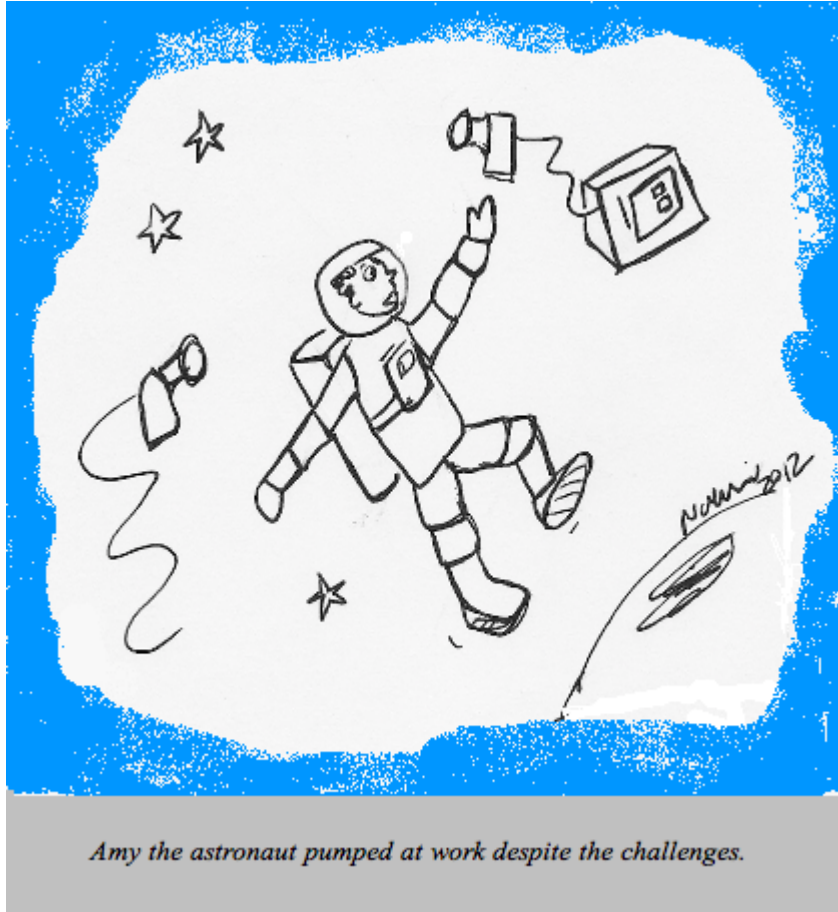


Pump it up: breastfeeding and returning to work



Picture this: you are going back to work after a too-short maternity leave. Briefcase? Check. Lunch? Check. Breast pump? Check. Photo of your baby to put on your pump for inspiration? Check.

Many moms ask how to continue breastfeeding when they return to work. Because babies should receive breast milk or formula for at least their first year, here is how you can incorporate breastfeeding into your work routine:

Offer bottles by four weeks of age. Bottles can contain breast milk or formula, but you need to give your baby practice taking milk from a bottle by four weeks old. If you wait much longer, your baby will likely refuse the bottle. Have someone other than yourself give at least one bottle per day or every other day. In this way, your baby learns to accept nutrition

from someone else.

Store breast milk using the simple and conservative “rule of twos.” Leave breast milk in a bottle at room temperature for no more than two hours, store breast milk in the refrigerator for no more than two days, and store in the freezer for no more than two months. If your baby has already sucked out of a breast milk bottle, that milk is only good for up to two hours. Remember to write the date on your milk storage bags and use the oldest ones first.

Now select from the following breast feeding menu, understanding that you might start with option 2 or 3 and then change to option 4. The best option is the one that works best for you and your baby.

Option 1: Continue to breast feed at work. This option works for moms who work from home, moms who have child care in their work setting, and moms close enough to dash home to breast feed during the day or who have caregivers willing to drive babies over to work for feedings.

Advantage: no pumping, no buying formula, no bottle washing.

Disadvantage: may require some creative scheduling.

