



FIFTEEN MONTHS

Name _____ Date _____

Weight _____ Length _____ Head Circumference _____

IMMUNIZATIONS (note: your child's doctor may modify the immunization schedule at times)

1. Diphtheria/Tetanus/Pertussis (DTaP) - protects against diphtheria, tetanus, pertussis (whooping cough)
2. Haemophilus influenza B (HIB) – protects against a bacteria that causes meningitis, blood, and throat infections

DEVELOPMENT

At this age, your toddler displays a wide variety of emotions and behavior including pleasure, anger, and warmth. Expect him to have very little tolerance and much curiosity. Most of the baby's walking time is spent exploring the environment. He walks well alone, crawls up stairs, scribbles, builds a tower of two blocks, points, and indicates what he wants. The toddler is learning how to walk and run well and next will try to become proficient at climbing. Provide some area for him to practice this skill safely, such as the small plastic slides with steps.

At this age, your child will likely jabber endlessly in a language of her own, with only a few single words to describe things. She should understand almost everything you say that concerns her daily environment.

Help the toddler make associations such as "We're going to the car now so I have to get my keys." Read picture books together. Name the objects and events which surround you. Playing with a variety of textures (hard, soft, fuzzy, smooth, etc.), different types of materials (fur, cotton, velvet) is educational. Good toys for the toddler include rolling pins, large spoons, boxes, pots and pans, plastic cups, pull toys, balls, nesting toys, and fill-and-dump toys. Toddlers love to play outside, but should never be left unattended. Choose outdoor areas with grass, mulch, or sand rather than plain dirt, which may contain lead dust. Wash the baby's hands frequently when playing outdoors.

Night terrors become common during this time. Night terrors are a type of behavior that occurs during sleep (similar to sleep-talking or sleep-walking) which causes the baby to cry out in his sleep and look frightened. It usually occurs early in the night. The child is actually asleep during this time and is not having a nightmare. There is no need to wake your child up during a night terror, and if you try to wake him, he will likely act disoriented, and will not want to be comforted. The best thing to do is check to make sure your child is safe and then allow him to sleep through the night terror. He will not remember the episode at all in the morning.

Because the toddler desires to be independent, she becomes frustrated and angry frequently. It is important to continue discipline and limit-setting as a way of teaching the child safe behavior. Set limits consistently on behaviors that are dangerous or aggressive, but don't scold your child for normal curiosity and rambunctiousness. As discussed at the one-year-old visit, a firm verbal "No" followed by removal and redirection is the best form of discipline for this age. Encourage the child's good behavior with praise. Praising your child for good behavior will help build self-esteem. Often, however, frustration in the toddler leads to temper tantrums when things don't go the way she would like. The best response to a temper tantrum is to ignore it (first making sure the child is in a safe place). Giving the child attention during a temper tantrum just encourages it to continue. When the tantrum is over, you can give your child positive attention for calming down. Try not to get into power struggles with the child if the issue at hand can be negotiated by compromise (for example, respecting the child's wish to stand up to be diapered).

EATING

The eating pattern of the toddler changes dramatically at this time. The toddler binge—eating only one or a small variety of foods—is common. Often, a toddler will eat only one good meal out of three per day, but this is normal. For picky eaters you may offer nutritious in-between meal snacks, but don't allow your child to "graze" on snacks all day long. Offer food only at regular meal or snack times. Encourage your child's use of utensils and a cup at every meal now. This is a good time for the toddler to come off the bottle completely if he hasn't already.

Your baby's first molars will likely be coming in by now. They are large teeth and can cause considerable discomfort. You may use a teething ring, or acetaminophen for discomfort.

Now that your child is no longer receiving iron through breast milk or formula, we recommend a daily multivitamin with iron for example Poly-Vi-Sol with iron or half of a crushed chewable multivitamin with iron.

SAFETY

Food Safety

To avoid choking, make sure any foods you give your child are soft, easy to swallow, and cut into small pieces. Avoid high-risk choking foods such as nuts, popcorn, raw vegetables, whole grapes, hard candies, and hot dogs.

Home Safety (see the home safety handout given at the four-month visit and available on our website for more detail)
Poisonings are an important health hazard for children. Keep all medications, cleaning products, and other potentially poisonous substances high up out of reach. Post this phone number for the poison control center near your phone: **1-800-222-1222**.

As your child begins to move around, it will be very important to make your home safe. Put a hook outside the bathroom door or install toilet locks. Use caution with all hot liquids and hot surfaces. Place a barrier in front of hot radiators. Place gates at the top and bottom of all stairways. Keep plastic bags, wrappers, and latex balloons out of reach. Move dangling electric cords. Use safety plugs in outlets. Remove house plants from reach, as many are poisonous. Make sure that bookcases are anchored to walls so they can't tip over. Install safety guards on windows (screens are NOT strong enough to prevent a child from falling through).

Car Safety

Your child should be in a rear-facing car seat as long as possible (check the sticker on the car seat to see its size limits). It's the best way to keep him safe. Your child should stay in a rear-facing car seat until he reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness. For forward-facing car seats, the shoulder straps should be at or above the level of your child's shoulders. The straps should fit snugly—you should only be able to get only one finger between the straps and your child. In winter, it is safer to put warm layers on top of your child after strapping him into the car seat; securing the straps on top of bulky clothing can reduce the effectiveness of the car seat. If you would like further information on child car safety or would like to find a certified car seat inspector who can check the installation of your car seat, please consult the National Highway Traffic Administration website at www.nhtsa.dot.gov.

Sun Safety

Avoid the midday sun between 10 am and 3 pm as much as possible. Use a hat or canopy and light clothing that covers as much skin as possible. Sunscreen (SPF 15 or higher) should be used on exposed areas of skin during periods of sun exposure.

NEXT VISIT

Your child's next routine visit will be at 18 months of age. Your child will receive the Hepatitis A vaccine.