

Licking Memorial Health Systems Quality Report Card



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PEDIATRIC CARE

Newborn Health Concerns

Bringing a newborn home is an exciting time for parents, but it can also spark worry when health conditions arise. It is natural for parents to want to protect their infant from anything harmful, yet many newborn health conditions are normal parts of early development. Common health concerns for newborns include jaundice, feeding difficulties, reflux or spitting up, and colic. Understanding which symptoms are routine and which may signal something more serious can help parents respond to their baby's needs with confidence.

Jaundice is a common condition in newborns caused by a buildup of bilirubin in the infant's blood. Bilirubin is a yellow substance that the body creates when red blood cells break down. During pregnancy, the mother's liver removes bilirubin from her baby. After birth, the baby's liver must perform this task, and sometimes their liver is not developed enough to dispose of the bilirubin, causing a buildup that makes the baby's skin appear yellow.

Up to 60 percent of full-term infants and 80 percent of premature babies develop jaundice during their first week of life. Mild levels of jaundice resolve within a couple of weeks as the baby's liver continues to develop. It is important for a healthcare provider to check newborns for jaundice during their Hospital stay and before discharge. If the baby's bilirubin level is high or continues to rise, their physician may recommend phototherapy, a treatment in which the baby is placed

under special blue lights to help the baby remove the excess bilirubin.

Bilirubin levels are highest when infants are three to five days old. While there is nothing that can prevent jaundice from occurring, parents can reduce the risk of jaundice by feeding their newborns often. Frequent feedings stimulate regular bowel movements, which helps the baby to get rid of the bilirubin. Breastfed babies should feed eight to 12 times per day, and formula-fed infants should receive one to two ounces of formula every two to three hours during their first week of life.

Feeding difficulties in newborns can appear in different ways, such as difficulty latching, excessive spitting up, fussiness during feeding, or poor weight gain. Struggles to latch onto the breast or bottle can stem from a variety of factors including prematurity, oral restrictions, or improper positioning. Preterm babies may have underdeveloped muscles and coordination, which make latching and sucking challenging. Oral restrictions, such as tongue-tie or cleft lip or palate can make it physically difficult for the baby to latch and suck effectively. Jaundice, infections, and other health issues can also impact an infant's ability to suck. In addition, mother-related factors such as incorrect positioning during feeding, inverted or flat nipples, and breast engorgement can contribute to the baby's difficulty to latch.

Spitting up is common in babies; however, excessive spit-up after feedings could be a sign of gastroesophageal reflux or lactose

intolerance, which can cause discomfort and interfere with weight gain. Changes in feeding position, frequency, and formula type can alleviate reflux. If symptoms persist or the baby exhibits poor weight gain or dehydration, consult a pediatrician immediately.

Crying is a normal and healthy part of newborn life and signals that a baby needs something. Sometimes, babies cry for no apparent reason. Colic is excessive and inconsolable crying that lasts for three or more hours a day, for three or more days per week, for three or more weeks. Episodes tend to occur in the evening and can be very distressing because no amount of consoling seems to bring any relief. The cause of colic is unknown but may result from factors such as an underdeveloped digestive system, food allergies or intolerances, an imbalance of healthy bacteria in the digestive tract, overfeeding, underfeeding, or infrequent burping. The condition is usually resolved within three to six months of age.

Colic is not known to cause any short or long-term medical issues for the baby; however, the stress of calming a crying baby has sometimes led frustrated parents to shake or harm their child. Shaking a baby is very dangerous and can result in Shaken Baby Syndrome, which can cause physical and mental damage, and even death. Parents who are feeling frustrated, upset, or angry with their baby should place the baby in a crib or safe area, walk away to relax, take deep breaths, and call a trusted person or 911 for help.

Newborn Health Concerns (continued on back)



Patient Story – Kinsley Riehl

Within 24 hours of playing outside near a wooded area, 4-year-old Kinsley Riehl began experiencing unusual symptoms. Her mother, Michele, noticed that Kinsley had been playing with her siblings when the child's energy seemed to suddenly drain away and her face began drooping. Kinsley became more lethargic and had an ill cast to her face that concerned Michele. Then, Michele noticed that there was no movement in Kinsley's right eye and the facial paralysis was worsening.

"I could barely keep her awake, and she complained that her whole body hurt," Michele remembered. "I was very concerned and decided to visit an Emergency Department near my home. They discovered a rash near her eye and thought that she was having an allergic reaction to an insect bite. They prescribed antibiotics and a steroid, and recommended a follow-up visit with her pediatrician, but I just kept thinking about the facial paralysis, the lack of movement in her eye, and her overall pain. I felt very strongly that Kinsley was experiencing something more than an allergic reaction."

