

Your 12 Month Old



Normal Development – what to expect from 12 months to 15 months old

Daily Activities

- Follows simple directions
- Opens cabinets, pulls tablecloths, bangs cubes held in hands
- Likes to feed self
- Waves bye bye, plays peekaboo
- May get bumps and bruises as they explore

Language

- Understands a few simple words
- Says a few words "mama", "dada", "ball", "dog"

Emotional development

- Shows more negative emotion – may resist naps, certain foods, throw occasional tantrums
- Continues to prefer people to toys
- Shows some stranger anxiety
- Really starting to show independence now

Motor skills

- May walk with help or may walk by themselves
- Stands alone

The Highlights!

- **Call Poison Control (1-800-222-1222)** if you are worried that your baby has eaten something harmful
- Lock away poisons, medications and lawn and cleaning supplies
- Keep small objects, balloons and plastic bags away from your child
- Keep rules for your child short and simple
- Praise your child for good behavior
- See "positive parenting" handout on pg 4
- Make sure everyone who cares for your child gives healthy foods, avoids sweets, and uses the same rules for discipline
- **Switch from formula to whole milk**
- Usually at least 1 nap per day
- At today's visit your child we will test for **lead and hematocrit** levels
- First **dentist visit** is around 12 months

Food, Food, Food!

- Continue 3 meals per day and 2 snacks. Two important nutrients are iron (see meat ideas) and calcium.
- Some baby food, some table foods.
- Your job is to provide healthy meals and snacks. Let your child decide what to eat (from the foods you provide) and how much to eat.
- Between 1 and 2 years old the amount your child eats can change on a daily or weekly basis.
- They may love something one day and Yuk! the next day. This is normal.
- Offer utensils. Encourage your child to feed themselves.
- You may change over to whole milk 20-24 oz/day, usually no more than 24oz/day.
- Transition over to a sippy cup and work to get rid of the bottles.
- Meat ideas: Soft, not stringy. Dark meat chicken, meatballs, ravioli, breakfast sausage, hamburger, deli meats – turkey and ham, tofu, scrambled eggs, fish, peanut butter.



Sleeping

Make a bedtime routine and be consistent every night – same time, same setting, read books, sing songs, bath time before bed. Put child down to sleep at night drowsy but still awake. Your child will usually need at least one nap. Space naps so that they are tired for bedtime.

Play

Pretend talk on phone
Put in/take out tennis ball from a can
Books with family pictures
Start family traditions such as reading or going for a walk together.

Some Helpful and Trusted Websites:

- Healthychildren.org (American Academy of Pediatrics)
- Genesispediatrics.com for our Genesis Advice Packet (GAP)
- vec.chop.edu/service/vaccine-education-center/home.html (Children's Hospital of Philadelphia for vaccine information)

Next Visit:
See you in 3 months
for the 15 month visit!

Safety:

Car Seat:

Make sure that your child is in the correct car seat (see car seat handout).

Car seats should be rear facing in the back seat until at least 2 years of age.

Is the car seat installed correctly?

To have this checked visit your local fire department

Crawling and Walking:

Use gates on stairways and close doors to keep your baby safe.

Install window guards on 2nd floor windows.

Do not use baby walkers!

Choking:

Avoid hard things like chunks of raw carrots, apples, popcorn, peanuts.

Avoid whole hot dogs, whole grapes.

Poison Control Hotline:

If your child has accidentally swallowed a medicine, a chemical, a poisonous plant...

DO NOT WAIT to see if your child will be ok!
Act quickly and call!

Poison Control 1-800-222-1222



For Parents:

Don't smoke! Smoking around your baby, smoking in the car that they ride in or holding your baby with the smell of smoke on your clothes is not healthy for your baby. This exposes them to toxins and can lead to **breathing problems, increase the risk of SIDS and ear infections.**

New York States Smoker's Quitline

Free and Confidential

Tobacco-Free Coaching

Free Nicotine Replacement options

1-866-NY-QUITS (1-866-697-8487)

or www.nysmokefree.com

Where is Lead Found?

Lead based paint was frequently used in homes built before 1978. Renovating these homes can release lead and cause a danger to everyone in that home, especially children. It is possible that parents who work in certain professions (painting, plumbing, construction, auto repair, welding) can bring lead home on their clothing and shoes. Lead can also be found in improperly fired ceramic or pottery made in a foreign country. Children are required to be tested for lead at 1 and 2 years old or at any time that they are found to be at risk for lead exposure.

