Abstract

I remember the morning we discovered we were expecting our second child. I was a second-year pediatric resident starting my rotation in the pediatric intensive care unit. I had just given birth to our first child 14 months earlier and was still overwhelmed, yet amazed, by the process of becoming a parent. Certainly we had always hoped for more than one child but this one was coming 9 months sooner than our grand plan. Being an older, non-traditional medical student, I was already significantly older than my colleagues in residency. I wondered anxiously how I was going to explain to my residency director and my fellow residents, who so graciously covered for me on my first maternity leave, that I was pregnant, yet again. Thankfully, 9 months later our second son was born healthy and vigorous. In those long, yet short 9 months, we discovered that our material needs would drastically change. We contemplated a new car that would accommodate two car seats safely and comfortably, and anticipated finding the room, in an already cramped living space, for both a toddler bed and a crib. Perhaps most important at the time, our nanny, who already did a wonderful job of caring for our eldest child, happily accepted the opportunity to now take care of both our children, at an additional cost. [Pediatr Ann. 2015;44(6):224-227.]

Figure 1. A big sister looking on as her mother holds the new baby.

When parents joyfully reveal to me, as their pediatrician, that they are expecting their second child, it is almost always followed by questions and concerns. Most pertain to the transitions the older sibling will need to make, including preparing the older sibling for a new baby, potty training, transitioning to a toddler bed, sharing living and sleeping space, and regression in behavior of the older child. Other questions pertain to the logistics the parents are going to need to address: hiring a nanny versus paying for two children in day-care or perhaps transitioning to a stay-at-home parent, and making do with limited living space.

SIBLING PREPARATION OR NOT

Depending on the age of the first child, formal preparation for the new sibling may or may not be necessary. Children younger than age 2 years really have no concept of what is going to happen until their younger sibling arrives, no matter how many baby dolls they are given to take care of. Visiting mom in the hospital and leaving her there for the night can be more traumatic than the arrival of the new

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Disclosure: The author has no relevant financial relationships to disclose.

doi: 10.3928/00904481-20150611-03
sibling. Many toddlers, even after the birth of their sibling, continue on with life with little interest in this new person who does nothing but eat, sleep, and cry. This can be very unnerving for a parent who anticipates their children will be the best of friends. Remind parents that as soon as the younger child can capture the audience of his older sibling with his social smile, squeals for attention, and interest in his toys, this will change. Children between ages 3 and 4 years are often overzealous in their interest in the new sibling. Most believe that the closer they are physically to their brother’s or sister’s face, the more the infant will pay attention. Hands are held, fingers squeezed, and large kisses are planted on the newborn’s cheek. This overabundance of attention can be just as unnerving for a parent, with concern for safety and transmission of illness. Reminders that hands must be washed and only touching the baby on the top of the head and the feet is a continual mantra (Figure 1). At the same time, it is important to engage preschool-aged children in the care and concern of a new sibling so they begin to develop a bond and do not feel as if an intruder has entered the home to rob them of all the attention.

Siblings older than age 4 years generally realize there have been major changes to the family. Thankfully, toilet training is usually complete and healthy sleep habits have been established. Preschoolers and school-aged children are being continuously reminded they are “the big brother or sister” and new demands of independence are placed on them as well as offering them new privileges. Although they are constantly reminded of these “big kid” privileges, they must also be reminded that they may not pick up the new sibling or feed the new sibling without the permission of mom or dad, even if it is in an effort to help. Not as much time needs to be spent reminding these siblings about good hand washing and safety; more time needs to be spent listening to them, continuing to enjoy activities together, and remembering that although they are much more physically independent than their younger sibling, they have large emotional needs. This is especially true if a younger sibling has a disability. Studies show that siblings of children with disabilities run a greater risk of functional impairment in their own lives including difficulties in the development of interpersonal relationships, poor functioning at school, inadequate use of leisure time, as well as the development of psychopathology. For these families it is particularly important that pediatricians ensure the physical and mental health of the family unit as a whole in addition to the health of each individual child.

