

Happy Father's Day 2017 from your Two Peds



A few years ago, we asked our dad readers to help us write our Father's Day post. We thought you would enjoy hearing from them again. The dads completed this thought: "Before I became a dad, I never thought I'd..."

...Learn to curl hair for cheerleading competitions

...BE RESPONSIBLE

...Become a stay at home dad AND love it so much after everything I've been through!!

...Learn all of the names of Thomas The Tank Engine's friends

and the many songs associated with them.

...Have a toys r us in my house.

...Go food shopping at midnight.

...Make so many pancakes on Sunday mornings.

...Volunteer in a dunk tank and have pie thrown at me.

One of our readers summed up his thoughts on becoming a dad:

Since I've become a father, nearly seven years and two beautiful daughters later, my life has become a series of jobs that I never thought I would have to tackle. These include:

Beautician: I never thought in a million years that I would be learning how to do pony tails, side pony's, braids (not that I can braid yet), and painting little finger and toe nails.

Disney Princess Aficionado: At one point in my life I thought I was cool because I knew a lot about beer, how it was made, where it was from, where the best IPA's were being poured. Now I am "cool" because I know where Mulan lived, and because I know the story about Ariel falling in love with Prince Eric.

Doctor: I am well versed here and can cover almost everything from the simple band-aid application and boo-boo kissing, to the complex answering of why daddy is different and why he gets to go to the bathroom standing up.

Cheerleader: Both of my daughters enjoy participating in sports. It's been such a great experience to cheer them both on from the side line. I enjoy watching them grow with the sport and gain confidence game after game.

Becoming a father was one of the best choices I have made with my life. I love being a dad, and I look forward to the future dad challenges, good and bad, and being the best mentor I can be.

Thank you to our readers for contributing to this post.

Happy Father's Day!

Julie Kardos, MD and Naline Lai, MD

©2014, 2017 Two Peds in a Pod®

A guide for parents of one-year-olds

W
h
e
n
y
o
u
r
b
a
b
y
t
u
r
n
s
o
n

1 Year - Hands you a book when he wants to hear a story



Learn the Signs.
Act Early.

U.S. Department of Health
and Human Services
Centers for Disease
Control and Prevention

[cdc.gov/Milestones](https://www.cdc.gov/Milestones)

e, you'll realize he has a much stronger will. My oldest threw his first tantrum the day he turned one. At first, we puzzled: why was he suddenly lying face down on the kitchen floor? The indignant crying that followed clued us to his anger. "Oh, it's a tantrum," my husband and I laughed, relieved.

Parenting one-year-olds requires the recognition that your child innately desires to become independent of you. Eat, drink, sleep, pee, poop: eventually your child will learn to control these basics of life by himself. We want our children to feed themselves, go to sleep when they feel tired, and pee and poop on the potty. Of course, there's more to life such as playing, forming relationships, succeeding in school, etc, but we all need the basics. The challenge comes in recognizing when to allow your child more independence and when to reinforce your authority.

Here's the mantra: **Parents provide unconditional love while they simultaneously make rules, enforce rules, and decide when**

rules need to be changed. Parents are the safety officers and provide food, clothing, and a safe place to sleep. Parents are teachers. Children are the sponges and the experimenters. Here are concrete examples of how to provide loving guidance:

Eating: The rules for parents are to provide healthy food choices, calm mealtimes, and to enforce sitting during meals. The child must sit to eat. Walking while eating poses a choking hazard. Children decide how much, if any, food they will eat. They choose if they eat only the chicken or only the peas and strawberries. They decide how much of their water or milk they drink. By age one, they should be feeding themselves part or ideally all of their meal. By 18 months they should be able to use a spoon or fork for part of their meal.

If, however, parents continue to completely spoon feed their children, cajole their children into eating “just one more bite,” insist that their child can’t have strawberries until they eat their chicken, or bribe their children by dangling a cookie as a reward for eating dinner, then the child gets the message that independence is undesirable. They will learn to ignore their internal sensations of hunger and fullness.

For perspective, remember that newborns eat frequently and enthusiastically because they gain an ounce per day on average, or one pound every 2-3 **weeks**. A typical one-year-old gains about 5 pounds during his entire second year, or one pound every 2-3 **months**. Normal, healthy toddlers do not always eat every meal of every day, nor do they finish all meals. Just provide the healthy food, sit back, and [enjoy meal time with your toddler and the rest of the family.](#)

A one-year-old child will throw food off of his high chair tray to see how you react. Do you laugh? Do you shout? Do you do a funny dance to try to get him to eat his food? Then he will continue to refuse to eat and throw the food instead. If you say blandly, “I see you are full. Here, let’s get you down so you can play,” then he will do one of two things:

- 1) He will go play. He was not hungry in the first place.
- 2) He will think twice about throwing food in the future because whenever he throws food, you put him down to play. He will learn to eat the food when he feels hungry instead of throwing it.

