

How to socialize your preschooler without preschool



Emma's parents were hopeful that Emma could start preschool this winter, but with the slow COVID-19 vaccine roll out, Emma's parents chose to keep her home just a little longer. Grandparents come over every day, but three-year-old Emma does not have interaction with other children. Her parents are confident that they can teach Emma shapes and numbers, but are concerned about her social and emotional development. For those in the same shoes as Emma's parents, we share ways to socialize your preschooler without preschool.

Preschool has not changed much since you were three or four years old. There is still circle time, show-and-tell, and cubbies to hang little coats in. And games, lots of fun and games. But as early childhood educators will tell you, there is a method to their madness. In particular, the fun and games encourage social and emotional growth.

Fun and games

Unlike a two year old, three and four-year-old children are capable of turn-taking and rule-following. These skills help preschoolers form friendships and learn to get along with others. At home, parents can teach their preschoolers simple games that involve turn-taking. Don't be tempted to bend the rules to allow your child to win every game of Candy Land®. Whether you lose or win, you will model "good winning" and "good losing." For instance, if you win, say "Good game!" If you lose, say "Oh, I lost, but I had fun playing!" Fast forward a few years and you can avoid having the kid who is a poor sport and can't move on from a loss.

Whenever you teach a new life skill, take turns. For example, as you teach them to set the table, say "I put the fork next to this plate, now you can put the fork next to THIS plate," Or, as you teach them to brush their teeth, take turns brushing. This will teach taking turns as well as also ensure shiny bright teeth.

Use manners

Children who say "Yes, please!" and "No, thank-you" endear themselves to others. When you teach your child manners, say "thank you" to your child. By saying "Thank you for putting your cup on the table and not the floor," and "Thank you for putting your clothes in the hamper" and "Thank you for helping me clean up this game," you build their confidence, and you model how to speak to others politely. Since children this age like to please their parents, your praise will motivate them to repeat the behavior.

Teach them to use their manners even with family members. When you teach that even family members deserve gratitude, fast forward to the teen years and you will have a teenager

thanking you for waking up early to make them pancakes in the morning.

Preschoolers are learning how to temper their tantrums

To help them with emotional development, label their negative emotions as you see them arise. For example: "You are so frustrated that the toy is not working correctly," or "You are sad because I said we cannot play outside right now." This allows them to feel what they feel and legitimizes them by giving their feelings a name. In the example above, if they lose the game of Candy Land® and start to tantrum, you can say, "You are disappointed that you lost this game, but we had such fun together. You might win the next game! Thank you for playing with me."

Resist the temptation at home to soothe emotions with food or cups of liquid. In times of calm, be sure to read books about emotions, or talk about the emotions of characters in books. Talk about how to display anger and frustration in acceptable ways. Except for the binkie suggestion, this post applies to preschoolers as well as toddlers who find cooling down after a tantrum difficult.

Show and tell

Show and tell gives kids the confidence to express themselves in front of others. Virtually connect with a cousin or other relatives and have your child talk about what they brought. Have your child reciprocate by listening and asking one or two questions to the others in the group. The internet is full of themes and suggestions for items.

Fast forward to elementary school, middle school or high school and your kid will be breezing through their powerpoint slide deck in front of an entire classroom of kids.

Kids love structure to their day

The purpose of circle time, a hallmark of the young child

classroom experience, is to give order to the day. Circle time organizes kids, and relieves anxiety. Just as teachers do, at the start of the day, review the day's plan. Keep in mind that children who are 3 and 4 cannot keep more than 3 or 4 items in mind at one time.

Circle time organizes kids, and relieves anxiety

For example, say during breakfast, "After breakfast, you can play with your puzzles while daddy cleans up, then we will play out in the yard, and then we will read books." Then after you read books, say, "Now that we are done reading, you can have time for free play while daddy does (some other task they need to do), then we will do laundry together and then have lunch." Side note: young children can empty a hamper into a basket, they can sort and fold clothes, and they can turn on and off the washer and dryer under your guidance. They enjoy mimicking you and like to spend time with you. Take advantage of that!

Other useful tools are the color alarm clocks (google to find a large assortment) which use colors to mark the passage of time. Do-it-yourself felt boards have pictures of weather or activities. While your child will not understand a full calendar, they will be happy to populate a "today" felt board and "tomorrow" felt board with activities.

Continue to pause throughout the day to remind your child what they just did and then a couple of things that come next. You will find that your child's day runs smoother than days without a plan.

A word about same-age friends

If you can find one other family with a child the same age as your preschooler who is quarantining the same way your family is, consider setting up playdates for the two children. In the age of this pandemic, it is best for playdates to occur

outside while wearing masks. Be sure to cancel if anyone has any illness symptoms or was exposed to anyone with COVID-19.

