



stories

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Melanie and Kyle Bryant were not prepared for their baby to be born *this* early. Luckily, Duke Children's was.

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THE RIGHT DOSE FOR LITTLE FOLKS

Brittan Allison has had three strokes, so one might be surprised to learn that he is only two years old. This Burlington, N.C., youngster was born with a heart condition and rare blood disorder that makes him prone to clots.

Brittan loves life—swinging, jumping, and laughing through each day with his brother and parents. But Brittan was born without a left ventricle and underwent three heart surgeries before his second birthday. Then came the strokes—three of them—which have left him with little-to-no speech, a limp, and the use of only one arm.

Brittan’s parents, Paige and Billy, who lived in constant fear of another stroke taking more of their precious boy, found hope at Duke Children’s. A team of doctors worked meticulously to find the correct dosing of the adult drug Plavix to prevent more strokes. The Allisons could breathe easier.

Prescribing adult drugs for children is a relatively common practice. It is not cost-effective for drug companies to perform trials in children or develop versions of their medications for children, so doctors are left to figure it out.

But children are not just little adults, as Jennifer Li, MD says. “Children have a different biology, so drugs are absorbed and metabolized differently in a growing and developing body. Studies need to be done on these drugs in relation to growth

and development and take into consideration the long-term effects for being on a drug perhaps for decades.”

That is why Li and other physicians such as Danny Benjamin, MD, MPH, PhD, at Duke Children’s are part of a special commission to the U.S. Food and Drug Administration. Their expertise in the field has helped to set policy for the Best Pharmaceuticals for Children Act.

Q&A with Dr. Jennifer Li

Q. Is it safe to give my child a smaller dose of my medication?

A. Children need to take doses of drugs that have been tested to work specifically in children. When this testing is not done, there are adverse consequences in terms of safety for kids. Not only are children smaller, but they often absorb and metabolize drugs differently, and the drugs may act differently in the body than they do in older children or adults. In addition, children sometimes have unexpected side effects not seen in adults. Thus, it is not always safe to give children a lower dose adjusted by weight alone. Your child should take a dose of medication recommended by the drug label.



Q. How do doctors determine the right dose?

A. The right dose is determined by doing careful dosing studies in children. These studies—called pharmacokinetic studies—examine drug metabolism and blood levels. After these studies are complete, additional research must be done to look at drug efficacy (does the drug work in children) and safety (what are the side effects).

Q. Why can’t children take cold medicines? What do you suggest as alternatives when young children get sick?

A. Cold medicines do not work in children under six years of age. In addition, young children often have serious side effects, which can be

potentially life-threatening, while taking cold medicines.

If your child has a cold, you should try the following: 1) moisturize the air with a vaporizer; 2) use saltwater nose drops; 3) use a bulb syringe to clear up congestion; 4) make sure your child drinks plenty of fluids; 5) reduce fever with acetaminophen (Tylenol) or ibuprofen (Motrin); 6) consult your child’s doctor. ●



Jim Valvano Kids Klassic

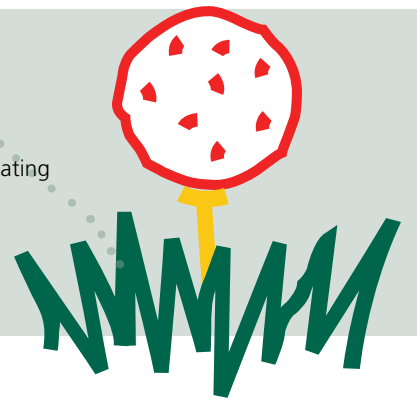
July 10-11, 2009

Washington Duke Inn & Golf Club

Tee it up for our pediatric cancer patients by participating in the 24th annual Jim Valvano Kids Klassic.

Visit dukechildrens.org for event details

and registration information or call 919-667-2564.



Raleigh Clinic Opens in Brand New Space

On March 31 of this year, Duke Children’s expanded its services in Raleigh. Duke Children’s Consultative Services of Raleigh, which has operated in Raleigh for 10 years, moved to the Duke Raleigh Hospital campus. The 15,000-square-foot space allows more services to be offered and fills a great need in Wake County for specialty services. Primary care physicians can refer patients to the Raleigh clinic, saving families the time and expense of making trips to Durham for appointments.

“We currently see approximately 500 patients each month, and with the new space we hope to double that in three years,” says Angelo Milazzo, MD, pediatric cardiologist and director of Duke Children’s Consultative Services of Raleigh.

