# PEDIATRICS

### THE GOLDEN GOLDEN WEEK

New program offers specialized care for extreme preterm babies during their crucial first week

PLUS RESPONSE TO A HEPATITIS OUTBREAK



Children's of Alabama®

s we begin 2023, I can't help but think about all the amazing things we accomplished in 2022. Children's of Alabama continues to be one of the pediatrics leaders in the Southeast and beyond. The stories highlighted in this issue of Inside Pediatrics make it clear why U.S. News & World Report selected us as part of a three-way tie for the No. 1 children's hospital in the region.

We've achieved this success, in part, because of our proactive approach to solving problems. When nephrologist David Askenazi, M.D., recognized that urine collection for premature babies and small children was challenging, he created the Zorro-Flow device to improve the process for doctors and patients. Similarly, Amitha Ananth, M.D., a neurologist and geneticist at Children's, started a neurogenetics clinic when she saw that it could help doctors diagnose rare diseases more effectively.

Both ideas involved collaborative efforts in the process of creation or implementation. The same is true for the Golden Week program. A first-of-its-kind program developed by neonatologist Colm Travers, M.D., it brings nurses, nurse managers, respiratory therapists and neonatologists together to help extreme preterm babies survive their first seven days of life.

And our influence reaches far beyond the Southeast. Our doctors were the first to alert the Centers for Disease Control and Prevention (CDC) about a hepatitis outbreak that was later discovered in other parts of the U.S. and Europe.

The future looks bright, too. New liver transplant director Marcos Pozo Jatem, M.D., is prepared to make an already successful program even better.

This year has been a special one at Children's of Alabama. Next year also figures to be great. In March, our transplant center will celebrate its 10th anniversary—just one of many achievements worth celebrating at one of the Southeast's top children's hospitals.





On the Cover: Children's of Alabama neonatologist Colm Travers, M.D., monitors an extreme preterm baby in the University of Alabama

at Birmingham Regional Newborn Intensive Care Unit. Travers helped develop the Children's of Alabama Golden Week program—a collaborative effort to help

these at-risk babies during their crucial first week of life.

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An online version of the magazine is available at childrensal.org/insidepediatrics.



The next era in pediatric neurology

A golden opportunity to help premature babies

Response to an outbreak



Ten years and counting



News, Honors and Awards

# **CONTENT**

## URINE COLLECTION MADE EASIER

COLLECTING URINE FROM SMALL BABIES AND CHILDREN IS NO LONGER AS CHALLENGING

ollection and recognition of urine production is essential for proper patient care. Urine is often an indicator of organ perfusion and kidney issues, and samples are used for a variety of diagnostic tests. However, current urine collection methods are often ineffective for premature infants and small children—two of the most vulnerable patient populations.

Catheterization is difficult in neonates, and collection bags or diaper weight measurements are not accurate, especially in females, and can cause discomfort. Due to the lack of accurate tools, current clinical practices vary drastically among institutions.

In July 2022, a group of experts from across Children's of Alabama and the University of Alabama at Birmingham (UAB), along with local entrepreneurs, launched Zorro-Flow Inc., the newest startup of the UAB Harbert Institute

for Innovation and Entrepreneurship (HIIE). The product is a neonatal external urine-collection device designed to collect urine safely and effectively in critically ill female neonates and infants less than 1 year old.

"We can reliably collect urine in every critically ill patient at our institution, except in very young children," said David Askenazi, M.D., Medical Director of the Children's Pediatric and Infant Center for Acute Nephrology. "In both the clinical and research arenas, I found myself continually asking why someone hasn't addressed this issue. Then it dawned on me: Why can't we do it in Birmingham?"

Askenazi is an expert in pediatric nephrology, but he knew he would need a team of business experts to turn his idea into a reality. He brought in James Wilkie, who has 35 years of experience in the life sciences industry developing both drugs and devices, as well as Bruce and Eva Ovitt,



Page 4: (Left) The Zorro-Flow device, created by David Askenazi, M.D., makes it easier for doctors to collect urine from critically ill female neonates and small infants. (Right) An original drawing of the device beside the final product. 0

David Askena Pedianic Nephy MD

When David Askenazi, M.D., couldn't find a better option for urine collection in small babies, he created one himself.

If you see a gap in your ability to care for your patients, think about innovative solutions that can help you better care for your patients.

