



# Speaking for Maryland's Kids

Volume 6, Issue 3

## President's Corner

Eric Levey, MD, FAAP

Chapter President

I hope that you all survived Hurricane Irene. Unfortunately, the District III meeting this year was planned as a joint meeting with District I in Annapolis, Maryland for August 25-28, and was cut short due to Irene. The AAP is divided into 10 districts. The Maryland Chapter of the AAP is in District III along with New Jersey, Pennsylvania, Delaware, West Virginia, and the District of Columbia. Each summer, each district has a joint meeting with one other district to get national AAP updates, discuss district affairs, and report on chapter activities. Typically, chapter presidents, vice presidents, and executive directors attend the district meeting as well as the district officers and some national AAP leaders. Usually, the district meetings provide a great opportunity to meet the candidates for AAP President-Elect and talk with them in person. This time around, I was able to hear a presentation by each of the candidates for AAP President-Elect, Mary Brown and Thomas McInerney, but had little opportunity to get to



know them personally.

The AAP election will open for voting on September 1. You should have already received an email announcing the election. You can also go to the 2011 National AAP Election Center at <http://www.aap.org/moc/vp/eleclink.htm> to get information about the election. New officers are installed at the AAP National Conference & Exhibition (NCE) which is being held 10/15 – 10/18 in Boston.

The National AAP President-Elect serves a one-year term, followed by a year as President, and then followed by a year as Immediate Past President. So, basically, the President is elected for a 3 year cycle. Our current President-Elect is Robert Block, the

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President is O. Marion Burton, and the Immediate Past President is Judy Palfrey. If you look at AAP News, you can see that all three are very involved in AAP affairs during all 3 years. The AAP President serves as a figure-head, spokesperson, and leader. It is the only AAP position for which there is a national election. The candidates for President-Elect are selected by the National Nominating Committee after viewing many nominations.

In addition to the national AAP President-Elect, each AAP member can vote for officers in their district. District officers include the District Chairperson, District Vice Chairperson (DVC), and District National Nominating Committee (NNC) Member. Our current District Chairperson is Sandy Hassink from Delaware. Each district chairperson sits on the AAP Board of Directors (BOD), which is a very important position because the BOD sets policy for the AAP. The current DVC and NNC for District III are both from the Maryland Chapter, David Bromberg and Dan Levy, but both are completing their terms of office. Dan is running in the election for a new DVC.

We are hoping that David will run for District Chair when Sandy completes her term of office.

Obviously, the national AAP President-Elect is an important position but like many members, you may not have an opinion about either candidate. That is okay. You can read about them. If you choose not to vote for the President-Elect, you can still vote for the DVC and NNC positions. These are important district offices that have a major impact on AAP policy and determining who leads the national AAP. Please vote.

Thank you,  
Eric Levey, MD, FAAP

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## **Children & Nature Task Force Update**

In its beginning months, the task force is making good progress toward making connections with community members to promote getting children daily outdoor time.

The first meeting in June was hosted by Mary Hardcastle, Environmental Education Manager from the Parks & People Foundation. We are very grateful for the support and enthusiasm provided by Parks & People Foundation, the Greater Baltimore Children & Nature Collaborative, the Maryland Recreation and Parks Association and the National Recreation & Parks Association. Exciting developments include plans for two "Doc in the Parks" days where we will have MD AAP members joining families for outdoor healthy and fun activities. Ultimately, we would like to host such events quarterly.

Upcoming events are listed below. Please email Maria Brown at [mbrown44@jhmi.edu](mailto:mbrown44@jhmi.edu) if you are interested in participating.

### **Sunday, October 2<sup>nd</sup>, 2011, 11am-5pm, Rash Field Inner Harbor: Ultimate Block Party**

The Ultimate Block Party is a day dedicated to the art and science of play co-sponsored by Baltimore City Public Schools as well as the University of Maryland, Johns Hopkins and many other local and national sponsors. The first Ultimate Block Parties were held in New York City and Toronto. Baltimore will host the third on Rash Field in the Inner Harbor. This will be our first "**Doc in the Park Day**". We will represent outdoor play. With the help of Parks & People and many community naturalists, we will have a nature play space, nature scavenger hunt, insect identification and jump rope activities. Dr. Martina Schwartz from Kaiser has graciously volunteered to help organize our participation. We will also have information for families on the health benefits of outdoor play. It will be an exciting day; five thousand people are expected!

