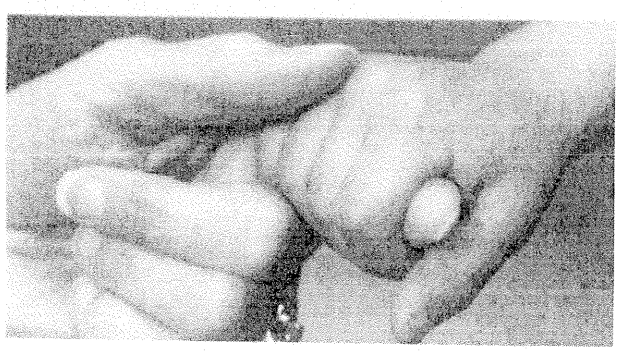
CELEBRATING 30 YEARS



M.D. PEDIATRIC CENTER

OMAR SAWLANI, M.D.
4400 W. 95th STREET
SUITE 104
OAK LAWN, IL 60453
708-425-2880

ANTICIPATORY PARENTING GUIDE

FOR AGE: 15 Months

M.D. PEDIATRIC CENTER
OMAR SAWLANI, MD

SCHEDULED PREVENTATIVE CARE

AGE		SCREENING	IMMUNIZATIONS
0-2 Wks			Hep B
1 Mos.	Check-up	Edenburg	
2 Mos.	Check-up		DTaP; IPV;Rotarix Prevnar; HIB/Hep B
4 Mos.	Check-up	Edenburg	DTaP; IPV;Rotarix Prevnar; HIB/Hep B
6 Mos.	Check-up	ASQ	DTaP; Prevnar; HIB/Hep B
9 Mos.	Check-up	Denver II; hemoglobin; Lead Screen; Sickle Cell	
12 Mos.	Check-up	ASQ-SE; PPD	Varivax; Prevnar:Hep A
15 Mos.	Check-up	Denver II	MMR
18 Mos.	Check-up	ASQ-SE	DTaP; IPV;Hib;HepA;Lead
24 Mos.	Check-up	ASQ-SE	
30 Mos.	Check-up	ELM	
3 Yrs.	Check-up	ASQ	
4 Yrs.	Check-up	Hearing; Vision	DTaP; IPV
5 Yrs.	Check-up	Hgb; UA; Vision	MMR ; Varivax
6–13 Yrs.	Annual Check-up (Around birthday)		
11 Yrs.	Check-up		Meningitis
14 Yrs.	Check-up		Td
15-18 Yrs.	Annual Check-up (Around birthday)		

Topics in this Guide:

MD PEDIATRIC CENTER
Omar Sawlani, MD
4400 West 95th Street, Suite 104
Oak Lawn, Illinois 60453
(708)425-2880

ANTICIPATORY GUIDE - 15 MONTHS

INJURY PREVNTION

- Change car safety seat to toddler car seat.
- Use locked doors or secure gates at stairwells and entrances to potentially hazardous areas. Install window guards on upstairs windows.
- Some children will climb out of bed at night. Crib mattresses should be lowered.
- Do not offer foods such as nuts, popcorn, grapes, raisins or chewing gum that can be easily aspirated.
- Place safety caps on medications. Household products and medications should be kept in a locked cabinet.
- Prevent burn scalds:
    - Set hot water at 120° F. Keep hot liquids out of reach during meal preparation. Do not carry child and hot liquids at the same time. Beware of hot liquids on table cloths that the child my pull down. Turn pan handles toward the back of stove. Keep the child away from hot stoves, space heaters, wall heaters, irons, and fireplaces.
- Guard against electrical injuries from cords and outlets.
- Protect against falls. Do not leave chairs so that the child may climb.
- Never leave the child unsupervised in or near a swimming pool, filled bathtub, bucket of water, ditch or pool. Keep toilet lids closed.
- Don't allow child to play with plastic bags, or balloons.
- Hold toddler near traffic.
- Set up fences to keep child within his outside play area. Make sure there is grass, sand, wood chips or other soft surfaces under play area.

TOYS

Recommended playthings for children at this age are:

- Stuffed animals, dolls, books and small cars
- Toys to pull or push, fill and empty, open and close
- Toys for pounding
- Soft balls, musical toys, pots and pans, riding toys
- Household items such as measuring cups and empty boxes.

Encourage imitative behavior such as sweeping, dusting, play with dishes and dolls. Allow children the freedom to explore their environment safely. Encourage limited television viewing. Do not use it as a substitution for interaction with your child. Stimulate language development through reading books, singing and talking with your child about what they are doing and seeing. Parents should label environment, name common objects and body parts. Encourage the child to say words. Listen to answer the child's questions and respond with pleasure to word-like sounds.

NUTRITION

Allow the child to feed themselves with fingers or possibly a spoon. Do not focus on table manners. Be aware that children at this age typically do not eat much. This is because his growth rate has slowed and really doesn't require as much food now. See attached sheet on Appetite Slump in Toddlers.

DISCONTINUING THE BOTTLE

Most pediatricians recommend that the bottle be given up entirely at around age one and most certainly by eighteen months. Eliminate the middle bottle first, then evening and morning ones. See attached sheets on Normal Weaning and Weaning Problems.

SLEEP

A regular bedtime routine is important. See attached sheet on Prevention of Sleep Problems. A transitional object such as a blanket or stuffed animal may help. Make sure crib mattress is lowered to protect child from falls.

TOILET TRAINING

Children differ on their readiness for toilet training. Developmental readiness usually appears between 18 and 24 months. See attached sheet on Toilet Training Basics.

DISCIPLINE

At this age your child really has no idea what "good" and "bad" mean, nor does he understand the concept of rules or warning. Many people think of discipline as punishment. A more important aspect of discipline is love. Affection and caring form the core of your relationship with your child, and play a powerful role in shaping your child's behavior. You and your spouse should work together to develop a consistent approach to child rearing. See attached sheet on Discipline Basics.

TEMPER TANTRUMS

At this age your child is attempting to master his own destiny and it's inevitable that you'll clash from time to time. The first sign will come when your one year-old shakes his head and says "No!" after you've asked him to do something. By years end his protests may have escalated. These tantrums are a normal (even healthy) way for your toddler to deal with conflict at this age. Like all young toddlers, he believes that the world revolves around him. See the attached sheet on Temper Tantrums.

DEFINITION

Breast- or bottle-feeding can be considered prolonged after about 18 months of age, but delayed weaning is not always a problem. The older toddler who only occasionally nurses or drinks from a bottle doesn't necessarily need to be pressured into giving up the bottle or breast. Delayed weaning should be considered a problem only if it is causing one or more of the following types of harm:

—Refusal to eat any solids after 6 months of age
—Anemia confirmed by a routine screening test at 1 year of age
—Tooth decay or baby-bottle caries
—Obesity from overeating
—Daytime withdrawal and lack of interest in play because the child is always carrying a bottle around
—Frequent awakening at night for refills of a bottle
—Inability to stay with a babysitter because the child is exclusively breast-fed and refuses a bottle or cup

If any of these criteria apply to your baby, proceed to the following section. Otherwise, continue to breast- or bottle-feed your baby when she wants to (but less than four times each day) and don't worry about complete weaning at this time.

