



# St. Vincent Physician Network

## "Whirlwind of Activity"

from [www.kidsgrowth.com](http://www.kidsgrowth.com)

It is easy to expect too much of the 15-month-old child. They look so much different from the crawling infant of a few months ago that many parents think their child "is no longer a baby." And while the 15-month-old child is indeed a whirlwind of activity and curiosity, he or she may lack a sense of danger or fear.

Your child will try to climb up furniture or put his or her fingers in electrical sockets. Your youngster will touch everything in sight. As a parent, you may not realize what all this means until your child has his or her first temper tantrum, ruins the carpeting or nearly breaks a precious heirloom.

Parenting this age is indeed a balancing act, between giving your child freedom to explore while keeping him or her safe. The following comments are designed to help you and your partner enjoy your 15-month-old while continuing to gain confidence in yourselves as parents.

This information is not intended as a substitute for well-baby visits by your child's pediatrician. Never hesitate to ask your doctor for guidance concerning specific problems. This is the reason for regular well-baby checkups.

### Parenting and Behavioral

- Show affection and praise to your toddler for good behavior and accomplishments.
- Talk to your child about what he or she is doing and seeing. Singing to your child is another way to encourage vocabulary development.
- Use picture books to enrich his or her vocabulary. Reading books to your youngster will help with language development.
- It is best to keep rules at a minimum - remove things when possible rather than make issues about them. Long speeches of explanation or argument with a 15-month-old are useless. When something has to be done, do it in a pleasant manner.
- Discipline should be consistent, but done in a loving, understanding manner. Use the two "I's" of discipline. Ignore and isolate. Temper tantrums, for example, are best handled by ignoring them. If this is not possible, isolate the child by placing him or her in his or her crib, playpen or room for a "time-out." Never use the two "S's" of discipline -shouting and spanking.
- Positive reinforcement should be encouraged for acceptable behavior. Praise the child for good behavior and build up the child's self-esteem and self-confidence.
- Your child will begin to experience some frustration. Your youngster will get upset when he or she cannot do something, or when he or she can not do what he or she wants. A child at this age will try crying and screaming to get his or her way, and such protests may become full-blown temper tantrums and breath-holding spells. Trying to reason with or punish your child may actually make the tantrum last longer. It is best to make sure your toddler is in a safe place and then ignore the tantrum. You can best do this by not looking directly at her and not speaking to her or about her to others when she can hear what you are saying.
- Keep family outings with a 15-month-old short and simple. A child this age has a very short attention span and lengthy activities will cause him or her to become irritable and tired.
- The best toys are stuffed animals, dolls, books and small toys that can be pulled and pushed, filled and emptied, opened and closed. Household items such as plastic measuring cups and empty boxes are other toys your 15-month-old will enjoy.

- Limit television viewing and do not use the TV as a "baby sitter."
- Although hitting and biting are common behaviors at this age, the behavior should never be permitted.
- Don't worry if your child becomes curious about body parts. This is normal at this age. It is best to use the correct terms for genitals.
- Toddlers may want to imitate what you are doing. Sweeping, dusting, or washing play dishes can be fun for children at this age.

### **Development**

- The vocabulary for a 15-month-old is usually three to six words that parents can understand and an entire language that they cannot!
- Will be able to point to one or more body parts.
- Understands simple commands ("bring me the ball").
- Walking has improved and will begin to crawl up stairs.
- Can feed himself or herself with the use of his or her fingers.
- Drinks only from a cup, but still may need help in holding it.
- Recognizes himself or herself in a mirror.
- Indicates what they want by pulling, pointing, grunting and other methods of communicating
- Finds an object placed out of sight
- Points to one or two body parts
- Scribbles spontaneously

### **Oral Health**

- Brush your toddler's teeth with a small amount of fluoridated toothpaste. The 15-month-old can not clean his or her teeth by alone.
- A child this age should be off the bottle and at the very least no bottles to bed. To avoid dental decay, do not give any juice or other sugary substances in bottles. If snacks are given, non-sugary and unsalted foods such as fresh fruits are preferable to candy and chips.
- Give your child fluoride supplements as recommended by the physician based on the level of fluoride in the toddler's drinking water.
- Discontinue pacifier use except, perhaps, at nap time and bedtime.
- Ask your child's doctor when you should make the youngster's first dental appointment.

