



Mommy, My Ear Hurts

Why is the 3-and-under set so prone to ear infections? Can you do anything to break the cycle? And meds or no meds? Here's the lowdown.

by **BARBARA BRODY** / photographs by **THAYER ALLYSON GOWDY**

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WHEN AMY DEEL'S son was 6 months old, he developed his first ear infection. It would not be his last. "Liam would take antibiotics and be fine for about a week before the infection returned," Deel says. "Eventually, he got antibiotic shots, which meant taking him to the doctor three days in a row."

After five months of one ear infection after another, the Grand Rapids, Michigan, mom was referred to an ear, nose, and throat (ENT) doctor and learned that Liam had suffered significant hearing loss in both ears. Fortunately, it could be temporary—provided his ears had a chance to recover. So two months later, the baby had tubes inserted in an outpatient surgery. "My first child had colic, but watching our second child suffer from ear infections was just as awful," Deel says.

About half of all infants will have at least one ear infection by their first birthday; by age 3, that number jumps to 80 percent. And some kids, like Deel's son, seem to be in constant agony. Doctors weigh in with answers to the most common (and confounding) ear-infection questions.

My kid gets a cold, and then, bam, an ear infection is up next. Why?

When your child is stuffed up with a lousy cold, most of the gunk drains from her nose into her throat. But some of it also gets backed up behind

the tympanic membrane, also known as the eardrum, which is a little window that opens into the middle ear, explains Oregon-based pediatrician Whitney Casares, M.D., author of *The Newborn Baby Blueprint*. Fluid that gets into this tricky spot is supposed to drain into the throat via the eustachian tubes, but that's not always what happens.

Kids' ears and immune systems are immature, making them more susceptible to infections. The eustachian tubes are shorter than they are in grown-ups, and they tend to be oriented more horizontally, so it's harder for fluid to drain out. Bacteria that already live in the back of your child's nose (gross but true) then make their way into that fluid and breed, says James Coticchia, M.D., a pediatric ENT with The Studer Family Children's Hospital at Sacred Heart, in Pensacola, Florida. The same thing can happen if your child gets stuffy thanks to the flu or allergies, though colds are the most common trigger for ear infections. "Plus, not all kids have the ability to

blow their nose," Dr. Casares says. "When adults feel pressure building up, they reach for a tissue."

Are all ear infections the same?

"Ear infection" is the common term; your doctor knows it as otitis media, and there are three main types. Acute otitis media is the most common, and it means there's an infection in the middle ear. When a doctor takes a peek with an otoscope, she will see redness and a bulging eardrum, says Elisa Song, M.D., holistic pediatrician with Whole Family Wellness, in Belmont, California.

Sometimes there's still fluid trapped behind the eardrum after an acute infection seems to have gone away; that's called otitis media with effusion. The third kind, chronic otitis media with effusion, means that fluid is stuck in the middle ear for an extended period of time or it keeps coming back even when there's no infection.

In case you were wondering, swimmer's ear is totally different: It's an infection in

the outer ear that's caused by bacteria in water that your child is exposed to while—you guessed it—swimming.

Will I definitely know if my kid has an ear infection?

Not always. If your child is old enough to talk, he'll probably complain of ear pain, which can range from mild discomfort to agony. With a baby, you might have to do some detective work. He might tug or pull on his ear, cry more than usual, and have a hard time sleeping. An ear infection often goes hand in hand with a fever and can also cause balance problems; a tot who is learning to walk might suddenly become extra wobbly, and an older kid might complain of dizziness.

But it's possible to have an ear infection without any symptoms. "Some kids come in with a cold, and when we look in their ear, we see that it is really red and has fluid," Dr. Song says. "But it might not need to be treated if there's no pain or fever."



When my kid is fussy and pulling on his ear, can I get a prescription for antibiotics?

The latest guidelines from the American Academy of Pediatrics say that if a child is older than 2 and isn't running a fever of 102°F or higher or in extreme pain, you should wait at least 48 hours before starting antibiotics. That's because most infections will resolve on their own, and antibiotics have side effects: They kill off the "good" bacteria in the body along with the bad and pave the way for *Clostridium difficile*, an intestinal infection that can cause severe diarrhea. Frequent rounds of antibiotics also make your child (and the population at large) more vulnerable to antibiotic-resistant infections such as MRSA. Plus, any infections caused by a virus won't be helped by antibiotics, since they don't touch viruses, says Dr. Cotichia.

