

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

©2025 Two Peds in a Pod® originally posted in 2017

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

© 2025 Two Peds in a Pod®

RSV Prevention Updates for 2024-2025



Credit: istock eggeggjiew

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

©2024 Two Peds in a Pod®

Protection against severe RSV-we finally have it!

protection for babies against severe RSV

Does your baby have a white tongue? Think Thrush



White curds that don't wipe off can be indicative of thrush. You find cottage cheese like curds coating the inside of your baby's tongue and inner cheeks and try to wipe them off to no avail. It's not breast milk, not formula. It's thrush.

Thrush, fancy medical name Oral Candidiasis, is caused by an overgrowth of yeast, called Candida. Although not painful, it may cause discomfort akin to having a film of cotton coating the inside the mouth.

We ALL have yeast, which is a type of fungus, on our bodies. Usually we have enough bacteria on our bodies to suppress the growth of yeast, but in cases when there is less than usual bacteria present such as in young babies or in kids who are on antibiotics, Candida can emerge. For older kids using inhaled steroids for asthma, failure to rinse out the mouth after medication use also promotes an environment conducive to thrush.

Treatment

To treat thrush, doctors usually prescribe oral Nystatin, an anti-fungal/anti-yeast medication, which works topically. Parents apply the medicine to the inside of the baby's mouth after feedings four times per day. Use Nystatin until thrush is no longer visible for 48 hours. A course usually takes one to two weeks to complete. An oral medication called fluconazole (brand name Diflucan) may also be prescribed.

Watch out. Candida may also be thriving on mom's breasts or on pacifiers or bottle nipples. Mothers can apply the same medicine to their breasts after breast feeding. Scrub pacifiers, bottle nipples, and any other object that goes in to a baby's mouth extra well with hot water and soap. Or, you can use the dishwasher to wash away the Candida.

Thrush that persists despite proper treatment can signal an immune system problem. So if your child's thrush is not resolving in the expected time, let your child's health care provider know.

Does yeast cause infections elsewhere?

If you are a female who is familiar with vaginal yeast infections, you may wonder if the same organism causes both thrush and yeast infections. Yes, it is the same organism. But don't have any mom-guilt. You did not cause the thrush. Yeast tends to thrive in wet moist areas such as the diaper area, mouth and even the neck folds of drooling babies.

A newborn's tongue may always look slightly white. This "coated tongue" in young babies could be residual breast milk or formula and does not need treatment. Even if there is a little residual yeast, remember that yeast is just a part of our microbiome along with all the other wonderful microscopic organisms that call human bodies their home. If you are unsure, your baby's health care provider's door is always open. They will be happy to take a peek.

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.

Naline Lai, MD and Julie Kardos, MD

©2019 Two Peds in a Pod®

How to burp a baby

Wondering how to burp a baby? We decided that words just didn't convey what to do. So we introduce baby Emma in her first, and our first, how-to-video.

Any other video requests, send them our way.

Four month sleep regression



"I think we just hit the four month sleep regression. My baby used to sleep better, and now at four months, she is waking up every hour! What happened?"

Sound familiar?

The term "four month sleep regression" did not appear on Google searches in the United States until 2006 and has been on the rise ever since.

It is not clear how the term came about. After all, babies existed well before 2006. Oddly, most of the search requests come from the state of California. Unfortunately, the term sleep regression has put many a parent into a panic. Do not

worry. Sleep is not a developmental milestone, you do not need to move from California, and your baby is not regressing. Rather, your baby is changing. Just like eating and poop patterns change, sleep patterns also change.

Sleep in the beginning

In the beginning... there is newborn sleep. Newborns can fall asleep anywhere at any time: while feeding, in a stroller, on your chest, in your arms, in the car or on the floor. Sometimes they sleep for minutes, sometimes they sleep for a few hours.

For the first three months, babies are in a feeding frenzy mode. Babies this age gain about one ounce per day (a huge feat) so therefore they eat to sustain growth. So they eat, and eat, at a pace of every one and one-half to three hours. They are hungry but their bellies are small, so they must eat frequently. Sometimes they cluster feed every hour. Because they spend so much time feeding, chances are they often fall asleep while sucking either a breast or a bottle. Some babies, by the end of the third month, are sleeping longer at night and making up for missed feedings during the day.

The plot thickens...

Between three and four months, babies slow in the pace of their growth. From three to six months they gain only about one-half an ounce per day. Because they are not quite so ravenous and because their bellies are bigger now, they can wait longer between feedings. You will notice that a more discernible pattern to their day emerges and you can now tell the difference between "hungry" and "tired" cries.

Another change occurs around four months. You will notice that when your baby is hungry, they get excited when they either hear or see you preparing a bottle or positioning to breastfeed. They become AWARE that a feeding is about to happen and recognize events that immediately precede a meal.

