

under *the* Rainbow Rainbow

Winter 2020

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

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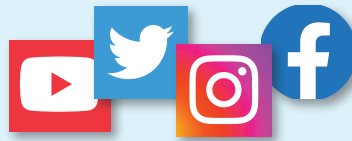


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Learn more at UHRainbow.org/USNews.



#ThisIsRainbow COMMUNITY CONNECTION



STORIES FROM OUR FACEBOOK COMMUNITY

A brave face

There's no place like home! Maverick and Everly were born premature and less than 2 pounds. They each needed a heart procedure to fix a life-threatening condition called patent ductus arteriosus (PDA). After spending their first months of life with the neonatal and heart teams at UH Rainbow, we are excited to share these sweet twins headed home at 9 pounds and getting stronger every day! [#MilestoneMonday](#) [#ThisIsRainbow](#)



Maverick and Everly were the first patients in Northeast Ohio to be treated for a congenital heart defect using Abbott's Amplatzer Piccolo™ Occluder. Smaller than a pea, the device is the first and only minimally invasive transcatheter treatment specifically approved for premature babies. It's also the world's first medical device that can be implanted in the tiniest babies (weighing as little as 2 pounds) and offers hope to premature babies and newborns with a life-threatening opening in their hearts called patent ductus arteriosus (PDA).

»» How does it work?

Visit UHRainbow.org/Piccolo to watch an animation of the device.

Follow us!



Follow us on Instagram @uhrainbow, where we share the faces and stories of our inspirational patients and dedicated caregivers. [#ThisIsRainbow](#)

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Should pregnant women worry about X-rays?

Probably not. According to the FDA, the risk to you and your unborn child is very small. In fact, the risk of not having a needed X-ray could be greater than the risk from the radiation.

Only X-rays involving the lower torso may expose your unborn child to radiation. If you need one during your pregnancy, remember that the possibility of any harm to your baby from an X-ray is very small. Most researchers agree that unborn children who receive a small dose of radiation do not have an increased risk for birth defects.

Even though X-rays are generally safe, you can take a few precautions:

- Ask for a lead apron to block radiation to your abdomen.
- Ask what other scans are available and the benefits and risks of each. Some types of scans, such as ultrasound and MRI, are safer than others.
- Schedule the scan for after the baby is born, if it's something that can wait.

Talk with your health care provider if you have questions about radiation during pregnancy.



Teen suicide attempts rise with increased bullying

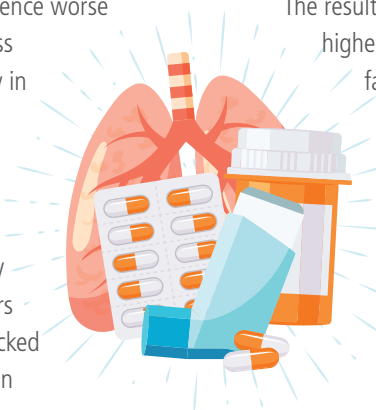
In the largest study of its kind, researchers looked at survey results from more than 134,000 students ages 12 to 15 in 48 countries around the world. About 30 percent reported being bullied in the last 30 days, while 10 percent admitted they had attempted suicide at some point the previous year.

Compared with classmates who hadn't been bullied, even one day of bullying a month was enough to triple the risk for attempted suicide. And the more often a child had been bullied, the higher the risk.

Give your child the tools they need to help stop bullying. Ask about school, learn about friends and talk openly about bullying. Most importantly, listen carefully when your children talk. Encourage them to talk with you or another trusted adult if they're being bullied.

Family support helps improve asthma outcomes

Children living in unsafe areas tended to experience worse overall asthma symptoms than their peers in less dangerous neighborhoods, according to a study in the journal *Pediatrics*. For the purposes of the study, trained raters assessed neighborhoods as "dangerous" or "disorderly" based on the presence of litter, graffiti, abandoned homes, vacant lots and other criteria. To see how family support impacted asthma symptoms, researchers conducted interviews, gave questionnaires, checked blood samples and tested the breathing function of 308 kids.



