

Al-Mustaqbal University College

Department of Nursing



كلية المستقبل الجامعة

قسم التمريض

Lecture 7

Growth and Development of the toddler

Out line:

Physical growth

Physiological growth

Motor development

Language development

Cognitive development

Emotional development

Psychosocial development

Common health problems.

Normal Toddler (1 to 3 years)

During this period, **growth slows** considerably.

- During these years, children begin the long process toward **independence**.
- Toddler develops from having no voluntary control **to** being able both, **to walk and speak**.

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- They **also learn to control their bladder and bowels**, and they acquire all kinds of information about their environment.

Gaining self-control mastering tasks such as walking, jumping, dressing, and eating, and learning to use language to express needs.

Physical Development of the Toddler

- Time of slowed growth and rapid development
- Learns to chew food with continued eruption of teeth
- Masters tasks such as walking, jumping, dressing, eating, use language to express needs
- Learns to stand alone and walk between 1 and 2 years
- Most toddlers say their first words and refine language skills
- By end of this period, may be toilet trained

Physical Growth: weight

- ○ Average weight gain is 1.8 to 2.7 Kg/year. Formula to calculate normal weight of children over 1 years of age:
 - $(\text{Age in years} \times 2) + 8 = \text{---- Kg}$
 - E.g. 2 years old child weight = $2 \times 2 + 8 = 12 \text{ Kg}$.
- *Toddlers are usually chubby, with relatively **short legs and large head**. The face appears small when compared to the skull, but as the toddler grows. These proportions gradually change to that of the adult size.

Height:

- It increases about 10 to 12.5 cm/year.
- Formula to calculate normal height of children over 1 year of age:
 - (Age in years x 5 + 80 = -----cm) E.g. length of 2 years old child = $(2 \times 5) + 80 = 90$ cm.

Head and Chest Circumferences:

- From 1 year to adult the head increases 10 cm only.
- During toddler years, chest circumference continues to increase in size and exceeds head circumference.
- Anterior fontanel closes between 12 - 18 months of age.

Teething:

- By 2 years primary dentition of 16 teeth and 20 teeth by 30 months (2 1/2 years).

Abdomen:

- It is a protruded and toddler appears potbelled because of the immature abdominal musculature. Abdomen flattening results from development of abdominal muscles.
- Bow-legs typically persist along toddlerhood since they must bear the weight of the large trunk.



○ **Bowel and bladder control:**

- Daytime control of bladder and bowel control by 24 - 30 months.

○ **Senses:**

- Visual acuity of **6/6** is achieved during this period.
- Senses of smell, hearing, touch, and taste increasingly well developed.

Physiological Growth:

- * Pulse: 80-130 beats / minute
 - (average 110 / min)
- * Respiration: 20-30 breath / min.
- *Blood pressure: Systolic 95-105mm Hg
 - Diastolic 53-66 mm Hg

Motor Development:

Age in month	Gross Motor	Fine Motor
15th	<ul style="list-style-type: none">■ Walks alone■ Creeps upstairs■ Assumes standing position without support■ Can not throw ball without falling	<ul style="list-style-type: none">■ Builds tower of 2-3 blocks.■ Open boxes.■ Holds a cup with all fingers grasped about it■ Make line with crayon.

**18th
months**

■ **Run clumsily (often falls).**

■ Walks backward and sideways.

■ **Walks upstairs with one hand held.**

■ Jumps in place with both feet.

■ Throws ball overhand without falling.

Climbs on furniture.

■ Seats self on chair

■ **Build a tower of 3 to 4 blocks.**

■ **Removes simple clothes, e.g. shoes.**

■ Hold cup with both hands.

