PRESIDENT’S MESSAGE

Making Advocacy Easy

The midterm elections are behind us and, as of January, we will have a divided Congress. As we are all too well aware, child health has been used as a tool to create political leverage in months past. This means advocacy, which is taking on more and more of the Chapter’s time and energy, is critically important for MCAAP to achieve its mission. And we cannot achieve our mission without your support and engagement. Throughout our strategic planning process we have been exploring ways in which we can support members to bring their voices and perspective to our current policy debates. We want to support members so that advocacy is not only impactful but also manageable for the practicing pediatrician.

One avenue for engagement is the Chapter’s legislative committee. The Chapter has an active legislative committee where bills, regulations, policies, and potential endorsements are discussed. The committee then makes recommendations to the board about if they should take a position and if so, what level of support should be given to any one endorsement or statement of opposition. All MCAAP members are welcome to join this committee. We also offer other avenues for individuals to engage in political action and advocacy such as helping members submit public comments or contact legislators about Massachusetts bills that the Chapter is supporting or opposing.

One recent example of advocacy that I want to highlight is the Chapter’s opposition to the changes to the public charge rule proposed by the Trump Administration, which were released by the Department of Homeland Security in October 2018. The proposed changes would

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How Occupational Therapy Can Treat Children with Sleep Problems

Are your patients getting enough sleep? Children who regularly sleep the number of hours recommended by the American Academy of Pediatrics show measures of better health, including improved attention, behavior, learning, working memory, emotional regulation, quality of life, and mental and physical health.1

Typical Sleep Development2,3
• Newborns: Sleep during the first few months of life occurs at any time depending on the newborn’s need to be fed, changed, and nurtured. Newborns may sleep anywhere from 10.5 to 18 hours each day with periods of one to three hours of awake time intermixed.
• Infants 4–12 months: Nine to 12 hours of sleep at night with two to three 30-minute to two-hour naps during the day is recommended for infants. By nine months, 70–80 percent of infants will be sleeping through the night.
• Children 1–2 years: Toddlers need 11–14 hours of sleep each day with naps decreasing to once per day and lasting one to three hours.
• Children 3–5 years: Preschoolers should sleep 10–13 hours each night and most children will forego naps at the end of this age period.

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EDITOR’S NOTE

To Teach Is Its Own Reward, and Musings on Star Wars to Start Off the New Year!

Recently, I have been reflecting on teaching. My current teaching occurs in the outpatient setting: a medical student who comes for 20 sessions of pediatrics as part of the Cambridge Integrated Clerkship, one pediatric/pre-neurology resident who participates in Continuity Clinic with me, the occasional family medicine resident, the transitional intern or child psychiatry fellow who wants more experience in pediatrics, and school nurses as well. Teaching is the very epitome of to give is to receive, and from all these learners I receive plenty: enthusiasm, current updates on topics new and old, fresh eyes on old problems, and more.

My favorite part of teaching is when a young trainee has one of those wonderful aha moments that will stay with him or her throughout his or her career. It might be an atypical presentation of a common pediatric problem, a great clinical finding, or the realization he or she has truly made a difference in the lives of one of our shared patients. My hope is that I’ve managed to interest these trainees in the care of children and inspire them to always be a voice for children, regardless of what career path they take.

Some trainees go on to brilliant careers in pediatrics or pediatric subspecialties, and they become beloved colleagues and friends, too. An added benefit of teaching for me is to be able to call or email a colleague, who was a former trainee, for a consult, although the role reversal emphasizes the passage of time. (Ed. note: You know who you are, and thanks, as always!)

A particular example of how the mentor-trainee relationship can evolve is that of my relationship with my extraordinary friend and colleague, Dr. Vibha Krishnamurthy, who participated in Continuity Clinic with me over 20 years ago. Dr. Krishnamurthy is the founder of Ummeed Child Development Center (www.ummeed.org), the first Early Intervention-type agency in all of Mumbai, India. See the announcement of her upcoming seminar in this issue of The Forum.

We have both grown professionally over the years. I like to think because of me, she learned some general pediatrics and also how to try to stay sane while juggling everything required of a working mom pediatrician. Thanks to her, I have been able to dip my toes into the waters of Global Pediatrics and had the great good fortune to participate in the International Developmental Pediatrics Association 2nd International Congress in Mumbai a year ago. What a joy to be with a group of smart and compassionate pediatricians from all around the world, doing great science and clinical medicine to make the world a better place for children.

