Giving Baby a Healthy Start

Sweet Dreams...Or Not: Treatment for Sleep Disorders

Take Your Health on the Road
Many people associate vacations with indulgence, and while an occasional treat is fine, some prior planning can keep your family from overdoing it. “When you think road trip, don’t think cookies or crackers,” says Karen Stephens, MS, RD, Manager of Nutrition Services at Children’s Mercy Hospitals and Clinics. “Envision healthy vegetables and fruits instead.”

Your Best Bite
To keep your family’s healthy diet from taking a wrong turn on the road:

- Fill up on fresh snacks. Grapes, apples, carrots, celery, bananas and fruit cups are all minimum-mess eats.
- Measure it out. Package trail mix, cereal and other loose food in single-serve portions.

A Vote of Confidence
When deciding whether or not you’re going to allow your tween the privilege of staying home alone this summer, make sure you can answer “yes” to the following questions:

- Can your tween appropriately handle an emergency situation? In the event of a fire or home invasion, your tween should have the ability to implement an emergency plan with little hesitation.
- Do you trust your tween? If you’ve had issues with your tween breaking rules, you may want to reconsider leaving her at home unsupervised.
- Is your tween mature enough? Constantly reminding your tween to do his homework or chores around the house suggests he is unable to handle responsibility appropriately.

To learn more about leaving your tween home alone, visit www.childrensmercy.org and search “Home Alone.”

Hit the Road With Healthy Snacks

Any people associate vacations with indulgence, and while an occasional treat is fine, some prior planning can keep your family from overdoing it. “When you think road trip, don’t think cookies or crackers,” says Karen Stephens, MS, RD, Manager of Nutrition Services at Children’s Mercy Hospitals and Clinics. “Envision healthy vegetables and fruits instead.”

Help your family have a healthy road trip this summer by packing nutritious snacks from home.

- Pack a cooler. Use ice to keep vegetables and fruit, low-fat yogurt, cheese sticks, tuna and pre-made sandwiches fresh. You can also let your water bottles multitask by freezing them the night before: They’ll act as ice packs and be ready to drink whenever you need them.
- Make smart stops. Choose restaurants with nutritious options and hotels that offer a continental breakfast and an in-room refrigerator.

“For contrary to what people think, fast food doesn’t have to be unhealthy,” says Stephens. “If you stop at a fast-food franchise, order a salad with chicken, milk, apple fries or even a fat-free ice cream cone.”

For more healthy snack ideas, visit www.childrensmercy.org and search “Healthy Snacks.”
Unlike adults who may undergo refractive surgery for cosmetic reasons, children receive refractive surgery for vision development. The brain fully develops the ability to see by age 7. Any problems with vision before then can hinder development and result in a lifetime of vision impairment.

**Signs of Poor Vision**

While parents may think they will notice if their child has vision trouble, this is not always the case. Children may not even realize anything is wrong with their eyesight because they may have grown accustomed to their impaired vision.

“In the state of Missouri, children must have their eyes examined before they start kindergarten,” says Erin Stahl, MD, Ophthalmology at Children’s Mercy Hospitals and Clinics and Assistant Professor of Ophthalmology at the UMKC School of Medicine. “Since many children do not exhibit any symptoms, we rely heavily on schools and pediatricians to identify cases of poor vision development.”

**Candidates for Surgery**

Refractive surgery is most often used to correct the following conditions in children:

- **Anisometropic amblyopia.** With this condition, a child will have one eye that is normal and one that is either near- or far-sighted. If left untreated, this condition may result in a lazy eye.
- **Bilateral high refractive errors.** Children with this condition have severe vision problems in both eyes.

While these errors can be corrected with glasses, refractive surgery is necessary for children who are unable to wear glasses because of a genetic disorder, autism or developmental delays caused by premature birth.

**What to Expect**

Children’s Mercy offers laser refractive surgeries called photorefractive keratectomy (PRK) and lens-based refractive surgery to children who meet criteria determined by clinical research protocols. Although refractive surgery procedures for children and adults are similar, children must be sedated throughout the procedures.

**PRK** is the most common procedure used to treat refractive errors in children and involves sculpting the surface of the cornea to correct near- or far-sightedness. A soft contact lens is placed over the eye as it heals. Children often have less discomfort than adults following this procedure and recover in about a week.

