

Potty training: the advanced course



Just when you thought your child graduated from potty training ...there's more

Believe it or not, this post is for parents of kids who are already potty trained. Because sometimes even kids who are potty trained will refuse to use the toilet.

Changes and transitions, such as the start of a new school year, can trigger regression in kids who have been potty trained for years. Now that your children have been back to school for a few weeks take the quiz:

-Does your child come home from school and make **a mad dash for the bathroom** before he even gets his shoes off or asks you for a snack?

-Does your child stop eating and complain of **belly pain after two bites of dinner**?

-Does your child's **poop routinely clog your toilet**?

-Is your child's **underwear sometimes damp**?

-Have you noticed **skid marks** (small streaks or smears of poop) on your child's underwear?

If you answer "yes" to ANY of these questions, then read on.

Advanced Potty Training

The main problem many kids encounter is that once school starts, they have a lot of new distractions and can't be bothered to pee or poop. First, the morning routine might be more rushed. In school, the teacher is teaching. Your kid is interacting with other kids. The school's bathroom is foreign, and may even have an auto-flush toilet: scary for the newly-trained. And unlike your newly potty-trained toddler who often finds it thrilling to try out every public restroom he sees, kids in school may feel more self-conscious, and not as adventurous, about visiting new bathrooms.

School bathrooms can be smelly, loud, and even places where kids bully each other. Some kids develop an aversion to using the school bathroom. These kids hold their pee and poop all day long until they get home, then run into the house and make a mad dash for the bathroom.

A child's internal debate

For a kid who becomes overstimulated at school or who develops an aversion to the school bathroom, his bladder and brain have a conversation that goes like this:

Bladder: I am full.

Brain: Hold it, I don't want to use the bathroom right now.

Bladder: But I REALLY have to pee.

Brain: Tough luck, Bladder, just wait till we get home.

Bladder: But I have no more room for pee!

Brain: Deal with it, Bladder!

So, the bladder has two choices:

1-Bladder overflows, at least enough to relieve a bit of pressure. This causes damp underwear. (For other reasons [click here](#) to review our post on damp underwear.)

OR

2-Bladder distends to accommodate more urine and confuses the nerves that supply sensation to the bladder. Kids lose the ability to tell if they have to urinate, which leads to full bladder-emptying accidents, and can lead to urinary tract infections.

A similar discussion can occur between your kid's brain and his rectum:

Rectum: I am full of poop, Brain. Take us to the bathroom.

Brain: In school? Are you kidding? I am enjoying this game the class is playing/I am embarrassed to poop in school/I am afraid of the school bathroom. HOLD IT!

Rectum: OK, but you're not going to like how this comes out in the end.

The rectum also has two choices: release just a bit of stool so it doesn't feel so full and uncomfortable – these are skid marks. OR it will just hold onto the stool, making it larger

and harder all the while, so it becomes painful and scary to pass and ultimately clogs the toilet.

This cycle leads to more problems – over time, the distended rectum develops decreased sensation (sound familiar?) and ultimately the child loses the ability to feel when he has to poop. Large poop masses in distended intestines can lead to pain while eating (the kid who eats two bites of dinner, then stops because of belly pain). Poop can leak out without your child knowing because he is unaware of the sensation of the chronically-ignored-full-rectum. In addition, a full rectum will also press on the bladder changing the way the brain is sensing whether or not to void.

How can we parents prevent these problems?

Remind your child to use the bathroom upon waking up in the morning and again before leaving the house for school. Even if he says he does not have to go, tell him to “Just check- sit for 2 minutes.”

Ask your child if he uses the bathroom in school. Preschool and early elementary school teachers often have scheduled bathroom breaks, but then it’s entirely up to your child to remember to use the bathroom. Encourage him to stop in the bathroom around lunch time in school.

Once home from school, remind your child to use the bathroom or “just check” if he hasn’t already done so.

If you leave the house again for an after-school activity, insist that he “just check” again to decrease your chances of having to use another “foreign” toilet.

Incorporate a potty check into your child’s bedtime routine, even if he went relatively recently. Ideally the healthy bladder empties four to six times a day and the healthy bowel easily passes a stool at least once a day or every other day.

Because boys usually stand to urinate, remind them to sit at least once or twice a day, even if they don't feel the urge to poop. As a mom of three boys, trust me: they often surprise themselves.