HOW TO ELIMINATE EXCESSIVE BREAST OR BOTTLE FEEDINGS

To decrease breast or bottle feedings to a level that won't cause any of the preceding side effects, take the following steps:

1. **Reduce milk feedings to three or four per day.** When your child comes to you for additional feedings, give him extra holding and attention instead. Get your child on a schedule of three main meals per day plus two or three nutritious snacks.

2. **Introduce cup feedings if this was not done at 6 months of age.** Cup feedings are needed as substitutes for breast- or bottle-feedings regardless of the age at which weaning occurs. The longer the infant goes without using a cup, the less willing he will be to try it. Starting daily cup feedings by 5 or 6 months of age is a natural way to keep breast- or bottle-feedings from becoming overly important.

3. **Immediately stop allowing your child to carry a bottle around during the day.** The companion bottle can interfere with normal development that requires speech or two-handed play. It also can contribute to problems with tooth decay. You can explain to your child that "it's not good for you" or "you're too old for that."

4. **Immediately stop allowing your child to take a bottle to bed.** Besides causing sleep problems, taking a bottle to bed carries the risk of causing tooth decay. You can offer the same explanations as in the preceding paragraph.

5. Once you have made these changes, you need not proceed further unless you wish to eliminate breast- or bottle-feedings completely. Attempt total weaning only if your family is not under stress (such as might be caused by moving or some other major change) and your child is not in crisis (from illness or trying to achieve bladder control, for example). Weaning from breast or bottle to cup should always be done gradually and with love. The "cold turkey," or abrupt withdrawal, approach will only make your child angry, clingy, and miserable. Although there is no consensus about the best time to wean, there is agreement about the appropriate technique.

HOW TO ELIMINATE BREAST-FEEDING COMPLETELY

1. Offer formula in a cup before each breast-feeding. If your child refuses formula, offer expressed breast milk. If that fails, add some flavoring he likes to the formula. If your child is older than 12 months, you can use whole milk. Some infants won't accept a cup until they've nursed for several minutes.

2. Gradually eliminate breast-feedings. First, eliminate the feeding that is least important to your child (usually the midday one). Replace it with a complete cup feeding. About once every week drop one more breast feeding. The bedtime nursing is usually the last to be given up, and there's no reason why you can't continue it for months if that's what you and your child want. 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. Since the breast operates on the principle of supply and demand, reduced sucking time eventually reduces milk production. 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 after you have finished weaning, respond by holding her instead. You can explain that "the milk is all gone." If she has a strong sucking drive, more pacifier time may help.

HOW TO ELIMINATE BOTTLE-FEEDING COMPLETELY

1. Offer formula in a cup before each bottle-feeding. Use whole milk if your child is 1 year of age or older.

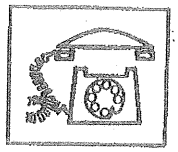
2. Make the weaning process gradual. Eliminate one bottle feeding every 3 or 4 days, depending on your child's reaction. Replace each bottle feeding with a cup feeding and extra holding.

3. Eliminate bottle-feedings in the following order: midday, late afternoon, morning, and bedtime. The last feeding of the day is usually the most important one to

(Continued on the reverse side)

the child. When it is time to give up this feeding, gradually reduce the amount of milk each day over the course of a week.

4. After you have completed the weaning process, respond to requests for a bottle by holding your child. 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.



CALL OUR OFFICE

During regular hours if:

—Your child is over 6 months of age and won't eat any food except milk and won't drink from a cup.
—Your child has tooth decay.
—You think your child has anemia.
—This approach to weaning has not been successful after trying it for 1 month.
—Your child is over 3 years old.
—You have other questions or concerns.

OMAR D. SAWLANI, M.D.
4400 W. 95th STREET, #204
OAK LAWN, IL 60453

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

DEFINITION

Weaning is the replacement of bottle- or breast-feedings (nipple 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.

HOW TO PREVENT WEANING PROBLEMS

Children normally develop a reduced interest in breast- and bottle-feedings between 6 and 12 months of age if they are also taking cup and spoon feedings. If a child hasn't weaned by the age of 12 to 18 months, the parent often has to initiate it, but the child is still receptive. After 18 months of age, the child usually resists weaning because she has become overly attached to the breast or bottle. If your child shows a lack of interest in the breast or bottle at any time after 6 months of age, start to phase out these nipple feedings.

You can tell that your baby is ready to begin weaning when she throws the bottle down, takes only a few ounces of milk and then stops, chews on the nipple rather than sucking it, refuses the breast, or nurses for only a few minutes and then wants to play. The following steps encourage early natural weaning at 9 to 12 months:

1. **Keep formula feedings to four times per day or fewer after your child reaches 6 months of age.** Some breast-fed babies may need five feedings per day until 9 months of age. Even at birth, feedings should be kept to eight times daily or fewer.

2. **Give older infants their daytime milk at mealtime with solids.** Once your child is having just four milk feedings each day, be sure three 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 going to bed at night.

3. **After your baby is 6 weeks old and breast-feeding is well established, offer a bottle of expressed breast milk or water daily.** This experience will help your baby become accustomed to a bottle so that you can occasionally leave him with a sitter. This step is especially important if you will be returning to work or school. The longer after 2 months you wait to introduce the bottle, the more strongly your infant will initially reject it. If you wait until 4 months of age, the transition period may take up to 1 week. Once bottle feedings are accepted, you will need to continue them at least three times weekly.

4. **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 will learn to eat whenever upset. She will also be unable to separate being held from nursing, and you may become an "indispensable mother."

5. **Don't let the bottle or breast substitute for a pacifier.** Learn to recognize when your baby needs nonnutritive sucking. At these times, instead of offering your child food, encourage him to suck on a pacifier or thumb. Feeding your baby every time he needs to suck can lead to obesity.

6. **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.

7. **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.

8. **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, since it never belonged to her in the first place.

9. **Offer your child formula or breast milk in a cup by 6 months of age.** For the first few months your child will probably accept the cup only after he has drunk some from the bottle or breast. However, by 9 months of age your child should be offered some formula or breast milk from a cup before breast or bottle feedings.

10. **Help your baby become interested in foods other than milk by 4 months of age.** Introduce solids with a spoon by 4 months of age to formula-fed babies and by 6 months to breast-fed infants. Introduce finger foods by 8 months of age. As soon as your child is able to eat finger foods, include her at the table with the family during mealtime. She will probably become interested in the foods that she sees you eating and will ask for them. Consequently, her interest in exclusive milk feedings will diminish.

AGE FOR STARTING SOLID FOODS

The best time to begin using a spoon to feed your child is when your baby can sit with some support and voluntarily move his head to engage in the feeding process. This time is usually between 4 and 6 months of age. Breast milk and commercial formulas meet all of your baby's nutritional needs until 4 to 6 months of age. Introducing strained foods earlier just makes feeding more complicated. Research has shown that it won't help your baby sleep through the night.

TYPES OF SOLID FOODS

Cereals are usually the first solid food introduced into your baby's diet. Generally these are introduced at 4 months of age in formula-fed infants and 6 months of age in breast-fed infants.

Start with rice cereal, which is less likely to cause allergies than other cereals. Barley and oatmeal may be tried 1 or 2 weeks later. A mixed cereal should be added to your baby's diet only after each kind of cereal in the mixed cereal has been separately introduced.

