

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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Toddler meal ideas



Having trouble figuring out what to feed your toddler? Read our post for easy, healthy, and economical toddler meal ideas, featuring finger food suggestions. Spoiler alert: you can stay out of the “baby and toddler food aisle” of your local food market!

Julie Kardos, MD and Naline Lai, MD
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What to do when your child has an earache



Does your child have an earache?

In the aftermath of flu and croup season, we are diagnosing a fair share of ear infections. But not all earaches are due to ear infections.

Read our post about ear pain and what to do about it.

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Another measles outbreak:

recognize measles in your child



A typical measles rash, courtesy of the public health library, Centers for Disease Control and

Prevention

It saddens us that we need to post about how to recognize measles, but the recent measles outbreaks in the United States force parents to be vigilant for a disease that was nearly eradicated in this country.

Both an increase in international travel and a decrease in parents vaccinating their kids is thought to be responsible for the increase in measles cases.

Measles typically starts out looking like a really bad cold – kids develop cough, runny nose, runny bloodshot eyes, fever, fatigue, and muscle aches.

Around the fourth day of illness, the fever spikes to 104 F or more and a red rash starts at the hairline and face and works its way down the body and out to arms and legs, as shown here at the [Immunization Coalition](#) site. Just before the rash, many kids develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base.

Call your child's doctor if you suspect that your child has measles. Parents should be most suspicious if their children have not received MMR vaccine and were exposed to a definite case of measles or visited an area with known measles.

In the US, one in 10 kids with measles will develop an ear infection and one in 20 will develop pneumonia. Roughly one in 1000 kids develop permanent brain damage, and up to two in 1000 who get measles die from measles complications. Kids under age 5 years are the most vulnerable to complications. These statistics are found [here](#). For global stats on measles, please see this [World Health Organization page](#).

Check that your child is up to date on their MMR (measles) vaccine. The first dose is given between ages 12-15 months and the second dose is given at school entry, typically at 4-6

years of age. If you are traveling internationally with your baby between the ages of 6-12 months, ask your pediatrician about getting an early dose of vaccine.

Preventing measles is key because there is no cure.

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How to dress baby (and big kids) for winter



Dr. Kardos's fourth child wears her coat without fuss in cold weather.

Now that the weather has turned "freezy," parents ask us how

to dress their baby (and big kids) for cold weather. Even Dr. Kardos's teenaged kids allow her to thrust winter coats on them as they head out to the bus stop. Wondering how to know if your baby, toddler, or older child are dressed correctly for the weather? Read our post on this topic.

Stay warm!

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Is your child sick? When to call the doctor



Unfortunately, it is sick season. Fortunately, we have a great post to help you know when you need to call the doctor about your child's illness.

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It's possible: Tricks for eating out with your toddler



*In this busy, holiday time of year, you may find yourself dining out frequently with your toddler. Read our post to find hints on avoiding restaurant meltdowns **without** the use of an iPad or phone!*

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Coughing out germs? Natural remedies for kids



“coughing out germs”

Recently a 6-year-old patient handed me this drawing of “a person coughing out germs.”

The artwork reminds us that a cough can be a good thing. A cough dislodges mucus from the airway and can help prevent pneumonia.

However, coughs can spread germs and make kids feel plenty uncomfortable. And, frustrating for parents, many over-the-counter medicines are not recommended for kids.

Looking for natural remedies for kids? Look no further than your kitchen.

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**Hooray! United States flu
vaccine is here!**



Fight the flu! Vaccinate!

It's time for your child's yearly flu vaccine!

Why get the flu shot? Vaccinate against influenza (the flu) not only to avoid missed school days, but also to avoid hospitalizations and death. Last year in the USA, 172 children died from flu. You may not have heard about these fatalities because more sensational news tends to overshadow news about illness. We wish the news would inform that the vast majority of kids who died from flu had not received the flu vaccine. In addition, about half of the children who died from the flu were previously healthy and without underlying medical

problems. Excluding the 2009 flu pandemic (H1N1), last year's flu deaths represents "the highest reported since influenza-associated pediatric mortality became a nationally notifiable condition in 2004." Kids younger than 5 years old have the highest flu complication rate of all children, so even if they do not yet attend daycare or school, bring your little ones in for a flu vaccine. Vaccinate your school-aged kids as well, for they spread the flu to more folks than any other age group.

