

# advocare | South Jersey Pediatrics

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## You and Your Baby



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Please visit the Forms sections of our website to print and complete the New Patient Forms needed for your baby's first visit.

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## NEWBORN INSTRUCTIONS

Congratulations on your new baby! These instructions are designed as a guide to help you care for your infant. Your child is an individual from the day he\* is born. It is important to relax and enjoy your baby; a relaxed mother and father will help an infant to be relaxed.

Sometimes new parents are somewhat unsure of themselves. However, as long as your baby is loved, well fed, warm, and comfortable, you need not worry that you are less than expert. Trust yourself, and don't take too seriously all the advice of well-meaning friends and relatives.

Your baby will do many of the things that all babies do. All babies sneeze, yawn, belch, have hiccups, pass gas, cough, and cry. Sneezing is the only way your baby can clean his nose. Hiccups are little spasms of the baby's stomach muscles. Crying is your baby's way of saying, "I'm wet, I'm thirsty, I want to turn over, I'm too hot, I'm too cold, I have a stomach ache, I'm bored, or I'm hungry". You will gradually learn to know what your baby means when he or she cries.

Almost all babies have fussy periods. These may occur regularly, perhaps in the late afternoon or evening. This is not colic, but a normal occurrence in infants.

All babies are different. Please don't compare your baby with other babies.

Babies may be taken outside. Avoid overcrowded places for the first month if possible. Do not overdress infants for trips outside; they should be dressed in accordance with the weather. Do not use sunblock, protect them from the sun, dress them as you would dress yourself.

Please call the office at 424-6050 any week day shortly after you come home from the hospital in order to make an appointment for your baby's first check-up. The baby should be checked by us 3 to 4 days of age unless we instructed you differently.

*\* For convenience the words "he, his, him" will be used throughout the booklet to designate both sexes.*

# GENERAL INFANT CARE

## Bathing

Have everything set up before the bath so you don't have to leave the baby unattended. It's good to have a fairly regular time for bathing your baby. The room should be warm, with no drafts. Keep bathing supplies together to save yourself steps. Until the navel (and circumcision, if your baby had this procedure, is healed) wash your baby by sponging. After it has healed, you can use a tub or bathinette.

\* If dry skin is noted bathe every other to three days.

**Face:** Wash with plain warm water and soft cloth and no soap.

**Eyes:** To clean eyes, use cotton dipped in cool water until one month. Wipe from bridge of nose towards ears.

**Nose and Ears:** Cleanse outer areas only with a moist washcloth or cotton ball. Do not attempt to cleanse the inside of either nose or ears with a Q-tip.

**Head:** Your baby's head should be lathered gently with mild shampoo. Work from front to back to keep suds out of your baby's eyes. Clean carefully over the softspots on your baby's head. Washing the head twice weekly is usually sufficient. If you notice a greasy scaling (cradle cap), call the office.

**Body:** Use a mild soap (e.g., Dove soap) and warm water. Be sure to wash in the creases, and rinse well.

**Nails:** Use a fingernail clipper for trimming. This may be necessary two or three times a week in order to keep the baby from scratching himself. Avoid clipping the nails too short. Don't bite infant nails. It may be easier to do infant nails while the infant is sleeping. You may also use a file.

**Between Baths:** Keep your baby clean between baths. It will help to prevent skin irritations and will keep your baby contented.

**Navel:** Use alcohol no more than three times a day. Keep navel clean and dry. A gauze square may be used. Sometimes after the cord falls off there may be a few drops of blood, but this is no cause for worry. Fold the diaper below the cord until it is healed. If an umbilical hernia is present, we will explain the cause and care at your first check-up.

**Circumcision:** With each diaper change place a Vaseline gauze around the circumcision. Continue this until healing takes place and the skin color is normal. At this time, wash it with soap and water, just as you would another part of the body. The foreskin on a circumcised penis should be retracted and cleansed daily to help prevent adhesions. Girls sometimes will have a small amount of bleeding from the vaginal orifice after being

brought home from the hospital. This is no concern and represents only the response of the infantile uterus to withdrawal of maternal hormones. There is no cause for alarm as long as the discharge is of small quantity and is not persistent.

**Breasts:** Both boys and girls breast may be enlarged after birth. This is normal due to a hormonal change in your infant.

**Sleeping:** Babies should be left to sleep on their back only. A firm mattress is best. No pillow should be used in the crib, and covers should never be tucked in. Cribsides should never be left down. Even a very small infant should never be left unattended on a regular bed, chair, tabletop, etc. It is amazing how many infants have fallen from a table, bed, dresser or infant seat. Please be careful.

**Vitamins:** Your baby will not be started on vitamins at this time. We will discuss vitamins with you at your visit. Vitamins with fluoride will be started at 6 months.

### **Medication – Some Do’s and Don’ts**

1. Antibiotics should be given on time according to the instructions on the bottle. Ideally antibiotics should be administered one (1) hour before or after meals. Be sure to administer the antibiotics for the full course prescribed by the doctor then discard any residual medication.
2. Never use a medication that was prescribed for one child on your other children even if they “have the same symptoms” without calling the office first.
3. It is not necessary to wake your child to give cough medicines; it is necessary if it is an antibiotic.
4. To give a young baby a pill crush the pill and put it on a teaspoon with a small amount of water or juice or mix it with a little applesauce and then offer it.
5. To give ear drops place your child on his side and pull the ear down and back. Repeat with other ear if directed.
6. To administer eye drops, place your child on his back. Pull down the lower eye lid slightly to form a small sac and place the drops in the sac. Repeat with the other eye if directed.

**Clothing:** Your baby does not required any more, if as much, clothing as an adult, so never overclothe or overcover him. Dress him according to the temperature. When your baby sleeps, his hands and feet may be cool. Some babies are allergic to certain materials, so watch for rashes in clothing contact areas. All new clothes should be washed and thoroughly rinsed before wearing. This will help decrease the chance of any skin irritation. Use detergent for babies such as Dreft.

**Visiting the Doctor:** Regularly scheduled visits to the doctor's office should be continued, even though your baby appears well. As part of the physical examination, the baby will be evaluated for growth and development. Changes in care and feeding may be advised.

Immunizations against diseases such as whooping cough, diphtheria, tetanus, polio, measles, mumps and rubella will be given at the proper times. These visits will reassure you about the progress of your baby, and your questions and problems can be discussed. It is often helpful to have your questions written down at the time of your visit. This will relieve any anxiety and frustrations you may have and help maintain a satisfactory emotional atmosphere for your baby.

**When to Call the Doctor:** Sometimes parents have difficulty deciding whether their baby is sick. Many young babies sneeze, are fussy at times, and occasionally spit up. These things are not serious and do not require the doctor's attention. Generally, if your baby becomes listless or inactive, will not eat, cries much more than usual, has a rash, vomits repeatedly, or has almost constant loose, watery stools, it is advisable to consult the office. If you are calling for a sick child, please take the temperature before you call and have a pencil and paper ready for any instructions that may be given. It is also helpful to have your pharmacy number on hand in case something needs to be ordered. A fever of 100.4° or higher in a baby less than a month old is an emergency - call.

Never debate about calling the office. If you have any questions we will be glad to advise and guide you. No question is too petty if it concerns you or your baby, no matter what time it is.

