

Well Child Care at 12 Months

Nutrition

Now that your child is 1 year old, start using whole milk instead of formula or breast milk. Some children do well with going cold-turkey; some require phasing out the formula. Toddlers need whole milk (instead of low-fat or skim) until they are 2 years old. Some children have harder bowel movements at first with whole milk.

Table foods are best now. Baby food is usually not needed anymore. Most babies have 1 to 2 snacks each day. Cheese, fruit, and vegetables are all good snacks. Serve milk at all meals. Toddlers need less than 16 ounces of milk a day.

Weaning

Weaning is the replacement of bottle or breast-feedings with drinking from a cup and eating solid foods. Weaning occurs easily and smoothly unless the breast or bottle has become overly important to the child.

Preventing Problems

Children normally show less interest in breast and bottle feedings between 6 and 12 months of age if they are also taking cup and spoon feedings. Many children start weaning themselves by 12 months. After the age of 12 to 18 months, the parent often has to start the weaning, but the child will be receptive. After 18 months of age, the child usually resists weaning because she has become overly attached to the breast or bottle.

The following steps encourage early natural weaning:

1. Keep bottle feedings to 4 times a day or less

2. Give older infants their daytime feedings at mealtime with solids.

Once your child is having just 4 formula or breast-feedings a day, be sure 3 of them are given at mealtime with solids rather than as part of the ritual before naps. Your child can have the fourth feeding before he goes to bed at night.

3. Hold your child for discomfort or stress instead of nursing her.

You can comfort your child and foster a strong sense of security and trust without nursing every time she is upset. If you always nurse your child in such situations, your child may learn to eat whenever she is upset. She may also be unable to separate being held from nursing, and you may become an “indispensable mother.”

4. Don't let the bottle or breast substitute for a pacifier.

Learn to recognize when your baby just needs to suck. At these times, instead of offering your child food or drink, encourage him to suck on a pacifier or thumb. Feeding your baby every time he needs to suck can lead to obesity.

5. Don't let the bottle or breast become a security object at bedtime.

Your child should be able to go to sleep at night without having a breast or bottle in her mouth. She needs to learn how to put herself to sleep. If she doesn't, she will develop sleep problems that require the parents' presence during the night.

6. Don't let a bottle become a daytime toy.

Don't let your child carry a bottle around as a companion during the day. This habit may keep him from engaging in more stimulating activities.

7. Don't let your child hold the bottle or take it to bed.

Your child should think of the bottle as something that belongs to you; hence, she won't protest giving it up because it never belonged to her in the first place.

How to Wean Completely

1. Offer formula in a cup before each feeding.

If your child refuses milk in a cup, offer expressed breast milk in a cup. If that fails, add some flavoring he likes to the milk. Some infants won't accept a cup until after they have nursed for several minutes.

2. Gradually eliminate feedings.

First, eliminate the feeding that is least important to your child (usually the midday one). Replace it with a cup feeding. About once a week drop out one more feeding. The bedtime feeding is usually the last to be given up. There's no reason why you can't continue bedtime nursing for months if that's what you and your child want, but bedtime bottles should be eliminated.

Some mothers prefer to wean by decreasing the length of feedings. Shorten all feedings by 2 minutes each week until they are 5 minutes long. Then eliminate them one at a time.

3. Relieve breast engorgement.

Because the breast operates on the principle of supply and demand, the reduced amount of sucking time eventually reduces the amount of milk your breasts produce. In the meantime, express just enough milk to relieve breast pain resulting from engorgement. (This is better than putting your baby to the breast for a minute, because she probably won't want to stop nursing.) Remember that complete emptying of the breast increases milk production.

An acetaminophen product also may help relieve discomfort.

4. If your child asks to nurse or for a bottle after you have finished weaning, respond by holding her instead.

Explain to your child that the milk is all gone from your breasts, or you can explain that bottles are for little babies. You may even want to have your child help you carry the bottles to a neighbor's house. If your child has a strong need to suck, offer a pacifier.

If your baby is taking up to 16 oz. of milk by cup, in addition to 3 meals of solid food, he can be considered successfully weaned.

What if I have problems with weaning?

Setbacks in weaning can be caused by many things, including stress, major changes in meal or bed times, or illness. If such setbacks occur, wait until the situation improves or the illness is over, and then continue the weaning process. Call your baby's doctor if you have any questions or concerns.

Call Your Child's Doctor During Office Hours If:

- Your child has tooth decay.
- You think your child has anemia.
- This approach to weaning has not been successful after you have tried it for 1 month.
- You have other questions or concerns.

Appetite Slump in Toddlers

Between 1 and 5 years of age, it may seem to you that your child doesn't eat enough, is never hungry, or won't eat unless you spoon-feed her yourself. However, your child's energy level remains normal, and your child is growing normally. These are the characteristics of a child with a normal decline in appetite

Cause

Between 1 and 5 years of age many children normally gain only 4 or 5 pounds each year even though they probably gained 15 pounds during their first year. Children in this age range can normally go 3 or 4 months without any weight gain. Because they are not growing as fast, they need fewer calories and they seem to have a poorer appetite (this is called physiological anorexia). How much a child chooses to eat is governed by the appetite center in her brain. Kids eat as much as they need for growth and energy.