The results were conclusive: Kids fared better when there was a higher-quality family relationship. In most cases, that strong family relationship essentially erased the negative effects of living in a disorderly neighborhood.

There are many ways you can create a supportive, nurturing home environment to help your child with asthma – and the whole family – live a more healthful life.

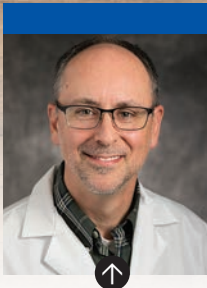
- Make time for family.
- Eat well together.
- Work on an asthma action plan with your child and their pediatrician or pediatric asthma specialist.



Disposable

vs.

cloth diapers – the straight poop



MEET OUR DOC

JOSEPH BORUS, MD

General Pediatrician, Green Road Pediatrics, UH Rainbow Pediatric Network
Clinical Instructor, Case Western Reserve University School of Medicine

» Need a pediatrician?

Visit UHRainbow.org/Pediatrics for a complete listing of UH Rainbow general pediatricians in your neighborhood.

Disposable diapers make up more than 1.5 percent of all the trash in this country. About 3.4 million tons of them end up in our landfills each year. So, are cloth diapers a better choice?

That's up to you! There are environmental costs to using both disposable and cloth diapers. Plus, there are differences in how well the diapers work. Here's what you need to know to make an informed choice, both for your baby and for the world your baby will grow up in.

Disposable diapers

Today's disposable diapers are marvels of engineering. "They're thinner and fit better than older versions," says Joseph Borus, MD, a general pediatrician with Green Road Pediatrics – part of the UH Rainbow expansive pediatric network. "Plus, they keep your baby drier, thanks to superabsorbent materials. Studies show that disposables may reduce diaper rash, compared with cloth diapers."

In the past, some ingredients used to make disposable diapers raised health concerns. At this point, however, such ingredients have largely been replaced with safer materials. "For example, latex, which can trigger allergies, has been replaced with spandex," adds Dr. Borus.

On the downside, those mountains of discarded diapers grow taller every day. Some

companies have created more biodegradable diapers. But if the diapers end up in landfills (as most do), they may still take a long time to break down under the conditions there.

Cloth diapers

The alternative is cloth diapers. Because they're reusable, they're cheaper over the long haul. Another plus: If you're worried about the chemicals used in disposables, cloth diapers offer a more natural option. But keep in mind that they're not environmentally neutral. Whether you wash them yourself or use a diaper service, it takes a lot of water and energy resources to keep a clean supply on hand.

"Compared with disposables, cloth diapers are more prone to leaks," adds Dr. Borus. "To help prevent blowouts, consider using a diaper cover, made to go over the cloth diaper for extra protection."

If buying organic is important to you, organic cotton diapers are available. To make cleanups easier, you can buy flushable liners to put inside the diapers. That way, when it's time to change a dirty diaper, you can flush away the mess, liner and all.

The truth is, there's no perfect solution to the diaper dilemma. But armed with information, you can sniff out the best diaper for your baby. •

HOMework HELP for parents

After blissful years of not having to think about homework, suddenly your child is in school and bringing home piles of it every night. No matter what grade level, the H-word can bring shudders – and challenges for parents.

With these six homework-helping tips from Lauren Beene, MD, a pediatrician with UH Rainbow Suburban Pediatrics, you can learn how to support and encourage your children, while also giving them the needed space to complete homework on their own.

1. Ask about it

When your child gets home from school, ask what the day's homework is and when it's due. If your child has difficulty remembering assignments, consider using a checklist or notebook to help them keep track of what needs to get done and when.

2. Create a homework space

Let your child choose a space where they feel most comfortable doing homework. It might be at the kitchen counter or a bedroom desk. Just be sure it's in an area that's quiet and has minimal distractions so your child can focus. Stock the space with study supplies so they don't have to hunt for them.

