How to tell if your baby or toddler has autism

Autism is a communication and socialization disorder. Pediatricians watch for speech delay as a sign of autism. But even before your child is expected to start talking at around a year old, you can watch for communication milestones. Problems attaining these milestones may indicate autism or other disorders such as hearing loss, vision loss, isolated language delay, or other developmental delays:

By **six weeks** of age, your baby should smile IN RESPONSE TO YOUR SMILE. This is not the phantom smile that you see as your baby is falling asleep or that gets attributed to gas. Your baby should see you smile and smile back at your smile. Be aware that babies at this age will also smile at inanimate objects such as ceiling fans, and this is normal for young babies to do.

By **two months** of age, babies not only smile but also coo, meaning they produce vowel sounds such as “oooh” or “aaah” or “OH.” If your baby does not smile at you by their two month

well-baby check up visit or does not coo, discuss this delay with your child’s doctor.

By **four months** of age, your baby should not only smile in response to you but also should be laughing or giggling OUT LOUD. Cooing also sounds more expressive (voice rises and falls or changes in pitch) as if your child is asking a question or exclaiming something.

Six-month-old babies make more noise, adding consonant sounds to say things like “Da” and “ma” or “ba.” They are even more expressive and seek out interactions with their parents. Parents should feel as if they are having “conversations” with their babies at this age: baby makes noise, parents mimic back the sound that their child just made, then baby mimics back the sound, like a back and forth conversation.

All **nine-month-olds** should know their name. Meaning, parents should be convinced that their baby looks over at them in response to their name being called. However, sometimes parents have so many nicknames for their baby that this milestone might be delayed a bit until parents are more consistent with always using the same name to address their child. Baby-babble at this age, while it may not include actual words yet, should sound very much like the language that they are exposed to primarily, with intonation (varying voice pitch) as well. Babies at this age should also do things to see “what happens.” For example, they drop food off their high chairs and watch it fall, they bang toys together, shake toys, taste them, etc.

Babies at this age look toward their parents in new situations to see if things are ok. When I examine a nine month old in my office, I watch as the baby seeks out his parent as if to say, “Is it okay that this woman I don’t know is touching me?” They follow as parents walk away from them, and they are delighted to be reunited. Peek-a-boo elicits loud laughter at this age (“You’re gone, you’re back, haha!”). Be aware that at this age

babies do flap their arms when excited or bang their heads with their hands or against the side of the crib when tired or upset; these “autistic-like” behaviors are in fact common at this age.

By one year of age, children should be pointing at things that interest them. This very important social milestone shows that a child understands an abstract concept (I look beyond my finger to the object farther away) and also that the child is seeking social interaction (“Look at what I see/want, Mom!”). Many children will have at least one word that they use reliably at this age or will be able to answer questions such as “What does the dog say?” (child makes a dog sound). Even if they have no clear words, by their first birthday children should be vocalizing that they want something. Picture a child pointing to his cup that is on the kitchen counter and saying “AAH AAH!” and the parent correctly interpreting that her child wants his cup.

Kids at this age also will find something, hold it up to show a parent or even give it to the parent, then take it back. Again, this demonstrates that a child is seeking out social interactions, a desire that autistic children typically fail to demonstrate. It is also normal that at this age children have temper tantrums in response to seemingly small triggers such as being told “no.” Unlike in school-age children, difficulties with “anger management” are normal at age one year.

Pediatricians often use a questionnaire called the M-CHAT (Modified Checklist for Autism in Toddlers) as a screening tool . This test can be downloaded for free. In our office we administer the M-CHAT at the 18-month well child visit and again at the two-year well visit, but the test is valid down to 16 months and in kids as old as 30 months. Not every child who fails this test has autism, but the screening helps us to identify which child needs further evaluation.

At **15-18 months** of age, children should show the beginnings of pretend play. For example, if you give your child a toy car, the toddler should pretend to drive the car on a road, make appropriate car noises, or maybe even narrate the action: “Up, up, up, down, down, rrrroooom!” Younger babies mouth the car, spin the wheels, hold it in different positions, or drag a car upside down, but by 18 months, they perceive a car is a car and make it act accordingly. Other examples of pretend play are when a toddler uses an empty spoon and pretends to feed his dad, or takes the T.V. remote and then holds it like a phone and says “hello?” You may also see him take a baby doll, tuck baby into bed, and cover her with a blanket.

Eye contact in American culture is a sign that the child is paying attention and engaged with another person. Lack of eye contact or lack of “checking in” with parents and other caregivers can be a sign of delayed social development.

Kids try periodically to get their parents to pay attention to what they are doing. Lack of enticing a parent into play or lack of interest in what parents or other children are up to by this age is a sign of delayed social development. Ask yourself, “Does my child bring me things? Does he show me things?”Also, although they may not share or take turns, a toddler should still be interested in other children.

