HealthyKids

From our family to yours

A publication of California Pacific Medical Center

Winter 2006

Changes Coming to California Pacific's Women & Children's Center

ALL AGES

This spring, California Pacific Medical Center will consolidate all women and children's services at its California Campus, located in San Francisco's Laurel Heights area. Campus renovations will make room for new and existing pediatric services, and provide families with a warm, uplifting environment.

The new Women & Children's Center will house our:

- Pediatric Outpatient Specialty Care Clinic
- New Pediatric Operating Room
- Pediatric Intensive Care and Transitional Care Units
- Pediatric Unit
- Child Life Services

Construction of our expanded Newborn Intensive Care Unit (NICU) is already complete. The NICU — which now accommodates 36 premature babies — was designed to help the youngest babies who need special care.

In addition to providing the most developmentally supportive technology and a highly specialized staff, California Pacific offers accommodations so that parents can stay close to their baby while in the NICU. A new Quiet Room also offers all the necessary equipment for parents to "trial run" the care of their baby before they go home. The goal of the NICU — and all services within the Women & Children's Center — is to enhance California Pacific's family-centered environment and offer more local families access to the world-class care at California Pacific. We look forward to seeing you in our new space! ★

INSIDE:

California Pacific Medical Center

A Sutter Health Affiliate

Children Will Outgrow Bed-wetting

AGES 3-6

You can manage this frustrating problem with careful scheduling and fluid restrictions

It is a frustrating problem, but there's hope for those upset about childhood bed-wetting: The problem declines with age.

> "You don't cure this problem; you grow out of it."
>
> **Craig A. Peters, M.D., associate professor of surgery (urology)**

Nighttime bed-wetting affects about 20 percent of 5-year-olds, according to the American Academy of Pediatrics (AAP). By age 6, it's down to about 10 percent, according to the National Institutes of Health. And by age 12, about 3 percent wet the bed at night, says Craig A. Peters, M.D., associate professor of surgery (urology) at Children's Hospital Boston and Harvard Medical School.

The exact cause of bed-wetting is unknown, though doctors know it's more common in boys. "It appears to result from a combination of physical and behavioral factors," says Dr. Peters, an AAP spokesman. "We know the problem becomes worse under stress."

Children are more prone to bed-wetting because they have smaller, more sensitive bladders than adults. Some children wet the bed every night, while others wet the bed on occasion, Dr. Peters says. Most children who wet the bed do so once a night. But some have the problem several times a night. An impermeable mattress cover will make life easier. But there's one thing Dr. Peters says you should know about bed-wetting. "You don't cure this problem; you grow out of it," he says.

Some advice on managing bed-wetting:

- Make sure your child uses the bathroom just before bedtime and overnight.
- Don't let your child drink a lot just before bedtime. Avoid caffeine.
- Never scold your child for wetting the bed. Reassure your child and give small prizes for a dry night.

Pediatricians may offer medication if a child is 6 years old and still having a problem. After six months or so, doctors will begin to wean the child off medication to see if he or she has gained better control. ★

To Learn More

National Kidney Foundation:
888-925-3379
www.kidney.org/patients/bw/index.cfm
American Academy of Pediatrics:
www.aap.org/healthtopics/toilettraining.cfm

The Doctor Is In

ALL AGES

Your questions about child health answered ■ by Alan Johnson, M.D., pediatrician, SF Bay Pediatrics

Q: I recently had a baby. Do I need to receive a booster shot for whooping cough?

A: Yes. Adults with a baby at home or who work with children should get vaccinated for whooping cough (also known as pertussis disease). The vaccine for whooping cough is typically given with the tetanus vaccine (DTaP). If it's been more than five years since an adult has had the tetanus vaccine, he or she should be revaccinated. For families without a baby, individuals should receive a tetanus booster shot (containing the whooping cough vaccine) every seven to 10 years.

