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For Brenda and my Dad
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Over the past hundred years, there have been incredible medical breakthroughs that have prevented or cured illness in billions of people and helped many more improve their health while living with chronic conditions. A few of the most important twentieth-century discoveries include antibiotics, organ transplants, and vaccines. The twenty-first century has already heralded important new treatments including such things as a vaccine to prevent human papillomavirus from infecting and potentially leading to cervical cancer in women. Polio is on the verge of being eradicated worldwide, making it only the second infectious disease behind smallpox to ever be erased as a human health threat.

In this series, experts from many disciplines share with readers important and updated medical knowledge. All aspects of health are considered including subjects that are disease-specific and preventive medical care. Disseminating this information will help individuals to improve their health as well as researchers to determine where there are gaps in our current knowledge and policymakers to assess the most pressing needs in health care.

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Preface

This book isn’t about how doctors solve problems. It’s about what parents need to know to fix problems on their own.

The practice of medicine has changed. In the past, the relationship between a physician and patient was mostly a one-way street. Sure, the patient would have a few words to say at first, but it was the doctor who made the important decisions. The exchange was simple and quick, but not in any way informative: “This is what is wrong, and these are the pills you need to take.” Real information was kept guarded, only known by true inside medical professionals.

To make the best medical decisions for children, information needs to go in both directions. The doctor needs to know what’s going on with the child, but parents also need to know the medical information and science that helps guide the best care. The exchange needs to be two-way, with the doctor acting as a guide and teacher.

In the long run, this sort of doctor-family relationship can not only lead to better medical decisions, but also to more confident and able parents. There’s far too much new knowledge developing every day for any single doctor to know everything, and parents can offer new ideas and perspectives. Each child’s health history and personality is unique, and parents have a keen ability to understand exactly what symptoms mean in their own individual children. Just sensing when something is really wrong can be a genuine asset in a medical evaluation, and a good doctor should take advantage of parents’ special skills in knowing their own kids. By teaching and guiding in a two-way conversation, pediatricians can help parents understand the health and behavioral needs of their children and become less dependent on doctors in the future.

Doctors not only provide information, but also judgment and context and wisdom. We’ve probably seen your problem many times before, and we’ve got a feel for what it ought to look like and what’s likely to fix it. We’ve also had the training and experience to have seen the rare stuff—the serious things you hope your child doesn’t have. An exceptional doctor teaches parents about their main concern, but also keeps a sensitive eye out for the uncommon
things that really need to be addressed right away. Though at least 95 percent of what pediatricians see in our offices isn’t serious, having a good two-way relationship with your child’s pediatrician will help both of you stay sharp at spotting the other 5 percent.

This book teaches parents the essential facts about behavioral and medical issues that confront families from birth through the preschool years. The most common problems are reviewed, including preventing and treating ordinary infections; evaluating and alleviating symptoms like fever, cough, and ear pain; controlling allergies and asthma; and teaching children to behave. Sleeping and eating skills do not come automatically, and understanding how these abilities develop can help parents overcome struggles and confrontations at mealtimes and bedtime. Parents of newborns will learn about dealing with colic and gas in a way that doesn’t require medication, helping baby and parents develop better relationships together.

The information in this book is based on the best current science and evidence, without holding back any secrets. It covers what state-of-the-art medicine should be—even when it might contradict what some doctors are doing. If you’re the parent of a baby or young child, what you need to know most about the health and behavior of your child is right here.

No book can replace a family’s pediatrician. Though you’ll learn the most important facts and inside information about common problems, your own pediatrician’s compassion and understanding are going to be necessary for many issues that complicate children’s lives. The relationship between doctors and patients has changed, but parents still want to know how to take care of their kids the way a true insider would. The best-informed parents are best at taking care of their kids, and this book will help get you started.
Acknowledgments

I want to thank the doctors who’ve inspired me most to listen, to learn, and to think.

