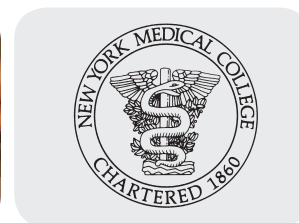
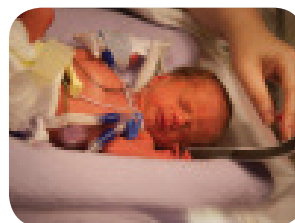


The Perinatal Gazette

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



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Surgeon General Says in "Call to Action" Everyone Can Help Make Breastfeeding Easier

WASHINGTON, DC, Jan. 20, 2011 - Surgeon General Regina M. Benjamin today issued a **"Call to Action to Support Breastfeeding,"** outlining steps that can be taken to remove some of the obstacles faced by women who want to breastfeed their babies. "Many barriers exist for mothers who want to breastfeed," Dr. Benjamin said. "They shouldn't have to go it alone. Whether you're a clinician, a family member, a friend, or an employer, you can play an important part in helping mothers who want to breastfeed." "Of course, the decision to breastfeed is a personal one," she added, "no mother should be made to feel guilty if she cannot or chooses not to breastfeed."

While 75 percent of U.S. babies start out breastfeeding, the Centers for Disease Control and Prevention says, only 13 percent are exclusively breastfed at the end of six months. The rates are particularly low among African-American infants. Many mothers who attempt to breastfeed say several factors impede their efforts, such as a lack of support at home; absence of family members who have experience with breastfeeding; a lack of breastfeeding information from health care clinicians; a lack of time and privacy to breastfeed or express milk at the workplace; and an inability to connect with other breastfeeding mothers in their communities.

Dr. Benjamin's "Call to Action" identifies ways that families, communities, employers and health care professionals can improve breastfeeding rates and increase support for breastfeeding:

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Late Onset Neonatal Sepsis

Uduak Akpan MD, Boriana Parvez MD

In neonates, early onset sepsis (EOS) is sepsis occurring in the first 7 days of life and is acquired by vertical transmission from the mother¹. Infants may become infected by passing through a colonized or infected birth canal or by an ascending infection after rupture of membranes. EOS usually presents as septicemia or pneumonia. It usually has a fulminant course with multisystem involvement and a higher case fatality rate than late onset sepsis. The bacterial pathogens responsible for EOS tend to change over time. In the largest running single – center longitudinal database of neonatal infections in the US started in 1928, this trend of changing organisms was clearly shown. At the beginning of the study, more infections were caused by Strep Pneumoniae and group A Strep, but in the period since 1989, the predominant organisms cultured were GBS (47%), E. coli (23%), Staph species (13%), other gram negative rods e.g. Klebsiella, Serratia, Pseudomonas (8%) and commensal organisms (14%)². Universal screening of pregnant women at 35 - 37 weeks gestation and intrapartum prophylaxis (IAP) with Penicillin G for GBS positive patients, has led to a marked decrease in the incidence of GBS EOS from 1.7 / 1000 live births in the early 1990s to 0.34 – 0.37 / 1000 live births³. Neonatal risk factors for GBS EOS include maternal GBS colonization, prolonged rupture of membranes, prematurity and chorioamnionitis. Asymptomatic full term infants born to mothers with chorioamnionitis have a rate of infection of about 1% compared to 20 – 25% for premature babies⁴.

Signs and symptoms of neonatal sepsis are often non-specific and include temperature instability, respiratory distress including apnea, feeding difficulties and lethargy. A definitive diagnosis of neonatal sepsis can be made only with a positive blood culture. Blood and CSF cultures should be obtained from all infants suspected to have sepsis. Although controversial, some authorities believe that lumbar puncture may be postponed or excluded from the evaluation of an infant with suspected EOS³. Other tests that may be helpful in diagnosing sepsis include CBC to assess WBC, differential and I:T (immature: total neutrophil) ratio; and acute phase reactants e.g. CRP. These tests are not very specific as they can also be abnormal in noninfectious conditions e.g. asphyxia, maternal preeclampsia and meconium aspiration. It is best to send a CBC when the infant is more than 4 hours old. Leukopenia < 5000/mm³, neutropenia < 1000/mm³ and increased I:T ratio > 0.2 are associated with a higher likelihood of infection⁵.

