



PATIENT EDUCATION



Caring for Your 12-Month-Old

MAYO CLINIC CHILDREN'S CENTER



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Mayo Clinic Children's Center

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Cardiovascular Surgery	Infectious Diseases	Radiation Oncology
Child and Family Advocacy Program	Medical Genetics	Radiology
Community Pediatrics and Adolescent Medicine	Neonatal Medicine	Regional (Health System) Pediatrics
Critical Care	Nephrology	Research
Dermatology	Neurology	Rheumatology
Developmental and Behavioral Pediatrics	Neurosurgery	Sleep Medicine Center
Emergency Medicine	Ophthalmology	Speech Pathology
Endocrinology and Metabolism	Oral and Maxillofacial Surgery	Surgery
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	Otorhinolaryngology (ENT)	
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Aerodigestive Clinic	Dermatology Genetics Clinic	Mood Disorders Clinic
Anxiety Disorders Clinic and Intensive Therapy Program	Diabetes Clinic	Neonatal Follow-Up Clinic
Arrhythmia and Device Placement Clinic	Eating Disorders Clinic	Neuromuscular Clinic
Asthma Center	Eosinophilic Esophagitis Clinic	Pain Clinic
Attention Deficit Hyperactivity Disorders (ADHD) Clinic	Epilepsy Clinic	Pain Rehabilitation Center
Bariatric Surgery Clinic	Erythromelalgia Clinic	Pediatric Diagnostic Referral Clinic
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Brain Tumor Clinic	Feeding Program	Plagiocephaly Program
Cerebral Palsy Clinic	Fertility Preservation	Pulmonary Hypertension Program
Chemotherapy/Radiation Long-Term Effects Clinic	Fetal Surgery Program	Renal Stone Clinic
Child and Adolescent Intensive Mood Program (CAIMP)	Friedreich's Ataxia Clinic	Spina Bifida Clinic
Childhood Sarcoma Clinic	Functional Movement	Spinal Deformities Clinic
ComPASS (Palliative Care and Integrative Medicine)	Disorder Program	Sports Medicine Center
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Constraint Induced Movement Therapy Program	Hemophilia/Coagulopathy Clinic	Transgender Clinic
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Cystic Fibrosis Center	Immunodeficiency Disorders Clinic	Transplant Center
	Inflammatory Bowel Disease Clinic	Travel Clinic
	Learning Disorders	Vascular Malformations
	Assessment Clinic	Velo-Pharyngeal Insufficiency Clinic
	Long QT Syndrome Clinic	Voiding Clinic
	Marfan Syndrome Clinic	Weight Management Clinic

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Introduction

The first year of your child's life is one of special experiences, challenges, and opportunities for you and your baby. As your baby becomes a toddler, they will keep growing, learning, and discovering. This time presents new delights, issues, and challenges for you as a parent.

Use the following information as a resource during the next three months of your child's life. If you have questions about this information or your baby, talk with your baby's health care provider.

Developmental Milestones

Mental and physical development

All babies are unique and develop at their own pace. At one year, some babies can walk without help while others continue to hang on to furniture and walk with support from others. The average age to start to walk is 13 months. Some babies start as early as nine months. Others as late as 15 months.

At one year, babies usually can wave bye-bye, reach for toys, show what they want, and “babble.” Most know the meaning of “mama” and “dada” and will call their parents by name. Some can say a few other words. See the section titled “Interacting With Your Baby” for ideas to help with your child’s language development.

Your child can understand much more than they can express. Your child may be able to follow simple commands. When asked, your baby may point to or identify pictures in a book. Your baby may be able to point to some body parts. Your child may blow kisses or give hugs to show affection.

Favorite toys include blocks that can be banged together and objects that can be stacked and put inside one another.

In the next three months, you can expect your child’s language skills to increase. You can expect your child to walk and to start to run. Your child may start to climb. Be prepared for this to happen. See the section titled “Preventing falls and injuries.”

Praise and smile at your baby when they learn new things. Babies enjoy it when you encourage them.

Temper tantrums

Almost all children between one and three years old have temper tantrums. This happens partly because they cannot verbally express their needs. When children this age become tired, hungry, frustrated, or frightened, it is harder for them to control their temper.

