

The Perinatal Gazette

Newsletter of the Regional Perinatal Center Maria Fareri Children's Hospital at Westchester Medical Center



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"It Takes A Village... To Grow A Healthy Community From the First Drop!"

The third annual Lower Hudson Valley Perinatal Network (LHVPN) Community Health Education Day (CHED) held this year on Thursday, May 21st, once again was a success. According to preliminary evaluation results 41 agencies, institutions and businesses held over 200 health education and promotion activities throughout the Hudson Valley region in Dutchess, Putnam, Rockland, Westchester, Orange, and Ulster Counties, as well as in Albany County, reaching an estimated 3,000 individuals. This year's participation was twice the number reached the first year of CHED (2007) and surpassed last year's number as well.

The goal of the LHVPN CHED is to raise awareness and educate consumers and providers on relevant perinatal health topics with the goal of improving birth outcomes in the region. CHED is a one-day widespread community health promotion/education event in which multiple organizations across the region plan promotional and educational activities around a selected perinatal health theme. CHED's focus on one important health topic aims to maximize influence and catalyze greater awareness and social change surrounding the chosen issue.

CHED 2009 entitled *"It Takes a Village... To Grow A Healthy Community From the First Drop!"* had as its central theme *Breastfeeding: Good for Baby, Mother, the Family and the Community.* The intention of this year's event was to raise awareness of how breastfeeding benefits the baby, mother,

Continued on page 3

Half a Century of Saving Babies:

The March of Dimes, Prematurity, and Perinatal Health

by David W. Rose, Archivist, March of Dimes

The March of Dimes is best-known today for its Prematurity Campaign and its programs to help women have full-term pregnancies and healthy babies. The organization's original mission to fight polio ended with the development of safe and effective vaccines in the 1950s, and it subsequently changed its focus to birth defects. However, it quickly became apparent that improving the diagnosis and treatment of birth defects was completely unlike fighting polio epidemics. The March of Dimes needed to emphasize prevention and embrace a broad, multi-disciplinary approach incorporating many aspects of perinatal health, genetics, epidemiology, and the social and behavioral contexts of pregnancy. Today's campaign is reaping the benefits.

Virginia Apgar, M.D., creator of the Apgar Score, was a major catalyst in the turn toward perinatology and the focus on prevention. Dr. Apgar joined the March of Dimes in 1959 and became a pivotal figure in establishing birth defects programs, promoting immunization against rubella, and campaigning vigorously for maternal and child health. In fact, she was the first March of Dimes leader to call attention to prematurity. The March of Dimes slogan of the time, "Be Good to Your Baby before It Is Born," embodied a philosophy about proactive prenatal care in programs like Operation Stork (1965) to educate women about healthy pregnancy. The March of Dimes focus on the prevention of birth defects and infant mortality thus began to encompass the problems of premature birth and low birthweight, integrating these into its mission and field of study. The foundation also supported research for newborn screening of phenylketonuria (PKU) at a time when such screening was non-existent. This set the stage for the expansion of state-mandated newborn screening, an emphasis of March of Dimes advocacy in later decades.

By the 1970s, March of Dimes support for medical services shifted from birth defects clinics to "neonatal intensive care nurseries" as the foundation began to fund statewide networks of intensive care for high-risk infants in addition to birth defects research. These initiatives led to grants for training of medical professionals and, in some cases, equipment for NICUs. In 1972, thanks in part to Dr. Apgar,

Continued on page 2

INSIDE THIS ISSUE

1. • "It Takes a Village... To Grow a Healthy Community from the First Drop!" The LHVPN Annual CHED report
• "Half a Century of Saving Babies: The March of Dimes, Prematurity and Perinatal Health"
2. • Half a Century of Saving Babies - Continued
• WANTED! Perinatal Clinical Nurse Specialist
• New! - RPC Website
3. • "It Takes a Village... LHVPN CHED report - Continued
4. • Save the Date: 8th Annual RPF Conference

Continued from page 1 - MOD, Prematurity, and Perinatal Health...

the March of Dimes convened the Committee on Perinatal Health, headed by Sprague H. Gardiner, M.D., to develop guidelines and recommendations for the care of pregnant women and newborns. The committee was a joint effort of the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Medical Association, and the March of Dimes. The committee's objective was the reduction of rates of maternal, perinatal, and infant mortality and morbidity in the U.S., and the culmination of its work was the publication *Toward Improving the Outcome of Pregnancy (TIOP)* released in 1976.