**Car Seats:** It is a New Jersey State Law that any child under the age of 8 years must be securely restrained in a federally approved car seat. Due to safety concerns with air bags, all children less than the age of 12 should be placed restrained in the back seat. It is required that any child weighing under 80 pounds should be in a car seat and not just restrained with a seat belt only. The reasoning behind this is that a car seat will protect the child from abdominal injuries better than a seat belt if they were to be in an accident. Current recommendations are that all infants should face the back of the car until their second birthday. For a booster seat, the child should weigh 40 pounds. The center back is the safest place in a car.

Any concerns/questions about this issue please ask your doctor.

## FEVER

Fever should not be feared and in itself is a normal body's response to illness. Do not panic over fever. A child's normal temperature can fluctuate from 97° to 100° throughout the day. A fever is defined as any temperature > 100.4°.

Reducing fever adds to the comfort of your baby. One does not have to be aggressive at bringing the temperature down to normal. If any fever occurs in an infant of less than three months of age, call the office immediately. If an infant is over three months, treat the fever as follows every four (4) hours:

Fever itself is not harmful – it is simply a sign that the body is fighting some infection. Do not give Tylenol to a baby under 3 months old before calling the office.

Acetaminophen (Tylenol or non-aspirin) comes in several brands and concentrations. The dosing is different for the different preparations. Please read the package first. Only use the dropper supplied with the package and do not use with other medications. Please call our office with any dosing questions.

The Tylenol bottle (non-aspirin) will be marked in ml's. These medications should be given for fever only – they do nothing for a cold. If fever persists for more than 24 hours in an infant older than three months, or any fever is recorded in an infant under three months call the office.

***Any infant under the age of 3 months with a temperature greater than 100 degrees – call the office.***

Care of a child with a fever:

1. Do not over dress your infant or use excess covers or quilts. This will cause his temperature to rise since there is no where for the heat to escape.
2. Encourage cool clear liquids as often as possible. You may also use popsicles, sherbert or cracked ice for the older child.
3. When calling the office to report your child's temperature please inform the Nurse or Doctor which method you use to take it.

Taking your child's temperature: Your child should not drink hot or cold liquids several minutes before the temperature is taken.

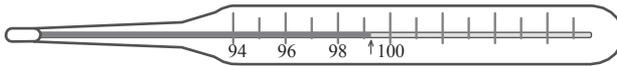


## By Ear (OTIC)

Follow manufacturers' instructions regarding use. Keep in mind that several factors may contribute to an inaccurate reading such as improper fit, ear wax, infection, etc. You may want to confirm results with the above methods.

Some notes about your thermometer:

1. The only difference between an oral and rectal thermometer is the tip – the rectal has a blunt end and the oral is slender. The reason for using a rectal thermometer is to prevent perforation of the rectum while inserting the thermometer.
2. Either a rectal or oral thermometer may be used under the arm.
3. Each line on the thermometer represents .2 degrees – for example, this is read 98.6°.



4. An axillary temperature is best to take when your child is too young to be trusted with an oral thermometer.
5. You may start to use an oral thermometer when you feel your child can understand not to bite it and can also hold it in his mouth. Never use it on a child under three years old.
6. Do not wash your thermometer in hot water.

## COMMON INFANT PROBLEMS

**Stuffy Nose:** This is common in infancy and is usually due to normal mucus. Rarely it may be due to a cold or allergy. The baby will frequently sneeze or cough to clear his nose. Frequent use of a cool mist vaporizer and nasal aspirator is usually very helpful. A solution of  $\frac{1}{4}$  teaspoon of salt in a cup of warm water can be made daily and used as nose drops before aspiration. Place two drops in one nostril and suction and then repeat in the other nostril.

**Spitting Up:** This is a very common infant problem. Unless it is of large amounts there is no need for concern. If your infant is spitting up all of his milk, or spits up after every feeding call the office.

**Bowels:** The nature and frequency of the bowel movements are determined to a large extent by the formula or other foods that the baby eats. Some babies normally only have one bowel movement every few days, while others have them after every feeding. Both are normal. Consistency is more important than frequency. The stools should not be extremely hard nor very watery. Breast fed babies often have loose stools and this is not dangerous. An occasional small amount of mucus in the stool

is not unusual. Most babies grunt, strain, and cry during a bowel passage. This is normal. Yellow, green and brown stools are to be expected. As the diet of your baby changes, so too the stool pattern and consistency will change. This is to be expected.

**Constipation:** For true constipation (extremely hard and dry stools) give prune juice to drink (1½ ounces prune juice to 1½ ounces of water) a few times a day.

**Diarrhea:** Diarrhea describes not only frequent stools, but stools which have no solid matter in them. Treat early in children over six months with clear liquids. Pedialyte®, an electrolyte water solution can also be given. You may continue formula or breast milk if your child wants. As the child feels up to it, gradually introduce normal healthy foods as this will help him recover. Stay away from juice or very high fat foods. A rule to remember for diarrhea in children under six (6) months is, for bloody diarrhea, for diarrhea which persists for more than two (2) days using the above suggestions, or concerns regarding dehydration call the office. Watch for signs of dehydration such as decrease in wet diapers or dry mouth.

## SKIN PROBLEMS

**Diaper rash:** Mild diaper rashes are best handled by keeping the baby's bottom DRY and well ventilated. If a rash is a problem do not use plastic pants and change the diaper frequently (or go without a diaper completely). Use corn starch, A & D ointment, Desitin or Balmex to help fight and prevent recurrence of diaper rash. For severe or persistent rash or one that is accompanied with a fever call the office. Also stop using wipes.

**Skin rash:** Most babies have skin rashes for the first several weeks. They may be isolated blotchy areas or widespread rashes. Use of a mild soap will provide the only necessary care. Heat rash is common in summer and winter and will occur over the neck, chest, upper back and in creases. Avoid too warm a room, too heavy clothing and treat by keeping the baby clean, cool and dry. You can also sponge bathe with 2 tablespoons of cornstarch or 1 tablespoon of baking soda in basin of water to aid in clearing the rash.

**Allergic rash:** This is usually manifested over the entire body and appears red with irregular blotches. Before starting any treatment you need to find the cause in order to eliminate it. Have you changed clothes detergents, started using a fabric softener, introduced new food or dressed your child in a new outfit? If you can determine the cause – stop it. Also you can add 2 tablespoons of cornstarch or 1 tablespoon of baking soda to a basin of water and sponge bathe and also use Calamine or Caladryl lotion until you see improvement. For severe or persistent rash or one accompanied by fever call the office.

**Cradle Cap:** Use Baby Oil or Selsun Blue Shampoo. Do not be afraid to scrub the soft spot on the scalp gently when shampooing. Cradle cap starts here and will spread if not treated early. It is benign, however and will respond to soap and water. If it is extensive or persistent please call the office for further instructions.

**Acne of the newborn:** This rash is found primarily on the face and neck of infants under six weeks old. It is a normal occurrence and requires no treatment except keeping the area clean and dry. Do not apply creams or lotion. This rash resembles adult acne in appearance.

Some don'ts in skin care:

1. Don't use oil or greases – they often cause rashes.
2. Don't bathe too often, twice a week is enough. Too frequent bathing will dry the skin.
3. Don't use drying soaps on the baby such as surgical or antibacterial soaps. A mild soap is recommended.

