

Anticipatory Guidance Fifteen Months

INDEPENDENCE:

At this age a child begins to explore and spend longer periods of time away from his/her mother. This is the age your baby will begin to show you that he/she wants to do things on their own. He/she will begin to let you know what he/she likes and dislikes. Your child will use the word “no” more often.

Your child will also begin to say words: 2-4 words by his 1st birthday, 20-40 words, and 3 word sentences by his 2nd birthday. Mothers are encouraged to talk to the child and not to use baby talk. The more you talk to your child, the more words he/she will learn. Not all children are using 3-word sentences at age 2, but most children have caught up by their third birthday. Reading to your child at least 15 minutes twice a day, every day, will also increase his/her vocabulary.

A child wanting to do things for themselves can be a real problem as the child begins to explore his home. Parents need to be consistent with their approach. If a child is allowed to do something sometimes, and not other times, they will become confused. If you have the same rules all the time, the child knows what he can get away with and what he cannot do. The child will remember the response and it will become part of his/her behavior.

VITAMINS:

When your baby’s back teeth have some in, you may start him on a cartoon chewable multiple-vitamin with iron, such as Flintstones or Bugs Bunny vitamins, every day. If his molars have not yet come in, a liquid vitamin such as Pol-vi-sol with iron will provide what he needs.

EATING:

This is a good age to take the bottle away from your baby. Many babies will take to a “tippy cup.” If your baby is not ready to give up the bottle, do not force him/her. There is a very easy way to take away the bottle without making it a source of conflict. Begin to put only plain water in the bottle and use a “tippy cup” for milk and juice. If the baby really wants the bottle for sucking and security, you should not take the bottle away. A bottle that has only plain water in it is less appealing. With time, your baby will leave the bottle alone. It is important not to let baby sleep with a bottle, unless it only has water. The fruit and milk sugar may cause severe tooth decay if your baby keeps sucking on a bottle with milk or juice. Your baby should give up the bottle by 18 months.

Children at this age know their likes and dislikes. Certain children will pick one meal per day to eat well. Never make food an issue. All children eat enough to grow if the right foods are provided. Avoid sweets and fat. Meals should be simple and balanced. What the child likes one month, may not be the same the following month.

SELF-ESTEEM:

Here are some simple steps to give your child a strong sense of his own worth. Build on your child's strengths. Catch him when he is doing something right and tell your child "thank you" when your child is willing and helpful. Everyone needs to feel worthwhile and important. Give positive support for each step in the learning process. Encourage your child in learning a new task. Confidence is gained by doing, taking action and getting involved. The more new experiences your child is given, the more sure he or she will be of themselves. Children need to feel loved, capable, and competent. Start building your child's self-esteem now. It is the best give you can give your child and yourself.

SLEEPING:

Your child should have his own room and bed. He will sleep about twelve to fourteen hours, including a one- or two-hour nap.

GROWTH AND DEVELOPMENT:

Your child will start standing alone and will try to take steps. He/she will soon run with few falls by 24 months. His hand and finger control will start to improve, and he can pick up small objects and feed himself.

Safety: Because your child now wants to do things on his/her own, you need to be aware of the danger your child can get into.

Pool Safety: It is important for parents to talk about pool safety with the older children to be aware of the dangers. Parents should be encouraged to take CPR training. A pool should have a five-foot fence around it with a lock on the gate.

WARNINGS:

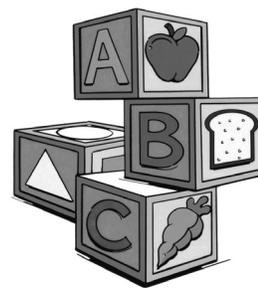
Warn and protect your child from the dangers of climbing, burns and poisoning. **Poison Control Center—1-800-492-2414 or 410-706-7701.**

IMMUNIZATIONS AND BLOOD TESTS:

Your child is now due for vaccines (shots). Check with your doctor to make sure your child's shots are up-to-date.