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Special thanks to my patients and my own kids for teaching me so much about children. There’s always more to learn.
Preventing Infections: An Ounce of Prevention

Preventing disease is *always* better than treating disease. Public health, vaccinations, clean and safe food and water—these and other preventive strategies are the best ways to keep as many children as possible healthy and safe.

In children, many health problems are triggered by infections. The common cold, pink eye, pneumonia, strep throat, and diarrhea are all usually avoidable if you keep your child away from germs. Of course, the germs themselves will not make this easy. They’ve developed clever ways to spread and reach as many children as possible:

- Pink eye makes eyes itchy and painful. So eyes get rubbed—and guess what’s now all over the child’s hands? The next doorknob or toy that is touched will have infectious germs on it, and the next person to touch the same object is very likely to end up with the same infection.
- Likewise, the mucus and runny nose that appears in such abundance during a cold is loaded with infectious viruses. This is especially true at the start of the cold, before a child really seems sick. When itchy, watery noses are rubbed, hands become very effective at spreading disease.
- Diarrhea can be loaded with infectious germs, too. And unfortunately it sometimes gets *everywhere*. It’s tough to make sure that surfaces exposed to diarrhea are well sanitized. When one kid in diapers has diarrhea, it quickly spreads to every child and adult at day care. From there, other family members become victims.

In the developed world, most of these infections are more of a nuisance than serious—but anyone who’s spent the night washing sheets and holding a baby with vomiting and diarrhea would gladly do without the experience! Sometimes minor infections can lead to serious complications. Preventing germs from spreading is a crucial way to keep your child healthy.
HAND WASHING AND HYGIENE

Gloria has seemed to be sick ever since starting day care at eighteen months. She’ll get one head cold, then a cough for a while; after just a few clear days she seems to be congested again. Some weeks she has vomiting, and other weeks diarrhea. One illness runs right into the next! Despite this, Gloria seems to like day care. She’s growing well and developing normally, and in between illnesses she’s her usual happy self.

Almost all ordinary infections—those that cause colds, pink eye, diarrhea, vomiting, strep throat, most pneumonias, and even serious infections like meningitis—are spread through contact with contaminated surfaces. (A few infections can sometimes spread through the air, including chicken pox, measles, and tuberculosis.) Normal toddlers like Gloria spend their time in group care touching everything and everybody in the room, so it should be no surprise that these children get so many infections.

The single most effective way to prevent common infections is with frequent and thorough hand washing. Hands should be washed before eating, after touching sick people, and several extra times each day. Health care workers should wash their hands before and after every single patient contact. A good hand washing requires running water, plenty of soap, and vigorous friction (rubbing). It takes about forty-five seconds to thoroughly wash hands. Regular, ordinary soap is fine; antibacterial soap offers no advantage.

Rubbing hands with a hand sanitizer (Purell, and many other brand and generic products) containing about 60 percent alcohol gel is a very effective substitute for hand washing. In studies of diarrheal illness and common colds, it is as effective as hand washing—maybe even more so. It also is easier on the skin than using soap. If there is visible dirt, mucus, blood, or any other human material, hands should be washed traditionally with soap and running water.

Some additional hygiene habits can also help. Children should be taught to cough or sneeze into the crook of their elbow rather than into their own hands. You can also try to discourage children from putting their hands in their mouth or rubbing their eyes. That’s easier said than done in a typical two-year-old!

AVOIDING SICK PEOPLE

All parents who send their children to school or day care have a duty to protect the other children in the group from illness. Children with fever, diarrhea, or other symptoms of infection should be kept home. If every parent could effectively isolate their sick children from group care, it would decrease the number of sick days for children and parents alike.
Unfortunately, this is another suggestion that is sometimes more easily said than done. In truth, a child coming down with a cold is infectious even before she seems sick, and she may show her first signs of illness while she’s already at school! Still, try your best to help your community by keeping your child away from others during infectious illnesses.

