

Angelica Lad:

We're going to get started. Good evening, and welcome to meet our pediatricians, part of Dartmouth Hitchcock Health, Healthy Living Series, and presented in partnership with CHaD the Children's Hospital at Dartmouth Hitchcock, I'm Angelica Lad, community relations specialist at DHH and your moderator for the program. This evening, we will hear from two of our pediatricians representing the CHaD pediatricians in Concord, and I'm going to introduce them in just a minute. But first we're going to do a couple of housekeeping items if I can get my computer to do what I want it to do first.

So first thank you to everyone who submitted questions ahead of time. We are going to work those questions into the program this evening. If you have any questions throughout the program, please feel free to submit those using the Q&A function, which we will be moderating. And then we'll answer those either throughout the program or at the tail end. Tonight's presentation is being recorded and will be available at the Dartmouth Hitchcock Health YouTube page later this week. Following the presentation, you'll receive a link for a quick survey.

We ask that you complete the survey, which should take about three minutes or less because it helps us with future Healthy Living Series programming. Also, if you have any further questions, you can submit those through the survey, just remember to include your contact in both so we can follow up with you. All right. Thanks again for joining us this evening. We have Dr. Caitlin Robator and Dr. Brittany Silva. Thank you both for being here.[crosstalk 00:01:44] We're just going to first get started by introducing yourselves. If you want to just take a couple of minutes to talk about why you became a pediatrician, how long you've been with CHaD Pediatrics and most importantly, what your philosophy of care is. Dr. Silva, we'll start with you.

Dr. Brittany Silva:

Sure. Hi, I'm Brittany Silva. Just a little bit about me, I'm originally from Massachusetts. I spent my whole life in New England. I went to medical school in New York and then came back for residency training in Rhode Island and then moved up to New Hampshire. I have been at CHaD in Concord now since August of 2020. And I'm really loving it so far. In terms of my philosophy of care, I would say I'm really all about getting the family's input. When going through a visit, whether it's a sick visit or a well visit. I love ending with the question, "What other questions do you have or what more were you worried about today that we didn't get to talk about yet? Or even what do you think is going on?" Is one of my favorite things to ask.

Because oftentimes you find the key to whatever the problem might be from just asking the families, "Hey, what do you think it is?" Sometimes it's like, "Oh, it's right there. They know the answer." So I really love including them in their kiddos care in that way. And I've always wanted to be a pediatrician. Really since I was young and I think because I valued my pediatrician so much and had such a close relationship with her and it was something I always wanted to be able to do for my future patients, but yeah, I really love my pediatrician so I think that was my inspiration.

Angelica Lad:

Thank you Dr. Silva, Dr. Robator?

Dr. Caitlin Robator:

Hi, I'm Caitlin Robator. I started at Dartmouth in Concord in July of 2020, so almost nine months now. And it's been a really awesome experience. I came from seven years in Ann Arbor, Michigan, where I did med school and residency, but also grew up in New England, actually in New Hampshire. This has been

kind of like a homecoming, which has been really awesome, close to family. My husband and I have two young kids so it's been really fun to be back home. In terms of what made me want to be a pediatrician, I was always so interested in science and then realized that people were science too and that was pretty awesome and have had a really fun time learning about the human body and then going through medical school. I really liked everything, but paediatrics just lit me up.

It was so fun. You get to be with kids all the time and get to know their families, get to know the kids. That's one of the really awesome parts about being a primary care pediatrician is that, you see kids of all ages and you really get to know them and their families. So one of the fun things that's happened so far is the babies who came in when I first started are now turning nine months old and watching them grow both physically and personality wise and watching their parents, sometimes most of them, first time parents becoming really awesome parents, getting to know their kids has been super fun and that's why I do what I do and love what I do.

Angelica Lad:

Awesome. Well, thank you. We're going to talk a little bit about what family centered care means. It's at the core of everything that CHaD Pediatrics does. Sorry, that's my seven-year-old. It's at the core of everything that CHaD Pediatrics does, but Dr. Robator, while the child may be the patient, parents are often referred to as partners in care, what does that mean to CHaD as an organization? More importantly, what does that mean to you as a physician?