Many parents try to force their child to eat more than she needs because they fear that her poor appetite might cause poor health or a nutritional deficiency. This is not true, however, and forced feedings actually decrease a child's appetite.

Expected Course

Once you allow your child to be in charge of how much she eats, the unpleasantness at mealtime and your concerns about her health should disappear in a matter of 2 to 4 weeks. Your child's appetite will improve when she becomes older and needs to eat more.

Helping a Poor Eater Rediscover Her Appetite

1. Put your child in charge of how much she eats at mealtime.

Trust your child's appetite center. All children eat as much as they need. Your child's brain will make sure she eats enough calories for normal energy and growth. Your only job is to serve well-balanced meals. If your child is hungry, she will eat. If she's not, she will be by the next meal. Even reminding her to eat or to eat more will work against you.

- 2. Allow one small snack between meals.**

The most common reason for some children never appearing hungry is that they have so many snacks that they never become truly hungry. Be sure your child arrives at mealtime with an empty stomach. Offer your child no more than two small snacks of nutritious food each day, and provide them only if your child requests them between meals. Keep the size of the snack to 1/3 of what you would expect him to eat at mealtime. If your child is thirsty between meals, offer water to quench her thirst. Limit the amount of juice your child drinks to less than 6 ounces each day. Let your child miss snacks if she chooses and then watch her appetite return. Even skipping an occasional meal is harmless.
- 3. Never feed your child if she is capable of feeding herself.**

Parents of a child with a poor appetite will tend to pick up her spoon, fill it with food, smile, and try to trick the child into taking it. Once your child is old enough to use a spoon by herself (usually 12 to 15 months), never again pick it up for her. If your child is hungry, she will feed herself. Forced feeding is the main cause of eating power struggles.
- 4. Limit milk to less than 16 ounces each day.**

Milk contains as many calories as most solid foods. Drinking too much milk can fill kids up and dull their appetites. Excessive milk or juice is a common cause of a poor appetite for solid food.
- 5. Serve small portions of food--less than you think your child will eat.**

A child's appetite is decreased if she is served more food than she could possibly eat. If you serve your child a small amount on a large plate, she is more likely to finish it and gain a sense of accomplishment. If your child seems to want more, wait for her to ask for it. Avoid serving your child any foods that she strongly dislikes (such as some vegetables). If you offer them don't expect them to be eaten.
- 6. Consider giving your child daily vitamins.**

Although vitamins are probably unnecessary, they are not harmful in normal dosages and may help you relax about your child's eating patterns.
- 7. Make mealtimes pleasant.**

Draw your children into mealtime conversation. Avoid making mealtimes a time for criticism or struggle over control.
- 8. Avoid conversation about eating.**

Don't discuss how little your child eats in her presence. Trust your child's appetite center to look after her food needs. Also, don't praise your child for eating a lot. Children should eat to please themselves.
- 9. Don't extend mealtime.**

Don't make your child sit at the dinner table after the rest of the family is through eating. This will only cause your child to develop unpleasant feelings about mealtime.

Common mistakes

Parents who are worried that their child isn't eating enough may start some irrational patterns of feeding. Some awaken the child at night to feed her. Some offer the child snacks at 15- to 20-minute intervals throughout the day. Others permit snacks that are larger than a regular meal. Some try to make the child feel guilty by talking about other children in the world who are starving. Others threaten, "If you don't eat what I cook, it means you don't love me." Some parents force their child to sit in the high chair for long periods of time after the meal has ended. The most common mistake is picking up a child's spoon or fork and trying various ways to get food into her mouth.

Call Us During Office Hours If:

- Your child is losing weight.
- Your child has not gained any weight in 6 months.
- Your child also has symptoms of illness (for example, diarrhea or fever).
- Your child gags on or vomits some foods.
- Someone is punishing your child for not eating.
- Following these guidelines has not improved mealtimes in your house within 1 month.
- You have other questions or concerns.

Safety Tips

Did you know that injuries are the leading cause of death of children younger than 4 years in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. At this age your child is starting to walk and explore everything. Because of all the new things he or she can do, this stage is a very dangerous time in your child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. Handguns are especially dangerous. If you choose to keep a gun, keep it unloaded and in a locked place separate from the ammunition. Ask if the homes where your child visits or is cared for have guns and how they are stored.

Poisonings

Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child will start to open doors and drawers, take things apart, and open bottles now, so you must use safety caps on all medicines and toxic household products. Keep the safety caps on at all times or find nontoxic substitutes to use. Contact your Poison Center for more information.

Your child is now able to get into and on top of everything. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your home. Keep all products in their original containers.

If your child does put something poisonous into his or her mouth, call your Poison Center or doctor immediately. Attach your Poison Center number to your phone. The local poison control number is 1-800-222-1222.

