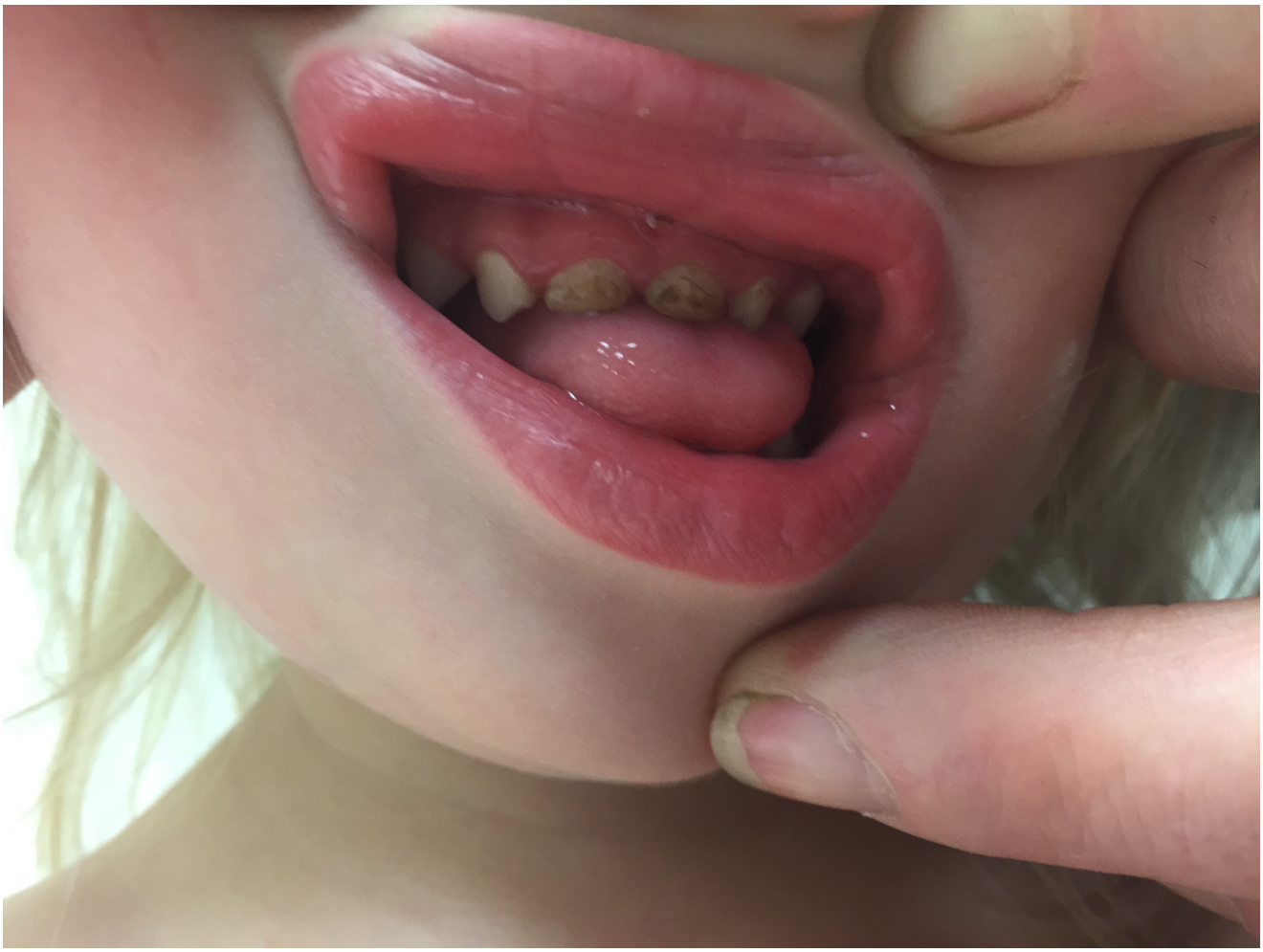
Prevent rotten teeth

This drives us crazy: 

Listed on many pediatric developmental milestone charts, there is the six month milestone, ” can hold their own bottle. ” Unfortunately, this is the last thing we want our patients to do. Babies who feed by holding their own bottle tend to suck for a longer period of time than when they are at the breast or when a parent holds the bottle. Prolonging the time any sweet substance, whether breast milk, cow’s milk, or watered down juice is in the mouth can produce cavities. Even in toothless babies, the sugar can seep through gums and rot the teeth producing cavities called “bottle rot” in the two front teeth. As shown above, sucking on a sippy cup constantly can also produce the characteristic damaging pattern and cause rotten teeth.

Sippy cups are like daytime bottles. In the “old days” if a

child wanted a drink, the parent would give him a cup, he would take his drink, and then the cup would be put away so it would not spill. Sippy cups are easier to leave around for kids to grab when they need it. They are easy for kids to carry and graze from while playing. They don't make a mess in the car. **But because kids can nurse a sugar-containing drink all day, it becomes easy for a sweet drink to have constant contact with teeth,** thus producing the problem you can see in our photo.