Even middle school and high school kids can have these problems. Suggest to your older child who, for whatever reason, avoids school bathrooms, that she can stop by the school nurse's office to use the bathroom. She could also get up in the middle of class, if needed, and use the bathroom when it is most likely to be empty of other students, unlike during change-of-class time.

School cafeteria food and snacks provided at sports or other after school activities are not always healthy and can contribute to making stools too hard, so make sure to provide healthy choices at home with plenty of fruits and vegetables. Teach your kids to avoid too many cookies and other high fat foods – these are constipating foods. Encourage water-drinking. Caffeine-containing drinks (ice tea, soda) cause excess urine production and thus more stress on the bladder that your child might already be forcing to “hold it” for too long.

As for the children who frequently run to the bathroom in the daytime, but only pee a tiny bit, beware of something called urinary frequency syndrome.

Final exam

1-Does your child use the bathroom regularly, without stress or pain?

2-Can your child “go with the flow” in school as well as home, without any toilet clogging?

3-At the end of the day, is your child's underwear without urine or skid marks?

If you can answer YES to all of the above, then you and your child have passed advanced potty training!

Julie Kardos, MD and Naline Lai, MD

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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 our [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 clothed 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 stand 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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Where the boys are: raising emotionally healthy sons



photo by Lexi Logan,
www.lexilogan.com

We welcome back guest blogger Dina Ricciardo LSW, ACSW who addresses how to support the emotional health of a boy – Drs. Kardos and Lai

Your son is crying. A mad dash across the playground has led to a spectacular trip and fall, complete with a bloody knee and hands full of dirt. Part of you wants to hold him on your lap and console him until he stops crying. The other part of you wants to firmly wipe away his tears and tell him to be brave. Which part of you is right?

In a world where there is a great deal of emphasis placed on the emotional health of girls, our boys are frequently overlooked. While girls are typically encouraged to develop and express a broad range of emotions, boys are socialized from a young age to suppress their feelings. As a result, many boys and men struggle to express fear or sadness and are unable to ask for help. It is time for us adults to stop perpetuating stereotypes and myths about manhood, and help each other raise emotionally healthy boys. Here are five ways for us to do so:

Make his living environment a safe space to express emotions.

Give your son permission to express *all* of his feelings. Boys typically do not have the freedom to show the full range of their emotions in school and out in the world, so it is essential that they have that freedom at home. Nothing should be off limits, as long as feelings are expressed in a manner that is not destructive.

Expose him to positive male role models. Boys need to be exposed to positive male figures who can indoctrinate them into their culture and teach them how to be men. It is an important rite of passage in a boy's development. Take a look around your social ecosystem and ask yourself, "Who would be good for my son?" Other parents, coaches, teachers, and pastors are examples of individuals who can play a positive role in his life.

Understand your unique role. Each parent plays a unique role in the development of a son, and that role changes over time. A mother is a son's first teacher about love and what it looks like, and this dynamic can breed a particular kind of closeness. As a boy grows and begins to develop his sexuality, however, it is natural for him to pull away a bit from his mother and turn more towards his father for guidance. While this distance can be unsettling for mom, it marks a new phase in a son's relationship with his father, who typically provides a sense of security and authority in a family as well

as support for a boy's developing identity. Mothers still play an important role, but that role may look different. As parents, it is important to re-evaluate what our sons need from us at each stage of their development.

Look at the world with a critical eye. Our culture not only glorifies violence, it equates vulnerability in males with weakness and attempts to crush it. That does not mean we have to accept this paradigm. Talk honestly with your son about how and when to be gentle and compassionate, educate him on how the world view softness in men, and never tolerate anyone shaming him when he exhibits these traits. There is no shame in showing vulnerability, it is actually an act of courage.

Take a look in the mirror. Whether you are a mother or a father (or both), be honest with yourself: what are your beliefs about manhood? Do you feel safe expressing all of your feelings, or are some of them off-limits? If you are perpetuating negative stereotypes about men or are not comfortable with a full range of emotions, then your son will follow in your footsteps. Regardless of our own gender, we cannot expect our children to be comfortable with their feelings if we are not comfortable with our own.

