

Protection against severe RSV-we finally have it!

protection for babies against severe RSV

Does your baby have a white tongue? Think Thrush



Two Peds in a Pod®

White curds that don't wipe off can be indicative of thrush. You find cottage cheese like curds coating the inside of your baby's tongue and inner cheeks and try to wipe them off to no avail. It's not breast milk, not formula. It's thrush.

Thrush, fancy medical name Oral Candidiasis, is caused by an overgrowth of yeast, called Candida. Although not painful, it may cause discomfort akin to having a film of cotton coating the inside the mouth.

We ALL have yeast, which is a type of fungus, on our bodies. Usually we have enough bacteria on our bodies to suppress the growth of yeast, but in cases when there is less than usual bacteria present such as in young babies or in kids who are on antibiotics, Candida can emerge. For older kids using inhaled steroids for asthma, failure to rinse out the mouth after medication use also promotes an environment conducive to thrush.

Treatment

To treat thrush, doctors usually prescribe oral Nystatin, an anti-fungal/anti-yeast medication, which works topically. Parents apply the medicine to the inside of the baby's mouth after feedings four times per day. Use Nystatin until thrush is no longer visible for 48 hours. A course usually takes one to two weeks to complete. An oral medication called fluconazole (brand name Diflucan) may also be prescribed.

Watch out. Candida may also be thriving on mom's breasts or on pacifiers or bottle nipples. Mothers can apply the same medicine to their breasts after breast feeding. Scrub pacifiers, bottle nipples, and any other object that goes in to a baby's mouth extra well with hot water and soap. Or, you can use the dishwasher to wash away the Candida.

Thrush that persists despite proper treatment can signal an immune system problem. So if your child's thrush is not resolving in the expected time, let your child's health care provider know.

Does yeast cause infections elsewhere?

If you are a female who is familiar with vaginal yeast infections, you may wonder if the same organism causes both thrush and yeast infections. Yes, it is the same organism. But don't have any mom-guilt. You did not cause the thrush. Yeast tends to thrive in wet moist areas such as the diaper area, mouth and even the neck folds of drooling babies.

A newborn's tongue may always look slightly white. This "coated tongue" in young babies could be residual breast milk or formula and does not need treatment. Even if there is a little residual yeast, remember that yeast is just a part of our microbiome along with all the other wonderful microscopic organisms that call human bodies their home. If you are unsure, your baby's health care provider's door is always open. They will be happy to take a peek.

Julie Kardos, MD and Naline Lai, MD

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What do Rock 'n Play and socks have in common? They've both been recalled this year. Predicting what's up next:



Whenever we look at the child product recall lists from The Consumer Protection Safety Commission (CPSC), it never fails to amaze us that even big brand names crop up in product recalls for children. Ironically, most are not new-fangled products. Bouncer seats, high chairs, rattles, and bicycle helmets are often amongst the recalls. We figure after decades of baby product manufacturing, designers and production managers would understand what constitutes a potential hazard for kids.

We urge you to scrutinize the kid merchandise in your house and identify the potential hazards before your child ends up as the reason a product is on the CPSC list. In fact, you might have already missed a recall on your older products. According to kidsindanger.org, child product recalls occur a couple of times a week, but when a baby product is recalled, only 10-30 percent are ever retrieved. Because recalls occur AFTER injury or death occurs, it is better if parents assess the safety of child products before a recall.

Here are some common reasons for recalls:

Products fail to adhere to the American Academy of Pediatrics safe sleep guidelines. We know parents of crying young infants are often desperate to get some sleep themselves, but many sleep products are not studied. If it seems too good to be true, it probably isn't. Infants are not ready developmentally to sleep through the night, so *any product that promises to help your infant sleep through the night is, by definition,*

problematic. An example is the Rock 'n Play sleeper which was recently recalled. The soft squishy inclined cradles clearly did not adhere to the safe sleep guidelines, but often we heard a parent say, "But that's the only place they will sleep." Unfortunately, this recall does not undo the deaths of the 32 reported babies who died in the sleeper. In the wake of the recall, other companies who make similar sleepers are also recalling their products.

We cringe every time a family tells us they are using a new fangled piece of wrap-around-baby sleep gear or sleeping contraption, because most involve soft surfaces (not advised), inclined surfaces (not advised) or things-in-the-crib-other-than-your-baby (also not advised).