Many **two-year-olds** like to line things up. They will line up cars, stuffed animals, shapes from a shape sorter, or books. The difference between a typically-developing two-year-old and one that might have autism is that the typically-developing child will not line things up the exact same way every time. It’s fine to hand your child car after car as he contently lines them up, but we worry about the toddler who has a tantrum if you switch the blue for the green car in the lineup.

Two-year-olds should speak in 2-3 word sentences or phrases that communicate their needs. Autism is a communication

disorder, and since speech is the primary means to communicate, delayed speech may signal autism. Even children with hearing issues who are speech-delayed should still use vocal utterances and gestures or formal sign language to communicate.

Another marker for autism can be **atypically terrible "terrible twos"**. Having a sensory threshold above or below what you expect may be a sign of autism. While an over-tired toddler is prone to meltdowns and screaming, parents can often tell what triggered the meltdown. For example, my oldest, at this age, used to have a tantrum every time the butter melted on his still-warm waffle. Yes, it seemed a ridiculous reason to scream, but I could still follow his logic. Autistic children are prone to screaming rages beyond what seems reasonable or logical. Look also for the child who does not startle at loud noises, or withdraws from physical contact because it is overstimulating.

By **three years**, children make friends with children their own age. They are past the "mine" phase and enjoy playing, negotiating, competing, and sharing with other three-year-olds. Not every three year old has to be a social butterfly but he should have at least one "best buddy."

Regression of skills at any age is a great concern. Parents should alert their child's pediatrician if their child stops talking, stops communicating, or stops interacting normally with family or friends.

It' s okay to compare. Comparing your child to other same-age children may alert you to delays. For example, I had parents of twins raise concerns because one twin developed communication skills at a different pace than the other twin.

Although you may wonder if your child has autism, there are other diagnoses to consider. For instance, children need all of their senses intact in order to communicate well. I had a

patient who seemed quite delayed, and it turned out that his vision was terrible. He never complained about not seeing well because he didn't know any other way of seeing. After my patient was fitted with strong glasses at the age of three, his development accelerated dramatically. The same occurs for children with hearing loss—you can't learn to talk if you can't hear the sounds that you need to mimic, and you can't react properly to others if you can't hear them.

If you or your pediatrician suspect your child has autism, early and intensive special instruction, even before a diagnosis is finalized, is important. Every state in the United States has Early Intervention services that are parent-prompted and free for kids. The sooner your child starts to works on alternate means of communication, the quicker the frustration in families dissipates and the more likely your child is to ultimately develop language and social skills. **Do not be afraid of looking for a diagnosis. He will be the same child you love regardless of a diagnosis**. The only difference is that he will receive the interventions he needs.

Julie Kardos, MD, and Naline Lai, MD

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modified from the original 2010 and 2013 posts

How to treat a cold

For kids over one year of age, the Honey Bear offers grrr-eat relief

So many children (and their parents) have colds now. Really yucky colds, often accompanied by fever. Take heart that it's not quite flu season- the yearly flu epidemic has not yet fully hit the United States. Are you staring at the medicine display in the pharmacy, wondering which of the many cold medicines on the shelf will best help your ill child? How we wish we had a terrific medication recommendation for how to treat a cold. Unfortunately, we do not. And antibiotics-as powerful as they can be at killing bacteria- do not cure colds, which are caused by viruses.

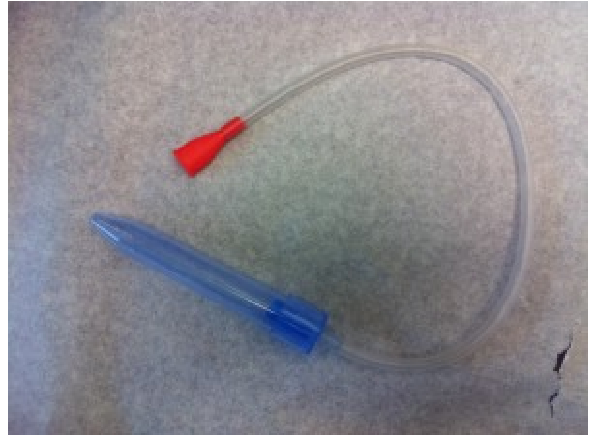
Watching your child suffer from a cold is tough. But why give something that doesn't help her get better and has potential side effects?