The following pediatric services are offered at Duke Children’s Consultative Services of Raleigh:

- Cardiology
- Endocrinology
- Allergy/Immunology
- Gastroenterology
- Nephrology
- Urology
- Pulmonary and Sleep Medicine
- Dermatology
- Neurosurgery
- Duke Children’s signature Healthy Lifestyles program

For appointments call 1-888-ASK-DUKE. ●





Fair Game and Foul Ball

How to keep your children safe in the sporting life

If your children play sports, you've probably seen a few bumps, bruises, strains, and sprains—or worse.

While preventing injuries in active youngsters is almost impossible, William E. Garrett Jr., MD, PhD, orthopaedic surgeon and team physician for the Duke and U.S. national soccer teams, offers some advice for keeping mishaps to a minimum.

The basics involve choosing the right team for your child. Do the coaches and referees insist on the proper equipment for the sport? Are they knowledgeable about proper warm-up, heat illnesses, and rest and nutrition off the field? Do they strictly enforce rules that prevent dangerous play?

It's also important to do a quick check on the adults' intentions behind childhood sports. "Sports can be a great socializing tool for children," says pediatric sports medicine specialist Deborah Squire, MD, "but adults' expectations of performance often bring too much structure and pressure into what should be a fun time for kids."

Parents should be mindful of their children's physical limits, she says, whether they're new to rough-and-tumble sports or strong athletes. "When children begin to show promise in a sport, there's a strong tendency on the part of coaches and parents to push them to focus on it more exclusively than they might choose to do on their own," Squire says, adding that kids are as vulnerable as adults to

repetitive motion and overuse injuries.

Because girls run, jump, and land differently than boys do, they sustain acute injuries more often on a per-exposure basis. In sports like basketball and soccer, girls' overall injury rates can be from two to eight times higher than those for boys, particularly between ages 11 and 17. For example, ACL injuries are much more common in females across the board. "Injury-prevention programs for athletes of both genders are being created and improved throughout the country," says Garrett, "with a number of teams working with physical therapists and/or athletic trainers to address this issue."

For any child and any sport, Garrett says the following tips can keep sports mishaps to a minimum:

- **Start with good physical condition:** Children who have ever experienced any significant medical problems or symptoms should be specially screened before playing sports—and all young athletes should get regular physicals.
- **Know the basics:** Most serious sports injuries result not from overuse but from a single awkward step or bad landing, especially among middle and high school-age children. Coaches should be sure kids master a sport's fundamentals, such as running, pitching, cutting, falling, and pivoting.

- **Even the playing field:** There's a huge variability in physical maturity among kids the same age—and among boys and girls on co-ed teams. Look for teams classified by size, not age.
- **Teach children about pain:** Children should never "play through the pain." If something starts to hurt, they should stop doing it. Don't assume that pain is part of any sport; if an injury doesn't get better in a day or so, see a doctor.
- **Listen to your child:** If he or she isn't feeling well or is poorly rested, mentally distracted, or emotionally upset, don't force participation in a sports event. If participation in a particular sport seems to be taking a toll on your child physically or emotionally—or if he or she clearly doesn't enjoy it—talk about it. Perhaps he or she would like to try a different sport or way of staying active.

In the final tally, the goals that really matter are the ones your child scores off the field—nurturing a healthy, growing body and developing a good attitude about health, fitness, and safety.

For sport-specific advice about preventing or treating injuries in your child, see one of Duke's experienced sports medicine specialists. To learn more, visit dukechildrens.org.

The Pediatric Hospitalist

A Familiar Face During a Stressful Time

So just what is a hospitalist? A hospitalist is a physician who specializes in treating hospitalized patients—just like a cardiologist is a specialist in matters of the heart.

The pediatric hospitalists at Duke Children's are a constant presence, always there to help families in crisis, providing the inpatient care that primary care physicians no longer find possible.

Hospital medicine emerged in the United States in the last 10 years or so in part because of the logistical difficulties for primary care physicians to keep up with inpatient rounds. As cases became more complex, especially at places like Duke Children's, the need for the specialty was emphasized.

"Thirty years ago kids were hospitalized for tonsillectomies and mild pneumonia," says Heather McLean, MD, a pediatric hospitalist at Duke Children's. "Today we're seeing sicker and sicker patients. The hospitalist develops inpatient skills, and we're more available for safety purposes and supervisory training."

The hospitalists are also available at odd hours, making them more accessible if something goes wrong. Additionally, the hospitalists can stay abreast of the latest developments in inpatient care and have a better understanding of the conditions that warrant patient admissions, enhancing quality of care and the patient experience.

