



HEALTHY CHILD

from The Department of Pediatrics at
Saint Barnabas Medical Center

Fall/Winter 2007

Healthy Lifestyle for Children

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Most parents want to raise their children in a healthy way. Unfortunately, advertising and misinformation in the media (like products that claim to be healthy and are not) can mislead parents into focusing less on the more important things they can do for their children's health.

Here are three of the most important habits to foster in your children, based on solid research about what has the biggest impact on children's lifelong health.

Be Physically Active Every Day

The most important thing you can do for your child is to encourage as much physical activity as possible. The national recommendation for all children is 60 minutes or more per day of activity that increases breathing and heart rate.

Movement does not have to be done all at once to get the benefit. Even 5-10 minute spurts of activity count. Shooting hoops in the yard, jumping rope, taking the dog for a brisk walk, dancing to a favorite song, or walking up and down the stairs while talking on the cell phone. Some children get a few minutes of activity in gym class or in after-school activities, and some may even be active for many hours with their sports teams.

While playing on sports teams is a fantastic opportunity for children, the key to life-long health is to get in the habit of seeking out opportunities to be active in everyday life situations. This way, when the sports season ends, or the vacation begins, your child will not become a couch potato. Start by suggesting that your child take a 5-30 minute physical activity break before starting homework and then get up for some mind-invigorating play about every 30 minutes. Instead of a trip to the fridge as a break, encourage something active. Another useful rule is limiting screen time to two hours per day—with additional time only available while doing some form of physical activity.

Choose Healthy Foods



There are two nutrition basics to explain to your children: (1) Make sure your most important nutritional needs are met by Healthy Everyday Foods before taking in empty calories. (2) Limit intake of foods that can harm your body, especially unhealthy fats.

Healthy Everyday Foods that meet daily nutrition needs include vegetables, fruits, whole grains, healthy nuts and oils (especially canola, peanut, olive), low-fat dairy, lean proteins, beans, and water. The basic daily nutritional needs met by these foods include fiber (20 grams/day), protein (8 grams per 20 lbs of body weight), healthy fats (mono- and poly omega-3's, 40 grams per day), calcium (3+ servings of non-fat dairy a day) and a wide variety of "phyto-chemicals" that will "fight" diseases. Your children may not be up to eating the 4 servings of fruit and 5 servings of vegetables recommended, so work on including one of these with every meal.

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Special Needs of Premature Infants after Discharge

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Any babies who are born at less than 37 weeks are considered to be premature. Even though taking your preemie home is a joyful event, it can be scary too. Knowing what to look for and how to best care for the baby will help ease the worries that parents face.

Many times these special infants face challenges that full term infants do not encounter. Some infants may be discharged on oxygen or special medications. Many go home on cardiac monitors. All premature infants have a tendency to experience jaundice due to the liver's immaturity and difficulty breaking down bilirubin and need to be watched for signs of this. It will show up as a yellow pigmentation in the skin or eyes. Often times these babies do not eat well or become "tired" when you try to feed them. If you see these signs, call your pediatrician immediately.

It is important that you choose a pediatrician for your baby before discharge. When choosing a pediatrician, you may want to inquire how much experience the pediatrician has with caring for premature babies. You should make the appointment for within the first few days after discharge. Before your first appointment, it is a good idea to write down any questions you may have ahead of time so that you are prepared when you go.

Follow Up Care and Nutritional Needs

Many times your baby may need appointments for follow up care, such as with an eye doctor or other specialist. It is necessary to make and keep these appointments to ensure continued optimum health for your preemie. Because of their heightened risk for delays in development, some preemies may need to

attend the High Risk Infant Follow-Up Program at Saint Barnabas Medical Center; you will be informed before discharge if it is necessary.

It is usually only for infants who were on oxygen or very premature. One of the benefits of this appointment is that it will help to identify any early intervention needs for physical therapy. Babies who need early intervention benefit greatly from the programs that are offered.

