



BetterSafe

WELCOA'S ONLINE BULLETIN FOR YOUR FAMILY'S SAFETY

Unsafe Infant Bedding Use Still Common

Despite recommendations against the practice, many infants are placed to sleep with bedding that has the potential for suffocation and increases the risk of sudden infant death syndrome.

The finding suggests that many parents may not understand the risks of bedding over and under the baby.

Bedding such as thick blankets, quilts, and pillows can block an infant's airway, leading to unintentional sleep-related suffocation. This type of bedding can also increase the risk of sudden infant death syndrome (SIDS), the unexplained death of a child within the first year of life.

Infants should be placed to sleep alone, on their backs, on a firm sleep surface, such as on a mattress in a safety-approved crib, covered by a fitted sheet. Soft objects, toys, crib bumpers, quilts, comforters, and loose bedding should be kept out of a baby's sleep area. The baby's bed should also be placed in the room where parents sleep.

What Researchers Have Discovered

To better understand trends in infant bedding use, a team led by Dr. Carrie K. Shapiro-Mendoza at the U.S. Centers for Disease Control and Prevention analyzed data from a large survey funded by NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). From 1993 to 2010, more than 1,000 caregivers were interviewed each year by telephone about the sleeping practice of infants less than 8 months of age. A total of about 19,000 caregivers were surveyed during the course of the study. The study appeared online in the journal *Pediatrics*.



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The researchers found that while potentially unsafe bedding use declined from 86% in 1993-1995, it still remained high, at 55%, in 2008-2010. From 1993-1995 to 2008-2010, caregivers who reported that they covered an infant with thick blankets declined from 56% to 27%. Covering with quilts or comforters declined from 39% to 8%.

During this time frame, however, there weren't significant decreases in the bedding materials placed under infants. About 26% to 32% of caregivers reported placing blankets under infants, and 3% to 5% reported placing cushions under infants.

Bedding use was frequently reported among infants sleeping in adult beds, on their sides, and on a shared surface. The researchers found that caregivers of Hispanic and African American infants were more likely to use potentially hazardous bedding compared to caregivers of white infants. In addition, younger mothers were more likely to use this bedding than were older mothers, as were non-college educated mothers compared to college-educated mothers.

"Parents have good intentions but may not understand that blankets, quilts, and pillows increase a baby's risk of SIDS and accidental suffocation," Shapiro-Mendoza says.

"Parents receive a lot of mixed messages," adds study author Dr. Marian Willinger of NICHD. "Relatives may give them quilts or fluffy blankets as presents for the new baby, and they feel obligated to use them. Or they see magazine photos of babies with potentially unsafe bedding items."

"Parents have good intentions but may not understand that blankets, quilts, and pillows increase a baby's risk of SIDS and accidental suffocation."

Did You Know?

- SIDS is the leading cause of death in babies 1 month to 1 year of age.
- Most SIDS deaths happen when babies are between 1 month and 4 months of age.
- Each year, about 4,000 infants die unexpectedly during sleep time, from SIDS, accidental suffocation, or unknown causes.
- SIDS is not a risk for babies 1 year of age or older.





Day In Day Out

WELCOA'S ONLINE BULLETIN FOR YOUR LIFESTYLE

What You Need to Know About Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is a functional gastrointestinal (GI) disorder, meaning that the symptoms are caused by changes in how the GI tract works. The GI tract is a series of hollow organs joined in a long, twisting tube from the mouth to the anus—the opening where stool leaves your body. Food is digested, or broken down, in the GI tract.

What are the symptoms of IBS?

The most common symptoms of IBS include pain or discomfort in your abdomen—the area between your chest and hips—and changes in your bowel habits. The pain or discomfort of IBS may be reported as cramping and

- starts when you have bowel movements more or less often than usual
- starts when your stool appears looser and more watery or harder and more lumpy than usual
- goes away after a bowel movement

The changes in bowel habits with IBS may be diarrhea, constipation, or both.

Symptoms of diarrhea are:

- passing stools three or more times a day
- having loose, watery stools
- feeling an urgent need to have a bowel movement

Symptoms of constipation are:

- passing fewer than three stools in a week
- having hard, dry stools
- straining to have a bowel movement

Some people with IBS have only diarrhea or only constipation. Some people have symptoms of both diarrhea and constipation or have diarrhea sometimes and constipation other times. People often have symptoms after eating a meal.

