Season Intro and Pediatric Endocrinology Overview

This is season five of the Baby Manual podcast. This season, I'm doing something a little bit different and interviewing some pediatric subspecialists so you can learn things like why your child might be referred to a specialist, things you do while you're waiting for your appointment, and also what you might expect once you get there.

Today, we are talking to pediatric endocrinologist and we're going to learn all about things, like hypothyroidism in babies, three different types of diabetes, and what to do if your baby is growing too quickly or too slowly.

So I hope you enjoy this episode of the Baby Manual Podcast. Please make sure to subscribe so that you hear new episodes as soon as they come out. Hello, welcome to this week's episode the baby manual podcast.

Today I have the pleasure of speaking with Dr. Lauren Kanner, MD. She is a pediatric endocrinologist. Dr Kinner, tell me just a little bit about yourself and your practice and how you got into pediatric and the chronology.

Thank you so much for having me on your podcast. So I do practice pediatric endocrinology at University of Iowa and I did my training at Rush University in Chicago and then went to New York for my pediatrics residency.

I was in Wisconsin for Uh, my pediatric endocrinology fellowship and then have been working in Iowa ever since and really got interested in pediatric and your chronology because I love the long-term relationships that I get to have with my patients.

Dr. Kanneru2019s Background and Practice

This is one of those specialties where you get some really see the kids grow throughout their life. And it's also one those great specialities where I can try to help you on something and we can actually see progress being made.

So it's a really great specialty and really good patients. That's awesome. And I imagine a lot of the things you see by pediatricians catching them early, you sort of prevent complications down the road for them, right?

And make really lifelong changes in childhood, that's so cool. Yeah. Awesome. So what are some of more common things that you've seen in endocrinology?

What type of patients would get sent to you? It sounds like you worked in a different location, so probably different populations. Yeah, different populations, but a lot of the same concerns that come up.

So I practice general pediatric endocrinology. We see both overactive and underactive thyroid conditions, type 1 and type 2 diabetes, concerns about growth, concern about puberty starting too early or too late.

And also weight gain, both not enough weight gained or too much weight gaining, cholesterol issues. And for some of us, we also do gender affirming care.

Wow, that's a really broad scope. That's cool. So let's start with maybe some the newborn stuff and yeah, kind of go from there. Like what would a newborn be seeing you for?

So there is something called the Newborn Screen and it's screening for a number of inborn conditions and for endocrinology, the two conditions that we see are congenital hypothyroidism and congeneral adrenal hyperplasia, much more common is congelal hypathyroid.

We just pause real quick and go back for our listeners. The newborn screen, and the way that that's done is it's a

heel stick in the hospital and then they put like five drops of blood under a piece of paper.

They send it to the state lab and they run some tests on that and can catch all kinds of different things.

Common Endocrine Referrals in Children

I know different states screen for different thing, but I think every state in the US screens for hypothyroidism. So your thyroid lives in your neck. It's in charge of your metabolism, how your body is using its energy.

And it's really important from birth to three for proper brain development. who might be born without a functioning thyroid gland. Either the gland didn't really form, it's not working well, It's being blocked for some reason.

And luckily we have medication that we can give that directly replaces the hormone that's missing. So I see many babies newborns for that condition. This is what's called a sporadic condition, So it's not something that runs in families 90% of the time.

And it sounds like it is something pregnant moms don't need to worry about preventing. It just kind of happens. Yep. Not their fault. Yup. Uro-B is going to be watching your thyroid function in pregnancy and the baby is greedy.

The baby's going steal all your thyroid hormone. So the Baby actually protects itself from hypothyroidism in utero. and it's more once they're born, we want to catch within 14 days of birth and start replacing.

And we know as long as we can catch, within that early time frame and starting replacing the hormone, there's no negative effects that happen from the congenital hypothyroidism.

The worst part is that you have to take a medication.