Lead Exposure Risk Questionnaire

1. Does your child live in or regularly visit a house/building built before 1978 with peeling or chipping paint or with recent remodeling? Includes day care center, preschool or babysitter's home. (Yes/No)
 2. Has your family ever lived outside of the United States or recently arrived from another country? (Yes/No)
 3. Does your child have a brother or sister, playmate being treated for lead poisoning? (Yes/No)
 4. Does your child frequently put things in their mouth or eat non-food items? (Yes/No)
 5. Does your child see an adult whose job or hobby involves lead? Including painting, plumbing, construction, auto repair, welding. (Yes/No)
 6. Does your child live near an active industrial site or a busy road? (Yes/No)
 7. Does your family use products from other countries such as health remedies, spices or foods or serve food in leaded crystal, pottery or pewter? (Yes/No)
- If the answer is YES to any of these questions, then your child is considered to be at risk for lead exposure and should have a lead screening test.

Taking care of your baby's teeth:

- Clean teeth with a soft infant toothbrush and a tiny smear of children's **fluoride** toothpaste twice per day. Baby or training toothpaste does not have fluoride.
- Avoid putting your baby to bed with a bottle of milk or juice. This leads to cavities.
- Avoid sipping milk or juice throughout the day to protect teeth from cavities.
- Start to see a dentist at about 12 months.

I Have a Few Questions...

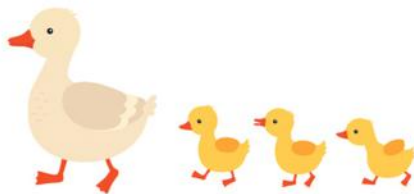
1. Why is my baby scared of new people or scared at the doctor's office?

"Stranger Danger" – starts by about 12-15 months of age.

This shows attachment to you!

A Few Tips:

- Allow "warm up" time with new people.
- Remind friends & relatives to give space, get down on floor, and let the child approach them.



2. How do I childproof my home?

Be careful: your baby is exploring, climbing and pulling up. Once the area is safe, then encourage your baby to explore.

Cover outlets, search under the couch, look for loose change, get poisons way out of the way!

Install gates at the top and bottom of the staircase, make sure that pools have a fence around them.

Remember:

Your house may be baby proofed but other homes (friends and family) may not be. Avoid jewelry with small pieces that could come off and be swallowed. Any medications should be kept in a safe place.

3. How can I get my child to listen to me?

My baby is into everything!

I feel like I am saying "no" all of the time!

Consider removing things that have to be organized like the family DVD collection. That way you don't have to clean up the same things multiple times per day.

If something is too tempting – remove it.

Consider making one room "the playroom" where everything in reach can be played with. Then you can put your feet up/relax and enjoy watching them explore.

Also see pg 4 for positive parenting suggestions.



4. How can I get rid of the pacifier?

Start thinking about strategies to minimize pacifier use.

- At wake-up time say "bye bye" and leave it in the crib
- If upset offer time in crib with pacifier
- Set up rules – only in the car, only in own bed
- Offer alternative for comfort

5. What do I do when my child has a tantrum?

- Distract
- Decrease the audience, walk away
- Choose your battles
- Avoid the word "no", if possible
- Praise good behavior

But I have another question!

For non-urgent questions contact us through the patient portal at genesispediatrics.com

Positive Parenting

Creating a Positive Climate in your Home:

- Spend lots of relaxing time with your baby or toddler
- Do important activities together
- Compliment your child's efforts "William is feeding himself" or "Juana is putting on her shoe" (even when it's not perfect)
- Smiling, touching, kissing, cuddling, holding, rocking and hugging

1. Show that you **recognize** and **accept** the reason your child is doing what, in your judgement, is the wrong thing:

"You want to play with the truck but..."

"You want me to stay with you but..."

This validates your child's desires and shows that you are an understanding person. It also shows that the adult is wiser, in charge, not afraid to be the leader and sometimes has priorities other than those of the child.

2. State the **"but"**

"You want to play with the truck, but Jerisa is using it right now"

"You want me to stay with you, but right now I need to (go out, help Jill, serve lunch, etc.)"

