Perinatal Progress

Volume 11 Issue 3 **October, 2000**

NORTHERN VIRGINIA PERINATAL COUNCIL, A HEALTHY MOTHERS HEALTHY BABIES COALITION

The Northern Virginia perinatal Council is dedicated to improving the health of women and infants in Northern Virginia.

Perinatal Council Meetings

Monday October 2, 2000
Inova Telestar Court Conference Center
2990 Telestar Court, Falls Church
9:30 am to 1 pm

October is Child Health Month

Infant and Child Health

- **Injury Prevention**
- **SIDS**
- **Shaken Baby Syndrome**
- **Infant Massage**

Monday January 8, 2001
9am to 1 pm

Current Trends and Treatment of HIV in Women and Children

- ***HIV in Pregnancy***
- ***HIV in Infants***
- ***Ethical Issues***

FIMR Case Review Team Meetings

- **September 18 1 pm**
  Inova Alexandria Hospital
- **October 9 11:30 am**
  Inova Fairfax Hospital
- **November 6 1pm**
  Inova Alexandria Hospital

Phone Betty Connal at 703-204-6778 or email bconnal@aol.com if you would like to attend any of these meetings.
All meetings are open to anyone interested in improving maternal and child health in Northern Virginia.

October is SIDS Awareness Month and Perinatal Loss Month

Compassionate Communication in Death Notification

When a baby dies, it is often difficult to find the words to provide comfort to the grieving family. Some ideas that may help:

- Introduce yourself
- Invite the bereaved to a private space
- Encourage the bereaved to sit down with you
- Maintain eye contact without staring
- Talk openly about the death
- Explain he cause of death in non-medical terms
- Use the words “died” or “death” instead of euphemisms like “passed on”, “gone” or “lost”
- Express your condolence

Inside This Issue

- Encourage the bereaved to ask questions
- Allow the bereaved to express emotions
- Offer the option of viewing the deceased
- Ask if the bereaved would like time alone with the deceased
- Allow time for the bereaved to process the reality of the death before discussing autopsy and organ donation
- Communicate with other members of the team (physician, nurse, chaplain, social worker, etc.)
- Invite the family to call if they have questions in the future about the death

At the Time of Death

- **Communication**
  - Ensure privacy
  - Be sensitive to cultural and religious differences

- **Emotional Comfort**
  - Provide a place for loved ones to gather
  - Offer time alone with the deceased
  - Offer to contact support systems
  - Encourage communication among loved ones
  - Make sure all questions are answered

- **Care of the Body**
  - Create a private, warm environment
  - Offer loved ones the option of participating, watching or not being present at the time of care
  - Make the body presentable and approachable
  - Give loved ones permission to touch the body.

A new program, "Compassionate Death Notification" will be held Monday September 25 at the Inova Fairfax Hospital Physicians Conference Center.

Phone 703-204-6778 to register.

We are also redesigning and rebuilding the Perinatal Memorial Garden at Inova Fairfax Hospital, and are collecting books and videotapes to begin a Perinatal Loss Library for families.

The annual Perinatal Loss Memorial Service will be held Sunday October 22 at Inova Fairfax Hospital Physicians Conference Center. At that time, the new Perinatal Memorial Garden will be dedicated.

The annual SIDS Memorial Service will be held December 2 at the Falls Church Baptist Church.

These services provide a special opportunity for families to come together to mourn and remember their babies.

Local resources for support when an infant dies include:

- **Northern Virginia SIDS Alliance**
  703-435-7130
  Website www.novasids.org
  SIDS Network
  For information on SIDS and other infant death issues
  www.sids-network.org
  www.sidsalliance.org

- **MIS (Miscarriage, Infant Death and Stillbirth) Support Group**
  301-460-6222
  703-536-6275

- **In Loving Memory: A Group for Parents With No Living Children**
  703-435-0608

- **The Counseling Center of Fairfax**
  703-385-7575

- **Compassionate Friends**
  www.compassionatefriends.org
  703-754-8982

Disproportionately High Rate of SIDS in Family Child Care Settings

According to a report in the August issue of Pediatrics, titled "Sudden Infant Death Syndrome in Child Care Settings," Dr. Rachel Moon of Childrens National Medical Center found the percentage of SIDS deaths occurring in child care to be

disproportionately higher than expected at 20.4%. Estimating from Census Bureau data regarding the number of infants in child care and the percent of time spent there, she had anticipated to find approximately 7% of SIDS cases occurring in child care. Her findings are especially striking, because the demographic characteristics of the group in the study (white; born to older, more educated parents; and without a history of smoke exposure) would typically place these infants in the lowest risk category for SIDS.

Dr. Moon's findings state that approximately 60% of the SIDS deaths in child care were found to occur in family child care homes. She suggests that differences between family child care homes and child care centers with regard to licensure, regulation, and care provider characteristics may be important to this issue. Family child care providers may or may not be licensed and are less regulated.

According to the most current information available, 30% of children in family child care homes were cared for by informal or unlicensed providers, unregulated and unregistered by any agencies. The likelihood of the family child care provider following Back To Sleep and other SIDS risk reduction recommendations was lessened by this absence of requirements and need for compliance. And, since 50% of family child care providers were reportedly over 50 years of age and 80% had children school-aged or over, it was also unlikely that they had up-to-date or personal experience with SIDS risk reduction practices.

Dr. Moon's findings on SIDS in child care settings were based on parent interviews conducted by trained grief counselors or investigators from the medical examiner's/coroner's office in the infant's home or by telephone one month following a SIDS death. The characteristics of SIDS cases occurring in child care - including sleep position (usual and last placed) and recent changes in the child's routine - were compared with those occurring while the infants were in the care of their parents. Significantly, SIDS victims in child care were twice as likely to be found prone and five times as likely to be last placed prone, although their usual sleep position at home was on the back or side. Previous studies have shown as much as an 18% increased risk of SIDS for infants "unaccustomed" to sleeping on their stomachs. This may explain to some degree the high proportion of SIDS cases in day care.

Consistency of care for babies from nighttime to naptime, and from parent to caregiver have emerged as essential components of SIDS risk reduction. The SIDS Alliance recommends that babies should never be left to sleep on their stomachs; on adult beds, waterbeds, sofas or other impromptu or makeshift sleep surfaces; or with pillows, sheepskins, quilts, stuffed toys or other soft bedding items. Parents are urged to communicate SIDS risk reduction recommendations to child care providers.

Anti-SIDS Campaign Aimed at Blacks

In 1998, 2,529 babies died of SIDS, a rate of 64 deaths per 100,000 live births. For blacks, the number of SIDS deaths was 782, a rate of 128 per 100,000 live births.

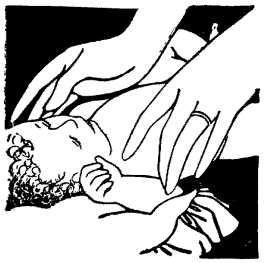
Over half of black parents place their babies to sleep on their stomachs or sides, putting them at greater risk of Sudden Infant Death Syndrome, the Consumer Product Safety Commission said Wednesday.

Only 31 percent of Black parents place babies on their backs, a position that reduces the risk of SIDS, versus 47 percent of white parents, according to a CPSC survey.

Blacks are also more likely to put quilts, comforters and pillows in bed with their newborns. Such soft bedding can increase the risk of SIDS death from suffocation and may have contributed to as many as 900 SIDS deaths a year.

