RILEY'S CHAPTER 2: GROWTH AND DEVELOPMENT

Source: http://iuhealth.org/riley/for-patients-and-families/education/caring-for-kids/

TRACKING YOUR CHILD'S GROWTH

Within minutes of your baby's birth, your baby is weighed and measured – weight, length, and head size. The measurements are recorded on the standardized growth chart. Each time your child is seen for a well child visit, weight, length, and head size (for the appropriate age) are measured and charted on the same growth record. (After age 2, the head size is no longer routinely measured.)

ALL ABOUT GROWTH RECORDS

The Growth Chart

Healthy children grow at very different rates. The standard growth chart uses "percentile lines" to display the wide range of normal measurements for different ages.

Comparing Size to Age

- 95th percentile – Large, only 4 of every 100 children are larger at this age.
- 50th percentile – Right in the middle in size at this age.
- 5th percentile – Small, only 4 of every 100 children are smaller at this age.

The growth chart allows your child's doctor to:

Track your child's growth – height, weight, and head size – over time.
Compare your child's growth with the growth of other children of the same sex and age.

YOUR NEWBORN BABY

PHYSICAL GROWTH

HOW BIG IS BABY?

A full-term baby born after nine months (38-42 weeks) of pregnancy:

- weighs an average of 7-1/2 pounds
- is an average of 20 inches long
- measures an average head size of almost 14 inches when the tape measure is placed just above the ears and goes around the forehead to the largest part of the back of the head.
- Babies have much bigger heads in relation to their bodies than older children or adults. A newborn's head makes up 1/4 of body length. In adults, the head makes up 1/8 of total height.

USEFUL INFO: COLD COSTS CALORIES

When you get cold, you shiver and produce body heat by muscle activity.
Babies cannot shiver. Instead, they use a special kind of fat to make heat chemically. The calories used to make chemical heat are calories the baby should be using for growth or normal activity.
Putting a warm hat on your baby on a cold day saves "go-and-grow" calories.

Brain Fact

In the 1990s, research on the developing brain made headlines and nightly news. The Decade of the Brain, as Congress officially proclaimed the 1990s, had important lessons for parents. These are discussed in "Brain Facts" throughout the Growth and Development section.

Babies are born with 100 billion nerve cells – almost all of the nerve cells the brain will ever have. Before birth, nerve cells are formed at 250,000 cells per minute.

DENTAL DEVELOPMENT

Invisible Teeth

Your baby's teeth begin to form in the third month of pregnancy. The tooth buds, which will develop into the 20 "baby" or primary teeth, form first. Next, the permanent teeth begin to form, and the primary teeth begin to calcify. This process continues throughout the nine months of pregnancy.

When a newborn comes into the world, hidden beneath the gums lies a full set of primary teeth in the process of being calcified, as well as some of the 32 permanent teeth well on their way in the process of development.

USEFUL INFO: GROWTH FACTS

The best predictor of adult height is the family history – the height of the mother and father. Birth size reflects intrauterine nutrition and factors associated with the pregnancy. By the end of the 2nd year, the child's height reflects the genetic heritage.

Making Sense of the World

The five senses – sight, smell, taste, hearing, and touch – are mostly developed at birth. Your baby begins using his or her senses immediately to make sense of what is going on in the world.

Sight: Although newborns have blurry vision, they can focus fairly well on objects at about 8 to 14 inches – the distance from your baby's face to your face when you are holding your baby in your arms.

Smell: Newborns have a very well-developed sense of smell that makes them very choosy about their favorite scent. In the first days of life, a newborn can recognize his or her mother's natural scent and likes it best of all.

Taste: Newborns also have a well-developed sense of taste. They like sweet tastes. Nursing infants sometimes refuse to nurse when they taste garlic or heavy spices in mom's breast milk.

Hearing: Babies can hear while they are still inside the womb. At birth, they can recognize their mother's voice – because they have heard it for several months.

Touch: Gentle touch is a true pleasure for your newborn. It stimulates physical development while relieving stress. Fussy babies are sometimes calmed by a "baby massage" – some baby lotion warmed in your hands and gently applied to baby's arms, legs, and back.

Brain Fact

Thanks to new imaging technology, scientists are actually able to watch the brain at work. Research confirms that the most active areas in the newborn's brain are the areas concerned with sight, smell, taste, sound, and touch.

These areas "register" the world as the baby senses it. Then the signals are sent on to memory or emotion. In this way, the newborn connects the sight and smell of mom and dad with the pleasant memory of comfort and gentle handling.

USEFUL INFO: ALL TUCKED IN

In the first month of life, "swaddling" soothes some babies. Bundling the baby so that the arms and legs are tucked up against the body in a flexed position recreates the natural position of babies inside the mother's womb.

Babies who are over stimulated by their own uncontrolled arm and leg movements frequently calm down and become more alert with swaddling. If your baby protests or looks or feels warm when swaddled, unwrap your baby immediately.

PLAY ACTIVITIES

Baby See, Baby Do

How? Hold your baby directly in front of you with your faces about 9 inches apart. Stick out your tongue. Your baby may imitate you. Try opening your mouth.

Why? Babies love to look at faces. Many times they will imitate what they see.

EMOTIONAL DEVELOPMENT

Getting Off to the Right Start

You begin to bond to your baby even before the baby is born. After your baby's birth, your feelings deepen and grow as you get to know your baby, understand your baby's needs, and find pleasure in meeting those needs. You bring pleasure to your baby just as your baby brings pleasure to you. This bond between you, called attachment, provides the essential building block for a lifetime of healthy relationships.

Dads who "step right up" to the crib and get involved with the care and comforting of their newborns have the best "batting averages" for knowing how to calm babies (and mothers) in distress. Practice makes perfect.

"Hey, folks, I need a break." When your baby uses body language such as turning or looking away or

arching backwards while being held or talked to, your baby may be asking for a little space. Whimpers, cries or fussing when someone is "up close" may be saying the same thing.

Health Alert: Postpartum Depression

If you find yourself depressed after your baby is born, especially if your sadness lasts for more than a few days, talk with your partner, your family, or friends. Be frank about your need for help. The doctor who delivered your baby is an excellent resource for professional help.
Mothers who are sad have few smiles for their babies and may resent care giving demands. Babies may be stressed, frustrated, or confused by their mother's unresponsiveness. Both mother and baby need help

Child Rearing Myth

If you go to your baby every time he or she cries, you will "spoil" your baby.

Child Rearing Fact

Responding to crying does not spoil babies. Babies are helpless, and they have little they can do to calm themselves. Crying is their wordless way of asking for help. By always responding to your baby's cry for help, you make your baby feel secure and help your child develop a sense of trust. The two most important gifts
you give your baby are a sense of trust and the feeling of being safe.

Brain Fact

Your baby's early experiences are so important that they change the structure of your baby's brain and will have a lifelong effect on his or her ability to learn and on emotional make-up.

HEALTHY HABITS: HANDWASHING

To protect your baby, be sure everyone caring for your baby knows this...
Babies need to be protected from the germs that cause infection. Because a newborn's defense system is immature, even minor skin infections can spread through the body and become life threatening. Prevention is the answer and hand washing is the best prevention. The most effective way to wash your hands is to scrub them vigorously with warm soapy water for at least 15 seconds.*

Wash your hands before handling your newborn. Of course, you should always wash your hands when preparing food, before feedings, after diapering your baby, and after using the bathroom.

***Source: Centers for Disease Control & Prevention**

THE BEST SEAT IN THE CAR

To protect your baby, be sure everyone caring for your baby follows this rule...
Use a rear-facing infant safety seat that is properly installed in the back seat every time your baby rides in a car.

SAFETY HABITS: HOMEWORK BEFORE THE BABY

- Take a class in infant first aid and CPR, including how to rescue a choking infant.
- Give your baby the gift of a smoke-free environment. Make this a lifelong commitment for your home and family. You'll all live longer.
- Install smoke alarms and begin a monthly habit (every first day of the month) of checking to be sure the batteries are strong and the alarm is working.
- Plan a safe escape route from the room where your baby sleeps. If necessary, buy (and be sure you know how to use) a window escape ladder. Keep a working fire extinguisher on every floor of your home.
- Reset the hot water heater thermostat so that the water temperature stays below 120° F.
- Check baby's furniture (especially if you bought it used) to make sure it meets safety standards. For example, the weave of a mesh playpen or portable crib should have small (less than 1/4 inch) openings. Your baby's crib should have slats no more than 2-3/8 inches apart, and the mattress should be firm and fit snugly into the crib.

SAFETY HABITS: HOME SAFE HOME

To protect your baby, be sure everyone caring for your baby knows and follows these rules:

- Back to sleep! Unless your doctor tells you otherwise, put your baby to sleep on his or her back. This sleeping position reduces your baby's risk of Sudden Infant Death Syndrome (SIDS).
- Be sure the place you put your baby to bed is safe. Your baby should not get too cold or too hot while sleeping. The room temperature should be 65°-68° F. Always keep crib side rails up and latched. Never leave your baby in a playpen or portable crib with the drop-side down. Do not use soft bedding, pillows, comforters, soft toys, toys with loops, or string cords.
- When changing a diaper, dressing baby, or giving your baby a bath, always keep one hand on the baby. Never leave your baby unprotected in a dangerous spot such as in a tub during bath time, on a changing table, or on a bed or sofa.
- Prevent scalds and burns by never carrying or drinking hot liquids or smoking while holding your baby.
- Don't tempt fate! Never leave your baby alone with a young child or pet.

SAFETY HABITS: HOME SAFETY SHOWER

Baby gifts that help keep little ones safe are great gifts for babies and parents. The Consumer Product Safety Commission encourages safety showers by offering information on planning the shower, games and activities to play at the shower, and a 12-point safety checklist for new parents.

A baby safety shower kit may be obtained by calling the Consumer Product Safety Commission at 1-800-638-2772 or by checking out the Web site at www.cpsc.gov.

Health Alert: Fragile, Handle with Care

To protect your baby, be sure everyone caring for your baby knows and follows this rule...

NEVER, NEVER SHAKE A BABY!

Your baby must never be handled roughly. Sudden, jerking motions such as shaking cause violent back-and-forth movement of the baby's head – and the brain inside the skull. Bleeding into the brain from torn blood vessels, or swelling of the tissue itself, can result in tragic outcomes – seizures, blindness, deafness, and even death.

Babies must be handled gently to prevent physical and emotional harm. Although every part of your baby's body is fragile, your newborn's relatively large head and weak neck muscles require very special handling. Head support is a "must" while your baby's neck muscles are growing strong enough to hold his or her head without support.

BIRTH TO 6 MONTHS

PHYSICAL GROWTH

SO BIG!

Your baby grows more rapidly in the first 6 months than at any other time. Birth weight usually doubles by 4 to 6 months of age. Length usually increases 6 inches or about 1 inch per month in the first 6 months. Head size usually increases by 3 inches.

Your baby's chubby cheeks at 6 months are quite normal. Body fat is added more rapidly than muscle in the 4th and 5th months. Then between 6 and 12 months, your baby will appear to slim down as calories are used to grow strong muscles for walking.

HEALTHY HABITS: EATING WELL

Birth to Six Months

Brain development and physical growth depend on adequate nutrients in adequate amounts – including a diet adequate in fat. In the first 2 years of life, skim milk and low-fat milk do not provide adequate fat and should not be used in your baby's diet.

In the first year, breast milk and iron-fortified formulas are good sources of dietary fat. In the second year, whole milk is the appropriate replacement for breast milk or formula.

Brain Fact

Brain development proceeds at an amazing rate in the first three years of life.

Brain cells branch out to connect with other brain cells – one cell connecting with up to 15,000 others. The connecting branches carry the nerve signals from cell to cell, allowing one brain cell to "talk" with another.

As the connecting branches grow, they are coated with myelin, an insulating covering composed primarily of a type of fat.

DENTAL DEVELOPMENT

BABY TEETH

The first teeth (lower front) usually make an appearance at 7 months but are known to arrive as early as 3 months and as late as 12 months.

Family history is a more reliable predictor of the appearance of the first tooth than drooling. The drooling that begins at about 3 months is a sign of salivary glands that are maturing – not teething.