Dr. Caitlin Robator:

Yeah, and this is a great question because Brittany and I both alluded to it in our introductions, that we take care of patients because they're our primary patients. But parents know their kids the best, they spend so much time with them, they're there for their whole lives. They're such an important part of the care team. The care team at CHaD is actually quite vast. You have your doctors, you have your medical assistants, you have your nurses, you have any subspecialists within the CHaD system who kids follow with for various reasons. Those are all the people who help to provide information to parents who provide the services to parents and help parents to be both advocates and also help parents to make informed decisions about the care that their kids receive. Ultimately our job is to give you all the information you need to make the best decision for your child and your family. That's what being a partner in care is. We're all working together and we all have the interest of the kids at the top of our list. So I think that we really strive to give that to our patients.

Angelica Lad:

Nice. Dr. Silva, do you have anything to add to that?

Dr. Brittany Silva:

No, that was a great summary of what we stand for at CHaD, and some of the little bit that Dr. Robator talked about with the CHaD community of subspecialists as well. I think is really wonderful collaboration we have with our subspecialists. We can easily message our subspecialists and talk about kiddos and consult them and get answers for families quickly, which is a really great resource we have.

Angelica Lad:

Wonderful. Thank you. We have a few expectant families with us this evening, so we're going to cover a few questions about taking baby home and the appointments in the first year of baby's life. We'll start

with you, Dr. Silva. When should a parent or caregiver enlist the services of a pediatrician for their new baby? And how can they decide what pediatrician is the best fit for their family?

Dr. Brittany Silva:

It's important to start deciding on a pediatrician at least a couple of months before you're due to have your baby, because sometimes babies come a little early as we know, but picking someone who you feel like aligns with your goals as a family and someone that you feel like you'll be able to have a great relationship with, because is someone you're going to be seeing a lot in first couple of months of your baby's life, maybe even more than some of your family. In some ways you'll see us a whole lot. So finding someone that you feel like you could connect with, and someone that you can trust, and it's just important to have someone in mind, and once you're in the hospital after you've had your baby, that's when it comes time to set up an appointment for your first visit.

Angelica Lad:

Then Dr. Robator, could you talk about the well-child visits in the first year? How many visits are there? How long are they? And how should parents and caregivers be prepared for those appointments?

Dr. Caitlin Robator:

There are quite a lot of visits in the first year. One of the first visits is shortly after discharge from the hospital. And we like to have babies, they're seen by a pediatrician in the hospital, but then we like to have them seen by someone once they're home. In the Concord area, we actually have a really awesome resource, which is the visiting nurses. They can actually serve as one of those first visits and they see patients at their homes and look after both mom and baby, but we are in close communication with them looking after things like weight gain feeding difficulties. In the first couple of days after discharge, that could be considered your first visit. If there are any concerns, we are always happy to see babies in the office and some babies with certain medical problems or concerns, we actually do want to see in the office first.

But after that visit, we see babies that two weeks making sure that everything is continue to go well. By that point, we expect that babies are getting in their group. They're feeding well, mom and baby are getting to know each other and dad are getting to know each other. And babies should be back to their birth weight by then, so that's one of the things that we're checking on. A lot of us will see or offered to see babies at one month as well, just to make sure things are going well. But that's not like one of the visits that definitely has to happen. It just depends on parent's comfort. Then we see babies at two months, four months, six months, nine months, 12 months. At each of those visits, we're assessing growth and development and answering questions that come out for parents telling them what to anticipate going forward.

Each of those visits are usually a 30 minute visit which gives us time to talk about the things that we need to check in on, but also it gives us time for parents to bring up questions that they have. Sometimes parents will note their questions down and we'll work our way through that list. It's awesome to prepare something like that, if you're thinking of it, touch base with other caretakers. Like if kids are going to babysitters or staying with other family members sort of collaborating in preparation for those visits, so we can get a really good picture of what's going on.

Angelica Lad:

Yeah. I actually had a visiting nurse come and what is always so surprising to me is just how fast everything kind of goes. I was in hospital in Concord and I just called and I said, "Hey, the baby's here." She had some blood sugar issues. They got us in the very next day after I went home. It was just so quick and pretty painless for as a parent, a new parent, or new again, I guess.

