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Le Bonheur Parent

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Le Bonheur Knows How To Treat Little Monsters

Zoo Boo, a family favorite spooktacular event, returns for two fun-filled weekends of festivities in October. As a sponsor of this popular regional event at the Memphis Zoo, Le Bonheur will treat little ghosts and goblins to some great Halloween fun. Children who stop by the Le Bonheur booth will be given reflective bracelets, and parents and guardians can pick up a pamphlet with Halloween Safety Tips.

Zoo Boo gives families an alternative Halloween activity that offers both fun and education among the animals. Instead of your little monsters driving you wild with tricks, they can enjoy one of the wildest parties around!

Zoo Boo
Oct. 21, 22, 28 and 29
6:30 to 9:30 p.m.

Advance tickets:

\$10 per Zoo member,
 \$12 per non-member

At the gate:

\$12 per Zoo member,
 \$15 per non-member

For tickets, call the Zoo at (901) 333-6500. ❖

We Know How To Treat Little Monsters!



Blood Pressure Rising Among Children

Problems Turn Up As Young As Age 2

The next time you hear folks talking about their blood pressure, take a look. They may be kids.

Yes, children can have high blood pressure, and experts say the number of kids with the problem is on the rise. "We estimate about 10 percent of children between 2 and 18 have high blood pressure," says pediatric heart specialist Reginald Washington, M.D., co-chair of the American Academy of Pediatrics Task Force on Obesity. "A lot of these kids have not even been diagnosed."

High blood pressure has joined type 2 diabetes and high cholesterol on a list of ailments that once struck only adults but now afflict children. "We believe we'll see heart disease and stroke at earlier ages if we can't get this under control," Dr. Washington warns.

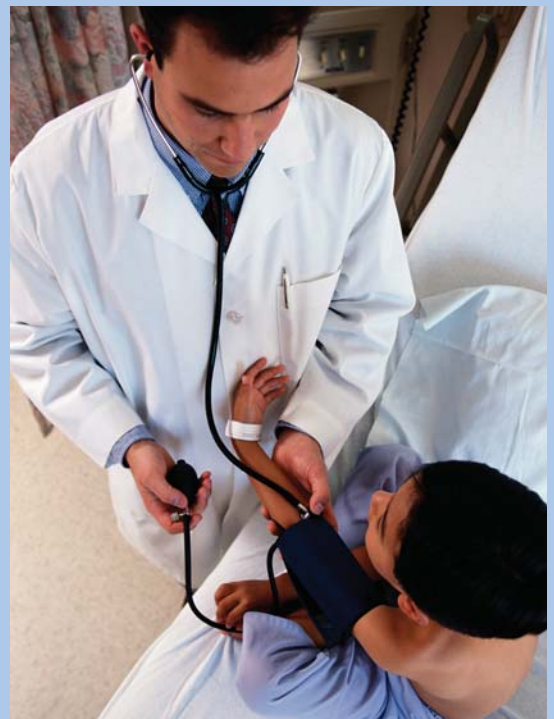
The increase in children with high blood pressure is directly tied to lifestyle, though genetics plays a role. Watch children for these risk factors:



- Weighing too much
- Poor nutrition (too much fast food and junk food)
- Lack of physical activity
- Cigarette smoking
- Family history of high blood pressure

"The majority of kids don't need to be put on medication," Dr. Washington notes. "Easily, 80 percent of the kids I see for high blood pressure can do well with lifestyle changes alone."

"Riding a bike is good exercise, but riding a bike across the street to your friend's house to play video games does not constitute exercise," he adds. "Kids need a total of 60 minutes of exercise daily."



And some kids, he says, go three or four days without eating any fruit or vegetable except french fries. "Kids need a minimum of five servings of fruits and vegetables daily." ❖

Start To Check At Age 3

Doctors should start to check kids' blood pressure by age 3, according to 2004 guidelines published by the American Academy of Pediatrics. Screening should start younger for some high-risk children, such as premature or low-birth-weight babies.



Moms Urged To Breastfeed

Breastfeeding can do a lot of good for babies and moms, says the American Academy of Pediatrics (AAP).

In a revised breastfeeding policy released in February, the AAP cited studies showing that breastfeeding can lessen or ease diarrhea, ear infections and bacterial meningitis in infants.

