



65 Walnut Street Suite 310
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Your Child at Twelve Months

Your Next Visit is at: 15 Months

Immunizations and Tests:

Two injections today: Prevnar (PCV 15) #4 for protection against Pneumococcal disease and MMR #1 for Measles, Mumps, and Rubella protection.

Some children may run a fever or develop a mild pink rash 6-14 days following the injection of the MMR vaccine. Fevers can run between 101 and 103 and last for 2-3 days. The mild pink rash is mainly on the trunk and lasts 2-3 days.

A fingerstick will be done for lead and anemia testing. It is done here and we will only call you with an abnormal result. The results are available on Patient Gateway. A PPD (Tuberculosis skin test) may be done if there is a high risk.

Development:

Gross Motor: "Cruises" (Takes steps while holding onto furniture); may take steps alone with legs wide apart.

Fine Motor: Points, puts one object inside another.

Language: May say one or more meaningful words/sounds. Encourage speech. Name common objects and pictures. Talk constantly to baby, but allow time for baby to respond!

Social: Enjoys social games "so big", peek-a-boo, waves. May play simple game of ball. Loves an audience and applause.

Early signs of autism: Lack of response to name. No babbling or "baby talk." No back-and-forth gestures, such as pointing, showing, reaching, or waving by 12 months of age

Nutrition:

Breastfeeding should continue for as long as mother and baby are enjoying nursing. If giving milk, change from formula to whole cow's milk- 12 to 24 ounces per day is plenty, do not give more than 24 ounces a day. Try to limit and wean from bottle. No bottle in bed. Encourage cup. Limit juice intake to four ounces per day or fewer. It is now recommended to give an infant who is over 12 months multivitamin such as Polyvisol, Trivisol or D-visol 600 IU daily for extra vitamin D in addition to milk and 2-3 servings of dairy daily.

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 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



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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.

Feeding

Appetite decreases over the second year; child becomes more "picky". Offer your baby a variety of healthy choices. Let baby feed him/herself. Don't worry about table manners. Let the baby try out a spoon and baby fork.

You can help your child to like vegetables starting now. Make homemade vegetable soups when kids are 1- 2.5 or 3 years. They are able to eat softer veggies that have been cooked and soups are more fun. Kids will enjoy them more if it is in a soup.

Try 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 now. 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.

Continue fluoride supplement (by prescription) if drinking water is not fluoridated. A multivitamin supplement such as Trivisol is recommended for Vitamin D in this area. It is recommended to give a multivitamin either with or without iron depending on how much iron-rich food your toddler consumes. If they are 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. You can check in with a pediatric dentist for the first time now.

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.



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Safety:

The American Academy of Pediatrics now recommends waiting to turn the car seat to forward facing until at least age 2 years old.

As before: care safety, water safety, stair safety. Cover unused electrical outlets and use safety devices on windows and screens.

If you have guns at home, lock them up away from children. Lock up ammunition separately from firearms. Use safety locks. Make sure others you visit do the same.

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

Keep poison control number handy (800-222-1222).

If you live in a home built before 1950 or a recently remodeled home originally built before 1978, your child should be tested for levels of lead in his/her blood. Ask your doctor about testing if you are concerned about possible lead exposure from other sources. Lead testing is required in Massachusetts.

Use sunscreen with SPF 15 or greater, and/or cover skin with light-weight clothing and hats to avoid sun tanning.

Please do not slide down a slide with your child. Their legs can get stuck and become fractured (broken) on the way down. When they are older, a toddler can go down the slide alone.

Sleep:

Establish a predictable and pleasant bedtime ritual. Once put to bed, your child should stay there. Don't use a night light in the room as this will encourage waking.

Toys/Play:

Read to your baby often. Babies enjoy board books with large pictures, blocks, nesting toys, simple shape sorters and pegboards, balls of all sizes (as long as they are too big to insert into the baby's mouth); push and pull toys, soft cuddly toys, dolls and stuffed animals.

Enjoy supervised water play- bath or water hose. Play and make music.

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.

Discipline:

You need to set limits because your baby cannot control him/herself yet. As your baby gets more mobile, he or she will find more opportunities to get into areas that are unsafe or otherwise off limits. Begin to set limits when necessary by saying "No" firmly and explaining in simple terms what the concern is ("hot", "might break", etc.). When removing the baby from the source of danger, try to offer an alternative: "You can't play with our stereo, but you can play with this". Don't spank or yell. Try to make some parts of the home safe that the baby can explore more freely. When possible, install gates to keep the baby out of areas that are not child-proofed.



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Remember, the word “discipline” means teaching- it does not mean punishment. The key to discipline is not punishment but reward. Smile and praise your baby when he or she does something right. Be consistent.

Watch that you are not saying “no” to your child all day long- try to save that word for things that are potentially unsafe or hurtful to others. Instead of saying “no”, restructure the environment so that your toddler can explore safely. Give information so he/she will learn. For example, if your child is standing in a chair, where he might fall, instead of yelling, “No! Get down!” say, “Chairs are for sitting; the floor is for standing”. At the same time, sit him/her down in the chair or stand him/her on the floor to reinforce your words.

Temper Tantrums:

Tantrums occur when a child is becoming more independent and exerting more control. An occasional temper tantrum is a sign of normal development. Some parents find ignoring the tantrum works best; others remove the child from the situation and place them alone in his/her room or in a corner for a short time. Yelling, spanking and throwing a tantrum yourself are not helpful.

Falls and Bumps:

Your active and inquisitive child will have frequent bumps and falls. Most do not require medical attention. If swelling develops, use ice or a cold compress.

Seek medical advice if your child becomes unconscious, vomits more than three times, is excessively sleep, shows changes in his/her coordination, has bleeding that won't stop after a few minutes, or has a large or deep cut that may need stitches.

Suggested Reading for Parents:

Your One Year Old: The Fun Loving, Fussy 12-24 month old, Louise Bates Ames,
1, 2, 3, *The Toddler Years*, Irene Van De Zande, *Your Baby and Child: From Birth to Age Five*, Penelope Leach, *Caring for Your Baby and Young Child: Birth to Age Five*, American Academy of Pediatrics, *Child of Mine: Feeding with Love and Good Sense*, Ellyn Satter, *Positive Discipline A-Z: From Toddlers to Teens*, *1001 Solutions to Everyday Parenting Problems*, Jane Nelsen, Lynn Lott and Stephen Glenn,