

Teething warnings and tall tales



Amber bead necklace

About five years ago, we started noticing Amber Bead Necklaces adorning the necks of infants. We also noticed a plastic giraffe named Sophie. These relative newcomers are the latest in a long line of treatments that claim to soothe the discomfort of teething. Some work. Some don't. And some are dangerous.

If you look at the consumer product safety commission recalls over the years, recalled teething devices and other baby products usually have a two things in common: they have small pieces that can come off and become a choking hazard, or they can cause a baby's neck to become caught and cause strangulation.

We worry about Amber Beads necklaces. They fit all the potential safety hazard criteria. Although they are not to be chewed on (they purportedly work by excreting a mysterious substance into the skin of an infant), you never know when a bead will pop off and pose a choking hazard or the necklace

will get caught and cause strangulation. Besides, we find it odd that parents would be willing to let an unknown substance seep into their baby's skin.



Sophie the giraffe

Also, the FDA has repeatedly warned against the use of topical anesthetics. Benzocaine gels can lead to methemoglobinemia, a rare but serious and potentially fatal condition. Adults will sometimes use viscous lidocaine prescribed for themselves on a baby's gums, but any numbness extending to the back of the throat can make it difficult for babies to swallow.

Ultimately, the best cure for teething discomfort is the emergence of a tooth. Until then, chewing on a safe toy or cool wash cloth and an occasional dose of acetaminophen or ibuprofen (if over six months old) can be helpful.

Be patient with teething. "Curing" teething does not cure all maladies. In fact, parents should be aware of these symptoms which are **NOT** caused by teething:

- **Teething does not cause fever.** Fever usually indicates infection somewhere: maybe a simple viral infection such as a cold, or maybe a more severe infection such as pneumonia, but parents should NOT assume that their baby's fever is caused by teething. These babies could

be contagious. Parents should not expose them to others with the false sense of security that they are not spreading germs

- **Teething does not typically occur in four-month-olds.** Usually the first teeth erupts at around six months of age. Some don't get a tooth until their first birthday. Most drooling and mouthing behavior prior to six months, such as babies putting hands in their mouths, is developmental. Although you may not see a tooth erupt for a few months, babies at this age still enjoy gnawing on a toy.
- **Teething does not cause diarrhea severe enough to cause dehydration.** If a child has severe diarrhea, then he most likely has a severe stomach virus or another medical issue.
- **Teething does not cause a cough severe enough to increase work of breathing.** Babies make more saliva around four months of age and this increased production does result in an occasional cough. But babies never develop problems with breathing or a severe cough as a result of teething. Instead, suspect a cough virus or other cause of cough such as asthma.
- **Teething does not cause pain severe enough to trigger a change in mental state.** Some children get more cranky as their gums swell and redden with erupting teeth. But, if parents cannot console their crying/screaming child, the child likely has another, perhaps more serious, cause of pain and needs an evaluation by her pediatrician.

From a logic standpoint, if teething causes symptoms as babies get their primary teeth, shouldn't incoming permanent teeth cause the same symptoms? Yet we've never heard a parent blame teething for a runny nose, rash, cough, fever, or general bad mood in an eight, nine, or ten-year-old child who is growing permanent teeth.

Maybe these parents are too busy bemoaning the cost of early orthodontal work.

Julie Kardos, MD and Naline Lai, MD

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Happy Father's Day 2015



Enjoy Father's Day, and enjoy the following poem written by our pediatrician colleague at CHOP Care Network Newtown, Dr.

Bob Sasson. It depicts a common parenting quandary.— Drs. Kardos & Lai

The New Bicycle

Bursting with Joy

She mounts her new bicycle

Pink and blue streamers

Extend from the white rubber grips

At the end of the shining handlebars

With unbridled excitement

She presses down hard on the pedals

The wheels begin to turn

She giggles with glee

Smiling at the neighbors

As she moves quickly past the nearby houses

Her youthful energy exuberant

Spilling over with an abundance

Of Vitality and Joy

Turning back to see her parents approving eyes

She smiles...loses her focus...

