

**American Academy of Pediatrics**  
**SECTION ON NEONATAL PERINATAL MEDICINE**

**Executive Committee Meeting**

Moscone Center South Room 250

San Francisco, CA

Friday, October 21, 2016: 7:30am – 12:00 pm

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|-------------|---|--------------|
| <b>I.</b>   | <b>Approval of Minutes from April 2016</b> (Dr. Savich, 5 min) - <i>Action Required</i> | <b>TAB 1</b> |
| <b>II.</b>  | <b>Chairperson’s Report</b> (Dr. Savich, 10 min)  | <b>TAB 2</b> |
|             | A. Conflict of Interest and Disclosure  |              |
|             | B. Annual Leadership Forum (ALF)  |              |
|             | C. Committee Change of Address, Fax, Phone, E-mail                                      |              |
|             | D. National Committee Appointments  |              |
|             | E. Section Annual Report  |              |
|             | F. Manual of Operations   |              |
|             | G. Strategic Plan   |              |
| <b>III.</b> | <b>Administrative Report</b> (Jim Couto, 10 min)  | <b>TAB 3</b> |
|             | A. <b>Financial—Jim and Mark</b>  |              |
| <b>IV.</b>  | <b>Educational Programming Reports</b>  | <b>TAB 4</b> |
|             | A. 2018 NeoPREP – (Dr Savich, 5 min)  |              |
|             | B. Spring Workshop (Dr. Kilbride, 10 min)   |              |
|             | 1. 2016 Workshop evaluation   |              |
|             | 2. 2017 Workshop, March 31 - April 2, 2017  |              |
|             | C. 2016 National Conference & Exhibition, October 22-25, 2016 San Francisco, CA         |              |
|             | 1. Program Chair – Dr George, 10 min  |              |
|             | 2. Abstracts Coordinator – Dr Aucott  |              |
|             | D. 2017 National Conference & Exhibition, <b>September 15-19, 2017</b> Chicago, IL      |              |
|             | 1. Program Chair – Dr Aucott  |              |
|             | 2. Abstracts Coordinator – Dr Hopper  |              |
|             | E. 2018 National Conference & Exhibition, November 3-6, 2018                            |              |
|             | 1. Program Chair – Dr Hopper  |              |
|             | 2. Abstracts Coordinator - TBD  |              |
|             | F. PAS – 2017 William Silverman Lecture <i>Action Required</i>                          |              |
|             | G. Education Advisory Board (Dr Stark, 5 min)   |              |
|             | H. District Educational Grants  |              |
|             | I. NICU Follow Up Club  |              |
|             | J. MidCan meeting (Drs Savich & Hopper)   |              |
| <b>V.</b>   | <b>Perinatal Section Subcommittee Reports</b>   | <b>TAB 5</b> |
|             | A. Coding Trainers Committee (Dr. Pearlman, 5 min)                                      |              |
|             | B. Research Committee/Klaus Grants (Dr Weitkamp, 10 min)                                |              |
|             | C. Website Committee (Dr VanMarter 10 min)  |              |
|             | D. Nominations Committee (Dr. Burchfield)   |              |
|             | E. Quality Committee (Dr Zupancic)  |              |
|             | F. History Committee (Dr Golombek 5 min)  |              |
| <b>VI.</b>  | <b>TECaN Report</b> (Dr Mowitz, 10 min)   | <b>TAB 6</b> |
| <b>VII.</b> | <b>NICU Verification Project (Dr Stark)</b>   | <b>TAB 7</b> |

- VIII. Perinatal Section Publications** **TAB 8**
- A. Perinatal Section Newsletter (Dr. Nock-5 min)
  - B. *Journal of Perinatology* (Dr. Lawson-5 min)
- IX. Perinatal Section Liaison Reports** **TAB 9**
- A. ONTPD (Organization of Neonatal/Perinatal Training Program Directors (Dr Chess)
  - B. Council on Pediatric Subspecialists (*CoPS*) (Dr. VanMarter)
  - C. COFN (Committee on Fetus and Newborn) (Dr. Benitz- 5 min)
  - D. National Association of Neonatal Nurses (Ms. Keels 5 min)
  - E. National Perinatal Association
  - F. Eunice Kennedy Shriver NICHD ( Written Report - Dr Raju)
  - G. Canadian Pediatric Society (Dr Eugene Ng)
  - H. March of Dimes (Dr Gleason 5 min)
  - I. Centers for Disease Control CDC (Dr Barfield)
  - J. Committee on Medical Liability and Risk Management (Written Report - Dr J Fanaroff)
  - K. Society for Maternal-Fetal Medicine (Dr Lam 5 min)
  - L. NRP Update (Written Report)
  - M. Liaison Requests
- X. Task Force reports**
- A. Topic Advisory Group (TAG) Update (Dr Martin, 5 min) **TAB 10**
  - B. FDA Advancing Neonatal Therapeutics (Dr Ariagno)
  - C. Guidelines Task Force
  - D. Women in Neonatal Medicine (Dr Dammann)
- XI. Membership** **TAB 11**
- A. Membership Report (Dr Hopper 10 min)
- XII. Perinatal Section Awards (no discussion)** **TAB 12**
- A. Virginia Apgar Award
  - B. Avroy Fanaroff Neonatal Education Award
  - C. Neonatal Landmark Award
  - D. Pioneer Award
- XIII. New Business/Information** **TAB 13**
- A. Neonatal Device and Innovation Group (Dr Bhutani)
  - B. A Consortium for Universal Rh disease Elimination (CURhE)
  - C. Online educational venues – Update (Dr Zupancic)—15 min
  - D. Surveys to Listserv (Jim Couto)
  - E. Million Babies Initiative
  - F. Section Forum Management Committee – Dr Stark
  - G. *AAP News* Focus on Subspecialties – FYI
  - H. MOC Report
  - I. Global Health Report (Dr Bose)
  - J. AAP Advocacy Report
  - K. Miscellaneous Information

**Adjourn**

2018 AAP NCE  
Orlando, FL  
Section on Neonatal Perinatal Medicine Program  
November 3 - 6, 2018

Friday, November 2, 2018

Organization of Neonatal Training Program Directors

Keynote Address: Gerald Merenstein Lecture

Opening Reception and Poster Session

Saturday, November 3, 2018  
8:00 AM – 7:30 PM

Scientific Abstract Oral Presentations:  
Session 1 (Presentations 1-5)

Presentation of Marshall Klaus Research Awards  
Session 2 (Presentations 6-10)

Thomas Cone History Lecture

Section of Perinatal Pediatrics Update and Awards

Landmark Award:  
Education Award:

Lunch

**Joint Section Program: Section on Advances in Therapeutics and Technology**

Review the critical role for neonatologists in developing neonatal drugs. What is the process for clinical trial design for successful regulatory approval? What is the role of neonatologists and neonatal practices, nursing and parents?

**1:30 – 1:40: Introduction** - *Andrew Hopper, MD and Mitchell Goldstein, MD*

**1:40 - 2:20: Challenges in Neonatal Drug Development**

**2:20 – 3:00: NICHD Pediatric Trials Network**

**3:00 – 3:15** Break:

**3:15 – 3:50 Is Nebulized Surfactant Administration Effective?**

**3:50 – 4:35: Neonatal Lung Injury: Prevention and treatment of BPD and associated pulmonary hypertension**

**4: 30 – 4:45: Questions / Discussion with Panel**

4:45 – 4:50 Young Investigator Awards

4:50 – 5:20 Apgar Award

5:30 – 7:30 TECaN Reception

Sunday, November 4, 2018

8:00 AM – 3:00 PM

### **Section on Neonatal Perinatal Medicine Program**

**8:00 – 8:30** Update from the Committee on the Fetus and Newborn

#### **ELBW State of the Art**

**8:30 – 9:15: Delivery Room Resuscitation: Current Insights**

- **Monitoring the ELBW in the Delivery Room**
- **Sustained lung inflation (SAIL) Trial**

**9:15 – 9:50: Defining and Treating Low Blood Pressure in the Low Birth Weight Infant**

**9:50 – 10:05 Break**

**10:05 – 10:40: Coordinating Complex Care from Fetal Life to Follow-Up: The Critical Role of the Neonatologist in Fetal Centers**

**10:40 – 11:25: Prematurity and Respiratory Outcomes (PROP)**

**11:25 – 11:45 Questions/discussion**

**11:45 – 1:00 LUNCH**

**1:00 – 3:00 Concurrent Workshops**

**Section on Advances in Therapeutics and Technology: Neonatology Gadget Showcase** (*apparently a popular session for SOATT where vendors have the opportunity to showcase briefly new devices to pediatricians and neonatologists*) *This would be optional*

American Academy of Pediatrics  
**SECTION ON PERINATAL PEDIATRICS**  
**Executive Committee Meeting**  
Paradise Valley DoubleTree Resort  
Scottsdale, AZ  
Thursday, April 7, 2016: 8:00 am – 5:00 pm

**MINUTES**

PRESENT:

Renate Dara Savich, MD - Chair  
David Burchfield, MD – Immediate Past Chair  
John A.F. Zupancic, MD, ScD – Chair-Elect  
Susan W. Aucott, MD  
Thomas N. George, MD  
Sergio G. Golombek, MD, MPH  
Munish Gupta, MD  
Andrew O. Hopper, MD  
Mark L. Hudak, MD  
Lilly J. Lou, MD  
Mary L. Nock, MD  
Clara Song, MD  
Cherrie D. Welch, MD, MPH

COMMITTEE CHAIRS/OTHER SECTION LEADERS

Gil Martin, MD TAG  
Stephen Pearlman, MD Coding Committee  
Thomas Parker, MD TECaN  
Ann Stark, MD Fellows Education  
Ned Lawson, MD Journal of Perinatology  
Howard Kilbride, MD Workshop Planning Group  
Linda Van Marter, MD TECaN  
Patricia Chess, MD ONTPD  
Christiane Damman, MD ONTPD  
Meredith Mowitz, MD TECaN  
Hendrik Weitkamp, MD Research Committee

GUESTS:

Christine A. Gleason, MD – March of Dimes  
Erin L. Keels, APRN, MS, NNP-BC – NANN  
Bernadette Hoppe, - NPA  
Tonse N. K. Raju, MD, DCH – NIH

**Approval of Minutes from October 2015**

Dr. Savich welcomed the executive committee and asked that discussions were favored over reading reports. A motion was made and passed to approve the minutes from the October 2015 SONPM Executive Committee meeting in Washington, DC.

**Chairperson's Report** (Dr. Savich)

**Conflict of Interest and Disclosure** – A reminder that Conflicts of Interest forms must be filled out for each activity.

**Review of Executive Committee Roster** - Send any updates for the roster to Jim Couto.

**Annual Leadership Forum** – Usually the chair and the chair-elect of the section attends and votes on the resolutions. With the help of Dr. Stark, a Medical Subspecialty Advisory Panel (MSAP) has been formed, and the subspecialists now have a seat at the board. Despite the growth of subspecialists, the market share of the AAP is dwindling. Group membership is a new push to get subspecialists involved. Top 10 resolutions were reviewed, these will then go to staff and the appropriate internal groups which will form a plan. We should engage this process and use it for neonatal perinatal issues. Dr. Lily Lou submitted a resolution on AAP providing the copyright clearance for speakers at AAP courses. We can submit broader topics for the strategic planning group which then goes to the board.

**Manual of Operations** – Dr. Savich is putting together an operational manual that will outline all the operations of the section. This will be a helpful tool for all new executive committee members and will act as a historical repository.

## **EDUCATIONAL DOMAIN**

### **Educational Programming Reports**

#### **Spring Workshop (Dr. Kilbride)**

2015 Workshop – Evaluations were quite positive, regarding the duration, the format, the location.

2016 Workshop - Areas of opportunity include having more access to the speakers (such as having the speakers available in the lobby during the breaks); ARS – do more with that session using questions from the presentations; like to see new speakers and have town hall by the President-elect be more neonatology focused. Saturday optional seminars involve TECaN working with QI and Leadership. There are 145 registrants, 43 in the coding session. Only 30 attendees actually completed the Part 2 MOC pretest, but budgeted for 150. The underutilized coding session should be advertised to department administrators.

**ACTION ITEM:** During the main sessions, have a panel with all the speakers. Add speaker tables to the Saturday lunch.

#### **New NCE Committee Planning Group nominations**

A structured committee has now been formed to plan the Section's sessions. It consists of the previous NCE program chair, the current program chair, the program chair for the next NCE and the section chair.

In addition, Mark Mammel's term as AAP NCE Planning Group Representative is now up so nominations are needed for a neonatologist with education planning experience. Dr. Dena Hubbard has been nominated.

#### **2015 National Conference & Exhibition: Summary (Dr. Hudak)**

Good attendance, favorable feedback, 4.6 speaker evaluation overall, 30 exceeded average,

#### **2016 National Conference & Exhibition, October 21-25, 2016 – San Francisco, CA**

Program (Dr. George)

The Cone Lecture will be given by Dr. Maria Papadopoulus. Symposiums included joint sessions with the Section on Child Neurology and Section on Hospice and Palliative Care. Workshops on Sunday start at 12:30, the last flights are usually mid-afternoon.

Abstract Session (Dr. Aucott) – The AAP has a new platform for the abstracts which is much more visually navigable, and the review process is more transparent. Easier to use for all. Reviewers need to be submitted. 64 abstracts submitted so far. 5 QI abstracts submitted which can receive Part 4 MOC. Suggested to engage ONTPD and TECaN as moderators in the poster session.

**ACTION ITEM:** Poster session needs a sponsor, last year Dr. Hudak's institution sponsored it. Send out request to executive committee members to see if their institutions might be interested. Funds needed \$10,000.

**ACTION ITEM:** Post sessions that are relevant to neonatologists on the website.

#### **2017 National Conference & Exhibition, September 16 - 19, 2017 – Chicago, IL**

Program Chair (Dr Aucott) Joint session proposals have been proposed for Pulmonology and Pediatric

Nephrology (AWAKEN study about neonates and kidney)

Abstract Chair (Dr. Hopper)

**2018 National Conference & Exhibition, November 2-6, 2018** – Orlando, FL

Program Chair (Dr. Hopper)

Abstract Chair (TBD)

**NeoPREP Report** – January 23-29, 2016 Atlanta (Dr Savich)

300+ attendees with high ratings, and the addition of new speakers. Implemented ARS with half the speakers, will push for use by all speakers in the next course. Added questions on paper for each speaker. AAP has asked for more repeat speakers but speakers are pretty topic specific. 2018 application is due this month. There are three openings on the NeoPREP planning committee currently. Dr. Kelly Wade will be the next chair of the meeting. At least 2 people from the Executive Committee will be on the committee. Looking to add early career member who just took the boards. Also need suggested sites. Copyright permissions... *Pediatrics* journal charges up to \$700 for a slide. Speakers cannot help with the copyright clearance. We cannot ask our speakers to get 20 different permissions. For educational purposes, AAP material be available to be used within the AAP talks. This topic will be discussed further.

### **Hot Topics with AAP**

Hot Topics meeting now has a better relationship with AAP; the section sponsors COFN speaker on hot topic, and working on increased trainee participation.

### **Vermont Oxford Network**

Increased section involvement includes a Section-sponsored presentation and a MIDCaN luncheon.

### **Education Advisory Board (Dr Stark)**

The Education Advisory Board oversees the Santa Fe Seminar in Perinatal Medicine sponsored by Abbott; Aspen and Marco Island meetings sponsored by Mead Johnson; and the Regional Perinatal Conferences also sponsored by Mead Johnson. The consolidation of the regional conferences from 7 into 4 meetings began this year. Should the Section consider developing other formats for fellows (QI or clinical topics) which could be added to the new regional meetings? Trying to create this same model in other countries, using local and section faculty.

### **NeoPREP Lite (Dr Zupancic)**

The idea was to take the good work of NeoPREP and *NeoReviews* and present to the membership in smaller pieces. For recertification, interest, or board review, using new technology to find holes in their knowledge and then address them. DVD of the NeoPREP meeting is sold outside of the AAP. Now with the new Department of Education Director, Dr. David Jaffe, this will be a good time to revisit this concept. A representative from NeoPREP, Dr. Zupancic, Vivian Thorne, a MIDCaN such as Dr. Song will meet with Dr. Jaffe to talk about this new idea and then figure out the technical piece of this. Dr. Bose suggested putting out an RFA to our neonatal community. Suggest using Brodsky and Martin's book to create something new just for recertification. ABP content specifications are being reviewed again.

**ACTION ITEM:** Dr. Zupancic to pull together a proposal for Dr. Jaffe's consideration.

**ACTION ITEM:** Jim Couto to set up a meeting with Dr. Jaffe regarding new forms of creating educational content for our members.

### **Committee on Fetus and Newborn**

Dr Benitz was not able to attend but the COFN minutes were distributed.

### **Neonatal Resuscitation Program**

Should the section have a liaison with NRP? COFN currently has one.

### **Perinatal Section Newsletter (Dr Nock)**

Dr. Mary Nock is the new newsletter editor. The lead article was written by Dr. Ariagno in past issue. Need topics from this meeting for new articles. Suggestions include focus on NRP Guidelines, using the sheet that they have already produced, Pinterest article and/or an MOC story. Dr. Nock has contacted our international members about district news and they were thrilled to be asked. Continue to include them. Include conferences in the newflash. Dr. Clara Song can tweet the conferences.

### **Journal of Perinatology** (Dr. Lawson)

The Journal has closed down the imaging case report section and Stephen Pearlman is editing a new QI section. The Journal is in the top third of pediatric journals, out of a hundred plus. Number of published papers has increased. Dr. Lawson asked the section to consider what the section can do for us, such as good state of the art review papers, such as a number of the talks given at NCE and Spring Workshop, which can be transcribed for publication. Ideas for editorials can be sent to Dr. Lawson. Comments and ideas can be sent to Dr. Lawson. Dr. Martin highly recommended a new editorial on State of the Journal, important for all to read. The article was emailed to all the executive committee members. Dr. Lawson asked the executive committee to encourage their colleagues and trainees to submit to the *Journal of Perinatology*, specifically QI issues.

### **Coding Trainers** - (Dr Pearlman)

New code for partial exchange transfusion. Dr. Pearlman would like to host a coding webinar for fellows. *The Coding Reference Guide* is in its second edition, printed and paid for by the Section and it has generated a small profit. Creating a new code for Zika virus, working with the CDC, hopefully to be out by this fall.

### **TAG** (Dr Martin)

The Tactical Advisory Group works with the World Health Organization to implement ICD codes. ICD-10 came out in October, with very few complaints regarding delay of payment. ICD-11 is complete with numerous new codes but no publication date in sight. It will be in October, but of what year it is not known. Going forward, Dr. Martin will submit a written report, as this will be his last Spring Workshop meeting.

### **Website Committee** (Dr Van Marter)

The Executive Committee has approved \$50,000 to design and create a new website. Monique Phillips has now been hired to implement website changes for the section. New members to the committee include Wendy Timpson to work on the Families page as editor. Viral Jain, 3<sup>rd</sup> year resident just matched in Cincinnati, has brought great ideas and new energy to the group, by creating a Journal Club, and completely organizing an archive of *NeoReviews* broken down by system and year. Klaus Award application is now fully electronic. The TECaN page was redesigned adding a leadership corner. 2015 NCE presentations have all been uploaded. Articles of Interest page has been hugely successful. The website will be hosted on a mobile platform, easily viewed on all digital platforms. Hope to improve the functionality, design, and member experience. Need more committee members, send out a call for interested, experienced members. With the new design, it was suggested to include all the calculations/calculators in one area. The Section has a robust Pinterest site, created by Dr. Song, for AAP Neonatal for teaching modalities and visual/audio resources.

**ACTION ITEM:** Feature Pinterest article on website and in the newsletter. Email Linda/Renate any suggestions/comments about the website redesign.

### **Pediatric Academic Societies Meeting**

Silverman Lecture – Dr Jeff Horbar

NICU Follow-Up club

### **NIH workshops sponsored with SONPM**

Neonatal Abstinence Syndrome attended by Dr. Hudak. There is no biomarker for diagnosis. Research is being done. This should be an ALF Resolution regarding universal screening.

Adult Outcomes ELBW – Attended by Drs. Burchfield and Savich – manuscript in review

Human Placenta Project – attended by Dr. Maltepe (Division Chief paid for his membership so he could participate)

Chorioamnionitis – Paper published.

Effect of Drug Use During Pregnancy on Mother and Fetus took place last year.

All the talks are available on the NIH website. RFAs and published papers are the outcomes of these workshops. If you have any burning issues, please send suggestions to Dr. Savich. Need more of a formal selection process. Written report after the meeting with an expectation that a publication would come out of it. Dr. Savich will add to the Manual of Operations. Treatment for BPD and ROP and upcoming workshops. Dr. VanMarter asked to consider having an educational workshop here at the Scottsdale meeting for all attendees. Contact Dr. O’Keeffe for experts. Joint workshops with Pediatric Surgery will also be looked at.



## **LEADERSHIP DOMAIN**

### **TECaN Report (Dr Mowitz)**

TECaN has reestablished monthly newsflash which links back to the website. They are working on better representation and resources for Early Career fellows. Participating in the Pediatric Leadership Alliance, with graduates helping out at this meeting during the Leadership Workshop. Where else can these young leaders be integrated into the section? Cardiologists would like to follow the template of TECaN. ONTPD networking opportunities and regional fellow conferences and VON – QI, 1/day fellows update.

Future areas of focus include: Early Career involvement and Where do we put these young leaders into the section so they don't disappear and drop out of the membership. How can they be utilized? Need help from the Section leadership. Dr. Burchfield recommends sending these leaders to district meetings/leadership and becoming involved at that local level. Dr. VanMarter reminded committees to include early career members in their ranks. Consider experimenting with district grants to the TECaN group. Creating any conferences for early career fellows just like the trainees conferences? Add the TECaN rep to district meeting planning groups. Formal AAP mentoring process is in place and the section could use that system.

### **MIDCaN Group (Drs Hopper and Savich)**

The MIDCaN group will be an organization designed to meet the needs of neonatologists > 7 years up to 15 years out of training. Mead Johnson has agreed to support the initial meeting at this year's NCE.

TECaN is doing well with providing for the needs of trainees and new neonatologists in practice, but there is a void for neonatologists  $\geq$  7 years out of training. These mid-career neonatologists have different needs, interests and concerns that could be better addressed.

Organizational Committee: Alexis Davis, Deena Hubbard, Andi Duncan, Munish Gupta, Renate Savich, Andy Hopper will be meeting on Saturday to discuss further. New initiative supported by Mead Johnson Nutrition.

### **Organization of Neonatal/Perinatal Training Program Directors (Dr. Chess)**

Successful match with 81% filled with the initial round; 12% from DO programs. Dr. Chess mentioned that medical students can no longer be guaranteed a residency because of increased numbers. Encouraging all specialties to move to the same match date. Working with COPS with the next accreditation system with reviews, milestones, etc, and creating New EPAs. Would like section involvement with ACGME for specific core requirements and we need to create neonatology input with the section's help. Range for other specialty program directors is between 20 and 50% protected time. ACGME is suggesting 20-25% as a minimum, depending on the size of the training program. Section can be an advocate for this issue.

**ACTION ITEM:** Write a letter from the chair of the section, with Dr. Chess, recommending what goes in the letter.

### **COPS Report (Drs Van Marter)**

COPS is an organization that pulls together all of the medical pediatric subspecialties, coordinating the issues and responding.

Some of the Weaknesses discussed: - Outside interests and accountability of reps - We all have different agendas. It is important for us to speak about things that will unify us. - Lack of social media. We had previously decided we weren't ready for it, but now we think we need to readdress it and how it might benefit us.

Some of the Opportunities discussed: - Workforce – this is a relatively new issue of importance for us. - Expand partnerships with allied and partner organizations - SPIN Research Network Expansion

Some of the Threats discussed: - The leadership role with CoPS is bigger than imagined. - Loss of SPR membership – they were one of our best allies, but they recently sent us a letter explaining that their mission is very different from ours and so they had to withdraw. - Lack of financial support. - MOC Issue: MOC was created to ensure that pediatricians and pediatric subspecialties are up to date and to ensure quality and learning. We need to make sure that those commitments are not lost. Some challenges will be to communicate what the changes are and to make sure MOC is relevant to everyone's work.

One advocacy issue to be brought to COPS is maternity leave and fellowship requirements. No salary and no benefits and lots of debt. Could be an issue for AAP, Section, COPS, and ONTPD. This issue could also be a potential ALF resolution.

**ACTION ITEM:** Dr. VanMarter will bring the maternity leave/fellowship requirements issue to the next COPS meeting.

### **Klaus Award Applications (Dr Weitkamp)**

For 2016, we received 42 online applications, a new record, with a much better process than in the past. There will be an Education Award funded by Brodsky and Martin book, Health Services award by BIDMC, but we lost the March of Dimes award. The Klaus application submission needs to be more highly publicized. Used the website and newsletter this year. The process is for Dr. Weitkamp to contact winners by phone, then officially on AAP Section letterhead, then posted on the website and in the newsletter. New ranking system using overall scores and top ranking of each reviewer was developed. Awards are for trainees in neonatology only. There will be one award from Johnson & Johnson, Mead Johnson will support 2, and the section will support 4. Fellows would like feedback on their grant applications and that will be given to them.

### **Women in Medicine (Dr. Dammann)**

Dr. Dammann would like to explore a new idea for a task force on Women in Neonatal Medicine. Gender equity problems. 70% of residents are women. Half of our section members are women. Getting together with other women groups who are already working on these issues. APB has the workforce numbers.

## **QUALITY DOMAIN**

### **Committee on Quality (Drs Burchfield & Zupancic)**

This committee was launched with a mandate of getting the section involved in this domain, only to become a task force that targeted one issue at a time, define or provide a consensus on quality measures, and includes representatives from Pediatrix Medical Group, NANN, a parent representative and VON. Task Force was tasked to create a Universe of Core Measures with criteria for reasonable measures to be used in accountability and quality improvement with the goal to create a white paper. Survey ready to be distributed with the criteria for the first set of measures. Problem is the committee time expected, might need to expand the committee members in order to get this work done. AAP has also been doing this in Pediatrics at the same time. Their measures are more ambulatory based.

**ACTION ITEM:** Expand the committee and field the first survey.

### **Report on “Choosing Wisely” (Dr Zupancic)**

Published the top five procedures which do not apply in all settings, but it was useful for a demonstration of a process. How can we move this forward and where should we take this outside of neonatology? Even outside of pediatrics? Choosing wisely champions are being recognized. Would like to undertake this program and need section help to operationalize this.

### **SONPM Guidelines and Protocols Task Force**

Repository of rigorously reviewed guidelines which would be provided to our members. 53 people applied for task force membership. Dr. Savich, Dr. Bill Engle, and Dr. Scott Denney are leading this effort. Will also be adding members to the editorial review group to review all the guideline, with approximately 20-25 people getting involved in section activities. Perhaps this would be a good arena in which to pull in nurse practitioners. Dr. VanMarter happy to facilitate this on the part of the website but would suggest links to protocols so that we don't need to worry about updating them. Unlikely to work since not all guidelines have links on a website.

## **GLOBAL HEALTH DOMAIN**

### **Global Health Report (Dr Bose)**

Helping Babies Breathe (HBB) is in its fourth year.

More than 300,000 trained in 77 countries.

HBB 2.0 is in its final revisions. The editorial team consists of Susan Niermeyer, Michael Visick, Beena Kamath-Rayne, Bill Keenan, Nalini Singhal, and George Little. HBB 2.0 will be filed tested in the Spring of 2016.

The Essential Care for Every Baby (ECEB) is available.

ECEB learning materials are now in stock and being sold by the AAP Bookstore, in addition to being available through download at the AAP Global Resources site (<http://internationalresources.aap.org/Resource/Home>).

Essential Care for Small Babies (ECSB) has rolled out.

ECSB learning materials are also available through download at the AAP Global Resources site (<http://internationalresources.aap.org/Resource/Home>).

ECSB along with ECEB Master Trainer Workshops will be held in May (Salt Lake City), August (Vancouver) and September (Chicago).

Many activities related to the HBS programs are guided, and often funded, by a public, private partnership called the *Survive and Thrive Global Development Alliance* (<http://www.laerdalglobalhealth.com/doc/2504/Survive-Thrive-Global-Development-Alliance>). Recent relevant activities of this GDA (and its partners) include: The release of online, open-access videos produced by the Global Health Media Project on various aspects on newborn care. These videos designed, in part, to augment the ECSB and HBB 2.0 modules and other HBS programs.

The “Saving 100K Babies” initiative (funded by the Gates foundation, Laerdal Global Health, USAID, and J&J) continues to move forward. Progress to date includes:

India: Adapted HBB and ECEB learning are being scaled up in 5 districts.

Ethiopia: HBS Master Training occurred in September. Regional Training workshops will begin in the spring.

Nigeria: HBS material has been integrated into Nigerian ENC training material. A train-the-trainer cascade is ongoing.

Each country is served by consultants from the AAP Section on Neonatal Medicine, as follows:

India – Bill Keenan, Susan Niermeyer, Nalini Singhal

Nigeria – George Little, Tyler Hartman, Michael Visick

Ethiopia – Sara Berkelhamer, Carl Bose, Renate Savich

A group of global health clinicians and experts in quality improvement are nearing completion of a QI Workbook to complement the HBS and HMS (Helping Mothers Survive) programs. This workbook will be a self-learning tool intended for use by providers at facilities in resource-limited areas. A draft will be completed in April and will be introduced a meeting of the SEARO WHO countries in May. It is hoped that it will be used to help implementation of education about maternal-newborn care into practice.

## **Perinatal Section Subcommittee Reports**

### **Membership (Dr. Hopper)**

Dr. Hopper provided a Key Driver Diagram, using a QI framework.

Enhance membership by promoting the value the section provides with discounts and chances for involvement.

**ACTION ITEM:** Make the process of renewal as easy as possible, there is an annual renewal but it happens in different months for the members, on their anniversary month. Send an alert about joining the section, using emails and social media.

Perhaps making some of our website offerings for members only. Section affiliate membership could be a big push. Could we add those AAP members into the section for free for one year? There are almost 1,000 AAP members who are not in the section. District reps could send personalized membership letters.

**ACTION ITEM:** Send District Reps the names of those AAP members who are not in the section so that they can send personalized membership letters.

### **History Committee (Dr Golombek)**

Dr. Golembek has interviewed three award winners at section meetings and created beautiful videos, John Kattwinkel, Jon Tyson, and George Gregory. He next plans to interview Jeff Whitsett (done) Alan Jobe and Maria Papadopolous.

**ACTION ITEM:** Ms. Thorne to post movies on the AAP YouTube Channel.

## Perinatal Section Liaison Reports

### National Association of Neonatal Nurses (Erin Keels)

*Baby Steps to Home: Baby Steps to Home* was created to standardize the discharge pathway NICU nurses use to educate parents about their baby's condition and prepare them to take their baby home.

In each step, nurses will find evidence-based PDFs for their own education and easy-to-understand, editable documents that can be printed and handed to parents following a discussion. This free resource, in both English and Spanish translations, is available at: <http://babystepstohome.com/>

3<sup>rd</sup> revision of the PICC Guidelines have been released. Opportunities for small grant awards and scholarships for Neonatal Nurses. Creating education for Neonatal CNS competency. Workforce survey completed and shared last year. NNP compensation survey is the next step. Neos should be sending good nurses to the NANN website and pushed to consider NNP certification. There is a need for Neonatal Nurse Practitioners. 50% of training programs have open slots, but we need to get nurses into the program.

In 2015, Senator Robert P. Casey sponsored Senate Bill S. 2041, Promoting Life-Saving New Therapies for Neonates Act of 2015. NANN enthusiastically added its voice in support of this legislation through official letters from its national office and chapters. NANN continues to actively work to provide support for the following initiatives:

- Universal Newborn Screening for Critical Congenital Heart Disease
- National Drug Shortages
- RSV Immunoprophylaxis
- Safe Chemicals Research and Legislation
- Reimbursement for Donor Human Milk for Preterm Infants
- DME Documentation by Advanced Practice Providers
- Implementation of the APRN Consensus Model
- Nursing Workforce Issues and Appropriations
- AAP "Choosing Wisely" Initiative

### National Perinatal Association (Dr Bernadette Hoppe)

Evidence-Based Standards of Care for Women using Drugs during Pregnancy workgroup will create a standard of care for a multidisciplinary audience as well as toolkit for parents and families.

Need a champion for the endorsement. 85 page document with a synopsis published in the Journal of Perinatology.

Interdisciplinary Recommendations for Psychosocial Support of NICU Parents. Dr. Savich noted it was too long for a section to read and send to the AAP Board for endorsement.

**ACTION ITEM:** Dr. Hoppe to ask one of the AAP reviewers, who were already involved, to write a review of it for the newsletter/website.

### National Institutes of Health (Dr. Raju)

Neonatal Research Network (NRN) ([neonatal.rti.org](http://neonatal.rti.org))

Focused on newborns, particularly extremely low birth weight (ELBW) infants, the NRN is a collaborative research network of neonatal intensive care units that test the safety, feasibility, and effectiveness of new and existing medical treatments. Since 1987, the NRN's Generic Database has collected data on mothers and infants, the therapies they received, and outcome of the infants at discharge. Surviving infants have neurodevelopmental assessments done at 24 months corrected age. The data form the basis of the network's web-based outcome tool: [www.nichd.nih.gov/about/org/cdbpm/pp/prog\\_epbo](http://www.nichd.nih.gov/about/org/cdbpm/pp/prog_epbo). The new funding cycle will start in April 2016

NICHD launched on 6/22/2015 the [NICHD Data and Specimen Hub \(DASH\)](https://dash.nichd.nih.gov/) at <https://dash.nichd.nih.gov/> which is a centralized resource for researchers to store and access de-identified data from studies supported by the NICHD. The NICHD DASH can help investigators meet the NIH's data sharing requirements for their own studies and find study data from other investigators for secondary analyses. The NICHD DASH supports compliance with the [NIH Data Sharing Policy](#) and the [NIH Genomic Data Sharing Policy](#) for investigators who are required to share data, and provides a central location for NICHD-funded investigators to share their data if interested. By supporting data sharing through DASH, NICHD aims to accelerate scientific findings and improve human health. So far, there are 14 studies in DASH, and NICHD is working on adding more.

### March of Dimes (Dr. Gleason)

Dr. Gleason has been in a consulting role at the March of Dimes for years and was asked to take on this role when Dr. Berns became president and CEO of NICHQ. Dr. Paul Jarris was named Senior Vice President and Deputy Medical Officer of March of Dimes Foundation.

This past November, the March of Dimes released its 8th annual Premature Birth Report card. The United States earned a "C" on the report card with a preterm birth rate of 9.6 percent in 2014, according to the National Center for Health Statistics. The nation met the March of Dimes 2020 preterm birth rate goal of 9.6 percent early, avoiding thousands of early births and saving millions in health care costs. The March of Dimes also announced a new goal for the nation to lower the preterm birth rate to 8.1 percent of live births by 2020. Reaching the 2020 goal of 8.1 will mean that 210,000 fewer babies will be born preterm.

On November 17th families around the world participated in Prematurity Awareness Day to raise awareness that preterm birth is a serious problem worldwide

The March of Dimes held the Prematurity Prevention Conference 2015: Quality Improvement, Evidence and Practice, in November with a goal of enhancing prematurity prevention efforts in the US through the sharing of information about the design, implementation and evaluation of interventions, programs, policies, and other activities to prevent preterm births. During the conference the March of Dimes "Prematurity Campaign Roadmap" goal is to lower the national preterm birth rate to 5.5 percent by 2030, closing the geographic and racial gaps identified in the March of Dimes Premature Birth Report Card.

The Prematurity Campaign Roadmap outlines specific interventions health care providers and officials can take to prevent preterm birth. The first phase of the plan will focus on six states or US territories with the highest rates of preterm birth, and include Puerto Rico, Alabama, Mississippi, and Louisiana, which have rates above 11.5 percent. Phase I also includes Florida and Texas, which have large numbers of preterm babies, each with a rate of about 10 percent. Phase II of the plan calls for bringing attention to an additional 10 states with more than 100,000 births each year, including California, Georgia, Illinois, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, and Virginia.

**Center for Disease Control** (Written Report)

**Canadian Pediatric Society** (Written Report)

**Society for Maternal & Fetal Medicine** (Dr O'Keefe)

Introduction of Dan O'Keefe, Executive Vice-President of the Society for Maternal Fetal Medicine (SMFM). Like AAP, SMFM also has a new Executive Director. SMFM wants to continue to collaborate with the NIH/ACOG/AAP workshops and would like suggestions for hot topic ideas and ways to work together. Next year, the focus will be on genetics and what standards and diagnostics to use. Could AAP include a hot topic meeting at one of our meetings?

Senate Committee is setting up a task force on drugs in pregnancy to look at the gaps and the needs. Have been working with the AAP Federal Affairs staff.

**The meeting was adjourned at 4:45pm.**

**Respectfully submitted,**

**Vivian B. Thorne**  
**AAP Section Manager**



## **Annual Leadership Forum**

**American Academy of Pediatrics**

*Chapters • Committees • Councils • Sections*

# **GUIDELINES FOR SUBMITTING RESOLUTIONS**

## **I. PURPOSE OF RESOLUTIONS**

The purpose of resolutions is to provide a formal mechanism whereby the members of the Academy can give input concerning Academy policy and activities. All resolutions submitted to the Annual Leadership Forum or to the Board of Directors directly are considered by the Board, but are advisory and not binding.

### **Resolutions should relate to the Academy's mission**

The mission of the American Academy of Pediatrics is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the Academy shall support the professional needs of its members. Resolutions must address the Academy's mission, and the proposed action of the resolution should be desirable, doable, feasible and ethical. Some useful types of resolutions include:

- 1) A request that the Academy develop a statement or otherwise take action on a particular issue.
- 2) A request that the Academy inaugurate a new program or activity or reconsider a current AAP program or activity.
- 3) A request that the AAP change its operating procedures.

If the resolved portion of a resolution is already being addressed by the AAP, or there is existing board policy (ie, creating a new section) the ALF Executive Committee reserves the right not to accept the resolution but to return it to the author informing him or her of the appropriate body within the AAP that is addressing the issue.

### **What makes an Effective Resolution?**

The Resolved(s) portion of the resolution should define as specifically as possible the action to be taken by the Board of Directors and group(s) to which it will be assigned. The resolution should be limited to one page.

### **Some Ineffective Resolutions include:**

1. **The "Commandment"** resolution. For example, a resolution that asks the AAP to take a stand against murder doesn't accomplish much.
2. **The Grandiose idea.** For example, a resolution that says the AAP should bring "peace and happiness to everyone" is unlikely to accomplish much.
3. **The "Board of Directors Magic Wand"** resolution. When a resolution identifies a problem and no one has a proposed solution, it is unlikely to be solved by throwing it into the Board's lap.

4. **The Spendthrift** resolution. A resolution which asks the AAP to spend a large amount of money to accomplish a minor objective would be unwise.
  5. The "**Amateur Expert**" resolution. This asks the AAP to act in an area in which we are not expert.
- \* Annual Leadership Forum Executive Committee and the Chapter Forum Management Committee reserves the right to exclude resolutions beyond the purview of the AAP.*

## II. WHO CAN SUBMIT RESOLUTIONS

### Resolutions may originate from:

- 1) Chapters, Committees, Councils or Sections
- 2) Districts
- 3) Fellows of the Academy with or without group endorsement

## III. CONFLICTS OF INTEREST

In an effort to be transparent and avoid potential or perceived conflicts of interest, an AAP Fellow who has a fiduciary interest in a resolution he or she submits is asked to disclose such a conflict of interest upon submission of the resolution. In addition, those individuals will be asked to disclose their conflict prior to speaking for or against resolutions in either the reference committee hearings or the general voting sessions at the ALF.

## IV. THE USE OF INDUSTRY NAMES IN RESOLUTIONS

The AAP acknowledges that opportunities and resources (including non-dues revenue) exist and the AAP will therefore seek partnerships that can serve to further its mission, provided that these relationships are in agreement with its core values. When making a reference to industry in a resolution, generic names should be used (ie, soft drink, pharmaceutical, etc). References to proper names in reference to industry in resolutions will be changed by the CFMC to the generic form. However, proper names in reference to industry may be included in the Background Information of a resolution by the author.

## V. CHECK OUT THE RESOLUTION DATABASE

The purpose of the resolution database is twofold; 1) The database is a quick reference for looking up past resolutions; and 2) The database allows members who are thinking about developing a new resolution to review past resolutions on the same subject and what the Academy is doing about it. In some cases an author may find that their issue is already being handled but occasionally, a new resolution is still necessary, despite past resolutions covering the topic.

### Instructions to go into the resolution database:

- Go to the ALF Main page, [here](#).
- Log in with your MyAAP credentials.
- To the right of the page, under Looking for a Past Resolution, click in the search box to search for any resolution.
- Type a keyword, date, author name or title to search for a resolution.

### LOOKING FOR A PAST RESOLUTION?

Top 10 Database  
Resolutions Database  
Search all Resolutions

Type to search

Search...

All resolutions that have been written from 1995 to present will appear in your search. This will help you to determine whether or not a resolution dealing with this subject is necessary.

## TOP TEN RESOLUTIONS DATABASE

The Academy has received many requests from its members wanting to know “what were the resolutions on the Top Ten last year, or the year before”? The Top Ten Resolutions have now been added to the database. Just click on Top Ten Database, located directly above the Resolution Database. You can now click on any of the years dating back to 1999, the year the Top Ten originated. The Board response is also available.

### **What happens after a resolution is sponsored by a Chapter, Committee, Council and/or District?**

The resolution is sent to the Central Office where it is typed in proper format and given the next available number. The Manager, Chapter Programs, refers the resolution to the staff liaison of the committee(s)/council(s)/department(s)/section(s) most likely to have background information. Once background information is received, it is included with the resolution.

By January resolutions are assigned final numbers so that they can be grouped by similar subject matter and sent to the Chapter Forum Management Committee (CFMC) for review. If the Chapter Forum Management Committee has any questions regarding a particular resolution, they must call the author for clarification or changes. These resolutions will then be placed on the MyAAP section of the AAP Web site within 30 days of the Forum. This will give all members an opportunity to view the resolutions prior to the Annual Leadership Forum (ALF).

Resolution authors are strongly discouraged from lobbying on behalf of a resolution, prior to the ALF on group Listservs or on AAP websites. AAP staff is under no circumstances allowed to provide any resolution author or individual with Listerv or group email information for the purposes of resolution lobbying. Lobbying for the top ten is absolutely prohibited on the voting floor of the ALF.

## **VI. RESOLUTION FORMAT**

Following is an explanation of the resolution format:

- RESOLUTION #** - a number will be supplied by Central Office
- TITLE** - should reflect the action for which the resolution calls
- SPONSORED BY** - the sponsor of the resolution must be identified.  
Resolutions can be submitted by fellows, chapters, committees, councils, sections or districts. Resolutions can only be sponsored by chapters, committees, councils, sections, or districts.  
Sponsorship implies agreement on the resolution content. Multiple sponsorships are not necessary.
- DATE** - Date submitted. (see below, Section VII - DEADLINES).
- DISPOSITION** - Reflects vote of the Forum.
- Whereas** - These statements should be written clearly to define the problem and state that a solution is possible. Please remember that the Whereas' are not voted on and should be limited to three or four statements in order to assure that the focus remains on the resolved portion of the resolution.



**RESOLVED -** Each resolution must contain a Resolved which stands alone and request action by the Academy. The resolution may not have more than 2 RESOLVEDS. The Resolution also may not include bullet points within the resolved. For the purpose of clarity, we encourage authors to limit the character length of each resolved.

**FISCAL NOTE -** Fiscal notes are generally supplied by staff, but whenever possible, the authors are encouraged to supply fiscal notes upon resolution submission.

**REFER TO -** Resolutions should be referred to the Annual Leadership Forum or, if urgent, to the AAP Board of Directors.

#### **AUTHOR/CONTACT**

**PERSON -** Fellow(s) who drafted the resolution and can be contacted for clarification. Resident and candidate fellows who author resolutions must also obtain support of an AAP full fellow to co-author the resolution.

**Email -** Email address where the author/contact person can be reached.

#### **BACKGROUND**

**INFORMATION -** The author of the resolution should supply background material, if possible. The author's background material should be limited to 2 pages or 86 lines using a 12 point font with a 2 inch left margin. Any background material exceeding 2 pages will be placed in the additional electronic background book. Staff will gather information as well. This information will be sent to the Chapter Forum Management Committee to review.

### **VII. DEADLINES**

1) Regular Resolutions

To be considered as regular business and to be included in the Annual Leadership Forum workbook, resolutions must be received by the central office **no later than November 15<sup>th</sup>, 2016**. Resolutions which require AAP bylaws changes should be submitted at least 90 days prior to the ALF. Resolutions requiring a bylaws change will be noted in the background information.

2) Late Resolutions (LR#)

Resolutions presented after November 15<sup>th</sup> and before the opening session of the Forum, will be considered **Late Resolutions**. All Late Resolutions must be accompanied by a statement from the author(s) setting forth:

- A. The reason (s) the Late Resolution was not submitted by the deadline date;
- B. The reason(s) that the Late Resolution cannot wait until the next Annual Leadership Forum and be submitted on time; and
- C. If expenditure of funds is anticipated in the implementation of any Late Resolution, a fiscal note is required.

**Resolutions should be emailed to Jonathan Faletti, Manager, Chapter Programs, at [jfaletti@aap.org](mailto:jfaletti@aap.org).**

**What happens to a resolution once it is adopted at the Annual Leadership Forum?**

The Advisory Committee to the Board on Community, Chapter and State Affairs (ACBOCCSA) reviews all adopted resolutions and refers them to the appropriate committee(s)/ council(s)/ section(s)/ department(s) for response. A letter is sent to the staff liaison to have the resolution addressed by their group in a timely fashion.

The staff liaison then forwards the response to the Manager, Chapter Programs in the Division of Chapter and District Relations. The response is added to the resolution. A disposition document which includes the status of all resolutions is posted on the ALF Web site and will be included in the following year's Annual Leadership Forum workbook.

All committee/council/section/and department responses are tracked by the Chapter Forum Management Committee (CFMC). The CFMC representative receives the responses from his/her district's adopted resolutions, follows up with resolution authors on an individual basis, and reports on them at the National Conference and Exhibition (NCE).

## Fiscal Notes

Resolutions are written to define a problem and suggest a possible course of action or solution. Often times the solution has a fiscal impact on the Academy. In such a case, the resolution should always include a fiscal note. Below is a listing of some of the more common fiscal notes. The Academy strongly suggests that authors of resolutions refer to this reference guide in order to better understand the implications their resolution might have on the Academy. Fiscal notes are also a very important factor in determining whether a resolution should be adopted or defeated.

<b>Examples</b>	<b>Approximate Cost</b>
<b>Creation of a Task Force</b>	<b>\$20,000</b>
<b>Committee Meeting (10 members, 1 staff)</b>	<b>\$7,000</b>
<b>Conference Call (\$.16 a minute, 11 people, 2 hours) Reserved line, toll free service</b>	<b>\$211</b>
<b>AAP Bylaw Referendum (if the referendum is in conjunction with the AAP elections)</b>	<b>\$1,200</b>
<b>AAP Bylaw Referendum done on its own</b>	<b>\$35,000</b>
<b>Oral History (per person)</b>	<b>\$3,500</b>
<b>Pedialink Course Per Hour of Instruction</b>	<b>\$10,000- \$60,000</b>
<b>EQIPP Course (Per hour of instruction including Maintenance of Certification (MOC) Part 4 Credits)</b>	<b>\$150,000-\$270,000</b>
<b>Public Relations:</b>	
<b>Issue a news release to print and broadcast media nationwide</b>	<b>\$1,000</b>
<b>Distribute camera-ready feature to local newspapers across the country</b>	<b>\$4,000</b>
<b>Hold a news conference featuring AAP spokesperson</b>	<b>\$6,500</b>
<b>Produce and distribute a video news release (pre-packaged for broadcast)</b>	<b>\$20,000 - \$25,000</b>

Date last reviewed: 4/25/16



## AAP COMMITTEE ROSTER

Committee Type: Section  
Committee Name: Neonatal-Perinatal Medicine  
Committee Position: All  
Committee Members to Include: All  
Committee Member Status to Include: Current  
Include AAP ID: No

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### Neonatal-Perinatal Medicine

Renate Dara Savich MD, FAAP  
Position: Chairperson  
Title: Chairperson  
District: DISTRICT VII  
2500 N State St  
Jackson, MS 39216-4500  
Phone: (601)815-7158  
Fax: (601)815-5981  
Email: rsavich@umc.edu  
Voting: Yes  
Term: 11/01/2014 - 10/31/2016  
Status: CURRENT

John A. F. Zupancic MD ScD  
Position: Chairperson-elect  
Title: Chairperson-elect  
District: DISTRICT I  
Department of Neonatology  
330 Brookline Ave Rose 318  
Boston, MA 02215-5400  
Phone: (617)667-3276  
Fax: (617)667-7040  
Email: jzupanci@bidmc.harvard.edu  
Voting: Yes  
Term: 11/01/2014 - 10/31/2016  
Status: CURRENT

Susan Wright Aucott MD, FAAP  
Position: Member  
Title: Executive Committee Member-District III  
District: DISTRICT III  
1017 Fallscroft Way  
Lutherville, MD 21093-1707  
Phone: (410)955-5259  
Fax: (410)955-0298  
Email: saucott@jhmi.edu  
Voting: No  
Term: 11/01/2012 - 10/31/2018  
Status: CURRENT

Thomas N. George MD, FAAP  
Position: Member  
Title: Executive Committee Member - District VI  
District: DISTRICT VI  
Neonatology / East Bldg MB 632  
2450 Riverside Ave  
Minneapolis, MN 55454-1450  
Phone: (612)624-6595  
Fax: (612)624-8176  
Email: tgeorge@umn.edu  
Voting: Yes  
Term: 11/01/2012 - 10/31/2018  
Status: CURRENT

Sergio G Golombek MD MPH, FAAP  
Position: Member  
Title: Executive Committee Member - District II/History  
Committee Chair  
District: DISTRICT II  
1 Fountain Lane Apt 3K  
Scarsdale, NY 10583-4656  
Phone: (914)493-8488  
Fax: (914)493-1005  
Email: sergio\_golombek@nymc.edu  
Voting: Yes  
Term: 11/01/2010 - 10/31/2016  
Status: CURRENT

Munish Gupta MD, FAAP  
Position: Member  
Title: Executive Committee Member - District I  
District: DISTRICT I  
Beth Isreal Deaconess Med Ctr  
330 Brookline Ave  
Boston, MA 02215-5400  
Phone: (617)667-3276  
Fax: (617)667-7040  
Email: mgupta@bidmc.harvard.edu  
Voting: Yes  
Term: 11/01/2015 - 10/31/2018  
Status: CURRENT



## AAP COMMITTEE ROSTER

Committee Type: Section  
Committee Name: Neonatal-Perinatal Medicine  
Committee Position: All  
Committee Members to Include: All  
Committee Member Status to Include: Current  
Include AAP ID: No

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Andrew O. Hopper MD, FAAP  
Position: Member  
Title: Executive Committee Member - District IX  
District: DISTRICT IX  
2812 Ivy St  
Riverside, CA 92506-1414  
Phone: (909)558-7448  
Fax: (909)558-0298  
Email: ahopper@llu.edu  
Voting: Yes  
Term: 12/12/2013 - 10/31/2019  
Status: CURRENT

Mark Lawrence Hudak MD, FAAP  
Position: Member  
Title: Executive Committee Member - District X  
District: DISTRICT X  
12957 Huntley Manor Dr  
Jacksonville, FL 32224-7911  
Phone: (904)244-3056  
Fax: (904)244-3777  
Email: mark.hudak@jax.ufl.edu  
Voting: Yes  
Term: 11/01/2011 - 10/31/2017  
Status: CURRENT

Lily Joan Lou MD,, FAAP  
Position: Member  
Title: Executive Committee Member - District VIII  
District: DISTRICT VIII  
16501 Chasewood Ln  
Anchorage, AK 99516-4830  
Phone: (907)632-4378  
Fax: (907)212-8453  
Email: lilylou@mindspring.com  
Voting: Yes  
Term: 11/01/2012 - 10/31/2018  
Status: CURRENT

Mary Lynn Nock MD, FAAP  
Position: Member  
Title: Executive Committee Member - District V  
District: DISTRICT V  
32139 Deerfield Dr  
Avon Lake, OH 44012-3802  
Phone: (216)844-3387  
Email: mary.nock@uhhospitals.org  
Voting: Yes  
Term: 11/01/2011 - 10/31/2017  
Status: CURRENT

Clara Hyun-Jung Song MD, FAAP  
Position: Member  
Title: Executive Committee Member - District VII  
District: DISTRICT VII  
Health Sciences Center  
Division of Neonatal-Perinatal Medicine  
7th Fl N Pavilion Etnp 7361  
1200 North Everett Drive  
Oklahoma City, OK 73104-5047  
Phone: (310)806-0907  
Email: clara-song@ouhsc.edu  
Voting: Yes  
Term: 09/01/2015 - 10/31/2017  
Status: CURRENT

Cherrie D. Welch MD, MPH, FAAP  
Position: Member  
Title: Executive Committee Member - District IV  
District: DISTRICT IV  
341 Staffordshire Rd  
Winston Salem, NC 27104-1511  
Phone: (336)414-6917  
Email: cwelch@wakehealth.edu  
Voting: Yes  
Term: 11/01/2012 - 10/31/2018  
Status: CURRENT



## AAP COMMITTEE ROSTER

Committee Type: Section  
Committee Name: Neonatal-Perinatal Medicine  
Committee Position: All  
Committee Members to Include: All  
Committee Member Status to Include: Current  
Include AAP ID: No

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CAPT Wanda Denise Barfield MD MPH, FAAP  
Position: Liaison  
Title: Liaison, CDC  
District: DISTRICT I  
4770 Buford Hwy NE MS F-74  
Atlanta, GA 30341-3717  
Phone: (404)421-2058  
Fax: (770)488-6291  
Email: wjb5@cdc.gov  
Voting: No  
Term: 01/03/2013  
Status: CURRENT

William E Benitz MD, FAAP  
Position: Liaison  
Title: Liaison; Committee on Fetus and Newborn  
District: DISTRICT IX  
896 La Para Ave  
Palo Alto, CA 94306-2647  
Phone: (650)723-5711  
Fax: (650)725-8351  
Email: benitzwe@stanford.edu  
Voting: No  
Term: 05/01/2012 - 06/30/2017  
Status: CURRENT

Christine Anne Gleason MD, FAAP  
Position: Liaison  
Title: Liaison, March of Dimes  
District: DISTRICT II  
1140 5th Ave Apt 4A  
New York, NY 10128-0806  
Phone: (206)543-3200  
Fax: (206)543-8926  
Email: cgleason@u.washington.edu  
Voting: No  
Term: 10/01/2015  
Status: CURRENT

Erin L Keels DNP, APRN, NNP-BC  
Position: Liaison  
Title: Liaison, NANN  
District: DISTRICT V  
1028 Neil Ave  
Columbus, OH 43201-3437  
Phone: (614)506-5097  
Email: Erin.Keels@Nationwidechildrens.org  
Voting: No  
Term: 02/22/2013  
Status: CURRENT

Garrett K. Lam MD  
Position: Liaison  
Title: Liaison, Society for Maternal-Fetal Medicine  
103 South Dr  
Signal Mountain, TN 37377-2255  
Phone: (602)369-5896  
Fax: (602)528-0099  
Email: Garrett.Lam@erlanger.org  
Voting: No  
Term: 07/02/2010  
Status: CURRENT

Ms Kristy Love  
Position: Liaison  
Title: Liaison, National Perinatal Association  
PO Box 392  
Lonedell, MO 63060-0392  
Phone: (888)971-3295  
Email: Klove@nationalperinata.org  
Voting: No  
Term: 02/02/2016  
Status: CURRENT



## AAP COMMITTEE ROSTER

Committee Type: Section  
Committee Name: Neonatal-Perinatal Medicine  
Committee Position: All  
Committee Members to Include: All  
Committee Member Status to Include: Current  
Include AAP ID: No

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Eugene H. Ng MD, FAAP  
Position: Liaison  
Title: Liaison, Canadian Pediatric Society  
District: DISTRICT V  
Sunnybrook Health Sciences Ctr  
Newborn & Developmental Paediatrics  
2075 Bayview Ave  
Toronto, ON M4N 3M5  
Phone: (416)480-6100 x 87781 (4477)  
Fax: (416)756-6817  
Email: eugene.ng@sunnybrook.ca  
Voting: No  
Term: 09/30/2016  
Status: CURRENT

Tonse N K Raju MD DCH, FAAP  
Position: Liaison  
Title: Liaison; National Institutes of Health  
District: DISTRICT III  
281 Shadow Glen Ct  
Gaithersburg, MD 20878-7417  
Phone: (301)402-1872  
Fax: (301)496-3790  
Email: rajut@mail.nih.gov  
Voting: No  
Term: 09/16/2004  
Status: CURRENT

David J Burchfield MD, FAAP  
Position: Immediate Past Chairperson  
Title: Immediate Past Chairperson  
District: DISTRICT X  
College of Medicine  
Dept Pediatrics/Neonatology  
5502 NW 51 Ave  
Gainesville, FL 32653-4084  
Phone: (352)213-3032  
Fax: (352)273-9054  
Email: burchdj@peds.ufl.edu  
Voting: No  
Term: 11/01/2014 - 10/31/2016  
Status: CURRENT

Carl L Bose MD, FAAP  
Position: Other  
Title: Of Counsel  
District: DISTRICT IV  
CB #7596  
Chapel Hill, NC 27599-7596  
Phone: (984)974-7849  
Fax: (984)974-7857  
Email: cbose@med.unc.edu  
Voting: No  
Term: 11/01/2012  
Status: CURRENT

Patricia R Chess MD, FAAP  
Position: Other  
Title: ONTPD Liaison  
District: DISTRICT II  
Neonatology/Perinatology  
601 Elmwood Ave Box 651  
Rochester, NY 14642-0001  
Phone: (585)275-2972  
Fax: (585)461-3614  
Email: patricia\_chess@urmc.rochester.edu  
Voting: No  
Term: 11/01/2015 - 10/31/2018  
Status: CURRENT

Howard W Kilbride MD, FAAP  
Position: Other  
Title: Workshop Planning Group Chair  
District: DISTRICT VI  
614 W 57th St  
Kansas City, MO 64113-1126  
Phone: (816)234-3596  
Fax: (816)234-3590  
Email: hkilbride@cmh.edu  
Voting: No  
Term: 04/04/2014 - 04/01/2018  
Status: CURRENT



## AAP COMMITTEE ROSTER

Committee Type: Section  
Committee Name: Neonatal-Perinatal Medicine  
Committee Position: All  
Committee Members to Include: All  
Committee Member Status to Include: Current  
Include AAP ID: No

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Edward E Lawson MD, FAAP  
Position: Other  
Title: Editor, Journal of Perinatology  
District: DISTRICT III  
Charlotte R Bloomberg Chldrns  
1800 Orleans St Room 8534-8S  
Baltimore, MD 21287-0010  
Phone: (410)955-5259  
Fax: (410)955-0298  
Email: elawson@jhmi.edu  
Voting: No  
Term: 04/11/2001  
Status: CURRENT

Stephen Arthur Pearlman MD, FAAP  
Position: Other  
Title: Coding Committee Chairperson  
District: DISTRICT III  
Pediatrics/Neonatology  
4745 Ogletown-Stanton Map 1 Ste 217  
Newark, DE 19713-2074  
Phone: (302)733-2410  
Fax: (302)733-2602  
Email: spearman@christianacare.org  
Voting: No  
Term: 01/03/2013  
Status: CURRENT

Gilbert I Martin MD, FAAP  
Position: Other  
Title: Tactical Advisory Group Chairperson  
District: DISTRICT IX  
415 S Mannington Pl  
West Covina, CA 91791-2254  
Phone: (626)813-3716  
Fax: (626)813-3720  
Email: gimartinmd@yahoo.com  
Voting: No  
Term: 01/03/2013  
Status: CURRENT

Ann R Stark MD, FAAP  
Position: Other  
Title: Chairperson; Education, SOPPe  
District: DISTRICT IV  
Div Neonatology/11111 DOT  
2200 Childrens Way  
Nashville, TN 37232-9544  
Phone: (615)343-7660  
Email: ann.r.stark@vanderbilt.edu  
Voting: No  
Term: 11/01/2010 - 10/31/2016  
Status: CURRENT

Meredith Mowitz MD, MS, FAAP  
Position: Other  
Title: TECaN Chairperson  
District: DISTRICT X  
Pediatrics  
Neonatology  
PO Box 100296  
Gainesville, FL 32610-0296  
Phone: (352)273-8985  
Email: mmowitz@peds.ufl.edu  
Voting: No  
Term: 01/01/2015  
Status: CURRENT

Linda J Van Marter MD MPH, FAAP  
Position: Other  
Title: Website Committee Chairperson  
District: DISTRICT I  
Pediatric Newborn Medicine  
75 Francis Street  
Boston, MA 02115-6110  
Phone: (617)732-6626  
Fax: (617)730-0486  
Email: lvanmarter@partners.org  
Voting: No  
Term: 11/01/2010 - 10/31/2016  
Status: CURRENT





## AAP COMMITTEE ROSTER

Committee Type: Section  
Committee Name: Neonatal-Perinatal Medicine  
Committee Position: All  
Committee Members to Include: All  
Committee Member Status to Include: Current  
Include AAP ID: No

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Joern-Hendrik Weitkamp MD, FAAP  
Position: Other  
Title: Research Committee Chair  
District: DISTRICT IV  
2215-B Garland Ave  
Nashville, TN 37232-0019  
Phone: (615)525-3932  
Email: hendrik.weitkamp@vanderbilt.edu  
Voting: No  
Term: 04/04/2014 - 04/01/2018  
Status: CURRENT

Jim Robert Couto MA  
Position: Staff  
Title: Staff  
District: DISTRICT VI  
Dir Div of Hosp & Surgical SVC  
141 Northwest Point Blvd  
Elk Grove Village, IL 60007-1019  
Phone: (847)434-7656  
Fax: (847)434-8000  
Email: jcouto@aap.org  
Voting: No  
Term: 11/01/1999  
Status: CURRENT

October 7, 2016

**TO:** District Chairpersons  
District Vice Chairpersons  
Chapter Presidents  
Chapter Vice Presidents  
Chapter Forum Management Committee  
Chapter Executive Directors  
National Nominating Committee  
Committee, Council, Section, and Task Force Chairpersons  
Executive Committee  
Executive Staff  
Committee, Council, Section, and Task Force Staff  
Committee Forum Management Committee  
Section Forum Management Committee  
Council Forum Management Committee

**FROM:** Nicole Muller, Office of the Executive Director

**RE:** AAP National Committees - 2017 Chairperson Appointments

The AAP Board of Directors is soliciting nominations to fill the following vacancies for Chairperson positions for AAP National Committees for terms beginning July 1, 2017:

- **Committee on Bioethics**
- **Committee on Drugs**
- **Committee on Fetus and Newborn**
- **Committee on Nutrition**
- **Committee on Continuing Medical Education**

You can find the requirements, the statements of needs for each position, and the application materials on the [AAP Member Center](#). To be considered complete upon submission, an application must include a (1) factsheet, (2) biographical summary, and (3) letter of nomination (if choosing self-nomination, an additional letter of support is required). Upon receipt, a request for Conflict of Interest Disclosure will be sent to the candidate which will finalize the application & complete the process.


Committee Chairpersons are appointed annually and may be re-appointed up to four years. Committee Chairperson appointments are made on the basis of knowledge, expertise, and the documented needs of the committee. Within this context, Academy membership demographics such as professional activity, gender, ethnicity, and geographical distribution will be considered, as well as chapter activity.

The deadline for nominations for 2017 positions is **Friday November 4, 2016 (midnight CDT)**. Nominees must submit the completed application package to their Chapter President [and](#) the AAP ([nominations@aap.org](mailto:nominations@aap.org)).

The AAP Board of Directors will meet in **January 2017** to review nominations and make final appointments.

Thank you for your review and contribution to the nominations process of AAP National Committees for the 2017 term. Please email any questions to [nominations@aap.org](mailto:nominations@aap.org).

Nicole Muller  
Office of the Executive Director  
American Academy of Pediatrics  
141 Northwest Point Blvd  
Elk Grove Village, IL 60007

American Academy of Pediatrics   
DEDICATED TO THE HEALTH OF ALL CHILDREN™

# Committee on Fetus and Newborn Specific Needs for Member Position

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**Committee Description:** The Committee on the Fetus and Newborn (COFN) studies issues and current advances in fetal and neonatal care; makes recommendations regarding neonatal practice; collaborates with the American College of Obstetricians and Gynecologists (ACOG) to consider perinatal issues on which the practices of obstetrics and pediatrics merge; and works cooperatively with ACOG on new editions of Guidelines for Perinatal Care.

**Estimated Monthly Time Commitment (estimated):** Two 2-day meetings a year, 3-4 conference calls a year, and will most likely be primary author on 2-3+ reports or statements ongoing each year requiring approximately 4-6 hours per month.

## **Committee Needs:**

- Practicing academician
- Significant experience with AAP national committees, sections, and staff
- Strong writing skills
- Excellent communication skills
- Leadership skills, including the ability to build consensus with issues
- Ability to meet deadlines and respond to issues and requests promptly
- Ability to represent the Academy nationally
- Expertise in neonatal neurology, follow up and/or outcomes of high-risk infants preferable

AAP NATIONAL COMMITTEE APPOINTMENTS: FREQUENTLY ASKED QUESTIONS

Who is eligible to apply on AAP National Committees?

<u>Committee Chairperson</u>	<u>Committee Member</u>
• Fellow	• Fellow
• Specialty Fellow	• Specialty Fellow
• Honorary Fellow	• Honorary Fellow
• Emeritus Fellow	• Emeritus Fellow
• Retired Fellow	• Retired Fellow
• Corresponding Fellow	• Corresponding Fellow
• International Member	• International Member
• Associate Member	• Associate Member
	• National Affiliate Members

**AAP National dues must be current**

To review your membership information and type: [www.aap.org](http://www.aap.org)  
Click on *MyAAP* (right top corner)

How do I apply to be considered for a position on AAP National Committees?

<b><u>DOCUMENTS REQUIRED</u></b>	<p>a completed factsheet (<a href="#">click to download</a>)</p> <p>a completed biographical summary (<a href="#">click to download</a>)</p> <p>a letter of nomination (<a href="#">click to view sample</a>)</p>	<b><u>HOW TO SUBMIT?</u></b>	<p>Submit complete applications to: AAP Chapter Presidents and Chapter Executive Directors (<a href="#">View list</a>)</p> <p><u>and</u></p> <p>American Academy of Pediatrics: <a href="mailto:nominations@aap.org">nominations@aap.org</a> or fax: 847/434-8000 ATTN 2016 Applications – AAP National Committees</p>
<b><u>HOW TO VIEW AVAILABLE POSITIONS?</u></b>	<a href="http://www.aap.org/leader">www.aap.org/leader</a> .	<b><u>IMPORTANT</u></b>	<p><i>Incomplete applications will not be considered.</i></p> <p>Letters of support are optional but strongly recommended and can be submitted with the application or separately.</p> <p>Factsheets and biographical summaries cannot be edited or updated past the deadlines.</p> <p>Vacancies on AAP National Committees are based on the appointment cycle.</p> <p>Not every AAP National Committee will have vacancies.</p>

What are the deadlines to submit my materials?

<u>Position</u>	<u>Deadline to apply</u>	<u>Final decision available</u>	<u>Term/Start of appointment</u>
<b>Chairperson</b>	November 27, 2015 (midnight CST)	February 2016	July 1, 2016
<b>Member</b>	February 19, 2016 (midnight CST)	June 2016	July 1, 2016

What are the expectations/requirements?

A Statement of needs developed by the Committee's Chairperson is listed with each vacancy on the [Committee Nominations page](#). Please carefully review the committee's Statement of Needs and consider your experience in relation to the needs.

## How can I be nominated?

AAP Fellows may nominate another eligible Fellow for a committee chairperson or member position. The nomination letter should include the word “nominate.” [View Sample nomination letter.](#)

Any eligible Fellow may self-nominate. A letter of self-nomination must also include the word “nominate.” [View sample self-nomination letter](#)

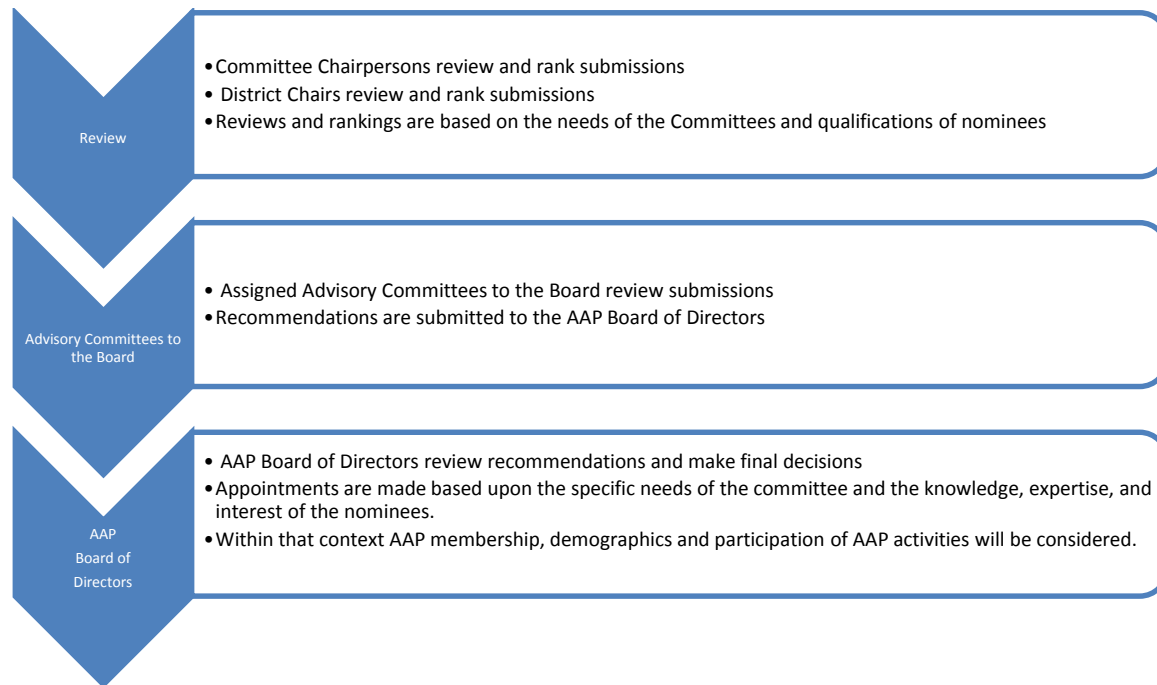
## Who can write letters of support?

AAP Fellows, chapter officers and executive directors, and your colleagues may write letters of support. [View sample letter of support](#)

## Is Chapter membership required to apply for a position on an AAP National Committee?

Chapter membership is not required at the time of nomination; however upon being appointed, participation in Chapter activities is required.

## What are the next steps once I submit my materials to apply for a position on an AAP National Committee?



## When are the final decisions about appointments on AAP National Committees available to nominees?

- Applicants/nominees will be notified by email of the status of their submissions **in February for Chairperson positions, and in June for Member positions.**
- All notifications are done by *email* (no exceptions).
- Please make sure to provide a valid email address when submitting an application.

## If appointed, what are the next steps?

- Confirm accepting the appointment once you have been notified
- Complete a conflict of interest disclosure.
- The AAP BOD Conflict of Interest policy requires all Fellows, who are acting on behalf of the AAP, to complete a conflict of interest disclosure.

**What if I disclose a real or potential conflict?**

Unless a disclosed conflict is relative to a committee's specific needs, disclosure *does not* preclude appointment to a committee.

**What are my options if I am not selected for a position on an AAP National Committee?**

Other leadership opportunities are available for Fellows, which include the following, to name a few:

- Be active in a council and section. Many councils and sections offer opportunities to write newsletter articles, edit documents, assist with development of educational programs, and more.
- Be active in your chapter.
- Re-nominate during the next appointment cycle.

# Section Annual Report

Reporting period: July 1, 2015 – June 30, 2016

The Section Forum Management Committee (SFMC) is actively pursuing an evaluation process in order to evaluate Sections based on what the Section feels is their purpose. Use this form to inform the SFMC of the progress and vision of your section.

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**Date Prepared:** July 20, 2016

**Prepared by:** Renate D. Savich, MD

**Section Name:** Section on Neonatal-Perinatal Medicine

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## What is your section's mission and vision?

To improve the health and outcomes of the newborn infant, as well as the pregnant woman and fetus, through the sponsorship of programs which encourage the professional growth of the neonatal-perinatal providers, continuously improve clinical care delivery, support continuing and postgraduate education, foster basic, clinical and outcomes research and seek to attain federal and local funding for programs directed towards neonatal/maternal health.

## STRATEGIC PLAN AND OBJECTIVES

It is the vision of the SFMC that each Section have a strategic plan, or a mission and list of objectives to guide its future for the next 3-5 years.

Does your Section have a strategic plan?

- If yes, when was the strategic plan last updated? The SFMC recommends updating the strategic plan every 3-5 years.
- If no, when will the Section conduct strategic planning? AAP staff, Anne Gramiak, can assist with this process on a time available basis.

We currently have a strategic plan that was started in March 2015 at our annual Spring Meeting with input from the Section Executive Committee at an all-day Strategic Planning meeting with Ken Slaw. The Plan was reviewed and revised by Ken Slaw of the AAP, and is currently undergoing final revision by the Section Chair, with input from the SONPM. The highlights of the Strategic Plan have been featured on the Section website for several months and more detailed presentations about the Strategic Plan have been made at several national and local AAP meetings in the US by the Chair of the Section and other Executive Committee members. Several aspects of the Strategic Plan are already being implemented (MIDCAN, Advocacy, Health of the Section). This plan will be finalized at the NCE meeting October 2016 and the Executive Committee is developing a timeline for implementation and outcome measurement of the Strategic Plan.

**Objectives:** In the chart below, please describe your Section's current goals and measurable objectives that support them. Please address the questions for each. (Example: Goal – To decrease preventable accidental deaths. Objective: To decrease the percentage of unrestrained children in motor vehicle accidents to 10% by 2018.)

**Goal: Improve the knowledge and skills of neonatal-perinatal providers through high quality education, state of the art educational delivery, and a team approach.**

Objective	How does this fulfill your mission?	How does this support the AAP Strategic Initiatives?
Develop new educational offerings and strategies to increase member learning and improve current educational offerings	All members of the Section on Neonatal-Perinatal Medicine will be well-educated and professionally fulfilled	Supports education



Improve Website and develop app for the website-get AAP IT person in place by October 2016	Use the website for increased educational activity, improve communication	Supports education
Continue to offer current Section meetings-NCE, Scottsdale Workshop and NeoPREP	Enhance professional growth of members	Supports education
Increase involvement with VON and Hot Topics-new joint offerings for 2016-17	Supports education and increases visibility of the Section	Supports education and increases visibility of the Section

**Goal: Address the most pressing and valued professional needs of SONPM members in all settings**

Objective	How does this fulfill your mission?	How does this support the AAP Strategic Initiatives?
Finalize new Strategic Plan for the Section by October 2016	Identifies leadership focus areas for the Section	Supports member value and leadership development
Develop a focus on Mid Career Neonatologists (MidCaN) and increase membership	Develop the leadership of the Section	Supports member value and leadership development
Improve Website and develop app for the website-get AAP IT person in place by October 2016	Use the website for increased educational activity, improve communication	Supports member value and leadership development
Continue Articles of Interest (Repository for Access to Core Neonatology Papers/Topics) to Neonatologists	Allows instant access to medical information of relevance to members, improved education	Supports education and increases visibility of the Section
Global Health Initiative-Continue to support section activities such as HBB and HBS, ECEB and ECSB	These programs directly teach health care providers in developing countries low fidelity means that may save lives and improve the care the newborns in LIC and MIC	Global Health mission, improves child health globally
Provide MOC opportunities that are less cumbersome, more innovative, and relevant to the practice of neonatal-perinatal medicine	Provide Venue for QI posters (NCE)  Innovative, meaningful approaches to meeting ABP requirements  Update members re: process changes	Supports member value

**Goal: Foster, encourage, and develop opportunities for neonatal-perinatal providers to engage in continuous quality improvement**

Objective	How does this fulfill your mission?	How does this support the AAP Strategic Initiatives?
Convene Task Force on SONPM Guideline and	Identifies Guidelines and QI as a critical aspect of the Section and neonatal care	QI Initiative

Protocol Development for use by all neonatologists		
Continue Task Force on Quality Improvement Measures	Develop Quality Indicators for neonatal care	QI Initiative
Provide MOC opportunities that are less cumbersome, more innovative, and relevant to the practice of neonatal-perinatal medicine	Provide Venue for QI posters (NCE)  Innovative, meaningful approaches to meeting ABP requirements  Update members re: process changes	Supports member value
Increase involvement with VON and Hot Topics	Opportunity to interact and educate in areas of QI	QI initiative
Develop Task Force on Neonatal Drugs and Therapeutics	Improves neonatal outcomes and identifies areas of research needed	QI initiative
Increase interaction of State Perinatal Quality Collaboratives/COIIN	Gains identify for the quality subcommittees with important national organizations	QI initiative

**Goal: Develop an advocacy agenda for the neonate and mobilize to achieve it**

Objective	How does this fulfill your mission?	How does this support the AAP Strategic Initiatives?
Finalize new Strategic Plan for the Section by October 2016	Identifies advocacy as an important aspect of all neonatal care	Improve neonatal outcomes and develop leadership skills
Teach Advocacy Skills	Identifies advocacy as an important aspect of all neonatal care	Improve neonatal outcomes and develop leadership skills
Develop Task Force on Neonatal Drugs and Therapeutics	Work with FDA to identify areas of research and focus on drug therapeutics for neonates	Improve neonatal outcomes

**Goal: Envision the future of Neonatal-Perinatal Medicine, articulate that future, and engage the profession to create the future that optimizes the mission**

Objective	How does this fulfill your mission?	How does this support the AAP Strategic Initiatives?
Finalize new Strategic Plan for the Section by October 2016	Identifies leadership focus areas for the Section	Supports member value and leadership development
Develop a focus on mid career neonatologists (MIDCAN) and increase membership-In Progress	Develop the leadership of the Section	Supports member value and leadership development
Revise Fellows Research meetings-Done this year	Allows the most promising fellows the opportunity to interact and develop leadership skills	Supports member value and leadership development
Define staffing models in neonatology	Professional development of section members and improvement of work environment	Supports member value

**Goal: Ensure sustained organizational health of the AAP Section on Neonatal-Perinatal Medicine**

Objective	How does this fulfill your mission?	How does this support the AAP Strategic Initiatives?
Provide future financial modeling for section	Identify ways for members to be involved in neonatal care	Supports member value and leadership development
Strengthen the Neonatal-Perinatal Medicine leadership pipeline	Ensures future of section and develops leaders	Supports member value and leadership development
Interact with larger AAP organization by SONPM	Ensures future of AAP for subspecialists	Supports member value and leadership development

**Activities:** What activities has your Section undertaken this year to meet and measure progress toward your objectives and mission?

1. MIDCAN-We have developed a MidCareer Neonatologists group modeled on our TECaN organization to serve neonatologists 7-17 years after fellowship. We have selected 10 District Reps and 20 state reps. Our first meeting will be held at NCE in San Francisco October 2016 and is supported by a Mead Johnson donation to the Section. Our workshop will feature a session on "Burnout" an issue identified by the members as an increasing problem for them.
2. Articles of Interest-Each month, a group of 6 neonatologists selects all Articles of Interest from over 20 journals and lists them. The top 6 are selected for commentary. This has allowed all articles to be searched each month by members and receives thousands of site visits each year.
3. Guidelines Task Force-We have organized a Task Force whose initiative is to collect and vet guidelines in use by neonatologists. The goal is to post these on the website for use by all to improve neonatal care. Over 25 SONPM members are involved in this new initiative.
4. Fellows Research Meetings-We have reorganized and streamlined the Fellows meetings that are organized by the Section.
5. Website-We are redesigning the Website for increased ease of use and to modernize it.
6. Increased use of List Serve-We are using the List Serve more to survey, engage and inform SONPM members
7. NIH Workshop Involvement-We have sponsored several members to attend NIH workshops , some jointly with ACOG, about important topics for neonatology.
8. Journal Club-We have started a Journal Club on the website.
9. ZiKa Virus Guidelines with the CDC-The SONPM Leadership has worked closely with other AAP Sections and CDC to develop guidelines for the diagnosis and care of infants born in the US with possible Zika virus.

**Accomplishments:** Describe the progress made in these goals and objectives over the past year; did your Section meet its goals and objectives?

1. Strategic Plan-Completed and being implemented
2. MIDCAN-Developed Group-will hold first meeting in October 2016
3. Articles of Interest-successfully in place on SONPM Website-Monthly feature
4. Guidelines Task Force-Started group and in progress
5. Fellows research meetings-Accomplished re-organization
6. Website-We will meet with AAP IT in August to revamp and improve the website

We feel that our Section has greatly increased its activities over this past year-with increasing member involvement and new initiatives. We are on track to accomplish all of our goals and objectives.

Member Communication (check all that apply):

Listserv  
 Newsletter  
 WEBSITE

Business Meetings at NCE or other venue.  
 Number of meetings: Two

## MEMBERSHIP

Membership trends for the last year (check the appropriate box below):

Stable     Declining     Increasing

What activities has your Section undertaken this year that increased Section member value or value of belonging to the AAP in general?

1. Increased use of Website, Newsflashes and List Serve
2. Formed several new groups (Guidelines, Journal Club, MidCaN) to attract participation of members
3. Encouraged Fellowship membership-those in training-Received Award at ALF
4. Started a new Committee of the NCE planning Committee to improve our educational content at that meeting
5. Section members have had increased activity in Global Health activities and development of educational materials for these programs

Strategies directed toward recruitment or retention of members. *Please identify specific activities related to recruitment, retention, and leadership development of trainees (residents, fellows, medical students) and early career physicians. Please detail any initiatives to promote diversity amongst your membership and leadership.*

1. TECaN organization now in its 6<sup>th</sup> year and has elected new leadership. **We received the Award at ALF for the Section doing the most to attract younger members.**
2. TECaN developed "First 1000 days" document and modules on the website to assist fellows in their first 3 years in a job after fellowship.
3. MIDCaN organization is developed and we will hold our first Workshop at the NCE meeting in 2016.
4. Increased efforts by Executive Committee to encourage membership in AAP and SONPM.

Does your Section have innovative programs that could be emulated by other Sections?

1. MidCaN
2. TECaN
3. Articles of Interest Committee
4. Website Committee
5. Guidelines Task Force
6. Fellows Research Conferences

Describe your Section's plans to engage members in the work of the Section, potential barriers identified and proposed solutions to those barriers.

1. General call via Section Listserve and Website to get members involved.
2. Occasional polling of member opinions.
3. Newsflash from website.
4. Newsletter 2 X per year.
5. Increase opportunities of involvement, especially of new people.

Barriers: Cost of AAP membership is high.

*Diversity and inclusion are important for the organization and a diverse workforce is important for children.*

Describe your Section's efforts to promote diversity and inclusion among your membership.

We are starting a Women in Neonatology Committee to address the issues relevant and unique to women, since the majority of people now entering neonatology are women, but only a small fraction of the leadership are women. Our Executive Committee, MidCaN and TECaN groups are all inclusive and have women, minorities and multi-ethnicities represented.

## LEADERSHIP

*SFMC encourages a formal succession plan for executive leadership to ensure continuity and develop new leaders.*

Does your Section have a succession plan? For example, is there a Chair-elect position on your executive committee?

- a. If yes, what is the succession plan?
- b. If no, are you willing to develop a succession plan?

Yes, we have a well-defined succession plan for leadership with specific time limits to all positions. We have a Chair-Elect and Past Chair on the Executive Committee for continuity. This is written in our Manual of Operations. All of our conferences also have a succession plan for Committee Chairs.

What is your Section's strategy to disseminate skills from the Annual Leadership Forum regarding leadership development and curriculum for executive committee members and/or Section members? How can we help with those efforts?

At our Executive meetings, we spend significant time discussing ALF and disseminating the information.

## EDUCATION

List NCE, PREP, or other AAP CME programs your Section has developed.

