

How to prevent measles in your child



With measles, Benjamin Franklin's old saying, "An ounce of prevention is worth a pound of cure," holds. Unfortunately, pediatricians don't have any medication that kills the measles virus. Children who are hospitalized are given support, but nothing to kill the germ. For instance, pediatricians may give oxygen to children with measles pneumonia. Pediatricians may also give Vitamin A to help prevent blindness from measles, but again, vitamins do not stop the germ.

Giving your child the MMR (Measles, Mumps, and Rubella) vaccine is the best and most natural method to prevent measles. Immunizations prompt a body's own immune system to make antibodies. These "germ fighters" are ready to defend your child when a nasty virus like measles appears. Pediatricians give this vaccine according to a tried and true

vaccine schedule at 12-15 months of age and again at 4-6 years of age. The recent death of an unvaccinated child from measles in Texas serves as a tragic reminder of the risks of not vaccinating.

How nasty is this virus?

Pretty nasty. About 1 in 5 people infected with measles end up in the hospital, and pneumonia strikes about 1 out of about every 20 children with measles. If you think about a classroom of children, that's a lot of kids.

Also, with measles, Friedrich Nietzsche's old saying, "What does not kill you makes you stronger," does not necessarily hold. Measles can cause "immune amnesia." This means that measles causes your body to "forget" about prior viral infections. Remember your child's first year of daycare when they seemed to catch "everything?" Surviving measles could mean that your child can "catch everything" again. You can read more about this problem [here](#).

For information on what symptoms to watch for, read the Children's Hospital of Philadelphia's recent post about measles.

For more vaccine information, please refer back to our prior post about how vaccines work.

We kicked this ugly disease out of the United States once; we can do it again!

Naline Lai, MD and Julie Kardos, MD

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More tips on feeding your baby: finger foods, cups, and more



Photo by Vanessa Loring on Pexels.com

Dr. Kardos recalls what a game-changer it was when her twin babies could feed themselves. Although messy, it was much easier than spoon feeding simultaneously two hungry babies. Now that you started your baby on solids using ideas from our last post, let's move on to tips on cups, finger foods and more. Mealtime will be less chaotic.

Cups and finger foods

Starting at **six months** your child moves towards three solid food meals a day. Babies continue to drink breast milk or formula in between, but you can start teaching them how to use a cup. Offer a few sips of water, formula or breast milk when they sit down to eat. Use any type of cup, including an open cup. Avoid juice since it contains a lot of sugar and very little nutrition.

By **nine months** your baby will eat three meals a day. Unlike a six-month-old who grabs at objects using their entire fist, a nine-month-old begins to pick up small pieces of food between their finger and thumb. Check out this post on finger foods if you need some examples of nutritious foods to offer.

Health and safety alerts

Have your child sit at a table with a grownup during meals. This is for safety, education, and socialization. You will be there to provide assistance if your child chokes ([click here to find a CPR class near you or virtually](#)). Children learn to eat by watching you eat. And finally, you will create a lifelong habit of gathering together for meals.

Avoid choking hazards. Cut table food into bite-sized pieces smaller than a grape, or approximately Cheerio® sized. Avoid raw vegetables, chewy meats, nuts, and hot dogs since these foods never “mush down.”

Offer structured meal times. Grazing on food and drink all day leads to cavities and suppresses appetite.

Other food tips

About fish: Fish is packed with nutrition. But which fish to dish? Salmon and cod are good choices. Avoid the few that may contain mercury such as swordfish and orange roughy. Check this FDA site for a comprehensive list.

Avoid fried foods and highly processed foods. Do not buy “toddler meals” which are high in salt and “fillers.” If the first three ingredients are “flour, water, sugar/corn syrup,” don’t buy it. We are dismayed by the baby-junk food industry that insinuates that “fruit chews,” “yogurt bites” and “cookies” have a place everyone’s diet. Instead, feed your child REAL fruit and ACTUAL yogurt.

The bottom line about feeding your baby

Keep in mind the overall goal: Children should eat because they are hungry, not because they are bored, tired, or because parents want them to eat. Enjoy mealtime with your baby. As Dr. Kardos can attest, these same babies will run through the door after school asking, “What’s for dinner tonight?”