Choking hazards: Babies and toddlers explore the world by mouthing objects. So drop on your hands and knees and see the world from their perspective. And don't assume your kid has reached an age when "they should know better." Ever wonder why many Monopoly game pieces go missing? Or why so many kids visit Emergency Departments after swallowing coins? In the past twenty years, the number of children visiting U.S. emergency rooms for swallowing objects doubled. Anything that can fit into a toilet paper tube (2.5 inches in diameter) is considered a choking hazard. Be aware that the toy may be too large to choke on, but a piece that breaks off may be small enough to choke on. Some great example of poorly thought-out products are teething necklaces made of beads strung together and decorative buttons on baby socks.

Ingestion hazards:

- **Magnets** might be a fun toy, yet they can stick together after a kid swallows them and erode through any piece of gut trapped between them. In fact, even when a parent is fairly certain that their child ate only one single magnet, we pediatricians know that because magnets can

be so dangerous, we will check an X-ray, just in case there are more. After all, even an older kid is sometimes too embarrassed to fess up on the number swallowed.

- **Batteries** can corrode through the lining of the intestines, constituting an emergency. Check to make sure all battery backings are secure. Particularly problematic are button batteries. They are tiny and easily swallowed.
- **Brightly painted wooden toys** are beautiful, but they may contain lead paint. So can **kid jewelry**. Lead poisoning occurs usually through eating or drinking contaminated objects such as lead containing paint or paint chips. Be aware of old toys (think antique doll houses) made prior to 1978 (when lead was taken out of paint in the US), toys manufactured in China or other Pacific Rim countries, or imported candies from Mexico. If you are wondering about possible lead exposure, ask your child's doctor to test your child for lead exposure with a simple blood test. Avoid purchasing home lead kits because they can be inaccurate.

Head entrapment hazards: Infant heads and toddler heads can get wedged. Be aware that slates on a crib need to be no more than $2 \frac{3}{8}$ inches apart, or no bigger than the diameter of a soda can. Beware of baby carriers or high chairs that could allow babies to slip through.

Fall hazard: Check to see all buckles are secure and unlikely to catapult your child out of the restraint. Baby carriers and strollers, especially the jogging ones, seem to crop up often in recalls.

For general guidelines for baby proofing [click here](#).

Sign up for child product recall alerts through the CPSC, the American Academy of Pediatrics, or kidsindanger.org. Help other families by reporting product concerns to CPSC.

Dr. Lai tells this tale: Years ago, my first child's crib came with plastic clips which held up her mattress. As my husband and I assembled the crib, a few of the clips snapped and broke. By my second child, even more clips broke apart. By my third child, the crib clips were recalled.

Perhaps we should have been suspicious the first time.

Naline Lai, MD and Julie Kardos, MD

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How to burp a baby

Wondering how to burp a baby? We decided that words just didn't convey what to do. So we introduce baby Emma in her first, and our first, how-to-video.

Any other video requests, send them our way.

Julie Kardos, MD and Naline Lai, MD

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Four month sleep regression



"Do you remember how we used to think cartoons of sleep deprived parents were kinda funny?"

"I think we just hit the four month sleep regression. My baby used to sleep better, and now at four months, she is waking up every hour! What happened?"

Sound familiar?

The term "four month sleep regression" did not appear on Google searches in the United States until 2006 and has been on the rise ever since.

It is not clear how the term came about. After all, babies existed well before 2006. Oddly, most of the search requests come from the state of California. Unfortunately, the term sleep regression has put many a parent into a panic. Do not worry. Sleep is not a developmental milestone, you do not need to move from California, and your baby is not regressing. Rather, your baby is changing. Just like eating and poop patterns change, sleep patterns also change.

Sleep in the beginning

In the beginning... there is newborn sleep. Newborns can fall asleep anywhere at any time: while feeding, in a stroller, on

your chest, in your arms, in the car or on the floor. Sometimes they sleep for minutes, sometimes they sleep for a few hours.

For the first three months, babies are in a feeding frenzy mode. Babies this age gain about one ounce per day (a huge feat) so therefore they eat to sustain growth. So they eat, and eat, at a pace of every one and one-half to three hours. They are hungry but their bellies are small, so they must eat frequently. Sometimes they cluster feed every hour. Because they spend so much time feeding, chances are they often fall asleep while sucking either a breast or a bottle. Some babies, by the end of the third month, are sleeping longer at night and making up for missed feedings during the day.

The plot thickens...