*(Include estimated attendance and whether it was in person, print, or online)*

- NCE 3-day program-Scientific education (250)
- NeoPREP-7 day Review course (400) held every other year
- Perinatal Workshop-3 day focus on leadership and advocacy (150)

List collaborations your Section has with other AAP entities or outside organizations.

Vermont Oxford Network

Committee on Fetus and Newborn  
 Society for Maternal Fetal Medicine  
 American College of Obstetricians and Gynecologists (ACOG)  
 NICHD  
 March of Dimes  
 National Association of Neonatal Nurse (NANN)  
 Association of Women's Health, Obstetric and Neonatal Nurses (AWOHN)  
 Hot Topics  
 CDC  
 Survive and Thrive (USAID, Save the Children, Gates Foundation, Laerdal)

**Subspecialty Sections:** Please identify any sister societies your Section has and how your Section interacts with them. Do you have contractual agreements, shared statements, shared educational sessions or shared meeting venues?

Section on International and Child Health

At our national NCE-we partner with a different subspecialty Section each year for one day of our educational programming. These have included Cardiology, Surgery, Infectious Disease, Ethics, and others.

**Maintenance of Certification:** List specific activities, development of materials or arrangements for Section members.

1. NCE-We are now accepting submission of Posters for CQI that will receive MOC Part IV credit by the ABP. We hope to implement this at the Spring Scottsdale meeting as well.
2. Developed a new PIMS that is now on the ABP website.
3. Have met with Academy leadership about portfolio sponsorship

## PUBLICATIONS

List publications, including position statements, educational material for specialists, general pediatricians or lay people. *Do not include member communication listed above.*

Committee on Fetus and Newborn  
 NeoReviews  
 NeoReviewsPlus  
 Journal of Perinatology  
 Neonatal Coding Toolkit  
 Quick Reference Guide for Neonatal Coding

## AWARDS

List the name of all Section awards and the frequency in which they are given. If the Section is no longer presenting an award, please indicate the reason.

Virginia Apgar Award  
 Avroy Fanaroff Neonatal Education Award  
 Neonatal Landmark Award  
 Gerald Merenstein Lecture  
 Thomas Cone History Lecture

Joseph Butterfield lecture

Klaus Awards 6 Awards of \$5000.00 each given to neonatal fellows in training to support their research efforts

Fellows Travel Awards to NCE

Fellows Travel Awards to VON

TECAN Fellow Awards for Travel to Scottsdale Workshop Leadership meeting

MidCaN Awards for Travel NCE Leadership meeting

### **ADVOCACY**

List advocacy activities undertaken for children within your specialty or topic area.

Working closely with State Collaboratives and AAP State Chapters to improve perinatal care and neonatal outcomes. We have Mark DelMonte present to the Section at the Spring Scottsdale Workshop each year on advocacy issues.

### **AAP CHAPTERS AND DISTRICTS**

How can AAP Chapters and Districts help your Section or subspecialty succeed?

Consider how subspecialists can have a voice within the current AAP structure-which is geared to general pediatricians.

### **INFORMATION SHARING**

In 50 words or less, describe why AAP members should join your Section (your Elevator Speech).

The SONPM is the only professional organization representing neonates and neonatologists in the US. Our leadership has been able to significantly improve the health of neonates by working together and has greatly strengthened our subspecialty by its numerous activities. We have focused on leadership, quality care, and education.

### **HOW CAN THE SECTION FORUM MANAGEMENT COMMITTEE HELP?**

What concerns would your Section like the SFMC to consider or move forward to the AAP Board of Directors?

Assist us in encouraging the AAP IT leadership to improve communication with SONPM by improving our website and increasing its functionality.

Consider how subspecialists can have a voice within the current AAP structure-which is geared to general pediatricians. Allow us to be more involved in the process-especially at ALF, which is focused on general pediatrics. Significant improvement over the past few years has been made by SFM. But it is very difficult to have Subspecialty Section leadership at AAP and appointment to committees etc needs a better process than through states and districts.

**2017 Workshop on Perinatal Practice Strategies**  
**DoubleTree Resort by Hilton Paradise Valley - Scottsdale, Arizona**  
**March 31 - April 2, 2017**  
**DRAFT SCHEDULE**

<b>Friday, March 31, 2017</b>		
<b>Time</b>	<b>Session Title</b>	<b>Speaker</b>
7:00am - 6:15pm	Registration Desk Open	
<b>7:30am - 12:15pm</b>	<b>Neonatal Coding Seminar (separate registration required)</b>	Stephen Pearlman, MD, MSHQS, FAAP Richard Molteni, MD, FAAP
7:00 - 7:30am	Registration & Breakfast for Coding Seminar attendees	
7:30 - 10:00am	General Session	
10:00 - 10:15am	Break	
10:15am - 12:15pm	General Session	
12:15 - 1:00pm	Bag Lunch for Coding Seminar attendees	
1:00 - 3:00pm	<b>Extended Neonatal Coding Seminar* (separate registration required)</b> Open only to Coding Seminar attendees	Ed Liechty, MD David Kanter, MD
	<b>General Session</b>	
1:00 - 1:20pm	<b>Welcome / Section &amp; TECaN Update</b>	Howard Kilbride, MD, FAAP / John Zupancic, MD, ScD
1:20 - 1:40pm	<b>Survey of Neonatologists' Knowledge, Opinions, &amp; Attitudes (Pre-Course)</b>	DeWayne Pursley, MD
1:40 - 2:40pm	<b>Butterfield Lecture: Reasons to be optimistic about global and national practice</b>	George Little, MD
2:40 - 3:40pm	<b>Think Big: A model for overcoming obstacles</b>	Jen Arnold, MD, MSc
3:40 - 4:00pm	Break / Visit the Exhibits	
4:00 - 4:45pm	<b>Advocacy for the Newborn in Washington: AAP Update</b>	Mark Del Monte, JD
4:45 - 5:30pm	<b>Red Blood Cell Transfusion, Anemia &amp; Necrotizing Enterocolitis: Are We Just Chasing Our Tails/Tales?</b>	Cassandra Josephson, MD
5:30 - 5:45pm	<b>How Do We Apply New Evidence to Practice?</b>	Soll
5:45 - 6:15pm	<b>Q &amp; A</b>	
6:15pm	Adjourn for the Day	
6:15 - 7:15pm	Welcome Reception	

\* **Please note:** These presentations do not offer CME credit.

**Maximum CME Credits for Coding Seminar: 4.5**

**Maximum CME Credits for Friday Workshop Sessions: 4.5**

**Maximum CME Credits for Friday: 9**



**2017 Workshop on Perinatal Practice Strategies**  
**DoubleTree Resort by Hilton Paradise Valley - Scottsdale, Arizona**  
**March 31 - April 2, 2017**  
**DRAFT SCHEDULE**

<b>Saturday, April 1, 2017</b>		
<b>Time</b>	<b>Session Title</b>	<b>Speaker</b>
6:30am - 4:00pm	Registration Desk Open	
6:30 - 8:00am	Continental Breakfast / Visit the Exhibits	
7:00 - 8:00am	<b>Staffing and Workload Assessment of Neonatologists</b>	Gautham Suresh
8 - 8:15am	Break	
8:15 - 9:15am	<b>Concurrent Sessions</b>	
	<b>A1. Count Every Baby (C, E)</b>	George Little
	<b>A2. Can We Talk? - Safe Communication in the NICU (C, M)</b>	Stephen Pearlman
	<b>A2. Advocacy Strategies for the Busy Neonatologist (C, E)</b>	Mark Del Monte
	<b>A3. Parental Engagement in the NICU: What Does it Mean? (C, M)</b>	Kristin Voos
	<b>A4. Regulatory Patient Safety and Quality Indicator Essentials for Neonatologists and NICU Medical Directors (M)</b>	Richard Molteni
	<b>A5. Weighty Conversations: Redirection of Care Goals (C, E)</b>	Brian Carter
9:15 - 9:30am	Break / Visit the Exhibits	
9:30 - 10:30am	<b>Concurrent Sessions</b>	
	<b>B6. Neonatal Transfusion Medicine: 5 Major Unanswered Research Questions for the 21st Century (C.)</b>	Cassandra Josephson
	<b>B7. Quality Measures &amp; Benchmarking: How To Use Your Data? (M)</b>	Roger Soll
	<b>B9. Early Screening and Identification of Candidates for Neonatal Therapeutic Hypothermia (C, M)</b>	Tom Shimotake
	<b>B10. Parental Engagement in the NICU: How Can We Do It? (C, M)</b>	Kristin Voos
10:30 - 11:00am	Break / Visit the Exhibits	
11:00am - 12:00pm	<b>Concurrent Sessions</b>	
	<b>C1. Count Every Baby (C, E) (repeated from A1)</b>	George Little
	<b>C5. Weighty Conversations: Redirection of Care Goals (C, E) (repeated from A5)</b>	Brian Carter
	<b>C6. Neonatal Transfusion Medicine: 5 Major Unanswered Research Questions for the 21st Century (C) (repeated from B6)</b>	Cassandra Josephson
	<b>C11. Disruptive Behavior and Professionalism in Neonatology (M)</b>	Gautham Suresh
	<b>C12. Revenue Cycle Management: Financial Oversight for the Neonatologist (M)</b>	Scott Duncan
12:00 - 1:00pm	Lunch	
1:00 - 4:00pm	<b>Half-Day Seminars (optional)</b>	
	<b>How to use Simulation to improve Crisis Resource Management (CRM) in your unit?</b>	Jen Arnold, MD, MSc
	<b>Improving Care (and Getting MOC Credit For Your Efforts)</b>	Roger Soll/Gautham Suresh
4:00pm	Adjourn for the Day	

**Maximum CME Credits for Saturday (w/o attendance at OPTIONAL half-day seminars): 4 (w/ OPTIONAL half-day seminars): 7**

**2017 Workshop on Perinatal Practice Strategies**  
**DoubleTree Resort by Hilton Paradise Valley - Scottsdale, Arizona**  
**March 31 - April 2, 2017**  
**DRAFT SCHEDULE**

<b>Sunday, April 2, 2017</b>		
<b>Time</b>	<b>Session Title</b>	<b>Speaker</b>
7:00am - 12:00pm	Registration Desk Open	
7:00 - 8:00am	Continental Breakfast / Visit the Exhibits	
7:00 - 7:30am	<b>NICU Verification Project: An Update*</b>	Ann Stark, MD
	<b>General Session</b>	
8:00 - 9:00am	<b>Committee on Fetus &amp; Newborn Report</b>	Kristi Watterberg - plus 2 others
9:00 - 10:00am	<b>Burnout and Psychological Resilience in the NICU</b>	Gautham Suresh
10:00- 10:15am	Break/ Vist the Exhibits	
10:15 - 10:45am	<b>Neonatal Palliative Care: Continuing Challenges</b>	Brian Carter
10:45 - 11:15am	<b>Neuro Intensive Care Nursery Program Development</b>	Tom Shimotake (UCSF)
11:15 - 11:35am	Question and Answer Session	
11:35 - 11:55am	<b>Survey of Neonatologists' Knowledge, Opinions, &amp; Attitudes (Post-Course)</b>	DeWayne Pursley, MD
11:55am-12:00pm	<b>Closing Remarks</b>	
12:00pm	<b>Course Adjourns</b>	

\* **Please note:** These presentations do not offer CME credit.

**Maximum CME Credits for Sunday: 3.75**

**Maximum AMA PRA Category 1 Credits™ for Workshop: 19.75**

2017 AAP NCE  
Chicago, IL  
Section on Neonatal Perinatal Medicine Program  
September 15-17, 2017

Friday, September 15, 2017

- 8:30 am-5:00 pm Organization of Neonatal Training Program Directors
- 5:15 pm -6:00 pm Keynote Address: Gerald Merenstein Lecture
- 6:00 pm Opening Reception and Poster Session

Saturday, September 16, 2017  
8:00 AM – 7:30 PM

- 8:00 am-9:45 am Scientific Abstract Oral Presentations:  
Session 1 (Presentations 1-5)
- 9:20 am Presentation of Marshall Klaus Research Awards
- 9:45 am-11am Scientific Abstract Oral Presentations:  
Session 2 (Presentations 6-10)
- 11:00am-11:45 am Thomas Cone History Lecture: **TBD**
- 11:45 am-12:00 pm Section of Perinatal Pediatrics Update and Awards
- 12:00 pm-12:15 pm Presentation of Landmark Award:
- 12:15 pm -12:30 pm Presentation of Education Award:

Lunch Break

**Joint Section Program: Section on Neonatal Perinatal Medicine and Section on Pediatric Pulmonary: Acquired Pulmonary Hypertension in the NICU Population**

The development of pulmonary hypertension in infants with chronic conditions in the NICU such as BPD can present a challenging diagnostic and management problem. Identifying those infants at risk through screening, and the challenges of ongoing monitoring and treatment require a multidisciplinary approach through neonatology and pulmonary.

**1:30 – 1:35:** Introduction Susan Aucott, MD, and Anita Bhandari, MD

**1:35 – 2:20:** Acquired Pulmonary Hypertension: epidemiology, incidence and risk factors in the NICU population. Robin Steinhorn, MD

**2:20 – 3:05:** Diagnosis and Evaluation of Pulmonary Hypertension. Rachel Hopper, MD

**3:05 – 3:15 Break**

**3:15 – 4:00:** Treatment of Chronic Pulmonary Hypertension: What are the options? Steven Abman, MD

**4:00 – 4:45:** Long term outcome of Chronic Pulmonary Hypertension in the NICU population **TBD**

4:45 – 4:50 Young Investigator Awards

4:50 – 5:20 Apgar Award

5:30 – 7:30 TECaN Reception

Sunday, September 17, 2017

8:00 AM – 3:00 PM

**Section on Neonatal Perinatal Medicine Program**

**8:00 – 8:30** Update from the Committee on the Fetus and Newborn

**8:30 – 9:10** : PDA management: who and when to treat?  
Ronald Clyman, MD

**9:10 – 9:50** : CCHD: what is the best algorithm?  
Lazaros Kochilas, MD

**9:50 – 10:00 Break**

**Joint Section Program: Section on Neonatal Perinatal Medicine and Section on Pediatric Nephrology – Neonatal Acute Kidney Injury**

Acute kidney injury (AKI) in the neonatal population can present a diagnostic challenge in light of the normal developmental and chronologic progression of kidney function. It may be more common than realized, possibly as high as 1 of every 3 newborns admitted to tertiary level neonatal intensive care units (NICU) and those with AKI have significantly worse outcomes.

**10:00 – 10:35:** Neonatal Acute Kidney Injury: Definition, evaluation and treatment  
Jennifer Charlton, MD

**10:35 – 11:10:** AWAKEN (Assessment of Worldwide Acute Kidney Injury and Epidemiology in Neonates) – what have we learned? Ronnie Guillet, MD

**11:10 – 11:45:** Panel discussion: Viewpoints from a neonatologist and pediatric nephrologist

**11:45 – 1:00 LUNCH**

?Neonatal Career Development Seminar 12-1

**1:00 – 3:00**

**?Concurrent Workshops**

## 2017 Pediatric Academic Society

San Diego, CA

May 6, 2017

3:15 – 4:00 PM

### William Silverman, MD Lecture

Introduction by John Zupancic, MD, FAAP, MD, FAAP

Chair, AAP Section on Neonatal-Perinatal Medicine

*Sponsored by the AAP Section on Neonatal-Perinatal Medicine*

Section on Perinatal Pediatrics  
Executive Committee  
Fellow Education Committee Report  
October 21, 2016

## **National Conferences**

### **Santa Fe Seminar in Perinatal Medicine** (June 4-7, 2017)

SoPpe activity since 2004; sponsored by Abbott Nutrition

Members of the Planning Group include 2 neonatologists and an MFM with 3 year terms, plus the Section chair. Members for 2017: neonatologists Laura Brown, Eric Eichenwald, John Zupancic, and MFM Judette Louis. The Section chair on the Planning Group talks about the Section and participates in faculty activities; a TECaN council member also attends. Attendees are nominated by their Program Director. 45-50 fellows typically attend. The program includes talks by members of the planning group and invited faculty, including a representative from NICHD, and sessions on career planning.

### **Perinatal & Developmental Medicine: Marco Island (Bonita Springs** (November 9-12, 2016) **and Aspen/Snowmass** (June 8-11, 2017)

SoPpe activity since 2009; sponsored by Mead Johnson Nutrition

Three Planning Group members serve 3 year terms with staggered rotations. One member organizes the meeting and invites four speakers with a common theme to give 2 talks each and all participate in a career development session. Current members are Sesh Cole, Susan Guttentag and Virginia Wynn (MFM). Brenda Poindexter will replace Sesh Cole, whose term ends after the fall conference. Approximately 30 fellows, including 1-3 MFM fellows, attend. Fellows are nominated by their Program Director to submit an abstract (one per program); those selected give either a platform or poster presentation. The Fellow Education chair attends the meetings and talks about Section activities, and a TECaN council member attends. The topic for the upcoming conference in November is Neuroprotection.

## **Regional Perinatal Conferences**

SoPpe activity since 2010; sponsored by Mead Johnson Nutrition

The consolidation of the regional conferences from 7 into 4 meetings began in January 2016, after more than a year in planning, is now complete, with continued strong evaluations by trainees. This allowed us to include a number of new people as regional co-chairs with a defined term of office (6 years, consistent with other AAP committees). Each of the 3 co-chairs in each region will chair 2 meetings during their term and attend the meetings each year. One or two of the current co-chairs for each region have continued in their role (depending on how long they have been co-chair), and chair the first one or two meetings. Terms are staggered so that everyone does not rotate off at

once. An executive committee member within the district attends the Regional Conferences and gives a presentation about Section activities, and a TECaN council member also attends and speaks about TECaN activities. The focus continues to be on fellows, although junior faculty (no more than 3 years out of fellowship) are eligible to submit abstracts.

Three of the 4 Conferences continued to attract many abstract submissions. However, the Central Conference continues to lag well behind the other 3, even with programs added. We are about to send a brief survey to all Program Directors in the region to investigate their awareness of the conference and whether a change in date or location would promote submissions and attendance.

**Action item:** Approve criteria for planning group/co-chair positions

#### National advisory board Perinatal and Developmental Medicine

- Member of AAP SoNPM (except MFM member)
- Member of an academic division that includes a fellowship program
- Able to organize an educational program around an important theme – includes being able to identify important topics and familiarity with appropriate speakers
- Able to review and prioritize abstracts
- Meets deadlines
- Interacts well with fellows
- Able to provide career advice
- Commitment to attend full duration of 6 meetings over 3 year term

#### Co-chairs of Regional Conferences on Perinatal Research

- Member of AAP SoNPM (except MFM member)
- Member of an academic division that includes a fellowship program
- Able to organize invitations, review and prioritize abstracts
- Able to organize a program, invite appropriate speakers, and serve as moderator
- Meets deadlines
- Interacts well with fellows
- Able to provide career advice
- Commitment to attend full duration of annual meetings over 3 year term

#### Criteria for member of Santa Fe Planning Committee (SoNPM chair is ex officio member)

- Member of AAP SoNPM (except MFM member)
- Member of an academic division that includes a fellowship program
- Able to organize an educational program, invite speakers, and serve as speaker and moderator
- Meets deadlines
- Interacts well with fellows



SoPPE Exec Comm Report  
Fellows Education Committee  
October 21, 2016

- Able to provide career advice
- Commitment to attend full duration of annual meeting over 3 year term

Respectfully submitted,

Ann R Stark, MD

## District Grant List 2016

- District I      Issues in Neonatology 2016 (BID and Tufts)  
  
New England Perinatal Society Annual Research Meeting  
  
Symposium on Neonatal Advances: An Update on Respiratory Practices September 2016  
**\$1,333**
- District II      District II, Chapter 3 “Updates on Neonatology 2016  
  
District II, Chapter 2 “Impact of Statewide Neonatal/Perinatal Collaborative Initiatives on Quality Improvement Measures, a Regional and National Perspective.”  
  
Ethics and Professionalism Education and Assessment in Neonatal-Perinatal Medicine Training – Albany Medical Center  
  
Simulation-based Regional Training of Pre-hospital First Responders on Infant Delivery and Stabilization – University of Rochester Medical Center  
  
NY State Perinatal Association, “Birth Outcomes Matter: Effective Communication for Transitions in Care”  
**\$800 Each**
- District III      New Jersey Neo Forum, Bedminster, NJ, **\$1,000**  
  
Neo Fellow Boot Camp (CHOP) July 21 & 22, 2016 **\$2,000**  
  
Diabetes in Pregnancy – Management and Outcomes: Do We Have it Right Yet? **\$1,000**
- District IV      NCE travel grants
- District V      Trainee travel to NCE
- District VI      District VI Conference, Chicago, September 8 & 9, 2016  
  
Neonatal Simulation Orientation Boot Camp for Neonatal Perinatal Fellows

**\$2,000 Each**

- District VII NCE travel grants
- District VIII District VIII “39<sup>th</sup> Annual Conference on Neonatal/Perinatal Medicine” July 2016 Honolulu
- District IX 22nd Annual Perinatal District IX Conference/California Association of Neonatologists (CAN), San Diego, CA March 2016
- District X Southeastern Association of Neonatologists Annual Conference in Naples, FL, May 19-22, 2016.

NICU Follow-Up Club

Pediatric Academic Societies

Monday, May 8, 2017

11:00 – 12:30 pm

San Francisco, CA

***Ethical Concerns in the Care of Medically Complex Infants Following NICU  
Discharge***

Speaker:

Brian Carter, MD, FAAP

*Moderators: Ricki Goldstein, MD, FAAP and Deborah Campbell, MD, FAAP*

*Supported by a grant from by Abbott Nutrition*

**Session Details: American Academy of Pediatrics Mid-Career Neonatology  
Friday, October 21, 2016, 1:00-3:00 PM**

***Mindful Practice: Building Health Professional Resilience and Teamwork***

Mick Krasner, MD, *Professor of Clinical Medicine, University of Rochester School of Medicine and Dentistry*



Patricia Lück MD, MBChB, MPhil Palliative Medicine, MSc Medical Humanities  
*Palliative Care Physician, Certified MBSR Teacher, Mindfulness Based Medical Educator, London, UK*



**Objectives:** At the end of the activity, participants should be able to:

- a) Understand a definition of resilience that addresses the professional experience of clinicians.
- b) Experience a mindful practice designed to enhance resilience by building awareness that is linked with self-compassion.
- c) Describe the kinds of teams they are engaged with in their clinical work
- d) Understand how the cultivation of attention and awareness relates to the effective functioning of teams

**Summary:** In this 2-hour experiential workshop, Drs. Lück and Krasner will present a review of the problem of burnout in medicine, and review evidence connecting burnout with poorer quality of care and quality of caring. Exploring the dynamic of resilience, they will posit that resilience can be cultivated and grown, and will guide the participants in a Mindful Practice© exercise designed to explore ways to build resilience and address burnout through observation, attention, and reflection about challenging clinical dynamics. Among these dynamics is teamwork, and participants will also be guided in an exploration of how to develop effective teams and by doing so discover greater meaning, energy, and resources in their work.

**References:**

Beckman HB, Wendland M, Mooney C et al. The impact of a program in mindful communication on primary care physicians. *Academic Medicine*. 2012; 87(6): 815-819

Epstein RM and Krasner MS (2013). Physician resilience. What it means, why it matters, and how to promote it. *Academic Medicine*. 2012; 88(3):301-303.

Epstein RM. Mindful practice. *JAMA*. 1999; 282(9):833-839.

Krasner MD, Epstein RM, Beckman HB et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*. 2009;302(12):1284-1293

Ludwig DS and Kabat-Zinn. Mindfulness in medicine. *JAMA*. 2008; 300(11): 1350-1352

Sibinga EMS and Wu AW. Clinician mindfulness and patient safety. *JAMA*. 2004; 304(22):2532-2533

**NEONATAL CODING COMMITTEE REPORT**  
**October 2016**

The members of the committee are as follows:

Scott Duncan, MD  
Michael Gomez, MD, MS-HCA  
David Kanter, MD, MBA  
Angela Kelley CPC  
Edward Liechty, MD  
Gil Martin, MD  
Richard Molteni, MD  
Sheri Nemerofsky, MD  
Stephen Pearlman, MD, MSHQS (Chair)  
Ted Rosenkrantz, MD  
Stuart Weisberger, MD

1. We recently added a Certified Coder Angela Kelley to replace Linda Dixon who stepped down for personal reasons.
2. The committee submitted a new code for partial exchange transfusion. Dr. Rosenkrantz worked on this process together with Drs. Pearlman, Martin and Molteni. The new code was presented to the CPT Editorial Board last May and passed. The code was presented to the AMA RUC in January and passed. This code was approved by CMS and we received the full RVU value recommended by the RUC. In addition, as a result of this process the RVU value for a full exchange were also increased substantially.
3. The committee under the leadership of David Kanter has revised the Coding Toolkit for 2016 which is available to members on the website
4. We have completed working on the Quick Reference Guide which has been published. This book was edited by Drs. Duncan, Martin and Pearlman with chapters written by various members of the committee. The book has sold well and we had to print additional copies.
5. Drs. Nemerofsky and Gomez have completed an educational webinar on coding for neonatal fellows. Currently we are working with the section leadership and ONTPD to arrange for a live webinar. After that presentation it will be available for viewing on the ONTPD and section websites.
6. Various members of the committee have given coding presentations within their District. In addition, committee members answer many coding questions from Section members who either call or email them. We also provide coding questions for the section newsletter.

A handwritten signature in black ink, appearing to read "Stephen A. Pearlman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Respectfully Submitted,  
Stephen A. Pearlman, MD, MSHQS  
Coding Committee Chair



June 15, 2016

## 2016 Marshall Klaus Neonatal-Perinatal Research Awardees

On behalf of the American Academy of Pediatrics (AAP), Section on Neonatal-Perinatal Medicine (SoNPM), the Chair of the Executive Committee, Renate Savich, MD, FAAP, and our Klaus Neonatal-Perinatal Research Fund supporters, Johnson and Johnson Pediatric Institute, Mead Johnson, and the AAP, we would like to congratulate the recipients of the 2016 Marshall Klaus Neonatal-Perinatal Research Award! This was the second year of electronic application submission for the Marshall Klaus Award.

In addition to the traditional clinical, translational or basic science Marshall Klaus Award, this year we solicited applications for two new awards: the Health Science Research Award (*sponsored by Beth Israel Deaconess Medical Center*) and the Education Research Award (*sponsored by Brodsky & Martin at Beth Israel Deaconess Neonatology Foundation, Inc.*).

The Research Committee received and reviewed a record high of 42 very strong applications and all applicants deserve recognition for their already strong bios, outstanding mentors and exciting projects. Thanks to our sponsors, this year we are able to fund the top 8 ranked fellows with the \$5,000 research awards. The money will be used to support the proposed research projects and towards advancing the academic careers of our neonatology fellows.

In the written award notifications, Klaus awardees are expected to submit a report on their funded project by June 30 of the following year and to submit an abstract to the AAP National Conference & Exhibition (NCE, SoNPM meeting) within the next two years to present their research. Awardees are also instructed to list the AAP Marshall Klaus Award in the acknowledgement sections of their project-related publications.

### Asimena Angelidou, MD, PhD - Boston Children's Hospital



**Title:** *Modeling the Ontogeny of Vaccine-Induced Innate Immune Memory in Human Newborns*

**Mentor:** Ofer Levy, MD, PhD

**Personal Statement:** My engagement in the investigation of trained immunity was prompted by my interest in neonatal innate immunity and the huge impact of infection on neonatal mortality. I have previously been engaged in innovative projects, including my graduate work on the role of the gut-brain axis in children with autism, which has opened avenues for novel therapeutic interventions. Having a background in immunopharmacology, I now focus on the basic and translational biology of monocytes as they relate to immunology, infectious disease and vaccinology. This project will give me the opportunity to explore heterologous vaccine effects and gain a deeper understanding of host-pathogen interactions.

It will hopefully also serve as the stepping stone for my future career as an independent physician scientist in the field of neonatal vaccinology.

**Abstract:** Immunization is a key approach to protect vulnerable populations at the extremes of age, such as newborns, from infection. Early life immunization with Bacille Calmette-Guérin (BCG), the live attenuated vaccine against tuberculosis (TB), has been linked to an unanticipated reduction of ~50% in all-cause mortality in the first 6 months of life, greatly exceeding mortality attributable to TB. This suggests "heterologous" protection against unrelated pathogens, attributed to innate immune memory or "trained immunity", which describes the ability of an immune stimulus to augment innate immune function upon subsequent exposure to the same or a different stimulus, a phenomenon observed in plants, invertebrates and multiple mammalian species but poorly defined in humans. Under the mentorship of Dr. Ofer Levy, Dr. Angelidou has developed an age-specific *in vitro* platform to characterize the extent, mechanism and ontogeny of BCG-induced acute and trained immunity in early life. She hypothesizes that BCG has both acute cytokine-inducing and innate training effects on human monocytes that are distinct by age - i.e. newborn vs. adult - a notion supported by her preliminary data. Successful completion of Dr. Angelidou's work can inform optimization of BCG's use for high-risk (i.e. preterm/low birth weight) newborns, as well as design of new vaccines harnessing innate immune memory for clinical benefit.



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## Katherine Ann Bell, MD - Boston Children's Hospital



**Title:** *Body Composition in Preterm Infants*

**Mentor:** Mandy B. Belfort, MD, MPH

**Personal Statement:** Poor weight gain is the most common morbidity affecting hospitalized very preterm infants and predicts long-term cognitive and motor impairment. For preterm infants, increased weight gain during the NICU hospitalization is associated with improved neurodevelopmental outcomes. However, weight gain consists of gains in both fat mass and lean mass, and the optimal pattern and type of weight gain is unknown. Body composition analysis allows for direct measurement of the relative contributions of fat and lean mass to overall body weight. My research seeks to identify relationships between infant body composition and long-term outcomes. Under the mentorship of Dr. Mandy Belfort, my work under the Klaus Award will examine correlations between anthropometric

measures and body composition in preterm infants, as well as correlations between body composition and brain growth. Understanding the relationship between body composition and brain growth could inform targeted nutritional interventions in the NICU in order to optimally support neurodevelopment.

**Abstract:** The specific aims of this project are to evaluate associations between body composition in preterm infants and:

- (1) body size as determined by anthropometrics (measurement of weight, length and head circumference)
- (2) brain size as assessed by magnetic resonance imaging (MRI)

Specifically, I will test the hypothesis that, in preterm infants, greater lean mass at term corrected age is associated with larger head circumference and larger brain size on MRI. The study population consists of infants <32 weeks gestation who are enrolled in a prospective observational study at Brigham & Women's Hospital. As part of this study, infants will undergo body composition analysis using the PEA POD air displacement plethysmography device and brain MRI at term corrected age. Brain MRI will be analyzed using simple metrics known to correlate with neurodevelopmental outcomes in early childhood. Routine anthropometric measurements will be collected including weight, length, head circumference, and body mass index (BMI kg/m<sup>2</sup>) throughout the NICU hospitalization. I will perform statistical analysis to determine the association between anthropometric growth parameters and body composition, as well as between body composition and brain metrics.

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## Katie A. Fritz, MD, MPH - Medical College of Wisconsin



**Title:** *Regulation of Hepatic Toll-Like Receptors by the Perinatal Environment*

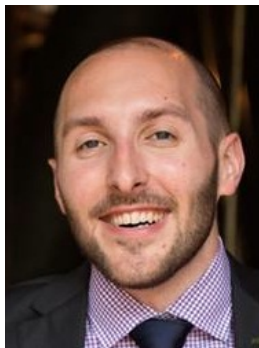
**Mentor:** Robert H. Lane, MD, MS

**Personal Statement:** Fetal experiences cause genetic programming changes that lead to adult disease. I am a 2nd year Neonatal-Perinatal Medicine fellow at the Medical College of Wisconsin and study the impact of maternal stress and diet on the fetal mouse liver and the growing burden of metabolic diseases under the mentorship of Dr. Robert Lane. I have a background in public health and participated in the American Board of Pediatrics Accelerated Research Training Pathway.

**Abstract:** The Lane Lab's novel mouse model replicates the effects of poverty and poor nutrition on many of the preterm infants hospitalized in neonatal intensive care units. Dr. Fritz works in Dr. Lane's lab examining the effects of adverse perinatal environment on the liver using a mouse model of maternal stress and Western diet. In this model, exposed offspring develop non-alcoholic fatty liver disease. With the Marshall Klaus award, Dr. Fritz will assess the involvement of hepatic Toll-like receptors in non-alcoholic fatty liver disease pathogenesis in the setting of adverse perinatal environment. Preliminary results indicate that fetal exposure to maternal stress and Western diet leads to growth restriction and increased hepatic lipid content consistent with nonalcoholic fatty liver disease. These changes in the liver may occur through programming of Toll-like receptors, increasing hepatic inflammation in the newborn period and beyond. She will continue to explore the fetal origins of metabolic disease throughout her career as a physician scientist.

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## Brian Kalish, MD - Boston Children's Hospital



**Title:** *Maternal Immune Activation and the Genomic Regulation of Synapse Pruning*

**Mentor:** Michael Greenberg, PhD

**Personal Statement:** I am a first year fellow in the Harvard Program in Neonatal-Perinatal Medicine. I aspire to be a neonatal physician-scientist with a focus on 'critical periods' of brain development. My current research in Michael Greenberg's Laboratory in the Harvard Medical School Department of Neurobiology focuses on the genomics of synapse pruning, which is the process by which excessive connections are eliminated to achieve more precise connectivity and facilitate circuit maturation. In particular, I am interested in the mechanisms by which prematurity and perinatal insults disrupt critical periods in synapse development. The broad aim of my work is to define the genetic drivers of synapse development and understand how early life exposures shape the structural and functional integrity of the brain.

**Abstract:** Preterm infants are at an increased risk for neurodevelopmental impairment and psychiatric disease. These disorders are characterized by disorganized synapse connectivity, but we have remarkably little understanding of how perinatal exposures shape neural circuit formation. My proposed research will employ a mouse model of maternal immune activation to understand the relationship between perinatal inflammation and the dysregulation of synapse pruning. It is expected that this work will reveal novel roles of the immune system in synapse plasticity and uncover fundamental mechanisms in the early programming of synapse architecture.

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## Melissa C. Liebowitz, MD - University of California San Francisco



**Title:** *Effect of a Moderate to Large Patent Ductus Arteriosus on Neonatal Hypotension and Respiratory Morbidity in Premature Infants: a Comparison of Different Treatment Strategies.*

**Mentor:** Ronald Clyman, MD

**Personal Statement:** Over the past 4 years I have worked under the direct mentorship of Dr. Clyman to investigate predictors of common prematurity related neonatal morbidities, including retinopathy of prematurity, bronchopulmonary dysplasia and the patent ductus arteriosus. The goal of my research has been to identify and utilize early predictors of these morbidities to improve outcomes. In preparation for this study, I have expanded Dr. Clyman's existing database of approximately 400 patients by collecting information related to hypotension (dose and duration of inotropic medication, etc) through chart review. Additionally, I have undertaken formal training in clinical research methodologies and

biostatistical methods through the Advanced Training in Clinical Research (ACTR) Certificate program at UCSF. This year-long full-time scholastic program combines courses in general and clinical epidemiology, medical informatics, study design, biostatistics, clinical trials, database management, grant writing, and publishing with practical projects in study design, database design and data analysis. During the ACTR seminar course I presented the proposed study design and received feedback from faculty and my peers. My previous research experience and formal coursework in epidemiology and biostatistics have prepared me for my role in this project. In addition to answering an important question in neonatal medicine, this project will give me the opportunity to apply newly acquired data analysis skills and learn new biostatistical methods for clinical research.

**Abstract:** Despite years of research on the patent ductus arteriosus (PDA) including many systematic reviews and clinical trials there continues to be significant variation and controversy in the neonatology community regarding management of a PDA. Previous studies comparing prophylactic treatment to short term exposure to a PDA (<7 days) have demonstrated that there is no difference in bronchopulmonary dysplasia (BPD) and neurosensory impairment and some suggested early treatment may have deleterious effects. The results of these studies fueled a shift in practice away from early aggressive therapies aimed at achieving ductal closure to tolerance of the ductus, even in the presence of respiratory and hemodynamic symptoms. Although prior studies have found that short-term exposure to a PDA does not alter the incidence of late neonatal or neurodevelopmental morbidities, they were not designed to examine whether the presence of a PDA exacerbates the respiratory and hemodynamic symptoms that are present during the early neonatal period. In addition, no study has investigated the effect of long-term exposure (>7 days) to a patent ductus in premature infants. In fact, a recent statement from the American Academy of Pediatrics Committee on the Fetus and the Newborn suggested that there may be a population of infants who would benefit from early treatment and future studies should focus on early identification of these infants. The overall goal of this study is to investigate the impact of a moderate or large PDA on neonatal hypotension and respiratory disease in the first week of life. We hypothesize that infants with a moderate or large PDA are more likely to have persistent hypotension and require more inotropic and respiratory support during the first week of life compared to those with a closed ductus. We will take advantage of a change of practice, to test this hypothesis. If the PDA is a major contributor to early neonatal hypotension and respiratory disease this may help us identify a sub-population of infants who are likely to benefit from early closure.

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## Amy E. O'Connell, MD, PhD - Boston Children's Hospital



**Title:** *Functions of Hbs1L in Perinatal Development*

**Mentor:** Pankaj Agrawal, MD, MMSC

**Personal Statement:** I am entering my final year of clinical fellowship in neonatal perinatal medicine in July. Following fellowship, I intend to practice neonatology at an academic medical center while beginning an independent research career. In addition to perinatal-neonatal medicine, I have completed a clinical fellowship in allergy/immunology and received a PhD in immunology. I plan to develop a research career investigating the development of the immune system in neonates.

**Abstract:** Using whole exome sequencing, researchers in the lab of Dr. O'Connell's mentor, Dr. Pankaj Agrawal, identified a mutation in Hbs1L in a patient with growth restriction, facial dysmorphism, retinal pigmentary deposits, immune abnormalities, developmental delay and hypotonia with muscle weakness. The goal of this project is to elucidate the mechanisms by which mutations in Hbs1L lead to the unique phenotype in the affected patient. The function of Hbs1L protein has not been well defined in mammals, although in yeast and bacteria it is involved in a process called translational quality control (tQC), which encompasses a range of mechanisms used by the organism to correct abnormalities in translation of RNA into protein. The main hypothesis is that Hbs1L is involved in tQC in humans and abnormal tQC leads to the clinical phenotype. Because of the defects experienced by the patient, the function of Hbs1L is likely to be important in embryonic and perinatal development. The project will utilize human cell lines and a mouse model of Hbs1L deficiency to accomplish these aims.

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## Aaron T. Yee, MD - University of Alabama at Birmingham



**Title:** *Role of Platelet-Activating Factor in Hyperoxia-Induced Lung Injury*

**Mentors:** Tamas Jilling, MD and Namasivayam Ambalavanan, MD, MBBS

**Personal Statement:** I am someone who is currently in the early stages of an academic career track. Originally from the Philippines, I received my medical degree from the University of the Philippines, completed my residency training in Winthrop University Hospital in New York, and I am currently a second year fellow at the University of Alabama at Birmingham. I came into the US knowing I wanted to do academic neonatology and fortunately for me, I ended up in places which encouraged bench/translational research which I love. Right after I started fellowship I realized my areas of interest are bronchopulmonary dysplasia (BPD) and inflammation, which are the areas of interest for my mentors Drs. Ambalavanan and Jilling. With their guidance

and combined expertise, I started investigating the role of platelet activating factor (PAF), a highly potent lipid inflammatory mediator, in the development of BPD with an overall goal of investigating the therapeutic potential of targeting the PAF pathway for BPD prevention. PAF is an attractive target for specific intervention since inhibitors are abundantly available. Findings of this research may pave the way for development of new therapeutic strategies utilizing PAF as a target for prevention or management of BPD. Following completion of my fellowship I plan to practice in an academic setting where I can continue the development of my research career. As a physician, my goal is to the health of prematurely born infants by defining the mechanistic basis of disease through research.

**Abstract:** PAF has been implicated in several pulmonary diseases like asthma and acute respiratory distress syndrome but has never been investigated in BPD. Our preliminary data showed that there is increased PAF biosynthetic apparatus and tissue sensitivity in both in vitro and in vivo murine models of hyperoxic lung injury, indicating a possible role of PAF in BPD pathogenesis. Part one will study the mechanistic basis of PAF involvement in BPD pathogenesis using 2 kinds of gene-targeted mice: a mice knockout for the PAF receptor and a mice knockout for PAF acetylhydrolase (PAF-AH), the enzyme that breaks down PAF. Part two will explore the use of intranasal human recombinant PAF-AH (rPAF-AH) to treat newborn mouse pups in an effort to decrease hyperoxic lung injury leading to BPD. To the best of our knowledge, this will be the first study to investigate the role of PAF and the therapeutic potential of intranasal rPAF-AH in a murine hyperoxia BPD model. Part three will validate clinical significance by testing the hypothesis that preterm infants who develop BPD will have increased PAF receptor and/or decreased PAF-AH in lung sections and tracheal aspirates, compared to preterm or term infants with normal lungs.

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## Anoop Rao, MD - Stanford University School of Medicine



**Title:** *Evaluation of 3D printed models of congenital cardiac lesions*

**Mentor:** William Rhine, MD, MS

**Personal Statement:** I am currently a neonatal intensive care fellow at Stanford's Lucile Packard Children's Hospital. My long term goal is to be at the forefront of medical device design in neonatology. My clinical and research training have been aptly complemented by over 6 years of med-tech experience. I have a very strong desire to use this skill-set to positively impact neonatal care. My primary research mentor, division chief and program director have strongly supported my endeavor. Initial funding for carrying out my research has been provided via a departmental grant.

Specifically, my current research involves designing and prototyping neonatal applications and devices utilizing 3D printers. This project serves this research path very well because

it allows me to build a core skill with 3D printing and utilize the output for an educational purpose. Aside from cardiac anomalies, I anticipate utilizing this approach for printing a variety of lesions such as congenital diaphragmatic hernia, omphalocele etc. which can be effectively for discussion with parents, for education and even simulation.

**Abstract:** This research is motivated by the premise that using a 3D graspable object is useful while trying to convey pathophysiologic aspects of congenital cardiac lesions. The overall goal of the project is to develop a framework for creating and printing graspable 3D models of congenital cardiac lesions and evaluating those models for their educational benefit. The specific goal of this project is to test the hypothesis that 3D printed congenital heart models are superior to corresponding 2D representations for the purpose of student learning and parent education. If this approach is found to be successful, we envision using 3D models for facilitating student education in neonatal cardiology and for educating parents about their child's diagnosis and any planned interventions. The outcome of this project will lead to the creation of 3D structural data for common and rare cardiac lesions, which will be submitted to the NIH 3D exchange database. This will enable other likeminded researchers and educators around the country and print these models for educational purposes.

## AAP Launches NICU Verification Program

Optimal newborn clinical outcomes are associated with care in facilities with the personnel and resources appropriate for the infant's needs. As an example, the risk of death in very low birth weight infants who are cared for in level III or IV neonatal intensive care units is substantially lower than those who are not. The AAP Committee on Fetus and Newborn 2012 policy statement, *Newborn Levels of Care*, reaffirmed in 2015, and *Guidelines for Perinatal Care* delineate the personnel and resources for four levels appropriate for newborns with increasingly complex needs. The goal of the NICU Verification Program is to achieve the best possible outcomes by ensuring that every high risk newborn is cared for in a facility with the personnel and resources appropriate for the infant's condition.

Approximately three years ago the State of Texas mandated that all facilities caring for newborn infants require a neonatal level of care designation in order to receive Medicaid payment for neonatal services. The standards for each level of care are based largely on the AAP standards. Our program provides verification that a NICU meets the standards for a selected level of care set by the Texas rules and provides the documentation needed for designation by the state. In addition, we can provide a gap analysis of differences from national AAP standards, and suggestions for a collaborative improvement plan. As our program develops, we can verify that NICUs around the country meet AAP standards for an individual facility, or provide verification and a gap analysis if states have developed their own specific standards.

Our process consists of three parts. First, a facility completes a preliminary application, identifying their NICU's desired level of care. Upon submission of the application and fee, the facility will receive a Pre-Review Questionnaire (PRQ) to complete. Members of the AAP Verification Program will review the completed PRQ. In this review, any potential gaps are identified; these are communicated to the facility, so that they may be addressed. The final step is the site survey, which will occur at a mutually agreeable date. Survey teams will be comprised of at least one neonatologist, a neonatal nurse, and, when relevant, a pediatric surgeon. We have been working closely with the Children's Surgery Program of the American College of Surgeons; a surgeon is not needed for the site survey in facilities that have been verified by the Children's Surgery Program. Following the site survey, our Program will provide a report of verification for submission as part of the facility's application for state designation.

Our leadership team consists of experienced neonatologists (Charles Hankins, LuAnn Papile, DeWayne Pursley, Ann Stark) and nurses (Patricia Bondurant, Rosanne Buck, Tamara Wallace). We are recruiting neonatologists who are members of the SONPM to become members of our survey team, with the intent to create a diverse team with members who are highly collaborative and consultative. We will consider applicants who meet the following criteria: 1) American Board of Pediatrics (ABP) subboard certification in Neonatal-Perinatal Medicine, 2) participation in the ABP MOC program, 3) practicing clinical neonatology at least 12 years post fellowship, 4) current Neonatal Resuscitation Program training. NICU leadership experience and any previous experience in program evaluation are preferred. NICU nurses and neonatal nurse practitioners must be master's prepared, NANN or ANN members, certified by the National Certification Corporation (NCC or AACN), current in NRP, and actively practicing in a NICU with similar levels of experience and leadership qualifications. A confidentiality

agreement and conflict of Interest statement are required. Those selected will attend a training seminar and commit to performing 6 2-day site surveys per year. Surveyors must be clinically active in a NICU at or above the level of the NICU being evaluated.

Please send nominations of neonatologists or nurse leaders as potential surveyor candidates to [NICUVerify@AAP.org](mailto:NICUVerify@AAP.org) and see our web site for additional information.

# SECTION ON NEONATAL-PERINATAL MEDICINE

NEWSLETTER - August 2016

American Academy  
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Section on Neonatal-Perinatal Medicine

[www.aap.org/perinatal](http://www.aap.org/perinatal)



## AAP Launches NICU Verification Program

Ann R Stark, MD, FAAP

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*Continued on Page 2*

## Perinatal News "AT A GLANCE"

Mary Nock, MD, FAAP, Editor  
Vivian Thorne, Design/Production

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Printing and mailing of this issue supported through a grant from Abbott Nutrition.

**NICU Verification Project***Continued from Page 1*

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**2016 Landmark Award****T. Michael O'Shea, MD, MPH**

Dr. O'Shea will be receiving the Landmark Award at the 2016 Annual AAP NCE meeting for his discovery of the association between post-natal dexamethasone and cerebral palsy.

Dr. O'Shea is a Professor at the University of North Carolina, Chapel Hill (UNC-CH), where he also serves as the section chief of the Division of Neonatal Perinatal Medicine.

The quintessential epidemiologist, Dr. O'Shea's finding of the association between dexamethasone and cerebral palsy in preterm infants began with his desire to conduct a rigorous double-blinded randomized, placebo controlled trial. At the time, dexamethasone was in widespread use for the treatment of lung disease in premature infants, but there had been no studies to confirm what was seen anecdotally, which was that patients' lung function improved when treated with steroids leading to a reduction in the need for mechanical ventilation. Dr. O'Shea's hypothesis was that dexamethasone would indeed reduce the days on mechanical ventilation and subsequent development of chronic lung disease. He hypothesized that these effects would also lead to an improvement in neurodevelopmental outcome, and thus, planned to follow the study patients at 18-22 months adjusted age to perform cognitive and neurologic examinations. While, he did indeed find a beneficial effect of dexamethasone on lung disease, he was surprised to find a significant increase in the incidence of cerebral palsy in the treatment group. He published these findings in *Pediatrics* in 1999.

Dr. O'Shea's trial included a 42-day course of steroids, so, initially; the neonatology community argued that the length of therapy was the issue, not the steroids themselves. However, after many more RCTs with various steroid regimens - long, short, early, late; his findings were replicated. Given this preponderance of evidence, the use of post-natal steroids in preterm infants nearly halted for several years. Dr. O'Shea was alarmed by this "swing of the pendulum," as he maintained that there were some patients for whom the risk-benefit ratio, in terms of neurologic outcome, favored the use of steroids. Certainly, in some cases, those infants who were near death from lung disease could be saved by treatment with steroids. Slowly, the field began to reincorporate the judicious use of steroids in preterm infants, and Dr. O'Shea is a proponent of this approach.

Dr. O'Shea's discovery has saved untold numbers of infants worldwide from developing cerebral palsy due to the overuse of post-natal steroids. The personal/social/economic impact of this is beyond measure. Equally as significant and even broader in application, is the demonstration of Dr. O'Shea's study of the importance of long-term follow up for any interventions



provided to preterm infants in the neonatal intensive care unit. Of course, we knew from the work of Bill Silverman regarding the use of excessive oxygen exposure and blindness in preterm infants, that early exposures had long term ramifications; however, Dr. O'Shea's study further emphasized this important lesson and led to the standard that all well-designed clinical trials in preterm infants include a long term follow-up component. Nowadays, despite demonstration of early benefit, physicians, who practice evidenced-based medicine, are reluctant to adopt new treatment strategies until the long term effects are known. Most academic neonatology journal clubs end in the comment "Well, it looks promising, but let's wait and see what the long-term follow-up study shows" thanks to Dr. O'Shea. In the words of Bill Silverman, "The impatient let's-try-it-and-see approach in the burgeoning field of neonatal medicine has resulted in therapeutic disaster after disaster." The alternative is, of course, the randomized controlled trial, and as, Dr. O'Shea has shown us, long-term follow up.

**Cherrie Welch, MD, FAAP**



## 2016 Gerald Merenstein Lecture

**Jeff Reese, MD, FAAP**

*The Future of Prematurity: New Approaches for Detection and Prevention of Preterm Labor*

San Francisco, CA  
Friday, October 21, 2016  
5:15pm - 6:00 PM

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- #1** New eSim cases for a virtual experience
- #2** New NRP app for iPhones & androids
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## View from the Chair

**Renate Savich, MD, FAAP**

(rsavich@umc.edu)

### New Initiatives!

The end of June is always a transition time for academic centers. New fellows are arriving, 3rd year fellows are leaving for jobs in private practice and academics, and new neonatologists are joining our practices. By the time you read this, everyone should be settled in. One constant in our profession is that there is always change and new things are happening. This has been an exciting time for the Section on Neonatal-Perinatal Medicine. At the AAP Annual Leadership Forum in March, our Section won the award for engaging new members with our TECaN (Training and Early Career Neonatologists) group. This very active group has focused on important issues for fellows and the transition to career. Our Section also continues to grow and be involved with many new initiatives. Just to mention a few while I have been the Chair:

1. **New Name for the Section.** We were successful in getting "Neonatal" into the name of our Section, strengthening our identity and who we are.
2. **Strategic Planning.** The Executive Committee had a planning session last year to identify our new strategic goals:
  - a. Education
  - b. Member Value
  - c. Quality
  - d. Advocacy
  - e. Health of the Subspecialty
  - f. Health of the Section

In all of these areas, we will be looking for member involvement and new ideas.

3. **Guidelines Taskforce.** Under the leadership of Bill Engle of Indiana University, we have formed a task force to more systematically identify guidelines in use by all of us, identify best practices based on EBM and post these on to the SONPM website for all to access. Knowing that having guidelines has been proven to improve neonatal care, we are looking forward to this effort.

4. **MidCaN Committee.** Based on the overwhelming success of TECaN, several mid-career neonatologists have requested a similar group for those 7-17 years out of

fellowship. We are selecting district representatives and we will have our first meeting and workshop at the NCE in San Francisco in October 2016. Our first workshop will focus on career leadership and burnout. All MidCaNs are welcome – see you there!

5. **Involvement with Other Meetings and Organizations.** Due to the increasing activity and visibility of our Section, several other meetings and groups have asked to partner with us. We have increased visibility at the annual VON Quality Congress and we are also sponsoring a COFN speaker at Hot Topics each year.

6. **Website.** Our SONPM website continues to grow with new features such as Articles of Interest, a monthly compendium of all articles of interest to neonatology; Journal Club, a new feature to critically review recent publications; and Presentations, an online posting of all presentations from our NCE and Scottsdale meetings. We are also in the process of developing a new look for the website and making it more user friendly.

7. **Women in Neonatal Medicine.** Did you know that over 70% of the entering fellows in neonatology are now female? Our Section is looking at how the subspecialty will look in the future and what issues will be important. To that end, we are organizing a group of Women in Neonatal Medicine to plan for the future and offer programs of value for our Section membership.

As you all know, these are interesting times in the U.S. in the area of politics and how that will impact medicine in general and our patients and their families in particular. No matter your political persuasion, it is important that we advocate for our babies and our subspecialty. There are many ways to advocate - in our hospitals, in our states, and at the federal level. Your opinion does count. Get involved!

Finally, it has been an honor to be your Chair of the Section on Neonatal-Perinatal Medicine. Our Section continues to grow, do new things and come up with brilliant ideas! It is due to all of you - offering ideas, doing the hard work that needs to be done and engaging with your team in your NICU. When I have travelled to meetings these past 2 years, I see that we are in good hands and that I am lucky to be in the best subspecialty ever!

## Getting to Know...Tom George, MD, FAAP District VI Representative

**Medical School and Training:** I went to medical school at Indiana University and did my pediatric residency and neonatal-perinatal medicine fellowship at the University of Iowa Children's Hospital.

**Current Position:** Director of Clinical Services and Professor of Pediatrics in the Division of Neonatology; Medical Director, NICU; and Associate Program Director of the Pediatric Residency Program at the University of Minnesota Masonic Children's Hospital.

**Family and Pets:** Life is busy and fun! My wife, Carrie, is Division Director, Pediatric Critical Care at the University of Minnesota and also is boarded in Child Abuse Pediatrics. Our twin boys Andrew and Benjamin are entering their senior year, the college search is underway and our daughter Isabel will be starting high school. Jack, our golden retriever, helps us all stay relaxed - never a dull moment at home!

**What Would People Be Surprised to Learn About You?** I grew up in Zambia in southern Africa, came to the US to go to college...and have been here since.

**Favorite Vacation of All Time:** We love taking family vacations and have been fortunate to travel to many parts of the world. Our favorite place to visit and relax is Kauai.

**Best Advice for Early Career Neonatologists:** Find what your passion is - and give it your all!

**If You Weren't a Neonatologist, You Would Be?** A broke pianist.

**The Best Thing about Where You Live:** The Twin Cities have amazing parks, lots of outdoor activities and terrific cultural events. The four seasons (including winter) add to the beauty of Minnesota!

**Best Gift You Ever Received:** The opportunity my parents gave me to pursue higher education in the USA. I got to train and work here, meet my wife, and have a family because of them!

**Any hobbies?** My wife and I play in an "old people" coed soccer league - it keeps me running

**I've Recently Been Inspired By:** Watching the Copa America 2016 Soccer tournament - I feel my inner Messi breaking through!

**Favorite movie:** The Sandlot

**Best/Favorite Childhood Memory:** Playing soccer and going for bike rides for hours on end.

**Favorite Way to Relax after a Hard Day:** Having a lovely, unrushed dinner with my family... and the kids make sure we don't talk medicine!

**What Books are on Your Nightstand?** *A Thousand Splendid Suns* by Khaled Hosseini was the last book I read this spring.

**Your Favorite City:** We loved visiting Salzburg, Austria.

**Who Would You Like to Swap Lives With For a Day?** Stephen Curry!





**2016 Program at the NCE**  
**October 21-23, 2016**  
**San Francisco, CA**

**Program Chair: Tom George**

**Abstract Chair: Sue Aucott**

An exciting program has been finalized for the SoNPM annual meeting at the AAP NCE in San Francisco October 21-23, 2016! Registration and hotel information are now available at <http://aapexperience.org/>

Planned presentations include: The annual ONTPD meeting; an inaugural MidCaN (midcareer neonatologists) meeting; the Gerald Merenstein Lecture to be presented by Jeff Reese; the Thomas Cone History Lecture to be presented by Maria Delivoria-Papadopoulos; scientific poster and oral presentation sessions; and presentations of the Landmark, Education and Apgar Awards.

The program is being held jointly with the Section on Child Neurology and the Section on Hospice and Palliative Care. Presentation topics include: Optimizing your neuroNICU, seizure management, neonatal weakness, the role of a Pediatric Advanced Complex Care Team in the NICU, difficult conversations with families, and an update on ICD-10. A session will be dedicated to neurologic, cardiac and perfusion monitoring in the NICU – useful data or data overload? That session will review use of aEEGs, optimal mode and timing of neuroimaging, targeted bedside ultrasound, use of NIRS and HeRO monitoring. We hope to see you there!

See schedule on Page 16.



**Jay Greenspan, MD**  
**2016 Avroy Fanaroff**  
**Neonatology**  
**Education Award**

Dr. Jay Greenspan is the recipient of the 2016 Avroy Fanaroff Neonatology Education Award. His contributions to neonatology include clinical care, academic leadership, and

research, but his passion has always been, and remains, education. Jay's true passion in education is at the bedside, where he has been widely respected for his casual but effective manner since his days as a resident and fellow. He is best recognized for his educational expertise in the larger venues of national forums and on-line publications. I have known Jay for nearly our entire careers, from when he was a fellow in Neonatal-Perinatal medicine at the Children's Hospital of Philadelphia, until my retirement last year from Nemours. His contribution to education has always been a significant part of his role in healthcare. Medical student, nursing, resident, fellow, and attending education has truly been a labor of love for him and those of us around him. So it's very fitting that he be recognized for these efforts.

**Training and Career**

Dr. Greenspan earned his undergraduate degree from Connecticut College and attended Case Western Reserve University School of Medicine in Cleveland. He completed his residency in Pediatrics at St. Christopher's Hospital for Children and his fellowship at the Children's Hospital of Philadelphia. Following fellowship he returned to St. Christopher's as a junior attending and moved to Thomas Jefferson Medical College and Hospital after four years as Associate Director of Neonatology. He had been recruited by Alan Spitzer, last year's recipient of this award.

In 1995, when Dr. Spitzer was promoted to Chairman of Pediatrics, he appointed Jay as Chief of Neonatology at Jefferson. Two years later, Jay was promoted to Professor of Pediatrics. When the Department was transferred to Nemours in 2000, Dr. Greenspan moved his employment but did not change his role. In 2007 he was appointed the Robert Brent Professor and Chairman of Pediatrics for both Nemours and the Sidney Kimmel Medical College at Thomas Jefferson University. He has also served as Pediatrician-in-Chief at the A.I. duPont Hospital for Children.

**Academic/Research Contributions**

Dr. Greenspan has authored over 140 manuscripts and

book chapters. His initial work was in pulmonary function of sick neonates. He was an integral leader in the discovery phase of many pulmonary therapies including exogenous surfactant, inhalational nitric oxide, and perfluorochemical liquid ventilation. He also has numerous publications on pulmonary care including ventilation strategy and oxygen therapy. Jay was an early and longtime contributor to our understanding of neonatal abstinence syndrome. Over the past 15 years, he has explored best practices and variations in care using large database work. More recently, in his Chairman role, Dr. Greenspan's contributions have expanded to population health and access to care.

### **Leadership Roles**

Dr. Greenspan was Division Chief of Neonatology and then accepted a position as Chairman of Pediatrics. He has been the Chair of both Jefferson and Nemours/A.I. duPont Hospital for Children for nearly a decade and has overseen significant growth and progress. His Department has had several nationally recognized initiatives in patient service and satisfaction, quality and access. He has authored several manuscripts on these topics.

Dr. Greenspan has also been a lifelong volunteer for the March of Dimes and has maintained several leadership positions for the Pennsylvania Chapter. He has received 3 prestigious awards from the March of Dimes and has connected our missions to give every baby a chance at a healthy life.

### **Educational Contributions**

Jay has been an advocate for the importance of neonatal teaching from the one-on-one bedside to global-impact offerings. He is actively involved in the UME activities of the Sidney Kimmel Medical College at Thomas Jefferson University, being responsible for the pediatric education of over 1000 medical students at that college. He is also very involved in the Jefferson Pediatric Residency program and the many educational offerings at the A.I. duPont Hospital for Children. He is a frequent lecturer to the medical students and often attends morning report and patient care rounds.

In the beginning of last decade Jay realized the gap in resident education (particularly with the implementation of the 80-hour rule) and the need to spread and scale new research findings and best practices globally. He started the free, on-line programming of [www.nicuniversity.org](http://www.nicuniversity.org) with his colleagues Drs. Bill Fox and Rich Polin. The website provides a wide range of educational offerings from pediatric resident and neonatal fellow-oriented lectures to nursing and provider credited (and non-CE) lectures. Supported by unrestricted industry grants and the philanthropic work of Northstar Creative Inc., this site now

has over 750 available lectures and over 85,000 registered users. I have seen providers from the international community utilize this website to train their staff and students. The on-line resources have been expanded to pediatrics (<http://www.pedsuniversity.org>) and families ([www.pediatricchat.org](http://www.pediatricchat.org)).

Dr. Greenspan has also taken the reins of the esteemed conference, Hot Topics in Neonatology, from Dr. Jerold F. Lucey (Washington D.C. each December, [www.hottopics.org](http://www.hottopics.org)). This conference, which attracts over 1200 participants from approximately 50 countries, brings the neonatal community together to learn and share best practices and provide a venue for collaboration. Dr. Greenspan and his co-chair Dr. Haresh Kipalani (along with Drs. Stephen Pearlman and Munish Gupta for Neonatal Quality at Hot Topics) have expanded the offerings to include the valuable keynote address, innovations laboratory, and AAP/ANN and NANN collaborations.

### **Final Thoughts**

Jay and his wife Kathleen, have been married for 31 years. They have 3 children (Daniel, Jessica and Justin) and are an active sports family. Kathleen is a emergency room physician and the household is busy and happy.

On a personal level, Jay has been a valued friend and colleague of mine for many years. Although I am older than he, and no longer in clinical practice, I can truly say that Jay was a great mentor and amazing supporter in my career, and that of so many others. His educational efforts go way beyond transferring bedside clinical teaching, research, and administrative skills. Jay always encouraged me, and countless students at all levels, to be myself, follow my own course, even if it was not seen as the easiest path to follow. He encourages innovation, independent thought, and individual expression. His unique personality, with much less of a filter than many in political academic positions, always allows him to be himself and speak his mind. This is really Jay's unique contribution to education...role modeling individual strength of convictions and pursuing what you feel is right. Jay is a most deserving recipient of this award.

**Eric Gibson, MD, FAAP**



## 2016 Apgar Award George Little, MD, FAAP

George Little is this year's deserving Apgar awardee for his continuing contribution to the well-being of newborn babies both in the USA and globally.

George Little MD was one of the six founding members and the second Chair of the Executive Committee of the Perinatal

Section (1975-77) after Bill Tooley. He was involved in almost every important development in neonatology in the early years of the subspecialty. All of his endeavors have had lasting impact on the present.

Dr. Little was born and grew up in New England. He completed his undergraduate at Wesleyan University in Middletown, Connecticut, and his medical degree at University of Vermont in Burlington. A rotating internship at the University of Oregon was followed by a pediatric residency back at his alma mater in Vermont. His medical training was interrupted by his U.S. service obligation which he fulfilled by becoming a U.S. Public Health Service Officer. He was detailed to the Peace Corps, where he began a long relationship with underserved children around the world. Dr. Little worked in Nigeria and Malawi as a pediatrician and subsequently was named the Regional Medical Officer for Africa. This experience undoubtedly had a profound effect on his professional life.

Dr. Little returned to complete a Neonatology fellowship under the mentorship of one of the pioneers of Neonatology, Dr. Lula Lubchenko, at the University of Colorado in Denver. Influenced heavily by the prevailing belief that neonatology was inextricably linked to obstetrics in a collaborative effort, George has carried out that inclusive approach throughout his professional career. George's first neonatology position was at Dartmouth Medical School in Hanover, New Hampshire. As an Assistant Professor, fresh out of training, he became the Director of Neonatology at Mary Hitchcock Memorial Hospital, the teaching hospital for Dartmouth, and founded the Vermont/New Hampshire Regional Perinatal Program the very same year. Within 6 years he was promoted to Associate Professor and simultaneously was appointed Chair of the Department of Clinical Maternal and Child Health at Dartmouth, leading both obstetricians and pediatricians. This department was split into two departments: Pediatrics and Obstetrics, 14 years later, requiring 2 people to replace his leadership. After serving as Department Chair for 14 years, Dr. Little stepped down but continued as a faculty neonatologist at Dartmouth where he continues to serve today.

Dr. Little arranged two sabbatical experiences following up on his interests and concerns in perinatal health care delivery: The first was assistant to the MCH Director of the

NICHD and the second, as a Fellow at the WHO Collaborating Center for Maternal and Child Health in Atlanta.

George was clearly a natural leader early and his demonstrated talent continued to result in invitations to lead repeatedly, throughout his long career. He is perceptive to needs of all concerned and facilitates working collaboratively.

When the Section on Perinatal Pediatrics was organized in 1975, George was part of the initial effort, became a member of the very first Section Executive Committee, and was elected the second Chair of the Executive Committee. When the March of Dimes, the Perinatal Section, and the American College of OB/GYN collaborated to create the seminal document, "Toward Improving the Outcome of Pregnancy" (TIOP) in 1976, which outlined organization of care along regional lines, among other important standards. Dr. Little was one of the authors. He was later asked to be the Chair of TIOP II (1993) and was a contributing author of TIOP III. He contributed meaningfully to all three documents, which spanned 3 decades. Dr. Little demonstrated the ability to reanalyze and respond to the changing needs of the system, while retaining the long view and experience of years.

George served on the Committee on the Fetus and Newborn, 1977 – 1985, becoming Chair for 1981-85. During that time he served as the Associate Editor for the inaugural edition of *Guidelines for Perinatal Care* (1983) and Editor for the 1988 second edition. *The Guidelines for Perinatal Care* are a joint effort of the AAP Perinatal Section and ACOG. From these successful leadership tasks, the theme of Dr. Little's ability to work across the professional aisle, especially with obstetricians, becomes apparent. He is one of the few neonatologists who have been named an honorary Fellow of the American College of Obstetricians and Gynecologists.

George's remarkable leadership abilities have been manifest in service as Chair of both the AAP/HHS Task Force on Prolonged Infantile Apnea and the subsequent NICHD Consensus Conference on Apnea; twice Chair of the Board of NPIC; Chair of the National Advisory Panel for the Maternal Child Health Bureau, HRSA, and PHS project: Perinatal Health Strategies for the 21st Century; and Chair of the Committee on Perinatal Health.

Dr. Little's scholarly contributions have largely centered on bioethics and delivery of care, both in the U.S. and in the international arena. In the U.S., he has served both the Institute of Medicine and the NICHD on use of ultrasound in pregnancy, the Civil Rights Commission on Neonatal Bioethics, the Harvard School of Public Health on RBRVS, the Joint Commission on Accreditation of Hospitals for clinical indicators in obstetrical care, the Department of Defense on peer review, the National Fetal Infant Mortality Review Program, the Institute of Medicine on planned hildbearing, and many others.

George's involvement with on-the-ground efforts to improve health care internationally have included Croatia, Kosovo, the UAE, Egypt, Uganda, South Africa, Saudi Arabia, and his beloved Malawi.

Currently his efforts are focused on the new global resuscitation program, "Helping Babies Breathe" as the Co-Director with Bill Keenan, another Chair of the Section (1986-88). This ambitious effort includes the development of new materials appropriate to the developing world as well as the training of thousands of trainers of birth providers around the world.

Just one of the many contributions that George has made over the years would be outstanding but in the composite, it is quite amazing that this quiet, unassuming man has wielded so much influence for good over nearly four decades.

George's publications begin in 1975 and they continue until the present; almost 40 years of academic productivity.

In concert with his reserved, thoughtful demeanor and his subtle sense of humor, George is a facilitator, an encourager, a supporter, a participant, who gets the group working together to get the task accomplished. George takes responsibility and carries it out, often doing much of the work behind the scenes without fanfare.

The fact that George Little is an instrument-rated pilot who has survived at least one very serious crash and still flies, exemplifies many of the qualities that make George a worthy candidate for the honor of the Apgar Award. He perseveres in service, responding with resilience to challenges and changes as they have occurred in over four decades of professional life. From an early start, he has continued to innovate, making significant contributions toward advancing knowledge of delivery of newborn care and providing visionary leadership in many arenas to the present day.

Dr. George Little richly deserves the 2015 Apgar Award for his leadership and outstanding contributions over a long, professional lifetime. From his service on the very first SoPPE Committee, the first *Guidelines for Perinatal Care* and the seminal TIOP, to his current active and vigorous involvement with "Helping Babies Breathe", he indeed exemplifies the best of our profession.

**Marilyn B. Escobedo, MD, FAAP**

## Calendar of Meetings

### District VI Conference

Chicago, IL  
September 8-9, 2016

### VON Annual Quality Congress

Chicago, IL  
September 9-12, 2016

### AAP National Conference & Exhibition SoNPM Program

San Francisco, CA  
October 21-23, 2016

### Hot Topics

Washington, DC  
December 4-7, 2016

### Gravens Conference

Clearwater Beach, FL  
March 1-4, 2017

### California Association of Neonatologists (CAN)

Coronado Island, CA  
March 3-5, 2017

### Perinatal Workshop

Scottsdale, AZ  
March 31-April 2, 2017

### Southern Association of Neonatologists (SAN) Meeting

Marco Island, FL  
May 18-21, 2017

### District VIII Meeting

Seattle, WA  
June 22-25, 2017

## Helping Babies Survive: Combined Master Trainer Courses in Essential Care of Every Baby (ECEB) and Essential Care of Small Babies (ECSB)

VON Annual Quality Congress  
September 12, 7:30am - September 13 at 1pm

With an optional QI kick-off on Sunday evening  
Sheraton Grand Chicago Hotel, Chicago, IL

We challenge you to make a commitment to training other trainers and facilitators on essential newborn care based on the latest WHO guidelines. The ECEB curriculum begins after birth, throughout the first day of the newborn's life, until the time of discharge. The ECSB curriculum focuses on care of the well small baby. The combined courses will equip health care providers with skills and tools to make changes, and improve care, in the developing world.

*This special post-conference offering is cosponsored with the American Academy of Pediatrics.*

### ECEB/ECSB Faculty Team

- Sherri Bucher PhD - Asst Professor of Research at IU, Dept of Pediatrics and IU-Kenya Program
- Danielle Ehret MD, MPH - Director of Global Health at Vermont Oxford Network, Asst Professor of Pediatrics at UVM
- Victoria Flanagan RN, MS - Perinatal Outreach Coordinator at Dartmouth, Director of Operations at NNEPQIN
- George Little MD - Professor of Pediatrics and OBGYN at Dartmouth
- Carlos Ramos MD - Clinical Assoc Professor of Pediatrics at UCSD
- Steven Ringer MD, PhD - Co-Chair of NRP Steering Committee, Section Chief for Division of Neonatology at Dartmouth
- Bogale Worku MD - Executive Director of Ethiopian Pediatrics Society, Professor of Pediatrics

For more information please visit the Helping Babies Breathe website at  
[www.helpingbabiesbreathe.org/upcomingcourses.html](http://www.helpingbabiesbreathe.org/upcomingcourses.html).

## Disruptive Innovation: Are We Ready?

Stephen A. Pearlman MD, MSHQS, FAAP

Most often, the word “disruptive” has a negative connotation such as in “disruptive behavior.” The term “disruptive innovation” was coined by Clayton Christensen, a professor at the Harvard Business School and one of leading thinkers in the business world. He has written widely on this subject including his books, *The Innovator's Dilemma* and *The Innovator's Solution*. Christensen defines a disruptive innovation as “a technology that brings a much more affordable product or service that is much simpler to use into a market.” It also “allows a whole new population of consumers to afford to own and have the skill or use a product or service.” There are many examples of this in the business world. One of the best examples is the personal computer. I am part of the generation that left for college with a slide rule in hand (for the younger generation, I suggest you Google it). Computers were things that took up entire rooms and only certain people knew “computer language” and how to generate punch cards. Today, even people with limited funds and little skill own or have access to a personal computer at home, work or in other locations.

Can disruptive innovation apply to medicine? Can we learn from other industries as we have in other ways? For example, quality improvement science has trickled down to medicine from the world of business. The Lean Method came to us from the Toyota Company and Six Sigma was developed by Motorola. If these paradigms have been adapted to health care we should be able to do the same for disruptive innovation. Decreasing the cost of health care is an important topic, particularly since the Affordable Care Act legislation. All too often, the emphasis has been placed on getting hospitals to lower costs or physicians to accept lower rates of reimbursement. This thinking is misguided. The approach to decreasing costs may be to provide care in lower cost settings or by utilizing providers that are less expensive in order to make healthcare more affordable. The use of some of these concepts has already begun. Many procedures that were only performed in the hospital setting are now done elsewhere such as outpatient surgery centers, clinics, or in physician's offices. Some procedures have become much more automated which lowers the cost and increases availability. LASIK (laser-assisted in situ keratomileusis) is one such procedure.

A great example of the use of disruptive innovation in medicine is the advances in the care of patients with diabetes mellitus. Diabetes already affects 6% of the population and is likely to increase secondary to today's obesity epidemic. A short time ago, patients with diabetes measured their own glucose levels with strips that approximated the value. Following the use of the strips was the handheld personal blood glucose meter which was more accurate, hence improving glycemic control. Now there are home glucose monitoring systems that transmit a patient's glucose values wirelessly to the doctor's office.



Computer software then plots the glucose levels and analyzes trends based on preexisting evidence-based models. If the computer recognizes a worrisome pattern, the software generates an alert to the patient and/or physician suggesting anything from a telephone call or an office visit. Wow! Not only does this improve care but delivers it at low cost to a wider population.

We know that new technology can often add cost to medical care. Most innovations in medicine are introduced as “sustained innovations”. These are defined as those that “result in better products that can be sold for higher profits to the best customers.” In neonatology, inhaled nitric oxide represents a sustained innovation. A few years ago, I injured my arm. The radiograph failed to show a fracture. The orthopedist then ordered an MRI which showed a hairline fracture. I was put in a cast for 6 weeks. What would the physician have done before MRI was so widely available? While this is clearly a very expensive way to diagnose a fracture, physicians tend to adopt new and expensive technologies to care for their patients. Choosing Wisely is a program that seeks to convince practitioners not to order unnecessary tests or treatments. Is Choosing Wisely an example of disruptive innovation? In a way, I believe it is.

I recently purchased a car that came with more “bells and whistles” than I will ever use. This is a technique commonly practiced in the business world. When a product has more functionality than any of us actually needs this may create an opportunity for disruptive innovation. An example from our neonatal world is the ventilator. Remember the very simple ventilators that were in the NICU thirty years ago? These machines have become progressively more sophisticated with more settings, computer graphics of pulmonary mechanics and advanced alarm systems. The cost of these machines is out of reach for many that practice in low resource settings such as other countries. That is why Tom Hansen challenged people in his lab to develop a very basic and inexpensive mechanical ventilator. Although not quite as inexpensive as they would have liked, they developed a ventilator that is much less costly than the ones in use every day. Is this another example of disruptive innovation? I think it meets the definition by lowering cost and increasing access.

There are many barriers to disruptive innovation in health care. We are clearly an overregulated industry. It is estimated that there are 130,000 pages of rules, requirements, guidelines and directives from the federal government that affect the delivery of healthcare in our country. While well-intended, these regulations can stifle innovation, increase costs and prevent new products from reaching consumers. Regulations may result in disincentives to innovation in particular if there is no mechanism for reimbursement for new products or modalities for delivering care. Secondly, newer models of care may increase the number of unbillable informal communications between patient and physician decreasing

the need for office visits. While regulations are important to provide protection for consumers of health care, we must understand that they also prevent lower-cost quality innovations from reaching the patient.

So how might disruptive innovation impact neonatology? We have tried using less costly providers including nurse practitioners and physician assistants, but since their work requires physician supervision, costs have not decreased. One indirect way is in the delivery of quality, low-cost prenatal care. The Centering Pregnancy model is one such program. Prenatal services are delivered during ten two-hour group sessions with approximately ten women who have similar expected dates of delivery. This well-established approach, supported by the March of Dimes, offers planned sessions using facilitative leadership, opportunities for socialization and support within the group. Now with over 20 years of experience, Centering Pregnancy has shown to have good pregnancy outcomes in several studies.

What about neonatal practice itself? It is difficult to imagine taking care of a ventilated 25-week infant anywhere else but the NICU, but what about the recovering premature infant? Some innovative neonatologists are beginning to envision the care of babies who require thermal support and gavage feedings in a home environment using family members with nursing support. Can this care be delivered effectively and safely? With the economic pressures on health care, are these possible and will these practices soon be a reality?

In spite of trying to deny it, medicine is also a business. However, many of the rules of economics do not easily apply to the medical world. Our third party payer system does not allow medicine to function as a retail market. But new models such as health savings accounts and highly deductible plans may result in people thinking differently before purchasing their health care. Capitation is designed to deliver care at lower costs but through managed care programs has failed to achieve those results. The true disruptive innovation in health care may come as a result of new technology combined with new business models. We will need to think creatively to deliver cost-effective, quality care to our patients. This was expressed by the Institute of Medicine report on Health Care for the 21st Century, “To create a future different from its past, health care needs leaders who understand innovation and how it spreads, who respect the diversity in change itself, and who, drawing on the best of social science for guidance, can nurture innovation in all its rich and many costumes.”

## Mid-Career Interest Group to Focus on Special Interests of Mid-Career Neonatologists

**Andrew Hopper, MD, FAAP**

Are you interested in being part of a group that will address the needs and interests of mid-career neonatologists? Building on the success of the Trainees and Early Career Neonatologists Group (TECaN) to provide a forum for early career development, the SONPM would like to announce the establishment of MidCaN, an interest group for mid-career neonatologists.

The idea for this organization grew from informal discussions at the Scottsdale Perinatal Practice Strategies meeting. The consensus opinion was that TECaN is doing well with providing for the needs of trainees and new neonatologists in practice, but that there is a void for neonatologists  $\geq 7$  years out of training. Mid-career neonatologists have different needs, interests and concerns that could be better addressed. Additionally, the organization needs to serve neonatologists in both private practice and academic settings. Neonatologists seven to seventeen years out of their fellowship training (and a member of the SONPM) will be eligible to join MidCaN.

### Potential Topics for Discussion in MidCaN would include:

Transition to mid-career, redefining goals

Exploring leadership opportunities in academic medicine and private practice

- American Academy of Pediatrics and SONPM activities
- Policy change at the local, state or national level
- Hospital committee participation
- Medical directorship
- Education leadership and curriculum development

Skills development in mid-career

- Engaging institutional leadership
- Team development
- Becoming a mentor
- Becoming an expert educator
- Negotiating and networking
- Difficult conversations and giving feedback

Research during mid-career

- Life after training grants and K awards in academics
- Conducting scholarly research in the private practice setting

Quality improvement and maintenance of certification

Work/life balance and burnout

Generational diversity

What's next? The inaugural meeting of MidCaN will be held on Friday afternoon, October 21st 2016, during the AAP National Conference and Exhibition in San Francisco, CA. We will begin with a workshop with sessions by the AAMC, AAP and other leadership organizations that will address topics of interest to mid-career neonatologists. In addition, there will be an opportunity to come together to establish an organizational structure and define interests for future events. There is no cost to attend this meeting. You do not need to be a member of the Section to attend this workshop, but membership in the SONPM will be required for continued participation.

The SONPM has selected representatives from each of the ten SONPM Districts to participate in the leadership of MidCaN, with a goal to recruit state representatives as the organization grows. If you or colleagues who are mid-career neonatologists are interested in participating in this organization, you are encouraged to attend the MidCaN meeting at NCE in October. More information about MidCaN and the workshop will follow. Those attending the SONPM program at NCE immediately after the MidCaN workshop will need to register for the main conference.

### MidCaN Organizational Committee:

Renate Savich, MD Chair, Section on Neonatal-Perinatal Medicine

Alexis Davis, MD

Andrea Duncan, MD

Dena Hubbard, MD

Munish Gupta, MD

Andrew Hopper, MD

### District VI Perinatal Pediatrics Meeting

#### *Controversies in Neonatal Clinical Care*

Chicago, IL - September 8-9, 2016

[www.d6an.org](http://www.d6an.org)

## Social Media and Communication Platforms from the Section

### Update from the SONPM Website and Executive Committee

**Clara Song, MD, FAAP**

The Section of Neonatal-Perinatal Medicine (SONPM) has proudly embraced the use of social media tools since the inception of its website, (or better yet, type “aap” and “perinatal” in the browser of your choice and there you go!). The use of social media platforms allows for outreach between members and the Section by way of the website.

We hope this social mode of communication between and among healthcare professionals and patient families allows for a broader and more easily accessible base for education and information. SONPM has a number of social media accounts including LinkedIn, Twitter, Pinterest, Instagram, SmugMug and Facebook.

The most active of these communities is the Neonatal-Perinatal Medicine group on LinkedIn. It currently has 2,476 members. The group is open to all clinicians in the field of neonatal-perinatal medicine at all levels of training. It is closed to recruiters or other non-clinical solicitors, to protect the forum for professional discussion. As with all the other groups, it is moderated by a Section and AAP administrative member.

The most flexible and fluid platform is Twitter, which is also a public medium that SONPM frequently uses for live conference tweeting. Most recently, @AAPneonatal real-time tweeted the spring Workshop on Perinatal Practice Strategies from Scottsdale, Arizona along with John Zupancic, SONPM Chair-elect; Mark Del Monte, AAP Chief Public Affairs Officer; Dena Hubbard from District VI; and many others who were present. Search our conference hashtag #2016WPPS on Twitter for the full feed.

I believe our most interesting platform is Pinterest because of its visual appeal and ease of use. The AAP Section on Neonatal-Perinatal Medicine maintains a profile, which appears is mainly for public outreach and family support. However, the compiled educational media can be easily accessed on mobile devices and are useful resources for students, residents and fellows who are learning in the NICU and are often on the go. Adjunct training tools, such as videos on intubation and PICC line placement, are available on the Baby Procedures and Machines board. The Tiny Babies board shows the circulation of the PDA, which can be useful for bedside family counseling or teaching medical students. We encourage trainees to use the information on the boards as resources for themselves as well as for their NICU families.

The committee would love to hear any other ideas for potential boards, and innovative ways to tweet. The possibilities are abounding. Let's keep in touch!

## Coding Question

A neonatologist is present at a C-section of a 41 week, 3.5 kg neonate born after a prolonged deceleration. Apgar scores were 1, 2, 2 and 3 at 1, 5, 10 and 15 minutes respectively. The baby required positive pressure ventilation in the DR. The cord pH was 6.9 with a base deficit of -23. The baby had an abnormal neurologic exam and had a seizure shortly after birth. The baby was admitted to the NICU and total body cooling was started for severe HIE.

The proper code(s) for the day are:

1. 99465 (Neonatal resuscitation), 99184 (Initiation of selective head or total body hypothermia)
2. 99465, 99468 (Initial inpatient neonatal critical care), 99184
3. 99468, 99184

Answer can be found on page 21.

## CDC Launches U.S. Zika Pregnancy Registry to Assist with Releases and Updates of Clinical Guidance for Infants and Children

**Wanda Barfield MD, MPH, FAAP, CAPT, USPHS**

The Zika virus outbreak is a rapidly evolving situation. With peak mosquito season on the horizon in the U.S., scientists with the Centers for Disease Control and Prevention (CDC) continue learning more about the virus. Two important foci for CDC are especially relevant to pediatricians working in neonatal and perinatal medicine – monitoring and reporting cases of Zika to help improve our understanding of how and where it is spreading and releasing and updating clinical guidance to physicians as we learn more.

To enable monitoring and reporting of Zika, CDC established the U.S. Zika Pregnancy Registry (<http://www.cdc.gov/zika/hc-providers/registry.html>). CDC requests that healthcare providers participate in the registry. Specifically, pediatric providers can:

- Identify and report suspected congenital Zika virus exposure to their state, tribal, local, or territorial health department for possible testing.
- Collect pertinent clinical information about infants born to women with laboratory evidence of Zika virus infection or infants with congenital Zika virus infection.
- Provide the information to state, tribal, local or territorial health departments or directly to CDC registry staff if asked to do so by local health officials.
- Notify state, tribal, local, or territorial health department staff or CDC registry staff of adverse events (e.g., perinatal or infant deaths).