There are times when insuring the emotional health of your son will feel like an uphill battle. Keep the conversation open, and do not be afraid to talk with others about the dilemmas of boyhood and manhood. And if you are looking for an answer to the playground dilemma, then I will tell you that both parts of you are right. Sometimes our sons need loving compassion, and sometimes they need a firm nudge over the hump. You know your child better than anyone else, so it is up to you to decide which approach to use and when.

Dina Ricciardi, LSW, ACSW

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When your child says, “My belly hurts”



This week Two Peds joined Kelley on her blog Happy Health Kids as she talked about the dreaded phrase, “My belly hurts.”

If I crunched the numbers on how often my kids have uttered certain phrases, “my belly hurts,” ranks pretty darn high. So common is this refrain, and typically uneventful the outcome, that there’s a cry-wolf quality to it; I typically point my child towards the pantry or bathroom and go about my day. But

sometimes, a stomachache persists, and then figuring out the cause can be like falling into a rabbit hole (and equally unpleasant)....[click here to continue](#)

School: Motivate your child to embrace learning



photo by Lexi Logan

*"What will happen if your grade drops from an "A" to a "C"?"
I sometimes ask during a check-up.*

Many kids shrug and say, "Try harder next time, I suppose."

Others look shocked and anxious about the possibility and are speechless.

Still others will point at their parents and say, "THEY would kill me."

Observe a toddler learning a new skill. You will see him repeatedly try to fit a ball into a hole until he is either successful or wanders away. He is not anxious or afraid of failure. He is not "stressed" about trying to learn. Although all children start this way, too often toddlers become big kids who end up in my office discouraged and worried about school performance. Today's guest writers, based on the work of Dr. Carol Dweck, discuss ways parents can influence their children so that they embrace learning.

– Drs. Lai and Kardos

Researchers under the leadership of Dr. Carol Dweck conducted a survey of parents of school aged children. The majority of parents thought it was necessary to praise their children's intelligence in order to give them confidence in their abilities and motivate them to succeed. Instead, this approach can lead to fixed mindsets in children. Kids with fixed mindsets believe "my abilities are what they are."

Instead, the most motivated and resilient students demonstrate a growth mindset. They are the ones who believe their abilities can be developed through their effort and learning. These students are resilient and persevere when tasks become challenging.

A study of students' brain waves revealed students with a fixed mindset were interested in whether they got an answer right or wrong, but when they were wrong, they paid little attention to the correct answer. Students who were praised for their intelligence later lied about their scores. They felt the errors were so humiliating that they could not own up to them. The students failed to persevere, believing they were no longer "smart," and therefore unable to meet academic challenges.

Students with a fixed mindset typically think it is best if they:

- Don't make mistakes – "I'm too smart to make mistakes."
- Don't need to work hard – "I'm smart and learning comes naturally to me."

- Don't try to repair mistakes- "I was wrong, and that is the end of it."

Students with a growth mindset generally:

- Take on challenges
- Work hard
- Confront their deficiencies and correct them

How should parents talk to their children in order to develop a growth mindset?

- Wow, you got 10 out of 10 right! What strategy did you use to get a perfect score?
- What can you learn from this mistake that will help you do better next time?
- I am proud of how hard you worked on this project and look at how your hard work paid off!
- The strategies you used last time didn't work. Let's take a look at them so I can help you figure out better strategies to use next time.
- You're becoming such a good learner!
- Smart is not something you are; it's something you become. Let's figure out how you can become smart at this assignment.

What is your child's mindset? Ask yourself, what is your own mindset? Have a conversation with your child as you discuss your child's report card. Use any upcoming parent teacher conference to examine outlooks, attitudes, and strategies that are or are not supporting your child's academic progress.

- Where applicable, praise your child's positive skills and attributes. Celebrate instances you observed that contributed to positive indicators.
- When necessary, examine areas of poor performance and strategize with your child about how he or she can turn a weakness into a strength. Again, you may revisit situations you observed this past grading period in which your child took shortcuts, provided incomplete work products, or did not do his or her personal best.
- Make your expectations very clear in terms of why you value attributes or traits of resiliency, and how they can and will develop into habits that will serve your child well.

Grades are a distant second to the level of effort a child invests in personal learning in any setting.

