



News at the Q



Volume 6, Issue 7

July 2019

July 2019 - Sustainability!

National Health Observances for July

International Group B Strep Awareness Month

National Juvenile Arthritis Month

Group B Strep (GBS) is a big deal!

Group B strep (GBS) is a type of bacteria that is naturally found in the di-

gestive and reproductive tracts of both men and

women. Approximately 1 in 4 pregnant women carry GBS, the leading cause of sepsis and meningitis in newborns according to the U.S. Centers for Disease Control and Prevention (CDC.) GBS can also infect babies during pregnancy and the first few months of life.

Not all babies exposed to GBS become infected, but, for those who do, the results can be devastating. GBS can cause babies to be miscarried, stillborn, born prematurely, become very sick, have lifelong handicaps, or die. Even babies born to moms who test negative can become infected by group B strep.

Fortunately there are many ways to help protect



babies from group B strep.

Recognize the symptoms of infection!

GBS is a fast-acting type of bacteria so it is imperative that **everyone** who takes care of your baby knows the symptoms of possible GBS infection in babies and how to respond.

There are three types of GBS disease, each with their own prevention challenges. Learn more about each below:

Prenatal-onset GBS disease (before birth)

1) Urine culturing for GBS — When a pregnant woman has GBS in her urine (GBS bacteriuria), it can be moved closer to her baby. GBS bacteriuria is also known to put babies at greater risk for early-onset disease and the risk of preterm birth and rupture of the protective bag of water surrounding the baby can be doubled when there is a significant amount of GBS in urine.



Prompt attention to vaginal infections. Use caution regarding invasive procedures and avoid membrane stripping.

Early-onset GBS disease (birth through the first week of life)

Recommended that all pregnant women should be screened for GBS (“universal screening”) and, if positive, given IV antibiotics during labor and delivery to help prevent early-onset GBS disease

Late-onset GBS disease (1 week of age through several months of life)

Call your baby’s care provider immediately or take your baby to the emergency room if you notice any of these signs: • High-pitched cry, shrill moaning, whimpering • Marked irritability, inconsolable crying • Constant grunting, as if constipated • Projectile vomiting • Feeds poorly or refuses to eat, not waking for feedings • Sleeping too much, difficulty being aroused • Fever or low or unstable temperature; hands and feet may still feel cold even with a fever • Blotchy, red, or tender skin • Blue, gray, or pale skin due to lack of oxygen • Fast, slow, or difficult breathing • Body stiffening, uncontrollable jerking • Listless, floppy, or not moving an arm or leg • Tense or bulgy spot on top of head • Blank stare

<http://www.groupbstreptinternational.org/what-is-group-b-strep/>

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Need Help to Enroll in Medicaid?

Contact
Veronica or Harry
215) 227-0300
ext. 7326 or 7309



If you don't have a vision for the future, then your future is threatened to be a repeat of the past.

— A. R. Bernard

National Juvenile Arthritis Awareness Month

National Juvenile Arthritis Awareness

What is Juvenile Arthritis?

Juvenile arthritis (JA) is not a disease in itself. Also known as pediatric rheumatic disease, JA is an umbrella term used to describe the many autoimmune and inflammatory conditions or pediatric rheumatic diseases that can develop in children under the age of 16. Juvenile arthritis affects nearly 300,000 children in the United States.

Although the various types of juvenile arthritis share many common symptoms, like pain, joint swelling, redness and warmth, each type of JA is distinct and has its own special concerns and symptoms. Some types of juvenile arthritis affect the musculoskeletal system, but joint symptoms may be minor or nonexistent. Juvenile arthritis can also involve the eyes, skin, muscles and gastrointestinal tract.

Types of Juvenile Arthritis

Juvenile idiopathic arthritis

(JIA). Considered the most common form of arthritis, JIA includes six subtypes: oligoarthritis, polyarthritis, systemic, enthesitis-related, juvenile psoriatic arthritis or undifferentiated.

Juvenile dermatomyositis. An inflammatory disease, juvenile dermatomyositis causes muscle weakness and a skin rash on the eyelids and knuckles.

Juvenile lupus. Lupus is an autoimmune disease. The most common form is systemic lupus erythematosus, or SLE. Lupus can affect the joints, skin, kidneys, blood and other areas of the body.

Juvenile scleroderma

Scleroderma, which literally means "hard skin," describes a group of condi-

tions that causes the skin to tighten and harden.

Kawasaki disease. This disease causes blood-vessel inflammation that can lead to heart complications.

Mixed connective tissue disease

This disease may include features of arthritis, lupus dermatomyositis and scleroderma, and is associated with very high levels of a particular antinuclear antibody called anti-RNP.

Fibromyalgia. This chronic pain syndrome is an arthritis-related condition, which can cause stiffness and aching, along with fatigue, disrupted sleep and other symptoms. More common in girls, fibromyalgia is seldom diagnosed before puberty.

Juvenile Arthritis Causes

No known cause has been pinpointed for most forms of juvenile arthritis, nor is there evidence to suggest that toxins, foods or allergies cause children to develop JA. Some research points toward a genetic predisposition to juvenile arthritis, which means the combination of genes a child receives from his or her parents may cause the onset of JA when triggered by other factors.

Juvenile Arthritis Symptoms

Each of the different types of JA have their own set of signs and symptoms. You can read more specifics about the diseases by following the links above, and by visiting the Arthritis Foundation's website dedicated to pediatric rheumatic diseases, KidsGetArthritisToo.

Juvenile Arthritis Diagnosis

The most important step in properly treating juvenile arthritis is getting an accurate diagnosis. The diagnostic process can be long and detailed. There is no single blood test that confirms any type of JA. In children, the key to diagnosis is a careful physical exam, along with a thorough medical history. Any specific tests a doctor may perform will depend upon the type

of JA suspected.

Juvenile Arthritis Treatment

Unfortunately, there is no cure for juvenile arthritis, although with early diagnosis and aggressive treatment, remission is possible. The goal of treatment is to relieve inflammation, control pain and improve the child's quality of life. Most treatment plans involve a combination of medication, physical activity, eye care and healthy eating.

Juvenile Arthritis Self Care

An important part of JA treatment is teaching the child the importance of how to follow the treatment prescribed by the healthcare team. Self care also involves helping the child address the emotional and social effects of the disease. Self management encompasses the choices made each day to live well and stay healthy and happy.

<https://www.arthritis.org/about-arthritis/types/juvenile-arthritis/>

Customer Service Tips

Please treat everyone as you want to be treated.

Always Smile on the Phone

Pool Safety Tips

- Check how deep the water is.
- Enter the water feet first, especially when going in for the first time.
- Never dive into above-ground pools; they are usually not deep enough.
- Never dive into the shallow end of a pool.
- Never dive through inner tubes or other pool toys.
- Learn how to dive properly by taking classes.
- There is bacteria that is resistant to chlorine, please Shower before & after swimming.



"Affordable Care Act"

Special Enrollment

You may still be qualified!

We assist with Medicaid Enrollment

Call

Veronica or Harry

215) 227-0300

ext. 7326 or 7309

Outreach Events



Let's Love Logan

Saturday, July 20, 2019

Clarkson Park across from Einstein Hospital,

5400-5498 Old York Road

11am - 4pm

Health Screenings,

Games, Food and Fun

Health Screenings, compliments of QCHC



"Every profession bears the responsibility to understand the circumstances that enable its existence."

— Robert Gutman