The bicycle tumbling to the ground

A scrape of her knee...a trickle of blood

A moment of Hesitation

Looking back again

Awaiting her parent's cues

How will they respond?

How would you?

By Robert Sasson, MD

Visions of Thought

A collection of inspirational imagery and poetry, 2008

**When your child's friend
moves away**



This sign now sits on my friend's lawn. I still remember four years ago when I pulled my big blue minivan up in front of their house after the moving van left. A mommy sat on the stoop with her children. "How old are they? I hollered out. The ages of the children matched my children's and I was delighted. Indeed they became good friends. And now, there's the "For Sale" sign.

It's the end of the school year, and "For Sale" signs dot lawns all over the United States. Chances are, one of them belongs to your child's friend. Just as the child who moves will have to adjust to a new environment, your child will have to adjust to a world without a friend who was part of his daily routine.

Much has been written about how to transition the child who moves into a new environment, but how can you help your child when his close friend moves away?

Your child may experience a sense of loss and feel that he was "left behind." Some children persevere over the new hole in their world. Others take the change in stride.

In the late 1960's, psychiatrist Elisabeth Kubler-Ross described "the five stages of grief." The stages were initially applied to people suffering from terminal illness, but later they were applied to any type of deep loss such as your child's friend moving. The first stage is denial: "I don't believe he moved." Anger follows in the second stage: "Why me? That's not fair!" Your child may then transition into

the third stage and bargain: "If I'm good maybe he will hate it there and come back." The fourth stage is sadness: " I really miss my friend," or, "Why make friends when they end up moving away?" The final stage is acceptance: "Everything is going to be okay. We will remain friends even if he doesn't live here."

Some pass through all stages quickly and some skip stages altogether. The process is personal and chastising your child to "just get over it" will not expedite the process. However, there are ways to smooth the journey:

- Reassure your child that feeling sad or angry is common. Parents need to know that sad children may not show obvious signs of sadness such as crying. Instead, rocky sleep patterns, alterations in eating, disinterest in activities or a drop in the quality of school work can be signs that a child feels sad. If feelings of depression in your child last more than a month or if your child shows a desire to hurt himself, consult your child's health care provider.

- When you discuss the move with your child, keep in mind your child's developmental stage. For instance, preschool children are concrete and tend to be okay with things being "out of sight, out of mind." Talking endlessly about the move only conveys to the child that something is wrong. Children around third or fourth grade can take the move hard. They are old enough to feel loss, yet not old enough to understand that friendships can transcend distance. For teens, who are heavily influenced by their peers, a friend's moving away can cause a great deal of disruption. Acknowledge the negative emotions and reassure your child that each day will get better. Reassure him that despite the distance, he is still friends with the child who moved.

- Prior to the move, don't be surprised if arguments break out between the friends. Anger can be a self defense mechanism employed subconsciously to substitute for sadness.

- Set a reunion time. Plan a vacation with the family who moved or plan a trip to their new home.
- After the move, send a care package and write/ help write a letter with your child.
- Answer a question with a question when you are not sure what a child wants to know. For example if he asks, "Will we always be friends?" Counter with "What do you think will happen?"
- Share stories about how you coped with a best friend moving when you were a child.

Social media and texting can be ways for older kids to stay in touch with a friend who moves away. Be sure to monitor your child, however, because too much time texting, skyping, and posting takes away from time your child needs to spend acclimating to a new routine.

As for my children, when I told one of my kids that I will sign her up for soccer, she squealed with delight, "Oh, that's the league Kelly belongs to."

My heart sank. I said as gently as I could, "She's moving- she won't be here for soccer season."

And so we begin the process...

Naline Lai, MD with Julie Kardos, MD

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Soothe the itch of poison ivy



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.

