



May/June 2019

OK Pediatrician



A Message from the Chapter President

Well spring is finally here, and hopefully cold and flu season is winding down for all.

This has been a busy time for many OKAAP members. Dr. Eve Switzer, Amy Prentice, and I went to AAP Headquarters in Itasca, IL for the Annual Leadership Forum in March. There were a multitude of resolutions that were reviewed, and either accepted or rejected. The highlight of the conference was the discussion of acci-

dental toddler deaths (0-4 year) of which drowning is the most common cause of accidental death in this age group, and the second most common cause in adolescents. Amy has posted a great information sheet regarding drowning under resources on the OKAAP website (okaap.org/drowning), and I urge you to review it. There were testimonials by families who lost their toddlers to drowning, and one pediatric resident who lost his child to a presumed SIDS event.

As I am writing this letter, the spring meeting at OU Children's has just completed. The topics were on developmental pediatric issues, and the conference was quite good. The keynote speaker was Dr. Christopher Stille from the University of Colorado, who spoke on the topic "A 2020 Vision for a Health System that Makes Common Sense for Children with Complex Needs."

The spring legislature session is in full swing. The fate of some form of Medicaid Expansion as of this date, is still up in the air. Many groups, including OKAAP, are urging the legislature to move forward with a plan to bring federal dollars back into the state for Medicaid and mental health. There have not been significant problems with vaccinations this year. At the spring OSMA convention, a resolution was passed that strongly recommended the only contraindication to not receiving the recommended vaccines during childhood and adolescence would be a medical reason (e.g., immunosuppression). Religious and personal reasons would be off the table. This resolution should move forward to the AMA convention later this year. The measles outbreaks around the country are making it quite clear to us as physicians, and many others, of how important it is for our children and ado-

lescents to receive the recommended vaccines. The bills in favor of independent nurse practitioners have been tabled, with a plan to have OSMA meet with the CRNA organization to bring forward an agreement that can be reviewed in the next legislative session. At the present time, I and others of our organization are visiting each pediatric residency program in the state to make sure the students and residents are acquainted with OKAAP. It is my hope that we will get many of these young doctors and students to join OKAAP, and become active in programs that they are interested in. I am so proud of the fact that many of our members have been asked by the new administration to be involved on boards in our state's government. These include Dr. Laura Shamblin who is now on the board for OHCA. She is joined on this board by Dr. Jean Hausheer, an ophthalmologist from Lawton. Dr. Shamblin is also quite involved with ACES research and education. I encourage you to visit her website (traumainformedmd.com). Dr. Amy Emerson was selected to be on the health transition board for Governor Stitt and is now on the board of the Office for Juvenile Affairs for the state. Dr. Don Wilber serves on the legislative committees, both for OKAAP and OSMA.

Continued on the next page...

MARK YOUR CALENDAR - 2019

- ◆ October 25-29: AAP National Conference & Exhibition

IN THIS ISSUE

Letter From the President	1
Preventing Unintended Injuries & Death	2
Volunteer Opportunity—Drowning Prevention	3
New Trauma-Informed Care Resource Website	3
Oklahoma's Resident in the Spotlight	4
Medical Mission Trip to Uganda, 2019	5
Greetings from Your Chapter Breastfeeding Coordinator	6
Demographic Considerations in Serving Children	
Who are Hard of Hearing or Deaf Part II	6
News and Opportunities	7



A Message from the President continued...

New people that have accepted positions for OKAAP include Dr. Savannah Stumph, Chapter Immunization Representative, liaison to the national AAP from OKAAP. Her advocacy, in regards to vaccines, and many other issues is much appreciated! Dr. Malinda Webb has accepted the position as Chapter Breastfeeding Coordinator for OKAAP. Dr. Webb has been quite involved with advocacy for breast feeding for many years and has been and will continue to be a great representative for us in this area. Dr. Eve Switzer has been elected to the National Nominating Committee for the AAP. Dr. Marny Dunlap is serving alongside myself on a three-year state task force researching trauma informed care.

We also welcome two new Board members, Dr. Laura Shamblin and Dr. Hokehe Effiong, recently elected by the membership. And we welcome two newly elected officers this year, Dr. Paul Darden, Chapter Vice President, and Dr. Marny Dunlap, Chapter Secretary/Treasurer.

