

# Before the Zika virus: A look back at Rubella and microcephaly



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The Zika virus in the news these days reminds us of another microcephaly-causing virus which scourged our world in the not-so-distant past. In the years right before the Two Peds doctors were born (late 1960s), the virus Rubella routinely swept through the United States and the rest of the world. The

airborne germ Rubella, just like the mosquito-spread Zika virus, caused most people just a mild illness that they usually never even knew that they had. After they were sick, they became immune to the virus. But when pregnant women contracted Rubella early in pregnancy, their unborn children sometimes ended up with microcephaly.

Microcephaly is a condition where a small, underdeveloped, or abnormal brain leads to a small head at birth. Many children with microcephaly have significant mental disabilities.

So what happened to Rubella? It's the R in the MMR vaccine. We give this vaccine to all children, first at 12-15 months, and again at 4-6 years of age. We vaccinate girls to protect their unborn fetuses when they are pregnant, and we also vaccinate boys. Although boys will not become pregnant, they can contract the disease and spread it to others who are pregnant. It is standard practice for obstetricians to test all of their pregnant patients for immunity to Rubella. If a woman is not immune, she is given the MMR vaccine after delivery to prevent coming down with Rubella during future pregnancies.

Because of the success of this safe vaccine, it is extremely rare to have child born with Congenital Rubella Syndrome and its accompanying problems. The syndrome not only included the mental impairments associated with microcephaly but also was associated with blood disorders, heart defects, deafness, visual impairment, developmental delay, and seizures. In the United States where the vaccine rates are high enough, no cases have been reported since 2004. In the rest of the world, cases still occur in countries with limited access to vaccines against Rubella. Approximately 100,000 cases of Rubella worldwide per year still occur according to the Centers for Disease Control.

Scientists are working on a vaccine against the Zika virus because, as is often the case, preventing a disease is often easier, less costly, and more successful than attempting to

cure it. For a basic explanation of how vaccines work, please see our prior post on this topic. Trials for a vaccine for Zika may begin as early as summer 2017.

But if we look at history, Rubella was once a dreaded virus too. Now, with the widespread use of a vaccine, although still dreaded, the rates of Rubella have dropped dramatically. Zika hopefully will not be far behind.

Naline Lai, MD and Julie Kardos, MD

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## Dressing children for cold weather



Dr. Kardos's fourth child wears her coat in the snow without fuss.

There is snow on the ground, so every morning I ask my elementary school-aged son if he wears gloves and a hat at recess. Every morning I get back the same blank stare and the question, "Why?"

It's an age-old battle between parents and kids. Parents insist the kids are underdressed and the kids insist they are overdressed. In fact, I remember in fourth grade many an embarrassing moment when my mother would suddenly appear with mittens at the bus stop. So how can parents decide how warmly to dress their children?

Infants are particularly poor at regulating their own temperatures. In general for cool weather, dress a baby in one more layer of clothing than you are comfortable wearing. Another good way to keep a newborn from losing too much heat is to keep the hat on for a couple of weeks. It's not an old wives tale; people do lose a fair amount of heat through their heads.

However, beware of over-swaddling. Over-heating has been suggested as a factor in death from SIDS (Sudden Infant Death Syndrome). If your partner insists on keeping the house the temperature of a sauna and you are sweltering all year, then dress your baby in a simple onesie. Just as infants have difficulty regulating body temperature in the cold, they also have difficulty regulating their temperature in heat. In general, if you feel cold, your baby will feel colder. If you are warm, your baby will feel warmer than you do. There is an official indoor temperature recommendation for daycare centers: in cold weather, keep indoor temperatures to 68-75F.

Sleep always seems to bring out red cheeks and sweaty heads in toddlers. Are they too hot or cold? As you peek in on them after tucking them to bed, feel their hands and cheeks. Warm (but not flushed) cheeks mean they will be comfortable even if their hands are a bit cool.

For older kids, simply dress them the same way you dress yourself. Make sure areas prone to frostbite such as toes, ears and fingers stay warm. Quick tidbit: do not re-warm nearly frostbitten areas by massaging. The rubbing action causes more injury. Instead, place the area in warm water.

Sorry, you can't use the rational, "Dress warmly or you will catch a cold." Cold temperatures do not cause colds. Germs cause colds. However, there is one study on mice that suggests cooler noses allow the rhinovirus (a common cold germ) to grow more easily. Also, there is a phenomenon called nonallergic rhinitis which manifests itself as a drippy nose which can be set off by cold air. Likewise, inhaling cold air can set off coughing in kids with asthma. For more about the health benefits and hazards of cold weather for both kids and adults, check out this article from Harvard Health Publications.

Why it's not "cool" to stay warm, I'll never understand. At least for the older boys, parents don't need to take into account the weather. The kids will wear hoodies whether it's seven or seventy degrees outside.

Naline Lai, MD with Julie Kardos, MD  
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(For a laugh: we love this tongue-in-cheek post about how kids dress for cold weather).