If you try to reason with or punish your toddler, you may lengthen the tantrum. It is better to make sure your child is in a safe place. Then ignore the tantrum. Don't look directly at your child. Don't speak to your child or about your child to others where they can hear you.

The following may help prevent temper tantrums:

- Keep a daily routine. Routines and structure help children understand what to expect.
- Help your child meet physical needs. Provide healthy meals and snacks, plenty of rest, and time for play and activity.
- Set reasonable limits for your child. A child should not be expected to sit quietly and behave well for long periods.
- Set a good example for your child. Do not argue or yell in front of your child.

Separation and stranger anxiety

Your baby may experience separation anxiety especially when you leave the room. Eventually your child will learn that you always come back. Never sneak away. Say a brief good-bye. Tell your child that you will return.

Some babies experience stranger anxiety when they are around someone unfamiliar. Let your baby watch you talk with and see that you are comfortable with a person before you suggest that your baby go to that person. If your baby cries, do not force them to go to someone they do not know.

Thumb sucking and pacifier use

Many babies suck their thumb or fingers or use a pacifier. This is common and has a soothing and calming effect. These habits usually are not a concern unless they continue past age five.

Do not let your baby use a pacifier in place of or to delay meals.

Growth

At 12 months, most babies weigh three times more than their birth weight. Your baby's rapid physical growth, especially the rate of weight gain, will begin to slow down between one and two years of age.

Your baby's health care provider will continue to monitor your baby's growth and ensure your baby is thriving and growing well.

Nutrition

Now that your baby is 12 months old, you may start to give whole milk instead of formula or breast milk. Babies need whole milk, not low-fat or fat-free skim milk. Whole milk is best for your baby's brain development until they are two years old. Give your child 12 to 16 ounces of milk each day. Your child should not drink more than 24 ounces per day. Some babies have harder bowel movements when they first start whole milk.

Encourage your baby to use a cup or a cup with a lid that has a small opening, called a "sippy" cup. Gradually end the use of bottles if you have not yet done so. It is easier to stop giving bottles before children are 15 months old. Never put your child to bed with a bottle or cup. This can cause choking, overeating, and tooth decay. It can also increase the likelihood of ear infections.

After 12 months, you may continue to breast feed if you and your baby wish to.

Feeding basics

Offer your child three meals and one or two scheduled healthy snacks a day. Your child should eat a variety of healthy foods from these food groups:

- Cereal and bread
- Vegetable
- Fruit
- Milk
- Meat or other protein

Give your child foods that have calcium and iron. Talk with your baby's health care provider if you are not sure your child is getting enough. Supplements usually are not necessary if your baby eats a variety of healthy foods and is growing well.

Serve your baby what the rest of your family eats as often as possible. Choose textures and bite-size pieces that are easy for your child to chew. You do not need to give your child baby food anymore.

Put your baby's food in a bowl or on a plate. Encourage self-feeding. Let your baby use fingers to eat, but also give a spoon. This helps your child learn how to use a spoon. Have your baby eat with your family whenever possible. Make mealtime enjoyable.

Babies do not grow as fast during the second year of life. Your baby may eat less at some meals and more at others. Trust your baby's appetite. A guideline for the amount of food to give your child is one tablespoon of each food for every year of age.

Avoid struggles about what and how much your child eats. If you offer a variety of healthy choices at each meal, your child will get the right nutrition over time.



Continue to be aware of choking hazards

- Never leave your baby alone while eating.
- Cut food into pieces no larger than one-half inch, and offer small amounts.
- Do not let your baby put too much food in their mouth.
- Do not give foods that are round, hard, or sticky. This includes hot dogs, nuts, and seeds. It includes hard candy, uncooked vegetables, popcorn, whole grapes, and raisins. And it includes peanuts, honey, fruit chews, and chunks of peanut butter.
- Do not give your baby chewing gum.

Food allergy

Food allergy reactions can range from mild to severe. They happen when the body reacts against proteins found in foods. Usually, this happens shortly after a food is eaten. The following foods cause most food allergies.

