

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.

Autism and Induced or Augmented Labor

A new study has recently been published by *JAMA Pediatrics, online*, comparing rates of labor induction and autism spectrum disorder diagnoses. Researchers looked at more than 625,000 live births (5,500 of them resulting in a childhood diagnosis of autism), using birth records in North Carolina. The study found a link between a woman's labor being induced or augmented, and autism diagnosis. "The odds of autism diagnosis were 10% higher for children whose mothers were induced-only and 15% higher for children whose mothers were augmented-only", when compared with the reference group of children whose mothers were not induced or augmented. "For male children whose mothers were both induced and augmented, the odds of autism diagnosis were 35% higher than in the reference group". As interesting as this study is, standing alone, the authors caution that **"further research is needed to confirm these findings and to explore the potential explanations for such an association, for example, a connection between autism and events that occur during induction/augmentation (such as specific treatments and dosing) or underlying pregnancy conditions that lead to the eventual need to induce/augment labor."** This study illustrates the current efforts by researchers to find out more about autism. Although autism rates have dramatically risen in recent years, no cause has yet been found. **Please refer to the original study, cited below, for more details.**

Gregory, S. G., PhD, Anthopolos, R., MA, Osgood, C. E., BS, & Grotegut, C. A., MD. (2013). Association of Autism With Induced or Augmented Childbirth in North Carolina Birth Records (1990-1998) and Education Research (1997- 2007) Databases. *JAMA Pediatrics*, 16 (10), pp. 959-966. Retrieved from jamapediatrics.com.

Facts about autism:

- Autism now affects 1 in 88 children and 1 in 54 boys.
- Autism prevalence figures are growing.

- Autism is the fastest-growing serious developmental disability in the United States.
- Autism costs a family \$60,000 a year on average.
- Boys are nearly 5 times more likely than girls to have autism.

The following "red flags" may indicate a child is at risk for an autism spectrum disorder. If a child exhibits any of the following, an evaluation is strongly suggested:

- No big smiles or other warm, joyful expressions by six months or thereafter
- No back-and-forth sharing of sounds, smiles or other facial expressions by nine months
- No babbling by 12 months
- No back-and-forth gestures such as pointing, reaching or waving by 12 months
- No words by 16 months
- No meaningful, two-word phrases (not including imitating or repeating) by 24 months
- Any loss of speech, babbling or social skills at any age

Autismspeaks.org

Facts about Induced Labor:

- Labor induction rates more than doubled between 1990 and 2005 to an all-time high of 22% - This increase reflects not only a rise in medically indicated induction, but also elective induction.
- Reasons for wanting elective induction (non-medically indicated) might include: a woman's physical discomfort or scheduling issues, or providers may also induce labor for their own scheduling convenience.
- Women who are induced with their first pregnancies have a higher rate of cesarean delivery than women with prior vaginal births.

U.S. Department of Health and Human Services

Environmental Chemicals Harm Reproductive Health

Ob-Gyns Advocate for Policy Changes to Protect Health

September 23, 2013

Washington, DC -- Toxic chemicals in the environment harm our ability to reproduce, negatively affect pregnancies, and are associated with numerous other long-term health problems, according to The American College of Obstetricians and Gynecologists (The College) and the American Society for Reproductive Medicine (ASRM). In a joint Committee Opinion, The College and ASRM urge ob-gyns to advocate for government policy changes to identify and reduce exposure to toxic environmental agents.

“Lawmakers should require the US Environmental Protection Agency and industry to define and estimate the dangers that aggregate exposure to harmful chemicals pose to pregnant women, infants, and children and act to protect these vulnerable populations,” said Jeanne A. Conry, MD, PhD, president of The College.

“Every pregnant woman in America is exposed to many different chemicals in the environment,” said Dr. Conry. “Prenatal exposure to certain chemicals is linked to miscarriages, stillbirths, and birth defects.” Many chemicals that pregnant women absorb or ingest from the environment can cross the placenta to the fetus. Exposure to mercury during pregnancy, for instance, is known to harm cognitive development in children.

