

under the Rainbow

Summer 2018

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

A BREATH OF FRESH AIR

Pediatric Aerodigestive Program
provides collaborative, multispecialty
care for Cleveland toddler

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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. (SU18)

BEST CHILDREN'S HOSPITALS

U.S. News & World Report

RANKED IN 9 SPECIALTIES

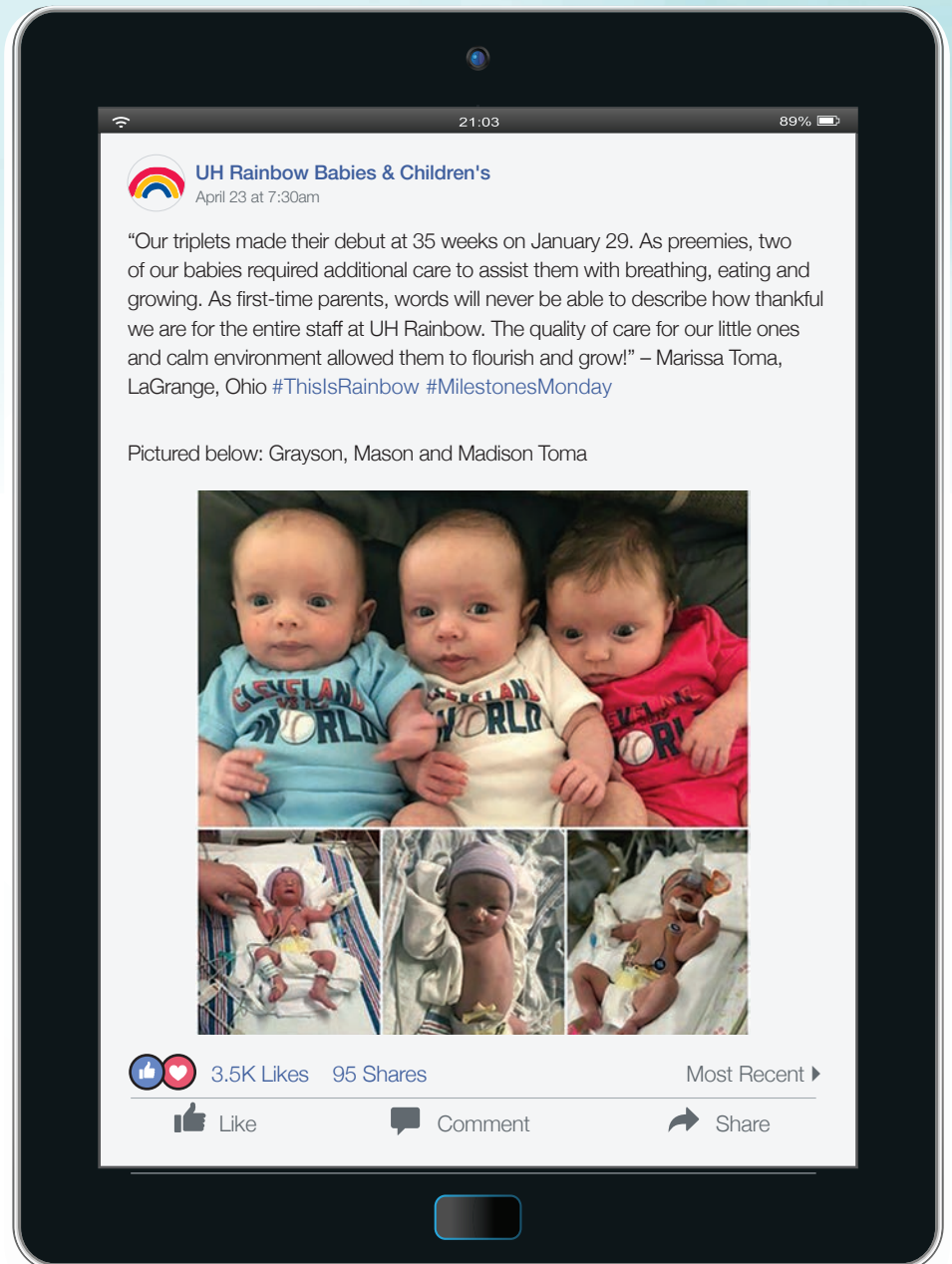
2017-18

Ranked one of America's Best Children's Hospitals in nine specialties by U.S. News & World Report, including neonatology, orthopedics, pulmonology and cancer.