Leonard H. Schwartz and Michael R. Testani

Mr. Schwartz and Mr. Testani have been central to the Central Bucks School

System in Pennsylvania. After forty-three years as an educator in two school districts and five schools, Mr. Schwartz retired in 2012 . Most recently he served as the principal of Mill Creek Elementary School. Mr. Testani wrote this while he was the Assistant Principal of the Mill Creek Elementary School. Mr Testani now serves as the principal of Gayman Elementary School. This post was published in its full original form in the publication Principal's Prose of Mill Creek Elementary School.

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Staggering: How to tell if your child's back pack is too heavy



Dr. Lai staggers under the load of a back pack

Although we see in the news that ebooks are replacing textbooks, our kids' backpacks look heavier than ever. Returning is physical therapist Dr. Deborah Stack with

backpack pointers. -Drs. Lai and Kardos

With the return to school, we wanted to remind you of some healthy backpack tips. I recall the first day of school one year when the “first day of school” photo showed my not-quite-100-pound child bending in half under the weight of a backpack, trombone, lunchbox and art portfolio. I quietly decreed that it would not happen again. To make sure it does not happen at your house either, consider a few suggestions to keep your children healthy:

1. A traditional backpack with **two shoulder straps** distributes the weight more evenly than a pack or messenger bag with a single strap.
2. Look for **wide, padded straps**. Narrow straps can dig in and limit circulation.
3. Buckle the **chest or waist strap** to distribute weight more evenly.
4. Look for a **padded back** to protect your child from pointy pencils etc.
5. Look for a **lightweight pack** that does not add much overall weight.
6. **Multiple compartments** can help distribute weight.
7. **Place heavier items** close to the spine instead of in front pockets.
8. **Compression straps** on the sides or bottom of the backpack can compress the contents of the backpack and stabilize the articles.
9. **Reflective material** allows your child to be visible on those rainy mornings.
10. **A well fitting backpack** should match the size of the child. Shoulder straps should fit comfortably on the shoulder and under the arms, so that the arms can move freely. The bottom of the pack should rest in the contour of the lower back. The pack should “sit” evenly in the middle of the back, not “sag down” toward the buttocks.

How much should that tike be toting? [The American Academy of Pediatrics](#) recommends no more than 10-20 percent of body weight and the American Physical Therapy Association recommends no more than 15 percent of a child's weight. Here's a chart to give you an idea of the absolute maximum a child should carry in a properly worn backpack:

Child's Weight (pounds)	Maximum Backpack Weight (based on 15% of body weight) (pounds)
50	7.5
60	9
70	10.5
80	12
90	13.5
100	15
110	16.5
120	18
130	19.5

Here are some ideas to help lighten the load, especially for those middle school kids who have a plethora of textbooks:

1. Find out if your child's textbook can be accessed on the internet. Many schools are purchasing access so the students can log on rather than lug home.
2. Consider buying an extra set of books for home. Used textbooks are available inexpensively online.
3. Limit the "extras" in the backpack such as one free reading book instead of five. I am not exaggerating; one day I found five free reading books in my child's backpack!
4. Encourage your child to use free periods to actually study, and leave the extra books in his locker.
5. Remind your child to stop by her locker between classes

to switch books rather than carrying them all at once.

6. Consider individual folders or pockets for each class rather than a bulky 3-ring notebook that holds every subject.

You may need to limit the load even further if your child is still:

- Struggling to get the backpack on by herself
- Complaining of back, neck or shoulder pain
- Leaning forward to carry the backpack

If your child complains of back pain or numbness or weakness in the arms or legs, talk to your doctor or physical therapist.

When used correctly, backpacks are supported by some of the strongest muscles in the body: the back and abdominal muscles. These muscle groups work together to stabilize the trunk and hold the body in proper postural alignment. However, backpacks that are worn incorrectly or are too heavy can lead to neck, shoulder and back pain as well as postural problems. So choose wisely and lighten the load. Happy shopping!

Deborah Stack, PT, DPT, PCS

With over 20 years of experience as a physical therapist, Dr. Stack heads [The Pediatric Therapy Center of Bucks County](#) in Pennsylvania. She holds both masters and doctoral degrees in physical therapy from Thomas Jefferson University.

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Pack healthy school lunches: beware of junk food disguised as healthy foods



Junk food in disguise

Need ideas on how to pack healthy school lunches? Beware of junk food masquerading as healthy food. Dr. Roxanne Sukol, an internist who writes the popular nutrition blog Your Health is on Your Plate , mom of three children, and friend of Dr. Kardos's from medical school, shares her insights.

