

under the Rainbow

SUMMER 2017

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



NO PLACE LIKE HOME

Team provides expert care – and a lot more – for baby with a complex health issue.

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University Hospitals



Rainbow
Babies & Children's



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Under the Rainbow is published by UH Rainbow Babies & Children’s Hospital. Articles in this publication are written by professional journalists or physicians who strive to present reliable, up-to-date information. But no publication can replace the care and advice of medical professionals, and readers are cautioned to seek such help for personal problems. (SU17)

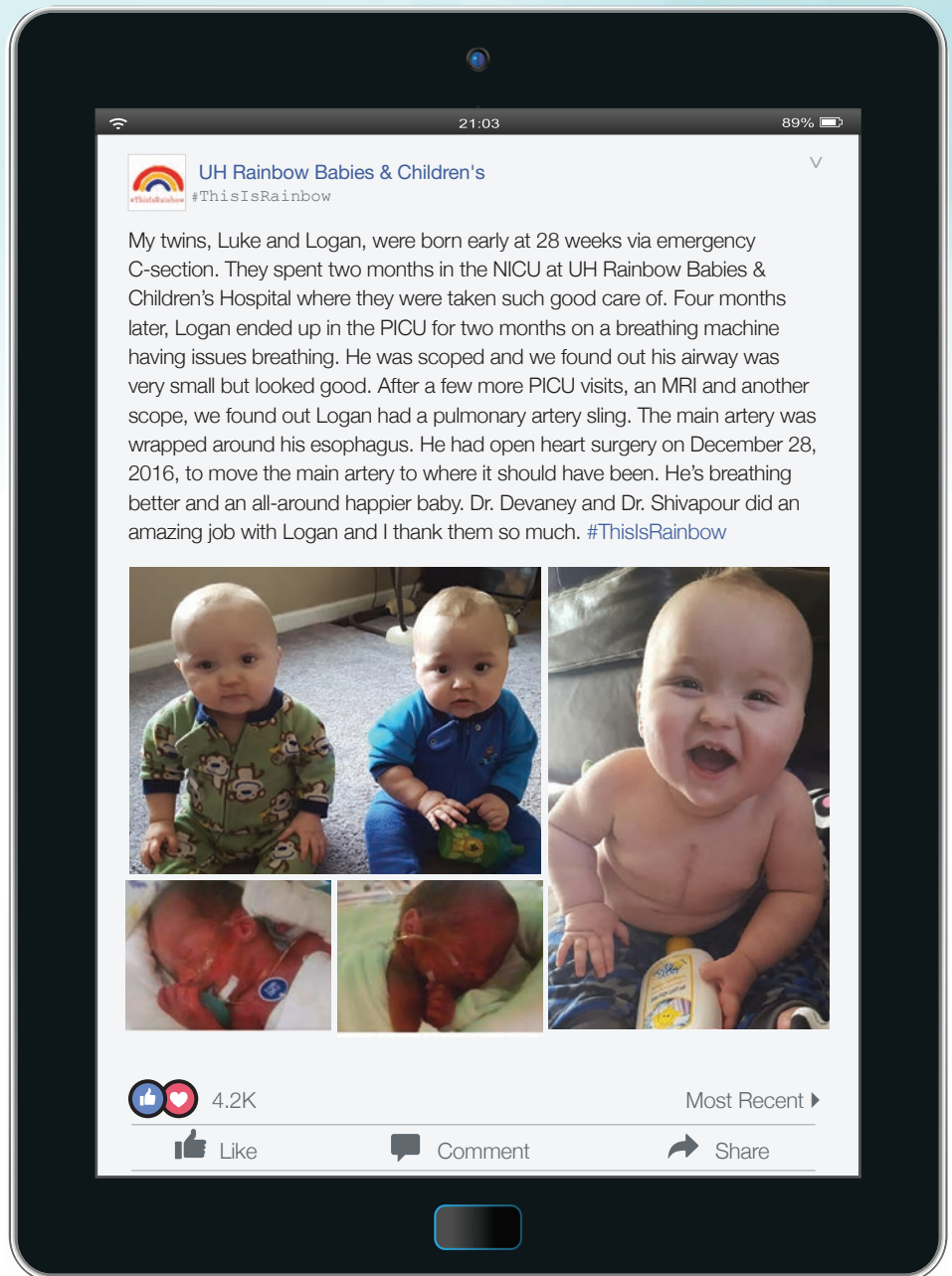


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Does your child have a snoring problem?

