



President's welcome

Can you believe it - we are nearly half way into 2010. Before we know it, the first decade of the 21st century will have whizzed by! Life has been hectic in the Shah/Harrington household with Maya's last year at primary school and Luke's school and activities schedule. However can't complain too much as it keeps us all out of trouble!

We have also been keeping very busy on LLT front. In April we had our prems in the park picnic. This was our third attempt after being rained out twice last year. The weather was not in favour once again with rain and wind but we decided that we couldn't cancel it third time running! Luckily it wasn't as bad as it could have been and many parents and families came to enjoy the day and entertainment. The children had a ball, being entertained by Picco the clown and his friends. A big thank you to the VIBes team and all the families who braved the weather to join us – especially to those who came from a long way away and those who came with their recently discharged prems. What a fantastic effort – hope you all had a great day – we did.

Last year we developed our hospital packs to give to families in NICU/SCU. We are very pleased that they have been received positively by level 3 and level 2 hospitals.

Since the last newsletter, we have an additional support group running in the Dandenong area on the last Friday of every month. This has got off to a great start and Rowena who runs the group would love to see you there for a cuppa and chat if you live in the surrounding area. If you would like to find out more about this group, please go to our website or alternatively email us at contact_us@lifeslittletreasures.org.au or call us on 1300 MYPREMMIE. Continued on page 3...



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Life's Little Treasures Foundation Newsletter June 2010

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Founding member of the National Premmie Foundation

Our vision and aims

Who are we?

Life's Little Treasures Foundation is a self funded volunteer run charity which provides support, friendship and assistance throughout Victoria to families of children born prematurely. Our services are available in the hospital (neonatal and special care units) and in the community when families come home.

Our vision

To provide information, support and encouragement to families with premature babies, empowering them to achieve the best outcomes for their children.

Aims

- To introduce programs, which provide practical and emotional support to families who have babies that have spent time in intensive/special care nurseries.
- To provide easily accessible and relevant information for families.
- To offer continued assistance to families to ease the transition from hospital to the home environment.
- To increase community awareness of the unique issues faced by families of these special babies.

Disclaimer:

Life's Little Treasures Foundation recommends that you should consult your doctor or other health care provider if you have any concerns about your baby's or child's health or development. All opinions of the authors or contributors and are not necessarily those of the Life's Little Treasures Foundation. The editors take care to avoid mistakes but don't accept liability for clerical or printer's errors.

President's welcome cont'd

We also want to say a big thank you to our Everyday heroes who are taking part in Run Melbourne on 18th July to raise vital funds for LLT. We are very proud of you and can't thank you enough for doing this for us. If you would like to take part or support our runners, please visit http://runmelbourne.everydayhero.com.au/lifes_little_treasures

Now for our **BIG** news. Lifes Little Treasures is now officially a foundation – Life's Little Treasures Foundation. We have been working on this for the last year and it has finally happened!

Who would have thought that 5 years ago when we were just a group of mums wanting to help other prem families that we would become big enough to become a foundation! We are very excited about this as it puts us on another level as a charity and also opens up doors for us. This will help us not only to continue with the programmes and activities that we have started but also lead to many new exciting ventures and activities in the future.

Instead of holding a charity dinner this year, we are going to commemorate our foundation status by organising a foundation launch. Once details have been finalised, we will let you know. Well that's it for me for the time being. I can't take any more news or excitement!

I am off on a month's break, taking time out with my family on an adventure trip round the Kimberleys and Top End of Australia. You will hear from me in September if we all make it back in one piece!

Best wishes

Parool



Welcome to new members

Loann Sinclair
Amy & Peter Verran
Sam Koski

Christina Rattray
Tamara Richardson
Lyndal Keating

Sean Simpson
Catherine Anderson

Supportive parent network

If you would like to talk to someone on a confidential basis about any of your concerns or just want a chat, you can contact us on 1300 697736 or email us at contact_us@lifeslittletreasures.org.au. We will forward your details to the parent with the most similar experience.