What should we pack in our children's lunch bags?

The key to retraining our children to eat real food is to restore historical patterns of food consumption. My great-grandparents didn't eat potato chips, corn chips, sun chips, or moon chips. They ate a slice of whole-grain rye bread with a generous smear of butter or cream cheese. They didn't eat

fruit roll-ups. They ate apricots, peaches, plums, and grapes. Fresh or dried. Depending on where your family originated, you might have eaten a thick slice of Mexican white cheese (queso blanco), or a generous wedge of cheddar cheese, or brie. Sunflower seeds, dried apples, roasted almonds. Peanut butter or almond butter. Small containers of yogurt. Slices of cucumbers, pickles, or peppers. All of these make good snacks or meals. My mom is proud to have given me slices of Swiss cheese when I was a hungry toddler out for a stroll with my baby brother. Maybe that's how I ended up where I am today.

When my own children were toddlers, I gave them tiny cubes of frozen tofu to grasp and eat. I packed school lunches with variations on the following theme: 1) a sandwich made with whole grain bread, 2) a container of fruit (usually apple slices, orange slices, kiwi slices, berries, or slices of pear), and 3) a small bag of homemade trail mix (usually peanuts + raisins). The sandwich was usually turkey, mayo and lettuce; or sliced Jarlsberg cheese, sliced tomato, and cream cheese; or tuna; or peanut butter, sometimes with thin slices of banana. On Fridays I often included a treat, like a few small chocolates.

Homemade trail mix is one terrific snack.

It can be made with any combination of nuts, seeds, and/or dried fruit, plus bits of dark chocolate if desired. Remember that dark chocolate is good for you (in small amounts). Dried apple slices, apricots, kiwi or banana chips, raisins, and currants are nutritious and delicious, and so are pumpkin seeds and sunflower seeds, especially of course in homes with nut allergies. Trail mix can be simple or involved. Fill and secure baggies with $\frac{1}{4}$ cup servings, and refrigerate them in a closed container until it's time to make more. I would include grains, like rolled oats, only for children who are active and slender.

What do I consider junk food?

Chips of all kinds, as well as those “100 calorie packs,” which are invariably filled with 100 calories of refined carbohydrate (white flour and sugar) in the form of crackers (®Ritz), cereal (®Chex), or cookies (®Chips Ahoy).

You can even find junk food snacks for babies and toddlers now: The main ingredients in popular Gerber Puffs® are refined flour and sugar. Reviewers tout: “You just peel off the top and pour when you need some pieces of food, then replace the cap and wait for the next feeding opportunity.” **Are we at the zoo?** “He would eat them all day long if I let him.” **This is not a benefit. It means that the product is not nutritious enough to satisfy the child’s hunger.**

A note about drinks

Beware not only of drinks that contain minimal amounts of juice, but also of juice itself. Even 100% fruit juice is simply a concentrated sugar-delivery system. A much better approach is to teach children to drink water when they are thirsty, (See my post entitled **One Step at a Time**) and to snack on fresh fruit when they are hungry. Milk works, too, especially if they are both hungry and thirsty!

Roxanne Sukol, MD

*Roxanne B. Sukol, MD is board-certified in Internal Medicine and practices Preventive Medicine in the Wellness Institute at the Cleveland Clinic in Ohio. Dr. Sukol’s nutrition blog Your Health is on Your Plate celebrates ten years of blogging this summer. Since **her** patients (the grown-ups) are the ones packing the school lunches for **our** patients, we thank her for this post.*

Julie Kardos, MD and Naline Lai, MD

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No more night owl! How to adjust your child's sleep schedule for school



Great-horned owl, NPS Photo, Big Bend National Park

Okay, we admit it: our kids are definitely in summertime stay up late/sleep late sleep mode. With school starting soon, many of us now have to shift our children from summer to school year sleep schedules. Because school start times are constant (and early), the kids will have an easier time if you help them shift their bedtimes gradually over the period of a week or two toward the desired earlier bedtime. Remember, the average school-aged child needs 10-11 hours of sleep at night and even teenagers function optimally with 9-10 hours of slumber per night.