BOOKS FOR YOUR BABY

- Start the habit of reading now.
- Choose brightly illustrated books with stories that rhyme.
- Babies enjoy rhythm and repetition.
- Books that can be grabbed by little hands, chewed on, and
- read over and over are good investments.
- Physical Skills

Usually around 2 months, babies start their own workout routine to gain head control. When lying on their tummies, babies strengthen the muscles in the back of the neck by head lifting exercises.

Usually around 4 months, babies do "baby push-ups," raising their head and upper body while supporting their weight on their forearms. At this age, babies are using their mouths to explore everything and are taking awkward swipes with their arms at dangling objects. They can shake a rattle placed in their hand and will suck on it if given the chance.

Usually around 6 months, babies sit with support and are able to roll from back to tummy. They reach for an object with one hand and are able to transfer it to the other hand. Since they can get both hands to midline, they can now hold their own bottles. When held upright with their feet touching the floor, 6-month-old babies partially support their weight on their legs and may even practice walking movements.

PLAY ACTIVITIES

Floor Exercises

How? Create a wide-open, safe space by placing your baby on a clean blanket on the floor. Get down on the floor and "coach" baby fitness exercises such as gently bicycling baby's legs or placing your baby on his or her tummy for head and chest lifting practice.

WHY? PRACTICE MAKES PERFECT!

Brain Fact

The areas of the brain associated with smiling mature early, followed by head control, sitting and walking. Identical areas of the brain mature in the same order in all babies, which explains why babies all over the world smile before they have head control and sit before they walk.

ASK YOUR DOCTOR

MUSCLE TONE AND STRENGTH — 6 MONTHS

Your baby may need developmental evaluation if at age 6 months, he or she:

- seems stiff or floppy
- has difficulty holding up his or her head
- reaches with only one arm or hand
- does not roll over in either direction
- cannot sit well even with support
- does not put hands together

Source: American Academy of Pediatrics

MILESTONES: LANGUAGE

- Usually around 2 months, babies recognize and can be comforted by their parents' voices. They begin to "talk" with soft vowel sounds like "aah" and "ooh."
- Usually around 4 months, babies begin to "babble," repeating vowel sounds and some consonants like "muh-muh-muh" or "bah-bah-bah."
- Usually around 6 months, babies combine many different sounds to "talk" to you or the "baby in the mirror" in what sounds like adult speech. Babies can tell by the tone of your voice if you are happy, sad, or angry. At this age, they also laugh out loud with a delightful belly laugh.

PLAY ACTIVITIES

Talking Takes Two — Baby and You

Your baby needs someone who listens, tries to understand and responds. Television and videotapes are not good talking partners.

How? If you want to get your baby's attention when you're talking, there's a method that parents all over the world have used for years – baby talk or "parentese." It looks and sounds like this…

As you speak, look directly at the baby with your eyes open wide, raise your eyebrows and exaggerate your mouth movements.

- Speak in a higher-pitched voice.
- Speak slowly.

- Use a musical voice that gets louder and softer, higher and lower, and starts and stops in a rhythm that sounds almost like singing.
- Once you have your baby's attention, watch for signs that your baby wants to participate, such as cooing noises, changing facial expressions, or arm and leg movements. Reward your baby's attempt to enter into the conversation by imitating his or her expressions along with smiles and lots of compliments.

Why? Your baby's progress in learning words, how to put words together and how to use words to solve problems depends on you and other caregivers talking to your baby and encouraging your baby to enter into the conversation.

ASK YOUR DOCTOR

HEARING — 6 MONTHS

Your baby may need special testing if at age 6 months, he or she:

- does not respond to loud noises by blinking, crying, becoming quiet, or appearing startled
- does not turn his or her head or eyes toward a voice or noise
- does not respond by smiling (even faintly) at parent's face or voice
- shows no interest in rattles, bells, or noise-making toys
- does not coo or make noises for parents during alert play periods

Source: American Academy of Pediatrics

EMOTIONAL DEVELOPMENT

Falling in Love

As you learn to read your baby's moods and needs, comforting your baby becomes easier. You become more sure of yourself and your ability to make your baby happy.

At 3 months, your baby begins to take part in play. Your baby tries in every way possible to tell you he or she is having fun – with waving arms, big smiles, and excited conversations made up of coos, squeals, and giggles.

The time you spend comforting, feeding and playing with your baby helps your baby develop a sense of security. Your baby trusts that you will always be there to meet his or her needs. You become uniquely important to your baby. Your baby becomes securely attached to you.

Brain Fact

Emotion is the looking glass through which we see the world. Emotion colors every activity, every relationship, and every response. The emotional centers in the brain are so powerful that they can "take charge" of other brain activities like learning.

To learn, your baby must feel secure. Your baby's sense of security depends on trust – trust in you. Without that trust, your baby's learning becomes a prisoner of your baby's emotions. Trust frees up your baby's brain for learning.

LEARNING

The first time your baby smiles, rolls over, says "mama" or "dada," you'll check the date and make a mental note (or record it in a baby book) of the age your baby reached an important milestone. It's easy to observe an activity or to notice a word. It's not as easy to pick up on the progress your baby is making in the areas of learning. "Learning Milestones" will help you appreciate the higher level thinking your baby is doing.

In the first month of life, your baby can imitate simple facial expressions like an open mouth. To do this, your baby must focus on your face and notice your mouth is open. It isn't clear why your baby copies you, but it likely has something to do with your baby trying to make sense of the world.

Toys are important ways to stimulate learning. Mobiles that have simple, bright shapes catch your baby's attention and allow lots of experimenting.

Brain Fact

At around 3 months, your baby's brain is mature enough to use everyday experiences to make useful discoveries such as learning that kicking the side of the crib makes the animals on the mobile move. Your baby is beginning to understand what scientists call the principle of cause and effect.

SELECTING A CHILD CARE PROVIDER

More than half of all mothers of children younger than 5 years old are employed. If you are a working mother who is taking a maternity leave, you are probably returning to work when you baby is between 6 weeks and 12 weeks old. Although you may find that child care options for infants under the age of 1 year are limited, don't "just make do" when it comes to your baby's happiness or safety.

When evaluating a day care center or a day care home for your baby, make sure there will be no more than three babies for every staff person and that the infants younger than 1 year are cared for separately from toddlers and older children. Choose carefully.

The following guide, "Four Steps to Selecting a Child Care Provider," was developed by the Administration for Children and Families, U.S. Department of Health and Human Services.

For more complete guidelines on health and safety in child care, call the National Resource Center for Health and Safety in Child Care at 1-800-598-KIDS (5437). For the name of the nearest Child Care Resource and Referral Program, call Child Care Aware at 1-800-424-2246. In Indiana, call 1-800-299-1627.

FOUR STEPS TO SELECTING A CHILD CARE PROVIDER

1. Interview Caregivers - Call the caregivers and ask these questions:

1. Is there an opening for my child?
2. What hours and days are you open? Where are you located?
3. How much does care cost? Is financial assistance available?
4. How many children are in your care?
5. What age groups do you serve?
6. Do you provide transportation?
7. Do you provide meals (breakfast, lunch, dinner, snacks)?
8. Do you have a license, accreditation, or other certification?
9. When can I visit?

Next, visit the child care facility or home; visit more than once and stay as long as you can.

Look for these indicators of a healthy environment:

- Responsive, nurturing, warm interactions between caregiver and children.
- Children who are happily involved in daily activities and comfortable with caregivers.
- A clean, safe and healthy indoor and outdoor environment, especially napping, eating and toilet areas.
- A variety of toys and learning materials that your child will find interesting and that will contribute to growth and development.
- Children getting individual attention.

Ask the caregiver:

1. How do you handle discipline?
2. What do you do if a child is sick?
3. What would you do in the case of an emergency?
4. What training have you and other staff/substitutes had?
5. Are all children and staff required to be immunized?
6. May I see a copy of your license or other certification?
7. Do you have a substitute or back-up caregiver?
8. May I have a list of parents who use or have used your care?
9. Where do children nap? Are babies put to sleep on their backs?

2. CHECK REFERENCES

Ask other parents who use the caregiver these questions:

1. Is the caregiver reliable on a daily basis?
2. How does the caregiver discipline your child?
3. Does your child enjoy the child care experience?
4. If your child is no longer with the caregiver, why did you leave?
5. How does the caregiver respond to you as a parent?
6. Is the caregiver respectful of your values and cultures?
7. Would you recommend the caregiver without reservation?

Ask the local child care resource and referral program or licensing office:

1. What regulations should child care providers in my area meet?
2. Is there a record of complaints about the child care provider I am considering, and if so, what can I find out about it?

3. MAKE THE DECISION FOR QUALITY CARE

From what you heard and saw, ask yourself these questions:

1. Which child care should I choose so that my child will be happy and safe?
2. Which caregiver can meet the special needs of my child?

3. Are the caregiver's values compatible with my family's values?
4. Is the child care available and affordable according to my family's needs and resources?
5. Do I feel good about my decision?

4. STAY INVOLVED

Ask yourself these questions about your child care arrangement:

1. How can I work with my caregiver to resolve issues and concerns that may arise?
2. How will I stay informed about my child's developmental accomplishments?
3. How can I promote good working conditions for my child care provider?
4. How can I network with other parents?
5. How can I arrange my schedule so that I can talk to my caregiver every day, visit and observe my child in care at different times of the day, and be involved in my child's activities at the day care?

Health Alert: Is it a "Good Fit"?

Watch your baby for signs of a good or bad "fit" with new child care arrangements.

Signs that suggest things aren't going well for your baby include fewer smiles or clinginess and irritability.
Another red flag is a caregiver who shows no delight in your baby – no welcoming smile, no cute stories at the end of the day. If you get the sense your baby is "just another mouth to feed," it's time to find another caregiver.

USEFUL INFO: HI HO, HI HO, IT'S OFF TO WORK YOU GO

There is no one best time to go back to work, but there are some times that are not so good for your baby.

It's best not to schedule your return to work right after a move or any other break in the daily routine that your baby finds comforting. It's also best to avoid the period around major milestones like walking or toilet training. These are times your baby will want the security of having you close.

SAFETY HABITS: CHILD CARE FOR YOUR CHILD WITH SPECIAL NEEDS

In addition to the usual qualities parents look for in child care arrangements, you'll have additional criteria that must be met to be sure you have the right individual and the right facility for your child with special needs. When you interview a child care provider, ask these questions...

1. Does the caregiver have experience in caring for a child with similar special needs?
2. Is the caregiver trained and certified in rescue skills and first aid?
3. Is the caregiver willing to adapt his or her program to meet your child's needs?
4. Is the caregiver willing to take responsibility for the necessary medical procedures and medication your child requires?
5. Does the facility have enough space for any extra equipment your child requires?
6. Are the play materials and toys appropriate for your child?

7. Is the site safe for your child? Could your child and necessary medical equipment be transported quickly and easily from the facility in the case of an emergency?
8. If increased electrical capacity is necessary for medical equipment, is it available? Is the caregiver willing to make arrangements for emergency power for medical equipment in case of an electrical outage?

If you need help in finding a quality child care center, contact the Indiana Association for Child Care Resource and Referral at 1-800-299-1627.

SAFETY HABITS: HOME EMERGENCY PLANNING FOR YOUR CHILD WITH SPECIAL NEEDS

- Notify local emergency services including the electric company of special health care requirements for your child.
- Make arrangements for emergency power for medical equipment in the case of an electrical outage.
- Post an emergency plan for transporting your child and necessary medical equipment from the house in the case of an emergency.
- Practice your home fire escape plan to be forewarned of possible difficulties.

6 MONTHS TO 1 YEAR

PHYSICAL GROWTH

NO WONDER BABY'S HUNGRY!

Your baby's first growth spurt – which began even before birth – lasts until age 2. At 12 months, your child usually weighs around 21 pounds, is around 30 inches long, and measures a head size of about 18 inches.

Boys are slightly heavier and longer than girls at this age.

Body proportions begin to change as "too short" arms and legs begin to "catch up" with the baby's long trunk.

USEFUL INFO: YOUR BABY HAS STYLE!

Actually all babies have style – a style of reacting to the world around them.
This style is called temperament, and just like brown eyes or curly hair, your baby is born with his or her temperament. Recognizing your baby's unique temperament and adjusting the environment to fit your child is an important responsibility of parenting. Babies are usually described as fitting into one of three temperament categories.