Learn more at Rainbow.org/USNews.



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advice sent to your inbox. Sign up at
UHhospitals.org/BetterLiving.

Are you starting baby on solids at the right time?

The American Academy of Pediatrics recommends babies start on solid foods at about 6 months of age, and are fed only breast milk or formula before that time. A recent study in the Journal of the Academy of Nutrition and Dietetics found that some parents may be starting other foods and drinks before this time.

Researchers examined the diets of nearly 1,500 babies ages 6 months to 3 years. **They found that about 16 percent of parents introduced solid foods too early, before age 4 months.** Another 38 percent of parents offered their babies food between ages 4 and 6 months. Some studies have shown that starting solid foods early is linked to obesity and type 1 diabetes. If you have any questions about feeding, talk with your pediatrician.



Family meals offer benefits for kids

Eating together as a family may offer more than just a chance to catch up on the day. **A recent study found that family meals may benefit kids' overall health and development.** The researchers looked at the dining habits of nearly 1,500 6-year-olds and their families. When they checked in again at age 10, the kids who shared regular family meals were more fit overall, drank less soda and had fewer behavioral issues. Researchers believe these early family interactions set the stage for better social development in kids.



Virtual care, anywhere

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To register and find out more, visit
VirtualVisit.UHhospitals.org.

4 tips to manage your child's summer sleep schedule



MEET OUR DOC
CAROL ROSEN, MD
Director, Pediatric Sleep Center,
UH Rainbow Babies & Children's
Professor, Case Western
Reserve University School
of Medicine

For many kids, summer is a time to enjoy the longer days by staying up later with friends or family. While you may be more relaxed about your child's sleep schedule during the summertime, it may wreak havoc when it's time to go back to school. Here are a few tips to make sure your kids get sound sleep throughout the summer and return to a routine once school starts.

1 Know your sleep numbers
“No matter the season, kids need a certain number of hours of sleep each night for better behavior, mental health, memory and a stronger immune system,” says Carol Rosen, MD, Director of the Pediatric Sleep Center at University Hospitals Rainbow Babies & Children's. “For optimal health, preschoolers need a minimum of 10 hours of sleep, school-aged children need at least nine hours, and teens need at least eight hours.

Infants and toddlers will need more hours of sleep per day, but often get those additional hours with their daytime naps.”

Children who regularly miss out on enough sleep have more behavioral issues, are more irritable and have trouble concentrating. They are also prone to depression, high blood pressure and obesity.

2 Try to stay consistent
If you adjust your child's bedtime in the summer, try to keep sleep and wake times consistent. For example, if your 12-year-old's summer bedtime is 10 p.m. instead of 9 p.m., try not to stray too far from that time every night, weekdays and weekends. “Waking up at the same time each day and going to bed at night at a time that gives your children the optimal number of hours of sleep for their age are two of the most important things you can do for your child's health and development,” says Dr. Rosen.

3 Make a gradual shift at summer's end
Don't wait until the night before school starts to shift your children back to a regular sleep schedule. “A week or two before school begins, start moving bedtimes and wake times earlier in 15-minute increments,” suggests Dr. Rosen. “Keep adjusting by 15 minutes every few days until your child is fully back on schedule. Ideally, kids should be back on their sleep schedule at least a few days before the first day of school.”

