

Families

Turn to our panel of experts for childcare tips

Childhood obesity

A growing epidemic affecting future generations

Childhood cancer

One little boy's inspiring story of a successful surgery

MEDIA PLANET

JULY 2010

PEDIATRICS

4

TIPS

TO KEEP YOUR KIDS SAFE & HEALTHY

SECURING A HEALTHY FUTURE FOR OUR CHILDREN

Learn what steps to take today to ensure a brighter future for your child

PHOTO: COURTESY OF MIMI HADDON

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CHALLENGES

As parents, our main responsibility is to **protect our children** and help them grow into healthy, confident adults.

Caring for all children

We all want our children to get the best start in life. Pediatricians have the same goal. The American Academy of Pediatrics (AAP) was founded in 1930 to address the unique developmental and health needs of children. Today the AAP advocates for the health and well-being of children everywhere, whether they're trying to find affordable health insurance, coping with a mental illness or struggling with obesity.

Over the past two decades, the number of children who are obese has doubled. AAP has teamed up with First Lady Michelle Obama in her Let's Move! campaign to en-

courage families to make healthier choices. To lead a healthy active life, families can strive to reach these daily goals:

- Five fruits and vegetables
- Two hours or less of screen time
- One hour of physical activity
- No sugar-sweetened drinks

Even in busy families, parents can be effective role models for their children by making healthy eating and daily physical activity the norm for their family.

Medical advancements

While children today face new challenges, they've also benefited greatly from medical advancements. We now have vaccines to protect against 16 infectious diseases—diseases that used to sicken hundreds of thousands of children. Vaccinating your children is one of



Judith S. Palfrey, MD, FAA
American Academy of Pediatrics President

FACTS

Diseases....

1 ...like measles are common in other parts of the world, and travelers can easily bring them to the U.S. Without immunizations, these infections could quickly spread here.

One in three...

2 ...children are overweight or obese.

the most important ways you can keep them healthy. Another important development—the passage of the health care reform bill—will enable millions of children to get the health care they need. The AAP, with its 60,000 member pediatricians, wants all children to have access to high-quality, affordable health care provided through a medical home.

The AAP has launched a new consumer website, HealthyChildren.org, that offers up-to-date health advice backed by pediatricians. Parents can learn about seasonal health issues and the latest scientific research, or find a pediatrician.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



WE RECOMMEND



Overcoming the odds

A newborn's courageous story and an expert team that saved his life.

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Diabetes in children p. 5

How to effectively manage this childhood epidemic.

Prevention p. 11

Turn to our panel of expert pediatricians for preventative tips.

MEDIA PLANET

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*Pasadena Magazine

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NEWS

CHILDHOOD OBESITY IS A GROWING PROBLEM

■ **Question:** With obesity rates tripling in the past 30 years, how can your child avoid the associated health problems?

■ **Answer:** By committing to a healthier diet and exercise program, children can decrease the chances of being obese as adults.

There are three times as many obese adolescents in the U.S. now as there were in 1980, and those numbers continue to slowly rise. Likewise, the prevalence of overweight and obese younger children has doubled in the same time frame. The U.S. Department of Health and Human Services says obesity is disproportionately found in minority youth populations. In L.A. County, for example, a recent study showed more than a quarter of Latino children are overweight, compared with 19 percent of African American children, 13 percent

of Caucasian children, and 12 percent of Asian children. Outside the U.S., childhood obesity rates are also rising.

If left undeterred, childhood obesity increases the risk of developing high cholesterol, respiratory problems, hypertension, orthopedic problems, and depression and can lead to type 2 diabetes as well (page 5). Chances are good that if a child is overweight, he or she will become overweight or obese as an adult; the chances rise if the child is already obese.

Not a lost cause

Simply stated, obesity results from an excessive amount of calories consumed compared to the amount of calories used on a daily basis. Exercise, diet, genetics and socio-economic status are all factors.

A generation ago, children's activity levels were significantly higher than they are today—

mainly because today's children spend leisure time watching television, using the computer, or playing video games. Statistically, children who spend the most time in front of the TV or computer have the highest rates of obesity.

To help your child improve his/her health increase physical activity by as little as one hour a day. Limit TV/computer time to no more than two hours daily. Likewise, improve dietary choices to increase the number of vegetables, fruits, and whole-grain products while reducing the intake of sugar-sweetened beverages, fast food, and sugary treats/vending machine snacks takes commitment from both the parents and children.

Promoting a healthier lifestyle and weight for your child now will help lower the risks for continued obesity into adulthood.


