

Money Saving Pediatric Hacks

We know how it's easy to spend money on the kids- just wait until they are old enough to get Venmo. Here are some money saving tips for parents to save a little dough and put that saving towards the next family vacation and orthodontia!

Julie Kardos, MD and Naline Lai, MD

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Protection against severe RSV-we finally have it!

protection for babies against severe RSV

Why Won't My One-year-old Eat?



Photo by Karolina Grabowska on Pexels.com

Remember when feeding your baby was fun? They way he opened his mouth like a baby bird when you fed him oatmeal. They way she thumped her hands on the high chair tray waiting for another bite of mashed bananas. It was hard not to laugh as your nine-month-old slowly picked up each piece of pancake and chewed thoughtfully, or the way your eleven-month-old, covered in tomato sauce, double fist-ed a messy meal of cut up meatballs and elbow noodles. And then they turned one. You call your pediatrician and search the internet to ask, why won't my one-year-old eat?

Maybe they actually did not stop eating entirely, but instead of the serene or comic meals you used to enjoy with your baby in the high chair, you now have a one-year-old who deliberately deposits each pea off of the high chair tray and onto the floor, smooshes their potatoes all over the plate, or thrashes like a chained-up wild beast to escape their high chair. You fluster, you offer other previously enjoyed foods, you become convinced they will starve, you offer a cookie, you

offer more milk, you cry.

Let us reassure you: your one-year-old most likely is acting in a normal and predictable way. In this post, we explain why many one-year-olds seem to stop eating, and how to handle your suddenly picky, food-averse one-year-old.

Recall that we pediatricians expected your newborn to gain one pound every other week. In contrast, we expect your one-year-old to gain one pound every THREE MONTHS! Your baby is now growing at a slower rate. Correspondingly, their appetites slow down.

Have you heard the saying, “Hunger is the best sauce?” The way to help your one-year-old to eat, and to avoid disordered eating, is to allow them to feel hungry. Typical toddler appetites vary from day to day. Some days they eat as much as you, and sometimes they subsist on air! Most of them thrive anyway. One reason you have pediatrician visits every 3 months with your one-year-old is to be sure they gain weight appropriately.

Here are some Do’s and Don’ts:

- DO offer the same structured meal times that you had as a child: breakfast, lunch, dinner, and one or two snacks a day. That’s plenty of opportunity to eat.
- DO make mealtime enjoyable. Gather your family together to eat as often as you can. Talk about the day, joke a bit, serve whatever you are eating as long as there are no choking hazards. To avoid frustration, include at least one item – fruit, veggie, protein, carb, or dairy- that you are fairly sure your child will eat.
- DO serve bite sized food in small portions and allow your child to ask for more.

- DO allow your child to enjoy your company while you enjoy theirs, *even if your child eats nothing*. Respect their short attention span and allow them to go play after a few minutes of not eating anything. They can play on the floor near you while you finish your meal.
- Most importantly, DO pretend that you feel fine if they eat and fine if they don't eat. Of course you will care, but your only job is to present healthy food. It is your child's job to decide if they will eat and how much they will eat.

- Avoid letting your child graze from a bottle, breasts, or sippy cup all day. Sucking fluid is a habit. Drinking from a cup at mealtime satisfies thirst. Filling a small toddler belly with fluid all day wards off hunger and almost guarantees that your child will have no room for actual food at meal time.
- Likewise, giving food as a reward or as an activity between meals and snack times will also fill them up before it's time to actually eat.
- Avoid chasing them with food as they play or offering food while they watch a video. While this might work for a brief time, ultimately it does not improve their eating. Instead, it teaches them to eat *for you* or *for the video*, but not *for hunger*. This practice can lead to disordered eating patterns.
- Avoid feeding them or nursing them in the middle of the night. If you feed them anything substantial, you fill their bellies and they may not be hungry for breakfast in the morning. Besides, you wouldn't drink something in the middle of the night without brushing your teeth. Do the same for your child.
- Avoid too many choices. Offer the foods you have already prepared for the rest of the family, and leave the choice of "to eat or not to eat" to your toddler.

