

SUMMER 2009

Carolinas

kids

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OUTDOORS!

Advanced
care for mom
and baby

STOP SMOKING
BEFORE IT STARTS

Levine
 Children's
Hospital

Our world revolves around children.

>> Parents' pages



Early autism clues

New findings may lead to earlier interventions for kids with autism.

Investigators at the UC Davis M.I.N.D. Institute in California found that 1-year-olds who repeatedly spun, rotated and stared at simple objects like a bottle and rattle were more likely to be diagnosed later with autism than infants who weren't preoccupied with these items. The sooner a child is diagnosed with autism, the faster treatment can begin. ■

Add whole grain—bit by bit

Take heart: Even if kids won't go near whole grains right now, they eventually trade their white-flour foods for the healthier stuff. The trick is to introduce it gradually, say University of Minnesota investigators. In a study that lasted an entire school year,

small portions of whole-grain flour were added to elementary students' lunches in increasing amounts. The children didn't turn down the enhanced bread and rolls until the amount of whole-grain flour in the food reached 70 percent. That means you can sneak whole-grain flour into homemade muffins and breads and even picky eaters will gobble them up. ■

Sleepless nights, chubby children?

At one time or another, all children between ages 6 months and 6 years experience sleep problems such as night terrors or bed-wetting. Over time, these issues usually work themselves out, but for 30 percent of children, sleeping for six consecutive hours remains problematic. This lack of shut-eye may be a health threat, say researchers at the University of Montreal, who found a link between sleeplessness and weight gain. In a study of 1,138 children, more than a quarter of the kids who didn't get enough sleep had a weight problem. Why? Fewer hours of sleep increases the production of a hormone that boosts appetite and cuts production of one that controls appetite. ■

Kick kiddie anger

Regular exercise can decrease anxiety and depression in children. But a new study suggests that when kids get physical, anger levels drop, too. During a three-month study, researchers at the Medical College of Georgia had 208 sedentary and overweight 7- to 11-year-olds either participate in aerobic activity after school or remain inactive. At the end of the study, aggressive and angry behaviors such as hitting and door-slammings decreased in the kids in the active group. For young people struggling with weight issues, exercise may be an effective way to get them feeling better—inside and out. ■



>> Moms want to know ...

When you don't like your child's friend

In your child's eyes, his or her new BFF is the most amazing person on the planet. But you think otherwise. That new friend is impolite and insensitive—nobody you'd choose to have your child pal around with. But you can't always pick your kids' playmates, especially as they get older. The following tips will help you navigate through this less-than-perfect alliance.

- **Remember your child's values.** All of the positive

lessons you've taught can't be undone. Reassure yourself of that.

- **Talk about it.** Explain to your child that you don't always like the way the new pal acts. Give specific examples. This will get him or her thinking about the friend's behavior and the impact it has on others.

- **Compromise.** Think about best-case scenarios. Allowing your child to see the friend only at your house when an adult is present instead of attending a movie together or going



to the mall unsupervised will give you a sense of control.

- **Just say no.** If the friend's behavior is simply intolerable—or dangerous—tell your son or daughter that you want the friendship to end. Your child may be grateful that you stepped in and provided an easier way out of the relationship. ■

>> Milestones

It's time for braces!

Maybe your daughter's teeth are crooked. Or maybe she has an overbite. Whatever the case, braces are inevitable. Knowing what to expect will make the experience easier to handle—for both of you.

- **What will the braces look like?** Forget the stereotypical silver "metal mouth." Today, brackets—the most visible part of braces—can be made from plastic or ceramic and can be inconspicuous (clear or enamel-

colored) or fun and flashy in bright colors.

- **Will they hurt?** Expect your daughter to feel some discomfort after the braces are first put on and whenever they're adjusted.

- **How will she take care of her teeth?** Food particles can get stuck in the braces,



so she should brush her teeth carefully after every meal. Rinsing with mouthwash will help dislodge food bits that a toothbrush can't reach.

- **How long will she have to wear them?** Anywhere from one to three years—and the resulting dazzling smile will last a lifetime! ■

FAST FACT...

Kids who are physically fit do better in school than those who are less fit, according to a recent study.

