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well aware kids

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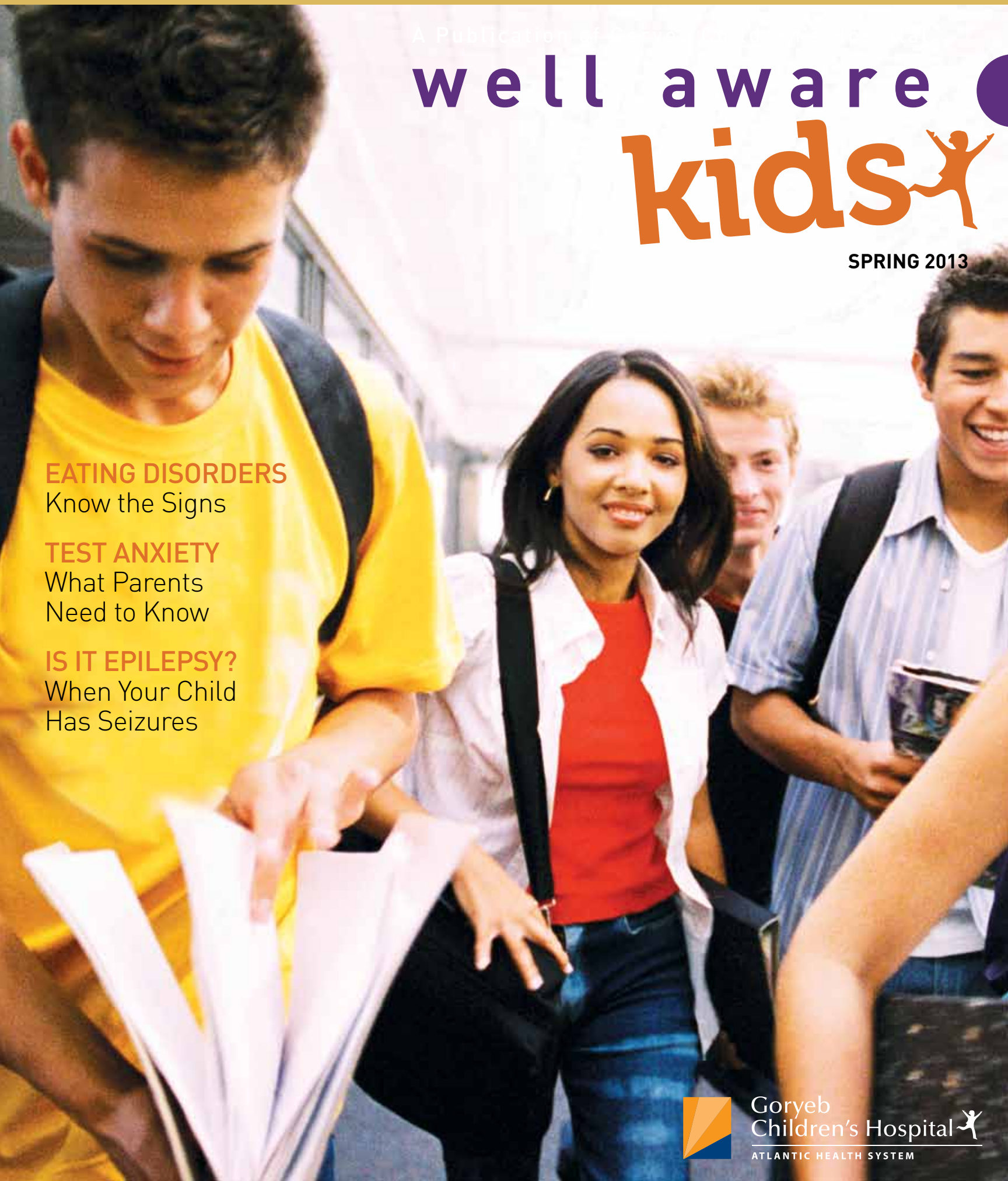

EATING DISORDERS
Know the Signs

TEST ANXIETY
What Parents Need to Know

IS IT EPILEPSY?
When Your Child Has Seizures

Goryeb Children's Hospital
ATLANTIC HEALTH SYSTEM

DEAR FRIENDS,

Any parents of teens know that adolescence is one of the most challenging times in parenting. As young people make their way toward adulthood, they're exposed to the activities and stresses of adult life all while trying to deal with major changes going on in their bodies and minds. In this issue, you'll find articles on three topics especially geared toward teens – safe driving, eating disorders and test anxiety – with resources that can help ease this part of the journey.

You will also hear the heartwarming story of Hannah Oh, the smallest baby ever born at Morristown Medical Center, and the efforts of neonatologist Ben Lee, MD, and the team at Sam's Neonatal Intensive Care Unit at Goryeb Children's Hospital at Morristown. Now 2, Hannah likes books, music and puzzles, just like any toddler. And just in time for summer vacation plans, we have good recommendations on traveling with younger members of the family.

Remember, *Well Aware Kids* is here for you! If there's a story you'd like to share, or a topic you'd like to read about, we'd love to hear from you. Please contact us at well.aware@atlantichealth.org.

Walter D. Rosenfeld, MD
Chair of Pediatrics
Goryeb Children's Hospital/
Morristown Medical Center
Goryeb Children's Center/
Overlook Medical Center

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Talk to us

Tell us what you want to see in *Well Aware Kids*. Email us at well.aware@atlantichealth.org. Or write us at Atlantic Health System, Attn: *Well Aware Kids*, P.O. Box 1905, Morristown, NJ 07962.

Visit our blog

Well Aware — Your Way provides an open forum for patients, employees and friends of Morristown Medical Center, Overlook Medical Center, Newton Medical Center and Goryeb Children's Hospital to foster a discussion about issues related to hospital experiences and current health topics. Check us out at atlantichealthblog.org.