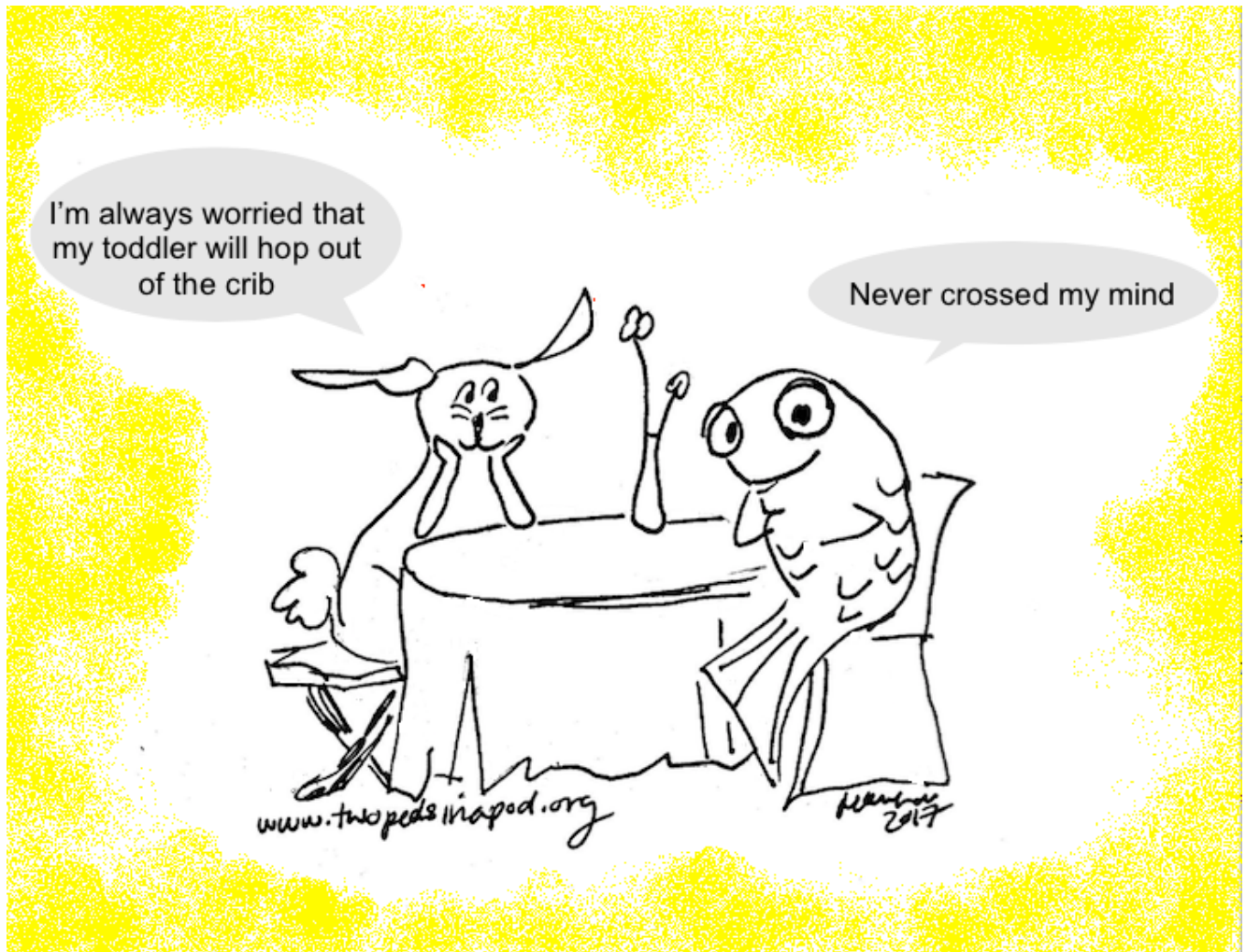
Unstructured play with one other child is just as valuable as a classroom full of others for your child to practice and enjoy socializing. Eventually the pandemic will end and you will feel safer sending your child to school. In the meantime, use these tips to help socialize your preschooler even when they are not in the classroom.

For more on three year olds, check out our post “Three’s the magic number” and this one that highlights four-year old development.

Julie Kardos, MD and Naline Lai, MD

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How to move your child from crib to bed



A family asked, "My toddler figured out how to climb out of the crib! How do I transition him into a bed?"

Some kids never climb out of their cribs, but sometimes families need the crib for a new sibling. If this is the case, consider if you really need the crib right away. Using a bassinet for the new baby allows the big brother/sister to get used to having a baby around. Many older siblings regress after the birth of a sibling and it can be useful to keep the older one in a crib for just a little bit longer, then use the new bed as a reward for "helping" or as a token of increased status.

The scariest part of putting your

child into a bed is that your child now has access to his entire bedroom.

So if your child is NOT yet climbing out of the crib, do not rush to transition him out. You first need to childproof the bedroom. Crawl on your hands and knees to see what you can reach. For his safety, gate him into his room or keep the door closed. You may also need to gate the steps or gate a hallway to prevent him from wandering into more dangerous rooms, such as the kitchen, in the middle of the night. We know one family who found their child crawling around on the kitchen counters one morning. Know that open or closed bedroom doors likely do not impact potential fire safety. It is far more important make sure your smoke detectors work.

If you have no reason to break down the crib and your child goes to sleep easily in it, there is no harm in keeping him in his crib. However, once a child is able to climb out, a child is able to fall out. So...time to get out. For many toddlers, the ability to throw a leg over the side of the crib occurs around two years of age or when the toddler reaches three feet tall.

If your child is potty trained at this point, he will find it easier to get to the bathroom at night if he is in a bed rather than a crib. On the other hand, many kids who are fully potty trained during the day continue to wet the bed for years, so don't wait for dry overnight diapers to put your child into a bed. Just protect the bed mattress with a water-proof liner until your child masters night time dryness.

How to start the transition?

You can talk up sleeping in a big boy/big girl bed “just like Mommy and Daddy.” Let your toddler pick out sheets or buy him ones you know he will love. For example, choose sheets in a favorite color, or with favorite characters. Supply a pillow and blanket. But if he is used to a crib without bedding, expect the blanket or pillow to end up off the bed. You might want to continue warm pajamas until a blanket stays on. Sometimes kids want a small “kid’s sized” blanket, but sometimes a larger blanket is more apt to stay on the bed.

While kids are often excited by their new bed, remember that toddlers are creatures of habit.

Their excitement might lead them to nap enthusiastically in the bed but then they may want their crib at night. Or they might fight their naps now- remember that many children give up napping between the ages of 2-5 years. If space allows, consider leaving the crib set up for the first week of sleeping in the new bed, then break down the crib once you have several successful naps and overnights in the bed.

Some kids may invite a “friend” or two into his bed.