Data collected through the U.S. Zika Pregnancy Registry will be used to update recommendations for clinical care, to plan for services for pregnant women and families affected by Zika virus, and to improve prevention of Zika virus infection during pregnancy. For questions about the registry, please email [ZikaPregnancy@cdc.gov](mailto:ZikaPregnancy@cdc.gov) or call 770-488-7100.

Additionally, CDC will continue releasing and updating clinical guidelines (<http://www.cdc.gov/zika/hc-providers/clinical-guidance.html>) for the care of infants and children as we learn more about Zika virus. CDC has released guidelines for pregnant women and women of reproductive age, for infants and children, and for prevention of sexual transmission of Zika. Guidelines for infants and children currently include caring for infants and children with possible Zika virus infection, evaluation and testing of infants with possible congenital Zika virus infection, and questions and answers for healthcare providers caring for infants and children with possible Zika virus infection.

To learn more about CDC Zika virus resources for healthcare providers, please visit <http://www.cdc.gov/zika/hc-providers/index.html>.



### CAN/AAP District IX Section on Neonatal-Perinatal Medicine 23rd Annual Conference Cool Topics in Neonatology

**March 3-5, 2017**

Coronado Island Marriott Resort  
Coronado, California

For more meeting information:

[www.cme.ucla.edu](http://www.cme.ucla.edu)

or

[www.canneo.org](http://www.canneo.org)

## ONTPD Report

Patricia Chess, MD, FAAP

The following is an excerpt from a letter from Valerie Opiari MD, president of AMSPDC, to CoPS regarding fellowship start date beginning July 2017: "AMSPDC strongly supports July 1 as the earliest possible start date. We would prefer to delay the start to July 7 or later which is in line with the Association of Pediatric Program Directors (APPD) recommendation." Program Directors are asked to strongly consider the recommendation, which is based on data collected by APPD regarding trainees' preferences. The delay until July 7 would give residents time to finish their training and relocate, with a very short time without income. Trainees on J1 visas have to resume training within 30 days of completing their residency. COBRA insurance can be arranged to cover the insurance gap. Full letter found at: [https://www.appd.org/pdf/AMSPDC\\_CoPS\\_FellowshipStartDate.pdf](https://www.appd.org/pdf/AMSPDC_CoPS_FellowshipStartDate.pdf)

The Spring ONTPD meeting at PAS in Baltimore was held on May 2nd and focused on scholarly activity. It was well attended and there were lively discussions. The following topics were covered: A discussion of collaborations across boarders (POC USG/aEEG, SIM network) by Jae Kim and Taylor Sawyer, the role of VON in fellowship QI education by Dmitry Dukovny, presentation of a NCE 2015 follow-up survey by Kris Reber, a communication update by Suzie Lopez, and a discussion on choosing a career in academics by Brian Hackett. CoPS is organizing a follow-up study to the milestones project validating the neonatology EPA scales, which was presented by Patricia Chess. Christiane Dammann discussed giving feedback to the ACGME regarding protected time for pediatric fellowship Program Directors. After discussing what the group felt was the optimal recommendation, a letter was sent from the ONTPD requesting a comparable percent effort to that listed for Internal Medicine subspecialty fellowships (25-50%), with an additional letter of support for this request sent by the AAP SoNPM.

The Fall ONTPD meeting at AAP NCE will be Friday, October 21st in San Francisco. A neonatology Program Director's boot camp is planned for Thursday, October 20th at 3pm, before the Program Directors' reception. More details to follow.

Fellow recruitment season is upon us! ERAS opens July 15th. The rank order list entry opens October 26th, quota change deadline is November 16th, rank order list certification deadline is November 30th, and Match Day is December 14th, 2016. Please remember, for Neonatology to continue in the Match, a minimum of 75% of available positions need to be registered for the Match.

## TECaN Update

Meredith Mowitz, MD, FAAP, TECaN Chair

The TECaN (Trainee and Early Career Neonatologists) group continues to foster the involvement of trainees and early career neonatologists in the Section. Aiming to meet the unique needs of physicians in this stage of practice, the group has focused on career and leadership development. We would like to highlight two exciting areas of focus:

The Vermont Oxford Network (VON) has paired up with the AAP Section of Neonatal-Perinatal Medicine and TECaN to increase fellow and early career neonatologist exposure to and education in Quality Improvement (QI). Part of this effort has included the initiation of the AAP/VON Scholars Program in 2013. This program provides scholarships for five fellows and/or early career neonatologists to the VON Annual Quality Congress and presents them with an opportunity to share their work, learn and network. In 2015, VON started a half-day educational program focused on QI at the VON Annual Quality Congress specifically for fellows. Given the success of, and the response to the half-day session, it will be continued in 2016 ("Jump Starting Quality" at <https://public.vtoxford.org/quality-education/quality-congress/jump-start-quality-2-0/>).

The collaboration between groups has been strengthened with VON's development of a fellow liaison role. This position will continue to help with program development, as well as recognition and closing of the education gaps for fellows in QI. In addition, to further understand the needs of the fellowship training programs with respect to QI education, VON has recently partnered with the Organization of Neonatal Training Program Directors (ONTPD) to send out a needs assessment survey. Results of the survey will be presented to the program directors at the October 2016 NCE meeting. Finally, TECaN continues to provide QI resources in the Quality Corner of the Section website ([www.aap.org/TECaN](http://www.aap.org/TECaN)), led by Alissa Doherty (fellow, University of Michigan) and Dmitry Dukhovny (Neonatologist, Oregon Health & Science University).

Having successfully established resources and educational opportunities like the VON/AAP scholarship for fellows, over the last year TECaN has shifted to identifying and meeting the needs specific to those in the first 7 years of practice (Early Career Neonatologists, "ECNs"). A recent survey of ECNs conducted by TECaN revealed gaps in knowledge of resources and actual resources for entering the workforce. As a result, the group has identified this as a focus for the upcoming year. As a first step towards accomplishing this effort, **we are pleased to announce the addition of two new positions on the TECaN executive committee**. These positions will be specifically held for ECNs with the goal of providing insight and facilitating communication to ECNs throughout the Section.

**Please visit [www.aap.org/TECaN](http://www.aap.org/TECaN) for the call for nominations and application instructions.**

## 2016 AAP National Conference & Exhibition San Francisco

### Section on Neonatal-Perinatal Medicine Schedule Highlights

#### Friday, October 21, 2016 Moscone Center Room 130

8:30 AM – 5:00 PM

Organization of Neonatal Training Program Directors  
Patricia Chess, MD, FAAP - Chair, ONTPD

12:00 - 1:00 PM

ONTPD/TECaN Lunch

*Sponsored by Mead Johnson Nutrition*

1:00PM – 5:00PM

MIDDLE CAREER NEONATOLOGISTS  
(MIDCAN) MEETING

*Sponsored by Mead Johnson Nutrition*

5:15 PM– 6:00 PM

GERALD MERENSTEIN

LECTURE: THE FUTURE OF PREMATURITY:  
NEW APPROACHES FOR DETECTION AND  
PREVENTION OF PRETERM LABOR.

Jeff Reese MD, FAAP

*Sponsored by Abbott Nutrition*

6:00 PM

Opening Reception and Poster Session

*Sponsored by Abbott Nutrition*

#### Saturday, October 22, 2016 Marriott Yerba Buena Salon B

8:00 AM – 9:45 AM

SCIENTIFIC ABSTRACT ORAL PRESENTATIONS:

SESSION 1

MODERATOR: SERGIO GOLOMBEK, MD

9:20 AM

SESSION 2

MODERATOR: STEPHEN PEARLMAN, MD

10:45 AM – 11:00 AM

PRESENTATION OF MARSHALL KLAUS RESEARCH  
AWARDS

Hendrik Weitkamp, MD

11:00 AM – 11:45 AM

THOMAS CONE HISTORY LECTURE

Those Exciting Times- The Very Early Days of RDS

Maria Delivoria-Papadopoulos, MD, FAAP

*Sponsored by Abbott Nutrition*

11:45 AM – 12:00 PM

THE SECTION ON NEONATAL-PERINATAL MEDICINE AT  
WORK: SUMMARY OF SECTION ACTIVITIES FOR 2015-  
2016

Renate Savich, MD, FAAP

Chair, AAP Section on Neonatal - Perinatal Medicine

12:00 PM -12:15 PM

PRESENTATION OF NEONATAL LANDMARK AWARD

Recipient: T. Michael O'Shea, MD, FAAP

*Sponsored by Mead Johnson Nutrition*

12:15 PM – 12:30 PM

PRESENTATION OF AVROY

FANAROFF NEONATAL EDUCATION AWARD

Recipient: Jay Greenspan, MD, FAAP

*Sponsored by Mead Johnson Nutrition*

12:30 PM – 1:30 PM

LUNCH BREAK

1:30 PM – 5:20PM

JOINT SECTION PROGRAM: SECTION ON NEONATAL  
PERINATAL MEDICINE, SECTION ON CHILD  
NEUROLOGY AND SECTION  
ON HOSPICE AND PALLIATIVE CARE

Both term and preterm neonates with neurologic pathology are commonly cared for in many NICUs. The accurate diagnosis, optimal treatment and neurodevelopmental outcome of these infants are important to their families and to the clinicians caring for them. The creation of a Neuro NICU (NNICU) within existing NICUs is becoming increasingly common; these NNICUs are dedicated to the specific coordinated care for newborns with neurologic conditions such as HIE or neonatal seizures. This session will inform the audience as to variability in NNICUs and guidelines to create the 'optimal' NNICU. Neonates with neurologic or other complex conditions that survive to discharge could benefit from the coordinated care that assists with the transition to discharge and the subsequent care these patients require; examples of such a team includes a Pediatric Advanced Complex Care Team (PACCT). The key members of such a team and examples of cases whose families have benefited from this coordinated care will be presented.

1:30 PM – 1:35 PM

INTRODUCTION

Tom George, MD

MODERATORS: HANNAH GLASS, MD AND SHAWN  
SEN, MD

1:35 PM -2:20 PM

NEURO NICU – TAKING ADVANTAGE OF A DECADE OF  
INNOVATION AND YOUR INSTITUTION'S STRENGTHS  
WHEN BUILDING YOUR PROGRAM

Frances Northington, MD

2:20 PM -3:05 PM

COMPLEX CASES IN NEONATOLOGY – WHAT IS A  
PACCT TEAM AND WHEN DO YOU REFER?

Emma Jones, MD

3:05 PM -3:15 PM BREAK

3:15 PM -4:00 PM  
NEONATAL SEIZURE MANAGEMENT – TIME TO MOVE  
BEYOND PHENOBARBITAL?  
Hannah Glass, MD

4:00 PM -4:45 PM  
NEONATAL WEAKNESS – HOW FLOPPY IS TOO  
FLOPPY?  
John Day, MD, PhD

4:45 PM -4:50 PM  
YOUNG INVESTIGATOR AWARDS  
*Sponsored by Mead Johnson Nutrition*

4:50 PM -5:20 PM  
PRESENTATION OF THE VIRGINIA APGAR AWARD  
Recipient: George Little, MD, FAAP  
*Sponsored by Abbott Nutrition*

5:30 PM -7:30 PM  
TECaN Reception  
*Sponsored by Abbott Nutrition*

### Sunday, October 24, 2016

8:00 am  
COFN Update

8:30 am  
NEUROLOGIC, CARDIAC AND PERFUSION  
MONITORING IN THE NICU – USEFUL DATA OR DATA  
OVERLOAD?

1:00 - 3:00 pm

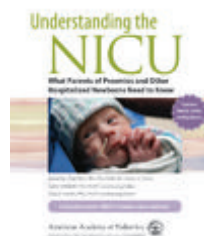
### CONCURRENT WORKSHOPS

Difficult Conversations with Families

ICD 10 and Coding Workshop

## Understanding the NICU

### New Book Offers Hope and Guidance for Parents of Babies in the NICU



When Auggie Brandis was born at just 24 weeks' gestation, he weighed one pound, 13 ounces, and spent the first 131 days of his life in the NICU. His mother and father, Robyn Wheatley and Edward Brandis, couldn't even hold their tiny baby for the first two weeks.

Parents like Robyn and Edward are thrust suddenly, and often under traumatic circumstance, into a complicated new world of incubators, breathing devices, and teams of medical professionals.

*Understanding the NICU: What Parents of Premies and Other Hospitalized Newborns Need to Know* provides essential information for navigating this complex environment. In addition to explaining important medical information, *Understanding the NICU* also speaks to the emotional challenges of having a baby in the hospital. Fourteen families share, with heart-wrenching honesty, their own NICU experiences. New parents will find stories that echo their own, including infants who were born pre-term, full-term infants with medical problems that kept them in the NICU, and twins and triplets, who are at higher risk for preterm birth.

*Understanding the NICU* offers guidance on each phase of the journey. In addition to the medical overview, parents will also learn about feeding and care while in the NICU as well as preparing to go home, care once home, and ongoing medical concerns as their child grows.

## The NNP Workforce: Shortage and Solutions

Erin Keels, DNP, APRN, NNP-BC

Neonatal Nurse Practitioners (NNPs) are important members of neonatal provider teams around the country.<sup>1,2,3,4,5,6</sup> In 2014, approximately 5267 NNPs were certified by the National Certification Corporation (NCC) to practice in the US.<sup>4</sup> According to the 2014 NNP workforce survey conducted by the National Association of Neonatal Nurses (NANN) and the National Association of Neonatal Nurse Practitioners (NANNP), the average age of the NNP workforce is 49 years, and 5% of working NNPs plan to retire between the years of 2014-2019.<sup>4</sup> While most NNPs are satisfied with their careers, the survey found that NNPs struggle with demanding workloads and high patient ratios, lack of guaranteed downtime during extended shifts, inadequate compensation packages relative to tenured bedside nurses, suboptimal academic faculty support, and insufficient professional mentoring.<sup>4</sup>

Currently, a national NNP workforce shortage exists.<sup>3,4,7</sup> While it is not clear what the true national NNP vacancy rate is, the shortage is felt in many NICUs and NSCUs. Contributing factors to the NNP shortage include: 1) Decreased numbers of nurses entering NNP educational programs because of obligations to family and/or work, increased responsibility of the NNP role, satisfaction with current staff nurse role, unwillingness to work NNP hours and shifts, inadequate pay for the NNP role, and the cost of higher education; 2) Limited access to clinical sites and preceptors for student NNPs; 3) Loss of practicing NNPs to retirement and decreased work hours; 4) Increased NICU bed capacity in NICUs in the US; and 5) Decreased pediatric resident duty hours.<sup>3,4,8,9,10,11</sup> Based on assessments of current educational and workforce trends, the NNP workforce shortage is expected to last for ten years.<sup>12</sup> However, through strategic modeling using best case scenarios, Schell and colleagues predict that the current NNP workforce shortage could be shortened to four years if the board certification (administered by NCC) pass rate improved from 83% to 96%, enrollment in Masters of Nursing programs in the NNP specialty track increased by 32%, and the annual NNP attrition rate decreased from 1.5% to 0.5%.<sup>12</sup> Addressing the NNP workforce shortage is a high priority for NANN and NANNP. Over the past several years, NANN/NANNP has developed and implemented a strategic plan (see Table 1) which includes: 1) Enhancing the understanding and visibility of the NNP role through the development of recruitment and retention videos which have been posted on the NANN website (<http://nann.org/membership/nannp>), development of a Wikipedia definition of NNP ([https://en.wikipedia.org/wiki/Neonatal\\_nurse\\_practitioner](https://en.wikipedia.org/wiki/Neonatal_nurse_practitioner)), and ongoing participation and collaboration with national neonatal, academic and nursing organizations such as the American Academy of Pediatrics Section on Neonatal Perinatal Medicine and Committee on Fetus and Newborn,

the National Organization of Nurse Practitioner Faculties, and the American Association of Nurse Practitioners; 2) Supporting the professional development of NNP staff and faculty through professional organization policies and resources to guide practice and support initial and ongoing competency, precepting and mentorship, as well as offering opportunities for faculty engagement, and working to develop a position statement about the NNP's role in quality metrics to support care outcomes; and 3) Engaging in advocacy for the NNP role through the completion of the 2014 NNP workforce survey and utilizing the results to develop recommendations to help address and support the needs of all practicing NNPs. In 2016, NANN/NANNP will conduct a national NNP compensation survey to assess current trends and help address salary inequities.

Through the activities of NANN/NANNP, as well as recent publications highlighting the NNP workforce shortage, some optimistic news has emerged. According to a recent NNP faculty survey conducted by ENSEARCH®, the NNP certification pass rate improved to 88% in 2015, up from 83% in 2014.<sup>13</sup> Additionally, 280 new NNPs are expected to graduate in 2016, which is an increase from an average of 250 per year over the past several years. Further, several new NNP programs opened to bring the total to 39 active academic programs, most of which include distance program options. Hopefully, these increases in NNP graduates, improved certification rates, and enhanced access to academic programs will continue and combined with strategies led by NANN/NANNP to support practicing NNPs, will lead to decreased annual attrition rates.

However, external forces have created additional challenges to solving the NNP workforce shortage. As the APRN Model for Consensus continues to assert that the Doctorate of Nursing Practice (DNP) or PhD is required for entry into APRN practice,<sup>14</sup> there are concerns that this mandate will further contribute to the current NNP workforce shortage by slowing the pipeline of NNP graduates, serve as an additional barrier for prospective NNP students, and close Master's degree only NNP programs.<sup>15</sup> Further, changes within the Department of Education state authorization regulations have created barriers for students enrolled in distance programs. These changes are negatively impacting educational programs' ability to operate across state lines and for NNP students to complete clinical practicum hours necessary to sit for certification, due to difficult or non-existent state-to-state reciprocity rules.<sup>9</sup>

Addressing the NNP workforce shortage will take thoughtful and coordinated support from all stakeholders of neonatal health care. While NANN/NANNP continues to work on a national level to develop policies, guidelines and resources to recruit and retain NNPs, as well as work with national regulatory organizations to address barriers, APRN and other nursing and physician leaders should work within their states to improve state-to-state education reciprocity rules and work to prevent closure of Master's degree conferring NNP programs. As important, in every NICU and



NSCU, physicians, nursing leaders, NNPs and nurses should highlight the importance of the NNP role, encourage those with interest to pursue a career as an NNP, advocate for financial and professional support to attend NNP academic programs, and mentor, develop and support NNPs at all phases of their work lives. Together, we can work to increase recruitment and retention of NNPs, solve the NNP workforce shortage and maintain (and continue to improve) the high quality outcomes of neonatal patients.

Table 1. **NANN/NANNP Strategic Plan to Address NNP Workforce Shortage**

1) Enhance Role Visibility:

- Developed both a recruitment and a retention video
- Developed a Wikipedia definition of NNP
- Ongoing national collaborations (AAP, NONPF, AANP)

2) Support NNP and Faculty Professional Development

- Hosted NNP faculty development opportunities at national conferences
- Updating the 2014 NANN NNP workforce position paper
- Developed The Impact of Advanced Practice Nurses' Shift Length and Fatigue on Patient Safety
- Assisting NNP practices to develop NNP competency and mentoring programs through Standard for Maintaining the Competence of NNPs and Competencies and Orientation Toolkit for NNPs
- Established Quality Metrics committee, developing a position statement on the NNP role

3) Engage in Advocacy for the Profession

- Completed 2014 NNP workforce survey and Executive Summary
- Development of recommendations to help meet the needs of new career, mid-career and tenured NNPs
- Developing 2016 national NNP compensation survey

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## 2016 NeoReviews

- Published Monthly

- CME

- Board Review

*Arm yourself with the authoritative online neonatology review journal published by the AAP to help you stay current with clinical review articles, case discussions, basic science insights and the "on-the-horizon" pieces, professional resources, and skills assessment exercises that you can access at any time.*

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## National Association of Neonatal Nurses & National Association of Neonatal Nurse Practitioners Report

**Erin Keels, DNP, APRN, NNP-BC**

The National Association of Neonatal Nurses (NANN) has over 7,500 members, of which 18% are also members of the National Association of Neonatal Nurse Practitioners (NANNP) division. The association's initiatives for 2016 bring attention to a range of topics that advance the care of the neonatal population and the neonatal nursing profession. NANN's 2016 initiatives include:

### Parent/Family Education

**Baby Steps to Home:** Baby Steps to Home was created to standardize the discharge pathway NICU nurses use to educate parents about their baby's condition and prepare them to take their baby home. In each step, nurses will find evidence-based PDFs for their own education and easy-to-understand, editable documents that can be printed and handed to parents following a discussion. This free resource, in both English and Spanish translations, is available at: <http://babystepstohome.com/>

**Zika Virus:** NANN is currently responding to the Zika virus emergency by sharing the most up-to-date information on its website and collaborating with other health care organizations to provide education on the virus and its potential impact on infants.

### Neonatal Nurse Education

In 2016, NANN working on revised position statements concerning ethical decisions and hypotension in very low birth weight infants, as well as new CNE modules on topics such as cardiac murmurs, nutrition, non-invasive ventilation and therapeutic hypothermia.

**Peripherally Inserted Central Catheters:** Guideline for Practice, 3rd edition was recently released. This new edition features new evidence, graded practice recommendations and enhanced illustrations related to the educational competencies and techniques for nurses inserting and maintaining PICCs.

**New CNE Modules:** The Management of Human Milk in the NICU and Improving Outcomes with Colostrum Human Milk - Evidence to Guide Practice

**NANN Research Summit:** The 11th Annual NANN Research Summit was held in Scottsdale, AZ, April 5-7, 2016. The Research Institute supports neonatal nurses to advance their research knowledge and skills. The creation of a research agenda, programming and dissemination, mentoring, and a grants campaign are all part of the Research Institute.

**Research Institute Small Grants Award Program:** The Small Grants Mentee/Mentor Program accepts applications from all NANN members with an interest in furthering their research interests and/or initiating their own research study. Application deadline for 2016 closed on March 1.

**NANN National Conference:** More than 700 neonatal nurses will descend upon the desert for the 32nd Annual NANN Education Conference, which will be held Wednesday, October 26 - Saturday, October 29, 2016 at the Renaissance Palm Springs and Palm Springs Convention Center in Palm Springs, CA.

### Advocacy

In 2015, Senator Robert P. Casey sponsored Senate Bill S. 2041, Promoting Life-Saving New Therapies for Neonates Act of 2015. NANN enthusiastically added its voice in support of this legislation through official letters from its national office and chapters, as well as by encouraging its individual members to write their senators on behalf of the bill. Additionally, NANN continued its collaboration with the Nursing Community, a coalition of over 60 nursing organizations. NANN continues to actively work to provide support for the following initiatives:

Universal Newborn Screening for Critical Congenital Heart Disease

National Drug Shortages

RSV Immunoprophylaxis

Safe Chemicals Research and Legislation

Reimbursement for Donor Human Milk for Preterm Infants

DME Documentation by Advanced Practice Providers

Implementation of the APRN Consensus Model

Nursing Workforce Issues and Appropriations

AAP "Choosing Wisely" Initiative

Neonatal Abstinence Syndrome

### Professional Issues

Through its ongoing collaboration with select nursing, physician and certification organizations NANN helps further the profession and interests of neonatal nurses. Recent and upcoming activities include:

- Participating in the National Organization of Nurse Practitioner Faculties (NONPF) National task Force on guidelines for nurse practitioner faculty
- Co-providership of a half-day neonatal faculty and clinical leadership forum at the Neonatal Advanced Practice Nursing Forum in Washington, DC
- Providing a nursing perspective to the International Neonatal Consortium through participation on the coordinating committee and consortium work groups
- Providing a nursing perspective to the newly-formed AAP Task Force for Neonatal-Perinatal Therapeutics Development
- Collaborating with the Vermont Oxford Network to provide a half-day pre-conference on neonatal abstinence syndrome at NANN's Annual Educational Conference in October.
- Leadership Development: NANN offers support and

scholarships to the following leadership development offerings:

- Nurse in Washington Internship Program
- NICU Leadership Forum
- NANN Educational Conference Scholarship Program
- March of Dimes Graduate Nursing Scholarships

**Clinical Nurse Specialist (CNS) Competencies:** NANN will complete and publish this year's CNS Competencies and Education Standards which will define the core competencies of the neonatal clinical nurse specialist role.

**Neonatal Nursing Policies:** To support clinical practice of all neonatal nurses, NANN released position statement #3067, NICU Nurse Involvement in Ethical Decisions (Treatment of Critically Ill Newborns) in 2016.

**NNP Workforce:** With sponsorship from Mallinckrodt Pharmaceuticals, NANNP is pursuing its third bi-annual NNP workforce survey focused this year on NNP compensation. In 2015, NANNP launched two highly popular videos to help address the shortage of NNPs, and is continuing initiatives to support recruitment and retention of NNPs this year. Additionally, NANN is developing an initiative to develop recommendations for curriculum and/or clinical experience to enable NNPs who have been away from practice to attain APRN licensure/credentialing and active employment as NNPs.

**NNP Mentoring:** With sponsorship from MedImmune, NANNP will complete development of a toolkit that will provide practical approaches and advice for mentoring novice NNPs to help them transition from expert RN to expert NNP more effectively and efficiently.

**NNP Quality Metrics:** NANNP continues a multi-year effort to work collaboratively with AAP to define multi-disciplinary outcomes for neonatal care, to encourage NNP participation in practice review and quality initiatives, and to define a set of quality metrics specific to NNP procedures and outcomes.

## Coding Answer

### Correct Answer: 2

Explanation: This baby meets the criteria for resuscitation, 99465, because the baby needed PPV in the delivery room. Babies who require only CPAP should be coded as 99464 as CPAP is not considered resuscitation by CPT. The 99468 is for a critical care admission. CPT defines a critical illness as one that "impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration. It involves high complexity medical decision making, typically requires interpretation of multiple physiologic parameters and/or application of advanced technology." Thus, both the patient's condition and the treatment are considerations in classifying a patient as critical. Note that mechanical ventilation is not a requirement for a baby to be considered critical.

*The recommended ICD 10 codes for this patient include:*

Live born by C-section Z38.01

There is no ICD code for birth weight between 2500 and 4000 grams

41 completed weeks P08.21

Acidosis at birth P19.2

Seizure P90

Severe HIE P91.63

*Some key documentation points are:*

Document your presence at delivery

Document that obstetrician requested your presence at delivery

Document organ system failure (CNS) to support critical care coding

Document additional work performed to support use of hypothermia code - review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia and assessment of patient toleration of cooling.

## A Tribute to Maureen Hack, MD, FAAP

*In my short time as SONPM Newsletter Associate Editor and now Editor, I had not yet received any requests from Section members as to what should appear in the publication. However, after the recent PAS meeting, I received such a request: To recreate the tribute to Maureen Hack given at the Follow-Up Club at the 2016 PAS meeting in the Newsletter.*

*I completed both my residency and fellowship at Rainbow Babies and Children's Hospital and then joined the faculty. I was lucky enough to call Maureen my teacher and colleague, and I experienced and appreciated Maureen's institutional memory (both at Rainbow and for the institution of neonatology itself); her voice of reason and caution in patient management conference and journal club (once held in her home, which was entirely decorated in white - the only time I could describe myself as moving delicately); and her devotion to the patients treated in the NICU. Once named fellowship director, I quickly realized which fellows would excel working with Maureen. She was a tough but truly excellent mentor and she expected her research fellows to work alongside her as equals in dedication and productivity.*

*Despite the somber occasion of her funeral service after her unexpected death, I was so pleased to learn there about her robust family life, social life, and her various adventures around the world. It was wonderful to me that such a giant in neonatology, the arena in which I had been so fortunate to interact with her, also led a giant-sized life outside of that realm! One found evidence of a very full life well-lived when scanning the attendees of that service: Her many devoted friends and loving family members; so many Rainbow colleagues – nurses and research nurses, division and unit secretaries, physicians, nurse practitioners, research collaborators, and more; her contemporaries and collaborators in the field of neonatal follow-up; and an incredibly large number of her past mentees who had traveled from near and far to attend.*

*I was not able to attend the 2016 PAS meeting and I am sure there are many others who were unable to be at this special Follow-Up Club session, so the suggestion to recreate this tribute by Deborah Campbell, because she found it so wonderful and worthy of sharing with all of the Section membership, was genius! Special thanks to Betty Vohr, Avroy Fanaroff, and Deanne Wilson-Costello for sharing their thoughts and words about Maureen again.*

Mary Nock

### Avroy A. Fanaroff:

Thank you all for being here and thank you for inviting me to talk about my esteemed colleague's life and work. In doing so, we honor a pioneer, one of the most accomplished and respected women in the history of neonatal follow up. Her dedication to long-term follow up serves as an inspiration to all who have followed in her footsteps, documenting the short and long-term outcomes of infants born at the borders of viability. She set the gold standard for this fledgling field and the large crowd present today validates the respect she earned as well as the importance of her contributions to the ongoing story of this unique group of patients.

Maureen was born in Pretoria, South Africa to a family physician and a dedicated mother of three daughters. Her elder sister graduated top of her class at the University of Witwatersrand Medical School and her younger sister had a successful nursing

career. Maureen attended high school in Pretoria, the Jacaranda capital of South Africa, and also the Legislative capital, and then went to Medical School at the University of Pretoria. She was forced to study in her second language, Afrikaans, in a class with very few women. She graduated in 1959. Immediately after graduation she left for Israel where she completed her residency at Beer Sheba Hospital, Tel Aviv. After residency she served in the army and then completed a cardiology fellowship. She was working as an attending there when Marshall Klaus visited and recruited her for fellowship in Cleveland. She worked with Drs. Fantz and Miranda using visual perception as a window to the brain and headed back to Israel to continue her research in this field.

In 1975, Dr. Irwin Merkatz and I recruited her back to Cleveland to run the follow-up component of the Robert Wood Johnson Regional Perinatal Grant. The rest is history. It has been said that history is made by chance, luck, bravery or action. Let me set the record straight - Maureen's success was unrelated to luck or chance. She did demonstrate bravery in treading through unknown territory and reporting outcomes that were initially not that favorable, provoking questions as to whether the costly intensive care of these fragile, immature babies was futile. But she persisted, took action, and meticulously followed cohorts of immature children through school, college and even into adulthood, documenting the improved survival and outcomes at the borders of viability. My own daughter, Amanda, was a randomly selected control subject who was followed for over 30 years.

Maureen was extremely bright and compulsively organized. By meticulous data collection, state-of-the-art evaluation, and tenacious follow-up, she maintained a follow-up rate of over 90% when other follow-up endeavors barely reached 50%. In the 1970's, computers were becoming fashionable but she and her able assistant, Blanche Caron, refused the technology and entered all the data by hand. She checked every item so that the quality control was impeccable. Einstein said, "Not everything that counts can be counted," Maureen tried to disprove this statement.

When preparing a talk I would suggest ways to embellish the presentation. She uniformly rejected these changes, uttering, "That is your style, this is mine." Uniquely Maureen - vanilla, meat and potatoes, but of the highest grade.

Our mentor and late friend, Bill Silverman, stimulated her to advocate on behalf of the families. She took heed of his comment, "We cannot always make our patients better, but we can always make them worse." She made every effort to avoid harm and was the ultimate advocate for children. At our weekly case discussion you could anticipate questions from Maureen concerning the safety and necessity of the treatment. She disliked new and unproven, and was resistant to change. She identified the harm of postnatal steroids early on, and was a strong advocate who helped reduce their use.

Maureen was my academic sibling. She was an integral part of the neonatal family mentored by Marshall Klaus and myself. Maureen, Richard Martin, Jill Baley, Eileen Stork and Michele Walsh were the nucleus and foundation stones in what has been recognized by *US News and World Report* for many years as a top 5 neonatal division. Time does not permit me to mention all the division chiefs and department chairs who completed fellowships with us and were mentored by Maureen. Dee Wilson-Costello was Maureen's chosen academic daughter who will carry on her great tradition. Siblings don't always see eye to eye, but we always respected each other's opinions and worked together

with a common goal - the good of the patient and family as well as scientific discovery. During the span of 40 plus years together, we celebrated many joyous milestones but also shed our share of tears. We are family.

As a tenured University Professor at CWRU, she championed the role of women and was a fierce advocate on their behalf, demanding equal treatment in all aspects of academia. She was invited to all corners of the globe to lecture, attack and defend theses, and she published over 125 peer-reviewed manuscripts. Her work was and remains the gold standard and she received continuous funding for research well past retirement age.

For fear of omitting some I will single out only Gerry Taylor amongst her collaborators. They followed a controlled cohort from elementary school age to their mid-twenties and beyond. Their research had the "Midas touch" and established new frontiers.

During her career Maureen received many accolades and awards including the Landmark Award from the AAP Perinatal Section, the Richardson Award from PAS, and she was inducted into the first class of Legends in Neonatology - a class of all women might I add.

Maureen was not just about work. She loved to travel and visit exotic places including Iceland and Antarctica. For many years, she and Joan Hodgman, a neonatal pioneer and Apgar Award recipient, travelled together. She loved the company of her peers including Saroj Saigal and Betty Vohr, who dined together at PAS each year. She was an avid hiker, enjoyed her weekly tennis game, and had a wide circle of friends with whom she attended cultural events, especially the world-famous Cleveland Orchestra, museums and galleries. She loved her family and was as animated as she ever became when talking about the accomplishments of her nieces and nephews. She never missed a family milestone event. She was a gracious hostess at her elegant home and very humble. A quirk of hers was eating orange peels, a taste she acquired from watching Marshall Klaus.

The global pediatric community has lost a compassionate physician, a giant in her field, a leader, a mentor and a role model. Neil Marlow from England summed up the loss in an email as follows: "I do know how close you all were as a team and a great medical family. I am sure I speak for a generation of young scientists, as well as for my own, when I say she will be sorely missed as an inspirational researcher and absolutely wonderful and generous person. I feel honored and privileged to have known her and I know that as colleagues you will miss her greatly." Too true. Maureen, we celebrate your life and accomplishments. Your work will endure through your many academic children and grandchildren.

### Betty Vohr:

I was fortunate to have Maureen as a dear friend, colleague and mentor for over 30 years and I was honored to be asked to speak about her academic and research career. As part of my preparation for the talk, I googled Maureen to find out more about her early interest in pediatrics and neonatology and came across the quote, "My interest in premature babies started as a teenager, when I spent my summer vacations as a nurse's aide at a leprosarium outside Pretoria, caring for premature babies who had been born to women with leprosy and removed from their care." This quote gives us just a peek of her uniqueness even as a teenager.

After attending medical school at Pretoria University Medical

School, she went on to her internship, pediatric residency and fellowship in cardiology at Sheba Medical Center in Israel. During this time she was first author on two publications published in *JAMA* involving follow-up of pregnancies - an early indication of a future promising research career. After a brief stint in the Israeli Military Service, she went on to a research fellowship in neonatology at Case Western in 1973. She then joined the faculty at Case as Assistant Professor and was named Director of the High Risk Follow-up Program. She progressed rapidly up the academic ladder and was named Professor of Pediatrics in 1991. Maureen became an incredibly successful researcher and had many years of NIH funding, first with co-investigator, Richard Martin, and then as PI of her first R01 in 1985. Her interests were many but she focused on brain growth in the smallest, most vulnerable infants < 750 grams and recognized the importance of school age follow-up and eventually young adult outcomes. Aside from NIH funding, she had numerous grants from foundations and agencies including the Robert Wood Johnson Foundation, March of Dimes, Easter Seals Research Foundation, the Cleveland Foundation, and Case Western Reserve Presidential Research.

Her outcome studies of very low birth weight infants to adult age revealed long term effects including higher rates of academic failure, lower IQ, lower graduation rates, more neurosensory impairments, and less optimal growth compared to matched peers. Her findings clearly demonstrated the importance of a longitudinal term control population. She also expanded the outcomes of interest to include psychopathology, attention and thought disorders, and delinquent behaviors. New insights were gained into both weaknesses and strengths of the young adult survivors. For behavior and quality of life outcomes, she reported on the perspective of both the VLBW survivor and the parent. Her productivity resulted in over 300 manuscripts, books and chapters with a sustained focus on multidisciplinary follow-up of high risk infants to school age and as young adults. I will always be proud of the chapter on developmental follow-up that we co-authored in 1982. In 2015, there were two studies published with Maureen as co-author and there will be many to come from the data sets she established.

Her many accomplishments resulted in numerous awards including The Sage Audiovisual Award, Academy of Cerebral Palsy and Developmental Medicine 1984 for production of a videotape on preterm development; Richard Berman Award, October 2002; Kristine Sandberg Knisely Award, April 2005; Douglas K. Richardson Award for Perinatal and Pediatric Health Care Research, May, 2005; National Library of Science, Local Legend Award, December 2005; Duanne Alexander Award, August 2008; and the American Academy of Pediatrics Landmark Award, October 2008.

Maureen spoke and traveled and shared her expertise in many countries around the world. When spending time with Maureen at PAS in 2015, I was again impressed with the number of physicians from around the world that she knew who would come up to greet her and say how good it was to see her. Saroj Saigal, Maureen and I had a very special connection because of our similar interests and always looked forward to getting together, especially at the PAS meetings.

Maureen was an outstanding clinician, researcher, innovator, and friend. The standards and framework that she established for quality follow-up will continue to be spread by her trainees and colleagues around the world. Finally, her life's work awakened us all to the importance of long-term follow-up, the benefits of a term control cohort, and the multidisciplinary team. Maureen's legacy will live on through the work of the physicians and graduate

students that she mentored, especially the many fellows at Case Western. The groundwork she laid for so many in neonatal follow-up will continue to flourish in ways she could not have imagined.

Maureen, you are missed.

### Deanne Wilson-Costello:

I am honored today to pay tribute to the best friend and mentor the world has ever known. Many of you are well aware of the academic and clinical accomplishments of Maureen Hack. But today, I would like to share with you a side of Maureen that is less well known because she reserved this special talent for the benefit of an intimate group of student followers, of which I am proud to be one.

I met Maureen in 1990 on my first rotation as a brand new pediatric intern. She was the team leader for a group of three very "green" and very eager new pediatric residents who had never worked on a hospital ward before. During our first rotation, Maureen met with us each afternoon for 1-2 hours. Sometimes she talked with us about neonatology, but often she talked with us about life. Her lessons included the importance of critical thinking, how to read literature, how to balance life and work, and how to enjoy your colleagues. Maureen was different. She actually made time for the interns and seemed to genuinely enjoy us. We seemed important to her. From the moment I met her, she fascinated me, and continued to do so for the next 25 years. On that very first rotation, following a terrible day where our intern team had not placed a single IV correctly, had missed the presentation of GBS sepsis, had forgotten to check a bilirubin level that was now near exchange, and had also managed to push and pull from the same IV bag while trying to partial exchange another patient with polycythemia, morale was low. Instead of chastising us, Maureen showed up on the floor with a big basket and announced that we were going outside for rounds. In the basket, she had packed a giant picnic and had even brought silverware and a blanket. As we sat on the lawn, talking about what each of us hoped to be when we grew up, Maureen one by one dispelled our doubts and announced that we each were capable of being whatever we wanted and would no doubt someday excel in our chosen fields. She asked us to remember that day, the day everything went wrong, and remember her words, "Greatness is not defined by individual successes; greatness is defined by the character to never give up, even when things look awful!" At the same time, the hospital landscapers were planting a tiny, scrawny tree in the quad. We joked among ourselves that "how could this huge hospital be so cheap that it could only buy this tiny twig?" Maureen quickly jumped in and said, "You'll see, that scrawny tree will one day bloom with beautiful flowers, just like you three will. Time passes quickly."

Time did pass quickly, too quickly. I never recalled that day again until the sad day when I received the news that Maureen had died. In desperation, I went by myself for a walk, trying to find her in my mind, down to the place where we had the picnic 25 years before. There to my delight, was a large, full flowering pink dogwood tree shining in the sunlight, which as you all know is a rare sight in Cleveland, Ohio - right on the site where the little twig had been planted. I looked down at my coat which now displayed the title "neonatologist", then up at the sky and smiled "thanks Maureen."

After the first rotation with her, every afternoon I would meander over to her office to visit. She always made time for me. I had no idea that she was famous. To me, she was a friend. It was at this

time that she offered for me to come to her follow-up clinic a few afternoons a week. I jumped at the chance. Working with her in the clinic was exciting. She beamed with delight to see the NICU graduates that she cared for actually thriving. From that point on, I was hooked. I asked Maureen if she would be my clinical and research mentor. We began that wonderful relationship in August of 1990. Over the years, Maureen became like a second mom to me. I never realized how much I was going to lean on her for events like the rejection of my first research paper, the death of my dad, the inability of my husband to find a job, my difficulties getting pregnant and finally the birth and near death of my daughter who was born at 26 weeks and only 1 pound. Through each of these crises, Maureen held my hand and guided me through. She never left my side. I have been so privileged to have been mentored by THE VERY BEST!

Words cannot express my gratitude to Maureen for all she has taught me about neonatology, womanhood and life. Webster's dictionary defines a mentor as a wise and trusted counselor, teacher and friend; a loyal advisor and spiritual confidant; one who guides and strives to assure that the student surpasses the teacher; one who puts aside their own personal wishes to help another friend. Maureen surpassed all of these definitions. In the Bible, Proverbs speaks about mentorship in these verses: Proverbs 13:20, "He who walks with the wise grows wise." It has been my privilege to walk in the shadow of her wisdom for 25 years. Proverbs 27:17, "As iron sharpens iron, one good friend sharpens another." Thank you Maureen for sharpening me!

When I think back about our time together, a few special stories come to mind. One spring, Maureen was helping me with my presentation for the Pediatric Academic Society Annual Meeting. I had piled up so many rejected pieces of paper that when Maureen tried to help me, she accidentally got caught in the shredder. For Av Fanaroff's retirement party, Maureen took me shopping at Nordstroms to find a nice dress. According to Maureen, they were having a "big sale". We only had 45 minutes to spare before clinic. We were supposed to run in, get something and run out. I had never shopped at Nordstroms before. I drifted away from Maureen and saw a nice red dress that was "on sale". Without checking the price, I ran to the check-out counter where the clerk said the price was "2675" and a great deal. I promptly placed my 26 dollars and 75 cents on the counter and agreed that this was a great price. A long line of other customers all well known to Maureen formed behind me. They were all irate when I caused chaos in the line after discovering that the price was actually 26 hundred 75 dollars. "You would have to be crazy to pay that for a dress," I declared. Maureen came running over when she saw the chaos and chastised me with, "I can't leave you alone for 5 minutes without trouble." She was usually right about that.

Probably the best story that tells what Maureen meant to me is the following one, which remained a secret between Maureen and me until her death. It was about three weeks after I returned to work following the discharge of my preterm daughter, Annie, from the hospital in oxygen. Annie's needs were vast and she was scary to work with. By the third week home, two nannies had already quit because her medical needs scared them. I called Maureen on a Saturday morning crying. When she heard me crying, she picked up her things and drove an hour out to my house in the country to visit. When she arrived, I handed her a well-crafted resignation letter which I had written to the Chairman of Pediatrics and was prepared to present on Monday. When Maureen read the letter, she smiled and said, "Well this manuscript is better written than most of your papers, but it's not going to be submitted now." She said, "You have not done

everything in your power to overcome this obstacle. You're giving up too soon. You have not worked hard enough or prayed long enough about this and I'm not letting you submit this." She then advised me that when I had exhausted all options and still been unsuccessful, then "...motherhood is the highest calling and you must answer the call, but we will work together to have you visit with Annie in the clinic and write some outcome papers together." Next, she promptly turned to my Amish housekeeper who came once every week to clean. Maureen knew that this housekeeper had been my original pick for the nanny job but had declined it. Maureen said to the housekeeper, "Can you help us out and try this job for 1-2 weeks until we find someone? After all, that would be the honorable thing to do." The housekeeper started the job that day and worked faithfully and successfully caring for my daughter for the next ten years. Maureen could really solve problems!

The Bible tells a story about a foreign man who was attacked and left on the road to die. In the story, many of the religious and community leaders just passed him by without offering help. Finally, a foreigner of a different religion and race stopped to care for the injured man. The two had nothing in common, but one man saved the other. Maureen and I had almost nothing in common: she was older, I was younger; she liked fancy clothes, I was plain; she wore heels, I wore flats; she was a great researcher, I was better with patients; she was Jewish, I was Christian; she was quiet, I was loud. But throughout all life's obstacles, Maureen carried me through. I will miss her love and guidance!

I wrote this poem in honor of Maureen, the best mentor and friend that the world has ever known:

A mentor is a teacher, a counselor and friend  
 Someone who sticks with you right to the end.  
 Once in a lifetime, a gift from God, a helper to walk on the  
 path you will tread.  
 For me she was special, wonderful and wise  
 When I met her the first time, she opened my eyes  
 To the work of a lifetime, what a surprise.

As time ticked away, I began to see  
 That everything she did was geared to teach me.  
 Sometimes the lessons were fun to learn  
 On other occasions, my stomach would churn.

The longer we walked, the more that I grew  
 And the more life demanded, the less that I knew.  
 But she stood by me through the thick and the thin  
 Calmly encouraging me not to give in.

Cheering me up when I was blue  
 With arms of steel, she carried me through.  
 As we grew older, I started to groan  
 Whenever she suggested I should stand on my own.

You can do it, You've got what it takes  
 She patiently uttered with all my mistakes.

And then one day, I turned around  
 And my precious treasure was covered by ground;  
 There I stood, alone and afraid.  
 Trying to recall the plans we had made.

Why did she leave me, where did she go?  
 How can I find her, I just don't know.  
 I recalled a moment from the distant past  
 When she taught me about the things that will last.  
 She said life doesn't last forever on earth  
 It's what you give back that makes all the worth.

Try to help others, be the best you can be  
 And work your hardest in remembrance of me.  
 When your life is finished, you've planted the seeds  
 That others will water with their own good deeds.  
 This lays a foundation with very strong roots  
 And a big tree will grow from this smallest of shoots!

God Bless You Maureen!

**DISTRICT I:  
Munish Gupta**

## CONNECTICUT

*Connecticut Children's Medical Center, Hartford*

**Save the Date!** On Sept 16, 2016, **Mariann Pappagallo** will be chairing our 1st annual Symposium on Neonatal Advances in Farmington, CT. This year's theme is an update on respiratory practices, featuring **Haresh Kirpalani, Martin Keszler, Larry Rhein, Satyan Lakshminrusimha, and Donald Null**. Please consider joining us for this outstanding program!

We are pleased to welcome our new fellow starting this July 2016, **Jennifer Caldwell**. Jennifer will be joining us from Albany Medical Center. We also would like to extend congratulations to **Tristan Lindberg**, who will be heading to Colorado Springs after completing his fellowship here at Connecticut Children's.

*Yale-New Haven Children's Hospital*

Our graduating fellows include **Amaris Kaiser**, who will soon join the neonatology faculty at Johns Hopkins; **Emily Gritz**, who will remain on faculty here at Yale, splitting her time between Yale-New Haven Children's Hospital and Waterbury Hospital, **Loren Murphy**, who will be joining an affiliate of Mount Sinai in New York City, and **Luisa Gonzalez-Ballesteros** will be joining the staff at Lennox Hill Hospital in New York City. Congratulations and best of luck to a terrific group!

In July we welcomed four new fellows: **Veronica Fabrizio** from LSU, **Christopher Klunk** from Brown, **Stephanie Kyc** from Penn State, and **Brook Redmond** from UMass.

In September, **Liz Cristofalo**, a current faculty member at Johns Hopkins, will be joining the Yale faculty. Liz will be attending at the Yale-New Haven Children's Hospital NICU, and will be the Medical Director of the NICU at Waterbury Hospital.

**Matt Bizarro**, the Medical Director of the NICU at Yale, was the 2016 recipient of the medical school's highest clinical award, the David J. Leffell Prize for Clinical Excellence.

**Lindsay Johnston**, our Fellowship Director, has been accepted into the AAP's LEAD Program, a national educational leadership development program.

## MAINE

*Barbara Bush Children's Hospital, Portland*

We are pleased to welcome **Gina Trachimowicz**, who will be joining our faculty in July 2016. Gina was most recently on the staff at UMass Memorial Medical Center, where she completed her neonatology training, and we look forward to having her join our Portland community!

## MASSACHUSETTS

*Baystate Children's Hospital, Springfield*

Baystate Children's Hospital recently welcomed a new neonatologist, **Ruben Vaidya** (fellow from University of Miami), and a new neonatal hospitalist, **Marcia VanVleet** (former Director of the Newborn Nursery at Women and Infants in

Providence). This increases our Division to eight neonatologists and three neonatal hospitalists.

*Beth Israel Deaconess Medical Center, Boston*

**Stephen Patrick** was the inaugural recipient of The Marie C. McCormick Lectureship in Neonatal Health Services Research and Epidemiology which was created to honor the achievements and contributions of our long-time colleague and Senior Associate for Academic Affairs in the BIDMC Department of Neonatology. **Marie McCormick's** work has yielded critical insights into the combined effects of neonatal and post-neonatal risks on long-term outcomes of our most vulnerable patients, and her mentorship has provided a foundation for many of the next generation of investigators in the field. Dr. Patrick's talk was titled, "The Prescription Opioid Epidemic and Newborn Abstinence Syndrome."

**Heather Burris** was named Mentor of the Year at the New England Perinatal Society annual meeting, which was held in Newport, RI on March 5th. Continuing her research excellence, she was selected to give the Outstanding Science Lecture by a new SPR member at the Presidential Plenary at this spring's PAS meeting in Baltimore, MD. The title of her talk was "Perinatal Epigenetics: Linking the Environment to Preterm Birth."

**Sarah Kunz** joined the neonatology faculty on July 1st, after completing the Harvard Neonatal-Perinatal Fellowship Program.

The Department of Neonatology congratulates **Dara Brodsky** on her appointment as Deputy Editor of *NeoReviews Plus*, an honor that adds to her many years of service in educational scholarship.

*Boston Children's Hospital*

**Sarah Morton** will be joining the Division of Newborn Medicine at Boston Children's Hospital as an attending physician upon graduation from the Harvard Neonatal-Perinatal Medicine Fellowship Training Program. She will be conducting research in the field of the genomics of cardiac disease.

**Bonnie Arzuaga** will be joining the Division as an attending physician at South Shore Hospital. Dr. Arzuaga completed her fellowship in 2014 at the University of Chicago, and was an attending neonatologist at Beth Israel Deaconess Medical Center.

Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital joined the Boston Children's Hospital network in May, 2016. **Linda Bishop, Cynthia DeMeester, Daphne Remy Gomes, Ernest Hou, Selena Jorgensen, Ruth Prophete, Jessica Slusarski, and Richard Waldman** have recently joined our network neonatology team.

**Kiho Im**, member of the Fetal-Neonatal Neuroimaging and Developmental Science Center was promoted to Assistant Professor of Pediatrics at Harvard Medical School.

**Kristen Leeman** was named Associate Medical Director of the Boston Children's Hospital NICU.

**Stella Kourebanas** was appointed Chair of the Respiratory Integrative Biology and

Translational Research NIH Study Section.

**Anne Hansen** recently published the *Manual of Neonatal Surgical Intensive Care, 3rd Edition*.

We wish all the best to our outstanding graduating fellows. In addition to **Sarah Morton**, who is remaining at Boston Children's Hospital, **Jeanne Carroll** has accepted a faculty position as an attending neonatologist at the University of California, San Diego. **Fu-Sheng Chou** has joined the faculty at the University of Missouri. **Sarah Kunz** has accepted a faculty position at our neighboring institution, Beth Israel Deaconess Medical Center. **Brian Montenegro** has accepted a position as staff neonatologist at Northbay Medical Center, Sutter Solano Medical Center, and Children's Hospital Oakland. **Lauren Ruoss** will become an attending neonatologist at the University of Florida. **Brian Walsh** will be joining the neonatology faculty at Brigham and Women's Hospital. The contributions made by this group to the neonatology community at our hospital have been tremendous, and we look forward to seeing their remarkable careers develop.

We are proud to announce 7 outstanding individuals who will be joining us in the Harvard Neonatal-Perinatal Medicine Fellowship Training Program in 2016: **Alejandra Barrero Castillero** from Stanford, **Bridget DiPrisco** from the Children's Hospital of Philadelphia, **Cicely Fadel** from Children's National Medical Center in DC, **Jonathan Levin** from the Boston Combined Residency Program in Pediatrics, **Marko Mircetic** from Baylor, **Fotis Spyropoulos** from University of Iowa, and **Elizabeth Taglaue** from Tufts.

We are thrilled that four of our fellows were selected for this year's extremely prestigious Marshall Klaus Perinatal Research Awards from the AAP SONPM: **Amy O'Connell, Brian Kalish, Asimena Angelidou, and Katherine Bell**.

**Lauren Ruoss** was accepted to the AAP Young Physician's Leadership Alliance Program and **Brian Kalish** was accepted into the Pediatric Scientist Development Program (PDSP).

*Boston Medical Center*

**Meg Parker** is leading a statewide initiative through the Neonatal Quality Improvement Collaborative of Massachusetts (NeoQIC) focused on increasing the use of mother's own milk in very low birth weight infants. This project was launched in 2015 with a grant from the Kellogg foundation, and includes multidisciplinary teams from all ten level III NICUs in the state, as well as support from the Massachusetts Department of Public Health and the Boston Children's Hospital Program in Patient Safety and Quality. The project includes two statewide summits per year, with the next planned for fall 2016.

*Tufts Medical Center, Boston*

We extend our sincere thanks and wish the best to our graduating fellows: **Annette Scheid** will be joining the faculty at Brigham and Women's Hospital in Boston and **Nasim Gorji** is taking a faculty position at UMass in Worcester.

We welcome our two outstanding incoming fellows: **Rina Mosley** from the Children's



Hospital of Georgia, Georgia Regents University, and **Ramyra Natarajan** from Albert Einstein.

Tufts is also pleased to welcome new faculty members in newborn medicine: Graduating fellows **Elizabeth Yen** from Robert Wood Johnson, **Bushra Afzal** from Children's Hospital of Buffalo, and **Alyssa Marshall** from Jefferson. We also welcome **Romal Jassar** from Jefferson who is joining our group as Associate Fellowship Director.

**Jonathan Davis** joined an international conference, The Neonate, in Shanghai speaking on "Challenges in Developing New Drugs for Newborn Infants."

#### RHODE ISLAND

*Women and Infants Hospital of Rhode Island, Providence*

**James Padbury** traveled to Norway for several invited presentations at the Oslo University Hospital and at the Norwegian Pediatric Society Annual Meeting. Presentation topics included, "Meta-Genomic Approaches to Preterm Birth" and "Family-Centered Care in Neonatology."

**Abbot Laptook** led a group of experts to conduct three symposia in Thailand on perinatal asphyxia, newborn encephalopathy and the use of therapeutic hypothermia entitled, "Perinatal Asphyxia: The Critical Role of Early Neurological Evaluation." Two symposia were conducted at Ramathibodi Hospital in Bangkok on February 11-12, 2016 and one was done at Maharaj Nakorn Chiang Mai Hospital in Chiang Ma on February 15, 2016. It was estimated that the three symposia were attended by 75% of the neonatal community in the country.

**Barry Lester** presented a White House Briefing for **Michael Botticelli**, Director of the Office of National Controlled Drug Policy, about use and abuse of prescription opioids during pregnancy and Neonatal Abstinence Syndrome.

**Betty Vohr**, Medical Director of the Neonatal Follow-up Program in the Department of Pediatrics, was recently inducted into the Rhode Island Hall of Fame. Dr. Vohr has been the Director of Women and Infants' Neonatal Follow-Up Program since 1974, Medical Director of the Rhode Island Hearing Assessment Program since 1990, and the national coordinator of the National Institute of Child Health and Human Development's Neonatal Research Network follow-up studies since 1990. Dr. Vohr's primary clinical and research interests focus on improving the long-term outcomes of high-risk premature infants and infants with hearing loss. The Rhode Island Heritage Hall of Fame was founded in March 1965 "to honor the contributions of those whose efforts, in any line of endeavor, have added significantly to the heritage of the State of Rhode Island."

#### VERMONT

*University of Vermont, Burlington*

The University of Vermont Children's Hospital welcomes **Deirdre O'Reilly** to the Division of Neonatal-Perinatal Medicine. Dr. O'Reilly comes to us from Boston where she has worked as an Instructor in Pediatrics at Harvard Medical School and as a neonatologist based at Boston

Children's Hospital. Dr. O'Reilly will work in the NICU as well as in our outpatient NeoMedical Follow-Up Clinic.

The Division continues our collaboration within the Vermont Oxford Network (VON) through our involvement in the NICQNEXT2 Micropremie Homeroom and our participation in the iNICQ webinar series, Choosing Wisely. **Chuck Mercier** gave a presentation, "Using Nightingale for Quality Improvement" on April 15, 2016 at the NICQNEXT2 Spring Meeting, Transforming Newborn Care, in Jacksonville, FL.

The University of Vermont Children's Hospital is honored to be recognized by Children's Hospitals' Solutions for Patient Safety (SPS) in their semi-annual SHINE report as a top performing hospital for our success in achieving low rates and high reliability with our CLABS bundle.

#### DISTRICT II: Sergio Golombek

#### NEW YORK

Dear Colleagues of District II,

I will be finishing my second term as the New York representative to the Executive Committee of the AAP's Section of Neonatal-Perinatal Pediatrics after the NCE meeting in San Francisco. I wish to thank all of you for your continuing support for the past few years, and especially to **Linda van Marter** and **Judy Aschner** for guiding me through the "first steps" of involvement in the AAP, and to **Nirupama Laroia**, who helped continuously to gather all the information submitted for the Perinatal News.

My best wishes to **Angel Rios**, who will be starting his first term as District II representative.

This has been an incredible time of constant learning, surrounded by the "giants" of Neonatology in the US, opening the doors not only to planning and deciding what neonatology currently is and what it should be, but also broadening the understanding of how much we can do, individually and as a group, towards improving the health of "our" newborns. Let's keep working hard! The babies deserve it!

I also thank my chief, **Edmund LaGamma**, for allowing me "spare" time to fulfill my duties for the Section.

Thanks again,

**Sergio G. Golombek, MD, MPH, FAAP**

*Children's Hospital at Albany Medical Center*

**James J. Cummings** was an invited speaker at a symposium on managing neonatal respiratory distress syndrome at the National Neonatal Congress in the Ukraine. He was also recently named to the Editorial Board of *Pediatrics*, the flagship journal for the American Academy of Pediatrics.

*Children's Hospital at Montefiore/Albert Einstein College of Medicine, Bronx*

Kudos to **Mamta Fuloria** on her election as Secretary of the Eastern Society of Pediatric Research (ESPR).

**Mariam "Susan" LaTuga** has been selected as a member on the PREP General Pediatrics Self-Assessment Editorial Board.

**Suhas Nafday** was selected as a member of the newly formed SONPM Steering Committee for the Task Force for Guideline and Protocol Sharing.

Fellow **Rani Thekumpampil**, with faculty mentor **Suhas Nafday**, was the inaugural 1st prize recipient of the Warren Rosenfeld Award for Innovation in Neonatal Quality Improvement for her project titled, "Prevention of Unplanned Extubation Events in the Neonatal Intensive Care Unit: A Quality Improvement Project."

Congratulations to **Angel Rios**, former fellow and faculty member in our Division, on his election as the incoming District II representative to the SONPM Executive Committee. Dr. Rios will be replacing our friend and colleague, **Sergio Golombek**.

**Judy Aschner** was a visiting professor at the University of Hawaii in January 2016 and at Nationwide Children's in April 2016. She is among the invited faculty for the X Simpósio Internacional de Neonatologia do Rio de Janeiro from June 22-25, 2016.

Sponsored by a generous grant from the AAP Julius B. Richmond Center for Excellence, the Divisions of Neonatology and Academic General Pediatrics at the Children's Hospital at Montefiore and the Departments of Obstetrics and Gynecology & Women's Health of Montefiore and the Albert Einstein College of Medicine, in collaboration with the Bronx Health Link and community partners in Westchester county, hosted a two-day symposium, Active Smoking and Secondhand Smoke Exposure in Pregnancy and Beyond: What Perinatal Professionals Can Do to Protect Fetuses, Newborns and Infants. **Judith Groner**, Clinical Professor of Pediatrics at Ohio State University College of Medicine and Director of the Academic General Pediatrics Fellowship Program, Nationwide Children's Hospital led the symposium and was the keynote speaker. The symposium planners and conference leaders were **Yogangi Malhotra** and **Sophie Balk**, former Chairperson, AAP Committee on Environmental Health.

The Division of Neonatology hosted **Nadya Yousef**, attending neonatologist from the Departments of Pediatric and Neonatal Intensive Care, South Paris University, on May 6, 2016. Dr. Yousef shared her expertise with neonatal point of care ultrasonography and her special interest areas of neonatal and pediatric respiratory conditions and multidisciplinary national and international collaborations with focus on developing affordable non-invasive patient monitoring techniques using innovative technologies.

*Cohen Children's Medical Center of New York/North Shore Long Island Jewish Health System (formerly Schneider Children's Hospital)*

We wish all the best to our graduating fellows. **Sandy Cheung** is joining Hackensack University Medical Center in New Jersey. **Harshit Doshi** is joining Women's and Children's Hospital in Lafayette, LA. **Shachee Pandya** will be part of St. Luke Health System in KS, and **Vinisha Singhi** will continue on as faculty at Northwell Health System at Staten Island University Hospital.

**Sandy Cheung** and **Ayan Rajgarhia** received travel grants to present their research at ESPR in March.

**Dalibor Kurepa** has been appointed as a Director, Neonatal Point of Care Ultrasound Program.

**Vita Boyar** presented in April at the American Professional Wound Care Association in Philadelphia on "Non-healing Pediatric Wounds" and presented and ran a workshop on Pediatric Skin and Wounds at the 3rd Annual Shining the Light on Wound Care Symposium in NY. She also presented in June on "Delayed Pediatric Wound Healing Due to Bacterial Colonization" at WOCN Society & CAET Joint Conference in Montreal, Canada.

*Columbia University Medical Center/New York Presbyterian Morgan Stanley Children's Hospital*

We are pleased to announce that after an extensive search conducted by the Department of Pediatrics, **Rakesh Sahni**, Professor of Pediatrics at Columbia University Medical Center, has been named as the new Medical Director of our Neonatal ICU.

**Thomas Diacovo** received the AWRP Winter 2016 Collaborative Sciences Award from the American Heart Association to develop diagnostic and response biomarkers for neonatal patients at risk for thrombosis. He has also been invited by **John Byrd** (Warren Brown Chair of Leukemia Research, Director of the Division of Hematology, Department of Medicine at Ohio State) to give the Annual Bouroncle Lecture in Hematology.

**Richard Polin** traveled to Salzburg, Austria late this spring to run and present the American Austrian Foundation's (AAF) maternal and infant health week-long seminar.

*Maria Fareri Children's Hospital at Westchester Medical Center*

As part of his work as Co-Chairman of the Society for Pediatric Research's Advocacy Committee, **Shetal Shah** published an Op-Ed in the Buffalo News detailing the impact that reduced National Institutes of Health funding has on clinician-scientists. His work, jointly published with the Committee was also featured on the Society for Pediatric Research website.

Work outlining the reduction in statewide infant whooping cough cases as a consequence of the 2013 Neonatal Pertussis Prevention Act, which mandates that hospitals in New York State offer free tetanus, diphtheria and pertussis vaccine to parents and caregivers, was featured in several mass media publications including *Infectious Disease in Children*. The law was based on immunization delivery work and advocacy by

**Shetal Shah**, who co-wrote the legislation with Assemblyman **Steven Englebright** of the New York State legislature.

**Shetal Shah, Heather Brumberg** and **Boriana Parvez** helped advocate for other bills in the New York State Legislature. The bills, A9353B and S06583A, would mandate insurers pay for donor breast milk for all babies in New York State with a birth weight of  $\leq 1500$  grams. Babies with documented feeding intolerance to commercial formulas who are larger birth weights would also qualify. Dr. Shah co-wrote the bill with Assemblypersons **Steven Englebright** and **Michaëlle Solanges** as part of a two-year advocacy effort that included a National AAP Resolution; a cost-effectiveness study; and numerous legislative briefings with coalition partners, including the March of Dimes. The bills are pending a full legislative vote.

Congratulations to our graduating fellows: **J. Lena Kim, Lyndsey Garbi, Abigael Maxwell,** and **Meenakshi Singh.**

**Sergio G. Golombek**, President-elect of SIBEN, was an invited professor at University Hospital La Fe in Valencia, Spain in February; the 31st Annual Meeting of the National Institute of Perinatology (INPer) in Mexico City in April; the Dialoguing with SIBEN course in Guayaquil, Ecuador in June; and the Argentine Congress of Neonatology in Buenos Aires, Argentina, also in June.

*Mount Sinai School of Medicine, New York*

**Lisa Eiland** was appointed Site Director of Mount Sinai West Division of Newborn Medicine.

**Veniamin Ratner** joined the faculty of Mount Sinai West Division of Newborn Medicine in January 2016.

*Stony Brook Children's Hospital*

We proudly announce the fellowship graduation of **Bianca Karber**, who will be joining the Division of Neonatology and Newborn Services at Mercy Medical Center in Rockville Centre, NY.

We proudly announce the fellowship graduation of **Neera Prakash**, who will be joining the Division of Neonatology at NYU Lutheran Medical Center in Brooklyn, NY.

**Leena Mathew** will be joining the Neonatal-Perinatal Medicine Fellowship Program following her graduation from the Pediatrics Residency Program at Texas Tech University Health Sciences Center in Lubbock, TX.

**Farah Hussain** will be joining the Neonatal-Perinatal Medicine Fellowship Program following her graduation from the Pediatrics Residency Program at Baystate Medical Center in Springfield, MA.

**Jonathan Mintzer** was elected as a new member in the Society for Pediatric Research and the Eastern Society for Pediatric Research.

**Jonathan Mintzer** was selected as an Executive Board Member for the New York Perinatal Society.

*SUNY Downstate/Kings County Medical Center, Brooklyn*

**Ivan Hand** has been appointed as a member of the Committee on Fetus and Newborn.

*University of Rochester Medical Center/Golisano Children's Hospital*

In March 2016, **William M. Maniscalco** stepped down as Division Chief for Neonatology. Congratulations to **Carl T. D'Angio** as he begins his tenure as our new Division Chief.

We bid farewell to three fellows graduating from our Neonatal-Perinatal Medicine Fellowship Program: **Jayson Lingan, Sarah Volz,** and **Christina Sollinger.** Dr. Lingan is going to Benefits Health System, in Great Falls, MT. Dr. Volz is going to Alaska Neonatology Associates/Providence Hospital in Anchorage, AK. Dr. Sollinger will be joining us as a new faculty member.

As we bid farewell to our graduating fellows, we welcome our incoming fellows to our Neonatal-Perinatal Medicine Program. **Jonna Marret** completed her residency at Louisiana State University. **Blair Germain** completed her residency at Goryeb Children's Hospital/Atlantic Health System. **Koshy Marucoickal George** completed his residency at University of Texas Medical Branch.

Congratulations to our fellows, **Javed Mannan, Christina Sollinger, Sarah Volz, Jayson Lingan** and **Shanley Sifain**, who, among them, had a dozen presentations at the annual ESPR and PAS meetings. Seven were platform presentations and three travel awards were earned.

Congratulations to **Jayson Lingan** who won the Young Investigator's Award at ESPR, and to **Christina Sollinger** and **Shanley Sifain** who won for their poster presentations.

Congratulations to **Laurie Steiner** who received the Ruth A. Lawrence Service Award in Research.

**Nirupama Laroia** organized the 36th Annual Townsend Teaching Day in Neonatal-Perinatal Medicine held on March 15, 2016. The James W. Kendig Keynote address speaker was **Susan Niermeyer**, Professor of Pediatrics at the University of Colorado School of Medicine, Section of Neonatology. The title of her talk was "How Will the New 2015 Neonatal Resuscitation Guidelines Change My Practice?" Other speakers at this day-long conference were **Sarah Volz, Patrick Hopkins, Kristin C. Opetz, Jayson Lingan, Christina Sollinger, Lorelei Thornburg, George M. Alfieris,** and **George A. Porter.**

The University of Rochester, in collaboration with the University at Buffalo, competed successfully for a continued spot in the NICHD Neonatal Research Network, being awarded a 5-year, \$1.2 million grant for the renewal and joining 14 other nationally-recognized centers in the Network.

Congratulations are due to **Laurie Steiner**, who has been awarded an NIH RO1 to investigate

the role of Setd8 and H4K20me1 in erythropoiesis.

Congratulations to **David Dean**. His NHLBI grant on treating acute lung injury in pigs received 1% ranking and will be funded.

Congratulations to **Laura Price**, who was one of two recipients of a Dean's grant out of a field of eight first-year pediatric subspecialty fellows. Her primary mentor for this upcoming project will be **Ronnie Guillet**.

#### *Women and Children's Hospital of Buffalo*

**Munmun Rawat** joined the Division of Neonatology at Women and Children's Hospital of Buffalo after graduating fellowship from our program. She was awarded the Buswell Fellowship by the University at Buffalo to evaluate vasopressin and epinephrine in neonatal resuscitation. She will be presenting her research on optimal oxygen during neonatal resuscitation at the AAP Conference in October 2016.

Three fellows graduated from the program in 2016. **Payam Vali** joined UC Davis Medical Center in Sacramento, CA. **Bushra Afzal** will be joining the Division of Neonatology at Tufts University Medical Center, Boston, MA. **Vikram Dumpa** will be joining Winthrop University Medical Center, Mineola, NY.

**Deepali Handa** was appointed as the Medical Director of the Neonatal Intensive Care Unit at Millard Fillmore Suburban Hospital.

**Satyan Lakshminrusimha** was awarded the Mentor of the Year 2016 at the Eastern Society for Pediatric Research in Philadelphia on March 12, 2016.

The Division successfully renewed the NICHD Neonatal Network grant with a combined application with University of Rochester.

#### DISTRICT III: Sue Aucott

#### DELAWARE

##### *Christiana Care Health System*

**Carlos Duran's** Early Hearing Detection and Intervention advisory board, had their seventh biannual statewide conference in Dover, DE. Titled "Embracing Change," it focused on holistic care of families with deaf or hard of hearing children and was attended by over 200 educators and families of deaf children.

**Stephen Pearlman** ran the Coding Seminar and gave a talk, "Quality Improvement for the Neonatologist" at the Perinatal Practice Strategies Meeting in Scottsdale in April.

**Stephen Pearlman** is now the AAP representative to the Medical Society of Delaware.

#### MARYLAND

*Johns Hopkins Bloomberg Children's Center, Baltimore*

We are pleased to welcome **Temí Akinboni** to our division after completing her fellowship at the University of Maryland.

**Azadeh Farzin** continues with her joint appointment at the School of Public Health and serves as an associate director for the International Center for Maternal and Newborn Health. **Dr. Farzin** recently became a full member of the Perinatal Research Society

Our graduating fellows are **Matt O'Connor** and **Johana Diaz**. **Dr. O'Connor** will be moving to Syracuse, NY to practice neonatology, while **Dr. Diaz** will be staying on for an additional research year on a T32 grant.

We are welcoming 3 first year fellows: **Jennifer Miller** from Johns Hopkins, **Michelle Gontasz** from Johns Hopkins, and **Rebecca Dorner** from Northwestern.

We are saying a fond farewell to **Liz Cristofalo** who will be leaving us to begin work in Connecticut in a Yale-affiliated hospital.

*University of Maryland Medical Center, Baltimore*

**Chinazo Meniru** and **Elias Abebe** have left the Division.

**Maureen Black** was awarded the Tyson J. Tildon award for Excellence in Pediatric Research.

**Dina El-Metwally** has been promoted to Associate Professor.

Fellow **Eric Ly** received an ESPR Poster Award and a PAS Travel Award.

Fellow **Jennifer Alexander** was awarded PAS and ESPR Travel Awards.

#### PENNSYLVANIA

*The Children's Hospital of Philadelphia*

**Save the Date** for the Neonatology Point-of-Care Ultrasound Course to be held Saturday, November 19 and Sunday, November 20, 2016 at CHOP. For more information or to register visit: [www.chop.edu/cme](http://www.chop.edu/cme)

**Save the Date** for the 12th Annual Advances in Neonatal Perinatal Medicine meeting which will be held on October 6, 2016 at the Union League in Philadelphia. Keynote speakers will be **Roger Soll** and **John Kattwinkel** speaking about VON and delayed cord clamping respectively.

The Division of Neonatology is pleased to announce the appointment of **Eric Eichenwald** as Division Chief. **Dr. Eichenwald** joins the faculty as Professor of Pediatrics, Perelman School of Medicine at the University of Pennsylvania and will be appointed to the Thomas Frederick McNair Scott Endowed Chair effective September 1, 2016. He is coming from the University of Texas, Houston where he served as Chair of Pediatrics and Chief of Neonatology.

Congratulations to **Janet Lioy** on her promotion to Professor of Clinical Pediatrics at the

Perelman School of Medicine, University of Pennsylvania:

Congratulations to the following neonatologists on their promotions to Associate Professor of Clinical Pediatrics at the Perelman School of Medicine, University of Pennsylvania: **John Chuo**, **Noah Cook**, **Heather French**, **Kathryn Maschhoff**, **Natalie Rintoul**, and **Jason Stoller**.

Congratulations to the following neonatologists who have been elected to the Society for Pediatric Research: **Elizabeth Foglia**, **Sagori Mukhopadhyay**, and **Huayan Zhang**.

**John Chuo** has been named Chair of SPROUT (Standardizing Pediatric Research in Outcome and Utilization of Telehealth), a national pediatric telehealth research collaborative.

**Hallam Hurt** and **David Munson** have been named Top Docs in Philadelphia Magazine for 2016.

For the second year in a row, **Janet Lioy** led a highly successful and well-attended "Hands On Multidisciplinary Airway Workshop" at the Pediatric Academic Societies Conference.

**Janet Lioy** is an invited faculty panelist for the AAP Section on Transport Medicine which will be held in October 2016.

The Division of Neonatology welcomes the following former CHOP neonatal fellows to its faculty: **Jennifer Riehl James**, Assistant Professor of Clinical Pediatrics and **Allison Zanno**, attending neonatologist.

**Elizabeth Foglia** received the 2015 Young Investigator Award from the AAP Neonatal Resuscitation Program. The title of her project is "Identification of Respiratory Targets for Lung Aeration."

**Haresh Kirpalani** is the recipient of the 2015 CHOP Mentor Award which recognizes faculty mentors who demonstrate extraordinary dedication to fostering the professional development of other members of the CHOP faculty.

**Elizabeth Foglia** received a NIH 5-year award for her K23 application entitled, "Optimizing Respiratory Function in Delivery Room Resuscitation: The INFLATE Study (INFANT Lung Aeration during Transition Events).

**John Chuo** received funding from the Verizon Foundation for his project, "Improving Outcomes for Pediatric Patients."

**Rebecca Simmons** was recently invited to give a plenary lecture at the International Diabetes Federation in Vancouver. She also presented at the Perinatal Society of Australia and New Zealand.

**Janet Lioy** is the Co-editor of a first-of-its-kind neonatology airway book: *Disorders of the Neonatal Airway: Fundamentals for Practice*.

#### Fellowship News:

**Nicolas Bamat** has been accepted into the Pediatric Hospital Epidemiology and Outcomes

Research Training (PHEOT) Program which is a 2-year research fellowship that provides mentorship and a rigorous educational training program in hospital epidemiology and outcomes research at CHOP and the University of Pennsylvania.

The Division of Neonatology welcomes the following new fellows: **Kesi Chen**, pediatric resident at CHOP, current house physician; **Katherine Coughlin**, pediatric resident at CHOP, current house physician; **Jessica Gaulton**, Harvard/Boston Combined Residency Program; **Katy Guttman**, CHOP; **Heidi Herrick**, University of California at San Francisco; **Laura Sillers**, University of Chicago.

**Elliott Weiss** is the recipient of the 2016 Eastern Society for Pediatric Research Poster Session Award

**Allison Zanno** received the 2016 Society for Pediatric Research Fellows' Section Basic Science Research Award.

**Allison Zanno** is this year's recipient of the Thomas R. Boggs Research Award from the Philadelphia Perinatal Society. Finalists presented their research at the annual meeting and **Dr. Zanno** was recognized as the outstanding young investigator for her project entitled: "Reducing Th2 Inflammation through Neutralizing IL-4 Antibody Rescues Myelination in IUGR Rat Brain." This research was conducted under the mentorship of **Rebecca Simmons** and **Judith Grinspan**.

**Laura Rubinos** was awarded funding from March of Dimes, Rotary Foundation, and the CHOP CARES Committee to continue the "Babies and Books" inpatient reading program which she started in the Intensive Care Nursery at the Hospital of the University of Pennsylvania.

**Laura Rubinos** completed a term as TECaN District III Fellow Representative (2014-2016) and she will be staying on the TECaN Executive Council as Advocacy Committee Chair as of 2016.

As part of an effort to incorporate community advocacy into the training program, fellows **Marisa Brant**, **Rula Nassar** and **Laura Rubinos** have started a partnership with Mothers' Home, located in Darby, PA. Mothers' Home, founded in 1991, is a residential shelter that provides housing and support for up to 28 pregnant women during pregnancy and for the first 6 months after their babies are born. The fellows plan to teach about the importance of vaccines, the effects of smoking on pregnancy and the infant, safe sleep, breastfeeding, injury prevention, CPR training, nutrition during pregnancy and breastfeeding and developmental milestones.

The Division of Neonatology says farewell to the following fellows and wishes them well in their new roles: **Brady A'Hearn** is joining the faculty at the University of Iowa; **Elliott Weiss** has accepted a faculty position at the University of Washington, with appointments at Seattle Children's Hospital and the Treuman Katz Center for Pediatric Bioethics; **Laura Rubinos** has accepted a faculty position at the University

of Texas Southwestern Medical Center.

#### CHOP Fellows at Mothers' Home



*Janet Weis Children's Hospital at Geisinger, Danville*

**Ed Everett**, Medical Director of the NICU in Danville, obtained IND approval from the FDA for the use of Omegaven® in a compassionate use protocol for patients with intestinal failure and cholestatic jaundice. **Dr. Everett** worked to secure funding for this therapy through private donations and institutional support.

**Lauren Johnson-Robbins** was invited to speak on the impact of maternal heroin and opioid abuse on neonatal outcomes with state government officials at a public hearing in Lewistown, PA in April 2016. This conference was assembled by the Center for Rural PA to address the continued increase in opioid addiction, especially affecting central Pennsylvania.

**Graciela Rabri** will be joining the Department of Neonatology in Danville beginning in August 2016. She will complete her neonatology fellowship at the University of South Florida in Tampa, FL in June.

#### Penn State Hershey Children's Hospital

The Division is excited to welcome **Meenakshi Singh** to the faculty of Penn State Hershey Children's Hospital and Penn State College of Medicine.

**Kim Doheny** was promoted to Associate Professor in both the Department of Pediatrics and Department of Neural & Behavioral Sciences in the Penn State College of Medicine.

**Kristen Glass** received the William S. Pierce Young Investigator Award for her work in ECMO circuit design at the 12th International Conference on Pediatric Mechanical Circulatory Support Systems and Pediatric Cardiopulmonary Perfusion Conference.

**Kim Doheny** received an R01 NIH-NIDDK award for combined basic science and clinical investigation in neonatal gastrointestinal pathology.

#### Fellowship News:

**Richard Jack** received the Meritorious Poster Award at the Eastern Society for Pediatric Research in Baltimore for his poster "Electrical Grounding is Associated with Decreased Sympathetic Activity in Preterm Neonates."

The Division is excited to welcome **Kahish Mehra** and **Tracey Harris** as first year fellows in Neonatal-Perinatal Medicine.

**Richard Jack** will graduate from fellowship to take a position at the Kapiolani Medical Center for Women and Children in Honolulu, HI.

#### St. Christopher's Hospital for Children

**Alison Carey** was an invited speaker at the University of Rochester Respiratory Pathogens Research Center, Department of Medicine, Division of Infectious Disease giving a talk entitled, "Rapid Evolution of the CD8+ T Cell Receptor Repertoire in Neonatal Mice."

**Michael Spear** became the Director of the C.O.R.E. Palliative Care team at SCHC, effective January 15, 2016. He received a one-year Blue Cross/Blue Shield Simulation Grant to conduct a standardized patient project, "Single Versus Multiple Learners in a Palliative Care Simulated Encounter" at Drexel University College of Nursing.

**Michael Spear** presented a workshop at the PAS, "Teaching the Art of Difficult Conversations" with **Erin Denney-Koelsh** and **Rita Didaz** from the University of Rochester School of Medicine.

In October, **Michael Spear** served on an expert panel for the Colorado Center for Grief and Bereavement to help develop a perinatal palliative care service there. In June, he will speak at Providence Hospital in El Paso, TX on neonatal-perinatal palliative care at their annual regional neonatal conference.

**Anja Mowes** has been named the Director of the Neonatal-Perinatal Fellowship Program at St. Christopher's. She has served as the Associate Director of the program for the past three years.

**Vineet Bhandari** was the Chair and a speaker for the PAS State of the Art Plenary session entitled "The New 'OMICS' of Bronchopulmonary Dysplasia" in Baltimore, MD on May 2, 2016. **Dr. Bhandari** was also the Co-Chair for the PAS Topic Symposium entitled "Stem Cells Derived from Umbilical Cord blood for Neonatal Hypoxic-Ischemic Encephalopathy: A New Neuroprotective Therapy" and the Co-Moderator for the Pulmonary Vascular Biology platform session.

**Vineet Bhandari** was a Discussion Facilitator at the "Neonatal Lung Disease: From Bench to Babies" thematic poster session at the American Thoracic Society 2016 International Conference in San Francisco, CA on May 16, 2016.

**Vineet Bhandari** received a one-year grant, as PI, from Mallinckrodt Pharmaceuticals for the project entitled "Effect of Nitric Oxide on Therapeutic Potential of Umbilical Cord-Derived Mesenchymal Stem Cells."

**Vineet Bhandari** edited a book entitled *Bronchopulmonary Dysplasia* published by Humana Press, Springer International Publishing (2016, 1st edition).

**Maria Delivoria-Papadopoulou** was an invited speaker at the 9th neoFORUM held in June, sponsored by MidAtlantic Neonatology Associates and Goryeb Children's Hospital.

**Oge Menkiti** has been appointed as the Medical Director for the Regional Fetal Evaluation Center at St. Christopher's Hospital for Children.

**Oge Menkiti** just finished his two year term as President of the Philadelphia Perinatal Society, founded originally by **Thomas Boggs**, a well-known Philly neonatologist.

**Folasade Kehinde** has been appointed as the Medical Co-Director of the Next Steps Clinic at St. Christopher's Hospital. **Dr. Kehinde** has dedicated many years of hard work to establish this subspecialty clinic for graduates of the SCHC NICU. It has become so popular that other centers are referring their NICU graduates to her for her expertise and care for infants with special needs.

**Endla Anday** was interviewed by **Barbara Laker** of the Philadelphia Daily News regarding Neonatal Abstinence Syndrome.

**Endla Anday** is a Co-Investigator for SMART Fabrics on a DOD grant awarded to Drexel University. The subject of her research is using RFID technology to evaluate data of respiratory abnormalities using wireless transmission in infants at risk.

The faculty wish their fellowship graduates much luck in their future endeavors. **Jherna Balany** will be joining the NICU staff at Chester County Hospital following her graduation.

**Kendra Kolb** will be leaving to join the staff at Lehigh Valley Hospital in their NICU. **Panos Kratimenos** will head south to join the staff at the Children's National Medical Center in Washington, DC.

#### DISTRICT IV: Cherrie Welch

#### KENTUCKY

*University of Kentucky, Lexington*

We would like to congratulate our graduating fellows who all completed the Masters of Science in Medical Sciences (Clinical and Translational Science Pathway): **Vanessa Concina**, **Katrina Ibonia**, and **Enrique Gomez**.

We welcome incoming fellows **Alison Slone**, **Brittnea Adcock**, and **Sanchaya Debnath**. For information about our fellowship program, see our webpage: <https://pediatrics.med.uky.edu/neonatology-fellowship>

*University of Louisville Hospital*

We're happy to share the following video about the dedicated staff at the University of Louisville Neonatal Intensive Care Unit. They care...and just want everyone know what a great job they do!

<https://www.youtube.com/watch?v=wxA-QGRLsY0&feature=youtu.be>

#### NORTH CAROLINA

*Levine Children's/Carolinas Medical Center, Charlotte*

**Andrew C. Herman** was appointed Chief Medical Officer of Levine Children's Hospital and Jeff Gordon's Children's Hospital.

We will be holding the 3rd annual Levine Children's Hospital Quality Improvement Coaching Conference (LCH QUICC) on September 14-16th. It is a working meeting for neonatal fellows and junior faculty on quality improvement science using a combination of interactive lectures and coaching on individual QI projects.