Does it help to wait to give the vaccine? What if the vaccine wears off before flu season ends?

We wish we could predict just when the flu will hit, but sadly we cannot. Therefore, we urge you to give your children the flu vaccine as soon as your pediatrician has it available. Like all vaccines, it will take about two weeks for the protection against flu to kick in, and you never know when flu will strike your community. Did anyone catch the story about Vanilla Ice quarantined on a plane in New York with sick passengers last week? Turns out flu was on board. Don't worry about immunity decreasing over time, infectious disease experts would not allow us to give it in early fall if they thought protection wouldn't last for at least a few months.

If I give my children the flu vaccine every year, why do I have to give it again this year? Even we constantly-exposed-to-germs pediatricians get our flu vaccine yearly. The flu germs morph from year to year so the vaccine also changes.

Why does my younger child need a second dose this year?

As in previous years, children under nine years of age need a booster dose the first year they receive the vaccine. If your young child *should* have received a booster dose last year, but missed it, they will receive two doses of this year's vaccine spaced one month apart (the primary dose plus a booster dose).

Is the nasal spray form back? Or is it only in injectable form?

The nasal spray form of the flu vaccine is back for healthy kids ages 2 years and up. However, this year, it received only a lukewarm reception from the American Academy of Pediatrics. The AAP recommends giving all children aged 6 months and older the flu SHOT, because in past years the intranasal form did not protect against the flu nearly as well as the shot did.

Not only is the nasal spray vaccine not getting a high endorsement, but some kids with asthma and kids with certain immune system problems are not allowed to get the nasal spray form. All kids can get the shot. So, pediatricians will continue to recommend injectable form of flu vaccine this year. However, with the rationale that something is better than nothing, for the severely injection-phobic family, some doctors may elect to give the nasal spray.

In the past, my child did not get the flu vaccine because he is allergic to eggs- did that change?

Even kids with severe egg allergies can get the flu shot safely in their pediatrician's office. Now we know that allergic reactions to flu vaccine, as with any vaccine, are exceedingly rare.

We visit other people's homes only if they are not sick. If my child's friend doesn't have flu symptoms, doesn't that mean we can't catch it from him?

Nope. You are infectious the day before symptoms show up.

Why is it worth it? The coverage is never 100 percent.

Children who get the flu vaccine but then get the flu anyway do not get sick as severely as kids who are unvaccinated. If all kids and adults got flu vaccine, then the chances of YOUR vaccinated child getting flu would be MUCH less. That's how vaccines work.

Here we have tips on how to help your children if they get the flu.

You can read a comprehensive summary of this year's flu

vaccine recommendations from the Centers for Disease Control here.

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Updated car seat safety guidelines!



Car seat safety isn't just child's play.

Just in time for families who plan to drive to Labor Day Weekend destinations, the American Academy of Pediatrics updated their car seat safety recommendations.

Families are now encouraged to keep their children rear facing for **as long as possible**, until they exceed the height or weight limit allowed by their car seat's manufacturer. This means that some kids who are older than two years will continue to ride backwards. Dr. Lai's own pip squeaks easily would have ridden backwards until they were three or four years old.

Regardless of age, kids facing backward in a car crash fare better than kids facing forward. A rear facing car seat prevents whip lash by fully supporting a child's head and neck. A forward facing car seat does not restrain kids' heads. In a crash, kids' heads continue to move at the speed of the car until the shoulder harnesses and lap belts restrain their bodies. It makes us wish that grownups could also somehow ride backwards.

Other recommendations remain the same. For example, children can graduate from booster seats when they are 4 ft 9 inches tall and the car's seat belt fits them properly. You can read about other car safety tips and view a link to children's airline safety restraints in our 2017 post about car seat safety. In the post you will see a fabulous photo of a child who was saved by her car seat.

Again, no matter the age, as long as they fit, keep your children riding backwards in their car seats.

We're thrilled that car safety has progressed over the years. Pictured here is Dr. Lai ready to go out in her 1960's car

seat :



*It's Dr. Lai in her 1960's car seat!
note the two point harness and the big safety pin*

Drive Safe!

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