Strained or pureed vegetables and fruits are the next solid foods introduced to your baby. Although the order of foods is not important, introduce only one new food at a time and no more than three per week. If your infant doesn't seem to like the taste of cereals, start with a fruit (such as bananas).

Between 8 and 12 months of age, introduce your baby to mashed table foods or junior foods (although the latter are probably unnecessary). If you make your own baby foods in a baby-food grinder or electric blender, be sure to add enough water to get a consistency that your baby can easily swallow.

Although there is controversy about them, egg whites, wheat, peanut butter, fish, and orange juice may be more likely to cause allergies than other solids and should be avoided until 1 year of age (especially in infants with allergies).

SPOON FEEDING

Spoon feeding is begun at 4 to 6 months of age. By 8 to 10 months of age, most children want to try to feed themselves and can do so with finger foods. By 15 to 18 months of age, most children can use a spoon independently for foods they can't pick up with their fingers, and the parent is no longer needed in the feeding process.

Place food on the middle of the tongue. If you place it in front, your child will probably push it back at you. Some infants get off to a better start if you place the spoon between their lips and let them suck off the food. Some children constantly bat at the spoon or try to get a grip on it during feedings. These children need to be distracted with finger foods or by having a spoon of their own to play with.

FINGER FOODS

Finger foods are small bite-sized pieces of soft foods. Most babies love to feed themselves. Finger foods can be introduced between 9 and 10 months of age or whenever your child develops a pincer grip. Since most babies will not be able to feed themselves with a spoon until 15 months of age, finger foods keep them actively involved in the feeding process. Good finger foods are dry cereals (such as Cheerios or Rice Krispies), slices of cheese, pieces of scrambled eggs, slices of canned fruit (peaches, pears, or pineapple) or soft fresh fruits, slices of banana, crackers, cookies, and breads.

SNACKS

Once your baby goes to eating three meals a day or at 5-hour intervals, small snacks will often be necessary to tide him over to the next meal. Most babies go to this pattern between 6 and 9 months of age. The midmorning and midafternoon snack should be a nutritious, nonmilk food. Fruits and dry cereals are recommended. If your child is not hungry at mealtime, the snacks should be made smaller or eliminated.

TABLE FOODS

Your child should be eating the same meals as you do by approximately 1 year of age. This assumes that your diet is well balanced and that you carefully dice any foods that would be difficult for your baby to chew. Avoid foods such as raw carrots that could be choked on.

IRON-RICH FOODS

Throughout our lives we need iron in our diets to prevent anemia. Certain foods are especially good sources of iron. Red meats, fish, and poultry are best. Some young children will only eat lunch meats, and the low-fat ones are fine. Adequate iron is also found in iron-enriched cereals, beans of all types, egg yolks, peanut butter, raisins, prune juice, sweet potatoes, and spinach.

VITAMINS

Added vitamins are unnecessary after your child has reached 1 year of age and is on a regular balanced diet. If he's a picky eater, give him one chewable vitamin pill per week.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*
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The first goal of discipline is to protect your child from danger. Another important goal is to teach your child an understanding of right from wrong. Reasonable limit setting keeps us from raising a "spoiled" child. To teach respect for the rights of others, first teach your child to respect your rights. Begin *external* controls by 6 months of age. Children don't start to develop *internal* controls (self-control) until 3 or 4 years of age. They continue to need external controls, in gradually decreasing amounts, through adolescence.

GUIDELINES FOR SETTING RULES

1. **Begin discipline after 6 months of age.** Young infants don't need any discipline. By the time they crawl, all children need rules for their safety.

2. **Express each misbehavior as a clear and concrete rule.** Examples of clear rules are "Don't push your brother" and "Don't interrupt me on the telephone."

3. **Also state the acceptable or appropriate behavior.** Your child needs to know what is expected of him or her. Examples are "Play with your brother," "Look at books when I'm on the telephone," or "Walk, don't run."

4. **Ignore unimportant or irrelevant misbehavior.** Avoid constant criticism. Behavior such as swinging the legs, poor table manners, or normal negativism is unimportant during the early years.

5. **Use rules that are fair and attainable.** A child should not be punished for behavior that is part of normal emotional development, such as thumb sucking, fears of being separated from the parents, and toilet-training accidents.

6. **Concentrate on two or three rules initially.** Give highest priority to issues of safety, such as not running into the street, and to the prevention of harm to others. Of next importance is behavior that damages property. Then come all the annoying behavior traits that wear you down (such as tantrums or whining).

7. **Avoid trying to change "no-win" behavior through punishment.** Examples are wetting pants, pulling their own hair, thumb sucking, body rocking, masturbation, not eating enough, not going to sleep, and refusal to complete schoolwork. The first step in resolving such a power struggle is to withdraw from the conflict and stop punishing your child for the misbehavior. Then give your child positive feedback when he or she behaves as you'd like.

8. **Apply the rules consistently.** After the parents agree on the rules, it may be helpful to write them down and post them.

DISCIPLINE TECHNIQUES (INCLUDING CONSEQUENCES)

1. **Techniques to use for different ages are summarized here.** The techniques mentioned here are further described after this list.
   - —From birth to 6 months: no discipline necessary
   - —From 6 months to 3 years: structuring the home environment, distracting, ignoring, verbal and nonverbal disapproval, physically moving or escorting, and temporary time-out
   - —From 3 years to 5 years: the preceding techniques (especially temporary time-out) plus natural consequences, restricting places where the child can misbehave, and logical consequences
   - —From 5 years to adolescence: the preceding techniques plus delay of a privilege, "I" messages, and negotiation via family conferences
   - —Adolescence: logical consequences, "I" messages, and family conferences about house rules; time-out and manual guidance can be discontinued

2. **Structure the home environment.** You can change your child's surroundings so that an object or situation that could cause a problem is eliminated. Examples are gates, locks, and fences.

3. **Distracting your child from misbehavior.** Distracting a young child from temptation by attracting his or her attention to something else is especially helpful when the child is in someone else's house or a store (for example, distract with toys, food, or games).

4. **Ignore the misbehavior.** Ignoring helps to stop unacceptable behavior that is harmless—such as tantrums, sulking, whining, quarreling, or interrupting.

5. **Use verbal and nonverbal disapproval.** Mild disapproval is often all that is required to stop a young child's misbehavior. Get close to your child, get eye contact, look stern, and give a brief "no" or "stop."

6. **Physically move or escort ("manual guidance").** "Manual guidance" means that you move a child from one place to another (for example, to bed, bath, car, or time-out chair) against his will and help him as much as needed (for example, carrying).

7. **Use temporary time-out or social isolation.** Time-out is the most effective discipline technique available to parents. Time-out is used to interrupt unacceptable behavior by removing the child from the scene to a boring place, such as a playpen, corner of a room, chair, or bedroom. Time-outs should last about 1 minute per year of age and not more than 5 minutes.

8. **Restrict places where a child can misbehave.** This technique is especially helpful for behavior problems that can't be eliminated. Allowing nose picking and masturbation in your child's room prevents an unnecessary power struggle.