Julie Kardos, MD and Naline Lai, MD

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Tips on how to start your

baby on food



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Your baby stares at you as you eat, and their eyes follow everything you put into your mouth. Are they ready to join your family at the dinner table? Has your pediatrician given you the go-ahead to start feeding your baby solid foods? Here are tips on how to start your baby on food.

Before you get started

Eating a meal with family is social as well as nutritious. Keep eating a pleasant and relaxed experience. Avoid force-feeding or tricking your child into eating. Feed your baby at the family table. Your baby learns to eat by watching others eat. Family meals foster family connections.

The first taste: Babies expect a breast or a bottle when hungry. So make sure your baby is happy and awake but **NOT** starving the first time you feed her solid food because at

this point she is learning a skill, not eating for nutrition. Keep a camera nearby because babies make great faces when eating food for the first time. Many parents like to start new foods in the morning so that they have the entire day to make sure it agrees with their baby.

Babies often start out eating solid foods between 4-6 months, although it is fine to keep them on breast milk or formula exclusively until six months of age. Food is for fun and less for nutrition at this point. Teeth are not required; however, good head control is. It's hard to eat when you can't hold your head up! You can offer foods directly from your plate. Mash up what you are eating, or offer a piece of food too large to choke on – cue in a chicken drumstick – for your baby to explore with their mouth.

Avoid putting cereal or any solid foods into bottles. It is a choking hazard, gets stuck in the nipple and does not count as “learning to eat.”

How to feed

Sit your baby in a high-chair at the table with your family. Your baby learns by imitation, so now is a great time to establish healthy eating habits for the baby as well as yourself.

Some babies will learn in just one feeding to open their mouths when they see the spoon coming, and to swallow without gagging. They already likely bring toys to their mouths to explore, so an alternative to offering pureed food on a spoon is allowing them to pick up their own food to explore and taste. Some refer to allowing babies to self-feed from the start as “baby-led weaning.”

Other babies take several weeks to catch on to the idea of eating solids. They may gag as they try new food. This gag reflex protects their airway and allows them to spit out food that they did not properly mash in their mouth. Choking is different and is rare. Take a CPR class to learn what to do if your child chokes.

It's best to try one new food at a time. Then, if your baby has a reaction to the food such as a rash, diarrhea, or a frowny face, you'll know what to blame.

What to feed

Flexibility: There's no single "best" first food. Depending on your culture, you might introduce lentils, hard boiled eggs, or oatmeal first. If giving baby cereal, mix it with breast milk or formula rather than water or juice.

Nutritional focus: Choose iron-rich foods like pureed meats, tofu, lentils, or iron-fortified baby cereals. Babies need extra iron as their stores from birth diminish.

Allergy prevention: Introduce peanut-based products and other allergenic foods early to help reduce allergy risks. Once your baby tries an allergenic food, it is important to keep it in their diet consistently. Read the guidelines [here](#).

Avoid honey: Honey before one year of age can cause botulism, a muscle- paralyzing illness.

Tempted by food pouches? They are convenient, but also expensive. They are not as "educational" for your child, as all food in pouches have identical consistency. Plus, as Dr. Kardos likes to point out, "We are raising children, not astronauts." Directly feeding from a pouch teaches kids to suck their food. Place the contents onto a spoon instead. Babies advance their oral motor skills when they manipulate different textures, and their taste buds expand as they eat

foods that vary in flavor.

Variety is the spice of life: once you know a food agrees with your baby, you do not need to feed the same food day after day. In particular, because of concerns of arsenic, avoid overindulgence in rice cereal.

Not all kids like all foods. Don't worry if your baby hates carrots or bananas. Many other choices are available. At the same time, you can **offer a previously rejected food multiple times** because taste buds change.

How do I know when to stop feeding?

Follow your baby's hunger cues. Feed until they turn their head away or otherwise show disinterest.

And what do I do about nursing and bottles?

Unlike adults who eat and drink at the same meal, babies eat and drink at separate times. They can continue to breast feed or bottle feed at their usual times. You will notice that the more solids your baby eats, the less liquid they drink. For a preview of coming attractions: by 8-9 months of age, most babies naturally decrease liquid intake and breast feed/bottle feed 3-4 times per day. This translates to drinking about 12-24 ounces per day.