4 Encourage healthy sleep habits
Once your children are back at school, Dr. Rosen recommends following these healthy habits to ensure they get enough sleep year-round:

- Make sure your child gets plenty of physical activity during the day.
- Keep electronic devices out of your child's bedroom and stop all screen time at least an hour before bedtime.
- Keep the bedroom cool, dark and comfy. •

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 the best treatment for mild sleep-disordered breathing, a condition in which children have snoring and minimal 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


Join our study


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




BRUSH UP ON CHILDREN'S DENTAL EMERGENCIES

If your child has a dental emergency, follow these 3 steps:

- 

1. Visit your child's dentist as soon as possible.
- 

2. Call before you arrive and provide details about your child's condition.
- 

3. If the dental office is closed, visit a pediatric emergency department.

5 common dental emergencies and what to do



1.

Toothache

- Rinse out your child's mouth with warm water.
- Gently floss to make sure no food is caught between the teeth.
- If your child is still in pain, visit the dentist.



2.

Knocked-out tooth

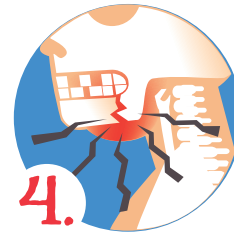
- If it's a result of a fall or something that may have caused serious injury, call **9-1-1**. If the tooth is the only problem, visit the dentist ASAP.
- Keep the tooth moist by having older kids hold it in their mouths or placing it in milk (for younger kids).



3.

Cracked tooth

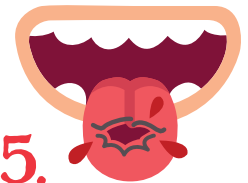
- Rinse mouth with warm water.
- Relieve facial swelling by using a cold compress.
- Visit the dentist right away.



4.

Broken jaw

- Relieve facial swelling by using a cold compress.
- Immediately visit the dentist or a pediatric emergency department.



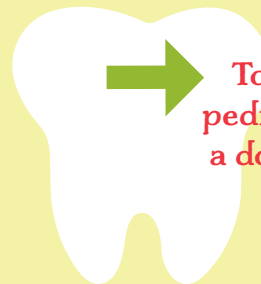
5.

Bitten tongue/lip

- Clean with water and apply a cold compress.
- If bleeding won't stop, visit the dentist or a pediatric emergency department.

These practices can minimize the risk for dental-related accidents:

- **WEAR A MOUTHGUARD** during sports activities.
- **KEEP YOUR HOME TIDY** and free of tripping hazards.
- **OPEN WRAPPERS AND PACKAGING** with hands, child-safe scissors or an adult's help (not with teeth).
- **REMOVE OBJECTS FROM THE MOUTH** (such as pencils, toothbrushes or hard, sharp items) before walking or running.
- **SEE A PEDIATRIC DENTIST 2X A YEAR.**
- **BLOCK OFF STAIRCASES** from young children.



To learn more about our pediatric services or to find a doctor, visit Rainbow.org.





Food allergy bullying: A growing problem



MEET OUR DOC
KATHRYN RUDA WESSELL, DO

Pediatric Allergy and Immunology Specialist, UH Rainbow Babies & Children's
Assistant Professor, Case Western Reserve University School of Medicine

If you feel like you spend a lot more time worrying about possible allergens in your kids' lunches than your parents did, you're probably right.

Since the 1990s, the prevalence of food allergies has risen significantly, according to data collected from the National Health Interview Survey. Researchers aren't sure why. It could be that people are more aware of allergies these days, which makes them more likely to be recognized and diagnosed. Whatever the case, food allergies are everywhere, and that's led to a side effect more surprising than rashes or throat swelling: food bullying.

A growing problem

Roughly one in 13 children suffers from food allergies – and about a third of these kids report that they've been bullied for it. That's the word from Food Allergy Research & Education, a nonprofit organization dedicated to food allergy awareness, education and research. Compared with children who do not have a medical condition, children with food allergies are twice as likely to be bullied.

