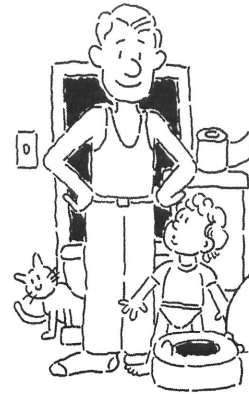


Toilet Training



Teaching your child how to use the toilet takes time and patience. Each child learns to use the toilet in his or her own time. Here is information from the American Academy of Pediatrics to help guide you and your child through the process.

When is a child ready?

Children have no control over bladder or bowel movements before age 12 months. Many children start to show signs of being ready between 18 and 24 months of age. Some children may not be ready until 36 months or older. Remember that it's normal for time frames to vary.



Most children can control their bowels and daytime urine by 3 to 4 years of age. Your child is able to stay dry during the day before being able to be dry at night. Most children are able to stay dry at night between 5 to 7 years of age.

Is your child ready?

Here are signs that your child may be ready.

- Your child is dry at least 2 hours at a time during the day or is dry after naps.
- You can tell when 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 does not like wet diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear "big-kid" underwear.

If your child has issues with constipation, talk with your child's doctor.

Toilet training tips

1. **Decide which words to use.** Choose the words your family will use to describe body parts, urine, and bowel movements. Don't use the words *dirty*, *naughty*, or *stinky*.
2. **Pick a potty chair.** A child's feet should be able to reach the floor. Books or toys for "potty time" may help make this time more fun.
3. **Be a role model.** Let your child see you use the toilet and wash your hands afterward.
4. **Know the signs.** Your child may grunt or make other noises, or squat, or stop playing for a moment. When pushing, his face may turn red. Explain briefly to your child that these signs mean a bowel movement is about to come. If your child waits to tell you about a wet diaper, praise him for telling you. Suggest that "next time" he let you know in advance. It may take longer for a child to notice the need to urinate than the need to move bowels.

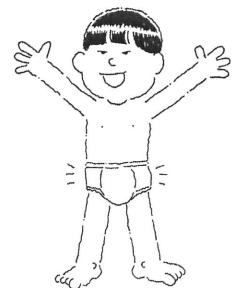
5. **Make trips to the potty a routine.** Take your child to the potty when you see him showing signs of readiness. Go at other times, too, such as first thing in the morning. Boys can urinate sitting down first and can stand up to urinate when they are better at it.

Early on, many children have bowel movements or urinate right after getting off the toilet. If this happens a lot, it may mean your child is not really ready for training. Learning how to relax the muscles that control the bowel and bladder takes time.

6. **Teach your child proper hygiene habits.** Show your child how to wipe carefully. Girls should spread their legs apart when wiping. They 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 after a bowel movement.
7. **Praise your child.** Encourage your child with a lot of hugs and praise when success occurs. When a mistake happens, treat it lightly. Punishment and scolding will often make children feel bad and may make toilet training take longer.
8. **Wait to try training pants.** Keep using diapers until your child is able to remain dry during the day for 2 weeks. However, be prepared for "accidents." It may take weeks, even months, before toilet training is completed. Continue to have your child sit on the potty once during the day. If your child uses the potty, praise her. If not, it is still good practice. Some children who are not ready for cloth training pants will still feel that they are more "grown up" if they wear disposable training pants.

Some children will want to go back to diapers, especially for bowel movements. Do not look at this setback as a failure. Instead, praise your child for knowing when she needs to go.

9. **Avoid a power struggle.** Children at toilet training ages are becoming aware of their individuality. They look for ways to test their limits. Some children may do this by holding back bowel movements. Try to stay calm about toilet training. Remember that no one can control when and where a child urinates or has a bowel movement except the child.
10. **Understand their fear.** Some children believe that their bowel movements and urine are part of their bodies. They may be scared of the toilet flushing parts of them away. Some also fear they will be sucked into the toilet if it is flushed while they are sitting on it. To give your child a feeling of control, let him flush the toilet.



11. **Watch for a desire to move up.** Most of the time, your child will let you know when she is ready to move from the potty chair to the "big toilet." Provide a stool to brace her feet.

