



Twelve Months

Patient information

Patient name: _____

Date: _____

Weight: _____

Length: _____

Head circumference: _____

Immunizations

NOTE: Your child's doctor may modify the immunization schedule at times.

- **MMR**
Protects against measles, mumps, rubella (German measles).
- **Varicella**
Protects against varicella (chickenpox).
- **Pneumococcal Conjugate**
Protects against a type of meningitis and blood infection, and some ear infections.
- **Hepatitis A**
Protects against infection with hepatitis A virus.

The vaccines may cause fever or a sore spot on the thigh. Reactions to the MMR and Varicella vaccines may include a fever and/or red, bumpy rash that occur up to six weeks after the vaccine. None of these reactions is harmful, but you may give your child acetaminophen (e.g., Tylenol) for fever or discomfort.

Development

Your toddler is having a love affair with the world, but he expects you to be there when he falls. He may treat you more as a consultant than a constant companion, calling on you only when he needs help. Your availability will teach your child to turn to adults for advice on problem solving. Your child's sense of self is developing so give him social approval for small achievements ("Hurray, you did it," etc.). Exploring the world around him takes up most of the baby's day. Separation anxiety is usually still present.

Most children will be "cruising" by now, that is pulling up to a standing position and walking while holding onto the furniture. Children usually take their first steps without holding on between 12 and 16 months. Your baby should have a neat pincer grasp (picking up small objects between thumb and index finger) by now and can also bang two objects together. Most children can say a few words at this stage, including "mama" and "dada", which are now sometimes even directed at the right people!

Talk to your child using complete thoughts (i.e., not just "pick it up" but "pick up the ball"). Read to her every day. Talk about picture books. Name familiar objects and parts of the body (yours and the baby's).

Autonomy is an important achievement for the one-year-old. With your child's increasing independence, limit-setting becomes important, primarily for safety reasons. The best form of limit-setting on the baby's behavior is a firm verbal "no" and substitution; remove the baby from the undesirable situation and substitute it with a behavior that is acceptable (e.g., take the baby away from the stereo but allow her to play in the sink with bubbles). Choose your "no's" carefully—use them for dangerous or truly unacceptable behaviors like biting or hitting—but stand firm. Consistency and immediacy are most important in behavioral intervention.

Eating

You may introduce regular whole milk at this time in place of breast milk or formula. The baby should have between 16-32 ounces of whole milk or milk products per day now. You should offer the use of a cup now and wean the baby off the bottle altogether soon (at least over the next few months). If you use a bottle at all, only put milk or water in it (not juice) and don't let your child lie down with the bottle, rather hold her or sit her in a high chair while drinking. Babies who walk around with juice bottles may make a habit of it which is very hard to break, are prone to cavities, and have less appetite for nutritious foods.

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.

Special instructions

The rectal temperature in an infant normally ranges from 97.5° F (36.4° C) to 100° F (37.8° C). Please notify us if your baby has a temperature of 100.4° F (38° C) or higher rectally. But also remember that temperature is only one measure of illness. If your child is acting abnormally and you are concerned about the baby's well-being, please call the office.

[NEXT PAGE >](#)

Sleep

Your child should be sleeping 10-12 hours per night now. If your baby wakes at night, allow him to fuss for five minutes or so to see if he can settle himself down. If he cannot, check on him and comfort him briefly (no more than 60 seconds), then leave the room again for five or ten minutes and see if he can settle himself; if not, go back in briefly to check on him. Repeating this pattern a few times helps teach most babies to comfort themselves and sleep better through the night. If you need more tips on helping your child sleep well, read *Solve Your Child's Sleep Problems* by Richard Ferber or *Healthy Sleep Habits, Happy Child* by Marc Weissbluth.

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.)

Infant walkers with wheels are NOT recommended because they can be dangerous. Stationary playstations without wheels are okay.

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. 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 a.m. and 3 p.m. 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 15 months of age and she will receive the following vaccines at that visit:

- Diphtheria/Tetanus/Pertussis (DTaP)
- Haemophilus influenza B (HIB)