

Going back to school online? Here's what pediatricians want you to know



Chances are, because of COVID 19, this school year will look different for your children. Here are your Two Peds' tips for helping your children if they are learning online this fall.

Start with basics such as setting a sleep schedule. Think about how many hours your child slept during the spring quarantine and over the summer. If they woke up refreshed, that is the optimal amount of sleep they need to be alert during class. Incorporate this into your school year expectations. Falling asleep too late and sleeping too late? Check here on how to get your child's late schedule under control.

Set up an **eating routine.** Healthy eating habits have not changed from when you were a child. Stick to the school year schedule of breakfast, lunch, dinner and a morning and afternoon snack – just like at school. Don't allow the kids to graze. Without structure, children tend to throw off their weight- in fact, kids tend to gain weight more quickly in the summer than during the school year.

Rehearse mask wearing. Even though they attend school at home, your kids will go to the grocery store, see a good friend or get a haircut. Teach them to wear a mask properly so you don't need to spend time readjusting their masks outside of the

house.

Keep up the hand hygiene at home: Washing hands always limits germ spread. WHEN—before and after eating, after using the bathroom, after playing outside, and before and after school, the HOW—soap and water preferred for the duration of time it takes to sing the Happy Birthday song twice, or hand sanitizer if a sink is not available, and the WHY—avoid germ spread. See our post on handwashing.

Prevent neck and back strain from continual computer use: Read these posts on ergonomics and proper computer positioning to prevent your children from feeling like pretzels at the end of the day. Likewise, **prevent eye strain.**

If you are worried about the amount of additional time your children will spend in front of the computer for entertainment in addition to schoolwork, use the American Academy of Pediatrics' Family Media Plan tool to create a customized screen time contract.

Create a home learning space that your child can call their own. This will be where your child will complete schoolwork and homework. This is especially important if your child usually spends time doing homework on their bed. You want your child to associate their bed with relaxation and sleep rather than activities that rev up their mind.

Get your child the flu vaccine this fall. Even if you never immunized in the past, this is the year you should. Please see our post on the benefits of the flu vaccine.

Help your child to “roll with the punches.” Change, even happy change, can be stressful for adults. After all, we all know how adults often run around frantically during the winter holidays. If you feel frustrated, angry, or fearful about the pandemic, try to **keep the brunt of your own negativity from your children.** Kids are often more adaptable than you might give them credit for, but they tend to mimic their parents and

look to parents about how to respond to new situations. Seek adult help to prevent your own negative feelings from flowing over and smothering your children.

You can do this. Who taught your children their first words? How to walk? The color of an apple? How to organize their homework? You will still have teachers who will teach the content of a class. Your role, as it always has been, is to provide the best possible learning environment.

No matter how it looks, we wish your family a great start to the school year!

Naline Lai, MD and Julie Kardos, MD

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Kids on computers: are special blue light-blocking filters worth the expense?



Kids are spending much more time on computers and other screens learning, staying in touch with friends and family virtually, and playing games. Are glasses with special blue light-blocking filters worth the expense? Our guest blogger, pediatric ophthalmologist Dr. Sheryl Menacker, addresses this question.

-Drs. Kardos and Lai

There is much buzz about glasses that filter out blue light from computer, phone, and other screen devices. But are the problems real and are these glasses worth the expense?

The American Academy of Ophthalmology says *no*, and here is the explanation from their website.

Are eyeglasses with special blue light-blocking

filters worth the expense?

By absorbing the excess blue light from our devices, the eyeglasses claim to:

- improve sleep
- reduce digital eye strain
- prevent eye disease

We all want to do these things, but it's not necessary to spend money on special eye wear for computer use. Here's why:

- **Blue light from computers will not lead to eye disease.** It is true that overexposure to blue light and UV light rays from the sun can raise the risk of eye disease, but the small amount of blue light coming from computer screens has never been shown to cause any harm to our eyes.
- **Sleep can be improved without special eyeglasses.** You don't need to spend extra money on blue light glasses to improve sleep— simply decrease evening screen time and set devices to night mode.
- **Digital eye strain is not caused by blue light.** The symptoms of digital eye strain are linked to how we use our digital devices, not the blue light coming out of them.

