



YOUR WANDERING ONE YEAR OLD

You and your child have passed over much fertile turf during the last twelve months. You have learned to appreciate the initiative baby can take, and to encourage further learning through curiosity, assertion, and pleasurable give and take. Your infant is learning about limits in the new behaviors he/she learns, and how to use **social skills** to evoke warm interaction. Her/his **actions and feelings** may include anger, joy, sadness, puzzlement, anxiety, delight, pleasure, warmth and the ever-present curiousness. Discipline emphasis around this time continues to center on the supervising and protecting, not the punitive aspects. Now *is* the time for **consistency** to emerge, as the child needs to see that his/her world can be securely defined and depended on in the actions of his/her caretakers, and in their responses to particular behaviors. Remember that a one year old does not understand ‘right’ and ‘wrong’ and cannot be ‘reasoned with’. He/she does need to be quickly and unilaterally whisked away from danger and potential ‘wrong’ for the child. The only three things ever needing corrective discipline throughout your child’s life are disobedience, disrespect and dangerous behaviors. If a behavior does not fit in these categories, do not do a disciplinary procedure! It is a time for deliberation and planning, one that will set the stage for each level of disciplinary need.

Walking is the ‘model’ motor behavior achieved around this time, but many factors determine the day of that first toddling step, including temperament, former motor mastery, degree of cautiousness and curiosity. If progress continues, don’t be alarmed if your baby doesn’t walk even until 16 months or later (although discuss this with your doctor). Walking is exciting (new freedom), so other development may take a back seat for awhile. It’s very hard to carry, hold or diaper an independent one year old walker - - don’t feel rejected! If not walking, baby should be pulling to stand, cruising, trying to walk with support, and falling a lot! **Hand control** improves with a real ‘pincer’ (thumb-forefinger) grasp, and lots of pointing. He/she can fine tune hand movement in space, even for moving objects. Finger foods can be more neatly eaten. Baby may be able to put one object inside another; usually lots of toy banging is present. He/she may begin the age old, tireless game of ‘let’s see how many times I can get mom/dad to pick up the toy’ – try to limit yourself! **Cup use** should be well progressed. He/she may wave goodbye in the morning now. Crayon **drawing/scribbling** may actually start as well.

Language progresses from using ‘mama’ and ‘dada’ in the correct way to include immature jargonizing, (mimicking speech sounds and rhythm), without actually saying anything. One or two meaningful words may be added to the vocabulary about now. Even without words, baby is better at getting wants across, and may even follow a one step command. (Receptive speech skills outpace expressive for a long time yet). **Social** games depending on effective communication continue to evolve such as ‘patty-cake’, ‘peek-a-boo’, ‘so-big’, as imitation and symbol recognition are learned as means of communication. Your baby probably loves an audience and will ‘ham’ surprisingly well. He/she is jealous for your affection and attention – it doesn’t hurt to give it out in big

Special Notes About My Child.

doses when your child is behaving well. Your baby is now “smart” enough to uncover an object he/she has seen being hidden (*object permanence*). He/she also knows what to do actually DO with objects (that is, now not everything goes in the mouth – some things are appropriately shaken, squeezed, pulled and pushed). Because of all this learning and desire for more control, frustration may result in an occasional temper tantrum or “breath-holding” spell (more scary) – most can be ignored with return to positive interaction when the outburst has resolved. Lots of talking while doing the daily activities encourages speech development, as do big picture books. Spend time each day this way, and better command of language will speed the way out of some communication frustrations that may lead to tantrums. Most importantly, guard your child’s heart—no TV, video, or passive entertainment is encouraged. Vow now never to put a TV or computer in their bedroom.

Continue regular *bedtime* schedule and rituals (but never a bedtime bottle now). Also continue calming patterns for the crying infant at night. Put baby to bed before actually asleep, as before. Do not remove your infant from the crib unless ill or injured.

Greater manipulation and locomotion skills enable more expansive *play* behaviors. Continue to provide challenging, multi-use toys (e.g., a dump truck or shape-sorter). Studies have shown that early IQ scores are higher in infants with lots of responsive, (not passive), toys. Musical, moving, rhythmical, textured, variable, and versatile should be characteristics of toys (not necessarily expensive). Pop-up books are great! By now, you’ve had lots of play practice – sometimes after a full day the best play is some quiet loving, cuddling and cooing. Siblings may offer alternate play opportunity – make sure they understand baby’s limits. Safety of new toys should be monitored.

Never will *eating* time be as messy again – don’t worry, it will pass. Also don’t worry if appetite wanes and a new growth curve is settled on. Children do eat when they need to although sometimes it seems like it’s only one meal a day! Keep the plastic under the high chair and the bibs on. Cow’s milk is finally OK! *Milk or milk substitute* is necessary for proper amounts of protein, vitamin D, calories and calcium. If there is a problem with tolerance (gassiness, stool change, distention, diarrhea, etc.), discuss options with your pediatrician. *Fluoride* may still be prescribed (depending on water source) – hopefully eating will provide enough iron but if it doesn’t, a supplement may be needed. Many moms at this point elect to stop nursing although this is a very personal choice. Don’t let baby fill up too much on milk (16-24 oz. is enough). Keep servings small. Don’t be too persuaded by the baby food manufacturers’ alluring “combo plates” and desserts. Keep it simple! Read labels for nutrition and contents (your pediatrician can help you understand additives and nutrients).

Skin and diaper concerns (including sun screen) are as before. It is safer to use insect repellants with DEET than to get stung or bit! *Shoes* should be sturdy, roomy, flexible, breathable, and non-skid.

Starting at one year of age, vaccines will be given in the arm area, which is associated with a lower incidence of side effects at this age. Your pediatrician will discuss current recommendations and requirements. Pain reducers and/or cool compresses can still be used but you will observe less need for them due to vaccine reactions from here on.

Critically imperative remain accident prevention and safety! *Car seats* for all travel, stair gates, pool gates, and fences are all necessary with the new mobility. (You see, you didn’t need a walker anyway!). Watch hot liquids, dangling tablecloths, pots on the stove. No smoking! Sharp and small items should be searched out and eliminated (toddle around with your baby and see what mischief you can get into at that height). Keep outlets plugged, cords short, latches on windows and doors. Review fire escape equipment and plans, (smoke alarms alone are not enough—carbon dioxide detectors and heat alarms are also needed—they come in

combinations). Watch heaters, fireplaces, matches, thermostats. Keep emergency numbers handy. Keep medicines and chemicals **up**, especially! If guns are kept in the home, two step safety precautions are essential. Don't be tempted to prop baby on your lap for car, tractor, motorcycle, ATV, sled or any fast moving or mechanical ride. Studies prove that the strongest person cannot hold on to a child in an emergency accident situation!

Step back and assess how far the family has come. (Ready for another?). Be strong and courageous, there are lots of adversaries out there. Although you may mourn the passing of the "helpless" infant stage, he/she needs you more than ever in the days and weeks ahead.

Remember – "Easter eggs are all different outside but they're all alike inside" – Ruth Krauss

prepared by David L. Ragonese, M.D., F.A.A.P.

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