

under the Rainbow

Spring 2019

For every question, every kid, There's only one Rainbow.

BREATHING EASY

Severe Asthma Program provides
lifesaving treatment, support
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BEST CHILDREN'S HOSPITALS

U.S. News & World Report

RANKED IN 8 SPECIALTIES 2018-19

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"I was diagnosed with cystic fibrosis (CF) at the age of 4 and immediately began receiving care at UH Rainbow. At that time the life expectancy for CF patients was mid-20s. When I was 13 years old, I knew it was my dream to become a mother. Dr. Chmiel encouraged me to take care of my body so I could live out my dreams. I made a promise to do just that.

In 2013, I graduated from college with a cum laude degree in medical anthropology and began a master's program in public health. The following year I married my husband, Peter. The progressive nature of CF caused my health to decline, and I made the difficult decision to not pursue a career and instead focus entirely on my health and my dream of motherhood.



Over the next few years, I worked hard to gain the necessary weight and lung function I needed to carry a pregnancy. I began taking a revolutionary medication that treats the cause of CF and my health became stable enough for us to try for a baby. On New Year's Eve, 2016, I told my husband we were pregnant. My pregnancy was amazingly healthy and our son, Fenn, was born August 25, 2017.



Our first year of parenthood has been challenging for my health but incredibly joyful and, of course, a dream come true. My CF team at UH Rainbow has been so supportive through it all. They've always given me exceptional care and treated me as more than a patient. They see me as someone who has hopes, dreams and reasons to continue thriving. I give back to them and to the larger CF community by participating in research and clinical trials – more than 20 so far. I am so appreciative of the care I've received and the incredible innovation that is happening right here in our backyard." – Janeil Whitworth.

To learn more about CF care at UH Rainbow, visit bit.ly/jwUHRainbowCysticFibrosisCare.

Top: Janeil, Peter and Fenn
Middle: Janeil and Fenn
Bottom: Dr. Chmiel and Fenn

» Stay connected with UH Now!

Download the UH Now app (available for iPhone and Android) for easy access to finding a doctor, scheduling appointments and viewing your personal health record.

Stay ahead of the game: AAP updates guidelines for managing concussions in kids

The American Academy of Pediatrics (AAP) updated its guidelines for managing concussions in children and adolescents for the first time since 2010. In the new report, the AAP reemphasizes removing a child from play if a concussion is suspected. However, the AAP now recommends allowing for some light activity, such as brisk walking, as long as it doesn't worsen any symptoms. Work with your child's pediatrician to determine how soon after a concussion your child is ready to start moving again.

Another key change to the guidelines is that children may use electronics during recovery. Eliminating electronics such as computers, video games and texting – as previously suggested – could make them feel isolated and contribute to symptoms of depression or anxiety.



4 tips to tame spring allergies

These four basic tips can go a long way in helping your family combat spring allergies and make it through the season.

1. **Take medication.** Several types of over-the-counter medicines offer allergy relief. These include antihistamines, decongestants and nasal sprays. If your symptoms are severe, your doctor may prescribe a nasal spray or eye drops.
2. **Start treatment early.** If you know you have spring allergies, start taking medicine two weeks before your symptoms typically begin.
3. **Check pollen counts.** This information is available on radio, television or online weather reports. Tree and grass pollens – top spring allergy culprits – are usually at their highest levels in the evening.
4. **Keep allergens off yourself.** During times of high pollen counts, change your clothes and wash your hair after spending time outside.



You can prevent childhood cavities during pregnancy

You may be surprised to learn that taking care of your baby's teeth begins during pregnancy. How can you do that? By taking care of your own dental health. A mom with poor oral health is more likely to pass cavity-causing bacteria to her baby. Keep your teeth and gums in tip-top shape when you're pregnant so you don't transfer bad germs to your newborn.

Too much bacteria in your mouth can also actually cause problems, such as premature labor. Here's what you can do:

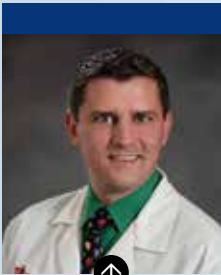
- Brush with fluoride toothpaste twice a day.
- Floss daily.
- Eat a healthy diet; limit sugar.
- Visit your dentist for a checkup every six months.



