



# Perinatal Gazette

Newsletter of the Regional Perinatal Center  
Westchester Medical Center



Volume 3, Issue 5

September 2003

## Save the Date

**The Regional Perinatal Center  
Of  
Westchester Medical Center  
The Departments of Pediatrics and  
Obstetrics & Gynecology  
New York Medical College  
&  
Maternal -Infant Services Network**

\*\*\*\* Present \*\*\*\*

### Regional Perinatal Forum:

**Charting the Course for Perinatal Health in the  
Hudson Valley  
&**

**Elucidating the Unknown: Preventing Prematurity**

**Thursday, September 25, 2003  
8:30 am - 4:30 pm**

**Medical Education Center Auditorium  
New York Medical College  
Valhalla, New York 10595**

- To register for the forum please call (914) 493-8590
- To register for the CME conference please call (914) 594 4487

## **Contraception While Breastfeeding**

Immediately after a baby is born, a couple's lives change drastically whether it is their first or their fifth baby. If nothing else, every moment is consumed with round-the-clock duties to care for the newborn. Moreover, if the mother is breastfeeding, as many strongly encourage, then the time-consuming, frequent feedings can be overwhelming. Needless to say, in the midst of all of this, many couples don't think about their contraceptive options while breastfeeding. In fact, most assume that their only option is condoms.

Exclusive breastfeeding can confer contraceptive benefits but only if the woman is not having her menses and only for about the first six months. The problem with relying on this method, referred to as the lactational-amenorrhea method, is that a woman will start ovulating 2 weeks before her period starts and therefore will not necessarily have any preceding signs that ovulation has resumed. This increases the risk of unintentional pregnancy. Many convenient, safe, and effective forms of contraception are available to breastfeeding mothers and can be initiated early on. The body needs to experience a sudden decline in hormone levels during the first few days after the baby is born in order to begin milk production. Therefore, I prefer to initiate hormonal methods of contraception 36 weeks after the birth. Progesterone-only methods, such as Depo-Provera and the progesterone-only pill are entirely safe while breastfeeding. They will not affect the quality of the milk or decrease the milk produced and in certain women they will even aid in increasing milk production. For women who are returning to work, the transition to pumping breast milk in the work place can cause milk supply to decrease. In this situation, progesterone-only methods can help maintain milk supply, thus accomplishing two goals with one contraceptive. Another option, especially for women who do not wish to have any more children or who plan on waiting several years before having another child, is the intrauterine device or IUD. The IUD is a cost-effective, safe, and convenient form of contraception. It is entirely safe while breastfeeding and can be inserted in the office at the six-week post-partum check-up. The insertion is quick and relatively painless. There are two brands available in the United States, the Paragard and the Mirena. In conclusion, breastfeeding mothers need to be aware of the numerous methods of contraception available to them and to ask their OB/GYN about such methods.

*(Ref. Yr 2001 American College of Obstetrics and Gynecology's Educational Maternal and Infant Aspects.)*

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## Little Miracle

Other families who have had premature infants may find common experiences while reading “James Flynn’s Story.” When James’ mother first began laboring, the family was enjoying a vacation quite a distance from home. The Regional NICU at Westchester Medical Center accepts both maternal (mother-baby) and newborn transports from as far away as Alaska. James was also very sick while in the NICU, and required intestinal surgery for NEC (narcotizing enterocolitis). The Westchester Medical Center performs the most complex Pediatric Surgical operations utilizing a team of Pediatric Surgical Specialists that include the director-Dr. Gustavo Stringel (Chief of Pediatric Surgery), Dr. Michel Slim (Chief of Pediatric Trauma), and Dr. Whitney McBride. Other Pediatric Surgical Sub specialists are also available for Pediatric Cardiovascular (heart), Pediatric Urology (kidney, ureters and bladder), Pediatric Orthopedics (bone), Pediatric Neurosurgery (brain and spinal cord), Pediatric Otolaryngology (Ears, Nose and Throat), Pediatric Plastic Surgery (cleft palates and reconstruction), and Pediatric Ophthalmology (Eyes). Dr. Macy Au-Fliegner, a Pediatric Surgeon referred to by James’ mother, is now practicing in Detroit. Please read on to learn more about “James’ Story” as told through his mother’s eyes. **Lance Parton, M.D., Neonatologist at WMC.**

“James was born on June 29th, 2002-three months early-while our family was vacationing in Callicoon, NY. When labor began, we went directly to the Callicoon medical center. One hour later, I was flown to Westchester Medical Center by the Stat Flight Team (they were excellent!), where they did everything they could to stop labor. The medication to stop labor eventually worked, but only temporarily, and James was born.