MICHELLE DALTON
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NEW EXHIBIT!

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TIP
1
WATCH A CHILD'S WEIGHT

OUTSIDE ACTIVITY IS KEY
These kids are enjoying some backyard fun, staying healthy and active through play!

Childhood diabetes no longer limited to just type 1

The prevalence of type 2 diabetes in children is reaching epidemic proportions.

Diabetes is one of the most common childhood diseases—more than 150,000 children are said to have the disease. There are two types of diabetes—in type 1, the pancreas no longer produces insulin necessary for survival. In type 2, cells become resistant to insulin and the pancreas cannot produce enough insulin to overcome the dilemma.

Each year more than 13,000 adolescents are diagnosed with type 1 diabetes, according to the Centers for Disease Control. No longer a disease typically diagnosed in middle age, type 2 diabetes is becoming more prevalent in adolescents, and is more commonly seen in non-Caucasian children. With childhood obesity becoming an epidemic, type 2 diabetes seems to be a growing problem in the U.S. as well. The Centers for Disease Con-

trol estimate type 2 diabetes now accounts for eight to 46 percent of all new cases of adolescent diabetes.

Type 1 diabetes is often thought to be genetic, with type 2 linked to weight, diet, and activity levels. If left untreated, these two diseases can cause seizures or lead to a comatose state. Long-term complications include cardiovascular disease; damage to the nervous system, kidneys, eyes, and feet; and problems with bones and joints.

Type 1 can usually be managed with medications; managing type 2 involves lifestyle changes to improve overall health.

MICHELLE DALTON

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TIPS: MANAGE DIABETES

Commit to managing the disease

1 Daily blood sugar monitoring is a must in type 1. In type 2, increase exercise and eat a healthier diet. Metformin is the only medication approved for children with type 2.

Have children wear medical ID tags

2 This will inform school and medical personnel about your child's needs. Carry some sort of carbohydrate at all times in case blood glucose levels drop.

Learn signs of type 2

3 Some children may be symptom-free; others experience increased thirst and hunger, weight loss, fatigue, blurred vision, frequent infections, or areas of darkened skin.

EVENT CALENDAR

Rhythm Child at the Grammy Museum

→ July 17, 2010
800 West Olympic Blvd
213.765.7800
www.grammymuseum.org

Target Arts & Wonder Free Family Event

→ July 17, 2010
Los Angeles County Museum of Art, 5905 Wilshire Blvd
www.Target.com/Arts

Sunday Family Concert

→ July 23, 2010
Richard Nixon Presidential Library & Museum
18001 Yorba Linda Blvd,
Yorba Linda, CA

Paws for Cause Annual 5k Walk/Run Fundraiser

→ July 25, 2010
16801 Euclid Fountain Valley
714.965.6363
www.pawsforcauseoc.org

Free Mommy & Me Classes

→ Running until July 30, 2010
Edgemar Center for the Arts
2437 Main Street, 310.392.0815
www.edgemarcenter.org

Summer Dance Camp for Children

→ Running until July 30, 2010
DK Dance Factory
5505 Laurel Canyon Blvd
818.980.4635
www.dkdancefactory.com

Third Annual Citrus Classic Balloon Festival

→ July 30-31, 2010
18249 East Telegraph Road
805.825.2057
www.citrusclassicballoons.com

Ride for Autism Los Angeles

→ August 7, 2010
1919 Puente Ave, 562.688.0449
www.rideforautism.org/

25th Annual Children's Festival of the Arts

→ August 8, 2010
5555 Melrose Ave, 323.462.2355
www.hollywoodartscouncil.org

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Discovery Science Center
2500 North Main St, 714.542.2823
www.discoverycube.org

INSPIRATION

TIP

2

STAY HOPEFUL



YOUNG SURVIVOR
Caden enjoys a healthy laugh three years after having a cancerous tumor removed four days after birth.
PHOTO: PRIVATE

A parent's worst nightmare: How Caden survived

■ **Question:** What happens when your unborn child is diagnosed with something so rare, only a handful of cases have been reported?

■ **Answer:** You pray for the best. In Caden McCullin's case, that meant going to the best hospital possible for treatment.

Imagine being told when you're six months pregnant that your unborn baby has a rare teratoma, or tumor, on its neck. Then imagine during follow-up visits, you find out the tumor is growing faster than your baby, is larger than your baby's head, and may be fatal.

