veloping normally and is given the most appropriate hormone replacement treatment. With appropriate hormone therapy, typical growth, development, and fertility are highly possible.

Individuals with classic CAH must take extra cortisol dosages when they are sick to maintain health. Your child's physician will teach you when and how to increase the cortisol dose. Your child's physician will also teach you how to administer cortisol by an intramuscular injection (eg, Solu-Cortef, Hydrocortisone sodium succinate) when your child is unable to take the medication by mouth. Individuals with CAH should wear medical alert identification badges. Although many patients with non-classic CAH may not need to take daily cortisol replacement dosages, they may need to take cortisol replacement dosages during a major illness, such as high fevers or during periods of significant physical stress.

Can CAH be prevented?

CAH cannot be prevented. In the past, an experimental medication was prescribed for pregnant women who were at risk for having a newborn girl with CAH to prevent the overgrowth of the clitoris and atypical external genital appearance. This experimental medication does not cure CAH. In addition, current information indicates that this treatment may have negative effects in later life and is no longer recommended.

Families concerned about their risk of having another child with CAH should discuss this concern with their child's endocrinologist in consultation with a genetic counselor.

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