Bullying is always serious, but when it comes to food allergies, it can be especially dangerous. That's because an allergic reaction can be life-threatening. Bullies most often tease children about their allergies, but some might also touch and harass children with their food allergen.

Steps to take

To prevent bullying, all parents should make sure their kids know that food allergies aren't a joke. If your child has allergies, these tips

from Kathryn Ruda Wessell, DO, a pediatric allergy and immunology specialist at University Hospitals Rainbow Babies & Children's, can help him or her deal with the potential of bullying:

- **Encourage kids to speak up if they're being bullied.** About half the time, children don't tell their parents they're being bullied. Dr. Ruda Wessell says, "Let them know they can come to you with any problems like this, and encourage them to let a teacher or other trusted adult know what's going on."
- **Learn the signs that your child is being bullied.** Your child may not confide in you, so it's also important for you to know what to look for. "A loss of interest in going to school, behavior changes, unexplained injuries, and physical issues like headaches and stomachaches can all be signs that your child is being bullied," says Dr. Ruda Wessell.
- **Teach kids to deal with bullying behavior.** When children know how to stand up for themselves by saying "stop" and walking away confidently, the bully could lose interest.
- **Champion food allergy education.** Kids who don't have personal experience with a food allergy might not understand how it's different from a food preference. Dr. Ruda Wessell recommends, "Ask those in charge at schools, camps and extracurricular activities to offer education about allergies to all students." •



» Have a question?

We've got answers. Call our pediatric nurse line 24/7 at **216-815-0059** and get a reply from one of our pediatric experts.

When should my child see a pediatric specialist?

Your pediatrician is your go-to person for questions about your child's well-being or when your child gets sick. But sometimes, your child might have a problem that warrants a visit to a pediatric specialist. Andrew Hertz, MD, a pediatrician with University Hospitals Rainbow Babies & Children's and Vice President of the Rainbow Primary Care Institute, says, "A pediatric specialist is a doctor who's received extra training in a certain area. Your child may need to see a pediatric specialist for additional evaluation and treatment beyond what your pediatrician is able to provide."

Dr. Hertz adds, "Pediatric specialists are also experts in treating kids. They know how to perform exams in ways that make children feel more comfortable. They often work in kid-friendly offices and use medical tools that are designed for use with children."

A variety of subspecialties

UH Rainbow Babies & Children's Hospital, a full-service children's hospital and academic medical center, offers every pediatric subspecialty. "Rainbow specialists can provide the most comprehensive expertise and novel treatments for any condition a child may have," says Dr. Hertz.

Here are examples of pediatric specialists and a few of the common conditions they treat:

Pediatric pulmonologists treat children with asthma, breathing and airway disorders, cystic fibrosis and nonbehavioral sleep disorders.

Pediatric gastroenterologists address issues with the digestive system and liver, and nutritional problems. They treat food allergies or intolerances, chronic constipation and severe gastroesophageal reflux disease, among many other conditions.

Pediatric neurologists and neurosurgeons treat problems that involve the nervous system, which includes the brain, spinal cord, muscles and nerves. You may need to see one if your child has a seizure disorder, cerebral palsy, migraines, a serious head injury, hydrocephalus or a brain tumor.

Pediatric cardiologists and heart surgeons

treat a number of fetal and pediatric heart conditions, including congenital heart disease, heart murmurs, fainting, chest pain and abnormal heart rhythms.

Pediatric endocrinologists diagnose, treat and manage hormonal disorders, including diabetes, growth problems, hypoglycemia and thyroid disease.

Pediatric hematologist/oncologists treat children, teens and young adults with cancer and blood disorders.

Pediatric orthopedic surgeons treat musculoskeletal (bone) problems in your child, such as broken bones, scoliosis and spinal disorders, limb deformities, gait abnormalities or bone infections.

