

March Updates

NEW SERVICES AVAILABLE!

PRENATAL AND POSTPARTUM THERAPY

The following services are now available with Jennifer Sanders, MA, LPP, and offered in-office, in-home (first 2 months postpartum), and via Telehealth:

- **Prenatal and Postpartum Assessments & Consultations**

- **Individual Therapy**

-Psychotherapy (Initial intake - 90 min; Ongoing sessions - 60 min) for individuals experiencing:

- Perinatal Mood & Anxiety Disorders (PMADs)
- Birth trauma
- Pregnancy and infant loss
- Adjustment to new parenthood

- **Prenatal and Postpartum Couples services**

AVAILABLE FOR MEMBERS OR NONMEMBERS!

NONMEMBER PRICING: \$160/HR

MEMBER PRICING \$120/HR



PART 2 OF COMMON ADHD QUESTIONS: TREATMENT

My child has been diagnosed with ADHD. What's the next step?

- Set up a meeting with your child's pediatrician
- Plan on starting your child on a medication for ADHD

Why do you want to put my child on medication?

- My goal is to help your child be as happy & healthy as possible and achieve their potential
- I've treated 500-1000 kids with ADHD and I've seen the amazing results
- I've seen everything that hasn't worked
- It's recommended by the major health organizations (American Academy of Pediatrics, American Association of Child and Adolescent Psychiatry)
- I continue to study the research about ADHD on a daily basis

Do the drug companies pay you?

- Nope
- I will use any of the ADHD medications that I feel will be beneficial to your child and usually try to find the one that will be the cheapest for your family.

But we want to only take ADHD medication as a last resort.

- If I have been your child's pediatrician for a while, I hope you have learned that I am pretty conservative when it comes to dispensing medication. I don't prescribe antibiotics unless there is a bacterial infection, I don't prescribe medications for depression or anxiety unless therapy has been tried first
- The exception is ADHD, because medication is so far and away the most effective treatment for ADHD and nothing else is very effective.



What medications are recommended for ADHD?

Steve Johnson MD, PhD

- **Stimulant medications are the first line medications for ADHD**
- **ADHD is thought to be an 80-90% dopamine deficiency and a 10-20% norepinephrine deficiency. Stimulants increase dopamine production (and treat 80-90% of the issue). Non-stimulants imitate norepinephrine (and treat 10-20% of the issue)**

My child is already hyperactive and impulsive? Why would I want a stimulant medication?

- **Stimulant refers to stimulating production of dopamine, not stimulating behavior.**

WHICH STIMULANT MEDICATION IS THE BEST?

- I don't know which medication will be the best fit for your child as it is a bit of a trial and error process, but my goal is to find the best fit medication for every single kid I treat.
- Of the 21 long acting stimulant medications, I have had numerous kids respond very well and numerous kids respond poorly to each of the medicines.
- 70% of kids will respond well to the methylphenidate family
- 70% of kids will respond well to the amphetamine family
- 90+% of kids will respond well to one of these families of medicine

How do you decide which medication to try?

- Since no ADHD medication is more likely to be better than another ADHD medication, I will try to find the most affordable medication. However, other factors can come into play including...
 - Previous good/bad experience on ADHD medications for child (or parent)
 - Ability to swallow pills
 - What insurance covers
 - National shortages
 - If it's a newer name brand medication, does it have discount coupons



How long does it take for the medication to work?

Steve Johnson MD, PhD

- Most ADHD medications start working in 30-60 minutes and are out of the system in 6-12 hours depending on how quickly/slowly your child's body metabolizes the medication
- This is one of the best things about the ADHD medications. You will have an idea very quickly if the medication is going to be a good fit
- Unlike other mental health medications that need to build up over weeks to be effective, ADHD medications work on a day by day basis
- The fact that the medication is in and out of the body within the day prevents developing tolerance.
- Kids/adults can stay on the same dose for 10+ years
- Dose tends to only need to be increased when the attention demands increase (like when transitioning into middle or high school for example)



MORE TIPS

Kyle Stewart MD

Vacuum smarter, not harder.

Use a vacuum with a HEPA filter and run it a few times a week during peak season. Dusting with a damp cloth (instead of dry) prevents pollen from just recirculating.

