

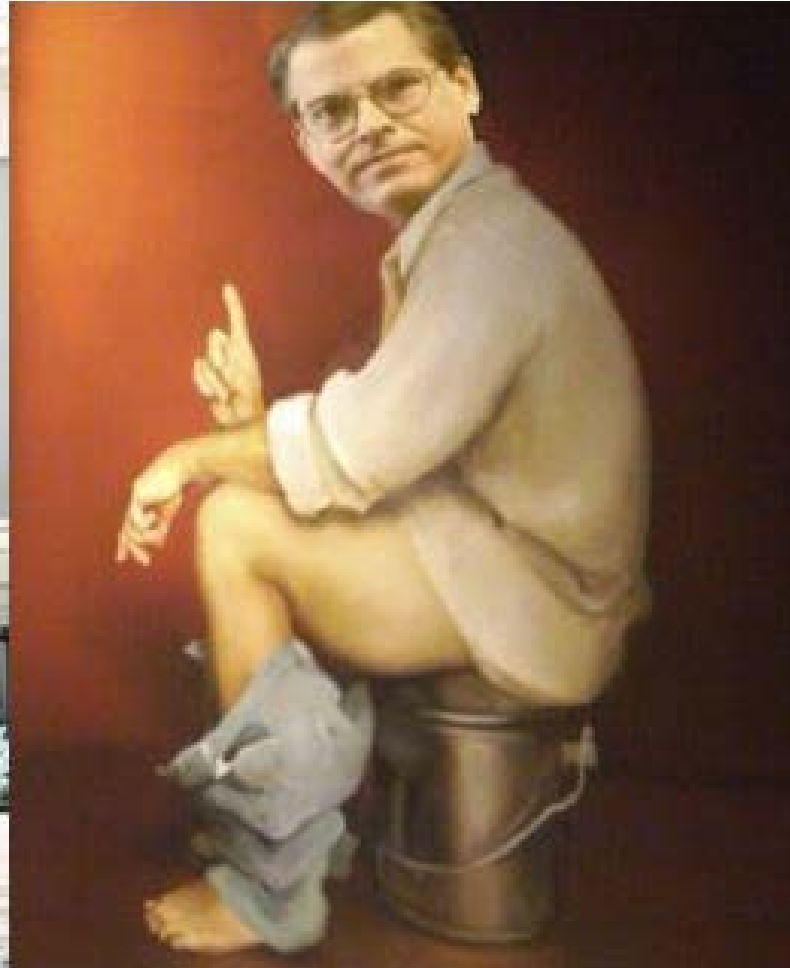
# January 1973 Disney World Bucket Hat | 1996 25<sup>th</sup> Anniversary



Rob Water, MD, FAAP, 34 years Pediatrician  
Independent Practice

# HOT TOPICS TOP 5 EMERITUS

## James A Stockman III MD (Jazz Tois)







# MY TOP 3 ARTICLES OF THE YEAR

Robert S Walter MD FAAP

## MY Criteria for Top Articles: Geared to the Office Practitioner

- Directly changes what I do in my practice
- Potential gamechanger
- Just Kinda Cool!

Some that ALMOST made the Top 3 CUT!

**A FEW PAPERS YOU SHOULD KNOW ABOUT!**





## CDC AAP Updates Developmental Milestones!

- Milestones 75% reach by each age
- (Old milestones were 50%)

SPECIAL ARTICLES | FEBRUARY 08 2022

# Evidence-Informed Milestones for Developmental Surveillance Tools **FREE**

Jennifer M. Zubler, MD ✉; Lisa D. Wiggins, PhD; Michelle M. Macias, MD; Toni M. Whitaker, MD; Judith S. Shaw, EdD, MPH, RN; Jane K. Squires, PhD; Julie A. Pajek, PhD; Rebecca B. Wolf, MA; Karnesha S. Slaughter, MPH; Amber S. Broughton, MPH; Krysta L. Gerndt, MPH; Bethany J. Mlodoach; Paul H. Lipkin, MD

# BOSTON BABYSEQ PROJECT

159 whole-exome sequencing PLUS 166 controls (well babies & NICU)

