



Healthy Kids

From our family to yours

A publication of California Pacific Medical Center

Spring 2007

When Your Child Seems Stressed



Sensitive communication and consistent routines can alleviate stress ■ An interview with Robert Root, M.D., medical director, Child & Adolescent Psychiatry, California Pacific Medical Center

Is your young child excessively irritable or aggressive? Are you hearing frequent complaints of headaches or stomach-aches? Does your child seem nervous, fearful or withdrawn? Is the child whining or clinging to you more? If your child exhibits any or all of these signs, the culprit might be stress.

“Stress is ubiquitous in today’s culture, and children are particularly vulnerable to its effects,” says Robert Root, M.D., medical director of Child & Adolescent Psychiatry at California Pacific Medical Center. “Hectic schedules, parental expectations, traumatic events reported in the media, family conflicts, social problems, such as trouble making friends — any of these factors may have a negative impact.”

Acting out may signal stress

It’s not always obvious when children are suffering from stress. Dr. Root explains: “Young children generally can’t verbalize their stress. They don’t come out and say, ‘I feel overwhelmed.’ Instead they show stress through their behavior by ‘acting out’ or through physical symptoms, such as stomachaches and headaches, that have no apparent cause. In addition, stress can exacerbate other health problems, such as asthma, and can cause sleep disruption or anxiety about going to bed alone.”

Dr. Root notes that stress can derail a child’s healthy development, as well. “When a child undergoes prolonged stress, he or she may actually regress, reverting to behavioral patterns that are more appropriate for a younger child, such as thumb-sucking or increased whining and crying,” he says.

How to reduce stress

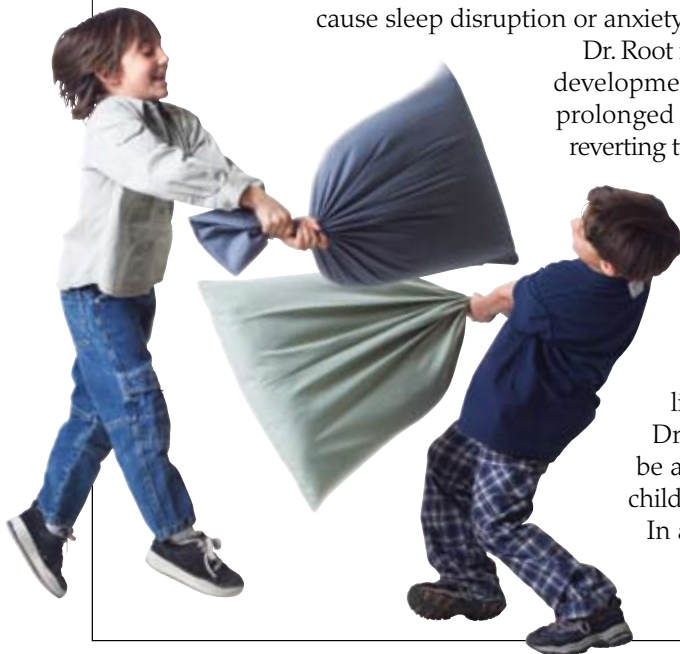
Parents can take a number of steps to help reduce the stress in their children’s lives and minimize its harmful effects.

Dr. Root advises: “For starters, you should be alert and sensitive to changes in your child’s behavior that may be the result of stress. In addition, parents need to be aware of



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California Pacific Medical Center

A Sutter Health Affiliate
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Stuttering Is Normal — to a Point



If it lingers, however, seek professional help

Actor James Earl Jones did it. So did author Lewis Carroll. And today, more than 3 million people in the United States do it, too.

To Learn More

Stuttering Foundation of America: 800-992-9392, www.stutteringhelp.org

“Helping your child beat stuttering while young reduces the chances of stuttering into adulthood.”

Stuttering. It frightens parents, embarrasses teenagers and can frustrate young children who are just starting to talk.

But Lisa Scott Trautman, Ph.D., assistant professor of communication disorders at Florida State University, says parents shouldn't worry about children who stutter when they're learning to form words. "It's common for young children to go through a period of speech dysfluencies," she says.