TIOP established recommendations for systematized, cohesive regional networks of hospitals and defined three levels of inpatient care based on patient risks and needs, and it led to the establishment of regionalized perinatal care familiar to us today. TIOP also set forth guidelines for improved communication and neonatal transport systems and professional education about perinatal health. In keeping with this, the March of Dimes concurrently created a nursing curriculum for hospitals and nursing schools. The nursing module program filled an important niche and continues today as an accredited continuing education curriculum for perinatal nurses covering key topics in neonatal clinical care, labor and delivery, and a wide range of contemporary issues in nursing.

In the 1980s, as advances in medical technology began to keep even extremely premature infants alive, the March of Dimes helped to fund the start-up of NICUs, as well as some of their life-saving therapies like pulmonary surfactant, through hundreds of research and community grants. The foundation had also funded the research of David W. Smith, M.D. and Kenneth Lyons Jones, M.D. who first clinically identified Fetal Alcohol Syndrome. Subsequently, to caution against alcohol and other substance abuse, March of Dimes public health education literature consistently publicized forceful but captivating warnings about drinking, smoking, and drug use during pregnancy.

Finding that progress in reducing birth defects, infant mortality, and prematurity was hampered by poverty, lack of health insurance, and unintended pregnancy the March of Dimes convened a second Committee on Perinatal Health in 1990. This committee published recommendations on improvements to perinatal networks and prenatal care in *Toward Improving the Outcome of Pregnancy II*. Strategic health campaigns of the March of Dimes in recent years have included the Campaign for Healthier Babies (1990-95); a pre-pregnancy campaign, Think Ahead! (1995-97); the Folic Acid Campaign (1998-2002), and the Prematurity Campaign, initiated in 2003. Each of these campaigns has had a sharp focus on specific goals and objectives and measurable results.

With a history of research, education, and advocacy about prematurity that dates back to Virginia Apgar's call to action, the March of Dimes Prematurity Campaign has helped to rejuvenate attention to the nation's most serious perinatal health problem. The foundation's Prematurity Research Initiative is a research grant program that has focused on genetics and gene-environment interactions to determine what causes prematurity. Another integral part of the campaign is the NICU Family Support program, which provides information, comfort, and support to families during NICU hospitalizations. Launched as a

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pilot program in 2002 and administered by March of Dimes chapters, NICU Family Support is now operational in hospitals in every state of the U.S.

While public awareness about prematurity has measurably increased, the preterm birth rate itself has also continued to climb. In 2008, the March of Dimes Board of Trustees expanded the Prematurity Campaign to a global campaign, extended to the year 2020, in an effort to bring additional scientific, clinical, and public policy advances to bear in order to solve what seems an intractable problem. Yet the foundation is hopeful that it will continue to build on successes like the Folic Acid Campaign, which helped to reduce the incidence of neural tube defects, by uniting with its many essential partners and alliances that share an enduring and passionate commitment to ensure that all babies are born healthy and full-term.

David Rose - DRose@marchofdimes.com

WANTED!

Perinatal Clinical Nurse Specialist

Westchester Medical Center Perinatal service is **seeking a highly motivated Registered Nurse** to fill the position of Perinatal Clinical Nurse Specialist.

This position offers an exciting opportunity to join a dynamic, rapidly expanding high-risk obstetrical division offering world-class obstetrical medicine.

Responsibilities Include:

Serving as a clinical resource for L&D and Mother/baby staff focused on high-risk perinatal nursing, fetal monitoring and well baby care.

Developing & implementing educational programs on high-risk obstetrical and well baby nursing.

Maintaining & improving communication between the Regional Perinatal Center (RPC) and its affiliate obstetrical services within our 7 county region.

Working collaboratively with perinatal personnel and the Regional Perinatal Center team relating to maternal transport quality improvement issues.

Qualifications: Masters prepared with minimum 5 years recent acute care obstetrical experience; Certification in Inpatient Obstetrical nursing preferred. Preference will be given to candidates with outreach experience.