A premature infant requires ongoing special attention to nutritional needs even after discharge. It is important that they take in enough calories and fluid as ordered by the physician to ensure proper growth and development. Premature infants should not miss feedings and some may need to be awakened to make sure that they receive all the feedings necessary to gain weight appropriately. Most will need about 8 to 10 feedings per day with only 3-4 hours between feedings.

Your baby should have approximately 6-8 wet diapers each day to indicate adequate fluid intake. It is just as important not to overfeed your preemie. Many times too much fluid can overload a premature infant's circulation and cause breathing problems. If your baby seems to want more than the feedings ordered, you should call your pediatrician to find out if and how much of a feeding increase is safe.

Remember, your infant should always sleep on his or her back as recommended by the American Academy of Pediatrics to help reduce the chance of Sudden Infant Death Syndrome. Do not keep stuffed animals or extra blankets in the crib with the baby when he or she is sleeping. It is important to always use tight fitting sheets.

Time on their tummies is important, but should only be allowed when the baby is awake and being watched. It is a good idea to reposition your baby often to make sure your child is not always lying in the same position. Your child needs to be able to turn his or her neck equally from side to side. Neck immobility may result in an abnormal head shape. "Tummy time" is very important to help improve your child's muscle strength and development.

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Breathing Concerns and Infection Prevention

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Many times premature infants have episodes of apnea or periodic breathing because of the underdeveloped respiratory center in the brain. Episodes of apnea decrease as the baby matures. Most babies outgrow apnea by about 44 weeks of age. These infants are sent home on cardiac monitors. Sometimes babies will be discharged on some medication, such as caffeine, to help remind the baby to breathe. When your baby goes home on a monitor, you will be instructed on its use and on CPR before discharge. The baby will only go home on oxygen if there are changes in color during these episodes. If that happens, you will be sent home with all of the instructions needed to use the oxygen.

It is important to know signs and symptoms of infection when your baby goes home. Some things to watch for are sleepiness, loss of appetite, frequent watery stools, irritability, trouble breathing or fever. Call the physician for any of these signs or if the rectal temperature is 100.4 degrees Fahrenheit or higher. Premature infants often are at greater risk for contracting infections, especially respiratory infections. It is not a good idea to take your baby to public places for the first month at home at least. Ask your pediatrician how long you should wait to take your baby to public places. When going to the pediatrician, it is a good idea not to sit in the waiting room where there are sick children. Anyone who has a cold should not visit with the baby. Everyone should wash hands before touching your infant.

Immunizations are an important way to protect your baby from infections. Premature infants who were

born less than 32 weeks gestation or who are at risk should receive immunization for RSV during the viral season. You should check with your pediatrician to see if your baby will need the vaccine. It does not always prevent the infection, but will decrease the severity of the illness.

Most premature infants do very well and really thrive once they go home. It is important to take care of yourself once the infant comes home so that you will be able to properly take care of your baby. You may experience many emotions when you take your baby home. Many mothers of premies experience hormonal shifts and may feel depressed. Let your doctor know if you feel overwhelmed. Do not hesitate to get help. There are many support groups in the community available to you. If you think you would benefit from these, ask your physician what is available.

For more information about the Neonatal Intensive Care Unit (NICU), the High Risk Infant Follow-up Program, or the Infant Apnea Program, please call 973.322.5300.



Playing with Heart: Preventing Sudden Death in Young Athletes



Pediatric Cardiologist Deborah Friedman, M.D., and Joel Hardin, M.D., Director of Cardiology, The Children's Heart Center, with team members.

The sudden cardiac death of a young athlete is an unusual but tragic event that often leads to local and national headlines. It most commonly occurs in male athletes, who have estimated death rates nearly five times greater than the rates of female athletes.

"Ninety percent of sudden cardiac deaths in young athletes occur during or after athletic activities," reports Deborah Friedman, M.D., Chairperson, Department of Pediatrics at Saint Barnabas Medical Center and a board-certified pediatric cardiologist. "This suggests that intense physical exertion is a precipitating factor."

