

Your Baby at 12 Months

Medications: Acetaminophen or Ibuprofen can be given as needed for discomfort or fever. No other medications are recommended for this age unless directed by your doctor. Please see our dosing chart for the right dose based on your baby's weight today.

Next Visit: 15 months of age unless there are other concerns

Immunizations

You should receive a specific handout for each vaccine given, and if you don't, please let us know. Side-effects are uncommon but can include:

- Discomfort at the injection site
- Mild fatigue if any
- Low grade fever for up to 24-36 hours, usually < 101.
- Redness and warmth at the injection site for a few days; this is not an infection
- A small lump where the vaccine was given, which may last several weeks
- You can help your baby feel better after vaccines by giving lots of tender loving care, allowing for extra rest, and giving Acetaminophen or Ibuprofen as needed for significant discomfort or fever. We recommend that you only give it as needed, rather than around the clock. Recent studies indicate that Tylenol, given too frequently, may blunt the immune system's response to the vaccines, making them less effective.

See immunization schedule here:

<http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-pocket-pr.pdf>

What Your Baby Can Do

Happy Birthday! This is a milestone for you as well as your baby. Developmentally, this is a time of significant change in all streams of development. While we have quite a bit of variation in skills and overall developmental progress, we do have a few fixed points that we think all babies should demonstrate at this age:

- One word other than Mama & Dada (which might be only understandable to parents, but be the same utterance consistently)
- Pulling to stand easily and holding on to furniture, stepping with assistance
- Self-feeding small bits of food by hand
- Understanding many phrases and follow single-step commands
- Responding consistently to their first name

Feeding – Big Changes

Again, there's a spectrum of what kids are ready for at this age, but there are a couple of things we like to see:

- A move to whole milk (unless there is allergy or issues with poor growth)
- Relatively less milk and relatively more solid food; limiting milk to about 20-24 ounces per day
- A full variety of foods, including all the foods we've previously said to wait on; unless there are significant food allergies, we can offer meat, fish, dairy foods, peanut butter and even raw honey.

We do see a significant variation in a child's ability to tolerate various textures – some kids can handle large pieces; some really haven't graduated from soft pureed foods. The goal, regardless of where we start at 12 months, is to keep moving adding ability to tolerate more texture, variety and volume over time. It's a good idea to move toward a schedule of 3 meals and 2-3 small snacks per day at this time. We also would really like to get rid of that bottle if you haven't already, relying on a sippy cup or straw cup at this time.

Car Seats

Check the weight and length limits on your carseats. Most babies have outgrown their infant carrier-type of carseats and need to be in a convertible seat (which can face forward or backward). The safest way to sit in the car is in the rear-facing position. We cannot emphasize enough how important it is to always put your child in their carseat, and how important it is to make sure the seat is installed safely.

<http://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx>

Sleeping Issues

Most children are getting about 10-12 hours in a row at night, and about 2-4 hrs per day in naps, generally divided into 2 naps. Our goals for sleep at this age include ensuring they have the ability to settle themselves into sleep independently, get sufficient sleep for their individual needs, and be safe at night. A crib is the safest place for a baby to sleep as long as they are not crawling out of it. Children as young as 15 months have been known to crawl out of their cribs, so be aware that this is a possibility.

If you ask friends, experts or even any of the 5 of us physicians, you'll get different opinions about the best strategy to get your child to sleep. The reality is that it's a mixture of child temperament, parent temperament/tolerance along with one of many different techniques to get to the same place. Strong proponents of "Attachment Parenting" do not want babies to cry it out, while proponents of Ferber's method think this is a great way to teach babies to self-settle. We want you to do what works best for you. See our Recommended Reading list on our Pinterest link for some of our favorite books on this subject and the links below as well.

<http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Getting-Your-Baby-to-Sleep.aspx>

<http://www.healthychildren.org/English/ages-stages/toddler/pages/Bedtime-Trouble.aspx>