With black babies twice as likely to die from SIDS as other babies, CPSC officials said the survey shows more needs to be done to alert blacks about how to reduce SIDS risks.

The key is getting information to the right people within the black community, said CPSC officials. Blacks tend to learn safe-baby practices from a grandmother, mother or other family member who may still believe that it's safe to put babies to sleep on their stomachs because that's what they were taught.



“When you have family tradition, the way it's always been done, that's hard to counteract," said Ann Brown, CPSC commissioner.
The commission has launched a national ``safe sleep" campaign aimed at Blacks, along with Black Entertainment Television. They will air nationwide public service announcements during prime viewing times and develop news stories about SIDS.

Three thousand government-funded health centers that serve minorities will also distribute literature to patients and work with state and local health departments.
The aim is to get the word out to people in black communities – family-members, neighbors, clinics - who are influential to young black mothers and fathers.

“If we start to reach grandmothers and other family members it will

fan out across the community," said Brown.

Campaigns to persuade parents to place children on their backs have helped cut the SIDS rate by nearly 40 percent since the early 1990s.
But the campaign has been slow to reach blacks for a variety of reasons, say SIDS experts. Many poor blacks lack access to health care, so they're not seeing family doctors or nurses or visiting pediatricians' offices where literature is available.

Culture and family tradition also play a role, said Kimberly Mitchell, assistant coordinator at the National SIDS and Infant Death Support Center in Maryland.

Over 70 percent of blacks said they feared babies would choke in vomit if placed on their backs, compared to 52 percent of all parents who believed there's a choking risk.

The CPSC campaign, funded by Gerber Products Co., recommended several steps for babies under 12 months:

- **Place babies on their backs on firm, tight-fitting mattresses.**
- **Remove all pillows, quilts, comforters and sheepskins from cribs.**
- **Consider using a sleeper as an alternative to blankets.**
- **If using a blanket, use a thin one and tuck it around the mattress so it reaches only as far as the baby's chest.**
- **Make sure the baby's head remains uncovered.**
- **Never put babies to sleep on a waterbed, sofa, soft mattress, pillow or other soft surface.**
- **Nobody should smoke around the baby**

Join the Northern Virginia SIDS Alliance for the Wawa SIDS Walkathon 2000 in Locust Shade Park in Triangle, Virginia Sunday September 17 Call Liz Builta at 540-657-4199 or email her at thebuiltas@erols.com ***for more information***

VIRGINIA FETAL INFANT MORTALITY REVIEW PROGRAM

Northern Virginia Fetal Infant Mortality Review Project, 1999

Fetal Infant Mortality Review (FIMR) is a community process that addresses the concerns of infant mortality from a multidisciplinary point of view.

The Northern Virginia FIMR team reviewed 74 cases of fetal and infant deaths in 1998 and 57 cases of fetal and infant deaths in 1999.

Contrary to the conventional wisdom that infant mortality is more prevalent among poor, uneducated single mothers, the majority of patients in this study were well educated, middle-class, employed and married. Five percent of the infant deaths occurred to teen mothers, but 54% of the deaths occurred to women older than age 30.

Infant Deaths

The causes of infant deaths fall into two main categories: prematurity, especially less than 24 weeks gestation, and congenital anomalies. The most frequently occurring congenital anomaly was cardiac anomalies, accounting for 9 deaths. In 1999 there were 7 deaths attributed to SIDS in Northern Virginia.

.

Infant Mortality Data

Northern Virginia's overall infant mortality rate in 1998 was 4.6 per 1000 live births, according to the 1998 Virginia Department of Health Vital Statistics.

This compares very favorably to the Virginia statewide infant mortality rate in 1998 of 7.4 per 1000, and the United States Infant mortality Rate of 7.2 per 1000. The Healthy People 2000 Initiative established a goal for infant mortality in the United States of no more than 7 infant deaths per 1000 live births, and the goal for 2010 is no more than 4.5 infant deaths per 1000 live births.

Northern Virginia FIMR Facts at a Glance

In 1999
57 cases were reviewed, out of a total of 96 infant deaths in Northern Virginia

- **50 % of infant deaths occurred at less than 24 weeks gestation**
- **24% of deaths were 25-35 weeks gestation**

Perinatal Progress

- **26% of deaths were greater than 36 weeks gestation**
- **17% were multiples: twins or greater**
- **7% of the mothers smoked cigarettes during their pregnancies**
- **there were no deaths associated with alcohol or substance abuse**
- **58% of the infant deaths were due to prematurity**
- **39% of preterm infants who died had serious infections**
- **7% of the mothers had chorioamnionitis**
- **34% of the deaths were due to congenital anomalies**
- **17% of the deaths were due to cardiac anomalies**
- **58% of the mothers were Caucasian**
- **9% of the mothers were Black**
- **15% of the mothers were Hispanic**
- **11% of the mothers were Asian**
- **34% of the mothers were foreign born**
- **7% of the mothers were younger than 20**
- **19% were older than 35**
- **3 mothers, or 5%, had no prenatal care. All were foreign born women who were unaware of services available**

- **72% of the mothers had > 5 prenatal visits**
- **55% of the infants lived <1 day**
- **72 % had private insurance**
- **13 % had Medicaid**
- **11 % were self-pay**
- **74% of the mothers were married**
- **60% of the mothers were employed during their pregnancies**
- **43% of the mothers or infants were transfers or transports to the perinatal center**
- **45% were Fairfax residents, 19% were Alexandria residents, 19% were Prince William Area residents, and the remaining 15% were from Loudoun, Arlington, Stafford and Fredericksburg**

Recommendations

34% of the infant deaths reviewed were caused by congenital anomalies.

1. Every woman of child-bearing age must take the recommended amount of folic acid daily

Research has shown that taking .4 milligrams of folic acid daily prior to and in the first few weeks of pregnancy can significantly reduce certain birth defects, including neural tube defects, some cardiac defects, cleft lip and palate, and limb deformities.

However, half of all pregnancies are unplanned, and awareness of the need to take this vitamin prior to pregnancy is limited. The Northern Virginia Perinatal Council and the March of Dimes are in the midst of a public awareness campaign on the need for every woman of childbearing age to take .4 milligrams of folic acid daily. We also need to address the cultural differences of our many immigrants in the area and their need to learn about folic acid and a daily multivitamin.

17% of the infant deaths reviewed were multiple births

2. Twins and other multiples must be treated as high-risk pregnancies

With the increase in multiple pregnancies, occurring both naturally and with assisted reproductive technologies, health care providers must remember that twin pregnancies are high-risk pregnancies and must be treated as such.

58% of the infant deaths reviewed were due to prematurity

3. Signs of preterm labor must be taught to all women, and physicians and staff must heed them

Several mothers told the home interviewer about suffering from a constant, rhythmic backache but were either "afraid to bother" their physician, thought that backaches were normal in pregnancy, or their physicians did not investigate the seriousness of this symptom.

Kaiser Permanente has an excellent preterm prevention program, "Tender Loving Care", which has been very successful in reducing preterm births among Kaiser patients. Other providers of prenatal care could explore this type of prevention model.

Bacterial Vaginosis, Group B strep and other infections in the prenatal period must be treated more effectively, particularly if we are to reduce infant mortality in African American babies.

In 1998, 85% of deaths due to prematurity were complicated by severe infection, and 18% of the mothers had chorioamnionitis. The obstetrical staff began a program to treat preterm labor and particularly infection very aggressively. In 1999, we saw an overall decline in infant mortality reflected in the decline in preterm birth complicated by infection to only 39%, and a decline in chorioamnionitis from 18 to 7 %.