Congratulations to all these individuals listed above, and many more who I have not been able to recognize in this letter! Thank you for your willingness to serve in various positions, both at the state and national level.

For all those individuals that have recently joined OKAAP, or have renewed their membership, thank you! If anyone has a partner in your group, or a pediatric colleague you know who is not involved with OKAAP, please encourage them to do so. We need as many individuals as possible to be involved in the efforts to improve the status for both health and education for the children of Oklahoma!

I appreciate each and every one of you who are members of this great organization! Please reach out to me, other board members, or Amy if you have any questions or concerns.

—Dwight

Preventing Unintended Injuries and Death

By Eve Switzer, MD, FAAP

“It happened so fast.”

I think it was this sentiment that resonated the most with me at the AAP’s Annual Leadership Forum in March. Three families were invited to address the leaders of the AAP in conjunction with the roll out of an AAP Policy statement about drowning prevention.

Dr Ben Hoffman and Dr Lynn Olson first shared some sobering statistics about preventable injuries in the US. **28 children per day** die from a preventable injury. **Injuries are 1/3 of the deaths** in children age 1-18 years. **Drowning is the leading cause** of preventable injury death in children 1-4 years of age.

With the advent of antibiotics and vaccines, we saw these preventable injuries rise as the leading cause of death in children. Tremendous impact has been made on both drowning and sleep deaths but progress has slowed or stalled.

In Oklahoma, we are one of 10 states with the highest unintentional injury death rates including deaths from drowning. Injury mortality is currently increasing in 10-19 year olds according to the national vital statistics report from the CDC. When suicide and homicide are added, these injuries account for 60% of childhood deaths.

With the Back to Sleep campaign in 1994, we have seen SIDS rates cut in half but progress has now stalled and disparities remain. It’s clear that the work of the AAP and of pediatricians in practice have had a significant impact on these rates but more needs to be done. This message was repeated by each of the 3 families who told their stories. And, as Dr Hoffman pointed out, once we heard these stories, we couldn’t unhear them.

Bode Miller addressed the Forum first. He briefly mentioned that his maternal uncle had drowned and, as a result, felt that his family was sensitive and responsible in terms of water safety. On June 10th, 2018, he and his children had gone swimming just that morning at home. Their pool was fenced, and the older children had had swim lessons. They visited friends at a house where the pool wasn’t fenced but as everyone mingled outside, it was noted that none of the children went near the pool. At another friend’s house later that afternoon, where there had been a pool fence recently removed because the family’s children were older, the adults socialized in the living room. Bode’s wife noted the absence of their youngest daughter, Emmy, and the back door was open. It was only a couple of minutes. Emmy had drowned.

I searched in vain for a tissue in my bag. The Grand Ballroom was completely silent. Tears ran down nearly every face in the room.

Nicole Hughes then described the joy that 3 year old Levi brought to their family. *Continued on page 3...*

drowning
it takes seconds

- ➊ Drowning is a leading cause of death.
- ➋ 69% of drownings occur during NON-designated swim times.
- ➌ Designate a Water-Guardian AT ALL TIMES children have access to water.



For more info:
www.levislegacy.com





Preventing Unintended Death continued...

Also on June 10, 2018, on their 7th annual beach trip to Alabama, she recounted her story of sharing a brownie with Levi, turning to close a bag of Cheetos, then noticing that Levi had slipped out. She went to the balcony of their rental house, still chewing on her half of the brownie when she saw Levi at the bottom of the pool. "This is how fast it happens".

Eight years before Nicole was even born, their family had lost her cousin to drowning but this wasn't ever discussed. "Drowning stigma is the greatest threat to drowning prevention," Nicole stated. "It's not inattentive or neglectful parenting. Levi didn't have the skills to protect himself. We can fix this," Nicole promised. Nicole founded the non-profit [Water Guardians: Levi's Legacy](#) to increase awareness about drowning prevention and distribute educational resources. Pediatricians can print flyers or request magnets and Water Guardian tags to distribute to patients and parents in their office.