Stay tuned for more feeding tips

Now that you've read our tips on how to start feeding your baby on food, stay tuned for more helpful feeding tips for continued success and lifelong healthy eating.

Julie Kardos, MD and Naline Lai, MD

Baby food pouches are not a developmental milestone



A google search of baby food pouches yields overwhelming options. When I see babies sucking on these pouches I think:

are we in a spaceship? We are raising children, not astronauts. Most of us do not suck our meals; we bite and chew them. Please consider the following problematic aspects of baby food pouches before you buy more of them.

The texture in every food pouch is the same.

Babies develop their tongue muscles and jaw muscles by experiencing different textures. They learn to move food from the center of their mouth to the sides, where their gums are. As they grow teeth they learn how to use them for biting and chewing foods. Homemade purees such as oatmeal and mashed potatoes differ from each other. Pouch purees are identical to each other and offer little in the way of challenging and strengthening mouth muscles.

The flavor of every specific pouch is the same.

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

Dental health and general health

alert

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

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

Pouches are expensive!

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

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

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

The plastic of baby food pouches adds to environmental pollution.

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

Our conclusion

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

Julie Kardos, MD with Naline Lai, MD

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How to talk about a school shooting with your child



This is not the first time we have published this post. Again, a school shooting happened, and you may be wondering how to explain this tragedy to your children.

Understand that your kids sense your emotions. Not telling them about an event may make them concerned that they are the cause for your worried hushed conversations. Break away from your discussion with adults to say, "Do you know what we are talking about? We are not talking about you."

While difficult, it is possible to talk about a school shooting with your child in an age-appropriate manner.

Even though an event may be far away, media makes it seem as if it happened next door, and sooner or later your children will see or hear about it. Tell the facts in a straight forward, age appropriate manner. Answer questions and don't be

afraid to answer with an “I don’t know.”

Preschoolers are concrete in their thinking—dragons are real and live under their bed, so don’t put any there that do not exist. For a preschooler a simple “Mom is sad because a lot of people got hurt,” will suffice. Young school-aged kids will want to know more details. And be prepared to grapple with more high level questions from teens.

Look for the helpers.

Mr. Fred Rogers, who hosted *Mister Roger’s Neighborhood* for 30 years, tells this story about seeing scary things on the news: “My mother would say to me, ‘Look for the helpers. You will always find people who are helping.’ To this day, especially in times of ‘disaster,’ I remember my mother’s words, and I am always comforted by realizing that there are still so many helpers—so many caring people in this world.”

What if the kids ask, “Will that happen here?” or “Why did that happen?” Again, reassure in a simple, straight-forward manner. For instance, you can say, “Many people are working hard to prevent something like that here.” Consider answering the question with a question. Asking “What do you think?” will give you an idea of exactly what your child fears. You can also reach out to other family supports for help with answers. Say to your child, “I wonder what our minister or school counselor has to say about this, let’s ask.”

More ways to help your children

Routine is reassuring to children, so turn off the background 24 hour television and internet coverage and make dinner, take them to sports activities, and get the homework done.

Give your kids something tangible to do to be helpful. Help them set up a coin donation jar at school or put aside part of their allowance for a donation.

Some children become overly anxious and fearful. If your child's worries interfere with her ability to conduct her daily activities, such as performing at school, sleeping, eating, and maintaining strong relationships with family and friends, then seek professional help.

