

GUIDE FOR PARENTS 15 MONTHS

INFANT CARE

Regular bedtime routine—No toddler looks forward to going to sleep and most will spend all evening putting it off by asking for one more story, kiss, or drink of water. Watch the clock to see how he shows signs of sleepiness and make that his regular bedtime. Have a quiet bedtime ritual that includes a bath, story, or song. Have it end with baby quiet but awake in his crib, ready for a goodnight kiss before you leave the room. 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

CHILD CARE PROVIDERS

Baby Sitters—Your baby sitter becomes a “surrogate parent” when you are away and should be selected with care. Make sure you give explicit instructions to the sitter. The following are some guidelines you should use:

- 1) Leave a written note stating where you will be, how you can be reached, and when you will return
- 2) Post important numbers by the phone including police, fire, poison control center, hospital, doctor, ambulance, and nearby friend, neighbor, or relative
- 3) Explain rules about friends, TV, stereo & telephone (applies to sitter).
- 4) Explain baby's routine including feedings and sleep.
- 5) Make sure they know the location of first aid supplies, emergency exits, fire extinguishers, toys, clothing, etc.
- 6) Rough or otherwise dangerous play is not tolerated and child should never be left alone.
- 7) Make sure you are clear on behavior limits and proper discipline.

Day Care—If day care is needed there are several options to choose from including center-based day care, home day care (care in someone else's home), and in-home day care (care in your home). There are advantages and disadvantages to each and which you decide to use is a personal and individual decision. Before choosing any day care environment, you should be familiar with the state licensure regulations for childcare, check references, and observe the caregiver(s) with your child. For preliminary information you may contact the State Department of Social Services, United Way, religious organizations, the yellow pages, your doctor, or word-of-mouth from friend and relatives. Check out a number of different child care arrangements and facilities by telephoning and asking questions about openings and admission requirements; meeting with the directors and staff or caregiver to discuss your expectations; and talking with other parents from the facilities.

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.

CPR Training—All parents and caregivers should be formally trained in CPR (cardiopulmonary resuscitation). Call your local Fire and Rescue Service, the American Red Cross, or your local community college for information on courses offered in your area.

NUTRITION

Encourage your child to eat three meals a day with the family. They also need 2-3 snacks per day, one mid-morning, one mid-afternoon, and perhaps one at bedtime. The following is a sample one day menu for a one year old who weights approximately 21 pounds.

BREAKFAST

½ cup iron-fortified breakfast cereal or 1 cooked egg (not more than 3 eggs per week)

¼ cup whole milk (with cereal)

½ cup orange juice

Add to cereal one of the following: ½ banana, sliced or 2-3 large strawberries

SNACK

1 slice toast or whole wheat muffin

1-2 tablespoons cream cheese or peanut butter (spread)

1 cup whole milk

LUNCH

½ sandwich—tuna, egg salad, peanut butter, or cold cuts

½ cup cooked green vegetables

½ cup apple juice

SNACK

1-2 ounces cubed cheese, or 2-3 tablespoons pitted and diced dates

1 cup whole milk

DINNER

2-3 ounces cooked meat, ground or diced

½ cup cooked yellow or orange vegetables

½ cup pasta, rice or potato

½ cup whole milk

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. "Timeout:" can be an effective discipline strategy at this age and entails brief isolation with no attention, no toys, no fun. For example:

- 1) You've told your child not to open the kitchen cabinet but he persists
- 2) Without raising your voice firmly say "No, do not open the cabinet door."
- 3) Pick him up with his back toward you, put him in his playpen and empty it of everything else.
- 4) Leave the room.
- 5) Wait a minute or two, or until his crying subsides, before returning to him.

As always, be consistent and respond immediately each time your child breaks an important rule.

Toilet Training—This generally becomes easier and is accomplished more quickly when your child is older. He may not have the necessary bowel or bladder control, or motor skills needed to remove his clothes quickly enough to use the toilet at this age. Most kids are ready for toilet training after their 2nd birthday. Some kids are ready earlier, however, and you will know if you see the following signals:

- 1) Bowel movements occur on a fairly predictable schedule
- 2) Diaper is not always wet (indicates that bladder is able to store urine).
- 3) Child can and will follow instructions.
- 4) Imitates other family members in the bathroom.
- 5) Child shows you through words, facial expressions, or change in activity that he knows when his bladder is full or when he's about to have a bowel movement.

BEHAVIOR

Autonomy and Curiosity—Your toddler is becoming more independent and is learning by exploring the world around him. You want and encourage him to do this within limits. However, at times this curiosity can lead to hazardous situations from which you distract or redirect him. He probably won't understand and cannot verbalize his anger which inevitably leads to temper tantrums.

Temper Tantrums—Can be as simple as your child shaking his head and saying "NO!" or may escalate to screaming fits or full blown tantrums in which he throws himself on the floor, clenches teeth, kicks, screams, pounds his fists on the floor and he may even hold his breath. How do you eliminate the tantrums? ELIMINATE THE AUDIENCE. If you are at home, leave the room. If he follows, put him in timeout. When they happen in public, don't lash out or let him have his way. Carry him to the restroom or to the car so he can finish his tantrum away from onlookers. When the tantrum or timeout is over, don't dwell on it. Be consistent and he will soon realize that acting out is just a waste of time.

SAFETY

Falls—Keep crib mattress at lowest setting and the sides up. Keep the crib free of any objects that your child could stack and climb on to get out. Use gates at the top and bottom of stairways after your baby begins to crawl and walk. If your baby does fall and seems to be acting abnormally in any way, call your doctor.

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 hard food or small object that could cause choking. Never leave small objects in your baby's play 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.

Guns—Guns are not recommended in homes occupied by children. If you do own a gun, keep it unloaded, locked out of sight, and lock up ammunition in a separate location.

Outdoors—Hold on to your toddler whenever your near traffic. Set up fences or other barriers to keep kids away from the street, pool, and other hazards. Make sure there is grass, sand, wood chips, or other soft surfaces under outdoor play equipment.

IMMUNIZATIONS

No immunizations are required at this visit unless child is behind on immunizations and needs to catch up.