Being a Grandparent and a Pediatrician

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With each generation, new ideas and modifications of our old ideas about how to care for babies emerge. There are a few ongoing principles, however, that do not shift with generational change.

When my daughter Gretchen delivered her daughter Ayla at 35 weeks by cesarean delivery because the baby was breech with leaking membranes, everything went well and Ayla spent 10 days in the neonatal intensive care unit (NICU) for temperature and breathing regulation, as well as learning how to breast-feed. Her NICU course was the subject of a blog I wrote for American Academy of Pediatrics (AAP). It was difficult standing by as a grandparent, who is also a pediatrician/neonatologist, watching my granddaughter make the adjustment to extrauterine life and to her parents.

Breast-feeding remains a good practice for both baby and mom, even though it can sometimes be a challenge for them both. Watching Ayla’s breast-feeding introduction took me back to Gretchen’s first days of being breast-fed by my wife, Sally, the first month after birth, which included jaundice that required phototherapy, poor weight gain, and lots of crying. In Ayla’s case, Gretchen did a great job with ongoing support from her husband, the lactation consultant, and pediatrician, who were all supportive during her daughter’s stay in the NICU.

Just like breast-feeding, safe sleep is another principle of baby well-care that has been a household topic for all six of my grandchildren. Reviewing and complying with the list of safe sleep guidelines published by the AAP can be a challenge. When discussing safe sleep practices with my children, other family members, and grandparents, different perspectives surface. Because I am a pediatrician and my wife is a pediatric intensive care nurse, we are both hypervigilant about following the safe sleep guidelines for our family—supine position in sleep, no blankets or bumpers in crib, no overheating, and no co-sleeping. Despite our best efforts to ensure adequate tummy time and complying with the supine position recommendations, my grandson, Logan, developed torticollis and brachycephaly. His clinical course included physical therapy and helmet therapy with good results.

After noticing that my granddaughter, Emma, was arching and refusing feedings from a common baby formula product, she was diagnosed with severe gastroesophageal reflux at approximately age 4 months. With guidance from her pediatrician, she was started on a proton pump inhibitor for esophagitis and switched to a hypoallergenic baby formula product with clinical improvement of her growth and no evidence of arching. With no more concerns for failure to thrive, Emma was charted in the 25th percentile for weight by age 1 year.

With each clinical issue that has presented itself with my grandchildren, I try to just be the grandparent but, it becomes more complex if it falls into my area of expertise; it is hard not to be concerned. However, I have remained confident with my grandchildren’s respective pediatricians, neonatologists, lactation consultants, and nursing staff. The ability to communicate with the providers via my children eased some of my stress and uncertainty. My wife and I make it a point not to be intrusive with our grandchildren’s health care, but we are on standby as resources if needed.

REFERENCES

