Breast Cancer: Why Early Detection Can Make a Difference

First the bad news: According to the American Cancer Society (ACS), breast cancer is the most common cancer among women, other than skin cancer. It is also the second leading cause of cancer death in women, after lung cancer. The ACS estimates that in 2007, over 178,000 women in the United States will be found to have invasive breast cancer and over 40,000 women will die from the disease. At the current time there are over 2 million American women who have been treated for breast cancer.

Now the good news: The Centers for Disease Control and Prevention (CDC) reports that breast cancer death rates are going down. This decline may be the result of finding the cancer earlier, improved treatment methods, and changes in medications. That is why it is so important to get appropriate screening for breast cancer and to be aware of the signs, symptoms, and risk factors for the disease.

What Is Breast Cancer?

The ACS defines breast cancer as a malignant tumor that has developed within the cells of the breast. A malignant tumor is a group of cancer cells that may invade surrounding tissues or spread (metastasize) to distant areas of the body.

The disease occurs almost entirely in women, but men can also have breast cancer. However, male breast cancer is not very common. According to the ACS, for every 100 cases of breast cancer, less than one is found in men. Breast cancer is more likely to be diagnosed in men who are between 60 and 70 years old.

Signs and Symptoms

The CDC explains that different people may have different warning signs for breast cancer. Some people may not have any signs or symptoms at all. A woman may first find out she has breast cancer after having a routine screening mammogram.

Some warning signs of breast cancer are:

- Lump in the breast or underarm (armpit). The ACS assures us that most breast lumps are benign (not cancerous). Further testing may be needed to confirm that a lump is benign.
• Thickening or swelling of part of the breast.
• Irritation or dimpling of breast skin.
• Redness or flaky skin in the nipple area or the breast.
• Pulling in of the nipple or pain in the nipple area.
• Nipple discharge other than breast milk, including blood.
• Any change in the size or the shape of the breast.
• Pain in any area of the breast.

Keep in mind that some of these symptoms may occur as a result of other health conditions. Notify your doctor right away if you are experiencing any of these symptoms so that your doctor can determine the cause.

Risk Factors for Breast Cancer

The risk of breast cancer is primarily dependent on how long you live, your ethnicity, and many other risk factors. The CDC lists the risk factors that may increase your chances of developing breast cancer:
• Getting older. Women over 50 are at higher risk for the disease.
• Ethnicity. While breast cancer is more common among white women, the death rate is higher in black women, especially before menopause.
• Having your first menstrual period before age 12.
• Starting menopause at a later age (over 55).
• Having your first child after age 30.
• Never giving birth.
• Never breastfeeding.
• Personal history of breast cancer or a non-cancerous breast disease.
• Family history of breast cancer (mother, sister, daughter).
• Prior treatment with radiation therapy to the breast/chest.
• Being overweight (increases risk for breast cancer after menopause).
• Long-term use of hormone replacement therapy (estrogen and progesterone combined).
• Having changes in the breast cancer-related genes BRCA1 or BRCA2.
• Using birth control pills, also called oral contraceptives.
• Drinking alcohol (more than one drink a day).
• Not getting regular exercise.

The NCI advises that having one or more risk factors does not mean you will develop the disease. Remember, most women do not get breast cancer. However, if you have breast cancer risk factors, talk with your doctor about how you may lower your risk and about screening for breast cancer.
Reducing Your Risk

The ACS lists steps that may help lower your risk of breast cancer:

- **Control your weight and exercise.** Make healthy choices in the foods you eat and the kinds of drinks you have each day. Stay active.

- **Know your family history of breast cancer.** If you have a mother, sister, or daughter with breast cancer, talk to your doctor about your risk for the disease and ways to lower the risk.

- **Find out the risks and benefits of hormone replacement therapy.** Some women use hormone replacement therapy (HRT) to treat the symptoms of menopause. Ask your doctor about the risks and benefits of HRT and if there are other options that you may try. The NCI recently reported that the decline in breast cancer cases may be linked to the national decline in the use of HRT since 2002.

