

# Promoting Healthy Beginnings

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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.*

## ***Efforts to reduce high C-section rates, and making the most of C-sections when they are necessary***

According to *ChildbirthConnection.org*, “When first measured in 1965, the national U.S. cesarean birth rate was 4.5%. However, the national cesarean rate has increased seven-fold. It peaked in 2009 at 32.9% and had dropped slightly, to 32.2%, in 2014. So, about one in three mothers now gives birth by cesarean section—the nation’s most common operating room procedure. The nation’s leading professional obstetric societies conclude that women and babies have not benefited from this increase in cesarean section, and that it is overused. ***While cesarean birth is safer than vaginal birth for certain high-risk conditions, it likely poses greater risk of harm in low-risk women.*** [Organizations such as the American College of Obstetricians and Gynecologists] recommend safe, appropriate prevention of overuse. Cesarean section is major surgery and increases the likelihood of many short - and longer-term adverse effects in mothers and babies.” You can read more about the reasons for the increase in C-sections, and the effects of C-section on mother and infant health at <http://www.childbirthconnection.org/article.asp?ck=10456>.

Since the emergence of much research focusing on the negative effects of C-sections on low-risk mothers and their babies, and especially research focusing on the thoughts and feelings of mothers during their birth experiences (Listening to Mothers Surveys and Reports), many medical changes in policies and educational initiatives have been implemented in an attempt to lower the

C-section rate in the U.S. Some of these initiatives include:

- **Health education tools for pregnant women**, like the March of Dimes, “Healthy Babies are Worth the Wait”, which focuses on the health advantages of waiting until a woman naturally goes into labor to have her baby. The educational tool aims to reduce the amount of non-medically indicated inductions (especially before 39 weeks). Having an induction or augmentation during labor increases the likelihood of having a C-section. (Mohawk Valley Perinatal Network offers this training – call (315) 732-4657 for more information). ([www.marchofdimes.org](http://www.marchofdimes.org))
- **Childbirth education models**, such as Lamaze, which focus on empowering women to learn how their bodies were designed for birth, and encourages women to work with their body’s natural abilities. Lamaze-style education also helps women navigate all of the possible medical interventions and their risks during labor, pain management options, and their benefits and drawbacks. ([www.lamaze.com](http://www.lamaze.com))
- **Having a partner and/or a Doula present during labor helps birth outcomes.** “In the late 1970s, when Drs. John Kennell and Marshall Klaus investigated ways to enhance maternal-infant bonding they found that introducing a doula into the labor room not only improved the bond between mother and infant, but also seemed to decrease the incidence of complications...In fact, [in] the largest systematic review of continuous labor

## C-Sections, continued

support, published in 2011, doula-supported women were: 28% less likely to have a C-section; 31% less likely to use synthetic oxytocin to speed up labor; 9% less likely to use any pain medication; and 34% less likely to rate their childbirth experience negatively.” ([www.dona.org](http://www.dona.org))

- **An increase in media and news releases from reputable organizations** highlighting recommendations to decrease the number of C-sections. For example, in March 2013, an ACOG news release specifically pointed out that a “big baby” was not a medically-indicated reason (on its own) to induce or have a C-section earlier than full-term (39 weeks). To read more, visit [acog.org](http://acog.org) “Early Deliveries Without Medical Indications: Just Say No”.
- **Changes in many hospital policies** surrounding C-sections, such as requiring board-approval for non-medically indicated elective C-section requests, especially requests before full-term—full-term now being considered 39 weeks pregnant.

