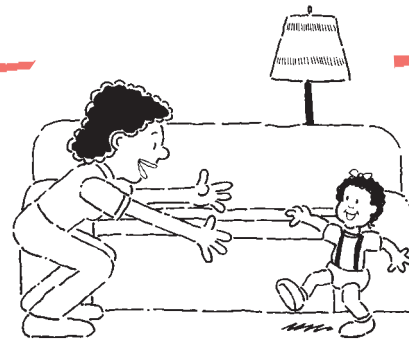


Your Child's Growth: Developmental Milestones



Watching a young child grow is a wonderful and unique experience for a parent. Learning to sit up, walk, and talk are some of the more major developmental milestones your child will achieve. But your child's growth is a complex and ongoing process. Young bodies are constantly going through a number of physical and mental changes.

Although no two children develop at the same rate, they should be able to do certain things at certain ages. As a parent, you are in the best position to note your child's development, and you can use the milestones described in this brochure as guidelines.

At the ages noted in this brochure, observe your child for 1 month. (This lets you take into account any days when your child may be acting differently because she is sick or upset.) Use the milestones listed for each age to see how your child is developing.

Remember, a "No" answer to any of these questions does not necessarily mean that there is a problem. Every child develops at his own pace and may sometimes develop more slowly in certain areas than other children the same age. Keep in mind these milestones should be used only as guidelines.

Plan to talk about these guidelines with your pediatrician during your next office visit if you note the following:

- Major differences between your child's development and the milestones.
- Your child does not yet do many of the things usually done at her age.

3 Months

When your baby is lying on his back, does he move each of his arms equally well? Check "No" if your baby makes jerky or uncoordinated movements with one or both of his arms or legs, or uses only one arm all the time.

☐ Yes ☐ No

Does your baby make sounds such as gurgling, cooing, babbling, or other noises besides crying?

☐ Yes ☐ No

Does your baby respond to your voice?

☐ Yes ☐ No

Are your baby's hands frequently open?

☐ Yes ☐ No

When you hold your baby in the upright position, can she support her head for more than a moment?

☐ Yes ☐ No

6 Months

Have you seen your baby play with his hands by touching them together?

☐ Yes ☐ No

Does your baby turn her head to sounds that originate out of her immediate area?

☐ Yes ☐ No

Has your baby rolled over from his stomach to his back or from back to stomach?

☐ Yes ☐ No

When you hold your baby under her arms, can she bear some weight on her legs? Check "Yes" only if she tries to stand on her feet and support some of her weight.

☐ Yes ☐ No

When your baby is on his stomach, can he support his weight on outstretched hands?

☐ Yes ☐ No

Does your baby see small objects such as crumbs?

☐ Yes ☐ No

Does your baby produce a string of sounds?

☐ Yes ☐ No

Does she react to the emotions of others?

☐ Yes ☐ No

Does your baby begin to relax when you read him a bedtime story?

☐ Yes ☐ No

Does your baby notice herself and her actions in a mirror?

☐ Yes ☐ No

Does your baby reach out for you to pick him up?

☐ Yes ☐ No

9 Months

When your baby is playing and you come up quietly behind her, does she sometimes turn her head as though she hears you? (Loud sounds do not count.) Check "Yes" only if you have seen her respond to quiet sounds or whispers.

☐ Yes ☐ No

Can your baby sit without support and without holding up his body with his hands?

☐ Yes ☐ No

Does your baby crawl or creep on her hands and knees?

☐ Yes ☐ No

Does your baby hold his bottle?

☐ Yes ☐ No

Does your baby deliberately drop or throw toys?

☐ Yes ☐ No

Does she bang, strike, and shake her toys?

☐ Yes ☐ No

When you show your baby a book, does he get excited, then try to grab and taste it?

☐ Yes ☐ No

Is your baby wary of unfamiliar people?

☐ Yes ☐ No

Does your baby make sounds that use vowels and consonants?

☐ Yes ☐ No

12 Months

When you hide behind something or around a corner and then reappear, does your baby look for you and eagerly plan for you to reappear?

☐ Yes ☐ No

Does your baby pull up to stand?

☐ Yes ☐ No

Does your baby walk holding on to furniture?

☐ Yes ☐ No

Does your baby make "ma-ma" or "da-da" sounds? Check "Yes" if she makes either sound.

☐ Yes ☐ No

Does your baby say at least one word?

☐ Yes ☐ No

Is your baby able to locate sounds by turning his head?

☐ Yes ☐ No

Does your baby imitate familiar adult behavior, such as using a cup or telephone?

☐ Yes ☐ No

Injury Prevention and Intervention

As your child gains developmental skills that lead to increasing independence and curiosity, there is more possibility for injury. Therefore, the job of keeping our children safe becomes more important. Our goal is to provide a safe environment, which allows our children to move about as freely and safely as possible. It is recommended that all caretakers become certified in CPR.

Accident Hazards

Protect your child from accident hazards such as electrical tools, firearms, matches, sharp edges, sharp objects, medicines and household poisons. Use cabinet locks, stair gates and outlet plugs. Keep cords from drapes and shades out of the way and consider bolting heavy pieces of furniture (bookcases, stereo cabinets) to the wall. Install window guards above the first floor. Do not use a baby walker. Keep all household products and medicines out of sight and reach. If your child ingests something poisonous, always call the **Poison Center 1-800-222-1222**.

Burns

Protect against burns by keeping hot liquids and surfaces away from your child. Keep children away from electrical cords and make sure that drawers cannot be pulled out and climbed on, especially near a hot surface. Check the water temperature in your home. Use a meat thermometer to make sure that your hot water does not get higher than 120 degrees. Adjust your hot water heater if the water is hotter than 120 degrees to prevent accidental burns from your tap water. In case of a burn, apply cold water and cover with a clean cloth. If the burn involves joint surfaces or has significant blistering, call for further advice.