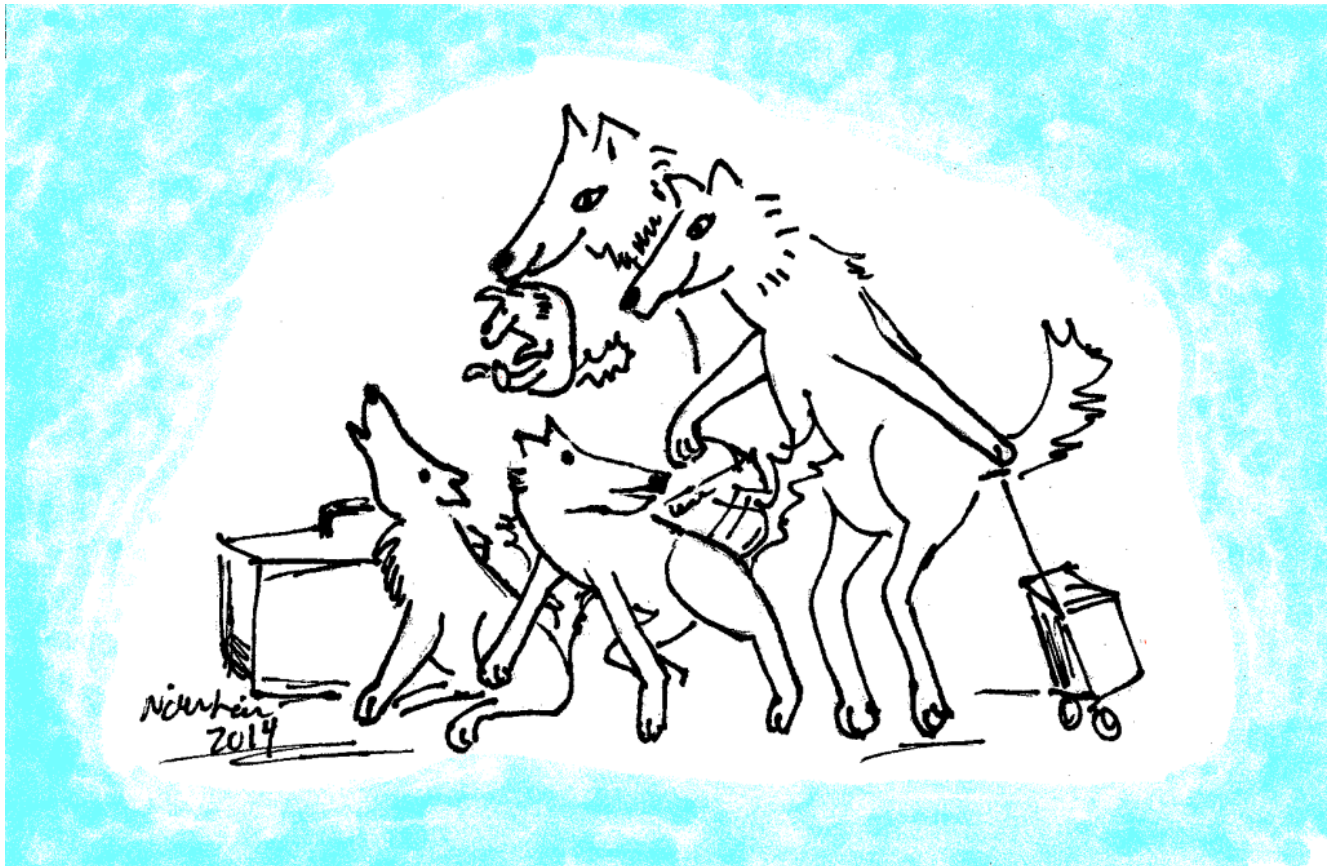
Parent your children so they feel secure in themselves and secure in the world around them. You may not hold the answers to why a tragedy strikes, but you do hold the ability to comfort and reassure your children.

For more advice on this difficult topic, please see this American Academy of Pediatrics recommendation for parents.

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Parent guide to traveling with young children for the holidays



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

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

Before you travel

Identify the nearest children's hospital, urgent care center, or pediatrician who is willing to see out-of-town new

patients. This way, if your child becomes ill enough to need medical care while you are away from home, you will already know where to go. Also be sure that your children are up to date on all recommended vaccines. You wouldn't want your child to receive a "gift" of flu or whooping cough on your travels.

Traveling with young children: flying

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

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

Traveling with young children: poor sleepers and picky eaters

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

about problem solving to consider is when you are trying to say bye-bye to the binkie or pacifier.

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

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

Avoid germ spread, but also keep perspective

If you have a young baby, **take care to avoid losing control of your ability to protect your baby from germs.** Well-meaning family members love passing infants from person to person, smothering them with kisses along the way. Unfortunately, nose-to-nose kisses may spread cold and flu viruses along with holiday cheer.

