

12 month WellChild

naturopathic pediatrics





12 month well child guide to whole health

Weight _____ Length _____ Head _____

Notes for the 12 month visit

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2
B
O

12 month well child guide

Development

Your baby:

- Is probably crawling, cruising, and possibly walking! (If she is not walking yet, don't worry, most babies walk between 9 and 17 months.)
- Is playing with all sorts of toys - push toys, pull toys, stacking blocks, sorting objects, doing easy puzzles, playing with cars.
- Is saying 1-3 words, or maybe more! (Remember that a "word" is any sound that is consistently used to mean the same thing. It might be "shhhh" for "shoe," or "Buhbuh" for bottle.)
- Follows simple commands like "Go get the block!"
- Is beginning to use objects "correctly" (drinking from a cup, pretending to use the phone).

When to be concerned:

If your baby:

- Has his eyes cross frequently or wander. (This is normal in newborns, but most babies typically grow out of this by 12 months.)
- Doesn't crawl, or can't stand when supported.
- Doesn't search for things she sees you hide.
- Doesn't say at least one word.
- Doesn't use gestures like waving hands, gesturing "up."
- Doesn't point to things.
- Loses skills he once had.

Diapers:

Your baby should have a bowel movement at least every day that is firm or semi-solid.

Unless you have done Elimination Communication, most children are not ready for toilet training (potty training) until they are about 2 years of age.

Sleep:

At 12 months babies typically nap 1-2 times per day. **Many babies around 12-18 months make the "2 to 1" nap transition.** This can be challenging for parents and babies! Tips for making the transition easier:

- Try shortening the morning nap and allowing a longer afternoon nap.
- Try doing a quiet time in the morning instead of a true nap.
- Try moving the morning nap later and later by 15-20 minutes each day until you reach one long mid-day/afternoon nap.
- For babies who have already dropped the 2nd nap try putting your child to bed 1-2 hours earlier to make up for lost sleep.
- Remember - it gets better! Most children fully make the switch to 1 nap in a few weeks to a few months.

At **12 months most babies are sleeping through the night.** If you continue to nurse during the night please make sure you brush your baby's teeth carefully before bed to remove any food residue. Food residue plus breastmilk during the night can increase the risk of cavities.

Social & Language development

Between 12 and 18 months babies begin exploring the world more and more independently. Many babies compensate for this by alternating independence with moments of extreme clinginess with their caregiver. You can help your child by having extra special "cuddle" sessions. This lets them know they have a safe base to return to.

Separation anxiety peaks at around 12 months of age.

Screen time

We recommend **NO screen time** for children under 2 years of age. Research shows that screen time has lasting negative effects on brain development in children under 2 years of age. Language development, short-term memory, attention, and emotional intelligence all take a hit when kids are exposed to TV time, even when a TV is on "in the background." Please wait until your child is 2 to introduce screen time.

Tantrums become very common at twelve months. **Help your child regulate his emotions by naming his feeling out loud - e.g., Happy, Sad, or Mad.** Use words to tell him what is coming next. Explain things clearly, using short, easy-to-understand sentences.

At this stage in development your baby is learning language at a rapid rate. Learning to communicate is one of the most crucial steps in development. Children who can communicate their needs and wants clearly will have less tantrums and behavior problems. Here are some tips to encourage your child's language development:

- Speak to your child constantly, even when it seems like she doesn't understand. Point to objects and name them repeatedly. Make sure your baby sees your mouth and lips when you teach them new words.
- Research suggests that children who are encouraged to gesture (or use Baby Sign Language) develop verbal language faster.
- Research suggests that when parents and caregivers use large vocabulary and complex sentences that it helps children learn complex language as well. In other words - skip the baby talk! Speak clearly and repeat yourself if necessary, but avoid using a lisp or baby phrases. Using a sing-song voice is actually helpful for babies as it helps them understand intonation.

Vision

- By 12 months babies can typically see across a room and can differentiate "near" from "far" objects. They can detect caregivers from across a room as well.
- You can encourage development of the "seeing" part of the brain (the occipital lobe) by rolling a ball back and forth to encourage your baby's eyes to track the motion smoothly.
- By now your baby has their permanent eye color!

