President's Corner
Eric Levey, MD, FAAP
President,

Many Ways to Get Involved

As a member of the Maryland Chapter of the American Academy of Pediatrics (MDAAP), there are many ways for you to become involved in local AAP activities. We have an Executive Committee that is made up of chapter officers, regional representatives, committee chairs, task force chairs, chapter champions and liaisons. The Executive Committee meets about 5 times a year. The Executive Committee meetings are open to all chapter members during which any chapter member can raise an issue for discussion. Membership on any of the standing committees or temporary task forces is open to any MDAAP member. The meeting schedule for each committee and task force is determined by the chair for the group. You can email a committee or task force chair by going to the MDAAP website at www.mdaap.org.

If you have a burning issue that you would like the chapter to address, contact me or one of the other chapter leaders listed on the MDAAP website. Recently, Dr. Maria Brown, a pediatrician at St. Agnes Hospital, contacted me because she is very interested in promoting nature and the outdoors to local children. Increased use of the outdoors can promote physical activity, fitness, family cohesion, and also helps protect open green spaces. After she contacted me regarding her interests, I invited her to attend the Baltimore Children and Nature Conference as the MDAAP representative. She was energized further by the conference and we are now planning to form a MDAAP taskforce to address promoting the outdoors and nature, as well as lobbying for open, safe green spaces, and Dr. Brown will be the chair.

MDAAP has historically been very active in lobbying for children and pediatricians in Annapolis. The current session of the Maryland General Assembly will be no exception. Pam Metz-Kasemeyer has been contracted to be our lobbyist for the past several years.

Continued on page 2
Her firm, Schwartz, Metz & Wise also represents Med-Chi and other physician associations. You can review past legislative reports on the MDAAP website. On the Schwartz-Metz website there will be an updated list of bills that we are reviewing or on which we are taking a position. Any member can have access to this list or can participate in our weekly legislative phone calls. If there is an issue on which you want MDAAP to take a specific position, please contact me or Mel Stern, chair of the Committee on Legislative Issues. There are also many opportunities for pediatricians to testify in person before various committees of the Maryland legislature. Please contact Kate Franklin (kate@mdaap.org) at the chapter office if you want access to the secure legislative website, want to participate in the weekly legislative phone calls, or if you are interested in testifying on a specific issue before the Maryland General Assembly.

We are currently seeking members to fill 3 open leadership positions with MDAAP, a chair of the Committee on Infectious Diseases, an Early Hearing Detection and Intervention Chapter Champion, and a senior physician to help us with recruitment and membership activities. MDAAP continues to work on behalf of Maryland children and pediatricians. Contact us if you would like to get involved.

MDAAP FOUNDATION

The Foundation of the Maryland Chapter of the American Academy of Pediatrics is a charitable organization supporting chapter activities that promote the health and well-being of children and adolescents. Since its inception, aside from irregular donations and solicited grants, little had been done to raise awareness of the Foundation and its mission.

In 2010, a fund raiser was held at the Hippodrome Theatre in Baltimore as a means of jump-starting our campaign of fundraising and increased public knowledge of our work. This year we will be sending letters to our members detailing the work of the Foundation and requesting support.

Watch for our letter in the mail, and give as generously as you can to support MDAAP-initiated programs such as, "Reach Out and Read," Healthy lifestyle education, and oral health. Our ability to solicit large donations from Individuals, foundations, and corporations depends heavily on showing donors that we have wide support from our membership.

Thanks for your help in working for the benefit of Maryland’s children!

Dan Levy
President, The Foundation of the Maryland Chapter, AAP
Preparing Your Office for a Disaster

By Jacqueline Dougé, MD, MPH, FAAP

Does your office have a disaster preparedness plan? What would you or your staff do if there was a power outage, hurricane or pandemic flu? If your office is not prepared for a disaster, then this is the year to get ready.

Disasters can happen at any time. They can be natural, man-made, biological or radiological. Your office needs to be prepared to address disasters. This is important for you to maintain practice operations, financial viability, provide health services and help you and your staff. In order to be prepared, you need tools to help you learn about disaster preparedness.

The American Academy of Pediatrics (AAP) has developed several tools to help your practice respond to disasters and educate your staff and families. Below are a few of the resources developed by AAP and information for providers interested in assisting in declared emergency situations:


- Children and Disasters Website (http://www.aap.org/disasters/index.cfm): this website provides up to date information about resources available to providers to help families cope after disasters, educational tools, advocacy information and AAP policy statements and more

- Family Readiness Kit (http://www.aap.org/family/frk/frkit.htm): an online toolkit to help your families prepare for disasters

- Maryland Professional Volunteer Corps (https://mdresponds.dhmh.maryland.gov/): group consists of health care and community professionals who assist with disaster and emergency recovery during a declared emergency situation.