We recognized the need to provide more accurate information to pregnant women about signs and symptoms of preterm labor in addition to educating health care professionals and home visitors.

The Northern Virginia Perinatal Council has developed and implemented 2 large trainings on "Optimal Prenatal Care" aimed at office staff, clinic staff, public health nurses and Resource Mothers and Family Support Workers. We want everyone working with pregnant women to understand the signs and

symptoms of problems in pregnancy and convey them to pregnant women.

60% of the mothers in the study were employed during their pregnancies

4. Employers and pregnant women must be aware of risks to pregnant employees and modify work conditions accordingly.

On-site workplace education programs like "Babies and you" have proven to decrease costs to employers associated with premature births. The Washington Business Group on Health recommends such programs, and we should encourage businesses to utilize such programs. The Northern Virginia Perinatal Council and the National Capital Area March of Dimes will be working with National March of Dimes in implementing a newly revised Babies and You Program to be used in the workplace, or in clinics, churches or community centers.

34% of the mothers in the study were born in countries other than the United States

5. Outreach education regarding the need for early prenatal care and risks of birth defects must be provided to the foreign born population, especially Middle Easterners and Latinas. Education and public awareness campaigns must be done in appropriate settings and need to be culturally and linguistically appropriate.

A March of Dimes National Capital Area Chapter grant enabled us to purchase folic acid and distribute it to women at risk—the low income foreign born women who use the health department clinics for family planning and well baby care.

We received funding and distributed 650 bottles of folic acid, each one containing an 8 months supply, to Fairfax Resource Mothers, the Naomi Project, Arlington Project Family and Alexandria and Prince William WIC. Loudoun health Department received a separate grant and is distributing folic acid in their family planning clinic. The one on one teaching enhances distribution of the vitamin and encouragement provided through the Resource Mothers and WIC programs.

We have provided intensive education on prenatal care, preterm labor and birth defects to outreach

workers, Resource Mothers, and health department and clinic staffs in an effort to improve health outcomes among our immigrant population.

7 babies, or 7% of the total infant deaths in Northern Virginia in 1998, died of SIDS

With the Northern Virginia SIDS Alliance, we have been promoting the Back to Sleep and other preventive messages regarding SIDS at Health Fairs, hospitals, clinics and day care centers in Northern Virginia.

The NVPC and the Northern Virginia SIDS Alliance have produced and distributed 5000 copies of a brochure aimed at African American Families: "Reducing the Risk of SIDS." It has been extremely well received among African American health professionals and families.

Education and training on SIDS and SIDS Risk Reduction are available from the Northern Virginia SIDS Alliance and the Perinatal Council.

6. Families, professionals and employers need to be more aware of bereavement services, and support for families who have suffered perinatal loss must be improved.

The Northern Virginia Perinatal Council works with the Perinatal Loss Committees in the hospitals, sponsors the Resolve Through Sharing Bereavement Counseling Programs in Northern Virginia, and works with the support groups MIS and the Northern Virginia SIDS Alliance to promote bereavement support. The Perinatal Council has developed a list of support groups, counselors and Internet sites specializing in perinatal loss. This resource list is given to all families whose babies die in Northern Virginia, along with the March of Dimes Bereavement kit and the booklet "When Hello Means Goodbye". Bereavement materials are available in Spanish and English. These materials are provided whether the family participates in the FIMR study or not. For more information, for

samples of the bereavement materials, or for the complete FIMR report, please phone Betty Connal at 703-204-6778 or email bconnal@aol.com

Medical Insurance for Children

The Virginia General Assembly made some changes to the Virginia child health insurance program. The name has been changed from CMSIP to FAMIS—Family Access to Medical Insurance Security.

Children currently enrolled in the program will be grandfathered in, so it is imperative to enroll as many children as possible now.

Three free workshops on "<u>Breaking Through the Barriers: Helping Enroll Children in Medicaid and CMSIP</u>" are coming to Northern Virginia.

- **September 12: Manassas**

9am to 1 pm at the Sudley North Government Center

- **Sept. 25: Leesburg**

9am to 1 pm at the Rust Library

- **October 12: Annandale**

9 am to 1 pm at the Northern Virginia Regional commission

Space is limited. To register, please contact Kim at Sign up Now by phone at 804-965-1352 or email: signupnow@vhha.com

For information about CMSIP/FAMIS call:

Call 1-877-VA-CMSIP

or

Or 1-877-KIDSNOW

Access to Health Care Consortium

The Northern Virginia Access to Health Care Consortium's mission is to promote access to health care for all Northern Virginians through:

- development of coordinated efforts to extend care to the underserved, and
- Expansion of existing programs and improved collaboration to provide medical homes for persons and families lacking access to primary care and other essential medical services.

The Northern Virginia Access to Health Care Consortium meets the fourth Thursday of each month from 9:30 to 11:30 am at the Northern Virginia Regional Commission office , 7535 Little River Turnpike, Annandale

The Access to Health Care Consortium hosts a variety of excellent speakers at its monthly meetings, and new members are always welcome.

Phone 703-642-0700 for more information.

September 28

- Prescription Drug Coverage and Medicare
- Arlington Health Care Foundation

October 26

- Language Barriers and Access to Care: Paul Cushing, Office of Civil Rights

November 16

- Access to Health Care for Adolescents:

Breastfeeding Committee

The Breastfeeding Committee sponsors meetings on topics of current interest.

The Virginia State Breastfeeding Task Force meets quarterly in Richmond.
For more information contact Nancy Pribble at NPRIBBLE@VDH.STATE.VA.US 804-692-0681

Other Helpful Resources:

LaLeche League 703-960-0568

WIC Program 1-888-942-3663

University of Rochester's Breastfeeding Drug Hotline 716-275-0088

Education Committee

The Education Committee develops patient education materials and plans professional education programs. Patient Education Materials available include:

- ***HIV Testing in Pregnancy***
- ***Healthy Pregnancy Planner***
- ***Healthy Newborn Planner***
- ***High Blood Pressure in Pregnancy***
- ***Gestational Diabetes***
- ***Preconception Planning***
- ***Should You Breastfeed Your Baby? Absolutely Yes!***
- ***Developing a Workplace Breastfeeding Program***
- ***How Does Your Baby Grow***
- ***Preterm Labor Prevention***
- ***PROM***
- ***The First Few Weeks at Home***
- ***Never, Ever Shake Your Baby***
- ***Your Pregnancy and Bedrest***
- ***Hey Dad!***
- ***Parents' Survival Tips***
- ***Communicating With Your Teenager***
- ***Hepatitis B Vaccinations***
- ***Your Child's Development: Birth through Age 5***
- ***Crying: Baby Talk***
- ***Choices for Birth Control***
- ***Loving Yourself, Loving Your Baby***
- ***Obstetrical Guidelines***
- ***Working and Breastfeeding: Guidelines for Employers***
- ***Playing with Your Child***
- ***Your Child and Discipline***
- ***Your Child Ages 1-5***
- ***Reducing the Risk of SIDS***
- ***Warning: Preterm Labor***
- ***10 Tips to Have a Healthy Baby***

Many of the materials are available in Spanish. If you would like materials in languages other than English or Spanish, we will attempt to obtain translations.

Phone 703-204-6778 if you would like copies of any of these materials.