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Goryeb Children's Hospital
ATLANTIC HEALTH SYSTEM

Atlantic Health System is one of the largest nonprofit health care systems in New Jersey, comprised of Morristown Medical Center, Overlook Medical Center in Summit, Newton Medical Center and Goryeb Children's Hospital. The four medical facilities have a combined total of 1,315 licensed beds and more than 2,852 affiliated physicians providing a wide array of health care services to the residents of northern and central New Jersey. The medical centers, and Goryeb Children's Hospital as part of Morristown Medical Center, are accredited by The Joint Commission. Specialty service areas include advanced cardiovascular care, pediatric medical and surgical specialties, neurology, orthopedics and sports medicine. Each of these programs has earned top ratings and recognitions in their respective fields. Atlantic Health System is the official health care partner of the New York Jets and an official health care provider of the New Jersey Devils.

WANTED:

YOUNG ARTISTS FOR CREATIVE EXPRESSIONS ARTS & HEALING CALENDAR CONTEST

We're looking for young artists to help celebrate the opening of the new Goryeb Center for Advanced Medicine in Pediatrics (CAMP).

If you're a child or teenager between the ages of 4 and 18, and you have a chronic illness or experience chronic pain, you can express your creative side and enter your original artwork in this inaugural contest. Use your favorite crayons, markers, paints, pastels, pencils and whatever else helps you express yourself through art. You don't have to be an accomplished artist to enter or have your piece chosen. Create whatever comes to mind — hope and healing, being positive, wishes and dreams, fun! Submit your entry by May 1, 2013.

A panel of art therapists, social workers, psychologists and physicians will review entries based on visual interest, creative expression and age of artist. Sixteen works of art will be selected for the calendar. All chosen artists will receive a complimentary calendar, and every participant will get a certificate of participation. This contest is sponsored by Goryeb Children's Hospital, Pediatric Behavioral Medicine, Atlantic Health Healing Arts Program and the new Goryeb Center for Advanced Medicine in Pediatrics.

→ **For more information or a registration form visit www.atlantichealth.org/childartists or contact Stacy Alper, LCSW, Pediatric Behavioral Medicine at 973-971-5785.**

Are Your Kids Getting Enough Vitamin D?

Maybe not, experts say. Many children are deficient in vitamin D, which is essential for strong bones and may help prevent some chronic diseases later in life. Because of sunscreen use, less time spent outdoors and dietary changes, children may be missing out on two important sources of vitamin D — sunlight and dairy products. While there is some disagreement about just how much vitamin D children need every day, the Food and Nutrition Board recommends 400 international units (IU) for babies up to 1 year old, and 600 IU for older children and adults.

Very few foods naturally have vitamin D, but you can find vitamin D-fortified foods like milk, orange juice, yogurt, cereal, soy beverages and margarine — just check the labels. Other food sources include:

- **Oily fish, like salmon, mackerel, tuna, sardines and trout**
- **Whole egg (vitamin D is found in the yolk)**
- **Cooked beef liver**
- **Swiss cheese**
- **Mushrooms**

What about sunshine?
When skin is directly exposed to the sun, the body makes vitamin D. But if your children avoid the sun or wear sunscreen to lower the risk of skin cancer, they'll need to find other good sources of vitamin D in their diets or from multivitamin supplements, according to the National Institutes of Health. Children who don't get enough vitamin D can get rickets, a rare disease where bones become soft.

TEST YOUR TRANSPORTATION SAFETY IQ

How well do you know about keeping children safe when they're on the road?

1 Young people under age 17 are required to wear an approved helmet when they're performing which of the following sports:

[ ] a. Cycling
[ ] b. Roller skating
[ ] c. In-line skating
[ ] d. Skateboarding
[ ] e. All of the above

Answer: E. Wearing approved helmets makes good sense for all people getting around on bicycles, skates and skateboards — the most severe injuries are those to the brain that cause permanent damage.

2 True or false: Children 12 or under should always ride properly restrained in the backseat.

Answer: True. More safety tips: Infants belong in rear-facing safety seats until they're 1 year old and at least 20 pounds. Children over 1 year who weigh 20 to 40 pounds who can no longer ride rear-facing should ride in a forward-facing child safety seat. Kids 40 pounds must use booster seats until lap and shoulder belts fit correctly, when they're around 8 years old and 80 pounds.

3 How do I know my child's seat is safe?

Answer: Get a free seat check by AAA-certified child passenger safety technicians, many of whom are police officers, firefighters, doctors, nurses and traffic safety professionals.

→ **Find out more at the Northern NJ Safe Kids/Safe Communities website: preventionworks-nj.org**

Are We There Yet?

Traveling With Babies, Toddlers and Children

When you travel with infants or children, getting there may not be half the fun. Mary Ann LoFrumento, MD, pediatric hospitalist at Goryeb Children's Hospital and author of the Simply Parenting childcare series, offers the following tips that can make the ride more enjoyable.

Fill their tummies. Feed young children before you leave the house so you can avoid stopping for food right away. Bring snacks. Keep perishable food, formula and breast milk in cooler packs.

What goes in must come out. Be prepared for diaper changes and bathroom breaks. Travel can cause loose stools and nausea. Bring extra supplies, including wipes and a change of clothes, in case your trip is prolonged or delayed.

Be prepared for emergencies. Carry basic first aid supplies for cuts and bruises. Pack medicines (include extra) in your carry-on or an accessible bag in the car or train. If your child is allergic to food or insect stings, pack fresh (unexpired) EpiPens to use in an emergency. If your child has asthma, bring an extra inhaler in case one is lost or damaged. Carry a copy of your child's up-to-date vaccines.