Get Ready!

References:

Needle, S. Disaster Preparedness for the Pediatric Practice. The AAP Pediatric Practice Management Newsletter. Spring 2010

Building Your Medical Home Toolkit

The AAP/MCHB *Building Your Medical Home* toolkit supports the primary care practitioner’s development and improvement of a pediatric medical home. This toolkit also helps to prepare a pediatric office to apply for, and potentially meet, the National Committee for Quality Assurance (NCQA) Physician Practice Connections® Patient Centered Medical Home™ (PPC®-PCMH™) Recognition Program requirements. One key element of the toolkit is a crosswalk that the AAP created between each of the toolkit building blocks and the NCQA PPC®-PCMH™ Recognition Program ‘must pass’ elements. Patient care associated with the medical home improves outcomes, such as health status, timeliness of care, family centeredness and family functioning. The NCQA PPC®-PCMH™ standards provide a way to qualify and quantify care in the medical home. The *Building Your Medical Home* toolkit is free for anyone to use and can be accessed at [www.pediatricmedhome.org](http://www.pediatricmedhome.org).

<table>
<thead>
<tr>
<th>Upcoming Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2/2/2010</strong></td>
</tr>
<tr>
<td>Board of Directors Call</td>
</tr>
<tr>
<td><strong>2/9/2011</strong></td>
</tr>
<tr>
<td>Young Physicians Mtg.</td>
</tr>
<tr>
<td><strong>3/2/2011</strong></td>
</tr>
<tr>
<td>Executive Committee Mtg.</td>
</tr>
<tr>
<td><strong>3/25/2011</strong></td>
</tr>
<tr>
<td>AAP Annual Leadership Forum</td>
</tr>
<tr>
<td><strong>4/6/2011</strong></td>
</tr>
<tr>
<td>Board of Directors Call</td>
</tr>
<tr>
<td><strong>5/4/2011</strong></td>
</tr>
<tr>
<td>Executive Committee Mtg.</td>
</tr>
<tr>
<td><strong>6/1/2011</strong></td>
</tr>
<tr>
<td>Board of Directors Call</td>
</tr>
</tbody>
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Toxic Topics: Pesticides--An Introduction

By Michael Ichniowski, MD

“For the first time in the history of the world, every human being is now subjected to contact with dangerous chemicals, from the moment of conception until death. In the less than two decades of their use, the synthetic pesticides have been so thoroughly distributed throughout the animate and inanimate world that they occur virtually everywhere.”

Rachel Carson in *Silent Spring*

It has been almost fifty years since these words first appeared in print, and our exposure to pesticides has greatly increased in the decades following their publication. There are currently over 900 substances registered as pesticides in the United States, and, with over 1 billion pounds used in this country per year, exposure to one or more of these chemicals is almost a certainty. Exposure to pesticides may occur through the air, in water, on foods, and in homes, schools, workplaces, farms, parks and playgrounds; they may be inhaled, ingested or absorbed through the skin. Rachel Carson's work led to a ban on the pesticide DDT and to the eventual creation of the Environmental Protection Agency in an attempt to insure the safer use of pesticides.

Pesticides are chemicals widely used to eliminate and control a variety of insects, rodents, weeds, fungi and other undesirables from our environment, both indoors and outdoors. Like medications, pesticides have two basic types of effects: the ones you want, and the ones you don't want. The mechanisms by which targeted pests are killed are likely to affect non-targeted organisms as well, including humans. Used appropriately, they can help to reduce the spread of certain diseases by controlling disease-carrying organisms, and can increase crop yields by reducing damage from pests. They may be equally toxic to beneficial organisms and can become bioconcentrated through movement up the food chain, increasing their harmful effects. As is true of many toxins, children are especially vulnerable to these harmful effects due to their developing organ systems and behaviors that increase the potential for ingestions.

Rodenticides are the leading cause of pesticide-related calls to Poison Control Centers among children under 6 years old. They are widely used in indoor settings to kill rats and mice, and are either anticoagulants or cholecalciferol-containing products. Their toxic effects in humans reflect the means by which the targeted rodents are killed. The anticoagulants, in order of potency, are the warfarins, the indanediones, and the superwarfarins, all of which interfere with activation of the vitamin K-dependent clotting factors (II, VII, IX and X, but you all remembered that). They cause internal bleeding in the rodents and may cause bleeding in children who ingest them as well. Fortunately, most accidental ingestions are not large enough to cause harm to children, and the local poison control center can assist in determining the potential risk of a known ingestion. Observation for bleeding or bruising and monitoring the prothrombin time (PT) will identify the more significant ingestions, and vitamin K (Aquamephyton) can be used for treatment should a clotting disorder result from an ingestion. Cholecalciferol-based rodenticides cause hypercalcemia, resulting in renal failure and metastatic calcifications in the rodents. Ingestion of these compounds by children may lead to hypercalcemia, the treatment of which is beyond the scope of this article.

