



PATIENT EDUCATION

# *Caring for Your 15- to 24-Month-Old*

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS  
PATIENT EDUCATION CENTER

## Mayo Clinic Children's Center

For more than 100 years, teams of physicians have cared for children at Mayo Clinic.

### T. DENNY SANFORD PEDIATRIC CENTER MAYO EUGENIO LITTA CHILDREN'S HOSPITAL

*Pediatric Sub-Specialties in the following areas:*

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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
Gastroenterology and Hepatology	Orthopedic Surgery	Urology
	Otorhinolaryngology (ENT)	
	Physical Medicine and Rehabilitation	

*Pediatric Specialty Clinics:*

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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
Brain Injury Program	Facial Paralysis and Reanimation Clinic	Pediatric Level 1 Trauma Center
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
Congenital Heart Clinic	Heart Failure Clinic	Thyroid Nodule/Cancer Clinic
Constraint Induced Movement Therapy Program	Hemophilia/Coagulopathy Clinic	Transgender Clinic
Craniofacial Clinic	Hyperlipidemia Program	Transitions Program
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

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The rapid growth that you have seen during your child's first year of life slows down in your child's second year. You may notice your child has less of an appetite.

Take time to enjoy your child's changing personality and growing independence as your toddler begins to assert their will. As your child continues to grow, learn, and discover, you will find new challenges as a parent.

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



# Developmental Milestones

Children are unique and develop at their own pace.

Developmental screening is an important part of your child's health care. In-depth developmental screening for children between 18 and 24 months can make sure children are developing at the appropriate pace. Talk to your child's health care provider about this screening.

## **Mental and physical development**

By 15 months, most children are able to walk on their own. The average age to start to walk is 13 months. Some babies start as early as nine months. Others start as late as 15 months.

Speech development in the second year is different for each child. Toddlers typically understand much more than they can express. At 15 months, a child can string vowel and consonant sounds together and "babble." Some children at this age may say some real words. Your child may be able to say as many as 10 to 20 words. Your child may follow simple commands. When asked your child may point to some body parts and pictures in a book.

Between 15 and 18 months you can expect your child's language skills to increase.

Offer praise and smile when your child learns new things. Toddlers enjoy knowing that you are pleased when they are learning.

Between 15 and 18 months you can expect your child to begin to run as well as walk. Your child may start to climb. Be ready for this to happen. See the section titled "Preventing falls and injuries."



## Social and emotional development

Your toddler does not understand the concepts of right or wrong, good or bad. Your child depends on you to learn appropriate behavior.

- Set up simple rules and limits your child needs to stay safe and keep others safe.
- Respond to your child in a calm and consistent way when rules or limits are not followed.
- **Praise behaviors that are positive and appropriate.** This is a more effective teaching tool than punishing negative behavior.
- Distract your child from harmful situations. Offer safe playthings or activities.
- Do not allow your child to hit, bite, or be aggressive. If these rules are broken, stop the behavior. Then remove your child from the problem situation. Let your child calm down until quiet.
- Help your child express feelings in positive ways.
- Teach breathing exercises or counting to 10 as a way for your child to calm down.

### *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.

*Stranger and separation anxiety*

Some children experience stranger anxiety when they are around someone they don't know. Let your child watch you talk with and see that you are comfortable with a person before you suggest that your child go to that person. If your child cries, do not force your child to go to someone they do not know.

Never sneak away when you leave your child with another caregiver. Instead, say a brief good-bye and reassure your child that you will return.

*Thumb sucking and pacifier use*

Many children 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**

Your child's rapid physical growth, especially the rate of weight gain, will begin to slow down between one and two years of age. During the second year of life, most children gain only one-third to one-half pound per month.

Your child's health care provider continues to monitor your child's growth and ensure your child is thriving and growing well.

# Nutrition

Unless your health care provider tells you otherwise, your child should continue to drink whole milk, rather than formula. Give whole milk until your child is two years old. Whole milk is best for brain development until age two. Give your child 14 to 22 ounces of whole milk a day. Your child should not drink more than 24 ounces per day. You may continue to breastfeed if you and your baby wish to.