Mother	Baby	Details	Suburb
Anne-Marie	Hannah, 24wks, 5 days	675g, hemorrhaging and infection behind placenta	Ascot Vale
Cathy	Christopher 30 weeks	1600g. Spontaneous labour . Chronic lung disease, left and right pneumothorax, cerebral haemorrhage. Hydrocephalus with a permanent shunt, very mild cerebral palsy resulting in delay in gross motor development. Epilepsy, now controlled with medication. Now an adult.	Mooroolbark
Emma	Lily & Charlotte 24wks, 5 days	685g & 667g, spontaneous labour. Chronic lung, A's and B's. One twin home before the other. One twin home on apnea monitor.	Hoppers Crossing
Julia	Ronan 27wks, 3 days	1140g, born due to PPROM & spontaneous labour. Chronic lung disease, PDA, Hernia, Jaundice. On oxygen for 3 months, came home off all oxygen. Spent 110 days in hospital.	Wantirna
Karen	Morgan 35 wks 2 days Dylan 32 wks 6 days	IVF. There were few complications, and she was home at 39 weeks. IVF. Required CPAP. Transported to Mercy Hospital in Melbourne where he went from NICU to SCU and then back to Ballarat SCU, he too came home at 39 weeks. Dylan has regular Paediatrician visits due to some neurological and hearing concerns.	Ballarat
Karin	Robbie 32 weeks	1334g. Emergency c-section due to severe pre-eclampsia and HELLP syndrome suffered IUGR and sepsis infection. Gross motor issues requiring physiotherapy.	Croydon
Nancy	Thomas Joshua Luke 27 weeks	Identical triplet boys: Thomas 910gms, Joshua 780gms & Luke 920gms. Born early due to one placenta, TTS - Twin to Twin Transfusion Syndrome. Two babies were intubated and one on CPAP for up to 6 days. 11 Days in NICU followed by 12 weeks in Special Care. No major long term problems .	Watsonia
Parool	Luke 27 weeks	915g, apnea and bradycardia, delay in gross motor development	Armadale
Rachael	Hunter 35 weeks Deegan 32 weeks	1705gms. Preterm Labor, PE, IUGR, Bicornuate Uterus, Fetal Distress. Emergency C-Section with Spinal, 5 weeks in SCN. Mild Speech Delay, Tongue Tie, Constitutional Growth Delay. 2133gms. Preterm Labor, BU, PPROM, Placental Abruption, Fetal Distress. Emergency C-Section under a GA (Code Green), 6 weeks in NICU/SCN. Respiratory Distress Syndrome, Jaundice, small hearing Loss. Speech/ Developmental Delays.	Romsey
Shusannah	Molly-Rose 25 weeks	IVF with complications, hospitalized for term of pregnancy, severe hemorrhaging. Chronic lung, respiratory and feeding issues. In hospital for 117 days, on oxygen at home, long term expressing, wears glasses & has asthma. Toilet training problems	Glen Iris
Wendy	Sophie 24 weeks	585g, spontaneous labour due to bicornuate uterus, emergency c-section. Feeding issues and long term expressing. Multiple readmissions due to RSV as a toddler. Just started 4yo kinder.	Macedon
Renae	Coby & Lachlan (now an Angel) 29 weeks	1121g & 1551g Twin to twin transfusion, sudden unexpected loss of bigger stronger twin after 3 months, un diagnosable metabolic bone disorder, pulmonary hypertension, chronic lung, more than 8 months in hospital (7 months in NICU). Home on drugs, oxygen & with feeding tube. Long term expressing, long term home oxygen, long term NGT and ongoing feeding issues.	
Melissa Type 1 diabetic	Samuel 23 weeks + 4	668 grams. RSD, PDA, NEC, collapsed lung, Stage 3 ROP requiring laser surgery. 116 days in hospital all up. Home off oxygen and has since not had many major concerns.	Mill Park

Fundraising



GET YOUR RUNNING SHOES ON IN 2010

This year is a big year for LLT, we have lots planned but in order to achieve these goals we need to raise the appropriate funds. A great fun way to do this is through fun community events that you can get the family or even your work colleagues involved in.

Right now we are hoping to find people who might be willing to get their running or walking shoes on and take part in the **Run Melbourne event on Sunday July 18th**, it is a great challenge for the professional runners amongst us or a group of work colleagues (5km, 10km and half marathon) or a fun few hours & gentle stroll for the entire family !!.

We would love to see how many we can get registered for the day, we'll even be there to cheer you on at the end. So please give it some BIG consideration, either do it individually or round up a team. You can set up your own fundraising page on LLT's Everyday Hero page

<http://www.everydayhero.com.au/charity/view?charity=739>

If you have any questions or require assistance then please call the team at Everyday Hero on 1300 798 768. They will be very happy to help you out.

