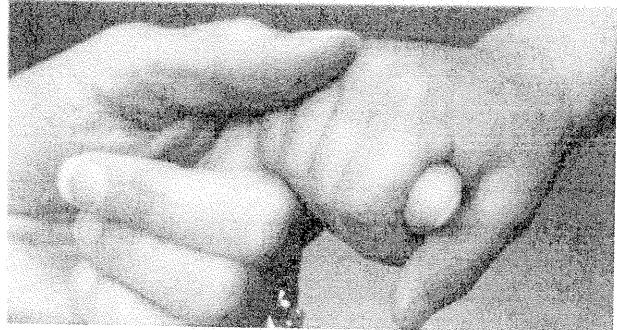


CELEBRATING 30 YEARS



M.D. PEDIATRIC CENTER

**OMAR SAWLANI, M.D.
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**ANTICIPATORY
PARENTING
GUIDE**

FOR AGE: 24 Months

M.D. PEDIATRIC CENTER

OMAR SAWLANI, MD

SCHEDULED PREVENTATIVE CARE

AGE		SCREENING	IMMUNIZATIONS
0-2 Wks			Hep B
1 Mos.	Check-up	Edenburg	
2 Mos.	Check-up		DTaP; IPV;Rotarix Prevnar; HIB/Hep B
4 Mos.	Check-up	Edenburg	DTaP; IPV;Rotarix Prevnar; HIB/Hep B
6 Mos.	Check-up	ASQ	DTaP; Prevnar; HIB/Hep B
9 Mos.	Check-up	Denver II; hemoglobin; Lead Screen; Sickle Cell	
12 Mos.	Check-up	ASQ-SE; PPD	Varivax; Prevnar:Hep A
15 Mos.	Check-up	Denver II	MMR
18 Mos.	Check-up	ASQ-SE	DTaP; IPV;Hib;HepA;Lead
24 Mos.	Check-up	ASQ-SE	
30 Mos.	Check-up	ELM	
3 Yrs.	Check-up	ASQ	
4 Yrs.	Check-up	Hearing; Vision	DTaP; IPV
5 Yrs.	Check-up	Hgb; UA; Vision	MMR ; Varivax
6-13 Yrs.	Annual Check-up (Around birthday)		
11 Yrs.	Check-up		Meningitis
14 Yrs.	Check-up		Td
15-18 Yrs.	Annual Check-up (Around birthday)		

Topics in this Guide:

- Anticipatory Guide
- Passive Smoking
- Night Awakening in Infants
- What should I Keep in my medicine cabinet
- DTAP vaccine info
- IPV vaccine info
- HEP B vaccine info
- HIB vaccine info

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ANTICIPATORY GUIDE - 24 MONTHS

INJURY PREVENTION

- Keep child away from kitchen appliances, irons and wall or floor heaters.
- Place plug covers on all electrical outlets.
- Lock doors to any dangerous areas and hide keys.
- Install stairway gates and window guards.
- Lock up toxic substances, small disc batteries, and toys or other objects that can cut or be ingested.
- Remove plastic bags or balloons that may cause suffocation.
- Use car safety restraints.
- Provide supervision when the child is playing near the street or in the driveway. If possible, create a safe play area.
- Remember children at this age do not understand danger or remember “no” and cannot be relied upon to be aware of hazards.
- Do not leave child unattended in the house or car.
- Do not allow child near running machinery, power tools, lawn mowers, or a car that is backing up.

PARENTING PRACTICES

- Offer simple toys to assemble. “Pushable” and musical toys are enjoyed.
- Use picture books to increase verbal expressions and listening skills. Read to your child regularly, this is a good bedtime ritual.
- Play is fun and important for learning.
- Talk together at meals.
- Provide opportunity for peer contact. It is easier for a child at this time to interact with one or two others than with a large group. Do not expect true sharing or concern for game rules at this time.
- Provide space and encouragement for physical activity.
- Turn off TV during meals, and limit television viewing. Do not use the TV as a substitute for interaction with your child. See attached sheet on “Television: Reducing the Negative Impact” page 193.
- Praise child for good behavior. Show affection.

NUTRITION

By age two your toddler should be eating 3 meals a day plus one or two snacks. Many toddlers resist eating certain foods. Some eat only one or two “favorite foods”. The more you struggle with your child over his food preferences the more he will defy you. Offer a variety of foods and leave the choices to him. He’ll eventually consume a balanced diet on his own. Large quantities of milk (more than one quart per day) also may interfere with the proper absorption of iron. This raises the risk of iron deficiency. Your child should drink between 16 and 32 ounces of milk per day.

SLEEP

Between the ages of 2 and 3, your child may sleep from nine to thirteen hours a day. Some children take 2 short naps, some don't nap at all. Do not force a nap schedule on your child. Some children may resist going to bed. Part of this pattern is due to the typical negatives of this age - the refusal to do anything mom and dad want them to do, and part is due to lingering separation anxiety. To give your child a feeling of control let them make as many of the choices at bedtime as possible. Such as what pajamas to wear, what story he wants. Leave a night light on and let him sleep with security objects. Don't scold or punish your child, but don't reward his negative behavior. Bad dreams are common among toddlers who cannot distinguish between imagination and reality. When a nightmare awakens your child, hold and comfort him. Let him tell you about the dream and stay with him until he's calm enough to fall asleep. Your child may have nightmares when he is anxious or under stress. As a general precaution against nightmares, carefully select television programs. At bedtime put your toddler in a good frame of mind for sleep by playing quietly, reading him a pleasant story or play soothing music. A night light will help reassure him if he wakes up.

TOILET TRAINING

Although you may be eager to start toilet training, do not push your child too early. Before he is ready to could actually prolong the process. Your child will be ready when they seem eager to please and imitate you, but also is eager to become independent. Most children reach this age between 18 and 24 months, but it is also normal for it to occur a little later. Let your toddler watch other family members of the same sex. (See sheet on Toilet Training Basics and Do's and Don'ts, and also Toilet Training Resistance.)

TEETHING AND DENTAL HYGIENE

By age 2 ½ your child should have all his baby (primary) teeth. His secondary (permanent) teeth won't start to come in until 6 or 7. The number one dental problem in preschoolers is tooth decay. If primary teeth are lost too early because of decay or infection, the secondary teeth will not be ready to replace them. When this happens the other teeth shift to fill in the gap. So by the time the permanent teeth come through, there is no room for them. The best way to protect his teeth is to teach him good dental habits (see sheet on Tooth Decay Prevention).

DISCIPLINE

What's the greatest challenge facing you as a parent during this and the next few years is discipline. At two and three he'll still be very physical using temper tantrums, pushing, shoving, and quarreling to get his way. Most of these reactions are very impulsive, although he doesn't plan to behave this way he cannot yet control himself. The whole point of his misbehavior is to find out his limits as well as yours. How you choose to establish and enforce these limits is a very personal issue. Here are some suggestions. See sheets on Discipline Basics, Temper Tantrums, Stubborn Toddlers, Hurting Another Child, Biting, Discipline - Time out Interference, Discipline - Physical Punishment, Prevention of Spoiled Children.

NEW BABY

During this year if you decide to have another baby, you can expect your toddler to greet this news with considerable jealousy. At this age he doesn't understand the

concept of sharing time, possessions, or your affection. Nor is he eager to have someone else become the center of attention. (See Sibling Rivalry Toward a Newborn)

SPEECH

At this time your toddler may undergo a period of mild dysfluency. This usually last between the ages of 2 and 4. This is transient, self limiting phenomenon. Give your child time to express themselves in words. (See Stuttering Versus Normal Dysfluency)

TELEVISION: REDUCING THE NEGATIVE IMPACT

Television has a tremendous influence on how children view our world. Many youngsters spend more hours watching television from birth to 18 years of age than they spend in the classroom. The positive aspects of television viewing include seeing different life-styles and cultures. Children today are entering school more knowledgeable than children before the era of television. In addition, television has great entertainment value. Although television can be a good teacher, many children watch it excessively and therefore experience some of the negative consequences described below.

HARMFUL ASPECTS OF TELEVISION

1. Television displaces active types of recreation. It decreases time spent playing with peers. A child has less time for self-directed daydreaming and thinking. It takes away time for participating in sports, music, art, or other activities that require practice to achieve competence.

2. Television interferes with conversation and discussion time. It reduces social interactions with family and friends.

3. Television discourages reading. Reading requires much more thinking than television. Reading improves a youngster's vocabulary. A decrease in reading scores may be related to too much time in front of the television.

4. Heavy television viewing (more than 4 hours per day) definitely reduces school performance. This much television interferes with study, reading, and thinking time. If children do not get enough sleep because they are watching television, they will not be alert enough to learn well on the following day.

5. Television discourages exercise. An inactive lifestyle leads to poor physical fitness. If accompanied by frequent snacking, watching television may contribute to weight problems.

6. Television advertising encourages a demand for material possessions. Young children will pressure their parents to buy the toys they see advertised. Television portrays materialism as the "American way."

7. Television violence can affect how a child feels toward life and other people. Viewing excessive violence may cause a child to be overly fearful about personal safety and the future. Television violence may numb the sympathy a child normally feels toward victims of human suffering. Young children may be more aggressive in their play after seeing violent television shows. Although television violence does not increase aggressive behavior toward people in most children, it may do so in disturbed or impulsive children.

PREVENTION OF TELEVISION ADDICTION

1. Encourage active recreation. Help your child become interested in sports, games, hobbies, and music. Occasionally turn off the television and take a walk or play a game with your child.

