vol. 9 no. 2 | summer 2023

CPNP

NASPGHAN
COUNCIL FOR PEDIATRIC NUTRITION PROFESSIONALS

Executive Committee Message:

Happy Summer, CPNP!

We've been busy!

Our podcast, "Nutrition Pearls", is now available with new episodes monthly *(see page 7)*. Each episode highlights a different CPNP member sharing their expertise on a variety of nutrition topics. We have excellent guests both in the archives and pending release. I'm continually impressed with the experience and range of CPNP members! Special thanks to our RD hosts, Jen Smith, Megan Murphy, Bailey Koch, and Melissa Talley – not only nutrition experts, but now podcasting production experts as well! Also, shoutout to Peter Lu and the Bowel Sounds team for their mentorship!

I'm also happy to report that we collaborated with NASPGHAN on another successful Nutrition University. We had a record number of applicants and an impressive 8 RDs on the faculty! We also formed a team of blenderized tube feeding experts that are busy creating educational content for GIkids.org. Lastly, our Annual Meeting agenda is shaping up nicely! Topics include lactation, allergy, the AAP obesity guidelines, and culinary medicine. Attendees will also get hands-on experience with enteral and parenteral feeding devices.

Our inbox is active with abstract submissions, CPNP grant proposals, Dietitian of Excellence Award nominations, and Executive Committee nominations rolling in. Please let us know how you would like to get involved this year! We certainly have lots of opportunities to collaborate with our members.

Hope to see you in San Diego!

Sincerely,

Abigail Lundin, MS, RD
CPNP President

secretary treasurer's report

Megan Murphy, RD

We have seen a lot of new member applications coming through recently and we are now just shy of 300 CPNP members! Our membership consists of many new and seasoned dietitians, working in all areas of pediatric GI nutrition. Several applications were referrals from colleagues, so please keep spreading the word about the benefits of CPNP membership.

Please make sure your email address is up to date in the Membership Portal so you can receive all CPNP and NASPGHAN communications, as well as the CPNP listserv messages. This is especially important for the NASPGHAN Annual Meeting registration.

As a reminder, CPNP membership includes discounts for the NASPGHAN Annual Meeting and CPNP Nutrition Symposium, access to our listserv, newsletters, research grant opportunities and Nutrition University. The annual membership fee is $40, with an option for a yearly subscription to *JPGN* for $65. For anyone interested, you can fill out an application here.

in this issue

media chair REPORT

NICOLE MISNER, MS, RDN

Find CPNP on social media! Use the handles below and follow us for general updates and the latest CPNP info. Contact Nikki at nicolemisner@usf.edu if you have information that you would like to share on our social media sites.

- **Facebook: cpnp.naspghan**
- **Instagram: cpnp_naspghan**
- **Twitter: cpnp_naspghan**

CPNP members can join our **private Facegroup page here**.

Join the CPNP Listserv to learn more about upcoming events, participate in discussions about clinical findings and difficult cases, and more! Email cpnp.naspghan@gmail.com to join the Listserv.

program chair REPORT

TEGAN MEDICO, MS, MPH, RDN, CNSC

We are thrilled to announce that the schedule for this year's CPNP Nutrition Symposium in San Diego, CA is now posted!

Registration for the CPNP Nutrition Symposium includes a full day of CPNP sessions on Saturday, October 7, as well as access to the NASPGHAN Annual Meeting sessions and events on October 6 & 7.

Some highlights are:

- Breastfeeding assessment and problem-solving
- Latest updates in the management of allergic gastrointestinal disorders
- Review and discussion of the AAP's Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity
- Hands-on workshop to expand your nutrition support skillset
- Presentations by the CPNP grant recipients on food insecurity amongst pediatric GI patients and the utilization of a hospital-based food pantry and associated nutrition education and cooking program for patients with celiac disease
- A special collaboration with NASPGHAN with topics including intestinal rehabilitation and culinary medicine
- CPNP Dietitian of Excellence Award presentation
- CPNP Abstracts and Posters

Check out this link for the full CPNP Nutrition Symposium schedule and this link for the full NASPGHAN Annual Meeting schedule. Register for the 2023 Annual Meeting and Nutrition Symposium!

