



Pennridge Pediatric Associates

Pointers and Pearls

Winter 2005-2006

RAISING AN ONLY CHILD

Only children have a reputation of demanding whatever they want whenever they want it, whether it's toys or attention. Although that may be true in some cases, many "onlys" thrive in their environment. Here's how to avoid some of the problems of an only child:

Socialize within the family.

Relatives of similar age can provide companionship and give a sense of family bonds.

Invite friends to the house on a regular basis to help your child learn about social norms and values. He'll find out what kind of behavior is acceptable and what is not.

Encourage activities. Sporting activities and clubs are important to the social life of any child, but especially an only child. Group activities help build team skills and teach your child that he may not always come first.

Remember the importance of school relationships. The place your child will learn the most about interacting and getting along with others will be at school. If you have any concerns about your child's relationships with his peers, address them with his teacher.

Teach sharing. You should teach your child to share his toys and treats (and your time) right from the start.

TEMPER TANTRUMS

Does your usually cooperative toddler have a split personality these days? Quietly playing with a toy one minute and then screaming and kicking the next, when all you've done is ask her to put her toys away? Although these fits of rage make it seem like your child is out of control,

tantrums are actually a normal part of childhood development. They're a young child's way of expressing strong emotions. As a child becomes more independent, he wants to do more than he is physically and emotionally capable of. He becomes frustrated, and then may express the frustration with a tantrum, especially when he's hungry, worried, tired or sick.

Temper tantrums often begin about the time children turn 1 and continue until they're 3 or so. After that, most children develop self-control and the ability to communicate their feelings in more socially acceptable ways. Often, tantrums occur only with a parent.



While you can't prevent every child implosion you can head off many of these emotional excesses before you have the whole grocery store line scowling at you:

- know when your child is likely to have a meltdown and be tuned in to the warning signs of an approaching tantrum so you can try to distract him. Young children have short attention spans and are easily redirected. When a tantrum looms,

distract your child with a toy or book. Avoid using food to manage emotions.

- when possible, stick to meal and sleep routines
- be reasonable. Kids aren't little adults. You expect a newborn to cry when hungry. Don't be surprised that your toddler screams when a favorite activity is cut short.

- stick to the rules. Tantrums get a lot of attention, and sometimes even negative attention counts. You have rules your child must follow; make sure your child understands the rules and knows a tantrum won't change them.

- support the feeling. You like your emotions validated - and so does your child. If he's having trouble with a new skill, let him know you understand his frustration. Praise him when he deals appropriately with the situation.

If a tantrum does occur, here's how to respond:

- keep your cool. Hard as it may be to ignore a shrieking, floor-pounding child, continue with "business as usual." Don't give in to stop the tantrum, which only teaches your child the benefit of inappropriate behavior.

- remove any dangers. Move any potentially harmful objects from your child's path. Make sure others in the vicinity are safe, too.

- don't punish. Don't spank or hit your child. A short time-out can help her get things back under control.

- watch for extreme behavior. If your older child has frequent, severe or long-lasting temper tantrums, contact your healthcare provider for advice.

You should also seek help if your

child holds her breath long enough to faint, seems to have unusual difficulty explaining what she needs, or harms herself during a tantrum.

FINGER FOODS. There's no magic age when a child is ready for finger foods, but not typically before 6 months of age, when he's able to sit up on his own. Babies don't need teeth before eating solid foods. They just need to be able to "mash" or "gum" them into a swallowable consistency. The front teeth should not be trusted for chewing; they are used more for biting off pieces. Good choices for your baby's first finger foods include:

- baby crackers and wafer cookies
- dry cereals, such as Cheerios
- cut and well-cooked vegetable pieces, such as carrots or potatoes
- veggie puffs
- pieces of soft ripe fruits (bananas)
- cooked pasta

Avoid foods that are hard or slippery, as well as ones that don't easily break down into small pieces.

