



BABY TALK

How to Stop a Crying Baby

Pick him up, turn on some white noise and take a stress break

You've fed, burped, changed and rocked your baby, but he's still crying. And crying. Your nerves are frayed, your sleep is wrecked and you're losing confidence as a new parent. Now what?

"First, don't blame yourself," says John Nagamine, M.D., pediatrician. "Most babies have extended crying episodes with no easy explanation."

Some babies cry for long stretches at 3 and 12 weeks of age during steps in development when their sleep is less settled. "Colicky" babies — generally,

those who cry non-stop for more than three hours a day, more than three days a week — are thought to have a built-in tendency to overreact to any stimulation, be it a

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John Nagamine, M.D.



An Rx for RSV

This cold-like virus hits some infants hard

As a child, you probably never heard of respiratory syncytial virus (RSV). But today it's better known, and doctors believe RSV is the most common cause of respiratory infections in young children.

RSV is prevalent in Hawaii. "We know that many children are infected in their first year of life and essentially all children are infected by age 2," says Galen Chock, M.D., pediatrician and vice president, American Academy of Pediatrics (AAP), Hawaii Chapter.

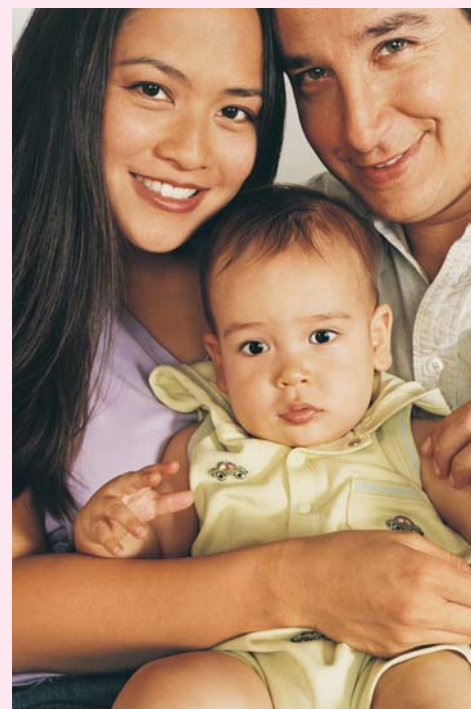
RSV outbreaks usually hit in late fall, winter or early spring. "We have no way of predicting at the beginning of a season whether it's going to be a particularly severe season or not," says David K. Shay, M.D., a medical epidemiologist at the Centers for Disease Control and Prevention.

"Young infants tend to have smaller airways, making their breathing vulnerable. RSV can be life threatening for some young children."

*—Galen Chock, M.D.,
pediatrician and vice president,
American Academy of Pediatrics,
Hawaii Chapter*

RSV usually causes mild symptoms — "often very much like a common cold, at least initially," says Dr. Chock. Signs include a stuffy, runny nose, coughing, slight fever and sometimes wheezing. Symptoms may linger a week or two.

Ask your pediatrician about fluids, rest and medication to reduce fever.



RSV can cause a more severe lower respiratory infection, such as bronchiolitis or pneumonia, with coughing, wheezing and severe difficulty breathing that may lead to a low level of oxygen in the blood.

When to seek treatment

How can you tell if your child's infection is serious? If your child is laboring for each breath — nostrils flaring, grunting, coughing, unable to drink or sleep — "that's a child I worry about and would

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Galen Chock, M.D.





Sprains, Strains, Breaks: What's the Difference?

If you've sprained your ankle before, you know what severe pain is.

But that "sprain" could have been a "strain" or possibly even a "break."

**Robert Durkin,
M.D.**



The amount of pain in each case can be virtually equal, so if your child suffers an injury, the best way to find out what your child has is to see a doctor, advises Robert Durkin, M.D., pediatric orthopedic surgeon.

"The most common reason for an ankle sprain is having had one already," says Dr. Durkin. "The best prevention of a second sprain is appropriate treatment of the first."

Dr. Durkin offers some helpful facts on common injuries for parents:

Sprains

Sprains are a stretch and/or tear of a ligament, the tissue connecting two bones. Ligaments stabilize and support the body's joints. For example, ligaments in the knee connect the upper leg with the lower leg, enabling people to walk and run.

