

# A developmental guide to reading to your young child



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

We know parents who started reading to their children before

they were born, but don't fret if you didn't start when baby was in the womb. It's never too late to start. Today we give you a developmental guide to reading with your young child.

## Three months of age

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

## Six months of age

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

## Nine months of age

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

# One year

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

# 18 months old

By 18 months, kids can sit and turn pages of a book on their own. Flap books become entertaining for them because they have the fine motor skills that enable them to lift the flap. The age of "hunter/gatherer," your 18-month-old may enjoy taking the books off of the shelf or out of a box or basket and then putting them back as much as they enjoy your reading the books.

# Two-year-olds

Two-year-olds speak in two word sentences, so they can ask for "More book!" Kids this age enjoy rhyming and repetition books. *Jamerry*, by Bruce Degen, is one example. You can also point out pictures in a book and ask "What is that?" or "What is happening?" or "What is he doing?" Not only are you enjoying books together, but you are preparing your child for the culture of school, when teachers ask children questions that the teacher already knows the answers to.

Here is some magic you can work: you may be able to use books to halt an endless tantrum: take a book, sit across the room, and read in a soft, calm voice. Your child will need to quiet down in order to hear you and he may very well come crawling into your lap and saving face by listening to you read the book to him.

## Three-year-olds

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

## Four and five-year-olds

Four and five-year-olds have longer attention spans and may be ready for simple chapter books. For example, try the *Henry and Mudge* books by Cynthia Rylant. Kids this age still enjoy rhyming books (cue in Dr. Seuss) and simple story books. At four, kids remember parts of stories, so talk about a book outside of bedtime.

Some children this age know their letters and even have some sight words, but refrain from forcing your child to learn to read at this age. Studies show that by second grade, kids who have been exposed to books and reading in their homes are better readers than kids who have not, but the age children start to read does not correlate with later reading skills. So just enjoy books together.

## E-readers and iPads

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

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

Julie Kardos, MD and Naline Lai, MD

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## **Baby food pouches are not a developmental milestone**



A google search of baby food pouches yields overwhelming options. When I see babies sucking on these pouches I think: are we in a spaceship? We are raising children, not astronauts. Most of us do not suck our meals; we bite and chew them. Please consider the following problematic aspects of baby food pouches before you buy more of them.

### **The texture in every food pouch is the same.**

Babies develop their tongue muscles and jaw muscles by experiencing different textures. They learn to move food from the center of their mouth to the sides, where their gums are. As they grow teeth they learn how to use them for biting and

chewing foods. Homemade purees such as oatmeal and mashed potatoes differ from each other. Pouch purees are identical to each other and offer little in the way of challenging and strengthening mouth muscles.

## **The flavor of every specific pouch is the same.**

Every strawberry pouch tastes the same as the next, every spinach and broccoli pouch tastes the same as every other spinach and broccoli pouch, every pear and oatmeal pouch tastes the same. However, each of these whole foods can vary in flavor, color, and texture. Taste buds develop with exposure to differing flavors. Variety is the spice of life and a diet heavy in pouch food may not encourage your children to try new foods.

## **Dental health and general health alert**

Grazing on food pouches causes the same potential outcome as grazing on sippy cups full of milk or juice: the sugar bathes teeth and gums in sugar, leading to cavities in those very teeth that your baby worked so hard during sleepless nights to grow. Even pouches with “no added sugar” contain plenty of sugar to injure young teeth. If even one fruit is listed in the ingredient list, then likely the pouch contains well above the recommended sugar level for babies. You can read more about how manufacturers of baby foods fail to meet World Health Organization standards of baby nutrition and mislead consumers [here](#).

**Heavy metals were found** in some baby food pouches. According to Consumer Reports, fresh or frozen foods generally are safer for babies than food pouches.



# **Pouches are expensive!**

For instance, a 3.5 oz banana food pouch by a well-known brand costs \$1.69. Extrapolating, a pound of this same pure banana food pouch costs \$7.72. Compare this to the average price for one pound of bananas in the US: around 63 cents. Put another way: Banana food pouches can cost 12 times more than fresh bananas.

# **The cap of a baby food pouch poses a choking hazard.**

If the cap fits through a toilet paper tube or a paper towel tube, it is small enough to get lodged in a child's airway. Be sure that your baby cannot grab the cap.

# **The plastic of baby food pouches adds to environmental pollution.**

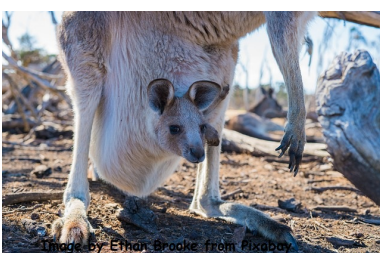
The pouches are not always recyclable and end up in landfills. Pouches fail to support a greener lifestyle.