- Cow's milk
- Eggs
- Peanuts
- Soy
- Wheat
- Nuts from trees
- Fish
- Shellfish

As you start new foods, watch for signs of a food allergy or intolerance such as:

- Tingling or itching in the mouth
- Face, tongue, or lip swelling
- Wheezing
- Hoarse breathing
- Flushed skin or rash
- Hives or welts
- Diarrhea
- Vomiting

If any of these signs happen after you start a new food, stop feeding the food. Tell your baby's health care provider about the possible reaction. You may wish to keep a diary of new foods and any reactions.

Seek immediate medical attention if your baby has difficulty breathing or loses consciousness.

Juice

Juice has little nutritional value for babies or children.

Children who drink juice are at increased risk for dental cavities. Prolonged exposure of the gums and teeth to the sugars in juice is a major cause of dental cavities.

If you decide to give your child juice, limit it to no more than four ounces a day.

Vitamin D and supplements

Vitamin D helps develop strong bones. Talk to your child's health care provider about giving your child a daily vitamin D supplement. To give your child the correct dose, follow the instructions that come with the liquid supplement.

Usually, no other vitamin or mineral supplements are needed, unless you are told otherwise by your baby's health care provider.

If you choose to give your child vitamins or supplements, talk about it with your child's health care provider. Treat vitamins and supplements as medication. Never refer to them as candy in front of your child. Make sure the vitamin or supplement given is right for your child's age and weight.

Health

Preventing illness

Children are especially likely to get sick. It is not unusual for babies to get five or six colds a year. Each usually lasts about seven to 10 days. Colds are caused by viruses. Antibiotics do not help colds. To lower your baby's exposure to illness:

- Wash your baby's hands before and after meals, after diaper changes, and after playing with toys.
- Wash toys that your child puts in their mouth, especially toys that are used by other children.
- Have people wash their hands before they hold or play with your baby.
- Whenever possible, keep your baby away from large crowds and people who have colds.
- Create a smoke-free environment. Children breathe in smoke whenever someone around them smokes cigarettes, pipes, or cigars. Secondhand smoke causes children to be at higher risk for serious health problems. These include ear infections, asthma, and upper respiratory infections. They also include other respiratory problems such as pneumonia.

Immunizations

Immunizations, also called vaccinations, are an important part of your baby's care. They save lives and protect against the spread of disease. Not having your child immunized puts your child at risk to catch a dangerous or deadly disease.

Go to all scheduled well-child appointments. Keep your baby's immunizations up to date. Read the information that you get at the well-child appointments.

If you have questions about immunizations, talk with your baby's health care provider.

All babies six months and older should get a yearly influenza (flu) vaccination. This helps to prevent the flu and flu-related complications that may develop. Those who have close contact with your baby also should get a yearly flu vaccination to help prevent passing this illness.

Cough and cold medicine

Over-the-counter cough and cold medicines are not recommended or safe for children younger than six years old. These medications have not been studied in children.

Suggested treatment options include honey for children over 12 months, nasal suction, and saline rinse. They also include cool humidified air, drinking plenty of fluids, and ibuprofen or acetaminophen for pain.

If you are thinking of using natural remedies to soothe your baby, talk with your baby's health care provider first. Many natural remedies are thought to be safe but may in fact harm your baby.

Fever

A fever occurs when the body temperature rises above normal – above 100.4 degrees Fahrenheit (F) or 38 degrees Celsius (C).

A fever is a symptom, not an illness by itself. Fevers can have many causes. The most common cause of fever in children is viral illness. Fevers related to viral illness usually last about two to three days.

Fevers can be a sign of a more serious illness. Follow these guidelines for when to contact your baby's health care provider. But remember, these are general guidelines. **If you are worried about how your baby looks or acts, call your child's health care provider.**

Call your child's health care provider during regular office hours if your child has:

- A fever for more than 48 to 72 hours without a known cause.
- A fever that returns after having gone away for 24 or more hours.
- Burning or pain with urination.
- Ear pain or ear pulling.

