

12-18 month visit



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Diet:

At this point, many babies are on homo milk (20-25 ounces per day). Again, this is fine but we want a good intake and variety of solids (a piece of meat the size of the child's hand, 1/2 cup of veg, and 1/2 cup of fruit as a minimum). We would also like a vitamin supplement with extra vit C, D, and a supplement of omega acids and iron if the diet does not contain enough. Again, texture is not important, so if your child needs solids to be smoothly pureed, that's fine. If formula is continues, vitamins may not be needed and less of an emphasis on solids. At 18 months we discuss getting rid of bottles and soother and decreasing the amount of milk as well as the fat percentage. By age 2 I would suggest about 3 servings of dairy, with low fat (1%) milk. A serving of dairy is a glass sod milk, a yogurt or 2 pieces of cheese about an inch square. This is the equivalent of about 20 ounces of milk total in a day. There are children that love drinking milk and parents push milk too much. Milk competes with iron in the bowel and we see children getting extremely anemic due to excessive dairy intake. This is why we encourage cutting down at this point. Children generally like drinking milk in a bottle, so changing to a sippy cup helps. Soothers can start to cause problems at this age. Pacifiers push the teeth apart but also move the bone. This cannot be repaired. We look for changes in the teeth and mouth and will ask you to stop now if there are problems. Otherwise certainly buy age 2.

Development:

Most children are walking by a year of age, or close to it. If not, this will be considered during the exam to look for neurological problems. Fine motor skills are improving. Mostly we focus on speech and social development. Signs of autism or developmental problems can be first identified at this time. We want good receptive language (understanding a simple command) and good interaction with people. Expressive language (talking) can come later as many children don't say much till around 2, but if the receptive

language and social skills are good, that can be entirely normal. There are some screening tools used by York Region early identification which you can look at but if your child is not doing everything on the list, don't be alarmed. I will look for problems as we go along. Also refer to the nipissing screen on our website

*The 18 month assessment in Ontario is called an "extended" assessment. Doctors are to be looking for signs of autism and developmental issues at this age. Paediatricians start looking at 9 months and do a developmental assessment **every** visit.*

On exam we look for the issues discussed above- interaction, socialization, neurological development as well as look at growth and medical issues that can come up at this age.

Vaccines

Schedules are constantly changing. The current public health schedule shows 3 vaccines at 12 months, 1 at 15 months and 1 at 18 months. I prefer to do only the more important vaccines at 12 months (prevnar and menjugate or menactra- both for meningitis). At 15 months I do the MMR and Varicella vaccines. At 18 months I do the pediadel. See the immunization section of our website for further discussion. There has been much discussion about the MMR vaccine int he past. It should be clear to patients that the MMR is safe and effective

