

A developmental guide to reading to your young child



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

We know parents who started reading to their children before

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

Three months of age

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

Six months of age

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

Nine months of age

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

One year

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

18 months old

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

Two-year-olds

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

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

Three-year-olds

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

Four and five-year-olds

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

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

E-readers and iPads

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

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

Julie Kardos, MD and Naline Lai, MD

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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



Photo by Photo By: Kaboompics.com on Pexels.com

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

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Baby food pouches are not a developmental milestone



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

The texture in every food pouch is the same.

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

The flavor of every specific pouch is the same.

Every strawberry pouch tastes the same as the next, every spinach and broccoli pouch tastes the same as every other

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

Dental health and general health alert

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

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

Pouches are expensive!

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

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

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

The plastic of baby food pouches adds to environmental pollution.

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

Our conclusion

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

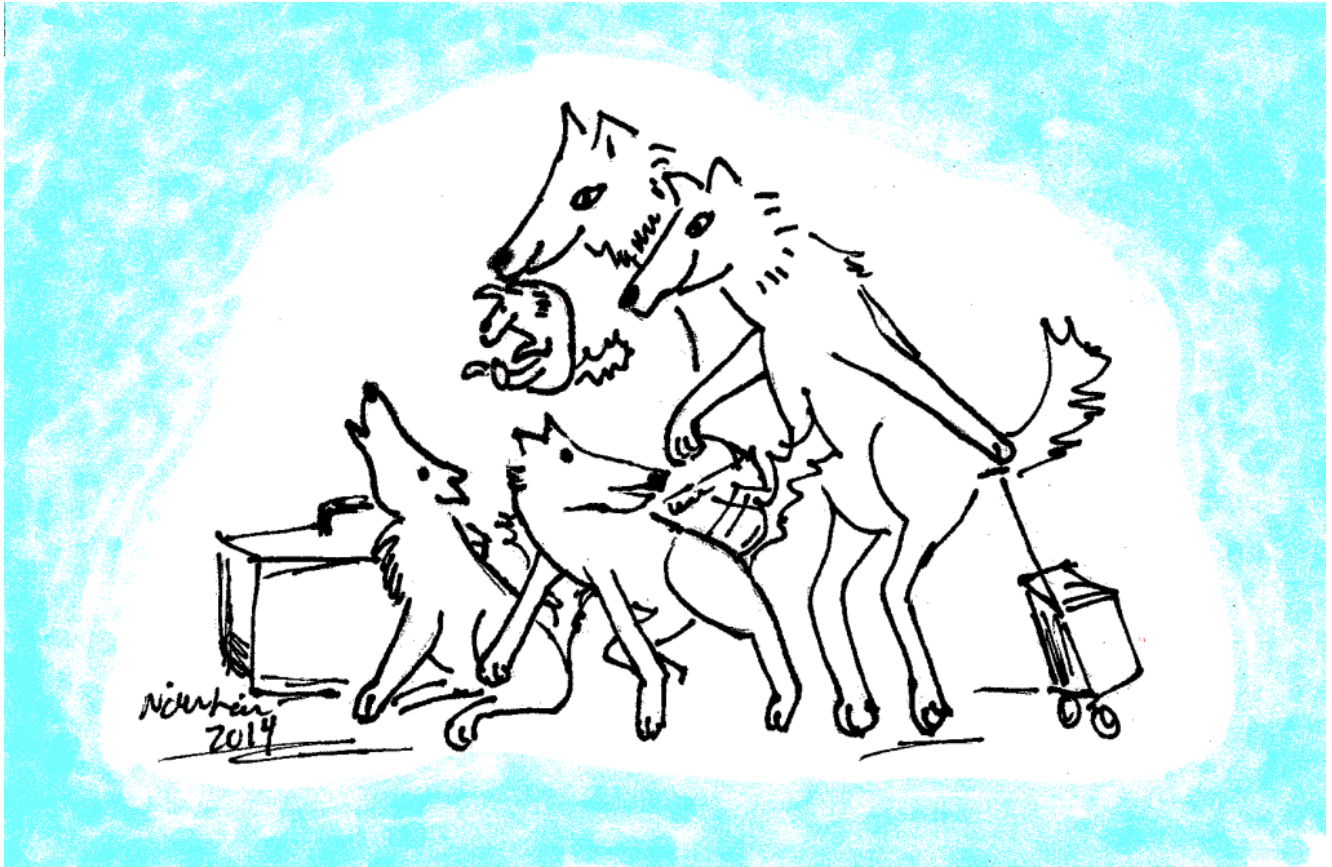
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Parent guide to traveling

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

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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Money Saving Pediatric Hacks

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

Julie Kardos, MD and Naline Lai, MD

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Protection against severe RSV-we finally have it!

protection for babies against severe RSV

Why Won't My One-year-old Eat?



Photo by Karolina Grabowska on Pexels.com

Remember when feeding your baby was fun? They way he opened his mouth like a baby bird when you fed him oatmeal. They way she thumped her hands on the high chair tray waiting for another bite of mashed bananas. It was hard not to laugh as your nine-month-old slowly picked up each piece of pancake and chewed thoughtfully, or the way your eleven-month-old, covered in tomato sauce, double fistfisted a messy meal of cut up meatballs and elbow noodles. And then they turned one. You call your pediatrician and search the internet to ask, why won't my one-year-old eat?