2. Read to your children. Begin reading to your child by 1 year of age and encourage him to read on his own as he becomes older. Some parents help children earn television or video game time by spending an equivalent time reading. Help your child improve his conversational skills by spending more of your time talking with him.

3. Limit television time to 2 hours per day or less. An alternative is to limit television to 1 hour on school nights and 2 or 3 hours per day on weekends. You occasionally may want to allow extra viewing time for special educational programs.

4. Don't use television as a distraction or a babysitter for preschool children. Preschoolers' viewing should be limited to special television shows and videotapes that are produced for young children. Because the difference between fantasy and reality is not clear for this age group, regular television shows may cause fears.

5. If your child is doing poorly in school, limit television time to $\frac{1}{2}$ hour each day. Make a rule that homework and chores must be finished before television is watched. If your child's favorite show is on before he can watch, try to record it for later viewing.

6. Set a bedtime for your child that is not altered by television shows that interest your child. Children who are allowed to stay up late to watch television are usually too tired the following day to remember what they are taught in school. By all means, don't permit your child to have a television set in her bedroom because this eliminates your control over television viewing.

7. Turn off the television set during meals. Family time is too precious to be squandered on television shows. In addition, don't have the television always on as a background sound in your house. If you don't like a quiet house, try to listen to music without lyrics.

8. Teach critical viewing. Turn the television on only for specific programs. Don't turn it on at random and scan for something interesting. Teach your child to look first in the program guide.

9. Teach your child to turn off the television set at the end of a show. If the television stays on, your child will probably become interested in the following show and then it will be more difficult for your child to stop watching.

10. Encourage your child to watch some shows that are educational or teach human values. Encourage watching documentaries or real-life dramas. Use programs about love, sex, family disputes, drinking, and drugs as a way to begin family discussions on these difficult topics.

11. Forbid violent television shows. This means you have to know what your child is watching and turn off the television set when you don't approve of the program. Develop separate lists of programs that are acceptable for older and younger kids to watch. Make your older children responsible for keeping the younger ones out of the television room at these times. If not, the show is turned off. The availability of cable television and video-

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TELEVISION: REDUCING THE NEGATIVE IMPACT

Continued

cassette recorders means that any child of any age has access to the uncut versions of R-rated films. Many children under 13 years of age develop daytime fears and nightmares because they have been allowed to watch such vicious movies.

12. Discuss the consequences of violence if you allow your older child to watch violent shows. Point out how violence hurts both the victim and the victim's family. Be sure to discuss any program that upsets your child.

13. Discuss commercials with your children. Help them identify high-pressure selling and exaggerated

claims. If your child wants a toy that is a look-alike version of a television character, ask how he or she would use the toy at home. The response will probably convince you that the toy will be added to a collection rather than become a catalyst for active play.

14. Discuss the differences between reality and make-believe. This type of clarification can help your child enjoy a show and yet realize that what is happening may not happen in real life.

15. Set a good example. If you watch a lot of television, you can be sure your child will also. The types of programs you watch also send a clear message to your child.

DEFINITION

Children who refuse to be toilet trained either wet themselves, soil themselves, or try to hold back their bowel movements (thus becoming constipated). Many of these children also refuse to sit on the toilet or will use the toilet only if the parent brings up the subject and marches them into the bathroom. Any child who is over 2½ years old, healthy, and not toilet trained after several months of trying can be assumed to be resistant to the process, rather than untrained. Consider how capable your child is at delaying a BM until she is off the toilet or you are on the telephone. More practice runs (as you used in toilet training) will not help. Instead your child now needs full responsibility and some incentives to spark her motivation.

The most common cause of resistance to toilet training is that a child has been reminded or lectured too much. Some children have been forced to sit on the toilet against their will, occasionally for long periods of time. A few have been spanked or punished in other ways for not cooperating. Many parents make these mistakes, especially if they have a strong-willed child.

Most children younger than 5 or 6 years of age with soiling (encopresis) or daytime wetting (without any other symptoms) are simply engaged with you in a power struggle. These children can be helped with the following suggestions. If your child holds back BMs and becomes constipated, medicines will also be needed.

HELPING YOUR CHILD WITH DAYTIME WETTING OR SOILING

1. **Transfer all responsibility to your child.** Your child will decide to use the toilet only after he realizes that he has nothing left to resist. Have one last talk with him about the subject. Tell your child that his body makes "pee" and "poop" every day and it belongs to him. Explain that his "poop" wants to go in the toilet and his job is to help the "poop" get out. Tell your child you're sorry you punished him, forced him to sit on the toilet, or reminded him so much. Tell him from now on he doesn't need any help. Then stop all talk about this subject. When your child stops receiving conversation for nonperformance (not going), he will eventually decide to perform for attention.

2. **Stop all reminders about using the toilet.** Let your child decide when he needs to go to the bathroom. He should not be reminded to go to the bathroom nor asked if he needs to go. He knows what it feels like when he has to "poop" or "pee" and where the bathroom is. Reminders are a form of pressure, and pressure doesn't work. He should not be made to sit on the toilet against his will because this will foster a negative attitude about the whole process. Don't accompany your child into the bathroom or stand with him by the potty chair.

He needs to get the feeling of success that comes from doing it on his own and then finding you to tell you what he did.

3. **Give incentives for using the toilet.** If your child stays clean and dry, he needs plenty of positive feedback, such as praise, smiles, and hugs. This positive response should occur every time your child uses the toilet. If a child soils or wets himself on some days and not others, this recognition should occur whenever he is clean for a complete day. On successful days consider taking 20 extra minutes to play a special game with your child or take him for a walk to the playground. Sometimes special incentives, such as favorite sweets or video time, can be invaluable. For using the toilet, err on the side of giving him too much (for example, a handful of sweets each time). If you want a breakthrough, make your child an offer he can't refuse.

4. **Give stars for using the toilet.** Get a calendar for your child and post it in a conspicuous location. Place a star on it every time he uses the toilet. Keep this record of progress until your child has gone 2 weeks without any accidents.

5. **If your child has never sat on the toilet, try to change his attitude.** First, give him choices by asking if he wants to use the big toilet or the potty chair. If he chooses the potty chair, be sure to keep it in the room he usually plays in. For wetting, the presence of the chair and the promise of treats will usually bring about a change in behavior. For soiling, your child may need a pleasant reminder once each day when he is clearly holding back. You can say, "The poop is trying to get out and go in the toilet. The poop needs your help." A few children temporarily may need treats for simply sitting on the toilet and trying. However, don't accompany your child into the bathroom or stand with him by the potty chair. He needs to do it on his own.

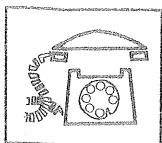
6. **Remind your child to change his clothes if he wets or soils himself.** As soon as you notice that your child has wet or messy pants, ask him to clean himself up immediately. The main role you have in this program is to enforce this rule. If your child is wet, he can probably change into dry clothes by himself. If your child is soiled, he will probably need your help with cleanup but keep him involved. Have him rinse the soiled underwear in the toilet. He may think this is "yucky" and be motivated to keep his pants clean.

7. **Don't punish or criticize your child for accidents.** Respond gently to accidents, and do not allow siblings to tease the child. Do not put your child back into diapers unless he needs to be on laxatives. Pressure will only delay successful training, and it could cause secondary emotional problems.

8. **Ask the preschool or day-care staff to use the same strategy.** Ask your child's teacher or day-care provider for unlimited privileges to go to the bathroom any time your child wants to. Keep an extra set of clean underwear at the school or with the day-care provider.

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TOILET-TRAINING RESISTANCE (ENCOPRESIS AND DAYTIME WETTING) *Continued*



CALL OUR OFFICE

During regular hours if

- Your child holds back his bowel movements or becomes constipated.

- Pain or burning occurs when he urinates.
- The resistance is not improved after 1 month on this program.
- The resistance has not stopped completely after 3 months.

DEFINITION

Your child is toilet trained when, without any reminders, your child walks to the potty, undresses, urinates or has a bowel movement, and pulls up his pants. Some children will learn to control their bladders first; others will start with bowel control. Both kinds of control can be worked on simultaneously. Bladder control through the night normally happens several years later than daytime control. The gradual type of toilet training discussed here can usually be completed in 2 weeks to 2 months.

TOILET-TRAINING READINESS

Don't begin training until your child is clearly ready. Readiness doesn't just happen; it involves concepts and skills you can begin teaching your child at 12 months of age. Reading some of the special toilet-learning books to your child can help. Most children can be made ready for toilet training by 24 months of age and many by 18 months. By the time your child is 3 years old, she will probably have trained herself. The following signs indicate that your child is ready:

- Your child understands what "pee," "poop," "dry," "wet," "clean," "messy," and "potty" mean. (Teach him these words.)
- Your child understands what the potty is for. (Teach this by having your child watch parents, older siblings, and children near his age use the toilet correctly.)
- Your child prefers dry, clean diapers. (Change your child frequently to encourage this preference.)
- Your child likes to be changed. (As soon as she is able to walk, teach her to come to you immediately whenever she is wet or dirty. Praise her for coming to you for a change.)
- Your child understands the connection between dry pants and using the potty.
- Your child can recognize the feeling of a full bladder and the urge to have a bowel movement; that is, he paces, jumps up and down, holds his genitals, pulls at his pants, squats down, or tells you. (Clarify for him: "The poop [or pee] wants to come out. It needs your help.")
- Your child has the ability to briefly postpone urinating or having a bowel movement. She may go off by herself and come back wet or soiled, or she may wake up from naps dry.

