

Yellow? All about newborn jaundice and bilirubin



Can you pick out the jaundiced one?

Pediatricians often cringe when they find newborns swathed in a yellow blanket. The color always seems to accentuate a baby's jaundice and we're not fond of jaundice.

Jaundice, an orange-yellow coloration of the eyes and skin, is caused by a blood breakdown by-product called bilirubin. We all break down blood, but it's more difficult for the newborn's liver to process it into a form that his or her body can get rid of. Eventually, we get rid of bilirubin by peeing and pooping it out. Bilirubin is what gives the yellowish color to urine and stool.

Why do we care about jaundice? In the 1950s and '60s, infants who had died from a neurological issue called kernicterus were

found to have extremely high levels of bilirubin (jaundice) – up into the 100s of mg/dl. High levels of bilirubin can cause hearing and vision issues. Even at lower levels, jaundiced babies tend to be more sleepy and eat sluggishly.

Nowadays, for a full term baby, we generally let the bilirubin level rise to 20 mg/dl at most before starting treatment, and often we treat even earlier. More than 60% of newborns appear jaundiced in the first few days of life, but most never need any special treatment because the jaundice self-resolves. Conveniently, the first line of treatment is simply feeding more: the more milk that goes in, the more pee and poop that comes out, bringing the bilirubin with it. If improving intake does not lower the bilirubin enough, the next step is shining special lights (phototherapy) on a baby's skin.

Jaundice first starts noticeably in the eyes and face. As bilirubin levels rise, the yellow (jaundice) appears more and more down the body. Yellow in the face of a newborn is expected. If you see yellow in the belly, call your pediatrician. Levels naturally rise and peak in the first few days and we have graphs and apps to predict if the bilirubin may reach treatable levels.

Some babies are more likely to have higher bilirubin numbers and thus appear more yellow:

- Premature babies, because they have immature livers.
- Babies who have different blood types than their moms. Certain blood type differences can cause some breakdown of blood even before a baby is born, therefore increasing chances of an elevated bilirubin after birth.
- Babies who acquire bruising during delivery; they have more blood to break down.
- Be aware, there are a few other less common risk factors, and if needed, your pediatrician may address

them with you.

Hydrating your baby will help jaundice. You should watch the number of wet diapers your newborn has in a day. Wet diapers are a sign of good hydration. In the first week, she should have about one wet diaper for every day of life (so on day of life one= one wet diaper, day of life two=two wet diapers, etc). Also watch for bilirubin to start coming through the stool. At first, your baby will poop out the black stool called meconium, but as milk starts going through her system, expect the stool to turn yellowish. ([click here for more information about the colors of newborn poop](#)) . As with the urine, look for one bowel movement for every day of life (so day of life one=one bowel movement diaper, day of life two=two etc). Eventually some newborns poop every time they are fed, although some max out at 3 or 4 bowel movements per day.

So, if you hold up your newborn baby in a yellow blanket to show your pediatrician and call the baby “our little pumpkin” you’ll know why she raises an eyebrow.

[Click here for other fun medical color facts.](#)

Naline Lai, MD and Julie Kardos, MD

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Happy Birthday-Two Peds in a Pod Turns Seven! About seven-

year-olds



We are so proud that Two Peds in a Pod® turned SEVEN this week!

It's the golden age of seven– too old to take a nap and too young to drive. Some parental worry will now subside. Finally, you will be able to clean your garage out on the weekend without wondering if your kid has stuck her head in a bag of mulch.

Seven Wonders of your Seven-year-old's World

Entering first or second grade, a seven-year-old will often sport a toothless grin (and still believes in the tooth fairy) as she continues her march to independence and self care. **Wondering** what she is capable of? Now she is able to set an alarm, wake up for school, get dressed and brush teeth on her own. However, self care will not be as meticulous as the care

you give, so be prepared to dot sunscreen on the large patch of skin that she missed.

Wondering if your child is too old for you to read to him at bedtime? We recommend you not only continue to read aloud to your child, but have your child read out loud to you. Read higher level, more interesting books to him (chapter books), which will inspire him to become a better reader. He is now transitioning from learning to read to reading to learn. In other words, he will start to gain information from reading. Bedtimes become busy, with electronics and extra curricular activities crowding up the family schedule, but persevere.

