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Handling Common Kid's Problems - Concurrent Breakout Session Repeated

Friday, 10 June 2011

Start 2:00pm

Duration: 60mins

Works

Start 4:00pm

Duration: 60mins

Works

 
Rotorua GP CME 2011

General Practice Conference & Medical Exhibition



09-12 June 2011 | Energy Events Centre | Rotorua

Common Kids' Problems

Nikki Turner and Marguerite Dalton
June 2011



List of common referrals to Middlemore Hospital Paediatric Clinic

- a 4 day period

Not walking,
13 eczema
5 cardiac
4 neurological / seizures
Facial swelling
Feeding problems
Obesity
FTT
Coeliac Disease
Constipation
Urine
Dislocation of jaw
Lump on ear
Premature menarche
Undescended testis
Infected umbilicus
2 asthma
2 allergies
2 respiratory problems
1 tongue tie
1 post head injury
1 headache



- **Chronic coughs**
- **Constipation**
- **Head shapes**
- **Skin rashes**
- **Recurrent illnesses/nutrition**
- **Behaviours/screening tools in toddlers**
- **New Well child schedule**
- **Infant colic**
- **Tummy pains**
- **Dummies/SIDS**



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Brief scenarios



9 year old Charlotte is brought in by her mother complaining of a runny nose and sore throat for the last 2 days.

OE afebrile, chest clear, ears nad, rhinitis, moderate pharyngitis, shotty cervical lymphadenopathy



Would you.....

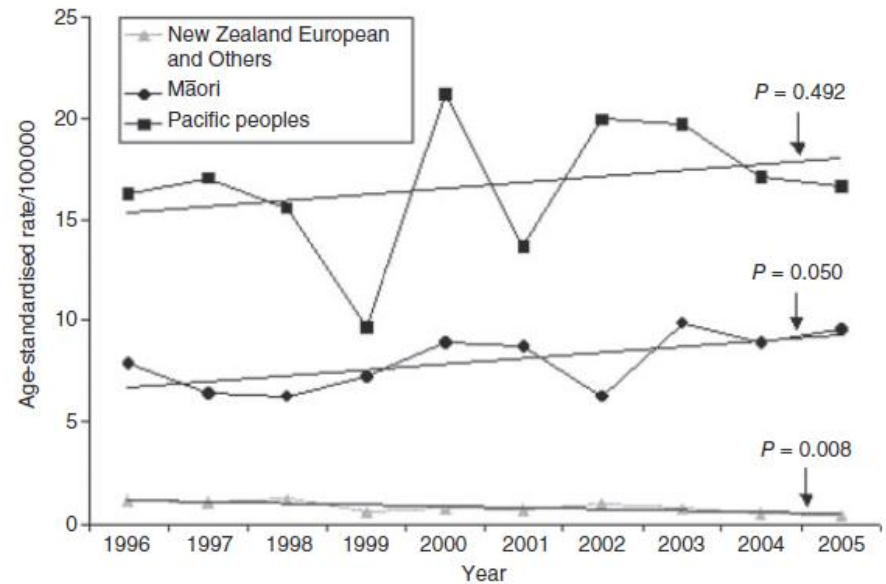
- 1. Watch and wait**
- 2. Take a throat swab**
- 3. Give 10 days antibiotics**



***“antibiotics only to treat bacterial infections appearing to have taken root with health professionals,
PHARMAC annual review 2009***

NZ has 13.8 times the rates of Rheumatic fever cf to OECD average

NZCYES 2007



Jaine R, et al. J Paediatr Child Health 2008; 44: 564-71.



Charlotte's 2 year old brother presents at the same time with a moist cough for 2 weeks.... Would you use antibiotics?



Rates for serious bacterial infections and respiratory diseases International comparisons

Disease	Other OECD countries relative rate	NZ relative rate
Meningococcal disease	1 (Australia, Canada, USA)	1998 5-17 2007 1
Rheumatic fever	1 (OECD)	13.8
Serious skin infections	1 (USA, Australia)	2
Whooping cough	1 (UK, USA)	5-10
Pneumonia	1 (USA)	5-10
Bronchiectasis	1 (Finland)	8

Craig E, et al. NZCYES: Indicator Handbook. 2007.



