R BABY PARTNERS TO EMPOWER PARENTS
R Baby, Baby Buggy and Mt. Sinai Hospital Provide Crucial Parent Education

One of R Baby’s most important missions is to educate families before an emergency by providing the tools for parents to successfully advocate for their children. Beginning in May of 2013, R Baby Foundation joined with Baby Buggy Foundation and doctors from Mt. Sinai Hospital to present a series of workshops entitled “How to Navigate an Emergency Room Visit with your Child.”

The inaugural workshop was held at Little Sisters of the Assumption Family Health Service in East Harlem and was an innovative bilingual workshop for parents in low-income and underserved communities on preparing for pediatric emergencies. Continue reading on next page.

R BABY’S ADVOCACY:
Working for a Clear Definition of a Pediatric Emergency Department

R Baby continues to work on many aspects of improving pediatric emergency care for all of our children. In addition to providing innovative training directly to doctors and hospitals and expanding our parent education and outreach programs, we continue to lead the charge for changes to guidelines and legislation and the creation of a clear definition of a Pediatric Emergency Department (PED). We are passionate and committed to championing this definition to give parents transparency and provide them with the best possible information regarding Emergency Departments (ED) so that we can all make informed healthcare choices for our families.

Currently, there is no uniform definition of a PED and each may have varying degrees of trained pediatric specialists and equipment. There is very little clarity provided to parents on how to identify the differences. Even though one in five children will go to an ED each year, only 6% of EDs in the nation have the recommended pediatric supplies and equipment.

New Jersey Advocacy
State Senator Jennifer Beck has sponsored legislation that would prohibit hospitals in New Jersey from advertising to the public that they provide the services of level-one or level-two pediatric emergency departments unless certain requirements specified in Bill S2321 are met. R Baby began its advocacy work in New Jersey, a national leader for reform, since it is where we first learned of the issues facing pediatric emergency care. We continue to expand our work nationally.

This year, the requirements in the New Jersey bill have been discussed and embraced by the New Jersey Chapters of The American Academy of Pediatrics and the Federal Emergency Medical Services for Children’s Hospitals. Today, there are many more stakeholders at the table and the majority of them have supported this cooperative effort.

National Advocacy
Many elements of the New Jersey bill are included in bills that are pending in other states. We continue to work closely with the Federal Emergency Medical Services for Children (EMSC), and in individual states, on establishing a clear PEDs definition and specific criteria for all EDs. A Federal EMSC certification program is in development and significant strides have been made in Illinois, Tennessee and California, to create a formal process for setting standards, performance measures and good process practices. This program is expected to be implemented in every state by 2017. In addition, Illinois has developed a comprehensive toolkit that the Federal EMSC hopes to make available nationally in the coming months. R Baby will continue to champion, connect and facilitate the implementation and support of this important initiative: the need for parents to have a clear, transparent definition of a PED. There are additional efforts including the EDAP program (Emergency Departments Approved For Pediatrics) that are also improving the level of pediatric care in EDs which R Baby continues to support.
**R BABY PARTNERS TO EMPOWER PARENTS (CONT’D)**

Led by Dr. Audrey Paul from Mt. Sinai Hospital, doctors presented clinical scenarios designed to teach parents how to be effective health advocates for their children. A visit to the emergency department can be an overwhelming experience for a parent and their child. This workshop pointed out different resources available in the emergency department including asking for an interpreter, accessing a child life specialist (to provide a broad range of support services for the child and family), obtaining a second opinion and/or asking for a patient advocate representative. Participating parents were also encouraged to ask about discharge planning, diagnoses, medications and pain control.

Dr. Paul shares, “Effective communication from parents is a critical part of a child’s healthcare and an important part of any doctor’s assessment. Parents should feel comfortable, and are encouraged to share information with doctors.”

R Baby encourages all parents to talk to their pediatrician about their local ER choices and capabilities in preparation for any emergencies.