- 1000 child onset diseases plus highly actionable adult onset diseases
- ? Pairing with newborn screens
- JAMA PEDS Nov 2021 psychosocial Effects in Families
- *Genetic Med 2021 - Modelling 8% decrease cancer deaths < 20 yo*

The primary goal of our NSIGHT grant, the “BabySeq Project”, is to explore the medical, behavioral, and economic impacts of integrating genomic sequencing into the care of healthy and sick newborns. Jul 9, 2018

August 23, 2021

## The Effect of BabySeq on Pediatric and Genomic Research—More Than Baby Steps

Beth A. Tarini, MD, MS<sup>1,2</sup>

➤ [Author Affiliations](#)

*JAMA Pediatr.* 2021;175(11):1107-1108. doi:10.1001/jamapediatrics.2021.2826



Related  
Articles

Randomized Controlled Trial ➤ *JAMA Pediatr.* 2021 Nov 1;175(11):1132-1141.

doi: 10.1001/jamapediatrics.2021.2829.

## Psychosocial Effect of Newborn Genomic Sequencing on Families in the BabySeq Project: A Randomized Clinical Trial

Stacey Pereira<sup>1</sup>, Hadley Stevens Smith<sup>1</sup>, Leslie A Frankel<sup>2</sup>, Kurt D Christensen<sup>3 4 5</sup>, Rubaiya Islam<sup>1</sup>, Jill Oliver Robinson<sup>1</sup>, Casie A Genetti<sup>6 7</sup>, Carrie L Blout Zawatsky<sup>8</sup>,

Limiting screens first  
48hrs decreases  
Concussion Symptoms  
by 4 days  
JAMAPeds Nov2021

Randomized Controlled Trial > JAMA Pediatr. 2021 Nov 1;175(11):1124-1131.

doi: 10.1001/jamapediatrics.2021.2782.

## Effect of Screen Time on Recovery From Concussion: A Randomized Clinical Trial

Theodore Macnow<sup>1 2</sup>, Tess Curran<sup>1</sup>, Courtney Tolliday<sup>2</sup>, Kirsti Martin<sup>2</sup>, Madeline McCarthy<sup>1 2</sup>,  
Didem Ayturk<sup>1</sup>, Kavita M Babu<sup>1 3</sup>, Rebekah Mannix<sup>4 5</sup>

Affiliations + expand

PMID: 34491285 PMCID: PMC8424526 (available on 2022-09-07)

DOI: 10.1001/jamapediatrics.2021.2782

### Abstract

**Importance:** There are limited data to guide screen time recommendations after concussion.

**Objective:** To determine whether screen time in the first 48 hours after concussion has an effect on the duration of concussive symptoms.

**Design, setting, and participants:** This randomized clinical trial was conducted in the pediatric and adult emergency departments of a tertiary medical center between June 2018 and February 2020. Participants included a convenience sample of patients aged 12 to 25 years presenting to the emergency department within 24 hours of sustaining a concussion. A total of 162 patients were approached, 22 patients met exclusion criteria, and 15 patients declined participation; 125 participants were enrolled and randomized.



## Antibiotic Use and Vaccine Antibody Levels

Timothy J. Chapman, PhD; Minh Pham, PhD; Peter Bajorski, PhD; Michael E. Pichichero, MD 

Address correspondence to Michael E. Pichichero, MD, Rochester General Hospital Research Institute, Center for Infectious Diseases, 1425 Portland Ave, Rochester, NY 14620; e-mail: mepichichero@rochester.edu

### BACKGROUND

The majority of children are prescribed antibiotics in the first 2 years of life while vaccine-induced immunity develops. Researchers have suggested a negative association of antibiotic use with vaccine-induced immunity in adults, but data are lacking in children.

#### What's Known on This Subject:

In mice and limited studies in adults, antibiotic exposure has been shown to result in reduced antibody responses to vaccination.

#### What This Study Adds:

This study is the first in children to show an association of antibiotic use and reduction in vaccine-induced antibody levels.

# Know Your Surgeon's Birthday!!

BMJ 2020 – UCLA\

## Mortality 7% (145/2064) vs 5.6% (54,484/978,812)



OPEN ACCESS



Check for updates

### Patient mortality after surgery on the surgeon's birthday: observational study

Hiroataka Kato,<sup>1,2</sup> Anupam B Jena,<sup>3,4,5,6</sup> Yusuke Tsugawa<sup>1,7</sup>

For numbered affiliations see end of the article.

