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# Sports Concussions: Know the Risks

An interview with Dr. Farhad Sahebkar, director of Sutter Pacific Medical Foundation Pediatric Neurology Division and the Headache Clinic at CPMC

Sports concussions have recently entered the medical spotlight, especially after last year's tragic death of University of Pennsylvania football player Owen Thomas.

## *What's a Concussion?*

A concussion often follows a head injury and involves what doctors call altered mental status. "Initial confusion and amnesia are hallmarks of a concussion," says Farhad Sahebkar, M.D. "And they can happen with or without loss of consciousness."

Grade-one concussions are the least severe. Doctors assign a grade-two if a patient has symptoms that last longer than 15 minutes. When loss of consciousness occurs, wheth-

er it's seconds or minutes, it usually signals a more severe, grade-three concussion.

Symptoms of concussion are generally divided into two categories. Immediate symptoms include headaches, dizziness, nausea, and vomiting. Children who suffer from concussions might stare, look vacant, slur their speech, or have delayed verbal and motor responses and difficulty following instructions. Often, they're not sure what time or day it is. They may be disoriented and have trouble walking straight.

Other symptoms can start hours or weeks afterward. They include anxiety, irritability, low-grade headaches, sleep disturbance, dizziness, poor attention or concentration, difficulty at school, intolerance to light and noise, and low frustration. Memory problems can also occur.

"If you ask a concussion victim to memorize three objects and then repeat them in five minutes, he may not be able to do it," Sahebkar explains. "On rare occasions the symptoms might last up to four weeks, so it's important to observe athletes over a period of time to see how they're doing."

## *Multiple Impacts*

If children sustain more than one concussion in a short period of time, serious complications can arise. Doctors believe





Dr. Nadine Burke with patient

# Ear Infections: What's the Best Treatment for Your Child?

An interview with Dr. Monica Singer, medical director, Sutter Pacific Medical Foundation's Bayview Child's Health Center

## *A Childhood Ailment*

As a parent, you probably remember calling your doctor when your fussy baby had a fever and the nurse suddenly mentioning the possibility of an ear infection. "Acute otitis media is actually the top reason why children show up at the pediatrician's office," says Monica Singer, M.D. In fact, most kids have had a middle ear infection by the time they're two.

Ear infections usually begin as an upper respiratory infection. Children have some nasal congestion. The mucus then backs up into the ear tubes, stays there, and bacteria grow.

Fever, as well as ear pain, effusion, inflammation, redness, and bulging, are all symptoms of an ear infection.

When doctors look into infected ears, they might see a red, inflamed, or immobile eardrum. While older children can communicate their pain, infants and preverbal toddlers often pull on their ears to signal discomfort. They might also be extremely fussy.

## *It's All in the Anatomy*

"Infections are especially common in children because their ear tubes are narrow, so mucus has more opportunity to get stuck," explains Singer. "Children's bodies are also not as efficient at reabsorbing the fluid."

In fact, ear infections most often happen in the smallest kids—babies from six to 18 months old. They then spike again when children hit the age of

four or five, since starting school can expose kids to new pathogens.

Children who are not breastfed have a higher chance of getting an ear infection, as do kids in day care, since they come in contact with more viruses and get sick more frequently. Recent studies have also shown a link between pacifier use and ear infections.

Preventive measures can counteract some of the risk factors. Saline rinses, humidifiers, and nasal sucking help keep younger children's tubes clear when they're sick. By teaching older children to use hand sanitizers and good hand hygiene, parents can limit their exposure to germs.

Pneumococcal is the leading cause of ear infection, so getting the vaccine against the bacteria can also dramatically decrease the risks.

## *Treat or Wait?*

It's important for parents to bring their kids to the doctor whenever they suspect an ear infection. Untreated, it can lead to eardrum ruptures, hearing loss, balance problems, and language delay.

Since their immune systems aren't fully developed, children under six months get treated with antibiotics right away. Kids six months to two years old are treated if they have severe pain or a fever over 102 degrees. Older children also get antibiotics if they are in a lot of pain.

