**Normal Toddler**

**Outlines:**

* Definitions.
* Physical Growth.
* Physiological Growth.
* Motor Development.
* Language Development.
* Cognitive Development.
* Emotional Development.
* Social Development.
* Spiritual Development.
* Moral Development**.**
* Development of Body Image.
* Psychosexual Development.
* Needs of Preschool:

**Introduction**

 During the toddler years, your child will go through a time of rapid change in all areas of development. The different areas of development are closely linked. The progress your toddler makes in one area affects-and is affected by-the progress she or he makes in another area.

**Definition:-**Is a stage of growth and development from 1-3 years of age, it is the beginning of independence or autonomy.

**Physical growth: -**

* + ***Weight***

The average weight gain 2kgm/year ranged from 1.8-2.7kgm/year. The birth weight is quadrupled by 2½ years of age; (4 times birth weight). The drop in weight gain at the second year is steeper that for height. This explains why the toddler child looks slim.

Formula to calculate normal weight of children over one year of age

 [Age in years X 2] + 8 = weight in kg.

* ***Height***

 The rate of increase in height is slow; the total increase in height 10-12.5cm. Toddlers generally reach about half of their adult height by 2 years of age.

The following formula is usually used to calculate normal height of children over one year [of. Age in years X5]+80=height in cm.

* ***Head circumference: -***

 Head circumference increases about 2.5cm when the child is between 1 and 2 years of age and then increases an average about 1.25cm/year until age 5. The anterior fontanel should be closed by the time the child is 18 months old. Head size becomes more proportional to the rest of the body near the age of 3 years.

***Chest circumference:-***

 It continues to increase in size and exceeds head circumference during the toddler years, its shape also changes as the transverse or lateral diameter exceeds the antero-posterior diameter. After the second year the chest circumference exceeds the abdominal measurement.

* ***Body proportions: -***

The toddler child is taller, leaner appearance, "pot billed" appearance because of the less well developed abdominal musculature and short legs. The legs retain a slightly bowed during the second year from the weight of the relatively large trunk. This lateral curvature disappears by 3 years of age.

* ***Teething: -***

By the second year of age primary dentition of 16 teeth and 20 teeth by the age of 30 months (2 ½years).

**Physiological growth: -**

**Pulse: -** pulse rate decreases, its range from 80-130 beats/minute, the average is 110 beats /minute.

**Respiration: -** 20-30 breath/ minute.

**Blood pressure: -** 80/50 mmHg.

**Bowel and bladder control: -** bowel control between ages 18 and 24 months, day time of bladder control between ages 24 and 30 months.

***Senses: -***

* Visual acuity is about 20/40, full binocular vision is well developed by the age of 12 months.
* The senses of hearing, smell, taste and touch become increasingly well developed.
* The skin becomes functionally more mature, the epidermis and dermis are more lightly bound together, increasing their resistance to infection and irritation.

Hair grows thicker and coarser and usually darkens and loses some curliness.

**Language development:-**

* 15 months: Says 4-5 words (mainly names).
* 18 months: Says 10 words or more.
* 24 months: Vocabulary of almost 300 words. Use 2-3 words phrases.
* 30 months: Talks constantly.
* Use plurals.
* Gives first & last name.

**Social development:-**

* Toddler is very social beings but still egocentric.
* Imitates parents, e.g., in clothes, in cleaning the house.
* Notice sex differences and know own sex.
* Develop 'sense of autonomy" when he depend on himself such as walking, do things for himself. If he feel small and/or when he forced to be dependent on others, he will develop a sense of doubt and shame.

**Behavioral characteristics of the toddler:-**

1. Negativism
2. Ritualistic behavior
3. Slowness in carrying out requests
4. Temper tantrums
5. Strong expression of emotions

**Emotional-social needs of toddler child:-**

1. Love and security:-
2. Guidance:-
3. Independence:-
4. Toilet Training:-

**Care of the Toddler child:-**

1. **Physical care:** - this will include bathing, dental care to prevent teeth decay, clothing and freedom to play.
2. **Sleep**: - Toddler child sleep on the average 12-14 hours out of 24 hours, including a day time nap of one to two hours.
3. **Health supervisions**-Physical checkup, immunization and dental care.
4. **Nutrition:** - The toddler age group needs 1200 calories per day.