Baby Buggy Program Director, Laurel Parker West, notes, “This unique workshop preparing parents and caregivers to be strong advocates for the health and well-being of their children is a great example of how, by building partnerships, we can do even more to help vulnerable children and families. With R Baby, we hope to hold many more parent seminars to impact as many families as possible.”

Phyllis Rabinowitz, co-founder of R Baby Foundation shares: “Being an advocate for your child in an emergency situation can have a significant impact on the outcome. You know your child better than anyone and your instincts matter. Providing workshops like this allows us to reach parents before an emergency occurs to help them navigate the process and speak up for their child. Babies are not mini-adults. They need specialized care and it is important to help parents know how they can advocate in an emergency.”

In August, the workshop was presented to single mothers at Forestdale Inc. in Forest Hills, New York and again in September during their powerful and inspiring graduation ceremony for the more than 75 fathers in their Fathering Initiative-Stepping-UP Program.

Fathers can face additional challenges in advocating for their children because of their concern over appearing too aggressive. Dr. Paul and her staff shared scenarios that provided fathers with tangible ways to provide advocacy for their children that promotes partnership with medical professionals.

We continue to expand and share this initiative in new communities and we are working on a series of short videos of the workshop to be shared on our website to reach even more parents with this powerful message.

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**R BABY’S TOP TIPS WHEN AT AN ER VISIT**

1. Don’t be afraid to ask questions. Make sure all your concerns are heard. If you are not asked about prior medical history, make sure to bring it up to your doctor.

2. Understand everything, including the plan for home care, before you leave. Make sure you understand any medications, treatment or concerning signs to make note of.

3. If you feel you are not being heard or understood, there is support available from the hospital. You can ask for an interpreter, child-life specialist, second opinion and/or a patient advocate.

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**BUSINESSES HELP SHARE OUR MESSAGE**

R Baby’s emergency postcards on when to go to an Emergency Department and how to prepare for the visit in advance continue to be shared in dozens of pediatrician offices, businesses and stores to reach as many parents as possible with the important message to prepare for an emergency department visit in advance. Our message is being shared through social media and through traditional media stories and interviews. To share these cards through your business or contacts, or to share our mission through the media, contact Katie at Katie@rbabyfoundation.org

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**PARTNERING WITH CHILDREN’S HOSPITAL EXPERTS TO FACILITATE DIFFICULT DIALOGUES**

R Baby is partnering with Goryeb Children’s Hospital at Morristown Medical Center on a series of videos to help doctors and parents effectively communicate during an emergency. Read more about this series in our grants section on page 4. These videos, in conjunction with our work with Baby Buggy and Mt. Sinai, seek to impact all of the stakeholders who will care for a child in an emergency by helping both parents and doctors communicative effectively.

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**ABOUT BABY BUGGY:**

Founded in 2001 by Jessica Seinfeld, Baby Buggy is a non-profit organization dedicated to providing critical gear, clothing and services for children aged newborn to twelve to families in need. R Baby looks forward to continuing to work with Baby Buggy’s extensive community partners in underserved areas.
One of the highlights of our annual newsletter is sharing the tremendous impact of our grants to improve Pediatric Emergency Care. This year, we have asked our grantees to share, in their words, why R Baby’s work is so important and how your support is helping to dramatically improve Pediatric Emergency Care by impacting hundreds of hospitals, thousands of doctors and hundreds of thousands of babies.

R Baby Sim-Mobile Led by Yale Medical School
Expanding on the success of the INSPIRE program by bringing simulation directly to hospitals, the R Baby Sim-Mobile is led by Yale Medical School collaborating with Columbia University, Children’s Hospital of New York Presbyterian, University Hospital of Philadelphia (CHOP), Children’s Hospital of Pittsburgh, Hasbro Children’s Hospital, Brown University, LJI’s Cohen Children’s Medical Center of New York, Johns Hopkins Pediatrics and UMass Children’s Medical Center.