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(or @ytsugawa1 on Twitter;  
ORCID 0000-0002-1937-4833)

Additional material is published online only. To view please visit the journal online.

Cite this as: *BMJ* 2020;371:m4381  
<http://dx.doi.org/10.1136/bmj.m4381>

Accepted: 12 November 2020

#### ABSTRACT

##### OBJECTIVE

To determine whether patient mortality after surgery differs between surgeries performed on surgeons' birthdays compared with other days of the year.

##### DESIGN

Retrospective observational study.

##### SETTING

US acute care and critical access hospitals.

##### PARTICIPANTS

100% fee-for-service Medicare beneficiaries aged 65 to 99 years who underwent one of 17 common emergency surgical procedures in 2011-14.

##### MAIN OUTCOME MEASURES

Patient postoperative 30 day mortality, defined as death within 30 days after surgery, with adjustment for patient characteristics and surgeon fixed effects.

interval 0.1% to 2.5%;  $P=0.03$ ). Event study analysis of patient mortality by day of surgery relative to a surgeon's birthday found similar results.

##### CONCLUSIONS

Among Medicare beneficiaries who underwent common emergency surgeries, those who received surgery on the surgeon's birthday experienced higher mortality compared with patients who underwent surgery on other days. These findings suggest that surgeons might be distracted by life events that are not directly related to work.

#### Introduction

Surgery plays a fundamental role in healthcare, with an estimated 11-30% of the global burden of diseases requiring surgical care, anesthesia, or both.<sup>1-3</sup> The quality of surgical care is not always optimal; however, 5-10% of patients who undergo inpatient

# HTP22 Top 5: My Winners: #3 Alternative Perinatal Practices

At a new parent meet and greet mom tells you she's looking for a more natural approach. She decided to do vaginal seeding if she has a C-section, NOT to do the ocular erythromycin ointment AT ALL and to give oral instead of injected vitamin K at birth. You recently read about alternative perinatal practices and vitamin K in Pediatrics Feb 2022

Which of the following is TRUE??

A Routine newborn ocular erythromycin prophylaxis is officially recommended by the AAP and Canadian Pediatric Society

B The benefits of vaginal seeding after cesarean section outweigh the risks

C Oral vitamin K is equivalent to IM vitamin K for the newborn

D None of the above



# HTP22 Top 5: # 3 Alternative Perinatal Practices

Review

> [Pediatrics](#). 2022 Feb 1;149(2):e2021055554. doi: 10.1542/peds.2021-055554.

## Risks of Infectious Diseases in Newborns Exposed to Alternative Perinatal Practices

Dawn Nolt <sup>1</sup>, Sean T O'Leary <sup>2</sup>, Susan W Aucott <sup>3</sup>

Affiliations + expand

PMID: 35104357 DOI: 10.1542/peds.2021-055554

### Abstract

The purpose of this report is to educate providers about the risk of infectious diseases associated with emerging alternative peripartum and neonatal practices. This report will provide information pediatricians may use to counsel families before birth and to appropriately evaluate and treat neonates who have been exposed to these practices.

**Volume 149, Issue 3**

March 2022



FROM THE AMERICAN ACADEMY OF PEDIATRICS | POLICY STATEMENT | FEBRUARY 22 2022

### Vitamin K and the Newborn Infant ✓

Ivan Hand, MD, FAAP ✉; Lawrence Noble, MD, FAAP;

Steven A. Abrams, MD, FAAP COMMITTEE ON FETUS AND NEWBORN, SECTION ON BREASTFEEDING, COMMITTEE ON NUTRITION





# A BRIEF Summary

- Water Births: 1<sup>st</sup> Stage MAY reduce pain/stress  
2<sup>nd</sup> stage or Delivery..... NO BENEFIT

**RISK:** Waterborne infection – Legionella, Pseudomonas

- Vaginal Seeding for C/S babies to mouth/nose/skin  
NO BENEFIT – A STRONG NO!! .

