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Kids with GI Problems Thrive at UH Rainbow

Saydee Biller was just 3½ years old when she developed bloody stools and severe intestinal gas. Despite several courses of antibiotics, her symptoms worsened.

“We were prisoners in our own home,” says Dawn Biller, Saydee’s mother. “Saydee couldn’t leave the house because she was often doubled over in pain and had frequent diarrhea. I was extremely worried. After several months, I took her to UH Rainbow because I knew something had to be done.”

At University Hospitals Rainbow Babies & Children’s Hospital, Pediatric Gastroenterologist Judy Splawski, MD, diagnosed Saydee with an H. pylori infection and ulcerative colitis, a chronic inflammatory bowel disease (IBD) that causes inflammation of the digestive tract.

The UH Rainbow Difference
The Division of Pediatric Gastroenterology, Hepatology and Nutrition at UH Rainbow Babies & Children’s Hospital specializes in the diagnosis, treatment and management of children with all types of gastrointestinal (GI) and nutrition disorders.

Judy Splawski, MD, pediatric gastroenterologist, with patient Saydee Biller.
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At UH Rainbow, patients like Saydee, who have IBD, receive care from a multidisciplinary team of board-certified gastroenterologists and other pediatric specialists in radiology, pathology, endocrinology, ophthalmology and surgery. Using the most up-to-date tests and treatments available, the team works with patients and their families to develop individualized treatment plans based on the type and severity of the child’s condition.

“We’re on a childhood journey with many of our patients who have chronic diseases and are committed to helping them grow, feel healthy and remain active,” Dr. Splawski says.

The ABC’s of IBD
According to the Crohn’s and Colitis Foundation of America, about 1.4 million Americans suffer with IBD. People can develop IBD at any age, even children as young as 2 years old.

Although multiple factors can contribute to the development of IBD, for many patients the condition is caused, in part, by an inappropriate immune response to the bacteria that are present in the GI tract. In addition, individuals with a family member who has IBD are at a higher risk for the disease.

Ulcerative colitis and Crohn’s disease are the two most common forms of IBD. Ulcerative colitis occurs when the lining of the large intestine becomes inflamed. Crohn’s disease can cause inflammation anywhere in the digestive tract from the mouth to the rectum. It also can be associated with problems that do not involve the gastrointestinal tract, such as skin tags at the rectum, canker sores, joint pain and painful skin lesions.

IBD should be considered in any child with persistent abdominal pain, diarrhea, bloody stools, unexplained fevers, weight loss or poor growth. Symptoms may come and go and can range from mild to very severe.

To diagnose IBD, specialists in the Division of Pediatric Gastroenterology, Hepatology and Nutrition may order special blood tests, conduct X-ray studies or perform endoscopic procedures.

Treating IBD
There are many effective medications available to treat IBD. Patients often start with rapid-acting medications, such as corticosteroids, to reduce inflammation, and eventually progress to slow-acting medications with fewer side effects to help keep IBD symptoms under control. Some patients need nutritional therapy to make sure they get the protein, calories, vitamins and minerals they need to thrive. If medications are not effective or the child develops serious complications, surgery may be needed.

“We're on a childhood journey with many of our patients who have chronic diseases and are committed to helping them grow, feel healthy and remain active.”

“We don’t want parents to assume their child will feel sick and not grow normally because of their IBD,” Dr. Splawski says. “With appropriate treatment and monitoring, we can help ensure that kids are healthy enough to grow normally and achieve a normal adult height. Treatment also helps to reduce inflammation and prevent tissue damage, anemia, malnutrition and obstruction of the GI tract and other IBD-related complications. Specialists on our team can treat any complications that develop or perform minimally invasive surgery, as needed.”

Since coming to UH Rainbow Babies & Children’s Hospital and receiving targeted treatment for her infection and ulcerative colitis, Saydee, now 5 years old, has remained stable and continues to see Dr. Splawski for her IBD.

“The people at Rainbow are tremendous,” Dawn Biller says. “They go out of their way to help. Dr. Splawski is personally invested in Saydee. I know she and everyone at Rainbow will do all they can to help my daughter stay healthy. Saydee feels so much better now. She’s like a whole new person.”