Advanced care for high-risk pregnancies and deliveries

Pregnancy and the anticipation of a new child is usually a happy, exciting time for families. However, anxiety about the health and well-being of the baby can be especially strong when a pregnancy is considered high-risk. When potential health risks to the mother or child exist, it's important to know what healthcare resources are available to ensure the best possible outcome.

Pioneering procedures

The combined services at Carolinas Medical Center's Women's Institute and Levine Children's



Courtney Stephenson, DO, CMC Women's Institute

Hospital offer a comprehensive range of specialty care for mother and child—addressing issues that may arise during pregnancy and after delivery.

Women who have a complicated pregnancy receive care through our maternal-fetal medicine

program, where specialists are highly trained to perform detailed Level II ultrasound, fetal echocardiography and diagnostic tests such as chorionic villus sampling, amniocentesis and fetal blood sampling. They also perform ultrasound-guided in-utero blood transfusions and other in-utero procedures. If you require advanced prenatal care, CMC Women's Institute staff will work closely with your physician to monitor your health and the health of your baby.

To remain at the forefront of advanced prenatal care, one of our maternal-fetal medicine specialists, Courtney Stephenson, DO, trained at Cincinnati Children's Hospital Medical Center to learn how to perform fetoscopic laser ablation, a procedure used for twin-twin transfusion syndrome (TTTS).

"About 20 percent of all twins share one placenta, and in 15 to 20 percent of those cases there's an unequal sharing of the placenta, where one fetus doesn't receive sufficient blood flow while the other fetus grows much larger," Dr. Stephenson says. "If untreated, TTTS has an 80 percent risk of fetal loss and could result in the loss of both fetuses."

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Best for you and baby!



>> For additional information about our maternal-fetal care program, go to www.cmc-womensinstitute.org.

Visit www.levinechildrenshospital.org to learn more about our neonatal intensive care nursery.

During fetoscopic laser ablation, a laser is used to locate and cauterize abnormal blood vessels on the placenta to equalize blood flow to both fetuses. Once her training is complete, Dr. Stephenson will perform this procedure at CMC—the only facility in the Southeast where this leading-edge treatment is available.

“Our goal is to change outcomes when a medical condition puts the life of a fetus at risk,” says Dr. Stephenson. “We treat conditions that require immediate intervention, and further treatment may take place after the birth of the child.”

Partners in care

The staff at CMC’s Women’s Institute also has a close partnership with the pediatric and neonatal specialists at Levine Children’s Hospital, where a 53-bed, Level IV neonatal intensive care nursery (NICN) offers the highest-rated level of neonatal care and services for newborns who arrive ahead of schedule. Many of these newborns are critically ill with heart conditions, breathing problems or other congenital issues. Our NICN has the only ECMO heart-lung bypass and induced infant hypothermia therapy capabilities in the region.

Dr. Stephenson says the maternal-fetal medicine specialists and neonatologists at Levine Children’s Hospital meet to discuss complicated patient cases, creating a continuity of care throughout pregnancy and delivery.

“For example, most babies treated for TTTS deliver early,” Dr. Stephenson says. “It’s reassuring to consult with the neonatologists at Levine Children’s Hospital so any baby we deliver early will have the best possible care.”

David G. Fisher, MD, FAAP, director of the LCH Division of Neonatology, frequently meets with the maternal-fetal medicine team.



“Being prepared for complications vastly improves a child’s outcome.”

—David G. Fisher, MD, FAAP

“Knowing about a fetal illness before delivery allows for a skilled team to be available around delivery, providing the best care possible,” Dr. Fisher says. “Being prepared for

complications vastly improves

delivery, the quality of care the infant

receives and, ultimately, the child’s outcome.

The value of both teams working together can’t be overstated.

