Hot Off the Press! Updates from the Perinatal Section on Neonatal Medicine

Dr. Renate Savich, Professor of Pediatrics, is the Chief, Division of Neonatology and Newborn Services at the University of Mississippi Medical Center in Jackson, Mississippi. She is the Division Chief of the state’s only Level IV NICU with over 100 patients and a 15-bed Level II nursery. Her Division has 12 neonatologists, 3 neonatal hospitalists and 4 PhD research faculty. She is also on the Steering Committee of the newly organized Mississippi Perinatal Quality Collaborative, a joint effort of neonatologists and obstetricians in Mississippi to improve perinatal and neonatal morbidity and mortality.

She was previously at the University of New Mexico School of Medicine, Albuquerque, NM. She received an M.D. degree at the Northwestern University School of Medicine in 1982 and completed pediatrics residency at Children’s Memorial Hospital (Northwestern University) before her fellowship training in neonatal/perinatal medicine from 1985-88 at the University of California, San Francisco. A fellow in the American Academy of Pediatrics, Savich is currently the Chair of the American Academy of Pediatrics Section on Perinatal Pediatrics, representing over 6000 neonatologists in the US. She is also a member of the editorial board of NeoReviews. She has extensive involvement in neonatal Global Health and is on the AAP Steering Committee for Helping Babies Breathe. She has recently been appointed as the AAP Liaison to Ethiopia for the Saving 100,000 Newborns Initiative.

Annual Quality Congress Sunrise Session, Saturday, October 3, 2015
Hot Off the Press! Updates from the Perinatal Section on Neonatal Medicine
Objective: Learn the activities of the AAP and the Section on Neonatal Perinatal Medicine related to education of physicians and others caring for newborns, advocacy for newborns and their mothers and new initiatives for quality improvement by the Section.
AAP Section on Neonatal-Perinatal Medicine
Renate D. Savich MD, FAAP

2015 Annual Quality Congress
Vermont Oxford Network

AAP Section on Neonatal-Perinatal Medicine

Renate D. Savich MD, FAAP
Chair, Section Neonatal-Perinatal Medicine
American Academy of Pediatrics

Disclosure Statement

• I am the current Chair of the Section on Neonatal Perinatal Medicine
• I have no financial conflicts of interest EXCEPT
• If I can get more people to join the Section-then I have more money to spend on programs based on our Strategic Plan and can improve the health of neonates!!!

BIG NEWS

• We changed the name of the Section!
• I realized there was no NEONATAL in our name
• When you search “neonatal” on the internet-we (SoPPe) don’t come up in the search
• Same thing when you search for neonatal on the AAP Website
• We are certified by ABP in:
  NEONATAL-PERINATAL MEDICINE

My Idea

• Let’s poll the Section members (3000) to see what they think via Survey Monkey…
  □ No change
  □ Section on Neonatal-Perinatal Medicine of AAP
  □ Section on Neonatal-Perinatal Pediatrics of AAP

• Results?
  – Over 800 people responded within 24 hours
  – Received over 1000 responses

There are always a few people who don’t like change……

Next Step Was….

• Changed our Bylaws
• Members voted to officially approve of change by AAP rules
• Submitted to the AAP Board
• Approved May 17, 2015-We are official
Two events in the early 1970s set the stage for the establishment of the Section and our Subspecialty

- In 1971, Joseph Butterfield submitted a resolution to the Colorado Chapter of the AAP petitioning the AAP Board of Directors to establish a Section on Perinatal Pediatrics.
- The AAP Board of Directors approved the resolution with an addendum that called for the establishment of a Neonatal-Perinatal Medicine subspecialty board by the American Board of Pediatrics.