Falls

To prevent serious falls, lock the doors to any dangerous area. Use gates on stairways and install operable window guards above the first floor. Remove sharp-edged furniture from the room your child plays and sleeps in. At this age your child will start to climb. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places. Remember that your child does not understand what is dangerous.

Make sure windows are closed or have screens that cannot be pushed out.

If your child has a serious fall or does not act normally after a fall, call your doctor.

Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child will cause serious burns. A safe place for your child while you are cooking, eating, or unable to give him your full attention is the playpen, high chair, or crib. It's best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab anything to steady themselves, including hot oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched or put a barrier around them. Keep hot appliances and cords out of reach.

Your child will reach for your hot food or cup of coffee, so don't leave them within your child's reach. NEVER carry your child and hot liquids at the same time. You can't handle both.

If your child does get burned, immediately put cold water on the burned area. Then cover the burn loosely with a bandage or clean cloth. To protect your child from hot tap water scalds, reduce the maximum temperature of your hot water heater to 120°F.

Test the batteries on your smoke alarm every month to be sure that they work. Change the batteries every year on a date you'll remember, such as daylight savings time. Practice a fire escape plan.

Put plastic covers in unused electrical outlets and keep all electrical appliances out of the bathroom.

Seek medical help for any burn that seems significant to you.

Drowning

At this age your child loves to play in water. NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment. Empty all buckets after each use. Keep the bathroom doors closed. Your child can drown in less than 2 inches of water.

If you have a swimming pool, fence it on all 4 sides with a fence at least 4 feet high, and be sure the gates are self-latching. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. You cannot watch your child every minute while he or she is in the house. It only takes a moment for your child to get out of your house and fall into your pool.

Car Safety

Car crashes are a great danger to your child's life and health. The crushing forces to your child's brain and body in an accident or sudden stop, even at low speeds, can cause severe injuries or death. To prevent these injuries USE a car safety seat EVERY TIME your child rides in the car. Be sure that the safety seat is installed correctly and that your car seat is the right kind for your child's age and weight. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owners' manual of your car. The safest place for all infants and children to ride is in the back seat.

Do not leave your child alone in the car. Keep vehicles and their trunks locked. There are dangers involved with leaving children in a car; death from excess heat may occur very quickly in warm weather in a closed car.

Always walk behind your car to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rear view mirror.

Avoid Choking and Suffocation

Avoid foods on which a child might choke easily (candy, hot dogs, popcorn, peanuts). Cut food into small pieces, about half the width of a pencil. Store toys in a chest without a dropping lid.

Development

All children are different. Some have learned to walk before their first birthday. Most 1-year-olds use and know the meaning of words like "mama" and "dada." Pointing to things and saying the word helps them learn more words. Allow your child to touch things while you name them. Be sure to smile and praise your child when he learns new things. Children enjoy knowing that you are pleased that they are learning.

Daily Activities

- Usually follows a definite daily pattern.
- Opens cabinets, pulls tablecloths.
- Usually examines an object before putting into mouth.
- Likes to feed self.

Language Development

- Expresses complete thought with single syllable (“da” may mean “I want that”).
- Shows definite understanding of a few simple words.
- Utters a few words (“mama”, “dada”, “ball”, “dog”).
- Loves rhythms and rhymes.

Emotional and Behavioral Development

- Shows more negativism (may resist naps, refuse certain foods, throw occasional tantrums).
- Continues to prefer people to toys.
- Has developed a deep attachment to a few familiar people.
- Loves to make parents laugh.
- Shows somewhat less stranger anxiety.
- May give up something on request.
- Displays a sense of humor.

Motor Skills

- Usually walks with assistance; may walk without assistance.
- Crawls rapidly.
- Stands alone.
- Seats self on floor.

Each child is unique. It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend. Keep this in mind as you review these milestones.

If you have any concerns related to your child's own pattern of development, check with your pediatrician or family physician.

Helping Your Child Learn to Read

Reading tips

The following are a few tips to keep in mind as you read to your child:

- Set aside time every day to read together. Many children like to have stories read to them at bedtime. This is a great way to wind down after a busy day and get ready for sleep.
- Leave books in your child's room for her to enjoy on her own. Make sure her room is reading-friendly with a comfortable bed or chair, bookshelf, and reading lamp.
- Read books that your child enjoys. After a while, your child may learn the words to her favorite book. When this happens, let your child complete the sentences or take turns reciting the words.
- Do not drill your child on letters, numbers, colors, shapes, or words. Instead, make a game out of it and find ways to encourage your child's curiosity and interests.
- Chose books with interesting pictures and sounds to keep your child's attention.

Start the process early

A child as young as 6 months of age can begin to enjoy books. The following are some activities to help your young child learn language and begin to make the connection between words and meaning:

- Read to your child every day. Allow your child to pick which books he wants, even if he picks the same one time and time again.
- Let your child “read” to you by naming objects in the book.
- Make regular trips to the library with your child.
- Continue to talk, sing, recite rhymes, and play with your child.

