

Pediatric press

A Fun & Fact-Filled Newsletter from the University of Maryland Hospital for Children

Taking Care of IBD

Is It a Tummy Ache or Something More?

For most children a tummy ache now and then is a normal part of growing up and usually nothing that rest, clear fluids or a trip to the bathroom won't solve. However, sometimes tummy aches don't go away or are much worse than an upset stomach from eating too much ice cream.

If your child's tummy aches include abdominal cramps, persistent diarrhea and/or rectal bleeding, he or she might have inflammatory bowel disease (IBD). "You may notice that your child is growing slower than peers," says Samra Blanchard, M.D., head of pediatric gastroenterology at the University of Maryland Hospital for Children. "His or her body may be unable to absorb enough nutrients. Getting an accurate, timely diagnosis can help ensure that your child does not suffer the stunted growth that can occur from untreated IBD."

WHAT IS IBD?

Inflammatory bowel disease is an umbrella term for several lifelong digestive disorders – including the two most common:

- **Crohn's disease** can cause inflammation in any part of the digestive tract, including the mouth, esophagus, stomach, intestines and anus.
- **Ulcerative colitis** can cause sores (ulcers) in the colon and rectum.

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HEY KIDS!
How many can you find?
See how many hidden
logos you can find in
each Pediatric Press!



Families First

Rx



Families first. That's our priority at the University of Maryland Hospital for Children. When a child is sick, everyone is impacted. We emphasize healing the child while at the same time, making sure parents and siblings are cared for too.

Walk inside one of the exam rooms in our sub-specialty clinic, and you are sure to find a doctor or nurse taking the time to answer questions from an anxious parent. Turn around and you may catch a technician bent down to speak to a girl at her eye level.

Recently I heard about one of our young patients who needed testing to diagnose a

X *Steven J. Czinn*



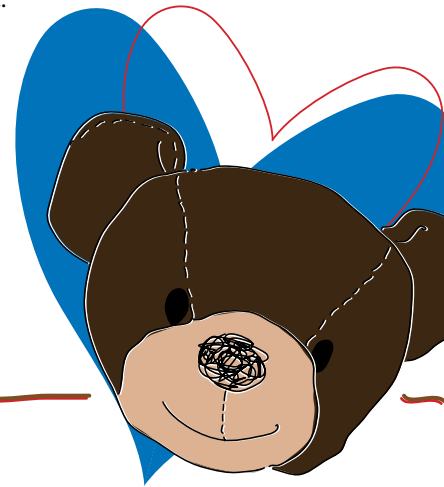
Steven J. Czinn, M.D.
*Chief of Pediatrics,
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cardiac condition. Everyone thought this boy would need to be sedated for the test. It turned out a nurse sat with him for about 45 minutes, playing and building trust. This interaction was what the child needed to feel comfortable and reassured. The test occurred, and the child was not sedated.

This is a real example of how the people who make up the University of Maryland Hospital for Children put families first.

Wishing you and your family a safe and a healthy spring/summer season.

Steven J. Czinn, M.D.



Special Care for the Tiniest Babies

Technology has come a long way at saving the tiniest and most fragile babies. Often unable to breathe on their own, regulate their temperature or feed, they get the special medical assistance they need in a neonatal intensive care unit (NICU).

“Medical needs are the top concern for premature babies,” says Brenda Hussey-Gardner, Ph.D., M.P.H., Coordinator of the NICU Follow-Up Program at the University of Maryland Hospital for Children. “But we know from our research that developmental delays, speech or hearing impairments and motor problems may also be a concern.”

These challenges can often be overcome through early intervention. That's why the Hospital for Children's NICU offers state-of-the-art medical technology along with neurodevelopmental screening and multidisciplinary support – including physical and occupational therapy, speech and language pathology, and psychology – for newborns and for NICU graduates up to age 3 through the NICU Follow-Up Program.

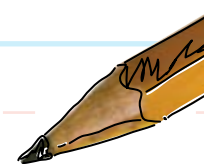


At the University of Maryland, we have the advanced medical technology to help those who need it.

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Worms in Dirt

WHAT YOU NEED:

- 1 16-ounce package Oreo®-type cookies
- 2 cups cold milk
- 1 package small JELL-O® chocolate instant pudding
- 1 tub (8 oz.) COOL WHIP® whipped topping, thawed slightly
- Individual serving cups
- Gummy worms

WHAT YOU DO:

1. **CRUSH** cookies in zipper-style plastic bag with rolling pin or in food processor.
2. **POUR** cold milk into large bowl. Add pudding mix. Beat with wire whisk 2 minutes. Let stand 5 minutes. Stir in whipped topping and ½ of the crushed cookies.
3. **PLACE** about 1 tablespoon crushed cookies into each cup. Fill cups about ¾ full with pudding mixture. Top with remaining crushed cookies.
4. **REFRIGERATE** until ready to serve. Garnish with gummy worms just before serving. Yields about 8 servings.