A big thank you to all those who have signed up to run & fundraise for LLT in the "Run Melbourne" event in July...we are very grateful for all your wonderful support. if you would like to sponsor any of the runners in the event please go to

http://runmelbourne.everydayhero.com.au/lifes_little_treasures_

Upcoming Events

LLT's Foundation Launch will be held on Friday 20th August 2010.

Later this year we will be having our first ever event for Father's. The date is yet to be confirmed but keep a look out for LLT's Father's Fun Soccer Day.

Very Important...Save the date—14th November 2010!!!

November has been deemed **Worldwide Prematurity Awareness Month** and to celebrate LLT will be holding it's main event on the **14 November 2010**. It'll be something we can all get behind in a BIG way. We'll announce details of the event shortly once we have confirmation from Parks Victoria.



Food Allergies

www.allergyfacts.org.au

Food Allergy Basics

- A food allergy is an **immune system response to a food protein** that the body mistakenly believes is harmful. When the individual eats food containing that protein, the immune system releases massive amounts of chemicals, triggering symptoms that can affect a person's breathing, gastrointestinal tract, skin and/or heart.
- It is estimated that up to 2% of Australians, including **1 in 20 children** suffer from food allergies and some of them will experience a life-threatening (anaphylactic) reaction.
- **There are eight foods that account for the majority of food allergic reactions: nuts, fish, crustacean (prawns, lobster, crab etc), eggs, milk, sesame, soy and wheat.**
- Peanuts are the leading cause of severe allergic reactions, followed by tree nuts, crustacean, fish and milk.
- Currently, there is no cure for food allergy. Avoidance of the food is the only way to prevent a reaction.
- Adrenaline is the first line treatment for **severe** allergic reactions and can be administered via an auto-injector called the EpiPen.
- Any food can trigger anaphylaxis. It is important to understand that even trace amounts of food can cause a life-threatening reaction. Some extremely sensitive individuals can react to even the smell of a food.

Common Symptoms

Mild to moderate allergic reaction

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

Severe allergic reaction- ANAPHYLAXIS

- Difficulty and/or noisy breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (young children).

<http://www.femail.com.au/food-allergies-truestar.htm>

The signs and symptoms of food sensitivities vary greatly depending on the body's response and can include:

Allergic shiners (puffiness or dark circles under the eyes)	Anxiety
Asthma	Attention-deficit disorder
Bed-wetting	Bronchial infections
Colic	Constipation
Crohn's disease or colitis	Diarrhea
Ear infections	Eczema
Frequent infections	Hyperactivity
Irritable bowel syndrome	Obesity or excess weight
Rashes	Runny nose
Spitting up in infants	Vomiting

It is quite possible that your child is eating the wrong foods for his or her system. Food allergies and sensitivities can be the underlying cause to many childhood illnesses and symptoms without parents even being aware. It is important to remember that all people (including kids) are biochemically different. While Child A can happily eat an ice cream cone with no side effects, Child B may develop an ear infection as an allergic response to dairy. The key to alleviating a child's symptoms is to pinpoint the sensitive or allergic food in question and eliminate it from the diet, either completely or for a period of time.

<http://www.cyh.com>

Why do people get food allergies?

- Your body has an immune system.
- This system makes antibodies to fight off germs which get into your body.
- Sometimes the immune system makes a mistake, and thinks that something you have eaten could harm you.
- Antibodies go into action and release a chemical called histamine which is what causes the allergic reaction.

People are more likely to have allergic reactions to food if other people in their family also have allergic reactions.

<http://www.ausee.org/>

Food Trial Tips

✦ **Introduce 1 food** - wait 2 weeks, if no symptoms present continue giving that food and add another food. *If there are symptoms, remove the food.*

✦ **Add the 2nd food** - after 2 weeks, if no symptoms continue giving that food and add another food. *If there are symptoms, remove the 2nd food.*

✦ **Add the 3rd food** - after another 2 weeks, if no symptoms continue giving that food. *If there are symptoms, remove the 3rd food.*

<http://foodallergies.about.com>

Are Premature Babies More Likely to Develop Food Allergies?

Almost certainly not. Because premature babies' digestive tracts are immature at birth, parents often wonder whether these children are at higher risk of food allergies or other related conditions. A recent large-scale study of infants born in Manitoba, Alberta, Canada in 1995 compared babies who were born prematurely or with low birth weight to those who were born at term or with normal weight to try to discover whether these two factors were related to later development of food allergies.