Distraction and entertainment. Pack baby toys in your carry-on. Hide old and new toys in your bag as a distraction. A good rule of thumb for toddlers is one toy for each half hour of the trip. Although we never like to recommend using media as a hypnotic tool for small children, watching a video during a long ride can be a trip saver, especially for restless children. Fortunately, most babies and toddlers will sleep for a good part of any long journey.

Transportation Tips

By car. Plan for feeding and diaper changes along the way. Ideally, one adult should sit in the backseat with an infant or a toddler. If you rent a car, make sure you have the right car seat. Toddlers need more attention, especially on long rides. Plan frequent stops for feeding and running around to burn off energy.

By plane. If your child's ears are sensitive to flying, speak to your pediatrician about medications to relieve pain or pressure. Breastfeed or bottle-feed your baby (if not secured in a car seat) on the way up or down to help ease pressure on eardrums.

By train. Train travel can be easier because you and your child can move around. Look out the window and point out trucks, cars, trains and houses.

What About Preschoolers and Older Kids?

On long trips, preschool children may be more demanding. Beforehand, explain the rules: no screaming, no whining, no getting out of car seats. Plan for bathroom breaks and snacks and time to run around.

Bring favorite activities or toys, plus new ones they can earn with good behavior. Create a travel reward chart with stars for good behavior (15-minute intervals). Use video, but let kids spend some time without watching a screen.

Traveling teaches older children self-control and how to entertain themselves. Unless a child gets motion sickness from reading, encourage bringing good books. Portable video games and movies are hard to discourage in this digital age. But make sure your child is wearing headphones with volume control limits, and insist on breaks in viewing. Daydreaming is a lost pastime. But we can still encourage our kids to spend time alone with their thoughts.

Test Anxiety

What Parents Should Know — and Do

Some jitters are normal when kids and teens face a test at school. But for about thirty percent of students, test anxiety may be more severe — interfering with their ability to perform well on everything from pop quizzes and final exams to standardized achievement tests and college entrance tests.

Tension at test time can even lead to low self-esteem and to a loss of motivation for homework, studying and in-class work.

Test anxiety has many causes, according to Janet Oberman, PhD, a psychologist for the Child Development Center at Goryeb Children's Hospital. Some kids feel intense pressure to excel. Others may be reacting to negative test experiences that they have had due to problems with study skills or not having enough time for adequate preparation. Some students may also have an unrecognized learning disorder.

"There are many things parents can do to help," she says. "It starts with just listening to your child talk about his or her feelings and experiences. Many may not realize they have test anxiety; others may not want to talk about it at first."

THESE STEPS CAN HELP:

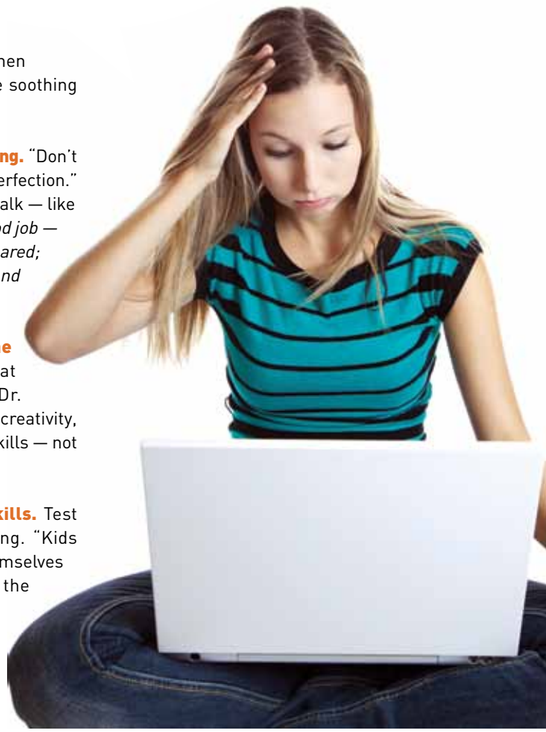
Look for signs. Excessive worry, irritability, withdrawing from friends and family, emotional outbursts, perfectionism, avoiding homework and physical signs like headaches, stomachaches and trouble sleeping may all be signs of performance anxiety about tests. "High achievers and kids who aren't doing well can both have test anxiety," Dr. Oberman notes. "Underneath, they may be linking their self-worth to doing well on a test."

Teach your child a "cool down" technique. Try calm, easy breathing; progressive muscle relaxation (let go of tension from your toes to the top of your head); or visualizing a peaceful scene. Practice it together in calm situations and when stress kicks in. Older kids can use soothing techniques on their own.

Be a role model for positive thinking. "Don't be overly critical, and don't expect perfection." Suggest kids replace negative self-talk — like *I'm going to fail* or *I'll never do a good job* — with positive messages like *I'm prepared; I'll stay focused on the questions and take them one at a time.*

Focus on the effort, not just the grade. "Tell your child that what matters is doing your best," Dr. Oberman says. Praise hard work, creativity, organization and problem-solving skills — not just the final grade.

Help them learn smart study skills. Test anxiety can interfere with studying. "Kids who feel anxious may distract themselves by texting friends or playing on the computer instead of studying," she says. "They may avoid studying, not spend enough time on it, or feel too upset to absorb the information." Help your child figure out how much time he or she will need to study and to adequately prepare his or her assignments. If electronics seem to be getting in the way, gently take them away. "Letting your child text or play a video game could be a reward for studying for a set period of time," she suggests. If studying seems overwhelming, help your child break it down into smaller "jobs" and take breaks in between.



For more help, start here. If you are concerned with your child's test anxiety, Dr. Oberman suggests speaking with his or her teachers and the school's guidance counselor for their input. Often they can help with specific strategies. If anxiety is severe or pervasive over time, outpatient counseling with a mental health practitioner can be effective, and your pediatrician may be consulted for recommendations.