Here are some straight forward ways to help ensure good quality sleep for your child:

- 1) **Keep sleep onset and wake up times as consistent as possible 7 days a week.** If you allow your child to

“sleep in” during the weekends, she will have difficulty falling asleep earlier on Sunday night, have difficulty waking up Monday morning, and start off her week over-tired, more cranky, and less able to process new information—not good for learning. That said, you can allow your teens, who generally have a much earlier school start time than their biological clocks desire, to sleep in an hour or so on weekends to catch up on sleep.

- 2) **Limit or eliminate caffeine intake.** Often teens who feel too sleepy from lack of sleep drink tea, coffee, “energy drinks” or other caffeine laden beverage in attempt to self-medicate in order to concentrate better. What many people don’t realize is that caffeine stays in your body for 24 hours so it is entirely possible that the caffeine ingested in the morning can be the reason your child can’t fall asleep later that night. Know also that kids who drink “pre-work out” drinks may not realize that caffeine is one of the ingredients. Better to pre-hydrate with water. Caffeine can have side effects of jitteriness, heart palpitations, increased blood pressure, and gastro-esophageal reflux (heartburn). If your child already has a daily ice-tea, coffee, or other caffeine containing drink, let her wean down gradually- abrupt caffeine withdrawal can cause headaches.
- 3) **Keep a good bedtime routine.** Just as a soothing, predictable bedtime ritual can help babies and toddlers settle down for the night, so too can a bedtime routine help prepare older kids for sleep. Prevent your child from doing homework on his bed- better to associate work with a desk or the kitchen table and his bed with sleep.
- 4) **Avoid TV/computer/ screen time/smart phones just before bed.** Although your child may claim the contrary, watching TV is known to delay sleep onset. We highly

recommend no TV in a child's bedroom, and suggest that parents confiscate all cell phones and electronic toys, which kids may otherwise hide and use without parent knowledge, by one hour prior to bedtime. Quiet activities such as taking a bath, reading for pleasure, and listening to music are all known to promote falling asleep. Just be sure your kids put down the book, turn off the music, and turn off the light to allow time to relax in their beds and fall asleep. Many use this time for prayer or meditation.

- 5) **Encourage regular exercise.** Kids who exercise daily have an easier time falling asleep at night than kids who don't exercise. Gym class counts. So does playing outside, dancing, walking, and taking a bike ride. Participating in a team sport with daily practices not only helps insure better sleep but also has the added benefit of promoting social interactions.

Getting enough sleep is important for your child's academic success as well as for their mental health. We pediatricians have had parents ask about evaluating their children for attention-deficit hyperactivity disorder because of an inability to pay attention, only to find that their youngster's focusing issues stem from tiredness. Teens are often so over-involved in activities that they average 6 hours of sleep or less per night. Increasing the amount of sleep in these kids will alleviate their attention problems and resolve any hyperactivity.

Additionally, sleep deprivation can cause symptoms of depression. Just recall the first few weeks of having a newborn: maybe you didn't think you were depressed but didn't you cry from sheer exhaustion at least once? A cranky kid or sullen teen may become much more upbeat and pleasant if they get an extra hour of sleep each night.

Unfortunately for children, the older they get, their natural circadian rhythm shifts them toward the "night owl" mode of

staying up later and sleeping later, and yet the higher-up years in school start earlier so that teens in high school start school earliest at a time their bodies crave sleeping late. A few school districts in the country have experimented with starting high school later and grade school earlier and have met with good success. Unless you live in one of these districts, however, your teens need to conform until they either go to college and when they can choose classes that start later in the day or choose a job that allows them to stay up later and sleep later in the day.

For kids of all ages, a night time ritual of “tell me about your day” can help kids decompress, help them fall asleep, and keep you connected with your child.

Julie Kardos, MD and Naline Lai, MD

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Happy Birthday-Two Peds in a Pod Turns Seven! About seven-year-olds



We are so proud that Two Peds in a Pod® turned SEVEN this week!

It's the golden age of seven— too old to take a nap and too young to drive. Some parental worry will now subside. Finally, you will be able to clean your garage out on the weekend without wondering if your kid has stuck her head in a bag of mulch.

