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AN IMPORTANT PART OF PARENTING INVOLVES KNOWING WHAT TO EXPECT FROM YOUR CHILD AT ANY GIVEN AGE.

As they grow, children change and acquire skills, and they require different things from you. The following section highlights some of the things you might expect to see in your young child. As newborns begin to settle in, sleeping and feeding become the focus of much of your attention. As babies move into toddlerhood, concerns over learning to talk, potty training, staying safe and establishing social relationships are some of the exciting challenges they face.
seeing your pediatrician

Visit schedule
After you return home from delivering your baby, your first pediatrician visit should usually be in the first two to four days and is usually scheduled before you leave the hospital. After that, your pediatrician will schedule regular visits as follows:

- 1 month.
- 2 months.
- 4 months.
- 6 months.
- 9 months.
- 1 year.
- 15 months.
- 18 months.
- 2 years.
- Each year after that until age 21.

What to expect at your pediatrician visit
By visiting your pediatrician regularly, you will help keep your child healthy and ensure that he or she is developing properly. At each visit, your child will receive a physical exam that will likely include measurements of his or her height, weight, and head circumference. Your pediatrician will also examine your child’s achievement of the appropriate developmental milestones.

The American Academy of Pediatrics details what you should expect at your child’s various stages of development:

Vaccine schedule
In 2010, the American Academy of Pediatrics published recommended schedules for childhood and adolescent immunizations that were approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians. The schedules reflect current recommendations for the use of vaccines licensed by the U.S. Food and Drug Administration.

These schedules can be found online.

Ages 0-18 vaccine schedule and catch-up immunizations for ages 4 months-18 years:

Ear infections (otitis media)
Perhaps the most common reason for visiting your pediatrician between well visits is ear infections. According to the American Academy of Pediatrics, these infections most often affect the middle ear when the small tubes inside the ear become clogged with fluid and mucus.

You can look for signs that might indicate your child is suffering from an ear infection:

- Tugging at ears.
- Crying more than usual.
- Experiencing ear drainage.
- Having trouble sleeping.
- Having balance difficulties.
- Experiencing hearing problems.

According to the American Academy of Pediatrics, ear infections often go away on their own and do not require medical attention. However, when an ear infection becomes more severe, your child might require antibiotics prescribed by your pediatrician. For a child who gets frequent infections, your pediatrician might recommend surgery to place small tubes inside the ear to relieve pressure and allow your child to hear better.

For more information on ear infections, visit Kids Health at http://kidshealth.org/parent/infections/index.html
SLEEP SCHEDULES MIGHT SEEM ALMOST IMPOSSIBLE WHEN YOUR NEWBORN FIRST COMES HOME, BUT GETTING YOUR CHILD ON THE ROAD TO SLEEPING ON A SCHEDULE IS IMPORTANT. Sleep routines mean that your days with your infant and toddler will be more predictable. Not only will this result in less stress for you as a parent, but it will also ensure that your baby or toddler is getting enough rest. The following are some sleep-related tips for babies and toddlers:

Most experts say that babies are generally ready to start a schedule at 3 to 4 months old. You should always follow the advice of your baby’s doctor (as well as trust your instincts as a mother) before starting a regular sleep schedule with your baby.²

Begin by taking cues from your baby. You will most likely see patterns develop over time. It might help to record your baby’s naps, feedings, playtimes, bedtimes, etc. in a notebook or on a computer to help you identify these patterns.³

Establish a bedtime routine. Pick a suitable bedtime and then prepare for bed with activities that are soothing. Your routine might consist of a warm bath, a story, a feeding and then lights out.⁴

Many newborns mix up their days and nights. You might need to teach your child the difference between day and night. Do this by keeping the house bright and sunny during the day, and dark and quiet at night. Socialize with your baby when you feed her or him during the day, but keep talking to a minimum at night.⁵

When your child gets older, adjust the schedule to suit his or her age. As your baby becomes a toddler, he or she will need less time for naps and more time for play. Again, take cues from your baby as to when and how to adjust the schedule.⁶
what to feed babies

**Newborns**

For the first four months, babies should be fed only breast milk or formula. Many parents worry that their babies are not getting enough food. If you are concerned, consult your pediatrician. He or she can help you determine whether your baby is being properly nourished by comparing your baby’s growth patterns to standardized growth charts.

