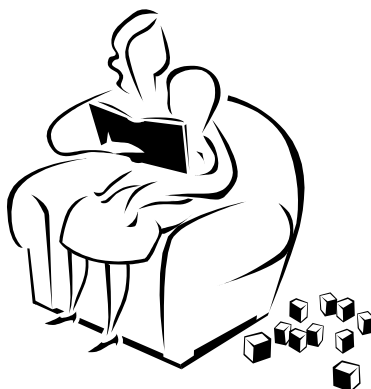




18 Month Visit



Height _____

Weight _____

Head Circumference _____

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Developmental Milestones by the End of 2 Years

Movement

- Walks alone
- Pulls toys behind him/her while walking
- Carries large toy or several toys while walking
- Begins to run
- Stands on tiptoes
- Kicks a ball
- Climbs onto and down from furniture unassisted
- Walks up and down stairs holding on to support

Hand and Finger Skills

- Scribbles spontaneously
- Turns over container to pour out contents
- Builds tower of four blocks or more
- Might use one hand more frequently than the other

Language

- Points to object or picture when it's named for him/her
- Recognizes names of familiar people, objects and body parts
- Says several single words (by 15 to 18 months)
- Uses simple phrases (by 18 to 24 months)
- Uses two- to four-word sentences
- Follows simple instructions
- Repeats words overheard in conversation

Cognitive

- Finds objects even when hidden under two or three covers
- Begins to sort by shapes and colors
- Begins make-believe play

Social

- Imitates behavior of others, especially adults and older children
- Increasingly aware of himself/herself as separate from others
- Increasingly enthusiastic about company of other children

Emotional

- Demonstrates increasing independence
- Begins to show defiant behavior
- Episodes of separation anxiety increase toward midyear then fade

Developmental Health Watch

Because each child develops at his/her own particular pace, it's impossible to tell exactly when yours will perfect a given skill. The developmental milestones will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if he takes a slightly different course. Alert your pediatrician; however, if he displays any of the following signs of possible developmental delay for this age range.

- Cannot walk by 18 months
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks exclusively on his/her toes
- Does not speak at least 15 words by 18 months
- Does not use two-word sentences by age 2
- By 15 months, does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon)
- Does not imitate actions or words by the end of this period
- Does not follow simple instructions by age 2
- Cannot push a wheeled toy by age 2

Excerpted from [*Caring for Baby and Young Child: Birth to Age 5*](#), Bantam 1999

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Toilet Training. Toilet Training Readiness

Bowel and bladder control is a necessary social skill. Teaching your child to use the toilet takes time, understanding and patience. The important thing to remember is that you cannot rush your child into using the toilet.

There is no set age at which toilet training should begin. The right time depends on your child's physical and psychological development. Children younger than 12 months have no control over bladder or bowel movements and little control for 6 months or so after that. Between 18 and 24 months, children often start to show signs of being ready, but some children may not be ready until 30 months or older.

Your child must also be emotionally ready. He/she needs to be willing, not fighting or showing signs of fear. If your child resists strongly, it is best to wait for a while.

Stress in the home may make learning this important new skill more difficult. Sometimes it is a good idea to delay toilet training in the following situations:

- Your family has just moved or will move in the near future.
- You are expecting a baby or you have recently had a new baby.
- There is a major illness, a recent death, or some other family crisis.

However, if your child is learning how to use the toilet without problems, there is no need to stop because of these situations.

It is best to be relaxed about toilet training and avoid becoming upset. Remember that no one can control when and where a child urinates or has a bowel movement except the child. Try to avoid a power struggle. Children at the toilet-training age are becoming aware of their individuality. They look for ways to test their limits. Some children may do this by holding back bowel movements.

Look for any of the following signs that your child is ready:

- Your child stays dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- Facial expressions, posture, or words reveal that your child is about to urinate or have a bowel movement.
- Your child can follow simple instructions.
- Your child can walk to and from the bathroom and help undress.
- Your child seems uncomfortable with soiled diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear grown-up underwear.