That same awareness occurs around sleep. When she feels sleepy, your baby becomes aware of events that lead up to sleep. If that event is eating, then she will believe that EATING precedes SLEEPING. If that event is rocking with a parent to sleep or laying in a parent's arms, then they learn that rocking or being held is the key to falling asleep.

The final piece of the puzzle

This increased awareness of sleep associations is likely the origin of the four month sleep regression. You see that the 4 month sleep regression actually is not a regression, but rather an AWARENESS of how to fall asleep. If you always put your baby down in the crib when tired, they will learn that resting in a crib is how to fall asleep. If you play music and put the baby in the crib, the baby will expect music and a crib to fall asleep. And if you always feed your baby to sleep, then feeding becomes the key to falling asleep.

Unlike when they were newborns, if you always put your four-month-old baby in the crib AFTER they fall asleep, they will eventually sense that something is different, and they will wake up. Imagine if you fall asleep in your bed and then wake up to find yourself on the front lawn. You will think to yourself, "WHAT ON EARTH JUST HAPPENED?" Then you will stomp back into the house and find your bed in order to go back to sleep.

If your baby falls asleep breastfeeding, and then you put them down in a crib, your baby may realize that the breast is no longer there. The realization will jolt them out of sleep (WHAT ON EARTH JUST HAPPENED?) and they will cry until you comply with your baby's demand to breastfeed in order to fall back asleep. All understandable.

The solution: how to overcome the four month sleep regression

Herein lies the key to overcoming the four month sleep regression. Teach your baby that she wants to be in the CRIB

to fall asleep. Now is the time to change up the bedtime routine so it ends with your baby in the crib AWAKE and then your baby will fall asleep on her own in the crib. Then, if she wakes up later in the night, she will think to herself: "Ok, I am in the crib, just where I was before. I am still tired and will go back to sleep now." Same at nap time. When your baby gets drowsy, put her in her crib. It is not necessary to feed her first.

We do not advocate letting your baby "cry it out" yet— four months is too young. Developmentally, a four-month-old does not understand cause and effect. Anytime you show up, it's a happy surprise. They do not realize that they have the power to "make you come." However, you can allow for a bit of crying (say, five minutes maximum) because some babies need to unwind before they fall asleep. Remember, if you last fed your four-month-old within the hour, they are not hungry. They are just fussy. Do you remember stomping your foot as a child, rubbing your eyes and crying to your parents, "I am not tired! I do not want to go to bed now."

If, however, your baby is not showing signs of self-soothing after a couple minutes, then go to them and pat them gently or pick them up for a cuddle. But, as soon as they calm down, put them back into the crib so they can learn to fall asleep in the crib, not on you. Allow them to learn that their crib is coming when they are tired, just as they learn that a breast or bottle is coming when they are hungry.

Once babies learn to fall asleep in the crib, many night time awakenings just stop happening. Keep in mind, most four-month-olds do not sleep for eight hour stretches overnight. Many still wake up once or twice to feed. Keep the feedings brief, and put your baby back into the crib BEFORE they drift off to sleep. Also, many babies are ready for additional solid food at this point. Discuss with your pediatrician if it's time to give solid sustenance during the day along with liquids.

A parenting truth

The bottom line? The four month sleep regression is not a regression. Rather, it's a sign of your baby's emerging awareness of her environment and her readiness to learn how to fall asleep.

Julie Kardos, MD and Naline Lai, MD

©2019 Two Peds in a Pod®

How to dress baby (and big kids) for winter



Dr. Kardos's fourth child wears her coat without fuss in cold weather.

Now that the weather has turned "freezy," parents ask us how to dress their baby (and big kids) for cold weather. Even Dr.

Kardos's teenaged kids allow her to thrust winter coats on them as they head out to the bus stop. Wondering how to know if your baby, toddler, or older child are dressed correctly for the weather? Read our post on this topic.

Stay warm!

Naline Lai, MD and Julie Kardos, MD

©2019 Two Peds in a Pod®

Contribute to our Two Peds Mother's Day post!



Dr. Kardos, on a visit home from medical school, with her mom and grandmothers, 1991.

A flash of surprise spread across her face. "You mean my mother was right? I can't believe it!" the mom in our office exclaimed.

Many times as we dispense pediatric advice, the parent in our office realizes that their own mother had already offered the

same suggestions.

This Mother's Day, we're asking readers for anecdotes about times where maybe, just maybe, your mom or your grandmother was right after all. If you have a photo available of your mom or grandmother with your child that you don't mind sharing as well, we would love to post them along with your anecdotes this Mother's Day.

Please send them along to us at twopedsinapod@gmail.com before Mother's Day weekend.

Naline Lai, MD and Julie Kardos, MD

©2018 Two Peds in a Pod®