

If at first you don't succeed ...

Try, try again. Here's what to do when you can't help baby feel better.

BY AMY LEVIN-EPSTEIN

As the saying goes, the best things in life don't come easily—and we all know that parenting is one of them. In particular, curing common childhood discomforts and illnesses can be trickier than they first appear. When your primary remedies fall short, turn to these backup problem solvers to fix the afflictions.

Diaper rash

First try: Change baby's diaper frequently to keep his bottom clean and dry. "The longer bottoms are exposed to stool and urine, the longer you'll perpetuate diaper rash," notes New York-based Alanna Levine, MD, FAAP, spokesperson for the American Academy of Pediatrics. You can also generously apply a thick layer of diaper cream to create a barrier between your baby's soft bottom and the soon-to-be wet diaper, suggests Levine, who recommends using a product containing zinc. (She uses Triple Paste for her own children.)

Second solution: If you see a breakdown of skin or no improvement within a few days, head to your pediatrician before your baby's tender tush becomes infected. Depending on the cause of the rash, your child's doctor may prescribe an antifungal medication or a mild steroid cream to decrease inflammation. Also consider letting your kiddo go commando. "The best thing you can do is leave your child without a diaper on, which keeps the area dry and helps the rash go away sooner," says Levine. Of course, this technique is best practiced in a room without carpeting!





Dry skin

First try: Dry skin is a common rite of passage for babies—and the best thing to do may be to wait it out, especially early on. “It’s absolutely normal for newborn babies to have dry, cracked skin, and I don’t recommend doing anything about it. Moisturizers can be more irritating than beneficial for the first few weeks. As your baby gets older, if you’re noticing dry patches or have a lot of heat in the house, any gentle moisturizer is fine following a bath,” says Levine. For maximum effectiveness, she advises gently patting your child dry and rubbing moisturizer into still-damp skin.

Second solution: Chronic dry skin may be a sign of eczema, dermatitis or a reaction to something environmental, so have your pediatrician check it out if the problem doesn’t resolve itself after a few days using moisturizer. Depending on what’s causing the dryness, your pediatrician may prescribe a better moisturizing routine or a mild topical steroid cream.

Spitting up

First try: As with burping, a little throw-up is a pleasure all moms will likely experience. “It’s only a problem when [babies] spit up so much that it’s difficult to feed them, they don’t gain weight properly, or they’re uncomfortable because of acid coming up,” notes Levine. Let gravity help by keeping your child upright for 30 minutes after feeding.

Second solution: If you suspect your child is losing weight, get him on a scale at the doctor’s office. While you’re there, talk to your pediatrician about an antireflux formula that’s thickened with cereal or about adding cereal to your breast milk. “The weight of the cereal will keep the formula down, and [your baby] won’t spit up as much,” explains Levine. If your doctor is concerned about reflux pain, he may also prescribe an antacid reflux medication.

Gas

First try: Some gas is normal, but there are steps you can take to minimize your child’s discomfort. “If you’re breastfeeding, limit [your consumption of gas-causing] foods, like green leafy vegetables or beans, and burp between breasts. For a bottle-fed baby, take a burp break every one to two ounces. There are also some bottles that prevent gas bubbles from getting in,” offers Levine, who suggests they’re worth trying out.

Second solution: For chronic gas, get your child checked by your pediatrician. She may recommend a more easily digested formula or additional changes to your diet if you’re breastfeeding, Levine says. Thankfully, she adds, most babies will simply outgrow their gassy periods.

Cradle cap

First try: This red, flaky rash plagues many a newborn. While it may look gross, it’s harmless and generally easy to treat. “Forty-five minutes before you bathe your baby, massage baby oil into the scalp and [use] a comb [to try removing] the flakes. Then let the oil sink in for 30 minutes. Finally, shampoo it off, repeating the process three times a week,” suggests Levine. You should see improvement after the first week.

Second solution: If you don’t see improvement after about seven days, call your pediatrician. “She may recommend shampooing with dandruff shampoo,” says Levine. Of course, you’ll need to be extra careful not to burn your baby’s sensitive eyes, since adult formula shampoos are rarely tear-proof! **P&N**

SKIP GO... and head directly to the doc or ER



If you see these symptoms, call your doctor ASAP—or, if necessary, head to the emergency room.



Projectile vomiting

If your baby has thrown up across the room more than once or twice, seek help. Projectile vomiting “can be a sign of pyloric stenosis, a narrowing of the farthest end of the stomach,” warns Levine. The result? Dehydration. The condition is most common between four and six weeks and requires surgery.



Fever

What constitutes a severe fever in a baby and adult is very different. In your child, a rectal temperature of 100.4° F degrees or above in the first two months of life is a red flag for medical attention. “A fever is a sign of infection and babies are more vulnerable early in life, so it’s important they are evaluated,” says Levine.



Dehydration

Your infant might not be able to say “Mommy, I’m thirsty” yet, but he will tell you if he’s dehydrated, most often as a result of excessive vomiting or diarrhea. Crying without tears, a dry tongue, no wet diapers after six hours and lethargy (i.e., not wanting to get up from a nap) are all signals that you need to get help now, advises Levine.

At the ER? Alert your pediatrician! If you’re heading to the emergency room, let your doctor know so she can be kept in the loop.