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First Steps

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New Developmental Screening

by Martin Fineberg, M.D.

Although your child's development is assessed at each well child care visit, a more formalized developmental screening method is now recommended by The American Academy of Pediatrics. This will assist your child's health care professional identify children with developmental and behavioral problems, including autism. This is important, so children can be referred promptly for early intervention services. You will be handed an Ages & Stages Questionnaire® at the 9, 18, and 30-month well child care visits. Each questionnaire contains 30 questions, grouped by developmental area, about a child's everyday activities. Complete the questionnaire at home, and return it to the office. Your child's health care professional will score the answers and discuss the findings with you. If necessary, further testing and/or appropriate referrals will be offered.

Hay Fever (Seasonal Nasal Allergies)

by Mark Snyder, M.D.

"Hay Fever" is an allergic/inflammatory reaction of the nose and sinuses to an inhaled substance. During the spring and summer months, the most common cause of hay fever is pollen from trees, grass, and weeds. There are other causes of perennial (year-round) nasal allergies such as dust mites, cat/dog dander, molds, etc. Springtime allergies tend to be seasonal and recur each year around the same time.

The symptoms of nasal allergies include runny/stuffy nose, sneezing, cough, and itchy watery eyes, nose, and throat. Some of these nasal allergy symptoms can also be seen in children with a common cold or upper respiratory infection ("URI"), but allergy symptoms tend to persist or recur off-and-on for many weeks or months, while most colds go away after 1-2 weeks.

Treatment for seasonal nasal allergies includes avoidance of exposure to pollen, various medications (over-the-counter as well as by prescription), and immunotherapy ("allergy shots") for the most severe cases. It can be difficult to avoid pollen blowing around outside if you are outside, but you can wear a mask. Try to stay indoors during those times and keep the windows closed. You can use the air conditioning (remember to regularly change your AC filters), and you may also purchase a HEPA (High Efficiency Particle Air) filter or some other air purifier with an ionizer or electrostatic air cleaner to keep in the home.

Medication treatment for nasal allergies consists mainly of antihistamines (with or without decongestants) as well as various nasal sprays. Benadryl is the gold-standard antihistamine, but it can cause drowsiness, so many children use non-sedating antihistamines such as Claritan, Allegra, Zyrtec, Allovert, or Clarinex.

There are 3 different kinds of nasal sprays for nasal allergies. There are prescription steroid nasal sprays such as Flonase, Nasonex, Veramyst, Rhinocort, etc. There also is an antihistamine nasal spray called Astelin, and another type of nasal spray called Nasalcrom which contains Cromolyn. Please feel free to discuss with your doctor which of the above medication options is best for your child's condition.

Many children with seasonal nasal allergies need to take medication everyday throughout the whole season rather than just as-needed, but every child is unique, so please discuss this issue of daily preventative vs. as-needed medications with your doctor.

Please say hello to a few of our friends!

Ryan Duarte

Zachary Irving

Daniel Vazquez

Breast Feeding 101

by Sandra Baik, D.O., F.A.A.P.

Hi everyone! I'm Dr. Baik and I returned from maternity leave at the end of June after giving birth to my beautiful daughter, Mia, who is now 4 months old. Here is some helpful advice to increase breastmilk production for all moms giving mother's milk to your babies:

THINGS TO DO:

- make sure baby is nursing efficiently (obtain services from a lactation consultant ASAP if you feel baby is not emptying your breasts fully)
- nurse frequently (every 2 hours during the day and every 3 hours at night)
- take a nursing vacation. Take a weekend to do nothing but nurse baby, rest in bed, and eat
- offer both sides at each feeding (let baby finish the first side, then offer the second side)
- switch nurse (use both sides twice during each feeding.) This helps wake up sleepy babies and babies who are losing interest.
- take care of mom. Rest, relax, eat a reasonably balanced diet with enough fat and protein, and drink to thirst. Drowning yourself with water doesn't increase milk production.
- consider pumping. Pumping is very important when baby is not eating efficiently or frequently enough. Your aim is to increase production by increasing demand. Pump for 2-5 minutes past the time when you don't see any more milk coming out. This may take 15-20 minutes each session. Always pump after the first AM feeding, because your production is highest in the morning. The most powerful pumps are those called "hospital-grade" which you can rent from the hospital or a place like the Pump Connection (on Ventura Boulevard between Shoup and Fallbrook.)

You could also buy a personal pump—I like the Medela Pump in Style Advance and Isis Avent Duo IQ.
- eat oatmeal in some form every day
- if you really need a boost, try power pumping. Pump for 10 minutes, rest for 10 minutes, pump for 10, rest for 10, etc. for 1 hour.

