

bowel and bladder					
<b>30 Months Old</b>					
Birth weight quadrupled Primary dentition (20 teeth) completed May have daytime bowel and bladder control	Jumps with both feet Jumps from chair or step Stands on one foot momentarily Takes a few steps on tiptoe	Builds tower of eight cubes Adds chimney to train of cubes Good hand-finger coordination; holds crayon with fingers rather than fist In drawing, imitates vertical and horizontal strokes; makes two or more strokes for cross; draws circles		Gives first and last name Refers to self by appropriate pronoun Uses plurals Names one color	Separates easily from parent In play, help put things away; can carry break objects; put with good steering Begins to notice gender differences knows own gender May attend to toilet needs without help except for wiping Emotions expand to include pride, shame, guilt, embarrassment

## Toilet Training

One of the major tasks of toddlerhood is toilet training.

Anticipatory guidance and clinical intervention for families surrounding toilet training should begin during routine well-child visits before the child's developmental readiness to toilet train.

Preparation and education reveal and allay misconceptions; lead to the development of appropriate expectations; and provide information, guidance, and support to parents for managing this potentially frustrating process.

Voluntary control of the anal and urethral sphincters is achieved sometime after the child is walking, probably between 18 and 24 months old. However, complex psychophysiologic factors are required for readiness. The child must be able to recognize the urge to let go and hold on and be able to communicate this sensation to the parent. In addition, some motivation is probably involved in the desire to please the parent by holding on rather than pleasing oneself by letting go. Cultural beliefs may also affect the age at which children demonstrate readiness ([Feigelman, 2016](#)).