Also, **contrary to popular belief, 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 not the itch, but the chance of infection. 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. Infection usually occurs on the 2nd or 3rd days. 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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Fever Fears



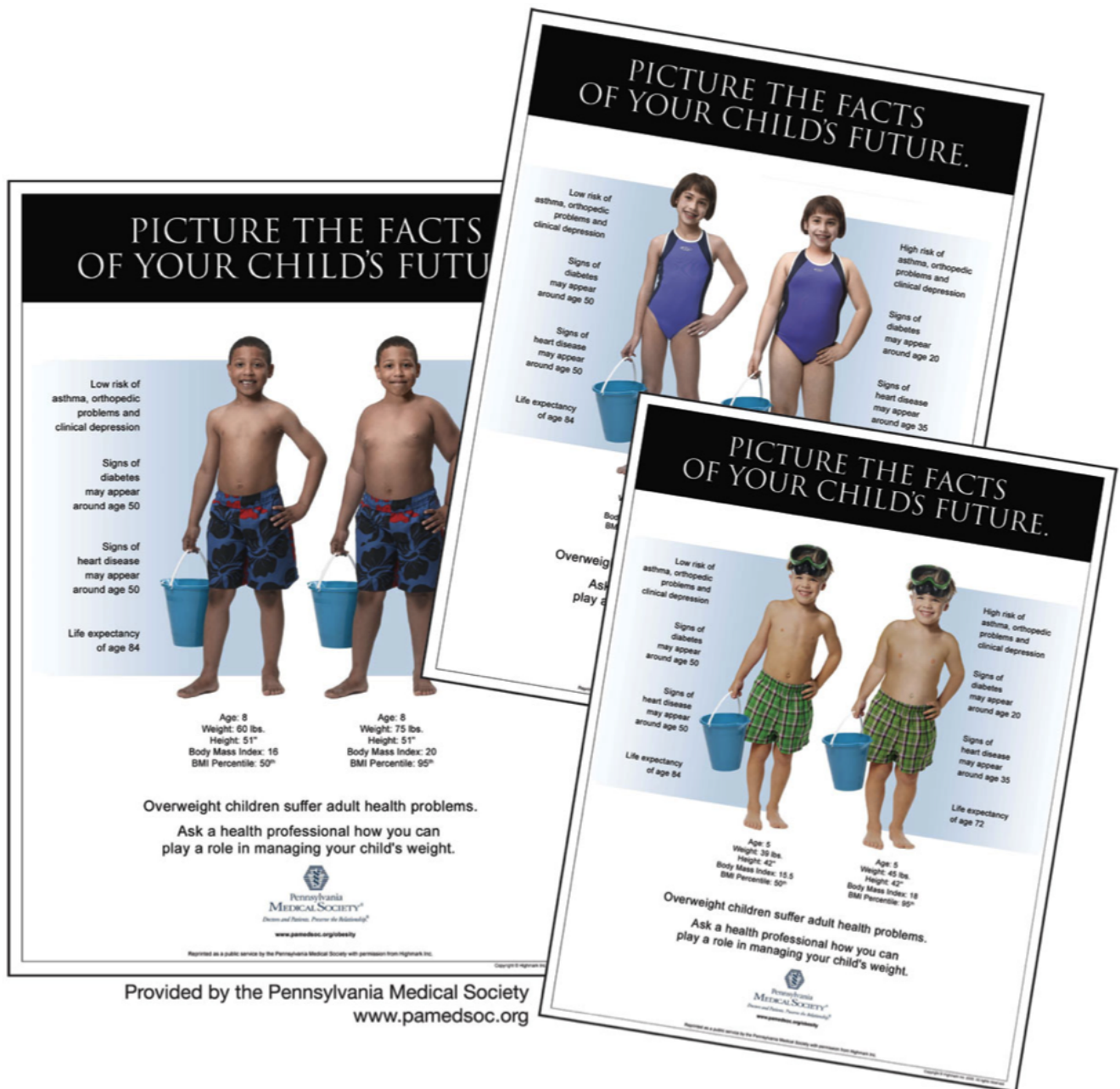
We're talking about fever fears on The Children's Hospital of Philadelphia's health tip this week!

Julie Kardos, MD and Naline Lai, MD

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Would you recognize if your

child was overweight?



In these posters put out by the Pennsylvania medical society, the children on the right are considered obese.

Nearly all parents of overweight preschoolers and most parents of obese kids are unaware their children are classified as such, say researchers at New York University and two other medical centers. Click here for Happy Healthy Kids' interview

with Dr. Kardos on the subject.