Call your child's health care provider right away or take your child to an emergency care facility if your child has:

- Difficulty breathing.
- Disorientation or confusion, or is not responsive or difficult to awaken.
- Stiff neck.
- Seizure.
- Signs of significant dehydration such as a dry mouth, sunken eyes, or minimal urination for 8 to 12 hours.
- Intense abdominal pain.
- Extreme irritability and is difficult to comfort or calm for more than one hour.
- Acts very sick.

Taking your child's temperature

Now that your baby is a year old, there are several ways to take a temperature. When you choose a thermometer, consider the following options.

- **Digital thermometers.** These thermometers use electronic heat sensors to record body temperature. They can be used in the rectum (rectal), mouth (oral), or armpit (axillary). Armpit temperatures are typically the least accurate of the three.
- **Digital ear thermometers.** These thermometers use an infrared ray to measure the temperature inside the ear canal. Keep in mind that earwax or a small, curved ear canal can interfere with the accuracy of an ear thermometer.
- **Temporal artery thermometers.** These thermometers use an infrared scanner to measure the temperature of the temporal artery in the forehead. This type of thermometer can be used even while a child is asleep.

Digital pacifier thermometers and fever strips are not recommended.

Safety tips

Carefully read the instructions that come with the thermometer. Before and after each use, clean the tip of the thermometer. Use rubbing alcohol or soap and lukewarm water and then rinse with cool water.

If you plan to use a digital thermometer to take a rectal temperature, then also get another digital thermometer for oral use. Mark each thermometer, and don't use the same thermometer in both places.

For safety — and to make sure the thermometer stays in place — never leave your child alone while you take their temperature.

- **Rectal temperature.** Turn on the digital thermometer. Put a small amount of lubricant on the tip of the thermometer, such as KY™ Jelly. Lay your baby on their back, lift the thighs, and insert the lubricated thermometer. Insert $\frac{1}{2}$ to 1 inch (or 1.3 to 2.5 centimeters) into the rectum. Never try to force the thermometer past any resistance. Hold the thermometer in place until the thermometer signals that it is done. Remove the thermometer and read the number.
- **Oral temperature.** If your baby has been eating or drinking, wait 15 minutes before you take a temperature by mouth. Turn on the digital thermometer. Place the tip of the thermometer under your baby's tongue toward the back of the mouth. Ask your child to keep their lips closed. When the thermometer signals that it is done, remove it and read the number.
- **Armpit temperature.** Turn on the digital thermometer. When you place the thermometer under your baby's armpit, make sure it touches skin — not clothing. Hold the thermometer tightly in place until the thermometer signals that it is done. Remove the thermometer and read the number.
- **Ear temperature.** Turn on the thermometer. Gently place the thermometer in your baby's ear. Follow the directions that come with the thermometer to be sure you insert the thermometer the proper distance into the ear canal. Hold the thermometer tightly in place until the thermometer signals that it is done. Remove the thermometer and read the number.
- **Temporal artery temperature.** Turn on the thermometer. Gently sweep the thermometer across your child's forehead. Remove the thermometer and read the number.

When you report a temperature to your child's health care provider, give the reading and explain how the temperature was taken.



Teeth

By 12 months old, your baby probably will have a few teeth. If not, teeth will soon come in.

Start doing daily dental cleaning as soon as your baby's first tooth appears. Cleaning your baby's teeth may become more difficult as your child gets older. With the first tooth, get your baby used to cleaning. Clean your baby's teeth with a soft cloth or a baby toothbrush.

Toothpaste with fluoride is recommended for all children. Start using it when your baby's first tooth comes in. Use only a very small amount, about the size of a grain of rice. Adults should squeeze out the amount of toothpaste for young children. Adults also should supervise and help with brushing.

Your baby's health care provider may apply fluoride varnish once your baby's teeth come in. Over-the-counter fluoride rinse is not recommended for children younger than six years. Children younger than six years may swallow high levels of fluoride.

Your baby may be fussy or irritable more often due to teething. You can help comfort your baby. Give a cool, wet washcloth or soft teething ring to chew on. For teething pain, you may give your baby acetaminophen in the recommended dose. Talk to your baby's health care provider about gels that can be put on sore gums.