Newborn Screening and Congenital Hypothyroidism

Some moms who have either Hashimoto's thyroiditis or Graves' disease, which are autoimmune reasons why you might have thyroid dysfunction and have antibodies that block the thyroid from functioning.

Okay. So baby got that through the placenta. As soon as those antibodies go away, the thyroids starts to function again. Wow. And that's around six to 12 months.

That's right. Six to twelve months and the other reason is if you were a premature baby, you might have been born before the brain signaling to the thyroid before that connection was really mature enough.

So we might be having to replace your hormone, not because the thyroids can't make it, but it's just not getting the adequate signal to make. We keep treating you basically no matter what until you're three.

because we want to make sure that we are supporting that brain development in those first three years of life. And the good thing is that the thyroid's pretty smart.

So if we're giving you levothyroxine, which is the medication that's the replacement, and you don't really need the replacements, the thyroids just adjusts and it makes it a little bit less on its own.

But then as soon as we stop giving the you the medications, if it's able to do it, it just starts up. And within two to six weeks, everything is back to normal.

Wow. That's really cool. Awesome. And you mentioned some other things that show up in the newborn period, like growth related things. Tell me about that.

So most of the time we are actually going to give you about two years to kind of figure out where you are supposed to be growing. It is normal for babies to move on the growth chart in the first year of life towards where their genetic

potential is going to be.

So if mom and dad are really tall and the baby was born maybe a little bit smaller, they may move up. If the Baby was Born maybe A little Bit longer, but the parents are a Little bit shorter, maybe the babies going To move down and we're not necessarily super concerned about them at that time.

But that might be a reason that parents might concerned or maybe their pediatric provider is concerned. So we might see them to see, well, is there something else we need to be worrying about?

So if you have a baby that's kind of growing at the wrong rate, you know, I say wrong kind with quotes, but yeah, it seems to be either growing too slowly or too quickly.

What kind testing would you do that maybe a pediatrician or what would the pediatricians do first? And then where do you guys step in? What do do? That's different.

We're going to actually check the thyroid function because that is a common condition that can slow down your growth. If the child has started eating solids, we'll check for celiac disease.

And then for the older kids, once they're older than about 18 months, We can actually get an x-ray of the hand. There are 30 growth plates, 30 bones in your hand that we can look at and see how mature they are.

So they can give us an idea of how well the children's growing and if they might be an early bloomer or late bloom for puberty, And that could be why we're seeing their growth also being different.

And then what sort of interventions are there for children that are growing either too quickly or too slowly? So if you're growing too, quickly, then we'll really looking to see why is there something that is causing you to grow more quickly?

Um, is their genetic condition? Is there's something where we need to actually do more extensive work up looking, doing MRIs, is doing CT scans, looking for things that we don't want to have to diagnose like a tumor.

But you know what? It's very rare that way. So, you, know, something that, hopefully for our younger set, we're not going to to worry about too much, but unfortunately, sometimes you do see that very young children go into puberty earlier than they're supposed to.

And in that case, We do the same thing with that bone age x-ray, and we get different labs that look at the puberty labs, both the brain hormones called LH and FSH that would talk to the ovaries or the testes and then estrogen or testosterone levels to see if you're making those puverty hormones.

And we can actually give medication that will put you back into being pre-puberty. That's really cool.

Growth Concerns and Early Evaluation

What I remember from precocious puberty is that if children are going into puberty too early, it might end up in the longterm making them not as tall as they could be because their bones can effuse early and growth plates stop growing as much.

And what about growth hormone and. Growth hormone deficiency. Cause I feel like we see that also in younger children sometimes. So growth, hormone, deficiency, um, growth.

Hormone is made in your pituitary gland, kind of right behind your eyes. And your body is relying on the growth hormone to basically give the signal to the bones to grow.

So we can do tests to see if you have growth hormones efficiency. And then growth, hormone is available as either a daily or a weekly injection that's given at home.

And the test that you do for that, because it goes up and down throughout the day, what does that look like for parents is that they don't just drop into the office, right?