Reading aloud with your child

Reading books aloud is one of the best ways you can help your child learn to read. This can be fun for you, too. The more excitement you show when you read a book, the more your child will enjoy it. The most important thing to remember is to let your child set her own pace and have fun at whatever she is doing. Do the following when reading to your child:

- Run your finger under the words as you read to show your child that the print carries the story.
- Use funny voices and animal noises. Do not be afraid to ham it up. This will help your child get excited about the story.
- Stop to look at the pictures; ask your child to name things she sees in the pictures. Talk about how the pictures relate to the story.
- Invite your child to join in whenever there is a repeated phrase in the text.
- Show your child how events in the book are similar to events in your child's life.
- If your child asks a question, stop and answer it. The book may help your child express her thoughts and solve her own problems.

Independent Play Skills

Independent play is a normal developmental challenge for toddlers. With time and practice, your toddler will learn how to entertain himself without help from you. The more toddlers play alone, the more they can accomplish on their own and the greater sense of satisfaction they have in their play activities.

To encourage a toddler to play by himself:

1. Pick an isolated activity that you think your toddler will enjoy. An isolated play activity is an activity that is best performed by one person. For example, playing with blocks is something that children do well alone. Play with your child the whole time the first couple of times.
2. Provide many “love pats” during the play activity. Keep your talking to a minimum.
3. Begin to excuse yourself from the activity at times when your child is actively engaged. Leave the activity for a very brief period of time, perhaps only 5 seconds. For example, you might walk over to the kitchen counter and then go right back to the activity. After about 2 days of excusing yourself for only 5 seconds, plan to be gone 7 or 8 seconds. In this fashion gradually increase how long you are gone, based on your child continuing with his play while you are gone. What you are aiming for is to be able to leave the activity without interrupting what your toddler is doing.

4. Over time, perhaps 2 or 3 months, gradually stay away from your toddler for longer and longer periods of time, until you notice that you can be gone for a long time. As you are able to excuse yourself for increasingly longer periods of time, don't forget to give your toddler periodic, brief, nonverbal, physical contact. In this way your toddler will have the enjoyment of playing alone and affection from you during the activity.
5. If your child is enjoying these quiet types of activities at any other time during the day, be sure to give her lots of physical contact during such times.
6. If your child has tantrums before or during the time you are working on this behavior, place him in time-out. After the time-out is over, tell your child again to engage in the activity. Praise getting started and trying. Make this as pleasant as possible but do not give in to a tantrum by allowing your child to get out of working for the specified time.
7. Equally important is modeling the kind of behavior you expect your child to have. For example, if you would like your child to read more, it's very important that she see you enjoying reading. Don't make the mistake of "waiting till the kids are in bed" to do your reading.
8. Plan to provide praise and recognition for your child's appropriate behavior as long as your child lives at home.

Prevention of Spoiled Children

Spoiling our children is one of the biggest fears parents have. Without changes in child-rearing, spoiled children run into trouble by the time they reach school age. Other children do not like them because they are too bossy and selfish. Adults do not like them because they are rude and make excessive demands. Eventually spoiled children become hard for even their parents to love because of their behavior. Because they don't get along well with other children and adults, spoiled children eventually become unhappy. They may show decreased motivation and perseverance in their schoolwork. There is also an association with increased risk-taking behaviors during adolescence, such as drug abuse. Overall, spoiling a child prepares a child poorly for life in the real world.

Description

A spoiled child is undisciplined, manipulative, and unpleasant to be with much of the time. He behaves in many of the following ways by the time he is 2 or 3 years old:

- Doesn't follow rules or cooperate with suggestions.
- Doesn't respond to "no," "stop," or other commands.
- Protests everything.
- Doesn't know the difference between his needs and his wishes.
- Insists on having his own way.
- Makes unfair or excessive demands on others.
- Doesn't respect other people's rights.
- Tries to control people.
- Has a low tolerance for frustration.
- Frequently whines or throws tantrums.
- Constantly complains about being bored.

Cause

The main cause of spoiled children is lenient, permissive parenting. Permissive parents don't set limits and they give in to tantrums and whining. If parents give a child too much power, the child will become more self-centered. Such parents also rescue the child from normal frustrations. Sometimes a child is cared for by a nanny or baby sitter who spoils the child by providing constant entertainment and by giving in to unrealistic demands.

The reason some parents are too lenient is that they confuse the child's needs (for example, for feeding) with his wishes (for example, for play). They don't want to hurt their child's feelings or hear him cry. They may choose the short-term solution of doing whatever prevents crying which, in the long run, causes more crying.

A child's ability to cry and fuss deliberately to get his way usually begins at about 5 or 6 months of age. There may be a small epidemic of spoiling in our country because some working parents feel guilty about not having enough time for their children. To make up for this, they spend their free time together trying to avoid the friction that setting limits might cause.

The difference between giving children the attention they need and spoiling them can be unclear. In general, attention is good for children. However, it can become harmful if it is excessive, given at the wrong time, or always given immediately. Attention from a parent is excessive if it interferes with a child's learning to do things for himself and deal with life's frustrations. Giving attention when you are busy because your child demands it is an example of giving attention at the wrong time. Another example is when a child is throwing a tantrum and needs to be ignored. If attention is always given immediately, your child won't learn to wait.

