet and legs securely when you take a rectal temperature. See Figure 1.

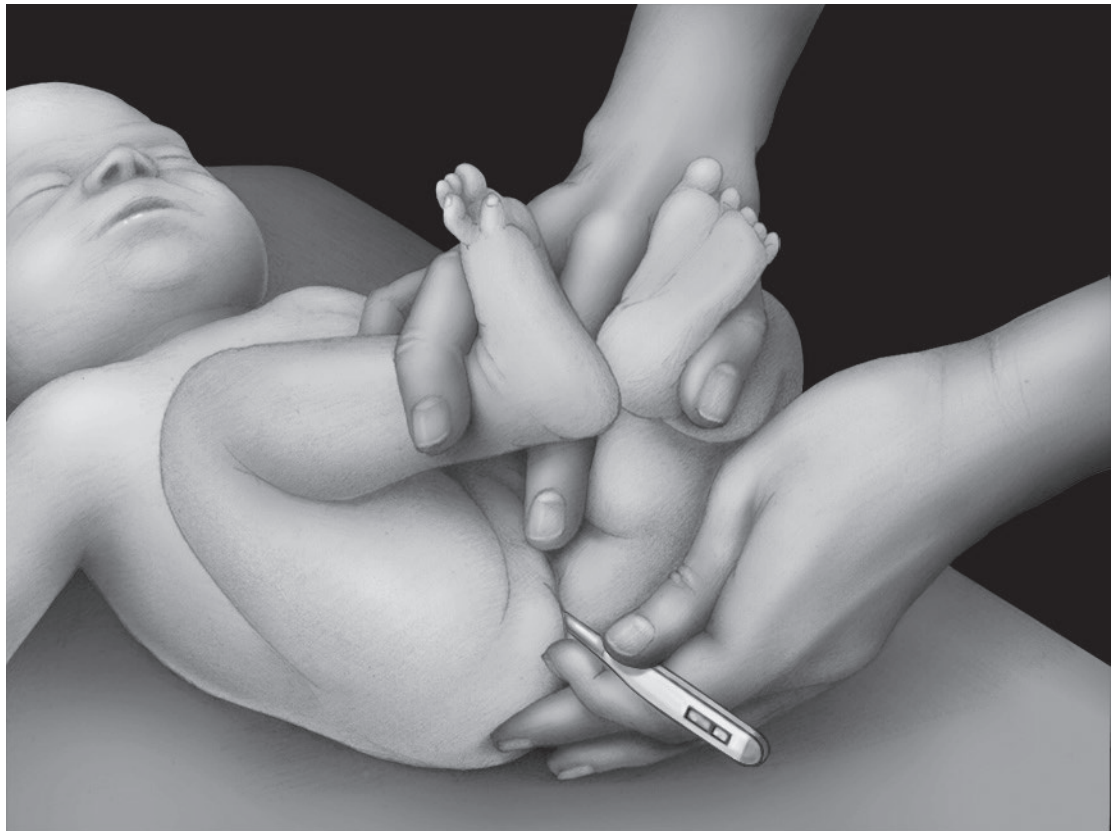


Figure 1. Taking your baby's temperature

Most fevers are not harmful for children because they help the body fight infection. Although a fever may make your baby feel uncomfortable, it will not cause permanent harm.

Ask your baby's health care provider for more information about fevers and babies if you have questions or concerns.

To comfort your baby with a fever:

- Do not overdress or bundle your baby. Dress your baby in one light layer of clothing while indoors.
- Sponge your baby with lukewarm, not cold, water. If your baby shivers or becomes cold, stop sponging or warm up the water temperature.

Iron deficiency anemia

In general, a baby's iron level is lowest at about nine months old. Not all babies need their iron level checked. But if your baby's health care provider notes signs of iron deficiency, a blood test may be necessary. Signs include an unnatural paleness and poor growth. Your baby also may have certain risk factors that make a blood test necessary.

If you breastfeed your baby, offer foods twice a day that contain iron. Foods with iron, such as infant cereal, lower the chance for iron deficiency. Do not give your baby whole milk until after 12 months, unless you are told otherwise by your baby's health care provider.