Between three and four months, babies slow in the pace of their growth. From three to six months they gain only about one-half an ounce per day. Because they are not quite so ravenous and because their bellies are bigger now, they can wait longer between feedings. You will notice that a more discernible pattern to their day emerges and you can now tell the difference between "hungry" and "tired" cries.

Another change occurs around four months. You will notice that when your baby is hungry, they get excited when they either hear or see you preparing a bottle or positioning to breastfeed. They become AWARE that a feeding is about to happen and recognize events that immediately precede a meal.

That same awareness occurs around sleep. When she feels sleepy, your baby becomes aware of events that lead up to sleep. If that event is eating, then she will believe that EATING precedes SLEEPING. If that event is rocking with a parent to sleep or laying in a parent's arms, then they learn that rocking or being held is the key to falling asleep.

The final piece of the puzzle

This increased awareness of sleep associations is likely the origin of the four month sleep regression. You see that the 4 month sleep regression actually is not a regression, but rather an AWARENESS of how to fall asleep. If you always put your baby down in the crib when tired, they will learn that resting in a crib is how to fall asleep. If you play music and put the baby in the crib, the baby will expect music and a crib to fall asleep. And if you always feed your baby to sleep, then feeding becomes the key to falling asleep.

Unlike when they were newborns, if you always put your four-month-old baby in the crib AFTER they fall asleep, they will eventually sense that something is different, and they will wake up. Imagine if you fall asleep in your bed and then wake up to find yourself on the front lawn. You will think to yourself, "WHAT ON EARTH JUST HAPPENED?" Then you will stomp back into the house and find your bed in order to go back to sleep.

If your baby falls asleep breastfeeding, and then you put them down in a crib, your baby may realize that the breast is no longer there. The realization will jolt them out of sleep (WHAT ON EARTH JUST HAPPENED?) and they will cry until you comply with your baby's demand to breastfeed in order to fall back asleep. All understandable.

The solution: how to overcome the four month sleep regression

Herein lies the key to overcoming the four month sleep regression. Teach your baby that she wants to be in the CRIB to fall asleep. Now is the time to change up the bedtime routine so it ends with your baby in the crib AWAKE and then your baby will fall asleep on her own in the crib. Then, if she wakes up later in the night, she will think to herself: "Ok, I am in the crib, just where I was before. I am still tired and will go back to sleep now." Same at nap time. When your baby gets drowsy, put her in her crib. It is not necessary to feed her first.

We do not advocate letting your baby “cry it out” yet— four months is too young. Developmentally, a four-month-old does not understand cause and effect. Anytime you show up, it’s a happy surprise. They do not realize that they have the power to “make you come.” However, you can allow for a bit of crying (say, five minutes maximum) because some babies need to unwind before they fall asleep. Remember, if you last fed your four-month-old within the hour, they are not hungry. They are just fussy. Do you remember stomping your foot as a child, rubbing your eyes and crying to your parents, “I am not tired! I do not want to go to bed now.”

If, however, your baby is not showing signs of self-soothing after a couple minutes, then go to them and pat them gently or pick them up for a cuddle. But, as soon as they calm down, put them back into the crib so they can learn to fall asleep in the crib, not on you. Allow them to learn that their crib is coming when they are tired, just as they learn that a breast or bottle is coming when they are hungry.

Once babies learn to fall asleep in the crib, many night time awakenings just stop happening. Keep in mind, most four-month-olds do not sleep for eight hour stretches overnight. Many still wake up once or twice to feed. Keep the feedings brief, and put your baby back into the crib BEFORE they drift off to sleep. Also, many babies are ready for additional solid food at this point. Discuss with your pediatrician if it’s time to give solid sustenance during the day along with liquids.

A parenting truth

The bottom line? The four month sleep regression is not a regression. Rather, it’s a sign of your baby’s emerging awareness of her environment and her readiness to learn how to fall asleep.

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How to dress baby (and big kids) for winter



Dr. Kardos's fourth child wears her coat without fuss in cold weather.

Now that the weather has turned "freezy," parents ask us how to dress their baby (and big kids) for cold weather. Even Dr. Kardos's teenaged kids allow her to thrust winter coats on them as they head out to the bus stop. Wondering how to know if your baby, toddler, or older child are dressed correctly for the weather? Read our post on this topic.

Stay warm!

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Contribute to our Two Peds Mother's Day post!



Dr. Kardos, on a visit home from medical school, with her mom and grandmothers, 1991.