- **Limit the amount of alcohol you drink.**

- **Get screened for breast cancer regularly.** By getting the necessary exams, you can increase your chances of finding out early on if you have breast cancer.

Screening for Breast Cancer

Screening exams for early breast cancer detection, such as mammograms, may help find cancer before it starts to cause symptoms. According to the ACS, breast cancers that are detected by manual examination tend to be larger and may be more likely to have spread beyond the breast. In contrast, breast cancers found during mammography screenings may be smaller and still confined to the breast.

The NCI explains that the size of a breast cancer and how far it has spread are the most important factors in predicting the prognosis (the outlook for chances of survival) of a woman with this disease. Finding a breast cancer as early as possible can improve the likelihood that treatment may be successful. Early detection tests for breast cancer may save many thousands of lives each year. Unfortunately, the CDC reports a significant decline in the number of women over age 40 during 2000-2005 who reported having had a mammogram in the preceding 2 years. Following the approved guidelines for the early detection of breast cancer may improve the chances that breast cancer can be diagnosed at an early stage and treated successfully.

Breast Cancer Screening Tests

Breast cancer screening means checking a woman’s breasts for cancer before there are signs or symptoms of the disease. Three tests are most commonly used to screen the breasts for cancer. Talk to your doctor about which tests are right for you, and when you should have them.

- **Mammogram.** A mammogram is an X-ray of the breast. Mammograms are the best method to detect breast cancer early when it is easier to treat and before it is big enough to feel or cause symptoms. According to the CDC, having regular mammograms can lower the risk of dying from breast cancer. Women should have a baseline mammogram at age 40, and then another mammogram every 1 to 2 years. Women age 50 and older should have annual screenings. In addition, women with a family history of breast cancer should talk with their doctors about when to begin mammography screenings.

- **Clinical breast exam.** A clinical breast exam is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes. Your health plan recommends that women between ages 20 and 40 have a clinical breast exam as part of a regular exam at least every two years, and annually for those at risk. Every woman should have a discussion with her doctor as to the appropriate interval of time for having a clinical breast exam.

- **Breast self-exam.** A breast self-exam means checking your own breasts every month for lumps, changes in
size or shape of the breast, or any other changes in the breasts or underarm (armpit). Ask your doctor about breast self-exams.

October is Breast Cancer Awareness Month

During Breast Cancer Awareness Month, and every month, the ACS urges women to follow screening and prevention guidelines and also remind their friends and family members to follow prevention guidelines. Talk to your doctor about your risk factors for breast cancer and a screening schedule that is appropriate for you.

For additional information on breast cancer and mammography screening, visit the following organizations’ websites:

The American Cancer Society at www.cancer.org
National Cancer Institute at www.cancer.gov
Breast Cancer.Organization at www.breastcancer.org

The Longevity Revolution
Aging and Your Health

Improvements in medicine, public health, science, and technology have enabled today’s older Americans to live longer and healthier lives than previous generations. According to the Centers for Disease Control and Prevention (CDC), by the year 2030, the number of older Americans will have more than doubled to 70 million, or one in every five Americans…a longevity revolution!

Protecting Your Health

Although the risk of developing a chronic disease and/or disability increases with age, the CDC reports that these conditions may be delayed or prevented. The U.S. Department of Health and Human Services Administration on Aging (AOA) explains that healthy eating, physical activity, mental stimulation, not smoking, active social engagement, moderate use of alcohol, maintaining a safe environment, social support, and regular health care are important if older adults want to maintain health and independence.

