Millions of Americans — many of them children — cannot hear their loved ones laugh or hear their parents say “I love you.” These children are severely or profoundly deaf, which means they have 90 percent or more hearing loss in both ears. Some of them are born deaf — others lose their hearing later in life.

The Cochlear Implant Program at University Hospitals Rainbow Babies & Children’s Hospital and University Hospitals Case Medical Center brings the gift of hearing to many patients whose inner ear, or cochlea, does not function properly due to injuries, illnesses or hereditary factors.

The program is one of the most comprehensive, major children’s hospital-based centers, in addition to being one of the busiest cochlear implant programs in the nation. In fact, nearly 600 implant procedures have been performed since the program’s inception.

“Before these implants were available, children born deaf were relegated to a world of silence,” says Cliff Megerian, MD, FACS, Medical Director of the Cochlear Implant Program. “This technology allows kids to develop the speech and language skills they need to connect with their families and the world.”

Unlike a hearing aid that amplifies sounds, a cochlear implant bypasses the damaged portion of the inner ear and directly stimulates the auditory nerve. Patients with cochlear implants wear devices on the outside of the body that contain a microphone, sound processor and transmitter. The receiver, implanted under the skin behind the ear, receives signals from the external device and sends currents to the inner ear.

“The implant does not initially produce normal hearing,” says Gail Murray, PhD, CCC-A, Clinical Director of the Cochlear Implant Program. “Children need intensive therapy to train the brain to recognize sounds and, eventually, 

continued on page 3
As curious young children explore their environments, they may put food and other objects in their mouths that can stick in their throats. Choking sends thousands of infants and toddlers to emergency rooms each year.

Earlier this year, the American Academy of Pediatrics drew attention to the problem, recommending action by government agencies, food manufacturers, parents and others to help prevent choking in children.

Monitor Meals
“Children under four years old are not able to grind their food into small pieces and may swallow foods whole or in larger pieces, causing a choking risk,” says Kathryn Wesolowski, Manager, Rainbow Injury Prevention Center at University Hospitals Rainbow Babies & Children’s Hospital.

“Parents should always supervise mealtime and consider whether different food choices have the potential to be choking risks,” says Wesolowski.

“Do not give your child round, firm foods like hot dogs or carrot sticks unless they are chopped completely. Cut or break foods into bite-sized pieces, no larger than one-half inch, and encourage your child to chew thoroughly.”

Keep Small Objects Out of Little Hands
Keep small household items and toys with small removable parts out of toddlers’ reach. Remove common offenders, such as balloons, coins, marbles, tiny balls, pen caps, button-type batteries and pins.

Choking Emergencies
“Choking can occur even if you take precautions,” Wesolowski says. “If your child has a forceful cough and is crying or vocal, let the child get the food or object out.” But if your child cannot make a sound, have someone call 911 while you do the Heimlich maneuver. Learn the version that is right for your child’s age. Once the food or object comes out, take your child to the doctor. A piece of the object may remain in the lung; only a doctor can tell if your child is OK.

Tips to lower toddlers’ choking risks

- Do not allow a child younger than 4 years old to have these foods:
  - Hot dogs
  - Nuts and seeds
  - Chunks of peanut butter
  - Chunks of meat or cheese
  - Popcorn, pretzels, potato chips, corn chips and similar snack foods
  - Hard, gooey or sticky candy
  - Whole grapes
  - Raisins
  - Raw vegetables, especially hard ones
  - Chewing gum

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most patients develop normal speech and language skills. They do better when they receive implants at about 12 months of age.”

Comprehensive Care
Cochlear Implant Program specialists thoroughly evaluate patients to determine whether they are candidates for cochlear implants. Team members help prepare children for surgery and help parents choose the type of implant that will best meet their child’s needs. Program staff also provides extensive follow-up therapy, education and support services that children need to thrive.

The program offers support groups and organized social activities so kids can interact with other children who also have cochlear implants.

The team also performs cochlear implant surgery in adults who have experienced loss of hearing.

The UH Difference
The program’s extensive multidisciplinary team includes representatives from numerous key specialties, including neurotology, pediatric otolaryngology, audiology, speech-language pathology, pediatric neuropsychology, developmental behavioral pediatrics, genetics, music therapy, pediatric social work and nursing.

