Angelica Ladd:

Good evening, and welcome to Meet Our Pediatricians, part of the Dartmouth-Hitchcock Health Healthy Living Series, and presented in partnership with CHaD, the Children's Hospital at Dartmouth-Hitchcock. So, this evening, we will hear from four of our pediatricians representing clinics from Manchester and Nashua. And I will introduce them in just a moment but, first, just a couple of housekeeping items. So, thank you to everyone who submitted questions ahead of time. We will be working those questions into this evening's program. If you have any questions throughout the program, please submit them using the Q&A function, which we'll be monitoring.

And we will work those questions into the program or answer them at the end of the program. Also, tonight's presentation is being recorded and will be available on the Dartmouth-Hitchcock Health YouTube page, later this week. Following the presentation, you will receive a link for a quick survey. We ask that you complete this survey, which should take about three minutes or less, and it helps us with future Healthy Living Series programming. So, if you're interested in any other children-related topics, if you add that to the survey, then, that will help us with that programming in the future.

Also, if you have any further questions at the end of the event that maybe didn't get answered, you can submit those through the survey. Just please remember to include your contact information so we can follow up with you. All right. Now, that that's all done, thank you, again, for joining us. So, this evening we have Dr. Mitchell Frumkin, Dr. Bridget Olsen, and Dr. Andrew Schuman, all from CHaD Pediatrics in Nashua, and we have Dr. Rebecca Murphy from CHaD Pediatrics in Manchester.

Thank you all for being here tonight, and giving your time. We appreciate it. So, we want to just get started, I think, by introducing yourselves. So, we'll start with you, Dr. Frumkin. If you can just take two minutes to tell us a little bit about you, why you became a pediatrician, how long you've been with CHaD Pediatrics, and really, more importantly, what your philosophy of care is. Dr. Frumkin? [crosstalk 00:02:22]. Sorry.

Dr. Mitchell Frumkin:

Unmute the mic. (silence)

Dr. Andrew Schuman:

And can we-

Dr. Mitchell Frumkin:

Hi.

Dr. Andrew Schuman:

Oh, [crosstalk 00:02:58].

Dr. Mitchell Frumkin:

Yeah. I've been a pediatrician for approximately 40 years. And I started here at CHaD in, I believe, 1984 before there was even a CHaD. So, I pre [inaudible 00:03:14] birth of the group that we're all in. I became interested in pediatrics probably when I was graduating high school, and early in college when I spent a couple of summers working with my own pediatrician who was in the forefront of developing therapeutic interventions for children with leukemia that were exposed to chickenpox or had chickenpox at the time.

This was many decades before the vaccine was developed. And it was almost, at that time, uniformly fatal if somebody that had a pediatric cancer develop chickenpox, which was in those years rampant. And he was the developer of something, at the time, called zoster immune plasma, where they spun down blood samps from adults who had shingles, and gave them passive immunity of the antibodies from those people, and gave it to the leukemic children, initially, when they were exposed to chickenpox, but before they actually developed any symptoms or disease.

And it was from that initial research that I participated in as a student in terms of determining its efficacy and enrolling children with leukemia, that it spawned the development of subsequent therapeutic interventions, including zoster immune globulin, and ultimately, the chickenpox vaccine, which has now become a lifesaver. And having seen hundreds of cases of severe chickenpox leading to demise of children, as well as permanent disabilities, it piqued my interest, and led me to the career, not only of medicine, but of pediatrics directly.

And my overall approach, I believe, is to always try to encourage families, particularly, the guardians or parents, to realize that every child is different, and that as long as a parent is acting what they believe to be in the best interest of their own child, that no one can really do a better job than them, and that they should feel good about it regardless of what they may or may not see other parents do, or even advice from old family members. So, always know that they are doing the best for their own children, and to always feel good about that.

Angelica Ladd:

Thanks, Dr. Frumkin. And Dr. Olsen, how about you?

Dr. Bridget Olsen:

I've been practicing in the Nashua area as a pediatrician since 2013, but just joined Dartmouth Nashua recently. I did do my medical school at Columbia University, and my residency at Children's Hospital of Philadelphia. I think that, really, I became a pediatrician because I like kids. I like talking to them. They are honest. They are fun. They're interesting. And just working with kids and their parents is a joy, and it's a fun adventure together, very often. I would say that my philosophy of being a pediatrician is the idea of being partners with the parents, in the sense of, it's not like one person says jump, and the other person says, how high? It's appreciating that parents are the experts in their particular children, and wanting to work with them as a team that everyone has the best outcome for the child as their goal all the time.

Angelica Ladd:

Wonderful. Thank you. And Dr. Schuman, how about you?

Dr. Andrew Schuman:

Hey. Well, I've been a pediatrician for over 30 years. Not quite as long as Dr. Frumkin, but close. We both grew up in the New York area. And, in fact, we sit right next to one another, and we share stories about pediatric care, and all sorts of interesting things. And it's delightful to have partners like Dr. Olsen and Dr. Frumkin. The neat thing about Dartmouth is that the nurses and the doctors get along so well together. And I think we all have gone into the specialty, myself included, because pediatrics is unique. Yes, we could have gone into surgery or some other specialties, but pediatrics has a unique attraction for a certain person who likes their own families, likes children, likes sharing, and raising not only their own families but, literally, thousands of others.

And there are pitfalls and small victories along the way. And like my partners, I think the philosophy of care of myself and others at Dartmouth is to be a good listener because parents have enormous concerns, especially, new parents. And I continue to learn something from my patients and my parents every day. And pediatricians don't know everything, but if there's something we don't know, especially, at Dartmouth, there's so many pediatric specialists, and so many resources that we can solve the most trivial or the most complicated of factors that affect kids.

Angelica Ladd:

Okay. Thank you, Dr. Schuman. And Dr. Murphy?

Dr. Rebecca Murphy:

Well, I've been a pediatrician for three years now. I finished my residency at Nationwide Children's Hospital, which is Ohio State's program. And I did my medical school training at Wake Forest University, which is in North Carolina. And also, in that time have become a mom a couple times over.

Angelica Ladd:

Congratulations.

Dr. Rebecca Murphy:

And so, I really was drawn to pediatrics when I was in high school, and then, throughout college and medical school by working in a bunch of various different summer camps with kids with medical conditions. And doing that was really great in the sense that it highlighted to me, although I was really interested in the science of medicine, and the diseases related to that, it was just really fun to be around kids and focus on what you can do instead of what you're limited by with whatever disease you have.