Our Healthy@UH Blog features news and advice to help keep your family happy and healthy. Visit UHhospitals.org/Healthy-at-UH.

CHILDREN'S PLAY

builds skills for a lifetime



MEET OUR DOC
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>> Need a pediatrician?

Make an appointment with a Rainbow pediatrician at **216-UH4-KIDS** or **UHRainbow.org**. Visit **VirtualVisit.UHhospitals.org** to find out how to make virtual care doctor visits via phone or video.

Allowing kids to spend time playing may be more important to their development than many people realize, according to a recent report from the American Academy of Pediatrics published in *Pediatrics*. The report looked at the most recent research regarding children, play and learning.

Play helps kids develop important skills

According to the report, play helps kids develop a wide range of skills, including social development, language, early math skills, physical development, self-control, problem-solving skills and more. Some research also found a correlation between playing and lower levels of stress.

However, despite the benefits of play, children's playtime has decreased. According to the report, academic pressure and safety concerns have reduced the overall time available for kids to play.

Find ways to play with your kids

"Playtime is also beneficial for parents," adds Matthew Kacir, MD, a pediatrician with UH Westshore Primary Care Pediatrics. "Not only can shared play help relieve parental stress, but it also helps parents create a deeper bond with their children."

Dr. Kacir recommends a few ways to add some play to your child's day.

- Sit on the floor with your infant or toddler as they explore blocks, stacking rings, rattles or soft books.
- Encourage your preschooler to role-play with you. You can pretend you are at the store or at school, or play house.
- Head outside for some playtime. Play together in a puddle after the rain, dig in the sand on the beach or build a fort.



When your child needs

daily medicine

Does your child have to take prescription medication every day?

Helping your child keep up with the medication needs of a condition like asthma or diabetes can stress the whole family. These strategies from Morgan King, PharmD, BCPPS, Pediatric Ambulatory Care Pharmacist at the UH Rainbow Center for Women & Children, can help everyone cope:

- **Learn about the medications.** Make sure you and your child understand why the drugs are necessary, what their side effects might be and what to do if a dose is missed. It's also wise to learn how to deal with changes in routine (such as trips).
- **Enlist your child's help.** Use positive reinforcement, such as praise, stickers and rewards charts. Older children appreciate incentives, too. For example, the desire to drive can motivate teens with epilepsy to regularly take their medication.
- **Talk with your child.** Emphasize that despite its side effects, medication can help your child lead a more normal life. Listen when your child talks about problems he or she faces. Your child may feel embarrassed or different from peers. Seek solutions together. Your child's doctor may have suggestions, too. Counseling or peer support groups may offer help.
- **Compromise when you can.** If taking medications at school is embarrassing, your child may be able to take them at home instead. Work with his or her doctor to find safe alternatives.
- **Share information.** Explain your child's medical needs to key people at his or her school. School personnel should know how to respond to a seizure or asthma attack. "Make sure you understand your school's policies on medications," says King. "If your child uses rescue medication, the school staff



should have access to it and know how to administer it. Your child should not carry his or her own medication at school unless your pediatrician and school agree it's needed for quick access to emergency medication."

- **Empower your child.** Use role-playing to prepare your child for the questions he or she may face at school. Ask your child, "If your friends wonder why you need to take medication, what will you say?" Discuss and practice appropriate answers.
- **Be prepared for adolescence.** A teen's desire for independence can conflict with his or her need to depend on parents and doctors. Avoid making medications a battlefield. Instead, gradually transfer to your growing child the responsibility for managing his or her medications while supporting healthy behaviors.



MEET OUR EXPERT

**MORGAN KING,
PHARM.D, BCPPS**

*Pediatric Ambulatory Care
Pharmacist,
UH Rainbow Center for
Women & Children*

>> Convenient services at Zlotnik Family Pharmacy

The Gerald Zlotnik Family Pharmacy, located within the UH Rainbow Center for Women & Children at 5805 Euclid Avenue in Midtown Cleveland, features:

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- Compounding medication services for children with allergies, liquid medicine for small children and pediatric dosage as needed
- Walk-in flu shots

Questions? Call the pharmacy at **216-675-6640**.