Sam Hanke, a pediatric cardiologist then shared the story of what he called the worst day of his life. He recounted the events that night in the hopes of putting a story and face to this tragedy. Babies die every 3 hours in the US without a voice. In April of 2010, their son, Charlie, was 3 weeks of age. Sam was a pediatric chief resident. While holding Charlie on his chest, Sam was watching TV and fell asleep. When awakened by his wife for Charlie's next feeding, the newborn was lifeless. Sam performed CPR on his own child but couldn't save him.

On what would have been Charlie's first birthday, the Charlie's Kids Foundation was established (www.charlieskids.org) educating others about putting babies to sleep in safe positions. Over 3 million copies of their board book, "Sleep Baby Safe and Snug" have been distributed. "3500 babies is way too many. We can do better," Sam finished.

- ◆ To help in our efforts as pediatricians to bring attention to water safety, the AAP's new policy statement is here: <https://pediatrics.aappublications.org/content/early/2019/03/13/peds.2019-0850>
- ◆ The OKAAP has added a resource page for drowning prevention here: <http://www.okaap.org/drowning>
- ◆ The AAP Panel on Drowning and Sudden and Unexplained Infant Death 2019 recording from the ALF can be viewed here: <https://www.youtube.com/watch?v=ca6VPQO8jcQ>

I'll never forget Nicole's words as she described what likely happened at the end of Levi's life: "He's scared." All of the AAP leaders stood as one and applauded the families for sharing their stories. It's a shame that it takes tragedy to inspire action but it's safe to say that we were all inspired by these families to do better.

Volunteer as a Chapter Champion for Drowning Prevention

If you are a Chapter member who's interested in helping the OKAAP with drowning prevention, safe sleep, or another injury and death prevention initiative, contact the Chapter office. We are always looking for pediatrician volunteers to help guide and lead efforts in child health initiatives. Email aprentice@upal.com.

New Trauma-Informed Care Website for Oklahoma Physicians



I want to share with you a new free resource that will **save you time** in providing great care to your patients. As a pediatrician and adoptive mother, I became aware of a gap in training and information available to physicians about childhood trauma. I also found that there were resources available that physicians were frequently not aware of. In response to the mismatch I noticed, I have developed a website called [TraumaInformedMD.com](#) to be a hub of evidence-based information. It contains short summaries and links to national and Oklahoma resources for the treatment and prevention of childhood trauma.

Trauma is any experience that causes a physiologic stress response in the body. When a traumatic event happens to a child without the buffer of a stable, nurturing caregiver, or if the child feels unable to fight or escape the situation, then long term changes can happen in the brain. This can result in developmental delays, ADHD-like behaviors, and chronic health issues as a result of increased cortisol levels and other hormone changes. These events are being termed Adverse Childhood Experiences or ACEs. Trauma does **not** only happen to foster children, or children from low socioeconomic neighborhoods. These experiences include neglect from a mother with post-partum depression, a contentious divorce, or domestic violence. These things happen in all classes and races of people.

As pediatricians we need to learn to identify when trauma may be having an effect on the health or development of a child, as well as how we can intervene on the families' behalf. By using [TraumaInformedMD.com](#) you can quickly learn the science behind childhood trauma, find other sources of evidence-based information, and find Oklahoma resources for families in your community. There are search engines for finding therapists and a list of all child psychiatrists in the state. There are more resources out there than you may be aware of, and you'll be even more comfortable in the moment if you look over the website and links ahead of time to get familiar with what is available. If you have suggestions of links you'd like to see added, please use the contact page on the site to let me know. If you find this helpful, please share it with your partners and family physicians in your community.

I want to thank the OKAAP for their support and encouragement in developing and sharing this resource.

Laura Shamblin, MD, FAAP

Dr. Laura Shamblin is a newly elected OKAAP Board Member, the head of the Chapter Trauma-Informed Care Committee, & an Oklahoma Healthcare Authority Board Member.



Oklahoma's Resident in the Spotlight - Courtney Sauls, DO



Residency: OSU/OMECO Department of Pediatrics in Tulsa, OK
Medical school: Oklahoma State University College of Osteopathic Medicine
College: Oklahoma State University - Stillwater

Starters

Where did you go grow up?

Tulsa, OK

What made you decide to go to medical school?