Some sleep with stuffed animals, a pacifier, or in the case of one of Dr. Kardos’s kids, a soft Philadelphia Eagles football. Many kids fall asleep with toy cars clutched in their hands. If these friends help your child sleep better, then allow the slumber party.

Falling out of bed is common. For his first week in a bed, Dr Kardos’s first son was always found sleeping peacefully in the

middle of his room on the carpet after they tucked him into his bed for the night. You can place a carpet or pillow next to the bed so when the inevitable falling overboard occurs, your child has a softer landing.

You could shorten the distance to the ground by placing a mattress, or a mattress plus the box spring, directly on the floor.

Then when your child has gone for a few weeks without falling off the mattress, “build up the bed” onto the standard bedframe.

Alternatively, your child can sleep in a bed with side rails. Note that portable side rails are made for use only on adult beds, NOT for toddler beds or bunk beds. You can find guidelines for preventing injury from side rails [here](#). Rails are designed for children aged two to five years who are capable of getting in and out of an adult bed by themselves. According to safety guidelines published by Consumer Reports in 2010, “Be sure they (the rails) fit tightly with no gaps between the mattress and the rail, so that your child can’t get stuck. Leave at least 9 inches between the bed rail and the footboard and headboard of the bed.” The wall is not a bed rail substitute because a child can get trapped between the wall and the mattress.

Decide if you will teach your child to call out to you or to teach him to come into your bedroom if he

needs you in the middle of the night.

For everyone's safety, be sure no clothes or clutter between his bed and yours can cause tripping in the dark. A night light in the bathroom helps as well.

If your child pops out of bed immediately after tucking him in, teach him how to self-calm and fall asleep in his own bed. Continue to walk him back to bed in a caring manner with minimal conversation besides: "I love you, good night."

Now your child's bedtime story will really include a bed! (For instance [click here](#))

Julie Kardos, MD and Naline Lai, MD

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High calorie foods for underweight children



Your child's pediatrician charts your child's height and weight in order to determine whether he is growing appropriately. Some kids are underweight. These kids use more calories than they take in.

Here are ways to increase calories. Remember, it's not as simple as demanding that your child eat more of her noodles. Instead of trying to stuff more food into your child, increase the caloric umph behind each meal.

Make every bite count:

- Mix baby cereal with breast milk or formula, not juice or water.
- After weaning from formula or breast milk at a year of age, give whole milk until two years, longer if your pediatrician recommends this. Cow's milk has more calories than rice, oat, or nut milks.

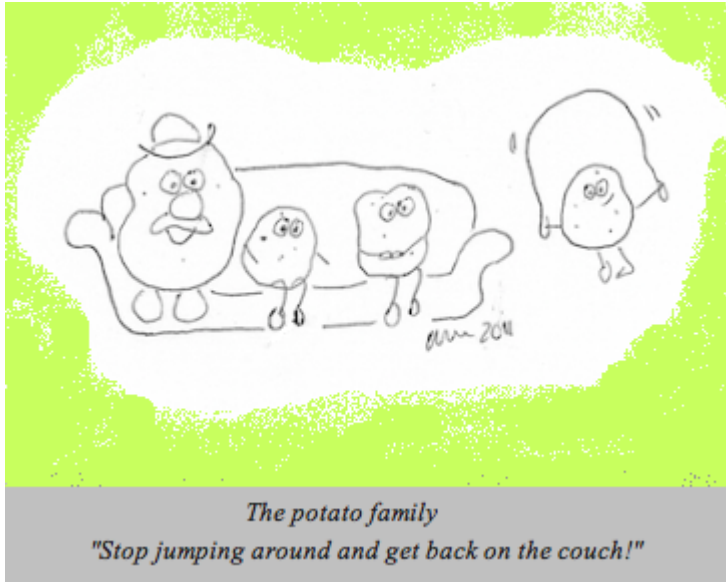
- Add Carnation Breakfast Essentials to milk.
- Add Smart Balance, butter, or olive oil to cooked vegetables, pasta, rice, and hot cereal.
- Dip fruit into whole milk yogurt
- Dip vegetables into cheese sauce or ranch dressing
- Offer avocado and banana over less caloric fruits such as grapes (which contain only one calorie per grape).
- Cream cheese is full of calories and flavor: smear some on raw veggies, whole wheat crackers, or add some to a jelly sandwich.
- Peanut butter and other nut-butters are great ways to add calories as well as protein to crackers, sandwiches, and cereal.
- If your child is old enough to eat nuts without choking (as least 3 years), a snack of nuts provides more calories and nutrition than crackers.
- For your older child, feed hardy “home style foods.” Give mac ‘n cheese instead of pasta with tomato sauce.
- In general, any form of meat (chicken, fish, or other meat) is more calorically dense than most other foods.
- Mix granola into yogurt.
- Give a hard boiled egg or pieces of cheese as a snack.
- For those who don’t like plain egg, try French toast!
- Give milkshakes in place of milk (no raw eggs!).
- Choose a muffin over a piece of toast.
- Butter their waffles and pancakes before serving.

Have your child’s pediatrician exclude medical reasons of poor weight gain with a thorough history and physical exam before you assume poor weight gain is from low caloric intake.

Julie Kardos, MD and Naline Lai, MD

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Quick exercises for kids and teens



Physical therapist Dr. Deborah Stack brings us quick exercises for kids and teens – Dr. Lai and Kardos

After six months of COVID; yes, it really has been that long already, your family has probably found some favorite outdoor hiking spots or bike routes. But what can you do when it's too cold or wet outside? How can you combat literally HOURS of kids sitting at computers especially if they only have 30-45 minutes until their next class? Here are quick exercises for kids and teens and a table of caloric expenditure for common activities.

Schedule active movement breaks into their day. Take advantage of that lunch and recess "break" and be an example yourself.