Scholarships to help defray registration and travel costs are also available for CPNP members. See the emails from NASPGHAN with subject line "Scholarships available to attend 2023 CPNP/ NASPGHAN Annual Meeting – Apply Now" for more information.

See you in sunny San Diego!

clinical practice REPORT

BAILEY KOCH, RD, CSP, LD

We are excited to announce that our beloved Nutrition Pearls is moving to a podcast format called *Nutrition Pearls: The Podcast.* We launched this summer, with our own CPNP President being the inaugural guest. We will have monthly episodes covering pediatric GI nutrition-related topics, as well as opportunities within CPNP. We will also have episodes highlighting areas of pediatric nutrition outside of GI to further increase our members' knowledge base. Thanks to my Nutrition Pearls Podcast co-hosts, Megan Murphy, Melissa Talley and Jennifer Smith. This has been a learning experience and could not have happened without the group effort from of all of us! We have great topics and even better expert guests lined up for the remainder of the year. Upcoming topics include Blended Diets, EoE, Diversity in Infant Feeding, FODMAPs diet and FPIES. We even have some bonus episodes planned. So, if you have not already done so, follow us and tune in. Episodes will be released the third Wednesday of every month.

If you have ideas for topics, guest speakers or are interested in being a guest yourself please email me at bailey@atlantapediatricnutrition.com.

communications REPORT

KATHERINE BENNETT, RD, MPH

We are introducing a new topic to our newsletter, "Member Perks"! This section will highlight special opportunities for CPNP Members only. Please check out our first "Member Perks" featuring Solid Starts.

We always want to hear from you! Please let us know if you have published research, ideas or "hot topics", or know of a CPNP member for our Member Profile that you would like to share with CPNP members in future newsletters. Please contact Katherine Bennett if you are interested at kbennett@choc.org.

research chair REPORT

JEN SMITH, MS, RD, CSP, LD, LMT

CPNP will be reviewing abstracts for the upcoming NASPGHAN Annual Meeting. We had a great response for submissions this year and we may feature an abstract(s) of distinction. The Research Committee and a few additional members of CPNP will participate in the NASPGHAN Foundation Grant Review in August where recommendations for grant awards will be given to the NASPGHAN Foundation. We are excited to see the CPNP posters and who will be the recipient(s) of the NASPGHAN Foundation/CPNP Nutrition Grant at the NASPGHAN Annual Meeting.

hot {topic}

The Relationship Between Inflammatory Bowel Disease and Avoidant Restrictive Food Intake Disorder

Jaclyn Quinlan, RD

INTRODUCTION & BACKGROUND

This article aims to provide a comprehensive overview of the association between Inflammatory Bowel Disease (IBD) and Avoidant Restrictive Food Intake Disorder (ARFID), highlighting the prevalence, shared etiological factors, and the impact of ARFID on the management and prognosis of IBD. By understanding the complex relationship between these conditions, healthcare professionals can enhance their ability to identify and address the nutritional and psychological needs of patients with both IBD and ARFID.

IBD is a chronic and relapsing condition of inflammation throughout the gastrointestinal (GI) tract with periods of flares and remission. IBD is classified as Crohn's Disease, Ulcerative Colitis, or Indeterminate colitis. The prevalence of pediatric IBD is estimated to be 100 to 200 cases per 100,000 children in the United States[1]. The pathogenesis of this autoimmune disease is thought to be multifactorial involving the immune system, genetics, and environmental factors including diet[1]. The GI symptoms associated with this disease often lead patients to explore diet modification or diet therapies as part of their care plan to help with symptom management.

