

Protect your child from neonatal infections

When parents have a new baby, the last thing they want to think about is an illness that delays the infant's discharge from the hospital or requires readmission. Sometimes, however, young infants come down with infections that require additional tests and treatment.

Newborns are particularly susceptible to certain diseases, much more so than older children and adults. Their new immune systems are not adequately developed to fight the bacteria, viruses, and parasites that cause these infections. As a result, when newborns have one of these illnesses, they may need to spend time in the hospital - or even the neonatal intensive care unit to recover. Although it can be frightening to see your baby hospitalized, a hospital stay is often the best ticket back to health when infants are diagnosed with a neonatal infection.

Common neonatal infections about which we should be aware are discussed in the article.

Group B Streptococcal disease (GBS)

Group B streptococcus is a bacterium that can cause a variety of infections in newborns. Some of the most common are sepsis, pneumonia, and meningitis. Babies usually get the bacterium from their mothers during birth - one in four or five pregnant women carries this common bacterium in her rectum or vagina, where it can easily pass to the newborn in the absence of preventive antibiotic treatment of the mother.

Babies with GBS often show signs of infection within the first week of life, although some develop late-onset disease several weeks or even months after birth. Depending on the

infection that the bacterium causes (pneumonia or sepsis, for example), the infant might exhibit trouble breathing or feeding, an unstable temperature, listlessness, or unusual crankiness.

Listeriosis

Infection with *Listeria monocytogenes* can lead to diseases such as pneumonia, sepsis, and meningitis. Most people encounter the *Listeria* bacterium when they eat contaminated food - the bacterium is found in soil and water and can end up on fruits and vegetables, as well as in foods that come from animals, such as meat and dairy products. Food that isn't properly cleaned, pasteurised, or cooked may give someone listeriosis.

Babies can acquire the bacterium from their mothers if they contract listeriosis while pregnant. In severe cases, listeriosis may lead to premature delivery or even stillbirth.

E. Coli infection

Escherichia coli is another bacterial culprit behind some of the more common neonatal infections, including urinary tract infection, sepsis, meningitis, and pneumonia. Everyone carries *E. coli* in their bodies, and babies can become infected with it from passing through the birth canal or simply coming into contact with things in the hospital or at home. Most newborns that become ill from *E. coli* infection have particularly fragile immune systems that cannot handle this common, widespread bacterium.

As in other bacterial infections, the symptoms babies show will depend on the disease they have, but fever, unusual fussiness, listlessness, or lack of interest in feeding are common signs.

Meningitis

An inflammation of the membranes surrounding the brain and spinal cord, meningitis can be caused by viruses, fungi, and bacteria, including *Listeria*, GBS, and *E. coli*. Newborns can pick up one of these pathogens during birth or from their surroundings, particularly if they have weakened immune systems that would make them more susceptible.

Symptoms of the infection in newborns are not very specific and may include persistent crying, irritability, sleeping more than usual, lethargy, refusing to take the breast or bottle, low or unstable body temperature, jaundice, pallor, breathing problems, rashes, vomiting, or diarrhea. As the disease progresses, babies' fontanels, or soft spots, may begin to bulge.

Sepsis

Sepsis is a serious infection that involves the spread of germs throughout the body's blood and tissues. It can be caused by viruses, fungi, parasites, or bacteria. Some of these infectious agents are acquired during birth, others can be picked up from the environment. As with meningitis, the symptoms of sepsis are not specific and vary from child to child. A lower heart rate, breathing problems, jaundice, trouble feeding, low or unstable body temperature, lethargy, or extreme fussiness can all be signs of the condition.

Conjunctivitis

Some newborns develop an inflammation of the eye's covering membranes (or conjunctiva), known as conjunctivitis or pink-eye, which appears as redness and swelling in the eye, usually accompanied by a discharge. Both bacterial and viral infections

can cause conjunctivitis in newborns.

Candidiasis

An overgrowth of the common fungus *Candida*, found on everyone's body, leads to the fungal infection candidiasis. In newborns, it usually shows up as diaper rash, but new babies can also develop oropharyngeal candidiasis, or thrush, in the mouth and throat. It causes cracks in the corners of the mouth and white patches on the tongue, palate, lips, and insides of the cheeks. Newborns who get thrush have often picked up the fungus from the mother's vagina during delivery.

Congenital infections

Many infections that affect newborns are transmitted from mother to infant, either during pregnancy or delivery. Because the baby is born with them, they are known as congenital infections. They are often caused by viruses, but they can also arise from bacteria, fungi, and parasites as well.