Computer/digital eye strain

While using devices will not damage your eyes permanently, staring at them for a long time can cause temporary discomfort. People experience eye strain in different ways, but symptoms can include:

- dry eyes
- blurry vision
- tearing or watery eyes

- headache

The reason we get digital eye strain is that we blink less when we stare at our devices.

Normally, humans blink around 15 times per minute—but this “blink rate” can be cut in half when staring at screens or doing other near work activities (like reading). To reduce eye strain:

- **Take frequent breaks by using the “20-20-20” rule.** Every 20 minutes look away from your screen and look at an object 20 feet away for at least 20 seconds. This gives your eyes a chance to reset and replenish themselves.
- **Use artificial tears to lubricate your eyes** when they feel dry.
- **Keep your distance.** Sit about 25 inches or at arm’s length from your screen and adjust its height so you’re looking slightly downward at it.
- **Reduce glare and brightness.** Devices with glass screens can cause glare. To reduce glare, consider a matte screen filter for your device. Adjusting the brightness and contrast of your screen and dimming the lighting near your screen can also help reduce eye strain.
- **Wear eyeglasses.** If you wear contact lenses, you already know they can increase dryness and irritation. To reduce these symptoms, try wearing eyeglasses instead when working on a computer for longer periods.

Sheryl Menacker, MD

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Dr. Sheryl Menacker, of Tri-County Eye Physicians, is a certified Diplomate of the American Board of Ophthalmology, a Fellow of the American Academy of Ophthalmology, member of the American Association for Pediatric Ophthalmology and Strabismus, and examiner for the American Board of Ophthalmology. In addition to general pediatric ophthalmology,

Dr. Menacker has a specialty interest in treating individuals with disabilities. She holds a clinical appointment at the University of Pennsylvania School of Medicine and Emory University, where she is an active teacher and lecturer.

How to sit at the computer: Ergonomics for kids doing schoolwork at home



#homeschooling #computer ergonomics #COVID
#admireteachers

Oh my aching back...

Right now, with schools closed, kids of all ages are doing schoolwork at home. Technology has allowed continuation of learning and even face-to-face check in with teachers. But it also poses some challenges. School classrooms are designed for children; our kitchen tables are not. How to sit at the computer? Just as we require ergonomic workstations for our jobs; we need to consider proper fit and alignment for our children as they learn virtually. The following are basic ergonomics for kids doing schoolwork from home that can prevent muscle aches and fatigue.

Where to place the computer screen:

Place the computer screen directly in front of your child with the eyes level with a spot about 2-3" below the top of the screen. In addition, place the keyboard so that the upper arms and shoulders are relaxed. The forearms should be parallel to the floor and the elbow bent less than 90 degrees. The chair should have back support and allow the thighs to be supported parallel with the floor. Knees should also be bent to 90 degrees or a bit less with feet supported. This can be a challenge for our elementary school kids who are trying to work at home. The Canadian Safety Council suggests: "choose a chair that places the child at the proper height in relation to the equipment. If that means a higher chair, provide a footrest to support the feet and a pillow to support the back."

How can you adjust the chair?

Chairs with adjustable seat and footrest heights are great for this. If you don't have an adjustable chair, you may need to create a footrest out of a box, block or storage crate. Also, since many children are using laptops, it is difficult to position both the screen and keyboard appropriately; it may be

best to attach a separate monitor at the right height once the keyboard is set for proper arm and body position.

Avoid back and neck pain:

If children are using an iPad or reading a textbook, an angled book holder may help with proper positioning to avoid back and neck pain. We have cookbook holders for a reason!

If your child is doing lots of writing or drawing:

An angled writing surface will help with fatigue and proper support. There are quite a few child sized desks available with a surface that raises to an angle. If your child is a wiggler; consider a ball chair with an appropriate height table that allows for that 90-90-90 ankle, knee, hip alignment, or consider using a standing desk. In each case, the keyboard, mouse and screen still need to be adjusted for alignment as above.

The most important thing you can do is make sure your kids take a break and MOVE every 30 minutes according to both the Cornell University Ergonomics Web and Canada Safety Council. Active breaks are necessary not just for the body, but for the eyes as well. The best ergonomics for kids doing schoolwork at home cannot substitute for these breaks.