**4-month-olds**

Around 4 months, your baby might show signs of being ready for solid food. BabyCenter.com provides an excellent list of these signs:

- Holding his or her head up.
- Sitting well in a high chair.
- Making chewing motions.
- Showing significant weight gain (birth weight has doubled).
- Showing interest in food.
- Closing his or her mouth around a spoon.
- Moving food from the front to the back of his or her mouth.
- Seeming hungry after eight to 10 feedings of breast milk or 40 ounces of formula in a day.
- Teething.

After confirming with your pediatrician that your baby is ready to try solid food, you will typically introduce iron-fortified baby rice cereal that has been thinned with either breast milk or formula. DO NOT feed cow’s milk to babies less than 1 year. After starting with rice cereal, other grain cereals, such as oats or barley, that have been specially formulated for babies can be introduced. Start with small amounts, about 1 to 2 teaspoons mixed with several teaspoons of liquid.

**6- to 8-month-olds**

If your baby is tolerating infant cereals, your pediatrician might agree that you can introduce simple pureed and strained foods, such as bananas, pears, applesauce, avocados, sweet potatoes and very well-cooked carrots. Introduce one food every couple of days. This way, if your baby has trouble digesting a particular food, you will be able to easily identify which food it is.

**8- to 10-month-olds**

BabyCenter.com provides a list of signs that your baby might be ready for finger foods:

- Picking up objects with his or her thumb and forefinger (pincer grasp).
- Transferring items from one hand to the other.
- Putting everything in his or her mouth.
- Moving his or her jaw in a chewing motion.

**New foods you can try:**

Finger foods such as lightly toasted cut-up bagels; small pieces of ripe banana; well-cooked spiral pasta; teething crackers; low-sugar O-shaped cereal. Small amounts of protein such as eggs; pureed meats, poultry and boneless fish; tofu; well-cooked and mashed beans with soft skins, such as lentils, split peas, pintos and black beans. Non-citrus juice, such as apple, pear or white-grape but consider watering those down.

**10- to 12-month-olds**

As your baby gets more teeth, appears to be swallowing more easily, and is no longer trying to push food out of his or her mouth, you can consider introducing more foods. You might try bite-sized, soft-cooked vegetables, such as peas and carrots.

**12- to 18-Month-Olds**

Your child might be showing signs of using a spoon to eat. Feel free to put a soft-edged plastic spoon on his or her high chair during meals. Encourage your child to start feeding himself or herself, but remember this is likely to be very messy.

As your child moves into his or her second year of life, you should experiment with lots of new foods. Make sure they are not choking hazards, and consult your pediatrician if you have any questions. Consider taking small pieces of food from your plate and offering them to your child. Remember that just because your child did not like something last week does not mean you should not try it again next week.

**Food allergies**

When deciding what to include in your child’s diet, it’s important to be aware of food allergies, which can be mild to severe. Common foods children might be allergic to include cow’s milk, eggs, peanuts, soy, wheat, tree nuts, fish and shellfish. It’s important to discuss the possibility of allergies with your doctor. She or he might recommend waiting until your child is a little older to introduce certain foods. To learn more about food allergies, go to [http://www.healthychildren.org/English/healthy-living/nutrition/Pages/Food-Allergies-in-Children.aspx](http://www.healthychildren.org/English/healthy-living/nutrition/Pages/Food-Allergies-in-Children.aspx).
EARLY AND ONGOING STIMULATION IS CRITICAL TO BABIES’ SOCIAL, EMOTIONAL AND COGNITIVE DEVELOPMENT. Your baby’s favorite toy will always be you. Find time to play face to face with your baby. Find time to read to your baby. Although she or he might not be able to understand the words, you will be teaching your baby to love books and to value time together. While screen time (including TV, videos and computer games) can entertain children, it is not a good substitute for human playmates. Try to limit screen time as much as possible. Also, try to avoid overstimulation. Your baby will be very good at letting you know when she or he has had enough. When this happens, find a quiet place to relax and settle down together.
Mother-baby bonding (attachment is another word for this) starts in those first moments when you hold your baby and look at or stroke her or his face. It continues as you and your baby get to know each other in those first few weeks and months of her or his life. When you feed and diaper your baby, when you sing to or bathe your baby, you are bonding with her or him. Your baby begins to understand that you will be there to protect and meet her or his needs, and thus she or he feels attached to you. The more attached you are and the more you bond with your baby, the safer she or he will feel and the less stress you will both experience.

