

How to tell your kids someone they love is dying



It is never easy to break bad news, and it can be especially difficult to break bad news to our children. Bereavement counselor Amy Keiper-Shaw helps parents give advice on how to talk to your children if someone they love is dying.

While we all try to live our best and happiest lives, one day, something bad will invariably happen to us and/or our families. Maybe a grandparent or a pet is so ill they have been told they are going to die, or a family member has been diagnosed with a terminal illness. Are you and your child prepared to communicate effectively during these tough times?

Here are some suggestions to help you talk to your child when death is a possibility.

"One must talk little and listen much."—African proverb

- First, try to distinguish your emotions about the news from what to tell your kids. It's always harder to talk about bad news when it's an emotional issue for you. Allow yourself to "sit with" the feelings you have about it before sharing it with a child. Try to be calm—even if the news is upsetting to you. If you're overly emotional, your child may feel like he or she needs to take care of you instead of having his or her own reaction.
- Mentally rehearse how you will deliver the news. You may wish to practice out loud, as you would prepare for public speaking. Script specific words and phrases to use or avoid. Be open and prepared for your kids' reactions. Some may cry. Others may get angry. Some may not seem to react at all. Don't read too much into your child's initial reaction. For some kids, it takes a while for the news to sink in.
- Arrange to talk to the child in a private, comfortable location. For example, have your child sit on your lap, or talk to your child on his or her bed. Having your child's favorite comfort item available (a blanket, a stuffed animal or favorite toy) can also help. Turn off your cell phone, TV, or other background distractions.
- Long before we realize it, children become aware of death and when bad news is approaching. It may be tempting to withhold bad news. It's important to be honest with your kids and not to be afraid of their reactions. When we aren't honest about what is going on, children make up their own explanation for the tense environment. What they imagine is often worse than the truth. Foreshadow the bad news, "I'm sorry, but I have bad news."
- When you meet with the child ask what they already know and understand. Be prepared to provide basic information

about prognosis and treatment options if there are any available. Give information according to your child's age. Younger children will require less information than older teenagers.

- Speak frankly but compassionately. Avoid euphemisms and medical jargon. Use the words cancer or death rather than "going to sleep" or giving false hope. Offer realistic hope. Even if a cure is not realistic, offer hope and encouragement about what options are available such as hospice or medications which will help the person or pet have the best quality of life as possible until they die.
- Have the child tell you his or her understanding of what you have said, use repetition and corrections as needed. Encourage them to ask questions if they have any now or in the future and be sure to follow up often to see if any new questions have arose.
- Allow silence and tears, and avoid the urge to talk to overcome your own discomfort. Proceed at the child's pace. Be empathetic; it is appropriate to say "I'm sorry" or "I don't know."
- Talk about what the bad news means for them personally. Be as clear as possible about how the bad news will make their life change—or not change. "Mom won't be able to take you to school anymore so our neighbor will bring you instead." Older kids will want to know more details about this than younger kids.
- Reassure your kids. When bad things happen, they need to hear that you love them and that you're there for them. If you're uncertain how long you can be there for your children (such as when you receive a terminal prognosis), make sure they know of other caring, trusted adults who will also be there for them.

- Don't be surprised if your child tries to blame you or someone else for the bad news. It's hard for children and teens to understand that sometimes bad things just happen.
- Do something special with your child. You can say that when bad things happen, it often helps to do something you enjoy to try to feel better. For example, ask your child what he or she would like to do with you. Maybe your child will want to go the playground or play a board game. It is important that children know it is okay to still want to have fun and to enjoy life. They should not feel guilty about wanting to be happy.
- Model the grief process. It helps children and teens to see that there are hard times and that people can get through these tough situations by making positive coping choices. For example, even if you don't feel like exercising, you notice that exercise helps you feel a bit better. Explain that even though you may be tempted to eat badly, you notice that you feel better when you eat healthy. Talking about the ups and downs (while modeling positive coping strategies) will help your child be more intentional about the choices he or she makes and they are grieving.
- Keep in mind, although older teenagers may seem like they can take on more hardship than younger kids, remember that they still don't have the life experience that you have. Hearing bad news can be extremely difficult on a teenager, and it can sometimes trigger risky behaviors, particularly if they were struggling before the bad news hit or they're feeling extremely vulnerable.
- Talk to other significant adults in your child's life. For example, talk to your child's teacher, coach, or club leader. Sometimes a child will talk to another

adult, and it helps if everyone knows the same information.

Parents, remember this:

- Attend to your own needs during and following the delivery of bad news. Find a few people who are good listeners and can help with practical things such as taking kids to after school activities.
- Allow yourself to accept help.

It can be challenging to be the bearer of bad news, but keep in mind that there are others who can assist with this.

Asking for help from a social worker, counselor, a trusted friend, or spiritual adviser can help to facilitate this conversation, as well as connect families to resources in the community.

Amy Keiper-Shaw, LCSW

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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.com, a resource for children who have experienced a significant death in their lives.

Toddler Discipline Tips: tantrums and tranquility



As we prepare for a session on child development and behavior at Homefront: Family Preservation Center, a center for temporary emergency housing in Mercer County, New Jersey, we realize that we haven't shared with you in a little while one of our most popular podcasts.

Join us as we talk about tips on toddler discipline:

<https://www.twopedsinapod.org/wp-content/uploads/2009/09/Episode-8-Toddler-Discipline.mp3>

Julie Kardos, MD and Naline Lai, MD

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The Need for Seed: Growing an interest in eating vegetables



Photo by Dr. M. Mass

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rician gardener returns today to jump start our spring gardens....

How can I get my kids to eat vegetables? I hear this again and again in the office. For kids, nurturing plants fosters a positive association with vegetables and a pride as they see their seedlings grow. Of course they will be more willing to taste them! Parents need easy economical ways to plant

vegetables, best met by directly sowing seeds into the well prepared ground.

Seeds are hope in a miniscule package, and we can all use a little hope that winter is truly over. Now is the best time to seek them out in catalogs and garden centers. But look beyond garden centers. I've seen them in grocery stores, hardware stores and even boutiques. Which ones to buy? I love growing tomatoes, peppers, and eggplants, but all grow best if you start indoors 6-8 weeks before the last frost in your area and this requires a good bit of pre-planning. Which seeds will most likely germinate and when can you plant them?

First, some basics: Find a spot for your garden which receives at least 6 hours of direct sun and good soil. Prepping your soil could be a semester long class and for 90% of us, good soil is NOT where your grass is currently growing. Starting is easiest in the fall, (see how to start an organic garden with your kids) but it is not too late. Neophytes start small, and seek out resources. Every state has a cooperative extension system run by master gardeners that have seminars and can offer advice. Gardening websites such as www.planetnatural.com and books such as *Square Foot Gardening*, by Mel Bartholomew and *Grow Vegetables: Gardens, Yards, Balconies, Roof Terraces*, by Alan Buckingham can help.

Each seed has an optimal sprouting (aka, germination) temperature. Go much below this temp and your seeds will rot. Average temperatures vary slightly year to year, so many gardeners rely on phenology, the science of using nature's signals to assess when the climate is right for planting. Use other plants in your yard as a guide to when to start planting. Peas should be planted when you see forsythia blooming. Swiss chard, beets, and the other spring veggies mentioned below can be planted whenever leaves appear on lilac bushes.

Peas: Peas are the first things to go into the ground in the

spring. If you are short on space, choose a vining variety and grow them up a trellis. (I love the trellis products from Gardener's Supply Company.) Your kids will love eating sugar snap peas right off the plant. They are a great source of protein ($\frac{3}{4}$ cup supplies more than an egg), and vitamin C (serves as an immune booster, improves skin health, bone health and improves iron absorption).

Swiss Chard: If you must plant one seed this year, let it be chard. Its leaves contain a good amount of vitamin C, calcium and iron. Other greens have more, but chard grows readily from seed, and doesn't mind the heat, cool weather, drought or rainy periods- excellent for indolent gardeners and beginners alike. Once established, you can pick the outer leaves and it will continue to grow all the way until frost creeps in. One gorgeous variety, Bright Lights, has red, orange and yellow edible stems. You can eat young chard leaves like lettuce, but once mature, it is better cooked. Try chard in place of spinach.

Beets: Beets are chard's cousin, but with less leaf and more root. Beets are high in fiber and vitamin C. In addition, nutrition research has shown them to contain betaine, a compound with blood pressure regulating, antioxidant and anti-inflammatory properties. It is the same compound that likely gives the eater's urine a red tinge the following day. You might want to warn your kids that the temporary color change is harmless. Call your physician if it persists. I have tossed beets in paper thin slices in a salad as well as roasted or steamed them. Cooked beet roots have a sweet earthy taste (nothing like those pickled things you find on your supermarket shelves), and are great dressed with olive oil . Beets come in gorgeous colors. Besides the conventional red, there are golden and candy striped varieties. Personally, I like botanical interest's gourmet blend. You can even use the greens of beets in the same recipes you use chard. But unlike chard, your supply of beet greens will not continually

regenerate.

Lettuce and arugula: Eat that salad and vitamin C (boosts immunity, is essential for skin and bone health, and improves iron absorption) , beta carotene (promotes eye health), and fiber (need we state the obvious?) are your benefits. The darker the leaf, the higher the nutritional content. Romaine has 5-10 times more of these vitamins than iceberg. Arugula has 3-4 times more than the romaine. And your friendly garden center or seed catalog has even darker more exotic varieties. Why plant conventional greens when you can have restaurant quality Flashy Butter Gem, Outredgeous, and Merlot lettuces from the Baker Creek Heirloom Seed catalog? Red flecked Freckles romaine is one of my family's favorites. This year, I found a new red version of arugula, Dragon's Tongue (Botanical Interests seed company, available in many garden centers) that I can't wait to add to this year's salad bowl. Remember the names of the different lettuce while serving your kids. Names make the lettuce much more interesting to the children. Pine Tree Garden Seeds, one of my favorite sources, has great blends of lettuce varieties all in one packet. But beware, lettuce has a limited growing season. After 3 weeks of picking it gets tough and bitter. And when the hot weather hits, it stops growing and produces seeds. We work around this by planting small crops every three weeks for a continuous supply (called successive sowing). Plant the last crop in the shade of another plant (maybe under your pea trellis) to extend it's season. Buy plenty of lettuce seed, as you can start planting it again in August, after the heat of summer.

Carrots: Most kids love carrots. They are loaded with vitamin A, beta carotene and other antioxidants. But did you know you can grow purple and near black carrots? Cosmic Purple (from High Mowing Organic Seed Company) , and Pusa Asita (Baker Creek) black carrots are dark in color, and likely even higher in those antioxidants. Carrots do best in loose soil, with added sand. The seeds are miniscule. Look for seeds attached

to biodegradable tape for easy planting. Try to seed without the tape, and hundreds of tiny carrot plants will emerge simultaneously. You will be stuck painstakingly plucking out plants in order to prevent overcrowding.

Radishes: Most kids don't love radishes immediately (they have a spicy taste), but they are easy to grow and mature in as little as 3 weeks. So, they are a good veggie to grow for those who need immediate gratification. They will keep the kids' attention while the rest of the plants are maturing. Tuck 20- 30 seeds away and watch how fast they grow. Eat up- those spicy little radishes contain vitamin C and folate.

Green onions: I was delighted to find these were so easy to grow by seed, because anything in the allium family (think garlic, shallots) repels insects, deer and rabbits. So you get a veggie and a mini fence in one. It is possible that onions also repel changes that cause cancer. They contain high levels of quercetin, a compound suggested in some studies to be associated with lower rates of cancer. They are loaded with antioxidants, and the anti-blood clotting and anti-inflammatory organosulfur compounds.

Cilantro: As an ethnic cook, I can't live without this stuff, so good thing it has become a weed in my yard. You need one pack of seeds to get this phenomena started. I sprinkle its seeds (which are, incidentally, the spice coriander) at the base of other plants as it can tolerate some shade. If you pick the leaves off the top, the plant will become bushy and loaded with leaves.

Sprinkle 8-10 seeds every three weeks starting at that lilac leafing time, because cilantro, like lettuce, gets old, tough, and goes to seed after a couple of weeks. (let it: those seeds will drop and then you too will have it all over your yard!) Like onions, it is loaded with quercetin and antioxidants.

So if you have spring fever (who doesn't?), and want a new way

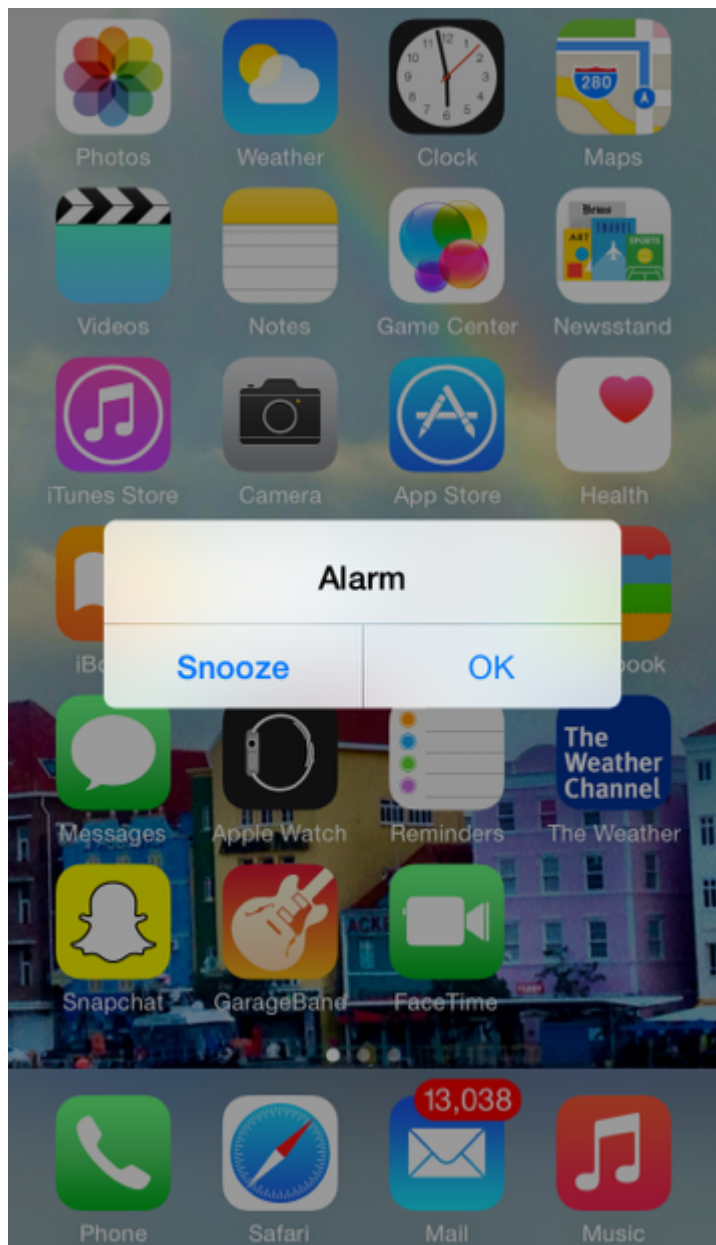
to get your kids to eat more produce, start planting now. Get to a garden center or check out a seed website mentioned above, and let yourself be carried away by the hope that lies within a seed!

Marion Mass MD, FAAP

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In practice for 17 years, Marion Mass MD, FAAP currently works at Jellinek Pediatrics in Doylestown, PA and serves on the Wellness Council of the Central Bucks School District, PA. Produce from her kids' garden garnishes the plates of many local families as well as the plates of the restaurant Puck. All garden profits benefit Relay for Life. □ See her recent interview in Happy Healthy Kids.

A Tired Teen's Guide to Good Sleep



As a follow up to our tired teen post, we're posting the handout we gave out at the Community Conversations Workshop last week at Council Rock South High School, Holland, PA. This handout is designed for teens to read:

A teen's guide to healthy sleep habits

Most teens need 8-10 hours of sleep per night to be healthy, perform optimally, and act safely.

All teens should be able to get themselves up, washed, dressed, fed, lunch packed, and out the door for school WITHOUT a parent's help.

Establish a bedtime routine which includes an adult family member – even if you just say “goodnight.”

Routinely give yourself time before falling asleep to clear your mind and relax your body. Meditate or pray.

Avoid computer/TV/phone/screen time 30 minutes before going to bed and turning out the light.

If your homework is taking too long, consider leaving your phone in another room or turning it off so that you are not interrupted by texts. People work more efficiently when they are not constantly interrupted. This will give you more time to sleep.

Associate your bed with sleeping. Do not do homework, play video games, or use your phone in bed.

Avoid caffeine, or do not drink any past noon. Caffeine stays in your body for 24 hours, which means that even a morning coffee or energy drink can inhibit falling asleep at night.

If you cannot wake up in time for school, gradually move your bedtime earlier, by 15 minutes every few nights, until you sleep long enough that you wake up feeling refreshed.

If you just can't readjust your schedule to fall asleep earlier, check with your doctor if short term melatonin is fine for you.

Sleeping in too long on weekends can throw your weekday schedule off and make Monday mornings dreadful. If you do sleep in on weekends to catch up on sleep, try not to sleep more than a couple of hours past your week day wake up time.

Tired teens:

Are involved in more car crashes

Perform less well in school

Have difficulty paying attention and focusing in class and on homework

Suffer from more depression and mental health issues

Are more likely to become obese

Julie Kardos, MD and Naline Lai, MD

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Why is my teen so tired?

Do you recognize yourself in this scenario? It's early morning and you hear your teen's cell phone buzz but you do not hear your teen getting up for school. You go into his room several times to rouse him until he finally drags himself into the bathroom. Several times more you implore him to move quickly. You argue as you do every day that he needs breakfast. You pack his lunch, remind him to put it into his backpack and end up driving him to school because he missed the bus 15 minutes ago.

Here's the thing: teens are developmentally capable of getting themselves up in the morning, washing, dressing, getting breakfast, packing a lunch, and arriving at the bus stop on time by themselves. If you are integral in your teen's morning routine because he can't wake up in time to get ready for school, then consider becoming much more involved in his bedtime routine.

The quick answer to, "Why is my teen so tired?" is that your teen likely is not getting enough sleep. How much sleep do teens need? According to the National Sleep Foundation, the average teen requires 8-10 hours of sleep per day in order to enjoy optimum health and to feel well-rested. But teens now get less sleep than they did twenty years ago.

Reasons for teen sleep deprivation are myriad. Children

naturally become more nocturnal as they age. Their biologic circadian rhythms change to favor staying up late and sleeping late. Yet, just as their bodies crave a later start to the day, they enter high school, which usually starts earlier than their previous schools. Studies find in school districts that have experimented with later start times, teens do not stay up later, but do get more sleep per night. Overall, the teens function better in school, have fewer car accidents, and suffer less depression than their counterparts in other schools.

To gauge if your teen gets enough sleep, ask yourself, does he pop up in the morning, happy and awake seconds after the alarm sounds? If so, your teen reached her optimal amount of sleep. Keep in mind, this differs for everyone. Dr. Lai knew a teen who went to bed at 8 p.m. and slept until 2 a.m. At that point the teen woke up, did her homework and went happily to school.

Helping your teen sleep:

Cut down on screen time. Computer, phone, TV, tablets, and game consoles are known to delay sleep onset when used in the hour prior to going to bed. In fact, according to a study of teens in Norway, screen use for more than 4 hours per day, even when used early in the day, leads to an average of 2 hours less sleep a night.

Of course teens have lots of homework, but try watching her do homework with her cell phone buzzing for her attention every minute- it's like having your toddler poke you for attention when you try to balance your checkbook. Suggest that your teen turn off her phone or leave it in another room for periods of time while she does homework. Getting homework done more efficiently will leave more time for sleeping.

After school activities are important, but some teens need to scale back in order to have time for homework and a bedtime that allows for at least 8 hours of sleep. Teens are often

too illogical to say “no” to any of the obligations that come their way. You will have to be the bad guy.

What if your teen has an acceptable bedtime but can't fall asleep? Caffeine may be the culprit. Even a cup of coffee in the morning can affect falling asleep at night- caffeine stays in the body for 24 hours. Often teens may not realize that the soda or ice tea they drank at dinner contains caffeine.

On that same note, **cold medications can keep kids up at night** and even prescription medications such as ones prescribed for Attention Deficit Hyperactivity Disorder interfere with falling asleep.

Make sure your teen's sleep is restful and restorative. A clogged nose from allergies, or if he is itchy from bug bites, may be disturbing his sleep.

To shift a late bedtime up, have your teen move his bedtime up 15 minutes a night, but keep his wake-up time the same. Don't let him nap in the day and gradually you will be able to shift him back. On weekends don't allow him to sleep in. Sleeping in too long will result in late bedtimes and an overtired kid Monday morning. If you've tired everything, but if your kid has difficulty resetting her clock to an earlier bedtime, ask your doctor about using melatonin.

Now if your teen is getting the proper amount of sleep and good quality sleep and yet still feels tired, this is fatigue. Fatigue is how a woman feels when she is pregnant. A pregnant woman may have had plenty of sleep, but she still feels tired. Medical problems other than pregnancy can cause fatigue- “Mono” or Mononucleosis, anemia, and sleep apnea are just a few. Other causes of fatigue include mental illness and drug addiction. Weight loss and depression are other signs that should trigger you to bring your tired teen to his physician for further evaluation.

Although it's hard to watch your kid learn the misery of sleep deprivation, do your best not to say “I told you so.” Keep in mind you are looking at the same child who, as a three-year-

old protested leaving a party, insisting “I am not tired,” as he fell asleep midsentence during the car ride home. He just grew into the teen who says, “I am not tired,” as he falls asleep with ear buds in and with the lights still on. As Dr. Lai is fond of saying, “Choosing sleep is what distinguishes grown-ups from kids. You know you are a grown-up when instead of fighting sleep, you chose to sleep.”

Your teen may look grown up, but he still needs you to enforce good habits, including establishing a bedtime that allows him to function optimally during the day. Remember to check in with your teen before bed, just like you talked to him at bedtime when he was young. Your involvement at bedtime can result in less stressful mornings for both of you.

*For more, if you live in the Bucks County PA area, go to the Community Conversations Workshop March 25 , 2015 at 7pm at Council Rock South High School, Holland, PA. We will be part of a group of experts talking about Communication Do's and Don't, **Optimizing Teen Sleep** and Dealing with Stressed Out Students. Presented by the Council Rock Education Foundation and the Council Rock Coalition for Healthy Youth. Made possible by The Children's Hospital of Philadelphia.*

Julie Kardos, MD and Naline Lai, MD

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Umbilical hernias

Time for a Two Peds photo quiz.

What is up with this baby's belly-button?



It's called an umbilical hernia, which is an out-pouching at the belly button, caused by loose belly muscles.

In the womb, babies' belly muscles migrate across the abdomen and meet in the middle. Sometimes they don't meet up before birth, causing a small bit of the gut to out-pouch. Usually more noticeable during crying, umbilical hernias do not hurt, nor do they get "stuck" out like a groin hernia (located at the scrotum or labia) and thus they are not a medical emergency. In fact, they do not even need treatment.

Fortunately, umbilical hernias tend to close up on their own by age five years, often much sooner. Don't do what my grandmother suggested, which was to place a quarter on top of my son's umbilical hernia and then tie it into place with a belt-like contraption. This does NOT hasten the hernia's resolution.

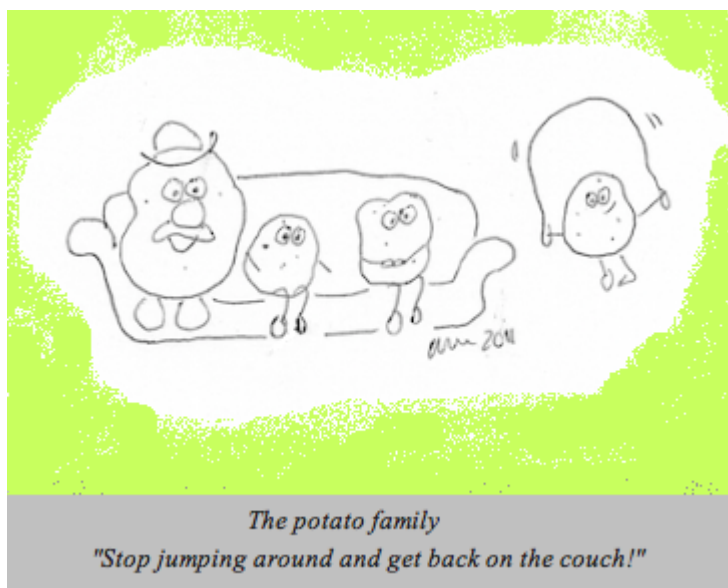
Sometimes if an umbilical hernia is particularly large, it fails to regress after a few years, and at that point, for cosmetic reasons, a surgeon can repair it.

We see many babies with umbilical hernias in our office, and we are happy to reassure parents about them. If you were wondering, my son who had the umbilical hernia as a baby, now has a belly button that looks exactly the same as his twin who did not an umbilical hernia. Both are "in-ies."

Julie Kardos, MD and Naline Lai, MD

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Get your kids off the couch: ideas for indoor exercise



Let's face it, it's hard to move when it's cold , and it's freezing at my home. I believe today's high is 20 degrees Fahrenheit. Now while this may not deter younger children

from bundling up and going sledding, teen couch potatoes are busy whining that it's "too cold." So there they sit.

What's the secret to keeping them active in the winter months? Have them **schedule an activity, and be an example yourself.**

Ideas for teens (and you) to do when it's cold outside:

- Have a 15-minute dance party
- Have a Wii contest
- Try swimming (indoors please!)
- Dust off the treadmill or stationary bike in the basement and GET ON IT
- Play ping-pong
- Do a few chores
- Jump rope
- Jog during T.V. commercials
- Pull out some "little kid games" such as hopscotch, hula-hoop or Twister
- Let each child in your house choose an activity for everyone to try

Teens, like everyone else, need exercise to stay healthy. Staff from the Mayo Clinic recommend kids ages 6-17 years should have one hour of moderate exercise each day. Exercise can help improve mood (through the release of endorphins), improve sleep and therefore attention (critical with finals coming up), and improve cardiovascular endurance. Those spring sports really ARE just around the corner.

Here are some numbers to get the kids moving: All activities are based on 20 minutes and a teen who weighs 110 pounds. The number of calories burned depends on weight. If your teen weighs more, he will burn a few more calories, if he weighs less, he'll burn a few less. Below the table are links to some free and quick calorie calculators on the web so your teen can check it out for him self. For those attached to

their phones, there are web apps too.

ACTIVITY	CALORIES USED
Shooting Basketballs	75
Pickup Basketball game/practice	100
Biking on stationary bike	116
Dancing	75
Hopscotch	67
Ice Skating	116
Jogging in place	133
Juggling	67
Jumping Rope	166
Ping Pong	67
Rock Climbing	183
Running at 5 mph	133
Sledding	116
Treadmill at 4 mph	67
Vacuuming	58

What's the worst that can happen? You'll have a more fit, better rested, and happier teen! Or at least you'll have a cleaner home!

Try these activity calculators:

<http://primusweb.com/fitnesspartner/calculat.htm>

www.caloriesperhour.com/index_burn.php

<http://www.caloriecontrol.org/healthy-weight-tool-kit/lighten-up-and-get-moving>

Deborah Stack, PT, DPT, PCS

With nearly 20 years of experience as a physical therapist, guest blogger Dr. Stack heads The Pediatric Therapy Center of Bucks County in Pennsylvania www.buckscountyped.com. She holds both masters and doctoral degrees in physical therapy from Thomas Jefferson University.

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Measles outbreak: Would you recognize measles in your child?



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

Who knew when we first published this post in June 2014 that another measles outbreak would occur in the US. In light of the numerous measles cases that emerged out of the California Disneyland exposure, we re-publish signs of measles in children. Parents who have children who are not completely

immunized against measles should be especially vigilant.

Measles typically starts out looking like almost every other respiratory virus— kids develop cough, runny nose, runny bloodshot eyes, fever, fatigue, and muscle aches.

Around the fourth day of illness, the fever spikes to 104 F or more and a red rash starts at the hairline and face and works its way down the body and out to arms and legs, as shown here at the Immunization Coalition site. Many kids also develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base 1-2 days before rash. Call your child's doctor if you suspect that your child has measles. Parents should be most suspicious if their children have not received MMR vaccine or if their immunized child was exposed to a definite case of measles or visited an area with known measles.

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

There is no cure for measles and there no way to predict if your child will have a mild or severe case. Fortunately, one dose of the MMR (Measles, Mumps, Rubella) vaccine is 92-95% effective at preventing measles, and two doses are 97-99% effective at preventing measles. That's the best we can do, and this protection rate works great when everyone is vaccinated. The American Academy of Pediatrics recommends giving the first dose of MMR vaccine at 12-15 months and the second dose at school entry, between 4-6 years of age.

If parents refuse the MMR vaccination for their children, then more people are left susceptible to measles. This leads to

more people who can spread the disease when it hits a community. Measles is one of the most contagious diseases known: 9 out of 10 unvaccinated people exposed to measles will become sick, and infected people are contagious even before symptoms appear. One of the reasons behind the increase in measles cases is the increase in unvaccinated children. One patient of Dr. Kardos's was a four-year-old boy who was behind on his vaccines and hospitalized for measles pneumonia. Before he was diagnosed he exposed an entire Emergency Department to measles.

In our global world, another reason for the spike in measles cases is the increase in travel between countries. In fact, young children traveling internationally should now get the MMR vaccine outside of the routine schedule. If you plan on traveling, check here to see if you need to give your child the MMR vaccine on an early schedule.

With increased vigilance and vaccination, hopefully measles will once again become a disease few doctors have ever encountered. After all, vaccines did eradicate small pox. The last case of smallpox in the United States was in 1949, and the last case in the world was in 1977. In the meantime, you'll know how to "spot" a case of measles too.

Julie Kardos, MD and Naline Lai, MD

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Dry, chapped hands: home remedies



Raw hands- recognize your kid?

I wash my hands about sixty times a day, maybe more. This frequent washing, in combination with cold Pennsylvania air, leads to chapped hands. Here are the hands of a patient. Do your children's hands look like these?

To prevent dry hands:

- Don't stop washing your hands, but do use a moisturizer afterwards.
- Whenever possible, use water and soap rather than hand sanitizers. Hand sanitizers are at minimum 60% alcohol- very drying. Be sure to fully dry hands after washing.
- Wear gloves or mittens as much as possible outside even if the temperature is above freezing. Remember chemistry class- cold air holds less moisture than warm air and therefore is unkind to skin. Gloves will prevent some moisture loss.
- Before exposure to any possible irritants such as the chlorine in a swimming pool, protect the hands by layering heavy lotion (Eucerin cream) or petroleum based product (i.e. Vaseline or Aquaphor) over the skin.

To rescue dry hands:

- Prior to bedtime, smother hands in 1% hydrocortisone ointment. Avoid the cream formulation. Creams tend to sting if there are any open cracks. Take old socks, cut out thumb holes and have your child sleep at night with the sock on his hands. Repeat nightly for up to a week. Alternatively, for mildly chapped hands, use a petroleum oil based product such as Vaseline or Aquaphor in place of the hydrocortisone.
- If your child has underlying eczema, prevent your child from scratching his hands. An antihistamine such as diphenhydramine (Benadryl) or cetirizine (Zyrtec) will take the edge off the itch. Keep his nails trimmed to avoid further damage from scratching.
- For extremely raw hands, your child's doctor may prescribe a stronger cream and if there are signs of a bacterial skin infection, your child's doctor may prescribe an antibiotic.

Happy moisturizing. Remember how much fun it was to smear glue on your hands and then peel off the dried glue? It's not so fun when your skin really is peeling.

Naline Lai, MD and Julie Kardos, MD

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Should I vaccinate my child?



"Let's skip this ride."

Should I vaccinate my child? Yes, yes, yes!

The recent measles outbreak originating in Disneyland among mostly-unvaccinated children and adults highlights how important it is to continue to immunize children against preventable infectious diseases, even if we think they are rare.

There are many deadly diseases we can't prevent, but we do have the power to prevent a few. We now have the ability to prevent your children from getting some types of bacterial meningitis, pneumonia, and overwhelming blood infections. With vaccines we can prevent cases of mental retardation, paralysis, blindness, deafness, and brain infections. Immunizations are a safe way of boosting children's natural immune systems. Yet some of our parents continue to doubt the

benefits of vaccines and to fear harm from them.

Let's look at another kind of prevention. You would never drive your car without putting a seatbelt on your child. Even if you don't know anyone who was in a fatal car accident, you still buckle you and your child up. You may know a kid who emerged from a car accident with only a scrape, yet you still buckle you and your child up.

You may never know a child who is paralyzed by polio or who died of whooping cough, but it does happen and can be prevented. Just like with car accidents, it's better to prevent the injury than to play catch-up later. Dr. Kardos's grandfather routinely rode in the front seat of his car without his seatbelt because he "had a feeling" the seatbelt might trap him in the car during an accident. Never mind that epidemiologists and emergency room doctors have shown people are much more likely to die in a car accident if they are not wearing a seat belts, he just "had a feeling."

We know no one likes a needle jab, but for most vaccines, no one has invented any better way of administration.

When it comes to your children, parental instinct is a powerful force. We routinely invite our patients' parents to call us about their children if their instincts tell them something might be wrong, and we always welcome and at times rely on parents' impressions of their children's illnesses to help us make a diagnosis and formulate a treatment plan.

However, in the face of overwhelming evidence of safety and benefits of vaccines, we pediatricians despair when we see parents playing Russian roulette with their babies by not vaccinating or by delaying vaccinations. We hope fervently that these unprotected children do not contract a preventable debilitating or fatal disease that we all could have prevented through immunizations.

There is no conspiracy here. We both vaccinate our own

children. We would never recommend any intervention where the potential for harm outweighs the potential for good. We have valid scientific data that every year vaccines save thousands of lives. One of them could be your child's life.

Should you vaccinate your child?

YES!

Julie Kardos, MD and Naline Lai, MD

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Updated from our earlier 2011 post

Visit these posts for more information about vaccines: [How Vaccines Work](#), [Evaluating Vaccine Sites on the Internet](#), [Do Vaccines cause autism?](#) and [Closure: there is no link between the MMR vaccine and autism](#)

Also, please visit the recent Institute of Medicine's analysis of vaccine side effects.