Researchers also looked at other risk factors for food allergy -- especially whether parents or siblings also had food allergies or asthma and factors potentially associated with the Hygiene Hypothesis, like number of siblings and whether the child lived in an urban or rural setting.

In comparing birth weights, researchers in this large-scale study found that no birth weight or gestational age infant -- heavy, light, premature, on-time, or post-term -- was statistically more or less likely to develop food allergies. This is consistent with older studies about premature babies and food allergies. Factors that were associated with later development of food allergies were the same as had been identified in other studies: a mother with a history of food allergies or asthma and a higher socioeconomic status.

Anaphylaxis

Is It Possible for My Child to Outgrow a Food Allergy?

Yes, sometimes. The chances of a child outgrowing food allergies depend on several factors. One is the type of food the child is allergic to. A study found that 79% of children outgrew dairy allergies by the age of 16. Children with egg allergies have a greater than two-thirds chance of outgrowing their allergies by late adolescence. In contrast, only about 20% of children diagnosed with peanut allergies, and 10% of those with tree nut allergies, ever outgrow their allergies.

Another factor that has been strongly associated with outgrowing food allergies of several types is specific **IgE** levels. The lower the levels of allergen-specific IgE detected in **blood tests**, the greater the chance the allergic patient will eventually outgrow the allergy.

Studies have found that allergies can be outgrown well into adolescence. Your allergist will have specific recommendations for monitoring your child's chances of outgrowing his food allergies. They will likely involve measuring his allergen-specific IgE levels through blood tests. And, if those numbers look favorable (and if your child has had no other signs of still being allergic to his allergens), conducting a **double-blind placebo-controlled food challenge** to determine whether your child has developed a tolerance to his allergens.

www.allergyfacts.com.au

Anaphylaxis

What is anaphylaxis?

Anaphylaxis is a life-threatening allergic reaction caused by eating food or coming into contact with another product which provokes allergy.

It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular). A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening.

The most dangerous allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure).

Anaphylaxis is the most severe form of allergic reaction.

How common is anaphylaxis?

The Australian Society of Clinical Immunology and Allergy reports that around 1 in 20 children suffer from food allergies (and of these, about one in ten could suffer a severe reaction, causing anaphylaxis) and around 1 in 100 adults are afflicted.

Diagnosis

A person who is suspected of having a food allergy should obtain a referral to see an allergy specialist for correct diagnosis, advice on preventative management and emergency treatment. Those diagnosed with severe allergy must carry emergency medication as prescribed as well as an **Anaphylaxis Action Plan** signed by their doctor. Food allergic children who have a history of eczema and/or asthma are at higher risk of anaphylaxis. Administration of adrenaline is first line treatment of anaphylaxis.

Anaphylaxis cont'd

Management & Treatment

Anaphylaxis is a preventable and treatable event. Knowing the triggers is the first step in prevention. Children and caregivers need to be educated on how to avoid food allergens and/or other triggers. However, because accidental exposure is a reality, children and caregivers need to be able to recognise symptoms of an anaphylaxis and be prepared to administer adrenaline according to the individual's Anaphylaxis Action Plan.

Research shows that fatalities more often occur away from home and are associated with either not using or a delay in the use of adrenaline.

In Australia, adrenaline can be purchased on the PBS in the form of an auto-injector known as the EpiPen.

The EpiPen auto injector is an intra-muscular injection of adrenaline for the emergency treatment of anaphylactic reactions. It is available in two doses, EpiPen Jr or EpiPen.

Always remember this.....

It is possible to lead a normal life. You are **not** alone. Often people feel overwhelmed, angry and anxious after a diagnosis of food allergy is made.

- Plan ahead
- Always read all labels
- Understand different ingredient names
- Educate those around you
- Take safe food with you where ever you go unless you know safe food is available
- Keep up to date with product changes and the latest in research
- Allow extra time when grocery shopping to read labels
- Do not hesitate to ask questions (especially when eating out)
- Have an emergency drill from time to time including checking expiry dates on your EpiPen
- Become an AAI (Anaphylaxis Australia Inc) Member.
- Knowledge is power
- Educate your child who is at risk and their siblings
- Empower your child to manage their anaphylaxis, as they grow older.
- Recognise early signs or symptoms of anaphylaxis.

Patients who are at risk of anaphylaxis should:

Wear a Medic Alert bracelet or disc. This increases the likelihood that adrenaline will be administered in an emergency by doctors or ambulance officers.

