

# *Promoting Healthy Beginnings*

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A newsletter for  
health and human  
service providers  
published by:

***Mohawk Valley Perinatal Network, Inc.***

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*If you would like to contribute to our newsletter as a writer or with suggestions for future articles, please call, fax or e-mail the office.*

## *Parent Decisions about Infant Bedding and Sleep Surfaces*

Source: Ajao, T. I. et al. (2011) Decisions of black parents about infant bedding and sleep surfaces: A qualitative study. *Pediatrics*; 128; 494.

**WHAT'S KNOWN ON THIS SUBJECT:** The American Academy of Pediatrics has recommended avoidance of soft sleep surfaces and soft bedding in infant sleep environments as a strategy for reducing the risk of sudden infant death. However, use of soft bedding and surfaces is common.

**WHAT THIS STUDY ADDS:** Many black parents use soft bedding in the mistaken belief that it will keep their infant safe. There is much misunderstanding about the meaning of a "firm" sleep surface. Additional educational messages apparently are needed to change parental perceptions and practices.

**OBJECTIVE:** The goal of this qualitative study was to examine factors influencing decisions by black parents regarding use of soft bedding and sleep surfaces for their infants.

**METHODS:** The researchers conducted focus groups and individual interviews with black mothers of lower and higher socioeconomic status (SES). Mothers were asked about many infant care practices, including sleep surface and bedding.

**RESULTS:** Eighty-three mothers were interviewed, 73 (47 lower and 26 higher SES) in focus groups and 10 (7 lower and 3 higher SES) in individual interviews. The primary reason for using soft surfaces was infant comfort. Parents perceived that infants were uncomfortable if the surface was not soft. Many parents also interpreted "firm sleep surface" to mean taut; they were comfortable with and believed that they were following recommendations for a firm sleep surface when they placed pillows/blankets on the mattress as long as a sheet was pulled tautly over the pillows/blankets. The primary reasons for using soft bedding (including bumper pads) were comfort, safety, and aesthetics. In addition to using bedding to soften sleep surfaces, bedding was used to prevent infant rollover and falls, particularly for infants sleeping on a bed or sofa. Some parents used soft bedding to create an attractive space for the infant.

**CONCLUSIONS:** Many black parents believe that soft bedding will keep their infant safe and comfortable. There is much misunderstanding about the meaning of a "firm" sleep surface. Additional educational messages apparently are needed to change parental perceptions and practices.

**Find US Consumer Product Safety Commission information on safe bedding practices for infants at:**

<http://www.cpsc.gov/cpscpub/pubs/5049.html>

# *Recession Linked to a Rise in Shaken Baby Syndrome*

Source: The National Center on Shaken Baby Syndrome, September 2011; [www.dontshake.org](http://www.dontshake.org)

The National Center on Shaken Baby Syndrome (NCSBS) says a study published in the October 2011 issue of *Pediatrics* by a group of researchers headed by Dr. Rachel Berger at Children's Hospital of Pittsburgh serves as a reminder of the importance of evidence based prevention programs. The study shows a relationship between the recession and the rise of the incidence of shaken baby syndrome/abusive head trauma (SBS/AHT).

Data recorded from four hospitals in Pittsburgh, PA; Cincinnati, OH; Columbus, OH; and Seattle, WA from January 2004 through June 2009 show that SBS/AHT cases rose from 9 per 100,000 children prior to December 1, 2007 (defined as the start of the recession) to 15 per 100,000 children following that date. In Berger's study, 63% of the children were admitted to a Pediatric Intensive Care Unit and 16% died. The data represents 422 cases of SBS/AHT in children.

A similar study conducted by Mary I. Huang and her colleagues published in the August 2011 issue of the *Journal of Neurosurgery: Pediatrics* supports the findings in Berger's study. Huang's study reviewed cases of non-accidental head trauma (NAHT) in children up to 2 years old at University Hospitals Rainbow Babies and Children's Hospital in Cleveland. The findings showed that NAHT cases doubled during the recession from 0.7 cases per month between December 2001 and November 2007 compared to 1.4 NAHT cases per month during the recession, December 2007 through June 2010.

"The results of these studies highlight the need for increased prevention efforts during times of economic hardship," says Marilyn Barr, Founder and Executive Director of the National Center on Shaken Baby Syndrome. "Frustration with a baby's crying is the number one trigger for shaking. The added stress many families face during a recession can make handling a crying infant even more overwhelming."

Hospitals and organizations nationwide are responding by educating parents about the Period of PURPLE Crying, a stage when normal, perfectly healthy babies can cry for five hours a day or more. The NCSBS and Dr. Ronald Barr, a developmental pediatrician and expert on infant crying, developed the program. Since January 2009, over 800 hospitals and organizations have implemented the PURPLE program, which includes giving an 11-page booklet and 10-minute DVD to every family of a new baby to take home with them.

Currently, the PURPLE program has a presence in 49 out of 50 states with 5 states (Utah, North Carolina, Maine, Kansas and Iowa) implementing state-wide programs where birthing hospitals provide PURPLE to at least 80% of the total births. Additionally, 7 other states have implemented state-wide initiatives.