As the day progressed, Kinsley's symptoms worsened. She was having difficulty walking and even standing up. First thing the next morning, Michele called the Licking Memorial Pediatrics – Tamarack office to consult with Richard A. Baltisberger, M.D., her family's primary pediatrician. Dr. Rick, as he is known by his young patients, agreed to see Kinsley right away.

During his examination, he quickly diagnosed Kinsley with Lyme disease. Neurologic symptoms such as those Kinsley was experiencing occur when the Lyme disease bacteria affect the peripheral or central nervous systems. When the cranial nerves are affected, facial palsy or droop can occur on one or both sides of the face. To confirm the diagnosis, Dr. Rick ordered blood tests and the results were positive for the disease. He also consulted with another LMH physician who has had experience with diagnosing Lyme disease.

"Dr. Rick is very compassionate and caring. We all love him so much and are grateful for the way he treats the children. I live in Lancaster, and people often ask me why I drive so far for pediatric care. I tell them because I have the best physician," Michele shared. "When he was examining Kinsley, Dr. Rick explained that Lyme disease is treatable and that Kinsley would make a full recovery after taking specific antibiotics. Had we waited another week to receive the treatment, the symptoms and recovery would have been very difficult."

Typically, Lyme disease is completely resolved with a short course of antibiotics; however, Lyme disease is not always a simple illness. Sometimes symptoms may be prolonged despite effective treatment. Out of every 100 patients whose cases are reported to the Centers for Disease Control, nine develop facial palsy. Reports of Lyme disease used to be an uncommon occurrence in Ohio. In the early 1990s, the Health Department reported one to two dozen cases in Ohio residents. Since that time, the number of reported cases

has increased substantially. In 2023, 1,301 cases were reported. The Ohio Department contacted Michele to obtain the details of Kinsley's diagnosis. Luckily, no one else in the family has contracted the disease.

"After a week of the antibiotic and eye drops, Kinsley was still very lethargic and had not regained movement in her eye," said Michele. "I called Dr. Rick again, and he ordered more Laboratory tests to determine if there may be other causes for her symptoms. He confirmed that it was Lyme disease and unfortunately, she was one of the few who was recovering at a slower rate than expected. After about a month, Kinsley finally started to behave like herself again and regained movement in her eye. I was so relieved to see my happy, healthy, little girl again."

Michele and her family live near a wooded area behind their home, a prime location for ticks. Such insects have been increasing in population due to the recent heat and rain. Now, before her children enter the house, she checks them for ticks and carefully inspects any exposed skin for rashes or signs of an insect bite. The experience was very frightening for Kinsley and her family. Michele advises all parents to take action as quickly as possible when a child begins displaying concerning symptoms, and to follow their instincts about a child's health. Parents often have a better understanding for their child's behaviors and are a valuable resource of information for the healthcare provider.

Pediatric Care – *How do we compare?*

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

- 1.** Immunizations are one of the safest and most effective methods to protect children from potentially serious childhood diseases. Licking Memorial Health Professionals (LMHP) monitor the percentage of children, aged 19 months to 35 months, who receive the individual and complete set of recommended immunizations. The series is frequently referred to as the 4:3:1:3:3:1 series. It consists of the following vaccines:
- 4 doses of diphtheria, tetanus (lockjaw), and pertussis (whooping cough)
 - 3 doses of polio
 - 1 dose of measles, mumps, and rubella
 - 3 doses of Haemophilus influenzae B (influenza type B)
 - 3 doses of hepatitis B
 - 1 dose of varicella (chicken pox)

	LMHP 2022	LMHP 2023	LMHP 2024	National
Childhood immunization rate (4:3:1:3:3:1 series)	72%	77%	78%	70% ⁽¹⁾

- 2.** LMHP providers follow Advisory Committee on Immunization Practices (ACIP) recommended vaccinations to prevent cervical cancer, varicella (chicken pox), and meningitis among adolescents. In 2019, the parameters for the HPV vaccination series were changed from females, aged 13 to 17, to persons, aged 11 through 26. The vaccine can be administered to both females and males starting at age 9, and those who have not been adequately vaccinated may still receive the vaccination series until age 26.

	LMHP 2022	LMHP 2023	LMHP 2024	National
Persons aged 13 through 17 completing HPV vaccination series	50%	52%	55%	62.6% ⁽²⁾
Adolescent children receiving varicella vaccination	91%	94%	95%	90% ⁽²⁾
Adolescent children receiving meningococcal vaccination	83%	84%	85%	88.6% ⁽²⁾

- 3.** Pharyngitis (sore throat) is a common illness in children. Most children's sore throats are caused by viral illnesses. While antibiotics are needed to treat bacterial pharyngitis, such are not useful in treating viral pharyngitis. Before antibiotics are prescribed, a simple diagnostic test needs to be performed to confirm the presence of a bacterial infection. Inappropriate use of antibiotics for viral pharyngitis is costly, ineffective, and contributes to the development of drug-resistant bacterial strains. LMHP monitors and reports how many children with sore throats, aged 2 to 18 years of age, received a Group A streptococcus test before they were given a prescription for antibiotics.

