

# Got gas? About baby burps and farts

Gas is another topic most people don't think much about until they have a newborn. Then suddenly baby burps and farts become a huge source of parental distress, even though parents are not the ones with the gas. It's the poor newborn baby who suffers, and as all parents know, our children's suffering becomes OUR suffering.



So what to do?

First, please be reassured that ALL young babies are gassy. Yes, all. But some newborns are not merely fussy because of their gas. Some babies ball up, grunt, turn red, wake up from a sound sleep, and scream because of their baby burps and farts. In other words, some babies really CARE about their gas.

Remember, newborns spend nine months as fetuses developing in fluid, and have no experience with air until taking their first breath. Then they cry and swallow some air. Then they feed and swallow some air. Then they cry and swallow some more air. Eventually, some of the air comes up as a burp. To summarize: Living in Air=Gas Production.

Gas expelled from below comes from a different source. As

babies drink formula or breast milk, some liquid in the intestines remains undigested, and the normal gut bacteria “eat” the food. The bacteria produce gas as a byproduct of their eating. Thus: a fart is produced.

The gas wants to escape, but young babies are not very good at getting out the gas. Newborns produce thunderous burps and farts. I still remember my bleary-eyed husband and I sitting on the couch with our firstborn. On hearing a loud eruption, we looked at each other and asked simultaneously, “Was that YOU?” Then we looked at our son and asked “Was that HIM?”

**Gas is a part of life.** If your infant is feeding well, gaining weight adequately, passing soft mushy stools that are green, yellow, or brown but NOT bloody, white, or black (for more about poop, see our post [The Scoop on Poop](#)), then the grunting, straining, turning red, and crying with gas is harmless and does not imply that your baby has a belly problem or a milk or formula intolerance. However, it’s hard to see your infant uncomfortable.

Here’s what to do if your young baby is bothered by gas:

- **Start feedings before your infant cries a long time from hunger.** When infants cry from hunger, they swallow air. When a frantically hungry baby starts to feed, they will gulp quickly and swallow more air than usual. If your infant is wide awake crying and it’s been at least one or two hours from the last feeding, try to quickly start another feeding.
- **Burp frequently.** If you are breastfeeding, watch the clock, breastfeed for five minutes, change to the other breast. As you change positions, hold her upright in attempt to elicit a burp, then feed for five more minutes on the second breast. Then hold your baby upright and try for a slightly longer burping session, and go return her to the first breast for at least five minutes, then back to the second breast if she still

appears hungry. Now if she falls asleep nursing, she has had more milk from both breasts and some opportunities to burp before falling asleep.

- If you are bottle feeding, **experiment with different nipples and bottle shapes** (different ones work better for different babies) to see which one allows your infant to feed without gulping too quickly and without sputtering. Try to feed your baby as upright as possible.
- **Hold your infant upright for a few minutes after feedings** to allow for extra burps. If a burp seems stuck, lay her back down on her back for a minute and then bring her upright and try again.
- To help expel gas from below, lay her on her back and pedal her legs with your hands. When awake, give her plenty of tummy time. Unlike you, a baby can not change position easily and may need a little help moving the gas out of their system.
- **If your infant is AWAKE after a feeding, place her prone (on her belly) after a feeding.** Babies can burp AND pass gas easier in this position. PUT HER ONTO HER BACK if she starts to fall asleep or if you are walking away from her because she might fall asleep before you return to her. Remember, all infants should SLEEP ON THEIR BACKS unless your infant has a specific medical condition that causes your pediatrician to advise a different sleep position.
- Parents often ask if **changing the breast feeding mother's diet or trying formula changes** will help decrease the baby's discomfort from gas. There is no absolute correlation between a certain food in the maternal diet and the production of gas in a baby. However, a nursing mom may find a particular food "gas inducing." Remember that a nursing mom needs nutrients from a variety of foods to make healthy breast milk so be careful how much you restrict. Try any formula change for a week at a time and if there is no effect on baby

gas, just go back to the original formula.

- **Do gas drops help?** For flatulence, if you find that the standard, FDA approved simethicone drops (e.g. Mylicon Drops) help, then you can use them as the label specifies. If they do not help, then stop using them.
- **Do probiotics help?** Unfortunately there is not a lot of data about probiotics to treat gas in infants. Probiotics can help other pediatric conditions such as the duration of acute diarrhea, and while deemed mostly harmless in otherwise healthy infants, they have not been shown to affect gas. A 2010 American Academy of Pediatrics summary of the use of probiotics in kids can be found [here](#). A 2016 review of use of probiotics used for colic (but not specifically gas) in breast fed infants showed that probiotics MIGHT decrease crying, but concluded that more research is needed before probiotics can be recommended. Now, if you actually do have a REAL little piggy (not just a nickname for your baby), animal studies show that probiotics may cut down on gas.

The good news? The discomfort from gas will pass. Gas discomfort from burps and farts typically peaks at six weeks and improves immensely by three months. At that point, even the fussiest babies tend to mellow. The next time your child's gas will cause you distress won't be until he becomes a preschooler and tells "fart jokes" at the dinner table in front of Grandma. Now THAT is a gas.

Julie Kardos, MD and Naline Lai, MD

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# When can kids “go it alone?”



photo by Lexi Logan [www.LexiLogan.com](http://www.LexiLogan.com)

Dr. Lai was shocked when she saw her first child, at age 2  $\frac{1}{2}$  years, pour water out of a small pitcher into her own cup at daycare. At home it never occurred to Dr. Lai to let her try.