**SONPM-Our Current Mission (NEW)**

- 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 and specialty
  - continuously improve clinical care delivery
  - support continuing and postgraduate education
  - foster basic, clinical and outcomes research
  - advocate for the good of our patients

**AAP-Sections and Committees**

- Sections (SONPM)
  - Primary goal is professional education
  - Goal is to improve clinical care of patients
  - Policy, public education, advocacy
- Committees (CoFN)
  - Study care issues/advances
  - Makes recommendations re: practice and future research needed

**AAP Organization**

- 10 Districts
- 63 Chapters
- 28 Committees
- 11 Councils
- 51 Sections

**21 Pediatric Subspecialty Sections**

2 Medical Action Groups

1. Adolescent Health
2. Cardiology & Cardiac Surgery
   Critical Care
   Emergency Medicine
   GI, Hepatology, Nutrition
   Genetics & Birth Defects
   Hematology/Oncology
   Hospice & Palliative Medicine
   Hospital Medicine
   Nephrology
   Neonatal-Perinatal
   Transport Medicine

3. Allergy & Immunology
4. Child Abuse & Neglect
5. Developmental & Behavioral
6. Endocrinology
7. Infectious Diseases
8. Med-Peds
9. Neurology
10. Pulmonology & Sleep
11. Rheumatology

**Integrate Sections and Committees in same field**

- Education
- Training
- Policy
- Advocacy
AAP Section on Neonatal-Perinatal Medicine

Renate D. Savich MD, FAAP

Section on Neonatal-Perinatal Medicine

Chair: Renate Savich
Chair Elect: John Zupancic
Past Chair: David Burchfield
Of-Counsel: Carl Bose

District Representatives
- District I: Munish Gupta
- District II: Sergio Golombek
- District III: Gary Assael
- District IV: Cherrie Welsh
- District V: Mary Hancock
- District VI: Tom George
- District VII: Clara Song
- District VIII: Lily Lou
- District IX: Andrew Hopper
- District X: Mark Hudak

AAP Director of Hospital & Surgical Services: Jim Couto

Section on Neonatal-Perinatal Medicine

Membership (2014)
- 2760 Full Members (about 50% of eligible)
- 301 Post Residency Training (Fellows)
- 128 Affiliate Members

3189 TOTAL
6% increase over past 2 years

Lots of fellows, but many more should belong!!!
Residents now eligible to join the Section

ALF Resolution to Offer Memberships for Pediatric Residents to Subspecialty Sections

- Resolution to include residents (and medical students) to Section
- Can be on Committees
- Cannot serve on Executive Committee

How do Neonatal Fellows and Residents Join the Perinatal Section?

- They need to be a resident member of the AAP-99% of Pediatric residency programs pay for membership for their residents-it is cheap and YOUR program should keep paying this when a fellow starts-I am working with AMSPEDC to make this happen
- The Neonatal-Perinatal Section then pays for Section membership for ALL fellows
- The fellows get Pediatrics, Red Book and lots more!

National Affiliate Members of SONPM

- Now includes Neonatal Nurse Practitioners
- Physician Assistants have been eligible for a while

Section Subcommittees/Task Forces

- Coding-Do any of you bill?
- Quality Improvement-MOC for members
- Membership
- Development of Leaders-TECaN
- History
- Nominations
- Practice
- Research
- Website
AAP Section on Neonatal-Perinatal Medicine
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Section Liaisons
- Organization of Neonatal Training Program Directors (ONTPD)
- Committee on Fetus and Newborn (CoFN)
- Canadian Pediatric Society
- March of Dimes
- Center for Disease Control (CDC)
- National Association of Neonatal Nurses
- National Institutes of Health
- National Perinatal Association
- Neonatal Resuscitation Program
- Section on International Child Health
- Society for Maternal-Fetal Medicine

Compare/contrast: SoPPe & COFN
- Section on Perinatal Pediatrics
  - open to all interested practitioners
  - focuses on education, advocacy, and practice issues
  - appoints a liaison to COFN, reviews statements

