

**Ep #63: Tired of Rushed Doctor Visits? Let's Talk
Concierge Pediatrics with Dr. Danis Copenhaver (Part 1)**



Full Episode Transcript

With Your Host

Devon Clement

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Welcome to *Parenthood Prep*, the only show that helps sleep-deprived parents and overwhelmed parents-to-be successfully navigate those all-important early years with their baby, toddler, and child. If you are ready to provide the best care for your newborn, manage those toddler tantrums, and grow with your child, you're in the right place. Now here's your host, baby and parenting expert, Devon Clement.

Devon Clement: Hello and welcome back to the Parenthood Prep podcast. Today we have another amazing interview that I'm so excited about. It is Dr. Danis Copenhaver. She is a pediatrician and I just, I love talking to pediatricians because there's so much I think that we can say about the parents that are coming to them and the questions that they're asking and the things that they've seen over their years doing the job.

And she's actually particularly interesting because she works as a concierge pediatrician in New York City, which means she goes to patients' homes and actually takes care of them in home, which I think is just so great and I love that is something that is available to people because as we all know, things can be a little chaotic at the doctor's office. Danis, hi, thank you so much for joining us.

Danis Copenhaver: Hi, thank you for having me, Devon. I'm really excited to be here.

Devon Clement: Sorry, what's the name of your practice that you work with?

Danis Copenhaver: So I'm with Elliston Pediatrics. We're here in New York City. We've been around for seven years. We were founded by Dr. Andrew Elliston and his wife Heidi Meeker seven years ago. I'm the fourth doctor and I joined in January 2025 to be able to expand all of our services from Manhattan into Brooklyn.

Devon Clement: Oh, that's awesome. That's awesome. So what made you decide that you wanted to do this rather than working in office with patients?

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Danis Copenhaver: Very good question. I think some of it is that I also didn't know this existed and was a really big surprise to me. So I am not originally from New York. I'm going to give a little background because I think it'll kind of frame what brought me into concierge medicine. I'm from small towns. I grew up in South Texas, Uvalde, Texas, which used to no one knew about, but now because...

Devon Clement: Oh I was gonna say I've heard that name.

Danis Copenhaver: Matthew McConaughey and then the school shooting. So very small town, now with a little notoriety. But I grew up there till I was 11 and had this wonderful family doctor who took care of everybody and he had a Halloween party every year and the whole town went and it was just a very tight-knit community and only one doctor pretty much that took care of everyone. And then moved to Arkansas, went to college in Arkansas and always knew I wanted to be a doctor. Moved to New York and did all my medical training and this crazy city sucked me in and I fell in love with it.

So did my med school at Cornell on the Upper East Side, did my residency at Columbia in Washington Heights. And I think through it all, pediatrics came pretty naturally to me. I've always taken care of kids. I've nannied, I've tutored, I've camp counselled, all the things. And I just love the people that are pediatricians. We all tend to be a little softer, very smart, very committed, very dedicated, but we just have a little bit of understanding of what it means to take care of these tender beings, which are children and even teenagers are tender.

Devon Clement: And really it's not just the patient, you're also dealing with the whole parents and the whole family. Which I mean often with obviously someone in a medical situation, you are dealing with other family members and things like that, but this particularly is...

Danis Copenhaver: Agreed. Fully agree. It's a different dynamic. And I love communicating and I love making sure that everyone feels on the same page and feels good about it and healthy families equals healthy kids. And so New York is not known for being primary-care focused. I was the only one that came

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out of residency that wasn't a sub specialist. And quickly joined practices in Brooklyn. I've been at small mom and pop practices. I've been at medium sized, family-owned practices. And then my more recent - and then I joined a venture capitalist funded group practice. Learned a lot in all the situations and just reinforced what I know which is that medicine is not - the economics of medicine is not patient centered. And that just gets harder and harder.

Devon Clement: Yeah, yeah. We were just, we did an interview a little while ago with an OBGYN who I love, Dr. Nseyo and she was saying that with a prenatal visit, you get 10 minutes and with the postpartum follow-up visit, you get 20 minutes. That's wild and there's so much you have to do in that in that time. it's yeah.

Danis Copenhaver: You're set up to fail. And it stinks.

Devon Clement: Totally. Totally.