It is perfectly understandable that you might have mixed feelings about being a mother. Mothering is hard work, and initially there is no tangible positive feedback other than seeing a smile here or there and seeing signs of growth.

Remember: By taking care of your baby and showing her or him affection, you will bond in your own way.

Remember: Bonding has no time limit. If you are stressed and can’t take advantage of bonding opportunities at one time, there will be other opportunities.

Remember: Take care of yourself if you are starting to feel overwhelmed or depressed or if you see other warning signs that make you concerned about yourself. It is ok to leave your child with another caregiver you trust if you need time to yourself.
The Child Development Institute has outlined what you might expect your child to be saying at various stages of development. Keep in mind, however, that your child’s time line for achieving these milestones can be affected by a number of factors, such as whether he or she is your first child, how many adults spend time with him or her, and even what time of year he or she is born.

6 months
- Vocalizes with intonation.
- Responds to his or her name.
- Responds appropriately to friendly and angry tones.

12 months
- Says his or her first word.
- Understands simple instructions.

18 months
- Has a vocabulary of approximately five to 20 words.
- Has mostly nouns in his or her vocabulary.
- Might repeat some words or phrases.
- Is able to follow simple commands.

24 months
- Combines words into two- to three-word sentences.
- Has a vocabulary of approximately 150 to 300 words.
- Starts to use pronouns such as “I,” “me” and “you.”

36 months
- Starts to use plurals and past tense.
- Knows chief parts of the body.
- Can use three-word sentences easily.
- Has a vocabulary of approximately 900 to 1,000 words.
- Is understandable about 90% of the time.

48 months
- Knows names of familiar animals.
- Names common objects in picture books or magazines.
- Knows one or more colors.
- Can repeat four digits.
- Plays “make-believe” games.
- Readily follows simple commands even when objects are not in sight.18
The American Speech-Language-Hearing Association has spearheaded our understanding of how parents can help foster their children’s language acquisition.

**Here are some of the Association’s suggestions for helping your child learn to talk:**

**Birth to 2 years**
- Encourage your baby to make vowel-like and consonant-vowel sounds, such as “ma,” “da” and “ba.”
- Reinforce attempts by maintaining eye contact, responding with speech and imitating vocalizations using different patterns and emphasis. For example, raise the pitch of your voice to indicate a question.
- Teach your baby to imitate your actions, including clapping your hands, throwing kisses, and playing finger games such as pat-a-cake, peek-a-boo, and the itsy-bitsy-spider.
- Talk as you bathe, feed and dress your baby. Talk about what you are doing, where you are going, what you will do when you arrive, and whom and what you will see.
- Use gestures such as waving goodbye to help convey meaning.
- Read to your child. Sometimes “reading” is simply describing the pictures in a book without following the written words. Choose books that are sturdy and have large, colorful pictures that are not too detailed. Ask your child, “What’s this?” and encourage naming and pointing to familiar objects in the book.