**Colic:** All babies will experience a fussy/irritable period, sometimes occurring the same time each day. Babies with colic, however, will have prolonged crying bouts everyday that will last for 3 or more hours and they may draw up their legs in some apparent pain. There is no known cause for colic. It generally begins around 2-3 weeks of age and can last up to 4 months of age. It can occur in both breast fed and formula fed babies.

Here are some remedies that you can try at home:

1. Be sure that if you are formula feeding your baby that you are mixing the right concentrations of formula to water. Also be sure that the formula is not too warm.
2. Feed your baby slowly and burp frequently. Try burping the baby before you feed too. After you are finished feeding the baby keep him upright for about 20 minutes, this allows for easier digestion and less spitting up.
3. If you are breast feeding avoid foods like milk, caffeine, chocolate, broccoli, and other gas producing foods.
4. Motion sometimes seems to soothe a colicky infant. You can try an infant swing or a car ride.
5. Some infants respond to being swaddled in a blanket or try a “snuggle” front carrier. They like the warm secure feeling of the closeness.
6. Pacifiers help to quiet a crying baby. Excess crying leads to the swallowing of air which leads to gas.

If the colic becomes severe and none of these remedies help, please call the office.

# FEEDING

## At Feeding Time

Feeding is one of your baby's most pleasant experiences. A baby's first feeling of love for his parents arises primarily from feeding. At feeding time, the baby receives the nourishment from food and a feeling of security from parents' loving care. The food helps your baby to grow healthy and strong. Parental love, generously given, starts your baby in the development of a secure and stable personality.

Both the baby and the person feeding the baby should be comfortable at feeding time. Choose a chair that is comfortable. This will help you to be calm and relaxed as you feed your baby. Your baby should be warm and dry so that he is comfortable too.

Hold your baby in your lap, with his head slightly raised and resting in the bend of your elbow. Whether breast-feeding or bottle-feeding, hold your baby comfortably close.

## General Feeding Instructions

Babies should be fed on demand every three to four hours. During the day-time wake the baby after four hours, but at night let the baby sleep as long as he wants to sleep. Babies should not be fed more frequently than every two to three hours. Both breast and bottle feeding are good ways to feed your baby. You must choose the way which is best for you.

## Sterilization

Sterilization is not necessary but cleanliness is. A dishwasher or hot water washing is adequate for this. Water from untreated sources (private pumps, etc.) should be boiled before use. Tap water may be used directly from the faucet if from a city supply from the time you bring your baby home. Bottled water is unnecessary for infant formula preparation. Public water supplies are regulated and safe for infants with the added bonus of fluoride supplementation.

## Burping

Burping your baby helps remove swallowed air. Burp your baby by holding him upright over your shoulder and gently patting or rubbing the back. Another way is to place your baby face down on your lap, and gently rub the back. Your baby can also be burped by being held in a sitting position (leaning slightly forward) on your lap, with your hand supporting the baby's chest. Don't be alarmed if your baby spits up a few drops when being burped.

It isn't always necessary to interrupt a feeding to burp your baby, but always burp your baby after each feeding. If unsuccessful, wait ten minutes and try again.

## BREAST FEEDING

Breast feeding is a wonderful experience for you and your baby, but you should know that it is not always easy, especially early on. Remember that it takes a few days for your milk to come in—at first you will make colostrums, which is rich in antibodies to help your baby fight infection. Breast milk is produced on a “supply and demand” basis – this means that in order for your milk to come in, you should breast feed your baby 8-12 times a day. The more you breast feed, the more milk you make. It is also best not to give your baby a pacifier or a bottle for the first few weeks until breast feeding is well-established.

Many moms worry that their babies are not getting enough milk. You should look for the following signs:

- Once your milk comes in, you feel engorged before a feeding and feel relieved after a feeding. Many mothers feel a “let-down” sensation.
- Your baby should be making frequent wet and dirty diapers. A rule of thumb for wet diapers is the number of wet diapers should equal the days of life until day 3 or 4, when your milk comes in and baby should make about 4-8 wet diapers a day. Breast fed babies should make frequent stools, at least 4 a day by the 4th day of life.
- Your baby acts hungry before a feeding (rooting, restless), and satisfied after.
- Your baby will lose some weight in the first days after birth but should catch up to birth weight by about 2 weeks. This is why it is important to follow your baby’s weight closely in the office.

If you are using a pump to express breast milk, you should know that whatever amount you are able to pump, your baby is most likely getting more than that when he nurses. No pump can replicate the let-down that occurs when your baby is on your breast.

A key to breast feeding success is to make sure you get help when you need it. There are support groups in the area where you can meet other moms who are breast feeding. Lactation consultants are experts who can work with you directly to make sure your baby is nursing well. Lastly, you should not hesitate to call the office with questions or come in for a weight check or visit with one of the doctors if you are worried – we are here to help!

## **FORMULA FEEDING**

Feeding the baby is a simple and natural process, and you should not feel overwhelmed by the details of advice given to you about feeding.

Seated comfortably and holding your baby, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. Your baby has a strong and natural desire to suck. For him, sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after they have collapsed, so take the nipple out of the baby's mouth occasionally. This makes it easier for him to suck, and lets him rest a bit.

NEVER prop the bottle and leave the baby to feed himself. The bottle can easily slip into the wrong position. Remember, too, the baby needs the security and pleasure it gives him to be held at feeding time. It is the time for him and you to relax and enjoy each other.

The amount of formula your baby takes will vary, from feeding to feeding and day to day. Babies have a right not to be hungry sometimes, just as you and me, and you cannot make a baby want to eat. Please do not feed more than 26-32 ounces in 24 hours. If you feel more is necessary call the office for guidelines.

Most babies feed fifteen or twenty minutes. You will probably find that sometimes your baby will take all of his bottle, and sometimes he will not. This is normal. As your baby grows and gains weight, he will need more formula.

The formula which you will be using when you go home will be the same as that which you have been using in the hospital (Similac). We will tell you about any changes should they be necessary.

After you have fed and burped your baby, place him in his bed on his back. Expect a brief period of fussiness before the baby settles down to sleep. If your baby is having any problems with feeding, please call our office for guidance.

## **SOLID FOODS**

### **INTRODUCING SOLID FOODS**

#### **When to Start**

Popular attitude rather than nutritional need has resulted in a trend to introduce solid foods too early. Many people believe that giving solid foods will encourage a baby to sleep through the night at an earlier age, will prolong the time between feedings, or will satisfy appetite better. While one or more of these beliefs may be true for the occasional baby, early introduction of a large number of foods is not necessary. Before starting any foods call the office or discuss it with us at your next check-up.

## Successful spoon-feeding

You can start feeding your baby solid foods by giving him small quantities at first, then increasing them very gradually. If your baby rejects a particular food, simply offer that food again several days later. Even with favorite foods babies should not be encouraged to eat more than they will readily accept.

We suggest introducing only one new food at a time, at intervals of 3 to 5 days. Your baby may be sensitive to a particular food, and allowing several days before starting another food gives you time to observe whether he or she does have a sensitivity.

