Guide to traveling with young children for the holidays

In spite of the long TSA lines, rental car challenges and all the howling, the wolf family made sure they got to grandmother's house every year.

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

If you are flying, refrain from offering Benadryl (diphenhydramine) as a way of "insuring" sleep during a flight. Kids can have paradoxical reactions and become hyper

instead of sleepy, and even if they do become sleepy, the added stimulation of flying can combine to produce an ornery, sleepy, tantrum-prone kid. Usually the drone of the plane is enough to sooth kids into slumber.

Know also that **not all kids develop ear pain on planes as they descend-** some sleep right through landing. However, if needed you can offer pacifiers, bottles, drinks, or healthy snacks during take-off and landing because swallowing may help prevent pressure buildup and thus discomfort in the ears. And yes, it is okay to fly with an ear infection.

Before you travel, identify the nearest children's hospital, urgent care center, or pediatrician who is willing to see out-of-town new patients, so that if your child becomes ill enough to need medical care while you are away from home, you will already know where to go.

Traveling 400 miles away from home to spend a few days with close family and/or friends is not the time to solve your child's chronic problems. Let's say you have a child who is a poor sleeper and climbs into your bed every night at home. Knowing that even the best of sleepers often have difficulty sleeping in a new environment, just take your "bad sleeper" into your bed at bedtime and avoid your usual home routine of waking up every hour to walk her back into her room. Similarly, if you have a picky eater, pack her favorite portable meal as a backup for fancy dinners. One exception about problem solving to consider is when you are trying to say bye-bye to the binkie or pacifier.

Supervise your child's eating and do not allow your child to overeat while you catch up with a distant relative or friend. Ginger-bread house vomit is DISGUSTING, as Dr. Kardos found out first-hand when one of her children ate too much of the beautiful and generously-sized ginger bread house for dessert.

Speaking of food, **a good idea is to give your children a**

wholesome, healthy meal at home, or at your "home base," before going to a holiday party that will be filled with food that will be foreign to your children. Hunger fuels tantrums so make sure his appetite needs are met. Then, you also won't feel guilty letting him eat sweets at a party because he already ate healthy foods earlier in the day.

If you have a young baby, **take care to avoid losing control of your ability to protect your baby from germs.** Well-meaning family members love passing infants from person to person, smothering them with kisses along the way. Unfortunately, nose-to-nose kisses may spread cold and flu viruses along with holiday cheer.

On the flip side, there are some family events, such as having your 95-year-old great-grandfather meet your baby for the first time, that are once-in-a-lifetime. **So while you should be cautious on behalf of your child, ultimately, heed your heart**. At six weeks old, Dr. Lai's baby traveled several hours to see her grandfather in a hospital after he had a heart attack. Dr. Lai likes to think it made her father-in-law's recovery go more smoothly.

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

Sometimes you have to remember that **once you have children, their needs come before yours**. Although you eagerly anticipated a holiday reunion, your child may be too young to

appreciate it for more than a couple of hours . An ill, overtired child makes everyone miserable. If your child has an illness, is tired, won't use the unfamiliar bathroom, has eaten too many cookies and has a belly ache, or is in general crying, clingy, and miserable despite your best efforts, just leave the party. You can console yourself that when your child is older his actions at that gathering will be the impetus for family legends, or at least will make for a funny story.

Enjoy your CHILD's perspective of holidays: enjoy his pride in learning new customs, his enthusiasm for opening gifts, his joy in playing with cousins he seldom sees, his excitement in reading holiday books, and his happiness as he spends extra time with you, his parents.

We wish you all the best this holiday season!

Julie Kardos, MD and Naline Lai, MD

Updated from our 2009, 2014, and 2015 articles on these topics

---

A bummer: best ways to treat diaper rash

Bummed about diaper rash? Despite what your grandmother says, teething is not the underlying cause of diaper rash. The underlying cause of all diaper rash is, well…the diaper! Whether your baby wears cloth or plastic diapers, the first treatment for diaper rash is to *take the diaper off*.

Yuck, you say? We agree. This first treatment isn't practical. Fortunately there are other ways to combat these common diaper rashes:

Contact rash

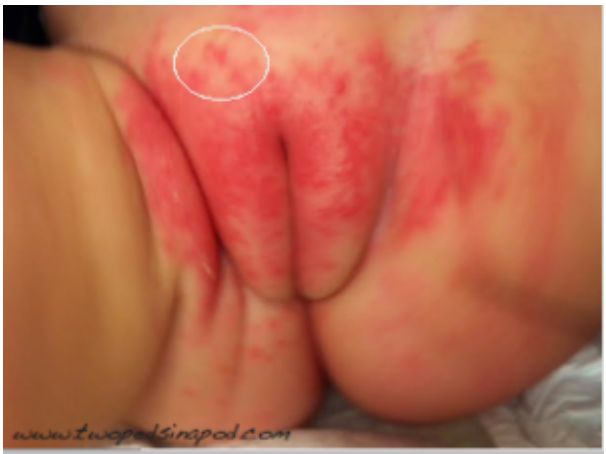
This diaper rash appears as patches of red, dry, irritated skin. Poop smooshed against a baby's sensitive skin is the main source of irritation for this type of rash. Contact rash is often accentuated where the elastic part of a plastic

diaper rubs against the skin. Experiment to see if one brand of disposable diapers causes more irritation than others or if the detergent used for a cloth diaper is the culprit. Even the soap on a wipe or the friction from scrubbing off poop can exacerbate a contact rash.

