



# The Alabama Pediatrician

Spring 2006

## From the Chapter President



V.H. Reddy, MD, FAAP  
Chapter President

Dear Colleagues,  
The Alabama Chapter-AAP Pediatric Legislative Day held in Montgomery was very successful, attended by past presidents of the chapter, executive board members and, most importantly, by many practicing pediatricians. The morning was high-

lighted by an excellent briefing by House Representative Jim McClendon, who spoke on how pediatricians can best communicate with legislators. Booster seat legislation and a bill that would allow mothers to breastfeed in public places were two of the biggest topics discussed; our efforts, coupled with the advocacy work of VOICES for Alabama's Children and the statewide Breastfeeding Committee, led to legislation being passed addressing both issues. Our Chapter was honored to be part of the governor's public signing ceremony for the child passenger safety bill in May.

The Chapter also held its second "Mental Health Maze" series this spring, which brought more than 140 people across the state together in regional groups to discuss ways to collaborate to improve mental health services for children.

We are actively engaged in improving the care of Alabama's children and in safeguarding the interests of our membership. However, the Chapter's strength depends on the interest and involvement of its members. It is vital that each pediatrician be active in voicing concerns and opinions. Please let us know what your Chapter can do for YOU.

I hope to see all of you at our Annual Meeting and Pediatric Update, which will be held September 28 – October 1 at the Sandestin Beach Hilton. Please see the article at left for more information on topics and speakers.

## Save the Dates: Annual Meeting & Pediatric Update

Plans for the 2006 Annual Meeting & Pediatric Update, set for Sept. 28 – Oct. 1, 2006 at the Sandestin Beach Hilton, are shaping up as the line-up of speakers and topics takes final form.

CME Chair Jennie Breslin, MD, FAAP, and Linda Anz, MD, FAAP, have secured a top-notch slate of national and state faculty for this year's continuing medical education, which will feature a wide range of topics—from influenza, asthma and oral health to pediatric dermatology, neurosurgery and early detection of autism. A complete list of speakers and topics can be found on page 4.

"Pediatricians should mark their calendars now, because this is going to be a fantastic program that they won't want to miss," Dr. Breslin said.

Registration packets will be mailed in late June or early July. Hotel reservations can be made now by calling 1-800-367-1271. Use Group Code "AAP" to obtain our special group rate of \$179, which includes the \$14 resort fee. To make on-line reservations, visit [www.sandestinbeachhilton.com](http://www.sandestinbeachhilton.com).



## Child passenger safety bill passage highlights close of state legislative session

The 2006 General Session of the Alabama Legislature marked a busy year for legislation affecting children's health and safety. Throughout the session, the Alabama Chapter-AAP was actively involved in monitoring, responding to and advocating for numerous bills. The Alabama Legislature closed the session on Tuesday, April 18 as more than 100 bills were passed by state lawmakers—two of which were endorsed by the Chapter: the child passenger safety bill and the breastfeeding legislation. The following is a final update of legislation monitored by the Chapter in 2006:

- **Child Passenger Safety** legislation - Thanks to the many Chapter members and others who made phone calls, came to the legislature, wrote letters, and voiced their support, the Child Passenger Safety bill passed both houses, was signed by Governor Bob Riley and will go into effect July 1, 2006. The bill strengthens Alabama's child safety restraint law by requiring height-booster seats for children over 40 lbs. and up to age six. Efforts to specify height (4'9"), weight (65 lbs.) and age eight were thwarted by a House amendment on the final day of the session. The law will also require rear-facing child seats for infants under one year of age and 20 lbs., forward-facing seats for children up to age five and 40 lbs., and seat belts for teens age 15 and under.

continued on page 3

### Chapter Office and Staff

Alabama Chapter – AAP

- Linda P. Lee, APR  
Executive Director
- Jill Powell  
Executive Assistant

19 S. Jackson St.  
Montgomery, AL 36104  
334-954-2543  
Toll-Free: 866-293-4783  
Fax: 334-269-5200  
llee@aap.net

### Statewide breastfeeding resolution passes

This year, the Chapter, through its new Breastfeeding Committee, partnered with the Alabama Academy of Family Physicians and the Alabama Section, American College of Obstetricians and Gynecologists, to submit a resolution to the Medical Association of the State of Alabama for consideration at its Annual Session held May 3 – 7. Calling for support for breastfeeding in Alabama and concurrence by MASA with the Healthy People 2010 goals that include increasing the initiation rate of breastfeeding to 75 percent and maintaining a breastfeeding rate of 50 percent at six months and 25 percent at 12 months, the resolution passed unanimously.

## Legislative Day a huge success!

The Alabama Chapter-AAP's third annual Pediatric Legislative Day, held March 9 at the Alabama State House, was a huge success, with close to 20 pediatricians participating from across the state.

Attendees were able to visit as a group with Speaker of the House Seth Hammett, Lieutenant Governor Lucy Baxley, Representative Jim McClendon, a member of the House Health Committee, and Senator Larry Means, Chair of the Senate Health Committee. Representative McClendon gave an excellent, specialty-specific presentation on how pediatricians can communicate most effectively with legislators. In addition, participants heard from Linda Tilly, Executive Director of VOICES for Alabama's Children, Mark Jackson of the Medical Association of the State of Alabama, and Kathy Hall from the Alabama Medicaid Agency, who all gave updates on funding and various legislation affecting child health and safety and medicine in general.