Bowel movement times vary. Some children move their bowels 2 or 3 times a day. Others may go 2 or 3 days between movements. Soft, comfortable stools brought about by a well-balanced diet make training easier for both child and parent. Trying too hard to toilet train your child before she is ready can result in long-term problems with bowel movements.

Talk with your pediatrician if there is a change in the nature of the bowel movements or if your child becomes uncomfortable. Don't use laxatives, suppositories, or enemas unless your pediatrician advises these for your child.

Most children achieve bowel control and daytime urine control by 3 to 4 years of age. Even after your child is able to stay dry during the day, it may take months or years before he achieves the same success at night. Most girls and more than 75% of boys will be able to stay dry at night after age 5.

Teaching your child to use the toilet

Decide what words to use

You should decide carefully what words you use to describe body parts, urine, and bowel movements. Remember that friends, neighbors, teachers, and other caregivers also will hear these words. It is best to use proper terms that will not offend, confuse, or embarrass your child or others.

Avoid using words like "dirty," "naughty," or "stinky" to describe waste products. These negative terms can make your child feel ashamed and self-conscious. Treat bowel movements and urination in a simple, matter-of-fact manner.

Your child may be curious and try to play with the feces. You can prevent this without making him or her feel upset by simply saying, "This is not something to be played with."

Once your child is ready, you should choose a potty chair. A potty chair is easier for a small child to use, because there is no problem getting on to it and a child's feet can reach the floor.

Children are often interested in their family's bathroom activities. It is sometimes helpful to let children watch parents when they go to the bathroom. Seeing grown-ups use the toilet makes children want to do the same. If possible, mothers should show the correct skills to their daughters, and fathers to their sons. Children can also learn these skills from older brothers and sisters, friends, and relatives.

Help your child recognize signs of needing to use the potty

Encourage your child to tell you when he or she is about to urinate or have a bowel movement. Your child will often tell you about a wet diaper or a bowel movement after the fact. This is a sign that your child is beginning to recognize these bodily functions. Praise your child for telling you, and suggest that "next time" she let you know in advance.

Before having a bowel movement, your child may grunt or make other straining noises, squat, or stop playing for a moment. When pushing, his or her face may turn red. Explain to your child that these signs mean that a bowel movement is about to come, and it's time to try the toilet.

It often takes longer for a child to recognize the need to urinate than the need to move bowels. Some children do not gain complete bladder control for many months after they have learned to control bowel movements. Some children achieve bladder control first. Most boys but not all, learn to urinate sitting down first, and then change to standing up. Remember that all children are different!

Make trips to the potty routine

If your child seems to need to urinate or have a bowel movement, take him/her to the potty. Keep your child seated on the potty for only a few minutes at a time. Explain what you want to happen.

Be cheerful and casual. If he protests strongly, don't insist. Such resistance may mean that it is not the right time to start training.

It may be helpful to make trips to the potty a regular part of your child's daily routine, such as first thing in the morning when your child wakes up, after meals, or before naps. Remember that you cannot control when your child urinates or has a bowel movement.

Success at toilet training depends on teaching at a pace that suits your child. You must support your child's efforts. Do not try to force quick results. Encourage your child with lots of hugs and praise when success occurs. When a mistake happens, treat it lightly and try not to get upset. Punishment and scolding will often make children feel bad and may make toilet training take longer.

Teach your child proper hygiene habits. Show your child how to wipe carefully. (Girls should wipe thoroughly from front to back to prevent bringing germs from the rectum to the vagina or bladder.) Make sure both boys and girls learn to wash their hands well after urinating or a bowel movement.

Some children believe that their wastes are part of their bodies; seeing their stools flushed away may be frightening and hard for them to understand. Some also fear they will be sucked into the toilet if it is flushed while they are sitting on it. Parents should explain the purpose of body wastes. To give your child a feeling of control, let him or her flush pieces of toilet paper. This will lessen the fear of the sound of rushing water and the sight of things disappearing.