The Period of PURPLE Crying is a normal developmental phase that healthy babies may experience between two weeks and four months, characterized by long periods of crying. The letters in PURPLE stand for:

- Peak of crying – The baby may cry more each week, peaking at two months, and then less at three to five months.
- Unexpected – The crying can come and go, with no explanation.
- Resists soothing – The baby might not stop crying no matter what you try.
- Pain-like face – It may look like the baby is in pain, even when they are not.
- Long lasting – The baby might cry 5 hours per day or more.
- Evening – The baby might cry more in the late afternoon or evening.

"The Period of PURPLE Crying program shows parents that crying by an otherwise healthy baby is normal and is not caused by something that they are doing wrong," says Barr. "Additionally, the program helps parents understand that inconsolable crying does come to an end, which can be very comforting."

**For more information about the Period of PURPLE Crying, go to [www.PURPLEcrying.info](http://www.PURPLEcrying.info)**

## ***New Crib Safety Standards***

Beginning June 28, 2011 all cribs sold in the United States must meet new federal requirements for overall crib safety.

1. Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits are not allowed
2. Wood slats must be made of stronger woods to prevent breakage
3. Crib hardware must have anti-loosening devices to keep it from coming loose or falling off
4. Mattress supports must be more durable
5. Safety testing must be more rigorous

For more information visit:

<http://www.cpsc.gov/onsafety/2011/06/the-new-crib-standard-questions-and-answers/>

## ***Save the Date***

***November 1, 2011***

### ***Mohawk Valley Perinatal Network Annual Meeting***

Join us for breakfast, a review of Perinatal Network programs and services, and a unique educational opportunity. Adriann Combs, RNC, BSN, will present on eliminating elective deliveries before 39 weeks, and discuss hospital and community based initiatives for better birth outcomes.

9:00 am • Radisson Hotel • \$20 Registration

***November 2, 2011***

***December 7, 2011***

### ***Mohawk Valley Breastfeeding Network Meeting***

You are invited to join the efforts of the Mohawk Valley Breastfeeding Network in the promotion and support of breastfeeding in the area. They encourage all individuals who work with pregnant moms and their children to attend and are especially interested in the input of the medical community because so many families rely on their physicians for infant feeding advice.

#### *Mission Statement*

*To form a breastfeeding – friendly community by uniting community members, La Leche League, and health professionals passionate about breastfeeding in efforts to provide support, education and resources to breastfeeding families and those who work with them.*

9:00 am

YWCA 2nd Floor Conference Room  
1000 Cornelia Street, Utica

## ***Flu Vaccination***

### ***ACIP Influenza Vaccination Recommendations***

Source: [www.cdc.gov/flu](http://www.cdc.gov/flu)

- All persons aged 6 months and older should be vaccinated annually.
- Protection of persons at higher risk for influenza-related complications should continue to be a focus of vaccination efforts as providers and programs transition to routine vaccination of all persons aged 6 months and older.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
  - ◇ are aged 6 months-4 years (59 months);
  - ◇ are aged 50 years and older;
  - ◇ have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
  - ◇ are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus);
  - ◇ are or will be pregnant during the influenza season;
  - ◇ are aged 6 months-18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection;
  - ◇ are residents of nursing homes and other chronic-care facilities;
  - ◇ are American Indians/Alaska Natives;
  - ◇ are morbidly obese (body-mass index is 40 or greater);
  - ◇ are health-care personnel;
  - ◇ are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months; and
  - ◇ are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

## ***Funding Opportunities***

### ***CJ Foundation for SIDS***

Program Services Mini-Grants are available to promote safe sleep for infants, educate about Sudden Infant Death Syndrome (SIDS) risk reduction and safe sleep for infants, and provide grief support for parents and others who have experienced the sudden, unexpected death of an infant. Organizations can apply for a grant of \$500 to \$5,000. For more information visit [www.cjsids.org](http://www.cjsids.org)



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*Promoting Healthy Births and Healthy Families*

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One of 16 Perinatal Networks funded by the NYS  
Department of Health, Division of Family Health

***Our Mission:*** *To improve  
birth outcomes and maternal,  
child and family health, facilitate  
collaboration among providers  
and community organizations  
and advocate for change.*

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***On the Bookshelf***

***7 Steps to Reduce the Risk of SIDS***

InJoy Birth & Parenting Education, 2006

This comprehensive DVD presents seven easy steps to reduce the risk of SIDS and help babies sleep safely. The DVD addresses back sleeping, bedding, room sharing, pacifiers, overheating, smoking and secondary caregivers in a compassionate and positive tone.

***The Happiest Baby on the Block***

The Happiest Baby, Inc., 2006

In this DVD, Dr. Harvey Karp, pediatrician, reveals the amazing secret to turning on an infant's "calming reflex". Learn the five simple ways to activate the "off switch": Swaddle, Side/Stomach Position, Shushing, Swinging, Sucking.

***Positive Discipline without Shaking, Shouting or Spanking***

InJoy Birth & Parenting Education

This three volume set of DVDs presents age-appropriate positive discipline techniques for babies, toddlers and preschooler that help parents be more effective. Real life scenarios feature actual parents handling common challenges.

**Books, DVDs, journals, curricula and demonstration aids are available free for providers and consumers.**

**Call Cheri at 732-4567 extension 228.**