9. **Use natural consequences.** Your child can learn good behavior from the natural laws of the physical world; for example, not dressing properly for the weather means your child will be cold or wet, or breaking a toy means it isn't fun to play with anymore.

10. **Use logical consequences.** These should be logically related to the misbehavior, making your child accountable for his or her problems and decisions. Many logical consequences are simply the temporary removal of a possession or privilege if your child has misused the object or right.

11. **Delay a privilege.** Examples of work before play are "After you clean your room, you can go out and play"

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or "When you finish your homework, you can watch television."

12. **Use "I" messages.** When your child misbehaves, tell your child how you feel. Say, "I am upset when you do such and such." Your child is more likely to listen to this than a message that starts with "you." "You" messages usually trigger a defensive reaction.

13. **Negotiate and hold family conferences.** As children become older they need more communication and discussion with their parents about problems. A parent can begin such a conversation by saying, "We need to change these things. What are some ways we could handle this? What do you think would be fair?"

14. **Temporarily discontinue any physical punishment.** Most out-of-control children are already too aggressive. Physical punishment teaches them that it's acceptable to be aggressive (for example, hit or hurt someone else) to solve problems.

15. **Discontinue any yelling.** Yelling and screaming teach your child to yell back; you are thereby legitimizing shouting matches. Your child will respond better in the long run to a pleasant tone of voice and words of diplomacy.

16. **Don't forget to reward acceptable (desired) behaviors.** Don't take good behavior for granted. Watch for behavior you like, and then praise your child. At these times, move close to your child, look at him or her, smile, and be affectionate. A parent's attention is the favorite reward of most children.

GUIDELINES FOR GIVING CONSEQUENCES (PUNISHMENTS)

1. **Be unambivalent.** Mean what you say and follow through.

2. **Correct with love.** Talk to your child the way you want people to talk to you. Avoid yelling or using a disrespectful tone of voice. Correct your child in a kind way. Sometimes begin your correction with "I'm sorry I can't let you . . . ."

3. **Apply the consequence immediately.** Delayed punishments are less effective because young children forget why they are being punished. Punishment should occur very soon after the misbehavior and be administered by the adult who witnessed the misdeed.

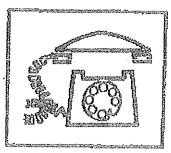
4. **Make a one-sentence comment about the rule when you punish your child.** Also restate the preferred behavior, but avoid making a long speech.

5. **Ignore your child's arguments while you are correcting him or her.** This is the child's way of delaying punishment. Have a discussion with your child at a later more pleasant time.

6. **Make the punishment brief.** Take toys out of circulation for no more than 1 or 2 days. Time-outs should last no longer than 1 minute per year of the child's age and 5 minutes maximum.

7. **Follow the consequence with love and trust.** Welcome your child back into the family circle and do not comment upon the previous misbehavior or require an apology for it.

8. **Direct the punishment against the misbehavior, not the person.** Avoid degrading comments such as "You never do anything right."



CALL OUR OFFICE

During regular hours if
—Your child's misbehavior is dangerous.
—The instances of misbehavior seem too numerous to count.
—Your child is also having behavior problems at school.
—Your child doesn't seem to have many good points.
—Your child seems depressed.
—The parents can't agree on discipline.
—You can't give up physical punishment. (NOTE: Call immediately if you are afraid you might hurt your child.)
—The misbehavior does not improve after 1 month of using this approach.

RECOMMENDED READING

1. Edward R. Christophersen: Little People. Westport Publishers, Kansas City, Mo., 1988.
2. Don Dinkmeyer and Gary D. McKay: Parenting Young Children. American Guidance Service, Circle Pines, Minn., 1989.
3. Michael Popkin: Active Parenting. Harper and Row Publishers, San Francisco, 1987.
4. Jerry Wyckoff and Barbara C. Unell: Discipline Without Spanking or Shouting. Meadowbrook, Deephaven, Minn., 1984.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

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DEFINITION

Parents want their children to go to bed without resistance and to sleep through the night. They look forward to a time when they can again have 7 or 8 hours of uninterrupted sleep. Newborns, however, have a limit to how many hours they can sleep (usually 4 or 5 hours). By 2 months of age, some 50% of infants can sleep through the night. By 4 months, most infants have acquired this capacity. It may not develop, however, unless you have a plan. Consider the following guidelines if you want to teach your baby that nighttime is a special time for sleeping, that her crib is where she stays at night, and that she can put herself back to sleep. It is far easier to prevent sleep problems before 6 months of age than it is to treat them later.

Newborns

1. **Place your baby in the crib when he is drowsy but awake.** This step is very important. Without it, the other preventive measures will fail. Your baby's last waking memory should be of the crib, not of you or of being fed. He must learn to put himself to sleep without you. Don't expect him to go to sleep as soon as you lay him down. It often takes 20 minutes of restlessness for a baby to go to sleep. If he is crying, rock him and cuddle him; but when he settles down, try to place him in the crib before he falls asleep. Handle naps in the same way. This is how your child will learn to put himself back to sleep after normal awakenings. Don't help your infant when he doesn't need any help.

2. **Hold your baby for all fussy crying during the first 3 months.** All new babies cry some during the day and night. If your baby cries excessively, the cause is probably colic. Always respond to a crying baby. Gentle rocking and cuddling seem to help the most. Babies can't be spoiled during the first 3 or 4 months of life, but even colicky babies have a few times each day when they are drowsy and not crying. On these occasions, place the baby in his crib and let him learn to self-comfort and self-induce sleep.

3. Carry your baby for at least 3 hours each day when he isn't crying. This practice will reduce fussy crying.

4. **Do not let your baby sleep for more than 3 consecutive hours during the day.** Attempt to awaken him gently and entertain him. In this way, the time when your infant sleeps the longest will occur during the night. (NOTE: Many newborns can sleep 5 consecutive hours and you can teach your baby to take this longer period of sleep at night.)

5. **Keep daytime feeding intervals to at least 2 hours for newborns.** More frequent daytime feedings (such as hourly) lead to frequent awakenings for small feedings at night. Crying is the only form of communication newborns have. Crying does not always mean your baby is hungry. He may be tired, bored, lonely, or too hot. Hold your baby at these times or put him to bed. Don't let feeding become a pacifier. For every time you nurse your baby, there should be four or five times that you snuggle your baby *without* nursing. Don't let him get into the bad habit of eating every time you hold him. That's called "grazing."

6. Make middle-of-the-night feedings brief and boring. You want your baby to think of nighttime as a special time for sleeping. When he awakens at night for feedings, don't turn on the lights, talk to him, or rock him. Feed him quickly and quietly. Provide extra rocking and playtime during the day. This approach will lead to longer periods of sleep at night.

7. **Don't awaken your infant to change diapers during the night.** The exceptions to this rule are soiled diapers or times when you are treating a bad diaper rash. If you must change your child, use as little light as possible (for example, a flashlight), do it quietly, and don't provide any entertainment.

8. **Don't let your baby sleep in your bed.** Once your baby is used to sleeping with you, a move to his own bed will be extremely difficult. Although it's not harmful for your child to sleep with you, you probably won't get a restful night's sleep. So why not teach your child to prefer his own bed? For the first 2 or 3 months, you can keep your baby in a crib or box next to your bed.