Danis Copenhaver: And it stinks. You're set up as a patient to not feel listened to and heard. You're set up as a doctor to not feel like you're providing excellent care. It's really, really tough. So thinking that outward funding would fix things and I was so proud of the amount of time we got to spend and then again, venture capitalists, I don't think have the patient centered either.

Devon Clement: So that was a different, that was a different model than the insurance kind of thing?

Danis Copenhaver: Totally different model. There was still health insurance involved, but there was a membership model and a lot of money being injected into the company to be able to let patients have a little bit more time than when you're just volume driven. And even that just, I mean, I'm just going to say it, it failed in a spectacular way where, so and I knew it. I could see it happening.

So I started looking around. And I looked for a full year. And at this point I'm a decade into my career. I have had patients follow me from practice to practice. I know my patient population, I know my bureau, I know that I'm good at this job. I

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know I love it. I love what I do. And then I was like, I just got to find where I can do this.

And literally one night got really lucky. I was applying to hospitals and all sorts of things, just realizing none of this, I can't go back to seeing 40 patients a day. And I saw this just Elliston Pediatrics looking to hire in Brooklyn, set up the interview and it just felt right from the beginning. And the idea that I could take truly this small town model, almost go back in time where you're going to someone's home, but in a modern context with all this really incredible, all the technology of the physical hardware that we use in peds, which is the scales and the blood pressure cuffs and all that stuff, but also the software, the technology, all the things we can do on our phones and apps and communicate with our families was really exciting.

It was the first time I felt excited about a place to work in a really long time. And really excited to be able to, I always felt like I really dug deep and had great relationships with my families, but it was at the expense of people being frustrated with me for spending too much time in rooms.

Devon Clement: Yep, I could see that. I was a teacher working in the school system and I left that for a similar reason. I felt like my focus couldn't be on what I wanted it to be on, which was actually the kids and the families. Yeah, it had to be on paperwork and guidelines and what this supervisor said today versus what this other supervisor said yesterday and anyway.

Danis Copenhaver: Yeah. It's the parents loved me, the administrators hated me.

Devon Clement: Correct. Correct. But then like who gets to keep your job? you know, like it's really funny. So it's when your heart's in the right place and you know your skill set's in the right place, but you got to figure out where that's going to be utilized the best.

Danis Copenhaver: So I met Heidi, I met Dr. Elliston, I met all the other admin and doctors, shadowed, got to actually go into a couple of the appointments. I

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was like, oh, I can do this. I can take my shoes off and get on the floor with kids and do the appointments and see the toys that they play with and really get in it and be comfortable in this home situation because that is another thing. You really not only have to be comfortable in who you are as a physician, but just showing up in someone's home and doing all this interesting stuff.

Devon Clement: And I was going to say, I mean we were we work in home and just even seeing the home tells you so much about the people. Are these people super neat and tidy and organized and that's really important to them and they're going to want facts and figures and strict guidelines for sleep training or are they kind of more loosey goosey and things are all over the place like my house and maybe they want a little bit more flexibility and flow and they do better with that than strictness. So I could see as a doctor just being able to see that environment being so huge.

Danis Copenhaver: Absolutely. Absolutely. And there's just they're already at ease because you haven't had to pack up the baby, shlep in the stuff, grab the kid from pre daycare or whatever to get them to the office. So there's already just more ease.

Devon Clement: And 10 times worse when they're sick.

Danis Copenhaver: Oh my gosh, yes. And so I'm the only one that's had to schlep in, which is fine, because usually I have plenty of time because again, our schedules have been built to make sure that we have plenty of time to do all of this.

Devon Clement: And you're this is what you're doing. You're out and about. You're going to these different appointments. It's fine.

Danis Copenhaver: And we've also had communication constantly about what's been going on because the way that we're also set up is we have this secure app where you can always be in contact with your specific provider. So we've already probably by the time I'm coming over for a sick visit, I'm sure we've

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already been messaging for hours if not days, just with you telling me what's going on and then coming over.

It's really nice. I think the kids, the kids still sometimes are like, doctor, what? Because we still obviously give vaccines because they are very important and vaccines hurt a little bit and that gets kids nervous. But they do settle down when they can have their siblings around distracting them or someone running a bubble machine or just things that you can't do at a doctor's office.

