MAPS webinar introduction

I just want to reinforce that the best thing that women and families, you know, because we don't want women to be responsible for all this, dads should be responsive as well.

But the thing the families can do, I believe, to change the face of our nation and to this onslaught of chronic illnesses is start thinking about their bodies and their environments early.

Hi, welcome to the MAPS webinar series, Healing Tomorrow's Future. We are thrilled to be bringing you this series packed with valuable information and education within our community.

My name is Honey Rinusella and I'm the Executive Director of MAPS, the Medical Academy of Pediatrics and Special Needs. Within these webinars, we're able to empower clinicians on the knowledge and tools to support patients facing a variety of health challenges.

For more information on MAPPs or to register for a conference, please visit us at www.medmaps.org. That's www dot medmapps dot org. Thanks for joining us on this journey towards a brighter, healthier future.

Speaker background and preconception health

Hi, everybody. My name is Dr. Larry Polewski. I'm a New York state licensed pediatrician, and I am here in Charlotte, North Carolina at the MAPS Conference.

That's medmaps.org. And today I m sitting with a friend and colleague, Vicki Koblener. Vicky, why don't you introduce yourself to everybody and we're going to talk about what you spoke about at Thanks, Larry.

Glad to be a friend and a colleague. I'm Vicky Povlenor, as you said, and I am a registered dietitian slash nutritionist. And I have a master's degree in food and nutrition.

But I think far beyond that, the most important thing is I've been working in this space for about 25 years, well before people really had a common vernacular about chronic illness in kids and things that we are facing today with this increase in chronic And so I've been helping families heal and I rely on the things that are the foundations of functional medicine, the root cause, trying to find out what's happening with all the biochemistry, all of the different pathways, mitochondria, gut, immune, methylation, and all other things I'm sure many of your other interviewees have talked about.

And we try to heal by getting to that root using diet, nutrition, etc. One of my particular interests and passions is preconception care. and getting to families, getting moms before they get pregnant.

During pregnancy is okay too, it's never too late. But the bottom line is part of the reason we're having sicker children is because we are not teaching our younger generation how to be healthy.

And so babies are being born in an environment when there's a lot of toxins coming at them. So that's one of my passions. Good. So before we get to the title of your talk, because you spoke so much about your passion, I want to get that first.

Sure. Diet, nutrition, supplementation, chronic illness, children, preconception. Some would say there's a lot of dissonance in all of that, that there is no role for diet and nutrition in taking care of kids with chronic illnesses or even to help parents conceive.

What would you say is the truth around that? That anybody who believes that has not looked at the science. And

the literature supports over and over again.

Diet, toxins, and chronic illness in children

Women are having more and more problems with fertility. We had a big lecture today at a conference about glyphosate pesticides and their role as endocrine disruptors.

Endocrine disruptors impair women's ability and men's abilities to create healthy babies and bring them to, you know, bring a pregnancy to conclusion.

And so we know that if we just pick that, if you just chose that and said, let's focus on glyphosate and pesticides and clean up the food supply, that would have a profound difference.

in both parental health and their offspring's health. But then we also talk about another lecture today was about sugar and the role of sugar as a toxicant.

And we see over and over again, the data is very clear, ultra processed foods, highly refined sugar containing foods which is so insidious in the American diet because our corporate culture supports sales of this type of food more than it supports vegetables, fruits and exposure to those.

All of that is chronically inflammatory. People, humans, women who are chronical inflamed have more trouble conceiving and their children are born with higher incidences of things like gestational diabetes, autism, ADHD and the data is there.

I don't think people truly understand how bad sugar is to their inflammatory system. Correct. So how much of a hard time do you have convincing, persuading, educating parents-to-be or parents of children with chronic illness?

less than you think, but still difficult. I think because my clientele, they generally find me because they're educated and this is what they are seeking and they've heard about integrative medicine, functional medicine.

They may have had some challenges with fertility already or they may had had a child on the spectrum and then trying to avoid the same thing happening the second time around.

And they're in this community, they are immersed in the community or they start to put their toe in. They're more open to the changes. But again, I always tell people, consider me like a GPS.

You tell me where you want to go, and I'm going to tell you the best way to get there, based on my knowledge and my experience. Some people drive slow, some drive fast, sometimes one needs a little rerouting here or there.

The goal for me is to take each individual that I'm working with, craft a plan that meets them where they are and helps to move them step by step towards their goal.

So do you have to explain what high inflammatory foods are, low inflammatory food are? And how they may affect sleep and bowel habits and behaviors and attitudes and focus and attention?

All the time. And the other thing that I talk about a lot is the traditional medical community, I always say, so your older child, you know, they may have had an older who was affected with a chronic illness.

