Direct Pediatrics

November Updates

NEW DOCTORS ADDED TO THE DIRECT PEDIATRICS TEAM

LOVE BEING PART OF OUR COMMUNITY?

SHARE IT WITH FRIENDS!
FOR EVERY FAMILY YOU REFER WHO JOINS, YOU'LL RECEIVE **2 MONTHS FREE** ON 1 MEMBERSHIP AS OUR THANK YOU.

MEET THE NEWEST MEMBERS OF THE DIRECT PEDIATRICS TEAM

Direct Pediatrics is thrilled to welcome Dr. Erica Bailen and Dr. Meagan Peek to our team.

Dr. Bailen, a board-certified pediatrician certified in functional medicine, is now accepting patients at our Norton Commons office, where she focuses on autism and ADHD support, gut health, picky eating, and metabolic wellness.

Dr. Peek, a board-certified pediatrician and pediatric cardiologist with specialized training in obesity medicine, is accepting patients at our Middletown office, specializing in pediatric cardiology evaluations and personalized weight management.

HEALTHY WEIGHT VISITS FOR AGES 12+: STRENGTH, CONFIDENCE, AND LONG-TERM HEALTH

Questions about your teen's weight deserve a thoughtful, supportive conversation. At Direct Pediatrics, healthy weight visits for ages 12 and older consider growth patterns, nutrition, sleep, movement, emotional well-being, and family history. Appropriate lab testing may include cholesterol, blood sugar/A1c, and liver enzymes to identify concerns early. For teens with obesity who meet medical criteria, an FDA-approved GLP-1 medication may be an option alongside nutrition and activity support.

Treatment includes careful physician monitoring of growth, adequate nourishment, response, and side effects. Throughout the process, we emphasize building strength, supporting body confidence and a healthy relationship with food, and addressing risk factors for chronic conditions such as type 2 diabetes. Your teen's questions, comfort, and goals are part of the plan. Call the office to schedule a visit.

CHECK OUT DR. BAILEN'S SOCIALS

@DRERICABAILENMD

@DRERICABAILENMD

ERICA BAILEN

FEATURED PODCAST

AUTISM WEEKLY PODCAST

AFTER AN AUTISM DIAGNOSIS: WHAT TO DO FIRST, WHAT CAN WAIT, WITH DR. ERICA BAILEN #243



NOVEMBER TIP: PACK THE SNACKS - AND THE PAJAMAS

Erica Bailen, MD, FAAP

November can bring early wake-ups after the clock change, dark afternoons, and a Thanksgiving dinner scheduled right in the middle of nap time. Help your child adjust with outdoor daylight, consistent wake-up times, and a familiar bedtime routine. If a holiday meal falls outside their usual eating schedule, offer a substantial snack beforehand—arriving extra hungry can make a crowded table and unfamiliar foods harder to handle.

Before a gathering, tell your child what to expect and plan for a little downtime during the visit. If you'll be out near bedtime, bring pajamas and change the kids before heading home to make the transition to bed easier. Keeping a familiar food on the plate and leaving before everyone is exhausted are perfectly reasonable ways to make the day more enjoyable.



A LITTLE ABOUT ME, A LOT ABOUT WHAT'S AHEAD

Meagan Peek, MD, FAAP

Happy November!

It has been a busy few months, and I am excited to finally be sending out my first newsletter as part of Direct Pediatrics! Many of you have already had a chance to meet me, but for those I haven't met yet, I thought this would be a good opportunity to introduce myself, share a little about my background, and talk about some of the services I'm especially excited to offer here in Louisville.

If you know me, you know I love pediatrics. I also have a few areas of interest that have shaped my career over the years, particularly pediatric cardiology and, more recently, pediatric weight management. I'm looking forward to bringing all of that experience together to care for children and families in our community.

MEET DR. PEEK

A little about my background: I graduated from the University of Louisville School of Medicine in 2011 and completed my pediatric residency at UofL in 2014. I then completed a three-year pediatric cardiology fellowship at Washington University in St. Louis.

Since 2017, I've worked as both a general pediatrician and pediatric cardiologist, including time at Akron Children's Hospital and Cincinnati Children's Hospital Medical Center. At Cincinnati Children's, I also served as a regional director of fetal cardiology.