9. **Give the last feeding at your bedtime (10 or 11 PM).** Try to keep your baby awake for the 2 hours before this last feeding. Going to bed at the same time every night helps your baby develop good sleeping habits.

Two-Month-Old Babies

1. **Move your baby's crib to a separate room.** By 3 months of age, your baby should be sleeping in a separate room. This will help parents who are light sleepers sleep better. Also, your baby may forget that her parents are available if she can't see them when she awakens. If separate rooms are impractical, at least put up a screen or cover the crib railing with a blanket so that your baby cannot see your bed.

2. **Try to delay middle-of-the-night feedings.** By now, your baby should be down to one feeding during the night. Before preparing a bottle, try holding your baby briefly to see if that will satisfy her. If you must feed her, give 1 or 2 ounces less formula than you would during the day. If you are breast-feeding, nurse for less time at night. As your baby gets close to 4 months of age, try nursing on just one side at night. Never awaken your baby at night for a feeding except at your bedtime.

Four-Month-Old Babies

1. **Try to discontinue the 2:00 AM feeding before it becomes a habit.** By 4 months of age, your bottle-fed baby does not need to be fed more than four times per day. Breast-fed babies do not need more than five nursing sessions per day. If you do not eliminate the night feeding at this time, it will become more difficult to stop as your child gets older. Remember to give the last feeding at 10 or 11 AM. If your child cries during the night, comfort him with a back rub and some soothing words instead of

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with a feeding. NOTE: Some breast-fed babies who are not gaining well may need to have formula or cereal supplements several times during the day to help them go without nighttime nursing.

2. **Don't allow your baby to hold his bottle or take it to bed with him.** Babies should think that the bottle belongs to the parents. A bottle in bed leads to middle-of-the-night crying because your baby will inevitably reach for the bottle and find it empty or on the floor.

3. **Make any middle-of-the-night contacts brief and boring.** Comfort your child as little as possible between 10 PM and 6 AM. All children have four or five partial awakenings each night. They need to learn how to go back to sleep on their own. If your baby cries for more than 5 minutes, visit him but don't turn on the light, play with him, or take him out of his crib. Comfort him with a few soothing words and stay for less than 1 minute. This brief contact usually will not be enough to encourage your baby to keep waking you up every night. If your child is standing in the crib, don't try to make him lie down. He can do this himself. If the crying continues, you can check your baby every 15 to 20 minutes, but do not take him out of the crib nor stay in the room until he goes to sleep. (EXCEPTIONS: You feel your baby is sick or afraid.)

Six-Month-Old Children

1. **Provide a friendly soft toy for your child to hold in her crib.** At the age of 6 months, children start to be anxious about separation from their parents. A stuffed animal, doll, or blanket can be a security object that will give comfort to your child when she wakes up during the night.

2. ***Leave the door open to your child's room.*** Children can become frightened when they are in a closed space and are not sure that their parents are still nearby.

3. **During the day, respond to separation fears by holding and reassuring your child.** This lessens nighttime fears and is especially important for mothers who work outside the home.

4. **For middle-of-the-night fears, make contacts prompt and reassuring.** For mild nighttime fears, check on your child promptly and be reassuring, but keep the interaction as brief as possible. If your child panics when you leave or vomits with crying, stay in your child's room until she is either calm or goes to sleep. Do not take her out of the crib but provide whatever else she needs for comfort, keeping the light off and not talking too much. At most, sit next to the crib with your hand on her.

These measures will calm even a severely upset infant.

One-Year-Old Children

1. **Establish a pleasant and predictable bedtime ritual.** Bedtime rituals, which can start in the early months, become very important to a child by 1 year of age. Children need a familiar routine. Both parents can be involved at bedtime, taking turns with reading or making up stories. Both parents should kiss and hug the child "good night." Be sure that your child's security objects are nearby. Finish the bedtime ritual before your child falls asleep.

2. **Once put to bed, your child should stay there.** Some older infants have temper tantrums at bedtime. They may protest about bedtime or even refuse to lie down. You should ignore these protests and leave the room. You can ignore any ongoing questions or demands your child makes and enforce the rule that your child can't leave the bedroom. If your child comes out, return him quickly to the bedroom and avoid any conversation. If you respond to his protests in this way every time, he will learn not to try to prolong bedtime.

3. **If your child has nightmares or bedtime fears, reassure him.** Never ignore your child's fears or punish him for having fears. Everyone has four or five dreams every night. Some of these are bad dreams. If nightmares become frequent, try to determine what might be causing them, such as something your child might have seen on television.

4. **Don't worry about the amount of sleep your child is getting.** Different people need different amounts of sleep at different ages. The best way you can know that your child is getting enough sleep is that he is not tired during the day. Naps are important to young children but keep them less than 2 hours long. Children stop taking morning naps between 18 months and 2 years of age and give up their afternoon naps between 3 and 6 years of age.

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DEFINITION

Your child is toilet trained when, without any reminders, your child walks to the potty, undresses, urinates or has a bowel movement, and pulls up his pants. Some children will learn to control their bladders first; others will start with bowel control. Both kinds of control can be worked on simultaneously. Bladder control through the night normally happens several years later than daytime control. The gradual type of toilet training discussed here can usually be completed in 2 weeks to 2 months.

TOILET-TRAINING READINESS

Don't begin training until your child is clearly ready. Readiness doesn't just happen; it involves concepts and skills you can begin teaching your child at 12 months of age. Reading some of the special toilet-learning books to your child can help. Most children can be made ready for toilet training by 24 months of age and many by 18 months. By the time your child is 3 years old, she will probably have trained herself. The following signs indicate that your child is ready:

—Your child understands what "pee," "poop," "dry," "wet," "clean," "messy," and "potty" mean. (Teach him these words.)

—Your child understands what the potty is for. (Teach this by having your child watch parents, older siblings, and children near his age use the toilet correctly.)

—Your child prefers dry, clean diapers. (Change your child frequently to encourage this preference.)

—Your child likes to be changed. (As soon as she is able to walk, teach her to come to you immediately whenever she is wet or dirty. Praise her for coming to you for a change.)

—Your child understands the connection between dry pants and using the potty.

—Your child can recognize the feeling of a full bladder and the urge to have a bowel movement; that is, he paces, jumps up and down, holds his genitals, pulls at his pants, squats down, or tells you. (Clarify for him: "The poop [or pee] wants to come out. It needs your help.")

—Your child has the ability to briefly postpone urinating or having a bowel movement. She may go off by herself and come back wet or soiled, or she may wake up from naps dry.

METHOD FOR TOILET TRAINING

The way to train your child is to offer encouragement and praise, be patient, and make the process fun. Avoid any pressure or punishment. Your child must feel in control of the process.

1. **Buy supplies.**

—Potty chair (floor-level type). If your child's feet can reach the floor while he sits on the potty, he has leverage for pushing and a sense of security. He also can get on and off whenever he wants to.

—Favorite treats (such as fruit slices, raisins, animal crackers, and cookies) for rewards.

—Stickers or stars for rewards.