These can range from repeating words (but-but-but) or "uh" sounds (uh-uh-uh-around) to stretching out initial sounds (MMMMMommy). The Stuttering Foundation of America says that if your child speaks like this for six months or more, or shows signs of tension or frustration when talking, you should find professional help.

Helping your child beat stuttering while young reduces the chances of stuttering into adulthood. "The most powerful thing parents can do is establish a relaxed home environment," says fluency specialist

How Parents Can Help

Here's what the Stuttering Foundation says parents should do to help a child who stutters:

- ▶ Listen patiently to what your child says, not how it is said. Respond to the message rather than the stuttering.
- ▶ Allow your child to complete thoughts without interruption, and maintain eye contact.
- ▶ After your child speaks, reply slowly using some of the same words.
- ▶ Wait before responding. This helps to slow things down and should help your child's speech.
- ▶ Spend at least five minutes each day talking with your child in a relaxed manner.
- ▶ Find ways to show your child you value and enjoy your time together.

Kristin Chmela, owner of Fluency Therapy & Consulting Services outside Chicago. ★

The Doctor Is In



Your questions about child health answered ■ by Edward W. Fong, M.D., pediatric pulmonologist



Q: My child has a persistent cough that becomes worse at nap time and at bedtime. Could this be a sign of allergies or asthma?

A: In general, a cough is a symptom of an underlying problem that is causing irritation of the airways (from the back of the throat down to the main windpipe of the lungs). The most common cause for a cough is an increase in mucus production due to the common cold. The typical duration of the cough should be, at most, from the beginning of the cold up until several days following

resolution of the cold. Any cough that lasts longer than that period should raise one's suspicion to look for another reason for the cough.

One reason for a persistent cough is asthma, which is a problem with inflammation of the breathing tubes/airways of the lungs. Two common causes for a cough that worsens with lying down to go to sleep are postnasal drip, which is caused by allergies or sinusitis, and gastroesophageal reflux. In all of these cases, your pediatrician is the best place to start for evaluating a persistent cough. ★

To Learn More

If you have a child's health question that you want addressed in a future issue of *HealthyKids*, e-mail it to us at miyashl@sutterhealth.org, or visit www.cpmc.org/pediatrics. Due to space limitations, we cannot guarantee that all questions will be answered.

Small Foods a Choking Risk for Young Kids



Skip some foods, cut others up and know how to respond to an emergency

It's a milestone parents like to see: a child's move to solid foods from breast milk or formula.



**Oded Herbsman, M.D.,
medical director,
Pediatric Inpatient
Services**

“
Choking sends
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But it comes with a risk. Choking sends thousands of infants and toddlers to emergency rooms each year, and food often plays a part. Other times, it is objects, such as refrigerator magnets or small batteries, that send children to the pediatric emergency room, says Oded Herbsman, M.D., medical director, Pediatric Inpatient Services at California Pacific Medical Center.

As curious young children explore their environment, they put in their mouths food and other objects that can stick in their throats. They don't have molars that would help them grind food to a fine consistency, says Kathy Shaw, M.D., a childhood emergency medicine expert and spokeswoman for the American Academy of Pediatrics.

What you can do

It's fun to play with food, but eating can't be a game for toddlers, she says. Protect them by creating a safe eating environment and avoiding some foods until your child's molars come in, around age 4. At meals:

- ▶ Supervise your child. Don't leave him alone or unsupervised in the car while he's eating.
- ▶ Sit your child upright in a high chair.
- ▶ Discourage eating and talking at the same time.
- ▶ Until your child has molars, cut her food into small pieces.
- ▶ Don't let your child run with food in his mouth.
- ▶ Set a good example.
- ▶ Bar these foods when you feed children under age 4:
 - All nuts and seeds.



- Hot dogs. If this is the only food you have, Dr. Shaw suggests you get rid of the tough skin and cut the meat into small pieces.
- Popcorn and hard candies.
- Whole grapes.
- Raw vegetables, especially hard ones like carrots.
- Raisins.
- Chewing gum.