METHOD FOR TOILET TRAINING

The way to train your child is to offer encouragement and praise, be patient, and make the process fun. Avoid any pressure or punishment. Your child must feel in control of the process.

1. Buy supplies.
- Potty chair (floor-level type). If your child's feet can reach the floor while he sits on the potty, he has

leverage for pushing and a sense of security. He also can get on and off whenever he wants to.

- Favorite treats (such as fruit slices, raisins, animal crackers, and cookies) for rewards.
- Stickers or stars for rewards.

2. Make the potty chair one of your child's favorite possessions. Several weeks before you plan to begin toilet training, take your child with you to buy a potty chair. Make it clear that this is your child's own special chair. Have your child help you put her name on it. Allow your child to decorate it or even paint it a different color. Then have your child sit on it fully clothed until she is comfortable with using it as a chair. Have your child use it while watching TV, eating snacks, playing games, or looking at books. Keep it in the room in which your child usually plays. Only after your child clearly has good feelings toward the potty chair (after at least 1 week), proceed to actual toilet training.

3. Encourage practice runs on the potty. Do a practice run whenever your child gives a signal that looks promising, such as a certain facial expression, grunting, holding the genital area, pulling at his pants, pacing, squatting, squirming, or passing gas. Other good times are after naps or 20 minutes after meals. Say encouragingly, "The poop [or pee] wants to come out. Let's use the potty." Encourage your child to walk to the potty and sit there with his diapers or pants off. Your child can then be told, "Try to go pee-pee in the potty." If your child is reluctant to cooperate, he can be encouraged to sit on the potty by doing something fun; for example, you might read a story. If your child wants to get up after 1 minute of encouragement, let him get up. Never force your child to sit there. Never physically hold your child there or strap him in. Even if your child seems to be enjoying it, end each session after 5 minutes unless something is happening.

4. Praise or reward your child for cooperation or any success. All cooperation with these practice sessions should be praised. For example, you might say, "You are sitting on the potty just like Mommy," or "You're trying real hard to put the pee-pee in the potty." If your child urinates into the potty, she can be rewarded with treats or stickers, as well as praise and hugs. Although a sense of accomplishment is enough for some children, others need treats to stay focused. Big rewards (such as going to the ice cream store) should be reserved for when your child walks over to the potty on her own and uses it or asks to go there with you and then uses it. Once your child uses the potty by herself two or more times, you can stop the practice runs. For the following week, continue to praise your child frequently for dryness and using the potty. (NOTE: Practice runs and reminders should not be necessary for more than 1 or 2 months.)

5. Change your child after accidents. Change your child as soon as it's convenient, but respond sympathetically. Say something like, "You wanted to go pee-pee in the potty, but you went pee-pee in your pants. I know that makes you sad. You like to be dry. You'll get better at this." If you feel a need to be critical, keep it to mild verbal disapproval and use it rarely (for example,

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TOILET-TRAINING BASICS *Continued*

"Big boys don't go pee-pee in their pants," or mention the name of another child whom he likes and who is trained); then change your child into a dry diaper or training pants in as pleasant and nonangry a way as possible. Avoid physical punishment, yelling, or scolding. Pressure or force can make a 2-year-old child completely uncooperative. Do not keep your child in wet or messy pants for punishment.

6. Introduce training pants after your child starts using the potty. Switch from diapers to training pants after your child is cooperative about sitting on the potty chair and passes about half of her urine and bowel movements there. She definitely needs training pants if she comes to you to help her take off her diaper so she can use the potty. Take your child with you to buy the underwear and make it a reward for her success. Buy loose-fitting ones that she can easily lower and pull up by herself. Once you start using training pants, use diapers only for naps and nighttime.

Request the Guideline on Toilet Training Resistance If

- Your child won't sit on the potty or toilet.
- Your 2½-year-old child is negative about toilet training.
- You begin to use force or punishment.
- Your child is over 3 years old and not daytime toilet trained.
- The approach described here isn't working after 2 months.

RECOMMENDED READING

- Joanna Cole: *The Parents' Book of Toilet Teaching*. Ballantine Books, N.Y., 1983.
Vicki Lansky: *Koko Bear's New Potty*. Bantam Books, N.Y., 1986.
Alison Mack: *Toilet Learning*. Little, Brown, Boston, 1978.
Katie Van Pelt: *Potty Training Your Baby*. Avery, N.Y., 1988.

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TOOTH DECAY PREVENTION

Tooth decay causes toothaches, lost teeth, malocclusion, and costly visits to the dentist. Fortunately, modern dentistry can prevent 80% to 90% of tooth decay.

FLUORIDE

Fluoride builds strong, decay-resistant enamel. Fluoride is needed from 2 weeks to 12 years of age. Drinking fluoridated water (containing 0.7 to 1.2 parts per million) or taking a prescription fluoride supplement is the best protection against tooth decay, reducing cavities by 70%.

If fluoride is consumed in drinking water, a child must take at least 1 pint per day (preferably 1 quart per day by school age).

If your city's water supply doesn't have fluoride added or you are breast-feeding, ask your physician for a prescription for fluoride drops or tablets during your next routine visit. The dosage of fluoride required for prevention of tooth decay is 0.25 mg per day in the first 2 years; 0.5 mg from 2 to 3 years of age; and 1.0 mg over age 3. Give fluoride on an empty stomach, because mixing it with milk reduces its absorption to 70%.

Bottled water usually doesn't contain adequate fluoride. Call the producer for information. If your child drinks bottled water containing less than 0.7 parts per million of fluoride, ask your child's physician for a fluoride supplement.

Fluoride is safe. Over half of all Americans drink fluoridated water. Consumer Reports (July/August 1978) states: "The simple truth is that there is no scientific controversy over the safety of fluoridation. The practice is safe, economical and beneficial. The survival of any controversy is one of the major triumphs of quackery over science in our generation."

One concern about fluoride is white spots or mottling on the teeth (fluorosis). This can occur when a child ingests 2 mg or more per day. The preventive dose is 1 mg or less. Children can ingest excessive fluoride if they receive supplements when it is already present in the city water supply. Occasionally they ingest it by eating toothpaste. A ribbon of toothpaste contains about 1 mg of fluoride. Therefore people of all ages should use only a drop of toothpaste the size of a pea. This precaution and encouraging your child not to swallow most of the toothpaste will prevent fluorosis.

TOOTHBRUSHING AND FLOSSING

The purpose of toothbrushing is to remove plaque from the teeth. Plaque is an invisible scum that forms on the surface of teeth. Within this plaque, mouth bacteria change sugars to acids, which in turn etches the enamel.

- Toothbrushing should begin before 1 year of age.
- Help your child brush at least until after 6 years of age. Most children don't have the coordination or strength to brush their own teeth adequately before then.
- Try to brush after each meal, but especially after the last meal or snack of the day.

- To prevent mouth bacteria from changing food caught in the teeth into acid, brush the teeth within the first 5 to 10 minutes after meals.
- Brush the molars (back teeth) carefully. Decay usually starts in the pits and crevices there.
- If your child is negative about toothbrushing, have him brush your teeth first before you brush his.
- A fluoride toothpaste is beneficial. People of all ages tend to use too much toothpaste; a drop the size of a pea is all that is needed.
- If your child is in a setting where he can't brush his teeth, teach him to rinse his mouth with water after meals instead.
- Dental floss is very useful for cleaning between the teeth where a brush can't reach. This should begin when your child's molars start to touch. In the early years, most of the teeth have spaces between them.

DIET

A healthy diet from a dental standpoint is one that keeps the sugar concentration in the mouth at a low level. The worst foods contain sugar and also stick to the teeth.

- Prevent baby-bottle caries by not letting your infant sleep with a bottle of milk or juice. If your baby, after the teeth erupt, must have a bottle at night, it should contain only water. It is better to put your child to bed after finishing the bottle.
- Discourage prolonged contact with sugar (for example, hard candy) or any sweets that are sticky (for example, caramels or raisins).
- Avoid frequent snacks.
- Give sugar-containing foods only with meals.
- Parents worry needlessly about soft drinks. The sugar in these products does not bind to the teeth and is cleared rather rapidly from the mouth.
- Since no one can keep children away from candy completely, try to teach your child to brush after eating it.

DENTIST VISITS

The American Dental Association recommends that dental checkups begin at 3 years of age (sooner for dental symptoms or abnormal-looking teeth).

DENTAL SEALANTS

The latest breakthrough in dental research is dental sealing of the pits and fissures of the biting surfaces of the molars. Fluoride does little to prevent decay on these surfaces. A special plastic seal can be applied to the top surfaces of the permanent molars at about 6 years of age. The seal may protect against decay for a lifetime. Ask your child's dentist about the latest recommendations.

The major killer as well as the major crippler of children in the United States is motor vehicle crashes. Approximately 700 children under the age of 5 years are killed each year, and about 60,000 are injured. Proper use of car safety seats can reduce traffic fatalities by at least 80%. All 50 states have passed laws that require children to ride in approved child passenger safety seats.

A parent cannot protect a child by holding him or her tightly. In a 30-mph crash, the child will either be crushed between the parent's body and the dashboard or ripped from the parent's arms and possibly thrown from the car. Car safety seats also help to control a child's misbehavior, prevent motion sickness, and reduce the number of accidents caused by a child distracting the driver.