Sleep: The rule is that parents decide on reasonable bedtimes and naptimes. The toddler decides when he actually falls asleep. Singing to oneself or playing in the crib is fine. Even cries of protest are fine. Check to make sure he hasn't pooped or knocked his binky out of the crib. After you change the poopy diaper/hand back the binky, LEAVE THE ROOM! Many parents tell me that "he just seems like he wants to play at 2:00am or he seems hungry." Well, this assessment may be correct, but remember who is boss. Unless your family tradition is to play a game and have a snack every morning at 2:00am, then just say "No, time for sleep now," and [ignore his protests](#).

Pee/poop: The rule is that parents keep bowel movements soft by offering a healthy diet. The toddler who feels pain when he poops will do his best not to have a bowel movement. Going into potty training a year or two from now [with a constipated child](#) can lead to many battles.

Even if your child does not show interest in potty training for another year or two, [talk up the advantages of putting pee and poop in the potty](#) as early as age one. Remember, repetition is how kids learn.

Your one-year-old will test your resolve. He is now able to think to himself, "Is this STILL the rule?" or "What will happen if I do this?" That's why he goes repeatedly to forbidden territory such as the TV or a standing lamp or plug outlet, stops when you say "No no!", smiles, and proceeds to reach for the forbidden object.

When you [feel exasperated by the number of times you need to redirect your toddler](#), remember that if toddlers learned

everything the first time around, they wouldn't need parenting. Permit your growing child to develop her emerging independence whenever safely possible. Encourage her to feed herself even if that is messier and slower. Allow her to fall asleep in her crib and resist only rocking her to sleep. Everyone deserves to learn how to fall asleep independently. You don't want to train a future insomniac adult.

And if you are baffled by your child's running away from you one minute and clinging to you the next, just think how confused your child must feel: she's driven towards independence on the one hand and on the other hand she knows she's wholly dependent upon you for basic needs. Above all else, remember the goal of parenthood is to help your child grow into a confident, independent adult... who remembers to call his parents every day to say good night... ok, at least once a week to check in.... ok, keep in touch with those who got him there!

Julie Kardos, MD with Naline Lai, MD

©2012, 2017 Two Peds in a Pod®

Mother's Day 2017: The Mother Warns the Tornado



Today we bring you a fierce depiction of maternal love, written by poet Catherine Pierce PhD- who is Dr. Kardos's sister-in-law.

We hope your Mother's Day is full of flowers and free of tornados.

-Drs. Lai and Kardos

The Mother Warns the Tornado

I know I've had more than I deserve.
These lungs that rise and fall without effort,
the husband who sets free house lizards,
this red-doored ranch, my mother on the phone,
the fact that I can eat anything—gouda, popcorn,
massaman curry—without worry. Sometimes
I feel like I've been overlooked. Checks
and balances, and I wait for the tally to be evened.

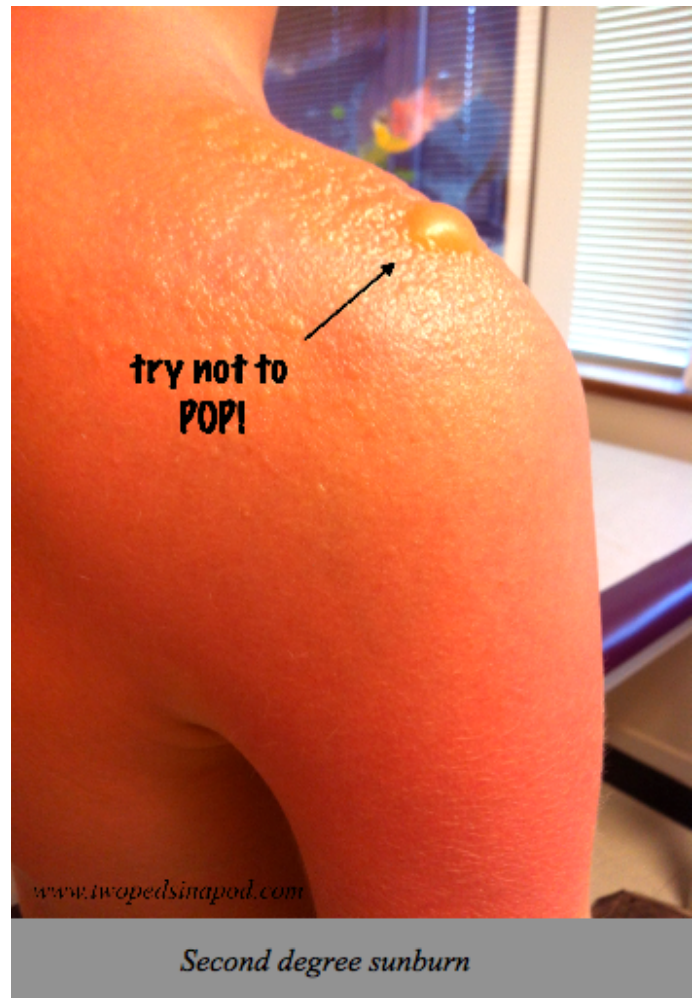
But I am a greedy son of a bitch, and there
I know we are kin. Tornado, this is my child.
Tornado, I won't say I built him, but I am
his shelter. For months I buoyed him
in the ocean, on the highway; on crowded streets
I learned to walk with my elbows out.
And now he is here, and he is new, and he
is a small moon, an open face, a heart.
Tornado, I want more. Nothing is enough.
Nothing ever is. I will heed the warning
protocol, I will cover him with my body, I will
wait with mattress and flashlight,
but know this: If you come down here—
if you splinter your way through our pines,
if you suck the roof off this red-doored ranch,
if you reach out a smoky arm for my child—
I will turn hacksaw. I will turn grenade.
I will invent for you a throat and choke you.
I will find your stupid wicked whirling
head and cut it off. Do not test me.
If you come down here, I will teach you about
greed and hunger. I will slice you into palm-
sized gusts. Then I will feed you to yourself.