Dr. Brittany Silva:

[crosstalk 00:12:43] I love that we have the visiting nurses for the babies first homecoming is what they call it from Concord Hospital. It's such a unique service just for babies born at Concord Hospital. We're so lucky to have it because it takes that stress away from families of having to pack everybody up, get in the car when you're two days, maybe three days after having a baby when that's hard and it gives families peace of mind of someone's checking the baby and weighing the baby and then communicating with the doctor so we get all the feedback of what's going on at home, which is really great because then we can give advice and talk about whether the baby needs to be seen sooner or whether we can wait until two weeks. It's really nice for families and I wish it was everywhere, but we're spoiled and we're really lucky.

Angelica Lad:

Yeah. It was really nice. We had some questions about immunizations, the immunization schedule as something of a hot topic, especially in recent years with the internet. So Dr. Silva, could you please talk a little bit about childhood vaccines? Why are there so many? And what is the typical schedule? And if any, are the exceptions?

Dr. Brittany Silva:

Yeah. It's definitely one of the things that I would say I talk about pretty frequently. Every visit almost we talk about vaccines starting from the first visit, just so that parents know what to expect. The first vaccine is given right after birth, it's Hepatitis B and that's the first vaccine against an infectious disease that a baby will get. And then they come to see us anywhere between two days old to two weeks old for their first visit. We don't start the next vaccination series until two months typically. In the first two years of a kiddo's life, they'll be vaccinated against 14 different infectious diseases. Which sounds like a lot, but in the spectrum of how many viral and bacterial infections are out in the world, it's just a really small portion.

The reason we vaccinate against that many, especially for a young baby, which I think is people's most common question, parents most common question is, "Why, when they're this little, do they need that many?" The important thing to realize is that, that's when babies are most susceptible to the harmful things, the harmful bacterial infections, the harmful viral infections that can severely impact their lives and sometimes even lead to horrible outcomes like death. So that's the reason we give these vaccines at such a young age is because it's when a baby's body is most susceptible to these infections. Babies bodies work differently than ours and so different barriers between their brain and their bloodstream are thinner. They're just much more susceptible to getting really ill with something that might not affect us.

Things like whooping cough, and rotavirus and bacterial meningitis. All of the vaccines we give are specifically planned out for certain times. And they are all studied together, so vaccines that we give together are specifically tested together for that reason. And to make sure that there's no harmful side effects when they're given together. We follow the CDC guidelines, so two months again is the first time that we give the first real round of vaccines and there's three injectable vaccines at that visit and one oral vaccine. One vaccine that's given by mouth. Then we repeat that at the four month and the six

month visit, and then we get a little break, which is always nice for the nine months visit. So that's a nice, happy visit when the baby's playful and there was no shots. Then we start a new round against different infectious diseases at one year.

That's when you start to get the chickenpox and the measles mumps rubella vaccine and then they'll get sporadic boosters throughout the rest of their childhood, and like tetanus boosters and polio boosters and meningitis boosters, but really the core of the vaccines are given in the zero to two year range. That's very purposefully because it's when kiddos are most susceptible. Oh, and exemptions, that's the last thing. There is very few exceptions, I would say for us to not follow the vaccination schedule.

Some babies can't receive live vaccines, depending on if there's certain people in the household who may have certain diagnoses or illnesses, or if they've been treated with certain medications and they can't receive live vaccines, but there's only a few live vaccines amongst all of the vaccines we give. So I would say that's one of the few exceptions and also for certain babies who are born very prematurely they can't get vaccines at the same time, sometimes as babies were full term, and sometimes they can't get the certain live vaccines as well for a certain period of time. But other than there's really not too many exceptions, which we love because we want to vaccinate everyone we can.

Angelica Lad:

Sure. Yeah. Thank you. So, Dr. Robator, it's not a secret that many children are frightened by getting their shots. What can parents do to help pediatricians out when it comes time to get the poke?

Dr. Caitlin Robator:

A lot of it depends on the age of your child. Because the developmental stage really plays a big role. Your four-year-old knows what they're getting [crosstalk 00:18:40] Excuse me, helping them out by maybe preparing them for it and saying, "Hey heads up, we're going to get shots. This is what it's going to be like." And getting them ready for something if that's the way your child works. Some parents come in and they tell me, "No, I didn't tell him at all. We're just going to do it. We're going to get it over with, and it's going to be great." So use your discretion as a parent to know your child and know how they're going to react. Those are the two most typical schools of that I feel. Other things that we can offer when you're in the office, we have amazing medical assistants, they do this all day long and they're super at it.