ARFID is an eating disorder that classifies a patient as an extremely selective eater, with little interest in food that can lead to poor outcomes affecting growth and nutrition. A systemic review of ARFID research found a wide range of prevalence of ARFID from 1.5 to 64% among clinical eating disorder populations[2]. Most studies were small samples of children and adolescents[2]. In patients with various gastrointestinal disorders and co-occurring anxiety disorders, studies have shown that the prevalence of ARFID is 12-21% and more common among those with GI conditions[3-4]. In 2013, the ARFID diagnosis was introduced with the intention to broaden the scope of feeding disorders of infancy and childhood. An ARFID diagnosis is applicable to individuals of any age whose avoidant or restrictive eating behaviors lead to insufficient caloric or nutrient intake and cause at least one of the following issues including significant weight loss, significant nutritional deficiency, dependence on nutritional supplements, or marked psychosocial impairment[5]. Three suggested categories lead to the avoidance symptoms including sensory properties of foods, low hunger drive or interest in eating, and fear of negative consequences from eating such as choking, abdominal pain, and bloating[5].

EFFECT OF IBD ON THE DEVELOPMENT OF ARFID

Patients with IBD experience a variety of symptoms such as abdominal pain, diarrhea, and poor appetite. These symptoms can also lead to pain and discomfort during and shortly after eating, which can directly contribute to the development of ARFID given the discomfort may result in a negative association between food and pain. This is classified as the fear of negative consequence subtype of ARFID and can lead to a conditioned avoidance of certain types of foods or food groups. The degree of avoidance and restrictive nature of the diet can put the patient at risk for development of ARFID. The frequent need for medical interventions and disruption of normal eating patterns can lead to anxiety, stress, and emotional distress around mealtimes. Patients often feel like they do not know what is "safe" to eat and additionally endorse fear around eating.

IMPACT OF ARFID ON MANAGEMENT OF IBD

The limited and selective eating patterns associated with ARFID can exacerbate the challenges already faced by individuals with IBD, affecting their nutritional status, treatment outcomes, and overall quality of life. The key challenge in managing IBD in the presence of ARFID is ensuring adequate nutrition. The limited range of food choices can lead to nutritional deficiencies and imbalances. Nutrient deficiencies, such as iron deficiency anemia, and Vitamin D deficiency are common amongst those with IBD, and risk increases in the presence of ARFID. ARFID can also affect the adherence to diet modifications recommended for managing IBD, such as choosing soft textured and easy to digest foods during a flare or other diet therapies used in practice. Healthcare professionals should consider the presence of ARFID when developing treatment plans for individuals with IBD and collaborate with them to identify suitable modifications. It is important to be mindful to not further restrict an already restricted diet if not medically necessary. Individuals with ARFID experience anxiety and social isolation related to their restricted eating patterns. These factors can further exacerbate the emotional burden of living with IBD. It is important for healthcare providers to address the psychological aspects of having a healthy relationship with food.

MALNUTRITION RISK

Patients with IBD are at high risk for malnutrition by nature of the disease. Studies have shown that between 16-68% of patients with IBD are malnourished[6-7]. The association between restrictive eating and nutrition status is important for all patient populations, and especially important in patients with IBD due to high risk of malnutrition. Patients with ARFID are also at risk for malnutrition given associated factors including significant weight loss and nutritional deficiencies. Many studies demonstrate ARFID is prevalent in patients with GI disorders, however they do not directly address the associations between ARFID and malnutrition risk. Yelencich et al looked at the ARFID risk among 161 adult patients in a tertiary IBD Center and found that 17% had a positive ARFID risk score using a validated questionnaire[8]. They also found that 92% of participants were avoiding one or more foods while having active symptoms and 74% continued to avoid one or more foods in the absence of symptoms[8]. Lastly, patients with an ARFID risk screen were significantly more likely to be at risk for malnutrition based on the factors of weight loss and nutrient deficiencies[8].

