child care health
connections

A HEALTH AND SAFETY NEWSLETTER FOR CALIFORNIA CHILD CARE PROFESSIONALS

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco (UCSF) School of Nursing

CALIFORNIA CHILDCARE HEALTH PROGRAM

vol. 23 no. 6
Nov + Dec 2010

Oral Heath Disparities

In general, oral health in the United States has greatly improved during the past few decades. Yet tooth decay (also called cavities or dental caries) remains the most common chronic infectious disease in children. In fact, among children ages 2–5, the incidence of dental caries in the primary teeth has actually increased. And California's children have nearly twice the untreated tooth decay as children in other states.

Many factors influence children's oral health, such as family history, physical and social environment, health behaviors, dental health habits and access to dental care. Children from low income families, those with special needs, and from certain racial and ethnic groups have higher risk of tooth decay and often have less access to dental care.

Untreated tooth decay causes pain and infections that may lead to problems with eating, speaking, playing, and learning. Fortunately, tooth decay is preventable and can be treated.

What Early Care and Education Professionals Can Do?

- Provide daily toothbrushing in your program, especially if you serve high risk children.
- Teach children good habits to keep their teeth clean and strong and to prevent cavities.
- Make sure children eat regular nutritious meals and avoid frequent snacking.
- Work with families on oral health issues such as access to dental care, regular check-ups (starting at age 1), nutrition, toothbrushing and the benefits of fluoride in toothpaste and drinking water.
- Recognize the signs of dental disease and refer to local pediatric dentists.
- Identify dental care providers who specialize in working with children in your community. Plan a field trip to the office of a pediatric dentist or ask a dental professional to visit your program.
- Notify families that children need a dental check-up for enrollment in kindergarten in public schools in California.

by Bobbie Rose RN

Resources and References see page 3

Oral Health Disparities continued on page 3

inside

health + safety tips

Shopping Cart Safety

Every year, thousands of children are treated in U.S. hospital emergency rooms for falls from shopping carts. Falls from shopping carts are among the leading causes of head injuries to young children.

You can share the following tips with parents to prevent falls from shopping carts:

- Use seatbelts to restrain your child in the cart seat.
- Stay with your child at all times.
- Do not allow your child to ride in the cart basket.
- Do not allow your child to ride or climb on the sides or front of the cart.
- Do not allow an older child to push the cart with another child in it.
- Do not place a personal infant carrier or car seat in the cart seat or basket.

Source: The U.S. Consumer Product Safety Commission

child care health
connections

Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety. Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

Major support for this publication is provided by the California Department of Education/Child Development Division.

Six issues of *Child Care Health Connections* are published each year in odd-numbered months at the subscription rate of $25/year.

Newsletter articles may be reprinted without permission if credit is given and a copy of the issue in which the reprint appears is forwarded to the California Childcare Health Program at the address below.

Subscriptions, Renewals, Inquiries
Contact CCHP at (800) 333-3212 or cchp@ucsfchildcarehealth.org.

CCHP Program Office
1950 Addison St., Suite 107
Berkeley, CA 94704
T (510) 204-0930
F (510) 204-0931

California Child Care Healthline
(800) 333-3212
healthline@ucsfchildcarehealth.org

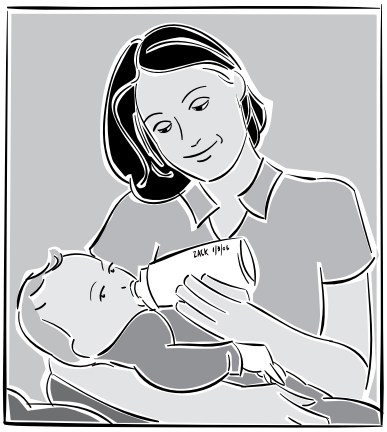
www.ucsfchildcarehealth.org

Newsletter Editors
A. Rahman Zamani, MD, MPH
Bobbie Rose, RN
Judy Calder, RN, MS
Tahereh Garakani, MA Ed
Victoria Leonard, RN, FNP, PHD

ask the nurse

Unbreakable Glass Baby Bottles

Q **At our infant center we are trying to reduce the amount of plastic materials we use for infant feeding and food storage. We are concerned over recent reports of chemicals that can leech into liquids from plastic bottles. It's easy to switch to glass storage containers. But the child care regulations say that a bottle given to an infant to hold should be unbreakable. Where do I find unbreakable glass baby bottles?**