And I think being in the outpatient pediatric setting, that's part of what my job is, is I get to see them and help promote that. So, if you do have some chronic medical condition, we're going to talk about how can we make sure that you can do all the things we want you to do? I don't want your asthma to limit how you play at school or things like that. And to just echo everything else that the other physicians have said, I think being a pediatrician is really great in the sense that I get to talk to babies, toddlers, teenagers, and everywhere in between.

And then, also, trying to teach them about the plan of action, or the plan of care that we have, and incorporating the families that we're all on the same team together. And then, I find that a lot of times my patients, just like Dr. Schuman said, are teaching me things. I've had some great moms who come in, and we talk about, "Hey, my baby is struggling with this." We share some ideas together, and then, meet back the next day and say, "How did that go?" So, it's been a really great experience.

Angelica Ladd:

Wonderful. Thank you. Thank you all for sharing. And just from listening to everyone, it sounds like this next question it has already been a part of your answers. But we'll start with Dr. Frumkin on this one, and feel free to jump in if you have anything to add. But Dr. Frumkin, family-centered care, it's at the core of CHaD Pediatric practices, and so, while the child may be the patient, parents are often referred to as partners in care. So, what does that mean to CHaD as an organization, as you know it, and more importantly, what does that mean to you as a physician?

Dr. Mitchell Frumkin:

Well, I think that it's the core of what pediatricians do overall, and certainly, as you've said, it's been expressed by [inaudible 00:12:10] spoken already, that it is important, I think, for parents to feel, number one, that they are doing the best for their children, that they are the primary caregivers. We may be here to assist them in their journey, and keeping the children healthy, and asking questions they may have, but the overall path that the children take, the success that they enjoy, and the happiness is really the gift that they're giving to their children, and that if resources are needed and requested, that we are always available 24 hours a day to support them, and encourage them to feel that they are doing the best that anybody could do, that no one can really do better.

And that when the children, even as babies are in the office, and they look at their parents, I can see how the feeling that the babies [inaudible 00:13:14] to their parents, while it may not be apparent and not verbalized, just permeates the room in how the children light up. And I try to encourage them to experience that and see that for what it really is. At times, it's very easy to get caught up in the stresses of the day, and just going from place to place, and hearing about other people's experiences as parents, that it's easy to get lost and not incur the joy that should be accrued day after day after day of the miracle, really, of raising children to adulthood, and the ups and downs through that path. So, we're here to support that journey, but as really a sidebar to the main parents and the caregivers that are guiding that child.

Angelica Ladd:

Thank you. I don't know if you could hear my little joy is downstairs making a lot of noise. Sorry.

Dr. Mitchell Frumkin:

No, I couldn't.

Angelica Ladd:

Does anybody have anything that they wanted to add to that? I think that was great but ...

Dr. Andrew Schuman:

Well, there's this concept of the patient-centered medical home, which identifies the primary care physician as the liaison for the parent who tries to help them navigate what has become a overwhelming and all too complicated healthcare system. So, we get frustrated as pediatricians when patients can't get in and see specialists promptly, and for a variety of reasons people are tempted to get their care at urgent care facilities, emergency rooms where there's not adequate communication between those caregivers and the person, ultimately, responsible for the continued wellbeing of the child and the family.

So, I'm a big believer in that concept. And I think at Dartmouth it's nice to be in an environment where my colleagues feel similarly, and our nurses, and staff really try and make that a reality, facilitating people to get into the office. And now, with the pandemic, everybody is stressed. So, we understand that, and that's why we've adapted to the pandemic, and we're doing telehealth visits. We're doing things [crosstalk 00:16:05]-

Angelica Ladd:

You're able to [crosstalk 00:16:07].

Dr. Andrew Schuman:

... Necessary. So, I think we're very good at what we do.

Angelica Ladd:

Thank you. So, we have many expectant families with us this evening. So, we're going to try to cover as many questions about taking baby home, and the appointments in the first year of baby's life. And so, we'll start with Dr. Olsen. Dr. Olsen, when should a parent or caregiver enlist the services of a pediatrician for their new baby? And how can they decide what pediatrician would be the best fit for their family?

Dr. Bridget Olsen:

Well, that's a great question to be asking now, because sometimes people don't think of it until they're actually in the delivery room, and then, the nurse asks them, "And who's going to be your baby's pediatrician?" And [crosstalk 00:16:56] like, "Oh, I should've thought about this." So, it's great to be thinking about it now. And we meet lots of parents who have really done a lot of research, and have lists of questions, and we enjoy answering those. And there's lots of ways to choose a good pediatrician. A lot of people go with someone who has been someone else in their family, or one of their dear friends takes their children to, and they trust. We even have sometimes what we refer to as our grand patients, which is when one of our patients grows up and brings their own baby to us, which is really the highest honor that someone can have.

But I do encourage people to try to meet the person they're thinking of for their baby's pediatrician, so they can make sure that they think this person is a good fit for them as a family. And we do offer appointments that can be done by telehealth if you are interested in talking to one of the pediatricians at Dartmouth to see if you feel like this could be a good fit for you and your family.

Angelica Ladd:

Wonderful. Thank you. Does anyone have anything to add to that? Dr. Murphy?

Dr. Rebecca Murphy:

I would just say some parents ask me, "Well, when should I schedule my first visit?" And we just say, "We know your babies are not going to come when they are supposed to come, they make their own schedule." So, when you're at the hospital, if you have your pediatrician picked out, you can always just call her office and say, "Hey, we're going home today, and the doctors at the hospital say we need a follow-up tomorrow, or the next day, or the day after that." And our office is very accommodating in just working those newborns in. And that's a great time to meet us.

Dr. Andrew Schuman:

Yeah. It's interesting, over the years, pediatric practice has changed. So, I know that for several years, at Nashua, we no longer round at the hospital on newborn babies, for a variety of reasons. Now, babies are rounded on by specialists called pediatric hospitalists. And I don't know if you still round in Manchester or that's no longer the case, but that's the way pediatric care has transitioned over the years. So, the first opportunity we often have, unfortunately, is at the first well-baby visit, which is okay.

But like Rebecca, I think it's nice to have parents come in to chat and see what their concerns are, but that doesn't happen often enough. And like anything else, in any relationship, there are different personalities involved. I've never nursed a baby. I never plan to, but I know a lot about nursing. And we have lactation consultants we can employ or utilize to help educate parents. Each pediatrician

has their own interests, and strengths, and weaknesses in our particular practice. Our lady pediatricians ... I don't know if that's politically correct these days, but I don't know what is or isn't ... Take care of adolescent girls, and do birth control, and so forth.