Some studies suggest breastfeeding may help head off sudden infant death syndrome, diabetes, childhood cancer, obesity and asthma, and add points to IQ, the AAP adds. The longer the duration of breastfeeding, the more benefits there are for both mother and baby.

Research also shows breastfeeding can cut a mother's risk for some medical problems. Among them are ovarian and breast cancer, and osteoporosis. The AAP recommends that moms nourish babies solely through breastfeeding for about six months. It also backs breastfeeding for the first year and beyond — as long as both mother and child want it to go on.

"In Memphis and Shelby County, we are seeing more women decide to begin breastfeeding, which is wonderful," says

Ginger Carney, a registered dietitian and clinical nutrition manager at Le Bonheur Children's Medical Center. "However, the problem is that these women are not continuing to breastfeed exclusively throughout the baby's first six months, and at least until the baby's first birthday."

Many mothers are challenged during the first two to three weeks of breastfeeding and then stop, Carney adds. "This is very unfortunate for both mother and baby."

Here are some tips that can "jump-start" a successful breastfeeding experience:

- Educate yourself about breastfeeding before the baby is born. Attend classes and read reliable resources, such as *The Womanly Art of Breastfeeding* by La Leche League.
- Keep in mind that medications during labor and delivery can affect how a baby will breastfeed after birth. The more medication and the longer it is administered during labor, the more the baby will be affected.



- Breastfeeding should begin within the first hour of birth, preferably before any injection or eyedrops are given to the baby to help make it a more pleasurable and comforting experience, and so the baby's vision is not blurred when looking at mother for the first time.
- Do not give any pacifiers or bottles until breastfeeding is well established — at least four weeks. The baby can get confused when learning how to breastfeed effectively, and the pacifier may "mask" hunger, causing missed feedings.

Taking The Punch Out Of Nosebleeds

They're Usually Little Cause For Concern

Nosebleeds can be scary — but fortunately, they're rarely cause for concern. In kids, the most common causes of bloody noses are dry air (which dries out the lining of the nose), overzealous blowing and, all too often, picking.



"The vast majority of nosebleeds are not serious," says Jerome Thompson, M.D., pediatric ear, nose and throat specialist at Le Bonheur Children's Medical Center. "Usually nosebleeds are caused by some combination of prominent blood vessels, and when they dry out they tend to bleed. Most nosebleeds occur in the front of the nose in the septum."

Remember not to become alarmed by the amount of blood — it only looks like a lot. Here's what to do:

- Remain calm and reassure your child.
- Sit the child upright and have her tilt her head forward.
- Gently pinch both nostrils below the bridge between your thumb and index finger for 10 minutes (any less and the bleeding may begin again).
- The pressure should stop the bleeding. Resist the temptation to peek.

- Don't lean your child back. This causes blood to flow down the back of her throat, which tastes bad and may cause coughing or vomiting.

If dry air seems to have caused the nosebleed, make sure your child breathes moist air (from the shower or a humidifier, for instance). A day or so after a nosebleed, use a cotton-tipped swab to gently dab petroleum jelly inside the nostrils at bedtime to prevent them from drying out.

To Prevent Nosebleeds

- Prevent injury from nose picking by keeping your child's nails short.
- Following a nosebleed, discourage strenuous activity, which may increase pressure on blood vessels and start the bleeding again.
- Keep your child's nose moist with saline nasal spray.

[health bits]

- Make sure you are breastfeeding eight to 12 times a day during the early weeks, so that a good milk supply is established and baby is getting enough to grow.
- The immediate post-partum period (the first two to three weeks) should be used for rest, nutrition and bonding with your new baby. Get help with household chores and limit visitors.
- If you will be returning to work, give your baby the benefit of breast milk as long as possible. Begin making a plan of how to continue to breastfeed even after you go back to work. It IS possible!
- Keep a list of support people to help answer your questions about breastfeeding — an International Board Certified Lactation Consultant (IBCLC) is the expert in this field. You can find an IBCLC by calling the hospital where your baby was born. ❖

**Ginger Carney, R.D.,
L.D.N., R.L.C., IBCLC,**
is a lactation consultant
at Le Bonheur.



- Use a humidifier in your child's room at night to help keep the nose moist.
- Have your child avoid blowing her nose or bending over for several hours after a nosebleed.
- Don't give your child aspirin.