Carry (and know how to use) self injectable adrenaline (EpiPen). Adrenaline acts as a natural "antidote" to some of the chemicals released during severe allergic reactions. Adrenaline should be considered as First Aid for the treatment of anaphylaxis.

Starting kinder

Starting Kinder with Food Allergies

(Ref - Kylie Sanderson)

Before Starting What Do I Do?

Meet with the staff to discuss your child's individual medical history and needs. Discuss any perceived high-risk times. A Management Plan that includes risk minimisation strategies should then be developed. Keep staff informed about any changes or updated allergy tests that may occur.

Talk with staff about also trying to educate other families about the seriousness of food allergy through the centre's newsletters. Gentle reminders could also be included at regular intervals.

Medical Kit

You must provide an **Anaphylaxis Action Plan** signed by your doctor. The parent must provide a Medical Kit (containing Action Plan & medication, including an adrenaline auto injector, EpiPen). This needs to be at the Kinder whenever the child is present. Your child's name, allergic triggers, list of contents and recent photo can be placed on the lid and container. Use the same photo on all items to ensure consistency.

The Medical Kit should be stored out of direct sunlight and be easily accessible in the event of an emergency. It must NOT be in a locked cupboard or locked room. Place a pen/marker in the kit so that the time the EpiPen is given can be recorded in an emergency. Have a card detailing the name of the child at risk of anaphylaxis, their age and their allergies, the facilities phone number, address and nearest cross streets near the central telephone.

Treat Box

For any special events such as birthdays fill a box with a variety of safe items, which the staff/child can choose from when a treat is required. Discuss a non-food reward option for all the children. Staff can give stamps and stickers to acknowledge positive behaviours and good work or even as a special treat.

Provide cup cakes in a clearly labelled container with your child's name on it. These cup cakes can be given to the child with food allergy when non-allergic children bring in birthday cakes. Store the cup cakes in the Kindergarten freezer and defrost them at the beginning of the session.

Morning/Lunch/Afternoon Tea Ideas

The safest option is for parents to always provide food for their food allergic preschooler whilst they are in care. If this is not an option, it is critical that the parent speaks with the chef who prepares food for all the children. Some changes may need to be made to remove high-risk foods from the childcare environment.

Ask the staff how/where the children eat their meals and snacks. Do they eat at tables, on the floor, in small groups or in a large group? Will your child need very close supervision during eating because of their age or lack of understanding? Discuss food sharing or food swapping amongst children with kinder staff. How will the kinder educate all children about not sharing food?

Storage of food containers should ideally be in the kitchen, not in backpacks. The child's food is then protected from other children handling the contents or mixing up containers. Staff will be required to bring out food at appropriate times and place them back in kitchen when finished. Separate drink bottles/cups should be clearly labeled with child's name and allergy and kept somewhere separate from other children's drinks. (An easily identifiable sticker can help a child recognise their cup if they are unable to read their name in written form).

In Finishing

All staff will need to undertake **anaphylaxis training** and will need to know how and when to administer the adrenaline auto injector (i.e. EpiPen) in the event of an emergency as per the individual's Anaphylaxis Action Plan. All staff need to be aware of the centre's anaphylaxis management guidelines/policy.

Above all it is vital you communicate and build a strong relationship with the Kindergarten staff to ensure you trust in their professional care and they feel supported as well. Ask lots of questions, offer suggestions where appropriate and arrange regular meetings to review progress and make changes deemed necessary. Become a partner in your child's care. Caring for a child at risk of anaphylaxis can initially be overwhelming for staff and they need your ongoing support. Be open to negotiation on 'do-able' best management practises, which will allow your child to have a fun time at childcare.

Where to get assistance

Detecting a food allergy may feel like searching for a needle in a haystack. To the surprise of most parents, the common scratch test performed in most doctors' offices does not test for food allergies or sensitivities. There is, however, a blood analysis measurement called the ELISA test that can be used to detect the reactions of white blood cells to certain foods. This test is useful for measuring immediate or delayed responses.

Food allergy testing can be done by skin prick tests and patch tests, these tests are used to guide elimination diets i.e. strictly avoiding all foods which the patient has tested positive on allergy testing.

Ask your Pharmacist for advice

1. Try to identify the source of the problem and make every effort to avoid any known allergens.
2. Follow the Diet Hints. Try to identify any possible food allergies with a Doctor or Dietitian.
3. Your Pharmacist may suggest an **antihistamine**. There are several brands available. Watch for any possible side effects which may include drowsiness.
4. If the allergy has caused a rash, your Pharmacist may recommend an anti-inflammatory cream.
5. Vitamin C is considered by some people to have natural antihistamine properties.

