



ELSEVIER

## EDITOR'S MESSAGE

# A baby story

There is an iconic family photo at my parents' house of my big brother holding his newborn sister and looking into the camera with an expression that can most charitably be described as ambivalent. I am told that when I was placed in his lap he flinched away and said, "I am afraid I will break her!". This story was repeated over the years at family gatherings, coffee hour after church, and pretty much any time the subject of newborns arose; partly because it is so in keeping with his artistic personality, and partly because it is a sentiment most of us can understand.

Years later, on my forty-second birthday, my brother became a father, and sent me a picture of himself holding his newly born son. The man cradling the child has aged in the past four decades, but the facial expression is immediately recognizable from the earlier photo: he is intrigued but terrified.

Much as my first sisterly inclination is to make mean fun of him, I will also admit that I know how he feels. Whether you are a new parent or a family physician who does not spend much time in the NICU, babies can be pretty scary. They are fragile. They are messy. They make strange faces and they do not speak English. And everyone, from the NICU nurse to the new mother, seems prepared to kill you with their bare hands the moment the little time bomb displays so much as an untoward snuffle on your watch.

My brother stepped up into his role, and whether or not we admit it, babies are our responsibility, too. We are osteopathic family physicians, and "family" includes the very young. In this issue of OFP, we get a brief, but by no means comprehensive, glimpse into some of the very routine and the very unusual tripwires which may lie in wait as we care for our smallest patients.

Dr Click et al. will discuss hands-on management of a common complication of the newborn, in the article "An Osteopathic Approach to Reduction of Readmissions for Neonatal Jaundice". For those of us more interested in baby zebras, Drs Brooks and Matatova review "A Unique Case of Polyostotic Langerhan's Cell Histiocytosis in a Ten Month

Old Infant". For those who see older children, Dr Straley reviews "Office IgE Mediated Environmental Allergy Evaluation and Treatment".

Dr Peter Zajac has brought us another useful patient-education handout, "Diaper Rash". Any physician who has had to manage a phone call from a concerned parent who is holding a screaming baby can appreciate a few pointers on this subject, which is more pedestrian than histiocytosis, but no less dear to the hearts of our readers.

Some of our patients have such a healthy respect for the perils and pitfalls of babies that they choose to put off having any. To this end, we offer "Fertility Awareness-Based Methods of Family Planning: A Review of Effectiveness for Avoiding Pregnancy Using SORT", brought to us by Dr Golden-Teveld et al.

On a different subject, we have also added a special supplement insert, "Clinical Decision-Making in Diabetes: Use of GLP-1 agonists in clinical practice", contributed by Drs Lavernia, Freeman, and LaSalle.

Eleanor Roosevelt once urged, "Every day, do one thing which scares you." As osteopathic family physicians, we cannot afford to practice otherwise. Our profession deserves better than to hand off all the potentially intimidating clinical scenarios to "the specialists", and our patients deserve better than doctors who have nothing to offer besides a referral form. Not all of us are in a geographic or practice environment in which we may practice a true "cradle to grave" scope, but having even some facility with areas on the margin of our usual comfort zone does a great deal to inspire confidence in our patients, and to improve our trust in ourselves. We at the *OFP* hope that, whatever your level of involvement with babies, personally or professionally, this issue helps you make the transition my brother is making now: to become more intrigued than terrified.

Merideth Norris, DO, FACOFP  
*Editor, OFP*