Here are some short burst ideas:

- Have a 15-minute dance party
- Use your body to make all the letters of the alphabet
- Shadow box to some music
- Dust off the treadmill or stationary bike in the

basement

- Play ping-pong
- Do a few chores (carrying laundry baskets up and down is great exercise)
- Jump rope
- Jog in place
- Do jumping jacks
- Pull out some “little kid games” such as hopscotch or hula hoop
- Let each child in your house choose an activity for everyone to try
- Do a family yoga video
- Walk or “run” stairs...kids can try to beat their prior score for a minute of stairs
- Take walking/wheeling/even wheelbarrow laps around the house
- Stretch out calves, quadriceps, arms and back...see ergonomics post for counteracting all the sitting

Don't forget the teenagers; they still need activity too especially if their teams are not practicing or competing. Staff from the Mayo Clinic recommend kids ages 6-17 should have one hour of moderate exercise each day. Exercise can help improve mood (through the release of endorphins), improve sleep and therefore attention (critical with all the online learning), and improve cardiovascular endurance. Here are some numbers to get the kids moving:

All activities are based on 20 minutes and a teen who weighs 110 pounds. The number of calories burned depends on weight. If your child weighs more, he will burn a few more calories, if he weighs less, he'll burn a few less. Below the table are links to some free and quick calorie calculators on the web so your kids can check it out for themselves. For those attached to their phones, there are web apps too.

| ACTIVITY | CALORIES USED |
|---------------------------------|---------------|
| Shooting Basketballs | 75 |
| Pickup Basketball game/practice | 100 |
| Biking on stationary bike | 116 |
| Dancing | 75 |
| Hopscotch | 67 |
| Ice Skating | 116 |
| Jogging in place | 133 |
| Juggling | 67 |
| Jumping Rope | 166 |
| Ping Pong | 67 |
| Rock Climbing | 183 |
| Running at 5 mph | 133 |
| Sledding | 116 |
| Treadmill at 4 mph | 67 |
| Vacuuming | 58 |

caloriesperhour

Try these activity calculators:

<http://www.caloriecontrol.org/healthy-weight-tool-kit/lighten-up-and-get-moving>

<https://www.webmd.com/fitness-exercise/healthtool-exercise-calculator>

Keep 'em moving- you'll have more fit, better rested, and happier kids!

Deborah Stack, PT DPT PCS

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Dr. Stack is a board certified specialist in pediatric physical therapy and the owner of the Pediatric Therapy Center

of Bucks County, LLC in Doylestown, PA. In addition to treating children ages 0-21 for conditions such as torticollis, coordination, neurologic and orthopedic disorders, she also instructs physical therapists across the country in pediatric development and postural control and is a Certified Theratogs fitter.

How to sit at the computer: Ergonomics for kids doing schoolwork at home



#homeschooling #computer ergonomics #COVID

#admireteachers

Oh my aching back...

Right now, with schools closed, kids of all ages are doing schoolwork at home. Technology has allowed continuation of learning and even face-to-face check in with teachers. But it also poses some challenges. School classrooms are designed for children; our kitchen tables are not. How to sit at the computer? Just as we require ergonomic workstations for our jobs; we need to consider proper fit and alignment for our children as they learn virtually. The following are basic ergonomics for kids doing schoolwork from home that can prevent muscle aches and fatigue.

Where to place the computer screen:

Place the computer screen directly in front of your child with the eyes level with a spot about 2-3" below the top of the screen. In addition, place the keyboard so that the upper arms and shoulders are relaxed. The forearms should be parallel to the floor and the elbow bent less than 90 degrees. The chair should have back support and allow the thighs to be supported parallel with the floor. Knees should also be bent to 90 degrees or a bit less with feet supported. This can be a challenge for our elementary school kids who are trying to work at home. The Canadian Safety Council suggests: "choose a chair that places the child at the proper height in relation to the equipment. If that means a higher chair, provide a footrest to support the feet and a pillow to support the back."

How can you adjust the chair?

Chairs with adjustable seat and footrest heights are great for this. If you don't have an adjustable chair, you may need to create a footrest out of a box, block or storage crate. Also,

since many children are using laptops, it is difficult to position both the screen and keyboard appropriately; it may be best to attach a separate monitor at the right height once the keyboard is set for proper arm and body position.

Avoid back and neck pain:

If children are using an iPad or reading a textbook, an angled book holder may help with proper positioning to avoid back and neck pain. We have cookbook holders for a reason!

If your child is doing lots of writing or drawing:

An angled writing surface will help with fatigue and proper support. There are quite a few child sized desks available with a surface that raises to an angle. If your child is a wiggler; consider a ball chair with an appropriate height table that allows for that 90-90-90 ankle, knee, hip alignment, or consider using a standing desk. In each case, the keyboard, mouse and screen still need to be adjusted for alignment as above.

The most important thing you can do is make sure your kids take a break and MOVE every 30 minutes according to both the Cornell University Ergonomics Web and Canada Safety Council. Active breaks are necessary not just for the body, but for the eyes as well. The best ergonomics for kids doing schoolwork at home cannot substitute for these breaks.

Here are some ideas for quick movement breaks to keep the aches and pains away:

1. Stand and stretch arms up overhead. Grasp hands interlocking fingers, flip palms up to the ceiling and stretch.
2. Bring arms behind your back at hip height, grasp hands or hand to wrist and try to pull shoulder blades down and together.
3. Stand with hands against a wall, place one leg back with

knee straight and foot flat on the floor. Keeping your body straight like a board, lean into the wall and stretch the back of the calf.

4. If you have a yoga ball, lie back over the ball with feet flat on the floor, raise your arms out to the sides like a “T” and take some deep breaths.
5. Go outside in the yard and play!
6. No yard? Raining? Have a dance party or play “Simon Says.”