Pediatric otolaryngologists (ENTs) have the qualifications to treat your child if he or she needs complex medical treatment for illnesses affecting the ear, nose or throat.

Pediatric surgeons diagnose, treat and manage conditions in children that occur from the neck to the pelvic region, like birth defects, appendicitis, injuries, trauma and cancer.

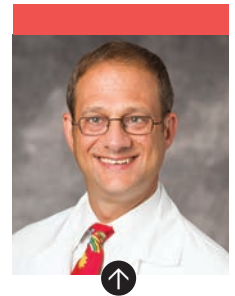
Pediatric nephrologists treat children with kidney disorders, high blood pressure, blood in the urine and symptoms like frequent urination.

Pediatric urologists treat illnesses or abnormalities of the genitals or urinary tract, kidneys and bladder, including recurrent urinary tract infections, hypospadias and kidney stones.

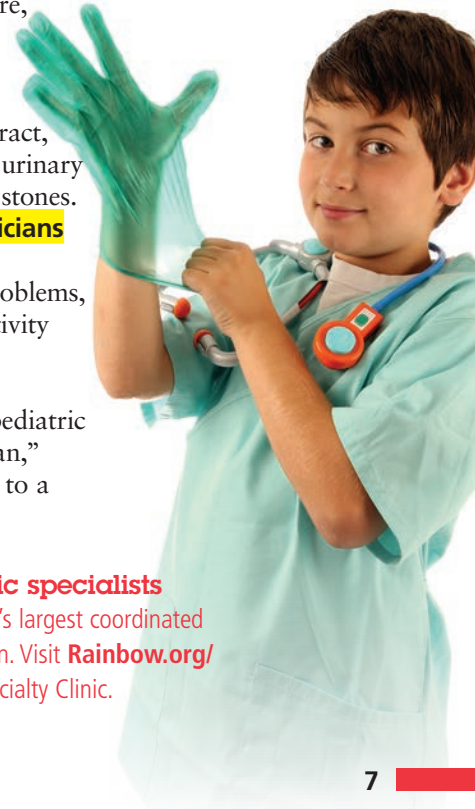
Developmental/behavioral pediatricians might treat your child if he or she has developmental, learning or behavioral problems, such as autism, attention-deficit/hyperactivity disorder or anxiety disorder.

"If you think your child needs to see a pediatric specialist, discuss it with your pediatrician," says Dr. Hertz. "He or she can refer you to a pediatric specialist, if needed." •

>> Access the full gamut of pediatric specialists through UH Rainbow Care Network, the region's largest coordinated group of professionals providing care to children. Visit Rainbow.org/Network to find a specialist or a Rainbow Specialty Clinic.



MEET OUR DOC
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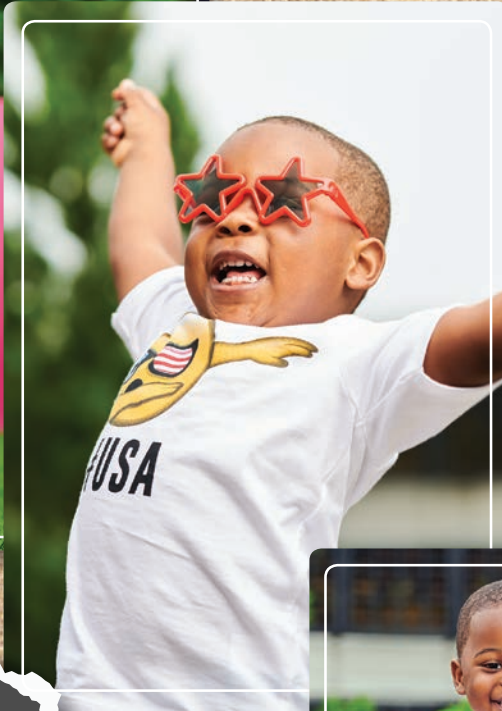


A breath of

fresh AIR



Ixavier Pratt, 2



Pediatric
Aerodigestive
Program provides
collaborative care for
Cleveland toddler
with complex airway
and digestive
conditions.