"I had a great time and learned a lot," said Grant Allen, MD, FAAP, of Florence. "The talks by Representative McClendon, et al really energized me to move forward in establishing meetings with our legislators from the Florence area."



Chapter Member and Past President Carden Johnston, MD, FAAP, (right) enjoys a moment with his Senator from Birmingham, Steve French, at the third annual Pediatric Legislative Day.

## Breastfeeding: One Experience with the Ten Steps

*By Lewis Doggett, MD, FAAP, Alabama Chapter-AAP Area Representative and Chair of the Chapter Breastfeeding Committee*

In this follow-up to the breastfeeding article in the last issue, I will share what we have done in Anniston to institute "The 10 Steps to Successful Breastfeeding." I won't go through each of the steps, but will relate some of the ways we put them in place. The credit for any success we have had goes to our two lactation nurses and, especially, our OB nurse manager. Physician support is vital, but we were lucky to have a nurse manager who was very enthusiastic and determined to do what was necessary to make this work. Change is always difficult, especially for staff who have been doing things a certain way for two or three decades, but in our case, everyone soon became accustomed to the changes and realized there was no choice but to adapt.

In the second half of 2004, to institute the new AAP Guidelines for Hyperbilirubinemia, we: started getting the baby to the breast within the first hour after birth; stopped providing formula gift packs to breastfeeding mothers; had a mandatory breastfeeding in-service for the OB unit; started providing mothers in Labor & Delivery (L & D) with information on the benefits of breastfeeding; required L & D mothers to sign an informed consent stating that they had been made aware of these benefits, but chose to bottle-feed; and required mothers to sign a consent for a pacifier to prevent staff from quieting a breastfed baby with a pacifier.

After neonatologist Dr. Wally Carlo's conference on breastfeeding in the summer of 2005, we became aware of the "10 Steps" and decided to make a concerted effort to become a "Baby-Friendly Hospital." It was crucial that the obstetricians, pediatricians, and OB/NSY staff fully understood what we were trying to accomplish. To that end, I presented a 30-minute PowerPoint presentation to both the obstetricians and the pediatricians at their respective department meetings. I discussed how increasing breastfeeding rates has risen in importance on the health agenda worldwide and nationally over the past 15 years; the medical/economic benefits of breastfeeding; the Ten Steps; the ACOG

**continued on page 5**

## "Legislative Wrap-up" continued from page 1

"These efforts will translate to fewer preventable injuries and deaths for Alabama's children and will save families and the state millions of dollars in health care, rehabilitation and special education costs," said Linda Tilly, Executive Director of VOICES for Alabama's Children.

In light of the fact that the amended bill did not cover seven- and eight-year-olds, the Chapter encourages pediatricians to continue educating others on the need for booster seats for children up to eight years of age.

- **Breastfeeding bill - HB 351**, which would allow mothers to breastfeed in any public or private location in Alabama, successfully passed both houses and was signed into law by the governor in April. Chapter members, particularly members of the Alabama Breastfeeding Committee, chaired by Lewis Doggett, MD, FAAP, were instrumental in advocating for its passage.

- **Newborn eye screening bill -** Introduced by Representative Terry Spicer in February, **HB 580** would have mandated age-specific newborn eye screenings to detect retinoblastoma. After meetings between Rep. Spicer, Chapter leaders, and representatives from the optometric and medical associations, the House created a legislative resolution calling for an interdisciplinary task force to address newborn vision screening issues. The resolution passed, and the Chapter will name an appointee to this task force.

- **Medicaid Funding** - Temporary "Katrina relief" from the Centers for Medicare and Medicaid Services eliminated the Alabama Medicaid Agency's typical budget deficit to keep the program operating adequately in FY 2007. The fate of Medicaid's 2008 budget, however, is hugely uncertain; at this writing, Commissioner Carol Herrmann-Steckel expects a shortfall of \$200 million. In the next year, Chapter members will be called upon to advocate for increased funding to overcome this shortfall.

- **Teen driver cell phone bill** - The Chapter Executive Board also endorsed **HB 178**, which would have made it a violation for teens 17 years and younger to use a cellular or wireless communications device while operating a motor vehicle. Chapter members rose to the occasion and sent numerous letters to the House Public Safety Committee. With hundreds of bills under consideration, however, this legislation did not go further in the session.

- **Clean Indoor Air Act legislation - SB 352** would have allowed Alabama voters to decide whether the state should prohibit smoking in food service establishments across the state. The Chapter Executive Board endorsed this bill. The bill went into committee in late March but was carried over due to disagreement about the bill's language. Members of the Coalition for a Tobacco-Free Alabama will work with the bill's sponsor, Senator Vivian Figures, to revise the language for next year.

Although this session is over, our work is never done. It's important that you continue to advocate for child health and safety issues. The best time to hone relationships with your legislators is between sessions, while he/she is at home in your district. With state elections looming this fall, now is also the time to consider supporting lawmakers and state officials that you believe would be strong advocates for the health and well-being of Alabama's children. To find your legislator's district contact information, go to [www.legislature.state.al.us](http://www.legislature.state.al.us) and search by zip code.