**Ron Sutsko** came to us from the Division of Neonatology at the University of South Florida in Tampa. Ron finished his neonatology fellowship in 2010 at Jackson Memorial Hospital in Miami.

**Julie Gooding** came to us from the Division of Neonatology at The Ohio State University/Nationwide Children's Hospital. Julie completed her neonatology fellowship in 2011 at Wake Forest University Baptist Medical Center in Winston-Salem.

*Mission Hospital, Asheville*

Mission Neonatology welcomes **Anne Russo** from Pennsylvania, starting August 1.

**Mary Pylipow** will be moving to Brenner Children's. We wish her all the best in her new efforts!

*Wake Forest Baptist Medical Center, Winston-Salem*

We welcome four new faculty members: **Mary Pylipow** from Mission Hospital, Asheville; **Jennifer Holman**, graduating fellow from WFBMC; **Semsa Gogcu**, former fellow from WFBMC, most recently at The Children's Hospital at Westchester Medical Center; and **Mary Lovegreen** from University of Texas, Houston.

#### SOUTH CAROLINA

*Greenville Children's Hospital*

**Michael Stewart** has taken on the role of NICU Medical Director replacing **Bryan Ohning** who is stepping back into a clinical position after 15 years of outstanding service.

We want to announce a new addition to our group from the MUSC fellowship program, **Matt Halliday**, who will be joining us in July.

#### TENNESSEE

*Vanderbilt University, Nashville*

The 2nd annual Robert B. Cotton Memorial Lecture took place on May 31st and was given by **David Stevenson** from Stanford on Solving the Puzzle of Preterm Birth: Calendar Event or Immunologic Anomaly. The Division of Neonatology would like to thank the many individuals in the SoNPM who made contributions in Dr. Cotton's memory that will allow us to continue this tradition for many years to come.

**William (Bill) Walsh** was awarded the Lifetime Achievement Award by the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) and will be honored at the 2016 Excellence in Pediatrics Reception on September 16th, 2016 in Franklin, TN.

**Steven Patrick** was awarded with the Early Career Physician of the Year Award by the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) and will be honored at the 2016 Excellence in Pediatrics Reception on

September 16th, 2016 in Franklin, TN. He provided congressional testimony that contributed to the "Protecting our Infants Act of 2015" which was signed into law in March of 2016.

**Steven Patrick** received National Institute for Health Care Management Foundation funding for a grant entitled, "The Prescription Opioid Epidemic: Understanding its Complications and the Effectiveness of State Policies."

**John Benjamin** will be one of the recipients of the new Department of Pediatrics NIH sponsored K12 grant "Pathogenesis, Targeted Therapeutics, and New Vaccines for Childhood Disease."

**Scott Guthrie** was promoted to Associate Professor of Clinical Pediatrics in the Vanderbilt School of Medicine and became a Specialist Roster Candidate for the Fulbright Scholar Program, which supports international travel through the Council of International Exchange of Scholars on behalf of the United States Department of State.

**Scott Guthrie** represented the Division at Advanced Master Training on Neonatology for the Ministry of Health of Azerbaijan Republic in Baku, Azerbaijan.

**Dupree Hatch** recently received a Katherine Dodd Scholars award from the Department of Pediatrics. This award is designed to enhance the early career paths of clinician-educators.

**Maria Krakauer** has been named the Associate Program Director for the Vanderbilt Neonatology Fellowship Program, and is finishing a Masters in Medical Education through the University of Cincinnati Graduate School.

**Peter Grubb** and **Brenda Barker** made important contributions to the new CDC Resource Guide for Perinatal Quality Collaboratives: A Resource Guide for States.

**Jennifer Herington** was promoted to Assistant Professor of Research in Neonatology.

**Jennifer Herington** received a pilot grant from The Vanderbilt Preventing Adverse Pregnancy Outcomes & Prematurity (Pre3) Initiative, entitled "Discovery of In Vivo Probes that Affect Contractile Pressure and Timing of Labor" and a grant from Lumara Health entitled "Identifying Novel Therapeutic Inhibitors of Uterine Contractility for the Prevention of Preterm Labor."

**Chris Lehmann** has been awarded the 2016 American Academy of Pediatrics Council on Clinical Information Technology Byron Oberst Award for significant contributions to the use of clinical information technology in pediatrics. He is migrating to the Department of Informatics and will retain a secondary appointment in Pediatrics and the Division of Neonatology. **Dr. Lehmann** will also become the Program Director for the new Masters in Applied Clinical Informatics at Vanderbilt.

**Chris Lehmann** was awarded the Advocacy Award from the American Academy of Pediatrics 2016 Annual Leadership Forum and was elected President of the Board of Directors for the International Medical Informatics Association.

**Melinda Markham** has been named the

Medical Director of Neonatal Perinatal Services for the Mildred T. Stahlman Neonatal Intensive Care Unit.

**BC Paria** received an NICHD R21 entitled, "A Unique Model to Define Uterine Receptivity Versus Non-receptivity."

**John Reese** has received a secondary appointment in the Department of Bioengineering at Vanderbilt University.

**Elaine L. Shelton** has received the Vanderbilt Faculty Research Scholars Award for her research in "KATP Channels as Biomechanical Sensors in the Regulation of Ductus Arteriosus Tone."

**Hendrik Weitkamp** was promoted to Associate Professor of Pediatrics in the Vanderbilt School of Medicine.

**Donna Whitney** was instrumental in the recent award of an EMPOWER grant from the Tennessee Hospital Association to Maury Regional Medical Center.

The Division welcomes several new faculty members in 2016: **Alexander Agthe** from the University of Maryland, **Sarah Majstorovich** from the Medical University of South Carolina, **Jennifer Sucre** from UCLA and Mattel Children's Hospital, **Stephanie Holt** from Emory University, and **Wael Alrifai** from Vanderbilt University Medical Center.

The Division congratulates our four graduating fellows and wishes them well in their new careers. **Wael Alrifai** will remain at Vanderbilt, **Kevin Dufendach** will go to Cincinnati Children's Hospital, **Matthew Durbin** will go to Indiana University, and **Chadi Eltaha** will join the group at the Cleveland Clinic.

The Division welcomes new first year fellows: **Samantha Eschborn** from Cincinnati Children's Hospital, **Matthew Kiehl** from the University of Kansas, **Susan Lopata** from Marshall University, and **Ryan Skeens** from the University of Kentucky.

Vanderbilt's 36th Annual Neonatology Symposium: Advances and Controversies in Neonatal Medicine will be held November 10th and 11th. For more information and to register go to: <http://www.childrenshospital.vanderbilt.org/neosymposium>. Early bird registration ends October 10, 2016.

Guest faculty include: **Haresh Kirpalani** (Philadelphia, PA), **Camilia Martin** (Boston, MA), **Helen Mintz-Hittner** (Houston, TX), **Betty Vohr** (Providence, RI), **John Zupancic** (Boston, MA).

#### VIRGINIA

*University of Virginia, Charlottesville*

UVA is pleased to share that their *US News & World Report Best Children's Hospital* ranking for neonatology jumped 12 spots to #38.

**John Kattwinkel** and **Karen Fairchild** are serving as Co-PIs on VentFirst, a multicenter randomized controlled trial of assisted ventilation during delayed cord clamping for extremely preterm infants. This is an NICHD-sponsored, 8-center, 5-year study of providing

CPAP or PPV to infants < 29 weeks gestation for 2 minutes after birth prior to cord clamping. The comparison group will get standard care of 30-60 seconds of delayed cord clamping with ventilation assistance started after cord clamping.

**David Kaufman** helped lead an outstanding Sepsis Club at PAS this year. The topic was Zika virus.

**Alix Paget-Brown** has stepped down from active clinical duty to focus on other pursuits but will continue to lead our Neonatal Emergency Transport System as Medical Director.

We are sad to see third-year fellow **Matt Harer** leave Charlottesville. He will be heading back home after taking a faculty position at the University of Wisconsin.

We are pleased to welcome first-year fellows **Corrie Alonzo** (residency at UVA) and **Namrita Odackal** (residency at Westchester Medical Center) to our program.

#### DISTRICT V: Mary Nock

#### MICHIGAN

The Society of Michigan Neonatologists (SOMN) invites neonatologists, neonatal fellows, and NNPs to Lansing for the 2016 SOMN Annual Conference. The overall objectives of the Conference are to evaluate state-of-the-art advances in bioethical issues in neonatology and identify improved strategies for the management of sick infants in the NICU. We look forward to seeing you there!

*Children's Hospital of Michigan and Hutzel Women's Hospital, Detroit*

**Sid Tan** is our new Chief of Neonatology beginning July 1, 2016. Current Division Chief, **Seetha Shankaran**, will be stepping down and will remain as active member of the faculty.

**Stephanie Gallagher** and **Indira Bhagat** will join our faculty starting July 1, 2016.

We congratulate our graduating fellows, **Stephanie Gallagher** and **Vanessa Celleri-Gomezcoello**.

Our incoming fellows are: **Dhruv Gupta**, pediatric residency at Children's Hospital of Michigan; **Maheshwar Mahaseth**, pediatric residency at Children's Hospital of Michigan; and **Amit Sharma**, pediatric residency at Woodhull Medical & Mental Health Center, NY.

**Jorge Lua** was promoted to Associate Professor in 2015.

The following faculty were promoted to Associate Professor in 2016: **Monika Bajaj**, **Sanjay Chawla**, **Nitin Chouthai**, and **Beena Sood**.

8th Annual Sophie Womack Lectureship took place in May with honored guest speaker, **Robin Steinhorn**. She presented, "Pulmonary Hypertension in Newborns: What's New and What's Next."

The 14th annual Enrique M. Ostrea Jr, Endowed Lectureship with honored guest speaker **Charles Serhan** will take place November 10-

11, 2016.

The Children's Hospital of Michigan Specialty Center in Troy, MI just opened this year. Coming Soon in 2017 is the Children's Hospital of Michigan Critical Care Tower for PICU and NICU.

#### OHIO

*MetroHealth Medical Center, Cleveland*

MetroHealth will host State-of-the-Art Reviews in Neonatal-Perinatal Medicine on October 1, 2016 at the Global Center for Health Innovation in Cleveland. Guest speakers will include neonatologists **Vineet Bhandari**, **Brenda Poindexter**, **Eduardo Bancalari**, **Namasivayam Ambalavanan**, and **Akhil Maheshwari**. Register online at [www.metrohealth.org/npmreviews2016](http://www.metrohealth.org/npmreviews2016).

*Rainbow Babies and Children's Hospital, Cleveland*

**Richard A. Polin** will be the inaugural speaker at the Richard J. Martin Annual Lectureship at Rainbow Babies & Children's Hospital on October 20, 2016. This coincides with **Richard Martin's** milestone birthday!

**Richard Martin** will speak in July at the International Neonatology Association in Vienna, Austria and in November, at Cool Topics in Neonatology, Melbourne, Australia.

**Mary Nock** has been serving as a Co-Leader for the Children's Hospitals Solutions for Patient Safety pioneer cohort for reducing unplanned extubations. **RT Kathy Deakins** has been invited to join the leadership group as well.

The 8th Annual Bangkok International Neonatology Symposium, co-chaired by **Richard J. Martin** and **Sarayut Supaannachart**, is scheduled for March 1-3, 2017 with speakers **Avroy A. Fanaroff**, **Waldemar A. Carlo**, **Terri Inder**, **Jeffrey Neil**, **Jane Harding**, **Lex Doyle**, **Barbara Schmidt**, **Haresh Kirpalani**, and **Richard A. Polin**.

**Christopher Nitkin** received an abstract scholarship award from the American Thoracic Society for his research, which he presented at the ATS International Conference in San Francisco this May. He embarks on a 4th year of fellowship to further his stem cell research with the support of the Division's T-32 training grant.

Rainbow, one of the founding members of the NICHD Neonatal Research Network, has successfully competed for renewal and will enjoy five more years as an NRN site.

We bid a fond farewell to our graduating fellows. **Andrew Dylag** will join the group at the University of Rochester and plans to continue his research on respiratory function in response to hypoxia and hyperoxia exposures and respiratory control. **Cory Darrow** was promoted to the rank of Major in the United States Air Force upon his graduation and will continue his QI work and nutrition focus in Okinawa, Japan. **Meggan Kuper-Sasse** will join our group at Rainbow and will work in the MacDonald Women's Hospital Newborn Nursery as well as the Lake West, Tripoint, and Geauga Hospitals Special Care Nurseries. **Stephanie Ford** will also join us at Rainbow as a physician-scientist,

continuing her research into the causes of congenital heart malformations.

Fellow **Bianca Leonardi** has been chosen as an AAP-VON Scholar for the 2016 VON Annual Quality Congress.

Fellow **Allison Peluso** has been selected for the AAP's Young Physician's Leadership Alliance, a three-year training program designed to develop leaders and build a leadership community amongst early career pediatricians and pediatric subspecialists.

#### DISTRICT VI: Thomas George

**SAVE THE DATE** for the 9th Annual District VI Controversies in Neonatal Clinical Care Meeting scheduled for September 8-9, 2016 at the Hilton Magnificent Mile, Chicago. Hotel reservation and meeting registration are now available. Please join us for an outstanding program in a smaller setting!

#### ILLINOIS

*Loyola University Medical Center, Chicago*

**Christine Sajous** is retiring from the Division of Neonatology at the end June. Christine has been at Loyola almost continuously since 1979. She began here as a "fifth pathway" medical student, then did her pediatric residency and neonatal-perinatal fellowship here. Upon completion of that training, she joined the faculty as an attending in the NICU and, except for a brief sojourn in the private practice world, has been here since. **Dr. Sajous** has been the Director of the Neonatal Follow-up Clinic for many years. She was instrumental in the development of our integrated neonatal home care program. Based on that experience, she was invited to serve on the Executive Board of the AAP Section on Home Care. She attained the rank of Professor in the Department of Pediatrics.

*Rush University Children's Hospital, Chicago*

**Beverley Robin** presented a workshop at the 8th International Pediatric Simulation Symposia and Workshops in Glasgow, Scotland in May.

Presenters at the PAS meeting included:

**Michelle Greene, Rebecca Hoban, Rob Kimura, Aloka Patel, Kou Patra, Beverley Robin, and Jennifer Wicks.**

**Rakhee Bowker**, who is a graduating neonatology fellow from Lurie Children's Hospital, will be joining our NICU this summer.

*Southern Illinois University/St. John's Children's Hospital, Springfield*

**Farooq Ahamed** joined the Division of Neonatology in January as an Assistant Professor after completing his neonatal-perinatal fellowship at Montefiore Children's Hospital in New York.

#### KANSAS

*Sunflower Neonatology Associates, Overland Park*

**Dena K. Hubbard** is involved in creating MidCaN, an interest group for mid-career

neonatologists within the Section, and will be serving on the Executive Committee of MidCaN. The kickoff for this organization will be at the 2016 NCE. Further details are in this newsletter.

#### Robert Holcomb

(rholcomb@sunflowerneo.com) will be serving as Co-Director for the AAP Section of Transport Medicine Conference as part of the AAP NCE in San Francisco this October. In 2018, he will serve as the Director for the Conference when it's held in Orlando. He and **Thomas Lancaster** (tlancaster@sunflowerneo.com) will be conducting a specialized Transport Procedure Lab, running 100 participants thru the various skills stations.

Sunflower Neonatology Associates and Midwest Women's Care will present the 6th Annual Neonatal Symposium Controversies in Standards of Care: Treatment Advances for the High Risk Neonate on November 11, 2016 in Kansas City. Confirmed speakers include **Anne Ades, Lucky Jain, Karen Puopolo, and Paula Meier**. Register at [hcamidwest.com/babies](http://hcamidwest.com/babies) or contact **Dena Hubbard** at [dhubbard@sunflowerneo.com](mailto:dhubbard@sunflowerneo.com) for more information.

#### MINNESOTA

*Centracare, St. Cloud*

**Chip Martin** will be stepping down as Division Head and **Pat Hart** will be assuming that role.

*Children's Minnesota-St. Paul*

**Heidi Kamrath** will join Associates in Newborn Medicine this fall after completing her Neonatal/Perinatal Fellowship training at the University of Minnesota.

*University of Minnesota Masonic Children's Hospital/University of Minnesota, Minneapolis*

**Catherine Bendel** was appointed as Associate Vice Chair for Diversity in the Department of Pediatrics.

**Heidi Kamath** will be completing her fellowship and joining Associates in Newborn Medicine, practicing at Children's Minnesota-St. Paul. She was selected to participate in the AAP 3-year training program, the Young Physicians' Leadership Alliance (YPLA) through the Section on Early Career Physicians.

We welcome our new fellows **Ellen Christiansen** who is completing a Chief Residency at the University of Minnesota and **Marie Hickey** who was a pediatric hospitalist in the twin cities.

**Save the date** for the annual Minnesota Neonatal Nutrition Conference will be held October 12-14 in Minneapolis. Additional information <http://www.pediatrics.umn.edu/divisions/neonatology/news-events>

#### MISSOURI

*Cardinal Glennon Children's Hospital/St Louis University*

Our two graduating fellows are staying in the region to practice neonatal medicine. **Nicole Deptula** will be working with Onsite Neonatal Partners, providing services at Belleville Memorial Hospital in Belleville, IL. **Joy Wen** is

joining CoxHealth Hospital in Springfield, MO.

*Children's Mercy Hospital/University of Missouri, Kansas City*

**Fu-Sheng Chou** has joined the faculty after completing his neonatal-perinatal medicine fellowship at Boston Children's Hospital in June 2016. He has been recruited to CMH as a physician-scientist with a research focus in stem cell biology. He will be establishing his laboratory at Kansas University Medical Center and will work clinically at both Children's Mercy Hospital and KU Medical Center.

**Danielle Reed** has been appointed as Associate Residency Program Director at Children's Mercy Hospital.

**Jessica Brunkhorst, Alain Cuna and Tamorah Lewis** passed their Neonatal-Perinatal Board certification examinations.

The Departments of Pediatrics at Children's Mercy Hospital (University of Missouri-Kansas City) and Kansas University Medical Center are working collaboratively with the goal of total integration. To that end, the Division of Neonatology at CMH is now assisting in providing clinical coverage at KUMC NICU and ultimately the two institutions plan to have a unified clinical neonatology service. Neonatology fellows from CMH have clinical rotations at KUMC.

*St. Louis Children's Hospital/Washington University*

After 21 years as Department Chairman, **Alan Schwartz** transitioned his Department Chair responsibilities on April 1, 2016 to **Gary A. Silverman** who was formerly the Director of the Division of Newborn Medicine at the University of Pittsburgh and became a member of the Division of Newborn Medicine at Washington University School of Medicine.

Our Division recruited **Barbara Cohlan** from the University of Pittsburgh when her spouse, David Perlmutter became the Dean of the School of Medicine at Washington University.

**Cynthia Ortinau** will join the Division as an Assistant Professor of Pediatrics on September 1, 2016. She is returning to St. Louis from the Department of Pediatric Newborn Medicine at the Brigham and Women's Hospital in Boston.

Three of our four 3rd year fellows, **Bryan Colvin, Shawn O'Connor, and Shamik Trivedi** will become faculty members in our Division on July 1, 2016. **Whitney Eldridge** will take a position with Pediatrix Medical Group in Tampa, FL.

With the full support of the Division of Newborn Medicine, the Division of Maternal Fetal Medicine in the Department of Obstetrics and Gynecology has recruited **Michael Bebbington**, a nationally recognized fetal interventionist, from the University of Texas at Houston to join the Fetal Care Center headed by **Barbara Warner**, Professor of Pediatrics, and **Alison Cahill**, Associate Professor of Obstetrics and Gynecology.

The Division continues to enjoy record clinical volumes in both the St. Louis Children's Hospital Neonatal Intensive Care Unit and the Barnes-Jewish Hospital Special Care Nursery. These

volumes have prompted re-evaluation of the capacity of the expansion of the NICU at St. Louis Children's Hospital which is currently projected at 132 beds in private rooms. We will occupy the new expansion in August 2017 when the delivery service moves to a location immediately adjacent to the NICU.

**Aimee Moore**, Instructor of Pediatrics, has successfully competed for a K08 Award which will begin in August 2016 and **Zachary Vesoulis** has continued his funding from a KL2 Award from Washington University's Institute of Clinical and Translational Sciences.

**Brian Hackett**, Newborn Fellowship Program Director and Professor of Pediatrics, has been named as the second Philip R. Dodge Scholar in the Department of Pediatrics in recognition of his teaching and scholarship.

**Akshay Vachharajani**, Associate Professor of Pediatrics, will continue to lead our Neonatal Fellows' Boot Camp in August 2016 which will include fellows and neonatal nurse practitioners from 4 other programs (Northwestern University, University of Chicago, St. Louis University, and the University of Wisconsin).

**F. Sessions Cole** will be recognized in October 2016 with the Founders' Award from the Midwest Society for Pediatric Research at its meeting in Chicago. In February 2016, he received an R33 Award from NHLBI to continue work in discovery of surfactant gene mutations, and he continues to leverage genomic and computational strategies to identify novel candidate genes in infants with structural birth defects supported by the Children's Discovery Institute. **Dr. Cole** will complete his tenure as Chairman of NHLBI's Respiratory Integrative Biology and Translational Research (RIBT) Study Section in June 2016. His service on the National Board of Trustees for the March of Dimes starting this summer will include membership on the Executive Committee of the Board.

#### NEBRASKA

*Children's Hospital and Medical Center/University of Nebraska, Omaha*

Two new members are joining the neonatology department. **Joshua Euteneuer** received his MD at the University of Nebraska, completed his residency at Washington University School of Medicine and his fellowship at Cincinnati Children's Hospital. **Eric Peebles** received his MD from Creighton University, completed a pediatric residency at Phoenix Children's Hospital and his fellowship at University of Washington. He has a research interest in the use of doppler to assess cerebral blood flow in preterm infants.

**Ann Anderson Berry** was awarded the Spirit of Community Service Faculty Award this year for her work in developing the Nebraska Perinatal Quality Improvement Collaborative (NPQIC).

**Save the dates** of March 30 and 31, 2017 for the New Frontiers in Neonatal Medicine Conference.

The pre-conference on March 30, 2017 will address neonatal-perinatal medicine hot topics

including maternal pregnancy complications and their effects on the fetus and newborn with didactic lectures and case presentations by both maternal-fetal and neonatal specialists. The conference on March 31, 2017 will cover current practical approaches to the diagnosis and treatment of neonatal conditions. Physician Keynote Speaker will be **Judy L. Aschner**, Physician-in-Chief, The Children's Hospital at Montefiore, and Chair of Pediatrics, Albert Einstein College of Medicine, Bronx, NY.

For more information contact **Sara Olsen** at [solsen@childrensomaha.org](mailto:solsen@childrensomaha.org) or (402)955-6070.

*Creighton University Medical Center, Omaha*

**John Schmidt** was promoted to Associate Professor. He has developed a Leadership Course that all Creighton University Medical Students will complete during their first 3 years of medical school.

**Terry Zach** has developed a new simulation program on how to break bad news for Creighton students. The project involves local actresses and actors and was highlighted in the local Omaha World Herald newspaper.

#### SOUTH DAKOTA

*Sanford Children's Hospital/University of South Dakota, Sioux City*

**Michelle Baack** and **Steve Messier** were promoted to Associate Professor.

#### WISCONSIN

*Marshfield Clinic*

**George Hoehn** is retiring at the end of September after 31 years of service. He has been at the Marshfield Clinic/St Joseph's Hospital since 1985.

We are pleased to announce our new neonatologist, **Amy Blake**, from the University of Colorado program.

*UnityPoint Meriter and American Family Children's Hospital/University of Wisconsin, Madison*

We welcome two new neonatologists, **Matthew Harer** from the University of Virginia and **Dinushan Kaluarachichi** from the University of Iowa.

Graduating fellow **Indira Bhagat** is joining the Division of Neonatology at Wayne State University/Children's Hospital of Michigan.

Midwest SPR updates from **Pam Kling**:

The 57th Midwest Society for Pediatric Research meeting will be held September 22-23, 2016 at Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern University Feinberg School of Medicine.

The 56th annual meeting of MWSPR at Children's Mercy Hospital, Kansas City hosted 130 people with over 100 abstracts presented in platform and poster formats. The following are award winners:

The Founder's Award: **Jeff Segar** (University of Iowa)

The James Sutherland Award for best investigative work by a junior faculty member: **Sarah Haskell** (University of Iowa)

The Stanley Phillips Award for the best poster: **Michael Thompson** (Ohio State University/Nationwide Children's Hospital)

The Frederic M. Kenny Memorial Award for outstanding research presentation by a fellow: **Kok-Lim Kua** (University of Iowa)

The Jack Metcalf Award for outstanding research presentation by a resident or fellow: **Jean Dinh, PharmD** (Children's Mercy Hospital/University of Missouri, Kansas City)

The William Segar Award for a hypothesis driven clinical research or behavioral/social or education project: **Brock Medsker** (University of Pittsburgh).

The Cleveland Clinic Student Award for the most outstanding abstract presentation by a student: **Raymond Kreienkamp** (St. Louis University)

New MWSPR office bearers and council members:

President-elect: **Jeff Segar** (University of Iowa)

Council members (2015-18): **Neal Blatt** (University of Michigan, Division of Pediatric Nephrology), **Sarah Haskell** (University of Iowa, Division of Pediatric Critical Care), **Steven Olsen** (Children's Mercy Hospital/University of Missouri, Kansas City, Neonatal-Perinatal Medicine).

#### DISTRICT VII: Clara Song

#### LOUISIANA

*Ochsner Health System, New Orleans*

**Harley Ginsberg** announces the opening a human milk depot at Ochsner Baptist, the 1st in the state of Louisiana.

#### OKLAHOMA

*The University of Oklahoma, Oklahoma City*

**Susana Chavez-Bueno** was invited to speak at the XVIII International Congress of Advances in Medicine in Guadalajara, Mexico in February. She presented "Advances in Early-Onset Sepsis," and "Bacterial Meningitis in the Pediatric Patient."

**Kimberly Ernst** was awarded a clinical trial from Fresenius Kabi, USA. The trial is titled, "A Prospective, Randomized, Controlled, Double-Blind, Parallel-Group, Phase 3 Study to Compare Safety and Efficacy of SMOFlipid 20% to Intralipid 20% in Hospitalized Neonates and Infants Requiring 28 Days of Parenteral Nutrition."

**Mary Anne McCaffree** participated in the National Health Collaborative on Violence and Abuse General Membership Meeting, Washington DC, May 9-10, 2016.

**Rita Raman** presented "Sleep, Metabolism and Obesity" at the 6th Annual Global Association of Physicians of Indian Origin (GAPIO) meeting, January 9, 2016 in Bangalore, India.

**Kris Sekar** was invited to give the keynote address at the 12th annual mid-south Seminar on the Care of the Complex Newborn, University of Tennessee/Le Bonheur Children's Hospital in Memphis on January 29-30, 2016. **Dr. Sekar**



was also invited to present his abstract "Outcome among Premature Infants with Respiratory Distress Syndrome (RDS) Treated with Surfactant: A Retrospective Study" at the SPIN 2016 annual meeting in Naples, Italy in June 2016. He served as a moderator for a scientific session at the same meeting.

**Kris Sekar** was appointed to the SONPM Editorial Committee of the Task Force for Guideline and Protocol Sharing

**Clara Song** was re-appointed to another term on the OU Faculty Board and appointed to the Medical Education Committee and Clinical Curriculum Subcommittee.

**Patricia Williams** was awarded a clinical trial from Shire Pharmaceuticals, Inc. The trial is titled, "Long-term Outcome of Children Enrolled in Study ROPP-2008-01 Previously Treated with rhIGF-1/rhIGFBP-3 for the Prevention of Retinopathy of Prematurity (ROP) or Who Received Standard Neonatal Care."

The OUHSC Neonatology Section hosted the 42nd Annual Advances in Pediatrics 2016 CME Conference, April 22-23, 2016. **Lu-Ann Papile** was the keynote speaker and presented "The Outcome of Infants Who Were Born Preterm: What to Expect after Graduation from the NICU."

#### TEXAS

##### *Driscoll Children's Hospital, Corpus Christi*

Planning and teamwork were vital in preparing for Driscoll Children's Hospital's 2016 landmark separation surgery of conjoined twins. Driscoll MFM specialists began seeing the mother when she thought she was having twins, however after some tests, it was revealed she was actually having triplets and two were conjoined below the waist, sharing a colon and bladders. On May 16, 2015, at 34 weeks, the triplets were born and were transported by Driscoll ambulance to Driscoll Children's Hospital's NICU just 70 minutes after being born. The girls remained in Driscoll's NICU for nearly a year, where a multidisciplinary team of medical professionals worked toward one goal, the successful separation of the twins. Prior to the separation surgery, the surgical team coordinated with a variety of Driscoll physicians, nurses, therapists and specialists from other disciplines to care for the girls' nutrition, recovery preparation and family needs. The team prepared for the surgery using virtual computer simulations and generating 3-D models of the twins' anatomy. The separation surgery began April 12th, at 8:37 am and ended at 8:47 pm and is Driscoll Children's Hospital's first operation on conjoined twins. Forty-five medical professionals assisted in the surgery, including those from pediatric surgery, plastic surgery, urology, orthopaedics and anesthesia. The twins did extremely well and were discharged from the hospital on May 18, 2016, two days after they celebrated their 1st birthday.

##### *University of Texas Medical Branch, Galveston*

After nearly a decade of planning, years of construction and many months of preparation, the opening of the new Jennie Sealy Hospital occurred on April 9th. On that day, UTMB safely moved 185 patients from John Sealy Hospital to

the new 765,000-square-foot facility that includes 12 floors and 252 patient rooms. The new environment includes patient rooms with sweeping views of either the Gulf of Mexico or Galveston Harbor, and amenities such as a refrigerator, a locking drawer for personal items and a sleeper sofa and TV for overnight guests. The design of Jennie Sealy Hospital was guided by evidence-based principles intended to create a soothing, healing environment for patients and a state-of-the-art training facility for future generations of health care professionals.

**Clarissa Deleon**, 3rd year fellow in the Division of Neonatology, has accepted a position with Pediatrix in San Antonio and will be working at Santa Rosa Hospital, Methodist, and North Central Baptist.

The Division will be welcoming **John Coon** currently a 3rd year resident in the UTMB Pediatric Residency Program as a 1st year fellow on June 27th.

##### *University of Texas Southwestern Medical Center, Dallas*

Faculty members **Jawahar Jagarapu** and **Nandeesh Rangaswamy** and 3rd year fellow **Shawndip Sen** participated in the Young Physician Pediatric Leadership Alliance (YPLA) training at the 2015 AAP National Conference and Exhibition.

**Shawn Sen** received the SPR David G. Nathan Basic Research Award at PAS this year for his research in the role of cyclin kinase inhibitor p27kip1 in cardiomyocyte proliferation under the mentorship of **Hesham Sadek**.

**Lina Chalak** was accepted for participation in the Early Career Reviewer program at the Center for Scientific Review, National Institutes of Health.

**Mambarambath Jaleel** was nominated as a member of the National Quality Forum's Perinatal and Reproductive Health Standing Committee for the Perinatal and Reproductive Health Endorsement Maintenance Project for 2016.

**Lina Chalak** was invited as an expert by International Medical Conference Promoting Center, Bangkok, Thailand to train neonatologists and neurologists in a symposium on establishing a hypothermia program for perinatal asphyxia.

UT Southwestern received NICHD Cooperative Multicenter Neonatal Research Network (NRN) Grant funding for a further 5 years. U.T. Southwestern Medical Center has participation in NICHD NRN from 1986 through 2021.

**Nandeesh Rangaswamy** was invited by the American Board of Pediatrics to join the "Content Development Team" for Neonatal-Perinatal Medicine in-training, certification, and MOC exams.

**Elizabeth Stehel's** work was recognized in the National Institute for Children's Health Quality blog, which featured a story focused on the Texas efforts for improving breastfeeding rates.

**Myra Wyckoff** was invited as speaker for 2017 United South African Neonatal Association, Johannesburg, South Africa.

#### DISTRICT VIII: Lily Lou

##### ALASKA

**Ken Kesler** has retired, as of May 20th, after 31 years with Alaska Neonatology Associates. He can be reached at his new home in Bend, OR. Just before leaving practice, **Dr. Kesler** was recognized by the AAP for developing and administering Alaska's RSV immunoprophylaxis eligibility notification system for all of our pediatricians.

Alaska will welcome **Jennifer Scoble**, moving from UC-Davis, and **Sarah Volz** upon completing her fellowship at the University of Rochester.

##### HAWAII

##### *Kapi'olani Medical Center for Women and Children, Honolulu*

The NICU is moving to single-patient rooms in October 2016, in a state-of-the-art facility and new NICU/PICU building which is nearing completion.

The neonatology group will see three new members: **Chris Gibu**, **Richard Jack** and **Cherilyn Yee** who are completing their fellowships.

The joint Tripler Army Medical Center-University of Hawaii'i Neonatal-Perinatal Medicine Fellowship Program is graduating **Cherilyn Yee** and will be welcoming two new fellows: **Will Sherman** and **Min Hwang**.

##### *Tripler Army Medical Center, Honolulu*

**Bill Lefkowitz** will be replacing **Nicole Dobson** as Chief of Neonatology at Tripler Army Medical Center. **Dr. Dobson** is moving to Walter Reed-Bethesda in Bethesda, MD to become the Program Director of the Neonatal-Perinatal Medicine Fellowship Program.

**Antonio Hernandez** is separating from the Air Force and moving to San Antonio.

Tripler Army Medical Center is welcoming three new neonatology staff members this summer: **Emmanuel R.E. Kling**, **Laura M. Keller**, and **Alicia C. Prescott**.

#### DISTRICT IX: Andrew O. Hopper

##### CALIFORNIA

##### *California Association of Neonatologists (CAN)*

**Balaji Govindaswami** took over as CAN President in March 2016 and Ronald Cohen was elected Vice President/President-Elect of CAN.

The 22nd Annual CAN/District IX Section on Neonatal Perinatal Medicine Conference, Cool Topics in Neonatology, and the California Perinatal Quality Care Collaborative (CPQCC) Pre-Conference were held March 4-6, 2016 at the Coronado Island Marriott Resort. A new feature of this meeting was a poster session and QI Poster Symposium. The David Wirtschaffer

Award was given to the best QI project. All abstracts are available on the CAN Website, [www.choc.org/CANAbstracts2016](http://www.choc.org/CANAbstracts2016).

Approximately 230 participants attended from California and the western United States. The 23rd annual Cool Topics Meeting is scheduled for March 3-5, 2017.

The 2016 Wirtschafter Award for Excellence in Quality Improvement was given to the Santa Clara Valley Medical Center Neonatology Team. **Balaji Govindaswami** accepted the award for his group.

The 12th annual Life after Fellowship Workshop was held on March 4th, 2016 as part of the annual Cool Topics in Neonatology meeting and was jointly sponsored by CAN, District IX SONPM, Harbor UCLA and TECan. Over 25 fellows attended the all-day workshop that focused on various aspects of professional development and the business of neonatology, including personal finances. A panel of neonatologists within 7 years of completing their fellowship spoke to the group on different practice models and their professional lives. For the 2017 workshop, there will be more involvement by TECan in planning the program.

CAN hosted the California NICU Medical Directors' Meeting on November 12th in Santa Clara, CA. The vision of the meeting was to reach out to the NICU Medical Directors in the state and provide them with information regarding the work of CAN in both QI and advocacy, and allow closer interaction with the CAN Executive Board. The meeting was very successful and future plans include scheduled time for NICU medical directors to get together during the annual Cool Topics in Neonatology meeting. The CAN Board has recommended that the Medical Directors' meeting be held every 2-3 years.

#### *California Perinatal Quality Care Collaborative (CPQCC)*

The CPQCC website has undergone a major revision ([cpqcc.org](http://cpqcc.org)) to better meet the needs of members, partners and stakeholders. There is also a Facebook page for sharing updates and news ([facebook.com/cpqcc](https://www.facebook.com/cpqcc)).

The 2016 Antibiotic Stewardship QI Collaborative is an 18-month initiative with target start date in June 2016. 28 regional, community, and intermediate CPQCC member NICUs will participate. Using the Institute for Healthcare Improvement Collaborative Quality Improvement Model, teams will implement evidence-based practices for optimizing antibiotic use. The group came together on June 3rd in Berkeley for their 1st Learning Session to kick off the collaborative.

The 2016 NICU QI 3.0 Project is an alternative to the CPQCC collaborative, giving centers an opportunity to participate individually in several of the features of the full collaborative, including: 1) The evidence-based change package designed by the CPQCC expert panel 2) Access to materials relevant to antibiotic stewardship available on the CPQCC website 3) An interactive LISTSERV for NICU QI 3.0 participants. Each center in NICU QI 3.0 will implement the changes at the center level without the access to the expert panel or

facilitated access to other participating centers that comes with the full Collaborative. We have designed NICU QI 3.0 with hopes that centers can achieve significant improvement in antibiotic use without the commitment required for the full Collaborative. There are 13 participants in this NICU QI 3.0 Project. This group will kick off their project on June 10th.

#### *California Maternal Quality Care Collaborative*

In spring 2016, CMQCC released the Toolkit to Support Vaginal Birth and Reduce Primary Cesarean. This toolkit was funded by the California HealthCare Foundation.

#### *California Children's Services High Risk Infant Follow-up Quality of Care Initiative*

Two projects from the CCS HRIF QCI were presented at the PAS Meeting in Baltimore in May by **Martha Fuller** and **Brian Tang**.

**Susan Hintz**, Co-PI of the CCS HRIF QCI, presented an update of the program at the CAN Pre-Conference including new filters available in reports, and improved HRIF referral with the launch of linkage reports available on CPQCC.

#### *Benioff Children's Hospital Oakland*

In 2016, East Bay Newborn Specialists, based at UCSF Benioff Children's Hospital Oakland, Alta Bates Summit Medical Center, and John Muir Medical Center, welcomes three new neonatologists to our group:

**Vaneet Kalra**, **Kathryn Ponder**, and **Jayalakshmi Ravindran**. **Dr. Kalra** is recently from the faculty at Wayne State University, Detroit, MI, where he also completed his neonatology fellowship training. He has a variety of clinical and research interests. **Dr. Ponder** is a recent graduate of the neonatology fellowship program at the University of California San Francisco. Her research has focused on human placental hematopoietic stem cells. **Dr. Ravindran** is a recent graduate of the neonatology fellowship program at the University of Washington. Her research interests are in global neonatal health.

**Thomas Eusterbrock** continues his work in Ethiopia. This year he is implementing a neonatal advanced life support program for nurses and midwives in the largest Ethiopian high-risk delivery hospital in Addis Ababa.

The Bay Area Cooling Consortium Summit meeting on March 17th, 2016 was jointly hosted by UCSF Benioff Children's Hospital Oakland and Alta Bates Summit Medical Center. The meeting, which was held at Alta Bates, was attended by physicians and nurses from multiple San Francisco Bay Area NICUs. The meeting focused on the ongoing SF Bay Area collaboration in the management of HIE, therapeutic hypothermia, clinical trials, and nursing care.

An interdisciplinary team of NICU nurses, physicians, managers, the EMS coordinator and transport teams from three Bay Area hospitals (Alta Bates Summit Medical Center, UCSF Benioff Children's Hospital Oakland, and John Muir Medical Center Walnut Creek) are collaborating on disaster planning. The collaboration is helping each individual center to better prepare for a disaster.

#### *Children's Hospital Orange County*

We are pleased to welcome five new neonatologists for 2016: **Jina Lim** (residency at CHOC Children's, neonatology fellowship at UCLA), **Sneha Taylor** (residency at Florida State University, fellowship at Harbor-UCLA/CHOC Children's), **Dalbir Singh** (residency at Children's Hospital of New Jersey, fellowship at New York University), **Purificacion Tumbaga** (residency at Monmouth Medical Center, New Jersey and fellowship at UC Irvine), **David Kim** (residency at Loma Linda, fellowship at UC Irvine). This new group of neonatologists will work throughout our neonatal network in the Southern California region.

The 14th Academic Day for Neonatologists of Southern California will be held on Thursday, November 10, 2016. This annual conference is designed for clinical and academic neonatologists, neonatal fellows, NICU nurses and other allied healthcare professionals who care for neonatal patients. Additionally, this meeting provides a networking platform for neonatal fellows to interact with expert faculty and learn about life after fellowship at a fellows' dinner immediately following the conference. Organizers of the conference include **Vijay Dhar**, **Adrian Lavery** and **Virender Rehan**. Information about this event can be found at <http://www.choc.org/events/academic-day-for-neonatologists-of-southern-california/>.

The second biennial NeoHeart: Cardiovascular Management of the Neonate conference will be held March 22-25, 2017 at the Manchester Grand Hyatt, San Diego, CA. This four-day international meeting will be a platform for neonatologists, cardiologists, pediatric intensivists, and cardiac surgeons to gather and discuss controversies in cardiovascular management of neonates. For early registration and more information: [www.choc.org/neoheart](http://www.choc.org/neoheart)

We have two major initiatives approved and in implementation phases: The CHOC Neuro-Intensive Care NICU Program and the CHOC NICU Bridge Program. The CHOC Neuro-NICU is a collaborative program with the goal of improving neurodevelopmental outcomes. The Bridge Program is designed for transitional care from the NICU to the home and any follow-up care requested by the primary pediatrician.

#### *Children's Hospital Central California, Madera*

The NICU at Valley Children's Hospital has recently expanded the total number of NICU beds to 114. There are 88 beds in the level IV unit, 14 in the level III unit, and 12 beds in level II satellites. With this growth, the group has grown to 12.5 neonatal FTEs.

Associate Medical Director, **Mike Barsotti**, is moving back to Spokane to become the CMO at the Children's Hospital,

#### *Citrus Valley Medical Center, West Covina*

**Gil Martin**, Director Emeritus of the Citrus Valley Medical Center NICU, received the Hero of the Heart award from the Assistance League of Covina Valley. The Assistance League provides community assistance through community education and youth projects.

The Perinatal Center and NICU at Citrus Valley Medical Center was renamed **The Gilbert and**

**Patricia Martin Family Birth and Newborn Center.**

*Doctor's Medical Center, Modesto*

**Lalitha Venugopalan** has joined **Tim Yao** as a full-time neonatologist at Doctors Medical Center in Modesto.

*Good Samaritan Hospital, San Jose*

**Ken Tan** has been appointed NICU Medical Director at Good Samaritan Hospital and **Loc Le** is the Associate Director of the NICU and Medical Director of the Cooling Program.

**Richard Powers** was elected Vice Chief of Staff at Good Samaritan in December and will be in that role for two years before taking on the role of Chief of Staff.

*Kaiser Permanente Northern California*

**Priya Akula** is joining Kaiser Hospital Walnut Creek.

*Kaiser Permanente Medical Group Southern California*

**Lauren Lee** (formerly known as **Lauren Kim**) will join the neonatology group at Kaiser Fontana. With the addition of **Dr. Lee**, they will have a total of eight BC/BE neonatologists.

**Nicholas Lynch** will join the neonatology group at Kaiser Baldwin Park on August 1, 2016.

*Loma Linda University Medical Center*

**Mitchell Goldstein** was named as the 2016 recipient of the Outstanding Contribution to Medicine Award given by the San Bernardino County Medical Society. He received his award on June 21st. **Dr. Goldstein** was also recently elected to become the next Chair of the AAP Section on Advances in Therapeutics and Technology.

**Larry Tinsley** is a new member of the Division of Neonatology. He completed his neonatology fellowship at UCLA. He was NICU Medical Director at Queen's Medical Center and was on the faculty at University of Hawaii School of Medicine. Subsequently, he practiced at Children's Hospital Los Angeles as a staff neonatologist. Most recently he has been a staff neonatologist with the Pediatrix Medical Group practicing at Antelope Valley Hospital, Lancaster, CA. **Dr. Tinsley** joined Loma Linda on June 1st.

**Maha Amr** has also joined the Division. She completed her neonatology fellowship at UCLA. She was in private practice at Valley Presbyterian Hospital, then at East Bay Neonatology Service Group, Inc. Oakland, CA. Most recently, she worked for Pediatrix Medical Group and practiced at Los Robles Regional Medical Center and Ventura County Medical Center. She will join the Division on July 1st.

**Eleanor Calma** completed her fellowship at Loma Linda University and will join the Division on July 1st.

*Marian Medical Center, Santa Maria*

**Rocky S. Greer** is joining the group at Marian Medical Center in Santa Maria during July, 2016.

*Miller Children's and Women's Hospital, Long Beach*

The hospital will host its 2nd annual Respiratory Care Symposium in October 2016. Contact **Antoine Soliman**, Medical Director of the NICU, for information: [asoliman@memorialcare.org](mailto:asoliman@memorialcare.org)

*Northbay Neonatology Associates, Fairfield*

**Brian Montenegro** will join the group starting on July 1, 2016. **Dr. Montenegro** is completing his fellowship at Harvard Neonatal Perinatal Medicine Fellowship.

*Rady Children's Specialists at Rady Children's Hospital, San Diego*

**Gail Knight** accepted the role as CMO at Rady Children's Hospital.

**Dense Suttner** has assumed the role as Clinical Director of Neonatology and will also become the next Chief of Staff.

**Jane O'Donnell** is the new Rady Children's Hospital Regional Neonatal Medical Director.

**Lance Prince** continues as Division Chief of Neonatology at UCSD.

*Santa Clara Valley Medical Center, San Jose*

**Glenn DeSandre** has left SCVMC after 18 years on staff including 11 as a faculty member. He has joined the group at Kaiser Walnut Creek. He is fondly remembered and his quiet leadership and wit is missed already.

**Terrell Stevenson** and **Adriana Anavitarte** have joined us as NICU hospitalists.

The NICU team won the David Wirtschafter Quality Improvement Award from the CPQCC.

The Santa Clara County Board of Supervisors has approved a Women and Children's Center within its HHS.

**Dongli Song** continues to foster collaborations with local agencies committed to improving Women and Children's Health in China.

**Priya Jegatheesan** assumes the role of Medical Director of the High Risk Infant Follow Up clinic while **Sudha Rani Narasimhan** is Medical Director of Well Baby Care at Santa Clara Valley Medical Center.

*Stanford University Division of Neonatal and Developmental Medicine, Palo Alto*

**David K. Stevenson** received the 2016 Joseph W. St. Geme, Jr. Leadership Award given by the Federation of Pediatric Organizations. The award was presented to **Dr. Stevenson** at the 2016 Pediatric Academic Societies Meeting in Baltimore.

During his sabbatical, **William Benitz**, Chief of the Division of Neonatal and Developmental Medicine, spent three months as a visiting observer in the Cardiovascular and Neonatal Intensive Care Units at Great Ormond Street Hospital for Children in London (February-April 2016), was Visiting Professor and Keynote Speaker at the Harvard Neonatology Fellows Research Symposium in Boston, and co-edited the forthcoming 5th edition of *Fetal and Neonatal Physiology* along with **Richard Polin**, **Steven Abman**, and **David Rowitch** (scheduled for release in July 2016).

**Ronald Cohen** is President-elect of the California Association of Neonatologists (CAN).

**Robert Castro** has been elected to the CAN

Board of Trustees.

**Valerie Chock** has been appointed as Associate Program Director (Research) and **Melissa Scala** has been appointed as Associate Program Director (Clinical) for the Stanford Neonatal-Perinatal Medicine Fellowship Program.

**Adam Frymoyer** joined the Editorial Board of *Clinical and Translational Science*, a new journal of the American Society for Clinical Pharmacology and Therapeutics. The journal highlights original research that helps bridge laboratory discovery with the diagnosis and treatment of human disease and emphasizes the connection between clinical pharmacology and translational medicine.

**Katherine Travis**, Instructor in Developmental-Behavioral Pediatrics, has been awarded a K99/R00 from the NICHD.

We have two graduating fellows in Neonatal Perinatal Medicine and one graduating fellow in Developmental-Behavioral Pediatrics: **Janene Fuerch** will be joining the Division as a Clinical Instructor in neonatology and also has been accepted in the prestigious Bio-Design Fellowship Program at Stanford. **Wannasiri Lapcharoensap** has accepted a position as Assistant Professor in Pediatrics (Neonatology) at Oregon Health Sciences University. **Lauren Hubner** will be an Instructor at Stanford continuing her clinical work and research in Development-Behavioral Pediatrics.

**Anoop Rao**, a fellow in Neonatal-Perinatal Medicine at Stanford, is a recipient of the 2016 Marshall Klaus Perinatal Research Award.

*Sutter Children's Center, Sacramento*

The neonatology group will be moving into Sutter's new Anderson Lucchetti Women's & Children's Center with a state-of-the-art new NICU this summer.

*Tri-City Medical Center, Oceanside*

Tri-City Medical Center's NICU just celebrated being CLABSI-free for over 2000 days and will be celebrating six years of no central line infections in August 2016. They were able to accomplish this through a multi-disciplinary approach beginning with the development of a specialized PICC team that is responsible for the meticulous care and placement of central lines, using dedicated central line bundles and more. Their practice interventions and outcomes will be presented at a podium presentation at the 2016 Council of International Neonatal Nurses Conference in Vancouver, Canada. They will also be submitting an application for the Hospital Quality Institute's Vanguard Award that recognizes excellence in patient safety, quality and experience.

The Tri-City Medical Center's Level III NICU is undergoing plans for a renovation and expansion of its current unit to a functional capacity of 29-32 beds adding 12 single occupancy rooms in addition to four high acuity pods.

We welcome our newest neonatologist, **Gregory Warda**, who recently joined us from Yuma Regional Medical Center.

**April McDonald**, recently joined our group as

our first NNP. Previously she served as the Assistant Nurse Manager for our NICU.

**Romana Uher** has accepted a position as Vice-Chair of Pediatrics.

**Pedro Paz** has been appointed Associate NICU Medical Director and Director of Quality Improvement.

*University of California Davis*

**Save the date.** The NEC Society, in partnership with UC Davis, is proud to present the 1st national conference on necrotizing enterocolitis, made possible by a PCORI Engagement Award. The symposium will bring together clinicians, researchers, parent advocates and others involved in the study and advancement of knowledge in neonatal NEC. The meeting will be held April 6–7, 2017 on the UC Davis campus. For more information, contact **Jennifer Canvasser**: Jennifer@NECsociety.org.

*University of California San Diego/Rady Children's Hospital*

The UC San Diego Rady Children's Hospital Division of Neonatology has added two new NICUs to its growing network. The Scripps Mercy San Diego and Scripps Mercy Chula Vista NICUs are now part of the long standing collaboration between Scripps Health and Rady Children's Hospital.

We welcome these new members of the UC San Diego Rady Children's Hospital Division of Neonatology: **Jeanne Carroll** from Boston Children's Hospital, **Laurel Moyer** from Cincinnati Children's Hospital, **Patricio Fernandez** from the University of North Dakota, and **Audra Wise** from the UCSD Rady Children's Fellowship Program in Neonatal-Perinatal Medicine.

**Sarah Fleming** and **Riad Mardoum** are now members of the Division as part of the new Scripps-Rady joint venture.

Fellow **Kristina Stillwell** received a UCSD microbiome seed grant for her project on oral colostrum care.

**Chris Gibu** will be joining neonatology in Kapiolani Medical Center for Women and Children, HI. **Audra Wise** will be joining our group at UCSD-Rady in San Diego, CA and **Ashraf Baeshu** will join Mercy Rockford Health System, Rockford, IL.

**Jae Kim** chaired Point of Care Ultrasound Workshops in Coronado, CA and at PAS in Baltimore, MD; chaired the 16th Annual March of Dimes Birth Conference in March 2016; and received a Rady Children's Hospital Academic Enrichment Grant for a Human Milk Biorepository.

**Fahad Imam** was selected as a recipient of a KL2 Grant by the UC San Diego Clinical and Translational Research Institute for three years for his project entitled, "Genetic and Molecular Characterization of Hypoxia Resistance via Preconditioning for Prevention of Brain Injury in Term and Preterm Newborn Infants."

**Erika Fernandez**, the new Clinical Director of the UC San Diego Health System NICU, was recently selected to participate on the Society of Neonatal Perinatal Medicine (SONPM) Editorial

Committee of the Task Force for Guideline and Protocol Sharing.

**Krishelle Marc-Aurele** has received the 2016 Whitehill Prize from the Academy of Clinical Scholars for her excellence in teaching clinical medicine.

#### District X: Mark Hudak

#### ALABAMA

*The University of Alabama, Birmingham*

**Wally Carlo** and **Namasivayam Ambalavanan** will continue their work over the next five years heading UAB efforts in the NICHD Neonatal Research Network.

**Vivek Lal** was selected to participate in the AAP Young Physicians' Leadership Alliance through the Section on Early Career Physicians This is a three-year training program designed to develop leaders and build a leadership community amongst early career pediatricians and pediatric subspecialists.

**Ariel Salas** was selected as a Society for Pediatric Research Young Investigator Coaching Program recipient. This program provides the opportunity for early career investigators conducting child health research to receive mentoring from established national leaders in related research fields. **Dr. Salas** also received The Gerber Foundation Novice Award for the study, "Early Progressive Feeding in Human Milk-fed Extremely Preterm Infants."

**Lindy Winter** presented two of her research efforts in simulation education at the 8th International Pediatric Simulation Symposia and Workshops in Glasgow, Scotland on May 9-11, 2016.

The NHLBI funded a project by **Trent Tipple** entitled, "Targeting Thioredoxin Reductase-1 to Prevent Bronchopulmonary Dysplasia."

**George El Ferzli** heads up UAB efforts in the Duke University Pediatric Trials Network project, "Antibiotic Safety in Infants with Complicated Intra-Abdominal Infections."

**Manimaran Ramani** is studying "Mechanisms by Which Retinoids Attenuate Hyperoxia-Induced Memory Deficit in Mice", a grant funded by the Kaul Pediatric Research Institute.

**Colm Travers** was awarded the Dixon Fellowship Training Grant and a Health Services, Outcomes, and Effectiveness Research T32 Fellowship from UAB.

The NIH Center for AIDS Research awarded **Brian Sims** funding to conduct the project, "Cell Specific Exosomes Have Preferential Binding to HIV-1 and Facilitate HIV-1 Infection in the CNS."

**Aaron Yee** received the AAP SONPM Klaus Award for a research proposal entitled, "Role of Platelet Activating Factor in Hyperoxia-Induced Lung Injury."

#### FLORIDA

*Florida Hospital, Orlando*

**Anoop Pulickal** was inducted as a new member of SPR at the May meeting this year.

**Eduardo Lugo** retired in July after over 20 years of practice at Florida Hospital for Children.

*Nemours Children's Hospital, Orlando*

**Caroline Chua** has been appointed Medical Director of Nemours Children's Hospital (NCH) NICU Network. She will provide oversight of the NICU at NCH and at satellite hospitals in Florida. In addition, she also leads the neonatal simulation program.

**Ronald Holtzman** recently joined NCH and is based at Osceola Regional Medical Center NICU.

*University of Florida, Gainesville*

**Meredith Mowitz** will be leading the economic evaluation of the NICHD Neonatal Network sponsored "Transfusion of Prematures (TOP)" trial.

UF welcomed two new faculty members in July. **Nicole Cacho** completed her fellowship at the University of Florida and will be studying techniques to re-faunate donor milk with maternal microbiota. **Lauren Ruoss** completed her fellowship in the Harvard Joint Program and will be studying novel non-invasive techniques to study tissue oxygenation.

Neonatology services at University of Florida, Shands Children's Hospital were once again recognized by *US News and World Report* with a designation as a Best Children's Hospital-Neonatology.

*University of Florida, Jacksonville*

After 43 years of exemplary and innovative service to the greater Jacksonville community, **Don Garrison** has retired from active neonatology and as Medical Director of the UF Health Jacksonville NICU. A similarly indefatigable **Mary Lim**, clinician extraordinaire, has also retired from UF after returning from California for an eventful repeat tenure of 20 years.

**Sfurti Nath** joined the division in October, relocating from a group practice in Cedar Rapids, IA and the Quad Cities, IA and IL. **Dr. Nath** did her fellowship training at the State University of New York at Buffalo and her residency at the Women and Children's Hospital of Buffalo. She joins fellow Buffalo trainees, **Sandy Suchomski** and **Bill Driscoll**.

*University of Miami Miller School of Medicine/Jackson Memorial Hospital*

The UM Division of Neonatology welcomed **Safdar Khan** as a new faculty member. **Dr. Khan** completed his fellowship at Kentucky Children's Hospital, Lexington, KY.

**Karen Young** has been appointed as the Associate Director of our Neonatal-Perinatal Fellowship Training Program.

**Shu Wu** has been appointed as the Director of the project, "Newborn Neonatal Developmental Biology Laboratory" at the University of Miami Batchelor Children's Research Institute.

Miami Neonatology International Conference will celebrate its 40th anniversary with a very special program from November 6-8, 2016 at the Fontainebleau Miami Beach. Additional information is available at [www.miamineonatology.com](http://www.miamineonatology.com) or by contacting

**Lizbeth Castellano**, the conference coordinator, at lcastellano@miami.edu or 305-243-2068.

*University of South Florida*

**Maya Balakrishnan** was promoted to Associate Professor and **Terri Ashmeade** was promoted to Professor. **Dr. Ashmeade** was also appointed the Chief Quality Officer at USF Health.

The USF Division of Neonatology welcomed **Benjamin Torres** and **Tina Ho** as new faculty. **Dr. Torres** assumed the position of Medical Director and **Dr. Ho** joined the group after graduating from the USF fellowship program.

*Winnie Palmer Hospital, Orlando*

Winnie Palmer Hospital is one of 25 Florida hospitals participating in the MOM (Mother's Own Milk) initiative under the sponsorship of the Florida Perinatal Quality Collaborative. Of note, the Blue Foundation chose to honor the FPQC with the 2016 Sapphire Award for the Outstanding Organization among 120 nominees.

**David Auerbach**, former Medical Director of the WPH NICU, is now a Chief Quality Officer at WPH with focus on newborn and NICU services.

**Douglas Hardy** recently served on the Orange County Heroin Task Force to address local effects of the growing national heroin epidemic.

GEORGIA

*Athens Regional Medical Center*

**Atul Khurana** was appointed as an Adjunct Clinical Professor in the College of Public Health at the University of Georgia at Athens.

The Athens Regional Medical Center has affiliated with Children's Healthcare of Atlanta.

*Emory University, Atlanta*

Emory University will continue for another five years its storied 25-year participation in the NICHD Neonatal Research Network, under the new leadership of **David Carlton**.

**Ravi Patel**, Assistant Professor of Pediatrics, was the recipient of a K23 award from the NHLBI for a research project entitled, "Red Cell Transfusion, Severe Anemia and Necrotizing Enterocolitis."

**Theresa Gauthier** was promoted to Professor of Pediatrics and April Dwoertz was promoted to Associate Professor of Pediatrics.

**Liz Sewell** and **Mitali Pakvasam**, a graduate of the Emory fellowship program, joined the faculty as Assistant Professor of Pediatrics in July.

**Andrea Kane** and **Darshna Bhatt** were named chief fellows for the upcoming year, and **Mercedes Bell** was selected as the District X Fellow representative for TECaN.

Emory congratulates two other graduating fellows from the class of 2016. **Clark**

**Montague** will enter private practice at Floyd Medical Center in Rome, GA. **Stephanie Holt** will join Vanderbilt University as an Assistant Professor of Clinical Pediatrics in the Division of Neonatology.

New first year fellows arriving in July include **Jhody-Ann Hendricks** and **Vivek Saroha**, from Driscoll Children's Hospital and **Joy Miller**, from

Emory University School of Medicine.

*Medical College of Georgia at Augusta University (formerly Georgia Regents University)*

**Brian Stansfield** was awarded the Clinical Science Young Investigator Award at the SSPR in New Orleans in February. **Brian** was also elected to serve as an SSPR council member.

**Irshan Rajput** completed his fellowship and MPH degree at Augusta University and has relocated to Las Vegas.

**Paul Mann** arrived from Seattle in July to join the faculty as an Associate Professor.

The faculty hope that the name change from Georgia Regents University to the Medical College of Georgia at Augusta University will be the last one for a long time!

## SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS

### 31st Annual Conference

May 18-21, 2017

Marco Island Hilton Hotel

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**Kelly Wade**      **Michael Weiss**

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## Improving Member Value in the Section on Neonatal Perinatal Medicine

Andrew Hopper, MD, FAAP

The SONPM leadership has been working to improve the value of aSection membership and hopefully to increase the number of Section members. In 2015, 64% of the AAP member boarded neonatologists belonged to the Section. Section membership over the past 6 years has been fairly static and has ranged from 61-69% (table). The percentage has drifted downward from a peak of 69% in 2010 when one year of free membership was extended.

Practice Strategies, and NeoPREP

- Discounts for subscriptions to NeoReviews and NeoReviews Plus

In spite of these attractive membership benefits, there are about 1,000 boarded neonatologists (40%) that are AAP members, but not Section members. There may be multiple reasons why eligible neonatologists are not Section members: Lack of perceived benefits, expense, forgetfulness to sign-up or renew. However, in the current setting of uncertainty about the future of our specialty, the Section is the only organization that represents all neonatologists. In Renate Savich's recent article, View from the Chair about "Planning for the Future" in the March

### Membership Status of NP Sub-Boarded Neonatologists

District	Good Standing	Lapsed	Never been a member	Grand total	Section Members	Section Market Share of Good Standing Members (%)
I	215	75	5	295	145	67
II	222	103	4	329	143	64
III	403	190	5	598	262	65
IV	373	141	9	523	241	65
V	283	107	2	392	197	70
VI	444	154	5	603	299	67
VII	429	147	4	580	294	69
VIII	323	140	6	469	218	67
IX	400	160	11	571	257	64
X	320	112	10	442	196	61
Undistricted	27	19	9	33		
Grand total	3439	1348	61	4848	2261	66

Current Section membership benefits include:

- Access to three Section directories: Directory of U.S. Neonatologists and Perinatologists, Training Program Directory, and Directory of United States NICUs and SCNs
- Subscription of the Journal of Perinatology
- Subscription to the Neonatal-Perinatal Section Newsletter
- Free copies of Perinatal Pediatrics CPT/ICD-10-CM Coding Toolkit and Guidelines for Perinatal Care
- Access to Section LISTSERV for discussion and to solicit timely information needed to care for your patients
- Education and support regarding coding and reimbursement
- Discounts to attend Section educational meetings: Annual NCE conference, spring Workshop on Perinatal

2016, Perinatal Section Newsletter, she emphasized the challenge to the Section of representing everyone's voice, keeping those in non-academic settings and academic settings engaged, promoting quality improvement in NICUs on a daily basis, and assuring that all neonatologists are practicing the highest quality medicine at all times. In 2015, the SONPM Executive Council developed a strategic plan that identified increasing member value as an important goal. The hypothesis is that increasing member value will translate into adding new members to the Section. As a result, the membership sub-committee (Andrea Duncan, Munish Gupta, Dena Hubbard, Alexis Davis, Renate Savich and Andrew Hopper) has adopted a QI framework with several primary drivers (goals) identified:

- Increase membership in the Section by 10% by end of 2017 (targeting 70%)
- Increase enrollment in the AAP and Section during residency and fellowship (no dues for fellows and residents)



- Decrease non-renewal rates of Section members
- Increase awareness of and opportunities for involvement in the Section at the District level

Secondary Drivers (these measures are being considered by the Executive Committee):

- 1 Improve membership benefits and value by providing expanded services in a Section members only website
  - a. Section members would have expanded access to guidelines, coding handbook, pertinent material to assist with their general education, board review and articles of interest
  - b. Develop a repository for online access to core neonatology papers/topics of interest to neonatologists, access to frontline resources, point care, quality and education
- 2 Provide opportunities for members to participate in Section activities such as review guidelines, abstracts, develop leadership skills, quality improvement, articles of interest, online journal club
- 3 Increase opportunities for neonatologists in private practice for committee participation; provide MOC 4 opportunities that are less cumbersome, more innovative and relevant (e.g. QI posters at NCE meeting) and support meaningful approaches to meeting ABP requirements
- 4 Streamline the process of membership sign-up/renewal to make it as easy as possible.
  - a. There is an annual renewal, but it happens in different months for the members on their anniversary month. The AAP could send an alert about renewing Section membership and utilize a more streamlined process of reaching neonatologists with social media (Facebook, Twitter, and Linked-In).
  - b. Tie just-in-time neonatology learning with an opportunity to join the Section with one-click registration.
- 5 Develop additional roles for active engagement in SONPM, e.g. establish an organization to meet the unique needs of mid-career neonatologists (MidCaN).

The SONPM Executive Committee believes that these measures that are being developed will further enhance value of Section membership and will hopefully encourage neonatologists to support the Section. Current annual Section dues for most membership categories are \$85, and neonatology fellows in training and residents are not charged. The Executive Committee of the Section is committed to enhancing the value that the Section provides and welcomes any suggestions or ideas to achieve this goal. Please contact your district representatives with any comments, suggestions, and ideas!

## Maintenance of Certification Part 4 for the Neonatologist: An Update on SONPM and AAP Activities

Munish Gupta, MD, FAAP

The American Board of Pediatrics (ABP) utilizes the Maintenance of Certification (MOC) program to provide ongoing assessments of pediatricians, and completion of MOC is required to maintain ABP certification. The four parts of MOC are designed to insure that physicians demonstrate core competencies for medical practice.

Part 4 of MOC, Performance in Practice, is built around participation in quality improvement (QI) activities. Over the past several years, the ABP and AAP have worked aggressively to make Part 4 qualifying activities more accessible and more meaningful for all pediatricians, and SONPM has worked to develop pathways to Part 4 specific to neonatologists. In this article, we wanted to provide a quick update on some of these ABP, AAP, and SONPM efforts.

### MOC CREDIT THROUGH THE ABP

Numerous pathways are available to obtain Part 4 MOC credit directly through the ABP. These include:

- Completing an on-line Performance Improvement Module (PIM);
- Submitting a QI project directly to the ABP for review and approval, whether as a small group (10 or fewer pediatricians) or a large group (more than 10 pediatricians);
- Participating in a QI project reviewed or supported by an organization that sponsors MOC Part 4, including many hospitals and quality collaboratives; and
- Having a leadership role in quality and safety within a healthcare organization;

Further information on all of these pathways is available on the ABP website (<https://www.abp.org/content/improving-professional-practice-part-4>).

### MOC CREDIT THROUGH THE AAP

The AAP is an ABP-approved MOC Portfolio Sponsor, which allows the AAP to review and approve projects for Part 2 and for Part 4 MOC. Several AAP programs offer ongoing QI projects with Part 4 MOC credit; these include EQIPP (Education in Quality Improvement for Pediatric Practice), QuIIN (Quality Improvement Innovation Networks), and CQN (Chapter Quality Network). While these programs typically do not involve neonatologists, the AAP does offer other resources that can help SONPM members, including:

- As a portfolio sponsor, the AAP can review QI projects from members, and award Part 4 MOC credit for approved projects. This is similar to the process used to obtain credit for a QI project directly through the ABP,

but importantly, going through the AAP for this is FREE for members. More information on AAP project review is available through the AAP MOC website ([www.aap.org/mocinfo](http://www.aap.org/mocinfo)). Of note, AAP approval of a QI project requires that the project involve an AAP section or council; for neonatologists, this would be SONPM (see below).

- Presentation of a QI project as a poster or platform at the AAP National Conference and Exhibition (NCE) could qualify for Part 4 MOC credit through the AAP portfolio sponsorship, if it meets certain criteria. This includes qualifying projects presented at the SONPM meeting during the AAP NCE (see below).

### SONPM ACTIVITIES RELATED TO MOC

In partnership with the ABP and AAP, the SONPM has been striving to facilitate Part 4 MOC for its members. Some important activities to note:

- In collaboration with ABP, SONPM has developed two on-line PIMs related to neonatal care that are available through the ABP website: (1) Preterm Admission Temperature and (2) Central Line Associated Bloodstream Infections. Both PIMs offer a simple yet effective structure that can guide you through an improvement project in either of these areas. For units with ongoing QI initiatives in these areas, the PIMs offer a user-friendly tool for entering and monitoring outcome and process measures. In either case, the PIMs can provide Part 4 MOC credit in a relatively straightforward process and at minimal cost. The PIMs can be accessed through the ABP website (<https://www.abp.org/content/abp-performance-improvement-modules-pims>). Discussions are ongoing regarding a potential third neonatology-focused PIM, so if you have found either of the first two PIMs useful, please do let us know – feedback is important! Of note, the current admission temperature PIM is being retired this year, but will be replaced at the time of retirement with an updated version.
- If you are planning a QI project in your NICU (or within a larger network) that you'd like to submit to AAP for Part 4 MOC credit, SONPM can help! We can provide QI training and coaching, and help with the design and implementation of the project. As mentioned above, SONPM needs to review and approve neonatology-based QI projects submitted to the AAP for MOC credit. Importantly, the SONPM needs to be involved in this review during the PLANNING phases of the project; due to restrictions on portfolio sponsors, this process cannot be used for QI projects that are already completed or are near completion. Thus, if you are interested in pursuing MOC credit through the AAP for a QI project, contact us early.
- QI projects presented at national SONPM meetings can now receive Part 4 MOC credit. Those of you that submitted a QI abstract for the SONPM meeting at the

2016 AAP NCE will have seen the option for submitting that abstract for MOC credit.

Ongoing involvement in quality improvement is considered an essential component of the MOC program. The ABP, the AAP, and the SONPM are committed to making the MOC program, and in particular Part 4, meaningful to neonatologists without being unduly burdensome, and many of the new pathways to obtaining Part 4 credit described above are evidence of this commitment. Do not hesitate to contact us with any questions, or with suggestions on what the SONPM can do to make this process even better in the future.

### Hot Topics in Neonatology Neonatal Quality at Hot Topics December 4-7, 2016

Registration is now open for the *Hot Topics in Neonatology@* conference, December 5-7, 2016 at the Marriott Marquis in Washington, DC. Join neonatal and perinatal clinicians from around the world for top speakers, poster sessions, critical reviews and debate about promising new therapies. Topics range from antenatal steroids to Zika, with an emphasis on presentations that are impactful on clinical care on a national and international level, and a look at the promise of emerging science and technologies. The Section is very proud to be sponsoring a talk during the conference on *Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns* by Jay P. Goldsmith, MD.

Hot Topics is preceded by the *Neonatal Quality at Hot Topics* pre-conference on December 4, which focuses on presentations designed to improve the care provided by neonatal clinicians at the bedside, and the techniques to engage staff and patient families in quality improvement efforts.

**There is a registration discount of \$100 available for the *Hot Topics in Neonatology@* conference to clinicians who are a member of the Trainee and Early Career Neonatologist (TECaN) group of the AAP Section on Neonatal and Perinatal Medicine.** A discount code will be provided directly to group members by TECaN.

*Hot Topics in Neonatology@*, in collaboration with the AAP Section on Neonatal and Perinatal Medicine, has created an award for the best abstract written by a fellow and submitted to the Hot Topics abstract review community by September 1, 2016.

The Neonatal Quality at Hot Topics conference is also offering an award for the best abstracts submitted to the Quality review committee by October 1, 2016. Abstracts should focus on unit-based or collaborative quality improvement initiatives.

Winning abstracts will be asked to give a ten minute podium presentation at either Quality or Hot Topics, and will receive complimentary *Hot Topics in Neonatology*® and *Neonatal Quality at Hot Topics* conference registration and hotel accommodations at the Marriott Marquis during the conference for up to four nights.

There will be a Neonatal Quality at Hot Topics poster session on Sunday, December 4, from 4:30 – 5:30 p.m. and a Hot Topics in Neonatology® poster session on Monday, December 5, from 5:45 -6:45 p.m.

For more information on registration, poster abstract submission, poster sessions and conference agendas, please go to [www.HotTopics.org](http://www.HotTopics.org).

## Hot Topics in Neonatology

December 4-7, 2016  
Marriott Marquis Hotel, Washington, DC

*For over 30 years, Hot Topics has been THE premiere neonatal conference, with more than 1,000 neonatologists and perinatologists attending each year.*

*Join us for the Pre-Conference*

**Neonatal Quality at Hot Topics**  
December 4, 2016

For details on the conference, submitting an abstract, exhibiting or receiving MOC Part IV credit, visit [www.hottopics.org](http://www.hottopics.org)



**The SONPM would like to thank the following sponsors of section activities!**

### Abbott

*NeoReviews/NeoReviews Plus*  
Section Newsletter  
Virginia Apgar Award  
Thomas Cone Jr History Lectureship  
L. Joseph Butterfield Lectureship  
Perinatal Spring Workshop  
Neonatal/Perinatal Fellows Conference  
TECaN NCE & Workshop Travel Grants  
Gerald Merenstein Lecture  
Section Faculty Dinner  
NICHD Young Investigator Conference  
NCE Poster session & reception  
NCE Executive Committee Dinner  
ONTPD Networking Session  
NeoPREP 2016  
APGAR Award Dinner

### Mead Johnson

Neonatal Landmark Award  
Av Fanaroff Neonatal Education Award  
Young Investigator Awards  
NCE Travel Grants  
Trainees and Early Career Neonatologists  
Mid-Career Neonatologists (MIDCAN)  
Klaus Grants  
Perinatal Spring Workshop  
Fellows Conferences Perinatal Research  
Perinatal & Developmental Medicine  
Symposia  
ONTPD/TECaN Lunch at NCE  
NCE Executive Committee Dinner  
NICHD Young Investigator Conference

**Johnson & Johnson** - Klaus Grants

## The Gravens Conference

The Physical and Developmental  
Environment of the High Risk Infant  
*in collaboration with the March of Dimes*

The 30<sup>th</sup> Annual Gravens Conference on the Physical  
and Developmental Environment of the High Risk  
Infant,

*in collaboration with the March of Dimes*

March 1-4, 2017

Sheraton Sand Key Resort ❖ Clearwater Beach, Florida

For detailed information visit [www.tinyurl.com/GravensConference](http://www.tinyurl.com/GravensConference)

Or email [brose@health.usf.edu](mailto:brose@health.usf.edu)

Jointly Provided by:



**California Association of Neonatologists  
(CAN) and AAP District IX Section on  
Neonatal-Perinatal Medicine  
23rd Annual Conference**

**Cool Topics in Neonatology  
March 3 - 5, 2017**

**Coronado Island Marriott Resort  
Coronado, California**

For more meeting information:

<http://www.cme.ucla.edu>

or

<http://www.canneo.org>

## Mom's Mental Health Matters

The Eunice Kennedy Shriver National Institute of Child Health and Human Development has launched a new initiative on perinatal depression and anxiety, called Moms' Mental Health Matters. This initiative offers free health education materials, in English and Spanish, for pediatric offices to share with moms and their families. Materials include posters that describe the signs of perinatal depression and anxiety, and encourage moms to seek treatment from a healthcare professional; an action plan to help moms identify when and where to seek help; and a conversation starter postcard, to educate the members of mom's support system, by offering suggestions on how to communicate with a loved one about this issue. During a baby's first year, well-child visits offer an opportunity for pediatricians and their staff to offer information about this critical issue.

Visit <https://www.nichd.nih.gov/MaternalMentalHealth> to view and order these free materials.

## PLEASE JOIN US!

**VON Annual Quality Congress  
- Transforming Newborn Care  
Sheraton Grand Chicago  
September 9-12, 2016**

Please join us for an innovative and engaging meeting of the neonatology community of practice, including our NICQ and iNICQ Symposium, QI Science-driven Symposia, and our cutting-edge scientific meeting.

We also encourage Fellows and early career neonatologists to apply for the AAP VON Scholars program, sponsored in collaboration with the AAP Section on Neonatal-Perinatal Medicine (SONPM). For information about the scholarship, and the Jump Starting Quality Preconference, please contact the VON Fellowship liaison, Dmitry Dukhovny MD, MPH, [dukhovny@ohsu.edu](mailto:dukhovny@ohsu.edu)

**30th Annual Gravens Conference  
Clearwater Beach, FL  
March 1-4, 2017**

The 30th Annual Gravens Conference will be held in Clearwater Beach, FL on March 1-4, 2017, presenting the latest research and experience on neurodevelopmental care, NICU design and operation, and family support in the NICU. With a theme of "Rhythms of the NICU", featured topics will include development of the auditory cortex and relevant sensory input in the NICU, impacts of stress on babies, families, and staff, and new information on NICU design and family participation in care.

Speakers include Dr. Betty Vohr, Sharon Cox, and Von Lambert.

Abstracts are due October 14, 2016.

More information can be found at [www.tinyurl.com/GravensConference](http://www.tinyurl.com/GravensConference)

## Research Committee Report

### 2016 Marshall Klaus Neonatal-Perinatal Research Awardees

#### Joern-Hendrik Weitkamp, MD, FAAP

On behalf of the American Academy of Pediatrics (AAP) Section on Neonatal-Perinatal Medicine (SONPM); the Chair of the Executive Committee, Renate Savich; and our Klaus Neonatal-Perinatal Research Fund supporters, Johnson and Johnson Pediatric Institute, Mead Johnson, and the AAP; I would like to congratulate the recipients of the 2016 Marshall Klaus Neonatal-Perinatal Research Award! This was the second year of electronic application submission for the Marshall Klaus Award.

In addition to the traditional clinical, translational or basic science Marshall Klaus Award, this year we solicited applications for two new awards: The Health Science Research Award (sponsored by Beth Israel Deaconess Medical Center) and the Education Research Award (sponsored by Brodsky and Martin at Beth Israel Deaconess Neonatology Foundation, Inc.).

The Research Committee received and reviewed a record-high of 42 applications and all applicants deserve recognition for their strong biosketches, outstanding mentors and exciting projects. Thanks to our sponsors, this year we are able to fund the top eight ranked fellows with the \$5,000 research awards. The money will be used to support the proposed research projects and towards advancing the academic careers of our neonatology fellows. The award winners are listed below.

In the written award notifications, Klaus awardees are informed that they are expected to submit a report on their funded project by June 30 of the following year and to submit an abstract to the SONPM meeting at the AAP National Conference and Exhibition within the next two years to present their research. Awardees are also instructed to list the AAP Marshall Klaus Award in the acknowledgement sections of their project-related publications.

#### Asimena Angelidou, MD, PhD Boston Children's Hospital

*Title: Modeling the Ontogeny of Vaccine-Induced Innate Immune Memory in Human Newborns*

Mentor: Ofer Levy, MD, PhD

**Personal Statement:** My engagement in the investigation of trained immunity was prompted by my interest in neonatal innate immunity and the huge impact of infection on neonatal mortality. I have previously been engaged in innovative projects, including my graduate work on the role of the gut-brain axis in children with autism, which has opened avenues for novel therapeutic interventions. Having a background in immunopharmacology, I now focus on the basic and translational biology of monocytes as they relate to immunology, infectious disease and vaccinology. This

project will give me the opportunity to explore heterologous vaccine effects and gain a deeper understanding of host-pathogen interactions. It will hopefully also serve as the stepping-stone for my future career as an independent physician scientist in the field of neonatal vaccinology.

**Abstract:** Immunization is a key approach to protect vulnerable populations at the extremes of age, such as newborns, from infection. Early life immunization with Bacille Calmette-Guérin (BCG), the live attenuated vaccine against tuberculosis (TB), has been linked to an unanticipated reduction of ~50% in all-cause mortality in the first 6 months of life, greatly exceeding mortality attributable to TB. This suggests "heterologous" protection against unrelated pathogens, attributed to innate immune memory or "trained immunity", which describes the ability of an immune stimulus to augment innate immune function upon subsequent exposure to the same or a different stimulus, a phenomenon observed in plants, invertebrates and multiple mammalian species but poorly defined in humans. Under the mentorship of Dr. Ofer Levy, Dr. Angelidou has developed an age-specific in vitro platform to characterize the extent, mechanism and ontogeny of BCG-induced acute and trained immunity in early life. She hypothesizes that BCG has both acute cytokine-inducing and innate training effects on human monocytes that are distinct by age - i.e. newborn vs. adult - a notion supported by her preliminary data. Successful completion of Dr. Angelidou's work can inform optimization of BCG's use for high-risk (i.e. preterm/low birth weight) newborns, as well as design of new vaccines harnessing innate immune memory for clinical benefit.

#### Katherine Ann Bell, MD Boston Children's Hospital

*Title: Body Composition in Preterm Infants*

Mentor: Mandy B. Belfort, MD, MPH

**Personal Statement:** Poor weight gain is the most common morbidity affecting hospitalized very preterm infants and predicts long-term cognitive and motor impairment. For preterm infants, increased weight gain during the NICU hospitalization is associated with improved neurodevelopmental outcomes. However, weight gain consists of gains in both fat mass and lean mass, and the optimal pattern and type of weight gain is unknown. Body composition analysis allows for direct measurement of the relative contributions of fat and lean mass to overall body weight. My research seeks to



identify relationships between infant body composition and long-term outcomes. Under the mentorship of Dr. Mandy Belfort, my work under the Klaus Award will examine correlations between anthropometric measures and body composition in preterm infants, as well as correlations between body composition and brain growth.

Understanding the relationship between body composition and brain growth could inform targeted nutritional interventions in the NICU in order to optimally support neurodevelopment.

**Abstract:** The specific aims of this project are to evaluate associations between body composition in preterm infants and:

- (1) body size as determined by anthropometrics (measurement of weight, length and head circumference)
- (2) brain size as assessed by magnetic resonance imaging (MRI)

Specifically, I will test the hypothesis that, in preterm infants, greater lean mass at term corrected age is associated with larger head circumference and larger brain size on MRI. The study population consists of infants <32 weeks gestation who are enrolled in a prospective observational study at Brigham and Women's Hospital. As part of this study, infants will undergo body composition analysis using the PEA POD air displacement plethysmography device and brain MRI at term corrected age. Brain MRI will be analyzed using simple metrics known to correlate with neurodevelopmental outcomes in early childhood. Routine anthropometric measurements will be collected including weight, length, head circumference, and body mass index (BMI kg/m<sup>2</sup>) throughout the NICU hospitalization. I will perform statistical analysis to determine the association between anthropometric growth parameters and body composition, as well as between body composition and brain metrics.

**Katie A. Fritz, MD, MPH**  
Medical College of  
Wisconsin

*Title: Regulation of Hepatic Toll-Like Receptors by the Perinatal Environment*

Mentor: Robert H. Lane, MD, MS

**Personal Statement:** Fetal experiences cause genetic programming changes that lead to adult disease. I am a 2nd year Neonatal-Perinatal Medicine fellow at the Medical College of Wisconsin and study the impact of maternal stress and diet on the fetal mouse liver and the growing burden of metabolic diseases under the mentorship of Dr. Robert Lane. I have a background in public health and participated in the American Board of Pediatrics Accelerated Research Training Pathway.



**Abstract:** The Lane Lab's novel mouse model replicates the effects of poverty and poor nutrition on many of the preterm infants hospitalized in neonatal intensive care units. Dr. Fritz works in Dr. Lane's lab examining the effects of adverse perinatal environment on the liver using a mouse model of maternal stress and Western diet. In this model, exposed offspring develop non-alcoholic fatty liver disease. With the Marshall Klaus award, Dr. Fritz will assess the involvement of hepatic Toll-like receptors in non-alcoholic fatty liver disease pathogenesis in the setting of adverse perinatal environment. Preliminary results indicate that fetal exposure to maternal stress and Western diet leads to growth restriction and increased hepatic lipid content consistent with nonalcoholic fatty liver disease. These changes in the liver may occur through programming of Toll-like receptors, increasing hepatic inflammation in the newborn period and beyond. She will continue to explore the fetal origins of metabolic disease throughout her career as a physician scientist

**Brian Kalish, MD**  
Boston Children's Hospital

*Title: Maternal Immune Activation and the Genomic Regulation of Synapse Pruning*

Mentor: Michael Greenberg, PhD

**Personal Statement:** I am a first year fellow in the Harvard Program in Neonatal-Perinatal Medicine. I aspire to be a neonatal physician-scientist with a focus on 'critical periods' of brain development. My current research in Michael Greenberg's Laboratory in the Harvard Medical School Department of Neurobiology focuses on the genomics of synapse pruning, which is the process by which excessive connections are eliminated to achieve more precise connectivity and facilitate circuit maturation. In particular, I am interested in the mechanisms by which prematurity and perinatal insults disrupt critical periods in synapse development. The broad aim of my work is to define the genetic drivers of synapse development and understand how early life exposures shape the structural and functional integrity of the brain.