Useful Links:

www.allergyfacts.org.au

http://www.rch.org.au/allergy/index.cfm?doc_id=7219

http://www.allergy.org.au/aer/infobulletins/food_intolerance.htm

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Food_allergy_and_intolerance

http://raisingchildren.net.au/articles/allergies_intolerances.html/context/949

<http://www.nofussfeeding.com.au/>

<http://www.ilhanfoundation.org/>

<http://www.facebook.com/?sk=ff#!/pages/1000-Mums-Making-A-Difference/142898806986>

Fast Ideas Safe Recipes for Kids" book can be purchased through the [The Ilhan Foundation](#), [Firbank Grammar School](#), [Crazy John's stores](#) in Victoria or online at [Star Allergy Alerts](#)

<http://www.ausee.org/articles.htm>

Why am I different? - My First Allergy Book by Naomi Antenucci - Written especially for young children under three years of age, this book explains food allergies in clear and simple language.

[Food Allergy: an overview](#) by Meenakshi Bharkatiya, Kamal Singh Rathore, Ankur Maheshwari, Sunita Panchawat & R K Nema ; 2010 <http://www.food-allergies-symptoms.com/food-allergy-an-overview.html>

cook book on allergy-free-cooking for kids

<http://www.judyoz.com/ccp0-prodshow/aww-allergy-free-cooking-kids-womens-weekly-new-recipe-book.html>

Luke's Story

Although it's been over 7 years, I still remember the events leading to Luke's birth on 27 Feb 2003. My pregnancy was going fine, not too different from when I was pregnant with my daughter Maya. I was about 6 months pregnant and had invited a few of my friends around for lunch on Tuesday 25th Feb. My girlfriends had all left and I was getting ready to leave to pick up Maya from her new school. Suddenly I felt this strange wetness and went to the bathroom. My initial thoughts were that I had become incontinent!! I called one of my girlfriends who is a nurse and asked her if she had any idea of what was happening. She suggested that I ring my OB and discuss with her.

As soon as I rang Janet (my ob) and told her what had happened, she instructed me to go straight to Freemasons hospital to have a scan done. Off I went thinking nothing more. I had my scan and was sent into the waiting room to get the results. Shortly I got a phone call from Janet instructing me to go straight to Frances Perry where she had organised a bed for me. I was given instructions to call my husband David and ask him to take me straight to Frances Perry – I wasn't allowed to go home to get my things or see Maya who was with friends. I was told that there was a hole in my sac and that I had to have complete bed rest to minimize any more leakages so that we could get this baby to at least 32 weeks.

In the same breath, I was also told that due to this hole, there could be a possibility of infection in which case it would be best to get the baby out asap. I was given all the steroids to help strengthen the baby's lungs incase this scenario came about. Next day (wed 26th), I received visits from various medical staff and was given information on premature birth and possible outcomes. I was completely taken unaware and found it very hard to digest this information. Surely this wasn't the reality. The hospital staff also suggested that I go and have a look at the NICU unit so that if the baby was born early, I would be a bit more prepared. I still remember that first visit to the NICU unit. One of my girlfriends came with me to support me and I just remember walking into this noisy room with lots of activity and feeling overwhelmed, shocked, emotional at seeing these tiny babies fighting for their lives. All I could do was breakdown and cry – surely this wasn't going to happen to my baby.

Unfortunately this was to be the case and due to possibility of infection, Luke was born by caesarean birth, weighing 915gms at 27 weeks. However he was a fighter from day 1. As a result of the coin study, he was put on CPAP straight away and fortunately, never had to be ventilated during his time in NICU. Considering his extreme prematurity, Luke did well in his time at hospital. He went through a roller coaster ride that most prem babies go through but on the whole did well so that he was able to come home around his due date. We thought that now he was home, our journey was at an end and we could move onwards and forwards.



However this was not so. Amongst a number of things, we found out that Luke had food allergies. We only discovered this when I started to wean him of breastfeeding. I found that normal formula didn't agree with him so moved him onto to soya based formula as I was led to believe that those allergic or intolerant to dairy use soya products. His first soya based formula feed was a disaster as he threw up everywhere straight after the feed. I then tried a number of different based formula but nothing suited him. I finally had to succumb to the fact that Luke would need special formula milk.

