



65 Walnut Street Suite 310  
Wellesley, MA 02481  
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## Your Child at Twenty-Four Months

Your Next Visit is at: Three Years

### **Immunizations:**

Optional vaccine: Hepatitis A #2. This causes some pain, but no fever. The pain may last 1-2 days after the immunization.

Blood testing for lead level and anemia will be done. The results are done here and will be available before you leave. We will only call you if they are abnormal. Screening for vision is done at age 3, but let us know if you have any concerns about your child's vision or hearing.

### **Development:**

Gross Motor: Child should be able to walk up and down steps holding onto a rail or adult's hand; starting to jump off floor with both feet; stands on one foot momentarily; runs with ease; opens doors, climbs on furniture, kicks ball, throws overhand and begins to be able to jump.

Fine Motor: Stacks five to six cubes, aligns two to three blocks after demonstration, spontaneously draws or imitates horizontal and circular strokes with crayon, handles spoon and fork well, turns a door knob, enjoys fitting one object inside another.

Language: Vocabulary expands greatly during this year. Makes two-word phrases with pronouns such as "I", "me", and "you", but may not use these words correctly until three years old. Refers to self by name. Asks frequent questions: "what's that?" "why?". Responds to two-part verbal commands, for example, "Please close the door and bring me the ball".

Social/Cognitive Development: Beginning to be able to take parents' needs into account and recognize that parents' perspective differs from own. Enjoys imitating adult domestic activities, playing dress up and make believe. Plays alongside other children (parallel play) mixed with growing ability to play interactively with other children. Shows interest in helping parent dress self; washes and dries hands. Beginning to form gender identity. Will help when asked.

Early signs of autism: No two-word phrases on his or her own (not just repeating what someone says to him or her) by 24 months of age.

### **Nutrition:**

Continue fluoride supplementation unless water supply is fluoridated.

Avoid struggles over eating. Pickiness and decreased appetite are normal. Do not "give in" to picky eating by offering junk food. Offer healthy snacks, such as fresh fruit, vegetables, cheese, whole wheat bread, yogurt and cereal. Sometimes a child will need food to be offered eight different occasions or more before accepting. Avoid foods that can cause choking- such as nuts, hard candy, gum, whole grapes and whole hot dogs.

You can change from full fat (regular) milk to low-fat or non-fat milk. 16 to 24 ounces per day is sufficient. A multi vitamin is suggested for Vitamin D supplementation. If you feel your child is not consuming enough iron-rich foods, you can get a multivitamin with iron. Chewable is ok sometime between 2.5 and 3 depending on how easy it is to chew. There are several acceptable brands at Trader Joe's, Whole Foods and the pharmacy.

Limit fruit juice to no more than four ounces a day.

No more bottles! Don't forget to visit the dentist.

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, low-fat 8 ounces- 300-400 mg

Mozzarella, part skim, 1.5 ounces- 300 mg

Milk, low-fat, 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

### **Tooth Care and Tooth brushing**

It is recommended to clean your child's teeth twice a day. Parents must supervise and do the brushing before or after your child until your child is 8 years old or is has the manual dexterity to be able to tie their own shoelaces. We recommend that the toothpaste amount be limited to a smear or the size of a grain of rice until 3 years old or a small pea sized amount after 3 years old in case of accidental swallowing of the toothpaste. The use of any toothpaste at all between the age that teeth erupt and 2 years old is currently debated by different health agencies, but limiting it should keep the risk of having too much fluoride down. Your first dental visit should be by two years old if there is no significant family history of dental problems or by 1 if there is such a history. The American Dental Association recommends a first dental visit by 1 year old if you desire.

### **Sleep:**

One nap per day is typical. Bedtime routine is important- such as bath, brush teeth and story time. Avoid "curtain call" behavior that prolongs bedtime ritual, such as asking for glasses of water or multiple good night hugs. Many children prefer night lights in the hall and open doors. Switch from a crib to a bed if your child is climbing out of the crib.



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### **Safety:**

Accident risk increases when stress rises within families, including both minor and major stressors, happy and sad stressors. Examples include, hunger or fatigue, in parent or child, traveling, moving, pregnancy, birth of a sibling, acute illness, work stress in one parent or relationship strain between parents and switching child care situations.

Your child can now move with great speed and increasing agility, allowing him/her to get into an endless variety of danger. Provide a safe play area. Always supervise play, especially when playing near a street or water. A child this age does not understand danger or remember “no”.

**Poisoning:** Your active child can now climb anywhere and open any drawer or cabinet that isn't safety latched, and open some that are latched! Store all necessary household products and keep medicines safety-capped and behind child proof cabinets. Discard any potential toxins that you don't need. If your child does get into a toxic substance, call Poison Control at 1-800-222-1222. Keep this phone number handy with other emergency numbers.

**Burns:** The kitchen is a dangerous place for your child during meal preparation. Hot liquids, food and grease can cause serious burns. Kitchen appliances and other hot surfaces stay hot and can cause burns long after you have turned them off. Reduce hot water heater temperature to 120 degrees F or lower. Prevent electrical burns: hide electrical cords out of reach behind furniture. Cover unused electrical outlets with child-proof protectors. Beware of burns from chewing on cords or poking fingers into outlets. If burned, apply cold water (not ice) immediately, then cover loosely with bandage or clean cloth. Call us for all burns, including blistering sunburns. Make sure to change Nexcare waterproof Band-Aids regularly to make sure the area is not getting infected.