CHOOSING A CAR SEAT

Government Safety Standards

Since January 1981, all manufacturers of child safety seats have been required to meet stringent government safety standards, including crash testing. Choose a seat that has met Federal Motor Vehicle Safety Standard 213, with 1981 or later as the year of manufacture. If the seat was manufactured between 1971 and 1981, it may not meet the government safety standard. When in doubt, contact the National Highway Traffic Safety Administration hotline (1-800-424-9393) for information. The American Academy of Pediatrics also publishes a list of infant/child safety seats that is updated yearly. To obtain this list, write to

American Academy of Pediatrics
Division of Public Education
141 Northwest Point Boulevard
PO Box 927
Elk Grove Village, IL 60009-0927

Types of Car Safety Seats

There are three types of car safety seats:

- Infant safety seats are installed in a rear-facing position only and can be used from birth until a child weighs approximately 20 pounds.
- Convertible safety seats can be used in both rear- and forward-facing positions.
- Booster safety seats are forward facing and have a removable shield.

Before you buy a car safety seat, look at several different models. Make sure that the car seat will fit in your car and that your seat belts will work with the seat.

Matching Car Safety Seats with Your Child's Weight

- Birth to 20 pounds: Use an infant safety seat until your child is over 20 pounds and able to sit up alone. Keep your child facing backward as long as possible because it protects him from neck injuries.
- Over 20 pounds: Use a convertible car seat in the forward-facing position.
- Over 40 pounds and over 40 inches tall: Use a booster

safety seat. This will also help your child see out the window.

- Over 60 pounds: Use the regular car seat without a booster seat and with a lap belt low across the hips. When your child is also over 4 feet (48 inches) tall, add a shoulder strap. Using a shoulder strap before your child is 4 feet tall can cause neck injuries. If the shoulder strap runs across the neck (rather than the shoulder), put it behind your child. Never put the shoulder belt under both arms.

USING A CAR SEAT PROPERLY*

If used consistently and properly, your child's car seat can be a lifesaver. Your attitude toward safety belts and car seats is especially important. If you treat buckling up as a necessary, automatic routine, your child will follow your lead and also accept car seats and seat belts. To keep your child safe and happy, follow these guidelines:

- **ALWAYS FOLLOW THE MANUFACTURER'S DIRECTIONS** for installation and use of the car seat: improper installation or use will not protect your child.
- Always use the safety seat. Use the safety seat on the first ride home from the hospital, and continue using it for every ride.
- Whenever possible put the safety seat in the back seat of the car, which is much safer than the front seat.
- If the seat belt in your car has a shoulder harness, you will need a seat belt-locking clip that keeps the seat belt from moving when it is used with your child's safety seat. These locks often are sold with the safety seat. Baby specialty stores also sell them separately.
- Everyone buckles up! Allow *no* exceptions for older kids and adults. If adults ride unprotected, the child quickly decides that safety is just kid stuff.
- Give frequent praise for appropriate behavior in the car.
- Remember that a bored child can become disruptive. Keep a supply of favorite soft toys and munchies on hand.
- Never let a fussy child out of the car seat or safety belt while the car is in motion. If your child needs a break, stop the car. Responding to complaints by allowing your child to ride unprotected is a disastrous decision that will make it harder to keep him or her in the seat on the next ride.
- If a child tries to get out of the seat, stop the car and firmly but calmly explain that you won't start the car until he or she is again buckled in the car seat.
- Make a vinyl seat pad more comfortable in hot weather by covering it with a cloth pad or towel.
- When your child travels in another person's car (such as a babysitter's or grandparent's), insist that the driver also use the safety seat.
- For long-distance trips, plan for frequent stops and try to stop before your child becomes restless. Cuddle a young child; let an older child snack and run around for 10 to 15 minutes.

*Adapted from the American Academy of Pediatrics with permission, 1986.

The first goal of discipline is to protect your child from danger. Another important goal is to teach your child an understanding of right from wrong. Reasonable limit setting keeps us from raising a "spoiled" child. To teach respect for the rights of others, first teach your child to respect your rights. Begin *external* controls by 6 months of age. Children don't start to develop *internal* controls (self-control) until 3 or 4 years of age. They continue to need external controls, in gradually decreasing amounts, through adolescence.

GUIDELINES FOR SETTING RULES

1. **Begin discipline after 6 months of age.** Young infants don't need any discipline. By the time they crawl, all children need rules for their safety.
2. **Express each misbehavior as a clear and concrete rule.** Examples of clear rules are "Don't push your brother" and "Don't interrupt me on the telephone."
3. **Also state the acceptable or appropriate behavior.** Your child needs to know what is expected of him. Examples are "Play with your brother," "Look at books when I'm on the telephone," or "Walk, don't run."
4. **Ignore unimportant or irrelevant misbehavior.** Avoid constant criticism. Behavior such as swinging the legs, poor table manners, or normal negativism is unimportant during the early years.
5. **Use rules that are fair and attainable.** A child should not be punished for behavior that is part of normal emotional development, such as thumb sucking, fears of being separated from the parents, and toilet-training accidents.
6. **Concentrate on two or three rules initially.** Give highest priority to issues of safety, such as not running into the street, and to the prevention of harm to others. Of next importance is behavior that damages property. Then come all the annoying behavior traits that wear you down (such as tantrums or whining).
7. **Avoid trying to change "no-win" behavior through punishment.** Examples are wetting pants, pulling their own hair, thumb sucking, body rocking, masturbation, not eating enough, not going to sleep, and refusal to complete schoolwork. The first step in resolving such a power struggle is to withdraw from the conflict and stop punishing your child for the misbehavior. Then give your child positive feedback when he behaves as you'd like.
8. **Apply the rules consistently.** After the parents agree on the rules, it may be helpful to write them down and post them.

DISCIPLINE TECHNIQUES (INCLUDING CONSEQUENCES)

1. **Techniques to use for different ages are summarized here.** The techniques mentioned here are further described after this list.

- From birth to 6 months: no discipline necessary
 - From 6 months to 3 years: structuring the home environment, distracting, ignoring, verbal and nonverbal disapproval, physically moving or escorting, and temporary time-out
 - From 3 years to 5 years: the preceding techniques (especially temporary time-out) plus natural consequences, restricting places where the child can misbehave, and logical consequences
 - From 5 years to adolescence: the preceding techniques plus delay of a privilege, "I" messages, and negotiation via family conferences
 - Adolescence: logical consequences, "I" messages, and family conferences about house rules; time-out and manual guidance (see below) can be discontinued
2. **Structure the home environment.** You can change your child's surroundings so that an object or situation that could cause a problem is eliminated. Examples are installing gates, locks, and fences to protect the child.
 3. **Distracting your child from misbehavior.** Distracting a young child from temptation by attracting his attention to something else is especially helpful when the child is in someone else's house or a store (e.g., distract with toys, food, or games).
 4. **Ignore the misbehavior.** Ignoring helps to stop unacceptable behavior that is harmless—such as tantrums, sulking, whining, quarreling, or interrupting.
 5. **Use verbal and nonverbal disapproval.** Mild disapproval is often all that is required to stop a young child's misbehavior. Get close to your child, get eye contact, look stern, and give a brief "no" or "stop."
 6. **Physically move or escort ("manual guidance").** Manual guidance means that you move a child from one place to another (e.g., to bed, bath, car, or time-out chair) against his will and help him as much as needed (e.g., carrying).
 7. **Use temporary time-out or social isolation.** Time-out is the most effective discipline technique available to parents. Time-out is used to interrupt unacceptable behavior by removing the child from the scene to a boring place, such as a playpen, corner of a room, chair, or bedroom. Time-outs should last about 1 minute per year of age and not more than 5 minutes.
 8. **Restrict places where a child can misbehave.** This technique is especially helpful for behavior problems that can't be eliminated. Allowing nose picking and masturbation in your child's room prevents an unnecessary power struggle.
 9. **Use natural consequences.** Your child can learn good behavior from the natural laws of the physical world; for example, not dressing properly for the weather means your child will be cold or wet,

- or breaking a toy means it isn't fun to play with anymore.
10. **Use logical consequences.** These should be logically related to the misbehavior, making your child accountable for his problems and decisions. Many logical consequences are simply the temporary removal of a possession or privilege if your child has misused the object or right.
 11. **Delay a privilege.** Examples of work before play are "After you clean your room, you can go out and play" or "When you finish your homework, you can watch television."
 12. **Use "I" messages.** When your child misbehaves, tell your child how you feel. Say, "I am upset when you do such and such." Your child is more likely to listen to this than a message that starts with "you." "You" messages usually trigger a defensive reaction.
 13. **Negotiate and hold family conferences.** As children become older they need more communication and discussion with their parents about problems. A parent can begin such a conversation by saying, "We need to change these things. What are some ways we could handle this? What do you think would be fair?"
 14. **Temporarily discontinue any physical punishment.** Most out-of-control children are already too aggressive. Physical punishment teaches them that it's acceptable to be aggressive (e.g., hit or hurt someone else) to solve problems.
 15. **Discontinue any yelling.** Yelling and screaming teach your child to yell back; you are thereby legitimizing shouting matches. Your child will respond better in the long run to a pleasant tone of voice and words of diplomacy.
 16. **Don't forget to reward acceptable (desired) behaviors.** Don't take good behavior for granted. Watch for behavior you like, and then praise your child. At these times, move close to your child, look at him, smile, and be affectionate. A parent's attention is the favorite reward of most children.

GUIDELINES FOR GIVING CONSEQUENCES (PUNISHMENTS)

1. **Be unambivalent.** Mean what you say and follow through.
2. **Correct with love.** Talk to your child the way you want people to talk to you. Avoid yelling or using a disrespectful tone of voice. Correct your child in a kind way. Sometimes begin your correction with "I'm sorry I can't let you . . ."
3. **Apply the consequence immediately.** Delayed

punishments are less effective because young children forget why they are being punished. Punishment should occur very soon after the misbehavior and be administered by the adult who witnessed the misdeed.