A sprain is caused by trauma (a fall, a twist, a blow to the body) that knocks a joint out of position and overstretches or even ruptures supporting ligaments. Some examples are when a person lands on an outstretched arm, slides into a base, lands on the side of the foot or runs on an uneven surface.

Though the intensity varies, pain, bruising and inflammation are common to all three categories of sprains: mild, moderate and severe. The child may feel a tear or pop in the joint. With a severe sprain, ligaments tear completely or separate from the bone. This loosening impairs joint function. A moderate sprain partially tears the ligament, producing joint instability and some swelling. A ligament is stretched in a mild sprain, but there is no joint loosening or instability.

"The tendency is to think of sprains as a minor injury, but repeated sprains can lead to ankle arthritis, a loose ankle or tendon injury," cautions Dr. Durkin.

Strains

Strains are a twist, pull or tear of a muscle or tendon. Tendons are cords of tissue that connect muscles to bones.

Acute strains are caused by a direct blow to the body, overstretching or excessive

muscle contraction. Chronic strains are the result of overuse — prolonged, repetitive movement — of muscles and tendons. Inadequate rest during intense training can cause a strain.

Typical indications of strain include pain, muscle spasm, muscle weakness, swelling, inflammation and cramping. In severe strains, the muscle or tendon is partially or completely ruptured, leaving a person incapacitated. Some muscle function will be lost with a moderate strain, where the muscle or tendon is over-stretched and slightly torn. With a mild strain, the muscle or tendon is stretched or pulled slightly.

Breaks

Breaks are a fracture, splinter or complete break in bone, often caused by accidents, sports injuries or bone weakness. Bone breaks should always be looked at by a physician to ensure proper healing and connection.

Treat injuries with RICE

In all but mild cases, a doctor should evaluate the injury and establish a treatment and rehabilitation plan, says Dr. Durkin.

Meanwhile, RICE (rest, ice, compression and elevation) usually will help minimize damage caused by sprains and strains.

Begin RICE immediately after the injury and continue off-and-on for about 72 hours, says Dr. Durkin.

RICE relieves pain, minimizes swelling and speeds healing, and it is often the best treatment for soft-tissue injuries, such as sprains and strains.

- **Rest:** Avoid moving the injured area to allow healing to begin.
- **Ice:** Apply it immediately to reduce inflammation, which causes more pain and slows healing. Cover the injured area with an ice pack (inside a wet cloth) and apply the ice for 10 to 20 minutes intermittently for 48 to 72 hours. Never ice for more than 20 minutes, because that can cause a nerve injury.
- **Compression:** Use an elastic, or ACE, bandage to help prevent or reduce swelling. Wrap the injured area without making it so tight that it will cut off the blood supply.
- **Elevation:** Prop up the injured area above the level of the heart. You may need to lie down to get your leg above your heart level.



New Meningitis Shot Shields Teens and Young Adults

Vaccine could save hundreds of lives each year

A new vaccine can help head off one type of bacterial meningitis for 11- and 12-year-olds, teens entering high school and college freshmen in dormitories.

Though somewhat rare, meningitis can be deadly. Caused by bacteria that infect the bloodstream, brain lining and spinal cord, it kills one in 10 victims — up to 300 Americans a year. One in five survivors may face permanent disabilities.

Most meningitis patients are less than 2 years old. That's why infants get shots that fight bacteria that can cause this contagious disease.

But meningitis due to the meningococcus germ peaks again in adolescents and young adults. "More deaths actually occur in teenagers," says Marian Melish, M.D., pediatric infectious disease specialist at Kapi'olani Medical Center for Women & Children.

The federal Advisory Committee on Immunization Practices (ACIP) has long backed immunizations against meningococcus for college freshmen — especially those who live in packed dormitories. An older vaccine (sold since 1981) protected them for three to five years.

But early this year the ACIP approved a new vaccine to help block meningitis: the meningococcal conjugate vaccine (Menactra). It's suggested for adolescents and lasts longer than the old vaccine. "The advantage of Menactra is that one shot can protect you for a long time, even possibly for

Marian Melish, M.D.



the rest of your life," says Dr. Melish. "This new vaccine also makes you less able to transmit the bacteria to someone else."