The scientific evidence over the last 15 years shows that exposure to toxic environmental agents before conception and during pregnancy can have significant and long-lasting effects on reproductive health. “For example, pesticide exposure in men is associated with poor semen quality, sterility, and prostate cancer,” said Linda C. Giudice, MD, PhD, president of ASRM. “We also know that exposure to pesticides may interfere with puberty, menstruation and ovulation, fertility, and menopause in women.”

Other reproductive and health problems associated with exposure to toxic environmental agents:

- Miscarriage and stillbirth
- Impaired fetal growth and low birth weight
- Preterm birth
- Childhood cancers
- Birth defects

- Cognitive/intellectual impairment
- Thyroid problems

Approximately 700 new chemicals are introduced into the US market each year, and more than 84,000 chemical substances are being used in manufacturing and processing or are being imported. “The scary fact is that we don’t have safety data on most of these chemicals even though they are everywhere—in the air, water, soil, our food supply, and everyday products,” Dr. Conry said. “Bisphenol A (BPA), a hormone disruptor, is a common toxic chemical contained in our food, packaging, and many consumer products.”

“To successfully study the impact of these chemical exposures, we must shift the burden of proof from the individual health care provider and the consumer to the manufacturers before any chemicals are even released into the environment,” said Dr. Conry.

Certain groups of people and communities have higher exposures to harmful environmental chemicals than others. “For example, women exposed to toxic chemicals at work are at higher risk of reproductive health problems than other women,” Dr. Conry said. “Low-wage immigrants who work on farms have higher exposures to chemicals used on the crops that they harvest.”

“As reproductive health care physicians, we are in a unique position to help prevent prenatal exposure to toxic environmental agents by educating our patients about how to avoid them at home, in their community, and at work,” Dr. Giudice said.

What can physicians do?

- Learn about toxic environmental agents common in their community
- Educate patients on how to avoid toxic environmental agents
- Take environmental exposure histories during preconception and first prenatal visits
- Report identified environmental hazards to appropriate agencies
- Encourage pregnant and breastfeeding women and women in the preconception period to eat carefully washed fresh fruits and vegetables and avoid fish containing high levels of methyl-mercury (shark, swordfish, king mackerel, tilefish)
- Advance policies and practices that support a healthy food system
- Advocate for government policy changes to identify and reduce exposure to toxic environmental agents

Cavity Free Kids Oral Health Education



Cavity Free Kids is an oral health curriculum crafted by the Washington Dental Service Foundation, and is evidence based. Cavity Free Kids was designed to educate preschoolers and their families about taking care of their teeth, and

Why Oral Health? Dental disease is a “silent epidemic.” It is “silent” because “those who suffer the worst oral health are found among the poor of all ages.” (Surgeon General’s report) “The rate of untreated dental disease among low-income children aged two to five years is almost five times higher than that of high-income families.” (American Journal of Public Health) Pain and suffering due to untreated dental disease can lead to problems in eating, speaking, and attention in the classroom. More than fifty-one million school hours are lost each year to dental-related illness (Surgeon General’s report) Most importantly, *dental disease is preventable!*

How do I acquire the CFK Curriculum for my program?

Call Mohawk Valley Perinatal Network, at (315) 732-4657, for more information on how to implement Cavity Free Kids into your program.

has an additional curriculum specific to pregnant women, infants and toddlers. CFK comes complete with all dental science, lesson plans, recommended circle time activities, table top activities, songs, patterns, and form letters to be sent home to parents, already translated into a variety of languages.