When starting your baby on cereal, you may add water, breast milk, or fortified formula to the dry cereal to make a mixture that is nearly fluid. Your baby may push a good bit of it back out as you feed, because at first young babies naturally push out their tongue when a spoon is put in their mouth. Placing this mixture in small amounts near the back of your baby's tongue will encourage him to swallow it. Try to be patient and don't force the issue. As your baby becomes accustomed to the spoon, the amount of cereal and other baby foods can be increased. Start with 3 teaspoons 3 times daily and work up to 3 tablespoons 3 times a day.

### **DAY 1**

1 tsp.

### **DAY 2**

1 Tbsp.

### **DAY 3**

3 Tbsp.

### **DAY 4**

½ - 1 Jar

## First solid foods

1. Birth to 4 months of age – Breast milk or formula only for babies in this age group.
2. At 4 months of age baby cereal may be started. Iron fortified dry infant cereals are higher in nutritional value than prepared cereal-fruit combinations. Cream cereals contain varying amounts of different iron compounds, not all of which are well absorbed, and most adult dry cereals also provide less iron than infant cereals.
3. After cereals are well accepted you can start Stage 1 foods. Allow 3-4 days in between each new food to look for reaction.
4. At 12 months of age whole milk can be started with a Doctor's permission. Whole milk is to be given until the age of 2 years then it should be changed to 2% lowfat.

Vegetable and meat combination dinners can contribute variety to your baby's diet but offer no nutritional advantage over similar non-combination products. Desserts and puddings with high sugar contents should be given sparingly, if at all.

So called “finger foods” such as cheerios and puffs and smaller pieces of banana may be introduced between 6 and 10 months. By 9 months, pieces of cheese and soft fruits may be given, however, small pieces of hard food, such as raw carrots and peanuts, should be avoided until your baby is much older. Grapes are healthy finger foods but should be sliced in half or smaller to avoid choking hazards.

The baby who is offered finger foods will become accustomed to various food textures and learn self-feeding skills. Mastering the use of a spoon and cup are major developmental accomplishments, and manipulation of finger foods is a step toward accomplishing these goals.

## AS YOUR BABY BECOMES A TODDLER

**Foods:** Between the ages of one to two, many children show little interest in eating. They would rather play. Not only do children’s appetites decrease at this time, but they do not want their playing to be interrupted just because it is mealtime. This period will pass. Your child will eat when he is ready and will not starve. Remember fluid intakes can be quite filling thus be careful to avoid a large fluid intake prior to mealtime.

Toddlers will probably begin to show definite likes and dislikes for food. It is your job to provide your child with the healthy foods you would like him to eat, and it is his job to choose whether or not to eat them. Most toddlers like to try to feed themselves. They can usually manage to get spoonfuls of food into their mouths with little spilling and can drink from a cup quite well, but they may still need some help from you. Use of spoon, cup and fork should be encouraged, but the fork should have blunt ends.

Convenience, cost, and acceptance by your toddler will help determine when you substitute table foods for baby foods. At first, table foods can be chopped up in a standard food mill or blender or in a baby food grinder. If you prepare your baby’s foods from table foods, you should remove the baby’s portion before you add salt or seasoning. Continuing a balanced variety of foods, including cereals that are iron-fortified, is the best way to ensure that your baby’s diet is nutritionally sound.

**Toilet training:** It is recommended that you do not start training your toddler until he is 2 years old. When your child is ready, set him on the toilet for a few minutes at the time a bowel movement usually occurs. Toilet training can be difficult or easy – don’t become overwhelmed with it and remember, accidents will happen. If you are having a particular problem with toilet training your toddler, please call the office for more advice specific to your child.

# TEETH

## Period of tooth development

Your child's teeth started to form beneath the gums before birth. The first primary (baby) tooth that erupts through the gum is usually a lower central incisor. It begins to show at about 6 to 10 months of age. All primary teeth (20 in all) are usually through the gums by about 20 to 31 months of age. When these rather small teeth enter your child's mouth they are hard, sharp and ready to be used. Infants and children should not be placed in the crib with a bottle. Allowing an infant to sleep with a bottle is a well recognized factor in promoting tooth decay, also known as "bottle caries".

## Teething

While your child is teething he may become irritable or drool excessively; both of these are normal. Cool fluids may also help during this time your baby may remain irritable until the teeth have erupted. If you are having a special problem please call the office.

## Dental Care

To keep your child's teeth clean:

- < 1 year: Wipe tooth/gum surfaces with wet cloth to remove food particles.
- 1 – 2 years: Use soft infant toothbrush. You may use infant toothpaste as part of daily routine.
- 2 – 3 years: Use toothpaste and brush teeth at least twice daily and assist your child.
- > 3 years: Begin a twice yearly visit to a dentist for routine cleaning.

## Permanent teeth

The first of your child's 32 permanent teeth will appear at around 6 to 7 years. These first permanent teeth, called the "6-year-molars" come in behind the last upper and lower primary teeth. Eruption of these molars will occur even before your child has lost any primary teeth.

"Six-year-molars" are very important to the development of the rest of the permanent teeth. They determine the final arch of the teeth in the jaw. It is this arch that provides an adequate bite for chewing foods. These first molars also provide alignment for upper and lower teeth, which in turn affects the growth of the facial bones that determine the shape of the face. Because these first molars are so important, your dentist will probably want to check to see if they are growing properly.

After the appearance of the 6-year-molars and until your child is 12 or 13 years old, the primary teeth will be replaced by permanent teeth in about the same order that the primary teeth appeared. Four new molars, called second molars, erupt at 11 to 13 years of age; the last four molars, called

“wisdom teeth”, emerge at the back of the mouth.

Molars are very large teeth with many grooves, cracks and crevices on the chewing surfaces. Food catches easily in these areas, making the teeth vulnerable to decay. Therefore, it is important that your child’s teeth be cleaned twice a day.

## PRIMARY TEETH



	<b>Age Tooth Erupts</b>
	<b><i>Upper Teeth</i></b>
Central Incisor	8-12 Months
Lateral Incisor	9-13 Months
Cuspid	18-22 Months
First Molar	14-19 Months
(6 year molar)	
Second Molar	24-33 Months



	<b><i>Lower Teeth</i></b>
Second Molar	20-31 Months
First Molar	12-18 Months
(6 year molar)	
Cuspid	16-23 Months
Lateral Incisor	8-16 Months
Central Incisor	6-10 Months

## PERMANENT TEETH\*

### Age Tooth Erupts *Upper Teeth*

7-8 Years	Central Incisor
8-9 Years	Lateral Incisor
11-12 Years	Cuspid
10-11 Years	First Bicuspid
10-12 Years	Second Bicuspid
6-7 Years	First Molar
12-13 Years	Second Molar



### *Lower Teeth*

11-12 Years	Second Molar
5-7 Years	First Molar
11-12 Years	Second Bicuspid
10-12 Years	First Bicuspid
9-11 Years	Cuspid
7-8 Years	Lateral Incisor
5-6 Years	Central Incisor



\* Not shown: Third molar which erupts at 17-21 years of age behind second molar.

# ONE MONTH

During these first weeks of life, if the baby is laying on his back, his head turns to one side. The arm on the side to which his head is turned extends outward and the other is bent upward at the elbow, so that the newborn looks like a tiny member of a fencing team. For about the first month, a sudden noise or movement of his crib may make him stiffen his body, and he may cry and move his arms upward and outward, this is called the “startle” or “moro” reflex. Fitful waking, sneezing and choking may occur, which will disappear as his nervous system develops further. Baby will spend most of his time sleeping.