Wonder if your child can do his own homework? Improve your child's self-esteem by allowing him do his own homework. Encourage success by setting up a quiet, clean place away from his younger siblings. At this age, homework is not supposed to take more than 10-20 minutes- if it does, alert the teacher. Let your child see natural consequences of not doing homework (teacher will have a repercussion, refrain from double punishing). Set up good expectations.

Wonder if you or your child is ready for sleepovers? Remember: kids do not sleep at sleepovers. If you will not sleep at night because a) your child is at a family's home that you are not familiar with, b) your child is at your own home and you will be constantly interrupted by the thumping of feet running about, or c) you dread how crabby and whiny your child will be in the morning, don't do it. Despite any accusations you may hear, you will not be the only parent in history to say "no" to a sleepover. Many times in the office when we see an ill child, the parent starts out the office visit with, "Well, she was at a sleepover and the next day she came down with a fever/sore throat/cough/etc."

Wonder how your child conducts himself when he is away from you? A seven-year-old is fully capable of entertaining his own friend at your home and remembering "yes, please" and "no,

thank you" in a friend's home. Make sure your seven-year-old has memorized your phone number as well as his address.

When you get into a car with a seven-year-old, he not only can buckle himself up in the car (another **wonder** of the seven year old world and a huge improvement from having to kneel in the back seat straining your back as you buckled him up as a toddler) but also he will likely remind you to do the same. Seven-year-olds are rule followers. A strategy you can use at home to encourage desired behavior is to say "The rule in our house is that everyone cleans up his own mess," rather than saying "Clean up your toys because I said so." (Although he may ask, he still needs to be in a booster seat.)

Our 7th **wonder** of the seven year old world: when your seven-year-old recovers from a nasty stomach virus, it is possible that NO ONE ELSE in the family will catch it. A seven-year-old can use a basin, run to the toilet, wash his own hands, and change his own pajamas. You just have to supply the watered down gatorade (and comfort, as older sick kids still appreciate a parent's cool hand and reassuring words) and remind him to keep drinking.

We are excited to have reached our 7th year writing practical pediatrics for parents on the go. That's hundreds of posts on topics that you have suggested to us both in the office and online. Please continue to share our content- we **wonder** if we can reach 7 million families this year!

Thank you for your suggestions and comments over the years.

Sincerely, Julie Kardos, MD and Naline Lai, MD

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Time out from summer for an important flu update



Time out from summer for a flu update

We interrupt your summer to bring you a Flu vaccine reminder and update.

Although flu (influenza) may be far from your minds, as we enter hot July, pediatricians are already ordering flu vaccines in preparation for Back to School. When the time comes, parents should add “schedule flu vaccine” to their back-to-school list as flu vaccines will arrive in offices as early as late August. Even immunizations given in August will last the entire winter season.

For fans of the nasal spray version of the flu vaccine—bad news. Turns out, data from the past 3 years shows the nasal spray is not nearly as effective as the injectable version. The American Academy of Pediatrics and the American Center

for Immunization Practices both recommend giving only the injectable version of flu prevention for protection against influenza.

Nonetheless, for the inconvenience of a pinch, the vaccine is still worthwhile. A total of 77 children died from flu in the US during the 2015-2016 flu season and many more children were hospitalized with flu related complications such as pneumonia and dehydration. Flu is highly contagious and spreads rapidly within households and schools, including daycare centers. People are contagious from flu one day prior to showing any symptoms of flu.

While most people who become sick with the flu survive, they will tell you it is a tough week. In addition to having a high fever that can last 5-7 days, a hacking cough, and runny nose, those stricken will tell you that every part of their bodies hurt. Even the movement of their eyes can hurt. In addition to the physical effects, our high school and college level patients are particularly distraught about the amount of schoolwork they miss while recovering from the flu.