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## Prevent rotten teeth

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isted on many pediatric developmental milestone charts, there is the six month milestone, " can hold their own bottle. " Unfortunately, this is the last thing we want our patients to do. Babies who feed by holding their own bottle tend to suck for a longer period of time than when they are at the breast or when a parent holds the bottle. Prolonging the time any sweet substance, whether breast milk, cow's milk, or watered down juice is in the mouth can produce cavities. Even in toothless babies, the sugar can seep through gums and rot the teeth producing cavities called "bottle rot" in the two front teeth. As shown above, sucking on a sippy cup constantly can also produce the characteristic damaging pattern and cause rotten teeth.

Sippy cups are like daytime bottles. In the "old days" if a child wanted a drink, the parent would give him a cup, he would take his drink, and then the cup would be put away so it would not spill. Sippy cups are easier to leave around for

kids to grab when they need it. They are easy for kids to carry and graze from while playing. They don't make a mess in the car. **But because kids can nurse a sugar-containing drink all day, it becomes easy for a sweet drink to have constant contact with teeth,** thus producing the problem you can see in our photo.

How to prevent rotten teeth:

- **Once they are toddlers, give your kids beverages at meal or snack times only.** Let them drink and then put the cup away. Otherwise, forward to the future, and imagine your sippy-cup-toting toddler becoming the perpetually-drinking-coffee office coworker down the hall. We're sure your coworker's teeth are not pretty. The only exception to giving a beverage only at meal or snack times is the quick after dinner cup of milk when they are very young (toddlers). If your toddler drinks a cup of milk before bed, make sure he brushes his teeth before going to sleep. Brush-book-bed is a good routine to institute.
- **Limit juice.** Whether 100%, or organic, or watered down, juice contains enough sugar to rot teeth over time. Dr. Kardos remembers a friend lamenting, "I bought only 100% juice for his sippy cup and had no idea it could hurt my son's teeth like that!" Eventually, her friend's son underwent a tooth repair under anesthesia.
- **Encourage good tooth brushing** at least twice a day with fluoride-containing toothpaste, starting when your child gets his first tooth. Before that point, wipe out your baby's gums with a wet gauze or wash cloth.
- **Schedule regular dental visits** for your child starting around or soon after his first birthday. Going to the dentist is a vital part of preventing rotting teeth.
- Ask your pediatrician or dentist if **supplemental fluoride** may be helpful.

Some final food for thought: snacks of pouch-pureed fruits and

vegetables are increasing in popularity. We don't think we need to wait for a scientific study to say that prolonged sucking on a packet of "healthy" fruit puree will probably result in the kind of teeth pictured above .

For more tips check out the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

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## **Raise a well-behaved child, Part 3: How to Halt the endless tantrum**



One way to cool off your toddler.

Time-out is over and your 18-month-old is still flailing on the floor in a full blown temper tantrum, pig-tails flying and tears streaming down her face. Will her tantrum ever stop?

"Time out is over," you say, trying to console her, but she continues to cry. She cries so long she forgets why she started.

**Here are ways to help** your heated up, frustrated toddler "cool off" if they seem stuck in a tantrum:

## **Offer a favorite stuffed animal or “blankie.”**

Gripping his familiar comfort toy often helps the toddler to “get a grip” on his emotions during a tantrum. Try to buy several of the same animals and switch off, otherwise you will soon have a pretty grubby toy. If your child’s comfort “blankie” is starting to unravel, cut it up into smaller pieces and sew the pieces onto new fabric.

## **Don’t feel guilty about giving a binkie/pacifier.**

Otherwise known as “the magic cork,” at this age, binkies do no permanent harm to teeth and they will soothe a flustered kid. **Thumb sucking** is also an effective, benign self-soothing technique at this age. Please see our [binkie post](#) for more about binkies and when (and how) to wean, and listen to our [earlier podcast](#) for more about thumb sucking.

## **Go outside with your toddler.**

A change of scenery and temperature works instantly to distract your toddler from his woes. Even bad weather works. Dr. Lai remembers many times huddling under a blanket on her porch with her children as it snowed.

## **Just walk.**

Start walking around the house carrying your kid or holding his hand. Or marching. Or “funny-walking.” Sing a silly tune as you go. Your toddler may catch your silliness and forget his woes. If this is not enough, march outside.

## **Sit down and start playing WITHOUT your toddler.**

Work a puzzle. Make toy cars drive around. Set up stuffed animals for a party. Color a picture. Your toddler may forget his tantrum and instead may become curious and want to join you. Remember, “time in” is much more attractive than “time out.” Keep bubbles on hand. Blowing bubbles not only distracts, but like the breathing techniques in yoga, blowing bubbles helps toddlers relax.

## **Read a book.**

Make it a habit of reading during soothing times such as bedtime, quiet time, or before nap time. Your child will learn to associate this activity with feelings of peace. When your toddler is “stuck,” reading her a favorite book will return feelings of calmness. In general, reading books about emotions will also give your child a vocabulary to express himself. The inability to communicate to you her emotions will escalate frustration. After she is calm, use books to teach “what to do next time.” For instance in one of Dr. Lai’s favorite books, *When Sophie Gets Angry–Really, Really Angry* by Molly Bang, the main character Sophie explodes like a volcano. Ask your child when you read the book, “What can Sophie do instead of exploding? What would you do?”

Below are a list of suggested books about emotions complied by Librarian Pat Stephenson, hostess of the Bensalem, PA *Play and Learn* parenting series.