### **Saturday, November 12<sup>th</sup>, Herring Run Park: Second "Doc in the Park Day"**

Plans for this day are still in the works. Herring Run has offered to host us as we meet families to explore the walking and biking paths and enjoy fall foliage and birds in the park. This is a perfect event for families in North East Baltimore.

### **Meet your local Parks & Recreation Department representative**

Tom Donlin, the Director of the Maryland Recreation and Parks Association has kindly offered to have a representative from pediatricians' local Parks & Rec Depts come to doctors' offices to provide information for families. This is a great way to be connected to what's happening in practice neighborhoods which many physicians might not otherwise have time to explore. If you are interested, please contact Mr. Donlin at [Director@mrpanet.org](mailto:Director@mrpanet.org)

The next task force meeting will be held on Monday, September 12<sup>th</sup> from 7-8:30pm. The location will be determined. MRPA has offered a site in Howard County and plans are currently being made. If you are interested in joining the task force or attending the meeting, please contact Maria Brown, [mbrown44@jhmi.edu](mailto:mbrown44@jhmi.edu).

## Supplementing a breastfeeding baby in the full-term nursery:

Dana Silver, MD, FAAP - co-Chapter Breastfeeding Coordinator

In 2010, JCAHO added "exclusive breast milk feeds" as one of its five Perinatal Care core measures. The other four measures include elective delivery, Cesarean section, antenatal steroids, and health care-associated bloodstream infections in newborns. By adding breastfeeding to this list, JCAHO acknowledged the significance of breastfeeding for the health of the mother and baby, and also recognized the importance of exclusive breastfeeding from the start.

The 2005 AAP policy on "Breastfeeding and the Use of Human Milk" states that: "Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists." Exclusive breastfeeding is recommended for the first six months of life, and "should be continued for at least the first year and beyond for as long as mutually desired by mother and child." Exclusive breastfeeding over the first six months has been shown to reduce the incidence of, among other things, otitis media, atopic dermatitis, and severe lower respiratory tract infections.

According to the CDC's 2010 Breastfeeding Report Card, 25.4% of the U.S.'s full term nursery babies receive formula supplementation in the first two days of life. Healthy People 2020 aims to reduce that number to 14.2%. Unfortunately, in some Maryland hospitals up to 50% of healthy full term babies are given formula supplementation within the first few days of life. Some parents request it because they are tired or because they worry their baby is not getting enough to eat ("no milk"). Nurses and physicians may also worry about poor feeding and recommend it.

Supplementing a baby with formula is not just about "nipple confusion." It can establish a vicious cycle where a mother doubts her ability to meet her infant's nutritional needs. Mothers who supplement early are more likely to continue to supplement and to wean early. Supplementing with formula in the nursery can change a baby's gut flora and pH and sensitize a baby to cow's milk. In addition, a newborn's stomach capacity is only 5-7ml at birth, perfect for the small colostrum feeds she/he receives. By day 3, the stomach only holds 22-27ml (the size of a marble). Giving formula in the usual 1-2 ounces can stretch a newborn's stomach so that she/he is not satisfied with the small amounts received while nursing.

There are, of course, some true medical indications for supplementation (ABM 2009):

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|---|
| 1. Severe maternal illness resulting in separation of infant and mother (e.g. shock or psychosis) |
| 2. Infant with inborn error of metabolism (e.g., galactosemia)                                    |
| 3. Infant who is unable to feed at the breast (e.g., congenital malformation, illness)            |
| 4. Maternal medications (those contraindicated in breastfeeding)                                  |

*(Continued on page 4)*

Then there are also *possible* indications for supplementation in the healthy term infant (ABM 2009):

INFANT POSSIBLE INDICATIONS	MATERNAL POSSIBLE INDICATIONS
Asymptomatic hypoglycemia unresponsive to appropriate frequent breastfeeding.	Delayed lactogenesis state II
Clinical and laboratory evidence of significant dehydration (e.g., □10% weight loss, high sodium, poor feeding, lethargy, etc.) that is not improved after skilled assessment and proper management of breastfeeding	Sheehan's syndrome (postpartum hemorrhage followed by absence of lactogenesis)
Weight loss of 8-10% accompanied by delayed lactogenesis II (day 5 or later).	Retained placenta
Delayed bowel movements or continued meconium stools on day 5	Primary glandular insufficiency (occurs in <5% of women)
Insufficient intake despite an adequate milk supply (poor milk transfer)	Breast pathology or prior breast surgery resulting in poor milk production
"Neonatal" jaundice associated with starvation where breastmilk intake is poor despite appropriate intervention	Intolerable pain during feedings unrelieved by interventions
Breastmilk jaundice when levels reach 20-25 mg/dL in an otherwise thriving infant and where a diagnostic and/or therapeutic interruption of breastfeeding may be helpful	