	LMHP 2022	LMHP 2023	LMHP 2024	LMHP Goal
Children with pharyngitis receiving test before antibiotics	88%	91%	93%	60%

- 4.** Kids' Place is an accredited child advocacy center that provides a comprehensive, multi-disciplinary evaluation of children who are suspected victims of sexual and/or physical abuse and/or neglect. Services are provided in a comfortable and confidential environment. Case management and victim advocate services are also available.

	LMH 2022	LMH 2023	LMH 2024	LMH Goal
Total number of children served	165	185	168	N/A

Data Footnotes:

- (1) Centers for Disease Control and Prevention, National Immunization Survey, Vaccination Coverage Among Children Aged 19-35 Months – United States, 2017. Published October 12, 2018.
(2) Estimated Vaccination Coverage with Selected Vaccines and Doses Among Adolescents Aged 13-17, by age at interview; National Immunization Survey-Teen (NIS-Teen), United States, 2022.

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Unsafe sleep practices have been identified as one of the leading causes of infant mortality in Licking County. Sudden infant death syndrome (SIDS) is defined as the unexplained death of an infant in the first year, and in most cases, occurs during sleep. Babies are at the highest risk for SIDS when they are between 1 and 10 months of age and/or sharing a bed with a parent.

Creating a safe sleep environment can help reduce the risk of SIDS. Parents should not share their bed with the baby, as this can increase the risk of suffocation during

sleep. Room sharing is recommended until 6 months of age, where the baby sleeps next to the bed in a separate space such as a crib, bassinet, or Pack 'n Play®. The American Academy of Pediatrics (AAP) recommends that all infants younger than 1 year of age be placed on their backs for sleep. Use a firm mattress with a tightly fitted sheet in a safe sleeping area, and keep the area clear of soft bedding, comforters, pillows, loose sheets, blankets, toys, and bumpers. Keep sleeping rooms at a comfortable temperature, and a sleep sack may be used to keep the baby warm.

While newborn health conditions are often a normal part of life and tend to resolve naturally, it is essential for parents to recognize symptoms that may warrant prompt medical attention. Maintaining awareness, adhering to safe sleep practices, and consulting regularly with a pediatrician can help prevent minor concerns from developing into more serious conditions. Being attentive to the baby's needs and having appropriate support will help parents foster a healthy and secure beginning for their baby's life.

Preventing Lyme Disease and Avoiding Ticks

Lyme disease is a bacterial infection that is transmitted to humans by the blacklegged tick, also known as the deer tick. Lyme disease cases are increasing in Ohio as the range of blacklegged tick populations continues to expand in the state and human encounters occur more frequently. The blacklegged tick is most often found in wooded, brushy areas but can also be found in tall grass and leaf litter around houses. It is important to take precautions to prevent tick bites and the potential disease that may accompany such bites. Reducing exposure to ticks is the best prevention for Lyme disease.

Avoid areas where ticks live, such as wooded and brushy places with long grass and leaf litter. Wearing long pants, long sleeves, and long socks when outside in wooded areas minimizes the amount of skin exposed. Ticks are easier to detect on

light-colored clothing. Use EPA-registered insect repellents that contain DEET and follow label instructions. The American Academy of Pediatrics recommends that products with no more than 30 percent DEET be used on children two months of age and older.

Individuals should check for ticks on their clothes and pets before coming inside. Shower as soon as possible after spending time outdoors and check for ticks on the body. Ticks can hide under the armpits, behind the knees, in the hair, and in the groin. If a tick is found, remove it promptly. Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible to avoid squeezing the tick's body. Pull the tick away from the skin with steady, even pressure, being careful not to twist or jerk the tick. Wash the bite area

with soap and water, rubbing alcohol, or hand sanitizer after removing the tick.

Dispose of the live tick by placing it in a sealed container, wrapping it tightly in tape, flushing it down the toilet, or submerging it in alcohol. It is not necessary to have the tick tested for disease. Symptoms of Lyme disease can develop within several days to weeks after removing a tick and may include fever, headache, fatigue, and a characteristic skin rash that looks like a bullseye. Visit a healthcare professional immediately if any symptoms transpire, and tell the provider about the recent tick bite, when it occurred, and where the tick was acquired. Most cases of Lyme disease are successfully treated with antibiotics.



**Licking Memorial
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Visit us at LMHealth.org.

Please take a few minutes to read this month's report on **Pediatric Care**. You will soon discover why Licking Memorial Health Systems is measurably different ... for your health!

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