At only age 2, Ixavier Pratt has visited the emergency room (ER) more times than many adults will in their lifetimes. His problems started when he was 3 months old. “Every month, he’d end up in the hospital for a few days because he’d get pneumonia or RSV,” says his dad, Itwan Pratt.

Finally, when Ixavier was age 7 months, his parents became concerned that he was getting sick so frequently and they still didn’t have any answers. He also had other symptoms, such as wheezing, choking while eating and constipation. So the next time Ixavier got sick, his parents decided to take him to University Hospitals Rainbow Babies & Children’s Hospital.

“From the moment we went through the ER, we could tell we were in good hands,” says his mom, Danielle Pettus. In the ER, a pulmonologist who treated Ixavier referred them to UH Rainbow Babies & Children’s Aerodigestive Clinic. Through this program, experts from a variety of pediatric specialties take a collaborative approach to treating children with chronic and complex airway, breathing and swallowing conditions.

Getting answers

“The bodily structures involved in feeding and breathing are very closely related,” says Ramy Sabe, MD, a pediatric gastroenterologist on the Aerodigestive team at UH Rainbow Babies & Children’s Hospital. “An abnormality with one can cause problems with the other.”

During Ixavier’s first appointment, he met with all the pediatric providers who would be involved in his care, including a pulmonologist, a gastroenterologist, an otolaryngologist, a surgeon, a social worker, a dietitian, a speech therapist and an occupational therapist.

“Patients see every specialist during their visits,” says Christen Conard, CNP, Aerodigestive Clinic Nurse Navigator. “This way, they get the benefit of a multidisciplinary, coordinated team approach. It’s also more convenient for families because they don’t have to make separate appointments with each of the providers.”

Together, the team decided that in order to find out what was causing Ixavier’s frequent illnesses and symptoms, they would need to perform a variety of diagnostic tests that were all coordinated simultaneously under one anesthesia session. “The entire team was present in the operating room so we could

perform the necessary tests and collaborate along the way,” Dr. Sabe says.

Based on the findings, Ixavier was diagnosed with a variety of conditions, including reactive airway disease, laryngomalacia (floppy opening to the airway), tracheobronchomalacia (floppy airway), bacterial bronchitis, laryngeal cleft (a gap between the food pipe and windpipe), esophageal candida (a fungal infection in the esophagus) and gastroesophageal reflux disease (acid reflux).

“One of the reasons he was getting sick so frequently was because liquids were getting into his airway when he swallowed drinks and his own saliva, making him susceptible to infections,” Dr. Sabe says.

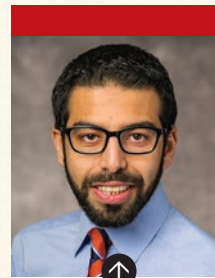
Peace of mind

In the year and a half since Ixavier became a patient at the Rainbow Aerodigestive Clinic, he has received a variety of treatments, including medications to treat different infections, ear tubes to prevent ear infections, and a procedure in which a medication was injected to bulk up the tissue between his food pipe and windpipe to help with his laryngeal cleft.

“Once we had the diagnoses, it was a big relief,” Itwan says. “For the first couple months of Ixavier’s life, we were wondering, ‘What’s wrong with my baby? Why is he always sick?’ We were relieved to finally know what the problems were and that the team had a plan for treating him. It eased our anxiety.”

Today, Ixavier visits the Aerodigestive Clinic every four to eight weeks. Since his treatments, his eating and energy have drastically improved and he is sick much less frequently.

