Index page

Click on the word to jump to that section of the newsletter

President       Ohio NAPNAP Listserv
President Elect  Ethics Advisor
Nominations      Recruitment
Health Policy/ Legislation  Clinical Practice
Membership      Kudos
Program Advisor  Breast Feeding
Newsletter       Board Roster 2013- 2014
Ohio Napnap News

February 2014 Newsletter

Index

President

Jill Kilanowski

This President’s message contains news tidbits from a chapter, state and national level that are noteworthy to share.

First, within our state chapter our slate of officers for 2014-2016 has a wonderful combination of new and familiar faces in the election. Look for the email regarding voting for the slate and be sure to cast your ballot. For our second year the Ohio Chapter of NAPNAP will have a presence at the February Nurses Day at the Statehouse. One of our board members Michelle Wilson, will address the podium with the current legislative issues confronting PNPs today. Will we see you at the national conference in Boston? Look for your Ohio colleagues and please introduce yourself. We always have an informal gathering of Buckeyes and a notice regarding time and location will be posted on the bulletin board. Our May continuing education conference has been planned and promises to be most interesting. Please read details found in this issue. The Robert Wood Johnson Foundation is matching funds secured by the Ohio Action Coalition to help remove legislative barriers to full practice by nurse practitioners. The Ohio Chapter of NAPNAP has made monetary donations to the Ohio Action Coalition, Ohio Association of Advanced Practice Nurses (OOAPN), and the Council for Ohio Health Care Advocacy (COHAC) to help their endeavors move legislative forward that will support nurse practitioners into our full scope of practice. Being an advocate for legislative change is expensive and it is difficult for one organization to do so individually. We are pleased to support our colleagues’ efforts in behalf of nurse practitioners and PNPs.

The Ohio Chapter of NAPNAP has been in conversation with Ohio Association of Advanced Practice Nurses (OAAPN) to discuss collaboration to work towards mutual goals. I am happy to share some of their news that some of you may already be aware. OAAPN is pleased to announce their public-facing initiative- the launching of their website blog and Facebook page. This endeavor will include many features: one being responsive to news events and/or public questions. OAAPN is looking for people to help promote nurse practitioners by serving as a pediatric writer or pediatric contributor to the website blog or Facebook page. Are you working in a specialty clinic and have
expertise in an area? Are you studying for your DNP and have identified an evidence-based project that you are an expert? This “Rapid Response Team” service project may be for you. The responsibilities are not daily or weekly but rather a timely response to a particular call. If you are interested in being placed on the writer contributor list please email info@OAAPN.org and you name will be forwarded to the volunteer coordinator. But don’t forget to visit our own webpage at www.ohio-napnap.org!

For those interested in updates on the Consensus Model for APRN Practice Report from the National Council of State Boards of Nursing (NCSBN), a good explanation of progress towards full implementation by 2015 can be found in the January issue of Journal of Nursing Regulation (www.journalofnursingregulation.com). The article by Cahill, Alexander and Gross (2014) has detailed national maps that report each state’s jurisdiction progress towards adoption of requirements regarding Advanced Practice Registered Nurse (APRN) regulation. In a table that shows progress towards adoption of major elements of the Consensus Model, Ohio earned a score of 16 out of a possible 28. We need to work together with our legislators to support these practice initiatives.

On a federal level, in mid-January the US Senate and House passed the Consolidated Appropriation Act of 2014 that will provide budget increases to the Nursing Workforce Development Programs, the Health Resources and Service Administration, and the Bureau of Health Professions. In addition, there are budget increases to support research for the National Institutes of Health, National Institution of Nursing Research and for the Agency for Healthcare Research and Quality. This is good news for nursing, good news for nurse practitioners who provide care to children and families, and good news for nurse researchers who advance the science of nursing.

In closing, many of us have seen school and work closures due to snow and freezing temperatures. While we still have many more weeks of the winter season, let us remember that spring will follow the winter, and the care we provide children and families warms the heart.
President-Elect

Linda Kerr

I hope everyone has been warm and safe despite the weather! The question of the day is “How many days till Spring?“.

There are several things that are coming up of note for our members.