How to prevent rotten teeth:

- **Once they are toddlers, give your kids beverages at meal or snack times only.** Let them drink and then put the cup away. Otherwise, forward to the future, and imagine your sippy-cup-toting toddler becoming the perpetually-drinking-coffee office coworker down the hall. We're sure your coworker's teeth are not pretty. The only exception to giving a beverage only at meal or snack times is the quick after dinner cup of milk when they are very young (toddlers). If your toddler drinks a cup of milk before bed, make sure he brushes his teeth before going to sleep. Brush-book-bed is a good routine to institute.
- **Limit juice.** Whether 100%, or organic, or watered down, juice contains enough sugar to rot teeth over time. Dr. Kardos remembers a friend lamenting, "I bought only 100% juice for his sippy cup and had no idea it could hurt my son's teeth like that!" Eventually, her friend's son underwent a tooth repair under anesthesia.
- **Encourage good tooth brushing** at least twice a day with fluoride-containing toothpaste, starting when your child gets his first tooth. Before that point, wipe out your baby's gums with a wet gauze or wash cloth.
- **Schedule regular dental visits** for your child starting around or soon after his first birthday. Going to the dentist is a vital part of preventing rotting teeth.

- Ask your pediatrician or dentist if **supplemental fluoride** may be helpful.

Some final food for thought: snacks of pouch-pureed fruits and vegetables are increasing in popularity. We don’t think we need to wait for a scientific study to say that prolonged sucking on a packet of “healthy” fruit puree will probably result in the kind of teeth pictured above .

For more tips check out the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

Julie Kardos, MD and Naline Lai, MD

©2016 Two Peds in a Pod®

Raise a well-behaved child, Part 3: How to Halt the endless tantrum

One way to cool off your toddler.

Time-out is over and your 18-month-old is still flailing on the floor in a full blown temper tantrum, pig-tails flying and tears streaming down her face. Will her tantrum ever stop?

“Time out is over,” you say, trying to console her, but she continues to cry. She cries so long she forgets why she started.

Here are ways to help your heated up, frustrated toddler “cool off” if they seem stuck in a tantrum:

Offer a favorite stuffed animal or "blankie."

Gripping his familiar comfort toy often helps the toddler to "get a grip" on his emotions during a tantrum. Try to buy several of the same animals and switch off, otherwise you will soon have a pretty grubby toy. If your child's comfort "blankie" is starting to unravel, cut it up into smaller pieces and sew the pieces onto new fabric.

Don't feel guilty about giving a binkie/pacifier.

Otherwise known as "the magic cork," at this age, binkies do no permanent harm to teeth and they will soothe a flustered kid. **Thumb sucking** is also an effective, benign self-soothing technique at this age. Please see our binkie post for more about binkies and when (and how) to wean, and listen to our earlier podcast for more about thumb sucking.

Go outside with your toddler.

A change of scenery and temperature works instantly to distract your toddler from his woes. Even bad weather works. Dr. Lai remembers many times huddling under a blanket on her porch with her children as it snowed.

Just walk.

Start walking around the house carrying your kid or holding his hand. Or marching. Or "funny-walking." Sing a silly tune as you go. Your toddler may catch your silliness and forget his woes. If this is not enough, march outside.

Sit down and start playing WITHOUT your toddler.

Work a puzzle. Make toy cars drive around. Set up stuffed animals for a party. Color a picture. Your toddler may forget his tantrum and instead may become curious and want to join you. Remember, "time in" is much more attractive than "time out." Keep bubbles on hand. Blowing bubbles not only distracts, but like the breathing techniques in yoga, blowing bubbles helps toddlers relax.

Read a book.

Make it a habit of reading during soothing times such as bedtime, quiet time, or before nap time. Your child will learn to associate this activity with feelings of peace. When your toddler is "stuck," reading her a favorite book will return feelings of calmness. In general, reading books about emotions will also give your child a vocabulary to express himself. The inability to communicate to you her emotions will escalate frustration. After she is calm, use books to teach "what to do next time." For instance in one of Dr. Lai's favorite books, *When Sophie Gets Angry—Really, Really Angry* by Molly Bang, the main character Sophie explodes like a volcano. Ask your child when you read the book,"What can Sophie do instead of exploding? What would you do?"

Below are a list of suggested books about emotions complied by Librarian Pat Stephenson, hostess of the Bensalem, PA *Play and Learn* parenting series.

Hands are not for Hitting, by Martine Agassi
Feelings, by Aliki
Squish Rabbit, by Katherine Battersby
Teach your kids to think! by Maria Chesley Fisk
Grump, Groan, Growl, by Bell Hooks
Understanding myself: a kid's guide to intense emotions and strong feelings, by Mary C. Lamia
Any book written by Mister Rogers
Calm Down Time, by Elizabeth Verdick
Feeling Sad, by Sarah Verroken
Alexander and the Terrible, Horrible,No Good, Very Bad Day and other Alexander books, by Judith Voist
I Love my New Toy! By Mo Williams

As we discussed in our prior Toddler Discipline post, "Time Out" is an effective form of discipline. But there is a difference between disciplining your child and teaching your child self calming techniques. When time out is over, it's over. Help him move on.

Julie Kardos, MD and Naline Lai, MD
©2015, 2011 Two Peds in a Pod®

Raise a well-behaved child: set the stage while they are toddlers

Riding into toddlerhood

When your baby turns one, you'll realize he has a much stronger will. My oldest threw his first tantrum the day he turned one. At first, we puzzled: why was he suddenly lying

face down on the kitchen floor? The indignant crying that followed clued us to his anger. “Oh, it’s a tantrum,” my husband and I laughed, relieved he wasn’t sick.