Car and Bike Safety

A rear facing car seat should be used until your infant reaches the highest weight or height allowed by your car safety seat's manufacturer. It should be used as long as possible. Your child should stay in a booster seat until the adult seat belt fits properly. This is usually when your child is about 4'9" and is between 8-12 years of age. Parents must be good role models by always using their seatbelts and bike helmets. Bike helmets prevent serious head injury in more than 80% of accidents. Bike helmets should be worn regardless of how far or how long the bike ride. It is helpful to join with parents of your children's friends, or as a community, to set strict parental rules.

Teach Your Children Well

Teach your child what to do during an emergency, such as a fire. As a family, establish an escape plan. Your child should know not to go with or accept food from strangers, to be careful around a strange dog and to swim only with parental supervision. By age 5, your child should be taught his/her name, address and telephone number as well as the appropriate emergency use of "911".

6WEEKS to 3-4 MONTHS

Marc Welssbluth, M.D. and Daniel Weissbluth, M.D

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Sleep Consult

Age: (use corrected age, your child's age counting from the due date): 6 WEEKS to 3-4 MONTHS. Please review Prepare for Healthy Sleep: Premature, 0-6 Weeks and 6 WEEKS.

Our main goal at this age is to first encourage a mid-morning nap and a mid-day nap.

Self-Soothing skills and an early enough bedtime to prevent a

Second Wind at the end of the day are necessary to achieve this goal.

If you have not already done so, start to Prepare for Healthy Sleep by allowing your baby to begin to learn Self-Soothing. This preparation establishes the foundation for healthy sleep. If the foundation to Prepare for Healthy Sleep has not been laid, Start Now. For a deeper look into why sleep is important for your baby, see Sleep Smarts or Healthy Sleep Habits. Happy Child. You want your child to be at his Personal Best. Bedtime is roughly between 6-SPM.

It should be early enough so that your baby does not develop a Second Wind in the late afternoon or early evening. See the Welssbluth Sleep Wheel.

Consider Drowsy But Awake plus Extinction. Extinction with a Cap, Graduated Extinction. or Check & Console after Soothing at night to allow your baby to learn some self-soothing. See also, Problems With extinction. Please do not worry about Does Crying Hurt My Child or have a fear of Crying it Out. The reason that you start at night is because the night sleep rhythm is developed and you are using this naturally developing evening drowsiness as an aid to help your child fall asleep unassisted. If your baby has had a too late bedtime in the past, Cumulative Sleepiness may have already developed and How to Choose an Earlier Bedtime will guide you to choose an earlier bedtime.

A Temporary 5:30PM Bed Time might be chosen if your baby shows a Second Wind near the end of the day or you do not see Drowsy Signs in the early evening.

Tip: Start this process on a Saturday morning when Dad is around to help!

Tip: Start at night or in the morning or do both at the same time if your family is desperate for sleep.

Tip: if you have only one bedroom, separate your baby from you at night by giving her your bedroom. Maybe you will have to camp out in your living room for a while until your baby sleeps better at night. If you have two bedrooms, consider moving her to her own room during this age range.

Naps are brief and irregular but a pattern will develop into fewer and longer naps during this age range. See the Weissbluth Method Infant Nap App (0-12 Months)

The morning nap emerges before the mid-day nap. Naps become regular before they become long. Brief naps are common. Naps may be very brief or very irregular if Self-Soothing skills are not developed, the intervals between naps are too long, the Bedtime is Too Late, night sleep is fragmented, the child is post-colic, or there is too much environmental stimulation. Some infants nap best in pitch black and very quiet rooms. White noise machines might help.

The transition from irregular naps to more regular but brief naps is often frustrating to parents who want their baby to nap longer. For a deeper look, see, Night Sleep is Fine, Why are Naps a Problem? If your baby is well rested during the day, please be patient and the naps will get longer. If your child is short on sleep during the day, experiment with earlier or later nap schedules, an earlier bedtime, let cry at night for consolidated night sleep, make the room darker, or practice more putting her down Drowsy but Awake. Some brief naps might be extended by re-swaddling, a quick feeding, or replacing a pacifier.

Start at bedtime because night sleep develops around 6 weeks of age and/or in the morning with Drowsy But Awake because he is likely to be best rested from night sleep and the morning nap develops before the mid-day nap. You might be more successful if you try this within one hour of wakefulness in the morning because your baby is best rested from night sleep. That is, do changing, feeding, a little playing, and soothing all within one hour. Look at the clock when you think your baby awakens to "start the day"; this time may vary from day to day. Have Dad, if available, put him down in a dark and quiet room Drowsy But Awake.

Tip: Soon we will be moving away from Brief Intervals of Wakefulness as the morning nap circadian rhythm develops around 9:00AM and later, the mid-day nap between 12:00-2:00PM

Common Problems

Sleep problems occur When the Bedtime is Too Late. For example, Parents Return Home Late From Work or picking up the child from Day care and arriving home late. If you want to quickly help repay a sleep debt or allow your baby to learn self-soothing skills, consider Extinction at About 6-12 Weeks of Sometimes, sleep problems emerge despite your best effort because there are Barriers that make it difficult to Prepare for Healthy Sleep or be reasonably consistent with an earlier bedtime. Sometimes it is hard to put an older child down earlier than a baby who needs a later bedtime because the baby had a long afternoon nap. Begin the process when you have help such as a Saturday night when Dad is home so each child has one parent for soothing to sleep.

The most common problem with child number two is that that child number one distracts parents early in the evening so parents miss Drowsy Signs so they keep number two up too late. Cumulative Sleepiness results and leads to major sleep problems.