Treatment: If you see a rash, use a soft, wet cloth with a gentle moisturizing soap to clean off poop or splash water gently on your baby's bottom. Try to avoid rubbing an already irritated bottom—splash and dab, don't scrub. Grab a water bottle with a sports top and fill it with warm water to squirt on raw skin. Even better, grab mom's squirty-bottle that she used right after delivery for cleaning, and use that to avoid rubbing baby's bottom.

Just urine in the diaper? Just pat or fan dry the bottom and change the diaper. Don't bother to wipe all of the urine off. After all, urea, a component of urine, is used in hand creams. In addition, after every diaper change apply a barrier cream (one containing zinc oxide or petroleum jelly) to prevent your baby's skin from coming into contact with the next round of irritants.

Yeast rash



Yeast diaper rash (Candida)- note the surrounding satellite bumps.

This rash is caused by a type of yeast called Candida. The rash typically looks beefy red on the labia or the scrotum. "Satellite lesions" or tiny red bumps surround the beefy red

central rash. Babies on antibiotics are particularly susceptible to candidal rashes. Yeast love warm, wet, dark environments so remove the diaper as much as possible to create a cool, dry, light environment.

Treatment: Since yeasts are a type of fungus, yeast rashes respond to antifungal creams. Examples are clotrimazole (sold over the counter as Lotrimin in the anti-foot fungus aisle of your pharmacy) and nystatin (prescription). Anytime you use a medicated cream, remember to put a barrier protection on top to prevent contact irritation. Treatment can take as long as 2-3 weeks. Even if the yeast rash disappears within less than two weeks, to insure the yeast stays away, treat for a couple days afterwards.

Pimples

Sometimes you will see a pimple, or a several pimples, in the diaper area . Pimples that look like they have pus inside of them are usually caused by overgrowth of bacteria that live on the skin or around poop. Sometimes a tiny pimple transforms into a boil, or abscess. Suspect an abscess when a pimple grows, reddens, and becomes tender.

Treatment: In addition to usual washing poop off with soap and water, apply an over-the-counter topical antibiotic cream or ointment to the pimples with diaper changes. Soak your baby's bottom in a bath a couple of times a day in warm water. If you suspect a boil or abscess, take your baby to her doctor who may drain the infection and/or prescribe a prescription topical or oral antibiotic.

Eczema

If your baby has red, dry, itchy patches on her body she may have eczema. This eczema may appear anywhere… including in the diaper area.

Treatment: In addition to applying barrier creams, treat

eczema in the diaper area with hydrocortisone 1% ointment four times daily for up to one week.

Viral- Viruses such as molluscum contagiosum may cause flesh colored bumps in the diaper area. Other viruses, like the ones which cause hand-foot-mouth disease, may cause red bumps in the diaper area. Be suspicious of hand-foot-mouth disease if your see red bumps on your child's hands and feet as well as sores in her mouth.

Reasons to bring your child to her doctor: If you are unsure of the cause or treatment for your baby's diaper rash, then it's time to call your pediatrician. Don't worry… no one will think you are acting rashly.

Julie Kardos, MD and Naline Lai, MD

Flu vaccine myth busters

Ben's runny nose, as depicted by Ben

The good news is that there was only a smattering of influenza (flu) cases across the United States over the summer. The great news is that according to the Centers for Disease Control, most of the detected strains are covered in this year's vaccine.

If you're still hesitant to vaccinate your family, let's talk frankly about some myths we sometimes hear about flu vaccines:

If my friend's child has flu symptoms, I'll just avoid their house to avoid catching the flu
False. According to the CDC , you are infectious the day before symptoms show up. So it is TOO LATE to avoid only those already sick.

My family never gets the flu so it's not necessary to get the vaccine.
False and dangerous. Saying "My child and I have never had the flu so we don't need the flu vaccine" is like saying, "I've never a car accident so I won't wear my seat belt."

I got the flu shot last year and then I got sick. So the flu shot must have made me sick.
Our condolences. True, you were sick. **But this statement is False,** because the illness was not caused by the flu vaccine. Vaccines are not real germs, so you can't "get" a disease from the vaccine. But to your body, vaccine proteins appear very similar to real germs and your immune system will respond by making protection against the fake vaccine germ. When the real germ comes along, pow, your body already has the protection to fend off the real disease.

It is important to realize that the vaccine takes about 2 weeks to take effect in your body. So, if you were unlucky enough to be exposed to someone with the flu and then got the vaccine the next day, you still have a good chance of coming down with the flu. Unfortunately, the vaccine will not have had a chance to work yet.