When To Worry

If the bleeding is difficult to stop or occurs frequently, see your pediatrician. Bleeding that continues after 15 to 30 minutes requires professional attention.

Call your doctor or visit the emergency room if:

- Your child gets a nosebleed as a result of a blow to the head or a fall.
- Your child has difficulty breathing.
- There is bleeding from another place, such as the gums.

Frequent nosebleeds can signal an undiagnosed malignancy or bleeding disorder, and should be checked. ❖

Crimes Against Students Drop

The rate of violent crime against students ages 12 to 18 in school fell by half in the last decade, says a report from the U.S. Education and Justice departments. There were 24 crimes for each 1,000 students in 2002, compared with 48 per 1,000 students in 1992. Other key findings:

- The number of students in grades 9 to 12 who said they had brought a weapon to school in the past 30 days fell from 12 percent in 1993 to 6 percent in 2003.
- Urban students ages 12 to 18 were most likely to report gangs in schools (31 percent). Eighteen percent of suburban students and 12 percent of rural students reported gangs.
- In 2003, 7 percent of students ages 12 to 18 said they had been bullied at school. That compares with 5 percent in 1999 and 8 percent in 2001.



Obesity Up Among Preschoolers

At least one out of 10 preschoolers weighs too much, says the American Heart Association (AHA). The number of overweight children ages 2 to 5 has risen from 7 percent in 1994 to 10 percent in 2002, according to the AHA. More than 15 percent of children ages 6 to 19 are overweight or obese.

"Childhood risk factors carry over into adulthood, and may eventually translate into heart disease and other medical problems such as diabetes," says AHA President-Elect Robert H. Eckel, M.D. "Obesity is a major risk factor for heart disease that should be controlled early in life."

Scalding Poses A Risk In The Kitchen

What's the top source of burns to young kids in the kitchen? Scalding from hot liquids or steam, according to a report in *Pediatrics*. Scalding was twice as common as thermal burns (caused by contact with a hot surface), according to emergency room data from 1997 to 2002. One-year-olds were at highest risk for scalds and burns. Boys were hurt more often than girls.



Scald injuries often take place one of two ways, the report found:

- A child reaches up and pulls a pot of hot water off the stove or some other high surface.
- A child spills a container of hot water on himself.

Many Teens Shun Sunscreen

Only a third of America's teens use sunscreen on sunny days, Boston researchers say. And most teens say they've been sunburned — often more than once, according to the study published in *Pediatrics*. The study covered more than 10,000 12- to 18-year-olds. Doctors know skin cancer is tied to too much ultraviolet light exposure, often before age 18.

"Yet despite this knowledge, the number of skin cancers continues to rise each year," says James M. Spencer, M.D., American Academy of Dermatology spokesman. "Even more disheartening is the fact that teens continue to tan despite the known health risks."

Using sunscreen, wearing a hat and avoiding the sun from 10 a.m. to 2 p.m. are easy ways to help prevent skin cancer.



Fever 101 — A Parent's Guide

By Anne Glankler

It's midnight, and your child feels warm to the touch. You take out the trusty digital thermometer and get a 103.5-degree Fahrenheit reading. Frantically, you go straight to the medicine cabinet, pull out the Tylenol, then dial your pediatrician's office, hoping to get reassurance that a trip to the emergency department isn't warranted. You're scared, anxious and afraid that this is an indication of a serious problem.



For so many parents, this scenario is all too familiar. But in most cases, fever isn't dangerous. The fear of fever is a myth that has been around for as long as there have been children. Although it is scary when your child's temperature continues to rise, fever itself won't cause harm and is actually a good thing. It is how the body fights off an infection.



A normal body temperature is usually around 98.6 and will fluctuate throughout the day; it's usually a little lower in the morning and higher in the evening. Fever occurs when the body's internal thermostat raises its temperature above the normal level. Most causes of fever are benign, viral infections that are just a common part of childhood, especially if your child is in a child-care or pre-school setting.