All that said, most pediatric practices are flexible when it comes to the

guidelines. Your child will typically need a prescription if the pediatrician spots major redness, pus, or bulging (the middle ear is pushing out on the eardrum). "Otherwise, many doctors will offer parents a paper script to hold on to or tell them that they can call back in a couple of days for a prescription if the symptoms aren't improving," says Ari Brown, M.D., a *Parents* advisor and author of *Baby 411*. "But if a kid is really miserable, I will treat with antibiotics right away."

The pediatrician said my child's eardrum burst. Is that as bad as it sounds?

It's not great, but don't panic. Also called a ruptured or perforated eardrum, it means that the tympanic membrane separating the middle ear from the outer ear has a hole in it caused by pressure from fluid buildup. Not surprisingly, this can hurt a lot and temporarily



interfere with hearing. “However, the hole usually closes pretty quickly on its own,” Dr. Coticchia says. Sometimes a special type of prescription eardrop is needed or, in rare cases, surgery.

With or without antibiotics, how can I soothe my child who’s in pain?

Try an over-the-counter pain reliever, such as ibuprofen or acetaminophen. “Both work fine, but I prefer ibuprofen for kids over 6 months of age because it lasts for 6 hours—acetaminophen only lasts 4—and buys everyone a little more sleep,” Dr. Brown says.

As for those pain-relieving eardrops that docs used to prescribe or you could find in the pharmacy? The FDA removed them from the market in 2015 after concluding that they were ineffective. You might still be able to locate natural remedies such as garlic drops in stores, but Dr. Brown says they’re unlikely to help. “Your child’s pain is in the middle

space of her ear, so placing drops in the external ear space won’t reach the problem. The drops can also make it harder for her doctor to look in and see clearly,” she explains. “And if the eardrum bursts, the oil could end up in the middle ear, which isn’t safe.”

Why does my child get ear infections so often?

Blame heredity, the environment, and plain old bad luck. If you had lots of ear infections when you were young, your child could be more prone, says Dr. Casares. Genetics also controls the size and positioning of the eustachian tubes. Other factors include whether your little one attends day care—kids who do are at higher risk to develop recurring ear infections, says Dr. Coticchia—as well as the age at which he got his first ear infection. (If your child had one before his first birthday, he’s more apt to have a bunch

more.) Children who weren't breastfed may also get more infections. Breast milk contains antibodies called IgA, which strengthen your child's defenses against all sorts of bugs.

How do ear infections affect a child's speech?

Even after a middle-ear infection is treated, some fluid might still be trapped behind the eardrum a month later. This can impair hearing by making it extra hard for your child to hear certain consonants and then mimic your words. Speech therapy and, in some cases, ear tubes, can get your child's language skills back on track. "When you put tubes in, hearing goes back to normal," says Dr. Coticchia. (For more on speech delays, see "Preschooler Problems Not to Ignore," on page 30.)

How do I know if ear tubes will help?

Ear tubes are only about the size of a grain of rice and are inserted into the middle ear through a small hole in the eardrum. They normalize air pressure in the middle ear and help any trapped fluid drain out. Most experts agree: If your child has had at least three ear infections in the past six months or four infections in the past year (with one episode within the past six months), then it's time to talk about tubes. The recommendations are not specific about age, but most kids who get them are between 1 and 3 years old. Not all children who get tubes have hearing or speech problems, but it's definitely a motivator for lots of parents—as is the desire to get off the infection-antibiotic-infection merry-go-round. "After having tubes put in, half of kids will never get an ear infection again, and the other half will get one only every once in a while," Dr. Coticchia says.

Sometimes general anesthesia is required, but nowadays more ENTs are doing this as an outpatient procedure with a mask anesthetic that's similar to what kids might get at the dentist's office. Tubes usually fall out on their own within 18 months, and the biggest downside is a possible (but rare) risk of developing holes in the eardrum that don't close up after the tubes come out.

Your doctor should confirm that everything has healed properly.

Can I do anything to prevent my kid from getting another infection?

Washing his hands frequently can help prevent him from getting sick. When he does have a cold, keep him upright as much as possible (older kids can sleep with an extra pillow behind their head), which will encourage fluid in the ears to drain down, Dr. Casares says. You can also run a humidifier in his room and put saline mist in his nose to thin out mucus and help it flow more easily.

Last, make sure your child is up to date on vaccinations—especially the pneumococcal vaccine. Before this

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became available, 80 percent of kids got at least one ear infection; now it's down to 60 percent, according to research published in *Pediatrics*. You'll also want to make sure your kid gets a flu vaccine every year, and keep him away from tobacco smoke (it irritates the eustachian tubes).

Fortunately, kids' risk for ear infections drops off dramatically around age 8. Since the eustachian tubes grow along with the rest of the body, says Dr. Casares, any fluid that makes its way into the middle ear is less likely to get stuck there. ✖