A new baby has very little muscular control. He may be able to raise his head slightly while laying on his stomach, but if you pull him into a sitting position, his head will drop forward. Most of the time his fists are clenched; if you press your finger into his hand, he will probably grasp it automatically. The baby’s most active muscles are his tiny eye muscles. Sometimes he stops all activity to “stare at sounds”, such as the tinkling of a bell.

Toward the end of the first month, he may make small, throaty noises, but most of the time crying is his only language.

**DEVELOPMENTAL MILESTONE:** Baby has eye fixation (stares)

## **BIRTH TO 1 MONTH**

*Babies like to:*

SUCK

LISTEN to repeated soft sounds

STARE at movement and light

Be HELD and ROCKED

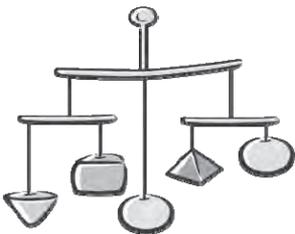
*Give your baby:*

Your TALKING and SINGING

LAMPS throwing light patterns

Your ARMS

Supervised belly time



## **1 MONTH**

*Babies like to:*

LISTEN to your voice

LOOK up and to the side

HOLD things placed in their hands

*Give your baby:*

A lullaby RECORD

A MOBILE overhead

PICTURES on the walls

Your FACE near his

## TWO MONTHS

The baby now may begin to look at his hands or fix his gaze on a rattle. He makes babbling and cooing noises, and may seem to enjoy having people near him.

One of the first signs of a baby's capacity to learn is now noticeable. He gets to recognize the position in which he is fed and is likely to begin sucking our mouthing movements immediately when placed in this position.

He may be able to open his hand to take hold of a rattle. He usually drops it immediately but he may be able to hold it for a short time.

Sleeping still occupies most of his time, but his periods of sleep are now longer. The intervals when he is awake and paying attention to the outside world are also longer. The length of naps, depth of sleep, and activity during sleep are different from baby to baby.

When the baby is held up, his head no longer sags forward, but may jerk or bob around.

## 2 MONTHS

DEVELOPMENTAL MILESTONE: Baby smiles

*Babies like to:*

- Listen to musical sounds
- FOCUS, especially on their hands
- REACH and BAT nearby objects
- SMILE



*Give your baby:*

- A MUSICAL BOX or a soft MUSICAL TOY
- A soft security CUDDLE TOY tied to crib

## THREE MONTHS

The infant is beginning to be more interested in the world around him, but his interest centers on his parents. In response to your smile, he not only smiles, but may coo and blow bubbles. He may gaze at you intently.

He can now focus on a brightly colored object and follow its movement from side to side pretty well with his eyes. In other ways, too, you will probably see that he is becoming more active.

He may choose a favorite position for resting or sleeping. He may hold his arms alongside his body, with his hands open, and appear to be making clutching or scratching movements. Thrashing movements are common by this age and may make it difficult for you to feed him because his arms and legs seem to get in the way.

His arms are strong enough that he can raise his chest and hold his head high if you place him on his belly. When you place him in a sitting position, his back is still rounded, but his head sags much less. If you hold him in a

standing position, he cannot yet hold himself up, but he usually flexes his toes and lifts one foot.

DEVELOPMENTAL MILESTONE: Baby turns head

### 3 MONTHS

*Babies like to:*

- REACH and FEEL with open hands
- GRASP crudely with two hands
- WAVE their fists and WATCH them

*Give your baby:*

- MUSICAL RECORDS
- RATTLES
- DANGLING TOYS



### FOUR MONTHS

Your infant's individual personality now becomes more apparent. He may begin to smile at you as soon as he sees you. He coos, chuckles, gurgles and bubbles. By the end of the fourth month, most infants have a real "belly laugh".

He likes to look around at his surroundings and may turn his head toward voices. He becomes more adept at focusing his eyes on brightly colored moving objects, but the adult face still holds his interest more than anything else.

When he lies on his back he shows a preference for resting his head on one side. If he spends much time on his back he will often turn his head from side to side; the rubbing and pressure could produce temporary "bald spot".

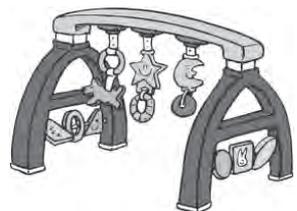
During this time, most infants are better able to control the muscles that support their arms and legs. An infant starts to reach for objects, and his hands still may get in his way during feeding. Usually, if you dangle a ring in front of him, he becomes excited and moves his head, shoulders and arms. This is the beginning of coordination between his eyes and his body movements. His fingers touch and play with each other; as he learns to reach his mouth with his hands, he may begin finger sucking. When held upright, he extends his legs and can partly hold himself up.

DEVELOPMENTAL MILESTONE: Baby can hold head upright unsupported

### 4 MONTHS

*Babies like to:*

- GRASP things and LET GO
- KICK
- LAUGH at unexpected sights and sounds
- Make CONSONANT SOUNDS



*Give your baby:*

- BELLS tied to their crib
- A CRIB GYM
- More DANGLING TOYS

## FIVE MONTHS

The infant begins to try to explore the world around him with his eyes, fingers, hands and mouth. He started by sucking his fingers; now he is busy finding out new things about his body and about things with which he comes in contact. Everything seems to go into his mouth – blanket, toys, feet and toes. Much drooling accompanies this so you may think he is teething, even if he is not. He pulls at his clothes. If he drops a toy, he will follow it with his eyes. He turns his head at the sound of a voice or a bell, though not always in the right direction. He may now try to catch a dangling object between his hands.

By this time the infant has developed several sounds that he uses with people. He also “talks to himself” when he is alone. While he shows an interest in his father, and in brothers and sisters, he may appear to be less friendly toward strangers or even afraid of them. He seems to recognize the difference between familiar and unfamiliar people.

His back is not straighter and he can sit erect when supported. He may appear to be starting to crawl, but he is still limited by his ability to raise his belly up off the mattress.

DEVELOPMENTAL MILESTONE: Baby can roll over and grasp objects

### 5 MONTHS

*Babies like to:*

- SHAKE, FEEL and BANG things
- SIT with support
- PLAY PEEK-A-BOO
- ROLL over

*Give your baby:*

- A HIGH CHAIR with a rubber SUCTION TOY
- A PLAY PEN
- A KICKING TOY



## SIX MONTHS

This period in a baby's life is marked by an increase in energy and activity. He may not actually move more or faster, but he now begins to move toward objects and to assume an erect position. He can support his weight on his hands and hold his head and chest up high; he may even be able to support his weight on one arm while reaching for an object with the other hand. No walkers! They are dangerous.

You may discover that your baby is able to grasp objects by holding his hand as though he had on a mitten. Later he may be able to transfer an object from one hand to another and to pick up toys he has dropped.

The baby will probably respond to sounds by turning his head toward them. Previously, his recognition of sounds was shown by a change in expression or a stopping of activity.

His sociability is more noticeable now. He looks up when people enter the room. When he is left alone or when a toy is taken away, he may object loudly. He may express his displeasure about the disappearance of an adult sooner than he does the loss of a toy. This represents his increased interest in a world which includes things as well as people.