© FOR APPOINTMENTS OR TO LEARN MORE
Dr. Splawski and her colleagues at the UH Rainbow Division of Pediatric Gastroenterology, Hepatology and Nutrition are available at UH Rainbow Babies & Children’s Hospital and UH Health Centers conveniently located in your community. To schedule an appointment, call 216-844-RAINBOW (844-7246) or request an appointment online at RainbowBabies.org.
Snoring and Your Child’s Health

IS SNORING A SIGN OF A MORE SERIOUS HEALTH PROBLEM?

The answer may be a resounding yes, according to Carol Rosen, MD, Medical Director of Pediatric Sleep Services at University Hospitals Rainbow Babies & Children’s Hospital.

Snoring could be a sign that a child’s airway is narrowed, which is most commonly caused by enlarged tonsils and adenoids. It also could indicate breathing problems during sleep, such as sleep apnea — a condition in which the airway repeatedly collapses or is blocked during sleep, causing irregular or shallow breathing.

“When children don’t get enough air, their bodies respond by waking up, which can disrupt their sleep,” says Dr. Rosen. “Not being able to get a good night’s sleep can impact their daytime attention, behavior and learning.”

Habitual snoring, restless sleep, daytime behavior problems, inattention or sleepiness can signal a possible sleep and breathing problem and the need for a physician assessment.

Studying Childhood Snoring Problems

Dr. Rosen has joined forces with researchers at six other leading children’s hospitals across the nation to investigate the best way to treat snoring in children with enlarged tonsils and adenoids. Together, they are conducting the Childhood Adenotonsillectomy (CHAT) study. Sponsored by the National Institutes of Health, the randomized, controlled trial will look at health outcomes in snoring children whose doctors think they may benefit from having their tonsils and adenoids removed. The study will compare early surgical removal of adenoids and tonsils to a more conservative approach — watchful waiting with supportive care, followed by reassessment for surgery in seven months.

According to Dr. Rosen, the CHAT study will measure the neurocognitive and respiratory outcomes in children who have their tonsils and adenoids removed compared with children who have not had them removed during the same time period. This information will be used to determine who benefitted the most from surgery and identify individuals who may need additional follow-up treatment. It also will show whether surgery helps children act and feel better during the day compared with watchful waiting and other types of supportive care.

“Across the country, very good pediatricians and pediatric ear, nose and throat (ENT) specialists have very different views on how to manage snoring and obstructive symptoms,” Dr. Rosen says. “This study seeks to determine the best practices when looking at tonsils and adenoids in snoring children.”

Researchers Looking for Study Participants

Although research is underway, UH Rainbow is still looking for more participants. Researchers hope to recruit 460 children. They are seeking healthy children, ages 5 through 9, whose ENT doctors are considering removing their tonsils and adenoids to treat nighttime breathing problems. Children taking medication for attention-deficit/hyperactivity disorder and those with chronic health problems cannot participate.

“We’re looking for kids who have habitual snoring and enlarged tonsils and adenoids,” Dr. Rosen says. “The snoring doesn’t have to be loud. Parents may see restlessness, waking up, gasping and daytime problems, or there may be almost no symptoms besides snoring.”

Potential candidates will be evaluated by a UH Rainbow pediatric ENT doctor and screened in an overnight sleep study. They also will undergo a few hours of neuropsychological testing. Selected children will be assigned to one of two study groups — early surgery to remove the tonsils and adenoids or watchful waiting.

All study participants will receive:
- Up to six study visits
- Educational materials about sleep and nutrition
- Overnight sleep tests
- Blood pressure monitoring
- Learning, behavioral and blood tests
- Supportive care

Participants will be reimbursed for time and effort involved in study-related visits. However, the cost of patient-related clinical care is not covered by the study.

STUDY PARTICIPANTS NEEDED

UH Rainbow is looking for CHAT study participants. Call 216-368-7565 to learn more about this study and find out if your child is eligible to participate.

Rainbow Launches Online Webcasts

Attention first-time parents of young children from birth to age 6! UH Rainbow Babies & Children’s Hospital has a new series of online webcasts called Ask Rainbow. This new and exciting online video series will provide answers to the most perplexing parenting and health-related questions from the pediatric experts at UH Rainbow. Beginning April 15, new webcasts will be posted twice monthly for viewers to watch anytime — on demand and at their convenience.

Go to RainbowBabies.org/AskRainbow to view the latest webcasts or to sign up to receive e-mail notifications when new webcasts are available. Viewers can also find out how they can submit their questions to be answered by UH Rainbow doctors and perhaps become the topic of a future webcast.
Urgent Care Close to Home

University Hospitals Rainbow Babies & Children’s Hospital, one of the most trusted names in children’s health care, is pleased to provide a new Rainbow Urgent Care location in Medina — designed especially for kids.