This lets the child know that others have needs too. May help the child put him or herself in other people's shoes.

3. **Offer a solution**

"Soon you can play with the truck"

One-year-olds can begin to understand "just a minute" and wait patiently if you always follow through one minute later. Two and three-year-olds can learn to understand "I'll tell you when it's your turn" if you always follow through in two or three minutes.



A few other suggestions:

Show your confidence in your child

"When you get older I know you will..."

or "Next time you can..."

In some situations, after firmly saying what they should not do, you can **show how to do it in a better way.**

"We don't hit. Pat my face gently" (Gently stroke)

or "Puzzle pieces are not for throwing. Let's put them in their places together" (Offer help).

This sets firm limits, but lets your child feel that you are a team, not enemies.

Toddlers are not easy to distract but you can frequently **redirect** them to something that is similar but OK.

"That's the gerbil's paper. Here's your paper."

or "Peter needs that toy. Here's a toy for you."

For every no **offer two good choices.**

"No, Rosie cannot bite Esther. Rosie can bite the rubber duck or cracker."

or "No, Jackie! That book is for teachers. You can have this book or this book".

To avoid confusion when talking to very young children, **give clear, simple directions in a firm, friendly voice.** This will help your child to not become overwhelmed by too many words and refuse to comply just because they are confused.

For more suggestions please ask for our "Positive Discipline" Handout.

Adapted from an article that appeared in the November, 1988 issue of Young Children (pages 24-9).

Car seat safety: Avoid 9 common mistakes

[By Mayo Clinic Staff](https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/car-seat-safety/art-20043939) <https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/car-seat-safety/art-20043939>

1. Getting a used car seat without doing your homework

If you're considering a used car seat for your child, make sure the car seat:

- Comes with instructions and a label showing the manufacture date and model number
- Hasn't been recalled
- Isn't expired or more than 6 years old
- Has no visible damage or missing parts
- Has never been in a moderate or severe crash

If you don't know the car seat's history, don't use it.

2. Placing the car seat in the wrong spot

The safest place for your child's car seat is in the back seat, away from active air bags. If the car seat is placed in the front seat and the air bag inflates, it could hit the back of a rear-facing car seat — right where the child's head is — and cause a serious or fatal injury. An air bag could also hit and harm a child riding in a forward-facing car seat.

Vehicles that have only one row of seats, such as certain pickup trucks, should only be used if the air bag can be turned off with a key.

If you're placing only one car seat in the back seat, install it in the center of the seat — if a good fit is possible. Placing the car seat in the center minimizes the risk of injury during a crash.

3. Incorrectly installing the car seat or buckling up your child

Before you install a car seat, read the manufacturer's instructions and the section on car seats in the vehicle's manual. Make sure the seat is tightly secured — allowing no more than 1 inch (2.5 centimeters) of movement from side to side or front to back when grasped at the bottom near the attachment points — and facing the correct direction.

If you're using an infant-only seat or a convertible seat in the rear-facing position, keep these tips in mind:

- Use the harness slots described in the car seat's instruction manual, usually those at or below the child's shoulders. Place the harness straps over your child's shoulders.
- Buckle the harness straps and chest clip, ensuring a snug fit. The chest clip should be even with your child's armpits. Make sure the straps and clip lie flat against your child's chest and over his or her hips with no slack. If necessary, place tightly rolled small blankets alongside your baby to provide head and neck support. If the car seat manufacturer allows, place a rolled washcloth between the crotch strap and your baby to create a more secure fit.

4. Reclining your child at the incorrect angle

In the rear-facing position, recline the car seat according to the manufacturer's instructions so that your child's head doesn't flop forward. Babies must ride semireclined to keep their airways open. Many seats include angle indicators or adjusters to guide you. Keep in mind that as your child grows, you might need to adjust the angle. Check the manufacturer's instructions for details.

5. Moving to a forward-facing car seat too soon

Resist the urge to place your child's car seat in the forward-facing position just so that you can see him or her in your rearview mirror. Riding rear facing is now recommended for as long as possible, until a child reaches the highest weight or height allowed by the car seat manufacturer. You can start with a convertible seat, which can be used rear facing and, later, forward facing and typically has a higher rear-facing weight and height limit than does an infant-only seat. Or you can switch from an infant-only seat to a convertible car seat as your baby grows.

