

Chapter 1 : How to Care for Infants and Toddlers in Groups – ZERO TO THREE

View the child immunization schedule and find out if your child's vaccinations are up to date. World Health Organization information on infant nutrition This site has information to promote proper feeding for infants and young children.

Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move like crawling, walking, or jumping. During the second year, toddlers are moving around more, and are aware of themselves and their surroundings. Their desire to explore new objects and people also is increasing. During this stage, toddlers will show greater independence; begin to show defiant behavior; recognize themselves in pictures or a mirror; and imitate the behavior of others, especially adults and older children. Toddlers also should be able to recognize the names of familiar people and objects, form simple phrases and sentences, and follow simple instructions and directions.

Positive Parenting Tips Following are some of the things you, as a parent, can do to help your toddler during this time: Read to your toddler daily. Ask her to find objects for you or name body parts and objects. Play matching games with your toddler, like shape sorting and simple puzzles. Encourage him to explore and try new things. Respond to wanted behaviors more than you punish unwanted behaviors use only very brief time outs. Always tell or show your child what she should do instead.

Child Safety First Because your child is moving around more, he will come across more dangers as well. Dangerous situations can happen quickly, so keep a close eye on your child. Here are a few tips to help keep your growing toddler safe: Do NOT leave your toddler near or around water for example, bathtubs, pools, ponds, lakes, whirlpools, or the ocean without someone watching her. Fence off backyard pools. Drowning is the leading cause of injury and death among this age group. Block off stairs with a small gate or fence. Lock doors to dangerous places such as the garage or basement. Ensure that your home is toddler proof by placing plug covers on all unused electrical outlets. Keep kitchen appliances, irons, and heaters out of reach of your toddler. Turn pot handles toward the back of the stove. Keep sharp objects such as scissors, knives, and pens in a safe place. Lock up medicines, household cleaners, and poisons. Do NOT leave your toddler alone in any vehicle that means a car, truck, or van even for a few moments. Store any guns in a safe place out of his reach. Once your child outgrows the rear-facing car seat, she is ready to travel in a forward-facing car seat with a harness. After the first year, when your nursing toddler is eating more and different solid foods, breast milk is still an ideal addition to his diet. Your toddler might become a very picky and erratic eater. Offer a selection of healthy foods and let him choose what she wants. Keep trying new foods; it might take time for him to learn to like them. Your toddler will seem to be moving continually—running, kicking, climbing, or jumping.

Chapter 2 : Infant - Wikipedia

Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The first 2 years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall.

In this chapter we provide some insights into children as learners. A study of young children fulfills two purposes: In studying the development of children, an observer gets a dynamic picture of learning unfolding over time. A fresh understanding of infant cognition and of how young children from 2 to 5 years old build on that early start also sheds new light on how to ease their transition into formal school settings. It was further thought that language is an obvious prerequisite for abstract thought and that, in its absence, a baby could not have knowledge. Since babies are born with a limited repertoire of behaviors and spend most of their early months asleep, they certainly appear passive and unknowing. Until recently, there was no obvious way for them to demonstrate otherwise. But challenges to this view arose. It became clear that with carefully designed methods, one could find ways to pose rather complex questions about what infants and young children know and can do. Armed with new methodologies, psychologists began to accumulate a substantial body of data about the remarkable abilities that young children possess that stands in stark contrast to the older emphases on what they lacked. It is now known that very young children are competent, active agents of their own Page 80 Share Cite Suggested Citation: Brain, Mind, Experience, and School: The National Academies Press. In short, the mind of the young child has come to life Bruner, , a, b; Carey and Gelman, ; Gardner, ; Gelman and Brown, ; Wellman and Gelman, A major move away from the tabula rasa view of the infant mind was taken by the Swiss psychologist Jean Piaget. Beginning in the s, Piaget argued that the young human mind can best be described in terms of complex cognitive structures. From close observations of infants and careful questioning of children, he concluded that cognitive development proceeds through certain stages, each involving radically different cognitive schemes. While Piaget observed that infants actually seek environmental stimulation that promotes their intellectual development, he thought that their initial representations of objects, space, time, causality, and self are constructed only gradually during the first 2 years. He concluded that the world of young infants is an egocentric fusion of the internal and external worlds and that the development of an accurate representation of physical reality depends on the gradual coordination of schemes of looking, listening, and touching. After Piaget, others studied how newborns begin to integrate sight and sound and explore their perceptual worlds. For perceptual learning theorists, learning was considered to proceed rapidly due to the initial availability of exploration patterns that infants use to obtain information about the objects and events of their perceptual worlds Gibson, As information processing theories began to emerge, the metaphor of mind as computer, information processor, and problem solver came into wide usage Newell et al. Although these theories differed in important ways, they shared an emphasis on considering children as active learners who are able to set goals, plan, and revise. Children are seen as learners who assemble and organize material. As such, cognitive development involves the acquisition of organized knowledge structures including, for example, biological concepts, early number sense, and early understanding of basic physics. In addition, cognitive development involves the gradual acquisition of strategies for remembering, understanding, and solving problems. The active role of learners was also emphasized by Vygotsky , who pointed to other supports for learning. Vygotsky was deeply interested in the role of the social environment, included tools and cultural objects, as well as people, as agents in developing thinking. Perhaps the most powerful idea from Vygotsky to influence developmental psychology was that of a zone of proximal development Vygotsky, , described in Box 4. It refers to a bandwidth of competence Brown and Reeve, that learners can navigate with aid from a supportive context, including the assistance of others. For modern treatments of this concept, see Newman et al. What children can do with the assistance of others is even more indicative of their mental development than what they can do alone Vygotsky, The zone of proximal development embodies a concept of readiness to learn that emphasizes upper levels of competence. What a child can perform today with assistance she will be able to perform tomorrow independently, thus