If a child has low or moderate pain, otherwise looks well, and has no cold or fever, pediatricians are more careful about using antibiotics and often recommend a 48- to 72-hour watchful waiting period to see if the pain worsens or a fever surfaces. Often parents can manage the pain using ibuprofen, acetaminophen, or a topical anesthetic.

Even distraction can be good medicine. "I'm not an advocate of media exposure," laughs Singer, "but when my daughter is miserable, I let her watch Elmo. Sometimes your child needs it, and you need it, too."

"Some worried parents want to treat at any sign of a cold," says Singer. "But if you keep giving him antibiot-

ics when it's unwarranted, you're putting your own child at risk."

That's because overprescription can cause bacterial resistance not only in the society at large but also within your child. "If we prescribe an antibiotic inappropriately, a child may not respond to it later when they need it because they were given the medication when it was unnec-

essary", says Singer. Other possible side effects from antibiotics include nausea, diarrhea, and allergies.

"If you do the watchful waiting, treat when it's warranted, and follow up with your pediatrician, the infection should resolve," assures Singer.

## Ten Ways to Reduce Your Child's Toxic Exposure

As the environment becomes increasingly polluted, parents seem to have a harder time keeping their children away from toxins and chemicals. Here are some easy ways you can limit your kids' exposure.

1. Buy organic foods when possible.
2. Breastfeed your baby while you're eating healthy yourself.
3. Use teething rings and soft plastic toys that are free of polyvinyl chloride (PVC) and bisphenol-A (BPA). Avoid letting your child put hard plastic toys in his/her mouth, as those designed for older children are more likely to contain PVC or BPA. Give your kids more wooden toys.
4. Avoid using the microwave, especially when warming up breast milk or formula. Don't heat food or milk in plastic, as the heat can cause chemicals to leach.
5. Avoid BPA, PVC, or polycarbonate plastic in bottles, sippy cups, eating utensils, and food containers. Choose plastics that have a #1, #2, or #5 in their recycling triangle. Or use glass, enamel, ceramic, or stainless steel.
6. Avoid canned foods, as most metal cans contain BPA.
7. Don't buy foods wrapped in plastic wrap that contains PVC. If you have no choice, cut off a thin layer of the food when you get home and store the rest in glass or safer plastic.
8. Avoid washing plastic bottles, dishware, or containers with hot water and harsh detergents. Toss any that start to look scratched or hazy.
9. San Francisco has some of the cleanest tap water in the world. Make sure your children drink enough water (half of their body weight in ounces) from glass, safe plastic, or stainless-steel containers.
10. Use only natural, nontoxic, and if possible, organic bath and body products, as well as green household cleaning agents.



# New Outlook on Baby Weight

An interview with Dr. Alison Reed, pediatric endocrinologist, and Lonnie Wong, R.D., CNSC, registered dietician, at Sutter Pacific Medical Foundation's Pediatric Specialty Care Center at CPMC

## Trim the Baby Fat

People often believe that a fat baby is a healthy one, but a recent study by the National Academy of Sciences says that that may not always be true.

Research shows that 10 percent of U.S. babies and toddlers below age two are already overweight, and overweight infants are at risk for later obesity. With obesity on the rise in the U.S., the academy is now urging parents, caregivers, and doctors to monitor children's weight more closely.

## Personal Growth

In light of the study, Alison Reed, M.D. and Lonnie Wong, R.D., CNSC warn against making blanket statements about weight when it comes to babies. "We should look at each patient individually," says Reed.

Generally an infant is considered overweight at the 85th percentile and obese at the 95th percentile. Yet things are not always that cut and dry. Some children may lie

within the 95th weight percentile for most of their infancy and be perfectly fine.

The rate of gain is often more telling. "If infants stay on their curve consistently, they could be considered healthy, but if a baby's curve goes straight up and crosses upwards on percentile, it's a concern," says Wong.