Maybe they actually did not stop eating entirely, but instead of the serene or comic meals you used to enjoy with your baby in the high chair, you now have a one-year-old who deliberately deposits each pea off of the high chair tray and

onto the floor, smooshes their potatoes all over the plate, or thrashes like a chained-up wild beast to escape their high chair. You fluster, you offer other previously enjoyed foods, you become convinced they will starve, you offer a cookie, you offer more milk, you cry.

Let us reassure you: your one-year-old most likely is acting in a normal and predictable way. In this post, we explain why many one-year-olds seem to stop eating, and how to handle your suddenly picky, food-averse one-year-old.

Recall that we pediatricians expected your newborn to gain one pound every other week. In contrast, we expect your one-year-old to gain one pound every THREE MONTHS! Your baby is now growing at a slower rate. Correspondingly, their appetites slow down.

Have you heard the saying, “Hunger is the best sauce?” The way to help your one-year-old to eat, and to avoid disordered eating, is to allow them to feel hungry. Typical toddler appetites vary from day to day. Some days they eat as much as you, and sometimes they subsist on air! Most of them thrive anyway. One reason you have pediatrician visits every 3 months with your one-year-old is to be sure they gain weight appropriately.

Here are some Do's and Don'ts:

- DO offer the same structured meal times that you had as a child: breakfast, lunch, dinner, and one or two snacks a day. That's plenty of opportunity to eat.
- DO make mealtime enjoyable. Gather your family together to eat as often as you can. Talk about the day, joke a bit, serve whatever you are eating as long as there are no choking hazards. To avoid frustration, include at

least one item – fruit, veggie, protein, carb, or dairy- that you are fairly sure your child will eat.

- DO serve bite sized food in small portions and allow your child to ask for more.
 - DO allow your child to enjoy your company while you enjoy theirs, *even if your child eats nothing*. Respect their short attention span and allow them to go play after a few minutes of not eating anything. They can play on the floor near you while you finish your meal.
 - Most importantly, DO pretend that you feel fine if they eat and fine if they don't eat. Of course you will care, but your only job is to present healthy food. It is your child's job to decide if they will eat and how much they will eat.
-
- Avoid letting your child graze from a bottle, breasts, or sippy cup all day. Sucking fluid is a habit. Drinking from a cup at mealtime satisfies thirst. Filling a small toddler belly with fluid all day wards off hunger and almost guarantees that your child will have no room for actual food at meal time.
 - Likewise, giving food as a reward or as an activity between meals and snack times will also fill them up before it's time to actually eat.
 - Avoid chasing them with food as they play or offering food while they watch a video. While this might work for a brief time, ultimately it does not improve their eating. Instead, it teaches them to eat *for you* or *for the video*, but not *for hunger*. This practice can lead to disordered eating patterns.
 - Avoid feeding them or nursing them in the middle of the night. If you feed them anything substantial, you fill their bellies and they may not be hungry for breakfast in the morning. Besides, you wouldn't drink something in the middle of the night without brushing your teeth. Do the same for your child.

- Avoid too many choices. Offer the foods you have already prepared for the rest of the family, and leave the choice of “to eat or not to eat” to your toddler.

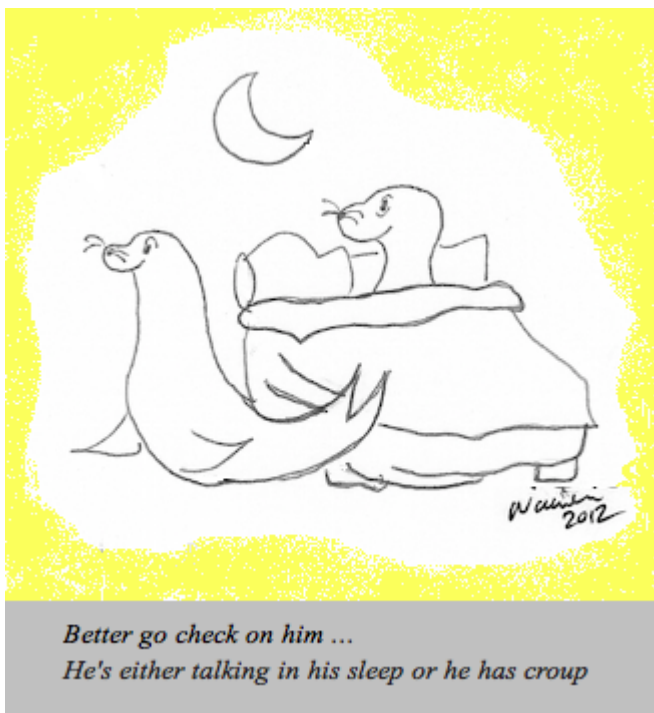
We invite you to read more about how to outwit, outplay, and outlast **picky eaters** here.

Read about many aspects of **one-year-old development**, including food refusal, here.

Julie Kardos, MD and Naline Lai, MD

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Croup



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

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

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

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

Ways to help your child when they wake up with croup

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

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

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

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

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

When to take your child with croup to the emergency department

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

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

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

When to expect improvement

Most children with croup improve after two or three nights. Then, they develop more classic “cold” symptoms of runny nose and more “normal” sounding cough. Because Covid-19 virus is becoming a more common cause of croup, have your child tested so you know how long they need to stay home from school or daycare.

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

Julie Kardos, MD and Naline Lai, MD

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