Search for experience

That's what Eric and Candace McCullin faced in 2007 when pregnant with their second child, Caden. The McCullin's sought the expertise of Dr. Henri Ford, chief of surgery, and his team of highly-

trained specialists at Children's Hospital Los Angeles—one of the few centers in the United States able to handle their case.

Candace delivered via Ex utero Intrapartum Treatment (EXIT), an extremely rare birthing method



"Caden's laugh is the very best part—it's deep and hearty."
—Candace McCullin

Performing miracles
Doctors at Children's Hospital Los Angeles at work removing a cancerous tumor.
PHOTO: Courtesy of Children's Hospital Los Angeles

FACTS

■ **Cervical teratomas** (also called "shadow twin"): Occurs in one in every 20,000 births.

■ **Ex utero Intrapartum Treatment (EXIT):** A C-section technique developed to manage airway obstructions; umbilical

cord kept in place to provide oxygen to the newborn while doctors secure a breathing tube. Dr. Ford's team excised the tumor four days later, only to find it was a cancerous germ cell tumor even rarer than the tera-

toma itself. Pediatric oncologist Leo Mascarenhas couldn't find a single medical record of a child with a similar clinical case.

"You just keep thinking, 'Why us, why Caden,'" Eric said.

Dr. Mascarenhas planned a "best course" of chemo for a baby just days old, recovering from major surgery. Under close care, Caden made it safely through and finally went home several weeks later.

Today, Candace says her son is "extremely playful. His laugh is the very best part—it's deep and hearty."

He's now a perfectly normal three-year-old, Eric says, and attributes Caden's health to the expert care received at Children's Hospital Los Angeles.

"Seeing Caden smile or give you a hug is priceless," Dr. Ford said.

cord not cut immediately.

■ **Germ cell tumors:** Occurs in 2.4 per one million children.

! **Read more on the web:**

www.chla.org

www.cureresearch.org



NEWS IN BRIEF

HEALTHCARE

Childhood cancers at a glance

There is no definitive cause of childhood cancer, and no guidelines for prevention.

■ Leukemia, brain, and central nervous system cancers account for more than half of the new childhood cancers diagnosed yearly. About 10,500 children under the age of 15 are diagnosed with cancer; about 1,545 die from the disease. Childhood cancer is still rare, however: on average, one to two children develop the disease yearly for every 10,000 children in the U.S.

■ Although the number of children diagnosed with cancer has increased during the past 20 years, the survival rate also increased substantially, mostly due to advances in treatment.

Some general findings from the NCI:

1. Children with Down syndrome have an increased risk of developing leukemia.
2. Ultrasound use during pregnancy has not been linked to childhood cancer.
3. No link between maternal smoking and childhood cancers has been found, but increased risks have been associated with paternal smoking.
4. Residential magnetic field exposure from power lines is not associated with childhood leukemia.
5. Pesticide use and childhood cancer links are inconclusive.

SOURCE: NATIONAL CANCER INSTITUTE

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NEWS

Protecting children from the start: The importance of vaccines

■ **Question:** Why is it important that your child's vaccinations be up-to-date?

■ **Answer:** Immunizations may hurt a little at the time, but getting your children vaccinated will protect them for a lifetime.

Studies show that modern vaccines are safe and effective. Serious side effects are no more common than those from other types of medication. And this year alone, vaccines will prevent 33,000 deaths and 14 million infections.

Keep it from spreading

The viruses and bacteria that cause diseases like whooping cough, chickenpox and meningitis still exist in this country, and travelers can easily bring other diseases here. Without vaccinations, infections like measles could quickly spread, causing a nationwide outbreak. Several states, including California, are experiencing an epidemic of whooping cough, a disease that is particularly dangerous for infants.

Unimmunized children are at risk of getting sick. For example, before the Hib vaccine was devel-



oped in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib disease still exists. That is why children need the vaccine to be protected.

Follow the schedule

The best way to protect your child from these diseases is by following the recommended immunization schedule. The schedule is designed

to protect children when they're most vulnerable to serious complications from infectious diseases. While these diseases could make an older child very sick, they could be deadly for infants. The immunization schedule is designed to work best with a child's immune system—at certain ages and at specific times. If a vaccine requires a second or third dose, they need to be given within a certain time frame or the vaccine will not fully protect your child.

Some vaccines, including the whooping cough (pertussis) vaccine and the flu vaccine, should be given to older children, adolescents, parents and other family members to protect infants who are too young to be vaccinated. The American Academy of Pediatrics recommends that all children ages six months through 18 years get an annual flu vaccine.