To bring Zorro-Flow from paper sketches to a physical device, the team enlisted the help of Martin Holland, then a graduate student in the UAB School of Engineering. Two Children's nurses, Elizabeth Dechant and Shelby Leverett, also advised on the design of the device. As ostomy nurses, they provided valuable insight on how to adapt the device to provide the most comfort for young patients.

"I routinely deal with a wide array of wounds and iatrogenic skin injuries caused by medical devices," Dechant said. "We designed the initial Zorro-Flow prototype out of a small respiratory mask, soft tubing and silicone tape. I prioritized the protection of infants' delicate skin when considering the shape and securement methods for the device. I hope that Zorro-Flow will open doors in research and patient care by providing a safe and noninvasive method for urine collection and quantification." The device represents a collaborative effort to solve a common problem.

**Device Design** 

"If you see a gap in your ability to care for your patients, think about innovative solutions that can help you better care for your patients," said Askenazi, who's also a professor and the W. Charles Mayer Endowed Chair in Pediatric Nephrology at UAB Marnix E. Heersink School of Medicine.

Moving forward, Askenazi and the team plan to file the female version of Zorro-Flow as a Federal Drug Administration class 2 device and launch the device for beta testing at several large academic centers focused on neonatal nephrology in the first quarter of 2023. They also aim to complete the male version of Zorro-Flow within the next 12 months.

## THE NEXT ERA IN PEDIATRIC NEUROLOGY

NEUROGENETICS CLINIC COMBINES TWO SPECIALTIES IN AN EFFORT TO BETTER DIAGNOSE RARE DISEASES

ong before Amitha Ananth, M.D., started the neurogenetics clinic at Children's of Alabama, her neurology colleagues around the Southeast were calling her for advice on conditions that may have had a basis in genetics. She was their choice contact because of her specialized expertise—she's trained and board certified as both a neurologist and a geneticist.

"We all see this type of patient because so much of neurology is genetics-based," Ananth said. "And because I was trained in both when I came here, a lot of my colleagues began to consult me with their patients."

Eventually, Ananth decided to formalize the arrangement. In the spring of 2021, she and certified genetic counselor Claire McDonald opened the clinic. Now, twice a week, they see patients and their families. They're able to focus on diagnosing the patients' conditions, which in many cases are rare. Ananth and McDonald also help the patients and families learn more about these conditions and their implications.

"Working with families in this clinic has been so meaningful for me," McDonald said. "Some of these conditions involve uniquely difficult prognoses, such as developmental regression, shortened lifespan or intractable epilepsy. As a genetic counselor, I have the opportunity to discuss implications of results and limitations of testing as well as address emotional repercussions for the family."

In most cases, patients are referred to the clinic. Ananth gets referrals from neurology colleagues at Children's, along with other medical centers in Alabama and surrounding states. Sometimes the referrals come from genetics colleagues who think a patient's condition may have a more neurological basis.

Ananth's multifaceted education makes her the right person to handle these cases.



Ananth and Celia Hamlet during a follow-up visit in September 2022.

...if we're ever going to learn more about these disorders, we have to all talk to each other and collaborate. "Because I'm a neurologist and a geneticist," she said, "I'm able to sort through what is the likelihood that the reason this child has these particular issues is genetic and what kind of testing should we do—how should we sort this out?"

Last year, the clinic played a role in diagnosing a patient with metachromatic leukodystrophy—a condition that, according to the Genetic and Rare Diseases Information Center, affects fewer than 50,000 people in the U.S. and, over time, results in diminished intellectual and motor ability. As the disease progresses, patients can become unresponsive.

In 3-year-old Celia Hamlet's case, it started with stomachaches. Children's pathologist Rong Li, M.D., Ph.D., noticed her gallbladder looked unusual and discovered that her findings were consistent with metachromatic leukodystrophy. Genetic testing confirmed the diagnosis, and Hamlet was referred to Ananth.

"Being a geneticist, I immediately knew the condition and all the ways it can present, and as a neurologist, I could continue to follow her and advocate for her," Ananth said. "I was a one-stop shop from that standpoint."

Ultimately, Ananth was able to connect Hamlet with a bone marrow transplant (BMT) doctor in Minnesota who had done BMT for metabolic diseases and been involved in gene therapy. He was able to treat Hamlet with a new gene therapy approach that previously had never been used in the United States. "The hope," Ananth said, "is that she's cured."

Collaboration played a key role in Hamlet's case, and that's not unusual in neurogenetics.

