A developmental guide to reading to your children

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. A shout out to the librarians of the Bucks County, PA. Recently the librarians invited us to speak about child development– they inspired us to give you a developmental guide to reading with your young child:

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.

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.

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.

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.

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 speak in two word sentences, so they can ask for "More book!" Kids this age enjoy rhyming and repetition books. *Jamberry*, 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. And 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 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 have longer attention spans may be

ready for simple chapter books. For example, try the Henry and Mudge books by Cynthia Rylant. Kids will still enjoy rhyming books (you can never get enough Dr. Seuss into a kid) 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 has NO correlation with later reading skills. So just enjoy books together.

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

Holiday gift ideas by ages and developmental stages

It's gift-giving season! We love pop culture, but if you are tired of GameStop gift cards or feeling a bit overwhelmed by the latest Disney movie or game system marketing, here's another list of ideas arranged by ages and developmental stages.

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 your 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 you during moments of mutual discovery. Joint attention starts at two months of age when you smile at your baby and your baby smiles back. Later, around 18 months, if you point at a dog in a book, she will look at the dog then look back at you and smile. Your child not only shows interest in the same object, but she acknowledges that you are both interested. Joint attention is thought to be important for social and emotional growth.

At 12 months your baby no longer needs to suck from a bottle or the breast for hydration. Although we don't believe mastery of a sippy cups is a necessary developmental milestone, Dr. Lai does admire the WOW cup because your child can drink from it like she does from a regular cup. Alternatively, you can give fun, colored actual traditional plastic cups, which difficult to break and encourage drinking from a real cup.

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.

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 your kid a few rolls of banner paper to duplicate the fun. Buy two plastic recorders, one for you and one for your 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. http://www.search-institute.org/research/developmental-assets 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 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.

Naline Lai, MD and Julie Kardos, MD

Potty training 101: the nuts and bolts

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

At Trinity day School

“Will it ever end?” many parents ask. Time moves in slow motion for parents teaching their kids to use the potty. For those trapped in a potty training time warp, take heart. It’s been seven years since we first released out podcast on potty training and we’re proud to report that the parents who first listened to that podcast have moved onto new parenting challenges like helping with homework. For those in the midst of training, and those who are contemplating training, this post is for you.

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

– is generally agreeable/ can follow directions.

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

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

-NOT because grandparents are pressuring you to start

training their grandchild.

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

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

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

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

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

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

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

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

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

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

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

A note about night time and naps: Potty train for when your child is awake. Your child will spontaneously, without any training, stay dry at night and during naps. Some kids sleep more soundly than others and some kids are not genetically programmed to stay dry overnight until they are elementary school aged. For more information

about bed-wetting please see our post on this topic. No amount of daytime training will affect what happens during sleep. Moderate fluids right before bed and continue putting on the diapers at night until you notice that the diapers are dry when your child wakes up. After a week of dry mornings, try your child in underwear overnight. Occasional accidents are normal for years after potty training, so you might want to put a water proof liner under your child's sheets when first graduating to sleep underwear.

Disposable training pants: We like sticking to underwear while potty trainers are awake and diapers while asleep. A reluctant trainer tends to find training pants just absorbent enough that he does not care if he is wet. However, the pants are not absorbent enough to prevent rashes from stool or urine. Plus they are more expensive than underwear AND diapers. Explain to your child "sleep diapers" are perfectly acceptable until their "pee pee learns to wake them up." Use the training pants when your child is older and is mortified by the idea of a diaper or if your family is going on a long car ride and you don't want to risk urine on a car seat.

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

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

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

Julie Kardos, MD and Naline Lai, MD

A story of life and hope

www.twopedsinapod.org

At this time of the Jewish High Holy Days, Dr. Kardos offers us a glimpse into lessons learned as a doctor in training. This is a true story she wrote years after meeting Beth and, until recently, had only shared with a few close friends.

Tonight starts Yom Kippur and my two youngest children are asleep in their beds. As my oldest sits in the rocker next to my desk reading the last book in the *Lord of the Rings* series, my husband relaxes playing a computer adventure game. The Jewish High Holy Days are a time for reflection about the past year. But my mind goes back to a Yom Kippur Eve when I was working as a resident in the Pediatric Intensive Care Unit (PICU) as part of my pediatric training.

Residents work through most holidays, even ones they consider important. This night, I wished I had off, but I consoled myself with knowing that I would be off on Thanksgiving. Luckily I was partnered with Amy, the lead physician in the

PICU.