Catherine Pierce

From *The Tornado is the World* (Saturnalia Books, 2016)

An associate professor and co-director of the creative writing program at Mississippi State, Dr. Pierce has authored three books of poems and won the Mississippi Institute of Arts and Letters Poetry Prize. She is a mom of two young boys.

Mom guilt: the sunburn



Second degree sunburn

Mom guilt! After a day at the beach with my teenage kids over spring break, ALL THREE of them had some sunburn. Gone are the days when my kids were small squirming toddlers whom I distracted as I reapplied sunscreen to them every two hours. Gone are the days when wearing bright-colored rash guard t-shirts on the beach was cool. I was duped by the "Mom, I'm good!" response when I passed them the sunscreen after the ocean romp and again after they played a sweaty round of beach football. For the first time in my 17 years of Momhood, I found myself giving my kids ibuprofen for sunburn pain.

Don't fall for the, "Mom, I'm good," trick—especially in the spring when the sun is strong but the temperature is cool. But in case your kids do get a sunburn, here's what to do. Remember, a sunburn is still a burn, as you can see in the

picture above, which shows a kid with a second degree burn caused from the sun.

Treat sunburn the same as you would any burn:

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

Of course, prevention is easier than burn treatment. Always apply sunscreen with an SPF of at least 15 to your children,

and reapply often even if it is labeled “waterproof.” Encourage your kids to wear hats and sunglasses. Clothing can protect against sunburn, but when the weather is hot, your kids may complain if you dress them in long sleeves and long pants. For my own kids, I’m hoping their experience over spring break will prompt them to apply sunscreen in the upcoming months.

Julie Kardos, MD and Naline Lai, MD

©2017 Two Peds in a Pod®

Teething tablet recall and safe alternatives for teething



Amber bead necklace

In light of the recent recall of all lots of Hyland’s teething tablets because of safety concerns, we thought it was time to

update parents about how to relieve teething pain.

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

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

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

- **Teething does not cause fever.** [Fever](#) usually indicates infection somewhere: maybe a simple viral infection such as a cold, or maybe a more severe infection such as pneumonia, but parents should NOT assume that their baby's fever is caused by teething. These babies could be contagious. Parents should not expose them to others with the false sense of security that they are not spreading germs
- **Teething does not typically occur in four-month-olds.** Usually the first teeth erupts at around six months of age. Some don't get a tooth until their first birthday. Most drooling and mouthing behavior prior to six months, such as babies putting hands in their mouths, is developmental. Although you may not see a tooth erupt for a few months, babies at this age still enjoy gnawing on a toy.
- **Teething does not cause diarrhea severe enough to cause dehydration.** If a child has severe diarrhea, then he

most likely has a severe stomach virus or another medical issue.

- **Teething does not cause a cough severe enough to increase work of breathing.** Babies make more saliva around four months of age and this increased production does result in an occasional cough. But babies never develop problems with breathing or a severe cough as a result of teething. Instead, suspect a cough virus or other cause of cough such as asthma.
- **Teething does not cause pain severe enough to trigger a change in mental state.** Some children get more cranky as their gums swell and redden with erupting teeth. But, if parents cannot console their crying/screaming child, the child likely has another, perhaps more serious, cause of pain and needs an evaluation by her pediatrician.

Safety Concerns

It's not only the ingredients of teething tablets that we worry about. Many teething devices can turn into choking hazards. If you look at the consumer product safety recalls over the years, many toys are recalled because they have small pieces that can cause gagging or can come off and become a choking hazard.

We worry about amber bead necklaces and maternal teething jewelry. They fit all the potential safety hazard criteria. You never know when a bead will pop off and pose a choking hazard. A general rule of thumb is that anything that can easily fit through a toilet paper tube is small enough to get stuck in a baby's airway. Additionally, any necklace on a baby could get caught and cause strangulation.



Sophie the giraffe

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

Interestingly, nearly every babyhood malady in the past has been blamed on teething, including seizures, meningitis, and tetanus. According to a 2009 article in *Pediatrics in Review*, teething was listed as the official cause of death in about five thousand infants in England in the early 1800s. In France from 1600 to 1900, fifty percent of all infant deaths were blamed on teething!

This truth we know for sure: teething causes teeth.

Julie Kardos, MD and Naline Lai, MD

©2017 Two Peds in a Pod®, updated from 2015

Kids with “pink eye” CAN attend daycare, and other updated school exclusion recommendations

It’s 6 a.m., you are running late for work and your kid is “kinda” sick. Can you send him to daycare?