"You have to [collaborate] with rare disease," Ananth said. "Because we may only see one of a particular type of condition, and there may be another center in, say, California, that has one patient, and if we're ever going to learn more about these disorders, we have to all talk to each other and collaborate."

Nationwide, the number of neurogeneticists is growing.

"When I decided to do genetics training, there weren't as many," she said. "And now, as I've been looking around, more and more places across the United States are realizing this is sort of the next era of pediatric neurology."

And as more doctors specialize in this field, they'll learn more, share more information and connect more patients with the best treatments.

"I think it will really allow us to fine-tune things we've been treating for a long time and come up with novel ways to treat things that we really didn't have treatments for," Ananth said.

It's a specialty in which doctors are constantly learning. That's the reason Ananth chose it.



Colm Travers, M.D., helped create the Golden Week program with the goal of improving outcomes for babies born before 28 weeks.

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## A GOLDEN OPPORTUNITY TO HELP PREMATURE BABIES

or extreme preterm babies—those born before 28 weeks—the first week of life is a gauntlet, fraught with the risk of myriad challenges that can be permanently disabling or even deadly. One of the most severe challenges these infants might face is an intracranial hemorrhage, or a brain bleed. Thanks to a program created by neonatologists at Children's of Alabama and the University of Alabama at Birmingham (UAB), those are now much less common among preterm babies in Alabama.

It's called the Golden Week program—its name derived from the Golden Hour, that crucial first hour after birth when doctors say care is essential in determining positive outcomes. "In an effort to improve outcomes of these sickest and smallest infants, our team took the Golden Hour concept and extended it for our infants to include the entire first week," Children's neonatologist Colm Travers, M.D., said.

Travers helped develop the program with the goal of more effectively helping these at-risk infants, who face a barrage of problems—from respiratory distress syndrome to intestinal infections such as necrotizing enterocolitis. They can also have a higher risk of late-onset sepsis, chronic lung disease and death. The new program—the first of its kind takes aim at improving outcomes overall, with a specific focus on reducing brain bleeds and death.



Travers and a team of nurses, nurse managers and respiratory therapists started work toward that effort in 2015 with a quality improvement initiative. They determined that standardizing the use of evidencebased, potentially better practices was the key. The resulting program features a multi-step approach for Golden Week care.

It starts with training. All doctors and nurses in the neonatal intensive care unit (NICU) are taught the latest evidence-based guidelines and medical practices to improve outcomes for extreme preterm babies. Additionally, since 2021, more than 50 nurses have undergone more training to become Golden Week nurses, who care for preterm babies during the first 72 hours of life.

The team also uses pre-birth interventions, including antenatal corticosteroid injections. Given to the mother, these can help with fetal maturation and the stabilization of blood vessels in the brain to make brain bleeds less likely.

Once an extreme preterm infant is born, the team implements after-birth interventions. If needed, they place the baby on a ventilator to prevent big swings in carbon dioxide levels. They also avoid giving large volume intravenous fluids or starting blood pressure medications if not needed, which can help reduce swings in blood pressure.

"In our little babies, they don't have a lot of autoregulation in their cerebral circulation," Travers said. "So anything that we do that causes a swing in the blood pressure going to the brain could increase their risk of having a brain bleed."

Communication is also key. The Golden Week leadership team—which consists of Travers, a neonatology fellow, a nurse manager, nurse educators, nurse practitioners and respiratory therapists—meets monthly to develop guidelines, monitor data and work on improving outcomes.

Since Children's and UAB implemented the Golden Week program, **the team has reduced the rate of severe brain bleed death during the first seven days from 27% to 15%.** Last year, according to Travers, was their best ever for reducing intracranial hemorrhage and death.

"I think it just shows the importance of communication and working together as a team in a complex environment like the neonatal intensive care unit," he said. "And that when everybody works together and uses evidence-based medicine, that it's possible to improve outcomes for the sickest babies."



In an effort to improve outcomes of these sickest and smallest infants, our team took the Golden Hour concept and extended it for our infants to include the entire first week.



## **RESPONSE TO AN OUTBREAK**

### CHILDREN'S AND UAB PHYSICIANS LEAD THE WAY ON HEPATITIS OUTBREAK RESEARCH

hen a cluster of Alabama children were diagnosed with severe hepatitis in the fall of 2021, pediatric physicians at Children's of Alabama and the University of Alabama at Birmingham (UAB) notified public health leaders and began investigating. As a result of their efforts, the Centers for Disease Control and Prevention (CDC) issued a health alert to warn the public about the spread of the illness. Hundreds more cases were subsequently discovered across the United States and Europe, many with a common link: adenovirus within the blood.