# **Our conclusion**

Baby kangaroos live in pouches. Astronauts live on pouches. We propose that the rest of us should live pouch-free.

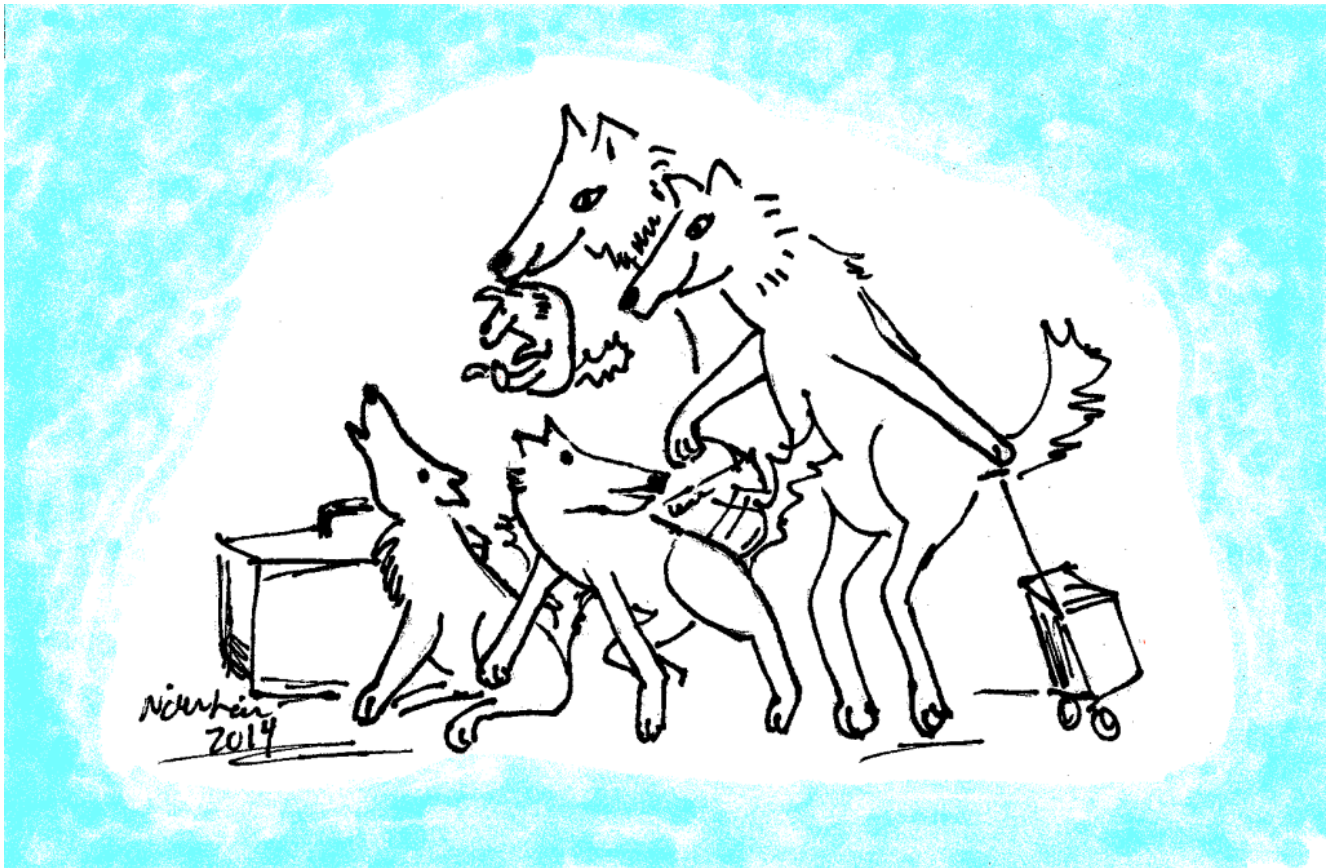
Julie Kardos, MD with Naline Lai, MD

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# Parent guide to traveling with young children for the holidays



*In spite of the long TSA lines, rental car challenges and all the howling,  
the wolf family made sure they got to grandmother's house every year.*

Do you plan to travel with young children this holiday season? You won't appreciate how much your baby has grown until you attempt a diaper change on a plane. For families, any holiday can become stressful when traveling with young children is involved. Often families travel great distances to be together and attend parties that run later than their children's usual bedtimes. Fancy food and fancy dress are common. Well-meaning relatives who see your children once a year can be too quick



to hug and kiss, sending even not-so-shy kids running. Here are some tips for safer and smoother holiday travel.