A Yes, the infant center regulations say that an infant should not be allowed to carry a bottle while ambulatory and that a bottle given to an infant who is able to hold his/her own bottle should be unbreakable. Many parents and child care providers are concerned about the chemicals Bisphenol A (BPA) and phthalates that have been added to plastics to harden them. And it would be wise to avoid these chemicals for young children until they are proven safe. BPA-free plastic baby bottles are now being manufactured and are clearly labeled as such. However, glass bottles are preferred by many caregivers and the market is just beginning to manufacture unbreakable glass baby bottles so they may be harder to find until the market catches up.

There are two types of unbreakable glass bottles; one is tempered to harden the bottle and the other has a silicone sleeve to protect the glass in case of a fall. They have all of the benefits of the old glass bottles but do not break under usual conditions. Unfortunately, they are more expensive than traditional glass or plastic bottles. You and parents can focus on purchasing the number of unbreakable bottles used for babies that hold their own bottle if replacement costs seem excessive. Since most parents bring in their own baby bottles with breast milk or formula your recommendations will be important to them. And you'll want some extra bottles at the program for water feeding for infants over six months (infants under six months should only have breast milk or formula.) If you are unable to find them at the usual baby store departments, they can be ordered on the Internet.

by Judy Calder, RN, MS

The Effects of Stress on Young Children

The ability to respond to new or scary situations is important for the adaptation and survival of all living beings. These threatening things in the environment are called stressors. Our ability to respond to stressors is built into our bodies and brains and is called a stress reaction. Young children develop patterns of stress reactions that are shaped by their temperament, and by their physical and social environments.

When is stress harmful to children?

When children are exposed to stress for short periods and have dependable and comforting relationships with adults for support, they react with brief increases in their heart rate and mild increases in stress hormone levels that quickly return to normal. For these children, stressful experiences are just a normal part of everyday life. They can help children learn to adapt and cope in the world.

Children also experience stress when exposed to big life events such as a natural disaster or the illness of a parent. The stress caused by these events is tolerable for children if supportive adults create a safe environment for them in which they are helped to cope with the event, which is not prolonged. The brain is allowed to recover in these situations.

Stress can become toxic to children's health and emotional development if children

- are exposed to repeated and prolonged stressful situations
- have little control in the situation
- do not have the support of warm and stable adults

For example, child abuse, neglect, and repeated exposure to intimate partner violence can cause toxic stress in children.

Effects of toxic stress

Toxic stress can lead to strong, frequent or prolonged activation of the body's stress management system. Repeated exposure to toxic levels of stress:

- causes the release of stress hormones, such as cortisol, that circulate throughout the body. Prolonged exposure to stress hormones can:
  - suppress the body's immune response, making children more vulnerable to infection.
  - disrupt the development of brain circuits, especially in very young children.
  - damage the hippocampus, an area of the brain responsible for learning and memory, and regulation of the stress response.
  - change the architecture of the brain so that children develop stress responses that are overly reactive to stressful or threatening events and slow to recover and calm down. These changes will follow them into adulthood.
- can lead to health problems later in life including alcoholism, depression, eating disorders, heart disease, cancer, and other chronic diseases.

How can you help a child experiencing toxic stress?

Early identification and treatment can lessen the long-term negative health and behavioral effects of toxic childhood stress. Sensitive and responsive caregiving can also help to repair some of the changes in the brains of very young children caused by toxic stress, and can protect vulnerable children from the worst effects of chronic, toxic stress. Provide support for families during times of crisis and refer to community agencies as needed. Identifying, supporting and referring a child experiencing stress can be life-changing.