Researchers at Children's and UAB discovered the link in the Alabama cases through a routine screening.

"The adenovirus is typically associated with respiratory infections as well as gastrointestinal infections," said Helena Gutierrez, M.D., Medical Director of the UAB and Children's Pediatric Liver Transplant Program. "It is very rare for a healthy person to develop a severe illness that requires hospitalization from this virus."

Gutierrez investigated the cases alongside Buchfellner and their colleague Henry Shiau, M.D., a pediatric hepatologist at Children's and UAB. She served as lead author of the study, which was ultimately published in the New England Journal of Medicine. It showed that while the adenovirus was a common finding among the Alabama cases, it was unclear whether



"We were able to uncover the possible association with the adenovirus-41 strain because it is our standard practice to screen patients diagnosed with hepatitis for adenovirus," said Markus Buchfellner, M.D., a pediatric infectious disease physician at Children's and UAB.

But the outbreak was something of a mystery to doctors. The nine patients in the Alabama cluster—all between 2 and 11 years old—were previously healthy. They lived in different parts of Alabama, and none attended the same day care or had known contact with any of the others. All developed severe hepatitis, with some experiencing acute liver failure and even requiring liver transplants. adenovirus infection itself, or a combination of the virus with other factors, led to the pediatric hepatitis outbreak.

Researchers noted that the timing of the outbreak during the COVID-19 pandemic should be considered, but it's role also was unclear. COVID-19 is known to cause elevation of liver enzymes and multisystem inflammatory syndrome in children. The nine children tested negative for COVID-19 upon hospital admittance but did not receive antibody testing.

While the outbreak remains a mystery, it's clear that the work done by researchers at Children's and UAB made an impact on the worldwide medical community. They led the way in researching the outbreak and alerting the public about symptoms and protective measures.

## TEN YEARS AND COUNTING

### CHILDREN'S OF ALABAMA TRANSPLANT CENTER EYES MORE GROWTH AS 10<sup>th</sup> ANNIVERSARY APPROACHES

n March 2023, the Children's of Alabama Transplant Center will celebrate its 10th anniversary. It's a decade that's been marked by growth, and leaders believe more is ahead.

The center opened in 2013 inside the new Benjamin Russell Hospital building at Children's. It represented a commitment by hospital administration to providing comprehensive care for children in need of heart, kidney or liver transplants. For Meloneysa Hubbard, the center's administrative director of transplant services, that commitment was immediately clear.

"Personally, it was culture shock," she said.

Hubbard started at Children's in 2012. She had spent 25 years in the world of adult medicine, which she says was marked by a more "factual, this-is-what-has-to-be-done" approach. That wasn't the mindset at Children's.

"The culture is individualized, caring and impactful to families and patients," she said.

Today, Hubbard remains impressed by the administration's commitment to supporting the center with everything from staffing to state-of-the-art testing and technology. She says leaders have provided the team with everything they've needed to participate on a national and international level in exceptional care practices, quality initiatives and performance improvement to achieve tremendous outcomes.

"It's such a different approach, because it is centered around whatever we need to provide the absolute best care, and there have been no limitations," she said. "I keep thinking there is a limit, but we're 10 years later, and Children's is completely committed to providing the absolute best transplant services for our patients."

Before the transplant center opened, all transplants—adult or pediatric—were handled at the University of Alabama at Birmingham (UAB), an adult hospital. While the arrangement worked, it was less than ideal. A seven-day-old and a 70-year-old, for example, would have been treated by the same group of specialists. Pediatric-driven specialization and approach to care, Hubbard says, was an obvious area where improvement was needed for pediatric families.

Now, the transplant center has a multidisciplinary approach that covers every aspect of care for a pediatric patient and their family.

"Further specialization of that care to have not just the transplant knowledge, but also the pediatric expertise, really gives us an extra edge to increase the level of care that we're able to provide," Hubbard said.



