

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.

Reducing Elective Inductions

Have you heard an expectant mother say that she was planning to give birth on a certain day, rather than waiting for baby to come when he or she is ready? Pregnancy involves a great deal of anticipation and excitement, but certain aspects of ‘waiting’ can be uncomfortable and stressful. This can give some moms incentive to schedule an early delivery (“elective induction”). Sometimes there are health concerns that prompt a doctor to recommend an early delivery, but oftentimes, they are *not* medically necessary. According to the March of Dimes, “Early elective deliveries, or medically unnecessary deliveries before a full 39 weeks of gestation, put the baby at greater risk of health problems or even death, and cost more than a healthy full-term birth.” Is mom aware of these risks?

Healthy Babies are Worth the Wait!

- Calculating the due date is really just an estimate of when baby should arrive. It could be off by as much as 2 weeks. This means a woman who thinks she is at ‘37 weeks’ might only be 35 or 36 weeks pregnant. Delivering this early could be detrimental to both mom and baby.
- Baby’s brain is much bigger and more developed at 39 weeks, than at 35. Approximately 50% of cortical volume growth occurs between 34 & 40 weeks of pregnancy. At 37 weeks, baby’s brain weighs only 80% of what it would weigh at 40 weeks.
- Babies born at 37 weeks may have trouble seeing, hearing, breathing, keeping warm, and being able to stay awake.
- Elective induction can lead to a C-section, and may even result in a NICU admission – increasing the length of stay and cost of care.
- Internal organs have more time to develop the longer they are in the womb.

- Baby is developing skills during those last few weeks in the womb, such as sucking and swallowing.

If mom has a condition such as diabetes, renal disease, chronic pulmonary disease, liver disease, HIV infection, or cardiovascular disease, her doctor may want to schedule a C-section—when waiting until 39 or 40 weeks could do more harm than good. Other reasons an early delivery would be considered medically necessary include signs of fetal demise, problems with the placenta, pregnancy is post-term (baby hasn’t arrived after 40 weeks), gestational hypertension, preeclampsia or eclampsia, and chronic hypertension.

Unless one of these conditions exists and is of concern, it’s always best to wait for labor to happen naturally. This will give baby the health advantage of full development in the womb, and reduce the risk of potential complications associated with preterm birth (NICU admissions, risk of Respiratory Distress Syndrome, ventilator support, suspected/proven sepsis, newborn feeding problems, infections, long-term intellectual/developmental disabilities, and more).

There are many reasons why it might seem ‘convenient’ to schedule a delivery date ahead of time, such as family availability, doctor availability, work schedules, and simply having a sense of control over an otherwise unpredictable situation. However, if mom is fully educated on the risks associated with early elective deliveries, she is likely to agree that her baby’s health is more important than anything else!

If you would like to learn more about early induction, and how to encourage moms to wait, the March of Dimes has created a training called *Healthy Babies are Worth the Wait* that MVPN can provide to you and your staff at no cost. Call (315) 732-4657 to set up a training at your facility.

Source: March of Dimes

Reducing Lead Exposure

Over the years, federal and state regulatory standards have helped to reduce the amount of lead in our air, drinking water, soil, consumer products, food, and occupational settings. However, lead poisoning is still common, and unfortunately, poses a serious health threat.

Children are especially susceptible to lead exposure. According to the World Health Organization, “they absorb 4-5 times as much ingested lead as adults”. Children are also more likely to touch and put objects that have lead in them (or are covered in lead) into their mouths (such as lead paint chips and contaminated soil or dust). When lead gets into the body, it travels to the brain, kidneys, liver and bones. This can lead to reduced IQ, reduced attention span, antisocial behavior, and difficulties learning and succeeding in school. These effects are said to be irreversible. There is no safe level of lead in the blood.

Worth noting, women need to take extra precautions if they are planning to become pregnant. Lead built up in women’s soft tissues and bones can be redistributed to the blood during pregnancy, and thus expose baby.

How can you help the families you work with minimize their risk of lead poisoning? Talk to them about it! Make sure they know their children should be tested at or around their first and second birthdays. Additionally, up until they reach age 6, the parent/guardian should be asked the following assessment questions annually. If the answer is *yes* to any one of them, the child needs to be tested again.

1. Does your child live in or regularly visit an older home/building with peeling or chipping paint, or with recent or ongoing renovation or remodeling? New York City banned lead-based paint for residential use in 1960. In 1977, the U.S. Consumer Product Safety Commission banned the use of lead-based paint in residential buildings. Older dwellings may have lead-based paint under new paint. Consider day care, preschool, school, and home of babysitter or relative. Ask if any move, repair, or renovation is planned, and provide anticipatory guidance if needed. Children with Medicaid, those entering foster care, and recently arrived refugees are more likely to live in older, poorly maintained housing, and have higher rates of lead poisoning.

2. Has your child spent any time outside the U.S. in the past year? All foreign-born children should be tested upon arrival in the U.S., due to higher lead risk in many foreign countries.

3. Does your child have a brother/sister, housemate/ playmate being followed or treated for lead poisoning?

4. Does your child eat non-food items (pica)? Does your child often put things in his/her mouth such as toys, jewelry,

or keys? Children with developmental disabilities are at higher risk for pica. Product recall info: cpsc.gov

5. Does your child often come in contact with an adult whose job or hobby involves exposure to lead? E.g., house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, battery recycling, lead smelting, jewelry, stained glass or pottery making, fishing (weights), making or shooting firearms, or collecting lead or pewter figurines

6. Does your family use traditional medicine health remedies, cosmetics, powders, spices, or food from other countries? Lead has been found in items such as: Ayurvedic medicines, alcohols, azarcon (alarcon, luiga, rueda, coral), greta, litargirio, ghasard, pay-loo-ah, bala goli, Daw Tway, Daw Kyin; in cosmetics such as kohl, surma, and sindoor; and in some candies and other products from Mexico. More information available at: cdc.gov/nceh/lead/tips/sources.htm

7. Does your family cook, store, or serve food in leaded crystal, pewter, or pottery from Asia or Latin America? Lead exposure risk from pottery is higher with: old, cracked/chipped, and painted china; and low-fired or terra cotta pottery from Latin America or the Middle East. Also, imported samovars, urns, and kettles could be soldered with lead.