Dr. Kardos and Dr. Lai and a little friend talk about “Too Sick for School? The Latest Guidelines for Staying Home” at DVAEYC’s annual conference for early childhood educators

Yesterday we reviewed with an audience of early childhood education teachers the latest medical guidelines* for excluding children from early childhood education centers. Here are some of the updates we shared with the teachers attending the annual DVAEYC conference held at University of Pennsylvania:

When should a child go home from daycare? Remember the overriding goals for exclusion:

To expedite the child's recovery

To prevent undue burden on teachers

To protect other children and teachers from disease

Following are the guidelines that most surprised our audience, as well as other highlights from our talk.

Pink eye (conjunctivitis)– most kids can remain in school

- “Pink eye” is like a “cold in the eye” and can be caused by virus, bacteria, or allergies.
- Just as kids with runny noses can still attend school, so too can kids with runny eyes.
- A child with pink eye does not need to be on antibiotic eye drops in order to attend school. The presence or absence of treatment does not factor into letting a child attend school.
- Any child with pink eye who suffers eye pain, inability to open an eye, or has so much discharge that she is uncomfortable, needs to go home.
- If there is an outbreak (two or more kids in a room), the center's health care consultant or the department of health can give ideas on how to help prevent further spread
- Good hand washing technique prevents the spread of the contagious forms of pink eye (viral or bacterial).

Fever – by itself, is not an automatic exclusion



- For practical purposes, a fever (no matter how it is taken) in a child who is over 8 weeks old is a temperature of 101 degrees F. Therefore, 99 degrees F is NOT a fever, even if that number is higher than the child's baseline temperature.
- If a child with a fever acts well and does not require extra attention from teachers, then that child is medically safe to stay in school. Sending him home is unlikely to protect others. Kids are contagious the day before a fever starts, so febrile kids most likely already exposed their class to the fever-proking illness the day before the fever came.
- If the fever causes the child to become dehydrated or makes the child too sleepy or miserable to participate in class, then that child should go home.
- Any baby two months of age or younger with a fever of 100.4 or higher needs immediate medical attention, even if he is not acting sick.
- If a child has not received the recommended immunizations for his age, then he needs to be excluded for fever until it is known that he does NOT have a vaccine preventable illness.
- If a child goes home with a fever, he does not need

medical clearance to return to school.

- Read more details about fever and “fever phobia” here.

Head lice, while icky and make our heads itch just to think about them, carry no actual disease.

- The child with live lice should go home *at regular dismissal time*, receive treatment that night, and be allowed back in school the next day.
- By the time you see lice on a child’s head, they have been there for likely at least a month. So sending him home early from school only punishes the child, causes the parent to miss work needlessly, and does nothing to prevent spread.
- Lice survive off of heads for 1-2 days at most (they need blood meals, and die without them), so a weekend without people in school kills any lice left behind in the classroom by Monday morning.
- Lice do not jump or fly and thus need close head-to-head contact to spread, hence the reasons behind why your child’s center spaces matts at nap time a certain amount distance apart, and do not allow kids to share personal objects such as combs.



The mouth ulcers and foot rash of Hand Foot Mouth

Hand-foot-mouth disease- not an automatic exclusion

- This common virus, spread by saliva, causes a blister-

like rash that can appear on hands, feet, in the mouth and in the diaper area, sometimes in all of these locations. Hand washing limits spread, and kids can attend school with this rash.

- The child who refuses to drink because of painful mouth lesions should go home so the parent can help improve hydration. In addition the child who refuses to participate in activities should stay home. You can read more about this virus here.

Poison ivy rash is not contagious to other people. The rash of poison ivy is an allergic reaction/irritation from wherever the oil of a poison plant touched the skin. The ONLY way to “catch” poison ivy is from the poison ivy plant itself. But if the itch from poison ivy makes a child too miserable to participate in class activities, she may need to go home. Read more about poison ivy here.

Vomiting more than twice, associated with other symptoms (such as fever, hives, dehydration or pain), or with vomit which is green-yellow or bloody are all reasons a child should leave school. Recent history of head injury warrants exclusion and immediate attention since vomiting can be a sign of bleeding in the head. See our post about vomiting.

Diarrhea, meaning an increase in stool frequency, or very loose consistency of stools, is a reason to go home if the diarrhea

- cannot be contained in a diaper,
- causes potty accidents in the toilet trained child
- contains blood, is bloody or black
- results in more than two stools above baseline for that child—too many diaper changes compromises the teacher’s ability to attend to other children.
- is with other symptoms such as fever, acting very ill or jaundiced (yellow skin/eyes)
- Read more about poop issues here.

Molluscum contagiosum is a benign “only skin deep” illness similar to warts—direct vigorous contact or sharing of towels or bath water can spread the virus among kids but the rash itself is harmless and not a reason to stay home from school. Read our prior post for More on this little rash with the big name.

MRSA is a skin infection that looks red and pus filled and is typically painful for the child. Treatment involves draining the infection and/or taking oral antibiotics. If the infected area is small and can be covered completely, a child may stay in school.