The Academy of Breastfeeding Medicine's Protocol on Supplementing the Healthy Term Neonate is a free and excellent resource. It emphasizes the early management of the breastfeeding mother-infant dyad, stating: "Given early opportunities to breastfeed, breastfeeding assistance, and instruction, the vast majority of mothers and babies will successfully establish breastfeeding. Although some infants may not successfully latch and feed during the first day (24 hours) of life, they will successfully establish breastfeeding with time, appropriate evaluation, and minimal intervention."

References:

Academy of Breastfeeding Medicine Protocol #3. *Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate*. *Breastfeeding Medicine*. 2009; 4(3): 175-179. <http://www.bfmed.org/Media/Files/Protocols/Protocol%203%20English%20Supplementation.pdf> .

Centers for Disease Control and Prevention. *Breastfeeding Report Card - United States 2010*. <http://www.cdc.gov/breastfeeding/data/reportcard.htm>

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 : **5th Annual Allan T.**  
 : **Leffler Lectureship &**  
 : **2011 MDAAP Awards**  
 : **Dinner**  
 : .....

September 8, 2010  
 5:30-6:30pm  
 Reception and Cash Bar

6:30-7:30pm  
 Dinner  
 Tribute to Ted Leffler, MD,  
 FAAP &  
 Keynote Speaker: Sandra  
 Hassink, MD, FAAP-Advocacy in  
 Practice

7:30-9:00pm  
 Chapter Awards Presentation:  
 Scott Krugman, MD, FAAP-  
 MDAAP, Vice President

BWI Airport Marriott  
 1743 West Nursery Road  
 Baltimore, Maryland 21090

Please go to our website  
[www.mdaap.org](http://www.mdaap.org) for more infor-  
 mation and to register for  
 the dinner! Come and meet  
 your chapter's leaders and  
 socialize with your col-  
 leagues as we honor this  
 year's award winners.

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**Upcoming Meetings**

**9/8/2011**  
 Planning Meeting @ BWI  
 Marriott from 12:30-5:00PM

Leffler Lecture/Awards Din-  
 ner @ BWI Marriott from  
 6:00-9:00PM

**9/12/2011**  
 Children & Nature Task  
 Force Meeting, 7-8:30pm,  
 Location TBD

**9/22-9/23/2011**  
 Pediatrics for the Practitio-  
 ner at Johns Hopkins

**10/1/2011**  
 Healthy City Day  
 Port Discovery

**10/2/2011**  
 Doc in the Park Day  
 Ultimate Block Party  
 Rash Field  
[www.ultimateblockparty.com](http://www.ultimateblockparty.com)

**11/12/2011**  
 2nd Doc in the Park Day  
 Ultimate Block Party  
 Herring Run Park  
[www.ultimateblockparty.com](http://www.ultimateblockparty.com)

# Toxic Topics

by Michael Ichniowski, MD

## The Home Environment-Part I: Biologic Agents

“I’ll light the fire, you place the flowers in the vase that you bought today...

Our house is a very, very, very fine house.” Graham Nash

Graham Nash’s song of domestic bliss from 1970 only hints at the dangers lurking within every home. The firewood and flowers brought in from outdoors could well be teeming with pollen, molds and spores and a variety of potential insect pests. Lighting the fire would release a host of airborne particles that could become irritants to the respiratory tract. Even the very, very, very finest of houses can be subjected to a variety of potentially hazardous organisms and toxins. This article will examine some of the biologic agents that can present health risks to the inhabitants of any home. Such invasive organisms, which can upset the balance of the home ecosystem, include molds, dust mites, cockroaches and rodents.