Choking emergencies

Choking can occur even if you take precautions. If your child has a forceful cough and is crying or vocal, let the child get the food out, says Dr. Shaw. If your child can't make a sound, do the Heimlich maneuver.

For tips on preventing choking, see this U.S. Food and Drug Administration Web site: www.fda.gov/fdac/features/2005/505_choking.html. To learn the Heimlich maneuver, visit the National Institutes of Health at www.nlm.nih.gov/medlineplus/ency/article/000047.htm. Don't wait for an emergency. ★

Double the Pleasure, Double the Fun,

Mothers of multiples share their stories ■ An interview with Terra Carmichael and Talesa Santos, mothers of twins

Every new parent faces challenges with the birth of a child. Parents of twins (or triplets or more) are in for even greater adjustments. The arrival of twins or other multiple newborns can bring medical, organizational and emotional challenges, but the joys can be multiplied as well.

“The arrival of twins or other multiple newborns can bring medical, organizational and emotional challenges, but the joys can be multiplied as well.”

“The first challenge was having to go on complete bed rest at 24 weeks,” says Terra Carmichael, the mother of twin sons born three months prematurely in April 2005. “My goal was to make it to at least 28 weeks because that makes a huge difference in the survival rate. Being on bed rest was so frustrating. I could get up only to go to the bathroom or to take a 10-minute shower.”

Many mothers of multiples are put on bed rest during pregnancy, Carmichael notes, and finding a support system can help. “I have no family nearby, so I relied a lot on friends,” she says. “I also discovered an organization called ‘Sidelines’ that provides partnerships and resources for coping with bed rest.”

Sleep and feeding challenges

Because of their early births, Carmichael’s twins had health problems, such as respiratory difficulties and brain hemorrhages, which kept them in the hospital for three months. When she finally brought them home, one of her biggest challenges was lack of sleep. “The babies didn’t sleep at the same time,” she recalls, “so my husband and I scheduled shifts at night so that each of us usually got six hours of sleep. We purchased a sound system that produced ‘white noise’ so the sleeping parent couldn’t hear the babies crying while the other parent was on ‘baby duty.’ We also hired a night nurse a couple of times a week so we could sleep.”



Talesa Santos delivered her twin girls (above), now age 2½, at California Pacific.

Talesa Santos, the mother of 2½-year-old twin girls, also struggled with sleep deprivation when she brought her babies home. “I managed to establish a regular schedule for putting the girls to sleep at about five months,” she says. “Initially, I had them in the same crib, but it worked better when I got them to sleep in their own separate cribs.”

Feeding infant twins presented another challenge for Santos, whose extended family boasts five sets of fraternal twin girls. “I breastfed both infants, doing it ‘tandem’ for the first three months,” she explains. “Then I enlisted my husband’s help. I breastfed one baby while he fed the other baby with a bottle. At the next feeding, we switched babies.”

Coping tips

As their infants have grown into toddlers, both Santos and Carmichael have learned various techniques for raising multiples. A few suggestions include:

- ▶ Set aside time for yourself each day, enlisting the support of your spouse, family, friends or a paid baby sitter when necessary.
- ▶ Be sure to get plenty of rest and exercise to bolster your energy level.

Terra Carmichael’s twin boys (right) spent three months in California Pacific’s Newborn Intensive Care Unit before going home.

To Learn More

For more information on Sidelines, a national support network for high-risk mothers and their families, visit www.sidelines.org.

Double the Work?



- ▶ Don't overwhelm yourself by trying to be an immaculate housekeeper, dusting and vacuuming every day. If you truly can't stand untidy surroundings, hire a cleaning service to handle the big jobs for you.
- ▶ Maintain your network of friends and social contacts. Being able to have "adult" conversations can help minimize any sense of isolation you may feel.
- ▶ If your children were born prematurely, don't be overly concerned about slower development than kids the same age who were born full-term.
- ▶ Give yourself plenty of time to get the children ready before you have to run errands, and keep the double stroller handy in the back of the car.
- ▶ Communicate your need for assistance to your spouse or partner. Don't just assume he knows what kind of help you need. Allow your spouse to be a full partner in caring for the children.
- ▶ When the siblings quarrel or fight over toys, just remember that non-

multiple siblings have squabbles, too, and let them work things out (with supervision).

