



Dr. Fitch's 12 month Well Baby Handout

Name: _____ Date: _____

Weight: ___ lbs ___ oz (___ %)

Height: _____ in (___ %)


Head: _____ in (___ %)

Tylenol dose: _____ tsp or _____ ml (infant or children's)—4 hours

Ibuprofen dose: _____ ml (infant) / _____ tsp or _____ ml (children's)—6 hours

Benadryl dose: _____ tsp or _____ ml—every 4-6 hours

THINGS TO DO:

- Call to schedule your child's 15 month well child visit (call 4-6 weeks ahead). The timing of this visit is not critical. Sometimes we'll do a month early to combine it with an ear re-check or we'll do at 16 months so we can combine it with a flu shot and save you an extra visit to the office.
- Call to set up 2nd flu shot in one month if your infant got the first today.
- We recommend that parents get a yearly flu vaccine as well. It's hard to parent when you are down with the flu for a week. We offer the flu vaccine if you would like to get it here.
- Visit our website: www.heritagepediatrics.com for news, announcements, educational materials, health recommendations, and information about our office. Check out my page under the physician tab.
- Follow us on Facebook!! 

FEEDING:

- Most toddlers are good eaters at 12 months and then it goes downhill between now and 3 years.
- A typical toddler will love a food one day and hate it the next. He / she will go a day or two or even three not eating and then eat great the next day. Until your child is 8 (girls) or 9 (boys) variety really means getting something from each food group every 3 or 4 days.
- My advice is just put good, nutritious food in front of your toddler. If your toddler is hungry he / she will eat. If they never see it on their plate, they will never try it. Hunger is a good motivator, so use it to your advantage.
- Your toddler is also smart. If they learn that every time I scream I get option B, they will quickly make us a short order cook.
- **New recommendations are for all of us to decrease carbs in our diet. "My plate" should look like 25% fruit, 25% vegetables, 25% protein and only 25% carbs.**
- **The younger a child sees meals placed in front of them in the above ratios and sees what's on mom's and dad's and sibling's plates is exactly what is on their plates, the better chance of developing healthy eating patterns.**



- I want meal times to be fun times. That's not to say there won't be battles. But, I want your toddler to see that it's their battle and not our battle. So, stay relaxed. Calmly respond instead of reacting (that is really hard for me) to normal, picky-toddler eating habits.
- *Choking foods:*
 - You still will want to avoid small, hard foods (like peanuts and popcorn), or large foods (like a large piece of steak or hotdogs) or slick all the way around (whole grape)
- *Allergenic foods:*
 - All foods are fair game at this age.
 - As I said at 9 months, peanut butter is now recommended to be introduced in the first year and there is no recommendation to wait on shell fish either.
 - Honey is now approved down to 1 year of age and can be helpful for coughs and as a soothing agent for sore throats.
- Though most toddlers are on all table food by 12 months, some aren't ready for table food due to a sensitive gag or just a preference until even 15 months.
- Meal time should be family time. Discourage "grazing behaviors" by having set meals and if able, have all members of family eat together. There are great studies of adolescents that show great emotional, psychological, educational, and physical benefits of family meals. So, get in this habit when your child is young. Then this is just part of your routine when life starts getting busy and your school age child becomes a tween and then a teen.

Milk:

- It is ok to change to 2% or whole milk. If there is a family history of cardiovascular disease or obesity, it is recommended to go to 2%. However, healthy fats from animals and plants are less of a concern in the context of a lower carb diet. If your child is slower to move to table food, you can continue with breast milk or formula for now.
- Most can make the change cold turkey. If your child doesn't like the taste at first, you can taper them off of breast milk or formula, and if they won't drink it cold, you can slowly warm it less and less.
- The official amount recommended is 12-24 oz. Though your toddler probably gets 12 oz of calcium in a typical diet without milk, I think there is great benefit of getting your toddler in the habit of drinking milk at meals. When your child is 8 (girls) or 9 (boys), I'm going to recommend that they get 3 (8 oz) glasses of milk a day to meet their calcium needs. So, drinking 3 glasses now is getting them in the habit. If your toddler is getting more than 24 oz of milk in a day, we worry that he / she will fill up on milk and not eat food. If your child is drinking 32 oz and is a good eater, that is ok.
- I'm not an anti-bottle physician. I would much rather your toddler drink milk out of a bottle than no milk out of a sippy cup. I've never had a child go to Kindergarten with a bottle. If you can switch to the sippy cup now, that is great. We have to tell our kids "no" but pick your battles.



WET & DIRTY DIAPERS:

- When you make the transition to milk, your child may have either mild diarrhea or constipation for a few days. If it is severe or lasts more than 5-7 days, let our office know.
- Most infants are having 1-2 soft bowel movements a day at this point. Every other day is ok as long as it is soft.
- I want to jump on constipation quickly. If your toddler remembers it hurts to go, he / she can start holding it in even at this young age. This can then affect toilet training.
- If your infant is really straining, having hard little balls, or you see blood, we will introduce measures to soften the stool. This may include a little watered down juice, adding more fruit in the diet, or adding stool softener to a bottle or baby food.
- Please call our office if bowel movements become a problem.

