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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

Prevention of Tooth Decay Begins in Infancy

Tooth decay, also known as cavities or dental caries, is the most common chronic disease affecting American children.

In fact, up to 42% of children between 2 and 12 years old have cavities despite the fact that cavities are by and large preventable. A bacteria found in the mouth, Mutans Streptococci (MS), has been associated with the development of cavities. Babies are not born with a large amount of these bacteria in their mouths, so the primary goal of oral health in infants is to delay the introduction of MS into the infant's mouth as long as possible.

How Mothers Dental Health Affects Babies

It has been shown that if there is more MS in the mother's saliva, there is a greater risk of the infant growing the offending bacteria in his mouth. Therefore, the mother's oral hygiene can affect the baby's dental health.

New mothers should consider:

- Using toothpaste containing fluoride
- Chewing sugarless or xylitol gum
- Using an antibacterial dental rinse
- Eating nutritious food that is low in starch

Anyone can transfer bacteria to a baby's mouth, so do not:

- Put a pacifier or nipple in your mouth to clean them if they fall on the floor
- Give a baby prechewed or bitten off food

Good Dental Habits Decrease Cavities

Once you begin to introduce solid foods to your infant, it is essential for your child to be eating non-starchy nutritious foods, and develop good tooth care habits, such as:

- Avoiding starchy snacks such as crackers
- Brushing and flossing between meals
- Visiting the dentist at one year old
- Drinking water containing fluoride

A Word about Fluoride

Fluoride builds strong, decay-resistant enamel and reduces cavities by 70%. Drinking fluoridated water (containing 0.7 to 1.2 parts fluoride per million) is an effective way to prevent tooth decay. Fluoride has been added to the water supply in adequate amounts in most all areas of San Diego County. Please visit the Children's Healthcare Website at www.childrenshealthcaremedical.com for more detailed information. If you are using bottled water without fluoride, call your bottled water producer for information.



Building Strong Bones begins in Infancy

Recently the American Academy of Pediatrics (AAP) recommended that ALL infants and children receive 400 international units (iu) of Vitamin D daily.

Vitamin D is actually a hormone. We get Vitamin D two ways, by eating food that contains or has been fortified with it, or by making it when our skin is exposed to sunlight. The darker your skin is, the more sun exposure required to make Vitamin D. A light skinned person with 40% of his skin exposed requires 4-10 minutes of sun exposure to produce adequate Vitamin D. A dark skinned person may require an hour to an hour-and-a-half to make the same amount of Vitamin D. Using sunscreen or sun block prevents Vitamin D production.

Milk is fortified with Vitamin D, but in order to meet the Vitamin D needs of a growing child with only fortified milk, the child must drink twice the amount recommended by the AAP. Other dietary sources of Vitamin D are oily fish, meat, and eggs produced by chickens fed a Vitamin D enriched feed.

Severe Vitamin D deficiency causes rickets, a potentially fatal and generally debilitating failure of normal bone growth. Premature babies are at greater risk of deficiency. Studies in adults suggest that less severe Vitamin D deficiency MAY play a role in developing multiple sclerosis, breast, prostate and colon cancer, diabetes, and psychiatric disorders. While there have been NO cases of rickets in normal kids who've grown up in San Diego, a study done in Los Angeles showed that women were commonly Vitamin D deficient at the time of delivery. In this situation babies may not get enough Vitamin D across the placenta prior to delivery to last the first 8-12 weeks of life as it should. In another study done in Iowa, every exclusively breast fed baby was found to be Vitamin D deficient in the winter, some severely so. While we don't yet have a good prospective study showing a better outcome in kids who receive a daily Vitamin D supplement, and children growing up in San Diego are at lower risk for rickets than children in other parts of the country, Vitamin D supplementation MIGHT be especially helpful for:

- exclusively breast fed infants and those receiving less than 16 ounces of formula per day
- children over 1, particularly girls who have an increased risk of osteoporosis later in life

Most importantly, THERE IS NO EVIDENCE THAT IT IS HARMFUL.

Vitamin D₃ products are available in stores and on the internet. Some products and purchase locations are listed below. Similar products may be available. Prices generally range from \$0.04-\$0.24 cents per dose.