preparing her for entry into a new and more demanding collaboration. The actual developmental level characterizes mental development retrospectively, while the zone of proximal development characterizes mental development prospectively Vygotsky, Moll and Whitmore, ; Rogoff and Wertsch, ; from a different theoretical perspective, see Bidell and Fischer, It has also contributed to an understanding of the relationship between formal and informal teaching and learning situations Lave and Wenger, and cognition distributed across people and tools Salomon, To summarize an enormous body of research, there have been dramatic increases in knowledge in four major areas of research, illustrated in this chapter: Young children show positive biases to learn types of information readily and early in life. These forms of knowledge, referred to as privileged domains, center on broadly defined categories, notably physi- Page 82 Share Cite Suggested Citation: Strategies and metacognition Outside of these privileged domains children, like all learners, must depend on will, ingenuity, and effort to enhance their learning. It was previously thought that young children lacked the strategic competence and knowledge about learning metacognition to learn intentionally, but the last 30 years have witnessed a great deal of research that reveals hitherto unrecognized strategic and metacognitive competence in the young Brown and DeLoache, ; DeLoache et al. Theories of mind As they mature, children develop theories of what it means to learn and understand that profoundly influence how they situate themselves in settings that demand effortful and intentional learning Bereiter and Scardamalia, Children entertain various theories of mind and intelligence Dweck and Legget, Indeed, not all learners in schools come ready to learn in exactly the same way. Such guides include other children as well as adults caretakers, parents, teachers, coaches, etc. But not only people can serve as guides; so, too, can powerful tools and cultural artifacts, notably television, books, videos, and technological devices of many kinds Wright and Huston, Methodological Advances The large increase in the number of studies that address early learning came about as a result of methodological advances in the field of developmental psychology. Much of what is now known about the human mind comes from the study of how infants learn. This work demonstrates that the human mind is a biologically prepared organism Carey and Gelman, Three such methods are non-nutritive sucking, habituation, and visual expectation. Non-nutritive sucking is a way to use a physical capability that even the youngest infants have. In one experiment, the researchers Kalnins and Bruner, showed 5- to week-old infants a silent color film and gave the infants a pacifier to suck, the nipple of which was connected to a pressure switch that controlled the projector lens. The infants quickly learned to suck at a given rate to bring the movie into focus, showing not only that they were capable of and interested in learning how to control their own sensory environment, but also that they preferred a clear image to a blurry one. The habituation paradigm involves presenting babies with an event a stimulus "a picture, sound, or series of sounds" to which the baby attends either by looking at it, turning to it, or doing something to keep the event continuing. Over a period of time infants stop responding to repeated presentations of the same event: They recover interest if a recognizably different event is presented. A combination of non-nutritive sucking and habituation was used in a study Eimas et al. For example, an experimenter establishes a pattern of flashing a picture two times on the left side of a screen and then three times on the right side. If the baby continues to gaze at the left side of the screen after one flash, but then shifts its gaze to the right side after the second picture appears, then it is assumed that a distinction has been made between one, two, and three events. Using this procedure, infants as young as 5 months have shown that they can count up to three Canfield and Smith, These studies have been refined for studying early infant memory development by using bodily actions, such as leg kicking and arm movements, for determining object recognition Rovee-Collier, Studies like these do more than simply show that infants actively select Page 84 Share Cite Suggested Citation: The answers about infant understanding of physical and biological causality, number, and language have been quite remarkable. These studies have profoundly altered scientific understanding of how and when humans begin to grasp the complexities of their worlds. Research studies have demonstrated that infants as early as 3-4 months of age have the beginnings of useful knowledge. Three examples from many: Consider the notion of support "that an object cannot be suspended in mid-air. In one study, infants are seated in front of a table that includes a platform. Alternatively, when the experimenter reaches out from the side window, she places the box beyond the platform, leaving the impression that the box is suspended in mid-air when she withdraws her hand