And male pediatricians have other interests, I, myself like to take care of kids with ADHD and mental health, and we're all versatile. And the thing is, if things don't work out as in any relationship, you can always switch from one pediatrician to another. We're not going to be offended by that. We're very sympathetic and understanding. So, it's important for parents to realize that.

Angelica Ladd:

Okay. So, Dr. Frumkin, could you talk a little bit 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. Mitchell Frumkin:

Sure. As other people have said, the practice of pediatric has changed quite a bit. And the overall guidelines, presently, are that a newborn child after discharged from the hospital should have the first visit by another healthcare provider or a pediatric provider within the first 48 hours, for sure, and oftentimes, within the first 24 hours. And that is, number one, primarily, to meet the family and, number two, to make sure that common concerns and issues that may develop in the immediate newborn period that may or may not have been apparent while the baby was in the hospital are not an issue after discharge.

So, the two probably more common ones that need to be assessed within that timeframe are, one, jaundice, where almost all babies, to some extent, get a little bit yellow, but it might potentially be a concern if that level was too high. And that's something that needs to be best assessed in an in-person visit as opposed to virtually or just by the telephone. And, number two, to make sure that their weight is still within the normal, expected range for a newborn child. Almost every baby after birth loses some amount of weight, and oftentimes, it's very difficult to tell just by observing the baby, particularly, at home, that the child has not lost so much that it may imminently become a health concern.

So, I think those are, generally speaking, the two primary reasons why the babies are seen initially within the first day or two, and then, also, at that visit to examine the child, and make sure that everything looks good. There are so many physiological changes that occur in the newborn period specifically related to the cardiovascular system and the gastrointestinal tract that concerns that may not be a concern for an older child or an adult may be an issue for the infant. And that sometimes is a real concern, but may just be perceived.

So, as a common example, oftentimes, when the babies are born, they have very sticky and hard stools, and then, the parents may be used to that, and then, in short order, the stools may be perceived as diarrhea or something that might be concerning when, in fact, it's a normal variation that is expected in children. And that's just one example of many of the things that may not be known to the parents, especially, first-time children, that is better explained by having an in-office visit.

So, generally [inaudible 00:24:20] visit is within the first day or two, and then, depending upon the situation with the baby and the level of comfort for the parents, as well as the pediatric provider, the next visit is, typically, at about two weeks of age. Although, as other people have expressed, 24 hours a day, there's someone available by phone every day of the week. There can be an office visit if need be. So, with two weeks of age, the babies are assessed to see if they're gaining weight, if the moms and the dads are comfortable with how things are going at home, and that they feel that feeding, which

is oftentimes a big worry, and very often a stress factor, is going along smoothly, and everybody is content at home, the baby as well as the parents.

And probably 50 to 70% of babies have regained the birth weight by two weeks of age, and then, obviously, is a fair percentage which have not. So, if things are going along very well, the weight's improving, and they're close to the birth weight, or past the birth weight, and no concerns are expressed by either the care provider or the family, in the next routine visit, which would be the first visit at which immunizations at our office are recommended and given, would be at two months. And then, there are different schedules done in different offices through the country but, generally speaking, there's uniformity and unanimity in the approach of the different pediatric offices through Dartmouth-Hitchcock.

And so, there are vaccines given at two months, four months, which is the visit after two months, and then, six months. And then, again, if all is going well at each of those visits ... And in each visits, the baby's examined. The parents are encouraged to express all their concerns and questions, and come in with, years ago it was handwritten questions that they might have, or concerns. Now, most people save them on their phones the questions and concerns. And so, we try to address all of them, as much as possible, at that visit but, certainly, are willing to do it even at additional times beyond that.

And we usually discuss the different milestones that would be expected at certain ages, and reassure parents who may be seeing other babies that they are aware that are about the same age, that all babies are different, that the fact some other baby seems to be reaching a milestone at a younger age than their own baby is not in and of itself necessarily a cause for concern. And if all is going well, then the next visit is at nine months where, typically, vaccinations are not given and it happens to be the flu season. And we do recommend flu vaccinations for all infants, six months and older. It's not licensed for under six months.

So, if the nine month visit is at a time of the year when the flu vaccine is on, we would do it then. And then, the next visit would be at 12 months of age. And, certainly, in between, we're always available through the myD-H, which is working fantastic. Parents can send in questions, concerns, and get them answered the same day, essentially, in a short period of time. So, as I said before, we're there to support them, encourage them, reassure them, and always be available.

Angelica Ladd:

Great. Thank you. And thank you for touching on the vaccinations because, Dr. Schuman, I wanted to ask you ... We have couple of questions about vaccinations. So, why are there so many vaccinations? And what is a typical schedule ... Which we've actually just gone over, but would there be any reason for there to be exceptions to that schedule?

Dr. Andrew Schuman:

We have a organization called the American Academy of Pediatrics, which the American Academy of Pediatrics member something like 60,000 pediatricians, and they've come up with numerous guidelines to help pediatricians practice good medicine. So, they and other organizations have made specific recommendations for which vaccines are given at an appropriate time. I'm not going to go into any great detail because it's very confusing and very nuanced, but like Dr. Frumkin, it's interesting because when you've been in pediatric medicine for a long time, you can look back and see what medicine was two decades ago, three decades ago.

And it is so much better now because of vaccinations. And, unfortunately, there's too much misinformation on the internet. So, I always refer people to reliable sources on the internet. The

Academy of Pediatrics has HealthyChildren.org, which is very good advice, vetted advice, evidence-based advice. Centers for Disease Control as well, not only is involved in pandemics, but also, in things like screening for common conditions. So, one has to be careful as a parent to choose what they listen to. And our biggest competitor, if it's not the internet, it's grandparents. And I'm very respectful of grandparents, being one, and having a daughter who sometimes doesn't believe me but, fortunately, Dr. Frumkin is the pediatrician of my grandchildren.

So, if they don't believe me, they will believe him. So, vaccines are important. They save lives. No vaccine is perfectly effective. As we know from the COVID experience, they are very effective, but you can get breakthrough illnesses from the vaccines. Vaccines stimulate the immune system, so there can be usually mild side effects that include chills, fever, rashes, and so forth. But we educate parents what to expect. We give and recommend certain dosages of Tylenol to head off fevers or fussiness. And it's just important to realize that parents come to trust not only their grandparents, mostly, but their pediatricians, and ask us our opinions.

