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Well Child Care at 15 Months

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Nutrition: Your child should be learning to feed himself. He will use his fingers and maybe start using a spoon. This will be messy. Make sure to cut the food up into small pieces so your child won't choke. Children need nutritious snacks like cheese, fruit, and vegetables. Do not use food as a reward. By now your 15 month old should be using a cup. If your child is still using a bottle, it may start to cause problems with his teeth and might cause ear infections. A child at this age may be sad to give up a bottle, so try to replace it with another treasured item - perhaps a teddy bear or blanket.

Development: Toddlers are very curious and want to be the boss. This is normal. Watch your child closely. If they are safe, this is a time to let your child explore new things. As long as you are there to protect your child, let him satisfy his curiosity. Stuffed animals, toys for pounding, pots, pans, measuring cups, empty boxes, and Nerf Balls are some examples of toys your child may enjoy. Toddlers start to have temper tantrums at about this age. Trying to reason with or punish your child may actually make the tantrum last longer. It is best to make sure your toddler is in a safe place and then ignore the tantrum. You can best ignore the tantrum by not looking directly at him and not speaking to him or about him to others when he can hear what you are saying. Toddlers may also want to imitate what you are doing. Sweeping, dusting, or washing play dishes can be fun for children. Finally, reading to your child should be a part of every day. Children that have books read to them learn more quickly. Choose books with interesting pictures and colors.

Safety tips

Avoid Choking and Suffocation

- Keep plastic bags, balloons, and small hard objects out of reach.
- Use only unbreakable toys without sharp edges or small parts that can come loose.
- Cut food into small pieces. Avoid foods on which a child might choke until they are four (popcorn, peanuts, hot dogs, chewing gum).

Prevent Fires and Burns

- Keep lighters and matches out of reach.
- Don't let your child play near the stove.
- Use the back burners on the stove with the pan handles out of reach.
- Turn the water heater down to 120°F (50°C).

Car Safety

- Never leave your child alone in the car.
- Use an appropriate toddler car seat correctly and keep it rear facing until age 2 years.

Pedestrian Safety

- Hold onto your child when you are around traffic.
- Supervise outside play areas.

Prevent Drowning

- Never leave an infant or toddler in a bathtub alone - **NEVER. Not even for a second.**
- Continuously watch your child around any water, including toilets and buckets. Keep toilet seats down or locked, never leave water in an unattended bucket, and store buckets upside down.

Poisons

- Keep all medicines, vitamins, cleaning supplies, etc. locked away.
- Put the poison center number on all phones (including your cell phone). 1 (800) 222-1222
- Purchase all medicines in containers with safety caps.
- Do not store poisons in drink bottles, glasses, or jars.

Appetite Slump in Toddlers: Between 1 and five years old, it is normal for a toddler's appetite to slow down. It will probably seem like your child doesn't eat enough, is never hungry, or won't eat unless you spoon-feed her yourself. As long as your child's energy level is normal and she is growing normally, your child's appetite is naturally slowing down.

What is the cause? Between 1 and 5 years of age many children normally gain only 4 to 5 pounds each year even though they probably gained 15 pounds during their first year. Children in this age range can normally go 3 or 4 months without any weight gain. Because they are not growing as fast, they need fewer calories and they seem to have a poorer appetite. How much a child chooses to eat is controlled by the appetite center in the brain. Kids eat as much as they need for growth and energy. Many parents try to force their child to eat more because they fear that her poor appetite might cause poor health or nutritional deficiency. This is not true, however, and forced feeding can actually decrease a child's appetite.

How long will the appetite slump last? Once you allow your child to be in charge of how much she eats, the unpleasantness at mealtime and your concerns about her health should disappear in a matter of 2 to 4 weeks. Your child's appetite will improve when she becomes older and needs to eat more.

What can I do to help my child?

- **Put your child in charge of how much he eats at a mealtime.**

Trust your child's appetite center. Your child's brain will make sure he eats enough calories for normal energy and growth. Your only job is to serve well-balanced meals. If your child is hungry, he will eat. If he's not, he will be by the next meal. Even reminding him to eat or to eat more will work against you.

- **Allow one small snack between meals.**

The most common reason for some children never appearing hungry is that they have so many snacks that they never become truly hungry. Be sure your child arrives at mealtime with an empty stomach. Offer your child no more than two small snacks of nutritious food each day, and provide them only if your child requests them. Avoid carbohydrate snacks like crackers or gold fish. Keep the size of the snack to 1/3 of what you would expect him to eat at mealtime. If your child is thirsty between meals, offer water. Let your child miss snacks if she chooses and then watch the appetite return. Even skipping an occasional meal is harmless.

- **Never feed your child if he is capable of feeding himself.**

Parents of a child with a poor appetite will tend to pick up the spoon, fill it with food, smile, and try to trick the child into taking it. Once your child is old enough to use a spoon by himself (usually 12 to 15 months), never again pick it up for him. If your child is hungry, he will feed himself. Forced feeding is the main cause of power struggles.

