

under the Rainbow

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

Winter 2018

SECOND CHANCES

After beating cancer as a young adult,
clinical psychologist now supports
others on AYA cancer journey

PAGE 8

INFOGRAPHIC:
Is it a cold or the flu?

PAGE 5

What to expect
from high-risk
pregnancy care

PAGE 10

 University Hospitals


Rainbow
Babies & Children's



In this issue

Jennifer Giesel, page 8

- 3 Health briefs
- 4 Cotton swabs linked to child ear injuries
- 5 Infographic: Cold or flu? Here's how to tell
- 6 Good food found lacking in kids' diets
- 7 Grade school bullying can lead to high school substance abuse
- 10 What to expect from high-risk pregnancy care
- 11 For love of the game: How to help your child choose a sport



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. (WI18)



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.



Accessible from any computer, tablet or smartphone, the University Hospitals MyUHCare Personal Health Record (PHR) allows you to receive lab and radiology results, email a doctor, refill a prescription, request or change appointments and so much more – all from the comfort of home or on the go, available 24/7.

Manage your child's health, anytime



Rena Williamson and her daughter

"I really do love that you don't have to make requests of the doctor's office and feel like a bother. A lot of information can be found there." Rena Williamson has been using her MyUHCare PHR for a couple of years. Now, using the MyUHCare PHR is a true family affair for the Williamsons. "My husband and I use it on the desktop and on the phone. I used it in a doctor's office to look at results and for reference purposes." Rena has also set up a Parent/Guardian Access Account to view her daughter's health information. "For my daughter, I have viewed test results, set

up appointments and received appointment reminders." Rena, who has a background in science, likes data and the ability to view her test results. "It's really nice to be able to see test results. You're not just left wondering where in the normal range the result was." Rena also finds receiving appointment reminders to be really helpful. In the future, Rena is looking forward to further PHR features and compatibility with her mobile device. "I love its use and can't wait to see how it grows. It's very helpful in the digital age!" •

» Sign up today for a MyUHCare Personal Health Record. Visit UHhospitals.followmyhealth.com and select the "I need to sign up" button at the bottom of the screen. To gain Parent/Guardian Access to your child's record, visit UHhospitals.org/ParentGuardianAccess for instructions.



WATCH OUT for these 4 holiday choking hazards

- **Button batteries:** Keep these small batteries – often found in toys, musical greeting cards, remote controls and small electronics – away from young kids.
- **Ornaments and decorations:** Keep lights and decorations with small, removable pieces out of reach of children. Avoid ornaments that resemble candy or food – young kids may try to eat them.
- **Toys:** Young children can choke on small toys and their parts. Select toys that are appropriate for your child’s age and remove any packaging, tags, strings and ribbons before giving them to your child.
- **Wrapping paper:** Clean up all wrapping and tissue papers, bags, ribbons and bows immediately.



NEW ADVICE on preventing SIDS and other sleep-related infant deaths

Doctors can’t always tell the specific causes of SIDS, the sudden, unexplained death of a baby younger than age 1. The foremost risk remains the same. Babies who sleep on their stomachs are at high risk for SIDS. But a study published in Pediatrics focused on other key risk factors. They include babies:

- Sharing a bed with an adult
- Sleeping on an adult mattress
- Being put to sleep on their sides
- Being placed on soft bedding
- Being overdressed for the temperature
- Having their faces covered
- Being exposed to cigarette smoke

The study found that infants with one or more of each type of risk factor were at higher risk. Taking these precautions can also help keep your baby safe:

- Remove all soft toys, pillows, blankets and bumper pads from the crib.
- Breastfeed your baby.
- Give your baby a pacifier.
- Let your child’s doctor know if your baby ever goes limp, turns blue or appears to stop breathing for any period of time.