An ounce of prevention is worth a pound of cure, which is why the flu vaccine is so terrific. There is no “cure” for the flu- you have to let your body fight it out. Unfortunately antiviral medications such as oseltamivir at best shorten the duration of flu symptoms by about one day. Flu vaccines work by jump starting your body’s natural immune system to produce disease fighting cells called antibodies. Vaccines are given yearly because flu virus strains often morph between flu seasons.

For more Two Peds In a Pod posts about flu and about vaccines in general: How to tell the difference between the common cold and the flu, Fact or Fiction: a flu vaccine quiz, Getting back to basics: how vaccines work.

OK, now back to your summer fun!

Julie Kardos, MD and Naline Lai, MD

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Bring on the heat: Hot Tub Folliculitis



Note that the hot tub folliculitis rash is worse under the area of the swimming suit at the top of the thigh.

From the start, a family I know was suspicious of the hot tub sanitation at the resort where they recently stayed. As time went by, even though the water looked clear, the hot tub seemed less chlorinated, and the water more tepid. They dubbed the tub “the scuz tub.” After their return, one of the kids broke out in the rash of hot tub folliculitis pictured above. You could say, they figured out just what the “scuz wuz”.

Hot tub folliculitis is a skin rash caused by a bacteria called *Pseudomonas aeruginosa*. The rash appears a day or two after soaking in a hot tub. A light pink bump appears around hair follicles (hence the name). As you can see in this photo, the rash is typically worse on areas of skin where bacteria was trapped under a swimming suit. The rash can cover all body surfaces, including the face, if your child dunked his head under water.

The rash can be slightly itchy but is not usually painful. No other symptoms develop such as fever or sore throat. The rash is not contagious, but often other people who swam in the same hot tub also break out.

Treatment is to wait it out. Typically by one to two weeks, provided your child does not go back into the hot tub, the rash resolves on its own. If your child feels very itchy, you can treat her with oral diphenhydramine (brand name Benedryl). Rarely, just like mosquito bites, the rash can become infected with other bacteria if your child scratches too much.

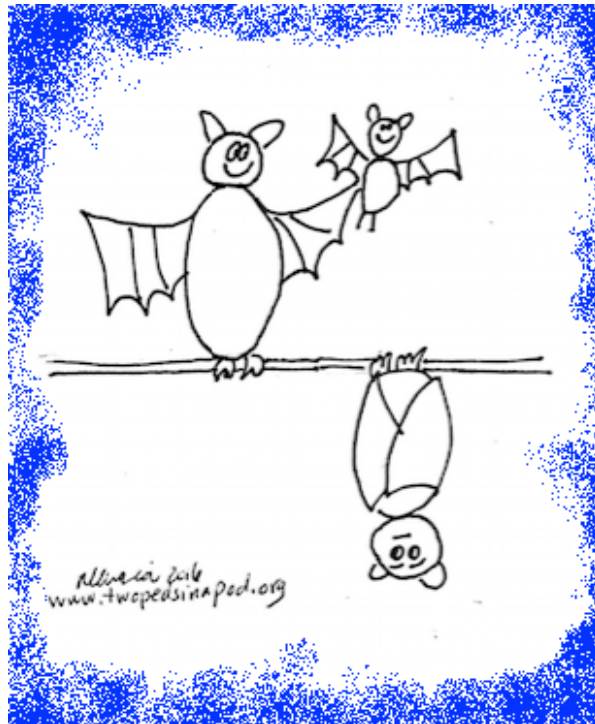
Pseudomonas thrives in warm wet places. In fact, it’s the same bacteria that causes “[swimmer’s ear](#).” Tight control of chlorine and acid content of the hot tub water limit the growth of the bacteria. Unfortunately, you cannot tell the *Pseudomonas* content of water just by eyeing it.

May you bring back a better souvenir than this family did on your next vacation.

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Happy Father's Day!



Much to the chagrin of Bard's mother, Bard the bat loved when his father held him right-side up...especially right before bedtime.