The management of an infant born to a woman receiving antibiotics depends on the infant's status at birth, gestational age and

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Continued from page 1. – Surgeon General's "Call to Action"

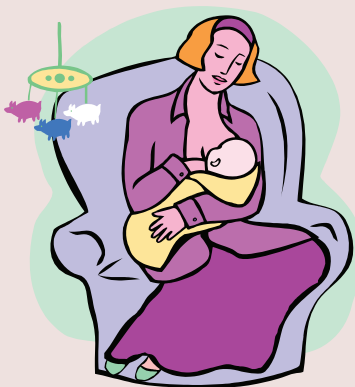
- Communities should expand and improve programs that provide mother-to-mother support and peer counseling.
- Health care systems should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more "baby-friendly," by taking steps like those recommended by the UNICEF/WHO's Baby-Friendly Hospital Initiative.
- Clinicians should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.
- Employers should work toward establishing paid maternity leave and high-quality lactation support programs. Employers should expand the use of programs that allow nursing mothers to have their babies close by so they can feed them during the day. They should also provide women with break time and private space to express breast milk.
- Families should give mothers the support and encouragement they need to breastfeed.

Family members can help mother's prepare for breastfeeding and support their continued breastfeeding, including after her return to work or school.

According to the "Call to Action," breastfeeding protects babies from infections and illnesses that include diarrhea, ear infections, and pneumonia. Breastfed babies are also less likely to develop asthma, and those who are breastfed for six months are less likely to become obese. Mothers themselves who breastfeed have a decreased risk of breast and ovarian cancers.

A study published last year in the journal *Pediatrics* estimated that the nation would save \$13 billion per year in health care and other costs if 90 percent of U.S. babies were exclusively breastfed for six months. Dr. Benjamin added that, by providing accommodations for nursing mothers, employers can reduce their company's health care costs and lower their absenteeism and turnover rates. "I believe that we as a nation are beginning to see a shift in how we think and talk about breastfeeding," said Dr. Benjamin. "With this 'Call to Action,' I am urging everyone to help make breastfeeding easier."

To order printed copies of the Surgeon General's "Call to Action to Support Breastfeeding" and other materials, please call 1-800-CDC-INFO or email cdcinfo@cdc.gov and reference the publication title.



For more information on breastfeeding, go to www.cdc.gov/breastfeeding or www.womenshealth.gov/breastfeeding/.

To speak with a breastfeeding counselor call 1-800-994-9662 Monday through Friday, 9:00 AM to 6:00 PM ET.

Continued from page 1. Neonatal Sepsis

the duration of antibiotic therapy. Empiric therapy is usually started in neonates in whom there is a high index of suspicion of sepsis such as symptomatic neonates or neonates with risk factors. To prolong latency in women with preterm premature rupture of membranes (PPROM), the American College of Obstetricians and Gynecologists recommends the administration of Ampicillin / Amoxicillin and Erythromycin for a total of 7 days. Adverse consequences of this intervention include emergence of bacterial resistance and increased incidence or severity of non-GBS neonatal pathogens especially gram-negative organisms. Infants more likely to be affected are preterm VLBW infants⁶. GBS prophylaxis is unlikely to lead to resistant organisms, as duration of treatment is short. Caregivers should be aware of the susceptibility profiles for the most common neonatal pathogens isolated in their community and neonatal units. At WMC, only 36% of *E. coli* responds to Ampicillin but GBS remains susceptible to Ampicillin. Ampicillin and Gentamicin nevertheless remain the first line of treatment for suspected EOS. Some authors have suggested the addition of a Cephalosporin to the empiric antibiotic regimen for neonates⁷; however there may be an increased risk of neonatal death and fungal sepsis associated with this practice^{8, 9}. In very sick neonates, the empiric use of a Cephalosporin or Meropenem should be considered¹⁰.