Once we started on solids, I had to be careful of what I gave him. Luckily I had some experience with food allergies as Maya (my older full term) was allergic to a number of food items. I was very careful with Luke in terms of food that I introduced to him. Foods that I was particularly slow with were tomatoes, strawberries, wheat and completely avoided eggs and nuts (as a result of my experience with Maya).

I organised for Luke to be tested for food allergies before progressing with his weaning so that I knew what we were dealing with. In his initial testing, he showed intolerance to many food groups but over the years this has improved and the main food types that he has an allergy to are nuts, eggs, seeds, white fish and seafood. At least I now knew what I needed to do.

As the years progressed, these allergies have got better and Luke is now able to eat food which contains cooked eggs and some white fish. Despite these allergies, Luke has had a normal healthy life, enjoying all the things that young boys. Although his allergies are relatively severe, we have been very lucky to have managed it through using anti histamines. If I get a slight inkling that something is not right and that he is reacting to something, I give him a dose of Zyrtec and tell him it's all going to be OK. Lucky for me, it's worked every time!!

All in all, we are very lucky that despite his very early beginnings and a few developmental and health issues, Luke has grown up to be a happy cheerful boy, enjoying school and making many new friends. Many people are still astounded when I tell them that he was born 3 months early. He is an inspiration to us all and we are very proud of him.



Diary Dates

Parent support groups and Morning Teas

Life's Little Treasures Foundation organises Parent Support groups at various venues throughout Victoria, details below. This is a great opportunity for parents with premature babies to have a cuppa and chat and meet other parents in a similar situation. All venues are free of charge. Come along and see what else we can offer. Looking forward to seeing you there. **Call us on:** 1300 MYPREMMIE (1300 697 736)



Ballarat

Dates: 2nd Thursday of each month
Time: 11.00am—1.00pm
Venue: Eureka Family Centre—Humffray St Sth
Co-ordinator: Karen

Chadstone / Malvern

Dates: 2nd Friday of each month
Time: 10.00am – 11.30am
Venue: Phoenix Park Neighborhood House
 22 Rob Roy Road, East Malvern VIC 3145
Co-ordinator: Emma

Dandenong / Eumemmering

Dates: Last Friday of the month
Time: 10.00am-11.30am
Venue: Early Learning Services—Eumemmering
 54b Princes Hwy, Eumemmering
Co-ordinator: Rowena

Hoppers Crossing

Dates: 3rd Tuesday of the month
Time: 12pm - 1.30pm
Venue: The Grange Community Centre
 260 - 280 Hogans Rd, Hoppers Crossing
Co-ordinator: Emma

Maroondah / Knox

Dates: 2nd Wednesday of the month
Time: 10am - 12pm
Venue: Koolyahgarra, 7 Church Street, Bayswater.
 Melway 64 E3, 5 mins walk frm Bayswater station.
Co-ordinator: Karin

Hospital's

This provides a great opportunity for parents with babies currently in NICU/SCU to meet parents who have been through this experience before. These morning teas are only available to parents who currently have babies in NICU/SCN at the hospital

Royal Children's Hospital

Dates: 3rd Thursday of the month
Time: 11.00-12.30pm
Venue: RCH NICU-3rd Floor Parent Retreat Area

Royal Women's Hospital

Date: 1st Wednesday of each Month
Time: 11.30-12.30pm
Venue: Royal Women's Hospital (4th floor)
Co-ordinator: Emma

Thank you's

Thank you to Rebecca for all the amazing work she has done on our LLT booklets...they look fabulous and we appreciate all the hard work that has gone into them.

Thank you to Giannina for packing up the recent hospitals packs for us...we could not have done this without you.

Thank you to Karen for your help with government grants.

Thank you to Sam for looking into sponsorships.

Thank you to Catherine for the gifts.

All of you have played an integral part in assisting LLT in moving forward, you have been fantastic!