I'm a mom of two boys (both of whom keep me on my toes!), a wife, and someone who genuinely enjoys getting to know the families I care for. Having gone through pregnancy, premature deliveries, and all the joys and challenges of raising children myself, I appreciate that parenting doesn't always go according to plan. Sometimes you need a physician who will listen, help you sort through the information, and figure out what actually needs to happen next.

My goal is to be that person for your family.

PEDIATRIC CARDIOLOGY: MORE THAN JUST HEART MURMURS

Heart-related concerns in children are common, and they can be stressful for parents. Sometimes a child needs a little reassurance. Other times, a more thorough evaluation is warranted.

Some of the concerns I evaluate include:

- Heart murmurs
- Chest pain
- Palpitations and racing heart
- Dizziness and fainting
- High blood pressure and cholesterol

I also have experience in fetal cardiology, evaluating babies before they are born when there are concerns about their heart development. If your child has been referred to pediatric cardiology, has a history of an abnormal EKG, or you've simply been told that something about their heart needs a closer look, I'd love to help.

PEDIATRIC WEIGHT MANAGEMENT: CHANGING THE CONVERSATION

My approach focuses on understanding the whole child, identifying factors that may be contributing to weight gain, and developing a realistic plan that works for the individual family.

Depending on a child's age, medical history, and individual needs, appointments may include:

- Review of growth patterns, medical history, and family history.
- Evaluation for underlying medical or metabolic contributors.
- Nutrition, activity, and lifestyle counseling.
- Discussion of sleep, habits, and behavioral factors.
- Medication options when medically appropriate, including GLP-1 medications and oral weight-management medications.
- Ongoing follow-up and support to monitor progress and make adjustments.

My goal isn't simply to help a child reach a particular number on the scale. It's to improve their overall health, reduce future health risks, and help them feel better about themselves.

A FEW THINGS I BELIEVE ABOUT PEDIATRICS

After more than a decade of caring for children, I've learned that some of the most important parts of being a pediatrician have very little to do with a prescription or a diagnosis. I believe parents know their children better than anyone, and their concerns deserve to be heard. I believe not every symptom needs a medication, not every abnormal finding means something is wrong, and not every medical problem has a quick or easy answer. I believe children deserve to be treated as individuals, not just another appointment on the schedule.And I believe that sometimes the most valuable thing a physician can offer is the time to listen, explain, and help a family feel less overwhelmed.

I'm excited to be part of Direct Pediatrics and to continue building relationships with families throughout Louisville. Thank you for welcoming me!



HAPPY NOVEMBER!

Steve Johnson, MD, PHD, FAAP

Happy November! With the persistent warm weather, it is almost hard to believe it's November. October felt like a bonus month of summer—which you know I love! It looks like Tuesday may finally mark the end of our warm stretch, with more typical fall temperatures ahead.

Halloween Friday at the office was pretty quiet. I actually saw more parents for consultations than kids that day, but hopefully everyone appreciated the Harry Potter theme!



RAISING KIDS IN A DIGITAL AGE

Dr. Bailen and I participated in a panel at Kentucky Country Day this past week about raising children in a digital age. I wanted to share some thoughts from preparing for that discussion—and from what children tell me in the office every day.

I appreciate technology as much as anyone (and probably more). But I would argue that unrestricted smartphone access is one of the biggest threats to children's health today. I routinely speak with kids whose anxiety, mood, sleep, attention, and friendships are worsened by their phone or tablet use.

"Childhood ends the day they get a smartphone."

That is certainly an exaggeration, but it captures something important: a child with unrestricted smartphone access suddenly encounters adult-sized pressures, nonstop communication, and a world of content they may not be ready to navigate.