Encourage the use of training pants

After your child has had repeated successes, encourage the use of training pants. This moment will be special. Your child will feel proud of this sign of trust and growing up. However, be prepared for "accidents." It may take weeks, even months, before toilet training is completed. It may be helpful to continue to have your child sit on the potty at specified times during the day. If your child uses the potty successfully, it's an opportunity for praise. If not, it's still good practice.

In the beginning, many children will have a bowel movement or will urinate right after being taken off the toilet. It may take time for your child to learn how to relax the muscles that control the bowel and bladder. If these "accidents" happen a lot, it may mean your child is not really ready for training.

Sometimes your child will ask for a diaper when a bowel movement is expected and stand in a special place to defecate. Instead of considering this a failure, praise your child for recognizing the bowel signals. Suggest that he or she have the bowel movement in the bathroom while wearing a diaper. Encourage improvements and work toward sitting on the potty without the diaper.

Most of the time, your child will let you know when he is ready to move from the potty chair to the "big toilet." Make sure your child is tall enough, and practice the actual steps with him.

Your pediatrician can help

If any concerns come up before, during, or after toilet training, talk with your pediatrician. Often the problem is minor and can be resolved quickly, but sometimes physical or emotional causes will require treatment. Your pediatrician's help, advice, and encouragement can help make toilet training easier. Also, your pediatrician is trained to identify and manage problems that are more serious.

Preventing Common Household Accidents

A house is an exciting place for infants and small children, who love to explore but aren't aware of the potential dangers. Protecting your child from household dangers is your job - and it's a job that will always be evolving to keep up with your child's growing mobility and curiosity. Even before your baby comes home from the hospital, you will need to think carefully about his safety at home. And as he grows older, your job becomes more difficult, as he touches, tastes, and climbs his way through the world.

Life can't be risk-free, but most household accidents can be prevented by using a household safety checklist. This will help you identify and eliminate potential hazards in your home.

To prevent animal bites:

Pets and children seem like a natural combination - until one oversteps the other's boundaries. Take note of the following to promote household harmony:

- Never leave infants under one year old alone with a family pet.
- Don't keep undomesticated animals (ferrets, for example) as house pets.
- When choosing a family pet, look for one with a calm disposition. For example, some dog breeds tolerate children better than others; research breeds to find one that is appropriate for your family.
- Children under four years old should be supervised when playing with a dog or cat.
- Teach children never to tease an animal, pull its tail or ears, or bother it while it is eating and/or sleeping. Children should always stay away from pets with their young.
- Children should be taught never to take a toy or bone away from a dog.
- Teach children never to pet or try to play with an animal that they don't know.

To prevent burns:

Burns, especially hot water burns, are some of the most common childhood accidents. Babies and children may be more susceptible to burns than adults are: they're curious, they're small, and they have sensitive skin that needs extra protection. Use these burn-prevention tips when your children are in different parts of the house, the car, and the great outdoors:

Bathroom

Set the thermostat on your hot water heater to 120 degrees F or lower. A child can be scalded in 30 seconds if the temperature is only five degrees higher. If you are unable to control the water temperature, ex: you live in an apartment, install an antiscald device. This will slow water from tub spouts to a trickle if it reaches a certain temperature.

Kitchen/Dining room

- When cooking, always turn pot handles toward the back of the stove. Don't hold a baby or small child while cooking.
- If you have to walk with hot liquid in the kitchen (like a pot of soup or cup of coffee), make sure you know where your child is, so you don't trip over him.
- Don't drink hot beverages or soup with a child sitting on your lap.
- Avoid using tablecloths or large place mats. A small child can pull on them and overturn a hot drink or plate of food.
- Block access to the stove as much as possible.
- Don't warm baby bottles full of milk in the microwave oven. The liquid may heat unevenly, resulting in pockets of milk that can scald your baby's mouth.

- Fireplaces and wood stoves must be screened. Radiators and electric baseboard heaters may need to be screened, as well.

Outdoors/In the car

- Use playground equipment with caution. If it is very hot outside, use the equipment only in the morning, when it has had a chance to cool down during the night.
- Children can get burns from hot vinyl and metal, so remove your child's safety seat or stroller from the hot sun when not in use. If you must leave it in the sun, cover it with a blanket or towel.
- Before leaving your parked car on a hot day, hide the seat belts' metal buckles in the seats to prevent the sun from hitting them directly.