In addition to efforts aimed at reducing the number of Cesareans, more and more research is now being done to improve the health outcomes of mothers and babies who have C-Sections, and to make C-sections more family-centered. C-sections are sometimes necessary and life-saving procedures for high-risk women. Here are some findings to consider, if you work with pregnant women:

- **Researchers think the process of laboring before having a C-section may improve health outcomes of mom and baby.** A recent study published in the *Journal of the American Medical Association (JAMA)* looked at all full-term, firstborn births in Scotland over a 15-year period, and tracked those babies’ long-term health. The data showed more health problems among babies born by planned C-section than among those delivered by emergency C-section, even though scheduled C-sections are done under more externally controlled circumstances. The findings suggest that the process of laboring, even when interrupted by emergency C-section, may give children a healthy start. “When you don’t wait for labor to begin on its own, you cut short all kinds of physiological changes and preparations for birth that are taking place toward the end of pregnancy,”

said Carol Sakala, the director of Childbirth Connection programs at the National Partnership for Women & Families. (*JAMA*)

- **Current research of “seeding” babies born via C-section is promising.** In a small study published in *Nature Medicine* ([www.nature.com](http://www.nature.com)) in February 2016, researchers explained, “Exposure of newborns to the maternal vaginal microbiota is interrupted with cesarean birthing. Babies delivered by C-section acquire a microbiota that differs from that of vaginally delivered infants, and C-section delivery has been associated with increased risk for immune and metabolic disorders.” In the pilot study, babies born by C-section were swabbed with maternal vaginal fluids at birth. The results? “Although the long-term health consequences of restoring the microbiota of C-section-delivered infants remain unclear, our results demonstrate that vaginal microbes can be partially restored at birth in C-section-delivered babies.”
- **Gentle/Family-Centered C-sections and continuous emotional support seem to improve birth experiences for women.** Most hospitals now allow partner and/or Doula support during a C-section, and it is something a woman can discuss with her doctor while she is still pregnant. In the operating room (whether planned or emergency C-section), partners and Doulas can help keep mom calm and comfortable, help her stick to her birth plan wishes, and help facilitate skin-to-skin after the birth, among other things. Gentle C-section requests, such as: partner and/or Doula support in the operating room, an epidural/spinal block instead of general anesthesia, skin-to-skin contact with mom after baby is born (or with dad if mom is unable), delaying routine tests (if possible) to protect the mother and baby’s “Golden Hour”, photography during the birth, breastfeeding support, even delayed cord clamping can be discussed with a provider before the birth. These are procedures that: have been done successfully, have been shown to improve birth outcomes, bonding, and/or breastfeeding, or are being researched currently to see if they improve C-section outcomes and/or improve a mother’s birth experience during a C-section.

## *Breastfeed Your Baby Here—Normalizing Breastfeeding in Public*

Mohawk Valley Perinatal Network is proud to introduce the *Breastfeed Your Baby Here* community initiative. The project works with businesses and organizations to support breastfeeding mothers and babies in our community, and to make nursing an accepted, comfortable, and easy choice in stores, daycare centers, buses, parks—*anytime, anywhere*. In essence, the project aims to normalize breastfeeding in public, by creating breastfeeding-friendly public places. The more often people see mothers breastfeeding, the more normal it will become. The more normal breastfeeding becomes, the less insecure women will feel about breastfeeding wherever they need to, and more women will be able to meet their breastfeeding goals. It has been shown time and time again that breastfeeding is important, and positively impacts the health of both mothers and babies. The more normal breastfeeding in public becomes, the healthier people will be.

***Why is normalizing breastfeeding in public important?*** According to the National Institutes of Health (NIH): “A study that analyzed data from a national public opinion survey conducted in 2001 found that only 43% of U.S. adults believed that women should have the right to breastfeed in public places. Restaurant and shopping center managers have reported that they would either discourage breastfeeding anywhere in their facilities or would suggest that breastfeeding mothers move to an area that was more secluded. When they have breastfed in public places, many mothers have been asked to stop breastfeeding or to leave. Such situations make women feel embarrassed and fearful of being stigmatized by people around them when they breastfeed. **Embarrassment remains a formidable barrier to breastfeeding in the United States and is closely related to disapproval of breastfeeding in public.**” When there are barriers in the way of achieving something so healthy and beneficial for ourselves and our children, we must work to remove them.