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Bye-bye binkie: weaning the pacifier



This very dusty binkie emerged from my daughter's room just in time for her 16th birthday. Yes, it's a 16 year old binkie. Seeing the pacifier was like greeting an old friend. Any family who has a binkie addict knows how the binkie is a source of their child's comfort and joy, and also how difficult it can be to wean. But take heart, someday your child's binkie will lie forgotten and dusty. –Dr. Lai

Whether you love or hate the pacifier, at some point, to avoid the possibility of dental and speech articulation impairment, your child needs to wean. Besides, it's nice to see your child's entire face. You can start restricting your child's use of the pacifier to crib/bed around two years old, and then entirely somewhere in the three year old year. Your child's dependence on sucking for self-comfort decreases and he begins to want to dissociate himself from being a "baby."*

Here are some ways you can encourage your child to do without his/her beloved pacifier:

- Throw the pacifier across the room and entice your child to say with you, "Yucky, binkies are for babies."
- Restrict pacifiers to specific places such as your home, crib, or bed.
- Take a "Binkie finding hunt" with your child and gather all the binkies into a basket. Have the binkie fairy come overnight, take the basket, and leave a present in the morning. Alternatively, one set of parents told me that they told their child that they were gathering binkies for babies who didn't have any.
- If giving your child a pacifier is part of your bedtime routine, start to introduce something else such as a special blanket or stuffed animal.
- Sometimes as parents, we are the ones who have to be weaned. When your child is upset, do not automatically pop a binkie into your child's mouth. Seek other ways to help your child calm himself. Hand him a book, or sit down and read with him. Refrain from handing your child your cell phone or ipad to watch a video- it can be harder to wean this habit!
- Vow to yourself not to buy new pacifiers at the grocery store. Gradually the pacifiers left in the house will disappear or the mold on them will prompt you to throw them away.
- Cut a small hole in the tip of the nipple- the binkie will not "be the same." Tell your child that the binkie is broken and throw it away.
- Vacations disrupt schedules. Therefore, sometimes in an unfamiliar bed, children wean habits. Conveniently forget the binkie while going on vacation and do not introduce it on return home.
- By age three, most kids appreciate the value of a good bribe. Offer them a reward for going a whole week (or at least 3 days) without the binkie. One night doesn't

count because often the second night is more difficult for the child than the first when he is giving up the binkie. Once you have gone a week, the child will have no desire to go back. Just make sure you have disposed of every last binkie in your home so they will not have reminders of the "good old days."

And now, a poem by Dr. Lai:

Ode to the Binkie

Bed time when toddlers start to shout,

It is you, dear binkie, who knocks them out.

Those thumb suckers look so snide,

But haven't been without you on a long car ride.

None in the diaper bag, none in the crib?

Take one from our infant sib.

If you touch the ground, I'll give you a quick blow,

Back into the mouth you'll just go.

But now my child can run and jump with both feet off the ground,

Two to three word sentences she can sound.

If old enough to politely ask for you,

Then old enough to make permanent teeth go askew.

Oh dear binkie, you once had your place,

Now let's take the cork from the face.

Once you were our beloved binkie,

But right now... you are just stinky.

*NOTE: we have different suggestions for thumb suckers. Clearly we can't throw a thumb across the room and say "Thumbs are for babies!" To be very brief: aim for stopping thumb sucking by the time that permanent teeth grow in, by around age 6 or so. If you pluck it out right after your child falls asleep, often it stays out for most of the night.

Naline Lai, MD with Julie Kardos, MD

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Feeding picky eaters plus some recipes



Photo credit: Lexi Logan

Back by popular demand: our picky eater post, with bonus recipes at the end.

*"You just don't appreciate a picky eater until you have one."
-Overheard at Dr. Lai's dinner table*

Picky eaters come in two major varieties.

One kind is the child who eats the same foods every day and will not vary her diet. For example, breakfast is always the same cereal with milk and a banana, lunch is always peanut butter and jelly, and dinner is some form of chicken, rice, and peas. This diet is nutritionally complete (fruit, vegetable, protein, dairy, carbohydrate) but is boring to the parent.

The other kind of picky eater is the child who leaves out entire food groups, most commonly vegetables or meat, or

leaves out meals, such as always eats breakfast but never eats dinner.