Preliminary testing to detect these potentially fatal conditions can help prevent cardiac arrest from occurring. The Saint Barnabas Health Care System has established the **Playing with Heart** cardiac screening and education program for young athletes and their parents and coaches.

Playing with Heart offers preliminary medical screenings, based on American Heart Association recommendations. Each screening event, staffed by expert Saint Barnabas cardiac and sports medicine physicians, includes a physical examination, EKG testing and immediate results interpretation to players and their parents or guardians. If initial results identify a need for further testing, players will be referred back to their primary care provider for a referral to an appropriate specialist. At the consent of the player and his/her parents, the results are faxed to the primary care provider.

The program also provides free information sessions to parents, coaches and youth athletic directors to discuss warning signs, symptoms and ways to help prevent sudden cardiac death in youth sports

A Rare but Tragic Event

The most common sports associated with sudden death in competitive athletes in the United States are basketball and soccer. The largest available

studies estimate the risk among high school and collegiate athletes to be between one per 100,000 and one per 300,000 each year. An estimated 50 to 100 cases occur in the United States annually. Dr. Friedman reports that congenital cardiovascular disease, or more specifically, hypertrophic cardiomyopathy (a disease involving thickening of the heart muscle) is the leading cause of nontraumatic sudden athletic death.

Screening: The Key to Prevention

The best way to avoid the tragedy of fatal athlete events is through pre-athletic participation in cardiovascular screening, reports Dr. Friedman. Current recommendations for cardiovascular screening include a careful history and physical examination, as well as the use of electrocardiograms (ECG). ECG can detect 95 percent of patients with hypertrophic cardiomyopathy (HCM).

Such screening has been required of athletes in Italy for the past 25 years, and has been supported by the European Society of Cardiologists. A 17-year study in Venice, Italy, found that mandatory screening greatly decreased the rate of sudden death in athletes from HCM.

HCM is the most common cause of sudden cardiac death in young competitive athletes. Unfortunately, most athletes with HCM remain asymptomatic until the time of death and are difficult to identify on the basis of history or physical examination alone. In one study, only 21 percent of athletes who died from this condition had signs or symptoms of cardiovascular disease before their death.

Symptoms of HCM may include chest pain, difficulty breathing, light-headedness, irregular heartbeats, and fatigue out of proportion to exertion. HCM is more often found in athletes with a family history of heart attack or sudden death in males 55 and under and females 65 and under. Athletes with a genetic predisposition to this condition should undergo serial echocardiography every 12 to 18 months until age 18 because the condition may not be apparent until physical maturation is complete.

Also at risk are those with a family history of cardiomyopathy, premature coronary artery disease, Marfan Syndrome, arrhythmia, Long QT Syndrome or Brugada Syndrome.

*For more information about **Playing with Heart** screening programs, please call 888.SBHS.123. The next screening will be October, 2007.*

The Importance of Playtime

Barbara Podberesky, RN, BA Nurse Coordinator, Pediatric Health Center

As the stress for early academic achievement increases, and test taking becomes the single most important measure of competence, and as competition fosters tutoring centers and after school programs, the value of recess and playtime has become secondary. Although this topic has been researched for a couple of decades, in October of 2006, the American Academy of Pediatrics issued a report emphasizing the importance of unstructured play in a child's cognitive, social, and emotional development. Children need to be prepared for academic challenges and early intervention programs can be valuable, but according to the AAP children need to be children. In free play they can experience the world by themselves, do what they enjoy, and have physical and creative freedom (www.treatmentonline.com, 2007).



Parents interact with their child from birth with hugs and kisses, funny faces, songs and toys. You are your child's first playmate. As a child gets older and the stresses of work, life and time constraints grow, parents often see playtime with their child as a chore. However, this time with your child fosters connections that are profoundly meaningful. Children can use fantasy to try out new roles and skills; they let us know what is going on in their lives by replaying scenes with dolls or action figures; they learn to take turns and value different perspectives.

