



Sophia's Heart Journey

BY HEATHER MCEACHERN

Sophia Madeline was born almost a month ahead of her due date on January 10, 2012. But her heart story goes back to when she was diagnosed with a heart condition during the 20-week gestation ultrasound. What started out as an exciting and much anticipated time for my husband and me became very stressful and uncertain as the news of having a child with a heart defect became a reality for us.

The initial diagnosis we were given at the 20-week ultrasound changed a few times while she was still in utero during the frequent ultrasounds we had performed at BC Children's Hospital during the final half of the pregnancy. That first diagnosis of a ventricular septal defect

changed to include interruption of the aortic arch and then hypoplastic left heart. The final diagnosis after she was born was Shone's Complex (or Shone's Syndrome), which consisted of coarctation of the aorta, parachute mitral valve, and aortic stenosis.

We had a lot of questions and worries in the final weeks of pregnancy that brought on anxiety about the birth. Would either of us be able to hold her after her birth? What intervention, if any, would she need right away? The images of me labouring while walking the hospital hallways or soaking in a warm tub were replaced with the understanding that the baby would need to be monitored continuously during labour and delivery, so there would be no chance to walk or

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VOLUNTEERS NEEDED

Our families enjoy the spring, summer, fall, and winter gatherings that CHN sponsors. We are always looking for volunteers, so if you have some time, talent, and expertise that you are willing to share, please contact Sam Aitken at saitken@childrensheartnetwork.org.

The views expressed in this newsletter are those of the authors, and not necessarily those of the board of the Children's Heart Network. The best sources of medical information are your child's physician and the health care professionals who provide care for your child.

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5151 Canada Way, Burnaby, BC V5E 3N1
Tel: 604 521-3037 | 1 877 833-1773
chn@childrensheartnetwork.org

COFFEE GROUPS NEAR YOU

Our coffee groups are normally held in person; however, due to COVID, we are now hosting virtual get-togethers. Email Sam at saitken@childrensheartnetwork.org for more information.

ABBOTSFORD – Rupe Brah

rupe3395@gmail.com

CHILLIWACK – Melissa Martz

mellymartz@outlook.com

KAMLOOPS – Miranda Brown

cmazn2003@yahoo.ca

KELOWNA – Karla Allan

kdvk@hotmail.com

LANGLEY – Tecia Beulens

tbeulens@telus.net

COQUITLAM/PITT MEADOWS –

Amylou Watkins and Gabby Torrens

amylouwatkins@hotmail.com

gabby@torrens.ca

NANAIMO – Andrea Van Rossum

andrea.vanrossum@gmail.com

PRINCE GEORGE – Veronica Vandermeulen

veronicav0603@gmail.com

RICHMOND – Kate Walker

kwalker@childrensheartnetwork.org

VANCOUVER – Samantha Aitken

saitken@childrensheartnetwork.org

VICTORIA – Teri Godin

terigodin@gmail.com

SIGN UP TO GET CONNECTED

If you have a child growing up with heart disease, please email us at chn@childrensheartnetwork.org so that we can add you to our mailing list to receive invitations to all our fun events!

THANK YOU

CHN would like to thank the Province of BC for its continued support of CHN through its Community Gaming Grants program.



CHN would like to thank the CKNW Kids' Fund for their generous support of our Heart Beats and Hearts of Gold camp programs.



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Sophia's Heart Journey, continued from page 1

soak while hooked up to the fetal monitor. As a first-time mom, I worried about not having that first skin-to-skin contact with her immediately after her delivery to secure our bond.

In what we now know is typical Sophia fashion, she decided to make a big entrance on the early side. Her early arrival turned out to be a blessing, as there was no stressful countdown during the final few days; she just decided it was time to make her entrance into this world on her own terms.

After her birth, we were allowed a quick showing to us, and then she was taken to the PICU, where she spent several days being closely watched, followed by a few more on 3M, the cardiac unit, where I was able to stay with her after I was discharged myself. I remember that time being very stressful for me as a first-time mom. I was recovering from a C-section, learning to breastfeed, pumping frequently, shuffling down the hallway to keep the tiniest amount of milk chilled, all while watching over a newborn in an environment that was not our home.