Right from the Start

ABC's of Good Nutrition for Young Children



Good Nutrition: The Results Are Worth It

Proper nutrition begins at the supermarket with the foods you buy and continues at home as you prepare and serve meals. Giving your child a healthy start with good eating habits promotes his or her lifelong health.

This brochure focuses on feeding young children. It is meant to help you set the stage for healthful eating habits and food choices. The ABCs of good family nutrition start with love and common sense.

For specific advice about food and nutrition for young children, talk to your child's pediatrician or a registered dietitian.

Active Play Is Important to Health

Along with proper nutrition, your child needs physical activity for lifelong health. In the form of active play, physical activity not only promotes your child's appetite. It also helps develop a sense of well-being and confidence in his or her physical activities. From the early childhood years, encourage your child to live an active life.

Actions Speak Louder Than Words

As children grow and develop, they watch for clues about food choices. Youngsters often copy food habits, likes and dislikes. When you make wise food choices, your actions speak louder than words.

The ABCs of Good Nutrition

A variety of foods provides the nutrients that young children need to build strong bodies and stay healthy. Food also supplies the energy that children need to grow normally, play, learn and explore the world around them.

Offering a variety of tasty foods is the best way to supply the nutrition that a growing child needs.

A wide variety of foods are part of the five different food groups. Each food group makes special nutrient contributions. And each nutrient has certain jobs in the body.

Foods from all the groups work together to supply energy and nutrients necessary for health and growth. No one food group is more important than another. For good health, you and your child need them all.

Eating Right: The Pyramid Way

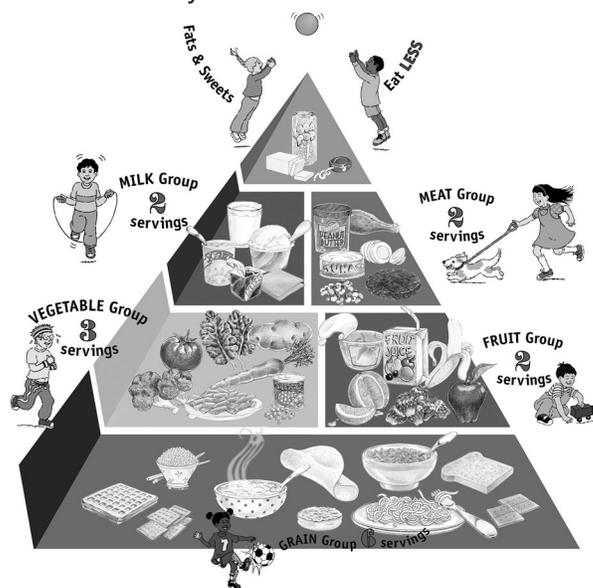
The Food Guide Pyramid is a practical eating guide that emphasizes food from five major food groups. It's flexible and realistic. And it's meant for all healthy people, ages two and over.

By following the advice of the Pyramid, children get the nutrients and energy from food that they need for growth and good health.

The Food Guide Pyramid shows the variety of foods within each food group and the number of servings that are right for your child. Most children—over two years—need the *minimum number of servings from each food group*.

Food Guide Pyramid for Young Children

A Daily Guide for 2- to 6-Year-Olds



Some Pyramid Foods to Choose

- *From the Bread, Cereal, Rice and Pasta Group:* a whole-grain bread, crackers, cereal, grits, pasta, rice, bagel, tortilla, cornbread, pita bread, muffin, English muffin, matzo crackers, rice cake, pancakes, breadsticks, pretzels
- *From the Vegetable Group:* asparagus, beets, bok choy, broccoli, carrots, cauliflower, collard greens, corn, cucumber, green and red peppers, green beans, jicama, kale, okra, peas, potato, pumpkin, snow peas, squash, spinach, sweet potato, tomato, vegetable juices, zucchini
- *From the Fruit Group:* apple, applesauce, apricot, banana, berries, cantaloupe, fruit cocktail, figs, fruit juices, grapefruit, kiwifruit, mango, nectarine, orange, papaya, peach, pear, plum, pineapple, raisins*, prunes, starfruit, strawberries, tangerine, watermelon
- *From the Milk, Yogurt and Cheese Group:* skim, 1%, 2% and whole** milk, yogurt, cheese, string cheese, cottage cheese, pudding, custard, frozen yogurt, ice milk, calcium-fortified soybean milk
- *From the Meat, Poultry, Fish, Dry Beans, Eggs and Nuts* Group:* lean cuts of beef, veal, pork, ham and lamb; skinless chicken and turkey; fish; shellfish; cooked beans (kidney beans, black-eyed peas, pinto beans, lentils, black beans); refried beans (made without lard); peanut butter; eggs; reduced-fat deli meats; tofu; nuts*; peanuts*

