

Newborn Resource Packet



Waggoner Pediatrics of Central Iowa

Putting families first for over 25 years.

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The Benefits of Well-Child Visits:

- **Prevention.** Your child gets scheduled immunizations to prevent illness. You also can ask your pediatrician about nutrition and safety in the home and at school.
- **Tracking growth and development.** See how much your child has grown in the time since your last visit, and talk with your doctor about your child's development. You can discuss your child's milestones, social behaviors and learning.
- **Raising concerns.** Make a list of topics you want to talk about with your child's pediatrician such as development, behavior, sleep, eating or getting along with other family members. Bring your top three to five questions or concerns with you to talk with your pediatrician at the start of the visit.
- **Team approach.** Regular visits create strong, trustworthy relationships among pediatrician, parent and child. The AAP recommends well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.
- **Last Updated** 10/26/2018
- **Source** American Academy of Pediatrics (Copyright © 2018)
- The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Waggoner Pediatrics Vaccine Policy:

Waggoner Pediatrics agrees with and STRONGLY supports the vaccine recommendations of the Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP). The ACIP Vaccine Schedule should be followed and our patients should complete the full series of recommended vaccines.

Recommended Well Visits and Immunization Schedule

2 weeks	Hep B (if not given in the hospital)
2 months	Pentacel (DTaP, IPV, Hib), Prevnar, Rotateq, and Hep B
4 months	Pentacel (DTaP, IPV, Hib), Prevnar, and Rotateq
6 months	Pentacel (DTaP, IPV, Hib), Prevnar, Rotateq, and Hep B (child must be older than 6 months)
9 months	Physical exam, no scheduled vaccines
12 months	MMR, Varivax, Prevnar, and Hep A (Child must be 12 months or older)
15 months	Hib and DTaP
18 months	Hep A
2-4 years	Yearly well visit and annual flu vaccine
5 years	DTaP, IPV, and Proquad (MMR and Varivax) (Child can get these anytime after age 4)
6-10 years	Yearly well visit and annual flu vaccine
11 years	Tdap, Menactra, and Gardasil
12-15 years	Yearly well visit and annual flu vaccine
16 years	Menactra, Men B
17-18 years	Yearly well visit and annual flu vaccine

Reliable Sources of Immunization Information: Where Parents Can Go to Find Answers!

Websites

American Academy of Pediatrics (AAP)

www.aap.org/immunization

Centers for Disease Control and Prevention (CDC)

FOR PARENTS: www.cdc.gov/vaccines/parents

FOR HEALTHCARE PROVIDERS: www.cdc.gov/vaccines

History of Vaccines

www.historyofvaccines.org

Immunization Action Coalition (IAC)

FOR THE PUBLIC: www.vaccineinformation.org

FOR HEALTHCARE PROVIDERS: www.immunize.org

U.S. Dept. of Health and Human Services (HHS)

www.vaccines.gov

Vaccinate Your Family (formerly Every Child by Two)

www.vaccinateyourfamily.org

Vaccine Education Center (VEC), Children's Hospital of Philadelphia

www.chop.edu/centers-programs/vaccine-education-center

Vaxopedia

www.vaxopedia.org/about/

Voices for Vaccines (VFV)

FOR PARENTS, OTHER ADULTS, AND HEALTHCARE PROVIDERS:

www.voicesforvaccines.org

Apps for Mobile Devices

Child Health Tracker Developed by the American Academy of Pediatrics, this “tracker” gives parents the power of on-demand access to guidance on vaccinations and milestones they should be expecting with each birthday. Also included are tools like parent handouts for each well child visit. Available at a nominal cost from the American Academy of Pediatrics.

Vaccines on the Go: What You Should Know – This app provides parents with reliable information about the science, safety, and importance of vaccines and the diseases they prevent. A free app from the Vaccine Education Center at the Children's Hospital of Philadelphia. Available for Android and Apple devices.