For more information about immunizations and what vaccines your child might need, see your pediatrician, or visit the American Academy of Pediatrics website at HealthyChildren.org.

Your child's immunizations

The Centers for Disease Control and Prevention, the American Academy of Pediatrics and the American Academy of Family Physicians recommend vaccines to protect children from diseases. If you have any questions about your child's vaccines, talk to your pediatrician, or visit www.aap.org/immunization.

SUSAN MARTIN

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IMMUNIZATION TIPS

Talk to your pediatrician

➔ Talk to your pediatrician about your child's immunization schedule. Vaccines include those that protect against diphtheria, Hib disease, hepatitis A and B, human papillomavirus (HPV), influenza, measles, meningococcal disease, mumps, pertussis, pneumococcal disease, polio, rotavirus, rubella, tetanus, and varicella (chicken pox).

Grade of illness

➔ Children with minor illnesses (low-grade fever, ear infection, cough/runny nose, mild diarrhea) are safe to be immunized. Children with serious illnesses (certain cancers) should not get live virus vaccines, and children with seizures should probably wait for the pertussis part of the DTaP vaccine.

Immunizations are safe

➔ Vaccines are thoroughly tested by doctors, researchers, and public health officials before being approved for public use.

SOURCE: AMERICAN ACADEMY OF PEDIATRICS

Zacharia Reda, M.D., F.A.A.P., F.C.C.P.

Serving The Children of Los Angeles & Orange County

For The Past 20 years, Dr. Reda has served the community in the field of primary pediatrics, pulmonary and critical care. His extensive experience managing critically ill children has helped him with early diagnosis and ensured better outcomes for his patients.

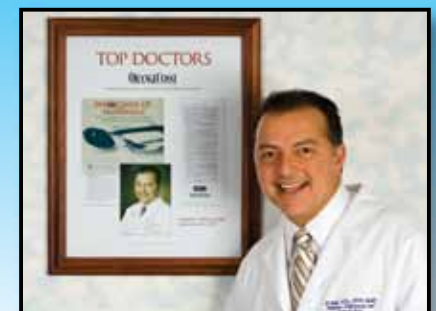
Dr. Reda is board-certified in pediatrics and critical care medicine. In his practice, he offers the full spectrum of pediatrics, from newborn and preventative care to pediatrics critical care. He has a special interest in asthma and lung disorders. He is the medical director of the pediatric intensive care unit at Fountain Valley Regional Hospital and serves on the faculty of Miller Children's Hospital in Long Beach, Hoag Hospital and Children's Hospital of Orange County.

He has extensive experience teaching residents at UCI. Dr. Reda is a fellow of American Academy of Pediatrics, American College of Chest Physicians and European Society of Intensive Care Medicine.



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Zacharia Reda, MD, FAAP, FCCP

INSPIRATION

With more than 90 percent of all infants being exposed to television, why not take the opportunity to turn it into a **learning and educational bonding experience?** Sharon Rector, co-founder of BabyFirstTV, explains how to integrate educational TV into your infant's life.



Active learning at an early age

LEADER TO LEADER

The baby DVD market is booming, Ms. Rector said, yet very little supervision—if any—existed for the content of the products available as little as five years ago. She, along with her partner Guy Oranim, founded BabyFirstTV in 2006 to address those very issues.

“We’re offering parents something that’s got content from the top pediatric and educational leaders,” she said, a parent herself of two young children. “As long as babies are watching TV,

let’s make sure it’s educational. We’ve heard a lot of dads say they don’t know how to interact with their babies, so our programming adds features to help parents navigate that interaction.”

For instance, if there’s a bouncing red ball onscreen, the program will have a pop-up prompting the parent to ask the child what color the ball is.

TV with a purpose

“The world of today is that babies are exposed to media—TV, computers,



“...let’s make sure it’s educational.”

SHARON RECTOR
Co-Founder, BabyFirstTV

you name it,” she said. “The question of should they watch TV is long gone. Now it’s what should they watch?”

BabyFirstTV is commercial free, and learning takes place on a much slower pace. She adds that “everything should be done in moderation, TV viewing included.”

Some of the programming is aimed at helping parents learn how to communicate better—simple suggestions like using different voices for the various characters in books.

“If I—after a long day of work—need

to take 30 minutes to shower, or do the dishes, or make dinner, and I put my kids in front of the TV to watch something educational, then I’m a good Mom. Sane moms are good moms,” she said.

MICHELLE DALTON
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—Dr. Todd Eiler

NEWS



SCHOOL'S OUT
Enjoying California's beaches and pools is a great way for kids to stay active. Safety first!