They're really quick, they get in and out and they get the job done. Sometimes if patients are really nervous, they'll spray a little bit of cold spray on the arm and it takes away the shock of the pain, it distracts them by doing something else. We also have this thing called Buzzy Bee and it's a vibrating thing. You put it on, it's a similar mechanism just taking the distraction and helping the kids in that way. Some of our older kids, I've actually worked with our behavioral health clinician in the office, who's a social worker and she's done some exposure therapy with some of my patients to sort of, this is going to be something blood draws and immunizations. Those are lifelong things, and she's done some work with patients to help get them to the spot where they can more easily get vaccines. That's been really helpful too. But overall, just got to get it done. It's all for a good course, right?

Angelica Lad:

Great. We're going to switch gears a little bit now to illness and injury because life happens. Dr. Silva, there are times when a child is not feeling well or suffers an injury. How should a parent decide between calling the office, visiting an urgent care or heading straight to the emergency room?

Dr. Brittany Silva:

That's a great question. There are some injuries that as a parent, your gut instinct is going to be, "We need to go to the ER right now." If there's a broken arm that's clearly broken. If there is an injury that is like a head injury where you're concerned about your child's mental status or in something like that. Usually as a parent, you have that gut instinct, "We got to go, or call 911." But if there's anything in between that you're questioning, "Does this need to go now? Can we watch this? Is this more of an urgent care visit? Can I see my pediatrician tomorrow or today?" Always give us a call and our nurses that we have at the office triage our calls and they are fantastic.

Oftentimes, if they are unsure of, "Hey, can this wait." They'll come and grab us and ask us. Most of the time when you're calling to speak with our nurses, not only are you getting their fantastic advice, but a lot of times you're getting our advice through the background as well. That they can really help in choosing the pathway of, "What do we do now." "Can we just watch this injury?" "Should we go get an x-ray?" Most times, unless it's a concerning or severe injury, we'll try to get you in the office as soon as we can to see you and we can decide from there. But there are some things that our nurses are trained to talk you through over the phone and decide right there, whether you need the ER or not. We can always help decide, which I think is great and can take the pressure off of the parents from having to make that decision in a moment that could be really scary.

Angelica Lad:

Dr. Silva, over the past year Dartmouth Hitchcock and CHaD have expanded their telehealth services. And I'd like you both to answer this one after another, but could you just talk a little bit about what your experience has been with telehealth visits? Why would a family choose a telehealth visit? What would be a good appointment to have over telehealth?

Dr. Brittany Silva:

We all fell into telehealth under unfortunate circumstances, but it's actually been really helpful and useful in many ways. So in terms of how I use telehealth mostly for a lot of psychiatric care, actually, not for first time visits, but more for follow-ups for medications where you don't necessarily need to see a kiddo in the office. Some medications, we do need to see you in the office at certain intervals of time to check blood pressures and weights and things like that. But there are some visits that are more of a check-in of, "How is school going and when you're on this medication or how are you feeling on this medication?" That's been something that I've used telehealth for. I think now that things are less intense and scary with COVID and more people are getting vaccinated.

I think everyone feels a little safer going out and especially to the office where we clean things so much that we really try our best to keep it super sterile. There are certain things that still are great and better to see in person like rashes. Like you can see somewhat of a picture or see their skin, but it's always better for us to feel and see in person. Some stuff we definitely try to still get you in for, but telehealth definitely has a role. The subspecialists are using it a lot too, which is awesome. There's a lot of families who may not have been able to go drive up to Lebanon or to Manchester to see a subspecialist at a certain day, but because they could do a telehealth visit as an initial visit, it's really opened up a lot of pathways for our families to access those specialists. It's been great.

Angelica Lad:

That's great. Dr. Robator, how about you? How have you used telehealth?

