



65 Walnut Street Suite 310  
Wellesley, MA 02481  
Tel: 781-772-1527  
Fax: 781-772-1497

## Your Child at Three Years

### **Immunizations: None required.**

Blood testing for lead level and anemia will be done. Results are done in the office and available before you leave. A vision screen is done today.

### **Development:**

Gross Motor: Your child is starting to become more coordinated and can participate in more activities. He or she may enjoy riding a tricycle, can balance on one foot, and can alternate feet when going up stairs.

Fine Motor: The increase in coordination allows for more independence as your child can now dress and undress on his or her own. Some more difficult tasks such as button and tying shoes will still require assistance. Encourage activities such as drawing and painting, balls and blocks that require imagination.

Language: The ability to speak with plurals, adjectives, and adverbs is increasing. This is a time where children's imaginations are very active and they'll start to tell more stories.

Social/Cognitive Development: As mentioned, this is an age where imagination and fantasy increases. Your child will probably enjoy pretend play with costumes and dolls. Some children will also create an imaginary friend. These are all ways that they communicate and process their feelings. With this also comes an increase in fears—of things both real and imaginary. Trying to ease their fears with logic probably won't comfort them since their ability to understand the logic is limited. Try to understand what they are afraid of and reassure your child that you will protect them.

Also, beware of the terrible threes! Children may have more tantrums this year and be more persistent. Distraction is not as easy as previously.

### **Nutrition:**

Continue fluoride supplementation unless water supply is fluoridated. A multivitamin with or without iron daily is recommended. Use one with iron if your child is not eating iron rich foods a few times a week such as lean red meats, dark green leafy vegetables or iron fortified cereals.

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.

Try new foods again and again. It has been shown that it may take 10 trials before someone accepts a new food.

Around 2.5- 3years, kids can eat raw veggies. This seems more appealing. Let them dip in low fat dressing for better acceptance. You can institute a house rule of taking a few bites of a new food- the first is a taste and the next 1 or 2 is to make sure you like or don't like it.

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

### Calcium and Vitamin D Recommendations

- 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



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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 dose is 600 IU daily for children over 12 months. We recommend giving a Vitamin D supplement. Other than the Vitamin D, most children 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 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:**

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.

### **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.

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 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.



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**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.

**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.

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**

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.



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## **Other Issues:**

### **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.

**Teeth:** Child will imitate brushing but parent should also brush child's teeth at least twice daily until age seven to insure adequate hygiene. It is time to go to the dentist. Continue to see the dentist twice a 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.

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. Since your child's imagination is becoming more active, he or she may be more sensitive to what is viewed.

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

### **Play and Toys**

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.



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## Learning How to Share/ Tips for a successful play date

1. When siblings seem never be able to share, the fighting may be a sign of an underlying issue: Perhaps it is a way to get more parental attention or to feel more in control.
2. Suggest that a playmate bring a toy with her to your house; it can become a bargaining chip
3. Telling a child he's selfish not to share can become a self-fulfilling prophesy. Tell him instead, "I guess you aren't ready to share this time. Maybe next time you will be." Avoid punishment ("If you can't share with Tim, you can't play with this toy either."). Say instead, "I can see you're having trouble sharing today. Let's put this away for now." (Stay firm, even if he promises to share now.)
4. Praise sharing: "I saw you break your cookie in half to share with Nakia. What a nice thing to do!"
5. Setting a time is an objective way for children to know their turn is up, and it's something 5 and 6 year olds can do themselves.
6. By age 5, children are capable of anticipating. Talk before a playmate arrives about how your child thinks sharing and turn taking will go. Brainstorm in advance some sharing strategies.
7. Some books to help preschoolers with sharing: "The Rat and the Tiger" by Keiko Kasza (Paper Star); "The Little Red Hen (Makes a Pizza)" by Philemon Sturges (Dutton); "The Doorbell Rang" by Pat Hutchins (Greenwillow Books); "The Story of the Three Kingdoms" by Walter Dean Myers (HarperCollins); "We Share Everything!" by Robert Munsch (Scholastic).

## Suggested Reading for Parents:

*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

*Without Spanking or Spoiling*, Elizabeth Crary

*Caring for Your Baby and Young Child: Birth to Age 5*, The American Academy of Pediatrics,

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

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