When your child reaches the weight or height limit of the convertible seat, you can face the seat forward. When you make the switch:

- Install the car seat in the back seat according to the manufacturer's instructions, using either the seat belt or Lower Anchors and Tethers for Children (LATCH) system.
- Use the tether strap — a strap that hooks to the top of the seat and attaches to an anchor in the vehicle — for extra stability.
- Adjust the harness straps so that they're at or above your child's shoulder level and fit snugly.

6. Not removing your child's heavy outerwear

Bulky outerwear and blankets can prevent harness straps from snugly securing your child. Buckle the harness, and then place a coat or blanket over the harness to keep your baby warm.

7. Moving to a booster seat too soon

Older children need booster seats to help an adult seat belt fit correctly. You can switch from a car seat to a booster seat when your child has topped the highest weight or height allowed by the car seat manufacturer. Remember, however, that your child is safest remaining in a car seat with a harness for as long as possible.

8. Incorrectly using a booster seat

Booster seats must be used with a lap and shoulder belt — never a lap-only belt. Make sure the lap belt lies low across your child's thighs and that the shoulder belt crosses the middle of your child's chest and shoulder.

9. Transitioning to a seat belt too soon

Most kids can safely use an adult seat belt sometime between ages 8 and 12. Here's how you'll know that your child is ready:

- Your child reaches a height of 4 feet 9 inches (nearly 1.5 meters).
- Your child sits against the back of the seat with his or her knees bent comfortably at the edge of the seat — and can remain that way for the entire trip.
- The lap belt lies low across your child's upper thighs — not the stomach. The shoulder belt rests on the middle of your child's chest and shoulder — not on the neck or face.

Remember, the back seat is the safest place for children younger than age 13.

If you have questions about child passenger safety laws or need help installing a car seat, participate in a local car seat clinic or inspection event. You can also check with the National Highway Traffic Safety Administration for help finding a car seat inspection station.

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?

MMR vaccine can prevent **measles, mumps, and rubella**.

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a person gets rubella while they are pregnant, they could have a miscarriage or the baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2. MMR vaccine

Children need 2 doses of MMR vaccine, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children, adolescents, and adults also need 1 or 2 doses of MMR vaccine if they are not already

immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended for certain people in mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get MMR vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone MMR vaccination until a future visit.



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

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Sore arm from the injection or redness where the shot is given, fever, and a mild rash can happen after MMR vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints (mostly in teenage or adult women) sometimes occur after MMR vaccination.
- More serious reactions happen rarely. These can include seizures (often associated with fever) or temporary low platelet count that can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.



Varicella (Chickenpox) Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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1. Why get vaccinated?

Varicella vaccine can prevent **varicella**.

Varicella, also called “chickenpox,” causes an itchy rash that usually lasts about a week. It can also cause fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infections of the bloodstream, bone, or joints. Some people who get chickenpox get a painful rash called “shingles” (also known as herpes zoster) years later.

Chickenpox is usually mild, but it can be serious in infants under 12 months of age, adolescents, adults, pregnant people, and people with a weakened immune system. Some people get so sick that they need to be hospitalized. It doesn't happen often, but people can die from chickenpox.

Most people who are vaccinated with 2 doses of varicella vaccine will be protected for life.

2. Varicella vaccine

Children need 2 doses of varicella vaccine, usually:

- First dose: age 12 through 15 months
- Second dose: age 4 through 6 years

Older children, adolescents, and adults also need 2 doses of varicella vaccine if they are not already immune to chickenpox.

Varicella vaccine may be given at the same time as other vaccines. Also, a child between 12 months and 12 years of age might receive varicella vaccine together with MMR (measles, mumps, and rubella) vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of varicella vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get varicella vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Is **taking salicylates** (such as aspirin)
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone varicella vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting varicella vaccine.

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**U.S. Department of
Health and Human Services**
Centers for Disease
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- Sore arm from the injection, redness or rash where the shot is given, or fever can happen after varicella vaccination.
- More serious reactions happen very rarely. These can include pneumonia, infection of the brain and/or spinal cord covering, or seizures that are often associated with fever.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get varicella vaccine.

It is possible for a vaccinated person to develop a rash. If this happens, the varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from infants and people with a weakened immune system until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

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