4. **Make a one-sentence comment about the rule when you punish your child.** Also restate the preferred behavior, but avoid making a long speech.
5. **Ignore your child's arguments while you are correcting him.** This is the child's way of delaying punishment. Have a discussion with your child at a later, more pleasant time.
6. **Make the punishment brief.** Take toys out of circulation for no more than 1 or 2 days. Time-outs should last no longer than 1 minute per year of the child's age and 5 minutes maximum.
7. **Follow the consequence with love and trust.** Welcome your child back into the family circle and do not comment on the previous misbehavior or require an apology for it.
8. **Direct the punishment against the misbehavior, not the person.** Avoid degrading comments such as "You never do anything right."



CALL OUR OFFICE

During regular hours if

- Your child's misbehavior is dangerous.
- The instances of misbehavior seem too numerous to count.
- Your child is also having behavior problems at school.
- Your child doesn't seem to have many good points.
- Your child seems depressed.
- The parents can't agree on discipline.
- You can't give up physical punishment. (**Note:** Call immediately if you are afraid you might hurt your child.)
- The misbehavior does not improve after 1 month of using this approach.

RECOMMENDED READING

- Edward R. Christophersen: Little People. Westport Publishers, Kansas City, Mo., 1988.
Don Dinkmeyer and Gary D. McKay: Parenting Young Children. American Guidance Service, Circle Pines, Minn., 1990.
Michael Popkin: Active Parenting. Harper and Row Publishers, San Francisco, 1987.
Jerry Wyckoff and Barbara C. Unell: Discipline Without Spanking or Shouting. Meadowbrook, Deephaven, Minn., 1984.

TEMPER TANTRUMS

IDEAS FOR PARENTS

Ten Tips for Managing Temper Tantrums

Temper tantrums are NORMAL and common during the toddler years. Children tantrum when they are frustrated and overloaded. The push/pull feelings of wanting to grow up but wanting to be a baby can lead to episodes of overload. So can being hungry, tired, or sick. The toddler falls apart when faced with obstacles to her desires or just simply falls apart because it all gets to be too much. Thankfully, there are many things that parents can do to deal with their child's temper tantrums successfully.

1. **Remember, tantrums are normal.** They typically appear at around 15 months of age and can vary in intensity and duration, depending on your child's temperament.
2. **Prevention is the key.** Anticipate when your child may get overloaded before it happens. Help your child by changing your behavior. Is your child too tired or hungry to go to the store with you? Are transitions hard for your child? Is that forbidden object still within your child's sight and reach?
3. **Stop the tantrum before it starts.** Distracting your child with an appealing object or some nurturing attention may stop the tantrum before it starts. Draw your child's attention away from the situation that may spark a tantrum.
4. **Give choices.** You can diffuse a tense situation by offering your child choices. If your child can't play with the phone, can you offer a toy instead? If it is bedtime, can your child choose what books to bring to bed? Choices give some control back to your child, but your rules stand firm.
5. **Pick your battles.** Your limit setting will be most effective and your child will be less confused and overwhelmed if you have only a few, simple rules to follow. What are the most important rules for your child's well-being? What limits are necessary to keep your child safe?
6. **If a tantrum happens, let your child work it out.** Your role is to keep your child safe during a tantrum, not to stop it. Your child needs to work through the inner turmoil. You may have to hold your child gently, take her to a safe place to cry it out, or just wait for your child to be finished.
7. **Be ready with a hug.** Your child needs to be reassured of your love after a tantrum. Words and gestures of affection are important.
8. **Do not give in to your child's demands.** Letting your child have what she wants to stop a tantrum will only send a message to your child that a tantrum gets you what you want.

9. **Check in with yourself.** Never react to your child in anger or frustration. Tantrums can be very hard to manage. You may need a time-out for yourself before you respond.
10. **Ask for help.** Your Healthy Steps Team is available to help. There are a lot of resources available to assist you in managing your child's challenging behavior.

Biting another child is one of the more unacceptable aggressive behaviors in Western society. The parent of the child who has been bitten is usually very upset and worried about the risk of infection. If it happens in a child-care setting, the other parents want the biter to be expelled. If it happens in another's home, the child is often told never to return. Most children first learn to bite by doing it to their parents in a playful manner. It is very important to interrupt this primitive behavior at this early stage.

CAUSES

Biting is usually a chance discovery around 1 year of age, at a time when teething and mouthing are normal behaviors. It often continues because the parents initially think it is cute and the child considers it a type of game to get attention. Later, children may use it when they are frustrated and want something from another child. At this age when children have minimal verbal skills, biting becomes a primitive form of communication. Only after 2 or 3 years of age can it become a deliberate way to express anger and intimidate others.

RECOMMENDATIONS FOR BITING

1. Establish a rule. "We never bite people." Give your child a reason for the rule, namely, that biting hurts. Other reasons (that won't interest him at his age) are that bites can lead to infection or scarring.

2. Suggest a safe alternative behavior. Tell your child if he wants something he should come to you and ask for help or point to it, rather than biting the person who has it. If he bites when he is angry, tell him "If you are mad, come to me and tell me." If your child is at the chewing everything stage (usually less than 18 months), help him choose a toy that he can bite rather than telling him that he cannot bite anything. A firm toy or teething ring will do. Encourage him to carry his "chewy" with him for a few days.

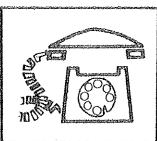
3. Interrupt biting with a sharp "no." Be sure to use an unfriendly voice and look him straight in the eye. Try to interrupt him when he looks like he might bite somebody, before he actually does it, leaving the victim hurt and screaming. Extra close supervision may be necessary until the biting has stopped.

4. Give your child a time-out for biting others. Send him to a boring place for approximately 1 minute per year of age. If he attempts to bite you while you are holding him, say "no," always put him down immediately, and walk away (a form of time-out). If time-out does not work, take away a favorite toy for the remainder of the day.

5. Never bite your child for biting someone else. Biting back will make your child upset that you hurt him and may teach him that it is okay to bite if you are bigger. Also do not wash the mouth out with soap, pinch the cheek, or slap the mouth. In fact, if your child tends to be aggressive, avoid physical punishment in general (for example, spanking). Also eliminate "love bites," since your child will be unable to distinguish them from painful biting.

6. Praise your child for not biting. The most important time to praise him is when he is in situations or with particular children where he used to frequently bite. Initially give him a kind reminder just before these high-risk visits. Then praise him afterward for good behavior.

7. Prevention. The best time to stop a biting behavior from becoming a habit is when it first starts. Be sure that no one laughs when he bites and that no one treats it like a game. (This includes older siblings.) Also never "give in" to your child's demands because of biting. Since biting commonly occurs in child-care settings, be sure the providers understand your approach and are willing to apply it.



CALL OUR OFFICE

IMMEDIATELY if

—Biting causes a puncture or a cut that completely breaks the skin.

During regular hours if

—Biting behavior lasts for more than 4 weeks with this approach.

—Your child bites or hurts himself.

—Your child has several other behavior problems.

—You have other questions or concerns.

HURTING ANOTHER CHILD

Some aggressive behaviors that children experiment with are hitting, slapping, pinching, scratching, poking, hair pulling, biting, kicking, shoving, and knocking down. Since these behaviors are unacceptable in the adult world and potentially harmful, they should not be allowed between children.

CAUSES

Many children fight when they are angry. They do not like something another child did and they retaliate. They want something another child has and see force as the easiest way to get it. Most children try aggressive behaviors because they see this behavior in playmates or on television. If children get their way through hitting, it will only become more frequent. Occasionally children become excessively aggressive because they receive lots of spankings at home or witness spouse or sibling abuse.

RECOMMENDATIONS

1. Establish a rule. "Do not hit because it hurts. We do not hurt people."

2. For aggressive behavior give your child a brief time-out in a boring place. Being in time-out helps a child learn to cool down (rather than blow up) when he is angry. When it looks as if your child might hurt someone, intervene immediately. Stop the behavior at the early threatening or shoving stage. Do not wait until the victim is hurt or screams. If a time-out does not seem to be effective, also take away your child's favorite toy or television time for the remainder of the day.

3. Suggest acceptable ways to express anger. In the long run you want your child to be able to verbalize his anger in a calm but assertive way. Encourage your child to come to you when he's angry and talk about it until he feels better. A second option is to teach your child to stop and count to 10 before doing anything about his anger. A third option is to help him learn to walk away from a bad situation. Giving your child a time-out is one way of teaching him to walk away from anger.

Younger children with limited expressive language (less than 3 or 4 years old) need time to develop these skills. When they are in time-out, don't be surprised if they pout, mutter to themselves, yell in their room, or pound on their door. If these physical outlets for anger are blocked, a more aggressive outburst may occur. As long as the behavior is not destructive, ignore it. Teaching your child how to control anger provides him with a valuable resource.

4. Verbalize your child's feelings for him. If your child can't talk about his anger, put it into words for him:

"I know that you feel angry." It is unrealistic to expect your child not to feel anger. You may need to make an understanding statement such as "You wish you could punch your brother, but we cannot hurt other people."

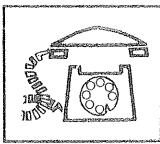
5. Teach your child acceptable ways to get what he wants. Teach him how to negotiate (ask for) what he wants, rather than taking it. Teach him how to take turns or how to trade one of his toys to gain use of another child's toy.