### Molds

Molds are ubiquitous spore-producing organisms found throughout the outdoor environment, where they perform the essential service of the breakdown of dead organic matter. Their spores become airborne readily, and may enter homes through windows, doors, ventilation systems and heating and air conditioning systems. Molds and spores can also be brought indoors by pets (e.g. the two cats in the yard), and on shoes and clothing. Once inside, molds can proliferate wherever there is sufficient moisture for their growth. Indoor areas with high humidity, such as basements, bathrooms and crawl spaces (and, of course, refrigerator drawers) are well known to support mold growth. Areas damaged by water from flooding, leaking roofs and plumbing can also be rapidly colonized by molds. This includes ceilings, wallboard, insulation, carpeting and furniture.

There are two main mechanisms by which molds may cause health problems: allergic and toxic. Mold spores can produce allergic symptoms by inhalation or direct contact, irritating both the upper and lower respiratory tract, skin and conjunctivae. Common allergenic indoor molds include *Alternaria*, *Aspergillus*, *Cladosporium* and *Penicillium*, and can cause the well-known symptoms of rhinorrhea and sneezing, itchy watery eyes, coughing, wheezing and dyspnea. Allergic rashes may also occur from skin contact with molds. Mycotoxins, produced by the molds *Fusarium*, *Stachybotrys* and *Trichoderma*, can irritate skin and mucous membranes, causing rashes and respiratory symptoms, and have been linked to cases of acute pulmonary hemorrhage. Another mold-associated health problem is opportunistic infection and colonization among immunosuppressed individuals.



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The key to controlling indoor molds is controlling moisture in the home. Dehumidification and ventilation, repair of roofing and plumbing leaks and the rapid cleanup of water from leaks and flooding are crucial to controlling mold growth in the home. Removal of mold-damaged ceilings, walls, flooring and carpeting needs to be done carefully to prevent the dispersal of large numbers of mold spores. The use of respirators, unvented goggles and impermeable gloves by those doing the cleanup is of extreme importance in limiting inhalation and exposure to molds and spores.

## **Dust Mites**

House dust mites of the genus *Dermatophagoides* (“skin-eaters”) are widely distributed in temperate climates, with a recent national survey finding dust mite allergen in over 80% of the bedrooms tested. These mites utilize shed human skin cells as their main food source, and, because they absorb moisture from the air, require a relative humidity above 50% for survival. The allergens come from their fecal pellets which, at 10-40 microns in size, are large enough to settle quickly. They can become transiently airborne during cleaning and vacuuming but are primarily surface antigens found on mattresses, pillows, bedding, upholstery and carpeting. Because they do not remain suspended in air, High Efficiency Particulate Air (HEPA) cleaners are of little benefit. Vacuums using a HEPA filter, however, will reduce the amount of mite allergen stirred up during vacuuming.

Sufficient evidence for a causal link between dust mite allergen exposure and asthma has been found, with higher levels of exposure associated with higher rates of sensitization, especially among individuals genetically predisposed to atopic disease. The exposures occur when in close proximity to dust mites on bedding and mattresses, upholstered furniture, and stuffed toys or when resuspended during cleaning activities. Because of these close exposures to the upper airway when in bed, dust mite allergens can also trigger symptoms of allergic rhinitis and conjunctivitis.

Similarly, improved control of asthma has been demonstrated with reduced exposure to dust mite allergens. Encasing pillows, mattresses and box springs in allergen-impermeable covers is a very effective way of reducing this exposure. Washing of bed linens at temperatures of 130F on a weekly basis will also kill mites, though this temperature is higher than the recommended 120 degrees for prevention of scald burns. Alternatively, drying at 130F for 20 minutes or line-drying linens in sunlight may be effective in killing mites. Other control measures include dehumidification, which can be difficult to achieve in high-humidity climates like the typical Baltimore/Washington DC summer, and removal of carpeting and dust-catchers like blinds and stuffed toys from bedrooms. Using acaricides on carpeting and upholstery is less effective than removal of the carpeting and furniture, and requires reapplication every 3 months.

## **Cockroaches**

Five species of cockroaches are commonly found in U.S. homes, but at present, only allergens from the German and American cockroaches have been well-characterized. These allergens derive from fecal matter, body parts, saliva and other secretions. Like dust mite allergens, these are relatively large (>10 microns) and fall to the ground rapidly when disturbed by cleaning. Cockroaches are prevalent in urban environments and prefer warm, moist areas where food sources are readily available. Kitchens are typically the areas with the highest allergen levels in the home, but other rooms where food is consumed can be infested as well.