3. Help, but don't do it

Here's a little secret: *It's OK if you don't know how to do your child's homework.* That's not your job! Instead, think about your role in helping your child figure it out on their own.

For example, you can ask your child to work through a problem out loud or explain their thought process. In doing so, your child may

end up answering the question on their own. Taking this approach is much more effective than swooping in with the correct answer or saying that you don't know how to do it.

4. Make time for homework

Be sure to factor homework into your child's daily schedule. Remember to consider needed homework time when helping them make decisions about participating in after-school activities.

5. Partner with your child's teacher

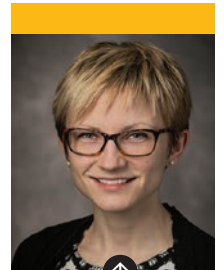
Stay up to speed on what's going on in the classroom. If the teacher has specific instructions for homework, be sure you and your child follow them.

6. Minimize distractions

The American Academy of Pediatrics recommends establishing a "No TV during homework time" rule. Your child may need to use the computer for assignments, but try to keep all other devices off until homework is completed. •

» Ask Rainbow

We can't help with algebra, but our physicians can answer questions you have about your child's health. Submit a question or browse FAQs at UHRainbow.org/AskRainbow.



MEET OUR DOC
LAUREN BEENE, MD
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Suburban Pediatrics
Clinical Instructor, Case
Western Reserve University
School of Medicine

Seizure safety



Seeing your child have a seizure can be scary. It helps to know what to do and how to keep your child safe if it happens.

Do:

- ✓ Stay with the child/person until the seizure is over
- ✓ Remain calm
- ✓ Time the seizure
- ✓ Help them sit or lie down
- ✓ Place a soft object under their head (if they're lying down)
- ✓ Turn them on their side (if they're lying down)
- ✓ Loosen any jewelry or clothing around the neck
- ✓ Move sharp objects out of the way



How to spot seizures in babies:

Seizures in newborns look different from seizures in older children and adults.

Symptoms vary and may include:

- **Head:** changes in facial expression
- **Chest:** abnormal breathing; upper body suddenly jerks forward
- **Arms:** jerking or stiffening that can alternate from side to side
- **Legs:** lurch up toward the belly with knees bent

If you believe your baby is having their first seizure, call **9-1-1** or go to the emergency room.



Don't:

- ✗ Hold them down or stop their movements
- ✗ Put anything in their mouth
- ✗ Attempt CPR
- ✗ Give them food or water

Call 9-1-1 if:

- The seizure lasts more than 5 minutes
- The child/person has trouble breathing after the seizure
- The child/person appears injured
- They ask for medical help



Tear out and share with your babysitter or child caregiver.

Extended rear-facing is the **SAFEST** way for kids to ride

Despite your squirmy toddler's protests, every time you click your child into their car seat, you're showing just how much you care. If you were to get into an accident, having your child in a car seat can reduce your child's risk for injury by 71 to 82 percent and the risk for death by nearly 30 percent, research shows.

Many parents (and children) are eager for the day when they can turn the car seat to a forward-facing position. Before you do the switcheroo, however, be sure to stop and review the latest recommendations from the American Academy of Pediatrics (AAP).

Keep kids rear-facing as long as possible

Previously, the AAP recommended that children remain rear-facing until age 2. The AAP recently updated its car seat safety guidelines in late 2018. The biggest change? They're no longer based on age.

The AAP now recommends kids stay rear-facing until they reach the maximum height or weight the car seat manufacturer allows. Most convertible car seats have rear-facing weight limits up to at least 40 pounds. For many kids, that occurs well beyond their second birthday.

"Once your child reaches the rear-facing height or weight limit for their car seat and you can safely turn their seat around, they should continue riding in their car seat until they reach the maximum forward-facing weight or height limit," explains Linda Orosz, MD, a general pediatrician with UH Rainbow KidsFirst Pediatrics.