Dr. Caitlin Robator:

Yeah, a lot of similar ways that Dr. Silva's using telehealth, I have done a few visits for parents who type in a question through the myD-H portal, which is a wonderful tool, and it's a little bit more than just a response back. It would be great to have an interaction about it, to watch a behavior that a parent is concerned about, or to address a question that just takes a little bit more time and maybe would go a little bit better if you could talk to somebody face-to-face.

We've done some telehealth for those types of things too, which has worked out pretty well on. It allows us to see kids in their home environments a little bit too, which is kind of fun. We've had some specialists who have... We do a little assessment in our office and then we send them the information, but then they're able to do a lot of the counseling that needs to happen from their specialty through telehealth, kind of like Dr. Silva mentioned, and I think telehealth has been an awesome tool, just because patients are living all over the place and it makes access so much easier to be able to do that.

Angelica Lad:

Especially in the Concord area, because you probably serve up a bigger swath of a rural population. So we're going to switch gears again a little bit to teen appointments and preparing for that transition to an adult provider. Dr. Robator, could you talk a little bit about teen appointments and what a parent or caregiver's role is in doctor's visits as they get older and when it's time to talk about transitioning to an adult healthcare provider?

Dr. Caitlin Robator:

When kids turn 12, they get the dart screener, which is this tablet that a bunch of questions for them. And it has things all the way from nutrition and sleep to things like drugs, alcohol, things that kids are starting to see unfortunately at that age. And so they fill out all those questionnaire on the tablet and then we're able to see their answers as they go. Oftentimes when kids are young, like the 11, 12, 13 year old visits, parents are coming in with them and they're looking at their parents saying, "I don't know what the answer to this question is." And so parents are often pretty heavily involved at that point. But we always do take time to talk with teenagers and near adults on their own without parents in the room.

I think that, as your child gets older, sort of preparing yourself to know that we might ask you to step out at some point during the visit, just to have a confidential conversation with your child, knowing that if there are major safety concerns or if there are things that we need to talk about with you, then we'll bring you back in and we'll all have a conversation together. And transitioning from the role as you, as the caretaker for your child to allowing your child to take ownership of their own health and be the leader of that conversation. Oftentimes as kids are getting older, like 16, 17, they're coming in on their own and their parents are in the waiting room. I'm like, "Did you come by yourself? Should we follow up with your parents?"

One thing to know is that we always do need consent for vaccines for kids who are less than 18. So it's really important for parents to be there for those things. But as kids get older, they really are taking that role. We see kids up to age 18 in our office, and sometimes like a little past their 18th birthday before they turn 19, until they've transitioned over to another provider. People who transitioned over to family practice in the Dartmouth system, the providers are able to see the notes from all of their visits before, which can be really helpful. And can be comforting to parents as they're giving their child to an adult provider.

Angelica Lad:

Dr. Silva, do you have anything you want to add?

Dr. Brittany Silva:

No, really across the board, we all ask families at some point or another to split up during the teenage visits. I started personally at 13. And even just to ask kiddos, "Do you have any questions about your body, that you might not want to ask in front of mom or dad." It's oftentimes surprising what kiddos will have to say or want to say to me or talk about. And so it's a great opportunity to get them to start to be in charge of their own health and own body a little bit. It's a good step towards independence. So just expecting that, you're going to be asked to step out, but it's not going to always be for like super scary questions or anything like that. Sometimes it's just to chat and give us a little bit of alone time. That way we can start to build that confidential doctor-teenager relationship that is super important to exist for us to take care of them the best way we can.

Angelica Lad:

Thank you. We touched on it just a little bit when we were talking about telehealth, but mental health for children, especially in the last year has been a huge area of concern for many parents and it's beyond the last year, but this year, especially. When should parents reach out to their child's pediatrician with concerns? And what are some signs of mental distress that parents should be taking seriously? And we'll start with you, Dr. Silva.

Dr. Brittany Silva:

Yeah. So definitely the last year has been a really stressful year for everybody and not just adults, but kids alone and young kids, even kids you don't think might not be able to understand fully what's going on, but they're still feeling the effects and they know what stress looks like and what stress is and can... And it really trickles through and filters down to them. So we're seeing a lot of issues with mental health this year in kiddos of all ages.