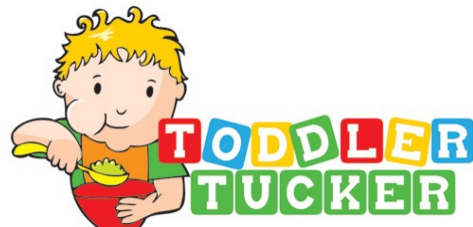
Diary dates and thank you's

Cooks Corner

Vegetable Pakoras (nut free, egg free, dairy free, soy free, gluten free, wheat free, fish/shellfish free, sesame seed free and vegetarian)

(1 cup chickpea flour
 ½ tspn ground coriander
 ½ tspn ground tumeric
 ½ tspn chilli powder
 ½ tspn garam masala
 1 tspn salt
 1 clove garlic, crushed
 ¾ cup water
 ¼ cauliflower, cut into florets
 125 g broccoli, cut into florets
 ½ eggplant, cut into 1 cm slices
 2 onions, peeled and sliced
 canola oil for cooking
 sauce (that meets your allergy needs)

1. Sift the flour, add spices and garlic.
2. Make a well in the centre and gradually add the water to make a thick, smooth batter.
3. Coat the vegetables in the batter.
4. Heat the oil and cook the vegetables in batches until golden brown.
5. Serve with a dipping sauce of your choice.



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Useful Tips:

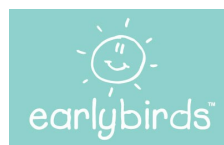
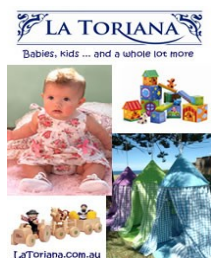
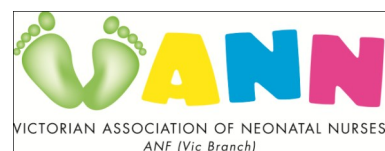
Often the hardest thing parents have to do is read the labels so clearly of everyday foods that you don't expect would contain allergens – for example: there is fish in Worcestershire sauce, egg can be found in many wines – which is a surprise to most as it is used in the clarification stage, and soy can be found in spray oil labelled as 322 or soy lecithin.

It may be worth noting that many producers of food actually have Food Allergen Matrixes available for consumers to look at which provide a clear picture of which of their products contain any of the major causes of food allergies. Bakers delight do, some fast food chains such as Kentucky fried chicken and McDonalds. To see an example of what one looks like – you can go to my website and have a look at mine - http://www.toddertucker.com.au/index.php?main_page=page&id=33

Often it is difficult to pinpoint egg as an ingredient in a food product as it can also be named – albuminate, albumen, livetin, vitellin, ovomucin, ovalbumin, globulin, ovomucoid.

Products that are imported don't always have to follow the same strict guidelines of labelling as products produced here in Australia, so it is worth noting that if you are trying an imported product that you suspect may contain an allergen that you or your child is allergic to – don't try it!!

Some of our Sponsors & Supporters



Little Treasure Application

ABN 94 232 874 269

Life's Little Treasures Foundation

ACN 143 037 834

Family Name.....First Name/s.....
 Address.....Post Code.....
 Email Address.....
 Phone.....Mobile.....
 Your Child's Name(s).....
 Date of Birth.....Birth Weight.....
 Gestation when born (ie. 27 weeks).....Hospital where baby was born.....

To maximize our community awareness we would love to find out where you heard about us.....

Changed your address or contact details?

If you have changed your address or contact details, please notify us by completing and forwarding the above.

Method of payment for Little Treasures pack is a once off payment of \$25

Pay on-line: Paypal via website www.lifeslittletreasures.org.au

OR

Bank: ANZ
 BSB: 013-278
 Account Name:
 Please include your name as reference

Branch: Croydon
 Acc No: 4858-50045
 Life's Little Treasures

I have paid on-line: YES (circle if yes)

Cheque, money order or credit card

Send cheque payable to:

Life's Little Treasures Foundation
 P O Box 476, Chadstone VIC 3148

Visa Mastercard - - - - / - - - - / - - - - / - - - - Expiry Date: - - / - - Verification code: - - -

Name on card : Signature

I would like to make a tax-deductible donation to Life's Little Treasures of: \$5 \$10 \$20 \$50 or \$ - - - -

Volunteer response form

Life's Little Treasures Foundation is a non-profit incorporated association. We are a voluntary parent organisation that relies on its members to help us to continue supporting other families. Your membership contributes to assisting us in achieving our goals.

We would like to inform our members that there is no obligation to be actively involved with the committee once you have subscribed to become a member. However we would be delighted if any of our members would like to be involved in any of the following areas below. If so, can you please indicate which area you would like to be involved and send it to us:

- Support / morning tea program
- Fundraising
- Media and Marketing
- Busy bee or social events

**register your
 "precious prem" as a
 Little Treasure**