When toilet training should be put on hold

Major changes in the home may make toilet training more difficult. Sometimes it is a good idea to delay toilet training if

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

Remember

If any concern comes up before, during, or after toilet training, talk with your child's doctor or pediatric health care professional. Often the problem is minor and can be resolved quickly. Sometimes physical or emotional causes will require treatment. Getting professional help can make the process easier.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



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American Academy of Pediatrics
Web site—www.HealthyChildren.org

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Below is a list of local pediatric dentists who have been recommended by our PAMF doctors and other patients. **These providers are not affiliated with or officially endorsed by PAMF.** You do not need a referral to schedule a dental appointment, but please confirm the status of your dental insurance with your dentist PRIOR to being seen. Each dentist specializes only in children except when noted as a family dentist.

SANTA CLARA COUNTY

Vernon Adams & Aneil Kamboj

750 Welch Road, Suite 102
Palo Alto, CA 94304
www.kidsteethcare.com
(650) 321-6448

Maria Aganon-Fu

515 South Drive, Suite 10-B
Mountain View, CA 94040
www.kidsdentist.org
(650) 969-8452

Leyla Abazari

1704 Miramonte Ave, Suite 9
Mountain View, CA 94040
www.4eversmilespediatric.com
650-282-5758

James Cox & Cristian

Miranda (family dentist)
777 Welch Road, Suite H
Palo Alto, CA 94304
(650) 326-7257

Jeff Diamond (family dentist)

158 Second Street
Los Altos, CA 94022
www.legacydentalcarelosaltos.com
650 948-0786

Mark Dal Porto

516 W Remington Drive, Suite 2
Sunnyvale, CA 94087
drdalporto.com
(408) 736-4366

Divya Doshi (family dentist)

114 N. Mary Avenue, Suite 415
Sunnyvale, CA 94086
www.marydental.com
(408) 739-0093

Shahram Fazilat

515 South Drive, Suite 17
Mountain View, CA 94040
www.doctorfazilat.com
(650) 567-9000

Joseph Fridgen & Randy Ligh

189 N. Bascom Avenue, Suite 200
San Jose, CA 95128
www.pedoortho.com
(408) 286-6308
(408) 286-6315

Mahnaz Gorgani & Natalie Vanderkam

10393 Torre Avenue, Suite L
Cupertino, CA 95014
www.cupertinodentalgroup.com
(408) 446-4353

Nick Gorgani & Cynthia Yee

731 Altos Oaks Drive
Los Altos, CA 94024
www.kellypedo.com
(650) 948-6884

Grace Hsin-Juei Lee & Catherine Le

660 S. Bernardo Avenue, Suite 1
Sunnyvale, CA 94087
www.caringpediatricdds.com
(408) 733-2008

Michelle Haghsanah

853 Middlefield Rd Suite 2
Palo Alto, CA 94301
www.Littlebytes.dental.com
(650) 322-9857

Charles Kao

333 W. El Camino Real, Suite 110
Sunnyvale, CA 94087
www.firstsmilepedodds.com
(408) 746-3770

David Korb (general dentist)

6015 Snell Avenue
San Jose, CA 95123

Annie Krystal

15466 Los Gatos Boulevard, #208
Los Gatos, CA 95032
www.losgatosdentist.com
(408) 358-8544

Cheryl Lee

1174 Castro Street, Suite 150
Mountain View, CA 94040
www.kidzdds.com
(650) 965-8688

Michael Leong

1565 Hollenbeck Avenue,
Suite 102
Sunnyvale, CA 94087
(408) 245-1802

Stanley Lin (family dentist)

1296 Kifer Road, Suite 609
Sunnyvale, CA 94086
www.kiferparkdental.com
(408) 245-0100

Constance & Robert Mazzetti (family dentist)

2235 Alma Street
Palo Alto, CA 94301
www.mazzaettidental.com
(650) 327-1530

Brian Quo & Sheila Nguyen

882-A Emerson Street
Palo Alto, CA 94303
www.pedoquo.com
(650) 853-8883

Gregory Rabitz

1600 Willow Street, Suite 250
San Jose, CA 95125
www.drrabitz.com
(408) 265-5880

Yahya Radwan & Amanda Tsoi

1298 Kifer Road, Suite 506
Sunnyvale, CA 94086
www.bayareakidsdentist.com

Bhavana Thakur (family dentist)
281 E. Hamilton Avenue, Suite 3
Campbell, CA 95008
www.thakurdds.com
(408) 871-0877