impossible condition ; see Figure 4. Using the visual habituation methodology, studies have found that infants as young as 3 months old look reliably longer at the impossible events. This reaction indicates that infants expect that a box can be stable when a hand releases it onto a platform, but not when there is no supporting platform Baillargeon et al. In a study of visual fixation on consistent and inconsistent events with light and heavy objects, Schilling and Clifton also showed that 9-month-old infants look longer at the physically inconsistent events than those that are consistent with their expectations; see Figure 4. Test events used in Needham and Baillargeon In the first year of life, infants can understand that inanimate objects need to be propelled into action, that the objects cannot move themselves. For example, Leslie a,b showed that 4- to 7-month-old infants expect a point of contact to be involved in physical displacement. In one study, the infant watches a film in which a hand approaches a stationary doll and either appears to pick it up contact condition and moves away or the doll moves in tandem but without physical contact no-contact condition. Using the habituation methodology, Leslie demonstrated that infants are highly sensitive to spatiotemporal discontinuities:

Chapter 3 : Acetaminophen Dosage for Children and Infants | TYLENOL®

Infant is the term that is used for a very young offspring of a human. Generally infants include a child from 9 days old to less than 12 months. Child is used to refer to a young person before the onset of puberty or below the legal age of majority.

Weinberg Vaccinating children for travel requires careful evaluation. Whenever possible, children should complete the routine immunizations of childhood on a normal schedule. However, travel at an earlier age may require accelerated schedules. Not all travel-related vaccines are effective in infants, and some are specifically contraindicated. The recommended childhood and adolescent immunization schedule is available at www.cdc.gov. This table also describes the recommended minimum intervals between doses for children who need to be vaccinated on an accelerated schedule, which may be necessary before international travel. Country-specific vaccination recommendations and requirements for departure and entry vary over time. For example, proof of yellow fever vaccination is required for entry into certain countries. Meningococcal vaccination is required for travelers entering Saudi Arabia for the annual Hajj. The World Health Organization issued temporary vaccination requirements for residents of and long-term visitors to countries with active wild poliovirus transmission. Clinicians should check the CDC website for up-to-date requirements and recommendations www.cdc.gov. Additional information about diseases and routine vaccination is available in the disease-specific sections in Chapter 3. Interactive tools for determining routine and catch-up childhood vaccination are available at www.cdc.gov. The routine immunization schedules for infants and children in the United States do not provide specific guidelines for those traveling internationally before the age when specific vaccines and toxoids are routinely recommended. Recommended age limitations are based on potential adverse events yellow fever vaccine, lack of efficacy data or inadequate immune response polysaccharide vaccines and influenza vaccine, maternal antibody interference measles-mumps-rubella [MMR] vaccine, or lack of safety data. In deciding when to travel with a young infant or child, parents should be advised that the earliest opportunity to receive routinely recommended immunizations in the United States except for the dose of hepatitis B vaccine at birth and age 1 month is at age 6 weeks. Routine Infant and Childhood Vaccinations Children should receive routine vaccination for hepatitis A virus; hepatitis B virus; diphtheria, tetanus, pertussis; Haemophilus influenzae type b Hib; human papillomavirus; influenza; MMR; Neisseria meningitidis; polio; rotavirus; Streptococcus pneumoniae; and varicella. In order to complete vaccine series before travel, vaccine doses can be administered at the minimum intervals. Parents should be informed that infants and children who have not received all recommended doses might not be fully protected. Travel-specific vaccine considerations include the following: Vaccination should be ensured for all children traveling to areas where there is an intermediate or high risk of hepatitis A. One dose of monovalent hepatitis A vaccine administered at any time before departure can provide adequate protection for most healthy children. The second dose is necessary for long-term protection. Immune globulin IG for hepatitis A protection: One dose of 0. Children should receive a second dose after 5 months if travel continues. IG does not interfere with the response to yellow fever vaccine but can interfere with the response to other live injected vaccines such as MMR and varicella vaccines. If IG is given during this time, the child should be revaccinated with the live MMR or varicella vaccines but not sooner than 3 months after IG administration. When travel plans do not allow adequate time to administer live vaccines and IG before travel, the severity of the diseases and their epidemiology at the destination will help determine the course of preparation. Vaccine can be administered with an accelerated schedule of 4 doses of vaccine given at 0, 1, 2, and 12 months; the last dose may be given on return from travel. Influenza viruses circulate predominantly in the winter months in temperate regions typically November–April in the Northern Hemisphere and April–September in the Southern Hemisphere but can occur year-round in tropical climates. Check the CDC website annually for updated recommendations about seasonal influenza vaccination. Children traveling abroad may need to be vaccinated at an earlier age than is routinely recommended. Epidemics of meningococcal disease, caused by the bacterium Neisseria meningitidis, occur in sub-Saharan Africa during the dry season, December through

