

Common things that parents worry about

by Doctor Jo Jones, Paediatrician – www.healthcare4kids.co.uk

Everyone worries about the health of their children. The baby arrives, it's home-time and suddenly, you're on your own with a brand new person who completely depends on you for everything. I remember putting my first baby in the middle of the kitchen in a car seat, turning to my husband and both of us thinking, "Hmmm. What now....?" Lots to wonder about... lots to worry about. Importantly, lots to reassure and tell you about.

Parents often ask me about their baby's breathing – "Sometimes she pants then seems to stop breathing for what seems like ages." This irregular breathing causes enormous worry, so much that some first time parents feel they have to stand and watch their child all night.

Very young babies don't have the regular breathing patterns that older babies, children and adults have. Instead, they have what's known as 'periodic breathing', where they breathe rapidly and shallowly for a number of seconds then pause ... it seems like forever...then they start to breathe again. This phenomenon happens because the bit of a newborn baby's brain which should regulate their breathing pattern hasn't quite matured yet, so it's a bit 'stop and start'. This is very common, very normal and totally safe, unless a baby needs stimulation to actually start breathing again or has gone blue. Next time, try to worry less, so that you can sleep at night with confidence.

How many times have you wondered whether there is something wrong with your child's immune system - when you can't remember them without a streaming nose or yet another ear infection? Preschool children get infection after infection, usually starting in the second year of life. It's most likely one horrible but pretty harmless virus after another rather than the same one, but it feels like non-stop misery, doesn't it! Children's doctors have to get used to spotting the serious infections amongst the everyday ones.

You've probably heard it before, but these infections prepare your child's immune system to fight much more serious bugs later on. They

make your child feel miserable but are not serious in themselves and they signify a developing immune system doing its job. There are many things that worry parents but which don't alarm doctors. We just need to be able to explain why we aren't worried and make sure you feel confident too.

What about that scary 'rattle' in their chest that you can feel with your hand. It's easy to worry that it means pneumonia, a lung infection. It isn't. It's actually thick 'snot' rattling away in the big airways in the throat vibrating down to the lungs and making it seem as if there is some infection there. Lots of coughs come from the throat rather than the lungs, and are almost always due to viruses needing no more than some Calpol, time and a bit of TLC. Try and avoid cough syrups – they dampen down the essential cough reflex that prevents 'muck' getting down into the lungs. Children's doctors don't use cough syrups, but it's easy to understand that a parent just wants to feel they're doing something to help.

Sometimes, children 'just aren't right'. You know there's something wrong but just not what it is. Should you be worried or not? If you've had other children, you may feel that you should be more confident, and can't work out why you feel uneasy. Parents know when their children are not right. Our job as children's doctors is to work out when it is 'just a virus' - miserable for any child but not at all dangerous - and when a child is really quite ill. How do we make up our minds?

Viruses can cause very high temperatures so the height of the temperature is rarely the best indicator of how sick a child is. A child looking floppy, lethargic and drowsy with a temperature of 39 degrees can often be transformed by Calpol and/or Ibuprofen into a child keen for crisps! It takes experience to tell what's going on sometimes, but doctors need to say, "I'm not worried, and this is why..."

Paediatricians /Children's doctors really need to see **all** children under six months who have temperatures over about 38 degrees centigrade. This is because small babies can get seriously ill extremely quickly.

They 'show' serious infection in a more subtle way to older babies and children and may just go off feeds, vomit or become sleepy in addition to their fever. It's not common to see fevers in these very young babies, and so the younger the baby, the more likely they need to be admitted into hospital, have investigations such as blood tests, a urine test, a chest X-ray and even a lumbar puncture to rule out meningitis, followed by protective antibiotics in their veins until tests come back clear.

I've talked a lot about viruses, haven't I? That's because they cause at least 90% of all children's illnesses, so deserve a decent mention. The meningitis, urine infections, true bacterial tonsillitis and pneumonias are all pretty uncommon, but they're what we're all afraid of. How do doctors rule them out? Feverish, grumpy, listless children need a quick MOT, including a wee dipstick. Are they alert with an easily moving neck once their temperature has settled? Well, they are very unlikely to have meningitis. Crackles in the chest heard by your doctor's stethoscope may mean infection in the lung, but if your child coughs and they move elsewhere, then it's just snot. Red ears and red throat especially with a snotty nose means VIRUS! A throat swab might help, but antibiotics won't.

Tummy aches are very, very common. It's hard for young children to show where the 'ow' is, but most tummy aches are either due to constipation, especially if the pain makes them curl up and hold their tummy, or non-specific tummy ache of no known origin. Not very satisfying, I know, but there aren't medical explanations for everything. So, which are the tummy aches that make me want to do more than offer reassurance? I listen carefully for certain things when listening to the story. Children whose appetite either for food or play has waned, children who aren't growing, children whose pain stops them sleeping or whose pain isn't round the tummy button (middle tummy pain is very rarely due to anything serious) need looking at much more closely.

One of the best things for both parents and doctors is the freedom to explain to parents exactly what is going on in their child's body. Everything in medicine from heart murmurs to chronic diarrhoea can

be explained in a way that means that parents go home with a real confidence that they now really understand and feel in control.