## **Before you travel**

**Identify the nearest children's hospital, urgent care center, or pediatrician** who is willing to see out-of-town new patients. This way, if your child becomes ill enough to need medical care while you are away from home, you will already know where to go. Also be sure that your children are up to date on all recommended vaccines. You wouldn't want your child to receive a "gift" of flu or whooping cough on your travels.

## **Traveling with young children: flying**

**Not all kids develop ear pain on planes as they descend-** some sleep right through landing. However, if needed you can offer pacifiers, bottles, drinks, or healthy snacks during take-off and landing because swallowing may help prevent pressure buildup and thus discomfort in the ears. And yes, it is okay to fly with an ear infection.

**Refrain from offering Benadryl (diphenhydramine)** as a way of "insuring" sleep during a flight. Kids can have paradoxical reactions and become hyper instead of sleepy, and even if they do become sleepy, the added stimulation of flying can combine to produce an ornery, sleepy, tantrum-prone kid. Usually the drone of the plane is enough to sooth kids into slumber.

## **Traveling with young children: poor**

# **sleepers and picky eaters**

**Traveling 400 miles away from home to spend a few days with close family and/or friends is not the time to solve your child's chronic problems.** Let's say you have a child who is a poor sleeper and climbs into your bed every night at home. Knowing that even the best of sleepers often have difficulty sleeping in a new environment, just take your "bad sleeper" into your bed at bedtime and avoid your usual home routine of waking up every hour to walk her back into her room. Similarly, if you have a picky eater, pack her favorite portable meal as a backup for fancy dinners. One exception about problem solving to consider is when you are trying to say bye-bye to the binkie or pacifier.

**Supervise your child's eating** and do not allow your child to overeat while you catch up with a distant relative or friend. Ginger-bread house vomit is DISGUSTING, as Dr. Kardos found out first-hand years ago when one of her children ate too much of the beautiful and generously-sized ginger bread house for dessert.

Speaking of food, **a good idea is to give your children a wholesome, healthy meal at home, or at your "home base,"** before going to a holiday party that will be filled with food that will be foreign to your children. Hunger fuels tantrums so make sure his appetite needs are met. Then, you also won't feel guilty letting him eat sweets at a party because he already ate healthy foods earlier in the day.

## **Avoid germ spread, but also keep perspective**

If you have a young baby, **take care to avoid losing control of your ability to protect your baby from germs.** Well-meaning family members love passing infants from person to person,

smothering them with kisses along the way. Unfortunately, nose-to-nose kisses may spread cold and flu viruses along with holiday cheer.

On the flip side, there are some family events, such as having your 95-year-old great-grandfather meet your baby for the first time, that are once-in-a-lifetime. **So while you should be cautious on behalf of your child, ultimately, heed your heart.** At six weeks old, Dr. Lai's baby traveled several hours to see her grandfather in a hospital after he had a heart attack. Dr. Lai likes to think it made her father-in-law's recovery go more smoothly.

## Traveling with shy children

**If you have a shy child,** try to **arrive early** to the family gathering. This avoids the situation of walking into a house full of unfamiliar relatives or friends who can overwhelm him with their enthusiasm. Together, you and your shy child can explore the house, locate the toys, find the bathrooms, and become familiar with the party hosts. Then your child can greet guests, or can simply play alone first before you introduce him to guests as they arrive. If possible, spend time in the days before the gathering sharing family photos and stories to familiarize your child with relatives or friends he may not see often.

## It's ok to change course

Sometimes you have to remember that **once you have children, their needs come before yours.** Although you eagerly anticipated a holiday reunion, your child may be too young to appreciate it for more than a couple of hours. An ill, overtired child makes everyone miserable. If your child has an illness, is tired, won't use the unfamiliar bathroom, has eaten too many cookies and has a belly ache, or is in general crying, clingy, and miserable despite your best efforts, just

leave the party. You can console yourself that when your child is older his actions at that gathering will be the impetus for family legends, or at least will make for a funny story.

## **Holiday travel is special for children**

**Enjoy your CHILD's perspective of holidays!** Enjoy their pride in learning new customs, their enthusiasm for opening gifts, their joy in playing with cousins they seldom see, their excitement in reading holiday books, and their happiness as they spends extra time with you. This experience makes traveling with young children worth the extra planning.

We wish you all the best this holiday season!