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

Traveling with shy children

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

It's ok to change course

Sometimes you have to remember that **once you have children, their needs come before yours**. Although you eagerly anticipated a holiday reunion, your child may be too young to appreciate it for more than a couple of hours. An ill, overtired child makes everyone miserable. If your child has an illness, is tired, won't use the unfamiliar bathroom, has eaten too many cookies and has a belly ache, or is in general crying, clingy, and miserable despite your best efforts, just leave the party. You can console yourself that when your child is older his actions at that gathering will be the impetus for family legends, or at least will make for a funny story.

Holiday travel is special for children

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

traveling with young children worth the extra planning.

We wish you all the best this holiday season!

Julie Kardos, MD and Naline Lai, MD

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Updated from 2017

How to treat a cold: a guide for parents



Every parent knows the struggle of battling a cold. The battle is especially hard when the cold germs land right before a birthday party, a holiday gathering, or a family trip. Here are tips on how to treat a cold.

Understanding Colds

Colds typically last about 1-2 weeks, with the first week often being the toughest. Common symptoms include a sore throat, runny nose, cough, and general fatigue. Sometimes, colds can cause a mild fever, and in some cases, a bit of tummy trouble. While there's no magic cure, there are plenty

of ways to make your kids more comfortable.

Tips for Treating Common Cold Symptoms

Sore Throat

Not every sore throat means strep throat! If your child has a sore throat along with a runny nose and cough, it's likely part of their cold. Post nasal drip hurts. To ease the discomfort, you can give a pain reliever like acetaminophen (e.g. Tylenol) every 4 hours or ibuprofen (e.g. Motrin, Advil) every 6 hours. Read this post to learn how these medicines differ from each other. Always check the label for dosing or call your doctor if you're unsure.

For kids over one year old, honey can be a soothing remedy. Offer a teaspoon or two on its own or mix into warm, decaffeinated tea or in warm milk. Alternatively, offer ice pops- the cold helps numb throat pain. And don't forget hydration! Offer plenty of fluids—breast milk or formula for babies, and juice, milk, or water for older kids.

Call the pediatrician: If your child's throat pain is severe or they aren't drinking enough fluids to urinate at least 3-4 times in 24 hours, it's time to reach out to their doctor.

Runny or Stuffy Nose

To prevent the irritation a runny nose, apply a dab of petroleum jelly (e.g. Vaseline) under their noses.

For stuffiness, try using saline drops or saline spray to help loosen up the mucus. If your baby struggles to breathe through their nose, gently suction out the mucus with a bulb syringe. But don't overdo it—only suction if their stuffy nose prevents them from drinking or sleeping. Older kids can take long steamy showers and babies can take an extra bath to relieve their stuffiness.

For safety reasons, avoid decongestants and cold medicines for young children. Even for older kids, cold medicine often does not work and can cause unwanted side effects. We recommend avoiding formulations with multiple ingredients-it can be confusing to keep track of what is going into your child. For example, you might give your teen a dose of acetaminophen and then find out that the multisymptom cold medicine you gave already also contains acetaminophen.

Interesting pediatric fact: nose boogers can turn from clear to white to yellow to green, all in the same cold.

Call the pediatrician: If your child's runny nose lasts more than two weeks or your child complains about facial pain or swelling, call your child's doctor.

Coughing

Keep your child well-hydrated, and if they're over a year old, honey can help soothe that cough. Offer 1-2 teaspoons a few times a day or mix it into a warm drink.

Create a steam-filled environment. Try running a hot shower and sitting in the bathroom with your child while they breathe in the steam. If your child has asthma, make sure to follow their asthma action plan.

It is not necessary to confine your coughing child to their bed or to the couch. Walking around encourages deeper breathing which improves lung function. Likewise, have them do deep "yoga" breathes to "pop-out" their lungs.

Call the pediatrician: Call their doctor if their cough doesn't improve after 10-14 days. If your child is having difficulty breathing, looks pale or blue, or becomes lethargic, take them to the closest Emergency Department.

Fever

Colds can cause fevers, most often in the first few days. To treat a cold with fever-related discomfort, acetaminophen or

ibuprofen can help. Check out our detailed post on managing fever for more information.

Call the pediatrician: If the fever lasts more than 2-3 days, or if it goes away for a day or more and then comes back, it's best to consult your child's doctor. The cold may have evolved into something else like an ear infection or pneumonia. Additionally, all babies younger than two months of age should be seen by a physician for fever of 100.4 or higher as soon as you realize they have a fever.