Right. And this is something that honestly, some pediatricians don t totally understand that it's not going to be the same day as your endocrinology appointment.

This is a test where we might do a screening test to see your growth hormone activity ahead of time. but then you're gonna come in special for this test.

You come and fasting, which means that you can't eat or drink ahead of time. And depending on the child's age, it'll depend how long they have to be fasting for.

We put an IV in and then we give you two medicines that make you make growth hormone. There are a couple of different medicines, that can be used for that.

So some of them are called arginine, clonidine glucagon, insulin, So there are a lot of different medications that we might use that tell your body, make growth hormone.

And based off of that, we can tell did your did, your, body make, growth, hormone or not. Great. So it sounds like if they're not making enough of it, that's something that just easy to replace.

And then do you give that for a certain amount of time? Like when do they stop getting the growth hormone? So we watch that bone age X-ray every year afterwards to see how well the bones are maturing and when they are getting close to what's called fusion or the grow plates being closed.

in girls that's generally around a bone age of about 15 and boys that generally are around the bone of 17. And so we can keep treating you with growth hormone until you feel like you've reached a height that you're okay with and you want to come off.

You reach puberty because at the time of puverty, the estrogen and testosterone also help with your growth. And so some families will decide that they're going to let puberty kind of run the show with the growth and they are not going continue the Growth Hormone.

Or we keep treating you until the times when your bones are getting close to fusing and then you don't really need the Groth Horman anymore because you're not gonna use it for getting taller.

Can we talk a little bit about diabetes and I mean, I know there's a lot of different kinds of diabetes. So maybe even just starting with like, suppose a mom has gestational diabetes, does that mean anything for the child?

Growth Hormone Deficiency Testing and Treatment

And then after the baby is born, yeah, we do some blood sugar testing. We'll talk about this in neonatology, but yeah. And other kinds diabetes when they start and what you see.

So gestational diabetes, part of the reason that this can happen is that you naturally become a little bit insulin resistant during pregnancy. Kind of like how I was talking about how the baby steals the thyroid hormone, the babies steals glucose as well.

So some moms… And real quick, what does insulin do and what is it mean to be resistant to insulin? So insulin is made by your pancreas. Your pancreas lives kind of near your stomach and it makes your digestive juices and also makes insulin.

And insulin basically like the key that opens up the rest of the body to taking energy in. So if you are insulin sensitive, you make your one molecule of insulin, it's enough to signal to your muscles, your brain, use the sugar that's in the blood for the energy that you need.

Some people naturally are just a little bit more insulin resistant, which means that their body doesn't recognize the insulin quite as well. So the pancreas has to produce more to get that same effect.

And then during times when your body is going to become more Insulin resistant like puberty and like pregnancy, then people who otherwise might have been pretty insulin sensitive might still need to make extra insulin at that time.

And you get something like gestational diabetes when the pancreas isn't able to makes as much extra Insulin as the body wants to keep the blood sugar normal.

So in that case, if the Blood Sugar is sitting higher, the baby is being exposed to a little bit of a higher Blood sugar during that So it's basically getting extra nutrition.

And then if the baby is able to make their own insulin very well, then when the babies born, it used to having extra sugar around and it might have extra insulin to be able use that.

But now baby's not getting the constant feed from mom's placenta. So the blood sugar sometimes will go down until the pancreas catches up and says, Oh, I guess I shouldn't be making as much insulin.

So any baby of a mom with gestational diabetes will be monitored for their blood sugars for the first, usually at least 24 hours, sometimes 48 hours after being born to make sure that they're able to maintain their sugar and also making sure no matter how the baby is going to be fed, that the baby is starting to feed and will be able to kind of get their own supply of glucose in.

Nice. And it sounds like, so their insulin just kindof regulates in that first 24 to 48 hours. Um, it's pretty quick. It's not, yeah, not like a long-term thing, like other types of diabetes.