Hospitalisation for serious bacterial infections and respiratory diseases risk by 'DEPRIVATION' 0-14 yr 2002-2006

Cause of hospital admission	Least deprived (NZDep1)	Most deprived (NZDep10)
Meningococcal disease#	1	4.93
Rheumatic fever	1	28.65*
Serious skin infection	1	5.16
Tuberculosis	1	5.06*
Gastroenteritis	1	2.00
Bronchiolitis##	1	6.18
Pertussis	1	3.70*
Pneumonia	1	4.47
Bronchiectasis	1	15.58
Asthma	1	3.35

#0-24yr ##<1yr
*NZDep9-10







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Penelope is 5, she has had difficulty passing poo since 1 year of age, more recently daily soiling with urgency to go at school. Past history of large painful poos as a baby. He is otherwise well. With no behavioural problems



Prevalence

- **Various studies - 0.3 – 28% children**
- **20% women self report**
- **10-20 % adults use laxatives regularly**



Aetiology







- **Acute - post fever, diet, drugs,**
- **Chronic – most childhood constipation is functional**





Consistency

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid



Acute Management - Disimpact

Mild / Moderate

- Lactulose alone
- or with Senokot

Severe

- Movicol

For Consideration:

- ? Role of AXR
- ? Role of suppositories/enemas



Education

Not your fault

Team approach

Medication needs

Regular toileting

Record / star charts

Positive approach



Resources

- **Starship - KidsHealth.org.nz**

www.kidshealth.org.nz

- **Westmead Hospital Sydney**

www.chw.edu.au/parents/factsheets/

Royal Childrens Hospital Melbourne

www.rch.org.au/kidsinfo/

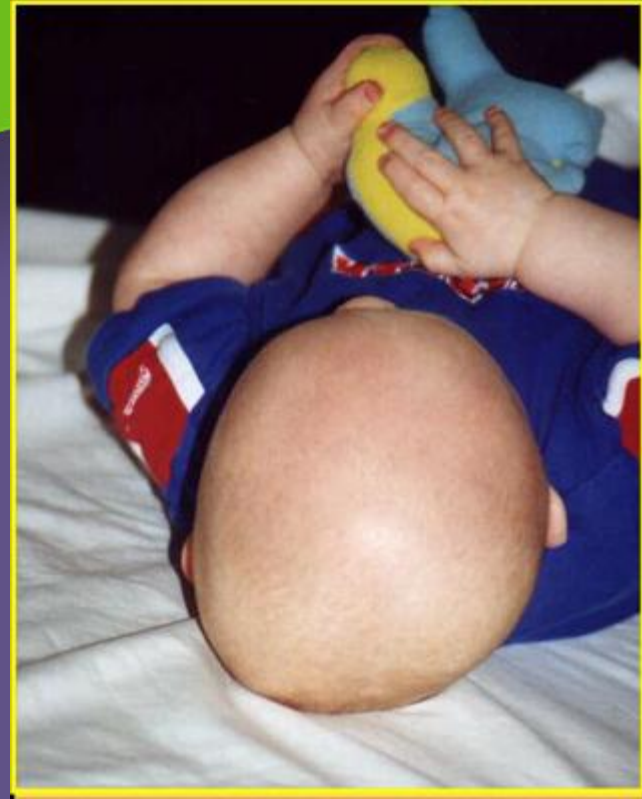
University of Virginia

www.healthsystem.virginia.edu/internet/pediatrics/parents/tutorials/constipation/home.cfm