Devon Clement: Or just being home and not being in this environment where you've just had to sit in the waiting room, a waiting room and then in the exam room for however long. Oh my god, I remember seeing a post, people probably sent this to you. Some little kid, the doctor came in finally to the exam room and the kid pointed to his watch and said, this is a watch. And he wasn't necessarily being passive aggressive, but it was very like and of course, it's not the doctor's fault. You're doing, you know, you're trying to cram in so much.

Danis Copenhaver: Yes. Sometimes it is our fault, but it because we're doing, we're asked to do a lot of things. I hated always feeling behind and that I was letting someone down. And now I feel like I am, I mean, sometimes I feel behind in life because who doesn't as I've got two young kids and a job so it's all the things.

Devon Clement: But I feel like even if I had a doctor coming to me, even if they were running late, when you have a service person coming or whatever, you're like, oh, it's fine. I'll just do something else at home. I'm just still home. I'll just keep watching. I'll watch another episode of Gossip Girl. It's fine.

Danis Copenhaver: I love. I love. Yeah. Well, it is yeah, because I mean, we still live in New York and we do, we commute via public transit, the vast majority of the time. So sometimes you're like, hi, I'm stuck on the three. It's not going where I thought. So I'll be there in 10 minutes as soon as I can show up. But again, you're right. It's like me being 10 minutes late when you're in the comfort of your home and you know what's happening and we have communication is very different than I always felt so horrible when offices were like we gave 10-

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minute grace and then they're cut off and they can't come back. I'm like that stinks. Because I know I have to see the other patients and also this family really needs to be seen.

Devon Clement: I also have to say, I mean, obviously the financials come into this so much because dealing with insurance companies and guidelines and stuff like that. I have had significantly better experiences taking my cats to the vet than taking myself to the doctor or going to the pediatrician with clients. But of course, you know, I'm paying an arm and a leg for that level of care, but sometimes I'm like, I'm going to be 30 minutes late because my cat will not go into the carrier. And they're like, that's fine. Just come whenever.

It's like, yeah, I can call them, we chat, there's back and forth, just in a way that I've not, you know, fortunately, you know, I have good care providers now, but there's been times in the past where it's just been like, yeah, like so different and it's just because of the model. I mean, this is not a why healthcare in America sucks podcast, but aren't they all really?

Danis Copenhaver: Exactly. Well, and I think something I really liked about Elliston is we do take insurance and it is all in network. There is just an additional membership joining fee that then covers the what allows us to see significantly fewer patients to come into your home, for each doctor to have their whole set up. My doctor bag is a backpacking backpack, which I love. It really appealed to me who likes to pack. which is really fun.

And then also we also have this really, this thing that I really sold me as a mom is that we have this very cool piece of technology called a TytoCare and it is this, it's not our we didn't create it, obviously we partnered with someone who creates it. And it is a piece of equipment that's a camera, so we can take pictures of throats and ears, like ear drums. And then it can record heart sounds and lung sounds and take temperatures, and then you can send all of that to us, virtually. So you're upstate on vacation and you're like, oh. Or middle of the night and you're like, I don't and this makes me nervous, I want to listen to them.

Devon Clement: So the families have this?

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Danis Copenhaver: Yeah, it's part of the membership is that you have this.

Devon Clement: That is amazing.

Danis Copenhaver: And it's really cool. It so it actually makes virtual visits so much more useful. It gives you peace of mind when you travel. And I also love that, I mean, there were times when I'd check an ear in an office and be like, I don't want to treat this with antibiotics. It doesn't look that bad, but I don't know if I'm watching it get better or get worse. And I'm like, I need you to come in tomorrow. And parents are like, for real? I take a time. And now I can say, I can come back or if you would just like to take a picture of their ear in the morning and send it to me, we can just monitor it. So it like reduces antibiotic use. It reassures. It's so cool.

Devon Clement: Yeah. That's super cool. That's the kind of technology that I feel like is actually useful and not some of the stuff we see. Sometimes on a virtual visit, I get strep sometimes and multiple doctors have been like, adults don't get strep. And then they show me the test and they're like, well, except you. And I'm just like, I wish that we could do this virtually. I'm sick, I'm miserable. I know I have strep. Why can't I just tell you? Or I didn't end up ordering test kits or whatever. But like talking to you virtually is not going to help, but having some way to easily give you the information.