Option 2: Breast feed when home and pump and store breast milk at work. Have child care givers offer stored breast milk in bottles. This method allows moms to provide exclusively breast milk to their babies. Start pumping after the first morning feeding (or any other feeding that you feel you produce a bit more than your baby needs for that particular feeding)

beginning when your baby is around four weeks old. Also pump if your baby happens to sleep through a feeding. Store this milk in two or three ounce amounts in your freezer. You can obtain breast milk freezer bags from lactation consultants and baby stores, or you can store milk in zip lock bags. As you continue to pump after the same feeding each day, your body will produce more milk at that feeding.

Once you have some breast milk stored and you are a few days out from returning to work, try pumping during the feedings you will miss while at work. Have someone else feed your baby breast milk bottles for these feedings. Finally, when you return to work, continue to pump at the same schedule and leave the stored breast milk for your child's caregivers. Consider leaving some formula in case caregivers run out of breast milk. Remind them never to microwave the milk (this kills the antibodies in breast milk as well as creates a potential burn hazard) but rather to thaw the milk by placing in a hot water bath.

This method becomes easier as babies get older. Once babies start solid foods, they breast feed fewer times per day. Somewhere between six to nine months, your baby eats three solid food meals per day and breastfeeds four or five times per 24 hours. Thus, the number of times you need to pump decreases dramatically.

Advantage to this option: breast milk with its germ-fighting antibodies given through the first year and no expense of formula. **Disadvantage:** having to pump at work.

Option 3: Breast feed before and after work and give your baby

formula while you are at work. If you do not pump while at work, your body will not produce milk at these times. If you work full time, then on weekends you might find it easiest on your body to continue your “work time” feeding schedule. If you choose this method, wean your baby from daytime breast feeding over that last week or so before returning to work. Suddenly going a long time without draining your breasts can lead to engorgement, subsequent plugged ducts, and mastitis.

Advantage: baby continues to receive breast milk. No need to pump at work. **Disadvantage:** you still have to wash bottles and have the added cost of formula.

Option 4: Breast feed until you return to work, then formula feed. Wean over the last week you are home with your baby to avoid engorgement and leaking while at work. Your baby still benefits from even a few weeks of breast milk.

Advantage: No need to incorporate pumping into your work schedule. Baby still gets adequate nutrition. **Disadvantage:** babies who are in childcare and exposed to many germs miss out on receiving extra antibodies in breast milk. However, weaning your baby off breast milk will not cause illness. Do what works for your family. Also, more expensive to buy formula and time-consuming to wash bottles.

Pumping should not take longer than 15 minutes if you're pumping both breasts at the same time and can take as short as 7-10 minutes. Remember to wash your hands before pumping.

What kind of breast pump should you buy/rent? If you are in it

for the long haul, we recommend the higher-end electric double pumps with adjustable suction. Ask the hospital nurses, your midwife, or your obstetrician for names of people who rent or sell pumps in your area.

Finally, remember that the calorie count and nutritional content of breast milk and formula are the same. So do NOT feel guilty if pumping does not pan out and you end up giving some formula. Your baby is almost always going to be more efficient than a breast pump and some breasts just don't produce milk well during pumping sessions. In contrast, some of my patients never got the hang of breast feeding and their moms pumped breast milk and bottle fed them for the entire first year. Dr. Lai and I have each had patients who refused to take a bottle at childcare but just waited patiently for their moms to arrive. These babies got what they needed by nursing throughout the night. The babies didn't mind what time of day they ate. Just like many aspects of parenting, sometimes with breast feeding, you just have to "go with the flow."

Julie Kardos, MD with Naline Lai, MD
2010 Two Peds in a Pod®

Traveling With Children

As I pack for an upcoming family vacation, I am reminded of the numerous questions over the years that parents have asked me about traveling with children. Often they ask, what is the best way to travel that will allow everyone to enjoy the vacation?

Ha,ha, I think to myself. The real answer is to hire a sitter or enlist grandparents to babysit and leave the kids at home. My husband and I always refer to family vacations as “family displacements.”

No, really, family vacations are wonderful experiences as long as you hold realistic expectations. First you have to get there.

Easier said than done.