Holding and cuddling are a form of attention that some parents worry about unnecessarily. Holding babies is equivalent to loving them. In many cultures, parents hold their babies much more than we do in this country. Lots of holding does not spoil a child.

How to Prevent a Child from Becoming Spoiled

1. Provide age-appropriate limits and rules for your child.

Parents have the right and the responsibility to take charge and make rules. Adults must keep their child's environment safe. Age-appropriate discipline must begin by the age of crawling. Hearing "no" occasionally is good for children. Children need external controls until they develop self-control and self-discipline. Your child will still love you if you say "no" to him. If your kids like you all the time, you're not being a good parent.

2. Require cooperation with important rules.

Your child must respond properly to your directions long before he starts school. Important rules include staying in the car seat, not hitting other children, being ready to leave on time in the morning, going to bed on time, and so forth. These adult decisions are not open to negotiation. Do not give your child a choice when there is none.

Give your child a chance to decide about such things as which cereal to eat, which book to read, which toys to take into the tub, and which clothes to wear. Make sure your child understands the difference between areas in which he has choices and areas in which he does not. Try to limit your important rules to no more than 10 or 12, and be willing to take a firm stand about these rules. Also, be sure all of your child's adult caretakers enforce your rules consistently.

3. Expect your child to cry.

Distinguish between your child's needs and wishes. Needs include relief from pain, hunger, and fear. In these cases, respond to crying immediately. Other crying is harmless and usually relates to your child's wishes. Crying is a normal response to change or frustration. When crying is part of a tantrum, ignore it. Don't punish your child for crying, call him a crybaby, or tell him he shouldn't cry. Avoid denying him his feelings, but don't be moved by his crying. There are times when you will have to withhold attention and comforting temporarily to help your child learn something that is important (for example, that he can't pull on your hair or earrings).

Respond to the extra crying your child does when you are tightening up on the rules by providing extra cuddling and enjoyable activities when he is not crying or having a tantrum.

4. Do not allow tantrums to work.

Children throw temper tantrums to get your attention, to wear you down, to get you to change your mind, and to get their own way. Crying is used to change your "no" to a "yes." Tantrums may include whining, complaining, crying, breath holding, pounding the floor, shouting, or slamming a door. As long as your child stays in one place and is not too disruptive or in a position to harm himself, you can safely ignore him during a tantrum. By all means, don't give in to tantrums.

5. Don't overlook discipline during quality time.

If you are a working parent, you will want to spend part of your free time each day with your child. This time needs to be enjoyable, but also reality-based. Don't ease up on the rules. If your child misbehaves, remind him of the limits. Even during fun activities, you need to enforce the rules.

6. Teach your child to cope with boredom.

Your job is to provide toys, books, and art supplies. Your child's job is to use them. Assuming you talk and play with your child several hours a day, you do not need to be his constant playmate. Nor do you need to always provide him with an outside friend.

When you're busy, expect your child to amuse himself. Even 1-year-olds can keep themselves occupied for 15 minutes at a time. By age 3, most children can entertain themselves about half of the time. Sending your child off to "find something to do" is doing him a favor. Much good creative play, thinking, and daydreaming come from coping with boredom. If you can't seem to resign as social director, consider enrolling your child in a play group or preschool.

7. Teach your child to wait.

Waiting helps children learn to deal with frustration. All adult work carries some degree of frustration. Delaying immediate gratification is something your child must learn gradually, and it takes practice. Don't feel guilty *if* you have to make your child wait a few minutes now and then (for example, when you are talking with others in person or on the telephone). Waiting doesn't hurt a child as long as it isn't excessive. His perseverance and emotional fitness will be improved.

8. Don't protect your child from normal life challenges.

Changes such as moving and starting school are normal life stressors. These are opportunities for learning and problem solving. Always be available and supportive, but don't help your child with situations he can handle by himself. Overall, make your child's life as realistic as he can tolerate for his age, rather than going out of your way to make it as pleasant as possible. His coping skills and self-confidence will benefit.

9. Don't over praise your child.

Children need praise, but it can be overdone. Praise your child for good behavior and following the rules. Encourage him to try new things and work on difficult tasks, but teach him to do things for his own reasons too. Self-confidence and a sense of accomplishment come from doing and completing things that he is proud of. Praising your child while he is in the process of doing something may cause him to stop at each step, expecting more praise. Giving your child constant attention can make him praise-dependent and demanding. Avoid the tendency (especially common with the first-born) to over praise your child's normal development.

10. Teach your child to respect the rights of adults.

A child's needs for love, food, clothing, safety, and security obviously come first. However, your needs are important too. Your child's wishes (for example, for play or an extra bedtime story) should come after your needs are met and as time allows. This is especially important for working parents where family time is limited.