Don't despair, even if you can't kill a cold virus, there are plenty of things you can do to make your child feel better:

- -If she has a sore throat, sore nose, headache, or body aches, consider giving acetaminophen or ibuprofen to treat the discomfort.
- –Give honey for her cough and also to soothe her throat if she is over one year of age.
- -Run a cool mist humidifier in her bedroom, use saline nose spray or washes, have her take a soothing, steamy shower, and teach her how to blow her nose.
- -Break up that mucus by hydrating her well – give her a bit more than she normally drinks.
- -For infants, help them blow their noses by using a bulb suction. However, be careful, over-zealous suctioning can lead to a torn-up nose and an overlying bacterial infection. Use a bulb suction only a few times a day.

The safety and effectiveness of cough and cold medicine to treat a cold has never been fully demonstrated in children. In fact, in 2007 an advisory panel including American Academy of Pediatrics physicians, Poison Control representatives, and Baltimore Department of Public Health representatives recommended to the U.S. Food and Drug Administration (FDA) to stop use of cold and cough medications under six years of age.

Thousands of children under twelve years of age go to emergency rooms each year after over dosing on cough and cold medicines according to a 2008 study in *Pediatrics* . Having these medicines around the house increases the chances of accidental overdosing. Cold medications do not kill germs and will not help your child get better faster. Between 1985 and 2007, six studies showed cold medications didn't have significant effect over placebo.



The self billed “snot sucker” Nose Frida

So you can ignore the shelf of children’s cough and cold medicine. Instead, buy saline nose drops or spray to help suffy noses, acetaminophen (Tylenol) or ibuprofen (Motrin, Advil), to treat discomfort, and fluids- and yes, milk is ok during a cold– to prevent dehydration.

Fortunately, when your kids have a cold, unlike you, they can take as many naps as they want.

Naline Lai, MD and Julie Kardos, MD

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updated from our 2011 post

Fever: what’s hot, what’s not, and what to do about it

Photo by Lexi Logan

Parents ask us about fever more than any other topic, so here is what every parent needs to know:

Fever is a sign of illness. Your body makes a fever in effort to heat up and kill germs **without harming your body.**

Here is what fever is NOT:

· Fever is NOT an illness or disease.
· Fever does NOT cause brain damage.
· Fever does NOT cause your blood to boil.
· Unlike in the movies and popular media, fever is NOT a cause for hysteria or ice baths.
· Fever is NOT a sign of teething.

Here is what fever IS:

- In many medical books, fever is a body temperature equal to or higher than 100.4 degrees Fahrenheit.
- Many pediatricians consider 101 degrees Fahrenheit or

higher as the definition of fever once your child is over 2 months of age.
- Fever is a great defense against disease, and thus is a SIGN, or symptom, of an illness.

To understand fever, you need to understand how the immune system works.

Your body encounters a germ, usually in the form of a virus or bacteria, that it perceives to be harmful. Your brain sends a message to your body to HEAT UP, that is, make a fever, to kill the germs. Your body will not get hot enough to harm itself or to cause brain damage. Only if your child is experiencing Heat Stroke (locked in a hot car in July, for example), or if your child already a specific kind of brain damage or nervous system damage (rare) can your child get hot enough to cause death.

When your body has succeeded in fighting the germ, the fever will go away. A fever reducing agent such as acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin) will decrease temperature temporarily but fever WILL COME BACK if your body still needs to kill off more germs.

Symptoms of fever include: feeling very cold, feeling very hot, suffering from muscle aches, headaches, and/or shaking/shivering. Fever often suppresses appetite, but thirst should remain intact: drinking is very important with a fever.

Fever may be a sign of any illness. Your child may develop fever with cold viruses, the flu, stomach viruses, pneumonia, sinusitis, meningitis, appendicitis, measles, and countless other illnesses. The trick is knowing how to tell if your child is VERY ill or just having a simple illness with fever.

Here is how to tell if your child is VERY ill with fever vs not very ill:

Any temperature in your newborn infant **younger than 8 weeks old that is 100.4 (rectal temp) degrees or higher** is a fever

that **needs immediate attention** by a health care provider, even if your infant appears relatively well.

Any fever that is accompanied by moderate or severe **pain**, **change in mental state** (thinking), **dehydration** (not drinking enough, not urinating because of not drinking enough), **increased work of breathing/shortness of breath**, or **new rash i**s a fever that NEEDS TO BE EVALUATED by your child's doctor. In addition, a fever that lasts more than three to five days in a row, even if your child appears well, should prompt you to call your child's health care provider. Recurring fevers should also be evaluated. Additionally, if your child is missing vaccines, call your child's doctor sooner rather than later.

Should you treat fever?

As we explained, fever is an important part of fighting germs. Therefore, we do NOT advocate treating UNLESS the side effects of the fever are causing harm. Reduce fever if it prevents your child from drinking or sleeping, or if body aches or headaches from fever are causing discomfort. If your child is drinking well, resting comfortably or playing, or sleeping soundly, then he is handling his illness just fine and does not need a fever reducing agent just for the sake of lowering the fever.

