



March/April 2022

OK Pediatrician

A Message from The Chapter President Eve Switzer, MD | OKAAP Chapter President



Thanks to everyone who was able to join us for the University of Oklahoma’s 47th Annual Advances in Pediatrics conference last month. I only wish it had been in person and hope that we’ll be able to see each other again in person in 2023. As I shared at this year’s CME conference, legislative efforts really paid off and what started as over 120 health care related bills initially submitted (with about 90 related to vaccination).

As I shared at this year’s CME conference, legislative efforts really paid off and what started as over 120 health care related bills initially submitted (with about 90 related to vaccination), we’re down to a handful of healthcare related bills that are still making their way through the legislature. All of the anti-vaccine legislation proposed this year are now “dead”. All of the anti-vaccine legislation proposed this year are now “dead”. This is a huge accomplishment given another really tough pandemic year where health care professionals continue to work against health misinformation and anti-vaccine sentiment.

The OKAAP board also successfully completed a strategic planning meeting in March and evaluated our mission, vision, and priorities making updates that reflect our ongoing state initiatives and informs our Chapter as we work on shared goals. These updates are listed in this current Newsletter edition. We’ll continue this work at a second planning session on May 6th to review our Board structure, committees, and bylaws to assure that the board is prepared to continue our dedication to the children and pediatricians in Oklahoma by reviewing current positions and identifying gaps and needs in our current board structure. We welcome anyone who has an interest in becoming more active with the Chapter – just contact our executive director, Kari Webber (kari.webber@okaap.org or webber@okafp.org).

For those who completed the Oklahoma Child and Adolescent Psychiatry and Mental Health Access Program (OKCAPMAP) survey, thank you. I’m very excited about this program which will be a statewide, provider-to-provider program so that any provider of pediatric health care in the state will have the opportunity to participate, in a variety of formats, and have direct access to mental health professionals for consultation, medication questions, assistance with diagnoses, behavioral health therapy referral assistance, and more - all right from your location. Watch for updates in our newsletter when this needed service begins – planned for sometime this fall.

“Spring adds new life and new joy to all that is.” – Jessica Harrelson
Happy Spring, everyone!

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Oklahoma Chapter
American Academy of Pediatrics
INCORPORATED IN OKLAHOMA

OKAAP Strategic Plan Overview

OKAAP Mission Statement

The OKAAP is committed to the attainment of optimal physical, mental and social health of all children through advocacy and professional support of it's members.

OKAAP Vision

Children have optimal health and well-being and are valued by society. OKAAP members practice the highest quality health care, experience professional satisfaction, and personal well-being.

OKAAP Priorities

1. Focus our talent and resources to ensure children, families, and communities in Oklahoma are safe and healthy.
2. Ensure OKAAP members are well informed and supported.
3. Champion the practice of pediatrics in Oklahoma to be both fulfilling and economically viable.
4. Collaborate with decision makers to prioritize the needs of children and their families.
5. Promote equity, diversity, and inclusion.

Chapter Goals & Objectives

Goal #1: Advance child health through advocacy, education, and increased awareness about key health issues that affect Oklahoma children.

Objectives

- 1.1 Maintain OKAAP's influence on the state legislature by collaborating with other health organizations in policy, advocacy, and education efforts.
- 1.2 Actively advocate Medicaid coverage meets the needs for the well-being of all children.
- 1.3 Increase education and access to mental health services.
- 1.4 Improve vaccine coverage in Oklahoma and help prevent anti-vaccine legislation.
- 1.5 Continue work on Chapter's capacity for Quality Improvement projects.
- 1.6 Promote equity, diversity, and inclusion in all chapter activities.

A Statement from the OKAAP

The OKAAP has developed the 2022/2023 Chapter Strategic Plan to provide clarity, organization, and prioritization of Chapter goals. The Strategic Plan will guide Chapter leaders in advancing the health of children, pediatricians, and the Chapter. Charting a successful and optimistic course for the future requires identification and assessment of an organization's strengths, weaknesses, opportunities, and threats. In March of 2023 at a strategic planning meeting Chapter directors participated in a strategic planning exercise conducted by OKAAP staff where Chapter leaders determined goals and objectives for the coming year.