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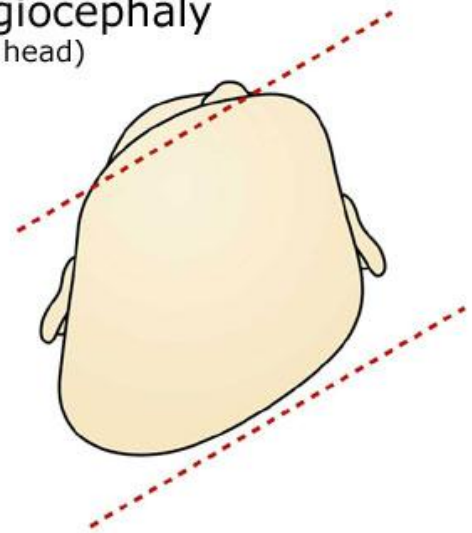
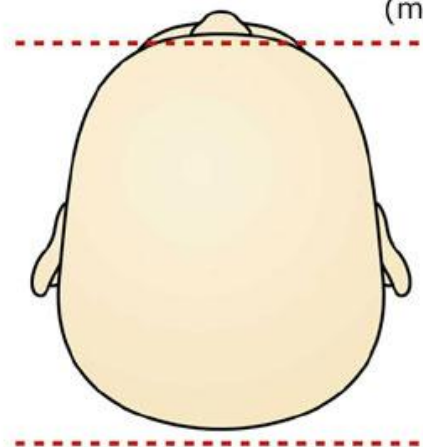
My 5 month old baby has a very odd looking head shape. Is he normal?

Image from <http://www.neurosurgeons4kids.com/PedNeuroSite>

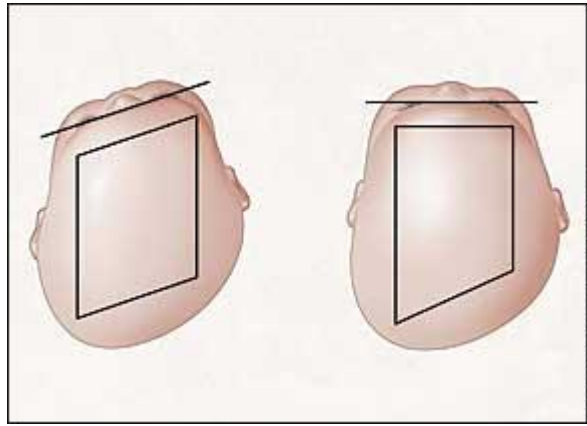


Head shapes

Sample of Plagiocephaly
(misshapen head)



© Royal Children's Hospital, Melbourne, Australia
Kids Health Info www.rch.org.au/kidsinfo



© 2003 CHRISTY KRAMES



Questions

- **When did you notice shape; was it present at birth**
- **Birth process?**
- **Is baby's head always held to one side**
- **How much time spent in car seat/buggy**
- **Sleep position?**
- **Is the arm movement/position the same on both sides (?Erbs Palsy)**

- **Ck head circumference**



Positional Plagiocephaly

- **At birth**

- in utero eg. multiple births
- birth trauma eg. forceps

- **After birth**

- prematurity
- torticollis/neck muscle imbalance
- delayed motor development
- one sided handling
- sleep position
 - Supine
 - head facing same way
- buggies and car seats



Risk Factors

Pediatrics 2007, 119(2):e408 –e418

- **At Birth**

- being male
- first born
- brachycephaly (short head)

- **7 weeks**

- being male
- first born
- positional preference when sleeping
- only bottle feeding
- positioning to same side when feeding
- head to same side as bedroom furniture
- tummy time less than 3 times a day
- slow achievement of physical milestones

No link with back sleeping or with the birth itself (natural/forceps) or length of labour



Rx?

- **Positional and handling advice**
- **Helmets etc.....no strong evidence to date**



Plagiocephaly and Development

- **Increased risk of developmental problems**



Outcomes

Hutchinson B L et al Arch Dis Child 2011;96:85-90 (NZ study)

At 3- 4 years:

- **About 2/3 revert to normal**
- **4% severe at follow up**
- **% children with developmental delay decreased from 41% initially to 11%**



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**What is this and should I be
worried about it?**

