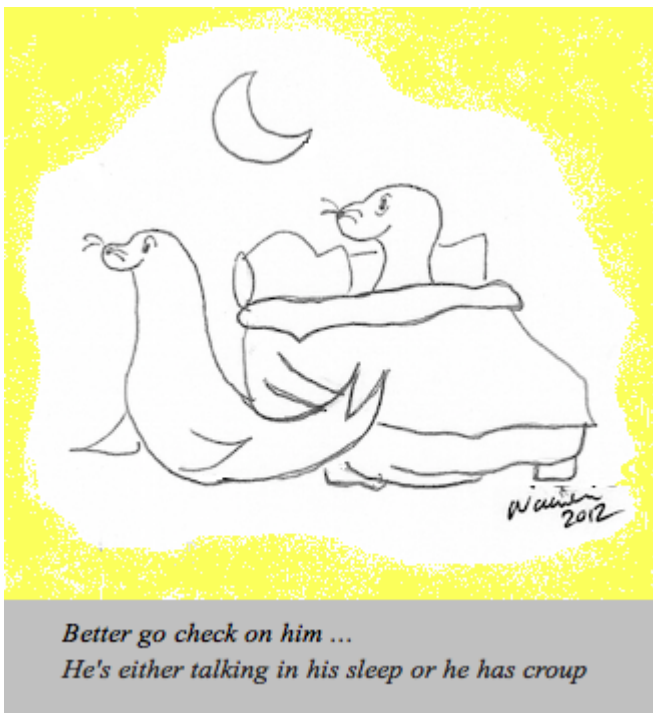
We invite you to read more about how to outwit, outplay, and outlast **picky eaters** here.

Read about many aspects of **one-year-old development**, including food refusal, here.

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Croup



Croup is an often-surprising middle-of-the-night malady that produces a barky seal-like cough in children who seemed just fine at bedtime.

Any virus that causes cold-like symptoms of runny nose, cough, runny eyes, and sometimes fever, can also cause croup. Think parainfluenza, influenza (flu), RSV, adenovirus, rhinovirus, and now Covid-19. Any of these viruses can land in a child's

larynx, or voice box, and cause hoarseness, barky cough, and a weird guttural sound on breathing inward, called “stridor.” Croup is the name we give the constellation of symptoms, not the name of the virus that causes it.

An adult with the same exact illness would sound hoarse, but would likely not have the strange barky cough or noisy breathing.

We have a great podcast on this subject, but for those who prefer to read medical advice, please read on.

Ways to help your child when they wake up with croup

Stay calm. Children are frightened when they wake up coughing and find it hard to take in a deep breath. Parents are often frightened too. Even if you are worried, exude calmness in order to help your child settle down.

Create a rain-forest like environment. Go into the bathroom, run a hot shower, and hunker down with a book to read to your child. The steam helps shrink the uncomfortable swelling in the voice box. Wait for about 15 minutes for the barky cough and the harsh guttural breathing to subside.

You can also recreate a misty environment by cranking a humidifier in your child’s bedroom. To avoid the risk of burns, we recommend a cool mist humidifier, not a hot water vaporizer. The temperature of the mist does not matter; it is the mist itself that children with croup find soothing.

Go outside with your child. Wrap them in a blanket and head into the cool night air. This trick works as well as the steamy environment trick. Each winter we hear of our patients

with croup who's parents put them into the car to drive to the nearest Emergency Department, only to find that by the time they arrive, their child's croupy cough and noisy breathing have resolved.

Treat any sore throat pain. Offer your child acetaminophen (brand name Tylenol) or ibuprofen (brand names Motrin, Advil) because easing the pain calms your child with croup and helps them to breathe easier.

When to take your child with croup to the emergency department

Most children with croup can be managed at home, but some need extra medical care. Head to the nearest emergency department or call 911 if your child has these symptoms:

- **Turns blue or pale with coughing.** Turning red is ok, but turning blue or pale means your child needs oxygen therapy.
- **Is unable to swallow, drools uncontrollably, refuses to drink.**
- **Has labored breathing.** See this link for example of what this can look like. If you see your child's chest or belly moving in and out with every breath, you see your child's ribs with breathing, you see their nostrils flare with every breath, or you hear that guttural noise (stridor) with every breath inward even if your child is calm, then your child needs emergent medical care
- **Shows a change in mental state.** If your child fails to recognize you, seems too lethargic to respond appropriately to your care, or your "parent instinct" tells you something is wrong with your child's thinking, they may need emergent care.