You may be interested in the Pediatric Adenotonsillectomy Trial for Snoring (PATS). The study will help us learn what the best treatment is for mild sleep-disordered breathing, a condition in which children have snoring and breathing problems during sleep, but do not have apnea (stopping breathing during sleep).

Who may participate?

- Children between ages 3 and 12 who snore during sleep
- Children who have not been diagnosed with obstructive sleep apnea
- Children who have not had their tonsils and adenoids removed

Parents and participants will be paid for their time, effort and study-related expenses.

Participants are needed.

For more information, call Heather Rogers, Research Coordinator, at UH Rainbow Babies & Children's Hospital at **216-368-0475**. Please leave a voice message that includes your name and phone number.

DEPRESSION RATES ARE ON THE RISE IN TEENAGERS

Depression can make life challenging for teens at home, at school and in relationships. Plus, it's a risk factor for suicide, **the second leading cause of death in 15- to 19-year-olds**. A new study in the journal *Pediatrics* showed that this issue is only growing.

The researchers analyzed a decade's worth of data from the National Surveys on Drug Use and Health. They found that, in 2014, **about 11 percent of adolescents ages 12 to 17 said they had experienced depression within the past year**. That was up from about 9 percent in 2005. A smaller increase was seen in young adults ages 18 to 20.

Be alert for warning signs of depression, such as:

- Long-lasting sadness, hopelessness or crankiness
- Loss of interest in things that were once enjoyed
- Sleep problems
- Lack of energy
- Trouble concentrating

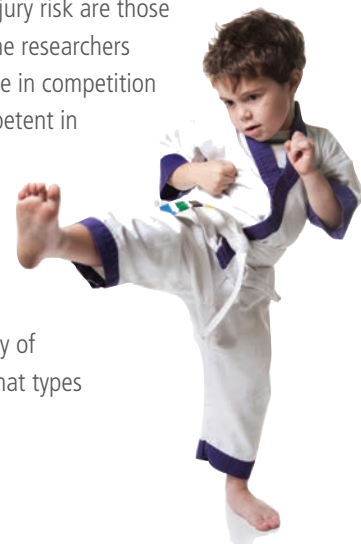
If you suspect your teenage child might be depressed, reach out to a doctor or therapist for help.

New guidance on martial arts

Karate, Taekwondo and other martial arts are popular with children. Although these activities provide a good workout for kids, some types also come with increased risk for injury, reports a study by the American Academy of Pediatrics.

Martial arts with the highest injury risk are those that include contact or sparring. The researchers recommend children not participate in competition or contact until they are fully competent in noncontact techniques. They also suggest children avoid martial arts forms that include blows to the head, due to an increased risk of concussion.

Have questions about the safety of your child's martial arts class or what types to avoid? Ask your pediatrician.





» **Healthy eyes in sight**
 Schedule an appointment with a pediatric ophthalmologist at **216-UH4-KIDS (216-844-5437)**.

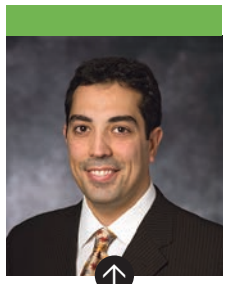
Time outside has surprising benefits for children's vision

Since kids need about an hour of physical activity per day, they can achieve both goals during an hour-long recess or soccer game.

- **Watch for warning signs.** Kids with myopia may squint, rub their eyes frequently, or complain of frequent headaches. School-age children with myopia may suddenly start having trouble with grades.

