

under the Rainbow

WINTER 2017

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

ALL SMILES

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 University Hospitals


Rainbow
Babies & Children's





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Preventing peanut allergies with peanuts

More kids than ever have peanut allergies. Now, health experts are advising a new way of **preventing** them – with peanut butter.

A statement released by 10 medical groups recommends **infants at high risk for allergies eat peanut products early, between 4 and 11 months**. Children qualify as high risk if they have other food allergies or eczema, or if another family member has peanut allergies. If this describes your child, talk with your child's doctor. Feeding your child peanut products, such as smooth peanut butter, might help. The doctor can guide you on how to safely do so. Avoid giving whole peanuts or even smaller pieces to children under 5 as they are a choking hazard.

In one major study of 5-year-olds:



2%

developed an allergy after eating peanuts

vs.



14%

developed an allergy after avoiding peanuts

TEST YOUR SAVVY ON TOY SAFETY



1. Kids ages 10 and younger should not play with toys that require using an electrical outlet.

True False



2. You should check the labels when buying art and craft supplies.

True False



3. Toy balls cause the most injuries requiring emergency room visits for children ages 15 and younger.

True False

ANSWERS: 1. True. 2. True. 3. False. In 2013, nonmotorized scooters were associated with the most injuries requiring ER care. all art materials, it means they have been reviewed and labeled with a warning, if necessary. **3. False.** In 2013, nonmotorized

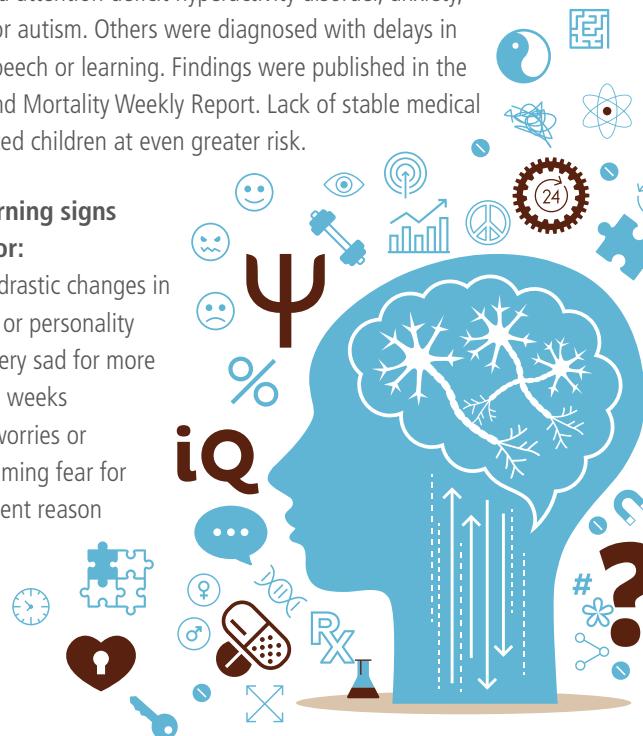
More than 15% of U.S. kids have a cognitive disorder

Researchers surveyed parents of 2- to 8-year-olds nationwide. About **15 percent of the parents reported their child was diagnosed with at least one mental, behavioral or developmental disorder.**

Some had attention deficit hyperactivity disorder, anxiety, depression or autism. Others were diagnosed with delays in language, speech or learning. Findings were published in the Morbidity and Mortality Weekly Report. Lack of stable medical support placed children at even greater risk.

3 early warning signs to watch for:

- Sudden, drastic changes in behavior or personality
- Feeling very sad for more than two weeks
- Intense worries or overwhelming fear for no apparent reason





JASON TATKA, DO
Pediatrician, Rainbow Portage Pediatrics



Don't let germs **rule** your household this winter

Children fill your home with laughter, love – and respiratory infections, according to a new study. The bigger the family, the more time each year its members spend sniffing and sneezing. Single people develop an average of 2 1/2 viral infections each year, researchers found. Meanwhile, in households with six kids, each child and grown-up can expect to catch 10 such illnesses.