“The Aerodigestive team has given me so much peace of mind,” Danielle says. “All of the doctors are always on the same page, and I know they have his best interest in mind. Anytime I have a question, I contact Christen and I know she’ll get us all the answers we need. As a parent, there’s nothing more reassuring than that.” •



MEET OUR DOC

RAMY SABE, MD

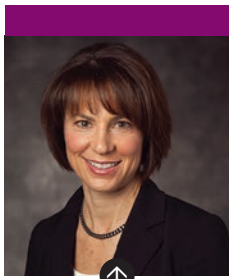
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» To learn more about the Aerodigestive Clinic at UH Rainbow Babies & Children’s Hospital, call **216-844-1094**.



What does it mean if you have *dense breasts?*



MEET OUR DOC
DONNA PLECHA, MD
*Medical Director,
 Breast Imaging, University
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 Associate Professor,
 Case Western Reserve
 University School of Medicine*

Did your last mammogram report say you have dense breasts? It's more common than you think. Almost half of all women who get mammograms are found to have dense breasts, and many don't know what it means.

Understanding dense breast tissue

Breast density describes the different kinds of tissue that show on your mammogram. Your breasts are made of fat, connective tissue, and milk ducts and lobules that together are called glandular tissue. Dense breasts have higher amounts of glandular and connective tissue and lower amounts of fatty tissue. Breast density matters because women with dense breasts have a higher risk for breast cancer than women with fatty breasts. However, it is important to know that dense breast tissue is normal, and half of all women have dense breast tissue.

According to Donna Plecha, MD, Medical Director of Breast Imaging at University Hospitals Breast Center, the radiologist who reviews your mammogram will classify your breasts according to these four groups:

- A. Almost entirely fat** (about 10 percent of women)
- B. Some dense areas:** scattered areas of dense glandular and connective tissue (about 40 percent of women)
- C. Many dense areas:** numerous areas of glandular and connective tissue (about 40 percent of women)
- D. Extremely dense:** almost all glandular and connective tissue and little fat (about 10 percent of women)

Dense breasts fall into groups C and D. Dense areas look white in a mammogram, the same color as cancer, making it tricky for doctors to read the images and find breast cancer. "Breast cancer may hide in dense breast tissue," says Dr. Plecha. "After a mammogram, you will receive a letter letting you know if you have dense breast tissue."


Should you have additional tests?

If you have dense breasts, speak with your doctor about your risk factors for breast cancer and whether you should have more screening tests, such as 3-D mammography, a breast ultrasound or a magnetic resonance imaging (MRI) exam. Currently, there are no screening recommendations beyond mammography alone for dense breast tissue cancer detection. However, additional screening may find cancers missed with mammography.

UH now offers the 10-minute Fast Breast MRI. Though Fast Breast MRI is not yet covered by insurance and is a self-pay option (\$250), it detects three times the cancers compared to mammograms. "It's a game changer in the fight against breast cancer because it finds the most cancers," says Dr. Plecha.

UH encourages all women beginning at age 40 to get an annual mammogram screening, and know their breasts through regular self-exams and their family history.

"Regular screening is key to catching breast cancer early," says Dr. Plecha. "You also can reduce your cancer risk by maintaining a healthy body weight, getting enough exercise and limiting alcoholic drinks." •

 **If you have dense breast tissue,** speak with your physician to see if a Fast Breast MRI makes sense for you. For more information on Fast Breast MRI, call **216-924-3855** or visit **UHhospitals.org/FastMRI**.



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Adults over the age of 18 can create an account from the UH Now app, or by going to **UHhospitals.FollowMyHealth.com** from a computer, smartphone or tablet and selecting the "I Need to Sign Up" button.

To learn how to access health records for your child under the age of 18, visit UHhospitals.org/ParentGuardianAccess.



Ask Rainbow

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Kids Kicking Cancer promotes healthy living

Iris S. & Bert L. Wolstein's Kids Kicking Cancer is a targeted program that encourages young patients and survivors of cancer and blood disorders to be active and recognize the benefits of physical activity and healthy eating.

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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