Cockroach allergens are a significant trigger for asthma exacerbations in sensitized individuals. This leads to more days of wheezing, more missed school days and more frequent emergency room visits among cockroach-allergic children with asthma and higher levels of exposure to these antigens. Hospitalization rates among this group are nearly three times as high as those of less sensitive and less exposed children.

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Control of cockroaches begins with limiting the availability of food and water to these insects, and, where possible, limiting entry into the home. Such measures, which are components of Integrated Pest Management (IPM), include storage of food in sealed containers, keeping surfaces free of residual food, keeping trash in sealed receptacles, caulking leaks around pipes and plumbing fixtures and sealing cracks and crevices through which roaches may enter the home (or school). Sticky traps and gel baits are also a relatively non-toxic means of controlling these pests. Such IPM principles are designed to minimize the need for pesticides and their potential toxicities (the reader is referred to the previous article in this series for a detailed discussion of insecticides). Boric acid pesticides may be used in areas inaccessible to children, but the use of sprayed pesticides within the home presents dangers from inhalation and from surface residues.



## Rodents

Mice and rats are another common source of indoor allergens, primarily originating from their urine, though dander may also be contributory. Mouse allergens are particularly widespread, with detectable levels found in over 80% of U.S. homes in one study. The urine-associated allergens are much smaller than dust mite and roach allergens, and may remain suspended in air for long periods of time. Increased exposure to these allergens has been associated with a higher rate of sensitization and increased hospitalizations and medical visits for asthma.

IPM principles are also important for rodent control. Building a better mousetrap, or using those currently in existence, can manage a small infestation. Sealing potential points of entry into homes and clearing trash, brush and potential hiding places near the home can be important means of prevention. Eliminating food and water availability within the home can be effective also, as for cockroaches. The use of bait boxes with rodenticides may reduce the rodent population, but without sanitation and control measures, will only provide short-term control. (The toxicity of rodenticides, primarily anti-coagulants, has also been discussed previously in this series).

While this article has focused on uninvited guests in the home environment, pets such as birds, cats, dogs and other fur-bearing animals can also cause increased asthma and allergy symptoms. When evaluating a patient with persistent and perennial wheezing and sneezing, it is important to consider the home environment for potential exposures and triggers for these symptoms. Successfully decreasing such exposures may lead to happier and healthier patients who may then be able to tell you, *'Life used to be so hard, now everything is easy 'cause of you.'*

## References

- Etzel, RA (ed.). *Pediatric Environmental Health*, 2nd edition. Elk Grove Village, IL: AAP; 2003;350-353, 528-540.
- Jacobs, DE, Bader, A et al. *Housing Interventions and Health: A Review of the Evidence*. National Center for Healthy Housing. Columbia, MD: January, 2009; 13-18.
- U.S. Environmental Protection Agency. *A Brief Guide to Mold, Moisture, and Your Home*. Washington, DC: 1-16.

# AAP Election 2011

## AAP National President Candidates



### **Mary P. Brown, MD, FAAP - Biography**

Dr. Mary Brown has been a pediatrician in Bend, Oregon for 36 years. She founded a practice now staffed by 13 pediatricians who care for children and families in Central and Eastern Oregon. She has on the ground experience as a General Medical Officer in Vietnam and an assistant professor at a teaching hospital. Mary is a community pediatrician and a leader in growing a solo practice into a regional pediatric center. These varied experiences have provided her with insights into most challenges pediatricians face.

She has advocated for pediatricians and children at all AAP levels from President of the Oregon Pediatric Society, District VIII representative to Chapter Forum Committee, National Nominating Committee, and District Chairperson for six years. As District VIII Chair she represents diverse Chapters (conservative and liberal, small and large). Every Chapter is respected and contributes to discussions and decisions. She believes in the strength of the AAP as a voice for our members whether solo practitioners in rural America, pediatric generalists, or urban academicians.

Mary's experience on the AAP Board of Directors has given her an in depth understanding of the Academy and appreciation of the amazing staff that support our work. These experiences in private practice, military and academic medicine, and local, regional and national AAP offices will provide strong leadership as we address the complex challenges to pediatrics and to child health. She is a committed and experienced leader and consensus builder.

She and her Ob-Gyn husband, Dan, have four children and three grandchildren.