Stay home. Stay safe... and keep moving.

Deborah Stack, PT DPT PCS

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We thank Dr. Stack for contributing to twopedsinapod.org– Drs. Lai and Kardos

Dr. Stack is a board certified specialist in pediatric physical therapy and the owner of the Pediatric Therapy Center of Bucks County, LLC in Doylestown, PA. In addition to treating children ages 0-21 for conditions such as torticollis, coordination, neurologic and orthopedic disorders, she also instructs physical therapists across the country in pediatric development and postural control and is a Certified Theratogs fitter.

Afraid of a tantrum? How to set limits for your child

Photo by Lexi Logan



Has your toddler ever pulled off your glasses and thrown them? Slapped another toddler at the playground? Bitten their brother? Run off in a store and ignored you when you called? Are you afraid to set limits for your child because you fear the tantrum that may result?

Yes, toddlers are cute, but left to their own devices, they grow into the school bully, the family bully, or worse yet, they don't listen to an adult and run into the street in front of a car.

Unbeknownst to you, you probably started to set limits for your child as early as 6 months of age.

If you breastfed, you may remember this scenario: you were breastfeeding your 6-month-old when they suddenly bit you very hard with their new tooth.

Did you continue to breastfeed calmly and ignore the mind

numbing agony? Did you say in a sweet sing-song voice, “Honey, biting hurts Mommy. Mommy does not like being hurt. Please do not do that again?”

If you are like Dr. Kardos and Dr. Lai, you did not have time to say any of the above, because you were suddenly in PAIN. You likely removed your baby from your breast immediately and yelled, “OW!” Your baby (like each of ours) may have cried (howled) from surprise. However, your baby probably never bit you again while breast feeding!

Fast forward to the present and imagine you are holding your 16 month old and they hit, bite, pinch, pull your hair, or pull off your glasses. Maybe they were angry, but equally possible they may have been simply excited. Even though you know they are not purposefully hurting you, it is important to stop this behavior. Say in a firm voice: “No hitting!” and put them down.

This is time-out.

Time-out does not have to be spent on a chair in the corner of the room. Time-out is not a terrible punishment. Just like in sports, it is a **pause in the play**. By giving a time-out, your child learns that they do not get more attention for mean or aggressive behaviors, but less attention. As a variation, you can time-out a toy.

What if your baby starts crying on the floor? Give them a minute to recover. Remember that time-out lasts one minute per year of age. For your 16 month old, time-out will last one minute. At two years, time out will last two minutes. When time-out is complete, offer comfort. If they repeat the behavior, put them back down again.

Your goal, when you set limits for your child, is to stop a behavior that can hurt them or hurt others.

More tips on how to set limits:

Praise them specifically at every opportunity.

For example, "Good job putting your toys back into the box," or "I like how you remembered to take my hand when we cross the street," or "I like how you sit in your chair at dinner instead of standing up." You will be amazed at how often children repeat desired behaviors that you point out to them.

Follow through on your requests.

If your toddler got a hold of a pair of scissors, you would take those scissors away immediately, without thought or fear about their feelings. You would put your child's immediate safety ahead of their desire to play with scissors, and you would not stop to explain why they should give up this new-found plaything. Likewise, if you tell your child to come to you for any reason, be ready to physically go and lead them if they choose to ignore you. For instance, at a party, wait to tell them to come until you are ready to go. Otherwise they will learn that you "cry wolf" and will ignore you.

Make consequences logical and immediate for undesirable behaviors.

If your child throws a toy train at his friend's house, say "No throwing trains!" and take the train away for a time-out. Telling them that "you are in trouble when we get home" means nothing to a toddler.

Refrain from explaining too much.

Toddlers have a TINY attention span. Just give them a command or an explanation that is 3-4 words or less. For example, "No hitting, it hurts!" is enough. Telling them that hitting hurts

others, asking how would they like to be hit and telling them about the need to be kind, is wasted effort. The time for longer explanations is when they are developmentally capable of putting themselves in another's shoes, around age six years for most children.

Label the behavior as bad, not the child.

Say "No throwing sand!" not "You are bad for throwing sand!"

Remember to set expectations and teach which behaviors are not acceptable.

Toddlers are not mind-readers. You need to tell them not to open the trash can and rummage through it, otherwise they will not know any better.

Seize the opportunity to turn a negative behavior into a positive behavior.

For instance, as you see your child raise their hand to hit you, firmly hold their wrist and say "Don't hit. Soft touches," and simultaneously bring their hand to pat your cheek. This will give you a chance to praise your child.

Do not fear the tantrum.

Toddler tantrums are NORMAL reactions to feeling angry or frustrated. Many toddlers throw tantrums in response to your telling them "no" or "stop." It is not fair to expect toddlers not to throw tantrums. Just put on your bored face (and some ear plugs) and wait for it to be over.

If a tantrum immediately occurs, remind yourself that at least you stopped your child from hurting themselves or others. Tantrums don't hurt anyone. You can read more about how to manage tantrums [here](#).