The new vaccine protects against four of the five bacteria groups that cause meningococcal infection. "That means it protects you against about 70 percent of the meningococcal cases," says Dr. Melish.

Meningitis Symptoms

Meningitis at first looks like the flu or a migraine, says the National Meningitis Association (NMA). But it worsens quickly. Symptoms include:

- A headache, which may seem like the worst you've ever had
- A fever (perhaps very high)
- Vomiting
- Numbness, cold or loss of feeling in extremities
- Stiff neck
- Eye pain from bright light which causes you to avoid light
- Disorientation or confusion
- Seizures
- A rash or purple spots

The NMA suggests you call your doctor or go to an emergency room if you have one or two of these symptoms. Antibiotics are used to treat bacterial meningitis. People who have been in close contact with the patient also may be given an antibiotic.

What Every Parent Should Know

We talk a lot about how to keep your children healthy, and signs and symptoms of illness. But, could you also use some assistance with parenting? Is your preteen beginning to test his boundaries?

Don't wait until you're in a crisis to seek help.



Help is a phone call away

TeenLine is a 24-hour automated information and referral service with more than 125 taped messages on a variety of subjects, including sexuality, physical health, emotional concerns, drugs, tobacco, and where you and your teen can go for help. Taped messages can be heard by dialing 521-TEEN (8336) on Oahu and toll-free from the neighbor islands at 877-521-TEEN.

Peer Listeners, who are trained teen volunteers, are available weekdays 3:30 to 6:30 p.m. to answer questions by phone or e-mail (teenline@kapiolani.org).

Kapi`olani Nurtures Hawaii's Tiniest Babies

Saving premature infants takes medical expertise and technology, and the right touch

MADISON CHARLES CELEBRATED her 5th birthday this year, which for her parents, Yvette and Glenn, marked more than just a milestone in their daughter's life: It marked a miracle. That's because at birth, Madison weighed only 1.69 pounds and struggled for the first six months of her life in the neonatal intensive care unit (NICU) at Kapi`olani Medical Center for Women & Children.

"If it hadn't been for the doctors and nurses at Kapi`olani, we couldn't have celebrated this miracle," says Madison's mother, Yvette Charles.

"They were always there for us no matter what."

—Yvette Charles,
in reference to the physicians, nurses and
social workers in the Kapi`olani NICU

Yvette's pregnancy was going fine until her 20-week prenatal checkup. Her blood pressure and protein levels were high — an indicator of preeclampsia, a life-threatening complication that prevents the placenta from adequately supplying nutrients to the fetus. Yvette's doctor referred her to Kapi`olani's Fetal Diagnostic Center for further testing. The Center is the first comprehensive obstetrical clinic in Hawaii, and offers highly specialized tests and consultation for pregnant women. An ultrasound exam revealed that Yvette had almost no amniotic fluid, a result of the preeclampsia. She was admitted to Kapi`olani that day and Madison was delivered a few weeks later by C-section at 26 weeks.

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Highest level of medical care for newborns

Born more than 10 weeks early, Madison was immediately taken to the NICU where she was cared for by a highly trained team of neonatologists. These doctors specialize in caring for pre-term babies, and are on-site 24 hours a day to attend to newborns at delivery and in the weeks and months that follow. In some cases, babies are transferred from other Hawaii hospitals to Kapi`olani's NICU. Moving these frail infants from another facility is no small task. It's a complex process, requiring a dedicated team of specialists to ensure

baby's safety. The pediatric transport team at Kapi`olani manages facility-to-facility transfers for the entire state.

The NICU sees about 850 babies each year. Its multidisciplinary team of physicians, nurses, respiratory and rehabilitation therapists and social workers excels at nurturing these little babies, encouraging their development and supporting their families through this difficult time.

The right touch

While today's medical technology gives babies who are born as early as 23 weeks a chance at survival, it is critical that premature

Premature Births: On the Rise in Hawaii

According to the March of Dimes, pre-term birth is the nation's No. 1 obstetric challenge. "It's a common problem for everyone," says Scott Berns, M.D., National March of Dimes vice president of chapter programs.

