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### **12 Month Exam**

WEIGHT: \_\_\_\_\_LBS. \_\_\_\_\_%

LENGTH: \_\_\_\_\_IN. \_\_\_\_\_%

HEAD CIRCUMFERENCE: \_\_\_\_\_IN. \_\_\_\_\_%

### **FEEDING:**

Table food should be making up more of your baby's meal now. Choking precautions are still important (no nuts or popcorn until 3-4 years). High chairs should be the only place that baby eats. You should offer a cup or spoon at all mealtimes. Appetite takes a nose dive because the baby is not growing as fast now. At this age, baby develops likes and dislikes that will go in spurts. As long as they have a balanced diet over one week, all is well. Your child should wean to cow's milk within the next couple months, we suggest vitamin D whole milk. You can introduce it slowly by mixing it with formula or breast milk at first. Begin to wean off the bottle. It may take a few months to accomplish this. Your goal for milk intake is 16 – 24oz per day. The American Academy of Pediatrics and the Institute of Medicine recommend a daily intake of at least 600 IU of Vitamin D for everyone over age 1. This may be accomplished by offering an infant multivitamin that offers 400 IU of vitamin D per serving once a day in addition to the daily milk intake. Remember to brush baby's teeth or wipe them with a cloth. Fluoridated toothpaste is recommended for all children starting at tooth eruption, regardless of caries risk. A smear (the size of a grain of rice) of toothpaste should be used up to age 3. Parents should dispense toothpaste for young children and supervise and assist with brushing. Aim for a goal of at least 6 oz of water from your tap daily to help achieve maximum fluoride protection against dental caries.

Parents should offer infants who are either breastfed or consuming less than 1 liter (just under 1 quart, or 33.8 ounces) of infant formula per day to give their infants an oral Vitamin D supplement. You may find this in your infant multivitamin (TriViSol with iron or PolyViSol with iron or simple Vitamin D drops).

### **DEVELOPMENT:**

Walking may have begun already. Walking may start at any time up to 17 months and still be normal. At this age, your child will increase his/her independence and vocabulary. They will follow simple directions, giving toys upon request, may be able to point to body parts, toss a ball, and stack two blocks. Children are starting to learn to test their limits. Now is a good time to make a plan for discipline.

### **SAFETY:**

1. Flame resistant bed clothes and blankets.
2. Is your child's car seat still adequate? The American Academy of Pediatrics recommends that children remain rear-facing until 2 years of age. Children may be in an infant carrier seat (until they max out on the weight/height limitations) or convertible car seat that is rear-facing. Ask us if you are not sure. Never leave a baby alone in the car. Ensure that your child's car seat is installed correctly in your vehicle and that your child has been properly restrained.
3. Watch for unsafe toys.
4. Use gates with straight top edges and rigid mesh screens.
5. Watch baby around pets.
6. Safety latches on cupboards of cleaning supplies and dangerous items.
7. Take all strings out of hoods, as these are possible choking or strangulating hazards. Place strings from blinds and drapes out of reach.
8. Please let us know if your child has a high risk of lead exposure: lives in a house built before 1978, exposed to old peeling/chipped paint, he likes to put non-food items in his mouth (such as jewelry, keys, dirt, etc.), he has a parent whose job or hobby involves lead exposure, or he has a sibling or playmate who has been treated for lead poisoning. (You might remember completing a lead exposure questionnaire in the office during the 12-month exam).
9. Soft shoes to protect baby's feet. Expensive shoes are not necessary.

### **IMMUNIZATIONS:**

MMR #1, Hepatitis A #1, Varicella (chicken pox) #1, Prevnar #4 (last of the series)

### **LABS:**

Hemoglobin to check for anemia, Lead level (we will call with the results ONLY if there is a problem – so no news is good news. Labs can also be viewed on the patient electronic portal).

### **FREQUENT CONCERNS:**

1. Temper tantrums—just ignore this behavior. It is a normal part of your child's development. The more attention you give to bad behavior, the longer it will persist.
2. Toilet training—too soon.
3. Fear of strangers/babysitters
4. Children need to learn to go to bed while still awake. Introduce bedtime story and cuddle time. Night waking or refusal to go to sleep is common.

### **NEXT VISIT:**

See you at 15 months when your child will receive DtaP and Hib.