Parenting toddlers requires the recognition that your child innately desires to become independent of you. Eat, drink, sleep, pee, poop: eventually your child will learn to control these basics of life by himself. We want our children to feed themselves, go to sleep when they feel tired, and pee and poop on the potty. Of course, there’s more to life such as playing, forming relationships, succeeding in school, etc, but we all need the basics. The challenge comes in recognizing when to allow your child more independence and when to reinforce your authority.

Here’s the mantra: **Parents provide unconditional love while they simultaneously make rules, enforce rules, and decide when rules need to be changed**. Parents are the safety officers and provide food, clothing, and a safe place to sleep. Parents are teachers. Children are the sponges and the experimenters. Don’t be afraid of spoiling your child; be afraid of raising a child that acts spoiled. Here are concrete examples of how to provide loving guidance:

Eating: The rules for parents are to provide healthy food choices, calm mealtimes, and to enforce sitting during meals. The child must sit to eat. Walking while eating poses a choking hazard. *Children decide how much, if any, food they will eat*. The kids choose if they eat only the chicken or only the peas and strawberries. They decide how much of their water or milk they drink. By age one, they should be feeding themselves part or ideally all of their meal. By 18 months they should be able to use a spoon or fork for part of their meal.

If, however, parents continue to completely spoon feed their children, cajole their children into eating “just one more bite,” insist that their child can’t have strawberries until

they eat their chicken, or bribe their children by dangling a cookie as a reward for eating dinner, then the child gets the message that independence is undesirable. They will learn to ignore their internal sensations of hunger and fullness.

For perspective, remember that newborns eat frequently and enthusiastically because they gain an ounce per day on average, or one pound every 2-3 **weeks**. A typical one-year-old gains about 5 pounds during his entire second year, or one pound every 2-3 **months.** Normal, healthy toddlers do not always eat every meal of every day, nor do they finish all meals. Just provide the healthy food, sit back, and enjoy meal time with your toddler and the rest of the family.

A one-year-old child will throw food off of his high chair tray to see how you react. Do you laugh? Do you shout? Do you do a funny dance to try to get him to eat his food? Then he will continue to refuse to eat and throw the food instead. Instead, you can say blandly," I see you are full. Here, let's get you down so you can play," then he will do one of two things:

1) He will go play. He was not hungry in the first place.
2) He will think twice about throwing food in the future because whenever he throws food, you put him down to play. He will learn to eat the food when he feels hungry instead of throwing it.

Sleep: The rule is that *parents* decide on reasonable bedtimes and naptimes. The toddler decides when he actually falls asleep. Singing to oneself or playing in the crib is fine. Even cries of protest are fine. Check to make sure he hasn't pooped or knocked his binky out of the crib. After you change the poopy diaper/hand back the binky, LEAVE THE ROOM! Many parents tell me , "He just seems like he wants to play at 2:00am or he seems hungry." Well, this assessment may be correct, but remember who is boss. Unless your family tradition is to play a game and have a snack every morning at 2:00am, then just say "No, time for sleep now," and ignore his

protests.

Pee/poop: The rule is that parents keep bowel movements soft by offering a healthy diet. The toddler who feels pain when he poops will do his best not to have a bowel movement. Going into potty training a year or two from now with a constipated child can lead to many battles. Also the toddler decides when he is brave enough or feels grown up enough to sit on the potty. Never force a toilet training child to sit on the potty. After all, did you force your toddler to learn how to use a remote control for your television? Of course not- he learned to use it by imitating you and wanting to be like you and by being pleased with the result (Cool! I turned on the TV!). The same principle applies to potty training. He will imitate you when he is ready, and will be pleased with the result when you praise him for his result.

Even if your child does not show interest in potty training for another year or two, talk up the advantages of putting pee and poop in the potty as early as age one. Remember, repetition is how kids learn.

Your toddler will test your resolve. He is now able to think to himself, "Is this STILL the rule?" or "What will happen if I do this?" That's why he goes repeatedly to forbidden territory such as the TV or a standing lamp or plug outlet, stops when you say "No no!", smiles, and proceeds to reach for the forbidden object.

