Managing pregnancy – and gestational diabetes

Gestational diabetes can be controlled. But you need to take the disease seriously. Left untreated, gestational diabetes can harm your baby and lead to problems during childbirth.

“Hormonal changes and weight gain are part of a normal pregnancy,” says Pamela Berens, M.D., an obstetrician/gynecologist affiliated with Children’s Memorial Hermann Hospital and professor at The University of Texas Health Science Center at Houston (UTHealth) Medical School. “But for at least three out of every 100 pregnant women, these changes cause a rise in blood sugar, resulting in gestational diabetes.”

Address Your Risk
You have a high risk of developing gestational diabetes during pregnancy if two or more of the following are true:

■ You had gestational diabetes during a previous pregnancy.
■ You had a very large baby or a stillbirth with a previous pregnancy.
■ A past test showed you had abnormal blood sugar levels.
■ You are overweight.
■ You are African-American, Hispanic, Native American or Pacific Islander.
■ You are 26 years old or older.
■ You have a family history of diabetes.

It is standard for every pregnant woman to be tested for gestational diabetes. The most common test involves drinking a sugary liquid and getting a blood test one hour later. If this shows a high blood glucose level, a second, confirmatory test is done.

Lifestyle Changes Are Key
“Gestational diabetes can cause problems for you and your baby,” says Dr. Berens. “You run the risk of developing high blood pressure during pregnancy. Those with gestational diabetes also have an increased risk of developing type 2 diabetes later in life.”

In addition, your baby risks growing too big, making a cesarean section necessary. Your baby may be born with low blood sugar and breathing problems.

Fortunately, treating gestational diabetes can help prevent these problems. Many women with gestational diabetes can keep their blood sugar under control by adopting healthy eating and exercise patterns. For instance, choose smaller portions of healthy foods, such as fruits, vegetables, whole grains and low-fat dairy products. And try to be active for 30 minutes or more at least five days a week.
Tonsils – and their trusty sidekicks, the adenoids – are the body’s first line of defense against bacteria and viruses we breathe in. But in children, these protective tissues often get infected themselves. When that happens, they change from assets to liabilities.

Both tonsils and adenoids are masses of tissue similar to lymph glands. Tonsils are located at the back of the throat. Adenoids sit higher up in the throat, behind the nose and roof of the mouth. Tonsillitis occurs when tonsils become inflamed and swollen because of a viral or bacterial infection. Adenoids can also become infected or enlarged.

“Most children have at least one episode of tonsillitis as they grow up,” says Soham Roy, M.D., pediatric ENT specialist affiliated with Children’s Memorial Hermann Hospital and director of Pediatric Otolaryngology at the University of Texas Health Science Center at Houston (UTHealth) Medical School.

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Warning Signs
Call your doctor if your child has these common signs of tonsillitis:

- Tonsils redder than normal, swollen, or coated white or yellow
- A change in voice
- Sore throat
- Painful swallowing
- Swollen neck glands
- Fever
- Bad breath

If your child’s adenoids are enlarged or infected, symptoms may include noisy or mouth breathing, the nose sounding blocked during speech, recurrent ear infections, snoring and sleep apnea (brief pauses in breathing while sleeping).

Steps to Prevention
To keep kids from catching or passing viruses and bacteria that can lead to infections:

- Encourage regular hand washing.
- Discourage children from touching their eyes or mouth.
- Teach children to cover their mouth when coughing or sneezing.

Are you concerned your child’s tonsils may be infected? Talk with your child’s doctor about the symptoms. For a physician referral, call 713.222.CARE (2273) or visit childrensmemorialhermann.org.
New AAP guidelines help parents boost little ones’ iron levels

The American Academy of Pediatrics (AAP) recently set new guidelines for parents to follow to help ensure their little ones are getting enough iron. The recommended daily requirements of iron vary depending on the child’s age and include:

Babies born prematurely (born before 37 weeks of pregnancy) should receive at least 2 mg of iron daily for their first 12 months. Formula-fed pre-term infants already receive this amount from formula. Premature babies who are breast-fed need a daily iron supplement of 2 mg beginning by 1 month of age until they are consuming enough iron through formula or other foods.

Healthy, full-term babies (born at 37 weeks of pregnancy or after) don’t need an iron supplement because they have enough iron in their bodies for the first four months of life. At 4 months of age, however, breast-fed infants should receive 1 mg of an iron supplement each day until they begin eating iron-rich foods, such as iron-fortified cereals. Formula-fed infants ages 4 months and older receive their required iron from formula. (Whole milk should never be given before the age of 1 year.)