Hot Topic continues . . .

ROLE OF DIET THERAPY WITH IBD

It is important for all patients with IBD to meet with a dietitian as part of their care team. The European Society for Clinical Nutrition and Metabolism (ESPEN) consensus guidelines recommend that all patients with IBD should undergo counseling by a dietitian as part of the multidisciplinary approach to improve nutritional therapy and to avoid malnutrition and nutrition-related disorders, such as ARFID, with a strong consensus[9]. ESPEN also recommends that no specific diet restrictions need to be followed during the remission phases of IBD with a strong consensus[9]. However, it is important to note that if a patient is using diet therapy to maintain remission, they should continue with the diet restrictions of the treatment. Previous cross-sectional studies in the IBD population have demonstrated that 49-90% of patients with IBD avoid or restrict foods and food avoidance is common among those with inactive disease[10-11]. This avoidance is likely due to the belief that certain foods exacerbate IBD[12]. For best results, the diet should be customized to avoid the patient's individual food intolerances (if any).

There is limited evidence supporting avoidance of specific foods to prevent or treat IBD flares, however there are known anti-inflammatory effects when following a diet reduction in ultra-processed foods as well as emulsifiers and food additives such as maltodextrin, carrageenan, carboxymethocellulose, polysorbate-80, and titanium dioxide as well as reduced intake of processed meats and palm oil and dairy fats[13]. This should be considered when working with a patient with IBD and ARFID, as preferred foods may contain these ingredients. Exclusion and elimination diets are associated with improved symptoms in patients and more studies are needed to understand the role diet therapy plays with disease management[13]. Specific dietary interventions such as the Crohn's Disease Exclusion Diet, Mediterranean Diet, and the Specific Carbohydrate Diet have shown reduced symptoms and improvement in inflammatory biomarkers, however, data is limited due to small sample sizes and study designs. These food-based exclusion diets should be carefully considered when working with a patient with IBD and ARFID due to the restrictive nature of some of these diet therapies. Exclusive Enteral Nutrition (EEN) is a well-studied diet therapy approach that involves receiving 100% calories and nutrition requirements via formula and exclusion of all foods. This treatment should be carefully considered for a patient with ARFID given significant exclusion and food avoidance associated with treatment.

ROLE OF NUTRITION INTERVENTION WITH ARFID

Nutrition intervention plays a critical role in the management of patients with ARFID. With limited diet variety, diets often lack essential nutrients and can have an effect on growth and development. Nutrition interventions should aim to address nutrient deficiencies, promote balanced eating habits, provide structure within meal periods, and support overall well-being. Various strategies can be used when developing personalized plans that meet the patient's preferences and comfort level when working to gradually expand food choices. The concept of food chaining and introducing new foods in a structured and gradual manner can be helpful to reduce anxiety and increase acceptance[14]. Nutritional counseling and education are largely important for this population. For patients with IBD, it is essential to educate around symptoms related to the disease versus symptoms related to food and allow patients to feel empowered deciphering between the two. Behavioral medicine is another important stakeholder in the care team of treatment for those with an ARFID diagnosis[14]. By addressing nutrition and psychosocial needs, these interventions can contribute to improving physical health and preventing complications of ARFID.

CONCLUSION

Further research and collaborative efforts are needed to develop effective prevention strategies, assessment tools, and treatment interventions that consider the unique challenges faced by individuals with IBD and ARFID. The presence of ARFID in individuals with IBD can complicate the management of the underlying GI condition. Healthcare providers should be aware of the potential impact of ARFID on nutrition status, adherence to dietary modifications, and psychological well-being. A multidisciplinary approach that combines medical interventions, nutrition support, and psychological care is essential for effectively managing individuals with IBD and co-occurring ARFID.