**Abstract:** Preterm infants are at an increased risk for neurodevelopmental impairment and psychiatric disease. These disorders are characterized by disorganized synapse connectivity, but we have remarkably little understanding of how perinatal exposures shape neural circuit formation. My proposed research will employ a mouse model of maternal immune activation to understand the relationship between perinatal inflammation and the dysregulation of synapse pruning. It is expected that this work will reveal novel roles of the immune system in synapse plasticity and uncover fundamental mechanisms in the early programming of synapse architecture.

**Melissa C. Liebowitz, MD**University of California  
San Francisco

*Title: Effect of a Moderate to Large Patent Ductus Arteriosus on Neonatal Hypotension and Respiratory Morbidity in Premature Infants: a Comparison of Different Treatment Strategies*

Mentor: Ronald Clyman, MD

Personal Statement: Over the past 4 years I have worked under the direct mentorship of Dr. Clyman to investigate predictors of common prematurity related neonatal morbidities, including retinopathy of prematurity, bronchopulmonary dysplasia and the patent ductus arteriosus. The goal of my research has been to identify and utilize early predictors of these morbidities to improve outcomes. In preparation for this study, I have expanded Dr. Clyman's existing database of approximately 400 patients by collecting information related to hypotension (dose and duration of inotropic medication, etc) through chart review. Additionally, I have undertaken formal training in clinical research methodologies and biostatistical methods through the Advanced Training in Clinical Research (ACTR) Certificate program at UCSF. This year-long full-time scholastic program combines courses in general and clinical epidemiology, medical informatics, study design, biostatistics, clinical trials, database management, grant writing, and publishing with practical projects in study design, database design and data analysis. During the ACTR seminar course I presented the proposed study design and received feedback from faculty and my peers. My previous research experience and formal coursework in epidemiology and biostatistics have prepared me for my role in this project. In addition to answering an important question in neonatal medicine, this project will give me the opportunity to apply newly acquired data analysis skills and learn new biostatistical methods for clinical research.

Abstract: Despite years of research on the patent ductus arteriosus (PDA) including many systematic reviews and clinical trials there continues to be significant variation and controversy in the neonatology community regarding management of a PDA. Previous studies comparing prophylactic treatment to short term exposure to a PDA (<7 days) have demonstrated that there is no difference in bronchopulmonary dysplasia (BPD) and neurosensory impairment and some suggested early treatment might have deleterious effects. The results of these studies fueled a shift in practice away from early aggressive therapies aimed at achieving ductal closure to tolerance of the ductus, even in the presence of respiratory and hemodynamic symptoms. Although prior studies have



found that short-term exposure to a PDA does not alter the incidence of late neonatal or neurodevelopmental morbidities, they were not designed to examine whether the presence of a PDA exacerbates the respiratory and hemodynamic symptoms that are present during the early neonatal period. In addition, no study has investigated the effect of long-term exposure (>7 days) to a patent ductus in premature infants. In fact, a recent statement from the American Academy of Pediatrics Committee on the Fetus and the Newborn suggested that there may be a population of infants who would benefit from early treatment and future studies should focus on early identification of these infants. The overall goal of this study is to investigate the impact of a moderate or large PDA on neonatal hypotension and respiratory disease in the first week of life. We hypothesize that infants with a moderate or large PDA are more likely to have persistent hypotension and require more inotropic and respiratory support during the first week of life compared to those with a closed ductus. We will take advantage of a change of practice, to test this hypothesis. If the PDA is a major contributor to early neonatal hypotension and respiratory disease this may help us identify a sub-population of infants who are likely to benefit from early closure.

**Amy E. O'Connell, MD, PhD**  
Boston Children's Hospital

*Title: Functions of Hbs1L in Perinatal Development*

Mentor: Pankaj Agrawal, MD, MMSC

Personal Statement: I am entering my final year of clinical fellowship in neonatal perinatal medicine in July. Following fellowship, I intend to practice neonatology at an academic medical center while beginning an independent research career. In addition to perinatal-neonatal medicine, I have completed a clinical fellowship in allergy/immunology and received a PhD in immunology. I plan to develop a research career investigating the development of the immune system in neonates.

Abstract: Using whole exome sequencing, researchers in the lab of Dr. O'Connell's mentor, Dr. Pankaj Agrawal, identified a mutation in Hbs1L in a patient with growth restriction, facial dysmorphism, retinal pigmentary deposits, immune abnormalities, developmental delay and hypotonia with muscle weakness. The goal of this project is to elucidate the mechanisms by which mutations in Hbs1L lead to the unique phenotype in the affected patient. The function of Hbs1L protein has not been well defined in mammals, although in yeast and bacteria it is involved in a process called translational quality control (tQC), which encompasses a range of mechanisms used by the organism to correct abnormalities in translation of RNA into protein. The main hypothesis is that Hbs1L is involved in tQC in humans and abnormal tQC leads to the clinical phenotype. Because of the defects experienced by the patient, the function of Hbs1L is likely to be important in embryonic and perinatal development. The project will

utilize human cell lines and a mouse model of Hbs1L deficiency to accomplish these aims.

**Aaron T. Yee, MD**  
University of Alabama at  
Birmingham

*Title: Role of Platelet-Activating Factor in Hyperoxia-Induced Lung Injury*

Mentors: Tamas Jilling, MD and Namasivayam Ambalavanan, MD, MBBS



**Personal Statement:** I am someone who is currently in the early stages of an academic career track. Originally from the Philippines, I received my medical degree from the University of the Philippines, completed my residency training in Winthrop University Hospital in New York, and I am currently a second year fellow at the University of Alabama at Birmingham. I came into the US knowing I wanted to do academic neonatology and fortunately for me, I ended up in places that encouraged bench/translational research which I love. Right after I started fellowship I realized my areas of interest are bronchopulmonary dysplasia (BPD) and inflammation, which are the areas of interest for my mentors Drs. Ambalavanan and Jilling. With their guidance and combined expertise, I started investigating the role of platelet activating factor (PAF), a highly potent lipid inflammatory mediator, in the development of BPD with an overall goal of investigating the therapeutic potential of targeting the PAF pathway for BPD prevention. PAF is an attractive target for specific intervention since inhibitors are abundantly available. Findings of this research may pave the way for development of new therapeutic strategies utilizing PAF as a target for prevention or management of BPD. Following completion of my fellowship I plan to practice in an academic setting where I can continue the development of my research career. As a physician, my goal is to the health of prematurely born infants by defining the mechanistic basis of disease through research.

**Abstract:** PAF has been implicated in several pulmonary diseases like asthma and acute respiratory distress syndrome but has never been investigated in BPD. Our preliminary data showed that there is increased PAF biosynthetic apparatus and tissue sensitivity in both in vitro and in vivo murine models of hyperoxic lung injury, indicating a possible role of PAF in BPD pathogenesis. Part one will study the mechanistic basis of PAF involvement in BPD pathogenesis using 2 kinds of gene-targeted mice: a mice knockout for the PAF receptor and a mice knockout for PAF acetylhydrolase (PAF-AH), the enzyme that breaks down PAF. Part two will explore the use of intranasal human recombinant PAF-AH (rPAF-AH) to treat newborn mouse pups in an effort to decrease hyperoxic lung injury leading to BPD. To the best of our knowledge, this will be

the first study to investigate the role of PAF and the therapeutic potential of intranasal rPAF-AH in a murine hyperoxia BPD model. Part three will validate clinical significance by testing the hypothesis that preterm infants who develop BPD will have increased PAF receptor and/or decreased PAF-AH in lung sections and tracheal aspirates, compared to preterm or term infants with normal lungs.

**Anoop Rao, MD**  
Stanford University School  
of Medicine

*Title: Evaluation of 3D printed models of congenital cardiac lesions*

Mentor: William Rhine, MD, MS



**Personal Statement:** I am currently a neonatal intensive care fellow at Stanford's Lucile Packard Children's Hospital. My long-term goal is to be at the forefront of medical device design in neonatology. My clinical and research training have been aptly complemented by over 6 years of med-tech experience. I have a very strong desire to use this skill-set to positively impact neonatal care. My primary research mentor, division chief and program director have strongly supported my endeavor. Initial funding for carrying out my research has been provided via a departmental grant. Specifically, my current research involves designing and prototyping neonatal applications and devices utilizing 3D printers. This project serves this research path very well because it allows me to build a core skill with 3D printing and utilize the output for an educational purpose. Aside from cardiac anomalies, I anticipate utilizing this approach for printing a variety of lesions such as congenital diaphragmatic hernia, omphalocele etc. which can be effectively for discussion with parents, for education and even simulation.

**Abstract:** This research is motivated by the premise that using a 3D graspable object is useful while trying to convey pathophysiologic aspects of congenital cardiac lesions. The overall goal of the project is to develop a framework for creating and printing graspable 3D models of congenital cardiac lesions and evaluating those models for their educational benefit. The specific goal of this project is to test the hypothesis that 3D printed congenital heart models are superior to corresponding 2D representations for the purpose of student learning and parent education. If this approach is found to be successful, we envision using 3D models for facilitating student education in neonatal cardiology and for educating parents about their child's diagnosis and any planned interventions. The outcome of this project will lead to the creation of 3D structural data for common and rare cardiac lesions, which will be submitted to the NIH 3D exchange database. This will enable other likeminded researchers and educators around the country and print these models for educational purposes.



**SAVE THE DATE!****2017 Workshop on Perinatal Practice Strategies**

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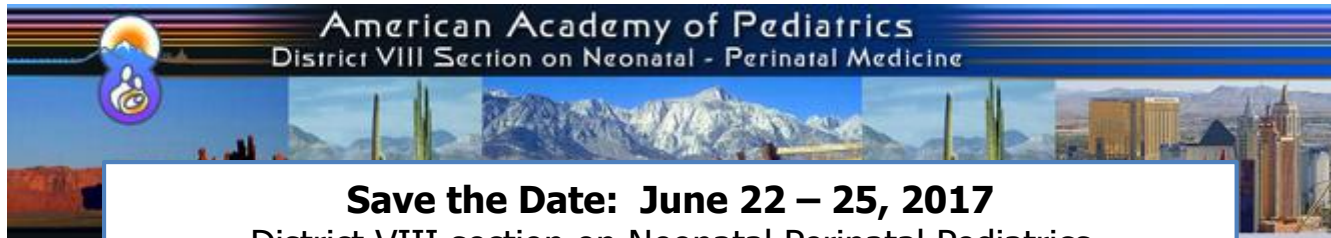
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- Trainee
- Neonatologist, medical director, program director, division chief, or department chair



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**The SONPM would like to thank Abbott Nutrition  
for sponsoring the following  
section activities!**

*NeoReviews/NeoReviews Plus*  
Section Newsletter  
Virginia Apgar Award  
Thomas Cone Jr History Lectureship  
L. Joseph Butterfield Lectureship  
Perinatal Spring Workshop  
Neonatal/Perinatal Fellows Conference  
TECaN NCE & Workshop Travel Grants  
Gerald Merenstein Lecture  
Section Faculty Dinner  
NICHD Young Investigator Conference  
NCE Poster session & reception  
NCE Executive Committee Dinner  
ONTPD Networking Session  
NeoPREP 2016  
APGAR Award Dinner

## **Journal of Perinatology**

*The Official Journal of the Section on Neonatal-Perinatal Medicine  
American Academy of Pediatrics*

Editor 2016 Report to SoNPM Executive Committee:

The Journal has varied the number and type of articles published monthly since 2015. The monthly page allowance changes based on several strategies. First is a strategy to positively influence the Impact Factor by publishing more manuscripts early in a calendar year so more time is available for them to be cited. Second, which happened this year, is a mid-year increase in the annual budget. The overall result is that the J Perinatology monthly page allowance has increased over the past 6 months. This year the budget went from 76 pages to as high as 110 pages/issue. Another effect this year resulted from discontinuing the Case Presentation section in 2015. These two factors have resulted in more Original Articles published on a monthly basis from a minimum of 12 in 2015 to 18-21 over the past three months, a rate that I believe will be sustained into next year. Sufficient numbers of State of Art Articles are being received such that we have continuously published at least one every month this year. The tables below summarize submissions, acceptance rate and turnover times for the past 24 months. Note the increase in Total manuscripts received and in Original Articles received over the two 12 month periods. This was accompanied by a decline in the Case Presentations. Finally, our median days to first decision seems to be reduced by about 30%.

The 2015 Impact Factor (reported this summer for years 2014-2015) slightly increased to 2.087. Our ranking within the two categories to which we are assigned remained about the same as 2014 (36/120 Pediatrics and 33/80 Obstetrics & Gynecology).

We have addressed two instances this year regarding publication ethical issues. The first instance involved a pair of manuscripts submitted for expedited publication. On initial review we concluded that the data presented were fabricated. The single author stated he had performed ~600 cesarean sections, assessed the data, and written the manuscripts in a two-month period preceding our receipt. The second instance was a single manuscript identified by iThenticate as containing an excessive amount of material duplicated in two manuscripts previously published by the senior author. On further review, we concluded that the manuscript we received was the fifth of five manuscripts based upon the same data. Three of the manuscripts were already published and the fourth just accepted for publication. Had we accepted this manuscript, one table would have been published four times and the overall results/conclusions repeated essentially in each of the five. We concluded that this constituted unacceptable duplicate publication (e.g. self-plagiarism). We utilized procedures outlined by the Committee on Publication Ethics to guide our evaluation.

Nature Publishing Group merged with Springer forming a new company SpringerNature. The most important effect of this change seems to be an association with the increased page allocation per issue.

## Journal Summary

Manuscripts Received

October 1, 2014 to September 31, 2015

Manuscript Types	Total # Received	Accepted (%)	Receipt to 1 <sup>st</sup> Decision (Dys)
Original Article	702	25	33
Perinatal/Neonatal Case Presentation	71	10	19
State-of-the-Art Reviews	25	56	50
Letter to the Editor	17	59	9
Commentary	14	50	37
Editorial	10	60	21
Supplement Article	8	88	17
Special Feature	4	75	35
Imaging Casebook	3	67	9
Total	854	27	31

## Journal Summary

Manuscripts Received

September 31, 2015 to October 1, 2016

Manuscript Types	Total # Received	Acceptance Rate (%)	Receipt to 1 <sup>st</sup> Decision (Dys)
Original Article	820	20	23
State-of-the-Art Reviews	26	33	35
Letter to the Editor	18	47	5
Special Feature	14	33	31
Commentary	11	50	21
Editorial	11	67	9
Supplement Article	11	91	21
Total	911	23	22

### October 2015 to October 2016 – J Perinatology Articles Published per issue

	Volume (Issue)	Editorial	Letter to the Editor	Original Article	Commentary	Special Feature	State-of-the-Art Reviews	Perinatal/Neonatal Case Presentation	Total
1st Oct 15	35(10)	1	2	18	1		2		24
1st Nov 15	35(11)	1	3	12	1	1	1		19
1st Dec 15	35(12)			12			1		13
1st Jan 16	36(1)	1	2	11	1		1		16
1st Feb 16	36(2)	1	3	14			1	1	20
1st Mar 16	36(3)			15			1		16
1st Apr 16	36(4)	1		12	1		1		15
1st May 16	36(5)	1		15		1	1		18
1st Jun 16	36(6)			13		1	1		15
1st Jul 16	36(7)			12	1	1	1		15
1st Aug 16	36(8)			18	1	1	1		21
1st Sep 16	36(9)		2	18	1		1		22
1st Oct 16	36(10)			21			1		22
<b>TOTAL</b>		<b>6</b>	<b>12</b>	<b>191</b>	<b>7</b>	<b>5</b>	<b>14</b>	<b>1</b>	<b>236</b>

# 2016 Annual ONTPD meeting

## AAP NCE

### San Francisco

Thursday Oct 20 2016:

**Program Director boot camp 3-6pm (junior and seasoned program directors welcome to participate)**

**Networking Reception for all ONTPD members 6-9pm**

Dirty Habit Bar and Restaurant

12 Fourth Street

San Francisco, CA

In the Hotel Zelos (right across the street from the Marriott Marquis Hotel 780 Mission Street)

sponsored by  Nutrition, organized by Bob Dahms

#### **Boot Camp (3-6pm)**

Directed by Kris Reber, Melissa Carbajal, Liz Bonachea, members of ONTPD Executive Council

#### **Agenda**

Overview of program director responsibilities

- SOC/CCC/APE/PEC

- Milestones/EPAs

- ILPs

- Evaluations

Role of Program Coordinator

- Scheduling

- Data collection/ upload for ACGME

ERAS

NRMP

Dealing with difficult fellows

- Academically

- Professionally

- Formal probation

Questions/ answers


## ONTPD Meeting Agenda

Friday Oct 21 2016: ONTPD Meeting 10am-5pm

Location: Moscone Center Room 130

San Francisco CA

Time	Length	Topic	Presenter
10-10:10 am	10 min	Introduction	Patricia Chess
10:10-10:40 am	20 min	ABP updates	Gail McGuiness
10:40-11am	20 min	Fellow antenatal counseling	Dalia Feltman/Brian Carter
11-11:20am	20 min	VON/QI	D'Mitry Dukovny

11:20-11:35am	15 min	PAS meeting follow-up	Kris Reber
11:35-11:45am	10 min	Choosing careers in Academics	Brian Hackett
11:45am -12 pm	15 min	Open discussion	
12-1pm	60 min	Lunch	Sponsored by  Rick Skaar
1-2pm	60 min	<b>Working group* discussions (choose one to join discussion)</b> - Making the most of SOCs - Small fellowship issues - CCC/PEC/APE/PEC docs/ committees - PD/PC job descriptions  - Developing a national curriculum - Evaluations	<b>Working group leaders**</b>  Brian Hackett/ Christiane Dammann Jae Kim/ Mary Berg Kris Reber/ TBD  Patty Chess/ Aarti Raghavan Heather French/ Megan Gray Suzie Lopez/ Melissa Carbajal
2-3:30 pm	15 min each- 90m	Report from working groups*/ Question/answer period	As above**
3:30-3:50 pm	20 min	Debriefing after difficult situations	Rita Dadiz
3:50-4 pm	10 min	Fellowship start date	Executive Council
4-4:30 pm	30 min	ACGME update	Patty Chess
4:30-4:40 pm	10 min	SoNPM update	Renate Savich
4: 40-4:50 pm	10 min	TECaN update	Emily Fishman
4:50-5 pm	10 min	Wrap up	Patty Chess

<https://www2.aap.org/sections/perinatal/ONTPDfiles/ONTPDindex.html>



AMERICAN ACADEMY OF PEDIATRICS  
MINUTES OF THE COMMITTEE ON FETUS AND NEWBORN  
Scottsdale, AZ  
April 10 & 11, 2016

MEMBERS PRESENT:

Kristi Watterberg, MD Chair  
Sue Aucott, MD  
James Cummings, MD  
Eric Eichenwald, MD  
Jay Goldsmith, MD  
Brenda Poindexter, MD  
Karen Puopolo, MD  
Dan Stewart, MD

LIAISON MEMBERS PRESENT:

Wanda Barfield, MD  
Centers for Disease Control  
Tierry Lacaze, MD, FRCPC  
Canadian Pediatric Society  
Tonse Raju, MD  
National Institutes of Health (NIH)  
Erin Keels APRN, MS, NNP-BC  
NANN  
Maria Mascola, MD  
ACOG

STAFF PRESENT:

Jim Couto, MA  
Director, AAP Division of Hospital and Surgical Services

WELCOME/CALL TO ORDER

The meeting convened at 12:00 pm and introductions were made around the table.

CONFLICT OF INTEREST

The committee reviewed the Academy's policy on Conflict of Interest and Voluntary Disclosure. Members were given an opportunity to disclose any direct or indirect financial interests, or any personal, family, or other relationships that conflict (or could have the appearance of conflicting) with their duties, responsibilities, or exercise of impartial and objective judgment with respect to the meeting's agenda.

APPROVAL OF MINUTES

The minutes of the November 2015 meeting were approved as written.

COMMITTEE CHAIRPERSON'S REPORT

Dr Watterberg reported on several AAP activities/issues including the Annual Leadership Forum's Top Ten Resolutions, and National Committee appointments. There is one vacancy on COFN this year. Dr Cummings rotates off at the end of June. The chair asked the members to review the current roster for correct contact information and to please send any corrections to Jim Couto. Dr Watterberg noted that the Section on



Neonatal Perinatal Medicine (SONPM) has approved supporting a TECaN member to serve on COFN. She also gave a brief summary of the AAP Annual Leadership forum that was held in March. Dr Watterberg will respond to an email from the author of the 2016 Resolution #39 "Preventing Fetal Harm from Gestational Substance Use; A New Paradigm."

ACTION: Staff/Chair to contact Chair of SONPM regarding a TECaN member to serve a two year term with COFN.

ACTION: Dr Watterberg is responding to the email from the author of Resolution #39 "Preventing Fetal Harm from Gestational Substance Use; A New Paradigm."

The NIH held a 2-day conference on Opioid Use and NAS on April 4 & 5.

### STATEMENTS IN PROGRESS

#### Emergency Preparedness in the NICU

Dr Barfield presented a near final draft report on Emergency Preparedness in the NICU and asked the members to send her comments as soon as possible. Dr Goldsmith to work with Dr Barfield to create a summary of recommendations for the "Disaster Preparedness in the NICU" statement.

ACTION: Dr Goldsmith to work with Dr Barfield to create a summary of recommendations for the "Disaster Preparedness in the NICU" statement.

#### Oxygen Saturation Targets

The "Oxygen Saturation Targets" report was recently approved for publication.

#### Donor Human Milk

Dr Poindexter reported that the review comments on the Donor Human Milk report are due soon from the two committees.

#### Management of Neonates with Early Onset Bacterial Sepsis

The committee discussed the current "Management of Neonates with Early Onset Bacterial Sepsis" statement. Dr Puopolo is the lead author and will discuss with Dr Lacaze as the CPS statement is almost ready for publication.

ACTION: Dr Puopolo to submit an intent for revision of the "Management of Neonates with Early Onset Bacterial Sepsis"

ACTION: Dr Puopolo to discuss the "Early Onset of Sepsis" with the Dr Lacaze and the Canadian Pediatric Society.

#### Reflux in the Neonate

Dr Eichenwald is working with the Section on Epidemiology on the statement "Reflux in the Neonate" and should have a first draft in the summer.

ACTION: Dr Eichenwald is working with the Section on Epidemiology on the statement Reflux in the Neonate."

### Umbilical Cord Care

Dr Stewart reported that the “Umbilical Cord Care” report is currently at the AAP Board of Directors for review.

### Use of Probiotics in Premature Infants

The intent for a clinical report on “Use of Probiotics in Premature Infants” was reviewed by the AAP Board. Dr Poindexter will make the Probiotics document a technical report and will work with Dr Puopolo on this report.

**ACTION:** Dr Poindexter will make the Probiotics document a technical report.

### Advance Practice Providers in the NICU

Erin Keels reported that the intent for statement on “Advance Practice Providers in the NICU was not approved. The committee reviewed the comments and agreed to add Dr Goldsmith as a co-author.

**ACTION:** Will add Dr Goldsmith as co-author to the “Advance Practice Providers in the NICU” statement.

### Safe Sleep and Skin to Skin Care in the Neonatal Period for Healthy Newborns

Dr Goldsmith reported that the clinical report “Safe Sleep and Skin to Skin Care in the Neonatal Period for Healthy Newborns” has been reviewed by the Board and will be sent to the Executive Committee for final approval. This is a joint report with the Task Force on SIDS.

### Developmental Care & Sleep Safety

This is a joint report with the Task Force on SIDS. Dr Stewart reported that the decision was made to write a statement and a technical report. A first draft should be ready by summer.

### Guidance of Management of Asymptomatic Neonates Born to Women with Active Genital Herpes Lesions

The Committee will review the clinical report on “Guidance of Management of Asymptomatic Neonates Born to Women with Active Genital Herpes Lesions” and notify the Committee on Infectious Diseases of the committee’s recommendation

**ACTION:** The Committee will review the clinical report on “Guidance of Management of Asymptomatic Neonates Born to Women with Active Genital Herpes Lesions” and notify the Committee on Infectious Diseases of the committee’s recommendation.

### Safe Transportation of Preterm and Low Birth Weight Infants at Hospital Discharge

The committee discussed the “Safe Transportation of Preterm and Low Birth Weight Infants at Hospital Discharge” statement and agreed it needed to be revised. Staff will send name and contact information for the current chair of the Council on Injury, Violence and Poison Prevention to Dr Eichenwald so he can discuss the revision of the “Safe Transportation of Preterm and Low Birth Weight Infants at Hospital Discharge” statement. Dr Lacaze will send the committee the CPS statement on Safe Transportation of Low Birth Weight Infants.

**ACTION:** Staff to send name and contact information for the current chair of the Council on Injury, Violence and Poison Prevention to Dr Eichenwald so he can discuss the revision of the “Safe Transportation of Preterm and Low Birth Weight Infants at Hospital Discharge” statement.

### Cytomegalovirus.

The committee discussed the need for a document on Cytomegalovirus. Dr Puopolo will take the lead on this.

**ACTION:** Dr Puopolo will submit an Intent for statement on Cytomegalovirus.

## **LIAISON REPORTS**

### ACOG

Dr Mascola provided a written report. SEE APPENDIX V

Dr Mascola and the committee discussed the ACOG Practice Advisory on “Antenatal Corticosteroid Administration in the Late Preterm Period.

Staff will send the ACOG Practice Advisory on “Antenatal Corticosteroid Administration in the Late Preterm Period to the AAP Executive Committee with a recommendation to endorse the advisory.

**ACTION:** Staff to send the ACOG Practice Advisory on “Antenatal Corticosteroid Administration in the Late Preterm Period to the AAP Executive Committee with a recommendation to endorse the advisory.

### Timing of Umbilical Cord Clamping” opinion

Dr Mascola will send the committee the revised draft of the “Timing of Umbilical Cord Clamping” opinion. Dr Raju will assist with the revision.

**ACTION:** Dr Mascola will send the committee the revised draft of the “Timing of Umbilical Cord Clamping” opinion. Dr Raju will assist with the revision.

### Planned Home Births report

The committee will review the Planned Home Births report after ACOG’s revised opinion is published

**ACTION:** The committee will review the Planned Home Births report after ACOG’s revised opinion is published.

### Immersion in Water during Labor and Delivery

The ACOG Committee Opinion “Immersion in Water during Labor and Delivery” is being reviewed and will be revised.

### Canadian Pediatric Society (CPS)

Dr Lacaze provided a written report. SEE APPENDIX I

### National Association of Neonatal Nurses (NANN)

Erin Keels provided a written report. SEE APPENDIX II

### Centers for Disease Control

Dr Barfield provided a written report. SEE APPENDIX III

### National Institute of Child Health Development (NICHD)

Dr Raju distributed a written report. SEE APPENDIX IV

### Neonatal Resuscitation Program (NRP)

Dr Eichenwald highlighted a few items from the NRP committee including:

- New textbook is finished
- New ILCOR guidelines came out in October
- New NRP Preemie Simulator available soon. 25-26 week gestation size
- New NRP Guidelines out in the spring of 2016

### Federal Affairs

A Federal Affairs Report was included in the agenda materials.

### 2016 AAP National Conference and Exhibition (NCE)

The committee discussed the “Meet the COFN” session at the 2016 AAP National Conference and Exhibition in October. Dr Watterberg will give an overview of the latest topics being addressed by the committee.

The topics for the “Meet the COFN” session at the 2017 Perinatal Workshop will be discussed at the fall meeting but Disaster preparedness, Sepsis and possibly Transportation on LBWs will be considered.

### AAP News Articles

The committee discussed possible topics for an AAP News article and suggested something on Disaster Preparedness.

### FUTURE MEETINGS

The 2016 fall meeting will be held on October 26 & 27 in Washington, DC. A half day meeting with the ACOG Practice Committee will be held on the 27<sup>th</sup>. The 2017 spring meeting will take place on April 2<sup>nd</sup> & 3<sup>rd</sup> in Scottsdale.

**ACTION:** Staff to submit meeting request for a DC hotel for the October meeting.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Jim Couto, MA, Director  
Division of Hospital and Surgical Services

## APPENDICES

### APPENDIX I

#### A. *Fetus and Newborn Committee*

Winter 2015-2016

#### 1. Statements and practice points recently published or in press

- 1.1. Newborn Male Circumcision (Jefferie/Sorokan/Finlay) Statement – *Pediatr Child Health* 2015 20(6):311-20
- 1.2. Minimizing blood loss and reducing the need for transfusions in very premature infants (Lacaze/Lemyre)(Statement) - *Pediatr Child Health* 2015; 20(8): 451-62
- 1.3. Retinopathy of prematurity: Recommendations for screening (Jefferies)(Practice Point) - In press
- 1.4. Assessment of cardio-respiratory stability using the infant car seat challenge prior to discharge in preterm infants (<37 weeks gestational age) (Narvey)(Practice Point) - In Press

#### 2. Statements and practice points in progress

- 2.1. Management of Term Infants at Increased Risk for Early Onset Bacterial Sepsis (revision) (Jefferies)(Statement) – Board Review
- 2.2. Imaging of the Term Neonatal Brain (Sorokan/Miller/Poskitt/Jefferies)(Statement) – Board Review
- 2.3. Counseling and management for anticipated extremely preterm birth (revision) (Lemyre/Moore)(Statement) - External Review and National consultation
- 2.4. Supporting and communicating with families experiencing a perinatal loss (revision) (Hendson/Davies)(Practice Point) - In Committee
- 2.5. Management of infants born to mothers who have used opiates (Lacaze/O’Flaherty)(Practice Point) - In Committee
- 2.6. Facilitating Discharge Home of the Healthy Infant (revision) (Lemyre/Jefferies/O’Flaherty) (Statement) - In Committee
- 2.7. Hypothermia for newborns with hypoxic ischemic encephalopathy (revision) (Lemyre/Chau)(Statement) - In Committee
- 2.8. Pulse oximetry screening in newborns to enhance detection of critical congenital heart disease (Narvey) Practice Point – In committee
- 2.9. Prevention and management of procedural pain in neonates (revision) (Shah) (Statement) - In Committee
- 2.10. Routine administration of vitamin K to newborns (web update) (Ng)
- 2.11. Recommendations for neonatal surfactant therapy (revision) (Ng/Narvey/Shah) (Intent)
- 2.12. Special considerations for expanded newborn bloodspot screening for preterm newborn infants (Lacaze/Chakraborty)(Statement) - In Committee
- 2.13. Detection, monitoring and treatment of hyperbilirubinemia in late preterm and term infants (Lacaze/Ng)(Statement) - In Committee



**National  
Association of  
Neonatal  
Nurses**

**National Association of Neonatal Nurses &  
National Association of Neonatal Nurse Practitioners Report  
Erin Keels, MS, APRN, NNP-BC  
Spring 2016**

The National Association of Neonatal Nurses (NANN) has over 7,500 members, of which 18% are also members of the National Association of Neonatal Nurse Practitioners (NANNP) division. The association's initiatives for 2016 bring attention to a range of topics that advance the care of the neonatal population and the neonatal nursing profession. NANN's 2016 initiatives include:

**Parent/Family Education**

***Baby Steps to Home:*** *Baby Steps to Home* was created to standardize the discharge pathway NICU nurses use to educate parents about their baby's condition and prepare them to take their baby home. In each step, nurses will find evidence-based PDFs for their own education and easy-to-understand, editable documents that can be printed and handed to parents following a discussion. This **free resource**, in both English and Spanish translations, is available at: <http://babystepstohome.com/>. Updates are in progress at this time.

**Zika Virus:**

NANN is currently responding to the Zika virus emergency by sharing the most up-to-date information on its website and collaborating with other health care organizations to provide education on the virus and its potential impact on infants.

**Neonatal Nurse Education**

In 2016, NANN is at work on revised position statements concerning ethical decisions and hypotension in very-low-birth-weight infants, as well as new CNE modules on topics such as cardiac murmurs, nutrition, non-invasive ventilation and therapeutic hypothermia.

**Peripherally Inserted Central Catheters:** *Guideline for Practice, 3rd edition* was recently released. This new edition features new evidence, graded practice recommendations and enhanced illustrations related to the educational competencies and techniques for nurses inserting and maintaining PICCs.

**New CNE modules** on *The Management of Human Milk in the NICU* and *Improving Outcomes with Colostrum Human Milk—Evidence to Guide Practice*

**NANN Research Summit:** The 11<sup>th</sup> Annual NANN Research Summit will be held in Scottsdale, Arizona, April 5-7, 2016. The Research Institute supports neonatal nurses to advance their research knowledge and skills. The creation of a research agenda, programming and dissemination, mentoring, and grants campaign are all a part of the Research Institute.

**Research Institute Small Grants Award Program:** The Small Grants Mentee/Mentor Program accepts applications from all NANN members with an interest in furthering their research interests and/or initiating their own research study. Application deadline for 2016 closed on March 1.

**NANN National Conference:** More than 700 neonatal nurses will descend upon the desert for the 32<sup>nd</sup> Annual NANN Education Conference, which will be held Wednesday, October 26–Saturday, October 29, 2016 at the Renaissance Palm Springs and Palm Springs Convention Center in Palm Springs, CA.

### **Advocacy**

In 2015, Senator Robert P. Casey sponsored Senate Bill S. 2041, Promoting Life-Saving New Therapies for Neonates Act of 2015. NANN enthusiastically added its voice in support of this legislation through official letters from its national office and chapters, as well as by encouraging its individual members to write their Senators on behalf of the bill. Additionally, NANN continued its collaboration with the Nursing Community, a coalition of over 60 nursing organizations. NANN continues to actively work to provide support for the following initiatives:

Universal Newborn Screening for Critical Congenital Heart Disease  
National Drug Shortages  
RSV Immunoprophylaxis  
Safe Chemicals Research and Legislation  
Reimbursement for Donor Human Milk for Preterm Infants  
DME Documentation by Advanced Practice Providers  
Implementation of the APRN Consensus Model  
Nursing Workforce Issues and Appropriations  
AAP “Choosing Wisely” Initiative

### **Professional Issues**

Through its ongoing collaboration with select nursing, physician and certification organizations NANN helps further the profession and interests of neonatal nurses. Recent and upcoming activities include:

- Participating in the National Organization of Nurse Practitioner Faculties (NONPF) National task Force on guidelines for nurse practitioner faculty.
- Co-providership of a half-day neonatal faculty and clinical leadership forum at the Neonatal Advanced Practice Nursing Forum in Washington DC.
- Providing a nursing perspective to the International Neonatal Consortium through participation on the coordinating committee and consortium work groups.
- Providing a nursing perspective to the newly formed AAP Task Force for Neonatal-Perinatal Therapeutics Development.
- Collaborating with the Vermont Oxford Network to provide a half-day pre-conference on neonatal abstinence syndrome at NANN’s Annual Educational Conference in October.

**Leadership Development:** NANN offers support and scholarships to the following leadership development offerings:

- Nurse in Washington Internship Program
- NICU Leadership Forum
- NANN Educational Conference Scholarship Program
- March of Dimes Graduate Nursing Scholarships

**Clinical Nurse Specialist Competencies:** NANN will complete and publish this year CNS Competencies and Education Standards that will define the core competencies of the neonatal clinical nurse specialist role



**NNP Workforce:** With sponsorship from Mallinckrodt Pharmaceuticals NANNP is pursuing its third bi-annual NNP workforce survey focused this year on NNP compensation. In 2015, NANNP launched two highly popular videos to help address the shortage of NNPs, and is continuing initiatives to support recruitment and retention of NNPs this year. Additionally, NANN is developing an initiative to develop recommendations for curriculum and/or clinical experience to enable NNPs who have been away from practice to attain APRN licensure/credentialing and active employment as NNPs.

**NNP Mentoring:** With sponsorship from MedImmune, NANNP will complete development of a toolkit that will provide practical approaches and advice for mentoring novice NNPs to help them transition from expert RN to expert NNP more effectively and efficiently.

**NNP Quality Metrics:** NANNP continues a multi-year effort to work collaboratively with AAP to define multi-disciplinary outcomes for neonatal care, to encourage NNP participation in practice review and quality initiatives, and to define a set of quality metrics specific to NNP procedures and outcomes.

### APPENDIX III

DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE

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#### Liaison Report

Centers for Disease Control and Prevention

**Date:** March 29, 2016

**RE:** CDC Liaison Report

**To:** American Academy of Pediatrics, Section on Perinatal Pediatrics (SoPPE) and Committee on Fetus and Newborn (COFN)

**From:** Wanda D. Barfield, MD, MPH, FAAP, CAPT USPHS

This report covers Centers for Disease Control and Prevention (CDC) activities, selected meetings, and publications of potential interest to the COFN, since October 2015. Several Centers are represented in this report: the Office of Non-Communicable Diseases, Injury and Environmental Health (ONDIEH), which includes the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Reproductive Health (DRH), the National Center on Birth Defects and Developmental Disabilities (NCBDDD), National Center for Environmental Health (NCEH), Newborn Screening Branch (NBS); National Center for Health Statistics (NCHS); the Office of Infectious Diseases (OID), National Center for Immunization and Respiratory Diseases (NCIRD), National Center for HIV, Hepatitis, and STD Prevention (NCHHSTP), Division of HIV/AIDS Prevention (DHAP), and the Office of Public Health Preparedness and Response (OPHPR).

#### Events, Activities, Announcements

1. Given the unprecedented issues affecting reproductive health and pregnancy, DRH is working closely with NCCDPHP and NCBDDD and NCZEID to prevent the spread of Zika virus. CDC has created guidelines for healthcare professionals, assisted with the creation of the U.S. Zika Pregnancy Registry, and looks forward to the Zika Action Plan Summit to provide state and



- local leaders with information and tools needed to improve Zika preparedness and response within their states and jurisdictions. For the latest information about Zika virus, please visit <http://www.cdc.gov/zika/index.html>.
2. CDC, along with other U.S. government agencies, the World Health Organization, and international partners, continues to work in West Africa with the goal of stopping new cases of Ebola in the affected countries and keeping them from spreading. Regular updates on the Ebola Outbreak can be found at: <http://www.cdc.gov/vhf/ebola/index.html>.
  3. To learn more about 2015-2016 Seasonal Influenza, please visit <http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm>. Weekly reports are available at <http://www.cdc.gov/flu/weekly/>.
  4. CDC's Division of Reproductive Health (DRH)'s work with State Perinatal Quality Collaboratives (PQCs) continues. Six states are now funded, with emerging PQCs in three additional states. The PQC webinar series offers CME credits and a guide for PQCs is in the works. To learn more about PQCs, please visit <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm>.
  5. The [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#), FOA DP16-001, solicited applications for 2016 funding to support state public health agencies to: 1) establish or maintain surveillance of selected maternal behaviors and experiences that occur prior to, during, and after pregnancy in 50 states; 2) provide a high quality data source for ongoing monitoring of risk factors for maternal and infant health; 3) use PRAMS methods and survey supplements to address emerging issues that may arise during the data collection cycle including the response to post-disaster or pandemic surveillance needs; and 4) ensure data collection results are available to inform state and national program and policies, facilitate partnerships, and demonstrate the utility of PRAMS as a data source for state and national surveillance. The activities in the FOA will be conducted under 4 separate components of funding:
    - a. Component A: Core Surveillance to implement the Pregnancy Risk Assessment Monitoring System (PRAMS) surveillance
    - b. Component B: Point-in-time Surveillance to establish a point-in-time (e.g., one time, one birth year) surveillance
    - c. Component C: Stillbirth Surveillance Pilot
    - d. Component D: Family history of breast and ovarian cancer survey supplement
  6. The 2014 final natality file was released September 29, 2015, and is available at: [http://www.cdc.gov/nchs/data\\_access/Vitalstatsonline.htm](http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm).
  7. The 2013 period linked birth and infant death and 2013 fetal death public use data files were released in April, 2015, and are available at: [http://www.cdc.gov/nchs/data\\_access/Vitalstatsonline.htm](http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm).

## **Zika Virus**

Zika virus is spread to people through mosquito bites. Common symptoms of Zika virus disease include fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting from several days to a week.

In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. The outbreak in Brazil led to reports of Guillain-Barré syndrome and pregnant women giving birth to babies with birth defects and poor pregnancy outcomes.

As of March 23, 2016:

### Affected Countries/Territories

- 264 travel-associated Zika virus disease cases in 34 US states and District of Columbia
- 286 cases in US territories
- 261 Puerto Rico
- 14 cases confirmed in American Samoa
- 11 USVI

Given the unprecedented issues affecting reproductive health and pregnancy, DRH is working closely with NCCDPHP and NCBDDD and NCZEID to prevent the spread of Zika virus. DRH scientists have worked closely with colleagues throughout CDC – including the National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), the National Center on Birth Defects and Developmental Disabilities (NCBDDD), the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), the Office of Public Health Preparedness and Response (OPHPR), and the Office of the Associate Director of Communication (OADC) – to create a variety of [guidelines for health care professionals](#).

CDC has also created a [U.S. Zika Pregnancy Registry](#) to help us better understand Zika virus infection. The registry, established in collaboration with state, tribal, local, and territorial health departments, seeks to collect information about Zika virus infection during pregnancy and congenital Zika virus infection. The data collected through the registry will be used to update recommendations for clinical care, to plan for services for pregnant women and families affected by Zika virus, and to improve prevention of Zika virus infection during pregnancy. For questions about the registry please email [ZikaPregnancy@cdc.gov](mailto:ZikaPregnancy@cdc.gov) or call 770-488-7100.

On April 1, 2016, CDC will host an all-day, invitation-only Zika Action Plan Summit to provide state and local senior officials with information and tools needed to improve Zika preparedness and response within their states and jurisdictions. Attendance for the summit is now full.

To get the latest information about Zika virus from CDC, please visit <http://www.cdc.gov/zika/index.html>. For a timeline with the most up-to-date information on what's new, please visit <http://www.cdc.gov/zika/whats-new.html>.

## **Ebola**

CDC response to the West African Ebola epidemic continues. As of March 20, 2016 (updated on March 24, 2016):

- Total Cases (Suspected, Probable, and Confirmed): 28,644
- Laboratory-Confirmed Cases: 15,253
- Total Deaths: 11,320

Case counts are reported in conjunction with the World Health Organization updated and are based on information reported by the Ministries of Health. Regular updates on the Ebola Outbreak can be found at: <http://www.cdc.gov/vhf/ebola/index.html>.

## **Seasonal Influenza**

During the week of March 13 – 19, 2016, influenza activity decreased slightly, but remained elevated in the U.S. To see CDC's latest Weekly U.S. Influenza Report, visit <http://www.cdc.gov/flu/weekly/>. To learn more about 2015-2016 Seasonal Influenza, please visit <http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm>.

## **State Perinatal Quality Collaboratives (PQCs)**

State [Perinatal Quality Collaboratives](#) (PQCs) are networks of perinatal care providers and public health professionals working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes through continuous quality improvement. PQC members identify care processes that need to be improved and use the best available methods to make changes and improve outcomes. State PQCs include key leaders in private, public, and academic health care settings with expertise in evidence-based obstetric and neonatal care and quality improvement.

1. Six states are now funded for quality collaboratives. Ohio, California, and New York represent funding to previously funded states. New states with emerging collaboratives include North Carolina, Illinois, and Massachusetts.
2. Bi-monthly webinars began in October 2012 and are archived at [http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc\\_webinars.html](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc_webinars.html). Continuing Medical Education (CME) credits are available. Recent webinars include *Using Administrative Data for Perinatal Quality Improvement Initiatives* (March 24, 2016) and *NIH's New Educational Initiatives in Maternal and Child Health: "Full-Term" Pregnancy and Perinatal Mental Health* (January 13, 2016).
3. DRH has created *Best Practices for Developing and Sustaining Perinatal Quality Collaboratives: A PQC Guide for States*. The document is currently in CDC clearance. It aims to provide guidance for new and existing state-based perinatal quality collaboratives.

- 4.Plans are in the works for a National Network of Perinatal Quality Collaboratives. The Executive Committee has been meeting with a national rollout anticipated in late fall 2016.

## **Maternal and Perinatal Health**

CDC/NCHS in collaboration with its state vital statistics partners is continuing several efforts related to improvement of birth and fetal death data quality on the national birth and fetal death data files. NCHS is also working to improve timeliness of the release of natality data. The 2014 preliminary report was released in June of 2015 and the 2014 final birth file in September 2015, the earliest release in history of these data. For more information, contact Joyce Martin ([jamartin@cdc.gov](mailto:jamartin@cdc.gov)).

### Publications:

- Nelson JM, Griese SE, Goodman AB, Peacock G for the CDC 2014 Ebola Response Children's Health Team. Live neonates born to mothers with Ebola virus disease: a review of the literature. *J Perinatol* 2015, 1-4. Available: <http://www.nature.com/jp/journal/vaop/ncurrent/pdf/jp2015189a.pdf>.
- Martin JA, Hamilton BE, Osterman MJK. Births in the United States, 2014. NCHS data brief, no 216. Hyattsville, MD: National Center for Health Statistics 2015. Available: <http://www.cdc.gov/nchs/data/databriefs/db216.htm>.
- Hamilton BE, Martin JA, Osterman MJK, Curtin SC, Mathews TJ. Births: final data for 2014. National vital statistics reports; vol 64 no 12. Hyattsville, MD: National Center for Health Statistics, 2015. Available: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_12.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf).
- Mathews TJ, Hamilton BE. Mean age of mothers is on the rise: United States, 2000-2014. NCHS data brief, no 232. Hyattsville, MD: National Center for Health Statistics 2016. Available: <http://www.cdc.gov/nchs/data/databriefs/db232.pdf>.
- Curtin, Mathews TJ. Smoking prevalence and cessation before and during pregnancy: data from the birth certificate, 2014. National vital statistics reports; vol 65 no 1. Hyattsville, MD: National Center for Health Statistics, 2016. Available: [http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_01.pdf).

## **Group B Strep**

CDC/NCIRD continues surveillance of GBS disease (CDC websites: [www.cdc.gov/abcs](http://www.cdc.gov/abcs); [www.cdc.gov/groupbstrep](http://www.cdc.gov/groupbstrep)). Selected counties in 10 states participate, representing a population of approximately 450,000 live births annually (11% of the U.S. birth cohort). Surveillance data from 2014 suggest a sustained low incidence of early-onset GBS disease (0.24/1000 live births) and stable rate of late-onset GBS disease (0.27/1000). Core ABCs surveillance monitors invasive GBS disease in all ages in 10 states, and early-onset invasive neonatal sepsis due to all pathogens in four states (<http://www.cdc.gov/abcs/reports-findings/surv-reports.html>).

## **Perinatal HIV**

- 1.NCHHSTP/DHAP continues surveillance reports for cases of perinatally transmitted HIV infection: <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>.
- 2.DHAP supports Fetal and Infant Mortality Review/HIV (FIMR-HIV) for continuous quality improvement of efforts to prevent mother-to-child HIV transmission. FIMR/HIV is one of the activities for which state participation is encouraged under CDC's HIV prevention Cooperative Agreement 12-1201. An all-sites FIMR-HIV meeting will be held in Chicago, IL March 29-31, 2016. Information regarding FIMR/HIV can be obtained from CityMatCH at <http://www.fimrhiv.org>.
- 3.DHAP supports a Stakeholders Group for Elimination of Mother-to-Child HIV Transmission (EMCT) in the United States <http://www.cdc.gov/hiv/risk/gender/pregnantwomen/organizations.html>. The Stakeholders Group activities are coordinated by the Francois-Xavier Bagnoud Center (FXBC) at Rutgers University <http://fxbcenter.org/resources.html>. The representative from AAP has stopped participating, and a new AAP representative would be welcomed. A meeting in May, 2015 generated recommendations for addressing perinatal mental health and substance abuse issues that are being considered by an CDC-coordinated HIV, Mental Health and

Substance Abuse work group. The Expert Panel on Reproductive Health and Preconception Care for Persons with HIV has developed a number of tools for clinicians and clients. See: [www.womenandhiv.org/francois-xavier](http://www.womenandhiv.org/francois-xavier).

#### Publications:

Ivy W, Nesheim S, Paul SM, Ibrahim AR, Chan M, Niu X, Lampe MA. Cancer Among Children With Perinatal Exposure to HIV and Antiretroviral Medications—New Jersey, 1995–2010. *JAIDS* 2015;70(1), September 1. Available: <http://www.medscape.com/viewarticle/850058>.

Van Dyke RB, Danner SP, Chrestman S, Kissinger P, Nesheim S, Amedee AM, Scott G, Cohen MH, Abrams EJ, Jamieson DJ, Fowler MG, Kourtis AP, Bulterys M for the MIRIAD Study Group. Outcomes of infants born to HIV-infected women identified by rapid HIV testing late in pregnancy or at delivery: The MIRIAD study. *J AIDS Clin Res* 2015;6(7):1-7. Available: <http://www.omicsonline.org/open-access/outcomes-of-infants-born-to-hivinfected-women-identified-by-rapid-hiv-testing-late-in-pregnancy-or-at-delivery-the-miriad-study-2155-6113-1000484.php?aid=58038>.

Lampe M, et al. Cost-effectiveness of repeat HIV testing during pregnancy in diagnosing early infection and preventing perinatal and sexual HIV transmission. Manuscript in preparation.

#### **Additional Select Publications by CDC and Partners**

Martin AS, Monsour M, Kissin DM, Jamieson DJ, Callaghan WM, Boulet SL. Trends in severe maternal morbidity after assisted reproductive technology in the United States, 2008–2012. *Obstet Gynecol* 2016;127:59–66 DOI: 10.1097/AOG.0000000000001197. Available: <http://www.ncbi.nlm.nih.gov/pubmed/26646124>.

Olaiya O, Dee DL, Sharma AJ, Smith RA. Maternity Care Practices and Breastfeeding Among Adolescent Mothers Aged 12-19 Years - United States, 2009-2011. *MMWR Morb Mortal Wkly Rep*. 2016 Jan 22;65(2):17-22. Available: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502a1.htm>.

Deputy NP, Sharma AJ, Kim SY. Gestational Weight Gain - United States, 2012 and 2013. *MMWR Morb Mortal Wkly Rep*. 2015 Nov 6;64(43):1215-20. Available: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6443a3.htm>.

Olaiya O, Sharma AJ, Tong VT, Dee D, Quinn C, Agaku IT, Conrey EJ, Kuiper NM, Satten GA. Impact of the 5 As brief counseling on smoking cessation among pregnant clients of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics in Ohio. *Prev Med* 2015 Dec;81:438-43. Available: <http://www.ncbi.nlm.nih.gov/pubmed/26529063>.

Agaku IT, Olaiya O, Quinn C, Tong VT, Kuiper NM, Conrey EJ, Sharma AJ, Mullen S, Dee D. A mixed-methods assessment of a brief smoking cessation intervention implemented in Ohio Public Health Clinics, 2013. *Matern Child Health J* 2015 Dec;19(12):2654-62. Available: <http://www.ncbi.nlm.nih.gov/pubmed/26179721>.

Crawford S, Boulet SL, Jamieson DJ, Stone C, Mullen J, Kissin DM. Assisted reproductive technology use, embryo transfer practices, and birth outcomes after infertility insurance mandates: New Jersey and Connecticut. *Fertil Steril* 2015 Oct 26. pii: S0015-0282(15)02016-6. doi: 10.1016/j.fertnstert.2015.10.009. [Epub ahead of print]. Available: <http://www.ncbi.nlm.nih.gov/pubmed/26515377>.

Sunderam S, Kissin DM, Crawford S, Folger SG, Jamieson DJ, Warner L, Barfield WD. Assisted reproductive technology surveillance--United States, 2013. MMWR Surveill Summ. 2015 Dec 4;64(11):1-25. Available: <http://www.ncbi.nlm.nih.gov/pubmed/26633040>.

Hipp H, Crawford S, Kawwass JF, Chang J, Kissin DM, Jamieson DJ. First trimester pregnancy loss after fresh and frozen in vitro fertilization cycles. Fertil Steril. 2015 Nov 25. pii: S0015-0282(15)02088-9. doi: 10.1016/j.fertnstert.2015.11.012. Available: <http://www.ncbi.nlm.nih.gov/pubmed/26627121>.

Pazol K, Creanga AA, Jamieson DJ. Abortion Surveillance - United States, 2012. MMWR Surveill Summ. 2015 Nov 27;64(10):1-40. doi: 10.15585/ss6410a1. Available: <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6410a1.htm>.

Crawford S, Boulet SL, Mneimneh AS, Perkins KM, Jamieson DJ, Zhang Y, Kissin DM. Costs of achieving live birth from assisted reproductive technology: a comparison of sequential single and double embryo transfer approaches. Fertil Steril. 2015 Nov 19. pii: S0015-0282(15)02043-9. doi: 10.1016/j.fertnstert.2015.10.032. Available: <http://www.ncbi.nlm.nih.gov/pubmed/26604068>.

Champaloux SW, Tepper NK, Curtis KM, Zapata LB, Whiteman MK, Marchbanks PA, Jamieson DJ. Contraceptive Use Among Women With Medical Conditions in a Nationwide Privately Insured Population. Obstet Gynecol. 2015 Dec;126(6):1151-9. doi: 10.1097/AOG.0000000000001134. Available: <http://www.ncbi.nlm.nih.gov/pubmed/26551183>.

Tian Y, Holzman C, Siega-Riz AM, Williams M, Dole N, Enquobahrie DA, Ferre CD. Maternal Serum 25-Hydroxyvitamin D Concentrations during Pregnancy and Infant Birthweight for Gestational Age: a Three-Cohort Study. Paediatr Perinat Epidemiol. 2016 Mar;30(2):124-33. Available: <http://onlinelibrary.wiley.com/doi/10.1111/ppe.12262/abstract>.

*The findings and conclusions in this report are those of the author (s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*

#### APPENDIX IV



Date: March 10, 2016

**NICHD Pregnancy & Perinatology Branch Report To AAP Committee on Fetus and Newborn, and Executive Committee of the Section on Neonatal, Perinatal Medicine.**

Submitted by: Tonse N. K. Raju, MD DCH  
PPB, NICHD, NIH  
NEWS from NICHD

**Data and Specimen Hub**

NICHD launched on 6/22/2015 the [NICHD Data and Specimen Hub \(DASH\)](https://dash.nichd.nih.gov/) at <https://dash.nichd.nih.gov/> which is a centralized resource for researchers to store and access de-identified data from studies supported by the NICHD. The NICHD DASH can help investigators meet the NIH's data sharing requirements for their own studies and find study data from other investigators for secondary analyses. The NICHD DASH supports compliance with the [NIH Data Sharing Policy](#) and the [NIH Genomic Data Sharing Policy](#) for investigators who are required to share data, and provides a central location for NICHD-funded investigators to share their data if interested. By supporting data sharing through DASH, NICHD aims to accelerate scientific findings and improve human health. So far, there are 14 studies in DASH, and is NICHD is working on adding more.

**Cochrane Systematic Neonatal Reviews** ([www.nichd.nih.gov/cochrane/Pages/cochrane.aspx](http://www.nichd.nih.gov/cochrane/Pages/cochrane.aspx))

NICHD supports the Cochrane Neonatal Review Group to provide systematic reviews of randomized controlled trials in neonatal medicine.

As of Issue 3, 2016 (updated March 8, 2016):

- There are 331 Published Reviews
- 92 Published Protocols.

**New Reviews**

1. Alternative lipid emulsions versus pure soy oil based lipid emulsions for parenterally fed preterm infants
2. Comparison of animal-derived surfactants for the prevention and treatment of respiratory distress syndrome in preterm infants
3. Adjuvant corticosteroids for reducing death in neonatal bacterial meningitis
4. Chest shielding for prevention of a haemodynamically significant patent ductus arteriosus in preterm infants receiving phototherapy

**Updated**

## NICHD Pregnancy & Perinatology report

1. Diuretics for transient tachypnea of the newborn (Note: Name Change: previous name: Furosemide for transient tachypnoea of the newborn).
2. Early developmental intervention programmes provided post hospital discharge to prevent motor and cognitive impairment in preterm infants

### Human Placenta Project (HPP)

RFA- HD-17-004 Assessing Human Placental Development and Function Using Existing Data (R01) <https://grants.nih.gov/grants/guide/rfa-files/RFA-HD-17-004.html>

RFA-HD-17-005 Assessing Human Placental Development and Function Using Existing Data (R21) <https://grants.nih.gov/grants/guide/rfa-files/RFA-HD-17-005.html>

The Human Placenta Project (HPP) was launched in the spring of 2014 with the goal of accelerating the ability to assess human placental structure and function in vivo, safely and non-invasively (or minimally invasively) across pregnancy. To date, 19 awards have been made in support of the project, totaling almost \$46 Million. Applications are currently under review for the most recent funding opportunity announcements, designed to support the development and use of omics, alone or in conjunction with another technology, to develop omics profiles of human placental development and function across gestation. Two new RFAs have just been published, RFA-HD-17-004 and RFA-HD-17-005, which are intended to support placental assessment using existing data. Applications are due April 6. The third annual HPP meeting, which is being organized in partnership with the National Institute of Biomedical Imaging and Bioengineering, will be held April 14-15, 2016. The meeting will focus on incorporating novel technology into the Human Placenta Project. There will be no registration fee or attendance limit for this meeting. Registration is now open at <https://palladianpartners.cvent.com/HPPIII>.

Bioengineering Research Partnership (BRP): Non- or Minimally-Invasive Methods to Measure Biochemical Substances during Neonatal and Perinatal Patient Care and Research  
Expires: January 18, 2018

R01: <http://grants.nih.gov/grants/guide/pa-files/PAR-15-285.html>

Mechanistic Insights from Birth Cohorts. Expires: May 8, 2016

R01: <http://grants.nih.gov/grants/guide/pa-files/PAR-13-109.html>.

Patient Safety in the Context of Perinatal, Neonatal, and Pediatric Care  
Expires: September 8, 2017

R01: <http://grants.nih.gov/grants/guide/pa-files/PA-14-312.html>

R21: <http://grants.nih.gov/grants/guide/pa-files/PA-14-311.html>

R03: <http://grants.nih.gov/grants/guide/pa-files/PA-14-313.html>

Pregnancy in Women with Disabilities

Expire: January 8, 2017

R01: <http://grants.nih.gov/grants/guide/pa-files/PAR-14-354.html>

## NICHD Pregnancy & Perinatology report

R21: <http://grants.nih.gov/grants/guide/pa-files/PA-14-355.html>

Safe and Effective Instruments and Devices for Use in Neonatal and Pediatric Care Settings

Expires: May 8, 2016

R43/R44: <http://grants.nih.gov/grants/guide/pa-files/PA-13-090.html>

R41/R42: <http://grants.nih.gov/grants/guide/pa-files/PA-13-091.html>

Studies in Neonatal and Pediatric Resuscitation

Expires: January 8, 2018

R21: <http://grants.nih.gov/grants/guide/pa-files/PA-14-349.html>

R01: <http://grants.nih.gov/grants/guide/pa-files/PA-14-350.html>

R03: <http://grants.nih.gov/grants/guide/pa-files/PA-14-351.html>

Studies at Periviable Gestation

Expires: September 8, 2018

R21: <http://grants.nih.gov/grants/guide/pa-files/PA-15-198.html>

R03: <http://grants.nih.gov/grants/guide/pa-files/PA-15-199.html>

R01: <http://grants.nih.gov/grants/guide/pa-files/PA-15-200.html>

NICHD launched on 6/22/2015 the [NICHD Data and Specimen Hub \(DASH\)](https://dash.nichd.nih.gov) at <https://dash.nichd.nih.gov>, a centralized resource for researchers to store and access de-identified data from studies supported by the NICHD. The NICHD DASH can help investigators meet the NIH's data sharing requirements for their own studies and find study data from other investigators for secondary analyses. The NICHD DASH supports compliance with the [NIH Data Sharing Policy](#) and the [NIH Genomic Data Sharing Policy](#) for investigators who are required to share data, and provides a central location for NICHD-funded investigators to share their data if interested. By supporting data sharing through DASH, NICHD aims to accelerate scientific findings and improve human health. So far, there are 14 studies in DASH, and is NICHD is working on adding more.

### ***PregSource™: Crowdsourcing to Understand Pregnancy***

PregSource™ is a NICHD research effort to improve understanding of the range of physical and emotional experiences that women have during pregnancy and after giving birth. It will examine how these experiences affect women's lives and will identify distinct challenges faced by subgroups of women, such as those with disabilities. PregSource™ will rely on a crowdsourcing approach, asking women to provide information about their pregnancies and the health of their babies throughout gestation and into early infancy using a website and/or mobile app. By gathering information directly from pregnant women, we will be able to collect a large dataset for researchers to better understand pregnancy from the participant's point of view and potentially find ways to improve healthcare and wellness for pregnant women. Data questions are being developed and programmed with an anticipated launch date in mid-2016.



***Maternal-Fetal Medicine Units (MFMU) Network*** ([mfmunetwork.bsc.gwu.edu](http://mfmunetwork.bsc.gwu.edu)) The MFMU Network is composed of 14 sites across the United States and a data coordinating center (GWU). The RFA for the 2016-2021 funding cycle of the MFMU Network was issued: ([grants.nih.gov/grants/guide/rfa-files/RFA-HD-16-019.html](http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-16-019.html)). The new funding cycle will start in April 2016. Ongoing and recently completed studies in the Network follow:

- **A Randomized Trial of Induction Versus Expectant Management (ARRIVE).** Among nulliparous women with singleton uncomplicated term pregnancies, elective induction of labor at 39 weeks, compared with expectant management, reduces the risk of severe neonatal morbidity and perinatal mortality.  
Primary outcome: The primary outcome is a composite of severe neonatal morbidity and perinatal mortality  
Sample size: 6,000 women  
Status: 3,199 women recruited
- **TSH Trial: A Randomized Trial of Thyroxine Therapy for Subclinical Hypothyroidism or Hypothyroxinemia Diagnosed During Pregnancy.** Double-masked placebo-controlled trial to determine whether thyroxine treatment for subclinical hypothyroidism or hypothyroxinemia (2 strata) diagnosed during the first half of pregnancy is associated with intellectual improvement in offspring.  
Intervention: thyroxine or placebo (po)  
Primary outcome: IQ at 5 yr using the Wechsler Preschool & Primary Scale of Intelligence, WPSSI-III  
Sample size: 1000 (500 per strata)  
Status: 97,237 screened; 1,203 enrolled (final); 5-year follow-up exams completed (October 2015): 1115. Manuscript in process. Winner of The Norman F. Gant Award for Best Research in Maternal Medicine from SMFM; 2<sup>nd</sup> oral plenary presentation at SMFM 2016.
- **ALPS (Antenatal Late Preterm Corticosteroids):** Double masked placebo controlled trial of ACS vs. placebo in late preterm period (34-37 weeks)  
Primary outcome: Need for respiratory support (CPAP or HHFNC for  $\geq 2$  hrs in first 72 hrs, or  $\text{FiO}_2 \geq 0.30$  for  $\geq 4$  hrs in first 72 hrs, or mechanical ventilation in first 72 hrs; or ECMO) or stillbirth or death < 72 hrs  
Sample size: 2,800 women  
Status: 2,831 women enrolled.  
Primary paper published : Gyamfi-Bannerman et al, Antenatal Betamethasone for Women at Risk for Late Preterm Delivery. N Engl J Med. 2016 Feb 4.
- **CMV Trial (Cytomegalovirus):** A randomized double-masked placebo controlled multi-center clinical trial to evaluate whether maternal administration of hyperimmune CMV globulin lowers the rate of congenital CMV infection among the offspring of women who have been diagnosed with primary CMV infection during early pregnancy (before 23 weeks' gestation)  
Intervention: IV CMV hyperimmune globulin (100mg/kg) or IV placebo  
Primary outcome: Fetal loss or neonatal congenital CMV infection.  
Sample size: 800 women

## NICHD Pregnancy & Perinatology report

Status: 256 randomized

- HCV Study (Hepatitis C Virus): This observational study is to evaluate risk factors associated with HCV infection and mother to child transmission of HCV.

Sample size: 1800 HCV antibody positive; 3,600 randomly selected matched controls (HCV antibody negative)

Status: 457 cases and 441 controls enrolled

- A Randomized Trial of Pessary and Progesterone for Preterm Prevention in Twin Gestation with a Short Cervix (PROSPECT). A randomized trial to determine whether the Arabin Pessary or vaginal progesterone reduce the risk of preterm birth in women with a short cervix and twin gestation.

Intervention: Vaginal progesterone, placebo or Arabin Pessary

Primary outcome: Delivery prior to 35wks or fetal loss.

Sample size: 630

Status: 13 women enrolled

### ***MOMS 2 (A Follow-up of Children Enrolled in the MOMS Study)***

The purpose of MOMS 2 is to determine whether prenatal repair of myelomeningcele affects adaptive behavior, cognitive functioning, motor level and function, brain morphology and microstructure, urologic health, and other aspects of the child's health at school age (5- to 8-years old). In addition, the impact of prenatal surgery on the reproductive health of the mother, and on family well-being, will be assessed.

Sample size: 176 children

Status (June 2015) : 134 followed-up

### ***Stillbirth Collaborative Research Network***

This network includes five clinical centers (Brown University, UTMB Galveston, UT San Antonio, Emory, and University of Utah), a data center (RTI), and 59 hospitals. This study will obtain a geographic population-based determination of the incidence of stillbirth defined as fetal death at 20 weeks gestation or greater; determine the causes of stillbirth using a standard stillbirth postmortem protocol, to include review of clinical history, protocols for autopsies and pathologic examinations of the fetus and placenta, other postmortem tests to illuminate genetic, maternal, and other environmental influences and elucidate risk factors for stillbirth. Enrollment of 668 stillbirths and 1768 live births was completed with analyses ongoing.

### ***Prenatal Alcohol in SIDS and Stillbirth Network (PASS)***

This collaborative NICHD, NIAAA, and NIDCD network funded 2 clinical centers (Univ of South Dakota and University of Stellenbosch), a Developmental Biology and Pathology Center (Children's Hospital Boston), a Physiology Assessment Center (Columbia University), and a datacenter (DM STAT). The network conducts studies to investigate the role of prenatal alcohol exposure in the risk for sudden infant death syndrome (SIDS) and adverse pregnancy outcomes, such as stillbirth and fetal alcohol syndrome (FAS), and how they may be inter-related within high-risk communities of the Northern Plains and Western Cape, South Africa. The phase II prospective study, enrolled 11,899 women with assessments of fetal and infant autonomic

function, neurobehavioral development, maternal and infant medical risks, and detailed assessments of prenatal alcohol consumption and fetal exposure.

**Genomic and Proteomic Network for Premature Birth (GPN)**

GPN is using genome-wide association studies to identify biomarkers that increase the risk of a preterm delivery and using serum protein profiling to uncover molecular mechanisms responsible for a preterm birth. Status: enrollment completed; manuscripts in print.

**nuMoM2b**

This network of clinical sites with central data collection that will study the mechanism and prediction of adverse pregnancy outcomes in nulliparous women. A prospective cohort study of a racially/ethnically/geographically diverse population of 10,000 nulliparous women with singleton gestations was conducted to include intensive research assessments during the course of pregnancy. The aim of this study is to determine factors/tests in the first and early second trimester that will identify women at the highest risk for preterm birth, preeclampsia, fetal growth restriction, and stillbirth. An ancillary study of sleep disordered breathing during pregnancy was funded by NHLBI. Recruitment was completed in September 2014 with 10,039 women enrolled in the parent study and 3,360 enrolled in the sleep substudy. Analyses are in process.

**Neonatal Research Network (NRN) ([neonatal.rti.org](http://neonatal.rti.org))**

Focused on newborns, particularly extremely low birth weight (ELBW) infants, the NRN is a collaborative research network of neonatal intensive care units that test the safety, feasibility, and effectiveness of new and existing medical treatments. Since 1987, the NRN’s Generic Database has collected data on mothers and infants, the therapies they received, and outcome of the infants at discharge. Surviving infants have neurodevelopmental assessments done at 24 months corrected age. The data form the basis of the network’s web-based outcome tool: [www.nichd.nih.gov/about/org/cdbpm/pp/prog\\_epbo](http://www.nichd.nih.gov/about/org/cdbpm/pp/prog_epbo). The new funding cycle will start in April 2016. Ongoing studies include:

Active Studies	Status
Antenatal Late Preterm Corticosteroids aEEG Secondary	Enrollment completed; 57 enrolled. Manuscript in process.
Donor Human Milk vs. Preterm Formula in ELBW infants	264/670 enrolled
Early Onset Sepsis 2	73 cases enrolled
Hydrocortisone for Bronchopulmonary Dysplasia (BPD)	565/800 enrolled
Hydrocortisone for Cardiovascular Insufficiency	12/646 enrolled. Study terminated due to feasibility. Manuscript in process.
Incubator Weaning of Moderate Preterm Infants	234/366 enrolled
Inositol for Reducing Retinopathy of Prematurity (ROP) Phase 3	638/1760 enrolled. Study on hold.

Active Studies	Status
Late Hypothermia for Hypoxic-Ischemic Encephalopathy (HIE). Hypothermia initiated between 6-24 hours of age	Enrollment completed; 168 enrolled. Follow-up ongoing.
Moderate Preterm Registry	Enrollment completed; manuscript in preparation
Necrotizing Enterocolitis Surgery Trial. Initial laparotomy vs. drainage.	271/322 enrolled in randomized trial
Optimizing Cooling Strategies at <6 Hours of Age for HIE	Terminated for futility and safety. Follow-up ongoing. Preliminary results published: Shankaran S, et al. Effect of depth and duration of cooling on deaths in the NICU among neonates with hypoxic ischemic encephalopathy: a randomized clinical trial. JAMA. 2014 Dec 24-31;312(24):2629-39.
Surfactant Positive Airway Pressure and Pulse Oximetry Trial (SUPPORT) neuroimaging secondary study	6-7 year follow-up ongoing
Transfusion of Prematures. Higher vs. lower hemoglobin thresholds for transfusions.	1245/1824 enrolled
Whole Body Hypothermia for Moderate and Severe Neonatal Encephalopathy in Premature Infants 33-35 Weeks Gestational Age	18/168 enrolled

***The Global Network for Women's and Children's Health Research*** ([gn.rti.org](http://gn.rti.org))

supports and conducts clinical trials in resource-limited countries by pairing foreign and U.S. investigators, with the goal of evaluating low-cost, sustainable interventions to improve maternal and child health, and simultaneously to build local research capacity and infrastructure. These activities are designed to facilitate independent continuation of local research activities that will ultimately lead to improved health care systems and health. The GN was recently re-competed in 2012 and currently comprises dyads of investigators in the US paired with Senior Foreign Investigators in India, Pakistan, Guatemala, Zambia, Kenya and the Democratic Republic of Congo. Our current trials include the following:

- Low-dose aspirin to prevent preterm birth is a prospective, placebo-controlled, individual randomized clinical trial that will examine whether low dose aspirin initiated during the first trimester reduces the risk of PTB and other adverse pregnancy outcomes including preeclampsia/eclampsia delivering among women in low-resource settings. This will be launched in late 2015.

- Maternal Newborn Health Registry is a prospective, population-based study of pregnancies and their outcomes which has been ongoing since 2008. All pregnant women in participating clusters are registered and their outcomes tracked for 6 weeks post-delivery. The primary purpose of this study of approximately 60,000 women per year is to quantify and understand the trends in pregnancy services and outcomes over time in defined, low- resource geographic clusters.
- Women First: Preconception Maternal Nutrition study - The primary hypothesis of the is that for women in poor communities, a comprehensive maternal nutrition intervention commencing at least 3 months prior to conception and continuing throughout pregnancy, will be associated with a significantly greater newborn length than for offspring whose mothers start to receive the same intervention at 12 weeks gestation or who do not receive the intervention at all.
- Ultrasound study: This multi-country cluster randomized trial will assess the impact of antenatal ultrasound screening performed by community physician and non-physician health care staff in low-resource community settings. With the support of the Bill and Melinda Gates Foundation, GE Healthcare and University of Washington, The first hypothesis to be assessed is that ultrasound will increase the rate of prenatal care utilization and appropriate utilization of delivery facilities for women with complicated pregnancies. The second hypothesis is that antenatal ultrasound screening performed by community physician and non-physician health care staff will improve a composite outcome of maternal mortality, maternal near miss mortality and stillbirth and neonatal mortality.

## APPENDIX V

### REPORT OF ACOG'S COMMITTEE ON OBSTETRIC PRACTICE April 2016

ACOG's Committee on Obstetric Practice last met on March 17-18, 2016 and will meet again October 27-28, 2016.

#### **Published Committee on Obstetric Practice Documents since November 2015:**

- Committee Opinion #648, Umbilical Cord Blood Banking, December 2015 (*Joint with the Committee on Genetics*)
- Committee Opinion #658, Optimizing Support for Breastfeeding as Part of Obstetric Practice, February 2016 (*Joint with Breastfeeding Expert Work Group*)
- Committee Opinion #650, Physical Activity and Exercise During Pregnancy and the Postpartum Period, December 2015
- Committee Opinion #652, Magnesium Sulfate Use in Obstetrics, January 2016 (*Joint with the Society for Maternal-Fetal Medicine*), (Interim Update)

Minutes of the Committee on Fetus and Newborn  
April 2016

- Committee Opinion #656, Guidelines for Diagnostic Imaging During Pregnancy and Lactation, February 2016
- Committee Opinion #657, The Obstetric and Gynecologic Hospitalist, Joint with the Committee on Patient Safety and Quality Improvement, February 2016
- Practice Advisory: FDA Boxed Warning on Immediate-Release Opioid Medications and All Prescription Opioids, March 24, 2015
- Practice Advisory: Updated Interim Guidance for Care of Obstetric Patients and Women of Reproductive Age During Zika Virus Outbreak, February 11, 2016

**Current ACOG Activities:**

- Obstetric Practice Committee is collaborating with AAP COFN on the revision of *Guidelines for Perinatal Care* and the Antepartum Record, Obstetric Medical History Form, Postpartum Form, and Progress Notes.
- ACOG is working with AAP Neonatal Resuscitation Program on promoting new guidance.
- The Obstetric Practice Committee and Breastfeeding Expert Work Group have published Committee Opinion #658 and are expected to launch a toolkit in late March 2016. This toolkit contains accurate content and education to assist providers in guiding moms toward their infant feeding goals
- President Mark DeFrancesco, MD, is leading an initiative on obesity.
- ACOG has recently formed a work group on opioids and an opioids resource page. NICHD-ACOG-AAP-SMFM-CDC-MOD Opioid Use in Pregnancy, NAS, and Childhood Outcomes Workshop on April 4-5, 2016.
- ACOG is currently collaborating with CDC in developing and distributing resources for provider and patient education. Please visit [acog.org/Zika](http://acog.org/Zika) and [immunizationforwomen.org/zikavirusforpatients](http://immunizationforwomen.org/zikavirusforpatients) for more information.

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## National Association of Neonatal Nurses

### National Association of Neonatal Nurses & National Association of Neonatal Nurse Practitioners Report Erin Keels, DNP, APRN, NNP-BC Fall/Winter 2016

The National Association of Neonatal Nurses (NANN) has over 7,500 members, of which 18% are also members of the National Association of Neonatal Nurse Practitioners (NANNP) division. The association's initiatives for 2016 bring attention to a range of topics that advance the care of the neonatal population and the neonatal nursing profession.

#### **Parent/Family Education**

***Baby Steps to Home:*** *Baby Steps to Home* was created to standardize the discharge pathway NICU nurses use to educate parents about their baby's condition and prepare them to take their baby home. In each step, nurses will find evidence-based PDFs for their own education and easy-to-understand, editable documents that can be printed and handed to parents following a discussion. This **free resource**, in both English and Spanish translations, is available at: <http://babystepstohome.com/>. Updates are in progress at this time.

#### **Neonatal Nurse Education**

**Developmental Care of Newborns and Infants** offers valuable evidence-based guidelines for interdisciplinary, developmentally supportive caregiving for infants and their families. Topics include birth, delivery, and neonatal intensive care unit experiences; the transition to home; and the time following discharge. After completion, opt to earn the **NANN Developmental Care Specialist Designation**. This designation signifies mastery of the related knowledge, guidelines, and tools that help ensure healthy long-term outcomes for babies and families.

**Practice Guidelines:** *The Management of Hypotension in the Very-Low-Birth-Weight Infant Guideline for Practice* is under revision. *The Management of Oxygen Therapy in Preterm Infants < 34 Weeks PCA* is a new NANNP guideline under development with plans for publication by fall 2016.

**New CNE modules available through NANN:** *The Management of Human Milk in the NICU, Improving Outcomes with Colostrum Human Milk—Evidence to Guide Practice, Maximizing Nutrition for the Extremely Low Birth Weight Infant, and Noninvasive Ventilation in the Preterm Infant*

**NANN Research Summit:** The 12<sup>th</sup> Annual NANN Research Summit will take place in Scottsdale, Arizona, March 28-30, 2017, just ahead of the SoNPM Spring workshop. The Research Institute supports neonatal nurses to advance their research knowledge and skills. The creation of a research agenda, programming and dissemination, mentoring, and grants campaign are all a part of the Research Institute. 20 NANN members will be selected to participate in this fully supported program. Applications for the 2017 program are due November 1, 2016. For more information:

<http://nann.org/education/research/research-summit>

**Research Institute Small Grants Award Program:** The Small Grants Mentee/Mentor Program accepts applications from all NANN members with an interest in furthering their research interests and/or initiating their own research study or evidence based practice project. Mentorship support is available. Applications for the 2017 program are due March 1, 2017. For more information:

<http://nann.org/education/research/small-grants>

Winners of the 2016 Small Grants Program:

- Melinda Colleen Brand, PhD, APRN, NNP-BC from Texas Children's Hospital  
*Pilot Study on the Impact of Unit Design and Shift Assignment on Stress in NICU Nurses*
- Milena Frazer, RN from Connecticut Children's Medical Center  
*Improving Thermoregulation in Our Low Birth Weight Population in the Golden Hour*
- Britt Frisk Pados, PhD, RN, NNP-BC from University of North Carolina at Chapel Hill, School of Nursing  
*Assessment of the Psychometric Properties of the Neonatal Eating Assessment Tool (Neo-EAT)*

**NANN National Conference:** More than 700 neonatal nurses will descend upon the desert for the 32<sup>nd</sup> Annual NANN Education Conference, which will be held Wednesday, October 26–Saturday, October 29, 2016 at the Renaissance Palm Springs and Palm Springs Convention Center in Palm Springs, CA. This year's events will include an NAS preconference, and other pertinent topics such as: donor milk, chronic cardiac care, palliative care, skin care, advanced pharmacology, developmental follow- up, mentoring novice NNPs and quality improvement.

The 2017 conference will take place in Providence, Rhode Island October 11-14. Abstract submission deadline is November 1, 2016. For more information, see <http://nann.org/31-submit-your-abstract-for-nann-2017>

### **Advocacy**

NANN continues to actively work to provide support for the following initiatives:

Zika Virus

Toxins and the Developing Brain

Global Neonatal and Maternal Issues

Nursing Workforce and Education:

Neonatal Abstinence Syndrome

Promoting Life-Saving New Therapies for Neonates Act of 2015

Reimbursement for Donor Human Milk for Preterm Infants



DME Documentation by Advanced Practice Providers  
Implementation of the APRN Consensus Model  
Nursing Workforce Issues and Appropriations  
AAP “Choosing Wisely” Initiative

### **Professional Issues**

The NANN Board of Directors have developed and released the association’s new strategic plan. The four areas that were identified as top priorities relate to the development and dissemination of clinical practice guidelines, continued advocacy work with expansion through partnerships to influence neonatal issues, strengthening the NANN brand as the recognized leader of the neonatal nursing profession by developing collaborative partnerships and increasing online content, and increasing relevance to young professionals and early career neonatal nurses.

Through its ongoing collaboration with select nursing, physician and certification organizations NANN helps further the profession and interests of neonatal nurses. Recent and upcoming activities include:

- Participation in the National Organization of Nurse Practitioner Faculties (NONPF) National task Force on guidelines for nurse practitioner faculty.
- Co-providership of a half-day neonatal faculty and clinical leadership forum at the Neonatal Advanced Practice Nursing Forum in Washington DC.
- Providing a nursing perspective to the International Neonatal Consortium through participation on the coordinating committee and consortium work groups.
- Providing a nursing perspective to the AAP Task Force for Neonatal-Perinatal Therapeutics Development.
- Participation with the AAP Section on Neonatal Perinatal Medicine (SoNPM) on the NICU Verification Project.
- Collaboration with the Vermont Oxford Network to provide a half-day pre-conference on neonatal abstinence syndrome at NANN’s Annual Educational Conference in October.
- Partnership with the National Associate of Pediatric Nurse Practitioners (NAPNAP) in a Speaker Exchange at the NAPNAP and NANN annual educational conferences.
- Collaboration with the Association of Women’s Health, Obstetric and Neonatal Nursing (AWHONN) on the joint publication of the next edition of *Neonatal Skin Care Guidelines* and a leadership development program.

**Leadership Development:** NANN offers support and scholarships to the following leadership development offerings:

- Nurse in Washington Internship Program
- NICU Leadership Forum
- NANN Educational Conference Scholarship Program
- March of Dimes Graduate Nursing Scholarships

**Clinical Nurse Specialist (CNS) Competencies:** NANN will complete and publish this year CNS Competencies and Education Standards that will define the core competencies of the neonatal clinical nurse specialist role

**Neonatal Nursing Policies:** To support clinical practice of all neonatal nurses, NANN released position statement #3068, *Quality Metrics*, which describes the importance of and expectations for NNPs to engage in quality improvement to improve outcomes for patients and professional practice.

**NNP Workforce:** With sponsorship from Mallinckrodt Pharmaceuticals and Kantar Health, NANN and NCC have developed and released a national, comprehensive NNP compensation survey in September, 2016. Preliminary findings will be shared at the 2016 NANN Educational Conference.

**NNP Mentoring:** With sponsorship from MedImmune, NANNP will complete development of a toolkit that will provide practical approaches and advice for mentoring novice NNPs to help them transition from expert RN to expert NNP more effectively and efficiently.



October 1, 2016

**Report to the Executive Committee of Section on Neonatal and Perinatal Medicine, and  
Committee on Fetus and Newborn, American Academy of Pediatrics.**

**News from the Pregnancy and Perinatology Branch –NICHD-NIH**

Tonse N. K. Raju, MD  
Chief, Pregnancy and Perinatology Branch

*Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)*

**NEW NICHD DIRECTOR**

On August 25, 2016, NIH Director Dr. Francis Collins announced the selection of Diana W. Bianchi, M.D., as director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). Dr. Bianchi is expected to join the NIH on November 7, 2016. The following is Dr. Collin’s text of the announcement.

“Dr. Bianchi currently serves as the founding executive director of the Mother Infant Research Institute and vice chair for pediatric research at the Floating Hospital for Children and Tufts Medical Center in Boston. She is also the Natalie V. Zucker Professor of Pediatrics, and Obstetrics and Gynecology at Tufts University School of Medicine and the editor-in-chief of the International journal Prenatal Diagnosis.

“A practicing medical geneticist with special expertise in reproductive genetics, Dr. Bianchi’s research focuses on prenatal genomics with the goal of advancing noninvasive prenatal DNA screening and diagnosis to develop new therapies for genetic disorders that can be administered prenatally. She expects to continue her research at NICHD.

“Dr. Bianchi earned her M.D. from Stanford University School of Medicine. Following medical school, she completed her residency training in pediatrics at Boston Children’s Hospital and her postdoctoral fellowship training in medical genetics and neonatal-perinatal medicine at Harvard Medical School. She is board-certified in all three specialties. Dr. Bianchi is a past president of the International Society for Prenatal Diagnosis and the Perinatal Research Society, a former member of the Board of Directors of the American Society for Human Genetics, and a former council member of both the Society for Pediatric Research and the American Pediatric Society. She was elected to membership in the Institute of Medicine (now National Academy of Medicine) in 2013.”