Measles This illness causes high fever, cough, runny nose, runny eyes, and cough and a total body rash. Your local Department of Public Health will provide recommendations about how long to exclude a child with measles as well other precautions a school should take. So they are safe, unvaccinated children will have to be excluded for period of time as well.

Also note, at times, the department of public health will exclude even children who are acting well from school for outbreak management of a variety of infectious diseases.

Surprised? As you can see, there are few medical reasons to keep your child home from daycare for an extended period of time. As Dr. Lai often says to the big kids, “If there is nothing wrong with your brain, you can go to school and learn.” Bottom line- no matter the reason, if you realize at six in the morning that your child will not be able to learn and function at baseline, keep him home and seek the advice of your child’s pediatrician.

Julie Kardos, MD and Naline Lai, MD

©2017 Two Peds in a Pod®

*A straight-forward, comprehensive guide to the guidelines can

be found in *Managing Infectious Diseases in Child Care and Schools, 4th edition*, Editors: Susan S. Aronson, MD, FAAP and Timothy R. Shope, MD, MPH, FAAP, published by the American Academy of Pediatrics.

A developmental guide to reading to your children



Charles West Cope (British, 1811 – 1890), Woman Reading to a Child, Gift of William B. O'Neal 1995.52.28

We know parents who started reading to their children before they were born, but don't fret if you didn't start when baby was in the womb. It's never too late to start. A shout out to the librarians of the Bucks County, PA. Recently the librarians invited us to speak about child development– they

inspired us to give you a developmental guide to reading with your young child:

By three months of age, most babies are sleeping more hours overnight and fewer hours during the day (and, hence, so are their parents). Now you have time to incorporate reading into your baby's daily schedule. At this age babies can visually scan pictures on both pages of a book. Babies see better close-up, so you can either prop your baby on your lap with a book in front of both of you, or you can lie down next to your baby on the rug and hold the book up in front of both of you. The classic *Goodnight, Moon* by Margaret Wise Brown or any basic picture book is a great choice at this age.

By six months of age many babies sit alone or propped and it is easier to have a baby and book in your lap more comfortably. Board books work well at this age because 6-month-olds explore their environment by touching, looking, and MOUTHING. Sandra Boynton's *Moo, Baa, La La La* was a favorite of Dr. Kardos's twins at this age, both to read and to chew on.

By nine months many babies get excited as you come to the same page of a known book that you always clap or laugh or make a funny noise or facial expression. They also enjoy books that involve touch- such as *Pat the Bunny* by Dorothy Kunhardt.

At one year, kids are often on the move. They learn even when they seem like they are not paying attention. At this age, your child may still want to sit in your lap for a book, or they may walk or cruise around the room while you read. One-year-olds may hand you a book for you to read to them. Don't read just straight through a book, but point repeatedly at a picture and name it.

By 18 months, kids can sit and turn pages of a book on their own. Flap books become entertaining for them because they have the fine motor skills that enable them to lift the flap. The

age of “hunter/gatherer,” your 18-month-old may enjoy taking the books off of the shelf or out of a box or basket and then putting them back as much as they enjoy your reading the books.

Two-year-olds speak in two word sentences, so they can ask for “More book!” Kids this age enjoy rhyming and repetition books. *Jamberry*, by Bruce Degen, is one example. You can also point out pictures in a book and ask “What is that?” or “What is happening?” or “What is he doing?” Not only are you enjoying books together, but you are preparing your child for the culture of school, when teachers ask children questions that the teacher already knows the answers to. And here is some magic you can work: you may be able to use books to halt an endless tantrum: take a book, sit across the room, and read in a soft, calm voice. Your child will need to quiet down in order to hear you and he may very well come crawling into your lap and saving face by listening to you read the book to him.

Three-year-olds ask “WHY?” and become interested in nonfiction books. They may enjoy a simple book about outer space, trucks, dinosaurs, sports, puppies, or weather. They can be stubborn at this age. Just as they may demand the same dinner night after night (oh no, not another plate of grilled cheese and strawberries!), they may demand the same exact book every single night at bedtime for weeks on end! Try introducing new books at other times of day when they may feel more adventurous, and indulge them in their favorite bedtime books for as long as they want. They may even memorize the book as they “read” the book themselves, even turning the pages at the correct time.

Four and five-year-olds have longer attention spans may be ready for simple chapter books. For example, try the Henry and Mudge books by Cynthia Rylant. Kids will still enjoy rhyming books (you can never get enough Dr. Seuss into a kid) and simple story books. At four, kids remember parts of stories, so talk about a book outside of bedtime. Some children this

age know their letters and even have some sight words, but refrain from forcing your child to learn to read at this age. Studies show that by second grade, kids who have been exposed to books and reading in their homes are better readers than kids who have not, but the age children start to read has NO correlation with later reading skills. So just enjoy books together.

What about e-readers and books on ipads? The shared attention between a parent and a child is important for developing social and language skills, so share that ebook together.

Now that you have read our post, go read to your child, no matter how old he is. Even a ten year old enjoys sharing a book with their parents. Eventually, you will find your whole family reading the same book (although maybe at different times) and before you know it, you'll have a book club...how nice, to have a book club and not worry about cleaning the house ahead of time...