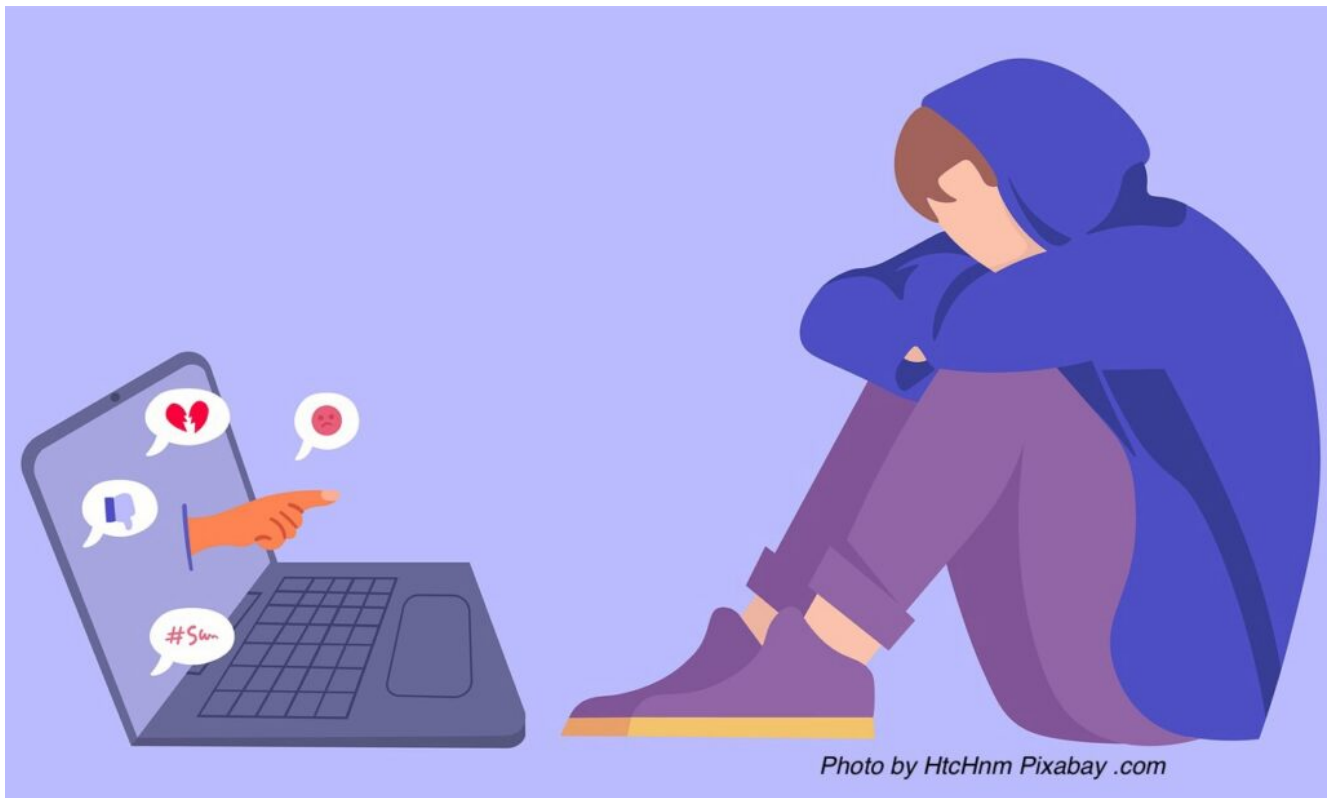
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## **Help your Child Handle Bullying**



As a parent, there are few things more heartbreaking than seeing your child upset because they've been bullied. Whether your second grader is crying after being teased on the school bus or your teen is avoiding the school bathroom to escape cruel remarks, the feeling of powerlessness can be overwhelming. You may be tempted to go after the bully yourself. But there are more effective, long-term ways to help your child handle bullying.

Bullies are always in a position of power over their victims; either they are physically larger, older, or more "popular." While you or your child may want to "get back" at the bully, retaliation only fuels anger and can land your child in trouble. Remind your child that most bullies act out because they feel insecure themselves. Teach your child empathy for the bully.

## **What can you do?**



Teach your child how to **stop** a bully, **walk** away from dangerous situations, and **talk** to someone when they need help.

**Stop the bully.** Have your child give strong verbal responses. Teach your child to stand up for themselves with a clear, confident message. A firm “STOP talking to me like that!” or “Don’t do that!” will not only assert their boundaries but also could attract the attention of nearby peers or adults who can step in. Another helpful tactic, especially if no one else is around to help, is de-escalation. Encourage your child to take deep breaths, and to ignore provocations by pretending they do not care what the bully says to them.