Rainbow Urgent Care, with offices in Chagrin Highlands, Chesterland, Concord, Mentor, Twinsburg and Westlake, and now in Medina, provides convenient, kid-friendly medical attention for young patients from board-certified physicians with experience in pediatric urgent care medicine. When your pediatrician’s office is closed, Rainbow Urgent Care provides radiology and laboratory services to diagnose minor illnesses and injuries, such as minor broken bones, lacerations, sprains, fevers, diarrhea, vomiting, dehydration, ear, nose and throat infections, and other common childhood issues.

In the event of a more serious illness or injury, Rainbow Urgent Care doctors have direct access to the UH Rainbow Babies & Children’s Hospital Pediatric Emergency Department — home of Northern Ohio’s only Level 1 Pediatric Trauma Center. UH Rainbow’s Pediatric ED was recognized by Parents magazine as ninth in the nation for providing exceptional emergency/trauma care and patient outcomes.

For convenience, Rainbow Urgent Care is open every day of the year except Christmas with the following convenient hours:
Monday through Friday, 9 a.m.—9 p.m.; Saturday and Sunday, 9 a.m.—5 p.m.; Holidays, 9 a.m.—3 p.m.

- UH Chagrin Highlands Urgent Care — 216-896-1800
  3909 Orange Place, Suite 2100, Orange Village
- UH Chesterland Urgent Care — 440-729-7824
  8055 Mayfield Road, Suite 101, Chesterland
- UH Concord Urgent Care — 440-358-5400
  7500 Auburn Road, Suite 1200, Concord
- UH Medina Urgent Care — 330-721-8522
  401 Carrick Drive, Suite 220, Medina
- UH Mentor Urgent Care — 440-974-4443
  9000 Mentor Ave., Suite 100, Mentor
- UH Twinsburg Urgent Care — 330-405-1500
  8819 Commons Blvd., Suite 101, Twinsburg
- UH Westlake Urgent Care — 440-250-5366
  960 Clague Road, Suite 1100B, Westlake

ASK THE DOCTOR ABOUT SEPARATION ANXIETY

When I drop off my 4-year-old son at preschool, he sometimes throws a tantrum, clinging to me and refusing to go inside. Is this normal? How can I make him more comfortable with being away from me for a little while?

Children sometimes have trouble with changes linked to growing up. “Common in infants and toddlers, separation anxiety usually decreases by age 2, when children naturally start to explore their independent side,” says Denise A. Bothe, MD, a developmental behavioral pediatrics specialist at the Rainbow Child Development Center at University Hospitals Rainbow Babies & Children’s Hospital. “However, it’s perfectly normal for children to continue seeking to be near their parents.” This is the idea of attachment of a child to his or her parent. Some children have a “slow to warm up” temperament or personality and may have separation anxiety for longer. Starting school is a big step for children, and not wanting to separate from their parents at that time is common.

Between ages 5 and 7, episodes can involve not wanting to go to school. Children also may display separation anxiety if there have been stressful circumstances in their lives, such as changes in their routines. “A move to a new neighborhood, an illness, a death in the family or the end of an extended stay at home for the summer or a holiday can lead to an occurrence,” says Dr. Bothe.

Older children with an extreme, persistent fear of leaving their parents, accompanied by depression, sadness, withdrawal or fear that they or a family member might die, may have a more serious condition. Known as separation anxiety disorder, it requires help from a mental health professional. “If your child has ordinary separation anxiety, don’t worry,” says Dr. Bothe. Usually, with time, a child will get more comfortable with new situations. If you are not sure whether your child’s separation anxiety is within the normal range, ask your pediatrician or family doctor for advice. They also may offer to refer you to a specialist.

Here are some tips from the American Academy of Pediatrics about how to cope with separation anxiety at school:

- Let the school staff know your child has occasional separation anxiety.
- Acknowledge your youngster’s anxiety. Talk with him about it. Be sympathetic, reassuring and supportive.
- Don’t make fun of your child’s fears, especially in front of his peers.
- Reassure your child that you’ll see him at the end of the day.
- Take a few minutes to play with your child in the new environment. But don’t linger when bidding him good-bye.

The best way to promote secure attachment with your child is to offer him or her security, comfort and reassurance whenever possible. Some children need more than others, and it is OK to provide comfort when you feel it is needed.