To prevent choking:

Putting things in their mouths is one of the ways that babies and small children explore the world. Anything that fits can be a danger. Choking is usually caused by food, toys, and other small objects that can easily lodge in a child's small airway. Pay special attention to the following to prevent your child from choking:

Food

- Don't give a child under age four any hard, smooth foods that can partially or completely block the windpipe. These include nuts of any type, sunflower seeds, seeded watermelon, cherries with pits, raw carrots, raw peas, raw celery, popcorn, and hard candy.
- Some soft foods can also cause choking because they are the right shape for blocking a child's windpipe. These foods, including hot dogs, sausages, grapes, and caramels, can be served if they are chopped into small pieces. Spoonfuls of peanut butter and chewing gum should also be regarded as potential choking hazards.
- When babies begin eating solids, beware of foods like raw apples and pears, which may be difficult to chew without teeth (or with just a few teeth).
- Encourage children to sit when eating and to chew thoroughly. Teach them to chew and swallow their food before talking or laughing.
- Never let children run, play sports, or ride in the car with gum, candy, or lollipops in their mouths.
- Be especially vigilant during adult parties, when nuts and other foods might be easily accessible to small hands. Clean up early and carefully, and check the floor for dropped foods that can cause choking.

Toys

- Always follow all manufacturers' age recommendations when buying toys. Some toys have small parts that can cause choking, so heed all warnings on a toy's packaging.
- Never buy vending-machine toys for small children; these toys do not have to meet safety regulations and often contain small parts.
- Check toys frequently for loose or broken parts - for example, a stuffed animal's loose eye or a broken plastic hinge.
- Warn older children not to leave loose game parts or toys with small pieces in easy reach of younger siblings.

Balloons and other small objects

- Never give balloons to a child younger than age eight. A child who is blowing up or chewing on a balloon can choke by inhaling it. Inflated balloons pose a risk because they can pop without warning and be inhaled.
- Safely dispose of button-cell batteries.
- Encourage children not to put pencils, crayons, or erasers in their mouths when coloring or drawing.
- Don't reward small children with coins.

To prevent cuts:

It's normal for children to get scrapes and cuts on the playground, but they must be protected from sharp and dangerous items around and outside the house. Take note of the following to prevent injuries from occurring in the kitchen, bathroom, and garage:

Kitchen and bathroom

- Keep knives, forks, scissors, and other sharp tools in a drawer with a safety latch.
- Keep glass objects, such as drinking glasses or bowls, in a high cabinet far from reach.
- Store appliances with sharp blades (like blenders or food processors) far from reach or in a locked cabinet.
- Make sure your child is a safe distance away when you load and unload the dishwasher.
- If possible, keep the kitchen garbage can behind a cabinet door with a safety latch.
- If you use a razor to shave, keep it in a locked cabinet in the bathroom. Be sure extra blades are stored in a safe place, along with nail scissors and other sharp tools.

Garage

- Store all tools, including those used for gardening, automotive, and lawn care, in a locked container.
- If you recycle glass and metal in your home, keep the recycling containers far from reach.

To prevent drowning:

Infants and small children can drown in only a few inches of water. Protect them from danger by providing constant supervision whenever they are near water:

Bathtub/Bathroom

- Never leave a baby unattended in the bath. If you must answer the telephone or door, don't rely on an older sibling to watch the baby; wrap your baby in a towel and bring him with you.
- Stand guard over a bathtub that is filling with water.
- Don't use a bathtub seat with suction cups. The seat can overturn and flip a baby headfirst into the water.
- Install a toilet-lid locking device.
- Never leave a small child unattended near a bucket filled with any amount of water or other liquid.

Pool area

- Don't leave children unattended by a pool, wading pool, or hot tub - even for a moment.
- Flotation devices like water wings and inflatable rings can give a false sense of security in the pool. Never use these as a substitute for constant adult supervision.
- Dump out all water from a wading pool when you are finished using it.
- If you have a pool in your backyard, install fencing at least four feet high on all sides of the pool. Install a self-closing gate with a lock that is out of a child's reach.
- Remove any ladders from an above-ground pool.