## FUNDING OPPORTUNITY ANNOUNCEMENTS

Bioengineering Research Partnership (BRP): Non- or Minimally-Invasive Methods to Measure Biochemical Substances during Neonatal and Perinatal Patient Care and Research

Expires: January 18, 2018

R01: <http://grants.nih.gov/grants/guide/pa-files/PA-15-285.html>

Patient Safety in the Context of Perinatal, Neonatal, and Pediatric Care

Expires: September 8, 2017

R01: <http://grants.nih.gov/grants/guide/pa-files/PA-14-312.html>

R21: <http://grants.nih.gov/grants/guide/pa-files/PA-14-311.html>

R03: <http://grants.nih.gov/grants/guide/pa-files/PA-14-313.html>

Pregnancy in Women with Disabilities

Expires: January 8, 2017

R01: <http://grants.nih.gov/grants/guide/pa-files/PA-14-354.html>

R21: <http://grants.nih.gov/grants/guide/pa-files/PA-14-355.html>

Studies in Neonatal and Pediatric Resuscitation

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R03: <http://grants.nih.gov/grants/guide/pa-files/PA-14-351.html>

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R03: <http://grants.nih.gov/grants/guide/pa-files/PA-15-199.html>

R01: <http://grants.nih.gov/grants/guide/pa-files/PA-15-200.html>

Rapid Assessment of Zika Virus (ZIKV) Complications (R21)

Expires: March 1, 2019

R21: <http://grants.nih.gov/grants/guide/pa-files/PA-16-106.html>

The purpose of this Funding Opportunity Announcement (FOA) is to provide an expedited (rapid) funding mechanism for research on Zika virus (ZIKV) and its complications. ZIKV is a single-stranded RNA virus of the Flaviviridae family. It is transmitted to humans primarily through the bites of infected Aedes mosquitos, though both perinatal/in utero and sexual transmission have been reported. Initially discovered in 1947, it has been reported in the Americas since 2014, with a major outbreak in Brazil starting in 2015. Disease is seen in about 20% of infected people and is usually self-limited. However, a possible association between ZIKV infection in pregnant women and severe microcephaly in their babies has been very concerning and prompted the World Health Organization to declare this potential complication a public health emergency. Additionally the virus has been found in blood, fueling growing concerns about the risk of transfusion-transmission with particular concern over severe outcomes in at risk transfusion recipient populations such as women who are pregnant.

### **NICHD Data and Specimen Hub (DASH):**

NICHD Data and Specimen Hub (DASH): at <https://dash.nichd.nih.gov>, a centralized resource for researchers to store and access de-identified data from studies supported by the NICHD. The NICHD DASH can help investigators meet the NIH's data sharing requirements for their own studies and find study data from other investigators for secondary analyses. The NICHD DASH supports compliance with the NIH Data Sharing Policy and the NIH Genomic Data Sharing Policy for investigators who are required to share data, and provides a central location for NICHD-funded investigators to share their data if interested. By supporting data sharing through DASH, NICHD aims to accelerate scientific findings and improve human health. So far, there are 23 studies in DASH, and is NICHD is working on adding more. In addition, researchers can now add data directly to DASH.

### **The NIH has launched the Environmental influences on Child Health Outcomes**

The National Institutes of Health has launched the Environmental influences on Child Health Outcomes (ECHO) Program to investigate how exposure to a range of environmental factors in early development — from conception through early childhood — influences the health of children and adolescents. The ECHO initiative will consist of multiple components working in synergy to address four primary focus areas of pediatric health: upper and lower airway disease; obesity; pre-, peri- and post-natal outcomes; and neurodevelopment. To begin, the ECHO Program will provide funding support to study existing pediatric cohorts with the goal of enrolling more than 50,000 children from diverse racial, geographic and socioeconomic backgrounds in an overall ECHO consortium. These cohort studies will both analyze existing data, as well as follow these children over time. Data from each cohort will be collected in a standardized manner and combined to contribute to the overall ECHO consortium. An ECHO Coordinating Center will be supported to organize and manage the activities and logistics of all collaborative components of the Program. A Data Analysis Center will be supported to manage all existing and new data from the ECHO pediatric cohorts.

In addition, the Program will support the Children's Health and Exposure Analysis Resource (CHEAR) Core which will serve as a Program resource for laboratory and statistical analyses of environmental exposures in existing and future collections of biological samples. A Patient Reported Outcomes (PRO) Core will also be supported with the goal of capturing the voices and experiences of children and their families who are participating in the pediatric cohort consortium.

Finally, the ECHO Program will support a pediatric clinical trials network among institutions located in IDeA Program states. This IDeA States Pediatric Clinical Trials Network will consist of 17 institutions in 17 different states with a Data Coordinating and Operations Center overseeing Network activities. The goals of the Network are to provide medically underserved and rural populations with access to state-of-the-art clinical trials, to apply findings from relevant pediatric cohort studies to children in IDeA state locations, and to build pediatric research capacity at a national level. Funding will also support professional development of faculty-level pediatricians and their support teams in the conduct of clinical trials research at these sites.

### **IDeA State Pediatric Clinical Trials Network Sites:**

- Alaska Native Tribal Health Consortium, Anchorage, Alaska
- Arkansas Children's Research Institute, Little Rock, Arkansas

- Dartmouth College, Hanover, New Hampshire
- Louisiana State University Pennington Biomedical Research Center, Baton Rouge, Louisiana
- Nemours Alfred I. duPont Hospital for Children, Wilmington, Delaware
- Rhode Island Hospital, Providence, Rhode Island
- University of Hawaii at Manoa, Honolulu, Hawaii
- University of Kansas Medical Center, Kansas City, Kansas
- University of Louisville, Louisville, Kentucky
- University of Mississippi Medical Center, Jackson, Mississippi
- University of Montana, Missoula, Montana
- University of Nebraska Medical Center, Omaha, Nebraska
- University of New Mexico Health Sciences Center, Albuquerque, New Mexico
- University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma
- University of South Carolina at Columbia, Columbia, South Carolina
- University of Vermont and State Agricultural College, Burlington, Vermont
- West Virginia University, Morgantown, West Virginia

**IDEA State Pediatric Clinical Trials Network Data Coordinating and Operations Center:**

- University of Arkansas for Medical Sciences, Little Rock, Arkansas

**PregSource™: Crowdsourcing to Understand Pregnancy**

PregSource™ is a NICHD research effort to improve understanding of the range of physical and emotional experiences that women have during pregnancy and after giving birth. It will examine how these experiences affect women's lives and will identify distinct challenges faced by subgroups of women, such as those with disabilities. PregSource™ will rely on a crowd-sourcing approach, asking women to provide information about their pregnancies and the health of their babies throughout gestation and into early infancy using a website and/or mobile app. By gathering information directly from pregnant women, we will be able to collect a large dataset for researchers to better understand pregnancy from the participant's point of view and potentially find ways to improve healthcare and wellness for pregnant women. Data questions are being developed and programmed with an anticipated launch date in Fall 2016.

**Maternal-Fetal Medicine Units (MFMU) Network ([mfmunetwork.bsc.gwu.edu](http://mfmunetwork.bsc.gwu.edu))**

The MFMU Network new funding cycle started in April 2016 and the network is composed of 12 sites across the United States and a data coordinating center (GWU). Ongoing and recently completed studies in the Network follow:

- A Randomized Trial of Induction Versus Expectant Management (ARRIVE). Among nulliparous women with singleton uncomplicated term pregnancies, elective induction of labor at 39 weeks, compared with expectant management, reduces the risk of severe neonatal morbidity and perinatal mortality.  
Primary outcome: The primary outcome is a composite of severe neonatal morbidity and perinatal mortality  
Sample size: 6,000 women  
Status: 4,196 women recruited
- CMV Trial (Cytomegalovirus): A randomized double-masked placebo controlled multi-center clinical trial to evaluate whether maternal administration of hyperimmune CMV

globulin lowers the rate of congenital CMV infection among the offspring of women who have been diagnosed with primary CMV infection during early pregnancy (before 23 weeks' gestation)

Intervention: IV CMV hyperimmune globulin (100mg/kg) or IV placebo

Primary outcome: Fetal loss or neonatal congenital CMV infection.

Sample size: 800 women

Status: 293 randomized

- HCV Study (Hepatitis C Virus): This observational study is to evaluate risk factors associated with HCV infection and mother to child transmission of HCV.  
Sample size: 1800 HCV antibody positive  
Status: 522 patients enrolled
- A Randomized Trial of Pessary and Progesterone for Preterm Prevention in Twin Gestation with a Short Cervix (PROSPECT). A randomized trial to determine whether the Arabin Pessary or vaginal progesterone reduce the risk of preterm birth in women with a short cervix and twin gestation.  
Intervention: Vaginal progesterone, placebo or Arabin Pessary  
Primary outcome: Delivery prior to 35 wks or fetal loss.  
Sample size: 630  
Status: 51 women enrolled

### **MOMS 2 (A Follow-up of Children Enrolled in the MOMS Study)**

The purpose of MOMS 2 is to determine whether prenatal repair of myelomeningocele affects adaptive behavior, cognitive functioning, motor level and function, brain morphology and microstructure, urologic health, and other aspects of the child's health at school age (5- to 8-years old). In addition, the impact of prenatal surgery on the reproductive health of the mother, and on family well-being, will be assessed.

Sample size: 176 children

Status (July 2016) : 138 followed-up

### **Stillbirth Collaborative Research Network**

This network included five clinical centers (Brown University, UTMB Galveston, UT San Antonio, Emory, and University of Utah), a data center (RTI), and 59 hospitals. This study will obtain a geographic population-based determination of the incidence of stillbirth defined as fetal death at 20 weeks gestation or greater; determine the causes of stillbirth using a standard stillbirth postmortem protocol, to include review of clinical history, protocols for autopsies and pathologic examinations of the fetus and placenta, other postmortem tests to illuminate genetic, maternal, and other environmental influences and elucidate risk factors for stillbirth. Enrollment of 668 stillbirths and 1768 live births was completed with analyses ongoing.

### **Prenatal Alcohol in SIDS and Stillbirth Network (PASS)**

This collaborative NICHD, NIAAA, and NIDCD network funded 2 clinical centers (Univ of South Dakota and University of Stellenbosch), a Developmental Biology and Pathology Center (Children's Hospital Boston), a Physiology Assessment Center (Columbia University), and a datacenter (DM STAT). The network conducts studies to investigate the role of prenatal alcohol exposure in the risk for sudden infant death syndrome (SIDS) and adverse pregnancy outcomes,

such as stillbirth and fetal alcohol syndrome (FAS), and how they may be inter-related within high-risk communities of the Northern Plains and Western Cape, South Africa. The phase II prospective study, enrolled 11,899 women with assessments of fetal and infant autonomic function, neurobehavioral development, maternal and infant medical risks, and detailed assessments of prenatal alcohol consumption and fetal exposure. Pregnancy outcome is complete with infant follow-up to be completed in October. Analyses are ongoing.

### **Community Child Health Network (CCHN)**

This network is no longer active. Five centers and a Data Center were funded for this community-linked research collaboration for maternal and child health research. In Phase II, the funded centers conducted community-linked collaboration and carried out a multi-site, multi-level study to examine how community, family, and individual level influences interact with biological influences affect allostatic load, and how resiliency factors operate to alter allostatic load. The study also looked at the effects of allostatic load on perinatal outcomes and on health disparities in pregnancy outcomes. The research was a blend of social, behavioral, and biomedical approaches into a coherent community-linked study. *Recruitment has ended with 3073 women and 1508 fathers in the study. Several key research papers have been published. The de-identified CCHN data are available through NICHD DASH noted above.*

### **Genomic and Proteomic Network for Premature Birth (GPN)**

GPN is using genome-wide association studies to identify biomarkers that increase the risk of a preterm delivery and using serum protein profiling to uncover molecular mechanisms responsible for a preterm birth. Status: enrollment completed; manuscripts in preparation.

### **Nulliparous Pregnancy Outcome: Monitoring Mothers-to-be (nuMoM2b) study**

A prospective cohort study of a racially/ethnically/geographically diverse population of 10,000 nulliparous women with singleton gestations was conducted to include intensive research assessments during the course of pregnancy. The aim of this study is to determine factors/tests in the first and early second trimester that will identify women at the highest risk for preterm birth, preeclampsia, fetal growth restriction, and stillbirth. An ancillary study of sleep disordered breathing during pregnancy was funded by NHLBI. Recruitment was completed in September 2014 with 10,039 women enrolled in the parent study and 3,360 enrolled in the sleep substudy. Analyses are in process.

### **Neonatal Research Network (NRN) ([neonatal.rti.org](http://neonatal.rti.org))**

Focused on newborns, particularly extremely low birth weight (ELBW) infants, the NRN is a collaborative research network of neonatal intensive care units that test the safety, feasibility, and effectiveness of new and existing medical treatments. Since 1987, the NRN's Generic Database has collected data on mothers and infants, the therapies they received, and outcome of the infants at discharge. Surviving infants have neurodevelopmental assessments done at 24 months corrected age. The data form the basis of the network's web-based outcome tool: [www.nichd.nih.gov/about/org/cdbpm/pp/prog\\_epbo](http://www.nichd.nih.gov/about/org/cdbpm/pp/prog_epbo). A new funding cycle started in April 2016. Ongoing studies include:



Active Studies	Status
Antenatal Late Preterm Corticosteroids aEEG Secondary	Enrollment completed; 57 enrolled. Manuscript in process.
Donor Human Milk vs. Preterm Formula in ELBW infants	328/670 enrolled
Early Onset Sepsis 2	73 cases enrolled
Healthy Term Infants to Define Impairment Thresholds and Promote Unbiased Assessments of High-Risk Infants: A Quality Assurance Measure for Network Follow-Up Assessments	Training completed; study will start Fall 2016
Hydrocortisone for Bronchopulmonary Dysplasia (BPD)	645/800 enrolled
Hydrocortisone for Cardiovascular Insufficiency	12/646 enrolled. Study terminated due to feasibility. Manuscript in process.
Incubator Weaning of Moderate Preterm Infants	Recruitment completed; data cleaning ongoing
Inositol for Reducing Retinopathy of Prematurity (ROP) Phase 3	638/1760 enrolled. Study on terminated. Follow up is in progress.
Late Hypothermia for Hypoxic-Ischemic Encephalopathy (HIE). Hypothermia initiated between 6-24 hours of age	Enrollment completed; 168 enrolled. Follow-up completed; data analysis underway.
Milrinone for Congenital Diaphragmatic Hernia	Study development complete; awaiting FDA approval
Moderate Preterm Registry	Enrollment completed; manuscript in preparation
Necrotizing Enterocolitis Surgery Trial. Initial laparotomy vs. drainage.	298/322 enrolled in randomized trial

Active Studies	Status
Optimizing Cooling Strategies at <6 Hours of Age for HIE	Terminated for futility and safety. Follow-up ongoing. Preliminary results published: Shankaran S, et al. Effect of depth and duration of cooling on deaths in the NICU among neonates with hypoxic ischemic encephalopathy: a randomized clinical trial. JAMA. 2014 Dec 24-31;312(24):2629-39. Follow up for primary outcome completed; manuscript in preparation.
Surfactant Positive Airway Pressure and Pulse Oximetry Trial (SUPPORT) neuroimaging secondary study	6-7 year follow-up completed; data editing ongoing
Transfusion of Prematures. Higher vs. lower hemoglobin thresholds for transfusions.	1584/1824 enrolled
Whole Body Hypothermia for Moderate and Severe Neonatal Encephalopathy in Premature Infants 33-35 Weeks Gestational Age	38/168 enrolled

**The Global Network for Women's and Children's Health Research ([gn.rti.org](http://gn.rti.org))**

supports and conducts clinical trials in resource-limited countries by pairing foreign and U.S. investigators, with the goal of evaluating low-cost, sustainable interventions to improve maternal and child health, and simultaneously to build local research capacity and infrastructure. These activities are designed to facilitate independent continuation of local research activities that will ultimately lead to improved health care systems and health. The GN was recently re-competed in 2012 and currently comprises dyads of investigators in the US paired with Senior Foreign Investigators in India, Pakistan, Guatemala, Zambia, Kenya and the Democratic Republic of Congo. Our current trials include the following:

- Low-dose aspirin to prevent preterm birth is a prospective, placebo-controlled, individual randomized clinical trial that will examine whether low dose aspirin initiated during the first trimester reduces the risk of PTB and other adverse pregnancy outcomes including preeclampsia/eclampsia delivering among women in low-resource settings.
- Maternal Newborn Health Registry is a prospective, population-based study of pregnancies and their outcomes which has been ongoing since 2008. All pregnant women in participating clusters are registered and their outcomes tracked for 6 weeks post-delivery. The primary purpose of this study of approximately 60,000 women per year is to quantify and understand the trends in pregnancy services and outcomes over time in defined, low-resource geographic clusters. Since most LMIC (Low-Middle Income Countries) do not collect reliable pregnancy

– related data the GN Registry is one of the few and perhaps the best source of pregnancy data and trends in LMIC.

- **Women First: Preconception Maternal Nutrition study** - The primary hypothesis of the is that for women in poor communities, a comprehensive maternal nutrition intervention commencing at least 3 months prior to conception and continuing throughout pregnancy, will be associated with a significantly greater newborn length than for offspring whose mothers start to receive the same intervention at 12 weeks gestation or who do not receive the intervention at all.
- **Ultrasound study:** This multi-country cluster randomized trial will assessed the impact of antenatal ultrasound screening performed by community physician and non-physician health care staff in low-resource community settings. With the support of the Bill and Melinda Gates Foundation, GE Healthcare and University of Washington, The first hypothesis tested was if ultrasound will increase the rate of prenatal care utilization and appropriate utilization of delivery facilities for women with complicated pregnancies. The second hypothesis tested if antenatal ultrasound screening performed by community physician and non-physician health care staff will improve a composite outcome of maternal mortality, maternal near miss mortality and stillbirth and neonatal mortality. The data was submitted for presentations at the annual meeting of the Society of Maternal-Fetal Medicine 2017.

**Cochrane Systematic Neonatal Reviews** ([www.nichd.nih.gov/cochrane/Pages/cochrane.aspx](http://www.nichd.nih.gov/cochrane/Pages/cochrane.aspx))

**NICHD supports the Cochrane Neonatal Review Group to provide systematic reviews of randomized controlled trials in neonatal medicine. As of Issue 8, 2016 (currently being processed) there are 340 Published Reviews and 100 Published Protocols.** The following are reviews for the Cochrane Neonatal NICHD website from Issue 5, 2016.

#### **New Reviews**

1. Epinephrine for transient tachypnea of the newborn
2. Heparin for the prevention of intraventricular haemorrhage in preterm infants
3. High frequency jet ventilation versus high frequency oscillatory ventilation for pulmonary dysfunction in preterm infants
4. Oral dextrose gel for the treatment of hypoglycaemia in newborn infants
5. Salbutamol for transient tachypnea of the newborn

#### **Updated Reviews**

1. Multi-nutrient fortification of human milk for preterm infants
2. Prophylactic barbiturate use for the prevention of morbidity and mortality following perinatal asphyxia

#### **Human Placenta Project (HPP)**

The Human Placenta Project (HPP) was launched in the spring of 2014 with the goal of accelerating the ability to assess human placental structure and function in vivo, safely and non-invasively (or minimally invasively) across pregnancy. To date, 19 awards have been made in support of the project, totaling almost \$46 Million. Funding decisions are underway for applications recently reviewed that are designed to support the development and use of omics, alone or in conjunction with another technology, to develop omics profiles of human placental development and function across gestation. In addition, review is underway for applications

which are intended to support placental assessment using existing data. The date for the fourth annual HPP meeting has been set for July 24-25, 2017. The focus of the meeting and agenda has not been finalized. There will be no registration fee or attendance limit for this meeting.

## WORKSHOPS AND CONFERENCES

<b>Dates</b>	<b>Titles</b>	<b>Location</b>
April 4-5, 2016	Opioid Use in Pregnancy, Neonatal Abstinence Syndrome, and Childhood Outcomes Workshop	NICHD, Rockville, MD
August 8, 2016	Developmental Renal Malformations, Oligo/Anhydramnios: Pathophysiology and Clinical Aspects	NICHD, Rockville
August 17-20, 2016	Young Investigators' Meeting for Neo, MFM and RE Fellows	Chicago, IL
October 17-18, 2016	Workshop on Bronchopulmonary Dysplasia	NICHD, Bethesda, MD

NICHD Young Investigators meeting on Maternal-Fetal-Neonatal-Reproductive Medicine (August 17-20, 2016): The 27th annual NICHD Young Investigators meeting, supported by AAP, SMFM, ASRM, and SREI, was held in August to facilitate the interest and training of academic physician scientists. NICHD hosts fellows in neonatology, maternal-fetal medicine, and reproductive endocrinology, who have plans for academic careers. The fellows are nominated by their department and approved by NICHD. Faculty leaders and mentors will give cutting-edge lectures and participated in breakout groups, including mock study sections, clinical trial design workshops, and sessions on work-life balance.

### Additional opportunities

**Loan Repayment Program** ([www.lrp.nih.gov](http://www.lrp.nih.gov)).

NIH has five loan repayment programs that provide for repayment of educational loan debt of qualified health professionals who agree to conduct clinical research, covering up to \$35,000 for each year of obligated service.

**Updated Policy for Application Resubmissions** ([grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html](http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html))

Effective immediately, for NIH and the Agency for Healthcare Research and Quality (AHRQ) application due dates after April 16, 2014, following an unsuccessful resubmission (A1) application, applicants may submit the same idea as a new (A0) application for the next appropriate due date. NIH and AHRQ will not assess the similarity of the science in the new (A0) application to any previously reviewed submission. Although a new (A0) application does not allow an introduction or responses to the previous reviews, NIH and AHRQ encourage applicants to refine and strengthen all application submissions.

**Liaison Report****Centers for Disease Control and Prevention****Date:** September 30, 2016**RE:** CDC Liaison Report**To:** American Academy of Pediatrics, Section on Perinatal Pediatrics (SoPPE) and Committee on Fetus and Newborn (COFN)**From:** Wanda D. Barfield, MD, MPH, FAAP, CAPT USPHS

This report covers Centers for Disease Control and Prevention (CDC) activities, selected meetings, and publications of potential interest to the COFN, since March 2016. Several Centers are represented in this report: the Office of Non-Communicable Diseases, Injury and Environmental Health (ONDIEH), which includes the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Reproductive Health (DRH), the National Center on Birth Defects and Developmental Disabilities (NCBDDD), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), National Center for Environmental Health (NCEH), Newborn Screening Branch (NBS); National Center for Health Statistics (NCHS); the Office of Infectious Diseases (OID), National Center for Immunization and Respiratory Diseases (NCIRD), National Center for HIV, Hepatitis, and STD Prevention (NCHHSTP), Division of HIV/AIDS Prevention (DHAP), and the Office of Public Health Preparedness and Response (OPHPR).

**Events, Activities, Announcements**

1. Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications. For the 2016–17 influenza season, inactivated influenza vaccines (IIVs) will be available in both trivalent (IIV3) and quadrivalent (IIV4) formulations. Recombinant influenza vaccine (RIV) will be available in a trivalent formulation (RIV3). In light of concerns regarding low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013–14 and 2015–16 seasons, for the 2016–17 season, ACIP makes the interim recommendation that live attenuated influenza vaccine (LAIV4) should not be used. Vaccine virus strains included in the 2016–17 U.S. trivalent influenza vaccines will be an A/California/7/2009 (H1N1)–like virus, an A/Hong Kong/4801/2014 (H3N2)–like virus, and a B/Brisbane/60/2008–like virus (Victoria lineage). Quadrivalent vaccines will include an additional influenza B virus strain, a B/Phuket/3073/2013–like virus (Yamagata lineage). The full report for the 2016-2017 recommendations can be found at <https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm>.
2. CDC's Division of Reproductive Health (DRH)'s work with State [Perinatal Quality Collaboratives](#) (PQCs) continues. Six states are now funded, with emerging PQCs in three additional states.
  - The [PQC webinar series](#) offers CME credits, and a guide for developing and sustaining PQCs is available at [http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pdf/best-practices-for-developing-and-sustaining-perinatal-quality-collaboratives\\_tagged508.pdf](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pdf/best-practices-for-developing-and-sustaining-perinatal-quality-collaboratives_tagged508.pdf).
  - On November 29 – 30 in Fort Worth, Texas, the National Network on Perinatal Quality Collaboratives (NNPQCs) will launch. To learn more about the launch, visit <http://www.marchofdimes.org/professionals/national-network-of-perinatal-quality-collaboratives-launch.aspx>.
3. The [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#), FOA DP16-001, awarded on May 1, 2016, solicited applications for 2016 funding to support state public health agencies to: 1) establish or maintain surveillance of selected maternal behaviors and experiences that occur prior to, during, and after pregnancy in 50 states; 2) provide a high quality data source for ongoing monitoring of risk factors for maternal and infant health; 3) use PRAMS methods and survey supplements to address emerging issues that may arise during the data collection cycle including the response to post-disaster or pandemic

surveillance needs; and 4) ensure data collection results are available to inform state and national program and policies, facilitate partnerships, and demonstrate the utility of PRAMS as a data source for state and national surveillance. The activities in the FOA will be conducted under 4 separate components of funding:

- a. Component A: Core Surveillance to implement the Pregnancy Risk Assessment Monitoring System (PRAMS) surveillance
  - b. Component B: Point-in-time Surveillance to establish a point-in-time (e.g., one time, one birth year) surveillance
  - c. Component C: Stillbirth Surveillance Pilot
  - d. Component D: Family history of breast and ovarian cancer survey supplement
4. The 2015 final natality file was released September 19, 2016, and is available at: [http://www.cdc.gov/nchs/data\\_access/Vitalstatsonline.htm](http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm).
  5. The 2014 fetal death public use data files were released in August, 2016, and are available at: [http://www.cdc.gov/nchs/data\\_access/Vitalstatsonline.htm](http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm).
  6. DRH released a new training on e-cigarettes and pregnancy for health professionals. [E-Cigarettes and Pregnancy](#) is a free, online interactive presentation on electronic nicotine delivery systems and their potential health effects during and after pregnancy and discusses effective tobacco cessation treatments. It is a new module for [Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic](#), an online training designed for health professionals to effectively assist women in quitting smoking. The training is eligible for free continuing education and Maintenance of Certification Part IV credit.
  7. On August 16, 2016, CDC held a Public Health Grand Rounds titled Primary Prevention and Public Health Strategies to Prevent Neonatal Abstinence Syndrome. On September 20, 2016, a Public Health Grand Rounds titled Point-of-Care Newborn Screening: The Challenges for Public Health was held. Archives of the CDC Public Health Grand Rounds series can be found at <http://www.cdc.gov/cdcgrandrounds/>.

## **Zika Virus**

Given the unprecedented issues affecting reproductive health and pregnancy, DRH is working closely with colleagues throughout CDC – including the National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), the National Center on Birth Defects and Developmental Disabilities (NCBDDD), the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), the Office of Public Health Preparedness and Response (OPHPR), and the Office of the Associate Director of Communication (OADC) – to create a variety of [guidelines for health care professionals](#).

HHS has awarded \$350,000 to AAP to help prepare providers to care for infants and children of women exposed to Zika virus during pregnancy. In July, CDC and AAP convened a meeting of pediatric experts to provide input on [CDC guidance](#) on caring for infants with possible congenital Zika infection. A total of 20 AAP SMEs, 4 federal agency representatives, and 7 representatives from other organizations attended the meeting. A listserv was created for the meeting participants. “This meeting was really trying to make sure those babies have the best chance to reach their fullest potential,” said Dr. Sonja Rasmussen, Director of CDC’s Division of Public Health Information Dissemination. The meeting was reported in the [New York Times](#).

CDC has also created a [U.S. Zika Pregnancy Registry](#) to help us better understand Zika virus infection. The registry, established in collaboration with state, tribal, local, and territorial health departments, seeks to collect information about Zika virus infection during pregnancy and congenital Zika virus infection. The data collected through the registry will be used to update recommendations for clinical care, to plan for services for pregnant women and families affected by Zika virus, and to improve prevention of Zika virus infection during pregnancy. For questions about the registry please email [ZikaPregnancy@cdc.gov](mailto:ZikaPregnancy@cdc.gov) or call 770-488-7100.

To get the latest information about Zika virus from CDC, please visit <http://www.cdc.gov/zika/index.html>.

### **State Perinatal Quality Collaboratives (PQCs)**

State [Perinatal Quality Collaboratives](#) (PQCs) are networks of perinatal care providers and public health professionals working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes through continuous quality improvement. PQC members identify care processes that need to be improved and use the best available methods to make changes and improve outcomes. State PQCs include key leaders in private, public, and academic health care settings with expertise in evidence-based obstetric and neonatal care and quality improvement.

1. Six states are currently funded: Ohio, California, New York, North Carolina, Illinois, and Massachusetts.
2. Bi-monthly webinars continue and are archived at: [http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc\\_webinars.html](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc_webinars.html). Continuing Medical Education (CME) credits are available.
3. DRH has created *Best Practices for Developing and Sustaining Perinatal Quality Collaboratives: A PQC Guide for States*. The document can be found at [http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pdf/best-practices-for-developing-and-sustaining-perinatal-quality-collaboratives\\_tagged508.pdf](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pdf/best-practices-for-developing-and-sustaining-perinatal-quality-collaboratives_tagged508.pdf).
4. The launch of the National Network of Perinatal Quality Collaboratives (NNPQC) will be held on November 29 and 30 in Ft. Worth, Texas. The NNPQC, sponsored by CDC and the March of Dimes, supports the development and enhances the ability of both emerging and established state PQCs to make measurable improvements in maternal and infant health. The goal of the launch is to provide opportunities for the sharing of organizational and functional best practices between PQCs across the country, and to determine the support PQCs need from the national network. To find out more, visit [marchofdimes.org/conferences](http://marchofdimes.org/conferences).

### **Maternal and Perinatal Health**

1. CDC/NCHS, in collaboration with its state vital statistics partners, is continuing several efforts related to improvement of birth and fetal death data quality on the national birth and fetal death data files.
  - NCHS is also working to improve timeliness of the release of natality data. The 2015 preliminary report was released in June of 2016 and the 2015 final birth file in September 2016. These releases continue to be among the earliest in the history of these data. For more information, contact Joyce Martin ([jamartin@cdc.gov](mailto:jamartin@cdc.gov)).
  - In August, NCHS released the first set of quarterly provisional birth estimates under the Vital Statistics Rapid Release program. These estimates provide data on general fertility rates, birth rates by age, and rates of cesarean, preterm and term births up through the previous quarter. These estimates will be updated each quarter and in the future may expand to include additional indicators as well as information by demographic characteristics and geography. The quarterly provisional estimate dashboard is available at: <http://www.cdc.gov/nchs/products/ysrr/natality-dashboard.htm>.
2. A first ever e-learning training for all hospital staff involved in gathering information for the birth certificate and fetal death report has been developed via a collaboration among NCHS, CDC educational design experts, NAPHSIS, and state VSCP colleagues. The course is designed to increase knowledge of the importance of and best practices for reporting birth certificate and report of fetal death information. The audience for the training are both clinical and non-clinical hospital staff directly or indirectly involved in reporting this important information. This training is scheduled to launch in October, 2016, and will be accessible to hospital staff in all jurisdictions through the web.

#### Publications:

Thoma ME, Copen CE, Kirmeyer SE. Short interpregnancy intervals in 2014: Differences by maternal demographic differences. NCHS data brief, no 240. Hyattsville, MD: National Center for Health Statistics 2016. Available: <http://www.cdc.gov/nchs/products/databriefs/db240.htm>.

Martin JA, Osterman MJK, Thoma ME. Declines in triplet and higher-order multiple births in the United States, 1998-2014. NCHS data brief no 243. Hyattsville, MD: National Center for Health Statistics 2016. Available: <http://www.cdc.gov/nchs/products/databriefs/db243.htm>.

Hamilton BE, Martin JA, Osterman MJK. Births: Preliminary data for 2015. National vital statistics reports; vol 65 no 3. Hyattsville, MD: National Center for Health Statistics 2016. Available: [http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_03.pdf).

Martin JA, Hamilton BE, Osterman MJK. Births in the United States, 2015. NCHS data brief, no 258. Hyattsville, MD: National Center for Health Statistics 2016. Available: <http://www.cdc.gov/nchs/products/databriefs/db258.htm>.

#### **Perinatal HIV**

1. NCHHSTP/DHAP continues surveillance reports for cases of perinatally transmitted HIV infection: <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>.
2. DHAP supports Fetal and Infant Mortality Review/HIV (FIMR-HIV) for continuous quality improvement of efforts to prevent mother-to-child HIV transmission. FIMR/HIV is one of the activities for which state participation is encouraged under CDC's HIV prevention Cooperative Agreement 12-1201. Information regarding FIMR/HIV can be obtained from CityMatCH at <http://www.fimrhiv.org>.
3. DHAP supports a Stakeholders Group for Elimination of Mother-to-Child HIV Transmission (EMCT) in the United States <http://www.cdc.gov/hiv/risk/gender/pregnantwomen/organizations.html>. The Stakeholders Group activities are coordinated by the Francois-Xavier Bagnoud Center (FXBC) at Rutgers University <http://fxbcenter.org/resources.html>. The representative from AAP has stopped participating, and a new AAP representative would be welcomed. The Expert Panel on Reproductive Health and Preconception Care for Persons with HIV has developed a number of tools for clinicians and clients. See: [www.womenandhiv.org/francois-xavier](http://www.womenandhiv.org/francois-xavier).

#### Publications:

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#### **Additional Select Publications by CDC and Partners**

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***The findings and conclusions in this report are those of the author (s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.***



## Committee on Medical Liability and Risk Management

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### Committee on Medical Liability and Risk Management

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Julie Kersten Ake

September 14, 2016

TO: SONPM Executive Committee

FR: Jonathan Fanaroff, MD, JD, FAAP, Chairperson of the Committee on Medical Management

Thank you for the opportunity to share recent activities and accomplishments of the Committee on Medical Liability and Risk Management (COMLRM). As you know we are a diverse group of practicing pediatricians--both generalists and subspecialists—with unique expertise in medicolegal issues affecting pediatricians. About half of the committee members are physician attorneys.

COMLRM's principal goal is to help preserve the financial health and stability of pediatricians and pediatric specialists and subspecialists by reducing unnecessary malpractice and regulatory compliance liability costs.

Major activities in 2016 have included:

1. COMLRM leadership changed in July. William McDonnell, MD, JD, FAAP completed his term of office as chairperson. I am the new chairperson. Dr McDonnell was elected to the Committee Forum Management Committee and will oversee COMLRM among other groups.
2. Reviewed 50 draft AAP policies since February (about 100 per year) and recommend revisions in wording to reduce liability risks posed to members. Typically these comprehensive and thorough reviews result in significant changes to policies and protect members from unnecessary liability.
3. Published 6 articles on risk management for the monthly *Pediatricians and the Law* column in *AAP News* (typically 12 per year). These articles provide practical guidance to pediatricians on emerging medicolegal issues. <http://www.aappublications.org/collection/pediatricians-and-law>. Two articles garnered considerable reader attention through published Letters to the Editor and author replies. We are pleased that our column triggered such robust dialogues.
4. Conducting 4 risk management CME sessions at the 2016 National Conference and Exhibition as the Board of Directors designated source of pediatric risk management programming and nationally recognized medicolegal experts. Three COMLRM sessions for approved including a mock trial with the Section on Critical Care. COMLRM would welcome the opportunity to develop a joint NCE proposal for 2018 next Spring. Please let me know if this is of interest.

5. A resolution on revising the process for endorsing policies developed by outside organizations was adopted by the 2016 Annual Leadership Forum (#111) and is being considered by the Board of Directors as part of its broader initiative to revise how the AAP develops and categorizes policy.
6. Several COMLRM-authored policies are in the works. Two are at the Board of Directors for review and approval (ie, Expert Witness Participation in Civil and Criminal Proceedings,” and “Consent by Proxy for Nonurgent Pediatric Care.” The new PS on “Disclosure of Adverse Medical Events” is in queue for publication in Pediatrics.) Others are being drafted (“Medical Liability for Pediatricians Responding to Disasters,” “Dealing with the Parent Whose Judgment Is Impaired by Alcohol or Drugs in the Pediatric Office: Legal and Ethical Considerations,” “Electronic Communication with Patients and Parents,” and “Use of Social Media by Pediatricians.”)
7. Following up on the revision of the AAP Position Statement on Medical Liability Reform, new State advocacy resources on enacting tort reform have been provided to AAP chapters. <https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/Medical%20Liability%20Reform.pdf>. Please let me know whether urging legislative change on medical liability tort reform is of interest to you and members of your section. COMLRM would be happy to provide a brief article for your newsletter.
8. Thirty years of Periodic Survey results on the medical liability experiences of pediatricians are being analyzed by several COMLRM members in conjunction with the AAP Department of Research. A journal article is being developed.
9. Individual committee members provide liability information to their respective chapters and districts via reports summarizing COMLRM activities and personal appearances when requested. Some also contribute risk management articles to chapter newsletters.
10. COMLRM has official liaisons with the Section on Child Abuse and Neglect and the Section on Emergency Medicine.
11. In addition to SONP The committee has unofficial liaisons with the Section on Neonatal-Perinatal Medicine, Section on Bioethics, Section on Integrated Medicine, and the Section on Administration and Practice Management. These informal relationships are intended to exchange information, foster collaboration, and build relationships among AAP groups.
12. Although COMLRM cannot provide legal advice to individual members or AAP entities, we are willing to explain general medical liability risks and medicolegal considerations when requested.

COMLRM welcomes the opportunity to collaborate with councils, sections, and chapters. I am happy to share your questions, ideas, and perspectives with COMLRM at our November meeting.

I hope this information is helpful to you.

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



## NRP Activity Report

*Fall 2016*

### COMMITTEE MEMBERS NEWS/APPOINTMENTS

Dr Kimberly Ernst's tenure on the committee ended June 30, 2016. The AAP Board of Directors appointed Dr Taylor Sawyer, a neonatologist at the University of Washington, as the newest member.

The NRP Steering Committee met March 7 – 9, 2016 in Elk Grove Village, IL. The meeting consisted of a review of the NRP 7<sup>th</sup> Edition materials and Learning Management System, a discussion about the marketing and communications plan, and an overview of the Vent First Study.

The next NRP Meeting is scheduled for October 19 – 20, 2016 in conjunction with the Academy's National Conference & Exhibition.

### NRP ACTIVITIES

#### NRP 7<sup>th</sup> Edition Launch

The NRP 7<sup>th</sup> Edt materials became available May 1. The new textbook has been reorganized/reformatted and includes all-new color photos and an integrated emphasis on teamwork and ethical considerations. The NRP exam was extensively revised and *all lessons are now required by all learners*. Completion of three NRP eSim cases is now a required component for course completion.

The 7<sup>th</sup> Edt also marked the transition to an Instructor subscription model and Tool Kit, a centralized Instructor Application process, and an extensive Instructor Development process, including work with an Instructor Mentor. The title/role of the Regional Trainer has been retired.

The Spanish edition of the materials will be available October 22, 2016.

The attached *Top 10 Reasons to Love the NRP 7<sup>th</sup> Edt* highlights a number of the innovations, including our updated mobile app.

The implementation date for the 7<sup>th</sup> Edt is January 1, 2017.



**NRP APP – FREE  
DOWNLOAD**

## NRP DATABASE AND LEARNING MANAGEMENT SYSTEM (LMS)

The NRP Learning Management System (LMS) launched in May 2016. The LMS houses course completion records for both instructors and providers, and facilitates electronic course verification. Course elements contained within the LMS include the NRP exam, eSim cases, the online Instructor Course, and the Instructor Toolkit.

## INSTRUCTOR DEVELOPMENT

An electronic Instructor Toolkit (ITK) is now available. The ITK replaces the print Instructor Manual and includes new supplemental resources and materials, including downloadable PDFs, videos, and audio. Quarterly content updates will be deployed beginning in September. Additionally, instructors will have access to a monthly interactive instructional webcast.

## NRP COMMUNICATIONS

An extensive communications campaign and scaled up customer service were deployed for the 7<sup>th</sup> Edt launch and will continue throughout 2016 in preparation for the mandatory implementation date.

A three-webinar series was hosted throughout July, August, and September. The webinars focused on updates to the 7<sup>th</sup> Edition, the role of the NRP Instructor and Instructor Mentor, and the Science of NRP.

*NRP Instructor Update:* The Fall/Winter 2016 NRP Instructor Update newsletter will be available in November 2016.

## NRP RESEARCH GRANT AWARD PROGRAM

Researchers from US and Canadian institutions are invited to apply for the NRP Research Grant or the NRP Young Investigator Award. The grant intent application will be available in January 2017. Research grant recipients may apply for up to \$50,000 and Young Investigators may apply for up to \$15,000.

## NRP International

**Hong Kong:** A team will travel to Hong Kong & Macau September 18-26 to launch the NRP 7<sup>th</sup> Edt and evaluate impact since implementation four years ago.

**China:** AAP leaders visited Beijing in July to celebrate the 10 year anniversary of NRP implementation and establish priorities for the next 5 years. A manuscript that highlights milestones of the past decade was published in *NeoReviews* in August and accompanies this report.

**Brazil:** NRP leadership traveled to Brazil in April to launch the NRP 7<sup>th</sup> Edt in conjunction with the Brazilian Pediatric Society Annual Meeting. Over 1,200 participants attended the three-day NRP instructor symposium.

**Canada:** The Canadian Pediatric Society (CPS) is endeavoring the French translation of the 7<sup>th</sup> Edt. The CPS will begin to rollout the 7<sup>th</sup> Edt throughout Canada later this fall.

**India:** Plans are underway for a rollout of the NRP 7<sup>th</sup> Edt at the Indian Academy of Pediatrics meeting in January 2017.

AAP Staff are working to coordinate translation requests for the 7<sup>th</sup> Edt.

## NRP COURSE, SEMINARS, MATERIALS AND PRODUCTS

### NRP Online Examination

New distinct exams for Providers and Instructors launched with the NRP 7<sup>th</sup> edition in early June. Providers receive 11 hours of credit for completing the exam and eSim cases, and instructors receive 15 hours of credit for completing the exam, eSim cases, and reviewing Instructor Toolkit content.

### NRP Current Issues Seminar – 2016 & 2017

An NRP Seminar is scheduled for Friday, October 21, 2016 in San Francisco, CA in conjunction with the NCE. Steven Ringer, MD, PhD, FAAP and Henry Lee, MD, FAAP will cochair the program. Program highlights will include meconium, implementing institutional change, informed consent in the delivery room, delayed cord clamping, a case-based discussion of NRP and PALS, the role of the NRP Instructor Mentor, management of the pre-term infant, integrating OB and NRP training, and several hands-on sessions.

The 2017 Current Issues Seminar will be held in Chicago, IL on Friday, September 15, 2017, and be cochaired by Marya Strand, MD, MS, FAAP and Vishal Kapadia, MD, FAAP.

## HELPING BABIES SURVIVE (HBS)

**International Registry:** All HBS product files in all available languages are freely available to all at the AAP International Registry.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/global/Pages/termsfuse.aspx>

**Helping Babies Breathe (HBB)** is in its sixth year.

More than 300,000 trained in 77 countries.

2 pilots of the HBB 2<sup>nd</sup> Edt were conducted over the summer, one in India and the other in Sierra Leone. The 2nd edition will officially launch at a training event in Utah November 1 & 2. Considerable work on in-country messaging on how to transition are in development.

## **Essential Care for Every Baby (ECEB) & Essential Care for Small Babies (ECSB)**

These program materials are now in stock and being sold by the AAP and distributed by Laerdal, in addition to being available through download at the AAP International Resources site.

### QI Workbook

HBS volunteers have developed a companion QI workbook that can accompany any of the HBS/HMS curriculums. The workgroup is being reviewed/refined and should be available sometime in 2017.

Survive and Thrive GDA continues to expand.

The American Heart Association joined the GDA and will be contributing child health content through their Saving Children's Lives (SCL) program.

The "Saving 100K Babies" initiative (funded by the Gates foundation, Laerdal Global Health, USAID, and J&J) continues to move forward.

- **India:** Adapted HBB and ECEB learning materials have been approved and translated into Hindi and is being scaled up in 5 districts.
- **Ethiopia:** HBS mentors are engaging stakeholders through monthly calls.
- **Nigeria:** Nigerian pediatric leadership are investigating strategies for rollout.

### Other Activities

A pilot in the East Cape of South Africa, under the direction of Drs Jeff Perlman and Sithembiso Velaphi, is underway. The Resuscitation council of South Africa is providing considerable administrative support for the study. AAP members and staff recently travelled to South Africa to assist with training and evaluate implementation efforts to date.

The AAP will host an event in conjunction with the United Nations General Assembly focusing on the importance of partnerships with health professional associations in achieving global newborn, child, and maternal health goals.

## New! AAP Section on Simulation and Innovative Learning Methodologies

The AAP Board of Directors has approved the establishment of a new Provisional Section on Simulation and Innovative Learning. The section leadership will hold its first executive committee meeting in October.



## Topic Advisory Group Report (ICD-10 and ICD-11)

The Topic Advisory Group (TAG) plans and coordinates specific issues for the World Health Organization (WHO). These groups advise WHO on specific issues but as far as the International Classification of Diseases is concerned, drafts of topics, protocols for trials and production timelines are presented. There is a Topic Advisory Group for almost all specialties including pediatrics and obstetrics. A subgroup dealing with perinatal issues has been developed.

ICD-10 has an expanded disease classification, includes health-related conditions and in some cases provides greater specificity at the sixth and seventh character level. The ICD-10 code set reflects advances in medicine and uses current medical terminology.

The number of diagnosis codes in ICD-9 was approximately 14,000. ICD-10 has 69,000 codes and ICD-11 is composed of approximately 115,000 codes. If the CPT physician code does not match the ICD-10 diagnosis code there will be a delay in reimbursement.

Moving to ICD-10 has impacted all physicians due to the increase numbers of codes, the change in the number of characters of codes and the increase in code specificity. Software/system upgrades/replacement are now being utilized. Thus far, there have not been any major complaints regarding reimbursement for ICD-10 codes. The four month data is encouraging at present.

The conversion to ICD-10 is a HIPPA code set requirement. Therefore providers must comply with the HIPPA requirements. Payers and other entities are also required to convert to ICD-10.

I have petitioned the Coordination and Management Committee who develops some of the codes for ICD-10 to consider an ICD code for The Fetal Inflammatory Response Syndrome (FIRS). This diagnosis should be differentiated from the Systemic Inflammatory Response Syndrome (SIRS). This was presented to the Committee in September and it is my understanding that as of October 2016, we are still in the comment period. I personally believe that this new code will be accepted. In addition, a new classification of intrauterine hypoxia is developing.

ICD-11 continues in its development. Discussion will occur at the end of October at the ICD Revision Conference. ICD-11 is expected to be sent to the World Health Assembly in 2018. The WHO continues to correct and revise classifications.

ICD-11 will be more of a digital tool and will use linked data from many sources. There will in fact be a greater degree of specificity. There is now a quarterly newsletter providing updates on the progress of ICD-11. The website is <http://www.who.int/classifications/icd/revision/en/>.

The WHO will provide an update on the ICD-11 revision process for discussion in May 2018. Other countries are or will implement ICD-11 far in advance of the United States. As of this date, ICD-11 is not being used in any country as it has not yet been approved by the World Health Assembly. Since there have not been major issues in the ICD-10 rollout, I am hoping that ICD-11 use will start earlier.

Gil Martin, M.D.  
Member Topic Advisory Group



## AAP Section on Neonatal Perinatal Medicine (SoNPM) Membership Survey

To better understand the needs and interests of neonatologists, the Section would appreciate your completing the following survey.



## AAP Section on Neonatal Perinatal Medicine (SoNPM) Membership Survey

Background (we would appreciate your help in understanding the diversity of the SoNPM)

### 1. Gender

- Male
- Female

### 2. Please provide your age

- < 40
- 40 - 50
- 51 - 60
- > 60

### 3. How long have you been a member of the AAP?

- < 5 years
- 5 - 10 years
- > 10 years



## AAP Section on Neonatal Perinatal Medicine (SoNPM) Membership Survey

Background (we would appreciate your help in understanding the diversity of the SoNPM)

4. Are you in...

- Private Practice
- Academic Practice
- Salaried (Hospital/HMO) Practice

5. Type of work you do (check all that apply)

- Administration
- Clinician
- Clinical Educator
- Clinician Scientist
- Basic Scientist

6. Are you directly involved in teaching medical students/residents/fellows?

- Yes
- No



**AAP Section on Neonatal Perinatal Medicine (SoNPM) Membership Survey**

**Section Benefits/Activities**

7. Personally, how useful do/would you find each of the following SoNPM benefits/activities?

(Check one response for each item)

	Very Useful	Moderately Useful	Slightly Useful	Not Useful	Not Familiar
Semi-annual SoNPM Newsletter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SoNPM Education Programs at the annual AAP National Conference and Exhibition, fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual Workshop on Perinatal Practice Strategies, spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NeoPrep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journal of Perinatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NeoReviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NeoReviews PLUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SoNPM Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SoNPM Online Journal Club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SoNPM Articles of Interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AAP Perinatal Coding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Are you a member of the SoNPM?

- No
- Yes



**AAP Section on Neonatal Perinatal Medicine (SoNPM) Membership Survey**

Background (we would appreciate your help in understanding the diversity of the SoNPM)

9. How long have you been a Section member?

- < 5 years
- 5 - 10 years
- > 10 years



**AAP Section on Neonatal Perinatal Medicine (SoNPM) Membership Survey**

**Section Benefits/Activities**

**The following questions are for non-SoNPM members**

10. Reasons for not becoming a member of the SoNPM

(please rank 1 – 5, 1 =strongly agree, 2=agree, 3=neutral, 4=disagree, 5=strongly disagree)

	1	2	3	4	5
SoNPM benefits / activities do not interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't realize that I was not a member of the SoNPM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not know how, criteria, don't get reminded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want to pay additional expense of SoNPM membership dues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive the resources I need to practice through my current employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**AAP Section on Neonatal Perinatal Medicine (SoNPM) Membership Survey**

**Section Benefits/Activities**



11. I would consider joining the SoNPM if there were improved membership benefits and value:  
 (please rank 1 – 5, 1 =strongly agree, 2=agree, 3=neutral, 4=disagree, 5=strongly disagree)

	1	2	3	4	5
Provide expanded members-only website benefits including access to clinical guidelines, pertinent educational materials, access to timely neonatal review topics (Neo PREP Lite)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide more MOC opportunities (to satisfy Part 4) that are less cumbersome and more relevant and meaningful to meet ABP requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide opportunities for SoNPM members to participate in Section activities: review guidelines and abstracts, develop leadership skills, review articles of interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More opportunities for private neonatologists to participate on Section / AAP committees; research studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide opportunities for mid-career neonatologists to participate in MidCaN as a Section member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waive the membership dues for new neonatologists up to 3 years out of completion of fellowship training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**AAP Section on Neonatal Perinatal Medicine (SoNPM) Membership Survey**

**Section Benefits/Activities**

12. I would consider becoming a member of the SoNPM if the process for membership was easier (please rank 1 – 5, 1 =strongly agree, 2=agree, 3=neutral, 4=disagree, 5=strongly disagree)

	1	2	3	4	5
Streamline the process of Section membership to make it default when paying AAP dues (for online as well as print registration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide timely reminders for AAP members who are renewing their AAP membership to renew /join the Section (send email reminder shortly before anniversary date for AAP membership)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide more effective ways of reaching neonatologists with social media – Facebook, Twitter, and LinkedIn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tie just-in-time neonatology learning with opportunity to join the SoNPM with one-click registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2017 VIRGINIA APGAR AWARD IN  
NEONATAL - PERINATAL MEDICINE**  
*CALL FOR NOMINATIONS*

**Deadline: March 3, 2017**

The American Academy of Pediatrics' Section on Perinatal Pediatrics is now accepting nominations for the 2016 Virginia Apgar Award. This award is given annually to an individual whose career has had a continuing influence on the well being of newborn infants.

All AAP fellows interested in Neonatal - Perinatal Medicine are invited to submit nominations. The nominee need not be a member of the AAP. The nomination should include a cover letter and a curriculum vitae of the nominee. A second letter in support of the nomination is required and up to four support letters will be accepted. Candidates who have been previously nominated but not selected may be re-nominated by a letter indicating renewal of their prior nomination. It is not necessary to resubmit all the paper work, as long as the original nomination package was complete.

**The nominations must be received by March 3, 2017.** Please send all nominations to:

Jim Couto, MA  
Director, Division of Hospital & Surgical Services  
American Academy of Pediatrics  
141 N.W. Point Blvd  
Elk Grove Village, IL 60007  
[jcoutho@aap.org](mailto:jcoutho@aap.org)  
847/434-7656

*The Apgar Award is sponsored by a grant from Abbott Nutrition and will be presented at the meeting of the Neonatal – Perinatal Medicine Section during the 2017 National Conference & Exhibition of the American Academy of Pediatrics in Chicago.*

**2017 AVROY FANAROFF  
NEONATAL EDUCATION AWARD  
CALL FOR NOMINATIONS**

**DEADLINE March 3, 2017**

The AAP is now accepting nominations for the Section on Neonatal - Perinatal Medicine *Avroy Fanaroff Neonatology Education Award*. This award will be given annually to an individual who has made outstanding contributions to education in neonatal-perinatal medicine.

The candidate's contribution may be one of innovative education technique; original concept; seminal event; an exemplary, effective, high impact program; or a substantial long-term contribution to the highest ideals of education. Preference will be made to educational efforts that have had a demonstrable effect on clinical care.

The recipient is chosen by the SONPM Executive Committee each year at the SONPM Perinatal Spring Workshop, which will be held on March 28 - April 2, 2017 in Scottsdale, Arizona. Final AAP Board of Directors approval will be granted in June of 2017 and the recipient will be notified at that time.

If you wish to nominate an individual, or yourself, please submit:

- a letter of interest including justification as to why this individual should receive the award;
- the candidate's curriculum vitae;
- two supporting letters from two members of the Section on Neonatal-Perinatal Medicine

***If you are interested in re-nominating an individual, please contact Jim Couto before submitting any materials.***

***ALL INFORMATION MUST BE COMPLETE BEFORE MAILING IN YOUR NOMINATION.***

Please send all materials **no later than March 3, 2017** to:

Jim Couto, MA  
Director, Division of Hospital & Surgical Services  
American Academy of Pediatrics  
141 N.W. Point Blvd  
Elk Grove Village, IL 60007  
[jcouto@aap.org](mailto:jcouto@aap.org)  
847/434-7656

*The Avroy Fanaroff Neonatal Education Award is sponsored by a grant from Mead Johnson Nutrition and will be presented at the meeting of the Section on Neonatal - Perinatal Medicine during the 2017 National Conference & Exhibition of the American Academy of Pediatrics in Chicago.*

**NEONATAL LANDMARK AWARD**  
**Call for Nominations**  
**Deadline: March 3, 2017**

Nominations are now accepted for the Section on Neonatal-Perinatal Medicine Landmark Award. This award will be presented at the 2017 AAP National Conference & Exhibition in Chicago, IL and is awarded for a seminal contribution, which has had a major impact on Neonatal-Perinatal practice. Not necessarily the original description or publication but recipient could be the individual responsible for dissemination and acceptance within/by the professional and/or lay community. To be eligible the “event” must have occurred at least 15 years ago, and the nominee must not have received the Virginia Apgar Award. The award can be awarded posthumously.

The recipient is chosen each year at the Perinatal Spring Workshop, which next year is on March 28 - April 2, 2017 in Scottsdale, Arizona. Final AAP Board of Directors approval will be granted in June of 2017 and the recipient will be notified at that time.

If you wish to nominate an individual, or yourself, please submit:

- a letter of interest including justification as to why this individual should receive the award;
- the candidate’s curriculum vitae;
- two supporting letters from two members of the Section on Neonatal Perinatal Medicine

***ALL INFORMATION MUST BE COMPLETE BEFORE MAILING IN YOUR NOMINATION.***

Please send all materials **no later than March 3, 2017** to:

Jim Couto, MA  
Director, Division of Hospital & Surgical Services  
American Academy of Pediatrics  
141 N.W. Point Blvd  
Elk Grove Village, IL 60007  
Phone: 847/434-7656  
Fax: 847/434-8000  
[jcouto@aap.org](mailto:jcouto@aap.org)

***The Landmark Award is supported by Mead Johnson Nutrition***

# AAP News Focus on Subspecialties Guidelines

1. The topic must be newsworthy. The article should serve to update, inform or educate members on a topic within your subspecialty where there is new science, renewed interest due to a recent report, policy change or technical report.
2. We have found that review articles and abstracted new research interpreted for pediatric generalists are of particular interest. The article **should not** be a report on Section, Committee or Council meeting activities.
3. **The staff manager is responsible for identifying which month(s) his/her council, committee or section is scheduled to submit an article, ensuring the copy is submitted by the deadline on the grid and that it meets the criteria stated in these guidelines.**
4. **\*\*If your group has a conflict with an assigned month, should consider contacting another staff manager to work out a trade, and notify Anne Hegland (x7875) of the arrangement at least one month prior to the due date of the article.\*\***
5. Articles submitted after the deadline will be held for the next available opening.
6. Be sure to check the *AAP News* electronic archive (<http://www.aappublications.org/news>) to ensure the topic being considered for submission has not been written about within the last two years. A topic can be revisited sooner, however, only if there is something *new* to report.
7. Articles, including blogs, previously published in print or online will **not** be considered.
8. 6 Authors **must** be Fellows of the Academy, Section Affiliates, Training Fellows, Resident members or liaisons to the Academy from another entity. The number of authors is limited to two (2).
9. 7 All submissions are subject to editing by *AAP News* staff and/or the publication's executive oversight (Dr. Suchyta, Mark DelMonte).
10. Submissions may be clinical or technical in nature, but must be written in news style, rather than scientific/medical journal style. For example:  
<http://www.aappublications.org/news/2015/11/12/VTE111215>
11. Keep in mind that unlike journals, *AAP News*, does **not** publish citations at the end of articles. If information must be cited, include the reference in parentheses at the end of the relevant sentence.

12. Authors should **not** write in first person or use the column to editorialize or comment on a topic.
13. Articles should be approximately **600 to 700** words in length. Illustrated articles grab readers' attention, and we strongly encourage the use of any graphics to help illustrate and enhance the submission (photos, radiographs, charts, illustrations, etc.). Copyright permission should accompany the submission. Due to space limitations, there is no guarantee that the graphics will be published.
14. Deadline for submission of each article is around first business day of the month prior to the month of publication (e.g., Feb. 1 for publication in the March issue).
15. All articles under the Focus on Subspecialties column include a headshot of the author(s). Digital images of at least 300 dpi should be submitted as e-mail attachments when the article is submitted.

Rev. 2/9/16

## AAP News Focus on Subspecialties

### Rotation Schedule April 2016 -- March 2017

*\*NOTE: If your group has a conflict with an assigned month, please contact other staff to work out a trade, and notify Anne Hegland (x7875) of the arrangement at least one month prior to the due date of the article.*

<b>Month of Publication</b>	<b>DUE DATE</b>	<b>Medical Subspecialty Committees, Councils and Sections</b>	<b>Surgical Specialty Sections</b>
<b>April 2016</b>	<i>March 1</i>	Section on Child Abuse and Neglect Section on Dermatology	Section on Otolaryngology-Head and Neck Surgery
<b>May 2016</b>	<i>April 1</i>	Comm. on Adolescence/ Section on Adolescent Health Comm./Section on Infectious Diseases Section on Cardiology	Section on Ophthalmology
<b>June 2016</b>	<i>April 29</i>	Section on Allergy & Immunology Committee on Nutrition/Sec. on Gastroenterology & Nutrition Section on Breastfeeding	Section on Urology
<b>July 2016</b>	<i>June 1</i>	Section on Genetics & Birth Defects/ Comm. on Genetics Section on Critical Care	Section on Neurological Surgery
<b>August 2016</b>	<i>July 1</i>	Section on Neurology Section on Hospice & Palliative Medicine	Section on Anesthesiology & Pain Medicine
<b>September 2016</b>	<i>Aug. 1</i>	Council on Children With Disabilities Section on Pediatric Pulmonology	Section on Orthopedics
<b>October 2016</b>	<i>Sept. 1</i>	Section on Hematology/Oncology Section on Rheumatology Section on Transport Medicine	
<b>November 2016</b>	<i>Sept. 30</i>	Comm. on Fetus & Newborn/Section on Perinatal Pediatrics Section on Breastfeeding	Section on Surgery
<b>December 2016</b>	<i>Nov. 1</i>	Section on Nephrology Section on Home Care	Section on Plastic Surgery
<b>January 2017</b>	<i>Dec. 1</i>	Section on Clinical Pharmacology & Therapeutics/Committee on Drugs Sec on Dev. & Behavioral Pediatrics	Section on Radiology
<b>February 2017</b>	<i>Dec. 30</i>	Comm. on Pediatric Emergency Medicine/Sec. on Emergency Medicine Section on Hospital Medicine	
<b>March 2017</b>	<i>Feb 1</i>	Section on Endocrinology Council on Sports Medicine & Fitness Section on Oral Health	



## Report to the Executive Committee of the Section on Neonatal-Perinatal Medicine

### Activities in Global Health

The AAP, through the offices of the Life Support Programs and the Office of International Affairs, continues to support numerous programs in global health. Of particular importance to the Section on Neonatal-Perinatal Medicine are two activities: the Helping Babies Survive programs and the Helping 100,000 Babies Survive and Thrive programs. Much of this work has been accomplished through the efforts of volunteer members of the Section. In addition, many Section members have participated in global health activities not affiliated with the AAP.

### The *Helping Babies Survive* (HBS) programs

- ***Helping Babies Breathe* (HBB)** is in its sixth year.
  - HBB was released in 2010.
  - More than 300,000 providers in 77 countries have been trained using HBB.
  - HBB 2.0 (the second edition) has been completed. The editorial team consists of Susan Niermeyer, Michael Visick, Beena Kamath-Rayne, Bill Keenan, Nalini Singhal, and George Little.
  - HBB 2.0 has been field tested and will be formally released in a workshop in Salt Lake City on November 1 and 2.
- ***Essential Care for Every Baby* (ECEB)**
  - ECEB learning materials are now in stock and being sold by the AAP Bookstore, in addition to being available through download at the AAP International Resources site (<http://internationalresources.aap.org/Resource/Home>).
- ***Essential Care for Small Babies* (ECSB)**
  - ECSB learning materials are also available through download at the AAP International Resources site.
- ***Improving Care of Mothers and Babies***
  - A group of global health clinicians and experts in quality improvement (QI) are nearing completion of a QI guide to complement the HBS and HMS (Helping Mothers Survive) programs. This guide will be a learning tool intended for use by providers at facilities in resource-limited areas. It is hoped that it will be used to help translation of education about maternal-newborn care into practice. In May, a draft was presented at a meeting of the SEARO WHO countries. Based on comments from this workshop, a number of changes were made. The final version of the guide will be available on the AAP website by the end of October.
  - The development of the guide has been supported in part by funds from USAID. Laerdal Global Health provided technical support and assisted with the design and graphics. Section members participating in this effort include: Carl Bose, Tyler Hartman, Beena Kamath-Rayne, Susan Niermeyer, and Jacquelyn Patterson.

- **The AAP International Resources website**
  - Access to all of the HBS resource material is currently available through the International Resources website. Users of this site have encountered some difficulties, and it does not provide all of the services desired. It is currently undergoing recreation. It is hoped that the new website will be online within six months.

## **The Survive and Thrive Global Development Alliance and the Helping 100,000 Babies Survive and Thrive Programs**

Many activities related to the HBS programs are guided, and often funded, by a public, private partnership called the *Survive and Thrive Global Development Alliance* (<http://www.laerdalglobalhealth.com/doc/2504/Survive-Thrive-Global-Development-Alliance>). The most notable recent relevant activity of this GDA (and its partners) is the *Helping 100,000 Babies Survive and Thrive* programs.

- **Helping 100,000 Babies Survive and Thrive Programs**

In 2014, the AAP launched the “Helping 100,000 Babies Survive and Thrive” initiative in collaboration with the pediatric societies of India, Ethiopia and Nigeria – 3 of the 6 countries with the highest number of preventable newborn deaths. A memorandum of understanding to this effect was signed and country plans were developed. This included strategies to improve maternal-newborn care and to ensure the supply and distribution of life-saving commodities such as ventilation bags and masks, suction devices, and antibiotics.

This initiative supports the UN’s Every Newborn Action Plan (ENAP), ratified in 2014, by providing training using the HBS and HMS modules. The modules are delivered using innovative and complementary methods, supporting and empowering front-line health providers to improve the quality of local services.

A description of the progress to date follows:

- **India:** In September 2014, technical advisors from AAP, ACOG, and ACNM attended and participated in a 100KB Stakeholders Meeting. This meeting included key stakeholders in-country, with the Indian Academy of Pediatrics (IAP) as the main lead, and resulted in core decision making and collaboration needed to frame and implement a country work plan for the initiative. Enhanced relationships between US and India professional associations also resulted from this activity. The overarching plan focuses on six high-priority districts to implement and develop a model for India to improve immediate newborn care while enhancing existing governmental improvement efforts (NSSK), align with governmental newborn health priorities (INAP), and ensure scale-up to the national level. Further, work continued in adapting Helping Babies Survive (HBS) materials in-country and developing a more succinct testing and training plan. In June 2015, Indian partners conducted field testing of the adapted educational program through training

and evaluation of 24 facilitators and 36 providers. In November 2015, a technical advisor from AAP participated in a 100KB Project Advisory Group Meeting that provided an overview of the *NSSK plus* program and determined next steps. Between October-December 2015, planning continued for the national Master Training of the Trainers (MTOT) which occurred in January, 2016 in Hyderabad, India. This 3-day training included 25 national trainers as well as others from the 6 pilot districts (mostly government staff, nurse midwives and obstetricians) and was followed by a full day of quality improvement and implementation guidance. Informal country planning has taken place; however, IAP has not been able to finalize a plan until the USAID India funding is confirmed (anticipated within 10 days). The final country plan will be informed by the recent relationship strengthening in country that has resulted in: additional funding and implementation support from the Latter-day Saint Charities, QI support from ASSIST, and additional funding for an another district from NIPI. One GDA mentor has been identified as a resource for each of the districts and will travel to each district for the initial district rollout to provide implementation and QI guidance. The IAP finalized a formal country work plan by March 2016 regarding implementation and spread post-MTOT.

- **Ethiopia:** In October 2014, technical advisors from AAP, ACOG, and ACNM attended and participated in a 100KB Stakeholders Meeting with in-country partners that resulted in core elements for an implementation framework and alliances. Enhanced relationships between US and Ethiopia professional associations also resulted from this activity. Discussions between Ethiopian and GDA partners continued via conference calls and email correspondence to craft a country plan that addressed the identified need to build and enhance newborn corners in 180 hospitals across the country. A team of GDA technical advisors and key country partners including Federal Ministry of Health (FMOH) and the Ethiopian Pediatric Society (EPS) planned, coordinated, and facilitated a MTOT that took place in September 2015 in Addis Ababa for 36 participants (pediatricians, midwives, nurses, neonatologists, health officers); among the trainees were 20 individuals who will serve as Ethiopian Master Trainers in the subsequent cascade trainings that will cover 7 regions (Addis, Adama/Aselba, Hawassa, Jimma, Bahir Da, Gondar, Mekele). Following the MTOT, GDA technical advisors continued significant assistance in crafting and organizing the 100KB work plan, divided into two main parts that includes regional cascade training and supportive supervision workshop (Part 1), with a framework then aimed to implement training for all key staff at 180 hospitals including monitoring and evaluation (Part 2, to be determined).
- **Nigeria:** In October 2014, GDA technical advisors attended and participated in a 100KB Stakeholders Meeting, which also included key in-country partners and established parameters for the 100KB implementation plan. It was decided that the initiative would start with 8 states. These will be supported by Maternal and Child Survival Program

(MCSP) (Ebonyi, Kogi, Cross River), Clinton Health Access Initiative (CHAI) (Katsina, Kaduna, and Kano), and Saving Newborn Lives (SNL) (parts of Lagos and Jigawa). Planning and discussion calls with Nigerian partners continued, with some challenges to decision-making due to Nigeria's political changes. It was decided by Nigerian partners to use a blended curriculum of their Essential Newborn Care Corps (ENCC) national program (based on WHO guidelines) and HBS materials. GDA technical advisors joined Nigerian stakeholders in crafting this curriculum; in July 2015, two Nigerian partners from the Paediatric Association of Nigeria (PAN) and Nigerian Schools of Nursing and Midwifery (NISONM) came to Washington, DC for an in-person planning meeting to do this work as well as to attend the North American rollout of the Essential Care for Every Baby module (ECEB). After several schedule changes due largely to draft materials not being ready in time in-country, the MTOTs were conducted in November 2015 in Abuja and Abakaliki (using a 5-day training schedule included clinical site visits). In December 2015, the GDA technical advisors (AAP, ACNM, Save the Children) met in person to review the adapted materials used in the trainings and crafted a thorough compilation of feedback that was submitted to FMOH as they work towards the finalization of their national program and associated materials. In early January 2016, AAP was made aware of new USAID program regulations that may affect MCSP program funding streams, however, our understanding at this time is that it will not interfere with our program implementation. At the time of this report, the GDA is awaiting confirmation from Nigerian partners (FMOH and PAN) for a succinct workplan that encompasses the 7 regions under this program.

- o Each country is served by consultants from the AAP Section on Neonatal-Perinatal Medicine, as follows:

India – Bill Keenan, Susan Niermeyer, Nalini Singhal  
Nigeria – George Little, Tyler Hartman, Michael Visick  
Ethiopia – Sara Berkelhamer, Carl Bose, Renate Savich

Report submitted by Carl Bose, MD, FAAP

October 5, 2016

October 2016

## Washington Report

# Academic and Subspecialty Advocacy

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## AAP Advocacy for Academic and Subspecialty Pediatrics

The American Academy of Pediatrics is actively engaged in federal advocacy for the needs of academic and subspecialist pediatricians and the children for whom they provide care. Through its Department of Federal Affairs and dedicated staff for academic and subspecialty issues, the Academy works to promote medical research for children, funding for medical education, child access to needed providers through appropriate payment, and a pediatric workforce able to meet the needs of children across the country.

The AAP has helped lead coalition efforts to pursue this agenda and partners with many pediatric subspecialty organizations to jointly advocate for shared issues. The Academy also works closely with the Pediatric Policy Council, which represents academic pediatric organizations: the Academic Pediatric Association, the American Pediatric Society, the Association for Medical School Pediatric Department Chairs, and the Society for Pediatric Research.

This report is available in electronic form, with clickable links, at [www.aap.org/subspecialty](http://www.aap.org/subspecialty).

## Advocacy Training for Pediatric Subspecialists

### 2017 AAP Legislative Conference

The 2017 AAP Legislative Conference will take place April 23 – 25 in Washington, DC. Each year, the conference brings together pediatricians from across the country who share a passion for child health advocacy. Participants attend skills-building workshops, hear from guest speakers, learn about policy priorities impacting children and pediatricians and go to Capitol Hill to urge Congress to support strong child health policies. For the second year, the conference will include a **Pediatric Subspecialty Advocacy Track**. The track will feature specific workshops, advocacy and educational opportunities for specialists, including a skills-building workshop on how to frame specialty expertise to legislators and build relationships with congressional staff, advocacy on legislative priorities especially relevant to pediatric subspecialists and the patients they treat,

networking opportunities and more. For more information on the conference, including the pediatric subspecialty advocacy track, how to register and scholarship opportunities, please visit [aap.org/legcon](http://aap.org/legcon). Please send any questions to [LegislativeConference@aap.org](mailto:LegislativeConference@aap.org).

## 2016 Election Activities



### AAP Blueprint for Children

On September 19, the AAP unveiled its transition plan for the next presidential administration, *[Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future](#)*. The *Blueprint* includes a comprehensive overview of specific federal policy recommendations to promote healthy children, support secure families, build strong communities, and ensure that the United States is a leading nation for children. In addition, the transition plan offers [agency-by-agency recommendations](#) with detailed actions federal agencies and departments can take to improve the lives of children. As of October 1, the document has been endorsed by 10 leading medical and health organizations. For more information on the *Blueprint* and to read the full document, please visit [aap.org/blueprint](http://aap.org/blueprint). On the same day as the plan's release, the Academy hosted an expert panel discussion in Washington, DC, *Speaking Up for Children: A Conversation About Child Health in the Next Administration*. The archived video from the event can be found [here](#).

### AAP Solicits Responses from Presidential Candidates on Child Health

Earlier this summer, the Academy submitted four questions to the campaigns of Donald Trump and Hillary Clinton to better understand where they stand for children:

1. More than one in five children lives in poverty in this country, and its impacts on children's health can be severe and lifelong. How do you propose to help lift children and families out of poverty?

2. In 2014, there were 2,549 children under age 19 who were killed by guns. How do you plan to protect children from gun violence?
3. More children have health insurance in the United States than ever before. How will you continue to build on this trend and ensure access to affordable, high-quality health care for all children, no matter where in the country they live?
4. Children are 25% of the U.S. population and 100% of the future. How do you propose to provide for the future by investing in children?

Upon receiving them from both campaigns, the AAP published both campaigns' responses to these questions [here](#) on the AAP's [www.aap.org/votekids](http://www.aap.org/votekids) website and have disseminated them out to chapters, members, the public (through social media) and journalists. The responses will be an important part of AAP's get-out-the-vote efforts to provide pediatricians nationwide with better understanding of each candidates' plans and priorities for child health should he/she become president.

### AAP Launches #VoteKids Campaign

Earlier this summer, the AAP launched its #VoteKids campaign, encouraging pediatricians and the public to vote with children in mind and offering all of the tools and resources they need to make that possible. The campaign was announced in an open letter to all AAP members from AAP CEO/Executive Director Karen Remley, MD, MBA, MPH, FAAP, linking to the Academy's election portal [aap.org/votekids](http://aap.org/votekids). Pediatricians can engage in the #VoteKids campaign in many ways, including [writing an op-ed](#) to their local newspaper on why they #VoteKids, sharing [messages](#) on social media, changing their social media profile pictures using the [#VoteKids banner](#) and sharing a Prescription to Vote with their patients' families (in [English](#) and [Spanish](#)). Visit the Academy's one-stop-shop for the 2016 election to [learn](#) where the presidential candidates stand on children's health issues as well as for information on [voter registration](#) and state deadlines. In conjunction with the campaign, the AAP released a [video](#) featuring pediatricians and why they plan to #VoteKids this November. For the latest updates and information from the campaign, please visit [aap.org/votekids](http://aap.org/votekids).

## Access to Care

### Children's Health Insurance Program

The Children's Health Insurance Program (CHIP) is authorized through September 2019, however funding for CHIP is set to expire on Sept. 30, 2017. Although no specific proposals have been introduced in Congress, both members of Congress and child health advocates have begun to think through various options, including ending the program. In March, the Medicaid and CHIP Payment and Access Commission (MACPAC) staff told the AAP's Access to Care Subcommittee that potential options for CHIP reauthorization include the following:

1. Maintaining the current law and letting CHIP funding expire in 2017
2. Extend funding for CHIP
3. Enhance exchange coverage and implement policies to address benefit and affordability concerns
4. Replace CHIP with a bridge plan to smooth the transition between public and private coverage
5. Expand mandatory Medicaid levels

AAP staff has been working in conjunction with partner organizations and congressional committee staff to increase support for small, discrete fixes and reforms to CHIP. These smaller bills would potentially be introduced as marker bills this fall in order to create buy-in amongst committee members when a comprehensive package is developed in the next Congress. These bills include items such as making express lane eligibility permanent, auto-enrollment of newborns, parent mentor programs, incorporation of juvenile justice, eliminate waiting periods, and eliminating premiums in CHIP, among others. The AAP will continue to work with partner organizations to advocate for CHIP ahead of the 115<sup>th</sup> Congress.

### ACE Kids Act

On July 7, the House Energy and Commerce Subcommittee on Health held a hearing on the bipartisan *Advancing Care for Exceptional Kids (ACE Kids) Act of 2015* (H.R. 546/S. 298). The bill, which is pending in the House and Senate, would allow states the option of creating a Medicaid Children's Coordinated Care (MCCC) Program for children with medical complexity. The bill has 219 co-sponsors in the House and 37 in the Senate. The legislation was also included in a draft of the 21<sup>st</sup>



*Century Cures Act* (see below), although was ultimately removed from the version of the legislation that passed the House of Representatives in July 2015. The AAP, the American Board of Pediatrics, and the Association of Medical School Pediatric Department Chairs support the legislation.

Under the bill, backed by the Children's Hospital Association, eligible children with complex medical conditions in participating states would be prospectively enrolled in an MCCC program through initial assignment to a nationally designated children's hospital network. Enrolled children would receive coordinated care through this network.

While the bill may ease the delivery of care across state lines, questions have been raised about the bill's potential impact on the primary care medical home, particularly given the automatic assignment of children to MCCC networks.

Medicaid Health Plans of America, a trade group representing for-profit Medicaid health plans, has raised concerns about the legislation and released a report arguing that the program would increase, rather than decrease, Medicaid costs.

### Medical Foods Coverage

Each year, Congress must pass a *National Defense Authorization Act* (NDAA) in order to authorize all military programs. AAP has been very active in advocating on behalf of military children and pediatricians, particularly in trying to improve the program's benefits package, services, and access for children. The AAP and our TRICARE for Kids coalition have met with numerous congressional defense staffers on improving the overall program. This year, the Senate bill contains strong language requiring TRICARE to cover medically necessary foods. TRICARE had routinely been denying coverage of these foods, and families report being subject to arduous paperwork to get the foods that they needed.

The AAP has been actively engaging with members of congress to urge them to support the senate provision as the senate and house reconcile the differences between their NDAA bills.

## Academic and Subspecialty Workforce

*Shortages and maldistribution among pediatric subspecialists create access problems for children with special health care needs. The Academy strongly advocates for funding programs to improve the subspecialty workforce, including the Children's Hospital Graduate Medical Education Program (CHGME) and the Ensuring Children's Access to Specialty Care Act.*

### Support for Pediatric Subspecialists

On April 16, 2015, Reps. Chris Collins (R-N.Y.) and Joe Courtney (D-Conn.) introduced the *Ensuring Children's Access to Specialty Care Act of 2015* (H.R. 1859). The legislation currently has 70 cosponsors. An identical Senate companion bill (S. 2782) was introduced on April 11 by Sens. Roy Blunt (R-Mo.) and Jack Reed (D-R.I.). The legislation would amend the Public Health Service Act to include pediatric subspecialists in the National Health Service Corps (NHSC) loan repayment program. Currently, the NHSC is unable under existing law to meaningfully fund pediatric subspecialty loan repayment. The legislation was the product of work by the AAP along with a coalition of stakeholders to explore new ways to fund training for subspecialists. On June 7, the AAP and 71 other public health and medical organizations sent a [letter](#) to the bill's sponsors supporting the legislation.

Previously, the Affordable Care Act authorized a Pediatric Subspecialty Loan Repayment Program (PSLRP) as part of the Title VII, or workforce, section of Public Health Service Act (PHSA). It would have allowed for up to \$35,000 in loan repayment per year for up to three years for pediatric subspecialists or child mental health providers who agree to practice in underserved areas. The program's authorization expired in 2014 and has not since been reauthorized. However, a reauthorization of the PSLRP at a level of \$12 million per year for five years was included in the *Helping Families in Mental Health Crisis Act* (H.R. 2646), a sweeping mental health package that passed out of the House Energy and Commerce in mid-June. The reauthorization comes after the Senate Appropriations Committee approved language in its Labor-Health and Human Services-Education non-binding appropriations report addressing the need for additional support for pediatric subspecialists and directing that they be eligible for the National Health Service Corps loan repayment program. The AAP will continue to

strongly support both H.R. 1859/S. 2782 and the PSLRP during the lame duck session and in the next Congress.

### Children's Hospital GME Funding and Reauthorization

On Sept. 29, President Obama signed the House- and Senate-passed continuing resolution (CR) that will fund the federal government until Dec. 9, 2016. The CR funds the federal government for the next 10 weeks at Fiscal Year (FY) 2016 levels, with a 0.5 percent cut across all programs in order to comply with the budget caps set forth in the Balanced Budget Act of 2011. Thus, the CR will fund the Children's Hospital Graduate Medical Education (CHGME) at slightly less than the FY 2016 level of \$295 million.

The House and Senate Labor-Health and Human Services (HHS)-Education Subcommittees passed appropriations bills in early June and early July respectively that included \$300 million for the CHGME program, which represents full funding of the program's authorized funding level. This is a \$5 million increase over the President's Fiscal Year (FY) 2017 budget request, which requested mandatory rather than discretionary funding for the program, and the FY 2016 enacted level of \$295 million. Ultimately, this represents a \$30 million increase over the FY 2015 enacted level. The CHGME program was reauthorized in April of 2014 at \$300 million through FY 2018.

CHGME provides funding to free-standing children's hospitals to support pediatric residency and fellowship positions. The AAP has worked to maintain this invaluable funding stream for pediatric residents and fellows, more than half of whom train at CHGME-eligible children's hospitals.

### Defense Department Subspecialty Training

On June 15, the Senate overwhelmingly passed the *National Defense Authorization Act* (NDAA) in an 85-13 vote. Although the bill contains several provisions that the AAP advocated for and are important to children, including TRICARE coverage of medically necessary foods and improved child abuse reporting requirements, the Senate bill also contains language that directs the Secretary of Defense to implement a phased plan to eliminate graduate medical programs of the Department of Defense (DoD) that do not directly support combat readiness, which could ultimately affect pediatric training

programs. It also includes language that directs the Secretary to reduce or eliminate certain medical personnel, including many pediatric subspecialty fellowship programs. The AAP sent a [letter](#) to Sens. John McCain (R-Ariz.) and Jack Reed (D-R.I.), chairman and ranking member of the Senate Armed Services Committee, and Sens. Lindsey Graham (R-S.C.) and Kirsten Gillibrand (D-N.Y.), chairman and ranking member of the Personnel Subcommittee, expressing these concerns and encouraging them to remove these provisions.

The Senate formed a conference committee with the House in order to resolve the differences between its bill and the House bill. The AAP has joined with the American Congress of Obstetricians and Gynecologists (ACOG), as well as other specialty and subspecialty groups, to inform the conferees about the danger of this subspecialty provision, and the detrimental impacts that it, if implemented, would have on pediatric care in the Military Health System. The AAP and ACOG initiated a sign-on [letter](#) that almost 40 other medical groups signed on to. So far a conference report has not been released on the legislation.

### Title VII Training Grant Appropriations

On Sept. 29, President Obama signed the House- and Senate-passed continuing resolution (CR) that will fund the federal government until Dec. 9, 2016. The CR funds the federal government for the next 10 weeks at Fiscal Year (FY) 2016 levels, with a 0.5 percent cut across all programs in order to comply with the budget caps set forth in the Balanced Budget Act of 2011. Thus, the CR will fund the Children's Hospital Graduate Medical Education (CHGME) at slightly less than the FY 2016 level of \$262.5 million.

The House and Senate Appropriations Committees included \$294.2 million and \$297.2 million respectively for Title VII programs in its Fiscal Year (FY) 2017 Labor-Health and Human Services (HHS)-Education appropriations bill, which represents respective \$63 million and \$66 million increases over the President's Fiscal Year (FY) 2017 budget request of \$231.3 million. This would also be an increase of \$32 million and \$35 million respectively over the FY 2016 enacted level of \$262.5 million. The AAP, in conjunction with the Health Professions and Nursing Education Coalition (HPNEC), has encouraged Congress to continue prioritizing funding

for health care workforce through essential programs such as Title VII.

Title VII of the Public Health Services Act provides federal funding for training and development to bolster the public health workforce, including support to pediatric residency training and faculty development programs throughout the country. Grants provided under the Title VII program support individuals and institutions in a wide-variety of ambulatory and community-based sites, improve racial and ethnic diversity of health care workforce, promote training in fields of primary medical and dental care, and improve geographic distribution of the healthcare workforce. Funding for Title VII is appropriated annually, requiring ongoing and concerted support from the AAP.

### International Physician Legislation

On Sept. 30, 2015, the Conrad State 30 J-1 visa program expired. Prior to its expiration, on May 5, 2015, Sens. Amy Klobuchar (D-Minn.), Susan Collins (R-Maine), Jerry Moran (R-Kansas), and Heidi Heitkamp (D-N.D.) introduced the Conrad State 30 and Physician Access Act (S. 1189). The legislation would reauthorize and make permanent the Conrad State 30 J-1 visa waiver program and would allow waivers to be used by physicians whose specialties require them to practice at facilities that serve a medically underserved community rather than strictly applying to underserved geographic areas. The Conrad State 30 J-1 visa program was created in 1994 to allow each state's health department to sponsor up to a certain number of international medical graduates annually for a waiver of the two-year home residency requirement of a physician's J-1 visa. This would allow internationally trained physicians to remain in the United States for additional training in exchange for practicing in a medically underserved community. The AAP has endorsed the legislation.

### Physician Payment

*Appropriate payment for services provided by all pediatricians is essential to ensuring that all children have access to care. The Academy is continuing to advocate for increased Medicaid payment for pediatricians with the broadest possible applicability to pediatricians and pediatric subspecialists.*

### Medicaid Payment Equity

The Medicaid payment equity (MPE) provision was authorized under the Affordable Care Act (ACA) that increased Medicaid payment rates for primary care services to at least those paid by Medicare. Currently, Medicaid payment rates are about 70% of Medicare payment rates. However, the ACA provision only applied to calendar years 2013 and 2014 and expired at the end of calendar year 2014.