Becoming knowledgeable about disease prevention and health promotion activities can help you and your loved ones understand the health problems you may face as you age and how you can prevent, delay, or manage them. The National Institute on Aging (NIA) has identified some of the most significant preventable conditions that can impact the health of older Americans:

- **Arthritis and Osteoporosis**

  According to the NIA, an estimated 60 million Americans over the age of 45 will be affected by arthritis by the year 2020. Arthritis can cause pain, stiffness, and swelling in or near joints and is the leading cause of disability in the United States. There is no known prevention for arthritis.
Osteoporosis, a condition in which bones become thin and more susceptible to breaking, is one of the most frequent chronic diseases affecting older adults – primarily females. Unlike arthritis, osteoporosis is a silent disease and, unless a fracture occurs, can only be detected by screening. According to the U.S. Surgeon General, over 1.5 million people experience a bone fracture due to osteoporosis every year. Being aware of the risks and changing health behaviors (by regular exercise and good nutrition) can help prevent or decrease the severity of osteoporosis later in life. Doctors and their patients have more screening and treatment options than ever before. If you are diagnosed with osteoporosis, your doctor can recommend medications and exercises to prevent further bone loss and improve bone density.

See your doctor to find out if you have arthritis or are at risk for osteoporosis. Treatments and lifestyle changes can help, but you must act early to prevent damage to bones, joints, and muscles.

- **Asthma**

  The CDC reports that over 2 million people age 65 and older have asthma. Asthma occurs when a trigger, such as dust or smoke, causes the airways in the lungs to constrict. This condition can cause a reaction that may range from minor wheezing to severely labored breathing called asthma attacks. Asthma may be sometimes difficult to identify in older adults because symptoms could be confused with other lung diseases such as bronchitis. Your doctor can assess whether you have asthma and if medication is advised.

- **Cancer**

  The American Cancer Society reports that cancer is the second leading cause of death in the United States. The number of cancer cases is expected to increase in the coming decades because of the growth and aging of the population. However, healthier lifestyle behaviors (such as not smoking) may help to reduce a person’s risk for cancer. Cancer screening and information services are essential for reducing the current high rates of cancer and cancer deaths.

- **Diabetes**

  CDC statistics illustrate that diabetes is a growing problem for older adults. More than 8 million Americans over age 60 have diabetes and it is the leading cause of death for people age 65 or older. Diabetes management techniques are affected by age due to several factors, including decreasing insulin production; less tolerance of glucose; coexisting conditions, such as hypertension; and complications that can develop more quickly and severely than in younger people. Treatment and prevention begins with healthy behaviors such as eating a balanced diet, not smoking, and exercising regularly.

- **Cardiovascular Diseases**

  Cardiovascular diseases are diseases of the heart and blood vessels. According to the American Heart Association, more Americans die each year from heart disease than from any other cause. Stroke is the third leading cause of death. Over 60 million Americans have one or more heart or blood vessel diseases. However, many types of cardiovascular conditions may be prevented by being physically active, eating healthy, not smoking, having regular medical exams, controlling blood pressure and cholesterol levels, and managing diabetes.

- **Mental Health**

  Mental health is characterized by the ability to successfully deal with the functions of daily living regardless of physical health or disability. The NIA explains that almost 20 percent of people 55 years and older experience specific mental disorders that are not part of “normal” aging, including depression, anxiety disorders, and dementia (including Alzheimer’s disease). These disorders can severely affect quality of life.

  Although some cognitive functions decline as a normal course of aging, the NIA assures us that loss of mental functioning may be reversible when diagnosed early and treated by professionals. It may be possible
to help maintain or improve mental skills such as learning, memory, decision-making, and planning by being physically active and engaging in social and mentally challenging activities. Be sure to discuss your emotional and mental health as well as your physical health with your doctor.

- **Overweight and Obesity**

  According to the American Obesity Association, 64.5% of adult Americans (about 127 million) are overweight or obese – which means having excessive amounts of fat in relation to lean body mass. Body Mass Index (BMI) is a calculation used to determine if a person is overweight (BMI of 25-29.9) or obese (BMI of 30 or above).