References

Middlebrooks JS, Audage NC. (2008). The Effects of Childhood Stress on Health Across the Lifespan. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. http://cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf

Working Paper No. 3: Excessive Stress Disrupts the Architecture of the Developing Brain. (2005). National Scientific Council on the Developing Child, http://developingchild.net/reports.shtml.

by Vickie Leonard, RN, FNP, PhD

Oral Health Disparities continued from page 1

Resources and References

CCHP Stop Dental Disease mini posters: www.ucsfchildcarehealth.org/html/pandr/postersmain.htm

CCHP Promoting Children's Oral Health, A curriculum for health professionals and child care providers, (2005) www.ucsfchildcarehealth.org/pdfs/Curricula/oral%20health_11_v8.pdf

National Maternal and Child Oral Health Resource Center, Oral Health for Infants, Children, Adolescents, and Pregnant Women Knowledge Path www.mchoralhealth.org/knwpathoralhealth.html

Centers for Disease Control and Prevention, Disparities in Oral Health, (2009) www.cdc.gov/oralhealth/oral_health_disparities.htm

Developmental Milestones for Feeding Young Children

Young children grow and develop at a rapid pace and nutritious food fuels this growth. Healthy food and supportive feeding practices lay the foundation for a child's future health. As infants grow and become more independent, they pass through a series of feeding milestones.

Breast and bottle feeding

Whether breast or bottle feeding, responding to an infant's cues of hunger and feeling full is very important. A typically developing baby can be trusted to regulate milk intake. Cues of hunger are opening and closing the mouth, licking lips, sucking on hands, fidgeting and squirming, fussing and a later cue is crying and moving frantically. The infant will slow down and stop feeding when feeling full. Do not hurry, force feed or give cereal in a bottle. Overfeeding or early introduction of solid foods will not make an infant sleep better.

Introducing solids

Sometime between 4 and 6 months infants are ready to be spoon-fed solid food in addition to breast milk or formula. The signs of readiness include being able to sit upright and hold the head steady. Showing an interest in food by grabbing, leaning forward and watching others eat are other signs.

In time, the baby will be able to scoop some food and bring it to his mouth. Although messy, this helps develop self-feeding skills. When a baby is full she will look away from food, lean backward, or refuse to open her mouth. Respect her cues that she is full; this helps preserve her ability to know when she is full and stop eating.

Finger foods

At around 9 months babies can start to pick up small pieces of food and feed themselves. Make sure foods are soft and are not choking hazards. Allow self-feeding as much as possible to support the development of fine motor skills and healthy eating habits.

Weaning to a cup

Offering breast milk or formula in a cup at mealtime helps build the skills needed for weaning from a bottle or breast. With practice, the child will be able to drink from a cup and can start to be weaned at 12 months.

Chewing

As toddlers get more teeth, they can bite, chew and enjoy a greater variety of foods. But it takes years (age 4) to coordinate the chewing and swallowing skills needed for foods that are choking hazards. Soft and chopped foods are safest for young children.

References and Resources

Satter, Ellyn, How to Feed Children, (2010)
www.ellynsatter.com/how-to-feed-i-24.html

CCHP, Possible Choking and Suffocation Hazards mini poster
www.ucsfchildcarehealth.org/pdfs/chinese/Suffocation_en_070110.pdf

by Bobbie Rose, RN

BOX OF FUN

Cooking with Young Children

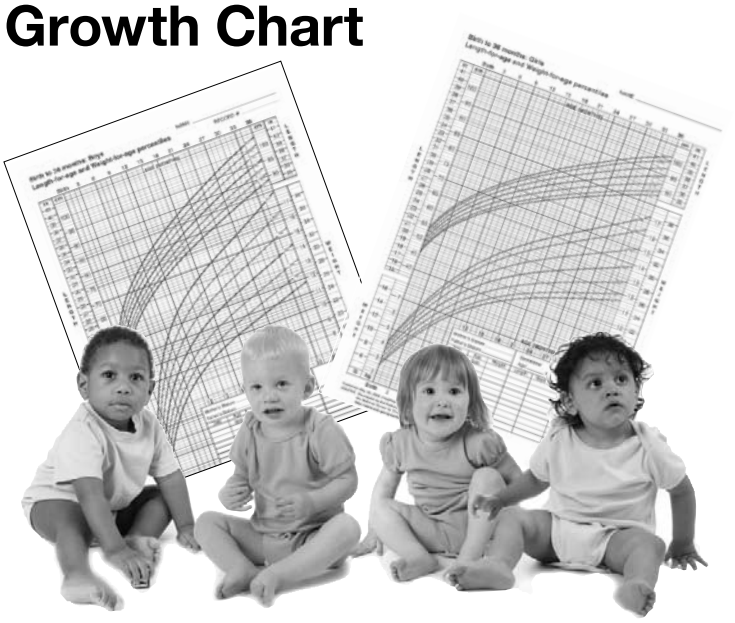
Cooking projects are a great way to introduce new foods and experience foods from different cultures. When planning, stick to healthy foods and keep food preparation activities appropriate for different ages and abilities, including children with special needs. For example: most 2 year olds can stir and pour; 3 year olds can use a rolling pin, shape and measure; and 4 year olds can use plastic knives to cut, with adult supervision.

