



President's Bulletin – February 2017

Adrian Sandler, MD

Protecting Immigrant Children

I was moved by the account of a visit to the Ursula Central Processing Center in McAllen TX, written by pediatrician Alan Shapiro MD, Children's Hospital at Montefiore: [AAP Voices - Children Should Be Cared for, Not Caged](#)

Every day, 100 or more poor, traumatized, unaccompanied children are picked up at the border and detained at Ursula for up to 72 hours before being transferred to children's shelters throughout the country. With growing violence in Honduras, El Salvador and Guatemala, devastation in Haiti, and anticipation of "the wall," the surge of children and families has overwhelmed resources and created a growing backlog of detainees. The AAP has been active in advocating for better conditions for children and families seeking safe haven, and SDBP shares deep concern for this brewing humanitarian crisis.

[Pediatricians Speak Out Against President Trump's Immigration Orders](#)

Integrated Care

Since early 2016, the American Academy of Child and Adolescent Psychiatry, under the leadership of AACAP President Dr Gregory Fritz, has spearheaded an initiative to promote the integration of medical and behavioral/mental health services for children, adolescents, and their families. This includes the establishment of the Pediatric Integrated Care Resource Center (PIC-RC) to provide ready access to needed resources to interested professionals in different disciplines who are working in a variety of settings. The PIC-RC's audience is broad, including pediatricians, psychologists, social workers and other professionals working with children and their families. Check out the website:

<http://www.integratedcareforkids.org/>

Neonatal Abstinence Syndrome (NAS) and high school performance

Between 2000 and 2009, prenatal opioid use increased from 1 to >5 per 1000 live births in the US. The incidence of NAS nearly tripled, and the associated hospitalization cost continues to increase. NAS typically manifests in the first few days of life as hypertonia, autonomic instability, irritability, feeding problems, impaired weight gain, and less commonly, seizures. Little is known with certainty regarding long-term costs, but this article from New South Wales, Australia, suggests a tragic toll on academic performance among children with NAS.

[Neonatal Abstinence Syndrome and high school performance](#)

Folic acid

My daughter-in-law has over the years grown impatient with my reminders to her to be taking folic acid. Still, as a pediatrician with some experience in the care of children with spina bifida, I think it is my responsibility to get the word out to all women of childbearing age – and that includes many of you, dear

Members - that a daily dose of folic acid can help to prevent severe and complex birth defects. [NPR - Women Still Need Folic Acid Supplements To Prevent Birth Defects](#)

Advocacy training for DBP

SDBP leadership is in discussion with the Association of University Centers on Disabilities (AUCD) about collaborating on an educational workshop for trainees in conjunction with our Annual Meeting that addresses policy/advocacy basics for emerging inter-disciplinary leaders in DBPeds. This is a critical area of expertise for our members, and AUCD is very well positioned to deliver this information to trainees in a meaningful way. Stay tuned for more information on this initiative.

Workshop submissions open!

In case you missed the email notice, workshop submissions for the 2017 Annual Meeting in Cleveland are now open.

[SDBP 2017 Workshop Submissions](#)

In these times of tumultuous transition, please remember that professional societies like ours are here for our members. SDBP is a community, and the Board, Committees, Staff and I want to be available as a resource. Feel free to contact us or to reach out to the membership directly through the Discussion Board.