→ **Other resources are the Child Development Center at Goryeb Children's Hospital for assessment of learning and developmental concerns, and Atlantic Behavioral Health's Access Center for outpatient counseling. Call 1-888-247-1400.**

FEATURE

New Tool Conquers Teen Eating Disorders:

The Family

She was not trying to lose weight. But for this teenager, regular meals went by the wayside when the academic pressures of middle school collided with the intense social drama of the early teen years. "I didn't realize how little she was eating," notes her mother. "She was just picking at her food. When her pediatrician told us that she hadn't gained any weight in two years, despite growing several inches, I knew something was wrong."

The turning point came when the phone rang one day in the fall of 2012. "It was the school nurse, asking me to pick up my daughter," her mother says. "She had fainted, and her blood pressure was low. After meeting with our pediatrician, she recommended the Eating Disorders Program at Atlantic Health System. At first I couldn't believe my daughter had an eating disorder — but the doctor explained that her eating habits could become a way of life and would threaten her health."

Today, this teen is a happy, healthy high school freshman. "My daughter learned how to handle school stress and social pressures," her mother says. "We all learned about healthy eating — and how important parents are in the process. It wasn't always easy, but we're so glad we made the commitment. This program saved her life."

Atlantic Health System's Eating Disorders Program at the Adolescent/Young Adult Center for Health at Goryeb Children's Center at Overlook Medical Center and Goryeb Children's Hospital at Morristown Medical Center is the only multidisciplinary eating disorders program in New Jersey exclusively for children and adolescents. It treats girls and boys, ages 12 to 21, for anorexia nervosa (restrictive eating), bulimia nervosa (binging and purging) and related disorders.

Three of the program's unique features account for its success:

MEDICALLY BASED. "We offer New Jersey's only medically supervised outpatient program for teens," says Leslie Sanders, MD, medical director for the Eating Disorders Program. "Every teen is evaluated and followed by a physician who is an adolescent medicine specialist. Eating disorders can affect the heart, the balance of electrolytes in the body and a girl's menstrual cycle. We monitor teens' physical health while they learn new eating habits and work on the emotional issues and beliefs that can trigger disordered eating."

FOUR TREATMENT OPTIONS. Treatments for eating disorders are individualized, drawing in support to meet a teen's nutritional, medical and psychological needs via a staff of physicians, psychiatrists, nutritionists, social workers and other specialists. "A few teens who are very sick require hospitalization at first," Dr. Sanders says. "But most start in our intensive outpatient or partial hospitalization programs." Still others may simply meet regularly with a physician, a counselor or therapist, and other specialists as needed.

The partial hospitalization program meets for 40 hours a week. The intensive outpatient program meets eight hours per week, after school. During these times, teens receive medical supervision, supervised meals, individual and family therapy, as well as services such as nutritional counseling and yoga. In both, teens go home each night.

FAMILY-BASED APPROACH. "Instead of the teen working alone with a therapist, the whole family works on recovery," Dr. Sanders explains. "For restrictive eating disorders, this is the only evidence-based treatment that works. The success rate is about eight-five percent." Parents are given a new role: Refeed their child. "Almost all parents know instinctively how to feed their children," Dr. Sanders says. "We put them in charge, empowering them to make sure their child eats enough at every meal."

Families meet with a therapist for about 20 sessions. "The therapist becomes the parents' coach, supporting them as they monitor their child's meals and make decisions about what and how much their child must eat."

After several months of close supervision, a child regains some control. For example, if he or she used to make his or her own breakfast, the child can do that again with a parent's supervision. Eventually, the teen is ready to make his or her own food decisions again — though parents are urged to continue paying close attention.

The approach worked for this North Jersey teen. "The whole family came in for sessions with the therapist," her mother says. "One week we even brought in dinner — ravioli and salad — and ate while the therapist gave us suggestions. We had some battles around food at first. But we also became closer. When this all started, people suggested eating disorder programs in other states. But I said, 'Wait a minute. There's a wonderful option right here, in my own backyard. Why would we go anywhere else?'"

DOES YOUR CHILD HAVE AN EATING DISORDER?

Warning signs worth discussing with your child's doctor include the following:

- Becoming extremely thin
- Being obsessed with eating, food and weight control
- Weighing herself or himself repeatedly
- Counting and/or portioning out food very carefully
- Eating only certain foods and/or avoiding certain foods
- Exercising excessively
- Avoiding social activities and celebrations that involve food
- Saying he or she "feels fat" or fears weight gain
- Making excuses to visit the bathroom immediately after meals

→ **For more information: www.atlantichealth.org/eatingdisorders**

Staring or Seizures?

Imagine a school-age child who suddenly "shuts down" for several seconds during a conversation. Or a toddler who stops to daydream in the middle of a snack. Is the child just not paying attention, or is he having a seizure?

During a seizure, electricity in the brain "misfires," leading to blank stares, shaking, convulsions and other symptoms. Seizures can be a sign of epilepsy, so it's important to find out the difference, say experts with Goryeb Children's Hospital's pediatric epilepsy program. The definition of epilepsy is having two or more seizures not caused by other health conditions, such as fever, meningitis or head injury.

"Epilepsy can happen at any age, and symptoms can be different from one child to the next," says Rajeshwari Mahalingam, MD, an expert in children's epilepsy who is on the medical staff at Goryeb Children's Hospital. "It's extremely important to get the right treatment as early as possible, for both the child's safety and long-term health."

Goryeb's special pediatric monitoring unit brings together a team of experts to diagnose the cause of seizures in children. "Our biggest challenge is first to diagnose whether the episodes are seizures or not," Dr. Mahalingam says.

The team has trained the staff here to work with children of all ages, from infants through young adults. The team includes physicians, nursing staff, child life specialists, EEG technicians, dietitians, pharmacists and others with specialized training in childhood epilepsy.

