

9 MONTH

Well Child Care

TIP SHEET FOR PROVIDERS

Key Themes

- Frame the baby's increasing cognitive development and concurrent increased protesting as a good sign. Shared (joint) attention skills and more complex language skills are emerging.
- Introduce the idea of repair within the relationship. There are many frustrating moments for both the parent and the baby. The parent returning to repair and connect after a difficult interaction builds their infant's capacity for emotion regulation and strengthens the relationship.
- Reassure parents that it's important and NOT SPOILING to follow cues for feeding, sleep and interaction, just like with younger infants.

Development

9 month olds are more mobile and their vocalizations are becoming more complex with the development of **“reduplicated babbling”** (ie. babbling with consonants). They are able to string together consonant-vowel sounds such as baba, dadada, gaga etc.

By 10–11 months, **“jargoning”** emerges where it sounds as if they are talking. It's as if the melody (sound and timing of speech) emerges before the lyrics (actual first words which typically emerge around 12 months).

Joint (Shared) Attention is becoming more complex and evolving from dyadic, gaze between the pair, to triadic, gaze with the other person to a 3rd item.

The development of shared attention follows a predictable timetable just like other milestones of infant development:

Dyadic Shared Attention Milestones (conversation like behavior between caregiver-baby)

- 6–10 weeks: Mutual Gaze (holding caregiver's gaze with eyes widening)
- 6 weeks: Social Smiling
- 3 months: Vocalizes when talked to
- 6 months: Listens then vocalizes when adult stops

Triadic Shared Attention Milestones (Joint Attention between caregiver-baby and a 3rd object)

- 8–10 months: Gaze Monitoring (follows caregiver's gaze to what they are looking at)
- 8–10 months: Follows a point
- 8–10 months: Social Referencing (looking to caregiver's facial expressions to decide what to do)



This is a picture from the famous “Visual Cliff” experiment. Plexiglass was placed on one side of the table, to create the appearance of a drop-off. Infants in the study read the mother's nonverbal facial expressions and crossed the plexiglass only if the mother's face encouraged them to do so.

- 9–10 months: Shows Objects to Share Interest



During a visit, babies will often spontaneously show an object they are holding to their caregiver or the provider.

- 12–14 months: Points to get desired object (proto-imperative pointing)
- 14–18 months: Points to show interest (proto-declarative pointing)

Shared attention is a critical part of language development. When caregivers share attention with their baby while commenting contingently about it at the same time, language is learned more readily. Narrating what cues the baby is giving and what is happening in the moment also helps with language development.

With these new developmental gains, babies have much **more clearly defined ideas and protesting behavior** when their ideas are not readily acted upon. Frame these new bigger ideas and concurrent bigger emotions as a good sign of their baby’s cognitive development. Parents can help infants with their bigger emotions by re-directing, distracting and soothing. This is **NOT** spoiling and supports the infant’s own emerging capacity for emotion regulation.

Predictable routines help with emotion regulation. Much of a baby’s day is repetitive and habituated, ie feedings, transitions to naps/bedtime, getting dressed, getting in the car, etc. Predictable routines that go along with these activities helps babies feel safe and secure and anticipate what is next.

Providers—Watch for signs of joint attention during the visit such as gaze monitoring, following a point, social referencing and showing objects. If it fits during the visit, share these observations in real-time. These new skills can be subtle to observe for parents since they are literally “hidden in plain sight.”

Awareness of these new skills help parents see how relational their baby is and that their baby wants to be connected and share their mental states with them. Highlight for parents that these skills are co-constructed by their interactions with their baby.

With greater cognitive development, stranger anxiety is often present. During the visit, it’s often helpful to examine

the baby in the parent’s arms or lap to help the baby feel less anxious.

Shared moments of delight continue to help the baby’s development and are a buffer for families under stress. Slow the visit down and enjoy these moments with families when they occur. Offer strengths-based feedback about the presence of shared delight when it occurs.

Feeding

9 month old’s oral motor skills are undergoing rapid development. These more complex oral motor skills (able to close mouth fully, side to side tongue movements to get food into a bolus to swallow and more mature chewing) combined with the development of better sitting balance, more coordinated reaching for objects and the development of a pincer grasp set the stage for the baby to be able to transition from pureed solids to eating more foods from the table.

Providers—Frame the transition to self-feeding and eating table foods in terms of the feeding relationship. Encourage eating together whenever possible and noticing and talking about cues. Shared mealtimes are a time for turn-taking, back and forth conversation, imitation and shared delight.

Sleep

Around 9 months of age, many infants gradually grow out of needing the 3rd nap and stay awake for a longer period of time in the late afternoon. They continue to need an early bedtime.

Sleep disruptions (sometimes called “8 Months Awakenings”) also become more common at this age with the beginning of stranger anxiety and more mobility.

Providers—Reassure parents that following cues and providing predictable routines will help their baby settle back into their usual sleep schedule.

More information available at [pcrprograms.org](https://www.pcrprograms.org)

Referenced sources include: Promoting First Relationships in Pediatric Primary Care, Keys to Infant Caregiving, Parent-Child Interaction (PCI) Feeding & Teaching Scales, Sleep/Activity Program and BabyCues®