- **Limit milk to 8 to 10 ounces of whole or 2% milk per day**

Milk contains many calories. Drinking too much milk can fill kids up and dull their appetites. Excessive milk or juice is a common cause of a poor appetite for solid food. We do not recommend juice.

- **Serve small portions of food - less than you think your child will eat.**

A child's appetite is decreased if she is served more food that she could possibly eat. If you serve your child a small amount on a large plate, she is more likely to finish it and gain a sense of accomplishment. You might consider keeping the total amount of solid food at each meal to the size of your child's fist. If your child seems to want more, wait for her to ask for it. Avoid serving your child foods that she dislikes (such as some vegetables). However, recognize that your child's tastes will change over time and you should try to reintroduce these foods 6 to 12 months later. It's nice to eat meals together as a family where your child can see you eating veggies.

- **Consider giving your child daily vitamins.**

We recommend 400 IU of Vitamin D per day.

- **Make mealtimes pleasant.**

Draw your child into mealtime conversation. Avoid making mealtimes a time for criticism or struggle over control.

- **Avoid conversations about eating.**

Don't discuss how little your child eats in her presence. Trust your child's appetite center to look after her food needs. Also, don't praise your child for eating a lot. Children should eat to please themselves.

- **Don't extend mealtime.**

Don't make your child sit at the dinner table after the rest of the family is through eating. This will only cause your child to develop unpleasant feelings about mealtimes.

- **Common mistakes.**

Parents who are worried that their child isn't eating enough may start some irrational patterns of feeding. Some wake the child at night to feed her. Some offer the child snacks at 15 to 20 minute intervals throughout the day. Others permit snacks that are larger than a regular meal. Some try to make the child feel guilty by talking about other children in the world who are starving. Others beg, offer rewards to the child or follow them around with food. Some parents force their children to sit in the high chair for long periods of time after the meal has ended. The most common mistake is picking up a child's spoon or fork and trying various ways to get food into her mouth.

Healthy Habits for healthy kids: For happy, healthy kids: *Choose seasonal, fresh, and local food. Make half your meal fruits and vegetables. Eat Whole Grains and lean meats. Drink water.

When should I call my child's health care provider?

Call during office hours if:

- Your child is losing weight.
- Your child has not gained any weight in 6 months.
- Your child also has symptoms of illness (for example, diarrhea or fever).
- Your child gags on or vomits some foods.
- Someone is punishing your child for not eating.

Immunizations: At the 15 month visit, your child will receive shots. Your child may run a fever and be irritable for about 1 day and may also experience soreness, redness, and swelling in the area where the shots were given. You may give your child acetaminophen for fever and irritability. For swelling and soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed for comfort.

Call your physician if:

- Your child has a rash or any reaction to the shots other than fever and mild irritability.
- Your child has a fever that lasts more than 36 hours.

Hepatitis A Vaccine: What you need to know Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. Hepatitis A can cause:

- mild “flu-like” illness
- jaundice (yellow skin or eyes)
- severe stomach pains and diarrhea

People with Hepatitis A often have to be hospitalized (up to 1 person in 5). Sometimes, people die as a result of hepatitis A (about 3-5 deaths per 1,000 cases). A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A vaccine can prevent hepatitis A.

Who should get hepatitis A vaccine and when? Some people should be routinely vaccinated with hepatitis A vaccine:

- All children 15 through 23 months of age.
- Persons 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see www.cdc.gov/travel.
- Children and adolescents through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- People who use street drugs.
- People with chronic liver disease.
- People who are treated with clotting factor concentrates. Other people might get hepatitis A vaccine in certain situations:

Hepatitis A vaccine is not licensed for children younger than 1 year of age.

WHEN? For children, the first dose should be given at 15-18 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits. For travelers, the vaccine series should be started at least one month before traveling to provide the best protection. Persons who get the vaccine less than one month before traveling can also get a shot called immune globulin (IG). IG gives immediate, temporary protection. For others, the hepatitis A vaccine series may be started whenever a person is at risk of infection. **Two doses** of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart. Hepatitis A vaccine may be given at the same time as other vaccines.

Some people should not get hepatitis A vaccine or should wait.

- Anyone who has ever had a severe (life threatening) **allergic reaction to a previous dose** of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your doctor if your child has any severe allergies. All hepatitis A vaccines contain alum and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your doctor or nurse. People with a **mild illness** can usually get the vaccine.

What are the risks from hepatitis A vaccine? A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of hepatitis A vaccine causing serious harm, or death, is extremely small. Getting hepatitis A vaccine is much safer than getting the disease.

Mild problems

- soreness where the shot was given (about 1 out of 2 adults, and up to 1 out of 6 children)
- headache (about 1 out of 6 adults and 1 out of 25 children)
- loss of appetite (about 1 out of 12 children)
- tiredness (about 1 out of 14 adults)

If these problems occur, they usually last 1 or 2 days.