Both the quality and quantity of time you spend with your child are important. Quality time is time that is enjoyable, interactive, and focused on your child. Children need some quality time with their parents every day. But spending every free moment of your evenings and weekends with your child is not good for your child or for you. You need a balance to preserve your mental health. Scheduled nights out with your spouse or friends will not only nurture your adult relationships, but also help you to return to parenting with more to give. Your child needs to learn to accept separations from his parents. If he isn't taught to respect your rights, he may not learn to respect the rights of other adults.

Lead Poisoning: Prevention and Screening

Of all the health problems caused by the environment, lead poisoning is the most preventable. Despite this, almost 1 million children in the United States have elevated levels of lead in their blood. Any child can be at risk for lead poisoning.

Lead poisoning is the presence of an elevated level of lead in the blood. It is estimated that about 2% of children younger than 6 years in the United States have elevated blood lead levels.

How can lead hurt my child?

You may have heard that children can be harmed by the lead in pencils. This is not true. There is no actual lead in pencils and there is no lead in the paint on the outside of pencils.

Children *can* be harmed by lead by:

- Getting lead dust from old paint on their hands or toys and then putting their hands in their mouths
- Breathing in lead dust from old paint
- Eating chips of old paint or dirt that contain lead
- Drinking water from pipes lined or soldered with lead

Once lead enters the body, it travels through the bloodstream and is stored mainly in the bones where it can remain for a lifetime. Lead can have damaging effects on any organ in the body, but it is particularly damaging to the central nervous system (the brain and spinal cord) and red blood cells (cells that carry oxygen in the blood). Lead is toxic to both adults and children. It is particularly dangerous for children younger than 6 years because they are still growing and their nervous system is still developing. Even a slightly increased blood lead level may have toxic effects. Very high levels of lead in the body may cause many long-term problems, including:

- Kidney problems
- Anemia
- Hearing loss
- Developmental delays
- Growth problems
- Seizures and coma

Most children with high lead levels in their blood show no obvious symptoms until they reach school age. At that point, some may show learning and behavioral problems.

Lead screening

A level of lead circulating in the blood that is equal to or higher than a measurement of 10 micrograms is considered elevated. The only way to tell if your child's lead level is too high is by having his blood tested. In the early stages of lead poisoning, most young children do not have any symptoms. Once in the body, though, lead begins to replace calcium in the bones, interfere with the manufacture of red blood cells, and attack parts of the nervous system and brain. Lead screening tests use a small sample of blood from a vein in the arm. These tests measure the amount of lead in the blood.

Should my child be screened for lead?

If you can answer "yes" to any of the following questions, especially numbers 1, 2, and 3, your child may need to be screened for lead.

1. Does your child live in or regularly visit a house that was built before 1950? This includes a home child care center or the home of a relative.
2. Does your child live in or regularly visit a house built before 1978 that has been remodeled in the last 6 months? Are there any plans to remodel?
3. Does your child have a brother, sister, housemate, or playmate who is being treated for lead poisoning?
4. Have you ever been told that your child has high levels of lead in his or her blood or lead poisoning?
5. Does your child live with an adult whose job or hobby involves exposure to lead?
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead into the environment?
7. Does your child live within one block of a major highway or busy street?
8. Do you use hot tap water for cooking or drinking?
9. Has your child ever been given home remedies (azarcon, greta, pay looah)?

10. Has your child ever lived outside the United States?
11. Does your family use pottery or ceramics for cooking, eating, or drinking?
12. Have you seen your child eat paint chips?
13. Have you seen your child eat soil or dirt?
14. Have you been told your child has low iron?

Does your home have lead?

If your home was built before 1950, it is very likely that it has lead paint. In 1978, lead was removed from paint sold for use in homes. Homes built between 1950 and 1978 were sometimes contaminated by the use of older, lead-based paints. And, homes built before the 1920s may still have lead water pipes.

Where can lead be found?

Lead is most often found in the following places:

- Paint dust and paint chips from lead-based paint (used most commonly in houses built before 1978)
- Homes built before 1950, particularly those that are in need of repair or are in deteriorating condition
- Soil that has lead in it
- Hobby materials such as stained glass, paints, solders, fishing weights, and buckshot
- Folk remedies
- Workplace dust brought home on the clothing of people who have jobs that use lead, such as battery manufacturers or smelting companies
- Food stored in some ceramic dishes (lead-glazed earthenware) especially if made in another country
- Older painted toys and antique furniture such as cribs
- Tap water in homes that have lead pipes
- Mini-blinds manufactured outside the United States before July 1996

Symptoms

- Fatigue
- Changes in personality or worsening of school performance
- Stomach pains
- Headaches
- Pain in hands, feet, muscles, or joints
- In many cases, there are no symptoms.

Treatment

For children with lead poisoning but relatively *low* levels of lead in their blood, identify and eliminate the sources of lead to avoid future health problems. Children with relatively *high* levels of lead in their blood usually need to take a drug that binds the lead in the blood and helps the body get rid of it. This treatment is often done in the hospital and usually is given as a series of shots. Some children with lead poisoning need more than one type of treatment and several months of close follow-up. If the damage is severe, the child may need special schooling and therapy.