On March 12, 2015, Sens. Sherrod Brown (D-Ohio) and Patty Murray (D-Wash.) introduced *Ensuring Access to Primary Care for Women and Children Act* (S. 737). This bill would extend the MPE for an additional two years following enactment. Additionally, the bill would expand MPE to nurse practitioners, physician assistants, certified nurse-midwives, and obstetricians/gynecologists who deliver primary care services. On May 12, 2015, Rep. Kathy Castor (D-Fla.) introduced H.R. 2253, the House companion bill to S. 737. No action has yet been taken on the bills.

Sen. Murray also introduced Amendment 1117 to the *Medicare Access and CHIP Reauthorization Act (MACRA) of 2015*. The amendment would have extended MPE from 2015 through 2016. Unfortunately, the amendment failed to pass along party lines by a vote of 43 to 57.

Although there has been a great deal of anecdotal evidence on the importance of MPE, several new studies help quantify the MPE's impact on access to care. The Urban Institute released its finding from a [study of Medicaid physician fees](#) in December 2014. The study concluded once the MPE expires, that Medicaid payments for primary care services would decrease by 42.8% on average. This figure varies from state to state with payments cut by over 50% in seven states and no payment reduction in four states.

In February, 2015, the New England Journal of Medicine [released a study](#) on the impact MPE made on appointment availability. Although the study did not include pediatricians, the resulting were encouraging. The researchers posed as new Medicaid enrollees and privately insured patients seeking new patient primary care appointments. The study found that the availability of primary care appointments for Medicaid patients increased by 7.7 percentage points from the time period

at the beginning of the MPE program in late 2012/early 2013 to May-July 2014 after payments were consistently made at the higher rate.

### Merit-Based Incentives Program (MIPS)

Last fall, the Centers for Medicare and Medicaid Services (CMS) issued a request for information (RFI) regarding the implementation of the new Medicare merit-based incentive payment system (MIPS), the promotion of alternative payment models, and incentive payments for participation in eligible alternative payment models. Although much of the RFI has no obvious relation to pediatrics, pediatricians have repeatedly experienced that changes in Medicare are often adopted and applied to Medicaid programs and in private payer arrangements. Thus, even though few children are enrolled in Medicare, the program has the potential to affect the nation's pediatric population. [Comments from the AAP](#) focus on quality and electronic health records. The most immediate way to improve the care for children through MIPS would be through the adoption of child-friendly quality measures since those measures could be applied to non-adult populations. The Academy has endorsed the *Children's Health Insurance Program Reauthorization Act (CHIPRA)* core set of pediatric quality measures and urges CMS to use that set when developing systems under MIPS that could impact children. The AAP also asked that CMS stratify quality measure data reporting not only by race, ethnicity and gender, but also by age. The AAP requested that any requirements pertaining to the use of electronic health records include pediatric specific requirements as current EHR systems are not pediatric friendly, and they miss pediatric functionalities such as weight-based dosing and immunization forecasting.

The final rule was released on April 27. Under the rule ([fact sheet here](#)), the current quality reporting programs in place will be streamlined and simplified into one MIPS. This will reduce the aggregate level of financial penalties physicians otherwise could have faced. Protections are also included so that medical liability cases cannot use Medicare quality program standards and measures as a standard or duty of care. Additionally, incentive payments will be available for physicians who participate in alternative payment models (APMs) and meet certain thresholds and technical support will be provided to help smaller practices participate in alternative payment models or the new fee-for-service incentive program.

Physicians can choose which program they want to participate in if they meet the requirements.

MIPS measures value over four areas: quality, cost, technology use, and practice improvement. Under MIPS the Meaningful Use program will be replaced with a new program called Advancing Care Information which is designed to increase physician flexibility and reduce burdens. The rule proposed two types of alternative payment models (APM): Advanced APMs and Other-Payer Advanced APMs. Providers must meet three requirements for each model to be considered eligible. For the two tracks of APMs, participants are required to use certified EHR technology and provide payment for covered professional services based on quality measures compared to those used in the quality category of MIPS.

In August, AAP leadership met with CMS staff to discuss the various ways in which children are impacted by Medicare policies and the exclusion from pediatrics in recent Medicare-centric programs like MIPS and CPC+, which is a five-year primary care medical home model beginning early next year that serves as a public-private partnership between Medicare, Medicaid, and private insurers to support primary care practices in 14 regions nationwide. The AAP will continue to advocate for the inclusion of pediatric friendly provisions in these programs.

### Pediatric Drugs and Devices

*The Academy is continuing efforts to advocate for policies that promote access to safe and effective drugs and medical and surgical devices for children. The AAP is working on the implementation of three pediatric drug and device laws reauthorized in 2012.*

### EpiPen Pricing

Beginning this past summer, there has been increased scrutiny over the pricing practices of pharmaceutical company Mylan N.V. for its EpiPen and EpiPen Jr. epinephrine auto-injector devices. In addition to the nearly 600% increase in price of EpiPen products since Mylan acquired the rights to the devices in 2007, EpiPen products on average carry an expiration date of one year post-purchase. In response, the AAP issued a [press statement](#) in August and sent letters on Sept. 7 to both the [Food and Drug Administration](#) (FDA) and [Mylan](#) requesting that they take action on the issue. The letters ask for an explanation of the data that justify the current

expiration dates. Such a short labeled stability window forces parents, first responders, and medical facilities to repeatedly repurchase these devices at great cost, an especially heavy burden for low-income families. More information can be found in this AAP News [article](#). On Oct. 4, FDA [replied](#) to AAP's letter indicating that the agency shared AAP's concerns about these issues. The agency also mentioned that they are prepared to review any supplement that is submitted by Mylan to extend the shelf-life of EpiPen and EpiPen Jr. and will work with any and all firms to review new applications for generic versions of epinephrine auto-injectors so that there are alternative epinephrine auto-injectors in the market.

Shortly thereafter, the U.S. House of Representatives Oversight and Government Reform Committee heard testimony on Sept. 21 from Heather Bresch, CEO of Mylan N.V., and Douglas Throckmorton, MD, FDA's Deputy Director for Regulatory Programs at the agency's Center for Drug Evaluation and Research. The two discussed Mylan's decision to increase the price of EpiPen products numerous times since acquiring rights to the device in 2007 as well as numerous topics related to the future approval and sale of generic epinephrine devices.

In response to a question from the committee's ranking member, Elijah Cummings (D-Md.), concerning Mylan's investments in research and development on epinephrine auto-injectors, Ms. Bresch announced that Mylan would soon be submitting an application to FDA to extend EpiPen's expiration date from 18 months to at least 24 months. The AAP will continue to work to ensure that children who need these life-saving devices are able to access them. On the issue of the high and rising price of drugs, several legislative proposals have been introduced and action on the issue is anticipated in 2017. The AAP is closely monitoring these proposals and evaluating them for their potential impact on children's access to medications.

## 21<sup>st</sup> Century Cures Initiative/Innovations for Healthier Americans

At the end of September, House and Senate leaders issued statements that passing a bicameral medical innovation package was one of their major priorities in the lame duck session of Congress following the elections in early November. Currently, the House and Senate are in negotiations concerning language contained in the

House-passed *21<sup>st</sup> Century Cures Act* (H.R. 6) and the Senate's Innovations for Healthier Americans initiative. Previous discussions of both House and Senate innovations packages have stalled over funding issues. Senate Democrats have promised to put a hold on the Senate package unless mandatory funding for the FDA and NIH is included. Although H.R. 6 passed the House overwhelmingly in July of 2015, the offsets originally used to pay for the legislation were shifted to pay for the *Bipartisan Budget Act of 2015*, which provided funding for the federal government in Fiscal Year (FY) 2016, stalling movement of the bill in the Senate.

One piece of legislation that the Senate Health, Education, Labor, and Pensions (HELP) Committee passed by voice vote last spring, the *Advancing Hope Act* (S. 1878), was signed into law by President Obama on Sept. 30. The legislation would extend the pediatric rare disease priority review voucher program, originally set to expire on Sept. 30, until Dec. 31. The legislation does not make the voucher program permanent, and Congress will likely consider similar legislation as it negotiates an omnibus appropriations package in early December.

On April 6, the HELP Committee held its final of three markups related to its Innovations for Healthier Americans initiative. The committee considered and passed several pieces of legislation to reform the FDA and the National Institutes of Health (NIH). Two bipartisan pieces of legislation, the *Advancing NIH Strategic Planning and Representation in Medical Research Act* (S. 2745) and the *Promoting Biomedical Research and Public Health for Patients Act* (S. 2742), included AAP-supported language that would mandate that the NIH collect, disaggregate and disseminate clinical research data on "relevant age categories," which would include children. The Senate language comes after the AAP-supported *Children Count Act* (H.R. 2436) was included in the *21<sup>st</sup> Century Cures Act* (H.R. 6).

In addition, the AAP, along with the March of Dimes, American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, successfully advocated for a provision in S. 2745 that would create a federal interagency task force to provide advice and guidance regarding research on safe and effective therapies for pregnant and lactating women.

Also passed in the markup was the AAP-supported Promise for Antibiotics and Therapeutics for Health

(PATH) Act (S. 185). The PATH Act establishes a new limited population antibacterial drug approval pathway for antibiotics to treat serious or life-threatening infections for which there exists an unmet medical need. The program would be crucial for children, whose treatment options are already limited, as antimicrobial resistance grows as a public health issue.

Previously, the HELP Committee held two of three proposed sessions in early 2016 to consider bills as part of its medical innovations efforts. The bills considered in this session included the *Next Generation Researchers Act* (S. 2014/H.R. 3466), an AAP-endorsed [legislation](#) that would authorize an initiative at the National Institutes of Health (NIH) designed to encourage new researchers to enter the field, improve both diversity in the research workforce and mentorship opportunities for new researchers, and allow the NIH Director to coordinate with other federal agencies to improve tracking of research trainees and to develop additional new programs for young researchers. The legislation would also propose to expand existing loan repayment programs at the NIH for medical researchers. All pieces of legislation considered in the sessions passed the committee by voice vote.

On July 10, 2015, the 21st Century Cures Act passed the House of Representatives by a vote of 344-77. The legislation included the aforementioned AAP-championed *Children Count Act* (H.R. 2436), that would direct the NIH to disclose biennially the number of children included in research performed or supported by the NIH and breakdown the data by age-group, race, and gender. While NIH policy has required the inclusion of children in its research, the NIH has consistently failed to track the number of children included in NIH-supported research, preventing pediatric researchers from understanding gaps in current research.

Other pediatric-specific provisions in the legislation include:

- Requiring the NIH to complete a strategic plan that requires the NIH to ensure that rare and pediatric diseases remain a priority of the agency;
- Increases and indexes for inflation the maximum annual support from the NIH pediatric loan repayment program from \$35,000 to \$50,000;

- Requires the NIH to implement the National Pediatric Research Network Act;
- Establishes a sense of Congress that the NIH and FDA should support the development of a global pediatric clinical trials network, and;
- Reauthorizes the rare pediatric disease priority review voucher program through Dec. 31, 2018 and requires a Government Accountability Office (GAO) report to evaluate the effectiveness of the program at spurring the development of new drugs.

The AAP has not taken a formal position on the legislation as a whole. A summary and brief analysis of the provisions in the legislation relevant to pediatrics may be found [here](#).

### Pediatric Drug Laws

On June 17, the Alliance for Childhood Cancer, a group of over 30 national patient advocacy and professional medical and scientific organizations dedicated to advocating on behalf of children with cancer, published a [white paper](#) entitled “Advancing Drug Development for Childhood Cancer: Policy Principles to Optimize the Pediatric Drug Laws,” which addresses improving the pediatric drug laws, the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA), to ensure that they maximize the development of cancer and other rare disease therapies for children. The white paper came out of a working group of the Alliance co-led by the AAP to examine how the pediatric drug laws may better promote the future development of therapies for children with cancer. The working group is currently finalizing its comments to Congress on potential changes to the pediatric drug laws in anticipation of the Food and Drug Administration (FDA) bill negotiations to take place later this year and next year.

In late June, FDA released its [status report](#) to Congress on BPCA and PREA. The report, which was mandated to be transmitted to Congress before July 9 of this year under the Food and Drug Administration Safety and Innovation Act (FDASIA), was informed by a public stakeholder meeting held on March 25, 2015 FDA to discuss implementation of BPCA and PREA. Kathleen Neville, MD, MS, FAAP, a pediatric hematologist/oncologist and chair of the AAP Committee on Drugs, provided comments on behalf of the Academy at the meeting and applauded the agency’s

implementation of the laws, which have resulted in more than 600 pediatric label changes on drugs. In addition, Dr. Neville urged the FDA to increase research on drugs in newborns, a population in which more than 90% of drugs are still used off-label, and encouraged the agency to look critically at issues related to drug development for children with cancer.

BPCA and PREA, originally signed into law in 2002 and 2003 respectively, were permanently reauthorized in 2012 as part of FDASIA, giving children a permanent seat at the drug development table. In addition to making BPCA and PREA permanent, FDASIA also mandated that the FDA hold a public stakeholder meeting for open comment on the implementation of the laws.

### Pediatric Device Consortia Program Appropriations

On April 19, the House Appropriations Committee passed the House Agriculture, Rural Development, Food and Drug Administration (FDA), and Related Agencies appropriations bill. Nonbinding report language accompanying the bill included \$2.5 million for the Pediatric Device Consortia program, a \$500,000 decrease for the Fiscal Year (FY) 2016 enacted level. The counterpart appropriations bill in the Senate, which passed the Senate Appropriations Committee on May 18, contained report language that recommended \$5 million for the program, a \$2 million increase over the FY 2016 enacted level and the fully authorized amount for the program. The President's FY 2017 budget requested \$3 million in funding for the Pediatric Device Consortia program, which represents flat funding from the FY 2016 enacted level. Although Congress has added AAP-supported report language to congressional appropriations bills for several years supporting the program, the language is nonbinding and the program has yet to be funded beyond the \$3 million amount.

The PDC grant program, established in 2009 and reauthorized under the Food and Drug Administration Safety and Improvement Act (FDASIA) in 2012, supports nonprofit consortia that promote the development of pediatric medical devices. Since their inception in 2009, the PDC have been remarkably successful – nine consortia have assisted in advancing the development of more than 440 proposed pediatric medical devices. Most of the devices supported by the consortia are in the early stages of development, including concept formation,

prototyping, and preclinical (animal and bench testing) stages, though several devices are now available to patients.

### Opioids and Children

On Sept. 15 and 16, the Food and Drug Administration (FDA) held a joint meeting of its Anesthetic and Analgesic Drug Products Advisory, Drug Safety and Risk Management Advisory, and Pediatric Advisory Committees to discuss establishing the safety and efficacy of prescription opioid analgesics for pediatric patients. Rohit Sheno, MD, FAAP, a pediatric emergency medicine specialist and a member of AAP's Committee on Drugs, spoke on behalf of the AAP and spoke about the importance of FDA-approved labeling on medications used in children and a balanced approach to treating pain in children and preventing opioid dependence. The FDA meeting was informed by a previously held meeting of FDA's Pediatric Advisory Committee (PAC) in April. Chris Feudtner, MD, PhD, MPH, FAAP, Chair of AAP's Section on Hospice and Palliative Care, presented on behalf of the AAP regarding the treatment of refractory pain in the pediatric population.

In early 2016, several senators opposed the nomination of Robert Califf, MD, a cardiologist from Duke University, to be commissioner of the FDA over the agency's handling of opioids issues, including approving labeling for the use of OxyContin in the pediatric population. The AAP sent a [letter](#) to Senate leadership on Feb. 4 supporting Dr. Califf's nomination and further emphasizing the AAP's support for the FDA's process for studying the safety and efficacy of drugs in children. Despite opposition, Califf, who previously served as deputy director of medical products and tobacco at the FDA, was confirmed by an 89-4 vote in the Senate as commissioner on Feb. 24. Prior to Califf's nomination, the FDA announced in early February the development of an opioids [action plan](#) to reexamine the risk-benefit framework currently used to approved opioids for use by the public. Notably, the plan required the FDA to consult with advisory committees of external experts with opportunity for public input before approval of any new pediatric opioid labeling.

In the summer of 2015, the Food and Drug Administration (FDA) approved new labeling for OxyContin (oxycodone) in children ages 11 and up for daily, long-term pain relief for which there is no alternative. Previously, OxyContin carried an indication

to treat patient ages 18 and up. Although the approval added new information to the drug label about how it works in children, FDA's action sparked a backlash from members of Congress concerned about the addictive nature of the drug and its potential adverse effects in children. On Sept. 9, nine Senators wrote a [letter](#) to Sens. Lamar Alexander (R-Tenn.) and Patty Murray (D-Wash.), Chair and Ranking Member of the Senate Health, Education, Labor, and Pensions (HELP) Committee, urging the FDA to hold public hearings on the approval decision and on the opioid epidemic in general citing, among other things, a quadrupling in the number of opioid prescriptions written annually since 1999.

### Drug Shortages

On Nov. 10, 2015, the AAP Department of Federal Affairs widely distributed a ten-question survey to AAP members regarding the effects of drug shortages in their practice. The survey was generated to assist the Government Accountability Office (GAO), which is conducting a study on causes of and trends in drug shortages to supplement their previous work on drug shortages in 2011 and 2014 respectively. The survey responses from 365 members were summarized in an AAP-authored [report](#). The report concluded that nearly 75% of respondents saw the number of drug shortages increase in their practice over two years, and while some respondents saw an increase in the duration of shortages most respondents reported individual shortages to occur unpredictably and last a few months at a time.

In the spring of 2015, the AAP was made aware of two drug shortages with potentially serious implications for children. The shortages were for the drugs triamcinolone hexacetonide (Aristospan), which is used to treat juvenile idiopathic arthritis (JIA), and preservative-free, injectable Vitamin K1 (Phytonadione), which is used to treat Vitamin K deficiency bleeding in newborns. On Sept. 10, 2015, the AAP sent a letter to the FDA requesting the agency's help in resolving the Aristospan shortage. A similar letter was sent on Sept. 24, 2015 to the CEO of Amphastar Pharmaceuticals requesting resolution of the Vitamin K1 shortage as soon as possible. Both drugs remain in shortage. On Aug. 30, FDA employees and other stakeholders, including the AAP, held a discussion concerning the ongoing Aristospan shortage and whether there existed viable alternate sources for hexacetonide solutions. Among possible options discussed included utilizing FDA's Personal Important Policy (PIP), which

allows a physician to suspend FDA's enforcement discretion on a patient-by-patient basis for a short supply of an imported drug.

The AAP has worked for years to ensure that drugs for children, especially therapies for which there are few or no alternative therapies, remain in supply for the pediatric patients that need them, and support FDA policies mandating that drug manufacturers send adequate notice of shortage with clear timelines for resolution of shortages.

### Pediatric Research

*The Academy continues to advocate for basic and translational pediatric research funding, as well as the importance of including children in clinical research. The AAP closely tracks the Environmental influences on Child Health Outcomes (ECHO) program and the basic and translational research activities at the National Institutes of Health.*

### National Institutes of Health Appropriations

On Sept. 29, President Obama signed the House- and Senate-passed continuing resolution (CR) that will fund the federal government until Dec. 9, 2016. The CR funds the federal government for the next 10 weeks at Fiscal Year (FY) 2016 levels, with a 0.5 percent cut across all programs in order to comply with the budget caps set forth in the Balanced Budget Act of 2011. Thus, the CR will fund the Children's Hospital Graduate Medical Education (CHGME) at slightly less than the FY 2016 level of \$32.3 billion.

On June 9 and July 14, the Senate and House Appropriations Committees passed their respective Fiscal Year (FY) 2017 Labor-Health and Human Services (HHS)-Education, and Related Agencies appropriations bills. The Senate Labor-HHS bill represents the first committee-passed bill of its kind in seven years, and provided \$34.1 billion for the National Institutes of Health (NIH), an increase of \$2 billion over the FY 2016 enacted level. The bill also includes \$1.396 billion for the *Eunice K. Shriver* National Institute of Child Health and Human Development (NICHD), a \$57.5 million increase over the FY 2016 level. The House Labor-HHS bill included slightly less than the Senate bill in both categories, with \$33.3 billion and \$1.373 billion going to the NIH and NICHD respectively. Both Senate and House bills provided \$165 million for the Environmental influences on Child Health



Outcomes (ECHO) program and \$300 million for the Precision Medicine Initiative, a \$100 million increase of FY 2016.

The President's FY 2017 budget request, which was released on Feb. 9, included \$33.1 billion for the National Institutes of Health (NIH), which is \$800 million above the FY 2016 enacted level. However, while the President's request is a funding increase, the increase was driven by \$1.8 billion in mandatory money for temporary projects and represented a net \$1 billion reduction in discretionary funding for the agency. The budget request also included \$1.338 billion for the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), which is level funding from the FY 2016 enacted level, \$309 million for the Precision Medicine Initiative, and \$165 million for the ECHO program. The AAP is currently supporting a funding level of \$34.5 billion for the NIH for FY 2017.

### Precision Medicine Initiative

The House and Senate Labor-Health and Human Services (HHS)-Education appropriations bills, which were passed by the House and Senate Appropriations committees earlier this summer, each included \$300 million for the Precision Medicine Initiative (PMI). This represents a \$100 million increase over the Fiscal Year (FY) 2016 levels. Previously, the President's FY 2017 budget request, released Feb. 9, requested \$309 million for the Precision Medicine Initiative, which represents a \$109 million increase over the FY 2016 level included in the *Consolidated Appropriations Act* (H.R. 2029), which was signed into law on Dec. 18, 2015.

On April 11, National Institutes of Health (NIH) Director Francis Collins announced that Eric Dishman was selected as director of the PMI cohort program. Dishman will lead the agency's effort to build the million-person longitudinal cohort study and was instrumental in helping to design the program last year as part of the PMI Working Group. Prior to being named PMI cohort director, Dishman served as Vice President and Intel Fellow of Intel Corporation's Health and Life Sciences Group, where he was responsible for global strategy, platform development, research, and care coordination technologies, and developed numerous platforms and technologies to measure the effects of a variety of illnesses and diseases from movement disorders to cancer.

On Sept. 17, 2015, the Precision Medicine Initiative (PMI) Working Group of the National Institutes of Health (NIH), the advisory group tasked with providing recommendations on the design and implementation of the PMI, released its final [report](#). In the report, the working group took up the AAP's [recommendation](#) that the PMI national cohort include all life stages, including children. Further, the report recommended that the NIH carefully examine issues related to the inclusion of children among other populations, and that the agency should develop "specific approaches to address the needs of these individuals so that they may be included and retained in the cohort."

### Environmental influences on Child Health Outcomes (ECHO)

On Sept. 21, the National Institutes of Health (NIH) announced awards totaling \$157 million to launch the seven-year Environmental influences on Child Health Outcomes (ECHO) program. The awards were given in response to several FOAs published earlier this year for the pediatric cohorts, and clinical sites for the IDEa States Clinical Pediatric Trials Network, which aims to provide medically underserved and rural populations with access to clinical trials.

The House and Senate Labor-Health and Human Services (HHS)-Education appropriations bills, which were passed by the House and Senate Appropriations committees earlier this summer, included \$165 million for ECHO program. This represents level funding from Fiscal Years (FYs) 2015 and 2016. In addition, the House Labor-HHS appropriations bill included report language urging the NIH to ensure that ECHO grantees and other ECHO-related activities collect data on the impacts of the environment on children's health as well as requesting a report to Congress on the establishment of a federal advisory committee to oversee the project.

On April 25, NIH Director Francis Collins, MD, PhD announced that the agency selected Matthew Gillman, MD as program director of the ECHO program, the follow-on to the now-shuttered National Children's Study. Dr. Gillman has experience in epidemiology, pediatrics, and internal medicine, and has been affiliated with a number of large research studies including Project Viva, the Framingham Heart Study, and the aforementioned National Children's Study. Dr. Gillman

also serves as a member of the U.S. Preventive Services Task Force.

## Inclusion of Children in NIH-Funded Research

On April 27, [49 representatives](#) and [26 senators](#) sent bipartisan letters to National Institutes of Health (NIH) Director Francis Collins, MD, PhD, requesting that the agency begin collecting data on the inclusion of children in NIH studies. Although the NIH has had a formal policy since 1998 requiring the appropriate inclusion of children in its research, the agency has failed to track and publish data on the numbers of children actually enrolled. Such data is needed to inform NIH officials and the public about possible gaps in pediatric research. A response to the letter from the NIH indicated that the agency would initiate a pilot project to investigate the possibility of cataloguing deidentified genetic data to inform a wide variety of inquiries in addition to the ages of trial participants. Further details on this pilot program have not yet been released.

On July 10, 2015, the *21st Century Cures Act* passed the House of Representatives by a vote of 344-77. The legislation included the AAP-supported Children Count Act (H.R. 2436), sponsored by Reps. Marsha Blackburn (R-Tenn.) and Lois Capps (D-Calif.), which would direct the NIH to disclose biennially the number of children included in research performed or supported by the NIH and breakdown the data by age-group, race, and gender. The legislation would also direct the NIH to hold a workshop of experts in pediatrics and geriatrics to determine which appropriate age groups should be included in human subjects research and the criteria for excluding any age groups from similar research and make the results of the workshop public. The legislation comes after years of consistent advocacy on the issue by the AAP.

On April 6, the HELP Committee held its final of three markups related to its Innovations for Healthier Americans initiative. The committee considered and passed several pieces of legislation to reform the FDA and the National Institutes of Health (NIH). Two bipartisan pieces of legislation, the *Advancing NIH Strategic Planning and Representation in Medical Research Act* (S. 2745) and the *Promoting Biomedical Research and Public Health for Patients Act* (S. 2742), included AAP-supported language that would mandate

that the NIH collect, disaggregate and disseminate clinical research data on “relevant age categories,” which would include children.

Report language accompanying the House and Senate FY 2017 Labor-Health and Human Services (HHS)-Education appropriations bills, which were passed by the House and Senate Appropriations Committees respectively earlier this summer, emphasized the importance of the inclusion of children in federal research and directed the NIH to collect and report publicly on the numbers of children in NIH research studies broken down by age.

## Fetal Tissue Research

The federal government and Congress have launched multiple investigations into fetal tissue procurement and research. The investigations were sparked by a series of videos released in July 2015 by David Daleidan, the CEO of the anti-abortion group Center for Medical Progress.

Currently, under federal law the National Institutes of Health (NIH) may provide funding for research using fetal tissue and may allow grant recipients to receive compensation for the costs associated with collecting and shipping fetal tissue, although fetal tissue providers are strictly barred from receiving profit from such transactions.

The AAP has been actively engaging with multiple stakeholders to respond to investigations into fetal tissue research. In response to an initial hearing of the Select Investigative Panel on Infant Lives, which was formed on Oct. 7, 2015, the AAP sent a [letter](#) to Chairwoman Marsha Blackburn (R-Tenn.) and Panel Ranking Member Janice Schakowsky (D-Ill.) strongly supporting continued federal funding for fetal tissue research and citing numerous examples of vaccines produced from cell lines derived from fetal tissue including vaccines for chicken pox, polio, rabies, and rubella. The letter was cited in a March 2 Washington Post article about the hearing. On March 30, Rep. Blackburn sent a reply to the AAP’s letter asking clarifying questions about the AAP’s position on fetal tissue research and why the research is necessary for the development of effective therapies. The AAP replied to the letter in late April providing further information on how fetal tissue research has led to the development of several vaccines, including research currently underway that will be used to develop a vaccine for the Ebola and Zika viruses, and advances related to fetal tissue research.

## Cancer “Moonshot” Initiative

On Sept. 7, the National Cancer Advisory Board approved a draft [report](#) developed by the Cancer “Moonshot” Blue Ribbon Panel and its seven working groups that describes a series of recommendations for accelerating cancer research to achieve “a decade’s worth of cancer research progress in five years” and to increase access to promising clinical developments for those currently diagnosed with cancer. The panel has been developing the report since the announcement of the moonshot initiative in January in an effort to assess the state of science in specific areas of cancer treatment development and to identify research opportunities that could benefit the most from the moonshot initiative. Among the ten recommendations outlined in the report, the panel had several recommendations related to children including developing a cancer immunotherapy clinical trials network, developing preclinical models improve understanding of fusion oncoproteins in pediatric cancer, and developing three-dimensional human tumor atlases to improve understanding of various cancers. The report has been forwarded to Vice President Joe Biden’s Moonshot Task Force for consideration.

President Obama’s FY 2017 budget request, released Feb. 9, included \$1 billion for the cancer moonshot initiative. The funds would be split between several agencies, with \$195 million proposed to go to new cancer activities at the National Institutes of Health (NIH) immediately, with \$755 million in additional mandatory funds for cancer-related research activities at the NIH and the Food and Drug Administration (FDA) the following fiscal year. \$680 million of the total funds would specifically go to the National Cancer Institute at the NIH. The House and Senate Labor-Health and Human Services (HHS)-Education appropriations bills did not include specific entries for the moonshot initiative.

## NIH-Wide Five-Year Strategic Plan

On Dec. 16, the National Institutes of Health (NIH) unveiled its agency-wide strategic plan for Fiscal Years (FYs) 2016-2020. Soliciting the input of more than 450 community stakeholders and 21 NIH advisory councils, the plan includes several broad objectives over the next five years, including to:

1. advance opportunities in biomedical research in fundamental science, treatment and cures, and health promotion and disease prevention;
2. foster innovation by setting NIH priorities to enhance nimbleness, consider burden of disease and value of permanently eradicating a disease, and advance research opportunities presented by rare diseases;
3. enhance scientific stewardship by recruiting and retaining an outstanding biomedical research workforce, enhancing workforce diversity and impact through partnerships, ensuring rigor and reproducibility, optimizing approaches to inform funding decisions, encouraging innovation, and engaging in proactive risk management practices; and
4. excel as a federal science agency by managing for results by developing the “science of science,” balancing outputs with outcomes, conducting workforce analyses, continually reviewing peer review, evaluating steps to enhance rigor and reproducibility, reducing administrative burden, and tracking effectiveness of risk management in decision making.

The strategic plan will serve as a living document for the agency as it carries out its goals, and may be amended as priorities shift over the next five years. More information on the strategic plan may be found [here](#). Although the NIH chose not to focus on specific populations in the strategic plan, in August, the AAP drafted a [response](#) to a Request for Information (RFI) during the drafting phase of the NIH five-year strategic plan that urged the agency to focus on childhood development in the context of its research.

## Budget and Appropriations

*The AAP is working hard to support funding for important child health programs that are particularly vulnerable to cuts as a result of the strict discretionary budget caps set forth in the Budget Control Act of 2011, which continue to constrain federal funding on non-entitlement spending.*

## Congressional Action on Appropriations

On Sept. 29, President Obama signed the House and Senate passed Continuing Resolution (CR) that will fund the federal government until Dec. 9, 2016. The CR funds

the federal government for the next 10 weeks at Fiscal Year (FY) 2016 levels, with a 0.5 percent cut across all programs in order to comply with the budget caps set forth in the Balanced Budget Act of 2011. The CR also included \$1.1 billion in funding to respond to the Zika virus, \$500 million for flood damaged areas including Louisiana, West Virginia, and Maryland, and the full-year FY 2017 Military Construction-Veterans Affairs appropriations bill. Importantly, the Zika package does not contain any restrictions on funding for Planned Parenthood or lift restrictions on pesticide spraying.

Prior to passage, the AAP sent a [letter](#) to Congressional leadership thanking them for including the Zika funding in the CR but also encouraging them to include assistance for the residents of Flint, Michigan. In fact, Senate Democrats had held up passage of the bill to protest the absence of funds for addressing lead poisoning in Flint, but the House leadership agreed to allow a vote in the House on an amendment to the Water Resource Development Act (WRDA) to include \$170 million in assistance for Flint. With this agreement in hand, and thus with an assurance that federal assistance for Flint would be contained in the WRDA bill, Senate Democrats lifted their objection to the CR and the bill passed by a 72-26 margin. The House also passed the CR by a 342-85 vote.

As mentioned above, the House did adopt an amendment providing assistance to Flint and passed the WRDA bill 399-25. The Senate version of WRDA was passed earlier this year and already included \$220 million in assistance for Flint. Because of this difference in dollar amount, and other differences between the two bills, there will need to be a conference report to resolve the differences and final passage will take place in the lame-duck session after Congress returns. In the debate on the Senate floor prior to the vote on the CR, Sens. Barbara Boxer (D-Calif.) and James Inhofe (R-Okla.) declared that they had received assurances that the final conference report will contain the larger Senate amount of \$220 million for Flint.

With these votes completed, Congress will adjourn until after the November elections, likely returning on Nov. 14, when they will have to complete work on funding the rest of the FY 2017 fiscal year and vote on the conference report for the WRDA bill.

On June 9, the Senate Appropriations Committee passed its Fiscal Year (FY) 2017 Labor, Health and Human Services (HHS), Education, and Related Agencies appropriations bills, which is the first committee-passed Labor-HHS appropriations bill in seven years. The bill provides \$161.9 billion in total funding for labor-HHS programs, a \$270 million cut from FY 2016.

The bill included several provisions related to research and child health. Positive provisions in the legislation included:

- \$34.1 billion for the National Institutes of Health (NIH), an increase of \$2 billion over the FY 2016 enacted level.
- \$165 million for a “follow-on” to the National Children’s Study, also known as the Environmental influences on Child Health Outcomes (ECHO).
- \$300 million for the Precision Medicine Initiative, a \$100 million increase over the FY 2016 enacted level.
- \$1.396 billion for the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), a \$57.5 million increase from the FY 2016 enacted level.
- \$300 million for the Children’s Hospital Graduate Medical Education (CHGME) program, a \$5 million increase over the FY 2016 enacted level.

However, several programs were level-funded or cut:

- \$324 million for the Agency for Healthcare Research and Quality (AHRQ), a \$10 million decrease from the FY 2016 enacted level.
- \$7.115 billion for the Centers for Disease Control and Prevention (CDC), which is \$118 million below the FY 2016 enacted level.
- \$39 million for Title VII primary care funding under the Health Resources and Services Administration (HRSA), level funding from FY 2016.

Although the bill provided solid funding for many programs affecting child health, it cut \$2 million from the Health Resources and Services Administration (HRSA)’s universal newborn screen program and did not include

additional funds for the Centers for Disease Control and Prevention (CDC)'s lead poisoning prevention program. The bill must now be considered by the full Senate.

On July 7, the House Labor-HHS Appropriations Subcommittee passed its own FY 2017 appropriations bill, which included \$161.6 billion in total funding, a \$569 million cut from the FY 2016 enacted level.

The bill included several provisions related to research and child health. Positive provisions in the legislation included:

- \$33.3 billion for the National Institutes of Health (NIH), an increase of \$1.25 billion over the FY 2016 enacted level.
- \$165 million for a “follow-on” to the National Children’s Study, also known as the Environmental influences on Child Health Outcomes (ECHO).
- \$300 million for the Precision Medicine Initiative, a \$100 million increase over the FY 2016 enacted level.
- \$1.373 billion for the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), a \$34.5 million increase from the FY 2016 enacted level.
- \$300 million for the Children’s Hospital Graduate Medical Education (CHGME) program, a \$5 million increase over the FY 2016 enacted level.
- \$7.8 billion for the Centers for Disease Control and Prevention (CDC), which is \$605 million below the FY 2016 enacted level.

However, several programs were level-funded or cut:

- \$280 million for the Agency for Healthcare Research and Quality (AHRQ), a \$54 million decrease from the FY 2016 enacted level.
- \$6.1 billion for the Health Resources and Services Administration (HRSA), a \$218 million cut from the FY 2016 enacted level.
- Elimination of the Title X Family Planning Program, which provides health services to millions of women across the country.

The bill will now move to be considered by the full House, potentially later this month before summer recess and the party conventions.

### President’s FY 2017 Budget

On Feb. 9, President Obama released his budget request for Fiscal Year (FY) 2017, the final budget request of his presidency. The budget request included \$33.1 billion for the National Institutes of Health (NIH), which is \$800 million above the FY 2016 enacted level. However, while the President’s request is a funding increase, the increase is driven by \$1.8 billion in mandatory money for temporary projects and represents a net \$1 billion reduction in discretionary funding for the agency. Unlike previous budgets that cut or eliminated the program, the President provided \$295 million for the Children’s Hospital Graduate Medical Education (CHGME) program, representing the same funding level as the FY 2016 enacted level and a \$30 million increase over FY 2015. The budget also included a \$4 million boost to the Teen Pregnancy Prevention Program (TPPP), a \$14 million increase to the Title X family planning program, and \$363 million for the Agency for Healthcare Research and Quality (AHRQ), a \$29 million increase from the FY 2016 enacted level (flat funding compared to the FY 2015 level). This increase came after the House proposed to eliminate the agency in its FY 2016 appropriations bill.

Although the President’s budget is one of the main resources that the Administration uses to communicate its spending and policy priorities to Congress, the recommendations are nonbinding and do not heavily influence the congressional budget and appropriations process.

### Administration Proposes New Emergency Funding Measures

Earlier this year, the Obama Administration made emergency funding requests related to several urgent public health situations that affect children. On Feb. 9, President Obama requested \$1.8 billion for a federal response to the recent emergence of the Zika virus in the western hemisphere, which would include funding for initiatives such as mosquito control programs, rapid response teams to virus outbreak sites, and containment efforts in countries currently affected by the virus. \$828 million of the request would go to the Centers for Disease Control and Prevention (CDC) to research the virus and establish protocols to treat those infected by it.

In addition, the President's Fiscal Year (FY) 2017 budget requested \$1.1 billion in new funding to address the prescription opioid and heroin use epidemic. The request included \$1 billion in new mandatory funding, most of which will go to support cooperative agreements to expand state-level medication-assisted treatment programs for opioid use disorders, with additional funding going towards both the evaluation of existing medication-assisted treatment programs and to the National Health Service Corps to expand substance use treatment programs in areas with behavioral health provider shortages. The request also included a \$90 million increase in discretionary funding for the departments of Health and Human Services (HHS) and Justice (DOJ) to implement overdose prevention strategies. Congress has recently engaged on the issue as this past summer, Congress passed the *Comprehensive Addiction and Recovery Act* (S. 524), which was signed into law by President Obama on July 22. Although the legislation would expand prescription drug monitoring programs and access to the opioid overdose drug naloxone, the bill does not include new money for the provisions. Congressional leaders are currently at an impasse over new funding to tackle the opioid use epidemic.

Finally, the President's budget included \$157 million in additional funding for state-based low-interest loans to help repair and replace water infrastructure. However, the budget included no direct funding for the ongoing water crisis in Flint, Michigan, where dangerously high lead levels have led to a curfew, and in some cases a halt, of the use of city water by residents. The House of Representatives has recently passed the *Safe Drinking Water Act Improved Compliance Awareness Act* (H.R. 4470) to directly address the water crisis in Flint.

## Emergency Medical Services for Children

### Federal Aviation Administration Emergency Medical Kits

In July, before the authorization of the Federal Aviation Administration (FAA) lapsed and Congress left for summer recess, both the House and Senate voted to reauthorize the FAA through September 2017. Unfortunately, the short-term extension of FAA does not include a requirement to review and update the

contents of Emergency Medical Kits (EMKs) on airplanes to ensure their appropriateness for children. Positive language was included, however, in the Senate's Transportation Appropriations report that strongly encourages the FAA to examine current EMK regulations.

In February, the U.S. House of Representatives Transportation and Infrastructure Committee passed the *Aviation, Innovation, Reform, and Reauthorization (AIRR) Act*, legislation that reauthorizes the Federal Aviation Administration (FAA), out of committee. During the markup, a bipartisan amendment was adopted that would begin a process for considering updates to the kits, but does not achieve AAP's goal of requiring FAA to initiate a rulemaking process to update the contents of the emergency medical kits within a reasonable date.

The Academy issued a [press statement](#) following the markup and the introduction of the Senate bill, and will continue to work with both the House and Senate to ensure that children have access to appropriate medication and devices when traveling by plane. The Senate is expected to markup their FAA reauthorization bill in March.

In July 2015, Reps. Sean Patrick Maloney (D-N.Y.) and Richard Hanna (R-N.Y.) [introduced](#) the bipartisan *Airplane Kids in Transit Safety (KiTS) Act*. This AAP-championed legislation would require the Federal Aviation Administration (FAA) to update the emergency medical kits on airplanes to ensure that they contain appropriate medication and equipment to meet the emergency medical needs of children, including an epinephrine auto-injector. In advance of introduction, the AAP sent a [support letter](#) with several other health organizations. In February, Senators Brian Schatz (D-HI) and Jerry Moran (R-KS) introduced companion legislation in the Senate.

The legislation came after resolutions calling for an update to the contents of emergency medical kits were approved at the 2014 and 2015 Annual Leadership Forums. The AAP Washington Office will continue working with the House and Senate to require FAA to update the contents of the kits, whether in an appropriations package or as part of the long term FAA reauthorization package that will be considered next year.

## Protecting Patient Access to Emergency Medications Act

Recently, the DEA began notifying emergency medical services (EMS) agencies that it believed they were in violation of the Controlled Substances Act by allowing EMS providers to receive, store, transport and administer controlled substances to patients pursuant to standing orders issued by the EMS agency's medical director. In the absence of a change in law or change in DEA interpretation, an individual patient prescription would have to be provided by a properly licensed and credentialed medical provider prior to dispensing a controlled substance.

AAP is [supporting](#) the bipartisan *Protecting Patient Access to Emergency Medications Act of 2016* (H.R. 4365/S. 2932) introduced by Reps. Richard Hudson (R-N.C.) and G.K. Butterfield (D-N.C.) and Sen. Bill Cassidy (R-La.) that would amend the Controlled Substances Act to clarify that EMS providers can administer controlled substances pursuant to a standing order issued by one or more medical directors of a registrant EMS agency.

On Sept. 21, the full House Energy and Commerce Committee voted unanimously to advance the *Protecting Patient Access to Emergency Medications Act of 2016* (H.R. 4365). The week prior, the bill was passed unanimously by the House Energy and Commerce Committee's Subcommittee on Health. Following the bill's passage through subcommittee, the Academy issued a [statement](#) thanking its sponsors Rep. Richard Hudson (R-N.C.) and Rep. G.K. Butterfield (D-N.C.) for their work on the issue. The AAP worked to secure senate passage of the bill before the November elections but time on the congressional calendar ran out. We anticipate further consideration of the bill in the lame duck session.

## CMS Finalizes Emergency Preparedness Rule

In September, the Centers for Medicare & Medicaid Services (CMS) finalized a [rule](#) establishing emergency preparedness requirements for certain healthcare providers participating in Medicare and Medicaid. The rule applies to most health care facilities, but not private physician offices. AAP had previously submitted [comments](#) on the proposed rule released in 2013, which were highlighted in a New York Times [article](#). The finalized requirements will require certain participating providers to plan for disasters and coordinate with

federal, state, tribal, regional and local emergency preparedness systems to ensure that facilities are adequately prepared to meet the needs of their patients during disasters and emergency situations. Specifically, the rule requires providers to meet the four following best practice standards:

**1. Emergency plan:** Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.

**2. Policies and procedures:** Develop and implement policies and procedures based on the plan and risk assessment.

**3. Communication plan:** Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.

**4. Training and testing program:** Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

Unfortunately, the rule falls short on the recommendations for pediatric preparedness that the AAP had urged for. However, the AAP has been advocating for pediatric-specific provisions in the revisions to the capabilities and performance measures for the Hospital Preparedness Program run by the Assistant Secretary for Preparedness and Response.

## Grassroots Advocacy: AAP Key Contact Program

Key Contacts are AAP members who are interested in receiving advocacy opportunities and timely policy updates from the AAP Department of Federal Affairs on federal legislation and other issues important to the Academy.

Through regular e-mail communication with specific requests for action, the Department of Federal Affairs keeps Key Contacts informed of the latest legislative developments affecting children and pediatricians.

### How to Become a Key Contact

E-mail [kids1st@aap.org](mailto:kids1st@aap.org) with your name, AAP ID if known, and your preferred e-mail address. If you have questions about federal advocacy, contact AAP Department of Federal Affairs at 800-347-8600.

## FederalAdvocacy.aap.org: Dept. of Federal Affairs Online Resource Center

Visit the AAP Department of Federal Affairs website at [FederalAdvocacy.aap.org](http://FederalAdvocacy.aap.org) to find federal advocacy resources and tools, including:

- Contact and biographical information for your federal legislators
- An Action Center where you can call and e-mail federal legislators directly on current federal child health policy priorities
- A media center where you can read recent opinion pieces written by pediatricians
- Background information on current AAP federal child health issues advancing in Congress

## Engage with AAP on Social Media

Twitter is a powerful tool that allows individuals and organizations to amplify messages, connect with new and diverse networks, and gain access to local-, state- and federal-level decision-makers. As a pediatrician, Twitter also offers you the opportunity to be part of a community that encourages the exchanging of ideas around child health, while not being constrained by time or geography.

To stay up-to-date on child health news, follow and engage with AAP on social media via [@AmerAcadPeds](https://twitter.com/AmerAcadPeds), [@AAPPres](https://twitter.com/AAPPres), [@AAPNews](https://twitter.com/AAPNews) and [@healthychildren](https://twitter.com/healthychildren). You also can subscribe to AAP's official #tweetiatrician list on Twitter by visiting <https://twitter.com/AmerAcadPeds/lists/tweetiatricians>. Request to be added to the list by emailing AAP's social media community manager, Helene Holstein, at [hholstein@aap.org](mailto:hholstein@aap.org).

## AAP 7 Great Achievements Campaign

In April 2015 at the Pediatric Academic Societies (PAS) meeting in San Diego, the Academy announced a new campaign to celebrate the successes in pediatric research. The campaign, [7 Great Achievements in Pediatric Research](#), highlights seven key discoveries over the past 40 years that have saved millions of children's lives worldwide, from groundbreaking treatments for deadly chronic diseases to life-saving interventions for babies who are born premature.

In order to help educate the public and members of Congress about the importance of sustained investment in pediatric research, the AAP also unveiled a [video](#) from the podium at PAS, which outlines each of the following achievements and spotlights real-life success stories:

1. Preventing disease with life-saving immunizations
2. Reducing SIDS with "Back-to-Sleep"
3. Curing a common childhood cancer
4. Saving premature babies by helping them breathe
5. Preventing mother-to-baby HIV transmission
6. Increasing life expectancy for children with chronic disease
7. Saving lives with car seats and seat belts

Following the announcement, all of these achievements were [featured](#) by CBS News.

Join the effort by sharing the importance of pediatric research to children's health with your federal legislators: Visit [federaladvocacy.aap.org](http://federaladvocacy.aap.org) and click on the following links in the Advocacy Action Center:

- **Support Funding for the Next Great Achievements in Pediatric Research:** [Share](#) your own compelling stories about the successes of



pediatric research with policymakers, and urge for sustained funding for pediatric research.

- **Get a Grant, Send Your Thanks:** [Highlight](#) the importance of pediatric research with a thank you note to your members of Congress each time you are awarded a federal grant.

For more information and a [brochure](#) on the *7 Great Achievements in Pediatric Research*, please visit [AAP.org/7Achievements](http://AAP.org/7Achievements).

## AAP Washington Office

Mark Del Monte, JD

Chief Deputy  
Senior Vice President, Advocacy and External Affairs

### Department of Federal Affairs

Tamar Magarik Haro	Associate Director
James D. Baumberger, MPP	Associate Director
Ami Gadhia, JD	Assistant Director
Patrick Johnson, MA	Assistant Director
Aaron Emmel, MA	Manager, Global Health Advocacy Initiatives
Zach Laris, MPH	Policy Associate
Madeline Curtis	Legislative Assistant
Ethan Jorgensen-Earp, MPA	Legislative Assistant
Allyson Perleoni, MA	Legislative Assistant
Caitlin Van Sant	Legislative Assistant

### Department of Public Affairs

#### Division of Advocacy Communications

Jamie Poslosky	Director
Helene Holstein	Manager, Social Media Community
Devin Miller	Advocacy and Public Affairs Assistant

## 2015-2016 AAP National Councils, Committees, Sections, and Other Groups (10/3/2016)

*Please send changes and/or updates to [ymamjad@aap.org](mailto:ymamjad@aap.org)*

Committees	25	Chairperson		Staff		
Adolescence	COA	Cora C. Breuner	MD MPH FAAP	Karen Smith	7941	
Bioethics	COB	Aviva L. Katz	MD FAAP	Florence Rivera	4790	MPH
Child Abuse and Neglect	COCAN	Emalee G. Flaherty	MD FAAP	Tammy Hurley	7880	
Child Health Financing	COCHF	Mark L. Hudak	MD FAAP	Lou Terranova	7633	MHA
Coding and Nomenclature	COCN	Richard A. Molteni	MD FAAP	Linda Walsh	7931	MAB
Continuing Medical Education	COCME	Ivor D. Hill (Prof)	MB ChB MD FAAP	Deborah Samuel	7097	MBA
Development	CODe	Kathryn P. Nichol	MD FAAP	Mark Del Monte Courtney Shupryt	3310 4740	JD
Drugs	COD	Kathleen A. Neville	MD MS FAAP	Ray Koterak	7936	MHA
Federal Government Affairs	COFGA	Lynda M. Young	MD FAAP	Mark Del Monte	3310	JD
Fetus and Newborn	COFN	Kristi L. Watterberg	MD FAAP	Jim Couto	7656	MA
Hospital Care	COHC	Jennifer A. Jewell	MD FAAP	Niccole Alexander	4799	MPP
Infectious Diseases	COID	Carrie L. Byington	MD FAAP	Jennifer Frantz	7939	MPH
Medical Liability and Risk Management	COMLRM	Jonathan M. Fanaroff	MD JD FAAP	Julie Ake	7662	
Membership	COM	Linda H. Anz	MD FAAP	Kelly Loes	4721	
Native American Child Health	CONACH	Shaquita L. Bell	MD FAAP	Susan Marshall	4722	MALS
Nutrition	CON	Stephen R. Daniels	MD PhD FAAP	Debra Burrowes	4927	MHA
Pediatric AIDS	COPA	Ellen G. Chadwick	MD FAAP	Anjie Emanuel	4979	MPH
Pediatric Education	COPE	Susan Guralnick	MD FAAP	Holly Mulvey	7915	MA
Pediatric Emergency Medicine	COPEM	Joseph Wright	MD MPH FAAP	Sue Tellez	7395	
Pediatric Research	COPR	Clifford W. Bogue	MD FAAP	Bill Cull	7628	PhD
Pediatric Workforce	COPW	William B. Moskowitz	MD FAAP	Holly Mulvey	7915	MA
Practice and Ambulatory Medicine	COPAM	Julia E. Richerson	MD FAAP	Elizabeth Sobczyk	4271	MSW MPH
Psychosocial Aspects of Child and Family Health	COPACFH	Michael W. Yogman	MD FAAP	Stephanie Domain	4776	MS CHES
State Government Affairs	COSGA	J. Gary Wheeler	MD FAAP	Ian VanDinther	7092	
Substance Use and Prevention	COSUP	Sheryl A. Ryan	MD FAAP	Renee Jarrett	4915	MPH
Councils	12	Chairperson		Staff		
Children with Disabilities	COCWD	Kenneth Norwood, Jr.	MD FAAP	Stephanie Mucha	4918	MPH
Clinical Information Technology	COCIT	Stuart Weinberg	MD FAAP	Lisa Krams	7663	MS CHES
Communications and Media	COCM	David Hill	MD FAAP	Thomas McPherson	4315	
Community Pediatrics	COCP	Lance A. Chilton	MD FAAP	Camille Watson	4733	MS
Early Childhood	COEC	Dina J. Lieser	MD FAAP	Charlotte Zia	7870	MPH CHES
Environmental Health	COEH	Jennifer Ann Lowry	MD FAAP	Paul Spire	7148	
Foster Care, Adoption, and Kinship Care	COFCAKC	Moira A. Szilagyi	MD PhD FAAP	Mary Crane	4273	PhD LSW
Genetics	COG	Emily Chen Tracy L. Trotter	MD PhD FAAP MD FAAP	Paul Spire	7148	
Injury, Violence, and Poison Prevention	COIVPP	Kyran Quinlan	MD FAAP	Bonnie Koziak	7947	
Quality Improvement and Patient Safety	COQIPS	Wayne Franklin	MD MPH MMM FAAP	Cathleen Guch	7124	MPH
School Health	COSH	Breena Welch Holmes	MD FAAP	Madra Guinn-Jones	7396	MPH
Sports Medicine and Fitness	COSMF	Cynthia R. LaBella	MD FAAP	Anjie Emanuel	4979	MPH
Governance	7	Chairperson		Staff		
Board of Directors	BOD	Benard P. Dreyer	MD FAAP	DeeDee Cada	7515	MA
Chapter Forum Management Committee	CFMC	Stephen Church	MD FAAP	Jonathan Faletti	4752	
Committee Forum Management Committee	CoFMC	Jerrold M. Eichner	MD FAAP	Yolanda Mackey Amjad	4079	
Council Management Committee	CMC	Mark Del Beccaro	MD FAAP	Yolanda Mackey Amjad	4079	
District Vice Chairpersons Committee	DVC	Martha Middlemist	MD FAAP	Hope Hurley	7933	
National Nominating Committee	NNA	Sarah Stelzner	MD FAAP	Roger Suchyta Katie Friedman	7111 4296	MD FAAP
Section Forum Management Committee	SFMC	Ann R. Stark	MD FAAP	Yolanda Mackey Amjad	4079	
Other Committees/Groups	22	Chairperson		Staff		
AAP Tobacco Consortium		Susanne Tanski	MD FAAP	Julie Gorzkowski	7126	MSW LSW
Access to Care (COFGA subcommittee)		Dennis M. Cooley	MD FAAP	Robert Hall	3309	JD MPAff
Annual Leadership Forum (ALF) Executive Committee		Stephen Church	MD FAAP	Nicole Blankenship	7862	MBA CAE
Autism Sub-Committee (COCWD)		Susan Hyman	MD FAAP	Stephanie Mucha	4918	MPH

## 2015-2016 AAP National Councils, Committees, Sections, and Other Groups (10/3/2016)

*Please send changes and/or updates to [ymamjad@aap.org](mailto:ymamjad@aap.org)*

Bright Futures		Paula Duncan	MD FAAP	Jane Bassewitz	7781	MA
Children, Adolescents and Media Leadership Work Group CAMLWG		Ari Brown	MD FAAP	Mark Del Monte	3310	JD
Community Access to Child Health	CATCH	Wendy Hobson-Rohrer	MD, MSPH	Hope Barrett	7082	MPH
Community Pediatrics Training Initiatives	CPTI	Jeff Kaczorowski	MD FAAP	Jeanine Donnelly	7397	MPH
Disaster Preparedness Advisory Council	DPAC	Steven E. Krug	MD FAAP	Laura Aird	7132	MS
Epigenetics Leadership Work Group	ELWG	David Clark	MD FAAP	Paul Spire	7148	
Fetal Alcohol Spectrum Disorders	FASD	Vincent C. Smith	MD FAAP	Joshua Benke	7081	
Head Start National Center on Health Advisory Committee		Colleen Kraft	MD FAAP	Sandra Rezmer	7950	
Historical Archives Advisory Committee	HAAC	Jeffrey P. Baker	MD PhD FAAP	Susan Marshall	4722	MALS
Institute for Healthy Childhood Weight		Sandra Hassink	MD FAAP	Jeanne Lindros	4088	MPH
Medical Home Chapter Champions on Asthma, Allergy and Anaphylaxis	MHCCPAAA	Luz Adriana Matiz-Zanoni	MD FAAP	Nkem Chineme	4342	MPH
Medical Subspecialty Advisory Panel	MSAP	Ann R. Stark	MD FAAP	Jim Couto	7656	MA
Mental Health Leadership Work Group	MHLWG	Marian Earls	MD FAAP	Linda Paul	7787	MPH
Poverty and Child Health Leadership Work Group		Andrew D. Racine	MD PhD FAAP	Camille Watson	4733	MS
Private Payer Advocacy Advisory Committee	PPAC	Richard Lander	MD FAAP	Lou Terranova	7633	MHA
Surgical Advisory Panel	SAP	Constance Houck	MD FAAP	Jim Couto	7656	MA
Violence Prevention Sub-Committee		Carden Johnston	MD FRCP FAAP	Bonnie Kozial	7947	
<b>Sections</b>	<b>52</b>	<b>Chairperson</b>		<b>Staff</b>		
Administration and Practice Management	SOAPM	Christoph R. Diasio	MD FAAP	Elisha Ferguson	4089	
Adolescent Health	SOAH	Maria E. Trent	MD MPH FAAP	Karen Smith	7941	
Advances in Therapeutics and Technology	SOATT	Charles A. Thompson	MD FAAP	Jackie Burke	4759	
Allergy and Immunology	SOAI	Elizabeth C. Matsui	MD FAAP	Debra Burrowes	4927	MHA
Anesthesiology and Pain Medicine	SOA	Rita Agarwal	MD FAAP	Jennifer Riefe	4082	MEd
Bioethics	SOB	Brenda J. Mears	MD FAAP	Anjie Emanuel	4979	MPH
Breastfeeding	SOBr	Joan Younger Meek	MD MS FAAP	Ngozi Onyema-Melton	4784	MPH CHES
Cardiology and Cardiac Surgery	SOCCS	L. LuAnn Minich	MD FAAP	Vivian Thorne	7669	
Child Abuse and Neglect	SOCAN	Andrew P. Sirotnak	MD FAAP	Tammy Hurley	7880	
Child Death Review & Prevention (Provisional)	PSOCDRP	Erich K. Batra	MD FAAP	Florence Rivera	4790	MPH
Clinical Pharmacology and Therapeutics	SOCPT	Thomas G. Wells	MD FAAP	Ray Koteras	7936	MHA
Critical Care	SOCC	Edward E. Conway, Jr.	MD MS FAAP	Sue Tellez	7395	
Dermatology	SOD	Albert C. Yan	MD FAAD FAAP	Lynn Colegrove	7820	MBA
Developmental and Behavioral Pediatrics	SODBP	Carol Weitzman	MD FAAP	Linda Paul	7787	MPH
Early Career Physicians	SOECP	Elizabeth Meade	MD FAAP	Julie Raymond	7137	
Emergency Medicine	SOEM	Charles G. Macias	MD MPH FAAP	Sue Tellez	7395	
Endocrinology	SOEn	Irene N. Sills	MD FAAP	Laura Laskosz	4928	MPH
Epidemiology, Public Health and Evidence	SOEPHE	Pauline A. Thomas	MD FAAP	Kymika Okechukwu	4317	MPA
Gastroenterology Hepatology and Nutrition	SOGHN	Jenifer R. Lightdale	MD MPH FAAP	Debra Burrowes	4927	MHA
Hematology/Oncology	SOHO	Jeffrey D. Hord	MD FAAP	Suzanne Kirkwood	7648	MS
Home Care	SOHCa	Alexander L. Okun	MD FAAP	Ngozi Onyema-Melton	4784	MPH CHES
Hospice and Palliative Medicine	SOHPM	Chris Feudtner	MD PhD FAAP	Madra Guinn-Jones	7396	MPH
Hospital Medicine	SOHM	Brian K. Alverson	MD FAAP	Niccole Alexander	4799	MPP
Infectious Diseases	SOID	Tina Q. Tan	MD FAAP	Suzanne Kirkwood	7648	MS
Integrative Medicine	SOIM	Hilary McClafferty	MD FAAP	Teri Salus	7920	MPA
International Child Health	SOICH	Linda D. Arnold	MD FAAP	Coura Badiane	4298	MBA MA
International Medical Graduates (Provisional)	PSOIMG	Rana Chakraborty	MD MSc PhD FAAP	Katie Clark	7865	
Lesbian, Gay, Bisexual and Transgender Health and Wellness	SOLGBTHW	Lynn Hunt	MD FAAP	Anne Gramiak	4907	MPH
Medicine-Pediatrics	SOMP	Allen R. Friedland	MD FACP FAAP	Katy Lerman	7868	
Neonatal-Perinatal Medicine	SONPM	Renate D. Savich	MD FAAP	Jim Couto	7656	MA
Nephrology	SONp	Douglas M. Silverstein	MD FAAP	Suzanne Kirkwood	7648	MS
Neurological Surgery	SONs	John Ragheb	MD FAAP	Lynn Colegrove	7820	MBA
Neurology	SONu	Peter B. Kang	MD FAAP	Lynn Colegrove	7820	MBA
Obesity	SOOb	Christopher F. Bolling	MD FAAP	Mala Thapar	4284	MPH

## 2015-2016 AAP National Councils, Committees, Sections, and Other Groups (10/3/2016)

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Ophthalmology	SOOp	Sharon S. Lehman	MD FAAP	Jennifer Riefe	4082	MEd
Oral Health	SOOH	David M. Krol	MD MPH FAAP	Lauren Barone	4779	MPH
Orthopaedics	SOOr	Norman Y. Otsuka	MD FAAP	Niccole Alexander	4799	MPP
Osteopathic Pediatricians	SOOPe	Erik E. Langenau	DO FAAP	Jackie Burke	4759	
Otolaryngology - Head and Neck Surgery	SOOHNS	Kristina W. Rosbe	MD FAAP	Vivian Thorne	7669	
Pediatric Pulmonology and Sleep Medicine	SOPPSM	Julie P. Katkin	MD FAAP	Laura Laskosz	4928	MPH
Pediatric Trainees	SOPT	Lauren Gambill	MD	Julie Raymond	7137	
Plastic Surgery	SOPS	Mark M. Urata	MD DDS FAAP	Kathy Ozmeral	7668	
Radiology	SORa	Maria-Gisela Mercado-Deane	MD FAAP	Laura Laskosz	4928	MPH
Rheumatology	SORh	Lisa F. Imundo	MD FAAP	Laura Laskosz	4928	MPH
Senior Members	SOSM	Arthur Maron	MD MPA FAAP	Jackie Burke	4759	
Simulation and Innovative Learning Methods (Provisional)	PSOSILM	Taylor Lee Sawyer	DO MEd FAAP	Thaddeus Anderson	4786	
Surgery	SOSu	Michael G. Caty	MD FACS FAAP	Vivian Thorne	7669	
Telehealth Care	SOTC	Joshua J. Alexander	MD FAAP	Trisha Calabrese	7116	MPH
Tobacco Control	SOTCo	Karen M. Wilson	MD MPH FAAP	Elizabeth Katta	7164	
Transport Medicine	SOTM	Keith Meyer	MD FAAP	Niccole Alexander	4799	MPP
Uniformed Services	SOUS	Capt. Andrea Donalty	MD FAAP	Jackie Burke	4759	
Urology	SOU	Saul P. Greenfield	MD FAAP	Kathy Ozmeral	7668	
<b>Program Advisory/Steering Committees</b>	<b>13</b>	<b>Chairperson</b>		<b>Staff</b>		
Advanced Pediatric Life Support	APLS SC	Susan Fuchs Rick Place	MD FAAP MD FAAP	Melissa Marx	4324	
APEX Practice Excellence	APEXPE PAC	Christoph R. Diasio	MD FAAP	Sherry Fischer	7106	MBA
Campaign for Dental Health PAC		Jodie Silverman	MPA	Hollis Russinof	4983	MUPP
Child Health Informatics Center	CHIC PAC	Stephen Downs	MD MS FAAP			
Childhood Immunization Support Program	PAC			Katie Milewski	7170	MPH
FamilY Partnerships Network		Betsy Anderson Julianne Beckett		Sunnah Kim	4729	MS RN
Global Immunization PAC	GI PAC	Margaret Fisher	MD FAAP	Terrell Carter	4319	MHS
Medical Home Implementation	MHI PAC	Wm. Carl Cooley	MD FAAP	Michelle Esquivel	4989	MPH
Neonatal Resuscitation Program	NRP SC	Steven Ringer Marilyn Escobedo	MD PhD FAAP MD FAAP	Rachel Poulin	7659	MPH
Pediatric Education for Prehospital Professionals	PEPP SC	Bruce Klein	MD FAAP	Melissa Marx	4324	
Pediatric Practice Managers Alliance Leadership Team		Holly Parlavecchio	RN	Elisha Ferguson	4089	
PROS (Pediatric Research in Office Settings)	PROS SC	Benjamin Scheindlin	MD FAAP	Laura Shone	7910	DrPH MSW
Practice Improvement Network	PIN	Joseph Craig	MD FAAP	Keri Thiessen	4260	MEd
Quality Improvement Innovation Networks	QuIIN	Steven Kairys	MD FAAP	Keri Thiessen	4260	MEd
Richmond Center Advisory Committee	RCAC	Colleen Kraft	MD FAAP			
Value in Inpatient Pediatrics Network	VIP	Matthew Garber	MD FAAP FHM	Keri Thiessen	4260	MEd
<b>Task Forces</b>	<b>4</b>	<b>Chairperson</b>		<b>Staff</b>		
Circumcision	TFOC	Susan Blank	MD MPH FAAP			
Diversity and Inclusion		Danielle Laraque-Arena DeWayne Pursley	MD FAAP MD MPH FAAP	Jon Klein Erin Kelly	4322 4075	MD MPH FAAP PhD
Pediatric Practice Change		Anne R. Edwards James M. Perrin	MD FAAP MD FAAP	Trisha Calabrese	7116	MPH
Sudden Infant Death Syndrome	TFOSIDS	Rachel Y. Moon	MD FAAP	Jim Couto	7656	MA



# AMERICAN ACADEMY OF PEDIATRICS SECTION ON NEONATAL PERINATAL MEDICINE PROGRAM

AAP NATIONAL CONFERENCE & EXHIBITION

OCTOBER 21-23, 2016

SAN FRANCISCO, CA

Friday, October 21, 2016  
8:30AM – 7:30PM  
Moscone Center Room 130

## SECTION ON NEONATAL PERINATAL MEDICINE PROGRAM & RECEPTION – DAY 1

- 8:30 AM – 5:00 PM      **Organization of Neonatal Training Program Directors**  
*Chair, ONTPD- Patricia Chess, MD, FAAP*
- 12:00 - 1:00 PM      **ONTPD/TECaN Lunch**  
*Sponsored by Mead Johnson Nutrition*
- 1:00PM – 5:00PM      **MIDDLE CAREER NEONATOLOGISTS (MIDCAN) MEETING**  
*Sponsored by Mead Johnson Nutrition*
- 5:15 PM– 6:00 PM      **GERALD MERENSTEIN LECTURE: THE FUTURE OF PREMATURITY: NEW APPROACHES FOR DETECTION AND PREVENTION OF PRETERM LABOR.**  
*Jeff Reese MD, FAAP*  
*Sponsored by Abbott Nutrition*
- 6:00 PM      **Opening Reception and Poster Session**  
*Sponsored by Abbott Nutrition*

Saturday, October 22, 2016  
8:00 AM – 5:30 PM  
Marriott Yerba Buena Salon 8

## SECTION ON NEONATAL PERINATAL MEDICINE PROGRAM – DAY 2

- 8:00 AM – 9:45 AM      **SCIENTIFIC ABSTRACT ORAL PRESENTATIONS:**
- SESSION 1 – MODERATORS: SERGIO GOLOMBEK, MD
- 8:05 AM      **EVALUATION OF WORK OF BREATHING UTILIZING NON-INVASIVE VENTILATION (NIV) AND NEURALLY ADJUSTED VENTILATOR ASSIST (NAVA) IN A NEONATAL ANIMAL MODEL WITH BOTH HEALTHY AND INJURED LUNGS**  
*Michelle Jones, DO, University of Arkansas for Medical Sciences*
- 8:20 AM      **NONOATE RESTORES DISRUPTED INSULIN SIGNALING IN OFFSPRING EXPOSED TO IN-UTERO HYPERGLYCEMIA**  
*Kok Lim Kua, MD, University of Iowa Children's Hospital*
- 8:35 AM      **VIDEOLARYNGOSCOPY VERSUS DIRECT LARYNGOSCOPY FOR NEONATAL ENDOTRACHEAL INTUBATION BY PEDIATRIC TRAINEES: A SIMULATION STUDY**  
*Shweta Parmekar, MD, Texas Children's Hospital/Baylor College of Medicine*
- 8:50 AM      **REGULATION OF INTESTINAL MUCOSAL WOUND HEALING BY SEROTONIN**  
*Sanket Jani, MD, Michigan State University*
- 9:05 AM      **SURGERY PROLONGS DURATION OF ROP AND INCREASES RISK FOR LASER INTERVENTION**  
*Carrie Torr, MD, University of Utah*
- 9:20 AM      **PRESENTATION OF KLAUS RESEARCH AWARDS – Hendrik Weitkamp, MD**
- 9:30 AM      **BREAK**
- SESSION 2 - MODERATORS: STEPHEN PEARLMAN, MD

9:45 AM	<p><b>MACROPHAGE-DECIDUAL CELL CO-CULTURE PROMOTES A SYNERGISTIC INFLAMMATORY RESPONSE TO LIPOPOLYSACCHARIDE</b>  <i>Anjali Anders, MD, Vanderbilt University Medical Center</i></p>
10:00 AM	<p><b>PLASMA F2-ISOPROSTANE LEVELS IN NEONATAL EXTRACORPOREAL MEMBRANE OXYGENATION</b>  <i>Aaron Reitman, DO, LAC/USC Medical Center and Children’s Hospital Los Angeles</i></p>
10:15 AM	<p><b>ROLE OF MICROTUBULE CYTOSKELETON AS A NEW TARGET FOR PULMONARY HYPERTENSION MANAGEMENT</b>  <i>Gurdeep Atwal, MD, University of Illinois at Chicago</i></p>
10:30 AM	<p><b>POINT-OF-CARE TESTING VERSUS CENTRAL LABORATORY TESTING OF ELECTROLYTES IN NEONATES</b>  <i>Ha-young Choi, MD, Medstar Georgetown University Hospital</i></p>
10:45 AM	<p><b>NOVEL MODEL OF HYPOXIC-ISCHEMIC BRAIN DAMAGE IN INTRAUTERINE GROWTH RESTRICTED NEWBORN RATS</b>  <i>Radhika Narang, MD, University of Mississippi Medical Center</i></p>
11:00 AM – 11:45 AM	<p><b>THOMAS CONE HISTORY LECTURE</b>  <b>Those Exciting Times- The Very Early Days of RDS</b>  <i>Maria Delivoria-Papadopoulos, MD, FAAP</i>  <i>Sponsored by Abbott Nutrition</i></p>
11:45 AM – 12:00 PM	<p><b>THE SECTION ON NEONATAL-PERINATAL MEDICINE AT WORK: SUMMARY OF SECTION ACTIVITIES FOR 2015-2016</b>  <i>Renate Savich, MD, FAAP</i>  <i>Chair, AAP Section on Neonatal - Perinatal Medicine</i></p>
12:00 PM -12:15 PM	<p><b>PRESENTATION OF NEONATAL LANDMARK AWARD</b>  <i>Recipient: T. Michael O’Shea, MD, FAAP</i>  <i>Sponsored by Mead Johnson Nutrition</i></p>
12:15 PM – 12:30 PM	<p><b>PRESENTATION OF AVROY FANAROFF NEONATAL EDUCATION AWARD</b>  <i>Recipient: Jay Greenspan, MD, FAAP</i>  <i>Sponsored by Mead Johnson Nutrition</i></p>
12:30 PM – 1:30 PM	<p><b>LUNCH BREAK</b></p>
1:30 PM – 5:20PM	<p><b>JOINT SECTION PROGRAM: SECTION ON NEONATAL PERINATAL MEDICINE, SECTION ON CHILD NEUROLOGY AND SECTION ON HOSPICE AND PALLIATIVE CARE</b>  Both term and preterm neonates with neurologic pathology are commonly cared for in many NICUs. The accurate diagnosis, optimal treatment and neurodevelopmental outcome of these infants are important to their families and to the clinicians caring for them. The creation of a Neuro NICU (NNICU) within existing NICUs is becoming increasingly common; these NNICUs are dedicated to the specific coordinated care for newborns with neurologic conditions such as HIE or neonatal seizures. This session will inform the audience as to variability in NNICUs and guidelines to create the ‘optimal’ NNICU. Neonates with neurologic or other complex conditions that survive to discharge could benefit from the coordinated care that assists with the transition to discharge and the subsequent care these patients require; examples of such a team includes a Pediatric Advanced Complex Care Team (PACCT). The key members of such a team and examples of cases whose families have benefited from this coordinated care will be presented.</p>
1:30 PM – 1:35 PM	<p><b>INTRODUCTION</b>  <i>Tom George, MD</i>  <b>MODERATORS: HANNAH GLASS, MD AND SHAWN SEN, MD</b></p>
1:35 PM -2:20 PM	<p><b>NEURO NICU – TAKING ADVANTAGE OF A DECADE OF INNOVATION AND YOUR INSTITUTION’S STRENGTHS WHEN BUILDING YOUR PROGRAM</b>  <i>Frances Northington, MD</i></p>



2:20 PM -3:05 PM	<b>COMPLEX CASES IN NEONATOLOGY – WHAT IS A PACCT TEAM AND WHEN DO YOU REFER?</b> <i>Emma Jones, MD</i>
3:05 PM -3:15 PM	<b>BREAK</b>
3:15 PM -4:00 PM	<b>NEONATAL SEIZURE MANAGEMENT – TIME TO MOVE BEYOND PHENOBARBITAL?</b> <i>Hannah Glass, MD</i>
4:00 PM -4:45 PM	<b>NEONATAL WEAKNESS – HOW FLOPPY IS TOO FLOPPY?</b> <i>John Day, MD, PhD</i>
4:45 PM -4:50 PM	<b>YOUNG INVESTIGATOR AWARDS</b> <i>Sponsored by Mead Johnson Nutrition</i>
4:50 PM -5:20 PM	<b>PRESENTATION OF THE VIRGINIA APGAR AWARD</b> <i>Recipient: George Little, MD, FAAP</i> <i>Sponsored by Abbott Nutrition</i>
5:30 PM -7:30 PM	<b>TECaN Reception</b> <i>Sponsored by Abbott Nutrition</i>

Sunday, October 23, 2016  
8:00 AM – 3:00 PM  
Marriott Yerba Buena Salon 8

### SECTION ON NEONATAL PERINATAL MEDICINE PROGRAM – DAY 3

8:00AM – 8:30AM	<b>UPDATE FROM THE COMMITTEE ON THE FETUS AND NEWBORN</b> <i>Kristi Watterberg, MD</i>
	<b>NEUROLOGIC, CARDIAC AND PERFUSION MONITORING IN THE NICU – USEFUL DATA OR DATA OVERLOAD?</b> The monitoring of cardiopulmonary and neurologic status of neonates in the NICU has become increasingly complex with new technologies available to neonatologists. This session will review some of these modalities to assess the impact of these existing and emerging technologies in improving patient care at the bedside.  MODERATORS: TOM GEORGE, MD AND HAYLEY FRIEDMAN, MD
8:30AM – 9:10AM	<b>aEEGs – SO WHAT DO NEUROLOGISTS REALLY THINK OF THEM?</b> <i>Courtney Wusthoff, MD</i>
9:10AM – 9:50AM	<b>IMAGING IN NEONATAL NEUROLOGY</b> <i>Terrie Inder, MBChB, MD</i>
9:50AM – 10:00AM	<b>BREAK</b>
10:00AM – 10:35AM	<b>TARGETED NEONATAL ECHOCARDIOGRAPHY AND TARGETED BEDSIDE ULTRASOUND USE IN THE NICU – SHOULD NEONATOLOGISTS LEARN NEW TRICKS?</b> <i>Shahab Noori, MD</i>
10:35AM – 11:10AM	<b>NIRS IN THE NICU – DEFINING THE PATHWAY FORWARD</b> <i>Jonathan Mintzer, MD</i>
11:10AM – 11:45AM	<b>HERO OR VILLAIN: PREDICTIVE MONITORING FOR SEPSIS IN THE NICU</b> <i>Karen Fairchild, MD</i>

11:45AM – 1:00PM

**LUNCH BREAK**

1:00PM – 3:00PM

**CONCURRENT WORKSHOPS**

**WORKSHOP A – MARRIOTT NOB HILL B**  
**DIFFICULT CONVERSATIONS WITH FAMILIES –**  
*Christopher Collura MD and Stephen Pearlman MD*

**WORKSHOP B – MARRIOTT NOB HILL C**  
**ICD 10 AND CODING WORKSHOP**  
*Gil Martin, MD*



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### **CoPS UPDATE July 2016**

*Please forward to your subspecialty society/section or allied organization as appropriate.*

#### CoPS Update:

- CoPS continues to work toward a common match date for the pediatric subspecialties. Only 2 subspecialties currently have their match in the spring (and one may be moving to the fall next year), the others are now in the fall.
- CoPS was invited to participate in the Federation of Pediatric Organizations (FOPO) meeting focusing on Maintenance of Certification (MOC) requirements. The meeting, held in February 2016, was an intense and open forum to discuss expectations for professionalism and professional self-regulation of MOC. Follow up from this meeting is pending.
- CoPS was asked by the ACGME to review accreditation requirements for resident duty hours; in January a 4 page document was submitted to the ACGME on behalf of CoPS. Based on this response, CoPS was invited to attend and present our viewpoint at the ACGME Congress in March 2016 that was organized to discuss resident duty hours. Further follow up is pending on this issue.
- At the CoPS 2016 spring meeting, held during the PAS meeting in Baltimore, presentations were made by several CoPS members/organizations and key stakeholders. Dr. Linda Althouse from the American Board of Pediatrics presented information regarding MOCA-Peds that will be implemented for general pediatricians next year and, if successful, for subspecialties 1-2 years later; Dr. Laurel Leslie also from the American Board of Pediatrics discussed surveying pediatricians including collecting workforce data.
- CoPS participated in a meeting sponsored by the American Academy of Pediatrics (AAP) and American Board of Pediatrics Foundation (ABPF) to discuss/consider the Global Health Initiative including new requirements as part of the training requirements for pediatric residents.
- Along with the Academic Pediatric Association (APA), Association of Pediatric Program Directors (APPD) and Council on Medical Student Education in Pediatrics (COMSEP), CoPS was again a co-sponsor of the Pediatric Educational Excellence Across the Continuum (PEEAC) conference held in September 2015. Members of CoPS lead sessions in this highly successful conference.

- The CoPS Fellowship Readiness Action Team has continued to work with the Association of Pediatric Program Directors (APPD) to improve residents' preparedness as they transition to fellowship. Lists of potential electives and volunteer mentors ("Faculty Contacts") are available on the CoPS website under each subspecialty description.
- CoPS continues to lead a charge for subspecialty graduate medical education to adjust the fellowship start date as trainees move from residency to fellowship. An Action Team with at least 11 other organizations involved has been collecting information and is now pushing forward with this movement, recommending a start date no earlier than July 7; supported most recently by the Association of Medical School Pediatric Department Chairs (AMSPDC).
- CoPS co-sponsored a webinar with AMSPDC to discuss the collaborative relationship of CoPS and AMSPDC, including a review of CoPS as an organization and its operation, common fall Match date for residents entering subspecialty pediatrics, Fellowship Start Date (moving to July 7 or later), participation in AMSPDC Pages in the *Journal of Pediatrics*, discussion of pediatric subspecialty descriptions on CoPS' website, creation of a Scholarly EPA, workforce issues, and MOC.
- A subspecialty Workforce Action Team, in partnership with the ABP, is developing criteria and information upon which to base new workforce information; ongoing at this time.
- The [Subspecialty Descriptions](#) on the CoPS website updates are ongoing; activity in this section continues to increase. Each subspecialty representative has been asked to update their respective website.
- CoPS has continued its efforts to enhance its website by reorganizing material and adding new content. Activity has continually increased and exceeded 200,000 page views in the current year.
- CoPS is enhancing subspecialty communication through social media, specifically at this time working through FaceBook and Twitter.
- CoPS published its [second article in J Peds](#).
- ACGME requested input into the Subspecialty Pediatric Program Requirements revision. Subspecialties have been asked to comment about various topics including the amount of protected time allocated during a fellowship, coordinator support (mandated?), competency-based curriculum, and the concept of a common pediatric subspecialty curriculum. CoPS representatives are working on these issues.
- Pediatric Hospitalists have joined the Council. The ABP recommended to the American Board of Medical Subspecialties (ABMS) approval for official status as a subspecialty with Board Certification; which is currently further being considered.

Agenda: Task Force for NPM Therapeutics Development  
Chair Ronald L Ariagno, MD FAAP District IX, Stanford University and FDA

I. Attached is unabridged newsletter describing Task Force published Feb. 2016 for those interested in details and easy access to links.

II. Attached find four subcommittees, which have met via Tcon over the last year and Co-Chairs.

III. Requests to SoNPM Executive Committee for consideration and approval:

1. Invitation to submit updates on work from the Task Force in the Section Newsletter.
2. List Task Force in the Executive Committee Roster section of the Newsletter e.g., Task Force for Neonatal Perinatal Medicine Therapeutic Development. Chair, Ronald L. Ariagno MD FAAP. Stanford University, 750 Welch Road, Suite 315, Palo Alto, CA. 94304; 650 723-5711 (O), 650 269-3964 (C). [RLA@stanford.edu](mailto:RLA@stanford.edu), [ronald.ariagno@fda.hhs.gov](mailto:ronald.ariagno@fda.hhs.gov)
3. Accept liaison invitation for Chair to the Section on Advancing Therapeutic and Technology, which will have no fiscal impact on SoNPM and will provide communication between our Sections to promote NPM Therapeutic Development.
4. Provide and facilitate access to SoNPM web site for Subcommittees to provide information and updates to SoNPM members and families. For example: Sub Committee (SubC)- *Specific Guidelines for Neonatal Therapeutic Development in collaboration with the FDA* could provide link for manuscript when published from the International Neonatal Consortium (INC), which addresses “Considerations Regarding Safety, Dosing, and Pharmaceutical Quality for Studies that Evaluate Medicinal Products (including Biological Products) In Neonates”. Sub C- *Provide Curriculum and funding opportunities for Dual Training in Neonatology, Pharmacology and Clinical Trials* can provide links to global pharmacology online program when available or the NICHD annual pharmacology online lecture series for the benefit of training programs and interested TECaN and SoNPM members; Sub C - *Promote parent and community advocacy for Neonatal-Perinatal Therapeutics Research* is working with March of Dimes to write article on critical need for neonatal therapeutic research and seeking parent advocacy which will be in the family sharing section of their website. Similar article on family section of SoNPM website would be also be important. SubC *Facilitate the establishment of inclusive network of neonatology practices* can update their discussion on how this might be accomplished.

**Subcommittees:**

**I. Specific Guidelines for Neonatal Therapeutic Development in collaboration with the FDA Co Chairs: Bob Ward and Mark Hudak (Jon Davis)**

**II. Facilitate the establishment of inclusive network of neonatology practices  
Co-Chairs: Brian Smith and Roger Soll.**

**III. Provide Curriculum and funding opportunities for Dual Training in Neonatology, Pharmacology and Clinical Trials  
Co-Chairs: Christiane Dammann and Tamorah Lewis (Bob Ward)**

**IV. Promote parent and community advocacy for Neonatal-Perinatal Therapeutics Research: Co-Chairs Mitch Goldstein and Wakako Eklund.**

Neonatal Perinatal Medicine Section Newsletter 2016 Article  
Ronald L. Ariagno, M.D., FAAP ([RLA@stanford.edu](mailto:RLA@stanford.edu); [ronald.ariagno@fda.hhs.gov](mailto:ronald.ariagno@fda.hhs.gov))

## **Task Force for Neonatal Perinatal Therapeutic Development (NeoPeriTD)**

The Task Force was established and approved at the AAP Section on Neonatal Perinatal Medicine (SoNPM) Executive Committee on October 22, 2015. My appointment as Chair was made through Renate Savich, Section Chair, following a significant evolution of proposals/discussions over the last 1.5 years. A review of “Critical Role for Neonatologists in Developing Neonatal Pharmacotherapeutics” Newsletter March 2014 Ariagno, RL, Davis JM, and Hudak, ML (<http://www2.aap.org/sections/Perinatal/pdf/PerinatalWinter2014.pdf>) will give some antecedent perspective and details. The purpose of this article is to review relevant history on therapeutic development, recent events e.g., Consortia, which will be opportunities for neonatologists and neonatal and intensive care practices to participate in clinical trials research, and to introduce the **Task Force and mission to promote and facilitate neonatal-perinatal therapeutics development and FDA regulatory approval for new and established therapies to improve the care and outcome of critically ill newborn infants.**

### **Background**

The NIH and FDA Neonatal Drug Development Initiative (2004), the Best Pharmaceuticals for Children Act (BPCA), Pediatric Research Equity Act (PREA) and FDA Safety and Innovation Act (FDASIA, 2012) have been very important and significant efforts; however, they have not been sufficient to change neonatal clinical practice patterns in which most drugs in use are unapproved or off labeled. FDASIA required a neonatologist at the FDA\* to help address the lack of progress in drug development for neonates (<http://www.fda.gov/RegulatoryInformation/Legislation/SignificantAmendmentstotheFDCAAct/FDASIA/ucm311038.htm>; \**“To address continuing needs for neonatal expertise, the Act requires the Office of Pediatric Therapeutics to include a staff member with expertise in a pediatric subpopulation that is less likely to be studied under BPCA or PREA and specifies that for five years after enactment, this should include an expertise in neonatology. It further specifies that an FDA employee with expertise in neonatology should sit on the Pediatric Review Committee. FDASIA also requires BPCA requests for pediatric drug studies to include a rationale for not including neonatal studies if none are requested.”*).