Why keep them rear-facing for so long? If a crash occurs, the car seat's hard shell supports the child's head, neck and spine, and the car seat absorbs most of the impact. When kids are forward-facing, however, the harness straps restrain their bodies, but their heads can get thrown forward. That can result in injuries to the head and spine.

Other car seat safety tips

In addition to keeping children rear-facing for as long as possible, Dr. Orosz offers a few more ways you can help protect your kids in the car:

- Make sure the harness straps fit snugly against their body.
- Slide the chest clip to armpit level to keep the harness straps secure.
- Never use a car seat that's been in a crash, has been recalled, has cracks, is missing parts or is beyond the expiration date stated on the label.
- Remove bulky clothing, such as winter coats and snowsuits, before putting your child in the car seat – in a crash, they flatten out and your child could get thrown from the seat.

Contact the car seat's manufacturer if you have any questions about the safety or proper installation of your car seat. •



MEET OUR DOC
LINDA OROSZ, MD
General Pediatrician,
UH Rainbow KidsFirst
Pediatrics

>> Did you know about our FREE car seat checks?

Visit UHRainbow.org/CarSeatCheck to learn about our car seat fitting stations, staffed by nationally certified child passenger safety technicians.



But won't they be uncomfortable?

You may look at your child's bent legs or other funky position when riding in their rear-facing car seat and wonder whether this is still safe. The short answer is yes. As long as they are still within the weight and height limit for the rear-facing car seat, it's the safest place to ride – pretzel legs and all. Children's feet or legs may touch the back of the car seat, but they can bend them easily and still be comfortable. Injuries to the legs are very rare for children when they're riding rear-facing.

Making a splash

Teenager thrives after getting support for epilepsy.

At 12 years old, Maddie excelled in school and was an accomplished dancer. But her world began to change when she started experiencing strange symptoms. She would get caught in stares without being able to remember what had happened. She began to feel like she was losing time. These episodes of being “out of it” happened most often when Maddie was under stress – such as when she was talking in front of class. As they became more frequent and kids started to tease her, Maddie’s anxiety rose.



Apart from swimming, Maddie Horrigan, a high school senior at Hudson High, enjoys cooking with her dad, Bill, and playing with her cat, Bug.

“I was panicked and terrified. I didn’t want something to be wrong with me and felt out of control,” remembers Maddie. “I just tried to hide it – I was so afraid of being judged.”

Even Maddie’s parents did not initially recognize the problem.

“I would be talking to Maddie and she just wouldn’t answer. I thought she was just being a typical teenager. Once, she walked into traffic at a busy intersection and I had to pull her back,” recalls Maddie’s dad, Bill. “It seemed like she was being absent-minded until we started talking about it. It’s so important to pay close attention.”

But it wasn’t until Maddie had a serious staring episode during a national dance competition that the family knew something was seriously wrong.

The importance of an accurate diagnosis

The next day Bill called UH Rainbow Babies & Children’s Hospital’s pediatric neurology department and scheduled an appointment for Maddie with pediatric neurologist Jessica Goldstein, MD. Based on Maddie’s symptoms, Dr. Goldstein suspected Maddie had a type of general pediatric epilepsy characterized by absence seizures.

“Absence seizures are brief, generalized seizures that last just a few seconds, during which a child is unresponsive and often appears to be staring before they ‘click back in,’” explains Dr. Goldstein. “Without treatment, the condition can impact their schoolwork and activities because they are unaware of what is happening during those brief seconds, which often occur multiple times in a day.”

Because they are so subtle, absence seizures can be very difficult to identify. In fact, some children are thought to have focusing issues or a habit of ignoring their parents. For Maddie, a headache often preceded a seizure. And anxiety seemed to worsen them.

To make a definitive diagnosis, Dr. Goldstein scheduled an EEG – a test that records the electrical signals of the brain. The test confirmed that Maddie had childhood absence epilepsy.