*Hands are not for Hitting*, by Martine Agassi

*Feelings*, by Alik

*Squish Rabbit*, by Katherine Battersby

*Teach your kids to think!* by Maria Chesley Fisk

*Grump, Groan, Growl*, by Bell Hooks

*Understanding myself: a kid’s guide to intense emotions and strong feelings*, by Mary C. Lamia

Any book written by Mister Rogers

*Calm Down Time*, by Elizabeth Verdick

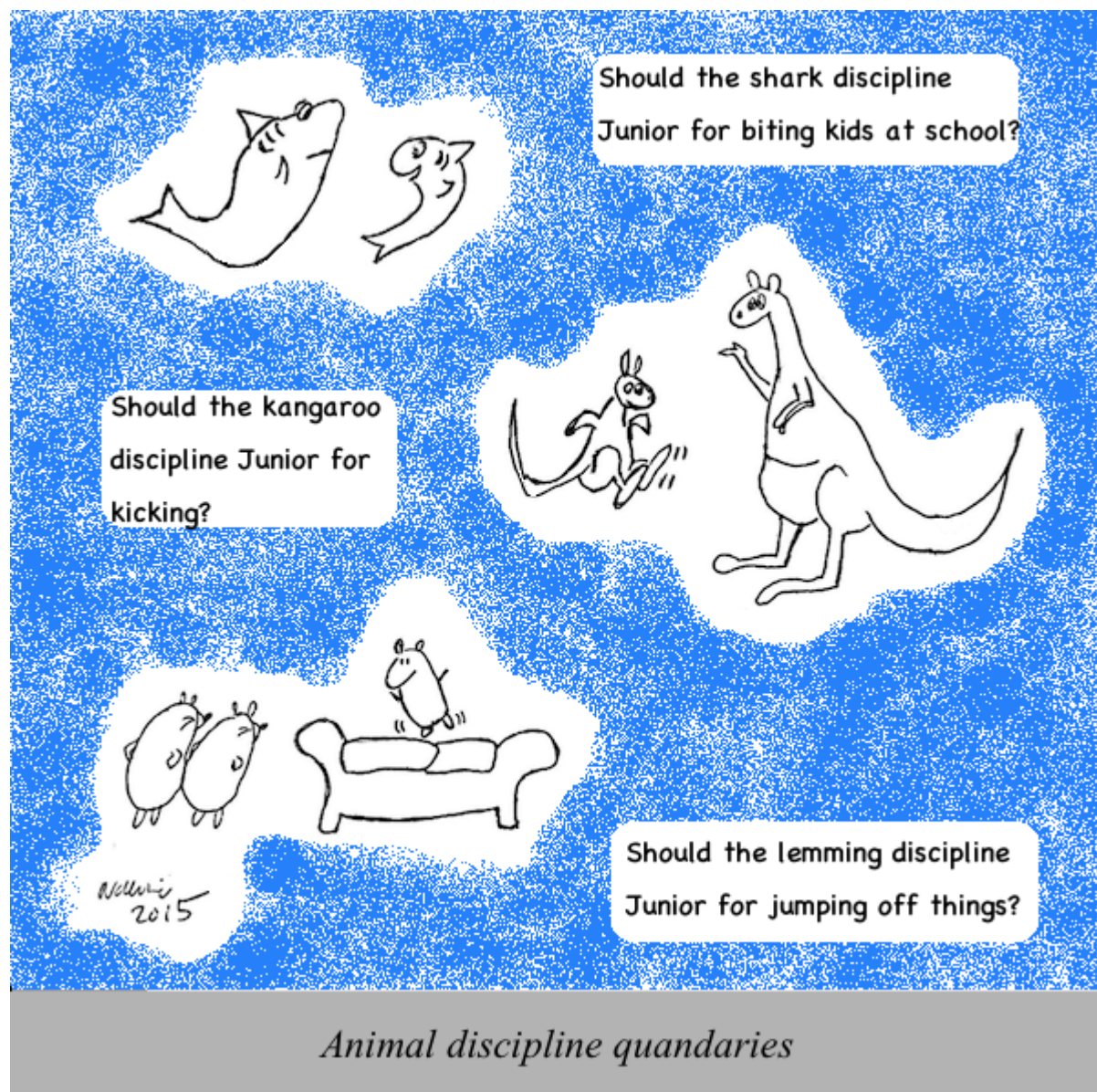
*Feeling Sad*, by Sarah Verroken

*Alexander and the Terrible, Horrible, No Good, Very Bad Day* and other Alexander books, by Judith Voist

*I Love my New Toy!* By Mo Williams

As we discussed in our prior [Toddler Discipline](#) post, “Time Out” is an effective form of discipline. But there is a difference between disciplining your child and teaching your child self calming techniques. When time out is over, it’s over. Help him move on.

# Raise a well-behaved child part 2: discipline without spanking



**Questions:** Why does that child run into the road? Why does

that child hit other kids?

**Answer:** Because no one ever taught him not to.

Toddlers need lots of teaching, so where do you start? To help teach your on-the-move, act-first-and-ignore-the-consequences toddler how to become more civilized, first make sure BOTH parents agree on the rules. Teach your toddler that **you mean what you say**. When you call your toddler and he does not come right away, GO TO HIM AND LEAD HIM BY THE HAND OR PICK HIM UP no matter what the situation. Also remember that civilizing a toddler is a work in progress, not an afternoon project.

