

# *Promoting Healthy Beginnings*

*Winter 2010 Volume VI Issue 2*

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.*

## ***New York State Department of Health Statement Regarding Current H1N1 Vaccine Supply, Redistribution of Vaccine, Demand and Need by Public*** ***January 8, 2010***

- There continues to be strong public demand for the vaccine, as evidenced by the public sign-ups for county vaccine clinics scheduled across the state.
- More than 50 percent of New Yorkers have not yet received the H1N1 vaccine and are recommended to receive it. The supply of vaccine is aimed at making vaccine available in many different settings to everyone who wants it.
- Flu activity in New York State is currently below the activity level in late fall, but flu activity in many areas of the state is still higher than normal for this time of year. All of the flu activity is still H1N1 flu.
- We are entering the traditional peak flu season, January through March. H1N1 flu activity and hospitalizations continue to be identified in the state, and we need to be prepared for a possible third wave of the H1N1 flu. The more people who are vaccinated, the greater the chance of preventing a third wave.
- The number of vaccine doses distributed to providers in New York State is based on the number of doses ordered by providers. During the fall, due to a vaccine shortage, many orders from providers could not be completely filled. Now, with ample supplies of vaccine, we are able to complete these orders.
- DOH continues to receive orders for vaccine from providers across the state, including doctor's offices, hospitals, community health centers, pharmacies, and other sites.
- During the week of January 5-9, DOH submitted an order to CDC for 550,000 doses of H1N1 vaccine to fill orders submitted to DOH by providers, including pharmacies.
- Part of routine vaccine inventory management involves moving vaccine to places where it is most in demand. Some providers have completed vaccination of their patients or have reached capacity in the storage of vaccine and are returning vaccine for redistribution to other providers who are still requesting vaccine for their patients. Nasal spray vaccine, which has not been as widely in demand as injectable vaccine, accounts for a large proportion of vaccine being returned for redistribution. Some redistribution of vaccine has occurred since the beginning of the vaccine campaign.
- It is impossible to calculate the exact number of vaccine doses needed at every vaccine administration point during the course of the response to a pandemic. It is normal for vaccine to be moved from one site to another to meet demands. From a public health standpoint, it is better to err on the side of too much vaccine rather than not enough. It should be expected that vaccine will be redistributed as a result of changes in the pandemic response, including changes that allow more providers, such as pharmacies, to make vaccine available.
- We do not want to repeat the mistake made in the 1957 flu pandemic when, in midwinter, public health officials no longer encouraged flu shots only to be hit with another substantial wave of sickness and deaths in March of that year.

***Our Mission:*** *To improve birth outcomes and maternal, child and family health.*

## *Topics in Perinatal Health*

### **NIH-Sponsored Study of Women Carrying a Baby with Spina Bifida**

by Jessica S. Ratay, MS, CGC

The Management of Myelomeningocele Study (MOMS), a randomized, controlled clinical trial, continues to enroll pregnant women. Health care professionals can play an important role by helping to identify and refer candidates for this study funded by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). The trial is designed to compare the safety and efficacy of prenatal versus postnatal closure of myelomeningocele. Approximately 160 women have been enrolled with another 40 needed. For the duration of the study, prenatal surgery for spina bifida is not available outside of the trial. Participating MOMS Centers are: The Children's Hospital of Philadelphia, Vanderbilt University Medical Center in Nashville, and the University of California at San Francisco. The George Washington University Biostatistics Center serves as the Coordinating Center and performs the centralized screening.

Patients can begin the evaluation process as soon as the diagnosis is made. For the initial screening process, women or their health care providers should contact Ms. Jessica Ratay (see below). Ms. Ratay, a genetic counselor, can explain the trial at length and/or provide information on spina bifida. If a patient remains interested in participating and consents to be screened, her medical records will be reviewed for inclusion and exclusion criteria. Healthcare providers are also encouraged to contact Ms. Ratay for information about this fetal condition and the trial.

Qualifying participants are referred to a MOMS Center for further screening where they are evaluated for eligibility and decide if they wish to enroll. If so, they are randomly assigned to either the prenatal or postnatal surgery group of the trial.

Participants in the prenatal group undergo surgery to repair the myelomeningocele between the 19th and 25th week of pregnancy and remain at the MOMS Center until cesarean delivery at 37 weeks. Those assigned to postnatal surgery go home after randomization and return to the MOMS Center at 37 weeks for cesarean delivery and myelomeningocele repair. Follow-up evaluations are performed at the center on all infants at 12 and 30 months of age. All travel, food and lodging costs are covered by the research study.