Please know, however, there is a chance that for a couple days after a vaccine, you will ache and have a mild fever. The reason? Your immune system is simply revving up. But no, the flu vaccine does not give you the flu.

No one dies from the flu anymore, do they? Flu is just not that dangerous, so my child does not need a flu shot. I will just take my chances with flu.

False! A total of 107 influenza-associated pediatric deaths were reported for the 2016-2017 season. In past seasons up to 90% of children who died from flu did not receive a flu vaccine. So please, vaccinate yourself and your children.

The vaccine coverage is awful.
Not the case this year. On the other hand, even if coverage was spotty, look at it this way– if half of the flu out there was covered, that's a lot fewer people that won't give your kid the flu.

Naline Lai, MD and Julie Kardos, MD

rev Oct. 10, 2017 see comments

The Scoop on Poop: back by popular demand!

Admit it.

Before you became a parent, you never really gave much thought to other people's poop.

Now you are captivated and can even discuss it over meal time: your child's poop with its changing colors and consistency. Your vocabulary for poop has likely also changed. Before your baby's birth, you probably used some grown-up word like "bowel movement" or "stool" or perhaps some "R" rated term not appropriate to this pediatric site.

We pediatricians have many conversations with new parents, and some not-so-new parents, about poop. Mostly this topic is of great interest to parents with newborns, but this issue come out at other milestones in a child's life, namely when starting solid foods and during potty training.

Poop comes in three basic colors that are all equal signs of normal health: **brown, yellow, and green.** Newborn stool, while typically yellow and mustard like, can occasionally come out in the two other colors, even if what goes in, namely breast milk or formula, stays the same. The color change is more a reflection of how long the milk takes to pass through the intestines and how much bile acid gets mixed in with the developing poop.

Bad colors of poop are: red (blood), white (complete absence of color), and tarry black. Only the first stool that babies pass on the first day of life, called meconium, is always tarry black and is normal. At any other time of life, black tarry stools are abnormal and are a sign of potential internal bleeding. You should always discuss with your child's doctor black poop, blood in poop (this is not normal), and white poop (which could indicate a liver problem).

Normal pooping behavior for a newborn can be grunting, turning red, crying, and generally appearing as if an explosion is about to occur. As long as what comes out after all this

effort is a soft (normal poop should always be soft), then this behavior is normal. Other babies poop effortlessly and this, too, is normal.

Besides its color, another topic of intense fascination to many parents is the **frequency and consistency** of poop. This aspect is often tied in with questions about diarrhea and constipation. Here is the scoop:

It is normal for newborns to poop during or after every feeding, although not all babies go this often. This means that if your baby feeds 8-12 times a day, then she can have 8-12 poops a day. One reason that newborns are seen every few weeks in the pediatric office is to check that they are gaining weight normally. Good weight gain means that calories taken in are enough for growth and are not just being pooped out. While normal poop can be very soft and mushy, diarrhea is watery and prevents normal weight gain.

After the first few weeks of life, a **change in pooping frequency** can occur. Some formula fed babies will continue their frequent pooping while others decrease to once a day or even once every 2-3 days. Some breastfed babies actually decrease their poop frequency to once a week! These babies' guts digest breast milk so efficiently that they are left with little waste product.

As long as these less-frequently-pooping babies are feeding well, not vomiting, acting well, have soft bellies rather than hard, distended bellies, and are growing normally, then parents and other caregivers can enjoy the less frequent diaper changes. Urine frequency should remain the same (at least 6 wet diapers every 24 hours, on average) and is a sign that your baby is adequately hydrated. Again, as long as what comes out in the end is soft, then your baby is not "constipated" but rather has "decreased poop frequency."

True constipation is poop that is hard and comes out as either

small hard pellets or a large hard mass. These poops are often painful to pass and can cause small tears in the anus. You should discuss true constipation with your child's health care provider. A typical remedy, assuming that everything else about your baby is okay, is adding a bit of prune or apple juice, generally ½ to 1 ounce, to the formula bottle once or twice daily. True constipation in general is more common in formula-fed babies than breastfed babies.

Adding solid foods generally causes poop to become more firm or formed, but not always. It DOES always cause more odor and can also add color. Dr. Kardos still remembers her surprise over her eldest's first "sweet potato poop" as she and her husband asked each other, "Will you look at that? Isn't this exactly how it looked when he ATE it?" If constipation, meaning hard stools that are painful to pass, occurs during solid food introductions, you can usually help soften up the poop by giving more prunes and oatmeal and less rice and bananas.

Potty training can trigger constipation resulting from poop withholding. This withholding can result in backup in the intestines which leads to pain and poor eating. Children withhold for one of three main reasons:

1. They are afraid of the toilet or potty seat.
2. They had one painful poop and they resolve never to repeat the experience by trying to never go again.
3. They are locked into a control issue with their parents. Recall the truism "You can lead a horse to water but you can't make him drink." This applies to potty training as well.