### **Thomas K. McInerny, MD, FAAP - Biography**

Thomas McInerny MD has been a primary care pediatrician in private practice in Rochester, NY for 40 years and is Professor and Associate Chair for Clinical Affairs in the Department of Pediatrics at the University of Rochester Medical Center. He is a graduate of Dartmouth College and Harvard Medical School and did his pediatric residency training at Cincinnati Children's Hospital and Boston Children's Hospital.

He has held many elected and appointed positions in the AAP, including President of Chapter I, District II; Treasurer and member, District II Board; Member and chair, PROS Steering Committee; Member and Chair, Chapter Forum Committee; Member and Chair, Committee on Child Health Financing; member, Private Payer Advocacy Advisory Committee, Access to Care Subcommittee, Immunization Advisory Team; and is currently a member of the Steering Committee on Quality Improvement and Management, the Section on Administration and Practice Management, the Council on Clinical Information Technology, the Council on Children with Disabilities, and the Council on Community Pediatrics.

Dr McInerny is Editor-in-Chief of the "AAP Textbook of Pediatric Care" and Pediatric Care Online. He served on the Task Force on Mental Health, which developed the AAP Mental Health Toolkit and was one of the authors of the EQIPP module on the Medical Home. He is a member of the American Pediatric Society, the Academic Pediatric Association, and a Certified Physician Executive and Fellow of the American College of Physician Executives. He served on the Board of Directors and was Chief Medical Officer of the Rochester Community Individual Practice Association serving 500,000 patients.

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## Candidates for District III Vice Chair



### **Nathaniel S. Beers, MD, FAAP - Biography**

Nathaniel Beers is currently Deputy Chief of Special Education for DC Public Schools and a general and developmental behavioral pediatrician at Children's National Medical Center. Previously, he was the Director of the Children's Health Center, the largest provider of primary care in DC, and the Deputy Director for the Community Health Administration and the Title V Director for the DC Health Department. He serves on the Mayor's Advisory Committee on Child Welfare, Mayor's Early Childhood Advisory Council and Children with Special Health Care Needs Advisory Board.

Nathaniel is Past President of the DC Chapter. As President, DC increased from a small to medium chapter and successfully increased Medicaid reimbursement to 100% of Medicare. He was a founder of DC Partnership to Improve Children's Healthcare Quality. He is Chair of the National Committee on Membership, on which he has represented District III for the past 8 years. He served on the board for the Section on Residents as District III Coordinator, Vice-Chair and Chair. He has been engaged with the Young Physicians since its approval as a provisional section. Nathaniel has mentored many young physicians, residents and medical students.

Nathaniel graduated from GWU Medical School, completed his residency at Children's National. He was the Dyson Child Advocacy Fellow at Children's Hospital of Boston and Chief Fellow of General Pediatrics. He got a Master's of Public Administration at the Kennedy School at Harvard University.

He is married to Lee Savio Beers, a pediatrician at CNMC, and has a daughter and a son.



### **Daniel J. Levy, MD, FAAP - Biography**

Dan Levy is a graduate of the University of Rochester for both his BA and MD degrees. His postgraduate training was at Children's Hospital of Philadelphia and Johns Hopkins University, and he trained in psychotherapy at the Family Therapy Practice Center in Washington, D.C. He has been in private practice in Owings Mills, Maryland, since 1978, presently serving a multicultural population of both SCHIP and private pay patients. He actively teaches as an Assistant Professor of Pediatrics at Johns Hopkins and Clinical Assistant Professor at the University of Maryland. Dr. Levy is a senior fellow at Clemson University's Automotive Safety Research Institute.

Dr. Levy has served his state AAP Chapter as secretary-treasurer, vice president, president, communications chair, and Foundation President. While president, the Maryland Chapter won Large Chapter of the Year. At that time, he was engaged in establishing the chapter obesity task force, testifying before the FDA for changes in the use of cough and cold medications, and establishing well-received District III leadership and advocacy training. He was the AAP Maryland Pediatrician of the Year in 2008. At the national level, Dr. Levy has been on the editorial board of AAP News, and most recently District III National Nominating Committee representative. He is a member of the sections on communications, practice management, community pediatrics, and sports medicine.

Most importantly, Dr. Levy is married to Dr. Nancy Levy, is the father of two, and is the grandfather of two incredible little boys.

