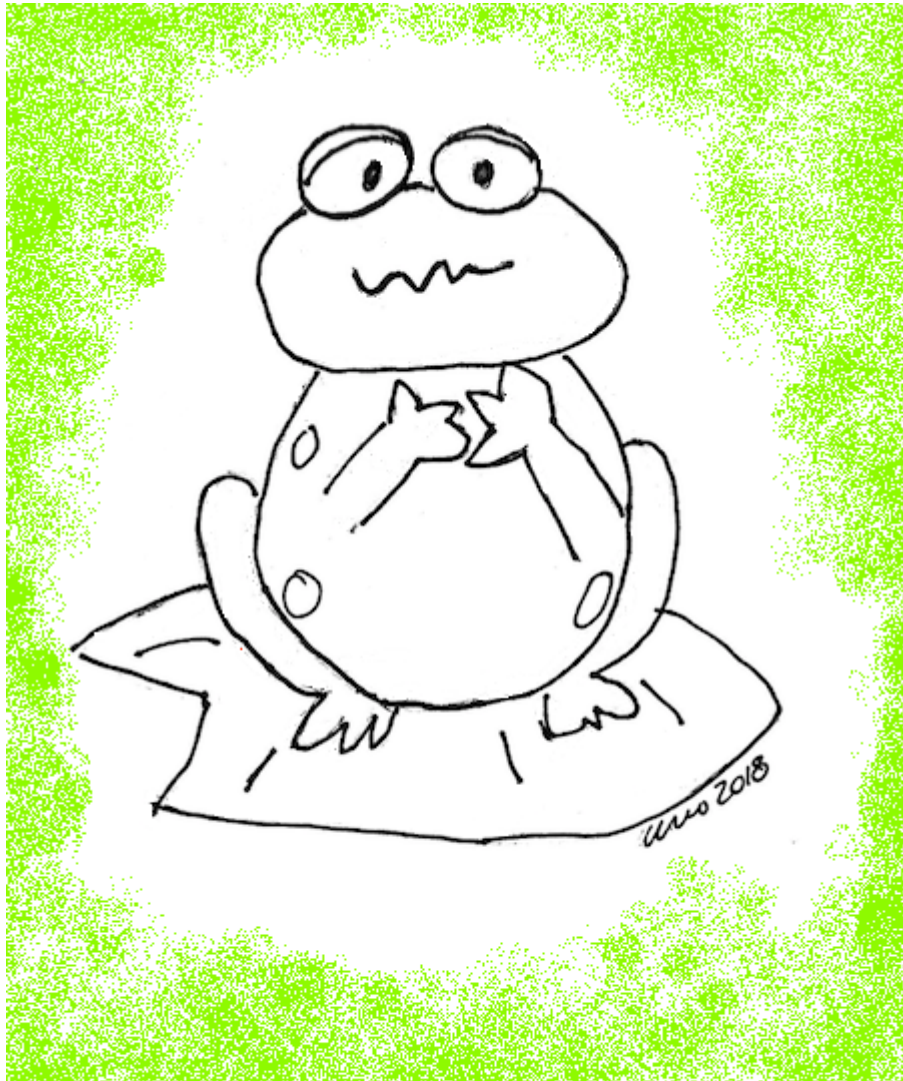


All about strep throat



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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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.

Naline Lai, MD and Julie Kardos, 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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Another measles outbreak: recognize measles in your child



A typical measles rash, courtesy of the public health library, Centers for Disease Control and Prevention

It saddens us that we need to post about how to recognize measles, but the recent measles outbreaks in the United States force parents to be vigilant for a disease that was nearly

eradicated in this country.

Both an increase in international travel and a decrease in parents vaccinating their kids is thought to be responsible for the increase in measles cases.

Measles typically starts out looking like a really bad cold – kids develop cough, runny nose, runny bloodshot eyes, fever, fatigue, and muscle aches.

Around the fourth day of illness, the fever spikes to 104 F or more and a red rash starts at the hairline and face and works its way down the body and out to arms and legs, as shown here at the [Immunization Coalition](#) site. Just before the rash, many kids develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base.

Call your child's doctor if you suspect that your child has measles. Parents should be most suspicious if their children have not received MMR vaccine and were exposed to a definite case of measles or visited an area with known measles.

In the US, one in 10 kids with measles will develop an ear infection and one in 20 will develop pneumonia. Roughly one in 1000 kids develop permanent brain damage, and up to two in 1000 who get measles die from measles complications. Kids under age 5 years are the most vulnerable to complications. These statistics are found [here](#). For global stats on measles, please see this [World Health Organization page](#).

Check that your child is up to date on their MMR (measles) vaccine. The first dose is given between ages 12-15 months and the second dose is given at school entry, typically at 4-6 years of age. If you are traveling internationally with your baby between the ages of 6-12 months, ask your pediatrician about getting an early dose of vaccine.

Preventing measles is key because there is no cure.

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!

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Is your child sick? When to call the doctor



Unfortunately, it is sick season. Fortunately, we have a great post to help you know when you need to call the doctor about your child's illness.

Julie Kardos, MD and Naline Lai, MD

It's possible: Tricks for eating out with your toddler



*In this busy, holiday time of year, you may find yourself dining out frequently with your toddler. Read our post to find hints on avoiding restaurant meltdowns **without** the use of an iPad or phone!*

Julie Kardos, MD and Naline Lai, MD

Coughing out germs? Natural remedies for kids



“coughing out germs”

Recently a 6-year-old patient handed me this drawing of “a person coughing out germs.”

The artwork reminds us that a cough can be a good thing. A cough dislodges mucus from the airway and can help prevent pneumonia.

However, coughs can spread germs and make kids feel plenty uncomfortable. And, frustrating for parents, many over-the-

counter medicines are not recommended for kids.

Looking for natural remedies for kids? Look no further than your kitchen.

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