**2 to 4 Years**
- Use correct speech that is clear and simple for your child to model.
- Repeat what your child says, indicating that you understand. Build and expand on what was said: “Want juice? I have juice. I have apple juice. Do you want apple juice?”
- Ask questions that require a choice: “Do you want an apple or an orange?” “Do you want to wear your red or blue shirt?”
- Expand vocabulary. Name body parts, and identify what you do with them: “This is my nose. I can smell flowers, brownies, popcorn and soap.”
- Sing simple songs and recite nursery rhymes to show the rhythm and pattern of speech.
THE TIME TO CHILDPRESS YOUR HOUSE IS BEFORE YOUR BABY STARTS TO CREEP AND CRAWL. Get down on your hands and knees to see what your baby sees. You might be surprised about what you find from this vantage point. Parenting.com has highlighted strategies you can use to make your home a safer place for your crawling baby to explore.²⁰

In the kitchen
• Put your baby in a secure spot when you’re cooking, such as a bouncy seat, a car-seat carrier (on the floor), a high chair or a play center; place her or him away from the stove and counters.
• Practice safe cooking. Use back burners if possible, and turn pot handles toward the rear of the stove. Consider installing a stove shield or stove-knob covers (or remove knobs until you’re ready to cook).
• Buy a fire extinguisher that’s rated for grease fires (the label should say it’s meant for the kitchen).
• Secure with latches all cabinets and drawers containing cleansers, glassware, knives, electrical appliances, etc.
• Keep small appliances away from counter edges, and unplug them when you’re not using them.

In the bathroom
• Protect sockets near the sink from water.
• Move medications (even nonprescription medications), cleaning supplies, and appliances such as curling irons and hair dryers to a latched cabinet. Keep very potent prescriptions, such as sleeping aids or heart drugs, and dangerous cleansers, such as bleach or toilet-bowl cleanser, locked up.
• Don’t toss out medications in the bathroom trash can, where kids can find them.
• When bathing your baby, watch her or him every moment. Infants can drown in just a couple of inches of water.

In your child’s bedroom
• Inspect the crib. It should be put together securely, with all parts tightened. Slats should be no more than 2 1/8 inches apart. The mattress should fit snugly in the frame. If you can fit two fingers between the mattress and the side of the crib, your baby’s head can get trapped, which is a suffocation risk. A certification seal from the Juvenile Products Manufacturers Association (JPMA) is a sign that the product meets safety standards.
• Your child is ready for a bed when he or she is 35 inches tall or can climb out of a crib. Until you’re sure your child can sleep without falling out, use guardrails on both sides of the bed.
• Keep all cords from blinds or draperies, electrical wires, framed wall pictures, and shelves away from the crib or bed and the changing table.
• Consider a stand-alone changing table; it’s more stable than tray-like models that attach to dressers. The side rails should be at least 2 inches above the changing pad, with straps to secure your baby.
• Move chairs, cribs, beds and other furniture away from windows.
• A toy chest should have safety hinges so it can’t close on your child’s fingers (or neck).

The rest of the house
• Replace batteries on smoke detectors and carbon monoxide detectors every six months. There should be a smoke detector near the bedrooms and one on each level of your home. Install a carbon monoxide detector outside the bedrooms and near possible sources, such as the kitchen and the garage.
• Cover all electrical outlets.
• Secure wires and cords with a rubber band or a cord wrangler so lamps, TVs, etc. can’t be pulled down.
• Install window guards in rooms on the second floor and above. (Screens aren’t enough to prevent falls.)
• Attach shorteners to the cords of draperies and venetian blinds.
• Install safety gates at the top and bottom of stairs. For the top of stairs, look for gates that screw to the wall rather than using pressure gates.
• Get rid of poisonous plants. If chewed, philodendron and dieffenbachia can cause swelling of the mouth or tongue, making it hard to breathe. Poinsettias and rubber plants may release a sap that irritates skin; poinsettias and holly can cause gastrointestinal distress if ingested.
In today's society, many children spend at least some of their days being cared for by someone other than a mother or a father. Children often enjoy these experiences because they have opportunities to play with kids their age. Child care also allows parents time to work outside the home or to have breaks.