A hospitalist will have various responsibilities, depending on the hospital. "All provide inpatient care, but at Duke Children's we're a bit different in that we provide sedation services, have academic responsibilities, and work on research and quality improvement projects," says McLean. Fellow hospitalists also pull double and triple duty. Katy Bartlett, MD, is also associate program director for the residency program; Clay Bordley, MD, MPH, is the medical director for the Pediatric Emergency Department; David Price, MD, is the medical director for the intermediate care units.

McLean says her job at Duke has one overriding similarity to hospitalists everywhere: communication. She says she works to stay in contact with primary care pediatricians at admission, during the patient's stay, and at discharge. She uses "family-centered rounds" to make sure the family is involved and informed.

As Duke Children's continues to increase its capacity, including more beds in the intensive care unit and a new low-acuity surgical unit, the role of the hospitalist gains even more importance.

Pediatric Cardiac Intensive Care Unit Now Open



Within days of opening in January 2009 at Duke Hospital, the new Pediatric Cardiac Intensive Care Unit (PCICU) was full—demonstrating the immense need for this dedicated space for the youngest heart patients.

The 13-bed unit is the first of its kind in the state—a separate, distinct unit wholly dedicated to young heart patients needing intense, interdisciplinary care. The 6,200-square-foot space increased the pediatric intensive care capacity by 50 percent to help meet the ever-increasing demand for space and surgical procedures for the most critically ill patients. Duke Children's cardiology surgeons performed 420 procedures in 2008—a 10 percent increase over 2007—and pediatric cardiac catheterization procedures have tripled over the last five years due to the trend of using less invasive heart surgeries whenever possible.

"Until now, a lack of ICU space has forced us to cancel surgeries almost every week," said Joseph St. Geme III, MD, chair of the department of pediatrics, during the ribbon-cutting ceremony. "We believe this expansion and others in the future will allow us to serve all the families who wish to bring their children to Duke for care."





A Stori

with a Fairy Tale Ending

Melanie and Kyle Bryant knew that their daughter—their first child—would have to be born early, but they never thought their baby girl Stori would arrive three months prematurely.

During a routine ultrasound Melanie and Kyle learned that there was an abnormality of the umbilical cord, disrupting the transfer of nutrients and oxygen from mother to child.

Baby Stori could not grow.

Melanie was referred to the high-risk pregnancy clinic at Duke. Twelve weeks before her due date she was admitted to Duke for close monitoring and daily tests until Stori was born, which, as fate would have it, would be just five days later.

Melanie had become pre-eclamptic, and doctors ordered a C-section. Stori was born ready to fight her battle to survive outside the protection of her mother's womb.

Doctors and nurses in the Duke Children's Neonatal Intensive Care Unit (NICU) were with her every step of that fight. Her body functions were great, but significant acid reflux made feeding a major struggle.

"The doctors and nurses did a great job keeping Stori healthy and helping our stress levels, too," says Melanie. "It was very reassuring to know that what seemed so significant to us is routine for these highly skilled caregivers at Duke Children's."

Four months later, when Stori reached four pounds, she was able to go home. She has continued to gain a pound a month since.

Today 18-pound Stori is thriving. She loves to sing and dance—often singing herself to sleep at night. She is still medicated for acid reflux, but caregivers at the Special Infant Care Clinic—a multidisciplinary clinic for the coordination of care and developmental evaluation—are excited that Stori seems to be catching up to a normal growth rate and is on target developmentally, reaching all her milestones, some ahead of schedule.

The power of expertise— and a loving touch

Patients like Stori Bryant benefit from a world-class neonatal intensive care unit and the highly skilled team whose job—whose passion—is saving these tiny miracles. A child is not meant to live

outside a mother's womb after just a few short months of development, but with the care and expertise at Duke Children's the babies not only survive, they very often thrive.

A caring staff takes care of these delicate children as if they are their own. They have reunions and keep pictures of their "graduates" posted on a bulletin board—a source of pride for caregivers, and a source of hope for current patient families.

Caregivers understand the importance of keeping parents well informed—not only for the sake of the parents but for the baby as well. A calm, informed parent who can participate in a baby's care improves outcomes.

One of the ways the staff keeps parents' anxiety levels low is by explaining the function of the sometimes daunting array of equipment necessary to keep the babies alive. "Dr. [David] Tanaka, our neonatologist, helped us learn what problems are normal for preemies. That was more comforting than we can say," said Melanie.