***Can't women just breastfeed in private?*** The American Academy of Pediatrics Recommends breastfeeding for a minimum of 1 year. The World Health Organization recommends breastfeeding “up to 2 years of age or beyond”. Within even the first year of life, how often a baby breastfeeds changes

depending on age, and from baby to baby. How often do babies breastfeed? According to La Leche League, “Every baby is different! Due to individual differences, healthy full-term babies may breastfeed as often as **every hour or as infrequently as every four hours**...Daily breastfeeding patterns will vary from baby to baby and from day to day. Many mothers are surprised at how quickly and easily human milk is digested (often within 90 minutes of the last feeding). Rather than watching the clock it is recommended that a mother watch for signs that her newborn is hungry, such as the rooting reflex, chewing/sucking on hands or fingers, or crying.”

**Babies breastfeed on demand.** Asking mothers to stay home for at least a year, to stay close to home or a car/private place in case baby needs to nurse, is not feasible. Expecting breastfeeding mothers to find a bathroom every time the baby needs to nurse is also not feasible, and is unhygienic. Even after babies start eating solid foods, many still *need* to nurse when mom is out and about. This is an emotional need, and babies' emotional needs are just as important as their nutritional needs. Different babies (just like children and adults) have differing emotional needs. Some need to nurse more often than others, and many moms and babies choose to breastfeed longer than the minimum (AAP) recommended year.

***What are the policies regarding a woman's right to breastfeed in public, anyway?*** The federal law states, “Notwithstanding any other provision of law, a woman may breastfeed her child at any location in a Federal building or on Federal property, if the woman and her child are otherwise authorized to be present at the location.” Each state then takes this law and adds specific nuances. **NYS Civil Rights Law, Section 79-e states, “Notwithstanding any other provision of law, a mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be, irrespective of whether or not the nipple of the mother's breast is covered during or incidental to the breastfeeding.”** This means mothers can breastfeed anywhere in public they want to, if they are otherwise allowed to be there, and whether or not they cover themselves is up to their own individual comfort level. Some babies are bothered by a cover on their faces, and will not nurse covered. There is also no age limit on the law. Mothers have a right to breastfeed their newborns,

**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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***Breastfeed Your Baby Here, continued***

infants, older babies, and toddlers in public.

**What does it mean to be “Breastfeeding Friendly”, and to be a Breastfeed Your Baby Here partner?** At the very basic level, a business or organization can be a *Breastfeed Your Baby Here* partner by displaying the official *Breastfeed Your Baby Here* signage (pictured below), as an indication of an organization’s awareness and support of *New York State Civil Rights Law, Section 79-e*, which protects a mother’s right to nurse in public. We also ask that partners educate all staff members and encourage others to be courteous and kind to nursing mothers everywhere.

**Want to do even more for breastfeeding moms in our community?** We also have additional options available. You can offer a clean semi-private or private area (other than a bathroom) with a chair, which can be made available to breastfeeding mothers. Many partners are finding that they already have a space in their facility to use for this purpose, so no extra work needs to be done. Partners can also choose if they would like to serve the community as a “drop-in place” for breastfeeding moms. This means a business welcomes mothers to stop in and nurse without being a customer/client, if they are in the neighborhood or building with a baby or child, needing a place to nurse. Partners can also promote other family-friendly accommodations they may have, such as changing tables.

When a business signs on to be a *Breastfeed Your Baby Here* partner, they can then choose whether or not they would like to have their contact information, location, and available accommodations listed on the *Breastfeed Your Baby Here* website, which moms can use to find breastfeeding-friendly public places while they’re out and about with their babies.

Mohawk Valley Perinatal Network currently has over 20 established *Breastfeed Your Baby Here* partnerships with private and non-profit businesses in the Mohawk Valley. Call Mohawk Valley Perinatal Network at (315) 732-4657 for more information on becoming a partner today!