Another disease worthy of note is neonatal herpes. In the US, the reported incidence is 20 - 60 cases/100 000 live births with primary maternal genital infection carrying the greatest risk of transmission of 30 - 60%. 85% of neonatal herpes is acquired by passage through an infected birth canal. The use of oral Acyclovir or Valaciclovir as intrapartum prophylaxis beginning at 36 weeks gestation has been shown to reduce the risk of clinical recurrence of disease at the time of delivery but there is insufficient data to support the efficacy of this treatment in the prevention of neonatal infection¹¹

EOS can have devastating consequences. Clinicians should maintain a high index of suspicion and act promptly if sepsis is suspected. Particularly in very low birth weight infants, whose mothers have received intrapartum antibiotic prophylaxis; caution should be applied in choosing antibiotics owing to emerging resistance patterns of bacterial pathogens.

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December 3, 2010

Healthy People 2020 Objectives Target Improved Breastfeeding Support

The International Lactation Consultant Association (ILCA) and the United States Lactation Consultant Association (USLCA) applaud the U.S. Department of Health and Human Services new objectives for Healthy People 2020, which include several new goals for providing support for breastfeeding families. The new 10-year goals and objectives for health promotion and disease prevention in the U.S. were unveiled today in Washington, D.C.

Among the new targets for breastfeeding are the following new goals in the Maternal, Infant, and Child Health category: MICH-22: Increase the proportion of employers that have worksite lactation support programs from 25% baseline to 38%.

- MICH-23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life from 15.6% baseline to 10%.
- MICH-24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies from 2.9% baseline to 8.1%.

In addition to these breastfeeding support goals, Healthy People 2020 raised the targets for breastfeeding initiation, duration, and exclusivity, establishing goals to increase the proportion of infants who are breastfed:

- MICH-21.1: Ever from 73.9% baseline to 81.9%
- MICH-21.2: At 6 months from 43.4% baseline to 60.5%
- MICH 21.3: At 1 year from 22.7% baseline to 34.1%
- MICH 21.4: Exclusively through 3 months from 33.1% baseline to 44.3%
- MICH 21.5: Exclusively through 6 months from 13.6% baseline to 23.7%

To help women reach the infant feeding goals they have set for themselves requires focused support from health care providers, worksite employers, families, and the community. ILCA and USLCA call on organizations who serve new families to examine policies that can make it difficult for women to achieve their breastfeeding goals, and to provide the support they need. This includes making referrals to International Board Certified Lactation Consultants (IBCLCs) for important professional support that can help mothers work through early challenges. IBCLCs are credentialed health care providers who focus specifically on helping new mothers get off to a good start, and to continue breastfeeding as long as they wish.

The ILCA website at www.ilca.org provides several valuable resources for new mothers, including the "Find a Lactation Consultant Directory" which helps them access an IBCLC in their area.

Continued next column

The "Worksite Lactation Support Directory" also provides a listing of IBCLCs worldwide who are available to assist employers with establishing lactation support services at work.

ILCA is the worldwide association for IBCLCs and others who work with new families, with more than 5,700 members in 75 countries. More than 4,200 are also members of USLCA, the U.S. affiliate of ILCA that provides resources and advocacy for the IBCLC in the United States.

For more information, contact ILCA at info@ilca.org or USLCA at info@uslcaonline.org.

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Local Charitable Foundation Aids Hailey's Hope Foundation

The RNICU at Maria Fareri Children's Hospital, Westchester Medical Center is pleased to announce that the **Horncrest Foundation**, a charitable trust foundation based in Ossining, NY, has donated \$25,000 to the **Hailey's Hope Foundation**.

These funds have been earmarked to support the Hailey's Hope Foundation's Financial Support Program, which provides financial assistance to parents of infants hospitalized in our RNICU.