Seven Wonders of your Seven-year-old's World

Entering first or second grade, a seven-year-old will often sport a toothless grin (and still believes in the tooth fairy) as she continues her march to independence and self care. **Wondering** what she is capable of? Now she is able to set an alarm, wake up for school, get dressed and brush teeth on her own. However, self care will not be as meticulous as the care you give, so be prepared to dot sunscreen on the large patch of skin that she missed.

Wondering if your child is too old for you to read to him at bedtime? We recommend you not only continue to read aloud to your child, but have your child read out loud to you. Read higher level, more interesting books to him (chapter books), which will inspire him to become a better reader. He is now transitioning from learning to read to reading to learn. In other words, he will start to gain information from reading. Bedtimes become busy, with electronics and extra curricular activities crowding up the family schedule, but persevere.

Wonder if your child can do his own homework? Improve your child's self-esteem by allowing him do his own homework. Encourage success by setting up a quiet, clean place away from his younger siblings. At this age, homework is not supposed to take more than 10-20 minutes- if it does, alert the teacher. Let your child see natural consequences of not doing homework (teacher will have a repercussion, refrain from double punishing). Set up good expectations.

Wonder if you or your child is ready for sleepovers? Remember: kids do not sleep at sleepovers. If you will not sleep at night because a) your child is at a family's home that you are not familiar with, b) your child is at your own home and you will be constantly interrupted by the thumping of feet running about, or c) you dread how crabby and whiny your child will be in the morning, don't do it. Despite any accusations you may hear, you will not be the only parent in history to say "no" to a sleepover. Many times in the office when we see an ill child, the parent starts out the office visit with, "Well, she was at a sleepover and the next day she came down with a fever/sore throat/cough/etc."

Wonder how your child conducts himself when he is away from you? A seven-year-old is fully capable of entertaining his own friend at your home and remembering "yes, please" and "no, thank you" in a friend's home. Make sure your seven-year-old has memorized your phone number as well as his address.

When you get into a car with a seven-year-old, he not only can buckle himself up in the car (another **wonder** of the seven year old world and a huge improvement from having to kneel in the back seat straining your back as you buckled him up as a toddler) but also he will likely remind you to do the same. Seven-year-olds are rule followers. A strategy you can use at home to encourage desired behavior is to say "The rule in our house is that everyone cleans up his own mess," rather than saying "Clean up your toys because I said so." (Although he may ask, he still needs to be in a booster seat.)

Our 7th **wonder** of the seven year old world: when your seven-year-old recovers from a nasty stomach virus, it is possible that NO ONE ELSE in the family will catch it. A seven-year-old can use a basin, run to the toilet, wash his own hands, and change his own pajamas. You just have to supply the watered down gatorade (and comfort, as older sick kids still appreciate a parent's cool hand and reassuring words) and remind him to keep drinking.

We are excited to have reached our 7th year writing practical pediatrics for parents on the go. That's hundreds of posts on topics that you have suggested to us both in the office and online. Please continue to share our content- we **wonder** if we can reach 7 million families this year!

Thank you for your suggestions and comments over the years.

Sincerely, Julie Kardos, MD and Naline Lai, MD

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Poison Ivy: Soothe the itch



Teach your child to recognize poison ivy: “leaves of three, let ’em be!”

Recently we’ve had a parade of itchy children troop through our office. The culprit: poison ivy.

Myth buster: Fortunately, **poison ivy is NOT contagious**. You can catch poison ivy **ONLY** from the plant, not from another person.

Also, **contrary to popular belief, you can not spread poison ivy on yourself through scratching**. However, where the poison (oil) has touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch :

- **Hopping into the shower and rinsing off within fifteen minutes** of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.

- **Hydrocortisone 1%.** This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day
- **Calamine lotion – a.k.a. the pink stuff.** This is an active ingredient in many of the combination creams. Apply as many times as you like.
- **Diphenhydramine (brand name Benadryl)- take orally** up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti itch properties.
- **Oatmeal baths** – Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)
- **Do not use alcohol or bleach**– these items will irritate the rash more than help

The biggest worry with poison ivy rashes is not the itch, but the chance of infection. With each scratch, your child is possibly introducing infection into an open wound. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen. However, **infections cause pain** – if there is pain associated with a poison ivy rash, think infection. **Allergic reactions cause itchiness**– if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure. Infection usually occurs on the 2nd or 3rd day of scratching. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

Naline Lai, MD and Julie Kardos, MD

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