When traveling by air, parents wonder if they should bring a car seat for the plane. Young children who sit in a car seat in the car should sit in a car seat in an airplane. Unfortunately, not all car seats fit into the airplane seat properly. The best advice I can give is to bring your car seat and make an attempt to fit it properly. If it doesn't fit properly, you will still need it for the car ride from the airport after you arrive at your destination. Not all car rental facilities provide car seats.

Another question I am frequently asked about long plane rides is “Should I give my child Benadryl (diphenhydramine) so he/she will sleep through the flight?” Unfortunately, Benadryl's reliability as a sleep aid is spotty at best. Most kids get sleepy, but the excitement of an airplane ride mixed in with a “drugged” feeling can result in an ornery, irritable child who is difficult to console. I advise against this practice. On the other hand, Benadryl can help motion sickness and is shorter acting than other motion sickness medications.

Ear pain during an airplane's descent is also a common worry. Yes, it is true that ears tend to “pop” during the landing as the air pressure changes with altitude. Some young children (and their parents) find this sensation very unpleasant. However, most babies are lulled to sleep by the noise and vibration of an airplane and are unaffected. If

your child is safely in a car seat, I do not advise taking him out of it to breastfeed during landing. Offer a pacifier if you feel he needs to suck/swallow during the landing, and offer an older child a snack so she can swallow and equalize ear pressure if she seems uncomfortable during the landing.

Speaking of food, try to carry healthy snacks rather than junk food when traveling. Staying away from excessively salty or sweet food will cut down on thirst. Also, keep feeding times similar to home schedules in order to prevent toddler meltdowns.

Remember that young children hate to wait for ANYTHING and that includes getting to your destination. Bring along distractions that are simple and can be used in multiple ways. For example, paper and crayons or pencils can be used for: coloring, drawing, word games, origami, tic-tac-toe, math games, etc.

When traveling internationally, check the Center for Disease Control website www.cdc.gov for the latest health advisories for your travel destination. Do your research several weeks in advance because some recommended vaccines are available only through travel clinics. Also, some forms of malaria prevention medicine need to be started a week prior to travel.

Please refer to our "Happy, Healthy Holiday" blog post from 12/10/2009 for further information about keeping kids on more even keel during vacations. In general, attempt to keep eating and sleeping routines as similar to home as possible. Also remember to wash hands often to prevent illness during travel. Finally, locate a pediatrician or child friendly hospital ahead of time in case illness does strike. Unfortunately, most illnesses cannot be diagnosed by your child's health care provider over the phone.

While traveling with young children can seem daunting, the memories you create for them are well worth the effort. And it DOES get easier as the kids get older. Now I can laugh at the image of my husband with two car seats slung over his back lugging a large diaper bag and a carry-on, leading my preschooler struggling with his own backpack filled with snacks and air plane distractions, while I am balancing

two non-walking twin babies, one in each arm, as we all take our shoes off for the airplane security checkpoint.

We've come a long way, and so can you. Happy Travels!

Julie Kardos, MD with Naline Lai, MD

©2010 Two Peds in a Pod

“There’s a monster under my bed”: all about nightmares, night terrors, night wandering and bedwetting

Just last night my ten year old sounded the “MOMMY, MOMMY!!!” alarm in the middle of the night. Almost without opening my eyes I went to his room and calmly walked him to the bathroom where he emptied his bladder with gusto and went right back to bed. Witness: A nightmare with a purpose.

Ever wonder when you, the parent, get to sleep through the night? Now that your child has graduated from the crib, tune into this podcast to learn how to handle situations that sabotage sleep in children: nightmares, night terrors, night wanderings, and bedwetting.

https://www.twopedsinapod.org/wp-content/uploads/2014/09/There-s-a-monster-under-my-bed__-all-about-nightmares-night-terrors-night-wandering-and-bedwetting.mp3

Julie Kardos, MD and Naline Lai, MD

©2010 Two Peds in a Pod

How to Help Your Bedwetting Child



“Help,
Mommy, Daddy, I wet the bed!”