When can you start letting your kids do things for themselves? While there is not a lot of hard data on this, developmentally

your kids may be more capable than you think.

**Eating/self feeding:**

- with hands: 9 months
- with spoon/fork: 18 months
- with chopsticks: 4 years

**Pour own cereal and milk:** 5 years but expect some spills

**Cook a meal** or at least start to cook a meal on their own: around age 12 +/- 2.5 years per 2007 survey of American pediatricians. In fact, kids are allowed to participate in the TV show *Chopped Junior* at age nine.

**Brush teeth:**

Toddlers: kids take a turn, then parents take turn.

Preschool/early school aged kids: parents continue to inspect and may continue to take a turn

Again, according to the 2007 pediatrician survey, around age 8 years is when kids can do complete oral care on their own.

**Pee/Poop:**

5 years-Kindergarteners should be able to independently go to the bathroom. That includes undressing, using toilet/wiping, redressing, and washing hands. Unfortunately, they may still not be great at wiping- this is one reason for daily baths/showers at this age.

**Completely dress/undress** including zippers and buttons: 5 years. But don't necessarily expect matching colors – some adults never even learn this skill!

**Tie shoes:** 4-6 years.

**Medical and emergency care**

**Self-injectable epinephrine** (brand names Epi-pen, AuviQ): 12-14 years – per survey of 88 allergists.

**Diabetes self care:** kids around age 7 have the fine motor

coordination needed to inject insulin and check blood sugar under supervision of an adult.

### **Come home to an empty house:**

According to the American Academy of Pediatrics, 11-12 year olds can come home to an empty house after school if:

- Daytime
- Not alone for longer than 2-3 hours
- Depends on safety of neighborhood
- Depends on other neighbors nearby who could help in an emergency
- Child should know how to answer phone, what to do in the event of fire, knows how to access the home's water shut-off, can handle a medical emergency, knows where first aid kit is, and knows the name of pediatrician, preferred hospital, insurance, and how to contact parent

### **Babysit:**

Recommendations vary and while there are no specific laws, there are plenty of state guidelines and recommendations. Ultimately, parents are responsible for who cares for their kids when the parents are not present. The American Red Cross offers an on-line babysitting course for kids starting at age 11 years.

So teach your children how to take care of themselves well, for their own sake and for yours. Remember, they will be the ones caring for you in your old age.

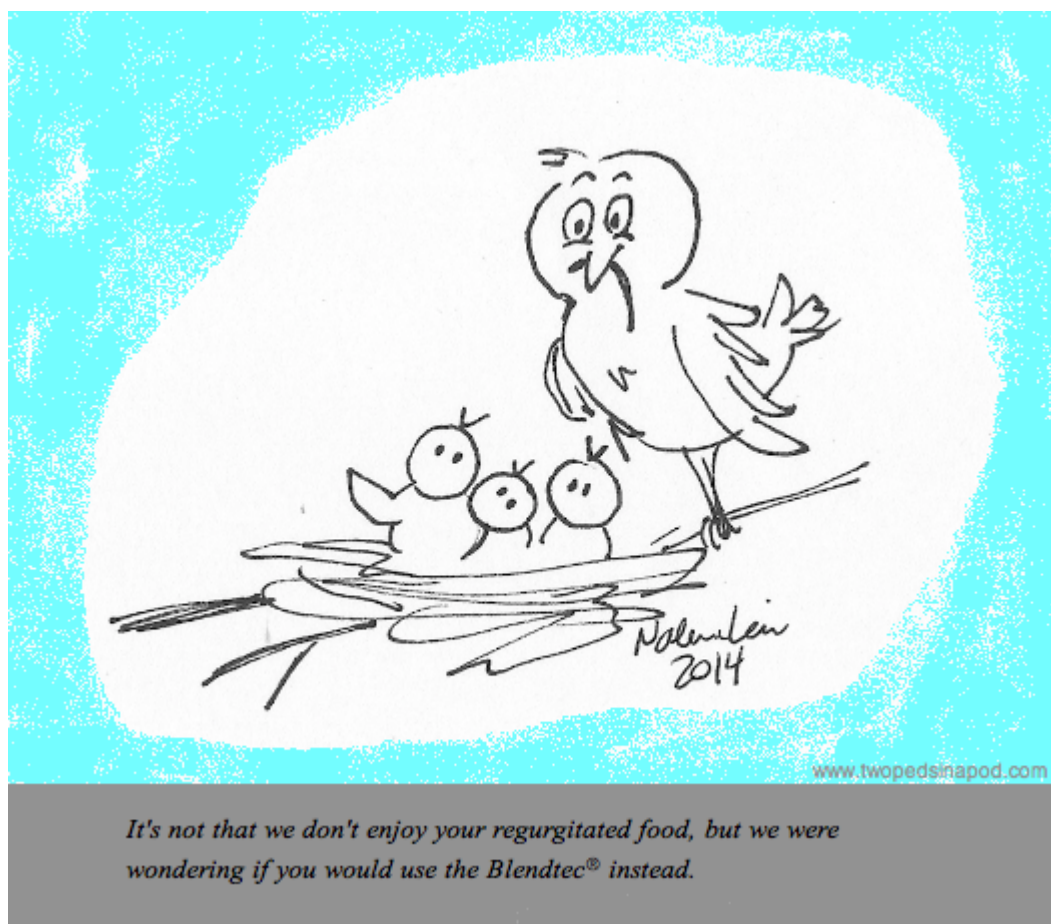
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# The latest in how to start baby food

As we said to Robin Young on NPR's *Here and Now*, "A lot of life's issues all boil down to the essentials of life...eat, sleep, drink, pee, poop and love." Here's our update on baby food: WHEN, HOW, and WHAT to start feeding your baby.