STAYING IN



Kaylonna Robinson, 16

4 ways strength training can help young athletes



MEET OUR DOC

ALLISON GILMORE, MD

*Pediatric Orthopedic Surgeon,
UH Rainbow Babies &
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Strength training, resistance training, weight training ... no matter what you call it, it's an important component of an exercise program. This form of physical activity forces muscles to work harder using resistance. And there are many strength training benefits for children – especially those recovering from sports injuries.

GET BACK TO (AND STAY IN) THE GAME

As you're thinking about treatment options for your child after a sports injury, Allison Gilmore, MD, pediatric orthopedic surgeon at UH Rainbow Babies & Children's Hospital outlines four ways resistance exercises can help your young athlete:

- 1 Improve symptoms.** Parents don't need to worry that high-intensity resistance training will do more harm than good in their already-injured children. Researchers have verified that, when used periodically in a rehabilitation program, it improves rather than aggravates symptoms.
- 2 Increase muscle mass and bone density.** What's more, resistance training helps athletes tolerate the demands of long-term training and competition.
- 3 Boost athletic performance.** Studies show that it has the potential to improve muscular strength, muscular power, muscular endurance, agility, balance and stability, coordination, and speed of movement in youth athletes.
- 4 Reduce the risk for another injury.** Kids are more prone to sports injuries than adults thanks to their growth spurts, slower reaction times and still-developing hand-eye coordination.

THE GAME

TAKE YOUR TRAINING HOME

The best part is that fancy gym equipment is not required to perform strength training exercises. That's because there are a variety of strengthening exercises that use the body's own resistance. Here are some that your young athlete can ask about trying at home:

Try: Abdominal crunches

Why: They can strengthen your core muscles, which include your pelvis, lower back, hips and abdomen. These muscles work together to keep your body balanced and stable.



Try: Push-ups on the floor or against a wall

Why: Push-ups strengthen your chest, shoulders, arms and core.

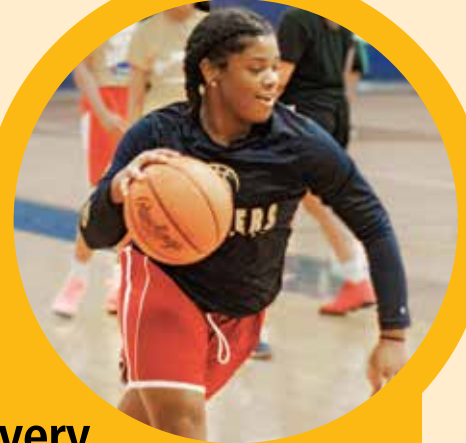


Try: Lunges

Why: A standing lunge works the front of your thighs and your glutes.



Kaylonna Robinson, 16, gets back to her basketball game stronger than ever after seven months of postsurgery rehabilitation.



Strength training propels teen to fast recovery

Kaylonna Robinson, 16, is used to training hard. Since the age of 10, she's worked closely with a personal trainer on strength training and conditioning. And her efforts have paid off – both on the basketball court and through major surgery.

Last year, Kaylonna's basketball season ended abruptly when she severely dislocated her knee, tearing a major ligament and damaging the cartilage. She had suffered dislocations before, but never as devastating. Her pediatric orthopedic surgeon, Allison Gilmore, MD, recommended surgery to repair Kaylonna's knee and correct a knee alignment issue, which put her at risk for continued dislocations and severe arthritis early in life.

Kaylonna underwent the six-hour surgery with Dr. Gilmore at UH Rainbow Babies & Children's Hospital. After one night, she went home – a day earlier than expected. She was told that her recovery would take about a year.

"I knew this was a roadblock, but I didn't let it stop me," recalls Kaylonna.

At first, simply walking was slow and difficult. But Kaylonna worked hard in rehabilitation sessions, building strength and improving range of motion. In her free time, she went to the courts just to dribble the ball.

"Kaylonna always goes the extra mile ... that's what she does," explains Kaylonna's dad, Alon. "She was in the weight room twice a week before the injury and kept her routine through recovery. If she couldn't use her legs, she'd focus on upper body strength."

After just seven months of intense work, Kaylonna was able to return to basketball at the beginning of her sophomore season – months before expected. And after just nine games, she was moved to a starting position on the varsity team.

