

## When children have the flu

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- Trouble breathing. Breaths may be rapid, heavy or gasping; you may see skin around the rib cage suck in or nostrils flare.
- Dehydration. Common signs include dry diapers, a lack of tears while crying, sunken eyes, dry lips and mouth.
- Appearing very pale or bluish; limp or floppy; or not waking up and interacting.
- Being inconsolable, or too irritable even to be held or consoled.

"Any normally sick kid is going to want to be held or comforted. If they don't, that's something to be worried about," says the University of Maryland's Dr. Margaret Rennels, an American Academy of Pediatrics flu specialist.

**Q: My 5-year-old's fever hit 103. Is that too high?**

**A:** Fever itself isn't damaging; it shows the body is fighting infection. What to do depends on the child's age and fever's extent. Call the doctor about any temperature over 101 in a baby younger than 1 year. For toddlers and older, Mjaanes and Rennels say call the doctor if fever persists beyond several days,

reaches as high as 104 or doesn't drop despite medication.

**Q: What treatments help?**

**A:** First, never give a child or teenager aspirin. Use acetaminophen or ibuprofen for fever. There are four anti-flu drugs, one approved for children as young as 1, that can slightly shorten flu's misery when taken within 48 hours of first symptoms. They're important for high-risk children. For most kids, drinking enough fluids is the main prescription. Keep them comfortable; no sweating out a fever.

**Q: My toddler seemed to be getting better but now her fever's back. Is it a relapse?**

**A:** Call the doctor. Once the original fever's gone, it should stay gone. If not, a bacterial infection might be setting into flu-damaged airways.

**Q: Will my daughter spread her flu to the rest of the family?**

**A:** Probably. Remember, kids put their hands in their mouths and noses and then touch, well, everything you touch. So wash her hands and yours frequently. Wipe off doorknobs and faucets.

## Midwives face growing challenges

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cians and has let go four midwives as a result. In New Jersey, the last of three independent midwifery birthing centers closed in 2002.

New York saw an escalation of the trend this year. In August, the Brooklyn Birthing Center announced that its malpractice insurance had stopped covering midwives. Then, on Sept. 1, the prestigious Elizabeth Seton Birthing Center announced the closure of its Manhattan birthing rooms due to a 400 percent hike in malpractice insurance rates. In early October, New York Presbyterian Hospital initiated cutbacks in midwifery services at its Allen Pavilion branch.

Midwives displaced by the string of closings have found it hard to find a home elsewhere. In late November, four former Seton midwives quit St. Vincent's Hospital, complaining that hospital regulations — including a policy that advised recommending inducing labor six hours after membrane rupture — made it impossible for them to practice the methods of natural, noninterventionist childbirth that defines midwifery care.

As several high-profile midwifery services were forced to close their doors this year, women have rallied together to demand the greater continuity of care and attention that midwives provide.

In Austin, Texas, where hospital-based midwifery care was discontinued last year, midwives and former midwifery patients demonstrated in October to bring the midwives back, which may happen under new hospital managers. And in Chicago, midwifery patients marched on the University of Chicago Hospitals after it announced the closure of its midwifery practice.

Hospitals across the country are going through painful cost-cutting due to the rising costs of care associated with

record-high insurance premiums. Even though midwives usually earn less than obstetricians, in lean economic times hospitals can be tempted to cut back on them and direct patients instead to obstetricians, because obstetricians are fundamental medical personnel. In addition, insurance companies often have lower reimbursement rates for midwives than obstetricians.

"The midwives are getting caught in the squeeze," said Deanne Williams, executive director of the Washington-Based American College of Nurse-Midwives.

Midwives earn on average \$41,500 to \$52,000 annually,

topping out at \$65,000, according to the University of Missouri Career Center — less than half of the \$133,450 earned by obstetricians, according to the Bureau of Labor Statistics. The insurance plan endorsed by the American College of Nurse-Midwives costs from \$7,000 to \$32,000 per year, depending on experience, education and location. New York, and Florida are two of the priciest states to practice.

Obstetricians are also feeling the pinch with median premiums that increased 167 percent between 1982 and 1998, and rising steadily each year since. Last year, saw a 15 percent increase.

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## Kids advocate for other children and themselves

Every child wants a home," says 12-year-old Cronetta. "So help the children in the world because everybody needs a parent."

Cronetta and her brother Robert, age 10 are spokespeople for children in foster care who are waiting for adoptive families in Mecklenburg neighborhoods. They know what it feels like to be waiting — they are waiting for parents to adopt them.

"Cronetta is insightful, engaging, and outgoing — she has a strong sense



Cronetta and Robert are two of many children waiting to be adopted in Mecklenburg County.

of responsibility, appreciates guidance, and has a positive outlook on life," says long-time friend Evelyn Dillard. "Robert has an engaging

smile, pleasant personality and has a special interest in music." Both Cronetta and Robert sing

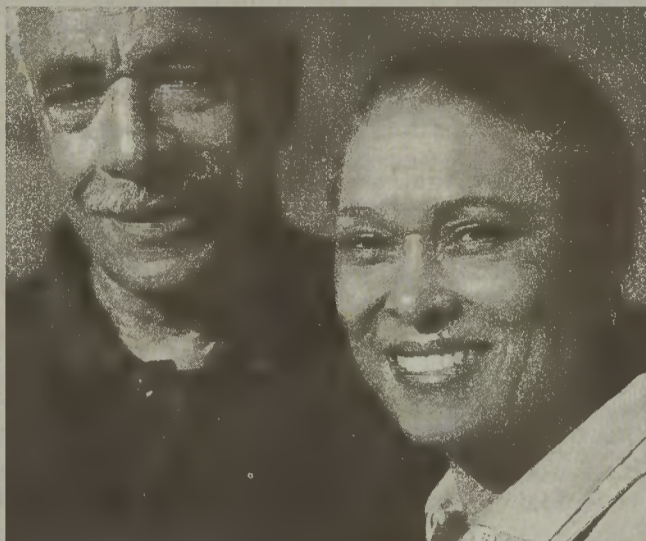
in the church choir together.

"I love my brother, he's always been part of my life," states Cronetta. "I want to be adopted into the same family with Robert."

If you are interested in finding out more about Cronetta and Robert or other children awaiting adoption, call Mecklenburg County Department of Social Services at 704-336-KIDS (5437).

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