

2½ YEAR OLD



Proactive in your child's care.
Empowering families for over 50 years.

Please take the time to read through this material. We provide this information because we see value in educating our patients.

Westwood Office
541 High Street
Westwood, MA 02090
(781) 326-7700



Mansfield Office
454 Chauncy Street
Mansfield, MA 02048
(508) 339-9944

www.wmpeds.com

VIDEOS



Let us help you be proactive and educated
in your child's care!

These following videos are just a few that we feel may help you and
your child at this specific age. Please view our website at
www.wmpeds.com for these and many more.

2 ½ Year

Fever

Ear Infections – including information on Swimmer's Ear

Rashes – information on a Basic Rash, Diaper Rash, Fifth Disease,
Hand - Foot and Mouth Disease and also Hives

Cough/Croup – information on when to worry and a demonstration
on Croup and Stridor

Vomiting and Diarrhea

Colds

Toddler – Information on behavior, nutrition, toilet training and new
siblings

Constipation



Boston Children's Hospital
Community of Care
Preferred Pediatric Practice

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2.5 Year Visit: Immunizations

Your child is due to receive the following immunizations at this visit:

NONE

*We strongly recommend that all patients 6 months of age and older receive an annual **Influenza** (flu) vaccine.*

Please review the enclosed Vaccine Information Sheets (VISs) prior to your visit for more information.

For our complete immunization schedule:

wmpeds.com/immunizationschedule



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The New Enigma in My House (A Toddler's Perspective on the Newborn Sibling)

Dear Mom and Dad
I've really been had.
It's like if either of you brought in an additional spouse
Oh, what strife there'd be in the house!
This new little creature gets all the attention
And I'm supposed to respond with no apprehension.
My fear and jealousy force me to act out,
Saying and doing "mean" things no doubt.
You had me toilet trained and out of a crib,
When I regress, please don't think I'm so spitefully glib.
And hence there will be less to pay.

1. Before the birth, go to the library and get me a video or book on where babies come from, how they act and how they look.
2. Get out my baby pictures, And make them central fixtures.
3. Get me a present on arrival of the baby, So the first day home won't be so crazy.
4. Include me in the "creature's care", Job assignments make me feel important and teach me how to share.
5. When guests come to visit the baby, And your attention is away from me, Anticipate my acting out and let me be. Don't feel shame, For this is a normal phase and I'm not to blame.
6. No matter how well I'm prepared Mommy for your leaving, My separation anxiety, Will have little satiety.

Most of all Mommy and Daddy, remember normal is not easy,
But work as a team, and just watch me beam.

By: Dr. Hartman

Follow Dr. Hartman on Twitter [@DrHartmanWMPEDS](https://twitter.com/DrHartmanWMPEDS)

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#2

My sister is crushing me with all her weight.
Her smile is mixed with a lot of love,
And a little hate.

She loves to pick me up in the morning,
Sometimes almost dropping me without warning.

When I was a tiny baby she would get right in my face and scream.
My parents stand mortified but it made me beam.

My pacifier gets wiped when it falls on the floor,
My sis got hers sterilizes as part of her lore.

When I'm 6 months, I grab out of curiosity,
For my territorial sister, it creates such animosity.

My crib, high chair, and safety seat are all second hand,
At my age though, I could care less about the name brand.

My first time walking may not be as thrilling as was my sis,
But for me I'm filled with just as much bliss.

From one to two,
There are few breaks for either of you.

Now mom and dad, you have a series of divided and conquers,
Arguing over who's the neediest will drive you bonkers.

By: Dr. Hartman

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The Crawling Creature

(The young child's (3-5 years) perspective on a crawling sibling)

Now this baby is invading my space,
After learning how to crawl.
Forcing me to protect my place,
As this creature plunders all.

Sharing is a conditional thing,
If I went into your dresser drawers,
You wouldn't exactly sing.

So to allow her to play with my things is such a myth,
Help me to choose those things she can and can't play with.

Safety is also the key,
Show me so I can help in her security.
Teach me to close a door or
Pick up small objects on the floor. *

Remember I'm not going to learn all this overnight,
Patience is paramount to minimize a fight.

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**Teach me but don't expect me to take complete responsibility.*

Sibling Rivalry

My children have trouble getting along. How can I help them?

No matter how hard you try to keep the peace, your children are likely to fight over toys, tattle on one another, and tease and criticize each other. Sibling rivalry is a natural part of growing up. Here are some tips on managing conflict between your children.