**These are negative behaviors we want to train out of our toddlers: hitting, kicking, biting, pinching, and in any way inflicting pain on others.** Excitement and anger are normal reactions in toddlers, but these negative responses to excitement or anger are always unacceptable.

Before we go further let's review normal toddler behavior. These are things that you just can't punish a toddler for, but rather you can try to capture on camera and to enjoy the memory later:

- **Making a mess.** All toddlers are messy. They can't help it. They don't have the fine motor coordination to prevent dropping food or for keeping toys contained to one area. (I am recalling with a smile a home-movie of my twin toddlers double-fisting a spaghetti dinner). Besides, to a toddler (and to many adults for those of you who used to watch Dave Letterman) it's always fun to watch things splat on the floor. That being said, kids are never too young to teach "clean-up." Make it fun and light-hearted, not onerous. All kids love to use brooms, so encourage them to help clean up the Cheerios that coat the floor after a meal.
- **Touching everything.** They will touch themselves and

others- they are just curious.

- **Speaking their minds.** Toddlers are truthful and literal, not malicious or insinuating. My oldest son at age 3 saw a man with one arm and said very loudly, "Look, Mommy, that man has only one arm!"

## **How to discipline:**

**Catch 'em being good.** This works wonders if you are consistent about it. Be specific about your praise. Tell your toddler, "I like how you are not hitting your brother right now," or "Good job playing quietly while your baby sister naps," or "Great job putting the legos away in the box!" instead of "You are being good now."

**Teach consequences:** If he throws a toy, say "NO throwing that toy," and take the toy away for a minute or two to make your point.

**Chastise the behavior,** not the child. Say to your child "No hitting," not "You are bad for hitting."

**First make it clear that a behavior is not acceptable.** Toddlers are not mind readers. If you never told her, "Don't rummage through the garbage can," she will not know better.

**Parents need to be on the same page.** Discuss in advance, not in front of your child, what the consequences are for misbehavior. If one parent "gives in" to a tantrum and one does not, your toddler will become confused, then anxious, and then learn how to pit parents against each other. He will throw longer, louder, more destructive tantrums because he knows, if he hangs on long enough, ONE person will give him what he wants.

**Have immediate consequences.** Avoid "Wait until your mom gets home." Also avoid "When we get home from the store, you are in trouble." As determined as they can get, toddlers also paradoxically have the attention span and memory of a flea.

However, in order to give an appropriate, immediate consequence, **plan your consequence before you need it or else you may give out one that you regret.**

For example, if you and your toddler are having a fine time at the playground with other parents and their toddlers, you may regret this warning: "Stop hitting Billy with your toy car or we will leave the playground." If your child ignores you, then you are stuck leaving the playground. And leave, you must! If you fail to heed your own warning, your toddler will learn that you do not mean what you say. He will see you as a wimp and will always try to take advantage of you. A better way to stop your kid is to say, "Stop hitting Billy with your toy car or I take that car away from you." Then take it away if he continues the behavior. Here are the benefits:

- 1-Teach your child that you mean what you say.
- 2- Protect others from your toddler's dangerous behavior.
- 3- Preserve your own sanity. Why should you have to miss out on talking to other mommies while enjoying the day with your toddler? Sure, your toddler may tantrum in response to his lost car, but after the tantrum your toddler and you can continue to have fun at the park.

**Don't nag.** Toddlers are professionals at ignoring parental nagging. Just **follow through on your consequence for failure to obey you.**

**Ignore whining.** Whining is very hard to stop once you allow your toddler to get what he wants when he whines. Instead, ignore his whining and nagging (just as your toddler does so easily and naturally when you do it to him). Only grant him your attention when he uses his regular voice. Tell him once: "I can't understand when you talk that way. I only understand your Joey (insert your child's name here) voice." Then ignore him until he uses his "regular" voice.

**Catch teachable moments.** If you see another toddler misbehaving OR behaving well, point out the behavior to your toddler. You could say, "Oh, she hit her sister. I am so glad you are not hitting now. You know that our rule is No Hitting!" Also use books to point out desirable behavior. Plenty of books that you read to your children have examples of children having fun together or working toward a goal together without hitting, biting, or kicking each other. Point that out!

### **Time out and its permutations:**

**Time-out is a consequence.** The goal of time-out is to stop the undesirable behavior and to give negative associations to the bad behavior.

The traditional way of giving a Time-out in response to an aggressive or otherwise inappropriate behavior is to place your child in a chair or stool or on the floor in a corner or other quiet, boring place in the house for one minute per age of the child. Try not to use a spot which is associated with relaxation and sleep such as his crib.

**Time-out is more of a mental place than a physical place.** Years ago when I was out with Dr. Lai and our kids, her then 18-month-old hit her 3-year-old sister. Dr. Lai firmly told her 18 month old, "NO hitting, Mommy is not talking to you for one minute!" and she turned her back and folded her arms, making it a point of not looking at her daughter (Of course I was there to make sure her 18- month-old didn't run into trouble). Her 18-month-old had a tantrum but she got the message.

My own twins were a handful- often they would bite or hit each other over a toy that they both wanted. Rather than attempting to put two twins in two Time-Out chairs, I put the TOY in time-out on top of the refrigerator, where they could see it but not reach it, for the number of minutes of my twins' age.