Siblings and relatives are welcome to visit. Lactation specialists help moms provide milk, and volunteers cuddle babies when the parents are not available. Support groups, a parent advisory board, and social workers offer families everything from emotional support to assistance with financial affairs, travel, housing, and other concerns. Pastoral and bereavement services also are available.

Caring for premature and sick newborns and their families does not end with the babies' discharge from Duke Children's. Infants like Stori who are at risk for developmental problems are invited back to the Special Infant Care Clinic, where they are evaluated until at least two years of age to monitor their development and arrange for necessary intervention.

NICU BLOOD PRESSURE CUFF
ACTUAL SIZE





Collaboration and Research

Chief of neonatology Ron Goldberg, MD, realized early on that it would take more than his small group of neonatologists to solve the complex health problems faced by newborns. He founded the Neonatal-Perinatal Research Institute (NPRI) at Duke Children's. Pediatric researchers at the NPRI collaborate with members of the pediatric faculty as well as specialists in maternal-fetal medicine and basic scientists.

Neonatologists have partnered with researchers in more than a dozen areas at Duke University from cell biology to engineering. In fact, partnerships with Duke's

Pratt School of Engineering have produced a number of technologies to improve efficiency and quality of care.

Graduate engineering students and neonatologists developed a way to use digital microfluidics to diagnose diseases using a nano-spot of a baby's blood. This is important because taking a whole vial of blood to run a host of tests is not possible in such small patients. Pompe Disease, for which Duke Children's pioneered a life-saving treatment, can be diagnosed this way.

The NPRI recently was renamed the Jean and George W. Brumley, Jr. Neonatal-Perinatal Research Institute in honor of the Brumleys

who together with 10 other family members, died in a 2003 plane crash. George Brumley, Jr., MD, the first director of neonatology at Duke and co-founder of the NPRI with Goldberg, envisioned a model of collaborative work between basic and clinical researchers interested in furthering translational medicine.

An endowment of \$5 million provided by Brumley's charitable organization, the Zeist Foundation, has since endowed two chairs in neurodevelopmental biology in an effort to refocus basic research on the developing brain of the premature and term infant. ●

Meeting an Increasing Demand

The level of expertise in all areas of neonatal medicine makes Duke Children's a regional referral center for many conditions associated with premature birth. The hospital does not turn away any patient who critically needs help.

Later this year the NICU will begin expanding to accommodate an ever-increasing demand. You can support the expansion projects and research endeavors by calling the Development Office at 919-667-2563.

Did You Know?

- Duke Children's is part of the NIH-sponsored Neonatal Research Network, a partnership of 16 medical centers dedicated to improving the care of premature babies and furthering research in the area.
- Duke Children's has one of the highest complexity rates but lowest mortality rates of the centers in the Neonatal Research Network.
- Duke Children's provides neonatal intensive care services at Durham Regional Hospital and Alamance Regional Hospital.
- Duke was the site for the trial to convince the FDA to approve the use of nitric oxide in extremely premature infants to prevent chronic lung disease.
- Physicians and scientists at Duke developed and tested the use of high-frequency ventilation, which provides shorter, more frequent breaths (600 times per minute versus 40 with a standard respirator) carrying far less risk of injuring the baby's tiny lungs.
- C. Michael Cotten, MD, spearheaded an effort to gather 1,000 genomic samples from extremely low-birth-weight babies. The samples comprise the largest such collection to date and give investigators a treasure trove of information for teasing out genes linked to diseases associated with prematurity.
- In North Carolina between 3,000 and 4,000 infants are born with serious birth defects each year, and low birth weights have risen from 7 percent to 9 percent in the past 10 years.
- A serious neonatal/perinatal problem can result in life-long physical and psychological suffering. ●



NICU DIAPER
ACTUAL SIZE

Celebrating You!

Thank you for sharing your valuable gifts with Duke Children's. This issue traditionally includes our annual honor roll list of donors. In our ongoing commitment to steward valuable resources and remain environmentally friendly, this year and moving forward, we have chosen to put this recognition list online. Please visit dukechildrens.org to view this listing. Thank you again for helping ensure a bright, healthy future for our children...because nothing matters more. ●



Grateful Grandparents Give Back

Addison Bledsoe was born on Halloween, and the first weeks of her life were frightening at times. She's "quite the little beauty" now and is walking and learning to talk, according to her grandparents, Eric and Rebecca Hinshaw. But just over a year ago Addison's survival was touch and go. At age five weeks, she caught a very bad cold. Her six-pound body was not able to clear the fluid from her lungs, and she wound up in a Charlotte, N.C., hospital on a ventilator.