Strangely, a scary night of croup can be followed by a calmer day. Your markedly improved child may show merely some mild

hoarseness or mild stuffy nose. Be aware that your child might have another night or two of croup symptoms, even after they barely cough during the day. So make sure your child and you take a nap in preparation for another possible rough night.

When to expect improvement

Most children with croup improve after two or three nights. Then, they develop more classic “cold” symptoms of runny nose and more “normal” sounding cough. Because Covid-19 virus is becoming a more common cause of croup, have your child tested so you know how long they need to stay home from school or daycare.

Talk to your child’s pediatrician if your child’s seal-like barky cough or cold symptoms last more than a week without improvement. Call sooner if your child seems to worsen or you have further concerns about your child. Know that some children are “Croupers” and tend to get the same croup symptoms with almost any cold virus. But take heart, even the croupers will be less croupy over time. It’s fairly uncommon to see a grade-school aged child with croup. Until then, you never know when you’ll hear a little seal in the middle of the night.

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How to start baby food



Back by popular demand: how to start baby food! Enjoy our podcast and learn when to feed, how to feed, and what to feed your hungry baby when they join you at the family table.

You can also listen to our podcasts here, as well as on any major streaming service.

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Does your baby have a white tongue? Think Thrush



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White curds that don't wipe off can be indicative of thrush. You find cottage cheese like curds coating the inside of your baby's tongue and inner cheeks and try to wipe them off to no avail. It's not breast milk, not formula. It's thrush.

Thrush, fancy medical name Oral Candidiasis, is caused by an overgrowth of yeast, called Candida. Although not painful, it may cause discomfort akin to having a film of cotton coating the inside the mouth.

We ALL have yeast, which is a type of fungus, on our bodies. Usually we have enough bacteria on our bodies to suppress the growth of yeast, but in cases when there is less than usual bacteria present such as in young babies or in kids who are on antibiotics, Candida can emerge. For older kids using inhaled steroids for asthma, failure to rinse out the mouth after medication use also promotes an environment conducive to thrush.

Treatment

To treat thrush, doctors usually prescribe oral Nystatin, an anti-fungal/anti-yeast medication, which works topically. Parents apply the medicine to the inside of the baby's mouth after feedings four times per day. Use Nystatin until thrush is no longer visible for 48 hours. A course usually takes one to two weeks to complete. An oral medication called fluconazole (brand name Diflucan) may also be prescribed.

Watch out. Candida may also be thriving on mom's breasts or on pacifiers or bottle nipples. Mothers can apply the same medicine to their breasts after breast feeding. Scrub pacifiers, bottle nipples, and any other object that goes in to a baby's mouth extra well with hot water and soap. Or, you can use the dishwasher to wash away the Candida.

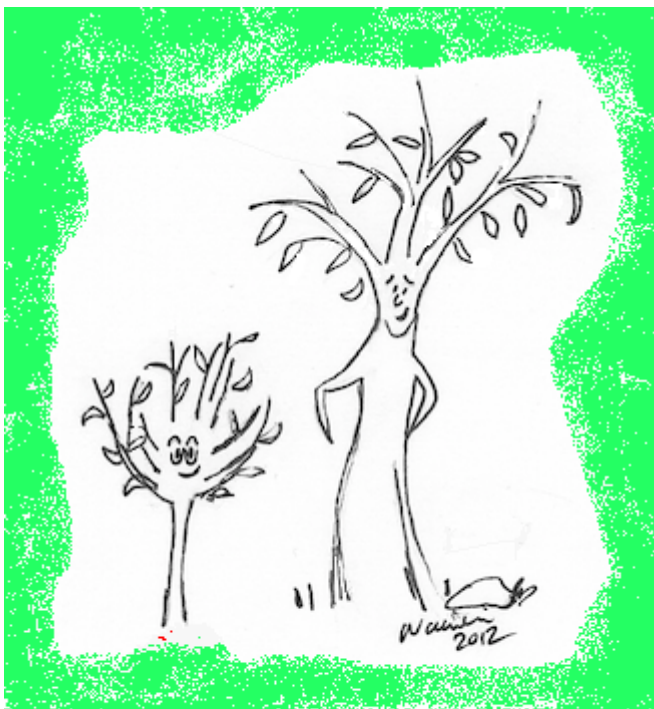
Thrush that persists despite proper treatment can signal an immune system problem. So if your child's thrush is not resolving in the expected time, let your child's health care provider know.