More Tips

Watch for pain. Depending on location, pain can be a sign of a new bacterial infection on top of a cold virus. For example, ear pain can signify an ear infection, chest or shoulder pain can signify pneumonia, and pain over the face (cheeks or forehead or behind the nose) can signify a sinus infection.

Hydrate, hydrate, hydrate! Thin that mucous. Signs of dehydration include lack of tears on crying, dry mouth and lips, and as we said above, a decrease in wet diapers/frequency of urination or dark urine. If your child is not eating, they will need sugar for energy and salt to keep up their blood pressure. Vary the beverages, do not give water only. Colds are a perfect time for chicken soup.

Fresh air can work wonders, so let your child play outside or crack a window to air out the house. Going outside in the cold does not actually cause colds.

Extra story time or playtime can distract kids from feeling under the weather.

Kids can return to school once they've been fever-free for at least 24 hours and their symptoms are improving.

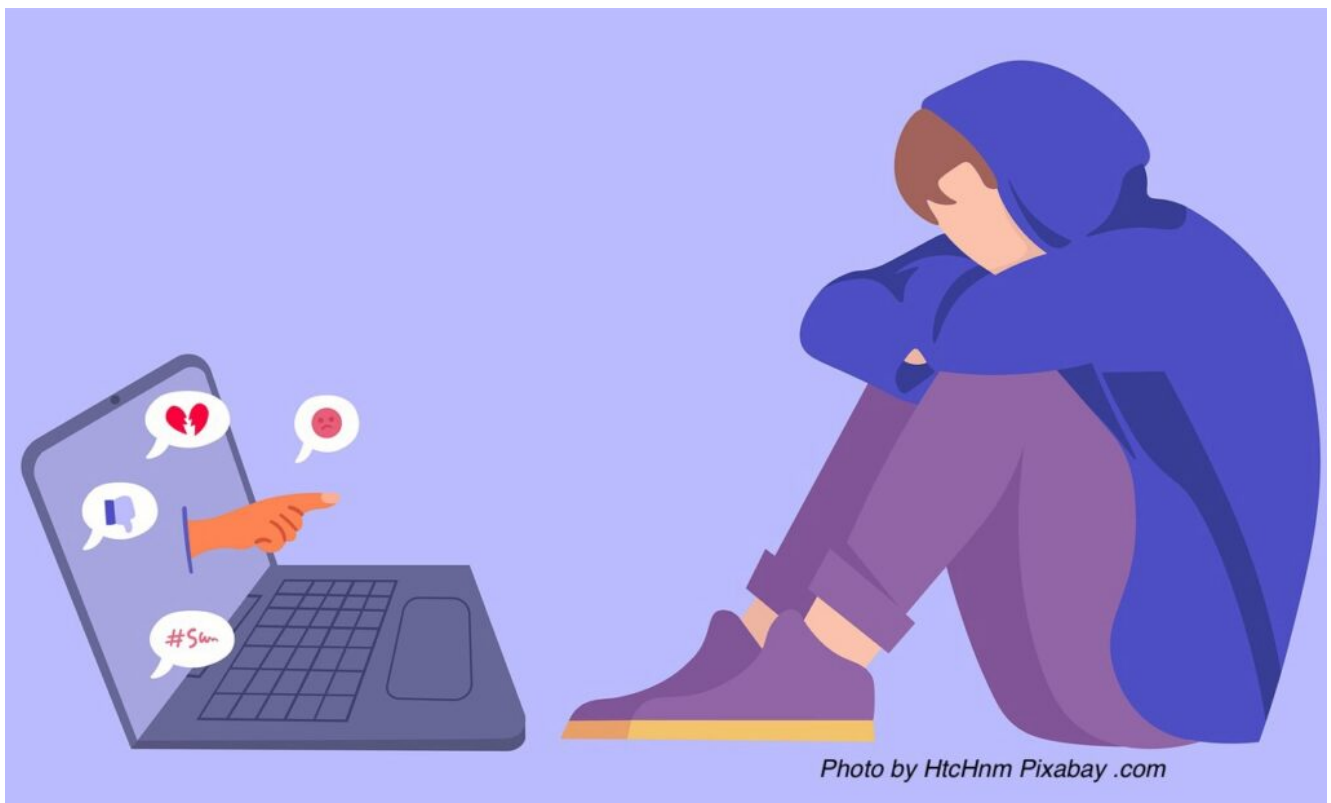
May the germs fighting with impunity fall to your child's immunity!