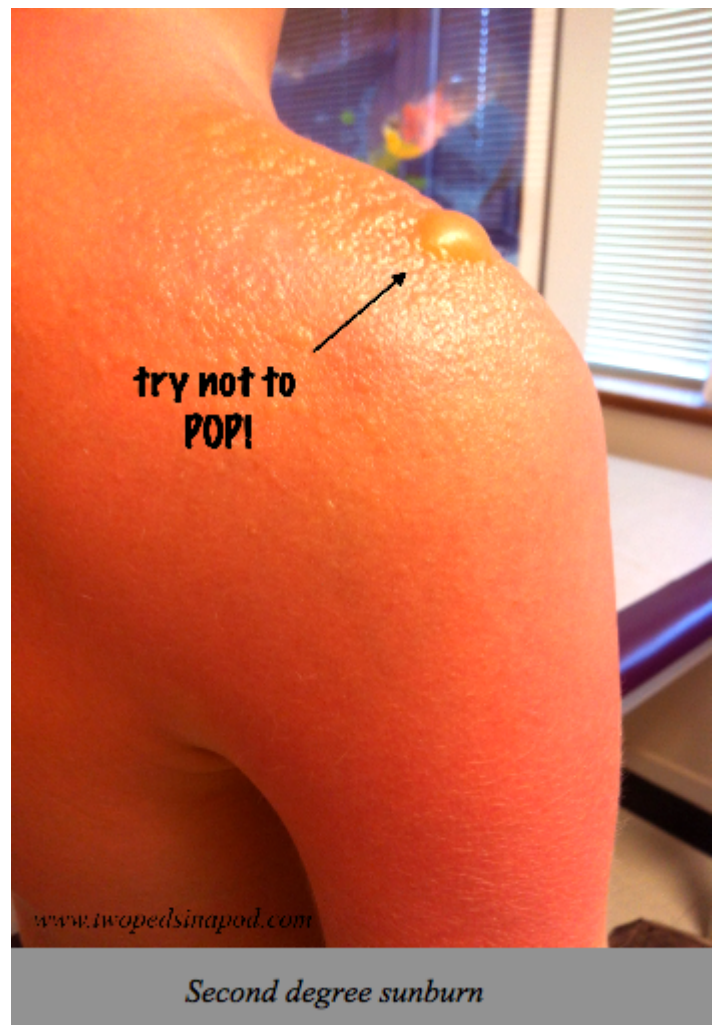
Julie Kardos, MD with Naline Lai, MD

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Sunburn and Sunscreens: your burning questions answered

Just in time for Field Day and pool openings, today we provide sunburn protection information.

Hot!



Pictured is a kid with a second degree burn. No, this burn wasn't caused by hot water or by touching the stove, but by the sun. A sunburn is still a burn, even if it was caused by sunlight.

Treat sunburn the same as you would any burn:

- Apply a cool compress or soak in cool water.
- Do NOT break any blister that forms- the skin under the blister is clean and germ free. Once the blister breaks on its own, prevent infection by carefully trimming away the dead skin (this is not painful because dead skin has no working nerves) and clean with mild soap and water 2 times per day.
- You can apply antibiotic ointment to the raw skin twice daily for a week or two.
- Signs of infection include increased pain, pus, and increased redness around the burn site.
- A September 2010 *Annals of Emergency Medicine* review article found no best method for dressing a burn. In general, try to minimize pain and prevent skin from sticking to dressings by applying generous amounts of antibiotic ointment. Look for non adherent dressings in the store (e.g. Telfa™). The dressings look like big versions of the plastic covered pad in the middle of a Band aid®.
- At first, the new skin may be lighter or darker than the surrounding skin. You will not know what the scar ultimately will look like for 6-12 months.
- If the skin peels and becomes itchy after a few days, you can apply moisturizer and/or over-the-counter hydrocortisone cream to soothe the itch.
- Treat the initial pain with oral pain reliever such as acetaminophen or ibuprofen.

Preventing sunburn is much easier, more effective, and less painful than treating sunburn.

What is SPF? Which one should be applied to children?