 **The mother should be:-**

1. Serve food in small amounts.
2. Chop or cut food in to small pieces.
3. Serve food which includes all groups as milk, meat, fruits, vegetables Cereals, fat and carbohydrates.
4. Serve nutritious snacks between meals.
5. Give vitamins and iron supplement

 **5- Need safety measures**

**Parental guidance during the toddler years:**

1. Prepare parents for expected behavioral changes of toddler especially negativism.
2. Prepare parents for potential dangers of the home as poisoning.
3. Discuss need for firm but gentle discipline and ways in which to deal with negativism and temper tantrums.
4. Encourage periodic separation between parents and the child.
5. Assist parents to choose suitable toys for this age.
6. Emphasize need for dental supervision.
7. Discuss developing fears such as darkness or loud noises
8. Prepare parents for signs of regression in times of stress.
9. Discuss investigation of nursery school.

**Common problem and concerns are:**

 **1-Temper tantrums:**

**2- Night crying:**

**3- Stranger anxiety:**

**How to deal with it:**

 Stranger anxiety is a normal part of development and will occur in some form or another in most children.

1. Don't pressure.
2. Don't ignore your child's distress.
3. Warn friends and relatives.
4. Teach friends and relatives appropriate approach techniques.
5. Introduce new caretakers (e.g., babysitters) gradually.
6. Provide reassurance.
7. Introduce your children to new people (both children and adults) starting when they are very young.

**4-Poor appetite:**

  This is a very common problem among children between the ages of 2-6 years.

**How to deal with this problem:**

1. Offering food in an attractive way.
2. Fix the time of your child meals as much as possible
3. Food preferences are developed early in life and once they are established, the earlier you encourage healthy food choices for your child, the better.
4. Let your child choose what he eats. Children with decreased appetites usually continue to drink enough fluids.
5. Allow one small snack between meals.
6. Serve small portions of food-less than you think your child will eat.

***Breath holding spells***

● Breath holding spells are rare before 1 year of age, they peak at about 2 years of age and they disappear by 5 years of age.

● They are used by infants and toddlers in an attempt to control their environment and their care givers.

**Clinical manifestations**

● Breath holding spell is characterized by initial cry (which may be absent) followed by stoppage of respiration (apnea) in the expiratory phase with cyanosis and /or pallor.

● Sometimes when prolonged it may end with loss of consciousness and seizures.

**Treatment:**

- Reassurance that the condition is self-limited, not life threatening, not related to convulsions or epilepsy.

- Avoid mechanical methods to stop the attack as painful trauma, water emersion or mouth-to-mouth breathing.

- You can stop the attack before stoppage of breathing, but once breathing stopped the attack will be completed.

**Toilet training**

**Definition**

Toilet training is teaching the toddler to gain control of urine and bowel movements.

**Time to start toilet training**

**• Children develop at different rates, and you should only begin potty training when your child is ready.**

**•** At 2 ½- 4 years toilet training begins. Early training (before age 2 yr) should be discouraged.

**•** By the age of three years, nearly all children are able to control their bladder and bowels during the day.

**•** Girls achieve bladder control before boys and bowel control is achieved before urinary control.

***Duration for a child to become trained***

**•** It is common, however, for children to continue to wet at night until they are five years old. By six years of age, most children do stay dry all night.

***Signs for good training***

**•** The children understand and use the family term.

 **•** They hold themselves when they need to go to the toilet.

 **•** Asking for a clean nappy immediately after filling it.

***Basic principles behind good toilet training***

**•** A key factor for parents to recognize successful toilet training is readiness of the child. Readiness is present if a child communicates to his parents before the passage of urine and stools and can withhold elimination for a brief period of time.

**•** Never force the child.

**•** Give the child a feeling of active participation, control and independence.

**•** Do not start at a high stress time, like around the time of moving house, or the birth of a new baby.

**•** Take the child to the toilet at night before bedtime.

**•** When dry nappies are noted in the morning, try the child without nappies at night.

**•** Next, lead the child to the potty 1-3 times per day (regular times) and encourage them to sit.

**•** A “high-yield” time for sitting tends to be after meals. A few minutes should be enough.

**•** The child can play with a small toy while he or she sits.

**•** Praise the child for every step in the right direction and keep your attitude positive.

**•** Advise the parents to ask the child to use the potty/toilet next time.

**•** Never hit or shout at him if he wets himself.