According to Noel "Kip" Frizzell, M.D., of Pediatric Consultants in Memphis, "the best thing that parents can do is get to know their child's normal behavior and gauge the situation from there."

Dr. Frizzell offers three general rules to ask yourself when your child has a temperature:

- Is your child's breathing labored?
- Is your child having any forceful vomiting?
- Is your child crying inconsolably?

If you answer "yes" to any of these questions, he says it's probably best to call your pediatrician's office. Dr. Frizzell says that it is more important to see a child with a temperature of 99.9 accompanied with any of the three symptoms than a child who has a temperature of 103.5 and none of them.

Dr. Frizzell stresses that if you have an infant under the age of 3 months with a rectal temperature of 100.4, you need to call your pediatrician immediately. Fever in newborns can be serious and does require an exam to ensure that the infant does not have another potentially harmful condition.

The one thing you can do for your child when he has a fever is make him as comfortable as possible. You can provide relief by administering a dosage of acetaminophen or ibuprofen (children should not be given aspirin) if the child is 6 months of age or older. Most children with a temperature below 102 degrees don't need medication, but if you notice that your child is uncomfortable, it won't hurt to go ahead and medicate him. You should also keep your child dressed in light clothing, keep the house at a comfortable temperature, offer plenty of fluids and make sure your child is resting.

Although it is scary when your child's temperature continues to rise, fever itself won't cause harm and is actually a good thing. It is how the body fights off an infection.

Knowing your child's normal behavior and the symptoms that are accompanying the fever is the most important information for you to consider. As long as you don't notice any of the three red flags, a trip to the doctor's office probably isn't necessary. Just remember to stay on top of the situation and monitor your child closely. "The majority of our after-hours calls are about fever," says Dr. Frizzell. "It's a very broad concern for all parents, but in most situations, it's not a result of something serious." ❖

Fever Basics

When Does Fever Begin?

- 100.4 degrees Fahrenheit, measured rectally
- 99.5 degrees measured orally
- 99 degrees measured under the arm

What Method Gives The Most Accurate Reading?

A digital thermometer administered rectally will give you the most accurate temperature.

What Does Fever Mean?

Fever is the body's natural defense against infection. Most causes of fever are benign viral infections.

When Should I Call The Doctor?

Call the doctor if you have an infant under 3 months of age with a rectal temperature of 100.4 or if your child is experiencing any of the following:

- Labored breathing
- Forceful vomiting
- Inconsolable crying

You should also call your doctor if an older child has a temperature higher than 104 degrees.

What Should I Do If My Child Has A Temperature Of 104 But Is Acting Fine?

If your child is not exhibiting any of the behavioral red flags, medicate your child with a dosage of acetaminophen or ibuprofen if your child is 6 months old or older. Continue to monitor your child's behavior and call the doctor if the fever has not gone down after 24 hours with medication.



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 the crying continues. 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 Eric Harding, M.D., of Internal Medicine & Pediatric Clinic in New Albany, Miss. Four out of five 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 nonstop 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 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.

Four out of five 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.

Once your doctor has ruled out any underlying reason for crying, give these tear-stopping techniques a try:

- **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.** Studies show that babies who are carried more cry less. 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 signals 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.** 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.
- **Draping your baby** along your forearm with the 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. A colic support group can help you cope until your baby outgrows crying. (And they all do!) ❖



The ribbon is cut on the new state-of-the-art NICU at Le Bonheur Children's Medical Center. Each room in the unit has space for parents to stay with their child. The facility has three special giraffe beds purchased for the NICU by a \$90,000 donation from TWIGS of Le Bonheur.

Diabetes Tops The List Of Health Risks For Overweight Children

Childhood obesity is a disease. Children who weigh too much face a broad array of health problems, with type 2 diabetes leading the list. These health problems previously seen primarily in older adults are of a more severe nature in children, potentially leading to serious disabilities and premature death.

At Le Bonheur, thousands of overweight and obese children are seen annually. There are approximately 100,000 children who are overweight or obese in the Greater Memphis Area. About 75 percent of overweight teens will become overweight adults.

Le Bonheur Opens 15-Bed NICU

Le Bonheur Children's Medical Center recently opened the doors to a new 15-bed neonatal intensive care unit (NICU). The NICU is specially designed to provide care for the most critically ill newborns and young infants.