6. Give special attention to the victim. After putting your child in time-out, pick up the child who has been injured and give him extra sympathy and attention. It is especially helpful if you can rescue the victim before he is hurt. In your child's mind the attention he wanted is now being given to the other person and that should give him some "food for thought." If fighting is a pattern with certain playmates or siblings, be sure the "victim" isn't "setting up" the "perpetrator" to gain attention.

7. Never hit your child for hitting someone else. Hitting your child only teaches that it is fine to hit if you are bigger. If your child tends to be aggressive it's critical to eliminate all physical punishment (such as spanking). You can use many other consequences (such as time-out) to teach your child right from wrong.

8. Praise your child for friendly behavior. Praise him for being nice to people, playing with age mates in a friendly way, sharing things, and helping other children. Remind your child that people like to be treated kindly, not hurt. Some children respond to a system of receiving a treat or a star on a chart for each day they go without any "hitting" type of behavior.

9. Prevention. Set a good example. Show self-control and verbal problem solving. Avoid playmates who often tease or other situations where your child frequently gets into fights. And when your child becomes tired or hungry, leave the play setting until these needs are met.



CALL OUR OFFICE

During regular hours if

- The aggressive behavior is very frequent.
- Your child has seriously hurt another child.
- Your child can't keep friends.
- Your child seems very angry.
- The misbehavior lasts more than 4 weeks with this approach.
- You have other questions or concerns.

Using Time-out Effectively

Time-out is a very effective and pretty simple discipline strategy that really works with toddlers. Removing a child from the problem situation for a few minutes of "time-out" can do two things. One, it diffuses (or calms down) the trouble. Two, it sends a clear message to your toddler that you have set a limit and you mean it. The specific way to use time-out effectively (so they calm down and understand your limit-setting message) depends on the situation and your child's age. A very young toddler may only need a moment of time-out a few feet away from the trouble to get the message. An older toddler might need a minute or more in a designated time-out area of the room. Some children love a timer that rings when time-out is done. For other children, watching a timer is too stressful and makes things worse. You will discover what works best for your child, so give some of these tips a try!

- **Prevention comes first.** Use all of your best prevention skills to keep a blowup from happening before it starts. Time-out is most effective when you use it sparingly. Use it when everything else has failed.
- **Set clear, simple limits.** Use a few simple rules. Remind your child what the rules are.
- **Give a warning.** If your child acts out, warn her about time-out if she continues to act inappropriately. Make sure to follow through on that warning.
- **Tell your child what is happening.** Be firm but don't act in anger. Simply state the rule that was broken and tell your child she gets a time-out. ("You hit your cousin. No hitting. You get a time-out.").
- **Calmly remove your child from the situation.** You may need a designated time-out area or chair, away from everything. Or it may work to place your child a few feet away from the situation.
- **Tell your child what she needs to do to leave time-out.** Let your child know if she has to sit for a minute, or calm down, or say "I'm ready," or whatever. Tell her in simple terms what she needs to do.
- **One minute for every year of age.** Many parents and experts recommend using this formula for how much time children should be in time-out. Young children can't sit for longer and they soon forget why they are there anyway.
- **Set a timer.** Many children stay in time-out better when they can watch a timer.
- **If your child leaves time-out before it's time.** Don't pay a lot of attention to your child. Calmly return your child to time-out. Reset the timer. Continue to do this until your child sits for the stated time. Some parents hold their children in time-out. Holding can become an attention-getting game for the child or it can make things worse. Holding should always be gentle, with as little attention paid to the child as possible. Never hold your child in time-out when you're angry.

- **After time-out, reconnect with your child.** Children may need to see and hear that you still love them, even if you didn't like their behavior.

TRANSITIONING TO A BED

IDEAS FOR PARENTS

"Now I'm Big": Moving from a Crib to a Bed

Sometime during the toddler years, most toddlers move from a crib to a bed. Like many other transitions during the toddler years, moving from a crib to a bed is easier for some toddlers than others.

How Can You Help Your Toddler Make a Smooth Transition from Crib to Bed?

- **Make sure the timing is right.** Plan the transition during a stress free time in your toddler's life. Avoid making the switch when there are other changes happening like a new baby, moving, or new child care.
- **Go slow.** Prepare your child by talking about the switch before it happens. Talk about getting "too big" for the crib and praise your child for her efforts at being a "big kid." Read books together about making the move to a bed.
- **Let your toddler pick out the bed or bedding.** Whether it is a new bed or old, let your child claim it by picking out the bed, sheets, pillow, or a blanket.
- **Start with the mattress on the floor.** Help your child safely get used to sleeping on the new mattress and without the crib rails by putting the mattress on the floor.
- **Buy bed rails.** If your child needs them, bed rails can keep children from falling out of bed. Blankets on the floor might help too if your child takes a tumble.
- **If your child protests.** Let your child make the transition more slowly by sleeping on the bed for naps at first or cuddle on the bed during playtime.
- **Say good-bye to the crib.** Make a big deal about saying good-bye to the crib. Have a fun ceremony to welcome the bed.
- **Stick to the same bedtime routine.** Your child will be comforted by all of the things that don't change for bedtime. Your familiar routine might help your child settle in faster.
- **Ask for help.** Your Healthy Steps Team is available for more ideas on this new change in your family's life.

For More Information:

What to Expect the Toddler Years by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996.

The Disney Encyclopedia of Baby and Child Care edited by Judith Palfrey et al., 1999

DISCIPLINE: PHYSICAL PUNISHMENT

The place of physical punishment in discipline is controversial. There are several good arguments for not using corporal punishment at all. We can raise children to be agreeable, responsible, productive adults without ever spanking them. All children need discipline on hundreds of occasions, but there are alternatives to spanking, such as sending a child to his or her room. Spanking carries the risk of triggering the unrelated pent-up anger that many adults carry inside them. This anger could find an outlet in the spanking and end in child abuse. Parents who turn to spanking as a last resort for "breaking their child's will" may find that they have underestimated their child's determination. In addition, physical punishment worsens aggressive behavior because it teaches a child to lash out when he or she is angry. Other forms of discipline can be more constructive, leaving a child with some sense of guilt and contributing to the formation of a conscience.

If you feel the need occasionally to spank your child, follow these guidelines for safe physical punishment:

- Hit only with an open hand. Hit through clothing. It is difficult to judge how hard you are hitting your child if you hit him or her with an object other than your hand. Paddles and belts commonly cause bruises.
- Hit only on the buttocks, legs, or hands. Hitting a child on the face is demeaning as well as dangerous; in fact, slapping the face is inappropriate at any age.
- Give only one swat; that is enough to change behavior. Hitting your child more than once may relieve your anger but will probably not teach your child anything additional.

- Don't spank children less than 1 year of age. Spanking is inappropriate before your child has learned to walk and should be unnecessary after the age of 5 to 6 years. Use negotiation and discussion to resolve most differences with school-age children.
- Avoid shaking children, because of the serious risk of causing blood clots on the brain (subdural hematomas).
- Don't use physical punishment more than once each day. The more your child is spanked, the less effect it will have.
- Learn alternatives to physical discipline. Isolating a child in a corner or bedroom for a time-out is much more civilized and effective. Learn how to use such forms of discipline.
- Never spank your child when you are out of control, scared, or drinking. A few parents can't stop hitting their child once they start. They can't control their rage and need help for themselves, such as from Parents Anonymous groups. They must learn to walk away from their children and never use physical punishment.
- Don't use physical punishment for aggressive misbehavior, such as biting, hitting, or kicking. Physical punishment under such circumstances teaches a child that it is all right for a bigger person to strike a smaller person. Aggressive children need to be taught restraint and self-control. They respond best to time-outs, which give them an opportunity to think about the pain they have caused.
- Don't allow baby-sitters and teachers to spank your children.

DEFINITION

A spoiled child is undisciplined, manipulative, and unpleasant to be with much of the time. He has many of the following behaviors by age 2 or 3:

- Doesn't follow rules or cooperate with suggestions
- Doesn't respond to "no," "stop," or other commands
- Protests everything
- Doesn't know difference between his needs and wants
- Insists on having his own way
- Makes unfair or excessive demands on others
- Doesn't respect other people's rights
- Tries to control other people
- Has a low frustration tolerance
- Frequently whines or throws tantrums
- Constantly complains about being bored

Causes

The main cause of spoiled children is a lenient, permissive parent who doesn't set limits and gives in to tantrums and whining. If the parent gives the child too much power, he will become more self-centered. Such parents also rescue the child from normal frustrations (such as waiting and sharing). Occasionally, the child of working parents is left with a nanny or baby-sitter who spoils the child by providing constant entertainment and giving in to unrealistic demands.

The reason some parents are overly lenient is that they confuse the child's needs (for example, for demand feeding) with the child's wants or whims (for example, for demand play). They do not want to hurt their child's feelings or to cause any crying. In the process, they may take the short-term solution of doing whatever prevents crying, which in the long run causes more crying. The child's ability to deliberately cry and fuss to get something usually doesn't begin before 5 or 6 months of age. There may be a small epidemic of spoiling in the United States because some working parents come home feeling guilty about not having enough total time for their children and so spend their free time together trying to avoid any friction or limit setting.

Confusion exists about the differences between giving attention to children and spoiling children. In general, attention is good for children. Indeed, it is essential for normal development. Attention can become harmful if it is excessive, given at the wrong time, or always given immediately. Attention from you is excessive if it interferes with your child's learning to do things for himself and deal with life's frustrations. An example of giving attention at the wrong time is when you are busy and your child is demanding attention. Another wrong time is when a child has just misbehaved and needs to be ignored. If attention is always given immediately, your child won't learn to wait.