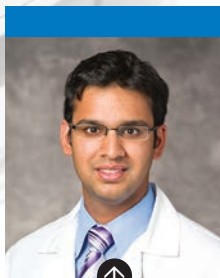
Cotton swabs linked to child ear injuries

As a child, you were probably told to clean inside your ears. But one common cleaning method – scrubbing inside the ear with a cotton swab – could be doing more harm than good.

Child ear injuries by the numbers

A recent study looked at emergency room and doctor’s office visits to treat ear injuries related to cotton swabs among children between 1990 and 2010. During that time, there were more than 263,000 of these injuries – about 12,540 every year.

Younger children were injured more often – 67 percent of all patients were younger than age 8. About 40 percent were age 3 or younger. Most of the injuries occurred while using a cotton swab to clean inside one’s own ears. Injury types included bleeding, ear pain, hearing loss and dizziness.



MEET OUR DOC

JAY SHAH, MD
*Pediatric Otolaryngologist,
UH Rainbow Babies &
Children’s
Assistant Professor, Case
Western Reserve University
School of Medicine*

Control earwax without swabs

Earwax is perfectly natural. Jay Shah, MD, a pediatric otolaryngologist with UH Rainbow Babies & Children’s, says, “Your body produces earwax as a way to

clean the ear canal, as well as lubricate it and protect it from bacteria.”

Dr. Shah advises, “In general, ear canals do not need to be cleaned unless earwax starts building up near the outside of the ear. Even then, a damp cloth will usually do the trick.”

Using a cotton swab to clean inside the ear can lead to impacted earwax, which can cause:

- Hearing loss
- Ringing in the ears
- Itching
- Pain
- Rarely, trauma to the eardrum

“If you’re worried about earwax building up inside the ear, try other options, such as earwax removal drops or baby oil, which can be performed at home. Please NEVER use cotton swabs to clean the ears. Please leave it to a health professional to clean earwax if needed,” says Dr. Shah. •

»» Have a question?

Call our pediatric advice line 24/7 at **216-815-0059** to get an answer from one of our pediatric experts.

COLD OR FLU?

Here's how to tell

It's sniffles season again. But how can you tell if your child is sniffing from a common cold or the flu, a respiratory infection caused by influenza viruses? This symptom guide might help point you in the right direction.

COLD	SYMPTOM	FLU
Low-grade	fever	Sudden and high (usually above 101°F) with chills
Mild	fatigue	More severe
Sneezing; runny nose	nasal discomfort	A stuffy, runny nose
Maybe	sore throat	Maybe
None	nausea, vomiting, diarrhea	Some children may have these symptoms
Mild	cough	Might worsen
Maybe	headache	In most cases
Slight	muscle aches	More severe

WHEN TO SEE THE DOCTOR? If your child's symptoms don't improve or you start noticing new symptoms, make a visit to the pediatrician.



Good food found lacking in kids' diets



MEET OUR EXPERT
JANET KRAMER, MPH, RDN, LD
Clinical Dietitian, UH Rainbow Babies & Children's Hospital

Children who eat well from the start of their lives are more likely to continue eating well as they grow. But according to a new study in the journal *Pediatrics*, many young children aren't being exposed to the foods that will set them on a healthy path – especially fruits and vegetables.

Young kids' diets lacking in breast milk, fruits, vegetables

The American Academy of Pediatrics recommends that infants be breastfed until age 6 months. After that, veggies or fruit should be a part of every meal and snack.

When researchers looked at results from the National Health and Nutrition Examination Survey, however, they found that only a little more than one-third of babies ages 0 to 5 months received breast milk.

Nearly one out of five kids ages 6 to 23 months ate no fruits or vegetables at all during the survey period. Those who did eat veggies were three

times more likely to have french fries rather than healthier options, such as broccoli or green beans.

Keep trying lots of foods

“Don't get discouraged if your children don't immediately go for a new food – it can take 10 to 20 tries before children accept something new,” says Janet Kramer, MPH, RDN, LD, a clinical dietitian at University Hospitals Rainbow Babies & Children's Hospital.