More offspring, more illness

For the yearlong study, Utah researchers asked families to report symptoms of illness. They also collected swabs of nasal mucus to test for the presence of viruses.

Families with no children host viruses in their homes about four weeks per year. Having just one child means someone is sick about 18 weeks of the year; with two kids, it's 29 weeks. And for families with six kids, nine of every 10 weeks finds at least one member coping with cough, cold or flu.

Keep viruses contained

So why do bigger families breed more germs? Droplets of saliva or mucus can carry the flu virus up to three feet. Once they land, viruses can survive up to eight hours. So, one sick kid spewing germs in the air can bring a whole family down.

“Fortunately, there are ways you can prevent these illnesses from running wild in your household,” said Jason Tatka, DO, a pediatrician at Rainbow Portage Pediatrics in Ravenna. “Using these strategies when someone in your home gets a cold or flu virus can prevent it from spreading to other family members.”

Young children, especially those younger than age 5, can face serious complications from illnesses like the flu. “Seeing your child’s primary care provider, who already knows your child’s medical history, is best when an illness is causing concern,” advises Dr. Tatka. •

» To find a Rainbow pediatrician or schedule an appointment with one today, call **216-UH4-KIDS** or visit Rainbow.org/Network.

Prevent germs from spreading to other family members



Limit contact: Keep sick kids in a separate room from others, when possible. Assign one person to serve as a caregiver. Others should limit their contact.



Cover your cough: Teach children to cough or sneeze into a tissue instead of their hands. Toss used tissues immediately after use.



Adopt healthy hand-washing habits: Teach kids to scrub with soap and water for 20 seconds – about the length of singing two rounds of “Happy Birthday.”



Show caring by NOT sharing: Don't share pacifiers, pens, computers, drinking cups, utensils, towels, toothbrushes or any item that can spread germs to one another.



Keep it clean: Disinfect frequently touched surfaces, such as toys, doorknobs and phones. Use soap and water or a bleach-and-water solution. Wash laundry in hot water.



LOLITA MCDAVID, MD
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5 positive discipline tips to help kids thrive

In the short term, spanking causes aggression, physical trauma, and even trouble with thinking and learning. Later in life, it can result in mental health problems and antisocial behavior. That's according to a new research review that combined 75 previous studies of this controversial type of discipline. Not only does spanking fail to improve children's behavior, it also increases the risk for 13 different negative outcomes, from low self-esteem to troubled relationships.

Fortunately, child health experts have identified ways to discipline that do work. Lolita McDavid, MD, a pediatrician at University Hospitals Rainbow Babies & Children's Hospital, says, "Overall, set clear rules, warn your child of what happens when they're broken and follow through. Try these specific tips to teach your child to listen and behave."

The behavior: An infant or toddler touches something unsafe

The approach: Distraction

Children this age have short attention spans and can't focus on many things at one time. You should be able to gently replace the item with something else or move the child to a new location. You may also want to make a simple statement like, "No touching that."

Remember, teaching is better than yelling and nagging. Also, offer praise when your child is being well-behaved.

The behavior: A preschooler hits, bites or won't share

The approach: Time out

This tactic works best with kids ages 3 and up. It allows children time to cool down. Guiding them to sit in a chair in a quiet corner also keeps things from escalating any further.

Time-outs work best when the time period isn't too long. A good guide is one minute per year of the child's age, but no longer than 10 minutes. Give one warning before calmly giving the time out. When it's over, offer praise for calming down and talk about the unwanted behavior.

The behavior: A school-aged kid breaks rules about devices

The approach: Logical outcomes

Say you catch your child watching videos you don't approve of. It makes sense to take away electronic devices for a period of time as a result. Your child should know in advance what behavior is expected and what the outcome will be if the rules are broken.

Setting up a list of house rules and logical outcomes for breaking them with your child's involvement is likely to be most effective.

Logical outcomes (and house rules) don't work if the outcomes are acceptable to the child, or if a parent

"saves" the child from suffering the unpleasant outcome.