In addition to our professional relationship, the icing on the cake has been our warm friendship. Over the years we’ve shared our families, many laughs, professional challenges, books, recipes, and more. One night, years ago, her son Karun asked if she was a teacher, like Obi-Wan Kenobi, and did that make one of her trainees, now an Ummeed colleague, like Luke Skywalker? She answered yes; it was like that. He then asked if that made me, her teacher, like Qui-Gon Jinn? She said yes, and I was truly honored. It was a moment!

Sending you, your families, and your hardworking staff every best wish for a happy, healthy New Year as you continue to make a difference in the lives of children every day. In the words of many a Jedi, “May the Force be with you!”

— Lisa Dobberteen, MD, FAAP

Ed. note: For more information on Star Wars characters and chronology, see www.starwars.com/databank.
expand the definition of a “public charge” to include safety net benefits, such as SNAP, Section 8 housing, and Medicaid, that provide core services for many children across the Commonwealth and the nation. I co-authored an op-ed in The Hill in October; in December, the Chapter submitted comments to the Federal Register opposing the proposed changes.

On a related issue, the Chapter signed onto a letter from Massachusetts General Hospital to the Departments of Homeland Security and Health and Human Services regarding the Flores Amendment. Here is an excerpt from the letter:

We offer comment on the proposed amendments by the Department of Homeland Security (DHS) to regulations relating to the apprehension, processing, care, custody, and release of children (referred to as “alien juveniles”), and the termination of the Flores Settlement Agreement (FSA). The proposed regulations allow for indefinite detention of families in family residential centers (FRC) until their immigration proceedings are concluded. This is a departure from the FSA, which limited detention to 20 days and stated children should be detained in the “least restrictive setting appropriate to the minor’s age and special needs.” Previous implementation under the FSA acknowledged the potential harms of the detention of children and released minors to an appropriate guardian in the community as soon as possible.

The Chapter’s website provides useful information on our advocacy efforts. You can access both the public charge comments and letter regarding the Flores Amendment on the MCAAP home page at www.mcaap.org. To learn about other recent advocacy initiatives, visit the legislative page of the Chapter’s website (www.mcaap.org/legislation). On this page, we also offer a variety of ways in which members can become involved in effective, meaningful advocacy that is not too time-consuming. The Chapter is currently exploring ways in which technology can offer advocacy opportunities in parallel to the existing legislative process.

Because this has been such an active year for legislative advocacy, we decided that this year’s Annual CME and Business Meeting will focus entirely on that. We will offer workshops/presentations that will include information about contacting and meeting with legislators, writing op-eds, and using social media to advocate with children and families. The meeting will take place on May 8, 9:30 a.m.–4 p.m., at the Massachusetts Medical Society. Stay tuned for the exciting conference program, which should be sent to members later this month. As always, please contact Cathleen Haggerty at chaggerty@mcaap.org if you have questions or want more information. We hope you will join us for a fun and informative, skills-based program! And remember, advocacy takes place in many ways — through the legislative process and each and every day in the clinic where you help children and families get their needs met. We are all advocates and remain committed to promoting the health and wellbeing of those we serve. — Elizabeth Goodman, MD, MBA

THE MCAAP ANNUAL MEDICAL STUDENT CONFERENCE

“Generations for Child Health: Mentoring and More”

The 2018 Medical Student Subcommittee Fall Meeting was held on October 20 and was a huge success, with attendees from all four Massachusetts medical schools and students from all four years. We greatly enjoyed our panels about pediatric residency and discussion on immigrant health and local advocacy. Thank you to all of our wonderful speakers for helping to create such a great day of mentoring and camaraderie.

— Mallory Mandel

Mallory Mandel is the co-chair of the MCAAP Medical Student Committee.
Attention Pediatric Primary Care Providers: MCAAP Infant Safety Checklist Is Now Available Online

- Twenty safety questions that parents or guardians can self-administer in 3 minutes
- Instant feedback and safety tips
- Access by phone, tablet, or laptop at https://mcaap.typeform.com/to/IiZEm4

An easy way to help keep babies safer. Let your families know!