Treatment for stool withholding is to QUIT potty training for at least a few weeks and to ADD as much stool softening foods and drinks as possible. Good-for-poop drinks and foods include prune juice, apple juice, pear juice, water, fiber-rich breads and cereals, beans, fresh fruits and vegetables. Sometimes,

under the guidance of your child's health care provider, children need medical stool softeners or laxatives until they overcome their fear of pooping. For more information about potty training we refer you to our post with podcast on this subject.

Our goal with this blog post was to highlight some frequently-asked-about poop topics and to reassure that **most things come out okay in the end.** And that's the real scoop.

Julie Kardos, MD and Naline Lai, MD

Got little kids? One must-have number to put in your phone: Poison Control

The number to put in your phone when you have little ones? Poison Control: **1-800-222-1222**. Text "POISON" TO 797979 to save the contact information in your smartphone.

Did your toddler eat dog poop? Or a berry from your backyard bush? Did you give the wrong medication to your child? **Call Poison Control**.

Experts at Poison Control will direct your next step. They have access to extensive data on poisoning, and they can give you that information much quicker than a drug-manufacturer or pharmacist or even your own doctor. **The call is free**.

One of Dr. Lai's kids ate a mushroom from the yard when she was 20 months old—she called Poison Control. A mom asked Dr. Lai about carbon monoxide exposure—she called Poison Control. If doctors have a question about any ingestion or poisoning—we call Poison Control. But don't wait for us to call, go ahead yourself and call.

People often jump first to the internet for information. However, a small 2013 study found that the internet is NOT the best place to research questions about toxins. Many sites fail to direct readers to the Poison Control Center, and those who do, fail to supply the proper phone number – again, that's **1-800-222-1222**. If you do want to use the internet, use www.PoisonHelp.org which is a product of the American Association of Poison Control Centers

If your child needs emergent treatment, surfing the internet for what to do next wastes precious time. Don't reach for your phone to "google it." In the case of a possible poisoning, reach for your phone and make a CALL.

It could be life-saving.

Julie Kardos, MD and Naline Lai, MD

Pediatric tidbits-probiotics, sport burnout and more

In front of “The Bean” in Chicago

We’re back from the American Academy of Pediatrics National Conference and Exhibition in Chicago—sharing with you some tidbits from the forefront of pediatrics:

New high blood pressure guidelines are here. Starting at age 3 years, children should have their blood pressure checked annually, more often if they have certain medical conditions such as diabetes or kidney disease. The cutoff for “high blood

pressure” has been lowered so more and more, you may notice your pediatrician scrutinizing your child’s blood pressure.

We’ve noticed many more over-use injuries from kids who play the same sport year round. We were reminded that most professional athletes played multiple sports in high school and some even up through college. Specialization in a particular sport leads to more injuries, burnout, depression, and anxiety. If you feel that sports rule your child’s life, remember this good rule of thumb: for high school kids, keep training under 16 hours a week. For the younger kids, keep the total number of hours per week playing organized sports under an hour per week for each year of age. For example, an 8 year old should spend no more than 8 hours per week playing organized sports.

Probiotics are ubiquitous these days, but are they helpful? In viral diarrhea, probiotics can be mildly helpful, and may shorten the duration of diarrhea by about a day. Probiotic therapy is showing promise for treating colic, but not for treating eczema. For more information see the International Scientific Association of Probiotics and Prebiotics.

If your child scalds himself, put the burn under COLD running tap water for *20 minutes* to stop further injury. This treatment is effective for up to 3 hours after a burn.

A cautionary word about herbs: Know that herbs are not regulated by the FDA (Food and Drug Administration). Companies that supply herbs are under no obligation to show that the product works. Additionally, the company that sells the herb does not have to show that the herb is safe or effective, and cannot claim that the product can cure or prevent anything. Additionally there are no manufacturing standards to adhere to, which means you do not know how much herb or for that matter, any other contaminants, are in the herbs that you buy.

Julie Kardos, MD and Naline Lai, MD

What's new with the flu vaccine 2017-2018

"What? The flu vaccine again? We JUST got it," our kids

groaned when we told them it was time to get their flu vaccines. In fact, they "just got it" a year ago, which we pointed out to them. Read on to see updates on this year's flu vaccine and why it should be on your child's back to school to do list.

This year's flu vaccine is slightly different from last year's– it's been changed to cover a different strain of circulating H1N1 influenza. Several flu vaccines have been FDA approved for this year's flu season and all of them will give similar protection for your child. Make sure your child receives a flu shot and NOT the FluMist/spray-in-the-nose kind of vaccine. Unfortunately for those who are needle phobic, the FluMist has not been shown to be effective and therefore, while still licensed, is NOT recommended for use this year.

The flu vaccine is recommended for **all kids six months of age and older**, with very few exceptions. Even pregnant moms safely can receive the flu vaccine.

Too early for flu vaccine? Nope! Older adults might lose some immunity if vaccinated "too soon" in the season, but this observation is not born out in kids. The threat of incomplete or forgotten vaccine outweighs theoretical risk of delaying flu vaccine (even for older adults), so best to get it now.

