CHILD CARE HEALTH CONSULTATION

www.kentuckycchc.org

Fall 2015

We are pleased to announce our new and improved Child Care Health Consultation website!

http://www.kentuckycchc.org/

Click on the above hyperlink to visit our new website. While there, don't forget to bookmark our site or save it to your favorites!

Our online presence gives providers instant access to a wealth of best practice resources and information pertaining to the world of Child Care - particularly our focus group of children zero to five years of age.

As always, regional Child Care Health Consultants stand ready to assist you on topics focusing on health, safety and nutrition. For assistance call our toll-free CCHC Helpline at **1-877-281-5277**.

Videos
Posters
Policies
Helpline
Resources
Information
Newsletters
Parent Letters
Local Consultants
Product Safety Recalls
Health, Safety & Nutrition

SAFESLEEP

KENTUCKY

Every 5 days in Kentucky, an infant dies in an unsafe sleep environment. Many of these deaths are preventable. We know this because our data shows that in 2013, 90% of these infants who died unexpectedly had at least one risk factor related to their sleep space. These risks include: sleeping on a surface not intended for infant sleep such as an adult bed, couch, car seat or swing; sharing a bed with an adult or another child; or pillows, blankets and other soft bedding, and toys in the crib. In fact, in the state of Kentucky, an infant is 70 times more likely to die in a sleep related death than a motor vehicle accident.

As a caregiver, you should know that nationally, up to 20% of infant deaths occur in childcare. Of those, 1/3 die in the first week and 1/2 die on the first day. Many of the deaths in child care happen because infants who are used to sleeping on their back at home are placed on their stomach for sleep in childcare. This is a very dangerous practice. Keeping infants safe during sleep is actually quite simple by following the ABC's. A-ALONE, baby should always sleep Alone. B- BACK, baby should sleep on his Back for all sleep both night and naps. C-CRIB, baby should sleep in a clear, clean Crib for every sleep. The only item that is permissible in the bed with baby is a pacifier. For more information on Safe Sleep Kentucky, visit our website at http://safesleepky.org or the national Safe to Sleep Campaign at http://safetosleep.nichd.nih.gov.

Benefits of Breastfeeding

Breastfeeding protects babies

Early breast milk is liquid gold – Known as liquid gold, colostrum (coh-LOSS-trum) is the thick yellow first breast milk that you make during pregnancy and just after birth. This milk is very rich in nutrients and antibodies to protect your baby. Although your baby only gets a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach can hold.

Your breast milk changes as your baby grows – Colostrum changes into what is called mature milk. By the third to fifth day after birth, this mature breast milk has just the right amount of fat, sugar, water, and protein to help your baby continue to grow. It is a thinner type of milk than colostrum, but it provides all of the nutrients and antibodies your baby needs.

Breast milk is easier to digest – For most babies — especially premature babies — breast milk is easier to digest than formula. The proteins in formula are made from cow's milk and it takes time for babies' stomachs to adjust to digesting them.

Breast milk fights disease – The cells, hormones, and antibodies in breast milk protect babies from illness. This protection is unique; formula cannot match the chemical makeup of human breast milk. In fact, among formula-fed babies, ear infections and diarrhea are more common. Formula-fed babies also have higher risks of: Necrotizing (nek-roh-TEYE-zing) enterocolitis (en-TUR-oh-coh-lyt-iss), a disease that affects the gastrointestinal tract in preterm infants. Lower respiratory infections. Asthma. Obesity. Type 2 diabetes

Some research shows that breastfeeding can also reduce the risk of Type 1 diabetes, childhood leukemia, and atopic dermatitis (a type of skin rash) in babies. Breastfeeding has also been shown to lower the risk of SIDS (sudden infant death syndrome).

Mothers benefit from breastfeeding

Life can be easier when you breastfeed – Breastfeeding may take a little more effort than formula feeding at first. But it can make life easier once you and your baby settle into a good routine. Plus, when you breastfeed, there are no bottles and nipples to sterilize. You do not have to buy, measure, and mix formula. And there are no bottles to warm in the middle of the night! You can satisfy your baby's hunger right away when breastfeeding.

Breastfeeding can save money – Formula and feeding supplies can cost well over $1,500 each year, depending on how much your baby eats. Breastfed babies are also sick less often, which can lower health care costs.

Breastfeeding can feel great – Physical contact is important to newborns. It can help them feel more secure, warm, and comforted. Mothers can benefit from this closeness, as well. Breastfeeding requires a mother to take some quiet relaxed time to bond. The skin-to-skin contact can boost the mother's oxytocin (OKS-ee-TOH-suhn) levels. Oxytocin is a hormone that helps milk flow and can calm the mother.