The behavior: Throwing a tantrum

The approach: Ignore it (within reason)

Toddlers throw tantrums to seek attention or get what they want. Don't reward them. Instead, wait calmly for the moment to pass. "The exception, of course, is in the face of danger," adds Dr. McDavid. "If your child runs into the street during a tantrum or is otherwise at risk, grab him or her and hold tightly."

The behavior: Repeated aggression or disrespect

The approach: Positive reinforcement

Question calmly to find underlying causes of anger and frustration. Compliment your child for following rules and being respectful. This moves the focus from the problem to the solution. If you can't help your child control his or her behavior, Dr. McDavid suggests talking with your child's doctor or a mental health professional. •

When parents lose their cool

Sometimes, spanking happens, even if parents understand the dangers. If you're afraid you'll spank, put your child in a safe place while you regain control. Call a friend, relative, partner or doctor for support and advice.





SARA LEE, MD

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How teens hide harmful behaviors online



In today's digital world, kids and teens often sort out their identities online. And some social media platforms have a darker side, often hidden from parents' view.

Two new studies examine these risks. One found YouTube videos in favor of eating disorders – some with more than a million views. Another identifies secret hashtags teens use to chat about cutting and other self-harm behaviors. The findings make it clear: Young people need supervision in the wired world just as much as they do offline.

How harmful behaviors go viral

In some ways, behaviors can spread the way germs do, health experts say. Viewing harmful pictures can trigger teens prone to hurt themselves to do so. And so-called thinspiration – photos of extremely thin bodies – makes eating disorders seem normal. Social media creates a community of support around a certain behavior, such as cutting or bingeing and purging.

The new research focuses largely on teens and tweens – though any child old enough to use social media faces a risk. And it affects nearly every platform. These include Twitter, Instagram, YouTube, Facebook, Pinterest and Snapchat.

Some young people hide harmful online behaviors from adult eyes by:

- **Using creative hashtags.** These searchable words or phrases – preceded by the # sign – allow users to easily link and search posts.

- **Creating more than one account.** Some sites, such as Instagram, allow usernames instead of real names. Teens might create one account they show parents and another for friends.

What parents can do

Just because tweens and teens can type, text and click faster than you doesn't mean you can't teach them how to act responsibly. "Parents can do a lot to identify problematic online behaviors, provided they get tech-savvy enough to do so," says Sara Lee, MD, a pediatrician at University Hospitals Rainbow Babies & Children's Hospital. To start:

Sign up yourself. You can't begin to know how troublesome behaviors ripple through social media without your own profile. Dr. Lee says, "Create one on every site your child uses – and make a family rule to connect with each other."

Learn the lingo. Site rules force users' hashtags to be more creative. For instance, Instagram banned #selfharm and then #selfharmmm, so those talking about cutting now use #selfharmmmm. Check the list below for some red-flag words and phrases. "Share intel with other parents who have teens of similar ages," advises Dr. Lee.

Suggest positive options. In addition to pro-anorexia videos, researchers found videos that support recovery from eating disorders. Positive sites – such as StopBullying.gov – have branched out to social media, too.

Communicate. The digital world is always changing – and it changes fast. Keep the lines of communication open with your teenagers to help keep them safe. •



Get parenting tips and expert advice delivered monthly to your inbox. Sign up at UHHospitals.org/BetterLiving.



#TheseMeanTrouble

Watch for these vague hashtags, linked to the following communities:

Self-harm: #blithe, #cat, #selfinjury, #selfharmmm, #secretsociety123

Pro-eating disorders: #thinspo, #proana

Substance use: #legalizeit, #bupe



AMANDA WEISS KELLY, MD
 Chief of Pediatric Sports Medicine, UH Rainbow Babies & Children's Hospital
 Associate Professor, Case Western Reserve University School of Medicine

Young female athletes face a unique set of health risks

As the temperature drops, the winter sports season starts to heat up for young athletes. While the benefits of sports participation for girls clearly outweigh the risks, sports participation can put female athletes at risk for the female athlete triad, a syndrome involving the three interrelated components of energy availability, menstrual function and bone health.