- **Schedule screenings.** “Newborns should have their eyes checked for problems before leaving the hospital,” says Faruk Orge, MD, Chief of Pediatric Ophthalmology at UH Rainbow Babies & Children’s Hospital. “Through age 4, your pediatrician should check your child’s eyes and vision at every well-child visit. Take your little one to a pediatric ophthalmologist for a thorough checkup by age 5. Go sooner if there are other vision concerns or a family history of an eye problem. Yearly vision screenings by your child’s pediatrician or school thereafter also will be crucial.”

Dr. Orge adds, “If your child does develop myopia, glasses or contact lenses can correct vision. In addition, good evidence suggests daily prescription eye drops for kids with myopia might help prevent eyesight from worsening over time. And regular, yearly eye exams can spot early warning signs of tears and other troubles in the retina if the child has high myopia.” •



MEET OUR DOC
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Modern kids spend more hours staring at screens and less time playing in the sunshine. And the implications go beyond expanding waistlines.

Less daylight may actually change the way children’s eyes develop, surprising new research shows. The result? A nearsightedness epidemic quietly mirroring the obesity crisis.

The downside of darkness
 Children who spend only about 20 minutes per day outdoors experience faster growth in the length of their eyes than those who log more hours in bright light. That’s according to a new Australian study.

A long, narrow eye distorts the rays of light traveling through it. People with this eye shape have myopia, or trouble seeing faraway objects. And the

number of people affected has soared in recent years.

Now, nearly one-fourth of the world’s population is nearsighted. Experts predict that by 2050, that rate will increase to half, with 10 percent having a more severe form called high myopia. This can lead to problems, such as glaucoma and detached retinas, which threaten vision.

Keep an eye on your child’s vision

Experts say stopping the problem in childhood, when myopia usually develops, could help reverse the trend. There’s much you can do to protect your child’s eyesight.

- **Encourage outdoor play.** Scientists still have work to do to determine the optimal amount of bright light for eyes. One study suggests aiming for 40 minutes daily.

40 awesome things to do this summer

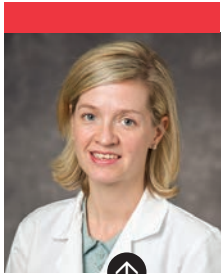
Tear this out and keep it on your refrigerator! We dare you to be bored this summer.

Write a story or poem.	Use a big cardboard box to make something new, like a spaceship or a dollhouse.	Sign up for your library's summer reading program.	Blow bubbles.	Design a colorful kite.
Lie in the grass and try to find shapes in the clouds.	Go to the farmers market with mom or dad, and pick out some fresh fruits and veggies.	Catch fireflies.	Put on a play or talent show in your backyard.	Grab your helmet and go for a bike ride.
Make a bird feeder! Spread nut or sunflower seed butter (shortening, if you're allergic) on a pine cone, then roll it in birdseed (nut-free, if you're allergic) and hang it on a tree outside.	Head to a free movie in the park with your family.	Go for a family hike.	Raining outside? Build an indoor fort with blankets and pillows.	Check out a book on constellations, then stargaze in your backyard.
Learn how to play a new card game or board game.	Have a water balloon battle with your friends.	Have a family day at the zoo.	Find a big tree to sit under and read a book or draw something you see outside.	Read a book about how plants grow, then buy some seeds and plant something of your own.
Set up a tent in your backyard and camp out under the stars.	Plan a family picnic in the park.	Make a work of art with sidewalk chalk.	Play hopscotch.	Set up a lemonade stand in your front yard (adult supervision required!)
Make frozen raspberry yogurt pops. Mash 1½ cups of fresh raspberries with 1 cup of vanilla yogurt. Divide into four ice pop molds or paper cups and freeze at least two hours.	Have a treasure hunt with friends.	Find a craft on Pinterest to make.	Make friendship bracelets.	Create an obstacle course in your backyard.
Make a summer scrapbook.	Help mom or dad wash the car.	Try a new sport, like Frisbee golf.	Learn how to juggle.	Paint with your feet. Roll out a big sheet of paper on the driveway, dip your bare feet in washable paint that's been poured onto paper plates and get walking.
Turn on some music and dance, dance, dance!	Have a movie marathon on a rainy day.	Paint rocks.	Go swimming.	



3 health scares: What's really an emergency?

