



HEALTH MATTERS FOR LITTLE PEOPLE

Did You Know Your Baby Would Cry Like This?



Even healthy babies can cry a lot in their first few months of life. Babies cry for many reasons and sometimes they cry for no reason at all. Crying is perfectly healthy and normal in babies as it is their only form of communication. This is important for all parents and caregivers to know. A baby's cry makes a parent or caregiver want to comfort the baby to stop him or her from crying. There are a number of comfort measures that can be tried including, feeding the baby, burping the baby, changing the baby's diaper, checking the baby's temperature (he/she could be sick), checking the room temperature (he/she might be too hot or cold), or calling the doctor if you think something is wrong. If the parent or caregiver has tried everything and nothing works, that doesn't mean he/she is doing anything wrong. Sometimes babies just need to cry. The average newborn cries two to three hours a day and can have crying spells that last 20 to 60 minutes, or longer. The normal cycle of crying:

- Increases after about two weeks of age.

- Peaks at about two months.
- Continues until after the baby is four or five months old.

When a baby cries constantly, it is very stressful and the parent or caregiver may get frustrated with the baby. Feeling angry or upset is okay, but it's how you deal with your anger that is important. You need to take a break from the crying and take care of yourself too. It is okay to put the baby in the crib and walk away for a short while. It is important to calm down and then try again. Call family, friends or anyone who can help. It is important that whatever they do, parents and caregivers should **not shake the baby**.

Shaken Baby Syndrome

This is a term which is used to describe very serious injuries that can happen when a

person shakes a baby. Sometimes a parent or caregiver can get so angry or frustrated because of the crying that they lose control and without thinking shake their baby. Shaking can damage the baby's brain or cause permanent disabilities such as blindness. Shaking can even cause infant death. This is one of the most severe forms of child abuse. It is important to tell everyone that might be caring for the baby about the dangers of shaking a baby. For more information, call the health unit or visit www.don'tshake.org.

Submitted by Sabine Murphy, PHN.

INSIDE THIS ISSUE

Are Your Child's Teeth Strong and Healthy?.....	2
Bruxism: Teeth Grinding or Clenching.....	2
2009 Publicly Funded Immunization Schedule For Ontario.....	3
Day Nurseries and Private Home Day Care.....	3
Fifth Disease (Parvovirus B19).....	4
Carrot Snacking Cake.....	4

Never, Ever Shake a Baby!

Sometimes it is okay to put the baby in the crib and let the baby cry for a short while (5 to 10 minutes) to give yourself a break. Try to call someone for help during these stressful times.

Are Your Child's Teeth Strong and Healthy?

Inside our newsletter, you will find a new pamphlet called, "Are Your Child's Teeth Strong and Healthy?" It is a dental screening instrument for children 18 - 36 months of age. It is an oral health addition to the Nipissing District Development Screen (NDDS). It was created to help identify young children at risk of, or having cavities.

Research has shown that early prevention and intervention among preschool children can be achieved through the use of screening questionnaires. They are used in a number of places such as doctors' offices, Early Years Centres and child care centres. They were created to be used by parents or caregivers. The checklist is designed to help monitor a child's dental development. If you answer "no" to three or more questions, it is advised that you talk to your family's dental care provider about your child's dental development. If you do not have a family dental care provider, it is suggested you contact your public health dental hygienist for more information.

If you would like additional copies please contact the Health Unit's dental department.



Bruxism Teeth Grinding or Clenching



Bruxism is the medical term for the grinding of teeth or the clenching of jaws, especially during deep sleep or while under stress. Three out of every 10 kids will grind or clench, experts say, with the highest incidence in children under five. No one is sure why children grind their teeth. Children may grind because the top and bottom teeth aren't aligned properly. Others may do it as a response to pain, such as an earache or teething. Stress may be another cause. Most kids outgrow these fairly common causes for grinding. For instance, your child may be worrying about a test at school or experiencing a change in routine (e.g., a new sibling or a new teacher).

