

Promoting Healthy Beginnings

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A newsletter for health and human service providers published by:

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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.

World Breastfeeding Week 2015: August 1—7 Let's Make it Work!

The WBW 2015 theme on working women and breastfeeding revisits the 1993 WBW campaign on the Mother-Friendly Workplace Initiative.

Much has been achieved in 22 years of global action supporting women in combining breastfeeding and work, particularly the adoption of the revised ILO Convention 183 on Maternity Protection with much stronger maternity entitlements, and more country actions on improving national laws and practices. At the workplace level, we have also seen more actions taken to set up breastfeeding or mother-friendly workplaces including awards for breastfeeding-friendly employers, as well as greater mass awareness on working women's rights to breastfeed. Yet, after over two decades, global monitoring on infant and young child feeding progress shows that this fourth Innocenti Declaration (1991) target is still the most difficult to meet!

With the WBW 2015 campaign World Alliance for Breastfeeding Action and its partners at global, regional and national levels aim to empower and support ALL women, working in both the formal and informal sectors, to adequately combine work with child-rearing, particularly breastfeeding. We define work in its broadest form from paid employment, self-employment, seasonal and contract work to unpaid home and care work.

Various strategies exist to support women working in your community from long-term actions to short-term actions.

WBW 2015 Objectives

1. **Galvanize** multi-dimensional support from all sectors to enable women everywhere to work and breastfeed.
2. **Promote** actions by employers to become Family/Parent/Baby and Mother-Friendly, and to actively facilitate and support employed women to continue breastfeeding.
3. **Inform** people about the latest in global Maternity Protection entitlements, and raise awareness of the need to strengthen related national legislation and implementation.
4. **Strengthen**, facilitate and showcase supportive practices that enable women working in the informal sector to breastfeed.
5. **Engage** with target groups e.g. with Trade Unions, Worker's Rights Organizations, Women's groups and Youth groups, to protect the breastfeeding rights of women in the workplace.



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

More and more moms are breastfeeding...



77%

of all babies born in 2010¹ were **ever breastfed**—up from **70%** in 2000²



of African-American babies born in 2010¹ were **ever breastfed**—up from **47%** in 2000²

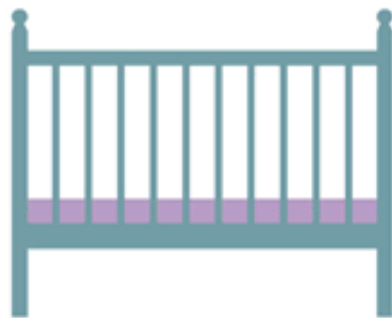


49%

of all babies born in 2010¹ were **breastfed at 6 months**—up from **35%** in 2000²



of African-American babies born in 2010¹ were **breastfed at 6 months**—up from **18%** in 2000²



...saving lives...

Breastfeeding can **reduce the odds** of Sudden Infant Death Syndrome by **36%**³

...and saving money.

Families who follow optimal breastfeeding practices can **save** between

\$1,200 and \$1,500

on infant formula⁴



Drowning Doesn't Look Like Drowning

This summer, share this important information with the families you work with, about keeping yourself and your family safe while out swimming. Mario Vittone, a retired Coast Guard Captain, author, and trained rescue swimmer, wrote this article in 2013, dispelling a popular myth about how to tell when someone is struggling in the water.

The new captain jumped from the deck, fully dressed, and sprinted through the water. A former lifeguard, he kept his eyes on his victim as he headed straight for the couple swimming between their anchored sportfisher and the beach. “I think he thinks you’re drowning,” the husband said to his wife. They had been splashing each other and she had screamed but now they were just standing, neck-deep on the sand bar. “We’re fine, what is he doing?” she asked, a little annoyed. “We’re fine!” the husband yelled, waving him off, but his captain kept swimming hard. “Move!” he barked as he sprinted between the stunned owners. Directly behind them, not ten feet away, their nine-year-old daughter was drowning. Safely above the surface in the arms of the captain, she burst into tears, “Daddy!”

