

## EIGHTEEN MONTH OLD CHECK-UP

### FEEDING

By now most children are able to feed themselves using a spoon and cup. Their appetites have by now, or soon will, decrease because their growth has slowed down. Most parents at this time feel that their children are not receiving adequate amounts of food when, in fact, they are. Acceptance, gracefully, of your child's feeding habits at this stage will make mealtime a more pleasant time for all.

You may question a need for vitamins. They are not necessary if he is: (1) drinking some daily source of Vitamin C (orange juice, Tang, Borden's Instant Breakfast Drink, fresh oranges, etc.) and (2) if he is getting regular, though not necessarily daily, sources of the B Vitamins in his diet. Foods which contain the B Vitamins are: fish, eggs, cheese, peanuts, soybean products, cereals, meat, chicken, leafy green vegetables, beans, liver, and milk itself. Milk is still important, by the way, and if your toddler is not a good milk drinker per se, don't forget that you can get it into him in other ways, like cheese, cottage cheese, yogurt, and with his cereal. The other vitamins (A, D, E, and K) which we did not mention, are contained in the foods we noted anyway. Also, these foods contain adequate amounts of minerals, such as Calcium, Phosphorus, etc., which he needs as well. It's just that Vitamin C and the B Vitamins are not stored by the body for any length of time and need to be taken in regularly.

### SLEEP

Requirements for sleep vary widely. She's probably down to one nap a day. Difficulties often arise about getting toddlers down to bed. As always, be gentle, but very firm. This is because the child does not want to leave the daytime activities. Bedtime should be consistent. Pre-bedtime activities should be calming, not exciting. In addition, many toddlers wake during the night. This is handled best by minimal intervention, even if this necessitates the child crying herself back to sleep. Try not to get into the habit of taking your child to your bed.

### TRAINING

Very few children are ready to toilet train at this time. Generally, your efforts in this direction are not going to succeed until two things are present: (1) she has language developed sufficiently to discuss it with you, and (2) she is interested in it. Until these two key ingredients are present, it "ain't going to work," no matter how important it is to you. If try you must, please try to work on bladder training first, then bowel training. Do NOT use one of those contraptions that fits on the big toilet. Rather, invest in or borrow a proper "potty" chair for this purpose. Do not flush the results of her efforts down the toilet until after she has finished and gone on to something else. And for goodness sake, do not scold her at any time about shortcomings on her part as you train her. If someone were constantly on your back about your failure along the way as you learned something difficult, you would, to say the least, be emotionally traumatized. It's no different with her. The only difference is that you would somehow weather the insult; she might not for some time.

### GENERAL BEHAVIOR

Most infants this age are pretty negative by now, and "No" is likely to be both his and your favorite word to each other. Temper tantrums are quite common, and quite simply, are best handled either by ignoring them or removing the baby from the situation which caused the tantrum and getting him involved in something else. Do NOT spank him for having them. Curiously, this is almost a guarantee that there will be more, not less, of them.

Separation from you will consistently evoke crying and upsetting reactions on the part of your toddler when he is left with a relative stranger or in a nursery setting. Deal with this by remaining with him for a few minutes to let him "warm up" to the situation, then LEAVE, and go about your mission. Office behavior is likely to be at its worse at this age, so don't feel embarrassed.

### IMMUNIZATIONS TODAY

A DTap and Polio booster will be given today.