“What sets the UH Cochlear Implant Program apart from similar programs is the range and experience of our specialists,” says Dr. Megerian, who has performed nearly 850 cochlear implant procedures during his career.

Dr. Murray is a nationally recognized audiology expert with about 30 years of experience. In addition, the team recently recruited Maroun Semaan, MD, from the world-renowned House Ear Institute as the program’s second cochlear implant surgeon.

The Cochlear Implant Program offers two surgery locations and five implant programming locations to bring the technology and expertise closer to the patient’s home.

UH Rainbow ranked among top hospitals
University Hospitals Rainbow Babies & Children’s Hospital is one of the best children’s hospitals in the country. Per U.S. News and World Report, the hospital ranked in ten out of ten children’s specialties, including #4 in neonatal care. In addition to the neonatal care ranking, UH Rainbow Babies & Children’s Hospital ranked in the following specialties:

- Cancer (#22)
- Cardiology and Heart Surgery (#41)
- Diabetes and Endocrine Disorders (#13)
- Gastroenterology (#40)
- Nephrology (#25)
- Neurology & Neurosurgery (#19)
- Orthopedics (#12)
- Pulmonology (#8)
- Urology (#46)

For more information, visit RainbowBabies.org/undertherainbow.

cochlear implant program: by the numbers

- 600: The Cochlear Implant Program is one of just a few similar programs throughout the country to have achieved nearly 600 surgeries since its inception. This includes adults and children.
- 1 of 12: Our facility is one of only 12 hospitals throughout the U.S. offering a program like this.
- 850: That is nearly how many cochlear implant procedures lead surgeon Cliff Megerian, MD, FACS, Medical Director of the Cochlear Implant Program, has performed in his career.
- 30 years: Gail Murray, PhD, CCA-A, Clinical Director of the Cochlear Implant Program and a nationally recognized audiology expert, has nearly 30 years of experience.

\[ twitter.com/UHRainbowBabies facebook.com/UHRainbowBabies youtube.com/UniversityHospitals \]
Women with uterine fibroids — noncancerous tumors in the uterus — typically need several appointments and meet with multiple specialists to explore different treatment options.

University Hospitals MacDonald Women’s Hospital is now making that process more convenient for women. The hospital recently opened a dedicated Fibroid Clinic. It is one of only a handful of similar clinics across the country.

“The clinic brings gynecologists and interventional radiologists together to streamline and enhance care to women with symptomatic fibroids who are finished having children,” says Karen Ashby, MD, an OB/GYN specializing in uterine fibroids at UH MacDonald Women’s Hospital.

Understanding Fibroids
Uterine fibroids are among the most common gynecological problems affecting women. These benign tumors grow in and around the wall of the uterus. Experts do not know what causes fibroids. African American women and those who are overweight are at greater risk.

“Many women with fibroids have no symptoms and need no treatment,” says Jon Davidson, MD, Section Chief of Interventional Radiology. “Others have such severe menstrual bleeding that they miss work or have to plan their activities around their periods.”

Other symptoms include:
- Menstrual pain, pressure or cramping
- Bleeding between menstrual periods
- Infertility and other reproductive problems
- Frequent urination
- Painful intercourse
- Lower back pain
- Fatigue or anemia

Doctors typically perform physical exams and order ultrasound studies to diagnose fibroids.

Collaborative Approach
The Fibroid Clinic is held once a month at UH Landerbrook Health Center in Mayfield Heights.

“Women meet with a gynecologist and an interventional radiologist simultaneously and discuss possible treatments based on the size, number and location of the fibroids,” Dr. Ashby says. “We give women information and answer their questions in one appointment.”

Treatment options may include: medications; minimally invasive procedures to remove the fibroids (myomectomy) or the uterus (hysterectomy); or uterine fibroid embolization (UFE), a procedure that treats fibroids while preserving the uterus.

During UFE, the doctor inserts a thin catheter into the groin and uses imaging technology to guide the catheter to the uterine arteries that supply blood to the fibroids. The doctor then injects tiny microscopic beads into the vessels to stop blood flow to the fibroids, causing them to shrink over time. The procedure requires an overnight hospital stay.

“UFE is a less invasive treatment than hysterectomy and offers faster recoveries,” Dr. Davidson says. “Many women see a dramatic improvement in symptoms within two to three menstrual cycles.”