Neurology expertise

There are many different kinds of epilepsy that vary in complexity and severity. The Comprehensive Level IV Pediatric Epilepsy Center at UH Rainbow Babies & Children’s Hospital is renowned for comprehensive evaluation, accurate diagnosis and treatment of

“ I want to help other kids who have experienced neurological issues. I think I can help since I’ve walked in their shoes. ” – Maddie

seizure disorders by a team of specialists. Since Maddie’s form of epilepsy is typically well-controlled with medication, she only required this type of care by Dr. Goldstein.

“With treatment, kids with epilepsy can do anything that any other kid can,” says Dr. Goldstein. “It’s so rewarding to watch these children grow and thrive.”

Thankfully, the first medication that Maddie was prescribed worked. She no longer suffered from seizures and her headaches went away. It was the beginning of Maddie’s journey to trust herself again.

Stronger than before

Throughout the next few years, Maddie kept quiet about her epilepsy. But she began working with UH Rainbow pediatric psychologist Howard Hall, PhD, PsyD, to learn coping strategies for managing her anxiety. Slowly, Maddie opened up about her condition and her confidence grew.

Maddie began attending Epilepsy Foundation events, supporting the cause and connecting with others with epilepsy. She was chosen by her high school for a special program to work in the community with adults with special needs. And she turned to swimming for a physical outlet, making USA Sectional Cut last year at Hudson High School, despite swimming with a torn bicep.

During high school, Maddie also played varsity golf, got her driver’s license and earned exceptional grades in her high-level coursework. Today, as a high school senior, Maddie is preparing to study neurology in college.

“Dr. Goldstein has been such a great doctor who really listens to me. We’ve become so close,” explains Maddie. “I want to help other kids who have experienced neurological issues. I think I can help since I’ve walked in their shoes.”

“Through everything, I learned I can do whatever I set my mind to and know it’s OK to be my true self,” says Maddie, who has experienced just two breakthrough seizures since treatment. “Without my epilepsy, I wouldn’t be the person I am today.” •



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» Renowned expertise

To learn more about the UH Rainbow Level IV Pediatric Epilepsy Center, visit UHRainbow.org/Epilepsy.

Ladies: Take care of your heart at every age



MEET OUR DOC

EWA GROSS, MD, PhD

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Clinical Assistant Professor, Case Western Reserve University School of Medicine*

 **To learn more** about cardiovascular disease in women or connect with a dedicated provider at University Hospitals Women's Cardiovascular Center, visit UHhospitals.org/HerHeart or call **440-732-0015**.

When you think of a heart attack victim, it's very likely that an older man comes to mind. The reality, however, is that heart disease continues to be the most common cause of death among women. And, according to new research, younger women in the U.S. are suffering heart attacks at a higher rate today compared with 20 years ago, reports the journal *Circulation*.

The heart of the matter

The reason for the increase in heart attacks among women younger than 55 isn't exactly known. But researchers suggest that rising rates of heart disease risk factors – including high blood pressure and diabetes – among this population likely play a role.

Despite the disappointing news for women's heart health, there's a lot you can do to safeguard your ticker at any age. Ewa Gross, MD, PhD, Director of the Women's Cardiovascular Center at UH Harrington Heart & Vascular Institute, recommends the following:

- Eat a healthy diet with foods that are low in saturated fat, trans fat and sodium. Choose fruits, vegetables, whole grains, nuts, legumes, fish and low-fat dairy products.

- Aim for 150 minutes of moderate-intensity physical activity, such as brisk walking, each week and do two or more days of muscle-strengthening exercises.
- Don't smoke; quit smoking if you do.

Dr. Gross adds, "Be sure to visit your health care provider regularly for wellness exams."

Women's warning signs

"Keep in mind that heart attack symptoms can be different for women than they are for men," adds Dr. Gross. For instance, in addition to chest pain, women are more likely to experience at least one of these other symptoms:

- Shortness of breath
- Back or jaw pain
- Nausea and vomiting
- Heavy pressure on the chest
- Cold sweats (unrelated to menopause)
- Dizziness or light-headedness
- Sudden fatigue

If you notice any of these heart attack signs, call **9-1-1** and get to an emergency room right away. •

Save the date!