- SPF stands for Sun Protection Factor. SPF gives you an idea of how long it may take you to burn. SPF of 15 means you will take 15 times longer to burn... if you would burn after one minute in the sun, that's only 15

minutes of protection!

- The American Academy of Pediatrics recommends applying a minimum of SPF 15 to children, while the American Academy of Dermatology recommends a minimum of SPF 30. Dr. Lai and I both apply sunscreen with SPF 30 to our own kids.
- Apply all sunscreen liberally and often– at least every two hours. More important than the SPF is how often you reapply the sunscreen. All sunscreen will slide off of a sweaty, wet kid. Even if the label says “waterproof,” reapply after swimming.
- Watch out for sunlight reflecting off water as well as sunburning on cool days. One pediatrician mom I know was aghast at seeing signs posted at her kid’s school reminding parents to apply sun screen “because it will be in the 80’s” ... kids burn on 60 degree days too. Lower temperatures do not necessarily mean less UV light.

Why does the bottle of sunscreen say to ask the doctor about applying sunscreen to babies under 6 months of age?

- Sunscreens were not safety-tested in babies younger than 6 months of age, so the old advice was not to use sunscreen under this age. The latest American Academy of Pediatrics recommendation is that it is more prudent to avoid sunburn in this young age group than to worry about possible problems from sunscreen. While shade and clothing are the best defenses against sun damage, you can also use sunscreen to exposed body areas.
- Clothing helps to block out sunlight. In general, tighter weaves protect better than loose weaves. However, a study from 2014 suggests regular clothing is as protective as expensive “sun-protective clothing.”
- Hats help prevent burns as well.
- Remember that babies burn more easily than older kids because their skin is thinner.

Which brand of sunscreen is best for babies and kids?

- For babies and kids, no one brand of sunscreen is better than another. Dr. Lai and I tell our patients to apply a “test patch” the size of a quarter to an arm or leg of your baby and wait a few hours. If no rash appears, then use the sunscreen on whatever body parts you can’t keep covered by clothing.

Remember when we used to call sunscreen lotion “suntan lotion,” and tolerating red, blistering shoulders was considered a small price to pay for a tan? Live and learn.

Julie Kardos, MD with Naline Lai, MD

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Blame it on Mom

In honor of Mother's Day, teach your children the time-honored way to get themselves out of a bad situation: Blame everything on mom.



If your child realizes that she'd rather not attend a particular party or other social event, have her say: "I can't go- my mom won't let me."

If your teen is at a friend's house or party, is uncomfortable and wants to leave, but does not want the other kids to know his discomfort (such as in the presence of alcohol or drugs) have him text or call you and say a predetermined code, such as: "Oh, my mom wanted me to *check in with her* at (fill in the current time, whatever it is)". Then, have him say: "I can't believe it! She says she has to come get me now!" Remember, Moms, do not ask questions if you hear or

read: “I’m *checking in* like you said I had to.” Just go rescue your child!

Does your child need a reason not to try smoking? Tell him to say: “Are you kidding? My mom can sniff out when I forget to brush my teeth. She would kill me if I came home smelling like smoke. Or at the very least she would ground me for life!”

Do your kids already blame a bad hair day on Mom? A forgotten lunch on Mom? Oversleeping an alarm clock on Mom? That’s all okay as long as they know to blame Mom when it really counts.

Happy Mother’s Day

Naline Lai, MD and Julie Kardos, MD

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The best allergy medicines for kids



Gepetto always said his son had allergies, but the villagers knew better

Recently, Dr. Lai was so excited to see Flonase in the local pharmacy that she texted all of the providers in our practice with the news. Flonase (fluticasone), a nose spray allergy treatment, is the latest allergy medication to go over-the-counter. Now, nearly every allergy medication that we wrote prescriptions for a decade ago is now available to kids over-the-counter.

As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy medications can be overwhelming. Should you chose the medication whose ads feature a bubbly seven-year-old girl kicking a soccer ball in a field of grass, or the medication whose ads feature a bubbly ten-year-old boy roller blading? Its it better to buy a “fast” acting medication or medication that promises your child “relief?”