  Recent CDC studies estimate that obesity is associated with about 112,000 deaths in the U.S. each year, and healthcare costs of American adults with obesity amount to nearly $100 billion. A report from the American Association of Retired People’s “A Report to the Nation on Trends in Health Security” found that many more people over age 50 are obese than in previous years. Although older people are getting screened more often for various diseases, the negative effects of obesity appear to be overcoming the positive effects of other health prevention techniques.

- **Vaccine-Preventable Diseases**

  The CDC warns that rates of serious illness and death from influenza (flu) are highest among people 65 and older because many older people have medical conditions that place them at increased risk for complications. Influenza is a contagious virus that could lead to pneumonia. The CDC recommends that people 50 and older and their caregivers or other family members get a flu shot each year. CDC studies have shown that the flu shot reduces hospitalization by about 70% and death by about 85% among older people who are not in nursing homes. Among nursing home residents, the flu shot reduces the risk of hospitalization by about 50%, the risk of pneumonia by about 60%, and the risk of death by 75 to 80%.

  Another vaccine-preventable condition is pneumococcal disease (pneumonia). The disease is caused by a common bacterium that can invade the lungs and cause pneumonia. According to the CDC, there are an estimated 175,000 hospitalized cases of pneumococcal pneumonia yearly and it is a common bacterial complication of influenza. Invasive pneumococcal disease causes more than 6,000 deaths annually and more than half are adults over age 65. The CDC recommends that people 65 and older be vaccinated against pneumococcal pneumonia.

  The following link to the CDC’s adult vaccination schedule provides information about when to see your doctor for immunizations against vaccine-preventable diseases: [http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/06-07/adult-schedule.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/06-07/adult-schedule.pdf).

**Disease Prevention Starts Early**

What can be done to help prevent or delay the risks for developing the health conditions that many people face now or when they get older? The CDC and the NIA provide information about some of the ways you can take care of your health at any age:

- **Physical Activity and Nutrition**

  Proper nutrition as part of an active, healthy lifestyle is a key to successful aging. An active lifestyle includes some kind of regular physical activity. How well you eat and how much you exercise can affect not only your present state of health but also later life.

  Several factors may contribute to a lack of nutritional health in older people. Eating too much or too little, eating alone, taking medications, suffering from chronic diseases or conditions, financial difficulties, and needing assistance are just a few factors that can affect your eating habits. Whether you are a caregiver or an older person, it is important to eat a balanced diet with foods rich in nutrients.
The CDC warns that inactivity often increases with age. According to the AOA, surveys show that by age 75, one in three men and one in two women are not physically active. Physical activity can help older adults prolong their independence and improve their quality of life. It can also improve mood and help to relieve depression. Being physically active can control weight and help prevent or delay certain diseases (some types of cancer, heart disease, diabetes) and disabilities. Regular exercise can also improve the management of some chronic diseases and disabilities. Talk with your doctor before starting a new exercise program. Then check with senior and civic centers, parks, recreation associations, other local service organizations, or even local shopping malls for exercise, wellness, or walking programs.

- **Health Screenings**

According to the CDC, nine out of ten adults over the age of 65 do not have regular, appropriate health care screenings. Screening tests may identify conditions or diseases in their early stages when they are more easily treated, and help to reduce the impact of illnesses such as heart disease, hypertension, cancer, osteoporosis, and diabetes. Screenings may also help identify potential risk factors for disease that can be prevented or managed with simple lifestyle changes. In addition, immunizations can protect you from potentially serious viral and bacterial infections. Contact your doctor to see what screenings and immunizations are appropriate for you.

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**Are You Prepared? Winter Sports Safety Tips**

Winter is almost here and for many people in most parts of the U.S. that means lacing up the skates or snapping on the skis for some cold weather fun. However, the U.S. Consumer Product Safety Commission (CPSC) warns that some winter sports activities may also cause serious injuries.