As you wash yet another set of bed sheets and wet pajama bottoms, you may be wondering WHEN your child will stay dry at night and WHY your child still wets the bed when his friends, or worse yet, his younger siblings, are dry. This post addresses primary bedwetting (doctors call this “primary nocturnal enuresis”), kids who have NEVER been dry at night. Children who have had months or years of dry nights and then start bedwetting consistently should go see their pediatrician to rule out medical causes of new bedwetting.

Here are a few things parents of bed-wetters should know.

Most children master staying dry during the **day** BEFORE staying dry during the night. Only a small number of children actually wake up dry in the morning before they start potty training. Daytime dryness is under your child's cognitive control. Night time dryness is not learned or controlled by your child's rational brain, but rather is a function of your child's bladder being mature enough to send a WAKE UP!! signal to your child. Quick hint here: nightmares can result from a full bladder. As you comfort your child from a bad dream, don't forget to take him to the bathroom.

About 80 percent of children are dry overnight by age four. They sleep through the night and wake up dry or they wake up once to urinate in the bathroom and go back to bed. What about the other 20%? Each year after age four years, about 10% of kids who are wet at night become dry without any intervention. Genetics play a big role in this. If one parent was a bedwetter until age 7, for example, then the child has a 35% chance of bedwetting until this age. If both parents wet the bed until school age, then their child has at least an 80% chance of being just like Mom and Dad.

However, some kids just wet the bed even though their parents were dry at an early age. Regardless, parents can help.

- **Do NOT punish your child for wetting the bed.** It truly isn't his fault.
- It is reasonable to **limit fluid intake** in the few hours before bed but do allow your child to drink water if thirsty or with teeth brushing.
- By all means **let your child wear training pants at night or at least put some form of water repellent**

mattress protector on your child's bed. These are not "crutches" or "enablers" but rather save you from having to wash sheets and mattresses.

- Not all kids are actually upset about bedwetting, but they can become very upset if parents let them feel that way. **Reassure your child** that someday "the pee pee will wake you up to go potty in the night" just like it tells your child to go to the bathroom during the day.

Older kids might become self-conscious, and their self-esteem gets impacted by their bedwetting. Typically this happens between the ages of 8 to 10 years, when sleep-overs and camp gain popularity.

Ways to help your child approach potentially awkward situations include:

- Have the sleep-over at your house and have our child's absorbent training pants already in the bed hidden under the covers. Your child can put them on after "lights out."
- Tell your child that he does not have to share the reason for not wanting to sleep away from home.
- Alternatively, he can tell his friends that YOU, the mean parent, will not allow him to attend sleepovers yet.
- If your child is motivated to try to become dry overnight, you can try a bed wetting alarm system. These systems work well over a period of several months. With alarms, both parents and children have to be active participants.

Additionally, there is one medical option.

Talk to your child's health care provider about medicine called DDAVP that can give a "quick fix." The medication can

keep your child dry on the night he takes the medicine. The medicine comes in pill form. Your child could either take it only for sleepovers or can take it for a few months at a time if bedwetting compromises his self-esteem. Note that even after months of dry nights on medicine, your child will likely bed wet if he stops taking the medicine. However, there is also a chance that nature will have taken over and by the time the medication is stopped, your child will have reached the age that his body was programmed to stay dry at night.

Of course, your child's health care provider can help ensure that your child merely has an immature bladder-to-brain messaging system and not any other cause of his bed-wetting. Your doctor can also help evaluate if your child's self esteem is affected by his bedwetting.

While not the most glamorous part of the parenting game, washing up after a bedwetting child and keeping a positive attitude for him are very important. The next time you will play this supportive role is when you become grandparents and your former bedwetter calls you for advice about his own bedwetting child.

Julie Kardos, MD and Naline Lai, MD

©2010 Two Peds in a Pod

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. *Jamberry*, 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

Baby food pouches are not a developmental milestone



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

The texture in every food pouch is the same.

Babies develop their tongue muscles and jaw muscles by experiencing different textures. They learn to move food from the center of their mouth to the sides, where their gums are. As they grow teeth they learn how to use them for biting and

chewing foods. Homemade purees such as oatmeal and mashed potatoes differ from each other. Pouch purees are identical to each other and offer little in the way of challenging and strengthening mouth muscles.