The project partners the experts at premier Children’s Hospitals with Community Emergency Departments. Pediatric emergencies are high stakes, low frequency events. Emergency providers might go through their whole training without seeing a critical pediatric patient and Community EDs may go months without caring for any pediatric patients. Simulations provide EDs the opportunity to practice and test their systems preparedness for these worse case scenarios. Through our program, we have identified that some hospitals are not applying current medical “best practices” to pediatric patients: some lack standardized medication dosing references and some lack pediatric sized breathing tubes and equipment. To date, we have provided direct training to over 350 providers at 21 hospitals caring for 524,500 patients across eight states, NY, NJ, PA, MA, RI, CT, DC, and MD.

“The main thing that I have identified from this course is that I need to keep updated with various pediatric emergencies... thank you guys! You were all great!”

– General ED Doctor

Sim-Mobile Goes International
In May of 2013, R Baby’s Sim-Mobile travelled to Cayman Islands training 72 medical participants from Grand Cayman, Cayman Brac and Jamaica. This course was developed to meet the specific needs of the locale with dangerous, rare cases that require life saving interventions such as drowning, poisonings, and trauma. Simulating these incidents in a no risk setting provides invaluable experience these doctors would otherwise not have. MANY TIMES THE FIRST TIME A DOCTOR DOES A RARE PROCEDURE IS ON A LIVE PATIENT. This training provides the ability to recognize, treat, and manage a variety of pediatric emergencies in a safe but realistic setting.

Additionally, R Baby continues to work with European hospitals and international organizations focused on the importance of pediatric emergency care.

“Overall the course has provided excellent opportunity to practice skills. All of your skill stations, whether they were scenarios that I was familiar with or had minimal experience in, were beneficial.”

– General ED Doctor

INSPIRE Network Led by Columbia Presbyterian
This year the INSPIRE Network Training for Pediatric Emergency Care project has made great strides in advancing the standards of how physicians are trained to care for our children. We are leading cultural change in the way pediatric medical education takes place by demonstrating that it is no longer ethical to allow learners to “practice on a patient” without perfecting skills in the simulated environment.

Our archetype is the infant lumbar puncture procedural training module that has been adopted by over 35 pediatric training hospitals (training more than 1/3 of the country’s pediatric trainees) and has been used to train close to 3,000 learners. Our online training package has been downloaded over 200 times in 21 different countries while our training video has been viewed over 12,000 times around the world indicating a much larger scope of influence that exceeds our ability for precise measurement. With R Baby’s support, we have added 13 new procedures to our repertoire this year.

But perhaps the impact can best be understood through the eyes of one of our young physicians: “My first infant lumbar puncture (spinal tap) was in the emergency department on a 23 day old baby with a fever. Just before the procedure, my attending and I did the ”just in time” training, where I was able to practice the lumbar puncture on a baby mannequin, and review proper needle placement and technique. When it came time for the real thing, I felt comfortable with my ability to safely and accurately perform the procedure. I think without this training, I would not have been as confident in my procedure skills. And that child might not have been diagnosed if the procedure was unsuccessful.”

Emergency Medical Services Outreach and Education — Mobile SIM to EMS Led by Children’s Hospital of Colorado
Children’s Hospital of Colorado’s new Simulation Trailer will train 1500 students annually across the Rocky Mountain Region with a focus on rural and frontier areas of Colorado where the need is particularly high. Based on previous simulation data showing error rates as high as 50% with pediatric resuscitations, we believe this additional education and skills competencies will
improve the quality of care of babies across the state and reduce mortality rates. The training provided by the Mobile Simulation Lab supported by R Baby will help assure proper skills maintenance and provide much needed pre-hospital education to first responders for this vulnerable population.

This year we will reach 30 hospitals and more than 200 physicians, impacting the care of thousands of children in multiple states including CO, WY, MT and SD.