UH Harrington Heart & Vascular Institute is proud to be the local presenting sponsor of the American Heart Association Go Red for Women campaign. Join us at the 2020 Go Red for Women Experience as we unite in the fight against the leading cause of death in women of all ages – cardiovascular disease.

Friday, February 14, 2020, 10:30 a.m.–2 p.m.
Hilton Cleveland Downtown

» To learn more or to purchase tickets, visit Heart.org/ClevelandGoRed or contact Julie Gotschall at **216-619-5159**.



The A to Zzz's of healthy sleep habits for you and your baby



Whoever coined the phrase “sleep like a baby” probably wasn’t a parent. But when it comes to your baby’s sleep, you don’t have to feel like they are always running the show. In fact, there’s a lot you can do from the very start to set a foundation for healthy sleep habits.

FOR YOUR BABY

Newborns sleep a lot – as much as 17 hours per day. However, their sleep can be unpredictable, and even occur in spurts of only one or two hours at a time.

“Try putting your baby in the crib or bassinet when he or she is drowsy, but not fully asleep,” says Sally Ibrahim, MD, FAAP, Medical Director of the Rainbow Sleep Laboratory. “This will help your little one learn how to fall asleep on their own without getting used to someone holding/rocking/assisting them to fall asleep.”

Here are more helpful tips from Dr. Ibrahim:

- **Have a calm nighttime ritual and bedtime routine:** Babies learn the cues for sleep quickly, and reinforcing these early on helps them understand how to sleep. The behaviors prior to going to sleep prepare a child for a successful night. These rituals become habits that help reinforce healthy sleep down the road.
- **When feeding or changing your baby during the night,**

try to keep the room dark and quiet so that your baby can learn about nighttime cues for sleep and more easily return to sleep afterward. Try to avoid playful time at night and keep nighttime awakenings for regular feeding only.

- **Engage with your baby during the day.** When they are newborns, slowly and gently introduce stimulating wakeful behaviors. Talk and sing to them, turn on lights, go outside, read to them and play with them. This can help extend their awake times during the day and hopefully help them sleep longer at night.
- **Always practice safe sleep habits.** This means putting your baby to sleep in his or her own crib or bassinet. The sleep space should have a firm mattress and only a fitted sheet – no blankets, toys or pillows. Place babies on their backs to sleep.

If you have a newborn and sleep feels like a struggle, rest assured that it gets better. Most babies develop regular sleep cycles when they’re about 6 months old.

FOR YOU

While much of your focus may be on your baby’s sleep, it’s important to help yourself sleep soundly, too. Here are a few steps from Dr. Ibrahim you can

take to maximize your precious resting hours:

- **Sync sleep schedules.** Try to rest or sleep when your baby is sleeping, both during the day and at night.
- **Ask for help.** Reach out to family and friends for help with your baby or around your house so you can take care of yourself or nap.
- **Get outside.** When you’re ready, try spending a little time outdoors every day to help you sleep better at night.

If you are having more difficulty, there are ways the medical community can help. Dr. Ibrahim encourages, “If you have any concerns about your baby’s sleep or your own, speak with your child’s pediatrician or your health care provider to guide any further age-appropriate help.” •



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SALLY IBRAHIM, MD, FAAP
Medical Director, UH Rainbow Sleep Laboratory
Assistant Professor, Case Western Reserve University School of Medicine

>> Sweet dreams

Call **216-877-8983** for an appointment with a UH Rainbow sleep medicine specialist.

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

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A night at the Monsters game

A program for children and teens with cancer and blood disorders. Sponsored by Iris Wolstein in honor of her husband, Bert Wolstein.

Join us for a night at Rocket Mortgage Field House – ice skating, dinner and a Monsters Hockey Game.

**Friday, February 28
The fun begins at 5 p.m.**

» To register or for more information, contact Michele Rothstein: **216-286-6553**
Michele.Rothstein@uhhospitals.org




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