I was intrigued by my high school physiology class and enjoyed learning about the intricacies of the human body. That paired with my passion for children and desire to serve my community made the career as physician a perfect fit.

What made you decide to choose pediatrics as a specialty?

Being a pediatrician is a complex cerebral field of medicine. Caring for newborns up to teenage years brings a wide variety of pathology. I enjoy putting those complex diagnostic puzzles together and educating and supporting families.

Residency

What do you like about pediatrics as a field?

Everyday is challenging but also incredibly enjoyable. It's hard not to smile when caring for an inquisitive toddler or a baby who has met a new milestone. I enjoy being a confidant to families in tough times and a cheerleader through the triumphs of my patients.

What are something you hope to learn/do in you training? Any particular topics of interests in pediatrics?

I hope to plant seeds of hope and resiliency in my patients, teaching them to grow into healthy adults with a zeal for life. I'm interested in all areas of general pediatrics, but have a particular affinity for being a champion for children with multiple complexities and multiple medical needs.

What do you want to do when you're done? Any plans for fellowship vs general pediatrics?

I graduate from residency this summer and will be joining St. John Pediatric and Adolescent Clinic in Tulsa, OK in the Fall as a primary care pediatrician.

Personal

What are your hobbies?

I love to do things with my hands (think of me as that toddler who had to touch everything in the store, sorry mom and dad). That includes gardening, baking, painting watercolor. I most love to bake French macarons and my favorite things to plant are herbs like basil so I can make homemade pesto.

What are interests/passions outside of medicine?

I'm passionate about traveling. My favorite places I've traveled to are Portugal, Spain, Scotland, Canada and Costa Rica. I hope to also do medical missions in the future with opportunities coming up to treat refugees in Jordan.

What's something interesting about you that you'd want to share?

I currently create water color paintings with proceeds going to organizations that support families after infant loss.



2019 Blueprint for Children
OKLAHOMA CHAPTER

View the 2019 Chapter Blueprint for Children at okaap.org/blueprint.



Medical Mission Trip to Uganda, 2019

Mike Stratton, DO, FAAP



How do I describe this trip? Winston Churchill said that Uganda is “The Pearl of Africa.”

I was fortunate enough to win a raffle at the Power of A Nickel Fundraising event that paid my for my trip.

Along with Dr. Stanley Grogg, Dr. Lane Lee from Ohio and a local dentist in Uganda, several medical students and helpers, we set up clinics throughout several communities in rural Uganda. Each clinic was setup in a school setting where we saw approximately 300 children per day. The people of Uganda whom we came in contact with were very happy, smiling, warm, accepting and very grateful we were there. They are some of the warmest and friendliest people I have ever met. It was quite a privilege to be there.

We saw diseases that we don’t see here in the United States. We saw several cases of malaria. We saw a case of jiggers which is where chigoe fleas, Tunga pentrans burrow into feet causing infection and wreaking havoc on people’s feet. We also saw a 10-year old girl who looked like a 3-year old; she was very short resulting from growth delayed tuberculosis. The patients would come in with chief complaints that were nearly all the same, stating they had ulcers that could range from constipation to intestinal worms to reflux. As clinicians, our challenge was to examine these kids without having the luxury of lab work or X-Ray. We

actually had to use our skills we were taught to diagnose and treat. We educated the kids and teachers on proper hygiene and stressed that hydration was the key to good health. We also saw a case of mumps. We saw plasmodium vivax and plasmodium falciparum in our cases of malaria.

This mission trip was done through an organization called [PowerofaNickel.org](https://powerofanickel.org). If anybody wants to ever go on one of these trips, you’ll find it very rewarding. It was a real pleasure to go on this trip and meet the people. It was just incredible. Our team was very cohesive; everyone cared for each other, making our team great. All the cuisine over there was excellent especially when you knew what you were eating. We journeyed through villages and towns throughout our stay there. We saw how people lived without proper sanitation and sewers. The medical students really enjoyed it and were eager to learn as much as they could. We also had dental students as well. The dentist that we had from Uganda was very eager to teach me how to pull teeth. I did observe him pull a tooth from a teenage girl. Just watching that, seeing what she was going through, I decided that I didn’t want to do dental work. We did hand out a suitcase full of tooth brushes and provided reading glasses. Everything was peaceful, and we saw no violence.

