

leaps & bounds

teach kids body positivity

HOW TO BOLSTER CONFIDENCE, SEE PAGE 4.

BRING BABY HOME SAFELY

Tips for parents

MAKE HEALTHY FOOD SWAPS

Nutritious bites = happy bellies



SUMMER
2025

YOUR GUIDE TO KIDS' HEALTH FROM LOMA LINDA UNIVERSITY CHILDREN'S HEALTH



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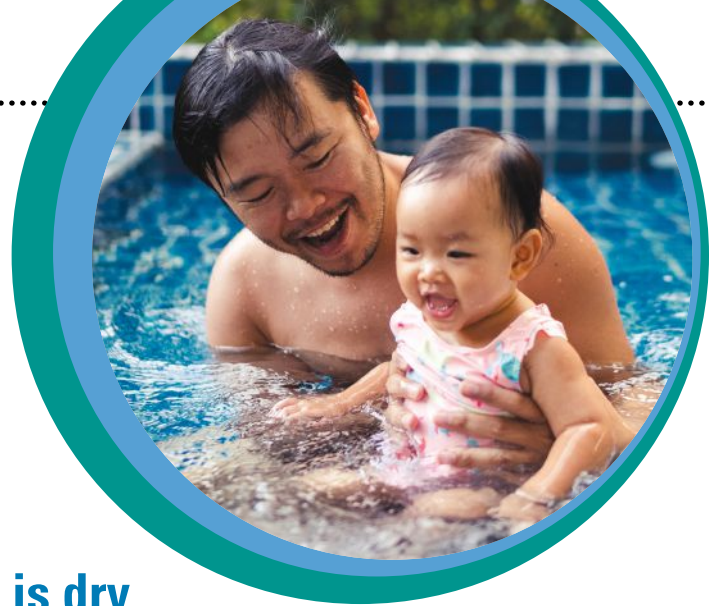
CHILDREN'S
HEALTH

tips for bringing baby home

Here's some advice to ensure the transition from hospital to home goes as smoothly as possible.

1. **Prioritize safe sleep** by having your baby sleep in the same room as you but in their own crib or bassinet.
2. **Adjust your faucet water temperature** to 120 degrees Fahrenheit or lower to prevent burns.
3. **Prepare for round-the-clock feeding sessions.** Newborns typically feed every two to three hours.
4. **Keep postpartum challenges in check.** Have friends or family help with meals or household chores.
5. **Attend well-child visits.**

The first visit should be one to three days after discharge, followed by a two-week checkup and another at two months.



is dry drowning real?

Are your little ones ready to make some waves this summer? Then, water safety is probably on your mind. Some people incorrectly think that a condition called “dry drowning” can happen after kids swim or play in the water. Though children might breathe fine while swimming, the myth says they can become unwell or die days later.

But deaths linked to drowning don't happen days or weeks later. If a child is submerged in the water and needs rescuing, they may cough and sputter afterward. If they quickly return to breathing normally, watch them closely for a few hours. Children who start showing signs like excessive coughing, breathing issues, confusion or sleepiness need medical attention.

KIDS' CORNER

cucumber, lime and mint-infused water

INGREDIENTS

- 1 cup sliced, seedless cucumber, reserving 8 slices for garnish
- 3 limes, sliced, reserving 1 sliced lime for garnish
- 1 small bunch of mint, reserving 8 small sprigs for garnish
- 8 cups cold or room-temperature water
- Ice

DIRECTIONS

1. Wash cucumber, limes and mint.
2. Place ½ cup cucumber slices (about 8 to 10 slices), 2 sliced limes and the small bunch of mint in a pitcher. Pour 8 cups of water over the cucumber, lime and mint.
3. Refrigerate for 4 hours. To serve, pour 1 cup of water over ice in a glass. Garnish each glass with 1 cucumber slice, 1 lime slice and 1 sprig of mint.



LEVEL UP!

EASY FIXES FOR KID-FRIENDLY NUTRITION

Kids need the right fuel to feel good and grow well. But some foods drain their health instead of boosting it. Here's how to power up their daily choices with swaps that add more nutrition.



Make breakfast count

Many cereals are packed with added sugars.

Better choice: Whole-grain cereals have more fiber, vitamins and minerals than refined grains.

Optional upgrade: Top with bananas, berries or apples for natural sweetness.



Go beyond nuggets and burgers

These processed meats can be high in saturated fat.