Chapter Goals & Objectives (continued)

Goal #2: Enrich Chapter membership value and involvement.

Objectives

- 2.1 Foster more active membership involvement and engagement by communicating opportunities to Chapter members.
- 2.2 Endeavor to retain more Residents as Chapter members once they transition to Early Career Physicians.
- 2.3 Increase the number of Chapter members this fiscal year through various efforts.

Goal #3: Advance Chapter & Health.

Objectives

- 3.1 Implement best practices for Board governance.
- 3.2 Ensure Chapter financial health through exploring and implementing non-dues revenue strategies.
- 3.3 Focus on strengthening our process for board development and committees.

NEED FRESH WAYS TO START IMPORTANT CONVERSATIONS?
Free Health Care Provider Materials

Shape Your Future has posters, tip cards and prescription pads to:

- Provide nutrition tips and physical activity ideas to your patients
- Teach parents how to talk to their kids about health in an approachable way
- Help you work with patients to set healthy goals that are within reach

Visit ShapeYourFutureOK.com/order to get yours.

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The OKAAP Chapter at the Oklahoma State Capitol



Questions About Advocacy? Meet Dawn Watson, Legislative Consultant to the OKAAP. Email Dawn at dawnwatson2424@gmail.com



Breastfeeding Update

The 10th Annual Becoming Baby-Friendly in Oklahoma Conference was held this month in hybrid format after a delay due to Covid surges. This conference is presented by the Oklahoma Breastfeeding Resource Center annually. It is always a great wrap up of what is going on in Oklahoma with some great national speakers to update the latest science regarding lactation and breastfeeding. I am going to try to summarize the important updates for you.

Becky Mannel, MPH IBCLC FILCA, is the director of the OBRC. She is also a clinical assistant professor with the OB/GYN department at OU. She presented the State of the State regarding breastfeeding as well as some of the latest research. One study published in Lancet in October showed breastfeeding initiation alone was associated with a 26% reduction of postnatal deaths.

CDC: Data from 2018, Published 2021	National	Oklahoma	Ranking (out of 50)
Ever breastfed	83.9%	82.1%	38
Any bfdg at 6 mos	56.7%	53.8%	37
Any bfdg at 12 mos	35.0%	34.0%	34
Exclusive at 3mos	46.3%	46.2%	31
Exclusive at 6 mos	25.8%	24.7%	33

We have steadily increased the percentage of any breastfeeding and even exclusive breastfeeding since 2004. Hispanic and Black mothers still lag behind White and Asian mothers for initiation and maintenance of breastfeeding. The CDC’s mPINC (Maternity Practices in Infant Nutrition and Care) survey measures care practices and policies that impact newborn feeding including education of families and staff, skills of the staff and support after discharge. Some of the areas that Oklahoma tends to score lower are in are: not having a written infant feeding policy, not assessing nurses’ competency, providing formula during the hospitalization and lack of support after discharge.

Aggressive formula marketing was discussed. The WHO has a new report out: How the marketing of formula milk influences our decisions on infant feeding. <https://www.youtube.com/watch?v=qkCxAM-oopI>. None of us are immune from subtle and not so subtle advertising. Infants who receive in hospital formula are 2.5-6 times more likely to wean early. Again, this can then translate to increased mortality and morbidity. Another issue was the lack of WIC support during Covid when many units were closed and staff shifted to providing Covid care. There was a definite decrease in the number of infants in WIC program breastfeeding according to several sources. Face-to-face support is very important. We need to consider this as we plan for the next pandemic and as we deal with ongoing formula shortages—Breastfeeding was protective and provides ready nutrition without dealing with empty shelves.

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Breastfeeding Update, Continued.

