



65 Walnut Street Suite 310
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Your Child at Eighteen Months

Your Next Visit is at: 24 Months

Immunizations:

One optional but recommended injection of Hepatitis A #1 and the Diphtheria-Tetanus- acellular Pertussis (DTaP) immunizations today. The Hepatitis A vaccine can cause some pain 1-2 days after immunization but no fever. Possible blood screening for anemia or lead level can be done. Discuss with your provider.

Following the DTaP vaccine, some children develop fevers, pain, swelling, tenderness and redness at the injection site that can last for 24-48 hours. A painless lump can sometimes be felt 1-2 weeks following the injection and usually resolves in about 2 months.

Development:

Gross Motor: Trots or walks fast; runs stiffly, walks backwards, walks upstairs holding hand, kicks or throws a ball.

Fine Motor: Stacks three to four blocks; places rings on cone, turns single pages, throws a ball, uses a spoon, draws crayon strokes on paper.

Language: Can understand directions but still needs help following through. Can say five to ten words. Starts using personal pronouns such as "I", "me", "you", "she". Parrots words that others say, identifies body parts by pointing, and maintains eye contact.

Social: Wish for independence is stronger. More interested in how things work and where they are kept. May want to imitate your behavior (such as housecleaning). Encourage this. May have a loved doll or animal for comfort.

This busy, demanding period is made easier by understanding the child's developmental "tasks" at this age: learning independence and mastering skills. Sharing child care can ease the pressure on parents.

Nutrition:

Your toddler should not be taking anything in a bottle any longer.

Marked decrease in appetite and more "picky" eating is normal for this age. Mealtime should NOT be a battle.

Try to eat meals together as a family. Offer healthy snacks if the child has limited appetite at regular meal times. It is best to continue using a booster with a strap or high chair with a strap to encourage sitting. Don't feed child; let them feed themselves.

Limit juice to four ounces a day. Sixteen to twenty four ounces of whole milk per day is plenty.

Continue fluoride (by prescription) if your drinking water is not fluoridated. Continue vitamin D supplementation of 600 units per day. If your toddler is eating lean red meats, iron fortified cereals or green vegetables 2-3 times a week, their iron should be fine. They should also be having some vitamin C rich foods because this aids in iron absorption. If you're concerned about their iron intake, please speak to a provider.

Calcium and Vitamin D Recommendations



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- Recommended daily calcium and Vitamin D allowance: Depending on your child's age, please see if your child gets enough calcium from their diet and whether they need supplementation. Calcium is good for bone health and Vitamin D, in addition to bone density, has been shown to add in even more benefits with immune defense and elevating mood. There are studies which have shown increased resilience in school age children who received Vitamin D supplementation as toddlers. It is important to note that Vitamin D is one of the fat soluble vitamins, along with A, E and K, so giving much more than the RDA is not suggested.

For babies 0-12 months, they get all of the calcium they need from formula and/or breast feeding.

For all children over the age of 12 months, it is recommended to supplement with calcium depending on their diet. The RDA for calcium from 12 months until 4 years is 700 mg of calcium daily, from 4 years until 8 years you give 1000 mg of calcium daily and 9 years to 18 years 1300 mg of calcium daily and 19 years to 22 years- 1000 mg of calcium daily. If your child is not getting enough calcium in food, then you can add this in a supplement which often comes along with Vitamin D. There is one called Adora and you can take half or more depending on your child's age and calcium intake.

Dietary sources of calcium examples:

Yogurt, lowfat 8 ounces- 300-400 mg

Mozzarella, part skim, 1.5 ounces- 300 mg

Milk, lowfat, 8 ounces - 300 mg

- Vitamin D is now 400 IU daily for children from 0-12 months and 600 IU daily for children over 12 months. We recommend giving a Vitamin D supplement such as Trivisol, Dvisol 1 ml daily or another brand such as Carlson or Thompson's for your infant if over half of your baby's milk intake is breast milk. You can begin supplementing at about 2 weeks of age. Mom should continue to take her prenatal vitamin if nursing.

Other than the above, most babies do not need vitamin supplements.

Avoid foods that can cause choking- such as nuts, hard candy, gum, whole grapes, whole hot dogs and popcorn. Know anti-choking maneuvers for babies and young children. Consult your local hospital or Red Cross for information on infant and child CPR classes.

New recommendations from allergists are that there is no reason to delay introducing any particular foods such as egg whites, strawberries or nut products. When introducing new foods, please have Benadryl on hand in the event of a reaction (hives, rash, or swelling of the face). Please print the dosing sheet from our website (<http://www.lowerfallspediatrics.com/faqs.html>) and place the Benadryl and dosing sheet in a Ziploc bag so they are together should you need it. If your child has a reaction, give Benadryl and call the office immediately. In the unlikely event that it is a severe reaction where your child has difficulty breathing, call 911 right away. The instructions on the Benadryl indicate that you shouldn't give if under 4 years old because it can be sedating. However, it is safe to give to your baby if they are having an allergic reaction.