Committee Statements
- Policy statement: “Organizational principles to guide and define the child health care system and/or improve the health of all”
  - includes recommendations
- Clinical report: guidance regarding best practices, state of the art: “does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.”
  - does not include recommendations
- Technical report: stand alone or as background for Policy Statement
  - does not include recommendations

AAP Statement Development
Committee chooses topic, identify lead author(s)
Review literature, define objectives
Submit intent
Board of Directors reviews intent
Board of Directors approves intent *
Write/Revise
Reviews by AAP/others
Author(s) revise(s)
Executive Staff and Board review
Publication (if approved) *2 year deadline
**After Publication**

- All statements are reviewed every 3 years
- Statements expire after 5 years unless:
  - Reaffirmed
  - Revised
  - Retired before that time

**Recent Statements**

**Hospital Stay For The Healthy Term Newborn**

- The length of stay of a healthy term newborn should be based on the unique characteristics of each mother-infant dyad, including the health of the mother, the health and stability of the infant, the ability and confidence of the mother to care for her infant, the adequacy of support systems at home, and access to appropriate follow-up care.
- Recommends minimum criteria be met before discharge of a term newborn.

**Immersion In Water During Labor And Delivery**

- During the first stage, immersion may help pain, use of anesthesia, and duration of labor.
- During second stage, neither safety nor benefit has been established, and this should be considered an experimental procedure.

**Hypothermia and Neonatal Encephalopathy**

- Medical centers offering hypothermia should be able to provide comprehensive clinical care.
- Infants should meet inclusion criteria for published clinical trials; otherwise, treat as research with parental consent.
- Centers offering cooling should have appropriate training, outreach, infrastructure, and protocols.

**Counseling Families**

4. Because of the uncertain outcomes for infants born at 22 to 24 weeks’ gestation, it is reasonable that decision-making regarding the delivery room management be individualized and family centered, taking into account known fetal and maternal conditions and risk factors as well as parental beliefs regarding the best interest of the child.

5. Attitudes vary not only between providers and parents but also among physicians and staff.

6. When a decision is made not to resuscitate a newborn infant, comfort care is appropriate, as is encouraging the family to spend time with the dying/deceased newborn infant.
Skin to Skin Care

Clinical Report Pediatrics 2015

- Skin to skin care has been shown to result in improved breastfeeding, milk production, parental satisfaction and bonding.
- Both parents can be encouraged to provide skin-to-skin care, with appropriate guidelines and protocols, for both preterm and term infants in the NICU.

In The Pipeline (Revised And New Statements)

- Prevention and management of pain in neonates
- The Apgar score
- Oxygen saturation monitoring
- Newborn screening for biliary atresia
- Patent ductus arteriosus
- Apnea of prematurity
- Donor human milk (technical report)
- Non-invasive ventilation in the NICU

Advocacy Partner Initiatives

- NICHD Workshops- Drugs in Pregnancy, Periviability Counseling, Choriomnionitis, Adults Born Preterm
- Helping Babies Breathe-2010
- Essential Care for Every Baby-2014
- Essential Care for the Small Baby-2015
- Neonatal Resuscitation Program (NRP)
- Campaign to Prevent Prematurity (March of Dimes)
- National Fetal and Infant Mortality Review (ACOG)

Section Sponsored Conferences

AAP National Conference & Exhibition
2015 (October 24-27; Washington, DC):
Section program, research, awards
Francis Collins-NIH to give Cone Lecture

Spring Workshop-Perinatal Practice Strategies
2016 (April 8-10: Scottsdale, AZ)
Focus on Leadership!! For everyone!!