She was discharged home seven days after her birth; however, after a scheduled cardiology follow-up appointment at two and a half weeks old, she was admitted again for her first surgery to repair the coarctation of her aorta. Sophia recovered quickly, as many children do, and was home again within the week.

Her follow-up visits to her cardiologist were extended each visit we were there: monthly became every two months, three months, then every six months, and we're now holding at an annual visit.

Her cardiologist has always said they would detect any worsening changes on her scans before we would ever see anything ourselves. While this gives us reassurance that she's being carefully monitored and intervention will take place as soon as it's needed, it also means we won't know in advance when to expect another surgery or procedure.

At four years old, she had a cardiac catheterization and aortic balloon valvuloplasty to fix severe aortic valve stenosis. Prior to the procedure, we weren't able to outwardly see any signs of distress from her. She tolerated the procedure well and was discharged home that same day.

Sophia just turned nine years old this January, 2021. She is a very happy, healthy, and energetic girl who plays sports, swims, and ice skates regularly and takes dance classes. In May 2019, she became a big sister to a little brother who was born heart healthy. Any concerns we had about forming a strong bond with her while she spent so much time in hospital at the beginning were for nothing. When we brought her home from the hospital the first time, we spent as much time as possible with her and had very few visitors. Frequent feedings and interrupted sleep, although exhausting, were extra time we both were able to spend with her.

The thoracotomy scar from her first surgery that runs along her back on the left side healed nicely and isn't very noticeable; in fact, she forgets she even has it since it's not visible to her. Her dad and I remind her that her scar is a badge of honour that only some kids get to wear.

Through the Children's Heart Network, we've made connections with other heart families at the fun activities they put on. During Sophia's early years, I found it so helpful to meet and speak with other heart families. Our children are so different, and yet our heart stories are often similar in the struggles we face with their diagnosis and the uncertainty of what to expect for our children as they grow up. We have always been told by Sophia's cardiologist to let her do what she wants, and her body will let her know if she's unable to do certain activities.

Sophia's heart story began before she took her first breath, but it continues to be written every day and will be for the rest of her life. ♥



Hearts of Gold Island Holiday Party

BY MEGAN MADSEN

On December 12, our Vancouver Island Hearts of Gold group got together for a Zoom party to celebrate the holidays. All of the teens received a special package in the mail, which included a Kit Kat chocolate bar log cabin to assemble, a clear ornament with paints, and lots of Christmas treats. We had five teens join our coordinator, Megan Madsen, for some creative fun! While chatting away, everyone put together their chocolate log cabin and got creative in decorating the roof, walls, doors, and windows. Eventually we put on a Christmas movie (the new animated *Grinch*), which was decided by popular vote prior to the party.