A note about febrile seizures: Some unlucky children are prone to seizures with sudden temperature elevations. These are called febrile seizures. This tendency often runs in families and usually occurs between the ages of 6 months to 6 years. Febrile seizures last fewer than two minutes. They usually occur with the first temperature spike of an illness (before parents even realize a fever is present) and while scary to witness, do not cause brain damage. No study has shown that giving preventative fever reducer medicine decreases the risk of having a febrile seizure. As with any first time seizure, your child should be examined by a health care provider, even if you think your child had a simple febrile seizure.

Please see our “How sick is sick?” blog post for further information about how to tell when to call your child’s health care provider for illness.

Julie Kardos, MD and Naline Lai, MD

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Ear wax in your child: what to do with the goo

"My, the wax just keeps pouring out of your ears"

Babies are gooey. Spew tends to dribble out of every orifice and the ear is no exception.

Devin’s mother tipped her four month old baby’s head sideways in the office the other day and asked me what to do about the oily, yellow wax smeared around the opening of his ear canal. Despite the copious amount of wax on the outside, Devin’s ear canals were clear. “But the wax is simply disgusting,” said Devin’s mom, “Can I clean his ears? “

If you can get the wax with a wash cloth, it’s fair game. Otherwise, leave it alone. It doesn’t matter if you use a wash

cloth or cotton swab. The special shaped cotton swabs with the safety tips are unnecessary. Rest assured, you will not go too deeply into the ear canal if you only scrape off what is visible.

Now suppose your pediatrician does say the wax should be removed. Place an over-the-counter solution such as Debrox in the ears (children and adults can use the same formulation) – three to four drops one or two times a day (during sleep is easiest for babies and toddlers) for a few days. The solution softens wax. For maintenance, mineral oil and olive oil are favorite remedies. Place one drop daily in ears. In the office some pediatricians can use a water irrigation system (like a water squirter in your ear) to wash out the wax. The worst side effect is that the child's shirt sometimes gets wet. Irrigation is a very effective for removing wax in a school-aged or teenaged child who complains of difficulty hearing.

Some say wax evolved to help keep bugs and other debris from reaching deep into our ear canals. Case in point: one of my least favorite memories during residency is of picking out pieces of a cockroach entrapped in a child's earwax!

Keep in mind the amount of wax you see on the outside of the ear is not indicative of the actual amount inside the ear canal. Chances are, the wax is not hard and does not block the ear drum. Even if there is a large amount of wax, it is unlikely to greatly affect a baby's hearing unless the wax is stuck against the ear drum. Equally normal is that some babies and children don't seem to produce any ear wax. If you are concerned about your child's ear wax or about her hearing, have your pediatrician take a peek with a light.

If you find you are constantly cleaning your kid's waxy ears, take heart. At least there won't be any roaches "bugging" them.

Naline Lai, MD and Julie Kardos, MD

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PS: Medical vocabulary FYI: light used to look into ears= otoscope. Medical term for ear wax= cerumen.

We give thanks, 2016

Nearly seven years ago, on the swimming pool bleachers at the local Y, I happened to sit next to Lexi Logan. Above the echoing din of kids splashing, I discovered that although she was trained as a painter, Lexi was interested in branching out into photography. Coincidentally, Dr Kardos and I were interested in branching medicine out into a new media called the internet and were dismayed at the lack of publicly available photos to accompany our blog posts. Lexi and I intersected in the right place at the right time. Since that chance meeting, Lexi has generosity shared dozens of photos with Two Peds in a Pod.

The woman in the photo below, between your Two Peds (Dr. Kardos with the curly hair, Dr. Lai with the straight hair), is our photographer extraordinaire, Lexi Logan. Her work, which you can check out at www.lexilogan.com, speaks for itself. Local peeps may want to contact her to take their own family photos.

This Thanksgiving we say thanks to all those parents we've ever sat next to on bleachers. All the kid-related information we have learned, from navigating chorus uniforms, bus stop times, best teachers, fun summer camps, and even starting up blogs, has been invaluable.

In particular- thank you, Lexi!

We wish all of our readers a very healthy and happy Thanksgiving,

Dr. Naline Lai with Dr. Julie Kardos

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Potty training 101: the nuts and bolts

A shout out to Trinity Day School in Solebury, PA where we spoke with a group of parents yesterday about the pearls and pitfalls of potty training. Today we share some of what we discussed.

At Trinity day School

“Will it ever end?” many parents ask. Time moves in slow motion for parents teaching their kids to use the potty. For

those trapped in a potty training time warp, take heart. It's been seven years since we first released out podcast on potty training and we're proud to report that the parents who first listened to that podcast have moved onto new parenting challenges like helping with homework. For those in the midst of training, and those who are contemplating training, this post is for you.