#1. It is voting time again---only once every two years. As you read the newsletter, you will see the biographies of the nominees that Karen Martin has collected. Ohio NAPNAP has 2 nominees for each office!!! The biographies will also be posted on the website at www.ohio-napnap.org. On March 1, 2014, a Survey Monkey for your vote will be sent out on the ListServe. It will be sent out one more time during the month; however a member may only vote once. Voting closes on April 1, 2014. Please vote for your candidate!! The results will be shared at the Spring meeting on May 2, 2014 in Independence, Ohio.

#2. The Spring meeting seems to be coming together nicely and promises to be a great conference for Acute and Primary Care PNPs. Ohio NAPNAP is honoring preceptors with a reduced fee and a reception on Friday night. We all have preceptors that have played an important role in our own professional development. This is a time to salute them! A Save the Date Card will arrive soon and the conference brochure will be sent out on the ListServe and posted on the website by March 15, 2014.

Please email me at kerrli@hotmail.com if you have any questions or comments or would like to pursue a more active role in our organization.
Responsibilities of the President Elect - serves on executive board, assumes responsibility of chapter President if necessary, attends all Ohio chapter board meetings, represents Ohio chapter at National NAPNAP in the second year of term, and accompanies chapter president at national NAPNAP, and progresses to President after 2 years.

Heather Schober
Heather is 1996 graduate of CWRU with her BSN and a 2001 MSN graduate from the University of Akron. She is currently full time faculty at University of Akron in the PNP track. Heather has been a member of the Ohio NAPNAP Board for 2 years as the Newsletter Chair. She has been previously employed at Lucile Packard Children’s Hospital in Palo Alto, CA and Rainbow Babies and Children’s in Cleveland, OH. In addition to teaching full time in the PNP acute and primary PNP program and the University of Akron, Heather practices as a PNP in the pediatric orthopedic department at Rainbow Babies and Children’s Hospital in Cleveland. Heather is a member of NAPNAP, AFPNP and NONPF.

Goals for Ohio NAPNAP: Improve collaboration within the state with other professional organizations to further the advance practice nurse agenda, increase membership and involvement of the PNP students and practicing PNPs within Ohio and to develop a 5 year strategic plan for the organization at the state level in accordance with National NAPNAP’s mission.

Gail Horner
Gail has been a PNP for over 20 years working in the field of child maltreatment at Nationwide Children’s in Columbus, OH. She has been a member of the Ohio NAPNAP board for 4 years serving as treasurer. She is currently co-Chair of the NAPNAP Child Maltreatment SIG and member of the editorial board of the Journal of Pediatric Health
Care. She has published peer reviewed articles and given numerous presentations regarding various aspects of child maltreatment. She was the 2013 recipient of the Ohio NAPNAP PNP of the year award.

Goals for Ohio NAPNAP: To stimulate continued growth of the Ohio chapter of NAPNAP as one of the largest state chapters within the national organization. Provide the membership with the latest information regarding legislative and clinical issues affecting advanced practice within the state. Be a voice for advanced nursing practice throughout the state of Ohio, independently and by partnering with other nursing organizations within the state. Continue to provide members quality, innovative educational offerings which are reflective of evidence based practice.

Responsibilities of the Treasurer- serves on the executive board as a voting member, attends executive board meetings, acts as a consultant to President and executive board, presents treasurer’s report to the board, serves as chairperson to the finance committee, works with and accountant to prepare financial report for Ohio NAPNAP which is submitted with an annual report to National NAPNAP by July 30 each year, prepares the annual budget, approves organizational expenses in accordance with pre-approved annual budget, and ensures an annual audit is performed on all accounts of the chapter.

Treasurer Nominees

Marquerite (Peg) DiMarco

Peg is an associate professor in nursing at CWRU where she received her PhD. She has been a pediatric nurse for 40 years, has taught nursing for 35 years and practices as a pediatric nurse practitioner for the last 20 years. Her research interests involve health/dental care of poor children. She has international/national presentations, publications, and funded research projects in this area. She had NIH funding for her dissertation “Access /Utilization of Dental Care by Homeless Children”. Her latest interdisciplinary project received a $1+ million from Kellogg to provide oral healthcare/education to WIC mothers and children. Peg is a member of NAPNAP, AFPNP,
NONPF, and OAAPN. She has served on AFPNP on the awards committee and also on the board as well as the AAP and the ADA on oral health initiatives.