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Day In Day Out

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Other symptoms of IBS are:

- whitish mucus—a clear liquid made by the intestines—in the stool
- a swollen or bloated abdomen
- the feeling that you haven't finished a bowel movement

IBS is a chronic disorder, meaning it lasts a long time, often years. However, the symptoms may come and go. You may have IBS if:

- you have had symptoms at least three times a month for the past 3 months
- your symptoms first started at least 6 months ago

While IBS can be painful, it doesn't lead to other health problems or damage the GI tract.

What causes IBS?

Doctors are not sure what causes IBS. Researchers are studying the following possible causes of IBS:

- **Brain-gut signal problems.** Signals between your brain and the nerves of your gut, or small and large intestines, control how your gut works. Problems with brain-gut signals may cause IBS symptoms, such as changes in your bowel habits and pain or discomfort.
- **Colon muscle problems.** The muscles of your colon, part of your large

intestine, may not work normally. The muscles may contract, or tighten, too much. These contractions may move stool through your gut too quickly, causing cramping and diarrhea during or shortly after a meal, or slow the movement of stool, causing constipation.

- **Sensitive nerves.** The nerves in your gut may be extra sensitive, causing you to feel more pain or discomfort than normal when gas or stool is in the gut.
- **Mental health issues.** Psychological, or mental health, issues such as anxiety or depression may be related to IBS in some people. Stress can make the nerves of your gut more sensitive, causing more discomfort and emotional distress.
- **Infections.** A bacterial infection in the GI tract may cause some people to develop IBS.
- **Small intestinal bacterial overgrowth.** Normally, few bacteria live in the small intestine. Small intestinal bacterial overgrowth is an increase in the number or a change in the type of bacteria in the small intestine. These bacteria can produce extra gas and may also cause diarrhea and weight loss. Some researchers believe small intestinal bacterial overgrowth may lead to IBS; however, more research is needed to show a link between the two conditions.

How is IBS diagnosed?

Your doctor may be able to diagnose IBS based on your symptoms. Your doctor may not need to do medical tests or may do a limited number of tests.

Your doctor will ask about your:

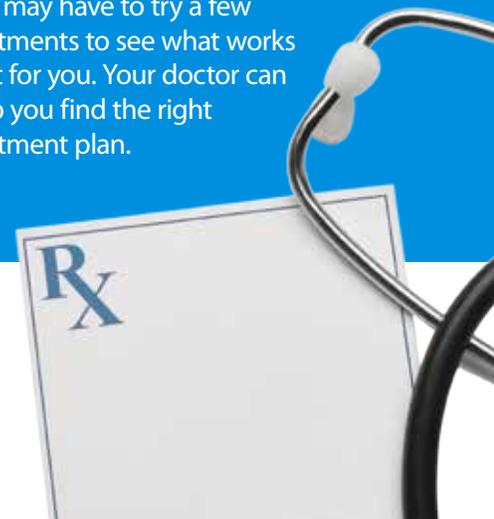
- medical history
- eating habits
- medicine use

How is IBS treated?

Irritable bowel syndrome is treated by relieving symptoms through

- changes in eating, diet, and nutrition
- medicine
- probiotics
- psychological therapy

You may have to try a few treatments to see what works best for you. Your doctor can help you find the right treatment plan.