TravWell – Use this app to build a trip to get destination-specific vaccine recommendations, a checklist of what is needed to prepare for travel and much more. A free app from Centers for Disease Control and Prevention.

Books for Parents

Baby 411 by Denise Fields and Ari Brown, MD, Windsor Peak Press, 7th edition, 2015. Available from your favorite local or online bookstore.

Mama Doc Medicine: Finding Calm and Confidence in Parenting, Child Health, and World-Life Balance by Wendy Sue Swanson, MD (aka “Seattle Mama Doc”), 2014. Available from American Academy of Pediatrics at <http://shop.aap.org/for-parents>.

Parents Guide to Childhood Immunization from Centers for Disease Control and Prevention. Available at www.cdc.gov/vaccines/parents/tools/parents-guide/index.html to download or order.

Vaccine-Preventable Diseases: The Forgotten Story by Texas Children's Hospital vaccine experts R. Cunningham, et al. Available at www.tchorderprocessing.com to order.

Vaccines and Your Child, Separating Fact from Fiction by Paul Offit, MD, and Charlotte Moser, Columbia University Press, 2011. Available at your favorite local or online bookstore.

Videos

IAC's Video Library – Go to the Immunization Action Coalition's website for parents and the public, www.vaccineinformation.org/videos, for hundreds of video clips about vaccines and vaccine-preventable diseases.

Shot by Shot Video Collection – Go to www.shotbyshot.org to read people's stories of vaccine-preventable diseases shared on the California Immunization Coalition website.

Phone Numbers

CDC-INFO Contact Center – Operated by the Centers for Disease Control and Prevention, this number is for both members of the general public and healthcare professionals who have questions about immunization and vaccine-preventable diseases. Call (800) CDC-INFO or (800) 232-4636. TTY: (888) 232-6348. CDC-INFO's operating hours are Monday through Friday from 8:00 A.M. to 8:00 P.M. (ET).

After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little... but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

► Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is _____ °F or _____ °C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number _____

Medicines and Doses to Reduce Pain and Fever

Choose the proper medicine, and measure the dose accurately.

1. Ask your healthcare provider or pharmacist which medicine is best for your child.
2. Give the dose based on your child's weight. If you don't know your child's weight, give the dose based on your child's age. Do not give more medicine than is recommended.
3. If you have questions about dosage amounts or any other concerns, call your healthcare provider.
4. **Always use a proper measuring device when giving acetaminophen liquid (e.g., Tylenol) or ibuprofen liquid (e.g., Advil, Motrin):**
 - Use the device enclosed in the package.
 - If you misplace the device, consult your healthcare provider or pharmacist for advice.

- **Meal-time spoons are not accurate measures.** Never use a meal-time spoon for giving medication.

Take these two steps to avoid causing a serious medication overdose in your child.

1. Don't give your child a larger amount of acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Motrin, Advil) than is shown in the table below. Too much of any of these medicines can be extremely dangerous.
2. When you give your child acetaminophen or ibuprofen, don't also give them over-the-counter cough or cold medicines. This can cause a medication overdose because cough and cold medicines often contain acetaminophen or ibuprofen. In fact, to be safe, don't ever give over-the-counter cough and cold medicines to your child unless you talk to your child's healthcare provider first.



ACETAMINOPHEN (Tylenol or another brand): How much to give?

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider).

Child's weight	Child's age	Infants' or children's liquid 160 mg in each 5 mL	Children's chewables – current product 160 mg in each tablet	Infants' drops 80 mg in each 0.8 mL	Children's chewables 80 mg in each 0.8 mL
6–11 lbs (2.7–5 kg)	0–3 mos	Advised dose* _____		OLD PRODUCT Throw away this product. It is out of date and should not be used.	OLD PRODUCT Throw away this product. It is out of date and should not be used.
12–17 lbs (5.5–7.7 kg)	4–11 mos	2.5 mL			
18–23 lbs (8.2–10.5 kg)	12–23 mos	3.75 mL			
24–35 lbs (10.9–15.9 kg)	2–3 yrs	5 mL	1 tablet		
36–47 lbs (16.4–21.4 kg)	4–5 yrs	7.5 mL	1½ tablets		
48–59 lbs (21.8–26.8 kg)	6–8 yrs	10 mL	2 tablets		
60–71 lbs (27.3–32.3 kg)	9–10 yrs	12.5 mL	2½ tablets		
72–95 lbs (32.7–43.2 kg)	11 yrs	15 mL	3 tablets		