WHAT KIDS ARE TELLING ME

- "I think I'm addicted to my phone." — **9-year-old**
- "We used to have fun when my friends came over. Now all we do is get on our phones." — **13-year-old**
- "When I get off my phone, I feel bad. I think I may need medicine for depression." — **11-year-old**
- "My daily screen time is 13 hours and 40 minutes." — **12-year-old**
- "I don't think I've learned much in middle school. I just use AI to cheat on most of my assignments, quizzes and tests." — **14-year-old straight-A student**
- "I go to bed around 10, but I may be up until 1–2 a.m. on my phone." — **15-year-old**
- "I made a stupid post when I was mad. It's been three weeks and people still aren't talking to me. I want to switch schools." — **11-year-old**
- "I wish my parents had waited to get me an iPhone until I was at least 13—maybe older." — **18-year-old**
- "I have to tell my friend that I'm talking to the doctor. If I don't text her right away, she'll be mad at me." — **8-year-old**

FOUR MONTHS OF EVERY YEAR?

Research from Common Sense Media has documented very high levels of recreational screen use among teens, across phones, televisions, computers, and other devices. **Eight hours per day adds up to about 122 days—or FOUR MONTHS—every year.** That's an illustration of eight hours of total screen use, not a claim that every teen spends eight hours on a phone.

The CDC has also reported an association between four or more hours of daily recreational screen time and higher rates of reported anxiety and depression symptoms.

KIDS NEED TO TEXT - THEY DONT NEED EVERYTHING ELSE

Texting helps children stay connected with friends, especially in middle school. I don't want kids to be socially isolated. But texting does not require unrestricted social media, internet browsing, and entertainment apps.

Bark Phone, Gabb Phone, and Pinwheel Phone are worth considering for a first phone. They offer different combinations of calling, texting, contact controls, app approvals, monitoring, and restrictions. Compare the features and costs to see what fits your child's age and maturity.

USE TECHNOLOGY TO ENFORCE TECHNOLOGY BOUNDARIES

Tools such as **Bark, Qustodio, Apple Screen Time, and Google Family Link** can help families set daily app limits, block certain content, and schedule times when recreational apps are unavailable. Available features vary by device and subscription.

My strongest recommendations:

- Screen-free family meals and conversations.
- Protected homework time, with only necessary technology.
- Consistent limits for recreational apps and social media.
- No phones in kids' bedrooms overnight—at any age.
- Parents should model these boundaries, too!

"In general, nothing good happens online after 9 p.m. in middle school or after 10 p.m. in high school." That's a rule of thumb, not a literal truth or an official AAP cutoff. Consider automatic downtime by 9 p.m. for middle schoolers and 10 p.m. for high schoolers—earlier when bedtime requires it.

AI: A TOOL FOR LEARNING, NOT A SHORTCUT AROUND IT

Artificial intelligence can be a fantastic tutor: explaining a difficult concept, generating practice questions, brainstorming a project, or helping a student organize ideas. But having AI write an assignment or answer a test and then turning that work in as their own defeats the purpose of learning. Students should follow school rules, verify AI answers, and avoid sharing personal information.

AI should help children learn how to think—not do their thinking for them.

The bottom line: I am not anti-technology. I am pro-childhood. Phones should help our children build friendships, explore interests, and learn—not consume their childhood.

OFFICE UPDATES AND INFORMATION



MATERNAL MENTAL HEALTH SERVICES

$160/hr for non-members
$120/hr for members

Jennifer Sanders, MA, LPP

- PRENATAL AND POSTPARTUM ASSESSMENTS & CONSULTATIONS
- INDIVIDUAL THERAPY
- PRENATAL AND POSTPARTUM COUPLES SERVICES

Office Logistics:

WE NOW OFFER A **REFERRAL BONUS**! SHARE ABOUT US WITH YOUR FRIENDS AND FAMILY!

FOR EACH FAMILY YOU REFER, YOU WILL RECEIVE **TWO MONTHS OF FREE MEMBERSHIP** FOR ONE OF YOUR CHILDREN!

REMINDER:

You can save 10% when you pay your membership annually!

Call the office to update your membership!

OFFICE UPDATES

We are sad to share that Emily Moran is leaving Direct Pediatrics. Emily has accepted a position at Jewish Family & Career Services, combining psychological testing and therapy. Her testing reports have been exceptional, and we will miss her!

Jennifer Sanders will be available to do testing when she is not seeing parents for perinatal mood concerns.

We also updated our website to make it more user-friendly. Take a look at DirectPediatrics.com!

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