This means that multiple procedures are rarely needed to correct a breastfeeding problem that is likely due to something else such as retrognathia. Frenotomy is indicated if very tight tethering that causes maternal pain, but stretching exercises should not be done. Many of these interventions are likely to cause oral aversion rather than be curative. She urges we all use caution in evaluating these babies

Joyce Marshall, MPH, from the State Health Dept. was on hand to celebrate the newest Baby Friendly Designated Hospitals in OK—Duncan Regional and St. Anthony Shawnee. The Cherokee Nation WW Hasting Hospital was redesignated! OK now has 11 Baby-Friendly Hospitals with 35.6% of Oklahoma babies born in one compared to 27.47% nationally.

Dr. Thomas Hale, PhD, RPh, presented two lectures. He is a pharmacologist and researcher from Texas Tech University Health Center in Amarillo and is the director of the Infant Risk Center (www.infantrisk.com).

He has published many studies on drugs in breastmilk and is the author of one of the indispensable resources for all physicians who care for breastfeeding mothers, Hale's Medications and Mother's Milk.

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If you have a mother on an unusual medication or several medications, they probably can answer any question you have or have you encourage the mother to participate in a study.

She will just have to register then they will send her sampling materials and instructions as well as a gift card that will be activated when the sample is returned. He reviewed analgesics. Hydrocodone and morphine are generally safe for breastfeeding as are ibuprofen, acetaminophen and ketorolac. Mothers should avoid high doses of oxycodone due to potential apnea in the infant and the addictive potential. Meperidine in labor or postpartum should not be used due to neonatal sedation and neurobehavioral delay. CBD is likely to be safe, but more data needed on THC. Benefits of breastfeeding probably outweigh detrimental effects, but not sure yet. Covid vaccine in pregnancy and its benefits for the mother and infant are clear. Paxlovid likely safe, but avoid molnupiravir. This is an area in which more data is needed.

Dr. Jennifer Thomas, from Wisconsin, is a leader in the AAP's Section of Breastfeeding and fellow of the Academy of Breastfeeding Medicine. She is the editor of the AAP's upcoming breastfeeding support statement as well as one on tongue tie. During her first lecture she made the case of why it is important not to supplement with formula during the early days of life. Formula may disrupt the immune system and microbiome of the gut that help to prevent inflammation.

Go to her website: www.DrJen4Kids and click on breastfeeding then "Good bacteria . . ." for a parent level discussion of why "Just one bottle" may have serious consequences. Her second talk reviewed the mechanics of breastfeeding with some fascinating videos of a mother-baby pair breastfeeding during a MRI! The tongue lifts to the roof of the mouth to create suction; it does not need to come forward. Lips are not involved.

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Breastfeeding Update, Continued.

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Ms. Mannel reviewed the latest changes to the Baby-Friendly USA Guidelines and Evaluation that were published in 2021.

The purpose and philosophy are to ensure that mothers and babies get unbiased information about optimum infant nutrition and that they get timely and supportive care to carry out their feeding plan. One of the biggest concerns was around safety. The step regarding rooming in has been updated to include more discussion/consideration for safety and maternal choice. Another requirement not to use artificial nipples or pacifiers had also been rewritten to include better discussion of why this could impact breastfeeding. New physician education has been added to the Oklahoma Baby-Friendly training.

There is not enough space to cover everything that was presented so I hope you check out the links I included for more information. Past conference lectures are on the OBRC website and this year's will eventually also be posted. Remember, you can reach me at mwebb@stillwater-medical.org should you have questions or comments. I am always open to discussion topics for this column.

Pediatric Communication Resources

If you are interested in receiving monthly communication resources to use online, on social media or in your pediatric practice, please email our team for more information by [clicking here](#).

Monthly communication campaigns can be used throughout the year for general patient reminders and to raise awareness to different national health campaigns.

MAKE YOUR HEALTH THE PRIORITY THIS YEAR
AND SCHEDULE YOUR WELLNESS VISIT!