* Raisins, nuts, peanuts and seeds are not recommended for children under four years of age because they are a choking hazard. Small pieces of hard, uncooked fruits and vegetables also pose a choking hazard to children under age four.

** Children under two years of age should *only* drink whole milk.

How Do I Know If My Child Is Eating Enough?

Children eat when they are hungry and usually stop when they are full. Some parents worry because young children appear to eat very small amounts of food, especially when compared to adult portions. A child who is growing well is getting enough to eat.

To check your child's eating pattern, pay attention to his or her food choices.

- Make sure no one food group is completely left out. If this happens for a few days, don't worry. But prolonged neglect of a food group could keep your child from getting enough nutrients.
- Encourage your child to be adventurous and eat a variety of foods within the food groups, too. Even within a food group, different foods provide different nutrients.

Child-Size Servings: Be Realistic

For youngsters, adult-size servings can be overwhelming. Offering child-size servings encourages food acceptance.

Here's an easy guide to child-size servings:

- Serve one-fourth to one-third of the adult portion size, or one measuring tablespoon for each year of the young child's age.
- Give less than you think the child will eat. Let the child ask for more if he or she is still hungry.

Snacks Count, Too

Snacks make up an important part of childhood nutrition. Children must eat frequently. With their small stomachs, they cannot eat enough at meals alone for their high energy needs. Three meals and two or three healthful snacks a day help youngsters meet their daily nutrition needs.

To make the most of snacks, parents and caregivers should control the type of snack and time it is served.

Type. Offer a variety of food-group snacks. Choose mostly snack foods that supply enough nutrients to justify their energy, or calories. Picking snack foods from the five food groups of the Food Guide Pyramid is the best way to do this.

Timing. Plan snacks. Schedule snacks around normal daily events, and space them at least two hours before meals. Children should learn to get and feel hungry, instead of feeling full all the time.

Quick and Smart Snack Food Ideas

For more nutrition, mix and match snacks from more than one food group:

- Fresh, frozen or canned fruit (banana, strawberries, cantaloupe pieces, orange sections, apple slices) or fruit juice
- Raw vegetables (baby carrots, cucumber slices, zucchini sticks, broccoli florets*)
- Vegetable soup
- Graham, animal crackers or fig bars
- Soft pretzels or breadsticks
- English muffin or bagel
- Low-fat yogurt or string cheese
- Skim or 1% milk ** (flavored or unflavored)
- Turkey or meat cubes
- Hard-cooked egg

This brochure was developed as part of the **HEALTHY START...Food to Grow On** program, an information and education campaign that promotes healthful food choices and eating habits for healthy children ages two years and over. The **HEALTHY START** program was produced as a cooperative effort by the American Academy of Pediatrics (AAP), The American Dietetic Association (ADA), and the Food Marketing Institute (FMI).

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Food pyramid courtesy of USDA Center for Nutrition Policy and Promotion.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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American Academy of Pediatrics

“Smoking is a Pediatric Disease”

The facts are familiar: Smoking is the leading preventable cause of death in the US. More than 400,000 Americans die prematurely each year due to cancer, respiratory illness, heart disease and other health problems related to smoking. This is one in every five deaths in the US. Health care costs associated with smoking soared to more than \$50 billion in 1993, according to the Centers for Disease Control.