The Northern Virginia Area Health Education Center Medical Interpreter Services

The NV AHEC is a not-for-profit organization whose mission is to recruit, train, educate and support primary health care professionals who work in underserved areas and communities.

The NV AHEC provides a Health Care Interpreter Service, a multilingual, community based program which supports health care providers by facilitating communication between them and their patients through the provision of qualified health care interpreters

The program offers interpretation in Amharic, Arabic, Cambodian, Farsi, Somali, Spanish, Tigrinya, Urdu and Vietnamese. Interpreters are screened for knowledge of medical terminology and the US health care system as well as language proficiency in English and one or more target languages.

For more information, contact the AHEC at 703-750-3248 or nvahec@aol.com

LEGISLATION AND ADVOCACY

Join the Virginia Perinatal Association in Richmond for Motherhood and Apple Pie Day on January , 2001 and the March of Dimes on their Lobby Day on February 7, 2001

To track bills in the Virginia General Assembly, go to

http://leg1.state.va.us/lis.htm

For information about legislation, call legislative services

at 804-698-1500

To contact your legislator, write

The Honorable_____

Senate of Virginia

Box 396

Richmond, VA 23219

or

The Honorable_____

Virginia House of Delegates

Box 406

Richmond, VA 23218

United States Representatives and Senators:

Congressman_____
U. S. Capitol
Washington, DC 20510

Senator Charles Robb
154 Russell Senate Office Bldg.
Washington, DC 20510
202-224-4024

Sen. John Warner
225 Senate Office Bldg.

Washington, DC 20510

202-224-2023

Legislative Do's and Don'ts

DO'S

1. Do get to know your legislator before asking for his or her help
2. Do attend meetings where legislators will be present
3. Do offer to be a resource to your legislator in your area of expertise
4. Do offer your suggestions in an overall context instead of talking exclusively to your special interests
5. Do invite your legislator to your agency to learn about your operations before the session starts
6. Do send supporting clippings and data to your legislators
7. Do be willing, if necessary, to compromise
8. Do ask your legislator what his or her position is and how he or she plans to vote
9. Do be prepared to acknowledge strong points on the other side of the argument
10. Do thank your legislator for supporting and voting for your bill
11. Do carefully research your information and be prepared to answer questions
12. Do have a short written summary of your testimony for the committee, with extra copies
13. Do keep your testimony short and concise
14. Do write letters to your legislators
15. Do identify the issue in the first paragraph and include the bill number
16. Do send letters and position papers identifying a group supporting your position

DON'TS

1. Don't mislead or give your legislator false information

2. Don't send form letters
3. Don't make letters longer than two pages
4. Don't belittle those who disagree with your issue or proposal
5. Don't spread yourself too thin on too many issues
6. Don't give up if you lose. Most meaningful bills are only passed after 3 or 4 sessions of education legislators on merits of the issues
7. Don't feel you do not have the ability to make change. Very small groups wield a lot of influence by being well informed and presenting information succinctly and factually

TEEN PREGNANCY

Kids Count, a project of the Annie E. Casey Foundation, has published its annual data book. "When Teens Have Sex: Issues and Trends" measures the educational, social, economic and physical well being of children. To order a copy, call the Annie E. Casey foundation at 410-547-6624 or visit their website at www.aecf.org

"WE CAN HELP"

A guide to services for youth in Fairfax and Falls Church is available from the Fairfax Partnership for Youth. For a copy, contact 703-324-5171 or www.co.fairfax.va.us/rim

- Adolescent Family Life Program, Office of Population Affairs

  301-594-4004

- Alan Guttmacher Institute

  202-296-4012

- Advocates for Youth

  202-347-2263

- Family Resources Coalition

  312-341-0900

- March of Dimes Birth Defects Foundation

  White Plains, New York

  1-800-367-6630

  March of Dimes National Capital Area Chapter, Arlington, VA

  703-824-0111

- National Campaign to Prevent Teen Pregnancy

  202-857-8655

- National Organization on Adolescent Pregnancy, Parenting and Prevention

  301-913-0378

- Planned Parenthood Federation of America

  212-541-7800

- Southern Center on Adolescent Pregnancy Prevention

  202-624-5897

- Virginia's Partners in Prevention

  804-786-1211

Teen Health Web Sites

- Child Trends, Inc.

  www.childtrends.org

  Campaign for Our Children
  www.cfoc.org

- Children, Youth and Family Consortium

  www.cfyc.umn.edu

- National Campaign to Prevent Teen Pregnancy

  www.teenpregnancy.org

Child Trends

Child Trends' annual newsletter on teen pregnancy is now online at www.childtrends.org/factlink.cfm.

The newsletter pulls together the most current data on teen births, pregnancies, abortions and contraceptive use. It contains national and state data as well as statistics for more than 100 large U.S. cities.

Some highlights:

- Teen birth rates fell again for the seventh straight year (1991-1998) and decreased in all 50 states in 1997.
- The teen birth rate in 1998 was 51 per 1,000 females ages 15-19, an 18% decline since 1991. This rate is close to the record low of 50, reached in 1986.
- Several states still had a teen birth rate of more than 60 births per 1,000 females ages 15-19 in 1997. However, even the ten states with the highest teen birth rates experienced decreases since 1991 ranging from 9% in Texas to about 14% in Mississippi, New Mexico and Tennessee.

- Hispanic teens continue to have the highest rate of teen births.
- The birth rate for teens who have already had a baby declined 21% between 1991 and 1998, compared with a 10% decline among childless teens.
- There was a dramatic increase in the percentage of females ages 15-19 who reported using contraception the first time they had sex, from 48% in 1982 to 76% in 1995.

However, there is some evidence of a decline in contraceptive use at most recent sex among sexually active females, from 77% in 1988 to 69% in 1995. Black teens are the only racial/ethnic group whose rates of contraceptive use at most recent sex did not decline.

"Get Organized: A Guide to Preventing Teen Pregnancy"

Is a comprehensive guide developed by the National Campaign to Prevent Teen Pregnancy-with support from the U.S. Department of Health and Human Services and the Johnson & Johnson Family of Companies-to help communities and non-profit organizations establish successful local programs.

This three-volume publication stresses a localized approach, a long-term commitment and careful evaluation and novel approaches for addressing teen pregnancy.

Cost: $19.95 plus 15% shipping and handling. For more information and to order this invaluable resource please visit www.teenpregnancy.org

Moms Help Make a Difference One Stroke at a Time!

Like most new parents, Sheila Heim and Linda Storm found themselves asking many questions when they were moms. Now these experienced Moms teach infant massage to help new parents cope with some of the demands of a newborn.

Class sessions are held one night a week for one and one half hours for three weeks. This allows the baby to gradually be introduced to new strokes each week and not be over stimulated. It also helps parents feel more comfortable with the skills they are learning. Each week they have opportunities to ask questions which they may have.

"It is wonderful to see how these little newborns respond to the gentle touches of their parents," Linda Storm comments. Parents learn to interpret the signals their baby's are giving. You can see how the babies relax and respond to the foot massage or the gentle strokes down their arm. If the baby pulls away, they have had enough. If they hiccup or begin to cry they are probably over stimulated.

Parents find that giving a massage before putting their baby to bed helps the baby transition into sleep. Others use massage techniques when they get fussy while running errands. "One mother shared with us that she gave her son a foot message while grocery shopping. She was amazed that he was calm and quiet at the checkout when he would normally have been fussy," For fathers whose wives are nursing, massage gives them a special time to bond with their baby.