Here are some ideas for quick movement breaks to keep the aches and pains away:

1. Stand and stretch arms up overhead. Grasp hands interlocking fingers, flip palms up to the ceiling and stretch.
2. Bring arms behind your back at hip height, grasp hands or hand to wrist and try to pull shoulder blades down and together.
3. Stand with hands against a wall, place one leg back with knee straight and foot flat on the floor. Keeping your body straight like a board, lean into the wall and

stretch the back of the calf.

4. If you have a yoga ball, lie back over the ball with feet flat on the floor, raise your arms out to the sides like a “T” and take some deep breaths.
5. Go outside in the yard and play!
6. No yard? Raining? Have a dance party or play “Simon Says.”

Stay home. Stay safe... and keep moving.

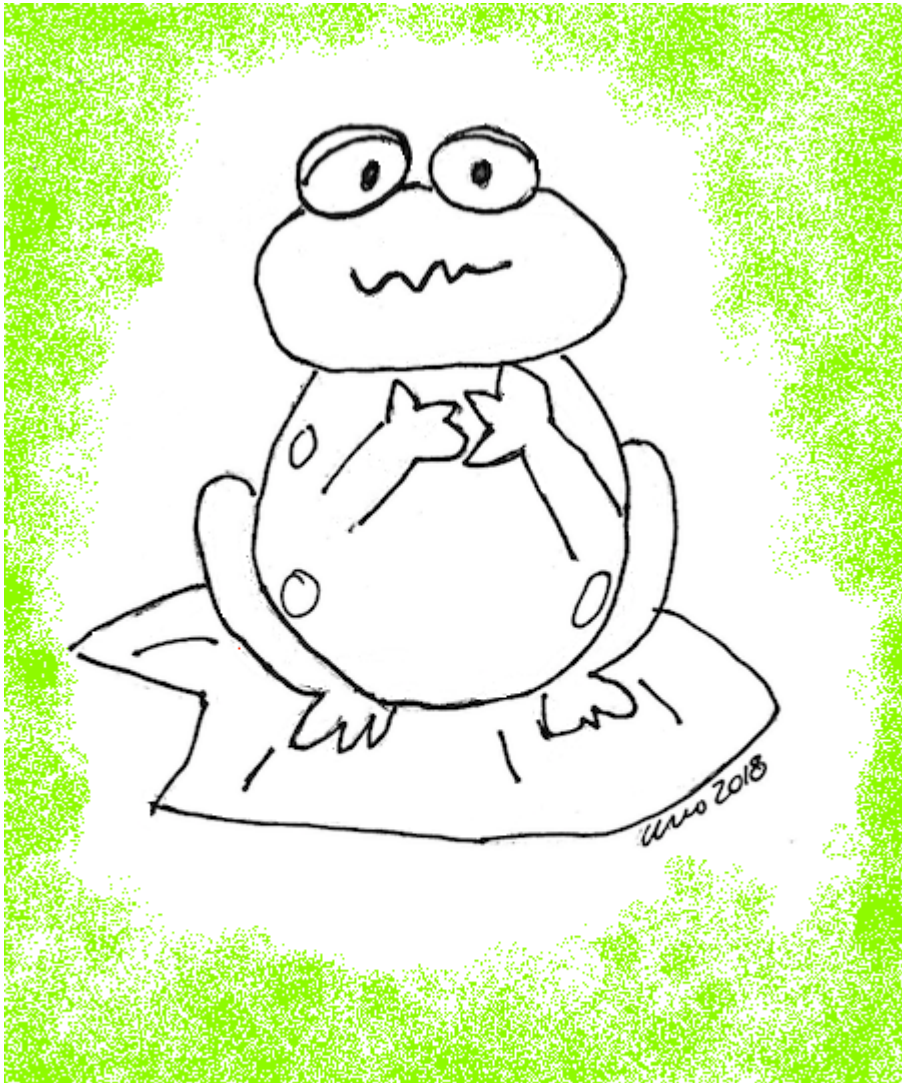
Deborah Stack, PT DPT PCS

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We thank Dr. Stack for contributing to twopedsinapod.org– Drs. Lai and Kardos

Dr. Stack is a board certified specialist in pediatric physical therapy and the owner of the Pediatric Therapy Center of Bucks County, LLC in Doylestown, PA. In addition to treating children ages 0-21 for conditions such as torticollis, coordination, neurologic and orthopedic disorders, she also instructs physical therapists across the country in pediatric development and postural control and is a Certified Theratogs fitter.