HEART patients referred for advanced theapy 168

listed for transplant

118 received transplant 75 **KIDNEY** patients referred for advanced theapy

236 listed for transplant 153

received transplant

LIVER patients referred for advanced theapy

115 listed for transplant 80 received transplant 51

The multidisciplinary approach, she says, is part of what makes the center special. From the time a patient is referred, through their transplant to their follow-up care, the patient and family are served by experts who provide care and guidance. Among the members of the transplant team are transplant coordinators, social workers, nutritionists, pharmacists, school teachers and child life specialists. Counselors help patients and their families cope with the issues of living with a chronic disease and the uncertainties that surround transplantation. The Children's pastoral care team and palliative and supportive care team also help with coping and understanding. "The multidisciplinary approach is pinnacle," Hubbard said. "It is imperative to transplant because the family has just been told that their child's organ will not sustain their life any longer, and transplantation is still an option for them."

Hubbard says comprehensive care is essential for all patients who need a heart, kidney or liver, and the Children's of Alabama Transplant Center is among the few in the Southeast to offer all three. She says some hospitals try it, but the commitment level can be prohibitive; so they, as Children's once did, partner with adult hospitals for at least part of their services. "I'm amazed to be able to work for an administration that is so supportive at every single level and a care team with relentless dedication to truly make transplant a successful option for the children of Alabama," she said.



The center's future looks even brighter with the arrival of a new surgical liver transplant director. Marcos Pozo Jatem, M.D., arrived in September after completing a fellowship in pediatric transplant and hepato-pancreato-biliary (HPB) surgery at Lurie Children's Hospital of Chicago. He's also completed fellowships in abdominal transplant surgery and clinical bioethics at Northwestern and was a resident at Johns Hopkins. He's a member of 10 professional societies related to surgery and transplant, holds nine board certifications and has won several surgery and teaching awards.

Pozo Jatem was drawn to the Children's Transplant Center because of its history of success and potential for growth. The program currently serves three to five patients per year; he believes it can serve at least eight to ten. He hopes to build a referral pattern, especially for children in Alabama. A transplant hospitalization, he says, can last a couple months, depending on how complicated the transplant is. He doesn't want a transplant family to have the additional burden of traveling outside the state to get the services they need.

"It is a significant investment for the family, not just economically, but also for rearranging other children that they may have, their school, the parents' work commitments, and it's sometimes very, very difficult for a parent, for a whole family to be uprooted like that to another state," he said.

He also hopes to begin offering partial liver transplants, which are often ideal for smaller babies. For these patients, finding a donor match with a perfectly sized liver can be rare, even when the donor is similar in size to the recipient. Giving that child a portion of a larger liver can reduce the amount of time the child is on the transplant waiting list.

"Being on the waiting list and needing a liver is still a risky position to be in sometimes," he said.

So far, Pozo Jatem, like Hubbard, has been impressed with the center's culture. He says he's humbled to join the transplant team, led by Jayme Locke, M.D., director of the Division of Transplantation; and Mike Chen, M.D., chief of the Division of Pediatric Surgery. The team also includes two hepatologists, Helena Gutierrez, M.D., and Henry Shiau, M.D., who have a partnership in patient care. "We share medical decisions; we constantly communicate and discuss evaluations, assessments and plans," Gutierrez, the medical director of the liver transplant program, said. "We have a great partnership that has been built on open communication, respect and support."

Pozo Jatem recognizes the team's past efforts and the resulting growth and says he looks forward to helping the center grow more.

"I think the arc of progress has led us to this point that we can now expand on the services that we can provide," he said. "So that's the thing that I'm more proud of-being part of a team that is interested in providing the best for children."

## Inside Pediatrics Podcast



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The Dangers of Vaping and the Difference Parents Can Make Robin Geurs, CTTS



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## News, Honors and Awards



### Dr. Coyne-Beasley invited to join JAH Editorial Board

**Tamera Coyne-Beasley, M.D., MPH**, professor in the Division of Adolescent Medicine, was recently invited to join the Journal of Adolescent Health (JAH)'s Editorial Board for a three-year term.



### Dr. Cron selected for ABP Peds Rheum Subboard

**Randy Cron, M.D., Ph.D.**, professor in the Division of Pediatric Rheumatology, was recently appointed to a six-year appointment to the American Board of Pediatrics (ABP) Subboard of Pediatric Rheumatology.

### Dr. Cron 2022 ACR Volunteer Appointment - Action Requested Randy Cron, M.D., professor in the Division of Pediatric Rheumatology, was selected for a volunteer position on the American College of Rheumatology Division Directors Committee.