- In an average week, 46 babies are born premature (before 37 weeks gestation) in Hawaii
- Between 1992 and 2002, the rate of infants born pre-term in Hawaii increased 33 percent

What can we do about it? While we know the risk factors, the exact cause is still unknown, making all pregnant women potential candidates for early delivery. It's critical that we raise awareness and educate couples so that they can recognize the signs of pre-term labor.





Yavette and Madison Charles

babies have all of their needs met. Beyond medical attention, the caring team at Kapi`olani helps to foster babies' development so they can go home with their families sooner.

The team offers what the medical community calls, "developmentally supportive care," which is designed to provide a softer touch to their babies and the family members who visit and care for them. The goal of the initiative is to provide babies the intensive care required in a more baby-friendly and family-friendly environment by reducing noise and light, keeping new additions to the family swaddled, and talking to babies in soothing voices.

Kangaroo Care

As part of its developmentally supportive care program, the staff helps parents bond with their babies using a technique called Kangaroo Care (KC). Like a mother kangaroo that carries her baby inside her warm pouch, the nurses help parents position baby between their breasts so that baby can receive skin-to-skin contact from a "human incubator." Research indicates that KC has multiple benefits for premature infants, including improvement in sleep, greater weight gain and earlier discharge from the hospital.

The "softer" techniques implemented in the unit first gained notice in a 1994 article in the *Journal of the American Medical Association* and began to be adopted at

Kapi`olani in the late 1990s. "The changes we've made to the NICU are a natural evolution," says Venkataraman Balaraman, M.D., Kapi`olani neonatologist.

The developmentally supportive care concept is meant to calm babies' families, too, since the families spend many hours, days, and possibly months in the NICU encouraging their babies' development. "The parents are such an important part of the progress of these infants because they'll be caring for their babies long after they leave the unit," says Dr. Balaraman. "We realize that having a baby in the intensive care unit can be a traumatic and scary experience."

The unit even has a "practice" room, a transitional space in which parents can be alone with their babies with the comfort of knowing that nurses and physicians are close by if they need help.

Family support program

Kapi`olani Medical Center has teamed up with the March of Dimes to provide information, resources and support to parents and family members of newborns admitted to the NICU. Services are available to families throughout hospitalization and during baby's transition home. The March of Dimes tailors the support program to hospitals across the country according to the specific needs of the families and staff at each facility, complementing the services already offered by Kapi`olani. The program includes a dedicated family support specialist who works with the families of babies in the unit, as well as the families of past NICU graduates, providing a supportive network for everyone involved.

Beyond medical attention, the caring team at Kapi`olani helps to foster babies' development so they can go home with their families sooner.

Going home

While the NICU staff readied Madison to live at home with her parents, she was still in need of extra care. Kapi`olani's Mobile Therapy Team of specialists — including speech, occupational and physical therapists — provided services at the Charles's home until she was 3. The therapy was essential to Madison's continued development and

closed the loop on the continuum of care she received at Kapi`olani's NICU.

"They were always there for us no matter what," says Yavette about the physicians, nurses and social workers in the NICU. She even keeps in touch with some of the nurses and shares Madison's successes with them.

Madison has had pneumonia twice and she catches colds easily, but her biggest developmental challenge was difficulty eating. She had a feeding tube for nourishment during her first 18 months, which her parents learned to use. She only began chewing and eating regular food when she was 3 years old. What was her incentive? Bubble gum! Madison always saw people chewing gum and blowing bubbles and she wanted to do those things, too.

Today, Madison is doing well. She just started kindergarten and recently joined a soccer league.

For more information on having a baby and the specialized care for newborns only available at Kapi`olani, call 808-535-7000.

What Every *Expectant Mother* Should Know

While we do not yet know the cause of pre-term birth, there are many things you and your partner can do to help your baby grow healthy and strong. One important step is to get the information and support you'll need in months ahead.