How did this captain know – from fifty feet away – what the father couldn’t recognize from just ten? Drowning is not the violent, splashing, call for help that most people expect. The captain was trained to recognize drowning by experts and years of experience. The father, on the other hand, had learned what drowning looks like by watching television. If you spend time on or near the water (hint: that’s all of us) then you should make sure that you and your crew knows what to look for whenever people enter the water. Until she cried a tearful, “Daddy,” she hadn’t made a sound. As a former Coast Guard rescue swimmer, I wasn’t surprised at all by this story. Drowning is almost always a deceptively quiet event. The waving, splashing, and yelling that dramatic

conditioning (television) prepares us to look for, is rarely seen in real life.

The Instinctive Drowning Response – so named by Francesco A. Pia, Ph.D., is what people do to avoid actual or perceived suffocation in the water. And it does not look like most people expect. There is very little splashing, no waving, and no yelling or calls for help of any kind. To get an idea of just how quiet and undramatic from the surface drowning can be, consider this: It is the number two cause of accidental death in children, age 15 and under (just behind vehicle accidents) – of the approximately 750 children who will drown next year, about 375 of them will do so within 25 yards of a parent or other adult. In ten percent of those drownings, the adult will actually watch them do it, having no idea it is happening. Drowning does not look like drowning – Dr. Pia, in an article in the Coast Guard’s On Scene Magazine, described the instinctive drowning response like this:

1. Except in rare circumstances, drowning people are physiologically unable to call out for help. The respiratory system was designed for breathing. Speech is the secondary or overlaid function. Breathing must be fulfilled, before speech occurs.
2. Drowning people’s mouths alternately sink below and reappear above the surface of the water. The mouths of drowning people are not above the surface of the water long enough for them to exhale, inhale, and call out for help. When the drowning people’s mouths are above the surface, they exhale and inhale quickly as their mouths start to sink below the surface of the water.
3. Drowning people cannot wave for help. Nature instinctively forces them to extend their arms laterally and press down on the water’s surface. Pressing down on the surface of the water, permits drowning people to leverage their bodies so they can lift their mouths out of the water to breathe.



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Mohawk Valley Perinatal Network's Healthy Beginnings Newsletter is "Going Green" January 2016!

Do we have your email address? Please contact Kayleigh at kriesel@newfamily.org or 732-4657 X228 with your email address, if you would like to keep receiving our Newsletter. If email is not an option, please let us know, so we can continue sending paper Newsletters. Thank you!

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Drowning, cont.

4. Throughout the Instinctive Drowning Response, drowning people cannot voluntarily control their arm movements. Physiologically, drowning people who are struggling on the surface of the water cannot stop drowning and perform voluntary movements such as waving for help, moving toward a rescuer, or reaching out for a piece of rescue equipment.

5. From beginning to end of the Instinctive Drowning Response people's bodies remain upright in the water, with no evidence of a supporting kick. Unless rescued by a trained lifeguard, these drowning people can only struggle on the surface of the water from 20 to 60 seconds before submersion occurs.

This doesn't mean that a person that is yelling for help and thrashing isn't in real trouble – they are experiencing aquatic distress. Not always present before the instinctive drowning response, aquatic distress doesn't last long – but unlike true drowning, these victims can still assist in their own rescue. They can grab lifelines, throw rings, etc.

Look for these other signs of drowning when persons are in the water:

- Head low in the water, mouth at water level
- Head tilted back with mouth open
- Eyes glassy and empty, unable to focus
- Eyes closed
- Hair over forehead or eyes
- Not using legs – Vertical
- Hyperventilating or gasping
- Trying to swim in a particular direction but not making headway
- Trying to roll over on the back
- Appear to be climbing an invisible ladder.

So if a crew member falls overboard and everything looks OK – don't be too sure. Sometimes the most common indication that someone is drowning is that they don't look like they're drowning. They may just look like they are treading water and looking up at the deck. One way to be sure? Ask them, "Are you alright?" If they can answer at all – they probably are. If they return a blank stare, you may have less than 30 seconds to get to them. And parents – children playing in the water make noise. *When they get quiet, you get to them and find out why.*