Limit sugary foods and drinks in your baby's diet. To help prevent tooth decay and cavities, do not give your baby soda pop. Do not let your child carry around a bottle or cup of milk or juice. And do not put your child to bed with a bottle or sippy cup of milk or juice. Constant sipping adds to the time teeth are in contact with these fluids. This increases the risk for tooth decay.

Dental visits

Talk to your child's health care provider and your dentist about when to schedule dental visits. Recommendations may vary depending on practice.

Sleep

Your child may sleep about 14 hours a day. This includes two naps. Within the next few months, your child may begin to take only one nap.

Keep a regular bedtime routine for your child.

Safety Concerns

Child safety seats

Your child must be in an approved, rear-facing car seat at all times when in a vehicle.

Children are safest if they continue to ride rear-facing until they are two years old or reach the highest weight or height allowed by the car seat's manufacturer. Generally, these are 30 to 40 pounds and 26 to 32 inches.

In a vehicle, the safest place for your baby is in the back seat, in the middle if possible. Never put your baby in the front seat. It is even more dangerous if your car has airbags. Airbags can cause serious harm or death to children.

- **Always read and follow the manufacturer's instructions for your car seat.** If you do not have instructions, contact the manufacturer. The address and phone number are on a label on the seat.
- Follow the instructions in your vehicle owner's manual about using car seats. Some manufacturers' instructions may be available on their web sites.
- Do not use child safety seats that have been in a crash or that you do not know the history of.
- Most car seats expire after 6 years from the date of manufacture. An expiration date should be printed somewhere on the seat. When in doubt, call the manufacturer and ask for this date.
- Secure the harness straps when your baby is in the car seat. This includes when you carry the car seat or place it in a shopping cart.

Car seat instructions can be confusing. On average, four out of five car seats are not installed correctly. If you have questions or would like more information about the use of your baby's car seat, ask your baby's health care provider. Find out who you can contact in your community to get more information. You also can seek out a public agency in your area that inspects child safety seats, or you can attend an infant passenger safety class.

Never put a child safety seat in the front seat.

Never leave your child alone in a vehicle.

Be a good role model and always wear your seatbelt.

Preventing falls and injuries

The greatest cause of infant death at this age is injuries. Most injuries are preventable. Often, injuries happen because parents are not aware of what their child can do. Children this age cannot understand danger or remember "no" while exploring.

Because of your child's ever-increasing mobility and curiosity, it is important to:

- Use gates on stairways and doors of rooms you do not want your child to go into.
- Cover all electrical outlets.
- Remove sharp-edged and hard furniture from rooms where your child plays and sleeps.
- Put the crib mattress at the lowest setting so a standing baby cannot climb or fall out.
- Take care with cords, ribbons, and strings. Toddlers tend to pull and grab at any rope or cord they can reach, so keep electrical, telephone, and window-blind cords tied up and out of reach. Loose window cords are particularly hazardous because they hang in loops that can easily be tightened around a young child's neck. Make sure to place your child's crib away from window blinds and cords. In addition, remove drawstrings from toddlers' coats and sweatshirts.
- Install childproof locks and safety latches on cupboards and drawers, especially where medications, cleaning supplies, poisonous substances, or sharp items are kept.
- Keep all appliances and electrical cords out of your child's reach.
- Keep all electrical appliances in the bathroom out of your child's reach.
- Do not underestimate your child's ability to climb. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places.
- Make sure windows are closed or have screens that cannot be pushed out. Install window guards on windows if needed.
- Never leave your child unattended around machinery, fans, or other equipment.
- Always walk behind your car to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rear view mirror.
- Choose playground equipment that is safe for your child's age and skill level. Supervise your child closely.

Do not put your child in a baby walker. Your child may tip it over, fall out of it, or fall down the stairs in it. Baby walkers may allow children to get to places where they can pull hot foods or heavy objects down on themselves. "Exersaucers" that your baby cannot move around are safer.



Bike helmets

If you take your child for a bike ride in a pull-behind cart or in a seat that is attached to the bike, put a bike helmet on your child. The helmet should meet the bicycle helmet safety standards of the Consumer Product Safety Commission (CPSC).

