Central California
Pediatrics

OCTOBER 2018

Specialty information for physicians who treat children and expectant mothers.

Physical Growth in Childhood

Moinuddin H. Mokhashi, MD
Endocrinology

Dr. Moinuddin Mokhashi is board certified in pediatrics and pediatric endocrinology and sees patients at Eagle Oaks Specialty Care Center in Bakersfield.

Joshua Warolin, DO
Gastroenterology

Dr. Joshua Warolin is board certified in gastroenterology and sees patients at Eagle Oaks Specialty Care Center in Bakersfield.

Growth is the defining feature of childhood and adolescence. It is multidimensional and includes physical, social, language, academic and emotional elements. Monitoring a child's growth is a shared responsibility between all members of a child's care team, including parents/caretakers, pediatricians and subspecialists, and is a crucial part of monitoring a child's health. Growth delay or accelerated growth can be early indicators of underlying medical disorders.

Growth Charts

Tracking growth over time is important because it helps to identify trends. Height, weight and BMI are widely used in all pediatric care settings. Less commonly used are growth charts for low and very low birth weight infants (due to prematurity) and charts for various syndromes (such as Downs syndrome).

Weight influences linear growth (length or height). Children who do not gain weight appropriately for an extended period can have stunting in length/height growth. Conversely, children who gain weight abnormally are often seen to have increased height during growing years. However, their final adult height remains within the family standards.

Distinction Between Growth Failure, Decreased Growth (Height) Velocity and Short Stature

Growth failure is a broad term encompassing growth (height) velocity failure or weight gain failure or both. Decreased growth (height) velocity specifically refers to decreased linear growth (plots as less than 10th percentile on the height velocity chart). Short stature, by definition, is height less than 2.3 percentile (which is less than 2 standard deviations below mean) is considered short stature.

Common Growth Problem Scenarios

Some children start small at birth (length, weight or both), stay small through growing years and end up as small adults. This is called '**failed catch up**' growth and occurs in 10% of all individuals who are born small at birth. They can be potentially helped with growth hormone therapy.

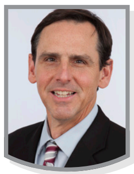
For other children, their growth falters and could ultimately culminate in short stature, failure to thrive or both. This is **growth failure**, typically characterized by decreased growth velocity. For example, during early life (<4 years of age), if growth velocity slows while the weight increases abnormally, the result may be a short child with overweight status/obesity --- commonly seen in genetic syndromes.

The goal of the evaluation of a child with growth failure, decreased height velocity and/or short stature is to identify the subset of children with pathologic causes, such as Turner syndrome, inflammatory bowel disease or other underlying systemic disease or hormonal abnormality. The evaluation also assesses the severity of the growth failure/short stature and likely growth trajectory to facilitate decisions about intervention, as appropriate.

Valley Children's HEALTHCARE
9300 Valley Children's Place
Madera, CA 93636-8762

RETURN SERVICE REQUESTED

NON-PROFIT ORG.
US POSTAGE
PAID
FRESNO, CA
PERMIT NO. 114



Children's Advocacy

Tim Curley
Director, Community and Government Relations
Valley Children's Healthcare

Proposition 4: Children's Hospital Bond Initiative

With the fall election just around the corner, Valley Children's urges you to vote YES on Proposition 4.

If passed by voters on November 6, Proposition 4 will provide important funding for California's children's hospitals, including Valley Children's, and other hospitals that treat medically complex children. The funding will be used to upgrade life-saving technology and renovate facilities to meet the needs of the most seriously ill and injured children in the state.

Children's Hospital Graduate Medical Education Program

In September, Congress passed legislation that was signed by President Trump to reauthorize the Children's Hospital Graduate Medical Education (CHGME) program for five more years and to allocate $325 million for CHGME for the federal fiscal year that began October 1. CHGME plays a critical role in helping to fund medical education for pediatricians and pediatric subspecialists at Valley Children's and at children's hospital across the country.

Medi-Cal Supplemental Payments for Physicians

As a reminder, Proposition 56, passed by California voters in November 2016, increased the tax on cigarettes and directed much of the revenue to fund supplemental Medi-Cal payments for physicians. The Department of Health Care Services recently received federal approval to continue the supplemental payments for a second year, retroactive to July 1, 2018.

For questions or more information on these and other issues, feel free to contact Tim Curley at 559-353-8610 or TCurley@valleychildrens.org

Medical Staff News

The following pediatric specialists recently joined Valley Children's:

Anesthesiology
Darren Goltiao, MD
Vanessa Hoy, MD
Nourah Mazid, DO

Hematology/Oncology
Jolie Ramesar, MD

Hospitalists
Allison Higginbotham, DO
Britani Kessler, DO
Saul Jacob, MD
Reetu Malhotra, MD

Neonatology
Fredrick Dapaah-Siakwan, MD
An Na Liang, DO

Pediatric Critical Care Medicine
Batool Alsheikh, MD

Pediatric Emergency Medicine
Brian Shear, MD

Pediatric Endocrinology
Asaad Elbashir, MD

Pediatric Neurosurgery
Julia Sharma, MD
Zachary Wright, MD

Pediatric Surgery
Catherine Beaumier, MD
Carlos Sanchez-Glanville, MD

Pediatric Urology
Lily Wang, MD