- **Remember that each child's needs are different.** Some parents feel it's important to treat their children the same way. Yet children often complain that things are "not fair" and that they are not receiving what the other sibling gets. Treating your children differently doesn't mean you are playing favorites. It's a way of showing that you appreciate how special they are.
- **While it's natural to notice differences between your children, try not to comment on these in front of them.** It is easy for a child to think that he is not as good or as loved as his sibling when you compare them. Remember, each child is special. Let each one know that.
- **As much as possible, stay out of your children's arguments.** While you may have to help younger children find ways to settle their differences, do not take sides. If your children try to involve you, explain that they need to figure out how to get along. Of course, you must get involved if the situation gets violent. Make sure your children know that such behavior is not allowed. If there is any reason to suspect that your children may become violent, watch them closely when they are together. Preventing violence is always better than punishing after the fact, which often makes the rivalry worse. Praise your children when they solve their arguments, and reward good behavior.
- **Be fair.** If you must get involved in your children's arguments, listen to all sides of the story. Also, give children privileges that are right for their ages and try to be consistent. If you allowed one child to stay up until 9:00 pm at 10 years of age, the other should have the same bedtime when he is 10.
- **Respect your child's privacy.** If it is necessary to punish or scold, do it with the child alone in a quiet, private place. Do not embarrass your child by scolding him in front of the others.
- **Family meetings can be a great way to work out sibling issues.** Some parents find that sharing some of their own experiences about growing up can help too. Just listening to your children can also help. Remember, this is their opportunity to learn about the give-and-take of human relationships.

Why Siblings Get Along the Way They Do

Many things affect relationships between brothers and sisters. Some of these are

Personality: Parents often wonder how children from the same parents growing up in the same home can be so different. In fact, siblings are sometimes more different than alike. Even if siblings are alike in some ways, it is important for parents to recognize the unique personality of each of their children.

Age: Children of different ages behave differently. For example, younger children may fight in more physical ways. As they get older, their fighting may be more like arguments.

Gender: Gender affects relationships as well. Many parents find that children of the same sex compete with each other more than do opposite-sex children.

Family size, spacing, and birth order: No two children view the family the same way. An only child's experience is different from that of a child in a larger family. Children who are less than 2 years apart sometimes have more conflict than children who are spaced further apart.

Last Updated 1/4/2012

Source Sibling Relationships (Copyright © 2007 American Academy of Pediatrics, updated 3/07)

Family Life – Dealing with Sibling Rivalry

Nearly every parent with more than one child has experienced the frustration of sibling rivalry. Despite the best attempts at keeping harmony in the family, **brothers and sisters** will fight over toys, tattle on one another, argue, tease, criticize, or become physically abusive, leading mothers and fathers to ask themselves: "What have I done wrong? Why can't our household be peaceful?"

As annoying and upsetting as this rivalry can be, it is quite normal. Some jealousy and friction between **siblings** is a part of growing up, although it is worse in some families than in others.



Why does rivalry among your children occur? In part, it is a competition for your attention and love. You are very important in their lives, and they would rather not share you with anyone, particularly a brother or sister. That in itself is enough to cause dissension. Other factors contribute to this rivalry as well, including the personalities of your youngsters, their mutual or differing interests, their ages, the amount of time they spend with one another and with you, and even the favoritism you may show toward one child, however unintentional. With so many factors at play, some squabbling is inevitable.

Guidelines for Parental Management of Sibling Rivalry

- Be fair.
- Avoid making comparisons between your children.
- Encourage the children to work out their own differences.
- Avoid taking sides on sibling conflicts. Be impartial, and do not show a preference for one child or another.
- Set guidelines on how children can disagree and resolve conflicts.
- Discourage tattling.
- When it is necessary to punish or reprimand, do it with the child alone in a quiet, private place.
- Use regular family meetings for all family members to express their thoughts and feelings, as well as to plan the week's events and to give positive recognition and rewards (allowance, special privileges).

Last Updated 1/4/2012

Source [Caring for Your School-Age Child: Ages 5 to 12](#) (Copyright © 2004 American Academy of Pediatrics)

American Academy of Pediatrics

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Toilet Training Guidelines: Parents – The Role of the Parents in Toilet Training

Parents play a key role in toilet [training](#). Parents need to provide their child with direction, motivation, and reinforcement. They need to set aside time for and have patience with the toilet training process. Parents can encourage their child to be independent and allow their child to master each step at his or her own pace.

When to Begin Toilet Training Your Child?

There is no right age to toilet train a child. Readiness to begin toilet training depends on the individual child. In general, starting before age 2 (24 months) is not recommended. The readiness skills and physical development your child needs occur between age 18 months and 2.5 years.

