

Your 12-Month-Old Toddler

Diet

- Offer a variety of healthy table foods, according to your family's schedule. Try to eat together as a family — toddlers enjoy the social aspect of eating.
- Your child's appetite may decrease around this age, when growth is slower. Avoid struggles about how much and what your toddler eats. Allow self-feeding, even if meals are messy.
- Continue to avoid foods that are choking hazards, such as popcorn, nuts, whole grapes, raisins, hard candies, hot dogs or large chunks of food.
- If you and your toddler enjoy nursing, it's fine to continue. Continue giving vitamin D. Consider introducing milk in a sippy cup so your child will be used to it when it's time to wean.
- Formula should be replaced with milk (whole or 2%). Toddlers should drink around 16–20 ounces per day. Too much milk can lead to picky eating and anemia. If your child won't drink milk, offer other calcium-containing foods (yogurt, cheese, tofu, almond butter).
- Put milk in a sippy cup instead of a bottle. It is best to discontinue bottles now, or at least by 15 months.
- Multivitamins may be recommended if your toddler's diet seems inadequate.
- Avoid juice, or limit to four ounces per day, and dilute with water.

Sleep

- Most toddlers sleep through the night and take two naps.
- Continue a consistent bedtime routine.

Development

- Most 12-month-olds are able to crawl, pull to stand, walk with support, feed with fingers or spoon, clap, follow simple commands, point to pictures, say 1–3 words, use "jargon" speech and imitate others.
- Separation anxiety may persist, along with strong attachment to parents and caregivers.
- A mobile toddler may present new challenges. Establish rules and set limits to keep your child safe. Discipline with distraction, verbally reinforcing rules and expectations.
- Try to create consistency among all caregivers so that your child knows what to expect.
- Try to minimize exposure to electronics. Set a good example whenever possible.
- Praise good behavior.

Safety

- Car seats (infant or convertible) should face rear until your child is 2 years of age.
- Continue to maintain a childproofed home. Be mindful of medications and other chemicals, electrical outlets and cords, stairs and choking hazards. Window blind cords should be attached to the wall or out of reach. Consider window guards for upper floor windows.
- Visit cpsc.gov for a list of recalled items.
- Your child can drown in just a few inches of water. Always supervise your toddler around water.
- Secure heavy and/or tall furniture (bookcases, televisions) so that your child can't pull them over.
- Use a properly fitted bicycle helmet if you take your toddler on a bike ride.
- Avoid direct sun exposure by using clothing, hats, shade and sunscreen (SPF 30 or higher).

Fever/Illness

- Fever is a common symptom in children, usually caused by the immune system's response to an infection. Any temperature over 100.4° F is considered a fever. Once you've identified a fever, you can treat it with acetaminophen or ibuprofen to make your child more comfortable. Depending on other symptoms, it may be necessary to come to the office, although most fevers are caused by viruses, and can be managed at home.
- More important than the number on the thermometer is how your child looks and acts. If your child is interactive after receiving fever medicine, that is a good sign.
- Please call our office to report fever that lasts more than 72 hours, or is accompanied by other concerning symptoms (decreased drinking, decreased urine output, labored breathing or looking very ill).
- Being prepared can help you cope with fever. Keep your thermometer handy, have acetaminophen or ibuprofen (and dosing information) available and take these with you when travelling.

Disease prevention

- Use a small soft toothbrush with water or non-fluoridated toothpaste to clean your toddler's teeth twice a day. Teething gels are not recommended.
- We follow the vaccine schedule recommended by the American Academy of Pediatrics. If you have questions or concerns about vaccines, please visit vaccine.chop.edu/parents.

Reaching Us

If you have concerns, please do not hesitate to call the office to speak to a nurse. Nurses return calls throughout the day. You may also leave a non-emergent message for your doctor or nurse practitioner, who will return your call by the end of the day. For emergencies, a doctor is on call when the office is closed.

Resources

- A good website to bookmark for future reference is healthychildren.org.
- We suggest having the Illinois Poison Control Center phone number handy: [800.222.1222](tel:800.222.1222).

Today

- Prevnar or Measles, Mumps, Rubella (MMR) and Varicella (chicken pox) vaccines will be given. A TB skin test may be administered.
- Your baby's finger will be pricked for a blood sample to check for lead exposure and anemia.
- You will be given a 12-month Ages and Stages developmental questionnaire to complete at home and mail to our office.

At the 15-month check-up

- Your baby will receive DTaP#4, HiB #4 and Prevnar #4 or MMR vaccines.
- You will be given a developmental questionnaire to complete at 16 months and mail to our office.

Acetaminophen Dosing Instructions

Every 4–6 hours and no more than 4 doses/day

| Weight | Dose | Infant OR Children's suspension 160 mg/5 mL |
|-----------|--------|--|
| 12–17 lbs | 80 mg | ½ tsp or 2.5 mL |
| 18–23 lbs | 120 mg | ¾ tsp or 3.75 mL |
| 24–35 lbs | 160 mg | 1 tsp or 5 mL |

Ibuprofen Dosing Instructions

Every 6–8 hours

| Weight | Dose | Infant drops 50 mg/1.25 mL | Children's suspension 100 mg/5 mL |
|-----------|--------|-------------------------------|--------------------------------------|
| 12–17 lbs | 50 mg | 1.25 mL | ½ tsp or 2.5 mL |
| 18–23 lbs | 75 mg | 1.875 mL | ¾ tsp or 3.75 mL |
| 24–35 lbs | 100 mg | 2.5 mL | 1 tsp or 5 mL |