To prevent electric shock:

Many household outlets and cords are right at a toddler's eye level. Protect your child from electric shock by following these safety rules:

- Cover all unused outlets with safety caps.
- Unplug all kitchen appliances when not in use, and keep cords far from reach.
- Unplug all bathroom appliances (hair dryers, curling irons, electric razors) when not in use.
- Position television and stereo equipment against walls, so small hands don't have access to the back surfaces.
- To prevent injury from chewing on cords from lamps or other electrical equipment, bind excess cord with a twist-tie. You can also purchase a holder or spool specially designed to hide extra cord.
- Make sure all wires in the house are properly insulated.
- Check electronic toys frequently for signs of wear and tear; any object that sparks, feels hot, or smells unusual must be repaired or discarded immediately.
- Seasonal lighting, such as Christmas tree lights, can pose an especially inviting hazard. Make sure all wires are properly insulated, bind excess cord, and unplug all lights when they are not in use.

To prevent injury from falls:

Babies and infants can be wiggly and roll around easily; toddlers and small children can climb their way into trouble. Protect your children from falls by paying special attention to windows, cribs and beds, different areas of the house, and outdoor playgrounds:

Windows

- Install safety bars on upper-story windows. These bars must be childproof but easy for adults to open in case of fire.
- If you don't have safety bars on your windows, close and lock windows when children are present. For ventilation, open windows from the top, and provide adult supervision.
- Keep furniture away from windows to prevent children from climbing onto sills.
- Don't rely on window screens to keep children from falling out of windows.

Cribs and beds

- Keep side rails up on cribs.
- Never leave a baby unattended on a changing table or bed. When choosing a changing table, opt for one with two-inch guardrails.

- Always secure safety belts on changing tables, strollers, carriages, and high chairs. Be sure to strap a small child securely into the seat of a supermarket shopping cart.
- Do not put a child under age six on the top bunk of a bunk bed. Attach guardrails to the side of the top bunk.

Around the house

- Attach protective padding or other specially designed covers to corners of coffee tables, furniture, and countertops with sharp edges.
- Install hardware-mounted safety gates at the top and bottom of every stairway (pressure-mounted gates are not as secure). Avoid accordion gates, which can trap a child's head.
- Clean up any spills around the home immediately.
- Keep stairways clear.
- Make sure there are no loose rugs on the floor. Put specially designed pads under rugs to hold them securely to the floor's surface.
- Apply nonskid strips to the bottoms of bathtubs.

Outdoors

- Be sure outdoor playground equipment is safe, with no loose parts or rust.
- Playground surfaces should be soft to absorb the shock of falls. Good surface materials include sand and wood chips; avoid playgrounds with concrete and packed dirt.
- Never allow a child to play on a trampoline, even with adult supervision.

To prevent injury from firearms:

Accidental shootings take the lives of 250 children aged 14 and under in the United States each year. The best way to prevent injury and death from firearms is to avoid keeping guns in your home and avoid exposing your children to households where guns are kept. If you do own a firearm, or the parents of your children's playmates do, protect your children by ensuring that these rules are followed in your own home and in any home your children visit:

- Store guns in a securely locked case, out of children's reach. All firearms should be stored unloaded and in the uncocked position.
- Store ammunition in a separate place, in a securely locked container out of children's reach.
- Always use trigger locks or other childproof devices. Make revolvers childproof by attaching a padlock so that the cylinder cannot be locked into place.
- Always practice gun safety, and be sure to emphasize to children that guns are not toys and should never be played with.
- Take a firearm safety course to learn the safe and correct way to use your firearm.