My twins, when younger, ranged from the One Who Tried Anything to the One Who Refused Everything! My oldest child lived on cheerios and peanut butter and jelly for about two years, but now he eats crab legs and bulgur wheat and sushi. My point: I feel your frustration, and I will give you advice that works as well as optimism and a new way of thinking about feeding your children.

Fortunately, from a medical point of view, toddler/children nutrition needs to be complete as you look over several days, not just one meal. For example, if every three days your child has eaten some fruit, vegetables, protein, dairy, and complex carbs, then nutritional needs are met and your child will thrive. Of course, if your child's pediatrician has determined that your child is not growing appropriately, you may need to look "beyond the picky" into medical causes and treatments of poor growth.

Ways to outwit, outplay, and outlast picky eaters

1. **Never let them know you care about what they eat.** If you struggle with your child at mealtimes, she will not eat and you will continue to feel bad about her not eating. Talk about the day, not about the food, at mealtime. You want your child to eat for the simple reason that she feels hungry, not to please you or anyone else, and not because she feels glad or mad or sad. Also, refrain from cooking a "special meal" for your toddler. Typically once a toddler catches on that you desperately want her to eat your cooking, she will refuse it.
2. **Do let them help you cook.** Even young children can wash vegetables and fruit, arrange food on platters, mix, pour, and sprinkle ingredients. Older kids can practice reading aloud from recipes and can help measure. Kids are more apt to taste what they help create.

3. **Let them dip their food** into salad dressing, apple sauce, ketchup, etc., which can make their food more appealing or interesting to eat.
4. **Hide more nutritious food in the foods they already like.** For example, carefully mix vegetables into meatballs or meatloaf or into macaroni and cheese. Bright green smoothies hiding kale and other greens are very popular. See the recipes at the end of this post for Zucchini chocolate chip muffins and Magic Soup.
5. **Remember to offer foods that YOU do NOT like**— your kids might like them! Here is an example: When my children were toddlers, we decorated Easter eggs at Dr. Lai's house with her children. My kids asked if they could eat their decorated hard boiled eggs. Understand that hard boiled eggs is one food that I do NOT like. I don't like their smell, their texture, and I really do not like the way they taste. Yet, all three of my kids, including my pickiest, loved those hard boiled eggs dipped in a little salt. Go figure. I had found an inexpensive, easy, healthy protein source to offer, even though I can't stand the way my kitchen smells when I cook them.. but hey, if my kids actually EAT them...
6. **In the same vein, offer foods that you assume they will not like.** Dr. Lai was shocked to find that her pickiest eater enjoyed hot and spicy food.
7. **Continue to offer foods even if your picky eater refuses them.** Don't force feed, just have them on the table. It could take 20 or 30 exposures before your kids might try them so do not despair. It took EIGHT YEARS of exposure to broccoli (one of my personal favorite vegetables) until two of my three kids decided they love it too. One still does not eat it. And that's ok.
8. **Hunger is the best sauce.** Refrain from offering junk food as snacks or as reward for eating "real" food. Pretzels, crackers, cookies, candy, cake, and chips have NO nutritional value yet fill up small bellies quickly.

Your insightful child will HOLD OUT for the junk and refuse good nutrition if they know they can fill up on snacks later. Along the same line, avoid bribing food for food. Chances are, if you bribe eating vegetables with cookies, the focus for the rest of the meal will be on the cookies and a tantrum will follow. You and your child will have belly aches from stress rather than full bellies. While it is tempting to let your child gaze all day, this will simply fill your child up so that she does not feel hunger at a meal or snack. Beware, even water can suppress the appetite.