Julie Kardos, MD and Naline Lai, MD
©2017 Two Peds in a Pod®

How to entertain your older child while feeding your younger one



The octopus parent never had a problem splitting attention among the kids until the 9th came along.

You sit down to breast feed your newborn, when your three-year-old announces, "I have to go potty! And I need HELP!"

You are giving your newborn a bottle and your two year old starts eating the dog's food out of the dog's bowl.

Firstborns, in their "forever quest" to hoard all of your attention for all their waking moments, learn very quickly how to interrupt the feeding of a baby sibling if they feel ignored. Ways to entertain the first born:

Turn Feeding Your Newborn into a special treat for your older child. Say, "Oh YES! It is time to feed the baby, now we can..." Complete with whatever special treat your older child would enjoy:

...look at the Elmo flap book and open EVERY SINGLE FLAP as often as you want.

...listen to you sing every song from Frozen.

...listen to you tell every joke that you've ever learned.

...watch Peppa Pig together! And I will not fall asleep this time.

...bring out the special colored pencils for you to use that we only take out while we feed the baby.

... continue this long chapter book that we save for the times we feed the baby.

... take out this special puzzle that we only take out when the baby eats.

...(and if you are outside) get the spray bottle of water for you to water all of our trees and plants and grass! (most toddlers cannot resist a spray water bottle- hoard it for baby feeding times) or ...get out the sidewalk chalk so you make art all over the driveway!

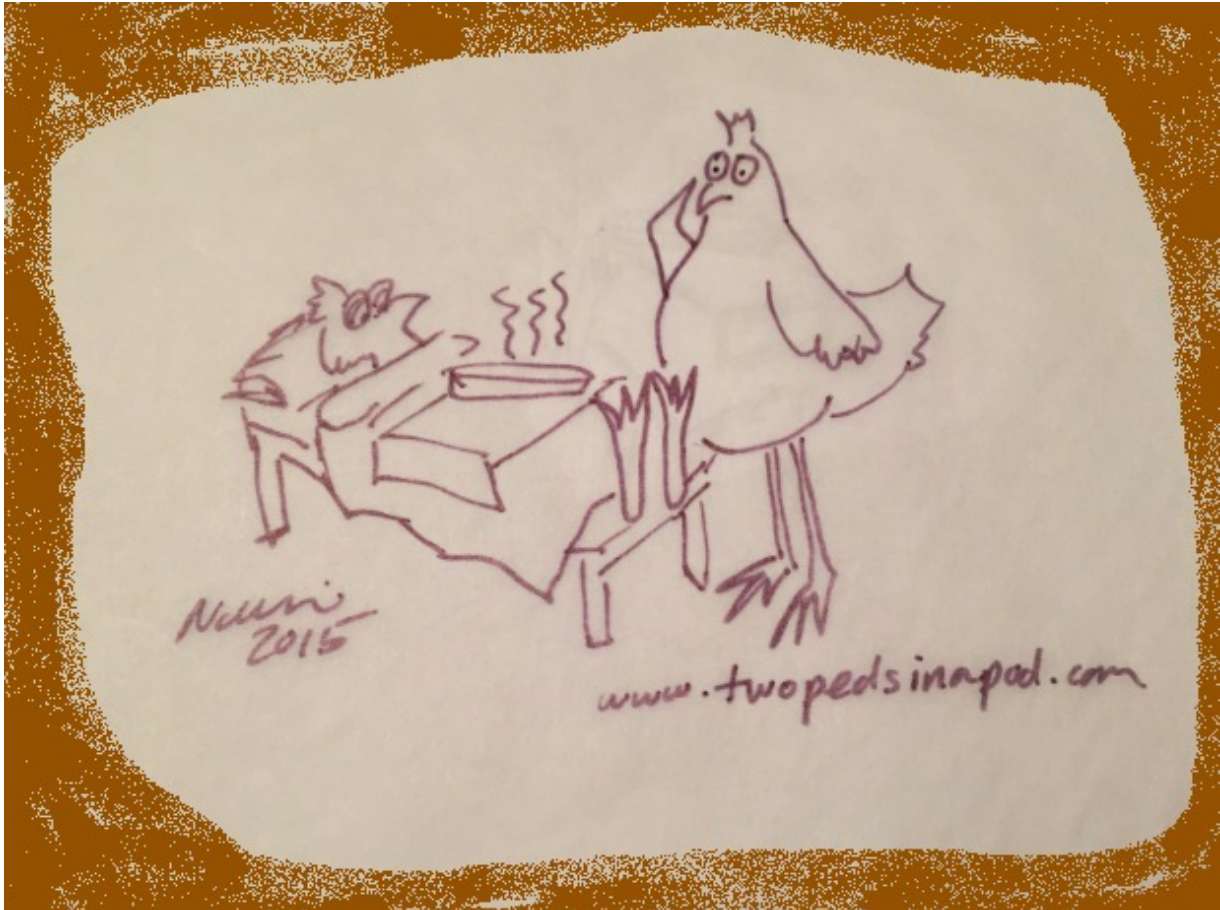
You get the idea. Now, instead of your saying, "Sorry Honey, we have to stop playing now because Baby has to eat," you can make the experience a special privilege for your older child.

