



## What to Expect at your Child's Well Visit

A yearly physical exam by your pediatrician is an important part of your child's health care. This annual appointment allows the pediatrician to give your child a thorough physical examination, perform routine screenings (e.g., vision and hearing tests), make sure vaccinations are up-to-date and obtain any recommended laboratory testing. It's also a good opportunity to address important questions relating to nutrition, sleep habits, safety, and development.

During the check-up, we can often address other problems so you don't have to make another trip to the office. Please note, however, that we will have to bill your insurance for an additional office visit when we address these issues. Depending on the terms of your insurance plan, you may be subject to an additional copay and/or deductible amount for the additional services.

Please let us know if you have any questions.

Cockerell & McIntosh Pediatrics

## Things You Should Know: Your Baby 12-17 months

### DIET

#### *Breastfed Babies*

- If mom is breastfeeding she may continue to do this, but she needs to get at least 1000mg of calcium daily to help with her bone health. If mom is weaning the baby from the breast, whole milk should be given because it has fat and cholesterol which are important for brain growth. At 12 months of age your baby should be drinking from a cup not a bottle.

#### *Babies Who Are Not Breastfeeding*

- At 12 months of age your baby should be weaned from the bottle to a cup and from formula to whole milk. Your baby should drink whole milk because it has fat and cholesterol which are important for brain growth. The average daily milk intake is 24 ounces. It should be offered in a cup at meal times.

#### *All Babies*

- Most babies are eating solids by now. The average for a 1 year old is half table foods and half baby foods. Increase table foods as the baby can tolerate. Always cut table food into tiny pieces. You still may need to puree foods such as meats, but you can offer tiny pieces of chicken, fish, shaved ham or finely ground beef. Small pieces of pasta and cheese are also a favorite.
- Avoid giving the following foods to children under 3-4 years of age to prevent choking: hot dogs (if you do give them, cut them into thin circles, then each circle into fourths), grapes, nuts, apples, carrots and other raw vegetables, popcorn and hard candy.
- Your child should be sitting down while eating. Your child can choke on anything.
- By one year of age they should be feeding themselves well. Your baby should start using a spoon around 12 to 15 months, and a fork once the baby is using the spoon well.
- We recommend a daily multivitamin such as Poly-Vi-Sol or Tri-Vi-Sol.
- If your child is not a big milk drinker, then cheese, yogurt and cottage cheese can be good sources of calcium. However, remember that milk has the highest concentration of calcium per serving.
- Do not give your child soda. It takes calcium from the bones and causes tooth decay.
- Do not give your child juice. It has too much sugar. It is better to offer water and fruit instead of juice.
- Limit the amount of candy and sweets.
- Try to have regular family meals at the kitchen table.
- A decrease in appetite is common at this age. In most cases, children can decide how much to eat. Avoid arguments with your child about how much food to eat. Many children at this age have particular likes and dislikes.
- If the child's food is warmed in a microwave, the food must be stirred well to avoid "hot spots."
- Children should not have too much fat, salt or sugar in their diet.

### SLEEP PATTERNS

- Adequate sleep is very important. Many toddlers still take 1-2 naps a day. A quiet "rest time" is useful for both parents and child even if the child does not sleep.
- Follow a regular bedtime routine at the same time each night. A regular bedtime routine will help your child move from active play to quiet time and rest. An object such as a favorite toy or blanket may be helpful. Having plenty of time for bath and bedtime stories will also make bedtime less of a struggle.
- Put your baby to bed in his or her own room.
- Put your child in bed awake without a bottle or pacifier. Do not put the child to sleep by rocking, feeding or other methods. Babies who are put to sleep in this manner will not easily be able to fall back asleep when they wake up at night. A period of quiet time such as rocking, singing or reading is encouraged before bedtime to allow children to relax.