9. **If the goal is to have your children eat real food, then avoid “fake food.”** Pouches with pureed fruit/veggie/cereal combos, fruit bars, fruit juice, protein shakes, and Puffs all may have nutrients but often have much sugar that grazes teeth and do not teach young taste buds the texture and flavors of healthier versions of actual fruits, vegetables, cereal, and protein sources such as meat.
10. **It is okay to repeat similar meals day after day as long as they are nutritious.** We might like variety as grownups but many toddlers and young kids prefer sameness and predictability.
11. **Avoid becoming a “short order” chef.** Picky eaters quickly take advantage of their power to make parents prepare multiple meals and likely end up not eating anyway. When your child says “I don’t want this! I want something else!” at breakfast, lunch, or dinner, you can answer calmly but firmly, “The meal is on the table.” It’s okay if they eat only one of the foods on the table. Next week she might try another. A different approach that some families use is to have one back-up meal that is the same every day for every meal and must be completely non-cook and nutritious. Examples are low sugar cereal and milk, peanut butter and jelly sandwich, yogurt with nuts or fruit mixed in, etc. that you agree to serve if your child does not want to eat

what the rest of the family is eating.

12. **You can give your child a pediatric multivitamin.** This tactic is not giving up or cheating. It can give the Parent as Provider of Nutrients peace of mind. You can give the multivitamin every day or just on the days that you are convinced that your child has eaten nothing.
13. **Read *Green Eggs and Ham*, by Dr. Seuss,** to your young picky eater. It stars a picky eater who becomes convinced to “try them.” You may, however, need to learn to make green eggs!

Zucchini muffins (or just call them “green muffins”)

3 cups flour, 1Tbs baking powder, 1 tsp salt, 1/2 tsp baking soda 1 1/2 tsp cinnamon, 1/2 tsp nutmeg

2 eggs, 1/2 cup low-fat milk, 1/2 cup canola or vegetable oil, 1 cup sugar, 2 cups shredded zucchini – approximately 2 medium zucchini- leave skins ON. OPTIONAL (but yummy): 1/2 cup mini chocolate chips

Preheat oven to 375F.

Stir together flour, baking powder, salt, baking soda, cinnamon, and nutmeg.

In separate bowl, beat eggs with electric mixer x 1 minute. Beat in milk, oil, and sugar. Stir in zucchini until well blended.

Add flour mixture to batter a bit at a time and stir to mix.

Mix in chocolate chips, if desired.

Spoon into greased muffin tins or place paper muffin liners, sprinkle tops of batter with a bit of sugar or “cinnamon sugar”

Bake 20 minutes, or until tops are golden brown and spring back when you touch them.

Magic Soup recipe

Take a large soup pot. Add raw chicken parts (breasts, thighs-bones add to the flavor) and cover with water.

Add onion, carrots, celery, cauliflower.

Flavor with salt, small amount of pepper, and any spice you like- I use tarragon but you can also use cilantro, parsley, curry powder, ginger.

Bring to boil, then cover and simmer for approximately 2 hours. toward the end, add some nappa (Chinese cabbage) or regular cabbage, cook until cabbage is wilted.

Serve to picky eaters: pull out the soft chicken pieces to pick up, pull out cooked vegetables – good finger food as well. Serve the broth in a cup. Most vitamins are water soluble, which means that even if your child only drinks the soup or if you pour the soup over something your child already likes such as noodles or rice, they are still getting all of the nutrition from your soup (hence, “magic soup”).

Julie Kardos, MD with Naline Lai, MD

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Baby and toddler nails: Tricks for managing your munchkin's mani-pedi



The prom preparation aftermath

It's not your imagination: baby and toddler nails are funky and warped. Now add the fact that babies and toddlers wiggle and squirm, and taking care of your young child's nails will appear to be a daunting task.

Even soft newborn finger nails leave significant scratches on newborn faces. Newborns need their first "manicure" within days of birth. Although the nails are long enough to scratch,

most of the nail is adherent to underlying skin. A nail clipper can not get underneath the edge of the nail easily. We recommend using an emery board or nail file for the first few weeks of nail trimming. File from the bottom up, not just across the nail, in order to shorten and dull the nail.

Babies gain weight rapidly in the first three months at a rate of about one ounce per day, and they grow in length at a rate of about an inch per month. Their finger nails grow rapidly as well and therefore need trims as often as two or three times a week. Toe nails grow quickly as well but because they do not cause self-injury, infants seem to be okay with less frequent toe nail trimming.