Look for a special webcast on this topic at RainbowBabies.org/AskRainbow.

LEARN MORE ABOUT SEPARATION ANXIETY

To make an appointment with Dr. Bothe or one of her colleagues in the Division of Developmental Behavioral Pediatrics and Psychology, call 216-844-RAINBOW (844-7246) or request an appointment online at RainbowBabies.org.
Beware of the Choking Game

In this game, no one is a winner.

During the “choking game,” children or teens choke each other or use a noose to choke themselves to produce a brief high. The “player” can pass out quickly. Serious injuries may result, such as bleeding retinas, brain damage or broken bones from falls. Youths can even die from hanging or strangulation.

According to the Injury Center at the Centers for Disease Control and Prevention (CDC), the choking game has led to the deaths of at least 82 youngsters since 1995, although many feel these deaths are underreported. Although the deaths took place throughout the United States, there were similarities:
- Boys accounted for 87 percent of the victims.
- Of the kids who died, 89 percent were 11 to 16 years old.
- Nearly all of those who died were playing the game alone.

Close to one-third of doctors had not heard of the choking game, according to a paper published in the January issue of *Pediatrics*. “The choking game may not be as prevalent as other risky behaviors like drugs, but the issue is that it can result in death,” says Nancy Bass, MD, a pediatric neurologist at University Hospitals Rainbow Babies & Children’s Hospital, who coauthored the paper with UH Rainbow Pediatric Resident Julie McClave, MD. Dr. Bass has seen four choking game-related deaths in her 15 years of practice.

The CDC urges parents to watch for these warning signs of the choking game:
- Discussion of the game or its aliases (such as “pass-out,” “space monkey,” “suffocation roulette” or “scarf game”)
- Bloodshot eyes
- Marks on the neck
- Wearing high-necked shirts, even in warm weather
- Frequent, severe headaches
- Disorientation after time spent alone
- Ropes, scarves and belts tied to bedroom furniture or doorknobs, or found knotted on the floor
- Unexplained presence of dog leashes, choke collars, bungee cords or the like
- Pinpoint bleeding spots under the skin in the facial area, especially the eyelids

“Arming oneself with information can help a parent to recognize a child’s possible involvement with the choking game,” Dr. Bass says. “If you suspect that your child is involved in this game, talk to him or her about the dangers of the behavior and, if necessary, seek immediate help from your health care provider.”

Dr. Bass says the best way to approach adolescents is to be direct with them. “I’ll just come out and say, ‘Have you ever heard of the choking game, and have you ever played it?’ Their reaction usually reveals all — then it’s time for hard facts. I just do a bit of education and say, ‘Frankly, kids have died doing this,’” she says.
Taking Control of Polycystic Ovary Syndrome

Do you know someone with polycystic ovary syndrome (PCOS)?

PCOS affects an estimated one in 10 women and is considered the most common cause of female infertility. PCOS occurs when a woman’s hormone levels are out of balance. William Hurd, MD, Division Chief of Reproductive Endocrinology and Infertility at University Hospitals MacDonald Women’s Hospital, says the following two symptoms are necessary for a PCOS diagnosis:

- Irregular or absent menstrual periods, which interferes with ovulation and fertility
- An excess of male hormones — known as androgens — which may cause increased facial and body hair

Other signs of PCOS include acne, weight gain, male pattern baldness or thinning hair, insulin resistance or type 2 diabetes, high cholesterol and high blood pressure. PCOS typically surfaces around puberty and tends to run in families.

Early Intervention

Diagnosing PCOS is key. In addition to hampering fertility, PCOS puts women at risk for serious health problems, such as diabetes, cardiovascular disease and endometrial cancer. If left untreated, PCOS also can cause irreversible changes, such as a deeper voice due to changes in vocal chords.

“If a woman experiences PCOS symptoms, visiting her gynecologist is the first line of defense for evaluation and treatment,” says OB/GYN Mary Frances Haerr, MD.

Treatments include medications to restore ovulation or combat insulin resistance, birth control pills to decrease active male hormones and reduce hair growth and various techniques to address the cosmetic effects of PCOS.

In addition to medications, patients are encouraged to make lifestyle modifications, such as diet and exercise.