Readers interested in trying the Infant Safety Checklist are encouraged to check it out. When prompted for "DOB," enter 01/01/2000 and it will record as a test. For more information, contact Dr. Greg Parkinson at gparkinson@mcaap.org.

— Greg Parkinson, MD

SAVE THE DATE

Upcoming Conferences

The 2019 MCAAP Annual CME and Business Meeting: Advocacy and Pediatrics
May 8, 2019, 9:30 a.m.–4:00 p.m.
Massachusetts Medical Society, Waltham, MA

The Annual MCAAP Edward Penn Memorial CME Lecture and Business Meeting will take place on May 8 at the Massachusetts Medical Society in Waltham, MA, from 9:30 a.m. until 4:00 p.m. The program will focus entirely on legislative advocacy and provide valuable, implementable information about how pediatricians can effectively advocate for issues that affect children and families. It will offer CME credits as well. The program cost is $90 for members and free for medical students and residents. For more information or to pre-register, please contact Cathleen Haggerty at chaggerty@mcaap.org.

Young Adults with Chronic Conditions: Optimizing Treatment and Transition from Pediatric to Adult Care
March 4–6, 2019
Royal Sonesta Boston, Cambridge, MA

A brand-new Harvard Medical School course addressing the needs of young adults with chronic conditions. The course provides practical updates for both primary care and specialty care providers, including physicians, nurse practitioners, physician assistants, social workers, and psychologists. Up to 25 CME and MOC credits are available. Register online at https://tcc.hmscme.com before January 31 for discounted pricing.

Global Human Rights Seminar of Interest to Pediatricians
February 14, 2019, 5:00–7:00 p.m.
Cambridge Health Alliance, Cambridge, MA

A warm invitation to all MCAAP members to attend the Cambridge Health Alliance (CHA) Global Human Rights Seminar (GHRS) on February 14, 2019, 5:00–7:00 p.m. at the CHA Center for Professional and Academic Development, 10 Beacon St., Somerville, MA 02145. Dr. Vibha Krishnamurthy, founder of Ummeed Child Development Center (www.ummeed.org), will be presenting on Early Child Development and Disability: addressing challenges in a low-income country. Dr. Krishnamurthy did her US pediatric residency at MGH and completed a fellowship in developmental behavioral pediatrics at Children’s Hospital. She is a faculty member of the Global Health Program at Children’s Hospital and was named an Ashoka Fellow in 2007 (www.ashoka.org/en-US/fellow/vibha-krishnamurthy). Dinner will be served; please RSVP to GHRS at rmarlin@challiance.org. For more information, contact your Forum editor, Lisa Dobberteen, MD, at ldobberteen@mcaap.org.

Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by March 4, 2019.
Occupational Therapy

continued from page 1

- Children 6–12 years: Children ages 6–12 should get 9–12 hours of sleep each night.

Sleep is a primary occupation of children until the age of five. It is crucial for homeostatic balance, and if left untreated, sleep deprivation can lead to more serious health issues. Sleep deprivation can impair safety and performance in daily tasks. Poor sleep also increases the risk of accidents, injuries, hypertension, obesity, diabetes, and depression. Most studies have demonstrated a negative association between sleep duration and obesity. Shorter sleep periods align with an increased risk for children becoming overweight. Two analyses found that for each increased hour of sleep, the risk of obesity or becoming overweight decreased.

Children who regularly sleep less than the recommended number of hours may exhibit attention, behavior, and learning problems. Decreasing a child’s sleep by only one hour can have a negative effect on emotions, behavior, and cognitive skills, all of which play an integral part in a child’s ability to perform in school. Insufficient sleep can lead to many academic problems by limiting planning and organization skills needed for problem-solving, worsening mood and behavior, reducing focus and attention, and hampering both long-term and working memory. It has also been found that people who regularly get poor sleep are more often socially rejected than those who appear and feel well rested. At UC Berkeley, researchers discovered that sleep-deprived people feel lonelier, disengage, and avoid eye contact with others. This behavior also makes them less socially attractive.

Children who sleep at least 10 hours each night report fewer health complaints, while children who get less than 8 hours of sleep report increased ADHD behaviors. It is harder for sleep-deprived children to retain new information, and children with ADHD are specifically at higher risk.