Diet:

At this point your baby should be eating solid foods readily. She has probably moved beyond purees and is eating at least some table foods.

We know that the food choices of young children are related to their risk for obesity later in life. Continue to encourage healthy eating habits by modeling good eating behavior. Make sure to **offer your child healthy eating choices** (vegetables, healthy proteins, whole grains and fruits), even if your child refuses them from time to time.

Most parents find that the appetite of their toddler diminishes after 12 months of age. Many toddlers also become picky eaters as they begin to exercise their independence. Never force your child to eat. **Offer 3 meals per day plus 1-2 snacks.** Your child will eat if he is hungry. Set out healthy foods and let him choose what to eat.

Do not allow your child to “eat on the run” - prevent choking.

You can now introduce cow's milk* or other milk alternatives. We recommend starting with organic, grass fed whole milk from a local source if it is available and affordable. Some children tolerate cow's milk well, others do not - speak with your physician if your child is not tolerating cow's milk. If your child does not tolerate cow's milk you will want to focus on foods high in calcium.* Children have a higher need for calcium than adults do, because their bones are growing rapidly. Calcium deficiency will lead to nighttime growing pains, and may even contribute to osteoporosis when they reach late adulthood. Calcium intake should be balanced with other nutrients that help bone growth including magnesium, vitamin C, and vitamin K2.

Go ahead and **let your child use a spoon and an open-faced cup.** (Yes, it is messy, but it's good for them to learn!)

Safety & General Health Tips

- **Take your child to their first dental visit!**
- **Use only shoes with a flexible sole.** Avoid rigid-soled shoes, as these make it difficult for your baby to develop the muscles needed for walking. Consider leather-soled shoes.
- Many babies and toddlers begin walking with a bow-legged, in-toed, or out-toed walking pattern (or “gait”). This is completely normal. Most children outgrow this by age 2, though some children continue to have an abnormal gait until age 4 (or beyond, in some cases).
- Save the **Poison Control Center number** to your phone: 1-800-222-1222. If your baby swallows a suspected poison, unknown pill or any unintended medication call this number. Take your child to the emergency room if she requires immediate medical care. You may want to consider adding Activated Charcoal to your at-home medical kit, in case of a poisoning emergency. Always speak with your physician or Poison Control Center before administering Activated Charcoal.
- **Upper respiratory tract** infections (the common cold) are incredibly common in toddlers. Kids average about six colds per year. Antibiotics are useless for colds (colds are viral, and antibiotics only help with bacterial infections). Check out our articles about **Croup***, **Cough***, and **Foods to Eat When You Or Your Child are Sick.***
- Are YOU safe at home? National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at <http://www.ndvh.org/>
- Keep your child in a rear-facing carseat until age 2.

Vaccines*

Again, **we want to make it clear that we support families regardless of whether/how they choose to vaccinate.** It is our goal to provide unbiased information on vaccines to allow parents to make a choice they feel good about!

The following vaccines are recommended by The Advisory Committee on Immunization Practices (ACIP) at your baby's 12 month visit: **PCV** (Pneumococcal), **Hepatitis A** and **Hib** (Haemophilus influenza B - this is not the flu vaccine, it is a bacteria that can cause meningitis).

Depending on the brand used, some babies may not need this dose), ACIP recommends **MMR** (Measles, Mumps and Rubella) and **Varicella** (Chickenpox) be given between the ages of 12 and 15 months. Giving the MMR and Varicella vaccines as a combination shot doubles the risk of febrile (fever-related) seizures. Most practitioners choose to give these vaccines separately.

MMR and Varicella vaccines are live-virus vaccines. It is very common (and normal!) to have a more robust immune response to these vaccines than to the previous vaccines given. To reduce the risk of adverse effects **do not interfere with the immune response.**

Fevers are very common. A rash, either around the injection site, or even a full-body rash is also quite common. Fevers and rashes can occur up to two weeks after vaccination. Speak with your physician if you are concerned about your child's response to these vaccines. Again, we do not recommend administering Tylenol (Acetaminophen or Paracetamol) around the time of immunization, particularly with live virus vaccines. Tylenol can both interfere with the immune system response and has the tendency to deplete glutathione, a very important antioxidant.