SLEEP:

- Most infants are sleeping through the night by 12 months.
- If at all possible, your baby should not sleep in the parent's room. Do not allow your baby to come into your bed if he or she awakens during the night. Check on safety and comfort, but keep him or her in their own bed.
- Establish a bedtime routine and a consistent time for bed.
- Be firm when it comes to bedtime.
- Have a quiet time prior to putting your baby to bed, so that he or she is not overly excited from play and unable to go to sleep.
- Do not allow food or drink in bed. No bottles should be allowed in bed!!!
- Keep their room dark, dark, dark when they sleep and make their room/ house bright, bright, bright when they wake up (this, and a consistent sleep schedule, will help to set their circadian rhythm).
- Most will transition from 2 naps to 1 nap by 18 months. However, your toddler can take 2 naps as long as that works for your schedule.

DISCIPLINE:

Your mainstay of discipline is to ignore and redirect. Most of what toddlers do is to get our attention or get a reaction out of us. If you like what they do, go over board to "react to" / praise the behavior. If you don't want the behavior to continue turn your head before you smile or cry 😊, or "respond" calmly with your words. Most don't understand cause and effect at this age, so consequences like time-out are usually not very effective.

PLAYTIME:

Your baby will be active and on-the-go all the time. Babies want to show independence, but need a safe place to explore and need to be watched constantly. Encourage him / her to play alone and with others. Appropriate toys and games include blocks for stacking and building, naming body parts, picture books, soft cuddly toys, push-pull toys, and balls.



IMMUNIZATIONS:

Your infant will receive 3 or 4 vaccines today:

- (1) MMR #1** (Measles, Mumps, and Rubella)
- (2) Varicella #1** (Varicella)
- (3) Prevnar #4** (Pneumococcal)
- (4) Flu** (preservative free Influenza)

- This is the 4th Prevnar. Fever and fussiness is not expected with this 4th Prevnar, but I expect to see more of a local reaction.
- This is the first MMR and Varicella for your toddler. Though they hurt when administered, their reaction is a delayed reaction.
- In 7-10 days, 5-7% will develop a fever and rash (red dots all over) after the MMR.
- In a week to a month from now, 5-7% will develop pocks at the injection site or a body rash (again red dots all over) after the Varicella.
- Your toddler should stay away from anyone who is severely immune compromised (chemotherapy, bone marrow transplant, HIV, etc.) for the next 30 days. This is not for your toddler but for the individual whose immune system is compromised.
- If it is flu season and your toddler hasn't received a flu shot, he / she will receive one today. Though we recommend a universal flu vaccine for all our patients, those under 2 years are at the greatest risk for hospitalization and secondary infections resulting in antibiotic administration. We use the preservative free flu vaccine for all our infants. The first year you get the flu vaccine you get 2 shots a month apart. If today was the first flu vaccine, schedule your infant to return in 1 month for the second flu vaccine.
- There is probably no need for Tylenol if we are just doing the 1st 3 vaccines, but if we are giving a Flu vaccine today, you may want to give Tylenol every 4 hours while awake.

DEVELOPMENT:

- Most are standing alone and walking or beginning to take steps.
- They are using a pincer grasp better.
- They are making consonant sounds (mama and dada), and most are using mama and dada specifically.
- They are beginning to understand. In fact over the next 3 months you will see more understanding than actual words. By 15 months you may feel you need to spell around your toddler if you don't want them to know what you are saying.
- Most will mimic when you do peek-a-boo or patty cake.
- May show parent preference (can develop any time after 6 months). Though this can hurt parent's feelings, this is just a phase that will pass. Continue to hold and love and engage with your toddler.
- Separation anxiety can develop any time after 6 months.
- Object permanence (remembers things exist even when he / she can't see them—will look for a toy you hide behind your back; this contributes to separation anxiety and can effect sleep at night).



DENTAL CARE:

- Be sure to brush your baby's teeth twice a day with a soft toothbrush. A small smear of fluoride toothpaste is ok. If you want more toothpaste, use one without fluoride.
- I suggest you let your child hold the tooth brush both times, but make sure you brush their teeth after they do before bed to prevent milk caries.
- If the tooth brush is a battle, at least wipe the teeth off with a wash cloth before bed. It may still be a battle, but then the battle is with the wash cloth and not the tooth brush.
- We are recommending **Fluoride** application once teeth erupt (we will apply in the office). After studying the recommendation (apply every 3-6 months), I'm convinced it's safe and it's cheap (pennies). If it has the potential to prevent a cavity in an infant or toddler (which would require sedation to fix), I think it's worth it.
- Part of the above new recommendations is for you to see a dentist starting at 12 months. Unless you or I have a concern, I am fine waiting to see the dentist until 3 years of age.

SAFETY:

Accidents kill more infants in the first year of life than any other cause. Keep your baby safe by following a few recommendations.

- If your baby plays outside, a fenced yard and constant watching are necessary. Streets and driveways are very dangerous.
- Poison-proof your house. Check storage cabinets for kerosene, solvents, paints and removers, drain cleaners. Keep these items out of reach and locked up. Keep all medications locked up.
- Never leave your baby alone in the bathtub or near a pool of water. When outdoors, remember to use sunscreen and protective clothing to avoid sunburns.
- Watch out for burns. Check for lighters or matches left around the house or yard. Turn handles of skillets away from the edge of the stove. Do not leave hot liquids on counters or tabletops. Teach the meaning of "hot."
- Child safety seats are still required by state law at this age. It is recommended to leave your baby in a rear-facing car seat until age of 2. The safest place remains the back seat. Remember, children less than age 12 years old should never be placed in the front seat where there is an air bag

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Poison Control:
(800) 222-1222

Clinic Hours:
Monday – Friday AM:
8:00 am - 12:30 pm &
1:30 pm - 4:30 pm

Friday PM & Saturday
AM Urgent Care Clinics:
1:30-4:30 PM & 8:00 AM
until last patient is seen