We are mindful and respectful of people who want to alter the immunization practices. Different pediatricians in different practices have different philosophies. Some don't accept patients who do not vaccinate at all because they feel it's dangerous by doing that. But at Dartmouth, we do accept people who don't vaccinate, and we are accommodating to people who want to vaccinate on a different schedule. And I think in large measure, it gives us the opportunity to continue to educate parents, and emphasize the importance of immunizations. But when Dr. Frumkin and I were young pediatricians, there were so many terrible illnesses, meningitis, sepsis, and so forth. And now, fortunately, kids are so much healthier now than they've ever been because of vaccines. It's important for parents to realize that.

Angelica Ladd:

Thank you. And I think this question could be maybe for everyone, if you have some advice to give but, I mean, it's not a secret that children are afraid of getting their shots. So, what can parents do to help their pediatrician when it comes time to get that needle poke?

Dr. Rebecca Murphy:

Well, even starting from the get-go at that first two month vaccine, or even in the newborn nursery when the baby gets their first hepatitis B vaccine, I encourage moms who are nursing to nurse their baby after, or I offer the room to a parent to nurse or feed their baby after as a way to comfort them and sooth them. So, for nursing mommas, when you're doing those vaccines in the first year of life, that's definitely something you can offer to your baby afterwards. And then, as children get older, I think, one, just talking to them about these are some things we do to help make you healthy. And then, for some kids who have extreme hesitation or nervousness related to the vaccines, we actually, in our office, have child life members who they have the greatest job ever. Their job is that they get to play with kids.

So, in our office, if we have patients who are really nervous about vaccines, or if we're having to do a procedure of some other kind, say a child has an abscess or something that I need to drain, they can come in and really help distract the child. They have something, I think it's called a Buzzy Bee. It basically provides some vibration in the arm that helps to distract from the needle injection. And our MAs are also wonderful, they're used to giving vaccines to kids. And so, sometimes when they come in for visits, the child's due for multiple vaccines, and so, obviously, being poked four, six times, one, two, three, four can really draw out the misery.

And so, they usually bring a friend or a couple of friends, and tag team. So, it's like, "Okay, we're going to do them in both of your arms at the same time. One, two, three." And that really helps to reduce the level of anxiety. And I also, lastly, will say for some kids, especially, I find the 10-year-olds who's just have a lot of anxiety related to the vaccines, I also offer to them, "Hey, if you ever come in and you decide, I just want to get them over with, and then, I'm going to be able to talk, and do this visit a lot easier, then we always can offer that too."

As opposed to sitting and thinking about it for the whole visit and waiting until the end. Sometimes that kid is really hard for us to talk to because they're just so worried about what's coming up. And so, that's another option as well.

Dr. Andrew Schuman:

Yeah. One of the things I've observed is it's one of those necessary evils in the world until such time that we figure out how to give painless shots or administer vaccines in different ways. But the thing that bothers me is parents, unfortunately, ask the child, "Okay, do you want a shot today?" And who in their right mind would say yes to that? "Yes. Can I have two please?" So, it's one of the things that they need to understand, at their level, the importance of being vaccinated. Although it's a difficult concept, it's over quickly. And I agree with Rebecca that even, in some situations, you can give the vaccines even before the pediatrician comes in the room.

So, before they know it, they get their vaccines, the trauma is over, and we move on to other things. So, part of it is just not making a big deal about it. And it's just part of going to the doctor. There's good stuff like stickers, and there's necessary things like the vaccines, but we don't give it out of malice. We give it because we care about the family and about the child.

Angelica Ladd:

Yeah. I know-

Dr. Rebecca Murphy:

Sorry, I thought of one more thing. During flu season, I think of another way that we help reduce anxiety a lot is making it a family affair. So, for parents who come into our office during flu season, if they are a Dartmouth patient and they have siblings in the room who are also Dartmouth patients, we can vaccinate everyone. And so, sometimes that helps a lot if parents are like, "Yep, I'm getting mine too." And we all line up. And I think it's another opportunity to talk to your kids about vaccines. Now that the COVID vaccines are rolling out for adult parents, I think talking to them about why you want to get your vaccine as a way to protect your family and your loved ones, I think, is another way to have a great discussion promoting vaccines.

Angelica Ladd:

Yeah. That's all great. Yeah. I have a seven-year-old, and it's an interesting generation because she's had now two COVID tests where it's the thing up the nose, and I was like, "Would you rather get a shot or would you rather get a COVID test?" And she's like, "I want a shot. I want a shot." So, I think we're going to probably see a lot of kids who are like, "Oh, this is nothing. This is easy." So, thank you for talking a little bit about that. And Dr. Murphy, you had just touched upon a little bit about nursing, and nursing mothers, and feeding your baby.

And so, a lot of new parents, especially, moms are up at night worried about whether or not the baby's getting enough to eat, are they gaining weight? And it's either the breast or the bottle. So, could

you give some guidelines on how much a baby should be eating, how a new mom can know that her baby is full, and any resources that you have around feeding?

Dr. Rebecca Murphy:

Sure. That's one thing that we check in frequently with those newborn visits. And so, making sure before you go home from the hospital that you have a great plan with the pediatrician that saw you in the hospital, but also, making sure ... I still round in the hospital, so when I'm there I tell mommas, "Use your army while you're here." So, the lactation consultants are in the hospital, as well as the labor and delivery nurses, and then, the nurses who are on the postpartum floor are so experienced with helping breastfeeding mommas or moms. Feeding a baby a bottle is not something that many of us have ever done before we've had children. And that's something we have to learn too. And so, they'll teach you about feeding cues, when is your baby hungry? So, we don't need to wait until babies are screaming and angry.

And, actually, for a breastfeeding momma, especially, it can be really hard to latch a hungry baby. So, catching some of those early cues of, "Oh, the baby's moving their mouth, or putting their hands towards their mouths, that may be signs that they're hungry." It's really normal for a newborn baby to want to eat every one to three hours. And in those first two weeks before a baby's really back to their birth weight, which as Dr. Frumkin said, a lot of babies will lose weight, and then, gain them back again. So, we try to tell patients and their families just, you don't want to go longer than about three hours between feedings in those first two weeks.