2. **Make the potty chair one of your child's favorite possessions.** Several weeks before you plan to begin toilet training, take your child with you to buy a potty chair. Make it clear that this is your child's own special chair. Have your child help you put her name on it. Allow your child to decorate it or even paint it a different color. Then have your child sit on it fully clothed until she is comfortable with using it as a chair. Have your child use it while watching TV, eating snacks, playing games, or looking at books. Keep it in the room in which your child usually plays. Only after your child clearly has good feelings toward the potty chair (after at least 1 week), proceed to actual toilet training.

3. **Encourage practice runs on the potty.** Do a practice run whenever your child gives a signal that looks promising, such as a certain facial expression, grunting, holding the genital area, pulling at his pants, pacing, squatting, squirming, or passing gas. Other good times are after naps or 20 minutes after meals. Say encouragingly, "The poop [or pee] wants to come out. Let's use the potty." Encourage your child to walk to the potty and sit there with his diapers or pants off. Your child can then be told, "Try to go pee-pee in the potty." If your child is reluctant to cooperate, he can be encouraged to sit on the potty by doing something fun; for example, you might read a story. If your child wants to get up after 1 minute of encouragement, let him get up. Never force your child to sit there. Never physically hold your child there or strap him in. Even if your child seems to be enjoying it, end each session after 5 minutes unless something is happening.

4. **Praise or reward your child for cooperation or any success.** All cooperation with these practice sessions should be praised. For example, you might say, "You are sitting on the potty just like Mommy," or "You're trying real hard to put the pee-pee in the potty." If your child urinates into the potty, she can be rewarded with treats or stickers, as well as praise and hugs. Although a sense of accomplishment is enough for some children, others need treats to stay focused. Big rewards (such as going to the ice cream store) should be reserved for when your child walks over to the potty on her own and uses it or asks to go there with you and then uses it. Once your child uses the potty by herself two or more times, you can stop the practice runs. For the following week, continue to praise your child frequently for dryness and using the potty. (NOTE: Practice runs and reminders should not be necessary for more than 1 or 2 months.)

5. **Change your child after accidents.** Change your child as soon as it's convenient, but respond sympathetically. Say something like, "You wanted to go pee-pee in the potty, but you went pee-pee in your pants. I know that makes you sad. You like to be dry. You'll get better at this." If you feel a need to be critical, keep it to mild verbal disapproval and use it rarely (for example,

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"Big boys don't go pee-pee in their pants," or mention the name of another child whom he likes and who is trained); then change your child into a dry diaper or training pants in as pleasant and nonangry a way as possible. Avoid physical punishment, yelling, or scolding. Pressure or force can make a 2-year-old child completely uncooperative. Do not keep your child in wet or messy pants for punishment.

6. **Introduce training pants after your child starts using the potty.** Switch from diapers to training pants after your child is cooperative about sitting on the potty chair and passes about half of her urine and bowel movements there. She definitely needs training pants if she comes to you to help her take off her diaper so she can use the potty. Take your child with you to buy the underwear and make it a reward for her success. Buy loose-fitting ones that she can easily lower and pull up by herself. Once you start using training pants, use diapers only for naps and nighttime.

Request the Guideline on Toilet Training Resistance If

—Your child won't sit on the potty or toilet.
—Your 2½-year-old child is negative about toilet training.
—You begin to use force or punishment.
—Your child is over 3 years old and not daytime toilet trained.
—The approach described here isn't working after 2 months.

RECOMMENDED READING

Joanna Cole: The Parents' Book of Toilet Teaching. Ballantine Books, N.Y., 1983.
Vicki Lansky: Koko Bear's New Potty. Bantam Books, N.Y., 1986.
Alison Mack: Toilet Learning. Little, Brown, Boston, 1978.
Katie Van Pelt: Potty Training Your Baby. Avery, N.Y., 1988.

OMAR D. SAWLANI, M.D.
4400 W. 95th STREET, #104
OAK LAWN, IL 60453

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DEFINITIONS

Characteristics of Normal Dysfluency and Dysarthria

"Normal dysfluency" and "pseudostuttering" are the terms used to describe the normal repetition of words or phrases children make when they are learning to speak between 18 months and 5 years of age. "Normal dysarthria" and "mispronunciation" are the terms used to describe the incorrect pronunciation of many children as they learn to speak; sounds are substituted or left out, so that some words become hard to identify.

Characteristics of True Stuttering

—Repetitions of sounds, syllables, words, or phrases
—Hesitations and pauses in speech
—Absence of smooth speech flow
—More frequent when child is tired, excited, or stressed
—Fear of talking
—Four times more likely in boys than in girls

Causes of Dysfluency, Dysarthria, and True Stuttering

Normal dysfluency occurs because the mind is able to form words faster than the tongue can produce them. The cause of normal dysarthria is usually genetic. In most cases, true stuttering develops when a child with normal dysfluency or dysarthria is pressured to improve and in the process becomes sensitive to his inadequacies. Soon thereafter the child begins to anticipate speaking poorly and struggles to correct it. The child becomes tense when he speaks, and the more he attempts to control his speech, the worse it becomes (a vicious cycle). The repetitions become multiple, rather than single. Temporary stuttering can occur at any age if a person becomes overly critical and fearful of his own speech. Although it is normal for us to be aware of what we are saying, how we are saying it is normally subconscious. Genetic factors also play a role in stuttering.

Incidence

Normal dysfluency occurs in 90% of children, in contrast to true stuttering, which occurs in only 1% of children. Approximately 70% of children pronounce words clearly from the onset of speech; however, the other 30% of children between the ages of 1 and 4 years have normal dysarthria and say many words that are unintelligible to their parents and others.

Expected Course of Dysfluency, Dysarthria, and True Stuttering

Normal dysfluency lasts for approximately 2 or 3 months if handled correctly. Unlike normal dysfluency, normal dysarthria is not a brief phase but instead shows very gradual improvement over several years as development unfolds. The speech of 90% of the children who have dysarthria becomes completely understandable by 4 years of age, and the speech of 95% is understandable by 5 or 6 years of age. Without treatment, true stuttering will become worse and persist in adulthood.

HELPING YOUR CHILD COPE WITH NORMAL DYSFLUENCY AND DYSARTHRIA

These recommendations should prevent progression to true stuttering in these children.

Encourage Conversation. Sit down and talk with your child at least once each day. Keep the subject matter pleasant and enjoyable. Avoid asking for verbal performance or reciting. Make speaking fun.

Don't Correct Your Child's Speech. Avoid expressing any disapproval, such as by saying, "Stop that stuttering" or "Think before you speak." Remember that this is your child's normal speech for his age and is not controllable. Do not try to improve your child's grammar or pronunciation. Also, avoid praise for good speech because it implies that your child's previous speech wasn't up to standard.

Don't Interrupt Your Child's Speech. Give your child ample time to finish what he is saying. Don't complete sentences for him. Try to pause 2 seconds between the end of your child's sentence and the start of yours. Don't allow siblings to interrupt one another.

Don't Ask Your Child to Repeat Himself or Start Over. If possible, guess at the message. Listen very closely when your child is speaking. Only if you don't understand a comment that appears to be important should you ask your child to restate it.

Don't Ask Your Child to Practice a Certain Word or Sound. This just makes the child more self-conscious about his speech.

Don't Ask Your Child to Slow Down When He Speaks. Try to convey to your child that you have plenty of time and are not in a hurry. Model a relaxed rate of speech. A rushed type of speech is a temporary phase that can't be changed by orders from the parent.

