

Partners in
Pediatrics



Naturally Healthy Kids Since 1977

WELL-CHILD CARE

AGE: 2 YEARS

GROWTH:

Weight: lb. oz. (%)

Height: inches (%)

Head Circumference: inches (%)

Body Mass Index = % (Goal=5-85%)

IMMUNIZATIONS:

Diphtheria

Tetanus

Acellular pertussis
diphtheria, tetanus

COVID

Hepatitis A

Hemophilus B

Hepatitis B

Measles, Mumps, Rubella

Meningococcal (in some
groups)

Influenza (today, Fall)

IPV (Injectable Polio)

VariVax

Pneumococcal Booster

SCREENINGS:

Hgb TB

GENERAL PARENTING ISSUES:

1. NUTRITION

By this age, many children will have formed a preferential list of foods. Offering veggies at lunch/dinner/snacks and modeling the consumption of these foods will help your child build good nutrition habits. A single day's food selection is not always a good index of your child's nutrition either. It is better to look at a 4- to 5-day time frame to see if you are achieving a reasonable balance of food groups. Appetites are still generally **not** strong. If your child is a picky eater, continue with a daily multivitamin (a chewable vitamin is now acceptable). Check the label to see if 1/2 or 1 vitamin is appropriate for your child. Unless we state otherwise, select a vitamin **without** iron. Limit juice-type drinks to no more than 4 oz./day. Avoid soft drinks. Vitamin D is important not only for strong bones but also for optimal brain and immune system development. 400 IU are recommended per day. This can be reached with a multivitamin or Vitamin D drops, or Vitamin D rich foods.

2. SLEEP

By this age, a small number of children have given up their daily naps. We still strongly advise a daily "quiet time" of 30-60 minutes.

3. TOILET LEARNING

Refer to the 18-month handout in order to determine when your child is ready. There are a variety of wonderful books that cover this subject; you might select one which suits your own personal style.

4. SCREEN TIME ADVICE

Screen time can be one of the most potent dangers confronting the modern-day child. Excessive and/or inappropriate viewing carries with the potential risk of stifling a child's **development** and **consciousness**. This includes computer games, etc.

This shocking statement is supported by research psychologists and educators.

Watching may stifle creativity, imagination, and spontaneity. As a result of screen watching, children may become bored more easily. It has been shown to cause an increase in

impulsive, uncooperative, and violent behavior. It has also been implicated as a contributing factor in learning disabilities. Most important, it definitely exploits children and their parents. Finally, inappropriate screen time may provide an education to children about values, morals, and conduct which may be the opposite of what parents are trying to teach.

- Do not watch TV while “getting ready in the morning,” during meals, etc. This can interfere with the opportunity for parent-child communication and interaction.
- Try to watch TV **with** your child. This still allows you to “parent over” the negative content. It can also become an enjoyable opportunity for you and your children to have quiet time together discussing what you see.
- Choose children’s programming of high quality, specifically avoiding the following qualities:

5. CHANGING FROM CRIB TO BED

Changing from a crib to a bed can be a major emotional transition for many children. It should be undertaken slowly and thoughtfully to ensure the smoothest transition possible. There is only one absolute time to change from crib to bed—when your child begins to climb out of the crib. The bed must now be used because of the great danger of falling from the crib. Otherwise, the choice of when to make the change is up to the parents—generally after two years. This transition should be avoided if there is also a significant disruption of family routine such as vacation, new sibling arrival, holidays, etc.

Shopping for a new bed should be done with the child and be made an exciting time to encourage their desire to have a “big bed.” The new bed may be just a mattress, or a traditional bed with frame. The new bed should be set up and played on for several days to weeks before you encourage sleeping on it.

Try to begin with naps, and after the child appears comfortable with this, go to full nights. Transfer familiar objects from the crib into the new bed. Once your child is sleeping all night, leave the crib set up for a few weeks.

Many children don’t need such a gradual program. If you choose to move more quickly, watch for signs that they aren’t tolerating the move. These signs include a change in sleeping patterns and irritability. If these signs develop, you should go back to the crib and re-try this method several weeks later.

6. PRESCHOOLS

We generally don’t recommend preschools until two years or later. For those parents looking for play opportunities for their children, a play group co-op made up of your own friends’ children is the most ideal setting. A second alternative is a “mother’s day out” program.



The following suggestions should be made for a preschool setting.

- Good teacher-student ratio (less than 1:10)
- Relatively loose structure for play
- Scheduled opportunities for healthy snack and rest periods
- Rich play environment
- Strict sick-child policies
- Background screening of all employees

7. CAR SEATS

Your child may now safely face forward. We recommend the use of car booster seats for children **only after** they have **outgrown** the convertible car seat (usually at 40 or more pounds). Children should be placed in the back seat for optimal safety. In Colorado children must be 4 years old and 40 pounds to move to a booster seat.

DEVELOPMENT/STIMULATION:

From two to three years, children go from toddling around and exploring to becoming more purposeful in their play and interactions. They begin to play by themselves, enjoying creative but still imitative games. A large box is a very entertaining toy, which can be anything from a secret hide-away to a spaceship. Children explore gross spatial awareness, and by age three, are moving objects such as trucks, cars and dolls about the environment in imitative but creative recognition of good self-play activities. Digging in the sandbox, making the beginnings of cities, digging to China, etc., help expand spatial concepts.

Children are now enjoying fine motor activities, such as beginning to use crayons, finger painting, playdough, and clay.

Playing house becomes important not only for daily living activities of cooking, cleaning, etc., but also for dressing and routines of meals, cleanup, nap and bedtime. More complex but still relatively simple puzzles remain enjoyable

and challenging. Ride-on toys such as a kid-dee car can be manipulated about the room skillfully. Balls of different sizes are kicked and rolled about.

HOMEWORK ASSIGNMENTS:

1. If you have not already, please make sure your child has had their first dental visit.
2. Consider reading: *The Magic Years*, Selma H. Fraiberg; *Toddlers and Parents*, T. Barry Brazelton.
3. Influenza vaccination in Fall.

COMING NEXT:

1. The next check-up is at 2 1/2 years. All check-ups will be yearly thereafter.
2. At the 2 1/2 year check-up we'll include:
 - a. discussions of nightmares and naps
 - b. discussion of selection of a preschool
 - c. discussion of strangers/body safety
3. Check with our website/office about returning to get a flu shot in the fall.
4. Aside from the yearly flu vaccine, no other vaccines will be administered until age 4 years, unless vaccines aren't up to date.