According to Dr. Stanley Greenspan, a clinical professor of pediatrics and psychiatry at George Washington University School of Medicine, interactive play with children gives them social skills necessary for getting along with others and is the core to their healthy development. In playing with children, "You're not only connecting and engaging, you're exchanging back-and-forth emotional signals, which is helping the child regulate mood and behavior, learning to read social signals and learning to communicate. Each of these abilities contributes to a child's sense of security." (www.parenthood.com, 2007).

Remember that playing with your child not only involves toys or getting down on the floor in their space, or running around in the playground or backyard. Playing can occur during bath time, rolling them around in the shopping cart, or preparing meals. Guide them, take their leads, and watch for signals. This means being creative and having fun so that subsequent learning on all levels can occur (www.zerotothree.org, 2007).

As we all struggle to make our children as academically proficient as possible in this highly competitive world, try to emphasize the importance of recess in the school setting with your PTA and local school boards. **The National Association for the Education of Young Children in 1997 established the following list for why school administrators should carefully consider the benefits of recess:**

- ❖ Play is an active form of learning that unites the mind, body, and spirit. Until at least age nine, learning occurs best when the whole self is involved.
- ❖ Play reduces the tension that often comes with having to achieve or needing to learn. In play, adults do not interfere and children relax.
- ❖ Children express and work out emotional aspects of everyday experiences through unstructured play.
- ❖ Children permitted to play freely with peers develop skill for seeing another's point of view, cooperation, helping, sharing and solving problems.
- ❖ The development of children's perceptual abilities may suffer when so much experience is through television, computers, books and worksheets that require only two senses. The senses of smell, touch, and taste, and the sense of motion through space are powerful modes of learning.
- ❖ Children who are less restricted in their access to the outdoors gain competence by moving through the larger world. Developmentally they learn how to navigate their environment safely which lays the foundation to eventually lead their own lives. (<http://naecs.crc.uiuc.edu/position/recessplay.html>, 2007)

Remember, playtime changes from infancy to adolescence, but it is at the core of learning about life and the world, and its benefits live on into adulthood. So, GO PLAY!

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Suggest they eat a vegetable or fruit before they go out to a party where their bellies will get filled up with less nutritious food. The main problem with “empty” carbs such as starchy breads, potatoes, junk cereals, fruit drinks, snack foods, and high sugar/high-fructose corn syrup foods, is not that they are unhealthy, but that they use up daily calorie budgets while contributing little nutrition and take up room in the belly preventing children from eating healthier foods.

The second rule is to limit foods with unhealthy saturated and trans fats that clog arteries. Aim for no more than 20 grams of unhealthy fats a day. High amounts of saturated fats are found in meat that is not lean (burgers, hot dogs), cheese (i.e., pizza, hot pockets), rich desserts (cake, ice cream), foods with cream sauces or butter (mac & cheese), and foods fried or prepared with unhealthy oils (French fries or chicken nuggets, and popcorn in movie theaters.).

Teach your children to look for “partially hydrogenated” oils on the ingredients list. These are foods that should be avoided, even if the label says “zero grams trans fat.” In contrast, it is not very important to limit the use of artificial sweeteners in children, as there is virtually no evidence that these are harmful to them.

Maintain a Healthy Weight through Energy Balance

Teach your children that different food has different amounts of energy—measured in calories—and also that “the healthiest thing to do is to eat the number of calories that your body needs to live, grow and move—no more, no less.” This “energy balance” is what prevents children from storing extra energy on their bodies in the form of fat. The more active the child, the more energy is used up, this is less energy that will be stored as fat. The more calories eaten beyond what the body uses, the more that is stored.