ABOUT THE AUTHOR

Jaclyn Quinlan has been a RD for 4 years and works at Boston Children's Hospital in the IBD Center and the Celiac Program. She has a special interest in using diet therapy as part of the care plan for patients with IBD, as well as nutrition involvement in surgical IBD cases.

REFERENCES

1. Rosen, M, Dhawan A, and Saeed, S, 2016. Inflammatory Bowel Disease in Children and Adolescents. JAMA Pediatr. 2015 Nov; 169(11): 1053–1060.
2. Bourne L, Bryant-Waugh R, Cook J. Avoidant/restrictive food intake disorder: a systematic scoping review of the current literature. Psychiatry Res 2020;288:112961–112961.
3. Harer K, Jagielski C, Riehl M, et al. Avoidant/restrictive food intake disorder among adult gastroenterology behavioral health patients: demographic and clinical characteristics. Gastroenterology 2019;156:S-53.
4. Zia JK, Riddle M, DeCou CR. Prevalence of eating disorders, especially DSM-5's avoidant restrictive food intake disorder, in patients with functional gastrointestinal disorders: a crosssectional online survey. Gastroenterology 2017;152:S715–S716.
5. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington, DC: American Psychiatric Pub, 2013.
6. Pulley J, Todd A, Flatley C, et al. Malnutrition and quality of life among adult inflammatory bowel disease patients. JGH Open 2020;4:454–460.
7. Mijac DD, Jankovi c GLJ, Jorga J, et al. Nutritional status in patients with active inflammatory bowel disease: prevalence of malnutrition and methods for routine nutritional assessment. Eur J Intern Med 2010;21:315–319. 1.
8. Yelencich E, Truong E, Widaman A, et. al. Avoidant Restrictive Food Intake Disorder Prevalent Among Patients with Inflammatory Bowel Disease. Clin Gastroenterol Helpatol. 2022; 20:1282-1289.
9. Bischoff S, Escher J, Hebuterne X, et al. ESPEN practical guideline: Clinical Nutrition in inflammatory bowel disease. Clin Nutr 2020; 39:632-653.
10. Limdi JK, Aggarwal D, McLaughlin JT. Dietary practices and beliefs in patients with inflammatory bowel disease. Inflamm Bowel Dis 2016;22:164–170.
11. Marsh A, Kinneally J, Robertson T, et al. Food avoidance in outpatients with inflammatory bowel disease: who, what and why. Clin Nutr ESPEN 2019;31:10–16.
12. Crooks B, McLaughlin J, Matsuoka K, et al. The dietary practices and beliefs of people living with inactive ulcerative colitis. Eur J Gastroenterol Hepatol 2021;33:372–379.
13. Gubatan J, Kulkarni C, Talamantes S, et. al. Dietary Exposures and Interventions in Inflammatory Bowel Disease: Current Evidence and Emerging Concepts. Nutrients 2023, 15, 579.
14. Brigham K, Manzo L, Eddy K, et al. Evaluation and Treatment of Avoidant/Restrictive Food Intake Disorder (ARFID) in Adolescents. Curr Pediatr Rep. 2018;6:107-113.

member PROFILE

VENUS S. KALAMI, MNSP, RD, CSP

Where do you work?

Currently, I'm leading all things pediatric nutrition at the health startup Solid Starts, offering subject matter expertise on pediatric nutrition to inform projects like the First Foods Database, social media content, informational guides for parents and caregivers, YouTube material, and even professional video courses for a wide range of health professionals. Prior to this role, I was at Stanford Medicine Children's Health for over 5 years, focused mainly in pediatric GI but also involved in research, program development, mentorship and training, media partnerships, and many public speaking events.

What is your educational background?