The helmet should be worn squarely on top of the head. It should cover the top of the forehead. If it is tipped back, it does not protect the forehead. The helmet fits well if it does not move around on the head or slide down over the eyes when it is pushed or pulled. The chinstrap should be adjusted to fit snugly.

Preventing burns

Prevent burns and scalds. Keep your home's water heater temperature set at or below 120 degrees Fahrenheit or 48.8 degrees Celsius. To check the temperature or change the setting, read the water heater's instruction manual or go to the manufacturer's web site.

Do not let your child be around you when you cook. Hot liquids, foods, and grease can spill on your child and cause serious burns. Do not leave hot food or beverages where your child can reach them. Never carry your child and hot items at the same time.

Children who are learning to walk will grab anything to steady themselves. This includes hot oven doors, wall heaters or outdoor grills. Keep your child out of rooms and areas where hot objects can be touched. Or put a barrier around the hot objects. Use the back burners on the stove with the panhandles turned inward. Use a fireplace screen to keep your child from touching the fire or hot glass.

If your child gets burned, immediately run cold water over the burned area for 10 minutes. Then cover the burn loosely with a bandage or clean cloth. Call your child's health care provider right away for all burns.

Frequently check that your smoke and carbon monoxide detectors are working. Change the batteries at least once a year on a date you will remember. For example, change the batteries when daylight saving time begins or on your child's birthday. Have a working fire extinguisher in your home.

Make sure your baby's sleepwear is not flammable, which means it cannot easily catch fire.

Practice a fire escape plan.

Sun safety

Protect your child from sunburn with clothing and a hat.

At least 30 minutes before sun exposure, apply sunscreen to your child's face, ears, neck, backs of hands, tops of feet and any other areas not covered by clothing or a hat.

Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 or higher. Rub it in well. Reapply every 2 hours and after swimming. Apply lip balm that contains sunscreen to lips.

It is best to avoid sun exposure between 10 a.m. and 2 p.m.

Preventing drowning

A child can drown in less than two inches of water. Never leave your child alone in or near a bathtub, pail of water, toilet, wading or swimming pool or any other water even for a moment. Empty all buckets after each use. Always supervise your child during bath time. Stay within an arm's length of your child around water.

If you have a swimming pool, put a fence that is at least four feet high on all sides of the pool. Be sure the gates are self-latching. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. It only takes a few moments for a child to get out of the house and fall into a pool.

Preventing suffocation, choking, and poisoning

One-year-olds continue to explore their world by putting many things into their mouths. They have small airways and can easily choke. To prevent suffocation and choking:

- Insist that your child stay seated when eating.
- Follow the age recommendations on toy packages.
- Keep the following items away from your child:
 - Plastic bags and wrappers.
 - Balloons.
 - Coins.
 - Marbles.
 - Toys with small parts.
 - Small balls.
 - Pen and marker caps.
 - Button-type batteries.
 - Medicine syringes.
 - Candy, gum, and fruit snacks.
 - Caps from beverage bottles.
 - Any item that could fit inside your child's mouth.

Teach older children not to give your baby small objects. Give your baby only unbreakable toys that do not have sharp edges or small parts that can come loose.

Cords from window blinds and draperies can strangle your child. Tie cords high and out of reach. Do not knot cords together.

What should I do if my child chokes?

To be prepared in case of an emergency take a class on cardiopulmonary resuscitation (CPR) and choking first aid for children. Encourage everyone who cares for your child to do the same.

If your child is able to cough, cry, or make noises with force, do not interfere. Keep watching your baby closely and be ready to help if needed. Alert someone that your child is choking.

If your baby is choking and can't breathe and **is small enough to easily hold on your forearm:**

1. Assume a seated position. Hold the infant face down on your forearm, which is resting on your thigh.
2. Thump the infant gently but firmly five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object.
3. Hold the infant face up on your forearm with the head lower than the trunk if the above doesn't work. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions.
4. Repeat the back blows and chest thrusts if breathing doesn't resume.
5. Begin infant CPR if one of these techniques opens the airway but the infant doesn't resume breathing. **Call 911 after 2 minutes of CPR if someone has not already called.** Then continue doing CPR.

