



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Iowa Chapter

The Heartland Pediatrician

Summer 2018

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President's Message

Hello All,

We are excited to introduce our new leadership at Iowa AAP!

- Daniel Wright, DO, FAAP has been elected Vice President.
- Meredith Fishbane-Gordon, MD, FAAP has been elected Treasurer
- Amy Shriver, MD, FAAP has been elected as Trustee.
- Julie Stecher, MD, FAAP has been elected as Trustee.

Dr. Wright will vacate his Trustee seat July 1 to assume the Vice President position and the Board has appointed Julie Stecher, MD, FAAP to finish out the second year of his Trustee term. Please see Julie's bio in this newsletter and we are excited to gain her leadership and enthusiasm.

I am excited to ask you to "save the date" for a fun event on Friday night, September 7 preceding the Iowa versus Iowa State football game. The game will take place in Iowa City this year. IA AAP members will be able to join a [tour](#) of the new Stead Family Children's Hospital and then participate in a reception on the 12th floor of the hospital, in the "Press Box." This is a terrific opportunity to meet each other in person and hear chapter updates. Please email [Michelle Dekker](#) to hold your spot! The number of pediatricians allowed in the tour is limited due to patient care concerns so let us know if you want to join in as soon as possible.

This is my final President's message. It has been a wonderful experience for me to serve the Iowa Chapter in this role. Past Presidents usually focus on a project or area of interest. I plan to work to increase children's access to care in our state and in the nation.

Have a great summer!

Marguerite H. Oetting, MD, FAAP
President, Iowa AAP

IA AAP Board of Directors (as of July 1)

Amy Kimball, DO, FAAP – President
Daniel Wright, DO, FAAP – Vice President
Marguerite Oetting, MD, FAAP – Past President
Marianka Pille, MD, FAAP – Secretary
Meredith Fishbane-Gordon, MD, FAAP – Treasurer
Stacy Wagner, MD, FAAP – Trustee
Amy Shriver, MD, FAAP – Trustee
Julie Stecher, MD, FAAP – Trustee

NEW IA AAP Committees

The Iowa Chapter AAP is planning to launch two new IA AAP Committees – Committee on Immunization and Committee on Mental Health. This is your opportunity to get involved with the chapter and continue to address the needs of children in Iowa. Committees are just forming, but please let us know if you are interested in joining and we'll send you more information soon! Email [Michelle Dekker](#) with interest.



Welcome Appointed Trustee, Julie Stecher, MD, FAAP

Julie Stecher, MD, FAAP is originally from Dubuque. She completed her undergraduate coursework at St. Ambrose University in Davenport, and medical School at UNMC in Omaha, NE. She graduated from pediatric residency at the University Of Iowa Children's Hospital in 2014. Since that time she has been practicing as a general pediatrician with Genesis in the Quad Cities. She enjoys baking and spending time with her husband and three children.

Dr. Stecher will begin her one year term on the board beginning July 1, 2018.
Welcome to the Iowa Chapter AAP Board of Directors Dr. Stecher!

Plan to Attend

The Heartland Childhood Obesity Summit

Factors of Health: Addressing the Systems Influencing Childhood Obesity

June 27-28, 2018 | Kansas City, Missouri

1st Five:

Encopresis Management for the Primary Care Pediatrician

By Joni Bosch, ARNP, PhD

UI Center for Disabilities and Development

Department of Developmental and Behavioral Pediatrics

Toilet training is a developmental skill that is typically accomplished between two and four years. Constipation can be a contributing factor to delayed toilet training, both for bowel and bladder. Constipation in the toddler years may also contribute to encopresis after age four. Identifying and treating constipation may facilitate meeting this developmental milestone.

Constipation and encopresis represent 3–5 percent of visits to pediatricians and up to 25 percent of visits to pediatric gastroenterologists. While children with some type of disability are more likely to have constipation and encopresis, they are very common among typically developing children as well. Ninety to 95 percent is functional constipation.

Encopresis is generally defined as having stool accidents after the age of toilet training. Encopresis is usually caused by constipation with overflow incontinence. It can be a cause of great distress to parents and children alike. The diagnosis of functional constipation with associated encopresis is typically based on history and physical alone. In general, no specific lab tests or imaging studies are needed in the primary care setting unless [red flags](#) are present and pediatric GI not easily accessible.

Treatment includes first and foremost demystifying toileting. For most parents, it is important to spell out the root cause of their child's stooling issues. If toileting is painful, the child is not going to want to stool. Watch GI Kids.org ["The Poo in You: Constipation and Encopresis Educational Video."](#)

Once the toileting process is clearly delineated for parents, the rest of the treatment is rather straight forward and consists of a bowel clean-out followed by a bowel management program using a laxative and scheduled toileting. This treatment regimen typically takes many months to complete in order to help prevent relapse. See [Constipation Care](#).