Amanda Weiss Kelly, MD, Chief of Pediatric Sports Medicine at University Hospitals Rainbow Babies & Children's, says that girls involved in sports that concentrate on aesthetics, such as cheerleading, dance or gymnastics, or encourage leanness, such as running and other endurance sports, are at higher risk.

"The conditions are triggered when an athlete isn't consuming enough calories to meet the body's energy needs," explains Dr. Weiss Kelly, adding that girls don't need to have an eating disorder to be affected by the female athlete triad.

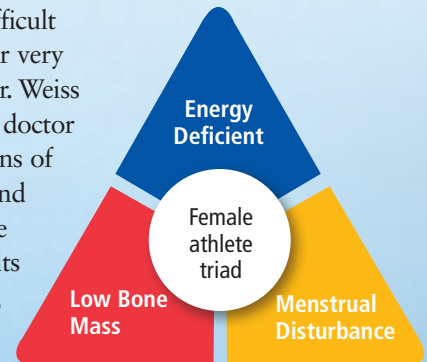
What should parents know?

Having even one of the triad conditions can lead to long-term health issues, such as poor bone health. According to Dr. Weiss Kelly, the best thing parents can do is to be sure that girls involved in sports take in enough calories to meet their energy output. She also urges parents to be on the lookout for stress fractures, irregular or missed periods, and other signs of a potential problem.

"Menstrual problems are more difficult to pick up on, but a lack of periods or very irregular ones need checking," says Dr. Weiss Kelly. She also notes that your child's doctor should ask questions to screen for signs of the triad during routine office visits and pre-participation sports physicals. The questions, which focus on eating habits and views, menstrual period patterns, and muscle and bone issues, help pinpoint issues and next steps.

"For instance, if your daughter has a stress fracture, but she hasn't increased training and is having irregular periods, tests can be done to check her bone health," says Dr. Weiss Kelly.

And while the emphasis is on girls, boys can also be affected with bone issues and eating problems, Dr. Weiss Kelly adds. •



» Make an appointment

To schedule an appointment with a UH Rainbow Babies & Children's pediatrician or pediatric sports medicine specialist, call **216-UH4-KIDS** or visit **Rainbow.org**.

5 ways to support your young athlete

- Offer healthy, well-balanced snacks and meals.
- Stay up-to-date with well-child exams and pre-participation sports physicals.
- Find out if her doctor is screening for signs of triad conditions.
- Ask about taking calcium, vitamin D or other supplements.
- Consult a registered dietitian to discuss daily calorie needs and a meal plan.

All smiles

Early diagnosis gives young girl with autism a fresh start.



Miley and mom,
Heather

Heather Bogle knew something wasn't quite right with the development of her daughter, Miley. Although Miley was only 3 years old, she rarely made eye contact. She sorted toys by color, carefully lining them up, and became upset if one was out of order. And although Miley communicated with words when she was younger, she had recently stopped speaking altogether. Heather repeatedly expressed her concerns to Miley's pediatrician, but was told that Miley was fine.

Finding answers

After months of worry, Heather decided to find a different pediatrician. She made an appointment with Marcus Baratian, MD, a pediatrician at University Hospitals Rainbow Babies & Children's Healthy Kids Pediatrics in Streetsboro. The switch gave Miley a new start in life.

"On my first visit with Dr. Baratian, he took time to really listen to my concerns. He carefully observed Miley at play and tried to communicate with her," explains Heather.

"At that first visit, he told me Miley had autism spectrum disorder. I didn't know anything about the diagnosis, but was relieved that someone listened to me."

Specialty coordination

Dr. Baratian referred Miley to Max Wiznitzer, MD, a pediatric neurologist with University Hospitals Rainbow Babies & Children's Hospital, for further evaluation and treatment. Dr. Wiznitzer ruled out any other health conditions that may mimic autism and confirmed Miley's diagnosis.

"For anyone with autism spectrum disorder, getting a definitive diagnosis and seeking therapy right away is very important. The earlier the intervention, the better the outcome," says Dr. Baratian, who coordinates closely with Dr. Wiznitzer. "The family did an outstanding job seeking the diagnosis and care Miley needed."

