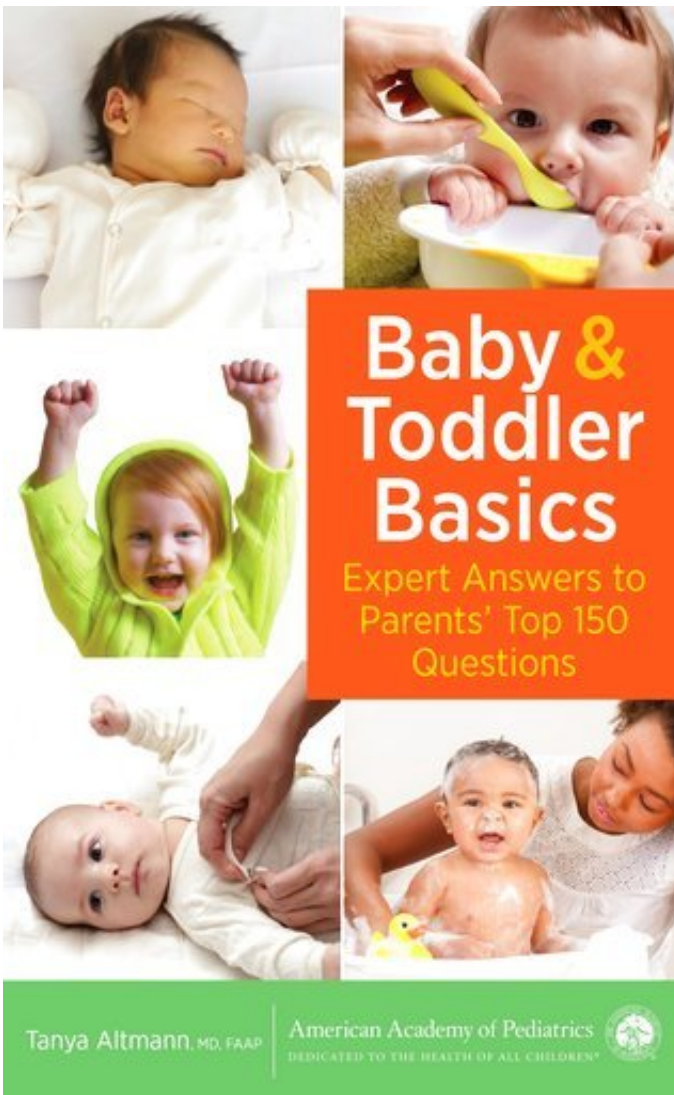


Solid food to car seats: Book covers common baby questions

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This image provided by the American Academy of Pediatrics shows the book cover of "Baby and Toddler Basics: Expert Answers to Parents' Top 150 Questions," by Tanya Altmann, MD, FAAP. (American Academy of Pediatrics

via AP)

Bringing a newborn home can be daunting for new parents. Throw in the race to keep up with the latest news and research on what to do after that and stress levels may rise even higher.

Dr. Tanya Altmann, a pediatrician in Calabasas, California, professor and an American Academy of Pediatrics spokeswoman, provides answers to parents' top 150 questions in a new book, "Baby & Toddler Basics," out Tuesday from the AAP.

Here's a look at some updates over the last few years:

INTRODUCING SOLIDS

There have been a lot of changes in infant feeding guidelines, Altmann said.

"Years ago, we used to recommend holding off on potentially allergic foods until kids were 1 or 2 years of age and now due to recent research we have data to recommend early introduction of most of allergic types of foods," she said.

In her practice, Altmann starts [babies](#) on all sorts of healthy foods around 6 months of age. She rarely starts with white rice cereal anymore.

"I usually start with avocado and veggies. I try to get in some healthy fats like nut butters and fish, and all sorts of healthy things that parents used to say, 'Oh my gosh, why would I feed that to my baby?' But the truth is

that babies need good nutrition. It helps form their palates at a young age. They don't need empty white carbohydrates that get them used to bland things," Altmann said.

In terms of allergen introduction, one study out of Israel cited by Altmann introduced peanut protein to babies 4 months to 11 months of age three times a week with good results, she said.

"That doesn't mean whole peanuts. It means a peanut powder or a peanut puff and they did show that the kids who were introduced to peanuts on a regular basis were less likely to develop a peanut allergy later in life. The theory is that your body will get used to what it's introduced to and learn to accept it, so by holding off you may be more likely to develop a reaction," Altmann explained.

The AAP's order in terms of introducing new foods changed a few years ago, Altmann said. Now, there isn't a strict order.