All about strep throat



Freddy the Frog didn't quite know how to describe the uncomfortable sensation in his throat.

Now that school has been in session for over a month, it's not too early for you to learn all about strep throat. It might even save you a trip to the doctor's office!

Julie Kardos, MD and Naline Lai, MD

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Photo quiz: what causes brown spots on feet?



What causes brown spots on feet? In the summer, we see kids with these spots on their feet or hands. Read on for the answer behind the mysterious spots.

Every child with a lemonade stand hopes for hot sunny days to drive in customers. But if your kids squeeze fresh lemons for their stand, make sure they wash their hands after squeezing the lemons. Otherwise, after a sunny day, your child's hands may turn out looking like this kid's feet. The juice of some fruits or plants will cause a dark discoloration of the skin if exposed to sunlight.

This reaction, called phytophotodermatitis, usually starts a day after the juice comes into contact with the skin. Redness and mild blistering eventually leads to a discoloration, like those brown spots on feet, which can last for months.

Citrus fruits are the most common culprits, but wild parsnip, wild dill, wild parsley and buttercups also cause the photosensitivity. Often the initial redness and blistering is missed. The kid in the photo was walking in bare feet on leaves near an apple tree. So now you can tell your kids not to walk barefoot outside to prevent stepping on a bee, to prevent contracting poison ivy, and to prevent phytophotodermatitis!

Makes you think about holding off on fresh lemons and using powdered lemonade mix...almost.

Naline Lai, MD and Julie Kardos, MD

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How to treat eczema or atopic dermatitis



Photo by Uschi Dugulin, Pixabay

It's pretty annoying to be itchy. Dr. Lai fondly called her itchy oldest child with eczema "itchy, bitty, spider," or some variant of that, for much of her daughter's childhood. Fortunately, for your kids with sensitive skin, dermatologist Teresa S. Wright, MD joins us today with tips for how to treat eczema or atopic dermatitis—Drs. Kardos and Lai

Has your child been diagnosed with eczema? Eczema is a general term that refers to a group of skin conditions characterized by itchy red rashes. The term "eczema" often refers to a skin condition known as atopic dermatitis. Atopic dermatitis may occur in association with allergies and/or asthma and the rash tends to come and go. Common triggers include illness, stress, and changes in the weather or temperature. The cause of atopic dermatitis is not well understood. However, most children with atopic dermatitis tend to have very dry, sensitive skin. Atopic dermatitis cannot be cured, but it can be controlled. Most children with atopic dermatitis gradually improve and many will outgrow it over time. In order to control the rash, a proper daily skin care regimen is extremely important.

Skin care regimen to treat eczema

A daily bath or shower is recommended. It is a common myth that daily bathing “dries out” the skin. This is not true. Bathing puts moisture in the skin and removes irritants and germs. However, the bath or shower should be short (less than 10 minutes) and not too hot. Cleanser should be gentle, fragrance-free, and dye-free. Dove™ for Sensitive Skin or Aveeno™ fragrance-free cleanser are good choices. After bathing, pat the skin dry with a soft cotton towel and apply a heavy bland moisturizer to all skin to seal in the moisture.

The type of moisturizer you select is very important. It is best to use an ointment (like plain unscented Vaseline™ or Aquaphor™) or a heavy cream (like Vanicream™, CeraVe™ cream, Cetaphil™ cream, or Aveeno™ Baby Eczema Therapy Moisturizing cream, to name a few). Lotions are poor choices because they tend to contain more preservatives and ingredients that can sting open skin or cause irritation.



Apply moisturizer to the skin at least twice daily, but more often if the child’s skin is unusually dry or the eczema is severe. Apply topical medications sparingly to the affected areas prior to the application of moisturizer. I recommend applying topical medications twice daily, but you should follow the instructions given by your child’s doctor. It is very important that medications are applied only to areas of active eczema and never to normal skin. Apply moisturizer to all skin, including over the areas where you already applied medication.