If you think your baby has gained a lot of weight in a short period of time, it's a good idea to talk to your pediatrician.

Reed and Wong also emphasize that it's more accurate to look at a baby's "weight for length" curve, rather than just weight. Even then "some breastfed babies may initially have a weight for length ratio above the 85th percentile," Reed explains, "but then it decreases into the normal range over time."

## Four Steps to Healthy Weight

To keep children, including babies, at a proper weight, the National Academy of Sciences recommends:

- **Make sure children get enough exercise.** Because infants can't walk, exercise may seem counterintuitive, but movement is still important. "When less than three months of age, tummy time is vital for development," Reed urges. "In general, it's important that infants move about and explore."
- **Limit television time.** The American Academy of Pediatrics (AAP) says children under two should not watch TV at all.
- **Be mindful of sleep.** Most parents know how difficult it can be to get babies to go down, but make sure they have opportunities to sleep and an environment conducive to rest.
- **Give children the right diet.** Infants should be exclusively breast- or formula-fed for four to six months before starting solids. Since breastfed babies are at lower risk for obesity, AAP encourages breastfeeding for at least a year. Children on solids should consume a diet rich in nutrient-dense fruits, vegetables, milk and dairy products, and whole grains, and avoid energy-dense, nutrient-poor foods, like candy, fast food, and other processed foods.

# Effective Co-Parenting

An interview with Dr. Kathleen Fahrner, clinical psychologist at Sutter Pacific Medical Foundation's Child Development Center

Sam was a defiant eight-year-old who had tantrums. He often broke his toys and bullied other children. With the help of a therapist, Sam eventually learned how to better manage his frustration. But the counseling wasn't for him—it was for his parents.

A CPMC therapist worked with Sam's mother and father to develop effective co-parenting skills. That's when they realized that they were putting him in the middle of their marital conflicts. They started to agree on their common goals for Sam and treat him more consistently. Within four months, Sam grew less aggressive with his schoolmates and more cooperative with his parents.

## *A Unified Front*

"Co-parenting is taking responsibility for raising your kids together," says Kathleen Fahrner, Ph.D. "It's a unified approach to child rearing."

Easier said than done, since parents often have individual wants and opinions. "Parents come from separate families and model what they know themselves. Co-parenting is about communicating with each other, respecting each other's skills, and resolving conflicts to decide what's best for your children and unite in your authority."

Because co-parenting provides kids with predictable limits and boundaries, it gives them a sense of well-being and security. Without it, children get mixed signals and can start feeling anxious or worried. They may even react by fighting at school or partaking in risky behavior.

## *Two Different Households*

Co-parenting can be especially tricky when a couple is divorced, and they find themselves sharing custody when they don't like each other much and have different ideas about how they want to raise their kids.

It's a good idea for divorced parents to come up with a parenting contract that outlines rules and expectations, such as bedtime and allowed activities. "Things don't have to be exactly alike at each household, as long as each parent respects that the other needs to be a part of the child's life," Fahrner explains. Mediation and therapy can also be beneficial.

A divorced couple may need to adopt a more businesslike attitude with each other. For instance, they might primarily email so they don't have to talk on the phone. "They have to put aside their marital issues and see this as a co-parenting venture that will help their children develop in a positive way."

## *The Absent Parent*

Most parents can attest that co-parenting can be difficult even when Mom and Dad are together.

Couples who don't co-parent well often undermine each other and compete for their children's attention. They may also argue in front of their kids. Not only does this make children feel at fault, it also models conflict, which they may act out later.



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Sometimes one parent will usurp the decision-making and reject the other's input.

Alternatively, Mom or Dad might refuse to be involved and leave the burden on the other person. The caretaking parent then gets burned out and stops being positively engaged at home. "As a result, kids miss out on the skills of both parents," says Fahrner.

## *Division of Labor*

Parents can greatly improve their co-parenting skills by communicating regularly. They should air and resolve their conflicting viewpoint, provide consistent, sensitive, coordinated messages, and keep each other apprised of their contacts with the child around major life issues.