"They recommend talking to your pediatrician but getting all types of healthy foods and allergic foods in earlier, including peanut products, usually 6 months versus a year," she said.

Altmann cautioned parents to make sure such foods are forms babies can handle to avoid choking hazards. More often than not, that means a liquid or puree, she said. And make sure your pediatrician is aware of any family history of allergies and signs your baby might be sensitive, such as eczema or egg allergies. Consulting a physician first is key as peanut-allergy testing prior to introduction might be needed, Altmann said.

CRIB SAFETY

There have been dramatic improvements in reducing baby deaths during

sleep since the 1990s, when recommendations were introduced to place babies on their backs for sleep, according to the U.S. Centers for Disease Control. However, since the late '90s, declines have slowed, the CDC said.

About 3,500 sleep-related deaths, including sudden infant death syndrome and suffocation, among U.S. babies occur each year, the center said, with 22 percent of mothers reporting they do not place their babies on their backs to sleep, as recommended.

In addition, 39 percent of mothers reported using soft bedding, which is not recommended, when putting babies down to sleep.

Other recommended safe sleep practices today include eliminating hazards altogether, including keeping blankets, pillows, bumper pads and soft toys out of cribs and bassinets.

Recommendations also include room sharing but not bed sharing.

"I was actually shocked to see this data from the CDC," Altmann said. "Even though we have these great guidelines out there, a lot of parents and caregivers aren't following them."

Parents today are busier than ever and more exhausted than ever, she said. That could increase the potential that a parent will roll over onto a young baby sleeping in the same bed.

"The recommendation is back to sleep in a bare crib or bassinet or a co-sleeper. A tight fitted sheet, no bumpers. Nothing your baby could get wrapped up in because that's where the danger occurs," Altmann said.

There are a lot of sleep positioning devices on the market today, she said. There might be rare instances where a doctor wants a baby to sleep

on an incline but Altmann is not a huge proponent of such devices in general.

"I usually recommend that the parent rotates the side that the baby's looking. Also, position babies off their backs at other times of the day. I always say car seats are for cars. I see parents carrying their babies in car seats everywhere," she said.

A 1992 policy revision recommended non-prone sleep, including back and side positions. That was changed in 1996 to back positioning alone because side-lying positions are unstable and an infant can easily roll into a prone position, Altmann said.

FLUORIDE TOOTHPASTE

After the first tooth erupts, a little bit of fluoride for infants is important for promoting dental health, Altmann said.

"We used to recommend just brushing with plain water or fluoride-free toothpaste until children could spit on their own. The more recent guidelines (dating to 2014) are to use just a tiny, tiny smear of fluoride, like the size of a grain of rice, on your baby's toothbrush," she said.

Toddlers likely still need help brushing properly, Altmann noted. For young preschool or school-age children, parents battling the me-do-myself saga might let a child brush on their own in the morning under supervision but more actively assist at night.

The AAP and the American Academy of Pediatric Dentistry now agree on minute amounts of fluoride for babies, she said.

CAR SEATS

Rear-facing remains the safest, Altmann said, but previously the recommendation—and the law in most states—was until at least a year, when "everyone would flip their child around."

Now the research shows a child should remain rear-facing in a car seat until age 2 or older, she said.

"Most states now have also changed the law to at least 2, and the car seat companies are now all on board so all of their rear-facing seats are bigger and can hold kids longer," Altmann said.

Height and weight should be monitored to make sure [car seats](#) remain safe as babies grow.

"You should keep them rear-facing for as long as possible because it's really the safest way to ride," Altmann said.

FEVER ANXIETY

Altmann's best advice: "Don't let the number freak you out."

For babies over 3 months old, the number may not matter as much, she said. Parents know their babies best and must take into account all symptoms, not just a thermometer reading, Altmann said.

"Treat the child, not the number," she said.

In babies younger than 3 months, any temperature reading of 100.4 degrees Fahrenheit or higher should prompt a call to a pediatrician, she said. For infants 3 to 6 months, it's 102 degrees or higher, Altmann said. For babies older than 6 months, it's 104 degrees or higher.

Altmann gets a lot of calls from frazzled [parents](#) saying: "'It's 103.5, I

always forget do I add a degree or subtract a degree,' and I say, 'It's OK, don't worry about that, what's going on with your child? What are their other symptoms? Are they drinking fluids? Are they having trouble breathing?'"

In terms of thermometers, the "gold standard" for newborn remains rectal devices, she said. For older kids, length of fevers, extended loss of fluids or trouble breathing should mean a trip to the doctor, Altmann said.

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