If your older child is napping during a feeding, then of course you can reward yourself with reading Two Peds in a Pod's back posts during the feed!

Julie Kardos, MD and Naline Lai, MD

©2017 Two Peds in a Pod®

Flu or a cold? How to tell the difference



“Now what kind of soup did the doctor recommend? Was that tomato soup? Mushroom barley?”

Happy New Year and welcome to Flu Season 2017! Parents ask us every day how they can tell if their child has the flu a cold. Here's how:

Colds, even really yucky ones, start out gradually. Think back to your last cold: first your throat felt scratchy or sore, then the next day your nose got stuffy or then started running profusely, then you developed a cough. Sometimes during a cold you get a fever for a few days. Sometimes you get hoarse and lose your voice. Kids are the same way. In addition, they often feel tired because of interrupted sleep from cough or nasal congestion. This tiredness leads to extra crankiness.

Usually kids still feel well enough to play and attend school with colds, as long as they well enough to participate. The average length of a cold is 7-10 days although sometimes it takes two weeks or more for all coughing and nasal congestion to resolve.

Important news flash about mucus: the mucus from a cold can be thick, thin, clear, yellow, green, or white, and can change from one to the other, all in the same cold. The color of mucus does NOT tell you if your child needs an antibiotic and will not help you differentiate between a cold and the flu.

The flu, caused by influenza virus, comes on suddenly and makes you feel as if you've been hit by a truck. Flu always causes fever of 101°F or higher and some respiratory symptoms such as runny nose, cough, or sore throat (many times, all three). Children, more often than adults, sometimes will vomit and have diarrhea along with their respiratory symptoms, but contrary to popular belief, there is no such thing as "stomach flu." In addition to the usual respiratory symptoms, the flu causes body aches, headaches, and often the sensation of your eyes burning. The fever usually lasts 5-7 days. All symptoms come on at once; there is nothing gradual about coming down with the flu.

So, if your child has a runny nose and cough, but is drinking well, playing well, sleeping well and does not have a fever and the symptoms have been around for a few days, the illness is unlikely to "turn into the flu."

Remember: colds = gradual and annoying. Flu = sudden and miserable.

Fortunately, a vaccine against the flu is available for all kids over 6 months old (unfortunately, the vaccine isn't effective in younger babies) that can prevent the misery of the flu. In addition, vaccines against influenza save lives by preventing flu-related complications that can be fatal such as pneumonia, encephalitis (brain infection), and severe dehydration. Even though we are starting to see a lot of flu, it is not too late to get the flu vaccine for your child, so please schedule a flu vaccine ASAP if your child has not yet received one for this season. Parents and caregivers should also immunize

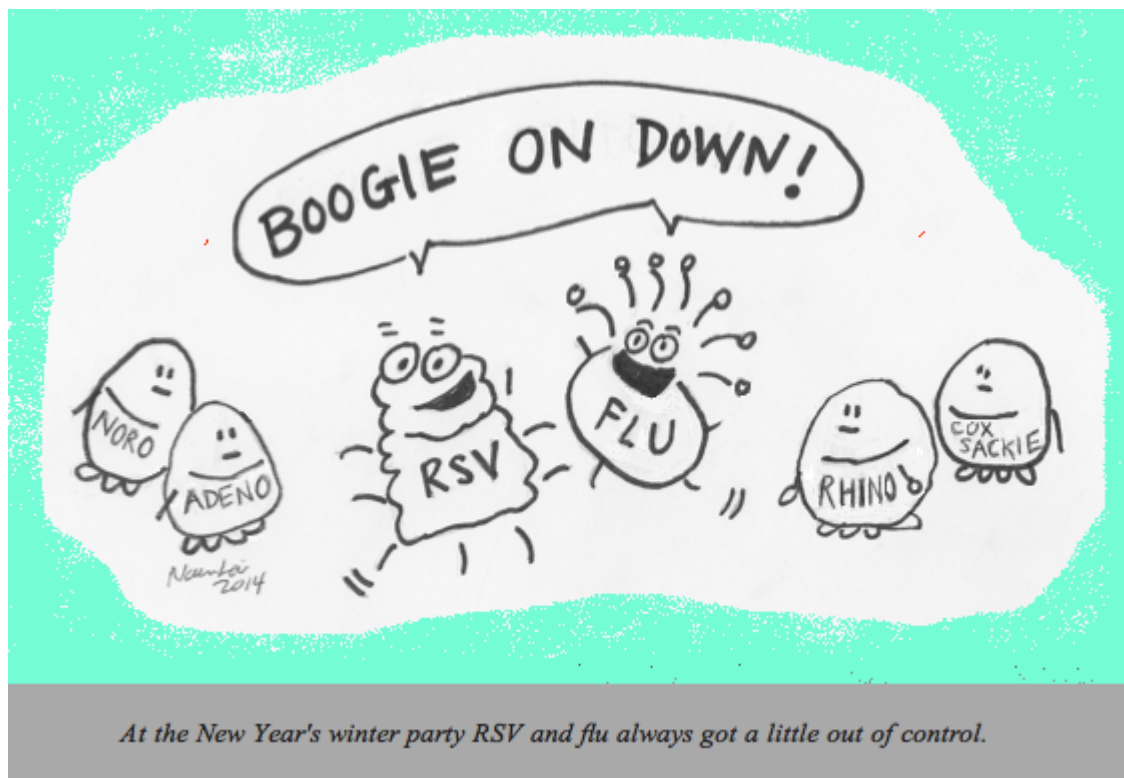
themselves- we all know how well a household functions when Mom or Dad have the flu... not very well!