### Steps to choosing high-quality child care

1. Start looking for child care as far in advance as possible.
2. Visit child care programs and ask lots of questions. You will want to know about the adult-to-child ratio, the group size, the child care provider’s background and qualifications, the turnover of employees at the facility, and the accreditation of the facility.
3. Make a choice about child care by weighing the pros and cons, but be careful not to let tempting pros, such as low cost, cause you to ignore dangerous cons, such as an unaccredited facility.
4. Partner with your child care provider so you continue to be involved in your child’s care even when you are not there.
5. Pros and cons of different types of child care

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<th>TYPE OF CHILD CARE</th>
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| Child care provided by relatives | • Care is inexpensive.  
• Relatives form bonds with your child.  
• Formal Programs might not exist in your area. | • Parents might get too much advice from relatives.  
• Relatives might feel freer to discipline your child in ways you do not like.  
• You might not have backup if a relative is sick. |
| Family-based day care         | • Child care is less expensive.  
• Groups are small. | • The provider is less likely to be licensed or regulated.  
• You might not have backup if the provider is sick. |
| Center-based day care         | • Child care is reliable and licensed.  
• Children have lots of social interaction. | • Centers are more expensive and less personal.  
• They may be closed on holidays. |
Potty training is one of the most important milestones for a toddler. But as with other milestones, it is important to let your child reach it at his or her pace and in his or her way. Also, remember that potty training is a process. It is normal and common to experience successes and then setbacks. Relax about potty training, and let it happen when your child is ready. The more you do this, the less stress you will experience.

**Tips from other mothers on potty-training your toddler:**

- When your child is ready, have him or her pick out potty-training pants or underpants at the store.
- Timing is important. Set a timer to go off every hour, and check then to see if your child has to go to the bathroom.
- Use incentives such as stickers or candy to reward your child when he or she uses the toilet. If those incentives don't work for your child, try to find something that will, such as a play date with a friend or a call to grandma. Reward yourself as well when you experience success!
- Put toys around the potty-chair or toilet to encourage your child to be there.
- Try to get your child to “give” her or his diaper supply to a younger child.
- Get your child to know potty-trained peers who are younger or the same age. This might give your child inspiration to potty-train.
  - Use a blue toilet bowl cleaner to get your child interested in the toilet.
  - If you experience a series of setbacks, return to diapers and try again in a few weeks or months.
Keeping your child safe must be your number one priority. Your toddler is exploring many different environments. While he or she needs to explore in order to develop, you need to take the necessary precautions to make sure your child stays safe while he or she is venturing out. If you are keeping safety in mind, you will prevent accidents and dangerous situations. This will keep your stress level lower.

**HERE ARE A FEW TIPS ON SAFETY FOR BABIES AND TODDLERS:**

**Car safety**
- Always make sure you have an appropriate, properly installed car seat for your child.
- If you have a baby and a toddler to get out of the car, always take the baby out first so the toddler isn’t running around the parking lot.
- Remember that the backseat is the safest place for children under age 13 to ride.

**First aid and choking**

**Pet safety**
- Make sure your child does not tease or abuse a pet.
- Do not disturb a pet when it is eating or sleeping.
- Never pet an unfamiliar cat or dog.
- When a child is approached by an unfamiliar dog, the child should not run, but rather should back away slowly while keeping the dog in view.
Parenting babies and toddlers can be both extremely demanding and extremely rewarding. Every day brings something new and exciting, but it also brings new challenges for parents. Helping children learn to sleep through the night and to get an early start on healthy eating can set the stage for tackling your child’s other daily activities. Taking time and understanding the unique needs of children in this age group will undoubtedly help you enjoy this special time of life. However, if you feel overwhelmed by all of these demands, it is important to ask others for assistance rather than avoid trying to meet these challenges.

ONLINE RESOURCES

Kids Health: www.KidsHealth.org
Healthy Children, a website produced by the American Academy of Pediatrics: www.HealthyChildren.org
Parenting: www.parenting.com
Child Development Institute: www.childdevelopmentinfo.com
BabyCenter: www.babycenter.com
homework

1. What do you think are your child’s strengths?

2. What makes your child special and unique?

3. Which of the topic areas covered in this section provided new and/or helpful information for you?

4. What do you think is the most challenging aspect of parenting your child at this stage of development?

5. List three activities you can see yourself doing now that would promote positive development for your child in this stage of development.
endnotes