Yes, I had to endure a double tantrum but the undesirable behavior, namely the hitting, stopped. Over time they learned to think twice about hurting each other. Read more about twin toddler discipline tips here.

### **Teaching self-calming is different from disciplining misbehavior/unsafe activities.**

Your kids may throw tantrums often in response to your discipline. This is perfectly fair. Toddlers are allowed to feel frustrated and angry ("If you're happy and you know it clap your hands; if you're angry and you know it throw a fit!"). Just ignore the tantrum and remove any breakables from the line of fire. The goal is for your child to have a bad feeling about making a bad choice. If she has a tantrum, she may later remember that if she throws a toy at someone, it will be removed from her and She Will Feel Bad about it. We will give you more tips about helping to stop an endless tantrum in our next post. Remember, though, that **once time out is over, it is over**. Move on and don't continue to talk about the incident.

**We do not recommend hitting your toddler** as punishment or as a way to stop them from some undesirable behavior. Toddlers mirror your behavior. They will pretend to swipe a smart phone. They will blow kisses back to you. Toddlers will suddenly will start spewing inappropriate words because they hear their parents using those words. So, be on your best behavior. If you hit your child, you will model hitting as a proper response for anger. Try not to hit your child even in jest. You don't want to be explaining to other parents on the playground that your hitting child "doesn't know better."

**Be aware it will feel like you are reiterating the same teaching points endlessly** You will often feel you are talking to yourself. Even though you told a toddler once not to rummage through a garbage can, you'll have to repeat the instructions the next time you see a different garbage can. As

my brother-in-law says, "You don't ever stop. Kinda like practicing layups or free throws in basketball."

**Remember to take a deep breath:** It is easy to lose control of yourself when you spend a lot of time with a toddler because toddlers, even though they are all adorable, can be infuriating, unreasonable, and irrational. Remember who is two and who is thirty-two. You NEED to be in control. If not, give yourself a timeout.

If you find a day with your toddler particularly tough, just do what melted my heart when my boys were toddlers. When asked, "Who will you marry?" they would always say "YOU, Mom."

Julie Kardos, MD and Naline Lai, MD

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Based on our original 2009 podcast about toddler discipline- you can listen to it [here](#).

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## **Raise a well-behaved child: set the stage while they are toddlers**



## Riding into toddlerhood

When your baby turns one, you'll realize he has a much stronger will. My oldest threw his first tantrum the day he turned one. At first, we puzzled: why was he suddenly lying face down on the kitchen floor? The indignant crying that followed clued us to his anger. "Oh, it's a tantrum," my husband and I laughed, relieved he wasn't sick.

Parenting toddlers requires the recognition that your child innately desires to become independent of you. Eat, drink, sleep, pee, poop: eventually your child will learn to control these basics of life by himself. We want our children to feed themselves, go to sleep when they feel tired, and pee and poop on the potty. Of course, there's more to life such as playing, forming relationships, succeeding in school, etc, but we all need the basics. The challenge comes in recognizing when to allow your child more independence and when to reinforce your authority.

Here's the mantra: **Parents provide unconditional love while they simultaneously make rules, enforce rules, and decide when rules need to be changed.** Parents are the safety officers and provide food, clothing, and a safe place to sleep. Parents are teachers. Children are the sponges and the experimenters. Don't be afraid of spoiling your child; be afraid of raising a child that acts spoiled. Here are concrete examples of how to provide loving guidance:

**Eating:** The rules for parents are to provide healthy food choices, calm mealtimes, and to enforce sitting during meals. The child must sit to eat. Walking while eating poses a choking hazard. *Children decide how much, if any, food they will eat.* The kids choose if they eat only the chicken or only the peas and strawberries. They decide how much of their water or milk they drink. By age one, they should be feeding themselves part or ideally all of their meal. By 18 months they should be able to use a spoon or fork for part of their meal.

If, however, parents continue to completely spoon feed their children, cajole their children into eating "just one more bite," insist that their child can't have strawberries until they eat their chicken, or bribe their children by dangling a cookie as a reward for eating dinner, then the child gets the message that independence is undesirable. They will learn to ignore their internal sensations of hunger and fullness.

For perspective, remember that newborns eat frequently and enthusiastically because they gain an ounce per day on average, or one pound every 2-3 **weeks**. A typical one-year-old gains about 5 pounds during his entire second year, or one pound every 2-3 **months**. Normal, healthy toddlers do not always eat every meal of every day, nor do they finish all meals. Just provide the healthy food, sit back, and [enjoy meal time with your toddler](#) and the rest of the family.

A one-year-old child will throw food off of his high chair tray to see how you react. Do you laugh? Do you shout? Do you

do a funny dance to try to get him to eat his food? Then he will continue to refuse to eat and throw the food instead. Instead, you can say blandly, "I see you are full. Here, let's get you down so you can play," then he will do one of two things:

- 1) He will go play. He was not hungry in the first place.
- 2) He will think twice about throwing food in the future because whenever he throws food, you put him down to play. He will learn to eat the food when he feels hungry instead of throwing it.