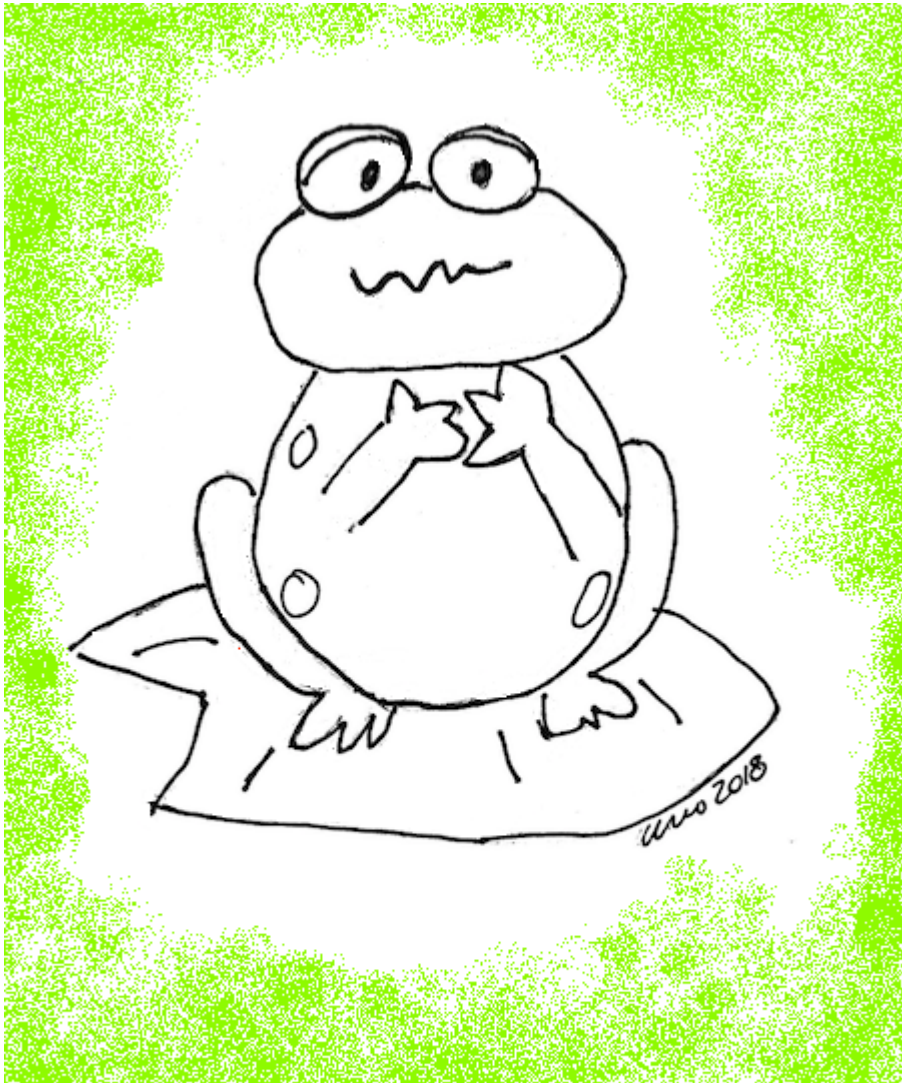
Set limits for your child.

When you set limits for your child, you teach them to behave in ways that will keep them and others safe. Act confidently when you set limits, and your child will learn to interact appropriately with others and gain self-control.

Julie Kardos, MD and Naline Lai, MD

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All about strep throat



Freddy the Frog didn't quite know how to describe the uncomfortable sensation in his throat.

Now that school has been in session for over a month, it's not too early for you to learn all about strep throat. It might even save you a trip to the doctor's office!

Julie Kardos, MD and Naline Lai, MD

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How to treat eczema or atopic dermatitis



Photo by Uschi Dugulin, Pixabay

It's pretty annoying to be itchy. Dr. Lai fondly called her itchy oldest child with eczema "itchy, bitty, spider," or some variant of that, for much of her daughter's childhood. Fortunately, for your kids with sensitive skin, dermatologist Teresa S. Wright, MD joins us today with tips for how to treat eczema or atopic dermatitis—Drs. Kardos and Lai

Has your child been diagnosed with eczema? Eczema is a general term that refers to a group of skin conditions characterized by itchy red rashes. The term "eczema" often refers to a skin condition known as atopic dermatitis. Atopic dermatitis may occur in association with allergies and/or asthma and the rash tends to come and go. Common triggers include illness, stress, and changes in the weather or temperature. The cause of atopic dermatitis is not well understood. However, most children with

atopic dermatitis tend to have very dry, sensitive skin. Atopic dermatitis cannot be cured, but it can be controlled. Most children with atopic dermatitis gradually improve and many will outgrow it over time. In order to control the rash, a proper daily skin care regimen is extremely important.

Skin care regimen to treat eczema

A daily bath or shower is recommended. It is a common myth that daily bathing “dries out” the skin. This is not true. Bathing puts moisture in the skin and removes irritants and germs. However, the bath or shower should be short (less than 10 minutes) and not too hot. Cleanser should be gentle, fragrance-free, and dye-free. Dove™ for Sensitive Skin or Aveeno™ fragrance-free cleanser are good choices. After bathing, pat the skin dry with a soft cotton towel and apply a heavy bland moisturizer to all skin to seal in the moisture.

The type of moisturizer you select is very important. It is best to use an ointment (like plain unscented Vaseline™ or Aquaphor™) or a heavy cream (like Vanicream™, CeraVe™ cream, Cetaphil™ cream, or Aveeno™ Baby Eczema Therapy Moisturizing cream, to name a few). Lotions are poor choices because they tend to contain more preservatives and ingredients that can sting open skin or cause irritation.



Apply moisturizer to the skin at least twice daily, but more often if the child’s skin is unusually dry or the eczema is severe. Apply topical medications sparingly to the affected areas prior to the application of moisturizer. I recommend applying topical medications twice daily, but you should follow the instructions given by your child’s doctor. It is very important that medications are applied only to areas of active eczema and never to normal skin. Apply moisturizer to all skin, including

over the areas where you already applied medication.

This time of year, parents ask if swimming is okay for children with atopic dermatitis. **In general, swimming should not be a problem for children with atopic dermatitis. In fact, some children improve dramatically with regular swimming.** Improvement may be due to the effect of chlorine. Chlorine causes a decrease in the skin residing germs that can play a role in triggering eczema flares. However, chlorinated water can be very drying to the skin, so rinse the skin thoroughly and apply a generous layer of a heavy moisturizer as soon as possible after swimming. For most children, taking these steps prevents significant flares of swimming related atopic dermatitis.