Julie Kardos, MD and Naline Lai, MD

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Help your Child Handle Bullying



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

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

What can you do?

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

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

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

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

Cyberbullying

Stop the cyberbully by responding with silence. Explain to your child that bullies thrive on any and all responses to

their bullying. Not only that, but your child's on-line response can be permanent. Teach them to withhold a response and let adults take charge.

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

If the bully threatens your child online, avoid responding to the bully AND take your child's device with the evidence to the school and possibly to the police. Here is contact information for social media apps, gaming networks, and related platforms where you can report cyberbullying.

Information gathering

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

"How's school going?"

"How are things with your friends?"

"Have you seen anyone getting bullied?"

"Are you feeling okay at school?"

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

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

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

Partner with your child's school for support

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

Building your child's self-confidence

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

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

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

Additional Resources:

- The American Academy of Pediatrics – for more information on bullies, victims, consequences of

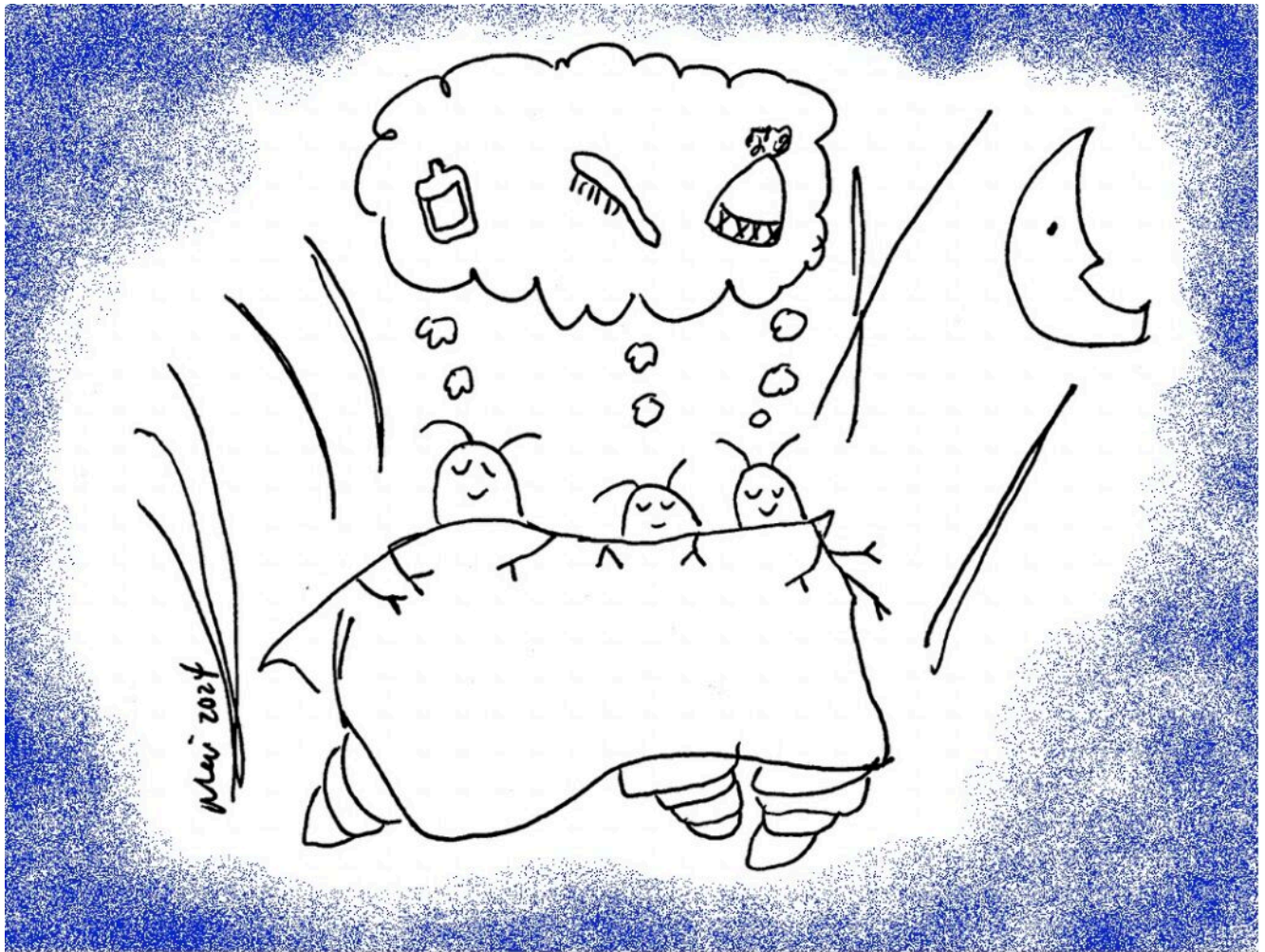
bullying, and how to respond to bullying