- ▶ Try to spend one-on-one time with each child, perhaps trading off with your spouse, but don't feel guilty if you don't have as much one-on-one time as you would like.
- ▶ Don't assume that your twins (or other multiples) will be alike in their personalities or preferences. Celebrate and embrace their differences.

"As I watch my girls grow from infants into toddlers, I see how happy they are to have each other — constant playmates," Santos says. "There are challenges, but having this instant full house with one pregnancy has been a blessing."

Carmichael adds: "Having twins isn't really doubly hard. We feel so fortunate to have our boys. And every time we drive past the hospital where they received the very best of care, we say 'Thank you, California Pacific!'" ★



Child Stress *continued from page 1*



and manage their own stress because children react dramatically to their parents' stress levels."

Other coping tips include:

- ▶ Establish consistent family routines, such as mealtimes, dressing in the morning and going to bed at night.
- ▶ Make sure your child gets enough sleep, adequate nutrition and exercise. Allow plenty of unstructured playtime, which helps a child relax, have fun, learn and develop creativity.
- ▶ Avoid over-scheduling your child's activities.
- ▶ Consult your child's teachers, school counselors and/or a psychiatrist if the causes of stress persist and the child's problems seem to be causing significant distress.

"Stress issues are among the most common reasons for seeking counseling," Dr. Root adds. "Therapy for children with stress-related problems basically entails gathering information about the sources of stress and educating parents in ways of coping with stress within the family."

To request an evaluation for a child who shows signs of excessive stress, call California Pacific's Outpatient Psychiatry Clinic at 415-600-3247, or ask your pediatrician for a referral. You also can learn about our mental health services at www.cpmc.org/services/mental-hlth.html. ★

Vitamin and Mineral Supplements: Are They Necessary?



■ An interview with Jennifer Carr, R.D., Neonatal Intensive Care Unit

Vitamins and minerals are essential for healthy growth and development in children. Contrary to what advertisers would have you believe, however, dietary supplements are rarely needed.

“
The best source
of vitamins and
minerals is a
balanced diet.

”

Jennifer Carr, R.D.,
dietitian, Neonatal
Intensive Care Unit

“For the most part, children don’t need supplements,” says Jennifer Carr, R.D., a registered dietitian in the Neonatal Intensive Care Unit at California Pacific Medical Center. “The best source of vitamins and minerals is a balanced diet. In infants under 6 months old, breastfeeding is the ideal. Infants who are on iron-fortified formula also don’t usually need supplements. After 6 months of age, you can start introducing other foods, including iron-fortified grains and cereals, until the child is old enough to eat meats, which contain iron. If your family is vegetarian, you should consult your physician regarding iron supplementation.”

Vitamin D

An exception to the general no-supplement rule is a recommendation by the American Academy of Pediatrics to provide vitamin D supplementation for all infants and children, including those who are exclusively breastfed, to prevent vitamin D deficiency and rickets, a bone-softening disease. The recommendation calls for a minimum intake of 200 IU (international units) of vitamin D per day, beginning the first two months of life and continuing through childhood and adolescence.

“Sunlight is required to convert vitamin D to its active form in the body, which then helps the body absorb the calcium needed for strong bones,” Carr explains. “Unfortunately, a variety of factors affect how much active vitamin D a child’s body produces from sunlight. Children in northern urban areas, particularly in the winter, may not get enough exposure to sunlight. Dark-skinned children or children whose

bodies are covered up for cultural reasons also can be deficient in vitamin D. Even the use of sunscreen — which is important for protecting children’s skin — can decrease the body’s production of vitamin D.”



Fluoride supplements

Fluoride supplementation may be necessary for children who drink mainly bottled water. “Fluoride helps reduce tooth decay and maintain healthy bone structure,” Carr says. “Most communities have fluoridated tap water, but parents who give their children bottled water, which generally does not contain fluoride, may want to consider fluoride supplements.”