The CPSC and the American Academy of Orthopaedic Surgeons (AAOS) report that an estimated 500,000 Americans suffer winter sports-related injuries annually and the numbers are expected to increase as newer types of winter sports gain popularity. Snowboarding and skiing lead the way in activities with the highest reported numbers of injuries but skating, ice hockey, sledding and tobogganing, and snowmobiling are not far behind.

Why are there so many injuries? According to the CPSC, many people use inappropriate equipment, are unaware of the sports’ hazards, and may overexert themselves and ignore pain. According to the AAOS, many sports injuries occur at the end of the day when people get tired.

**Take Care When Getting Started**

Properly preparing for winter sports activities may help to prevent becoming an emergency room statistic. Here are recommendations for you and your kids about getting ready for some of the most popular winter sports:

- The National Athletic Trainer’s Association (NATA) reminds us that it is important to check sports equipment to ensure that you have the appropriate items needed for a particular activity and that the equipment is in good condition and fits right. Wrong or improperly fitted equipment can lead to injury. Seek help from trained sales clerks when selecting products and always read and follow the manufacturers’ instructions.
KidsHealth.org, a child health education website, recommends preparing for wintertime activities by:

- **Dressing appropriately.** Staying warm in cold weather will allow the body maximum energy for fun despite the winter chill. Dressing in several layers of light, loose and water-resistant clothing allows you to accommodate your body's constantly changing temperature. Be sure to keep your head, hands, and feet warm.

- **Wearing sunscreen and lip balm with minimum SPF of 15.** Even though it's winter, sunlight reflecting off the snow or ice can cause severe sunburns and damage your skin.

- **Keeping in shape all year around.** Staying physically fit and conditioned can help protect you from muscle injuries associated with winter sports.

- **Drinking plenty of water before you go and taking water with you to stay hydrated during and after your winter activities.**

**Preventing Injuries On the Slopes**

The NATA provides the following tips for safe skiing and snowboarding:

- **Never hit the slopes alone.** Always have a ski partner nearby.

- **Check the weather reports and pay attention to approaching storms and reports of temperature drops.**

- **Take lessons first and practice on beginner slopes.** Most injuries occur in new skiers who have not had much practice and attempt slopes that may be beyond their abilities.

- **Get fitted with good quality (not worn) equipment that is appropriate for your size, including height, weight, ability, and is also appropriate for your experience and skiing or snowboarding style.**

- **Always wear protective headgear and goggles.** Ski and snowboard helmets should be worn by people of all ages and should be safety-certified as labeled on the box or the helmet itself. Goggles can protect your eyes from the sun's rays and from snow debris and tree branches. In addition, snowboarders need protective kneepads and elbow pads.

- **Abide by all the rules of the sport.** Only use marked trails and observe warnings and other signs. Show good sportsmanship, patience, and consideration for the safety of others.

For more detailed information about ski and snowboarding equipment safety, visit the NATA’s website: [www.nata.org](http://www.nata.org).

**Preventing Injuries On the Ice**

The CPSC and KidsHealth.org provide the following tips for safe skating, whether you're tending goal or doing a graceful spin:

- **Warm up your muscles thoroughly before beginning.** Cold muscles, tendons, and ligaments are more vulnerable to injury.

- **Do not skate alone, and only skate in areas designated as safe for skating.** Avoid frozen ponds that have not been approved for skating.

- **Ice skates should be properly fitted and laced up to the tops.**

- **Hockey players should have appropriate equipment**
and protective gear including gloves, padding, facemasks, and ice-hockey helmets.

- Figure skaters should also wear appropriate protective gear, including gloves and padding.
- Abide by the rules of the skating rink or arena and demonstrate courtesy and good sportsmanship. Do not chew gum or candy while skating.