If you are concerned that your baby is having a vaccine reaction please see the Naturopathic Pediatrics 2 month well child handout or see the [Vaccine Reactions*](#) blog post on the website.

Speak with your physician if you are planning on delaying or declining these vaccines.

Vaccines given this visit (Circle administered R or L leg)

- **Hib** R/L
- **MMR** R / L
- **Hepatitis A** R / L
- PCV** R / L
- Varicella** R / L



Coming up...

What to expect from your baby between 12 months and 15 months:

- She will say at least 3 words!
- He will probably be walking well.
- She will be able to scribble with a crayon.
- He will probably start having many more tantrums. (Sorry folks! This is normal!)

My child's milestones:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Topics listed with an asterisk (*) have more information published on www.naturopathicpediatrics.com. Simply type the underlined phrase into the search box to find additional articles.

Sambucus nigra

Common name: Elderberry

Part used: Berry. (The flower is used for different medicinal purposes.)

Medicinal constituents: minerals, vitamins, sambucin, anthocyanosides, pectin.

Use for: Elderberry is a wonderful, very safe herb typically used for acute viral infections like influenza or other cold viruses (like adenovirus). Elderberry has been shown to have specific antiviral effects against influenza A and B as well as antimicrobial actions against both gram positive and gram negative bacteria. This may make it helpful in preventing bacterial super-infections like bacterial pneumonia. However, in order to be effective in reducing cold or flu symptoms Elderberry must be taken as soon as the first symptom appears. Research also shows that elderberry must be given frequently (at least 4 times daily) and in relatively high dosages to be effective.

Safety: Gastrointestinal side effects are somewhat common. Watch for nausea or stomachaches and discontinue use if side effects are bothersome. Not all children (or adults) can tolerate Elderberry. Safe in breastfeeding. Category B2 in pregnancy, but considered safe by most midwives and herbalists.

Typical dose recommended by herbalists**⁻⁵

Age/weight	Dose	Form
Adult (approx 150 lbs)	Acute: 5 -10 ml (1-2 teaspoons) every 2-3 hours at the first sign of symptoms. Continue taking at least 4 times daily until symptoms begin to improve. Daily for prevention: 5 ml daily.	Syrup or glycerite.
75-100 pounds	Acute: 2 - 8 ml every 2-3 hours, as above. Daily for prevention: 2-3 ml daily.	
35-75 pounds	Acute: 1.25 - 5ml (1/4 - 1/2 teaspoon) every 2-3 hours, as above. Daily for prevention: 1.25-2.5 ml daily.	
20-35 pounds	Acute: 0.75-2.5 ml (or approximately 1/8 - 1/2 teaspoon) every 2-3 hours, as above. Daily for prevention: 0.75-1.25 ml daily.	

**These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease. This monograph is provided for informational purposes only and is not medical advice. Always consult your physician before using any herbal substance. **Always consult a physician for appropriate dosage before use.*



Medication / Supplement list

	Name / Brand / Generic	Dose	Timing	Reason for taking	Notes
<input type="checkbox"/>	<i>Example: Probiotic: Ther-Biotic Infant</i>	<i>1/4 tsp oral</i>	<i>once daily</i>	<i>eczema</i>	<i>Mix with applesauce.</i>
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Appointment log

Date	Provider	Reason seen / other notes	Next appointment

Lab work / tests / procedures

Date	Test / procedure	Result	Comments

Insurance information

Patient Name:	Date of Birth:
Address:	Phone Number of insured: Cell: Home: Work:
Primary Insurance Company:	Policy Number:
Name of Insured:	Insured's DOB:
Insured's Relationship to Patient:	Group Number:
Send Claim To:	Deductible: Individual: Family:
Insured's Employer (if relevant)	
Is prior authorization needed? Yes No	
Insurance phone / customer service / other contact	
Policy Notes. (Deductible, case manager, etc.)	