### CHILD PASSENGER SAFETY BILL SIGNED INTO LAW

On May 18, Chapter President V. H. Reddy, MD, FAAP, Immediate Past President Marsha Raulerson, MD, FAAP, and Chapter Members Carden Johnston, MD, FAAP, and Cheryl Outland, MD, MPH, FAAP, were among the onlookers pictured here with Governor Bob Riley and key lawmakers for a ceremonial signing of the Child Passenger Safety bill, which becomes law July 1, 2006.

## How To Contact Your Chapter Leaders

### President

V.H. Reddy, MD, FAAP  
503 Burlington St.  
Scottsboro, AL 35768  
Ph. (256) 259-1886  
Fax (256) 259-6838  
[reddyvh@hiwaay.net](mailto:reddyvh@hiwaay.net)

### Vice-President/President-Elect

Albert Z. Holloway, MD, FAAP  
2611 Woodley Park Dr.  
Montgomery, AL 36116  
Ph. (334) 288-0009  
Fax: (334) 288-1441  
[aholloway687@charter.net](mailto:aholloway687@charter.net)

### Secretary-Treasurer

Michelle I. Amaya, MD, FAAP  
UAB Division of General Pediatrics  
1600 Seventh Ave. South MTC 201  
Birmingham, AL 35233-1711  
Ph. (205) 934-4531  
Fax (205) 975-6503  
[mamaya@peds.uab.edu](mailto:mamaya@peds.uab.edu)

### Immediate Past President

Marsha D. Raulerson, MD, FAAP  
1205 Belleville Ave.  
Brewton, AL 36426  
Ph. (251) 867-3608  
Fax (251) 867-3610  
[mdraulerson@magbelle.com](mailto:mdraulerson@magbelle.com)

### Area Representatives to the Board

Paul Amamoo, MD, FAAP  
Birmingham  
[Pamamoo@aol.com](mailto:Pamamoo@aol.com)  
Ph. (205) 930-9500

Lotfi Bashir, MD, FAAP  
Selma  
[LBJRSA@aol.com](mailto:LBJRSA@aol.com)  
Ph. (334) 872-9410

Jeannette Breslin, MD, FAAP  
Fairhope  
[jwbreslin@att.net](mailto:jwbreslin@att.net)  
Ph. (251) 928-0624

Lewis Doggett, MD, FAAP  
Anniston  
[Lewis.doggett@annistonpediatrics.com](mailto:Lewis.doggett@annistonpediatrics.com)  
Ph. (256) 237-1618

Tim Stewart, MD, FAAP  
Huntsville  
[twstewart@hhsys.org](mailto:twstewart@hhsys.org)  
Ph. (256) 265-2464

Jeff Tamburin, MD, FAAP  
Dothan  
[jtamburin@comcast.net](mailto:jtamburin@comcast.net)  
Ph. (334) 793-1881



## Annual Meeting Speakers and Topics

- "Influenza: Anything to Worry About?"
- "Day Care: Why are They Sick All the Time?"

Dennis A. Clements, MD, PhD, Professor of Pediatrics, Duke Children's Hospital, Durham, NC

- "Pediatric Dental Pearls"
- "Pediatric Oral Pathology"

Martha Ann Keels, DDS, PhD, Pediatric Dentist, Duke Children's Hospital, Assistant Clinical Professor, Department of Pediatrics, Duke University School of Medicine, Durham, NC

- "Asthma Severity vs. Asthma Control"
- "Environmental Control for Allergies: Reducing Exposure to Pollens, Molds, Pets and Dust Mites"
- "Asthma Gadgets and Pulmonary Function Testing (A Hands-on Workshop)"

John M. Kelso, M.D., Division of Allergy, Asthma and Immunology, Scripps Clinic, La Jolla, CA; Associate Clinical Professor of Pediatrics, University of California, San Diego, CA

- "Childhood Exanthems: Don't Be Rash"
- "Neonatal Skin Disorders: The Common and the Uncommon"

Anthony J. Mancini, M.D., Associate Professor of Pediatrics and Dermatology, Northwestern University Feinberg School of Medicine; Head, Division of Pediatric Dermatology, Children's Memorial Hospital, Chicago, IL

- "Putting the Immunization Registry to Work for You"

Charles H. Woernle, MD, MPH, Assistant State Health Officer for Disease Control and Prevention, Alabama Department of Public Health

- "Lumps, Bumps and Holes: A Primer on Occult Spinal Dysraphism"

W. Jerry Oakes, M.D., Professor of Pediatric Neurosurgery, Chief of Pediatric Neurosurgery, The Children's Hospital of Alabama, and Professor of Neurosurgery and Pediatrics, UAB, Birmingham, AL

- "Pediatric Office Emergencies: What to Do"

Kathy W. Monroe, MD, Associate Professor of Pediatrics, Division of Pediatric Emergency Medicine, UAB, Birmingham, AL

- "Improving Developmental Screening Practices for Young Children with Autism & Other Developmental Disorders"