In the heat of the moment, it can be tough to know when a situation requires immediate emergency room treatment or can be treated with a bandage and a hug. Here are three common health scares and the best ways to handle them.



MEET OUR DOC
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The situation: Your toddler manages to get his hands on a nearby cup of tea, scalding himself.



How to handle it: As quickly as possible, run the burn under cold water. Do not use ice, butter or grease. Cover the burn with a clean gauze pad or sheet as long as it's not oozing. "If the burned skin is just red or there is only a small area of blistering, contact your pediatrician for next steps," advises Jerri A. Rose, MD, a pediatric emergency medicine physician at University Hospitals Rainbow Babies & Children's Hospital. "Head to the emergency room if there's a large area of blistering; if the burn covers an area larger than the size of your child's hand; or if burns involve the hand, foot, face or genitals, or cross a joint."

Prevent it next time: Keep hot drinks on high surfaces away from the edge. Don't leave food on the stove unattended, and turn pot handles inward so they can't be reached and pulled down.

The situation: While working on an art project, your child decides that drinking the paint is more fun than putting it on the paper.



How to handle it: If your child is struggling to breathe or appears lethargic, dial **9-1-1**. Otherwise, call the Poison Control Hotline at **1-800-222-1222**. Dr. Rose says, "This will connect you with a specially trained medical professional at your regional poison center, who can counsel you on whether the ingestion requires emergency department care and how to treat your child at home. These professionals can even contact emergency department staff to let them know your child is on the way if necessary."

Prevent it next time: Stock nontoxic art supplies in your house, and don't let kids eat or drink when using them. Keep them stored where kids can't access them without adult supervision.

The situation: Your daughter's tearing it up on the basketball court when she takes a sharp elbow to the head, causing a headache that doesn't go away.

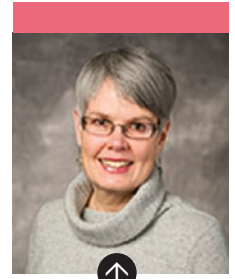


How to handle it: "A head injury that results in loss of consciousness, differences in pupil size, slurred speech, a persistent headache, repeated vomiting, confusion or unusual behavior should be checked out in an ER," advises Dr. Rose. "While these symptoms are usually apparent right after the injury, sometimes it can take symptoms hours to days to develop, so closely monitor your child at home."

Prevent it next time: Explain to your child the importance of speaking up when something doesn't feel right after a head injury. His or her well-being is more important than staying in the game. "If in doubt, call your child's pediatrician for advice," says Dr. Rose. "Dial **9-1-1** if your child isn't breathing, is unconscious or having a seizure, or has been seriously injured in an event such as a car accident."



To find a pediatric emergency, urgent care or primary care location, go to Rainbow.org/Network.



MEET OUR EXPERT

**JANET KRAMER,
MPH, RDN, LD**

*Clinical Dietitian, Pediatric
Nutrition Services, UH Rainbow
Babies & Children's Hospital*

Serve these foods without a side of *guilt*

Maybe you've only got 15 minutes to toss dinner on the table. You've got a grumpy eater who absolutely won't go for broiled chicken, brown rice and broccoli. Or everyone's too tired for anything except takeout. The truth is, if your family eats healthy most of the time, nutritional "lapses" are no big deal – and can even teach kids important facts about food.

So throw away the guilt, and consult this list of what experts say is actually OK to eat – and why.

"Forbidden" foods. Macaroni and cheese, toast and jelly for breakfast, a burger and fries for dinner – serving these once in a while actually teaches kids an important food lesson: All foods fit into a healthy diet. "Banning some edibles can backfire, making them more alluring and even encouraging kids to overeat when they get their hands on them," says Janet Kramer, MPH, RDN, LD, a clinical dietitian at Pediatric Nutrition Services, University Hospitals Rainbow Babies & Children's Hospital.

A spoonful of sugar on cereal. Let kids have a teaspoon of sugar on top of low-sugar, whole-grain breakfast cereal (add some fresh fruit, too). According to the American Academy of Pediatrics, they'll likely still get less sugar than they would from a highly sweetened kids' cereal. And a bit of sugar can encourage kids to try, and grow to like, healthy foods.