And then, after that, talking to your pediatrician about, "How's my baby's weight doing? Can we go longer stretches?" It doesn't mean you guys are never going to sleep again. I promise. But just in those early days, it really is normal for a baby to want to eat that often. And also, breastfed babies can do normal things called cluster feeding, which is a way for them to stimulate the breast and encourage mom's milk supply to increase. And sometimes that may be as often as every hour. When it comes to volume, when babies are first born, their stomach is teeny, teeny tiny, and they're programmed to just get drops of colostrum from moms. And if you're feeding a baby a bottle in that first day or so, they may only take 10 or 20 mls, which is less than an ounce of formula or breast milk. And so, sometimes, I think moms get discouraged when in the nursery saying like, "I don't see any milk. I'm not making that much."

And it's totally okay. The pediatricians are helping follow closely. We monitor the baby's weight. And then, we also monitor how many wet diapers are they making? As a way to see how their intake is. A great rule of thumb, when you go home and in the hospital, to think about is, I expect the same number of wet diapers that a baby has for how many days old they are in those first five days. So, in your first day, you only have to pee one time, and then, after that, it's just two per day. And I think that helps reassure parents in those first early days of, "Am I getting enough? Is my baby getting enough?"

And just keep in mind, if you ever are not sure, you can always call the office. We want to be here to support you and answer those questions. For breastfeeding mommas, so a great website ... We've already talked about a couple of resources, but there's a wonderful website for breastfeeding moms called KellyMom. And I direct mommas to that one. And then, also, as already previously been mentioned, the HealthyChildren.org is from the American Academy of Pediatrics. That's a great resource as well.

But keep our phone number, so you can always call us. We have 24/7 nurses and doctors behind them. I've done telehealth visits to talk to families when they've gone home, just with answering basic feeding questions, or, "My baby's gassy, or are these poops normal?" And sometimes if we hear the questions and we're just not sure, I can always bring them in to examine them too. Check their weight and whatnot. So, we're here for you.

Angelica Ladd:

Wonderful. Thank you. So, I think we'll switch gears to injury and illness because life happens. And so, I'd like to start with Dr. Olsen, if you would. So, there are times when a child's not feeling well, or suffers an injury. So, how should a parent decide between calling the office, visiting urgent care, or heading straight to the emergency room?

Dr. Bridget Olsen:

Well, just to begin with, besides, we do have one other option, which is actually to communicate with the pediatricians through your Dartmouth portal, something called myD-H, where you can often send questions to your doctor, and they can respond directly to you. So, I do get a lot of good questions and conversations going with parents that way. Of course, that wouldn't be for something that was urgent. It'd be something that maybe it can wait until the end of the day, or the next day, but it still is a really good resource, I find, just when you want to ask the question that's on your mind about your child, but maybe without having to go through a whole game of phone tag or anything like that. So, that is useful.

So, the most important rule of thumb, I would say, is to follow your parent instinct. If you're looking at your child, and you're really, really worried about them, and you really don't feel like this can wait, then, you should respect that, and you should bring your child in to be seen right away, whether that is sometimes ... We very often do have same-day sick appointments available. I mean, well, we have them every day, but we have multiple providers here in the office. So, I don't think it would ever happen that someone was sick that couldn't be seen that day.

Again, if you felt like, "No, this is something that really can't wait, I need to go to the emergency room." Then, I do always think that you should respect that parent that you've been blessed with. Having said that, we, of course, have been struggling with trying to balance the needs of our sick patients with not wanting to expose healthy patients during the COVID pandemic. And so, the way we have that set up right now is that we do save part of our office facilities for well-baby visits or well-kid visits, not wanting to expose them or their parents to sickness.

And then, in a different part of the building where I can run down to a lower floor, and see them anytime. And I just did that earlier today. We do have patients who are sick, and could be contagious, so, they're tested while they're here. They get seen. They get to see their regular pediatrician if they choose that. And we're hoping that as we move toward a stage of everyone getting vaccinated, or getting closer to herd immunity, that maybe we'll be able to reintegrate. I am very happy with the fact that we're able to see both our sick and our well patients on a regular basis.

Dr. Rebecca Murphy:

And I would just echo that in Manchester we have a pretty similar setup, and we have a different part of the facility where parents drive up and call when they're here, and their patients come in through a side entrance, so they're not coming into the waiting room where our healthy babies are. So, we have physical separation as well with the well and sick children.

Dr. Andrew Schuman:

And I'd like to add that in this day of high technology, there is a very inexpensive app called Pediatric SymptomMD. I think it's $3, and it's a wonderful resource when you want to ask a simple question that has a simple answer. When my child needs to be seen, how do I treat a fever, and so forth? So, this is similar to a much more extensive triage protocol. So, you can look up congestion, and you can look up fever. And it tells you what to do based on the age of the child. It has drug dosages, so you don't have to

call for advice regarding Tylenol or ibuprofen based on the weight of the child. It tells you when you need to go immediately to the emergency room, if it's not obvious. So, I think it's a wonderful resource that is very reassuring and very helpful to parents. And it should be on everyone's smart device, or tablet when you're a parent because it's so helpful.

Angelica Ladd:

What is that called again? I will be getting that out.

Dr. Andrew Schuman:

So, Pediatric SymptomMD.

Angelica Ladd:

Pediatric SymptomMD. Okay. Thank you. So, everyone's really touched on really great ways to communicate with providers, and also, a little bit about telehealth that's blown up this year with COVID. We've talked about a few instances where a parent or caregiver might use telehealth, but if you have any others, we'd love to hear about your experiences with telehealth. Pros and cons.

Dr. Andrew Schuman:

I've been doing telehealth for six years, for many years before the pandemic hit us. And in large measure, I've been using it to facilitate follow up of older children with mental health issues, ADHD, and so forth. However, it can be used in certain instances where you've got a condition like a rash, or conjunctivitis, or something that can easily be evaluated and treated. What we've discovered during the pandemic is how versatile one can be in evaluating a child with fever, and helping a parent determine what's going on, what symptomatic relief can be provided when the child can be seen or should be seen in a healthcare facility. And in some instances, early in the pandemic, we've actually prescribed antibiotics when we suspect certain conditions based by the history and our observation of the child.

Obviously, we can look in ears, listen with stethoscopes, but based on previous experience, we're real good guessers. And one thing that we started to do is in order to keep parents and their children safe at home, particularly, with the younger children, is our clinic gives out baby scales. So, it has helped tremendously in limiting the number of times parents had to venture forth early in the pandemic. We're still utilizing them and it saves visits because it's a hassle to get your young child bundled up. And the scales are very accurate. And as mentioned previously, when you question whether the child or infant is gaining weight appropriately, the baby scale is of enormous help.