If your child struggles with allergy symptoms—itchy eyes, congestion, nighttime cough, or frequent sinus pressure—reach out. We can help distinguish allergies from lingering winter viruses, recommend medication options, and create a plan that keeps symptoms manageable through the spring rush.

Reducing Allergens at Home as Allergy Season Begins

March in Louisville... the time of year when trees start blooming, flowers emerge, and half the city starts sneezing. If your child deals with seasonal allergies, this is the perfect time to prep your home before symptoms peak.

Start with the air. Changing HVAC filters every 1–2 months is one of the fastest ways to improve indoor air quality. Look for filters labeled MERV 11 or higher to catch small pollen particles.

Keep windows closed. Louisville's tree pollen counts soar in March and April. As tempting as it is to let in the fresh spring air, open windows let allergens flood into the house. Use fans or AC instead on high pollen days (you can monitor on your weather apps).

Create a “pollen drop zone.” If things get bad, encourage kids to leave shoes at the door and change clothes after outdoor play.

Bathe pets frequently. Household pets are frequently a major vehicle for pollen to track inside. Consistent bathing as well as quick wipe down daily with a damp paper towel will reduce your in-home allergen burden.

Focus on bedding. Washing sheets weekly in hot can significantly reduce allergy triggers. A quick shower before bed helps rinse pollen off skin and hair so it doesn't end up on pillows.



MORE TIPS

Kyle Stewart MD

Keep germs at bay. A quick wipe-down of tray tables, armrests, and seatbelts can help reduce exposure, especially during respiratory season. Remind kids to keep hands away from their faces and wash hands whenever possible.

Plan ahead for stomach issues. Sudden changes in routine as well as travel anxiety can cause constipation or upset stomachs. Keep kids moving, offer fiber-rich foods, and stick to familiar snacks when you can.

One of the biggest perks of Direct Primary Care is that **we're here to help if you're near or far!** If anything comes up while you're away, you can message us for quick, personalized guidance without stress of trying to find an urgent care/ER in whatever cool city you're in!

Spring Break Travel Tips for Families

Spring Break is quickly approaching, and whether you're headed near or far, a little prep can make the whole trip smoother.

Pack smart. Keep a small medical kit in your carry-on or glove compartment. Include age-appropriate pain/fever medicine, motion sickness remedies, saline spray, antibiotic creams like Neosporin, sunscreen, and a few electrolyte packets. If your child takes daily medications, pack double and keep one set in a separate bag just in case.

Avoid the dehydration. Between airports, boring car rides, and sunshine/heat, kids often drink less than normal during travel. Aim for frequent water breaks and pack easy hydrating snacks like oranges, watermelon, or applesauce pouches.

Protect little ears in the air. If you're flying, encourage swallowing during takeoff and landing—nursing, bottles, pacifiers, gum (for older kids), or sips of water all help keep ear pressure comfortable.

IS IT ANXIETY, ADHD, OR JUST OVERWHELM?

As spring approaches, many students begin to feel the pressure of end-of-year academics. Standardized testing, heavier workloads, and busy activity schedules can make this season particularly stressful. For some children, this stress shows up as difficulty focusing, procrastination, irritability, or avoidance of schoolwork.

It's common for parents to wonder: ***Is my child struggling with anxiety, ADHD, or simply feeling overwhelmed?***

The answer isn't always straightforward—and in some cases, more than one factor may be involved.

When attention difficulties are driven by **anxiety**, a child may have trouble concentrating because their mind is filled with worries—about tests, making mistakes, or meeting expectations. These challenges often increase during high-pressure periods and may fluctuate depending on stress levels.

With **ADHD**, attention difficulties tend to be more consistent across settings. Children may regularly struggle with organization, sustaining focus, completing tasks, or managing time—even when they are not feeling anxious.

At times, children are simply **overloaded** by competing demands. When schedules become too full or academic expectations increase quickly, even typically organized and capable students can feel overwhelmed.

When It May Be Time to Look More Closely

Many children experience temporary stress during busy school periods. However, when attention difficulties, learning challenges, or anxiety persist over time or begin to interfere with school performance, confidence, or daily functioning, it may be helpful to take a closer look and consider additional support.



