

Promoting Healthy Beginnings

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health and human
service providers
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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.

Preventing Fetal Alcohol Spectrum Disorders

Source: National Organization on Fetal Alcohol Syndrome, www.nofas.org

While there is no cure for Fetal Alcohol Spectrum Disorders (FASD), they are 100 percent preventable when pregnant women abstain from alcohol. FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. FASD affects an estimated 40,000 infants each year. Previous U.S. Surgeon General Richard H. Carmona has been quoted as saying "We do not know what, if any, amount of alcohol is safe. ... Therefore, it's in the child's best interest for a pregnant woman to simply not drink alcohol."

Challenges for FASD Prevention

- An estimated 5.3 million women in the United States drink in a way that threatens their health, safety, and general well-being.
- Nearly half of all pregnancies are unplanned.
- Many women do not know they are pregnant for several weeks (or even months) during which time they may drink alcohol.
- Health and social service professionals that provide services for women of childbearing age lack knowledge of, or training on, FASD.
- Alcohol screening of patients are not routine in health care settings.

Strategies for Reducing Alcohol Use During Pregnancy

Public Education and Awareness

- Public service announcements and other mass media approaches;
- U.S. Surgeon General's Advisory;
- Official awareness days and proclamations;
- Alcohol warning labels and posters; and
- Signage at point of sale of alcohol.

Professional Training and Education

- FASD Curricula for medical/nursing students;
- Education and training on FASD and chemical dependency for social service professionals; and
- Mandatory education for professional licensure.

General Prevention Programs

- Routine, prenatal screening for alcohol use;
- FASD curricula for school children;
- Workplace health promotion programs; and
- Information dissemination through healthcare professionals and insurance providers.

Targeted Prevention for High-Risk Women

- Routine education about FASD and pregnancy screening for women in substance abuse recovery;
- Drug education for pregnant teens attending prenatal clinics;
- FASD education for victims of childhood sexual abuse and/or domestic violence; and
- Science-based clinical interventions, such as motivational interviewing.

Our mission is to improve birth outcomes and maternal, child and family health, facilitate collaboration among providers and community organizations and advocate for change.

Agency Update

Mohawk Valley Perinatal Network is proud to announce the addition of two new programs to our current services—Community Health Advocates and Patient Navigation.

Community Health Advocates

Community Health Advocates (CHA) is a network of organizations from around New York State, funded by New York State Department of Health, that helps New Yorkers get health care, get health insurance, and get the most out of it. The Community Service Society of New York leads the network and trains local organizations to offer CHA services. Gerda Mortelette, the Community Health Advocate at the Perinatal Network, provides free, confidential information and individual assistance in any language in Madison, Oneida and Herkimer Counties. Questions she can help consumers answer include:

- What's in health care reform for me?
- How can I get health care with a limited budget?
- How can I get health insurance?
- How does my insurance work?
- What are my rights?
- How do I deal with medical bills?
- How can I resolve a dispute with my insurance?
- How can I keep my insurance?
- How can I reduce my insurance costs?
- How can I pay for expensive medication?

Gerda is also available to provide presentations on health care reform to consumers and health and human service providers. She provides accurate information on the new federal health care law, the Affordable Care Act (ACA), including:

- ACA makes health care less expensive and more accessible for many people.
- ACA provides discounts for people in Medicare Part D who hit the donut hole.
- ACA gives tax credits to small businesses so they can provide health insurance to their employees.
- ACA prevents insurance companies from denying services to their members for a pre-existing condition.
- ACA makes health insurance companies spend more in actual health care.

If you would like more information about the Community Health Advocates program, call Gerda at Mohawk Valley Perinatal Network: (315) 732-4657 extension 243, or email her at gmortelette@newfamily.org.

Patient Navigation

Mohawk Valley Perinatal Network is working in partnership with Faxton-St. Luke's Healthcare OB Care Center, with funding from United Way of the Valley and Greater Utica, to offer a patient navigation program to the highest risk patients at the OB Care Center. This is a pilot project designed to reduce very preterm birth (before 32 weeks) by reducing the stress of pregnant women. A nurse at the OB Care Center and staff at the Perinatal Network offer assessment, information and referral services to a subset of patients who benefit from assistance navigating the system of perinatal health services. Staff offer assistance with education, food, shelter, mental health services, child care, and any other needs a woman may encounter. In addition, staff can attend medical and supportive services appointments with women to help them better advocate for themselves. Throughout their participation in the program, staff encourage women to enroll in more intensive and long term supportive services available locally, such as home visiting and parenting programs. The Perinatal Network and Faxton-St. Luke's hope that data from this pilot project will show the benefits of the program for women and the OB Care Center and that the program will be maintained and expanded to other sites in the future. If you would like more information about the Patient Navigation program, call Cheri Elefante at (315) 732-4657 extension 228, or email her at celefante@newfamily.org.