Moving forward

Miley has a moderate to severe form of autism spectrum disorder, which greatly affects her communication and social skills. After diagnosis, she immediately began occupational and speech therapy. She also participates in a horse therapy program, which helps improve the social skills of

children with autism through riding and caring for horses.

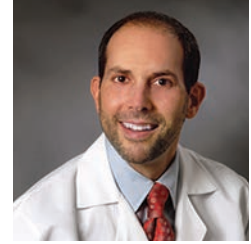
The efforts are working. Miley is learning how to communicate and be more comfortable around others. Now, at age 5, Miley has begun to say some words and knows a little sign language to help her communicate her needs.

"With therapy, Miley is a much happier child. She is no longer as frustrated because now we can understand her needs. She is all smiles when we take her to the store or crowded events – something she couldn't tolerate before. She loves to swim and is making good progress in school," says Heather. "She is integrated with mainstream children in kindergarten."

Miley still sees her neurologist every six months and receives regular, preventive care from Dr. Baratian.

"Dr. Baratian is always there for us. We're so happy we found him," says Heather.

"We really try to know our families personally," says Dr. Baratian. "We do much more than just treat illness – we work with parents to help support well-rounded children." •

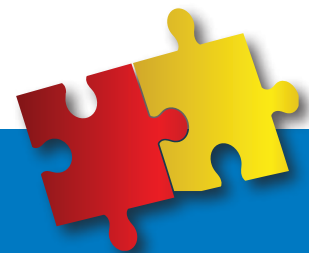


MARCUS BARATIAN, MD
Pediatrician, Healthy Kids Pediatrics
Clinical Instructor, Case Western Reserve University School of Medicine



The key to a healthy start in life

Regular checkups and visits to the pediatrician are an important part of maintaining your child's health and diagnosing health issues early. Need a primary care doctor who's close to home? Go to [Rainbow.org/PrimaryCare](https://www.rainbow.org/PrimaryCare) to find a Rainbow doctor at a location near you.



Signs of autism

Some early signs of autism may include:

- Engages in repetitive behaviors, such as rocking, hand flapping or lining up toys
- Avoids eye contact or physical touch
- Delay or regression of speech or other social milestones
- Likes routines, order and rituals and has difficulty with change

Trust your instincts. If you think your child may have early symptoms of autism, talk with your pediatrician about your concerns and the best way to help your child. Don't wait. Early intervention can make a big difference.

Natural birth after a C-section: Can it work for you?

Just because you delivered one baby via cesarean section doesn't mean you can't try a vaginal birth for your next child. "Vaginal birth after cesarean, or VBAC, is recommended as a safe delivery option for most women," says Katherine Austinson, a certified nurse midwife at University Hospitals MacDonald Women's Hospital.

VBAC may be an option if you meet the following criteria:

1 Your health provider supports VBAC.

Not every facility offers VBAC. Your medical team will have to monitor you closely and be ready to perform another C-section if needed. And they'll need to be prepared to treat rare but serious complications, such as uterine rupture.

"UH MacDonald Women's Hospital uses the latest evidence-based practices to provide the best labor and birth outcomes for moms and babies, including VBAC outcomes that are better than the national average," says Austinson.

2 You have no other health problems.

"Some pregnancy-related complications or other conditions make VBAC more dangerous," says Austinson. "This includes diabetes, obesity, heart disease and placenta previa, a condition that occurs when the placenta covers part of your cervix."

3 Your incision is in the proper location.

Some types of uterine incisions are more likely to cause rupture of the uterus than others. Low transverse (side to side) incisions carry the least chance of rupture. Women who have had one or two previous C-section deliveries with this type of incision can try VBAC. However, VBAC is not recommended for women who have high vertical (up and down) uterine incisions.

4 Your baby is in the correct position.

Babies in the head-down position have an easier time passing through the vaginal canal. If your baby is breech or transverse, meaning the feet or shoulders are down and the head is up or to the side, you may need another C-section.

5 The reasons you had a C-section the first time aren't a factor.

Some women end up having a C-section for medical reasons specific to that pregnancy. This includes breech births, multiples, and babies with certain birth defects or problems during labor.