In case you forgot, the flu is a week of misery, consisting of high fevers, cough and other respiratory symptoms, body aches, and headaches. Younger kids are prone to some diarrhea or vomiting or both along with these bad cold symptoms. The flu can cause dehydration and pneumonia, and sometimes death, even in previously healthy kids. Simply limiting your child's exposure to people showing flu symptoms is not an effective way of preventing illness because people are the most contagious right before they show any symptoms.

Booster dose As in previous years, children under nine years of age need a booster dose the first year they receive the

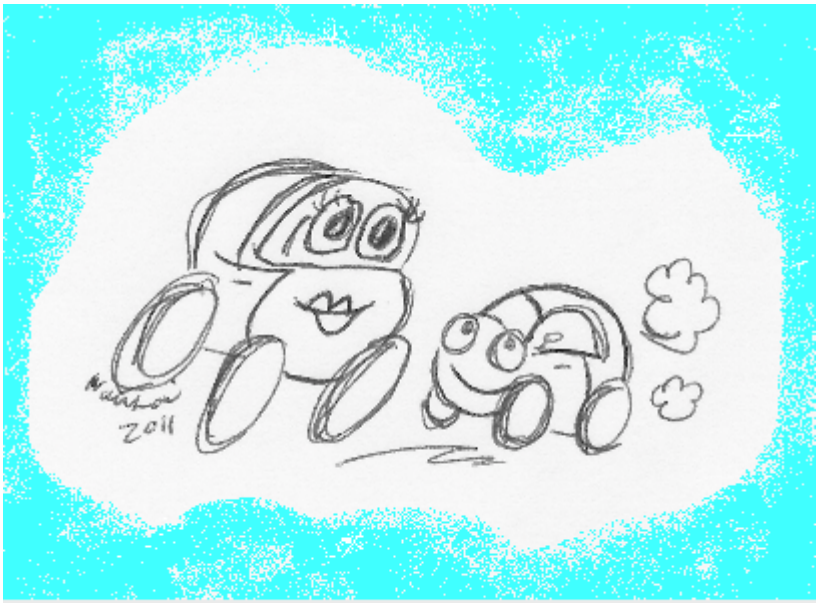
vaccine. If your young child should have received a booster dose last year, but missed it, they will receive two doses of this year's vaccine spaced one month apart (the primary dose plus a booster dose).

This prior post teaches you how to tell if your kid has flu vs "just" a cold. We invite you to read more about this year's flu vaccine on the Centers for Disease Control website here.

Julie Kardos, MD and Naline Lai MD

Got gas? About baby burps and farts

Gas is another topic most people don't think much about until they have a newborn. Then suddenly baby burps and farts become a huge source of parental distress, even though parents are not the ones with the gas. It's the poor newborn baby who suffers, and as all parents know, our children's suffering becomes OUR suffering.



"My, my you are a little gassy today"

So what to do?

First, please be reassured that ALL young babies are gassy. Yes, all. But some newborns are not merely fussy because of their gas. Some babies ball up, grunt, turn red, wake up from a sound sleep, and scream because of their baby burps and farts. In other words, some babies really CARE about their gas.

Remember, newborns spend nine months as fetuses developing in fluid, and have no experience with air until taking their first breath. Then they cry and swallow some air. Then they feed and swallow some air. Then they cry and swallow some more air. Eventually, some of the air comes up as a burp. To summarize: Living in Air=Gas Production.

Gas expelled from below comes from a different source. As babies drink formula or breast milk, some liquid in the intestines remains undigested, and the normal gut bacteria "eat" the food. The bacteria produce gas as a byproduct of their eating. Thus: a fart is produced.

The gas wants to escape, but young babies are not very good at getting out the gas. Newborns produce thunderous burps and farts. I still remember my bleary-eyed husband and I sitting on the couch with our firstborn. On hearing a loud eruption, we looked at each other and asked simultaneously, "Was that YOU?" Then we looked at our son and asked "Was that HIM?"

Gas is a part of life. If your infant is feeding well, gaining weight adequately, passing soft mushy stools that are green, yellow, or brown but NOT bloody, white, or black (for more about poop, see our post The Scoop on Poop), then the grunting, straining, turning red, and crying with gas is harmless and does not imply that your baby has a belly problem or a milk or formula intolerance. However, it's hard to see your infant uncomfortable.

Here's what to do if your young baby is bothered by gas:

- **Start feedings before your infant cries a long time from**

hunger. When infants cry from hunger, they swallow air. When a frantically hungry baby starts to feed, they will gulp quickly and swallow more air than usual. If your infant is wide awake crying and it's been at least one or two hours from the last feeding, try to quickly start another feeding.

