

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

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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

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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

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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.



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 simethicone 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.

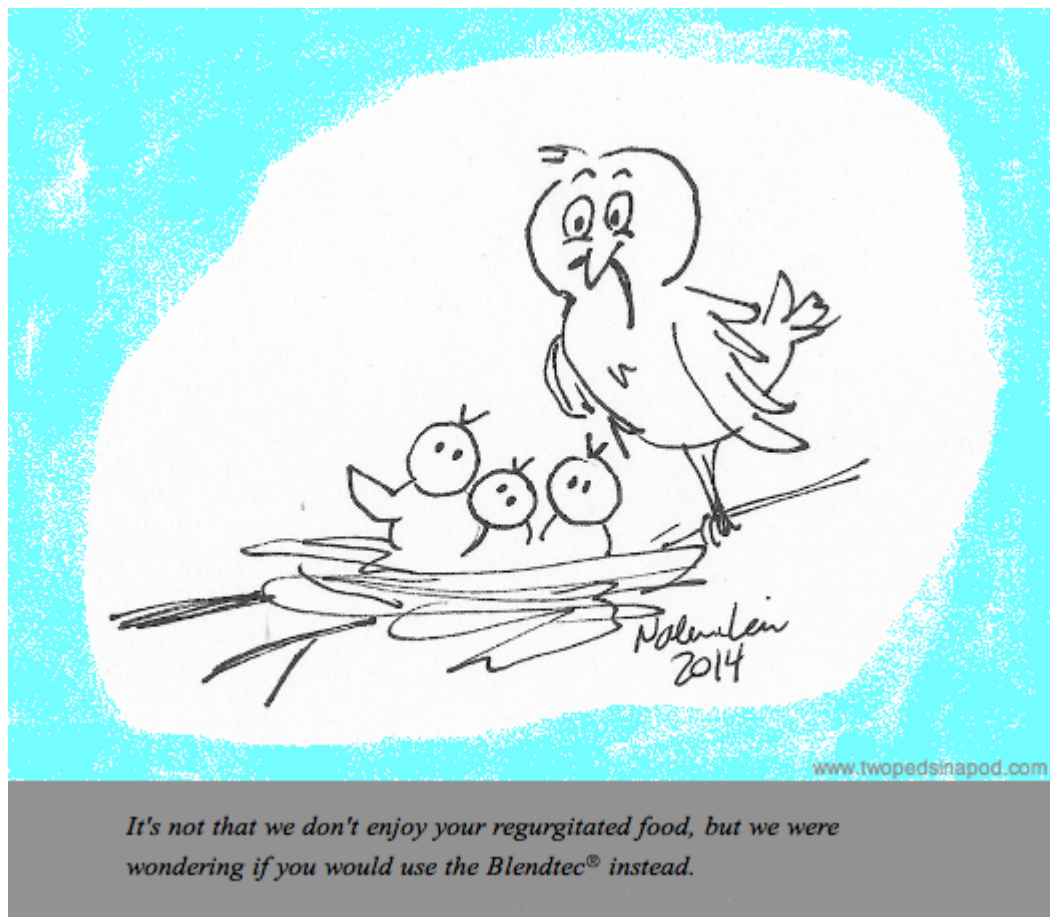
The good news? The discomfort from gas will pass. Gas discomfort from burps and farts typically peaks at six weeks and improves immensely by three months. At that point, even the fussiest babies tend to mellow. The next time your child's gas will cause you distress won't be until he becomes a preschooler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

Julie Kardos, MD and Naline Lai, MD

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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, $\frac{1}{2}$ 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

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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.

You 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](#).

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**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

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A guide for parents of one-year-olds



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

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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

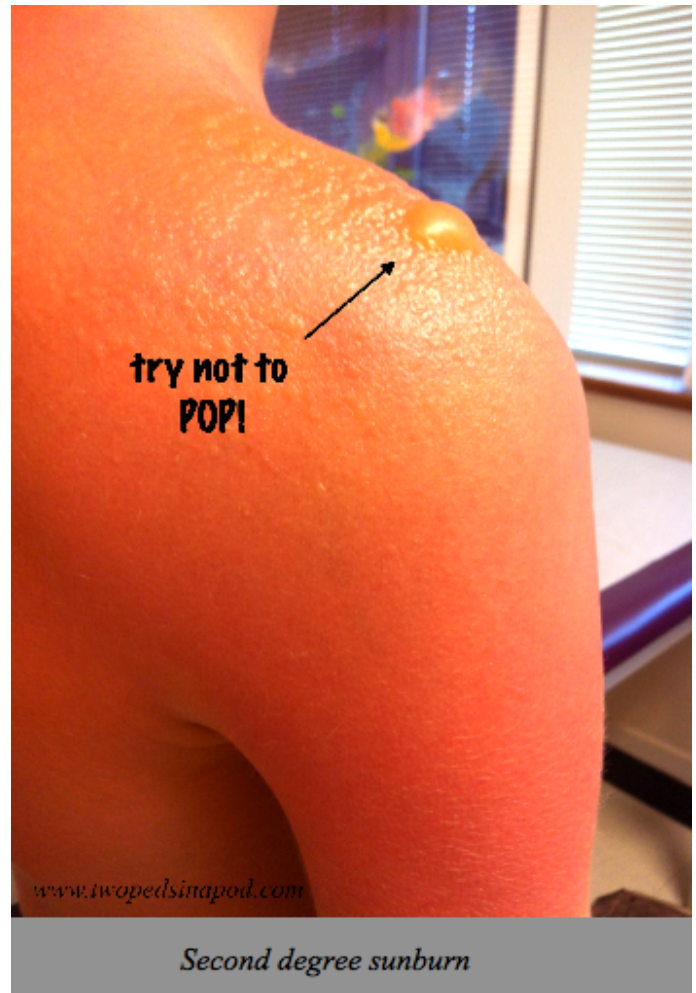
I know I've had more than I deserve.
These lungs that rise and fall without effort,
the husband who sets free house lizards,
this red-doored ranch, my mother on the phone,
the fact that I can eat anything—gouda, popcorn,
massaman curry—without worry. Sometimes
I feel like I've been overlooked. Checks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

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