**Walk away from conflict.** If a bully is getting physical or continuing to harass your child, teach them to walk away and seek safety. They can move toward a teacher, a classroom, or any safe space where an adult can intervene.

**Advise your child to tell as many trusted adults as possible** if they’re feeling unsafe. If one adult isn’t sure how to help, another will. Tell them to keep asking.

## **Cyberbullying**

Stop the cyberbully by responding with silence. Explain to your child that bullies thrive on any and all responses to their bullying. Not only that, but your child’s on-line response can be permanent. Teach them to withhold a response and let adults take charge.

In general, establish rules about your child’s online behavior and limit access to devices and sites. For example, encourage your child never to post anything hurtful or negative. Even something as small as a “dislike” can escalate a situation or can be misinterpreted.

If the bully threatens your child online, avoid responding to the bully AND take your child’s device with the evidence to the school and possibly to the police. Here is contact

information for social media apps, gaming networks, and related platforms where you can report cyberbullying.

## **Information gathering**

Make it clear to your child that it's always okay to talk to you if something's bothering them. Ask open-ended questions like:

*"How's school going?"*

*"How are things with your friends?"*

*"Have you seen anyone getting bullied?"*

*"Are you feeling okay at school?"*

If your child says they're having trouble with a friend or classmate, avoid brushing it off. Ask questions like, "What happened?" or "Did something happen between you?"

Keep an eye out for signs that your child might be struggling emotionally. They may show increased reluctance to go to school or act sad, angry, or anxious.

Be aware that sometimes kids who are bullied turn around and become bullies.

## **Partner with your child's school for support**

Once you're aware that your child is being bullied at school, it's important for you to talk to adults at the school. Let the teacher, counselor, or principal know exactly what's going on. Be clear that you want additional supervision, particularly at recess and lunchtime. Schools often have a zero-tolerance policy for bullying, but they can't address an issue that they don't know about.

# Building your child's self-confidence

Bullies often target kids who seem smaller, weaker, or less confident. It's important to help your child feel good about themselves so they're less likely to become a target. Make it known by your words and actions that you love your children unconditionally. This builds self esteem. As Dr. Lai says, "Helping a kid's confidence grow is harder than helping their body grow." If a child is physically smaller than the bully, remind them that "You don't have to be a big person to do big things."

Consider enrolling your child in activities that boost self-esteem, like karate, team sports, or music lessons. Encourage friendships with supportive peers. Be the fun parent and invite kids over for a playdate, or host a family activity like a kickball game or movie night.

We leave you with a classic anti-bullying retort: "I'm rubber, you're glue; whatever you say bounces off of me and sticks to you."

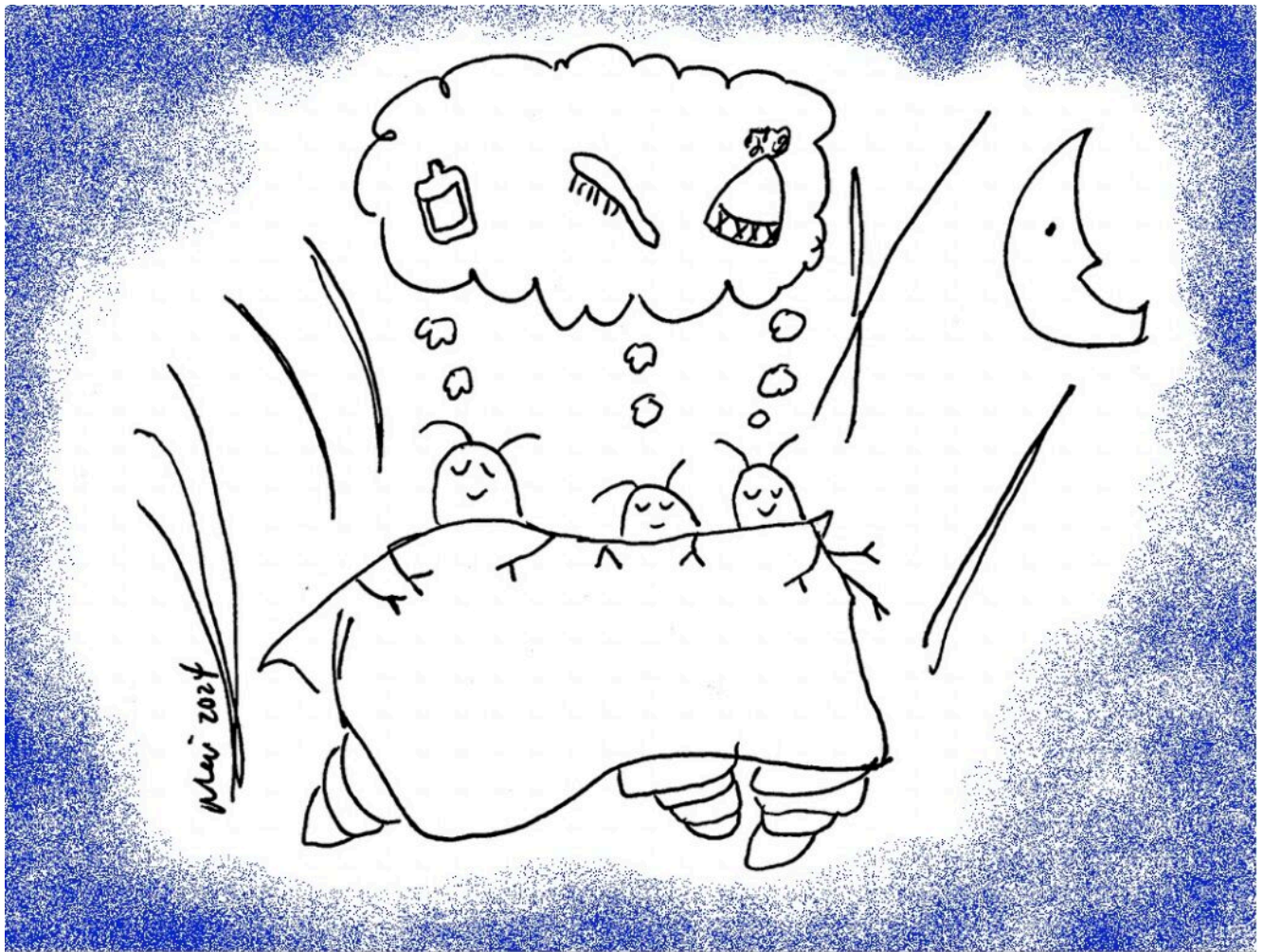
## Additional Resources:

- The American Academy of Pediatrics – for more information on bullies, victims, consequences of bullying, and how to respond to bullying
- StopBullying.gov – U.S. Department of Health and Human Services
- Cyberbullying Research Center
- Teaching Tolerance – Fostering tolerance for parents and educators

Naline Lai, MD and Julie Kardos, MD

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# Lice: Don't Scratch Your Head Over It!



Not a creature was stirring, not even a louse;  
The lice children were nestled all snug in their beds;  
while visions of Rogaine®, brushes and hats danced in their heads

Now that school is back in full swing, you might notice your child scratching their head... and maybe you're starting to scratch your head too. Let's dive into the topic of lice and clear up some of the confusion.

## What Are Lice, Really?

Lice are small, harmless insects that cause itching but don't spread disease. The itching comes from a reaction to their saliva—similar to how poison ivy causes a reaction on the skin. It sounds gross, we know, but the good news is that lice are more of an annoyance than a health risk.

By the time you spot a live louse on your child, they've likely had lice for at least a month. So, while it might seem alarming to spot a louse crawling on their head, it's not an emergency. Schools shouldn't send kids home early for lice; after all, they've likely been in class with lice for weeks. That said, treating lice promptly can relieve the itching and stop them from spreading. Children can return to school the day after their first lice treatment.

## **How Do Lice Spread?**

Lice can't jump or fly; they only crawl. For lice to spread, kids' heads need to be close together. Lice can also spread through shared hats or hair brushes, so remind your kids not to share these items, whether they're playing dress-up or getting ready for a school dance.

## **Spotting Lice and Nits (Lice Eggs)**

It's easy to mistake other things—like sand or dandruff—for lice eggs. Here's a tip: lice eggs (otherwise known as nits) are glued tightly to the hair shaft near the scalp and are difficult to remove with your fingers. Dandruff and sand slide easily along the hair shaft between your fingers.

## **Lice Treatment Options**

- **Topical Permethrin 1% (e.g. Nix):** This over-the-counter treatment works well for many families. Follow the directions on the label, and repeat the treatment in 7-9



days. Nix has a comprehensive website that explains lice and how to treat them. Permethrin targets both lice and their eggs.

- **Topical Ivermectin:** Previously branded as Sklice, this treatment is now available over-the-counter. The generic version is as effective as the name brand. Follow the directions, and repeat after 7-9 days.

If neither of these treatments work, doctors can prescribe additional medications. Most cases of lice succumb to permethrin or ivermectin, so you likely won't need a prescription. Safety tip: avoid using more than one product at a time. This prevents too much medication on your child's head at the same time.