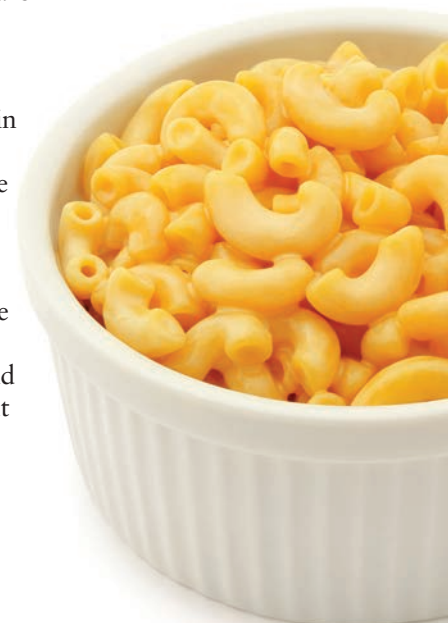
A little crunch at snacktime. Look to whole-wheat pretzels and baked tortilla or potato chips for parties or a brown-bag lunch.

Burger and fries. Got 10 minutes to spare between soccer practice and tuba lessons? The occasional fast-food meal did not lead to being overweight in a 2014 study of 272,035 kids and teens from 23 countries. Kramer suggests, "Go for a small burger or chicken sandwich, split a small order of fries, and pair them with low-fat milk and fruit. To add veggies to the meal, grab some carrot sticks. Or make up for the meal's lack of veggies by eating a salad later."

Juice boxes and (gasp!) flavored milk. It's OK to please a kid's sweet tooth once in a while with 4 to 6 ounces of 100 percent juice (8 to 12 ounces for ages 7 to 18). The occasional small carton of chocolate- or strawberry-flavored milk isn't a disaster, either. "While plain milk is preferable and flavored milk adds half the daily allowance for added sugars (per cup), flavored milk delivers the same bone-friendly calcium and other nutrients that plain milk does. Save it for an occasional treat," says Kramer.

Dessert. It's OK to enjoy desserts in moderation (remember, forbidden foods backfire). Rein in overeating by splitting a giant-sized dessert among several people. •

» For recipes and information on a variety of health and wellness topics, visit our health library at [Rainbow.org/AskRainbow](https://www.rainbow.org/AskRainbow).

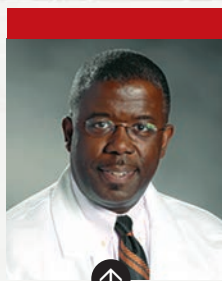


NO PLACE LIKE



Home

Cleveland-area couple finds compassionate and highly specialized care for their newborn daughter close to home.



MEET OUR DOC
EDWARD BARKSDALE JR., MD
Surgeon-in-Chief, Chief of Pediatric Surgery, UH Rainbow Babies & Children's Hospital
Professor, Case Western Reserve University School of Medicine

When Esther Krupenia was 31 weeks pregnant with her third child, an ultrasound showed that much of the baby's esophagus – the tube connecting the mouth and stomach – was missing. This condition, known as pure esophageal atresia, requires highly specialized care and complex surgery after birth to enable the baby to eat normally.

"This was obviously a shock for us," recalls Esther's husband, Rabbi Yehoshua Krupenia. "But we have a strong belief system. We believe God is the one who creates the world and creates the baby. And we believed He would help us through this."

Immediately Rabbi Krupenia began researching where to go for the best care. It didn't take long for the Cleveland-area couple to decide that the best choice was close to home.

"We chose to stay at UH Rainbow Babies & Children's Hospital because of their surgical expertise and incredibly compassionate and caring team," Rabbi Krupenia says. "Why would we go anywhere else when we had everything we needed right here?"

A complex condition to treat

Pure esophageal atresia is a rare condition occurring in about one in every 30,000 to 40,000 births. The best treatment is surgery to connect the two ends of the baby's esophagus – but surgery for baby Krupenia would be especially difficult because the gap between the

two segments of the esophagus was so long, says Edward Barksdale Jr., MD, Surgeon-in-Chief and Chief of Pediatric Surgery at UH Rainbow Babies & Children's Hospital.