For more information about lead and prevention visit bit.ly/2skHGZK for a list of websites and resources, or contact the Lead-Free MV coalition: email info@leadfreemv.org or call John Monaghan at 315-731-3722.



Sources: World Health Organization, Lead-Free MV, Environmental Protection Agency, Oneida County Health Department

Domestic Violence—Know the Signs

Did you know that 1 in 3 women and 1 in 4 men have been victims of violence by an intimate partner?

The National Coalition Against Domestic Violence (NCADV) defines domestic violence as “the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse.” Domestic violence affects people of every race, religion, economic status, age, sexual orientation, gender and nationality.

Abuse isn’t always easy to see. Often, the abuser initially seems very charming and caring, making it difficult to spot right off the bat. They may start with behavior that is easily dismissed, such as name calling and possessiveness. They may even be very apologetic for their behavior. Over time, however, this behavior gradually increases to more controlling and harmful behavior.

Some examples of this behavior are:

- Telling the victim that they can never do anything right
- Showing jealousy of the victim’s family and friends and time spent away
- Accusing the victim of cheating
- Embarrassing or shaming the victim with put-downs
- Dictating how the victim dresses, wears their hair, etc.
- Monitoring the victim’s every move (“take a picture so I know you’re really at your parents’ house” for example)

For some families, pregnancy can be a stressful event, which is normal. But sometimes, partners react violently to this stress and may become abusive during the pregnancy. They may feel upset if the pregnancy was unplanned, stressed about financially supporting a baby, or jealous that the partner’s attention may shift to the new baby. An abusive partner may try to physically hurt the new mom – this could include hitting, slapping, kicking, choking, pushing, or pulling hair. Sometimes these behaviors are directed at a pregnant woman’s belly, which can harm baby and mom.

If you think someone is experiencing abuse:

1. Look for these signs

- Unexplained marks or bruises
- Constant worry about making their partner angry
- The victim makes excuses for their partner’s behavior
- Their partner is extremely jealous or possessive
- They’ve stopped spending time with friends and family
- A change in their personality

2. Encourage them to do the following

- Know the phone number of the local police department and her health care provider’s office in case she gets hurt.
- Find a safe place to stay, any time – day or night, to ensure safety in a moment of need.
- Put together extra cash and important documents such as driver’s license, health insurance cards, bank account information, social security cards and prescription medications. These should be kept together in a safe place so they can be taken quickly if needed.
- Pack a suitcase with toiletries, an extra set of clothes, and spare keys for the house and car. Bring this to someone who can hold it safely.

Anyone experiencing abuse is encouraged to contact either of the following 24-hour, confidential hotlines:

- Oneida County Domestic and Sexual Violence Services: (315) 797-7740
- Catholic Charities Domestic Violence Program of Herkimer County: (315) 866-0458



Sources: NCADV, March of Dimes, The National Domestic Violence Hotline

Provider Trainings

Did you know? Mohawk Valley Perinatal Network provides a variety of trainings to local professionals. These trainings are always free of charge and offered year-round. They are designed to increase your knowledge of Maternal-Child Health, and improve the way you work with your clients or patients. These trainings also provide the opportunity to learn of new, local resources.

Whether you have new staff or simply need a refresher, please feel free to contact Diane Schnier at 315-732-4657 x222 or dschnier@newfamily.org to set up a training on any of the following topics:

- **Shaken Baby Syndrome:** This 45-minute training reviews the associated risks of shaking a baby, signs and symptoms to look for if you think a baby has been shaken, and various techniques to soothe a crying baby.

- **Cavity Free Kids:** Cavity Free Kids is a complete oral health curriculum designed to educate those who work with preschoolers and their families (teachers / daycare providers, etc.), with an additional curriculum specific to pregnant women, infants and toddlers. The length of this training varies from 1 to 3 hours, depending on the venue and specific needs of the group being trained.

- **Safe Infant Sleep:** This 1-hour training outlines evidence based, infant safe sleep practices, including SIDS risk reduction strategies such as always placing an infant to sleep on their back; keeping a simple/safe crib; avoiding overheating, co-sleeping, and cigarette smoke; and the protective factors of breastfeeding and room-sharing.

- **Healthy Babies are Worth the Wait:** This 45-minute training created by the March of Dimes is designed to decrease the occurrence of early elective deliveries that can lead to unnecessary preterm birth, and potentially life-long consequences. Data is presented on how important the last few weeks in the womb can be to baby's development and overall health.

- **Safe Haven:** This 30-minute training is available both live and via recorded webinar, and intended for staff at NYS, designated Safe Haven drop-off locations (hospitals, police departments, fire departments, and health departments). Its purpose is to explain Safe Haven Law basics, outline the criteria for community members to be able to utilize the law, and provide procedures for receiving an infant at a NYS, designated drop-off location.

- **Perinatal Mood and Anxiety Disorders:** This 1-hour training is designed to inform those who work with pregnant women or new mothers of the prevalence of perinatal mood and anxiety disorders (PMADs), and the various risks to mother and infant if left untreated. It also outlines how to differentiate between the 6 types of PMADs – depression/anxiety, OCD, panic disorder, psychosis, post-traumatic stress disorder, and bipolar disorder I or II. A consumer version of this training is available that can be presented directly to mothers.

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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