- **Burp frequently**. If you are breastfeeding, watch the clock, breastfeed for five minutes, change to the other breast. As you change positions, hold her upright in attempt to elicit a burp, then feed for five more minutes on the second breast. Then hold your baby upright and try for a slightly longer burping session, and go return her to the first breast for at least five minutes, then back to the second breast if she still appears hungry. Now if she falls asleep nursing, she has had more milk from both breasts and some opportunities to burp before falling asleep.
- If you are bottle feeding, **experiment with different nipples and bottle shapes** (different ones work better for different babies) to see which one allows your infant to feed without gulping too quickly and without sputtering. Try to feed your baby as upright as possible.
- **Hold your infant upright for a few minutes after feedings** to allow for extra burps. If a burp seems stuck, lay her back down on her back for a minute and then bring her upright and try again.
- To help expel gas from below, lay her on her back and pedal her legs with your hands. When awake, give her plenty of tummy time. Unlike you, a baby can not change position easily and may need a little help moving the gas out of their system.
- **If your infant is AWAKE after a feeding, place her prone (on her belly) after a feeding.** Babies can burp AND pass gas easier in this position. PUT HER ONTO HER BACK if she starts to fall asleep or if you are walking away from her because she might fall asleep before you return

to her. Remember, all infants should SLEEP ON THEIR BACKS unless your infant has a specific medical condition that causes your pediatrician to advise a different sleep position.

- Parents often ask if **changing the breast feeding mother's diet or trying formula changes** will help decrease the baby's discomfort from gas. There is no absolute correlation between a certain food in the maternal diet and the production of gas in a baby. However, a nursing mom may find a particular food "gas inducing." Remember that a nursing mom needs nutrients from a variety of foods to make healthy breast milk so be careful how much you restrict. Try any formula change for a week at a time and if there is no effect on baby gas, just go back to the original formula.
- **Do gas drops help**? For flatulence, if you find that the standard, FDA approved simethecone drops (e.g. Mylicon Drops) help, then you can use them as the label specifies. If they do not help, then stop using them.
- **Do probiotics help?** Unfortunately there is not a lot of data about probiotics to treat gas in infants. Probiotics can help other pediatric conditions such as the duration of acute diarrhea, and while deemed mostly harmless in otherwise healthy infants, they have not been shown to affect gas. A 2010 American Academy of Pediatrics summary of the use of probiotics in kids can be found here. A 2016 review of use of probiotics used for colic (but not specifically gas) in breast fed infants showed that probiotics MIGHT decrease crying, but concluded that more research is needed before probiotics can be recommended. Now, if you actually do have a REAL little piggy (not just a nickname for your baby), animal studies show that probiotics may cut down on gas.

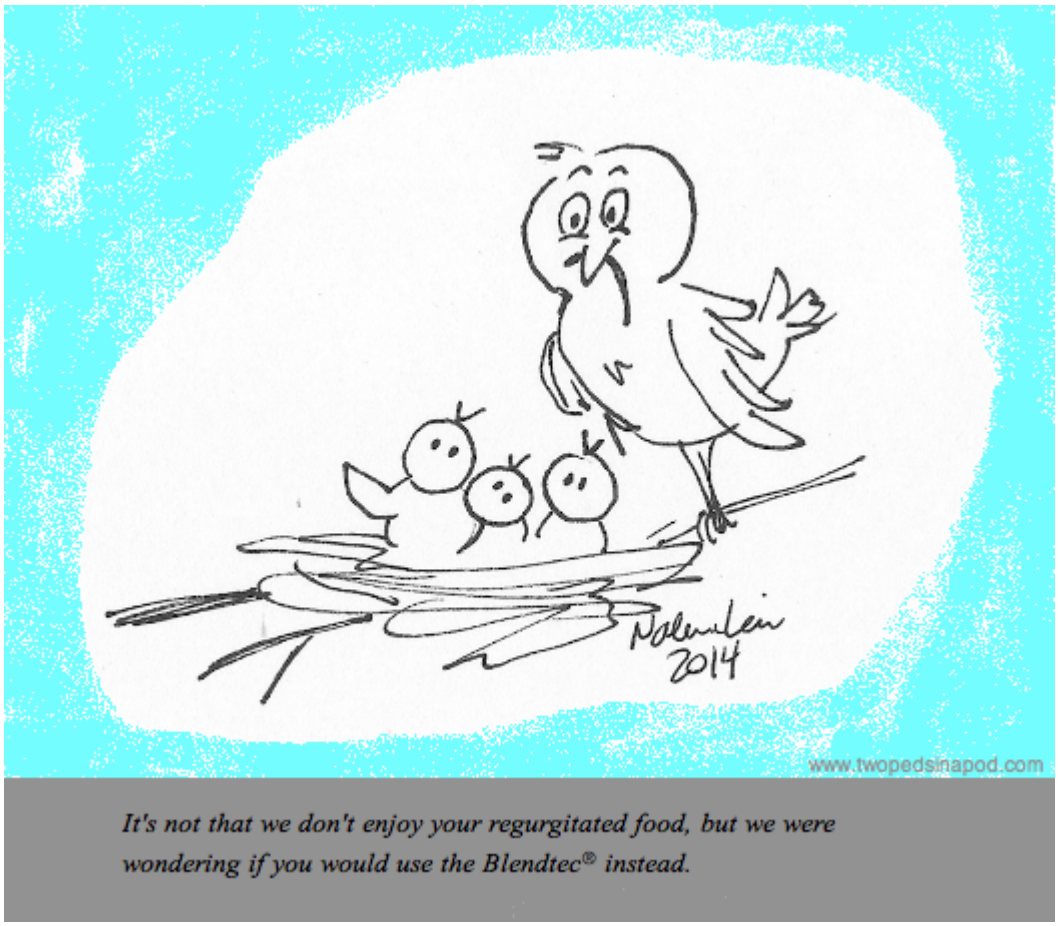
The good news? The discomfort from gas will pass. Gas discomfort from burps and farts typically peaks at six weeks