Frances Glascoe, PhD, Adjunct Professor of Pediatrics, Vanderbilt University and Penn State University; Nancy Wiseman, Founder and President of First Signs

- "What's New and Hot in the NICU"

Fabien G. Eyal, MD, Professor of Pediatrics, Chief and Medical Director, Division of Neonatology, University of South Alabama Children's & Women's Hospital, Mobile, AL

## From the Coordinator

*Reach Out and Read-Alabama goes to Washington*

On March 8, I had a chance to participate in Hill Day at the Capitol in Washington D.C., meeting with offices of almost every member of the Alabama delegation to request their support for the inclusion of a \$10 million appropriation for Reach Out and Read under the Fund for the Improvement of

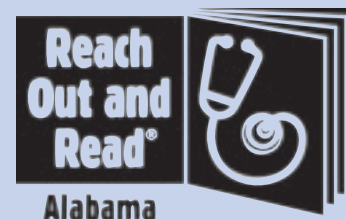
Education, part of the Labor HHS Education Appropriations bill for Fiscal Year 2007. This funding will help to secure a grant from Reach Out and Read National, not only to continue our statewide initiative, but also to expand ROR programs in pediatric offices throughout the state. We are happy to report that Alabama's Congressman Artur Davis and Senator Spencer Bacchus sent letters to their respective appropriations committee in support of this funding. Their efforts were part of an unprecedented letter-signing by 241 members of Congress (85 Senate and 156 House) in support of ROR. Please make every effort to not only thank both of these congressmen, but to also encourage our Alabama delegation's support of this valuable program.

*ROR-Alabama funding update*

We continue to seek funding from public and private foundations as well as local businesses to support our statewide initiative. Major grant proposals have been submitted to the Community Foundation of Greater Birmingham and Hyundai Corporation. Already, we have received some positive news from these efforts.

I am also happy to report that Dothan Pediatrics was successful in securing \$4,500 in grants from Wal-Mart and AAA-Cooper in Dothan. These monies will be deposited into their Scholastic Fund for the purchase of books for their ROR program. Please contact Polly McClure at 205-223-0097 or [roralabama@charter.net](mailto:roralabama@charter.net) for assistance in securing grants of this type from your local Wal-Mart or Target stores.

--Polly



ROR-Alabama Coordinator Polly McClure, right, talks about starting an ROR program with Chapter Member Richard Freeman, MD, FAAP, and his wife at the recent MASA Annual Session.

## E V E N T S   A T   A   G L A N C E

### June 24, 2006

Practice Management Association's EMR Conference, "From Paper to Pixels: Moving Forward with EMR in the Pediatric Practice," 10 a.m. - 4 p.m., Bradley Lecture Center, Children's Hospital, Birmingham

### September 28 – October 1, 2006

2006 Annual Meeting & Pediatric Update, Sandestin Beach Hilton, Destin, Fla.

## “Paper to Pixels” conference will offer practice managers, pediatricians valuable insights on implementing EMR

The newly revived Alabama Chapter-AAP Practice Management Association is pleased to announce its first educational venue, *“From Pixels to Paper: Moving Forward with EMR in the Pediatric Practice,”* set for Saturday, June 24 from 10 a.m. to 4 p.m. at the Bradley Lecture Center at Children’s Hospital in Birmingham. Approved for 1.25 hours of Category I Continuing Medical Education credit, the Electronic Medical Records conference will feature a presentation by Nancy Babbitt, CMPE, of Roswell (GA) Pediatrics, who will discuss how to bridge technology with continuous improvement to decrease costs and increase revenue; explore how EMR can improve efficiency and decrease costs in the pediatric practice; help attendees better identify the EMR best suited to their practice; and provide guidelines on how to develop a timeline for implementing EMR.



The \$75 registration fee (\$50 for additional practice representatives; \$125 for non-AAP member physicians) also includes small-group vendor demonstrations and lunch, sponsored by MedImmune.

Register now—both practice managers and pediatricians are strongly encouraged to attend! Use the registration brochure mailed to you in early May, or visit the Chapter web site at [www.alchapaap.org](http://www.alchapaap.org) and download the form from the home page.

We hope to see you there!

---

### “Breastfeeding” continued from page 2

Guidelines on discussing breastfeeding at prenatal visits; and what we had to do to become a Baby-Friendly Hospital. It was well-received by both groups, especially the obstetricians.

To educate the nursing staff, five of us put together a mandatory four-hour staff course that was approved for CEU credits and held on three different dates to accommodate schedules. We took that opportunity to commend them on the good job they had already done. Now everyone is on board and we all share the same goal. We still have to overcome the issue of the hospital buying formula before we can become a Baby-Friendly Hospital. Baby-Friendly status or not, we have made great strides toward improving our breastfeeding rates and the overall health of our mothers and babies.

In addition, to significantly improve our breastfeeding rates in our indigent population, we have teamed with our local WIC personnel, who have allowed us to come every Tuesday to present a 20-minute talk about the benefits of breastfeeding. All expectant mothers are required to attend this presentation, which is the equivalent of their prenatal class. I am anxious to see our data in the near future to see if this makes any impact on this challenging population.