**Sleep:** The rule is that *parents* decide on reasonable bedtimes and naptimes. The toddler decides when he actually falls asleep. Singing to oneself or playing in the crib is fine. Even cries of protest are fine. Check to make sure he hasn't pooped or knocked his binky out of the crib. After you change the poopy diaper/hand back the binky, LEAVE THE ROOM! Many parents tell me, "He just seems like he wants to play at 2:00am or he seems hungry." Well, this assessment may be correct, but remember who is boss. Unless your family tradition is to play a game and have a snack every morning at 2:00am, then just say "No, time for sleep now," and [ignore his protests](#).

**Pee/poop:** The rule is that parents keep bowel movements soft by offering a healthy diet. The toddler who feels pain when he poops will do his best not to have a bowel movement. Going into [potty training a year or two from now with a constipated child](#) can lead to many battles. Also the toddler decides when he is brave enough or feels grown up enough to sit on the potty. Never force a toilet training child to sit on the potty. After all, did you force your toddler to learn how to use a remote control for your television? Of course not- he learned to use it by imitating you and wanting to be like you and by being pleased with the result (Cool! I turned on the TV!). The same principle applies to potty training. He will imitate you when he is ready, and will be pleased with the

result when you praise him for his result.

Even if your child does not show interest in potty training for another year or two, [talk up the advantages of putting pee and poop in the potty](#) as early as age one. Remember, repetition is how kids learn.

Your toddler will test your resolve. He is now able to think to himself, “Is this STILL the rule?” or “What will happen if I do this?” That’s why he goes repeatedly to forbidden territory such as the TV or a standing lamp or plug outlet, stops when you say “No no!”, smiles, and proceeds to reach for the forbidden object.

When you [feel exasperated by the number of times you need to redirect your toddler](#), remember that if toddlers learned everything the first time around, they wouldn’t need parenting. Permit your growing child to develop her emerging independence whenever safely possible. Encourage her to feed herself even if that is messier and slower. Allow her to fall asleep in her crib and resist rocking and giving a bottle to sleep. Everyone deserves to learn how to fall asleep independently (and to brush their teeth before bed). You don’t want to train a future insomniac adult.

And if you are baffled by your child’s running away from you one minute and clinging to you the next, just think how confused your child must feel: she’s driven towards independence on the one hand and on the other hand she knows she’s wholly dependent upon you for basic needs. Above all else, remember the goal of parenthood is to help your child grow into a confident, independent adult.

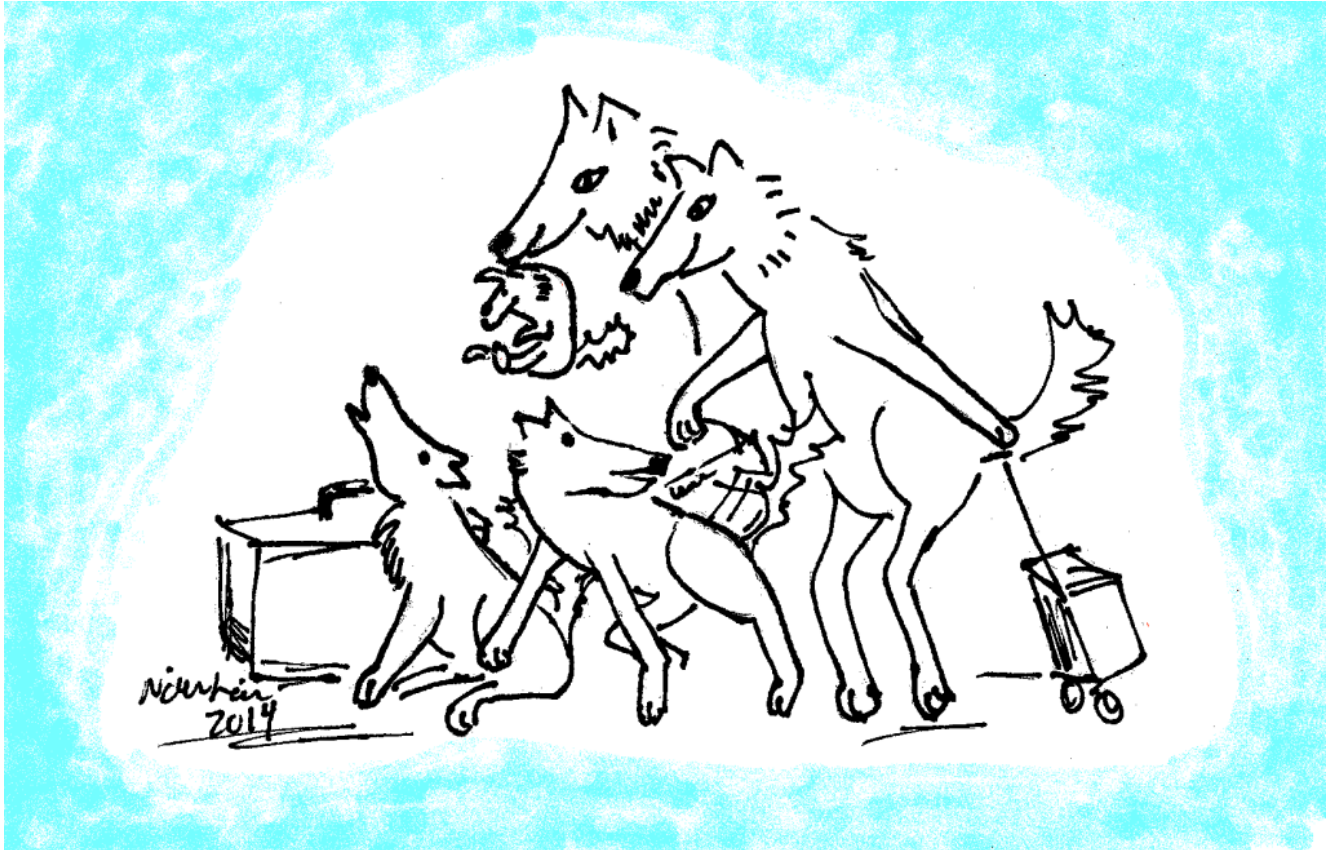
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# Traveling with Young Children