Easy: Easy babies eat and sleep on schedule, are usually happy, and accept change easily. Easy babies make parents look and feel good.

Slow to warm up: These quiet babies like routines, resist being hurried, and are slow to accept change.

Intense: Intense babies are challenged by just about everything. They have trouble sleeping and accepting new foods and tend to be fussy. Intense babies require patience and special handling.

Milestones: Language

Around 6 months, your baby begins to understand a few words. He or she also invents sounds for happiness or other emotions. More and more of your baby's vocalizations sound like speech.

Around 9 months, your baby invents words for objects, like "ba" for bottle. Words like "mama" and "dada" said by accident create such excitement that very quickly the sounds transform into real words with meaning.

Around 12 months, your baby says his or her first real word. Your baby also responds to "no" and uses simple gestures like waving for "bye-bye" and head shaking for "no."

USEFUL INFO: A GOOD NIGHT'S SLEEP

At about 6 months of age, your baby sleeps all through the night – 11 hours. In addition, your baby takes two naps totaling 3-4 hours during the day. Your baby is resting up for the last month or so of the year when nighttime waking resurfaces.

Between 10 and 18 months of age, your baby is likely to wake in the night and want to see you. Help your baby self-comfort by offering a stuffed toy, a favorite blanket, or a pacifier.

PLAY ACTIVITIES!

Now it's Your Turn

How? Use a damp washcloth to wash your baby's hands after mealtime. Offer the washcloth to your child to take a turn washing your hands. You can play "Now it's your turn" with feeding, too. Let your baby take a turn feeding you with a spoon. You'll think of other variations.

Why? Babies like to imitate adults, so the game is fun for the baby. It also allows your baby to practice skills that use small muscles and require coordination. You may find that the next time you wash your baby's hands or feed your child, your baby will be more cooperative.

Milestones: Physical Skills

Usually around 8 months, your baby sits without support. When your baby lies down, he or she is in constant motion, which makes diaper changes especially dangerous. Some babies begin crawling at this time. Others scoot and some roll to get where they're going.

Usually around 10 months, your baby can pull up to standing from a sitting position, can stand holding on to something or someone, can play pat-a-cake, and may be able to pick up tiny objects by using his or her thumb and forefinger.

Usually around 12 months, your baby is able to walk while holding on to furniture or using your hands, drink from a cup, pick up a tiny object using the tips of his or her thumb and forefinger, and stand alone for a few seconds.

Brain Fact

Some babies walk early and some walk late. Parents of early walkers may hope that this is a sign of exceptional intelligence. In fact, there is no relationship between intelligence and the age of walking or other physical skills.

It's good to celebrate every one of your baby's accomplishments, but beware of putting emphasis on the timing. Bright babies may walk early or late. It's just too soon to tell.

ASK YOUR DOCTOR

Development — 1 Year

Your baby may need developmental evaluation if at 1 year, he or she:

- does not crawl
- drags one side of the body while crawling
- is unable to stand even with support
- does not search for hidden objects
- says no single words
- does not wave goodbye, shake head, or use other gestures
- does not point to pictures or body parts

Source: American Academy of Pediatrics

(See First Steps listing in Growth and Development Resources.)

Milestones: Learning

During this developmental period, your child is both an explorer and a scientist.

Usually around 6 months, your baby discovers gravity. As your baby's laboratory assistant, your job is to pick up the toys, the food, or the bottle that your baby drops. This is an experiment your baby will repeat over and over again.

Usually around 9 months, your baby understands that an object continues to exist even when it is out of sight. If you hide a ball under a blanket, your scientist knows how to make it reappear. Your baby is now able to keep a mental picture of the ball in his or her memory.

Usually around 12 months, your baby develops an understanding that objects have names and uses. As a 6-month-old, your baby used pretty much every object as a toy to bang, rattle, or chew. By the end of the first year, your baby understands that a cup is for drinking, a spoon is for feeding, and a rattle is for shaking.

BOOKS FOR YOUR BABY

Certain books are extremely popular with children, usually because they do a great job of delivering the right message for the right age in the right way. Many of these books become favorites and become part of the bedtime routine night after night.

There are many reasons a child attaches to a particular book. Some of the most common reasons and popular books are listed below:

- Offers reassurance – Who's Mouse Are You? by Robert Kraus
- Easy to identify with – Sam's Teddy Bear by Barbro Lindgren
- Humor – Curious George by H.A. Rey
- Easy to predict/ Lots of repetition – Brown Bear, Brown Bear, What do you see? by Bill Martin, Jr.
- Great pictures – The Snowy Day by Ezra Jack Keats
- Pleasing rhythm to the words – Madeline by Ludwick Bemelmans
- Happy book – Blueberries for Sal by Robert McCloskey
- Uses gimmicks like lift-ups or flaps – Where's Spot? by Eric Hill
- Topic of special interest – Big Wheels by Anne Rockwell

Favorite books serve a purpose for your child. Once the purpose has been served, your child will be ready to go on to new books.

The next time you are re-reading a story for the 100th time, congratulate yourself on helping your child work through the many challenges of childhood.

HABITS HEALTHY: TOOTHBRUSHING

As soon as the first tooth appears, you need to start the habit of cleaning your child's teeth.

Use a clean, moist washcloth to wipe your baby's teeth and gums. Use only water – no toothpaste. A soft, small toothbrush can also be used for baby teeth. Schedule your child's first dental visit at this time.

EMOTIONAL DEVELOPMENT

Falling in Love

Two important emotional milestones are reached during the second six months of life.

Stranger anxiety: At 6 months, your baby was the life of the party. He or she had smiles for everybody. Strangers complimented you on your socially outgoing child.

About 9 months of age, your baby begins to react differently to strangers. Now your baby is clingy, fussy, and turns away from smiling faces. You may hear comments that you are "spoiling" your child.

Not so! Your 9-month-old saves his or her smile for familiar faces. Your social 6-month-old and your stranger-shy 9-month-old are both right on track in their emotional development.

Separation anxiety: Another change occurs at 9 months. Your baby becomes intensely aware of your importance in his or her life. The idea of losing you, even for one minute (especially when your child has no sense of time) is not tolerable. And so your baby cries, clings to you, and generally sounds as if his or her heart is breaking whenever you attempt to separate.

Although you may find this stage difficult, your child's reaction to separation is telling you what a good job you have done. Congratulations! Babies who show no separation anxiety between 10 and 18 months are a cause for concern.

Brain Fact

Peek-a-boo may be the first "brain game" you play with your baby.
If you play peek-a-boo with your 6-month-old, when you open your hands to show your face, your baby is probably looking somewhere else. To a 6-month-old, you are truly "out of sight and out of mind."

Play peek-a-boo with your 9-month-old and when you open your hands, your child squeals with delight. This simple age-old game gives you a peek at your baby's understanding that something continues to exist even when it can't be seen – an understanding that indicates the areas for higher level thinking in your baby's brain are becoming active.

QUESTIONS & ANSWERS

Q: Why does my 8-month-old break into tears when I arrive to pick him up from day care?

A: When your baby sees you, he remembers how much he misses you. He can't tell you he missed you, but his tears show the intensity of his feelings.

To help your baby get back in control, spend a few minutes playing with him before preparing to leave for home. When he calms down, he'll be able to remember he enjoys the day care and perhaps he'll show you someone or something that he likes. That will make both of you feel better.

Health Alert: Say "No" to Baby Walkers
Baby walkers are not safe.
Each year, there are more than 25,000 injuries from baby walkers. The most common injuries are head injuries, broken arms and legs, and facial injuries.

Walkers allow infants to move too fast and make it easy for them to get into dangerous situations. In addition to placing an infant in danger, walkers may actually delay walking.

SAFETY HABITS: AVOID UNSAFE CLOTHING

Flame resistant sleepwear: Before purchasing, check all sleepwear for a label stating that the clothing item meets the federal government standards for flame resistance. Carefully follow the cleaning instructions to prevent loss of the flame resistant quality. Unless you are sure washing precautions have been followed, don't purchase or accept offers of used sleepwear for your baby.

Drawstrings or ribbons: Remove all drawstrings from clothing – hoods, jackets, waistbands. Drawstrings can catch on objects and strangle a child. Cut strings off mittens. Never use a ribbon or piece of string to tie a pacifier to clothing.

Ribbons and necklaces: No baby necklaces or pacifiers on ribbon for your baby. Neck ribbons and necklaces can also cause strangulation.

SAFETY HABITS: TEEN BABYSITTERS

Be choosy when it comes to hiring a teenage babysitter. Babysitting is a big responsibility. Be sure the person you choose is ready to accept the responsibility for your baby's care, safety, and life.

Ask for recommendations from friends, neighbors, co-workers, or other associates. Look for someone who is experienced. Interview before you hire – in person, if possible. Ask the prospective sitter about:

- experience with children (especially in your child's age group)
- training in first aid and rescue skills (choking)
- training in child care and babysitting skills
- a fair hourly rate
- Ask several "what-if" questions, such as
- "What if my child cries when I leave?"
- "What if someone comes to the door?"

Be sure to check out references. Ask about experience with children of similar age to your child. It is ideal to schedule a one-hour training/observation session (with pay) before the first solo job.

If you are unable to locate a trained teen sitter, you should encourage a prospective sitter to take a babysitter preparation course. Contact your local hospital to determine the availability of babysitter training courses. You can also contact Safe Sitter National Headquarters at 1-800-255-4089 or 317-543-3840 to locate the nearest Safe Sitter training program. You can also visit the Safe Sitter Web site at **www.safesitter.org** for additional information about hiring a babysitter and the Safe Sitter Program.

THE TODDLER YEARS: 1 & 2

PHYSICAL GROWTH

LOOKIN' GOOD!

Your toddler continues to grow steadily. However, after the 2nd birthday, growth slows. By age 2, your toddler weighs four times his or her birth weight, usually measures about 34 inches in length, and has a head size that has grown to almost 90 percent of adult head size.

Between the 2nd and 3rd birthdays, your toddler will usually put on only 3-5 pounds and add only about 3 inches in length.

During the toddler years, the soft, round look of your baby changes. Baby fat begins to disappear from cheeks, arms and legs. Your child develops a neck. Muscles "bulk up" as muscle mass increases twice as fast as bone. Legs are longer and straighter and feet point forward. Your 1-year-old's flat feet develop arches as the fat pad that hid the arch disappears.

Brain Fact

During the toddler years, amazing changes are taking place in the brain. The brain is growing in complexity as the number of connections between nerve cells increases to 1,000 trillion, which is twice the number of connections at birth (and twice the number in an adult brain).

In addition, there are three other changes. The supporting cells of the brain multiply. Individual nerves are insulated for more efficient firing, and new blood vessels are formed to supply areas of increased activity with oxygen and nutrients.

DENTAL DEVELOPMENT

Baby Your Baby's Teeth

By age 2-1/2, most children have all 20 of their baby or primary teeth. The second molars are the last to appear usually coming in between 20 and 30 months.

Your child's primary teeth are important for chewing, speaking, and your child's smile. Primary teeth are also important for jaw growth. They hold a place for permanent teeth.

Sixty percent of 3-year-olds have one or more cavities. One of the most important things you can do for your child's smile is to take good care of your baby's teeth – regular tooth brushing, a healthy diet, a minimum of sticky, sugary foods and regular visits to the dentist beginning at age 12-18 months.

MILESTONES: PHYSICAL SKILLS

Usually around 18 months, your child is practicing physical skills every waking hour. You'll be amazed at your child's progress with coordination and balance. Some highlights include walking backwards, walking up stairs holding someone's hand, being able to bend over to pick up a toy, and being able to remove larger pieces of clothing.

Usually around 24 months, your child can walk up and down stairs alone and may want to try jumping off the bottom step. Your child can also use a spoon well, kick a large ball, build a tower of six blocks, and unzip a zipper.

Usually around 36 months, your child can walk up and down steps alternating feet, can open a door by turning a knob, can bend over easily without falling, and can ride a large wheeled toy like a tricycle. At this age, your child's favorite activity may be running. Get ready!

USEFUL INFO: LIVING WITH AN INTENSE TODDLER

Toddler years are especially challenging for children with intense temperaments. Try these techniques to make life easier for your child (and for you). If your child is:

Intensely active: Schedule lots of supervised active play in safe spaces – outside whenever possible.