I'll say okay, So they have problems with digestion, their constipated. So you're at the gastroenterologist for that. And then they're having attention and focus problems.

So you're at the psychiatrist or the neurologist for that. And they also have eczema. You're the allergist. We're thinking of all these things. Asthma, and food allergies, all of it.

Right. All of this as silos. Number one, these doctors are not talking to each other about, well, if I give you this

medication, how does this affect this other pathway?

Does your ADHD medication cause constipation or cause sleep problems? And we talk about the fact that the body is not silos. The body as an interconnected web.

And therefore, getting to the root cause imbalances in your microbiome. When you don't have good gut health, you can have constepation, and you're going to have ADHD, allergies and eczema.

So we want to get to root. We always want be looking at how these pieces connect and what those broader Yeah, I think it's so interesting, at least in the years I've been doing this, when parents have kids who have lung symptoms or ear, nose, and throat symptoms, or brain symptoms.

or skin symptoms somehow the gut, if it has no symptoms couldn't be where the problem is. Correct. And that's what I you have to struggle to overcome is to get parents to realize the good is the first place to look.

Gut health, food triggers, and school nutrition

Right. It's the gatekeeper in many ways. And to your point, you just talked about respiratory issues and skin issues. Well, it's not always the trigger, but dairy is a very common trigger for both of us.

So making a diet change like removing dairy can be a perfect thing to start with. So what happens when parents do what you ask or follow what do you recommend and their kids change?

What is their response? They're usually very happy. It depends on the intensity of the change. it depends what they're looking for. You know, sometimes parents will say, we've got X, Y, and Z issue.

Well, We made this change and X is much better, but they still want to fix Y. Fair enough. So then we may have to reroute a little. We may to think about, OK, what's the next layer of this?

But generally they are salt. When parents see that these types of changes can make a difference, they become believers and that's beautiful. So one thing I experienced and I'm curious if you experienced this, I'll have kids who have say very bad diarrhea or gas or reflux and we get the dairy out of the infant's diet and the kid gets better.

And then a couple of years later, the kids starts getting ear infections. or is wheezing. And you ask the parent the diet and they say, oh yeah, they're drinking milk.

They're eating cheese. I say to them, did it ever occur to you that the dairy bring brought back? And they'll say but there's no longer any gastrointestinal symptoms.

Right. Do you see that disconnect? Always, all the time, yes. And you know, we live in an environment where food is more than just nourishment. Food is social, food reward, habit, given in every school for every activity.

We never used to do that. The type of food we give in all these places is toxic, mostly. And so it's hard to say to a family, you've got to keep your kid off dairy.

How do they interact with the greater community? How did we build social skills in a child who may have difficulty with that when they're already being isolated in another way?

So respecting their need and the challenge of that is really important, but then reminding them that, when their child does better, some of those other challenges become less so.

Sure. It's nice when you can have a family that's no longer medically managing their child's health, and now they're just being moms and dads because the health has gotten better.

But I just can't imagine how teachers don't understand, how parents don' understand that giving their kids a bowl of

cereal, sugar, toxins, muffins, French toast, pancakes, breakfast, Sugar, Sugar, sugar.

And then the kid's supposed to sit still in class and pay attention. They're not allowed to do any exercise. I had a mom who hired me, she had her children in private school.

She hired to come in with a group of parents and redo their menus and make a food nutrition plan for the school, She was terrific. she was a great woman to work with and she actually got all artificial colorings.

removed from the school, so they were not allowed to bring in any food that was artificially at colors. And the kids in the schools did better. I mean, it's obvious to us, but to get a school and a parent's organization to actually agree to that, It should be standard of care, and instead it is absolutely the exception.

Well, cognitive dissonance, yeah. So I want to switch over because you gave a talk that, you know, we've known each other a couple of years. I've never heard you talk about it.

And all of a sudden now you're talking about acetaminophen. Now, just as a little background, acetamine has been in the news really strongly since August of 2025, when another paper came out suggesting that there's an association between the administration of acetaminophen during pregnancy and the increase in development of neurodevelopmental disabilities in children.

Now, you covered that in your lecture. Why did you choose that topic? And what are a couple of take-home messages that parents would want to know about?

So thank you for that. As I said, Healthy Baby Roadmap is my program that I do with parents and it's really about that GPS, that roadmap to help parents have healthy children.

And much of what has to be addressed is before you get pregnant and then during pregnancy. And I try to cover it all. It's not just about what you eat, it's about your environment, all the toxins that we absorb, what we consume, which we absorbed, in our air, our water, or environment.

All of that, and how we keep our bodies healthy. in the face of all that.

