

SUMMER 2012

# Carolinas kids

A PUBLICATION OF LEVINE CHILDREN'S HOSPITAL

## Special care for your child's bones

**4** BACK-TO-  
SCHOOL TIPS  
IS YOUR CHILD READY?

EASE THE SWITCH  
FROM BOTTLE TO CUP

Levine  
Children's  
Hospital

Our world revolves around children.

## >> Parents' pages

### Sleeping in: It's healthy!

When children are given the opportunity to sleep more, such as on weekends and holidays, the extra sleep tends to lessen the harmful effects of irregular sleep during the week, a recent study shows. Researchers studied the effects of children's sleep schedules on weight and metabolic regulation. Children who didn't sleep enough on weekdays and didn't "catch up" on weekends were more likely to be obese and have the worst metabolic function.

Longer and more regular sleep can help children maintain a healthy body weight. Grade-school age children and preteens need 10 to 12 hours of sleep a night, while teens need about

8.5 to 9.5 hours per night. ■

### More than a spoonful of sugar

Ice cream, apple pie, brownies—those all-American favorites—are loaded with added sugar. But just how much? Added sugar makes up almost 16 percent of the calories children and teens consume, says a new study. "Minimizing high sugar and other junk foods is something we need to start when our children are young, before bad habits become ingrained," says Christopher M. Lakin, MD, FAAP, with University Pediatrics.

Although sugar consumption decreased between 1999 and 2008, intake levels are still well



above the recommended amount of no more than 15 percent of calories from both sugar and fat. Boys ages 6 to 11 consumed 16.6 percent of their calories from added sugars, while older boys ages 12 to 19 consumed 17.5 percent. The trend was similar among girls: 6- to 11-year-old girls consumed 15.7 percent of their calories from added sugars, while the percentage among 12- to 19-year-old girls was 16.6 percent.

"Fruit juices or canned fruit are packed in high sugar syrup," says Dr. Lakin. "Only offer 1 to 1½ cups of 100-percent juice per day, and 2 to 3 servings of fresh fruit." Dr. Lakin recommends keeping unhealthy items out of the house and to avoid offering food as rewards. He also says to check food labels closely. ■





## >> Moms want to know ...

### How do I know if my child's behavior is normal or a sign of hyperactivity?

If your child runs around a lot, doesn't take breaks to rest, bumps into people and things

and is full of questions, chalk it up to toddlerhood.

However, if he or she

does all of these things and also gets injured often; won't sit for stories, games or meals; climbs on the furniture all the time; and is always on the move—and getting into trouble—he or she may be showing signs of hyperactivity. Talk with your pediatrician about possible solutions. "Preschoolers tend to be very active. As children mature, their activity should become more directed," says Stephen Mange, MD, a pediatrician at Davidson Clinic. ■



## >> Milestones

### How do I transition my toddler from a bottle to a cup?

Because bottles provide nourishment, comfort and security, toddlers often become attached to them, making the transition difficult. Many physicians recommend introducing cups around 6 months; most infants will gain enough coordination to successfully hold and drink from one around age 1. Don't cut bottles all at once; instead, try to eliminate the morning bottle while retaining bottles at other meals for a week. The following week,

try eliminating another bottle feeding. When your child uses the cup, offer plenty of praise and positive reinforcement. The nighttime bottle is often the most difficult one to eliminate. Try offering a cup of milk with your child's evening snack and then continuing on with your regular bedtime routine. It may also help to give your child a comforting object to cuddle, like a favorite toy or blanket. If your child is having difficulty giving up his or her bottle, try diluting the milk in the bottle with

water, gradually adding more water until the entire bottle is filled with water. By that time, it's likely that your child will lose interest and ask for the milk that comes in a cup! "The timely transition from bottle to cup may briefly produce a few frowns, but this important step toward promoting healthy teeth will create attractive smiles for years to come," says Dayna Trivette, MD, with South Charlotte Primary Care. ■





# Good news for bad breaks

>> 5 tips for dealing with a broken bone

“Most broken bones or fractures occur from falls, car crashes or other trauma, like colliding with another player during a sports game,” says Brian Brighton, MD, MPH, a pediatric orthopedic surgeon at Levine Children’s Hospital Specialty Center. “Fractures are a common injury among children and with appropriate treatment, children have the ability to quickly recover from such injuries,” says Dr. Brighton.

Forearm fractures account for 40 to 50 percent of all childhood bone breaks. Luckily for families in our area, Carolinas HealthCare System offers expert emergency and pediatric orthopedic care through Levine Children’s Hospital.

## We know bones

The fellowship-trained pediatric orthopedic surgeons associated with Levine Children’s Hospital have expertise in treating acute pediatric orthopedic problems related to trauma, infection and sports injuries, as well as developmental and chronic problems of the bones and joints of infants, children and adolescents.