A flash of surprise spread across her face. "You mean my mother was right? I can't believe it!" the mom in our office exclaimed.

Many times as we dispense pediatric advice, the parent in our office realizes that their own mother had already offered the same suggestions.

This Mother's Day, we're asking readers for anecdotes about times where maybe, just maybe, your mom or your grandmother was right after all. If you have a photo available of your mom or grandmother with your child that you don't mind sharing as well, we would love to post them along with your anecdotes this Mother's Day.

Please send them along to us at twopedsinapod@gmail.com before

Mother's Day weekend.

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“Ya Gotta Have Heart!” Heart Murmurs Explained



Conversation hearts murmuring

When the Tin Man was a child in Oz, I'm sure his pediatrician

never told his parents, “Has anyone ever said your child has a heart murmur? I hear one today.”

I know that when I tell parents about a heart murmur in their child, their hearts skip and jump. But not all heart murmurs are bad.

What is a heart murmur?

A heart murmur is an extra sound that we pediatricians hear when we listen to a child’s heart with a stethoscope. A normal heart beat sounds like this: “lub, dub. lub, dub. lub, dub.” A heart murmur adds a whooshing sound. So what we hear instead is “lub, *whoosh*, dub” or “lub, dub, *whoosh*.”

The “whoosh” is usually caused by blood flowing through a relatively narrow opening somewhere in or around the heart. Think of your blood vessels and heart like a garden hose. If you run the water (blood) very hard, or put a kink or cut a hole in the hose, the whoosh of the water grows louder in those locations.

Heart murmurs signal different issues at different ages.

In a newborn, some types of heart murmurs are expected. Normal newborn hearts contain extra holes that close up after the first hours or days of birth. One type of murmur occurs as the infant draws in his first breath and holes in the heart, present inside the womb, begin to seal. As the holes get narrower, we sometimes hear the “whoosh” of blood as it flows through the narrowing opening. Then these holes close completely and the murmur goes away.

However, some murmurs in infancy signal “extra holes” in the heart. As pediatricians, we experience our own heart palpitations when moms want to leave the hospital early with their infants who are less than 48 hours old. We worry because many infants who have abnormal hearts may not develop their

abnormal heart murmurs and other signs of heart failure until the day or two after birth.

Preschool and early school-age children often develop “innocent” heart murmurs. “Innocent” implies that extra blood flows through their hearts, but the hearts are structurally normal. These murmurs are fairly common and can run in families. However, there are some significant heart problems which do not surface until this age. For this reason, remember to schedule those yearly well child checkups.

For teens, during the pre-participation sports physical, pediatricians listen carefully for a murmur that may indicate that an over grown heart muscle has developed.

What else can cause a heart murmur?

Holes are not the only culprit behind a murmur. The whoosh sound can also arise when a person is anemic and blood flows faster than normal. In anemic kids, the blood flows faster because it lacks enough oxygen-carrying red blood cells and the heart needs to move blood faster in order to supply oxygen to the body. The most common cause for anemia is a lack of eating enough iron-containing foods. Subsequently, we hear these flow murmurs in children whose diets lack iron, in teenagers who grow rapidly and quickly use up their iron stores, and in girls who bleed too much at each period. Replenishing the iron level makes a heart murmur from anemia go away.

Even a simple fever can cause a heart murmur on physical exam. The murmur goes away when the fever goes away.

Pediatric health care providers can often distinguish between “innocent” heart murmurs and not-so- innocent heart murmurs by the sound of the murmur itself (not all “whooshes” sound alike). If any question exists, your child will be referred for more testing, which could include a chest x-ray, an EKG (electrocardiogram), an ECHO (echocardiogram, or ultrasound of

the heart), or evaluation by a pediatric cardiologist.

If your child's pediatrician tells you that your child has a heart murmur, "take heart."

Many times a murmur comes and goes or just becomes part of your child's baseline physical exam. Even if your child has a serious heart problem, most cases respond well to medication, surgery, or both. While not all heart problems cause heart murmurs, and while not all murmurs signal heart problems, the presence of a heart murmur in a child can signal that your child needs further testing.

Unless, of course, your child is the Tin Man. In this case, extra sounds indicate that your child needs more oil!

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Non electronic last minute gift ideas



Nice Auntie Mimi bought me Candy Land for the holidays... too bad I won't know my colors or understand how to take turns until next year.