"She had very little breathing capacity. She was going downhill quickly, even with 100 percent oxygen," says Rebecca, a former neonatal nurse.

It was a windy day and Duke's helicopters were unable to take off from Durham, so Addison was carefully transported to Duke Children's by a very special medical team in the Life Flight ambulance. "Amazingly, Addison seemed to improve the moment the Duke Children's Transport Team took her into their professional and capable hands," says Rebecca. As the Duke Children's Pediatric Intensive Care Unit team awaited her arrival, the attending physician stayed on the line with the transport team caring for Addison by phone during the entire trip.

"Her room was full of caregivers for five or six hours," recalls Rebecca. "I have been on the medical staff side in the past, and I have never seen a medical team come together like the Duke Children's caregivers did for our

granddaughter."

Addison finally started to show improvement after 10 days and ultimately remained in the intensive care unit for a month.

"They made us feel like our loved one was the only child at the hospital," says Eric. "You feel so special and so informed all the time."

Eric Hinshaw, chairman and CEO of Sleep to Live, Inc. mattress company in Mebane, N.C., has been a benefactor of Duke Children's for more than 15 years, serving on the National Board of Advisors and sponsoring company fundraising events for Children's Miracle Network.

In honor of Addison, the Hinshaws and Sleep to Live, Inc. recently made a commitment to provide \$225,000 to support a Duke pediatric fellowship program. The medical fellow, Brian Tinch, MD, is conducting research on pediatric pulmonary diseases, including RSV, the condition Addison suffered. In adults and older children, RSV feels like nothing more than a bad head cold. But some normal term babies and many premature babies experience life-threatening pneumonia-like complications.

The Hinshaws have enjoyed getting to meet Tinch and hearing about his research. "It's remarkable the changes and new developments we see every time we visit Duke Children's," says Rebecca.



"We are very lucky to have what I consider to be one of, if not the, premier children's institutions in the country in our community, the community where the employees of my company live," says Eric. "No matter how grave or how minor the situation, they give their patients equal amounts of love and expert care." ●

This was not Eric's first personal experience at Duke Children's. When his now-29-year-old daughter Morgan was 12, a doctor diagnosed her with pneumonia and sent her to Duke for treatment. As they walked in, a doctor passing by heard her cough and immediately knew she did not have pneumonia. A bronchoscopy revealed a rare tumor, and doctors quickly removed the lower lobe of her lung, sparing the upper lobe by two millimeters. Time would have easily allowed the tumor to consume that part of her lung as well.



Dr. Page Anderson—In Memoriam

Page Albert Willis Anderson, MD, internationally known physician scientist and beloved pediatric cardiologist, died unexpectedly in November 2008 at the age of 66. His career was marked by outstanding achievements in research, patient care, and mentoring.

After receiving a Bachelor of Arts from University of California at Berkeley and a Doctor of Medicine from Duke, Page served in the Vietnam War. He joined Duke's Department of Pediatrics in 1970.

Among his many responsibilities at Duke Children's, Anderson served as vice chair for research, the Duke principal investigator for the Pediatric Heart Network, program director for the Pediatric Cardiology Fellowship Program, and principal investigator for the Duke training grant in pediatric cardiology. He was a mentor to faculty across the department. In recognition of his accomplishments

as a clinician, teacher, mentor, and investigator he was named the Beverly Morgan Distinguished Professor in Pediatric Cardiology in April 2008.

His research contributions are exemplary, but he will also be remembered for his love for children. He showed compassion and took meticulous care of hundreds of patients, many in his care for decades. As an advocate for children's health he possessed a unique way of embracing medicine and humanity. He was driven by a passion to determine better ways to care for babies with heart disease.

Duke Children's lost one of its finest, and Page's absence will be felt for years to come.

To honor his lifetime achievements and dedication to pediatrics, Duke Children's established the Page Albert Willis Anderson, MD Memorial Fund. ●

If you would like to contribute to this fund please call 919-667-2563.

"Page Anderson was a remarkable man who had a profound impact on the Department of Pediatrics, providing key mentorship for faculty and fellows across the department, exploiting all opportunities to share his broad knowledge of medicine and science with others, and consistently delivering compassionate care to patients with heart disease. He had high standards as a physician, an educator, and an investigator, and he was a role model for many of us."