To prevent poisoning:

Accidental poisoning can occur when a child ingests medications, cleaning products, alcohol, cosmetics, or other toxins. Many well-meaning adults fail to recognize how toxic certain substances can be and leave them in accessible places. Protect your child from the dangers of poisoning by following these rules:

Medications

- Store all medications - prescription and nonprescription - in a locked cabinet, far from children's reach.
- Never leave vitamin bottles, aspirin bottles, or other medications on the kitchen table, countertops, bedside tables, or dresser tops. Small children may decide to emulate adults and help themselves.
- Don't ever tell a child that medicine is "candy."
- Take special precautions when you have house guests. Be sure their medications are far from reach, preferably locked in one of their bags.
- Don't keep aspirin or other medicines in a pocketbook; children may find them when searching for gum or a toy.
- Child-resistant packaging does not mean childproof packaging. Don't rely on packaging to protect your children.
- Always keep pills and liquids in their original containers.
- Never administer medication to a child in the dark: you may give the wrong dosage or even the wrong medication.
- After taking or administering medication, be sure to reattach the safety cap, and store the medication away safely.

Cleaning products

- Store household cleaning products and aerosol sprays in a high cabinet far from reach. Don't keep any cleaning supplies under the sink, including dishwasher detergent and dishwashing liquids.
- Never put cleaning products in old soda bottles or containers that were once used for food.
- When you are cleaning or using household chemicals, never leave the bottles unattended if there is a small child present.
- Never put roach powders or rat poison on the floors of your home.
- Keep hazardous automotive and gardening products in a securely locked area in your garage.

Alcohol

- Don't leave alcoholic drinks where children can reach them. Take special care during parties - guests may not be conscious of where they've left their drinks. Clean up promptly after the party.
- Keep bottles of alcohol in a locked cabinet far from children's reach.
- Keep mouthwash out of the reach of children. Many mouthwashes contain substantial amounts of alcohol.

Lead paint

- If you have an older home, have the paint tested for lead.
- Do not use cribs, bassinets, highchairs, painted toys, or toy chests made before 1978; these may have a finish that contains dangerously high levels of lead.

Other items

- Never leave cosmetics and toiletries within easy reach of children. Be especially cautious with perfume, hair dye, hair spray, nail and shoe polish, and nail polish remover.
- Learn all the names of the plants in your house, and remove any that could be toxic.

- Discard used button-cell batteries safely, and store any unused ones far from children's reach (alkaline substances are poisonous).

To prevent strangulation:

Babies and children have been strangled by strings on clothing, cords, and infant furniture and accessories. Prevent strangulation by avoiding these sources and modifying certain items in your home:

- Drawstrings, ribbons, and cords
- Don't buy garments with drawstrings, which can catch on objects and strangle a child. Cut all drawstrings out of hoods, jackets, and waistbands in your child's wardrobe. Cut strings off mittens.
- Clip strings or ribbons off hanging mobiles and other crib toys.
- Strings on crib bumpers should be no longer than six inches.
- Always tie up window blind cords so they are out of your child's reach. Cut the cords so there is no loop at the bottom, then secure them with clothespins or specially designed cord clips.
- Don't let long telephone cords dangle to the floor.
- Resist the temptation to put necklaces or headbands on your baby.
- Never tie a pacifier around your baby's neck.
- Don't tether a pacifier to your baby's clothing with a ribbon or piece of string.
- Don't hang diaper bags or purses on cribs - a baby can become entangled in the straps or strings.

Infant furniture and accessories

- Crib slats should be no more than 2 3/8 inches apart; anything wider can trap a child's head.
- Avoid cribs with cut-outs in the headboard or foot board.
- Never leave a child alone in a stroller; a child can slide down and trap his head.
- Don't use old accordion-style gates. These can trap a child's head.

To prevent suffocation:

- Because babies are not yet able to raise their heads, they need special protection from suffocation. But small children are also at risk, primarily due to plastic bags of all sizes. Protect your children from the dangers of suffocation by following these rules:
- Never place an infant face down on soft bedding, such as a waterbed, quilt, sheepskin rug, or mattress cover. The same holds true for any type of soft pillow, such as a beanbag or bead-filled pillow. Avoid large stuffed animals.
- Be sure that a crib mattress fits snugly in the crib. This keeps a baby from slipping in between the mattress and the crib sides.
- Never put an infant down on a mattress covered with plastic or a plastic bag.
- Promptly dispose of plastic shopping bags and plastic dry-cleaning bags. Tie several knots in each bag before throwing it out.
- When cleaning up after a birthday party or holiday, pay special attention to all plastic bags from toy packaging. Collect them and throw them out immediately.