June see Map 3- CDC recommends that travelers be vaccinated before traveling to this region. Meningococcal vaccination is a requirement to enter Saudi Arabia when traveling to Mecca during the annual Hajj. Meningococcal vaccine is also recommended for children aged 2 months through 18 years who travel to or reside in areas where N. Adolescents and young adults aged 16 through 23 years may also be vaccinated with a serogroup B meningococcal MenB vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16–18 years. MenB vaccine is not recommended for people who travel to or reside in meningitis belt countries, as serogroup B disease is rare in this region. MenB vaccine is not routinely recommended for travel to other regions of the world unless an outbreak of serogroup B disease has been reported. Infants who will be residing in these countries may consider MenB vaccination according to the routine infant immunization recommendations of that country. Polio vaccine is recommended for travelers to countries with evidence of wild poliovirus WPV circulation during the last 12 months and for travelers with a high risk of exposure to someone with imported WPV infection when traveling to some countries that border areas with WPV circulation. Clinicians should ensure that travelers have completed the recommended age-appropriate polio vaccine series and have received a single lifetime booster dose, if necessary. Available data do not indicate the need for more than a single lifetime booster dose with IPV. However, requirements for long-term travelers may apply when departing certain countries. Clinicians should be aware that long-term travelers and residents may be required to show proof of polio vaccination when departing from these countries. The polio vaccine must be received between 4 weeks and 12 months before the date of departure from the polio-infected country. Refer to the Clinical Update: The risk can be seasonal in temperate climates and year-round in more tropical climates. The risk to short-term travelers and those who confine their travel to urban centers is low. JE vaccine is recommended for travelers who plan to spend a month or longer in endemic areas during the JE virus transmission season. The decision to vaccinate a child should follow the more detailed recommendations in Chapter 3, Japanese Encephalitis. In , the recommendations were expanded and the vaccine was licensed for use in children starting at age 2 months. The primary series is 2 intramuscular doses administered 28 days apart. Information on age-appropriate dosing is available at www.cdc.gov. Although studies are being conducted on the need for a booster dose following a primary series of Ixiaro in children, data are not yet available. Traveling children may be at increased risk of rabies exposure, mainly from dogs that roam the streets in developing countries. Bat bites carry a potential risk of rabies throughout the world. There are 2 strategies to prevent rabies in humans: Avoiding animal bites or scratches. Use of preexposure and postexposure prophylaxis. A 3-dose preexposure immunization series may be given on days 0, 7, and 21 or In the event of a subsequent possible rabies virus exposure, the child will require 2 more doses of rabies vaccine on days 0 and 3. The decision whether to obtain preexposure immunization for children should follow the recommendations in Chapter 3, Rabies. Children who have not received preexposure immunization and may have been exposed to rabies require a weight-based dose of human rabies immune globulin and a series of 4 rabies vaccine doses on days 0, 3, 7, and 14. Vaccination is recommended for travelers to areas where there is a recognized risk of exposure to Salmonella Typhi. Two typhoid vaccines are available: Vi capsular polysaccharide vaccine ViCPS administered intramuscularly, and oral live attenuated vaccine Ty21a. A booster series for Ty21a should be taken every 5 years, if indicated. The capsule cannot be opened for administration but must be swallowed whole. The updated recommendations also identify specific groups of travelers who should receive additional doses and others for whom additional doses may be considered. More information, including how to access yellow fever vaccine in the United States, is available in Chapter 3, Yellow Fever. Infants aged 6–8 months should be vaccinated only if they must travel to areas of ongoing epidemic yellow fever and if a high level of protection against mosquito bites is not possible. Use of Japanese encephalitis vaccine in children: Prevention and control of meningococcal disease: Interim CDC guidance for polio vaccination for travel to and from countries affected by wild poliovirus. Global Polio Eradication Initiative. Polio public health emergency: Global Polio Eradication Initiative; [cited Apr. Updated recommendations for the use of typhoid vaccine—Advisory Committee on Immunization Practices, United States, Use of serogroup B meningococcal vaccines in adolescents and young adults:

Chapter 4 : Infant Botulism

Top Infants: Child Development Related Articles Achondroplasia A common form of short stature, achondroplasia (dwarfism) is a genetic condition causing a disorder of bone growth.

It can also be a therapeutic component of services to at-risk children, providing a safe and consistent base for protection, prevention, and treatment. [Click here to learn more.](#) Unfortunately, although more and more children in this country are moving into group care at younger ages and for longer periods of time, we are missing opportunities to provide quality care. In this article, we will explore six key components of early group experience: We have traditionally viewed the care of children from birth to three as a job done in the home, as part of daily life, for free. We still demand that caregivers get their training on Saturdays or after the work day is over. Unless and until we treat group care of infants and toddlers as a profession and provide funds for training, careful staff selection, and supervision—as well as for worthy wages—we cannot expect to achieve high quality care. This is not the result of evil intent but, rather, a failure to understand the profound differences between a preschooler and an infant. Simply put, a preschooler has already formed a pretty solid sense of identity, with definite likes, dislikes, inclinations and attitudes, but an infant or toddler is forming his or her sense of identity. The process of forming a strong positive identity should occur in a setting that offers security, protection, and intimacy. In order to create and sustain intimacy in group child care, we must address six key components of early group experience.

Group Size We create chaos and confusion when we put too many infants or toddlers in one group, even with an appropriate number of adult caregivers. As the number of infants in a group goes up, so do noise level, stimulation, and general confusion. Children look lost and wander aimlessly, not quite knowing what to do. When there are too many children, shared experience and discovery through play are inhibited. In small groups, very young children are able to make connections, form caring relationships, and learn to understand other children. For children crawling and up to 18 months, the group size should be no more than nine, ratios no more than 1: For children 18 months to three years, group size should be no more than 12, ratios, 1: Centers, group homes, and family day care homes with mixed age groupings should never have more than two children under two years of age in a single group. Infants and toddlers with disabilities who do not require special medical support can easily be included in environments with this suggested ratio and group size. Children with disabilities are children first; the care they need is often exactly the same as the care typically developing children need.

The Environment The physical environment—indoors and out—can promote or impede intimate, satisfying relationships. When dangerous objects and fragile prized possessions were removed from the area in which infants and toddlers played, caregivers smiled more, encouraged exploration, and gave fewer negative comments to infants and toddlers. The environment affects relationships between children. The amount and arrangement of space and the choice and abundance of play materials can either increase the chances that young children will interact positively with each other or increase the likelihood of biting, toy pulling, and dazed wandering. The environment can encourage or impede flexible, individualized care in a group setting. With easy access to the outdoors, the daily rhythms of infants and toddlers can be accommodated. Infants and toddlers need small amounts of food and drink throughout the day to support their emotional, social, and physical well-being. A child who is thirsty or hungry cannot interact successfully with other children or adults. A small refrigerator and modest equipment for warming food will allow caregivers to feed infants on demand and offer snacks to toddlers frequently. But too often in child care settings, feeding routines accommodate the kitchen rather than the child. Primary caregiving does not mean that one person cares for an infant or toddler exclusively, all of the time—there has to be teaming. Primary caregiving does mean that the infant or toddler has someone special with whom to build an intimate relationship. Primary caregiving assignments are an excellent example of program policy that takes the encouragement of relationships seriously. He was sturdy for one-and-a-half, but short. The noise was jarring, and he looked around for the woman his mother talked to when they came in. But now, just as fast, she was gone. It scared him as much as the other time. This was not a good place to be. He wanted his mother and he wanted to go home. A boy bumped him hard, and Tim fell. He crawled over to that