Danis Copenhaver: Taking the pictures and do all that stuff. Yeah, it really does help because we can do all of that and then I can say like, this really looks like XY or Z or nope, that really looks like strep, but let me come by and swab you and send a culture because 10 days of antibiotics when you're an adult is a pain. It's so painful to give a child 10 days of antibiotics. And I'm like, if it is not strep and if we can avoid that, excellent.

Devon Clement: So that's amazing. I love that. As you were talking about your family doctor growing up, I thought of we had that. We were in a medium-sized suburban town in New Jersey, but the doctor that we ended up going, she was amazing. She was our pediatrician, but she was also my parents' doctor. I had my first gynecological appointment with her. She did everything. And it was

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amazing, this doctor that you already feel comfortable with, growing up with you, and now she primarily focuses on older people. I guess because a lot of her patient population got older, but

Danis Copenhaver: Probably just aged into it.

Devon Clement: Yeah, so eventually she cut out pediatrics and stuff like that, but it was just so great. It was like, oh, what's wrong? Call Dr. Z. What, any issue you had, any problem, it was like, just call her. And she was really, you know, took the time and was very

Danis Copenhaver: And knew your whole family.

Devon Clement: Exactly.

Danis Copenhaver: That's what's so lovely. And we even though we can't I can't medically treat a parent because they're not technically my patients, but one person gets sick, the whole family gets sick, we can talk to you about how to keep the whole family healthy, mental health, you have a baby, you've got postpartum, we can actually spend the time to talk to both the mom and the dad or both parents, whichever and say, how is everybody doing? Who needs help? I can help so much more because I have time to check in. We have resources. We have an admin who can get you in to somebody if we need appointments that are hard to get into. For all sorts of things.

Devon Clement: And that's something that again I was talking to Dr. Nseyo about because I've always thought it was so bizarre that you are with your obstetrician weekly throughout your pregnancy, then the baby comes out, they say goodbye, and that's it for six weeks. And then if it's your second baby, you already have a relationship with a pediatrician, maybe it's a different story, but then you're shifted to the pediatrician and then you're there every week or multiple times a week with your newborn doing weight checks and all this different stuff, but you don't know this doctor. You don't have a relationship with this person.

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So what would you say is the role of the pediatrician with the newborn, the new parent, and what do you try to do to make them be sort of be aware of what might be going on with them as well even though they're not your patient, technically.

Danis Copenhaver: Well, I mean, I do a lot of talking. It's a lot of and listening. I think it's both. So luckily, if a newborn is doing well and thriving, that actual newborn visit, like actually examining the newborn, takes 10 minutes. It could be an in and out if no one said any words. And when I was in the office, I would just hold the newborn and say, tell me your things. Just talk to me. Because newborns are little aliens and very few of us grow up seeing a newborn. Even if you're around kids, newborns, those first three months that you're really with the parent, they are aliens. They do weird stuff.

Devon Clement: You don't even see them on TV.

Danis Copenhaver: No. And when babies being born, I loved everyone. I watched the movie with them. I'm like, that's a four-month-old.

Devon Clement: Oh, same. Same. All the time. I'm like, this is the most ridiculous thing I've ever seen. There was that show Sons of Anarchy about the motorcycle and the baby was supposed to be a little preemie and in the incubator, they had I guess a doll or model. But then when he was holding the baby, I was like, that is not a 27 week preemie. That baby is three months old. He's ready to leave the hospital. Like take him home.

Danis Copenhaver: Yeah. I sort of love when they do get someone, a baby that does look freshy and I'm like, oh, that is that must be a crew member's baby. that was someone knew a newborn to bring that baby in because that one actually looks kind of fresh.

Devon Clement: I've actually heard that the reason that they can't get teeny tiny newborns is not because of lack of availability, because there's a lot of parents in Hollywood who would put their baby on television the day it's born, but because you actually need a work permit and you can't get one until you're born.

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So the newborns that have work permits are few and far between. Isn't that insane?

Danis Copenhaver: That is insane. But that actually does make sense because I have signed a lot of child performer work permits. So I can see how odd it would be if it like at a newborn visit. They're usually like toddlers or like baby models at six months. I have I have not signed one for under six months before. I'm sure there's more involved than just the one the health sign off I do. That's funny.

Devon Clement: Isn't that funny? I heard that and I was like, you know what? That actually does make sense. I could I could see that. I could see people being like that.

Danis Copenhaver: I like that we have some child labor laws, right?

Devon Clement: Yeah. For now. So, okay, so what were we talking about? Newborn talking to the parents with a brand new newborn.