To schedule an appointment or to learn more, please call 1-866-UH4-CARE. To request an appointment online, visit UHHospitals.org.
Making choices can be tough — especially when you or someone in your family needs quick medical attention and you don’t have much time to decide where to go for help — either an urgent care center or the emergency room.

“Knowing where to go for appropriate care ahead of time is very important — studies show that half of all emergency room visits are not actually for true emergencies,” says Brett Luxmore, DO, Medical Director of the Marcy R. Horvitz Pediatric Emergency Center at University Hospitals Ahuja Medical Center. “And the less of an emergency you have, the longer you may have to wait to get the care you need.” That is because doctors and nurses are busy evaluating and treating other patients with conditions that may be life-threatening.

What’s the Difference?
An emergency room and urgent care center offer some of the same types of services, such as X-rays and blood tests. But they differ in important ways. “Emergency rooms are open 24/7, for example, and treat patients with life-threatening illnesses or injuries. Urgent care centers have more limited hours and are designed mostly to treat minor medical problems,” says Dr. Luxmore.

What’s a True Emergency?
According to Dr. Luxmore, here are examples of true emergency situations:
- Chest pain
- Trouble breathing
- Sudden, severe pain, such as a headache or stomachache
- Head or back injuries
- Bleeding or vomiting that won’t stop
- Loss of consciousness
- Poisoning
- Major burns and cuts
- Choking

What’s an Urgent Care Need?
When you are unable to access your primary care doctor, an urgent care center is the right place to go for medical problems that need immediate — but not emergency — attention. According to Dr. Luxmore, examples of these types of medical situations include:
- Minor sprains
- Small cuts
- Sore throats
- Fevers
- Ear infections

“Urgent care centers can provide important, fast medical treatment when you need it,” says Dr. Luxmore. “But if you’re ever in doubt, go to the nearest emergency room or call 911 immediately.”

No one wants an emergency to occur. But if one does, the Marcy R. Horvitz Pediatric Emergency Center at University Hospitals Rainbow Babies & Children’s Hospital is here to help you and your child. Located at Euclid Avenue, the new ER offers state-of-the-art pediatric emergency services and technologies, and access to the region’s only Level I Pediatric Trauma Center.
Doctors treat about 8,000 kids for sports injuries every day. However, many of these mishaps can be prevented. Athletes should always use properly fitted equipment specific to their sport. This can help prevent acute injuries.

How else can you avoid injuries? Prepare before the pre-season even starts. Going into organized training when you have been inactive is a major risk factor for overuse injuries.

“We always recommend that athletes maintain a baseline level of conditioning in the off season,” says Amanda Weiss Kelly, MD, Director, Rainbow Sports Medicine at University Hospitals Rainbow Babies & Children’s Hospital. “All athletes should stretch, strengthen their core muscles and maintain a strong cardiovascular base so they are prepared when formal conditioning with their team starts.”

You also can ensure children do not return to play too soon after an illness or an injury. “And, if your child is hurt during an athletic activity, make sure he or she is getting the appropriate rehabilitation before returning to sports,” Dr. Weiss Kelly says. “That can help prevent repeat injuries.”