When parents travel a lot, communication can be even more important. "If a father is holding down the fort, he can stress to his child that 'Mom and I both feel that you should be doing this.' Then there's an implied message that the other co-parent is involved even when she's not physically there."

Parents who both work outside the home can take turns being the primary caregiver. "It's a great co-parenting strategy. When one parent is having a hard time, the other steps in. There's a division of labor," says Fahrner.

"Co-parenting provides happier, healthier kids socially, emotionally, and psychologically," says Fahrner. "If they feel secure, they have a greater capacity to grow and learn."

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# The Many Phases of Pneumonia

An interview with Dr. Frank Cipriano, Sutter Pacific Medical Foundation Pediatric Hospitalist, at CPMC

Most parents have experienced the anxiety of having a sick child. He or she comes down with a cold or infection. Over the next several days, you hope for signs of improvement. When they don't come, you worry that the illness has turned into something more serious.

Pneumonia, a lower respiratory tract infection, often begins as the flu or common cold. An upper respiratory tract infection, like a cough, sore throat, or stuffy nose, moves down into the lung tissue.

Many parents assume that if their child comes down with pneumonia, he or she would need to be hospitalized. Yet there are many different types of pneumonia, with varying levels of severity.

## *Viral or Bacterial?*

Viruses often cause pneumonia, but bacteria can also bring it on. Treatment differs in each case, but diagnosis can be difficult since "the symptoms often overlap," says Frank Cipriano, M.D. "However, there are features that are more common in one type of pneumonia than the other."

Viral pneumonia often presents with cold-like symptoms, such as cough, runny nose, low-grade fever, and aches

and pains. The more severe symptoms of bacterial pneumonia include lethargy, high fever, ill appearance, and difficult, labored, or quick breathing.

"Bacterial pneumonia is usually located in one area of the lung and sounds crackly when we listen to it," Cipriano explains. "Viral pneumonia is more diffuse."

Since pneumonia can often start innocuously, it's important to know when your child should see the doctor. Cipriano recommends that kids be examined if they are:

- Breathing fast, using extra muscles to breathe, or having difficulty breathing.
- Suffering from a lingering cough that doesn't improve in seven to 14 days.
- Difficult to wake up, not themselves, or exhibiting lethargy and listlessness.
- Not drinking enough to stay hydrated.
- Showing a high fever.

"Parents ask about a high fever a lot," says Cipriano. "If your child has a high temperature but otherwise looks well, that's less cause for alarm. If the fever is coupled with some of the above symptoms, you should bring him or her in."



## Good News and Bad News

There's good news and bad news when it comes to dealing with each type of pneumonia.

Bacterial pneumonia tends to make children much sicker, but it's treatable using antibiotics.

Viral pneumonia can't be treated, unless it's caused by influenza and caught within 48 to 72 hours. But, the illness is usually less severe. With no treatment options, hospitals care for kids by offering supportive therapies, like oxygen and vital fluids.

When they sense a child has viral pneumonia, doctors do their best to avoid antibiotics, but the lack of treatment possibilities can frustrate parents. "They often push us to use antibiotics, understandably so, since they want their child to get better, but it's not always the right course of

action," Cipriano warns. Overprescribing can lead to bacterial resistance both globally and individually. When your child takes antibiotics unnecessarily, the medication may be less effective next time he or she gets ill.

## Walking Pneumonia

Sometimes a child could have pneumonia and not seem that sick. Since he or she's not bedridden, people often call this less serious condition "walking pneumonia."

From a diagnostic standpoint, walking pneumonia refers to viral pneumonia or what doctors call atypical bacterial pneumonia.

"Typical bacterial pneumonia affects a focal area of one lung and tends to make people more sick," explains Cipriano. "Atypical pneumonia presents a lot like viral pneumonia in that it's more diffuse and tends to affect both lungs."