And when can it not be used? So, it's not to be used when the child needs to be seen when you have an emergency. When we say, "No, I'm sorry, your child is ill. We need to see your child right away." It's a judgment call. And I understand that parents don't like to venture forth. Going to emergency rooms require a lot of patience, a lot of waiting, but sometimes that's the best place to have a sick child evaluated because they've got the resources they need. Sometimes you need to do blood tests, and X-rays, and so forth. And it's not always obvious to a parent. So, telehealth can be used to triage kids, whether it's done by nurses or by pediatricians. So, a lot of advantages. It is paid for by insurance. So, you shouldn't be fearful of using it. The biggest hassle is bandwidth limitations and connecting. There are different apps that we use to make it easy to connect and communicate with a parent.

Angelica Ladd:

Great. Thank you.

Dr. Bridget Olsen:

Can I add one other just limitation to telehealth?

Angelica Ladd:

Sure.

Dr. Bridget Olsen:

So, at least right now, one issue is we have to be located in the same state that you are, which has been a little disappointing to me because no more can I be seeing people who are at Disney World, and they need to talk to their pediatrician. So, although we do love to connect with people and try to be helpful over distance, just do keep that in mind, at least legally, at this point, we have to be in the same state that you are.

Angelica Ladd:

Oh, that's good to know. Yeah. Thank you. So, I wanted to star ... Oh, Dr. Murphy, did you have something to add?

Dr. Bridget Olsen:

Oh, I was just going to give a few more examples of how we've utilized telehealth. So, in addition to some of the mental health stuff, I've also used telehealth to manage constipation. We could do contraception as telehealth sometimes. And another feature that's really nice of the myD-H portal, where I have found technology to be really helpful is with rashes. So, parents take pictures on their phone, and then, send us attachments, and sometimes, we're able to do rashes over the phone. And then, I will say the limitations are sometimes if I look at the picture and just say, "I really need to see that in person." As Dr. Schuman said, sometimes when we hear how your baby is doing, I'm thinking of a couple of different things that I have to make sure I'm not missing. And sometimes just seeing your child in-person really is the best way for me to care for them.

Angelica Ladd:

Great. Thank you.

Dr. Mitchell Frumkin:

In general, the approach is that if it's likely to be something that doesn't necessitate an actual hands-on physical examination, it's in most situations going to be amenable to a telehealth visit. More likely the older the child is the more likely to be able to communicate what they're feeling, and relaying that information to the provider or the parent.

Angelica Ladd:

Great. Thank you. So, we talked a lot about little kids, and babies, and that first year. And so, I wanted to switch gears again and talk a little bit about teen appointments. And we'll start with you Dr. Olsen. So, we have some parents of teens who are tuning in tonight, and could you talk a little bit about teen appointments, what a parent's role is in those doctor visits as their kids get older, and when is it time to start thinking about transitioning to an adult healthcare provider?

Dr. Bridget Olsen:

Well, I mean, of course as teens are getting older, one thing that I stress to them and to the parents is that you're getting more adult now, you need to take more responsibility for your own healthcare. And so, ways that parents can help them to do that is to involve them actively in their own care. One part of that is that as kids get older, they do start developing a little bit more of an independent relationship with their pediatrician where, normally, for part of the visit the parent will be in the room, maybe for the physical exam, and to raise their concerns, and to talk about things as a family. And then, for part of the visit, the teenager, very often, will want to be on their own and be talking with the pediatrician by themselves.

And that's a healthy thing for them. It shows that they're becoming independent, and taking more responsibility for themselves. Once children do get over 18, it actually is necessary, as they're a legal adult, for them to sign paperwork allowing parents to continue to access their chart, even for things just to make appointments, or refill prescriptions. So, I always try to tell them about that as oftentimes they're not very pleased either if they're at college and their parent calls for a refill, and can't get it. As far as transitioning to adult care, it really depends so much on the child and the family, I would say.

Some kids, they're like Ross from Friends, they're 30 years old and still wanting to come to their pediatrician. And it's fun. And other people, as they get to be more towards 18, they feel like, "I'm getting to be an adult now. I'm ready to see a grownup doctor." And we definitely respect that too, but we certainly are here for teenagers. As they get through their college years, if they do want to stay that long, we love seeing them. And one of the most enjoyable parts of pediatrics is seeing someone that you took care of as a very young child growing up and becoming this full fledged adult.

Sometimes I think it is a little concerning to parents. Sometimes they're concerned to leave the room, and we never force that on people. But a lot of times I think people are happy and proud to see their kids taking more responsibility for themselves. And most parents are really great at honoring their children's privacy, and respecting them as a full partner in the relationship, as they get older, which is great to see.

Angelica Ladd:

Yeah, that's great. Does anyone want to add anything?

Dr. Mitchell Frumkin:

The only thing [inaudible 00:55:47] is that very often and, understandably, as the children age the adolescent years, many of the female children prefer to gravitate towards female providers as they approach adolescents or are in adolescence. And, certainly, the flip side of that sometimes happens that when there are young boys that are becoming teenagers and older, they may have issues, and more comfortable speaking to a male provider about. And we always acquiesce to the desires of the child and the family to see whoever they are most comfortable with for that visit.

Angelica Ladd:

Right. Well, thank you. So, that just touches upon our teens and our youth. And, again, another great question that came in and this one we'll start with you Dr. Schuman, is about mental health. So, in the last year, especially, but really always, mental health for children has been an area of concern for most parents. So, 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

Dr. Andrew Schuman:

And for what it's worth, so many people, not just because of the pandemic, have mental health issues. Life is stressful. Life is complicated. Divorce rates ... That was my daughter. Can you hear me now? Divorce rates are high.

Dr. Mitchell Frumkin:

[crosstalk 00:57:33].

Dr. Andrew Schuman:

The drug uses is elevated. So, there's a lot of stresses on kids and their families. So, one has to be open, and honest, and maintain conversations with their kids. And alarming symptoms would be symptoms of either excessive sleep, or poor sleeping, weight gain, lack of interest, cutting, which is a sign of anxiety, or signs and symptoms of more profound mental illness, hearing voices, seeing things that aren't there, losing touch with oneself. So, parents have to be aware of this. And it's more common in families where there's existing mental health disease. So, if a parent or someone on either side of the family has profound mental illness, the child is at risk for that.

Compounded by the pandemic via telehealth, we've seen an enormous amount of kids get very distressed because they're not seeing their friends. Suicide rates are on the rise. Drug use is on the rise. So, for what it's worth, pediatricians are often the point of first contact. Unfortunately, because mental health professionals are overwhelmed, you've got to wait for weeks, sometimes months to get in to see someone. So, there are things that we can do. We sometimes give options for therapy. We have care coordinators who, in some instances, can facilitate referrals and visits.

