

GUIDE FOR PARENTS --- 18 MONTHS

SLEEP PRACTICES

Night Awakening – You can never depend on your child sleeping through the night, especially during these early years. A change in routine is a common cause of nighttime awakening including changing rooms or beds, losing a favorite sleep toy or blanket, or a trip away from home. Being sick or cutting a tooth may also contribute. These are all valid reasons to wake up but he still needs to be able to put himself to sleep afterwards. Earlier strategies for helping your child do this still apply.

Night fears – Between 12 and 14 months, children begin to actively dream. This can startle or frighten them awake. Comfort them and again allow them to put themselves back to sleep.

Changing nap patterns – At this age your child may still require two naps a day or may change to only needing one nap in the afternoon. Some toddlers go through a period of not taking any naps at all. All these variations are normal and unless your child begins having difficulty going to bed at the appropriate time, or has difficulty awakening in the morning, there is no need for concern.

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 rises 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 CAR, and NEVER LEAVE YOUR CHILD WITH SOMEONE WHO SMOKES.

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. Children should eat a varied diet with all four food groups represented (dairy, meat, fruits and vegetables, and breads/starch).

ORAL HEALTH

Use a pea-size amount of fluoridated toothpaste and a soft toothbrush to clean your child's teeth twice a day.

PARENT-CHILD 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 limits 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.
- 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 and *important* rule.

BEHAVIOR

Toilet Training – This generally becomes easier and is accomplished more quickly when your Child is older. He or she 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.

Self-comforting Behaviors – Some children comfort themselves by sucking their thumbs or rocking. A blanket, small stuffed animal, or anything that is soft and huggable and can be stroked or sucked may help comfort your child.

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 child begins to crawl and walk. If your child does fall and seems to be acting abnormally in any way, call your doctor.

Burns – Never hold child while smoking, drinking a hot liquid, or cooking on a hot stove or grill. Never allow anyone to smoke around your child. Set water heater setting to 120 degrees F or lower to prevent scalding. Do not allow child to crawl or walk near a hot oven, space heater, or furnace vents. Place plug covers on all outlets.

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

Drowning – Never leave child alone in the tub or near a pool of water no matter how shallow it is. Children can drown in just a few inches of water. Never leave child 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. Keep the number of your local poison control and emergency room next to every telephone and make sure that you keep syrup of ipecac accessible.

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 you are 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

None required at this visit unless child is behind on immunizations and needs to catch up.

