

ASK

QUESTION

My six-year-old son is still sucking his thumb. Could it be causing damage to his teeth and general development?

ANSWER

MELISSA HOOD, FOUNDER OF THE PARENT PRACTICE, LONDON

While this is frustrating and perhaps embarrassing (many of us feel judged when our children are past the age when most kids have stopped typical behaviours like this), it is really important not to scold or punish your son for this habit.

In reality, you can't prevent him from sucking his thumb unless he wants to stop, so you need to work on motivating him to change this habit.

Changing habits is hard, so it will need a lot of empathy. It will also take time. It absolutely will not work to nag him or try to shame him into change.

Start by empathising: "I know sucking your thumb is relaxing and most of the time you don't even know you're doing it, but I love that you take it out when I remind you. I had a really hard time when I cut down on eating sugar. I will help you."

Explain why it needs to change. Perhaps enrol your dentist in this as an expert's opinion always holds more weight than the parent's (of course – we know nothing). Don't get into lecturing, but calmly give reasons for stopping. Identify the triggers. These are usually quiet moments, such as while watching TV, in the car, or when going to bed. Help your son to become aware of when he's doing it, perhaps by using a code signal agreed with him rather than nagging him.

Substitute another behaviour. Ask your son what he can do with his hands instead of sucking his thumb. You can also use devices like a thumb guard to prevent his thumb inadvertently slipping into his mouth.

Also change associations – one parent found that changing the side of the car her son sat on helped to break the associations with thumb-sucking. A change in bedtime routine might help too.

Finally, make sure you give him lots of praise. Descriptively praise him when he shows any sign of self-control or strength of character.

QUESTION

My six-month-old is teething. He is irritable all the time and I feel helpless. What can I do?

ANSWER

DR YIANNIS IOANNOU, CONSULTANT PAEDIATRICIAN, THE PORTLAND HOSPITAL

The process of teething varies a great deal between babies. The first teeth usually appear sometime in the first year, often around the age of six months, although may occur earlier or not appear until a year of age. Teething commonly causes no symptoms at all and teeth appear without causing any difficulty. In some babies, dribbling, fussing and chewing on things may be a sign.

If your baby appears unwell or has a fever, it's important not to attribute this to teething – babies should be seen by a doctor if you are worried. It is also a normal part of a babies' development to drool and put their hands to their mouths, so don't be too concerned. A visit to your GP is usually all that's needed for reassurance.

There are a number of ways you can help relieve discomfort if teething is thought to be the most likely cause. A teething ring can provide a good option for babies to chew on. You can also cool the rings in the fridge (not the freezer) to further help soothe gums.

For babies who have commenced weaning, usually from six months, chewing on foods appropriate for their age will not only provide relief but nutrition too. Raw fruit or vegetables make good finger foods, but do supervise your baby at all times. Teething gels are available over the counter from most pharmacies. These contain a mild anaesthetic, which you can rub on gums, but only for short-term use. Pain relief with paracetamol or ibuprofen can also be used, but I wouldn't recommend this unless your baby has been checked first, to make sure there are no other causes for the discomfort.

Before you know it, all your baby's teeth will have come through, teething will be a distant memory and the tooth fairy will appear to start taking milk teeth away.

QUESTION

My toddler talks a lot less than her sister did at the same age – could she have a speech delay?

ANSWER

DR OLGA KAPELLOU, CONSULTANT NEONATOLOGIST, THE PORTLAND HOSPITAL

The important thing to remember is that children develop skills at different ages. Keep in mind that some children may develop speech slower than others, as they are developing faster in other areas, such as motor skills.

At the age of two, children have usually only just started talking, mastering 20 to 30 words on average. Starting to talk late does not indicate that a child will have speech and language difficulties as he or she grows up.

At 30 months, you would expect a child to be able to ask complex “Where?” or “How?” questions, use “please” and “thank you”, and to be able to repeat short sentences of five words or so. Your daughter should be building and forming her vocabulary quite quickly at her age, and introducing new words each day. Generally, it is not until the child is 36 months or older when they start to understand more complex concepts such as size or colour.

Whilst it can be hard not to compare siblings, remember that every child has a different development schedule and they will develop at their own pace. There are, however, different techniques that can be put into practice to encourage your child to talk more. The key is being responsive to your child, so respond to what she does say as often as you can, and give her one-to-one attention.

At this age, it is important that you take the time to ask her questions about things that she has shown an interest in. This is a good way of encouraging her to speak more.

If you continue to have concerns, it is always worth a trip to see a paediatric consultant or your GP, who can help to relieve your anxiety.

From time to time, slow development of language can be a sign of a wide range of other health problems, such as issues with hearing or autism, so if you do have concerns, it is worth speaking to a professional.

QUESTION

I’m 37 weeks pregnant, and am afraid of having a difficult and long labour, like I did with my first. Can I ask my doctor for a Caesarean section?

ANSWER

DR SHAZIA MALIK, CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST, THE PORTLAND HOSPITAL

For many women, a Caesarean section can be a great alternative to a natural birth, and we would recommend one if you have experienced certain complications during your previous delivery (such as a third-degree vaginal tear), or in your current pregnancy (such as a placenta that is low-lying, or if your baby is in a breech position).

While a natural birth is usually the recommended delivery method if there are no concerns, Caesareans, in general, are safe for the baby, and will be performed if the health of the mother or the baby is at risk.

Your main concern appears to be a long labour – generally, second labours are much quicker than the first, as your womb has already been through contractions and tends to contract more efficiently. However, ask your obstetrician to assess whether induction of labour might be an option. It is important to discuss your first birth with your obstetrician. Getting a copy of your old delivery notes is helpful and at 37 weeks, you still have time to do this.

There are a number of benefits to having a Caesarean, such as you can avoid a long birth, however, the pain you avoid through labour will still be present with incision soreness and is likely to last much longer. After a Caesarean, you will usually have to stay in hospital for longer, and the scar recovery time can last up to two months.

A Caesarean entails a major operation. There is always the risk of infection, excessive blood loss, damage to pelvic organs and blood clots (DVT), so it’s important you consider these risks. This isn’t to say that there aren’t risks from a natural birth, but if there isn’t medical indication for a Caesarean in your case, then a vaginal birth would allow you to recover and be mobile much more quickly, which in my experience is so helpful, especially if you have other young children to care for.