Does yeast cause infections elsewhere?

If you are a female who is familiar with vaginal yeast infections, you may wonder if the same organism causes both thrush and yeast infections. Yes, it is the same organism. But don't have any mom-guilt. You did not cause the thrush. Yeast tends to thrive in wet moist areas such as the diaper area, mouth and even the neck folds of drooling babies.

A newborn's tongue may always look slightly white. This "coated tongue" in young babies could be residual breast milk or formula and does not need treatment. Even if there is a little residual yeast, remember that yeast is just a part of our microbiome along with all the other wonderful microscopic organisms that call human bodies their home. If you are unsure, your baby's health care provider's door is always open. They will be happy to take a peek.

High calorie foods for underweight children



You need to eat more. You look like a stick!

Your child's pediatrician charts your child's height and weight in order to determine whether he is growing appropriately. Some kids are underweight. These kids use more calories than they take in.

Here are ways to increase calories. Remember, it's not as simple as demanding that your child eat more of her noodles. Instead of trying to stuff more food into your child, increase the caloric umph behind each meal.

Make every bite count:

- Mix baby cereal with breast milk or formula, not juice or water.
- After weaning from formula or breast milk at a year of age, give whole milk until two years, longer if your pediatrician recommends this. Cow's milk has more calories than rice, oat, or nut milks.
- Add Carnation Breakfast Essentials to milk.
- Add Smart Balance, butter, or olive oil to cooked vegetables, pasta, rice, and hot cereal.
- Dip fruit into whole milk yogurt
- Dip vegetables into cheese sauce or ranch dressing
- Offer avocado and banana over less caloric fruits such as grapes (which contain only one calorie per grape).
- Cream cheese is full of calories and flavor: smear some on raw veggies, whole wheat crackers, or add some to a jelly sandwich.
- Peanut butter and other nut-butters are great ways to add calories as well as protein to crackers, sandwiches, and cereal.
- If your child is old enough to eat nuts without choking (as least 3 years), a snack of nuts provides more calories and nutrition than crackers.
- For your older child, feed hardy "home style foods." Give mac 'n cheese instead of pasta with tomato sauce.
- In general, any form of meat (chicken, fish, or other meat) is more calorically dense than most other foods.
- Mix granola into yogurt.
- Give a hard boiled egg or pieces of cheese as a snack.
- For those who don't like plain egg, try French toast!
- Give milkshakes in place of milk (no raw eggs!).
- Choose a muffin over a piece of toast.
- Butter their waffles and pancakes before serving.

Have your child's pediatrician exclude medical reasons of poor weight gain with a thorough history and physical exam before you assume poor weight gain is from low caloric intake.

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Vaccinate your children during the COVID-19 pandemic



Photo by Lexi Logan

Social distancing? Take the time to immunize

Parents are calling us and asking to cancel their well baby visits to the pediatrician. Tempted to cancel? Think again. **If families allow their babies to get behind on their vaccines, we will risk other epidemics.** It is important to vaccinate your children during the COVID-19 pandemic.

Before vaccines, babies died of polio, bacterial meningitis, pneumonia, blood infections, measles, and whooping cough. All of these infections are contagious. Babies need to stay on track to get immunized against these potentially lethal illnesses.

Vaccine preventable illnesses such as polio are still alive in the memories of those now experiencing the COVID-19 pandemic. Pictured to the right is a photo of members of Dr. Lai's family. Great-Uncle Holloway, with the broken arm, and his cousin Billy were slated to go swimming soon after the photo was taken. Cousin Billy went, was exposed to polio at the pool, and died shortly after. In a twist of luck, Great-Uncle Holloway was spared because he had broken his arm and thus did not go to the crowded swimming pool that day.



Billy (L) and Holloway (R) in the 1930's

We understand your fear of leaving home with your baby. We know that some families have difficulty obtaining transportation. But we know also that vaccine preventable illnesses are MUCH more dangerous than COVID-19 for our youngest children.

One day socially distancing will end, and on that day, babies will be more vulnerable to vaccine preventable illness. We cannot possibly catch up every single baby on our first day out of isolation. It is far better to keep your babies up to date on vaccines all along.

In the US, our American Academy of Pediatrics strongly urges pediatricians to continue to vaccinate our infants and younger children on time.