# Candidate for District III National Nominating Committee Member



## Jay J. Ludwicki, MD, FAAP - Biography

Jay Ludwicki, MD graduated The University of Chicago with A.B. in Biology. He attended Temple for Medical School and feels fortunate to have completed his Pediatric Residency at St Christopher's Hospital for Children in Philadelphia.

Currently, Dr Ludwicki owns a thriving private practice in Milton, Delaware. He feels privileged to work with three great Pediatricians and one Pediatric Nurse Practitioner. Over the past few years, the practice has continued to grow with the implementation of an Electronic Medical Record that integrates flow, Bright Futures guidelines and truly allows the practice to function as their patients' medical home.

Dr Ludwicki has been advocating for better health care for children within the hospital systems by serving as Chairman of the Pediatric Department in Pottstown for 2 years, Beebe Medical Center for 4 years and currently at Milford Memorial Hospital for the past 2 years.

He also started working with the Delaware Chapter of the AAP 7 years ago to advocate for children's health and well being in a state dominated by retirees and their interests. He is currently half-way through his second term as President and has thoroughly enjoyed organizing the board member's skills and talents, which enabled them to receive the 2010 AAP small Chapter Award.

Dr Ludwicki's main two goals in his final year of presidency is to develop a statewide structure for patients' medical home and to expand their developmental screening project using validated screening tools to all Pediatricians and then to Family Practitioners.



## CHAPTER OFFICE RELOCATION

The Maryland Chapter office has moved!!! We are now located in the MedChi Building downtown. Our new office address is 1211 Cathedral Street, Baltimore, MD 21201. The office phone (410-828-9526) will remain the same, but we will have a new fax number. E-mail is also unchanged from both Rachel Hardegree and Katie Franklin.

### Maryland AAP Leadership

President	Eric Levey, MD	MedChi	Dianna Abney, MD
Vice President	Scott Krugman, MD	Military	Christopher Watson, MD
Secretary/Treasurer	Susan Chaitovitz, MD	Public Health	Jacqueline Douge, MD
Director of Operations	Katie Franklin		
Director of Development	Rachel Hardegree, MPH	<u>Chapter Champions:</u>	
Central MD Rep	Michael Ichniowski, MD	Breast Feeding	Dana Silver, MD
Southern MD Rep	James Rice, MD		Edward Bartlett, MD
Eastern Shore Rep	Brian Corden, MD	CATCH	Harsha Bhagtani, MD
Montgomery & Prince	Kimberly Iofalla, MD		Rana Hamdy, MD
George's County Rep		Childcare	Edisa Padder, MD
Western MD Rep	Chel Menchavez, MD	Disaster Preparedness	Richard Lichenstein, MD
Immediate Past-President	Virginia Keane, MD	PROS	Steven Caplan, MD
MDAAP Foundation Pres.	Dan Levy, MD	Oral Health	Rachel Plotnick, MD
<u>Committee Chairs:</u>		Medical Home Asthma	Virginia Keane, MD
Adolescence Medicine	Melissa Houston, MD	Early Hearing Detection	
Child Maltreatment/ Foster Care	Wendy Lane, MD	& Intervention (EHDI)	Susan Panny, MD
Pediatric Council	Terry Nguyen, MD		
	Rona Stein, MD	<u>Directorships:</u>	
Emergency Medicine/ Injury & Poison Prevention	Diane McDonald, MD	CME	Alan Lake, MD
Emotional & Mental Health	Richard Lichenstein, MD	Membership	Joe Wiley, MD
Environmental Health	Kenneth Tellerman, MD	Senior Section (>60y/o)	Ambadas Pathak, MD
Fetus and Newborn	Michael Ichniowski, MD	Young Physicians (<40y/o)	Julie Ellis, MD
Infectious Diseases	Sue Dulkerian, MD		
Legislative Issues	VACANT	<u>Newsletter Editor:</u>	Michael Ichniowski, MD
Sports Medicine & Fitness	Mel Stern, MD	<u>Task Forces:</u>	
School Health (COSH)	Amy Valasek, MD	Immunizations	James Rice, MD
Special Needs/ Disabilities	Teri McCambridge, MD	Infant Mortality	Renee Fox, MD
<u>Liaisons:</u>	Maura Rossman, MD	Medical Home	Diana Fertsch, MD
Dentistry	Jamie Perry, MD	Mental Health	Larry Wissow, MD
		Obesity	Alan Lake, MD
	David Hasson, DMD	Children & Nature	Maria Brown, MD