Some Vitamin D Products to Purchase	Where to buy	Daily Dose
 <p>Just D™ Infant Vitamin Drops</p>	<p>Henry's Supermarkets Sunlightvitamins.com Amazon.com</p>	<p>One ml. per day</p>
 <p>Enfamil D♦Vi♦Sol™</p>	<p>CVS Rite Aid Walgreen's</p> <p>Amazon.com Drugstore.com</p>	<p>One ml. per day</p>
 <p>Carlson Baby D drops™</p>	<p>Henry's Supermarket Vitamin Shoppe</p> <p>Amazon.com Drugstore.com</p>	<p>One drop per day</p> <p>May be placed on mother's nipple or pacifier</p>

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children learn fast, and before you know it, your child will be wiggling off a bed or reaching for your cup of hot coffee.

Car Injuries Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes can be prevented by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one — in a car safety seat. Your infant should ride in the back seat in a rear-facing car seat. Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car. NEVER put an infant in the front seat of a car with a passenger airbag.

Falls Babies wiggle and move and push against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. Do not leave your baby alone on changing tables, beds, sofas, or chairs. Put your baby in a safe place such as a crib or playpen when you cannot hold him. Your baby may be able to crawl as early as 6 months. Use gates on stairways and close doors to keep your baby out of rooms where he or she might get hurt. Install operable window guards on all windows above the first floor. Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves. If your child has a serious fall or does not act normally after a fall, call your doctor.

Burns At 3 to 5 months, babies will wave their fists and grab at things. NEVER carry your baby and hot liquids, such as coffee, or foods at the same time. Your baby can get burned. You can't handle both! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater. If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor. To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Choking and Suffocation Babies explore their environment by putting anything and everything into their mouths. NEVER leave small objects in your baby's reach, even for a moment. NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child. To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), your baby should always sleep on his or her back. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth. Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.

Types of car seats at a glance

Age Group	Type of Seat	General Guidelines
Infant/Toddlers	Rear-facing only seats and rear-facing convertible seats	All infants and toddlers should ride in a Rear-Facing Car Seat until they are 2 years of age or until they reach the highest weight or height allowed by their car safety seat's manufacturer.
Preschoolers	Convertible seats and forward-facing seats with harness	All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their car seat, should use a Forward-Facing Car Seat with a harness for as long as possible, up to the highest weight or height allowed their car seat's
School-aged children	Booster seats	All children whose weight or height is above the forward-facing limit for their car seat should use a Belt-Positioning Booster Seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
Older Children	Seat belts	When children are old enough and large enough to use the vehicle seat belt alone, they should always use Lap and Shoulder Seat Belts for optimal protection. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.



Environmental Tobacco Smoke: A Danger to Children

Smoking is the leading cause of preventable death in the United States. It causes almost 20% of all the deaths in this country each year. People who are around smokers can't help breathing in the smoke that comes from cigarettes, pipes, or cigars. Researchers have now found that breathing in someone else's smoke is very dangerous, especially for children. The American Academy of Pediatrics offers parents the following information to help them create a "tobacco-free environment" for their children.

What is Environmental Tobacco Smoke (ETS)?

Environmental Tobacco Smoke, or ETS, is the smoke that is breathed out by a smoker. ETS also includes the smoke that comes from the tip of a burning cigarette. Exposure to ETS happens any time someone breathes in the smoke that comes from a cigarette, pipe, or cigar. ETS contains many dangerous chemicals that have been proven to cause cancer. It is estimated that ETS causes 3,000 lung cancer deaths each year to people who don't even smoke!