Severe problems: • serious allergic reaction, within a few minutes to a few hours after the shot (very rare).

What if there is a moderate or severe reaction? What should I look for?

- Any unusual condition, such as a high fever or behavioral changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967. VAERS does not provide medical advice.

The National Vaccine Injury Compensation Program: In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed. For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):

- Call **1-800-232-4636 (1-800-CDC-INFO)**

-Visit CDC's website at www.cdc.gov/hepatitis or www.cdc.gov/vaccines

Tooth Decay Prevention: Tooth decay is when the enamel of a tooth is destroyed. It may cause toothaches, lost teeth, malocclusion (poor bite), and costly visits to the dentist. Fortunately, modern dentistry can prevent 80% to 90% of tooth decay.

How can I help my child prevent tooth decay?

Here are some tips for raising cavity-free kids.

Bacterial colonization

Tooth decay is caused by acid-producing bacteria. The mouth contains a variety of bacteria, but only a few species are believed to cause dental caries. *Streptococcus mutans* and *Lactobacilli* are the most common causes. Babies are born without these bacteria in their mouths. Typically they are spread from parents (esp. mothers) to babies when adults put things from their mouths into their children's mouths. To prevent spreading these bacteria, never "clean" a spoon or pacifier by putting it in your own mouth and never feed a child food which was in your mouth first.

Fluoride builds strong, decay resistant enamel and reduces cavities by 70%. Because the San Diego water system is fluoridated most San Diego County children do not need added fluoride. To get enough fluoride from drinking water, a child must drink at least 1 pint of fluoridated water each day. By school age a child should drink 1 quart of fluoridated water per day. Fluoride is safe. Over half of all Americans drink fluoridated water. Fluoride has been added to the water supply for over 50 years.

If fluoride isn't added to your city's water supply, ask your health care provider for a prescription for fluoride drops or tablets during your next routine visit. The dosage of fluoride is:

- 0.25 mg per day for children 3 to 5 years old.
- 0.5 mg per day for children over 6 years of age.

Mixing fluoride with milk reduces absorption of the fluoride to 70%. For this reason, if fluoride is prescribed you should give fluoride to your child when he or she has an empty stomach. Do not give the fluoride with any calcium containing liquids or foods.

Bottled water usually doesn't contain fluoride. Call the bottled water producer for information. If your child drinks bottled water containing 0.6 or less parts fluoride per million, ask your provider for a supplement.

One concern about fluoride is white spots or mottling on the teeth (called fluorosis). This can occur when a child has 2 mg or more of fluoride per day. Children may get too much fluoride if they receive fluoride supplements when fluoride is already present in the water supply. Occasionally they can get extra fluoride by eating their toothpaste. A ribbon of toothpaste contains about 1 mg of fluoride. Therefore, people of all ages should only use a drop of toothpaste the size of a pea. This precaution and encouraging your child not to swallow most of the toothpaste will prevent fluorosis.

Tooth brushing and flossing: The purpose of tooth brushing is to remove plaque from the teeth. Plaque is the invisible scum that forms on the surface of teeth. Within this plaque, mouth bacteria change sugars to an acid, which in turn etches the tooth enamel. Tooth brushing should begin before a child is 1 year old. Help your child brush at least until after the age of 6 years. Most children don't have the coordination or strength to brush their own teeth adequately before then. If your child is negative about tooth-brushing, have him brush your teeth first before you brush his.

Try to have your child brush his teeth after each meal, but especially after the last meal or snack of the day. To prevent mouth bacteria from changing food caught in the teeth to acid, brush the teeth within the first 5 to 10 minutes after meals. If your child is in a setting where he can't brush his teeth, teach him to rinse his mouth with water after meals instead. Brush the molars (back teeth) carefully. Decay usually starts in the pits and crevices in these teeth. Dental floss is very useful for cleaning between the teeth where a brush can't reach. This should begin when your child's teeth start to touch. In the early years, most of the teeth have spaces between them. A fluoride toothpaste is beneficial at all ages starting at 1 year.

Diet: A healthy diet from a dental standpoint is one that keeps sugar concentration in the mouth at a low level. The worst foods for your teeth contain sugar and also stick to your teeth. Avoid letting your child carry around a sippy-cup during waking hours. Young children who use milk, juice or other sweetened liquid for comforting, are prone to severe dental decay. Discourage your child from eating foods such as hard candy or sticky sweets (for example, cookies, crackers, caramels, fruit chews, or raisins). When a child eats these foods his or her teeth are in contact with sugar for a long time. Since no-one can keep children away from candy completely, try to teach your child to brush after eating it. Avoid frequent snacks and offer foods that contain sugar with meals only.

Dentist visits

Dental checkups should begin between the ages of 1 to 3 years (sooner for dental symptoms or teeth that look abnormal).

Next Visit: Your child's next visit should be at the age of 18 months. Bring your child's shot card to all visits.