Intensely loud: Ask your child to save loud noises for outdoors and use an "inside voice" when indoors. Encourage singing and reciting nursery rhymes.

PLAY ACTIVITIES

Daddy Says

How? Tell your child to copy your movements. Point to your ear saying, "Daddy says point to your ear." Your child should imitate you. Try pointing to your nose and then your toes, each time saying, "Daddy says point to your nose" or "Daddy says point to your toes." Throw in a few "Daddy says stick out your tongue" or "Daddy says make a funny face" just so you can get your toddler giggling. Don't expect the game to last for more than a few minutes.

Why? Toddlers love to imitate, they love activity, and they love having fun, but they have very short attention spans.

ASK YOUR DOCTOR

Development — 30-36 Months

Your baby may need a developmental evaluation if by his or her 3rd birthday, he or she:

- falls frequently and has difficulty with stairs
- drools or has speech that is difficult to understand

- has difficulty handling small objects
- cannot copy a circle
- doesn't understand simple instructions
- is not interested or has very little interest in other children
- does not have pretend play
- does not put two words together
- is unable to separate from parents without significant protest

Source: American Academy of Pediatrics

LEARNING

During the toddler years, you can almost see your child learning. Your child is able to solve problems by thinking and doing. Your toddler can recognize same and different and begins to have more complicated play. In addition being able to sort objects by color and shape, your child understands the idea of numbers, especially two.

Toddler years are a time of magical thinking when your child finds it difficult to separate fantasy from reality. Magical thinking can be delightful, for example, a visit from an imaginary friend. It can also be dangerous, for example, a 2-1/2 year old deciding to fly down the steps like Superman.

BOOKS FOR YOUR TODDLER

Reading books to your toddler does more than provide entertainment. Sharing books together provides a message that books are important. Reading is a crucial skill for success in school. Help your child get a head start by starting early.

You can tell that your toddler is interested in books if he or she brings you a book to read, tries to hold the book, wants to turn the pages, points at the pictures, asks for the same story over and over, carries a book around the house, or sits and "reads" a book out loud.

MAJOR MILESTONES: LANGUAGE

Mastery of speech and language is perhaps the most variable of developmental milestones. About 1 in every 10 to 15 children has some difficulty with language or speech. Try to be both watchful and reasonable with your expectations. It helps to know that boys usually talk later than girls. Share any concerns you might have with your child's doctor.

Your toddler is better at understanding language than producing it. Children can point to a body part before they can name it.

Some of the most important milestones of the toddler years are imitates animal sounds; refers to self by name; begins to use "I" and "me;" begins to combine words in 2- and 3-word sentences; uses "please" and "thank you;" adds "ed" to verbs to indicate past tense like "I walked" and "s" to nouns to

indicate plurals like "dogs;" asks what, where, when and why questions; uses 4 and 5 words in sentences; can be mostly understood by strangers; and understands "on," "in," and "under."

Brain Fact

A continuing theme in your child's development is the relationship between attachment and achievement. In the first year, your child's eagerness to explore depends on your child's sense of security. In the toddler years, your child's ability to learn depends on feeling secure.

The importance of attachment doesn't go away. In school-age years, children of equal intelligence are most likely to achieve in schoolwork if they have a strong parent-child attachment.

Source: L. Alan Sroufe, Ph.D.

EMOTIONAL DEVELOPMENT

Toddlers are incredibly self-centered. You may observe a few of these behaviors: refusing to share, temper tantrums, biting or hitting.

Most toddlers are intense at least part of the time. They can be extremely happy, extremely sad, and extremely angry all within 15 minutes. If your child's temperament is intense, you're likely to see temper tantrums. If your child is quiet, you may see clinginess or whining. It's all part of the same developmental process. Your child is trying to work out how to behave around others. Your help with soothing ruffled feelings and calming angry tantrums is a huge plus for your child's development.

By the time your child reaches 3 years, he or she is able to take turns in games, show affection for playmates, understand "mine" and "his" and "hers," and show more self-control. Your child also begins to show concern for others.

Your child becomes more aware of pleasing or displeasing you during the toddler years. Somewhere around 3, toddlers show emotions such as shame, embarrassment, pride, guilt, and even envy. Self-awareness is a major emotional milestone. Now your child knows that you have expectations and knows whether he or she is living up to them. This is the first step toward the development of conscience.

QUESTIONS & ANSWERS

Q: My first-born took 2-1/2 years to potty train. He wasn't potty trained until 4. With my second-born, I started at age 2-1/2, and he was completely potty trained by age 3. Why?

A: Although there could be lots of reasons why your second-born was easier to potty train than your first-born, here are two possibilities. First, you started the process later with your second-born. Toilet training requires cooperation. Your child has to want to be toilet trained. During the extremely

negative period that begins the toddler years, your child doesn't want to cooperate with anything. For that reason, it's best to wait until 2 or 2-1/2 when your child is less negative and more eager to please you. The second reason is your second-born wanted to be grown up like his older sibling.

Child Rearing Myth

Parents who childproof their homes and who constantly watch their toddlers are being overprotective. Children should learn the rules.

Child Rearing Fact

Toddlers are too young to be expected to remember and follow the rules. Since toddlers don't have the knowledge or experience to avoid danger or keep their hands off breakables, they require constant watching – especially in a home that hasn't been childproofed.

HEALTH ALERT: POISON HERE! POISON THERE! POISON, POISON, EVERYWHERE!

Keep a bottle of syrup of ipecac (non-prescription – costs about $2) on hand and locked in your first-aid kit. Use only on direction of your doctor or the Indiana Poison Center.

Toddlers are curious. They put everything in their mouths. It's no wonder that 1- to 3-year-olds are at the greatest risk for poisoning. Now that your child can climb, open doors and drawers, and open bottles, everything that could be harmful must be out of sight and out of reach.

You may reach your local poison center by calling 1-800-222-1222 (Universal Poison Center number).
See "Poison Safety" in the Child Safety section.

USEFUL INFO: CONGRATULATIONS! YOU'RE A GUARDIAN ANGEL!

If there is one time in childhood your child requires a guardian angel, it's the toddler years.

Toddlers need constant protection. Be especially watchful when children are hungry, for example, before mealtimes and in the late afternoon. At times of stress or confusion like holidays, family illness, houseguests, or moving day, children are at an increased risk of injury or harm and need extra protection.

HEALTH ALERT: TO GRANDMOTHER'S HOUSE WE GO

Attention all grandparents. Be sure to enroll in a CPR and first-aid course as soon as you know you'll be grandparents.

Prepare carefully for a visit from your newly walking grandchild – as well as older toddlers and preschoolers. Use the "Room-by-Room Checklist" in the Child Safety section to childproof any rooms that will not be kept locked during your grandchild's visit.

More than one-third of all poisonings occur in the homes of children's grandparents. Toddlers will eat anything. Since you can't guard against all the dangers your grandchildren can find, you'll need to take your turn as a guardian angel watching over your little ones.

PRESCHOOL: 3-5

PHYSICAL GROWTH

NOT A BABY ANYMORE!

Your child's shape changes more than height or weight in the years between the 3rd and 6th birthdays. You can expect your child to add about 4-1/2 pounds and grow about 3 inches each year.

Your preschooler's body "makeover" begins at the top and works down. The bones of the skull and face grow so that your child's face loses some of its roundness, and your child develops a more noticeable forehead, nose and chin. Meanwhile, the upper and lower jaws widen to make room for permanent teeth. The padded shoulder "football player" look of the toddler changes, too. Your child's shoulders narrow, posture improves, and that "toddler tummy" flattens.

Your child's requirement for dietary fat decreases in the preschool years. As your preschooler's body matures, it's time to cut down on high-fat foods like whole milk and cheese. The low-fat diet that is good for you is now good for your child.

See "Preschool: 3-5" in the Nutrition section.

USEFUL INFO: SLEEP DISTURBANCES

There are several normal sleep behaviors beginning in the preschool years that can be very worrisome to parents:

Sleep Terrors: Sleep terrors, also called night terrors, may begin as young as age 2. Sleep terrors differ from nightmares. Nightmares are frightening dreams during dream sleep and can be remembered upon awaking. Sleep terrors occur in non-dream sleep and cannot be remembered upon awaking. They usually occur 1 to 4 hours after falling asleep and last between 5 and 30 minutes. They may occur several times in one night or only once in a lifetime. Sleep terrors are far worse for the parents than for the child.

Typically, the child appears to be awake, screams, cries, may thrash, and looks very frightened. Because the child is not fully awake, the child cannot be calmed. When the episode ends, the child returns to full sleep. The good news is children outgrow sleep terrors.

The best way to handle sleep terrors is to stay with your child so that you can protect him or her from any injury caused by thrashing movements. Don't turn on the lights or try to wake your child. Your child will have no memory of the episode. It may help to put your child to bed earlier in case being overtired is contributing to the problem. If the night terrors are very frequent, discuss the problem with your doctor.

Sleep Talking: Sleep talking includes talking, laughing, and crying out in sleep. Your child is not aware of what is going on. Even if your child answers your questions, he or she will have no memory of the conversation. Sleep talking is so common it is not considered abnormal.

Sleep Walking: Sleep walking may involve only walking or may include a number of other activities, including dressing, raiding the refrigerator, opening doors, and even going up and down stairs. As with night terrors, don't try to wake your child. Gently guide your child back to bed and feel better knowing your child will have no memory of this in the morning.

MILESTONES: PHYSICAL SKILLS

Usually around the age of 3, your child becomes much more coordinated when running or going up and down the stairs. By the end of the preschool years, your child can catch a bounced ball most of the time, kick a ball forward, and stand on one foot or hop. Three-year-olds are so active that sometimes they find it easier to substitute a movement for a word. They may run around the room with their arms spread out to indicate flying instead of talking about flying.

Handedness is well established by age 3. If your child prefers to use his or her left hand, don't try to change it. Lefties do just fine.

Your child's ability to concentrate allows your child to take advantage of the gains in small muscle control in his or her hands. Your child is able to copy a circle and to scribble quite happily. When playing with blocks, your child can build a tower of nine or more cubes.

This is a great age for crafts. Your child loves to practice cutting, painting, and coloring. For future gardeners, it's a great time to work in the garden. For future carpenters, nothing beats the thrill of using a real screwdriver.

Self-help skills are much improved. At this age, children can feed themselves, unbutton their clothes, and handle large zippers and snaps.

PLAY ACTIVITIES!

How? Find three pictures that show something happening like a boy riding a bike, falling off, and his mother coming to him. Paste the pictures on to 3 x 5 cards. Ask your child what happened first, next, and last.

Why? Practicing placing cards in an order that makes sense will help your child at school.

ASK YOUR DOCTOR

Development - Almost 5 Years

Your preschooler may need a developmental evaluation if, as the 5th birthday nears, he or she:

- has difficulty throwing a ball overhand
- is unable to jump in place
- is unable to hold a crayon correctly
- is unable to stack four blocks
- won't separate willingly from parents
- is not interested in other children
- is not interested in interactive games
- responds very little to non-family members
- has no imaginative play
- is uncooperative with dressing, sleeping, toilet training
- has difficulty with self-control when angered or upset
- is unable to give his or her first and last name
- does not use plurals or past tense properly
- does not use "me" and "you" correctly
- does not speak in sentences of more than three words
- seems unhappy or sad most of the time

Source: American Academy of Pediatrics

LEARNING/THINKING

Preschoolers continue to use magical thinking to solve problems or explain things. You'll be surprised what you learn when you ask your child a "why?" question. For example, your preschooler may tell you that the sun comes up in the morning because that is when it wakes up.

Sometimes an answer alerts you to a possible problem, such as your child believing that his or her anger could make someone ill. Be firm when you explain that emotions don't cause illness or harm to others.

Preschoolers are not logical thinkers. They believe what their eyes tell them even if it makes no sense. Try this famous experiment with your preschooler to get a better understanding of how your child thinks. Pour water from a tall, thin glass vase into a wide, clear glass bowl. Make sure no water spills. Ask your preschooler which container has more water. Very likely, your child will answer the

tall, thin vase (or whichever container appears larger to the child). It's unlikely that your preschooler will say that the amount of water has not changed and it only looks different.