**DEVELOPMENTAL MILESTONE:** Baby can transfer objects and can chew and bite

## **6 MONTHS**

*Babies like to:*

- SHAKE, BANG and THROW THINGS DOWN
- GUM objects
- RECOGNIZE familiar FACES

*Give your baby:*

- Many HOUSEHOLD OBJECTS
- Tin CUPS, SPOONS and pot LIDS
- Wire WISKS
- A CLUTCH BALL and SQUEAKY TOYS
- A TEETHER and GUMMING TOYS



## **SEVEN MONTHS**

A baby can now sit alone, often keeping his body erect for as long as a minute. Supported, he can sit for as long as half an hour. This will lead to his ability to stand alone which comes later. When you hold him upright, he can support a large portion of his weight for a short time.

He continues to discover things in the small world around him. He can still use his eyes better than his hands. Yet the hands and eyes seem to work together, each guiding the other. He now inspects individual objects closely and becomes more adept at reaching for an object and transferring from one hand to the other and back.

The baby may now babble and squeal, and listen to his own “talk”. He is much more preoccupied with his private world than with other people; at this stage, he is not much concerned with the appearance of strangers. He doesn’t pay much attention to words. He delights in his abilities and may play with a single toy for a long time or respond socially to his mirror image by smiling and patting the glass.

Now his increasing mastery of body movements and his increased awareness guide him in active, purposeful movements toward things he wants. Although many objects are still beyond his reach, he tries hard to reach them.

DEVELOPMENTAL MILESTONE: Baby can grasp an object with one hand

## 7 MONTHS

*Babies like to:*

SIT alone

USE their FINGERS and THUMB

NOTICE CAUSE and EFFECT

BITE on their FIRST TOOTH

*Give your baby:*

BATH TUB TOYS

More SQUEAKY TOYS



## EIGHT MONTHS

A baby can now recognize a toy across the room and, if he has been permitted to do so, he may crawl across the room to get it. This is the time to make sure potentially harmful and breakable objects are removed from his reach. His hands are able to grasp objects more easily and hold an object for a long time.

The infant is beginning to show an interest in relating two objects to one another. He may push his plate around with a spoon or bang his cup with a toy. He can now hold his bottle, and can feed himself a cookie.

He may be able to coordinate the movements of his body, arms and legs so that he can go from a sitting to a prone position by himself. He now seems to be interested in learning to stand and hold an adult's hands or the rail of his playpen to accomplish this.

A baby now reaches out to people, or he may sometimes push them away in protest. He likes simple games like peek-a-boo. His reaction to strangers may range from shyness to distrust. He now responds to his name and his response to your command, "no-no", indicates that he understands by the tone of your voice that you are displeased.

All babies eyes are blue at birth. His true eye color has now been established.

DEVELOPMENTAL MILESTONE: Babies grab feet to stretch legs.



## **8 MONTHS**

*Give your baby:*

- SPACE to pivot and creep
- 2 TOYS at once to BANG together
- Big SOFT BLOCKS
- A JACK-IN-THE-BOX
- NESTED plastic CUPS

*Babies like to:*

- PIVOT on their stomachs
- THROW, WAVE and BANG toys together
- LOOK for toys they have DROPPED
- Make VOWEL SOUNDS

## **NINE MONTHS**

The infant can now sit up easily and change from a sitting to a prone position. Instead of leaning forward when placed in a sitting position, he is now able to lean forward and then straighten himself again. He makes efforts to stand and may soon learn to pull himself up without assistance. In the beginning, he may not be able to sit down again and, stranded upright, will cry for help. Or, quite naturally, he may fall and begin to cry.

This is a good time to baby-proof the house. Use outlet covers and toilet locks and make sure blind cords are unreachable. Get down on your hands and knees and look around for anything your child could choke on or hurt himself on.

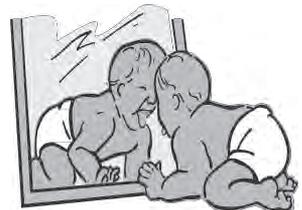
He is reserved with strangers, but enjoys social contact such as pat-a-cake and bye-bye. He now responds definitely when called by name and to the tone of voice in “no-no”. He reaches out to people playfully. Not all babies crawl.

DEVELOPMENTAL MILESTONE: Baby has pincer-grasp.

## **9 MONTHS**

*Give your baby:*

- A SAFE CORNER of the room to EXPLORE
- TOYS tied to his HIGH CHAIR
- A metal MIRROR
- A JACK-IN-THE-BOX



*Babies like to:*

- PULL THEMSELVES UP
- CREEP
- PLACE things generally where they've wanted
- SAY “DA-DA”
- PLAY PAT-A-CAKE

## TEN MONTHS

In the first few months of life, a baby uses his eyes and mouth. Later the movements of trunk arms and hands become better coordinated. Now he has better coordination of his legs, fingers and feet.

By now, he can do many things with a toy – grasp it, shake it, combine it with another, or use it as a social contact by offering it to an adult. He still brings objects to his mouth as he did earlier, but not as often as he did because he now uses his eyes and hands more to test things.

An infant can now raise himself easily to a sitting position and stand if he holds himself up with the playpen rail. Some infants take a few steps with this support and may appear to be more independent because of their ability to move toward or away from a person or an object. A child may be so specific in his wishes that it is hard to keep from his desired course of action or from prohibited objects. Danger spots such as the stairwells now need to be blocked off from his crawling.

DEVELOPMENTAL MILESTONE: Baby may crawl (raise belly from floor)

### 10 MONTHS

*Babies like to:*

POKE and PROD with their forefingers

PUT THINGS IN other things

IMITATE SOUNDS

*Give your baby:*

A big PEG BOARD

Some CLOTH BOOKS

MOTION TOYS



## ELEVEN MONTHS

In some ways the child is now more dependent; in others, he is growing more independent. When you feed him, for instance, he may insist on holding the spoon, even though he rarely gets it to his mouth. It may go back to the plate or into his cup, because of his interest in combining things. Feeding time may be somewhat messy, since food seems to exist not only to be eaten, but also to be felt with the hands, smeared on the face and dropped on the floor.

All this is a natural part of his learning about the world around him.

Because he does not want to be separated from his parents – the most important people in his life – your child may now be reluctant to go to sleep or may awaken during the night.

He does not want to be left alone in bed. You have applauded him for being able to move around, for example, and he enjoys being with you.

Why leave such pleasant company for a crib?

Because he depends on you, your baby may become anxious when you leave the room.

Being allowed to creep after you will be comforting. But because he likes moving under his own power, he may become impatient if you try to hold and cuddle him.

He has invented a new game to keep you with him – dropping toys out of the playpen or feeding table for you to pick up and hand back to him. Then he can drop them out again.

The next two important skills a baby learns are walking and talking. Language may lag while he concentrates on navigation. The eleven-month-old may understand simple commands such as “Give it to me”. His behavior may begin to show that he is learning what “no” means.

This is the time to be sure he is protected from contact with stoves, heaters and electric cords, for he will crawl where his curiosity leads him.