There were no kids with ADHD. The only ADHD was Dr. Grogg and me. No EMR’s, no computers; everything was done on a 3x5 card. So if you have never been on a medical mission trip, it is something that will change your outlook on life and see how people can make a living while in poverty. The very first place we stopped was Katwi which is regarded as one of the worst slums in the world. There is actual sewage draining in ditches between buildings and down the street. No matter the poverty and conditions they were in, these people were happy and joyful. I wish all my patients were as easy to examine as these kids. I highly recommend that you enquire <https://powerofanickel.org>. Dr. Stan Grogg and Barbara Grogg APRN-CNP, thank you for this wonderful experience.



The OKAAP Board of Directors would like to welcome the most recent new and returning Chapter Members!

Muhammad Altaf, MD, FAAP	Fellow
Susan Bullard, MD	Affiliate
Jennifer Gallup	Med Student
Jeremy Johnson, MD, FAAP	Specialty Fellow
Vamsikrishna Kaliki, MD	Candidate
Lindsey King, MD, FAAP	Fellow
Danielle Larsen	Med Student
Brian Skrainka, MD, FAAP	Fellow
Colton Want	Med Student



Greetings from your Chapter Breastfeeding Coordinator!

Malinda Webb, MD, FAAP

I am currently practicing General Pediatrics at Stillwater Pediatrics. I have been in Stillwater now for 22 years. My undergraduate degree was from OSU; my medical degree from OU College of Medicine. I completed my pediatric residency at the University of Arkansas for Medical Sciences in Little Rock. I stayed on as Chief Resident and then attending in the Newborn Nursery. While there, I was a member of one of the training programs through WellStart International in San Diego. This organization developed a comprehensive breastfeeding management training curriculum for all professionals involved in the care of breastfeeding moms and babies. I taught breastfeeding through the Newborn Nursery rotation and in conjunction with the Arkansas State Dept. of Health. After moving to Oklahoma, I was involved with the Breastfeeding Coalition and helped with many of the WIC and Health Department training programs. I have also served as your Chapter Breastfeeding Coordinator in the past.

After a hiatus from direct involvement at the State level, I needed to get "up to speed" on where we are and where we need to go regarding breastfeeding. The 7th Annual Summit on Becoming Baby Friendly in Oklahoma was held Feb. 22. Much information was given regarding our present State of the State and how to tackle the barriers to improving breastfeeding in Oklahoma.

Oklahoma is currently ranked 47th in the nation in overall health which is worse than the previous year. Our infant mortality rate is among the highest in the country at 7.4 infant deaths per 1000 live births. The rate among Black Oklahomans is 13.9 and Native Americans 9.7 according to 2018 statistics from the CDC. Breastfeeding rates are also low. The CDC data for babies born in 2015 shows that we are ranked 44th out of 50 in any breastfeeding with 75.9% of babies. With any breastfeeding at 6 month we are down to 49% which puts us at 45th. Exclusive breastfeeding at 3 months was at 44.2%. We actually do a little better on this one with a rank of 35th. Our rate on this measure has steadily been increasing over the last 10 years. Our rates are still lower than either Texas or Kansas, however. The lower the income level, the lower the breastfeeding rate throughout the country. This data comes from maternal recall at 19-35 months as part of an immunization survey so they are not perfect, but the best measure we currently have. The US Breastfeeding Committee publishes a saving calculator based on 5 maternal and 9 pediatric conditions/diseases that are impacted by breastfeeding. If we could increase the exclusive breastfeeding rate at 6 months to 80% in Oklahoma, we would prevent 28 maternal deaths and 9 child deaths as well as saving over \$33 million in medical costs, \$14 million in nonmedical costs.

With the large portion in our state who live in poverty (22%) and our unhealthy status, breastfeeding becomes an important part of the solution to improve the health of Oklahomans. Some of the barriers identified include inaccurate or no information given prenatally or at delivery and then lack of support in the hospital, clinic and workplace. It is my hope that we can address some of those issues in this column. Next issue we will discuss breastfeeding resources, but if you have other questions or issues, please do not hesitate to reach out to me at mowebb@stillwater-medical.org.

