

Partners in  
Pediatrics



Naturally Healthy Kids Since 1977

WELL-CHILD CARE

AGE: 3 YEARS

GROWTH:

Weight: lb. oz. ( %)

Height: inches ( %)

BMI = \_\_\_\_\_ %

Body Mass Index (goal is 10-85% for good health)

IMMUNIZATIONS:

DTap

Hemophilus B

Hepatitis A

Flu Vaccine

IPV (Injectable Polio)

Hepatitis B

\_\_\_\_\_

Hgb

Blood Pressure:

Vision Screen

Development:

Tetanus

VariVax

Measles, Mumps, Rubella

Pneumococcal

GENERAL PARENTING ISSUEZ:

1. NUTRITION

By this age, many children will have formed a preferential list of foods. Although preferred, a wide variety of foods is not vitally important to your child's good nutrition. 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 vitamin label for dosage. Unless we state otherwise, select a vitamin without iron.

If your child meets the following five criteria, you can be assured of an adequate nutritional intake:

- There has been no significant drop in your child's growth percentiles for height and weight over the past year.
- Your child is generally healthy.

- You supplement your child's diet with a daily multivitamin. (Note: if your child consumes a reasonably balanced diet there is no evidence to support the cost or need for vitamin supplements.)
- Your child eats one good meal per day, even if it means that you combine all the day's intake to make up one good meal.
- Your child's calcium intake is adequate, either through sufficient dairy intake, e.g., 10-12 ounces of milk plus one additional dairy serving, or three separate dairy product servings, adequate calcium supplementation, or other calcium rich foods.

2. SLEEP

Children in this age group require between 10 and 14 hours of sleep total for 24 hours. This usually includes a 10- to 12-hour night's sleep and one nap per day. A small number of children may have given up their daily naps. We still strongly advise a daily "quiet time" of 30-60 minutes.

## A. Nightmares

Children have such vivid imaginations that nightmares may now be a problem. If your child has **nightmares**, you may try the following measures:

- Sharply decrease or eliminate screen viewing or intense video games.
- Avoid “bluelight” screentime in evenings.
- Eliminate stimulants in the diet, specifically sugar, chocolate, or caffeinated drinks, after 4 p.m.
- After-dinner play should be quieting and not wild and physical.

When your child has a nightmare, you should comfort and reassure them back to at least a quiet state. Limit your contact to the minimum required for comfort, so as not to promote a habit.

## B. Naps

Most children begin to give up their naps between the ages of three and six years. This can be a very trying time for parents because of the resulting confusion in schedules, poor rest, and decrease in free time for the parent.

Most children give up napping gradually. This may occur either by taking shorter naps or by taking fewer naps in the week. The transition period may take anywhere from weeks to months.

Some children give up napping abruptly. This is acceptable as long as you are certain that the child is ready to make this change. If you feel that your child is not ready for such a change, you should insist on long, daily rest periods until napping is re-established.

It is difficult to predict exactly when a child is ready to give up napping. The guidelines listed below may give you some idea as to when your child may be ready:

1. Most children require at least 10-14 hours of sleep in a 24-hour period. If your child does not get this much sleep during the night, it is unlikely he is ready to give up napping.
2. If your child has always required more sleep than the average, he will probably be late in giving up naps.
3. Younger siblings are likely to give up naps at an earlier age than their older siblings.



4. Many children begin to give up their naps during the summer months.

If you are unsure as to whether or not your child is ready to give up napping, it is best to err on the side of not allowing them to give up their naps. Napping is one of the most important assets in nurturing a healthy child and should be encouraged as long as possible. Even a “quiet time” is of great value if the child does not fall asleep to nap.

During the transition of giving up naps, a child will naturally be more tired, which may enhance obstinance, moodiness, increased sensitivity, etc. This is best dealt with by having your child adjust to an earlier bedtime and having a quiet rest period

during the day. This can be a trying time for child and parent alike, and great patience may be required.

### 3. SELECTION OF A PRESCHOOL

For those parents looking for play opportunities for their children, a play group co-op made up of your own friends' children is a nice option. A second alternative is a "parent's day out" (PDO) program, or for others a more frequent preschool experience.

The following suggestions should be sought for a preschool setting:

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

### 4. STRANGERS AND BODY SAFETY

At three years and older children will start to interact with others under many different circumstances, in and out of your presence. This is the time to approach your child regarding strangers, body safety, and what is inappropriate contact by others. By this age, a child is old enough to start to understand the concepts involved and learn the steps to let you know when and if something ever happens to them.