THINGS TO TAKE:

- A galactagogue is a substance that increases milk supply. Three of the most commonly used herbal galactagogues are fenugreek, blessed thistle, and alfalfa. I take all three!
- Fenugreek: most common herbal galactagogue. Dose: 3 capsules three times a day. Side effects: can lower blood sugar; same family as chickpeas and peanuts, so may cause allergic reactions in moms with those allergies; sweat, urine, mother's milk, and baby may smell like maple syrup.
- Blessed thistle: Dose: up to 4 capsules three times a day. I take 2 capsules three times a day.
- Alfalfa: Dose: up to 4 capsules three times a day. I take 3 capsules three times a day.

All three of these are available at Whole Foods and other health food stores or homeopathic pharmacies. I use Nature's Way brand.

It's important to pump or breastfeed regularly the first 3-4 months when your milk production is more hormone driven than supply/demand driven. This establishes a good supply for the time after 4 months when your hormones shift. Any mother's milk that you can give your baby is better than nothing. You are doing a great thing for your baby! And don't beat yourself up about supplementing with formula—I have to do it too!

Bee Stings

by Tina Beckham, MSN, RN, CFNP

The surprise, pain and tears of a bee sting can be one of the most memorable moments of childhood. Bee's by nature are not aggressive creatures unless they are provoked. Honeybees have stingers that are used for defense and die once they have stung. Most stings occur in the fall when flowers have disappeared and bee's widen their search for food and take more risks. Bee's are attracted to perfumes, scented soaps, lotions and oils. Children should avoid wearing brightly colored clothing or floral patterns.

What to do if a bee lands on you:

- Hold still and try gently blowing on the bee to get it to move.
- No rapid movements as this will startle the bee and encourage stinging.

What to do if your child is stung:

- The bee's stinger is filled with venom. Remove it IMMEDIATELY. The sooner the stinger is removed, the less venom gets in. A flat edged credit card or dull butter knife works well. If you see a little black dot in the wound, part of the stinger is still present.
- Wash with soap and water.
- Apply ice or cool water for 10-30 minutes after the sting.
- An antihistamine, such as Benadryl, may help reduce symptoms.
- Do not scratch the site.
- Give Tylenol or Ibuprofen for pain relief.

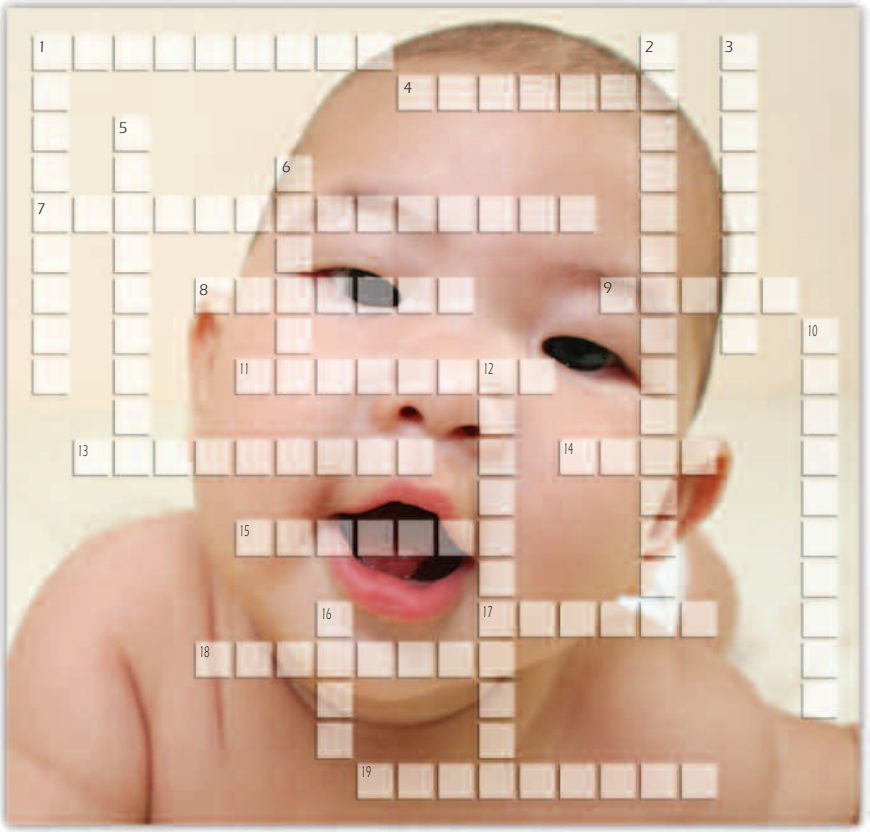
After a bee sting, observe your child for reaction. Some reactions can begin immediately and others can be delayed up to 4 hours. Most stings will cause a small painful red bump within minutes and should disappear within 2 hours. For others, a large local reaction greater than 3 inches in diameter may persist for up to one week. In more severe reactions, watch for hives, vomiting, dizziness, thickened speech, swelling in other areas on the body, difficulty breathing, or if there were more than 10 stings, seek medical care promptly. 60% of these types of reactions occur within the first hour after the sting. If your child has had a severe reaction in the past to a bee sting, consult your doctor about carrying an injectable medicine to prevent serious complications.