Danis Copenhaver: Yeah. So I like to just hear where they're at. Some feel like I got this and they have a sense about them or like second or third time parents, they just kind of know a little bit more and then you're like, you got this. I see that you got this. Let's just remember, let's talk about feeding schedules, peeing, pooping, sleep, safe sleeping, all of that. And other times, you can hear even if some people will say it. I am terrified. I can't believe they let me go home with this baby.

Devon Clement: Yeah.

Danis Copenhaver: And others are saying it with all of their other ways other than their voice that they need a lot of reassurance. And I love and I think any doctor with good bedside manner, Peds or otherwise, walks in and can get the energy, understand what's going on in the space that they're in and hopefully, again, good bedside manner, respond to it, flip the energy that you need. I know when I need to be high energy and the clown and happy with the kid and I know when I need to be calm, in charge energy, whatever is needed.

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And I listen to what the parents are telling me and then I reassure and I try to validate and encourage and praise everything that they're doing right. And then if there needs to be not tweaks, but you're doing all this amazing and we can let some of that go, whether it's the guilt or the number crunching or things like that if we're able to and sometimes we're not because we're trying to get a baby to get a little bit bigger and so I'm like, I know it's really tough. It's not forever. It's not sustainable. You are correct. But we're going to we're going to have an off ramp to this, but this is just what we have to do right now. So I just do my best to explain and then my the talking part is then I try to tell all the weird stuff babies do.

And they won't even hear all of it. So many weird stuff. But I try to - my line is always like, you're going to see me so often. I'm going to give you and trying to give you all the information is like drinking from a fire hose. So I'm going to give you the information you need to get to the next time I the plan is to see me. So in the beginning it's like a week or two weeks and that doesn't seem like a long time, but it seems like forever. So I'm going to give you as much as I expect to hear. And then it gets a little bit bigger.

So I try to give as much anticipatory guidance and when in a traditional practice, sometimes that's the only communication you can get with me because just there was always patient portals and things like that, but that just gets kind of hard. But now I can have real time almost like texting with patients. They're like, this is making weird noise. I'm like, yes, they are. Remember?

Devon Clement: Normal.

Danis Copenhaver: We talked about that.

Devon Clement: Exactly.

Danis Copenhaver: Yes.

Devon Clement: Yeah, we do that a lot too. We say, obviously, we're not medical care providers, but we are experts in the normal. So that's normal, that's fine. I

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know that seems weird, but it's normal. Nope, that's unusual. We want to call the pediatrician about that. But we're not rushing the baby in for every little thing that is definitely just a normal weird thing that babies do. Which is, you're right, they're so weird. I actually did a whole episode about what to expect from a newborn because they are weird little aliens that you've probably never seen before. Even if you've seen a six-week old, you haven't seen a brand new newborn, it's different.

Danis Copenhaver: The freshies and the one-month-olds. I always like to say that at one month, if you were doing anything else 24 hours a day for a month, you'd be an expert almost. But not having a baby. At a month, you're at a you're in the weeds because they're a different kid and you're so sleep deprived.

Devon Clement: Totally.

Danis Copenhaver: And the adrenaline's worn off and they are just still figuring out how to be in their body and at a month they're real irritated about it.

Devon Clement: Well, and they say all the time that everything, every time you get used to something or get in a routine, it changes or it's different. Even, I think when people have had multiple kids, maybe by the fourth one, you remember the newborn stage, but the newborn stage is so specific that you have that second one even two or three years later and you're like, wait, what? I don't remember any of this. So that's why having people that see newborns, newborns, newborns all the time is really, really helpful because we know. And then sometimes the grandmas will be like, oh, but you were doing this or that at this age and they weren't. They weren't.

Danis Copenhaver: There's no way that they remember.

Devon Clement: You don't remember. There's no way.

Danis Copenhaver: So they're like especially with first-time moms, I'm like, I didn't remember from my first to second. There's no way that your grandmother remembers from 30 years ago or whatever it was.

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Devon Clement: Totally. Just impossible. Yeah. So that's great. And then you if you feel like there's any signs of possible issues or things like that, you would just send them to...

Danis Copenhaver: Oh, some specialist if we have to. Sometimes at the beginning it's not, it's just like, actually, I'm going to come back in two days and let's just see what this...