“This training was by far the best of the year! Thanks for bringing this one of a kind resource to our community!”
– R. Putfark, Captain, Arvada Fire Protection District

**Tele-Medicine Pediatric Simulation Training in Rural Emergency Departments Led by Johns Hopkins Hospital**

Critical Access Hospitals (CAH) are small rural institutions that are often the only readily available source of emergency care for children living in their catchment areas. These institutions see low volumes of patients and many do not have access to pediatricians or to physicians with significant pediatric training. High fidelity simulation is a potential solution to the problem of limited pediatric exposure in this setting but access to such training is hindered by issues of expense and lack of access to pediatric expertise. This project focused on assessing results of telemedicine pediatric simulation training in the CAH emergency department (ED) to determine the effectiveness of utilizing a low cost, internet based, audio-visual hook up and remote desktop program.

Three CAHs in North Carolina successfully completed simulated pediatric resuscitations using the tele-medicine hook up with positive results. Our relatively low cost model can help overcome some of the current barriers to effective pediatric education in this setting. Widespread adoption of such a curriculum could help address concerns about the adequacy of pediatric preparedness in the CAH setting and could result in a positive impact on the emergency care of infants and children across rural America.

“The program was a fantastic way to maintain skills and a great opportunity for learning.”
– Rural ED Doctor

**Research to Identify, Treat and Prevent Deadly Viral Infections in Newborns and Children Led by The American Committee for the Weizmann Institute of Science (ACWIS)**

Our grant to the world-renowned ACWIS Weizmann Institute of Science, known for their historic work in medical research, will enable the significant research of Dr. Gideon Schreiber.

Dr. Schreiber aims to make discoveries that can lead to the identification, treatment, and prevention of deadly viral infections that affect newborns and infants. Compounds discovered from basic science research in the laboratory then inform future clinical research with human subjects. This research often times leads to the creation of top medications and other outcomes that lead to better diagnoses, medical interventions, and improved health for infants worldwide.

**Difficult Dialogues in Pediatric Emergencies Led by Goryeb Children’s Hospital at Morristown Medical Center**

Goryeb Children’s Hospital at Morristown Medical Center in Morristown, NJ recently completed a unique and innovative program entitled “Difficult Dialogues in Pediatric Emergencies.” This program utilizes the Breaking Bad News™ model to teach emergency medicine residents and senior physicians the skills necessary to provide more effective and compassionate communication to their patients and families. In this experiential learning model, developed by the BBN Foundation™, physicians participate in improvisational role playing sessions with professional actors who portray parents receiving difficult news about their child.

The sessions are videotaped and participants review their scenes with trained instructors. Goryeb Children’s Hospital is the first hospital to adopt this unique model as mandatory training for their residents.

R Baby’s funding will also provide DVDs to hospitals and parents to facilitate how best to communicate during an emergency visit room and how to best advocate for their child.

“We know that empathy among doctors decreases over their three to five year residency period, which makes it even more important to reach them during that time.”
– Dr. Anthony Orsini, Neonatologist

**Rapid Detection Technology Study for Acute Respiratory Illness in Pediatric Intensive Care Led by University of Maryland Children’s Hospital**

The Rebecca Ava Rabinowitz Molecular Diagnostic Laboratory was established in 2007 with the purpose of developing and improving diagnostic tests for infectious diseases affecting babies and children in the United States and throughout the world. The Lab’s Luminex 200 technology has been used to screen thousands of human samples for the presence of an infectious disease.

Since 2010, over 500 babies between birth and one year of age have tested positive for some sort of respiratory virus detected by the Luminex 200. Consequently, we were able to quickly and properly treat these patients with a rapid diagnosis.

A positive test allows the health care provider to target therapies to appropriately treat and provide the necessary supportive therapy to maximize a positive outcome. At the same time, a negative result also ensures that the health care provider does not treat the patients with medications (antimicrobials) that are not necessary.

With the help of the funds provided by R Baby, we are able to test and diagnose a significant number of infants and very young children for many viruses to allow the health care provider to make the best possible medical decisions to ensure the health and welfare of the child. In addition, the impact of this testing has been so successful, adult patients are also benefitting from use of this technology.