Your child will show cues that he or she is developmentally ready. Signs of readiness include the following:

- Your child can imitate your behavior.
- Your child begins to put things where they belong.
- Your child can demonstrate independence by saying “no.”
- Your child can express interest in toilet training (eg, following you to the bathroom).
- Your child can walk and is ready to sit down.
- Your child can indicate first when he is “going” (urinating or defecating) and then when he needs to “go.”
- Your child is able to pull clothes up and down (on and off).

Each child has his or her own style of behavior, which is called temperament. In planning your approach to toilet training, it is important to consider your child's temperament.

- Consider your child's moods and the time of day your child is most approachable. Plan your approach based on when your child is most cooperative.
- If your child is generally shy and withdrawn, he or she may need additional support and encouragement.
- Work with your child's attention span. Plan for distractions that will keep him or her comfortable on the potty chair. For example, reading a story to your child may [help](#) keep him or her interested.
- Consider your child's frustration level, and be ready to encourage and reassure him or her at each [step](#).

Before you begin toilet training, have your child examined by his or her health care provider. During your child's check-up, talk with the health care provider about the child's developmental readiness and temperament. Your health care provider can help you determine whether your child is ready to begin toilet training and help you plan your approach.

Timing is important. Toilet training should not be started when the child is feeling ill or when the child is experiencing any major life changes such as moving, new siblings, new [school](#), or new child-care situation.

If your child is feeling too pressured to toilet train or if the process is too stressful, he or she may begin to withhold urine or stool. Withholding can be the result of too much pressure or can be caused by constipation (hard and painful stools).

Try not to feel pressured to toilet train your child. If you are feeling pressured to train your child because of caregiver considerations or family members' views, your anxiety about toilet training can create anxiety in your child.

Getting Started:

What to Know:

Toilet training includes discussing, undressing, going, wiping, dressing, flushing, and hand-washing. Remember to reinforce your child's success at each step.

There are many steps to the toilet training process. The more ready the child is when you begin, the more quickly the toilet training process will go.

Initial success relies on your child understanding the use of the toilet, not mastering the process.

Check your child's stools. It is very important that they are soft. Hard stools can be very painful and are difficult to pass. If your child's stools are hard, add fiber to your child's diet and consult your health care provider for a recommended stool-softener. When the stool is softer, reassure your child that now it won't hurt.

A high-fiber diet and reduced quantity of dairy products can help soften the stool and develop and maintain regular bowel movements. Because children can resist being forced to eat nutritious foods, and because they learn best by example, eating a high-fiber balanced diet yourself will encourage your child to eat well.

What To Do:

- Get a potty chair. Many children feel more secure on a potty chair than on a toilet because when they sit, their feet are securely on the floor and they are not afraid of falling off or in.
- Allow your child to become familiar with the potty chair. Let your child observe, touch, and get comfortable with the potty chair before attempting to use it. Also, introduce the potty chair to your child as his or her own chair.
- Place the potty chair in a convenient place for your child. The potty chair does not have to be limited to the bathroom. Keep it in the playroom, in the yard, or wherever your child is playing, so your child can get to it when he or she wants.
- If your child is afraid of the potty chair, don't pressure him or her to use it. Put toilet training aside for 1 or 2 months, and give your child time to get used to the idea of the potty chair and to be comfortable with it.
- Let your child first sit on the potty chair fully clothed once a day as a routine. Also, let your child leave the potty chair at any time, and never force your child to spend time sitting on it.
- After your child is comfortable sitting on the potty chair with clothes on, let him or her sit there without clothes.
- Take the stool from your child's diaper and put it into his or her potty chair so that your child can see where it should go.

Helpful Tips and Suggestions:

Setbacks:

Setbacks are to be expected, not to be seen as a failure or regression, but as a temporary step back. Setbacks are normal and may occur when your child feels too much pressure.

Setbacks can be frustrating, but your child needs encouragement and reassurance from you. Try to remember that this is your child's task, not your own.

Coordinating Plans:

Make sure to coordinate your toilet training plans with others who may be with your child during the day (caregivers, grandparents, day care staff members). It is important that they know how you want your child to be trained so that the child receives the same message during the day when you are not present as during evenings and weekends when you are.

Parental Encouragement:

Make this experience as positive, natural, and nonthreatening as possible so that your child feels confident that he or she is doing it on his or her own. Often, what seems like laziness in your child is resistance to pressure or immaturity. Your child is likely to want to be trained as much as you want him or her to be trained.

- Encourage imitation. When you sit on the toilet, allow your child to sit on the potty chair beside you.
- Boys should learn to urinate sitting first, because if they stand first, they may not want to sit to have a bowel movement.
- Start a routine with regular reminders beginning with one time a day—after breakfast or maybe at bath time when your child is already undressed.

