

GUIDE FOR PARENTS 12 MONTHS

INFANT CARE

Normal Sleep Patterns—At this time your baby should still be taking two regular naps per day, usually one in the morning and one in the afternoon. Your baby may also begin to sleep as long as twelve hours at night without waking for a feeding. Some problems with sleep patterns may arise over the next few months as your baby develops separation anxiety. Your baby will become more clingy to you and every time you leave the room, or leave him in the care of someone else, he may fuss and cry. This is a perfectly normal reaction that normally peaks between 10 and 18 months and fades over the last half of the second year. At bedtime, however, he may refuse to leave you to go to sleep and may wake up searching for you in the middle of the night. The following are some suggestions that may help you and your baby through this trying time.

- 1) Try leaving the nursery door open so the baby can hear you.
- 2) Others go to sleep more easily by sucking their thumbs or rocking.
- 3) A blanket, small stuffed animal, or anything that is soft and huggable and can be stroked or sucked may help comfort your baby.
- 4) Try to avoid using a pacifier; if your child depends on it to fall asleep, he'll cry for you to retrieve it each time it falls out of his mouth.

Separation anxiety may cause your baby to fret or cry when he wakes during hours of light sleep. He just needs to be reassured that you are still there when he wakes up. He also needs to learn how to put himself back to sleep. For example:

- 1) Don't do anything that will reward your baby for calling you in the middle of the night. Don't turn on the light, rock, or walk with him. Don't feed him or bring him to your bed.
- 2) Go to him to make sure he's okay; Rearrange him if he is tangled in the blanket or stuck in one corner of the crib; Make sure he isn't sick; change his diaper only if necessary.
- 3) Tell him you are nearby if he needs you.
- 4) Return to him every 5-10 minutes to comfort him until he falls asleep.
- 5) BE CONSISTENT

INJURY AND ILLNESS PREVENTION

Car Restraints—All 50 states have passed laws that require children to ride in approved child passenger safety seats. He should be restrained in a forward facing, federally approved, properly installed car safety seat. The safest place for a child to be restrained in a car is in the middle of the back seat. If your child must be restrained in the front seat of a car with a passenger side airbag, make sure that the car seat is as far back as possible from the dashboard. If your child safety seat must be secured with a shoulder harness, make sure you use a locking device to hold the belt in place (these usually come with the safety seat)

Smoke-free Environment—Passive smoke comes from two sources: Secondhand smoke, which is exhaled by the smoker, and Sidestream smoke, which arises from the end of a burning cigarette. Children exposed to passive smoke have more frequent and more severe respiratory tract infections than non-exposed children. Other problems made worse by exposure to passive smoke include: pneumonia, cough, bronchitis, croup, laryngitis, wheezing, bronchiolitis, asthma, flu, ear infections, middle ear fluid and blockage, sore throats, eye irritation and SIDS. If you smoke, QUIT. If you can't quit, NEVER SMOKE INSIDE YOUR HOME, NEVER SMOKE IN THE CARE, and NEVER LEAVE YOUR CHILD WITH SOMEONE WHO SMOKES.

EARLY SIGNS OF ILLNESS

Fever—If your child has a rectal temperature greater than 101.0 degrees F, call your doctor. A temperature this high is usually the sign of a significant infection which may need treatment.

Failure to eat—Breast-fed babies who are refusing to nurse or formula-fed babies who are refusing the bottle may be in the early stages of an illness.

Vomiting—You should also inform your doctor about any vomiting that persists for more than 12 hours, or is associated with diarrhea and/or fever.

Diarrhea—Watery stools are usually caused by a viral infection. The danger from diarrhea is the possibility of dehydration. If stools are watery or occur more often than 6-8 times per day, baby's mouth is dry, baby is not making tears, or there is a decrease in the number of wet diapers in a day, call your doctor.

NUTRITION

Table Foods—By the first birthday, your child should be able to handle most of the foods you serve the rest of the family. Be sure the food is cool enough that it will not burn his mouth. Avoid heavily spiced, salted, buttered or sweetened foods. Make sure all foods are mashed or cut into small, easily chewable pieces to avoid choking. Typically, one year olds will eat three meals a day and two snacks, one mid-morning and one mid-afternoon.

Whole Milk—At one year of age you may give your child whole milk instead of formula and/or breast milk. Be sure to use whole milk (not 2%, 1%, or skim) because your child needs the fat in milk for proper brain development.

Bottle or Breast to Cup—If your child is not already using a cup fairly regularly, now is the time to begin weaning him from bottle to cup. To help things along, eliminate the midday bottle first, then the evening and morning ones; save the bedtime bottle for last since it is often the most difficult to give up. Most children are using cups solely by 18 months of age.

ORAL HEALTH

Never put your baby to bed with a bottle. This can cause ear infections and when they get teeth can cause cavities. Never prop bottle to feed infant. Use a pea-size amount of fluoridated toothpaste and a soft toothbrush to clean your child's teeth twice a day.

PATIENT-INFANT INTERACTION

Discipline—At this age distraction can usually effectively deal with undesirable behavior. If he's headed for something he shouldn't get into, pick him up and direct him toward something he can play with. Reserve your serious discipline and saying "no" for situations where your child's activities can expose him to real danger, like playing with electric cords. Say no firmly and remove your child from the situation. You will have to repeat this over and over because of baby's short memory before he recognizes and responds to your directions. Most importantly, **BE CONSISTENT** with the limits that you set and let caregivers know these limitations as well. Also, always respond positively to baby's good behavior.

SAFETY

Falls—Never leave baby unattended in high places like on a tabletop or in the crib with the sides down. If your baby does fall and seems to be acting abnormally in any way, call your doctor. Do not use a walker.

Burns—Never hold baby while smoking, drinking a hot liquid, or cooking on a hot stove. Never allow anyone to smoke around your baby. Always test baby's bath water temperature with the inside of your wrist before placing baby in tub. Never heat baby's milk in microwave. Set water heater setting to 120 degrees F or lower to prevent scalding. Do not allow baby to crawl near a hot oven, space heater, or furnace vents.

Choking—Check all toys for sharp edges and for small parts that could be pulled or broken off. Keep crib away from windows with mini blind cords. Never give baby any food or small object that could cause choking. Never leave small objects in your baby's crawling area.

Drowning—Never leave baby alone in the tub or near a pool of water no matter how shallow it is. Infants can drown in just a few inches of water. Never leave baby alone around containers of water like buckets, wading pools, sinks, and open toilets.

Poisoning—Store all medicines and cleaning products up and out of reach in locked cabinets. Use safety latches on drawers and cabinets and plastic safety plugs in all unused electrical outlets.

IMMUNIZATIONS

At this visit your baby will receive the following vaccines:

- DTaP—Diphtheria, Tetanus and acellular Pertussis
- IPV or OPV—Inactivated Polio Vaccine or Oral Polio Vaccine
- HIB—Haemophilus influenza type b Vaccine
- MMR—Measles, Mumps, and Rubella Vaccine
- Varicella—Chickenpox Vaccine (optional)

Your baby may also need a TB skin test (screening test for Tuberculosis).

Your doctor will check a hematocrit (blood count) and lead level if not done at 9 month visit.