### **Feeding**

- Have your child eat with the family and encourage your child to do most of the feeding, even though he or she will be clumsy with the spoon and cup. Parents should not focus on table manners at this age. They will use their fingers and maybe start using a spoon. This will be messy!!
- Make sure food is cut into small pieces so your baby will not choke (the size of a pencil eraser)
- Babies still need nutritious snacks like cheese, fruit and vegetables. Some nutritious desserts are baked apples or fresh fruit. Never use food as a reward.
- The child's weight may stay the same for several months, so appetite will diminish. All you can expect is one fair meal a day.
- Try not to get into the habit of between meal carbohydrates, cookies and sweets, that will take away his or her appetite for more nourishing foods.
- If your child still has a bottle, it should be phased out in the next month.

### **Sleep**

- The afternoon nap is still required by most toddlers.
- Bedtime problems can occur at this age because of the toddler's desire for independence. Try to be consistent and follow routines.

### **Immunizations**

*Since immunization schedules vary from doctor to doctor, and new vaccines may have been introduced, it*

*is always best to seek the advice of your child's health care provider concerning your child's vaccine schedule.*

- Normally, no immunizations are given at this checkup unless your child's doctor follows another approved schedule or the child is behind in the immunization schedule.
- By this age, most children have received the following immunizations (\*depending on the doctor's schedule):
  - 3 doses of Hepatitis B vaccine
  - 3 or 4 doses of DTaP vaccine \*
  - 3 or 4 doses of Hib vaccine \*
  - 1 dose of the MMR vaccine
  - 1 dose of the Chickenpox vaccine
  - 3-4 doses of the Prevnar vaccine \*
  - 2-3 doses of the Inactivated Polio Vaccine \*

### **Toilet Training**

- The development of readiness for toilet training does not appear until somewhere between 18 and 24 months.
- Starting toilet training at an early age, even though grandparents will indicate that you were "trained at this age," will only cause the child to rebel and still be in diapers at 3 and 4 years of age.
- Wait for the signs of readiness: dry periods for at least two hours, knows the difference between wet and dry, can pull pants up and down, wants to learn, and can signal when he or she is about to have a bowel movement.

### **Safety**

- Continue to use a toddler car seat and make sure it is properly secured in the back seat.
- Use locked doors or secure gates at stairwells.
- Continue to keep the toddler's environment free of smoke.
- Avoid foods such as nuts, bacon, popcorn, hot dogs, carrot and celery sticks, whole grapes, tough meat raw vegetables and hard candy which can be aspirated by children. For the same reason, never give a child plastic bags, marbles and balloons.
- Keep syrup of ipecac in the home to be used to induce vomiting only after instructions from the child's physician or the poison control center.
- Be careful of plastic bags and balloons
- Guard against falls. Do not leave a chair in such a position that it enables the child to climb to a dangerously high place
- Prevent burns and scalds. Hot water thermostats should be set at 120 degrees so that scalding will not occur if the child turns on the hot water.
- Place the child in a safe place such as the playpen during meal preparation. The kitchen is a dangerous place for a child at this time. Keep hot liquids out of reach.
- Be careful about ironing. Keep the child away from hot stoves, space heaters, wall heaters and fireplaces.
- There is no such thing as a childproof cap. Poisons, medications and toxic household products should either be excluded from the home or kept in a locked cabinet. Do not store lye drain cleaners in the home. Never underestimate the ability of the 15-month-old to climb. Ensure the crib mattress is on the lowest rung.
- Guard against electrical injuries from cords and outlets.
- Always use sunscreen when the your child goes outside to play. Avoid, when possible, going outside between 10 a.m. and 3 p.m. when the sun's ultraviolet rays are most dangerous.
- Never leave the 15-month-old unsupervised in or near a swimming pool, bathtub, bucket of water, ditch, well or bathroom. Knowing how to "swim" at this age does not make a child water-safe.
- Choose caregivers carefully and prohibit spanking.

- Watch your child carefully around dogs, especially if the dog is unknown or is eating.
- Keep your toddler away from moving machinery, lawn mowers, overhead garage doors, driveways and streets.
- Hold your child's hand when you are around traffic

### **Illnesses**

- The 15-month-old will experience respiratory infections, such as colds, ear infections and sinus infections, especially if he or she is in day care or "preschool." Respiratory infections of this type are a normal part of growing up.

*The information presented in Growth Milestones was obtained with the help of our pediatric experts and with material from The American Academy of Pediatrics' Guidelines for Health Supervision and Bright Futures' Guidelines for Health Supervision of Infants, Children, and Adolescents. Bright Futures is supported by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services.*