Central to diagnosis is a test called an EEG, or electroencephalograph. This is a painless test that records the electrical activity of the brain, using wire leads taped to the child's head. In a unit designed especially for children, Goryeb offers prolonged EEG monitoring for those who need it. The staff has even wired the patient playroom for EEG monitoring, so children can take a break during their stay. Additional tests might include a CT scan or MRI of the brain.

For treating epilepsy, the team offers some of the most advanced care available. (See sidebar.) They even offer a special food-based treatment that's only available at two other centers in the state.

"I'm very excited about our program, and we're seeing excellent results," she says. "By helping patients learn about and control epilepsy, we're helping them and their families have a high quality of life."

FOR A BETTER QUALITY OF LIFE: Get Epilepsy Under Control

The majority of children will outgrow epilepsy and be seizure-free as adults, Dr. Mahalingam says. But while they have it, it can be debilitating. Simply not knowing when a seizure will happen can make a child anxious and depressed.

Without treatment, changes in the brain over time can make controlling seizures harder. "Over two-thirds of patients need no other treatment than medicine," Dr. Mahalingam says. "But we consider other options if that doesn't work for a child."

For example, the pediatric neurosurgeon can use a pacemaker-like device (called a "vagal nerve stimulator") to reduce the number of seizures. They can even remove the part of the brain where seizures occur. For some children, a "ketogenic diet" can help. This high-fat, low-carbohydrate diet requires detailed record-keeping to make sure the child gets the right foods to stay healthy. But it is as effective as medicines for some children. "Goryeb is one of only three places in the state with the expertise to offer the guidance and oversight this diet requires," Dr. Mahalingam says. "We've had excellent results with it, even for children whose epilepsy is very hard to control."

For both monitoring and treatment of epilepsy, everything at Goryeb centers on making life better for children, she says. "Our job is to help each child control their seizures," Dr. Mahalingam says, "so they can have as much freedom as possible and still be a kid."

PARENT TIP

FOR EPILEPSY, FIRST GET THE RIGHT DIAGNOSIS.

"Many children come to us because their treatments aren't working well," says Rajeshwari Mahalingam, MD, with the pediatric epilepsy program at Goryeb Children's Hospital. "Sometimes we find we need to adjust their medicines. At other times, we find they don't have epilepsy at all." So the first step is to get the right diagnosis, she says. Though violent shaking of the body is one sign of a seizure, others are not as obvious. They include:

- Staring into the distance
- Loss of alertness
- Loss of consciousness ("blacking out")
- A tingling feeling or smelling something that's not there just before these symptoms

Not all seizures are a sign of epilepsy, experts say. If your child has unusual symptoms like those above or continues to have symptoms after being treated for epilepsy, talk to a specialist. "Epilepsy can be frustrating and challenging," Dr. Mahalingam says. "But with the right team, it is definitely manageable."

→ For additional information: www.atlantichealth.org/epilepsy

Ben Lee, MD, and Hannah (at about 6 months), before she left the NICU at Goryeb Children's Hospital.

Good Things
Come In Small Packages

In an instant, Ben Lee, MD, neonatologist for Goryeb Children's Hospital, had to quickly assess the viability of a newborn when delivery came too early. At just 24 weeks gestation, Hannah Oh's delivery was critical because her mother was suffering from preeclampsia, a pregnancy complication that was growing more and more dangerous for the mother and baby.

"It was a very intense moment because she was extremely premature and so small, even for her gestational age." Dr. Lee says. Weighing just 13 ounces at birth, Hannah is the smallest baby ever born at Morristown Medical Center. "In the delivery room, at that moment," Dr. Lee recalls, "I knew that Hannah was going to fight and that we needed to do everything we could to help her." And together, fight they did.

For the next six months, Hannah was a patient in Sam's Neonatal Intensive Care Unit at Goryeb Children's Hospital in Morristown. The 34-room unit combines private and semiprivate rooms, with some large enough to accommodate triplets or quadruplets so families are able to stay together. Morristown Medical Center is a state-designated Level III Regional Perinatal Center that cares for the highest risk mothers and babies. Part of the Atlantic Health System family with Morristown, Overlook and Newton Medical Centers, Goryeb Children's Hospital is located on the Morristown Medical Center campus.

With about 3,800 babies born at Morristown Medical Center every year, about fourteen percent of them require intense care and therapy in the NICU. That number has increased significantly — by about thirty percent — over the last several years due to more high-risk and multiple births.

Sam's NICU, which opened in 2008, tripled the size of the hospital's original NICU and includes a state-of-the-art monitoring system, special infant beds and design elements such as noise reduction, soft cycled light and aesthetic touches to create a soothing environment. These elements not only help newborns sleep, but also reduce stress on them, their parents and NICU staff.

The NICU team cares for an average of 38 babies every day in Sam's NICU, and seven each day at Overlook Medical Center's Neonatal Intensive Care Unit. The 15-bed unit at Overlook has state-of-the-art equipment providing specialized care for a wide range of neonatal conditions, including respiratory, cardiac, genetic, renal, neurological, hematological and metabolic diseases.

A more recent addition to Sam's NICU in Morristown has been a portable webcam that allows mothers who are ill elsewhere in the hospital to see their babies and speak with the health care team. Family involvement is considered an essential part of the newborn's care.

"We do everything we can to give each baby the best life possible. But so much of what determines a baby's development and stability is not just the NICU staff but the family," Lee says. "And Hannah has done remarkably well."

After Hannah was born, there was no guarantee of survival. She struggled but she always continued to fight. "In those first days of her life, we had family meetings several times a day," Dr. Lee says. "The family all understood just how difficult it was and, all in their own ways, they went through their own journeys of fighting for and being scared for the youngest member of their family. It's such guarded hope you have to give. Now they are able to let go of their fears a bit."