All of R Baby’s grant directors work together to maximize learning potential and share results.
Dear R Baby Friends,

In our role as Co-Founders of R Baby Foundation, we continue to meet and speak with parents who share their stories: either the loss of a child or a poor healthcare experience with their child. Every story is always different, but always heartbreaking and our deepest sympathies go out to those families who have lost a child. To all parents we commit even further to improve healthcare for babies and children.

We have noticed common themes in many of the stories: 1) parents never thought it would happen to them; 2) parents never knew the differences between Emergency Departments (ED) or about the available resources to them once in an ED; and 3) babies and children show symptoms differently than older children and unfortunately many times illnesses take over their bodies more quickly.

Given these themes, we continue to ramp up our parent education and advocacy efforts that you can read about on pages 1 and 2. Parents research schools and neighborhoods for their families so we recommend researching your ED options, prepare in advance, be knowledgeable about when to go to an ED and know what resources and options are in an ED. Please view our postcard at rbabyfoundation.org/postcard for a summary of some of these points and stay tuned for more videos, brochures and information to help you. Currently, an ED can say they are a Pediatric Emergency Department (PED) without meeting any guidelines or definition which means that they may or may not be prepared for your child. Working for a clear definition of the various levels of PEDs has been a priority of ours these past two years. See our progress on page 1. At the same time, our main focus continues to be funding programs at top Children’s Hospitals who train and educate community EDs where most children are seen.

R Baby ended 2013 with many successful pediatric healthcare programs that you can read about on pages 3–5. It continues to be well documented, however, that more investments, metrics, and best practices are still needed to make sure that all hospitals are ready to provide emergency care for our children. We need your support now more than ever to: expand our proven programs and our pediatric training into more hospitals; to use innovative methods to find viral treatments and cures, and to help improve family/doctor communication. Expanding these programs will impact the health care of more babies and children across the U.S. and internationally.

We have been humbled by your amazing support thus far. Thank you and we wish you all the best in 2014.

Third Annual Pediatric Infectious Disease Symposium Led by Mount Sinai Hospital

On May 22nd, 2013 R Baby held the 3rd Annual R Baby Pediatric Infectious Disease Symposium in NYC at Mount Sinai Hospital, led by Dr. Adam Vella that included speakers and attendees from across the U.S. This important event was a one-day symposium taught by leaders in pediatric emergency medicine and infectious diseases providing the most current information in the field. It provided valuable learning opportunities for Emergency Department residents, doctors, nurses and other medical personnel to improve the care of pediatric patients throughout the country. Topics included Early Recognition of a Deadly Disease, The Rule Out Sepsis, Still a Moving Target, Febrile Neonates with Virus: Risk of Bacterial Disease and the New Frontier and Solutions and Where None Has Been Before. Participants were greatly impacted by the cutting edge information shared.


Ninety percent of pediatric emergency room visits in the US are to non-pediatric emergency departments and are seen by Emergency Medicine-trained emergency physicians, and not by Pediatric Emergency Medicine subspecialists in specialized Children’s Emergency Departments. The PEP Network empowers these emergency physicians to take the lead in re-shaping and improving the future of pediatric emergency care by identifying deficiencies in pediatric care unique to their practice environment, crafting realistic solutions, and disseminating this information to their EM colleagues.

Since its inception this past year, The PEP Network has enrolled 307 members with new members joining weekly including a network of critical access community EDs in rural areas where there are no pediatricians or pediatric backup, to provide Emergency Pediatrics training for them through the website.

For the first time, we have established a Pediatric Mentor Program at one of our residency sites to encourage a change in the culture of Emergency Medicine training. We plan to share our findings so this can be a model for the nation.

“Honestly I was somewhat frightened by the discussion of pediatric infectious disease emergencies. I will definitely be more aware of these rare presentations in my practice.”

— ED Resident

“I found the pediatric vital signs to be one of the most useful tools in my clinical practice, and have picked up some subtle instabilities in well appearing infants because of this PEP module - great work!”