Dennis Wu
4153 El Camino Way, Suite B
Palo Alto, CA 94306
www.wufamilydental.com
(650) 213-8150

**Nancy Le, Scott Ngai
& Sona Gill**
2790 Newhall Street
Suite A
Santa Clara, CA 95050
www.dds4thekids.com
(408) 249-5121

ALAMEDA COUNTY

Vaishali Bhavsar (family dentist)
1895 Mowry Avenue, Suite 103
Fremont, CA 94538
www.preciousdental.com
(510) 790-7900

Leon Chang (family dentist)
33800 Alvarado Niles Road, Suite 6
Union City, CA 94587
(510) 489-4660

SANTA CRUZ COUNTY

Alison Jackson
7545 Soquel Drive, Suite A
Aptos, CA 95003
www.santacruzkidsdentist.com
(831) 662-2900

Brent Porter
550 Water Street, Bldg D
Suite 1
Santa Cruz, CA 95060
www.brentjporterdds.com
(831) 459-9802

**Joe Rawlins, Ryan Wittwer &
Mai Dinh**
1667 Dominican Way, Suite 232
Santa Cruz, CA 95065
www.discoverkidsmiles.com
(831) 476-5512

CONTRA COSTA COUNTY

**Christine Rimi Kobayashi
& Tami Fujino**
111 Deerwood Rd Suite 135
San Ramon, CA 94583
www.pediatricdentistry-
sanramon.com
(925) 806-0322

Jason G. Law
2111 Parkside Drive, Suite C
Fremont, CA 94536
(510) 792-1551

David E. Morris
39560 Stevenson Place, Suite 118
Fremont, CA 94539
www.youngsmilesca.com
(510) 790-3382

Steven A. Nerad
1024 Serpentine Lane, Suite 107
Pleasanton, CA 94566
www.urkidsdentist.com
(925) 846-3336

Theodore Okazaki
(general dentist)
39560 Stevenson Place, Suite 219
Fremont, CA 94539
www.okazakids.com
(510) 794-9999

Gayatri D. Sakhrani
(family dentist)
39572 Stevenson Place, Suite 125
Fremont, CA 94539
www.missionhillsdentalarts.com
(510) 793-0800

**Joshua J. Solomon, Hazel
Soliman, & Amanda Tsoi**
1133 E. Stanley Boulevard,
Suite 217
Livermore, CA 94550
www.livermorekidsdentist.com
(925) 447-1377

SAN MATEO COUNTY

Urmi Amin
10 El Camino Real, Suite 102
San Carlos, CA 94070
www.teethcare4tots.com
(650) 596-8045

Grace Kwon & Brigid Trent
1300 University Drive, Suite 8
Menlo Park, CA 94025
www.menlopediatricdental.com
(650) 323-0264

Savannah Kim
2130 Ralston Avenue, Suite 1B
Belmont, CA 94002
www.visitdentalhome.com
(650) 591-4408
Also Sunnyvale and Redwood
City

Jonathon and Brian Lee
1291 East Hillsdale Boulevard,
Suite 100
Foster City, CA 94404
www.happyhealthyteeth.com
(650) 574-4447

Katalina Ramirez
358 Marine Parkway, Suite 300A
Redwood Shores, CA 94065
www.mysuperteeth.com
(650) 226-8845

Laleh Vakili & Karen Lam
1700 S. El Camino Real, Suite 110
San Mateo, CA 94402
www.smilezrus.com
(650) 372-9292

Purvi Zavery
1390 El Camino Real, Suite 150
San Carlos, CA 94070
www.peninsulakidsdds.com
(650-394-4200)

Appetite Slump in Toddlers

What is an appetite slump?

Between 1 and 5 years old, it is normal for a toddler's appetite to slow down. It will probably seem like your child doesn't eat enough, is never hungry, or won't eat unless you spoon-feed her yourself. As long as your child's energy level is normal and she is growing normally, your child's appetite is most likely naturally slowing down.

What is the cause?

Babies may gain 15 pounds during their first year. Between 1 and 5 years of age many children normally gain only 4 or 5 pounds each year. Children in this age range can normally go 3 or 4 months without any weight gain. Because they are not growing as fast, they need less calories and seem to have a poorer appetite (this is called physiological anorexia). How much a child chooses to eat is controlled by the appetite center in the brain. Kids eat as much as they need for growth and energy.