“Weight loss is critical. Extra pounds cause insulin resistance, which causes insulin levels to rise, which lead the ovaries to produce an abundance of male hormones, which throws the menstrual cycle out of balance,” explains Dr. Haerr. “Even a 5 or 10 percent weight loss can decrease PCOS symptoms, and some patients who reach their ideal weight can actually reverse the syndrome.”

Expert Care

When traditional PCOS treatments fail to reduce symptoms, patients are referred to Dr. Hurd and his team of reproductive endocrinologists for advanced services. Working hand-in-hand with UH MacDonald Women’s Hospital’s medical endocrinologists and dermatologists, they develop multidisciplinary treatment plans for women with more aggressive forms of the syndrome who are experiencing continued infertility, insulin resistance or excessive hair growth.

“PCOS is a special area of expertise in our division,” says Dr. Hurd. “Our approach includes an exceptionally thorough evaluation to rule out other treatable causes of symptoms, such as thyroid problems, and innovative treatments that are tailored to each woman’s particular medical needs.”

Managing PCOS

Although PCOS is a lifelong condition, Dr. Hurd emphasizes that it is very treatable. “We help patients to proactively address their symptoms and lead a healthy life,” he says. “Our ultimate goal is to provide women with high-quality care in order to successfully manage this syndrome.”

HELP FOR WOMEN WITH PCOS

For more information or to schedule an appointment with Dr. Hurd or Dr. Haerr, or to find a UH MacDonald Women’s Hospital OB/GYN in your community, call 866-UH4-CARE (844-2273).
Working with Your Child’s Doctor

Whether your child is sick with the flu or in for a wellness visit, chances are you’d both rather be somewhere besides the doctor’s office. But while you’re there, make the most of it. That means taking an active role in your child’s health and working in partnership with your doctor. When you do, you ensure more thorough care. You and your child are more apt to follow through with treatment, and you help cut the risk for medical mistakes.

Do Your Homework
Start by being proactive. Pay attention to your child’s health, and write down his or her health history and risks. “Learn about a particular health concern by asking your physician about it,” says Patti DePompei, RN, MSN, Vice President of Patient Care Operations at University Hospitals Rainbow Babies & Children’s Hospital. “Find out more from the Internet, books and magazine articles. Then, run that information by your doctor to see what’s reliable and relevant.”

You and your doctor should listen to each other’s concerns and talk about them. That way, you should have the same understanding and expectations so you can make decisions together. The right doctor will welcome questions from you and your child, give enough time to address issues and foster an environment of openness and support.

Like any relationship, the one with your doctor takes time to develop — and it takes work. If something isn’t clear, or you have specific needs, speak up. If that doesn’t help, it’s OK to look for another doctor. Ask friends and family for recommendations.

“Partnering with your doctor is really in your and your child’s best interest,” DePompei says. Don’t wait until your child is sick to start building that relationship. Do it now, so you can rely on it in sickness and in health.

Relationship-Based Care at UH Rainbow
UH Rainbow Babies & Children’s Hospital knows the importance of effective communication and relationship building between team members and patients and families. That’s why we have launched a patient care delivery program called Relationship-Based Care. Using feedback from patients and families, a multidisciplinary team developed this program to emphasize the importance of connecting with patients and families. This allows UH Rainbow Babies & Children’s Hospital team members to provide compassionate care and create a positive hospital experience.

One of the things the program focuses on is creating patient and family profiles so team members can clearly understand the unique needs of each child and family. In addition, it promotes communication and collaboration by inviting families to participate in daily planning rounds with members of the health care team.

So far, more than 500 team members have attended sessions about the program and improved their ability to focus on the uniqueness of each patient and family, DePompei says.

Injury Prevention Upcoming Events

Safe Sitter Babysitting Class
Teaches babysitting skills to 11- to 13-year-olds, including basic child care, emergency situations, choking rescue techniques and handling difficult behavior.
9 a.m.–4 p.m.
April 17, UH Richmond Medical Center
May 1, UH Bedford Medical Center
June 16, UH Mentor Medical Center
June 19, St. John Medical Center
June 26, UH Case Medical Center – Lerner Tower

Booster Seat Giveaway
The Children’s Museum of Cleveland
A free booster seat will be given to any child (size-appropriate) with paid admission to the museum, while supplies last. Child must be present.
April 18, 10 a.m.–2 p.m.

Bike Helmet Giveaway
The Children’s Museum of Cleveland
A free bike helmet will be given to any child with paid admission to the museum, while supplies last. The helmet will be fitted by a technician for proper sizing.
May 1, 11 a.m.–1 p.m.