NeoPREP
2016 (Jan 23 -29: Atlanta, GA)

Section Sponsored Lectureships

Scottsdale: Joseph Butterfield Lecture
2015 Jon Tyson

PAS: William Silverman Lecture
2015 (San Diego CA) Saroj Saigal

NCE: Gerald Merenstein Lecture
2015 (Washington DC) Diana Bianchi

NCE: Cone History Lecture
2015 (Washington DC) Francis Collins

NEW Hot Topics
2015 (Washington DC) COFN Topic on Oxygen Saturations

2015 AAP VON Scholars

Cory Darrow, MD, FAAP
Univ of Rochester Medical Ctr
Rochester, NY

Melissa Liebowitz, MD
Univ of California San Francisco
San Francisco, CA

Jenny Fox, MD
Children's Hospital of Richmond at Virginia Commonwealth University School of Medicine
Richmond, VA

Saroj Saigal

Sheela Parmakar, MD
Texas Children’s Hospital
Houston, TX

Lori Huff, MD
Pediatrix Medical Group
Lexington, KY
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Section Conferences for Fellows
Perinatal and Developmental Medicine Symposium
(partner with Mead Johnson)
2015 Aspen (June 4-7)
2015 Sanibel (formerly Marco Island)
Fellows Seminar on Perinatal Pediatrics
(partner with Abbott)
2016 Santa Fe (June 3-7)
Regional Conferences on Perinatal Research
(partner with Mead Johnson)
2016 (February-October)-changed to 4 meetings

Training & Trainee Career Development for Fellows
- Organization of Neonatal Program Directors
- AAP National Conference and Exhibition (NCE)
  - Career development seminar
  - Abstract presentations
  - Fellows leadership session
- Travel Grants
- Klaus Research Awards
- Exploring and Evaluating Practices in Neonatal-Perinatal Medicine (Jobs)
- Opportunity to participate in global health initiatives
- Fellows organization - TECaN

Section Publications
- NeoReviews
- NeoReviews Plus
- Journal of Perinatology
- Perinatal Section Newsletter

Section Research Support
- Klaus Awards
  - Fellows Research
- Beth Israel Health Services Grant

SOPPe Website
Chair: Linda Van Marter
www2.aap.org/sections/perinatal

The SOPPe Website
Monthly Audience Page Updates (editors)
- Neonatologists - Renate Savich
- Pediatricians – Patricia Williams
- Families – Dimitri Dukhovny
- Trainees – Clara Song
- TECaN – Krithika Lingappan
- ONTPD-Suzie Lopez

Home Page: live Twitter feed of selected AAP Smartbriefs
Section Twitter (aapperinatal) and Facebook (aap perinatal)
LinkedIn
AAP Section on Neonatal-Perinatal Medicine
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The SoPPe Website – Features

Neonatologists Page:
- **NEW- Articles of Interest-Monthly Update** - Jonathan Mintzer
- In the Spotlight
- 'Featured Article' section
- Monthly "Coding Corner"
- Monthly Section Members Newsflash:
  - update on newest web site resources
  - Vermont Oxford Network
  - Quality Improvement Resources (members only)

Articles of Interest-Monthly Update
- Neonatal articles from all Journals selected for YOU!
- Archived
- Newsflash sent out when updated

Trainees/TECaN Page:
- ONTPD Link
- Featured articles
- Briefly Legal
- Monthly Section Members Newsflash

What’s Next for Communication?
- An app is being developed
- New ways of looking at interactive education
- What are your ideas?

Neonatology Page

Newsflash by email

Monthly Articles of Interest Webpage
Looking to the Future of Neonatal-Perinatal Medicine

Strategic Planning
Took place this Spring 2015

We need input from the future
YOU

New Strategic Priorities

- Education
- Member Value
- Quality
- Advocacy
- Health of Subspecialty/Section

EDUCATION OUTCOMES/STRATEGIES

- Establish section as “go to” source for Just-in-Time Neonatology Learning
  - “NeoPrep Light”
  - Navigable System
- Focused education on the Neonatal TEAM, MFM colleagues and parents
- Transform 2-3 Educational Offerings Based on Adult Learning Principals using a New Learning Technology
  - Simulation, Webinar, Interactive sessions
- Advocate to get Part II Credit for All Section Education
- Leadership Pipeline
  - Focused engagement for Fellows at Regional Meetings
  - Education
  - Opportunities