This time of year, parents ask if swimming is okay for children with atopic dermatitis. **In general, swimming should not be a problem for children with atopic dermatitis. In fact, some children improve dramatically with regular swimming.**

Improvement may be due to the effect of chlorine. Chlorine causes a decrease in the skin residing germs that can play a role in triggering eczema flares. However, chlorinated water can be very drying to the skin, so rinse the skin thoroughly and apply a generous layer of a heavy moisturizer as soon as possible after swimming. For most children, taking these steps prevents significant flares of swimming related atopic dermatitis.

In my practice, I see many children with eczema every day. I understand how challenging and frustrating this condition can be for parents. The recommendations I outlined here are often very helpful and I sincerely hope they will help you control your child's eczema.

Teresa S. Wright, MD

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Dr. Teresa S. Wright is a board-certified pediatric dermatologist in Memphis, TN, and is Division Chief of Pediatric Dermatology at LeBonheur Children's Hospital and Associate Professor of Dermatology at the University of Tennessee Health Science Center. She has particular interests in atopic dermatitis, vascular birthmarks, and pigmented skin lesions.

New national guidelines for water safety, and free swim

Lessons in Bucks County



When one of Dr. Lai's kids was around two years old, she deliberately let go of Dr. Lai's hand when wading in waist

high water. She exclaimed, "Look mommy, I can swim!" But she couldn't, and as she started to sink, Dr. Lai scooped her up. What if she had taken swim lessons? Would that have been enough to prevent drowning? It may have helped, but that's not enough. Kids need layers of protection to prevent tragedy in water.

Just in time for summer, we have new evidence about drowning prevention for both young kids and teens. Read on for updated swimming and water safety tips and an offer for free swim competency lessons for older kids.

Who is most at risk for drowning?

Children age 4 years and younger.

Most of these kids drown when parents do not realize kids have access to water. Think bathtubs, buckets, and toilets as well as ponds, puddles, and pools. Drowning is silent. Parents need to always **watch** their children around any body of water.

Adolescents aged 15-19.

Several factors contribute, including under-estimating risk (strong tides, swimming out too far), overestimation of skills, and substance use. Be sure to discuss rules of swimming with all of your children even if they are strong swimmers, and instruct them never to swim alone or without a lifeguard. Set an example yourself by wearing life jackets while boating and abstain from alcohol consumption. Alcohol contributes to half of all boating accidents in the United States.

Kids with autism.

Like children with other behavioral disabilities, they often wander away from adults without warning.

Children with seizure disorders.

Drowning is the leading cause of accidental death in children with epilepsy. Like ALL children, kids who have seizures should never be left alone for even a second in pools or baths.

Kids with a predisposition to cardiac arrhythmias.

If your family has a history of heart arrhythmias (eg. Long QT, Brugada syndrome, Ventricular tachycardia), unexplained sudden death at a young age, or an unexplained drowning, bring it to your pediatrician's attention. In your child, let your pediatrician know about any fainting/near fainting episodes, "funny" heart beats, or chest pain.

When should I start swim lessons for my child?

There is no standard recommended age, but evidence suggests that swim lessons, even for kids as young as 1-4 years, can add a level of protection against drowning. Goals of swim lessons include the ability to enter the water, surface, turn around, swim for 25 yards, tread water or float, and to exit the water safely.

Swim lessons should also include real life "what to do in case of an accident" scenarios, such as swimming with clothes on, how to recognize a swimmer in trouble, and how to call for

help. They should learn never to swim without adult supervision. Older children, and all adults for that matter, should learn CPR.

There is lack of evidence that swim lessons for babies under one year protects babies. Babies this young have relatively large heads compared to their body size and are incapable of picking up their heads out of the water to breathe if they are submerged. Think of swim “lessons” for babies as a fun, social activity instead of a potentially life-saving class.

Even if your children take swim lessons, THEY ARE NOT DROWN PROOF. Stay within arm’s length of all young children and non-swimmers.

How can I make kids in my backyard pool safer?

Install a fence that is at least 4 feet high around the pool.

The fence should be self-closing and self-latching, and isolates the pool completely from the rest of the yard and the house.