Congenital infections include: HIV (which causes AIDS); rubella (German measles); varicella zoster (chicken pox); syphilis; toxoplasmosis; and cytomegalovirus, the most common congenital infection and the leading cause of congenital hearing loss. Several of the infections mentioned above, such as GBS infection and listeriosis, can be acquired either from the mother or later from the newborn's environment.

It is more likely that babies will be born with an infection if their mothers become infected for the first time with a particular germ while pregnant. However, transmission to the baby does not always occur, so many babies born to mothers with these infec-

tions do not have the infection themselves. Other newborns may not initially show signs of disease, but may later exhibit its effects.

Complications of neonatal infections

If neonatal infections are not treated promptly or if they spread, they can have serious consequences. Because babies' bodies and organs are undergoing rapid development any interruption in that process can lead to complications, including growth, developmental, neurological, cardiac, respiratory, and sensory problems. In some severe cases, neonatal infections can even be fatal.

With their fragile new immune systems, babies are not well-equipped to deal with overwhelming infection. Premature or otherwise immune-compromised babies are at an even greater risk of developing a critical disease from a bacterium or virus that might cause a simple illness in an older child. An early diagnosis, swift treatment and close monitoring and care give a baby the best chance of overcoming the infection.

Can neonatal infections be prevented?

If a pregnant woman is diagnosed with one of these infections or if she is considered at risk of infection, preventive measures can lower the probability that she will pass it to her baby. Because many infections can be treated with medicine given to the mother while she is pregnant, maternal testing is extremely useful.

In many cases, a quick blood or fluid test can determine if a pregnant woman should receive treatment. For a woman with listeriosis, a course of antibiotics usually prevents transmission of

the bacterium to the fetus. Women who are HIV positive are advised to take antiretroviral medication during pregnancy to lower the risk that their babies will contract HIV infection.

Other neonatal infections are best prevented through steps that keep expectant mothers from developing the infection in the first place. Women can help protect themselves, and their unborn babies, by:

- making sure they have been immunised against rubella and varicella zoster infection before trying to become pregnant
- thoroughly washing and cooking food, regularly washing hands (particularly before and after preparing food, after using the toilet, and after coming into contact with bodily fluids and waste), and avoiding all contact with cat and other animal feces to lower the risk of contracting bacteria and parasites that lead to infections such as listeriosis and toxoplasmosis
- practicing safe sex to avoid sexually transmitted diseases that can lead to congenital infections

Some preventive measures are routine parts of pregnancy and delivery. Many doctors recommend that an expectant mother have a simple swab test late in pregnancy to check whether she is carrying GBS. If she is, she will receive intravenous antibiotics during delivery to lower the risk of transmitting the bacteria to her baby. Doctors also routinely put antibiotic drops or ointment in newborns' eyes to prevent conjunctivitis caused by gonorrhea bacteria.