Pneumonia can last several days or weeks. But the prognosis is good for most children who don't have other underlying conditions. "We have so many methods of support, like medication and ventilators, that children with pneumonia nearly always recover," says Cipriano.



# Did You Know?

## Does My Child Have ADHD?

All children have the signs of attention deficit hyperactivity disorder (ADHD) at one time or another. That's why it may be difficult for parents to know when to seek help for their child. Basically, kids are diagnosed when the symptoms – inattention, hyperactivity, and impulsivity – are inappropriate for their age. They must also consistently display some of the related behaviors in at least two settings, such as at home and school, for at least six months. Finally, at least some of the symptoms need to appear before the age of seven.

Inattention, hyperactivity, and impulsivity appear in many ways and manifest at different times in the life of a child with ADHD. Very young preschoolers may show hyperactivity, while lack of attention usually becomes obvious only after a child enters school. Although many children are impulsive, kids with ADHD show the trait so frequently that it interferes with their ability to function normally.



There are three types of ADHD – inattentive, hyperactive-impulsive, and combined. The latter is the most common and includes all three symptoms.

If your child has ADHD, you might notice these warning signs below and talk to your pediatrician.

### *Inattention*

- Difficulty following instructions.
- Being easily distracted and sidetracked by unimportant stimuli.
- Failing to finish projects, like chores and homework.
- Inability to get organized, at home or school.
- Homework may consistently be messy.
- Talking too much, not listening, and constantly shifting conversations.
- Making careless mistakes.
- Not paying attention to details.
- Getting poor grades.
- Being isolated from peers because of poor grades and secondary depression.

### *Hyperactivity*

- Fidgeting, especially with the hands and feet, constantly getting up, and running or climbing when it's not appropriate.
- Inability to play quietly or do quiet activities.
- Restlessness.

### *Impulsivity*

- Impatience and inability to delay responses. A child might always blurt out an answer before the question has been completed.
- Having a hard time waiting one's turn.
- Frequent accidents, like knocking over objects or banging into people.
- Interrupting others and starting conversations at inappropriate times.
- Engaging in dangerous activities without thinking about the consequences. A young child might climb a tree to dangerous heights or a teenager might drive recklessly.

# Pediatric Emergency Department

**3700 California Street (at Cherry)**

**San Francisco**

**415-600-4444**

**Call 911 for medical emergencies**

When your child is critically ill or injured, you want the very best care available. CPMC's Pediatric Emergency Department (ED) is dedicated to caring for children. Kids come first at CPMC's pediatric ED. Caring for children of all ages (newborn babies to children 18 years of age), the pediatric ED features child-size equipment and private rooms, physicians trained in pediatric emergency medicine, and Child Life staff who can help your child

cope with a medical emergency. These special personal touches can make all the difference when dealing with a crisis.

## *Free iTriage Mobile App - ED Wait Time Now Online*

Download your free iTriage mobile health app and have the CPMC pediatric ED at your fingertips. You can check, the current Pediatric ED wait time, get driving directions, and more. If you don't have a smart phone, don't worry. Visit [cpmc.org/pedsed](http://cpmc.org/pedsed), where you will find the current pediatric ED wait time online.

**While an emergency is never in the plans, plan on us if one happens.**



## **The Doctor Is In...**

### **Antibiotic overuse – how much is too much?** *By Lorry Frankel, M.D., Chair, Department of Pediatrics*

With school sports going at full speed or your high school graduate now living in his or her first dorm room, you may be concerned with staph, MRSA (methicillin resistant staphylococcus aureus), or meningitis infections. In the 1940s, when antibiotics were first discovered, they were a miracle medication, saving the lives of many. But, over the years many bacterial infections have become more and more resistant to antibiotics, in large part because of the misuse and overprescription of antibiotics for viral infections such as colds, flu, and sore throats. Viral infections do not respond to antibiotics.