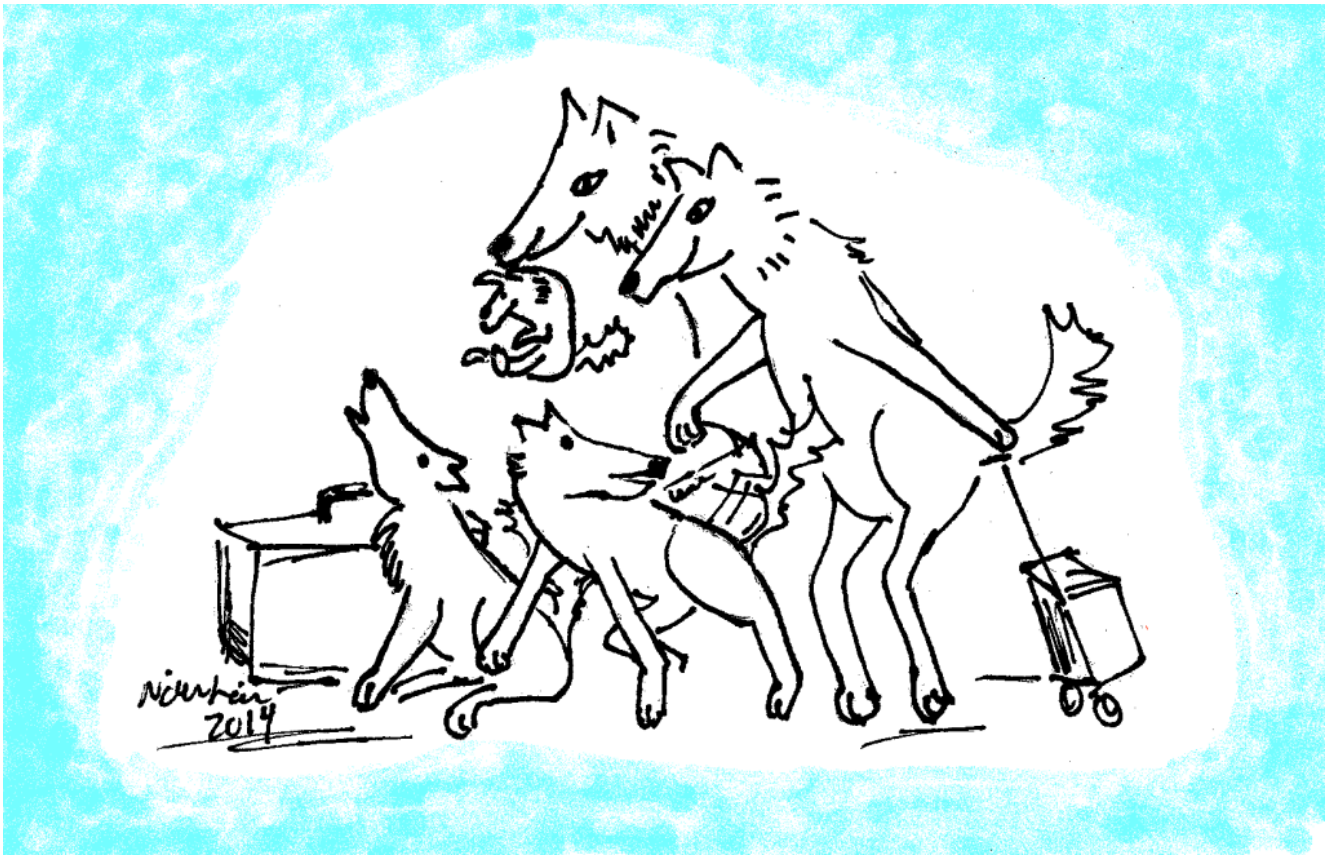
When you feel exasperated by the number of times you need to redirect your toddler, remember that if toddlers learned everything the first time around, they wouldn't need parenting. Permit your growing child to develop her emerging independence whenever safely possible. Encourage her to feed herself even if that is messier and slower. Allow her to fall asleep in her crib and resist rocking and giving a bottle to sleep. Everyone deserves to learn how to fall asleep independently (and to brush their teeth before bed). You don't

want to train a future insomniac adult.

And if you are baffled by your child's running away from you one minute and clinging to you the next, just think how confused your child must feel: she's driven towards independence on the one hand and on the other hand she knows she's wholly dependent upon you for basic needs. Above all else, remember the goal of parenthood is to help your child grow into a confident, independent adult.

Julie Kardos, MD with Naline Lai, MD
©2015, revised from 2012
Two Peds in a Pod®

Traveling with Young Children



In spite of long TSA lines, rental car challenges and all the

howling, the wolf family went to grandmother's house every year for the holidays.

You don't appreciate how much your baby has grown until you attempt a diaper change on a plane. For families with young children, any holiday can become stressful when travel is involved. Often families travel great distances to be together and attend parties that run later than children's usual bedtime. Fancy food and fancy dress are common. Well-meaning relatives who see your children once a year can be too quick to hug and kiss, sending even not-so-shy kids running. Here are some tips for safer and smoother holiday travel:

If you are flying:

- **Do not offer Benadryl** (diphenhydramine) as a way of "insuring" sleep during a flight. Kids can have paradoxical reactions and become hyper instead of sleepy, and even if they do become sleepy, the added stimulation of flying can combine to produce an ornery, sleepy, tantrum-prone kid. Usually the drone of the plane is enough to sooth kids into a slumber.
- **Not all kids develop ear pain** on planes as they descend- some sleep right through landing. However, if needed you can offer pacifiers, bottles, drinks, or healthy snacks during take-off and landing because swallowing may help prevent pressure buildup and thus discomfort in the ears. And yes, it is okay to fly with an ear infection.

General tips for visiting:

- **Traveling 400 miles away from home to spend a few days with close family and/or friends is not the time to solve your child's chronic problems.** Let's say you have a child who is a poor sleeper and tries to climb into your bed every night at home. Knowing that even the best of sleepers often have difficulty sleeping in a new environment, just take your "bad sleeper" into your bed at bedtime and avoid your usual home routine of waking

up every hour to walk her back into her room. Similarly, if you have a picky eater, pack her favorite portable meal as a backup for fancy dinners. One exception is when you are trying to say bye-bye to the binkie or pacifier.