"Kaylonna not only came back strong, she came back stronger than ever," says Alon. "I think it was because of her conditioning that she was able to bounce back so quickly."

» Comprehensive pediatric sports medicine care

UH Rainbow Babies & Children's Hospital has a team of pediatric sports medicine experts dedicated to treating and preventing sports-related injuries in young athletes. Learn more at Rainbow.org/SportsMedicine.

Breathing easy

Severe Asthma Program

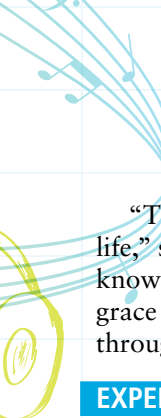
provides lifesaving treatment, support



Jaaire Bridges was used to dealing with severe asthma and allergies. Diagnosed at age 3, he grew up taking medications to keep his symptoms at bay. But at 10 years old, Jaaire suddenly stopped breathing from a severe asthma attack. In respiratory failure, he was rushed to UH Rainbow Babies & Children's Hospital where he spent three days in the intensive care unit on a ventilator. Thankfully, Jaaire survived the attack and recovered without brain damage. But the event changed his family's life forever.

Besides playing varsity baseball, Jaaire Bridges, 15, has a creative flair for music. He likes to compose beats on the keyboard.





“Those were the worst three days of my life,” said Jaaire’s mom, Nancy. “I didn’t know if my son would survive. It’s by God’s grace and the help of our doctor that we got through it.”

EXPERIENCED, SPECIALIZED CARE

Daniel Craven, MD, Jaaire’s pediatric pulmonologist and Clinical Director of UH Rainbow Babies & Children’s Hospital’s pediatric Severe Asthma Program, found that Jaaire’s asthma severity had shifted to a higher level, in large part due to the development of more extensive and severe allergies. This included a rare type of mold allergy called allergic bronchopulmonary aspergillosis (ABPA). Not only did ABPA trigger his near-fatal attack, it damaged Jaaire’s lungs.

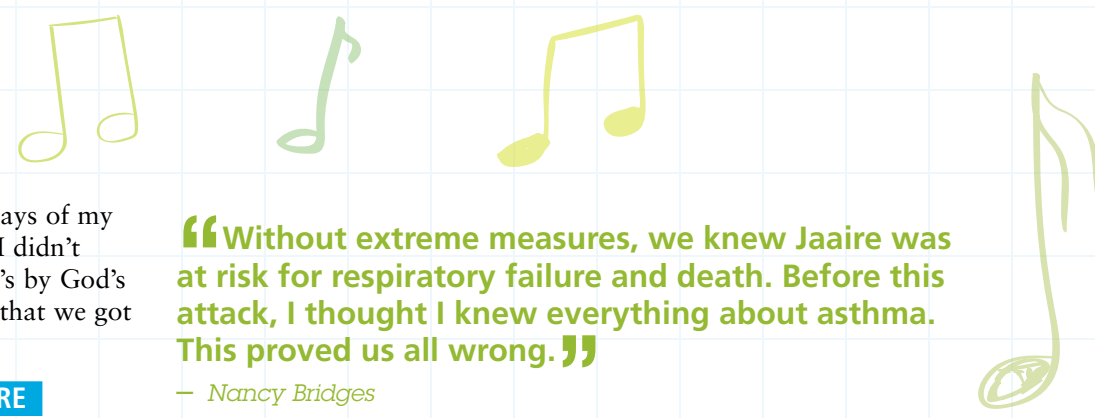
“At Rainbow, we have extensive experience in treating children with chronic asthma through the Severe Asthma Program. With proper treatment and support, all children with asthma should be able to feel good, sleep well and play sports without limitations,” explains Dr. Craven. “However, Jaaire’s situation was complicated by his lung damage. We took an aggressive approach to treatment to avoid another extreme attack and get him back to normal life.”

In addition to other medications, Dr. Craven began giving Jaaire weekly antibody injections. This helped neutralize the allergy response in his body, especially to ABPA.

“In the hospital, we learned Jaaire is allergic to virtually everything – cats, dogs, fungus, molds, grasses, trees. It goes on and on,” explained Nancy. “The injections are our ‘superhero serum’ because it helps keep his asthma under control despite all his allergies.”