Children master potty training typically between the ages of two and four years. Be patient, not everyone is "typical." **More important than your child's age is whether she shows she is developmentally ready to train.** These signs include:

– is generally agreeable/ can follow directions.

– gets a funny expression before passing urine or poop, or runs and hides, then produces a wet or soiled diaper.

-asks to be changed/ pulls on her diaper when it becomes wet or soiled- remains dry during the day time for at least two hours (look for a dry diaper after nap time.)

-NOT because grandparents are pressuring you to start training their grandchild.

– NOT if the child is constipated–the last thing you want to do is to teach withholding to a kid who already withholds.

-NOT if a newborn sibling has just joined the family. A new baby in the house is often a time of REGRESSION, not progression. However, if your toddler begs to use the potty at this time, then by all means, allow him to try.

Make the potty a friendly place. Have a supply of books to occupy your child while she sits. Make sure her feet are secure on the floor if using a potty chair or on a stool if using the actual toilet. If using the real toilet for training, consider placing a potty training rim on the toilet seat to prevent your child from jack-knifing into the toilet. If your child is afraid of the bathroom, put

the potty chair in the hall just OUTSIDE of the bathroom.

Have reasonable expectations based on age. A two year old's attention span is two minutes. Never force your child to sit on the potty. If he doesn't want to sit, then he isn't ready to train.

Your can lead a horse to water… Reward your child for sitting on the potty, even if she does not "produce." Reward by giving a high-five, verbal praise, or a small, cheap trinket such as a sticker. Do NOT promise your child a trip to Disney for potty training–otherwise, what will you do when she learns to ride a bike or tie her shoes? Plus, unless you are prepared to leave right away, the toddler/preschooler does not developmentally understand the concept of long term reward. Accept that she may simply enjoy sitting fully clothing on the potty while singing at the top of her lungs for a few weeks.

Let your child learn by imitation At home, have an open door bathroom policy so she can imitate you and her older siblings. At school, she will imitate her potty-trained classmates.

Initially, kids rarely tell their parents they "have to use the potty." For these kids, schedule potty visits every 2-3 hours throughout the day. Do potty checks at key times such as first waking up, right before nap, and before bedtime. Be sure to spend extra time a half an hour after meals or after a warm bath. Both meals and warmth stimulate poop!

A child is potty trained when she can do the whole deal: use the potty, help wipe, help un-dress and re-dress, and wash hands.

If the child refuses to wash hands after using the potty, she is not trained. Ultimately, the goal is for her to gain independent toileting skills. However, she will need your supervision for a while.

Important note for parents of BOYS: First potty train your

son to sit for ALL business. Teach him to gently press his penis downward so pee lands in the toilet and not all over the room. Once your son stands up to urinate, he may become so excited that he may never sit down again. Better to wait until he uses the potty consistently with few accidents before teaching him to stand up. Even after he begins to stands to pee, have him sit on the potty daily to allow him time to poop.

Don't be surprised if your child trains for pee before poop. In fact, many kids go through a phase when they ask for a diaper to poop in. After all, it's frightening to see/feel a chunk of your body fall into an abyss. Dump the poop from the diaper into the potty and practice waving bye-bye.

A note about night time and naps: Potty train for when your child is awake. Your child will spontaneously, without any training, stay dry at night and during naps. Some kids sleep more soundly than others and some kids are not genetically programmed to stay dry overnight until they are elementary school aged. For more information about bed-wetting please see our post on this topic. No amount of daytime training will affect what happens during sleep. Moderate fluids right before bed and continue putting on the diapers at night until you notice that the diapers are dry when your child wakes up. After a week of dry mornings, try your child in underwear overnight. Occasional accidents are normal for years after potty training, so you might want to put a water proof liner under your child's sheets when first graduating to sleep underwear.

Disposable training pants: We like sticking to underwear while potty trainers are awake and diapers while asleep. A reluctant trainer tends to find training pants just absorbent enough that he does not care if he is wet. However, the pants are not absorbent enough to prevent rashes from stool or urine. Plus they are more expensive

than underwear AND diapers. Explain to your child "sleep diapers" are perfectly acceptable until their "pee pee learns to wake them up." Use the training pants when your child is older and is mortified by the idea of a diaper or if your family is going on a long car ride and you don't want to risk urine on a car seat.

Above all: avoid power struggles. If potty training causes tears, tantrums, or confusion then STOP TRAINING, put those diapers back on, and try again a few weeks later.

After the training, keep an eye on how often he pees and poops. Older kids get "too busy" to go to the potty. Make sure he is in the habit of emptying his bladder four to six times a day and having a soft bowel movement every day or every other day.