woman. He sat down and fingered some colored blocks on the floor. A big boy came and grabbed one and stepped on his hand. Tim yelped and cried and looked around. He held his hurt hand in the other and the tears ran down his cheeks. Tim stood just inside the entrance to the playroom. It was very noisy. A boy ran past him and bumped him. Tim lunged for him and pushed him down. The boy cried, and Tim walked over to the blocks. He picked some up, and a bigger boy came and grabbed them. Tim gave them up quickly and then turned and saw a smaller boy who had some. He pulled them away from him. Tim looked at the blocks. They made a very satisfying sound. He picked up several other toys nearby and threw them. Suddenly one of the women was there yelling at him and holding his arm very hard. She waved a finger in his face. He thought about biting it. He wanted his mother. He wanted to go home. He is important to no one here and must fend for himself, as must others. For all, it is a potentially damaging experience. The way it should be Tim and his mother had visited the center twice in the last week. Both Tim and his mother felt comfortable with Mindy. To Tim, today felt much the same, but his mother knew she was going to leave him for several hours and had told him so. Mindy met them at the door, squatted down to speak to Tim, who smiled shyly, remembering her, and then walked with mother and child to the small rocking horse that Tim had so enjoyed the last: A small boy rushed by and bumped Tim quite hard. Mindy caught the little boy and talked quietly to him, introduced him to Tim, and sent him on his way. Tim got on the horse and Mindy sat nearby where a somewhat bigger girl was building with blocks and a boy was working with large puzzle pieces. Mindy attended to all of them in turn as they wanted her attention or help. These were her three, and she always kept a special eye on them. He looked surprised and climbed off the horse. But his mother really seemed to be going to leave him, so he clung closer to Mindy, who cuddled him and talked quietly. Then his mother was gone. It was like everyone in the world was holding their breath at the same time, but Mindy held him and patted him and talked quietly, and then everyone began to breathe again. Tim made a beeline for the block area, but when he got there Wong Chen had corralled all of the red blocks Tim wanted. Tim squatted down and watched Wong Chen. In a minute, Mindy came over and squatted down too, and they both watched him. His mother was working. She would come later. He feels heard and understood. He feels protected, and his primary caregiver helps him negotiate the difficult things with other children. He is learning to cooperate and to pay attention to what other children need and want. There is enough space, there are enough providers, just enough children, and abundant affection for everyone. Switching from one caregiver to another takes its toll. The child has to build trust all over again. When a very young child loses a caregiver, he really loses part of his sense of himself and the way the world operates: Continuity of care or the lack of it in a child care program has important implications for the group experience. A child with a new caregiver has to work hard to get her messages across. The caregiver can only guess at what she wants. There is confusion and stress for both child and caregiver. If a child deals with change by acting out his frustration, this will have an impact on the entire group. With a caregiver who knows him, however, a child can express need less dramatically. The better somebody knows a child, the more subtle the cues are that will inform that person of what it is that the child needs. Continuity of care is important for caregivers and parents as well as for children. Parents often experience tremendous grief when they first place their infants in child care. Trust in the caregiver builds slowly, as they realize that the caregiver is attached to their child, loves their child, and supports the special parent-child bond.

Out-of-home child care for infants and toddlers, if done well, can enrich children's early experience. It can also be a therapeutic component of services to at-risk children, providing a safe and consistent base for protection, prevention, and treatment.