Preventing lead poisoning

Until the 1970s, lead was commonly used in paint, water pipes, gasoline, and pottery. Although not used as much today, lead does not decompose. That means it must be removed or covered to render it harmless. Lead paint that is in good condition (not flaking or peeling) is not an immediate problem, but it may be a hazard if it begins to peel.

Less common sources of lead are imported foods, toys made outside the United States, and some jewelry. People who work with lead or have hobbies that involve the use of lead (such as making stained glass) may bring the substance home on their clothing.

What you can do

- If your home was built before 1950, we need to test your child for lead.
- Do not do remodeling work on your home while children and pregnant mothers are there. Remodeling older homes can cause lead paint to contaminate your home. Sanding woodwork, sandblasting, and torching paint can cause high amounts of lead in your home. Contact your local Health Department for advice on the safest way to remove lead paint,
- Clean and cover any chalking, flaking, or chipping paint with a new coat of paint, duct tape, or contact paper. It is important to check for paint dust or flaking paint at window areas where children often play.
- Repair areas where paint is dusting, chipping, or peeling before placing cribs, playpens, beds, or highchairs next to them.
- Minimize the amount of lead dust in your home by using a wet mop and by wet dusting all your furniture, windows, and floors at least once a week. You can use cleaners with phosphates such as automatic dishwasher detergent (Cascade, Electrasol, etc.). Carpets can be vacuumed with a HHEPA (high efficiency particulate air) vacuum; these vacuums are designed to pick up fine particles.
- Wash your child's hands and face often with soap and water, especially before eating.
- Check your home or apartment for possible lead contamination before moving in. Keep in mind that landlords are legally responsible for removing any lead found on their property.
- If you work around lead or have hobbies that involve lead, change clothes and shoes before entering your home. Keep clothes at work or wash work clothes as soon as possible.
- If you have lead pipes, run the first morning tap water for 2 minutes before using it for drinking or cooking. Do not use hot tap water for mixing formula, drinking, or cooking.
- Do not allow your child to play in the soil. Soil closest to your home can contain lead paint chips and dust if the outside of your home has lead paint.
- If your home is near a highway, the soil may have lead from car exhaust from the days when gasoline contained lead. Provide a sandbox outside or plant grass for your child to play in. Mulch can cover the soil closest to your home.

You can also reduce the risks of lead by making sure your child eats a well-balanced diet. Give your child nutritious, low-fat foods that are high in calcium and iron. A child who does not get an adequate amount of calcium and iron in his diet is more likely to absorb lead when exposed to it. Making sure your child gets enough of these nutrients and giving him a daily chewable vitamin can lower how much lead his body takes in. Recommended vitamins include Flintstones Complete and Centrum Kids chewable vitamins. Foods high in iron include red meats, beans, iron-enriched cereals, and green leafy vegetables. Young children should have four daily servings of foods containing calcium such as milk, yogurt, and cheese.

The Chickenpox Vaccine

Chickenpox (varicella) is a disease affecting most children in the United States before their 10th birthday. Until recently it could not be prevented, only treated. Today, parents can have their children immunized against chickenpox. Vaccinations are an important part of your child's total health care. The chickenpox vaccine can protect your child against a severe case of chickenpox and prevent the discomfort and possible serious complications the disease can cause.

What is this disease?

Chickenpox is one of the most common childhood diseases. It is usually mild and not life-threatening to healthy children. The most obvious sign of chicken-pox is a skin rash that develops on your child's scalp and body, and then spreads to the face, arms, and legs over a period of 3 to 4 days. The rash forms 250 to 500 itchy blisters that dry up into scabs 2 to 4 days later. School-age children often get a mild fever for 1 or 2 days before the rash appears. Other symptoms of chickenpox are:

- coughing
- fussiness
- loss of appetite
- headaches

Chickenpox can easily be spread in any of the following ways:

- by direct contact with an infected person, usually through fluid from broken blisters
- through the air when an infected person coughs or sneezes
- through direct contact with lesions (sores) from a person with shingles (see section on shingles)

A person with chickenpox is contagious from 1 to 2 days before the rash starts and for up to 5 days after the rash appears. A child will have to stay home from child care or school until she is no longer contagious. An adult or child who has never had chickenpox is at risk of getting it and may not show symptoms for 10 to 21 days after being exposed to the virus. Within households, 80% to 90% of at-risk persons will develop chickenpox if they are exposed to a family member who has it.

Who gets chickenpox?

Before the vaccine became available, there were about 4 million cases of chicken-pox in the United States each year. Anyone can get chickenpox at any age, but it occurs most frequently in children from ages 6 to 10.

Chickenpox can occur at any time of the year. Peak times are in the winter and early spring, especially in our area.

What is the treatment for chickenpox?

You may remember how itchy chickenpox was when you were a child. If your child scratches the blisters before they are able to heal, they can become infected, turn into small sores, and possibly leave scars. Discourage your child from scratching and keep his fingernails trimmed short just in case.