and improves immensely by three months. At that point, even the fussiest babies tend to mellow. The next time your child's gas will cause you distress won't be until he becomes a preschooler and tells "fart jokes" at the dinner table in front of Grandma. Now THAT is a gas.

Julie Kardos, MD and Naline Lai, MD

The latest in how to start baby food

As we said to Robin Young on NPR's *Here and Now*, "A lot of life's issues all boil down to the essentials of life…eat, sleep, drink, pee, poop and love." Here's our update on baby food: WHEN, HOW, and WHAT to start feeding your baby.



Remember:

1) **It's not just about the food**. It's about teaching your child to eat when hungry and to stop when not hungry.

2) **Eating a meal with family is social as well as nutritious**. Keep eating pleasant and relaxed. Avoid force-feeding or tricking your child into eating. Feed your baby along with other family members so your baby can learn to eat by watching others eat.

3) **Babies start out eating pureed foods on a spoon between 4-6 months** and progress to finger foods when physically capable, usually between 7-9 months. Teeth are not required; hand to mouth coordination is required.

The first feeding: Babies expect a breast or a bottle when hungry. So make sure your baby is happy and awake but **NOT** hungry the first time you feed her solid food because at this point she is learning a skill, not eating for nutrition. Wait

about an hour after a milk feeding when she is playful and ready to try something new. Keep a camera nearby because babies make great faces when eating food for the first time. Many parents like to start new foods in the morning so that they have the entire day to make sure it agrees with their baby. Watch for rash or stomach upset.

WHAT should you feed your baby first? There is no one right answer to this question.

- **The easiest food to offer** is one that is already on the breakfast, lunch, or dinner table that is easy to mush up.
- In some cultures, a baby's first food is a smash of lentils and rice. In other cultures it's small bits of hard-boiled egg or a rice porridge. **The bottom line: it doesn't matter much what you start with**, as long as it's nutritious. Dr. Kardos is proud to say that she fed her nephew his first solid food: watermelon! (He loved it).
- **Avoid honey** before one year of age because honey can cause botulism in infants.
- **Add iron-containing food sooner** rather than later. Pediatricians recommend a diet with iron-containing solid foods because a baby's iron needs will eventually outstrip what she stored from her mother before birth as well as what she can get from breast milk or formula. Iron-containing food include iron-fortified baby cereal (such as oatmeal), pureed meats (such as chicken, beef or fish) or smashed lentils or black beans.
- **If feeding baby cereals**, make them with formula or breast milk, not water or juice, for more nutritional "oomph."
- **If your baby has eczema and/or an egg allergy**, your baby may be predisposed to a peanut allergy. Ask your doctor if your baby is a candidate for daily peanut protein feedings in order to prevent a peanut allergy. Read the guidelines here and instructions for the feedings here.

Otherwise, you can start peanut butter whenever you want- it's really yummy mixed into oatmeal.

- **Variety is the spice of life**: you do not need to feed the same food day after day. In particular, because of concerns of arsenic, avoid over indulgence in rice cereal. No need to avoid certain foods because of the fear of inducing food allergies. This is a change from recommendations issued about 15 years ago. Focus more on avoiding choking hazards than on avoiding theoretically allergenic foods.
- **Not all kids like all foods.** Don't worry if your baby hates carrots or bananas. Many other choices are available. At the same time, you can **offer a previously rejected food multiple times** because taste buds change.

HOW to feed:

Sit your baby in a high chair at the table where your family eats meals.

Some babies will learn in just one feeding to swallow without gagging and to open their mouths when they see the spoon coming. Other babies need more time. If your baby becomes upset, end the meal. Some babies take several weeks to catch on to the idea of eating solids. Try one new food at a time. Then, if your baby has a reaction to the food, you'll know what to blame.

Some babies just never seem to like mushed up foods and prefer to suck on foods at first (like Dr. Kardos's nephew did with his watermelon). One practice called baby-led weaning describes another way of introducing solids.

If you prefer to buy "baby food," know that stage one and stage two baby foods are similar. No need to test all stage one foods before going onto stage two. The consistency of the food is the same. The stages differ in the size of the containers. Some stage two foods combine ingredients.