— ED Resident

“As winter approaches, the ability to rapidly determine that a high risk child has influenza infection means that life-saving antiviral therapy can be initiated expeditiously.”

— Dr. Karen Kotloff

Dear R Baby Friends,

In our role as Co-Founders of R Baby Foundation, we continue to meet and speak with parents who share their stories: either the loss of a child or a poor healthcare experience with their child. Every story is always different, but always heartbreaking and our deepest sympathies go out to those families who have lost a child. To all parents we commit even further to improve healthcare for babies and children.

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We have been humbled by your amazing support thus far. Thank you and we wish you all the best in 2014.
When Jason first approached Andrew and I in 2011 to do a tennis event for R Baby, we were so touched and thankful but had no idea what to expect. Here was our younger cousin who had recently graduated from University of Pennsylvania in 2008, committing to getting the top tennis players around NYC to a competitive tournament with proceeds going to R Baby, a new charity for many.

Being a part of R Baby Foundation means a lot to my family and me. After the tragic death of my cousin Rebecca at the age of 9 days, I decided I wanted to get involved and help make a difference so other families would not have to go through what we did. When I came to Andrew and Phyllis about the idea of a tennis event, I had no idea that it would become what it is today. We have been able to bring together an unbelievable group of passionate, competitive and extremely generous individuals who all share one goal: Serving to Save Babies’ Lives.

That first tournament at Randall’s Island exceeded our expectations on so many levels. Jason was able to sell out spots quickly displaying his tennis network, but once we were there we realized three amazing things: 1) His network had some of the best players in the world, let alone the country, so the tournament was exciting to watch; 2) These same tennis folks were so incredibly generous as they went above and beyond the ticket price and participated in a Calcutta Auction, meaning they were betting on themselves or who they thought would win, which made for an exhilarating way to raise additional funds and, 3) Lastly, the players and people who came to watch were all so supportive of our mission that we were thrilled to have met each and every one.

It goes beyond the funds and awareness that Jason has successfully helped us by chairing this event. It is his dedication and passion to the cause that is most impressive. And his ‘tennis serve’ of course. Many thanks to Jason Pinsky for all his support and energy to R Baby.

R Baby has raised $6.75 MILLION to date. Please consider supporting R Baby’s work.

Donate online at rbabyfoundation.com/donate
Or by check to R Baby Foundation c/o Ashley Emrani, Powered By Professionals, 1375 Broadway, 3rd Floor, New York, NY 10018
NEW YORK 2013

On Saturday, May 11th, 2013, R Baby held the 3rd Annual New York Tennis Tournament. NY Tennis Chair Jason Pinsky has grown the annual event over 400% since the inaugural event! In 2013, the tournament included a record number of sponsors with an increase in the number of teams and participants. Though a cold and rainy day requiring a last minute venue change, nothing could deter R Baby’s tennis players. The day kicked off at 7am in the Bronx for warm-ups and a lively Calcutta Auction.

The competitive matches included some of the top players and business leaders in the area including Bill Ackman of Pershing Square, Pablo Salame of Goldman Sachs, Philippe Laffont of Coatue, Anthony Malkin of Malkin Properties, Barry Sternlicht of Starwood Capital, John Bader of Halcyon and R Baby Executive Board Member Bruce Richards of Marathon Asset Management.

James Wasserman and Vasko Mladenov triumphed in the finals against Larry Penn and Steve Bass.

We are grateful to our top sponsors for the event: Bloomberg, Reed Smith, Citco, Houlihan Lokey, Coatue and Northpoint. There were many additional generous top business leaders and pros that contributed to the great success of this event.

Additional sponsors included: UBS, Ernst & Young, Pine Brook, American Business, Jeffrey Appel, Anthony Edward Malkin, American Business, O-Diesel Fitness Studio and Holabird Sports. Players were treated to:
- Between match stretching sessions donated by Dr. Greg Shure of Madison Square Wellness
- T-shirts and hats generously provided by Solfire
- And R Baby towels donated by Its Personal by Ali

Thank you to Jason Pinsky for all of his work to make this event such a tremendous success and helping R Baby raise almost $300,000 overall from the event. Read more about Jason, R Baby’s 2014 Hero, and his commitment to R Baby on the facing page.