I was first appointed to the Neonatology Sub-Committee (2013) to the Pediatric Advisory Committee to the FDA and later appointed as the neonatologist at the FDA from August 2013 – September 1, 2015 (joining Dr. Robert “Skip” Nelson in Office of Pediatric Therapeutics, OPT and Dr. Susan McCune in Office of Translational Science

already at the FDA). My position was funded by the Oak Ridge Institute for Research and Education with a title of Senior ORISE Faculty Fellow in Neonatology assigned primarily in the Office of Pediatric Therapeutics (OPT) and the Center for Drug Evaluation and Research (CDER). I attended the Pediatric Review Committee (PeRC) meetings and had the Chair Dr. Lynne Yao as my mentor. Dr. McCune was one of the key innovators for the development of a public private partnership for neonatology, which became the International Neonatal Consortium (see below). Dr. Gerri Baer, a Neonatologist from Silver Spring, MD, was recruited to assume the full time FDA position (September 21, 2015). On September 1, I continued part time as an Intergovernmental Personnel Act (IPA) agreement, appointment with Stanford University and the FDA in OPT with the primary purpose of mentoring and supporting Dr. Baer and to maintain efforts started over the last two years to promote the inclusion of regulatory science in the clinical research paradigm of neonatologists. I have learned a great deal about the FDA and “regulatory science” requirements for Drug/Therapeutics approval. On reflection it has become clearer to me what we need to do in neonatology practice to begin the process of establishing safety, efficacy and appropriate formulation and dose for our patients. Currently, most conditions and diseases in critically ill neonates and pediatric patients are managed with off label drugs due to lack of data to support safety and efficacy or decisions to determine appropriate dose and formulation. In the clinical care of critically ill preterm and full term newborns over 90% of the drugs used do not have sufficient research to have FDA approval and labeling for use in this specific population. Clinical care decisions are based on “extrapolation” on what information is available, expert opinion and consensus, which is a common and very troubling dilemma due to the limitation of the data.

Although neonatologists have a consistent history of clinical research regarding the use of drugs these studies have not provided the results *required for drug approval and labeling* due to study design limitations and lack of convincing safety and efficacy measures (acceptable biomarkers, endpoints and outcome measures).

### **The International Neonatal and Pediatric Trials Consortia**

Recently, the American Academy of Pediatrics, Pharmaceutical companies and FDA through the Critical Path Institute, have launched two independent non-conflicted organizations: the International Neonatal Consortium (INC; May, 2015; review link for more information <http://c-path.org/programs/inc/#>) and the (Global) Pediatric Trials Consortium (PTC: October 2015; review link for more information <http://c-path.org/programs/ptc/>). Although NIH is not a formal part of these agreements NIH has several representatives participating in these consortia. The PTC is developing national and global pediatric/neonatal interdisciplinary clinical trials networks.

The focus of the INC is on conditions commonly encountered in neonatal medical care:

**Neonatal Brain Injury:** For Term infants – Prevention and treatment of seizures, asphyxia, stroke. For Preterm infants – Prevention and treatment of severe



intraventricular hemorrhage (IVH) and white matter injury (WMI), both leading factors in the development of Cerebral Palsy (CP)

**Neonatal Lung Injury:** Prevention and treatment of Bronchopulmonary Dysplasia (BPD) and associated pulmonary hypertension. Prevention and treatment of Persistent Pulmonary Hypertension of the Newborn (PPHN)

**Neonatal Gastrointestinal Injury:** Prevention and treatment of Necrotizing Enterocolitis (NEC)

**Neonatal Sepsis:** Prevention and treatment of bacterial and viral infections

**Retinopathy of Prematurity (ROP):** Prevention and treatment

**Neonatal Abstinence Syndrome (NAS):** Treatment of the withdrawal that results from *in utero* exposure to opiates.

**Treatment of Seizures:** The seizure workgroup will start by prioritizing deliverables. One possible deliverable would be qualifying a biomarker (e.g. computational MRI and spectroscopy, EEG). Another deliverable could be a master protocol for treating seizures, which may serve as a template for other groups interested in developing master protocols for neonatal trials.

**Prevention of Bronchopulmonary dysplasia (BPD).** The BPD workgroup will start by prioritizing deliverables, which include: 1) apply ‘omics’ to identify novel drug targets; 2) standardize the definitions used to describe symptoms, variables, and outcomes; 3) harmonize Enterprise Data Warehouse (EDW) between countries for analyzing data; 4) develop biomarkers; and 5) determine correct dosing for off-patent pharmaceuticals.

**Developing a clinical pharmacology for neonates position paper** that may be used to inform FDA and European Medicines Agency (EMA) guidance.

**Carrying out an environmental scan of existing neonatal databases** that may provide useful information on the natural history of disease, biomarkers, clinical endpoints, standards-of-care, long-term follow-up of outcomes.

I have participated in the planning meetings for both Consortia and in the working groups for Clinical Pharmacology and Prevention of BPD.

### **Investigator Sponsored New Drug/Device Applications and Training needs**

Although the primary portal for new therapeutics applications is from Industry, some Universities are providing training and infrastructure for academic physician scientists to be the principal investigator and sponsor for therapeutic trials. I have spearheaded a discussion about how to incorporate and implement pharmacology, regulatory science and clinical trials training for the next generation of subspecialists with the help of Organization of Neonatology Training Program Directors (ONTPD) leadership, NIH and

Training and Early Career Neonatologist (TECaN). It is important that neonatology keeps current with NIH funding opportunities (<http://grants.nih.gov/grants/guide/description.htm>) regarding neonatal therapeutics (drugs and devices). The incorporation of research into clinical practice and the inclusion of relevant training of the next generation of neonatologists are critically needed.

### **Opportunity and Need To Incorporate Research In Neonatal Intensive Care Practices**

The goal of the research extends beyond drugs. The Neonatal Perinatal research agenda should be based on a careful analysis of the needs of the developing infant, who is experiencing a specific condition, disease or morbidity, rather than from the perspective on how to use the drugs approved for other populations. Research is needed for discovery of biomarkers, endpoints and outcome measures, which can be validated/documented as significant for assessing the progress, modification or resolution of a disease or condition. It will be important to develop new or validate in use “in vitro” and “in vivo” tests to assess state of infant development and disease/condition. There is also a need to do research on biologics (e.g., probiotics or oligosaccharides) and vaccines (e.g. RSV and for group B beta streptococcus) and devices. Although the emphasis on the infant may be apparent, research efforts should also include placental investigations to understand fetal and fetal-maternal relationships so that these data can one day inform the clinical neonatologist about new therapeutics which may be relevant for premature infant care. Research on pre-pregnancy maternal and paternal health issues are also relevant. Research should also include prevention of prematurity and on health issues of the mother at delivery.

The Electronic Medical Record (EMR) has been cited as an important research tool to advance medical care. However, the data needed will extend beyond what is usually available in the unique clinical hospital oriented EMR at each medical center. Developing a universal EMR designed to include the capacity to do research, and to discover adverse and unexpected events is essential. Registries, bio banking, genomic and other “-omic” studies are needed. Continuing research on the Microbiome (and the significance of modifications) and nutrition (enteral and parenteral for growth and development) are needed. Maternal Breast milk collection, analysis and processing and handling at hospital should be standardized nationally. Individualized/precision care, based on development and condition or disease, is an important goal to achieve.

Although ethics and achieving an acceptable/appropriate/scientifically rigorous design of studies are important challenges, it must be recognized that failure to include and support research to prove safety and efficacy is not a responsible choice. Maintaining the status quo or “doctor knows best” is unlikely to lead to an advance in clinical care or an improvement in outcomes. Informing parents of the importance of research and how it could be incorporated into the clinical paradigm with their input, collaboration and

consent will be needed for them to become informed advocates. QI studies can have a significant impact, if they lead to standardize care beyond one clinical unit. Although many groups are trying to improve care and outcome, communication and networking among all of the stakeholders will be needed to get the impact on clinical care that everyone desires. An organization like the National Cancer Institute (NCI) Children's Oncology Group (COG) could be a successful model to organize research and investigators in neonatology. Most of their approved therapeutic advances are accomplished through COG.

Ultimately, the most effective approach would be for regulatory studies to be accomplished within clinical practices. Parents and families will need to be informed of the critical need for the research and the importance of their input in trial design and to learn what would be acceptable for them and for the participation of their children in order to improve and advance clinical care. Collaboration between subspecialty pediatricians, clinical and academic/clinical physician investigators, FDA, NIH, NICHD, and the BPCA, Pediatric Trials Network (PTN) and Neonatal Research Network, Pediatrix (MEDNAX), Kaiser Permanente, Academic Societies, AAP (Section on Neonatal and Perinatal Medicine, SOATT, ONTPD, TECaN, Fetus and Newborn Committee and other relevant Sections and Committees), Vermont Oxford Network and California Perinatal Quality Care Collaborative (CPQCC), National Heart Lung and Blood Institute (NHLBI) Pediatric Respiratory Outcomes Program and Pediatric Pulmonary Hypertension Network (and other relevant data and clinical trials networks), March of Dimes, Industry, Investigator Sponsors and "parent, family and community" advocates will be needed. Among this long list of stakeholders and collaborators it is important to emphasize that the support of parents will be essential to have success in the next era of advancing clinical practice and clinical trials research. When parents and the public are fully informed and appreciate the need to accomplish this research and can add their voice and support for professional action and funding, we can work together to accomplish the research needed to advance the care of neonates and improve outcomes.

### **Task Force for Neonatal-Perinatal Therapeutics Development (NeoPeriTD)**

The description of the Task Force is the result of the first of planned quarterly Teleconference (Tcon) on October 5, 2015; 11:30-12:30 PT

Chair: Ronald L Ariagno, MD, FAAP, IPA with Stanford University and FDA.

The Task Force committee will primarily function via quarterly Tcons and hopefully can meet in person annually by coordinating with a meeting with AAP National Convention and Exhibition or Pediatric Academic Society meetings. The first Tcon was held with a core group of members to start the process of establishing the mission and goals of the NeoPeriTD.

**Christiane Dammann**, Tufts U. former Chair of Organization of Training Program Directors (ONTPD)

**Jonathan Davis**, Tufts U., Chair of Neonatology Sub Committee FDA

**Mark Hudak**, FL College of Med. Jacksonville, Chair of the Pediatric Advisory Committee to the FDA

**David Stevenson**, Stanford U.

**Bob Ward**, U. Utah, NeoPharmacology

**John Zupancic**, Harvard U., Chair elect of SoNPM

The **mission**: promote and facilitate neonatal-perinatal therapeutics development and FDA regulatory approval for new and established therapies to improve the care and outcome of critically ill newborn infants.

The **goal**: use the educational, advocacy, liaison and leadership resources of the AAP and SoNPM to establish, through consensus, a culture of investigation and collaboration for all clinical neonatology practices: academic, corporate and community based to maximize the opportunity for infants to participate in research. *The core group in Tcon felt that the NeoPeriTD would be important and complimentary to the multiple efforts which are in process, such as the International Neonatal Consortium (INC) and the Global Pediatric Clinical Trials Consortium, the NICHD Pediatric Trials Network, the Pediatric Pulmonary Hypertension Network, etc. The success of the consortia will depend on a clinical consensus for the importance of investigation and collaboration from neonatologists, parents and intensive care nurses. In addition neonatologists will need to establish a consensus for standardization of clinical practice so that the variation within and between practices and regions is less than the difference hypothesized for an intervention, which will be studied.*

The four main arenas to consider for work and action:

1. Specific Guidelines for Neonatal Therapeutics Development in collaboration with the FDA
2. Facilitate the establishment of inclusive network of neonatology practices
3. Provide Curriculum and funding opportunities for Dual Training in Neonatology, Pharmacology and Clinical Trials
4. Promote parent and community advocacy for Neonatal-Perinatal Therapeutics Research

Considerations for Educational Involvement of Section:

1. Future NCE Perinatal Program joint program with Section on Advancing Therapeutics and Technology (SOATT), NICHD/PTN and FDA regarding Clinical Trial Design for successful regulatory approval
2. Task Force page on section web site
3. Liaise with American Board of Pediatrics re: questions on exam

4. Liaise with ONTPD re: program
5. Liaise with Accreditation Council for Graduate Medical Education (ACGME) re: inclusion of therapeutic pathways
6. Access AAP resources in lobbying, federal affairs
7. Assess resolutions so far submitted to ALF (Annual leadership Forum) around neonatal therapeutic development
8. Suggest resolutions to ALF for AAP around neonatal-perinatal therapeutic development or specific agents
9. Use AAP resources to advertise work of INC and recruit investigators
  
10. Establish regular communications with FDA regarding neonatology issues and provide a portal for communication with SoNPM members/neonatologists (Ron Ariagno and full time FDA neonatologist Dr. Gerri Baer in the Office of Pediatric Therapeutics)
  
11. Series of articles in NeoReviews  
 Already in the pipeline from FDA colleagues:  
 Neonatal Clinical Pharmacology and Dose Development  
 Applications of Modeling and Simulation Drug Dosing  
 Trial Designs for Neonatal Drug Development  
 Medical Counter Measures and Drug Doses for Neonates  
 Measures of Drug Effect in Neonatal Drug Development.  
 The Role of Biomarkers and Surrogate End Points in Drug Development for Neonatal Pulmonary Arterial Hypertension
  
12. Introductory front-page article on task force in newsletter
13. Ongoing quarterly column on task force work in perinatal newsletter
14. Town Hall Meetings on development at NCE or Scottsdale
  
15. Cohost with FDA and NIH: Brain Barrier Symposium/ workshop via Norman Saunders expert from the U of Melbourne, Australia, FDA, NIH and Gordon Conference global experts to present State of the Art and to identify key research issues important to drug development for fetus and infant in 2017/18. Proceedings to be submitted for publication would also be a goal to disseminate the knowledge available on the development of brain barrier mechanisms and to help to set the research agenda for the future.

Although the Task Force will convene primarily via Tcon. Funding is needed to support a yearly in person meeting with the task force members. The modus operandi for the Task Force will be to submit specific proposals/recommendations to the SoNPM for review and approval at the Oct. NCE meeting.

**Task Force members:**

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Harvard U., Chair Elect Section on Neonatal  
Perinatal Medicine AAP

In closing the Task Force members due to size of our group will utilize subdividing into work groups to accomplish objectives. The next Tcon will include full slate of stakeholders to discuss prioritization of effort e.g., training in neonatology, pharmacology and clinical trials; advocacy; collaboration needed for inclusive clinical practice network and building on successes with Neonatal Research Network, Pediatric Trials Network, Pediatric Pulmonary Hypertension Network, Pediatrix, FDA, Industry, role of NICU nurses and nurse practitioners etc. Ultimately, the measure of success for the Task Force will be determined by our contribution to progress in achieving approval of new and off label therapeutics. All input from the Section for this article and the proposed mission/goals of the Task Force is most welcome.

**Website Committee Report**  
**Section on Neonatal Perinatal Medicine Executive Committee Meeting**  
**October 21<sup>st</sup> , 2016**

**Website Committee**

Committee Members

Renate Savich, M.D. (Neonatology Page Editor)  
Krithika Lingappan, M.D. (Neonatology & Trainees Pages Co-Editor)  
Clara Song, M.D. (Trainees Page Co-Editor) (Social Media)  
Meredith Mowitz, M.D. (TECaN Page Editor)  
Colby Day, M.D. (TeCaN Corners Editor)  
Wendy Timpson, M.D. (Families Page Co-Editor)  
Dmitry Dukhovny, M.D., M.P.H. (Families Page Co-Editor)  
Mark Hudak, M.D. (Index Page Co-Editor)  
Viral Jain, M.D. (Journal Club Editor)  
Suzie Lopez, M.D. (ONTPD Page Editor)  
Jonathan Mintzer, M.D. (Articles of Interest Page Editor)  
Hendrik Weitkamp, M.D. (Klaus Page Editor)  
Linda J. Van Marter, M.D., M.P.H. (Chair & Index Page Editor)

Academy Staff

Monique Phillips, M.A.  
Vivian Thorne, B.S.  
Jim Couto, M.A.

Administrative Support

Amanda Noonan (BWH Boston)

Section Leadership

Renate Savich, M.D. (Chair, SoNPM)  
David Burchfield, M.D. (Past Chair, SoNPM)  
John Zupancic, M.D., Ph.D. (Chair-Elect, SoNPM)

**New Website Design Underway**

A SoNPM design team, including Drs. Renate Savich, Colby Day, Shawn Sen, Viral Jain, Linda Van Marter as well as Monique Phillips, Vivian Thorne and Jim Couto, spent the weekend of August 7<sup>th</sup> and 8<sup>th</sup> in Chicago meeting with senior AAP IT administrative staff and IT design team to envision a new SoNPM website. There was very good communication regarding design elements that our group wishes to incorporate into our new site. Some of these features are:

- Top 10 pages incorporated into a mobile 'app'
- Interactive journal club discussion
- Twitter feeds on each page (specific to the page)
- Barrington blog feature

The group also spent a substantial amount of time on the first of several pre-work projects that must be completed before the website can be built on the AAP SharePoint platform. In August hundreds of existing website files were reviewed and categorized for retention or disposal. Additional steps, including outlining the sitemap and reviewing associated documents, also must be completed before the website is designed. Design work by AAP staff is expected to commence in November.

**New Directory of Neonatologists**

Jim Couto's enormous amount of work with AAP IT over a number of years on the neonatologists' directory has paid off! The result is a new Directory of Neonatologists that is just being launched. The new directory has a very user-friendly interface and can be updated by the end-user.



## Journal Club is About to Launch

Our newest website feature, an online journal club, developed in collaboration with EB-Neo (Evidence Based Neonatology) is nearing launch. It is an interactive mentored journal club developed by Viral Jain, a 1st year fellow in Neonatal-Perinatal Medicine at Cincinnati.

## NeoReviews Archive 2004-2011 Catalogued and Available

NeoReviews generously shared content (Q&A) 2004 to 2011. These resources have been sorted and catalogued by Viral Jain, and appear in listings sorted by systems and by year of publication.

## Website Statistics (Past 6 Months)

**Page Views** 77,719

**Unique Page Views: 59, 921**

### **Top Viewed Pages:**

Articles of Interest	11,163
Home (Index):	9,270
Neonatologists	7,276
Events	5,935
Parents Q&A	4,561
Coding Archive	3,522
Trainees	3,211
Klaus Awards	3,175
PHC Brochure	2,330
ONTPD Home	2,295
Pediatricians	1,693
NRP Questions	1,631
TECaN	1,514
Publications	1,443
ONTPD Applicants	1,288

## Review of Spring 2016 Contributions

**Klaus Award:** The Klaus Award application and review processes were made fully electronic. There were 42 applications processed this year.

**TECaN Page Redesign:** TECaN group redesigned the look of their home page to enable the addition of a 5<sup>th</sup> domain, leadership, to join their four other areas of focus: advocacy, career, research, and quality.

**Trainees Page:** New features being added should be of interest to both trainees and graduate neonatologists: results of a salary survey and articles on e-mail etiquette and time management.

**2015 NCE Presentations:** All but one NCE presentation have been uploaded and are available online.

**Articles of Interest Page:** AOI now has accrued ~26 months of material. Introduced in Fall 2014 at Renate Savich's suggestion, a team led by Jonathan Mintzer, created and has maintained the AOI page, updating it monthly. This page continues to be a draw to the SoNPM website. The original reviewer team included: Rachel Chapman (Children's Hospital Los Angeles), Craig Nankervis (Nationwide Children's Hospital), Christopher Rouse (United States Naval Hospital Okinawa), and Jeffrey Shenberger (Baystate Medical Center); in Spring 2016 they were joined by Ravi Patel (Emory) and Rangasamy Ramanathan (UCLA). Future plans include tagging each article with keywords and creating a searchable database.

Respectfully Submitted,

Linda J. Van Marter, M.D., M.P.H.  
Chair, SoNPM Website Committee

Jan 1, 2016 - Oct 5, 2016

# Top Events

ALL » EVENT CATEGORY: Download » EVENT ACTION: Click-pdf

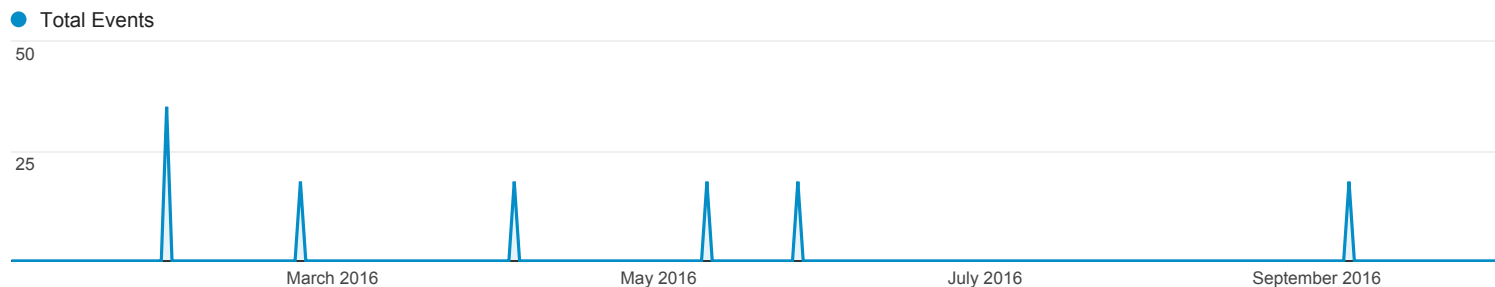
This report is based on 5.64% of sessions. [Learn more](#)

The table has been filtered to include only data for "Event Category". The graph still includes all data.  
The table has been filtered to include only data for "Event Label". The graph still includes all data.

All Users  
14.91% Unique Events (New)

## Explorer

Event



This data was filtered with the following filter expression: `/sections/perinatal/`

Event Label	Total Events	Unique Events (New)	Event Value	Avg. Value
	124 % of Total: 0.01% (1,769,679)	123 % of Total: 0.01% (1,549,034)	0 % of Total: 0.00% (0)	0.00 Avg for View: 0.00 (0.00%)
1. <a href="#">/sections/perinatal/pdf/PerinatalSummer2014.pdf</a>	<b>53</b> (43.09%)	53 (43.09%)	0 (0.00%)	0.00
2. <a href="#">/sections/perinatal/pdf/PerinatalFeb2015News.pdf</a>	<b>35</b> (28.46%)	35 (28.46%)	0 (0.00%)	0.00
3. <a href="#">/sections/perinatal/PDF/DutyHours.pdf</a>	<b>35</b> (28.46%)	35 (28.46%)	0 (0.00%)	0.00

Rows 1 - 3 of 3

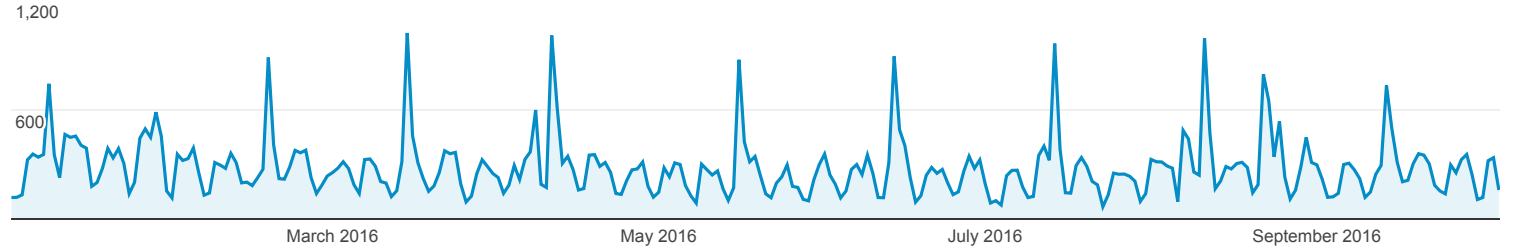
Jan 1, 2016 - Oct 5, 2016

# Pages

All Users  
100.00% Pageviews

## Explorer

Pageviews



This data was filtered with the following filter expression: `/sections/perinatal/`

Page	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	77,719 % of Total: 0.87% (8,940,798)	56,921 % of Total: 0.82% (6,926,520)	00:02:02 Avg for View: 00:01:53 (8.28%)	38,627 % of Total: 0.90% (4,305,613)	65.96% Avg for View: 52.31% (26.09%)	49.31% Avg for View: 48.16% (2.39%)	\$0.00 % of Total: 0.00% (\$0.00)
1. <a href="/sections/perinatal/articlesofinterest.html">/sections/perinatal/articlesofinterest.html</a>	<b>11,163</b> (14.36%)	<b>8,471</b> (14.88%)	00:03:20	<b>7,581</b> (19.63%)	<b>78.53%</b>	<b>69.08%</b>	<b>\$0.00</b> (0.00%)
2. <a href="/sections/perinatal/index.html">/sections/perinatal/index.html</a>	<b>9,720</b> (12.51%)	<b>7,361</b> (12.93%)	00:01:34	<b>4,813</b> (12.46%)	<b>50.17%</b>	<b>38.61%</b>	<b>\$0.00</b> (0.00%)
3. <a href="/sections/perinatal/neonatologists.html">/sections/perinatal/neonatologists.html</a>	<b>7,276</b> (9.36%)	<b>4,950</b> (8.70%)	00:01:49	<b>2,205</b> (5.71%)	<b>59.41%</b>	<b>38.19%</b>	<b>\$0.00</b> (0.00%)
4. <a href="/sections/perinatal/events.html">/sections/perinatal/events.html</a>	<b>5,935</b> (7.64%)	<b>3,890</b> (6.83%)	00:02:16	<b>3,206</b> (8.30%)	<b>64.85%</b>	<b>54.81%</b>	<b>\$0.00</b> (0.00%)
5. <a href="/sections/perinatal/parents-qa.html">/sections/perinatal/parents-qa.html</a>	<b>4,561</b> (5.87%)	<b>3,031</b> (5.32%)	00:02:22	<b>2,584</b> (6.69%)	<b>60.68%</b>	<b>53.87%</b>	<b>\$0.00</b> (0.00%)
6. <a href="/sections/perinatal/codingarchive.html">/sections/perinatal/codingarchive.html</a>	<b>3,522</b> (4.53%)	<b>3,055</b> (5.37%)	00:05:21	<b>2,767</b> (7.16%)	<b>82.54%</b>	<b>79.84%</b>	<b>\$0.00</b> (0.00%)
7. <a href="/sections/perinatal/trainees.html">/sections/perinatal/trainees.html</a>	<b>3,211</b> (4.13%)	<b>2,103</b> (3.69%)	00:01:28	<b>510</b> (1.32%)	<b>68.82%</b>	<b>29.46%</b>	<b>\$0.00</b> (0.00%)
8. <a href="/sections/perinatal/klauss.html">/sections/perinatal/klauss.html</a>	<b>3,175</b> (4.09%)	<b>1,722</b> (3.03%)	00:02:44	<b>1,536</b> (3.98%)	<b>62.30%</b>	<b>46.55%</b>	<b>\$0.00</b> (0.00%)
9. <a href="/sections/perinatal/phcbrochure.html">/sections/perinatal/phcbrochure.html</a>	<b>2,330</b> (3.00%)	<b>1,862</b> (3.27%)	00:02:24	<b>1,791</b> (4.64%)	<b>78.17%</b>	<b>73.99%</b>	<b>\$0.00</b> (0.00%)
10. <a href="/sections/perinatal/ontpdfs/ontpdindex.html">/sections/perinatal/ontpdfs/ontpdindex.html</a>	<b>2,295</b> (2.95%)	<b>1,752</b> (3.08%)	00:01:16	<b>1,427</b> (3.69%)	<b>39.69%</b>	<b>37.47%</b>	<b>\$0.00</b> (0.00%)
11. <a href="/sections/perinatal/pediatricians.html">/sections/perinatal/pediatricians.html</a>	<b>1,639</b> (2.11%)	<b>1,229</b> (2.16%)	00:01:25	<b>609</b> (1.58%)	<b>61.35%</b>	<b>39.72%</b>	<b>\$0.00</b> (0.00%)
12. <a href="/sections/perinatal/nrpquestions.html">/sections/perinatal/nrpquestions.html</a>	<b>1,631</b> (2.10%)	<b>1,065</b> (1.87%)	00:03:15	<b>920</b> (2.38%)	<b>63.37%</b>	<b>53.95%</b>	<b>\$0.00</b> (0.00%)
13. <a href="/sections/perinatal/tecan/">/sections/perinatal/tecan/</a>	<b>1,514</b> (1.95%)	<b>1,146</b> (2.01%)	00:01:52	<b>1,043</b> (2.70%)	<b>41.80%</b>	<b>36.72%</b>	<b>\$0.00</b> (0.00%)
14. <a href="/sections/perinatal/publications.html">/sections/perinatal/publications.html</a>	<b>1,443</b> (1.86%)	<b>1,181</b> (2.07%)	00:01:32	<b>294</b> (0.76%)	<b>58.84%</b>	<b>38.67%</b>	<b>\$0.00</b> (0.00%)
15. <a href="/sections/perinatal/ontpdfs/ontpdapplicants.html">/sections/perinatal/ontpdfs/ontpdapplicants.html</a>	<b>1,288</b> (1.66%)	<b>949</b> (1.67%)	00:02:20	<b>591</b> (1.53%)	<b>64.81%</b>	<b>56.29%</b>	<b>\$0.00</b> (0.00%)
16. <a href="/sections/perinatal/codingcorrection.html">/sections/perinatal/codingcorrection.html</a>	<b>1,268</b> (1.63%)	<b>1,166</b> (2.05%)	00:03:29	<b>1,087</b> (2.81%)	<b>79.39%</b>	<b>78.31%</b>	<b>\$0.00</b> (0.00%)
17. <a href="/sections/perinatal/donormilk.html">/sections/perinatal/donormilk.html</a>	<b>1,196</b> (1.54%)	<b>1,092</b> (1.92%)	00:04:19	<b>1,042</b> (2.70%)	<b>85.49%</b>	<b>83.61%</b>	<b>\$0.00</b> (0.00%)

18.	<a href="#">/sections/perinatal/aboutus.html</a>	<b>1,177</b> (1.51%)	879 (1.54%)	00:01:04	372 (0.96%)	29.84%	23.96%	\$0.00 (0.00%)
19.	<a href="#">/sections/perinatal/tecan/tecan.html</a>	<b>1,124</b> (1.45%)	650 (1.14%)	00:01:33	143 (0.37%)	48.95%	21.00%	\$0.00 (0.00%)
20.	<a href="#">/sections/perinatal/membership.html</a>	<b>820</b> (1.06%)	590 (1.04%)	00:00:58	83 (0.21%)	38.55%	15.85%	\$0.00 (0.00%)
21.	<a href="#">/sections/perinatal/families.html</a>	<b>690</b> (0.89%)	482 (0.85%)	00:01:54	158 (0.41%)	63.92%	36.96%	\$0.00 (0.00%)
22.	<a href="#">/sections/perinatal/presentations.html</a>	<b>609</b> (0.78%)	414 (0.73%)	00:01:44	77 (0.20%)	54.55%	25.62%	\$0.00 (0.00%)
23.	<a href="#">/sections/perinatal/neoperipractices.html</a>	<b>441</b> (0.57%)	255 (0.45%)	00:01:26	98 (0.25%)	46.39%	25.62%	\$0.00 (0.00%)
24.	<a href="#">/sections/perinatal/tecan/career.html</a>	<b>392</b> (0.50%)	248 (0.44%)	00:01:56	118 (0.31%)	44.07%	29.85%	\$0.00 (0.00%)
25.	<a href="#">/sections/perinatal/tecan/feedbacktecan.html</a>	<b>391</b> (0.50%)	313 (0.55%)	00:02:10	137 (0.35%)	45.26%	35.81%	\$0.00 (0.00%)
26.	<a href="#">/sections/perinatal/awards.html</a>	<b>386</b> (0.50%)	300 (0.53%)	00:02:22	206 (0.53%)	75.24%	55.44%	\$0.00 (0.00%)
27.	<a href="#">/sections/perinatal/tecan/research.html</a>	<b>380</b> (0.49%)	288 (0.51%)	00:02:28	147 (0.38%)	68.71%	45.53%	\$0.00 (0.00%)
28.	<a href="#">/sections/perinatal/practice/practice.html</a>	<b>344</b> (0.44%)	308 (0.54%)	00:03:32	269 (0.70%)	74.72%	65.70%	\$0.00 (0.00%)
29.	<a href="#">/sections/perinatal/ontpdfiles/ontpdfellows.html</a>	<b>330</b> (0.42%)	260 (0.46%)	00:01:44	89 (0.23%)	56.18%	37.58%	\$0.00 (0.00%)
30.	<a href="#">/sections/perinatal/leadership.html</a>	<b>317</b> (0.41%)	285 (0.50%)	00:02:02	150 (0.39%)	78.00%	55.21%	\$0.00 (0.00%)
31.	<a href="#">/sections/perinatal/ontpdfiles/ontpdprogrdir.html</a>	<b>310</b> (0.40%)	220 (0.39%)	00:00:59	61 (0.16%)	54.10%	34.52%	\$0.00 (0.00%)
32.	<a href="#">/sections/perinatal/ontpdfiles/ontpdabout.html</a>	<b>289</b> (0.37%)	236 (0.41%)	00:01:13	148 (0.38%)	55.41%	45.67%	\$0.00 (0.00%)
33.	<a href="#">/sections/perinatal/practice/neoimpact.html</a>	<b>286</b> (0.37%)	245 (0.43%)	00:05:02	221 (0.57%)	75.11%	70.63%	\$0.00 (0.00%)
34.	<a href="#">/sections/perinatal/tecan/quality.html</a>	<b>282</b> (0.36%)	177 (0.31%)	00:02:07	54 (0.14%)	61.11%	33.69%	\$0.00 (0.00%)
35.	<a href="#">/sections/perinatal/getinvolved.html</a>	<b>275</b> (0.35%)	228 (0.40%)	00:00:54	12 (0.03%)	41.67%	15.27%	\$0.00 (0.00%)
36.	<a href="#">/sections/perinatal/neoarchive.html</a>	<b>267</b> (0.34%)	217 (0.38%)	00:02:24	157 (0.41%)	67.52%	55.43%	\$0.00 (0.00%)
37.	<a href="#">/sections/perinatal/initiatives.html</a>	<b>262</b> (0.34%)	206 (0.36%)	00:00:26	4 (0.01%)	25.00%	11.45%	\$0.00 (0.00%)
38.	<a href="#">/sections/perinatal/comm-history.html</a>	<b>216</b> (0.28%)	176 (0.31%)	00:02:42	135 (0.35%)	77.78%	66.20%	\$0.00 (0.00%)
39.	<a href="#">/sections/perinatal/committees.html</a>	<b>177</b> (0.23%)	140 (0.25%)	00:00:54	43 (0.11%)	46.51%	19.21%	\$0.00 (0.00%)
40.	<a href="#">/sections/perinatal/famarchive.html</a>	<b>170</b> (0.22%)	155 (0.27%)	00:03:03	116 (0.30%)	79.31%	69.41%	\$0.00 (0.00%)
41.	<a href="#">/sections/perinatal/indexarchive.html</a>	<b>169</b> (0.22%)	143 (0.25%)	00:01:55	107 (0.28%)	79.44%	63.31%	\$0.00 (0.00%)
42.	<a href="#">/sections/perinatal/klauslist.html</a>	<b>150</b> (0.19%)	138 (0.24%)	00:01:51	32 (0.08%)	84.38%	50.00%	\$0.00 (0.00%)
43.	<a href="#">/sections/perinatal/neoprep/neoprep12.html</a>	<b>142</b> (0.18%)	124 (0.22%)	00:01:38	110 (0.28%)	61.82%	60.56%	\$0.00 (0.00%)
44.	<a href="#">/sections/perinatal/trainfeature.html</a>	<b>130</b> (0.17%)	121 (0.21%)	00:04:33	118 (0.31%)	87.29%	86.15%	\$0.00 (0.00%)
45.	<a href="#">/sections/perinatal/tecan/tecanmap.html</a>	<b>124</b> (0.16%)	98 (0.17%)	00:02:38	20 (0.05%)	30.00%	32.26%	\$0.00 (0.00%)
46.	<a href="#">/sections/perinatal/practice/admin.html</a>	<b>121</b> (0.16%)	92 (0.16%)	00:02:21	81 (0.21%)	69.14%	57.02%	\$0.00 (0.00%)
47.	<a href="#">/sections/perinatal/ontpdsurvey/ontpdprogramvitalstatistics.html</a>	<b>104</b> (0.13%)	70 (0.12%)	00:01:49	6 (0.02%)	50.00%	30.77%	\$0.00 (0.00%)
48.	<a href="#">/sections/perinatal/traineearchive.html</a>	<b>102</b> (0.13%)	70 (0.12%)	00:01:59	44 (0.11%)	54.55%	32.35%	\$0.00 (0.00%)
49.	<a href="#">/sections/perinatal/tecan/advocacy.html</a>	<b>95</b> (0.12%)	77 (0.13%)	00:01:15	4 (0.01%)	75.00%	21.05%	\$0.00 (0.00%)

		(0.12%)	(0.14%)	(0.01%)	(0.00%)			
50.	<a href="#">/sections/perinatal/tecan/leadership.html</a>	<b>92</b> (0.12%)	61 (0.11%)	00:01:29	6 (0.02%)	66.67%	22.83%	\$0.00 (0.00%)
51.	<a href="#">/sections/perinatal/presentations2014.html</a>	<b>87</b> (0.11%)	46 (0.08%)	00:01:52	6 (0.02%)	66.67%	19.54%	\$0.00 (0.00%)
52.	<a href="#">/sections/perinatal/articlesofinterest122014.html</a>	<b>85</b> (0.11%)	74 (0.13%)	00:03:08	56 (0.14%)	62.50%	56.47%	\$0.00 (0.00%)
53.	<a href="#">/sections/perinatal/nichd-learnmore.html</a>	<b>84</b> (0.11%)	80 (0.14%)	00:01:06	72 (0.19%)	72.22%	71.43%	\$0.00 (0.00%)
54.	<a href="#">/sections/perinatal/presentations2012.html</a>	<b>81</b> (0.10%)	43 (0.08%)	00:00:19	23 (0.06%)	52.17%	22.22%	\$0.00 (0.00%)
55.	<a href="#">/sections/perinatal/pedearchive.html</a>	<b>80</b> (0.10%)	65 (0.11%)	00:02:38	55 (0.14%)	72.73%	65.00%	\$0.00 (0.00%)
56.	<a href="#">/sections/perinatal/practice/interviewing.html</a>	<b>79</b> (0.10%)	48 (0.08%)	00:00:45	1 (0.00%)	0.00%	6.33%	\$0.00 (0.00%)
57.	<a href="#">/sections/perinatal/presentations2013.html</a>	<b>75</b> (0.10%)	45 (0.08%)	00:01:59	9 (0.02%)	44.44%	20.00%	\$0.00 (0.00%)
58.	<a href="#">/sections/perinatal/tecan/tsalary.html</a>	<b>75</b> (0.10%)	55 (0.10%)	00:03:18	39 (0.10%)	38.46%	40.00%	\$0.00 (0.00%)
59.	<a href="#">/sections/perinatal/practice/overview.html</a>	<b>70</b> (0.09%)	57 (0.10%)	00:01:43	45 (0.12%)	73.33%	62.86%	\$0.00 (0.00%)
60.	<a href="#">/sections/perinatal/tecan/district7.html</a>	<b>70</b> (0.09%)	59 (0.10%)	00:01:31	50 (0.13%)	82.00%	65.71%	\$0.00 (0.00%)
61.	<a href="#">/sections/perinatal/klauss2014.html</a>	<b>68</b> (0.09%)	49 (0.09%)	00:00:45	16 (0.04%)	87.50%	35.29%	\$0.00 (0.00%)
62.	<a href="#">/sections/perinatal/sectionactivities.html</a>	<b>64</b> (0.08%)	47 (0.08%)	00:00:41	1 (0.00%)	0.00%	14.06%	\$0.00 (0.00%)
63.	<a href="#">/sections/perinatal/practice/practiceoverview.html</a>	<b>62</b> (0.08%)	55 (0.10%)	00:03:17	31 (0.08%)	54.84%	45.16%	\$0.00 (0.00%)
64.	<a href="#">/sections/perinatal/practice/clinicalcare.html</a>	<b>61</b> (0.08%)	48 (0.08%)	00:02:02	20 (0.05%)	75.00%	36.07%	\$0.00 (0.00%)
65.	<a href="#">/sections/perinatal/ontpdfs/ontpdannualmeetings.html</a>	<b>58</b> (0.07%)	46 (0.08%)	00:02:53	6 (0.02%)	50.00%	36.21%	\$0.00 (0.00%)
66.	<a href="#">/sections/perinatal/practice/interquestions.html</a>	<b>56</b> (0.07%)	40 (0.07%)	00:02:01	8 (0.02%)	62.50%	26.79%	\$0.00 (0.00%)
67.	<a href="#">/sections/perinatal/santafe12.html</a>	<b>55</b> (0.07%)	31 (0.05%)	00:02:01	9 (0.02%)	66.67%	25.45%	\$0.00 (0.00%)
68.	<a href="#">/sections/perinatal/articlesofinterest72014.html</a>	<b>54</b> (0.07%)	49 (0.09%)	00:02:54	27 (0.07%)	77.78%	55.56%	\$0.00 (0.00%)
69.	<a href="#">/sections/perinatal/santafe11.html</a>	<b>52</b> (0.07%)	41 (0.07%)	00:00:55	19 (0.05%)	36.84%	30.77%	\$0.00 (0.00%)
70.	<a href="#">/sections/perinatal/practice/spectrum.html</a>	<b>51</b> (0.07%)	27 (0.05%)	00:01:16	4 (0.01%)	0.00%	7.84%	\$0.00 (0.00%)
71.	<a href="#">/sections/perinatal/practice/planning.html</a>	<b>50</b> (0.06%)	32 (0.06%)	00:02:18	2 (0.01%)	0.00%	6.00%	\$0.00 (0.00%)
72.	<a href="#">/sections/perinatal/articlesofinterest62014.html</a>	<b>48</b> (0.06%)	47 (0.08%)	00:02:11	4 (0.01%)	100.00%	37.50%	\$0.00 (0.00%)
73.	<a href="#">/sections/perinatal/comm-coding.html</a>	<b>48</b> (0.06%)	38 (0.07%)	00:00:52	12 (0.03%)	50.00%	39.58%	\$0.00 (0.00%)
74.	<a href="#">/sections/perinatal/klausarchive.html</a>	<b>47</b> (0.06%)	42 (0.07%)	00:01:47	29 (0.08%)	72.41%	48.94%	\$0.00 (0.00%)
75.	<a href="#">/sections/perinatal/liaisons.html</a>	<b>43</b> (0.06%)	36 (0.06%)	00:01:26	3 (0.01%)	100.00%	18.60%	\$0.00 (0.00%)
76.	<a href="#">/sections/perinatal/searchresults.cfm</a>	<b>42</b> (0.05%)	21 (0.04%)	00:00:24	2 (0.01%)	0.00%	21.43%	\$0.00 (0.00%)
77.	<a href="#">/sections/perinatal/tecan/district2.html</a>	<b>41</b> (0.05%)	33 (0.06%)	00:00:59	22 (0.06%)	68.18%	46.34%	\$0.00 (0.00%)
78.	<a href="#">/sections/perinatal/eventsarchive.html</a>	<b>38</b> (0.05%)	29 (0.05%)	00:01:20	23 (0.06%)	39.13%	36.84%	\$0.00 (0.00%)
79.	<a href="#">/sections/perinatal/presentations08.html</a>	<b>38</b> (0.05%)	18 (0.03%)	00:01:30	13 (0.03%)	69.23%	28.95%	\$0.00 (0.00%)
80.	<a href="#">/sections/perinatal/practice/planning2.html</a>	<b>37</b> (0.05%)	24 (0.04%)	00:03:45	5 (0.01%)	40.00%	10.81%	\$0.00 (0.00%)

81.	<a href="#">/sections/perinatal/comm-website.html</a>	<b>36</b> (0.05%)	<b>32</b> (0.06%)	00:01:49	<b>12</b> (0.03%)	66.67%	44.44%	<b>\$0.00</b> (0.00%)
82.	<a href="#">/sections/perinatal/conebutterfield.html</a>	<b>35</b> (0.05%)	<b>29</b> (0.05%)	00:01:51	<b>1</b> (0.00%)	100.00%	20.00%	<b>\$0.00</b> (0.00%)
83.	<a href="#">/sections/perinatal/educationgroups.html</a>	<b>35</b> (0.05%)	<b>33</b> (0.06%)	00:01:01	<b>7</b> (0.02%)	14.29%	34.29%	<b>\$0.00</b> (0.00%)
84.	<a href="#">/sections/perinatal/practice/historical1.html</a>	<b>34</b> (0.04%)	<b>29</b> (0.05%)	00:03:51	<b>19</b> (0.05%)	84.21%	55.88%	<b>\$0.00</b> (0.00%)
85.	<a href="#">/sections/perinatal/practice/historical2.html</a>	<b>34</b> (0.04%)	<b>26</b> (0.05%)	00:02:29	<b>19</b> (0.05%)	57.89%	55.88%	<b>\$0.00</b> (0.00%)
86.	<a href="#">/sections/perinatal/klaus2013.html</a>	<b>33</b> (0.04%)	<b>30</b> (0.05%)	00:02:38	<b>20</b> (0.05%)	85.00%	72.73%	<b>\$0.00</b> (0.00%)
87.	<a href="#">/sections/perinatal/articlesofinterest12015.html</a>	<b>32</b> (0.04%)	<b>26</b> (0.05%)	00:01:47	<b>10</b> (0.03%)	70.00%	28.12%	<b>\$0.00</b> (0.00%)
88.	<a href="#">/sections/perinatal/presentations10.html</a>	<b>32</b> (0.04%)	<b>27</b> (0.05%)	00:02:38	<b>15</b> (0.04%)	80.00%	56.25%	<b>\$0.00</b> (0.00%)
89.	<a href="#">/sections/perinatal/pressspring08.html</a>	<b>32</b> (0.04%)	<b>22</b> (0.04%)	00:01:49	<b>14</b> (0.04%)	64.29%	37.50%	<b>\$0.00</b> (0.00%)
90.	<a href="#">/sections/perinatal/santafe13.html</a>	<b>32</b> (0.04%)	<b>24</b> (0.04%)	00:02:04	<b>11</b> (0.03%)	54.55%	40.62%	<b>\$0.00</b> (0.00%)
91.	<a href="#">/sections/perinatal/comm-fetusandnewborn.html</a>	<b>29</b> (0.04%)	<b>25</b> (0.04%)	00:00:36	<b>22</b> (0.06%)	77.27%	68.97%	<b>\$0.00</b> (0.00%)
92.	<a href="#">/sections/perinatal/surveyresults/surveyresults.html</a>	<b>29</b> (0.04%)	<b>24</b> (0.04%)	00:01:00	<b>1</b> (0.00%)	0.00%	10.34%	<b>\$0.00</b> (0.00%)
93.	<a href="#">/sections/perinatal/comm-database.html</a>	<b>28</b> (0.04%)	<b>25</b> (0.04%)	00:00:30	<b>10</b> (0.03%)	40.00%	35.71%	<b>\$0.00</b> (0.00%)
94.	<a href="#">/sections/perinatal/comm-practice.html</a>	<b>28</b> (0.04%)	<b>27</b> (0.05%)	00:01:28	<b>5</b> (0.01%)	80.00%	39.29%	<b>\$0.00</b> (0.00%)
95.	<a href="#">/sections/perinatal/practice/practice2.html</a>	<b>28</b> (0.04%)	<b>27</b> (0.05%)	00:02:49	<b>2</b> (0.01%)	50.00%	57.14%	<b>\$0.00</b> (0.00%)
96.	<a href="#">/sections/perinatal/tecan/district1.html</a>	<b>28</b> (0.04%)	<b>23</b> (0.04%)	00:00:44	<b>9</b> (0.02%)	66.67%	25.00%	<b>\$0.00</b> (0.00%)
97.	<a href="#">/sections/perinatal/tecan/qiarchive.html</a>	<b>28</b> (0.04%)	<b>20</b> (0.04%)	00:02:44	<b>14</b> (0.04%)	64.29%	50.00%	<b>\$0.00</b> (0.00%)
98.	<a href="#">/sections/perinatal/articlesofinterest82014.html</a>	<b>27</b> (0.03%)	<b>26</b> (0.05%)	00:02:42	<b>13</b> (0.03%)	61.54%	37.04%	<b>\$0.00</b> (0.00%)
99.	<a href="#">/sections/perinatal/workshop/sw12.html</a>	<b>27</b> (0.03%)	<b>21</b> (0.04%)	00:00:42	<b>14</b> (0.04%)	57.14%	33.33%	<b>\$0.00</b> (0.00%)
100.	<a href="#">/sections/perinatal/practice/adminquestions.html</a>	<b>26</b> (0.03%)	<b>20</b> (0.04%)	00:01:22	<b>1</b> (0.00%)	0.00%	7.69%	<b>\$0.00</b> (0.00%)
101.	<a href="#">/sections/perinatal/coreactivities.html</a>	<b>25</b> (0.03%)	<b>23</b> (0.04%)	00:01:03	<b>3</b> (0.01%)	66.67%	16.00%	<b>\$0.00</b> (0.00%)
102.	<a href="#">/sections/perinatal/practice/acknowledgements.html</a>	<b>25</b> (0.03%)	<b>16</b> (0.03%)	00:01:13	<b>2</b> (0.01%)	100.00%	12.00%	<b>\$0.00</b> (0.00%)
103.	<a href="#">/sections/perinatal/practice/colleague.html</a>	<b>25</b> (0.03%)	<b>15</b> (0.03%)	00:00:42	<b>0</b> (0.00%)	0.00%	8.00%	<b>\$0.00</b> (0.00%)
104.	<a href="#">/sections/perinatal/practice/recruit.html</a>	<b>25</b> (0.03%)	<b>22</b> (0.04%)	00:00:56	<b>4</b> (0.01%)	75.00%	32.00%	<b>\$0.00</b> (0.00%)
105.	<a href="#">/sections/perinatal/tecan/district5.html</a>	<b>25</b> (0.03%)	<b>16</b> (0.03%)	00:00:11	<b>2</b> (0.01%)	100.00%	8.00%	<b>\$0.00</b> (0.00%)
106.	<a href="#">/sections/perinatal/tecan/district6.html</a>	<b>25</b> (0.03%)	<b>17</b> (0.03%)	00:00:33	<b>2</b> (0.01%)	50.00%	12.00%	<b>\$0.00</b> (0.00%)
107.	<a href="#">/sections/perinatal/articlesofinterest102014.html</a>	<b>24</b> (0.03%)	<b>21</b> (0.04%)	00:02:03	<b>7</b> (0.02%)	100.00%	41.67%	<b>\$0.00</b> (0.00%)
108.	<a href="#">/sections/perinatal/articlesofinterest92014.html</a>	<b>24</b> (0.03%)	<b>23</b> (0.04%)	00:03:22	<b>11</b> (0.03%)	81.82%	41.67%	<b>\$0.00</b> (0.00%)
109.	<a href="#">/sections/perinatal/butterfield.html</a>	<b>24</b> (0.03%)	<b>16</b> (0.03%)	00:01:33	<b>2</b> (0.01%)	0.00%	16.67%	<b>\$0.00</b> (0.00%)
110.	<a href="#">/sections/perinatal/comm-research.html</a>	<b>23</b> (0.03%)	<b>18</b> (0.03%)	00:01:30	<b>1</b> (0.00%)	100.00%	30.43%	<b>\$0.00</b> (0.00%)
111.	<a href="#">/sections/perinatal/practice/legal.html</a>	<b>23</b> (0.03%)	<b>23</b> (0.04%)	00:02:58	<b>11</b> (0.03%)	81.82%	47.83%	<b>\$0.00</b> (0.00%)
112.	<a href="#">/sections/perinatal/tecan/district3.html</a>	<b>23</b> (0.03%)	<b>17</b> (0.03%)	00:00:10	<b>4</b> (0.01%)	100.00%	17.39%	<b>\$0.00</b> (0.00%)
113.	<a href="#">/sections/perinatal/tecan/district4.html</a>	<b>23</b> (0.03%)	<b>16</b> (0.03%)	00:01:07	<b>15</b> (0.04%)	75.00%	45.45%	<b>\$0.00</b> (0.00%)

113.	<a href="#">/sections/perinatal/traineearicles.html</a>	<b>22</b> (0.03%)	<b>18</b> (0.03%)	00:01:42	<b>2</b> (0.04%)	53.33%	43.48%	<b>\$0.00</b> (0.00%)
114.	<a href="#">/sections/perinatal/ontpdfs/ontpdevals.html</a>	<b>22</b> (0.03%)	<b>18</b> (0.03%)	00:01:28	<b>2</b> (0.01%)	50.00%	40.91%	<b>\$0.00</b> (0.00%)
115.	<a href="#">/sections/perinatal/practice/ccquestions.html</a>	<b>22</b> (0.03%)	<b>15</b> (0.03%)	00:01:07	<b>5</b> (0.01%)	80.00%	27.27%	<b>\$0.00</b> (0.00%)
116.	<a href="#">/sections/perinatal/tecan/district10.html</a>	<b>22</b> (0.03%)	<b>20</b> (0.04%)	00:00:34	<b>7</b> (0.02%)	57.14%	22.73%	<b>\$0.00</b> (0.00%)
117.	<a href="#">/sections/perinatal/articlesofinterest112014.html</a>	<b>20</b> (0.03%)	<b>19</b> (0.03%)	00:02:54	<b>9</b> (0.02%)	77.78%	40.00%	<b>\$0.00</b> (0.00%)
118.	<a href="#">/sections/perinatal/tecan/district4.html</a>	<b>18</b> (0.02%)	<b>12</b> (0.02%)	00:00:08	<b>0</b> (0.00%)	0.00%	11.11%	<b>\$0.00</b> (0.00%)
119.	<a href="#">/sections/perinatal/tecan/district8.html</a>	<b>18</b> (0.02%)	<b>15</b> (0.03%)	00:00:33	<b>3</b> (0.01%)	100.00%	16.67%	<b>\$0.00</b> (0.00%)
120.	<a href="#">/sections/perinatal/index.html/info/index.html</a>	<b>17</b> (0.02%)	<b>11</b> (0.02%)	00:00:22	<b>5</b> (0.01%)	20.00%	29.41%	<b>\$0.00</b> (0.00%)
121.	<a href="#">/sections/perinatal/practice/academics.html</a>	<b>17</b> (0.02%)	<b>15</b> (0.03%)	00:02:53	<b>1</b> (0.00%)	100.00%	17.65%	<b>\$0.00</b> (0.00%)
122.	<a href="#">/sections/perinatal/pregnant.html</a>	<b>17</b> (0.02%)	<b>11</b> (0.02%)	00:02:14	<b>8</b> (0.02%)	75.00%	52.94%	<b>\$0.00</b> (0.00%)
123.	<a href="#">/sections/perinatal/tecan/brieflegarchive.html</a>	<b>17</b> (0.02%)	<b>12</b> (0.02%)	00:02:15	<b>1</b> (0.00%)	100.00%	23.53%	<b>\$0.00</b> (0.00%)
124.	<a href="#">/sections/perinatal/practice/education.html</a>	<b>16</b> (0.02%)	<b>16</b> (0.03%)	00:03:09	<b>6</b> (0.02%)	83.33%	43.75%	<b>\$0.00</b> (0.00%)
125.	<a href="#">/sections/perinatal/practice/whyjoin.html</a>	<b>15</b> (0.02%)	<b>11</b> (0.02%)	00:02:41	<b>0</b> (0.00%)	0.00%	13.33%	<b>\$0.00</b> (0.00%)
126.	<a href="#">/sections/perinatal/tecan/district9.html</a>	<b>15</b> (0.02%)	<b>12</b> (0.02%)	00:00:23	<b>4</b> (0.01%)	75.00%	26.67%	<b>\$0.00</b> (0.00%)
127.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/tecan/tecan.html</a>	<b>14</b> (0.02%)	<b>13</b> (0.02%)	00:00:23	<b>2</b> (0.01%)	100.00%	28.57%	<b>\$0.00</b> (0.00%)
128.	<a href="#">/sections/perinatal/cochrane.html</a>	<b>14</b> (0.02%)	<b>11</b> (0.02%)	00:02:40	<b>9</b> (0.02%)	66.67%	64.29%	<b>\$0.00</b> (0.00%)
129.	<a href="#">/sections/perinatal/practice/enviro.html</a>	<b>14</b> (0.02%)	<b>10</b> (0.02%)	00:02:32	<b>6</b> (0.02%)	66.67%	57.14%	<b>\$0.00</b> (0.00%)
130.	<a href="#">/sections/perinatal/presentations09.html</a>	<b>14</b> (0.02%)	<b>12</b> (0.02%)	00:03:22	<b>6</b> (0.02%)	83.33%	35.71%	<b>\$0.00</b> (0.00%)
131.	<a href="#">/sections/perinatal/practice/overview2.html</a>	<b>13</b> (0.02%)	<b>11</b> (0.02%)	00:00:44	<b>1</b> (0.00%)	100.00%	38.46%	<b>\$0.00</b> (0.00%)
132.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/lormp m2009final.pdf</a>	<b>12</b> (0.02%)	<b>10</b> (0.02%)	00:02:01	<b>5</b> (0.01%)	80.00%	58.33%	<b>\$0.00</b> (0.00%)
133.	<a href="#">/sections/perinatal/cone.html</a>	<b>12</b> (0.02%)	<b>9</b> (0.02%)	00:01:04	<b>2</b> (0.01%)	100.00%	25.00%	<b>\$0.00</b> (0.00%)
134.	<a href="#">/sections/perinatal/practice/citizen.html</a>	<b>12</b> (0.02%)	<b>12</b> (0.02%)	00:01:58	<b>0</b> (0.00%)	0.00%	8.33%	<b>\$0.00</b> (0.00%)
135.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/families.html</a>	<b>11</b> (0.01%)	<b>11</b> (0.02%)	00:00:14	<b>11</b> (0.03%)	72.73%	72.73%	<b>\$0.00</b> (0.00%)
136.	<a href="#">/sections/perinatal/practice/sharedprinciples.html</a>	<b>11</b> (0.01%)	<b>9</b> (0.02%)	00:00:48	<b>1</b> (0.00%)	0.00%	9.09%	<b>\$0.00</b> (0.00%)
137.	<a href="#">/sections/perinatal/santafe09.html</a>	<b>11</b> (0.01%)	<b>8</b> (0.01%)	00:01:04	<b>2</b> (0.01%)	50.00%	27.27%	<b>\$0.00</b> (0.00%)
138.	<a href="#">/sections/perinatal/practice/academics2.html</a>	<b>10</b> (0.01%)	<b>10</b> (0.02%)	00:01:18	<b>4</b> (0.01%)	75.00%	50.00%	<b>\$0.00</b> (0.00%)
139.	<a href="#">/sections/perinatal/workshop2011/sworkshopschedule2011.cfm</a>	<b>10</b> (0.01%)	<b>5</b> (0.01%)	00:02:20	<b>0</b> (0.00%)	0.00%	10.00%	<b>\$0.00</b> (0.00%)
140.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/</a>	<b>9</b> (0.01%)	<b>4</b> (0.01%)	00:00:46	<b>0</b> (0.00%)	0.00%	22.22%	<b>\$0.00</b> (0.00%)
141.	<a href="#">/sections/perinatal/comm-membership.html</a>	<b>9</b> (0.01%)	<b>9</b> (0.02%)	00:00:19	<b>0</b> (0.00%)	0.00%	11.11%	<b>\$0.00</b> (0.00%)
142.	<a href="#">/sections/perinatal/practice/scholarly.html</a>	<b>9</b> (0.01%)	<b>8</b> (0.01%)	00:02:19	<b>1</b> (0.00%)	0.00%	11.11%	<b>\$0.00</b> (0.00%)
143.	<a href="#">/sections/perinatal/soich.html</a>	<b>9</b> (0.01%)	<b>8</b> (0.01%)	00:00:55	<b>2</b> (0.01%)	50.00%	44.44%	<b>\$0.00</b> (0.00%)
144.	<a href="#">/sections/perinatal/</a>	<b>8</b> (0.01%)	<b>8</b> (0.01%)	00:00:00	<b>8</b> (0.02%)	100.00%	100.00%	<b>\$0.00</b> (0.00%)



145.	<a href="#">/sections/perinatal/tecan/tecanphotos.html</a>	5 (0.01%)	5 (0.01%)	00:01:42	5 (0.01%)	60.00%	37.50%	\$0.00 (0.00%)
146.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdirectory01-08.pdf</a>	7 (0.01%)	7 (0.01%)	00:00:00	7 (0.02%)	100.00%	100.00%	\$0.00 (0.00%)
147.	<a href="#">/sections/perinatal/index.html/info/aboutus.html</a>	7 (0.01%)	2 (0.00%)	00:00:27	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
148.	<a href="#">/sections/perinatal/workshop/presentations.html</a>	7 (0.01%)	4 (0.01%)	00:00:48	2 (0.01%)	50.00%	14.29%	\$0.00 (0.00%)
149.	<a href="#">/sections/perinatal/ontpdfs/feedback.html</a>	6 (0.01%)	6 (0.01%)	00:00:21	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
150.	<a href="#">/sections/perinatal/practice/collchallenges.html</a>	6 (0.01%)	4 (0.01%)	00:00:11	1 (0.00%)	100.00%	16.67%	\$0.00 (0.00%)
151.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/donor milk.html</a>	5 (0.01%)	5 (0.01%)	00:00:33	4 (0.01%)	25.00%	40.00%	\$0.00 (0.00%)
152.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/klaus s.html</a>	5 (0.01%)	5 (0.01%)	00:00:19	3 (0.01%)	100.00%	80.00%	\$0.00 (0.00%)
153.	<a href="#">/sections/perinatal/pku.html</a>	5 (0.01%)	5 (0.01%)	00:00:41	2 (0.01%)	100.00%	60.00%	\$0.00 (0.00%)
154.	<a href="#">/sections/perinatal/practice/conflictres.html</a>	5 (0.01%)	5 (0.01%)	00:00:16	1 (0.00%)	100.00%	40.00%	\$0.00 (0.00%)
155.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/index.html</a>	4 (0.01%)	4 (0.01%)	00:00:42	3 (0.01%)	66.67%	50.00%	\$0.00 (0.00%)
156.	<a href="#">/sections/perinatal//articlesofinterest.html</a>	4 (0.01%)	1 (0.00%)	00:00:28	0 (0.00%)	0.00%	25.00%	\$0.00 (0.00%)
157.	<a href="#">/sections/perinatal/nce08.html</a>	4 (0.01%)	4 (0.01%)	00:00:23	2 (0.01%)	100.00%	75.00%	\$0.00 (0.00%)
158.	<a href="#">/sections/perinatal/practice/environ2.html</a>	4 (0.01%)	2 (0.00%)	00:00:24	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
159.	<a href="#">/sections/perinatal/strategicgroups.html</a>	4 (0.01%)	4 (0.01%)	00:00:26	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
160.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf</a>	3 (0.00%)	2 (0.00%)	00:01:34	2 (0.01%)	50.00%	33.33%	\$0.00 (0.00%)
161.	<a href="#">/search?q=cache:fnwnoksmt7kj:https://www2.aap.org/sections/perinatal/+&amp;cd=5&amp;hl=en&amp;ct=clnk&amp;gl=us</a>	3 (0.00%)	2 (0.00%)	00:00:06	2 (0.01%)	50.00%	66.67%	\$0.00 (0.00%)
162.	<a href="#">/sections/perinatal/neonatologistst.html</a>	3 (0.00%)	2 (0.00%)	00:00:28	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
163.	<a href="#">/sections/perinatal/practice/collpractice.html</a>	3 (0.00%)	3 (0.01%)	00:00:17	1 (0.00%)	100.00%	33.33%	\$0.00 (0.00%)
164.	<a href="#">/sections/perinatal/practice/collvignettes.html</a>	3 (0.00%)	3 (0.01%)	00:03:43	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
165.	<a href="#">/sections/perinatal/tecan/quality.html?sa=x&amp;ved=0ccoq9qewcmovchmi2oz2kml8xgivhpkech0wgnw6</a>	3 (0.00%)	1 (0.00%)	00:00:13	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
166.	<a href="#">/sections/perinatal/workshop/sw13.html</a>	3 (0.00%)	2 (0.00%)	00:00:20	0 (0.00%)	0.00%	33.33%	\$0.00 (0.00%)
167.	<a href="#">/sections/perinatal/workshop2010/trainees.html</a>	3 (0.00%)	3 (0.01%)	00:07:31	3 (0.01%)	66.67%	66.67%	\$0.00 (0.00%)
168.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/nannbreastmilk.pdf</a>	2 (0.00%)	2 (0.00%)	00:00:00	2 (0.01%)	100.00%	100.00%	\$0.00 (0.00%)
169.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/ontpddirectory.pdf</a>	2 (0.00%)	2 (0.00%)	00:00:41	1 (0.00%)	100.00%	50.00%	\$0.00 (0.00%)
170.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/ontpddirectory01-08.pdf</a>	2 (0.00%)	2 (0.00%)	00:00:00	2 (0.01%)	100.00%	100.00%	\$0.00 (0.00%)
171.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/trainingprogramswebsites.pdf</a>	2 (0.00%)	1 (0.00%)	00:02:50	1 (0.00%)	0.00%	50.00%	\$0.00 (0.00%)
172.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/presentations/gyamfijehovah11.pdf</a>	2 (0.00%)	1 (0.00%)	00:00:23	1 (0.00%)	0.00%	50.00%	\$0.00 (0.00%)
173.	<a href="#">/sections/perinatal//index.html</a>	2 (0.00%)	1 (0.00%)	00:00:07	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
174.	<a href="#">/sections/perinatal/index.html/info/pdf/pdf/neonatologists.html</a>	2 (0.00%)	1 (0.00%)	00:00:32	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
175.	<a href="#">/sections/perinatal/index.html/info/pdf/pdf/pdf/qrgorderform.pdf</a>	2 (0.00%)	1 (0.00%)	00:01:05	0 (0.00%)	0.00%	50.00%	\$0.00 (0.00%)

176.	<a href="/sections/perinatal/index.html/info/pdf/pdf/qrgorderform.pdf">/sections/perinatal/index.html/info/pdf/pdf/qrgorderform.pdf</a>	2 (0.00%)	2 (0.00%)	00:00:07	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
177.	<a href="/sections/perinatal/moceducationpage.html">/sections/perinatal/moceducationpage.html</a>	2 (0.00%)	2 (0.00%)	00:01:15	1 (0.00%)	100.00%	50.00%	\$0.00 (0.00%)
178.	<a href="/sections/perinatal/neoprep/hoteltravel.html">/sections/perinatal/neoprep/hoteltravel.html</a>	2 (0.00%)	2 (0.00%)	00:00:16	1 (0.00%)	100.00%	50.00%	\$0.00 (0.00%)
179.	<a href="/sections/perinatal/practice/recruitquestions.html">/sections/perinatal/practice/recruitquestions.html</a>	2 (0.00%)	2 (0.00%)	00:01:06	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
180.	<a href="/sections/perinatal/tecan/qiprojectsfeedback.html">/sections/perinatal/tecan/qiprojectsfeedback.html</a>	2 (0.00%)	1 (0.00%)	00:00:26	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
181.	<a href="/sections/perinatal/workshop2011/neonatologists.html">/sections/perinatal/workshop2011/neonatologists.html</a>	2 (0.00%)	2 (0.00%)	00:00:21	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
182.	<a href="/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.co&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/index.html&amp;usg=alkjrhl2oudlzvyprysczjgn5fm1uiqa">/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.co&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/index.html&amp;usg=alkjrhl2oudlzvyprysczjgn5fm1uiqa</a>	2 (0.00%)	1 (0.00%)	00:03:32	1 (0.00%)	0.00%	50.00%	\$0.00 (0.00%)
183.	<a href="/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.ec&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/codingcorrection.html&amp;usg=alkjrhg8wlbjbecekb-vypx18bnfwtxieq">/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.ec&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/codingcorrection.html&amp;usg=alkjrhg8wlbjbecekb-vypx18bnfwtxieq</a>	2 (0.00%)	1 (0.00%)	00:02:26	1 (0.00%)	0.00%	50.00%	\$0.00 (0.00%)
184.	<a href="/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.mx&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/nrpquestions.html&amp;usg=alkjrhgmm5anw7wsajunzgv5nllmlghaeq">/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.mx&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/nrpquestions.html&amp;usg=alkjrhgmm5anw7wsajunzgv5nllmlghaeq</a>	2 (0.00%)	1 (0.00%)	00:00:33	1 (0.00%)	0.00%	50.00%	\$0.00 (0.00%)
185.	<a href="/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.mx&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/pediatricians.html&amp;usg=alkjrhiqsmn6wsbjqwfovzyxp1cajpty5a">/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.mx&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/pediatricians.html&amp;usg=alkjrhiqsmn6wsbjqwfovzyxp1cajpty5a</a>	2 (0.00%)	1 (0.00%)	00:04:29	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
186.	<a href="/web/20150218040948/http://www2.aap.org/sections/perinatal/klauss.html">/web/20150218040948/http://www2.aap.org/sections/perinatal/klauss.html</a>	2 (0.00%)	1 (0.00%)	00:00:13	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
187.	<a href="/web/20150420190022/http://www2.aap.org/sections/perinatal/klauss.html">/web/20150420190022/http://www2.aap.org/sections/perinatal/klauss.html</a>	2 (0.00%)	1 (0.00%)	00:00:02	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
188.	<a href="/pages/errorpage.aspx?requesturl=https://aap.testaap.org/sections/perinatal/">/pages/errorpage.aspx?requesturl=https://aap.testaap.org/sections/perinatal/</a>	1 (0.00%)	1 (0.00%)	00:00:00	0 (0.00%)	0.00%	100.00%	\$0.00 (0.00%)
189.	<a href="/pages/errorpage.aspx?requesturl=https://aap.testaap.org/sections/perinatal/">/pages/errorpage.aspx?requesturl=https://aap.testaap.org/sections/perinatal/</a>	1 (0.00%)	1 (0.00%)	00:00:03	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
190.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/acgmeneonatal-perinatalfellowshipguidelines.pdf">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/acgmeneonatal-perinatalfellowshipguidelines.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:27	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
191.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/articlesofinterest.html">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/articlesofinterest.html</a>	1 (0.00%)	1 (0.00%)	00:00:23	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
192.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/com-m-coding.htm">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/com-m-coding.htm</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
193.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/events">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/events</a>	1 (0.00%)	1 (0.00%)	00:00:00	0 (0.00%)	0.00%	100.00%	\$0.00 (0.00%)
194.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/events.html">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/events.html</a>	1 (0.00%)	1 (0.00%)	00:00:36	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
195.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/klaus-s.htm">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/klaus-s.htm</a>	1 (0.00%)	1 (0.00%)	00:00:27	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
196.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/klaus-s.html">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/klaus-s.html</a>	1 (0.00%)	1 (0.00%)	00:00:15	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
197.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/neonatologists.html">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/neonatologists.html</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
198.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/neoprep/neoprep12.html">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/neoprep/neoprep12.html</a>	1 (0.00%)	1 (0.00%)	00:00:28	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
199.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdf/files/aprilcorner.pdf">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdf/files/aprilcorner.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
200.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdf/files/ontpdapplicants.html">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdf/files/ontpdapplicants.html</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
201.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdf/files/ontpdindex.html">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdf/files/ontpdindex.html</a>	1 (0.00%)	1 (0.00%)	00:00:00	0 (0.00%)	0.00%	100.00%	\$0.00 (0.00%)
202.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdf/files/pdfs/qitemplate.pdf">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdf/files/pdfs/qitemplate.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
203.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdindex.htm">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdindex.htm</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
204.	<a href="/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdindex.html">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/ontpdindex.html</a>	1 (0.00%)	1 (0.00%)	00:00:21	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)

205.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/1quality.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
206.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/1quality.pdf/</a>	1 (0.00%)	1 (0.00%)	00:01:56	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
207.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/ontpddirectory12.pfd</a>	1 (0.00%)	1 (0.00%)	00:00:26	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
208.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/perinatalworkshop2010/sollteam.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
209.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/pku-acog.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:20	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
210.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/preemie</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
211.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/preemiespan.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
212.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/pdf/scanlerlatepreterm09.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
213.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/searchresults.cfm</a>	1 (0.00%)	1 (0.00%)	00:00:00	0 (0.00%)	0.00%	100.00%	\$0.00 (0.00%)
214.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/soich.html</a>	1 (0.00%)	1 (0.00%)	00:00:00	0 (0.00%)	0.00%	100.00%	\$0.00 (0.00%)
215.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/tecan/research.html</a>	1 (0.00%)	1 (0.00%)	00:01:04	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
216.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/tecan/tecanmap.html</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
217.	<a href="#">/pages/errorpage.aspx?requesturl=https://www.aap.org/sections/perinatal/workshop2011/sworkshopschedule2011.cfm</a>	1 (0.00%)	1 (0.00%)	00:01:33	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
218.	<a href="#">/search?q=cache:-ei14mwomjkj:https://www2.aap.org/sections/perinatal/codingarchive.html+&amp;cd=1&amp;hl=en&amp;ct=clnk&amp;gl=in</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
219.	<a href="#">/search?q=cache:aclzsy81qbu:https://www2.aap.org/sections/perinatal/membership.html+&amp;cd=9&amp;hl=en&amp;ct=clnk&amp;gl=us</a>	1 (0.00%)	1 (0.00%)	00:00:00	0 (0.00%)	0.00%	100.00%	\$0.00 (0.00%)
220.	<a href="#">/search?q=cache:gws9lldle5yj:https://www2.aap.org/sections/perinatal/events.html+&amp;cd=3&amp;hl=hu&amp;ct=clnk&amp;gl=hu</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
221.	<a href="#">/search?q=cache:http://www2.aap.org/sections/perinatal/tecan/</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
222.	<a href="#">/search?q=cache:i5v_1izzcdaj:www2.aap.org/sections/perinatal/practice/neoimpact.html+&amp;cd=2&amp;hl=en&amp;ct=clnk&amp;gl=in&amp;client=firefox-b</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
223.	<a href="#">/sections/perinatal/autism.html</a>	1 (0.00%)	1 (0.00%)	00:00:37	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
224.	<a href="#">/sections/perinatal/feedback.html</a>	1 (0.00%)	1 (0.00%)	00:00:25	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
225.	<a href="#">/sections/perinatal/index.html/info/</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
226.	<a href="#">/sections/perinatal/index.html/info/events.html</a>	1 (0.00%)	1 (0.00%)	00:00:28	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
227.	<a href="#">/sections/perinatal/index.html/info/neonatologists.html</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
228.	<a href="#">/sections/perinatal/index.html/info/pdf/pdf/index.html</a>	1 (0.00%)	1 (0.00%)	00:00:00	0 (0.00%)	0.00%	100.00%	\$0.00 (0.00%)
229.	<a href="#">/sections/perinatal/index.html/info/pdf/qrgorderform.pdf</a>	1 (0.00%)	1 (0.00%)	00:00:48	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
230.	<a href="#">/sections/perinatal/memberbenefits.html</a>	1 (0.00%)	1 (0.00%)	00:06:09	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
231.	<a href="#">/sections/perinatal/membersurvey.html</a>	1 (0.00%)	1 (0.00%)	00:01:02	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
232.	<a href="#">/sections/perinatal/nce08abstracts.html</a>	1 (0.00%)	1 (0.00%)	00:00:41	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
233.	<a href="#">/sections/perinatal/neoprep/neworleans.html</a>	1 (0.00%)	1 (0.00%)	00:00:38	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
234.	<a href="#">/sections/perinatal/ontpdfs/cornerarchive.html</a>	1 (0.00%)	1 (0.00%)	00:00:24	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)

235.	<a href="/sections/perinatal/ontpdfs/doontpdffeedbackform.cfm">/sections/perinatal/ontpdfs/doontpdffeedbackform.cfm</a>	1 (0.00%)	1 (0.00%)	00:00:06	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
236.	<a href="/sections/perinatal/ontpdfs/ontpdagenda09.html">/sections/perinatal/ontpdfs/ontpdagenda09.html</a>	1 (0.00%)	1 (0.00%)	00:00:41	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
237.	<a href="/sections/perinatal/perinatalphotos.html">/sections/perinatal/perinatalphotos.html</a>	1 (0.00%)	1 (0.00%)	00:00:33	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
238.	<a href="/sections/perinatal/presentations/trainees.html">/sections/perinatal/presentations/trainees.html</a>	1 (0.00%)	1 (0.00%)	00:05:51	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
239.	<a href="/sections/perinatal/recreading.html">/sections/perinatal/recreading.html</a>	1 (0.00%)	1 (0.00%)	00:03:53	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
240.	<a href="/sections/perinatal/rss/index.html">/sections/perinatal/rss/index.html</a>	1 (0.00%)	1 (0.00%)	00:00:35	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
241.	<a href="/sections/perinatal/soppeagenda04-10.html">/sections/perinatal/soppeagenda04-10.html</a>	1 (0.00%)	1 (0.00%)	00:02:12	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
242.	<a href="/sections/perinatal/tecan/district9.html?sa=x&amp;ved=0cbyq9qewagovchmiw7nehf_2xgivdjqich23owza">/sections/perinatal/tecan/district9.html?sa=x&amp;ved=0cbyq9qewagovchmiw7nehf_2xgivdjqich23owza</a>	1 (0.00%)	1 (0.00%)	00:00:18	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
243.	<a href="/sections/perinatal/tecan/events.html">/sections/perinatal/tecan/events.html</a>	1 (0.00%)	1 (0.00%)	00:00:48	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
244.	<a href="/sections/perinatal/tecan/tecanroster.html">/sections/perinatal/tecan/tecanroster.html</a>	1 (0.00%)	1 (0.00%)	00:00:37	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
245.	<a href="/sections/perinatal/tecanroster.html">/sections/perinatal/tecanroster.html</a>	1 (0.00%)	1 (0.00%)	00:00:51	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
246.	<a href="/sections/perinatal/townsend.html">/sections/perinatal/townsend.html</a>	1 (0.00%)	1 (0.00%)	00:02:20	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
247.	<a href="/sections/perinatal/von.html">/sections/perinatal/von.html</a>	1 (0.00%)	1 (0.00%)	00:06:09	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
248.	<a href="/sections/perinatal/workshop/events.html">/sections/perinatal/workshop/events.html</a>	1 (0.00%)	1 (0.00%)	00:00:43	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
249.	<a href="/sections/perinatal/workshop/preworkshop.html">/sections/perinatal/workshop/preworkshop.html</a>	1 (0.00%)	1 (0.00%)	00:00:18	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
250.	<a href="/sections/perinatal/workshop/scottsdale.html">/sections/perinatal/workshop/scottsdale.html</a>	1 (0.00%)	1 (0.00%)	00:00:53	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
251.	<a href="/sections/perinatal/workshop/swtravel.html">/sections/perinatal/workshop/swtravel.html</a>	1 (0.00%)	1 (0.00%)	00:00:25	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
252.	<a href="/sections/perinatal/workshop2010/events.html">/sections/perinatal/workshop2010/events.html</a>	1 (0.00%)	1 (0.00%)	00:00:29	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
253.	<a href="/sections/perinatal/workshop2010/indexarchive.html">/sections/perinatal/workshop2010/indexarchive.html</a>	1 (0.00%)	1 (0.00%)	00:00:20	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
254.	<a href="/sections/perinatal/workshop2010/sworkshopschedule.cfm">/sections/perinatal/workshop2010/sworkshopschedule.cfm</a>	1 (0.00%)	1 (0.00%)	00:00:27	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
255.	<a href="/sections/perinatal/workshop2010/traineearchive.html">/sections/perinatal/workshop2010/traineearchive.html</a>	1 (0.00%)	1 (0.00%)	00:00:29	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
256.	<a href="/sections/perinatal/workshop2011/index.html">/sections/perinatal/workshop2011/index.html</a>	1 (0.00%)	1 (0.00%)	00:08:54	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
257.	<a href="/translate_c?depth=1&amp;hl=de&amp;prev=search&amp;rurl=translate.google.de&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/awards.html&amp;usg=alkjrhgvp8izo07wegdftfmfai1xs3u59g">/translate_c?depth=1&amp;hl=de&amp;prev=search&amp;rurl=translate.google.de&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/awards.html&amp;usg=alkjrhgvp8izo07wegdftfmfai1xs3u59g</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
258.	<a href="/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.ec&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/codingcorrection.html&amp;usg=alkjrhlidgb0fwazwt3au_ckoc4emj9fag">/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.ec&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/codingcorrection.html&amp;usg=alkjrhlidgb0fwazwt3au_ckoc4emj9fag</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
259.	<a href="/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.mx&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/neonatologists.html&amp;usg=alkjrhyrmaqweekjmguxabscca_jspjj8a">/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.com.mx&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/neonatologists.html&amp;usg=alkjrhyrmaqweekjmguxabscca_jspjj8a</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
260.	<a href="/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.es&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/events.html&amp;usg=alkjrhmouotrikwll7tdhuhnbog1pxcng">/translate_c?depth=1&amp;hl=es&amp;prev=search&amp;rurl=translate.google.es&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/events.html&amp;usg=alkjrhmouotrikwll7tdhuhnbog1pxcng</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
261.	<a href="/translate_c?depth=1&amp;hl=fr&amp;prev=search&amp;rurl=translate.google.fr&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/codingcorrection.html&amp;usg=alkjrhiluw27tr9hfr7yqbwlp4epcfknxg">/translate_c?depth=1&amp;hl=fr&amp;prev=search&amp;rurl=translate.google.fr&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/codingcorrection.html&amp;usg=alkjrhiluw27tr9hfr7yqbwlp4epcfknxg</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
262.	<a href="/translate_c?depth=1&amp;hl=ja&amp;prev=search&amp;rurl=translate.google.co.jp&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/awards.html&amp;usg=alkjrjhqrrjegu_t2ahxo8pijstvessvq">/translate_c?depth=1&amp;hl=ja&amp;prev=search&amp;rurl=translate.google.co.jp&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/awards.html&amp;usg=alkjrjhqrrjegu_t2ahxo8pijstvessvq</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)
263.	<a href="/translate_c?depth=1&amp;hl=ja&amp;prev=search&amp;rurl=translate.google.co.jp&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/famarchive.html&amp;usg=alkjrjheebkyacnlddemaofjincfo_at1a">/translate_c?depth=1&amp;hl=ja&amp;prev=search&amp;rurl=translate.google.co.jp&amp;sl=en&amp;u=https://www2.aap.org/sections/perinatal/famarchive.html&amp;usg=alkjrjheebkyacnlddemaofjincfo_at1a</a>	1 (0.00%)	1 (0.00%)	00:00:00	1 (0.00%)	100.00%	100.00%	\$0.00 (0.00%)

264. <a href="/web/20141117174646/http://www2.aap.org/sections/perinatal/klauss.html">/web/20141117174646/http://www2.aap.org/sections/perinatal/klauss.html</a>	1 (0.00%)	1 (0.00%)	00:00:32	1 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)
265. <a href="/web/20150218040943/http://www2.aap.org/sections/perinatal/aboutus.html">/web/20150218040943/http://www2.aap.org/sections/perinatal/aboutus.html</a>	1 (0.00%)	1 (0.00%)	00:00:00	0 (0.00%)	0.00%	100.00%	\$0.00 (0.00%)
266. <a href="/web/20150921095048/http://www2.aap.org/sections/perinatal/klauss.html">/web/20150921095048/http://www2.aap.org/sections/perinatal/klauss.html</a>	1 (0.00%)	1 (0.00%)	00:00:36	0 (0.00%)	0.00%	0.00%	\$0.00 (0.00%)

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