

FLYING WITH YOUR KIDS

by Richard A. Hansen, M.D., AME

When I was very young, my father took me for a ride in his Taylorcraft, which he shared with three other partners. Dad loved flying, and was very good at whatever maneuvers that post World War II vintage tail-dragger could perform. Unfortunately, my stomach never seemed to accommodate to his stalls and steep turns, and Dad got tired of cleaning up the co-pilot seat after each attempt at teaching his boy some aeronautic principles. So, for this pilot, flying small planes had to wait for many decades, though now my flights in a Cessna 152 or a Skyhawk are exhilarating.

Today, with children of my own, and several grandchildren too, I wonder how parents can introduce their kids to small aircraft without the stress we experienced years ago. There are several factors to consider. This month we will look at the ears and pressure effects of flight for kids. Also, the issue of noise, air sickness, and flying fear. Finally, protection from injury.

Children, even babies, have the same air containing spaces in their bodies as adults. This includes the sinuses, Eustachian tubes and middle ear, and the digestive tract, especially the stomach and intestines. It only takes one drop of mucus to plug the Eustachian tube, which connects the middle ear cavity to the posterior nasal space. So, any child with a sniffle, a cold, or other infectious upper respiratory problem should not fly until they are completely well. Children are less likely to swallow frequently to clear their ears than adults. This maneuver equalizes pressure in the ear. It works just as well in children, but also occurs during sucking or even crying.

Air travelers well know, including pilots, that most pressure related ear problems develop during descent, when the air in the middle ear contracts. We deliberately 'pop' our ears to avoid the pressure build up, though children do not instinctively know how to accomplish this. Feeding a child during this time to encourage swallowing, or chewing gum can be helpful. Infants could breast feed (if traveling with their mother) or swallow formula or juice from a bottle. Pacifiers are less helpful, since they foster primarily air swallowing, which can lead to bloating and intestinal gas pains.

Climbing to altitude after departure, the ambient air pressure decreases, and gasses tend to expand. In the ear this is usually no problem, since the ear pressures equalize naturally with painless escape of the excess gas. However, intestinal gas may expand to cause abdominal gas pains. Though transient, this discomfort should be minimized, by avoiding any foods known to cause gas in the child. Common culprits are foods as dairy products, cheese, beans, or soda beverages.

Ensure that your child drinks adequate amounts of water, or fruit juice, so to maintain good hydration. The inconvenience of a wet diaper in the little ones, is nowhere near the distress of an injured eardrum, which is prevented by increased fluid intake. Excessive or prolonged noise exposure can damage hearing in children as well as adults. High

noise levels should be minimized, even in general aviation aircraft. Child sized headsets are available for moderate cost. Usually the passive protection of ear muffs is adequate to make the trip comfortable, and it gives the child a sense of being part of the pilot team, a good investment.

Susceptibility to air sickness is maximum in children between the age of four and eight. While it occurs less commonly in infants and very young children, there are some with unusual sensitivity to motion sickness, whether in airplanes or the family car, and these may need special care, even anti-motion sickness medication in order to travel comfortably.

When the parents enjoy themselves, and are free of visible fear, the children seldom feel threatened in flying. The earlier a child is introduced to airplanes the more comfortable they will be with the activity. Adequate explanations will help allay fear, and parents should listen to the kids when they want to talk about a flying experience. Painful ears or recurrent airsickness, however, may dampen a child's enthusiasm, forcing parents to make other plans for their hobby and recreational outlets.

We should know the FAA rules concerning passenger and pilot restraint. Seat belt issues are not so clear with very young infants and children. While a two year old can be held by a parent in commercial flight, I would definitely advise using an appropriate car seat for restraint in a small airplane. The child will be better protected, of course, in event of any forced landing. And, with better visibility and contact with the other passengers, a child can relax or even sleep with less risk of injury in sudden turbulence. The parents will enjoy the flight better, too, without the necessity of constant attention to their baby or young child. Older children can be seat belted just as adults, and must naturally be restrained on takeoff and landing according to FAA regulations.

In summary, there is no reason why a great flying experience should not be shared with the whole family, including young children. Many excellent pilots were mentored at a very young age by their Mom or Dad. Perhaps some of you have enjoyed the same advantages growing up. Pass it on to the next generation, but teach the kids to fly safely.

*[Doctor Hansen, author of the popular book on home health care, **Get Well At Home**, currently serves as medical director of the **Emerald Valley Wellness Clinic**, and its **Live-for-Health Seminars** in Creswell, Oregon. Pilots who for health reason are having trouble passing their medical should contact us. For further information or inquiries, contact: **clinic1@emeraldwellness.com**]*