



## Fifteen Month Preventive Exam

### Development

Many 15-month-olds are walking, running, and climbing, though some aren't quite ready yet. These are usually children with cautious personalities. Your child should be understanding speech, following simple commands like "Bring me your shoes," and pointing to some body parts. She should be starting to say at least 3-5 words other than "mama" and "dada". Remember, you can help your child's developmental progress by talking to her, reading, and singing. Narrate your child's gestures. For example, if she points to a book say "You are pointing to a book. Do you want it?" Throughout childhood, reading to kids is one of the best things we can do for them. Avoid exposing her to television and screens, except for Skype or face time with family members, until 2 years.

Stranger anxiety and anxiety connected with separation from a caregiver is still common at this age. Some children are slow to warm up while others are outgoing. Continue to put her to bed at the same time each evening, while still drowsy. Even if your child has been sleeping well, some children go through a short period of night waking. If your child awakens, do not give her excess attention – rather a brief visit with reassurance. Consider using a night-light. Avoid giving bottles, using TV's, or other digital media.

Tantrums are not unusual at this age (yes, they start before the "terrible twos"). Some of the triggers for tantrums and conflict between parents and toddlers can be avoided through creative strategies. Techniques include distracting her by offering alternative activities, letting her choose the book and turn the pages, and being willing to accept minor inconveniences like messy eating. Be selective and consistent when using the word "no". Pay attention to behaviors you like; as much as possible, just ignore those you do not like. Time-out is an effective technique to avoid negative attention. Time-out should be brief (60-90 seconds). Effective time-out techniques have the following 3 components: use a calm voice; use as few words as possible, such as "children who hit must do a time-out;" and end time-outs by looking forward to the future, such as "let's have a hug and go play." Try not to recall the negative behavior because it indicates you will pay attention to that negative behavior. Research shows physical punishment, such as spanking, has adverse outcomes and shows no long term benefit. It increases the risk for injury and can lead to increased aggression in your child now and in the future.

### Diet

Continue to offer your toddler all types of foods. You should avoid hard, small foods like nuts, popcorn, and peanuts that could be choked on. Encourage drinking from cups, mostly water. Try to offer a good variety of foods, but don't worry if your child is picky and has a variable appetite. Kids don't grow as fast this year as they did in the first year of life, so they often don't need to eat nearly as much. Many toddlers only eat a few bites or may skip meals entirely. If his growth is normal, this is nothing to be worried about. Stick to your guns if your child starts rejecting foods he used to eat well. Continue to give them to him and don't fall into the trap of offering only his favorite foods when he rejects what you've prepared.

## Oral health

Gently clean your child's teeth and gums twice a day with a smear of fluoridated toothpaste, no larger than a grain of rice. Allow her to try brushing on occasion to avoid conflict, but children at this age do not have the dexterity to brush effectively. Avoid sharing utensils or cups with her because it introduces your own bacteria into her mouth, which can contribute to tooth decay. She should only be drinking from a cup now (straw cup, no spill cup, etc), not a bottle. If you're having trouble getting her off the bottle, offer only water in the bottle.

## Safety

Keep baby powder, household cleaners, tide pods, and E-Cigarettes out of reach as accidental ingestions and aspirations may occur. Nicotine cartridges from e-cigarettes are especially dangerous. Keep firearms locked up with ammunition stored separately. Avoid baby walkers and Bumbo sitters. It's important to keep your car, home, and other places where your baby spends time free of tobacco smoke and E-cigarette vapor. Ensure your house is child-proofed if you have not already done so. Make sure the crib mattress is at the lowest level. Move dangerous chemicals such as drain cleaners and dish-washing detergents out of your baby's reach. If your child ingests anything potentially poisonous, **call Poison Control at 800-222-1222**. Kitchen safety includes turning pot handles towards the back of the stove, making sure your child cannot reach the microwave so he cannot remove hot liquid or food, and not leaving hot liquids or heavy objects on a table with a tablecloth that he may pull down.

Continue to use an approved, rear-facing car seat. Your child has likely outgrown the infant rear facing seats and you can transition to a convertible or 3-in-1 car seat approved for rear facing to higher weights and heights. Your child will be the safest rear facing until he outgrows the manufacturer limits (for height/weight) of the car seat, which should be beyond 2 years old. Your own safe driving behaviors are important as well. Use a seat belt, do not drive under the influence of drugs or alcohol, and do not text or use mobile devices while driving.

As your child becomes more mobile, it is extremely important to supervise him around any body of water. If you have a pool, it should be fully enclosed and equipped with self-closing gates. Buckets of water and kiddie pools should be emptied when not in use. **REMEMBER, IT ONLY TAKES SECONDS TO DROWN.** Sun exposure should be limited at any age, but a baby's skin can be especially sensitive. When outside, protective clothing should be worn and sunscreen should be applied. See the [Sunscreen](#) page in the parent information section of our website for more information.

## What to expect at this visit

A developmental screen should be completed before the visit. Please let us know if your child has any exposure to lead. We may apply fluoride varnish at this visit if your child has teeth and is not established with a dentist. Immunizations given at this visit include: Pentacel (DTaP-Polio-Hib combination) and Prevnar13 (Pneumococcal conjugate vaccine. Flu vaccine may be given at this visit, if in season. Fever, fussiness, drowsiness, decreased appetite, redness, swelling (sometimes in the form of a sore lump) at one of the injection sites may occur for 24 to 48 hours after the vaccines. The lump may persist for weeks following vaccination and will resolve with time. Use acetaminophen or ibuprofen as needed. See our [Medication Dosing Guide](#) for recommended dosing. Please call if a more severe reaction occurs (Fever of 105, convulsions, collapse, inconsolable for more than 3 hrs).

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