If your child is choking and can't breathe and **is too big to easily hold on your forearm:**

1. Position yourself so that you stand behind your child's body.
2. Make a fist with one hand and place your fist so that the thumb of your fist is in the middle of your child's tummy, just above the belly button. Use your other hand to grasp your fist.
3. Press your fist into your child's tummy with a quick upward motion (abdominal thrust). Repeat this motion until your child is able to breathe.
4. If your child becomes unconscious (not able to respond), begin CPR or call 911.
5. If doing CPR, look into your child's mouth each time before giving a breath. If you see an object, use your finger to carefully remove it to avoid pushing the object into the throat. Continue doing CPR until your child starts coughing, crying, or speaking. **Call 911 after 2 minutes of CPR if someone has not already called.** Then continue doing CPR.

To prevent poisoning

Babies will put anything into their mouth, even if it does not taste good. Many ordinary things in your house can be poisonous to your child.

- Keep household products, such as detergent pods, bleach, cleaners, chemicals, and medicines, completely out of sight and reach of your child.
- Install safety latches on drawers and cupboards.
- Be aware that some household plants are poisonous. Keep all plants out of your baby's reach.

If you think your baby has ingested something poisonous, call the Poison Control Center right away. Post the Poison Control Center phone number where your entire family can find it: 1 (800) 222-1222.

Preventing lead poisoning

Lead poisoning happens when too much lead builds up in the body. It can cause learning, behavior, and health problems in children.

Your baby's health care provider may give you a questionnaire to review your baby's risk factors for lead poisoning. If exposure to lead is suspected or your child is thought to be at higher risk for lead exposure, your child will have a blood test.

Children under six years who spend time in homes built before 1978 are at greatest risk for lead poisoning. These homes may have chipping or peeling paint or are being renovated. Lead was allowed in household paint until 1978. The older your home is, the more likely it contains lead-based paint. Paints containing up to 50 percent lead were used on the inside and outside of homes through the 1950s.

Lead also can be found in soil around homes and apartment buildings. Children may come in contact with the lead by playing in the dirt.

Some toys put children at risk for exposure to lead. Older or antique toys and collectibles passed down through generations may have lead paint. This can put children at risk for lead exposure. Watch for peeling or chipped paint on toys. Do not allow your child to play with toys with peeling or chipped paint.

Talk to your baby's health care provider if you have concerns about lead in your home.

Preventing non-accidental head trauma (shaken baby syndrome)

Non-accidental head trauma, also known as shaken baby syndrome, is a medical term for the injuries caused by shaking or throwing a baby.

Never shake or throw your baby. Shaking or throwing a baby, even for a few seconds, can cause bleeding inside the head and pressure on the brain. This may cause blindness, deafness, internal bleeding, paralysis, brain damage, or death.

Shaking a baby generally happens when a person is angry or frustrated and loses control. Do not hold your baby during an argument or fight. If you find yourself becoming annoyed or angry, put your baby in the crib and leave the room. Take a time-out. Call someone for support.

Tell anyone who cares for or spends time with your baby about the dangers of shaking or throwing a baby. Do not leave your baby with someone who seems violent, is angry, drinking alcohol, or using drugs.

Some symptoms of non-accidental head trauma or shaken baby syndrome include sleepiness, fussiness, poor eating, vomiting, seizures, not breathing, or unconsciousness.

Immediately seek medical care for your baby if you suspect an injury.

Firearm hazards

Children in homes where guns are present are in more danger of shooting themselves or being shot by friends or family members than of being injured by an intruder.

It is best to keep all guns out of the home. If you choose to keep a gun, make sure it is not loaded. Keep it in a locked place separate from the ammunition. Ask if the homes where your child visits or is cared for have guns. If so, find out how they are stored.

Radon

Radon is a gas that occurs naturally from the breakdown of uranium in soil, rock, and water. It has no odor or color. Radon can enter homes through cracks or openings in walls or foundations and become part of the air you breathe. It is the leading cause of lung cancer among nonsmokers.