Take steps to prevent childhood drowning

■ **Question:** How common a problem is childhood drowning?

■ **Answer:** Drowning is the leading cause of unintentional deaths in children under the age of five in California—“layers” of prevention are recommended.

With June designated as “Drowning Prevention Month” in California, Gov. Schwarzenegger urged all residents to follow safety tips to prevent accidents that can result in lifelong disability or death.

“It can be devastating when near-drowning incidents result

in lifelong disability, especially since so many of these accidents are preventable,” said Terri Delgado director of the Department of Developmental Services (DDS). In California, DDS helps coordinate services for 692 survivors of near-drowning accidents, most of whom have severe disabilities because of a severe lack of oxygen while underwater. In 2008, there were 79 drowning deaths in California in children under 18—and 51 of those deaths were in children under five years.

According to the Drowning Prevention Foundation, “layers of prevention” are recommended to aid parents in preventing accidents

around water. Among these:

■ Install panic alarms on all house doors and windows leading to the pool area.

FACTS

■ **A child can drown** in less than two minutes

■ **More than 4,000** children under age five nationwide drown every year in swimming pools

■ **50 percent of drowning deaths** happen in residential pools

■ **Read more on the web:**

www.drowningpreventionfoundation.us

■ Keep reaching and throwing aid on both sides of the pool

■ All children should wear life vests whenever they are near water and when boating.

■ The American Academy of Pediatrics suggests being close enough that you can reach out and touch any child you are supervising while in the water.

■ Swimming lessons are not enough—about 25 percent of all drowning victims had swimming lessons. Children who fall into the water will panic and forget how to swim.

MICHELLE DALTON

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BATHTUB SAFETY

Prevent bathtub drowning

Bath seats and rings are not safety devices

➔ An estimated 100 drownings occur each year in the bathtub. Half of these will be in infants less than a year old. Suction cups on seats or rings often fail to hold and may not adhere to all bath surfaces.

Mandatory supervision

➔ Children should not be left alone in the bathtub or near the toilet. Babies can drown in as little as three minutes.

Water should only cover an infant's legs

➔ Children can drown in as little as one inch of water.

The silent killer

➔ Your child will not have time and cannot cry out.

Typical drowning scenarios:

➔ Bath ring suction cups unexpectedly releasing, tipping your baby into the water. Your child slips between the legs of the bath ring and is trapped under water; Your infant climbs out of the product and drowns. You're distracted and leave the bathroom—your infant reaches over for a toy and tips face down into the water.

SOURCE:
DROWNING PREVENTION FOUNDATION

NEWS

The air we breathe is filled with pollen, pollutants, and dust. Most people and adults are unaffected by these intruders. For a large number of children, however, these simple **contaminants can make life miserable.**

How to treat childhood allergies and asthma

Many children react to allergens with sneezing, runny noses, itching eyes, skin rashes, wheezing, and other symptoms. Some may feel as if they have a cold that never seems to go away. Allergic symptoms affect as many as one in every six children and can disrupt day-to-day activities at home, school, and play.

The body reacts

The immune system of allergic children overreacts to substances that in most people are quite harmless. When an allergic child comes in contact with an allergen—dust, for instance—his body produces an anti-body to it. This antibody sets off a series of bodily processes that ultimately trigger the allergic response.

An animal's dander (material shed from the body, similar to dandruff, that may contain scales of dried skin and hair), can cause allergic symptoms in some children. Other common air-borne allergens include dust mites, cockroaches, mice, molds, and pollens

from trees, grass and weeds.

If your child has allergic symptoms that are particularly bothersome or difficult to control, talk to your pediatrician. The most effective treatment is to avoid allergens as much as possible. The most common medications to treat nasal symptoms are antihistamines. Sometimes a decongestant may also be recommended. More troublesome nasal symptoms can be helped by other medications prescribed by your pediatrician or allergist.

In children with asthma, allergens can provoke an asthma attack. Asthma is a respiratory condition in which the air passages of the lungs tighten up, making breathing difficult. Asthma episodes can also be triggered by infections, cold air, exercise or something in the air

that the child breathes.

Getting help

Most asthma is treatable, and newer medications are capable of preventing attacks and reducing symptoms, with minimal side effects. Talk to your pediatrician about the best options for your child. Whenever possible, youngsters should stay away from those things that tend to trigger their asthma. In some children, that may mean keeping away from cigarette smoke, feather pillows, or flowers, or remaining indoors on particularly smoggy days.