Rodenticide poisonings can be prevented by keeping the pesticides out of the reach of children, and through the use of locking bait boxes that prevent children from being able to come in contact with the poison. Non-pesticide control measures include sealing and repairing points of entry and eliminating habitat and hiding places for the rodents, as well as eliminating rodent access to food using secure storage and trash containers.
Control of unwanted plants in lawns and gardens, on farms, on school grounds and playgrounds, and along roadsides is attempted through the use of chemical herbicides. These are widely used by homeowners and on an even larger scale in agricultural settings. There are three main categories of herbicides: glyphosate, a broad-spectrum herbicide found in the product Roundup; chlorphenoxy compounds, which include the product Weed-be-gone; and bipyridyls, which include the chemicals paraquat and diquat. Glyphosate, at usual exposure levels following application, produces low levels of acute toxicity, primarily producing skin and eye irritation. If ingested directly, it can cause abdominal pain, vomiting, pulmonary edema, renal damage and death. Chlorphenoxy herbicides in typical usage may act as chemical irritants, causing cough, nausea and vomiting. Direct ingestion is far more toxic and may produce hypertension, tachycardia, fever, rhabdomyolysis, respiratory failure and coma. Paraquat and diquat are corrosive chemicals that can produce caustic burns on skin and mucosal surfaces. This is followed by multiorgan damage to liver, kidneys, myocardium and muscle and irreversible pulmonary fibrosis. Ingestion of these compounds can be fatal, and enough paraquat can be absorbed dermally to produce systemic toxicity and death. There are no specific antidotes to poisonings with these substances, and use of oxygen in paraquat poisoning can actually worsen pulmonary damage.

Concerns over chemical use in food production has given rise to the use of organic agriculture and gardening, a system that seeks to avoid the use of synthetic materials. The Organic Foods Production Act of 1990 has established national standards for agricultural products that are labelled as "organically grown," and lists allowable and prohibited substances. In addition to restricting pesticide use, organically grown food also prohibits the use of synthetic chemical fertilizers.

The next article in this series will examine insecticides and insect control measures.

References
Maryland AAP's New Oral Health Advocate

The Maryland Chapter of the American Academy of Pediatrics is pleased to introduce Dr. Rachel Plotnick as its new Oral Health Advocate. Dr. Plotnick, a 2003 graduate of the University of Maryland School of Medicine, completed her Pediatric residency across town at Johns Hopkins Hospital. She is the mother of two young daughters, ages 1 and 5, who are both learning the benefits of daily tooth brushing. She currently works in private practice in Ellicott City and serves as a pediatric consultant to Sheppard Pratt Hospital's Child and Adolescent Psychiatric Inpatient service. In both settings, she has come to appreciate the burden of dental caries and its impact on children's health. One recent young patient had a dental abscess due to severe decay, and was hesitant to smile because of the appearance of his teeth.

In November, 2010 she participated in the AAP's Chapter Advocate Training in Oral Health in Chicago, sponsored by the Academy's Oral Health Initiative. During this training, she learned of the scope of the problem of dental caries, identified by the CDC as the most prevalent infectious disease among children in the United States. Over 40% of children have tooth decay by the time they enter kindergarten, and more than 52 million school hours are lost per year due to dental problems, according to statistics from the US Department of Health and Human Services. The importance of prevention was stressed, and Dr. Plotnick and the other attendees learned how to perform an oral health risk assessment (bottle feedings, use of pacifiers, types of snacks and maternal and family history of dental caries). Application of fluoride varnish to reduce the risk of caries was also taught, and the Oral Health Advocates learned how to train others in these important preventive techniques, and how to be reimbursed for these services.

Dr. Plotnick has joined the Maryland Dental Action Coalition to help advocate for oral health policies in our state that increase access to dental services for all Maryland children. She is available to help Maryland Chapter members with training in oral health risk assessments, fluoride varnish application, and advocacy assistance in finding dentists in your area to provide dental care for your patients. She looks forward to serving as your Oral Health Advocate, and can be contacted at rplotnick@gmail.com

MDAAP WEBSITE

Check out the Maryland Chapter, American Academy of Pediatrics website at www.mdaap.org. Get the latest information about the 2011 Maryland Legislative session and a weekly report from our lobbyist, Pam Metz Kasemeyer. Check the calendar for upcoming committee meeting information and other events or just browse information about the MDAAP and it’s resources!
The Maryland Chapter, American Academy of Pediatrics has received grant funding to provide trainings on developmental screening in Maryland. Using a train the trainer model, we have trained a half a dozen pediatricians to give this presentation. There are two types of trainings, a 3 hour training for large venues, and a more condensed one hour training to be provided to physicians in their private practices. All materials, handouts, and even a light meal will be provided to those that attend, **FREE OF CHARGE**. The training is open to all medical staff because implementation takes team work. Again, we are providing this training for free, so there is no cost associated with this. Below are the learning objectives.