Pool covers and barrier alarms may add another level of protection, but there is no data that demonstrates definitively that they prevent drowning.

The Consumer Product Safety Commission has detailed instructions and information on the latest safety products recommended for home pools.

Always supervise your swimming children.

Adults should be very clear with each other about who is watching the swimmers. Stay at arm's length of non-swimmers and young swimmers, and refrain from texting, drinking alcohol, reading, socializing, or any other activity that takes your eyes off of your child or could shift attention away from kids in the water. When kids drown, they drown silently, so you will likely not *hear* trouble.

Non-swimmers and small children should wear life jackets, even in your own pool, for maximum water safety. Inflatables are not substitutes. Look for US Coast Guard approved jackets.

It bears repeating: most drownings occur when parents had no idea that their child had access to water.

A few years ago, Dr. Lai's toddler-aged neighbor waddled over to the ice bucket at a Fourth of July party. Toddlers have big pumpkin shaped heads and before Dr. Lai could blink an eye, her neighbor tumbled into the water head first. Luckily Dr. Lai's husband was standing next to the bucket and pulled the toddler out.

As this case shows, you can't let your guard down, even if no pool or large body of water is in sight.

Small, blow-up backyard pools are the same as bath tubs in terms of drowning risk, so never leave kids unattended around these pools. Stay at arm's length of your babies and toddlers when they play in these pools.

Additionally, never leave kids unattended, even briefly, in the bathtub.

We're going to the beach- can my baby go swimming in the ocean? How about a pool?

Most pools, oceans, and lakes are much colder than bath water. Babies feel colder more quickly than adults. Remember your own parent telling you to come out of a pool because your lips were blue? Limit a baby's exposure to cold water accordingly.

Chlorine will not hurt babies, but it can dry out skin. Apply moisturizer after swimming if your child's skin gets dry.

Salt water is safe for babies and kids to swim in.

Young kids try to drink the water they swim in. Don't let them. It's not just your nephew who pees through his swim diaper that you need to worry about. Unfortunately, chlorine and salt fail to kill all viruses, bacteria, and parasites that might lurk in swimming water.

If your child swims outside, remember that sunburns occur more easily because sunlight reflects off the water. Apply sunscreen liberally before and after swimming, even if the sunscreen label says "waterproof." Better yet, try to keep that baby hat on and have your child wear a sun protective shirt.

Can you suggest more ways my kids can play with water?

Water tables (which can double as sand tables in the spring, leaf tables in the fall and indoor snow tables in the winter) allow young toddlers to stand and play with toys in very shallow water.

Fill a bunch of different sized **stacking cups** with water for

kids to pour, dump, or perhaps to mix with rocks, dirt, or leaves.

Simple **squirt bottles** are great fun. When Dr. Kardos's twins were little they spent large amounts of time "watering" every plant, bush, flower, and blade of grass in the yard.

Transform chalk drawings into masterpieces by adding water.

Wet down your walkway and blow bubbles onto the cement – they will cling onto the walkway for a long period of time.

Local Parents: Do you live in Bucks County, PA? Has your child graduated from first grade? Do they know how to swim? The Y of Bucks County, in conjunction with the Children's Hospital of Philadelphia, is offering free swim lessons for kids past first grade to achieve basic water skills competency. For more information on obtaining a voucher, email us at twopedsinapod@gmail.com.

Julie Kardos, MD and Naline Lai, MD

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What do Rock 'n Play and socks have in common? They've both been recalled this year. Predicting what's up next:



Whenever we look at the child product recall lists from The Consumer Protection Safety Commission (CPSC), it never fails to amaze us that even big brand names crop up in product recalls for children. Ironically, most are not new-fangled products. Bouncer seats, high chairs, rattles, and bicycle helmets are often amongst the recalls. We figure after decades of baby product manufacturing, designers and production managers would understand what constitutes a potential hazard for kids.

We urge you to scrutinize the kid merchandise in your house and identify the potential hazards before your child ends up as the reason a product is on the CPSC list. In fact, you might have already missed a recall on your older products. According to kidsindanger.org, child product recalls occur a couple of times a week, but when a baby product is recalled, only 10-30 percent are ever retrieved. Because recalls occur AFTER injury or death occurs, it is better if parents assess the safety of child products before a recall.