A guide to sorting out your medication choices:

Oral antihistamines: Oral antihistamines differ mostly by how long they last, how well they help itchiness, and their side effect profile. During an allergic reaction, antihistamines block one of the agents responsible for producing swelling and secretions in your child's body, called histamine. Prescription antihistamines are not necessarily "stronger." In fact, at this point there are very few prescription antihistamines. The "best" choice is the one that alleviates your child's symptoms the best. As a good first choice, if another family member has had success with one antihistamine, then genetics suggest that your child may respond as well to the same medicine. Be sure to check the label for age range and proper dosing.

- **First generation antihistamines work well at drying up nasal secretions and stopping itchiness but don't tend to last as long and often make kids very sleepy:**

Diphenhydramine (brand name Benadryl) is the best known medicine in this category. It lasts only about six hours and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids. Occasionally, kids become "hyper" and are unable to sleep after taking this medicine. Opinion from Dr. Lai: dye-free formulations of diphenhydramine are poor tasting. Other first generation antihistamines include Brompheniramine (eg. brand names Bromfed and Dimetapp) and Clemastine (eg. brand name Tavist).

- **The newer second and third generation antihistamines cause less sedation and are conveniently dosed only once a day:**

Cetirizine (eg. brand Zyrtec) causes less sleepiness and it helps itching fairly well. Give the dose to your child at bedtime to further decrease the chance of sleepiness during the day. Loratadine (brand name Alavert, Claritin) causes less sleepiness than cetirizine. Fexofenadine (brand name Allegra) causes the least amount of sedation. The liquid formulations in

this category tend to be rather sticky, the chewables and dissolvables are favorites among kids. For older children, the pills are a reasonable size for easy swallowing.

Allergy eye drops: Your choices for over-the-counter antihistamine drops include ketotifen fumarate (eg. Zatidor and Alaway). For eyes, drops tend to work better than oral medication. Avoid products that contain vasoconstrictors (look on the label or ask the pharmacist) because these can cause rebound redness after 2-3 days and do not treat the actual cause of the allergy symptoms. Contact lenses can be worn with some allergy eye drops- check the package insert, and avoid wearing contacts when the eyes look red.

Allergy nose sprays: Simple nasal saline helps flush out allergens and relieves nasal congestion from allergies. As we mentioned above, Flonase, which used to be available by prescription only, is a steroid allergy nose spray that is quite effective at eliminating symptoms. It takes about a week until your child will notice the benefits of this medicine. Even though this medicine is over-the-counter, check with your child's pediatrician if you find that your child needs to continue with this spray for more than one allergy season of the year. Day in and day out use can lead to thinning of the nasal septum. Avoid the use of nasal decongestants (e.g., Afrin, Neo-Synephrine) for more than 2-3 days because a rebound runny nose called rhinitis medicamentosa may occur.

Oral Decongestants such as phenylephrine or pseudoephedrine can help decrease nasal stuffiness. This is the "D" in "Claritin D" or "Allegra D." However, their use is not recommended in children under age 6 years because of potential side effects such as rapid heart rate, increased blood pressure, and sleep disturbances.

Some of the above mentioned medicines can be taken together and some cannot. Read labels carefully for the active

ingredient. Do not give more than one oral antihistamine at a time. In contrast, most antihistamine eye drops and nose sprays can be given together along with an oral antihistamine.

If you are still lost, call your child's pediatrician to tailor an allergy plan specific to her needs.

The best medication? Get the irritating pollen off your child.

Have your allergic child wash her hands and face as soon as she comes in from playing outside so she does not rub pollen into her eyes and nose. Rinse outdoor particles off your child's body with nightly showers. Filter the air when driving in the car and at home by running the air conditioner and closing the windows to prevent the "great" outdoors from entering your child's nose.

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Prepare your child for a younger sibling



A thrilling moment in the office is when a mom of a patient shares with me that she is pregnant again. I say, "Wonderful!" What better gift to give your firstborn than a sibling! And I love being a part of good news! As an older sister myself, as a mother of three children, and as a pediatrician, I know the net result of adding another child to the family is positively fabulous.

Although the news is good, sometimes parents are anxious. Here are some suggestions of how to prepare your child for a younger sibling:

For most kids under the age of three to four years, time literally has no meaning.

At best, everything in the past occurred yesterday, and everything in the future will occur tomorrow. So in general, there is no magic moment to announce a forthcoming new baby. A few weeks ahead of time, simply start talking about "when a baby comes to live with us." Don't expect your child to really

believe you until you walk into the house with the baby. And don't be surprised if your firstborn asks, "When is it leaving?" Kids this age do not understand the idea of "forever" or "permanent."

Believe it or not, your second newborn might not be all that demanding.

Parents often feel guilty about bringing a second baby into the home. They worry they will not have as much time for their firstborn. Well, here's one secret. Newborns aren't all that demanding. Unlike with your first born, you will never have the time or urge to stare endlessly at your second born while she sleeps.

By the second time around, you will realize that feeding, changing, and washing a newborn take up relatively little time. Your firstborn will likely continue to be the center of attention. She is, after all, much more interesting now that she can pretend and play simple games. Believe me when I tell you that you CAN play *Candyland*® and breastfeed an infant at the same time. You CAN burp an infant while reading aloud to a toddler. You CAN change a diaper while pretending you and your toddler are wild jungle animals. You CAN make a formula bottle while telling a terrifically exciting story to your toddler.

A word about visitors and gifts:

The best part of a gift, to a toddler, is opening it, NOT what's in it. So don't worry about trying to make sure your older child gets a gift for every gift the new baby gets. Just allow your toddler to open all the baby's gifts (if she wants to) because "babies don't know how to open presents, but big kids do!" Also, newborns don't care who holds them so visitors are a perfect chance to hand off the baby and get on the floor and play with your toddler. To a toddler, parents are the most important and interesting people in the world. Even if ten people walk in to visit the baby, your toddler will not be

jealous if YOU are the one playing with her.

By three years old, kids understand taking turns.

In addition to the above tips, if your eldest asks why you need to hold/feed/care for the baby “so much,” just explain that it’s the baby’s turn. Then reinforce how glad you are that your eldest is able to talk, feed herself, play with toys, and maybe use the potty. Remind her that her ability to be independent make her more similar to Mommy and Daddy than to a baby.

You have plenty of love to go around.

Finally, realize whether your firstborn embraces her younger sibling with open arms or pretends that the new baby does not exist, you will have plenty of love to go around. Your heart is big enough for everyone. Dr. Lai tucks each of her three children in at night with the words, “I love you more than anyone in the universe.”

Truth be told, **no one will make your younger child laugh as loud and long as her older sibling.** Also, older babies are much more interesting than newborns. Even “luke warm” older siblings will warm up as time progresses and the baby becomes more interactive. You will appreciate this the most when your younger child becomes a toddler. He will find his older brother or sister so entertaining that he will generally stay near his older sibling. Your younger child will not be as apt to wander out of a room if his sibling is around. While you will not have a baby sitter for a while, you will have a tattle-teller.

In the meantime, tell lots of “when you were a baby” stories to your older child. Toddlers are egocentric (they all think the world revolves around them) and they will LOVE being the main character in your stories. Bring out baby pictures and videos of your firstborn to share. Be sure to point out how far she has come and all the great things she can do now as a

big kid.

Don't feel pressure to "get everything done" before the new baby arrives. Potty training for the oldest can wait (it's not that glamorous anyway). You don't have to take your oldest child out of the crib (the baby is in a bassinet for a couple months) and your oldest's teeth won't pop out because you haven't weaned the pacifier.

I end with a personal story:

When I was pregnant with my twins, many of our friends commented to us about our firstborn son, "Boy, you are really going to rock his world."

HIS world, I would think to myself. How about OUR world?

In order to prepare him for his transition from "only child" to "big brother" we emphasized to our son (who was three at the time) that most older brothers get only ONE baby. Our son would be getting TWO babies! He was excited about having two instead of one. For years afterwards, whenever he heard about a pregnant aunt, friend, or neighbor, his first question was always, "Oh, how many babies is she having?"

Out of the mouths of babes....

Julie Kardos, MD and Naline Lai, MD

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