IBUPROFEN (Advil, Motrin, or another brand): How much to give?

Give every 6 to 8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your healthcare provider).

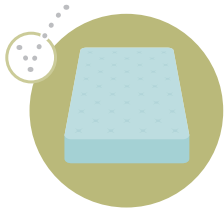
Child's weight	Child's age	Infants' drops 50 mg in each 1.25 mL 	Children's liquid 100 mg in each 5 mL 	Children's chewables or junior tablets 100 mg in each tablet	Children's chewables 50 mg in each tablet
less than 11 lbs (5 kg)	0–5 mos				OLD PRODUCT Throw away this product. It is out of date and should not be used.
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL	Advised dose* _____		
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.875 mL	Advised dose* _____		
24–35 lbs (10.9–15.9 kg)	2–3 yrs		5 mL	1 tablet	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		7.5 mL	1½ tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		10 mL	2 tablets	
60–71 lbs (27.3–32.3 kg)	9–10 yrs		12.5 mL	2½ tablets	
72–95 lbs (32.7–43.2 kg)	11 yrs		15 mL	3 tablets	

* HEALTHCARE PROVIDER: Please fill in the advised dose.

Safe Infant Sleep Checklist



Place **babies on their backs** for naps and at night until they are 1 year old. Make sure babies sleep on a firm, flat surface in their own crib, bassinet or play yard.



Choose a **firm mattress** and fitted sheet for baby's crib.

Remove toys, blankets, pillows, bumper pads and other accessories from the crib.

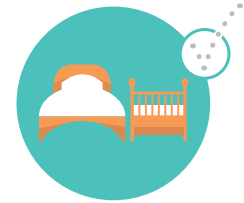


Dress baby in a **wearable blanket, onesie** or similar clothing for every sleep. A loose blanket could cover baby's airway or make their body temperature too high.



Share your room, not your bed.

Place baby's crib or bassinet in your bedroom instead of letting baby sleep in the same bed with you.



Follow the manufacturer's instructions

to assemble your crib. Make sure to complete and **submit the product registration card** to learn about any recalls or safety updates.



For more information, visit www.safekids.org

SAFE
KIDS
WORLDWIDE.

Sleep Safety Tips

Everything you need to know to keep your kids safe while sleeping.

There is nothing more beautiful than a sleeping baby, especially for parents who are often overtired themselves. By following a few simple tips, you can create a safer sleeping environment for your baby.

Make Sure Your Crib Is Up-to-Date

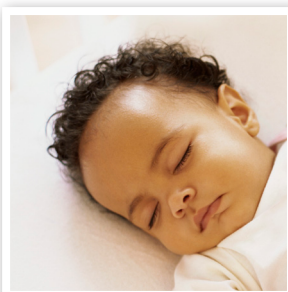
- Check that your crib meets safety standards of the Consumer Product Safety Commission (CPSC) and the Juvenile Products Manufacturers Association (JPMA), and make sure it has all the right pieces.
- If you can fit a can of soda between the slats of a crib, that means a child's head, hand or foot could get stuck.
- If the sides go down, don't use the crib.
- We know that stuffed animals, bumpers and all those cute accessories make a baby's crib seem warm and cozy. Unfortunately, they can often do more harm than good. A firm mattress covered with a tight-fitting crib sheet is all you need to make your baby sleep like a baby.
- Corner posts of the crib should not stick up more than one-sixteenth of an inch. It doesn't seem like much, but anything more can be risky.
- Check to make sure there are no design cutouts in the headboard or footboard.
- If your crib doesn't meet CPSC standards, don't use it.
- If you are getting a used crib, check to see if it has been recalled at www.recalls.gov.