Provider Resources

The National Partnership to help Pregnant Smokers Quit

<http://www.helppregnant smokersquit.org/care/default.html>

New York State Smokers Quitline

1-866-NY-QUITS (1-866-697-8487)

<http://www.nysmokefree.com>

March of Dimes Healthy Babies are Worth the Wait Campaign

Information for pregnant women at http://marchofdimes.com/pregnancy/getready_atleast39weeks.html

Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Toolkit

http://marchofdimes.com/professionals/medicalresources_39weeks.html

Smoking in Pregnancy Damages Arteries in Offspring

Source: Nancy Walsh, Staff Writer, MedPage Today, Published December 27, 2011

Maternal smoking during pregnancy can lead to arterial damage detectable in the offspring at 5 years, yet three-quarters of parents of young children continued to smoke after participating in smoking cessation programs, researchers reported.

Children whose mothers smoked while pregnant had carotid artery intima-media thickness 18.8 μm thicker than those with no prenatal smoke exposure, according to Cuno S.P.M. Uiterwaal, MD, PhD, and colleagues from University Medical Center Utrecht in the Netherlands. Exposed children also had arterial distensibility that was 15% lower, the researchers reported in the January 2012 issue of *Pediatrics*.

Passive smoking has been linked to thickening of arterial walls in young adults and abnormalities of endothelial function in children, but it has not been clear whether maternal smoking interferes with vascular development in the fetus. Uiterwaal and colleagues analyzed data from a prospective population-based study that included 259 children. The children were evaluated at 1 month and then at 5 years, at which time they underwent carotid ultrasound examinations. At both clinic visits, parents responded to questionnaires about smoking history.

No differences were seen in carotid artery intima-media thickness in children of mothers who had not smoked during pregnancy but reported doing so after pregnancy, whereas children whose mothers smoked both during and after pregnancy had increases of 23.3 μm . Arterial distensibility also was lower by 19% in those whose mothers smoked both during and after pregnancy. The highest increase in carotid artery intima-media thickness was seen in children with two parents who smoked during the pregnancy, at 27.7 μm . Those children also had arterial distensibility that was 21% lower.

"Our study shows that tobacco smoke exposure during gestation has structural and functional effects on the vascular wall of young children," the researchers observed.

In a comment accompanying the study, Susanne E. Tanski, MD, of Dartmouth Medical School in Hanover, N.H., and Karen M. Wilson, MD, of the University of Rochester, N.Y., said that more work needs to be done to elucidate the relationship between fetal exposure and later life complications. "We are only beginning to understand the long-term effects of [secondhand smoke] on cardiovascular health and the pediatric antecedents of adult heart disease," they wrote. Whether the vascular changes found in this study will persist remains to be seen, but the study does suggest that parental smoking can have cardiovascular consequences for their children. "This study provides one more piece of evidence for the importance of smoking cessation, in particular among families with young children," observed Tanski and Wilson.

The effects of smoking cessation interventions directed specifically to parents of young children were explored in a second study, also published in the January issue of *Pediatrics*.

This was a meta-analysis that included 18 trials and 7,053 participants. The interventions included provision of educational materials, counseling, and medications, and took place in the home, pediatrician's office, and well-baby clinics. In only four of the trials was there a statistically significant difference between the intervention and control. In these trials, parental quit rates following cessation interventions averaged 23.1% compared with 18.4% among controls, according to Laura J. Rosen, PhD, of Tel Aviv University in Ramat Aviv, Israel, and colleagues. In the individual studies, rates of smoking cessation ranged from 0.9% to 83.6% in the intervention groups and from 0.8% to 72.1% among controls. The risk difference between the intervention and control groups was 0.04, meaning that 4% more parents in the intervention groups stopped smoking than in control groups.

However, more than 75% of parents in these trials continued to smoke, "leaving the overwhelming majority of children potentially exposed to their parents' smoke," the researchers wrote. They suggested that a better way of motivating parents to quit smoking might be for clinicians to encourage them to make the effort for the well being and future health of their children. "More research is needed to build effective interventions for encouraging parental cessation for the benefit of children, to isolate components that best maximize the motivating function of child welfare, and to identify effective interventions for the protection of children from tobacco smoke exposure if parents are not ready or able to quit," Rosen and colleagues concluded.

Limitations of the meta-analysis included the possibility of recruitment bias and heterogeneity among the trials.



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Promoting Healthy Births and Healthy Families

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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Healthy Babies are Worth the Wait

The last few weeks of pregnancy are really important in a baby's development. Major organs, like the brain, lungs and liver, are still growing. Eyes and ears are developing. He's learning to suck and swallow. At least 39 weeks of pregnancy gives a baby all the time he needs to grow before he's born.

The March of Dimes wants babies to get at least 39 weeks of pregnancy. For pregnant women, we offer information on why getting to at least 39 weeks is so important. For professionals, we encourage participation in quality improvement initiatives aimed at preventing premature birth, including use of the toolkit *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks*. And we invite you to participate in a collaborative initiative to eliminate preventable preterm births called Healthy Babies are Worth the Wait® (HBWW).

Mohawk Valley Perinatal Network is participating in this collaborative through a partnership with the Association of Perinatal Networks of New York and the March of Dimes. A Public Health intern with the Perinatal Network has developed and facilitated a presentation for women of childbearing age and their support persons. Perinatal Network staff are available to share this presentation with consumers, encouraging women to let labor start on its own when pregnancy is progressing normally.

Call April Miller at the Perinatal Network at (315) 732-4657 extension 222 or email her at amiller@newfamily.org for more information about the Healthy Babies are Worth the Wait campaign or to schedule a presentation for your clients.