The flavor of every specific pouch is the same.

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

Dental health and general health alert

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

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

Pouches are expensive!

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

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

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

The plastic of baby food pouches adds to environmental pollution.

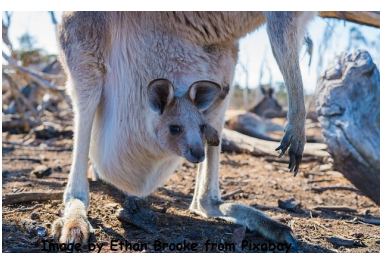
The pouches are not always recyclable and end up in landfills. Pouches fail to support a greener lifestyle.

Our conclusion

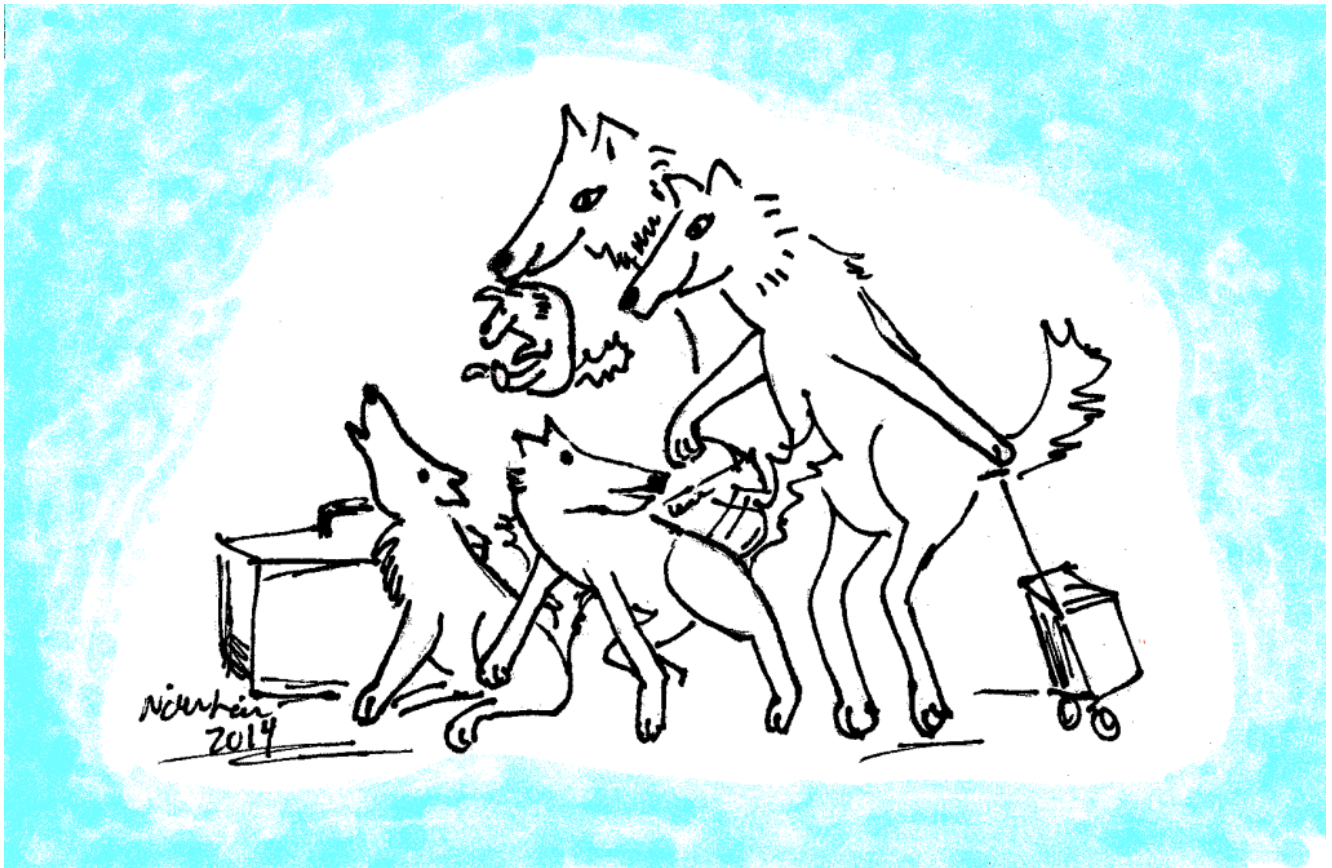
Baby kangaroos live in pouches. Astronauts live on pouches. We propose that the rest of us should live pouch-free.