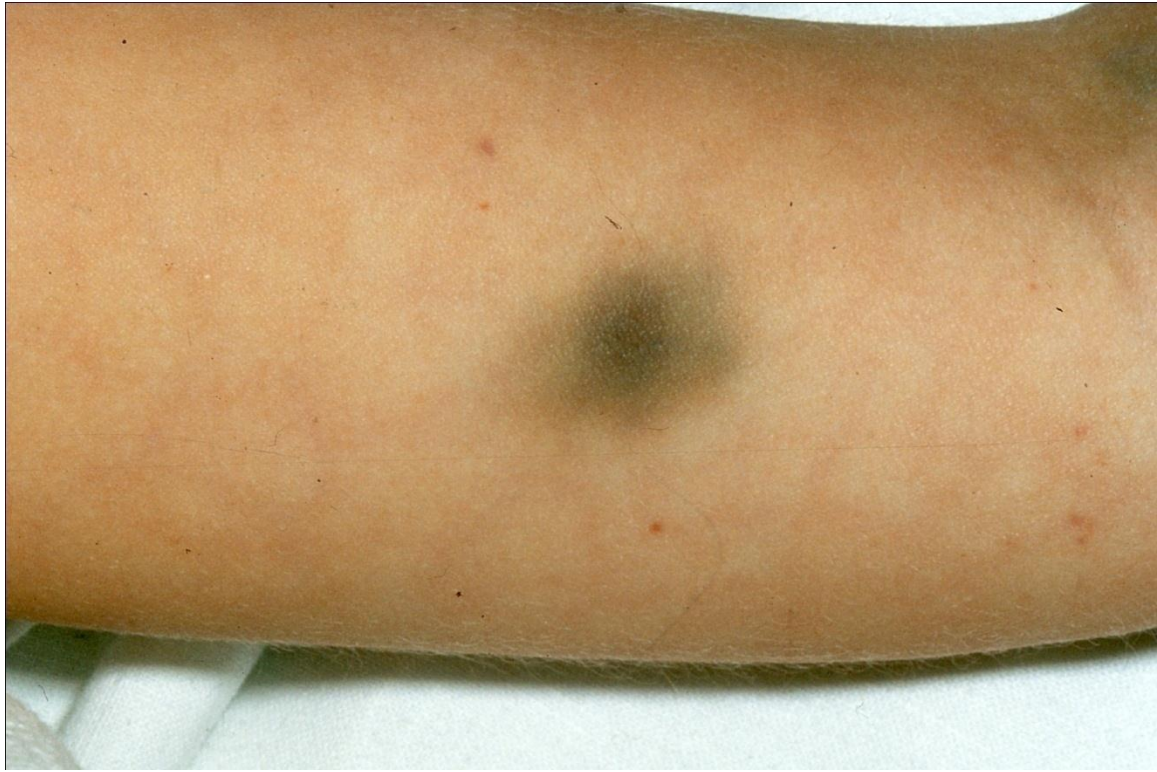
















**The Plunket Nurse has referred
13 month old Sina to you. She
has recently been in hospital
with pneumonia and seems to
get a lot of colds and recurrent
infections.**



Why does she get sick?

- **Spread of the Bug**
 - Overcrowded
 - Surrounded by other sick people
 - Hygiene – coughing, handwashing
- **Weaker immune response**
 - Stressed
 - Not fully immunised
 - **Poor nutrition**
- **Reduced access to health care services**
 - Mother/family knowledge level
 - Late presentation
 - Cost/access



Iron deficiency

- **Neurophysiological abnormalities**
 - Less interactive, less able to learn
 - Breath holding more prevalent
 - Poorer scores on cognitive function tests, school performance
- **14% Ak children under 2 years of age**

Ref: Grant CC et al 'Policy statement on iron deficiency in pre-school aged children' J Paediatrics and Child Health 43(2007) 513-521



Risk factors

- More common in Maori, Pasifica and non-European groups
- Full term infants sufficient stores first 6 months of life
 - risk of deficiency: increases with $BW < 3000g$
- Dietary risks: introducing cows milk in 1st yr life
- Exclusive breast feeding beyond 6 months
- Vegetarian infants



Rx

- **Diet**
- **Iron supplementation**
 - Single or bd dose
 - 3-6mg/kg/day ferrous sulphate for 3/12 minimum
 - Combined with fruit, fruit juice (vit C)
 - After 6 weeks twice weekly



Vit D deficiency

- **Skeletal bone mineralization and immune modulator effects**
 - rickets
 - Increased risk of type 1 diabetes
 - Increase risk of pneumonia, wheezy illnesses
 - ?role in excessive LRTI in NZ
- **Periodontal disease**



Vitamin D deficiency

- **Auckland infants 6 – 23 months**

- Deficiency in 10% overall
- 5 fold variability with season

More likely

- Pacific (RR 7.6)
- Not receiving infant or follow on formula (RR 5.7)
- Not receiving vitamin supplementation (RR 5.32)
- Living in more crowded houses (RR 2.36)