Devon Clement: No, I'm sorry, I meant like with the parents, like you would refer them to a therapist or tell them to talk to their doctor or something like that with any postpartum mental health issues, that kind of thing. No, I did not make it clear what I what I meant.

Danis Copenhaver: That's fine. And I just screamed in the microphone. Yes, absolutely. So we have a great list of mental health providers for both the birthing and the non-birthing parent. And we can help get you in with that. There's a lot of really good support groups. I think sometimes one-on-one therapy helps a lot. Sometimes just validating helps a lot and talking to your pediatrician, especially with the anxiety around the kiddo depending on how it's manifesting.

And then other times and this is harder, this is trickier and maybe it be a little bit where you guys come into but sometimes it's just really you got to find your mom group and the other women or parents that you connect with that have babies your age because you're right, a six week old is totally different and sometimes you just need someone you can text at 4:00 AM that's like, are you are you going a little cuckoo banana pants? Me too. Let's meet up for a beverage tomorrow at some point.

Devon Clement: Yeah, and people I think that are, you know, obviously you're not going to be totally aligned with anyone on your thoughts and ideas and things like that, but having people that are at least somewhat like-minded in the way that they're doing things, the people in your due date group might not be or only certain people might be, might branch off.

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Early on when I first started the business, a bunch of girls I had grown up with were having babies and I added them to their mom group on Facebook. This was the heyday of Facebook, which I miss. Oh my god, Facebook groups are so great. But all these girls that I'd gone to high school with that I hardly knew, now we're all in this group together and I'm giving advice and I'm talking to them about sleep and different things.

And it was just so lovely to see how they were all supporting each other. And even ones - it was a pretty big group, so there were certain ones that were a little more on the natural side and I hate to call it that, but a little bit more on the schedule side versus the on-demand side and that kind of thing. And they kind of all found each other and it was just really and everyone was just really, really supportive and it was rare that there were arguments or fights and when there were, the people would intervene and it was just so nice and I think it was such a great support system. These girls have teenagers now, which is crazy.

Danis Copenhaver: Wow.

Devon Clement: And my business, my business baby is a teenager, so I guess it makes sense, but oh my gosh, yeah, they just...

Danis Copenhaver: It goes like fast.

Devon Clement: It does. It does. It doesn't feel like it in the moment, but it's certainly does.

Danis Copenhaver: Is that line, it's the longest shortest time.

Devon Clement: Yes, exactly. Exactly. I heard a client say once, this is the hardest job I've ever done on the least sleep I've ever had.

Danis Copenhaver: Oh.

Devon Clement: And it's so true. And I think that you can't bring the energy that you've brought to other areas of your life to parenting. And that makes it so

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difficult. You've gotten through college, maybe grad school, law school, medical school.

Danis Copenhaver: I thought I was going to have this.

Devon Clement: Oh yeah.

Danis Copenhaver: I was already a pediatrician. I did 24 hour shifts in the neonatal ICU. I've been in the PICU. I was like, I'm going to have a baby. I'm a pediatrician. I know it's going to be hard, but it's going to be fine. Yeah. That little boy came early, so I got to be a NICU mom, which was its own adventure.

Devon Clement: Oh, being on the other side of it, too, being familiar with it from the other side.

Danis Copenhaver: Yeah. Yeah, exactly. And then he came home and I just remember holding him, staring at his face and thinking, why do people keep having kids? This is the worst. I am so tired. And he's just he makes no sense. My brain you could want to find those patterns and I was just like, oh, this is different. You can't leave this behind even if you do a 24-hour shift, you get to go home and go to sleep for a little bit. This is just your whole life. And then I had another one. And it's just it never gets easier. It just you adjust, I guess a little bit to the lack of sleep. But it is wild. I do I mean I love - the only thing I love more than being a doctor is being a mom. Both have their own challenges.

Devon Clement: Sure.

Danis Copenhaver: But it is it's such a privilege and it's such a - obviously it's a little I don't want to say it's easier to be a mom, but it's different. You don't have to go in as much debt maybe sometimes.

Devon Clement: Although it doesn't pay you any income, so I guess that's kind of the trade off.

Danis Copenhaver: Yeah, lifetime. Oh jeez. It's they're both incredibly expensive. But it's such a privilege to know someone their whole life. And like as

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a parent, you get to have that however long that life is, you get to be there and then you get to be with them their whole life and have an intimacy with these little humans that you've you know their body, you know their brains, you're if you're lucky, you know their souls and you just get to be and being a pediatrician is reminds me of that too.