Yup. Nope. This isn't something that then says, okay, the babies going to have diabetes now. it does mean that sometimes the, baby, is going need some extra sugar during that time.

Um, mom's breast milk may not have come down and if she's going to breastfeed and the baby's sugar is low, the, baby may need sugar water. The baby needs some formula.

That's totally fine. We want to make sure that the. Baby is getting the sugar that they need. It's not going. To get in the way of mom breastfeeding if that's how she chooses to feed.

Um but it's. Going to help the Baby to not. Have those low blood sugars during that time while the pancreas is catching up to what the glucose is going to be available at that time.

So type one diabetes used to called juvenile onset diabetes. We took away that name because it can actually start at any age, but it's still more common in kids or to start in kid.

And type two diabetes use to thought of as adult onset, we took that away because there are some kids who get type 2 diabetes, So type one diabetes happens because the immune system in your body should be fighting bacteria, viruses, external invaders.

Instead, it starts to attack the cells that make the insulin called beta cells, and it kills them off. For the majority of people, what's going to happen is that they are going start having symptoms of high blood sugars.

Yeah.

Diabetes Basics and Gestational Diabetes in Newborns

So when your blood sugar goes above 180, your kidneys, which filter all of the toxins out of, the blood start to filter the glucose start, to the sugar as well.

And so you start out sugar and sugar makes water come with it. You suddenly start a whole bunch more. For our young kids who are still in diapers, what might be noticed is that they are going through diapers more quickly.

Maybe they used to be able to in a size three diaper and you suddenly had to size them up to a sized four much quicker than you expected just because they were soaking through their diaper more quick.

For those who were able get their own drink, you might also see that are trying to drink more. It might be a little bit harder for some of our younger kids who don't have access to their own drinks, but then what parents might notice is the kids trying to drink the parents drink or the siblings drinks.

Or maybe when they're in the bath, they are trying the drink bath water, which all kids try to take the water. But this would be really trying like gulp down the back water Yeah, or like toddlers try to reach for their parents drink because they're like, oh, you're drinking that.

That looks good. It's it's not like that, it sounds like it really just they are really trying to get that extra fluid in. Yeah. And that is something we're all kind of pause talking about the diabetes and mention that nowadays we are very good about handing kids that sippy cup, giving them water.

If you are a juice family, give them juice. So there are alot of kids, especially in the toddler age, who just drink a lot because we're giving them a lotta liquids and then they pee a lots.

And it's not that they have diabetes. It's actually that we've taught them to drink lot. So if you have concern that your child is peeing too much or drinking too, going and getting a test to look at the blood sugar can be very, very helpful.

You could also check a urine test, right? To see if they're spilling a lot of sugar into that or not. Exactly. So you can do a finger poke to check the blood or you check your urine to see they are spitting glucose.

For kids that are not in diapers anymore, what does that look like? So kids who are in not diapers any more, if the were potty trained overnight, then they might start having accidents again.

And during the day, they might also start having accidents or they're going to be running to the bathroom every half hour, every hour. So I really like for the families that have to drive a distance to either get to school or, you know, to go to, visit family or anything like that, where they are going be in a car ride more than about a half an hour or an hours.

Did you need to stop on the way? Okay. And that's maybe a sign that like, well, we went to bathroom right before we left the house. Why did you have stop in the middle?

Other things that you might see at both ages is that they're eating a bunch, but they are not really putting on weight. Okay. Oh, and just real quick about the, the peeing more often, that's something that, um, sometimes could be a sign of a urinary tract infection too.

So that something, I think if you just go, you know, if notice your child is peing a lot or they're, they used to be potty trained and now they are having accidents.

If you go to your regular pediatrician, They can do a urine test and see, is it looking like there's a bunch of sugar in there and that is why, or is that looking there is an infection in their.

And if it's an Infection that just, simple course of antibiotics, a couple of days and it is gone. But yeah, with diabetes, it's a little different story and they'll come and see you then.

