



Complete Care Pediatrics

Weight: _____ Length: _____ Head Circumference: _____

12 months

Congratulations! You have a 1 year old. How did that happen? Flies by quick doesn't it? Your little one is now understanding more of what you are saying and can follow simple commands. They are beginning to grasp the routine or sequence of events with everyday activities. Truly as simple as, you put your pants on one leg at a time.

Development

Social/Emotional:

- Can communicate their wants/needs with action (ex. Will hand you a book because they want you to read to them. Will pull at their diaper because they want you to change it.)
- May be fearful or shy in new or unfamiliar situations

Language/Communication:

- Pointing and grunting to communicate, will often point and say "dat".
- Can respond to simple requests. (ex. Eat your banana. Turn the page.)
- Tries to say words you say - parroting
- Uses inflection in their vocalizations to mimic speaking

Cognitive:

- Explores objects in different ways - will bang, shake, throw or lick something
- Likes to give and take an object, knows what objects are for (a cup is for drinking, socks go on their feet)
- Likes to put things into something and take them out...over and over and over

Movement/Physical Development:

- Pulls to stand and can get into seated position without help.
- May stand without support
- May take a few steps

Nutrition

There are a lot of transitions that start at the milestone mark of a year old. The general consensus is that the majority of baby's nutrition is now going to come from solid foods. Its a big leap for a lot of families. Rest assured, if you do not have a table food eating, 3 meals a day and snacking kind of 1 year old this is still normal as well.

Many babies will be transitioning off of formula or weaning from the breast. There is the question of what baby drinks once they are off of formula or breastmilk. When do we transition to sippy cups and regular cups completely. Lots to cover.

Let's start first with solids. If you child has been doing baby led weaning or transitioned to more textured foods easily, the progression to meals and snacks as the base of



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baby's nutritional needs may be fairly easy and happen pretty organically. If you have a baby that is not tolerating really textured or table foods, you may still be working with purees. Continue to offer and challenge baby's sensitivity (be it gag or texture issues) with meals. Start meals with the more textured or solid foods. As they get frustrated or out right refuse, transition to a texture they are tolerating. This gradual exposure will help move them to table foods while still allowing them the success and enjoyment of the solid food experience.

A word on milk and milk alternatives

We are the only mammals that are told to drink another mammals' milk after infancy. Its a little strange. That being said, whole fat cow's milk is a very easy way to package fat, calcium and Vit D. The cons to milk are that it can cause constipation in some people, when drank in excess the calcium in milk can fight with iron for binding sites to the red blood cell leading to anemia and if it is looked at as a replacement for formula or breast milk, it does not offer the same broad spectrum of vitamins and nutrients. Now, if your family loves whole milk and tolerates it well, it can be a nice compliment to table foods and regular water intake. The recommended serving of dairy for infants from 12-24 months is 2-3 dairy servings daily. If your child gets a lot of dairy in their solid food diet (yogurt, cheese, etc) they don't need a lot of cow's milk. The recommended daily intake of cow's milk is 16-24oz/day - not including other forms of dairy. Children tend to love dairy, so be cautious not to over do it.

If your family is not one to have cow's milk in the fridge there are really great ways to get your child Vit D, fat and calcium that do not include milk at all. You can even get your child's daily requirements easily without dairy in their diet if desired. There are some great milk alternatives out there that have very comparable amounts of fat, calcium and are Vit D fortified. One great option is Silk brand's almond/cashew milk blend. It has 8 g of fat per 8 oz serving, 10g of protein and 30% of daily calcium requirements. Another good alternative is Kid's Ripple with a very similar profile.

Generally, once the transition to milk or a milk alternative has occurred it gets a bit easier to transition from the bottle if your child is particularly attached to this method of liquid delivery. The fact that baby does not need as much volume of milk or milk alternative can alleviate the concern over baby getting "enough" from the bottle. The nighttime bottle or breastfeeding is often the last go because it is so intimately associated with winding down and going to bed. The best bet is to move this feeding up in the bedtime routine, so it is not the last thing you do before bed. It conveniently makes way for the toothbrush to become the last thing in baby's mouth before bed. More on that later.

So if a typical routine looks like bath, jammies, book , bottle and then bed. Let's move that bottle up to be right after bath, get in jammies, brush teeth, read a book and then bed. We want baby to begin to associate bedtime with something other than a feeding. Ideally, an activity that does not eventually have to go away like a book or a song. Once



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this transition is well accepted, the bottle can honestly go away and that milk or milk alternative can be offered with or at the end of their dinner time meal. Babies should be off of the bottle between 12-15 months.

If mom and baby are enjoying breastfeeding at this point there is no reason to stop. The composition of human milk does not change markedly from 12 to 24 months, including most nutrients and bioactive factors. Because the human immune system may not mature completely for several years, the components of human milk continue to support the host defense of the infant.