When treating a child for sleep issues, you may not think to prescribe occupational therapy; however, sleep/rest is one of the eight areas of occupation treated by occupational therapists. Occupational therapists use their knowledge of sleep physiology, sleep disorders, and sleep promotion practices to evaluate and treat the complications of insufficient sleep or sleep disorders on daily activities. When occupational therapists evaluate clients, they assess issues including sleep preparation, participation, latency, duration, maintenance, and daytime sleepiness. They also look at the impact of sleep on work, school, and other life events, the influence of pain and fatigue, psycho-emotional status, and troubles in other areas such as vision, balance, strength, skin, and sensory systems.

Occupational therapists work together with the child’s health care team to identify possible contributors to a child’s sleep issues. These include, but are not limited to, daily routines, nap schedules, and the bedroom environment, as well as considering how physical, cognitive, sensory, and emotional disturbances may be impacting sleep. Occupational therapists treat clients by first educating parents and caregivers on the misconceptions and expectations of sleep and addressing factors that may exacerbate poor sleep quality. Establishing a predictable and smooth routine is an important step in treating a child with sleep problems. Setting regular wake and sleep times while modifying the bedroom environment, including noise, light, temperature, and bedding, helps the child wind down and prepare for sleep. Occupational therapists also focus on increasing coping skills and self-regulation to facilitate the child’s capacity to relax for sleep onset.

Sleep can be complex due to the environmental, physiological, psychological, and sensory aspects. Because sleep is so important and can have a serious impact on daily activities, from self-care to academics to social skills, it is key that children receive appropriate care from professionals, like occupational therapists, who are well trained to consider all of these factors. Consider prescribing occupational therapy when you next encounter a child with a sleep issue. — Bobbie Vergo, OTD, and Janey LaGrange

For more information about childhood development, please visit www.pathways.org or email friends@pathways.org. Pathways.org, founded in 1985, provides parents and health professionals with free educational resources on children’s motor, sensory, and communication development to promote early detection and intervention.

References

Pediatric Hepatitis B Vaccine Shortage
From the Massachusetts Department of Public Health

There is an ongoing national shortage of pediatric single-component hepatitis B (HepB) vaccine that is expected to continue into spring 2019. The Massachusetts Department of Public Health (MDPH) Immunization Program will continue reducing all orders (except those from birth facilities) of single-component hepatitis B vaccine by at least 25%.

Key Points during the Shortage
- Prioritize the birth dose of HepB vaccine.
- Prioritize vaccination of infants born to hepatitis B surface antigen (HBsAg)-positive mothers, or whose status is unknown. These recommendations are unchanged.
- For providers using Pentacel (DTap-IPV/Hib) and/or single-component vaccines, there are several options for your practice. You will need to choose the one that works best in your setting:
  - Defer administration of the third dose of single-component HepB vaccine until later within the recommended range of 6–18 months of age for healthy infants born to HBsAg-negative mothers.*
  - Transition to an all Pediatrix (DTap-IPV-HepB) schedule for all three doses in the DTap primary series at 2, 4, and 6 months.
  - Substitute one or two doses of Pediatrix for Pentacel in the DTap primary series, as a temporary measure during the shortage.
- Providers using Pediatrix (DTap-IPV-HepB) can continue the infant schedule with no change.
- Regardless of vaccine formulations used, all providers should prioritize the birth dose and completion of the infant series over catch-up vaccination of older children and adolescents.

*In populations with high rates of childhood HBV infection (e.g., Alaska Natives, Pacific Islanders, and immigrant families from Asia, Africa, and countries with intermediate or high endemic rates of infection), the first dose of vaccine should be administered at birth and the final dose at age 6–12 months.

— Shumethia Seal, MPH, Vaccine Manager, MDPH Immunization Program

Reference
Centers for Disease Control and Prevention’s (CDC) “Pediatric Hepatitis B Vaccination Guidance during the 2018 Supply Shortage” (www.cdc.gov/vaccines/hcp/clinical-resources/downloads/2018-Pediatric-Hepatitis-B-Vaccine-Supply-Update-and-Guidance-Table.pdf)

Immunization Action Coalition’s Hepatitis B Birth Dose Honor Roll

The Immunization Action Coalition’s (IAC) Hepatitis B Birth Dose Honor Roll recognizes US birthing institutions that have attained a birth dose coverage rate of 90% or greater and have met specific additional criteria. These criteria help define the important elements of a birth dose policy that are needed to ensure newborns do not fall through the cracks when medical errors occur.