The best time to reach out to us to talk about it is the minute you are concerned about it. Because across the board, we're seeing a lot of people say, "Okay, it's not that bad. We're managing it at home." Everything is fine until it's not fine. I think the big overarching memo I have is, things are going well until they're not going well. So reaching out to us right away and we can help with talking through next steps or potentially counseling and really what to look for and things like that, and when to follow up with us, because starting before it becomes a true issue is, the best way to sort of help the issue.

So I think things to look for families, and some of this is hard to tease out from normal teenage behavior, but starting to isolate away from your family, withdrawing from things that previously were part like the kiddo or the teenager was passionate about or was doing all the time and was a source of fun and being more withdrawn and having less joy with things like that. But I think any concern at all, because you know your kids best, so any concern that you feel like something may not be right or something maybe different, it's worth coming in to discuss as a family. Again, you can expect it that they said we're going to chat with everybody alone and together.

I always take time to talk with a parent alone and the kid alone and together. Sometimes it's even just great for the teenager or even pre-add a lesson to use us as their mediator because there are some things that they just can't get out and talk about with their family at home or it's too uncomfortable. So I spend a lot of times sometimes being the person that says, "Okay, well, we're going to talk to mom and dad about this today and I'm happy to start the conversation. This is how we're

going to do it." A lot of times you can just see the relief in a teenager's face when you're saying, "Oh, I'm going to tell them." Or, "I'm going to help you talk about it." Sometimes they just really need that. I think it's important if there's ever any concerns to come in for a visit because sometimes it just helps open things up and everyone feels a lot better.

Angelica Lad:

Dr. Robator, do you have anything to add?

Dr. Caitlin Robator:

I think Dr. Silva [crosstalk 00:33:34] I would say, we have a lot of resources. Right now it's been really hard for kids to get into seeing counselors, which is oftentimes one of our first line treatments for some of the mental health issues that we're seeing. So we can help jumpstart that process. We have an amazing resource specialist in our office who is always finding new people or new places for our patients to go. When we're like, "Well, I don't know what the next step is." Emily is always like, "Well try this. Or have you thought of this?" So she's just another person on the team that's really helping to connect our patients with the resources that they need, particularly in the mental hospital.

Angelica Lad:

Thank you for talking about that a little bit. Now we're going to talk about something may be a little more of a tougher discussion to have, but it's on everyone's mind, COVID-19, and we've now seen the vaccines roll out to youth, but the Pfizer vaccine being approved for children will use starting at age 16. What do you think we can expect from the current vaccine trials and children younger than 16? How soon do you think that they'll be able to get that vaccination? Whoever wants to take that one and take it first.

Dr. Caitlin Robator:

I would say that every day we're learning something new about COVID and I think that's just really been the theme of COVID. It's not something anyone really has ever experienced before in our lifetime. The vaccines came out and everybody's been getting them, which is really awesome. Now our 16 year olds are able to get the Pfizer vaccine and so it had patience to [inaudible 00:35:26]. One other exception to the vaccination schedule, we're adjusting just a little bit because if they're eligible for the Pfizer vaccine, they can't have had a vaccine within two weeks before that. So if they come in for a well visit, we'll sometimes reschedule a visit for their vaccines that they were scheduled to get so that they can get the Pfizer vaccine. So we've had patients who were all signed up and ready to go, which I think is awesome.

I know that there are some trials going on for kids who are 12 and up. Pfizer's got a phase three trial going on for kids 12 and up. Both Moderna and Johnson & Johnson also have things in the works as well. I don't know that I can speculate about exactly when we will get vaccine for kids who are younger, but I know that they're working on it and we've had lots of parents call in and say, "So what's the deal." We're trying to distribute the information as soon as we get it. As soon as they're eligible, we'll let you know, we'll get people in and we'll get everybody vaccinated.

Angelica Lad:

Another really tough one I think is the, post vaccine social dynamics seem to be more confusing than the original social distancing guidelines. If both parents are vaccinated, but their children are not, what should the social dynamics be? Can vaccinated grandparents hug and kiss their unvaccinated

grandchildren? Can vaccinated adults mingle? And can their kids mingle together and play? How are you advising your patients?