FAMILY SUPPORT, EDUCATION

In addition to the injections, UH Rainbow’s Severe Asthma Program team (which includes certified nurses, respiratory therapists, dietitians, and pediatric pulmonologists and allergists) provided Jaaire and his family extensive asthma support and education. At every visit, nurses certified in asthma education helped Jaaire track his medications and ensure he was taking them exactly as prescribed – a vital step in keeping severe asthma under control. They also counseled



“Without extreme measures, we knew Jaaire was at risk for respiratory failure and death. Before this attack, I thought I knew everything about asthma. This proved us all wrong.”

— Nancy Bridges

the family in lifestyle changes that could reduce Jaaire’s allergen exposure and lower the risk of another attack.

“Medication is important, but the nonmedication part of the program such as education is equally vital to successful treatment. It can be painstaking for children and their families to take the steps necessary to keep asthma under control. We build relationships with families and partner with them closely, providing consistent support,” explains Dr. Craven. “It’s incredibly rewarding and truly makes a difference.”

A NORMAL LIFE

Jaaire’s family made extreme efforts to help reduce his exposure to allergens. They gave away their family dog. Nancy quit smoking. And after finding mold hidden under a cabinet, they completely renovated their kitchen.

“Without extreme measures, we knew Jaaire was at risk for respiratory failure and death. Before this attack, I thought I knew everything about asthma. This proved us all wrong,” recalls Nancy.

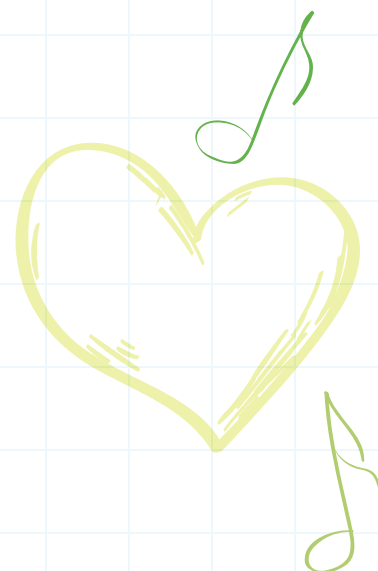
As Jaaire’s response and exposure to allergens improved, Dr. Craven was able to space out Jaaire’s injections from every other week to once a month. Today, five years after the event, 15-year-old Jaaire still gets an antibody injection once every two months. But he hasn’t been hospitalized since his attack and is back to living a normal life, even playing high school varsity baseball.

“Dr. Craven is an amazing individual and the program is so thorough,” said Nancy. “They literally saved his life.”



MEET OUR DOC

DANIEL CRAVEN, MD
Clinical Director, UH Rainbow Babies & Children’s Hospital’s Pediatric Severe Asthma Program
Assistant Professor, Case Western Reserve University School of Medicine



» At the forefront of asthma treatment

At UH Rainbow Babies & Children’s, our pediatric asthma specialists include leaders in asthma treatment and research to continue to improve the way we treat asthma. Our team’s mission is to work with you to improve your child’s and your family’s quality of life. Learn more at Rainbow.org/Asthma.



6 surprising things that can affect your pregnancy



MEET OUR EXPERT
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 University Hospitals
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 Case Western Reserve
 University School of Medicine



If you're pregnant or planning a pregnancy, Abby Myers, APRN-CNM, certified nurse-midwife with University Hospitals, recommends keeping in mind these six things that can affect your pregnancy:

1 Pets: Know when to be cautious. Spending time with furry four-footed companions during pregnancy could reduce your child's risk for some allergies later on. But be careful with some pets and pet care chores. For instance, have someone else clean the cat's litter box (feline feces may carry a parasite that causes toxoplasmosis infections). Steer clear of pet mice, hamsters and guinea pigs (their droppings, saliva and bedding can transmit LCMV, a virus that can cause miscarriage). And don't keep reptiles like turtles, lizards or snakes in your home during pregnancy or if you have kids younger than age 5 because these pets can carry salmonella.

2 Smoking, secondhand and thirdhand smoke: Avoid it. Breathing tobacco smoke directly or from other people's cigarettes, cigars and pipes could increase the risk for low birth weight, sudden infant death syndrome and learning problems for babies. It can also increase your risk for miscarriage or stillbirth. Even exposure to smoke residue left behind on furniture, rugs, walls and car interiors can cause problems for your baby, such as interfering with healthy lung development.