Julie Kardos, MD with Naline Lai, MD

© 2024 Two Peds in a Pod® Banana image created with ChatGPT



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

©2024 Two Peds in a Pod®

Updated from 2017

How to treat a cold: a guide for parents



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

Understanding Colds

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

Tips for Treating Common Cold Symptoms

Sore Throat

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

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

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

Runny or Stuffy Nose

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

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

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

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

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

Coughing

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

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

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

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

Fever

Colds can cause fevers, most often in the first few days. To treat a cold with fever-related discomfort, acetaminophen or ibuprofen can help. Check out our detailed post on managing fever for more information.

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

More Tips

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

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

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

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

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

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

Julie Kardos, MD and Naline Lai, MD

©2024 Two Peds in a Pod®

Photo generated by ChatGPT

**What do ringworm, jock itch,
and athlete's foot all have
in common?**



Ringworm can appear anywhere there is skin- even on the eyelid.

What do ringworm, jock itch, and athlete's foot all have in common? They are all names for the same type of fungal infection- just in different parts of the body.

These infections, caused by fungi called dermatophytes, fall into the mostly-harmless-but-annoying category of childhood skin rashes. Ringworm (*tinea corporis*), occurs on the body. Athlete's foot (*tinea pedis*) occurs on feet, and Jock itch (*tinea cruris*) occurs in the groin area.

The name “ringworm” comes from one of the typical appearances of a dermatophyte rash. Often, there is a pinkish, slightly raised ring around an oval patch of flesh or light-pink colored, slightly scaly skin. Sometimes the patch is slightly itchy, but not as itchy as allergic reactions like insect bites.

Diagnosis

Your child’s doctor diagnoses the rash by examining your child’s skin. To treat the rash, apply the recommended antifungal medication until the rash is gone for at least 48 hours (about two to three weeks duration). Clotrimazole (brand name Lotrimin -NOT Lotrimin Ultra) is over-the-counter and is applied twice daily. You will find it in the anti-athlete’s foot section, but you can apply it to skin on any part of the body.

On the scalp, ringworm causes hair loss where the rash occurs and treatment is not so straightforward.

On the scalp (tinea capitis), ringworm causes hair loss where the rash occurs and treatment is not so straightforward. Often the area has tiny broken hairs and some scale. Ringworm on the scalp requires a prescription oral antifungal medication for several weeks. The fungus on the scalp lives not only on the skin, but also in hair follicles. So, topical antifungals fail to reach the infection. Your doctor will also suggest a shampoo which will not kill the fungus, but will temper any spread.

Sometimes a specimen is sent for lab testing- one part called a KOH stain comes back quickly, but is not definitive. The fungal culture is a better test but can take several weeks to return.

Spread

Dermatophytes generally spread through direct contact. Wrestling teams are often plagued with this infection. The furry friends your child sleeps with may also carry ringworm. If Fido, the dog, or Fi-fi, the cat has patches of hair loss, take them to the vet for diagnosis. Less often, dermatophytes are picked up through indirect contact such as walking barefoot on locker room floors.

If there is no improvement after a week or so of treatment, have your child's doctor reexamine the rash. Other diagnoses we keep in mind include eczema and granuloma annulare. And if the rash continues to enlarge and is flat, we consider Lyme.