Teething

During the next few months, your baby will be teething.

Start doing daily dental cleaning as soon as your baby's first tooth appears. Get your baby used to this now. As your baby gets older, cleaning gets more difficult if your baby does not get used to it now. Clean your baby's teeth with a soft cloth or a baby toothbrush.

Toothpaste with fluoride is recommended for all children. Start using it when your baby's first tooth comes in. Use only a very small amount, about the size of a grain of rice. Adults should squeeze out the amount of toothpaste for young children. Adults also should supervise and help with brushing.

Your baby's health care provider may apply fluoride varnish once your baby's teeth come in. Over-the-counter fluoride rinse is not recommended for children younger than six years. Children younger than six years may swallow high levels of fluoride.

Your baby may be fussy or irritable more often due to teething. You can help comfort your baby. Give a cool, wet washcloth or soft teething ring to chew on. For teething pain, you may give your baby acetaminophen in the recommended dose. Talk to your baby's health care provider about gels that can be put on sore gums.



Sleep

Most nine-month-olds sleep through the night and take a nap in the morning and the afternoon.

To help your baby sleep

- Continue to keep a regular bedtime and a relaxing routine.
- Put your baby in the crib when they are drowsy but still awake. This helps your baby learn to fall asleep. This is a skill your baby needs as it is normal for babies to wake during the night.
- Feed your baby before bedtime. Babies sleep better after they have been fed.
- Do not allow your baby to have a bottle or “sippy” cup in bed.
- If your baby cries for more than a few minutes, go to them. Don’t turn on the bedroom light. Check for illness or a dirty diaper while your baby is in the crib. Whisper soothing words and pat or rub your baby’s back. Then quietly leave your baby’s room.
- If your baby continues to cry, return a few minutes later and repeat the steps listed above.
- If the crying continues, wait a bit longer each time to respond.
- **To reduce the risk of SIDS, always place your baby on their back for naps and at night.** If your baby rolls over onto their stomach, it is okay to let them sleep in that position. See the section titled “Preventing Sudden Infant Death Syndrome (SIDS)” for more information about SIDS.

To lower the chance that flat spots may develop on your baby’s head from sleeping on their back, do the following:

- From one week to the next, change the direction that your baby lies in the crib.
- Keep your baby from spending too much time in car seats, carriers, and bouncers.

Preventing sudden infant death syndrome (SIDS)

Sudden infant death syndrome (SIDS) is a sudden and unexplained death of a baby under one year old. The cause is unknown. Research studies show that the following precautions can lower the risk of SIDS.

- **Always place your baby on their back for naps and at night.**
- Place your baby on a firm sleep surface, such as on a safety-approved crib mattress covered by a fitted sheet.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area.
- Keep your baby's sleep area close to, but separate from, where you and others sleep.
- Think about using a clean, dry pacifier when you place your baby down to sleep, but do not force your baby to take it.
- Dress your baby in light sleep clothing. Keep the room at a temperature that is comfortable for adults. Too many layers of clothing can overheat your baby.
- Avoid products that claim to lower the risk of SIDS, such as positioning devices. Most have not been tested for effectiveness or safety.
- Do not rely on a home monitor to lower the risk of SIDS.
- Do not allow smoking around your baby.

Talk about the risk of SIDS with anyone who cares for your baby. Talk to grandparents, babysitters, and daycare providers. Ask them to follow these guidelines.

Safety Concerns

Child safety seats

Your child must be in an approved, rear-facing car seat at all times when in a vehicle.

Babies are safest if they continue to ride rear-facing until they are two years old or reach the highest weight or height allowed by the car seat's manufacturer. Generally, these are 30 to 40 pounds and 26 to 32 inches.

In a vehicle, the safest place for your baby is in the back seat, in the middle if possible. Never put your baby in the front seat. It is even more dangerous if your car has airbags. Airbags can cause serious harm or death to children.