Dr. Brittany Silva:

It's a tough tough question. For every family, it's a little different, I've had families ask about, "Okay, me and mom, or me and dad are vaccinated now, what." Because they have a young kid. For every family it's going to be a personal decision. It's going to depend on obviously the health of their kid, if they have a healthy kiddo with no pre-existing conditions, obviously that's less risky than having a kiddo who does have pre-existing conditions or has underlying health concerns. That also applies to the conversation of which family members they see.

If you're going to see grandparents and grandparents have underlying medical issues and you're concerned knowing that even if they're vaccinated, there's still a risk of... We don't know as much as we want to know yet. So there's still risks involved. Right now the current CDC guidelines, which I look at all the time because they changed so much, but right now, and I don't think they specify specifically if there's a kid who hasn't been vaccinated in the house, but unfortunately, but it says that if there is a family who has been vaccinated or a household that's been vaccinated, they can mingle or socialize with a family who has not been vaccinated as long as they're at low risk.

If there's any concerns at all, wearing masks and hand washing and trying to maintain some safer practices, even if you are together and not totally socially distancing is always a good idea. I did it with my own family recently. Things we're still going to have to do while we figure out all of the nitty gritty details and the questions that we want answered until kids and babies are approved to be vaccinated. We're through through the thick of it and we just have a little ways to go into hang on. But again, it's going to be family specifics so it's always worth talking to, you can talk to us about it. We can try to walk you through it. A lot of us are just trying to talk through it just like now, because there is no easy answer.

Angelica Lad:

I feel the same for my family. We'll be vaccinated soon. The kids just want to get out of here. We'll see, we'll figure it out. We have some parents as special needs children and we had a question specifically about children on the autism spectrum. So we'll start with you Dr. Robator, could you talk a little bit about how CHaD Pediatrics helps these families and the services that we can provide?

Dr. Caitlin Robator:

Yeah, so starting from the very beginning, we screen for autism when kids are young as 18 months, we do a standard screener at 18 and 24 months that helps us identify kids early. That's really important for kiddos who are diagnosed with autism and that triggers a further workup, further evaluation by child development pediatricians, who we have some wonderful child development pediatricians through Dartmouth. A lot of them are up in Lebanon and they are wonderful resources for the initial diagnosis, but then a lot of times kids with autism do end up requiring additional subspecialty services. Whether it's purely focusing on speech and language development, the social skills acquisition, those types of things, or some of the other things that come along with an autism diagnosis, are there other underlying diagnoses, like ADHD anxiety?

We work closely with our other colleagues who focus on those things to connect kids with the services that they need. I mentioned Emily Ramsey before, but she is our resource specialist in the office. When a kid is first diagnosed with autism, she has this whole book of things, of resources of

people she can connect kids with, whether it's ABA or speech and language, or OT or PT, all of those things. She just really follows them along all of the steps of the way, connecting with the school and helping to involve them in the process. We as doctors, I've talked to the special education directors at schools or the school psychologists to help really facilitate things to make sure that our kids with autism or other special needs are getting all the services, the wraparound services that they need. So using our network to really support these kids.

Angelica Lad:

Thank you. I want to stress again, if you have any questions that you would like to ask either of our doctors, if you want to just submit your questions through the Q & A function, we are happy to take questions as well. And we have time to take more questions, but I did want to just end my series of questions that I have tonight with every parents, caregivers, best friend and worst enemy, Dr. Google. many of us spend late nights on a phone searching for an answer to an odd symptom, a cough, a rash, sleep issues, even when we know better. As many of us will land on a message board that has anecdotal advice at best. Could you please give us your favorite internet resources for those questions that keep us up at night? Where should we go first?

Dr. Brittany Silva:

I'm laughing because I still do this as a doctor myself and I know better, but basically all the time for my own symptoms. For kids, healthychildren.org, which is a website produced by the American Academy of Pediatrics, which is our guru as pediatricians. It's the advice we follow, the guidelines that we follow. So the healthychildren.org is a website for parents. It's just a wealth of information, but things are specifically written for parents to understand. And they have great handouts.

So I'll oftentimes refer families to that, especially when families will message like, Dr. Robator had mentioned, but we have myD-H, which is our messaging portal. So families will write in and message us. And oftentimes it'll be non-urgent medical questions, but like teething or different questions like that and a lot of times put links to healthychildren.org web pages, because I just think that there are greats wealth of information. They really summarize and give a lot of great tips and tricks. That's one website I love and can pretty much answer most questions I would say, that families have, sometimes that I have. So it's great.