Safety rules for cooking with children

- Wash hands before beginning
- Use clean and sanitary surfaces for food preparation
- Keep cold foods refrigerated (40° or colder) until you are ready to use them
- Wash fruits and vegetables even if you peel or cook them
- Provide child-sized tools
- Closely supervise cutting with knives and only adults should use a stove or electrical appliance
- Throw away food that falls on the floor and clean up spills right away

For recipe ideas: http://kidshealth.org/kid/recipes/index.html

Understanding Your Child's Growth Chart



Growth charts are important for monitoring your child's growth and development. Health care providers and parents use them to track the growth of infants, children, and adolescents. While growth charts are not intended to be used as a single diagnostic instrument, they are tools to track children's growth and identify potential developmental health and nutrition issues.

A standard part of pediatric checkup

Children grow at their own pace and healthy children have a wide range of shapes and sizes, such as short and tall, big and small. During routine checkups, a health care provider measures and records a child's height, weight, and head circumference to determine the child's growth compared to both national averages for children of the same age and sex, and to the child's measurements from previous checkups. The chart can provide a general picture of how the child is developing physically, and if he or she is following a healthy growth pattern.

Different types of growth charts

The growth charts developed by the Centers for Disease Control and Prevention (CDC) consist of graphs for height, weight and body mass index The Body Mass Index (BMI) provides an additional tool for early identification of children at risk for obesity. BMI is a measure of body fat based on a formula that calculates the ratio of height and weight. It is an indicator of appropriate weight for height (wt/ht2) or (Weight in Kilograms / (Height in Meters x Height in Meters)), and is a more reliable indicator of body fat than just weight alone. The BMI growth charts can be used beginning at 2 years of age, when an accurate height can be obtained.

You can use them at home

With the availability of full color and printer friendly growth charts on the Internet, many parents have begun using them at home. To follow your child's physical development and weight changes, and see how well your child is growing, you can weigh her on a scale that provide a correct result and enter her weight on the growth chart.

What does "percentile" mean?

The growth chart shows curves representing percentiles that compare your child's weight with other American children of the same age. Health care providers use these percentiles to assess a child's risk of being overweight. To help you understand percentile, let us use the following example:

> If your 6-month-old daughter is in the 40th percentile for weight and the 80th for height, that means 40 percent of 6-month-old girls in the United States weigh the same as or less than your child and 60 percent weigh more. Similarly, 80 percent of girls her age are the same length as or shorter than your child and 20 percent are longer.

The physical growth of infants and children has long been recognized as an important indicator of health and wellness.

Resources

Frequently Asked Questions about the 2000 CDC Growth Charts, at www.cdc.gov/growthcharts/growthchart_faq.htm

California Childcare Health Program at www.ucsfchildcarehealth.org

by A. Rahman Zamani, MD, MPH

Children with Turner Syndrome

Turner syndrome (TS) is a genetic problem, occurring in approximately one of every 2,000 female live births and in as many as 10 percent of all miscarriages. It only affects females. TS can cause a variety of medical and developmental problems. However, with good medical, dental and psychological care, and educational support, the chances for a satisfying, happy and healthy life are excellent for girls with Turner syndrome.

What is Turner syndrome

TS is a genetic condition in which a female does not have the usual pair of two X chromosomes.