■ **Imitates a vertical line.**

■ Eats with spoon, turns spoon in mouth but spills frequently

24th months

- Run well.
- **Goes up and down stairs alone with two feet on each step.**
 - Can walk with heel-toe gait
 - Jumps crudely with both feet in place.
 - Kicks large ball without falling

- Builds a tower of 6 to 7 blocks.
- Holds cup with one hand.
- Opens the door by turning doorknob.
- **Imitates circle and horizontal stroke.**
 - Removes most of own clothes.
 - Drinks well from small glass held in one hand.

**30th
months**

■ **Jumps from chair or step.**

■ **Stands on one foot alone momentarily.**

■ **Walks up and down stairs**

■ **Builds a tower of 8 blocks.**

■ **Drinks without assistance.**

■ **Good hand-finger coordination, therefore, holds crayon with finger rather than fist**

Language Development:

- **15th month: Says 4 to 6 words (mainly names).**
- **18th month: Says 10 words or more.**
- **24th month: Vocabulary of almost 300 words. Uses 2-3 word phrases sentence.**
- **30th month: Talks constantly.**
 - **Uses plurals and names one color.**
 - **And gives first and last name.**

Emotional Development:

- Tolerates to some extent separation from parent, but he develops separation anxiety (anxiety develop when he is separated from the caregivers-mother).
 - Less fear to strangers (places and people) ■
- Beginning to imitate parents.
- Expresses emotions has temper-tantrums.
- Beginning awareness of ownership (my-toy).

The types of play toddler engage in can be described as:

- Parallel plays:** the child sits with other children but does not cooperate or interact with them.
- Much of playtime is imitation of role models
- The toddler does not share toys until later of the toddler years



Psychosexual development:

According to Freud, the age 2-3 years represent the **anal phase** of development which is characterized by:

Negativism .1

Emotions expressed very strongly .2

- Temper tantrums

Psychosocial development

- **According to Erickson**, toddlers are working on the developmental task of **autonomy versus shame and doubt**.
- The favorite word of most toddlers is “**NO**”. just saying the word seems to command the attention of those around themselves.
- When the central development task is **autonomy versus sham& doubt** (I can do it my self) increasing abilities to control their bodies themselves, and their environment.



Health promotion & protection

■ **Immunizations**

■ **Injury prevention**

■ **Sleeping pattern**

■ **Nutrition requirement:** need 100 kcal/kg/24hrs.

1. They prefer to feed themselves, so they can be at risk of aspiration of small foods that are not easily chewed.
2. Encourage self-feeding
3. Do not push the child to eat
4. Allow others to eat with the child
5. Offer familiar foods
6. Provide fluids in small but frequent amounts

Common Health & Developmental Problems of the toddler:

- 1. Stranger anxiety.
- 2. Stressful reaction to hospitalization.
- 3. Fear. (Large animals, going to sleep, loud noises, loss of parents)
- 4. Ritualistic behaviors (the same rituals at time of bathing, eating, sleeping)
- 5. Dental caries.
- 6. Discipline.
- 7. Child abuse

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- **8. Toilet training** (is one of several critical training situations)
 - **9. Accidents:**
 - a. Automobile accidents.
 - b. Burns.
 - c. Falls.
 - d. Poisoning. (e.g. lead & Salicylate poisoning)

- **10. Infections:**

Otitis media and brain abscess because the Eustachian tube (From pharynx to middle ear is

Suggestions for Potty Training the Toddler

- Use a comfortable potty chair; limit the time on the chair
- Have child wash hands afterwards to instill good hygiene habits
- Use “pull-up” type clothing
- Allow child to observe role model using toilet
- Do not flush the toilet while the child is sitting on it
- Do not tease or shame the child
- Do not expect perfection; lapses occur

Sleep Needs and Practices for the Toddler

- **Sleep needs**

- ■ **1 year: 12 to 14 hours; by 3 years: 10 to 12 hrs**

- **Gives up a morning nap; continues afternoon nap until about age of 3 years** ■

Sleep practices

- **Rituals are a common part of bedtime procedures**

- **Regular schedules with set bedtimes are important**

HAVE A NICE DAY