Mother’s Day at the Zoo
Cleveland Metroparks Zoo
All moms receive free zoo admission. There will be a photo booth and crafts, and car seat safety information will be distributed.
May 9, 10 a.m.–5 p.m.

Car Seat Check
The Children’s Museum of Cleveland
A free car seat check will be conducted in the parking lot at the Children’s Museum. Anyone is welcome to stop by to have a car seat checked for recall and proper use and installation by our certified technician.
September 24, 10 a.m.–2 p.m.

Teddy Bear Day
Cleveland Metroparks Zoo
Kids with a teddy bear (or any plush toy) receive free zoo admission with a paid adult admission. Various safety topics are covered, including car seats, poisoning and hand washing.
September 25, 10 a.m.–4 p.m.

For more information about upcoming events, call the UH Rainbow Babies & Children’s Hospital Injury Prevention Center at 216-983-1110.

What to Take to Doctor Visits
- Paper and a pencil to take notes
- A list of your child’s medications and nutritional supplements, with dosages
- A record of symptoms
- Information you’ve gathered elsewhere about your child’s condition
- A prioritized list of questions
- Duplicates of anything in writing (such as a list of symptoms or a study you found online) to leave with your doctor
What’s True — And False — On Vaccines?

SOME OF THE ANSWERS MAY SURPRISE YOU

1. Vaccines cause autism.  
   □ True □ False

2. Vaccines have not wiped out common childhood illnesses.  
   □ True □ False

3. Children need only one chickenpox vaccine.  
   □ True □ False

4. You can protect a child by getting vaccinated yourself.  
   □ True □ False

5. Vaccines are only for babies and young children.  
   □ True □ False

Answers

1. False. Study after study has failed to link autism and vaccines, says the American Academy of Pediatrics (AAP). “It has been scientifically proven that vaccines work, and are safe and necessary to prevent disease,” says Max Wiznitzer, MD, a pediatric neurologist at University Hospitals Rainbow Babies & Children’s Hospital. “If you decide not to vaccinate your child, you put your child at risk for serious disease and/or death.” The myth that vaccines cause autism re-emerged after the publication of a 1998 medical journal article that suggested an association with the measles-mumps-rubella (MMR) vaccine. Later investigation discovered flaws in this study, resulting in its removal from the journal. Autism is often found when a child is 18 to 30 months old. Since children get the MMR vaccine just before that age, the myth about this link persists.

2. True. Chickenpox, measles, whooping cough and other deadly diseases are not gone. They’re just a plane ride away, says the Centers for Disease Control and Prevention (CDC). Travelers “import” them from overseas. When that happens, communities with a large population of unvaccinated children face a higher risk for outbreaks. However, “vaccines have been one of the greatest successes of modern health care,” says Andrew Hertz, MD, a community pediatrician at UH Rainbow Suburban Pediatrics in Shaker Heights. “Vaccines have eliminated smallpox and virtually extinguished many other diseases. Countless lives have been saved by vaccines.”

3. False. Almost all children are vaccinated against the varicella zoster virus that causes chickenpox when they are babies, and the vaccine is highly successful. “However, recent studies have shown that not all teenagers are protected against varicella, and infection in this age group can lead to serious pneumonia and other complications, such as brain swelling,” says Dr. Hertz. “All adolescents should be given a second chickenpox vaccine.”

4. True. Getting a flu shot while pregnant, for instance, helps protect your baby from the flu. One study found that babies born to moms who got a flu shot had a 63 percent lower risk of getting the virus than infants born to moms who didn’t get a flu shot. Children less than 6 months old can’t get flu shots, so that extra protection is vital. You can also help protect your baby from whooping cough by making sure everyone around the infant has had a booster shot against this illness.

5. False. Some vaccines wear off over time. In addition, preteens are facing new disease threats, such as meningitis. Vaccines can thwart many cases of this, and other, illnesses. “The American Academy of Pediatrics, American Academy of Family Physicians and CDC all recommend the routine administration of vaccines — not only to babies and children, but to preteens, teenagers and adults, as well,” says Dr. Hertz. “If not previously given, we will recommend that your adolescent receive appropriate vaccinations to prevent diseases, such as meningitis, whooping cough, tetanus, genital warts and cervical cancer.”

© FREE VACCINE FACT SHEET
Go to www.RainbowBabies.org/undertherainbow to download yours today.