- Watch for behavior, grimaces, or poses that may signal the need for a bowel movement, and ask your child if he or she needs to go.
- Praise your child whenever he or she tells you that he/she needs to go and when your child tells you without being reminded.
- Let your child flush if he or she wants to. Because some children do not like the sound of the toilet or are afraid of the toilet, be sure to determine whether your child is scared. Also, try to reassure your child if he or she becomes upset about the disappearance of the stool down the toilet.

Clothing/Diapers:

Keep your child in loose, easy-to-remove clothing. Help your child master the dressing and undressing needed to sit on the potty chair. Once the child is comfortably sitting on the potty chair with clothes on, then try it with clothes off.

When your child is using the potty chair successfully several times a day, he or she may be ready for underwear for part of the day. Because diapers can be very reassuring, do not rush your child out of diapers.

Your child's skin is just as likely to get a rash from wetness or exposure to a stool as it did during infancy. Therefore, keeping your child dry and clean is as important during training as it was when he or she was an infant. Change your child regularly, and do not leave him or her in soiled clothing as a training method.

Disposable or non-disposable training pants may be used as part of the transition from diaper to underwear, but they are not recommended as an initial step. They may be helpful when your child is ready to take over the training process.

Specific Training Issues:

- Accidents are common and should be expected in the training process.
- Boys generally take longer to be trained than do girls.
- If you feel you need help in the training process, contact your pediatrician or health care professional to discuss any issues you may have.

Nighttime Training:

Nighttime or naptime dryness may occur at the same time as daytime dryness, although it may not occur until a year or so later. Aside from taking your child to the toilet before going to sleep, here are some other tips to help the child stay dry through the night:

- Ask your child to withhold urine a little during the day to gain better control.
- With your child's permission, wake him or her during the night to use the bathroom.
- A nighttime potty chair kept by the bed can make it more convenient for your child when he or she wakes during the night.
- If your child is still consistently wetting the bed 1 year after age 7 years, consult your pediatrician or health care professional.

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Constipation and Its Role in Toilet Training

What you need to know...

Most 2-2 ½ year old children are physically ready to toilet train. Emotionally, however, they may need some coaching to get there. Parents must be sensitive to this, and spend time with their children looking at DVDs and reading books about toilet training. Parents must put a “positive spin” on peeing and pooping. Help your child “befriend” a potty!

Two common scenarios:

1. “My child is constipated before we start toilet training.”

Constipation will often interfere with the process of toilet training. If it hurts to poop, a child will often “hold it in” so as not to feel pain. This makes constipation worse and, ultimately, complicates (and delays) the child using the potty. It is important to get your child’s bowel movements as regular as possible before starting to toilet train. This may require the use of medication (both Miralax and Benefiber are two over-the-counter, effective, and very safe options). Talk with your provider for more information.

2. ‘The Holder’ and ‘The Dancer’

Some children find having bowel movements to be an unpleasant experience. Stooling may be painful for a variety of reasons including constipation (see above) which may cause a small fissure (tear) around the anus. Once children experience pain with pooping, it may take several months to “unlearn” this pain and let go of the fear of having pain. It is important to be aggressive with stool softeners to ensure that a tear does not recur (as this would prolong their withholding behavior even more!). Place your child on the toilet 3-4 times daily when they are *not* in the middle of holding – don’t force them on the toilet when they are “doing the dance!”

- If your child is dealing with these issues, please discuss this with your provider.
- For more information visit our website: www.wmpeds.com

2/2012

Influenza Vaccine

What You Need to Know

(Flu Vaccine,
Inactivated)

2013-2014

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated flu vaccine

There are two types of influenza vaccine:

You are getting an **inactivated** flu vaccine, which does not contain any live influenza virus. It is given by injection with a needle, and often called the “flu shot.”

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. Inactivated flu vaccine protects against 3 or 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

A “high-dose” flu vaccine is available for people 65 years of age and older. The person giving you the vaccine can tell you more about it.

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get a dose. Most, but not all, types of flu vaccine contain a small amount of egg.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** They might suggest waiting until you feel better. But you should come back.



4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. Inactivated flu vaccine does not contain live flu virus, so **getting flu from this vaccine is not possible.**

Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. **Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.** Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following inactivated flu vaccine:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems following inactivated flu vaccine:

- A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).
- There is a small possibility that inactivated flu vaccine could be associated with Guillain-Barré Syndrome (GBS), no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine

07/26/2013

42 U.S.C. § 300aa-26

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