Acetaminophen in pregnancy and neurodevelopment

So again, acetaminophen became a hot button, you know, months ago, although we've known about it for years, there's always been some suspicions that acetamine and some data that supported the fact that a acetamid can be correlated with neurodemental delays.

I really wanted to look further into it. And I wanted make sure that what I give to my parents is good advice, evidence-based advice and actionable advice.

One of the concerns with pregnancy is that NSAIDs Non-steroidal anti-inflammatories, things like, I don't know if I'm allowed to use brands, but, you know, Motrin, ibuprofen, and things that.

They are actually much more dangerous in pregnancy. And the data really shows us, in the guidelines, have always said post-20 weeks is when NSAIDs can be most dangerous to the fetus.

and they include very serious negative outcomes, kidney impacts, something called premature ductal artery… Heart damage. Exactly. really dangerous things.

So the standard was always don't give it after 20 weeks, but there's also some pretty good data that before 20-weeks NSAIDs can increase the risk of miscarriage, and they have other negative effects, which we don t talk about as much, So what do we do?

We tell women, well, don't use NSAIDs because they're extremely dangerous for the fetus, but we don' want to use

acetaminophen because we heard it's correlated with neurodevelopmental delay.

But women have pain. Women have fever. women Have headaches. We've got to give them something. So you have to do the research to figure out what's the best alternative.

And in doing that research was fascinating. And I, you know, I love learning new things, but in, doing our research, a lot of what I learned, which made me feel a little bit better is there is conflicting research.

There is research that supports the role of acetaminophen as a neurodevelopmental. you know, having their impacts on pregnancy. But what we actually saw was that really that happened more in late stage pregnancy and especially around labor and delivery.

And one of the reasons for that is because the pathway by which acetaminophen works and why it can be a problem. I think listeners may not know that acetamine is toxic in high doses and when overdosed can ruin your liver and cause death.

So it's not a benign medication, but we want to know how a woman's body processes. And what we learned is, number one, women's ability in pregnancy to detoxify acetaminophen actually increases like by 28% from tippable.

So their ability to protect the fetus, the mom's ability, to project the foetus during pregnancy is good. The bigger question is how does the Fetus or the neonate protect itself in that early part of life?

When we give routinely acetamine for pain relief during labor and delivery, or fever, or circumcision. So for all of those reasons, that is when the child is the most vulnerable because their detoxification system is not working the same way and is able to detox those toxic metabolites in the way.

We've got a newborn or an eight-day-old infant who's being given Tylenol, who is vaccinated and we tell them, give Tylinol for vaccines. The child does not able detoxify.

Another thing that's really important here, is fever itself is a risk factor for developmental delay. In the pregnant mom? In a pregnant woman. Returnal immune activation, fever in a mom is risk for neurodevelopmental delay, so we have this conundrum.

We don't want moms letting their fevers go unchecked, but we're scared to give anything to bring the fever down. So what we see, the higher the dose of acetaminophen, the longer the use, the more likely there is a correlation with any kind of neurodevelopmental outcomes.

Shorter dose duration, lower dose, those seem to be less problematic. And as we said, we have to address the fever. Right. So for me, what I came to from looking at this research is, a little bit more comfort.

When I delved into this, I thought what i was going to find was that we had to really find an alternative and we couldn't use acetaminophen. I actually feel a but only very prudently and as few times as possible.

And what that does is lead us to the challenge of, okay, if mom has a fever, that's one thing. But what about a mom with chronic migraines? What about the mom who has chronic pain?

We still have to help women who are struggling and suffering during pregnancy. So you know me well enough to know that I can be a purist at times. And because of what I know about how acetaminophen is metabolized, there is always a toxic chemical that can affect the brain.

Yes. In an unborn child, that could be very, very significant. And so I don't see it as a healthy administration at all, because we just dont know the level of oxidation that the mother is on, the pregnant woman is, and we don´t what stress the baby is under because there are other stressors.

So I do not see as healthy alternative. But what makes me raise the question is why do we not incorporate the

unbelievable numbers of ways to help with pain, headache and fever that are not in line with pharmaceuticals.

So they're osteopathic manipulation, craniosacral therapy, chiropractic, herbs, homeopathy, essential oils that aren't safe to use during pregnancy, breathing exercises, massage, grounding, and the list goes on.

Red light therapy. So I just think that, well, yeah, I want to know what you think about what I've just said.

Safer pain and fever management in pregnancy

Great. Well, you were at my talk, and you saw that I talked about, OK, for fever, what we want do, again, reduce the risk, the need to use acetaminophen for a fever by keeping women healthy, building their immune system before pregnancy, during pregnancy.