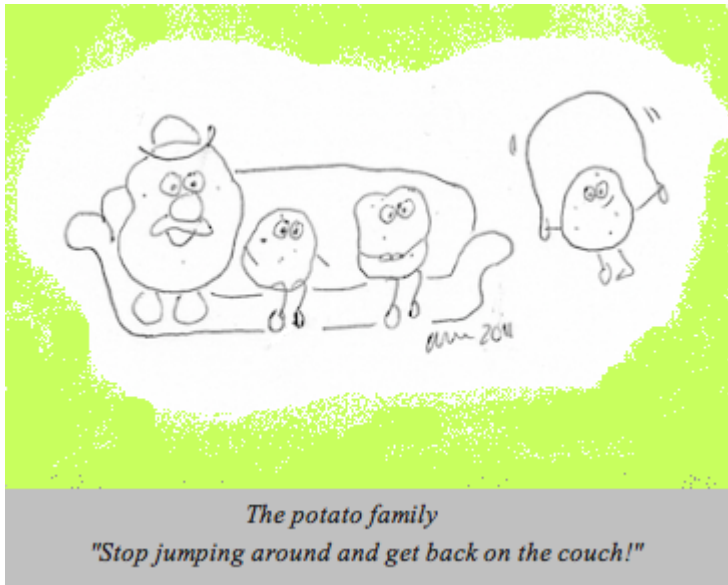
Kids are allowed to attend school and daycare with ringworm once treatment is started, but wrestlers are advised to treat for 72 hours on skin and 14 days if on the scalp prior to returning and to cover any rash.

Luckily the fungus among us rarely gets humongous!

Naline Lai, MD and Julie Kardos, MD

©2021 Two Peds in a Pod®

Quick exercises for kids and teens



Physical therapist Dr. Deborah Stack brings us quick exercises for kids and teens – Dr. Lai and Kardos

After six months of COVID; yes, it really has been that long already, your family has probably found some favorite outdoor hiking spots or bike routes. But what can you do when it's too cold or wet outside? How can you combat literally HOURS of kids sitting at computers especially if they only have 30-45 minutes until their next class? Here are quick exercises for kids and teens and a table of caloric expenditure for common activities.

Schedule active movement breaks into their day. Take advantage of that lunch and recess "break" and be an example yourself.

Here are some short burst ideas:

- Have a 15-minute dance party
- Use your body to make all the letters of the alphabet
- Shadow box to some music
- Dust off the treadmill or stationary bike in the basement
- Play ping-pong
- Do a few chores (carrying laundry baskets up and down is great exercise)

- Jump rope
- Jog in place
- Do jumping jacks
- Pull out some “little kid games” such as hopscotch or hula hoop
- Let each child in your house choose an activity for everyone to try
- Do a family yoga video
- Walk or “run” stairs...kids can try to beat their prior score for a minute of stairs
- Take walking/wheeling/even wheelbarrow laps around the house
- Stretch out calves, quadriceps, arms and back...see ergonomics post for counteracting all the sitting

Don't forget the teenagers; they still need activity too especially if their teams are not practicing or competing. Staff from the Mayo Clinic recommend kids ages 6-17 should have one hour of moderate exercise each day. Exercise can help improve mood (through the release of endorphins), improve sleep and therefore attention (critical with all the online learning), and improve cardiovascular endurance. Here are some numbers to get the kids moving:

All activities are based on 20 minutes and a teen who weighs 110 pounds. The number of calories burned depends on weight. If your child weighs more, he will burn a few more calories, if he weighs less, he'll burn a few less. Below the table are links to some free and quick calorie calculators on the web so your kids can check it out for themselves. For those attached to their phones, there are web apps too.

ACTIVITY	CALORIES USED
Shooting Basketballs	75

Pickup Basketball game/practice	100
Biking on stationary bike	116
Dancing	75
Hopscotch	67
Ice Skating	116
Jogging in place	133
Juggling	67
Jumping Rope	166
Ping Pong	67
Rock Climbing	183
Running at 5 mph	133
Sledding	116
Treadmill at 4 mph	67
Vacuuming	58

caloriesperhour

Try these activity calculators:

<http://www.caloriecontrol.org/healthy-weight-tool-kit/lighten-up-and-get-moving>

<https://www.webmd.com/fitness-exercise/healthtool-exercise-calculator>

Keep 'em moving- you'll have more fit, better rested, and happier kids!

Deborah Stack, PT DPT PCS

©2020 Two Peds in a Pod®

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.