Don't Label Your Child a Stutterer. Labels tend to become self-fulfilling prophecies. Don't discuss your child's speech problems in his presence.

Ask Other Adults not to Correct Your Child's Speech. Share these guidelines with baby-sitters, teachers, relatives, neighbors, and visitors. Don't allow siblings to tease or imitate your child's stuttering.

Help Your Child to Relax and Feel Accepted in General. Try to increase the hours of fun and play your child has each day. Try to slow down the pace of your family life. Avoid situations that seem to bring on stut-

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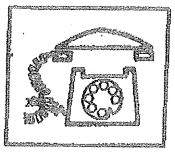
tering. If there are any areas in which you have been applying strict discipline, back off.



CALL OUR OFFICE

During regular hours if
—Your child is over 5 years of age.
—Your child has true stuttering.
—Your child has associated facial grimacing or tics.
—Your child has become self-conscious or fearful about his speech.
—Your family has a history of stuttering in adulthood.
—Speech is also delayed (no words by 18 months or no sentences by 2½ years).
—Speech is totally unintelligible to others, and your child is over 2 years old.
—Speech is more than 50% unintelligible to others, and your child is over 3 years old.
—Speech is 10% unintelligible to others, and your child is over 4 years old.
—The dysfluency doesn't improve after trying this program for 2 months.
—You have other questions or concerns.

OMAR D. SAWLANI, M.D.
4400 W. 95th STREET, #104
OAK LAWN, IL 60453

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TEMPER TANTRUMS

IDEAS FOR PARENTS

Ten Tips for Managing Temper Tantrums

Temper tantrums are NORMAL and common during the toddler years. Children tantrum when they are frustrated and overloaded. The push/pull feelings of wanting to grow up but wanting to be a baby can lead to episodes of overload. So can being hungry, tired, or sick. The toddler falls apart when faced with obstacles to her desires or just simply falls apart because it all gets to be too much. Thankfully, there are many things that parents can do to deal with their child's temper tantrums successfully.

1. **Remember, tantrums are normal.** They typically appear at around 15 months of age and can vary in intensity and duration, depending on your child's temperament.

2. **Prevention is the key.** Anticipate when your child may get overloaded before it happens. Help your child by changing your behavior. Is your child too tired or hungry to go to the store with you? Are transitions hard for your child? Is that forbidden object still within your child's sight and reach?

3. **Stop the tantrum before it starts.** Distracting your child with an appealing object or some nurturing attention may stop the tantrum before it starts. Draw your child's attention away from the situation that may spark a tantrum.

4. **Give choices.** You can diffuse a tense situation by offering your child choices. If your child can't play with the phone, can you offer a toy instead? If it is bedtime, can your child choose what books to bring to bed? Choices give some control back to your child, but your rules stand firm.

5. **Pick your battles.** Your limit setting will be most effective and your child will be less confused and overwhelmed if you have only a few, simple rules to follow. What are the most important rules for your child's well-being? What limits are necessary to keep your child safe?

6. **If a tantrum happens, let your child work it out.** Your role is to keep your child safe during a tantrum, not to stop it. Your child needs to work through the inner turmoil. You may have to hold your child gently, take her to a safe place to cry it out, or just wait for your child to be finished.

7. **Be ready with a hug.** Your child needs to be reassured of your love after a tantrum. Words and gestures of affection are important.

8. **Do not give in to your child's demands.** Letting your child have what she wants to stop a tantrum will only send a message to your child that a tantrum gets you what you want.

9. **Check in with yourself.** Never react to your child in anger or frustration. Tantrums can be very hard to manage. You may need a time-out for yourself before you respond.

10. **Ask for help.** Your Healthy Steps Team is available to help. There are a lot of resources available to assist you in managing your child's challenging behavior.

IDEAS FOR PARENTS

Why Is My Toddler Fearful?

Why is my child suddenly fearful?

Toddlers show their fears at times of rapid growth, when they are mastering new skills that make them more independent. At times, their fears are overwhelming. Sometimes what was familiar yesterday may be scary today. Suddenly toddlers become afraid of the dark, of noises, or of animals as they learn to walk and move away from your protection. If your child is showing fear of dogs, showing her a nice dog may not lessen her fears.

What can I do?

- Take the time to introduce a new person or situation to your toddler. This tells him that this new person is okay to play or interact with. " This is Sherry. She came to visit us today." Prepare children for changes in your routine as you begin your day.
- Accept toddlers' fears. Give them words and other ways to express their fears, so that you help them learn to handle their fears. "You feel scared of the dog's barking." Never belittle their fears ("I know it feels scary when it thunders. I'll stay with you so you will feel safe."). To your child, this fear is very real.
- Stay calm when your child shows you that he is afraid. Your own attitude and presence are comforting and important to him.
- When your child seems fearful, don't push her into the activity. You might help her by joining the activity yourself or by introducing her to another child who is already participating. You know your child's temperament and how she reacts to new situations. If she is a "slow-to-warm-up" baby, give her the time to adjust to the new setting.
- When an infant or a young toddler seems fearful, you may be able to distract her to another activity or toy.

My child was afraid of _____.

It helped when we _____.

For more information:

What to Expect the First Year by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

What to Expect the Toddler Years by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

BUSM©: Department of Pediatrics, Boston Medical Center

Handling the "No" of Toddlerhood

As toddlers grow more independent and more verbal, "No" becomes a very useful word. It is easy to learn (they hear it a lot!), it helps toddlers declare their independence, and it gets attention. Toddlers begin to use "No" for just about any situation. They can even say "No" to something they really want! This toddler negativism is very normal for toddlers, but it can be very frustrating for parents. As toddlers grow more mobile and independent, parents may discover that in their attempts to set limits, they are saying "No" almost as often as the toddler. When toddlers and parents get into this "No" spiral, it can lead to interactions that are upsetting to both parent and child.

How can parents avoid the "No" spiral?

- **Give your child some control.** Toddlers need to assert their growing independence by having some control in their world. What can your toddler be in charge of? Can she choose the game or the toys, or help choose the clothes she wears?
- **Let your child say no.** When is it OK for your child to say "No"? "No" is an important word for children to be able to say. It helps them feel in control and competent and may keep them safe.
- **Pick your "No" battles.** Limit your "No"s to the most important rules, like those about safety and interacting with others. Try to use limit-setting techniques like distraction or choices, instead of saying "No."
- **Don't give your child the opportunity to say "No" if it is not an option.** Offer choices. Instead of saying "Do you want to get dressed?", say, "Do you want to wear the red or green shirt?" Give your child choices that are safe and healthy. Control the choices so they are manageable for your toddler. Try giving your toddler just two choices to pick from.
- **No means no.** If you say no to your toddler, follow through with your limit. When you say "No" to climbing on the chair, don't give in to your child or ignore it when your child does it anyway. Toddlers can learn very quickly that "No" doesn't really mean no.
- **Respect your toddler's "No"s.** Don't laugh at your toddler's attempts at independence. It is an important step in developing self-esteem. Help your child feel competent and confident by respecting her attempts.

For more information:

Toddlers and Preschoolers: The Parent and Child Series by Lawrence Kutner, 1995

BUSM®: Department of Pediatrics, Boston Medical Center.