I'm a Bay Area native (born and raised) and went to San José State University for my Bachelors in Nutrition Science with a concentration in Dietetics and a minor in Dance. I completed my dietetic internship at Stanford Medicine, and shortly after started working at Stanford Medicine Children's Health and fell into my favorite specialty: pediatric GI! While working full time, I also completed my Masters in Nutrition Science and Policy at Tufts University in Boston through their online/in-person hybrid program. I'm a board-certified specialist in pediatric nutrition (CSP). I've also completed certifications in Pediatric Food Allergy Nutrition from FARE, Celiac Disease from the AND, the Crohn's Disease Exclusion Diet from Nestle, Design Thinking for the Social Sector from Stanford, and a few others. Of all of the certifications, the one from FARE has been the most impactful and fantastic.

What experiences helped shape your career as an RD today?

Believe it or not, I somehow stumbled upon pursuing a career in nutrition in the 8th grade. My mom was a midwife in rural Iran before she immigrated to the United States and growing up as a child, I was moved by her stories of serving highly under-resourced populations. One of the aspects of her stories that struck me the most was how so many of the new mothers suffered from nutrition-related complications due to a lack of access to varied foods. Those stories awoke my advocative and humanitarian spirit and shaped the course of my career.

What are your interests/passions in as an RD?

Across the course of my career, I've always seemed to find myself in a role of advocacy. Being a first-generation immigrant, I'm personally aware of how flawed our system is and how there are more cracks to fall through, than safety nets to catch you. So, I can comfortably say that my passions are culturally and socioeconomically inclusive nutrition that is practical, individualized, and truly sees the individual as they are.

As a dietitian, one aspect of my role that I take particularly seriously is that of identifying patients at risk of disordered eating or eating disorders. Particularly in GI, and my subspecialty areas of IBD and celiac disease, so many of our patients have had such understandably strained relationships with food and so much of the medical language and approaches around diet in pediatric GI is overly medicalized, clinical-ized, and exclusion-oriented. I strongly feel that as a field we should be aiming to prioritize the restoration of food-related quality of life in all our patients' lives in a highly individualized way and better acknowledge and normalize how disease processes, social determinants of health, and society influence an individual's food relationship.

What advice or recommendations do you have for other CPNP members and RDs who are interested in GI nutrition?

Get exposure to everything! So many conditions in pediatric GI overlap heavily, see EoE patients, and intestinal rehab. See a liver transplant kiddo, and a general constipation child.

While our training makes us exceptionally adept at identifying problems and offering solutions per evidence-based guidelines, remember that your patient is not a plug and chug equation. Challenge yourself to see the patient beyond the guidelines. Everyone is different, and sometimes you have to embrace the exceptions and cast certain guidelines aside and just "see" your patients as they are.

Counseling skills are just as important (if not more important at times) as technical skills. When you allow patients to feel like they can truly express the depth of the issue, you find that everything changes and solutions pose themselves naturally.

Oh, and learn Spanish. You will never fail to be amazed by the depth of gratitude expressed by your patients when you speak their tongue. It is such a profound comfort that no words can truly capture its impact. Your patients will feel that you truly see them, and as a provider, you will feel it too.

member PERKS

CPNP is pleased to offer a special benefit to members: a discounted membership to the new Solid Starts PRO portal. Made of a multidisciplinary team of pediatric dietitians, feeding therapists, doctors, and researchers, Solid Starts is the leading institution on introducing solid food to babies, building a nutritious and varied diet for families, and navigating picky eating in toddlerhood, while serving millions of families globally.

With the Solid Starts PRO membership, pediatric nutrition professionals have the opportunity to stay on top of the latest research and practices on feeding babies and toddlers through evidence-based courses, extensive downloadable resources, live webinars and more.

For a limited time only, NASPGHAN CPNP members can join at an early bird price of $150/year (normally $249) and lock-in that reduced rate for the lifetime of the membership. Use the promotional code, *PRO-NASPGHAN* for an additional 10% off the first year of membership and Join here.