Goals for Ohio NAPNAP: Maintain a healthy balance in Ohio NAPNAP account to be able to support worthy projects for children. Monitor expenses for Ohio NAPNAP and evaluate the areas of expenses to best serve our members and children.

Amy Donnellan

Amy is currently employed by the Cincinnati Children's in the Cardiac Intensive Care with previous experience at St. Jude's Children's Research PICU and Duke Children's CICU. Amy is an active member of the shared governance committee as well as Chair of ttc Inhe Professional Inquiry Council and Chair of Health Policy Council. She has presented nationally on topics of pediatric cardiology and pediatric oncology. She is a member of American Association of Critical Care Nurses, Pediatric Cardiac Intensive Care Society, and NAPNAP. Amy is currently a DNP student at the University of Cincinnati.

Goals for Ohio NAPNP:
1. To collaborate with NPs and CNSs throughout the state of OH in order to continue to improve healthcare for Ohio children.
2. To continue to foster my professional growth, enhance my financial knowledge, and enrich networking opportunities for Ohio NPs and CNSs

Duties of the Secretary - serves as a member of the executive board as a voting member, attends all board meetings, appoints a recorder when unable to attend, maintains accurate accounts of all regular and special meeting minutes of Ohio chapter and executive board, conducts the correspondence of the chapter, responsible for sending job descriptions to newly elected officers, keeps an updated copy of the membership list, sends original copies of meeting minutes to archivist, and send all meeting minutes to National NAPNAP.
Secretary Nominees

Kimberly Joo

Kim is a PNP with 21 years nursing experience in the NICU and with Dayton Children’s urgent care. Kim is a full time faculty member at Wright State University College of Nursing. Kim plans to pursue her DNP and become a Certified Nurse Educator. She has been a member of Ohio NAPNAP for 3 years.

Goals for Ohio NAPNAP: To become more involved in legislation that applies to PNPs in the state of Ohio, offer more educational opportunities to PNPs, and advocating for the health of children in our state through education, prevention, and health promotion activities.

Laurie Freese

My name is Laurie Freese and I am seeking the position of secretary for the Ohio Board of NAPNAP. I have been a nurse practitioner working in pediatric primary care for 17 years and currently, I work at Northeast Cincinnati Pediatrics. I started out my career 27 years ago as a Diploma graduate from Good Samaritan School of Nursing 1986. After working many years in various pediatric intensive care settings, primarily the NICU, I decided to further my education to become a nurse practitioner. I completed my Bachelor of Science in Nursing at Capital University (1994) and then my Master of Science in Nursing at the University of Cincinnati (1996). Since this time I have enjoyed working in the primary care setting and have been a member of Ohio NAPNAP since my graduation.

Goals for Ohio NAPNAP would include: 1) Continued efforts to increase our membership in Ohio 2) Continued offering of quality opportunities to meet the educational needs of pediatric nurse practitioners in the state of Ohio and 3) Advancement of our position as nurse practitioners through collaboration with other advanced providers and 4) To continue providing a voice politically to provide the utmost quality care to the children in the State of Ohio. I appreciate your consideration for this position.
Health Policy/ Legislative

Mandi Cafasso

Important Changes to CTP Formulary

All CTP holders are required to amend their written standard care arrangements to comply with recent changes made to the Formulary by the Board of Nursing (Board)\'s Committee on Prescriptive Governance (CPG). All drugs and drug categories that are listed in the Formulary under the new prescribing designation column, \"In Accordance with the Standard Care Arrangement,\" must be reviewed with the Collaborating Physician, and based on that review, given one of the following designations that is required to be documented in the written Standard Care Arrangement: may not prescribe; may prescribe; physician initiation; or physician consult. The amendments must be made no later than April 1 2014.

Membership

Peg DiMarco

Currently we have 394 members in the Ohio Chapter of NAPNAP as of December 2013.