If the same issues don't affect your current pregnancy, VBAC may be a safe choice for you. But that wouldn't be the case for women who had a C-section because of a chronic health problem or past surgery on the uterus.

"The first step in deciding if VBAC is right for you is to have a discussion with your obstetrician or nurse midwife," says Austinson. "Be prepared to talk about any medical problems, prior deliveries, and personal factors that may affect your ability or desire to deliver vaginally, including pain management options and your support system."

In addition to the counsel that your obstetrician or nurse midwife provides, UH MacDonald Women's Hospital offers a childbirth education class to help you prepare for vaginal birth after a C-section. •



To request an appointment

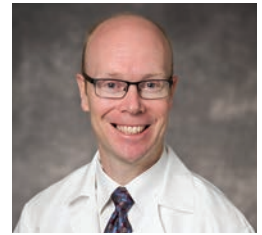
with a UH obstetrician or nurse midwife, call **1-866-UH4-CARE (866-844-2273)** or visit **UHhospitals.org**. Learn more about childbirth education classes at **UHhospitals.org/BirthClass**.



KATHERINE AUSTINSON, CNM

*Certified Nurse Midwife, UH MacDonald Women's Hospital
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TODD OTTESON, MD
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A checklist to help you spot hearing loss

Even in the earliest months of life, babies begin learning how to communicate by listening to and imitating the sounds they hear around them. But if your baby has a hearing problem, his or her ability to speak and understand language could be affected. That's why it's important for parents to recognize the signs of hearing issues early. Roughly half of children with hearing impairments have no risk factors for it.

Early detection and treatment of hearing impairment can help avoid speech delays and

other communication problems. But experts say many hearing-impaired children aren't diagnosed early enough. This could be because many parents don't know the signs of hearing loss. Hearing loss can also accompany other disabilities and could be overlooked.

Todd Otteson, MD, Chief of Pediatric Otolaryngology at University Hospitals Rainbow Babies & Children's Hospital, offers this checklist to help you recognize signs of a hearing problem at various stages throughout your baby's first year.



» Do you or a loved one have an enlarged vestibular aqueduct?

Physician-scientists at University Hospitals have launched a patient registry for people who have an enlarged vestibular aqueduct (EVA) – a rare condition affecting fewer than 200,000 people nationwide that can lead to total hearing loss. Currently, no treatments exist to prevent or reverse EVA-associated hearing loss, affecting the quality of life for children diagnosed with EVA and their families. Find out more about EVA and how you can support efforts to increase medical knowledge about it at Rainbow.org/EVAResearch.

Birth to 3 months
 At birth to 3 months, does your child:

- React to loud sounds?
- Seem soothed by your voice?
- Turn his or her head when you speak?
- Smile when spoken to?

3 to 6 months
 At 3 to 6 months, does your child:

- Look up or turn toward a new sound?
- Respond to “no” and changes in tone of voice?
- Imitate his or her own voice?
- Enjoy rattles and other sound-making toys?
- Begin to repeat sounds (like “ooh” and “ba-ba”)?
- Seem scared by loud sounds?

6 to 10 months
 At 6 to 10 months, does your child:

- Respond to his or her name, a ringing phone or someone's soft voice?
- Know words for common things (“cup,” “shoe”) and sayings (“bye-bye”)?
- Make babbling sounds, even if alone?
- Start to respond to requests, such as “come here”?
- Look at things or pictures when someone talks about them?

10 to 15 months
 At 10 to 15 months, does your child:

- Play with his or her voice, enjoying the sound and feel of it?
- Point to or look at familiar objects or people when asked to do so?
- Imitate simple words and sounds, and use a few single words meaningfully?
- Enjoy games like peek-a-boo?

“If you answered no to any of these questions, talk with your pediatrician,” advises Dr. Otteson. “Even if it's not a hearing loss issue, there may be another medical problem that is hindering your child's development.” •



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Ask Rainbow


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

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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
**KIDS KICKING
CANCER**

» Learn more about Kids Kicking Cancer at Rainbow.org/KKC and by following us on Facebook.