In teenagers and adults, whooping cough can last four to eight weeks and is characterized by bursts of uncontrollable, often violent coughing in which it may feel almost impossible to breathe. Infants under 6 months can develop more serious, life-threatening illness from pertussis. Check with your primary care physician to determine if you or your child needs to receive a booster shot for whooping cough. (See related article on page 4.) ★

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: *bosquejp@sutterhealth.org*, or visit *www.cpmc.org/pediatrics*. Due to space limitations, we cannot guarantee that all questions will be answered.

Protecting Your Child from RSV

INFANTS

The virus strikes 90 percent of children by age 2 ■ **An interview with Karen Hardy, M.D., Chief, Pediatric Pulmonology and Cystic Fibrosis Center, California Pacific Medical Center**

Back in the 1950s, military lab researchers working with chimpanzees noted numerous chimps were becoming ill with a rapidly spreading virus that caused runny noses and other symptoms similar to the common cold.

Karen Hardy, M.D., chief of Pediatric Pulmonology and Cystic Fibrosis Center

> "Fortunately, RSV infections are highly preventable."

They named it the "chimp coryza" virus, with "coryza" meaning "runny nose." Not long afterward, scientists discovered that many children were infected with the virus, too.

Today, that virus is known as respiratory syncytial virus (RSV), and an estimated 90 percent of children have at least one RSV infection before age 2. Complications such as bronchiolitis and pneumonia can be very serious, and RSV is the most common cause of respiratory infection in young children requiring hospitalization.

"RSV, which circulates in our hemisphere during the winter, generally produces symptoms similar to a cold, beginning with a runny nose and a mild cough," says Karen Hardy, M.D., chief of Pediatric Pulmonology and Cystic Fibrosis Center for California Pacific Medical Center and Children's Hospital Oakland. "As the virus spreads, it can cause fever, lower respiratory tract infection and even respiratory failure."

Who is at risk for RSV?

Dr. Hardy notes the people most at risk for complications include infants and young children, the elderly and those with immune system problems. Infants under 6 months of age and babies under age 2 who have lung disease, congenital heart problems, cystic fibrosis or immunodeficiency are at greatest risk.

"Fortunately, RSV infections are highly preventable," Dr. Hardy adds. "You've heard it before, but the research is clear on the importance of frequent and thorough hand washing. Children should wash their hands before they eat — every time — as well as after they use the bathroom and when they return home from school."

Vaccines for RSV

There are vaccines available for high-risk children. The first vaccine available was "RespiGam®, a 'passive' vaccine given through an intravenous infusion that uses pooled human antibodies against RSV, rather than a killed or live virus," Dr. Hardy explains. "A newer vaccine administered as an intramuscular injection, Synagis®, works very well and is well-tolerated. It is prepared from synthetic antibodies against RSV. Another vaccine, Numax™, has just completed clinical trials and the data are being evaluated prior to seeking FDA approval."

Home treatment tips

If your baby becomes infected with a cold, it is likely RSV. Dr. Hardy advises watching carefully for signs that the infection has spread to the lungs. "Standard home-care treatment recommendations include supplying plenty of fluids and keeping the nose clear by using a syringe bulb to extract excess mucous," she says. "Try to isolate the child from other children in the home and get the other children to wash their hands frequently. If the sick child has a fever, you can use children's acetaminophen or ibuprophen — but never aspirin. If the sick child or baby is not able to eat or drink, see your doctor promptly." ★

New Vaccines Recommended for Children and Teenagers

ALL AGES

■ by Tim Nicholls, M.D., pediatric hospitalist, California Pacific Medical Center

Vaccines prevent infections from becoming serious. They work by teaching our immune system to recognize an infection so that it can fight it off before it causes too much harm.

Tim Nicholls, M.D., pediatric hospitalist

> "Today's schedule for vaccines is long and complex — without it, our children would remain at risk."

Some vaccines prevent an illness completely (such as hepatitis B) while others either prevent an illness or keep it from becoming severe (such as chicken pox).

Today's schedule for vaccines is long and complex — without it, our children would remain at risk for tetanus (lockjaw), diphtheria and many of the serious bacterial infections that challenged us just 25 years ago. Lately, vaccine manufacturers are trying to combine vaccines so children receive fewer shots.