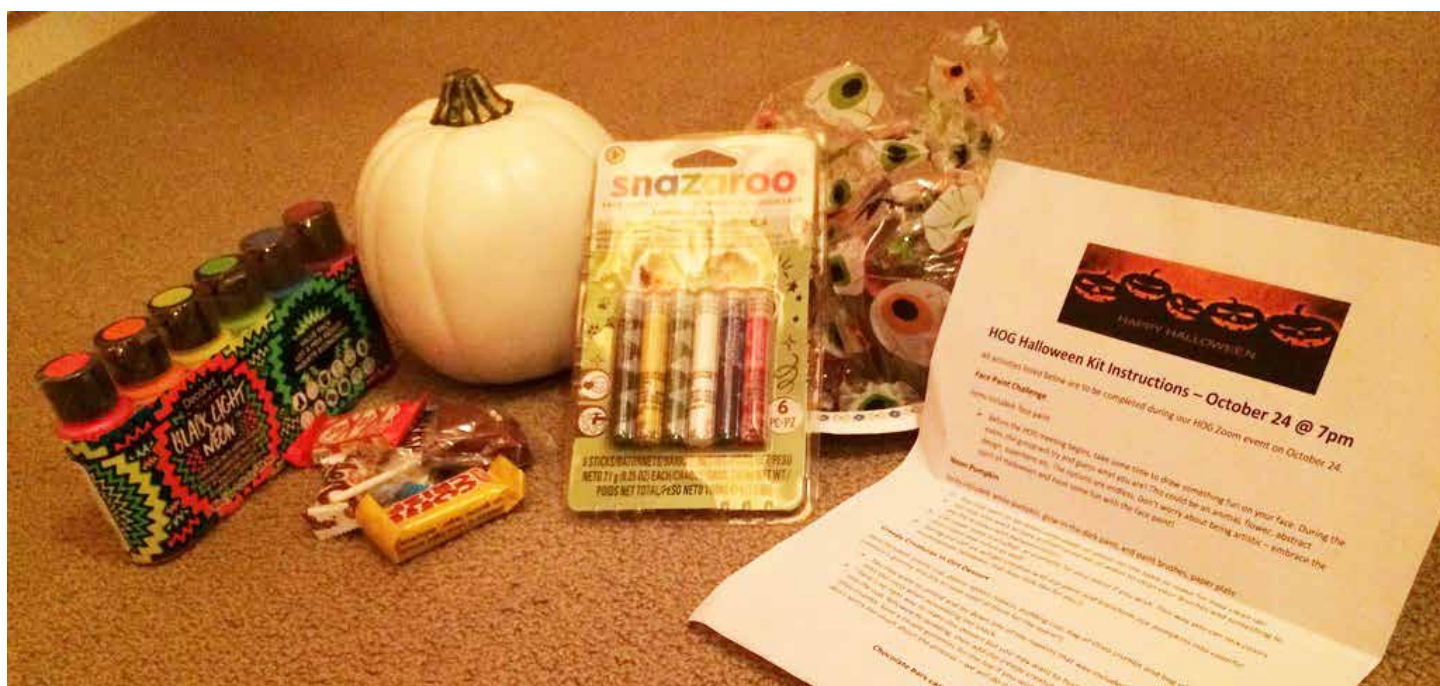
The movie helped put us in the holiday spirit while we finished our cabins and ornaments. We did this while

indulging in Smarties, chocolate, popcorn, and holiday gummies! It was so much fun to connect with our heart buddies while we used our imaginations to build, decorate, and celebrate! After the movie, we had a short discussion about our favourite parts of the movie and shared what we were looking forward to during the Christmas season. We also acknowledged how things might look different this year but reminded each other there is much to be grateful for and celebrate all through the year. ♥

If you are a teen growing up with heart disease and would like to join our group, please email Samantha at saitken@childrensheartnetwork.org.



Paige Novak.



Hearts of Halloween

Hearts of Gold October Meeting

BY LYDIA SCHWARTZ

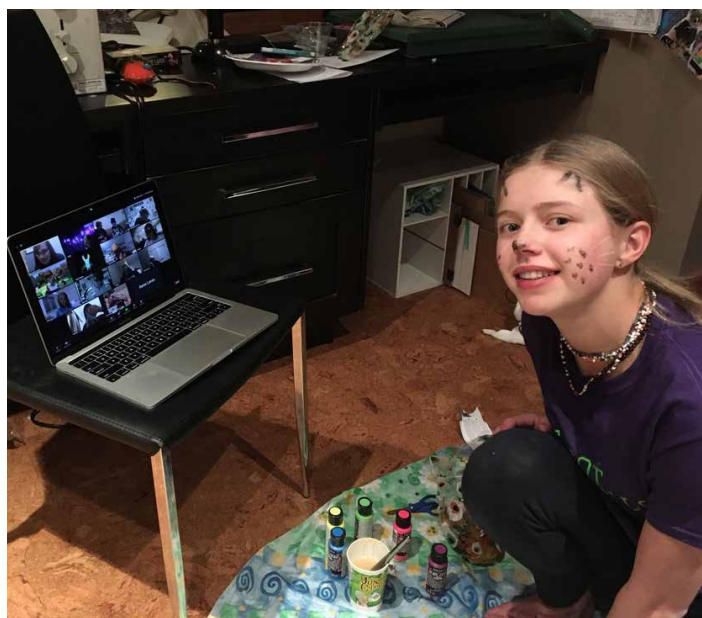
Have you ever received a pumpkin in the mail? I hadn't either, until I received my package for the Hearts of Gold (HOG) Halloween event. I tore open the envelope and discovered a large pumpkin (not a real one!), colourful paints with brushes, a "worms-in-dirt" dessert kit, and face paint.