To make care more convenient for families, our team sees patients every day at Levine Children’s Hospital’s Specialty Center on the Carolinas Medical Center campus. Fracture follow-up clinics are offered every week to patients who’ve recently been seen in our Children’s Emergency Department, with on-site X-rays available.

Although common, fractures can be scary for both kids and parents. Dr. Brighton suggests following these guidelines if you suspect that your child has a broken bone.

**y**ou’ve probably seen your child take a hundred tumbles resulting in nothing more than a few scrapes or bruises, but this spill from the skateboard looked—and sounded—different. Sure enough, in addition to torn jeans and bloodied knees, your child’s arm seems to veer in an odd direction, a strong clue that it may be broken.

**Carolinas** kids

◀ A PUBLICATION OF LEVINE CHILDREN’S HOSPITAL ▶

1000 Blythe Blvd., Charlotte, NC 28203  
704-446-KIDS (5437)

Carolinas Kids is published as a community service of Levine Children’s Hospital, located on the campus of Carolinas Medical Center. If you are interested in receiving an e-mail when a new issue is available, visit [www.levinechildrenshospital.org](http://www.levinechildrenshospital.org).

The information contained in this publication is not intended as a substitute for professional medical advice. If you have medical concerns, please consult your healthcare provider.

Copyright © 2012 Carolinas HealthCare System

- 1 Determine whether you need emergency help.** All fractures require medical attention, but call for emergency help if:
  - >> the injury involves the head, neck, back, pelvis or upper leg
  - >> there's heavy bleeding
  - >> the bone has pierced the skin
  - >> an extremity of the injured arm or leg, such as a toe or finger, is numb or blue at the tip
  - >> you can't transport your child safely by car because he or she is unable to sit upright or use appropriate safety seats and seat belts
- 2 Remove clothing from the injured part.** Use scissors to cut away clothing. Don't try to pull the limb out of clothes.
- 3 Stop any bleeding.** Use a sterile bandage or clean cloth and apply constant pressure to the wound. Keep your child lying down, and don't wash the wound or poke the bone back into the skin.
- 4 Make a splint.** Keep the limb in the position you find it. Place soft padding around the injury and then place something firm (like a board or rolled-up newspaper) next to it. Make sure the splint extends past the joints above and below the injury. Keep it in place with first-aid tape.
- 5 Apply cold packs.** Wrap ice in a towel and place it on the injured area to help control swelling



## We're here when you fall!



For more information about the fracture clinic or any of our specialized pediatric orthopedic services, call **704-381-8870** or visit [www.levinechildrenshospital.org/ortho](http://www.levinechildrenshospital.org/ortho).

and pain until your child gets medical care.

When you arrive at the Children's Emergency Department, physicians will X-ray the injury to evaluate the fracture and realign the bones if necessary. Most broken bones simply require a cast and time to heal, ranging from three to six weeks. Before you know it, your child will be back to playing as usual. ■

## Nationally recognized pediatric epilepsy care

The National Association of Epilepsy Centers (NAEC) has recognized the Children's Epilepsy Center at Jeff Gordon Children's Hospital as a Level 3 Epilepsy Center, making it the only pediatric epilepsy center in North Carolina and South Carolina with this designation.

The Pediatric Epilepsy Monitoring Unit at Jeff Gordon Children's Hospital opened in December 2010 and expanded from two beds to

four in September 2011, allowing the hospital to treat even more area children. "This unit is a great resource for children in the Charlotte area and surrounding regions who experience seizures," says pediatric epileptologist Russell Bailey, MD.

Jeff Gordon Children's Hospital, on the campus of Carolinas Medical Center-NorthEast, provides pediatric subspecialty and intensive care. To learn more, visit [www.jeffgordonchildrenshospital.org](http://www.jeffgordonchildrenshospital.org).



# Pain medications for labor and delivery

## >> Know your options

**t**here are many unknowns as you prepare for the birth of your child. You may wonder:

- How will I react to the stress and pain of labor?
- How many hours might I be in labor?
- Will I have a cesarean section or vaginal delivery?

“No one can predict how the birth process will unfold or what may be best for pain control,” says Yvette Bessent, MD, with NorthCross OB/GYN. “That’s why it helps to review your options in advance and keep an open mind.” Many moms find that their preferences for pain control change in the middle of the process—and that’s OK.

## Easing your pain

Our hospitals offer medical pain management to make your birth experience as comfortable as possible. An anesthesiologist can administer various pain-relief options. In addition, the nursing staff is trained in supporting you with natural techniques. The following medical pain management options have different benefits and potential side effects,



## Managing labor pains naturally

There are many ways women can manage childbirth pain naturally, including:

- breathing patterns
- different laboring positions
- massage
- soothing music

Visit [www.carolinashealthcare.org](http://www.carolinashealthcare.org) to find an OB/GYN physician or a maternity center near you.



which should be discussed with your physician.