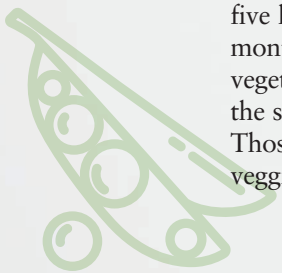
To help start your baby off right, Kramer also recommends the following:

- Start introducing solid foods after age 4 months if your baby shows signs of readiness,



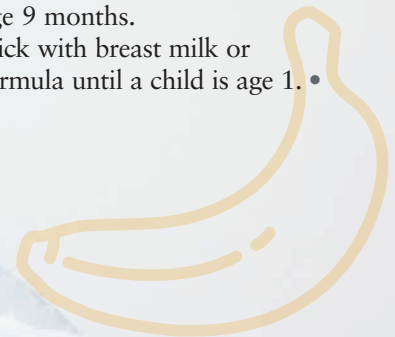
especially if he or she is drinking more than 40 ounces of formula. Just do not put cereal or other solid food in the bottle! Kramer adds, “Signs a child is ready include holding the head steady and sitting up with support, putting fingers and toys in the mouth, closing lips around a spoon, opening mouth when food is offered, and turning away when they don't want it.”

- Expose your baby to a variety of foods, especially fruits and vegetables. You can introduce strained meats at around age 6 months. Kramer adds, “At around 6 months, it's also good to expose babies to peanuts to prevent allergies. Try mixing ¼ teaspoon of smooth peanut butter into oatmeal or mashed bananas, or making homemade peanut butter teething biscuits.”
- Introduce regular snacks – two to three per day – around age 9 months.
- Stick with breast milk or formula until a child is age 1.



>> Is your baby ready for solid foods?

Janet Kramer recommends trying the National Peanut Board's recipe for peanut butter teething biscuits. Find it at Rainbow.org/PB.





Grade school bullying

can lead to high school substance abuse

School bullying is a serious problem that affects as many as one in three children in the U.S. The emotional scars from bullying can last into adulthood, affecting mental health, physical health and academic performance. Now, new research links early childhood bullying to an increased risk for substance abuse in high school.

Increased bullying tied to depression, drugs
Researchers collected survey results from nearly 4,300 kids in three states about bullying, mental health and substance abuse. The children were questioned in fifth grade, seventh grade and 10th grade.

When their answers were analyzed, researchers found a clear cascade effect. Children who were bullied in fifth grade were more likely to show signs of depression in seventh grade. Children who showed signs of depression in seventh grade were more likely to abuse alcohol, marijuana or tobacco in 10th grade.

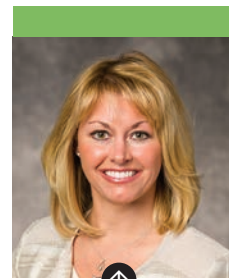
The more often a child was bullied in fifth grade, the higher the risk for substance abuse later on, according to the report.

Watch for signs and let school staff know

It's not always possible to tell if a child is being bullied at school. Research shows that one in three children do not tell an adult when they are bullied. But, according to Kimberly Burkhart, PhD, a pediatric psychologist with UH Rainbow Babies & Children's, there are some signs to watch for:

- Unusual injuries
- School refusal
- Frequent stomachaches and headaches
- Difficulty sleeping
- Changes in eating habits or mood
- Sudden loss of friends
- Avoiding social situations
- Lost or destroyed possessions
- Drop in academic performance
- Low self-esteem or feelings of helplessness


"If you think your child is being bullied at school, ask your child open-ended questions and remind him or her that you are there to help. If you suspect your child is being bullied, contact his or her teachers and the school principal to discuss a safety plan," says Dr. Burkhart. "You can also contact a mental health professional if bullying starts to affect your child's mental health. Learning coping strategies for symptom management and participation in social skills training may be beneficial." •



MEET OUR DOC
KIMBERLY BURKHART, PhD
Pediatric Psychologist, UH Rainbow Babies & Children's Assistant Professor, Case Western Reserve University School of Medicine

>> Find tips to beat bullying

Find more information about detecting signs of bullying and how to approach school staff at Pacer.org/Bullying.