Remember:

- 1) **It's not just about the food.** It's about teaching your child to eat when hungry and to stop when not hungry.
- 2) **Eating a meal with family is social as well as nutritious.** Keep eating pleasant and relaxed. Avoid force-feeding or tricking your child into eating. Feed your baby along with other family members so your baby can learn to eat by watching others eat.



3) **Babies start out eating pureed foods on a spoon between 4-6 months** and progress to finger foods when physically capable, usually between 7-9 months. Teeth are not required; hand to mouth coordination is required.

**The first feeding:** Babies expect a breast or a bottle when hungry. So make sure your baby is happy and awake but **NOT** hungry the first time you feed her solid food because at this point she is learning a skill, not eating for nutrition. Wait about an hour after a milk feeding when she is playful and ready to try something new. Keep a camera nearby because babies make great faces when eating food for the first time. Many parents like to start new foods in the morning so that they have the entire day to make sure it agrees with their baby. Watch for rash or stomach upset.

**WHAT should you feed your baby first?** There is no one right answer to this question.

- **The easiest food to offer** is one that is already on the breakfast, lunch, or dinner table that is easy to mush up.
- In some cultures, a baby's first food is a smash of lentils and rice. In other cultures it's small bits of hard-boiled egg or a rice porridge. **The bottom line: it doesn't matter much what you start with**, as long as it's nutritious. Dr. Kardos is proud to say that she fed her nephew his first solid food: watermelon! (He loved it).
- **Avoid honey** before one year of age because honey can cause botulism in infants.
- **Add iron-containing food sooner** rather than later. Pediatricians recommend a diet with iron-containing solid foods because a baby's iron needs will eventually outstrip what she stored from her mother before birth as well as what she can get from breast milk or formula. Iron-containing food include iron-fortified baby cereal (such as oatmeal), pureed meats (such as chicken, beef or fish) or smashed lentils or black beans.

- **If feeding baby cereals**, make them with formula or breast milk, not water or juice, for more nutritional “oomph.”
- **If your baby has eczema and/or an egg allergy**, your baby may be predisposed to a peanut allergy. Ask your doctor if your baby is a candidate for daily peanut protein feedings in order to prevent a peanut allergy. Read the guidelines here and instructions for the feedings here. Otherwise, you can start peanut butter whenever you want- it’s really yummy mixed into oatmeal.
- **Variety is the spice of life**: you do not need to feed the same food day after day. In particular, because of concerns of arsenic, avoid over indulgence in rice cereal. No need to avoid certain foods because of the fear of inducing food allergies. This is a change from recommendations issued about 15 years ago. Focus more on avoiding choking hazards than on avoiding theoretically allergenic foods.
- **Not all kids like all foods**. Don’t worry if your baby hates carrots or bananas. Many other choices are available. At the same time, you can **offer a previously rejected food multiple times** because taste buds change.

## **HOW to feed:**

Sit your baby in a high chair at the table where your family eats meals.

Some babies will learn in just one feeding to swallow without gagging and to open their mouths when they see the spoon coming. Other babies need more time. If your baby becomes upset, end the meal. Some babies take several weeks to catch on to the idea of eating solids. Try one new food at a time. Then, if your baby has a reaction to the food, you’ll know what to blame.

Some babies just never seem to like mushed up foods and prefer to suck on foods at first (like Dr. Kardos’s nephew did with

his watermelon). One practice called baby-led weaning describes another way of introducing solids.

If you prefer to buy “baby food,” know that stage one and stage two baby foods are similar. No need to test all stage one foods before going onto stage two. The consistency of the food is the same. The stages differ in the size of the containers. Some stage two foods combine ingredients. Combinations are fine as long as you know your baby already tolerates each individual ingredient (i.e. “peas and carrots” are fine if she’s already had each one alone). Avoid the dessert foods. Your baby does not need fillers such as cornstarch and concentrated sweets.

Be forewarned: **poop changes with solid foods**. Usually it gets more firm or has more odor. Food is not always fully digested at this age and thus shows up in the poop. Wait until you see a sweet potato poop!

**By six months**, babies replace at least one milk feeding with a solid food meal. Many babies are up to three meals a day by 6 months, some are eating one meal per day. Starting at six months, for cup training purposes, you can offer a cup with water at meals. Juice is not recommended. Juice contains a lot of sugar and very little nutrition.

## **WHAT ABOUT FINGER FOODS? WHEN CAN MY BABY PICK UP HIS OWN FOOD?**

**Offer finger foods when your baby can sit alone and manipulate a toy without falling over. When you see your baby delicately picking up a piece of lint off the floor and putting it into his mouth, he’s probably ready!** Usually this occurs between 7-9 months of age. Even with no teeth your baby can gum-smash a variety of finger foods. Examples include “Toasted Oats” (Cheerios), which are low in sugar and dissolve in your mouth eventually without any chewing,  $\frac{1}{2}$  cheerio-sized cooked vegetable, soft fruit, ground meat or pieces of baked chicken,

beans, tofu, egg yolk, soft cheese, small pieces of pasta. Start by putting a finger food on the tray while you are spoon feeding and see what your child does. They often do better feeding themselves finger foods rather than having someone else “dump the lump” into their mouths.