Ultimately… you just have to go with the flow. And remember, everything eventually comes out right in the end.

Julie Kardos, MD and Naline Lai, MD

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How to transition to milk in a cup

photo by Lexi Logan

While "drinks from a cup" is often listed as a developmental milestone for one-year-olds, it is a good idea to start teaching this skill BEFORE your child's first birthday. Go ahead and introduce a cup when you baby is around six months old.

Here's why six months is a great time to start a cup:

- Six-month-olds are starting to sit propped and even unsupported
- Six-month-olds can bring their hands together and pull most objects into their mouths – this is why baby proofing is so important starting at this age as well!
- Six-months-olds are usually not afraid or wary of new things, new experiences, or new people. As an example, when I walk into the exam room and start examining a 6-month-old baby, he usually smiles and "talks" to me. When I hand him 2 wooden tongue depressors to play with, he reaches for them eagerly and puts them into his mouth

as soon as he grabs them. In contrast, a 9-month-old or one-year-old will often look back at his dad when I enter the room, he might cry when I go to examine him, and may eyeball the wooden tongue depressors suspiciously.
- One-year-olds are much more willful and oppositional than 6-month-olds and so may balk at a new way of drinking.

“You mean a “sippy cup, right?”

We have an entire post devoted to sippy cups but the short of it is that even babies as young as 6 months can start learning to drink out of open cups. Parents have told me that their 6-month-old will pull their mom’s water bottle to his mouth and drink from it.

The origin of the non-spill sippy cup:

According to this article in the New York Times , mechanical engineer and dad Richard Belanger first developed his own non-spillable cup because he was tired of always cleaning up his toddler’s spills. In other words, **he developed the cups for parents** with an aversion to mess, not as a “stepping stone” for kids learning to drink out of a cup. His non-spill cups were specifically for *kids who already drank out of open cups but often spilled them*. He eventually pitched his prototype to Playtex, and the rest is history: non-spillable sippy cups are now ingrained into toddler culture.

So, when parents of my patients lament, “My child throws the sippy cup away! He won’t suck from it!” I smile and answer, ok, take the vacuum seal or valve out or skip the sippy cup and just give a regular open cup.

WHAT should you put in the cup?

Water is a great choice. It is healthy and does not stain so is easy to clean when your new cup-user spills it.

You can put formula or breastmilk in the cup if you want, but don't worry if your baby won't drink it. Remember, you are not replacing bottles or nursing yet, you are simply adding a cup.

After your child turns one year, you can put whole or two-percent cow's milk (reduced- fat milk) in the cup. No need for toddler formulas. Your pediatrician will guide you as whether to start with whole or the two-percent.

How much milk do kids need in their cups?

Remember that once your child weans from breast milk or formula, she no longer receives a lot of iron through cow's milk. In fact, the calcium in milk hinders iron absorption from food, so be sure to cap your child at 24 ounces of milk per day and give iron rich foods.

Most juice, even 100% juice, has the same sugar content as soda (such as Coke or Sprite), so juice is not a great choice of beverage for kids. Children should eat fruit but most do not need to drink juice.

Do I have to mix cow's milk in with the formula or breast milk to "get my child used to it?"

Not at all! Think about how you fed your baby solid foods. You didn't have to, for example, start with cereal and then mix every other food into the cereal. Just start cow's milk in a cup alongside your last supply of formula in a bottle or at the same time you are still giving breast milk. For social reasons and to make it easier for yourself later, offer "big kid milk" in cups and "baby milk" in bottles. Then when you stop giving formula, you won't need to continue to give (and wash- ugh!) bottles anymore!

One trendy question we hear these days is: Can I give raw milk in the cup?

The answer is: NO.

Raw milk contains many bacteria, such as salmonella, Listeria, and E.coli. The reason we pasteurize milk is to get the bacterial count down. Out of 121 dairy-related outbreaks in the US reported between 1993 and 2006, 73 (60 percent) were linked to raw dairy, despite the fact that only about 3 percent of the dairy products consumed in the U.S. was unpasteurized. These statistics prompted the American Academy of Pediatrics to issue a statement in 2013 recommending against raw milk.

If your child won't drink cow's milk, that's ok too. Cow's milk is a convenient, *but not a necessary*, source of protein, fat, vitamin D, and calcium, all of which are found in other foods.

If your child is allergic to dairy or is lactose intolerant, you can offer almond milk, soy milk, or even no milk.

After one year of age, it's fine if water is the only fluid your child drinks. He can get all of his nutrition from food. Liquid intake is more for hydration than for sustenance.