Pediatricians across the country, and the world, are adjusting how they see patients in their offices in order to protect their patients, as well as themselves, from acquiring COVID-19 in their offices. Ask what steps your baby's doctor is taking to provide extra protection for your family.

Vaccines not only protect your own children, but they also protect everyone around them. Remember that some babies with immune system disease or other underlying medical reasons cannot receive some vaccines. Immunizing your child can protect these children as well as themselves.

We cannot stress more how important it is to vaccinate your children during the COVID-19 pandemic. Please share this post with anyone you know that has young children, especially babies, who are due for vaccines.

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Afraid of a tantrum? How to set limits for your child



Has your toddler ever pulled off your glasses and thrown them? Slapped another toddler at the playground? Bitten their brother? Run off in a store and ignored you when you called? Are you afraid to set limits for your child because you fear the tantrum that may result?

Yes, toddlers are cute, but left to their own devices, they grow into the school bully, the family bully, or worse yet, they don't listen to an adult and run into the street in front of a car.

Unbeknownst to you, you probably started to set limits for your child as early as 6 months of age.

If you breastfed, you may remember this scenario: you were breastfeeding your 6-month-old when they suddenly bit you very hard with their new tooth.

Did you continue to breastfeed calmly and ignore the mind numbing agony? Did you say in a sweet sing-song voice, "Honey, biting hurts Mommy. Mommy does not like being hurt. Please do not do that again?"

If you are like Dr. Kardos and Dr. Lai, you did not have time to say any of the above, because you were suddenly in PAIN. You likely removed your baby from your breast immediately and yelled, "OW!" Your baby (like each of ours) may have cried (howled) from surprise. However, your baby probably never bit you again while breast feeding!

Fast forward to the present and imagine you are holding your 16 month old and they hit, bite, pinch, pull your hair, or pull off your glasses. Maybe they were angry, but equally possible they may have been simply excited. Even though you know they are not purposefully hurting you, it is important to stop this behavior. Say in a firm voice: "No hitting!" and put them down.

This is time-out.

Time-out does not have to be spent on a chair in the corner of the room. Time-out is not a terrible punishment. Just like in sports, it is a **pause in the play**. By giving a time-out, your child learns that they do not get more attention for mean or aggressive behaviors, but less attention. As a variation, you can time-out a toy.

What if your baby starts crying on the floor? Give them a

minute to recover. Remember that time-out lasts one minute per year of age. For your 16 month old, time-out will last one minute. At two years, time out will last two minutes. When time-out is complete, offer comfort. If they repeat the behavior, put them back down again.

Your goal, when you set limits for your child, is to stop a behavior that can hurt them or hurt others.

More tips on how to set limits:

Praise them specifically at every opportunity.

For example, "Good job putting your toys back into the box," or "I like how you remembered to take my hand when we cross the street," or "I like how you sit in your chair at dinner instead of standing up." You will be amazed at how often children repeat desired behaviors that you point out to them.

Follow through on your requests.

If your toddler got a hold of a pair of scissors, you would take those scissors away immediately, without thought or fear about their feelings. You would put your child's immediate safety ahead of their desire to play with scissors, and you would not stop to explain why they should give up this new-found plaything. Likewise, if you tell your child to come to you for any reason, be ready to physically go and lead them if they choose to ignore you. For instance, at a party, wait to tell them to come until you are ready to go. Otherwise they will learn that you "cry wolf" and will ignore you.

Make consequences logical and immediate for undesirable behaviors.

If your child throws a toy train at his friend's house, say

“No throwing trains!” and take the train away for a time-out. Telling them that “you are in trouble when we get home” means nothing to a toddler.

Refrain from explaining too much.

Toddlers have a TINY attention span. Just give them a command or an explanation that is 3-4 words or less. For example, “No hitting, it hurts!” is enough. Telling them that hitting hurts others, asking how would they like to be hit and telling them about the need to be kind, is wasted effort. The time for longer explanations is when they are developmentally capable of putting themselves in another’s shoes, around age six years for most children.

Label the behavior as bad, not the child.

Say “No throwing sand!” not “You are bad for throwing sand!”

Remember to set expectations and teach which behaviors are not acceptable.

Toddlers are not mind-readers. You need to tell them not to open the trash can and rummage through it, otherwise they will not know any better.

Seize the opportunity to turn a negative behavior into a positive behavior.