When supplements may be necessary

For some children, pediatricians may recommend daily vitamin and mineral supplements, Carr adds. “Premature infants, who have higher nutritional needs than full-term babies, generally receive a multivitamin supplement with iron for the first year,” she says. “If your child is a picky eater or has a poor appetite, a vitamin supplement should be considered. Children who don’t like milk or who are lactose intolerant may need calcium supplements. Before giving your child any supplements, though, consult a pediatrician. Over-the-counter supplements usually are safe, but excessive amounts of some supplements can be toxic.” ★

Preventing Obesity Begins at Birth



■ An interview with Mary Ellen DiPaola, R.D., CDE, IBCLC

The statistics are not encouraging. The California Women, Infants and Children Association estimates that more than 425,000 California children younger than 6 years of age are overweight. Further, the Centers for Disease Control and Prevention notes the incidence of being overweight has more than doubled among young children ages 2 to 5 since the 1970s.



**Mary Ellen DiPaola,
R.D., CDE, IBCLC**

“Multiple studies have shown that breastfeeding reduces the risk of overweight and obesity.”

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So what’s a mother to do? One answer: breastfeed her baby.

“Multiple studies have shown that breastfeeding reduces the risk of overweight and obesity, along with related problems, such as diabetes, high blood pressure and high cholesterol,” says Mary Ellen DiPaola, R.D., CDE, IBCLC. “The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months and continued breastfeeding, with the addition of appropriate foods, up to at least the first year.”

Breastfeeding helps infants self-regulate intake

DiPaola notes that breastfeeding allows for better self-regulation of food intake and has different effects on metabolism and hormones, such as insulin, that influence fat storage. “Formula-fed babies have been found to be fatter at 12 months of age. Breastfeeding allows for a more natural hunger-satiation mechanism as babies learn to eat only as much as they need. Babies will drink more from a bottle because the milk flows faster,” she explains.

“Breastfed babies are also more likely to accept new foods, especially those important to good health, like fruits and vegetables, as breast milk offers a variety of flavors based on mom’s diet,”



says DiPaola. “When initiating new foods, breastfeed baby first, then offer the new food as a complement to the main nutrition of breast milk. Solid foods introduce a new way of eating, highlight the social aspects of feeding and encourage a healthy attitude toward foods.”

A registered dietitian, certified diabetes educator and international board-certified lactation consultant, DiPaola teaches a class on infant feeding through Newborn Connections at California Pacific Medical Center. ★

To Learn More

“Starting Solids” is offered by Newborn Connections the second Thursday of every month. For more information, call 415-600-BABY or 415-441-5785.

Summer: Time to Focus on Injury Prevention

Summer is right around the corner — kids are counting down the days to the end of school, parents are planning summer vacations and trauma centers are preparing for the season.

On average, 14 million children each year suffer unintentional injuries serious enough to require medical treatment; the summer months are the busiest for injury-related emergency room visits. As a result, child-focused hospitals often refer to summer as “the season of trauma.”

Last year, “Get on Board with Child Safety!” — a nationwide initiative led by NACHRI and Safety 1st — commissioned a survey of 1,000 parents across America to compare their perceptions of child injury risks with the facts. Among the findings:

- ▶ Parents are most concerned about a child’s safety while playing in or around water. However, one in three parents failed to recognize that children can drown in as little as 2 inches of water.
- ▶ More than half of parents underestimated how long children should



remain in a booster seat before safely riding solely with a lap and shoulder belt. The NACHRI-supported recommendation is for children ages 4 to 8 — weighing 40 to 80 pounds and under 4 feet 9 inches tall — to be secured in belt-positioning booster seats.

- ▶ Only 14 percent of respondents indicate they are most concerned about child safety when riding in a car. Yet nationally, injuries sustained in motor vehicle crashes are the leading killer of children from age 1 through young adulthood.

Understanding the knowledge gap around childhood injury risks offers a clear opportunity for children’s hospitals to further educate parents and public health officials. The survey assists NACHRI to promote health and safety educational programs at child-focused hospitals across the nation. ★

To Learn More

For more information and for expert injury prevention advice, visit www.getonboardwithsafety.com.



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