I was super excited and started imagining what I would paint on my foam pumpkin.

I am part of the Children's Heart Network, and when I became a teenager, I started attending HOG events. I was born with a hypoplastic right heart. I have had two open-heart surgeries: a bidirectional Glenn when I was six months old, and a full Fontan when I was two years old. I am now 15 and living in Whistler. I love skiing, dancing, doing aerial silks, attending Girl Guides, painting, writing, and reading until my eyes fall out...

Thinking ahead about the Halloween event, I started brainstorming. *Maybe I could paint someone's eyes popping out on my pumpkin?*

On October 24, 2020, the HOG group all met via Zoom. I painted my face to look like a cat. There were lots of other awesome designs, including dogs, a pumpkin, a scarecrow, a wolf, and a hockey player! Kristi, our coordinator, went around the "circle" and checked in to see how everyone was doing. She asked us how school was going and what was new and made sure everyone had a chance to speak. There were 15 of us.



We painted our pumpkins while chatting at the same time. I opted for a classic orange background with a pink triangular face. My initial idea of painting eyes popping out seemed a bit complicated for a rounded surface in the end. Some of the other pumpkins were painted with bright patterns and abstract details. Next, we constructed our "worms in dirt," a wonderful dessert we artfully crafted with chocolate pudding, Oreo cookie crumbs, gummy worms, and other candy creepy crawlies.

After discussing our favourite Halloween movies and candy, our get-together came to a close. We all sang *Happy Birthday* to Mattias, led by Kristi, of course. We said goodbye, everyone left, and that was it. It would be an entire month until our next meeting, but we were already looking forward our next event! *Hmm, what will come in the mail this time?* ♥

Volunteer Corner

Lisa Lalsingh and Stephanie Isaac

Lisa Lalsingh and Stephanie Isaac are both important, valued volunteers with CHN, and they have made a significant impact on our organization. They also happen to be sisters! We had the opportunity to interview them recently, and we are honoured to share a little bit about them both and what connects them to CHN.

How and why did you initially get involved with CHN?

Lisa: I initially became involved with CHN in 2009, after our first daughter, Mila, was born with congenital heart disease. During one of Mila's checkups, at the Heart Centre at BC Children's Hospital, I spotted a CHN newsletter and decided to contact them.

As first-time parents, we found ourselves researching resources and navigating an unfamiliar medical system. At times, caring for our baby, who required complex medical care, was isolating for both me and my husband. We reached out to CHN in hopes of connecting with other heart families that understood our experiences and concerns.

Stephanie: I first started volunteering at the CHN Christmas party when Mila was two years old!

What is your proudest contribution to CHN?

Lisa: Our proudest contribution is through Mila's Fund. Sadly, Mila died when she was four and a half years old. While she was alive, she was too young to attend camp with CHN. However, knowing those opportunities existed for Mila to gain independence and new experiences, while honouring her heart condition, gave us comfort and hope. We started Mila's Fund to help make camp a reality for all heart children in BC who want to attend, regardless of affordability or where they live.

Stephanie: My proudest contribution is the time I have spent as a board member for CHN. After Mila passed away, I wanted to stay involved and connected to Mila. I was invited to join the board, which I truly enjoy. I also gently nudge family and friends to get involved and donate!

What is your most favourite memory from volunteering at CHN?

Lisa: My favourite memory of volunteering is selling Valentine's Day chocolates at BC Children's Hospital to



Lisa and Mila.



Stephanie and Mila at Mila's first birthday.

raise funds for CHN. It was a nice change to spend time at the hospital for a festive event. I also enjoyed the opportunity to meet other heart parents and to visit with Mila's doctors and nurses outside of her regular checkups.

Stephanie: I love volunteering at the annual Christmas party, and I get my children and nieces to help as well. It is the only time I get to meet some of our heart families. I also love and look forward to the CHN gala every year.