In my practice, I see many children with eczema every day. I understand how challenging and frustrating this condition can be for parents. The recommendations I outlined here are often very helpful and I sincerely hope they will help you control your child's eczema.

Teresa S. Wright, MD

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Dr. Teresa S. Wright is a board-certified pediatric dermatologist in Memphis, TN, and is Division Chief of Pediatric Dermatology at LeBonheur Children's Hospital and Associate Professor of Dermatology at the University of Tennessee Health Science Center. She has particular interests in atopic dermatitis, vascular birthmarks, and pigmented skin lesions.

New national guidelines for water safety, and free swim lessons in Bucks County



When one of Dr. Lai's kids was around two years old, she deliberately let go of Dr. Lai's hand when wading in waist high water. She exclaimed, "Look mommy, I can swim!" But she couldn't, and as she started to sink, Dr. Lai scooped her up. What if she had taken swim lessons? Would that have been enough to prevent drowning? It may have helped, but that's not

enough. Kids need layers of protection to prevent tragedy in water.

Just in time for summer, we have new evidence about drowning prevention for both young kids and teens. Read on for updated swimming and water safety tips and an offer for free swim competency lessons for older kids.

Who is most at risk for drowning?

Children age 4 years and younger.

Most of these kids drown when parents do not realize kids have access to water. Think bathtubs, buckets, and toilets as well as ponds, puddles, and pools. Drowning is silent. Parents need to always **watch** their children around any body of water.

Adolescents aged 15-19.

Several factors contribute, including under-estimating risk (strong tides, swimming out too far), overestimation of skills, and substance use. Be sure to discuss rules of swimming with all of your children even if they are strong swimmers, and instruct them never to swim alone or without a lifeguard. Set an example yourself by wearing life jackets while boating and abstain from alcohol consumption. Alcohol contributes to half of all boating accidents in the United States.

Kids with autism.

Like children with other behavioral disabilities, they often wander away from adults without warning.

Children with seizure disorders.

Drowning is the leading cause of accidental death in children with epilepsy. Like ALL children, kids who have seizures should never be left alone for even a second in pools or baths.

Kids with a predisposition to cardiac arrhythmias.

If your family has a history of heart arrhythmias (eg. Long QT, Brugada syndrome, Ventricular tachycardia), unexplained sudden death at a young age, or an unexplained drowning, bring it to your pediatrician's attention. In your child, let your pediatrician know about any fainting/near fainting episodes, "funny" heart beats, or chest pain.

When should I start swim lessons for my child?

There is no standard recommended age, but evidence suggests that swim lessons, even for kids as young as 1-4 years, can add a level of protection against drowning. Goals of swim lessons include the ability to enter the water, surface, turn around, swim for 25 yards, tread water or float, and to exit the water safely.

Swim lessons should also include real life "what to do in case of an accident" scenarios, such as swimming with clothes on, how to recognize a swimmer in trouble, and how to call for help. They should learn never to swim without adult supervision. Older children, and all adults for that matter, should learn CPR.

There is lack of evidence that swim lessons for babies under

one year protects babies. Babies this young have relatively large heads compared to their body size and are incapable of picking up their heads out of the water to breathe if they are submerged. Think of swim “lessons” for babies as a fun, social activity instead of a potentially life-saving class.

Even if your children take swim lessons, THEY ARE NOT DROWN PROOF. Stay within arm’s length of all young children and non-swimmers.

How can I make kids in my backyard pool safer?

Install a fence that is at least 4 feet high around the pool.

The fence should be self-closing and self-latching, and isolates the pool completely from the rest of the yard and the house.

Pool covers and barrier alarms may add another level of protection, but there is no data that demonstrates definitively that they prevent drowning.

The Consumer Product Safety Commission has detailed instructions and information on the latest safety products recommended for home pools.

Always supervise your swimming children.

Adults should be very clear with each other about who is watching the swimmers. Stay at arm’s length of non-swimmers and young swimmers, and refrain from texting, drinking alcohol, reading, socializing, or any other activity that takes your eyes off of your child or could shift attention

away from kids in the water. When kids drown, they drown silently, so you will likely not *hear* trouble.

Non-swimmers and small children should wear life jackets, even in your own pool, for maximum water safety. Inflatables are not substitutes. Look for US Coast Guard approved jackets.

It bears repeating: most drownings occur when parents had no idea that their child had access to water.

A few years ago, Dr. Lai's toddler-aged neighbor waddled over to the ice bucket at a Fourth of July party. Toddlers have big pumpkin shaped heads and before Dr. Lai could blink an eye, her neighbor tumbled into the water head first. Luckily Dr. Lai's husband was standing next to the bucket and pulled the toddler out.

As this case shows, you can't let your guard down, even if no pool or large body of water is in sight.

Small, blow-up backyard pools are the same as bath tubs in terms of drowning risk, so never leave kids unattended around these pools. Stay at arm's length of your babies and toddlers when they play in these pools.

Additionally, never leave kids unattended, even briefly, in the bathtub.

We're going to the beach- can my baby go swimming in the ocean? How about a pool?

Most pools, oceans, and lakes are much colder than bath water. Babies feel colder more quickly than adults. Remember your own

parent telling you to come out of a pool because your lips were blue? Limit a baby's exposure to cold water accordingly.

Chlorine will not hurt babies, but it can dry out skin. Apply moisturizer after swimming if your child's skin gets dry.

Salt water is safe for babies and kids to swim in.

Young kids try to drink the water they swim in. Don't let them. It's not just your nephew who pees through his swim diaper that you need to worry about. Unfortunately, chlorine and salt fail to kill all viruses, bacteria, and parasites that might lurk in swimming water.