And then if there is concern that there's diabetes this is going to be a situation where your pediatrician is gonna call up the endocrinologist right away and you're probably going be seen in the next 48 hours because now the pancreas is not making insulin so we need to give you back insulin.

And, um, you mentioned they might be eating more. Are they, they're probably craving sugar, right? Because they can't use the sugar that's in their body.

Would not giving them sugar fix this? No, unfortunately not. It actually, their, there body is hungry and so they are going to be craving, sugar. They're going be preving protein.

There'd be proving whatever it is that you can give them. And once we start treating them, We may say, you know, be thoughtful about the carbohydrates and the sugars that we're giving them because we need to give insulin to cover that.

But even when you are being treated, we don't restrict sugar. And we are definitely not going to cure the diabetes by restricting sugar, so we actually encourage for the growing brain that you give carbohydrates, that give sugar Yeah.

Type 1 Diabetes Signs and Diagnosis

So even families that don't eat processed foods or refined sugars can still have children who end up getting diabetes and yeah, I can't just treat it with diet and exercise.

No, no. And that's even the difference, um, with type two diabetes. It's a little bit similar to what was happening with the gestational diabetes, where in that case, the body is not recognizing the insulin very well.

And so we are having to help support the child with, um, making their body a little bit more sensitive to their insulin. And that's not always with injections, right?

There's I think pills for that. Correct. Are there liquids for children that have that type of diabetes? So the lucky thing is that you're really not going to use, you are not gonna see type two diabetes younger than probably 10 at the earliest.

That's the youngest age that I have seen a child with type 2 diabetes. And it's generally going to be in the teenagers or older. There are occasionally going be the more rare cases where it might be younger.

So we try to teach you how to swallow pills at that point, just to make it easier for treatment. But some of these are available as liquids. Um, some kids with type two diabetes, we do start on insulin, um, mostly because we're trying to keep that pancreas from working quite as hard while we were starting up these other medications.

It just doesn't run out of steam and keeps working longer. The, the unfortunate thing is that if you get type 2 diabetes as a child, you already had a pancreatic that couldn't keep up very well.

So it might need extra support. Yeah. I know that type 2 diabetes tends to run in families. Are there things that parents can do to help their children not develop that?

So this is where diet and exercise really does come into play because anything that is making the pancreas make more insulin at one time is going to put a little bit of extra strain on it.

So some of the sugar sweetened drinks and the very sugar or carbohydrate rich foods, they're not off limits. One of rules I really like is the 90-10 rule.

90% of time we want you to be more cautious about how much of these sugar-sweetened liquids you're giving. But 10% of the time, it's okay. If you're at a birthday party and they're going to have a treat, that's totally fine.

But what families can do is try to stick to some of rules that their pediatrician might be giving them, especially about things like juices, where we try the limit to four ounces of juice a day or less.

because juice is very, very concentrated sugar. There's not a lot of other nutrition in juice. So limiting that teaching

kids to really like water and drink water.

I'm okay with occasionally flavoring the water if that's what the families want, but you know, pure water, if you can teach your child to like pure, water it's going to be best.

So I think it's come out recently too, that sugar substitutes are also like not the answer for children. So having say like diet soda instead of regular soda, it seems that that also spikes the insulin because it makes your body think that you're getting sugar.

Is that right? That's correct. And so for my patients who already have diabetes, if they're going to be, um, having a soda, they are the ones that I say, go ahead, have a diet soda because we don't want to put that extra strain.

We don' want have that. Extra spike in your blood sugar. Okay. But otherwise, you know, avoiding soda as much as we can. And then if you're gonna have, that special treat, knowing that you, your, gonna be putting, you're going to be spiking no matter what to an extent.

Does that also include the more kind of naturally derived alternative sugars like stevia, monk fruit? So that still is giving that sweet flavor to the body.

And so you still do have that effect. That's what I thought. Yeah. It's, you know, some of these, it depends what we need to use it for.