Still looking for that gift that does not involve screen time? We're reposting our back-to-basics gift ideas post:

0-3 months: Babies this age have perfect hearing and enjoy looking at faces and objects with contrasting colors. Music, mobiles, and bright posters are some age appropriate gift ideas. Infants self-soothe themselves through sucking- if you can figure out what your nephew's favorite type of binkie is, wrap up a bunch-they are expensive and often mysteriously disappear.

3-6 months: Babies start to reach and grab at objects. They enjoy things big enough to hold onto and safe enough to put in their mouths- try bright colored teething rings and large plastic "keys." We often see Sophie the Giraffe accompanying babies for their office visits. New cloth and vinyl books will likewise be appreciated; gnawed books don't make great hand-me-downs.

6-12 months: Around six months, babies begin to sit up. Intellectually, they begin to understand "cause and effect." Good choices of gifts include toys with large buttons that

make things happen with light pressure. Toys which make sounds, play music, or cause Elmo to pop up will be a hit. For a nine-month-old old just starting to pull herself up to a standing position, a water or sand table will provide hours of entertainment in the upcoming year. Right now you can bring winter inside if you fill the water table with a mound of snow. Buy some inexpensive measuring cups and later in the summer a toddler will enjoy standing outside splashing in the water.

12-18 months: This is the age kids learn to stand and walk. They enjoy things they can push while walking such as shopping carts or plastic lawn mowers. Include gifts which promote joint attention. Joint attention is the kind of attention a child shares with people during moments of mutual discovery. Joint attention starts at two months of age when a parent smiles at their baby and their baby smiles back. Later, around 18 months, if a parent points at a dog in a book, she will look at the dog then look back at the parent and smile. A child not only shows interest in the same object, but will acknowledge that both she and the parent are interested. Joint attention is thought to be important for social and emotional growth.

18-24 months: Although kids this age cannot pedal yet, they enjoy riding on toys such as “big wheels” “Fred Flintstone” style. Dexterous enough to drink out of a cup and use a spoon and fork, toddlers can always use another place setting. Toddlers are also able to manipulate shape sorters and toys where they put a plastic ball into the top and the ball goes down a short maze/slide. They also love containers to collect things, dump out, then collect again.

Yes, older toddlers are also dexterous enough to swipe an ipad, but be aware, electronics can be a double edged sword– the same device which plays karaoke music for your daddy-toddler sing-along can be transformed into a substitute parent. The other day, a toddler was frightened of my stethoscope in the office. Instead of smiling and demonstrating to her toddler how a stethoscope does not hurt, the mother repeatedly tried to give her toddler her phone and told the child to watch a video. Fast forward a few years, and the mother will

wonder why her kid fixates on her phone and does not look up at the family at the dinner table. Don't train an addiction. A device can be entertainment, learning, and communication but it is NOT a source of comfort.

2-3 years: To encourage motor skills, offer tricycles, balls, bubbles, and boxes to crawl into and out of. Choose crayons over markers because crayons require a child to exert pressure and therefore develop hand strength. Dolls, cars, and sand boxes all foster imagination. Don't forget those indestructible board books so kids can "read" to themselves. By now, the plastic squirting fish bath toys you bought your nephew when he was one are probably squirting out black specks of mold instead of water- get him a new set. Looking ahead, in the spring a three- year-old may start participating in team sports (although they often go the wrong way down the field) or in other classes such as dance or swimming lessons. Give your relatives the gift of a shin guards and soccer ball with a shirt. Offer to pay for swim lessons and package a gift certificate with a pair of goggles.

3-4 years: Now kids engage in elaborate imaginary play. They enjoy "dress up" clothes to create characters- super heroes, dancers, wizards, princesses, kings, queens, animals. Kids also enjoy props for their pretend play, such as plastic kitchen gadgets, magic wands, and building blocks. They become adept at pedaling tricycles or even riding small training-wheeled bikes. Other gift ideas include crayons, paint, markers, Play-doh®, or side-walk chalk. Children this age understand rules and turn-taking and can be taught simple card games such as "go fish," "war," and "matching." Three-year-olds recognize colors but can't read- so they can finally play the classic board game *Candyland*, and they can rote count in order to play the sequential numbers game *Chutes and Ladders*. Preschool kids now understand and execute the process of washing their hands independently... one problem... they can't reach the faucets on the sink. A personalized, sturdy step stool will be appreciated for years.