Rotavirus vaccine now available

This past August, the Centers for Disease Control and Prevention (CDC) recommended administration of a new rotavirus vaccine to young children. Rotavirus causes upset stomach, vomiting and diarrhea. In children, rotavirus is the most common cause of severe diarrhea. Annually, rotavirus accounts for more than 400,000 doctor visits in the United States and 55,000 hospitalizations.

The new rotavirus vaccine was tested in large populations of children. Based on its safety and efficacy data, the Food & Drug Administration approved the vaccine in February 2006. It enters the vaccine schedule at the 2-month, 4-month and 6-month well-child doctor visits. The vaccine is given by mouth, avoiding the need for an injection.

Whooping cough booster advised

Last year, the CDC also recommended giving a booster vaccine for whooping cough (also known as pertussis) to children ages 11 to 18 years. In the past, children in this age group received a booster vaccine for only tetanus and diphtheria. Adding whooping cough to this vaccine will help to prevent whooping cough in adolescents, in whom immunity from early childhood vaccines has waned (similar to their immunity for tetanus).

Across the nation, whooping cough has become more prevalent since the 1980s. A booster shot given to teenagers and adults who have contact with infants can help prevent the spread of whooping cough in households, especially to small infants. Infants are at the highest risk of dying from whooping cough. (See related article on page 2.)

HPV vaccine

In June 2006, the CDC made provisional recommendations that girls in their preteen and teen years be given a new vaccine designed to protect against human papilloma virus (HPV). HPV is responsible for cervical cancer and genital warts. The HPV vaccine is the first vaccine in use known to prevent a type of cancer. About 10,000 women in the United States get cervical cancer each year, and it is the second leading cause of cancer death in women worldwide. Final confirmation of the CDC's recommendation is expected in the near future. ★

To Learn More

Further information about when and why we recommend vaccines is available online at the CDC Web site (www.cdc.gov).

Fussy Eater? Low Weight Gain?

ALL AGES

Maybe it's gastroesophageal reflux disease ■ **An interview with Antonio Quiros, M.D., pediatric gastroenterologist, California Pacific Medical Center**

"No! I don't want to eat!" If you hear this complaint too often from your toddler, or if your infant refuses to eat or nurse, it could be more than stubbornness. It might be gastroesophageal reflux disease (GERD).

"Reflux happens when the contents of the stomach back up into the esophagus," says Antonio Quiros, M.D., a pediatric gastroenterologist at California Pacific Medical Center. "Some reflux is normal — all children and adults have it sometimes. Reflux becomes a concern, however, when it is chronic and results in damage to the esophagus, poor weight gain or weight loss, or even respiratory problems that include asthma-like symptoms or recurring pneumonia."

Causes and symptoms of reflux

Dr. Quiros notes that reflux can be caused by a weakness in the "sphincter" muscle that separates the esophagus from the stomach. "The stomach is like a cement mixer, churning food around as part of the digestive process," he explains. "If the sphincter is too loose, or relaxes too often, some of that mixture escapes back up into the esophagus."

Children with GERD may exhibit symptoms, such as:

- Frequent vomiting after eating
- Constant hunger because of vomiting
- Sore throat
- Burning sensation in the chest
- Persistent cough or nasal congestion
- Choking or difficulty swallowing
- Irritability or discomfort after eating
- Hoarse, raspy voice

"Toddlers are likely to voice their complaints, but infants can't communicate verbally, so you need to watch for symptoms," Dr. Quiros says. "For example, a baby may show discomfort by refusing to nurse or pushing the bottle away. After eating, the baby may spit up on a regular basis or exhibit persistent swallowing motions in addition to being irritable."

Remedies to try

Home-care measures for dealing with reflux include:

- Providing smaller meals and feeding more frequently
- Avoiding feeding just before bedtime
- Elevating the head of the child's bed so his head is higher than his stomach while sleeping
- For older children, avoidance of carbonated beverages, fatty or greasy foods and caffeine — including chocolate

"Consult your doctor if you notice any blood in vomit or 'spit up,' or if the child is not gaining weight or develops respiratory problems associated with meals," Dr. Quiros says. "The first step is to determine the cause of the reflux. We assess a child's anatomy by doing an X-ray of the upper digestive tract," he explains.