Many parents try to force their child to eat more than she needs to because they fear that her poor appetite might cause poor health or a nutritional deficiency. This is not true, and forced feedings actually decrease a child's appetite.

How long will the appetite slump last?

Once you allow your child to be in charge of how much she eats, the unpleasantness at mealtime and your concerns about her health should disappear in a matter of 2 to 4 weeks. Your child's appetite will improve when she becomes older and needs to eat more.

What can I do to help my child?

- **Put your child in charge of how much he eats at mealtime.**

Trust your child's appetite center. Children eat as much as they need. Your child's brain will make sure he eats enough calories for normal energy and growth. Serve well-balanced meals. If your child is hungry, he will eat. If he's not, he will be by the next meal. Even reminding him to eat or to eat more will work against you.

- **Allow one small snack between meals.**

The most common reason for some children never appearing hungry is that they have so many snacks that they never become truly hungry. Be sure your child arrives at mealtime with an empty stomach. Offer your child no more than two small snacks of nutritious food each day, and provide them only if your child requests them. Keep the size of the snack to 1/3 of what you would expect him to eat at mealtime. If your child is thirsty between meals, offer water. Limit the amount of juice your child drinks to less than 6 ounces each day.

Let your child miss snacks if she chooses and then watch the appetite return. Even skipping an occasional meal is harmless.

- **Never feed your child if he is capable of feeding himself.**

Parents of a child with a poor appetite will tend to pick up the spoon, fill it with food, smile, and try to trick the child into taking it. Once your child is old enough to use a spoon by himself (usually 12 to 15 months), never again pick it up for him. If your child is hungry, he will feed himself. Forced feeding is the main cause of eating power struggles.

- **Offer more finger foods.**

Finger foods can be started at 6 to 8 months of age. Such foods allow your child to feed herself at least some of the time, even if she is not yet able to use a spoon.

- **Limit milk to less than 16 ounces each day.**

Milk contains as many calories as most solid foods. Drinking too much milk or juice can fill kids up and dull their appetites.

- **Serve small portions of food--less than you think your child will eat.**

A child's appetite is decreased if she is served more food than she could possibly eat. If you serve your child a small amount on a large plate, she is more likely to finish it and gain a sense of accomplishment. If your child seems to want more, wait for her to ask for it. Avoid serving your child any foods that she strongly dislikes (such as some vegetables).

- **Consider giving your child daily vitamins.**

Although vitamins are probably unnecessary, they are not harmful in normal dosages and may help you relax about your child's eating patterns.

- **Make mealtimes pleasant.**

Draw your children into mealtime conversation. Avoid making mealtimes a time for criticism or struggle over control.

- **Avoid conversation about eating.**

Don't discuss how little your child eats in her presence. Trust your child's appetite center to look after her food needs. Also, don't praise your child for eating a lot. Children should eat to please themselves.

- **Don't extend mealtime.**

Don't make your child sit at the dinner table after the rest of the family is through eating. This will only cause your child to develop unpleasant feelings about mealtime.

- **Common mistakes.**

Parents who are worried that their child isn't eating enough may start some irrational patterns of feeding. Some awaken the child at night to feed her. Some offer the child snacks at 15-to 20-minute intervals throughout the day. Others permit snacks that are larger than a regular meal. Some try to make the child feel guilty by talking about other children in the world who are starving. Others threaten, "If you don't eat what I cook, it means you don't love me." Some parents force their child to sit in the high chair for long periods of

time after the meal has ended. The most common mistake is picking up a child's spoon or fork and trying various ways to get food into her mouth.

How do I prevent feeding struggles?

The main way to prevent feeding struggles is to teach your child how to feed herself at as early an age as possible. By the time your child is 6 to 8 months old, start giving her finger foods. By 12 months of age, your child will begin to use a spoon and she should be able to feed herself completely by 15 months of age.

When you feed your child (before she is old enough to feed herself), you can wait for your infant to show you when she is ready to eat (by leaning forward, for example). Let her pace the feeding herself (for example, by turning her head). Do not put food into a child's mouth just because she has inadvertently opened it. Do not insist that your child empty the bottle, finish a jar of baby food, or clean the plate.