Oatmeal baths can help relieve itching and acetaminophen may help reduce your child's fever. Acetaminophen is a substitute for aspirin. Do not give your child aspirin or salicylate (a compound found in aspirin). They have been associated with Reye's syndrome, a disease that affects the liver and brain. If your child's fever lasts longer than 4 days, rises above 102° F after the third day of having chickenpox, or your child becomes dehydrated, call our office. Also let us know if the rash gets *very* red, warm, or tender. It may mean your child has an infection and needs other treatment.

The drug acyclovir can help make a case of chickenpox less severe. Acyclovir is most often used for patients who are at risk of developing severe chickenpox, such as adolescents; children with certain skin or lung diseases; and children taking other prescribed medications, such as steroids. To be effective, acyclovir must be given within the first 24 hours of the onset of the chickenpox rash.

Can chickenpox cause complications?

Most healthy children who get chickenpox won't have any complications from the disease. However, each year in the United States, about 9,000 people are hospitalized for chickenpox and about 1% of these patients die from the disease.

The most common complication from chickenpox is a bacterial infection of the skin. The next most common problems are pneumonia and encephalitis, an infection of the brain. The following groups of people are at higher risk of developing these problems:

- people who have weak immune systems or low resistance to disease
- infants under 1 year of age
- adolescents and adults
- newborns whose mothers had chickenpox around the time of delivery
- premature infants whose mothers have not had chickenpox
- children with eczema and other skin conditions
- children receiving therapy with salicylate (a compound found in aspirin)

When an adult gets chickenpox, the disease is usually more severe, often developing into pneumonia. Adults are almost 10 times more likely to be hospitalized for chickenpox than children under 14 years of age, and adults are more than 20 times more likely to die from the disease. If a pregnant woman gets chickenpox, her unborn baby may have complications.

What is "shingles"?

Once someone has had chickenpox, the virus stays in the body of the infected person permanently. Later in life, the virus can reappear and cause shingles. Shingles can occur at any age, but usually occur after a person is 50 years old. About 10% to 20% of all people who have had chickenpox develop shingles. People with shingles typically feel numbness and itching or severe pain in the skin areas where the affected nerve roots are. Within 3 to 4 days, clusters of blister-like sores develop and last for 2 to 3 weeks.

When should my child get the chickenpox vaccine?

The American Academy of Pediatrics recommends a single dose of the chickenpox vaccine for all children between 12 and 18 months of age who have not had chickenpox. Older children should be immunized at the earliest opportunity, also with a single dose. For healthy children older than 13 who have not had chickenpox and have never been immunized against the disease, two doses of the vaccine are required, 4 to 8 weeks apart.

What are the benefits of vaccinating my child against chickenpox?

Although chickenpox is usually mild, vaccinating all children between 12 and 18 months can prevent serious medical problems and reduce the costs related to the disease. Chickenpox can be expensive and inconvenient. Parents may have to miss work while their children are home from school or child care. In the average household, a child with chickenpox misses 8 or 9 days of school, and adult caretakers lose up to 2 days of work.

Immunization with the chickenpox vaccine will prevent most children from getting chickenpox. If vaccinated children do get chickenpox, they generally have a much milder form of the disease. They have fewer skin lesions (15 to 32), a lower fever, and recover more quickly. In fact, the disease may be so mild that the skin lesions look like insect bites. Even so, vaccinated children with a mild case of chickenpox can still infect others at risk of getting chickenpox.

Currently, revaccination with the chickenpox vaccine is not recommended. However, studies are underway to determine how long protection from the vaccine lasts and whether a person will need revaccination in the future.

Is the vaccine safe?

Before becoming available, a chickenpox vaccine was tested in over 9,400 healthy children and over 1,600 adults in the United States. Since the chicken-pox vaccine was licensed in 1995, several million doses of vaccine have been given to children in the United States. Studies continue to show the vaccine to be safe and effective.

Side effects from the chickenpox vaccine generally are mild and may include:

- redness
- fussiness
- stiffness
- fever
- soreness
- nausea
- tiredness
- swelling where the shot was given

Also, in a small percentage of people who are vaccinated, 7%-8%, a rash of several small bumps or pimples may develop at the spot where the shot was given or on other parts of the body. This can occur up to 1 month after immunization and can last for several days. Your child can get the chickenpox vaccine at the same time he or she gets the measles-mumps-rubella (MMR) vaccine. If we don't give your child the chickenpox and MMR vaccines at the same time, your child should wait at least 1 month between each vaccine. Otherwise, your child can get the vaccine for chickenpox at the same time or at any time before or after vaccines for diphtheria, tetanus, pertussis (DTaP), polio, hepatitis B, and Haemophilus influenzae type b.

Who should NOT receive the vaccine?

Although the chickenpox vaccine is approved for use in healthy children, there are certain groups of people who should not receive it, such as:

- children with a weakened immune system
- children with a life-threatening allergy to gelatin or the antibiotic neomycin
- pregnant women

Tell us if your child falls into any of the high-risk categories and should not be vaccinated against chickenpox.

Next Visit

Your child's next visit should be at the age of 15 months. Please be sure to bring your child's shot card.