Outside of your volunteer work, what do you love to do for fun?

Lisa: I love to travel with my family. Our daughters are enthusiastic travellers and are always up for an adventure. Our most recent trip abroad was to Costa Rica in 2019.

Stephanie: Our family got a miniature dachshund puppy in November. Our time is spent training her and finding new places for dog walks and hikes! Before COVID, Lisa and I were learning to knit. I am not so good at doing it on my own!

What is one thing that most people don't know about you?

Lisa: It's no secret, but I love reading. Whenever I finish a good book, I feel a little sad that it's done. My favourite books are biographies and historical fiction. I could be

happy for days with a stack of books and endless mugs of tea.

Stephanie: In the late '90s, I met a girl from New York on a women/travellers' website. We met in Singapore and travelled around Southeast Asia together for almost two months! It worked out well, but in hindsight I wouldn't recommend this! ♥

Thank you both for your incredible service to CHN. We are grateful for all that you do!

Pillows for Kids!

Telus Ambassadors—Fraser Valley Club

BY SAMANTHA AITKEN

Thank you to the Telus Community Ambassadors—Fraser Valley Club for supporting the Children's Heart Network and BC Children's Hospital for many years by providing gorgeous heart pillows to babies, toddlers, and children who have heart surgery. These soft, beautifully crafted pillows are made by a group that loves to sew and support the many BC families who have children growing up with heart disease. As a parent, I remember arriving in the ICU to see my baby immediately after her open-heart surgery, and there was a pink heart pillow resting by her side. As she recovered and the nurses were able to put her on her side, they would put her heart pillow

between her knees. I will never forget that. Many of our heart teenagers still have the pillows they were given many, many years ago!

The Children's Heart Network would like to send our heartfelt thanks to Linda Jackson (president of the Fraser Valley Club) and her team for their many deliveries of beautiful pillows that bring comfort to our heart families. These volunteers are passionate about giving back and providing a much-welcomed connection to their local communities, and they exemplify the Telus commitment to "give where we live." ♥



Heart pillows.



Donna Abram sews and embroiders most of the pillows.



How to Raise a Resilient Kid but Not a Stubborn Loner

It's about standing back and letting them fail, yes. But there's far more to it than that.

BY LIZZY FRANCIS¹

Babies don't accomplish much. Until they develop motor skills,² it's the job of tiny humans simply to explore, drop, smash, cry, and eat. That's about it. But as babies grow, the tasks they assign themselves and the directives they receive from their parents grow ever more complex. That newness and complexity can cause frustration—and while that frustration leads to learning, it can also overwhelm nascent coping skills.

Kids fail. They protest. They overreact.³ It is up to parents to give them the coping skills they'll need, and to teach kids resilience: how to bounce back from setbacks and to

overcome frustrations. Raising resilient kids⁴ means raising kids who are independent, confident, curious, caring, and patient. Teaching resilience is critical to the long-term well-being of kids, but it must be offered with emotional support and responsive parenting—otherwise kids may be wracked with debilitating anxiety or struggle to succeed.

"You want children to be able to handle setbacks, hardship, and failure. So that someday, when they move out of the house, they can handle a problem at work, issues with a roommate at college, failing a test," says social worker Amy Morin,⁵ author of the book *10 Things Mentally Strong*

¹ <https://www.fatherly.com/community/lizzy-francis/>

² <https://www.fatherly.com/health-science/how-to-promote-fine-motor-skills/>

³ <https://www.fatherly.com/parenting/how-to-discipline-your-stubborn-child/>

⁴ <https://www.fatherly.com/love-money/relationships/parenting-strategies-advice/build-resilient-kids-prepared-for-life/>

⁵ <https://amymorinlcsw.com/>

Parents Don't Do. “You want them to be able to take those struggles, and those experiences, and learn and grow from them and bounce back and become better.”

Why Resilience Matters

Frustration, failure, and difficulty are part of life. Resilience,⁶ learned through explicit lessons and examples, helps kids handle stress,⁷ cope with rejection,⁸ and compartmentalize setbacks as mere bumps in the road. Resilient people tie their sense of self to their hard work, not their success or failure. These are tools that kids need to take with them in life to be the type of adult who can survive and thrive. Fortunately, children come with some resilience baked in.