Here are some common reasons for recalls:

Products fail to adhere to the American Academy of Pediatrics safe sleep guidelines. We know parents of crying young infants are often desperate to get some sleep themselves, but many sleep products are not studied. If it seems too good to be true, it probably isn't. Infants are not ready developmentally to sleep through the night, so *any product that promises to help your infant sleep through the night is, by definition, problematic*. An example is the Rock 'n Play sleeper which was recently recalled. The soft squishy inclined cradles clearly did not adhere to the safe sleep guidelines, but often we heard a parent say, "But that's the only place they will sleep." Unfortunately, this recall does not undo the deaths of the 32 reported babies who died in the sleeper. In the wake of the recall, other companies who make similar sleepers are also recalling their products.

We cringe every time a family tells us they are using a new fangled piece of wrap-around-baby sleep gear or sleeping contraption, because most involve soft surfaces (not advised), inclined surfaces (not advised) or things-in-the-crib-other-than-your-baby (also not advised).

Choking hazards: Babies and toddlers explore the world by mouthing objects. So drop on your hands and knees and see the world from their perspective. And don't assume your kid has reached an age when "they should know better." Ever wonder why many Monopoly game pieces go missing? Or why so many kids visit Emergency Departments after swallowing coins? In the past twenty years, the number of children visiting U.S. emergency rooms for swallowing objects doubled. Anything that can fit into a toilet paper tube (2.5 inches in diameter) is considered a choking hazard. Be aware that the toy may be too large to choke on, but a piece that breaks off may be small enough to choke on. Some great example of poorly thought-out products are teething necklaces made of beads strung together

and decorative buttons on baby socks.

Ingestion hazards:

- **Magnets** might be a fun toy, yet they can stick together after a kid swallows them and erode through any piece of gut trapped between them. In fact, even when a parent is fairly certain that their child ate only one single magnet, we pediatricians know that because magnets can be so dangerous, we will check an X-ray, just in case there are more. After all, even an older kid is sometimes too embarrassed to fess up on the number swallowed.
- **Batteries** can corrode through the lining of the intestines, constituting an emergency. Check to make sure all battery backings are secure. Particularly problematic are button batteries. They are tiny and easily swallowed.
- **Brightly painted wooden toys** are beautiful, but they may contain lead paint. So can **kid jewelry**. Lead poisoning occurs usually through eating or drinking contaminated objects such as lead containing paint or paint chips. Be aware of old toys (think antique doll houses) made prior to 1978 (when lead was taken out of paint in the US), toys manufactured in China or other Pacific Rim countries, or imported candies from Mexico. If you are wondering about possible lead exposure, ask your child's doctor to test your child for lead exposure with a simple blood test. Avoid purchasing home lead kits because they can be inaccurate.

Head entrapment hazards: Infant heads and toddler heads can get wedged. Be aware that slates on a crib need to be no more than $2 \frac{3}{8}$ inches apart, or no bigger than the diameter of a soda can. Beware of baby carriers or high chairs that could allow babies to slip through.

Fall hazard: Check to see all buckles are secure and unlikely

to catapult your child out of the restraint. Baby carriers and strollers, especially the jogging ones, seem to crop up often in recalls.

For general guidelines for baby proofing [click here](#).

Sign up for child product recall alerts through the CPSC, the American Academy of Pediatrics, or kidsindanger.org. Help other families by reporting product concerns to CPSC.

Dr. Lai tells this tale: Years ago, my first child's crib came with plastic clips which held up her mattress. As my husband and I assembled the crib, a few of the clips snapped and broke. By my second child, even more clips broke apart. By my third child, the crib clips were recalled.

Perhaps we should have been suspicious the first time.

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When your child lies to you



Your child lies. What do you do?

Read our post to learn the truth of why your child might lie.

Julie Kardos, MD and Naline Lai, MD

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What to do when your child has an earache



Does your child have an earache?

In the aftermath of flu and croup season, we are diagnosing a fair share of ear infections. But not all earaches are due to ear infections.

Read our post about ear pain and what to do about it.

Julie Kardos, MD and Naline Lai, MD

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