- If your baby wakes up at night and does not go back to sleep on his or her own within 15 or 20 minutes, you may go in to check for signs of illness but do not turn on the light, pick up the baby or feed the baby. Let your baby know that it is night time and that you will see him or her in the morning. It is okay to let your baby cry. This will not cause harm or emotional problems.
- It is important to remember that parents need quiet time without kids too. Getting your kids to bed early will leave part of the evening for you to relax and have quality time.
- Dreams may start around this age, so do not be alarmed if your child wakes up crying in the night for no apparent reason. It is best to go comfort your child in bed and give reassurance that all is well. You might want to rest with your child for a few minutes, but don't fall into the habit of having your presence required for the child to fall back asleep.

## LANGUAGE SKILLS

- Talk and read to your toddler often to encourage language skills. Start pointing out objects and encourage your child to say the word. By 15 months most children have 5-10 words.
- Receptive language skills (meaning that they understand you) come faster than expressive skills (speech).
- Watching television does not help your baby learn to talk. Children under 3 years of age should not watch television.

## POTTY TRAINING

- Toilet training should be put off until the child is about 2 years old. Toddlers often become interested in watching their parents or older siblings using the toilet. At that time it is wise to buy a child-sized potty and allow the child to practice sitting on it with a diaper in place.

## TEETHING

- To help make your baby more comfortable, use teething rings. Avoid numbing gels such as Orajel. These products can numb the gag reflex and cause choking.
- When teeth come in, brush them twice a day with a dab of fluoride toothpaste.
- Do not let your child carry a cup of milk or sweet drink around during the day because this can cause cavities.
- If your child has teeth, schedule the first dental appointment at one year of age.

## DIAPER RASH

- Diaper rashes are usually caused by being left in wet or dirty diapers too long. When rash appears, change diapers more often and apply Desitin, Vaseline or A&D ointment as needed.

## SAFETY

This is a time when your child is exploring, climbing and getting into everything. Encourage this behavior by having a cabinet or drawer that is safe for them to explore. To help prevent injuries:

- **ALWAYS use a car seat. Your child must remain rear-facing in the car seat until the age of 2 years.** Make sure your child fits the weight and height limits of the seat. See the attached car seat guidelines for more details.
- Use security gates or lock the doors at stairwells and entrances to potentially dangerous areas such as the kitchen or basement. Window guards should be installed.
- Do not underestimate your child's ability to climb. Chairs should be positioned so that the child is unable to use them to climb to a dangerously high place. Make sure to lower the mattress to prevent your child from climbing out of the crib.
- Guns in the home are a danger to the family. If a gun is kept in the home, the gun and the ammunition should be locked and stored in separate locations.
- Small children should not be allowed to play with plastic bags or balloons.
- Children should always be closely supervised in or near the water (swimming pool, bathtub, uncovered toilet seat, bucket of water).
- Keep your child away from hot stoves, space heaters, wall heaters, irons, curling irons and fireplaces. Pot handles should be turned toward the back of the stove. Hot liquids on tablecloths or on top of the stove should be closely monitored so they can't be pulled down.
- No one should hold or carry the child while drinking hot liquids or smoking.

- The hot water heater temperature should not be set above 120 °F.
- Plug outlets with plastic guards.
- **Children should wear hats and protective clothing and use sunscreen when going outside. Use a sunscreen that is "broad spectrum" with at least an SPF of 15. Apply the sunscreen 15-30 minutes before going outside.**
- Protect your child from sharp edges. Pad the corners of tables, fireplaces and furniture.
- Attach heavy furniture, such as bookshelves or dressers to the wall. These items could crush a child if they tip over. Kits to secure these items are available or "L" brackets can be installed.
- Keep all medicine, cleaning supplies and any potentially harmful substances up and out of reach in a locked cabinet. Remember there are many items in your purse or grandma's purse that may be harmful. Many medications are brightly colored and may look like candy to your child.
- Keep the Poison Control Center number near your phone. **1-800-366-8888**
- Keep all outside gates and fences closed. Check to see if they are in good condition with no holes or sharp edges where the child could get caught.
- Have working smoke detectors and a simple fire safety plan where your family will meet outside.
- Carbon monoxide detectors are recommended.
- Never leave your child unattended in the car or at home.
- Your child should be closely supervised when outside.
- **Exposure to cigarette smoke causes many medical problems for your baby. These include an increased number of upper respiratory infections (colds), asthma and ear infections.**