Generally, bruxism doesn't hurt a child's teeth. Many cases go undetected with no adverse effects, though some may result in mild morning headaches or earaches. In some extreme circumstances, night-time grinding and clenching can wear down tooth enamel, chip teeth, increase temperature sensitivity and cause severe facial pain and jaw problems, such as temporomandibular joint disease (TMJ). Most children who grind, however, do not have TMJ problems unless their grinding and clenching is chronic.

Lots of kids grind their teeth and aren't even aware of it. It's often siblings or parents who identify the problem. If you think your child is grinding his or her teeth, visit your child's dentist who will examine your child's teeth for chipped enamel and unusual wear.

The exam will help your child's dentist determine whether the grinding is caused by anatomical (misaligned teeth) or psychological (stress) factors. With that information, your child's dentist can come up with an effective treatment plan. In cases where the grinding and clenching make your child's face and jaw sore, or the teeth are being damaged, dentists may prescribe a special night guard.

Grinding the teeth is a common habit that usually disappears on its own as young children grow, like sucking on pacifiers and thumbs. Most kids stop grinding when they lose their baby teeth. However, a few children do continue to grind into adolescence. Your child may be able to control the grinding by relaxing before bedtime. Taking a warm bath or shower, listening to a few minutes of slow music or reading a book can help calm your child.

Kim Casier, Dental Hygienist

2009 Publicly Funded Immunization Schedule For Ontario

Routine Schedule For Children Beginning Immunization In Early Infancy (Two Months To Six Years Of Age)

Immunizations, also called vaccines, shots or needles, help save lives, prevent serious illnesses, and are recognized as one of the most effective public health interventions. Immunizations help the body make its own protection against certain diseases. When children are immunized, their bodies make antibodies that fight specific infections. If they are not protected and come into contact with one of these infections, they may get very sick and potentially experience complications or even die.

Over the years vaccine schedules change. It can be confusing for parents to remember what vaccines their children should be getting when. The more familiar parents and professionals become with vaccine schedules the easier it will be to keep things straight. This is the latest publicly funded immunization schedule for Ontario, for children from age two months to four to six years. It was mailed to all area doctors in June of this year.

If you have any questions regarding immunizations, please contact a member of the Vaccine Preventable Diseases program at the Haldimand-Norfolk Health Unit at 519-426-6170. Rose Huyge can be reached at extension 3227 and Maria Mendes Wood is at extension 3222.

References: Publicly Funded Immunization Schedules for Ontario-January 2009; Schedule 1.

Submitted by Maria Mendes Wood, RN, BScN



NEW VACCINE SCHEDULE 2009

AGE	VACCINE # 1	VACCINE # 2
2 months	Pediacel # 1	Prevnar #1
4 months	Pediacel #2	Prevnar #2
6 months	Pediacel #3	Prevnar #3
12 months	MMR	Menjugate
15 months	Varicella	Prevnar #4
18 months	Pediacel #4	MMR #2
4 to 6 years	Quadracel	

Pediacel= diphtheria, pertussis, polio, tetanus, HIB

MMR = measles, mumps, rubella (german measles)

Quadracel = diphtheria, pertussis, polio, tetanus

Men C: One dose if > 1 year. One-year-old children immunized in infancy (i.e. < 1 year of age) require another dose at least one year after the last dose for enhanced protection.

Prevnar: There is a change to the interval between the last dose in the primary series of Pneumococcal conjugate (Pneu-C-7) and the booster dose from six to eight weeks to at least two months.

Day Nurseries and Private Home Day Care

The Smoke-Free Ontario Act prohibits smoking on any premise a day nursery or private home day care operates at all times whether children are present or not.

Operators must:

- Make sure that everyone is aware that smoking is prohibited.
- Remove all ashtrays.

- Ensure that no one smokes on the property.
- Post No-Smoking signs at all entrances, exits, washrooms and in other appropriate locations.