**Finger food sample meals:** Breakfast: cereal, pieces of fruit, egg. Lunch: pasta or rice, lentils or beans, cooked vegetables in pieces, pieces of cheese. Dinner: soft meat such as chicken or ground beef, cooked veggies and/or fruit, bits of potato, or cereal. Need other ideas? Check out this post on finger foods. **By nine months, kids can eat most of the adult meal at the table,** just avoid choking hazards such as raw vegetables, chewy meats, nuts, and hot dogs. You can use breast feedings or formula bottles as snacks between meals or with some meals. By this age, it is normal for babies to average 16-24 oz of formula daily or 3-4 breast feedings daily.

**Avoid fried foods and highly processed foods.** Do not buy “toddler meals” which are high in salt and “fillers.” Avoid baby junk food- if the first three ingredients are “flour, water, sugar/corn syrup”, don’t buy it. We are amazed at the baby-junk food industry that insinuate that “fruit chews,” “yogurt bites” and “cookies” have a place in anyone’s diet. Instead, feed your child eat REAL fruit, ACTUAL yogurt, and healthy carbs such as pasta, cous-cous, or rice.

**Other important food-related topics:**

**Organic and conventional foods** have the same nutritional content. They differ in price, and they differ in pesticide exposure, but no study to date has shown any health differences in children who consume organic vs conventional foods. For more information, see this American Academy article and this study as well as our own prior post about organic vs conventional foods.

**About fish:** For years, experts fretted about pregnant women

and children exposing themselves to high mercury levels by eating contaminated fish. However, the realization that fish is packed with nutrition, and the emergence of data showing that only a few types of fish contain significant mercury levels, led the FDA to encourage fish intake in young children and pregnant women. Please check this FDA advice for specific information about which fish to offer your child.

**SAFETY ALERT:**

**Children should always eat while sitting down** and not while crawling or walking in order to AVOID CHOKING. Also, you don't want to create a constantly munching toddler who will grow into a constantly munching ten year old.

Bon appetite,

Julie Kardos, MD and Naline Lai, MD

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Updated from our original 2009 post

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**Itching to know: how to treat  
poison ivy**



Teach your child to recognize poison ivy: "leaves of three, let'em be!"

Recently we've had a parade of itchy children troop through our office. The culprit: poison ivy.

**Myth buster:** Fortunately, poison ivy is NOT contagious. You can catch poison ivy ONLY from the plant, not from another person.

**Another myth buster:** You can **not** spread poison ivy on yourself through scratching. However, where the poison (oil) has touched your skin, your skin can show a delayed reaction-sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

**Some home remedies for the itch:**

**Hopping into the shower** and rinsing off within fifteen minutes of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.

**Hydrocortisone 1%-** This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day

**Calamine lotion – a.k.a. the pink stuff-** This is an active ingredient in many of the combination creams. Apply as many times as you like.

**Diphenhydramine (brand name Benadryl)-** take orally up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti-itch properties.

**Oatmeal baths –** Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)

**Do not use alcohol or bleach-** these items will irritate the rash more than help

The biggest worry with poison ivy rashes is the chance of infection. Just like with an itchy insect bite, with each scratch, your child is possibly introducing infection into an open wound. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen.

However, infections cause pain – if there is pain associated with a poison ivy rash, think infection. Allergic reactions cause itchiness- if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure to poison ivy. Infection usually occurs on the 2nd or 3rd day of scratching. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

Naline Lai, MD and Julie Kardos, MD

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**Eight is Great! All about  
eight-year-olds**







Photo by Lexi Logan

Happy 8th Birthday Two Peds in a Pod!

If our blog had a “face” we would put a party hat on a smiling head with disproportionately large emerging adult teeth and a body with gangly legs and arms. In honor of our blog’s eighth birthday (read our very first post [here](#)) today’s post celebrates your eight-year-olds.

Typical eight-year-olds are no longer squishy-faced babies and no longer adoring young elementary school students who still think of their parents as heroes. Now you have an emerging friend-seeking, active child.

Eight-year-olds understand logic and are less apt to believe in “real” magic but are interested in spotting the “trick.” Parents may find that eight is the year that their child stops believing in Santa or the tooth fairy. If they do believe in Santa, expect them to question how Santa reaches all the children in one night, or how he can fit down a chimney.

This is an academic leap year. There is less hand holding in school. The switch-over from “learning how to read” to “reading in order to learn” begins. Instead of rote memorization of individual words, reading comprehension increases and children now gain knowledge from books. Some eight-year-olds may prefer to read to themselves before bedtime because they can read to themselves faster than you can read to them. Even if they are reading on their own, continue to share books together at bedtime. For many kids, this is the age when they begin to struggle academically if they have a previously unrecognized learning disability.

Eight-year-olds begin to notice kids who stand out, especially kids who act or look different from the other kids, and can be cruel with their observations and exclusions. Teach your child about differences and the importance of tolerance. As Dr. Lai

tells her kids, "You don't have to be friends with everyone, you just have to be nice."

The long march through adolescence starts now. Some girls start to show the initial sign of puberty called breast-budding (chest development). Teach your daughters about periods at this age because some girls begin to menstruate in the next couple of years, and girls who are caught unawares can become quite frightened by unexpected blood coming out of them. You can refresh your memories and check your facts about periods from our prior post on this subject.

Many eight-year-olds, even those who seem years away from puberty, become stinky. Trust us, you will notice, and so will others, so encourage them to wash their entire body, INCLUDING ARMPITS, every day WITH SOAP and to use deodorant daily. We do not have a favorite brand but you could look initially for a deodorant alone rather a deodorant/antiperspirant combination product as they may irritate young skin. Note that even though they may smell like adults, their brains are only eight years old, so you will have to remind your eight-year-olds to use the deodorant. One trick is to keep the deodorant next to the toothbrush so when they brush their teeth every morning, they will remember to incorporate deodorant into their morning routine.