Enochian BioSciences appoints Dr. Whitley as Senior Scientific Advisor Enochian BioSciences recently announced that **Rich Whitley, M.D.**, distinguished professor in the Division of Pediatric Infectious Diseases, will become the company's Senior Scientific Advisor.







Four pediatric enterprise faculty selected for the Healthcare Leadership Academy The UAB Healthcare Leadership Academy (HLA) is a collaboration between the Collat School of Business and the School of Medicine. The program offers training opportunities and develops leadership skills essential to academic healthcare.

Hannah Hightower, M.D., associate professor in the Division of Division of Neonatology, Mark Law, M.D., associate professor in the Division of Pediatric Cardiology, Colin Martin, M.D., associate professor in the Division of Pediatric Surgery and Michael Seifert, M.D., associate professor in the Division of Pediatric Nephrology, are among the 30 members of the Class of 2023. The program will begin in October 2022 and conclude in May 2022.

Congratulations to Drs. Hightower, Law, Martin and Seifert!



Dr. Gentle receives Loan Repayment Program award from NIH Samuel Gentle, M.D., assistant professor in the Division of Neonatology, received a Loan Repayment Program (LRP) award from the National Institutes of Health (NIH).







### Drs. Ladinsky and Dye receive awards from Alabama Chapter of the American Academy of Pediatrics

The Alabama Chapter of the American Academy of Pediatrics (AAP) hosted its annual awards dinner on Saturday, September 10 in Birmingham, Alabama. **Morissa Ladinsky, M.D.**, associate professor in the Division of Academic General Pediatrics, and **Candice Dye, M.D.**, associate professor in the Division of Academic General Pediatrics, were among those honored.

#### Dr. Kong to receive endowed professorship

We are pleased to announce that **Michele Kong**, **M.D.**, professor in the Division of Pediatric Critical Care, will receive an endowed professorship from Children's of Alabama on October 1, 2022. This celebrates Dr. Kong's significant contributions to Children's of Alabama, UAB and to our larger community.

### Kong selected for 2022-2023 class of Leadership Alabama

**Michele Kong, M.D.**, professor in the Division of Pediatric Critical Care, was selected for the Class of 2022-2023 Leadership Alabama.

### Faculty from Division of Neonatology receive awards at the Perinatal Research Society meeting

Two faculty members in the Division of Neonatology were honored at the Perinatal Research Society annual meeting, held in Austin, Texas, from September 9-11. **Ariel Salas, M.D.**, associate professor, and **Vikek Shukla, M.D.**, assistant professor, both received the Outstanding Paper by an Associate Member/ Best Young Investigator Paper, Perinatal Research Society Award.









### Drs. Odum and Foster selected for APS SPR Journey & Frontiers in Pediatric Research Program

**Christy Foster, M.D.**, assistant professor in the Division of Pediatric Endocrinology & Diabetes, and **James Odum, M.D.**, assistant professor in the Division of Pediatric Critical Care, were selected for the American Pediatric Society (APS) and Society for Pediatric Research (SPR) Journeys & Frontiers in Pediatric Research program for 2022-2023.



### Dr. Dike selected for Rare Diseases Clinical Research Scholar's Program

**Chinenye Dike, M.D.**, assistant professor in the Division of Pediatric Gastroenterology, Hepatology and Nutrition, has been selected for the Rare Diseases Clinical Research Scholar's Program hosted by the Rare Disease Institute at Children's National Medical Center.

### UAB and Children's of Alabama launch new urine collection device for critically ill premature infants and children

In July 2022, a group of experts from across the University of Alabama at Birmingham and Children's of Alabama, along with local entrepreneurs, launched Zorro-Flow Inc., the newest startup of the UAB Harbert Institute for Innovation and Entrepreneurship. The product is a neonatal external urine-collection device designed to collect urine safely and effectively in critically ill female neonates and infants less than 1 year old.



1600 7th Avenue South Birmingham, Alabama 35233

# Second chances happen here.

The Children's of Alabama Pediatric Transplant Center is one of the largest multidisciplinary transplant programs in the country. With more than 250 heart, kidney and liver transplants since 2013, the team is dedicated to understanding the unique needs of each patient. Along with being a Center of Excellence, *U.S. News World & Report* ranked Children's Nephrology, Cardiology and Heart Surgery specialties among the best in the nation. Here every child receives the utmost care and a second chance at life, so they can get back to doing what they do best: just being a kid.



Children's of Alabama®



Learn more at ChildrensAL.org/transplant