- **Supervise your child's eating and do not allow your child to overeat while you catch up with a distant relative or friend.** Ginger-bread house vomit is DISGUSTING, as Dr. Kardos found out first-hand when one of her children ate too much of the beautiful and very generously-sized ginger bread house for dessert.
- **Speaking of food, a good idea is to give your children a wholesome, healthy meal at home, or at your "home base," before going to a holiday party** that will be filled with food that will be foreign to your children. Hunger fuels tantrums so make sure his appetite needs are met. Then, you also won't feel guilty letting him eat sweets at a party because he already ate healthy foods earlier in the day.
- **If you have a young baby, be careful not to put yourself in a situation where you lose control of your ability to protect the baby from germs.** Well-meaning family members love passing infants from person to person, smothering them with kisses along the way. Unfortunately, nose-to-nose kisses may spread cold and flu viruses along with holiday cheer.
- **On the flip side, there are some family events, such as having your 95-year-old great-grandfather meet your baby for the first time, that are once-in-a-lifetime.** So while you should be cautious on behalf of your child, ultimately, heed your heart. At six weeks old, Dr. Lai's baby traveled several hours to see her grandfather in a hospital after he had a heart attack. Dr. Lai likes to think it made her father in law's recovery go more smoothly.
- **If you have a shy child, try to arrive early to the family gathering.** This avoids the situation of walking

into a house full of unfamiliar relatives or friends who can overwhelm him with their enthusiasm. Together, you and your shy child can explore the house, locate the toys, find the bathrooms, and become familiar with the party hosts. Then your child can become a greeter, or can simply play alone first before you introduce him to guests as they arrive. If possible, spend time in the days before the gathering sharing family photos and stories to familiarize your child with relatives or friends he may not see often.

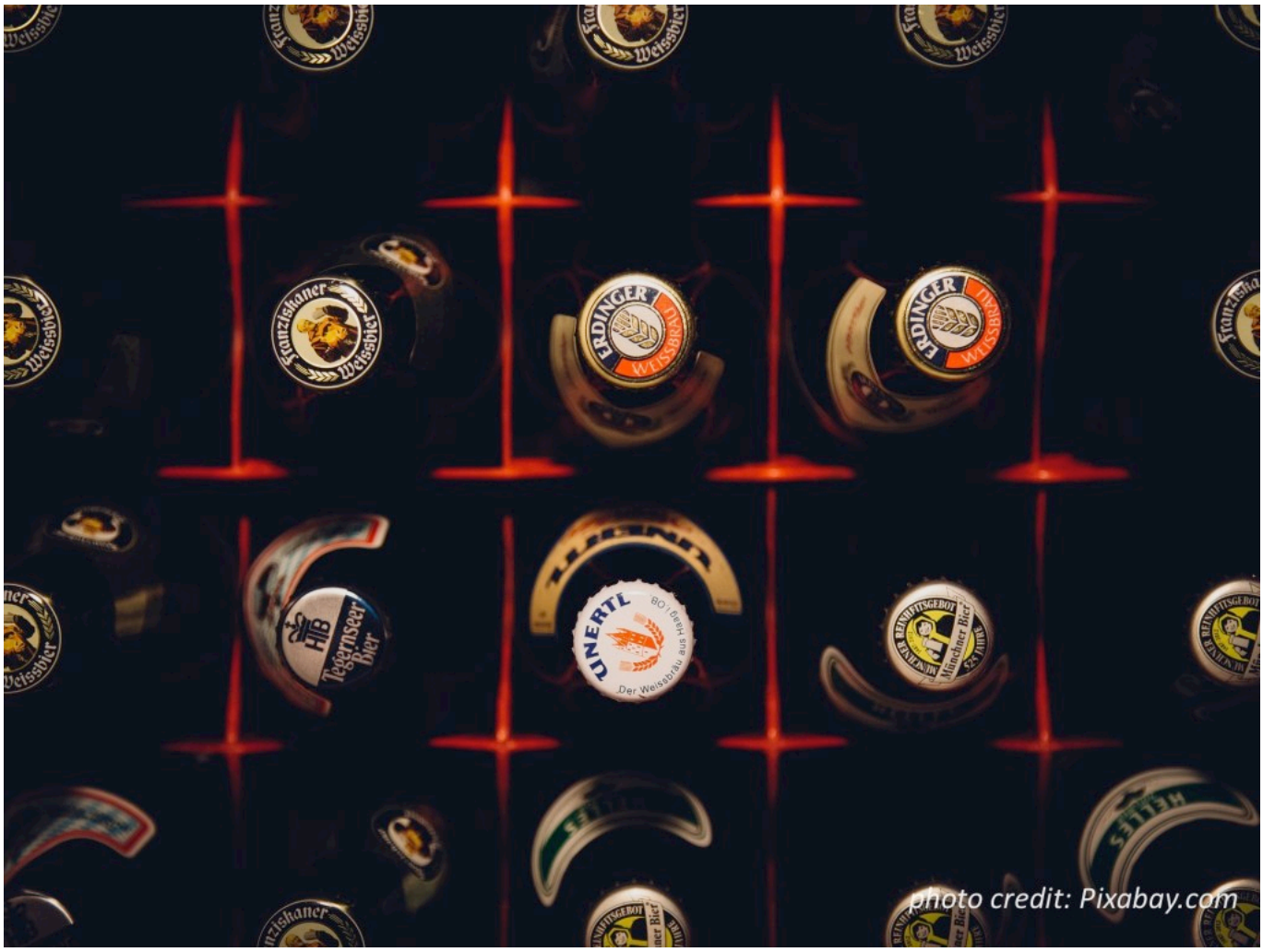
- **Sometimes you have to remember that once you have children, their needs come before yours.** Although you eagerly anticipated a holiday reunion, your child may be too young to appreciate it for more than a couple of hours . An ill, overtired child makes everyone miserable. If your child has an illness, is tired, won't use the unfamiliar bathroom, has eaten too many cookies and has a belly ache, or is in general crying, clingy, and miserable, despite your best efforts, just leave the party. You can console yourself that when your child is older his actions at that gathering will be the impetus for family legends, or at least will make for a funny story.
- **Enjoy your CHILD's perspective of holidays:** enjoy his pride in learning new customs, his enthusiasm for opening gifts, his joy in playing with cousins he seldom sees, his excitement in reading holiday books, and his happiness as he spends extra time with you, his parents.