Jennifer Giesel is part of a team that supports young cancer patients from diagnosis through survivorship.

Second chances

After beating cancer as a young adult, Jennifer Giesel supports young patients throughout their cancer experience

When Jennifer Giesel was six-and-a-half months pregnant with her son, she woke up in the middle of the night and collapsed. She was rushed to a local emergency room, where she was in respiratory failure and eventual cardiac arrest. Doctors delivered her baby via emergency C-section and immediately transferred him to the neonatal intensive care unit (NICU) at University Hospitals Rainbow Babies & Children's Hospital. Jennifer was placed in a hypothermic coma in the Intensive Care Unit.

One week later when she did wake up, she learned that doctors had also removed a tumor the size of a golf ball from her throat, which had cut off her air supply. She later found out that she had stage IV laryngeal cancer. Jennifer underwent cancer treatment at University Hospitals Seidman Cancer Center, where

she had additional surgeries as well as 35 rounds of radiation and seven chemotherapy treatments.

Making the connection

"After treatment, I was trying to process everything that had just happened to me," Jennifer says. "I went

to support groups for my specific cancer type, but most people there were twice my age, and I just couldn't make a connection." The social worker at UH Seidman told Jennifer about the Angie Fowler Adolescent & Young Adult Cancer Institute at UH Rainbow Babies & Children's Hospital, fully integrated with UH Seidman Cancer Center, part of the NCI-designated Case Comprehensive Cancer Center.

"I was part of this unique age range of cancer patients who don't fit with the pediatric population, but are younger than most adults who are being treated for cancer," she says. "That's exactly who the Adolescent & Young Adult Cancer Institute is designed for."

She started attending the survivorship group meetups for young adults and met many people who were closer to her age and life circumstances. "Right away, I felt relieved," she says. "I could finally be in a room with people who understood what I was going through. It was where I needed to be and where I wanted to be."

Angie's Institute created a shift in Jennifer's life that allowed her to move forward as a mom of two young children and a cancer survivor. It also opened a door in her life professionally that she never could have imagined.

Coming full circle

At the time, Jennifer was completing her degree in clinical psychology. She started talking to Amelia Baffa, RN, MSN, Adolescent and Young Adult (AYA) Nurse Navigator at Angie's Institute, about how she could help

others going through what she'd just experienced. "I felt like this was an area where I could really make a difference and give back," Jennifer says. She started meeting with teen and young adult patients and leading support groups. "It just fit," she says. "And it felt really good."

For the past year, Jennifer has served as the Clinical Psychology Doctoral Fellow at Angie's Institute. She's part of a team – including Amelia and Yousif Matloub, MD, Pediatric Hematologist and Oncologist – that supports patients ages 15 to 30 from diagnosis through survivorship. Angie's Institute is designed to help patients feel comfortable throughout their cancer journey – from a medical and psychosocial perspective – helping them ultimately heal from cancer and move forward with their lives. Jennifer now helps young cancer patients and survivors connect with peers for support and build tools to effectively manage a cancer diagnosis and the emotions that accompany such a diagnosis.

"For someone in a peer group who's newly diagnosed with cancer, being able to see others like them who are thriving in survivorship can help calm their fears so they can see there's life after cancer," she says.

Jennifer is living proof. Today, she shows no evidence of disease. Her children, ages 3 and 5, are healthy and keep her as busy as ever. And every day, she gets to support a unique population of patients who are navigating the cancer experience just as their lives are taking off. "It's an honor to be able to do what I do," she says. •

A patient-centered experience

Cancer in teens and young adults is rare. So, finding an expert who specializes in your type of cancer is extremely important. Furthermore, research suggests that, for some types of cancer, young adult outcomes may improve when they are treated with pediatric protocols. The experts at Angie's Institute weigh all these factors to identify the best treatment plan for each individual patient.