Help Your Baby Sleep Safely

- Lay your baby on his or her back to reduce the risk of Sudden Infant Death Syndrome (SIDS).
- If you're worried about keeping your baby warm on those cold winter nights, try using a sleepsack (wearable blanket). They're pretty cozy.
- Babies should not sleep on beds, sofas, recliners, chairs, soft surfaces, bouncy chairs or baby swings. If this happens, make sure to return your baby to a safe sleep environment.
- We know that stuffed animals, bumpers and all those cute accessories make a baby's crib seem warm and cozy. Unfortunately, they can often do more harm than good. Soft bedding can block a baby's airway during sleep. A firm mattress covered with a tight-fitting crib sheet is all you need to make your baby sleep like a baby.
- New parents have a million things to do, but learning CPR should be on the top of the list. It will give you tremendous peace of mind – and the more peace of mind you have as a parent, the better.

Unintentional suffocation is the leading cause of injury-related death among children under 1 year of age. Nearly three-quarters of suffocation deaths among infants are from accidental suffocation or strangulation in bed.



Position Your Child's Crib or Bed in the Right Place

- Avoid placing a crib, bed, high chair or playpen near windows, draperies, blinds, or wall-mounted decorative accessories with cords.
 - Do not hang anything on or above a baby's crib on a string or cord.
 - Room-sharing is a safer option than having your baby sleep in bed with you. Place your baby's crib, play yard or bassinet in your room for more convenient feeding and close contact.
 - Remember to always return your baby to his or her own crib when you're ready to go back to sleep. This is tough sometimes because parents are often more tired than the babies, but it is much safer.
- If your child has a bunk bed, check the guard rails on the top bunk. Make sure that there isn't enough space between the guardrail and bed frame or the head and footboards that a leg or arm could get trapped.



Photo Courtesy of Halo® Innovations

Car Seat Recommendations for Children



- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

AGE



Birth – 12 months

Your child under age 1 should always ride in a rear-facing car seat.

There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



1 – 3 years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she 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.



4 – 7 years

Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.



8 – 12 years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

DESCRIPTION (RESTRAINT TYPE)



A **REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.



A **FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.



A **BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.



A **SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.



Every parent wants their children to grow up healthy and strong in the place where they deserve to feel safest: at home. The good news is that there are simple and easy steps that families can take to protect their children.

Preventing Falls

- Use approved safety gates at the tops and bottoms of stairs and attach them to the wall, if possible. Remember to read the manufacturer's instructions to make sure you have the right gate for your needs. Not all gates are safe for use at the top of stairs.
- Keep babies and young kids strapped in when using high chairs, swings or strollers. When placing your baby into a carrier, remember to place the carrier on the floor, not on top of tables or other furniture.
- Properly install window guards and stops to prevent window falls. Windows above the first floor should have an emergency release device in case of fire.



Water Safety

- Actively supervise children in and around water. Avoid distractions of any kind, such as reading or talking on the phone.
- Once bath time is over, immediately drain the tub. Keep toilet lids closed and keep doors to bathrooms and laundry rooms closed to prevent drowning.
- Make sure home pools have four-sided fencing that's at least 4 feet high with self-closing, self-latching gates to prevent a child from wandering into the pool area unsupervised.
- Every child is different, so enroll children in swimming lessons when you feel they are ready. Teach young children from an early age not to go near or in water without an adult. Older children should swim with a partner, every time.



Poison Prevention

- Store all household products and cleaning solutions out of children's sight and reach. Young kids are often eye-level with items under the kitchen and bathroom sinks.
- Keep cleaning products in their original containers. Don't put a potentially poisonous product in something other than its original container (such as a plastic soda bottle) where it could be mistaken for something else.
- Put the toll-free Poison Help Number into your phone in case of emergency: 1-800-222-1222.