Sheila Heim and Linda Storm received their training through the International Association of Infant Massage that was founded by Vimala McClure. Vimala, who had been a Peace Corp volunteer in India, noticed how the children thrived from their mother's massage even though the food supply was limited. When Vimala returned to

the United States she began teaching parents these techniques and founded the International Association of Infant Massage.

To learn more about the benefits of infant massage contact Sheila Heim at 703-455-4987 or Linda Storm at 703-440-0179.

In the News

TASK FORCE REPORT OUTLINES NATIONAL AGENDA ON NEWBORN SCREENING

The definition of comprehensive newborn screening is changing rapidly, and state public health programs may not be keeping up, according to an American Academy of Pediatrics (AAP) Task Force on Newborn Screening .
The report discusses specific recommendations for program and policy development in the following four areas:

1) public health infrastructure,
2) professional and consumer involvement
3) surveillance and research
4) economics of screening.

The report identifies the following key issues:

- The need for all state newborn screening systems to keep pace with new technology.
- The need for uniform screening systems across states. All states screen for selected disorders, but screening requirements vary. For example, only a few states screen for cystic fibrosis, toxoplasmosis, or HIV, and only about half conduct universal hearing screens.
- Ethical concerns surrounding residual blood samples. In most cases enough blood remains after testing to conduct repeat testing if necessary; this raises questions about the ethics of using the blood for other purposes, including research.
- Privacy and consent issues. Information for parents about screening varies. The report states that parents have the right to be informed that their children will be screened and the right to refuse screening.
- The need for public awareness.

Parents must be informed about

1)benefits and potential risks of newborn screening tests and treatments
2)policies for storage and use of specimens, and
3) the mechanism by which they will receive test results.

The report also states that federal and state public health agencies, in partnership with health professionals and consumers, should continue to

- Better define federal and state public health agencies' responsibilities;
- Develop and disseminate model state regulations (including disease and test-selection criteria) to guide the implementation of state newborn screening systems;
- Develop and evaluate innovative testing technologies;
- Design and apply minimum standards for newborn screening activities (e.g., sample collection, laboratory quality, sample storage, and information systems);
- Develop and disseminate model follow-up, diagnosis, and treatment guidelines and protocols for health professionals and other participants in the newborn screening system;
- Design and evaluate model systems of care that provide individuals of all ages with services that are consistent with national guidelines for children with special health care needs (i.e., family-centered, community-based, and coordinated systems of care).
- Design and evaluate tools and strategies that strive to effectively inform families and the general public about newborn screening; and
- Fund demonstration projects to evaluate technology, quality assurance, and health outcomes.

American Academy of Pediatrics. 2000, August 7. Newborn screening report addresses inconsistencies and controversies. www.aap.org

INCIDENCE OF DISABILITY AFTER EXTREMELY PRETERM BIRTH

Severe disability is common among children born extremely preterm and remains a major challenge in this group of children, concludes a study published in the New England Journal of Medicine.

Researchers evaluated children born at 25 or fewer weeks of gestation in the United Kingdom and Ireland from March through December 1995, at a median age of 30 months. They found that disability "in the domain of mental and psychomotor development, neuromotor function, or sensory and communication function was present in about half of all survivors at 30 months of corrected age, with approximately one quarter meeting the criteria for severe disability."

Of the 283 children assessed, 138 had disability, including 64 who met the criteria for severe disability. In addition

- 53 had severely delayed development;
- 28 had severe disabilities of neuromotor function, and 39 had other neuromotor disabilities; and
- 7 were blind or perceived light only, and 8 had hearing loss that was uncorrectable or required hearing aids.

The authors state that "the comprehensive nature of our study allowed us to provide outcome data for virtually all live births at 25 completed weeks or less of gestation in a whole population. This information is important for obstetricians, midwives, and pediatricians to use in discussions with parents."

An accompanying editorial points out that the study suggests two goals for future research and public policy:

1) "In order to reduce the frequency of extremely premature birth, prevention strategies must be based on fundamental investigation of the genetic, infectious, nutritional, and environmental causes of premature delivery and must be translated into clinical practice."
2) 2) "Public policy should emphasize increasing families' access to individualized information on risk, rather than the promulgation of a single policy by courts or insurance companies to fit all situations."

Wood NS, et al. 2000. Neurologic and developmental disability after extremely preterm birth. The New England Journal of Medicine 343(6):378-384. Cole S. 2000. Extremely preterm birth--Defining the limits of hope. Editorial. The New England Journal of Medicine 343(6):429-43

BARRIERS TO MEDICAID ENROLLMENT AND ISSUE OF STIGMA

The traditional notion of "welfare stigma" (i.e., feeling bad about participating in public assistance programs) is not a barrier to Medicaid enrollment, according to a study by the Center for Health Services Research and Policy at George Washington University. The study's authors acknowledge, however, that "to the extent that stigma is a barrier to Medicaid enrollment, it is a function of how people are treated during the application process and by health care providers." The nationwide study used in-person interviews with 1,400 low-income families who receive health care at community health centers.

The authors sought to distinguish between problems reported and problems that were actual barriers to Medicaid enrollment. The report identifies the following six barriers, of which only the first two are stigma related:

1) Medicaid officials asking applicants unfair personal questions
2) physicians' unequal treatment of Medicaid recipients
3) confusion about who is eligible for Medicaid
4) the misperception that one must be on welfare to enroll in Medicaid
5) the perception that the Medicaid application is long and complicated, and
6) inconvenient application hours.

Other findings include the following:

- About 50% of respondents reported at least one stigma-related problem.
- The incidence of stigma-related problems reported ranged from 11% (feel bad about themselves) to 35% (application process is humiliating);
- More than 80% of respondents reported at least one other type of problem
- (e.g., don't know how to apply [56%], application is long and

complicated [42%], need a translator [35%], lack of transportation [42%]); and
- Hispanic respondents were more than three times as likely as white respondents to be eligible for but not enrolled in Medicaid.

The authors also discuss stigma-related concerns associated with the State Children's Health Insurance Program's (SCHIP) "screen and enroll" provision, which requires that states ensure that children are ineligible for Medicaid before being enrolled in SCHIP. Some believe that families forego SCHIP coverage for their children because of stigma. The authors find, however, that stigma-related concerns about the process are "unfounded and should not be the basis for reconsidering this requirement."

To address Medicaid enrollment barriers, the study recommends reducing the number of welfare-office encounters required for Medicaid application

1) emphasizing out-stationed enrollment at health centers, community centers, and other locations
2) shortening the application form by eliminating unnecessary questions
3) adding hours and locations for enrollment
4) reducing confusion about the application process; and
5) paying special attention to minority families, particularly those of Hispanic heritage.

Stuber JP, et al. July 2000. Beyond stigma: What barriers actually affect the decisions of low-income families to enroll in Medicaid. George Washington University; Center for Health Services Research and Policy.

MANY PARENTS ARE UNAWARE THAT THEIR CHILDREN ARE ELIGIBLE FOR HEALTH INSURANCE

Six out of 10 parents whose children may qualify for the State Children' s Health Insurance Program (SCHIP) or Medicaid do not know this, according to a recent study conducted by Wirthlin Worldwide and released by the Robert Wood Johnson Foundation. The study found that almost all parents surveyed (97%) whose children are eligible for but not enrolled in Medicaid recognized the name of the program, whereas only about half (49%) had heard of their state's SCHIP. More than half the parents (59%) did not believe that their children were eligible for either program, but 82% indicated that they would enroll their children in Medicaid or SCHIP if they knew the children were eligible.