No link: prolonged breast feeding, dietary restrictions

Ref Grant CC et al Public Health Nutrition 2009, 12(10), 1893-1901



MOH:

High risk infants, children:

- are born to vitamin D deficient mothers
- are not regularly exposed to sunlight before 11am or after 4pm
- have darker pigmented skin (skin types 5 and 6)
- have their skin covered by clothing (for example, veiling)
- have a low dietary intake of vitamin D
- have prolonged breastfeeding (for example recent migrants with refugee status from Africa and the Middle East)

Food and Nutrition Guidelines for Healthy Infants and Toddlers (0-2): A background paper (MOH 2008)



Recs

- **Children hands, face, arms or legs exposed to sun 2 – 3 times weekly for 5-10 minutes (non-pigmented skin), 10-15 Minutes (pigmented skin), not between 11.00 and 16.00 hours in summer months NZ Cancer Society**
- **Rx 10mcg (400IU) supplement daily**
 - Alfacalcidol oral drops 2mcg/ml
 - Cacitriol oral drops 1mcg/ml

Joshua is 3

He has just started kindy

- He won't sit still for mat time
- He is always on the go
- He won't share toys
- He only wants to play outside
- He climbs all over the furniture
- He won't settle to sleep for afternoon nap

Is this ADHD?





Behaviour in context

- **Developmental**
- **Environmental (different settings)**
- **Expectations**
- **Genetic/Familial**
- **Medical issues (diet / allergy/
medication etc.)**



Screening tools.....

- **PEDS**
- **Ages and Stages**
- **SDQ**

PEDS RESPONSE FORM

Child's Name _____ Parent's Name _____

Child's Birthday _____ Child's Age _____ Today's Date _____

1. Please list any concerns about your child's learning, development, and behaviour.

2. Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

3. Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

4. Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

5. Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

6. Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

7. Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

8. Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

9. Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

10. Please list any other concerns.



PEDS SCORE FORM – AUTHORISED AUSTRALIAN VERSION

Child's Name : _____ Date of Birth: _____ Date(s) of scoring: _____

Find appropriate column for the child's age. Place a tick in the appropriate box to show each concern on the PEDS Response Form. See Brief Scoring Guide for details on categorising concerns. Shaded boxes are significant predictors of difficulties. Non-shaded boxes are non significant predictors.

Child's Age:	0-3 mos	4-5 mos	6-11 mos	12-14 mos	15-17 mos	18-23 mos	24-35 mos	36-47 mos	48-53 mos	54-71 mos	72-83 mos	84-96 mos
Global/Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Language and Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Count the number of ticks in the small shaded boxes and place the total in the large shaded box below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If the number shown in the large shaded box is 2 or more, follow **Path A** on PEDS Interpretation Form. If the number shown is exactly 1, follow **Path B**. If the number shown is 0, count the number of ticks in the small unshaded boxes and place the total in the large unshaded box below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If the number shown in the large unshaded box is 1 or more, follow **Path C**. If the number 0 is shown, consider **Path D** if relevant. Otherwise, follow **Path E**.