But here’s a less familiar fact: *Smoking is a pediatric disease*. Three thousand children start smoking every day—that’s more than 1 million new smokers each year. More than 80 percent of smokers begin to smoke before the age of 18; the average smoker starts at 14. Studies suggest that if people do not begin to smoke as children or teenagers, it is unlikely they will ever do so.

Although nicotine products are highly addictive, children who smoke tend to underestimate the likelihood that they will become addicted. The vast majority believe they will be able to quit when they decide to do so. In a survey of high school students who were daily smokers, only 5 percent felt they would still be smoking five years later. However, a follow-up study showed that 75 percent of those students were still smoking 7 to 9 years later. Two-thirds of the adolescents said they wanted to quit and 70 percent said that if they could go back and make that choice again, they would not start smoking.

Preventing children from smoking is key to reducing the deadly toll of smoking. But prevention efforts face formidable obstacles. Tobacco products are among the most heavily advertised products in the US. Studies show that 90 percent of six-year-olds could identify “Joe Camel” as a symbol for smoking. The Centers for Disease Control recently reported that 86 percent of smokers under 18 who purchase their own cigarettes buy one of the three most heavily advertised brands: Marlboro, Camel, and Newport.

The good news is that there are movements afoot to reduce smoking by children and adolescents. All states have enacted laws that prohibit the sale of tobacco to minors, though enforcement varies. Following the recommendations of the American Medical Association, the keys to achieving a reduction in the number of children who start smoking are **deny access** and **limit the appeal for children**. Support legislation for:

- Seriously enforcing laws already on the books whereby vendors must obtain age verification and make face-to-face sales of cigarettes only; elimination of mail order sales, vending machines, free samples and self-service displays.
- Restricting advertising in publications with significant youth leadership and banning outdoor advertising within 1,000 feet of schools and playgrounds.
- Prohibiting sales or product giveaways of items bearing cigarette or smokeless tobacco logos. Many children, including non-smokers, are walking billboards for tobacco companies.
- Prohibiting brand name sponsorship or entertainment events. Kids reason: How can smoking be that bad if it’s so closely tied to sports?

Even parents who smoke do not want their children to smoke.

Now is the time to start saving the next generation.

This information is brought to you by the duPont Hospital for Children.

Toddlers, Preschoolers, and Poison

Most families have plants in the house, in the yard, or both. Many plants are very poisonous when any part of the leaves, flowers, bulb, berries or roots are eaten.

Non-Poisonous Plants

African Violet
Aster
Bayberry
Begonia
Boston Fern
Christmas Cactus
Dahlia
Daisy
Dandelion
Dogwood
Fichus (sap may be irritating)

Fuchsia
Gardenia
Honeysuckle
Hibiscus
Impatiens
Jade
Lilac
Marigold
Nasturtium
Petunia
Poinsettia (sap may be irritating)

Prayer Plant
Purple Passion
Pussy Willow
Pyracantha
Roses
Rubber Plant
Snake Plant
Spider Plant
Swedish Ivy
Wandering Jew
Zebra Plant
Zinnia

Poisonous Plants

Acorns
Amaryllis
Azalea
Bleeding Heart
Buttercup
Chrysanthemum
Crown of Thomas
Daffodil
Dumbcane
Eucalyptus
Four O'clock
Fruit pits/seeds

Gladiolus
Heather
Hemlock
Holly
Hyacinth
Indian Corn
Indian Poke
Jonquil
Jack in the Pulpit
Lily of the Valley
Mayapple
Mistletoe
Morning Glory

Nightshade
Oleander
Peony
Philodendron
Poison Ivy/Oak/Sumac
Pokewood
Privet
Queen Anne Lace
Rhododendron
Snowball Bush
Sweet Peas
Toadstools
Yew

Poison Do's and Don'ts

DO'S

1. Store your cleaners only in their original containers.
2. Store your cleaners and medications in high locked closets or cabinets.
3. Take the bottle or plant with you when you call the Poison Information Center, the physician, or when you take your child to the hospital so they will have all of the information available about it.
4. Keep all medication out of the reach and sight of children.
5. Have the phone numbers of the Emergency Medical System and the Poison Information Center next to your telephone.
6. Have Syrup of Ipecac on hand.
7. Use Mr. Yuk symbols if you have them.