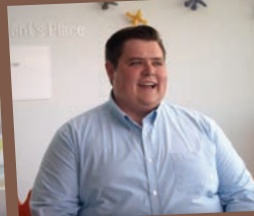
Angie's Institute offers features like:

- A technology-rich facility designed especially for AYAs
- Unique peer support coupled with age-specific cancer programming
- Extensive expertise in cancer evaluation, diagnosis and treatment
- A dedicated AYA nurse navigator who partners with patients, guiding them to resources such as financial and legal assistance, career and school guidance, and fertility preservation
- Access to lifesaving therapies like proton therapy, stem cell and marrow transplantation, and critical clinical trials



» Stories of courage

How can friends and family support someone going through cancer treatment? Watch real Angie's Institute patients share their perspectives on the little gestures that make a big impact for someone facing a cancer diagnosis. You'll find the video at Rainbow.org/AYApplaylist.





MEET OUR DOC

ELLIE RAGSDALE, MD
*Maternal-Fetal Medicine
 Specialist, UH MacDonald
 Women's Hospital
 Assistant Professor, Case
 Western Reserve University
 School of Medicine*

What to expect from high-risk pregnancy care

If you're a mother-to-be whose pregnancy isn't routine – perhaps you're expecting twins, or you or your baby has developed an unexpected medical condition – your doctor or nurse-midwife may refer you to a maternal-fetal medicine specialist (MFM) for extra care.

These high-risk pregnancy experts, also called perinatologists, are obstetrician-gynecologists with three to four additional years of advanced education and training in diagnosing, monitoring and treating pregnancy complications in a woman and her fetus. Their focus: keeping both mom and baby healthy before, during and after birth.

“A woman may consult with an MFM before conception, at any time in her pregnancy and after giving birth,” says Ellie Ragsdale, MD, a maternal-fetal medicine specialist at University Hospitals MacDonald Women's Hospital.

Dr. Ragsdale explains some of the most common reasons women see these specialists:

BEFORE PREGNANCY:

- **Planning a healthy pregnancy:** Meeting with an MFM before you conceive can help you plan a healthy pregnancy. Ongoing health issues, such as asthma, diabetes, a heart condition, high blood pressure and obesity can worsen during your pregnancy. This can affect you and, sometimes, your developing baby. This

specialist can also monitor how your pregnancy is affecting chronic health conditions that involve your heart, blood vessels, lungs, kidneys, immune system, digestive system and more. She or he can advise about safe medications and other treatments, and how to stay healthy after delivery.

- **Helping if you've had past pregnancy problems:** An MFM can look for the reasons for multiple miscarriages or early labor and delivery, and find solutions.

DURING PREGNANCY:

- **Diagnosing birth defects, fetal abnormalities, growth restrictions and genetic conditions:** MFMs use advanced ultrasound, fetal MRI, fetal echocardiograms, and specialized testing to identify genetic conditions and birth defects. This allows parents to prepare for the birth of a child with special needs. It also helps other specialists, such as pediatric surgeons and neonatologists, develop a plan to treat the baby after, and sometimes before, birth. “After confirming a fetal diagnosis, it is critical to assemble the right care team for the baby's unique needs,” says Dr. Ragsdale. “As one of a few facilities in the country with complete obstetric, delivery, newborn, pediatric and adult services and specialists all in one place, our patients truly

benefit from the vast expertise we can provide.”