Is this all worth it? Our breastfeeding rate in the early 1990’s was approximately 25 percent. Our rate in 2000, after the addition of our lactation nurses, was about 50 percent (25% of those were WIC mothers). Our overall rate for the first part of 2006 was 72 percent, and the percentage of our WIC mothers who are breastfeeding was 56 percent.

I encourage everyone to begin to institute the “10 Steps.” Achieving Baby-Friendly status is secondary. If you are interested in getting involved with our Chapter Breastfeeding Committee, let me ([lewis.doggett@annistonpediatrics.com](mailto:lewis.doggett@annistonpediatrics.com)) or Linda Lee know. We need as much help as we can get.

## Chapter Involvement: A Young Pediatrician’s Perspective

By Grant Allen, MD, FAAP

This February, I had the opportunity to represent the young pediatricians of Alabama at the AAP District X meeting in Florida.

Each chapter was asked to send one young physician (YP) to the District meeting to learn about AAP policy development and leadership. The YP’s who attended also had the opportunity to learn about other chapter successes with YP involvement.

I used to be very involved in organized medicine. My son was born six weeks early the day I was to leave for the AAP Annual Leadership Forum in 2001, and I haven’t been involved again until this year.

Family, church, community and work all have a place in our lives. It is difficult to justify making time for Chapter and national activities. But if **we** don’t step up and advocate for **our** patients and **our** practices, who will? Can we expect our state legislature to pass child passenger safety legislation without determined lobbying? Can we expect them to preserve Medicaid and the medical home in the face of cost overruns and General Fund deficits?

I’ve learned a lot about what it takes to make Alabama a better place for my patients and my practice, and I invite all the YPs who found time to read this between the office and baseball practice to join us for our annual CME meetings and Legislative Day. Far from being yet another inconvenience, it is energizing to spend time with other pediatricians who are passionate about taking care of children, making Alabama better for children and our careers more rewarding.

## The new web site menu

### About ALAAP

- Overview & Mission
- Strategic Priorities
- Chapter Office & Staff
- Officers & Board
- Committees
- Annual Report

### Membership

- Join ALAAP
- Benefits
- Update Your Profile
- Chapter Involvement
- Job Opportunities (Send us your physician employment opportunities.)

### CME/Events

- Upcoming Events
- 2006 Annual Meeting

### Advocacy/Legislation

- Current Issues/Priorities
- Medicaid
- Child Passenger Safety
- How-To/Resources

### News/Publications

- Member News
- Newsletter (archived issues & advertising information)

### Public Health

- Monthly Update
- ALL Kids
- Perinatal Program
- Newborn Hearing Screening
- WIC Program
- Lead Poisoning Prevention
- Healthy Child Care Alabama

### Programs/Projects

- Practice Management Association
- Reach Out and Read
- Mental Health Grant Project
- Breastfeeding Initiative

### Exhibitors (exhibitor/sponsor opportunities)

### Resources & Links

- Useful Web Links
- Bioterrorism
- Mental Health Resources

### Contact Us

## New, improved web site “goes live”

In April, the Alabama Chapter-AAP launched a new and improved web site with more information and resources than ever for pediatricians and for those interested in learning more about our organization, its mission and our initiatives.

There are at least 45 new downloadable PDFs and new sections on legislative advocacy (with how-to tools), mental health resources, Reach Out and Read, breastfeeding, etc. The Chapter will add resources on an ongoing basis to ensure that the web site is updated and reflective of current issues affecting pediatrics in Alabama. Please take time to tour the site at [www.alchapaap.org](http://www.alchapaap.org). If you have any questions or suggestions, please e-mail Linda Lee at [llee@aap.net](mailto:llee@aap.net).



## CHAPTER BRIEFS

### Expanded Newborn Screening: Unsats!

By S. Lane Rutledge, MD, FAAP, UAB Faculty Member

Pediatricians are now getting a somewhat higher percentage of unsatisfactory samples than in the past. The main reason for this is that more blood is needed to do the expanded screen. The test now includes many more inborn errors of metabolism and it takes more blood. The lab punches out small spots to test from the larger spots on the cards that you send in. In the past, a card that had spotty saturation still had portions that could be used. However, now that more tests are done, a card that is poorly saturated does not provide enough places to punch out the number of well-saturated spots required to do all the tests. I have seen many of the “unsat” cards; the circles are not filled in and they really are unsatisfactory. Also, if the card has been rubbed against the baby’s heel, it is rendered untestable.

We recommend using a device designed for heelstick of a newborn, and not a fingerstick device or capillary tube. The goal is an evenly saturated, well-filled circle. Don’t forget: there are directions on the back of the card! We have people who are willing to work with your office or hospital to figure out what is wrong and fix it. I know many of you have staff members who have been doing this a long time, but the number of tests has changed and so we must change with it! Thanks for your help.

### Jill Powell joins Chapter staff

The Chapter is pleased to announce the addition of Jill Powell to its executive office staff. Jill joined the Chapter in March as a part-time Executive Assistant to help carry out the varied work of the organization.

Jill brings over 10 years of experience in statewide organizations. A Huntingdon College public relations graduate, Jill most recently served as Executive Assistant for the Alabama Preservation Alliance.