Other self-care tasks also will need reminders. After years of tracking your child's pee and poop pattern, you now probably don't know when the last time your child moved her bowels. No need to follow your child into the bathroom, but every once in a while ask about their bowel and bladder habits. During the school year, be aware that eight-year-olds may avoid school bathrooms and don't urinate all day, which can lead to problems with leaking urine (accidents) and urinary tract infections.

Eight-year-olds continue to improve their concentration spans and have a greater interest in learning new skills. For many,

this is the age of active sport participation (playing “real” sports games), the start of learning a musical instrument or foreign language, and club participation such as 4H or scouts. Some eight-year-olds begin to spend many hours a week in a chosen activity such as gymnastics (however, please note that the American Academy of Pediatrics recommends against home trampolines for all kids). Eight years is when they can handle the toys and art equipment that are labeled “for eight and above.” You will be impressed at the attention to detail that an eight-year-old can display in art projects.

Children this age often prefer to spend time with a friend rather than a younger sibling or parents. It is fun and also good for self-esteem for your child to host a friend at your home and to spend time with friends at their homes. While eight-year-olds are fully capable of entertaining themselves, they still require adult supervision, even if that supervision is from another room or floor of the house. Eight-year-olds do not yet need their own phones: an adult should always be present in case trouble arises. However, it is appropriate to teach your eight-year-old to use a phone and to arrange a get-together or a car pool after first checking with parents. Screen-addiction (to television, computers, and hand-held devices) starts early; set screen time rules now so that you won't be frustrated later.

Speaking of self-reliance, by all means teach your eight-year-old to cook a simple meal, use the microwave and toaster oven, set and clear the table, do dishes, load and unload a dishwasher and washing machine, and take out the trash. Again, parents should supervise, but the goal is to create an independent adult. Eight-year-old egos enjoy a good boost when you acknowledge their increased sense of responsibility and contributions to running the household.

Last tip: if you are driving your child and an eight-year-old friend, be sure to have enough booster seats in the car for everyone (US law requires booster seats through age 8 years-

see our post on car safety).

Yes, eight is great, and Two Peds is thrilled to celebrate this birthday. Your eight-year-old celebrates this birthday smack dab in the middle of the “golden years” of parenting. During these years, they are too young to drive and too old to take a nap. The typical blog lasts less than 6 months, so keep us going by reading, sharing, sending us your post ideas, and inviting us to speak (twopedsinapod@gmail.com). Our information is only good if others read it and share it! Please “follow” us on Facebook, tweet about us, email subscribe, and continue to get the word out. Pediatric colleagues: we welcome guest bloggers, so if you have something to share that we haven’t already said, please contribute.