DON'TS

1. Don't Give Syrup of Ipecac unless told to do so by your physician or the Poison Information Center.
2. Don't store your cleansers and cleaning supplies in the same place you store your food. (Pine Sol and apple juice are almost the same color).
3. Don't store your medicine on the table or counter top.
4. Don't store cleansers, garden supplies, plant food, fertilizers, gasoline, or kerosene in unmarked containers.
5. Don't store anything, especially if it is poisonous, in any container children might associate with food or drink.
6. Don't keep medication and food treats in the same area—your child might not know the difference.
7. Don't allow your child to play in your purse—most women carry medication as well as makeup in them.
8. **DON'T PANIC, BUT ACT QUICKLY!**

Poison Prevention Questionnaire

1. Where do you store your cleaning, laundry and garden supplies?
2. What do you keep under the kitchen or bathroom sink?
3. Do you carry any medicine in your purse?
4. Are all medications and household products clearly labeled and in the original containers?
5. Have you ever told your child that medicine tastes like candy so they will take it?
6. Are medications left on the table or kitchen counter for easy use?
7. Where do you keep unused prescription drugs for further use?
8. Where do you put medicine or household products after use?
9. Do you have locks on all your cabinets?
10. What do you store in your garage or basement?
11. Do you store paint, gasoline, kerosene, insecticides, poisons, or fertilizers on high shelves or locked cabinets?
12. Do you teach your child never to touch any non-food item without asking first?
13. Do you store household products and food in the same closet or cabinet?
14. What kind of plants do you have? Are they poisonous?

IMPORTANT TELEPHONE NUMBERS:

EMERGENCY MEDICAL SYSTEM911
POISON INFORMATION CENTER.....800-492-2414

Environmental Tobacco Smoke: A Danger to Children



Smoking is the leading cause of preventable death in the United States. It causes almost 20% of all the deaths in this country each year. People who are around smokers can't help breathing in the smoke that comes from cigarettes, pipes, or cigars. Researchers have now found that breathing in someone else's smoke is very dangerous, especially for children. The American Academy of Pediatrics offers parents the following information to help them create a "tobacco-free environment" for their children.

What is Environmental Tobacco Smoke (ETS)?

Environmental Tobacco Smoke, or ETS, is the smoke that is breathed out by a smoker. ETS also includes the smoke that comes from the tip of a burning cigarette. Exposure to ETS happens any time someone breathes in the smoke that comes from a cigarette, pipe, or cigar. ETS contains many dangerous chemicals that have been proven to cause cancer. It is estimated that ETS causes 3,000 lung cancer deaths each year to people who don't even smoke!

ETS and children

ETS has almost 4,000 chemicals in it that infants and children breathe in whenever someone smokes around them. Children who breathe in ETS are at risk for many serious health problems.

When a mother smokes during pregnancy, she has a higher risk of having a premature baby or a baby who is not fully developed. When a mother smokes during her pregnancy or around her newborn, the infant has a higher risk of Sudden Infant Death Syndrome (SIDS). Children who breathe in someone else's cigarette smoke (especially children under 2 years of age) have a higher risk of getting other serious medical problems or making them worse, including the following:

- Ear infections and hearing problems
- Upper respiratory infections
- Respiratory problems such as bronchitis and pneumonia
- Asthma

Children of smokers also cough and wheeze more and have a harder time getting over colds. In addition, ETS can cause a stuffy nose, headaches, sore throat, eye irritation, hoarseness, dizziness, nausea, loss of appetite, lack of energy, or fussiness.

Children with asthma are especially sensitive to ETS. ETS can actually increase the number and severity of asthma attacks, which may require trips to the hospital. Also, exposure to the smoke of as few as 10 cigarettes per day raises a child's chances of getting asthma even if that child has never had any symptoms.