For her first two months, Hannah remained on a ventilator. Throughout her hospital stay and beyond, she has been cared for by Goryeb Children's Hospital's pediatric subspecialists, including pulmonologists for her lung development, cardiologists for significant heart disease, ophthalmologists for retinopathy, and gastroenterologists for liver problems. She also has worked significantly with feeding specialists, speech therapists, physical and developmental therapists, social workers, and case managers.

Hannah's mother, Youngbun Kim Oh, remembers the difficult first few months of her young daughter's life. With another daughter — at the time 8 years old — at home, Youngbun spent any time she could with the family's newest arrival. Now, the proud mother says that Hannah is much like any other 2-year-old who loves to listen to music and enjoys puzzles, The Cat in the Hat and Curious George. Hannah also speaks words in English and Korean. "She's still small," Hannah's mother says. "But she's amazing."

→ **For additional information: www.atlantichealth.org/nicu**

Nighttime Wetting

Is it serious?

When it comes to bed-wetting, experts at the Children's Kidney Center at Goryeb Children's Hospital offer good news.

"Nighttime bed-wetting is very common and often doesn't need treatment of any kind," says Sermin Saadeh, MD, a pediatric nephrologist, or child's kidney specialist. "If a child does need treatment, most do well with some simple changes."

Before the age of 5, six out of every 10 children wet the bed, she says. Most simply outgrow it on their own. By age 16, the number is down to one in 100.

"We only have theories about what causes nighttime bed-wetting, or enuresis, but we do know it's not the parent's fault and it's not the child's fault," says Howard Corey, MD, who is also a pediatric nephrologist.

One possible cause is genetics, he says, since children with the condition often have at least one parent who had it. Also, some children sleep so deeply that few things will wake them up — including the need to go to the bathroom. Hormones might also play a role.

Sometimes, limiting how much a child has to drink before bed can help. But if the child is older, this is not likely to help with the underlying cause.

"When we sleep, the brain should produce an antidiuretic hormone, or ADH, that signals the kidneys not to produce as much urine," he says. "If a child is a heavy sleeper and also has low levels of ADH, both might be part of the problem."

When Parent or Kids Are Concerned

If you're concerned or if your child is embarrassed by nighttime wetting, talk to your child's doctor. To make the most of the first appointment, keep a "voiding diary" for two to three days. Record how often and when a child goes to the bathroom, and if he had damp or soaked underwear at any time of the day or night. Also include what liquids he had, how much and when. These kinds of details can help physicians determine the cause of wetting and possible solutions.

To help a younger child, Drs. Saadeh and Corey suggest first trying behavioral therapy, such as a gold star or other reward for each dry night. Depending on the child's age and maturity, other treatments include medicines (to improve ADH levels, for example) or a bed pad that sounds an alarm to waken the child when it senses moisture.

If your child has daytime accidents of either urine or stool, urinary tract infections, unusual or weak urine stream when using the bathroom or other concerns, talk to your child's doctor, Dr. Corey says. And if a child has been dry at night but starts to wet the bed, it's time to call the doctor, too.

"For bed-wetting, experts can help," Dr. Corey says. "But be reassured that most children will simply grow out of it."

> "Nighttime bed-wetting is very common and often doesn't need treatment of any kind."
>
> **— Sermin Saadeh, MD**

→ **Visit www.atlantichealth.org/kidskidney for additional information.**

Watch for Scoliosis

KEEP THE TWISTS AND TURNS OF THE SPINE IN CHECK.

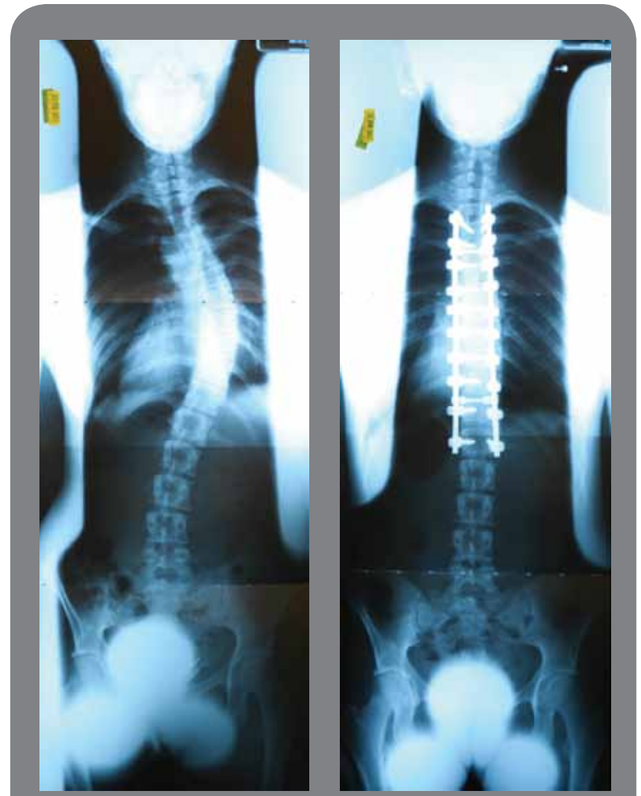
If a child's spine makes unusual twists or turns, that can signal big problems for the future. These unusual curves can be signs of a condition called scoliosis (pronounced *SKOLL ee OH sis*). If it isn't treated, it can cause serious and even disabling back and leg pain when a child grows up.

"But when we find it early, we can help a child avoid long-term problems," says Jason Lowenstein, MD, a spine surgeon on the medical staff of Goryeb Children's Hospital. "Our goal is to begin treatment while the bones are still growing. That's when we have a very good chance to stop scoliosis from getting worse."

The most common type of scoliosis usually appears between the ages of 10 and 18, but it can appear as early as infancy. It generally gets worse during a growth spurt, he says . Parents and pediatricians usually notice scoliosis first.