Program Advisor

Jill Smith

Ohio NAPNAP Spring 2014 Conference

May 2-3, 2014

DoubleTree Hotel, Independence, Ohio (77 & Rockside Road)

This will be a special conference to honor anyone who has been a preceptor to an NP student. There will be a special rate for attending both days and a reception to honor all preceptors. Please watch the listserv and website for further registration information.
CONFERENCE REGISTRATIONS

Please make sure that you complete all areas of the registration form. We need your national ID number as well as all other areas completed. Sometimes it seems that we ask for a lot of information, but our registration forms reflect the requirements of the national program / CE rules. Thank you in advance for complying with this request.

FALL CONFERENCE 2014

OHIO NAPNAP will be joining with OOAPN for our fall conference. We will be providing three speakers for the conference that will be specifically pediatric focused. This is a new adventure for OHIO NAPNAP that I am sure will benefit both organizations. This venture involved considerable board discussion and thought. We have had low attendance at our fall conferences with the busy lives that all of our members and their families lead and it was decided to take this opportunity to join with OOAPN and provide them quality pediatric speakers and also take advantage of their CE opportunities as well. The conference is October 23-25, 2014 at the Hilton Inn Polaris in Columbus and our speakers will be on Friday, October 24, 2014. Hope to see you there as we embark on this new adventure.

SPRING 2015 PHARMACOLOGY CONFERENCE

PLANNING COMMITTEE NEEDED!

PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS OR ARE INTERESTED IN VOLUNTEERING FOR A CONFERENCE COMMITTEE. jillpnp@yahoo.com

Newsletter

Heather Schober

If you have any ideas for the newsletter, please feel free to contact me at hls2@uakron.edu or heatherschober@hotmail.com.
Ohio Napnap News

February 2014 Newsletter

Index

Ohio NAPNAP Listserve

Angela Hoerstinga

If you any questions or concerns about the Listserve please contact me at my email. address hoerstinga@childrensdayton.org

Ethics Advisor

Linda A. Strong

Email me if you have questions or suggestions for articles. lasstrong@cox.net

Recruitment

Michelle Wilson

If you have ideas about recruitment or are interested in participating on our committee, please contact committee chair, Michelle Wilson at mwilson2@chmca.org.

Clinical Practice

Michelle Widecan

Clinical Practice Update-Influenza Season 2013-2014

As many of us are feeling and may even have experienced personally, Influenza Season 2013-2014 is upon us, unless you are in Guam, Hawaii or the U. S. Virgin Islands where little or no activity has been reported as of last week on the CDC website. (Retrieved from: http://www.cdc.gov/flu/weekly/index.htm#ISTE. So, I decided to take this opportunity to review some of the basics including signs/symptoms, who should be treated with antivirals and other basic seasonal influenza, otherwise known as the flu, information to share with your patients, families and anyone else who might ask since we all experience the typical consult in from family and friends on a regular basis. For Ohio, flu season can start as early as October and run as late as March. First of all, signs and
symptoms of flu generally include fever, headache, tiredness (malaise), cough, sore throat, nasal congestion and body aches. Generally, it is spread through a person coughing or sneezing. Most people will recover from flu in one-two weeks. It is believed that on average, 3000 people die each year from pneumonia and/or influenza each year. It is believed that some of these deaths could have been prevented by simply getting the influenza vaccine.

This year, there are two vaccines that were manufactured. A trivalent and quadrivalent vaccine each containing what was predicted to be the most common forms of influenza expected to be seen this season. It is recommended by the CDC to continue to vaccinate through flu season this year although the sooner someone is vaccinated prior to the peak of the season the better. It is recommended that everyone over 6 months of age be vaccinated each year for influenza, with a special emphasis on the following populations that, the CDC site as being very high risk and should definitely be vaccinated because they are at risk for developing complications from the flu or people they live with are at risk. These people include the following:

1. Pregnant women
2. Children younger than 5, but especially children younger than 2 years old
3. People 65 years of age and older
4. People of any age with certain chronic medical conditions
5. People who live in nursing homes and other long-term care facilities
6. People who live with or care for those at high risk for complications from flu, including:
   - Household contacts and caregivers of children younger than 5 years of age with particular emphasis on vaccinating contacts of children younger than 6 months of
Index

- age (children younger than 6 months are at highest risk of flu-related complications but are too young to get vaccinated)
- Health care workers
- Household contacts of persons at high risk for complications from the flu

***Most people do not require anything other than symptomatic care for the flu i.e. drinking lots of fluids, rest and taking medications to relieve fever and decrease their aches and pains.

