

ZÖe Pediatrics Newsletter

Barnesville
231 Hwy 41 North
Barnesville, GA 30204
(678) 359-1700

Columbus
959 17th Street
Columbus, GA 31901
(706) 992-6940

Thomaston
210 Hannahs Mill Rd
Thomaston, GA 30286
(706) 938-0990

Zoepeds.com

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Your Child doesn't have to be Sick to Get Better!



Important Dates in May

Stephanie H. Kong, M.D., Pediatrician

During the month of May, we love our pets (Pet Month) and honor our elders (Older Americans Month). Maybe you could give an older person a pet. May is also punctuated with May Day, proms, Mother's Day, graduation ceremonies, Memorial Day and the start of summer vacation. You remember that time of the year when you look forward to that familiar phrase: "Mom, I am bored."

May 1 plays host to huge May Day parades to welcome Spring but more playfully, it is also "Lei" day when all Hawaiians are proud of their lei and wear them all day.

May 2 The Kentucky Derby is run at Churchill Downs.

May 4 Star Wars Day- "May the force be with you"

Cinco de Mayo in Mexico is also Children's Day in Japan

May 9 Mother's Day- Show her some love.

May 12 Nurses Day - If you believe our nurses are as wonderful as I do, thank them.

May 18 International Day of Capitalism- Give a shout out to entrepreneurs who create jobs in our community.

May 22 Pike County Graduation Ceremonies

May 22 Hardaway High School (Columbus) Graduation

May 23 Lamar County High School Graduation

May 23 Jordan High School (Columbus) Graduation

May 24 The 99th Running of the Indianapolis 500

May 25 Memorial Day Yea!

May 29 Upson-Lee High School Graduation Ceremonies

Finally, I am proud that ZÖe Pediatrics have been serving the families of Middle Georgia for three years. My husband and I are thrilled to be here and constantly boast about our quality of life. My husband is particularly pleased to serve as the President of the Kiwanis and enjoys the camaraderie at Raintree Golf Course.



Feedback From Our Patients!

"Everyone involved in providing care to our children are wonderful. The nurses are especially nice, compassionate and responsive to our questions."
Natasha Barfield McCharge

"I want to commend Amber on a great job for the cleanliness of the office. It smells great and always spotless when I come for an appointment. Keep up the great job!" **Latosha N. Harrison**

"You guys are amazing. There is nothing like being greeted by Corrin's enthusiasm and smile. Please just continue doing the amazing things you are doing for our children" **Chanda Terry**

Insurance we accept

Aetna
Wellcare
Amerigroup
Peachstate
Alabama Medicaid
Georgia Medicaid
Peach Care For kids
Blue Cross Blue Shield
UMR
Cigna
Coventry
NaviNet
First Health
Secure Health (**URMC employees only**)
Starcare
SuperMed
Tricare
Humana
United Healthcare
and Self Pay Patients are Welcome!



Call For An Appointment!!!

Behold the Navel (Belly button)

Steven Garmon, M.D., Pediatrician

Have you ever contemplated your navel? The dictionary describes it as: “a rounded, knotty depression in the center of a person's belly caused by the detachment of the umbilical cord after birth--- the umbilicus.”

After birth, the navel serves no biological function and has no effect on human health. So, did Adam and Eve have navels? Navels vary widely in terms of size, shape, depth, length, and overall appearance but can all be classified as an “innie” or an “outie”. Finally, why do they collect “lint”? In addition to lint, belly buttons house over 2,000 types of microbes. This is probably more than you ever wanted to know about the navel.

The navel scar is a reminder that you and your mother are connected in a continuous unbroken link between mothers and their progeny from “Adam and Eve”. The truth is, however, that, regardless of “race”, body type or personality, all human beings descended from the same pair of homo-sapiens that made our appearance on the earth 200,000 years ago. We are all brothers and sisters belonging to the same family.

In some cultures, the umbilicus, navel string or cord is treated with great significance and likely buried under a sapling to give the child “roots” in his or her community. So, wherever the child may roam, they always feel at home where-ever their “navel string” is buried. Hopefully, their tree will also bear fruit and provide shade for future generations.

In some cultures, it is fashionable to expose navels and other cultures define an exposed navel as a crime---too sexually arousing. In the United States, in addition to exposing the navels, many people have their navel pierced and adorned with various rings and jewels.

Finally, to minimize scarring, the navel is a recommended site of incision for various procedures including transgastric appendectomy and gall bladder surgery.



I despise the thought of children suffering. I went into pediatrics so that I could do something about it.

~Stephanie Kong, M.D. ~

Our Duty to Report Child Abuse

Charlaya Campbell, M.D., Pediatrician

At the risk of undermining our patient's trust and possibly disrupting the relationship with parents, all pediatricians are mandated to report child abuse. The law requires Pediatricians to report all suspicions of physical, sexual and emotional abuse or neglect. We are compelled to take this action despite our emotional connection to the family. It is The division of Family and Children Services (DFACS) job to investigate and determine if an intervention is needed. They will weigh the potential benefits of intervention with the risk of dissolving a family and revealing potentially harmful family secrets.

What the law is attempting to address is 500,000 children that are seriously injured or disabled by some form of abuse or neglect. More than three million reports are made by Pediatricians and a third of those reports are substantiated. ZOe (as a practice) has filed several suspected child abuse reports; as we are trained to do. We are vigilant about recognizing signs of severe hitting, slapping, beating, biting, burning, shaking, or strangulating as evidenced by bruises, broken bones, burns, or internal injuries. In cases of sexual abuse, we are trained to recognize signs that an adult or older child is enticing an underage child through force, bribery, trickery, or persuasion to engage in sexual activities.

Reporting requirements are straightforward. We would all love to balance evidence of abuse on the one hand against the trauma and guilt of affected persons, but the law takes these concerns out of our hands. Pediatricians are not required to investigate but to share our suspicions with DFACS.

A call from us to DFACS starts the process. An intake specialist promptly assesses the child's immediate safety and determines the response needed. The case is passed to an investigator to determine if the claim is valid and whether legal action, case management or a combination are warranted. There are few instances when the child will be removed if the home is deemed unsafe. More predictably, a caseworker will work with the family or refer them to counseling or other support services.

Working with DFACS over the years convinces me that we are fortunate in Georgia to have sensitive and respectful professionals who are diligent about repairing the inevitable breaches among family members but to restore trust with their Pediatrician. In working with these emotionally charged and explosive family conflicts, I am honestly impressed with their professionalism.

No doubt, the process is potentially traumatic but at the end of the day, I find that it is an opportunity to strengthen families who are in crisis. While no law is without unintended consequences and there are rare occasion when the outcome is worse; the law is a good law. As a Pediatrician, it is my responsibility that a child is not brought up with the threat of being hurt but to soar like eagles. Children do not have to be sick to get better.

