

PE D I A T R I C S

of
Northeastern Pennsylvania

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YOUR 3 YEAR OLD CHILD

You've probably noticed your toddler is "growing up"! Negativism and constant limit-testing are waning and your little one is gaining more inner control. You may actually hear the word "yes" instead of "no" occasionally. What a major step towards maturity. Included in this handout is some "growing up" info. to help keep you going.

NUTRITION

Continue to use good nutritional judgement when offering your three old food. Avoid junk foods and drinks. Don't use food as punishment or reward. Your child should be feeding themselves entirely on their own.

EXTRA!!! EXTRA!!!

- Fluoride supplement is still needed and the dose should be increased to 0.5 milligrams a day.
- Vitamins may be utilized as well – Discuss this with your doctor.

SAFETY

Of course you are still using, consistently and correctly, a car safety belt for both your child and yourself. Remember how loudly example speak. Continue to guard against falls down steps by preventing easy access to them (i.e., use gates at stairwells or lock doors with access to steps). It is essential to keep knives, sharp tools and fire arms safely out of reach. Close supervision while playing outside is still necessary. You must continue to teach your child to never run out into the street, but count on them not to remember your instructions. Be on active alert!! Encourage your child to never touch strange animals, including dogs, especially if the animal is eating. Knowing how to swim DOES NOT make a child "water safe" at this age. Constant supervision around any body of water is still essential. Please begin to teach your child to not follow, speak or get into cars with strangers. Also discuss what to do if someone's actions or "touching" make them feel funny or uncomfortable.

SLEEPING

Your three year old may discontinue their daily nap and that's OK. Please maintain a regular bedtime and bedtime ritual. Occasional night fears are also common. One such occurrence is called night terrors and is categorized as a disorder of arousal. Sleep walking and talking are also considered disorders of arousal. Your child may cry inconsolable and appear terrified, confused, and glassy eyed. Such an episode may last 1-15 minutes after which your little one usually quickly returns to sleep with no memory of the event in the morning. Relax. Your child is not disturbed or unduly stressed out with daily life. This is just a variant activity that may occur during sleep state transitions. Another occurrence is called nightmares, which occur while your child is in deep REM sleep. Your child most likely will remember these dreams and may not want to go back to sleep after them because of fear. Reassure and comfort your child and allow them to talk about their dream if they desire. Sometimes it may seem difficult to reassure your child because their monsters are very real to them. But keep in mind, in the small child's world, you the parent are magic too and with consistent support and comfort, you can banish most any old monster.

PARENTING TIPS

Talk to, not at, your child. Ask them about their day and listen to their answers. Allow your child to explore, show initiative, and communicate by allowing some choices like "would you like a peanut butter and jelly sandwich or a cheese sandwich?" or "The red shirt or the blue shirt?" You may be considering pre-school or day care at this point to offer your child opportunities to learn and gain experience. Continue to keep passive activities like TV watching to an absolute minimum, while encouraging active play with blocks, simple puzzles, beads, etc. Your child will enjoy water play, being read to and pretend play. While you may see a wonderful step forward in that your child is beginning to understand taking turns and sharing, you may also notice a period of mild speech disfluency like stuttering. This is transient and self-limiting. Don't call undue attention to this and give your child plenty of time to express themselves in words. Please use correct terminology for genitals and other body parts and understand that your child's sexual curiosity and exploration are normal. Please, never threaten to leave or abandon your child because of bad behavior. Rather explain the consequences of undesirable behavior and be consistent. Use "NO" sparingly, but mean it when you do. And last but not least, continue to show lots and lots and lots of affection.

EXTRA!! EXTRA!!

- Toilet training is complete at this age for about 90% of the children.
- Consider your first dental check up.

IMMUNIZATIONS

Refer to immunization chart in baby book for immunizations due.

Immunizations and their schedules change according to the American Academy of Pediatrics recommendations. Check with your physician for changes/updates.

GROWTH AND DEVELOPMENT

At this age a typical child can:

- jump in place, kick a ball, balance and stand briefly on one foot.
- pedal a tricycle
- alternate feet when ascending stairs
- opens drawers
- build a tower of 9 cubes, imitates a bridge made of three cubes
- demonstrates speech that is mostly intelligible
- knows his name, age and sex
- may comprehend cold, tired, hungry and they understand the preposition on and under
- differentiates between bigger and smaller, and can convey the use of a ball, scissors, key and pencil
- this child should be able to copy a circle, imitate a cross, begin to discriminate colors
- be able to describe action in picture books
- should be able to put on some clothing and shoes
- should be able to feed themselves

Please remember these are "typical" milestones for this particular aged child, but every baby is an individual and variations are to be expected.

Please call out office between 7:30 a.m. and 6:00 p.m. with ANY QUESTIONS OR CONCERNS. That's what OUR part of YOUR team is all about.