10 tips for better sleep



- Feeling crabby lately? It could be you are not getting enough sleep. Although the average adult needs seven to nine hours of sleep a night, that number could be hard to come by if you factor in work, taking care of children and managing a household.
- Then there are the unexpected challenges that can keep you up at night financial worries, layoffs, illness or relationship issues.
- Compounding the problem is the fact that if you do not get the rest you need, you will find it even harder to deal with the stresses causing your sleep problems to begin with.
- Grumpiness is not the only result of sleep deprivation. Getting too little sleep impairs memory, reaction time and alertness. Tired people are less productive at work, less patient with others and less interactive in relationships.
- Sleep deprivation can also be dangerous. A large number of vehicles crashes each year are due to drivers falling asleep at the wheel.
- Here are some tips offering to help you achieve restful sleep. You do not have to use every tip on the list. What works for one person does not always work for another.
- Try one or two of the following tips or a combination until you have enough quality sleep to feel alert and well rested. If these tips do not work, see your doctor. You could have a sleep disorder, such as obstructive sleep apnea, that requires medical attention.
- Stick to a schedule, and do not sleep late on weekends. Instead, go to bed and get up at about the same time every day.
 - You better do not need to rely on an alarm clock to wake up when you get enough sleep.
 - Do not eat or drink a lot before bedtime. Eat a light dinner about two hours before sleeping. If you drink too much liquid before sleeping, you will wake up repeatedly in the night for trips to the bathroom.
 - Do not eat spicy or fatty foods. They can cause heartburn, which may interfere with your sleep.
 - If you get the bedtime munchies, eat something that triggers serotonin, which makes you sleepy. Carbohydrates (bread or cereal) or foods containing the amino acid L-tryptophan (milk, tuna, or turkey) will do the trick.
 - Do not drink alcohol near bedtime. It may cause you to wake up repeatedly, to snore, and it may exacerbate sleep apnea.
 - Avoid caffeine and nicotine. They are addictive stimulants and keep you awake. Smokers often experience withdrawal symptoms at night, and smoking in bed can be dangerous. Caffeine should be avoided for eight hours before your desired bedtime.
 - Exercise. If you are trying to sleep better, the best time to exercise is in the afternoon. A program of regular physical activity enhances the quality of nocturnal sleep.
 - A slightly cool room is ideal for sleeping. This mimics your internal temperature drop during sleep, so turn off the heat and save on fuel bills.
 - If you tend to get cold, use blankets. Try sleeping in warmer nightclothes and wear socks.
 - If you overheat at night, wear light nightclothes and sleep under a single sheet. Use an air conditioner or fan to keep the room cool.
 - Use a dehumidifier if you are bothered by moist air. Use a humidifier if you are bothered by dry air. Signs and symptoms of dry air irritation include a sore throat, nosebleeds and a dry throat.
 - Sleep primarily at night. Daytime naps steal hours from nighttime slumber. Limit daytime sleep to less than one hour, no later than 3 p.m.
 - If you work nights, keep your window coverings closed so that sunlight, which interferes with the body's internal clock, does not interrupt your sleep.
 - If you have a day job and sleep at night, but you still have trouble waking up, leave the window coverings open and let the sunlight wake you up.
 - Keep it quiet. Silence is more conducive to sleep. Turn off the radio and TV. Use earplugs or a fan or some other source of constant, soothing, background noise to mask sounds you cannot control, such as a busy street, trains, airplanes or even a snoring partner. Double-pane windows and heavy curtains also muffle outside noise.
 - Make your bed. A good bed is subjective and different for each person. Make sure you have a bed that is comfortable and offers orthopedic comfort.
 - If you share your bed, make sure there is enough room for two. Children and pets are often disruptive, so you may need to set limits on how often they sleep in your bed with you. Use your bed only for sleep and sex.
 - Go to bed when you are tired and turn out the lights. If you do not fall asleep in 30 minutes, get up and do something else. Go back to bed when you are tired.
 - Do not agonise over falling asleep. The stress will only prevent sleep.
 - Soak and sack out. Taking a hot shower or bath before bed helps bring on sleep because they can relax tense muscles.
 - Do not rely on sleeping pills. Check with your doctor before using sleeping pills. Doctors generally recommend using sleeping pills for up to four weeks. Make sure the pills will not interact with other medications or with an existing medical condition. If you do take a sleep medication, reduce the dosage gradually when you want to quit.
 - Use the lowest dosage, and never mix alcohol and sleeping pills.
 - If you feel sleepy or dizzy during the day, talk to your doctor about changing the dosage or discontinuing the pills.
 - Determine the quality of your sleep
 - Insomnia the inability to get enough sleep may only last a night or it can last for weeks, months, years or even a lifetime. If you have any of the following signs and symptoms, you may not be getting enough sleep:
 - You routinely ignore your alarm clock or snatch a few extra minutes to snooze before getting up.
 - You look forward to catching up on your sleep on the week-ends.
 - You have to fight to stay awake during long meetings, in overheated rooms or after a heavy meal.
 - You are irritable with co-workers, family and friends.
 - You have difficulty concentrating or remembering.
 - It takes you more than 30 minutes to fall asleep at night.
 - You wake repeatedly throughout the night.
 - You wake up groggy and not well rested.
 - Your spouse or partner complains about your snoring or fitful sleeping.

Are you a hypochondriac? Therapy may help

A breakthrough study found that psychotherapy can help hypochondriacs deal with their fears. But the treatment has its limits - a quarter of the patients quit after being told the problem was in their heads.

Hypochondria is a mental, not physical, illness. Getting sufferers to believe that is part of the challenge in treating them.

Most hypochondriac people never go to a psychiatrist. They say that they don't need to talk about this.

The study involved 102 patients assigned to receive psychotherapy and 85 who got routine medical care. Among those who completed the six therapy sessions, almost 57 percent showed significant improvement in symptoms and quality of life after a year, compared with 32 percent of the comparison group.

"It's actually a landmark study. This is an understudied and

underappreciated problem," said Dr. Joshua Straus, medical director for consultation psychiatry at Chicago's Northwestern Memorial Hospital.