MARYLAND 2013

On May 4th & 5th, 2013, Maryland Tennis Tournament Chair Lisa Asher grew the annual event to new heights. The 2nd annual event included over 100 participants and raised more than $50,000 for R Baby. Alex Seleznez and Frederick Skoglund were the winners and finalists were Jamie Peterson and Brendan Lynch.

We thank our Champion Sponsors The CW Baltimore, SBW Law, (Schlachman, Belsky & Weiner, P.A.) and Henry and Brenda Belsky.


Team Sponsors were Cybercore Technologies, University of Maryland Children’s Hospital, Asher & Simons, Jads International, UAW Local 239, Anthony & Dorie Polakoff, Judy and Joel Berman, Lester Belsky, Mohammad Al-Ibrahim & Sally Rixey, Bonsai Fine Arts, Fred Frank Bail Bonds, Kim & Chris Alley and Mark Ely in Memory of Joseph Ely. For a list of all of our generous supporters, please visit our website!

Special thanks to Hillendale Country Club for hosting the event, Matt Bilger Director of Tennis, HCC, for coordinating all of the tennis pros and activities and Wilson for their contributions.

Thank you to Maryland Tennis Event Chair Lisa Asher for all of her hard work to make this event such a wonderful success!

Stay tuned for more information about the 2014 tennis events or contact katie@rbabyfoundation.org
Alexandra’s Story

Babies and children can show symptoms differently than adults and older children. Plus, viruses in children can become fatal more quickly than in adults.

Our daughter, Alexandra, was born on March 18, 2008, a perfectly healthy baby girl. She was normal in every way and had never had any health issues whatsoever. Like all children, she caught a cold once in a while, but rarely, if ever, came down with a fever. We never had cause for concern or alarm with our little girl.

On August 11, 2009, Alex woke up with a low-grade fever, but nothing severe that any parent hasn’t seen before. The sitter reported that she was lethargic through the day, but we were encouraged that she maintained a healthy appetite, which we took as a good sign. Again, there were no outward signs of anything other than a routine illness. When my husband and I returned home in the evening, we could tell she was listless so we put her to bed for a good night’s sleep to help her recover.

Two hours later, when our son went to bed in the room he and Alexandra shared, my husband checked on her. Alex was not breathing. Frantically administering CPR (we are both certified in administering CPR) while calling 911, we did all we could to give her a chance while paramedics came. Though it seemed like an eternity, she was in the ER within probably 15 minutes after the 911 call. Still, it was too late. Our sweet and perfect angel was gone, and the entire world turned upside down.

The ER staff and our pediatrician assured us that there was nothing we could have done. It took 4 months for the medical examiner to conclude that Alex had a viral respiratory infection caused by a mix of routine viruses. This, of course, was unsatisfying to parents with a natural need to search for some cause with a severity to match the effect.

Our only wish was that we could have distinguished the seriousness of Alexandra’s situation from the more mundane illness it appeared to be. Our best hope is for parents to be educated as to how to discern the gravity of a medical issue, and to not fear being branded by others as paranoid if their intuition detects peril. Ultimately, parents must assert themselves into their children’s medical care, and any resource that can give the tools to do so is worth its weight in gold.

I can confidently say that Dr. Ernest Leva’s life’s mission is the same as R Baby’s. I have been fortunate to meet so many doctors that are passionate about pediatric emergency care but Dr. Leva takes passion to an entirely new level. He is 24/7 working on improving healthcare for children. From his day job of Director of Pediatric Emergency Medicine at The Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital and to Associate Professor of Pediatrics at Rutgers’ Robert Wood Johnson Medical School, to his position as District 4 Counselor at New Jersey American Academy of Pediatrics, to being a valuable R Baby Medical Board member, to many more leadership roles, he is truly committed to our vulnerable citizens.