We wish you all the best this new year!

Julie Kardos, MD and Naline Lai, MD

©2014, 2015 Two Peds in a Pod®
Updated from our 2009 articles on these topics

Binge drinking and college students update: what parents need to know



As your kids apply to college or return home from college for winter break, we urge you to keep in mind an alarming, yet typical scenario which involves binge drinking that student health physicians encounter on a too-frequent basis—Drs. Kardos and Lai.

A 19 year old young man comes in to the Student Health Center very concerned because he had woken up that morning in an

apartment in bed with a woman he did not know. He had been out with friends drinking at a bar (a frequent occurrence), vaguely recalls meeting a woman, but had so much to drink that he cannot even recall leaving the bar, let alone what happened afterward. His greatest concern is that he has no idea if he used a condom (he left before she woke up), and thus could have been exposed to HIV and other sexually transmitted infections.

Ironically, this student is worried about exposure to sexually transmitted diseases but not about the root of his problem: binge drinking. In other words, he is worried about sexually transmitted diseases but not about his drinking which caused his potential exposure to dangerous diseases.

Here is what Dr. David Turnoff, a career student health doctor since 2000 (and friend of Dr. Kardos) wants parents of college students to know about binge drinking in college students:

Although alcohol use is often considered a rite of passage for college students, it is also one of the major health risks for this age group. Alcohol-related health problems can present in a variety of ways and do not have to involve any signs of dependency. Among college-aged students, the most common manifestation of alcohol abuse comes from the consequences of binge drinking.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports the following **sobering** statistics regarding health risks directly attributed to alcohol use among college students between the ages of 18 and 24. These statistics* also serve as an important reminder that a person does not have to be drinking to be adversely affected by alcohol abuse.

-1,825 college student deaths from alcohol-related unintentional injuries (including motor vehicle accidents)

-599,000 unintentional student injuries

-696,000 cases of student-on-student assault

-7,000 cases of sexual assault or date rape

-400,000 students having unprotected sex and more than 100,000 students too intoxicated to remember if sex was consensual.

The first 6 weeks of the first semester of college is an important predictor of first year academic performance and is an important window period to monitor for any significant changes in a new student's behavior and lifestyle habits. Parents can help by being aware of these issues and by being open to speaking with their children about the potential risks of alcohol use both before and during the college experience. A simple rule of thumb for parents is to **stay involved,** while still allowing their children the space necessary for learning, exploring, and maturing into adulthood.

If your child begins to exhibit unusual behavior, such as lower grades, mood changes, or a new unwillingness to talk to you, this behavior should prompt you to find out more.

Additional information is available at http://www.collegedrinkingprevention.gov/.

David Turnoff, MD

Dr. Turnoff is currently a college health physician at the University of California, Berkeley. In the past, he has served as a physician for New York University and Columbia. He received his medical degree at Case Western Reserve University.

©2010, 2015 Two Peds in a Pod®
*worse since Dr. Dave's original post in 2010

Telling your children about a miscarriage or still birth

Grief counselor Amy Keiper-Shaw joins us today to help families during the difficult time after a miscarriage or still birth occurs. – Drs. Lai and Kardos

If you are reading this, you or someone you love may have had a miscarriage. It is a tragic, often unexpected, experience that many families will encounter.

Bereaved parents may feel great sadness, regret, shock, confusion, some or all of these emotions. There may be anger directed toward the doctor, a spouse, or other women who have been able to conceive easily and carry their pregnancies to full term. Some women feel guilt, as if there were something that they could have been done to prevent this loss.

What should you tell your children?

When adults experience a traumatic event like a miscarriage, they often are so consumed by their own grief that they fail to see that their children may be struggling with the same emotions. They may wonder what they should tell their children, if anything. Some parents may feel that the children are too young to be told about the miscarriage or believe they would not understand and instead wait until the children is older to explain it to them.

If the surviving children were not aware of the pregnancy, parents may wonder about the need for them to know about the loss. Even though you may not have told them about the pregnancy or the loss, they will likely know something is wrong and may act out. You might have been tearful, in pain, or angry, or you might have been in a hospital and away from home. The children's routine might have changed, people could be speaking in hushed tones, and other family members may be visiting or bringing meals. It is difficult to hide changes such as these from children. Often a child feels or sees this change and worries about the parents' sadness and grief yet he may not have the skills to talk about it. If children are not told what has occurred, they often develop their own ideas of what has happened, such as mom is sick and dying or they must have done something to make everyone act differently.

It is usually best to be honest, to use simple language and to give clear explanations. Avoid euphemisms. If you say "lost" to young children, they may worry that they will get "lost" as well. If you say the baby has fallen asleep, they may become frightened of falling asleep or have nightmares.

You may also need to reassure them that the miscarriage was not anyone's fault. Children might believe that they are somehow to blame, especially if they weren't happy about the idea of a new sibling. One of the children who came to my bereavement camp carried the guilt of his baby sister's death for nearly five years. He believed that because he asked God for a baby brother and not a sister, he had somehow caused her

death. It was only by talking about it and processing those feelings in a supportive, safe environment that he came to understand that he had done nothing wrong.