Even if you point out that no water was added or taken away, your preschooler believes what he or she can see and pays no attention to logic. This is called prelogical thinking and is absolutely normal and charming.

USEFUL INFO: STUTTERING

One of the common concerns of parents of preschoolers is stuttering. About 1 in 20 children in this age group stutters. Boys are troubled more than girls. Children tend to stutter when they are tired, upset or talking quickly. Stuttering may actually be an unconscious way for your child to hold a space in the conversation until he or she can get the word or sentence out.

Don't call attention to stuttering. Ignore it. Most stuttering goes away on its own, usually within two to three months. If your child stutters, it might help if you talk slower or make a point of sitting down when your child talks to you so that your child will not feel hurried.

Warning signs that your child's stuttering is not likely to be outgrown include your child feeling very self-conscious about stuttering; losing eye contact with the person to whom he or she is speaking while stuttering; frequently repeating words or parts of words; having facial twitches; breathing faster or showing other signs of difficulty in forming words; stuttering for more than six months; or having a family history of a parent or sibling with stuttering problems.

If your child's stuttering is causing behavior or emotional problems or any of the above warning signs are present, discuss the problem with your doctor.

MAJOR MILESTONES: LANGUAGE

If you clap for your preschooler's new athletic skills, you should give a standing ovation for the marvelous accomplishments your child is making in language.

CONSIDER THIS:

Age in Years Number of Words in Vocabulary
1 2-4
1-1/2-10
3 1,000
5 10,000

Language is more than vocabulary, however. Words must be combined into sentences. Between the ages of 2 and 5, the number of words in a sentence usually equals the child's age (2-word

sentences by age 2, 3-word sentences by age 3 and so on to age 5). Children are also picking up grammar. They practice all these skills by talking and asking questions.

Children learn language at different rates. A number of factors influence language development – first-born children may use language sooner than younger siblings, girls may talk earlier than boys, and children whose parents were late talkers may follow in their parents' footsteps. Active children may be too busy to slow down for a conversation.

The best way to encourage language is by talking and listening to your child – in the car, at the store, at the park, while you're eating, and when you're reading a bedtime story to your child. Talk – listen – talk – listen, etc.

Brain Fact

A baby's brain comes ready-made with a "blueprint" for learning language. Babies learn words by listening and imitating. But, they learn grammar by paying attention to language and by creating rules that seem to fit.

Since all preschoolers make the same kind of mistakes with grammar, it makes sense that human brains share the same language blueprint. For example, children recognize that by adding an "s" to a word, it becomes plural. So naturally they come up with a word like "mouses." Or by adding "ed" to a word, the word becomes past tense. Using this rule, preschoolers create words like "bringed" and "catched."

Another common problem children have is using pronouns correctly. To avoid the problem of deciding when to use "I" or "me," children frequently substitute their own name for the pronoun. Parents contribute to this problem by avoiding pronouns in sentences such as "Mommy has to take care of baby now."

USEFUL INFO: SCHOOL READINESS

Your child is ready for school if he or she knows first and last name; knows home address and phone
number; can follow simple instructions; plays well with other children and knows how to take turns; can separate from parents for the time period of a school day; dresses without help; and can use the bathroom without help.

Q: MY 3-YEAR-OLD DAUGHTER REPEATEDLY STEALS HER NEW BABY SISTER'S BLANKET. EVEN WORSE, SHE LIES AND SAYS THE BABY GAVE HER THE BLANKET. DO I HAVE A JUVENILE DELINQUENT IN THE MAKING?

A: Preschoolers, especially 3-year-olds, are too young to have an adequate understanding of either truth or ownership to justify being labeled as a liar or a thief. Preschoolers have great difficulty with

self-control, and they may take something that they want on impulse. They learn the error of their ways from your negative reaction.

Your child's explanation for taking the blanket is an explanation that comes from her magical thinking and her imagination. In the situation of a new baby, it's likely your little one likes the baby's blanket and hasn't yet learned that wanting it doesn't make it hers. This behavior is typical for a 3-year-old.

The next time you give the blanket back to the baby, remind your preschooler that she has her blanket and the baby has a blanket. The baby can't have her blanket and she can't have the baby's blanket. You'll be helping your child learn an important concept about ownership.

It's best not to pay too much attention to your child's cover-up story. By the time she is 5, she'll understand the difference between something that is true and something that she wants to be true.

EMOTIONAL DEVELOPMENT

Preschoolers face several challenges in the area of emotional development.

Preschool years are a time of role-playing. Girls become interested in makeup, nail polish and dress-up clothes. They may become interested in fashion dolls. Boys tend to be interested in cars, trucks and action figures with military or space war themes. Girls tend to play "mommy," and boys tend to play "dad." Role-play is practice for the future.

Your child may have difficulty distinguishing between fantasy and reality. Imaginary friends may come to stay for a while. They usually disappear on their own, replaced by "flesh and blood" playmates. Unfortunately, imaginary monsters are also common at this age and are particularly bothersome at bedtime. Nightlights and reassurance go a long way toward helping your child overcome those fears.

As your child nears age 5, playmates become increasingly important. Your child begins to notice the way that other families do things, which can lead to requests for more privileges and trendy clothing or toys. Your child may experiment with swearing. All of these behaviors are signs that your child is trying to become independent. Your reaction to unacceptable behaviors should separate the behavior from the child. For example, the behavior is "bad," not the child.

Preschoolers are quite aware of sexuality and may ask questions like "Where do babies come from?" This is also a time when children discover and sometimes "play" with their own bodies.

SAFETY HABITS: PREPARING YOUR CHILD TO GO OUT INTO THE WORLD

Safety in the preschool years provides another parenting challenge. Early on, you mastered the fine art of baby proofing. During the toddler years, you earned your halo as a guardian angel. Now it's time to take on the responsibility of teaching your child the responsibility of staying safe. In the

toddler years, your teaching consisted of warnings like "hot," "don't touch," and "no." In the preschool years, it's time to teach and enforce safety rules.

THE FABULOUS FIVE FOR TEACHING SAFETY RULES

1. Set the rules.
2. Enforce the rules.
3. Be consistent.
4. Be reasonable.
5. Be firm.

THE FABULOUS FIVE FOR HELPING PRESCHOOLERS LEARN

1. Keep it simple. Think about the safety rules you remember from your childhood. "Look both ways before you cross the street." "Stop, drop, and roll." "Buckle up." It helps to make rules as simple as possible and, when possible, to repeat them using the same words.
2. Repetition is the glue of learning. Repeat. Repeat. Repeat
3. Learning can be as easy as playing a game. Teach preschoolers safety rules by playing "what-if" games. First, teach the rule in simple words, and then ask your child a "what-if" question. For example, a fire safety rule for matches and lighters is: "Don't touch. Tell an adult." The "what-if" game question might be: "What if you found a lighter at Uncle Jim's? What would you do?" The preschooler should respond, "Don't touch. Tell an adult." Preschoolers like "what-if" games. They like to get the answer right, and they like to hear you praise them for their correct answers.
4. Success makes success. In addition to praising your child for correct answers in the "what-if" game, praise your child whenever you see him or her using good safety habits. If your preschooler holds onto the handrail when going down the stairs, praise him or her for good safety habits on the stairs. Catch your child doing something right as often as possible so that you'll have plenty of opportunities for praise.
5. Be a good role model. Your preschooler wants to be just like you when he or she grows up. Everything you do is being watched, so do things right! Make the rule. Teach the rule. Follow the rule – every time.

SCHOOL AGE: 6-11

PHYSICAL GROWTH

MIRROR, MIRROR, ON THE WALL...

Before starting school, your child probably had little interest in stepping on the scale or standing by a tape measure. That changes when kids begin to compare themselves with school friends. It may help both of you to know that between the ages of 6 and 11, your child will likely gain an average of 6-7 pounds each year, grow a little more than 2 inches each year, and increase head size by about 1 inch.

The new inches or pounds are added in "mini" growth spurts, usually lasting several months and occurring several times a year.

It's normal at this age for adenoids and tonsils to be large – in fact, tonsils may actually meet in the midline.

The truly attention-getting change in your child will probably be associated with the first signs of puberty. For girls, breast development may start as early as 8 years, although 10 is the average. For boys, enlargement of the testicles and thinning and reddening of the scrotum, (the pouch of skin that holds the testicles) marks the beginning of puberty. Male puberty may begin as early as 9, although 11 is the average.

During these years, children of the same age are frequently at different points in their growth and sexual development.

QUESTIONS & ANSWERS

Q: What can I give my 10-year-old son to get him eating so he'll grow? He is healthy and active. A few months ago, he grew like a weed, but he was eating then.

A: Your son's height depends more on the genes he inherited than the food he eats. When your child is growing rapidly, you can expect him to have a big appetite. When his growth slows, his appetite decreases because he doesn't need the calories. It's not unusual for growth spurts and large appetites to alternate with slow growth and small appetites. Encouraging your son to eat more than he is hungry for will not make him grow, but it may cause him to have a weight problem.

USEFUL INFO: SLEEP REQUIREMENTS

With each passing birthday, your child will require a little less sleep. Some kindergarten children need 12 hours of sleep, but most require 10. By age 11, most children can get by with eight hours of sleep. The test is daytime sleepiness.

Bedtime routines, such as a bedtime story or reading in bed for a half-hour before "lights out" can help your child relax. Although bedtime can be an ideal time for a heart-to-heart chat, avoid stressful topics to prevent sleep disturbances.

MILESTONES: LEARNING/THINKING

School-age children have replaced magical thinking and prelogical thinking with concrete logical thinking. If you repeat the experiment on page 94 with a group of children at this age, they are able to answer logically rather than being confused by appearances.

A number of other mental processes are required for success in school. Children need to be able to sequence or put things in order and have an understanding of time. School-age children need to be able to pay attention for fairly long periods of time (45 minutes by age 9) and filter out all unimportant distractions. They also need to develop tricks for memorizing and recalling information on demand.

USEFUL INFO: SPORTS, HOBBIES, & EXERCISES

To help your child find an activity that fits his or her interests and talents, provide your child with a wide variety of experiences. Encourage your child to participate in introductory programs offered by your local parks department, YMCA, or other youth organizations. Ask friends or relatives if your child can tag along on a fishing trip, golf outing, or to an antique show if you believe it would be of interest. Once your child settles on a sport or hobby, encourage your child to set personal goals for success and help your child develop the self-discipline to improve.

Brain Fact

The first 12 years of life are prime time for learning. Experiences actually change the structure of the brain.

During early childhood, the developing brain is busy forming multiple connections between nerve cells. These connections function like the "wiring" of a computer. Each new experience results in a new connection.

By age 3, the child's brain has twice as many connections as an adult's. Connections that are used repeatedly become very strong. Connections that are used infrequently are eliminated. This "use it or lose it" principle is Mother Nature's way of helping each child adapt to his or her own environment.

When connections are eliminated, the ability to perform a particular function is easily lost. For example, in the first months of life, an infant is able to distinguish several hundred spoken sounds, many more than in any single language. As the infant adjusts to his or her native language, the connections for sounds not used in that language are eliminated. The infant can no longer recognize such sounds.

Japanese children who learn English in the first years of life can recognize the difference between "la" and "ra" and are able to pronounce words such as "rice" without difficulty. Whereas a Japanese adult learning English is unable to distinguish "la" and "ra" regardless of exaggerating sounds or slowing speech. The connections to distinguish between "la" and "ra" are gone.

TOP 12 FACTS YOU SHOULD KNOW ABOUT MIDDLE CHILDHOOD

1. The first mission of middle childhood is to sustain self-esteem – to feel good about oneself most of the time. School years are like an obstacle course for self-esteem. In a single day, a student can experience success, failure, popularity, loneliness, stress, and humiliation. Friends, family and respected adults can help in tough times – so can a history of success in academics or achievement in athletics. However, the most important factor influencing a child's ability to "bounce back" after a bad experience is the presence of at least one parent or adult in the child's life with whom the child has a loving, trusting relationship.
2. The second mission of middle childhood is to be liked and accepted by peers. The desire to be an "insider" and socially accepted is very strong – strong enough to cause children in middle childhood to dress, talk and act as if they had no will of their own.