While the main Chapter office number remains 334-954-2543, Jill can be reached 20 hours a week at her direct number, 334-954-2530. Her e-mail address is [jpowellaap@charterinternet.com](mailto:jpowellaap@charterinternet.com).

Please help us welcome her to the Chapter family!



Jill Powell

### Asthma Committee seeks members

Are you a community pediatrician interested in improving childhood asthma outcomes in our state by serving on the Asthma Education Committee? If so, please e-mail Roni Grad, MD, FAAP, Chair of the Chapter Asthma Education Committee, at [rgrad@peds.uab.edu](mailto:rgrad@peds.uab.edu).





## Pediatricians Call for Calcium Check-up

The 2006 American Academy of Pediatrics report<sup>1</sup> on optimizing bone health supports dairy's role in the bone health of children and adolescents.

Talk to your patients about including three servings of dairy a day (milk, cheese or yogurt) to help build stronger bones.

### • Assess Calcium Intake:

The AAP suggests periodically assessing calcium intake and risk factors for sub-optimal bone health at 2 or 3 years of age, after the infant is no longer taking human milk or formula; during preadolescence (8-9 years of age); and during early adolescence, when peak accumulation of calcium occurs. Refer to the AAP report, "Optimizing Bone Health and Calcium Intakes of Infants, Children, and Adolescents" for an assessment questionnaire.

### • Share Bone Building Tips:

Most people can achieve the recommended dietary intake of calcium by eating three servings of milk, cheese, or yogurt each day. Low-fat and fat-free versions are encouraged.<sup>2</sup> Non-dairy food sources and supplements are an alternative, but these products do not offer the same nutrient benefits of dairy foods.

### • Model Healthy Habits:

All family members should evaluate their calcium intake and consider three servings of dairy a day (4 for adolescents) for building stronger bones.

### • Be Active:

Encourage physical activity, primarily weight-bearing exercise as part of an overall healthy bone program.

Visit [www.nationaldairyCouncil.org](http://www.nationaldairyCouncil.org) to download a calcium assessment questionnaire for use with patients and [www.aap.org](http://www.aap.org) for additional resources.

Recommendations for Adequate Dietary Calcium Intake (mg/day) and Servings of Dairy per Day in the United States

Kids/Adolescents		
Age	Calcium Intake, mg/day <sup>*</sup>	Servings of Dairy per Day <sup>*</sup>
1-3 years	500	3 <sup>**</sup>
4-8 years	800	3 <sup>**</sup>
9-18 years	1300	4 <sup>**</sup>

<sup>\*</sup> Age-appropriate servings

<sup>\*\*</sup> One serving equals 8 ounces of milk or milk equivalent



[3aday.org](http://3aday.org)

Have you had your 3 today?

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN<sup>®</sup>

<sup>1</sup>US Department of Agriculture, Agricultural Research Service. Data tables: results from USDA's 1994-96 continuing survey of food intakes by individuals and 1994-96 diet and knowledge survey. Riverdale, MD: US Department of Agriculture; 1999. (data for males and females ages 12-19 years)

<sup>2</sup>Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride. Washington, DC: National Academy Press; 1997.

<sup>3</sup>American Academy of Pediatrics, Optimizing bone health and calcium intakes of infants, children, and adolescents. Pediatrics, 117 (2):578-585, February, 2006.

## "Chapter Briefs" continued from page 6

### Mental Health series offers second round of "meetings of the minds"

The second series of CME dinners held this spring in Huntsville, Birmingham, Montgomery and Mobile as part of the Chapter's Healthy People 2010 Mental Health Grant Project offered plenty of interaction between pediatricians, child and adolescent psychiatrists, and other mental health professionals.

Mental health networks are forming in these areas to continue dialogue between these groups of professionals.

Chapter members from across the state can benefit from the practical resources that have resulted from these meetings, which

can be found on the Chapter web site at [www.alchapaap.org](http://www.alchapaap.org) under Resources --> Mental Health Resources.

### An oral health reminder

*By Ric Simpson, DMD, Chapter oral health representative/liason to Alabama Academy of Pediatric Dentistry*

Dental caries, the most prevalent disease in our nation's children, is an infectious and preventable disease. This progressive disease is caused by specific cariogenic bacteria that are usually vertically transmitted from the primary caregiver to the child during the months after the first tooth erupts. Numerous factors are involved in determining a child's risk for developing dental decay. The AAP Policy Statement, Oral Health Risk Assessment Timing and Establishment of the Dental Home, states that:

*"To prevent caries in children, high-risk individuals must be identified at an early age (preferably high-risk mothers during prenatal care), and aggressive strategies should be adopted, including anticipatory guidance, behavior modifications (oral*

*hygiene and feeding practices), and establishment of a dental home by one year of age for children deemed at risk."*

The ADA, the Academy of General Dentistry, the Academy of Pediatric Dentistry, the AAP, supporting organizations of Bright Futures, and numerous other children's health organizations have endorsed the concepts of early caries risk assessment by primary care providers, referral of higher-risk children and mothers, and the ideal of establishment of the dental home by one year of age.