Preventing Sled/Toboggan Injuries:

KidsHealth®.org and the CPSC offer the following safety tips when zipping down hills:

- Sleds/toboggans should be sturdy with padded seats and handholds, and no jagged edges or broken parts. Make sure you are able to steer the sled easily. Check the weight limit on the sled if you are sledding with a friend and do not go over the recommended weight limit.
- Never use homemade sleds such as garbage can lids, plastic bags, pool floats or anything that cannot be controlled.
- Wear protective gear such as gloves, snow boots, and a bike helmet.
- Always sit up on the sled. Lying down puts you at greater risk for injury if the sled flips over.
- Look for hills that have been designated as safe for sledding. Make sure the hill is not too steep and that it is covered with packed snow, not ice.
- Never sled on a hill that leads directly onto a street. Check the hill for obstacles such as trees and snow-covered rocks and shrubs.
- Sled only during the day or in well-lit areas. Do not go sledding alone.
- Be courteous. Allow the sled ahead of you to be well out of the way before you go down.
- Tobogganers must keep their hands, arms, and legs inside the toboggan at all times to avoid injury.
- Never ride on a sled that is being pulled by a motor vehicle.

A Word About Snowmobiling

Although not considered by many to be a true sport, snowmobiling is a winter activity that is growing both in popularity, and in accident rates (almost 50,000 in 2003). According to the CPSC, the majority of snowmobile accidents have involved collisions with fixed or moving objects such as fence posts, cars, animals, other snowmobiles, and trees resulting in severe injuries and deaths. Riding on thin ice, hypothermia, and fatal barbed wire injuries have also caused snowmobile fatalities.

Some snowmobile accidents have been associated with alcohol use but most result from excessive speed, carelessness, and product failure. The CPSC advises snowmobile drivers to:

- Always follow local trail rules and snowmobile operation instructions.
- Inspect the snowmobile for wear and tear. Check the engine, brakes, lights and emergency switches, and keep the gas tank less than completely full.
- Wear warm, protective clothing including goggles and helmets.
- Only drive during the day, in good weather, and keep a first aid kit, repair kit, and communication equipment in your snowmobile.
- Do not drink alcohol and do not go faster than is safe according to the terrain.

Remember to Play it Safe
Winter can be a great time for you and your family to get outdoor exercise by enjoying winter sports in the crisp fresh air. Just remember to use common sense. Knowing the rules of the sport you enjoy, having the right equipment, dressing appropriately, and protecting yourself from the cold and the sun can help ensure that you and your family will be safe and have fun!

Want to learn more? Tell your kids to log on to www.KidsHealth.org for winter sports safety tips and other kid-friendly health information. For product safety information, visit the CPSC site at www.cpsc.gov.

**Does Your Child Have a Hearing Problem?**

Babies can hear and listen to sounds before birth. According to the Hearing Health Journal, the human ear begins to function around the start of the third trimester of pregnancy. By the seventh month of pregnancy the ear is mature enough to respond to sounds that are not very loud, most often the mother's voice. This marks the beginning of a child's exposure to speech and language through hearing.

The ability to hear well is very important because children learn to talk by imitating sounds and the voices of their parents and caregivers. But some children - about 2 or 3 out of every 1,000 children in the U.S. - are born deaf or hard-of-hearing, according to the National Institute on Deafness and Other Communication Disorders (NIDCD). More children may lose their hearing later during childhood.

**Why is Early Screening So Important?**

The earlier that deafness or hearing loss is identified, the better the chances a child can acquire language, whether spoken or signed. A hearing screening can be an important indicator of deafness or hearing loss in a child. For this reason, the NIDCD recommends that all infants be screened while still in the hospital or within the first month of life.

If hearing loss is suspected, a hearing expert (audiologist) will test your baby’s hearing by 3 months of age. If hearing loss is confirmed, the NIDCD advises the use of hearing devices and other communication options by 6 months of age because children start learning speech and language long before they talk.