Please contact: Rose Codella at (914) 493-7808

Regional Perinatal Center Website

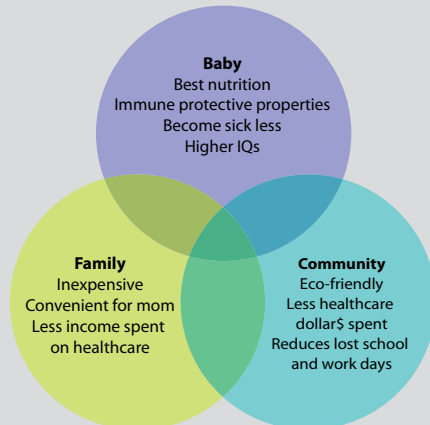
www.worldclassmedicine.com/rpc

Interested in cutting edge perinatal educational presentations; applying for a mini-grant; regional perinatal statistics; viewing back issues of The Perinatal Gazette newsletter?

Please visit our website for this valuable information and more!

Continued from page 1 – LHVPN CHED

and others, and to help people realize the support needed by the mother to make it a successful experience. There are many benefits of breastfeeding (not solely for the baby). Benefits of breastfeeding include it being the best nutrition for babies; immune protective properties are passed through breast milk causing breastfed infants to have less illness. Some research has shown that breastfed babies have higher IQs. Moms find that breastfeeding is convenient and inexpensive. Because breastfeeding saves on natural resources, is environmentally-friendly, and fosters wellness, less money is spent on health care overall. Reduction in work and school days lost because of sickness have also been demonstrated. The following graphic demonstrates how these benefits interrelate:



CHED also had a special focus on lactation in the workplace and promoting rights for women wanting to breastfeed upon returning to work. In New York State, there are laws protecting the rights of women to nurse in public (<http://www.lli.org/Law/Bills30.html>) and to continue nursing upon return to work in their place of employment (<http://www.labor.state.ny.us/formsdocs/wp/LS702.pdf> & <http://www.nyclu.org/node/2041>).

Host participation is a key component to an effective CHED. The agency hosts do the work to promote and educate their communities around the CHED theme. This year's theme sparked interest in diverse types of organizations. Healthcare, government and social service agencies continue to be the leading hosts. However, this year, CHED coordinators and hosts were able to engender the involvement of the business community. Two (2) businesses served as hosts and two (2) hosts engaged local Chambers of Commerce through education on lactation in the workplace and providing the HRSA tools. Preliminary data shows that the majority of the hosts served as hosts in prior years but there were a substantial number of new host agencies. Of the prior hosts 31% have changed organizational activities and/or practices regarding the previous themes (2007: Perinatal Mood Disorders and 2008: STIs and Preconception Health). This demonstrates that CHED is a relevant activity to hosts in the scope of their work and/or interest to serve their community.

The number of new host participation (7 of 36 survey respondents) reveals that CHED is gaining more momentum in its efforts to become widespread in promoting improved perinatal health.

The LHVPN sincerely thanks all those hosts who participated in CHED 2009 for their tireless efforts and dedication to the community in fostering healthy lifestyles for men, women, children and families.

"CHED was made possible from a mini-grant from the Regional Perinatal Center at the Westchester Medical."

PLEASE WELCOME ...

Kamilah Heywood-Gregory, RN, FNP.



Kamilah has recently joined the High Risk Neonatal Comprehensive Follow-up Program at The Maria Fareri Children's Hospital at Westchester Medical Center, with Dr. Jordan Kase, Director, and Mary Jackson, RN.

Kamilah attended the University of Maryland, College Park in pursuit of a nursing career. After two years of nursing pre-requisites, she attended Lienard School of Nursing in Pleasantville, NY. While attending nursing school Kamilah worked full time as a unit clerk in the Neonatal Intensive Care Unit (NICU) at Westchester Medical Center (WMC). In Kamilah's own words "The dynamics of the unit, the intensity of the workload, the acuity of the patients and the connection amongst the doctors, nurses, and respiratory therapists led me to realize how much I admired the staff and their teamwork as a whole. Proudly, in 2001, I received my BSN and started my eight year career as a NICU nurse."