According to the American Academy of Dermatology, simply combing your child's hair to remove lice and nits can be effective. Though time-consuming, thorough combing works when done properly. Here's a helpful 3-minute video from a dermatologist on using medication and combing to treat lice.

All lice shampoos and lotions should be applied to dry hair, left on for the recommended time, and then rinsed off. Make sure to read and follow the directions carefully for whichever product you choose.

## **Treating Your Home**

Once your child is treated, it's important to treat their environment too. Wash any recently-used sheets, towels, blankets, and hats in hot water (at least 130°F), and dry them on high heat for 20 minutes. Seal non-washable items, like stuffed animals, in plastic bags for two weeks to let any lice and nits to die off.

## **Got More Questions?**

This should cover most of what you need to know about lice,

but if you're still itching for more info, we contributed to this post in The Children's Hospital of Philadelphia's "Health Tip of the Week."

Stay tuned for more tips on what might be "heading" your way!

Julie Kardos, MD and Naline Lai, MD

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**Local folks-Getting your  
toddler or preschooler to  
listen**

**October  
17th  
7:00PM**

# **CHOP Talk: Effective Discipline Techniques for Toddlers & Preschoolers**



**Thursday October 17th @7PM  
The Bucks County Children's Museum  
500 Union Square Drive  
New Hope**

Join us for this **FREE** event.  
**Pediatrician Dr. Kate Belser, MD and  
Behavioral Health Provider  
John Grove, LCSW discuss  
setting limits and self-calming techniques  
within the context of toddler and  
preschooler development.**

**Registration is Required at:**



[www.buckskids.org](http://www.buckskids.org)

 **Children's Hospital  
of Philadelphia®**  
CHOP Primary Care, Doylestown

**Reminder: All parking in New Hope  
is metered. Please pay for parking  
with a credit card at kiosks, or use  
the ParkMobile App lot #8925**

Frustrated that your young child is not listening? This in-person talk gives some basics on ways to set limits and self-calming techniques. Your two peds, Dr. Lai will be on hand to moderate!

Naline Lai, MD and Julie Kardos, MD

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# Money Saving Pediatric Hacks

We know how it's easy to spend money on the kids- just wait until they are old enough to get Venmo. Here are some money saving tips for parents to save a little dough and put that saving towards the next family vacation and orthodontia!

Julie Kardos, MD and Naline Lai, MD

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## Seasonal allergies: a review



Photo by Tuấn Kiệt Jr. on Pexels.com

Everything has a season, including seasonal allergies.

In our area near Philadelphia, we associate spring with the Phillies opener and also with the onset of spring allergies.

Here is a nice summary of how to treat allergies, from The Children's Hospital of Philadelphia (note that one of your Two



Peds was a contributor). And following are some of our prior posts that can help you treat your child's seasonal allergies this spring:

The Best Allergy Medicine for Kids

The Best Allergy Medicine for Kids aged 2-5 years old

Allergy Eyes: when spring rubs you the wrong way

How to tell the difference between Covid (or any viral cold) and allergies

We hope this post answers all that you are itching to know about seasonal allergies.

Julie Kardos, MD and Naline Lai, MD

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## **How to Talk to Kids About Hard Topics: a panel discussion**



Photo by cottonbro studio on Pexels.com

Death, politics, mental illness, and sex- all difficult topics for parents to talk about with their kids. Your Two Peds joined a social worker, school guidance counselor, and former teacher in a lively panel discussion at the Haverford Township Library in Haverford PA on how to normalize conversations on difficult topics between parents and their children. Watch as we talk about on ways parents can give kids give information while limiting their anxiety .

Past posts about ways to share difficult information with your children include the topics of suicide, stillbirth/miscarriage, death of a person, and death of a pet.