Dr. Caitlin Robator:

That's one of my go-to both as a parent and a pediatrician. I think that that is safe and well researched information. One of the other resources that we have here at CHaD is, chadkids.org. That's updated frequently and has a lot of different guidelines, like particularly about COVID, there are resources for families to help your child with their transition, to being living in COVID and those types of things, and connect links to other resources can be found there and also something that we refer our patients to often. We're always happy to answer any questions. So use us as a resource as well.

Angelica Lad:

For sure.

Dr. Brittany Silva:

Also, I would say, I've heard a lot of new parents who are social media savvy and there's a couple of really great like Instagram accounts that I know Dr. Robator and myself both follow for baby sleep and

baby feeding and just development. So a lot of times I'll ask families like, "Hey, do you have an Instagram?" Because some families really like that as part of their day and something they can easily look at. And they're vetted, I would say, I agree with most of the advice they give. So I'll recommend certain ones that I like. So a lot of families like that as well. That can be a conversation we have too.

Angelica Lad:

It doesn't look like we have very many questions from the audience currently. If you have any final thoughts before we wrap up on anything that we've talked about, saying maybe something that we've missed, I'd love to hear it. Dr. Robator, do you want to start, or?

Dr. Caitlin Robator:

I was just thinking, I downloaded this app the other day, which I think parents might like, it's particularly useful for parents with young kiddos. It's the CDC Milestone App. And it's awesome because you can put in your child's birth date and then at each of those visits, you would typically come see the pediatrician. It gives you a list of milestones that we would expect kids to be meeting at that point and you can go through and you can click.

Then at the end it tells you, "Is there anything concerning here." If you click to these things and definitely bring it up to your pediatrician with each of the milestones, they have pictures and videos kind of things which can be really helpful, because when I say, "Can your child do the pincer grasp?" You're like, "What is that?" But it shows a video of those types of things and can be really useful, particularly if you're worried about something or wanting to really keep track of those things. It's one that I just found and I really liked

Angelica Lad:

Dr. Silva, any final thoughts on anything we've talked about tonight or anything we would have missed?

Dr. Brittany Silva:

If there's any questions that you think of to ask your pediatrician, we're happy to answer anything and I always tell families there's absolutely no dumb question. Every question is a good question. I've probably heard a million times before, so don't think you're the only one asking it. That is oftentimes reassuring to families when there's a new baby and what is normal. Anytime you have any questions or concern, just always ask, it will help ease your mind and get your questions answered.

Angelica Lad:

You both have open panels currently. You're accepting new patients at Dartmouth Hitchcock, Concord on 253 Pleasant Street. We did have a question about whether or not Concord is open on the weekends. We do offer pediatric urgent care services at Dartmouth Hitchcock, Manchester on the weekends currently. So I just wanted to let everyone know that.

Dr. Brittany Silva:

We also are working in the Manchester office. You may see your pediatrician in Manchester or you might see a Manchester pediatrician, so you might see us.

Dr. Caitlin Robator:

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I think one other really important thing is we are working during the week from 8:00 to 6:00. We have hours in our office, but then we have 24 hour nurse triaged. Even when we're not in the office, there's someone there to answer your calls and answer your questions. You could even call in the middle of the night if you're looking through and really worried about something, there are people there to help.

Angelica Lad:

Awesome. Well, thank you both so much for your time and your expertise tonight. We really appreciate you joining us for the Healthy Living Series. We appreciate you for tuning in. Thank you so much. Please remember to fill out that survey that will come to you at the end of this webinar, or it will also come to you by email, I believe tomorrow on a follow-up, but please fill out that survey that'll help us with programming in the future. If there's any special topics you would like to hear about in the pediatrics or any other health realm, we definitely look at those, and if you have any questions that you weren't able to ask for whatever reason tonight, you can also send those in on the survey and we will try to follow up with you just to remember, to put your contact information in there. That's it for tonight. Thank you so much and stay healthy. Be well.

Dr. Caitlin Robator:

Thank you.