Be sure to [read our guest article on ways to prevent colds and flu](#) and our thoughts on [over the counter cold medicines](#). Now excuse us while we go out to buy yummy-smelling hand soap to entice our kids to wash germs off their hands. After that you'll find us cooking up a pot of good old-fashioned chicken soup, just in case...

Julie Kardos, MD and Naline Lai, MD
revised from our 2009 and 2015 posts

©2017 Two Peds in a Pod®

RSV: nothing to sneeze at!



"A baby in my child's daycare was hospitalized for RSV," panicked parents said to us the other day. But RSV (Respiratory Syncytial Virus) is not just a daycare

phenomenon. As we are currently experiencing in our office, this virus causes MANY more run-of-the-mill office visits than hospitalizations.

Right now, RSV season is in full swing. RSV is one of the most common causes of the common cold. It is THE most common cause of childhood bronchiolitis (inflamed tiny airways in the lungs), but most of the time RSV causes a really miserable cold without any other complications. Most of us have had RSV many times. RSV tends to be particularly tough on babies and toddlers because the worst episode of RSV is usually the first time you catch the germ.

RSV glues to cells from the nose down to the lungs, causing breathing difficulties. The boogies from RSV tend to be very thick and kids' lungs goo-up, sometimes causing a wheeze (like that of a person with asthma). The cough from RSV can easily last a month. The disease can be very dangerous in young infants, babies born earlier than 38 weeks (premature), and babies with chronic lung and heart disease, because of their inability to clear the gunk that RSV produces in their airways. Some kids get fever with RSV and some do not.

Like all cold viruses, no medication kills RSV, so the germ needs to "run its course." The third through the fifth day of the illness are generally the peak days for symptoms. Here are ways to help your ill child:

- Stay away from the over-the-counter [cough and cold medicines](#)— they can have more side effects than helpful effects.
- If your child is over one year old, [honey can help relieve the cough](#). Try giving 1 teaspoon 3-4 times a day.
- For the little ones who can't (or won't) blow their noses, put a drop or two of nasal saline in each nostril and use a suction device like a bulb syringe to pull out the discharge. Warning: over-zealous bulb suctioning,

more than three to four times a day, can be irritating to the nose. Sometimes just the saline alone, without suction, is enough to promote sneezing which will catapult out the mucus.

- Run a cool mist humidifier in her bedroom or sit with your child in a steamy bathroom so water vapor loosens her congestion.
- Give acetaminophen (if over two months of age) or ibuprofen (over six months of age) as needed for fever or discomfort from a clogged head.

Just like you when **you** have a cold, your child may lose her appetite because she has a belly full of post nasal drip and overall feels lousy. Do not fret over her lack of food intake, but do hydrate her well. Breast milk or formula, because of their nutrition, is the best choice for hydrating infants with a cold. For older children, encourage water, but if your child is not eating, make sure there is salt and sugar in her fluids to keep her going. Don't be afraid to [give your child milk when she has a cold](#). Good old-fashioned chicken broth is another great source of hydration.

[For kids under two years of age, avoid the use of smelly chest rubs containing menthol or camphor](#) (e.g. Vicks Vapor Rub) and in older children, don't introduce a rub for the first time when your child is ill. When he is sick is a terrible time to discover that a chest rub sends your child into an allergic coughing fit or to discover that he hates the smell.

How do you know if you need to take your child to the doctor? [Read here to help you decide](#). Watch for signs of difficulty breathing: rapid breathing, ribs sticking out each time your child breathes in ([click here](#) for our video example of this), and/or belly moving in and out with each breath, and grunting. A child who is short of breath will be unable to breathe and drink at the same time. A child who is inconsolable with RSV might have additional infections such as pneumonia, ear infections or sinus infections.

Since our immune systems do not make a long-lasting antibody response to RSV, our bodies do not “remember” RSV, and we can catch it again and again. This makes the creation of an RSV vaccine difficult, because vaccines work by boosting our natural defense systems. Vaccines cannot boost an immune response that does not occur naturally.

Take heart, even if your child gets RSV every winter, each episode will usually be less severe than the last. Just look at us pediatricians, we have contracted it so many times, we may sneeze only once before the germ retreats.

Hopefully your family escapes RSV this year! Continue good hand washing and encourage your child to cough into his sleeve to prevent spread of RSV and other Really Sick Viruses.

Naline Lai, MD and Julie Kardos, MD

©2017 Two Peds in a Pod®, revised from 2014