**MDAAP Developmental Screening Training—Learning Objectives**

- Learn the American Academy of Pediatrics recommendations on developmental screening.
- Become familiar with the evidence supporting developmental screening using a standardized tool.
- Know the recommended tools for Maryland.
- Realize the steps in implementing developmental screening.
- Find out how to refer children who do not pass for further evaluation and services.
- Gain knowledge on how to bill and get reimbursed for this service.

Please contact Katie Franklin, 410-828-9526 or kate@mdaap.org, if there is an opportunity to provide this training to your physicians and office staff.
Breastfeeding Coordinators Update - U.S. Surgeon General’s Call to Action to Support Breastfeeding

On, January 20, 2011, U.S. Surgeon General, Dr. Regina Benjamin, issued a Call to Action to Support Breastfeeding (http://www.surgeongeneral.gov/topics/breastfeeding/index.html). Breastfeeding is good for moms and their babies. Instead of dwelling on this well-accepted fact, Dr. Benjamin says, “The time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.”

Dr. Benjamin’s Call to Action identifies ways we can all work to improve breastfeeding rates and to support breastfeeding:

- Communities should expand and improve programs that provide mother-to-mother support and peer counseling.
- Health care systems should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more “baby-friendly,” by taking steps like those recommended by the UNICEF/WHO’s Baby-Friendly Hospital Initiative.
- Clinicians should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.
- Employers should work toward establishing paid maternity leave and high-quality lactation support programs which follow stipulations in 2010’s Affordable Care Act. Federal Law now requires employers to “reasonable break time” for breastfeeding mothers to express their milk and “a place, other than a bathroom,” in which to do it.

Along the lines of the last point, the Maryland Breastfeeding Coalition (MBC) and the DC Breastfeeding Coalition (DCBFC) have jointly sponsored a Regional Breastfeeding-Friendly Workplace Award. This was made possible, in part, thanks to a Business Case for Breastfeeding grant from HRSA and DHHS. The 2011 recipients of the DC/Maryland Breastfeeding-Friendly Workplace Awards are: Anne Arundel County Department of Health, Anne Arundel Medical Center, Children’s National Medical Center, Fairfax County Government, Georgetown Hospital, Howard County Health Department, Johns Hopkins East Baltimore Medical Campus, Kaiser Permanente, Office of Personnel Management, and the University of Maryland Baltimore. These employers are true role models for supporting mothers in the workplace. Awards are being presented to these businesses through January and February by Dr. Dana Silver (MDAAP and MBC) and Dr. Sahira Long (DCAAP and DCBFC).

Respectfully submitted,
Dana Silver, MD
A concussion is a type of brain injury caused by a jolt or a blow to the head. It can alter the way the brain works in its normal state. The effects of a concussion are greater for children and adolescents because young brains are still developing. Failure to appropriately diagnose and manage a concussion in a young person can have a significant impact on academic as well as everyday functioning and these effects can be long term.

Concussions can range from mild to severe and symptoms can appear immediately or show up days after initial injury. The duration of symptoms varies for every individual and is influenced by pre-injury factors as well as adherence to treatment guidelines.

Symptoms of a concussion include but are not limited to: nausea, dizziness or balance problems, double or fuzzy vision, sensitivity to light or noise, headache, feeling sluggish or tired, feeling foggy or groggy, confusion, trouble concentrating, trouble remembering, sleeping too much, irritability, and increased emotions.

Mt. Washington Pediatric Hospital’s Concussion Assessment and Management Program provides evaluations and treatment for children with both sports-related and non-sports-related concussions. Patients must be seen by a physician before coming to the clinic. For each clinic visit, patients will meet with a Clinical Neuropsychologist who will administer a battery of tests that are sensitive to the effects of concussion. These findings will be used in developing an appropriate treatment plan which may include referral to other professionals.

- The neuropsychologist will work closely with the child’s primary care provider and any other individuals who are involved in the child’s care in order to develop the most effective treatment plan.
- The neuropsychologist and other professionals involved in the child’s care can assist coaches and parents in determining when it is safe for the child to resume their previous level of activity, including a return to sports.
- The hospital will also work with the child’s school and make clear recommendations about what types of accommodations for homework or class schedules a child may need during their period of recovery.
- In addition to the assessment and management of a concussion after it occurs, we also offer baseline assessments. The results of baseline testing are used to compare any change in performance that might occur as the result of a concussion.

To schedule an appointment in Mt. Washington Pediatric Hospital’s Concussion Assessment and Management Program please call 410-578-5261.
Maryland AAP Leadership

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