#### *How much is too much?*

Prescribing antibiotics for a runny nose, green mucus, and, in some cases, ear infections can be too much. It's important to always check with your pediatrician when your child has an illness or something that looks like an infection. Only your physician can

determine when or when not to prescribe antibiotics. To help keep antibiotics working at their full potential, it's important that parents understand that in many cases antibiotics are not necessary and in the long run may do more harm than good. By following some simple guidelines, you can help keep antibiotics safe now and for future generations.

- Never pressure your physician for antibiotics.
- If prescribed an antibiotic, ask your doctor if it's necessary.
- Always use antibiotics as prescribed, completing the entire course. Never save antibiotics for use "next time."
- Encourage hand washing.
- Keep sick kids home from day care or school.
- Keep antibacterial soap use to a minimum.
- Don't apply over-the-counter antibacterial cream on every cut or scrape.

Owen Thomas' death was due to chronic traumatic encephalopathy (CTE), a progressive, degenerative disease in people who have suffered multiple concussions.

Although doctors don't quite understand why it happens, they now know that multiple impacts can lead to depression, forgetfulness, personality changes, and cognitive impairment. In fact, some of the brain damage CTE causes looks similar to neurodegenerative brain disease. Symptoms are chronic, get worse with time, and appear months or even decades later.

"With another condition called second impact syndrome, patients suffer a single concussion and then go back to playing before they fully recover," says Sahebkar. "If a second concussion occurs, it can cause devastating injury, sometimes even death."

How do doctors determine when a child is well enough to return to the field? "It can be challenging," muses Sahebkar. "A lot of athletes say, 'I'm okay. I want to play.' They may have major memory loss, but they're so eager to return, that they're not going to tell you about it."

That's why Sahebkar now uses a formalized neuropsychology evaluation called ImPACT™ testing to provide him with more objective feedback.

## Get a Baseline

Even the safest sports can cause concussion, but that's not to say that kids shouldn't be athletic. There are measures parents can take to prevent neurological damage.

"It's good for all parents of athletes to get their kids an ImPACT baseline test. If a head injury occurs, doctors then have an idea of how far along they are. Unless their condition goes back to baseline, we don't recommend further sports activity," says Sahebkar. The test takes less than 30 minutes and can be obtained at any certified center.

While your child should also wear a helmet when it's appropriate, Sahebkar warns parents against relying on a helmet. "Wearing a helmet helps kids avoid fractures and lacerations, but it doesn't protect against concussion. Even if you fall down, your head can still get an impact."

If your child has suffered from a concussion, it's important to talk to his or her doctor as soon as possible.

### Immediate Concussion Symptoms

- Headache
- Dizziness
- Nausea
- Vomiting
- Staring, vacant look
- Slurred speech
- Delayed verbal and motor responses
- Difficulty following instructions

## California Pacific Medical Center Pediatric Specialty Services

Our pediatric specialty physicians work closely with other pediatric health care professionals and families to meet the needs of each child we care for. From newborns to teens, your child always receives personalized care you can count on. Call 866-663-KIDS to make an appointment. [cpmc.org/pediatrics](http://cpmc.org/pediatrics).

### California Pacific Medical Center Pediatric Specialty Services

- |                              |                    |                               |
|------------------------------|--------------------|-------------------------------|
| Allergy                      | Hospital Medicine  | Orthopedics                   |
| Cardiology                   | Infectious Disease | Otolaryngology (ENT)          |
| Child Development            | Microsurgery       | Plastic Surgery               |
| Critical Care Medicine       | Neonatology        | Psychiatry                    |
| Endocrinology & Diabetes     | Nephrology         | Pulmonology & Cystic Fibrosis |
| Gastroenterology & Nutrition | Neurology          | Radiology                     |
| Genetics                     | Neurosurgery       | General Surgery               |
| Gynecology (adolescent)      | Ophthalmology      | Urology                       |
| Hematology/Oncology          |                    |                               |

# Sutter Pacific Medical Foundation

Many of our doctors are part of Sutter Pacific Medical Foundation (SPMF), a physician group offering primary, specialty, and complex medical care. Sutter Pacific's pediatric specialists are on staff and also provide care at California Pacific Medical Center in San Francisco. Call **415-600-0750** or visit [www.sutterpacific.org](http://www.sutterpacific.org) for more information.