5-year-olds: Since 5-year-olds can hop on one foot, games like Twister® will be fun. Kids this age start to understand time. In our world of digital clocks, get your nephew an analog clock with numbers

and a minute hand... they are hard to come by. Five-year-olds also begin to understand charts— a calendar will also cause delight. They can also work jigsaw puzzles with somewhat large pieces.

8-year-olds: Kids at this point should be able to perform self help skills such as teeth brushing. Help them out with stocking stuffers such as toothbrushes with timers. They also start to understand the value of money so kids will appreciate gifts such as a real wallet or piggy bank. Eight-year-olds engage in rough and tumble play and can play outdoor games with rules. Think balls, balls, balls- soccer balls, kickballs, baseballs, tennis balls, footballs. Basic sports equipment of any sort will be a hit. Label makers will also appeal to this age group since they start to have a greater sense of ownership.

10-year-olds: Fine motor skills are quite developed and intricate arts and crafts such as weaving kits can be manipulated. Give a “cake making set” (no, not the plastic oven with a light bulb) with tubes of frosting and cake mix to bake over the winter break. Kids at this age love doodling on the long rolls of paper on our exam table. Get a kid a few rolls of banner paper to duplicate the fun. Buy two plastic recorders, one for an adult and one for a child, to play duets. The instrument is simple enough for ten-year-olds or forty-year-olds to learn on their own. Ten-year-olds value organization in their world and want to be more independent. Therefore, a watch makes a good gift at this age. And don't forget about books: reading skills are more advanced at this age. They can read chapter books or books about subjects of interest to them. In particular, kids at this age love a good joke or riddle book.

Tweens: Your child now has a longer attention span (30-40 minutes) so building projects such as K'nex models will be of interest to her. She can now also understand directions for performing magic tricks or making animal balloons. This is a time when group identity becomes more important. Sleepovers and scouting trips are common at this age so sleeping bags and camping tents make great gifts. Tweens value their privacy – consider a present of a journal with a lock or a doorbell for her room. It's already time to think about summer camps. Maybe you can convince the grandparents to purchase a week for your

child at robotics camp or gymnastics camp this year.

Teens: If you look at factors which build a teen into a resilient adult, you will see that adult involvement in a child's life is important. We know parents who jokingly say they renamed their teens "Door 1" and "Door 2," since they spend more time talking to their kids' bedroom doors than their kids. Create opportunities for one-on-one interaction by giving gifts such as a day of shopping with her aunt, tickets to a show with her uncle, or two hours at the rock climbing gym with dad.

Encourage physical activity. Sports equipment is always pricey for a teen to purchase- give the fancy sports bag he's been eying or give a gym membership. Cool techy trackers like Fitbit will always be appreciated or treat your teen to moisture wicking work-out clothes.

Sleep! Who doesn't need it, and [teens often short change themselves on sleep and fall into poor sleep habits](#). Help a teen enjoy a comfortable night of rest and buy luxurious high thread count pillow cases, foam memory pillows, or even a new mattress. After all, it been nearly 20 years since you bought your teen a mattress and he probably wasn't old enough at the time to tell you if he was comfortable. Since a teen often goes to bed later than you do, a remote light control will be appreciated by all.

Adolescence is the age of abstract thinking and self awareness- Google "wall decals" and find a plethora of inexpensive ways to jazz up his or her room with inspiring quotes.

Enjoy your holiday shopping.

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A bummer: best ways to treat diaper rash



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

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

Contact rash

This diaper rash appears as patches of red, dry, irritated skin. Poop smooshed against a baby's sensitive skin is the main source of irritation for this type of rash. Contact rash is often accentuated where the elastic part of a plastic diaper rubs against the skin. Experiment to see if one brand of disposable diapers causes more irritation than others or if the detergent used for a cloth diaper is the culprit. Even the soap on a wipe or the friction from scrubbing off poop can exacerbate a contact rash.

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

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

Yeast rash



This rash is caused by a type of yeast called Candida. The rash typically looks beefy red on the labia or the scrotum. "Satellite lesions" or tiny red bumps surround the beefy red central rash. Babies on antibiotics are particularly susceptible to candidal rashes. Yeast love warm, wet, dark environments so remove the diaper as much as possible to create a cool, dry, light environment.

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

Pimples

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

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

Eczema

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

diaper area.

Treatment: In addition to applying barrier creams, treat eczema in the diaper area with hydrocortisone 1% ointment four times daily for up to one week.

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

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

Julie Kardos, MD and Naline Lai, MD

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