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YOUR GROWING CHILD



A newsletter for families of Partners in Pediatrics Ltd.

An affiliate of Children's Minnesota



Goodnight Light, Goodnight Moon; Goodnight Baby in a Safer Room

When it comes to your child's sleeping environment, the emphasis should be on utility not on fashion. Parents are attracted to plush and elaborate bedding although science indicates that the opposite is the safest.

Fashionable bedding may look cute (your infants are cute enough already) but can pose safety risks. The *American Academy of Pediatrics* (AAP) has recently updated their sleep guidelines for infant safety. The update's main goal is to decrease the risk of *Sudden Infant Death Syndrome* (SIDS).

Safe sleep recommendations include:

- Placing infants on their backs to sleep (this does not increase the risk of a baby choking)
- Using a firm sleep surface
- Breast feeding
- Keeping soft objects and loose bedding out of an infant's sleep area (this includes bumpers and mattress toppers)
- Room sharing without bed sharing
- Avoiding smoke exposure during pregnancy and after birth
- Avoiding overheating due to excessive clothing and not using head coverings on infants
- Avoiding alcohol and illicit drug exposure during pregnancy and after birth
- Getting your children their routine immunizations
- Using a pacifier

How useful are these recommendations?

Every year, about 3,500 infants die

from sleep-related incidents. Since the recommendation to place babies on their backs for sleep, the SIDS rate has declined. But it has plateaued in recent years. Ninety



percent of sleep-related deaths occur before a child turns 6 months of age with the peak between 1 and 4 months.

Researchers continue to look at parental behaviors and habits that decrease the risk of sleep-related deaths. The current recommendations are updates of those first recommended in 1994.

The AAP believes that as these recommendations are refined, the number of sleep-related deaths will continue to decrease.

New HPV Schedule Makes Prevention Easier

The year 2016 marked the 10-year anniversary of the recommendation that *Human Papilloma Virus* (HPV) vaccine be given to adolescent girls to prevent certain cancers.

Since that time the recommendations have changed to include all adolescent boys. Studies over those years have overwhelmingly found the vaccine to be safe and effective. In those 10 years, HPV infections caused by the virus types targeted by the vaccine have been reduced by more than 60 percent.

The big news is that many adolescents need one less injection to provide the same great immunity. Last November the *Centers for Disease Control* (CDC) recommended that adolescents less than 15 years of age only need two doses of the vaccine to provide protection.

Previous to this, three doses were given (and will still be recommended if you start the series once you are 15). The second dose is recommended 6 months following the first.

Presently, it is our recommendation that adolescents start the HPV series at age 11.

For HPV vaccine to be most effective, the series should be given prior to exposure to HPV. There is no reason to wait until teens reach puberty or start having sex. Tweens should receive all recommended doses of the HPV vaccine series long before they begin any type of sexual activity.

HPV is the most common sexually transmitted disease. About 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year.

It is so common that most people will get HPV at some point during their lives but most will never know it. It is most common in the teens and early 20s. Most HPV infections cause no symptoms and go away on their own. But some cause cancer.

Research suggests that protection from the vaccine lasts a long time. Current studies have followed vaccinated subjects for more than ten years without showing any decrease in effectiveness.

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How Dumb Are Our Smartphones or Is It Us?

New technology always brings with it advantages that we didn't expect. Likewise, we find surprise disadvantages. Never more true is our continuing attachment and obsession with our smartphones.

The New England of Journal Medicine reported on a 22-year-old woman who felt she was going blind in one eye. Out of one eye her vision was always great. But in the other eye her vision would fade in and out.

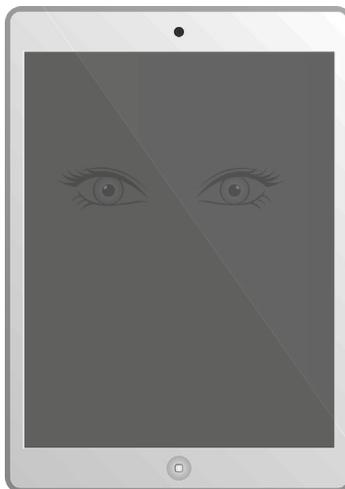
Her doctors could find nothing wrong. Her vision tests were good, vitamin levels normal and brain scans perfect.

Finally, her doctors diagnosed her with "transient smartphone blindness." She would scan her phone at night while lying on her side. In this position her pillow would cover the affected eye and she would read with the other eye.

When both eyes were then exposed to the same light intensity, it would take time for one of her eyes to adapt to the changing light level, giving the impression of diminished vision in one eye.

Another recent study published in the journal *BMC Ophthalmology* found that

symptoms of dry eye disease were found more prevalent in children who spend more time on their cell phones and less time outdoors. Dry eyes can affect vision and subsequently affect learning.



It is thought that staring at a smartphone causes the layer of tears on our eyes to

evaporate faster. In the study, 97 percent of children with dry eyes reported on the average of 3 hours per day looking at their smart phones. 55 percent of the children who didn't have dry eye symptoms reported an average of 37 minutes per day.

The study also showed that children who spent more time outside had less dry eye symptoms. This suggests that outdoor play may protect against dry eye disease.

Both these stories cast worries about our overuse of cell phones. We can quote Steven Spielberg: "Technology can be our best friend, and technology can also be the biggest party pooper of our lives. It interrupts our own story, interrupts our ability to have a thought or a daydream, to imagine something wonderful, because we're too busy bridging the walk from the cafeteria back to the office on the cell phone."

HPV Update

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HPV vaccines are safe. The CDC has found them to be safe and effective. The vaccines have been studied in thousands of people around the world, and these studies showed no serious safety concerns. More than 60 million doses of HPV vaccine have been distributed in the United States since March 2014.

Side effects reported in these studies were mild, including pain at the injection site, fever, dizziness, and nausea. Vaccine safety continues to be monitored by CDC and the FDA. More than 60 million doses of HPV vaccine have been distributed in the United States as of March 2014.

So, as your children start middle school, make the HPV vaccine a part of their entry requirements.

Partners in Pediatrics

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Pediatric Nurse Practitioners

Allison Goulson, APRN CPN William Kunau, APRN CPN	Anmarie Oppel, APRN CPN Roxanna Plouff, APRN CPN	Carolyn Solberg, APRN CPN Suzanne Strauss, APRN CPN
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Physician Assistant

Hannah Wilhelm PA-C, MPAS

Appointment Hours

Monday through Friday 8 a.m. to 5 p.m. all offices
Monday through Thursday until 8 p.m. at Maple Grove Monday and Thursday until 7 p.m. at Rogers

Pediatric Ready Care Hours — Walk-ins Welcome!

Monday through Friday 8 a.m. to 5 p.m. all clinics	Monday through Thursday 5 p.m. to 8 p.m. Maple Grove only	Monday and Thursday 5 p.m.—7 p.m. Rogers only	Saturdays and Sundays 8:30 a.m.—12:30 p.m. Maple Grove only
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