3. The third mission of middle childhood is to find a way to be like everyone else and, yet, to be different. Most children are able to handle this conflict by modifying their own preferences to "fit in" with the group without completely giving up on all individuality. This mission is often in conflict with mission number 2.
4. The fourth mission of middle childhood is to find acceptable role models for the future. Role models may be selected from television, the music industry, relatives, or even historical or fictional figures. Role models usually come and go as the child ages. Each role model offers the chance to "try on" an identity and a set of behaviors. This mission is helpful for self-discovery and for determining lifetime goals.
5. The fifth mission of middle childhood is to begin the process of questioning the beliefs and values of the family. As children spend increasing time away from home – at school, friends' homes, social events – they realize that there are many differences between values and beliefs learned within their family circle and the values and beliefs of other families. This realization leads to rethinking previously accepted "truths" and starts the child on the path of developing a personal philosophy.
6. The sixth mission of middle childhood is to earn a position of respect within the family. Children want to impress their parents and to gain the respect of the family. This can lead to intense sibling rivalry. A comparison with siblings encourages competition, which can be harmful to both children. Parents must be aware of the importance of acknowledging each child with praise for real achievement. False praise can also be harmful. In addition to the child wanting the respect of parents and family, the child also wants to be proud of his or her family. Family pride is essential to self-worth.
7. The seventh mission of middle childhood is to explore independence and test limits. In the early school-age years, children put up little resistance to parental authority. As the child becomes older, the child becomes more interested in independence and unwilling to accept limits such as curfews or clothing restrictions. The minor conflicts with parents during these years allow the child to rehearse for the role of adolescent and to test his or her ability to handle independence.
8. The eighth mission of middle childhood is to acquire knowledge and master new skills. For a child who learns easily, this mission is a source of reward and pride. For the child who has learning difficulties, this mission offers challenges to self-esteem. Because children of this age have few defenses against failure, a child having learning difficulties often gives up rather than risk being humiliated.
9. The ninth mission of middle childhood is to accept one's own physical appearance, body build, and athletic abilities. If there are two children in this age group in one room, they will be comparing themselves to each other, sure of their own personal defects and bodily abnormalities. The concern school-age children have about their bodies results in extreme modesty, refused invitations to social events like swimming parties, and a great deal of worrying about required showers after physical education classes.
10. The 10th mission of middle childhood is to deal with multiple fears. One of the most common fears in school-age children is fear of the future – worrying about what comes next, possible failures, or humiliation. Another common fear is fear of loss – of family, friends, or even favorite possessions.
11. The 11th mission of middle childhood is to take control of drives and desires. School-age children have an enormous number of "burning desires." To deal with their wants and passions, school-age children must be able to compromise, settle for less than what they had asked for, and accept substitutes or replacements.
12. The 12th mission of middle childhood is to develop a realistic sense of self. By age 12, middle childhood youngsters are usually able to list the things they're good or bad at and their strengths and weaknesses. Children who are able to develop a realistic self-image are most likely to deal well with the challenges of adolescence.

Adapted from Levine, M. Developmental-Behavioral Pediatrics. 3rd edition

SAFETY HABITS: HOME ALONE

Sooner or later all parents begin to wonder, "Is it safe to leave my child home alone?" There is no one age when every child is mature enough to handle the responsibilities of staying safe and taking care of oneself.

Some children are ready as early as 11, others as late as 15. Use these questions to help think through the various considerations. Begin with the question, "Does my child want to stay home alone?"

ABILITIES AND SKILLS

- Can my child lock and unlock the door?
- Can my child speak clearly on the telephone when providing information or answering questions?
- Can my child prepare a snack?
- Does my child follow directions and remember them for future use?
- Can my child read and write notes?
- Does my child stay interested in productive activities without adult supervision?
- Is my child good at problem solving?
- Does my child handle unexpected situations well?
- Does my child know when to ask for help?

SAFETY CONSIDERATIONS

- Can my child reach me in an emergency?
- Does my child know when it's important to call local emergency numbers and how?
- Does my employer allow me to make and receive personal calls to check on my child's safety?
- Is there a back-up person if I can't be reached?
- Does my child know basic first aid and rescue skills?
- Do we live in a neighborhood where my child is safe and feels comfortable?
- Does my child know fire escape plans, route, and designated meeting place outdoors?
- Can my child operate appliances such as the stove, microwave, and refrigerator in a safe manner?

EMOTIONAL MATURITY

- Is my child confident? Fearful? Easily stressed? Easily influenced by peers?
- Does my child use good judgment?
- Does my child have the self-discipline to resist temptation and follow rules without supervision?
- If your child is interested in staying home alone and if he or she appears to have the maturity, then it's time for a training session or two. Make sure your child can do the following things...
- Locate the emergency numbers. Practice emergency phone calls.
- Execute the home fire escape plan (see "Fire Safety" in Child Safety section).
- Contact you or your back-up immediately.
- Perform CPR and first aid (see "Be Ready to Rescue" in Choking Safety of the Child Safety section).
- Locate the first-aid kit.
- Answer the phone safely without giving out personal information.
- Handle a delivery or stranger who comes to the door without allowing entry into the home.
- Practice kitchen safety, including use of microwave and practices safe food preparation.
- Handle household emergencies like a power outage or toilet overflowing.
- Lock and unlock the doors and can handle the alarm system.
- Handle other responsibilities that are important in your home, such as pets.

IT IS IMPORTANT TO ESTABLISH RULES FOR OUR CHILD. YOU CAN ADD TO THE FOLLOWING:

- Check in with parent immediately after getting home.
- Do not invite friends to visit.
- Do not leave home without permission.
- Begin homework within a half-hour after arrival – after the check-in call and a snack.
- Follow all safety rules.
- Limit television to one hour (or whatever guideline you feel is reasonable).
- Limit computer play time (including video games) to one hour (or whatever guideline you feel is reasonable).
- Follow other rules that are appropriate to your home.
- A word to the wise
- There are a number of other precautions to consider. V-chips that block programs inappropriate for children are available in newer television models. Check your television's instruction manual. If your television does not have a V-chip, check with your local electronics or appliance store for information about possible installation of the device.

If you have a computer, you might want to consider blocking access to specific Web sites, such as those that may be too mature for young eyes or chat rooms and bulletin boards where dangerous people may lurk. Check your computer program manual and with your Internet service provider for assistance.

Telephones can also be programmed to block calls with specific telephone number prefixes that are associated with inappropriate call-in lines. Check with your telephone service provider for more information about blocking such calls.

Be sure your child knows to keep the house key out of sight and safe and where to locate a spare key in an emergency.

ADOLESCENTS: 12-21

A LETTER TO PARENTS...

As your child approaches the teen years, especially if it's your first-born, you find yourself paying attention to the tattoos, body piercing, and clothes of the teenagers you see on the street or in the mall. The realization that your child will soon be "one of them" makes the future seem a little scary.

To bolster your confidence for the days ahead, you focus on the strength of your family ties. You wonder if your family will be protected from the problems others have had with their teens by all the hours you invested in providing transportation, helping with homework, attending recitals, cheering at ball games, the fun of family vacations and holiday celebrations. You find yourself thinking back to the "terrible twos" and wondering if the teen years are just a replay. If the toddler years were easy, you hope you'll be lucky with adolescence, too. Although you know it's just a fairy tale, you find yourself wishing for the magic spell in Sleeping Beauty so that your child can sleep peacefully through the teen years and wake up an adult.

You have expectations for what's about to happen to you, your child, and your family – as does your child. Your expectations are based on your observations of other families, your understanding of this developmental stage, and your own experience as a teenager. There will be times you will be tempted to share your "I had it much worse than you" and "I know exactly what you're going through" stories with your teen. Proceed with caution. Your stories are your stories. To your teenager, your experiences don't seem relevant and, even worse, they imply that you don't give your teen credit for being a unique individual with his or her problems or concerns.

The information on the next few pages has been collected to help you during the years of parenting your teenager. There are also helpful resources at the end of this section. Before moving ahead, however, we suggest you revisit the past. Even though it's unlikely to help your child relate better to you, it may help you relate better to your child. Recalling the intense emotions and pressures you had as a teenager might make it easier to live with, love, support, and champion your child through this dramatic and wonderful passage to adulthood.

Have a safe journey.

TOP 10 FACTS YOU SHOULD KNOW ABOUT ADOLESCENCE

1. Adolescence is the developmental stage between childhood and adulthood. It is more than physical growth and sexual maturation (puberty or biological development). Adolescence includes dramatic and important changes in thought processes of the brain (intellectual or cognitive development) and changes in the way the teen thinks of himself/herself and relates to others (psychosocial or social/emotional development).
2. The age that puberty begins and ends – and how fast the process goes – can be very different for different individuals and still be normal. Puberty in one girl can start as early as age 8 and proceed to menstrual periods by the time she is 10; while another girl starts breast development at age 11 and does not start menstruating until she is 14.
3. It is normal for development to proceed steadily for a while and then stop for a few months. This can be especially troubling when a short male grows quickly for a few months and then stops just when his hopes are up.
4. The three areas of development (physical/sexual, intellectual, and social/emotional) do not necessarily progress at the same rate. This can be troubling for a girl whose sexual development occurs early, making her appear "grown up," but her social/emotional development is still that of a child; or for a teenage boy who has his growth spurt early, making everyone expect him to act his "height age" – not his chronological age.
5. There are three stages of adolescence. Early adolescence – the middle-school years: 11, 12, 13, 14. Middle adolescence – the high-school years: 15, 16, 17. Late adolescence – the age of maturity: 18, 19, 20, 21. Each stage is associated with specific characteristics.
6. There are four developmental goals for adolescence: to become independent of family; to form close, personal relationships; to become comfortable with body and self-image; and to develop an individual identity, realistic life goals, the life skills to "get on" in the world and settle on personal, moral, religious, and sexual values. These four goals are accomplished stepwise as the child goes through the three stages of adolescence – early, middle, and late.
7. Early adolescence (11, 12, 13, 14) is the time of the dramatic physical changes of puberty. Early work on developmental goals begins in this stage. Independence: not as willing to do things with family; moody. Friends: form close friendships with teens of the same sex, usually one best friend. Body/self-image: worried about being normal, attractive; preoccupied with concerns about sexual maturation, including wet dreams and

masturbation. Individual identity: feel watched; daydream; plan for the future although not necessarily realistic plans; begin to test limits; think about sex, which may lead to masturbation or wet dreams; lack impulse control; exaggerate personal problems out of proportion.

8. Middle adolescence (15, 16, 17) is the time of intense emotions and intense relationships with peers. Independence: argue with parents more than any other stage; turn to friends – not parents – for support. Friends: want to fit in with chosen peer group, including clothing, values, music; dating and sexual experimentation begin; may get involved in clubs, gangs, and other groups. Body/self-image: more comfortable with physical changes; physical attractiveness is important. Individual identity: consider the feelings of others; capable of more difficult thought processes; more realistic plans for the future; magical thinking about being able to take risks and not be harmed.
9. Late adolescence (18, 19, 20, 21) is the last step to adulthood. It can be a depressing time if the goals for early and middle adolescence were not successfully reached. Independence: become closer to family again; more likely to accept advice. Friends: less dependent on group activities; more time spent in meaningful relationship with one partner. Body/self-image: OK with body. Individual identity: develop practical, realistic career goals; able to compromise; settle on personal, moral, religious, and sexual values.
10. The 21-year-old who is socially and emotionally independent of parents while still close to them, who is comfortable with himself/herself as an adult, and who is capable of meaningful relationships has successfully completed the passage from childhood to adulthood.

PHYSICAL GROWTH

Growth during adolescence is linked to the hormonal changes of puberty. Girls usually enter puberty earlier than boys.

Girls

The age that your daughter enters puberty depends on several factors including her general health, her nutritional status, and family history.

You can predict the order of the changes associated with puberty, but you can't predict the timing. Girls usually develop breast buds before pubic and axillary hair. About two years later, menstrual periods begin. A growth spurt begins before breast budding and ends before periods begin.

Boys

You can predict the order of the changes associated with puberty, but you can't predict the timing. Boys usually begin puberty with enlargement of the testicles and scrotum. Pubic hair begins to grow. At the same time, boys may begin to ejaculate. The penis becomes longer and thicker. At the same time, hair grows on the face and underarms and the voice deepens. A growth spurt begins at the same time pubic hair appears and usually lasts 24 to 36 months.