Following the birth of James, We returned to Brooklyn to care for our other children. Among the conditions that James experienced in the NICU was PDA-an opening between the circulation for the lungs and the body-and Narcotizing enterocolitis (NEC)-a serious problem in the intestines that may result in loss of the part of the intestine, and can even cause death. We were told about the risks and possibilities of NEC. We went to the chapel and prayed and cried. We stayed in a hotel for the night, and visited James again before we left the hospital the next day. He looked a little better-his stomach was not as swollen as it had been the night before. We went home and called our friend and priest, Father Harrington, who drove us to the hospital. When we arrived, it was decided that James needed an operation. Our priest baptized James. At that point, we didn't know if he was going to make it. The surgeon, Dr. Macy Au-Fliegner, was great. Three hours later, we found out that James had made it through the operation. James had to wear a colostomy bag until his next operation. We booked a room at the hotel and visited him every day until we knew he was out of the woods.

We went to the NICU graduation reunion in September, at which time James had “graduated” to the Special Care Nursery. Dr. Macy called us in the beginning of October to tell us that she was repairing James’ intestines.

**Continues top of page 2**

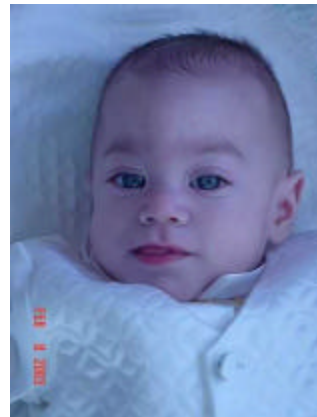
## **Continued from Little Miracle**

On the morning of surgery, we went to Westchester hold him. His operation took 3 hours again. They had to remove more colon, but there were able to re-connect his intestines, and James didn't need the colostomy bag anymore. They had to wait for him to heal again after this operation.

In November, we arranged to have him transferred to Long Island College Hospital, to be closer to our home. Finally, on November 12, after a long 4 and half months in the NICU, James came home to his own bassinet next to our bed. James is receiving physical, occupational, and speech therapy. He receives RSV shots at home, and has checks from a visiting nurse. His pediatrician is an experienced Neonatologist. He still has to go to his specialists for his intestines as well as a neurosurgeon. The same priest Father Harrington baptized our miracle baby James Richard Flynn in front of family on February 8 of 2003. A party followed-there was a lot to celebrate that day.

We would like to thank everyone at Westchester Medical Center for all they did for our son James and us. I really never knew the ordeal that both premature infants, and their parents must endure, until we lived through this 4-month period”.

***Written by the parents of James Flynn:***



## Rickets Of Prematurity

Approximately 50% of very low birth weight infants will develop osteopenia with rickets<sup>1</sup>. A serum alkaline phosphatase value of greater than 450 mU/mL is suggestive of rickets<sup>2</sup>.<sup>1</sup> Predisposing risk factors include: an inability to metabolize vitamin D, lack of trace elements such as copper sulfate, prolonged use of parenteral nutrition (>3weeks), hepatobiliary disease such as cholestasis, long term use of corticosteroid therapy and chronic use of diuretic therapy<sup>1,3</sup>. The American Academy of Pediatrics has recently published a clinical report on the new guidelines on the prevention of rickets and vitamin D deficiency<sup>4</sup>. These new guidelines are based on the recommendations of the National Academy of Sciences. Previous recommendations were that normal infants, children and adolescence receive 400 IU of Vitamin D daily<sup>4</sup>. The new guidelines state at least 200 IU of Vitamin D per day will prevent physical signs of Vitamin D deficiency.<sup>4</sup> Therefore, a supplementation of at least 200 IU Vitamin D per day are recommended for the following:

- 1.All breastfed infants unless they are weaned to at least 500 mL per day of vitamin D-fortified formula or milk
- 2.All nonbreastfed infants who are ingesting less than 500 mL per day of vitamin D fortified formula or milk.
- 3.Children who do not get regular sunlight exposure, do not ingest at least 500 mL per day of vitamin D fortified milk, or do not take a daily multivitamin supplement containing at least 200 IU of vitamin D.