Globally in , million children under 5 were estimated to be stunted too short for age , 52 million were estimated to be wasted too thin for height , and 41 million were overweight or obese. Few children receive nutritionally adequate and safe complementary foods; in many countries less than a fourth of infants 6â€”23 months of age meet the criteria of dietary diversity and feeding frequency that are appropriate for their age. Breastfeeding improves IQ, school attendance, and is associated with higher income in adult life. Undernutrition is estimated to be associated with 2. Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. Optimal breastfeeding is so critical that it could save the lives of over children under the age of 5 years each year. However, many infants and children do not receive optimal feeding. Recommendations have been refined to also address the needs for infants born to HIV-infected mothers. Antiretroviral drugs now allow these children to exclusively breastfeed until they are 6 months old and continue breastfeeding until at least 12 months of age with a significantly reduced risk of HIV transmission. Breastfeeding Exclusive breastfeeding for 6 months has many benefits for the infant and mother. Chief among these is protection against gastrointestinal infections which is observed not only in developing but also industrialized countries. Early initiation of breastfeeding, within 1 hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. The risk of mortality due to diarrhoea and other infections can increase in infants who are either partially breastfed or not breastfed at all. Breast-milk is also an important source of energy and nutrients in children aged 6â€”23 months. Breast-milk is also a critical source of energy and nutrients during illness, and reduces mortality among children who are malnourished. Children and adolescents who were breastfed as babies are less likely to be overweight or obese. Additionally, they perform better on intelligence tests and have higher school attendance. Breastfeeding is associated with higher income in adult life. Improving child development and reducing health costs results in economic gains for individual families as well as at the national level. This is a natural though not fail-safe method of birth control known as the Lactation Amenorrhoea Method. Mothers and families need to be supported for their children to be optimally breastfed. Actions that help protect, promote and support breastfeeding include: Breastfeeding practices are highly responsive to supportive interventions, and the prevalence of exclusive and continued breastfeeding can be improved over the course of a few years. An infant of this age is also developmentally ready for other foods. Guiding principles for appropriate complementary feeding are: Feed slowly and patiently, encourage them to eat but do not force them, talk to the child and maintain eye contact ; practise good hygiene and proper food handling; start at 6 months with small amounts of food and increase gradually as the child gets older; gradually increase food consistency and variety; increase the number of times that the child is fed: Feeding in exceptionally difficult circumstances Families and children in difficult circumstances require special attention and practical support. Wherever possible, mothers and babies should remain together and get the support they need to exercise the most appropriate feeding option available. Breastfeeding remains the preferred mode of infant feeding in almost all difficult situations, for instance: HIV and infant feeding Breastfeeding, and especially early and exclusive breastfeeding, is one of the most significant ways to improve infant survival rates. While HIV can pass from a mother to her child during pregnancy, labour or delivery, and also through breast-milk, the evidence on HIV and infant feeding shows that giving antiretroviral treatment ART to mothers living with HIV significantly reduces the risk of transmission through breastfeeding and also improves her health. Questions and answers on HIV and infant feeding WHO response WHO is committed to supporting countries with implementation and monitoring of the "Comprehensive implementation plan on maternal, infant and young child nutrition", endorsed by Member States in May Activities that will help to achieve this include those outlined in the "Global strategy for infant and young child feeding", which aims to protect, promote and support appropriate infant and young child

feeding. The Collective brings together implementers and donors from governments, philanthropies, international organizations, and civil society. The goal of NetCode is to protect and promote breastfeeding by ensuring that breastmilk substitutes are not marketed inappropriately. Specifically, NetCode is building the capacity of Member States and civil society to strengthen national Code legislation, continuously monitor adherence to the Code, and take action to stop all violations. WHO provides simple, coherent and feasible guidance to countries for promoting and supporting improved infant feeding by HIV-infected mothers to prevent mother-to-child transmission, good nutrition of the baby, and protect the health of the mother.

Chapter 6 : Toddlers (years old) | Child Development | NCBDDD | CDC

Symptoms in infants include poor feeding and growth failure; symptoms in older children and adolescents are similar to those of adults but also include growth failure, delayed puberty, or both. Diagnosis is by thyroid function testing (eg, serum thyroxine, thyroid-stimulating hormone).

Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move like crawling, walking, or jumping. In the first year, babies learn to focus their vision, reach out, explore, and learn about the things that are around them. Cognitive, or brain development means the learning process of memory, language, thinking, and reasoning. Listening, understanding, and knowing the names of people and things are all a part of language development. During this stage, babies also are developing bonds of love and trust with their parents and others as part of social and emotional development. The way parents cuddle, hold, and play with their baby will set the basis for how they will interact with them and others. Positive Parenting Tips Following are some things you, as a parent, can do to help your baby during this time: Talk to your baby. She will find your voice calming. Answer when your baby makes sounds by repeating the sounds and adding words. This will help him learn to use language. Read to your baby. This will help her develop and understand language and sounds. Sing to your baby and play music. This will help your baby develop a love for music and will help his brain development. Praise your baby and give her lots of loving attention. Spend time cuddling and holding your baby. This will help him feel cared for and secure. Watch your baby closely for signs of being tired or fussy so that she can take a break from playing. Take care of yourself physically, mentally, and emotionally. Parenting can be hard work! It is easier to enjoy your new baby and be a positive, loving parent when you are feeling good yourself. Look around your home for things that could be dangerous to your baby. As a parent, it is your job to ensure that you create a safe home for your baby. It also is important that you take the necessary steps to make sure that you are mentally and emotionally ready for your new baby. Here are a few tips to keep your baby safe: Babies have very weak neck muscles that are not yet able to support their heads. If you shake your baby, you can damage his brain or even cause his death. Make sure you always put your baby to sleep on her back to prevent sudden infant death syndrome commonly known as SIDS. Read more about new recommendations for safe sleep for infants here. Protect your baby and family from secondhand smoke. Do not allow anyone to smoke in your home. Place your baby in a rear-facing car seat in the back seat while he is riding in a car. Prevent your baby from choking by cutting her food into small bites. Never carry hot liquids or foods near your baby or while holding him. Because children can get serious diseases, it is important that your child get the right shots at the right time. Between 6 and 12 months of age, your baby will learn about new tastes and textures with healthy solid food, but breast milk should still be an important source of nutrition. Breastfeeding is the natural way to feed your baby, but it can be challenging. If you need help, you can call the National Breastfeeding Helpline at or get help on-line at <http://www.nationalbreastfeedinghelpline.org>. You can also call your local WIC Program to see if you qualify for breastfeeding support by health professionals as well as peer counselors. Or go to <http://www.wic.gov>. Keep your baby active. Getting down on the floor to move helps your baby become strong, learn, and explore. Try not to keep your baby in swings, strollers, bouncer seats, and exercise saucers for too long. Limit screen time to a minimum.