Oseltamivir (Tamiflu®) is approved for the treatment of influenza in persons aged 2 weeks and older. Oseltamivir is also approved for the prevention of influenza in persons aged one year and older. Zanamivir (Relenza®) is approved for the treatment of influenza in persons aged 7 years and older; and for the prevention of influenza in persons aged 5 years and older.


If you plan to use antivirals: the following are the recommendations by the CDC:

**Summary of Influenza Antiviral Treatment Recommendations**

- Clinical trials and observational data show that early antiviral treatment can shorten the duration of fever and illness symptoms, and may reduce the risk of complications from influenza (e.g., otitis media in young children, pneumonia, respiratory failure) and death, and shorten the duration of hospitalization. Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset.
Index

- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who
  - is hospitalized;
  - has severe, complicated, or progressive illness; or
  - is at higher risk for influenza complications

- Persons at higher risk for influenza complications recommended for antiviral treatment include:
  - children aged younger than 2 years;*
  - adults aged 65 years and older;
  - persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
  - persons with immunosuppression, including that caused by medications or by HIV infection;
  - women who are pregnant or postpartum (within 2 weeks after delivery);
Ohio Napnap News

February 2014 Newsletter

Index

- persons aged younger than 19 years who are receiving long-term aspirin therapy;
- American Indians/Alaska Natives;
- persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40); and
- residents of nursing homes and other chronic-care facilities.

- Clinical judgment, on the basis of the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms, is important when making antiviral treatment decisions for high-risk outpatients.

- When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. However, antiviral treatment might still be beneficial in patients with severe, complicated or progressive illness and in hospitalized patients when started after 48 hours of illness onset, as indicated by observational studies. For example, antiviral treatment of pregnant women (of any trimester) with influenza A (2009 H1N1) virus infection has been shown to be most beneficial in preventing respiratory failure and death when started within less than 3 days of illness onset, but still provided benefit when started 3-4 days after onset compared to 5 or more days (Siston, et al JAMA 2009). A larger study reported similar findings and showed that starting oseltamivir treatment up to 4 days after illness onset provided benefit in reducing the risk of severe illness compared to later treatment of 2009 H1N1 (Yu, et al. Clinical Infectious Diseases 2011). Another study of critically ill patients and fatal cases with 2009 H1N1 virus infection reported that antiviral treatment with a neuraminidase inhibitor was associated with improved survival.
• compared to untreated patients, and while early treatment conveyed the most benefit, patients who started antiviral treatment up to 5 days after illness onset had improved survival compared to untreated patients (Louie, et al. Clinical Infectious Diseases 2012). A meta-analysis of observational studies of oseltamivir for treatment of influenza concluded that treatment may reduce duration of symptoms, hospitalization, and mortality compared to no treatment (Hsu, et al. 2012). Another systematic review and meta-analysis of observational studies of neuraminidase inhibitor treatment of patients with 2009 H1N1 virus infection, primarily oseltamivir treatment, concluded that early initiation of treatment reduced the likelihood of severe outcomes compared to late or no treatment. This review found a 65% mortality reduction in early-treated versus untreated patients (Muthuri et al Clinical Infectious Diseases 2012).

• Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza (see section on diagnostic testing for influenza).

• While influenza vaccination is the first and best way to prevent influenza, a history of influenza vaccination does not rule out the possibility of influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza.

• Antiviral treatment also can be considered for any previously healthy, symptomatic outpatient not at high risk with confirmed or suspected influenza on the basis of clinical judgment, if treatment can be initiated within 48 hours of illness onset†

• On December 21, 2012, the U.S. Food and Drug Administration (FDA) approved the antiviral medication oseltamivir (trade name Tamiflu®) for the treatment of influenza in people aged 2 weeks and older. An FDA press release related to this announcement is available at http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm333205.htm.
# Antiviral Medications Recommended for Treatment and Chemoprophylaxis of Influenza