Making sure their diet is robust, making sure they're taking the nutrients that they need. And that doesn't just include popping vitamin C pills. There's so many nutrients that are involved with immune function, but it also means, again, exposing yourself, getting the antioxidants.

Food is so rich in compounds that humans, as you say, humans were not designed to use medication to keep us healthy. Food is the power. Food the foundation of health.

So by using those foods, by keeping women healthy, reducing the toxic exposures, we can reduce the incidence of fever. That's what you want to do with pain, with chronic pain with headache.

Yes. get to the root cause. And that's, again, why I like to speak with women before pregnancy, if I can. But getting to that root, is it a musculoskeletal root?

Is it some sort of inflammatory root. What is causing this chronic pain? And then working on things like immunomodulators, fish oil, essential fatty acids, fantastic for our fetal development, brain development.

Also fantastic, for reducing inflammation. So we want to think about, I talked about for a fever, tepid baths, cold compresses, things like that. We talk about for pain, all the things you just mentioned, musculoskeleton, myofacial, and all kinds of manipulative therapies that we can use.

But then wonderful herbs, wonderful supplements that you can apply topically. Some are safe to take orally, some are better to be taken topicaly. And you have to know when it comes to pregnancy that not all of the herbs that are outside of pregnancy are safer for pregnancy.

But we have so many options for pain relief that don't include Tylenol. So for me, yes, I find that, again, my philosophy is you meet the family where they are and you serve the person in front of you.

I feel more comfortable with some acetaminophen use when necessary, but it's never the first thing. If I have any woman with chronic pain, the 1st thing I'm going to say is not use Tylinol, it is going be use these other therapies and let's work under a clause.

That's where you always want to be. And let's just hope that people are less likely to reach for the acetaminophen. Certainly, you want the dye-free acetaminephine because the sensitivities that the people have to the dyes.

Yeah. Do you tell pregnant women to take N-acetylcysteine if they take acetaminephin? Always. Tell everybody why N acetyylcystine would be a wise choice if you're taking acetamenophene.

Sure. So, N-acetylcysteine is a compound that's derived from cysteines, which comes from proteins, so that is another thing. I always really, really push protein on my clients for a variety of reasons, but that was one of them.

It is powerful precursor to glutathione, our primary detoxification compound, and it also has anti-inflammatory effects. And N-acetylcysteine is used in hospitals and used regularly to detoxify acetaminophen toxicity when

people have overdosed.

So we know that it has an excellent effect on helping to mitigate the effects of acetaminephim. We also know it's very safe in pregnancy because it been studied for a variety of things and NAC itself actually can be beneficial for protecting against other pregnancy complications.

So I love NAG, and I recommend it to my pregnant women for not just when they use acetaminophen, for many things. But it is a fantastic tool in our toolkit to help to mitigate the effects of acetaminephine.

For the years that I used to work in the emergency room, that was the thing that we used, to treat kids who had overdosed on acetamidophan. So it's a very beneficial.

Very safe in pregnancy. And even glutathione, if it'll get absorbed and utilized. Yes. So is there anything else you want to say about what you do and your lecture that you haven't already said?

Anything you wanna summarize or fill us in on that we didn't talk about?

NAC, family prevention, and closing remarks

I just wanna reinforce that the best thing that women and families, you know, cause we don't want women to be responsible for all this, dads should be responsive as well.

But the thing families can do, I believe, To change the face of our nation and to change this onslaught of chronic illnesses is start thinking about their bodies and their environments early.

I had a woman tell me once, I love this analogy and I use it all the time. Sheri said, we spend so much time and, you know, I think women do this a little more than men in many cases, but we spend so much time worrying about, oh, I'm going to get pregnant.

I have to figure out what color to paint the nursery and what crib I should get. And I always say to people, before your baby lives in that crib, they're living in your wool.

Nine months in the wool, if you have not cleaned up that environment and you haven't made sure that that is an incredibly hospitable place for your growing baby, you'll have a lot of opportunity.

Right. So that's my goal is to spread that word that we need to think about our babies, not when they're born, but before they can see. Great. Thank you, Vicki.

And how would people get in touch with you if they wanted to know more about your work? So my website is Whole Care Nutrition. It's weirdly spelled, but it's H-O-L, as in holistic, H O L C A R E, nutrition.com.

And there's a page on my web site called Healthy Baby Roadmap, and they can make an acquaintance with me. I want to spread the word to everybody that I wanted this to be the standard of care for the next generation.

Great, Vicki, always great to talk to you. Thank you, Larry. So I'm Dr. Larry Polebski. This is MAPS, Charlotte, North Carolina, March of 2026. Thanks you all for listening.

Take care.