Safety from Fire

- For the best protection, install smoke alarms on every level of your home, especially near sleeping areas. Test batteries every six months.
- Create and practice a home fire escape plan with two ways out of every room. In the event of a fire, leave your home immediately. Once you're out of the house, stay out.
- Keep anything that can catch fire, such as dish towels or wooden spoons, away from your stovetop. Have a fire extinguisher in the kitchen in case of emergency, and make sure you know how it works.
- Blow candles out when you leave the room or before you go to sleep.



Every year, more than 2,200 children die from injuries that happen at home.

Preventing Burns

- Don't carry a child while cooking on the stove. It's better to put your child in a high chair where you can still see them.
- Keep an eye on appliances such as irons, curling irons or hair dryers that can heat up quickly or stay warm. Unplug and safely store these items after use.
- Keep appliance cords out of children's reach, especially if the appliances produce a lot of heat.

Preventing Scalds

- To prevent accidental scalding, set your water heater to 120 degrees Fahrenheit or the manufacturer's recommended setting. Check the water with your wrist or elbow before giving your baby a bath.
- To prevent hot food or liquid spills, use the back burner of your stove and turn pot handles away from the edge. Keep hot foods and liquids away from the edge of your counters and tables.



Safety from Carbon Monoxide

- Make sure your home has a carbon monoxide alarm. For the best protection, install a carbon monoxide alarm on every level of your home, especially near sleeping areas.
- Don't use a grill, generator or camping stove inside your home, garage or near a window. Don't use your oven or stovetop to heat your home.
- If you need to warm a vehicle, remove it from the garage immediately after starting. Don't leave a car, SUV or motorcycle engine running inside a garage, even if the doors are open.



Medication Safety

- Put all medicine and vitamins up and away and out of sight after every use.
- Use the dosing device that comes with the medicine, not a kitchen spoon. Kitchen spoons aren't all the same, and a teaspoon or tablespoon used for cooking won't measure the same amount as the dosing device.



Preventing TV and Furniture Tip-overs

- Mount flat-panel TVs to the wall to prevent them from falling off stands. Follow the manufacturer's instructions to ensure that you have a secure fit.
- Use brackets, braces or wall straps to secure unstable or top-heavy furniture to the wall.
- If you have a large, box-style cathode ray tube (CRT) TV, place it on a low, stable piece of furniture. If you no longer use your CRT TV, consider recycling it. To find a recycle location, go to www.GreenerGadgets.org.



Sleep Safety

- Make sure babies sleep on their backs and in their own crib, bassinet or play yard. Room sharing is a safer option than having your baby sleep in bed with you.
- Choose a firm mattress covered with a tight-fitting crib sheet for your baby's crib. Avoid using soft bedding, pillows, stuffed animals and bumpers in the crib.





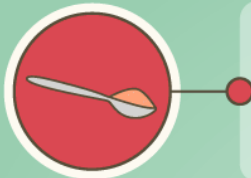
Make the Most of the First 2 Years Set Your Child Up for Success!

Many parents know that the first 2 years of a child's life are important for brain development and building healthy relationships. But this time is also very important to help children stay at a healthy weight as they grow.

The first 2 years of your baby's life set her up for healthy growth and development — so start teaching healthy habits right away.



Healthy Eating Starts Now



Responsive feeding helps you and your child build a healthy relationship with food and feeding.

- Responsive feeding means that you watch for your baby's hunger and fullness cues, respond warmly and promptly, and focus on creating a positive feeding experience.

Studies suggest that breastfed babies are more likely to have a healthy weight when they get older.

- Breastfed babies have more control over the feeding experience, so they are less likely to be overfed.



Giving your baby a variety of foods makes it less likely that he'll be a picky eater later on.