Beyond the Timeout

A New Way of Thinking: Discipline as Teaching

Do you ever yell out of frustration when your child misbehaves? Do you and your partner sometimes differ in the rules you enforce? Do you ever resort to timeouts when tantrums erupt? If you're like most parents, the answer is likely yes. While these actions certainly don't qualify as bad parenting, Howard Dubowitz, M.D., M.S., professor of pediatrics at the University of Maryland, insists there are better ways to discipline your child.

"We need to move away from the traditional idea of discipline as punishment and instead focus on how we can teach or socialize our children to behave appropriately," Dr. Dubowitz explains. "Discipline is critical. Kids need and want to have limits, rules and regularity. As children learn how to cope with their environment, parents play a critical role of teaching them to navigate this world."

Step one, he says, is to stay calm. "Take a step back and a deep breath or two and consider why you are responding this way," Dr. Dubowitz advises. "To be a good teacher – which is at the heart of parenting – we need to be in touch with ourselves."

Next, parents should try to understand the child's response or action. For example, a young child who is naturally curious may persist in exploring a new place. "If I understand what's cooking with the child, hopefully instead of feeling irritated, I'm going to feel empathic," Dr. Dubowitz says.

And the last step is to decide how best to approach the child. Dr. Dubowitz suggests conveying empathy and an explanation, such as, "I understand you're angry, but we don't hit. Hitting hurts." Dr. Dubowitz urges parents to share their reasons to help children better understand the lesson.

THE ABCs OF DISCIPLINE

Dr. Dubowitz offers a few additional tips to help teach children good behavior:

Don't underestimate what your child can understand. It's important to use age-appropriate words and phrases, but even children as young as 2 or 3 generally comprehend much more language than they are able to express. "I think many parents are unaware of their children's ability to learn things because their language may be limited," Dr. Dubowitz explains. "But it's remarkable what they can understand."

Give choices. Allowing children to make decisions helps them assert their independence, but parents need to provide the framework. Rather than asking, "Do you want to go to bed?" ask the child if he or she wants to read this book or that book before going to bed.

Recognize your child's right to express emotions, appropriately.

"If a child is mad or crying, is it appropriate for a parent to try to limit the expression of that feeling?" Dr. Dubowitz asks. "No. We shouldn't try to put the brakes on their expression. We need to teach them how to calm themselves or stay in control." However, hurting someone or oneself or damaging property should not be permitted.

Perfect the art of distraction. When a child is upset or angry, finding an alternative activity can distract the child and help calm emotions.

Respond quickly. "Kids – particularly toddlers – have a very different perspective of time," Dr. Dubowitz explains. "Ideally, the response (or lesson) should follow as closely as possible timewise to what happened."

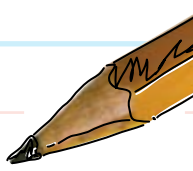
Anticipate challenges. Dr. Dubowitz advises parents to prepare for notoriously difficult situations. Talk to the child in advance, bring a coloring book or snack, or avoid the hazardous situation altogether.

Be consistent. "We often see one parent reacting one way, and another parent reacting another way, so it's not hard to imagine how terribly confusing that is to a young child," Dr. Dubowitz says. "Ideally, during a quiet time, caregivers should think ahead about a particular problem behavior, discuss it and plan how they will respond – consistently."

GIVE YOURSELF A BREAK

It's difficult to be a smart, sensitive parent, Dr. Dubowitz acknowledges, and it's important to reflect on one's successes and mistakes. But, "with enough love and care, children are likely to turn out OK," he says. Still, "be open to different and better ways to help your child."





Dose of Information



SIDE EFFECTS OF TOO MUCH TV

A study in the journal *Pediatrics* reports a link between watching too much TV as a toddler and having symptoms of attention deficit hyperactivity disorder (ADHD) later in childhood. Newborns' brains develop rapidly in the first few years, and fast-paced images on TV can be overstimulating. The American Academy of Pediatrics recommends no TV before age 2 and a limit of one to two hours a day for older children.



TIME TO TOSS THE TOOTHBRUSH?

In general, you should replace your toothbrush every three to four months, before the bristles become splayed and frayed. Think about getting a new brush every season. Old toothbrushes are actually ineffective, and they can be just plain gross since they may have harmful bacteria living on them. When you're sick, change your toothbrush at the beginning of your illness and after you feel better.