Common Childhood Habits

Children often exhibit behavior and habits that parents find annoying - fingernail biting, thumb-sucking, nose picking and twirling the hair. Children often resort to these repetitive activities during times of tension, idleness, fatigue or boredom. Many of the habits begin during the preschool years and continue as the child grows to school age, or they reappear at various intervals. Children are frequently unaware of the behavior in which they are engaging and are thus not using these habits to defy their parents.

The causes of these habits remain unknown. Their repetitive nature suggests that they serve a soothing or calming process for the brain. Interestingly, even in adulthood many people cling to some of these self-comforting traits during times of stress: sucking on pencil tips or their fingers, pulling their earlobes, fingering their hair.

Types of Habits

Here are some of the most common self-comforting habits of middle childhood that concern parents.

- Thumb-sucking
- Body rocking
- Head banging
- Fingernail biting
- Cuticle picking
- Hair twirling
- Masturbating

Self-comforting habits

Some self-comforting habits, such as thumb-sucking and body rocking, begin in infancy and gradually fade in middle childhood. During these middle years, most thumb-suckers will confine their sucking to the privacy of their home, usually at bedtime, while watching TV or when they are upset. Often, this behavior is accompanied by other vestiges of earlier years, such as cuddling with a blanket.

As children mature and develop greater self-control and self-understanding, their thumb-sucking usually disappears, most often by ages 6 to 8. Also, with increases in peer pressure, children tend to assume greater mastery over their behavior.

Similarly, a small number of middle-years children exhibit the normal behavior of rocking themselves to sleep in bed. They may curl into a knee-to-chest position and rock with such vigor that the bed shakes and even bangs the walls until they are fast asleep. A few children roll their head back and forth, at times banging into the wall. Still others sit up and rock. As unsettling as parents may find these unusual habits, children may exhibit them every night in order to settle into sleep. The rhythmic motion seems necessary to soothe or calm the central nervous system in the transition from wakefulness to sleep.

Other habits

Fingernail biting, cuticle picking, hair twirling and nose picking are also very common - and annoying - habits of childhood, developing between ages 3 and 6. This behavior may continue

throughout middle childhood and perhaps longer. Like other self-comforting habits, they are tension reducers, "time-wasters," and seem to be outside of consciousness or awareness.

Frequency

The frequency and intensity of these habits tend to ebb and flow, often without apparent explanation or parental intervention. Some observers have noted that the child who bites his fingernails or picks his cuticles often causes bleeding or pain; perhaps this natural consequence plays a significant role in the eventual disappearance of the habit. In any case, these habits frequently fade with time.

Management of self-comforting habits

As a first step in the simple management of your child's self-comforting habits, ignore them! Most commonly, they will disappear with time. When you call attention to them with harsh words, ridicule, or punishment, the tension that the habit presumably relieves will increase, and the habit will get worse. Punishment is not an effective way to eradicate habits.

Ignoring these habits, however, can be a difficult process for most parents. After all, if the mother or father finds a habit irritating or frustrating, ignoring it does not make the feelings disappear. Even so, try to withhold your negative comments and wait for the habit to pass.

If your child sucks her thumb or bites her fingernails, she may be interested in overcoming the habit and thus will cooperate with your own efforts toward that goal. Try using these techniques:

- When you notice that your child is not doing the behavior for extended periods, reward her in some agreed-upon way.
- Use over-the-counter agents, such as bitter-tasting compounds that can be placed on the fingers or the cuticles, to remind your child when she begins to bite or suck her thumb. This approach has a relatively low rate of success, but it is simple and, with your youngster's cooperation, may be an effective strategy. Ask your pharmacist about these products.
- Positive reinforcement is the most successful way to produce a change in behavior. Accentuate and reward the new behavior you want to see adopted. Star charts and daily rewards are very helpful.

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