## **DISCIPLINE**

This is a time for your child to gain confidence and independence. Discipline and positive reinforcement are very important. **Starting to enforce your rules and setting limits is very important at this age. Children like structure. Setting limits and having rules are part of that structure.** Having structure makes children feel loved and teaches them that there are expectations for each member of the family.

- Try not to only respond to negative behaviors, but **praise your child's good behavior.** Tell them what they did right. This will help build self-esteem.
- **Be consistent because your child will test your limits daily.**
- "Time outs" are usually an effective form of discipline and should consist of one minute for each year of life. Don't bring up bad behavior after time out is over. Drop it.
- **Temper tantrums are common. Ignore them.** Do not give in to the demands of the tantrum.
- 

## **IMMUNIZATIONS AND WELL CHILD VISITS**

- We would like to see your baby in the office at 15 months, 18 months and 2 years for well child checks.
- At the 12 month check your baby will receive the following vaccines: MMR, chicken pox and Hepatitis A. At this visit your baby will also be checked for lead and anemia.
- At the 15 month visit your baby will receive the following vaccines: DTaP, Hib and Prevnar.
- At the 18 month appointment your child will receive the Hepatitis A vaccine. There are no routine scheduled vaccines at age 2 years.
- Call the office immediately if your baby appears to develop a severe reaction after shots are given. If fever or fussiness lasts longer than 2-3 days, call us.

**Please do not hesitate to call our office if you have any questions or concerns!**

# Healthy Minds: Nurturing Your Child's Development from **12 to 18 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report\* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



## ► Key findings from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

## How it looks in everyday family life:

Sixteen-month-old Carlos wants juice and his mom doesn't know it. He is sitting in his high chair banging his cup and pushing the cartons of milk away when his mom, Marta, tries to pour some for him. They both are very frustrated. Marta takes Carlos out of the high chair and announces lunch is over. Carlos marches to the refrigerator and starts banging on the door. Marta is about to tell him to stop banging, but instead asks, "Do you want to open the refrigerator?" Carlos smiles and shakes his head "Yes!" Marta opens the door and Carlos points to the drinks on the shelf. Marta then points to each carton and asks, "Is this what you want?" Carlos shakes his head no until he gets to the juice. Then he jumps around and says, "juju!" Marta pours him juice as he happily plops himself on her lap.

This shows how all areas of Carlos's development are linked, and how his mother's response encourages his healthy development. Carlos has learned to count on his mom as someone who helps him as he struggles to communicate what he wants. This signals strong **social and emotional development**. He uses his **intellectual ability** to make a plan to get what he wants, and uses his **motor and language skills** to carry out the plan as he walks to the refrigerator and bangs, points and uses sounds to get his message across.

Despite her frustration, Marta takes the time to watch and listen to Carlos. This encourages Carlos to feel like a good communicator and reinforces his sense of self-esteem by letting him know that he is worth listening and paying attention to.

Relationships are the foundation of a child's healthy development.