Chapter 7 : Difference between Infant and Child | Infant vs Child

In older children, the causes of GERD are often the same as those seen in adults. Also, an older child is at increased risk for GERD if he or she experienced it as a baby.

Archived from the original on Nursing Care of the Pediatric Neurosurgery Patient. The Calm and Happy Toddler: Lay summary " Science News September 9, Rev Panam Salud Publica in Spanish. Archived PDF from the original on Your Compass for a New World. Essick, and Joseph Viscomi eds. Archived from the original on January 17, Retrieved January 16, This is an epigenetic, hierarchical view of social development. We have labeled this dominant view the continuous care and contact model CCC The CCC model developed from the writings of Spitz Supporters of the CCC model generally recognize that the infant and caregiver are able to adjust to a range of conditions, but they consider the adjustments observed to reflect biological variation. However, more extreme views e. Internal Working Models in Attachment Relationships: The role of the father in early family interactions. Inf Mental Health J ; Infant development and early triadic family relationships. In J Psychoanal ; Parental capacities for triadic relationships during pregnancy: Infant Mental Health J ; In babyhood, understanding comes from a combination of sensory exploration, motor manipulation, and, toward the end of babyhood, from questions to answers. Babyhood is regarded as a critical period in personality development because it is the time when the foundations of adult personality are laid. Characteristics of Babyhood The most important characteristics of babyhood are listed below: It is the true foundation age.. Pregnancy, Childbirth and the Newborn: The Complete Guide Revised ed. External links Wikibooks has a book on the topic of: Baby care and evolution Wikimedia Commons has media related to Babies. Look up infant in Wiktionary, the free dictionary.

Chapter 8 : Infant and young child feeding

The term "infant" is typically applied to young children under one year of age; however, definitions may vary and may include children up to two years of age. When a human child learns to walk, the term "toddler" may be used instead.

Generally, infants include a child from 9 days old to less than 12 months. Generally, it includes children below 12 years of age. Infant and child, both these terms are related to children. Children are a very special ingredient of any society. Many terms are used to denote them on the basis of their growing years. Two of these frequent used terms are infant and child. Generally, infant denotes a young child or baby. This meaning can be well understood by getting some insight on the origin of the word. Therefore, it refers to a very young child. Some discrepancies may be found in the years of the child for the consideration to be termed as an infant. Generally, the term covers a baby of 9 days to 12 months year old. However, in many of the places, there may be a slight variation in the corresponding age factor. Sometimes, infants are used to denote babies from three months to one year old or to two years old. In British English, infant denotes a young schoolchild, usually under the age of seven. Child refers to a young human being below the puberty age or below the legal age of majority. Generally, it tends to cover children between two and 12 years of age. Puberty starts to begin at 13 years of age, and thus it can be considered as a period of transition from childhood to adulthood. Child can also be used to denote an infant, as the common meaning of a child refers to only a young human being. Still, both are differentiated because of many reasons. One may find the segregation done for a ticket reservation facility. An infant and a child may have different fares or facilities. For example "€" generally one may find that in air flights, it is not required to purchase an extra seat for an infant. On the other hand, a child needs to occupy a seat on a separate ticket. The upper age limit may also vary from one place to the another. Generally, it is below the age of puberty or legal age of majority, which tends to be around 12 years of age. Thus, one can refer a young offspring below 2 years of age as an infant. On the other hand, apart from its popular usage, a child represents someone between 2 and 12 years of age. Comparison between an Infant and a Child:

Chapter 9 : Early Development & Well-Being € ZERO TO THREE

A child's immune system isn't as effective as an adult's because it's still developing. This makes it harder for children to fight infections. As part of the immune system, the adenoids respond to bacteria passing through the nose and mouth.