Infants ages 6 to 12 months need 11 mg of iron per day. This can be reached by giving foods high in iron, such as lean red meat, vegetables and fortified cereal. Since infants in this age group may not easily eat such foods, iron supplements can also be given.

Toddlers ages 1 to 3 years need 7 mg of iron per day. It’s best if this iron comes from foods. It’s also recommended to give toddlers fruits with vitamin C, which helps the body absorb iron. Supplements and chewable multivitamins can also be used if children do not get enough iron through their diets.

Talk with your doctor about the amount of iron your child needs. To learn more about childhood nutrition, visit www.aap.org/healthtopics/nutrition.cfm. For a list of foods rich in iron, visit www.cdc.gov/nutrition/everyone/basics/vitamins/iron.html.

chickpea dip

Looking for a healthier alternative to your family’s usual chip or veggie dip? Give this recipe a try – it’s packed with iron and other nutrients.

| 3 cloves garlic | ¼ cup plain low-fat yogurt |
| 1 tbsp. fresh lemon juice | 1 tsp. olive oil |
| ½ tsp. salt | ¼ tsp. paprika |
| ½ tsp. pepper | 1 (19-oz.) can chickpeas, drained |

1. Put all ingredients into a food processor and blend until smooth.
2. Serve at room temperature with pita chips, crackers, carrots or other dipping vegetables.

Makes five servings. Each serving contains 140 calories, 4 g fat, 300 mg sodium, 21 g total carbohydrates, 5 g fiber, 4 g sugar, 7 g protein, 2 percent vitamin A, 6 percent vitamin C, 8 percent calcium and 10 percent iron.

Find more kid-friendly recipes online. Visit www.childrensmemorialhermann.org/resources. You can then search for recipes under the Kids Health section.
Help for hard-to-control epilepsy in children

For children with epilepsy, medication can be extremely effective in controlling seizures. Unfortunately, one-third of people with epilepsy do not respond well to drugs. As a result, they may need surgery or other treatments to manage symptoms. If you have a child with hard-to-control epilepsy, the Pediatric Epilepsy Program at Children's Memorial Hermann Hospital may be the answer.

“What makes our Pediatric Epilepsy Program special is its depth and breadth – our ability to offer the full range of specialty services all in one location,” says Gretchen Von Allmen, M.D., director of the Pediatric Epilepsy Program at The University of Texas Health Science Center at Houston (UTHealth) Medical School and co-director of the Epilepsy Monitoring Unit at Children's Memorial Hermann Hospital.

The Pediatric Epilepsy Program features a multi-disciplinary team of epilepsy experts; a six-bed, state-of-the-art monitoring unit; and surgical treatments and therapies that can dramatically improve a child’s quality of life.

Effective treatment for pediatric epilepsy begins with a comprehensive evaluation to gain critical information about the child’s seizures, including the type, the location in the brain where they began and the cause. Children’s Memorial Hermann Hospital uses video electroencephalogram monitoring (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) scans and magnetoencephalography (MEG), a powerful imaging tool available at only a handful of centers around the country.

Surgery to remove the part of the brain that is causing the seizures is the most appropriate treatment for some children with persistent seizures. Other therapies at Children's Memorial Hermann Hospital include:

- The ketogenic diet – a high-fat, low-carbohydrate diet that can help control seizures
- Vagus nerve stimulation – a treatment designed to prevent seizures by sending mild pulses of electrical energy to the brain
- Corpus callosotomy – surgery designed to reduce the frequency and severity of seizures by halting communication between the brain’s hemispheres

“Uncontrolled seizures can gradually cause accumulated brain damage and a loss of skills for the child,” Dr. Von Allmen says. “If medication isn’t working well for a patient with epilepsy, families should look into other options. Help is available.”

If Your Child Has a Seizure

Watching a child have a seizure can be terrifying. A little one may lose consciousness and shake or twitch for a few seconds or minutes. It’s important to stay calm. Move any objects that could harm your child. Place your child on his or her side to prevent choking. Don’t put anything in your child’s mouth or hold him or her down.

If the seizure lasts more than five minutes, call 911. Also get emergency help if your child vomits or is very tired or confused before or after the seizure.

If your child suffers from epilepsy, we can help. Call 713.222.CARE (2273) for a referral to an epilepsy specialist.