His contributions to R Baby are significant as he is always thinking of us and helping out whenever we need it. He has been a leader and valued voice with our advocacy plans, our advertising campaign, our events, our parent education, as well as introducing us to families and leaders in the field. He is an endless source of support and passion.

Dr. Leva is one of those people that you feel lucky to have met in your life. Always there when you need him. Always thinking of your best interests. And always making the world a better place with the clear focus of the best healthcare for all our children. He is truly an inspiration to us all. R Baby is honored to honor him.

“The desire to improve Pediatric Emergency Care by R Baby was an instant attraction for me. When I first discovered R Baby’s funding possibilities, and met with Phyllis, it was obvious I had met a first rate foundation deeply committed to improving the care of infants and children through the improvement of Pediatric Emergency Care. My efforts have encompassed 24 years and I haven’t found another organization more willing to support this cause. With R Baby’s support I have found a hard charging partner willing to expend tremendous energy for our kids. Working with R Baby, we have been able to introduce legislation and have begun dialogue, with many state entities, to improve Pediatric Emergency care. It is with honor I consider myself a part of R Baby.”

– Dr. Ernest Leva

2014 MEDICAL HERO award
CREATIVE WAYS TO IMPROVE PEDIATRIC EMERGENCY CARE!

There are many creative and inspiring ways our friends and partners are supporting our mission to improve Pediatric Emergency Care. These are just a few examples!

R Baby’s 2013 ING New York Marathon Team
We started out in Central Park almost 5 years ago with our R Baby Run-Walk. Since then, athletics and philanthropy have been a wonderful way to promote our cause and raise funds. In November 2013, R Baby’s New York Marathon Team raised $15,000 for R Baby. Thank you to Amanda Plotkin, Lisa Reindl, Amanda Mintz, Adriana Kohlhofer, Jonas Charyk and Junior Arruda. Junior will be participating in Triathlons in the coming year decked out in his R Baby gear!

If you are interested in being a part of our 2014 Marathon Team on Sunday, November 2, 2014, secure your spot now by contacting info@rbabyfoundation.org

Continued Support in Social Media
Mom and Lifestyle Blogger Corine Ingrassia of Complicated Mama raised awareness about R Baby on September 7, 2013 at Strut: The Fashionable Mom Show during New York Fashion Week as moms strutted for a cause. Corine is the mother of 3 young children and truly understands and embraces our mission. She generously uses her platform to share R Baby’s message with the many parents she reaches. To read more about the event and to visit Corine, see rbabyfoundation.com/complicatedmama

Business Partnerships Expand
Legends Car Wash, one of New Jersey’s top businesses, generously donated a percentage of their September car wash proceeds to R Baby for National Infant Mortality Awareness Month. Thank you to owner Pete Rooney for his generous support of R Baby!

If you have any creative ideas to support R Baby through your passion or vision contact Katie at Katie@rbabyfoundatio
R BABY FOUNDATION’S VISION:
TO SAVE AS MANY BABIES’ LIVES AS POSSIBLE

More than 90% of children who visit EDs are seen in nonpediatric hospitals, making it critical that best practices and specialized training are brought to community EDs so every baby and child gets the best available healthcare in an emergency.

Nearly 90% of parents surveyed are not very aware that most ERs are not prepared for babies or children and may not have the right trained specialists, equipment and supplies.

DID YOU KNOW?

A majority of parents surveyed thought it would be very helpful to have a definition of a pediatric emergency department by the federal government or other governing bodies. Currently there is no definition but R Baby is working to change that.

R BABY IN MEDICAL TRADE JOURNALS
R Baby has been included in numerous publications and trade journals. If your publication is interested in featuring R Baby’s work, please contact Katie McCulloch at Katie@rbabyfoundation.org

R BABY IN THE NEWS:
EMERGENCY ROOM S.O.S.

Mom.me and their partner company AOL reach thousands of readers. Read their article Emergency S.O.S featuring R Baby at rbabyfoundation.com/mom.me

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