Once the nails are easier to grab, you can advance to using nails scissors or clippers. Dr. Kardos used to hold her babies in a nearly sitting position on her lap facing outward. Once you have a good hold, gently press the skin down away from the nails and then clip or cut carefully.

Unfortunately, no matter how careful you are, many well-intentioned parents end up cutting their child's skin at some point. Both Dr. Kardos and Dr. Lai have nicked their kids accidentally. Dr. Kardos recalls snipping a bit of skin from one of her twins when he was a few months old. Picture a tiny benign paper-cut that seems to cause a disproportionate amount of bleeding. He wasn't even all that upset, but the guilt! If you accidentally cut your child, wash the cut with soap and running water to prevent infection and apply pressure for a few minutes with a clean wash cloth to stop the bleeding. Avoid band-aids: they are a choking hazard in babies who spend most of their waking moments with their fingers in their mouths. Thankfully, rapidly growing kids heal wounds rapidly.

While Dr. Lai gave most of her kids manicures while they were sleeping, Dr. Kardos trimmed her kids' nails while awake to get them used to the feeling of a "home manicure." She likes to think this practice avoided some later toddler meltdowns

over nail trimming. However, as she found out in one of her three kids, some kids are just adverse to nail trimming, or have sensitive, ticklish feet and balk at trims. Yet, trim we must! Clip an uncooperative toddler's nails about 10-20 minutes after she has fallen asleep- this, or wait until you have another adult at home with you. Have your helper hold onto your child's hand or foot while distracting the toddler with singing, book reading, or watching a soothing video together. Then you can (quickly) trim nails.

However, even in infants, the sides of big toe nails grow into the skin. Luckily the nails are very soft, and with some soaking in warm water, you can pull the skin away from the nail and cut the nail to avoid having them dig in and result in infection, or paronychia.

While it's tempting to complete your child's mani-pedi with a coat of nail polish, keep in mind that a young children spend a lot of time with their hands, and their toes, in their mouths. We've seen kids as old as ten **years** bite on their toe nails. Unfortunately, the nail polish on your bureau may contain toxic hydrocarbons such as toluene and formaldehyde. Even non-toxic nail polishes will still contain dyes, and just because a manufacturer uses the term non-toxic, it doesn't necessarily mean a product is absolutely harmless. There are no specific standards for the use of the term non-toxic. Bottom line, the only route that avoids any chemicals is not to apply any polish in the first place. (If you are wondering about any cosmetic, the California department of public health keeps a database of cosmetics with " ingredients known or suspected to cause cancer, birth defects, or other reproductive harm.")

Who ever thought parental obligations would include cutting someone else's finger and toe nails? If you haven't perfected the process yet, take heart. You'll have plenty of practice over the years, and if you are lucky, you'll get a chance like Dr. Lai did last weekend to help prep nails for the prom.

Julie Kardos, MD and Naline Lai, MD

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Pleeeeeease- can we get a dog?

Many of our patients have dogs in their homes, and many families choose to adopt a dog during summer. Unfortunately, dog bite rates are also highest in summer, and occur most often in five to nine year olds, according to the Centers for Disease Control. Today we re-post tips on how to introduce a dog into a home with children and how to best avoid dog bites. We thank our expert consultant, veterinarian Sharin Skolnik, DVM.



—Julie Kardos, MD and Naline Lai, MD

Two Peds: Are some breeds of dogs better for children?

Dr. Skolnik: Breed recommendations are tough, because there are such different personalities within every breed. Breeds bred to protect will tend to guard their family, but may not be friendly with other kids. I have had to euthanize golden retrievers and labs for severe aggression, and know some truly stellar pit bulls. I would like every family bringing a dog into their home to think about how much time and energy they can devote to the following: exercise/walks/play dates/mental stimulation, grooming, feeding, veterinary care, and arranging travel concerns/contingency plans. If I had to pick a good family breed, I would suggest a Cavalier King Charles spaniel, but only if you forced me to pick one! Choosing the right dog for your family is the first big step, but do many people think about what comes with getting a new member of the family?

Two Peds: Any suggestions for screening a dog before bringing it into the family?