“Little kids know how to do this inherently,” says Morin. “They fall down and get back up.”

How to Raise a Resilient Kid

“Parents can start modelling behaviour during the toddler and preschool years,”⁹ says Morin. They can do that by allowing their kid to struggle, creating challenges, and refusing to resolve every problem. The key to managing failure isn't avoiding it, but talking through it. With honesty and openness, parents can abolish the victim mentality.

Supporting struggling children is important, but the best way parents can teach resilience is by modelling it. Acting cool-headed in the face of stress and acknowledging mistakes provides children with a rubric for failure. Failing, they learn, is not the end of the world. It's just part of being alive. Here are the specific suggestions that Morin gives parents looking to teach by doing:

Examine Their Feelings

“You want to acknowledge a child's feelings and tell them that their feelings matter,” says Morin. “That makes a big difference in whether they perceive if their feelings are okay, that it's okay to be scared and still do something anyway.” Letting your kid know that their feelings are legitimate, but that they don't have to inform their behaviour at all times—say, when a playground scuffle breaks out—is essential.

Don't Intervene All the Time

“When your child is struggling—if, say, his blocks¹⁰ keep tipping over and he's getting angry¹¹—don't swoop in and do it for them,” says Morin. In other words, practise restraint. It's easy to step in and help soothe your kid. But letting them struggle helps them learn that they can solve their own problems.

Audit Your Behaviour

Kids are always watching. Per Morin, it's essential for parents to think about how they act in moments of daily stress and try to do better. “When you're dealing with an annoying situation, like the long line at the grocery store,¹² and you're tired, and you're hungry, how do you handle it? Are you complaining? Are you staring at your phone?¹³ Your kids are watching how you cope with your emotions,” says Morin. In other words: by being a resilient adult, you teach your kids how to react to moments of stress. Leading by example and interrogating your actions are effective tools.

Own Up to Your Mistakes

Parents, per Morin, should actively apologize¹⁴ to their children when they make mistakes, like if they snap at them, or are late to pick them up. “Pointing out what you did wrong—if you didn't handle your anger very well,¹⁵ or said something that wasn't very nice—explain what happened, without making an excuse. And then you explain how you will learn from the problem and fix it,” suggests Morin. This, she says, teaches kids that making a mistake is fine, as long as you apologize¹⁶ and learn from it.

What Does Teaching Resilience Look Like in Practice?

Imagine your kid hit another kid on the playground.¹⁷ If you're there to witness it, rather than resorting to anger and frustration, talk to your child, sternly, about empathy. Focus on that. Use sentences like: *How do you think that felt for your friend? Would you like it if someone hit you? How about you apologize—and make up a plan so you don't make that mistake again?*

Morin stresses that turning difficult moments into

6 <https://www.fatherly.com/love-money/build-resilient-kids-prepared-for-life/>

7 <https://www.fatherly.com/health-science/how-childhood-experiences-contribute-to-the-education-health-link/>

8 <https://www.fatherly.com/love-money/how-parents-teach-boys-deal-with-rejection/>

9 <https://www.fatherly.com/love-money/fatherly-advice-preschool-tantrums-emotional-regulation/>

10 <https://www.fatherly.com/health-science/stem-toys-construction-blocks-smarter-kids/>

11 <https://www.fatherly.com/news/study-finds-schoolyard-conflict-affect-long-term-health/>

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13 <https://www.fatherly.com/love-money/dude-turned-dad-episode-twenty-three-your-kid-and-your-phone/>

14 <https://www.fatherly.com/love-money/relationships/how-to-apologize-to-a-child-parenting/>

15 <https://www.fatherly.com/love-money/anger-management-classes-what-to-look-for-when-youre-looking-for-help/>

16 <https://www.fatherly.com/parenting/8-words-phrases-parents-always-say-kids/>

17 <https://www.fatherly.com/tag/playground/>

teachable ones, rather than swooping in and smoothing over the issue with the other parent, teaches kids that they have to be accountable for their actions, and the way their actions make other people feel.