Combinations are fine as long as you know your baby already tolerates each individual ingredient (i.e. “peas and carrots” are fine if she’s already had each one alone). Avoid the dessert foods. Your baby does not need fillers such as cornstarch and concentrated sweets.

Be forewarned: **poop changes with solid foods**. Usually it gets more firm or has more odor. Food is not always fully digested at this age and thus shows up in the poop. Wait until you see a sweet potato poop!

By six months, babies replace at least one milk feeding with a solid food meal. Many babies are up to three meals a day by 6 months, some are eating one meal per day. Starting at six months, for cup training purposes, you can offer a cup with water at meals. Juice is not recommended. Juice contains a lot of sugar and very little nutrition.

WHAT ABOUT FINGER FOODS? WHEN CAN MY BABY PICK UP HIS OWN FOOD?

Offer finger foods when your baby can sit alone and manipulate a toy without falling over. When you see your baby delicately picking up a piece of lint off the floor and putting it into his mouth, he’s probably ready! Usually this occurs between 7-9 months of age. Even with no teeth your baby can gum-smash a variety of finger foods. Examples include “Toasted Oats” (Cheerios), which are low in sugar and dissolve in your mouth eventually without any chewing, ½ cheerio-sized cooked vegetable, soft fruit, ground meat or pieces of baked chicken, beans, tofu, egg yolk, soft cheese, small pieces of pasta. Start by putting a finger food on the tray while you are spoon feeding and see what your child does. They often do better feeding themselves finger foods rather than having someone else “dump the lump” into their mouths.

Finger food sample meals: Breakfast: cereal, pieces of fruit, egg. Lunch: pasta or rice, lentils or beans, cooked vegetables

in pieces, pieces of cheese. Dinner: soft meat such as chicken or ground beef, cooked veggies and/or fruit, bits of potato, or cereal. Need other ideas? Check out this post on finger foods. **By nine months, kids can eat most of the adult meal at the table,** just avoid choking hazards such as raw vegetables, chewy meats, nuts, and hot dogs. You can use breast feedings or formula bottles as snacks between meals or with some meals. By this age, it is normal for babies to average 16-24 oz of formula daily or 3-4 breast feedings daily.

Avoid fried foods and highly processed foods. Do not buy "toddler meals" which are high in salt and "fillers." Avoid baby junk food- if the first three ingredients are "flour, water, sugar/corn syrup", don't buy it. We are amazed at the baby-junk food industry that insinuate that "fruit chews," "yogurt bites" and "cookies" have a place in anyone's diet. Instead, feed your child eat REAL fruit, ACTUAL yogurt, and healthy carbs such as pasta, cous-cous, or rice.

Other important food-related topics:

Organic and conventional foods have the same nutritional content. They differ in price, and they differ in pesticide exposure, but no study to date has shown any health differences in children who consume organic vs conventional foods. For more information, see this American Academy article and this study as well as our own prior post about organic vs conventional foods.

About fish: For years, experts fretted about pregnant women and children exposing themselves to high mercury levels by eating contaminated fish. However, the realization that fish is packed with nutrition, and the emergence of data showing that only a few types of fish contain significant mercury levels, led the FDA to encourage fish intake in young children and pregnant women. Please check this FDA advice for specific information about which fish to offer your child.

SAFETY ALERT:

Children should always eat while sitting down and not while crawling or walking in order to AVOID CHOKING. Also, you don't want to create a constantly munching toddler who will grow into a constantly munching ten year old.

Bon appetite,

Julie Kardos, MD and Naline Lai, MD

Updated from our original 2009 post

Is your car seat up to snuff? And how about planes?

NOTE: Recommendations about rear facing car seats have been updated since the publication of this post. Please link here.

This photo above is a horrific yet terrific reminder of why we strap our kids into car seats. This child was buckled into a car seat when the unthinkable happened– a potentially lethal car accident. As you can see, the child's bruises directly line up with properly-applied car seat restraints. Thankfully, the injuries to this child are only skin-deep. On the other hand, the photo below shows what happened to the car.

Please remember always to travel with your children properly restrained.

For maximum safety in cars:

- Keep children in rear facing car seats until age two years. Usually they will outgrow the baby car seat that you brought them home in and you will need to install a new rear facing car seat before they reach two years. Check the weight/height limits for the seat.
- Keep them in the car seat until age five years, or until they outgrow the weight or height limits set forth by the car seat manufacturer.
- Use a booster until your children are 4 feet 9 inches or until the car's shoulder seatbelt falls naturally across the chest (not the neck) and the lap belt lies low across their hip bones (some kids are in boosters to age 10 years and beyond).
- Keep infants and children in the **back seat** until at least age 13 years.
- Don't drive while distracted or sleep deprived. Children learn from watching their parents. Emulate now the way you want your 16-year- old to drive.

Your can read more details on car seats and seat belts on the CDC (Centers for Disease Control) website here.

Read about guidelines for child safety restraints on airplanes here.

Julie Kardos, MD and Naline Lai, MD