Dr. Skolnik: Many rescue groups use experienced foster homes to get an idea of where a dog is at before placement, which is wonderful. Look for a puppy or dog that is not too hyper or timid, unless you have the time and energy to devote to modifying these behaviors. Inquisitive but not pushy is ideal. Having said that, dogs are incredibly trainable in the right hands. Use care when bathing, feeding, or taking things away from a newly adopted dog. Trust is a two-way deal, and positive and gentle first interactions will set the stage for the relationship.

Two Peds: Why are young kids prone to dog bites by the family dog?

Dr. Skolnik: Many factors: kids are usually very bad at reading dog body language. For that matter, many adults I meet think that a wagging tail indicates a friendly dog, when in fact it means the dog is willing to interact, positively or negatively. Kids are usually loud and move unpredictably and quickly. Never leave kids and dogs unsupervised, because the kids may not understand how to be gentle and respectful of the dog. It is important to set clear and consistent expectations for both kids and dogs on what counts as acceptable behavior.

Two Peds: What should parents teach their children about approaching a dog?

Dr. Skolnik: Teach them to always ask an owner's permission with unknown dogs. Look for "soft" features like relaxed ears, floppy

wagging tail, wiggling body. Tense body, rigid tail (wagging or not), backing up, dilated pupils— leave that dog alone. Supervision by responsible adults is key.

Two Peds: How can a dog be taught to “respect” a child?

Dr. Skolnik: The same way dogs learn to leave people’s houses and other pets alone. “Claim” items as yours, and not the dog’s, while meeting their needs. When I adopt a new dog: Guinea pigs/cats/shoes/etc. are mine. Every time the dog shows an interest in one of these things, he is told firmly “No.” The dog is given plenty of walks through the woods, praise for desired behaviors, some one-on-one time, and a few weeks later and we usually are on the same page. Consistency in training is key. The dog can’t be allowed to chase the cat when you are not home, so keep them separated! Set the dog up for praise, gently but firmly correct missteps, don’t overcorrect or correct after the fact. The latter only increase anxiety and the likelihood of future behavior problems

A common mistake in dog discipline is relying too much on punishment/negative corrections and ignoring “good” behavior. For example; yelling at the dog for grabbing at the kids’ clothes, hands, whatever and ignoring the dog when it is chewing one of its own toys. Dogs are pack creatures; they rarely will play by themselves. Single-dog homes especially need to budget enough time each day to meet the dog’s mental and physical needs.

Two Peds: Should a dog that bites a kid be given a second chance? Can dogs be rehabilitated?

Dr. Skolnik: Depends on the scenario. A very forward dog with a history of unprovoked aggression towards kids is going to require a huge commitment to prevent injury and likely needs to go where there are no children, or humanely put to sleep. Most vets are pretty intolerant of dog aggression towards children. Now if an adult dog unfamiliar with kids snaps when a kid grabs an ear, or tries to take something away, or if the dog gave some warning that the kid should back off— I would blame the adults that put those two in the situation. Dogs (and people) can be rehabilitated, but there will always be the possibility of relapse. There are no guarantees with

behavior modification.

Sharin Skolnik, DVM, holds a Bachelor's degree from Cornell University School of Agriculture and Life Science and a veterinary degree from University of Pennsylvania School of Veterinary Medicine. She has been practicing veterinary medicine for over 20 years and is a member of the AVMA and the NJVMA. She currently works at Chesterfield Veterinary Clinic in Bordentown, New Jersey.

Her "children" include horses, dogs, cats, guinea pigs, hamsters, sheep, chickens, and rabbits. She is also a long time friend of Dr. Kardos's. Their children play well together under close supervision.

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Pretty earrings- but what you see in the back will surprise you

We see this a couple times a year... an earring which looks fine when viewed from the front...



...is actually embedded when viewed from the back. When you flip up this child's ear lobe, you will notice how the skin has nearly completely engulfed the earring back. Young children heal well and the skin in the back of an ear can grow over the back of an earring fairly easily. So, change earrings often and "watch their backs." It's not enough just to spin the earrings around from the front.



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