## SPMF Pediatric Specialty Outreach Care Centers

### SAN FRANCISCO

#### California Campus

3700 California St., B-level

#### St. Luke's Campus

1580 Valencia St., Suite 701

### NORTH BAY

#### Greenbrae

1100 S. Eliseo Dr., Suite 1

#### Novato

101 Rowland Way, Suite 220

### Santa Rosa

990 Sonoma Ave., Bldg. 9

## SPMF Pediatric Primary Care Centers

### Family Health Center

3801 Sacramento St.  
San Francisco, CA 94118  
415-600-2402

### Bayview Child Health Center

1335 Evans Ave.  
San Francisco, CA 94124  
415-600-1990

### Potrero Hill Care Center

350 Rhode Island St.  
San Francisco, CA 94103  
415-826-7575

### San Rafael Care Center

750 Las Gallinas  
San Rafael, CA 94903  
415-479-7244

## Kalmanovitz Child Development Center

### SAN FRANCISCO LOCATIONS

1625 Van Ness Ave., 3rd Floor  
415-600-6200

1580 Valencia St., #701  
415-600-6200

1335 Evans Ave.  
415-600-1990

### SAN RAFAEL LOCATION

4000 Civic Center Dr., #210  
415-492-4870

## New Sutter Pacific Medical Foundation Pediatric Physicians

Ellen Chan, M.D.,  
Pediatric Cardiologist

Sydney Sawyer, M.D.,  
Pediatrician

Shelley Palfy, M.D.,  
Pediatrician

NEW OUTLOOK ON BABY WEIGHT *Continued from page 4*

## The Best Baby Food

If a child does become overweight, your pediatrician or specialist may suggest a nutritional plan.

"When we see babies who are consistently skyrocketing on weight, parents are usually overfeeding," says Wong. "They might be mixing formula incorrectly. Or they may be automatically feeding their infant whenever he or she cries. The baby then gets used to the bottle and doesn't listen to his or her own internal cues that he or she's hungry." Infants over six months should feed every four hours, as opposed to every two or three.

If a baby does have a weight problem, Reed and Wong recommend structuring meals around breakfast, lunch, and dinner, with one or two snacks per day. At mealtime, parents should offer solids first and then liquids.

### HEALTHY KIDS NEWSLETTER

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# Healthy Kids

California Pacific Medical Center  
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San Francisco, California 94120-7999

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Sign up to receive Healthy Kids online. Email [cpmchealthykids@sutterhealth.org](mailto:cpmchealthykids@sutterhealth.org) and put "I want Healthy Kids online" in the subject field. Provide your name and address and you will be removed from the snail-mail list and added to the Healthy Kids online email list. Thanks for helping make the world a healthier place for kids.

## Planning Your Delivery

Last year more than 6,500 babies were delivered at CPMC. The birthing units, within our Women & Children's Centers, feature private labor-delivery-recovery (LDR) rooms with a homelike atmosphere and plenty of space to accommodate your family. You can receive education and support before and after you deliver your baby at either location. The St. Luke's Campus birthing unit offers one of the only midwifery programs in San Francisco. If you are looking for a physician or midwife who delivers at CPMC, call our physician referral center at 888-637-2762 for assistance or visit [www.cpmc.org/pregnancy](http://www.cpmc.org/pregnancy) to learn more.

## Women & Children's Center Locations

California Campus  
3700 California St.  
San Francisco, CA 94118  
Call 415-600-2229  
to schedule a tour.

St. Luke's Campus  
3555 Valencia St.  
San Francisco, CA 94110  
Call 415-641-6911  
to schedule a tour.

[cpmc.org/pediatrics](http://cpmc.org/pediatrics)