### Prevent Common Sports Injuries

<table>
<thead>
<tr>
<th>Activity</th>
<th>Commonly Hurt</th>
<th>Required or Recommended Gear</th>
<th>Safety Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseball</td>
<td>Shoulder, ankle, head/face</td>
<td>Batting helmet with face guard, safety-release bases</td>
<td>Little League mandates pitch count limits that vary by age (see LittleLeague.org)</td>
</tr>
<tr>
<td>Basketball</td>
<td>Ankle, foot, knee</td>
<td>Sport-specific footwear, mouth guard</td>
<td>After jumping, land with knees bent, not straight</td>
</tr>
<tr>
<td>Bicycling</td>
<td>Arm, wrist</td>
<td>Helmet*</td>
<td>Avoid riding at night or on uneven or slippery surfaces; consider taking a riding skills course</td>
</tr>
<tr>
<td>Field hockey</td>
<td>Ankle, face, head</td>
<td>Mouth guard, shin guard</td>
<td>Sticks should be kept below shoulder level at all times</td>
</tr>
<tr>
<td>Football</td>
<td>Ankle, head (concussion), knee</td>
<td>Helmet, mouth guard, shoulder pads</td>
<td>Strength training and stretching can help prepare for this contact sport; don’t lead with the helmet when tackling</td>
</tr>
<tr>
<td>In-line skating</td>
<td>Arm, wrist</td>
<td>Helmet**, wrist guard, knee and elbow pads</td>
<td>Skate on smooth surfaces, away from traffic</td>
</tr>
<tr>
<td>Skateboarding</td>
<td>Ankle, head/face, wrist</td>
<td>Helmet**, wrist guard, knee and elbow pads</td>
<td>Using a skate park or other controlled environment may increase safety; children younger than 5 should not skateboard</td>
</tr>
<tr>
<td>Soccer</td>
<td>Ankle, knee</td>
<td>Shin guards, sport-specific footwear, mouth guard</td>
<td>Collisions with other players, not heading the ball, cause most concussions, but some leagues prohibit heading by players younger than age 10</td>
</tr>
<tr>
<td>Tennis</td>
<td>Elbow, shoulder, wrist</td>
<td>Sport-specific footwear, racquet with proper grip size</td>
<td>Strengthening the muscles used to extend and bend back the wrist can help prevent common injuries</td>
</tr>
<tr>
<td>Volleyball</td>
<td>Ankle, fingers, shoulder</td>
<td>Ankle brace or taping</td>
<td>Use resistance training to strengthen lower back, legs, and shoulders; avoid jumping on hard surfaces in practice</td>
</tr>
</tbody>
</table>

* Some form of bicycle helmet legislation is enforced by 21 states, the District of Columbia, and more than 140 local governments.

** Children are required to wear helmets while using in-line skates, scooters, or skateboards in eight states and the District of Columbia.
Are there steps I can take to prevent my child from developing food allergies?

The American Academy of Pediatrics (AAP) supports two tactics, but wasn’t able to find proof to support other, more commonly believed strategies.

Food allergies have risen 18 percent among children and teens in the past decade, says the Centers for Disease Control and Prevention. “If allergy-based conditions of any kind run in your family — be it hay fever, eczema or asthma — your baby has an above-average chance of joining them,” says Eli Silver, MD, a pediatric allergy specialist with UH Rainbow Babies & Children’s Hospital’s Division of Pediatric Allergy and Immunology.

After reviewing studies, the AAP found evidence to support the following two strategies:

- **Breast-feed your baby if possible.** Breast-feeding for at least four months can reduce the chance of developing asthma or cow’s milk allergy in babies with a family history of allergies. “When breast-feeding is not an option, try a hypoallergenic formula,” Dr. Silver says.

- **Avoid giving your child solid foods until he or she is at least 4 months old.** It is not clear if there is any allergy-fighting benefit to waiting any longer.

Talk with your doctor to see if these strategies may help your child.

The AAP could not find proof that several popular strategies prevent food allergies. For example, researchers could not prove that any specific food avoidance by mothers-to-be can protect infants from food allergies.

“Waiting until children are older to introduce them to eggs, peanut butter and other foods could not be proven to help, either,” Dr. Silver says.

Why are food allergies rising? One theory points to our obsession with germs. The more surfaces we clean with antibacterial wipes and the more hands we wash with antibacterial gel, the fewer germs there are for babies’ immune systems to fight. Idle armies get bored and turn their attention to non-hostile invaders, such as food. Allergic reactions happen when the body mistakes food as an enemy intruder.

ASK THE EXPERT

**FREE download:**

food allergy reference guide

Wondering which foods are the most well-known food allergy culprits? Visit RainbowBabies.org/undertherainbow to download a free food allergy reference guide.

**SPECIAL EVENTS**

**Congenital Heart Walk** (Saturday, September 17): Designed to raise funds for newly diagnosed or long-term survivors of congenital heart defects. The event will be held at Wade Oval Park, University Circle, Cleveland. To learn more, visit congenitalheartwalk.kintera.org/NOH.

**UH Rainbow Sickle Cell Anemia Center Community Day** (Saturday, September 24): A fun, FREE event for children, adolescents and adults with sickle cell disease and their families. It will feature entertainment, giveaways, health education booths and more. For more, visit RainbowBabies.org/undertherainbow.

**Rainbow Round the Zoo** (Sunday, September 25): Family Friendly 1-Mile Walk and 5K Run to Support Children’s Miracle Network at UH Rainbow Babies & Children’s Hospital. For more information, please visit RainbowBabies.org/CMN.