And I think that is also why being a pediatrician really appeals to me and being in that home even adds to that intimacy of like, oh, like you trust me to enter your home, to take care of your kid, to touch their body, to take to tell me your fears, to let your kids be, you know, it's such a privilege that I don't take lightly to just to be asked to be into your family like that into your village and I just I love it. Even when I'm exhausted, I love it. And I think that parents feel that. I think anytime you've been with a healthcare provider or a doula or a nurse or someone who comes into your home and takes the time to see you and hear you and help you.

Devon Clement: Yeah.

Danis Copenhaver: You're just like, oh, thank God.

Devon Clement: People are sometimes hesitant about hiring us, like we'll talk to them before the baby comes and they're like, well, we just don't know how much support we're going to need or how we're going to feel about having somebody in our house or whatever. And I'm like, I understand that, but you're going to feel great. And they always do.

They're, you know, oh my god, I'm so happy you're here. They're like, oh, can we trust this person and blah, blah, blah. And I'm like, you can check on us as much as you want. We can, you know, whatever you want to do, we can do. And then within like three nights, they're like, see you. Bye. I trust you. I'll see you in the morning.

Danis Copenhaver: Yeah. And they're sharing their deep stuff with you.

Devon Clement: Oh, yes. And you're like, great.

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Danis Copenhaver: let's hear this so I know how to support you through it. I'm also very specifically for sick. I mean, well visits too, but sick visits I or sometimes you're like, you probably get this too, I'm sure and you're like, what are you saying? I want you to say out loud the thing that is keeping you up at night. What are you really worried about? Even if you think it's irrational, I'm not going to judge you. Let's say it out loud and then we can I can tell you why I am not worried about this or it's the last thing on the list of the thing that I'm thinking about or maybe it's second to third. You know, I want you to know I'm thinking about it too.

Because, I, in addition to feeling privileged of taking care of your kid, I also have a intense scientific and medical training that I am constantly triaging in my head to make sure while I'm making goo eyes at your baby and smiling and singing a song to them, I am also noticing every reflex and eye tracking and all the different things to make sure that neurologically that baby is doing everything I expect it to do, all hopefully while looking to everybody else that it's just a charming little interaction.

Devon Clement: Yeah. Well, and I find and this is something that I've been wanting to talk about, so I think it's the perfect segue. A lot of the time, the stuff that the parents are worried about versus not worried about are not the things that I'm thinking about at all, or the things that I'm concerned about or the things that potentially are going to become issues down the road or things like that. I did a whole episode about it, safety, safety things that I think people freak out about these weird safety things that are not a concern at all. And then have chords next to the crib that I'm like, this is a huge issue.

And they're just like, oh, what? It is? So people, a lot of times the thing you're worried about is not the right thing to be worried about or not the right thing to be focused on or it's fine and you don't have to think about it or worry about it, but you don't really know that. A big one for me is choking. Do you feel like parents are appropriately worried about choking? Because I don't.

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Danis Copenhaver: No. No. I mean it's like well, things come in ebb and flow. And I think the internet blessing and a curse. So if there's a news story recently or a TikTok or something that came up, then there'll be a blip and people being concerned about it. But I will get so many more questions about the best first vegetable to feed a kiddo or how to start things and I'm like, all of that's going to work out fine. Honestly, the more calm you are about it, let's just a variety of foods, lots of flavors, let's do it. Even allergens. So, so, so, so, so worried about their kids having an allergy.

Devon Clement: Yeah.

Danis Copenhaver: Which even though there's a rising incidence, pretty low risk and good to start early, start at home.

Devon Clement: And that's and that's really changed. I remember 15 years ago when I was a nanny, we were holding back on certain foods until X point. And now they're like, give them everything, expose them early, like.

Danis Copenhaver: And that's science.

Devon Clement: Bring peanut butter to the hospital and not really, but...

Danis Copenhaver: No, but it does feel like that a little bit. No, it is because the research really showed us that doctors, we were doing the wrong thing, that we were making it worse and that the science behind it is like, actually, let's do it early and introduce it through the mouth so that the body knows like this is food, not something to fight. But then I'm like, oh yeah, don't let them put balloons in their mouths. They don't know how to exhale. They'll inhale. Oh, no popcorn till four. And they're like, really? I'm like, mhm. That stuff is airborne and then and more kids need to be bronked.