Specialists:

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Breastfeeding log

Day:									
Time:	Minutes:		Side:			Comments:			
			L	/	R				
			L	/	R				
			L	/	R				
			L	/	R				
			L	/	R				
			L	/	R				
			L	/	R				
			L	/	R				
			L	/	R				
			L	/	R				
Wet diapers (circle W for each wet diaper)	W	W	W	W	W	W	W	W	W
Bowel movements / Poopy diapers	BM	BM	BM	BM	BM	BM	BM	BM	BM
Other notes:									

Bottles / solid foods

Day:			
Time:	Ounces / mL offered:	Ounces / mL consumed:	Other foods given (jars, BLW) approximate amounts:
Total ounces consumed:			
Wet diapers (circle W for each wet diaper)	W	W	W
Bowel movements / Poopy diapers	BM	BM	BM
Comments:			

Vaccine Planning Chart

Vaccination	Dose	Recommended age for dosage per CDC	Minimum interval from previous dose	Minimum age for dose	Your schedule choice	Calendar Date or approx.
-------------	------	------------------------------------	-------------------------------------	----------------------	----------------------	--------------------------

Hepatitis B	1 of 3	Birth	----	Birth		
	2 of 3	1-2 months	4 weeks	4 weeks		
	3 of 3	6-18 months	8 weeks	24 weeks		

Notes:

Rotavirus	1 of 3	2 months (maximum 14 weeks)	----	6 weeks		
	2 of 3	4 months	4 weeks	10 weeks		
	3 of 3	6 months (maximum 8 months)	4 weeks	14 weeks		

Notes:

Diphtheria, Pertussis, Tetanus (DTaP)	1 of 5	2 months	----	6 weeks		
	2 of 5	4 months	4 weeks	10 weeks		
	3 of 5	6 months	4 weeks	14 weeks		
	4 of 5	15-18 months	6 months	1 year		
	5 of 5	4-6 years	6 months	4 years		

Notes:

Vaccination	Dose	Recommended age for dosage per CDC	Minimum interval from previous dose	Minimum age for dose	Your schedule choice	Calendar Date or approx.
-------------	------	------------------------------------	-------------------------------------	----------------------	----------------------	--------------------------

Haemophilus Influenza B (HIB)	1 of 3	2 months	----	6 weeks		
	2 of 3*	4 months	4 weeks	10 weeks		
	3 of 3*	6 months	4 weeks	14 weeks		
	4 of 4*	12-15 months	8 weeks	1 year		

Notes: *This is not the flu vaccine. It is a bacteria that can cause meningitis in infants. (*if given after a certain age these doses may be dropped. Certain brands of Hib do not require 3rd dose. Catch-up schedule varies depending upon the child's age. See your provider.)*

Polio (IPV)	1 of 4	2 months	----	6 weeks		
	2 of 4	4 months	4 weeks	10 weeks		
	3 of 4	6-18 months	4 weeks	14 weeks		
	4 of 4	4-6 years	4 weeks	18 weeks		

Notes:

Pneumococcus (PCV)	1 of 4	2 months	----	6 weeks		
	2 of 4*	4 months	4 weeks	10 weeks		
	3 of 4*	6 months	4 weeks	14 weeks		
	4 of 4*	12-15 months	6 months	1 year		

Notes: *(*if given after a certain age these doses may be dropped. Catch-up schedule varies depending upon the child's age. See your physician.)*

Vaccination	Dose	Recommended age for dosage per CDC	Minimum interval from previous dose	Minimum age for dose	Your schedule choice	Calendar Date or approx.
-------------	------	------------------------------------	-------------------------------------	----------------------	----------------------	--------------------------

Measles, Mumps, Rubella (MMR)	1 of 2	12-15 months	----	1 year		
	2 of 2	4-6 years	4 weeks	13 months		

Notes:

Varicella (Chicken pox)	1 of 2	12-15 months	----	1 year		
	2 of 2	4-6 years	3 months	----		

Notes:

Hepatitis A	1 of 2	12-23 months	----	1 year		
	2 of 2	(6 months after 1st dose)	6 months	----		

Notes:

General notes: Catch-up schedules vary for children with certain specific risk factors, for children doing international travel, for children >4 years of age (or for 3 year olds who will be turning 4 before the schedule is complete). This planning chart does not include the seasonal influenza vaccine, which is given only during flu season. There are many other specifics that don't fit into a small chart like this, so always follow your physician's advice regarding timing of vaccines.