And a lot of us are comfortable prescribing appropriate medications when indicated, which can really make a difference in the quality of life with little or no side effects. So, we're getting quite skilled, all of us, in doing this because there's such a dramatic need. So, we're up to the task. And parents should have no reservation about talking to their kids. And if they have any concerns whatsoever, they should bring the child in to be assessed by one of us.

Angelica Ladd:

[crosstalk 00:59:57].

Dr. Rebecca Murphy:

I would just add to that. I know we typically think about mental health disorders and diagnose them in teenagers, but with the pandemic, everybody's under stress. And you can even see that in young children, and they may not have the language to tell you, "I don't have interest in doing things, or I'm depressed." And so, you may see that as more behavioral outbursts, or temper tantrums, regression of milestones in the sense of, maybe I was potty trained and now I'm backing up. And so, just thinking about how your child might manifest or show stress, and your pediatrician is a great person to talk to about that.

And it may be your two-year-old doesn't necessarily need medicines, but we can talk to your pediatrician about, "Hey, I just noticed that Jimmy's really ... He's having more accidents, or he's not sleeping like he was." And we may have tips to help you manage those behaviors.

Angelica Ladd:

Great. Thank you. That's all really great information. So, I just want to be conscious, we have gone over time a little bit. If you would like to sit tight with us, we have a few more questions that we can go through, but if you have to go, we understand as well. So, docs, are you with me?

Dr. Bridget Olsen:

Yep.

Dr. Andrew Schuman:

Mm-hmm (affirmative).

Dr. Mitchell Frumkin:

Mm-hmm (affirmative).

Angelica Ladd:

Awesome. And then, I just also wanted to let you know that many of these resources that the doctors have been referring to, throughout this conversation, have been linked in the chat box. So, you can go ahead and open those links and bookmark them if you'd like to use them in the future. And then, if you indicate in the survey, at the end of the event, that you would like for us to send you those resources, we can also do that. So, we're going to get to something like a hot button issue, obviously, and that's COVID-19 vaccinations. And there's really a lot of misinformation out there, and there's a lot of information that we just don't have yet, but we're going to try to answer these questions as best as we can.

So, we'll start with Dr. Olsen. Since COVID-19 is on everyone's mind, and we've seen the vaccines rollout for youth with the Johnson&Johnson vaccine starting at age 16, so, what do you think that we can expect from the current vaccine trials on children younger than 16? And how soon do you think that our kids will be able to get that vaccine based on what you've heard?

Dr. Bridget Olsen:

[inaudible 01:02:30] just to go back for a minute, it actually is the Pfizer vaccine that is-

Angelica Ladd:

Oh, Pfizer, excuse me. Sorry.

Dr. Bridget Olsen:

... For children, 16 and up. But Pfizer along with Moderna, and also, just recently Johnson&Johnson are doing trials in younger children. So, I mean, I really can't say when those will be approved for younger children. Because of the data that we've already had released from Pfizer on children, 12 and up, I wouldn't be surprised if those were approved for use probably in the next few months, would be my guess. I think that for younger children, it will take a little bit longer, understandably, to do the studies and get the data that we need to be sure that these vaccines are safe for children, and effective because the immune responses of young children are not always similar to the immune responses of adults.

So, I wouldn't be surprised if it were not until perhaps next year for very young children, age six month and up. People may not feel comfortable giving the vaccine until that time. I mean, with that being said, I did get the vaccine myself, and I have a 16-year-old son who is signed up to get his first

dose. So, I do believe that the Pfizer, Moderna vaccines are safe based on the data that we have for kids that are of the appropriate age.

Angelica Ladd:

Okay. Thank you. And then, the next question, another really tough one. So, the post-vaccine social dynamics seem to be more confusing than the original social distancing guidelines during the pandemic. So, if anyone has anything to enlighten us on. If both parents are vaccinated, but their children are not, what should the social dynamics be? So, for example, if all adults are vaccinated, can unvaccinated children play together if they're from different bubbles? And can vaccinated grandparents hug and kiss their unvaccinated grandchildren? It's tough questions.

Dr. Mitchell Frumkin:

Yeah. I think that the answer to the last question you written is that, yes, that the general guidelines are that if the grandparents have been vaccinated, and the adults that they're going to visit, presumably, their children have been vaccinated, and it's been two weeks since the [inaudible 01:05:05] vaccine of their protocol, though the children that they're going to visit, if they're in the same household are not activated, that the guidelines are that, presently, that they are permitted to go visit and spend time in that environment, and are not required or even recommended to wear masks.

That said, if there's an exposure to multiple households, then, I believe the latest guidelines are to wear masks in that situation. And the same thing with there were two vaccinated individuals that were now fully protected, if they were together at a restaurant, say, and not being exposed to other people in an enclosed environment, and were certain three to six feet away, you could also go out. I mean, the guidelines change as day by day. And even when you hear the experts on television, on podcasts, they are not always in agreement, just like they don't agree on what the expectation is for the severity of the pandemic at the moment. But I think, generally, people recommend that the benefit of seeing grandchildren, if you've been vaccinated, that you haven't seen a year, far outweighs whatever [inaudible 01:06:29] risk there might be of transmission in that scenario.

Dr. Andrew Schuman:

Yeah. It's interesting because one of my daughters is a COVID investigator for the state, and one thing we've learned from the pandemic is we still don't understand COVID-19 to the extent that we need to understand it. And then, we've seen the CDC guidelines and recommendations change, and it's still throwing us for a loop. There are new variants, and so forth. So, when parents ask me ... We base our decisions and recommendations based on risk. It's risk assessment. So, particularly, if you've got ill grandparents who may have underlying medical conditions, who may be on chemo, even if they're in remission, if you expose a person to not just COVID, but any infection, you may want to be cautious, and put off a visit until it's really safe to do so. Because, again, we benefit from hugging and so forth, but as someone who's FaceTimed frequently with grandkids, there is a lot of benefit to that as well.

So, you've got to weigh benefits from risk. And what people don't realize and should realize, we said before that no vaccine is perfect. And we know and we have seen that people who have been vaccinated can get COVID. There are variants in the community. So, one has to be cautious until we know a little bit more. I would feel better protecting grandparents until ... Particularly, the grandparents have received both vaccines but, again, pediatricians like everyone else, they're opinionated, and the data is somewhat muddied. So, one has to make the best decisions you need to based on the risks involved.