<table>
<thead>
<tr>
<th>Antiviral Agent</th>
<th>Activity Against</th>
<th>Use</th>
<th>FDA Approved For</th>
<th>Not Recommended for Use in</th>
<th>Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oseltamivir (Tamiflu®)</td>
<td>Influenza A and B</td>
<td>Treatment</td>
<td>2 wks and older</td>
<td>N/A</td>
<td>Adverse events: nausea, vomiting. Sporadic, transient neuropsychiatric events (self injury or delirium) mainly reported among Japanese adolescents and adults.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chemoprophylaxis</td>
<td>1 yr and older</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Zanamivir (Relenza®)</td>
<td>Influenza A and B</td>
<td>Treatment</td>
<td>7 yrs and older</td>
<td>people with underlying respiratory disease (e.g., asthma, COPD)</td>
<td>Allergic reactions: oropharyngeal or facial edema. Adverse events: diarrhea, nausea, sinusitis, nasal signs and symptoms, bronchitis, cough, headache, dizziness, and ear, nose and throat infections.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chemoprophylaxis</td>
<td>5 yrs and older</td>
<td>people with underlying respiratory disease (e.g., asthma, COPD)</td>
<td></td>
</tr>
</tbody>
</table>

(Retrieved from: [http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.html](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.html))
Kudos……

Congratulations to Ohio Chapter President Jill F. Kilanowski who was inducted into the American Academy of Nursing this past October 2013 in a ceremony held in Washington, DC.

In addition, Drs. Jill Kilanowski, Barbara Schaffner, and Nancy Ryan-Wenger will be honored as members of The Ohio State University College of Nursing 100 Alumni Transformers in Nursing and Healthcare. A centennial gala celebration will be held in March 2014.

If there are other PNPs who are being so honored please let us know. We are proud of our Ohio PNPs.

Breastfeeding……

Are you looking for ways to increase your knowledge related to breastfeeding so you are better prepared to assist mothers in your practice? Below are a few suggestions to help you remain current in your information.

The American Academy of Pediatrics has recently added several new resources to the website for their Section on Breastfeeding. Materials include links to archived webinars on breastfeeding support partnerships, the early postpartum visit, and the Joint Commission Perinatal Core measure. They also recently uploaded a fact sheet and advocacy letter to help professionals, families, and insurance companies assure access to breastfeeding services and supplies to be covered in the US’ Affordable Care Act. See these and more resources at http://www2.aap.org/breastfeeding
Ohio Napnap News

February 2014 Newsletter

Index

This 1.5 hour online continuing education tutorial, provided by Northeastern University, is designed to meet the educational needs of practicing pediatricians and other pediatric primary care providers.

Learning Objectives:

By the end of this CME, physicians & other primary care providers should be able to:

• Explain implications of breast physiology for achieving exclusive breastmilk feeding;
• Apply the current guidelines regarding duration of breastfeeding, use of supplements, and use of infant formulas;
• Identify the limited contraindications to breastfeeding;
• Assess breastfeeding history and lactating mothers’ needs;
• Make appropriate recommendations for referral to lactation services;
• Recommend medication choices that are aligned with supporting lactating mothers;
• Describe the population-wide benefits of supporting breastfeeding.

LEARN MORE

Academy of Breastfeeding Medicine Podcasts

ABM's monthly podcasts are an easy way for you to stay up on current breastfeeding topics and resources. Listen to the show at your convenience. It's hosted by Dr Anne Eglash and Dr. Karen Bodnar.

Check out their latest podcast which covers the updated 2013 AAP Statement on Medications in Mothers Milk, and its implications for clinical practice.

LEARN MORE

Mari Jo Rosenbauer MS, RNC, CPNP, IBCLC
NICU Lactation Consultant/ Pediatric Nurse Practitioner

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Ohio NAPNAP Board Roster 2013-2014

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Secretary: Stacie Huff  
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Treasurer: Gail Hornor  
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Health Policy/ Legislative: Mandi Cafasso  
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Membership: Marguerite(Peg) DiMarco  
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Ohio Napnap News  
February 2014 Newsletter

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Historian:  Open

Fundraising:  Open

Student Rep:  Open
DEADLINE FOR NEXT NEWSLETTER will be May 15th

The NEXT NEWSLETTER WILL BE OUT May/June 2014.