I mean, even if they don't choke where they go blue, it goes into their lungs and because it's infections and things, whole nuts. I mean, I can't tell you how many kids at two are coming in and they're getting fed like whole almonds for snacks.

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And I'm like, they don't have molars. They're not chewing and grinding. They're little snakes.

Devon Clement: Oh funny. That's such a good example.

Danis Copenhaver: I call all little kids little snakes. They like rip and tear, but then they just swallow it. They don't actually learn to grind until they're four.

Devon Clement: I had a two-year-old, I was sleep training like two and a half. She was she was very precocious. She was very bright, but she was very tiny and they were worried about her weight gain. So they were actually like feeding her in the night when she was waking up and I'm like, okay, she's two. I know you can't see her face, but I can.

And I was like, well, what if we put some kind of little thing that she could just manage herself? you know, whatever we were brainstorming some ideas for maybe something that she could she could get by herself in the night. And the mom was like, oh, what about nuts? I was like, are you kidding me? No, no, no, no, no. We are not doing that.

Danis Copenhaver: Right. Well, because I think we often think of well, we have a disconnect, but we're like, oh, children are small adults. Nuts are healthy. And you're like, but they're but they're not. They don't which is another way that people I think then get worried about certain things that kiddo have because they're projecting our adult stuff onto these kids. So either expecting them to be able to do a higher skill level that's maybe not happening yet, like how late a kid walks when they're 12 months and not taking a step on me. We're great.

Devon Clement: Yeah.

Danis Copenhaver: That's fine. let's give him time or I mean, there's so many. But like, I mean, but the choking thing again, they're like, oh, this is healthy. This is something I would snack on. This is like popcorn or nuts or whole nuts or things like that. Hot dogs, so fun, so summer. Let's give them a hot dog. They're

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three. And you're like, they're still not - that is a throat-shaped object that is just like they take a because they're excited and they got....

Devon Clement: Little snakes.

Danis Copenhaver: And then it's in their esophagus. And then everything is stressy.

Devon Clement: I mean, grapes, berries, whenever I see a kid with whole, a baby with whole blueberries, I'm like, no, smush them.

Danis Copenhaver: Pre-chewed.

Devon Clement: Alicia Silverstone, pre-chew the food and spit it into their mouth. Not really, but...

Danis Copenhaver: Something. Some things if in a pinch, fine.

Devon Clement: Yeah, right.

Danis Copenhaver: I can't pinch it, bite it. My favorite Mother's Day gift, and I got mocked viciously by my partner at the time, because I wanted one of those cutters, like a grape cutter, tomato cutter. And it's like just a one time one use tool and it seems like so totally wasteful. But you use it constantly.

Devon Clement: But you use it constantly.

Danis Copenhaver: So handy when you have a kid.

Devon Clement: So lovely. Yes. I was just going to say my sister when she was a teenager had she had these super intense braces. She had all this stuff going on in her mouth. She had surgery. She just had all this crazy stuff. And once in a while, she would choose to eat something that was not going to work with her mouth situation.

So I would literally take a bite out of an apple and hand it to her. You know, not chew it or anything, but just like, let me just break this off with my teeth and give

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it to you since you can't do that with what you have going on. Or she bought a frozen candy bar. I was like, what did you think you were going to do with this? So I just bite it and you know, it wasn't I know it sounds gross, but like I said, it wasn't chewing it up. I was just like, my teeth work and yours don't. So let me let me give you these little bites for you.

Danis Copenhaver: It's so instinctual to do that for people though. And you want to share that. I think food is also that gets us all really stressed too because it's how we share hey, we how we make our kids grow. So we're always worried that kids aren't growing.

Devon Clement: Yeah.

Danis Copenhaver: They're almost always growing. But it's how we share community and culture and all sorts of things, but it is very instinctual to like bite I'll bite a little piece of carrot off and hand it to my kid. I can't tell you how many times I've just been like...

Devon Clement: Teeth are teeth are so effective when we don't have grape cutters in our pocket. Yeah, I wouldn't I mean, I wouldn't do it with just any random kid, but when I was a full-time nanny, I bite half the grape and I give you the other half. I eat the half and you eat the half. It's just normal to just feels very natural to do that. You're right.

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