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Safety:

When securing medicines and household products, use a lock or safety latch.

Some children will climb out of a crib at this age. They can also climb on chairs and then onto counters. **BEWARE!** Never underestimate a toddler's ability to climb. Dressers and book cases should be secured to the wall if you have a climber. This is often the most dangerous age for the baby.

Do not allow any access to button batteries because they can cause destructions of the internal tissues if in the nose or airway.

Set hot water heater temperature at less than or equal to 120 degrees F.

Never leave child alone near water (such as wading pool, hot tub or bucket of water). Knowing how to "swim" does not make a child water-safe at this age.

Supervise all play outside.

Keep the Poison Control number on the phone: **1-800-222-1222**

Apply sunscreen with SPF 15 or greater. Wear hats and light-weight clothing to cover skin and avoid tanning.

May use a forward facing toddler car seat in the second row when the baby is 12 months old AND 20 lbs. However, the American Academy of Pediatrics now recommends waiting to turn the car seat to forward facing until age 2 years old.

Sleep:

Sleep problems often arrive at this age; discuss with your doctor. There is a relatively cry free way to have your toddler fall asleep independently.

Establish a regular bedtime with a short bedtime ritual. Remember to read bedtime stories.

Note that some children stop taking one of their two naps between ages 18 months and 24 months.

Discipline:

Whenever possible, allow child to make choices (eg: do you want to wear this shirt or that one?), to build self-esteem and independence.

Praise child for what he/she does for him/herself. Don't rush your child through tasks, such as removing socks or eating with a fork.

Parents and caregivers should agree on limits and should present a consistent "united front" in enforcing rules.

The best approach to temper tantrums is not to give in, not to yell or strike the child, but to leave the child alone in a safe place until the tantrum is over. Speak calmly about the problem later after the tantrum is over. Use your words, speaking clearly and simply to help your child build communication skills and develop tools for dealing with frustration.

Children are normally self-centered at this age and do not understand sharing, so it is often hard for them to play well with other children. Continue to encourage sharing but realize that genuine ability to share and empathize with others will take time.

Toys and Play:

Music, picture books, toys that can be manipulated and promote creativity, such as balls, blocks and push/pull toys. Sandbox play.



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Read to your child often. Visit the library.

Febrile Seizure:

If your child has a fever, there is a small chance that a rapid change in temperature can induce a seizure. Although it looks life threatening, febrile seizures are usually harmless. Febrile seizures often occur early in an illness when there is a sudden onset of a high fever. The seizure is a result of the increased excitability of the child's nervous system from the rapid increase in temperature. Medications are rarely prescribed for this kind of seizure. While parents may try to prevent these seizures by giving fever-reducers (Tylenol or ibuprofen) at the first sign of illness, the fever and/or febrile seizure may be the first indication that the child is sick. It is recommended to use a fever reducer for fevers over 102.5. If your child has a febrile seizure, they should be seen by us or in the emergency room to make sure it is not another kind of seizure.

Toilet Training

Many children will train themselves with a little encouragement by the age of three. You can have a potty chair, underwear they have chosen and some fun books available if your child shows interest and readiness, but don't have high expectations for complete success the first time. At this age, you can introduce words for urine and bowel movements. Developmental signs of readiness include: showing independence, enjoying pleasing parents and knowing how to please them, showing interest in imitating others, having normal motor development and using words for urine and bowel movements.

Plan a few days where your child will try to go on the potty and stop diapers. Talk about the "big day" a few days before. Make sure you have underwear she or he has chosen and the potty. You remind them "It's time to try" every 1.5 hours or so, especially about 15 minutes after eating. If she or he says they don't need to go, encourage them to try by saying they can earn 1 sticker for trying. Then, they earn two stickers for pee and three for poop. If they need even more encouragement, you can add a tiny candy for results. There is no need to force them to sit but wait until they want to earn stickers if they are showing some hesitation. This helps them feel independent and in charge.

If this does not go well for after 2-3 days, put potty training on hold for a month and then try again. While toilet training, it is better to use regular diapers rather than pull ups for over night and possibly for naps. If the nap is short and she or he has been waking up from them dry, you can try without.

Suggested Reading for Parents:

Your One Year Old: The Fun Loving, Fussy 12-24 Month-old by Louise Bates Ames,
1, 2, 3, The Toddler Years by Irene Van De Zande, *Raising your Spirited Child* by Mary Sheedy Kurcinka, *Your Baby and Child: From Birth to Age Five* by Penelope Leach, *Child of Mine: Feeding With Love and Good Sense* by Ellyn Satter, *Positive Discipline A-Z: From Toddlers to Teens, 1001 Solutions to Everyday Parenting and Problems* by Jane Nelsen, Lynn Lott and Stephen Glenn, *Parents, Please Don't Sit on Your Kids* by Clare Cherry.