We are grateful that Hailey's Hope has distributed over \$790,000 in financial assistance and resources to over 250 families at the Maria Fareri Children's Hospital's Regional Neonatal ICU (RNICU) and welcome their generous donation of \$20,000 to the Ronald McDonald House charitable foundation that will benefit our families as well.

Hailey's Hope Foundation relies on the generosity of donors and volunteers.

If you would like to donate, volunteer, or find out more information, please visit www.haileyshopefoundation.org or call (845) 837-1182.

Other organizations that benefit the RNICU:

Children's Health & Research Foundation - (914) 673-3042
www.chrFoundation.net

Children's Hospital Foundation - (914) 493-6531
suracic@wcmc.com

Text4baby

The Lower Hudson Valley Perinatal Network and Maternal-Infant Services Network in conjunction with the Association of Perinatal Networks of New York, Inc. (APN) is part of a new national initiative to promote healthy pregnancies and birth outcomes. Each year in the Hudson Valley region, over 3,300 babies are born prematurely (9% of all live births) signifying a regional public health crisis. The problem is even more severe among African-Americans – regionally, 14% of these babies are born prematurely each year.

Text4baby is a **free** mobile information service designed to promote healthy birth outcomes among underserved populations. **Text4baby** is the largest national mobile health initiative to date, and is being launched by an unprecedented group of public and private partners, including the White House and Health and Human Services. An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby will help women have safe and healthy pregnancies by providing them with information they need to give their babies the best possible start in life.

Women who sign up for this free service by texting BABY to 511411 (or BEBE for Spanish.) will receive free SMS text messages each week, timed to their due date or baby's date of birth. These messages focus on a variety of topics critical to maternal and child health: birth defects prevention, immunization, nutrition, seasonal flu, mental health, oral health, and safe sleep among others. Text4baby messages also connect women to early prenatal care as well as a variety of existing resources available to them.

With over 1 trillion SMS text messages sent in the U.S. last year and texting use disproportionately higher among women of childbearing age and minority populations; text messaging represents an enormous and as yet untapped channel for delivering this vital health information to those who need it most. The goal of Text4baby is to address a critical national health priority through the use of mobile health technology and demonstrate a new model for reaching and engaging underserved populations and promoting healthy behavior.

Text4baby is made possible through a broad, public-private partnership that

includes government and tribal agencies, corporations, academic institutions, professional associations, and non-profit organizations. The National Healthy Mothers, Healthy Babies Coalition is partnering with Johnson & Johnson, Voxiva, the CTIA Wireless Foundation, WPP, the White House Office of Science and Technology Policy and the U.S. Department of Health and Human Services. Johnson & Johnson is the founding sponsor. The mobile health platform is provided by Voxiva and free messaging services are generously provided by participating U.S. Mobile Operators and Verisign. Implementation and evaluation support is provided by BabyCenter and the George Washington University.

The Lower Hudson Valley Perinatal Network (LHVPN) advocates for and educates consumers and professionals about issues impacting maternal, child and family health. Serving Dutchess, Putnam, Rockland and Westchester counties, LHVPN has gained a reputation as a provider of quality educational materials and programs. Providers, organizations and consumers in the region are increasingly relying on the LHVPN as a key perinatal resource.

For more than twenty years Maternal-Infant Services Network of Orange, Sullivan, and Ulster Counties (MISN) has built coalitions among health and human service providers across the region to improve pregnancy and birth outcomes. MISN plays a leadership role offering cutting edge education to health care professionals, human service agencies and the broader community. It has provided tens of thousands of families with access to high quality, affordable prenatal care and birth services.

The Association of Perinatal Networks provides statewide coordination and collaboration among the 18 perinatal networks in NYS and works in partnership with the NYS Dept of Health and other statewide organizations focused on maternal and child health.

For additional information or to find out how to become involved with this initiative, please contact Cheryl Hunter-Grant, Executive Director, Lower Hudson Valley Perinatal Network, 914-493-6435 or hunter-grant@lhvpn.net or Caren Fairweather, Executive Director, Maternal-Infant Services Network, 845-928-7448 x 11 or cfairweather@misn-ny.org

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*.

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