When Teaching Resiliency Becomes Teaching Loneliness

“There are a lot of misconceptions about what it means to be a resilient kid,” says Morin. “On the far end of the spectrum of parenting resilient kids are uninvolved parents. Those parents say their kids will learn through their experiences, but then they don’t give them enough guidance.”

¹⁸ <https://www.fatherly.com/love-money/relationships/attachment-theory-how-earliest-bonds-affect-our-lives/>

¹⁹ <https://www.fatherly.com/health-science/anxiety-in-kids-parents-help-nervous-children/>

Kids with uninvolved parents tend to struggle with emotional attachment¹⁸ issues, lash out during their adolescent years, experience anxiety,¹⁹ and can even later develop substance abuse issues. Teaching resiliency is about acknowledging that kids need emotional support as they grow, Morin says. Parents can’t just back off and hope their kids figure out how to get dressed and ready for school all by themselves by the first grade. It takes a lot of guidance. “Parenting isn’t an exact science,” says Morin. “It’s more of an art.” ♥

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Meet BCCH Pediatric Perfusionist Kyrylo Chasovskyi

Where did you grow up and go to school?

I grew up in an industrial town in the eastern part of Ukraine. It was small, in the context of the former USSR.

Very early on in life, I was interested in medicine. I studied anatomy, biochemistry, physics, and physiology during my last three years of high school with a goal of being accepted by Luhansk State Medical University, which I graduated from in 2005.

I did several internships and specialization courses. This allowed me to work in the pediatric cardiac ICU as a staff physician. Later, I joined the perfusion team, combining work in the ICU with extracorporeal support.

This experience with cardiovascular perfusion gave me an opportunity to conduct research in pediatric cardiovascular surgery and perfusiology. I went on to complete a PhD on the use of umbilical cord blood for autologous transfusion in neonatal open-heart surgery.

At the Ukrainian Children’s Cardiac Center, I worked with all varieties of congenital heart defects and performed cardiovascular bypasses for the most complex cases in children of all ages.

Can you describe your job and explain what made you want to be a pediatric cardiac perfusionist?

I always describe a perfusionist as a specialist who takes over heart and lung function and maintains life in a patient’s body while a surgeon works to repair the heart.



In 2016, I was given the opportunity to join BCCH as a clinical perfusionist. It has been an incredible and challenging experience. After completing the Canadian Society of Clinical Perfusion’s assessments, I qualified to sit a certifying exam, which I successfully passed in 2017.

Being a pediatric perfusionist requires knowledge about pediatric physiology and a wide range of congenital heart defects. A patient’s size can vary significantly. Neonates weigh 2 kg, while older teens can be up to 100 kg. A pediatric perfusionist must understand the use of many different circuits, oxygenators, and cannulas.

What do you like about working at BCCH?

Working at BC Children's Hospital is like working within a family. I trust, rely on, have fun with, share the stress of the day with, and then begin the next one with the same people.

We are responsible for the lives of children, as well as their well-being and future. We contribute to that every day together, and this brings us closer. You learn. You implement. You re-evaluate. And then, you repeat.

Are there specialties in your department?

Clinical perfusionists at BCCH are involved with extracorporeal life support (ECLS). This means treating children who may be in heart failure and/or have lungs that are not providing enough oxygenation. We use extracorporeal membrane oxygenation (ECMO) as a solution, which bridges their recovery. This type of support is provided in the ICU, where, together with nurses, respiratory therapists, ECLS specialists, ICU physicians, cardiologists, and cardiac surgeons, we provide the most advanced type of treatment. This requires teamwork. We all carry important

responsibilities, but we have to work to bring them together.

Another important aspect of our department is the education that we provide to ICU nurses and ECLS specialists. Constant education is important!

Do you or did you have a mentor?

As time passes, new challenges come along. I try to listen and learn from people who are more experienced. My mentors for life are my parents. My work mentor is a former chief surgeon at the Ukrainian Children's Cardiac Center. My mentor in perfusion is my friend and colleague Alison Holt. For leadership, I look to my six-year-old son. That may sound funny, but he teaches me a lot.

The list of people who inspire me is long and keeps growing.