PEDS INTERPRETATION FORM

0-3 mos. _____

4-5 mos. _____

6-11 mos. _____

12-14 mos. _____

15-17 mos. _____

18-23 mos. _____

24-35 mos. _____

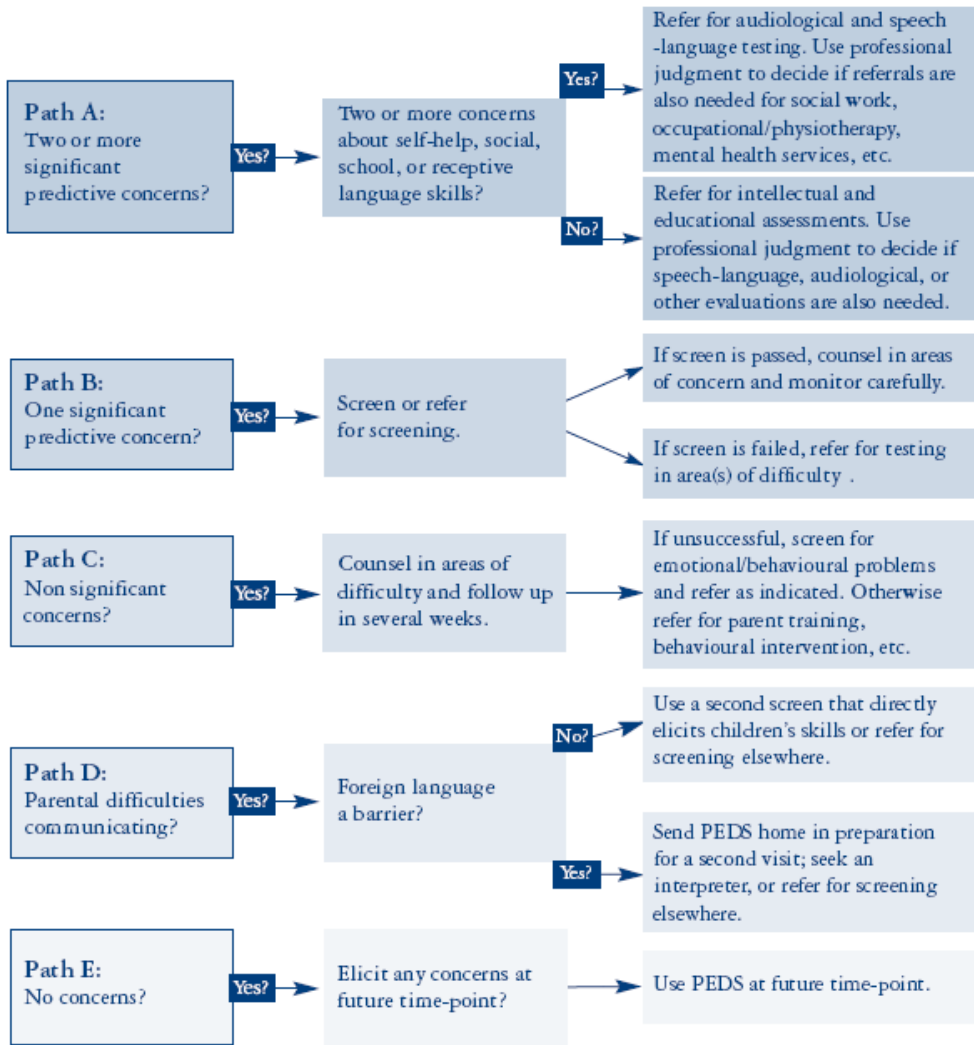
36-47 mos. _____

48-53 mos. _____

54-71 mos. _____

72-83 mos. _____

84-96 mos. _____





Conduct disorder/ ADHD in older children

Points to consider

- **Behaviour on developmental / learning context**
- **Environments**
- **Genetics**
- **ABC of behaviour**
- **What has been tried**
- **Medication**
- **Parenting courses do work for older children too**



Ages and Stages

www.agesandstages.com



Ages & Stages Questionnaires®,
Third Edition (ASQ-3)

Ages & Stages Questionnaires®:
Social-Emotional (ASQ:SE)



Strengths and Difficulties Questionnaires

<http://www.sdqinfo.org/>



Strengths and Difficulties Questionnaire

P or T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's name

Male/Female

Date of birth

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help



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Changes to Well Child schedule 2010 - 12

- Eight core universal free contacts, but with greater flexibility in the timing of the contacts based on individual family need as much as possible, particularly for more vulnerable families and first time parents.
- Tympanometry check for glue ear at three years of age will be phased out of the Well Child Schedule (with at-risk children continuing to be checked) and replaced with screening audiometry as part of the B4SC.
- Routine preschool vision and hearing screening will be provided at age four as a component of the B4SC, replacing the current school entry screening programme.
- The Parental Evaluation of Developmental Status (PEDS) questionnaire, for identifying child developmental issues will be introduced at all checks from 3 months of age
- An oral health screen, risk assessment and completion of an enrolment for dental services at the 9-12 month check, and a greater focus on oral health at the other core contacts will be introduced.
- WHO Growth Charts will be introduced and used from birth to five years.