For younger children, a very effective and common treatment for scoliosis is a back brace. It keeps the curve from getting worse as the child's skeleton matures.

For older children whose bones are stiffer or more mature, Dr. Lowenstein says several advanced procedures can offer long-term benefits. For one treatment, surgeons can place strong screws or long "staples" along the spine to encourage the bones to grow straighter. Some curves in the spine might require screws and rods.



Before and after scoliosis spine surgery

YOUR CHILD AND SCOLIOSIS

"Children who get the earliest treatment are far less likely to have back problems as an adult," Dr. Lowenstein says. "I can't stress how important parents are for finding scoliosis early. Watch for it as your child grows."

Dr. Lowenstein says parents can look for:

- **One shoulder that's higher than another**
- **Ribs on one side that are higher than another**
- **When the child is sitting: a hip that seems higher or the waist bends in an unusual way**
- **An obvious or unusual curve in any direction**

Talk to your child's doctor if you see any of these signs of scoliosis.

→ **Visit www.atlantichealth.org/scoliosis for more information.**

For Each Child With Cancer

We can call on hundreds of experts close to home.

"It's really hard when we have to tell a parent that their child has cancer," says Steven Halpern, MD, medical director for the Valerie Fund Children's Center at Goryeb Children's Hospital. "But when we have that talk, we can also tell them that we have everything they need to help them through it."

The Valerie Fund Children's Center brings together children's cancer experts with all the resources of Goryeb Children's Hospital. From training and experience, each staff member here understands how to meet each child's physical, emotional and psychological needs.

"Many people are not aware that we also tap into the resources of children's cancer experts at over 200 hospitals across the nation," Dr. Halpern says. "So there is no reason for children to travel back and forth to New York or Philadelphia for care. We have the expertise here."

The Valerie Fund Children's Center, which specializes in cancer and blood disorders in children, is part of a worldwide collaboration known as the Children's Oncology Group, or COG. Specialists here, along with other members of COG, care for nine out of every 10 children across the nation who have cancer. The network allows each caregiving team to connect to the latest clinical research and treatment plans for hundreds of types of cancer.

"As a member of the Children's Oncology Group, we share the goals of curing cancer, reducing side effects of treatments and finding ways to prevent cancer in children," Dr. Halpern says.

"The last time the group evaluated our center, they called us a model program."

According to the National Cancer Institute, having such a high level of cancer care near a child's home is also important.

"Our patients can return to their own home and bed relatively quickly," Dr. Halpern says. "The last thing they want to face after a treatment or hospital stay is a two- or three-hour drive home with a sick child."

Plus, when care is nearby, family, classmates and teammates can visit more easily and offer valuable support.

"When a child comes to us, they and their loved ones can know they're getting the same type and quality of care that has proven successful elsewhere — with the added benefit of being close to home," Dr. Halpern says. "That is a founding principle of the Valerie Fund Children's Center."

PARENT TIP
HELPING YOUR CHILD THROUGH A LONG ILLNESS

For a child with cancer or any other serious illness, both the child and the entire family need a variety of resources:

- **Find a hospital and experts who specialize in caring for children. Everything from the doses of medicines to the size of a needle should be scaled down for a specific child.**
- **Ask about support and education for the child and the family.**
- **Look for high-quality care close to home, so you can tap into the support of family and friends.**

→ For more information: www.atlantichealth.org/valerie

SAFE KIDS: Help Teens Drive Safely

For teenage drivers and passengers, springtime means prom, graduation, plenty of parties and trips down to the Jersey Shore. The season often brings new driving privileges and, according to the American Automobile Association's Foundation for Traffic Safety, new dangers. The group calls the time between Memorial Day and Labor Day "the 100 deadliest days" for teen drivers.

"Parents can make a big difference by talking with teens about safe driving whenever they can," says K. J. Feury, RN, APN, CCRN, injury prevention coordinator for Morristown Medical Center and Atlantic Health System's coordinator for Northern NJ Safe Kids.

SAFETY SOLUTION:

More driving experience. According to Safe Kids, driver error accounted for up to seventy-eight percent of crashes involving a teen driver. Speeding was a factor up to forty percent of the time. The more your teen practices, the better and safer a driver he or she will be. ***What parents can do:*** Spend time helping your teen learn to drive — on different types of roads, at different times of day, in good weather and bad.

SAFETY SOLUTION:

Fewer friends in the car. Having other teens in the car was a factor in up to twenty-nine percent of accidents involving teen drivers, Safe Kids says. Young drivers are more likely to speed, run red lights, swerve, tailgate and drive under the influence of alcohol and/or drugs when their buddies are on board. The result: For a 17-year-old driver, fatal accident risk goes up forty-eight percent with one young passenger, doubles with two and triples with three or more. ***What parents can do:*** In New Jersey, teens with a probationary license can have one friend in the car unless a parent or guardian's riding along. Once a New Jersey driver has his or her basic license (at age 18), there are no limits on passengers. But you can set stricter limits.

SAFETY SOLUTION:

No drinking and driving. According to 2010 data from the Centers for Disease Control and Prevention, one in five teen drivers involved in fatal crashes had some alcohol in their system; eighty-one percent had blood alcohol levels higher than the legal limit for adults. In New Jersey, up to eleven percent of teens report drinking and driving. ***What parents can do:*** Forbid drinking and driving — by taking away the keys if the rule is broken. "And give drivers and passengers a safety plan," Feury says. "Tell them they can call you anytime, anyplace for a ride home to avoid driving drunk or getting into a car with a drunk driver."