For instance, as you see your child raise their hand to hit you, firmly hold their wrist and say “Don’t hit. Soft touches,” and simultaneously bring their hand to pat your cheek. This will give you a chance to praise your child.

Do not fear the tantrum.

Toddler tantrums are NORMAL reactions to feeling angry or frustrated. Many toddlers throw tantrums in response to your

telling them “no” or “stop.” It is not fair to expect toddlers not to throw tantrums. Just put on your bored face (and some ear plugs) and wait for it to be over.

If a tantrum immediately occurs, remind yourself that at least you stopped your child from hurting themselves or others. Tantrums don't hurt anyone. You can read more about how to manage tantrums [here](#).

Set limits for your child.

When you set limits for your child, you teach them to behave in ways that will keep them and others safe. Act confidently when you set limits, and your child will learn to interact appropriately with others and gain self-control.

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How to treat eczema or atopic dermatitis



Photo by Uschi Dugulin, Pixabay

It's pretty annoying to be itchy. Dr. Lai fondly called her itchy oldest child with eczema "itchy, bitty, spider," or some variant of that, for much of her daughter's childhood. Fortunately, for your kids with sensitive skin, dermatologist Teresa S. Wright, MD joins us today with tips for how to treat eczema or atopic dermatitis—Drs. Kardos and Lai

Has your child been diagnosed with eczema? Eczema is a general term that refers to a group of skin conditions characterized by itchy red rashes. The term "eczema" often refers to a skin condition known as atopic dermatitis. Atopic dermatitis may occur in association with allergies and/or asthma and the rash tends to come and go. Common triggers include illness, stress, and changes in the weather or temperature. The cause of atopic dermatitis is not well understood. However, most children with atopic dermatitis tend to have very dry, sensitive skin. Atopic dermatitis cannot be cured, but it can be controlled. Most children with atopic dermatitis gradually improve and many will outgrow it over time. In order to control the rash, a proper daily skin care regimen is extremely important.

Skin care regimen to treat eczema

A daily bath or shower is recommended. It is a common myth that daily bathing “dries out” the skin. This is not true. Bathing puts moisture in the skin and removes irritants and germs. However, the bath or shower should be short (less than 10 minutes) and not too hot. Cleanser should be gentle, fragrance-free, and dye-free. Dove™ for Sensitive Skin or Aveeno™ fragrance-free cleanser are good choices. After bathing, pat the skin dry with a soft cotton towel and apply a heavy bland moisturizer to all skin to seal in the moisture.

The type of moisturizer you select is very important. It is best to use an ointment (like plain unscented Vaseline™ or Aquaphor™) or a heavy cream (like Vanicream™, CeraVe™ cream, Cetaphil™ cream, or Aveeno™ Baby Eczema Therapy Moisturizing cream, to name a few). Lotions are poor choices because they tend to contain more preservatives and ingredients that can sting open skin or cause irritation.



Apply moisturizer to the skin at least twice daily, but more often if the child’s skin is unusually dry or the eczema is severe. Apply topical medications sparingly to the affected areas prior to the application of moisturizer. I recommend applying topical medications twice daily, but you should follow the instructions given by your child’s doctor. It is very important that medications are applied only to areas of active eczema and never to normal skin. Apply moisturizer to all skin, including over the areas where you already applied medication.

This time of year, parents ask if swimming is okay for children with atopic dermatitis. **In general, swimming should not be a problem for children with atopic dermatitis. In fact, some children improve dramatically with regular swimming.**

Improvement may be due to the effect of chlorine. Chlorine causes a decrease in the skin residing germs that can play a role in triggering eczema flares. However, chlorinated water can be very drying to the skin, so rinse the skin thoroughly and apply a generous layer of a heavy moisturizer as soon as possible after swimming. For most children, taking these steps prevents significant flares of swimming related atopic dermatitis.

In my practice, I see many children with eczema every day. I understand how challenging and frustrating this condition can be for parents. The recommendations I outlined here are often very helpful and I sincerely hope they will help you control your child's eczema.

Teresa S. Wright, MD

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Dr. Teresa S. Wright is a board-certified pediatric dermatologist in Memphis, TN, and is Division Chief of Pediatric Dermatology at LeBonheur Children's Hospital and Associate Professor of Dermatology at the University of Tennessee Health Science Center. She has particular interests in atopic dermatitis, vascular birthmarks, and pigmented skin lesions.