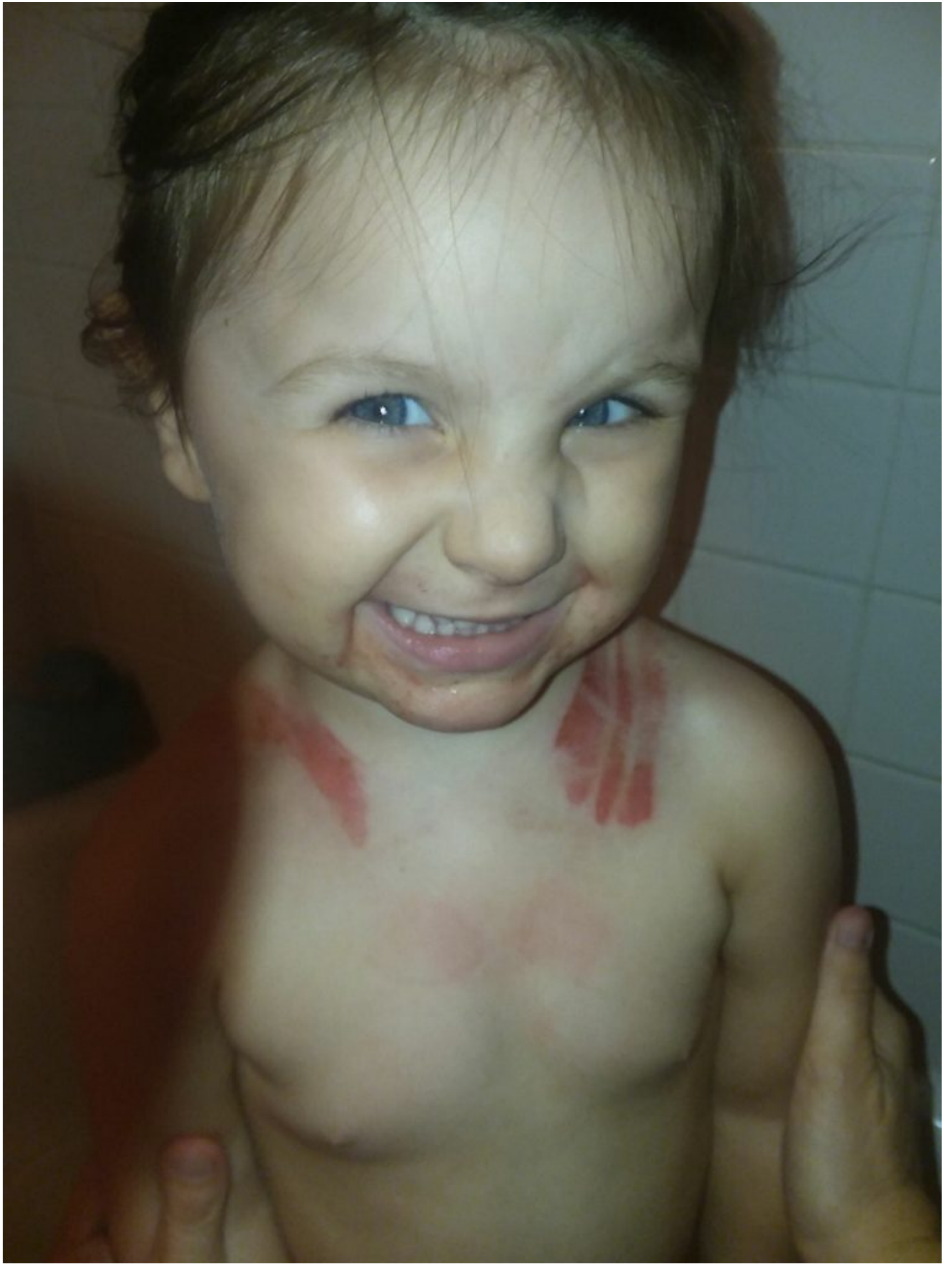
Cheers,

Julie Kardos, MD and Naline Lai, MD

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**Is your car seat up to snuff?  
And how about planes?**



NOTE: Recommendations about rear facing car seats have been updated since the publication of this post. Please [link here](#).

This photo above is a horrific yet terrific reminder of why we strap our kids into car seats. This child was buckled into a car seat when the unthinkable happened– a potentially lethal car accident. As you can see, the child’s bruises directly line up with properly-applied car seat restraints. Thankfully, the injuries to this child are only skin-deep. On the other hand, the photo below shows what happened to the car.

Please remember always to travel with your children properly restrained.

For maximum safety in cars:

- Keep children in rear facing car seats until age two years. Usually they will outgrow the baby car seat that you brought them home in and you will need to install a new rear facing car seat before they reach two years. Check the weight/height limits for the seat.
- Keep them in the car seat until age five years, or until they outgrow the weight or height limits set forth by the car seat manufacturer.
- Use a booster until your children are 4 feet 9 inches or until the car’s shoulder seatbelt falls naturally across the chest (not the neck) and the lap belt lies low across their hip bones (some kids are in boosters to age 10 years and beyond).
- Keep infants and children in the **back seat** until at least age 13 years.
- Don’t drive while distracted or sleep deprived. Children learn from watching their parents. Emulate now the way you want your 16-year- old to drive.

You can read more details on car seats and seat belts on the CDC (Centers for Disease Control) website [here](#).

Read about guidelines for child safety restraints on airplanes [here](#).

Julie Kardos, MD and Naline Lai, MD



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**Summertime ear pain? It might  
be swimmer's ear**



These lucky fish don't have to worry about swimmer's ear... they don't have any ears! –Photo by Dirk Peterson, MD

It's the type of ear pain that usually creeps up on a school-aged summer camper. One night he may notice discomfort when his ear is against his pillow. The next night, the pain gets worse. Eventually, even touching the ear is painful. The ear is probably infected, but infected with "the other kind" of ear infection—swimmer's ear.

Ear infections are divided into two main types: swimmer's ear (otitis externa) and middle ear infections (otitis media). An understanding of the anatomy of the ear is important to understanding the differences between the two types of infection. Imagine you are walking into someone's ear. When you first enter, you will be in a long tunnel. Keep walking and you will be faced with a closed door. The tunnel is called the external ear canal and the door is called the ear drum.

Swimmer's ear occurs in the ear canal. Dampness from water, and it can be water from any source- not just the pool, sits

in the ear canal and promotes bacterial infection.

Next, open the door. You will find yourself in a room with a set of three bones. Another closed door lies at the far end. Look down. In the floor of the room there is an opening to a drainage pipe. This room is called the middle ear. This is where middle ear infections occur.

During a middle ear infection, fluid, such as during a cold, can collect in the room and promote bacterial infection.

Think of the sensation of clogged ears when you have a cold. Usually the drainage pipe, called the eustachian tube, drains the fluid. But, if the drain is not working well, or is overwhelmed, fluid gets stuck in the middle ear and become infected.

Because a swimmer's ear infection occurs in the external canal, the hallmark symptom of swimmer's ear is pain produced by pulling the outside of the ear. Since middle ear infections occur farther down in the ear, pain is not reproduced by pulling on the outer ear.

Doctors treat swimmer's ear topically with prescription antibiotic drops. To avoid dizziness and discomfort when putting drops in, first bring the ear drop medicine up to body temp by holding the bottle in your hand.

Home remedies to prevent swimmer's ear:

- After immersion in the water, tilt your child's head to the side and towel dry what leaks out.
- Mix rubbing alcohol and vinegar in equal parts. After swimming, place a couple drops in the ear. Do not put these drops in if there is a hole in your child's eardrum.
- Prior to swimming put a drop of mineral oil or olive oil in each ear. This serves as a barrier protection against the water as well an ear wax softener. Do not put in if there is a hole in your child's eardrum.

Although it's tough to remind children to dry their ears well, take heart. Dr. Lai once spent two hours trying to get a cockroach out of a child's ear canal. We suspect those parents would have been happier if instead, water had gotten into their child's ear.

Naline Lai, MD and Julie Kardos, MD

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updated from 2016

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**Happy Father's Day 2017 from  
your Two Peds**



A few years ago, we asked our dad readers to help us write our Father's Day post. We thought you would enjoy hearing from them again. The dads completed this thought: "Before I became a dad, I never thought I'd..."