- **Always read and follow the manufacturer's instructions for your car seat.** If you do not have instructions, contact the manufacturer. The address and phone number are on a label on the seat.
- Follow the instructions in your vehicle owner's manual about using car seats. Some manufacturers' instructions may be available on their web sites.
- Do not use child safety seats that have been in a crash or that you do not know the history of.
- Most car seats expire after 6 years from the date of manufacture. An expiration date should be printed somewhere on the seat. When in doubt, call the manufacturer and ask for this date.
- Secure the harness straps when your baby is in the car seat. This includes when you carry the car seat or place it in a shopping cart.

Car seat instructions can be confusing. On average, four out of five car seats are not installed correctly. If you have questions or would like more information about the use of your baby's car seat, ask your baby's health care provider. Find out who you can contact in your community to get more information. You also can seek out a public agency in your area that inspects child safety seats, or you can attend an infant passenger safety class.

Never put a child safety seat in the front seat.

Never leave your child alone in a vehicle.

Be a good role model and always wear your seatbelt.



Preventing falls and injuries

The greatest cause of infant death at this age is injuries. Most injuries are preventable. Often, injuries happen because parents are not aware of what their child can do.

Because of your child's ever-increasing mobility and curiosity, it is important to:

- Put gates on stairways and doors before your baby is mobile.
- Cover all electrical outlets.
- Remove sharp-edged and hard furniture from rooms where your child plays.
- Put the crib mattress at the lowest setting so a standing baby cannot climb or fall out. Remove any bumper pads.
- Make sure windows are closed or have screens that cannot be pushed out. Install window guards on windows if needed.
- Install childproof locks and safety latches on cupboards and drawers, especially where medications, cleaning supplies, poisonous substances, or sharp items are kept.
- Keep hot appliances, electrical cords, and drapery cords out of your baby's reach.
- Look for toys, objects, and household decorations that are unsafe or that have small parts that your child could remove.

Do not put your child in a baby walker. Your baby may tip it over, fall out of it, or fall down the stairs in it. Baby walkers may allow children to get to places where they can pull hot foods or heavy objects down on themselves. "Exersaucers" that your baby cannot move around are safer.

Keep play activities safe. Never throw your baby into the air or jerk your baby's limbs.

Preventing burns

Babies this age grab at everything. Never eat, drink, or carry anything hot around your baby.

To prevent burns and scalds, keep your home's water heater temperature set at or below 120 degrees Fahrenheit (48.8 degrees Celsius). Use the water heater's instruction manual or go to the manufacturer's web site. There you can learn how to check the temperature your water heater is set at or to change the setting. Never leave your baby alone in or near water.

Frequently check that your smoke and carbon monoxide detectors are working. Change the batteries at least once a year on a date you will remember, such as when daylight saving time begins. Have a working fire extinguisher in your home.

Make sure your baby's sleepwear is not flammable, which means it cannot easily catch fire.

Sun safety

Keep your baby out of direct sunlight. Find shade under a tree, umbrella, or stroller canopy. Protect your baby from sunburn with clothing and a hat. Keep your baby's eyes away from direct sunlight.

Use a broad-spectrum sunscreen with a sun protection factor (SPF) of 15 or higher. Apply sun-screen to all areas of the body including the face, nose, ears, feet, and hands. Rub it in well. Reapply every 2 hours and after swimming.

Preventing drowning

A child can drown in less than two inches of water. Never leave your baby alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment. Stay within an arm's length of your child around water. If you have a swimming pool, a fence should surround it.

Preventing suffocation, choking, and poisoning

Babies at this age are at greater risk to suffocate or choke because they are more mobile. They put many things into their mouths. To explore the environment as your baby sees it, get down on your hands and knees. Look for small objects, dangling cords, or anything else that could be a safety hazard for your baby.

To prevent suffocation and choking:

- Insist that your child stay seated when eating.
- Follow the age recommendations on toy packages.
- Keep the following items away from your child:
 - Plastic bags and wrappers.
 - Balloons.
 - Coins.
 - Marbles.
 - Toys with small parts or that can be squeezed to fit entirely into a child's mouth.
 - Small balls.
 - Pen and marker caps.
 - Button-type batteries.
 - Medicine syringes.
 - Candy, gum, and fruit snacks.
 - Caps from beverage bottles.
 - Any item that could fit inside your child's mouth.