**RISK:** GBS, HSV, HIV exposure

- Umbilical Nonseverance “The Lotus Birth” leaves placenta attached!  
Detaches 3-10 days NO BENEFIT Ewwwww

**RISK:** Infection from necrotic tissue

- Placentophagy Consume placenta raw/cooked or powdered pill form –  
“a spiritual event” NO BENEFIT  
**RISK** Infection if uncooked
- Delayed Bathing YES - May help breast feeding  
WHO/Baby Friendly recommends wait >24 hr  
**RISK:** AAP Rec bath ASAP IF mom HIV (also HSV, HBV, Hep C)
- Nonmedical Deferral Birth Hep B vaccine USA 1 – 2 million Chronic HBV  
**RISK:** Newborn Hep B <24 hr is a critical safety net:  
75-95% decr if mom really is HepB pos  
(Might new 2,4,6mo Hep B combos reduce newborn HepB ?)

# Deferral of Ocular Erythromycin Ointment

## Prophylaxis

- Prevent GC Ophthalmia Neonatorum 0.4/100K live births
- 20% get corneal dz, 3% blindness
- Most US states require it – BUT Canadian Pediatric Society AGAINST

Reasons: No help against Chlamydia

Increasing GC resistance to erythromycin

GC ophthalmia Neonatorum rare and there are effective Tx

- Countries eliminating routine use have had NO increases in infection or blindness

- ❑ Is Universal screening for GC and Chlamydia in 1<sup>st</sup> trimester a better strategy?
- ❑ AAP seems to agree it is – But USPSTF in 2019 reaffirmed to keep it mandatory by law
- ❑ Bottom Line: if parents refuses Ocular Erythro then assess if mom's GC screen is negative - tell them to seek immediate medical attention if eye infection



# LASTLY: The Rise in parental Vit K refusal:

A 1990 study VitK associated with child cancer has been REFUTED

Vit K often refused c Hep B vaccine refusal “not natural” –

Vit K less likely given in birth centers and with midwives

## Vitamin K Deficiency Bleeding (VKDB) Review

- **Early Onset < 24 hrs** – often mom on meds for seizure/infection  
Bruising to life threatening intracranial hemorrhages
- **Classic 2 days to 1 week** – moderate to severe  
ie: post circ bleeding – more common if breast fed
- **Late Onset 1 week to 6 months** – almost all in breast fed

Intracranial bleeding in 30-60%!!

VKDB Virtually eliminated if Vit K IM

# VITAMIN K BOTTOM LINE:

- ALL newborns Vit K single IM 1 mg < 6 hrs!!!

Reduced doses for extreme preemies

- ❑ DO NOT SKIP THIS ONE!!

81X more likely Late Onset VKDB

- ❑ Oral Vit K?? Single or multiple doses?? NO!!!!

- ❑ Failure to prevent late –onset VKDB (single or multiple doses)

- ❑ Oral Vit K to prevent VKDB not FDA approved in US – yes in Europe

# HTP22 Top 5: My Winners: #3 Alternative Perinatal Practices

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# HTP22 Top 5 Articles: # 4 Jaundice

Rounding on newborns 4 hr baby: O+ mom and cord blood B+ and DAT +. You remember reading a recent study on 6-hour transcutaneous Bili (TcB) on these high-risk ABO incompatible newborns to determine the need for early phototherapy to prevent kernicterus/readmission

The current AAP guidelines on monitoring this high-risk newborn for bilirubinemia is:

- A Routine pre-discharge bilirubin > 24 hrs, earlier if clinical Jaundice
- B Early testing for jaundice at 6 hrs for this high-risk newborn
- C Early testing for jaundice at 12 hrs for this high-risk newborn
- D Minimum 48 hour admission to watch for jaundice



# Background

- AAP recommends routine bilirubin all newborns > 24 hours -earlier testing IF clinical jaundice. BUT No mention of higher risk newborns
- Visual assessment for jaundice unreliable, especially with darker complexions
- 35% ABO incompat DAT pos newborns will require photo - highest in O/B  
Jaundice often rapid onset <24h
- 
- NO clear guidelines on any special management for these newborns at higher risk for jaundice