Type 2 Diabetes, Diet, and Activity Guidance

So sometimes using them is better than other times. The other thing that some families think is it's better for me to give honey or agave compared to sugar.

It's all sugar, it makes sense. And then for foods, you were going to say something. Yeah. So, yeah, I have my own toddlers and I, uh, and know that someone like crackers and easy snacks like that.

Um, again, okay to have in, in moderation. but those would be other foods that tend to be a little bit harder for the pancreas because you have to make extra insulin for that.

Keeping kids physically active, so getting less than two hours of screen time a day, and then at least one hour of physical activity a days. And I love, I had another person um, say that they didn't like the word physical activity.

They called it joyful movement. You need an hour of joyful movements a day. Yeah. I tell parents an our of playing outside. Exactly. Um, yeah. And that's the thing is a lot of times families will think, well, it has to be an organized sport.

No. And especially for our like under five year old kids, we're not sending them to the gym. It's like, go play on the playground, run around, get dirty, play in the mud.

I'm happy with that. Um, just be active and for those rainy days or those snowy days, putting on some music in house and dancing around anything that gets them up and moving.

My kids love, I blow up a balloon and they run about batting the balloon around in a house. That's a great way to keep them active. And then the zero of the 5210 is zero sugar sweetened drinks a day.

So, you know, trying to really learn to love your water is the big thing. Love water. Yeah. I remember learning about processed foods and how basically anything we do to process food just makes it easier to get the calories out of the food.

And so that includes everything from cooking to making them ultra processed and refined and put in packages and things like that. So when you were mentioning the five servings of fruit and vegetables, I usually counsel families

that are serving for a child is Is that still the rule?

Yeah. The size of their fist or the size their palm, depending what the type of food is. Or if you imagine like a fistful of like, you know, something like spinach is going to take quite a lot more than just like what would be sitting in a bowl.

And that, yeah, the raw or sometimes some foods are better if raw or cooked veggies. So like say eating a regular apple is better than applesauce, which has been processed because you can get a lot more apples into the same amount of applesausce and then they're getting all that extra sugar with that as well.

And then like an apple pie is sort of the way down the road process of apple. Yes, that is, it contains fruit, but it's not the as having really a serving of fruit.

Do you have, we used to have that food pyramid and now I think they've changed it to a plate. they've changed the food pyramid into something called MyPlate.

And the idea there is how much of your plate is going to be filled with different foods. So you want at least half of you plate to fruits and vegetables.

That looks like more vegetables than fruit. It looks more like vegetables and fruit if I'm saying that right. Yeah. Then about a quarter grains and a quarters proteins.

Often you'll see milk kind of sitting up here. Milk is kind of one of those tricky ones because we want you to get some dairy in because dairy is a really great source of protein, but dairy can be milk.

It can, be cheese. it could be yogurt. So if your child's not a milk drinker, that's okay. You can get the dairy or the calcium in in other ways. If they are a Milk Drinker.

The guidelines once they're older than a year old is 16 ounces, which is basically about two cups a day. Okay. And then what about for vegan families?

How can they get that calcium and protein? So some of the, um, some the like vegan yogurts, vegan cheeses, and there are actually some fruits and vegetables that also have calcium in them.

Um, it's much better if we can get the calcium with food than having to go with something like a multivitamin, but that is also the case with some vegan families where if they really are having trouble getting their child to get calcium, that a children's multivitamin may be able to provide that as well.

But a lot of vegan foods are actually supplemented with calcium. That's great. And then how do you feel about other types of milk, like soy milk or almond milk coconut milk?

If your child wants milk and they will, they're going to drink the non-dairy milk. Um, the way that I counsel a lot of families is that it's not necessary.

Okay. Yeah. And I know, um, around a year of age, we usually tell families they can, you know. transition from formula to milk or if there's breastfeeding.