Free Pregnancy Class & Guide

Kapi`olani Medical Center for Women & Children and HMSA invite you and your partner to our **Free Positively Pregnant Class**. Whether this is your first or second child, this class can help you have the healthiest pregnancy, and baby, possible. *HMSA membership is not required.*

Register today! Our two-hour class was developed with the assistance of our physicians. Call 535-7000 to register, or sign-up online at www.kapiolani.org.

Rotavirus Infection in Children

Rotavirus is a germ that infects the small intestines. Rotavirus infection often occurs in the winter months. "It is a common cause of diarrhea in children," says Claire Wilson, M.D., pediatric gastroenterologist at Kapi'olani. "It is also very contagious." Only a few tiny germs are needed to pass on the infection. Most rotavirus infections are not serious and last only a few days. But they put children at risk for dehydration, a loss of water from the body.

Dr. Wilson adds that frequent hand washing can help prevent rotavirus infection.

Common symptoms of rotavirus infection

- Fever over 100.5 degrees
- Watery diarrhea
- Stomach pain or cramping
- Nausea and vomiting

Treatment

Most cases of rotavirus get better without treatment. "Antibiotics are not helpful against viral infections," says Dr. Wilson. "The goal of treatment is to make the child comfortable and to prevent dehydration."

These tips can help:

- Know the signs of dehydration. If the inside of your child's mouth is dry or sticky, if there are no tears when your child cries, and if urine output is significantly reduced, you should call your child's doctor.
- Do not give your child over-the-counter medications to stop the diarrhea. These can be dangerous.
- Be sure your child gets plenty of rest.
- Have your child sip water or suck on ice chips if possible, but don't give your child only water. This will lead to an imbalance in the body's salts.
- Give the child 1 teaspoon of an oral rehydration solution (such as Pedialyte) every 1 to 2 minutes until vomiting stops and the child is able to keep down larger amounts of liquid. Avoid "sports drinks," which don't have the right mix of water, sugar and mineral salts, and may make your child worse. Avoid carbonated drinks, Jell-O, and commercial

Claire Wilson,
M.D.



juices. These have high sugar content and can make diarrhea worse.

- Do not give your child solid food until he or she has not vomited for several hours. When your child is able to eat, start with complex carbohydrates like bread or rice, lean meat, yogurt, fresh fruits and vegetables. This is better than the "BRAT" diet (bananas, rice, apple-sauce and toast), which restricts nutrition unnecessarily.
- It is not necessary to restrict dairy products or give them half strength, unless they cause much more diarrhea. Breastfed infants should continue to breastfeed.



Preventing rotavirus infection

Rotavirus spreads very easily. Most children will be infected with rotavirus at least once in their first five years of life.

The virus is passed by hand-to-mouth contact with stool from an infected person. A child can become infected by touching someone's hand that has been contaminated by the virus. The virus can also be passed by touching a surface or object that has been contaminated by an infected person. The virus then enters a child's body through contact with the mouth. Children can spread rotavirus both before and after they develop symptoms.



These steps may help lessen the chances that you or your child will get or pass on a rotavirus infection:

- Wash your hands with warm water and soap often, especially after going to the bathroom or diapering your child, and before preparing, serving or eating food.
- Wash soiled clothing promptly.
- Disinfect with soap and water or a chlorine-bleach-based cleanser any areas that may have become contaminated.
- Use diapers with waterproof outer covers or use plastic pants.
- Keep your sick child home from child care.
- Prevent contact between the child and those who are sick.
- Keep food preparation areas clean.
- Have your child wash his or her hands often, especially before eating.



Get medical help right away if your child:

- Has a fever of 102 degrees or more
- Has bloody diarrhea
- Is lethargic
- Has severe stomach pain
- Can't keep down even the small amounts of liquid mentioned above
- Shows signs of dehydration, such as very dark or very little urine, excessive thirst, dry mouth or dizziness



RSV

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advise parents to seek medical assistance,” says Dr. Chock.

Who's at risk

“Young infants tend to have smaller airways, making their breathing vulnerable,” explains Dr. Chock. “RSV can be life threatening for some young children.”