Parents' misperception that their children were not eligible for the programs when in fact they were was most prevalent among households in which both parents were working (71% did not think their children were eligible) and among those making $25,000 a year or more (69%). Almost half (49%) of parents making $15,000 a year or less thought that their children were not eligible for the programs, and the study states that 72% of parents whose children were eligible for SCHIP coverage based on family size and household income thought the children were not eligible.

The study revealed ethnic differences pertaining to program awareness.

For instance, name recognition of SCHIP was lowest among Hispanics. Ethnic groups also differed in whether parents thought their children were eligible; white parents were most likely to believe their children were eligible (68%), as compared with 58% of African-American and 40% of Hispanic parents.

The Robert Wood Johnson Foundation has launched a $26 million 3-year public-education campaign to inform parents about the two health insurance programs through nationally coordinated enrollment drives and an advertising campaign.

Robert Wood Johnson Foundation, Covering Kids. National public opinion survey of families with children who qualify for SCHIP and Medicaid programs. Executive summary. Available at www.coveringkids.org/exec_summ Six out of ten parents whose children qualify for low-cost or free health care coverage do not believe their kids are eligible. 2000, August 9.

CDC RELEASES ADOLESCENT HEALTH CHARTBOOK

The Centers for Disease Control and Prevention (CDC) recently released an adolescent health

chartbook as part of its Health, United States, 2000 report. The chartbook documents health risks faced by children and adolescents ages 10 to 19 and points out areas where gaps in the data exist. It contains sections on population characteristics, health status, reproductive health, risk behaviors, and health care access, and it focuses on current measures to reduce health risks. Noting that the health risks adolescents face increase as they get older, a related press release states that older adolescents are more likely than preteens to die from a motor vehicle accident or firearm injury; to visit a hospital emergency department with an illness or injury; and to smoke, binge drink, or use marijuana.

The CDC Health, United States, 2000 report also states that there are many gaps in data on adolescent health and that analyzing existing data can be challenging. For instance, adolescents are often not considered as a separate group, and data are rarely organized by single years of age. The chartbook addresses this issue by presenting data by single year of age whenever possible.

The CDC report asserts that other obstacles include lack of information on racial and ethnic minority groups (e.g., adolescents who are not white or black may be characterized as "other") and lack of information on socioeconomic status. It notes that educational attainment is often used to measure socioeconomic status, but that this may not be a useful measure for children and adolescents who have not yet completed their education.

The chartbook states that data are unavailable on some important measures of preventive care, such as the percentage of adolescents who are up to date on all their vaccinations. It points out the following research challenges:

- Adolescents have unique health care needs, and to meet these, routine health services must be made available in a wide range of settings. However, information about the health services sought by and provided for adolescents is limited.
- Female adolescents are sensitive about their bodies and may develop eating disorders. The prevalence of eating disorders is difficult to measure, however, because of the denial and secretive behavior associated with them.
- Although adolescents' participation in sexual activity is well-documented, the extent to which such activity is consensual has not been fully evaluated. Because many myths concerning rape persist among adolescents, acquaintance rape and date rape are often unreported.

MacKay AP, Fingergut LA, Duran CR. 2000. Health, United States, 2000: Adolescent Health Chartbook. Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics.

Available at www.cdc.gov/nchs

PREPREGNANCY FACTORS A SIGNIFICANT BARRIER TO TIMELY INITIATION OF PRENATAL CARE

A study of low-income women who had continuous third-party coverage throughout their pregnancy found that more than one-fourth had no first-trimester prenatal care and that pre-pregnancy risk factors were better predictors of untimely initiation of prenatal care than were logistical barriers during pregnancy.

The women had Medi-Cal or private coverage throughout their pregnancy.

The authors found that the most significant non-insurance barriers to timely prenatal care (e.g., unplanned or unwanted pregnancy, lack of schooling beyond high school) were pre-pregnancy barriers, and that "logistical barriers during pregnancy, frequently cited in previous literature, appeared to play a relatively limited role in explaining untimely initiation of prenatal care in this study."

Twenty-eight percent of the women in the study had untimely prenatal care, although only 6% were unaware of their pregnancies in the first trimester. After controlling for numerous socio-demographic factors, logistical obstacles, and so fourth, the authors found that the following risk factors were significant and were experienced by more than one-fifth of the women.

- Unwanted or unplanned pregnancy (affecting 43% and 66% of the women, respectively);

- No regular provider before pregnancy (affecting 22% of the women); and
- No education beyond high school (affecting 76% of the women).

Transportation problems, which affected 8% of the women, were the only significant logistical barrier to timely care that the study identified.

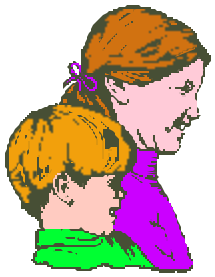
The authors discovered that several risk factors for prenatal care found by other studies were not independently associated with untimely care in this study.

These risk factors include being
1) unmarried,
2) black,
3) Hispanic,
4) Spanish-speaking, or
5) covered by Medi-Cal.

The authors note that this study is large and comprehensive, and that it was derived from an even larger study. Furthermore, "Given the ethnic diversity and size of California's delivery population (one in seven United States births occurs in California), the results are likely to have national as well as statewide policy implications."

The authors conclude that efforts to improve initiation of prenatal care for low-income women should focus on the women before they become pregnant. Broad social and health policies should address these issues by reducing barriers to effective family planning, increasing the proportions of non-pregnant women who have a regular source of health care, and reducing the disadvantages associated with lack of education beyond high school."

Braveman P et al. 2000. Barriers to timely prenatal care among women with insurance: The importance of pre-pregnancy factors. Obstetrics & Gynecology 95(6):874-880



Good News About the Health of America's Children

America's children are at less risk of dying during childhood, living in poverty, going to bed hungry and having a baby of their own during adolescence, according to a National Institute of Health report.

Using information gathered by 20 government agencies, the National Institute of Child Health and Human Development, in Bethesda, Maryland, prepared the comprehensive report, "America's Children: Key National Indicators of Well-Being 2000."

Among the findings was a "striking" decrease in the rate of death in childhood, comments Dr. Edward Sondik, who directs the National Center for Health Statistics.

"Between 1980 and 1998, the death rate for children from ages 1 to 4 dropped by almost half; and the death rate for children 5 to 14 was reduced by a third"

A major cause of death is attributed to unintentional injuries, particularly car crashes. Not surprisingly, in 1997 more than two-thirds of these deaths occurred in children who were not seat-belted or in car seats at the time of the accident.

Childhood poverty rates are compiled each year. Between 1997 and 1998, the rate dropped from 19% to 18%. In 1993, the rate was 22%. Forty-four percent of children living with single mothers in 1998 had moms who worked--an 11% move upwards from the 1993 figure. And, fewer children appear to be going hungry: 3.8% in 1999 versus 4.7 in 1998. Though the US teenage pregnancy rate is the highest in the developed world, the rate has been in decline over roughly the past decade. Overall, "the birth rate for teenagers reached a record low of 30 births per 1,000 girls ages 15 to 17 in 1998," according to a statement prepared by the Federal Interagency Forum on Child and Family Statistics.

Of particular note was the drop in births to black, non-Hispanic young girls (ages 15 to 17 years). Between 1991 and 1998, a drop of about one third was recorded, representing "a true success story," notes Dr. Duane Alexander, director of the National Institute of Child Health and Human Development.