If your children were aware of the pregnancy, they would probably need to be told about the miscarriage promptly. If they are small children, a later time might be more appropriate when they are more able to comprehend what has occurred.

Very young children are likely to pick up on the feelings of the adults around them, but will not fully understand the finality of the loss. Children under five will have some awareness of death. They may ask questions to try to make sense of what has happened, such as “Where has the baby gone? When will the baby come back?”

By the age of eight or nine, most children will understand that the baby is gone and not returning. As one parent illustrates, “We explained to her that sometimes, for no reason and through nobody’s fault, babies can die.”

Teenagers will think about death like an adult. At any stage, there will most likely be questions about the baby that died as the loss is processed.

Children as well as adults react in their own way to a miscarriage. You may see your children being more “clingy”, acting out at home or school, or having tantrums. They may have disturbed sleep, appetite or concentration. They may have a lot of questions and need to share them with you or someone else they trust. They may also withdraw.

When parents can share their grief with their children openly and honestly, it implies to the child that it is understandable to be sad. This is a family loss that they will get though together. Some suggestions to help acknowledge the death are:

- Read books together
- Plant a tree or bush in memory of the baby
- Make a memory book of special things from the pregnancy
- Write a note to the baby on a string attached to a balloon and release it
- Participate in art/creative activities: painting, music, poetry, writing
- Visit the grave together

If you would like more information on helping children cope with a loss, please view the website for Hands Holding Hearts, a nonprofit organization in Bucks County, Pennsylvania that supports grieving children and their families.

Amy Keiper Shaw

©2015 Two Peds in a Pod®

Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs Handsholdinghearts.

Cry baby: why is my baby crying?

Why do babies cry? In short, newborns cry to communicate. Remember, newborns cannot talk. They can't even smile back at you until around six weeks of age.

Ah, but what are they trying to tell us? Babies cry when they…

- Are tired.
- Are hungry.
- Feel too cold.
- Feel too hot.
- Need to be changed –I never really believed this reason before I had my twins. My firstborn couldn't have cared less if he was wet and could nap right through a really poopy diaper. Then I had my twins. I was amazed that their crying stopped if I changed the tiniest bit of poop or a wet diaper. Go figure.
- Are bored. Perhaps she is tired of the Mozart you play and prefers some good hard rock music instead. Maybe she wants a car ride or a change of scenery. Try moving her to another room in the house.
- Feel pain. Search for a piece of hair wrapped around a finger or toe and make sure she isn't out-growing the elastic wrist or ankle band on her clothing.
- Need to be swaddled. Remember a fetus spends the last

trimester squished inside of her mom. Discovering her own randomly flailing arms and legs can be disconcerting to a newborn.

- Need to be UN-swaddled. Hey, some like the freedom to flail.
- Need to be rocked/moved. Dr. Lai's firstborn spent hours tightly wrapped and held by her dad in a nearly upside down position nicknamed "upside-down-hotdog" while he paced all around the living room.
- Need to burp. Lay her down for a minute and bring her up again to see if you can elicit a burp.
- Are gassy. Bicycle his legs while he is on his back. Position him over your shoulder so that his belly presses against you. You'd be gassy too if you couldn't move very well. The gassy baby is a topic for this entire post– talk to your doctor for other ideas.
- Are sick. Watch for fever, inability to feed normally, labored breathing, diarrhea or vomiting. Check and see if anything is swollen or not moving. Listen to his cry. Is it thin, whimper-like (sick) or is it loud and strong (not so sick)? Do not hesitate to check with your pediatrician. Fever in a baby younger than eight weeks old is considered 100.4 degrees F or higher measured rectally. A feverish newborn needs immediate medical attention.

What if you're certain that the temperature in the room is moderate, you recently changed his diaper, and he ate less than an hour ago?

- **Walk outside with your baby**– this can be a magic "crying be gone" trick. Fresh air seems to improve a newborn's mood.
- **Offer a pacifier**. Try many different shapes of pacifiers. Marinade a pacifier in breast milk or formula to increase the chance your baby will accept it.

Pick him up, dance with him, or walk around the house with him. You can't spoil a newborn.

- **Vacuum your house**. Weird, but it can work like a charm. Place him in a baby frontal backpack or in a sling while cleaning.
- **Try another feeding**, maybe he's having a growth spurt.
- When all else fails, **try putting him down** in his crib in a darkened room. Crying can result from overstimulation. Wait a minute or two. He may self-settle and go to sleep. If not, go get him. The act of rescuing him may stop the wailing.
- If mommy or daddy is crying at this point, **call your own mom or dad or call a close friend**. Your baby knows your voice and maybe hearing you speak calmly to another adult will lull him into contentment.
- **Call your child's health care provider** and review signs of illness.

If you feel anger and resentment toward your crying baby, just put him down, walk outside and count to ten. It is impossible to think rationally when you are angry and you may hurt your child in order to stop your frustration. Seek counseling if these feelings continue.

Now for the light at the end of the newborn parenting tunnel: the peak age when babies cry is six weeks old. At that point, infants can cry for up to THREE HOURS per day. Babies with colic cry MORE than three hours per day. (Can you believe people actually studied this? I am amused that Dr. Lai won a prize in medical school for a paper on the history of colic). By three months of age crying time drops dramatically.

While most crying babies are healthy babies and just need to find the perfect upside-down-hot-dog position, an inability to soothe your baby can be a sign that she is sick. Never hesitate to call your baby's doctor if your baby is

inconsolable, and don’t listen to the people who say, “Why do babies cry?…They just do.”