SHOPPING WITH TODDLERS

IDEAS FOR PARENTS

"Me Go Too!"
Survival Strategies for Shopping with Toddlers

Shopping with toddlers is hard work! How can you help you and your toddler avoid disaster and enjoy your time together?

- **Timing is everything.** Make sure your child is well fed, rested, and feeling OK when you go shopping.
- **Make a plan and keep it short.** Map out a schedule to keep time in the store and time on the bus or in the car short. Make a list of what you need at the grocery store and organize it by where the items are located.
- **Be prepared.** Always pack a bag with snacks, toys, and books. These are important tools for keeping your child entertained or comforted.
- **Prepare your toddler.** Tell your toddler in advance what the plan is for the day. Give reminders through the day of what will happen next.
- **Set clear limits.** Tell your child what the rules are for behavior and remind your toddler of the rules while shopping.
- **Avoid problems.** Stay away from toy and candy aisles. Find the "candy free" checkout aisle if your store has one. Stay away from shops that aren't "child friendly" and have lots of breakable items.
- **Make shopping a game.** Keep your child busy by counting items together or finding different colors in the store. Your child may be able to pick out some of the items on your list from the shelves.
- **Know when enough is enough.** When your toddler shows signs of being too tired or overwhelmed to go on that last errand, don't push it. Call it a day and plan to do that errand another day. Save both of you the stress!
- **Reward good behavior.** Create a special ritual or treat for after shopping. Take a trip to the park or go for ice cream. Shopping is hard — you both deserve it!

For more information:

What to Expect the Toddler Years by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

Your Child at Play: One to Two Years by Marilyn Segal and Wendy Masi, 1998

BUSM®: Department of Pediatrics, Boston Medical Center.

Developed for Healthy Steps by Department of Pediatrics, Boston University School of Medicine©, Boston Medical Center.

VACCINE INFORMATION STATEMENT

MMR Vaccine

(Measles, Mumps and Rubella)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- **First Dose**: 12–15 months of age
- **Second Dose**: 4–6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

MMR vaccine may be given at the same time as other vaccines.

Children between 1 and 12 years of age can get a "combination" vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

3 Some people should not get MMR vaccine or should wait.

- Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.
- Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.

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Centers for Disease Control and Prevention

- Tell your doctor if the person getting the vaccine:
  - Has HIV/AIDS, or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids
  - Has any kind of cancer
  - Is being treated for cancer with radiation or drugs
  - Has ever had a low platelet count (a blood disorder)
  - Has gotten another vaccine within the past 4 weeks
  - Has recently had a transfusion or received other blood products

Any of these might be a reason to not get the vaccine, or delay vaccination until later.

4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.

The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting measles, mumps or rubella.

Most people who get MMR vaccine do not have any serious problems with it.

Mild problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (about 1 person out of 75)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

Moderate problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe problems (very rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after a child gets MMR vaccine, including:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

These are so rare that it is hard to tell whether they are caused by the vaccine.

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

MMR Vaccine

4/20/2012

42 U.S.C. § 300aa-26

Office Use Only

VACCINE INFORMATION STATEMENT

Hib Vaccine

(*Haemophilus Influenzae* Type b)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is Hib disease?

***Haemophilus influenzae* type b (Hib) disease is a serious disease caused by a bacteria.** It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings, which can lead to lasting brain damage and deafness. Hib disease can also cause:

- pneumonia
- severe swelling in the throat, making it hard to breathe
- infections of the blood, joints, bones, and covering of the heart
- death

Before Hib vaccine, about 20,000 children in the United States under 5 years old got severe Hib disease each year and nearly 1,000 people died.

Hib vaccine can prevent Hib disease.

Many more children would get Hib disease if we stopped vaccinating.

2 Who should get Hib vaccine and when?

Children should get Hib vaccine at:

- 2 months of age
- 4 months of age
- 6 months of age*
- 12-15 months of age

* Depending on what brand of Hib vaccine is used, your child might not need the dose at 6 months of age. Your doctor will tell you if this dose is needed.

If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

Hib vaccine may be given at the same time as other vaccines.

Older children and adults

Children over 5 years old usually do not need Hib vaccine. But some older children or adults with special health conditions should get it. These conditions include sickle cell disease, HIV/AIDS, removal of the spleen, bone marrow transplant, or cancer treatment with drugs. Ask your doctor for details.

3 Some people should not get Hib vaccine or should wait

- People who have ever had a life-threatening allergic reaction to a previous dose of Hib vaccine should not get another dose.
- Children less than 6 weeks of age should not get Hib vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting Hib vaccine.

Ask your doctor for more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 What are the risks from Hib vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of Hib vaccine causing serious harm or death is extremely small.

Most people who get Hib vaccine do not have any problems with it.

Mild problems

- Redness, warmth, or swelling where the shot was given (up to 1/4 of children)
- Fever over 101°F (up to 1 out of 20 children)

If these problems happen, they usually start within a day of vaccination. They may last 2–3 days.

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
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Vaccine Information Statement (Interim)
Hib Vaccine

12/16/1998

42 U.S.C. § 300aa-26

Office Use Only

Dosage for Fever Reducers

Weight		Ibuprofen/Motrin/Advil	Tylenol
Kilograms	Pounds	Children's Syrup 100 mg/5 mL	Children's Syrup 160 mg/5 mL
4.5	10	NOT FOR < 6MOS AGE	2ml
5.5	12	NOT FOR < 6MOS AGE	2.5ml
6.4	14	NOT FOR < 6MOS AGE	3.0ml
7.3	16	3.5 ml	3.5ml
8.2	18	4.0 ml	4.0 ml
9.1	20	4.5ml	4.5ml
10.0	22	5.0ml	5 mL
10.9	24	5.5 mL	5 mL
11.8	26	6 mL	5.5 mL
12.7	28	6.5 mL	6 mL
13.6	30	7 mL	6.5 mL
14.5	32	7.5 mL	7 mL
15.5	34	8 mL	7.5 mL
16.4	36	8.5 mL	7.5 mL
17.3	38	9 mL	8 mL
18.2	40	9 mL	8.5 mL
19.1	42	9.5 mL	9 mL
20.0	44	10 mL	9.5 mL
20.9	46	10.5 mL	10 mL
21.8	48	11 mL	10 mL
22.7	50	11.5 mL	10.5 mL
23.6	52	12 mL	11 mL
24.5	54	12.5 mL	11.5 mL
25.5	56	12.5 mL	12 mL
26.4	58	13 mL	12.5 mL
27.3	60	13.5 mL	13 mL
28.2	62	14 mL	13 mL
29.1	64	14.5 mL	13.5 mL
30.0	66	15 mL	14 mL
30.9	68	15.5 mL	14.5 mL
31.8	70	16 mL	15 mL
32.7	72	16.5 mL	15.5 mL
33.6	74	17 mL	16 mL
34.5	76	17.5 mL	16 mL
35.5	78	18 mL	16.5 mL
36.4	80	18.5 mL	17 mL
37.3	82	19 mL	17.5 mL
38.2	84	19.5 mL	18 mL
39.1	86	20 mL	18.5 mL
40.0	88	20 mL	19 mL