# The Study: 6th hour TcB and need for phototherapy in DAT + newborns. Papacostas MF et al Pediatrics March 2022 Pittsburgh

- Largest published report evaluating need phototherapy ABO DAT+ newborns
- First published report to assess predictive ability of a sixth hr TcB in a large population of ABO incompatible DAT+ newborns
- Retrospective X Sectional May 2013 to March 2017 10,942 newborns >35wks 5167 O moms, 772 ABO incompatibility DAT+
- Phototherapy 281 (36.4%), 156/281 (55%) started photo < 24 hrs  
10 were admitted to the NICU for IVIG and none required exchange trans
- OB incompatibility over twice as likely as OA for phototherapy

# Results:

- Among high risk ABO DAT+ newborns: Six hour TcB was highly predictive (odds ratio 3.1, 95% confidence interval 2.4-4) for need for phototherapy and nearly as accurate as the serum bilirubin (TSB) plus reticulocyte count
- 6 hour TcBs Suggested guidelines:
  - <3.0 mg/dL - NPV 98% - can wait until 24 hr bilirubin as per AAP guideline
  - >5.3 mg/dL - 85% will need photo < 24 hrs - get early Serum bili and retics
  - 3-5.2mg.dL - repeat bili in 6 to 12 hours
- CONCLUSION: 6 hr TcB enhances the current AAP recommendations as a reliable, non-invasive, accurate and inexpensive way to identify those at low and high risk of phototherapy in the first 24 hours for these at-risk newborns

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- **C Early testing for jaundice at 12 hrs for this high-risk newborn**
- **D Minimum 48 hour admission to watch for jaundice**



# MY TAKEAWAYS

- I still hate jaundice
  - Get a 6 hour OR at least a 12 hour TcB on all these babies if possible!
  - Pushing my institution to make this a standing order (6 - 12 hrs)
  - Contacted our birthing center too
- ALSO remember.....
  - Retic count 5-7 % mild risk, >10% significant risk for phototherapy
  - With prolonged jaundice, get a direct bili once too! (biliary atresia)

## HTP22 Top 5 Articles: # 5 Well Child Visit Fevers

As you walk into your 15 month well visit and open the EMR you notice that the toddler has a 100.5 temp but parents report NO medical concerns. You remember a recent study on well child visit incidental fevers. In that study:

- A Over half of the well visits included a temperature measurement
- B Incidental fevers increased both antibiotic Rx and vaccine deferral
- C Well visits temperature measurements were disproportionately higher in Hispanic, Black and government insured patients
- D All of the above

# Background

- There are 27 well-child visits by Age 18 per AAP/Bright Futures  
52 million US annual well-child visits (WCV) per year!
- AAP/BrightFutures does NOT recommend routine temp checks WCV  
(although some state Medicaid programs may require it)
- The CDC states that mild illness, including low-grade fever, URI, OM  
and mild diarrhea is an invalid contraindication to vaccination
- Incidental fevers are defined as greater or equal to 100.4 Fahrenheit  
or 38 Celsius that was not previously suspected

# The Study: Dang R, Patel A et al. Frequency and Consequences of routine temperature measurements at well child visits (WCVs).

Pediatrics Jan 2022 Stanford CA

- Retrospective cohort study of 274,000 well visits 2014 to 2019  
24 practices/clinics (so..... pre-pandemic)
- Routine Temperature was checked at 58.9% of the WCVs
- ALL OR NONE FOR WELL TEMPS:
- 16/24 > 90% temp checks - Often majority state insurance clinics, minorities  
8/24 < 20% - more private insurance
- 270 fevers with 47 highly likely incidental (using very strict criteria)  
Antibiotics and Diagnostic testing significantly more common for them

## Results/Conclusions:

- Three additional antibiotics were triggered for every 1000 visits when temperatures routinely measured and incidental fever found
- Vaccines deferred in 50% of incidental fever WCVs
- Even with these low numbers, given 52 million well visit that's over 150,000 excess antibiotics and countless missed vaccination opportunities that disproportionately affected Hispanic, Black, State Insured
- Limitations: retrospective review
- AND did not look at elevated temperatures 99 – 100.3 but could have triggered interventions too!