The sickest patient that night was twelve-year-old Beth. She had leukemia and had just started chemotherapy. Because her immune system was weak, Beth was very ill with a bacterial infection in her blood. Despite powerful antibiotics, the infection raised havoc in her body. She developed such difficulty breathing that a tube from a mechanical ventilator was placed down her throat to force air into her lungs. Even the comfort of sleep escaped her. Beth was afraid of what was happening to her body. She refused to accept medicine that could help her sleep because she was so afraid that she would never wake up.

That night, despite her incredibly ill state, she got her period. Usually when a girl's body is stressed, the body preserves all blood and the periods stop. But hers came, and because her blood cells were so abnormal from a toxic combination of infection, chemotherapy, and leukemia, she began bleeding to death. We transfused her with bag after bag of blood to keep her alive.

In the middle of the night, Beth's blood pressure suddenly plummeted so we added even more medication. Because my mentor Amy was not certain that Beth would survive the night, we called her family at the hotel near the hospital where they were staying and told them come to Beth's side. And through it all, Beth refused to sleep. Her eyes always opened in terror whenever we approached her bed. Her face was gray. Her chest rose and fell to the rhythm of the mechanical ventilator, and you could smell the fear all around her.

I stood with Amy just outside Beth's room as Amy reviewed a checklist for Beth's care. It went something like: "Ok, we just called blood bank for more blood; we called her family; we called the lab; we called the pharmacy. We are currently attending to all of her problems, we now just have to wait for her body to respond." She paused," But you know what?"

“What?” I asked her.

“We need to address her spiritual needs as well. Do we know what religion her family is? They may want a clergy member with them.”

I was startled. In the midst of all the tubes and wires of technology, Amy remembered to summon the human factor in medicine. We looked in her medical chart under “religious preference” and there it was: Jewish.

“Amy,” I said, “of all nights. Tonight is Yom Kippur…the holiest night of the Jewish year.”

I knew that the hospital had a Rabbi “on call” just like they had priests, nuns, ministers, and other spiritual leaders. But that night I was sure that every rabbi in Philadelphia would be at synagogue for Kol Nidre, the declaration chanted at the beginning of the Yom Kippur evening service. We were unlikely to track down a Rabbi.

Despite this, we asked her mother if they wanted us to call a Rabbi for them. She shook her head no. I remember feeling relieved, then guilty that I felt relieved. Amy left to check on another patient. Beth’s mom, dad, and older sister stood together watching Beth. Her sister’s hand lay on her mother’s arm. Her mother’s eyes darted from me to Beth to the mechanical ventilator next to the bed. Beth’s eyes were closed and it was difficult to know if she even knew we were there.

Her family walked out into the hall to talk. Beth at that moment opened her eyes and started tapping on the bed with her foot to get my attention. She couldn’t talk because of the tube down her throat and her hands were taped down with IVs. Yet she reached out with one hand as best she could.

I walked close to her bed so she could touch me and I asked, what is it, Beth?

Her lips formed the words around the breathing tube very deliberately, her body tensing. “Am I going to die?”

All in a split second I am thinking to myself: How do I know/it could very well happen/how can I lie to her/how can I tell her the truth of what I fear could very well happen/how am I going to answer this child?

What I answered was, “Not tonight, Beth.”

She relaxed into her pillow but kept her eyes on mine. I waited to see if she would say anything else, but the effort to ask that one question had exhausted her. I stood, holding her hand, until her family came back into the room. Her eyes followed them to her bed and I left so they could be together.

Beth did survive the night and in fact survived a month in the PICU. She became well enough to be transferred to a regular hospital floor. By this time I was working in a different part of the hospital, but one of the oncologists pointed her out to me.

I don’t know what happened to her in the long term.

So now I tell my oldest child it’s time for him to stop reading and go to sleep, and I walk him to his room to say goodnight. My husband and I decide what time we’ll attend Yom Kippur services tomorrow. Part of me feels joined with Jews everywhere who will also be spending the next day reflecting, praying and celebrating a new year. But mostly, like every year at this time, I remember the sounds and the smells and the fear in the PICU where sickness doesn’t care who your God is or what your intentions are. I remember Amy caring enough to think about a dying child’s family religion, and always, I remember Beth.

Originally posted in fall, 2010

Julie Kardos, MD

Yellow? All about newborn jaundice and bilirubin

Can you pick out the jaundiced one?