To be included in IAC’s Hepatitis B Birth Dose Honor Roll, a birthing institution must have the following:
- Achieved, over a 12-month period, a coverage rate of 90% or greater for administering the hepatitis B vaccine before hospital discharge to all newborns (regardless of weight), including those whose parents refuse vaccination. (Newborns who are transferred to a different facility after birth, due to medical problems, do not need to be included in the denominator.)
- Implemented written policies, procedures, and protocols to protect all newborns from the hepatitis B virus infection prior to hospital discharge.

The MCAAP Immunization Initiative would like to congratulate the following Massachusetts institutions for being named to the Hepatitis B Birth Dose Honor Roll:
- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Cape Cod Hospital
- Falmouth Hospital
- Hallmark Health System/MelroseWakefield Hospital
- Harrington Memorial Hospital
- Holy Family Hospital
- Lawrence General Hospital
- Lowell General Hospital
- Morton Hospital
- Signature Healthcare/Brockton Hospital
- Sturdy Memorial Hospital
- UMass Memorial Medical Center

Has your hospital or birthing center attained coverage rates of 90% or higher? If yes, we encourage you to apply to be included on the Hepatitis B Birth Dose Honor Roll. Instructions for submitting an application for your hospital or birthing center can be found at www.immunize.org/honor-roll/birthdose.

— MCAAP Immunization Initiative

2019 Immunization Initiative Webinar Series

Initiated in 2012, the goal of the Immunization Initiative Webinar Series is to improve Massachusetts childhood and adolescent immunization rates through continuing education for health care professionals. Planned in collaboration with the Massachusetts Department of Public Health Immunization Program, the webinars are appropriate for health care professionals who provide vaccinations to children and adolescents in Massachusetts, including Chapter pediatricians and family practice physicians, nurse practitioners, nurses, physician assistants, medical assistants, public health workers, community health center staff, and office staff who work in pediatric health care settings.

The one-hour webinars are free and attendees receive a CME/CEU activity award certificate for their participation.

Recent webinar topics include the following:
- The 2016 Massachusetts Mumps Outbreak: Understanding Why Mumps Spread among Vaccinated Individuals
- Preventing Perinatal Hepatitis B Virus Transmission
- 2018–2019 Influenza Season Update
- Using Digital Media to Engage Parents about Childhood Immunization
- Using Assessment, Feedback, Incentives and eXchange (AFIX) to Improve HPV Vaccination Rates in Your Practice
• 2018 Childhood Immunization Schedule Review
• Top FAQs (Frequently Asked Questions) about the Massachusetts Immunization Information System (MIIS)
• Using Standing Orders to Improve Vaccination Rates in Your Practice

To view a list of and register for upcoming webinars, visit https://mcaap.org/immunization-cme.

Archived webinars from previous years can be found at https://mcaap.org/immunization-cme-archives.

If you have any questions about the webinar series, please contact Cynthia McReynolds at cmcreynolds@mms.org or (781) 895-9850. — MCAAP Immunization Initiative

Massachusetts Adolescent Vaccination Coverage 2017

CDC released the 2017 National Immunization Survey-Teen (NIS-Teen) report in August 2018 (https://ncbddd.cdc.gov/hivos/vaccines/programs/nis-teen.htm), which provides the latest estimates of adolescent vaccination rates in the United States. Massachusetts continues to have some of the highest teen vaccination rates in the country. Thank you for all of your work to ensure adolescents are protected against vaccine-preventable diseases!

The table below shows the Massachusetts NIS-Teen rates for 2017 and the change in rate from 2016.

There were statistically significant increases in ≥1 HPV (males and females), up-to-date (UTD)† HPV (males and females), ≥1 HPV (males), and UTD HPV (males).

These increases demonstrate the continued focus to vaccinate both boys and girls with HPV vaccine and efforts to reduce missed opportunities to vaccinate. In December 2016, a two-dose HPV vaccine schedule was recommended for boys and girls starting the series before 15 years of age. This schedule could encourage starting and completing the series, though it is too early to assess its impact on vaccination coverage.