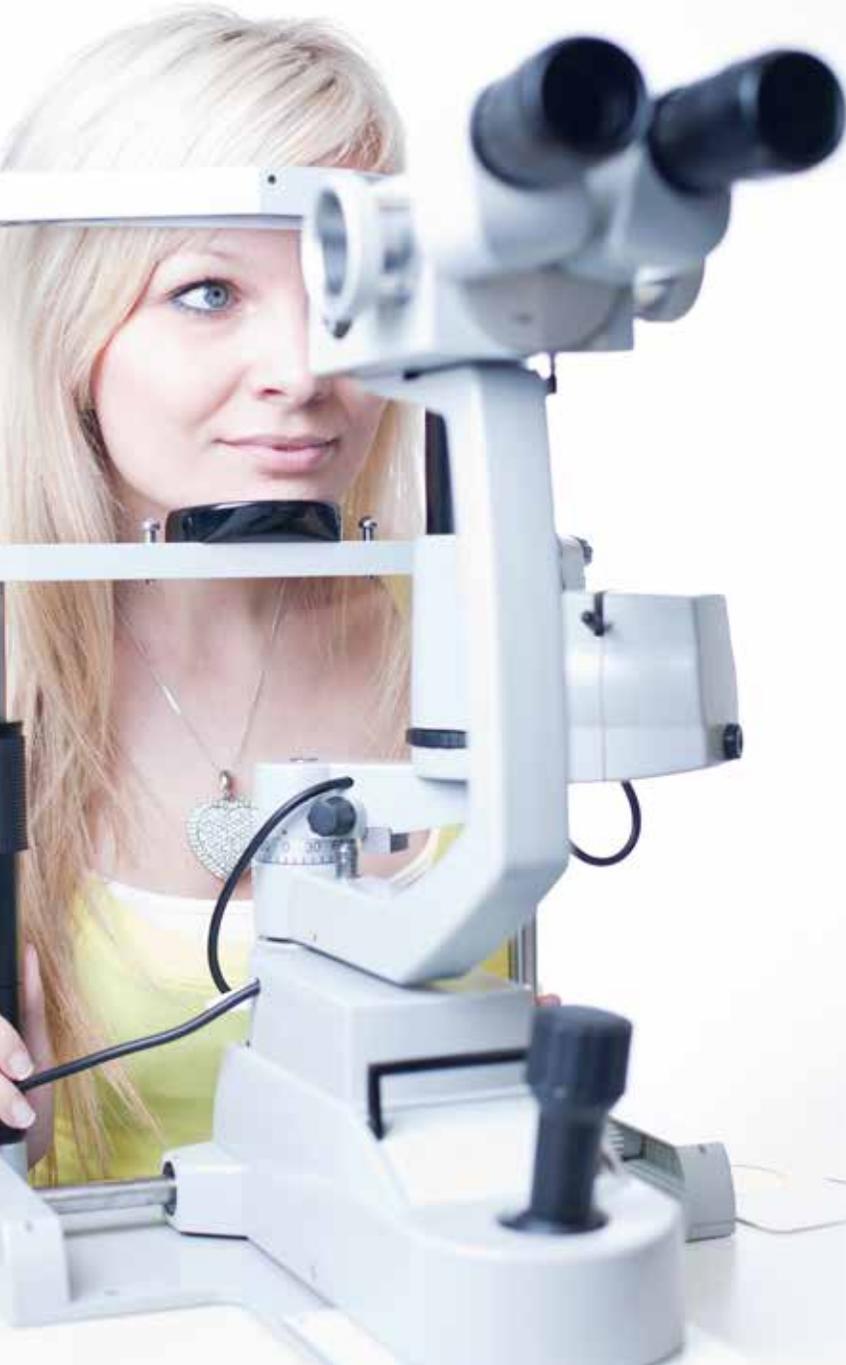




TakeCharge

WELCOA'S ONLINE SELF-CARE BULLETIN

A Clear Look into Eye Health



You may think your eyes are healthy, but visiting an eye care professional for a comprehensive dilated eye exam is the only way to really be sure. During the exam, each eye is closely inspected for signs of common vision problems and eye diseases, many of which have no early warning signs. Annual comprehensive dilated eye exams are generally recommended starting at age 60. However, African Americans are advised to start having comprehensive dilated eye exams starting at age 40 because of their higher risk of glaucoma. It's also especially important for people with diabetes to have a comprehensive dilated exam at least once a year.

Key elements of a comprehensive dilated eye examination include dilation, tonometry, visual field test and a visual acuity test.

Dilation is an important part of a comprehensive eye exam because it enables your eye care professional to view the inside of the eye. Drops placed in each eye widen the pupil, which is the opening in the center of the iris (the colored part of the eye). Dilating the pupil allows more light to enter the eye the same way opening a door allows light into a dark room. Once dilated, each eye is examined using a special magnifying lens that provides a clear view of important tissues at the back of the eye, including the retina, the macula, and the optic nerve.

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In a person with **diabetic retinopathy**, the most common diabetic eye disease and a leading cause of blindness in the United States, the exam may show swelling or leaking of blood vessels in the retina, the light-sensitive layers of tissue at the back of the eye. The eye care professional may also see abnormal growth of blood vessels in the retina associated with diabetic retinopathy.

In **age-related macular degeneration (AMD)**, a common cause of vision loss and blindness in people over the age of 50, the exam may show yellow deposits called drusen or clumps of pigment beneath the retina. In some cases, the exam may also show abnormal growth of blood vessels beneath the retina. These AMD-related changes tend to cause deterioration of a small area of the retina called the macula, which is needed for sharp, central vision.

A comprehensive dilated eye exam is also critical for detecting **glaucoma**, a disease that damages the optic nerve, which carries information from the eyes to the brain. In a person with glaucoma, the dilated exam may show changes in the shape and color of the optic nerve fibers. The exam may also show excessive cupping of the optic disc, the place where the optic nerve fibers exit the eye and enter the brain.

Tonometry is a test that helps detect glaucoma. By directing a quick puff of air onto the eye, or gently applying a pressure-sensitive tip near or against the eye, your eye care professional can detect elevated eye pressure, which can be a risk factor for glaucoma. Numbing drops may be applied to your eye for this test.