In spite of long TSA lines, rental car challenges and all the howling, the wolf family went to grandmother's house every year for the holidays.

You don't appreciate how much your baby has grown until you attempt a diaper change on a plane. For families with young children, any holiday can become stressful when travel is involved. Often families travel great distances to be together and attend parties that run later than children's usual bedtime. 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:

**If you are flying:**

- **Do not offer 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 a slumber.
- **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.

#### **General tips for visiting:**

- **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 tries to climb 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 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 when one of her children ate too much of the beautiful and very 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.

- **If you have a young baby, be careful not to put yourself in a situation where you lose control of your ability to protect the 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.
- **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 become a greeter, 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.
- **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.

- **Enjoy your CHILD's perspective of holidays:** enjoy his pride in learning new customs, his enthusiasm for opening gifts, his joy in playing with cousins he seldom sees, his excitement in reading holiday books, and his happiness as he spends extra time with you, his parents.

We wish you all the best this new year!

Julie Kardos, MD and Naline Lai, MD

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Updated from our 2009 articles on these topics

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## **Telling your children about a miscarriage or still birth**



*Grief counselor Amy Keiper-Shaw joins us today to help families during the difficult time after a miscarriage or still birth occurs. – Drs. Lai and Kardos*

If you are reading this, you or someone you love may have had a miscarriage. It is a tragic, often unexpected, experience that many families will encounter.

Bereaved parents may feel great sadness, regret, shock, confusion, some or all of these emotions. There may be anger directed toward the doctor, a spouse, or other women who have been able to conceive easily and carry their pregnancies to full term. Some women feel guilt, as if there were something that they could have been done to prevent this loss.

### **What should you tell your children?**

When adults experience a traumatic event like a miscarriage, they often are so consumed by their own grief that they fail to see that their children may be struggling with the same emotions. They may wonder what they should tell their

children, if anything. Some parents may feel that the children are too young to be told about the miscarriage or believe they would not understand and instead wait until the children is older to explain it to them.

If the surviving children were not aware of the pregnancy, parents may wonder about the need for them to know about the loss. Even though you may not have told them about the pregnancy or the loss, they will likely know something is wrong and may act out. You might have been tearful, in pain, or angry, or you might have been in a hospital and away from home. The children's routine might have changed, people could be speaking in hushed tones, and other family members may be visiting or bringing meals. It is difficult to hide changes such as these from children. Often a child feels or sees this change and worries about the parents' sadness and grief yet he may not have the skills to talk about it. If children are not told what has occurred, they often develop their own ideas of what has happened, such as mom is sick and dying or they must have done something to make everyone act differently.

It is usually best to be honest, to use simple language and to give clear explanations. Avoid euphemisms. If you say "lost" to young children, they may worry that they will get "lost" as well. If you say the baby has fallen asleep, they may become frightened of falling asleep or have nightmares.

You may also need to reassure them that the miscarriage was not anyone's fault. Children might believe that they are somehow to blame, especially if they weren't happy about the idea of a new sibling. One of the children who came to my bereavement camp carried the guilt of his baby sister's death for nearly five years. He believed that because he asked God for a baby brother and not a sister, he had somehow caused her death. It was only by talking about it and processing those feelings in a supportive, safe environment that he came to understand that he had done nothing wrong.

If your children were aware of the pregnancy, they would probably need to be told about the miscarriage promptly. If they are small children, a later time might be more appropriate when they are more able to comprehend what has occurred.

Very young children are likely to pick up on the feelings of the adults around them, but will not fully understand the finality of the loss. Children under five will have some awareness of death. They may ask questions to try to make sense of what has happened, such as "Where has the baby gone? When will the baby come back?"

By the age of eight or nine, most children will understand that the baby is gone and not returning. As one parent illustrates, "We explained to her that sometimes, for no reason and through nobody's fault, babies can die."

Teenagers will think about death like an adult. At any stage, there will most likely be questions about the baby that died as the loss is processed.

Children as well as adults react in their own way to a miscarriage. You may see your children being more "clingy", acting out at home or school, or having tantrums. They may have disturbed sleep, appetite or concentration. They may have a lot of questions and need to share them with you or someone else they trust. They may also withdraw.