- **Checking the health of multiples:** Twins, triplets and other multiples face a variety of risks and higher odds for early delivery. MFMs can track their growth and use advanced imaging techniques to look for causes of medical issues they may face, such as slow growth or circulation problems. In some cases, they can even perform procedures to correct issues before birth.
- **Assessing other problems and risks:** MFMs care for women with pre-existing health problems and conditions that arise during pregnancy, such as diabetes and high blood pressure. “We provide expert advice and care throughout pregnancy to women with high-risk medical issues to minimize risk for complications, such as preterm birth,” says Dr. Ragsdale.

LABOR AND DELIVERY:

Depending on the complication or diagnosis, medical or surgical treatment may be required during or immediately after delivery. “If so, it is critical to deliver at a facility equipped to provide the highest level of care to both mom and baby,” says Dr. Ragsdale.

POSTPARTUM:

Women who have complications after birth, such as heavy bleeding or infections, may receive care from an MFM along with an intensive care team. •

 **Experts in high-risk pregnancy care**
 University Hospitals provides exceptional care for high-risk pregnancies. To learn more, call 216-453-2309.

For LOVE of the game:

How to help your child choose a sport

By the time your child can walk, you can already picture him or her running after a soccer ball, shooting free throws or hitting a home run. While some children take to certain sports right away, most will move from one to another. The most important thing you can do, as their parent, is encourage your children to find activities that they want to do day after day. Here's how you can help your kids find the sports that speak to them.

Give them lots of opportunities to play. Focus on fostering a love for being active. From a very young age, allow your child time for lots of free play. Whether at a park or playground or on a hiking trail, give your child the chance to run around freely. "Free play helps your child develop motor skills that will come in handy for other activities later," says Susannah Briskin, MD, a pediatric sports medicine specialist with UH Rainbow Babies & Children's. "Free play, rather than team sports, should be the main activity your child does until age 6."

Offer different options. You may have sports that you like to do or watch, but your child should be the one who decides which activities he or she is going to do. You can guide your child by offering lots of different options during playtime. Let your child's interests and curiosity be his or her guide. You can also take your child to different places where he or she can be active, such as a baseball field or basketball court, to find out whether your child enjoys playing those sports.

Dr. Briskin adds, "Young kids should never play the same sport all year long. They should be introduced to a variety of sports that emphasize using different parts of their bodies. And it's important to look for sports teams where FUN is emphasized for young kids."