- **ELI SILVER, MD**
  - Division of Pediatric Allergy/Immunology
  - UH Rainbow Babies & Children’s Hospital

About Food Allergies

Do you have questions about food allergies? Ask the Expert, Dr. Eli Silver, MD, a pediatric allergy specialist with UH Rainbow Babies & Children’s Hospital’s Division of Pediatric Allergy and Immunology, about common symptoms, known triggers and how you can protect your child.

Eligibility

- **Parent:** You have a child with a food allergy.
- **Parent + Patient:** You have a child with a food allergy and want to know more.
- **Professional:** You are a provider and want to stay informed about food allergies.
The psychology of color
HOW COLORS AFFECT YOUR MOOD, HEALTH AND FUNCTIONING

Glad? You are tickled pink. Sad? You are feeling blue. Mad? You are seeing red.

No doubt you have heard or uttered these familiar phrases, but have you ever stopped to wonder why so many of our emotions are linked with color — and whether designing your child’s room with a certain color scheme can impact their behavior?

Researchers are intrigued by how colors unconsciously affect our moods, the way we think and whether we are attracted to or repelled by something. The scientific discipline of “color psychology” goes beyond mere conjecture: Designers, athletes, advertisers, restaurateurs, health care providers and teachers all use color to improve health, productivity, appetite, mood and functioning.

“Parents are often tempted to paint their children’s rooms using their favorite colors,” says Jackie Jordan, CMG, Director of Color Marketing at Sherwin-Williams. “But your child’s favorite color may not necessarily be a good match for his or her personality.”

For example, the color red can evoke energy and warmth. “However, according to research studies on the psychology of color, ‘warm colors’ — such as hues of red or yellow — can also promote feelings of stimulation and excitability, while ‘cooler’ colors, like blue, tend to evoke feelings of calmness,” says Aaron Ellington, PhD, a child psychologist in the Division of Adolescent Psychiatry at University Hospitals Rainbow Babies & Children’s Hospital.

And white, which symbolizes innocence and purity, can also mean sterility. That is why it is a good choice for medical professionals to wear white, but too much in a child’s room could make it seem barren and sterile.

Scientists believe that color influences us because of “learned association” — we repeatedly encounter colors in relation to experience; for example, red stop signs signal danger, blue skies transmit tranquility. “The color green — which evokes calmness — is associated with nature and trees, which have a relaxing effect on many people,” Dr. Ellington says.

Alternative medicine practitioners even use color to heal: Red is thought to stimulate circulation; yellow is used to purify the body; orange may increase energy and blue can soothe sickness.

Colors also represent powerful symbols in our culture. Sometimes, conflicting feelings are evoked by the same color; for example, black can mean power or death, arousing either respect or fear; red can symbolize love or evil, causing a smile or a shudder.

His is a snapshot of popular colors and their widely accepted behavioral and health-related meanings:

<table>
<thead>
<tr>
<th>Color</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>White</td>
<td>Innocence, purity, simplicity, cleanliness. Medical professionals wear white to evoke sterility.</td>
</tr>
<tr>
<td>Red</td>
<td>Excitement, danger, warning, energy, romance, dominance. Enhances performance on detail-oriented tasks and athletic prowess.</td>
</tr>
<tr>
<td>Blue</td>
<td>Peace, professionalism, coldness, loyalty. Associated with the ocean and the sky. Increases proficiency in creative endeavors.</td>
</tr>
<tr>
<td>Green</td>
<td>Relaxation, comfort, hope, naturalness, fatigue. Connected to nature, grass, and trees; promotes a sense of calmness.</td>
</tr>
<tr>
<td>Yellow</td>
<td>Cheerfulness, happiness, liveliness, strength. Reminiscent of flowers, the sun and summer, yellow boosts optimism.</td>
</tr>
</tbody>
</table>

ASK RAINBOW!
UH Rainbow’s experts are here to answer your health care questions! Call 216-UH4-KIDS (844-5437) or e-mail ask@RainbowBabies.org.

win a free color consultation
Need help choosing a paint color that matches your child or infant’s unique personality? If so, visit RainbowBabies.org/undertherainbow to sign up to win a free in-home color consultation for your child’s room or nursery from the paint experts at Sherwin-Williams. Plus, the paint that you select during the consultation is free, too!