Teach older children not to give your baby small objects. Give your baby only unbreakable toys that do not have sharp edges or small parts that can come loose.

Cords from window blinds and draperies can strangle your child. Tie cords high and out of reach. Do not knot cords together.

What should I do if my baby chokes?

To be prepared in case of an emergency take a class on cardiopulmonary resuscitation (CPR) and choking first aid for children. Encourage everyone who cares for your child to do the same.

If your baby is able to cough, cry, or make noises with force, do not interfere. Keep watching your baby closely and be ready to help if needed. Alert someone that your baby is choking.

If your baby is choking and can't breathe:

1. Assume a seated position. Hold the infant face down on your forearm, which is resting on your thigh.
2. Thump the infant gently but firmly five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object.
3. Hold the infant face up on your forearm with the head lower than the trunk if the above doesn't work. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions.
4. Repeat the back blows and chest thrusts if breathing doesn't resume.
5. Begin infant CPR if one of these techniques opens the airway but the infant doesn't resume breathing. **Call 911 after 2 minutes of CPR if someone has not already called.** Then continue doing CPR.

To prevent poisoning

Babies will put anything into their mouth, even if it does not taste good. Many ordinary things in your house can be poisonous to your child.

- Keep household products, such as detergent pods, bleach, cleaners, chemicals, and medicines, completely out of sight and reach.
- Put safety latches on drawers and cupboards.
- Be aware that some household plants are poisonous. Keep all plants out of your baby's reach.

If you think your baby has ingested something poisonous, call the Poison Control Center right away. Place the **Poison Control Center** phone number where your entire family can find it: 1 (800) 222-1222.

Preventing lead poisoning

Lead poisoning happens when too much lead builds up in the body. It can cause learning, behavior, and health problems in children.

Your baby's health care provider may give you a questionnaire to review your baby's risk factors for lead poisoning. If exposure to lead is suspected or your child is thought to be at higher risk for lead exposure, your child will have a blood test.

Children under six years who spend time in homes built before 1978 are at greatest risk for lead poisoning. These homes may have chipping or peeling paint or are being renovated. Lead was allowed in household paint until 1978. The older your home is, the more likely it contains lead-based paint. Paints containing up to 50 percent lead were used on the inside and outside of homes through the 1950s.

Lead also can be found in soil around homes and apartment buildings. Children may come in contact with the lead by playing in the dirt.

Some toys put children at risk for exposure to lead. Older or antique toys and collectibles passed down through generations may have lead paint. This can put children at risk for lead exposure. Watch for peeling or chipped paint on toys. Do not allow your child to play with toys with peeling or chipped paint.

Talk to your baby's health care provider if you have concerns about lead in your home.

Preventing non-accidental head trauma (shaken baby syndrome)

Non-accidental head trauma, also known as shaken baby syndrome, is a medical term for the injuries caused by shaking or throwing a baby.

Never shake or throw your baby. Shaking or throwing a baby, even for a few seconds, can cause bleeding inside the head and pressure on the brain. This may cause blindness, deafness, internal bleeding, paralysis, brain damage, or death.

Shaking a baby generally happens when a person is angry or frustrated and loses control. Do not hold your baby during an argument or fight. If you find yourself becoming annoyed or angry, put your baby in the crib and leave the room. Take a time-out. Call someone for support.

Tell anyone who cares for or spends time with your baby about the dangers of shaking or throwing a baby. Do not leave your baby with someone who seems violent, is angry, drinking alcohol, or using drugs.

Some symptoms of non-accidental head trauma or shaken baby syndrome include sleepiness, fussiness, poor eating, vomiting, seizures, not breathing, or unconsciousness.

Immediately seek medical care for your baby if you suspect an injury.

Radon

Radon is a gas that occurs naturally from the breakdown of uranium in soil, rock, and water. It has no odor or color. Radon can enter homes through cracks or openings in walls or foundations and become part of the air you breathe. It is the leading cause of lung cancer among nonsmokers.

The only way to know whether your home has high levels of radon is to test. Test kits are available at city and county health departments, home improvement stores, and hardware stores.

If you have unsafe levels of radon in your home, there are ways to lower the risk.

