

## **Growth and Development of the Toddler: 1 to 3 Years**

### **Objectives:**

1. **Identify the gross motor development in the toddler.**
2. **Recognize the fine motor development in the toddler.**
3. **Recognize the language skill development in the toddler.**
4. **Explain the psycho-social development in the toddler.**

### **Cont. objectives**

5. **Explain the cognitive development in the toddler child**
6. **Identify the health promotion and health maintenance of the toddler**
7. **Recognize the health problems in the toddler age period and the nurse's roles/actions in dealing with 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)**

**Normal toddler: (1 to 3 years of age).**

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**.

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:**

Average weight gain is 1.8 to 2.7 Kg/year. Formula to calculate normal weight of children over 1 years of age: ☐

$$(\text{Age in years} \times 2) + 8 = \text{--- Kg}$$

$$\text{E.g. 2 years old child weight} = 2 \times 2 + 8 = 12 \text{ Kg.}$$

\*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. 1-2 years increases 1 cm /month.

Formula to calculate normal height of children over 1 year of age:

$$(\text{Age in years} \times 5 + 80 = \text{----cm})$$

$$\text{E.g. length of 2 years old child} =$$

$$(2 \times 5) + 80 = 90 \text{ cm.}$$

### **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 pot-bellied 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:**

Binocular vision is well developed by 15 months of age.

Visual acuity of **6/6** is achieved during this period.

Senses of smell, hearing, touch, and taste increasingly well developed.

Accommodation 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:****Language Development:**

**15<sup>th</sup> month: Says 4 to 6 words (mainly names).**

**18<sup>th</sup> month: Says 10 words or more.**

**24<sup>th</sup> month: Vocabulary of almost 300 words. Uses 2-3 word phrases sentence.**

**30<sup>th</sup> 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

Toys should involve the toddler's new gross motor skills

Toys should refine fine motor skills

Parallel play

**Psychosexual development:**

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

Negativism .<sup>1</sup>

Emotions expressed very strongly .<sup>2</sup>

Temper tantrums .<sup>3</sup>

**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.

**They want to do things for themselves, using their acquired motor skills, E.g. walking, climbing ----etc., their mental power of selection and decision-making.**

**If they feel small or when they are forced to be dependent on others, feeling of doubt and shame arise.**

**They slowly gain control over their emotions and need guidance from their parent to be patient and use measures to control limits.**

**Notice sex differences and knows own sex.**

**Health promotion & protection**

**Immunizations**

**Injury prevention**

**Sleeping pattern**

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

**They prefer to feed themselves, so they can be at risk of aspiration of small foods .<sup>١</sup> that are not easily chewed.**

**Encourage self-feeding .<sup>٢</sup>**

**Do not push the child to eat .<sup>٣</sup>**

**Allow others to eat with the child .<sup>٤</sup>**

**Offer familiar foods .<sup>٥</sup>**

**Provide fluids in small but frequent amounts .<sup>٦</sup>**

**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
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 straight & shorter than the adult)

**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

**Potty Training the Toddler**

**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**