Sharon Weston Named 2023 CPNP Dietitian of Excellence Award Winner

The 2023 CPNP Dietitian of Excellence Award winner is Sharon Weston, MS, RD, LDN, CSP, FAND from Boston Children's Hospital. Sharon was nominated by Dr. Christopher Duggan for her passion and exemplary commitment to clinical care, research, education and community involvement in the field of nutrition. She will be recognized during the NASPGHAN Awards Ceremony in San Diego on Friday, October 6th from 4:15-6pm, and at the CPNP Nutrition Symposium on Saturday, October 7th.

Sharon's professional achievements include research in the area of blenderized formula and authoring two publications related to this work, the creation and implementation of group classes including cooking demonstrations for childhood obesity, celiac disease and general wellness, and serving as a key player in their hospital-based food pantry, specifically for those who require gluten-free options. She is a well-known national and international speaker in the field of pediatric nutrition. Sharon was also the recipient of a NASPGHAN Foundation/CPNP Nutrition Research grant in 2022 for her research on the Utilization of a Hospital-Based Food Pantry and Associated Nutrition Education and Cooking Program for Patients with Celiac Disease.

If you have a topic you would like to share in one of the upcoming newsletters, please contact Katherine Bennett at: kbennett@choc.org

The Pediatric GI Nutrition Podcast — Your Ongoing Knowledge Source!

We're delighted to keep you in the loop: with the latest updates from Nutrition Pearls, your go-to podcast for insights into Pediatric GI Nutrition. As we gear up for some exciting upcoming episodes, let's also ensure you're caught up on the valuable discussions you might have missed.

Don't Miss These Gems: Before we dive into what's coming next, let's rewind and highlight some recent gems:

- Eosinophilic Esophagitis Uncovered: Sally Schwarz led us through a comprehensive exploration of Eosinophilic Esophagitis, shedding light on key insights and practical strategies.
- Unraveling Specific Carbohydrate Diet (SCD): Kim Braly joined us to demystify the Specific Carbohydrate Diet, providing invaluable perspectives on its application in pediatric GI nutrition.
- Bonus Episode Alert: Discover the inspiring journey of Natalie Hill, a Pediatric GI Dietitian who has been managing her Crohn's Disease through the Specific Carbohydrate Diet for years. Her personal experience adds a unique layer of understanding to our ongoing discussions.

Upcoming Episodes Teaser: Mark your calendars and stay tuned for the next batch of episodes:

- FPIES Demystified: Delve into the world of Food Protein-Induced Enterocolitis Syndrome with Raquel Durban from Carolina Asthma & Allergy Center.
- Mastering Blended Feeds: Sharon Weston from Boston Children's Hospital brings her expertise to guide us through the intricacies of blended feeds.
- Diversity in Infant Feeding: Venus Kalami from Stanford Children's Health will navigate the crucial topic of Diversity in Infant Feeding.
- Navigating Celiac Disease: Shelley Case, a renowned celiac expert and author, will unravel the complexities of Celiac Disease.

Stay Connected: Your engagement fuels our discussions. Subscribe and keep up with the latest episodes. Join us on social media (Facebook, Twitter, Instagram) for sneak peeks, engaging conversations, and behind-the-scenes insights. Email any suggestions for upcoming topics or guests to CPNP@naspghan.org.

Visit Us at the Conference: Exciting times await! Our conference booth promises valuable takeaways and some fantastic swag. Drop by and let's connect!

A Fall Surprise: Anticipation builds as we're thrilled to announce a forthcoming crossover episode with "Bowel Sounds, the pediatric GI podcast" this fall. It's a collaboration you won't want to miss!

Stay informed, stay inspired, and together, let's continue enriching our understanding of Pediatric GI Nutrition through Nutrition Pearls. Happy listening and learning!

2023 MEETINGS & TRAININGS *of interest*

- NASPGHAN Single Topic Symposium, Postgraduate Course and Annual Meeting
  October 4-7, 2023
  San Diego, California
- Academy of Nutrition and Dietetics FNCE
  October 7-10, 2023
  Denver, Colorado