There are continued efforts to promote on-time vaccination, including the new combined HEDIS measure (https://ncqa.org/hedis/measures/immunizations-for-adolescents), for adolescent vaccines that assesses receipt of all three routinely recommended adolescent vaccines, including HPV vaccine series completion by 13 years of age. In addition, the Massachusetts Department of Public Health, with faculty from the Massachusetts Chapter of the American Academy of Pediatrics Immunization Initiative, has participated in a two-year enhanced HPV AFIX project (https://cdc.gov/vaccines/programs/afix/index.html), which identifies quality improvement strategies to increase HPV vaccination rates at the practice level. HPV vaccination provides safe, effective, and long-lasting protection against cancers caused by HPV. New estimates from a recently released CDC report (https://ncbddd.cdc.gov/hivos/vaccines/programs/nis-teen.htm?title=mm6733a2_w) show HPV vaccination could prevent 31,000 cancers every year.

— MDPH Immunization Program Newsletter

2017 Adolescent Vaccination Coverage with Tdap, MenACWY, and HPV, Massachusetts, NIS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>2017 Vaccination Coverage</th>
<th>Change from 2016</th>
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<tbody>
<tr>
<td>Tdap</td>
<td>96.2 (+2.1)</td>
<td>-0.5%</td>
</tr>
<tr>
<td>MenACWY</td>
<td>94.0 (+2.7)</td>
<td>+3.6%</td>
</tr>
<tr>
<td>&gt;1 HPV (males and females)</td>
<td>81.9 (+4.5)</td>
<td>+10.5%†</td>
</tr>
<tr>
<td>UTD† HPV (males and females)</td>
<td>65.5 (+5.6)</td>
<td>+8.9%†</td>
</tr>
<tr>
<td>&gt;1 HPV (females)</td>
<td>85.4 (+5.6)</td>
<td>+7.8%</td>
</tr>
<tr>
<td>UTD HPV (females)</td>
<td>67.4 (+8.3)</td>
<td>+5.4%</td>
</tr>
<tr>
<td>&gt;1 HPV (males)</td>
<td>78.5 (+6.7)</td>
<td>+13.0%†</td>
</tr>
<tr>
<td>UTD HPV (males)</td>
<td>63.7 (+7.5)</td>
<td>+12.3%†</td>
</tr>
</tbody>
</table>

†HPV up-to-date (UTD); two doses if the first dose given before the 15th birthday and doses were separated by at least five months; otherwise, three doses
‡Statistically significant increase

More than 400 health care professionals attended the 23rd Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference, held on October 18, 2018. The Conference included both Keynote Plenary Sessions and interactive Breakout Sessions.

The MIAP Conference Organizing Committee would like to thank the following people and organizations for their participation at this year’s conference:

**Plenary Session Speakers**

Anna-Lisa Farmar, MD, MPH, FAAP; Cody Meissner, MD, FAAP; Pejman Talebian, MA, MPH; and Rebecca Vanucci, MA

**Breakout Session Speakers**

Christine Bradley, MA; Nancy Harrington; Everett Lamm, MD, FAAP; Richard Moriarty, MD, FAAP; Katie Reilly, MPH, MSN, RN, PHNA-BC; Ronald Samuels, MD, MPH, FAAP; Shumethia Seal, MPH; Sarah Sweet, MPH; and Rebecca Vanucci, MA

**Conference Awardees**

The Organizing Committee would like to extend congratulations to this year’s MIAP Conference Awardees: Christopher Bonci, Ronald Samuels, MD, MPH, FAAP, MIAP President; Kathy Whitaker, RN, Winchester Board of Health, 2018 MIAP Conference Awardees; Katie Reilly, MPH, MSN, RN, PHNA-BC, Nurse Manager, MDPH Immunization Program; and Rebecca Vanucci, MA.
MS, PA-C, EMT-P, Justice Resource Institute, Western Region Department of Youth Services Health Services; and Kathy Whittaker, RN, Winchester Board of Health. The Organizing Committee also would like to congratulate the 2018 Massachusetts recipient of the CDC’s Childhood Immunization Champion Award, Elizabeth Mena, RN, BSN, OCN, CRNI.