Medical treatment options

"Treatment depends on the severity of the problem," says Dr. Quiros. "In milder cases, we would start with calcium-carbonate antacids, such as Mylanta® or Tums®. If those are not effective, we might try H2 blockers, such as Zantac®, Pepcid® or Tagamet®. If the child doesn't respond to H2 blockers, we would progress to proton-pump inhibitors, such as Nexium® or Prilosec®. In very rare cases, surgery might be required."

California Pacific's Feeding Clinic specializes in helping children with eating problems, including GERD. Opened in November, the clinic offers a team approach to treatment with a gastroenterologist, child psychologist, dietitian, speech therapist and behavioral pediatrician. ★

Antonio Quiros, M.D., pediatric gastroenterologist

> "Toddlers are likely to voice their complaints, but infants can't communicate verbally, so you need to watch for symptoms."

To Learn More

For information or to schedule a consultation, please call California Pacific's Feeding Clinic at 415-600-6200.

Caring for Well Siblings of Ill Children

ALL AGES

Emotional distress common among healthy siblings ■ **An interview with Joanna Fanos, Ph.D., director, Sibling Center, California Pacific Medical Center**

Parents who have a child with a serious medical condition often are overwhelmed, focusing time and energy on their sick child.

Joanna Fanos, Ph.D., senior research psychologist, director, Sibling Center

> "Siblings of ill children can experience a variety of emotional problems."

Unfortunately, they consequently may overlook the needs of other children in the family, who can develop emotional and psychosocial difficulties.

For the past four years, the Sibling Center at California Pacific Medical Center has provided critical support services for "well siblings," under the direction of senior research psychologist Joanna Fanos, Ph.D. Dr. Fanos' research (and that of others) has shown that well siblings are at risk for a number of psychological issues.

Feelings of guilt and anxiety common

"Siblings of ill children can experience a variety of emotional problems," Dr. Fanos says. "They might assume that they will get the same illness or worry that they somehow caused the illness. They may get angry with the sick child or feel that the sick child is loved more. They often experience feelings of guilt and anxiety, and sometimes depression."

Well siblings may exhibit these signs of emotional distress:

- Excessive dependency and need for parental attention
- Withdrawal or "fading into the background"
- Pretending to be sick
- Acting out
- Problems at school or "escaping" into schoolwork
- Loss of appetite or overeating
- Regressing to an earlier stage of development or assuming an adult role

To Learn More

For more information about the Sibling Center or to schedule a consultation, call 415-600-3515.

"The behaviors displayed can be a function of age," Dr. Fanos says. "A teenager might use drugs or alcohol, or become involved in an abusive relationship. A younger child might become clingy."

Counseling helps family communication

Professionals at the Sibling Center help parents establish open communication and create an atmosphere where children feel safe and loved. The only hospital-based program of its kind in California, the Center offers a flexible structure that generally entails four counseling sessions with a follow-up session after a few months. Referrals to a therapist are provided as necessary. Open to all families, regardless of where they receive health care services, the Center offers its services for free to benefit all children.

"The services offered at the Sibling Center are a preventive measure against emotional problems that can arise with well siblings," says David Tejeda, M.D., medical director of the Sibling Center and a pediatrician at California Pacific Medical Center. "It's a psychological 'vaccine' of sorts." ★

Recommendations to Further Reduce the Incidence of SIDS

INFANTS

Infants should be placed on their backs every time they sleep ■ by Kathleen Lewis, M.D., acting chair, Department of Pediatrics, California Pacific Medical Center

"Back to Sleep" is the all-familiar mantra of the nationwide campaign to prevent Sudden Infant Death Syndrome (SIDS).

Kathleen Lewis, M.D., acting chair, Department of Pediatrics

"Babies should sleep on a firm surface without soft objects, such as quilts, pillows, comforters or sheepskins."