DEVELOPMENTAL MILESTONE: Baby stands erect while holding someone’s hand

## 11 MONTHS

*Babies like to:*

USE their FINGERS

LOWER THEMSELVES from standing

DRINK from a cup

MARK on a paper

*Give your baby:*

A large CRAYON

A baking TIN with CLOTHES PINS

His own DRINKING CUP



## ONE YEAR

All babies walk at different times, usually between 9 and 15 months. A baby is now preoccupied with creeping, walking and attempting to feed himself. His body has developed to the point where his legs can more fully support his weight, and he may soon be able to stand alone. Standing with support now, he can lower himself and sit down. He can also pivot about while sitting, and regain his upright posture after leaning forward.

He can now manipulate his thumb and forefinger to pick up small objects. He may be able to roll or throw a ball toward you or another adult with whom he is playing. Your baby may try to help you in dressing and undressing him by pushing his foot into a shoe or holding his arm so that you can slip a sleeve over it.

At this time, the baby may be repeating familiar words. He may try to attract attention by squealing or crying. He may repeat performances that the

family finds funny. This pleases him as much as his audience, and helps him to feel himself as a person. Prior to this time he has not distinguished himself from his mother. He talks to his mirror image, sometimes offering a toy. He enjoys simple tricks and games, particularly being chased while he creeps at top speed.

You may find that your baby wants to stand up while being fed or sometimes shows no interest at all in eating. He would rather play. He may also begin to show definite likes and dislikes in food, and sometimes wants to choose what to eat.

At one year, the infant seems serene, self-confident and friendly. He is now aware of anger, jealousy or fear in others and may react to these emotions.

DEVELOPMENTAL MILESTONE: Baby can walk with one hand held

### 1 Year

*Babies like to:*

- CREEP
- CRUISE
- USE 1 or 2 WORDS
- USE their FINGERS
- Be HUGGED



*Give your baby:*  
A BABY PROOF HOUSE  
CUDDLING  
A STACKING TOWER

## THIRTEEN – FOURTEEN – FIFTEEN MONTHS

Your infant may now be trying to do so many things so vigorously that you may find it difficult to keep up with him.

As he becomes more independent, he may not respond so readily to your command of “no-no”. He is beginning to know what he wants, and goes after it. His temper is quickly aroused and loudly expressed, though it may be short-lived. To preserve your own peace of mind and your table lamps, you may have to restrict him to places where he can’t get in trouble.

Luckily, you will probably find that his attention is easily diverted.

Many things get his attention now. He likes to look at picture books and help turn the pages. He enjoys throwing things and likes to fill boxes with small objects, which he promptly empties. Mimicking sounds, motions and facial expressions help him increase his language. He may be able to make a simple drawing stroke with a crayon. He now remembers an article when it is out of sight and may be puzzled when he can’t find something in its usual place.

Although he may still enjoy crawling, he is now an active walker, keeping his feet far apart for balance and taking short, flat-footed steps. He may be able to walk downstairs holding – your hand, and can probably crawl upstairs by himself.

At about fifteen months, your baby may begin to sense the connection between himself and his wet pants or the puddle on the floor and may even point with pride. But he isn't hooked up well enough yet to know that you would like advance notice.

Now is the time for you to be sure that all poisonous substances are out of his reach – including medicines and household cleaning preparations. This is the age at which your baby enjoys rummaging through pots and pans, emptying wastebaskets and bottles.

**DEVELOPMENTAL MILESTONE:** Baby walks alone

### **13 MONTHS**

*Babies like to:*

STAND UP, SIT DOWN

Try FEEDING themselves

RELEASE OBJECTS with more precision

IMITATE YOU

Play WHERE'S BABY

*Give your baby:*

His own DISH, CUP, SPOON

Your GAMES with him

FITTING TOYS



### **15 MONTHS**

*Babies like to:* WALK

ALONE FLING

objects FILL and

EMPTY

RESPOND to KEY WORDS

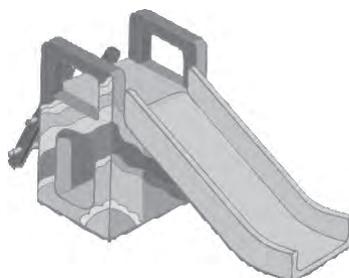
Exercise HAND SKILLS

*Give your baby:*

Big OUTDOOR TOYS

Your CONVERSATION

MANIPULATIVE TOYS



### **14 MONTHS**

*Babies like to:*

Put SOUNDS together

Have an AUDIENCE

SEARCH for hidden toys

PILE 2 or 3 blocks

*Give your baby:*

Your ATTENTION

WOOD BLOCKS

A CONTAINER TOY

## SIXTEEN – SEVENTEEN MONTHS

Your child is no longer an infant, and has made great gains in daily control. However, he is still quite dependent on you.

He is likely to be easily frustrated when he can't do something he wants, and may not wait patiently for anything. His attention is more intense, but he is still easily diverted because of his short span of attention. He does not always obey your commands, but can occasionally follow simple directions.

Because he likes to climb over and on things whenever possible, it is helpful to make it physically impossible for him to enter forbidden areas. You can, for instance, block his entrance to the kitchen with a gate. Rather than tell him to move from a certain spot, it is easier to simply pick him up and deposit him in a safer place. Outdoors, he needs to be watched, for his curiosity may lead him to trouble spots.

He may walk fast now, or even run, though stiffly. He enjoys pushing and pulling wheeled toys and is able to throw a ball overhand but without accuracy. He can walk upstairs unassisted, and may sit and bump his way down, but usually reverts to all fours and creeps down backwards.

His growing maturity is shown by his pleasure when he manages to seat himself in a chair or when he hands you his empty dish. He may begin to tell you of his need for the toilet, using either your words or his own signals. Toilet habits may become regulated during the daytime, but training is nowhere near completion.

He may have a favorite toy or doll which he carries around with him wherever he goes. As a rule, most children of this age can get a spoonful of food in the mouth with little spilling and can hold a cup safely. But they still need your help, particularly near the end of a meal.

DEVELOPMENTAL MILESTONE: Baby can pull a toy

### 16 MONTHS

*Babies like to:*

- SQUAT DOWN
- Walk CARRYING things
- Use SAND
- ROUGH-HOUSE

*Give your baby:*

- PUSH and PULL TOYS
- Big SOFT TOYS
- Indoor and outdoor SANDBOX
- YOU on the FLOOR





## 17 MONTHS

*Babies like to:*

LUG, TUG, DRAG things  
WAVE BYE-BYE  
Use WATER  
Get INTO EVERYTHING

*Give your baby:*

WATER and POURING TOYS  
HAMMERING TOYS  
Your WATCHFULNESS  
Bigger PULL TOYS

## EIGHTEEN – NINETEEN- TWENTY MONTHS

His growing independence and his interest in things around him prolong his meal and make it a messier operation. He may enjoy mixing everything together and then refusing to eat it. He now handles his cup quite well and feeds himself passably well with his spoon. He also attempts to assist in putting on clothing and may walk downstairs alone, aided only by the rail or wall. You may be able to get him to run simple errands from room to room. There is probably no age at which a child is more insistent on having things exactly the way he wants them than this. Although he may now use two and three-word sentences, the 21-month-old child can't always tell you what he wants. He may keep screaming while you offer a multitude of objects in trying to find out what he wants. He naturally becomes upset because he can't express his needs to you.