A healthy calorie range for most children is between 1800 and 2400 calories per day (more for boys and taller children). It is not important, however, that your children learn to count and add up every calorie they eat. The key is for them to learn to think about calories as something that is budgeted like money, and spent carefully on food that is worth it to them in enjoyment and nutrition.

Prompt your children to ask themselves certain food questions. “Is this food something I really love, or am I eating it just because it is there?” “Does it have a lot of calories?” “Does it taste so good that it is worth it

to me to spend my calories on this? Does it give me good nutrition? If not, “Is there something else I can eat first or eat along with this food that will give me some nutrition?” Nobody can decide if a food is “worth it” but the person eating it. These decisions are individualized so it is important to not impose your own preferences.

HealthyLIFE Pediatric Weight Management Program

The Saint Barnabas Healthy LIFE® Pediatric Weight Management Program is a comprehensive, multidisciplinary program to help young people achieve life-long healthy weight management. At Healthy LIFE, we teach decision-making skills like “Asking Is this Worth It” along with other skills that make it easy to budget calories without feeling deprived. Even if your child’s weight does not fit the criteria for the Healthy LIFE program (BMI > 95th percentile) it is a good idea to help him/her develop some of these weight management skills. Many overweight adults were once children who never learned to think in the way a healthy person thinks about food.

At Healthy LIFE we teach children how to “slow down and savor” every bite of food, getting more enjoyment from every calorie. We teach that there are standard serving sizes of food (handfuls, cupfuls, spoonfuls) that are much smaller than portions normally served in restaurants and better indicators of how much food is healthy to eat. We teach children to “check-in with their body” after they have had a standard portion and see if they are satisfied or truly hungry for more. We teach that almost all people find it hard to resist reaching for food that is visible, so when we have had enough, it is best to remove the food from sight.

We know you want your children to have the most fulfilling lives possible and that you understand the importance of fostering healthy habits. The three habits discussed here: being active every day, choosing healthy foods while avoiding unhealthy fats, and maintaining a healthy weight through energy balance are keys to your child’s lifelong health and we hope you will make them top priorities in you household.

New groups for HealthyLIFE start every two months. Please contact us at 973.322.7496 as soon as possible to enroll your child, or visit www.HealthyLifeHealthyWeight.com.

New Director of The Valerie Fund Children's Center at the Saint Barnabas Health Care System



Peri Kamalakar, M.D., has been named as the new Director of The Valerie Fund Children's Center for Cancer and Blood Disorders at Saint Barnabas Medical Center, at The Children's Hospital of New Jersey at Newark Beth Israel Medical Center and at

The Children's Hospital at Monmouth Medical Center.

Dr. Kamalakar graduated from Guntur Medical College, Guntur, India, and completed his residency in pediatrics at Newark Beth Israel Medical Center, Newark. He completed his research fellowship in Pediatric Hematology/ Oncology at Children's Hospital and Rosewell Park Memorial Cancer Institute, Buffalo, New York. He is an Assistant Professor of Clinical Pediatrics at the University of Medicine and Dentistry of New Jersey.

Dr. Kamalakar has been listed as one of New Jersey Monthly's Top Doctors in New Jersey and as one of the Best Doctors in New York Metropolitan Area by Castle Connolly Medical Ltd. He is on the Ronald McDonald House Board in Long Branch and is Chair of the New Jersey Pediatric Hematology Network. In 2006 he received the "Humanism" award given by Health Care Foundation of New Jersey.

About The Valerie Fund Children's Centers

The Valerie Fund Children's Center for Cancer and Blood Disorders provides the full range of diagnostic and treatment services for children from birth to age 21 with cancer, sickle cell disease, or a blood disorder. The comprehensive Center provides a full range of services, including an on-site laboratory and imaging services to ensure patient comfort and minimize travel time, and to encourage prompt communication with parents.