Vegetarian and vegan diets

It is not difficult to meet all nutritional needs with a vegetarian diet, in fact there is mounting evidence that a plant based diet is better for humans and the earth. That being said, there are additional vitamin supplements that growing bodies, in particular, will need. If your child is not eating a wide variety of foods such as beans, legumes, eggs and dairy, their vegetarian diets may be low in protein, iron, zinc and some vitamins such as B12. Again, milk alternatives are often fortified with much of these, but nothing can beat a varied and adventurous palate. Novaferum makes a liquid multivitamin with iron called “Yum” that can meet these daily requirements if your child’s appetite is not broad.

Vegan diets exclude all animal products and by-products (not just beef, but cow’s milk and cheese too) so extra care must be taken to make sure that vegan children get a good variety of foods that can provide all the nutrients they need. Because children age 1-5 often have smaller appetites, it is important that the foods vegan children get are nutrient dense (packed full of energy and nutrition). Ground seeds, nuts and nut butters offer concentrated sources of energy. When a vegan infant transitions to getting most of their nutrients from solid foods, there is a risk for deficiencies in Vitamins B12 and D as well as minerals like calcium, iron and zinc if their diet is not broad. Novaferum makes a liquid multivitamin called “Delish”, with a plant based Vit D supplement.

Toothbrushing

It is a good idea to introduce baby to a toothbrush when their first teeth erupt. The routine of brushing twice daily may not be in place and the brushing may be more for ease of teething discomfort and a quick swipe of the teeth and gums, but it should be happening. It becomes increasingly important at this age for infants to have their teeth brushed in a routine much like adults are supposed to maintain. Twice daily with a small amount of fluoride toothpaste. Now baby can’t spit, so the amount of toothpaste need only be the size of a grain of rice. Establishing a routine at this age makes brushing into the toddler years easier and less of a fight. They are more likely to accept it for what it is, something they just need to do. It may be easiest to have a toothbrush in the kitchen to use immediately after breakfast and one in the bathroom for before bed use. It is also a good idea to schedule a dental visit for an initial exam, particularly if your child has already gotten a lot of teeth.



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Fever and Medication

- FEVER = 100.4 F or higher rectally or under the arm. Fevers are normal, natural responses and do not always need to be treated. If baby has a fever but is not uncomfortable, having difficulty sleeping or eating - they are fine to ride this fever out. Generally, any fever over 102-103 makes for a fussy baby and it is ok to manage these fevers with medication.
- Note that fever reducing medication will likely only drop the fever by 1-2 degrees.
- Tylenol (Acetaminophen) may be given for fever, teething, or pain relief. Tylenol may be given as often as every 4 hours but we suggest using it as sparingly as possible. Tylenol dosing is based on weight; please see chart below for your child's dose.

Infant's Weight	Infant or Children's Suspension (160mg/5ml)
6 – 11 lbs.	1.25 ml, ¼ tsp (40mg)
12 – 17 lbs.	2.5 ml, ½ teaspoon (80mg)
18 – 23 lbs.	3.75ml, ¾ teaspoon (120mg)
24 - 35 lbs	5.0 ml, 1 tsp (160mg)

- Motrin (Ibuprofen/Advil) may be given for fever, teething or pain relief. In general, motrin is better at reducing inflammation (so think teething and after injury), but it does have some fever reducing properties). Every child responds to medication differently, so see what works best for your baby.

**** There is an infant and a children's liquid suspension of this medication so read labels carefully, they are different concentrations, require different syringes for dosing and are NOT the same measurements as infant/children's Tylenol. See chart below.**

<u>Infant's Weight</u>	<u>Infant Motrin/Advil/Ibuprofen Suspension (50mg/1.25ml)</u>
12 - 17 lbs	1.25ml, ¼ tsp (50mg)
8 - 23 lbs	1.87ml, about ⅓ tsp (75mg)
24 - 35 lbs	2.5 ml, ½ tsp (100mg)

<u>Infant's Weight</u>	<u>Children's Motrin/Advil/Ibuprofen Suspension (100mg/5ml)</u>
12 - 17 lbs	2.5ml, ½ tsp (50mg)
18 - 23 lbs	3.75 ml, ¾ tsp (75mg)
24 - 35 lbs	5 ml, 1 tsp (100 mg)

****Know what strength you have and ALWAYS double check before dosing****



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Development from 12- 15 months

Social/Emotional:

- Shows you an object they like
- Cuddles, hugs, kisses - begins to show affection

Cognitive:

- Tries to use things the right way - comb for hair, a cup to drink
- Stacks things 2-3 high

Language/Communication:

- Points to ask for something or to get help
- Uses 2-3 words other than “mama” and “dada”

Movement/Physical Development:

- Walks with or without support
- Self feeds with fingers