Signage is available from the Haldimand-Norfolk Health Unit. For more information, or to request signage, please contact 519-426-6170 Ext. 3202 or leave a message on the Smoke-Free Ontario Hotline at 519-426-6170 Ext. 3278.

Fifth Disease (Parvovirus B19)



Fifth disease, also known as “Slapped Face” disease, is a mild rash illness that occurs most frequently in children. It is caused by Parvovirus B19 and tends to occur in the winter and spring.

Fifth disease usually begins with a mild illness that may result in a fever, tiredness, body aches, headache and cold-like symptoms. A few days later, a very red rash appears on the face that looks like “slapped cheeks” and a lacy red rash on the trunk and limbs. The rash may be itchy. The child is usually not very ill, and the rash resolves in seven to 10 days. The symptoms usually occur four to 20 days after the person has been exposed. Once a person who has had fifth disease gets better, he or she will be protected against this disease in the future.

A person infected with parvovirus B19 is contagious before the rash appears. By the time the “slapped cheek” rash occurs, the child is probably no longer contagious and may return to school and day care.

Fifth disease is spread from person to

person by direct contact with respiratory secretions from the nose, mouth and throat of infected people before the onset of rash when they appear to “just have a cold.” The virus is spread by being coughed/ sneezed on or by sharing drinking cups and utensils of an infected person. It can be passed on from an infected mother to her unborn baby.

The risk is very low, but there is some risk to the development of the baby. The pregnant woman can have a blood test done to see if she is immune to the disease. Many adults are immune. People who have blood disorders or an unhealthy immune system are at higher risk for complications from the disease. They should seek medical attention if they have been in contact with someone who has fifth disease.

There is no vaccine or medicine that prevents fifth disease. However, frequent hand washing, careful disposal of used facial tissues and not sharing drinking cups or utensils are effective methods to decrease the chance of becoming infected.

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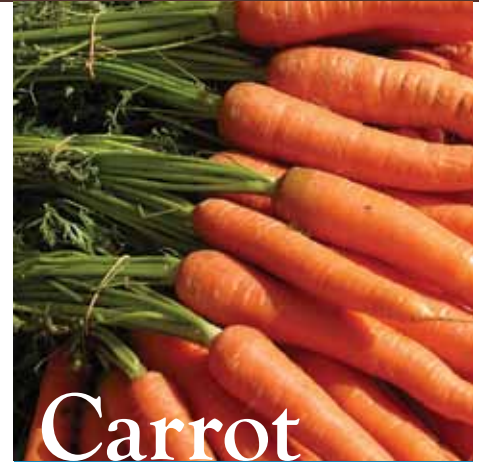
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Carrot Snacking Cake

This cake is simple, delicious and wholesome.

Ingredients:

3/4 cup	Canned crushed pineapple
2	Eggs
3/4 cup	Granulated sugar
1/3 cup	Vegetable oil
1/4 cup	Unsweetened applesauce
1 tsp	Vanilla
1-1/4 cups	Whole-wheat flour
1 1/2 tsp	Cinnamon
1 tsp	Baking powder
1/2 tsp	Baking soda
1-1/2 cups	Grated carrots
1/2 cup	Golden raisins (optional)

Preparation:

- In fine sieve over bowl, drain pineapple, pressing to extract juice. Set aside.
- In large bowl, beat eggs with sugar until pale. Beat in oil, applesauce and vanilla. In separate bowl, whisk together flour, cinnamon, baking powder, baking soda and stir into egg mixture just until moistened. Stir in pineapple, carrots and raisins (if using). Scrape into parchment paper-lined 9-inch (2.5l) square metal cake pan.
- Bake in 350°F (180°C) oven until cake tester inserted in centre comes out clean, about 45 minutes. Let cool in pan on rack for 15 minutes. Remove from pan; let cool completely. (Make-ahead: Wrap and store for up to 2 days or overwrap in foil and freeze in airtight container for up to 2 weeks.)

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