Holding is a form of attention that some parents unnecessarily worry about. Holding babies is equivalent to loving them. People in many cultures hold their babies much more than we do. Lots of holding by the mother and father does not cause a spoiled infant or child.

Expected Outcome

Without changes in child rearing, spoiled children run into trouble by school age. Other children do not like them because they are too bossy and selfish. Adults do not like them because they are rude and make excessive demands on them. Eventually they become hard for even the parent to love because of their behaviors. As a reaction to not getting along well with other children and adults, spoiled children eventually become unhappy. Spoiled children may show reduced motivation and perseverance in schoolwork. Because of poor self-control they may become involved with adolescent risk-taking behaviors, such as drug abuse. Overall, spoiling a child prepares that child poorly for life in the real world.

HOW TO PREVENT A SPOILED CHILD

1. **Provide age-appropriate limits or rules for your child.** Parents have the right and responsibility to take charge and make rules. Adults must keep their child's environment safe. Age-appropriate discipline must begin by the age of crawling. Saying "no" occasionally is good for children. Children need external controls until they develop self-control and self-discipline. Your child will still love you after you say "no." If your children like you all the time, you are not being a good parent.

2. **Require cooperation with your important rules.** It is important that your child be in the habit of responding properly to your directions long before entering school. Important rules include staying in the car seat, not hitting other children, being ready to leave on time in the morning, going to bed, and so forth. These adult decisions are not open to negotiation. Do not give your child a choice when there is none.

Child decisions, however, involve such things as which cereal to eat, book to read, toys to take into the tub, and clothes to wear. Make sure that your child understands the difference between areas in which he has choices (control) and your rules. Try to keep your important rules to no more than 10 or 12 items and be willing to go to the mat about these. Also, be sure that all adult caretakers consistently enforce these rules.

3. **Expect your child to cry.** Distinguish between needs and wants. Needs include crying from pain, hunger, or fear. In these cases, respond immediately. Other crying is harmless. Crying usually relates to your child's wants or whims. Crying is a normal response to change or frustration. When the crying is part of a tantrum, ignore it. Don't punish him for crying, tell him he's a crybaby, or tell him he shouldn't cry. Although not denying your child his feelings, don't be moved by his crying. To compensate for the extra crying your child does during a time when you are tightening up on the rules, provide extra cuddling and enjoyable activities at a time when he is not crying or having a tantrum. There are times when it is necessary to temporarily withhold attention and comforting to help your child learn something.

(Continued on the reverse side)

SPOILED CHILDREN, PREVENTION OF *Continued*

thing that is important (such as he can't pull on your earrings).

4. **Do not allow tantrums to work.** Children throw temper tantrums to get your attention, to wear you down, to change your mind, and to get their way. The crying is to change your "no" vote to a "yes" vote. Tantrums may include whining, complaining, crying, breath holding, pounding the floor, shouting, or slamming a door. As long as your child stays in one place and is not too disruptive or in a position to harm himself, you can leave him alone at these times. By all means, don't give in to tantrums.

5. **Don't overlook discipline during quality time.** If you are working parents, you will want to spend part of each evening with your child. This special time spent with your child needs to be enjoyable but also reality based. Don't ease up on the rules. If your child misbehaves, remind him of the existing limits. Even during fun activities, you occasionally need to be the parent.

6. **Don't start democratic child rearing until your child is 4 or 5 years old.** Don't give away your power as a parent. At 2 years of age, be careful not to talk too much with your toddler about the rules. Toddlers don't play by the rules. By 4 or 5 years of age, you can begin to reason with your child about discipline issues, but he still lacks the judgment necessary to make the rules. During the elementary school years, show a willingness to discuss the rules. By 14 to 16 years old, an adolescent can be negotiated with as an adult. At that time you can ask for his input about what rules or consequences would be fair (that is, rules become joint decisions).

The more democratic the parents are during the first 2 or 3 years, the more demanding the children tend to become. Generally, young children do not know what to do with power. Left to their own devices, they usually spoil themselves. If they are testing everything at age 3, it is abnormal. If you have given away your power, take it back (that is, set new limits and enforce them). You don't have to explain the reason for every rule. Sometimes it is just because "I said so."

7. **Teach your child to get himself unbored.** Your job is to provide toys, books, and art supplies. Your child's job is playing with them. Assuming you talk and play with your child several hours each day, you do not need to become your child's constant playmate, nor do you need to constantly provide him with an outside friend. When you're busy, expect your child to amuse himself. Even 1-year-olds can keep themselves occupied for 15-minute blocks of time. By 3 years, most children can entertain themselves half the time. Sending your child outside to "find something to do" is doing him a favor. Much good creative play, thinking, and daydreaming come out of solving boredom. If you can't seem to resign as social director, enroll your child in a preschool.

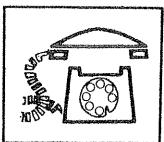
8. **Teach your child to wait.** Waiting helps children better deal with frustration. All jobs in the adult world carry some degree of frustration. Delaying immediate gratification is a trait your child must gradually learn and it takes practice. Don't feel guilty if you have to make your child wait a few minutes now and then (for example, don't allow your child to interrupt your conversations

with others in person or on the telephone). Waiting doesn't hurt him as long as he doesn't become overwhelmed or unglued by waiting. His perseverance and emotional fitness will be enhanced.

9. **Don't rescue your child from normal life challenges.** Changes such as moving and starting school are normal life stressors. These are opportunities for learning and problem solving. Always be available and supportive, but don't help your child if he can handle it for himself. Overall, make your child's life as realistic as he can tolerate for his age, rather than going out of your way to make it as pleasant as possible. His coping skills and self-confidence will benefit from this practice.

10. **Don't overpraise your child.** Children need praise, but it can be overdone. Praise your child for good behavior and following the rules. Encourage him to try new things and work on difficult tasks, but teach him to do things for his own reasons too. Self-confidence and a sense of accomplishment come from doing and completing things that he is proud of. Praising your child while he is in the process of doing something may make him stop at each step and want more praise. Giving your child constant attention can make him "praise dependent" and demanding. Avoid the tendency (so common with the first born) to overpraise your child's normal development.

11. **Teach your child to respect parents' rights and time together.** The needs of your children for love, food, clothing, safety, and security obviously come first. However, your needs should come next. Your children's wants (for example, for play) and whims (for example, for an extra bedtime story) should come after your needs are met and as time is available on that day. This is especially important for working parents where family time is limited. It is both the quality and quantity of time that you spend with your children that are important. Quality time is time that is enjoyable, interactive, and focused on your child. Children need some quality time with their parents every day. Spending every free moment of every evening and weekend with your child is not good for your child or your marriage. You need a balance to preserve your mental health. Scheduled nights out with your mate will not only nurture your marriage but also help you to return to parenting with more to give. Your child needs to learn to trust other adults and that he can survive separations from you. If your child isn't taught to respect your rights, he may not respect the rights of other adults.



CALL OUR OFFICE

During regular hours if

- You feel your child is becoming spoiled.
- You and your spouse often disagree on discipline.
- Your child doesn't improve after 2 months of tightening up on limit setting.
- You have other questions or concerns.

DEFINITION

Sibling rivalry refers here to the natural jealousy of children toward a new brother or sister. Older siblings can feel jealous when a new baby arrives until they are 4 or 5 years old. Not surprisingly, most children prefer to be the only child at this age. Basically, they don't want to share your time and affection. The arrival of a new baby is especially stressful for the first born and for those less than 3 years old. The jealousy arises because the older sibling sees the new comer receiving all the attention, visitors, gifts, and special handling.

The most common symptom of sibling rivalry is lots of demands for attention: the older child wants to be held and carried about, especially when mother is busy with the newborn. Other symptoms include acting like a baby again (regressive behavior), such as thumb sucking, wetting, or soiling. Aggressive behavior—for example, handling the baby roughly—can also occur. All of these symptoms are normal. Although some can be prevented, the remainder can be improved within a few months.

PREVENTION OF SIBLING RIVALRY

During Pregnancy

- Prepare the older sibling for the newcomer. Talk about the pregnancy. Have her feel your baby's movements.
- Try to find a hospital that provides sibling classes where children can learn about babies and sharing parents. Try to give your older child a chance to be around a new baby so that he has a better idea of what to expect.
- Encourage your older child to help you prepare the baby's room.
- Move your older child to a different room or new bed several months before the baby's birth so she won't feel pushed out by the new baby. If she will be enrolling in a play group or nursery school, start it well in advance of the delivery.
- Praise your older child for mature behavior, such as talking, using the toilet, feeding or dressing himself, and playing games.
- Don't make any demands for new skills (such as toilet training) during the months just preceding the delivery. Even if your child appears ready, postpone these changes until your child has made a good adjustment to the new baby.
- Tell your child where she'll go and who will care for her when you go to the hospital, if she won't be home with her father.
- Read books together about what happens during pregnancy as well as after the baby is born.
- Look through family photographs and talk about your older child's first year of life.

In the Hospital

- Call your older child daily from the hospital.
- Try to have your older child visit you and the baby in the hospital. Many hospitals will allow this.
- If your older child can't visit you, send her a picture of the new baby.
- Encourage Dad to take your youngster on some special outings at this time (for example, to the park, zoo, museum, or fire station).

Coming Home

- When you enter your home, spend your first moments with the older sibling. Have someone else carry the new baby into the house.
- Give the sibling a gift "from the new baby."
- Ask visitors to give extra notice to the older child. Have your older child unwrap the baby's gifts.
- From the beginning, refer to your newborn as "our baby."