Julie Kardos, MD and Naline Lai, MD
©2015, 2010 Two Peds in a Pod®

Comforting Kids with Colds

We’re on Happy Healthy kids this week talking about comforting kids with colds!

Click here to read

Naline Lai, MD and Julie Kardos, MD

©2015 Two Peds in a Pod®

Should I bring my sick kid to a holiday party?

photo by Lexi Logan

The guidelines for school are straight forward. If your child is sick, the school nurse will tell you exactly what criteria your child needs to meet before she returns to school. The list generally looks like this: no fever of 101 degrees or higher for over 24 hours, no constant running to the bathroom, no vomiting for 24 hours, etc. However, Grandpa's house is not school. A friend's home is not school. The guidelines to attending holiday gatherings are not as straightforward.

First and foremost: If you are invited to a social gathering and you have an ill child, tell your family and friends who

will be there that you have an ill child. You never know if there will be people present who are particularly vulnerable to illness. Some of you have an Uncle Harry who has been too embarrassed to tell you that he is undergoing chemotherapy for prostate cancer or a sister Sarah just found out she is pregnant. Young babies and the elderly are more likely to develop complications if they are ill. On the other hand, if family members or friends all have intact immune systems and have no special risk factors for illness complications, they may be more forgiving and will want to see their ill nephew/cousin/friend who they just flew 400 miles to see. The key is communication.

Babies under two months old, because of their age and unimmunized status, are vulnerable to life threatening infections. Remember that a nagging cough in a toddler can be a life threatening cough for an infant. So you might reconsider bringing your coughing toddler to a gathering where there will be very young infants.

Don’t get lulled into believing that germs are killed by Tylenol (acetaminophen) or Motrin (ibuprofen). Even if you have hidden your child’s fever with a fever reducing medicine, she is contagious as long as something is spewing from any orifice (nose, eyes, mouth, or bottom).

So if you are going to a family gathering, and your child is mildly ill, here’s how to minimize spread of germs:

1. Handwashing – wash your ill child’s hands often to prevent spread of their germs. Also you should wash your healthy children’s hands to prevent illness.
2. Handwashing (again!) -wash hands before eating and after bathroom use
3. Handwashing (again!!)- wash your own hands after you have helped your child do the above suggestions.
4. When all the children are piled in a heap watching The Grinch, take time to separate your ill child from the

batch. Daycares put two feet between sleeping cots in order to minimize spread of germs. Protect airspaces.

5. Elderly people will be happy to observe your runny-nosed children frolicking about from the distance. No need to force your five year old with the runny nose to kiss great- grandma's face.
6. Teach kids to cough into crook of elbow, to use tissues…and then wash hands.

If you realize that you will be dragging a medicine cabinet with you to a party, reconsider going. One mom says she cringes whenever she sees her sister show up to parties carting along a medication nebulization machine for her child. Consider what is best for your child. No matter how much your child, and you, have anticipated the holiday gathering, home is always the most comfortable place for a child to recover from illness.

Thinking hard about whether or not you should attend a holiday gathering? Then you are thinking too hard. Just stay home. Besides, you haven't been a real parent until you've missed at least one party because of a child's illness.

Julie Kardos, MD and Naline Lai, MD

©2015 Two Peds in a Pod®, revised from our 2009 post

Thankful for Foster Parents

A foster mom brought a new child into the office the other day and I smiled picturing her with her last foster child. This thanksgiving, Two Peds in a Pod is grateful for the foster parents who open their homes for dinner today and everyday. Dr. Heather Forkey, Clinical Director of Foster Children Evaluation Service at UMass Children's Medical Center, provides a post on becoming a foster parent. –Dr. Lai with Dr. Kardos

There are approximately 400,000 children in the US foster care system, with 225,000 entering each year. Most of these children spend time with foster families who open their homes and lives to kids that need a safe nurturing environment while their own parents take the time to address issues which put the child at risk. All types of people make great foster parents, but it is not for everyone. Foster parents must be able to meet the physical, emotional and developmental needs of a child or teen in partnership with community agencies,

social workers, schools, and counselors.

If you are considering foster parenting, consider whether you can:

- Provide 24-hour care and supervision on a daily basis
- Be able to care for yourself financially without the child's stipend
- Be flexible, patient and understanding
- Have a sense of humor
- Recognize the impact of trauma
- Have a home free of fire and safety hazards
- Complete a criminal/protective services background check
- Have the ability to work as a member of a team

If interested, you need to become licensed or approved by your state or county, and that process is different in each locality. One should start by doing an internet search for "becoming a foster parent in (your state or county)". The child welfare agency for your state (Department of Children and Family Services or Department of Social Services) will also have information about how to start the process.

Children come to foster care often after adverse experiences which we know have health, emotional and developmental consequences. Foster parents who can look at the child's health and behavior from a perspective of "what happened to the child" rather than "what is wrong with the child", and observe a child's behavior through the trauma lens (and help foster and child welfare personnel to do the same) allow the child in their care to view their health and emotions as normal adaptations to unhealthy situations, rather than evidence of illness. This allows the child to go forward with a better understanding of their experience, their own responses and, ultimately, foster health.

Heather C. Forkey, M.D.

Dr. Heather Forkey serves as the Clinical Director, Foster

Children Evaluation Service (FaCES) and the Chief of the Child Protection Program at Mass Children’s Medical Center

2015 Two Peds in a Pod®