SAFETY SOLUTION:

Make sure teens are well-rested. "Fatigue isn't just a problem for long-haul truckers," Feury says. "It's an issue for kids driving to the shore after a party or getting up to drive to school on three hours of sleep." For 16-year-olds, crash risk doubles at night, Safe Kids says. ***What parents can do:*** Talk with kids about the dangers of driving tired. Agree on ground rules such as no late-night driving, or taking the school bus after a low-sleep night.

→ Find out more from Northern NJ Safe Kids at preventionworks-nj.org

STOP TEXTING WHILE DRIVING!

Texting and using a handheld cellphone while driving are banned in New Jersey, but don't assume your teen will abstain at all times. Set a great example by putting your own cellphone away while driving, and then talk about the risks:

- **Texting is six times more dangerous than driving drunk.**
- **It causes 11 teen deaths a day in the U.S.**
- **It's responsible for 1.6 million accidents a year.**

Goryeb Children's Hospital
ATLANTIC HEALTH SYSTEM

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For a referral to a Goryeb Children's Hospital doctor, call **1-800-247-9580** or visit atlantichealth.org.

NEW JERSEY

Goryeb Children's Hospital

Locations

1 **Goryeb Children's Hospital at Morristown Medical Center**
100 Madison Avenue, Morristown, NJ 07960

2 **Goryeb Children's Center at Overlook Medical Center**
99 Beauvoir Avenue, Summit, NJ 07901

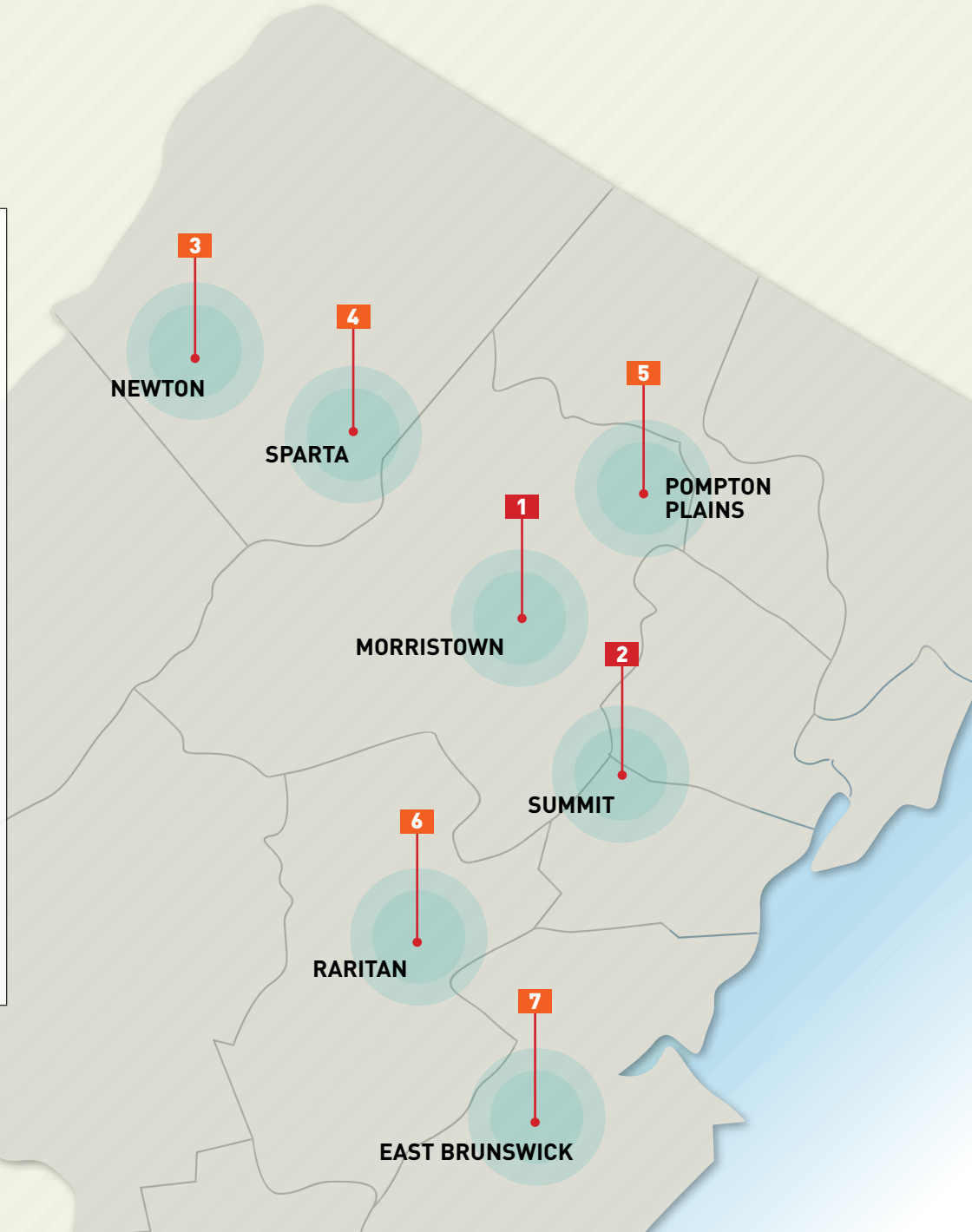
3 **Newton Medical Center**
175 High Street, Newton, NJ 07860

4 **Goryeb Children's Hospital Subspecialty Office at Sparta Health & Wellness**
89 Sparta Avenue, Sparta, NJ 07871

5 **Goryeb Children's Hospital Subspecialty Office at Collins Pavilion, Chilton Hospital**
97 West Parkway, Pompton Plains, NJ 07444

6 **Goryeb Children's Hospital Subspecialty Office at Raritan**
34 East Somerset Street, Raritan, NJ 08869

7 **Goryeb Children's Hospital Subspecialty Office at East Brunswick**
579 Cranbury Road, Suite H,
East Brunswick, NJ 08816



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