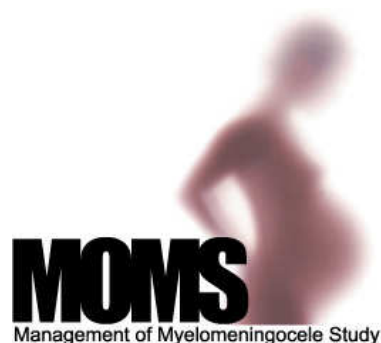
#### **To refer a patient or for information:**

Contact the Study Coordinator, Jessica Ratay, MS, CGC at:

1-866-ASK MOMS (1-866-275-6667)

E-mail: [MOMS@bsc.gwu.edu](mailto:MOMS@bsc.gwu.edu)

Website: [www.spinabifidamoms.com](http://www.spinabifidamoms.com)



## *To Support MVPN....*

You can support Mohawk Valley Perinatal Network programs and services for consumers and providers in Oneida, Herkimer and Madison Counties through a donation to our organization. MVPN is a nonprofit, tax-exempt organization. Donations are deductible for income tax purposes in the United States to the extent allowable by law.

Please make checks payable to "Mohawk Valley Perinatal Network, Inc." and mail donations to:

1000 Cornelia Street, 2nd Floor  
Utica, NY 13502

## *Topics in Perinatal Health*

### **Severe 2009 H1N1 Influenza in Pregnant and Postpartum Women in California**

Source: Louie, J.K., et al. New England Journal of Medicine, December 2009. Downloaded from [www.nejm.org](http://www.nejm.org).

#### **Background**

Like previous epidemic and pandemic diseases, 2009 pandemic influenza A (H1N1) may pose an increased risk of severe illness in pregnant women.

#### **Methods**

Statewide surveillance for patients who were hospitalized with or died from 2009 H1N1 influenza was initiated by the California Department of Public Health. We reviewed demographic and clinical data reported from April 23 through August 11, 2009, for all H1N1-infected, reproductive-age women who were hospitalized or died — nonpregnant women, pregnant women, and postpartum women (those who had delivered  $\leq 2$  weeks previously).

#### **Results**

Data were reported for 94 pregnant women, 8 postpartum women, and 137 nonpregnant women of reproductive age who were hospitalized with 2009 H1N1 influenza. Rapid antigen tests were falsely negative in 38% of the patients tested (58 of 153). Most pregnant patients (89 of 94 [95%]) were in the second or third trimester, and approximately one third (32 of 93 [34%]) had established risk factors for complications from influenza other than pregnancy. As compared with early antiviral treatment (administered  $\leq 2$  days after symptom onset) in pregnant women, later treatment was associated with admission to an intensive care unit (ICU) or death (relative risk, 4.3). In all, 18 pregnant women and 4 postpartum women (total, 22 of 102 [22%]) required intensive care, and 8 (8%) died. Six deliveries occurred in the ICU, including four emergency cesarean deliveries. The 2009 H1N1 influenza-specific maternal mortality ratio (the number of maternal deaths per 100,000 live births) was 4.3.

#### **Conclusions**

2009 H1N1 influenza can cause severe illness and death in pregnant and postpartum women; regardless of the results of rapid antigen testing, prompt evaluation and antiviral treatment of influenza-like illness should be considered in such women. The high cause-specific maternal mortality rate suggests that 2009 H1N1 influenza may increase the 2009 maternal mortality ratio in the United States.

## *VITA Tax Return Preparation 2010*

The VITA Tax Return Preparation program is active again this year in the Mohawk Valley. Individuals and families with incomes below \$49,000 for tax year 2009 are eligible for free federal and state tax preparation.

Earned Income Tax Credit (EITC) is also available to individuals and families in the following amounts at the following income levels:

- \$13,440 (\$18,440 if married filing jointly) if you do not have a qualifying child - maximum EITC \$457
- \$35,463 (\$40,463 if married filing jointly) if you have one qualifying child - maximum EITC \$3,043
- \$40,295 (\$45,295 if married filing jointly) if you have two qualifying children - maximum EITC \$5,028
- \$43,279 (\$48,279 if married filing jointly) if you have three or more qualifying children - maximum EITC \$5,657

The Mohawk Valley Perinatal Network office in Utica is a site for free tax preparation again this year. Call Lynne Gates at 732-4657 extension 224 to make an appointment.

For information on other locations in the Mohawk Valley, call Chrystal Young at RCIL 797-4642.



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## ***On the Bookshelf***

### **Postpartum Emotions: The Blues and Beyond**

DVD - 17 minutes - Family Experiences Productions, Inc.

Current national surveys indicate that 70 to 80% of all new mothers have symptoms of the blues, while 10 to 20% are impacted by postpartum depression. This DVD is an informative, fast-paced overview of postpartum emotions which

- Differentiates “baby blues” and normal adjustment from postpartum anxiety, postpartum depression and psychosis
- Lists symptoms which are problematic
- Suggests a range of effective intervention options

Direct and reassuring, Ann Dunnewold, Ph.D., a noted psychologist and mother of two who specializes in women’s health psychology and PPD, provides a wealth of insight, and empowerment, in this video designed for new parents as well as health professionals.

Mohawk Valley Perinatal Network has a variety of resources available for consumers and professionals on topics related to pregnancy, parenting, breastfeeding, maternal, child and family health. This resource and others are available for loan at no cost from the Resource Lending Library at the Perinatal Network. We have professional journals, demonstration aids, books, videos and brochures for professionals and consumers. Stop by our office at 1000 Cornelia Street, Utica or call Emmie at 732-4657 extension 228.