>> **Epidural block** – Medication is given in the lower back (epidural space) to numb pain in the lower body. A catheter (small tube) may be left in place so medication can be used continuously throughout labor and delivery.

>> **Spinal block** – Pain medication is injected into the sac of fluid in your spine. It’s usually a one-time dose and is often used for C-section delivery or shortly before vaginal birth when forceps or vacuum extraction is needed for delivery.

>> **Walking epidural** – Using a combination epidural and spinal block, this method provides pain relief while maintaining muscle strength so you can stand or even walk during labor.

>> **Narcotics** – Drugs are delivered through an intravenous (IV) catheter or injected into a muscle for pain relief.

>> **Pudendal block** – Shortly before delivery, a local anesthetic is injected into the vaginal wall and a nearby nerve to block pain in the area.

>> **Local anesthetic injection** – An injection to the vaginal area is used to numb pain for an episiotomy (incision to extend vaginal opening for delivery), or to repair a tear after delivery. ■



# The ABCs of preparing for back-to-school

**P**reparing for the upcoming school year during the early days of summer can be a wise move. Not only will you avoid the rush by not waiting until the last minute, but your kids can also have an easier transition from the lazy days of summer to the hustle and bustle of fall.



**>> Keep up with healthy habits.** You probably want to relax the rules a little bit by letting your kids stay up late or having ice cream after dinner. But if you encourage consistent bedtimes through the summer, you'll avoid tired mornings once school starts. And summer is a great time to teach your kids about nutritious foods.

**>> Encourage safety.** Talk with your kids about how to

## Gearing up for a new year

**>> Plan ahead for physicals.** "Make an appointment now for an annual checkup to ensure your child will be examined before school starts," says Douglas Hansen, MD, with Palmetto Pediatrics. "A yearly physical gives you the chance to address any medical or developmental concerns you may have about your child, as well as update his or her vaccinations, which may be required to enter school." Visit [www.cdc.gov](http://www.cdc.gov) for an immunization schedule for children and teens.

ride the bus safely, why they should always wear a helmet if they ride a bike to school and how to approach you or a teacher if they're being bullied. Keeping the conversation flowing all summer long will help your children feel ready for any situation.

**>> Add 'relax' to your to-do list.** School can be stressful. Give your kids a break from all the homework, tests and activities, but encourage learning in a fun way or work part-time to develop new skills. ■

## House calls

**Q** What should I do if my child breaks a bone?

**A** Children are active, adventurous and not always careful. That combination, unfortunately, may lead to broken bones or fractures. Falling off a skateboard or bike, crashing down from the playground jungle gym or colliding with another soccer player are common scenarios leading to broken

bones. Fractures frequently happen in summertime when kids spend more time outdoors and they increase their time for activities with friends.

With most severe breaks, your child will experience sharp pain and you will most likely be aware that a bone is broken. However, in many cases—especially if the fracture is small—your child may not feel pain at all and you won't know if a bone is broken. Children's bones are also extremely pliable, which means

a bone could bend, rather than break. If an accident or injury has occurred, it's best to bring your child to the doctor or emergency room for an examination and X-rays. Without timely treatment of a fracture, such as a cast or splint, the bone will begin to heal itself—often in a compromised position. ■



Amirah Shareef, MD  
Carolinas HealthCare  
Children's Urgent Care  
704-304-6400

Carolinas HealthCare System is on Facebook, YouTube and Twitter. **Check out our exciting happenings today!**



Russell Bailey, MD  
*pediatric epileptologist*

# Small patients, mighty medicine



704-403-3000

[www.jeffgordonchildrenshospital.org](http://www.jeffgordonchildrenshospital.org)

920 Church St., North • Concord, NC

Jeff Gordon Children's Hospital is close at hand to celebrate your victories and tackle the challenges. That's why we remain hands-on from birth to adolescence, delivering wide-ranging pediatric subspecialties including endocrinology, gastroenterology, neurology and pulmonology to meet life's unexpected events. It's the smallest patients who drive our talented team's biggest passions and mighty medicine.

THE NATIONAL ASSOCIATION  
OF EPILEPSY CENTERS (NAEC)

has recognized the

**Children's Epilepsy Center at  
Jeff Gordon Children's Hospital  
as a Level 3 Epilepsy Center,**  
making it the only pediatric epilepsy  
center in North Carolina  
with this designation.



Jeff Gordon.  
Children's Hospital  
*Affiliated with*

Levine Children's Hospital