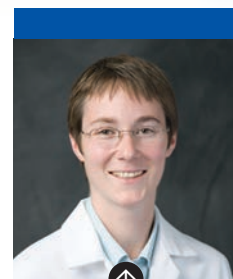
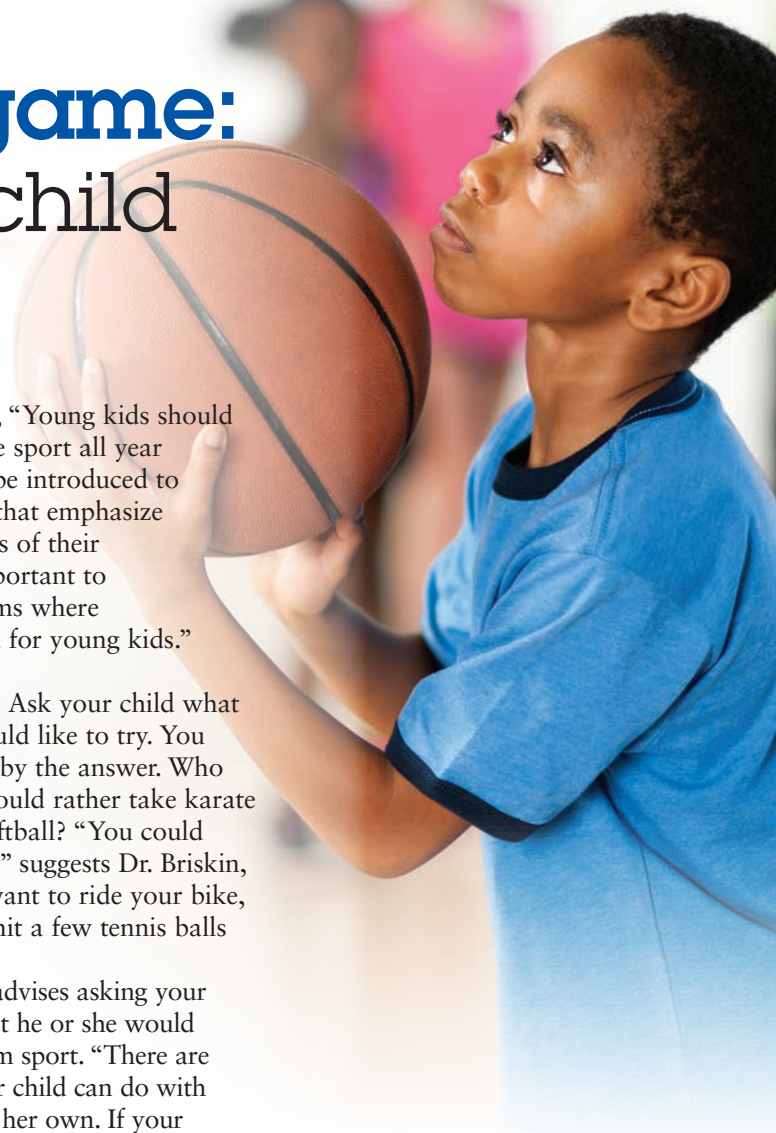
Talk to your child. Ask your child what sport he or she would like to try. You might be surprised by the answer. Who knew your child would rather take karate than sign up for softball? "You could offer a few choices," suggests Dr. Briskin, such as, "Do you want to ride your bike, play basketball or hit a few tennis balls with me?"

Dr. Briskin also advises asking your child whether or not he or she would prefer to play a team sport. "There are many activities your child can do with a team or on his or her own. If your child is shy, you could plan activities in a smaller group setting, such as with a friend or sibling, to help your child feel more comfortable."

Be realistic. Be sure to consider what *you* can do, too. Some activities, such as ballet or hockey, might not fit into your family's budget. If early morning practices or a team that travels doesn't work with your family's lifestyle, they might not be good options either.

No matter what sport your child chooses to do, a child who's happy while being active is a winner any day. •

» Schedule an appointment today with a Rainbow pediatrician at [216-815-0059](tel:216-815-0059) or Rainbow.org.



MEET OUR DOC
SUSANNAH
BRISKIN, MD

*Pediatric Sports Medicine
Specialist, UH Rainbow Babies
& Children's
Associate Professor, Case
Western Reserve University
School of Medicine*



University Hospitals of Cleveland
Rainbow Babies & Children's Hospital
11100 Euclid Ave., MSC-9160
Cleveland, OH 44106

NONPROFIT ORG
U.S. Postage
PAID
University
Hospitals
of Cleveland

Connect with us

On the Web: Rainbow.org
Facebook.com/UHRainbowBabies
Twitter: @UHRainbowBabies
YouTube.com/UniversityHospitals
Instagram: @UHRainbow



Developed by StayWell 6230M



UHLISTENS 2U
**Join our online patient
feedback community**

You have opinions on the health care of your family, and we want to hear them. **UH Listens 2U** is your opportunity to provide feedback to University Hospitals and help influence health care in Northeast Ohio. As a member, you will be invited to provide valuable feedback via online surveys, quick polls and forums where you can interact with other **UH Listens 2U** community members. **Join UH Listens 2U today!** To get started, go to UHhospitals.org/UHListens2U.



**Ask
Rainbow**

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 **216-815-0059**.

**A guide for your
child's first years**



Our **FREE** weekly emails make it easy to stay informed about important milestones during pregnancy and your baby's first few years.

Sign up now!



Text **UHHS**
to **617-580-3050**



Or go to
UHhospitals.org/GrowKids

**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.