Dr. Rebecca Murphy:

I know everyone's chomping at the bit to get back to life as normal. And I think just as we've said before, there's really some risk benefit that you have to discuss and decide with your family. And part of the risk assessment may also be related to what are the rates in your community doing? And so, I think being educated. New Hampshire is great. There's the New Hampshire COVID dashboard where you can check that on a regular basis, and see what are the cases doing in my community? And even in your county. Your schools can report out if there's cases going there. And so, I think that I may be more comfortable to do certain activities or try a play date when the community rate of transmission is low. And then, maybe I am constantly reassessing that if the rates are rising or there's reports of more variants.

So, I think that that's important. And then, as the COVID vaccines roll out for older patients, in the same way that I talk to families of young children who aren't old enough to get other vaccines, like a baby who can't get a flu vaccine, or a less than 12-month-old who hasn't had their measles shot, making sure that everybody around that patient, so adults in the family, or older teenagers in the family, all of them getting their vaccine is just creating this beautiful wall of protection around your baby. And you're never going to reduce that risk to zero, but you're going to do a great benefit by helping to protect them that way.

Angelica Ladd:

Thank you. I think that's great. And, again, if anyone has any questions, that Q&A function is open right now. Just a couple of questions. And I would love to dive deeper into this topic perhaps at another Healthy Living Series event. And, Dr. Schuman, I know this is a question that will probably be close to your heart, but somebody just asked, what is your thoughts on ADHD treatments and medications? It's a broad question, but-

Dr. Andrew Schuman:

Yeah. Well, just to give you some perspective, for reasons that are unclear, ADHD seems to be on the rise. Now, it could just be that we're diagnosing more kids with it, but it is felt that kids are exposed to various forms of media that may be playing a role in the incidence. Theoretically, one in 10 kids have some form of attention deficit disorder, and it's not just being very active. A lot of kids are not diagnosed in a timely fashion because they present just with inattentiveness. When I talk to parents who are teachers, they tell me that they feel that it's much higher than that. And we have various tools at our disposal for diagnosing it. So, there are various ways to approach it depending on the need, and the time for remedy of the situation.

You don't need medicine, necessarily. Medicine is an adjunct and, actually, behavioral therapy is preferred. The problem is finding someone who can evaluate and treat a child in a timely fashion. So, although we recommend therapy as first line, it's often not practical. Other modalities that can be used is modification of the school environment, comfort cats, and other similar animals, I'm sure, have their role in management. There are other things like biofeedback. There's a new tool that I recently learned about that was created by Boston Children's Hospital, and commercialized.

It is, essentially, a biofeedback program that involves kids playing with games and learning coping skills. And it's been shown to be very effective in helping kids with ADHD using that instead of, or perhaps in addition to medicine. Now, the one thing to realize that in capable hands ... And I know Dr. Olsen does a lot of this. I do a lot of this. Dr. Frumkin is doing more of this ... Is that there's varying types of medicines with different efficacies, time to optimal absorption, a lot of alternatives. But when used correctly, medicines can help enormously in getting the kid on track, usually, with no side effects.

So, in years gone by, parents have been reluctant or hesitant to accept a trial of medication when, in fact, the child is failing, falling behind, developing anxiety or depression due to poor performance in school. So, I think it's important that parents realize it's important to have a child diagnosed with ADHD. And often, they have associated problems like sleep problems, and anxiety, and to know what alternatives there are to medication, and what can be done. Occupational medicine is very helpful. Biofeedback. There are lots of modifications that the school can provide. So, it's something that pediatricians are, especially, good at, and it warrants a evaluation and conversation sooner rather than later.

Angelica Ladd:

Great. Thank you. So, we've gone just about 20 minutes over our time, which is great. I thank you all for your time and your expertise. If you as a guest would like to set up a telehealth visit to meet with a pediatrician, if you want to indicate that in your survey, or you can email to me, I'm Angelica Ladd ... I probably didn't say that at the beginning. I'm sorry ... At social@dh.org, and I can get you connected. And I think we're going to wrap it up. We have a lot of really great resources. So, maybe if we just go in order. Dr. Olsen, I'll start with you, just your favorite resource if a parent is up at night googling, where should they go?

Dr. Bridget Olsen:

I like a resource called KidsHealth.org. That's run out of a children's hospital in Delaware, actually. And it's a really good resource. And one of my favorite things about it is that most of the pages are available in Spanish also.

Angelica Ladd:

Oh. Excellent. And Dr. Schuman?

Dr. Andrew Schuman:

HealthyChildren.org because it's official, it's thorough, it's extensive, and you can print out things. And it solves a lot of the controversies that are out there. And the advice is totally vetted, and it's good advice.

Angelica Ladd:

Great. Dr. Frumkin?

Dr. Mitchell Frumkin:

I would agree with HealthyChildren.org. The guidelines that are in there are not the opinion of one single individual but a group of individuals that make recommendations based on consensus of multiple levels of experience, and expertise, and history. So, I would agree with Dr. Schuman that that would be the first place I would go to.

Angelica Ladd:

Okay. And Dr. Murphy?

Dr. Rebecca Murphy:

The resources that have been mentioned so far are wonderful. I also really love that website, KellyMom, for breastfeeding mommas. But, then, for parents who like listening to things, there's a wonderful

pediatric podcast for parents, it's called PediaCast, and it's run by a pediatric ER physician out of Nationwide Children's Hospital. He talks in plain language about a variety of ... He has over 400 episodes talking about all different types of pediatric topics, but he has an episode called Paging Dr. Google. I can't remember what number it ... It's 400 ... I want to say 452, but I don't know that that's for sure.

But if you just look on his website, it's called Paging Dr. Google, and he specifically spends the entire episode talking about some of pediatricians' most trusted resources because, again, a lot of your questions come in the middle of the night. And to be honest, at the top of your list can always be our office phone number. We're here for you.

Angelica Ladd:

Awesome. Well, thank you everyone for attending. Again, please fill out that survey, help us with our programming in the future. Thank you, Dr. Olsen, Dr. Schuman, Dr. Frumkin, Dr. Murphy, for being with us tonight, and giving us your time, and your expertise. And that's it for tonight. And we hope you all have a good health, and good night, and you stay healthy.

Dr. Rebecca Murphy:

Thanks. Bye-bye.

Dr. Mitchell Frumkin:

Thank you.

Dr. Andrew Schuman:

Okay. Thank you so much.