Yet, independent as he may be at one moment, the next he may be clinging, dependent, acting like an infant again. He may call you frequently to admire his mud pies and block towers and get your encouragement for his activities.

Children at this age often imitate the games of older children, even though there is little understanding of the games. Your child may imitate your activities, such as using a toy telephone, "helping" dust or make beds, or "reading" a newspaper.

Now, a child may be able to let you know when he has to go to the toilet, and is usually pleased when he avoids an accident. But he is not trained yet and may not be able to fulfill your expectations.

He still explores, moving chairs into position to extend his reach toward desired objects. Of necessity, you will find that valuable and harmful objects will have to be put out of sight as well as out of reach.

DEVELOPMENTAL MILESTONE: Baby can use 18 words

### 18 MONTHS

*Babies like to:*

OPPOSE YOU with "NO"  
GET what they want NOW  
Use WORDS with GESTURES  
CLIMB STAIRS

*Give your baby:*

Your DIPLOMACY  
STAIRS  
A toy TELEPHONE  
Cloth PICTURE BOOKS



### 19 MONTHS

*Babies like to:*

CLIMB UP onto everything  
MOVE to MUSIC  
IDENTIFY parts of themselves  
SORT OBJECTS and SHAPES

*Give your baby:*

A SHAPE SORTING BOX

### 20 MONTHS

*Babies like to:*

FETCH and CARRY  
DIG and MESS  
Have things THEIR WAY  
REMEMBER from yesterday  
TAKE things APART  
USE 15 to 20 WORDS

*Give your baby:*

A carrying CASE  
Little CHORES  
Your PATIENCE  
THINGS to take apart



## TWENTY-ONE – TWENTY-TWO – TWENTY-THREE MONTHS

By this time, the child has an increased vocabulary which enables him to make his wants more easily understood. He is less likely to attempt projects which he knows are too difficult for him, except perhaps when he is fatigued.

Your two-year-old loves rough-and-tumble play, climbs and runs with fewer falls and alternates quickly between standing, squatting and sitting. He may be interested in other children, but usually plays near them rather than with them. In a sandbox, for example, each child will probably play in "his" own corner. He may play with brothers and sisters more directly. At this age,

both boys and girls tend to imitate their mothers more and more, playing with dolls and “cooking” in the kitchen with real or toy pots and pans. “Me” and “mine” continue to dominate in the child’s approach to play, and there is ordinarily little sharing of toys.

Your child is now more often able to get what he wants by himself. More and more, he pushes a chair around and climbs onto it to reach a desired object. He can look at a picture book by himself, turning pages without assistance. He enjoys the sound patterns of Mother Goose rhymes or children’s poems, as well as folk music, nursery tunes and TV commercials.

By the end of his second year, he may quickly show affection. He manufactures many excuses to delay his bedtime and remain with the family. He may still call himself by name, rather than “I” or “me”. He probably dawdles, but he likes to please you and others by running simple errands. His memory is good enough to recall what he is looking for or where he put it, but his still short attention span makes him forgetful and subject to distraction.

DEVELOPMENTAL MILESTONE: Toddler can use short sentences



### **21 MONTHS**

*Babies like to:* Claim

“MINE” MARK on  
PAPER

POINT to objects in BOOK  
TURN PAGES

FIT things TOGETHER

*Give your baby:*

A big CRAYON and PAPER  
PICTURE BOOKS  
A CONSTRUCTION SET

### **22 MONTHS**

*Babies like to:*

FIT SHAPES

WATCH GROWN-UPS

PUT things BACK

COME when CALLED

SCREW and UNSCREW

*Give your baby:*

SHELVES for his toys

HELP in putting things away

Simple PUZZLES

A plastic JAR with screw LID



## 23 MONTHS

*Babies like to:*

Use 3 WORD SENTENCES

RUN

HELP with household tasks

Hear RHYMES

Work with their FINGERS

*Give your baby:*

A DOLL or TEDDY

A TOY to RIDE

A MOTHER GOOSE BOOK

FINGER manipulative toys



# C

# HILDREN LEARN WHAT THEY LIVE

*If children live with criticism,  
They learn to condemn.*

*If children live with hostility,  
They learn to fight.*

*If children live with ridicule,  
They learn to be shy.*

*If children live with shame,  
They learn to feel guilty.*

*If children live with tolerance,  
They learn to be patient.*

*If children live with encouragement,  
They learn confidence.*

*If children live with praise,  
They learn to appreciate.*

*If children live with fairness,  
They learn justice.*

*If children live with security,  
They learn to have faith.*

*If children live with approval,  
They learn to like themselves.*

*If children live with acceptance and friendship,  
They learn to find love in the world.*

*Dorothy Law Nolte*

## **Vaccines**

We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control, and the American Academy of Pediatrics.

As your child received vaccines, detailed immunization records are available upon request.

## DISCHARGE INSTRUCTIONS ON ONE EASY SHEET

1. **First Office Visit** - The doctor will tell you when to follow up in the office, usually 2-4 days after discharge. However, if you have any questions prior the appointment or need to be seen, just call our office.
2. **Feeding** - Feed your baby on demand (whenever they want to be fed). However, make sure to feed them at least every 3 hours until seen in the office. If you are solely breast feeding, please give the baby an infant vitamin drop like poly-vi-sol- 1 milliliter once a day.
3. **Umbilical Cord** - Keep the diaper folded away from it. No real baths until it falls off, only sponge baths. It can take 2-4 weeks to fall off. As it separates there may be a small amount of bleeding. This is normal.
4. **Bathing** - Bathe your baby every 2-3 days. More bathing causes dry skin.
5. **Circumcision** - If your baby was circumcised, the nurses will show you how to use the Vaseline gauze. Use that until seen in the office.
6. **Sleep** - All babies should sleep on their back. They should be on a firm mattress with no pillows, blankets, stuffed animals, or bumpers in the crib.
7. **Car Seat** - Infants should be rear facing in the car seat until they are 2 years old, in the center if possible.
8. **Clothing** - Dress your baby in clothing that makes sense for the weather. Do not over bundle them if it is warm out.
9. **Fever** - There is no need to take your baby's temperature unless they feel very hot or seem ill. A fever for a newborn is a rectal temperature of 100.4 degrees or higher. If you find a fever in the first 3 months of life, call the office right away.
10. **Diapers** - Expect about 4-8 wet diapers per day in your newborn and stools anywhere from every other day to 8-10 times a day.
11. Vaginal discharge with white mucous or blood is normal.
12. Breast enlargement is normal for boys and girls.
13. Hiccups, sneezing, and coughing multiple times per day are normal.
14. If your baby appears to be jaundiced (yellow), call the office.
15. Remember, any questions or concerns, do not hesitate to call the office for advice or an appointment.





advocare

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## South Jersey Pediatrics

### Advocare South Jersey Pediatrics

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Cherry Hill, NJ 08003  
856.424.6050

204 White Horse Pike  
W. Collingswood, NJ 08107  
856.424.6050  
advocaresjp.com

### Advocare Hammonton Pediatrics

The Augusta Professional Center  
856 S. White Horse Pike, Suite 2  
Hammonton, NJ 08037  
609.704.8848  
advocarehammontonpeds.com

### Advocare Township Pediatrics

Tower Commons at Five Points  
123 Egg Harbor Road, Suite 206  
Sewell, NJ 08080  
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