— Joseph St. Geme III, MD

"Page Anderson was a gentleman and a scholar who gave freely of his prodigious talents to his patients, his trainees, and his colleagues. He provided us with his counsel and his wisdom. He uplifted all of us by his commitment to excellence. He graced our lives."

— Jennifer Li, MD



Radiothon "Magic" Yields \$1M for Third Straight Year

The official tally is in from this year's 15th annual MIX 101.5 Radiothon for Duke Children's Hospital. For the third straight year the Radiothon topped the \$1 million mark—with a total of \$1,031,431, bringing the 15-year total to an amazing \$10,749,291.

Duke Department of Pediatrics Chairman Joseph St. Geme III, MD, calls it "a remarkable achievement," given the current economic climate.

"We are deeply moved by this outpouring of support," St. Geme says. "This is a reflection of the local community's incredible generosity and respect for the work we are doing at Duke Children's Hospital & Health Center."

The money will fund cutting-edge research, help to educate tomorrow's pediatric medicine leaders, and help Duke Children's continue providing the quality and compassionate patient care that so many people in the local community and around the country depend upon.

Erika and Randy Canady of Morrisville said Duke's success in research inspired them to make a \$45,000 challenge match gift

during the afternoon of the Radiothon's final day. They have two healthy daughters but realize that illness can strike at any time.

"If anything ever happens to one of our girls, hopefully someone will have donated money toward research," says Erika. "Call it paying it forward, but we just believe in the importance of research."

The magic of Radiothon took over this year as it often does. Heart-warming stories from patient families and messages from our caregivers, along with motivation from some Duke Athletic coaches were the perfect formula for success. A record-breaking two-hour Foresters Power Hour produced an incredible \$190,000 when listeners' gifts were combined with a \$75,000 challenge match from Foresters Phone Bank.

Hardee's came through in the final hours to push the total over the million-dollar mark.

Every morning of Radiothon, Hardee's "power bursts" had challenged listeners to pledge \$10,000 during 30 minutes of prime drive time. The goal was met every day, and Hardee's matched it and offered biscuits to the Radiothon volunteers. Just 45 minutes



before the end of Radiothon, Hardee's largest franchisee, Boddie-Noell Enterprises, donated another \$5,000 to honor an employee whose family's experience with Duke Children's gave her first-hand knowledge of the hospital's commitment to patient care and state-of-the-art medical treatment. This brought the Hardee's total to an incredible \$35,000.

As always, Duke Children's 15th annual Radiothon was truly a community effort, and we are very grateful to MIX 101.5 and all our donors and volunteers. ●

Want to Help?

If you are interested in supporting Duke Children's Hospital & Health Center, please contact our Development Office.

919-667-2563

dukekids@notes.duke.edu

dukechildrens.org

Is my plastic bottle poisonous?

The controversy behind BPA and your health

For decades, the chemical known as bisphenol A (BPA) has been an odorless, tasteless part of clear, shatterproof polycarbonate plastics such as baby bottles and sippy cups, as well as the epoxy resins that line many food and drink cans. Though durable and versatile, these containers have been the focus of a recent streak of bad publicity as scientists continue to look into the potential effects of BPA consumption. Many do not like what they're seeing.

The American Academy of Pediatrics is deeply concerned that the current scientific evidence is insufficient to draw accurate conclusions about the safety of BPA, especially as it relates to infants and pregnant women.

For now the recommendation is to play it safe. Here are some tips for limiting your exposure to BPA:

- Avoid clear plastic bottles or containers with the recycling numbers 3, 6, or 7 and the letters "PC" imprinted on them. Many of these contain BPA.
- Consider switching to certified or identified BPA-free plastic bottles or glass bottles (always use care when using glass around children).
- Use bottles made of opaque plastic, which do not contain BPA.
- Do not boil or microwave polycarbonate bottles or wash them in the dishwasher.
- Do not microwave or heat plastic cling wrap. Cover containers with a paper towel.
- If using hard polycarbonate plastics (water bottles, baby bottles, sippy cups) do not use them for warm or hot liquids.
- Reduce your use of canned foods (the lining of some cans contains BPA). Eat fresh or frozen foods instead.

This attention to BPA is another in a series of messages that call us to re-evaluate our impact on the environment and the planet we will leave to our children and grandchildren. Duke Children's is committed not only to children's health today but that of children for generations to come.

Visit our regular column with Dennis Clements, MD, MPH, PhD, featuring common primary care questions on our Web site dukechildrens.org.



stories

Intensive Love, Intensive Care

Tiny miracles get the extra attention they need in Duke Children's Neonatal Intensive Care Unit.