After your child turns two years old, you can give the type of milk your family prefers, but low-fat milk is best.

Encourage your baby to use a cup or a cup with a lid that has a small opening, called a "sippy" cup. Stop the use of bottles if you have not yet done so. Never put your child to bed with a bottle or cup. This can cause your child to choke, overeat, and get tooth decay. It can also increase the likelihood of ear infections.



## 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

Toddlers do not grow as fast during the second year of life. Your child may eat less at some meals and more at others. Trust your child's appetite.

- Do not become overly concerned about eating patterns that are not regular. This is common in toddlers. Your child may insist on nothing but a favorite food for three days, and then refuse to eat it the next day.
- 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 nutrition needed over time.
- Do not use food as a reward.



## Mealtime

- Make mealtime enjoyable.
- Eat with your child whenever possible.
- Serve your child what the rest of your family eats as often as possible.
- Choose textures and bite-size pieces that fit your child's ability to chew. By 15 months, most children can feed themselves finger foods and can begin to use a spoon.
- Give your child good sources of calcium and iron. Talk with your child's health care provider if you are not sure your child is getting enough.
- Put your child's food in a bowl or on a plate and encourage self-feeding. Self-feeding is likely to be messy, but it is an important learning experience.

*Continue to be aware of choking hazards*

- Don't put your child to bed with a bottle or cup. This could cause choking, forced feeding, and tooth decay. This also increases the risk of ear infections.
- Never leave your child alone while eating.
- Cut food into pieces no larger than one-half inch, and offer small amounts.
- Do not let your child 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 child 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 child'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 child has difficulty breathing or loses consciousness.

## **Juice**

Juice has little nutritional value for toddlers or children.

Although juice contains some nutrients, it is high in calories and sugar, even when unsweetened. Children who drink juice are at increased risk for dental cavities. Children who drink juice are also at higher risk for obesity.

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. Follow the instructions that come with the liquid supplement to give the correct dose.

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

If you choose to give your child vitamins or supplements, talk 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 you give is right for your child's age and weight.

# Health

## Preventing illness

Toddlers are at greater risk for illness than older children and adults. It is not unusual for toddlers to get five or six colds a year. Each can last about seven to 10 days. Colds are caused by viruses. Antibiotics do not help colds. To lower your child's exposure to illness:

- Wash your child'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 child.
- Whenever possible, keep your child 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 child'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 child'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 child's health care provider. But remember, these are general guidelines. **If you are worried about how your child 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 child is over 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 child 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 child'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 child'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 child'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

Brush your child's teeth at least daily using a soft cloth or baby toothbrush.

Toothpaste with fluoride is recommended for all children. 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 child's health care provider may apply fluoride varnish once your child'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.

Talk to your child's health care provider about fluoride supplements if your child does not drink water that contains fluoride.

Limit sugary foods and drinks in your child's diet. To help prevent tooth decay and cavities, do not give your child 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 now be taking only one nap and sleeping about 12 to 14 hours a day.

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 child is in the back seat, in the middle if possible. Never put your child 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 child is in the car seat.

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 child's car seat, ask your child'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 death of children younger than four years old is injuries. Most injuries can be prevented. Often, injuries happen because parents are not aware of what their child can do. Children this age cannot understand danger or remember "no" while they explore.

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 child 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 dangerous 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. Also, remove drawstrings from toddlers' coats and sweatshirts.
- Install childproof locks and safety latches on cupboards and drawers. Do this 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. Watch your child closely.

### *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.

If your family enjoys boating and spending time near water, make sure you and your child wear life jackets. Children should wear life jackets at all times when on a boat or near a body of water. Check the label on the life jacket to be sure it meets U.S. Coast Guard or state regulations. The life jacket should be comfortable and the right size for your child. It should always be worn as instructed with all straps belted. However, wearing a life jacket is not a substitute for adult supervision. Blow-up water wings, toys, rafts, and air mattresses should not be used as life jackets.