*The real reason behind male pattern baldness.*

...Learn to curl hair for cheerleading competitions

...BE RESPONSIBLE

...Become a stay at home dad AND love it so much after everything I've been through!!

...Learn all of the names of Thomas The Tank Engine's friends and the many songs associated with them.

...Have a toys r us in my house.

...Go food shopping at midnight.

...Make so many pancakes on Sunday mornings.

...Volunteer in a dunk tank and have pie thrown at me.

**One of our readers summed up his thoughts on becoming a dad:**

*Since I've become a father, nearly seven years and two beautiful daughters later, my life has become a series of jobs that I never thought I would have to tackle. These include:*

*Beautician: I never thought in a million years that I would be learning how to do pony tails, side pony's, braids (not that I can braid yet), and painting little finger and toe nails.*

*Disney Princess Aficionado: At one point in my life I thought I was cool because I knew a lot about beer, how it was made, where it was from, where the best IPA's were being poured. Now I am "cool" because I know where Mulan lived, and because I know the story about Ariel falling in love with Prince Eric.*

*Doctor: I am well versed here and can cover almost everything from the simple band-aid application and boo-boo kissing, to the complex answering of why daddy is different and why he gets to go to the bathroom standing up.*

*Cheerleader: Both of my daughters enjoy participating in sports. It's been such a great experience to cheer them both on from the side line. I enjoy watching them grow with the sport and gain confidence game after game.*

*Becoming a father was one of the best choices I have made with my life. I love being a dad, and I look forward to the future dad challenges, good and bad, and being the best mentor I can be.*

Thank you to our readers for contributing to this post.

Happy Father's Day!

Julie Kardos, MD and Naline Lai, MD

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# Graduation time and new horizons



*This time of year is always a joy as kids graduate and move onward. Having sent off my own children and my patients to daycare, kindergarten, high school and college, I am amazed*

*how the graduations change, but the parental emotions remain the same. In honor of Dr. Kardos's soon-to-be high school graduate, I share with you a post from years ago... a letter I had written to my child the night before kindergarten, and pointers on easing the transition. Shhh- it's a surprise. We'll see when Dr. Kardos notices.- Dr. Lai*

My Child,

As we sit, the night before kindergarten, your toes peeking out from under the comforter, I notice that your toes are not so little anymore.

Tomorrow those toes will step up onto to the bus and carry you away from me. Another step towards independence. Another step to a place where I can protect you less. But I do notice that those toes have feet and legs which are getting stronger. You're not as wobbly as you used to be. Each time you take a step you seem to go farther and farther.

I trust that you will remember what I've taught you. Look both ways before you cross the street, chose friends who are nice to you, and whatever happens don't eat yellow snow. I also trust that there are other eyes and hearts who will watch and guide you.

But that won't stop me from worrying about each step you take.

Won't stop me from holding my breath.

Just like when you first started to walk, I'll always worry when you falter.

I smile because I know you'll hop up onto the bus tomorrow, proud as punch, laughing and disappearing in a sea of waving hands. I just hope that at some point, those independent feet will proudly walk back and stand beside me.

Maybe it will be when you first gaze into your newborn's eyes, or maybe it will be when your child climbs onto the bus.



Until then,

I hold my breath each time you take a step.

Love,

Mommy

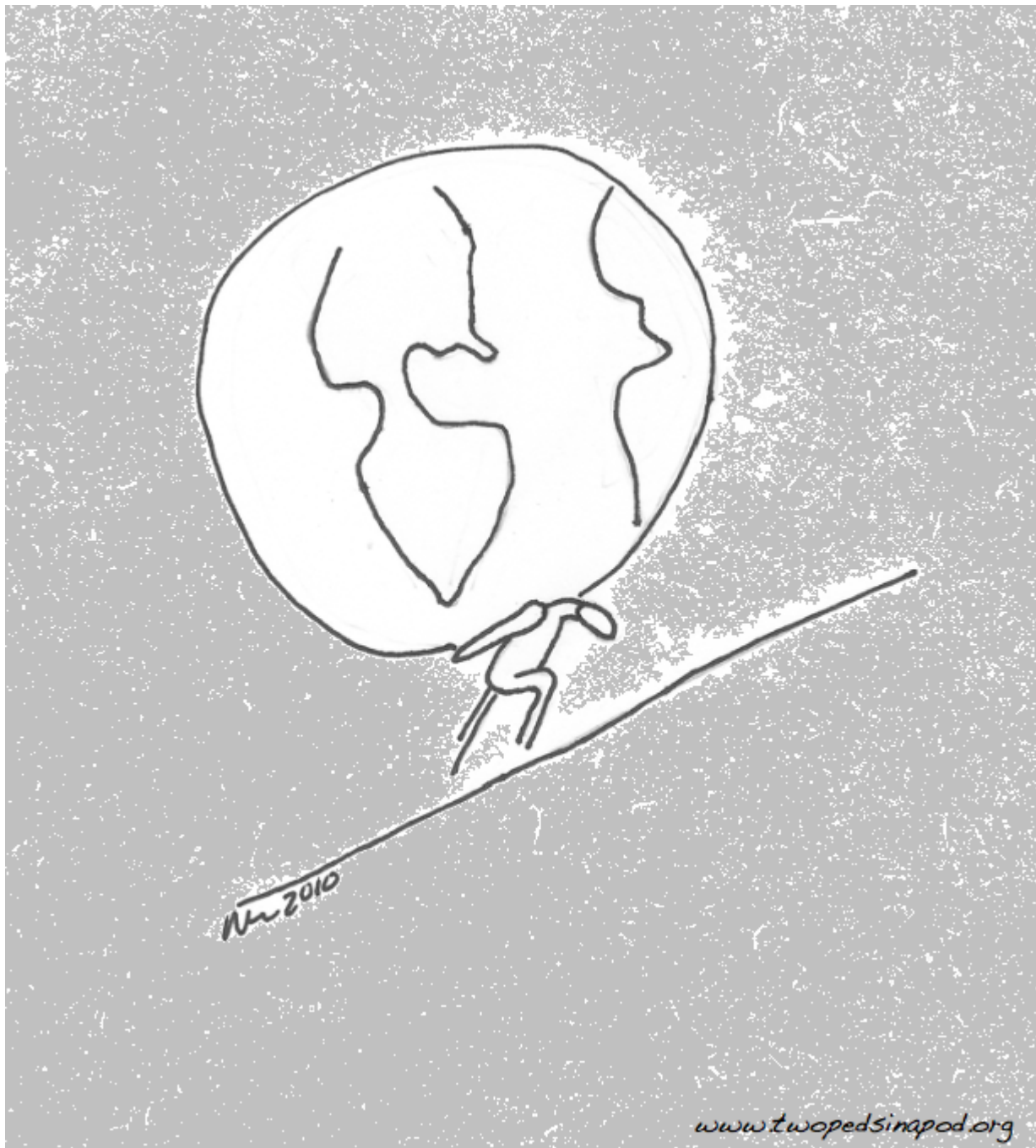
**No matter the stage, even when they are bigger than you, always remember the basic rules of daycare drop-off:**