USEFUL INFO: GROWING LIKE A WEED

Teens are more likely to shoot up in height in the spring and summer. Hands and feet grow first, followed by arms and legs, and finally chest and trunk.

USEFUL INFO: SEE HOW THEY GROW

The inches and pounds added during adolescence count in a big way.
Inches added to height = 25 percent of final adult height
Pounds added to weight = 50 percent of final ideal weight

HEALTH ALERT: WHEN PUBERTY COMES TOO EARLY

Call your doctor for an appointment for the following:

Girls
Before age 7-8: Breast development or pubic hair
Before age 10: Menstrual periods

Boys
Before age 9: Enlargement of the testicles and scrotum or pubic hair

HEALTH ALERT: WHEN PUBERTY COMES TOO LATE

Call your doctor for an appointment for the following:

Girls
At age 13: No signs of breast enlargement
At age 16: No menstrual periods

Boys
At age 14: No testicular enlargement

USEFUL INFO: WHAT YOU AND YOUR DAUGHTER SHOULD KNOW ABOUT BREAST CANCER

- Routine self-examination of the breast should be taught at puberty.
- Cancer of the breast is unusual before age 25. However, over an entire lifetime, 1 in 8 women will have breast cancer.
- A history of a sister or mother with breast cancer increases the risk of cancer.
- Breast cancer is most often discovered during self-examination.
- When discovered by a routine self-exam, breast cancer usually has a better outcome.
- Routine self-exams make early discovery of a change from normal shape or feel of the breast more likely.
- Once a month (at the end of her menstrual period), your daughter should check each breast for a lump that is firm and nonmovable, a dimple on the skin, a change from the normal shape or feel, or discharge from the nipple. The most common place for breast cancer is under the nipple and in the upper fourth of the breast above the nipple and on the side toward the armpit.
- Ask the doctor to show your daughter how to do a self-exam.

- Be sure your daughter knows the signs that require prompt evaluation – a lump that is firm and nonmovable, a dimple on the skin, a change from the normal shape or feel, or discharge from the nipple.

HEALTHY HABITS: HOW TO PERFORM A BREAST SELF-EXAM

The exam is easiest to perform during a shower or bath when the skin is soapy, making a lump easier to feel as your fingers slide over the slippery skin. It is normal to feel the glandular portion of the breast in the shape of a comma with the "tail" of the comma leading up from the center of the breast to the underarm area.

Using your flattened fingers, feel for lumps or tenderness beginning with the area under the nipple and moving outward to cover the entire breast in a circular pattern. (Do not use the tips of your fingers since they are too sensitive and can mistake the uneven texture of normal breast tissue for lumps.) Check for areas where the skin of the breast feels "stuck" to the tissue under it. (You may see a dimple or a pucker over this area when you look in the mirror.)
Gently squeeze each nipple to check for discharge.
Call your doctor for an appointment if you find a firm, nonmovable lump, a dimple on the skin, a change from the normal shape or feel, or discharge from the nipple. Do not check and recheck the abnormal finding. Leave it alone and see a doctor.
Do not put off your call to the doctor hoping the problem will go away on its own.

USEFUL INFO: WHAT YOU AND YOUR SON SHOULD KNOW ABOUT CANCER OF THE TESTIS

Routine self-examination of each testis should begin at age 13 or 14.
Cancer of the testis is the most common solid tumor of young men.
Cancer of the testis is most often discovered during self-examination.
When discovered early, cancer of the testis is highly curable.
A history of only one testis or an undescended testis increases the risk of cancer. Both the surgically "brought down" testis and the normally descended testis are at increased risk for cancer.
Once a month, your son should check each testis for a lump, increase in size, or unusual tenderness.
Ask the doctor to show your son how to do a self-exam.
Be sure your son knows the signs that require prompt evaluation – a lump, increase in size, or unusual tenderness.

HEALTH ALERT: SUDDEN GROIN PAIN

Seek care immediately for sudden "knife-like" groin pain (frequently so severe there is nausea and vomiting) in males age 12 and older.

The most common cause of sudden groin pain in this age group is testicular torsion or twisting of the blood supply to the testis. Emergency surgery within four to six hours is required to prevent permanent damage to the testis.

HEALTHY HABITS: HOW TO PERFORM A TESTICULAR SELF-EXAM

The exam is easiest to perform after a shower when the skin of the scrotum is relaxed. It is normal to feel a soft bumpy area on the top and behind the testis – this is the epididymis. The firm, rope-like structure on the back and above the testis is the vas deferens.

Holding the testis between your thumb and fingers, roll the testis between your fingers feeling for lumps or unusual tenderness. Check to be sure there is no difference in size between the two testes. Call your doctor for an appointment if there is an abnormal or questionably abnormal finding. Do not check and recheck the abnormal finding. Leave it alone and see a doctor.
Do not put off your call to the doctor hoping the problem will go away on its own.

QUESTIONS & ANSWERS

Q: My 14-year-old son has what feels like a rubbery, movable lump under his right nipple. Could he have breast cancer?

A: In early puberty, it is not uncommon for boys to have a lump or nodule beneath one or both nipples. A nodule may or may not be painful. These nodules usually disappear within 12 to 18 months as male hormone levels increase. There is no reason to be concerned about breast cancer.

USEFUL INFO: MEDICAL CONFIDENTIALITY

"But I pay the bill"
During adolescence, it is appropriate for your teen to take an active role in his or her personal health and medical care. Until now, your child's health was your responsibility. In adolescence, most of that responsibility shifts to your teen.

By accepting an adult responsibility, your teen earns the right to doctor-patient confidentiality. Confidentiality is important for open, honest communication. Your teen must trust that private conversations will remain private – off limits even to you!

There are situations in which your doctor learns information that cannot be kept in confidence. For instance, if your doctor learns that a life is in danger, such as a possible suicide attempt, your doctor will inform you so that together, you can take the steps necessary to prevent a tragedy.

Your teen's physician knows you are extremely concerned about your child's well-being. If you feel the need to discuss your concerns or ask for parenting advice, consider requesting an appointment for a parenting consultation.

SAFETY HABITS: IN CASE OF AN AUTO ACCIDENT

Be sure your teen knows what to do if involved in a motor vehicle accident. Stress the importance of remaining at the scene. Write out simple directions on a 3 x 5 card (including insurance information) and place it in the glove compartment of the car, along with auto registration.

USEFUL INFO: IT'S THE LAW!

Under usual circumstances, the parent/legal guardian must provide consent for medical care of a minor considered by law to be a person under age 18. However, the State of Indiana authorizes minors to consent for their own medical services under certain conditions. These include: emergency care for a life-threatening condition; examination and treatment for sexually transmitted diseases, including HIV and AIDS; and evaluation and treatment for alcoholism or alcohol or drug abuse at a facility approved by the Division of Addictive Services.

Although the State of Indiana does not directly address the legal rights of minors regarding medical consent for contraceptive services, that right is indirectly assumed under federal case law.

SAFETY HABITS: JUST IN CASE...

Chances are the police will stop your teen for a motor vehicle violation sometime in the teen years. Because police officers must be constantly alert for suspicious activity or the threat of harm, teens need to be careful not to alarm the officer by sudden movements or unpleasant words. Just in case your teen is pulled over by the police, rehearse the following with your teen:

- Pull over to the side of the road.
- Stay seated in the car with both hands on the steering wheel.
- Be polite, answering questions with respect.
- Follow directions and cooperate with police requests, such as taking breathalyzer test.
- Do not drive away until you have been given permission.

HEALTH ALERT: LOOKING OUT FOR YOUR TEEN

If your teen has a substance abuse problem, get your child into therapy immediately. Deal with the situation as you would an illness, accepting the problem and putting your energy into supporting your child's recovery.

Signs of substance abuse
Although almost any one of these signs can appear in a normal, nondrug-using teen, if you see several of these signs together, your child may have a substance abuse problem.

Call your doctor to find out how to get help if your child:
spends too much time alone; stops talking or argues frequently with family members; drastically changes style of dress or hair; ignores homework and has dropping grades; drops old friends; has new friends who are less familiar and less friendly to adults; has frequent or unexplained injuries;

sleeps poorly or complains of tiredness; develops irregular eating habits; has bloodshot eyes, very large or small pupils; has frequent "colds" or nosebleeds; has unusual odors on clothing; seems "jumpy" or hyperactive; has mood swings including irritability, depression, hostility, or paranoia; keeps drug paraphernalia; attempts to or runs away from home; or steals money or valuables from your home. Remember, children need love most when they are the most unlovable.

USEFUL INFO: FAMILY FEUDING

From your teen's 14th birthday through the 16th year, you can expect to have some trying times. These are the years when you are most likely to have difficulty getting along with your teen and your teen will have the most difficulty getting along with you.

Several studies have been reported about family relationships during the teen years. Compare your family's experience with the following:

Ninety percent of 16-year-old teens report getting along well with their mother. Seventy-five percent report good relations with their dad.
Adolescent girls report a minor conflict with parent every one-and-a-half days. Adolescent boys report a minor conflict every four days. Seventy-five percent of the conflicts are between mother and teen. Mother-daughter conflicts last an average of 15 minutes. Mother-son conflicts last an average of six minutes.
Only 1 in 5 families reports serious difficulty with parent-child relationships.

LATE TO BED, LATE TO RISE

Weekend morning sleep-ins are your teen's way to make up for missed sleep. Teens need nine to 10 hours of sleep per night.

Chronic daytime sleepiness, poor grades in morning classes, or drowsiness when driving are signs that your teen needs a better sleep routine every day of the week.

HEALTH ALERT: TAKE THESE SIGNS SERIOUSLY

If your teen shows signs of serious depression, get help for your child immediately. Deal with the situation as you would an illness, accepting the problem and putting the energy into supporting your child's recovery.

Signs of depression
Teens are often moody, dress in black day after day, and can't seem to hear anything you say. While you will learn to ignore some behaviors, other behaviors are signs of a serious problem and must not be ignored.

The following are warning signs of severe depression. Call your doctor and ask for help if your child: constantly complains of stomachaches, headaches or tiredness; sleeps too much or too little; loses or gains weight very quickly; neglects appearance; increases risky behaviors – drugs, alcohol, unsafe sex, and drinking and driving; loses interest in school and friends – falling grades, dropping out of activities, cutting classes and withdrawing from friends and family; seems suddenly cheerful after a long period of depression; makes statements like "I feel dead inside;" seems preoccupied with death in choice of music and clothing and talks frequently about friends who have died; or gives away prized possessions, writes a will, or makes other "final" arrangements.

HEALTH ALERT: A MATTER OF LIFE AND DEATH

Call a suicide crisis hotline, local emergency department, 911, or your child's doctor if your child: complains of feeling hopeless; says, "I'd be better off dead;" or has a specific plan for committing suicide. Take suicide seriously.

Risk factors for suicide
Suicide is the third leading cause of death in the teen years. For every teen suicide, there are 200 suicide attempts. Risk factors include:

- previous suicide attempts
- family history of suicide
- friends who have committed suicide
- access to a gun
- history of mood, conduct, or psychotic disorders
- problems with impulse control
- concerns about sexual identity, homosexuality
- history of physical or sexual abuse
- depression

Source: Bright Futures, 2nd edition

USEFUL INFO: A CALL TO ACTION

The SOS (Signs of Suicide) Program trains people how to ACT if a friend or child is severely depressed and possibly suicidal. ACT stands for Acknowledge, Care and Treatment (for teenagers, the "T" stands for "Tell a responsible adult"). Call 1-800-573-4433 to locate a training site.

Great Book List

This is from The Children's Book Council Web site:

www.cvcbooks.org/readinglists/bookstogrow.html

The list was compiled by the librarian members of the American Library Association-Children's Book Council Joint Committee, April 2003 for ages birth-3 years; and from Reach Out and Read's list for those 3-5 years:

www.reachoutandread.org/about_list.html

BIRTH TO 6 MONTHS

All Fall Down by Helen Oxenbury: Little Simon

Animal Crackers: Bedtime by Jane Dyer: Little Brown.