ETS and children

ETS has almost 4,000 chemicals in it that infants and children breathe in whenever someone smokes around them. Children who breathe in ETS are at risk for many serious health problems. When a mother smokes during pregnancy, she has a higher risk of having a premature baby or a baby who is not fully developed. When a mother smokes during her pregnancy or around her newborn, the infant has a higher risk of Sudden Infant Death Syndrome (SIDS). Children who breathe in someone else's cigarette smoke (especially children under 2 years of age) have a higher risk of getting other serious medical problems or making them worse, including the following:

- Ear infections and hearing problems
- Upper respiratory infections
- Respiratory problems such as bronchitis and pneumonia
- Asthma

Children of smokers also cough and wheeze more and have a harder time getting over colds. In addition, ETS can cause a stuffy nose, headaches, sore throat, eye irritation, hoarseness, dizziness, nausea, loss of appetite, lack of energy, or fussiness. Children with asthma are especially sensitive to ETS. ETS can actually increase the number and severity of asthma attacks, which may require trips to the hospital. Also, exposure to the smoke of as few as 10 cigarettes per day raises a child's chances of getting asthma even if that child has never had any symptoms. In addition, ETS can cause problems for children later in life including:

- lung cancer
- Heart disease
- Cataracts (eye disease)

With all of these dangers, it's easy to understand why children should not be exposed to ETS.

Inhaling the smoke from the cigarettes of others is dangerous for pregnant women, too. Pregnant women should stay away from smoking areas and ask smokers not to smoke around them.

How parents can protect their children:

If you are a smoker—quit! It's one of the most important things you can do for the health of your children and the best way to prevent your child from being exposed to ETS. If you are having trouble quitting smoking, ask your doctor for help. Also, contact your local chapter of the American Lung Association, American Heart Association, the American Cancer Society, or other groups that sponsor stop-smoking classes. As a parent, you are a role model. Children watch what their parents do. If your child sees you smoking, he or she may want to try smoking and grow up to become a smoker as well. Cigarette smoking by children and adolescents causes the same health problems that affect adults.



Prevent Shaken Baby Syndrome

Taking care of a baby can be a most rewarding and exciting experience. However, it also can be frustrating when the baby gets fussy, especially when an end to the crying seems to be nowhere in sight. Too often, parents or other caregivers lose control and shake, jerk, or jolt a baby in an effort to stop the crying. Most people know the dangers of hitting an infant or child. But did you know that shaking your baby also is very dangerous? Your pediatrician and the American Academy of Pediatrics want you to be aware of the dangers of shaking a baby. If you ever have felt frustrated when taking care of a fussy baby, read on to find out why shaking a baby can be deadly.

What is shaken baby syndrome?

Shaken baby syndrome is a serious type of head injury that happens when an infant or toddler is severely or violently shaken. Babies are not able to fully support their heavy heads. As a result, violent and forceful shaking causes a baby's brain to be injured. Too often, this leads to the death of a baby. It also can lead to

- Bleeding around the brain
- Blindness • Hearing loss • Speech or learning disabilities
- Chronic seizure disorder • Brain damage
- Mental retardation • Cerebral palsy

Shaken baby syndrome usually occurs when a parent or other caregiver shakes a baby out of anger or frustration, often because the baby will not stop crying. Shaken baby syndrome is a serious form of child abuse.

Remember, it is never okay to shake a baby.

What are the signs and symptoms of shaken baby syndrome?

When a baby is violently shaken, brain cells are destroyed and the brain cannot get enough oxygen. As a result, a victim of shaken baby syndrome may show one or all of the following signs and symptoms:

- Irritability
- Lethargy (difficulty staying awake)
- Difficulty breathing
- Tremors (shakiness)
- Vomiting
- Seizures
- Coma
- Death

When babies cry

It is not always easy to figure out why babies cry. They may be hungry or over tired. They may be cold or need their diapers changed. Sometimes it seems like they cry for no reason. The following are a few ideas to try when your baby does not stop crying:

- Check to see if your baby's diaper needs changing.
- Wrap your baby in a warm, soft blanket.
- Feed your baby slowly, stopping to burp often.
- Offer your baby a pacifier.
- Hold your baby against bare skin, like on your chest, or cheek-to-cheek.
- Rock your baby using slow, rhythmic movements.
- Sing to your baby or play soft, soothing music.
- Take your baby for a walk in a stroller.
- Go for a ride with your baby in the car (remember to always use a car seat).

If you have tried all of these and your baby continues to cry, go back and try them again. Most babies get tired after crying for a long time and eventually will fall asleep.

When your baby cries, take a break – don't shake!