Pediatricians often cringe when they find newborns swathed in a yellow blanket. The color always seems to accentuate a baby's jaundice and we're not fond of jaundice.

Jaundice, an orange-yellow coloration of the eyes and skin, is caused by a blood breakdown by-product called bilirubin. We all break down blood, but it's more difficult for the newborn's liver to process it into a form that his or her body can get rid of. Eventually, we get rid of bilirubin by peeing and pooping it out. Bilirubin is what gives the yellowish color to urine and stool.

Why do we care about jaundice? In the 1950s and ’60s, infants who had died from a neurological issue called kernicterus were found to have extremely high levels of bilirubin (jaundice) – up into the 100s of mg/dl. High levels of bilirubin can cause hearing and vision issues. Even at lower levels, jaundiced babies tend to be more sleepy and eat sluggishly.

Nowadays, for a full term baby, we generally let the bilirubin level rise to 20 mg/dl at most before starting treatment, and often we treat even earlier. More than 60% of newborns appear jaundiced in the first few days of life, but most never need any special treatment because the jaundice self-resolves. Conveniently, the first line of treatment is simply feeding more: the more milk that goes in, the more pee and poop that comes out, bringing the bilirubin with it. If improving intake does not lower the bilirubin enough, the next step is shining special lights (phototherapy) on a baby’s skin.

Jaundice first starts noticeably in the eyes and face. As bilirubin levels rise, the yellow (jaundice) appears more and more down the body. Yellow in the face of a newborn is expected. If you see yellow in the belly, call your pediatrician. Levels naturally rise and peak in the first few days and we have graphs and apps to predict if the bilirubin may reach treatable levels.

Some babies are more likely to have higher bilirubin numbers and thus appear more yellow:

- Premature babies, because they have immature livers.
- Babies who have different blood types than their moms. Certain blood type differences can cause some breakdown of blood even before a baby is born, therefore increasing chances of an elevated bilirubin after birth.
- Babies who acquire bruising during delivery; they have more blood to break down.

- Be aware, there are a few other less common risk factors, and if needed, your pediatrician may address them with you.

Hydrating your baby will help jaundice. You should watch the number of wet diapers your newborn has in a day. Wet diapers are a sign of good hydration. In the first week, she should have about one wet diaper for every day of life (so on day of life one= one wet diaper, day of life two=two wet diapers, etc). Also watch for bilirubin to start coming through the stool. At first, your baby will poop out the black stool called meconium, but as milk starts going through her system, expect the stool to turn yellowish. (click here for more information about the colors of newborn poop) . As with the urine, look for one bowel movement for every day of life (so day of life one=one bowel movement diaper, day of life two= two etc). Eventually some newborns poop every time they are fed, although some max out at 3 or 4 bowel movements per day.

So, if you hold up your newborn baby in a yellow blanket to show your pediatrician and call the baby “our little pumpkin” you’ll know why she raises an eyebrow.

Click here for other fun medical color facts.

Naline Lai, MD and Julie Kardos, MD

Revised from July 24, 2016 at 10:58pm

Poison Ivy: Soothe the itch

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

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

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

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

Some home remedies for the itch :

- **Hopping into the shower and rinsing off within fifteen minutes** of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.
- **Hydrocortisone 1%**. This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on

open areas, use up to four times a day

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

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

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

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

Naline Lai, MD and Julie Kardos, MD

Pleeeease- can we get a dog?

Many of our patients have dogs in their homes, and many families choose to adopt a dog during summer. Unfortunately, dog bite rates are also highest in summer, and occur most often in five to nine year olds, according to the Centers for Disease Control. Today we re-post tips on how to introduce a dog into a home with children and how to best avoid dog bites. We thank our expert consultant, veterinarian Sharin Skolnik, DVM.

–Julie Kardos, MD and Naline Lai, MD

Two Peds: Are some breeds of dogs better for children?

Dr. Skolnik: Breed recommendations are tough, because there are such different personalities within every breed. Breeds bred to protect will tend to guard their family, but may not be friendly with other kids. I have had to euthanize golden retrievers and labs for severe aggression, and know some truly stellar pit bulls. I would like every

family bringing a dog into their home to think about how much time and energy they can devote to the following: exercise/walks/play dates/ mental stimulation, grooming, feeding, veterinary care, and arranging travel concerns/contingency plans. If I had to pick a good family breed, I would suggest a Cavalier King Charles spaniel, but only if you forced me to pick one! Choosing the right dog for your family is the first big step, but do many people think about what comes with getting a new member of the family?