- Always convey to your child that the transition is a positive experience. You give your child cues on how to act in any situation. Better to convey optimism than anxiety.
- Take your child and place her into the arms of a loving adult- do not leave her alone in the middle of a room.
- Do not linger. Prolonging any tears, only prolongs tears. The faster you leave, the faster happiness will start.
- It's ok to go back and spy on them to reassure yourself that they have stopped crying- just don't let them see you.

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**Discussing suicide: how much should I tell my kids?**



“Hi, it’s me, Hannah. Hannah Baker.” So begins the first episode of *13 Reasons Why*, a thirteen installment Netflix series that focuses on the aftermath of the suicide of a 17-year-old high school student. Based on the novel by Jay Asher, the series has sparked quite a bit of debate and concern among parents and mental health professionals. At its best, the series has served as a conversation starter; at its worst, it has glamorized suicide and the fantasy of revenge. At the end of the day, however, an important question remains: How do we talk with our kids about suicide? While

many difficult topics have become increasingly safer to discuss, suicide is one that is still shrouded in secrecy and shame. In fact, it is so difficult to talk about that I had a hard time writing this post. Finding the right words about something that often remains unspoken is not an easy task. So if circumstances require it, how are we to explain suicide to our children?

According to the American Foundation for Suicide Prevention, research has shown that over 90% of people who died by suicide had a diagnosable, though not always identified, brain illness at the time of their death. Most often this illness was depression, bipolar disorder, or schizophrenia, and was complicated by substance use and abuse. Just as people die from physical illnesses, they can die as the result of emotional ones. If we can change the narrative about suicide from talking about it as a weakness or character flaw to the unfortunate outcome of a serious, diagnosable, and treatable illness, then it will become easier for us to speak with honesty and compassion.

Telling the truth about any death is important. While it is natural for us adults to want to protect our children from pain, shielding them from the truth or outright lying will undermine their trust and can create a culture of secrecy and shame that can transcend generations. We can protect our children best by offering comfort, reassurance, and simple, honest answers to their questions. It is important to recognize that we adults typically offer more information than our children require. We should start by offering basic information, then let them take the lead on how much they actually want to know.

For young children, your statements may look something like this: "You have seen me crying, that is because I am sad because Uncle Joe has died." They may not even ask how the death occurred, but if they do, you can say "He died by suicide. That means he killed himself." The rest of the

conversation will depend on the child's response. With older children, the narrative can follow a similar theme yet use more sophisticated language. The older the child, the more likely they are to ask direct questions. Some examples of honest answers are "Do you know how people have illness in their bodies, like when Grandma had a heart attack and our neighbor had cancer? People can get illness in their brains too, and when that happens, they feel confused, hopeless, and make bad decisions. Uncle Joe didn't know how to get himself help to stop the pain." If they ask how the suicide occurred, you can say "With a gun" or "She cut herself." Sometimes you will have to say "I don't know. I wish I knew the answer." Whatever the age of your child, do your best to use simple, truthful language.

Regardless of age, children converse about and process death differently than adults. If you tell your child about a suicide, it is likely that he/she will want to talk about multiple times over the course of days, weeks, or even years. Keep the dialogue open, and check in with them periodically if they have questions. If you find that you or your family is in need of the support of a professional, you might want to consider a bereavement group or a trained professional who specializes in grief. These resources are available through online directories, local hospitals, and the Psychology Today therapist finder. Overall, be aware that providing truthful information, encouraging questions, and offering loving reassurance to your children can allow your family to find the strength to cope with terrible loss.

(Excerpts taken from The American Foundation for Suicide Prevention's "Talking to Children about Suicide", [www.afsp.org](http://www.afsp.org).)

Links:

Sesame Street Workshop's When Families Grieve  
The Dougy Center for Grieving Children and Families

The American Foundation for Suicide Prevention  
Hands Holding Hearts (Bucks County, PA)  
The Jed Foundation

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