The First Months at Home

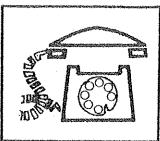
- Give your older child the extra attention he needs. Help him feel more important. Try to give him at least 30 minutes every day of exclusive, uninterrupted time. Hire a baby-sitter and take your older child outside or look through his baby album with him. Make sure that the father and relatives spend extra time with him during the first month. Give him lots of physical affection throughout the day. If he demands to be held while you are feeding or rocking the baby, try to include him. At least talk with him when you are busy taking care of the baby.
- Encourage your older child to touch and play with the new baby in your presence. Allow him to hold the baby while sitting in a chair with arms. Avoid such warnings as "Don't touch the baby." Newborns are not fragile, and it is important to show your trust. However, you can't allow the sibling to carry the baby until he reaches school age.
- Enlist your older child as a helper. Encourage him to help with baths, dry the baby, get a clean diaper, or find toys or a pacifier. At other times encourage him to feed or bathe a doll when you are feeding or bathing the baby. Emphasize how much the baby "likes" the older sibling. Make comments such as "Look how happy she gets when you play with her" or "You can always make her laugh."
- Don't ask the older siblings to "be quiet for the baby." Newborns can sleep fine without the house being perfectly quiet. This request can lead to unnecessary resentment.
- Accept regressive behavior, such as thumb sucking or clinging, as something your child needs to do temporarily. Do not criticize him.
- Intervene promptly for any aggressive behavior. Tell him that "we never hurt babies." Send your child to time-out for a few minutes. Don't spank your child or slap his hand at these times. If you hit him,

(Continued on the reverse side)

he will eventually try to do the same to the baby as revenge. For the next few weeks don't leave the two of them alone.

—If your child is old enough, encourage him to talk about his mixed feelings about the new arrival. Give him an alternative behavior: "When you're upset with the baby, come to me for a big hug."

CALL OUR OFFICE



During regular hours if

- Your older child tries to hurt the baby.
- Regressive behavior doesn't improve by 1 month.
- You have other questions or concerns.

DEFINITIONS

Characteristics of Normal Dysfluency and Dysarthria

"Normal dysfluency" and "pseudostuttering" are the terms used to describe the normal repetition of words or phrases children make when they are learning to speak between 18 months and 5 years of age. "Normal dysarthria" and "mispronunciation" are the terms used to describe the incorrect pronunciation of many children as they learn to speak; sounds are substituted or left out, so that some words become hard to identify.

Characteristics of True Stuttering

- Repetitions of sounds, syllables, words, or phrases
- Hesitations and pauses in speech
- Absence of smooth speech flow
- More frequent when child is tired, excited, or stressed
- Fear of talking
- Four times more likely in boys than in girls

Causes of Dysfluency, Dysarthria, and True Stuttering

Normal dysfluency occurs because the mind is able to form words faster than the tongue can produce them. The cause of normal dysarthria is usually genetic. In most cases, true stuttering develops when a child with normal dysfluency or dysarthria is pressured to improve and in the process becomes sensitive to his inadequacies. Soon thereafter the child begins to anticipate speaking poorly and struggles to correct it. The child becomes tense when he speaks, and the more he attempts to control his speech, the worse it becomes (a vicious cycle). The repetitions become multiple, rather than single. Temporary stuttering can occur at any age if a person becomes overly critical and fearful of his own speech. Although it is normal for us to be aware of what we are saying, how we are saying it is normally subconscious. Genetic factors also play a role in stuttering.

Incidence

Normal dysfluency occurs in 90% of children, in contrast to true stuttering, which occurs in only 1% of children. Approximately 70% of children pronounce words clearly from the onset of speech; however, the other 30% of children between the ages of 1 and 4 years have normal dysarthria and say many words that are unintelligible to their parents and others.

Expected Course of Dysfluency, Dysarthria, and True Stuttering

Normal dysfluency lasts for approximately 2 or 3 months if handled correctly. Unlike normal dysfluency, normal dysarthria is not a brief phase but instead shows very

gradual improvement over several years as development unfolds. The speech of 90% of the children who have dysarthria becomes completely understandable by 4 years of age, and the speech of 96% is understandable by 5 or 6 years of age. Without treatment, true stuttering will become worse and persist in adulthood.

HELPING YOUR CHILD COPE WITH NORMAL DYSFLUENCY AND DYSARTHRIA

These recommendations should prevent progression to true stuttering in these children.

Encourage Conversation. Sit down and talk with your child at least once each day. Keep the subject matter pleasant and enjoyable. Avoid asking for verbal performance or reciting. Make speaking fun.

Don't Correct Your Child's Speech. Avoid expressing any disapproval, such as by saying, "Stop that stuttering" or "Think before you speak." Remember that this is your child's normal speech for his age and is not controllable. Do not try to improve your child's grammar or pronunciation. Also, avoid praise for good speech because it implies that your child's previous speech wasn't up to standard.

Don't Interrupt Your Child's Speech. Give your child ample time to finish what he is saying. Don't complete sentences for him. Try to pause 2 seconds between the end of your child's sentence and the start of yours. Don't allow siblings to interrupt one another.

Don't Ask Your Child to Repeat Himself or Start Over. If possible, guess at the message. Listen very closely when your child is speaking. Only if you don't understand a comment that appears to be important should you ask your child to restate it.

Don't Ask Your Child to Practice a Certain Word or Sound. This just makes the child more self-conscious about his speech.

Don't Ask Your Child to Slow Down When He Speaks. Try to convey to your child that you have plenty of time and are not in a hurry. Model a relaxed rate of speech. A rushed type of speech is a temporary phase that can't be changed by orders from the parent.

Don't Label Your Child a Stutterer. Labels tend to become self-fulfilling prophecies. Don't discuss your child's speech problems in his presence.

Ask Other Adults not to Correct Your Child's Speech. Share these guidelines with baby-sitters, teachers, relatives, neighbors, and visitors. Don't allow siblings to tease or imitate your child's stuttering.

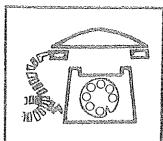
Help Your Child to Relax and Feel Accepted in General. Try to increase the hours of fun and play your child has each day. Try to slow down the pace of your family life. Avoid situations that seem to bring on stut-

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STUTTERING VERSUS NORMAL DYSFLUENCY

Continued

tering. If there are any areas in which you have been applying strict discipline, back off.



CALL OUR OFFICE

During regular hours if

- Your child is over 5 years of age.
- Your child has true stuttering.

- Your child has associated facial grimacing or tics.
- Your child has become self-conscious or fearful about his speech.
- Your family has a history of stuttering in adulthood.
- Speech is also delayed (no words by 18 months or no sentences by 2½ years).
- Speech is totally unintelligible to others, and your child is over 2 years old.
- Speech is more than 50% unintelligible to others, and your child is over 3 years old.
- Speech is 10% unintelligible to others, and your child is over 4 years old.
- The dysfluency doesn't improve after trying this program for 2 months.
- You have other questions or concerns.

Dosage for Fever Reducers

Weight Kilograms	Pounds	Ibuprofen/Motrin/Advil		Tylenol	
		Children's Syrup 100 mg/5 mL	NOT FOR < 6MOS AGE	Children's Syrup 160 mg/5 mL 2mL	NOT FOR < 6MOS AGE
4.5	10				
5.5	12				
6.4	14				
7.3	16				
8.2	18				
9.1	20				
10.0	22				
10.9	24				
11.8	26				
12.7	28				
13.6	30	6.5 mL	7 mL	6 mL	6.5 mL
14.5	32	7.5 mL	8 mL	7.5 mL	8.5 mL
15.5	34	8 mL	9 mL	8 mL	9 mL
16.4	36	8.5 mL	9 mL	8.5 mL	9 mL
17.3	38	9 mL	10 mL	9 mL	10 mL
18.2	40	9 mL	10.5 mL	9 mL	10.5 mL
19.1	42	9 mL	11 mL	9 mL	10 mL
20.0	44	9.5 mL	11.5 mL	9.5 mL	11.5 mL
20.9	46	10 mL	12 mL	10 mL	12 mL
21.8	48	10.5 mL	12 mL	10.5 mL	12 mL
22.7	50	11 mL	12.5 mL	11 mL	12.5 mL
23.6	52	11.5 mL	13 mL	11.5 mL	13 mL
24.5	54	12 mL	14 mL	12 mL	14 mL
25.5	56	12.5 mL	14.5 mL	12.5 mL	14.5 mL
26.4	58	12.5 mL	14 mL	12.5 mL	14 mL
27.3	60	13 mL	15 mL	13 mL	15 mL
28.2	62	13.5 mL	15.5 mL	13.5 mL	15.5 mL
29.1	64	14 mL	17 mL	14 mL	17 mL
30.0	66	14.5 mL	17.5 mL	14.5 mL	17.5 mL
30.9	68	15 mL	19 mL	15 mL	19 mL
31.8	70	15.5 mL	19.5 mL	15.5 mL	19.5 mL
32.7	72	16 mL	18 mL	16 mL	18 mL
33.6	74	16.5 mL	18.5 mL	16.5 mL	18.5 mL
34.5	76	17 mL	19 mL	17 mL	19 mL
35.5	78	17.5 mL	20 mL	17.5 mL	20 mL
36.4	80	18 mL	20 mL	18 mL	20 mL
37.3	82	18.5 mL	20.5 mL	18.5 mL	20.5 mL
38.2	84	19 mL	21 mL	19 mL	21 mL
39.1	86	19.5 mL	22 mL	19.5 mL	22 mL
40.0	88	20 mL	23 mL	19 mL	23 mL