When should I call my child's healthcare provider?

Call during office hours if:

- Your child is losing weight.
- Your child has not gained any weight in 6 months.
- Your child also has symptoms of illness (for example, diarrhea or fever).
- Your child gags on or vomits some foods.
- Someone is punishing your child for not eating.
- Following these guidelines has not improved mealtimes in your house within 1 month.
- You have other questions or concerns.

Written by B.D. Schmitt, MD, author of "Your Child's Health," Bantam Books.

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Activities for Toddlers 20-24 Months Old



<p>Toddlers enjoy looking at old pictures of themselves. Tell simple stories about him as you look at the pictures. Talk about what was happening when the picture was taken.</p>	<p>Cut a rectangular hole in the top of a shoebox. Let your toddler insert an old deck of playing cards or used envelopes. The box is easy storage for your toddler's "mail."</p>	<p>Set up your own bowling game using plastic tumblers, tennis ball cans, or empty plastic bottles for bowling pins. Show your toddler how to roll the ball to knock down the pins. Then let your toddler try.</p>	<p>Many everyday items (socks, spoons, shoes, mittens) can help your toddler learn about matching. Hold up an object, and ask if she can find one like yours. Name the objects while playing the game.</p>	<p>Hide a loudly ticking clock or a softly playing transistor radio in a room and have your child find it. Take turns by letting him hide and you find.</p>
<p>A good body parts song is "Head, Shoulders, Knees, and Toes." Get more detailed with body parts by naming teeth, eyebrows, fingernails, and so forth.</p>	<p>Make your toddler an outdoor "paint" set by using a large wide paint brush and a bowl or bucket of water. Your toddler will have fun "painting" the side of the house, a fence, or the front porch.</p>	<p>Turn objects upside down (books, cups, shoes) and see if your toddler notices they're wrong and turns them back the right way. Your toddler will begin to enjoy playing "silly" games.</p>	<p>Give your toddler some of your old clothes (hats, shirts, scarves, purses, necklaces, sunglasses) to use for dress up. Make sure your toddler sees herself in the mirror. Ask her to tell you who is all dressed up.</p>	<p>Use plastic farm animals or stuffed animals to tell the Old McDonald story. Use sound effects!</p>
<p>Make grocery sack blocks by filling large paper grocery sacks about half full with shredded or crumpled newspaper. Fold the top of the sack over and tape it shut. Your toddler will enjoy tearing and crumpling the paper and stuffing the sacks. The blocks are great for stacking and building. Avoid newsprint contact with mouth. Wash hands after this activity.</p>	<p>"Dress up" clothes offer extra practice for putting on and taking off shirts, pants, shoes, and socks. Toddlers can fasten big zippers and buttons.</p>	<p>Put small containers, spoons, measuring cups, funnels, a bucket, shovels, and a colander into a sandbox. Don't forget to include cars and trucks to drive on sand roads.</p>	<p>Rhymes and songs with actions are popular at this age. "Itsy-Bitsy Spider," "I'm a Little Teapot," and "Where Is Thumbkin?" are usual favorites. Make up your own using your toddler's name in the song.</p>	<p>Make your own playdough by mixing 2 cups flour and 3/4 cup salt. Add 1/2 cup water and 2 tablespoons salad oil. Knead well until it's smooth; add food coloring, and knead until color is fully blended. Toddlers will love squishing, squeezing, and pounding the dough.</p>
<p>Playing beside or around other children the same age is fun but usually requires adult supervision. Trips to the park are good ways to begin practicing interacting with other children.</p>	<p>Play the "show me" game when looking at books. Ask your toddler to find an object in a picture. Take turns. Let your toddler ask you to find an object in a picture. Let him turn the pages.</p>	<p>Add a few Ping-Pong balls to your toddler's bath toys. Play a "pop up" game by showing your toddler how balls pop back up after holding them under the water and letting go.</p>	<p>Clean plastic containers with push or screw-on lids are great places to "hide" a favorite object or treat. Toddlers will practice pulling and twisting them to solve the "problem" of getting the object. Watch to see if your toddler asks you to help.</p>	<p>Make a book by pasting different textures on each page. Materials such as sandpaper, feathers, cotton balls, nylon, silk, and buttons lend themselves to words such as rough, smooth, hard, and soft.</p>