NUTRITION AND SUPPLEMENTS

Children who are malnourished—that is, who lack vitamins and minerals in their diet, or who just aren’t getting enough food—have weakened immune systems. This is rarely seen in the developed world, where food is plentiful and fortified with extra vitamins.

There is no evidence, though, that “supernutrition” is extra protective. Giving mega-doses of vitamin C will not prevent colds, nor will any other special nutritional supplement. Some herbs have been touted to have infection-fighting properties, but the results of well-designed trials have not been able to confirm that any of these products will really help.

If your child is a picky eater who rarely touches fruits or vegetables, it is a good idea to give him a daily multivitamin. An inexpensive generic product is fine. There is no need to spend your money on special “premium” vitamins or any other specific supplement product.

IMMUNIZATIONS

Along with dependably clean food and water, routine immunizations are the greatest public health triumph of the twentieth century. Many very serious diseases have been nearly eradicated from the developed world, and all of our children are far safer because almost all of them are immune from so many serious diseases. That means that not only are vaccinated children protected, but even the most vulnerable among us—newborns, those with serious immune problems, or those who for whatever reason haven’t been immunized—are also protected because they are unlikely to come in contact with anyone with one of these diseases.

Unfortunately, the system isn’t perfect. Political struggles have set back the effort to completely eliminate polio in Africa, and a misguided antivaccine movement, mostly in the United States and Great Britain, has convinced enough parents to skip immunizations that individual communities have experienced epidemics of measles and mumps that could have been prevented. Vaccines themselves, like any other medicine, are never 100 percent effective, and sometimes immunity is incomplete.

The good news is that newer vaccines are safer and more effective than ever. Studies looking at millions of vaccine doses have failed to confirm any of the hysteria that has led some families to be unnecessarily fearful of vaccines. We are now able to prevent more and more serious infections, including
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severe diarrhea in infants and the viral infection that causes cervical cancer in women.

Routine childhood vaccines can protect your child from many serious infections, and every parent should follow the nationally published recommendations for routine immunization. Below is a brief overview of the routine vaccines recommended for preschoolers. For more information about vaccines, including more specific and up-to-date information about current vaccine recommendations, risks, and benefits, please refer to the resources listed at the end of this chapter.

**DTaP**

The vaccine for diphtheria, tetanus, and pertussis is available in several brand names, including some brands that combine this with other vaccines. Diphtheria causes a severe sore throat with neurologic and cardiac problems. Tetanus, also called “lockjaw,” is caused by a bacteria that grows in soil all over the world. In addition to muscle spasms, tetanus causes severe, intractable seizures. Pertussis, or “whooping cough,” is the most common of these three illnesses. In part, this is from waning immunity as immunized kids get older. Until recently, there was no booster available to keep adults immune. In babies, especially newborns, pertussis can lead to such severe coughing that a child cannot breathe. Not only should babies be immunized, but parents of newborns should also receive booster immunizations to prevent pertussis from affecting their children.

The modern version of this vaccine is called “acellular,” and is more purified than what was used in prior generations. Though the older vaccine did commonly cause fevers and rarely more severe reactions, the modern version is very safe and unlikely to cause any problems.

**Hepatitis A**

Though the immunization has been available for years, until 2007 hepatitis A vaccination was only recommended for travel or for children living in high-risk areas. Now, routine vaccination is recommended for all children in the United States. The illness itself can be quite mild in children, causing abdominal pain and vomiting. But for parents or the elderly, hepatitis A is far more severe. Hepatitis A is spread by contact with infected people or contaminated food.

**Hepatitis B**

Hepatitis B infects many adults, and can spread to newborns during or after childbirth. Unfortunately, a baby who contracts hepatitis B is very likely to develop chronic disease, eventually leading to cirrhosis or cancer of the liver. Almost all of these cases can be prevented by routine surveillance for hepatitis B among pregnant women and routine vaccination of newborns.
HIB

HIB stands for “Haemophilus influenzae type B.” This bacteria, which can be spread from person to person, was once one of the most common causes of several serious infections of preschoolers, including meningitis, blood infections, and infections of the tissues of the throat. Though the name of the bacteria includes the word “influenzae,” this vaccine actually has nothing to do with influenza vaccination or “the flu.”