MEMBER VALUE

- More MOC opportunity that is Less Cumbersome and More Innovative and Relevant
  - Provide Venue for QI posters (NCE)
  - Innovative, meaningful approaches to meeting ABP requirements
  - Update members re: process changes
- Develop Repository for Access to Core Neonatology Papers/Topics of Interest to Neonatologists
- Improve Section Communication – Effective, Timely Around Domains to Private Practice Neonatologists and Academic Neonatologists
  - Enhance use of District Listservs
- Engage Private Neos e.g. Create “NEORINS” – IRB Process
  - Studies Development
  - Leveraging other organizations (Pediatrix, etc) and private practice Neos
  - Opportunities for private Neos – committees, etc

QUALITY OUTCOMES/STRATEGIES

- Create Repository for Guideline Development and Existing Guidelines to Improve Clinical Outcomes
  - Guideline/Pathway - Development or Repository
  - Create and Implement NICU Recognition Program
    - Start/create infrastructure building from Texas model
    - Inspire/assist units to achieve standards
    - Regionalization/De-regionalization
- Establish a set of Neonatal Quality Measures approved by NQF
  - Conference and white paper
  - Criteria to evaluate measures
  - Selecting measures to evaluate
- Create list of consultants as Experts for QI
  - Speakers
  - Consultants

ADVOCACY

- Teaching Advocacy Skills
  - Resources/Forums
  - Internship in DC
  - "Hill" visit – one day
- Develop Advocacy/networks/Coalition
  - State – liaisons
  - National/organizational
  - Family
  - "White coat day" for Neonatal Issue *MOD, VON, Pediatrix, Local Parent Foundations, NICHD, ACOG
- Advocacy Topics
  - Out of Hospital Births
  - Drug Shortages/Studies
  - Neonatal Abstinence Syndrome ("Hill" Visit)
  - Health Disparities
HEALTH OF SUBSPECIALTY

• EMR inter-operability for neonatology – useful, relevant notes documentation
• Staffing models in neonatology
  – Increase APNS, other team members
  – Neonatal hospitalists coming in the future
• Neonatal-Perinatal Perspective on Practice transformation model of AAP
  – Payment
  – Re-look at leadership representation for all constituencies
  – Monitor Regionalization/de-regionalization

HEALTH OF SECTION

• Future financial modeling for section
• Broaden the Table at Section Leadership
  – Representation at Section Executive Committee
  – Change to Executive Committee Structure
  – Fix the U shaped curve-get more mid career neonatologists involved in the Section

My goals for strategic planning:

• Get mid career people more involved
  – MIDCANS
• Engage neonatologists in private practice in leadership positions
• Get women in leadership positions
• Be forward thinking......
• Where do we want to be in 10 years?
• So let’s plan for that NOW!!

Strategic Planning
A high priority for the section is:

More help with career planning

1. Yes
2. No
3. So so

Strategic Planning
A high priority for the section is:

More help with QI Projects/MOC

1. Yes
2. No
3. So so

Strategic Planning
A high priority for the section is:

More help with Global Health Opportunities

1. Yes
2. No
3. So so
Strategic Planning
A high priority for the section is:

More help with MFM partnerships/advocacy with MFM or state

1. Yes
2. No
3. So so

Strategic Planning
A high priority for the section is:

More help with Mid-Level Shortages in NICU

1. Yes
2. No
3. So so

Strategic Planning
A high priority for the section is:

More help with Warehouse for Guidelines on Website

1. Yes
2. No
3. So so

Strategic Planning
A high priority for the section is:

More help with Job Board on Website

1. Yes
2. No
3. So so

Strategic Planning
A high priority for the section is:

More help with Minority Membership

1. Yes
2. No
3. So so

Strategic Planning
A high priority for the section is:

YOUR IDEA??

1. Yes
2. No
3. So so
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Take-Home Message

• If you are already a member, participate!
• If you are not yet a member, join!