**How Can My Newborn Be Screened?**

According to the NIDCD, many hospitals automatically screen all newborns for hearing loss. Some screen only those newborns at high risk for hearing problems, such as a family history of deafness or hearing loss, low birth weight, or certain other medical conditions. Even if a baby doesn't have risk factors, being screened is important, because many children with no risk factors have hearing loss. Without early screening, the American Speech-Language-Hearing Association (ASHA) estimates that the average age of detection of significant hearing loss is approximately 14 months. If you and your baby are already home and you don't know if your baby’s hearing was tested, ask the doctor or the clinic where your child's records are kept.

Older infants and toddlers who have a greater chance of hearing loss because of certain risk factors should also be screened, according to the ASHA. This screening should be done even if an initial hearing screening was passed, because some causes of hearing loss do not take effect until later in the child's development.

Many states have passed Early Hearing Detection and Intervention legislation. To find out what your state does, visit the ASHA web site at www.asha.org.
What if Hearing Loss Goes Undetected?

ASHA explains that when hearing loss is detected late, language development may already be delayed. Children are more likely to perform below their grade level, and are more likely to be held back, drop out of school, and fail to earn a high school diploma. These consequences are in sharp contrast to those for children who are identified early, receive early intervention, and then are able to function at the level of their peers by the time they enter school.

What are the Risk Factors for Hearing Loss in Children?

The ASHA lists several risk factors for childhood hearing disorders:

- Family history of permanent childhood hearing loss
- Premature birth
- Infections associated with hearing loss including bacterial meningitis and mumps
- Infections suffered during the pregnancy such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis
- Complications during birth
- Specific neurological syndromes
- Head trauma
- Recurrent or persistent ear infections (otitis media) with fluid for at least 3 months
- Anatomic disorders that affect the eustachian tube (the ear canal that connects the middle ear to the back of the mouth)
- Exposure to very loud sounds or noises

How Can I Tell if My Child Has a Hearing Loss?

Even though infant screening is designed to detect hearing loss as early as possible, some children don’t develop hearing loss until later in life. In those instances, parents, caregivers, or grandparents are often the first to notice. Even if you’ve had your baby’s hearing tested, the ASHA recommends looking for the following signs that your baby is hearing well:

- During the first year your baby should react to loud noises, imitate sounds, and begin to respond to his or her name.
- At 6 months, an infant can usually turn his or her eyes or head toward a sound.
- By 12 months, a baby can usually imitate some sounds and produce a few words, such as "Mama" or "bye-bye."
- At age 2, your child should be able to play with his or her voice, imitate simple words, and enjoy games like peek-a-boo and pat-a-cake. Is he or she using two-word sentences to talk about and ask for things?
- At age 3, your child should be able to understand "not now" and "no more" and follows simple directions.
- By pre-school age, signs of a hearing loss may include:
  - Limited, poor, or no speech
  - Being frequently unresponsive when called
- Having difficulty learning or following directions
- Needing to increase the volume on the TV
- Failing to respond to conversation-level speech, or answering inappropriately to speech

If you think your child is not hearing well, talk to your doctor right away.

**My Child Gets Ear Infections. Will That Cause Hearing Loss?**

According to the NIDCD, an ear infection (otitis media) can cause temporary hearing problems. Temporary speech and language problems may also result. However, if left untreated, these problems can become very serious. An ear infection affects important parts in the ear that help us hear, especially the middle and inner ear. Hearing is affected because sound cannot get through an ear that is filled with fluid.

It is not always easy to know if your child has an ear infection. Your child may get an ear infection before he or she has learned how to talk. If your child is not old enough to say, “my ear hurts,” you need to look for other signals that there is a problem. The NIDCD provides a list of some signs that your child may have otitis media:

- Does she tug or pull at her ears?
- Does he cry more than usual?
- Do you see fluid draining out of her ears?
- Does he have trouble sleeping?
- Can she keep her balance?
- Does he have trouble hearing?
- Does she seem unresponsive to quiet sounds?