- Babies form their taste patterns by 9 months old. So when you start feeding your baby solid foods, it's important to offer a variety of colors, textures, and flavors.
- Giving your baby fruits and vegetables early and often makes it more likely he'll eat them later.

Babies and toddlers who drink fruit juice and other sugary drinks are more likely to have tooth decay and less likely to drink water as they grow older.

- The American Academy of Pediatrics recommends that babies (under 1 year old) drink only breast milk or formula. Babies older than 4 months can also have water.
- The healthiest choices for toddlers (1 to 3 years old) are water, milk, or breast milk. If you do offer juice, limit it to 4 ounces per day.





Sleep Matters from the Start

Getting enough sleep can help your child stay at a healthy weight later in life. It's linked to better mental health, too.

Babies and children thrive on routines, including consistent bedtimes and naptimes — so it's important to start healthy sleep habits right away.

Active Babies Become Active Children

Babies and toddlers need active play to grow healthy! Many toddlers don't get enough active play. Spending too much time in strollers, swings, and car seats can lead to motor delays.



Screen Time Habits Start Early

Up to 30% of toddlers already have TVs in their bedroom. But children with TVs in their bedrooms are more likely to be overweight, get less sleep, and have mental health problems as teens.

Children learn through active play and conversations, so make it a priority for your child to have plenty of real life interactions and experiences — and less screen time!



Healthy Parents, Healthy Child

When it comes to starting healthy habits, **parents are the most important influence** in a young child's life. Be a role model for your child by eating healthy, taking time to be active, and limiting your own screen time.



Set your child up for healthy growth and development by teaching healthy habits now. It's never too early to start!

For more information, visit www.healthychildren.org/growinghealthy.

This product was developed by the American Academy of Pediatrics Institute for Healthy Childhood Weight. Development of this product was made possible through a grant from the Centers for Disease Control and Prevention.



American Academy of Pediatrics
Institute for Healthy
Childhood Weight
WHERE LIFELONG RESULTS BEGIN

Last Updated
9/1/2017

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The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



Milestones During The First 2 Years

Long before your baby utters her first word, she has already started communicating with you, using smiles, looks, movements, and sounds. Children develop at different rates, but they usually are able to do certain things at certain ages. Following are general developmental milestones. Keep in mind that they are only guidelines. If you have any questions about your baby's development, ask your child's pediatrician—the sooner the better. Even when there are [delays](#), early intervention can make a significant difference.

By 1 year, most babies will

- Look for and be able to find where a sound is coming from.
- Respond to their name most of the time when you call it.
- Wave goodbye.
- Look where you point when you say, "Look at the _____."
- Babble with intonation (voice rises and falls as if they are speaking in sentences).
- Take turns "talking" with you—listen and pay attention to you when you speak and then resume babbling when you stop.
- Say "da-da" to dad and "ma-ma" to mom.
- Say at least 1 word.
- Point to items they want that are out of reach or make sounds while pointing.

Between 1 and 2 years, most toddlers will

- Follow simple commands, first when the adult speaks and gestures, and then later with words alone.
- Get objects from another room when asked.
- Point to a few body parts when asked.
- Point to interesting objects or events to get you to look at them too.
- Bring things to you to show you.
- Point to objects so you will name them.
- Name a few common objects and pictures when asked.
- Enjoy pretending (for example, pretend cooking). They will use gestures and words with you or with a favorite stuffed animal or doll.
- Learn about 1 new word per week between 1½ and 2 years.

By 2 years of age, most toddlers will

- Point to many body parts and common objects.
- Point to some pictures in books.
- Follow 1-step commands without a gesture like "Put your cup on the table."
- Be able to say about 50 to 100 words.
- Say several 2-word sentences and phrases like "Daddy go," "Doll mine," and "All gone."
- Be understood by others (or by adults) about half of the time.

Last Updated
8/14/2012

Source
Autism Spectrum Disorders: What Every Parent Needs to Know (Copyright © American Academy of Pediatrics 2012)
The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.