Two Peds: Any suggestions for screening a dog before bringing it into the family?

Dr. Skolnik: Many rescue groups use experienced foster homes to get an idea of where a dog is at before placement, which is wonderful. Look for a puppy or dog that is not too hyper or timid, unless you have the time and energy to devote to modifying these behaviors. Inquisitive but not pushy is ideal. Having said that, dogs are incredibly trainable in the right hands. Use care when bathing, feeding, or taking things away from a newly adopted dog. Trust is a two-way deal, and positive and gentle first interactions will set the stage for the relationship.

Two Peds: Why are young kids prone to dog bites by the family dog?

Dr. Skolnik: Many factors: kids are usually very bad at reading dog body language. For that matter, many adults I meet think that a wagging tail indicates a friendly dog, when in fact it means the dog is willing to interact, positively or negatively. Kids are usually loud and move unpredictably and quickly. Never leave kids and dogs unsupervised, because the kids may not understand how to be gentle and respectful of the dog. It is important to set clear and consistent expectations for both kids and dogs on what counts as acceptable behavior.

Two Peds: What should parents teach their children about approaching a dog?

Dr. Skolnik: Teach them to always ask an owner’s permission with unknown dogs. Look for “soft” features like relaxed ears, floppy wagging tail, wiggling body. Tense body, rigid tail (wagging or not), backing up, dilated pupils– leave that dog alone. Supervision by responsible adults is key.

Two Peds: How can a dog be taught to “respect” a child?

Dr. Skolnik: The same way dogs learn to leave people’s houses and

other pets alone. “Claim” items as yours, and not the dog’s, while meeting their needs. When I adopt a new dog: Guinea pigs/cats/shoes/etc. are mine. Every time the dog shows an interest in one of these things, he is told firmly “No.” The dog is given plenty of walks through the woods, praise for desired behaviors, some one-on-one time, and a few weeks later and we usually are on the same page. Consistency in training is key. The dog can’t be allowed to chase the cat when you are not home, so keep them separated! Set the dog up for praise, gently but firmly correct missteps, don’t overcorrect or correct after the fact. The latter only increase anxiety and the likelihood of future behavior problems

A common mistake in dog discipline is relying too much on punishment/ negative corrections and ignoring “good” behavior. For example; yelling at the dog for grabbing at the kids’ clothes, hands, whatever and ignoring the dog when it is chewing one of its own toys. Dogs are pack creatures; they rarely will play by themselves. Single-dog homes especially need to budget enough time each day to meet the dog’s mental and physical needs.

Two Peds: Should a dog that bites a kid be given a second chance? Can dogs be rehabilitated?

Dr. Skolnik: Depends on the scenario. A very forward dog with a history of unprovoked aggression towards kids is going to require a huge commitment to prevent injury and likely needs to go where there are no children, or humanely put to sleep. Most vets are pretty intolerant of dog aggression towards children. Now if an adult dog unfamiliar with kids snaps when a kid grabs an ear, or tries to take something away, or if the dog gave some warning that the kid should back off– I would blame the adults that put those two in the situation. Dogs (and people) can be rehabilitated, but there will always be the possibility of relapse. There are no guarantees with behavior modification.

Sharin Skolnik, DVM, holds a Bachelor’s degree from Cornell University School of Agriculture and Life Science and a veterinary degree from University of Pennsylvania School of Veterinary Medicine. She has been practicing veterinary medicine for over 20 years and is a member of

the AVMA and the NJVMA. She currently works at Chesterfield Veterinary Clinic in Bordentown, New Jersey.

Her "children" include horses, dogs, cats, guinea pigs, hamsters, sheep, chickens, and rabbits. She is also a long time friend of Dr. Kardos's. Their children play well together under close supervision.

The best antihistamine for your kid

Lately, whenever I take my dog for her walk, she sneezes as soon as we get outside. I find it interesting that my vet says I can give her Claritin—the same dose that I take for my own seasonal allergies. Must be time to repost our allergy medicine post featuring Dr. Lai's poem.

—Drs. Kardos and Lai

The Quest for the Best (antihistamine)

Junior's nose is starting to twitch
His nose and his eyes are starting to itch.
As those boogies flow, you ask oh why, oh why can't he learn to blow?
It's nice to finally see the sun
But the influx of pollen is no fun.
Up at night, he's had no rest,
But which antihistamine is the best?