The Valerie Fund Children's Center ensures that all children receive compassionate, technologically advanced care throughout all aspects of their diagnosis and treatment. The staff is comprised of hematologists/oncologists, as well as pediatric nurses, therapists, and a child life specialist and social worker. These professionals work together to ensure that all children and their families feel well cared for and comfortable throughout their time in at The Valerie Fund Children's Center.

Valerie Fund physicians have been recognized for excellence in their field. In addition to academic and professional achievements, the medical team shares a common love of children and commitment to improving the health of all their patients.

The Valerie Fund Children's Center is a member of Children's Oncology Group, the largest pediatric oncology research group in the world, which counts as a member every pediatric cancer program in the country. As such any child diagnosed with cancer can receive the same state-of-the-art care based on COG protocols close to home at Saint Barnabas Medical Center.

The Valerie Fund Children's Center at Saint Barnabas can be reached at 973.322.2800, which operates 24 hours a day.

Diabetes Self Management Classes for All Ages Offered at the Saint Barnabas Ambulatory Care Center

Diabetes self-management classes for all ages are being offered at the Saint Barnabas Ambulatory Care Center in Livingston, N.J.

Each session, taught by certified diabetes educators, nurses and nutritionists, includes four two-hour classes plus a one-hour follow-up class. Spouses, parents and significant others of the participant are included at no additional charge.

Topics covered include: Diabetes disease process, nutritional management, physical activity, medications, monitoring, prevention, detection, and treatment of acute and chronic complications, goal setting and problem solving, and psychosocial adjustment.

The cost for the program is \$55 for each two hour class and \$25 for the follow up class. Participants must attend all of the classes in the session and make up classes will be offered. A discount is offered if payment is made in full at the beginning of the session.

This program is fee for service and a receipt of payment is provided for personal submission to insurance carriers for out of network benefit coverage and reimbursement.

For information regarding pediatric classes, please call 973.322.7337. All classes are held at Saint Barnabas Ambulatory Care Center, 200 South Orange Avenue, Livingston, NJ 07039.

Questions & Answers

By Susan J. Margolin, M.D., M.P.H. Chief, General Pediatrics, Saint Barnabas Medical Center

If you have a question for the pediatrician, please email it to esalamon@sbhcs.com. Questions should be applicable to children in general and not focused on the specific case of an individual child.

Q. I have heard about new recommendations for vaccinating teenagers. Could you please tell me a bit about these vaccines and why they have been added (Diphtheria, Pertussis, tetanus (DPT) vaccine)?

A. 1. Diphtheria, Pertussis, Tetanus (DPT) vaccine

In the last several years, there have been outbreaks of pertussis (whooping cough) among adolescents and young adults because the immunity conferred by the vaccine in early childhood was not life long and had “worn off”. While whooping cough is an unpleasant but not life threatening illness in these young adults, they serve as a pool of people who infect young children and infants in whom it is a severe and debilitating illness.

Consequently, the adolescent population should be vaccinated to protect each other and additionally, to protect infants who have not yet received vaccine.

2. Meningococcal Vaccine

Meningococcal (meningitis) vaccine. Adolescents who live in dormitories, army barracks or other

multiple person, close-quartered housing for the first time are at increased risk for contracting meningitis from an infected person. Meningitis vaccine should be given to those persons entering the armed services or going to live in college dormitories for the first time. Many summer camps also require that campers receive the vaccine. The American Academy of Pediatrics is recommending that the vaccine be given at age 11-12 with “catch up” in those who have not received vaccine given at high school entry or age 15, whichever is first.

3. Human Papilloma Virus Vaccine (HPV)

Human Papilloma Virus (HPV) vaccine, is the most common sexually transmitted infection in the United States and is responsible for about 70% of cervical cancer. An estimated 9,700 new cases of cervical cancer are diagnosed yearly in the United States. The Center for Disease Control Advisory Committee on Immunization Practices recommends routine vaccination against HPV to girls at 11 to 12 years of age. “Catch up” vaccination is recommended for girls and women between the ages of 13-26 who have not been vaccinated against HPV.

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