**You remember a recent study on incidental fevers well child visit.**

**In that study**

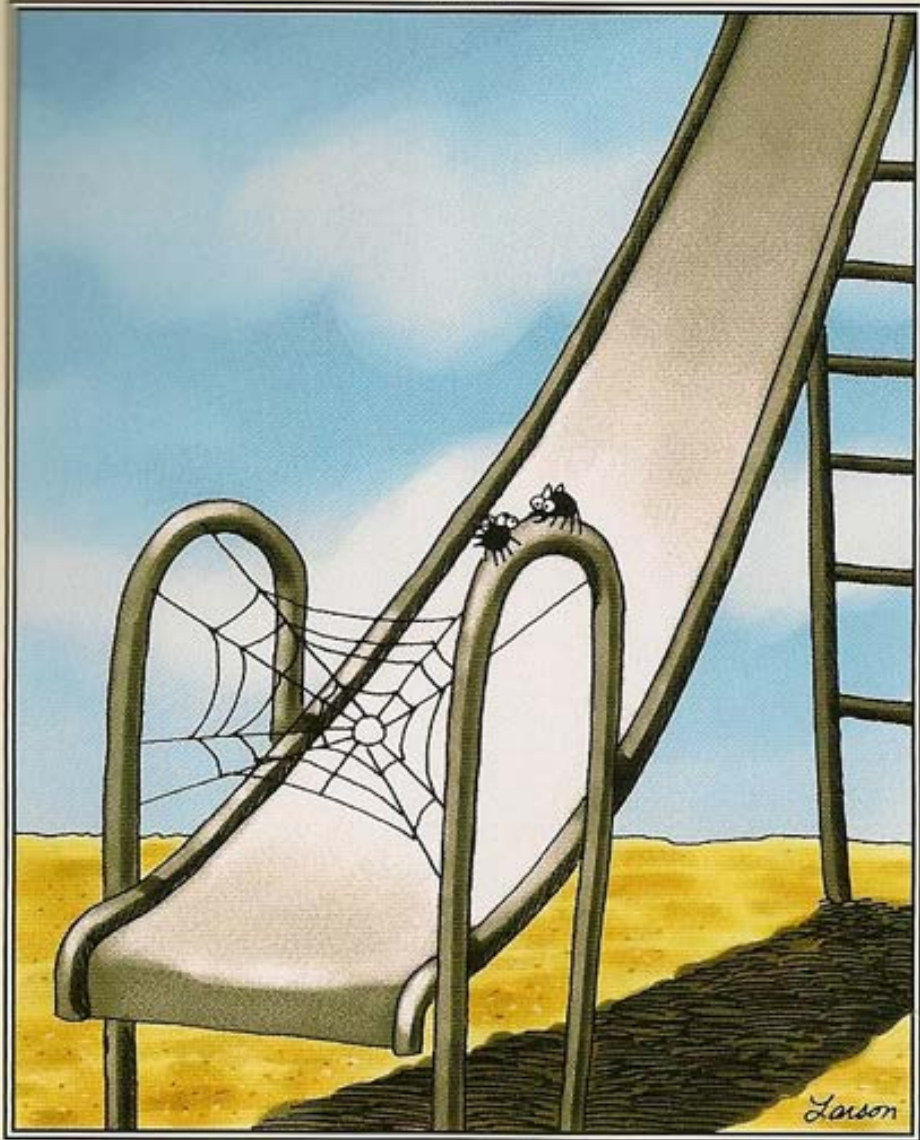
- **A Over half of the well visits included a temperature measurement**
- **B Incidental fevers increased both antibiotic Rx and vaccine deferral**
- **C Well visits temperature measurements were disproportionately higher. In Hispanic, Black and government insured patients**
- **D All of the above**



# MY TAKEAWAYS

- Had not really thought about this before! (the nurses take temps)
- Looked at my own practice and BEFORE COVID-19 well visit temperature checks were exceedingly rare for all 11 Docs/NPs
- AFTER COVID-19, 8 of 11 Docs/NPs (including me) checked temperatures with every well visit, even into May 2022
- We all have stopped checking temps at WCVs (masks next?)

# ON TO DERMATOLOGY!



"If we pull this off, we'll eat like kings."