“Discussing the infant’s needs with parents before delivery gives them invaluable insight into what will occur afterward and helps them understand the possible outcomes and options,” Dr. Fisher adds. “Parents benefit from being able to prepare emotionally for the difficulties their child may face and by meeting members of their child’s healthcare team. Many of their fears can be alleviated, so the transition after delivery is greatly eased.” ■

Mother nature is good medicine

>> Outdoor time helps kids stay healthy

Anyone who has ever romped through the woods, peering for tiny creatures under moss-covered rocks, knows that nature has the ability to fascinate and inspire. It also has the power to heal. Research has shown that spending time outside improves our health and well-being—and children do especially well in nature. The natural world offers these newly discovered benefits for young people:

>> Green settings help kids stay focused. A recent study of 17 children diagnosed with attention deficit hyperactivity disorder (ADHD) found that they were better able to concentrate on a test after a 20-minute walk through a park than after strolling through a residential neighborhood or downtown setting. Parks, as opposed to more stimulating man-made environments, may trigger a more restful effect on brain processing, which can help focus kids' attention.

>> Tree-lined streets may prevent asthma. Four- and 5-year-olds who lived along city streets densely planted with trees were less likely to have asthma than kids in neighborhoods with fewer trees.

>> Kids move more outside. Australian researchers found that kids who spend more time outdoors are more active than children who spend their time in the house. Physical activity reduces the risk of obesity, high blood pressure, type 2 diabetes, asthma and heart disease.

>> Nature protects kids from stress. A study of 337 rural third- to fifth-graders found that children who had more access to green spaces were less affected by stressful conditions at home. It seems nature provides a sense of solitude and freedom for children, who temporarily become “lost” in the sights and sounds of the outdoors—and forget their own dilemmas.



Let's go outside!

Lure kids into the great outdoors:

- 1 Watch clouds.** Look up and see what's floating by: a rabbit, a turtle or maybe even a T. rex?
- 2 Get dirty.** Dig with small shovels or hands, add water and then get messy.
- 3 Be a collector.** Gather fireflies in a jar or pick up colorful leaves and odd-shaped stones.
- 4 Identify bugs.** Learn about the wondrous insects that call your yard home. ■

PARENT PRACTICES

Plant a garden with your kids.

Go apple or berry picking.

Go camping—in the backyard.



Will your child smoke?

>> 10 questions to ask

every day, about 4,000 kids between ages 12 and 17 take their first puff on a cigarette. Nearly 1,300 of them will become regular smokers and half of them will die from their habit. As a parent, you do have some power over whether your child begins smoking. Ask yourself these questions:

- 1 Do you smoke?** Kids whose parents smoke have an increased risk of using tobacco. Explain to your child that you made a mistake. And then find some support and quit.
- 2 If you smoke, do you talk to your child about the consequences?** Children of smokers tend to be more impulsive, which may lead to

smoking. Because impulsive kids usually don't consider long-term consequences, focus on the short-term effects (coughing, throat irritation) to discourage lighting up.

- 3 Did you begin smoking at a young age?** The Indiana University Smoking Survey found that adolescents were at the greatest risk when their parents lit up at an early age.
- 4 Did you smoke in the past?** Parents who quit by the time their child is 8 or 9 significantly reduce their child's odds of smoking.
- 5 Does your child spend time with smokers?** Kids who hang around with peers or siblings who smoke are at greater risk.
- 6 Do your kids have access to cigarettes?** Children who can find cigarettes easily are at an increased risk of becoming smokers.
- 7 Does your child watch TV or movies with smoking?** Teenagers exposed to a lot of on-screen smoking are nearly three times more likely to start than teens who watch movies with less smoking.
- 8 Do you enforce no-smoking rules?** Children who grow up in homes with antismoking rules are less likely to smoke than those who don't.
- 9 Are there smoke-free laws in your town?** Kids who live in towns with strong smoke-free laws are less likely to become smokers.
- 10 Has your child already started smoking?** Most teens who've smoked at least 100 cigarettes are already addicted. Call the National Cancer Institute for expert advice at **1-877-44U-QUIT**. ■

House calls

Q My son gets constipated pretty often. What can I do to keep him regular?

A Symptoms of constipation include infrequent bowel movements that are often hard and dry and at times difficult to pass. Although the condition is common in younger children

and often short-lived, it can be worrisome to parents. Triggers may include not getting enough fluids and fiber, illness, taking medications or a preoccupation with play, causing your child

to ignore the urge to go. Stools build up and become larger and harder. Drinking water or prune juice, eating fiber-rich foods, or taking an over-the-counter stool softener or laxative should get things moving again. If symptoms persist, take your child to the pediatrician or family doctor.



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“it’s my child.
i have a voice.”



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