Conference Supporters and Exhibitors
Unrestricted Educational Grant
Sanofi Pasteur

Exhibitors
AccuVax by TruMed; AstraZeneca, Berliner USA, LLC; Commonwealth Medicine/UMass Medical School; GlaxoSmithKline; Merck Vaccines; Pfizer; Sanofi Pasteur; Massachusetts Parent Teacher; Massachusetts Immunization Information System (MIIS); MCAAP Immunization Initiative, MDPH Immunization Program (Immunization Program, MIIS, Ronald McDonald UMass Memorial Care Mobile; Sylvie Ratelle STD/Prevention Training Center, Vaccine Management), and Team Maureen.

Finally, the Organizing Committee would like to thank the conference participants and the volunteers without whose support the conference could not take place!

The conference presentations can be found at https://mcaap.org/immunization-cme.

— MCAAP Immunization Initiative

Join the Immunization Initiative
The Immunization Initiative welcomes new members!
By participating you can do the following:
1. Stay current on state and national infectious disease and immunization information.
2. Network with colleagues interested in promoting vaccination.
3. Advocate for legislative and regulatory policies that optimize the immunization of Massachusetts children and adolescents.
4. Learn strategies to improve vaccination rates in your practice and larger community.

Please contact Cynthia McReynolds (cmcreynolds@mms.org) for more information or to join the Initiative.

Upcoming Events and Meetings

Advisory Committee on Immunization Practices (ACIP) Meeting
February 27–28, 2019
Atlanta, Georgia
ACIP meetings are open to the public (in-person and by telephone/webinar). Pre-registration is required.
For more information, visit https://cdc.gov/vaccines/acip/index.html.

MCAAP Immunization Initiative Webinar Series
March 7, 2019, 12:00–1:00 p.m.

The Journey of a Vaccine from Licensure to Monitoring and Beyond Presenter: H. Cody Meissner, MD, FAAP
For more information and to register, visit www.mcaap.org/immunization-cme.

Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting
March 14, 2019, 4:00–6:00 p.m.
Massachusetts Medical Society, Waltham, MA
For more information, visit www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/mvpac.html.

23rd Annual Massachusetts Adult Immunization Conference
April 2, 2019
Sheraton Framingham Hotel and Conference Center, Framingham, MA
Updated information will be posted as it becomes available at http://maic.jsi.com.

National Infant Immunization Week (NIIW)
April 27–May 4, 2019
For more information, visit www.cdc.gov/vaccines/events/niiw/index.html.

MCAAP Immunization Initiative Webinar Series
April 25, 2019, 12:00–1:00 p.m.

2019 Childhood Immunization Schedule Review; MDPH Vaccine Update Presenter: Susan Lett, MD, MPH
For more information and to register, visit www.mcaap.org/immunization-cme.

Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by March 4, 2019.
As pediatric providers we are well-positioned to observe the evolving relationship between an infant and his or her caregivers over the early months of life. In fact, we interact with parents more than any other medical provider in that crucial first year, as an infant’s temperament is declaring itself, and the “goodness of fit” between a parent and child is becoming more clear. We can play a role in educating parents about the joys as well as the benefits of talking and reading to very young, even premature, infants. Many of our Reach out and Read programs are in underserved areas, where stresses on young families are profound. Spending a few minutes to promote relationship building is one step towards ameliorating the stresses in our families.

There is evidence to support that a very young infant is familiar with the language of his or her prenatal environment and recognizes mom’s voice by the time of birth. This is new information for parents, and they will find it endlessly interesting. There is also long-standing evidence supporting the benefits of early and frequent reading to children for their later language development and vocabulary. Promoting language starting in the first weeks of life might be unfamiliar to parents of tiny infants. They don’t understand! They can’t focus! They can’t stay still! Explaining that this isn’t about learning from birth, that “serve and return” interactions are promoting their understanding of language and emotion, that facial expressions that accompany our words are a meaningful way for babies to learn, is a conversation worth having in the first months of life, whether a book is involved or not. Importantly, emphasizing that babies will learn much more from a human interaction than they will learn from a screen is also worth repeating over and over.