At the state level, the Alabama Chapter-AAP is active in the Alabama Medicaid Agency's Oral Health Coalition, which not only embraces these concepts, but strongly urges a statewide push of the "age one" dental home.

The AAP policy statement and numerous other resources for oral health and caries prevention can be found by going to the Section on Pediatric Dentistry at [www.aap.org](http://www.aap.org).



James Cullinan, DO, child/adolescent psychiatrist at Children's Hospital, offered pediatricians practical advice on antidepressants and black box warnings at the Birmingham "Mental Health Maze" installment on April 11.

## Death in Day Care: A call to action

*By S. Don Palmer, MD, FAAP, Past President*

A three-month old boy was taken to a home day care in rural Alabama. It was his very first day in child care. He was happy and healthy. Later that morning, he was put down to sleep, face down, on a fluffy adult pillow, in complete disregard of Department of Human Resources and American Academy of Pediatrics standards. The door was closed. When the baby was checked—over an hour and a half later—he was dead, still face down on the pillow.

An autopsy was performed. After acknowledging to the boy's mother the difficulty in contradistinguishing asphyxia from Sudden Infant Death Syndrome (SIDS), the medical examiner then ruled the death to have been due to SIDS, despite the known face-down sleep position.

The family then employed a forensic pathologist, a man with many years of experience in determining death causes in myriad circumstances, who reviewed the postmortem report and concluded that death was due not to SIDS, but to "positional asphyxia, or suffocation."

A civil suit for negligence was filed. The defendant hired a prominent pediatric pathologist with many years of experience with SIDS, who reviewed the data and diagnosed SIDS, indicating that he



did not yet accept a causal relationship between sleep position and SIDS, despite the 50 percent drop in child deaths previously attributed to SIDS following widespread change in the sleep position.

The family subsequently enlisted an opinion from another forensic pathologist, who concurred that the death was caused by positional asphyxia.

Incredibly, the circuit court threw out the family's suit, ruling the cause of death as SIDS and stating that only a pediatric pathologist is qualified to determine the cause of death in such cases and that the forensic pathologist lacked competence. The Alabama Supreme Court upheld the court's decision, despite the fact that most states require that these deaths be investigated by the medical examiner—generally a forensic pathologist.

Published studies indicate that the risk of death is several-fold increased on the first day of day care if a baby who has been being put to sleep at home on his back is put face down in the child care. *Death on the first day in child care!* Terrible. This is termed “unaccustomed prone position.”

I have been advised by DHR that not only may prospective clients ask child cares for results of previous inspections, but that they also strongly encourage this action. This is, of course, AAP policy as well. We need to encourage our patients' parents to exercise this prerogative.

There seems to be a perverse illogic in that, despite the general acknowledgement of the risk of face-down, oxygen-compromised sleeping position, when sudden death occurs, some blame it on the inexplicable SIDS. If prone sleeping is an acknowledged risk, why not factor it into the diagnosis?

And, with it all, there is a call for adherence to established standards of care. To that end, the little boy's mother is doggedly pursuing ways in which we can make this system better to assure that it won't happen again. We are indebted to her for her steadfastness.

For more information, visit the Healthy Child Care America Back to Sleep web page at [http://www.healthychildcare.org/section\\_SIDS.cfm](http://www.healthychildcare.org/section_SIDS.cfm).

**Many thanks to our  
advertisers for their  
support of this publication:**

**ADPH Vaccines  
for Children**

**ALL Kids**

**Mag Mutual**

**MedImmune**

**Southeast  
United Dairy  
Industry  
Association**

## No other financial services company is a stronger physician advocate.

For more than 15 years, MAG Mutual Financial Services, Inc. (MMFSI) has helped the physician policyholders of MAG Mutual Insurance Company meet their financial needs.

**Now, through an alliance with the Principal Financial Group®, we've expanded our ability to help more physicians with:**

- Access to more handpicked financial representatives.
- Local service in many communities.
- Straightforward strategies appropriate for your situation.
- Service with the same diligence and care that MAG Mutual always provides.
- Choice of many investment options and free annual financial “check-ups.”

Call the MAG Mutual Financial Service Center to arrange a meeting today to discuss your financial strategy.

**1-800-316-0143**



Insurance issued by Principal Life Insurance Company. Securities and advisory products offered through Princor Financial Services Corporation, 1-800-247-4123, member NASD, SIPC. Principal Life and Princor are members of the Principal Financial Group (The Principal), Des Moines, IA 50392-2080. MAG Mutual is not an affiliate of any member of the Principal Financial Group and does not offer any securities or advisory products.

**Correction**

In the last issue of the *Alabama Pediatrician*, there was an incorrect reference to Dr. Linda Anz's term as District Vice Chair. Her term length is actually three years, after which she can run again for another three-year term. She would only become District Chair if she is elected and nominated for that position by the District.

## Alabama Department of Public Health News

### *Alabama Tobacco Quitline offers free nicotine patch for limited time*

For a limited time, the Alabama Tobacco Quitline is offering a two-week supply of the nicotine patch to eligible callers over the age of 18. You are encouraged to support the AAP's smoke-free homes message by referring your patients' parents who smoke or use other tobacco—particularly if your pediatric patient has asthma—to call the Quitline at 1-800-Quit-Now or 1-800-784-8669 and find out if they are eligible. The Quitline offers intervention by professional counselors to teach patients of all ages how to quit tobacco permanently.