**Drowning:** Knowing how to “swim” does not make a child water safe at this age. Never leave your child alone while in water- even for a moment. Be attentive even in pools where a lifeguard is present. Most pool drownings occur when there is an adult present and a child has slipped away for a few minutes.

### **Other Safety Measures:**

**Prevent falls:** use gates on stairways and window guards above the first floor. Lock doors to dangerous areas.

Car crashes are still the biggest danger. Use the proper safety seat every time your child is in the car.

Do not allow your child to play in the street or driveway. Always use helmets for bikes, scooters, skateboards, and roller blades. No bikes in the street. Use elbow guards and knee pads for all these activities. Use wrist guards when riding skateboards and roller blades.

Always keep child out of yard when lawn mower is in use.

Beware of small parts of toys and other small objects that could cause choking. Check toys frequently for broken or loose parts. Plastic bags, ribbons, and wrappers or balloons can cause suffocation.

Store unloaded guns in locked containers out of children's reach. Lock ammunition away from firearms. Use safety locks. Insure that other people you and your child visit do the same.

### **Discipline**

The period from age 18 months to 2.5 years is the most important time for the child to learn to respect his/her parents as authority figures. Every home and every child needs limits. Children differ in their persistence, temperament and sensitivity; therefore, some are easier to discipline than others. When a child knows the rules, he/she will be much more confident. Young children need repeated reminders of the limits, because their natural curiosity keeps leading them to try experiences several times.

Children's drive to learn and explore needs to be guided into acceptable activities: Say “no”, explain why, and redirect into an appropriate alternative that engages the child's abilities and interests.



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Suggested techniques for dealing with an inappropriate behavior include: show mild annoyance, ignore minor offenses, or teach what you want your child to do. Explain the logical consequences ("because it took so long for you to clean up, we only have time for a very short story"). When your child misbehaves, help him/her to correct the situation (for example, cleaning up an intentional spill or comforting someone whose feelings have been hurt).

Give your child choices when possible. Praise good deeds.

Be a good role model in dealing with mistakes and frustrations. Avoid yelling and spanking.

Use "time out" generally as a last resort (take the child out of the situation, sitting in a corner of his/her room). Explain to the child why you are using the time out. Time out should last about one minute for each year of age. Don't overuse time outs.

### **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.

### **Other Issues:**

**Toilet Training:** Many children train themselves with a little encouragement by the age of three. It is fine to have a potty chair available if your child shows interest and readiness, but don't have high expectations for complete success at this 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.

Then have them try to go potty every hour and a half, usually about 20 minutes after meals. 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 overnight and possibly for naps. If the nap is short and she or he has been waking up from them dry, you can try without.

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 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.

Should your child need antibiotics for an illness it is medically compatible to administer Tylenol or Motrin while taking antibiotics.

**Teeth:** Child will imitate brushing but parent should also brush child's teeth at least twice daily until age seven to insure adequate hygiene. See the dentist sometime during this year.

Curiosity about body parts is normal. Provide correct words for genitals. Masturbation is common. Let your child know that this is a private activity that should take place only in his/her own bedroom. Be matter-of-fact about this with your child.



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Stuttering and other speech problems commonly occur up to age 4 ½ years and usually resolve on their own within six months of appearing. Ask your provider if you have any concerns about your child's speech patterns.

Limit TV to one hour or less each day of age-appropriate shows, preferably ones without commercials (young children can't distinguish commercials from the show itself). Watch along with your child and talk together about what you are watching.

Security objects such as blankets, dolls and stuffed animals are still important.

### **Play and Toys**

Books- picture books and simple stories. **Read to your child daily!** Visit places such as libraries for books, videos and music. Many libraries have special story times for even very young children. Other favorite toys at this age are crayons, simple puzzles, and wooden blocks.

Take your child to parks and playgrounds where he/she can climb, swing, play in a sandbox, and interact with other children. It's also a great way to meet other parents.

### **Suggested Reading for Parents:**

*Your 2 Year old: Terrible or Tender*, Louise Bates Ames

*1 2 3 The Toddler Years*, Irene Van De Zande

*Raising your Spirited Child: A guide for parents whose child is more intense, sensitive, perceptive, persistent and energetic*, Mary Sheedy Kurcinka

*Positive Discipline A-Z: From Toddlers to Teens, 1001 Solutions to Everyday Parenting Problems*, Jane Nelson, Lynn Scott and Stephen Glenn

*Parents, Please don't Sit on Your Kids*, Clare Cherry

*Without Spanking or Spoiling*, Elizabeth Crary

*Caring for Your Baby and Young Child: Birth to Age 5*, Stephen P. Shelov, The American Academy of Pediatrics, 1998

*How to talk so Kids will Listen and Listen so Kids will Talk*, Adele Faber, et al., Avon Books, October 1999

*What to Expect: The Toddler Years*, Arlene Eisenberg

*Your Child's Health: The Parents' Guide to Symptoms, Emergencies, Common Illnesses, Behavior and School Problems*, Barton D. Schmitt