Kapi`olani Medical Center is working with the RSV Consensus Committee of Hawaii, composed of local pediatricians and pediatric specialists, and the Hawaii Chapter of the AAP to ensure that children at risk are identified so they can receive monthly injections of the preventive medication palivizumab. Please contact your doctor if your child falls into one of the following at-risk groups:

- Less than 6 months of age, and born premature at 32 weeks or earlier
- Less than 12 months of age, and born premature at 28 weeks or earlier
- Less than 24 months of age with congenital heart disease
- Less than 24 months of age with chronic lung disease

Soap and water help prevent the spread of RSV, which is transmitted by close contact with infected individuals or contaminated surfaces.



Heading Off RSV

You can help limit RSV. “It is spread by close contact with infected individuals or contaminated surfaces, particularly in group settings like day care,” says Dr. Chock. To avoid infection:

- Wash hands often.
- Use tissues on runny noses.
- Avoid smoke and dust.
- Avoid unnecessary exposure to crowds.
- Avoid contact with sick people.

How to Stop a Crying Baby

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bowel movement or slight temperature change. In short, they don't easily adjust to the world outside the snug womb until age 4 months, when colic often disappears.

Other babies are just hard-wired to cry more. And the longer a baby cries, the harder it tends to be to get him to stop.

“Don't blame yourself; most babies have extended crying episodes with no easy explanation.”

—John Nagamine, M.D., pediatrician

Once your doctor has ruled out any underlying reason for crying, Dr. Nagamine suggests these tear-stopping techniques:

- **Wrap him like a burrito.** Swaddling babies snugly in a soft blanket helps keep their arms and legs from flailing, and can switch on relaxation.
- **Wear your baby.** Babies who are carried more cry less, studies show.

Skin-to-skin contact is best (and bathing together is ideal). But wearing baby in a sling for several hours a day also cuts crying and provides constant sound, temperature and motion that signal comfort.

- **Switch on shushing.** A running shower, a whirring fan, a white noise machine or a recording of the vacuum cleaner (watch the volume) helps block outside stimulation and may mimic the steady sounds of the womb.
- **Get moving.** Take a stroll or a spin in the car. Motion swings or dancing are especially helpful at the dinner hour, when fussy babies tend to kick it up a notch.
- **Drape her.** Draping your baby along your forearm with her head in the crook of your elbow provides warmth and pressure to relax a tense, colicky belly.
- **Take a stress break.** Have your spouse, family or neighbor take over while you walk, bathe and calm yourself so you can better handle crying.



Infant Care/CPR/Breastfeeding Class

This three-week series includes “Breastfeeding for Expectant Parents;” baby basics (includes bathing and diapering, information on wellness and illness, child-proofing your home, crying, colic, car seat safety); and pediatric CPR. **Fee: \$85 per couple** Call 808-535-7000.

Injury Prevention for All Children

It's every parent's worst nightmare: A child is trapped in a burning house, found floating facedown in a swimming pool or thrown from a car. Unintentional injuries are the leading cause of death for American children under age 14. That's why children's hospitals are taking the lead to ensure all children lead active but injury-free lives.

Nearly all children's hospitals (94 percent) engage in injury prevention advocacy, according to a NACHRI survey of member hospitals. Through educational activities, such as safety fairs, school visits and community classes, children's hospitals provide families with information on injury prevention topics, including motor vehicle safety, drowning, burn and poisoning

prevention, and avoiding sports and play injuries. They also teach parents and caregivers how to keep children with disabilities safe.

Children's hospitals work with local and state legislators to improve child safety laws and to increase funding for programs that help protect children from childhood injuries. Many hospitals provide free or discounted protective equipment, such as bike helmets and booster seats, to families who need them and also supply educational materials in different languages.

To help support children's hospitals' injury prevention efforts, NACHRI and Dorel Juvenile Group USA launched "Get on Board with Child Safety," a nationwide injury prevention campaign. The campaign Web site — www.getonboardwithsafety.com — provides injury prevention information for families and free copies of the *Essential Home & Travel Childproofing Guide* in both English and Spanish.



For more information about the injury prevention efforts of children's hospitals, visit www.childrenshospitals.net.

Get your car seat checked

Kapi'olani offers free car seat checks. Call 808-983-6800.



NACHRI

National Association of Children's Hospitals and Related Institutions
www.childrenshospitals.net

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