Foods like pretzels, raw carrots, celery, hard or round foods, such as hot dogs, popcorn, blueberries, nuts (especially peanuts), raisins or grapes are more likely to cause choking. A good rule of thumb: Never give your child a food that's as big as a pencil eraser. Once he's mastered picking things up with his thumb and 1st finger any small object can become finger foods, so watch out!

DOES YOUR CHILD HAVE A FOOD ALLERGY?

About 3 to 8% of children have food allergies, some of them severe enough to be life-threatening. That's why you need to know if your child is truly allergic to foods. Any exposure after the first may result in an allergic reaction. Any of the following symptoms may occur:

- itching in the mouth
- hives
- wheezing or asthma
- throat tightness
- swelling of lips or mouth

A severe reaction may include anaphylaxis, in which breathing passages swell up, breathing becomes difficult, blood pressure drops, and shock and even death may follow. If your child has difficulty

breathing, call for emergency help. Here are some of the more common food allergy culprits:

- eggs
- wheat
- peanuts and other nuts
- shellfish and other fish

On the other hand, some foods don't cause true allergies. Rather, some people can develop an "intolerance" to a food. Lactose intolerance, for example, causes symptom such as vomiting or diarrhea. These symptoms aren't the result of an allergic reaction, but are the result of deficiency of the enzyme lactase.

What can you do?

Tell us if you suspect your child has a food allergy. If your child has a food allergy, the only treatment is avoidance, which can be a challenge when the allergy is to a common food. You'll need to read labels carefully and become aware of what ingredients are normally found in restaurant foods and prepared foods.

BRONCHIOLITIS

Bronchiolitis is a viral infection of the lungs that most commonly infects infants and children under 2 years old. It causes wheezing, and/or difficulty breathing. This does not mean your child has asthma. It is spread by a sneeze, cough or hand-to-nose or hand-to-hand contact.

Symptoms

- cough and nasal congestion
- wheezing, a high pitched whistling sound, especially heard when breathing out
- fever may be present

Treatment

Using a bulb syringe with salt water nose drops is the best way to keep the nose clear. You may use this as often as needed to keep your child comfortable but it is especially helpful before eating or drinking and before sleep.

Run a cool mist humidifier while your child sleeps to keep secretions loose. Be sure to clean it thoroughly every 1-2 days when using and allow it to dry out completely.

Expect your child to have trouble sleeping. You may have to clean out her nose to help her sleep. Your child may not want to eat solid food. This is fine as long as she drinks enough

fluids (formula, breast milk, juices, Pedialyte, popsicles, soup, etc.). We may prescribe a medication to try to treat her wheezing. Sometimes the wheezing does not go away even with the medicine. Do not smoke around your child (this includes anywhere in the house).

Call us if:

- your child's nostrils flare (move in and out) with each breath
- your child is breathing faster than normal
- you can see tugging between the ribs when breathing
- your child cannot drink or refuses to drink
- your child develops a new fever
- your child acts very sick
- your child has bluish lips

A VERY HEARTY WELCOME

to Brooke Fletcher, a certified pediatric nurse practitioner who joined us January 1st. Ms. Fletcher graduated from the University of Pennsylvania's pediatric nurse practitioner program in 1999. She lives in Lansdale with her 3 boys and her husband, Dr. Jonathan Fletcher, who is the director of the Out-Patient Adolescent Medicine at the Children's Hospital of Phila. Ms. Fletcher will be seeing infants and children for their well child care and during illness.

FROM THE SECRETARIES

Time to leave PPA – is 21 years old. We will be happy to try and find an "adult" doctor for you and we wish all our "graduates" happiness and success.

Evening appointments are reserved for acute illness and injury and a few well checks. Chronic problems are more effectively addressed during the day.

RESEARCH AT PPA

1. Meningococcal vaccine has been approved for use in individuals 11-64 years of age. Many of these serious infections occur in infants. In February we will be testing a **combined meningococcal-HIB** vaccine in infants.

2. If your baby is less than 6 weeks of age and cries or fusses for more than 3 hours a day for 4 or more days a week talk to us about a change in formula.