Surgery would need to be delayed for several months after the baby's birth to allow the esophagus to grow before connecting it.

On multiple occasions in the days leading up to their baby's birth, Rabbi Krupenia watched how the physicians and nurses interacted with each other. "They respected each other," he says, "and everyone's opinion, including ours, was solicited and was important."

Rabbi Krupenia remembers the impression Dr. Barksdale made the first time he met him. "As soon as he walked into the room, he had a certain sense of calm to him – big, warm eyes," Rabbi Krupenia says. "He came over and shook my hand. He had just a warm grip and already started putting us at ease."

A plan in place

Esther delivered baby Shaina by cesarean section, with a full team of adult and pediatric



Shaina Krupenia

specialists on hand for any emergency. For the next three months, the nurses in the Quentin & Elisabeth Alexander Level IIIc Neonatal Intensive Care Unit and Level III Transitional Care Center provided round-the-clock care to ensure Shaina didn't develop any complications.

"The nurses are some of the most unbelievable people you'll ever meet," says Rabbi Krupenia. "We forged personal connections with them and felt like we were part of a family, in which everyone worked together for the best possible outcome."

Waiting was hard on the family, but they felt confident in the multidisciplinary team of UH specialists in obstetrics, maternal-

fetal medicine, neonatology, pediatric otolaryngology, pediatric cardiology, pediatric surgery and pediatric anesthesia, and in the specially trained obstetrics and neonatal nurses. They were not disappointed.

Shaina, in turn, rewarded everyone's patience with an incredible gift: Her esophagus grew.

"We were able to connect the two ends of her esophagus and avoid other approaches that are more aggressive and typically less successful long-term," Dr. Barksdale says.

"Dr. Barksdale was one of the main reasons we chose to stay in the Cleveland area," Rabbi Krupenia says. "He is highly experienced, extremely patient and thorough, and he treated

us with such respect. He was personally involved in every aspect of the baby's care. Throughout the whole process, he took such interest in our daughter and our family, and spent so much time with us."

Growing strong

Home at last after four months in the hospital, Shaina is "doing amazing," says Rabbi Krupenia. With the help of therapists, she is learning how to eat and grows stronger every day.

"She's recovered beautifully and is doing great," Rabbi Krupenia says. "She's cute, she cries, she laughs, she plays – she acts just like a regular baby. God willing, she'll have a healthy, happy life." •

5 common questions about *infertility*



MEET OUR DOC

RACHEL WEINERMAN, MD

*Reproductive Endocrinology and Infertility Specialist, University Hospitals Fertility Center
Clinical Assistant Professor, Case Western Reserve University School of Medicine*

If you've been trying to conceive but aren't getting pregnant, you may be wondering whether it's time to talk with a health care provider. About one in eight couples in the U.S. experiences fertility problems. Here are answers to some common questions about infertility from Rachel Weinerman, MD, a reproductive endocrinology and infertility specialist at University Hospitals Fertility Center.

1 When should I consider being evaluated for infertility?

Consider having an infertility evaluation if you:

- Are age 34 or younger and not pregnant after having regular, unprotected sex for one year
- Are a woman who is age 35 or older and not pregnant after having regular, unprotected sex for six months
- Have an irregular menstrual cycle

2 Should my male partner be evaluated for infertility, too?

Yes. Infertility affects about 12 percent of couples of childbearing age. Infertility is not just a woman's concern. A problem with the male is the sole cause, or a contributing cause, of infertility in about 50 percent of infertile couples. About one-third of infertile couples have more than one cause or factor related to their inability to conceive.

3 What's involved in an evaluation for infertility?

A woman may undergo several different tests when being evaluated for infertility, such as:

- A urine test to measure levels of a certain hormone that can show if and when she ovulates
- A blood test to measure levels of different hormones involved in ovulation and fertility
- Imaging tests, if needed, to look at reproductive organs such as the fallopian tubes and uterus to make sure there aren't any issues affecting her fertility

An infertility evaluation for a man usually involves a semen analysis to check his sperm. He also may need to have an ultrasound to check whether there are any problems with the ducts or tubes through which semen travels.