Depending on the severity of the child’s vision, **lens-based refractive surgery** can either involve placing a lens inside the eye or removing the natural lens to correct a vision error. The child may feel discomfort for about a day, will need a week to recover and should avoid strenuous physical activity for about a month. Immediately after both procedures, the child must wear a clear shield over his eye to prevent him from rubbing it.

To learn more about refractive surgery research at Children’s Mercy, visit [www.childrensmercy.org](http://www.childrensmercy.org).

**Better Vision in Sight**

Children’s Mercy Hospitals and Clinics is the third hospital in the nation to offer advanced pediatric refractive surgery performed by a surgeon who has completed a fellowship in the specialty.
The Comprehensive Sleep Disorders Program at Children’s Mercy Hospitals and Clinics offers families a closer look at the psychology of a child’s sleep.

Behavioral sleep medicine addresses physical and psychological factors that can inhibit a person’s ability to sleep. Behavioral-cognitive therapies combine:

• behavioral therapy, which targets actions that affect sleep, such as drinking caffeine at night or napping during the day

• cognitive therapy, which focuses on thoughts that hinder sleep, such as anxiety or stress.

One of the added benefits of incorporating behavioral sleep medicine into a sleep disorders program is the psychologist’s added perspective to assess psychiatric issues such as anxiety and depression in adults and children that impact both quality of life and sleep. Through the Comprehensive Sleep Disorders Program, Kevin C. Smith, PhD, CBSM, board-certified Behavioral Sleep Medicine Psychologist at Children’s Mercy and Assistant Professor of Pediatrics at the UMKC School of Medicine, addresses the underlying behaviors of sleep issues such as bedtime refusals, when a child is put to bed and repeatedly gets up before falling asleep, and provides parents with positive tools to help change these behaviors.

“Sleep is not only affected by medical variables, but often by psychological factors, as well,” says Dr. Smith. “Our thoughts and behaviors surrounding sleep affect how well we sleep.”

The Sleep Advantage

For children, sleep is a vital part of development and growth. A full night’s sleep can brighten a child’s mood, increase her ability to concentrate and learn in class, and help him build friendships and choose healthier foods at lunch. The Comprehensive Sleep Disorders Program’s team sees patients within two weeks of a referral for a wide range of conditions, including:

Getting a good night’s sleep can be a challenge for some children, but parents can help keep sleep full of sweet dreams by establishing healthy habits. You and your child should develop a unique bedtime routine of brushing teeth or taking a bath, reading a favorite book, or wearing a special pair of pajamas. Include a wind-down period of at least one hour with quiet activity and no electronic devices. The light emitted from computers, televisions and video games disrupts the brain’s production of nighttime chemicals before sleep.

Exposure to natural sunlight and daily physical activity can help children fall—and stay—asleep. Most importantly, the consistency of a regular bedtime and wake-up time ensures your child will get the full amount of sleep he needs.
• **narcolepsy**, when a child cannot stay awake and her muscles feel weak, like she is going to fall
• **parasomnia**, when a child has nighttime terrors or sleep terrors
• **periodic limb movement disorder**, when an iron deficiency in the brain impacts levels of dopamine, a chemical that regulates limb movement
• **poor sleep habits**, when food, irregular sleep hours or overstimulation interfere with sleep
• **refusal** to go to bed
• **restless legs syndrome**, when an uncomfortable tingling sensation occurs at night, requiring a child to stretch to relieve the pain
• **sleep apnea**, when the airway at the back of a child’s throat is blocked, causing breathing pauses and snoring throughout the night
• **sleep maintenance insomnia**, when a child has difficulty staying asleep
• **sleep onset insomnia**, when a child has difficulty falling asleep.

“There has been such a demand for the program that since we opened in March 2007, we have completed 1,800 sleep studies,” says Robert Beckerman, MD, Section Chief, Pediatric Pulmonary and Sleep Medicine at Children’s Mercy and Professor of Pediatrics at the UMKC School of Medicine. “We work with the Children’s Mercy Weight Management Program, community organizations and primary care physicians to treat patients from all over the region.”

The Comprehensive Sleep Disorders Program, located at Children’s Mercy South, offers outpatient evaluation and treatment, as well as a sleep diagnostic laboratory unit for sleep studies.