In addition, ETS can cause problems for children later in life including:

- lung cancer
- Heart disease
- Cataracts (eye disease)

With all of these dangers, it's easy to understand why children should not be exposed to ETS.

Inhaling the smoke from the cigarettes of others is dangerous for pregnant women, too. Pregnant women should stay away from smoking areas and ask smokers not to smoke around them.

Smoking During Pregnancy

When a woman smokes during her pregnancy, her unborn child is exposed to the chemicals in the smoke. This can be very harmful to the child and can lead to many serious health problems including:

- Miscarriage
- Prematurity (having a baby that is not fully developed)
- Low birth weight - therefore a less healthy baby
- Sudden Infant Death Syndrome (SIDS)
- Some childhood cancers

These risks go up the longer a mother smokes and the more cigarettes she smokes during her pregnancy. Quitting anytime during the pregnancy will help—of course, the sooner the better.

How parents can protect their children from ETS

If you are a smoker—quit! It's one of the most important things you can do for the health of your children and the best way to prevent your child from being exposed to ETS. If you are having trouble quitting smoking, ask your doctor for help. Also, contact your local chapter of the American Lung Association, American Heart Association, the American Cancer Society, or other groups that sponsor stop-smoking classes.

As a parent, you are a role model. Children watch what their parents do. If your child sees you smoking, he or she may want to try smoking and grow up to become a smoker as well. Cigarette smoking by children and adolescents causes the same health problems that affect adults.

Tobacco-free environments for children

Parents need to be aware of the many places where their children can be exposed to ETS. Even if there are no smokers in your home, your children can still be exposed to ETS in other places, including:

- In the car or on a bus
- In a restaurant
- At a friend's or relative's house
- At the mall
- At the babysitter's house
- At sports events or pop music concerts

How do you avoid being around smokers? One way is to ask people not to smoke around your children or remove your child from places where there are smokers. The following tips may help you keep your children from being exposed to ETS:

- Don't let people smoke in your house. Don't put out any ashtrays—this will discourage people from lighting up. Remember, air flows throughout a house, so smoking in even one room allows smoke to go everywhere.
- Don't let people smoke in your car. Opening windows is not enough to clear the air.
- Choose a babysitter who doesn't allow smoking in the house.
- Avoid crowded, smoky restaurants when you are with your child.
- When you are with your child in public places—shopping malls, restaurants, bowling alleys—sit in “nonsmoking” sections.
- Help get your child's school to be smoke-free. Get your children involved in this effort as well.

Almost 50% of the homes in the United States have at least one smoker living there. This means that millions of children in the United States are breathing in ETS in their own homes. If you smoke around your child or allow your child to be exposed to ETS in other places, you may be putting him or her into more danger than you realize.

Parents need to make every effort to keep their children away from smokers and ETS. Parents who smoke should think about quitting, not just for their own sake, but for the health of their children.

For additional information for parents and teens on tobacco use, see the following handouts by the American Academy of Pediatrics:

Smoking: Straight Talk for Teens and

Tobacco Use: A Message to Parents and Teens.

Smoking and Children—A Fire Hazard

In addition to the dangers of ETS, smoking around children can also pose fire and burn dangers. Children can get burned if they play with lit cigarettes, cigars, or with lighters or matches. Keep the following guidelines in mind to keep your child safe from injury:

- Never smoke while you are holding your baby.
- Never leave a lit cigarette, cigar, or pipe unattended.
- Keep matches and lighters out of your child's reach.

Cigarette lighters are especially dangerous. Cigarette lighters can be found in almost 30 million homes in the United States. Each year children under 5 years old playing with lighters cause more than 5,000 home fires resulting in about 150 deaths and more than 1,000 injuries. The Consumer Product Safety Commission (CPSC) now requires that butane cigarette lighters be made child-resistant. This new rule will prevent hundreds of deaths and fire-related injuries to children each year. But remember, lighters can be made child-resistant, not childproof. It is still very important to keep lighters and matches away from children.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