CONTINUED CARE FOR THE OLDER SIBLING
Sleep Schedules
Expecting parents of second children often have great concerns about sleep habits (Figure 2) and begin anticipating the need for the older sibling to transition to a toddler bed. This is an extremely important topic of discussion given that several studies suggest a significant association between infant and child sleep problems and poor maternal mental health.² Four often, the first sibling was not required to establish good sleeping habits as caregivers were available to rock the baby to sleep or wake at night in response to the baby’s needs. Additionally, as young parents and young professionals, living space may be limited, and two cribs may not be an option. Decisions must be made as to where the new child will sleep, in his own room, in the room with his older sibling, or in the bedroom with his parents. It is extremely important that expecting parents establish good sleep hygiene in the older child before the arrival of the new sibling. Transitions to toddler beds must be made with enough time to allow disruptions in the older child’s sleep to resolve. I remind parents that soon they will have two bedtime routines and nighttime awakenings to contend with, and at least one of those should be made as easy as possible.

Toilet Training
Expectant parents of toddlers are often in the midst of toilet training or express concerns of regression in training with the birth of the new sibling. If toilet training has not been initiated, then it will likely be more successful once the new sibling arrives and the new family unit has reestablished a normal family routine. Caregivers will have become more adept at juggling

Figure 2. A mom asking an older sibling for quiet during the baby’s nap time.
the needs of two children and can be more attentive to the soiling schedule and needs of the child in the midst of potty training. Occasionally, older toddlers and preschoolers who are already potty trained will regress in their toileting skills; however, more often they regress in areas of behavior or independence, requiring assistance with dressing or eating—areas in which they may have already mastered necessary skills. Patience is a must, giving some leniency, yet being consistent in requiring a certain level of behavior and independence.

THE FAMILY’S EMOTIONAL HEALTH

Perhaps most important, but not considered enough, is the emotional transition to a two-child family. In hindsight, I wish someone would have warned me about the rollercoaster of emotions I would experience in those first 6 months of my second son’s life. I am very careful now to discuss this prior to the birth of the second child and touch on it again when the new sibling is brought in for the first visit. Often there are tears of relief after hearing that it is normal to be unsure about this new family. Even with the most intentional family planning, the mother of a second child questions how she will be able to give her “baby,” her older child, the time she has given in the past. Will the first born feel sad, hurt, left out? Yet, she looks at the brand new child in her arms and wonders, “how can I give you all I gave your older sibling.” “I don’t have the time.” In just a few days home from the hospital most mothers realize that they cannot sit and quietly enjoy holding their newborn. Most nursing or feeding of the newborn is done while reading books to the older sibling or even playing a game with him. The older sibling is introduced to the television or electronic entertainment during times in which the needs of the infant must come first and feelings of perceived poor parenting set in. I quickly remind parents that everything they are teaching their older child, their younger child is learning as well. As you drive in the car, reading the street signs to the toddler in the back seat or singing a favorite song, the infant next to him is hearing those same words and taking it all in. In fact, many parents have commented that when an older child takes part in a developmental therapy, the younger sibling is often working on those same skills mastering them perhaps even sooner than his older sibling.

Often during the first few weeks of transition, the older sibling begins to spend more time with the secondary caregiver in the family. If mom has been the primary caregiver at home, this gives the secondary caregiver and the older sibling a wonderful opportunity to develop their own activities that they enjoy doing together. This facilitates lasting memories and the older sibling begins to look forward to these times together. This often gives the primary caregiver the opportunity to work on breast-feeding, resting and recovering, and bonding with the new infant. Most mothers, however, will comment that they are a bit jealous of the one-on-one time other caregivers are able to spend with the older sibling. They feel a bit sad that they are perhaps not as needed as they were in the past by the older sibling, at bath time or perhaps bed time. At the same time, many secondary caregivers worry that they do not have the opportunity to bond with the newest member of the family. During this time, it is important that both caregivers occasionally shift roles, allowing each to develop new bonds and continue to foster established relationships in the transitioning family unit. It is also important, assuming mom and newborn are healing well and healthy, that the entire family begins to spend time together in activities. This allows ev-
everyone to recognize just how long it will take to get out the front door as a family. It also allows the older sibling to see that they are all one family now, including the new sibling. This is going to require patience by the older child who may need to be reminded often that everyone is a part of the family, including the brand new sibling.

**ALL IN THE FAMILY**

Most families make a comfortable transition to a two child family by the 6-month birthday of the youngest child (**Figure 3**). Most parents realize they are not the first to raise two children at one time and their children are not the first to have a sibling who competes for their parents’ attention. Each child’s needs can and will eventually be met. Over time, these children and their parents learn the art of patience, sharing, negotiating, and being a family.

**REFERENCES**