Now we have new guidelines in the US that we recommend breast feeding up till age two and I know around the world they sometimes do it even longer but it used to be at one and then we would say switch them over to cow's milk and now that's not recommended as much it seems and the families that worry that their kid isn't that they were supposed to be drinking milk and they're, you know, say children's, there's some children that don't like milk or I see a lot of kids get really constipated when they start drinking, milk, or have diarrhea from it one way or the other.

It can cause a little GI upset. So, um, for those families, we usually just tell them like, it's okay for them to have

water. You don' have to replace milk with fake milk at a year of age, right?

And the idea with the recommendations to have the milk at a year of age really has to do with a lot of the healthy fats that you still get from the Milk for Brain Development.

And so just making sure your child's getting in healthy fat from other sources, avocados, nuts. Making sure that your getting it through those other source.

Nice. And can you just tell us a couple of fruits and vegetables that you recommend that have calcium in them? I usually say broccoli and spinach, and then the other ones that I would go with would be if you like turnips and kale.

Normal Growth, Weight Gain, and Feeding Tips

Figs is a fruit that is naturally high in calcium. Anything that's kind of green has good iron, has a good calcium in it. And then kind going back to for the vegans, soy actually has some calcium as well.

So depending how much soy products you're having, you have to balance the soy and how you are going to take in, but those are rich in calcium. Can we talk a little bit about normal weight gain patterns as children grow?

For the first year of life, we say they usually double their birth weight by around four months, between four and six months. And then around a year, they've pretty much tripled their weight usually.

What happens after that? Now I just do newborns. It's been a really long time. So we expect that you are going to continue to have a little bit more rapid weight gain up until about three to four years of life.

And then I like to tell my patients that their child just kind of starts to stretch and it is normal to be able to see your child's rib cage. when they are in that like late preschool, early elementary age.

It's not necessarily a problem if you can't, but there are a lot of parents who are getting concerned that their child's is not getting in the nutrients that they need because they look so skinny and they can see their rib cage.

That's actually normal. They're becoming more ambulatory, which means they're walking more, they moving more and their appetite is also going to be changing around that age You know any parents out there with the toddler preschool age those children have a lot of agency and they're telling you what they want.

So we expect that the child is going to continue to have little bit more rapid weight gain and then Slow down a little bit of their eating and slow down their weight gain starting by about four all the way through until getting closer to puberty time.

But I expect them to continue to gain maybe about five pounds per inch. Some children who really have like food aversions or anxiety around eating food might even just start with like having it there and letting them look at it.

And then maybe they'll like poke it and then they maybe want to squish it or finger paint with it, or throw it on the ground and see what happens kind of a thing and not necessarily put it in their mouth because some children I think can develop a lot of anxiety about like being forced to try things that they think are gross.

But I know like with my kids, I'll sometimes suggest like, maybe you just want to like smell it or touch it and you don't necessarily have to eat it. Especially if I think it's something they're really gonna like.

Yeah. And role modeling is huge. If parents are doing it, or I have a seven year old and a three year olds, if the seven-year-old eats it you bet the three- year-olds is gonna eat.

Yeah, yeah. Especially if they look like they're enjoying it, right? Or if you look you're like enjoying that. Yeah. Well, thank you so much for being here today.

It was really a pleasure talking to you and hearing all about the pediatric endocrinology stuff. Everything related to all kinds of hormones in the body that do all sorts of different things.

So, Dr. Kenner, I really appreciate your time. Any closing remarks that you have? Thank you, so, much, for having me here. And I hope that all the families who are listening got at least some pearl of something new that they learned and something that will help them in the future.

Thank you for tuning in. Make sure that you like and subscribe so that can be the first to know when new episodes come out. Also, you can check out the four first seasons of the Baby Manual podcast on your favorite podcasting platform or check my YouTube channel for lots of videos and shorts that will help you feel empowered as a new parent as I answer all of common questions that tend to come up in the couple of years of life.

Have a wonderful day.