MAKING THE MOST OUT OF MELON

'Tis the season for the grocery store to be full of melons. Having trouble deciding which one to pick? According to a study by the Berkeley Wellness Encyclopedia of Food and Nutrition, cantaloupe is the most nutritious melon when compared to honeydew and watermelon. When comparing 2/3 of a cup of each melon, cantaloupe packs the most nutrients, with 42 milligrams of vitamin C, 309 milligrams of potassium and 2 milligrams of beta-carotene. Any way you slice though it, melon is a good, nutritious snack!

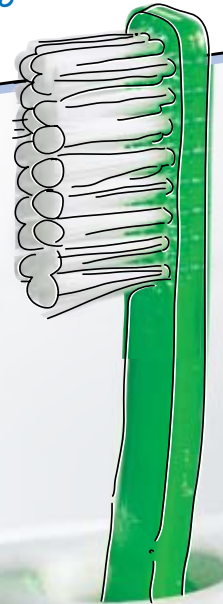


OPEN UP: DIETARY GUIDELINES FOR HEALTHY KIDS

How can you help ensure your child receives proper nutrition and fights off the risk of childhood obesity? The following are some guidelines for infants and toddlers from the American Heart Association:

- Keep fat intake between 25% and 30% of calories for children 2 to 3 years old.
- Don't go overboard on calories. Toddlers need about 1,000 calories per day to maintain a healthy weight.
- Serve whole grains instead of refined grain products. A 1-year-old should eat about 2 oz. of whole grains a day.
- Make sure fruits and vegetables are available at every meal. Children ages 1 to 3 should eat one cup of fruit a day and ¾ cup to three cups of vegetables.

Did you know?
When you're sick, change your toothbrush at the beginning of your illness and after you feel better.



Time Up for Timeouts?

Timeouts, or secluding a child in a designated area for a specified time to calm down, are used by many parents to deal with tantrums or to respond to problem behaviors. But new thinking questions the effectiveness and appropriateness of timeouts. "It often doesn't work and can be perceived as punitive – too much in the spirit of punishment," explains Howard

Dubowitz, M.D., M.S., Director of the Center for Child Protection at the University of Maryland Hospital for Children. "It doesn't fit with what we're really trying to do: engage and teach children. In fact, it can actually aggravate the situation if the child feels shamed or humiliated." While disciplining well is not easy, there are better alternatives to timeout.

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If you are worried about your preemie's development, talk to your pediatrician about a referral to Hospital for Children's NICU Follow-Up Program or call 410.328.6749.



Special Care for the Tiniest Babies ... CONTINUED FROM PAGE 1

A GROWING NEED FOR SPECIAL SERVICES

Premature babies, or preemies, are born before the 37th week of pregnancy. About 8% to 10% of all babies born in the U.S. are preemies, and that percentage is rising.*

“More mothers are older today because they wait until after their careers are established to have children. Some of these mothers utilize fertility treatment,” Hussey-Gardner says. “This may raise the risk of multiples, who are more likely to be born early and need NICU services.”

“Not all moms are older or need fertility treatment, and not all babies born via fertility treatment need special services,” she adds. “But luckily, we have the medical technology to help those who do need it and have developmental programs to foster their development and maximize their potential.”

PARENTS: BABY'S FIRST TEACHERS

“Babies learn best in the home,” Hussey-Gardner says. “But if they aren't able to go home right away, parents can interact with their baby in the NICU similar to how they would at home.”

For instance, the “Sense of the Week” program encourages parents of older, stable babies who are still in the NICU to choose one of the five senses and then teaches parents how to stimulate that sense by bringing in homey sensory experiences. “We might ask them to bring in a cotton ball with Dad's aftershave or homemade chocolate-chip cookies,” Hussey-Gardner explains. “Exposing a baby to smells from home can stimulate brain development, and parents also get to know this new little person as he or she communicates with facial expressions.”

PARTNERING WITH PARENTS

The 40-bed unit at Hospital for Children provides a family-centered atmosphere that encourages parents to enjoy every minute with their baby. “If you are constantly worried, you may miss all the fun firsts – like your baby's first smile,” Hussey-Gardner says. “Babies are only little once – celebrate each small achievement.”