Influenza

“The flu” is a serious and sometimes fatal illness, causing fevers and misery in millions of people each winter. Vaccinating kids not only keeps them healthy, but prevents them from spreading disease to their families, schools, and communities. To maintain immunity, influenza vaccination needs to be repeated every winter. Though most children have been vaccinated with a “flu shot,” a safe and effective nasal spray flu vaccine may soon be available for preschoolers.

MMR

MMR stands for “measles, mumps, and rubella.” In addition to the rash, measles causes severe pneumonia which in the past was often fatal. Mumps causes painful swelling of the neck, and can also include swelling of the brain and other serious complications. Though rubella, also called “German Measles,” is a mild illness, if it strikes a pregnant woman the baby will have severe birth defects and brain damage. All of these illnesses have become very rare in the United States, but occasional outbreaks continue to occur, usually traced to individuals who chose to skip vaccination, traveled overseas, and brought these infections back with them.

Pneumococcal Conjugate

By preventing infections caused by the bacteria pneumococcus, this vaccine prevents meningitis, blood infections, and pneumonia. To a lesser degree, it can help prevent at least some ear infections. Routine vaccination with pneumococcal conjugate and HIB vaccines has made bloodstream infections and meningitis quite rare in young children. The pneumococcal conjugate vaccine is usually called by its trade name, “Prevnar.”

Polio

The World Health Organization has targeted polio for complete eradication, and at the beginning of this century public health officials were very close to that goal. However, political strife and deliberate misinformation campaigns have led to a resurgence of polio in the developing world. Sadly, complete eradication of polio may not be attainable. Imported cases of polio are still
occurring even in the Western world, so routine vaccination against this very serious illness is still necessary.

**Rotavirus**

Rotavirus causes most cases of vomiting and diarrhea illnesses in the winter. It's not only a truly miserable experience—severe dehydration from rotavirus also causes several dozen deaths each year among babies in the United States. Rotaviral illness is one of the most common reasons for pediatric emergency room visits and hospitalizations. The rotavirus vaccine is given orally to babies between two and six months.

**Varicella**

Also called “chicken pox,” varicella in most cases is a five-day nuisance of itching, fevers, and missed school. However, some children do have serious complications, leading to approximately fifty deaths each year in the United States. Worse, children with chicken pox can spread disease to older people or other individuals at high risk for complications. Besides protecting the child and contacts from chicken pox, varicella vaccination also protects children from shingles. New recommendations call for a second, “booster” dose of varicella vaccine for all children to prevent mild disease and contagion. With the establishment of this second dose, it will be possible to make chicken pox as rare as measles, or eliminate it completely.

Simple steps are the best ways to prevent infections in your child: wash or sanitize hands, get vaccinated, and avoid sick people. Even with the most careful parents, every child is bound to pick up an infection at least once in a while. If the infection is caused by a bacteria, antibiotic medicines may be an important part of the cure. In the next chapter, we’ll look at the pound of cure that might be needed when an ounce of prevention fails.

**VACCINE INFORMATION RESOURCES**

Vaccine information changes rapidly as new vaccines are developed and new studies are released concerning their safety and effectiveness. The best, most up-to-date information can be found on trustworthy, honest, and complete sites on the Internet. But keep in mind that there is a great deal of misinformation and hysteria about vaccines on the World Wide Web, too. Be especially wary of undocumented claims, unreferenced or undated articles, or information that cannot be easily confirmed through well-established venues. To find reliable, up-to-date, and scientifically valid information, start with one of the Web sites listed below.

http://www.cdc.gov/nip
http://www.vaccineinformation.org
http://www.vaccine.chop.edu