

# The State of Pediatrics

By Ann F. Beach, MD, FAAP

I love being a pediatrician. It is generally a happy specialty. We pediatricians get to watch children grow up through the fun stages of infancy, toddlerhood, preschool years, adolescence and young adulthood. We see new nervous parents become confident accomplished parents. We get to help families through good and bad times, and usually we get to develop long-term relationships with families. We get to spend our days with kids. There's not a better specialty, in my mind. Of course, I am biased.

However, it has been an interesting few years for the field of pediatrics. Its bread and butter is preventive care and immunizations. Vaccine hesitancy reared its head in the late 1990s and has steadily increased over the last 10 years. More recently, the general suspicion and lack of belief in science worsened during COVID, making work harder for all doctors, including pediatricians.

While adult hospitals and doctors' offices were slammed during the first year of COVID, children's hospitals had half the usual volume; children were not in school, daycare or sports and were not sharing germs with each other. Consequently, they had fewer illnesses and injuries.

Pediatricians' offices saw their visit rates plummet as people were too afraid to bring their children for checkups and vaccines, due to the pandemic. This caused significant financial strain on both hospital-based and outpatient pediatricians.

And now, the late-stage effects of the pandemic are beginning to show, such as in supply chain issues leading to dan-



gerous formula and antibiotic shortages. We are now seeing more COVID in children (though hospitalizations have not been as significant as in the adult population).

The immunization rate fell significantly during the pandemic; CDC estimates over 10 million vaccine doses were missed in children. There will be repercussions. We are already seeing focal polio outbreaks and fear we will see measles outbreaks.

The big news is the Respiratory Syncytial Virus (RSV) epidemic. It's a common cold virus that we all had as children. However RSV can be devastating for infants, causing significant respiratory compromise and even respiratory failure. Nationwide, children's hospitals and pediatricians' offices are inundated with RSV cases now. Children who

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have been isolated for the past few years due to the pandemic are now being exposed to RSV for the first time.

Many pediatricians are saying, “This is our COVID pandemic.” Pediatric hospitals, emergency rooms and offices are bursting at the seams, trying to manage the deluge. There are not enough doctors, nurses, respiratory therapists, ventilators and hospital beds to go around. It is a difficult time.

But I’m a natural optimist, so enough of the doom and gloom.

I will tell you that the mRNA technology used for the COVID vaccine has exciting possibilities for new, better vaccines for children. Perhaps the influenza vaccine can jump to the new technology from the old egg-based vaccine. Perhaps an RSV vaccine will be developed.

In this issue, I want to tell you about the fascinating resources we have for children in Atlanta. Because we are a big city, we have pediatric sub-specialists and amazing resources for children that most places don’t have access to. I feel like we are spoiled rotten!

In this issue, you’ll learn about Children’s Healthcare of Atlanta’s new hospital under construction on North Druid Hills. The 400+ bed state-of-the-art hospital is expected to

be completed by 2024. We are one of the few cities with comprehensive inpatient and outpatient treatment for adolescents with eating disorders (a problem that skyrocketed over the past two years of COVID). We have one of the nations’ largest pediatric cardiology programs, and you’ll read about our capabilities to care for children with congenital heart disease from before (yes, before) birth until adulthood.

Atlanta has one of the largest pediatric gastroenterology groups in the nation. This allows for many fascinating “super-subspecialties” within this field, such as neurogastroenterology and motility, which you’ll learn about.

Firearms are now the leading cause of death in children and youth from 0 to 24 years of age. Please read about what you can do to help change this terrible statistic and make homes with guns safer for children.

We live in the age of technology; there’s an app for everything. You’ll enjoy the very helpful article about great apps for parents and children. We’ve also included an article about a topic near and dear to my heart: difficult diagnoses.

Many thanks to my esteemed colleagues who joined me to write the articles in this issue. I have the utmost admiration for them all, and for every pediatrician who takes care of our most precious resource – children. ■

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