Working with parents to help them understand that their babies are actually learning from birth, that “serve and return” interactions are promoting their understanding of language and emotion, that our words have a special impact. Do what you love and do it with your baby, while talking, singing, counting, smiling, snuggling with your baby. If a book helps, go for it. If not, it’s the interaction with you that matters. Sometimes take a clue from the autism world, and talk with parents about social stories, narrating the events of the day, or telling the baby or child what to expect when they go to grandma’s house or a birthday party, both to allay any anxiety and for the child to hear language related to their everyday experience.

All parents want what is best for their children, and our role is to tap into that wish and talk about it. At this time of year, when families are celebrating their cultural holidays, speaking with a baby about the rituals, food, and songs that celebrate them is a great way to connect your new baby to the extended family and environment that he or she will grow up in. Books can help to provide exposure to more diverse language and vocabulary that babies and children might not otherwise hear.

When my boys were young and we were reading the Beatrix Potter books, I was in a playgroup with other physician moms. A group of boys was running raucously around the house, and one of my sons shouted to the others, “Scurry on!” We all cracked up, and it was of those parenting moments when I realized they were actually listening to the stories and learning language.

So, in the end, what matters most is talking with your baby. Having books in the home that are child-focused will help parents appreciate the joys of reading to their babies and children. It’s never too early, really, and if a book helps to make it happen earlier than it otherwise would, that’s great. Our role as pediatric providers is to support a language-rich environment for the child. — Eileen Costello, MD

References
www.wordsforlife.org.uk
AAP National Committees — 2019 Member Appointments

The AAP Board of Directors is soliciting nominations to fill the following vacancies for Member positions on AAP National Committees for terms beginning July 1, 2019:

- Committee on Adolescence (COA): 1 position
- Committee on Child Health Financing: 2 positions
- Committee on Coding and Nomenclature (COCN): 1 position
- Committee on Drugs: 1 position
- Committee on Fetus and Newborn (COFN): 2 positions
- Committee on Medical Liability and Risk Management: 2 positions
- Committee on Native American Child Health: 2 positions
- Committee on Pediatric AIDS (COPA): 3 positions
- Committee on Pediatric Research: 2 positions
- Committee on Practice and Ambulatory Medicine (COPAM): 3 positions
- Committee on Psychosocial Aspects of Child and Family Health (COPACFH): 2 positions

You can find the requirements, the statements of needs for each position, and the application materials on AAP.org. To be considered complete, an application must include the following: (1) fact sheet, (2) biographical summary, (3) letter of nomination, and (4) letter of support. Upon receipt, a request for Conflict of Interest Disclosure will be sent to the candidate which will finalize the application process.

The deadline for nominations is Friday, February 22, 2019. Nominees must submit the completed application materials to their Chapter President and the AAP Nominations Team (nominations@aap.org).

Members of AAP National Committees are re-appointed every two years and may be appointed up to three times for a total of six years. Committee member 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 AAP Board of Directors will meet in May 2019 to review nominations and make final appointments.

Please email any questions to nominations@aap.org. If you would like assistance with the nomination application process, please contact Cathleen Haggerty at chaggerty@mcaap.org.
We would like to invite you and your organization to advertise your services in upcoming editions of *The Forum*. *The Forum* is mailed to 1,700 pediatricians and is available online at no charge. If you would like more information about rates and submissions, please contact Cathleen Haggerty at chaggerty@mcaap.org.

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Looking to Hire or Be Hired?

Job listings are a free service provided by The Forum to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.

To submit a listing, email chaggerty@mcaap.org. Please include the following information:
- Contact information
- Practice name/residency program
- Position title
- Description (25-word limit)
- Availability (e.g., available now)

Contact Cathleen Haggerty at chaggerty@mcaap.org for rate and payment information.

2019 MCAAP Call for Nominations

The MCAAP 2019 election will fill vacancies on the Executive Board for congressional district representatives in Districts 4, 6, 7, and 9. Individuals are eligible if they are voting members of the chapter and live or work in one of the vacant districts.

Please send names of nominees to Cathleen Haggerty via email at chaggerty@mcaap.org or fax to (781) 895-9855. You may also mail nominations to 860 Winter Street, Waltham, MA 02451. Nominations must be received by February 28, 2019.

Electronic ballots will be emailed and mailed in mid-March. Individual communities within each district can be found at www.house.gov/representatives/find-your-representative. For new Massachusetts congressional district maps, go to www.govtrack.us/congress/members/map.

Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by March 4, 2019.