Better choice: Beans! They're full of protein, iron, fiber and potassium.

Easy swaps: Blend into dips, toss into quesadillas or replace meat in tacos.



Rethink snack time

Chips and crackers? High on the taste scale, but low on nutrients.

Better choice: A handful of nuts have protein, vitamin E and blood sugar benefits in every bite.

Safety tip: For kids younger than age 4, opt for nut butter to prevent choking.



Cut back on sugary sips

Soda, sports drinks and juice sneak in extra sugar that can lead to cavities and type 2 diabetes.

Better choice: Water, water, water. Keeps circulation strong and joints ready for action.

Hydration hack: Add lemon, berries or fresh mint to infuse flavor.

Pro parent moves:

- Check cereal labels for at least 8 grams of whole grains per serving.
- Get recipe inspo at lluh.org/live-it. Search episodes by keywords or ingredients.
- Divvy up 1-ounce portions of nuts into small containers for easy snacking.
- Give water extra pizzazz by using colorful cups, crazy straws or water bottles with your kids' favorite characters.
- Ditch the juice, grab the fruit! Whole fruit has more of the healthy fiber that children need.



HAPPY IS ...

tummies that are full of all the right nutrients. To learn more about what your little ones should — and shouldn't — eat, talk with one of our pediatricians. Call 800-825-KIDS (5437) or visit lluh.org/genpeds.

HOW TO RAISE BODY-POSITIVE KIDS

It's hard to believe, but research shows that kids as young as age 3 may have body image issues. These can stem from people making comments that stick. Photos in magazines and online that have been heavily edited can shape how young people think their bodies should look, too.

If a child feels they don't measure up, their self-esteem can suffer. This can make them less likely to seek out friends. It can also increase their odds of having a mental health issue or eating disorder.

You can help your child or teen have a healthy relationship with their body, no matter what it looks like. Follow these strategies to bolster their self-image.

WALK THE WALK

Kids often copy adults' behavior — how you view and treat your body will influence your child's body image. Try to model these kinds of good habits:

- Eat three healthy meals a day, rather than skipping meals.
- Fill your plate with lots of vegetables and fruits.
- Work movement into your day.
- Don't say negative things about your own body, especially in front of your kids.
- Be happy to be in photos with your children.

TALK THE TALK

The way you communicate with your child about food and exercise matters. Focus on

how eating healthy foods helps you feel good and how physical activity makes you stronger.

If your child says something negative about their body, explain how healthy bodies can look different than the ones on television or on social media.

SPOT SIGNS OF TROUBLE

It's common for young people to worry a little about their bodies. But you should watch for indications of a serious issue. Possible signs may include:

- Depression: Becoming socially isolated or irritable, or eating and sleeping differently than before.
- Eating disorder: Eating food in secret, skipping meals, exercising excessively or eating large meals but not gaining weight.

If you have concerns, reach out to your child's healthcare provider. The right treatment can make a big difference in your child's recovery.

HEALING IS ...

understanding that a healthy body may look or feel different for everyone. Our behavioral health program is here to lend support to those who need it. Visit

lhubmc.org/youth to

learn more.





HEALTHY IS ...
growing up strong and confident. Our Pediatric Diabetes and Endocrine Center can help manage your child's health and development. Make an appointment today through MyChart or call 877-558-6248.

WHY GIRLS ARE STARTING THEIR MENSTRUATION EARLIER

Precocious puberty, or the early onset of puberty, is becoming increasingly common among young girls, raising concerns among healthcare providers and parents. Here are some commonly asked questions with answers so that you can stay informed.

Q. What is central precocious puberty?

A. Puberty is a natural process where the body transitions from childhood to adulthood through hormonal changes. In cases of precocious puberty, these changes happen earlier than usual. This is the same biological process, just accelerated.

While the typical age for girls to start their first menstrual cycle is around 12.5 years, precocious puberty can cause this to

happen much earlier. Girls in the U.S. are now getting their first menstrual period about six months earlier on average compared with the 1950s and 1960s. Also, more girls begin menstruation before age 9, which is considered unusually early.

Q. Why is this happening?

A. It's difficult to pinpoint one specific cause. For starters, obesity and poor nutrition are significant contributors. Increased body fat is strongly associated with the early onset of puberty, particularly in girls. A diet high in calories and processed foods is also one of the top reasons.