To learn more about the Comprehensive Sleep Disorders Program, visit www.childrensmercy.org, click on “Clinical Services” and select “Sleep Disorders, Comprehensive Center for” from the alphabetical list.

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**How Much Sleep Is Enough?**

<table>
<thead>
<tr>
<th>Child’s Age</th>
<th>Number of Sleep Hours Required</th>
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<tbody>
<tr>
<td>Less than 6 months</td>
<td>14–16 hours</td>
</tr>
<tr>
<td>1 year old</td>
<td>13.5–14 hours</td>
</tr>
<tr>
<td>2–3 years old</td>
<td>12–13 hours</td>
</tr>
<tr>
<td>4–7 years old</td>
<td>11–12 hours</td>
</tr>
<tr>
<td>8–11 years old</td>
<td>10–10.5 hours</td>
</tr>
<tr>
<td>12–20 years old</td>
<td>9–9.5 hours</td>
</tr>
</tbody>
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Counting Sheep

The Comprehensive Sleep Disorders Program at Children’s Mercy Hospitals and Clinics focuses on an individualized approach for each patient’s case. The program incorporates experts in various fields to address the emotional, mental and physical elements of sleep, as well as provide support for the sometimes-unfamiliar experiences associated with sleep disorder treatments. These specialists make up the sleep “Dream Team”:

• 11 board-certified sleep medicine technologists who are also pediatric respiratory therapists
• A behavioral sleep psychologist
• A child life therapist
• A pediatric neurologist
• A social worker
• Nutritionists
• Sleep medicine-trained nurses
• Three pediatric pulmonologists
• Two pediatric nurse practitioners
A Little Stick
Does the Trick

As a mom, it can be heart wrenching to know your bundle of joy has to undergo the pokes and prods involved with a newborn screening, but remember: It’s in your baby’s best interest.

Just 24 to 48 hours after your little one is born, he will require a heel poke to draw a small amount of blood for testing. This blood is dropped onto a special card that is then sent to the state public health lab.

“The screening process tests for around 30 to 40 inherited disorders,” says Uttam Garg, PhD, Director, Clinical Chemistry and Toxicology Labs, Technical Director, Biochemical Genetics and Endocrinology Labs at Children’s Mercy Hospitals and Clinics and Professor of Pathology at the UMKC School of Medicine. “Many of these diseases can be treated before manifestations occur, which is why testing is vital to the health and safety of all newborns.”

A Great Place to Be
Children’s Mercy has the only laboratory in the area that does confirmation for many newborn metabolic disorders. According to Dr. Garg, not all hospitals offer services in clinical genetics that can provide assistance if a metabolic disorder is detected.

“Our laboratory team and geneticists work very closely together,” says Bryce Heese, MD, Genetics at Children’s Mercy and Assistant Professor of Pediatrics at the UMKC School of Medicine. “Having the ability to both identify and treat certain genetic disorders streamlines care for our young patients and eases the burden on their families.”

To learn more about newborn services at Children’s Mercy, visit www.childrensmercy.org.

Staying on “Tract”

Bacterial infections caused by outside organisms are typically responsible for UTIs. Symptoms of a UTI include:

• back pain
• fever
• frequent or painful urination.
Teaching your child good hygiene habits can help prevent these types of infections; however, a genetic condition could be at the root of the problem:

• Vesicoureteral reflux is a condition that makes children more susceptible to a kidney infection, causing sickness, kidney scars and, if left untreated, kidney failure.
• Voiding dysfunction is a condition in which the bladder and sphincter muscle do not work properly. This can lead to infections and incontinence.

Advanced Care for Your Child
If your child requires medical care for a UTI-causing genetic condition, Children’s Mercy Hospitals and Clinics is ready to help.

“At Children’s Mercy, we have a urology clinic where children with voiding dysfunction are thoroughly evaluated by urology nurse practitioners,” says John Gatti, MD, FAAP, Director, Minimally Invasive Urology at Children’s Mercy and Associate Professor of Surgery and Urology at the UMKC School of Medicine. “We also offer a comprehensive treatment approach as well as clinical trials.”

To learn more about pediatric urology services at Children’s Mercy, visit www.childrensmercy.org.