- StopBullying.gov – U.S. Department of Health and Human Services
- Cyberbullying Research Center
- Teaching Tolerance – Fostering tolerance for parents and educators

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Lice: Don't Scratch Your Head Over It!



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

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

What Are Lice, Really?

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

By the time you spot a live louse on your child, they've

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

How Do Lice Spread?

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

Spotting Lice and Nits (Lice Eggs)

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

Lice Treatment Options

- **Topical Permethrin 1% (e.g. Nix):** This over-the-counter treatment works well for many families. Follow the directions on the label, and repeat the treatment in 7-9 days. Nix has a comprehensive website that explains lice and how to treat them. Permethrin targets both lice and their eggs.
- **Topical Ivermectin:** Previously branded as Sklice, this treatment is now available over-the-counter. The generic version is as effective as the name brand. Follow the

directions, and repeat after 7-9 days.

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

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

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

Treating Your Home

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

Got More Questions?

This should cover most of what you need to know about lice, but if you're still itching for more info, we contributed to this post in The Children's Hospital of Philadelphia's "Health Tip of the Week."

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

Julie Kardos, MD and Naline Lai, MD

RSV Prevention Updates for 2024-2025



Hello, parents! As we gear up for another winter season, we want to share some important RSV prevention updates. RSV, or Respiratory Syncytial Virus, can cause nasty colds, but it's particularly concerning for babies under 8 months old, as it leads to more hospitalizations than any other illness in this age group.

Good News About Beyfortus!

Last winter, we saw some fantastic results from nirsevimab, better known as the brand name Beyfortus. Beyfortus is RSV

antibody designed to protect our littlest ones. It was shown to be 90% effective in reducing hospitalizations due to RSV. That's a big win for babies and their families.

How Can You Protect Your Baby?

There are two key ways to help keep your young infant safe from severe RSV:

- **For Expecting Moms:** If you're pregnant, you can receive an RSV immunization between weeks 32 and 36 of your pregnancy. This helps build immunity for your baby, so they won't need Beyfortus after they are born. However, if your baby arrives early—within two weeks of when you got the shot—they will need their own dose to ensure protection against severe RSV.
- **For Newborns:** All babies under 8 months old during RSV season should receive a dose of Beyfortus if their mom didn't get the immunization. This includes all babies, whether they're healthy, sick, premature, or full term. Many hospital nurseries and NICUs give these antibodies (given as an injection) before your baby goes home. If your hospital doesn't have it, your pediatrician can help.

Why Beyfortus is a Game Changer

In the past, we gave an RSV antibody shot that was reserved for severely premature babies and those with serious lung issues. It required monthly doses for 5-6 months during the RSV season. Beyfortus, on the other hand, offers protection for a full 5 months with just one shot—making it much easier for busy parents!

Timing Matters

Beyfortus is given only during RSV season, which runs from October to March. If your baby is under 8 months old and hasn't had their dose yet, please reach out to your pediatrician for this vital protection. Plus, it's safe to give Beyfortus alongside any other childhood vaccines.

A Quick Reminder

RSV is an incredibly common illness, with nearly all kids catching it by the age of 2 years. While many children will have mild cases, we're grateful to have options like Beyfortus to help keep your baby from becoming severely ill.

We're here to support you and your family in staying healthy this season!

Julie Kardos, MD and Naline Lai, MD

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