To find out about radon testing or what you can do if you have radon in your home, contact your local department of public health or a local chapter of the American Lung Association.

Insects

Keep your baby out of areas where there are mosquitoes. If that is not possible, use screens and clothing to protect your baby. If that is not possible, insect repellent can be applied to babies older than 2 months.

DEET is a chemical used in insect repellents. Choose an insect repellent that contains 10-30% DEET. Use just enough repellent to cover your baby's clothing and exposed skin. Do not apply insect repellent to a baby's face or hands. Wash your baby's skin with soap and water to remove repellent after you return indoors.

Other safety issues

- Closely supervise pets and older children around your baby.
- Shoes for children this age are for protection, not support. Shoes should be soft and flexible. Tennis shoes are a good choice.

Interacting With Your Baby

You may find that your baby is always busy and active when awake. Allow your baby to practice motor skills. Provide a place with furniture that is safe for your baby to use when pulling up to a standing position.

Read picture books with your baby. Don't worry about the story. You can talk about the pictures or make up stories. Reading stimulates brain development. It is perhaps the most important thing you can do to encourage speech development.

Play with your baby:

- Talk and sing songs to your baby.
- Give your baby age-appropriate toys to play with.
- Play games with your baby such as peekaboo, patty-cake, and so big.
- Let baby watch you hide a small toy under a cup or cloth and then find it.

Older children also can do these same activities with baby.



Behavior management

It is normal for babies to be curious and to test limits. You may wish to use behavior management to teach acceptable behavior and to protect your baby from harm. Behavior management means you teach your baby limits. You do this with loving care and guidance. Try the following suggestions.

- Respond right away when a situation occurs.
- Distract your baby away from the harmful situation. Reinforce behaviors that are positive and appropriate.
- Say “no” firmly and remove your baby from the unsafe activity. Be careful not to say “no” too much. The word may lose its impact. Reserve your use of “no” for behaviors that are not safe. Safety-proof your home so it is a safe place for your baby to be.
- Use one- or two-word explanations to help your baby learn not to do something. For example, use “Tastes yucky” or “That’s hot.”
- Be consistent in your approach.

Childcare

Your baby may be cared for at a center or the home of a daycare provider. Or someone may care for your baby in your home. As you evaluate how childcare is going for your baby and family, consider the following factors:

- Safety and health standards
- Licensing, accreditation, and qualifications
- Child-to-staff ratio
- Care provider policies including visiting policy
- Your expectations
- Back-up care plan

If you have any issues you need to discuss with your daycare provider, be open and honest about your concerns. If you need to make adjustments, do so.

A Final Word

Enjoy your baby during this time. Give your baby your time, attention, and unconditional love.

Follow the schedule your baby's health care provider suggests for well-child exams.

Well-child exams or regular checkups focus on your baby's growth and development. They let you get to know your baby's health care provider. Write down any questions or concerns you may have as you get ready for each well-child exam. Talk with your health care provider about any concerns you may have.

Your baby will receive immunizations as scheduled by their health care provider. Unless your baby has special needs or concerns, lab tests aren't needed at most well-baby exams.

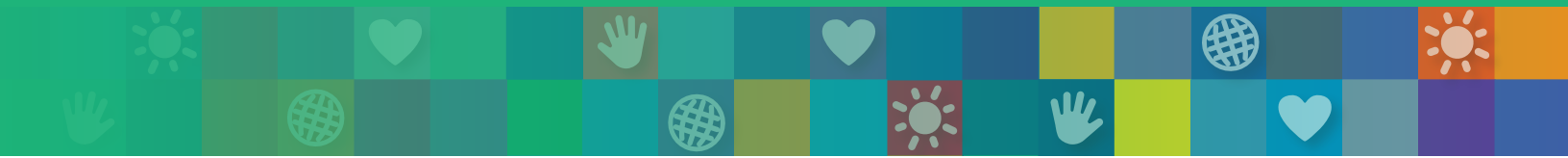
If you have any questions or concerns about this information or anything concerning your baby, contact your baby's health care provider. Together, you will help your baby thrive and be healthy.



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BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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