If you have tried to calm your crying baby but nothing seems to work, it is important to stay in control of your temper. Remember, it is never okay to shake, throw, or hit your baby — and it never solves the problem! If you feel like you are getting angry and might lose control, try the following:

- Take a deep breath and count to 10.
- Place your baby in a safe place, leave the room, and let your baby cry alone.
- Call someone close to you for emotional support.
- Call your pediatrician. There may be a medical reason why your baby is crying. Be patient. Colicky and fussy babies eventually grow out of their crying phase. Keeping your baby safe is the most important thing you can do. Even if you feel frustrated, stay in control and never shake your baby.

San Diego Postpartum Health Alliance

Could I have the Baby Blues or something worse?

The Baby Blues

The Baby Blues are within the normal range of postpartum mood changes. They usually last for a few weeks and go away on their own.

Postpartum Depression

Postpartum depression is a serious mood disorder that affects about 10-15% of women. It usually starts within the first few weeks after birth and can last for several months if not treated.

Postpartum Anxiety

Postpartum anxiety is a common condition that causes excessive worry and fear. It can be triggered by thoughts of the baby's health or the mother's ability to care for the baby.

Postpartum Psychosis

Postpartum psychosis is a rare but severe mental illness that occurs in the first few weeks after birth. It is a medical emergency and requires immediate treatment.

Why am I experiencing postpartum depression now? I was fine before, but now I feel empty and unable to cope.

As hormonal shifts can bring about symptoms of postpartum depression, some women experience symptoms shortly after giving birth; however, others may not realize their feelings during your immediate postpartum period. Seeking medical attention will ensure you receive the best care for your postpartum depression or anxiety.

What should I do if I feel sad, overwhelmed, and exhausted? Whenever I feel down, I sleep or eat less, and I just don't feel like I'm taking control. Am I going crazy?

As many women are just "tired," not are you alone. It depends on if you have postpartum mood. There are many ways to treat postpartum mood. Contact your health care practitioner today.

My wife has been crying a lot. Sometimes she says things like "I don't know what I'm doing" and other things that aren't funny, and then she'll stop and sit there and cry. Is this normal?

As what your wife is going through sounds like postpartum depression. This can be treated with medication if a medical emergency. Call your doctor immediately.

San Diego Postpartum Health Alliance



Support and referral from
(619) 685-7458
PostpartumHealthAlliance.org

Shouldn't this be the happiest time of my life? Then why do I feel overwhelmed...?

Take a Screening Test

How do you feel about the new arrival in your life? It's the first few weeks.

1. I have been able to laugh and see the funny side of things.
2 - Almost all the time
3 - Usually for 1 hour each day
4 - Not quite as much now
5 - Not at all

6. I have looked forward with anticipation to things.
7 - At least in 1 hour
8 - Usually for 1 hour
9 - Not for long
10 - Not at all

11. I have thought up and remembered what I have wanted to say.
12 - Yes, most of the time
13 - Not very often
14 - Yes, some of the time
15 - Not at all

16. I have felt worried and nervous for no good reason.
17 - Not at all
18 - Yes, sometimes
19 - Usually
20 - Yes, very often

21. I have felt scared or panicky for no good reason.
22 - Yes, quite a bit
23 - Yes, sometimes
24 - Not at all

25. Things have been getting on top of me.
26 - Yes, most of the time I haven't been able to cope at all
27 - Yes, sometimes I haven't been coping so well at times
28 - No, most of the time I have coped quite well
29 - No, I have been coping as well as ever

30. I have been so unhappy that I have had difficulty sleeping.
31 - Yes, most of the time
32 - Not very often
33 - Yes, sometimes
34 - No, not at all

35. I have felt very irritable.
36 - Yes, most of the time
37 - Not very often
38 - Yes, sometimes
39 - No, not at all

40. I have been so unhappy that I have been crying.
41 - Yes, quite a bit
42 - Yes, sometimes
43 - Not at all

44. My thoughts of harming myself have occurred to me.
45 - Yes, quite often
46 - Usually
47 - Sometimes
48 - Never

YOUR SCORE

Add your total score to each question. If your score is 0 or greater, you may have postpartum depression or anxiety. Speak with your health care provider for more information. San Diego Postpartum Health Alliance (619) 685-7458. For help and information, please contact the San Diego Postpartum Health Alliance at (619) 685-7458.

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