When parents can share their grief with their children openly and honestly, it implies to the child that it is understandable to be sad. This is a family loss that they will get through together. Some suggestions to help acknowledge the death are:

- Read books together
- Plant a tree or bush in memory of the baby
- Make a memory book of special things from the pregnancy
- Write a note to the baby on a string attached to a

balloon and release it

- Participate in art/creative activities: painting, music, poetry, writing
- Visit the grave together

If you would like more information on helping children cope with a loss, please view the website for Hands Holding Hearts, a nonprofit organization in Bucks County, Pennsylvania that supports grieving children and their families.

Amy Keiper Shaw

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*Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs [Handsholdinghearts.](#)*

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# **Should I bring my sick kid to a holiday party?**



photo by Lexi Logan

The guidelines for school are straight forward. If your child is sick, the school nurse will tell you exactly what criteria your child needs to meet before she returns to school. The list generally looks like this: no fever of 101 degrees or higher for over 24 hours, no constant running to the bathroom, no vomiting for 24 hours, etc. However, Grandpa's house is not school. A friend's home is not school. The guidelines to attending holiday gatherings are not as straightforward.

First and foremost: If you are invited to a social gathering and you have an ill child, tell your family and friends who will be there that you have an ill child. You never know if there will be people present who are particularly vulnerable to illness. Some of you have an Uncle Harry who has been too embarrassed to tell you that he is undergoing chemotherapy for prostate cancer or a sister Sarah just found out she is

pregnant. Young babies and the elderly are more likely to develop complications if they are ill. On the other hand, if family members or friends all have intact immune systems and have no special risk factors for illness complications, they may be more forgiving and will want to see their ill nephew/cousin/friend who they just flew 400 miles to see. The key is communication.

Babies under two months old, because of their age and unimmunized status, are vulnerable to life threatening infections. Remember that a nagging cough in a toddler can be a life threatening cough for an infant. So you might reconsider bringing your coughing toddler to a gathering where there will be very young infants.

Don't get lulled into believing that germs are killed by Tylenol (acetaminophen) or Motrin (ibuprofen). Even if you have hidden your child's fever with a fever reducing medicine, she is contagious as long as something is spewing from any orifice (nose, eyes, mouth, or bottom).

So if you are going to a family gathering, and your child is mildly ill, here's how to minimize spread of germs:

1. Handwashing – wash your ill child's hands often to prevent spread of their germs. Also you should wash your healthy children's hands to prevent illness.
2. Handwashing (again!) -wash hands before eating and after bathroom use
3. Handwashing (again!!)- wash your own hands after you have helped your child do the above suggestions.
4. When all the children are piled in a heap watching The Grinch, take time to separate your ill child from the batch. Daycares put two feet between sleeping cots in order to minimize spread of germs. Protect airspaces.
5. Elderly people will be happy to observe your runny-nosed children frolicking about from the distance. No need to force your five year old with the runny nose to kiss

great- grandma's face.

6. Teach kids to cough into crook of elbow, to use tissues...and then wash hands.

If you realize that you will be dragging a medicine cabinet with you to a party, reconsider going. One mom says she cringes whenever she sees her sister show up to parties carting along a medication nebulization machine for her child. Consider what is best for your child. No matter how much your child, and you, have anticipated the holiday gathering, home is always the most comfortable place for a child to recover from illness.

Thinking hard about whether or not you should attend a holiday gathering? Then you are thinking too hard. Just stay home. Besides, you haven't been a real parent until you've missed at least one party because of a child's illness.

Julie Kardos, MD and Naline Lai, MD

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# Thankful for Foster Parents



*A foster mom brought a new child into the office the other day and I smiled picturing her with her last foster child. This thanksgiving, Two Peds in a Pod is grateful for the foster parents who open their homes for dinner today and everyday. Dr. Heather Forkey, Clinical Director of Foster Children Evaluation Service at UMass Children's Medical Center, provides a post on becoming a foster parent. –Dr. Lai with Dr. Kardos*

There are approximately 400,000 children in the US foster care system, with 225,000 entering each year. Most of these children spend time with foster families who open their homes and lives to kids that need a safe nurturing environment while their own parents take the time to address issues which put the child at risk. All types of people make great foster parents, but it is not for everyone. Foster parents must be able to meet the physical, emotional and developmental needs of a child or teen in partnership with community agencies,

social workers, schools, and counselors.

If you are considering foster parenting, consider whether you can:

- Provide 24-hour care and supervision on a daily basis
- Be able to care for yourself financially without the child's stipend
- Be flexible, patient and understanding
- Have a sense of humor
- Recognize the impact of trauma
- Have a home free of fire and safety hazards
- Complete a criminal/protective services background check
- Have the ability to work as a member of a team

If interested, you need to become licensed or approved by your state or county, and that process is different in each locality. One should start by doing an internet search for "becoming a foster parent in (your state or county)". The child welfare agency for your state (Department of Children and Family Services or Department of Social Services) will also have information about how to start the process.

Children come to foster care often after adverse experiences which we know have health, emotional and developmental consequences. Foster parents who can look at the child's health and behavior from a perspective of "what happened to the child" rather than "what is wrong with the child", and observe a child's behavior through the trauma lens (and help foster and child welfare personnel to do the same) allow the child in their care to view their health and emotions as normal adaptations to unhealthy situations, rather than evidence of illness. This allows the child to go forward with a better understanding of their experience, their own responses and, ultimately, foster health.

Heather C. Forkey, M.D.

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