If your child swims outside, remember that sunburns occur more easily because sunlight reflects off the water. Apply sunscreen liberally before and after swimming, even if the sunscreen label says "waterproof." Better yet, try to keep that baby hat on and have your child wear a sun protective shirt.

Can you suggest more ways my kids can play with water?

Water tables (which can double as sand tables in the spring, leaf tables in the fall and indoor snow tables in the winter) allow young toddlers to stand and play with toys in very shallow water.

Fill a bunch of different sized **stacking cups** with water for kids to pour, dump, or perhaps to mix with rocks, dirt, or leaves.

Simple **squirt bottles** are great fun. When Dr. Kardos's twins were little they spent large amounts of time "watering" every plant, bush, flower, and blade of grass in the yard.

Transform chalk drawings into masterpieces by adding water.

Wet down your walkway and blow bubbles onto the cement – they will cling onto the walkway for a long period of time.

Local Parents: Do you live in Bucks County, PA? Has your child graduated from first grade? Do they know how to swim? The Y of Bucks County, in conjunction with the Children's Hospital of Philadelphia, is offering free swim lessons for kids past first grade to achieve basic water skills competency. For more information on obtaining a voucher, email us at twopedsinapod@gmail.com.

Julie Kardos, MD and Naline Lai, MD

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What do Rock 'n Play and socks have in common? They've both been recalled this year. Predicting what's up next:



Whenever we look at the child product recall lists from The Consumer Protection Safety Commission (CPSC), it never fails to amaze us that even big brand names crop up in product recalls for children. Ironically, most are not new-fangled products. Bouncer seats, high chairs, rattles, and bicycle helmets are often amongst the recalls. We figure after decades of baby product manufacturing, designers and production managers would understand what constitutes a potential hazard for kids.

We urge you to scrutinize the kid merchandise in your house and identify the potential hazards before your child ends up as the reason a product is on the CPSC list. In fact, you might have already missed a recall on your older products. According to kidsindanger.org, child product recalls occur a couple of times a week, but when a baby product is recalled, only 10-30 percent are ever retrieved. Because recalls occur AFTER injury or death occurs, it is better if parents assess the safety of child products before a recall.

Here are some common reasons for recalls:

Products fail to adhere to the American Academy of Pediatrics safe sleep guidelines. We know parents of crying young infants are often desperate to get some sleep themselves, but many sleep products are not studied. If it seems too good to be true, it probably isn't. Infants are not ready developmentally to sleep through the night, so *any product that promises to help your infant sleep through the night is, by definition,*

problematic. An example is the Rock 'n Play sleeper which was recently recalled. The soft squishy inclined cradles clearly did not adhere to the safe sleep guidelines, but often we heard a parent say, "But that's the only place they will sleep." Unfortunately, this recall does not undo the deaths of the 32 reported babies who died in the sleeper. In the wake of the recall, other companies who make similar sleepers are also recalling their products.

We cringe every time a family tells us they are using a new fangled piece of wrap-around-baby sleep gear or sleeping contraption, because most involve soft surfaces (not advised), inclined surfaces (not advised) or things-in-the-crib-other-than-your-baby (also not advised).

Choking hazards: Babies and toddlers explore the world by mouthing objects. So drop on your hands and knees and see the world from their perspective. And don't assume your kid has reached an age when "they should know better." Ever wonder why many Monopoly game pieces go missing? Or why so many kids visit Emergency Departments after swallowing coins? In the past twenty years, the number of children visiting U.S. emergency rooms for swallowing objects doubled. Anything that can fit into a toilet paper tube (2.5 inches in diameter) is considered a choking hazard. Be aware that the toy may be too large to choke on, but a piece that breaks off may be small enough to choke on. Some great example of poorly thought-out products are teething necklaces made of beads strung together and decorative buttons on baby socks.

Ingestion hazards:

- **Magnets** might be a fun toy, yet they can stick together after a kid swallows them and erode through any piece of gut trapped between them. In fact, even when a parent is fairly certain that their child ate only one single magnet, we pediatricians know that because magnets can

be so dangerous, we will check an X-ray, just in case there are more. After all, even an older kid is sometimes too embarrassed to fess up on the number swallowed.

- **Batteries** can corrode through the lining of the intestines, constituting an emergency. Check to make sure all battery backings are secure. Particularly problematic are button batteries. They are tiny and easily swallowed.
- **Brightly painted wooden toys** are beautiful, but they may contain lead paint. So can **kid jewelry**. Lead poisoning occurs usually through eating or drinking contaminated objects such as lead containing paint or paint chips. Be aware of old toys (think antique doll houses) made prior to 1978 (when lead was taken out of paint in the US), toys manufactured in China or other Pacific Rim countries, or imported candies from Mexico. If you are wondering about possible lead exposure, ask your child's doctor to test your child for lead exposure with a simple blood test. Avoid purchasing home lead kits because they can be inaccurate.

Head entrapment hazards: Infant heads and toddler heads can get wedged. Be aware that slates on a crib need to be no more than $2 \frac{3}{8}$ inches apart, or no bigger than the diameter of a soda can. Beware of baby carriers or high chairs that could allow babies to slip through.

Fall hazard: Check to see all buckles are secure and unlikely to catapult your child out of the restraint. Baby carriers and strollers, especially the jogging ones, seem to crop up often in recalls.

For general guidelines for baby proofing [click here](#).

Sign up for child product recall alerts through the CPSC, the American Academy of Pediatrics, or kidsindanger.org. Help other families by reporting product concerns to CPSC.

Dr. Lai tells this tale: Years ago, my first child's crib came with plastic clips which held up her mattress. As my husband and I assembled the crib, a few of the clips snapped and broke. By my second child, even more clips broke apart. By my third child, the crib clips were recalled.

Perhaps we should have been suspicious the first time.

Naline Lai, MD and Julie Kardos, MD

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