National Down Syndrome Registry

Down Syndrome Registry

The National Institutes of Health has launched DS-Connect, an online health registry that will serve as a national health resource for people with Down syndrome and their families, researcher and health care providers. Participation in the registry is free and voluntary. Individuals with Down syndrome, or family members, on their behalf, may sign up to create personalized profiles with information about their health histories, including symptoms, diagnoses and medical visits. The website has been designed to ensure that all information remains confidential. The site will separate users’ names from their health information, so that individuals may compare their health information with that of all other participants in an anonymous manner. If participants give permission to be contacted, the registry coordinator can inform them of research studies in which they may be interested. Results from these studies will help researchers better understand Down syndrome and how to treat its accompanying health problems across the lifespan. The registry can be accessed at <https://dsconnect.nih.gov>.

“Down Syndrome Registry.” *Nursing for Women’s Health*. December 2013/January 2014: 544. Print.

Down syndrome is the most common chromosomal condition in the U.S. 1 in every 691 babies in the U.S. is born with Down syndrome. Approximately 400,000 American have Down syndrome and about 6,000 babies with Down syndrome are born in the U.S. each year. Down syndrome occurs when an individual has a full or partial extra copy of chromosome 21. Usually, human DNA

contains 23 pairs of chromosomes, but people with Down syndrome are born with a 24th chromosome. Having this extra chromosome alters the course of development and causes the characteristics associated with Down syndrome, such as low muscle tone, small stature, and upward slant to the eyes, and a single deep crease across the center of the palm. Each person with Down syndrome is unique, and may possess any, all, or none of these typical characteristics. What causes Down syndrome? It is unknown why a person’s body may produce an extra chromosome during cell division, so the causes of Down syndrome are not known. Research has shown, however, that the likelihood of having a child with Down syndrome increases as a woman ages; a woman 35 years old has about a one in 350 chances of conceiving a child with Down syndrome, and at age 45, a 1 in 30 chance. Down syndrome can be diagnosed prenatally and at birth.

National Down Syndrome Society

Our Mission: *To improve birth outcomes and maternal, child and family health, facilitate collaboration among providers and community organizations and advocate for change.*

Mohawk Valley Breastfeeding Network



Mohawk Valley
**BREASTFEEDING
Network**

The Mohawk Valley Breastfeeding Network (MVBN) is a non-profit organization whose focus is on promoting, encouraging, and educating families and healthcare professionals about the importance and value of breastfeeding. By providing up-to-date, accurate information and training to the local community, MVBN strives to improve the health of women, children and families in the Central New York region.

Their organization is open to anyone who has a desire to promote breastfeeding in our community. They hold meetings on the 2nd Wednesday of every month at 9AM at the Utica Library, and participate in a variety of projects supporting expectant mothers and breastfeeding families. Members receive network announcements and notes from the meetings. New members are always welcome and membership is free. Please contact Susie Niedzielski if you are interested in joining: 315-335-2735



Breastfeeding
CAFE

Do you work with women who could benefit from breastfeeding support? Encourage them to attend a breastfeeding café—hosted by the Mohawk Valley Breastfeeding Network. Cafés are a meeting space for pregnant women and breastfeeding moms to support one another, socialize, and if needed—get breastfeeding assistance from a trained professional. Refreshments are served and a baby weigh station is available. See café schedule below:

UTICA: ~ Utica Public Library (1st floor, library cafe), 303 Genesee St.
2nd & 4th Fridays of the month: 12-2 pm
~ Lady of Lourdes Church, 2222 Genesee St.
1st, 2nd & 3rd Wednesdays of the month: 12-2 pm
4th Wednesday with LLL: 5:30-7 pm

ROME: Trinity Church, 215 W Court St.—4th Wednesday of the month: 12-2 pm

ONEIDA: 607 Seneca St.—1st & 3rd Fridays of the month: 1-3 pm

ILION: Ilion Free Library, 78 West St.—1st & 3rd Tuesdays of the month: 12-2 pm

CAZENOVIA: St. Joseph's Physicians Heritage Group, 132&1/2 Albany St.
1st & 3rd Thursdays of the month: 9:30-11:30 am

For more information, visit mvbreastfeedingnetwork.com/locations

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