Neonatologists (physicians who specialize in treating newborns), neonatal nurse practitioners, social workers and other medical staff work together to treat infants who often need the most advanced medical or surgical intervention.

Marilyn Robinson, M.D., director of

the NICU, says, "Parents can rest a little easier knowing there is a facility like this to care for their newborns."

Le Bonheur TWIGS (Together We Initiate Growth and Sharing) donated

\$90,000 to buy three giraffe beds for the NICU.

These beds are designed to reduce stress on critically ill infants by eliminating the need to move or trans-

fer them from one setting to another. The beds include a weight-controlled system that adjusts to determine the appropriate temperature and humidity for the baby. ❖

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"The number of new cases of type 2 diabetes in children is about 10 times greater than it was 15 years ago at Le Bonheur," says George Burghen, M.D., Chief of the Division of Pediatric Endocrinology and Metabolism at the University of Tennessee Health Science Center (UTHSC). "This trend of obesity and type 2 diabetes is being reported in many regions of the world."

An article in the *Journal of the American Medical Association* reported that the quality of life of obese children

was similar to children with cancer on chemotherapy. Depression is a very common finding.

"Motivating a depressed patient and his family to change their destructive lifestyle is a challenge, making long-term weight loss a difficult goal," says Sarah Stender, M.D., UTHSC Assistant Professor of Pediatrics. "We have found a team approach to be the most beneficial, often involving a psychologist, dietitian and an adolescence specialist," Dr. Stender says. ❖

Childhood Ailments Associated With Obesity

- Diabetes
- Depression or other psychological problems
- Learning problems
- Poor cardiovascular fitness
- Obstructive sleep apnea
- Liver disease
- Skin conditions
- Stroke and heart failure
- High cholesterol and other blood fats
- High blood pressure
- Gallbladder disease
- Polycystic ovaries
- Kidney trouble
- Vision disturbances
- Orthopedic difficulties
- Social problems





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Janet Phillips
Director

Ashley Bampfild
Editor

Robert Riikola, M.D.
Editorial Advisor

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Children's Hospitals Work To Insure America's Children

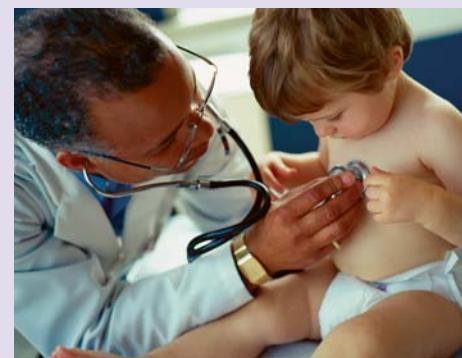
Insuring America's children is a top public policy priority for children's hospitals. Children with a consistent source of health insurance receive routine checkups and stay healthier than children without coverage. That's why the National Association of Children's Hospitals, the public policy affiliate of NACHRI, advocates strengthening Medicaid and the State Children's Health Insurance Program (SCHIP) for children. Two-thirds of the 8 million uninsured children in the United States are eligible but not yet enrolled in these programs.

Introduced 40 years ago, Medicaid insures roughly one out of every four children — making it the country's largest

children's health coverage program. It provides 22 million low-income and disabled children with essential health-care benefits. Children reliant on Medicaid come from working families who do not have access to health insurance through their employers.

In 1997, Congress enacted SCHIP. The program allows states to expand Medicaid to uninsured children of low-income families, create alternative insurance programs for them or both. For family-friendly information on Medicaid and SCHIP, visit <http://coveringkidsandfamilies.org>.

Even for privately insured families, Medicaid is important because it plays a critical role in the ability of children's hospitals to care for all children. Children's hospitals benefit all children by providing clinical care, training the nation's pediatricians, conducting pedi-



atric research and advocating public health protections. On average, 40 to 50 percent of children's hospitals' revenues comes from Medicaid. Without Medicaid, children's hospitals cannot fulfill their mission to serve all children. ❖

To Learn More

To learn more about the importance of Medicaid and SCHIP to children's health and children's hospitals, visit www.childrenshospitals.net or contact your local children's hospital.



NACHRI

National Association of Children's
Hospitals and Related Institutions