Baby Animals: Black and White by Phyllis L. Tildes: Charlesbridge

Baby Rock, Baby Roll by Stella Blackstone and illustrated by Denise and Fernando Azevedo: Holiday House

Big Fat Hen by Keith Baker: Harcourt

Black on White by Tana Hoban: Greenwillow

Blue Hat, Green Hat by Sandra Boynton: Little Simon

How a Baby Grows by Nola Buck: HarperCollins

I Love Colors by Margaret Miller: Simon & Schuster

Max by Ken Wilson-Max: Jump at the Sun

My First Baby Games by Jane Manning: HarperCollins

My Very First Mother Goose by Iona Opie and illustrated by Rosemary Wells: Candlewick

Peek-A-Boo! by Janet and Allan Ahlberg: Viking

6 TO 12 MONTHS

Animal Kisses by Barney Saltzberg: Red Wagon

Baby's Lap Book by Kay Chorao: Dutton

Brown Sugar Babies by Charles Smith: Jump at the Sun

Goodnight Moon by Margaret Wise Brown: HarperCollins

I Can by Helen Oxenbury: Candlewick

I Smell Honey by Andrea Pinkney and illustrated by Brian J. Pinkney: Red Wagon

Maybe, My Baby by Irene O'Book and illustrated by Paula Tible: HarperCollins

My Colors (Mis Colores) by Rebecca Emberly: Little Brown

Red, Blue, Yellow Shoe by Tana Hoban: Greenwillow

Time for Bed by Mem Fox and illustrated by Jane Dyer: Harcourt

Twinkle, Twinkle, Little Star by Jeanette Winter: Red Wagon

Welcome, Baby! Baby Rhymes for Baby Times by Stephanie Calmenson: HarperCollins

Where's the Baby? by Tom Paxton and illustrated by Mark Graham: Morrow Avon

12 TO 18 MONTHS

The Bear Went Over the Mountain by Rosemary Wells: Scholastic

Big Dog, Little Dog by Dav Pilkey: Harcourt

Count with Maisy by Lucy Cousins: Candlewick

Eating the Alphabet: Fruits and Vegetables from A to Z by Lois Ehlert: Harcourt

The Everything Book by Denise Fleming: Henry Holt

Five Little Monkeys Jumping on the Bed by Eileen Christelow: Clarion

Freight Train by Donald Crews: Greenwillow

Itsy Bitsy Spider by Rosemary Wells: Scholastic

Jamberry by Bruce Degen: HarperCollins

My First Action Rhymes, pictures by Lynne Cravath: HarperCollins

Pat the Bunny by Dorothy Kunhardt: Golden

Rabbit's Bedtime by Nancy Elizabeth Wallace: Houghton Mifflin

Read to Your Bunny by Rosemary Wells: Scholastic

Sheep in a Jeep by Nancy Shaw and illustrated by Margot Apple: Houghton Mifflin

Ten, Nine, Eight by Molly Garrett Bang: Greenwillow

Tom and Pippo Read a Story by Helen Oxenbury: Simon and Schuster

Where Is My Baby? by Harriet Ziefert and Simms Taback: Handprint

Where's Spot? by Eric G.P. Hill: Putnam

You Are My Perfect Baby by Joyce Carol Thomas and photos by Nneka Bennett: Joanna Cotler

Zoom City by Thatcher Hurd: HarperCollins

18 MONTHS TO 3 YEARS

Be Gentle! by Virginia Miller: Candlewick

Book! by Kristine O'Connell George and illustrated by Maggie Smith: Clarion

Brown Bear, Brown Bear, What Do You See? by Bill Martin Jr. and Eric Carle: Henry Holt

Chicka Chicka Boom Boom by Bill Martin Jr. and John Archambault, and illustrated by Lois Ehlert: Little Simon

Color Zoo by Lois Ehlert: HarperCollins

Come Along, Daisy! by Jane Simmons: Little Brown

Construction Zone by Tana Hoban: Greenwillow

Dinosaur Roar! By Paul and Henrietta Sticklan: Dutton

Dinosaurs, Dinosaurs by Byron Barton: HarperCollins

Hello, Lulu by Caroline Uff: Walker

How Do Dinosaurs Say Good Night? by Jane Yolen and illustrated by Mark Teague: Blue Sky

In the Tall, Tall Grass by Denise Fleming: Henry Holt

Jesse Bear, What Will You Wear? by Nancy White Carlstrom and illustrated by Bruce Degen: Simon and Schuster

Little White Duck by Bernard Zaritsky and Walt Whippo: Little Brown

Maisy's ABC by Lucy Cousins: Candlewick

Max's First Word by Rosemary Wells: Dial

"More More More," Said the Baby by Vera Williams: Greenwillow

Mouse Mess by Linnea A. Riley: Scholastic

On Mother's Lap by Ann Herbert Scott: Clarion

Silly Little Goose! by Nancy Tafuri: Scholastic

The Tale of Peter Rabbit by Beatrix Potter: Warne

The Very Hungry Caterpillar by Eric Carle: Philomel

The Wheels on the Bus by Raffi and illustrated by Sylvie K. Wickstrom: Random House

You're Just What I Need by Ruth Krauss and illustrated by Julia Noonan: HarperCollins

PRESCHOOLERS: 3 TO 5 YEARS

Madeline by Ludwig Bemelmans: Viking

Animal Tracks written and illustrated by Arthur Dorros: Scholastic

A Pocket for Corduroy by Don Freeman: Viking

Tag-Along by Juanita Havill: Houghton-Mifflin

Chickens Aren't The Only Ones by Ruth Heller: Scholastic

Amazing Grace by Mary Hoffman, illustrated by Caroline Binch: Dial

The Snowy Day by Ezra Jack Keats: Scholastic

Leo The Late Bloomer by Robert Kraus: Scholastic

Curious George by H.A. Rey: Houghton Mifflin

Gregory, The Terrible Eater by Mitchell Sharmat: Scholastic

Mr. Brown Can Moo! Can You? Dr. Seuss: Random House

Alexander and the Terrible, Horrible, No Good, Very Bad Day by Judith Viorst: Simon & Schuster

A Chair for My Mother by Vera Williams: Scholastic

Organizations

GENERAL GROWTH AND DEVELOPMENT INFORMATION

The American Academy of Pediatrics
141 Northwest Point Blvd.
P.O. Box 747
Elk Grove Village, IL 60009-0747
847-434-4000 (phone)
847-434-8000 (fax)
www.aap.org

Brilliant Beginnings, LLC
207A 19th St. NW
Long Beach, CA 90806
www.brilliantbeginnings.ca

Centers for Disease Control and Prevention /National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003
800-458-5231
www.cdc.gov

Children's Defense Fund
25 E St., N.W.
Washington, DC 20001
800-233-1200
www.childrensdefense.org

National Child Care Information & Technical Assistance Center
10530 Rosehaven St., Suite 400
Fairfax, VA 22030
800-616-2242 (phone)
800-716-2242 (fax)
www.nccic.org

Riley Hospital for Children
702 Barnhill Dr.
Indianapolis, IN 46202
800-248-1199
www.rileyhospital.org

Riley Hospital Community Education and Child Advocacy Department
Riley Hospital for Children
575 West Dr., Room 008
Indianapolis, IN 46202-5272
317-274-2964 or 888-365-2022
www.rileyhospital.org/kids1st

SPECIFIC GROWTH AND DEVELOPMENT INFORMATION

Brain Development

Parents Action for Children
P.O. Box 15605
Beverly Hills, CA 90209
888-447-3400
www.iamyourchild.org

Johnson and Johnson Pediatric Institute
www.jjpi.com

Brain Wonders
www.zerotothree.org/brainwonders

Zero to Three National Center for Infants, Toddlers, and Families
2000 M St., NW Suite 200
Washington, DC 20036
202-638-1144
www.zerotothree.org

The Ounce of Prevention Fund
33 W. Monroe St., Suite 2400
Chicago, IL 60603
312-922-3863
www.ounceofprevention.org

Development

First Steps
Indiana's Early Intervention System for Infants, Toddlers & Their Families
800-441-STEP (7737)
317-232-1144
www.infirststeps.com
First Steps assures that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home. Families can contact their county office for more information on eligibility and available services.

Educational Resources

National Association for the Education of Young Children (NAEYC)
1509 16th St., NW
Washington, DC 20036
800-424-2460
202-232-8777
www.naeyc.org

Mental Health

American Psychiatric Association
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209
888-35-PSYCH (77924)
www.psych.org

National Institute of Mental Health
Public Information Office
6001 Executive Blvd.
Bethesda, MD 20892-9663
866-615-6464

Sexuality

Planned Parenthood
810 Seventh Ave.
New York, NY 10019
212-541-7800
www.plannedparenthood.org
Community resource programs and educational materials, such as brochures, videos and books, are available at various health centers located throughout the state. Call 800-230-PLAN (7526) to find the nearest Planned Parenthood.

Sexuality Information and Education Council of the United States
90 John St., Suite 704
New York, NY 10038
212-819-9770
www.siecus.org

Special Needs

Camp Riley
Riley Children's Foundation
50 S. Meridian St., Suite 500
Indianapolis, IN 46204
317-634-4474
www.rileykids.org/camp
Provides traditional camp experiences for children with disabilities.

About Special Kids (ASK)
7275 Shadeland Ave., Suite 1
Indianapolis, IN 46250
317-254-8683
800-964-4746
www.aboutspecialkids.org
A nonprofit organization where parents, professionals and volunteers work together to support children with special needs.

Substance Abuse

Al-Anon/Alateen Family Group Headquarters
1600 Corporate Landing Parkway
Virginia Beach, VA 23454
888-AL-ANON (888-425-2666)
757-563-1600
www.al-anon.alateen.org

National Clearinghouse for Alcohol and Drug Information
11300 Rockville Pike
Rockville, MD 20847-2345
800-729-6686 (phone)
240-221-4292 (fax)
www.ncadi.samhsa.gov

PRIDE Youth Programs
4 West Oak St.
Fremont, MI 49412
800-668-9277 (phone)
231-924-5663 (fax)
www.pridevouthprograms.org

Students Against Destructive Decisions (SADD)
Formerly Students Against Driving Drunk
255 Main St.
P.O. Box 800
Marlboro, MA 01752
877-SADD-INC (723-3462) phone
508-481-5759 (fax)
www.saddonline.com

Web Sites for Parents and Kids

PBS Kids
www.pbskids.org
This Web site is great for children and adults. Kids enjoy their favorite PBS characters while reading, playing games, and doing other educational activities. This site also offers parents several educational goals for children of all ages (ages 2 – 12).

World of Discovery
www.discovery.com
Created by the Discovery Channel, this Web site offers many activities to share with your preschooler (age 3 and up).

The Children's Literature Web Guide
www.reachoutandread.org — National Early Literacy Program
This Web site for parents provides a collection of information about children's literature. It includes information about children's book awards, popular children's authors and additional resources found on the Web. For books about reading aloud to your child, visit the Web site, www.reachoutandread.org

Toll-Free Help Lines

AIDS

Centers for Disease Control and Prevention AIDS Hotline
800-CDC-INFO or 800-232-4636

ALCOHOL AND DRUGS

Hazelden Foundation (drug and alcohol treatment)
800-257-7810

BABYSITTING

Safe Sitter Inc.
8604 Allisonville Rd., Suite 248
Indianapolis, IN 46250-1597
317-596-5001 or 800-255-4089 (phone)
317-596-5008 (fax)
www.safesitter.org

CHILD ABUSE

National Child Abuse Hotline
800-422-4453

CONTRACEPTION

Planned Parenthood
800-230-7526

CRISIS

Adolescent Crisis and Intervention and Counseling Hotline
800-999-9999

DEPRESSION

National Suicide Prevention Lifeline
800-273-8255

PREGNANCY

Crisis Pregnancy Counseling Center and Adoption
800-441-2670

Planned Parenthood
800-230-7526

RUNAWAY

National Runaway Switchboard Hotline
(for parents and for runaways)
800-RUNAWAY (800-786-2929)

SEXUAL IDENTITY

Gay and Lesbian Hotline
888-843-4564
Monday-Friday, 4 p.m. – midnight EST; Saturday, noon – 5 p.m. EST

SEXUALLY TRANSMITTED INFECTION

Centers for Disease Control and Prevention AIDS Hotline
and Sexually Transmitted Disease Hotline
800-CDC-INFO (800-232-4636)