Hypochondria involves persistent, unfounded fears about having a serious disease and affects about 5 percent of patients who seek help from primary-care doctors. Medication can help treat hypochondriacs' anxiety, but until now there has been little evidence of an effective treatment for the underlying disorder.

Among the 102 participants, 25 quit before completing all six sessions and almost 14 percent never attended any sessions. The treatment "didn't fit with their belief system" that their illnesses were real, Barsky said.

Mysterious disorder hard to treat

Hypochondria is notoriously hard to treat, in part because patients often "doctor-shop," or switch

doctors repeatedly until they get tests or a diagnosis they can accept.

Scientists are uncertain about what causes hypochondria, but some think it might be genetic or learned from parents who overreact to illness. Some cases are triggered when patients or someone close to them suffers a serious health scare. The ailment typically begins in childhood or early adulthood and can last a lifetime.

Carla Cantor, a 49-year-old New Jersey writer whose book "Phantom Illness" details her struggles with hypochondria, said accepting mental health treatment is not easy because hypochondria has such a stigma. In fact, some psychiatrists and patients call the condition "health anxiety" instead.

In college, Cantor was convinced her headaches were caused by brain tumors. Later on, she thought she was dying of

lupus and was hospitalised for three days of tests that turned up nothing. After being told that she was depressed, Cantor finally began to believe that she had hypochondria.

"You're experiencing bodily symptoms as terrifying," she said. "It's very hard for people to let it go."

Anti-depressant medication has helped, but Cantor said she thinks treatment like Barsky's can also work.

The study involved six 90-minute sessions where therapists encouraged patients to stop habits that worsened their symptoms, including seeking disease information on the Internet and reading newspaper obituaries. Patients were taught how to understand symptoms better and also learned distraction techniques.

What is good oral hygiene?

Good oral hygiene results in a mouth that looks and smells healthy. This means -

- Your teeth are clean and free of debris
- Gums are pink and do not hurt or bleed when you brush or floss
- Bad breath is not a constant problem

If your gums do hurt or bleed while brushing or flossing, or you are experiencing persistent bad breath, see your dentist. Any of these conditions may indicate a problem.

Your dentist or hygienist can help you learn good oral hygiene techniques and can help point out areas of your mouth that may require extra attention during brushing and flossing.

How is good oral hygiene practiced?

Maintaining good oral hygiene is one of the most important things

you can do for your teeth and gums. Healthy teeth not only enable you to look and feel good, they make it possible to eat and speak properly. Good oral health is important to your overall well-being.

Daily preventive care, including proper brushing and flossing, will help stop problems before they develop and is much less painful, expensive, and worrisome than treating conditions that have been allowed to progress.

In between regular visits to the dentist, there are simple steps that each of us can take to greatly decrease the risk of developing tooth decay, gum disease and other dental problems. These include -

- Brushing thoroughly twice a day and flossing daily
- Eating a balanced diet and limiting snacks between meals

Using dental products that contain fluoride, including toothpaste

Rinsing with a fluoride mouthrinse if your dentist tells you to

Making sure that your children under 12 drink fluoridated water or take a fluoride supplement if they live in a non-fluoridated area

Proper brushing technique

Tilt the brush at a 45° angle against the gumline and sweep or roll the brush away from the gumline.

Gently brush the outside, inside and chewing surface of each tooth using short back-and-forth strokes.

Gently brush your tongue to remove bacteria and freshen breath.

Proper flossing technique

Use about 18" of floss, leaving an inch or two to work with.

Gently follow the curves of your teeth.

Be sure to clean beneath the gumline, but avoid snapping the floss on the gums.



Happy marriage strengthens a woman's heart

A happy marriage can be a healthy blessing for women.

A 13-year American study of middle-aged women found that those in good marriages were less likely to develop cardiovascular disease risk factors than unmarried women or those in unsatisfying marriages.

The findings by researchers from San Diego State University and the University of Pittsburgh appear in the *Health Psychology*.

The study included 493 women (aged 42 to 50) who rated the quality of their marriages as high, moderate or low, and women who were single, divorced or widowed.

Their cardiovascular risk factors were mea-

sured during an average of more than five visits to the researchers over 13 years. Each visit included measurements of cholesterol and glucose levels, blood pressure and body size.

The women were also assessed for health behaviors such as smoking, exercise and diet and for psychological characteristics such as anger, stress, anxiety and depression.

Women who reported high levels of marriage satisfaction scored higher on the health measurements than single women or those who reported low or moderate levels of marriage satisfaction