Head Lice

by Dr. Beth Melin-Perel

If your child comes home from school with a notice about head lice, don't panic. Head lice have tormented people for thousands of years causing millions of school absences annually, but are never a serious condition. All human beings are susceptible, including children from clean households. Head lice are reddish-brown insects about the size of a sesame seed, and crawl through hair causing itch and laying eggs called "nits." Nits are 1-2 mm whitish pods that attach to the hair shaft by a glue-like substance less than one inch from the scalp. Lice most commonly lay their nits at the nape of the neck and around the ears. Many schools and daycare centers have a "no nit" policy, so that children cannot return until an inspection proves that they are free of all nits.

The most commonly used treatment for head lice is the over-the-counter chemical, permethrin, found in "Nix" or "Rid" crème rinses. Unfortunately, many strains of head lice are resistant to these products. Coating the hair with mayonnaise and placing a shower cap overnight will kill the live lice, but not the nits. They must be pulled from each hair with a fine-toothed comb or with fingers. Another effective way to treat head lice is with aromatic oils (such as Lice Killer at www.licekiller.com), but don't mix this with any other chemical, as it is a toxic combination. Pulling every nit from a thick head of hair is a very tedious and time-consuming task, requiring hours and good vision under a good light source. Studies show that using a blow dryer on the heat setting for ten minutes in every section of hair also kills the nits and results in higher cure rates. A crew cut usually does the trick for boys. Rarely, the doctor will order Ovide, a malathion lotion available by prescription, but this has potential side effects. Since nit-picking is such an unpleasant task, there are many businesses to do this for you. Some of these are Hair Fairies, The Hair Whisperers, The Lice Squad, or Nitpickers. They are not cheap, starting at $75 per hour. To prevent spread to the family, treat everyone in the household (checking for nits), wash clothing, towels and linens in hot water and a hot dryer, put combs and brushes in an alcohol solution, vacuum rugs and upholstery, and place items like stuffed animals in plastic bags for 2 weeks. Instruct your children not to share hats or combs with friends to reduce risk of recurrence.



CROSSWORD

by Michael Melman, M.D.

ACROSS

1. Harry Potter's arch nemesis
4. Deadly disease caused by Mosquito
7. Medical term for "Pink Eye"
8. Sounds heard in lungs with Asthma
9. Organ that pumps blood
11. Yellow color to a newborn's skin
13. Virus targeted by Flu vaccine
14. Abbreviation for gastro-esophageal reflux disease
15. Substance elevated in your blood with Diabetes
17. White patches on newborn's tongue and roof of mouth
18. Medical term for broken bone
19. Abnormal curvature of the spine

DOWN

1. Chicken Pox culprit
2. Medical term for Vomiting and Diarrhea caused by virus
3. Circular appearing fungal infection on skin
5. Congenital birthmarks, known as _____ spots
6. Dry skin, common in infants
10. New test offered in our office for Asthma
12. The "bad" fat in your blood
16. Pimples on teenager's face

Swimmers Ear

by Rohina Furmuly, PA - C

Like toothache, earache can be a very painful experience. A common cause of such pain is infection of the lining to the ear canal, a condition known as otitis externa or swimmer's ear. This infection occurs when the skin lining the ear canal is wet for long periods. This usually happens if water is trapped in the ear canal after swimming. Wet skin becomes soft and soggy, making it much easier for bacteria, and sometimes fungus, to grow. This results in extreme pain and a very sensitive outer ear, which may be sensitive to the lightest touch. Swimmer's ear is not a very serious or contagious condition, but should be treated to prevent the spread of infection. Treatment usually consists of drops containing anti-bacterial preparations. Tylenol or Motrin can be given for pain relief. Also, keeping the ears dry by avoiding swimming is essential to allow the ear canal lining to normalize.

New Technology!

New advanced, computerized, portable spirometry machines are now set up in both offices. Spirometry is a painless, non-invasive tool that measures the health of your child's lungs. This helps in the diagnosis and management of lung conditions like asthma, wheezing and chronic cough. We recommend that children with asthma have this test performed on a yearly basis to closely monitor their lung function. Most children over the age of 5 years should be able to perform this test without any difficulty.

We are now scheduling spirometry in both our West Hills and Agoura offices. The test takes about 30 minutes and you will be provided with the results as soon as the test is completed. Ask your health care provider if this test may be right for your child.

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Pediatric Affiliates Hours

West Hills
Mon thru Fri — 8:30 a.m.-6:30 p.m.
Sat — 9 a.m.-12 p.m.

Agoura
Mon thru Fri — 9:00 a.m. - 5 p.m.