

Partners in
Pediatrics



Naturally Healthy Kids Since 1977

WELL-CHILD CARE

AGE: 15 MONTHS

GROWTH:

Weight: lb. oz. (%)

Height: inches (%)

Head Circumference: inches (%)

LABS:

Development:

IMMUNIZATIONS:

- | | |
|--|--|
| <input type="checkbox"/> Measles, Mumps, Rubella | <input type="checkbox"/> DTaP Booster |
| <input type="checkbox"/> Varivax - Chicken Pox vaccine | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Hemophilus Type B | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Flu Vaccine (Fall, today) |
| <input type="checkbox"/> Pneumococcal Vaccine | <input type="checkbox"/> COVID |
| | <input type="checkbox"/> _____ |

GENERAL PARENTING ISSUES:

1. NUTRITION

Once children are well into their second year of life, their increased distractibility may cause a significant decrease in their food intake. Between 15-24 months we also expect a significant percentage of children to become "picky eaters." The amount of food eaten may average one "good" meal per day. While that good meal may be any one of the three, it is most often breakfast. As long as your child eats one good meal a day on average and is healthy and growing appropriately according to our check-ups, there is no cause for concern. Children between 15-18 months will become adept and insistent on self-feeding with fingers and utensils.

In addition to eating smaller amounts of foods, many children will become "picky" in their selection of foods. Some children may refuse some foods they once gladly accepted, or others may refuse to eat an entire food group, e.g., meats. This pickiness is normal, and requires no dietary changes.

At 18 months, because of increased communication skills and independence, children may begin to demand more sweet foods

(e.g., candies, pastries, cookies, pop). First, offer children naturally sweet foods which are nutritional (e.g., fruit, vegetables like carrots and sweet potatoes, dried fruits, etc.). Strict elimination of all highly sweet foods is unnecessary. In fact, this may intensify your child's interest in these foods. These foods should be used sparingly, preferably no more than once a day. The ideal time of day is between lunch and dinner, not associated with a meal. We strongly discourage the use of sweets as a reward for finishing a meal.

2. BLOOD LEAD SCREENING

As discussed in the 6 month handout, if you still have questions concerning lead exposure discuss this with your health care provider.

3. SELF-FEEDING TECHNIQUE

A. Bottle

In order to promote good dental health, your child should be completely weaned from the bottle by 15-16 months. Some children, when weaned from the bottle, refuse all milk. This is no cause for concern, as long as their total calcium intake meets the minimum require-

ments as outlined in the 12 month handout. If this is not the case, please consult your health care provider.

B. Utensils

Children are usually able to completely self-feed at this age, mostly using their fingers and occasionally utensils. **Don't** allow your child to walk about with utensils, toothbrush or solid food in the mouth.

4. SLEEP

Total hours per day range from 10-16. This will nearly always include one to two naps. By around 18 months, nearly all children have gone to one nap.

5. BEHAVIOR/DISCIPLINE

At 15 months you will begin to see, if you haven't already, a change in the character of your child's behavior. These changes do not represent a worsening of behavior but rather a **maturing**, which in part includes **persistence** and independence, qualities that may be uncomfortable to parents who have been used to the previously more passive and dependent nature of their child. The purpose of this section is to briefly outline for you some concepts regarding the management of your child's behavior and the appropriate responses from you.

The **first** type of behavior that children manifest is "good" behavior, which simply defined is anything you like to see your child doing. Many people have the tendency to use the opportunity of the child's quiet and good behavior to accomplish some task of their own (e.g., reading the newspaper, cleaning house, etc.) and thus in effect are ignoring the child. The problem here is that children persist in behaviors that are reinforced, so your goal should be to praise their good behavior intermittently, in order to encourage its persistence in the future, rather than unintentionally ignoring it. A brief comment of verbal praise or a gentle touch is more than sufficient to reinforce their being good without actually disrupting their activity. The more you reinforce



good behavior the more it exists. ("I love how you're playing with your books/blocks, etc").

The **second** most common type of behavior is what we call "**unacceptable explorative**" behavior. This means the child is exploring something which is too dangerous, valuable, or messy and is thus unacceptable for exploration. This type of behavior should not be thought of as bad because exploration is a good behavior. It is the object of the behavior which is unacceptable and so "redirecting" their attention from the unacceptable object to an acceptable object (e.g., taking them away from a computer/phone to get them interested in a ball) is the best method for dealing with this type of behavior.

In younger infants "**redirection**" is easily accomplished due to their great **distractability**. As the child becomes more persistent (usually 15-18 months), it requires more patience and persistence on your part to continue to control the direction of their exploration. Your efforts to "redirect" their attention should persist until they are either successful or the child begins to tantrum or perform some other disruptive behavior. Your **resolve** to control the direction of your child's exploration should increase

proportionately to the increased persistence of your child. This is essential so that the child will respect you as the final authority. This respect will go a long way to improve your future capability to direct your child's behavior.

The **third** and final type of behavior is "unwanted" behavior such as temper tantrums, aggressiveness, willful disobedience, etc. These types of behaviors require the most dramatic intervention from the parent. This is known as **discipline**.

Discipline should be thought of as a method of **loving guidance** for your child's behavior and **not retribution**. Remember that children aren't born knowing **RIGHT** and **WRONG** but are taught this through discipline. Discipline is the challenge of greatest reward in raising your child, and should always be performed in a positive way with love and guidance as your intent.

Corporal punishment and spanking have potentially bad side effects. The **first** danger is that you are actually modeling for your child the principle that hitting others is acceptable. The **second** danger is that in some circumstances the attention from spanking may be more positive than negative, thus encouraging the child to persist in such bad behavior.

The method of "**time out**" discipline is generally very successful because removal of the child from your sphere of activity is a very unpleasant experience, which should eventually lead the child to stop any behavior which results in the need for a "time out".

The essentials to make this method work are consistency in person, place and circumstance. First, this means that "time out" should occur **WHENEVER, WHEREVER, WHATEVER**, the circumstance and with **WHOMEVER** the particular bad behavior occurs. This teaches the child that it is the **behavior** and not the **circumstances** within which the behavior occurs that is the problem. **Secondly** the "time out" must occur at the **MOMENT OF THE BEHAVIOR** in order to make the cause and effect relationship clear to the child. **Third** the "time out"

MUST be **LONG ENOUGH** to make the child care to improve the behavior. Many people suggest that the child should be left in that quiet and safe spot until they have been quiet for at least one minute for every year of life. The place of "time out" shouldn't be entertaining or frightening to the child. It is preferable that the place always be the same. For more information on setting up a "time out" spot in your home or questions regarding its effectiveness, please ask one of us.

DEVELOPMENT/STIMULATION:

Now your child is a real toddler. They are all over; up and down stairs, up and down furniture, squatting, standing, and walking.

At the same time, play is developing into different levels. As they expand the use of toys previously mentioned, they are now interested in pegs, stacking blocks, and containers (nesting blocks). Additionally, an interest in simple puzzles is emerging as well as a three-shape shape sorter. In and out activities, such as opening a door to place blocks in and to take them out, are becoming of interest. Children of this age also like to carry objects about as they explore the house. Make certain these are of varying shape, size, and weight and will not be harmful. Push and pull toys are appropriate as they are something they can take along with them. Once again, riding toys that can be propelled with their feet are enjoyable.

COMING SOON:

1. The next visit is at 18 months.
2. Influenza vaccine this fall

NOTES: