

**Another measles outbreak:  
recognize measles in your  
child**



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

It saddens us that we need to post about how to recognize measles, but the recent measles outbreaks in the United States force parents to be vigilant for a disease that was nearly eradicated in this country.

Both an increase in international travel and a decrease in parents vaccinating their kids is thought to be responsible for the increase in measles cases.

Measles typically starts out looking like a really bad cold – 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. Just before the rash, many kids develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base.

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 and were 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](#).

Check that your child is up to date on their MMR (measles)

vaccine. The first dose is given between ages 12-15 months and the second dose is given at school entry, typically at 4-6 years of age. If you are traveling internationally with your baby between the ages of 6-12 months, ask your pediatrician about getting an early dose of vaccine.

Preventing measles is key because there is no cure.

Julie Kardos, MD and Naline Lai, MD

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## **How to burp a baby**

Wondering how to burp a baby? We decided that words just didn't convey what to do. So we introduce baby Emma in her first, and our first, how-to-video.

Any other video requests, send them our way.

Julie Kardos, MD and Naline Lai, MD

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## **Four month sleep regression**



*"Do you remember how we used to think cartoons of sleep deprived parents were kinda funny?"*

"I think we just hit the four month sleep regression. My baby used to sleep better, and now at four months, she is waking up every hour! What happened?"

Sound familiar?

The term "four month sleep regression" did not appear on Google searches in the United States until 2006 and has been on the rise ever since.

It is not clear how the term came about. After all, babies existed well before 2006. Oddly, most of the search requests come from the state of California. Unfortunately, the term sleep regression has put many a parent into a panic. Do not worry. Sleep is not a developmental milestone, you do not need to move from California, and your baby is not regressing. Rather, your baby is changing. Just like eating and poop patterns change, sleep patterns also change.

### **Sleep in the beginning**

In the beginning... there is newborn sleep. Newborns can fall asleep anywhere at any time: while feeding, in a stroller, on

your chest, in your arms, in the car or on the floor. Sometimes they sleep for minutes, sometimes they sleep for a few hours.

For the first three months, babies are in a feeding frenzy mode. Babies this age gain about one ounce per day (a huge feat) so therefore they eat to sustain growth. So they eat, and eat, at a pace of every one and one-half to three hours. They are hungry but their bellies are small, so they must eat frequently. Sometimes they cluster feed every hour. Because they spend so much time feeding, chances are they often fall asleep while sucking either a breast or a bottle. Some babies, by the end of the third month, are sleeping longer at night and making up for missed feedings during the day.

### **The plot thickens...**

Between three and four months, babies slow in the pace of their growth. From three to six months they gain only about one-half an ounce per day. Because they are not quite so ravenous and because their bellies are bigger now, they can wait longer between feedings. You will notice that a more discernible pattern to their day emerges and you can now tell the difference between "hungry" and "tired" cries.

Another change occurs around four months. You will notice that when your baby is hungry, they get excited when they either hear or see you preparing a bottle or positioning to breastfeed. They become AWARE that a feeding is about to happen and recognize events that immediately precede a meal.

That same awareness occurs around sleep. When she feels sleepy, your baby becomes aware of events that lead up to sleep. If that event is eating, then she will believe that EATING precedes SLEEPING. If that event is rocking with a parent to sleep or laying in a parent's arms, then they learn that rocking or being held is the key to falling asleep.

### **The final piece of the puzzle**

This increased awareness of sleep associations is likely the origin of the four month sleep regression. You see that the 4 month sleep regression actually is not a regression, but rather an AWARENESS of how to fall asleep. If you always put your baby down in the crib when tired, they will learn that resting in a crib is how to fall asleep. If you play music and put the baby in the crib, the baby will expect music and a crib to fall asleep. And if you always feed your baby to sleep, then feeding becomes the key to falling asleep.

Unlike when they were newborns, if you always put your four-month-old baby in the crib AFTER they fall asleep, they will eventually sense that something is different, and they will wake up. Imagine if you fall asleep in your bed and then wake up to find yourself on the front lawn. You will think to yourself, "WHAT ON EARTH JUST HAPPENED?" Then you will stomp back into the house and find your bed in order to go back to sleep.

If your baby falls asleep breastfeeding, and then you put them down in a crib, your baby may realize that the breast is no longer there. The realization will jolt them out of sleep (WHAT ON EARTH JUST HAPPENED?) and they will cry until you comply with your baby's demand to breastfeed in order to fall back asleep. All understandable.

### **The solution: how to overcome the four month sleep regression**

Herein lies the key to overcoming the four month sleep regression. Teach your baby that she wants to be in the CRIB to fall asleep. Now is the time to change up the bedtime routine so it ends with your baby in the crib AWAKE and then your baby will fall asleep on her own in the crib. Then, if she wakes up later in the night, she will think to herself: "Ok, I am in the crib, just where I was before. I am still tired and will go back to sleep now." Same at nap time. When your baby gets drowsy, put her in her crib. It is not necessary to feed her first.

We do not advocate letting your baby “cry it out” yet— four months is too young. Developmentally, a four-month-old does not understand cause and effect. Anytime you show up, it’s a happy surprise. They do not realize that they have the power to “make you come.” However, you can allow for a bit of crying (say, five minutes maximum) because some babies need to unwind before they fall asleep. Remember, if you last fed your four-month-old within the hour, they are not hungry. They are just fussy. Do you remember stomping your foot as a child, rubbing your eyes and crying to your parents, “I am not tired! I do not want to go to bed now.”

If, however, your baby is not showing signs of self-soothing after a couple minutes, then go to them and pat them gently or pick them up for a cuddle. But, as soon as they calm down, put them back into the crib so they can learn to fall asleep in the crib, not on you. Allow them to learn that their crib is coming when they are tired, just as they learn that a breast or bottle is coming when they are hungry.

Once babies learn to fall asleep in the crib, many night time awakenings just stop happening. Keep in mind, most four-month-olds do not sleep for eight hour stretches overnight. Many still wake up once or twice to feed. Keep the feedings brief, and put your baby back into the crib BEFORE they drift off to sleep. Also, many babies are ready for additional solid food at this point. Discuss with your pediatrician if it’s time to give solid sustenance during the day along with liquids.

### **A parenting truth**

The bottom line? The four month sleep regression is not a regression. Rather, it’s a sign of your baby’s emerging awareness of her environment and her readiness to learn how to fall asleep.

Julie Kardos, MD and Naline Lai, MD

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# How to dress baby (and big kids) for winter



Dr. Kardos's fourth child wears her coat without fuss in cold weather.

Now that the weather has turned "freezy," parents ask us how to dress their baby (and big kids) for cold weather. Even Dr. Kardos's teenaged kids allow her to thrust winter coats on them as they head out to the bus stop. Wondering how to know if your baby, toddler, or older child are dressed correctly for the weather? Read our post on this topic.

Stay warm!

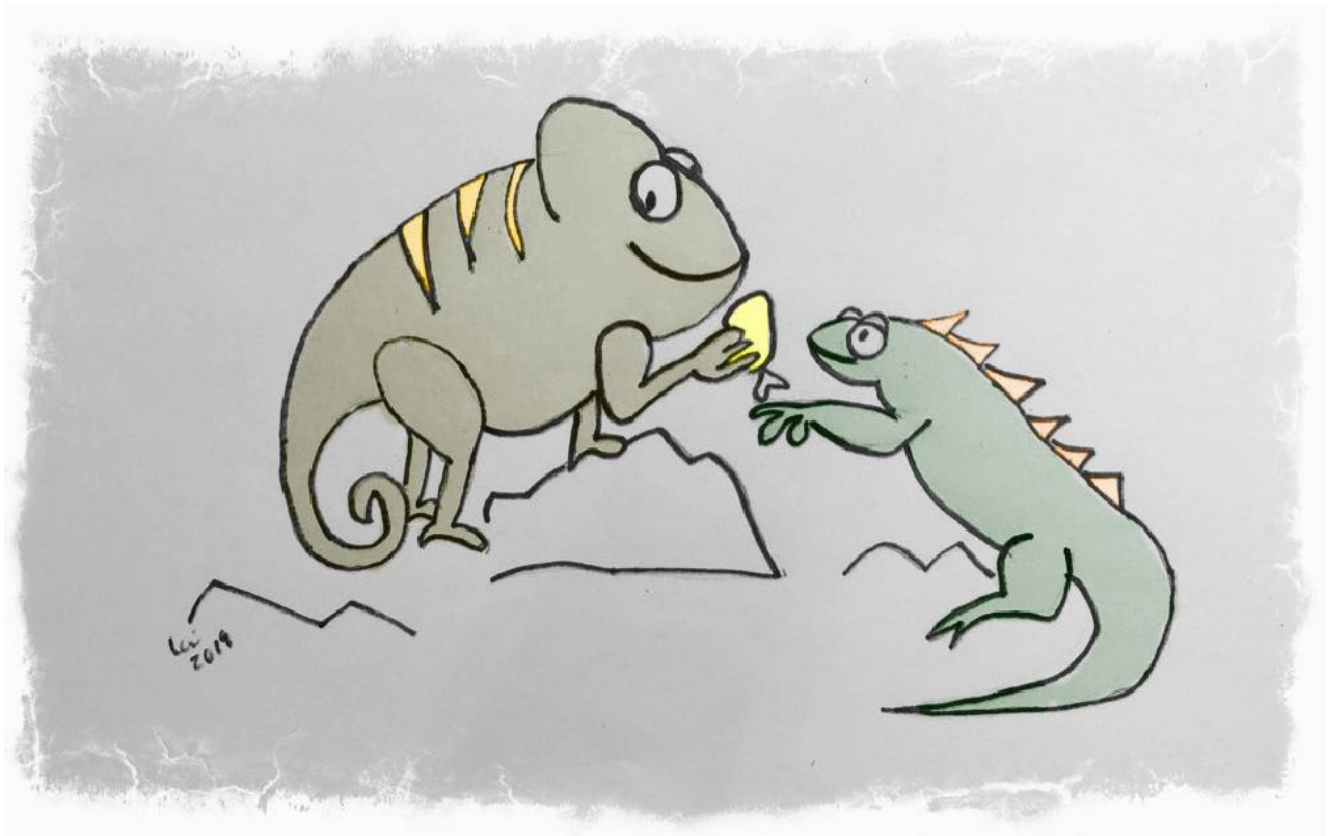
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# Lizard hands: what to do about dry, chapped, winter hands



Larry the lizard squirmed, but still put his lotion on in the winter.

Does your child have dry, chapped hands? We can help with that. Read here for prevention and treatment tips.

Naline Lai, MD and Julie Kardos, MD

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# Happy New Year 2019! Read our top three posts of 2018



photo from pixabay

Happy 2019! As 2018 comes to a close, we invite you to read our most popular three posts of the year.

Here they are, in order of number of hits:

#1: It's a gas! your young infant's burps and farts

#2: It's no laughing matter: another tween game in town

#3: Kids with "pink eye" CAN attend daycare, and other updated school exclusion recommendations

We wish all of our Two Peds readers and all of your children a Happy, Healthy, and Peaceful 2019.

Sincerely,

Julie Kardos, MD and Naline Lai, MD

# Is your child sick? When to call the doctor



Unfortunately, it is sick season. Fortunately, we have a great post to help you know when you need to call the doctor about your child's illness.

Julie Kardos, MD and Naline Lai, MD

# Help prevent your teen from playing risky games



Some games are riskier than others and it's hard for teens to tell the difference.

Remember playing "Truth or Dare" as a kid? Some of the dares were silly, some potentially embarrassing, but some were downright risky. Now our children are playing potentially dangerous games. How can you prevent your teen from taking

unnecessary risks?

To understand why kids would play risky games such as the Cinnamon Challenge or the Laughing Game, let's step into the mindset of a teenager. Don't let their adult-like appearances deceive you. Based on what we know about teenage brain development, teens are more likely to misinterpret or mislead social cues and emotions and to engage in risky behavior. Even though your teens may be taller than you, their deductive reasoning skills are not fully developed until around 25 years old. They have difficulty thinking through long term plans.

Take a simple example of studying. If they stay up very late studying, they do not consider that this will cause impairment in cognition the next day and consequently they are forced to stay up even later to understand class material. Further, because teens also are impulsive, they will typically check their cell phones multiple times while studying, which further pushes off bedtime. Days later, when it comes to taking a test in class, their cumulative sleep deprivation leads to poor focus and poor memory retrieval.

Applied to more dangerous situations and coupled with peer pressure, even a "good teen" may take unnecessary risks. Teens truly believe that they cannot die. Even if they know others who have died, they don't think it can happen to them. So they may be more likely to run across a busy street, try getting high off of a friend's Adderall, or drive distracted while checking social media on their phones.

Teen peer pressure + immature teen brain = disaster potential.

As parents, you do have some power to prevent disaster. You can teach your teens the tools you have acquired through the years to help them consider all potential consequences of their actions.

Here are some ways parents can teach:

- Tell kids to pause first before playing any game. Think “What is the worst that can happen if I play the game, win or lose?” If the worst case scenario is severe injury or death, DON’T PLAY THE GAME. Remember that kids feel invincible.
- Teach directly by allowing kids to take small risks. Like we’ve said before, hold tight, but remember to let go. If your child chooses not to study for a test in school, then let them fail the test. However, make sure they study for the final exam.
- Teach indirectly through anecdotes, either from your own childhood or events you hear about. For example, your kids might not consider that the beach they visit with you every summer can hold danger. Tell them about the family I know who lost their teen to drowning while swimming too far and was caught in a riptide on an unguarded beach.
- Teach kids that you cannot always save them. You cannot magically can save them if they get hit by traffic on a dare.
- Know where your kid and your kid’s friends are developmentally and supervise accordingly. Volunteer to host the gatherings where a game may occur. Hint: Go down into the basement often with food-the kids will be happy to see you and you can be a better spy.
- Keep ’em busy so that they do not play risky games simply out of boredom.
- Give your kid a way out of an uncomfortable situation. Let them know they can always say, “I can’t, my parents would kill me.”

Unfortunately life is not all fun and games. Remind your kids that playing Monopoly or video games is not the same as taking real life risks.

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# Coughing out germs? Natural remedies for kids



“coughing out germs”

Recently a 6-year-old patient handed me this drawing of “a person coughing out germs.”

The artwork reminds us that a cough can be a good thing. A cough dislodges mucus from the airway and can help prevent pneumonia.

However, coughs can spread germs and make kids feel plenty uncomfortable. And, frustrating for parents, many over-the-

counter medicines are not recommended for kids.

Looking for natural remedies for kids? Look no further than your kitchen.

Julie Kardos, MD and Naline Lai, MD

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**Non-screen based holiday gift ideas for children of all ages**





Holiday gift ideas!

From toddlers to teens, use of tablets, smart phones, and game systems abound. With Black Friday fast approaching, it's easy to run out of non-screen based holiday gift ideas.

In our gift ideas post, we suggest presents for children of all ages, from newborn to teen. You'll find non-screen based fun gifts to encourage your children's motor, intellectual, and emotional growth.

If you really run out of ideas even after reading the post, you can just wrap random objects in layers of wrapping paper and have your children unwrap them. Maybe it'll be as intriguing to your kids in real life as on YouTube.

Happy shopping!

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