SUSAN MARTIN

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FACTS FOR ALLERGY SUFFERERS

- Vacuum and clean frequently. Use a damp mop to clean up dust rather than push it around.
- If possible, avoid wall-to-wall carpeting in your home.
- Use allergen-proof mattress and pillow encasements and wash all bedding at least once every two weeks in hot water.
- Replace furnace filters often.
- Keep doors and windows of your child's bedroom closed as much as possible, especially when not being used.
- Showering or bathing at bedtime will wash off outdoor allergens from hair and skin.
- Do not smoke cigarettes in the house, the car, or near your child.



DID YOU KNOW...

■ Asthma and allergies are the most common serious chronic disease of childhood? Asthma affects nearly five million children, allergies more than 50 million. Asthma can start at any age, and symptoms can disappear as quickly as they began.

■ The school needs to know about your child's asthma, what medications your child takes, and how to treat an emergency?

■ The school needs to let you know how it plans to handle emergencies, field trips, and after-school activities.

■ Children with allergies are more likely to get colds, sinus infections, and ear infections?

■ Most allergy medications prescribed for adults can be used in older children. Younger children are usually prescribed a syrup version of the adult medication, but nothing is approved for infants under six months old?

■ Controlling indoor allergens may help alleviate your child's symptoms? These include dust mites, mold, and pet dander.

■ Food poisoning, skin irritation caused by acidic foods, diarrhea caused by too much sugar, and bad interactions with caffeine in soda or candy can cause symptoms similar to true food allergies.

SOURCE:
AMERICAN ACADEMY OF PEDIATRICS



PANEL OF EXPERTS



Question 1:

When treating young children with OTC medicine, what are a few things to always keep in mind for their safety?

Carlos Lerner, MD, MPhil
Medical Director
UCLA Children's Health Center



Avoid cough and cold medications in children under six. They are ineffective and may have serious side effects. Acetaminophen and ibuprofen relieve fever and pain, but overdoses can be dangerous. Carefully measure the correct dose using only the device included with the product. Never give to children medications intended for adults.

Rocio Perez, MD
Pediatrician
Kaiser Permanente Cudahy



Use care when giving any medication to a child. Read and make sure you understand the instructions; check dosages, tablespoon vs. teaspoon, how often it should be taken and whether or not it's an appropriate medication for your child's age. Talk to your child's pediatrician if you have any questions.

Robert Adler, MD, MS
Senior Vice Chair, Dept of Pediatrics at Children's Hospital Los Angeles



Most mild symptoms resolve on their own and usually don't need any medication. If your child is on any prescription medication always check with your doctor before adding a OTC medications. When using OTC medication for your child, make sure that the medication is approved for their age.

Question 2:

What are some of the early warning signs parents should be aware of when attempting to diagnose the onset of childhood diabetes?

Symptoms can be initially subtle or develop suddenly. They may include:

- increased thirst, increased urination (including bedwetting in children who were previously toilet-trained), extreme hunger, weight loss, weakness and fatigue, blurry vision, yeast infections (including diaper rashes that will not clear up)

Childhood diabetes often presents itself in a normal-sized child with unexplained weight loss. Other common symptoms to look for include increased thirst and hunger, frequent urination, and fatigue. Left untreated, diabetes can lead to serious consequences including diabetic coma, thus knowing these warning signs can ensure early diagnosis.

Early warning signs of diabetes are increased thirst, increased urination and increased appetite with weight loss rather than weight gain. In toddlers and young children, either soaking diapers or bed-wetting (when previously dry at night) also warrants checking urine or blood for glucose.

Question 3:

What are some recommendations that you would give to parents to prevent childhood illnesses?

Vaccinating our children remains the most effective way to protect them from serious illnesses. Thanks to immunizations, our focus can shift to promoting healthy lifestyles, helping our children grow into healthy adults. Priorities include reducing sugary drink consumption, ensuring adequate intake of calcium and vitamin D, and increasing physical activity.

Children naturally have weaker immune systems, making them much more susceptible to common illnesses. Make sure your child's immunizations are up-to-date. Teach them the importance of hand washing, getting enough sleep, eating healthy and exercising. Don't forget about your child's emotional health and remember that children learn by example.

Childhood vaccines are important and can prevent the most common causes of childhood illness, disability and death from infections. Accidents and trauma are preventable events by following guidelines for home and car safety for your child and teen. Establishing good nutrition and healthy lifestyle habits early in a child's life can prevent many adult diseases.

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