<sup>4</sup>Based on these recommendations most infants in the NICU will require some sort of supplementation. Nutritional management continues to be the key to prevention and treatment. As rickets may develop from factors other than a vitamin D deficiency, the literature reports that early vitamin D supplementation may prove to be beneficial in prevention<sup>3</sup>. Especially in such a fragile population, prevention is the best approach.

### References:

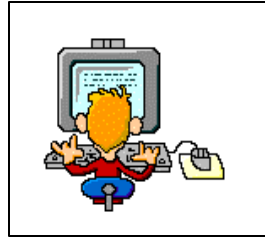
<sup>1</sup> Harrison, H. *Rickets and Osteopenia of Prematurity*. 1996.

<sup>2</sup> Dabezis, MD, Warren, MD. *Fractures in Very Low Birth Weight Infants With Rickets*. 1997, 335:233-239.

<sup>3</sup> Callenbach, JC, Sheehan MB, Abramson SJ, Hall JT. *Etiologic Factors In Rickets of Very Low Birth Weight Infants*. *J Pediatrics* 1981, 98:800-805

<sup>4</sup> Gartner, MD, Greer, MD. *Prevention of Rickets and Vitamin D Deficiency: New Guidelines for Vitamin D Intake*. 2003, 111:908-910.

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**SPDS**  
**(Statewide**  
**Perinatal**  
**Database**

## SPDS Update/ WMC RPC

### QI Orientation

On July 21<sup>st</sup> Jackie Quade (NICU Systems Manager for SPDS) and Pam Parker (PDS Coordinator), from the NYS DOH continued their orientation to the NICU module at WMC. Fifteen representatives from our affiliate hospitals were present to learn about the NICU module and how it can be utilized for perinatal quality improvement. The available standardized NICU reports were discussed as well as how to access and utilize them. The selection of indicators to track as well as how to handle data requests were explained. Conducting ad hoc inquiries and exporting data from the NICU module are also available functions of the database. The goal at the statewide database is to elevate perinatal standards of care in the Hudson Valley by identifying problem areas, analyzing underlying causes, designing and implementing changes to improve outcomes and finally evaluating the effectiveness of those changes. The orientation highlighted the importance of accurate data collection and entry.

### FAQ's

Since most present were new to the NICU module there were many questions related to collection and entry, which were addressed by the DOH representatives. In addition, this section will attempt to answer FAQ's related to entry and collection and provide some guidance to avoid:

1. Please check NY State definitions of the following as they may be confusing or overlap: TTN vs. Delayed transition
2. Assessing for IVH and PVL
3. Early Onset Sepsis presumed (aka Rule Out Sepsis)
4. All infants should be entered into the database even if their NICU stay was brief prior to being transferred to well baby or newborn nursery
5. When an infant is transferred the infant must be entered and discharged in the database before the hospital of admission can enter the baby; therefore those infants need to be entered in a timely manner.

Also, it was requested that all hospitals have a back-up person for entering/collecting in order to enable the system to move forward and not be dependent on one person in the event of vacation, illness etc

Thank-you to all that attended; your diligence and enthusiasm is very much appreciated. Please call or e-mail with any questions (see back of newsletter).

**Donna Z. Dozor, R. N., M.S.**  
**NICU Module Coordinator**  
**Westchester Medical Center**



## Westchester Medical Center's 21<sup>st</sup> Graduate Reunion Celebration

A "celebration of life" for the babies and their families, who required intensive care at birth or soon after birth, will be held on **Wednesday, September 17, 2003 from 3:00-5:00 PM.** *The Regional Neonatal Center* hosts an annual Graduate Reunion Party each fall and this year will celebrate 21 years of providing care to those infants and their families in the Hudson Valley Region who required specialized care. More than 14,000 babies have graduated from Westchester Medical Center neonatal intensive care unit, which treats many of the sickest newborns in the New York State.

The Graduate Reunion is a unique opportunity for parents to "show off" their baby and visit with the doctors, nurses, social workers and therapists who helped to nurture them at this critical time in their lives. It is truly rewarding to see these babies growing into healthy children. Many of these babies had spent weeks and months in the hospital and to see them smiling, playing with others, laughing and growing into healthy, happy children is truly miraculous and rewarding. We are looking forward to staff and families joining us to mark this milestone for *The Regional Neonatal Center*.

**Any questions please contact  
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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 see below the NYMC neonatal web site address to locate other issues of The Gazette:

<http://www.nymc.edu/neonatology>

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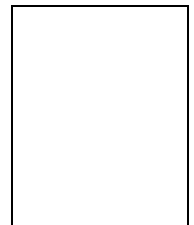
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