A **visual field test** measures your side (peripheral) vision. A loss of peripheral vision may be a sign of glaucoma.

A **visual acuity test** will require you to read an eye chart, which allows your eye care professional to gauge how well you see at various distances.



Finding an Eye Care Professional

The National Eye Institute does not provide referrals or recommend specific eye care professionals. However, you may wish to consider the following ways of finding a professional to provide your eye care.

You can:

- Ask family members and friends about eye care professionals they use.
- Ask your family doctor for the name of a local eye care specialist.
- Call the department of ophthalmology or optometry at a nearby hospital or university medical center.
- Contact a state or county association of ophthalmologists or optometrists. These groups, usually called academies or societies, may have lists of eye care professionals with specific information on specialty and experience.
- Contact your insurance company or health plan to learn whether it has a list of eye care professionals that are covered under your plan.



To Your Health

WELCOA'S ONLINE GENERAL WELLNESS BULLETIN

Are You at Risk for P.A.D.?



Healthy Artery

Peripheral arterial disease (P.A.D.) is a disease in which plaque builds up in the arteries that carry blood to your head, organs, and limbs. Plaque is made up of fat, cholesterol, calcium, fibrous tissue, and other substances in the blood.

When plaque builds up in the body's arteries, the condition is called atherosclerosis (ATH-er-o-skler-O-sis). Over time, plaque can harden and narrow the arteries. This limits the flow of oxygen-rich blood to your organs and other parts of your body.

P.A.D. usually affects the arteries in the legs, but it also can affect the arteries that carry blood from your heart to your head, arms, kidneys, and stomach.

Blocked blood flow to your legs can cause pain and numbness. It also can raise your risk of getting an infection in the affected limbs. Your body may have a hard time fighting the infection.

If severe enough, blocked blood flow can cause gangrene (tissue death). In very serious cases, this can lead to leg amputation.



Narrowed Artery



Blocked Artery

Smoking is the main risk factor for P.A.D. If you smoke or have a history of smoking, your risk of P.A.D. increases up to four times. Other factors, such as age and having certain diseases or conditions, also increase your risk of P.A.D.

P.A.D. increases your risk of coronary heart disease (CHD; also called coronary artery disease), heart attack, stroke, and transient ischemic attack ("mini-stroke"). If you have CHD, you have a 1 in 3 chance of having blocked leg arteries.

Signs & Symptoms

Many people who have peripheral arterial disease don't have any signs or symptoms. Others may have many signs and symptoms, which can include the following:

- Weak or absent pulses in the legs or feet
- Sores or wounds on the toes, feet, or legs that heal slowly, poorly, or not at all
- A pale or bluish color to the skin

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- A lower temperature in one leg compared to the other leg
- Poor nail growth on the toes and decreased hair growth on the legs
- Erectile dysfunction, especially among men who have diabetes

If you have leg pain when you walk or climb stairs, talk with your doctor. Sometimes the older we get, the more we think that leg pain is just a symptom of aging. However, the cause of the pain could be P.A.D. Tell your doctor if you're feeling pain in your legs and discuss whether you should be tested for P.A.D.

Diagnosis & Treatment

- P.A.D. is diagnosed based on your medical and family histories, a physical exam, and test results.
- Treatments for P.A.D. include lifestyle changes, medicines, and surgery or procedures.
- Treatment may slow or stop disease progress and reduce the risk of complications. Without treatment, P.A.D. can cause sores or gangrene (tissue death). In extreme cases, it may be necessary to remove part of the leg or foot (amputation).

Treatment often includes making long-lasting lifestyle changes, such as:

- Quitting smoking. Your risk of P.A.D. increases four times if you smoke. Smoking also raises your risk

for other diseases, such as coronary heart disease. Talk with your doctor about programs and products that can help you quit smoking. Also, try to avoid secondhand smoke.

- Lowering blood pressure. This lifestyle change can help you avoid the risk of stroke, heart attack, heart failure and kidney disease.
- Lowering high blood cholesterol. Lowering cholesterol can delay or even reverse the buildup of plaque in your arteries.
- Lowering blood glucose (sugar) levels if you have diabetes. A hemoglobin A1C test can show how well you have controlled your blood sugar level over the past 3 months.
- Being physically active. Talk with your doctor about taking part in a supervised exercise program. This type of program has been shown to reduce P.A.D. symptoms.

Your doctor may also prescribe medicines to:

- Treat unhealthy cholesterol levels and high blood pressure
- Prevent blood clots from forming due to low blood flow
- Help ease leg pain that occurs when you walk or climb stairs