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

# Charting Your Child's Healthy Development: 12 to 18 months

The following chart describes many of the things your toddler is learning between 12 and 18 months and what you can do to support your child in all areas of his development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what his strengths are and where he needs more support, is essential for promoting his healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Toddlers are great communicators. They are learning new words every day, and use them, along with their gestures, to let you know what they are thinking and feeling. For example, they take your hand, walk you to the shelf and point to what they want and say, "Book."</p> <p>Toddlers understand a lot more than they can say. By 12 months they will probably follow a 1-step instruction such as "Go get your shoes." By 18 months they will likely follow 2- and even 3-step directions.</p>	<ul style="list-style-type: none"> <li>● Encourage your child to use his words, sounds and gestures to communicate, even if you think you know what he wants.</li> <li>● Play games that include instructions and see how many he can follow.</li> <li>● Read with your toddler. It helps him learn new words and concepts. It also helps him develop a love of books and reading.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your child communicate what he wants; what he's thinking and feeling?</li> <li>● How does your child like to read with you? What are his favorite books?</li> </ul>
<p>Toddlers are beginning to do pretend play, a major developmental milestone. They continue to imitate what they see around them, for example, using a child-size broom to sweep the floor. But now, they are beginning to understand symbols and ideas—not just concrete things they can see and feel. For example, they begin to use objects in new and creative ways. A spoon can become an airplane or a toothbrush. Pretend play helps develop important intellectual skills and creativity.</p>	<ul style="list-style-type: none"> <li>● Offer toys that represent objects in your toddler's world, such as a play kitchen with plastic food, a mini-grocery cart or a toy telephone. Join in his play; help him develop his own stories by letting him be the director.</li> <li>● Give your child different objects and watch the many ways he uses them.</li> </ul>	<ul style="list-style-type: none"> <li>● What kind of play does your child enjoy most? How do you see him pretending?</li> <li>● What kind of play do you most/least enjoy with your toddler? Why?</li> </ul>
<p>During this stage of development, toddlers motor skills are taking off. They begin to walk and run, which opens up a whole new world of exploration for them, and a whole new world of watchfulness for you. As you try to keep your toddler safe, remember that while they understand "Stop!" or "Don't Touch," they don't have the impulse control yet to stop themselves the next time the temptation appears. Since they are better at doing things rather than stopping what they are doing, "Walk slowly" works better than "Don't run."</p>	<ul style="list-style-type: none"> <li>● Create lots of low, safe places in your home where your child can crawl under furniture, cruise around a coffee table or stand on his own. Help a child who's walked up the stairs to get down safely.</li> <li>● Think of ways to divert your child away from a forbidden object so you don't have to say "no" all day long. If he's fixated on the TV remote, maybe a toy with buttons and twisty knobs could be a substitute.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your child use his motor skills? Is he a very active child who uses his whole body, or does he prefer to explore with his fingers and hands?</li> <li>● How is your child's need for physical activity the same or different from yours? How does this affect you and your relationship with your child?</li> </ul>

*\*The report, From Neurons to Neighborhoods: The Science of Early Childhood Development, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.*

With thanks to

**The Gerber Foundation**  
Enhancing the quality of life of infants and young children



©2003 ZERO TO THREE. This may be freely reproduced without permission for nonprofit, educational purposes. Reproduction for other uses requires express permission of ZERO TO THREE.

For more information go to:  
[www.zerotothree.org](http://www.zerotothree.org)  
[www.aap.org](http://www.aap.org)



# Preventive Care Schedule

Age	Procedures
4-5 Day	Physical Exam Immunizations Hep B (if not given at birth) Labs: None
2 Weeks	Physical Exam
1 Month	Physical Exam Immunizations: Hep B
2 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
4 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
6 Months	Physical Exam Immunizations: DTaP, Hib, PCV Rotavirus, Hep B
9 Months	Physical Exam Immunizations: IPV
12 Months	Physical Exam Immunizations: MMR, Varivax, Hep A Labs: Lead, Hematocrit
15 Months	Physical Exam Immunizations: DTaP, Hib, PCV
18 Months	Physical Exam Immunizations: Hep A
2 Years	Physical Exam Immunizations: May need catch-up dose of Hep A Labs: Lead, Hematocrit
30 Months	Physical Exam
3 Years	Physical Exam Labs: Lead Hematocrit
4-5 Years	Physical Exam Immunizations: Immunizations: DTaP, IPV, MMR, Varivax Labs: Lead, Hematocrit, Urinalysis
6-8 Years	Yearly Physical Exam
9-10 Years	Yearly Physical Exam Immunizations: HPV Labs: Cholesterol
11-15 Years	Yearly Physical Exam Immunizations: Tdap, Meningococcal, may need catch-up does of HPV Labs: Hematocrit, Urine, Cholesterol at 11 years if not obtained at 9-10 years
16-18 Years	Yearly Physical Exam Meningococcal Labs: Hematocrit (females only), Cholesterol screening at 17-18 years if not previously performed