Human beings have 46 chromosomes that contain DNA and genes. They are present in every cell of the body. Two of these chromosomes, called sex chromosomes, determine whether a baby becomes a boy or a girl. Girls have two of the same sex chromosomes XX. Boys have an X and a Y chromosome. Most girls are born with two X chromosomes, but girls with Turner syndrome are born with only one X chromosome or a missing part of one X chromosome. It is not known exactly what causes Turner syndrome.

Signs and symptoms of Turner Symptoms

The missing genetic material from the X chromosome leads to errors during fetal development and other developmental problems after birth. Signs and symptoms may vary, and may include physical, emotional and learning disabilities. Some girls have such mild symptoms that they are not diagnosed until they reach adulthood.

The most prominent physical feature of Turner syndrome is short stature. A child with Turner syndrome may also have arms that turn out at the elbows, a broad chest, drooping eyelids, high and narrow roof of the mouth (palate), low hairline at the back of the head, narrow fingernails, swollen hands and feet, wideness and webbing of the neck.

A child with Turner syndrome may have difficulty in social situations, such as problems understanding other people's emotions or reactions. Congenital abnormalities of the heart and kidneys, high blood pressure, cataracts, chronic or recurrent middle ear infections, hearing loss, diabetes, and are other possible symptoms. Intelligence falls across the normal range in girls with TS but nonverbal learning disabilities, particularly with learning that involves spatial concepts or math, are common. Young girls with Turner syndrome may have trouble with physical skills (e.g. throwing a ball) or fine motor tasks. One-on-one help may be required to master these skills.

Recommendations for child care providers

Since significant psychosocial risks are associated with Turner syndrome, your support will help the child and her family cope with the physical, mental and emotional ramifications of living with this condition.

- Children with TS may also have other conditions. If evidence of other difficulties such as dyslexia, problems with social skills, or attention deficit hyperactivity disorder (ADHD) emerge, evaluation and treatment should be encouraged. A guideline for referring children for evaluation is available from the CCHP website (see the resources section). The guideline will help you understand the screening and assessment process. However, only parents or guardians may initiate this process.
- Avoid placing the child in jumpers, umbrella strollers, or swings because they increase reflux (regurgitation of stomach fluid).
- Consider the child's age, not their stature, when you are interacting and communicating with her.
- Parents should be alerted to possible peer issues and educated about strategies to deal with difficulties such as social isolation.

References & Resources

National Institute of Child Health and Human Development, Turner Syndrome, at www.nlm.nih.gov/medlineplus/ency/article/000379.htm

California Childcare Health Program www.ucsfchildcarehealth.org/pdfs/healthandsafety/SpecialEdAssesEN012606_adr.pdf

Turner Syndrome Society www.turnersyndrome.org

T Morgan, Turner syndrome: diagnosis and management. Am Fam Physician. 2007; 76:405-410.

Turner Syndrome: A Guide for Families online at: www.turnersyndrome.org/dmdocuments/TSfamily_guide092502B.pdf

Tahereh Garakani, MA Ed

Breast Feeding Is Best at Home or in Child Care

Some parents using child care may feel that breast feeding may be too much of a hassle. Or some child care providers may not realize the importance of breastfeeding. However, breastfeeding exclusively for the first 6 months of life benefits everyone:

THE BABY – has fewer respiratory gastrointestinal illness, and lower rates of dermatitis, asthma, diabetes, obesity, and Sudden Infant Death Syndrome.

THE MOM – has lower rates of breast and ovarian cancer and saves time and money by not having to shop for formula, and prepare bottles. She also gets to enjoy the connection with her baby at the end of a work day.

THE ENVIRONMENT – benefits by not having all of the by-products of processing and packaging formula.

EMPLOYERS – although employers must identify a private space for expressing breast milk at work they benefit by having fewer days missed because of sick babies.

THE ECONOMY (what?!) – in a recent study published in Pediatrics, it's estimated that if 90% of US families complied with medical recommendations to breastfeed exclusively for 6months, the United States could save $13 billion per year and prevent an excess of more than 900 deaths (mostly infants).