While the incidence of SIDS has dropped more than 50 percent since the introduction of the "Back to Sleep" campaign in 1992, it still affects one in every 2,000 infants and is the leading cause of death after the first month of life. Recent research published in the *Journal of the American Medical Association* found that infants who died from SIDS had abnormalities in their brainstem pathways that are responsible for regulation of breathing, temperature control and arousal. Ongoing SIDS research now offers additional measures parents can take to decrease its risk even further.

SIDS occurs most often in winter

Babies between 2 months and 4 months of age are at highest risk for SIDS. The syndrome occurs most often in winter months, with the peak in January. Premature and multiple birth babies are at higher risk for SIDS. It also occurs more frequently among boys and in Native-Americans and African-Americans.

SIDS prevention

For any baby younger than 6 months, parents should take the following measures to help decrease the risk of SIDS.

Back to sleep — All infants should be placed on their backs every time they sleep. Side sleeping is not as safe as back sleeping. It is particularly important that day care centers and child care providers know that babies should only sleep on their backs, as infants who sleep on their backs at home and are then put to sleep on their stomachs in a different situation may be at even higher risk.

No loose bedding — Babies should sleep on a firm surface without soft objects, such as quilts, pillows, comforters or sheepskins. Soft objects and loose bedding should be kept out of the crib. If bumper pads are used, they should be thin, firm and well-secured.

No cigarette smoke — Avoid any exposure to cigarette smoke, both during and after pregnancy.

Keep baby in close proximity — Babies should sleep in their own beds but in close proximity to the parents.

Offer a pacifier — Consider offering a pacifier as baby is falling asleep at nap and bedtime as the risk for SIDS appears to be lower in infants who use pacifiers. Replacing the pacifier during sleep if it has fallen out of the mouth is not recommended. For breast-fed infants, consider introducing a pacifier after 1 month of age when breast-feeding is firmly established.

Practice tummy time — To help prevent your baby from developing a "flat head" from sleeping on her back, encourage "tummy time" when she is awake.

Avoid overheating — Consider the amount of bundling so that the baby does not overheat.

Use upright "cuddle time" — Avoid excessive time in car seat carriers and "bouncers." ★

Child-focused Hospitals: Transforming Children's Health Care

Every child should have the opportunity to grow up healthy and be supported by a health care system that provides the safest and most effective care possible.

Child-focused hospitals — leaders in transforming children's health care — are working together to ensure national quality and patient safety initiatives that address the unique needs of children and their families.

Member hospitals of the National Association of Children's Hospitals and Related Institutions (NACHRI) — such as California Pacific Medical Center — provide the most advanced clinical care for children and continually improve the quality of that care by implementing new procedures, refining processes and comparing their performance with other state-of-the-art facilities. NACHRI is helping child-focused hospitals continue to make dramatic improvements in care by advocating for and developing new ways to measure whether a child is receiving the best care possible for various illnesses and diseases, such as asthma.

The association also is representing child-focused hospitals on national quality and patient safety efforts. It is creating programs and alliances that focus on safe, timely, equitable and family-centered care for children. Recently, NACHRI helped create the Alliance for Pediatric Quality, a coalition of national pediatric organizations that advocates for policies, standards and products that can be proven to improve health care experiences and quality of life for children.

From advocating for federal funds to develop pediatric quality projects to winning national awards for quality initiatives, child-focused hospitals are dedicated to ensuring that quality standards for children are developed and put into use by all health care providers. The quest for quality is a continuous journey in which families can, and should, participate. ★

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

To Learn More

To learn more about a child-focused hospital's quality initiatives, visit *www.childrenshospitals.net.*

For Q&A contributions or to opt out of this mailing, please contact John Bosque at bosquejp@sutterhealth.org or 415-600-2991.

Editorial Team
Oded Herbsman, M.D.
Kathleen Lewis, M.D.
Steve Martel, M.D.
Laura Miyashita
Tim Nicholls, M.D.
David Tejeda, M.D.

Contributing Writer
Susie Caragol

HealthyKids
California Pacific Medical Center
P.O. Box 7999
San Francisco, California 94120-7999

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