My thanks to Becky Mannel, MPH, IBCLC, FILCA, Clinical Assistant Professor, Dept of OB/GYN and Petra Colindres, MA, RD/LD, IBCLC at the OK Breastfeeding Resource Center for sharing their information and expertise.

Dr. Webb is the new Chapter Breastfeeding Coordinator (CBC). A CBC is an ambassador of the AAP Section on Breastfeeding providing leadership in promoting, protecting, and supporting breastfeeding in their communities. Visit <http://www.okaap.org/breastfeeding/>. We will be adding more information and resources there in the future.

Demographic Considerations in Serving Children Who are Hard of Hearing or Deaf

PART II- Hearing Status of the Parents

Karl R. White, PhD

National Center for Hearing Assessment and Management (NCHAM) - Utah State University

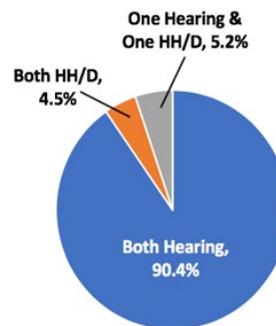
Special Note: This article is Part II of a 3-Part series modified for the OK Pediatrician E-Newsletter. Part I - The Child's Hearing Loss - can be located in the March - April 2019 publication located at the following: <http://www.okaap.org/wp-content/uploads/2019/03/OKAAP-MarchApril-2019-Newsletter-1.pdf>

When determining effective service provision for children who are hard of hearing or deaf (HH/D), the primary care physician (PCP) must consider differences in variables such as the family's ethnicity, education, religious and cultural beliefs, and family structure. These decisions are further complicated by the high degree of heterogeneity of children who are HH/D. The PCP must also consider the child's hearing loss, hearing status of the parents, and parents' choices for communication modalities of the child.

The Hearing Status of Parents: For children who are HH/D to achieve their full potential, it is important that they have consistent access to fluent language models as early as possible. We have known for decades that the specific language is not nearly as important as the fact that children are consistently exposed to a rich language environment from the time they are born (Hart and Risley, 1995). According to Gallaudet University's 2011-2012 *Annual Survey of Deaf and Hard of Hearing Children and Youth* (which included mostly children who had moderate or worse bilateral hearing losses), less than 5% of children and youth in that sample had parents who were HH/D (see Figure 2).

Thus, for the vast majority of children who are HH/D, their earliest language environment is one of spoken language. For families who chose to use visual language such as American Sign Language (ASL), it is important that as many family members as possible become fluent in ASL so that the child has fluent and consistent language models during this important developmental period. Although research evidence is sparse, available data suggest that most HH/D children who are raised with fluent ASL do just as well as HH/D children who are raised with a spoken language such as English or Spanish.

Figure 2. Hearing Status of Parents In Gallaudet 2011-2012 Annual Survey of DHH Children and Youth



REFERENCES:

Gallaudet Research Institute. (2013, August). Regional and National summary report of data from the 2011-2012 Annual survey of Deaf and hard of hearing children and youth. Washington, DC: Gallaudet Research Institute.

Hart B, & Risley, TR. (1995). Meaningful differences in the everyday experience of young American children. Baltimore, MD: Paul H. Brookes Publishing Company.



NEWS AND OPPORTUNITIES

Chapter Champions Needed

OKAAP is looking for a physician lead to be our Chapter Champion for one or more initiatives in the areas of unintentional injury and death such as drowning prevention and safe sleep. If you are a pediatrician and a Chapter member and can volunteer a little of your time to be that Champion, please email Amy at OKAAP at aprentice@upal.com.



CALLING ALL PEDIATRIC SUBSPECIALISTS!



Share your subspecialty knowledge and information with other OKAAP members. Submit an article for the OKAAP E-newsletter. Contact Amy at aprentice@upal.com or 918-858-0298.

AAP Experience: National Conference & Exhibition

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Register at >>

<https://aapexperience.org/registration/>

Career Opportunities



We'd like to remind all OKAAP Members that you can post a career opportunity or job listing on our website at no charge by completing the OKAAP Job Posting Form at www.okaap.org.

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