Outside of work, what do you like to do for fun?

There is nothing I enjoy more than being outside. I love being among the trees, in the forest, and close to the ocean. I get to recuperate and enjoy dreaming. I especially love it when all my family is with me. ♥

COVID Q&A with the BCCH Cardiology Team

1. Is my child immunocompromised due to their heart condition, and does this put them at increased risk for getting COVID-19?

The vast majority of babies and children with congenital heart defects (CHDs) are not immunocompromised and therefore are not at greater risk for contracting COVID-19. Some children with CHD have other associated syndromes or conditions, such as asplenia, that can affect their immune function, but this is not directly related to their cardiac condition. If your child has an immune disorder, it is best to ask your pediatrician for specific advice, as each child's situation will be unique.

2. I've read that people with underlying heart disease are at greater risk for severe illness. Does this hold true for kids with CHD? How about kids with heart rhythm issues?

The good news is that the evidence so far is that children with CHDs and/or heart rhythm issues who do contract COVID-19 do not fare any worse than their peers. In fact, COVID-19 causes much more mild illness than other

better-known respiratory diseases (such as influenza) in the vast majority of children.

3. Are cardiac patients at greater risk for multisystem inflammatory syndrome (MIS) than other children? And is the consequence of MIS in children (MIS-C) more severe for kids with cardiac conditions?

No—we don't have any evidence that children with CHD or those with a history of Kawasaki Disease are at increased risk of MIS-C. While MIS-C can result in serious illness, it is exceedingly rare. The signs and symptoms of MIS-C also overlap with several other conditions, including Kawasaki Disease.

4. How do I decide whether my child should return to school/daycare?

This is a question that is keeping parents across the country up at night. This anxiety is understandable, and it can be heightened for heart parents whose children have been through so much already and are still under the care of our cardiac team.

The vast majority of children who contract COVID-19 have very mild illness and recover at home. Other infectious illnesses that children are exposed to at school every year are more likely to result in severe illness than COVID-19.

As such, most families are encouraged to send their children to school, as there are many important benefits to attending school, including education, physical activity, social interaction with peers, etc.

Some families may have particular circumstances where COVID-19 could be more serious for other family members (e.g., elderly grandparents living in the house, another family member who is immunocompromised). In these cases, the concern of children being exposed to COVID-19 at school and bringing it into the home must be considered and weighed against the benefits of attending school in person. Consulting with your GP or pediatrician may be worthwhile in these cases.

We are extremely fortunate in BC to have the

world-class leadership of Dr. Henry and her team of public health experts to guide us through this pandemic. The cardiology team at BC Children's Hospital (BCH) relies on this guidance to instruct how we do our day-to-day work in the hospital and how we counsel our heart families to navigate through this stressful time. We've included links to the BCCDC website and the BCH website below, and recommend that you visit them for more information to guide your decisions. ♥

RESOURCES:

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19>

<http://www.bcchildrens.ca/health-info/covid-19-and-children-information-for-parents>

<https://keltymentalhealth.ca/info/parenting-during-covid-19>

What's Happening?

Virtual Education Series for Heart Parents

Have you enjoyed our conferences in past years? As an alternative during COVID-19 times, we are running Zoom education sessions for heart parents. Please join us for our second session, Finding Resources to Support Child, Youth, and Family Mental Health, on Thursday, February 25, at 7 pm, via Zoom. Visit our website for details: <https://www.childrensheartnetwork.org/events/>

Children's Heart Network Auction

CHN's main fundraising event is the Wine Gala and Dinner. However, due to the pandemic, we have decided to cancel the in-person event this year, and we will focus

on fundraising for our programs virtually. Do you have some free time over the next two months? We are looking for volunteers to help us solicit donations. If you would like to make a donation to the auction or you are interested in joining the donations committee, please email Hege at hhoegler@childrensheartnetwork.org.

Heart Mamas & Papas Virtual Coffee Nights

We have had great success with our virtual heart parent get-togethers since COVID-19 hit. Do you have questions or concerns that you would like to share with other heart parents? Watch for emails inviting you to join! Please feel free to email Sam at saitken@childrensheartnetwork.org with any questions. ♥