Breastfeeding can be good for the mother's health, too – Breastfeeding is linked to a lower risk of these health problems in women: Type 2 diabetes. Breast cancer. Ovarian cancer. Postpartum depression.

Experts are still looking at the effects of breastfeeding on osteoporosis and weight loss after birth. Many studies have reported greater weight loss for breastfeeding mothers than for those who don't. But more research is needed to understand if a strong link exists.

Mothers miss less work – Breastfeeding mothers miss fewer days from work because their infants are sick less often.

More benefits of breast feeding from Kentucky's Cabinet of Health and Family Services can be found here: http://chfs.ky.gov/dph/mch/Advantages.htm

Room sharing without bed sharing

Avoidance of sleep in an adult bed reduces the risk of accidental suffocation or entrapment. Baby sleeping in a crib in the same room as the caregiver facilitates feeding, comforting and monitoring of the infant. There are no recommended measures to make bed sharing safe.

Twins require separate sleeping areas and should not co-sleep in the same crib.

Breastfeeding mothers should not sleep with their baby anywhere—including bed, chair or couch.

MEASLES FACT SHEET

Measles is a highly contagious acute viral disease caused by the measles virus. Measles is a serious illness that can be prevented by immunization.

CAUSES: Measles virus

SYMPTOMS: The first symptoms seem like the beginning of a cold; with a fever, red watery eyes, runny nose, and cough. Koplik spots (small red spots in the mouth). A red blotchy rash appears—usually beginning at the hairline, then spreading down the trunk and out the arms and legs. Measles is sometimes complicated by an ear infection or pneumonia. Rarely, inflammation of the brain (encephalitis) may occur, which can lead to convulsions, deafness, or mental retardation. Death is rare.

SPREAD: By respiratory droplets that are expelled during talking, sneezing and coughing. The dried virus can sometimes attach to dust particles and float along air currents to infect others in another room.

INCUBATION: 8-12 days from exposure to onset of signs or symptoms.

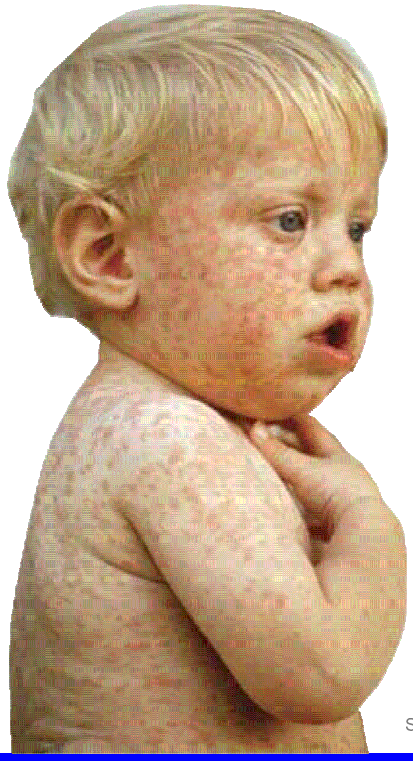
CONTAGIOUS PERIOD: from 1-2 days before the first symptoms appear (4 days before the rash) until 4 days after the rash appears.

EXCLUSION: Yes. Exclude infected children until they are no longer contagious (4 days after the rash appeared). Unimmunized people should be excluded from the group care setting until at least two weeks after the onset of rash in the last case of measles. Exclude exposed children with weakened immune systems and who have not received MMR vaccine.

READMISSION: Four days after the rash appeared.

REPORTABLE *Provider* : This disease is reportable to the local or state health department.

Parents/guardians : Inform your childcare provider if your child has this illness.



PREVENTION/CONTROL:

1. Review immunization status of all children and staff members. Exclude exposed children who have not been immunized or who are not completely immunized for their age until they become immunized. Infants younger than 12 months are too young to have been immunized against measles.

2. Use good hand-hygiene technique at all times along with routine infection control measures.

DIAGNOSIS/TREATMENT:

Diagnosis: If your child develops cold-like symptoms with a fever and/or rash, keep him/her at home and contact your physician for diagnosis. *Please do not go to any clinic or emergency room without calling first. They will want to keep your child separate from others to prevent further spread.*

Treatment: None.

Source: American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools, 3rd edition, 2013.

Child Care
Health Consultation

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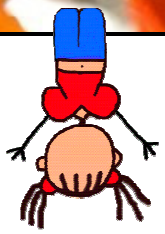

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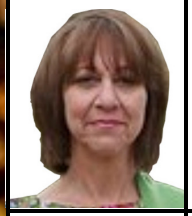

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Newsletter created by Rebecca Webb, RN CCHC for Lincoln Trail District Health Department