It's hard to know why some pregnant women are hesitant to breastfeed and it may be worthwhile to explore the reasons to see if they outweigh the benefits. There are plenty of women in the workforce who are successfully doing it and it helps to seek their advice and personal experience. Additionally, many child care providers have experience in working with breastfed babies and their moms. And, a positive attitude supportive of breastfeeding would be among the criteria for selecting a child care provider. The La Leche League website has information on multiple topics and videos to watch of breastfeeding moms.

Most hospitals have support groups for breastfeeding and public health nurses/lactation consultants can be enlisted for additional in-home support. The California Childcare Health Program is always available for advice. Call the Healthline at (800) 333-3212 or visit the website at www.ucsfchildcarehealth.org for useful materials.

References & Resources

CCHP Supporting Breastfeeding Families, (2005) www.ucsfchildcarehealth.org/pdfs/healthandsafety/breastfeedsupen050605_adr.pdf, and Breastfeeding and Child Care, (2005), www.ucsfchildcarehealth.org/pdfs/factsheets/breastfeedingen052405.pdf

La Leche League www.lllnorcal.org/ www.lalecheleaguescnv.org/

by Judy Calder, RN, MS

health + safety resources

Vaccines for Children public education campaign The National Association of County and City Health Officials has launched a new public education campaign, "Vaccines for Children: We've Got You Covered." The campaign aims to raise awareness among parents about the importance of childhood immunization, and the availability of free or low-cost vaccines for children through 18 years of age, via the federal Vaccines for Children program. For more information, visit the NACCHO website, www.naccho.org/topics/HPDP/immunization/vfc.cfm

Online trainings available for child care providers on nutrition, physical activity, health and safety The trainings were developed by the California After School Resource Center (CASRC) and California Healthy Kids Resource Center (CHKRC) for professionals serving preschool through grade twelve youths in California. The trainings will provide users with knowledge, skills, and easy-to-apply program strategies and resources. Access them at www.casrc-chkrcetrainings.org/training/modules

The Foundations of Lifelong Health Are Built in Early Childhood A vital and productive society with a prosperous and sustainable future is built on a foundation of healthy child development. Health in the earliest years lays the groundwork for a lifetime of vitality. When developing biological systems are strengthened by positive early experiences, children are more likely to thrive and grow up to be healthy adults. This publication is available online at http://developingchild.harvard.edu/library/reports_and_working_papers/foundations-of-lifelong-health/

New Desired Results Developmental Profile© (DRDP) released The June 2010 issue of the Healthy Childcare newsletter includes information about developmental screening in early childhood settings. Available online at www.healthychildcare.org/pdf/ E-NewsJune10.pdf.

Act Early Milestone Quiz - Widget Available The Centers for Disease Control and Prevention (CDC) have a new milestone quiz. The quiz is a fun way for parents to learn about developmental milestones. Online at www.cdc.gov/ncbddd/actearly/index.html

Children can no longer be denied health coverage for pre-existing conditions Several patient protections provided by the federal health care reform law, the Patient Protection and Affordable Care Act (PPACA), took effect on September 23, including mandated coverage of sick children. Federal law now prohibits insurers from denying coverage to children up to age 19 due to pre-existing conditions, or denying treatment associated with the pre-existing conditions. If you have questions about the health reform bill, Health Access has an animated primer on what the health reform law actually does on their website at http://blog.health-access.org/2010/09/cartoon-version-of-health-reform.html

The effects of child care cuts on Californians The UC Berkeley Center on Health, Economic & Family Security (Berkeley CHEFS) released a new report on the impact of child care cuts on Californians. This paper outlines the impact these child care cuts would have on working parents, children, and the state's economy. Available at www.law.berkeley.edu/files/chefs/Child_Care_in_California_Sept_2010.pdf

The recession's toll on children More than one in five American children now live in poverty. Even though the economy is likely to recover in the next few years, a generation of disadvantaged children may not. Today's poorer children could suffer the devastating effects of the recession for years to come, as they face an increased risk of engaging in violent crime and illegal drug use, and of experiencing chronic health problems such as obesity. Low-income children are more likely to develop cognitive deficits, undermining their chances for successful lives. Available at www.apa.org/monitor/2010/09/recession.aspx

California Childcare Heatlh Program
1950 Addison Street, Suite 107
Berkeley, CA 94704-1182

CHANGE SERVICE REQUESTED