A word about vitamin D: Even though cow's milk is fortified with vitamin D, continue to provide a vitamin D supplement. The recommended daily allowance of vitamin D intake starting at one year of age is 600 IU a day. Since most toddler/child vitamins contain 400 IU per tablet/gummy, most kids will take in the recommended daily allowance of 600 IU a day if they drink some milk and take any of the over-the counter chewable vitamins. If your child does not drink any milk or you prefer not to give a supplement, 600 IU a day can be achieved through yogurt or cheese that is vitamin D fortified as well as vitamin D containing foods such as salmon and shiitake mushrooms (I know, I know… shiitake mushrooms are not usually a toddler favorite).

Beware of Grazing: Just as a "dieter's trick" is to drink eight ounces of water prior to meals to curb the appetite, too

much fluid = less appetite for solids. Grazing in the day or at night hinders picky eaters from eating. Additionally, grazing milk promotes dental caries (cavities) because milk sugar constantly bathes the teeth. Even if your child initially drinks a bedtime cup of milk, remember to always brush his teeth afterwards and to eventually stop offering milk before bed. Your goal is to offer the cup with meals or snacks. Your child does not need a cup in between.

We hope this post quenched your thirst for knowledge about transitioning to a cup!

Julie Kardos, MD and Naline Lai, MD

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Finger Foods for Your Famished Toddler

Got a baby starting on **finger foods**? Good news: You don't have to go broke over buying toddler Puffs®.

Babies and young toddlers don't have a lot of teeth. In fact, a full set of teeth does not come in until around two years of age. In the meantime, to help your new eater avoid choking, cut up food into tiny pieces. Now, sawing at food with a knife is not easy. Meet your new friend: the kitchen shears! For perfect finger foods, use shears to snip food into ideal toddler bite-sized pieces.

Cut table food into bite-sized pieces smaller than a grape, or approximately Cheerio® sized, and place on a clean surface,

such as the high chair tray. Plates are not necessary and often end up on the floor. Go ahead and give your toddler a fork but don’t expect him to use it- most toddlers are eighteen months before they can master a fork or spoon. Always be present when he is eating in case he starts to choke. Toddlers tend to put a handful of food in their mouth at one time, so teach your child to eat pieces of food “one at a time.”

Forget the toddler-food aisle, just grab your shears and cut away. Below are finger foods to help you get started. These foods are appropriate for babies who are able to finger-feed, starting anywhere between 7 to 9 months of age, even without teeth:

canned mandarin oranges
fruit cocktail (in juice, not syrup)
bananas
diced peaches
diced pears
diced mellon
diced berries, cut blueberries in half at first
diced cooked apples
raw tomato pieces
avocado
beef stew
liverwurst cut into small pieces
diced cooked meat
Cooked, diced chicken
Diced cooked fish (careful to discard any bones) click here for U.S. Food and Drug Administration recommendations
tofu (extra-firm is easiest to cut)
black beans, cooked or canned (rinse off the salty sauce they come in)
egg salad or hard-boiled egg pieces
bits of scrambled egg
soft cheese- such as American or Munster
vegetable soup (just scoop out the veggies and give them to your

child. You can put the broth into a cup for him to drink)
diced cooked veggies such as peas, carrots, corn, broccoli, zucchini, etc.
diced cucumbers
cooked diced squash
cooked diced potatoes, sweet potatoes, or yams
rice (rinse the rice grains in cold water prior to cooking to wash away trace amounts of arsenic that can be found in rice, couscous, quinoa
noodles
pierogies
mini ravioli
macaroni and cheese
waffles
pancakes
french toast
crackers with cream cheese
toast with jelly
toast with nut-butter (soy, peanut, almond, sunflower, etc.)
stuffing
Cheerios®

If your baby still likes his cereal, you can continue to offer it (We both still like oatmeal- it’s not just for babies!). Just be sure to vary the types of grain that you offer your baby.

Bon appetite!

Naline Lai, MD and Julie Kardos, MD
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Time out from summer for an important flu update

Time out from summer for a flu update

We interrupt your summer to bring you a Flu vaccine reminder and update.

Although flu (influenza) may be far from your minds, as we enter hot July, pediatricians are already ordering flu vaccines in preparation for Back to School. When the time comes, parents should add "schedule flu vaccine" to their back-to-school list as flu vaccines will arrive in offices as early as late August. Even immunizations given in August will last the entire winter season.

For fans of the nasal spray version of the flu vaccine—bad news. Turns out, data from the past 3 years shows the nasal spray is not nearly as effective as the injectable version. The American Academy of Pediatrics and the American Center

for Immunization Practices both recommend giving only the injectable version of flu prevention for protection against influenza.