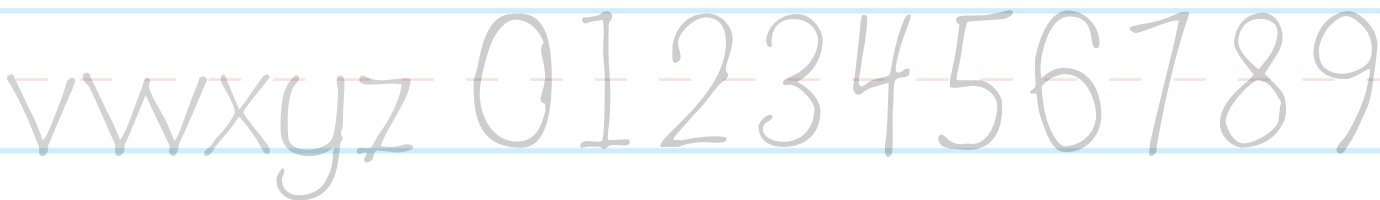
There is no crystal ball to know if a baby who graduates from the NICU will need ongoing services. But if they do, the Hospital for Children's NICU Follow-Up Program connects families to local resources and provides ongoing guidance.

The state of Maryland recognizes that babies born prematurely may have special needs and offers free early intervention services to infants who weigh less than 1,200 grams (about 2.5 pounds) at birth. NICU staff refers families to their local Infants and Toddlers program. And there is a special program for Baltimore city residents called Maryland's PRIDE (PRemature Infant Developmental Enrichment). “Baltimore city residents get a developmental evaluation and meet their local coordinator before going home from the NICU,” Hussey-Gardner says.

“Parenting a baby born prematurely is different than parenting a full-term baby,” she adds. “It's not fair to put the whole burden on the family to know everything and find their own resources for early intervention. That's why we're here.”

* Source: MedlinePlus: Premature Babies.





Is It a Tummy Ache or Something More? ... CONTINUED FROM PAGE 1

KID-SIZED DIAGNOSING

“Most children are diagnosed between ages 10 and 20,” Dr. Blanchard adds. “However, children as young as 4 and 5 can have symptoms.”

Ranging from mild to severe, symptoms include:

- Recurring diarrhea.
- Rectal bleeding.
- Unexplained weight loss.
- Fatigue.
- Frequent abdominal cramps.
- Delayed growth and physical development.

“Our goal is to diagnose IBD before it causes delayed development,” Dr. Blanchard says. “With timely diagnoses, children can reach their full potential.”

Pediatric gastroenterologists at the Hospital for Children are able to diagnose difficult cases of IBD that involve only the small intestine quickly and accurately with a wireless capsule endoscopy called the PillCam.® “Children are spared the discomfort of invasive diagnostic procedures,” Dr. Blanchard says. “They just swallow a tiny camera that is shaped like a pill – or we can place it inside while they are sedated. The capsule travels through the body, taking thousands of pictures of the small intestine that we have no other way to see. The PillCam fits our philosophy of giving kids the most normal experience while battling a health issue.” And research supports its use as well.

A study published in the July 2008 issue of the *Journal of Pediatric Gastroenterology and Nutrition* found that PillCam use resulted in more effective diagnosis for children with Crohn’s disease. Doctors were able to pinpoint problems and tailor medications to improve outcomes, the study found. “Unfortunately, some children endure many tests before getting

an accurate diagnosis with the PillCam,” Dr. Blanchard says.

MANAGING IBD

In addition to oral medications, mild cases of IBD also benefit from improved nutrition by working with the IBD Program’s on-staff dietitian to create a diet plan that ensures your child gets the nutrients needed for growth – with foods he or she likes and will eat.

Children with severe IBD may need surgery. “The need for colectomy (removing the colon) is decreasing thanks to new, better medications,” Dr. Blanchard says. “However, our pediatric surgeons are experts at using the latest minimally invasive procedures that reduce trauma and recovery time if surgery is the best option.”

Medications may help reduce inflammation and prevent the recurrence of IBD. “Children metabolize and react differently to medications than adults, so effective medicine administration is unique for each child,” Dr. Blanchard says. “We tailor the medication regimen depending on the symptoms of each patient and some patients require infliximab (remicade) infusion treatment to control severe disease.” Beginning this spring, children who need to receive infusions can have treatments in the new infusion center, staffed by pediatric nurses who are specially trained to make children feel at ease.

“There are many ways we can help manage your child’s condition so that childhood can be enjoyed without all the tummy aches,” Dr. Blanchard says.

If your child has any of the symptoms for IBD – especially rectal bleeding – a tummy ache might be something more serious. The University of Maryland Inflammatory Bowel Disease Program’s multi-disciplinary staff works closely with referring doctors to diagnose IBD,

manage it and increase the quality of life for patients and their family members. For more information, please call **1.800.492.5538**.

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Circle the out-of-place objects in the photo above. There are nine objects. Good Luck!

Activity Answer Key:



For more information about the newsletter, please e-mail abessent@umm.edu. To learn more about the Hospital for Children, please log on to umm.edu/pediatrics or call **1.800.492.5538**.

Pediatric Press is an information service of the University of Maryland Hospital for Children and published by the University of Maryland Medical Center.

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