

# This Month In **The JOURNAL** of **PEDIATRICS**

November 2013 • Volume 163 • Number 5

Copyright © 2013 by Mosby Inc.

## *The Journal* on your iPad

— Monica L. Helton, BA

**E**arlier this year we launched two HealthAdvance apps—one for your smartphone and one for your iPad. These apps give you access to *The Journal*, along with 500+ health science journals published by Elsevier. However, there are times when you may want to browse just *The Journal of Pediatrics*, without having to wade through articles from other journals. Enter the new journal-specific app for your iPad, which allows you to browse current and past issues of *The Journal*, as well as articles that publish ahead of an issue (Articles Online First).

To download the app to your iPad, simply go to the App Store, search for *The Journal of Pediatrics*, and download it for free. Subscribers can log in with a Journal Digital User ID (eg, your username and password for [www.jpeds.com](http://www.jpeds.com)), which will provide access to full-text and PDF versions of articles, including in-article videos, and allow users to bookmark key articles, take in-line notes that are saved for future reference, and post useful articles on Facebook or Twitter. Nonsubscribers also can benefit from this app, with access to Tables of Contents, Articles Online First, and abstracts.

Remember, if you prefer to access *The Journal* using your institution's log-in, please search SciVerse ScienceDirect in the App Store and download it to your iPad (or smartphone) for free. Your institution's librarian can provide you with the username and password.

We believe in providing access to *The Journal* in various ways to accommodate a variety of reading styles for today's busy pediatricians and researchers, whether that be online, on your smartphone, on your iPad, or in print. We will continue to explore other mobile solutions and online and print enhancements to elevate your reading experience.

## Optimizing pediatric practices for patient access

— Sarah S. Long, MD

**T**wo studies published in this issue of *The Journal* add to the depth and breadth of understanding of which healthcare services parents want, and what doctors want and don't want for children/patients.

Zickafoose et al conducted an Internet-based survey of a national sample of US parents regarding their knowledge about enhanced access services in their child's primary care office and healthcare utilization for the child in the prior 12 months. Of 820 parent surveys completed, the majority reported enhanced access to the primary care office during office hours, but many parents reported not having access or not knowing whether they had access outside of regular office hours. The only service significantly associated (negatively) with utilization of hospital Emergency Departments was office hours after 5:00 p.m. on 5 or more nights per week.

Garbutt et al used a survey of pediatric primary care providers in four pediatric practice-based research networks in the Midwestern US to elicit perceptions of their patients' use of retail clinics, effectiveness of such encounters, and effect of availability of retail clinics on their practices. In all, 226 provider responses were analyzed. The majority of providers believed that retail clinics were a business threat and disrupted continuity of chronic disease management. They also frequently identified retail clinic's shortcomings, including suboptimal care (requiring additional visit(s) and further management in primary care office), failure to follow guidelines for management and antibiotic use, and failure to communicate with the primary care office. Clinics with better communications with pediatricians seemed to improve

pediatricians' attitudes toward the retail clinics and care given. Many pediatric providers had made or planned to make changes in their practice operations to counteract the business threat of retail clinics.

Retail clinics appear to be here to stay and they clearly compete with pediatricians. Many practices are adapting to address family, and patient needs, as well as which gaps retail clinics try to fill. If families are unaware of or cannot access optimized services, then they are not optimized at all.

[Article page 1384 ►](#)

[Article page 1389 ►](#)

## Tdap vaccination during pregnancy—no signal of safety concerns for infants

— Sarah S. Long, MD

**T**aking advantage of a robust electronic medical record system at Intermountain Healthcare facilities in Utah, Shakib et al performed a retrospective cohort study assessing pregnancy, birth, and infancy outcomes for 138 women who were given tetanus and reduced-content diphtheria toxoids and reduced-content acellular pertussis vaccine (Tdap) compared with 552 randomly selected nonvaccinated pregnant women controls. The study, ending in 2009, was performed before routine recommendation for Tdap administration during pregnancy. The most common reason for Tdap was prophylaxis for open wounds or during acute care visits for trauma. Of pregnant women receiving Tdap, 63% received the vaccine during the first trimester.

For all outcomes assessed (ie, preterm delivery, low gestational age or weight, congenital anomaly, or diagnosis of complex conditions in the first 12 months of life), there was no signal of excess occurrence in vaccinated versus unvaccinated cohorts.

In light of nationwide increase of pertussis and deaths in infants too young to be protected by the current Tdap schedule, the Centers for Disease Control and Prevention now recommends Tdap administration during every pregnancy. Implementation, however, has been woefully poor to date. This study provides reassurance regarding safety for mothers, their pregnancy, and their infants—even when Tdap was given earlier than the optimal window currently recommended (for maximized antibody level in offspring at birth) of 27 to 36 weeks of gestation.

We pediatricians need to encourage obstetricians, family physicians, and internists to immunize pregnant women in order to extend lifesaving vaccines, such as for influenza for mothers and pertussis for neonates, to all people.

[Article page 1422 ►](#)

## Breastfeeding initiation in teen mothers

— Catherine M. Gordon, MD,  
MSc

**B**reastfeeding is known to be associated with numerous health benefits for both mothers and their infants, but teenaged mothers are less likely to breastfeed than older mothers. In this issue of *The Journal*, Apostolakis-Kyrus et al contribute new information by identifying factors that determine breastfeeding initiation in teenage mothers. Through a retrospective cohort study of over 300 000 live births in Ohio over one year, the authors noted that few mothers  $\leq$  age 19 years initiated breastfeeding after adjusting for important coexisting variables. Socioeconomic factors significantly influenced breastfeeding initiation among the young mothers studied. Opportunities for intervention were identified because maternal perception of breastfeeding, societal barriers, and the absence of prenatal intervention were key contributors to the observed lack of breastfeeding initiation. These new data put numbers to what we all had suspected. Programs that support, educate, and dispel myths about breastfeeding could have a huge impact on increasing lactation rates among adolescent mothers. Hospitals and the community should get involved now!

[Article page 1489 ►](#)

Download English Version:

<https://daneshyari.com/en/article/6223187>

Download Persian Version:

<https://daneshyari.com/article/6223187>

[Daneshyari.com](https://daneshyari.com)