It's a riddle with a straight forward answer. The best antihistamine, or "allergy medicine" is the one which works best for your child with the fewest side effects. Overall, I don't find much of a difference between how well one antihistamine works versus another for my patients. However, I do find a big difference in side effects.

Oral antihistamines differ mostly by how long they last, how well they help the itchiness, and their side effect profile. During an allergic reaction, antihistamines block one of the agents responsible for producing swelling and secretions in your child's body, called histamine. Prescription antihistamines are not necessarily "stronger." In fact, at this point there are very few prescription antihistamines. Most of what you see over-the-counter was by prescription only just a few years ago. And unlike some medications, the recommended dosage over-the-counter is the same as what we used to give when we wrote prescriptions for them.

The oldest category, the first generation antihistamines work well at drying up nasal secretions and stopping itchiness but don't tend to last as long and often make kids very sleepy. Diphendydramine (brand name Benadryl) is the best known medicine in this category. It lasts only about six hours and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids. Occasionally, kids become "hyper" and are unable to sleep after taking this medicine. Another first generation antihistamine is Clemastine (eg.brand name Tavist).

The newer second generation antihistamines cause less sedation and are conveniently dosed only once a day. Loratadine (eg. brand name Alavert, Claritin) is biochemically more removed from diphenhydramine than Cetirizine (eg. brand Zyrtec) and runs a slightly less risk of sleepiness. However, Cetirizine tends to be a better at stopping itchiness.
Now over-the-counter, fexofenadine (eg brand name Allegra) is a third generation antihistamine. Theoretically, because a third generation antihistamine is chemically the farthest removed from a first generation antihistamine, it causes the least amount of sedation. The jury is still out.

If you find your child's allergies are breaking through oral antihistamines, discuss adding a different category of oral allergy medication, eye drops or nasal sprays with your

pediatrician.
Because of decongestant side effects in children, avoid using an antihistamine and decongestant mix (often, first generation antihistamines such as brompheniramine are combined in this fashion).

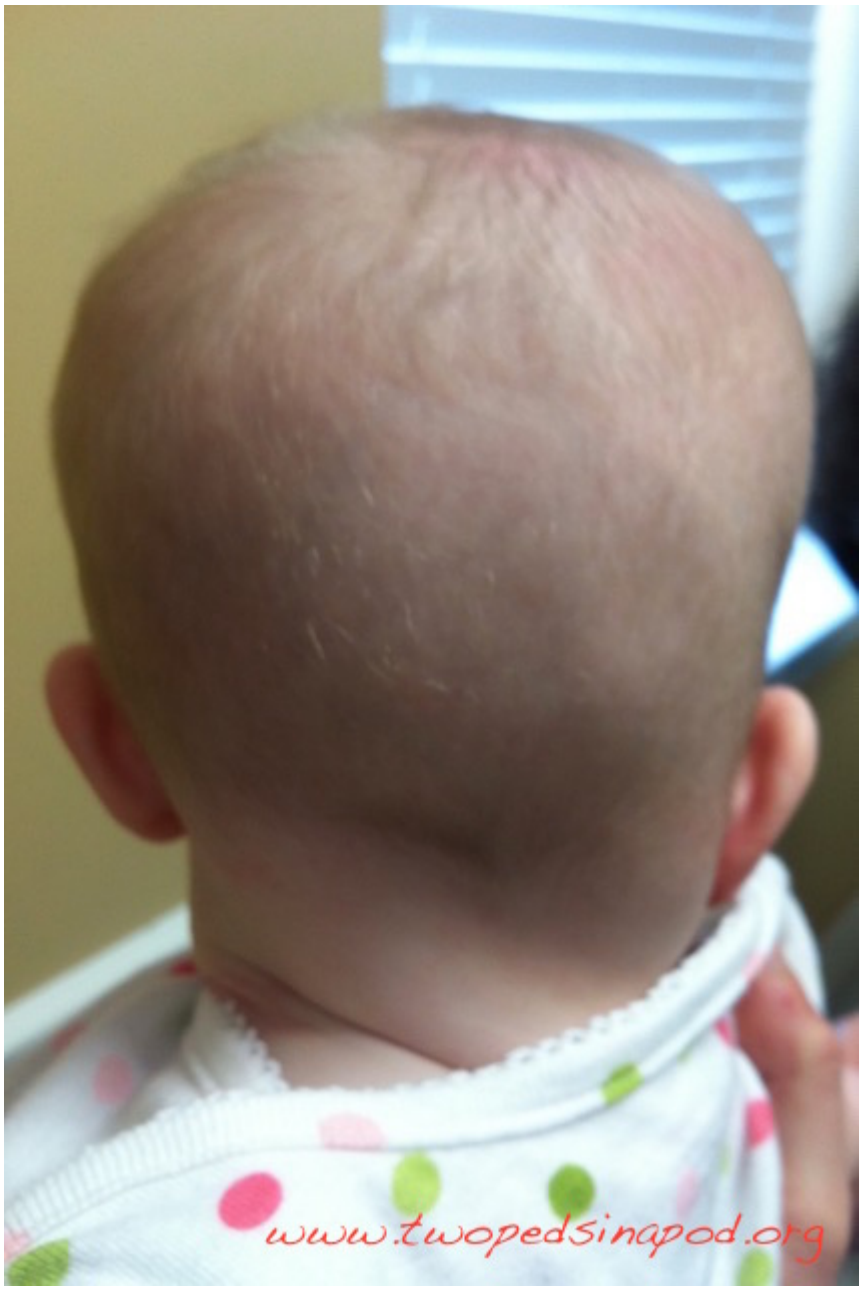
Back to our antihistamine poem:

Too many choices, some make kids tired,
Paradoxically, some make them wired.
Maybe while watering flowers with a hose,
I'll just turn the nozzle and wash his nose.

Naline Lai, MD with Julie Kardos, MD

Updated from the original post April 10, 2011

Why is my baby's head flat? About plagiocephaly.



Squeezed through the birth canal, many babies are born with pointy, cone-shaped heads. Others, delivered by caesarian section, start off life with round heads. Few babies begin with a flat head. But as parents put babies on their backs to sleep in accordance with Sudden Infant Death Syndrome prevention guidelines, babies are developing flat heads.

Called positional plagiocephaly, a young infant's head flattens when prolonged pressure is placed on one spot. Tricks to prevent positional plagiocephaly all encourage equal pressure over the entire head. Because babies' heads are malleable, parents can prevent and treat the flatness. In fact, the flat shape begins to correct itself as babies spend less time lying down and more time sitting and crawling. Additionally, increased hair growth hides some of the flatness.

To prevent positional plagiocephaly, place your baby prone (belly down) frequently WHILE AWAKE, starting in the newborn period. This tummy time decreases pressure on the back of the head. Some babies are not fond of tummy time and will cry until they are back on their backs. For those kids, check out our post on making tummy time more tolerable for your baby.

Encourage your baby to look to both sides while lying down. Too much time turned to one side will cause flattening on that side. Alternate how you place the baby in crib so that sometimes she turns to the right and other times she turns to the left to face into the room and away from the wall. If your baby seems to prefer looking only to the right or only to the left, place toys or bright objects toward the non-preferred side. If bottle feeding, switch off which arm you use to feed your baby, so that the baby sometimes turns to the right and sometimes to the left . If breastfeeding, start and end on the side that the baby tends to avoid. These actions will help prevent neck muscles from becoming too tight on one side and thus allow your baby to turn easily to both sides.

Some babies wear helmets to correct their abnormal head flattening. Neurosurgeons, who are head and brain specialists, and plastic surgeons prescribe these helmets for babies who have extreme flattening. Fortunately, the majority of babies with positional plagiocephaly do not need to wear helmets.

You also may have heard of babies who need corrective surgery for an abnormal head shape. This condition, called craniosynostosis, is rare. Pediatricians monitor the size and shape of the head , check the soft spot on the top of the head and for ridges on the skull at every check-up. A baby's skull develops in pieces as a fetus, and these pieces eventually come together at predictable places called sutures. If the pieces come together too early or the soft spot closes too soon, corrective surgery may be needed.

So, avoid head flatness by rotating your baby's position frequently (think rotisserie chicken!) and provide plenty of "tummy time" when awake. Start when the baby first comes home.

If you are worried about your baby's head shape, just head on over to your baby's pediatrician and bring up your concern. It is unlikely that your concern will "fall flat."

Julie Kardos, MD and Naline Lai, MD

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

grown 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

(For a laugh: we love this tongue-in-cheek post about how kids dress for cold weather).