Other good news from the report included a drop in the rate of violent crimes perpetrated by youth, ages 12 to 17 years. At 27 crimes per 1,000 teens, this rate was less than half of that calculated in 1993. Children under the age of 18 years currently make up a bit more than one-quarter of the US population, or some 70 million kids. An estimated 65% were white, 16% Hispanic, 15% black, 4% Asian or Pacific Islander, and 1% American Indian or Alaska Native

REPORT FINDS U.S. WOMEN'S KNOWLEDGE OF FOLIC ACID IS INCREASING

In 1992 the US Public Health Service recommended that "all women who are capable of becoming pregnant consume 400 micrograms of the B vitamin folic acid per day to reduce their risk of having a pregnancy affected by neural tube defects."

Since then, women of childbearing age have become more aware of folic acid, according to a recent report describing a survey conducted by the Gallup Organization for the March of Dimes Foundation. The report indicates that 75% of US women have some knowledge of folic acid.

Women's knowledge about the benefits of folic acid, though limited, is likewise on the rise. In 2000, 14% of the women participating in the survey indicated that they knew folic acid played a role in preventing birth defects, and 10% stated that women should take folic acid before becoming pregnant.

The survey results show disparities in the demographics of women who are most and least likely to take a vitamin supplement containing folic acid daily.

Women least likely to do so

1) are between the ages of 18 and 24,
2) have not completed high school, and
3) have annual household incomes of less than $25,000.

In contrast, women who have college degrees and whose annual household incomes are $50,000 or more are most likely to take such a vitamin supplement each day.

More than half of the women surveyed reported that they obtained their information about folic acid from the media. Only 20% identified health care providers as their source of information about folic acid. According to the report, "health care providers have a real opportunity to convey the importance of folic acid to a receptive audience."

This survey, which was based on a national sample of approximately 2,000 English-speaking US women between the ages of 18 and 45, is one in a series that have been conducted every 1 or 2 years since 1995. The March of Dimes considers the surveys "rough measures of the effectiveness of the educational campaigns designated to increase awareness of folic acid among women of childbearing age."

March of Dimes. 2000. Folic acid and the prevention of birth defects, 1995-2000. (Executive summary.) The Gallup Organization for the March of Dimes Foundation. The full report, as well as more information about folic acid, is available from the March of Dimes Foundation,
phone: (888) MODIMES (888- 6663-467),
www.modimes.org

STUDY FINDS VACCINE AGAINST BACTERIAL MENINGITIS SAFE, EFFECTIVE FOR CHILDREN

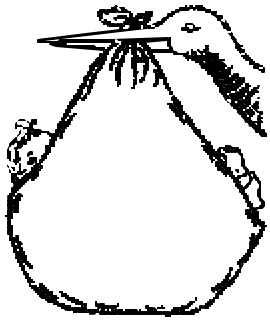
A vaccine against a bacteria that commonly causes bacterial meningitis in children younger than 5 years of age is able to prevent the disease, according to a recent article in the Journal of the American Medical Association. The vaccine is reported to be safe, even for infants, and it results in immunologic memory or a renewed response to the bacteria if the child is re-exposed later.

The authors of the study state that when the vaccine is given in conjunction with other routine immunizations, it is "well tolerated" in infants as young as 2 months of age.

As a result of this and other studies, the British government has created a national bacterial meningitis immunization program in which the vaccine will become one that is routinely received by infants.

An accompanying editorial note states that "the United Kingdom has taken an important first step in becoming the world's first country to implement routine immunization with meningococcal conjugate vaccines," and that "for the United States, a vaccine [of this sort] … given to infants or children younger than two years could substantially reduce current meningococcal disease burden, especially if combined with a catch-up program in older children and adolescents."

MacLennan JM et al. 2000. Safety, immunogenicity, and induction of immunological memory by a serogroup C meningococcal conjugate vaccine in infants: A randomized controlled trial. Journal of the American Medical Association 283(12):2795-2801. Perkins BA. 2000. New opportunities for prevention of meningococcal disease. Journal of the American Medical Association 283(12):2842-2843.



Coming Events

September 7
AWHONN Fetal Monitoring Instructor Enhancement Course
Inova Learning Network and the Northern VA Perinatal Council
703-205-8484 $100

September 9&10
Healing Touch, Level I
Herndon, VA
703-709-6095
roseheal@aol.com

September 11
Care of the Neonate
Linda McCollum
Inova Fairfax Hospital
Physicians Conference Center
Inova Learning Network
703-205-8484

September 11-November 30
English as a Second Language
For Inova Employees
Roberta McGregor 703-698-3160x3

September 12
Pediatric Fellowship
Inova Fairfax Hospital for Children
Jobe McGrane 703-698-2796

September 12
Society of Pediatric Nurses Chapter Meeting
Mary Williamson
703-204-6553

September 12
Management of HIV Disease
Inova Juniper Program
703-204-3780
resource.center@inova.com

September 13
Pediatric Nurse Fellowship Program
Inova Fairfax Hospital ECC Room A Inova Learning Network
703-205-8484

September 13
Virginia Mortality and Morbidity Review Project
Charlottesville Doubletree Hotel
$15
Suzanne Keller 804-786-1047
Skeller@vdh.state.va.us

September 14
Empty Arms: Coping with Infant Loss and Legal Aspects of Nursing
Sherokee Isle and Charles Mannix
Colony South Hotel
Clinton, MD
301-856-4500

September 15 is Neonatal Nurses Day

September 15

Southern Maryland Annual Perinatal Conference
Southern Maryland Perinatal Partnership $35
College Park, MD
301-386-0181

September 18
HIV Prevention Counseling: The Facts $35
Inova Juniper Program
703-204-3780
resource.center@inova.com

September 18-22
LaLeche League Breastfeeding Course
Even Start Project, Washington DC
301-977-1303

Sept. 20 and 21
Pediatric Advanced Life Support Provider Course
Inova Telestar Court
703-204-3366

The Training Institute
"Building Blue Ribbon Communities-One Family at a Time"
Prevent Child Abuse Virginia announces the creation of The Training Institute, featuring a schedule of seminars for professionals, volunteers and parents.

September 21
Calming Parents: No More Raising the Roof
Prevent Child Abuse Virginia
804-359-5065
pcavtraining@juno.com

September 21
Women's Health Update
Holiday Inn Bethesda
Bethesda, MD
AHI 1-800-333-6100 or
www.ahi-online.com

September 21 and 22
11th Annual Issues in Perinatal Health Care
Charleston Area Medical Center
Featuring Terri Johnson
Embassy Suites Charleston, West Virginia $110
304-388-9960

September 22
Prenatal Care Seminar
Crystal City Marriott, Arlington, VA
VDH and DMAS
703-204-6778

September 22-24
Lamaze International 2000 Annual Conference
The Peabody Hotel, Memphis Tennessee $250 www.lamaze-childbirth.com
202-857-1128

September 22-24, 2000
A Path to Healing
12th National Perinatal Bereavement Conference
Cincinnati, Ohio
Alana Roush 513-569-6402

September 23
Congressman Moran's 2000 Women's Issues Conference
9:30 am to 3:30 pm
TC Williams High School
703-971-4700

September 25
Compassionate Death Notification from RTS Bereavement Services
9am to 4 PM
Inova Fairfax Physicians Conference Center, Falls Church
$35 703-204-6778
bconnal@aol.com