As a developmental and behavioral pediatric nurse practitioner who specializes in treating children with encopresis, I have noticed that treatment failure is commonly related to lack of aggression in treatment or families quitting treatment too soon. Lack of aggression may be too small of a dose or too short a clean-out period. It is important to specifically state goals for stool appearance when counselling the child's parents. If we forget to let parents know that we are looking for a really soft stool, it will often lead to some families stopping prematurely because of "diarrhea." At the other end of the spectrum, if things are going well for a couple weeks, parents often quit treatment too quickly and the problem recurs.

When managing encopresis, it is important to get children on a good stooling regimen. Scheduled toileting after meals, or with stomach aches, can be helpful to reestablish a normal stooling pattern. See [Toilet Training Tips](#).

Practical issues often need to be addressed:

1. Children who are constipated can be hard to potty-train, although many children do train for urine and not for stool due to constipation. Consider fading: if the child refuses to sit on the toilet or insists on wearing a pullup, have them start stooling in the bathroom in the pullup, then on the toilet in the pull up, then without the pullup.
2. If a child's legs are short, use a stool to ensure the child is flat-footed for effective pushing while stooling.
3. Children who are dealing with encopresis should be able to access to a private restroom at school and should be allowed to leave the classroom when they need to stool. They may need a letter or individual health plan. Some schools have sent children home with "diarrhea" during this treatment period. Schools need to know that this is a medical treatment, not an illness.

In general, encopresis can be a very challenging condition for many families. However, with the right tools and game plan, it is something that can be rewarding to treat within the child's medical home.

If the family is having a hard time coping with their child's constipation, consider referral to the 1st Five program in your service area. It is likely that there is family stress beyond the issue at hand. 1st Five can help provide family support services available in the community that could benefit the family and minimize family stress in general; as a result, 1st Five can help maximize the parents' capacity to support their child through this process. Additionally, for specific developmental or nutrition concerns, consultation with a specialist is available through the [1st Five Curbside Consultation service](#) [1st Five Curbside Consultation: PCP Guide](#).

Save the Date

Join the IA AAP for a special tour of the Stead Family Children's Hospital at the University of Iowa on **Friday, September 7, at 6:00 p.m.** Space is limited. Email [Michelle Dekker](#) to reserve your spot today!



SAVE THE DATE

2019 AAP Legislative Conference

Mark your calendars! The 2019 AAP Legislative Conference will take place April 7–9 in Washington, DC. Each year, the conference brings together pediatricians from across the country who share a passion for child health advocacy. Participants attend skills-building workshops, hear from guest speakers, learn about policy priorities impacting children and pediatricians and go to Capitol Hill to urge Congress to support strong child health policies. If you are interested in attending the conference and would like to be notified once registration opens, please email LegislativeConference@aap.org.

Mark Your Calendar

Please join us for the Second Annual Regional Pediatric Lead Poisoning Prevention Summit to be held on **Wednesday, October 17, 2018** at the BEST Conference Center in Kansas City, Kansas. The link for information and registration can be found [here](#).

THE 2018 REGIONAL PEDIATRIC LEAD POISONING PREVENTION SUMMIT

Presented by The University of Kansas Health System and CHC of Wyandotte County



REGISTRATION REMINDER

October 17th, 2018 • 8:30am – 4:00pm
BEST Conference Center - 12600 Quivira Road Overland Park, KS

Event Details & Tickets:



IA AAP held it's first social with the IA AAP Annual Meeting on April 18, 2018 at the Iowa Medical Society offices. Thank you for those who attended.

It was a great evening celebrating IA AAP successes over the past year and looking forward to the many exciting initiatives ahead! To view photos, check out our [Facebook Album](#).



The CHSC Regional Autism Assistance Program (RAP) is seeking 10 primary care providers to pilot an online course aimed at improving early detection of autism in toddlerhood.

Autism Navigator is a self-paced, 8-hour course developed by investigators at Florida State University that uses interactive slides with audio narration, closed captions, and illustrative video clips. Participants receive links to web resources, research briefs, and supporting documents as well as documents to share with families.

There would be no cost to the participant for the Autism Navigator course and CMEs are available upon completion.

Participation would begin in the Fall 2018 and participants would have up to a year to finish the course.

If you are interested, please contact RAP psychology technical consultant, Kelly Pelzel, PhD, at kelly-pelzel@uiowa.edu.



American Academy of Pediatrics Iowa Chapter

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