The first step is to define for your child what a "stranger" is. You should explain that a stranger is "a person that you don't know". You should further explain that most strangers are very nice people, but that it is difficult to tell which strangers are nice and which ones aren't. Therefore, unless a parent or other trusted caregiver is present; your child must not speak or interact with strangers. You should review the definition with your child frequently and practice it in real life situations (e.g., a visit to the doctor, people in the grocery store, etc.). This will eventually lead to their understanding of your concern in a very tangible way without causing them to be unduly anxious around strangers.

A second step is to read about such scenarios in any of the wonderful books available. This will help to increase their understanding as well as give them the beginnings of a visual imagery, which is essential for success in actual encounters. If a child can actually see themselves saying "NO", calling for help, or running away from an uncomfortable situation, they are less likely to "freeze" in a real-life encounter. It also teaches them whom to approach if you are not available, and, most importantly, builds trust in sharing these encounters with you.

The third major step is to actually practice with your child what to do when confronted by a stranger or an uncomfortable situation. You should role play a number of scenarios, especially during an appropriate teachable moment (i.e. at the zoo, grocery store, baseball game). This allows them to fully develop the imagery required to succeed in an actual encounter or event.

Equally important is teaching your child the concept of "body safety", that is, that they are "the boss of their body." Children who have been taught body safety skills and the anatomically correct names for their genitalia, are LESS likely to be targeted by an abuser and are better able to reject unwanted touch and uncomfortable situations.

There are several good books and community programs available to teach parents how to empower their children and help prevent such child sexual abuse ([www.parentingsafechildren.com](http://www.parentingsafechildren.com) is a great resource).

Finally, the most important thing to teach your child is that they can always, and must, TELL YOU whenever anyone, stranger or known to the family, has done ANYTHING to them. Reassure your child that, no matter what, no one will EVER hurt them if they tell. There are no "secrets" that should ever be kept from you. Let them know that if anyone ever threatens them that it will be taken care of by the appropriate people (like the police).

If you ever suspect your child has been involved in any of the above scenarios, you should contact us so that we may help you decide what the next course of action should be.

## 5. CAR SEATS

Always be sure your child is appropriately strapped into an approved car seat (up to 40 pounds) or booster seat (40-60 pounds). The premature use of the adult lap or shoulder belts results in hundreds of injuries each year.

Children under 12 years of age should not be seated in front with or without an air bag device, even if it is deactivated by weight.

## 6. MEDIA

Your child is probably fascinated by technology and the media. As a parent, you will want to stay ahead of the game by directing safe, appropriate use, play and viewing. You will want to start now with family rules and time limits so that you can direct what influences your child. A marvelous resource for you to use now is the Harvard/Boston Children's Digital Wellness Lab ([digitalwellnesslab.org](http://digitalwellnesslab.org)). Check this site out today!

### DEVELOPMENT/STIMULATION:

Now, a real social being emerges. Puzzles become a challenge. Other fine motor activities such as coloring (do not worry about staying in the lines) are important as fine motor muscles struggle for perfection. Large movement activities encourage the use of gross motor muscles: rolling play dough with a rolling pin; coloring their body which has been traced on paper; or using different colored chalk on the sidewalk for large drawings.

Tricycle riding emerges. Large blocks to build "playhouses" and large boxes are educational. Attempting to develop eye-hand coordination in activities such as ball or beanbag throwing is helpful.

Children are now beginning to play with each other so some interactive games such as "house" are appropriate. Three-year-olds are great household helpers—helping to cook, clean and put away at home. Their own broom, dustpan, rake or snow shovel, etc., will be appreciated.

Running begins to improve. Time outside at the park on the playground equipment, in addition to your own backyard, is wonderful. Rolling up and down hills, doing somersaults, and roughhousing are good stimulation. At this age, pushing too much perfection in fine motor activities can be frustrating. However, do encourage the exposure along with gross motor exposure.

### HOMEWORK ASSIGNMENTS:

1. If you have not already started regular dental care, please arrange for this now. We would be happy to make specific recommendations.
2. Consider reading: *The Magic Years*, Selma H. Fraiberg.

### COMING NEXT:

1. The next appointment is at 4 years. Immunizations will be recommended: DPT, MMR, polio and chickenpox boosters.
2. Discussion of self-care techniques.
3. Influenza vaccine in Fall.

### YOUR NOTES:

# Partners In Pediatrics