The only way to know whether your home has high levels of radon is to test. Test kits are available at city and county health departments, home improvement stores, and hardware stores.

If you have unsafe levels of radon in your home, there are ways to lower the risk.

To find out about radon testing or what you can do if you have radon in your home, contact your local department of public health or a local chapter of the American Lung Association.

Insects

Keep your baby out of areas where there are mosquitoes. If that is not possible, use screens and clothing to protect your baby. If that is not possible, insect repellent can be applied to babies older than 2 months.

DEET is a chemical used in insect repellents. Choose an insect repellent that contains 10-30 percent DEET. Use just enough repellent to cover your baby's clothing and exposed skin. Do not apply insect repellent to a baby's face or hands. Wash your baby's skin with soap and water to remove repellent after you return indoors.

Other safety issues

- Closely supervise pets and older children around your baby.
- Shoes for children this age are for protection, not support. Shoes should be soft and flexible. Tennis shoes are a good choice.

Interacting With Your Baby

At this age, your child continues to want more independence and autonomy. Your child is eager to explore and test limits. At 12 months, your child does not understand the concepts of right or wrong, good or bad. Your child depends on you to teach acceptable behavior.

Let your child know how special they are to you. Continue to pick up, hold, and cuddle your child. Help your child show joy, anger, sadness, fear and frustration.

Talk, sing and read to your child. Play with your child. All this helps with language development. When you point to things or have your child touch things while you say the name of the object, you can help your child learn more words. Using simple sentences to describe things that you are doing also helps to develop your child's language. Television and radio cannot take the place of your interaction. The American Academy of Pediatrics recommends that you do not let your child watch television if they are younger than 2 years old.

Create opportunities for your child to explore and take part in physical activity. Give your child stacking toys such as blocks, nesting rings, or cups. Give toys that your child can push or pull. Help your child use crayons or finger paints. Stuffed animals, toys for pounding, pots and pans, plastic food storage containers, empty boxes, and soft balls are toys your child may enjoy. Encourage your child to play alone and with siblings or other children.

Set up routines. Encourage self-care and help your child learn to play quietly.



Behavior management

Teach your child limits through loving care. Establish rules and limits to keep your child and others safe. Regularly use and enforce these rules. All of your child's caregivers should use the same set of rules.

It is easy to set up a negative relationship when you don't intend to. You may feel that all you do is correct your child. Praise your child for good behaviors. Let your child know you want those behaviors to continue. Be careful not to call your child "good" or "bad." It is what your child is doing that you like or do not like, not your child.

The word "no" can lose its effect if you use it too often. Limit the use of "no" to the most important times. For example, use "no" when your child may get hurt or is hurting others. Allow no hitting, biting, or aggressive behavior.

Distract your child from harmful situations. Give your child something safe to do or to play with.

Keep your home safe for your child. Make it a friendly place for your child. Make your home a place where your child can stay safe and out of harm.

It is normal for toddlers to be curious and want to be in charge. As long as you provide a safe place, let your child explore new things.

Childcare

Your baby may be cared for at a center or the home of a daycare provider. Or someone may care for your baby in your home. As you evaluate how childcare is going for your baby and family, consider the following factors:

- Safety and health standards
- Licensing, accreditation, and qualifications
- Child-to-staff ratio
- Care provider policies including visiting policy
- Your expectations
- Back-up care plan

If you have any issues you need to discuss with your daycare provider, be open and honest about your concerns. If you need to make adjustments, do so.

A Final Word

Enjoy your baby during this time. Give your child your time, attention, and unconditional love.

Follow the schedule your baby's health care provider suggests for well-child exams.

Well-child exams or regular checkups focus on your baby's growth and development. They let you get to know your baby's health care provider. Write down any questions or concerns you may have as you get ready for each well-child exam. Talk with your health care provider about any concerns you may have.

Your baby will receive immunizations as scheduled by their health care provider. Unless your baby has special needs or concerns, lab tests aren't needed at most well-baby exams.

If you have any questions or concerns about this information or anything concerning your baby, contact your baby's health care provider. Together, you will help your child thrive and be healthy.

Notes

Notes



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Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

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MC5354-05rev0917