Maternal Depression screening

During the past month have you often been bothered by feeling down, depressed or hopeless?

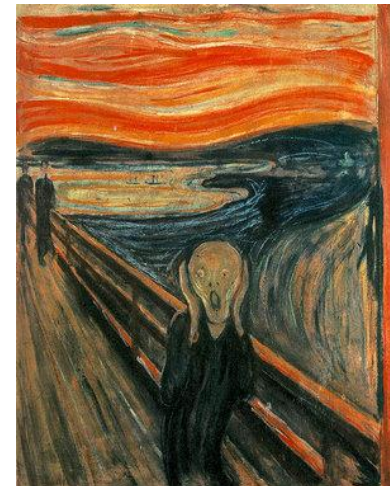
During the past month have you often been bothered by little interest or pleasure in doing things?

Is this something with which you would like help?

- **Yes/No/Yes but not today**

Ref: Arroll B et al

- Edinburgh Postnatal Depression Scale (EPDS)





Lift the Lip and Look

- **Are there white lines or patches on the front teeth**
- **Encourage parents to Lift the Lip, monthly**
- **Encourage brushing**
- **Sugar drinks**
- **Bottles in bed**
- **Brown marks**
 - front teeth
 - back teeth



Fig 2: Healthy teeth and gums. No signs of decay and only a little plaque.



Fig 3: Chalky patches (arrows) and also an enamel breakdown on the side of one of the front teeth.



Fig 4: Clearly visible decayed front teeth, both in-between upper front teeth, and along the gumline.



Fig 5: Well-advanced decay. The crowns of the top teeth are breaking down and decay is starting between the bottom teeth.



Fig 6: Only the roots of the top teeth are left.



Fig 7: Deep decay in the lower back teeth (molars).



Sarah is now 8 weeks old and doesn't sleep at all, screams intermittently all evening and through the night, refuses the breast. I'm exhausted



- **Probiotics**
- **?Cows milk allergy**
 - use extensively hydrolysed formulas (poor palatability, limited efficacy): use only in severe cases or with associated atopic sx
 - no evidence for use of soya formula
 - maternal diet unclear, need 2 week trial
- **Chiropractic spinal manipulation** – 3 reasonable RCTs, no effect Chiropractic spinal manipulation for infant colic: a systematic review of randomised clinical trials, E. Ernst International Journal of Clinical Practice 63(9);1351-1353 Sep 2009
- **Behavioural remedies**
 - Supplemental carrying, car ride stimulators – no effect. Infant massage – some benefits to mothers/infant interactions
 - Regularity and uniformity in infant care and reduction in external stimuli, swaddling during sleep – possible effective
 - Attention to parent/child interactions



Medications ?

- **Cimetropium bromide (antimuscarinic)**
- **Simethicone – not shown to be effective**
- **Acid suppression – not effective**
- **PPIs – not effective and concerns re long term use**

After 20 minutes of your squeeze in acute consultation

By the way doctor.....

**My daughter is 2 and she regularly
complains of tummy ache. What do you
think is wrong with her? Is she allergic to
food or milk?**



tummy pain in a toddler

- could this be milk allergy?

- **Food allergy common (3% or more) - but only 1 in 10 of those who believe they are food allergic have a true allergy**
- **Risk factors - genetic /atopic/cultural/other allergies**
- **Presentation can include nausea, vomiting cramps and diarrhoea**



Abdominal pain in toddlers

Common causes

- **Acute**
- **Infection**
- **Constipation**
- **Behavioural**



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Should I use a dummy with my newborn baby to reduce the risk of Cot Death



American Academy of Pediatric Task Force 2005

recommends using a pacifier [dummy] to reduce SUDI/SIDS risk throughout the first year of life as follows:

- Pacifiers should be used when putting infants down for sleep and should not be reinserted once the infant falls asleep.
- If the infant refuses the pacifier, he/she should not be forced to take it.
- Pacifiers should not be coated in any sweet solution.
- They should be cleaned often and replaced regularly.
- For breastfed infants, delay introduction until one month of age to ensure breastfeeding is established.

Ref: American Academy of Pediatrics Policy Statement. 2005. The changing concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk. Pediatrics. Nov 116(5):1245–1255