Approximately 3 percent of American children are affected by urinary tract infections (UTIs) annually, according to the National Institute of Diabetes and Digestive and Kidney Diseases. Could your child be one of them?
A Mother’s Secret Weapon

Breast milk provides unique nutrition for your infant for the first year of life. Feeding your child breast milk exclusively for her first six months and in conjunction with age-appropriate foods until her first birthday gives your child an advantage over exclusively formula-fed babies.

Breastfed babies have a lower incidence of bacterial infections, bronchitis, diarrhea, ear infections, pneumonia and viral infections. Research also shows breastfeeding can give infants protection against diabetes, heart disease, obesity, some cancers and sudden infant death syndrome.

Babies are not the only ones who benefit from breastfeeding. Mothers who breastfeed are healthier and have a reduced risk for breast and ovarian cancers, diabetes, and postpartum depression. Breastfeeding also saves money that would otherwise be spent on formula and — because infants who are breastfed are sick less often — health care costs.

A Perfect 10!

Children’s Mercy Hospitals and Clinics ranks among the nation’s top pediatric medical centers for the fourth year in a row, according to U.S. News & World Report’s 2011 “Best Children’s Hospitals.” The Best Children’s Hospitals rankings include the top 50 pediatric hospitals out of 177 children’s hospitals nationwide in 10 major subspecialties. Children’s Mercy ranked in the top 40 of all 10 subspecialties!

- Nephrology (No. 10)
- Urology (No. 21)
- Orthopaedics (No. 21)
- Gastroenterology (No. 24)
- Cancer (No. 32)
- Cardiology and Heart Surgery (No. 36)
- Pulmonology (No. 36)
- Neonatology (No. 37)
- Diabetes and Endocrinology (No. 39)
- Neurology and Neurosurgery (No. 40)

What’s Happening?

Parents, physicians or anyone with a smartphone can now have Children’s Mercy Hospitals and Clinics at their fingertips wherever they go. “CMH4YOU,” the Children’s Mercy app for smartphones and mobile devices, is now available on iPhone, BlackBerry® and Android™ platforms. Look for the Children’s Mercy logo with CMH4YOU below it.

CMH4YOU offers quick access to first aid and child health information, hospital directions, contact information and more. Download the free CMH4YOU app to your smartphone today.

Here’s where to find us!

Children’s Mercy Hospital and Hall Family Outpatient Center
2401 Gillham Rd.
Kansas City, MO 64108
(816) 234-3000

Children’s Mercy Northland
501 N.W. Barry Rd.
Kansas City, MO 64155
(816) 413-2500

Children’s Mercy South
5808 W. 110th St.
Overland Park, KS 66211
(913) 696-8000

Children’s Mercy Home Care Missouri
2400 Pershing Rd., Garden Level
Kansas City, MO 64108
(816) 701-4300

Primary Care Clinics
Children’s Mercy West/
The Cordell Meeks Jr. Clinic
4313 State Ave.
Kansas City, KS 66102
(913) 233-4400

Children’s Mercy Clinics on Broadway
3101 Broadway
Kansas City, MO 64111

Pediatric Care Clinic
Green Clinic, 3rd Floor
(816) 960-3060

Orange Clinic, 3rd Floor
(816) 960-3070

Yellow Clinic, 2nd Floor
(816) 960-3080

Purple Clinic, 2nd Floor
(816) 960-3090

Teen Clinic
4th Floor, (816) 960-3050

The latest child health information can be delivered directly to your e-mail inbox each month through our FREE monthly e-newsletter, Healthy Kids News. To subscribe to this or other Children’s Mercy publications, including Safe & Sound, visit www.childrensmercy.org and click on “Newsletters” today!
Ranked as one of the nation’s “Best Children’s Hospitals” by U.S. News & World Report.

At Children’s Mercy Hospitals and Clinics, our extraordinary approach to heart care is helping more kids lead ordinary lives. As one of the higher-volume heart centers in the country, our technologically advanced facilities – including state-of-the-art operating suites and cardiac catheterization labs – allow us to do more procedures less invasively. And our groundbreaking research on pediatric arteries and living tissue replacement is giving physicians a better picture of how to prevent and treat pediatric heart disease.