### *ADPH spearheads Physicians Volunteer Network*

In light of the Hurricane Katrina aftermath and in the face of potential pandemic flu outbreaks and other public health disasters, the Alabama Department of Public Health has recognized the need for a hub for recruiting physician volunteers to serve both inside and outside the state in the event of a disaster. Physicians are being recruited to sign up as volunteers at medical needs shelters, transitional shelters, hospitals, clinics, pharmaceutical dispensing sites and other agencies. You are encouraged to sign up now (rather than wait until a disaster strikes) by logging on to the ADPH web site at [www.adph.org/volunteer](http://www.adph.org/volunteer). The process takes about 10 minutes and you will need to fill in your basic contact information, including your Alabama license number, specialty, etc.

*"ALL Kids Providers...Share this with your staff!"*

*It's time for ALL Kids Spring Cleaning!  
Do you have outdated ALL Kids material?*

**Now is a perfect time to stock up on our newest stuff!**

- 2006 income guides
- Updated brochures and more!
- A new sports brochure

Call *ALL Kids*, toll-free, **1-877-774-9521**, for your local *ALL Kids* contact. Or visit the *ALL Kids* website at [www.adph.org/allkids](http://www.adph.org/allkids) for a regional map or faxback form and fax your order in!

**ALL Kids**

**Materials are free and shipped directly to your office!**

*Thank you for your continued support of ALL Kids and the health of Alabama's children!*

## N E W S F R O M T H E A A P

**C.A.T.C.H. grant applications due July 14**

For the 13th consecutive year, the American Academy of Pediatrics is offering pediatricians an opportunity to put their ideas into action by taking advantage of the funding available through the C.A.T.C.H. (Community Access to Child Health) program. The C.A.T.C.H. mission and the focus of the Planning Funds grants are to enable pediatricians to plan *innovative* community-based child health initiatives that increase access to medical homes or specific health services not otherwise available. *A pediatrician or pediatric resident must lead the project and be involved in the proposal development and project activities.*

C.A.T.C.H. Planning Funds grants are awarded in amounts from \$2,500 to \$10,000 on a competitive basis for planning activities such as needs assessments and community asset mapping, feasibility studies, community coalition/collaboration meetings, focus groups, and development of grant proposals for project implementation after the planning phase is complete.

Priority is given to projects that will be serving communities with the greatest health disparities. C.A.T.C.H. Resident Funds grants are limited to a maximum of \$3,000. Resident grant projects must include planning activities, but also may include some implementation activities. *A pediatric resident must lead the project and be involved in the proposal development and project activities.*

For more information, visit [www.aap.org/catch/planninggrants.htm](http://www.aap.org/catch/planninggrants.htm) or [www.aap.org/catch/residentgrants.htm](http://www.aap.org/catch/residentgrants.htm), e-mail [catch@aap.org](mailto:catch@aap.org), or call 800/433-9016, extension 7085. The deadline for submission of applications (available online only) is **July 14, 2006**.

Our Chapter C.A.T.C.H. Coordinator, Marsha Raulerson, MD, FAAP, is also more than willing to assist pediatricians who are interested in applying but unsure of how to get started. For more information, contact Dr. Raulerson at 251-867-3608 or [mdraulerson@magbelle.com](mailto:mdraulerson@magbelle.com). **One pediatrician can make a difference!**



You can ensure that your adolescent patients are protected from vaccine-preventable diseases. Childhood vaccination was a great start, but adolescents need protection too. Boosters are needed to continue the protection of some of the vaccines already received, and some adolescents still need protection against other vaccine-preventable diseases, such as hepatitis B. By explaining to your adolescent patients that immunization is something everybody needs throughout their lives, you will encourage responsible behavior that will last for a long healthy lifetime.

Through the Alabama VFC Program, you can protect your adolescent patients from potentially serious diseases, such as genital human papillomavirus (HPV), the most common sexually transmitted virus in the United States, and hepatitis A and B. A new HPV vaccine proven to be effective in preventing infection may be available through the Alabama VFC Program this fall or earlier. Hepatitis A and B vaccines, in addition to other childhood recommended vaccines, are currently available through the Alabama VFC Program.

The VFC program is a federally-funded program developed to ensure that all children under the age of 19 are vaccinated with recommended vaccines. Vaccines are provided at no cost to providers enrolled in the VFC Program. Enrollment is easy. Call [1-800-469-4599](tel:1-800-469-4599) to learn more.

Obstetricians and gynecologists are also welcome to enroll in the Alabama VFC Program. Tell your OB/GYN colleagues about the Alabama VFC Program!



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Alabama Chapter  
19 S. Jackson St.  
Montgomery, AL 36104

**MedImmune Vaccines, Inc.**

A SUBSIDIARY OF MEDIMMUNE, INC.

**MAKER OF**

**fluMist**  
Influenza Virus Vaccine  
Live, Intranasal

**IS A PROUD SUPPORTER OF**

Alabama Chapter of the  
American Academy of Pediatrics