During this time Kamilah developed an interest in how babies, after being exposed to such an intense environment in the NICU, were growing and thriving after discharge. While attending graduate school, she learned that graduates from the Maria Fareri Children's Hospital (MFCH) at Westchester Medical Center Neonatal Intensive Care Unit, as well as graduates from other Level II & Level III hospitals in the Hudson Valley area, are followed by the Neonatal Comprehensive Follow-up Program at Westchester Medical Center.

Kamilah's interest in the follow-up program led her to complete an MSN from The College of New Rochelle-Family Nurse Practitioner track. In March of this year (2009) Kamilah started working as a FNP for the Neonatal Follow-up program at MFCH at WMC.

Infants born prematurely, or full-term with other serious neonatal conditions are at risk for continued respiratory problems or cognitive &/or motor delays. Some may struggle with developmental issues such as speech and language delays from hearing loss or oral-motor impairments. Many of these challenges can be overcome through screening and identification of these issues allowing for prompt intervention.

The High-Risk Neonatal Comprehensive Follow-Up Program provides periodic developmental screening for high risk neonates within the first three years of life. Infants are seen every three months for the first year of life, then every six months for the second and third year of life. Each visit consists of: perinatal/neonatal history; medications; diet; tracking growth; age-appropriate assessment of developmental milestones; and a neuro-physical exam assessing muscle tone, strength and reflexes. Findings are discussed with the family and, if necessary, referrals are made to other professionals or appropriate services such as Early Intervention to ensure the best outcome for the child.

Fostering a child's growth is key to healthy development. The Neonatal Follow-up program at the Maria Fareri Children's Hospital at Westchester Medical Center is committed to maximizing each child's developmental potential. We have convenient locations in Westchester, Putnam and Orange counties.

For further information or to contact the follow-up clinic please call:

DEVELOPMENTAL FOLLOW-UP CLINIC: 914-597-4068

Save the Date

SAVE THE DATE

8TH ANNUAL HUDSON VALLEY REGIONAL PERINATAL FORUM CONFERENCE

Going Green: Making Healthy Choices for a Safe Pregnancy and Family

Wednesday • November 4, 2009 • 8:30 a.m. - 4 p.m.

Marriott Westchester • 670 White Plains Road • Tarrytown, NY 10591

MORNING KEYNOTE SPEAKER: **JUDITH QUALTERS, PhD**, Chief, Environmental Health Tracking Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC

AFTERNOON KEYNOTE SPEAKER: **PHILIP LANDRIGAN, MD, MSc**, Professor, Pediatrics and Preventive Medicine and Chairman of the Department of Community and Preventive Medicine, Mount Sinai School of Medicine

Pediatric Grand Rounds • 8 - 9 a.m.

Maria Fareri Children's Hospital at
Westchester Medical Center
Valhalla, NY 10595



Judith Qualters, PhD



Philip Landrigan, MD, MSc

We are interested in providing you with a newsletter that is relevant and of interest to you. Please contact us with perinatal topics you would like to see addressed.

For a copy of our newsletter or to be placed on our mailing list, contact us by phone or e-mail.

Please visit <http://www.worldclassmedicine.com/RPC> for information about the Regional Perinatal Center at the Maria Fareri Children's Hospital at Westchester Medical Center and to locate other issues of The Perinatal Gazette.

State Perinatal Database Team & Perinatal Gazette Editorial Board

Susan Marchwinski, R.N., C., M.S., SPDS Coordinator, Editor in Chief
(914) 493-8590 (marchwinskisa@wcmc.com)

Clare Nugent, R.N., Neonatal Data Collection
(914) 493-8346 (nugentc@wcmc.com)

Heather Brumberg, M.D. M.P.H., FAAP, Director of Neonatal Public Health Programs,
Coordinator Regional Perinatal Center
(914) 493-8491 (heather_brumberg@nymc.edu)

Donna Dozor, R.N., MS Neonatal Data Collection
(914) 493-8309 (dozord@wcmc.com)

Edmund LaGamma, M.D., Director Newborn Medicine
(914) 493-8558 (edmund_lagamma@nymc.edu)

Howard Blanchette, M.D., FACOG, Professor &
Chairman of the Department of Obstetrics & Gynecology
(914) 594-4526 (howard_blanchette@nymc.edu)



The Regional Perinatal Center
Maria Fareri Children's Hospital
At Westchester Medical Center
95 Grasslands Road
Valhalla, New York 10595

Non-Profit Org.
U.S. Postage
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