4 Is there anything I can do to improve my fertility?

Certain lifestyle factors can affect your fertility. If you're a woman, being overweight or underweight, exercising excessively, drinking alcohol, and smoking cigarettes can make it more difficult to get

pregnant. If you're a man, smoking, heavy drinking, using marijuana and taking anabolic steroids can reduce your sperm count or lead to erectile dysfunction.

5 What treatment options are available for infertility?

There are many different treatments for infertility. If you decide to pursue treatment, your plan will depend on the cause of your infertility. A wide range of oral and injectable medicines can help women with ovulation problems ovulate. With a procedure called intrauterine insemination (IUI), a woman takes medicines to stimulate ovulation and then sperm are inserted into her uterus. Assisted reproductive technology (ART) is an advanced fertility treatment in which eggs are surgically removed from a woman's ovaries, combined with sperm in the laboratory and then transferred back to the woman's body. There are several different types of ARTs. The most well known is in vitro fertilization (IVF). Together, you and your doctor will determine which treatments may work best for you. •



Ask the UH fertility physician

Submit your questions online anytime and get an answer from a UH Fertility Center doctor within 48 hours. Learn more at UHhospitals.org/AskFertility.



4 WAYS

our kids embarrass us

(and what to do about it)

Your toddler's howling in the supermarket cookie aisle. Your first-grader told Aunt Betty she doesn't like her birthday present. Your 10-year-old just let rip a swear word you didn't even know he knew – in public. What now?

Your response is an opportunity to teach important lessons about respect, manners and self-control. Anandhi Gunder, MD, pediatrician at Rainbow Euclid Pediatrics, offers these tips on how to handle four common childhood situations.

1 Your child loses his or her temper or swears. Try a gentle reminder.

Stay calm and give a firm, soft-spoken reminder that tells your child what you expect, without yelling, nagging or shaming him or her in public. Reminders can be just a word or two. If your child is quarreling with a sibling or friend, you might just say, "Discuss." If he or she is using inappropriate language, your reminder might be, "Talk nicely."

If your child needs more direction, take him or her aside for a quiet conversation. Be direct and firm, but not angry or demanding – that can backfire by leading a child to feel angry and defiant.

2 Your toddler or young child is screaming. Encourage using words.

Since something genuinely may be wrong, foster communication by asking your child to calmly tell you what's the matter, instead of just telling him or her to be quiet. Try to get down to eye level with your child so he or she feels safer and more connected, and knows that you are paying attention. Help younger children find words to express themselves.

3 Your child makes comments about another person's appearance or other differences. Seize a teachable moment.

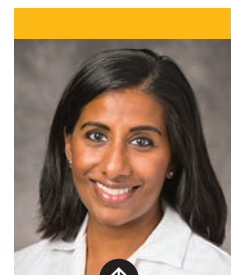
Explain matter-of-factly that everyone is different, yet equal. How much detail you use will depend on your child's age.

Addressing questions and comments openly and without embarrassment on your part sends a powerful message about accepting diversity. So try a gentle challenge – "What made you say that?" – if a child's comments are negative or judgmental.

4 Your child isn't gracious. Offer a script.

Reinforce good manners before a gift-filled celebration. Talk about why politeness and respect are important, even if you don't love the bunny pajamas from Aunt Betty. Suggest a way to handle it, such as saying "Thank you" and commenting on something he or she does like about the present, such as how warm the pajamas will be on a cold winter's night.

Remember, children learn from what they see, so modeling appropriate behavior is the best way to get your children to be grateful and courteous to others. •



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Submit a question at Rainbow.org/AskRainbow and get an answer from one of our pediatric experts within 48 hours. Or call our pediatric advice line 24/7 at **216-UH4-KIDS (216-844-5437)**.

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The Kids Kicking Cancer program is free and welcomes children and adolescents, either on or off treatment, no matter where they receive medical care.



IRIS S. & BERT L. WOLSTEIN'S
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