

Our Pediatricians Answer Parents' Most Commonly Asked Questions



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What are the most common questions we hear in our clinic exam rooms from parents?

Read on, and you'll see our individual responses –

and know that all parents are often concerned about the same things!

Q: When should I worry about fever?

DR. WITHROW: Fevers are probably the most common concern for all parents, but they are also a very common symptom for children. There are times when a fever is more concerning. Your child could have a medical condition where fever is more worrisome and your child should be seen. As doctors, we can help educate you in advance if your child has such a condition. If your child is two months or younger and has a rectal temperature of 100.4°F or 30°C, your child needs to be seen by his or her physician. For me, it is important to see how the child looks

and is behaving at that point, rather than simply going by a number.

DR. LARSON: Agree – after 2 months old the height of the temperature is not as important as what is going on with the temperature. Before 2 months, any temperature greater than 100.4 rectal means your child needs to be seen by his/her physician.

DR. WILLMAN: I would add that once your baby has received their first set of immunizations at the 2-month well child check, then you could have the baby evaluated within 24 hours of the start of the fever. If your child is 3-24 months old

and has a fever for over 3 days, then bring them in to be seen. If at ANY point your child seems to be getting worse or has a stiff neck, severe headache, sore throat, repeated vomiting/diarrhea, strange rash, looks very ill or is extremely drowsy or fussy, or has underlying health problems, then do not hesitate to call a doctor or bring your child in to be seen.

Q: What age can I give Tylenol, ibuprofen, or aspirin?

DR. LARSON: Tylenol 8 weeks and older. Ibuprofen 6 months and older. Aspirin

ONLY if directed by your doctor. All of these over-the-counter medications are dosed by weight.

DR. WILLMAN: I would not want you to give Tylenol to a child under 2 months of age without being directed to do so by your pediatrician. And yes, ibuprofen is recommended after six months of age. Other than a couple of exceptions, aspirin should not be given to children under age 12. You should always check with your doctor before giving your child aspirin.

DR. WITHROW: The concern with ibuprofen is that it can sometimes have an effect on developing kidneys, so best to avoid before 6 months of age. I would add that there are a few medical conditions where acetaminophen or ibuprofen should NOT be used, so if you have questions check with your physician. Of course, we all do not recommend aspirin because of the rare risk of Reye's Syndrome.

Q: My baby is fussy. What should I be concerned about?

DR. WITHROW: It is normal for most infants to have a short period of fussiness daily. Babies are going to cry every once in awhile. However, it is not typical for your child to be fussy all day long. Fussiness and illness symptoms are different issues. If your child is fussy and you are concerned, I would suggest an appointment with your physician or ConvenientCare.

DR. LARSON: I always advise parents and caregivers to first review that all your baby's basic needs have been met and take a moment to calm yourself. Babies have no other communication aside from crying. If this is causing you stress or concern, come in and have your doctor check her/him out.

DR. WILLMAN: I would add that if your baby seems to be in pain or has a fever, then we should evaluate the baby in clinic looking for common things such as ear infection, thrush, nasal congestion, digestive problems, constipation or injury.

Q: I want to breastfeed, so I shouldn't use a pacifier right?

Drs. LARSON, WILLMAN & WITHROW: We're all on the same page with this question. Babies know where their food comes from, and you can certainly use a pacifier, even if you are breastfeeding. Babies have a need to suck for soothing and the vast majority of infants who are breastfeeding do just fine with a pacifier.

Q: What if my baby doesn't stool every day?

DR. LARSON: Stooling once every 5-7 days for breastfed babies and once every 2-3 days for formula-fed can be normal. We always tell parents, if you're having concerns – contact us.

DR. WILLMAN: Yes, as Dr. Larson says, babies do not poop every single day, particularly breastfed babies. I would add, that if your baby is not a jaundiced newborn and is comfortable, then I wouldn't worry about it.

DR. WITHROW: Babies do have variability with stooling frequency but also type of stool. As for breastfed infants, we'll often see multiple stools per day in the first month of life. Then after a month, some breastfed infants will go up to a week and pass a large soft stool. Formula-fed infants tend to have more pasty soft stools.

Q: My child does not listen/pay attention and/or is naughty. What do I do?

DR. WILLMAN: You need to set firm, consistent boundaries and communicate what the consequences will be when the expectations are not met. Positive reinforcement is equally important. In general, I recommend setting specific goals, providing rewards and consequences consistently – and over time behavior will be shaped in a positive way.

DR. WITHROW: It's extremely important to be consistent, as Dr. Willman states, but also important that limits are set and enforced consistently by both parents. Absolutely praise good behavior. Remember that children aren't perfect just like we are not perfect, and a time out for a few minutes never hurt anyone.

DR. LARSON: I would also add that if he/she has behavior problems in all areas

of life (home, school, daycare) and is not performing well, there might be a cause. Your doctor can review the issues to recommend a course of action which may include counseling, special education or medication.

Q: My school-aged child is constipated. Can I give her anything?

DR. LARSON: Some initial steps that I recommend are to increase water and fiber in the diet, increase physical activity, and finally and importantly, provide adequate toilet-sitting time. These steps can often fix constipation.

DR. WILLMAN: If those steps don't offer improvement, one option to try is over-the-counter Miralax, which is a powder you mix in a drink that helps soften the stools. If a longer term option becomes necessary, be sure to discuss using Miralax for a longer amount of time with your doctor.

DR. WITHROW: School-aged children with constipation can take medicine if needed, but the first place to start treatment would be with diet – and fluids are key! Two to four cups of milk per day is enough, and then I would encourage drinking water. A balanced diet high in fiber can help, yet we also know many children are picky eaters. Again, that's when to talk to us about medication and dosage.

Q: I have heard vaccines are dangerous, so I do not want them for my child. Will you still see us as patients?

DR. LARSON: No, I will not. If a parent cannot trust me regarding this important, life saving and universally approved treatment there is not the trust needed for a doctor/patient relationship.

DR. WILLMAN: Yes, I will still see you at the clinic – so that we can visit about the recommended vaccines and their safety.

DR. WITHROW: Immunizations are one of the best ways to protect your child from potentially very life-threatening illness. The World Health Organization rank immunizations as the #1 improvement in health care. The Internet is full of misinformation. I will still see people not wanting to immunize their child, but I will very strongly recommend immunizations.