Parent Tips for the Spring Stress Season

Emily Moran, M.Ed., LPA

Break tasks into smaller steps.

Helping your child divide work into shorter, manageable pieces can reduce avoidance and make tasks feel more achievable.

Focus on effort, not just outcomes.

Praising persistence and problem-solving helps lower performance pressure while building confidence and resilience.

Create predictable routines.

Consistent homework times, sleep schedules, and planned breaks support attention, emotional regulation, and overall stress management.

Talk openly about stress.

Let children know it's normal to feel nervous before tests or big assignments. Normalizing these feelings helps children develop emotional awareness and healthy coping skills.

If you're wondering whether testing might be helpful, **you can schedule a free 15-minute consultation** to talk through your concerns, learn about the evaluation process, and determine whether an assessment would make sense for your child.

Results from this week's virus/bacterial testing in Louisville

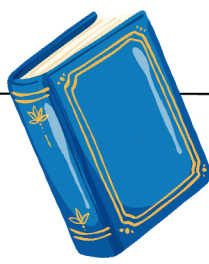
Below is Dr. Alan Junkins' (Chief of Microbiology) weekly report on viruses and bacteria detected in the Louisville area. It provides insight into what's on the rise and what's fading in our community. A few key points:

- The value represents the positivity percentage. For example, if 7% of COVID tests came back positive last week, the value for COVID is 7%.
- Viruses/bacteria increasing for two weeks in a row are marked in red.
- Viruses/bacteria decreasing for two weeks in a row are marked in green.
- The table includes the most common cold viruses, with the most familiar ones at the top.

	Week of 3/16/26	Week of 3/9/26	Week of 3/2/26	Week of 2/23/26
COVID	4%	5%	5%	5%
Influenza A (Flu A)	3%	4%	6%	9%
Influenza B (Flu B)	28%	33%	29%	31%
Respiratory Syncytial Virus (RSV)	6%	4%	5%	5%
Strep	16%	16%	16%	16%
Adenovirus	2%	3%	2%	3%
Coronaviruses (non-Covid)	6%	8%	8%	2%
Human Metapneumovirus	3%	3%	4%	4%
Mycoplasma Pneumoniae	<1%	<1%	<1%	<1%
Parainfluenza (Croup)	1%	1%	1%	1%
Pertussis (Whooping Cough)	<1%	<1%	<1%	<1%
Parapertussis	<1%	<1%	<1%	<1%
Rhinovirus / Enterovirus	14%	14%	11%	10%



Direct Pediatrics has been one of the best investments we've made for our family. In the most fragile weeks of newborn and postpartum life, having Dr. Kyle Stewart come to our home—often within 24 hours—has brought unmatched peace of mind. The care is competent, deeply thoughtful, and incredibly responsive. From jaundice checks to urgent lab needs, they've helped us avoid unnecessary ER visits and navigate a complicated system with clarity and calm. When infant care can change on a dime, having someone you can call or text who truly knows your child makes all the difference. This is concierge care done right—human, efficient, and invaluable.



IN THE JOHNSON HOUSE

With UofL & UK mens' and womens' teams headed to the Big Dance, March (and maybe April) will be an exciting month. As always, I'll be picking Duke to win it all. They have the best team I've seen at Duke in years, but it will be critical for their two starters to return from injury before the tournament. However, having lived in KY for the last 24 years, I know that no one will be sad if Duke gets knocked out!

Office Logistics:

WITH SPRING BREAK APPROACHING, PLEASE REMEMBER THAT YOU CAN STILL REACH YOUR DOCTOR EVEN IF YOU OR THEY ARE OUT OF TOWN!

DR. STEWART WILL BE IN THE OFFICE TO SEE PATIENTS THAT WEEK!

REMINDER

You can save 10% when you pay your membership annually! Call the office to update your membership!

In the Stewart House

The Stewarts have broken through the slumber of the winter snow and cold and are back in their rhythm including weekly gymnastics, cookouts, evening golf at Oldham County Country Club, and neighborhood walks.



(502) 515-6601



DIRECT PEDIATRICS



@DIRECTPEDIATRICS



LEAVE US A REVIEW ON GOOGLE!

**NORTON COMMONS
LOCATION**



**MIDDLETOWN
LOCATION**