3 Canned goods, some plastics: Cut back if you can. Exposure to the chemical bisphenol A during pregnancy could increase your child's risk for obesity during elementary school, researchers warn. Eat less canned food, avoid plastic food containers with recycling codes "3" or "7" on the bottom, and don't microwave food in polycarbonate containers (hard, clear plastic – usually with a recycling code "7" on the bottom).

4 Sexually transmitted diseases (STDs): Say yes to tests. Untreated STDs – whether you get one before or during pregnancy – can cause serious complications, including premature birth and low birth weight. Some, like the herpes simplex and hepatitis B viruses, can be passed along to your baby. That's why all pregnant women are screened for STDs like syphilis, hepatitis B and HIV. Your doctor may also recommend tests for chlamydia, gonorrhea and hepatitis C if you are considered at high risk.

5 Household cleaning products: Mostly safe, but skip these. Open the windows and put on gloves when using cleaners with ammonia or chlorine. Using them as directed isn't harmful, but the fumes could make you feel nauseated. Skip cleaning products with warnings for pregnant women, as well as those containing glycol ethers, such as some oven, grill, bathroom and auto cleaners. Opt for natural cleaners like baking soda and vinegar.

6 Pesticides: Choose alternatives. At home, avoid chemical pesticides. Instead, use mouse traps or sticky traps. Or ask someone else to apply pesticides in your home and then open the windows to air it out.

 Visit UHhospitals.org/Healthy-at-UH to sign up for health-related topics to be delivered monthly to your inbox.

What you need to know about AFM – the polio-like illness affecting children

Although the U.S. has been polio-free for more than three decades, there's a different condition on the rise that's causing strikingly similar symptoms. Sadly, most of the cases have occurred in children.

Known as acute flaccid myelitis (AFM), it affects part of the nervous system, specifically the spinal cord, and causes weakness in the muscles and reflexes. AFM isn't new, but cases of it have been slowly increasing since 2014. There are a variety of possible causes for AFM, including viruses such as poliovirus and West Nile virus, and environmental toxins. But in many cases, doctors aren't able to pinpoint what caused the patient to develop the condition.

WHAT ARE THE SYMPTOMS OF AFM?

People with AFM develop symptoms such as:

- Sudden weakness and loss of muscle tone and reflexes in the arm or leg
- Facial weakness or droopiness
- Drooping eyelids
- Slurred speech or swallowing problems

“In severe cases, some people experience respiratory failure when the muscles involved in breathing become too weak,” explains Max Wiznitzer, MD, a pediatric neurologist at UH Rainbow Babies & Children's Hospital. “If you or your child develops any of these symptoms, seek medical care immediately.”

KEEPING YOUR FAMILY SAFE

“Since the cause of AFM is not always clear, there's no sure way to prevent it,” says Dr. Wiznitzer. “Washing your hands with soap and water often throughout the day is always a good idea to prevent illness and avoid spreading germs to others. Make sure that everyone in your family is up-to-date on vaccines, especially the polio vaccine. Protect your family from mosquitos by using insect repellent, staying inside at dusk and dawn, and removing standing water near your home to prevent West Nile virus.”

There's no question that AFM is a serious and concerning condition. However, rest assured that even though rates are rising, it's still extremely rare. Since 2014, there have been about 400 cases of AFM across the U.S. – fewer than one in 1 million people in the U.S. get AFM every year. Dr. Wiznitzer adds, “If you have any questions about preventing illness, be sure to discuss them with your pediatrician.”



MEET OUR DOC
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Associate Professor,
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>> A handwashing primer for your family

Handwashing is one of the simplest steps you can take to avoid illness. Here's how to do it properly:

- Use warm water if it's available.
- Wet your hands before applying soap.
- Rub your soapy hands together for at least 20 seconds. Make sure to wash all surfaces well. This includes your wrists, palms, backs of hands and between fingers.
- Rinse your hands thoroughly to remove all soap.
- Dry your hands with an air dryer or a clean paper towel.



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To learn how to access health records for your child younger than age 18, visit **UHHospitals.org/ParentGuardianAccess**.




Ask Rainbow

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