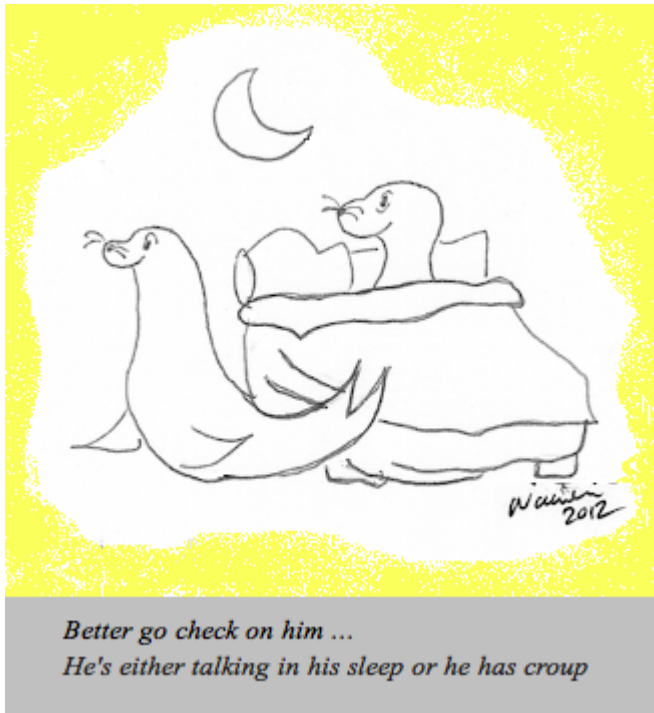
Warmly,

Julie Kardos, MD and Naline Lai, MD

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# Croup



*Better go check on him ...  
He's either talking in his sleep or he has croup*

Croup is an often-surprising middle-of-the-night malady that produces a barky seal-like cough in children who seemed just fine at bedtime.

Any virus that causes cold-like symptoms of runny nose, cough, runny eyes, and sometimes fever, can also cause croup. Think parainfluenza, influenza (flu), RSV, adenovirus, rhinovirus, and now Covid-19. Any of these viruses can land in a child's larynx, or voice box, and cause hoarseness, barky cough, and a weird guttural sound on breathing inward, called "stridor." Croup is the name we give the constellation of symptoms, not the name of the virus that causes it.

An adult with the same exact illness would sound hoarse, but would likely not have the strange barky cough or noisy breathing.

We have a great podcast on this subject, but for those who prefer to read medical advice, please read on.

## Ways to help your child when they

# wake up with croup

**Stay calm.** Children are frightened when they wake up coughing and find it hard to take in a deep breath. Parents are often frightened too. Even if you are worried, exude calmness in order to help your child settle down.

**Create a rain-forest like environment.** Go into the bathroom, run a hot shower, and hunker down with a book to read to your child. The steam helps shrink the uncomfortable swelling in the voice box. Wait for about 15 minutes for the barky cough and the harsh guttural breathing to subside.

You can also recreate a misty environment by cranking a humidifier in your child's bedroom. To avoid the risk of burns, we recommend a cool mist humidifier, not a hot water vaporizer. The temperature of the mist does not matter; it is the mist itself that children with croup find soothing.

**Go outside with your child.** Wrap them in a blanket and head into the cool night air. This trick works as well as the steamy environment trick. Each winter we hear of our patients with croup who's parents put them into the car to drive to the nearest Emergency Department, only to find that by the time they arrive, their child's croupy cough and noisy breathing have resolved.

**Treat any sore throat pain.** Offer your child acetaminophen (brand name Tylenol) or ibuprofen (brand names Motrin, Advil) because easing the pain calms your child with croup and helps them to breathe easier.



# When to take your child with croup to the emergency department

Most children with croup can be managed at home, but some need extra medical care. Head to the nearest emergency department or call 911 if your child has these symptoms:

- **Turns blue or pale with coughing.** Turning red is ok, but turning blue or pale means your child needs oxygen therapy.
- **Is unable to swallow, drools uncontrollably, refuses to drink.**
- **Has labored breathing.** See this link for example of what this can look like. If you see your child's chest or belly moving in and out with every breath, you see your child's ribs with breathing, you see their nostrils flare with every breath, or you hear that guttural noise (stridor) with every breath inward even if your child is calm, then your child needs emergent medical care
- **Shows a change in mental state.** If your child fails to recognize you, seems too lethargic to respond appropriately to your care, or your "parent instinct" tells you something is wrong with your child's thinking, they may need emergent care.

Strangely, a scary night of croup can be followed by a calmer day. Your markedly improved child may show merely some mild hoarseness or mild stuffy nose. Be aware that your child might have another night or two of croup symptoms, even after they barely cough during the day. So make sure your child and you take a nap in preparation for another possible rough night.

## When to expect improvement

Most children with croup improve after two or three nights. Then, they develop more classic "cold" symptoms of runny nose and more "normal" sounding cough. Because Covid-19 virus is

becoming a more common cause of croup, have your child tested so you know how long they need to stay home from school or daycare.

Talk to your child's pediatrician if your child's seal-like barky cough or cold symptoms last more than a week without improvement. Call sooner if your child seems to worsen or you have further concerns about your child. Know that some children are "Croupers" and tend to get the same croup symptoms with almost any cold virus. But take heart, even the croupers will be less croupy over time. It's fairly uncommon to see a grade-school aged child with croup. Until then, you never know when you'll hear a little seal in the middle of the night.

Julie Kardos, MD and Naline Lai, MD

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