Environmental factors can play a role, too. Endocrine disruptors — chemicals in plastics, pesticides and other products — can interfere with hormone systems.

Q. How do I know if my child is affected?

A. Precocious puberty diagnosis typically starts with a parent or pediatrician noticing signs of early puberty, such as breast development. Blood tests can then measure hormone levels to confirm a diagnosis.

For treatment, pediatric endocrinologists may use GnRH analogs — medications that stop the progression of puberty. These treatments, also known as puberty blockers, are available as injections or implants.

If you're concerned about precocious puberty, a pediatric endocrine clinic can help conduct an evaluation.



HEALING IS ...
more than just medicine. It's the support and compassion along the way. To schedule a consultation at our pediatric hematology oncology clinic, call 909-651-1910.



Chelsea Collins, MD

FIGHTING FOR FUTURES

DR. CHELSEA COLLINS' JOURNEY IN PEDIATRIC HEMATOLOGY ONCOLOGY

As a pediatric hematologist oncologist at Loma Linda University Children's Health, Chelsea Collins, MD, has spent more than a decade guiding families through some of the most difficult moments of their lives.

WHERE CURIOSITY MET COMPASSION

Collins is the first physician in her family, and her path into medicine began with a love for science. Her passion for pediatrics deepened during medical school and residency, where she was repeatedly drawn to young patients, especially those facing life-threatening illnesses.

"I really connected with the patients during my pediatric oncology rotation.

That experience made me realize I wanted this to be my long-term career," said Collins.

She balances a busy schedule of outpatient clinic days and intensive seven-day hospital rotations, supported by a multidisciplinary team of nurses, social workers and child life specialists.

"There's no such thing as a typical day, but the team approach is key in helping our patients and families navigate this journey."

Delivering difficult diagnoses is one of the most emotionally challenging parts of her job. But with a strong support system and a shared mission, she finds strength in the work.

"It takes a toll, but we help each other so we can better help our patients," Collins says.

TURNING CHALLENGES INTO BREAKTHROUGHS

As director of quality improvement, Collins also leads efforts to enhance patient safety and outcomes, reducing hospital-acquired infections and shortening lengths of stay.

What keeps her inspired? The future. "Oncology is an exciting field with new trials and therapies constantly emerging. We were part of a national immunotherapy trial for leukemia that was stopped early because outcomes were so much better. It's incredible to see those advances in real time."

For Collins, it's more than a job, it's a calling.

IDENTIFYING SCOLIOSIS AND DEBUNKING COMMON MYTHS

Scoliosis is a spine condition that can develop at any age but commonly presents itself before puberty in children between ages 10 and 15. When a child has scoliosis, it means that the typical alignment of the spine changes, resulting in a curve or a twist.

HOW DOES SCOLIOSIS HAPPEN?

The most common form of scoliosis, adolescent idiopathic scoliosis, typically develops before a child's adolescent growth spurts — around age 10 for girls and age 12 for boys. During this time, some bones start growing excessively in the front of the spine. This makes the spine start to curve.

There is no medical explanation for why some children develop the condition and others do not. Families with a history of scoliosis should consider having their children regularly checked, as scoliosis can be inherited.

TREATMENT OPTIONS

It's important to take the proper steps to stabilize the spine before the curve gets too big. Treatment depends on the severity and progression of the curve and can include:

- Bracing
- Surgery
- Physical therapy

DEBUNKING POPULAR MYTHS ABOUT SCOLIOSIS

Parents often have a lot of anxiety about the causes of their child's scoliosis, which can lead them to direct misguided blame on the child. However, scoliosis is not a self-imposed problem.

The following are a few common scoliosis myths.

Myth #1: Bad posture causes scoliosis

Some parents think that their child's posture is the cause of their scoliosis, but that's false. Posture is not a trigger of scoliosis since we are always moving and changing the alignment of our spine.

Myth #2: Heavy backpacks cause scoliosis

Scoliosis is not caused by carrying heavy loads, and this is not a factor in developing or worsening the condition.

Myth #3: Exercise and stretching can correct scoliosis

Physical activity is beneficial for back strength, but it cannot reverse scoliosis. While specific exercises may support spinal stability and manage symptoms, only medical treatments like bracing or surgery can alter the spine's curvature.

HEALTHY IS ...

finding expert care for your child. Our specialists can help you get an accurate diagnosis and provide the right treatment. To learn more about our services, go to luch.org/services.

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