## Preventing suffocation, choking, and poisoning

Toddlers 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 these 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 toddler small objects. Give your child 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 child closely and be ready to help if needed. Alert someone that your child is choking.

If your child is choking and can't breathe:

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*

Toddlers will put anything into their mouth, even if it does not taste good. Many ordinary things in your house can poison 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 child's reach.

**If you think your baby has swallowed 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 child's health care provider may give you a questionnaire to review your child'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 less than 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 that have 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 child.

**Never shake or throw your child.** Shaking or throwing a child, 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 child generally happens when a person is angry or frustrated and loses control. Do not hold your child during an argument or fight. If you find yourself becoming annoyed or angry, put your child in a safe place and leave the room. Take a time-out. Call someone for support.

Tell anyone who cares for or spends time with your child about the dangers of shaking or throwing a child. Do not leave your child 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 child 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. It becomes 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. You can get test kits 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 how to test for radon 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 child out of areas where there are mosquitoes. If that is not possible, use screens and clothing to protect your child. If that is not possible, insect repellent can be applied to children.

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 child's clothing and exposed skin. Do not put insect repellent on your child's face or hands. Wash your child's skin with soap and water to remove repellent after you return indoors.

# Interacting With Your Child

Reading and singing to your child daily is the most important way you can help your child develop and improve language skills. Even though your child may not know the meaning of many words, hearing the sounds helps your child develop language skills. Hearing familiar words increases vocabulary and prepares your child for more advanced speech and reading.

Engage your child in conversation:

- Introduce new words or names to your child in a familiar setting. For example, point to and name familiar foods at mealtime.
- Name things and encourage your child to imitate you.
- Point to clothing, toys, body parts, objects or pictures and ask your toddler to name them.
- Use simple sentences to describe to your child what you are doing.
- Make a picture book with photos of your child, family members, pets and objects familiar to your child.
- Sing songs with your child.

Television watching is of little value to promote a child's language development. Children under two years should avoid watching television. Please note: Be mindful of media violence. Even if children are not watching television, the background noise from the television affects them.

Engage your child's natural curiosity:

- Provide ways for your child to explore and discover in safe ways. Do this especially as your toddler starts to move around more.
- Encourage your toddler to play alone and to interact with others. Toddlers may be able to play with others for a brief time. Simple activities, such as rolling a ball back and forth, are fun for toddlers.
- Help your child use crayons or finger paints.
- Stuffed animals, toys for pounding, pots, pans, measuring cups, empty boxes, and soft balls will delight your child.
- Make an obstacle course with boxes or furniture for your child to climb in, on, over, under and through.
- Put squeezing objects in the bathtub, such as sponges or squeeze bottles.
- Toys, such as cups and bowls that a child can use to dump and pour, are also fun in the bathtub and sandbox.
- Your toddler enjoys imitating parents, siblings, and others. Common household activities such as sweeping and dusting are fun. Washing play dishes, sorting the laundry, and shoveling snow are also fun activities for your toddler.
- Play clean-up games. Have your toddler put toys on shelves or in boxes.



## **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.

Praise your child for being so special to you. Continue to pick up, hold and cuddle your child. Help your child express joy, anger, sadness, fear, and frustration and develop self-quieting behavior.

*Set a good example*

Your child learns by watching you, even when you do not realize it. Your child will copy your behaviors. Therefore, be a good example for your child:

- Get regular activity and exercise.
- Select and eat healthy foods.
- Respond calmly when faced with challenging situations.
- Don't smoke.
- Wear a seat belt.
- Wear a helmet when biking.

**Childcare**

If your child goes to daycare, continue to monitor the safety of the care facility as your child grows older and needs change. 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

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

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

Well-child exams or regular checkups focus on your child's growth and development. They let you get to know your child'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 child will receive immunizations as scheduled by their health care provider. Unless your child has special needs or concerns, lab tests aren't needed at most well-child exams.

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

# Notes

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BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

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.

*This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.*

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