Nonetheless, for the inconvenience of a pinch, the vaccine is still worthwhile. A total of 77 children died from flu in the US during the 2015-2016 flu season and many more children were hospitalized with flu related complications such as pneumonia and dehydration. Flu is highly contagious and spreads rapidly within households and schools, including daycare centers. People are contagious from flu one day prior to showing any symptoms of flu.

While most people who become sick with the flu survive, they will tell you it is a tough week. In addition to having a high fever that can last 5-7 days, a hacking cough, and runny nose, those stricken will tell you that every part of their bodies hurt. Even the movement of their eyes can hurt. In addition to the physical effects, our high school and college level patients are particularly distraught about the amount of schoolwork they miss while recovering from the flu.

An ounce of prevention is worth a pound of cure, which is why the flu vaccine is so terrific. There is no "cure" for the flu- you have to let your body fight it out. Unfortunately antiviral medications such as oseltamivir at best shorten the duration of flu symptoms by about one day. Flu vaccines work by jump starting your body's natural immune system to produce disease fighting cells called antibodies. Vaccines are given yearly because flu virus strains often morph between flu seasons.

For more Two Peds In a Pod posts about flu and about vaccines in general: How to tell the difference between the common cold and the flu, Fact or Fiction: a flu vaccine quiz, Getting back to basics: how vaccines work.

OK, now back to your summer fun!

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Bye-bye binkie: weaning the pacifier

This very dusty binkie emerged from my daughter's room just in time for her 16 th birthday. Yes, it's a 16 year old binkie. Seeing the pacifier was like greeting an old friend. Any family who has a binkie addict knows how the binkie is a source of their child's comfort and joy, and also how

difficult it can be to wean. But take heart, someday your child's binkie will lie forgotten and dusty. –Dr. Lai

Whether you love or hate the pacifier, at some point, to avoid the possibility of dental and speech articulation impairment, your child needs to wean. Besides, it's nice to see your child's entire face. You can start restricting your child's use of the pacifier to crib/bed around two years old, and then entirely somewhere in the three year old year. Your child's dependence on sucking for self-comfort decreases and he begins to want to dissociate himself from being a "baby."*

Here are some ways you can encourage your child to do without his/her beloved pacifier:

- Throw the pacifier across the room and entice your child to say with you, "Yucky, binkies are for babies."
- Restrict pacifiers to specific places such as your home, crib, or bed.
- Take a "Binkie finding hunt" with your child and gather all the binkies into a basket. Have the binkie fairy come overnight, take the basket, and leave a present in the morning. Alternatively, one set of parents told me that they told their child that they were gathering binkies for babies who didn't have any.
- If giving your child a pacifier is part of your bedtime routine, start to introduce something else such as a special blanket or stuffed animal.
- Sometimes as parents, we are the ones who have to be weaned. When your child is upset, do not automatically pop a binkie into your child's mouth. Seek other ways to help your child calm himself. Hand him a book, or sit down and read with him. Refrain from handing your child your cell phone or ipad to watch a video- it can be harder to wean this habit!
- Vow to yourself not to buy new pacifiers at the grocery store. Gradually the pacifiers left in the house will disappear or the mold on them will prompt you to throw

them away.

- Cut a small hole in the tip of the nipple- the binkie will not "be the same." Tell your child that the binkie is broken and throw it away.
- Vacations disrupt schedules. Therefore, sometimes in an unfamiliar bed, children wean habits. Conveniently forget the binkie while going on vacation and do not introduce it on return home.
- By age three, most kids appreciate the value of a good bribe. Offer them a reward for going a whole week (or at least 3 days) without the binkie. One night doesn't count because often the second night is more difficult for the child than the first when he is giving up the binkie. Once you have gone a week, the child will have no desire to go back. Just make sure you have disposed of every last binkie in your home so they will not have reminders of the "good old days."

And now, a poem by Dr. Lai:

Ode to the Binkie

Bed time when toddlers start to shout,

It is you, dear binkie, who knocks them out.

Those thumb suckers look so snide,

But haven't been without you on a long car ride.

None in the diaper bag, none in the crib?

Take one from our infant sib.

If you touch the ground, I'll give you a quick blow,

Back into the mouth you'll just go.

But now my child can run and jump with both feet off the ground,

Two to three word sentences she can sound.

If old enough to politely ask for you,

Then old enough to make permanent teeth go askew.

Oh dear binkie, you once had your place,

Now let's take the cork from the face.

Once you were our beloved binkie,

But right now… you are just stinky.

*NOTE: we have different suggestions for thumb suckers. Clearly we can't throw a thumb across the room and say "Thumbs are for babies!" To be very brief: aim for stopping thumb sucking by the time that permanent teeth grow in, by around age 6 or so. If you pluck it out right after your child falls asleep, often it stays out for most of the night.

Naline Lai, MD with Julie Kardos, MD

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