Immunization/Lab Key
<b>Cholesterol:</b> blood test to screen for high cholesterol
<b>DTaP:</b> Diphtheria, Tetanus and acellular Pertussis vaccine
<b>Hematocrit:</b> test for anemia
<b>Hep A:</b> Hepatitis A vaccine
<b>Hep B:</b> Hepatitis B vaccine
<b>Hib:</b> Haemophilus Influenzae type B vaccine, an anti-meningitis vaccine
<b>HPV:</b> Human Papillomavirus vaccine for preventing genital warts, cervical cancer and anal cancer
<b>IPV:</b> Inactivated Polio vaccine
<b>Lead:</b> test for lead poisoning
<b>Meningococcal:</b> Meningococcal vaccine, an anti-meningitis vaccine
<b>MMR:</b> Measles, Mumps and Rubella vaccine
<b>PCV:</b> Pneumococcal vaccine, an anti-pneumonia and anti-meningitis vaccine
<b>Rotavirus:</b> Rotavirus vaccine for preventing Rotavirus stomach flu
<b>Tdap:</b> Tetanus, Diphtheria and acellular Pertussis vaccine
<b>Urinalysis:</b> urine test
<b>Varivax:</b> Chickenpox vaccine

## CAR SEAT GUIDELINES

- Car seats should be installed tightly using the vehicle seat belt or LATCH system. There should be no more than one inch of movement side to side or front to back.
- Do not place rear-facing car seats in the front seat of vehicles with air bags.
- All children under 2 years old should ride rear-facing. You may switch from an infant seat to a convertible car seat before age 2 years as long as your child remains rear-facing and fits the height and weight requirements of the seat.
- All children younger than 13 years should ride in the back seat.
- A car seat must be replaced if it has been in a moderate or severe crash. Consider replacing seats that have been in a minor crash.
- Always read the car seat manufacturer's instruction manual and your vehicle owner's manual for specific installation instructions.
- For complete guidelines from the American Academy of Pediatrics visit [www.healthychildren.org](http://www.healthychildren.org) and search for "Car Seats".

### Infants/Toddlers (Birth to 2 years)

**Weight/Height Requirements:** Make sure your child fits within the weight and height limits of the car seat.

**Types of Seats:** Rear-facing only seat, Convertible seat

**Seat Position:** Rear-facing

**Installation Tips:** Harness straps should slide through the slots that are at or below shoulder level. Straps should fit snugly against your child. Make sure the seat is at the correct angle so your child's head does not flop forward.

### Toddlers/Preschoolers (2 and 3 year olds)

**Weight/Height Requirements:** Make sure your child fits within the weight and height limits of the car seat.

**Types of Seats:** Convertible seat, Forward-facing only seat, Combination seat with harness.

**Seat Position:** Forward-facing.

**Installation Tips:** Harness straps should slide through the slots that are at or above shoulder level. Some seats require using the top harness slot for the forward-facing position. Also, you may have to adjust the angle of the seat.

### Young Children (4 to 12 year olds)

**Weight/Height Requirements:** Children should remain in a booster seat until the seat belt fits properly, typically when they are 4 feet 9 inches tall and between 8 and 12 years of age. They should be able to use just the seat belt when they can ride with their knees bent at the seat edge without slouching and with their seat belt low across their upper thighs and snug across their shoulder and middle chest.

**Types of Seats:** High back booster seat, Backless booster seat

**Seat Position:** Forward-facing

**Installation Tips:** Belt-positioning booster seats must be used with both lap and shoulder belts. Make sure the lap belt fits low and snug across your child's upper thighs. The shoulder strap should cross the mid-chest and shoulder.