The NIDCD suggests that you know the warning signs of ear infections, and observe your child carefully if he or she gets a cold. *Do not smoke* around your child or allow anyone to smoke in the home. Smoke can be harmful to the delicate parts inside your child’s ear.

If you suspect that your child has an ear infection, contact his or her doctor. The doctor can determine if your child has otitis media and provide the appropriate treatment. Talk to your doctor if you have any questions or concerns about screening for childhood hearing loss. For more information, visit the NIDCD and ASHA websites:

ASHA:  [http://www.asha.org](http://www.asha.org)
Smoking Facts

*Did you know.....* There’s some good news about tobacco use! More American homes are now smoke-free, according to a study reported by the Centers for Disease Control and Prevention (CDC). Nearly three out of four U.S. households do not allow smoking in the home. This study found that the proportion of U.S. households with smoke-free home rules increased from 43 percent in 1992-1993 to 72 percent in 2003.

The proportion of households with smoke-free home rules also increased in every state over this period, with Kentucky having had the lowest and Utah having had the highest proportion of households reporting smoke-free home rules for both reported periods.

However, the CDC reports that millions of children and nonsmoking adults still remain at risk because their homes are not smoke-free. The single best step that smokers can take to protect the health of nonsmoking family members and their own health is to quit smoking. Safe and proven quit methods are available, including state telephone quitlines, which are now in place in every state and can be accessed by dialing 1-800-QUIT-NOW.

According to the CDC, the increase in smoke-free home rules in the U.S. is an indication of the progress in raising public awareness and protecting nonsmokers from secondhand smoke. Unfortunately, too many children in the United States continue to be exposed, and children around the world are being exposed in huge numbers, indicating that further work remains to be done. Keep your home smoke-free!

*Source: Centers for Disease Control and Prevention*

For information to help you quit smoking, please visit the following website: [www.smokefree.gov](http://www.smokefree.gov), or call the National Network of Tobacco Cessation Quitlines at 1-800-QUITNOW (1-800-784-8669) TTY 1-800-332-8615.
Pregnancy Pointers: Flu Facts - Pregnancy and the Flu

According to the March of Dimes, pregnancy can cause changes in a pregnant woman’s immune system as well as other changes that may affect the heart and lungs. These changes can lead to increased risk for complications from the flu. Pregnant women are more likely to be hospitalized from complications of the flu than non-pregnant women of the same age.

Are flu shots safe for pregnant women? Flu shots are recommended by the Centers for Disease Control and Prevention (CDC) for women who are pregnant during the flu season. However, the nasal flu mist vaccine is not approved for use during pregnancy.

Breastfeeding and the Flu

According to the CDC, nursing mothers who have the flu virus should take the following steps before breastfeeding and when handling their infants:

• Wear a surgical mask. You can purchase them in most drugstores.
• Wash your hands thoroughly and dry them with a clean towel or paper towels.
• Leave your breasts covered until you have put on a surgical mask, washed your hands, and are ready to breastfeed.
• Do not remove your surgical mask until you are done breastfeeding and you have put your baby down.
• Continue to take these precautions at every feeding for 7 days following the first day of your illness.

Prevent the flu! It’s time for a flu shot - talk to your doctor about getting vaccinated.

Sources: Centers for Disease Control and Prevention (CDC)  www.cdc.gov/flu
March of Dimes  www.modimes.org

Important News!
Blue Cross and Blue Shield of Georgia announces Future Moms, a prenatal education program designed to help you have a healthy pregnancy and a healthy baby.
Please call 800-814-1508 or contact your customer service representative for more information.
For more information about Women's Health or other products and services offered by Blue Cross and Blue Shield of Georgia, visit our Web site at http://w3.bcbsga.com/healthyLiving/womensHealth/.

To UNSUBSCRIBE from this mail list, simply click on the link below and then click send.

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