September 25-26
Perinatal Update
Advanced Electronic Fetal Monitoring: Susan Drummond
Antepartum and Intrapartum Obstetrics: Nancy Townsend
Wyndham Roanoke Airport Hotel
Roanoke, VA
Blue Ridge and Southwest Virginia Perinatal Councils
$80 Boo Pack 540-985-9990 or Kathi Kiser 540-676-4501

September 27-28
HIV Prevention Counseling: The Fundamentals $50
Inova Juniper Program
703-204-3780
resource.center@inova.com

September 27-29
Lactation Consultant Training Program Phase II
Washington DC
23 Ceu's $325
Lactation Education Resources
301-986-5547
www.LERon-line.com

September 27-30
Ambulatory OB-GYN Nursing Washington, DC
Contemporary Forums
925-828-7100
www.cforums.com

September 29
Breastfeeding New Vision for a New Century
Mary Washington College
Women's and Children's Care Center and La Leche League
Holiday Inn Fredericksburg, VA
$85 Contact Shel Bolyard-Douglas
804-861-5142

September 30-October 1
Herbs and Supplements in Primary Care
Contemporary Forums
925-828-7100
www.cforums.com

October is Breast Cancer Awareness Month, Child Health Month, SIDS Awareness Month, and Domestic Violence Prevention Month

October 1-7 is Nurse Midwifery Week

October 3
Pediatric Advanced Life Support Renewal Course
Inova Telestar Court
703-204-3366

October 3
10th Annual OB/ICU Conference
Inova Fairfax Hospital Physicians Conference Center
Inova Learning Network
703-205-8484

October 3
WMANN Meeting
"Complications of Two Methods of Rewarming Infants with Low Temperatures"
Inova Fairfax Hospital
Physicians Conference Center
Room D 6 to 9 pm
Contact Peter Talarico
301-681-3671

October 4-7
Experiential Anatomy and Physiology for Healers
Healing Touch of Greater Washington
703-709-6095
www.healingtouchofgwa.com

October 14
Lifelinks: A Wellness Event to Health The Mind Body and Spirit
Ernst Community Cultural Center NVCC
8333 Little River Turnpike
Annandale, VA $30
703-516-6777

October 11-14
The Fetus and Newborn: State of the Art Care
Crystal Gateway Marriott, Crystal City, VA $195
Contemporary Forums
925-828-7100 www.cforums.com

October 11-14
Certification Seminar for Childbirth Educators
Mary Washington Hospital and the Council of Childbirth Education Specialists
Home Care America
Fredericksburg, VA $625
Contact Susan Becker
540-374-4486

October 14&15
Healing Touch, Level IIA
Herndon, VA
703-709-6095
roseheal@aol.com

October 16
Teen Culture Conference
Charlottesville, VA
STI's, Body Art, Religion, Media, Substance Abuse, Depression, Suicide, Obesity
804-982-0090 or email
teenhealth@virginia.edu

October 16
Pediatric Nursing in Ambulatory Settings
Hotel Sofitel, 1914 Connecticut Ave, Washington DC 8am to 4 PM
AHI 1-800-333-6100 or
www.ahi-online.com

October 17
Adolescents and HIV Prevention Strategies $35
Inova Juniper Program
703-204-3780
resource.center@inova.com

October 18
Breast Cancer Update; New Treatment Regimens
Inova Fair Oaks Hospital, MOB Room 2 Noon to 3 PM
Inova Learning Network
703-205-8484

October 18-19
Lactation and Breastfeeding Management
Charleston Area Medical Center
Embassy Suites Charleston, West Virginia $120
304-388-9960

October 20
The Personal Side of Work/Life Balance
The Metropolitan Washington Work/Life Coalition
The Bureau of National Affairs
Washington DC $100
301-309-0120
www.worklifecoalition.org

October 21
Summit of Coalition of Virginia Nurses: On influencing Health Policy $30
Charlottesville, VA
Jhenry@hsc.vcu.edu

October 25
Making Maternal Child Health More Father Friendly
Neil Tift, National Association of Fathers and Families
Lee Recreation Center
Alexandria
703-204-6778

October 25
Domestic Violence-Learning the Signs & Developing Safety Plans
Prevent Child Abuse Virginia
804-359-5065
pcavtraining@juno.com

October 25&26
Pediatric Advanced Life Support Provider Course
Inova Telestar Court

703-204-3366

October 25-26
HIV Prevention Counseling: The Fundamentals $50
Inova Juniper Program
703-204-3780
resource.center@inova.com

October 26
Caring for the Extremely Low Birthweight Infant
Blue Ridge Association of Neonatal Nurses and
South Central Perinatal Council
Lyunchburg Hilton, Lynchburg, VA
804-947-4653

October 26-27
The Nurturing Program Teen Parents Curriculum
Prevent Child Abuse Virginia
804-359-5065
pcavtraining@juno.com

October 26-28
Breastfeeding Educator Course
Washington DC
23 CEU's $325
Lactation Education Resources
301-986-5547
www.LERon-line.com

October 26-28
La Leche League Breastfeeding Peer Counselor Training In Spanish
2000 Dennis Ave
Silver Spring, MD
301-977-1303

October 26-27
Holy Cross Hospital presents Nursing Today's Family, High-Tech, High- Touch
Featuring Terri Johnson and Leith Mullally
The Inn and Conference Center
University of Maryland

October 27-28
Crisis in OB: Emergencies and First Response
Judith Poole, Carol Curran and Keiko Torgersen
Pikesville Hilton, Baltimore, MD
$239 Professional Education center 1-800-pec-ceus
www.proedcenter.com

HIV/AIDS: Clinical Management Update $35
Inova Juniper Program
703-204-3780
resource.center@inova.com

November 2, 2000
Managing Pain during Labor and Delivery
Doubletree Hotel, Rockville, MD
AHI 1-800-333-6100 or
www.ahi-online.com

November 2 and 3
Care of the Child with Cardiac Disease
Inova Fairfax Hospital, ECC A
Inova Learning Network
703-205-8484

November 3
Depression: Recognizing How to Help
Prevent Child Abuse Virginia
804-359-5065
pcavtraining@juno.com

November 3
Summit on Safe Motherhood
Hyatt Regency Inner Harbor
Baltimore, MD
202-466-5883
Staff@aawhworldhealth.org

November 5-7
8th National Conference on Outreach Education
Hilton Savannah DeSoto
Savannah, GA $315
912-350-5920

November 6-10
Lactation Consultant Training Program
Washington, DC
Lactation Education Resources
301-986-5547
www.LERon-line.com

November 6-10
Lactation Consultant Training Program
Washington, DC
40 CEU's and Cerps $555
Lactation Education Resources
301-986-5547
www.LERon-line.com

November 7
Pediatric Advanced Life Support Renewal Course
Inova Telestar Court
703-204-3366

November 7
AWHONN/VHA TV Satellite Program: The High Risk Perinatal Patient with Kathleen Rice Simpson
202-261-2400 www.awhonn.org

November 9
Adults Learn Differently- Facilitation and the Learning Process
Prevent Child Abuse Virginia
804-359-5065
pcavtraining@juno.com

November 9
Violence Against Women & Child Custody
Fredericksburg, VA
The Training Institute
Virginia Against Domestic Violence
757-221-0990
vdadvtrain@tri.net

November 11& 12
Healing Touch, Level I
Herndon, VA
703-709-6095
roseheal@aol.com

November 13
Perinatal Bereavement Counselors

And FIMR Meeting
Inova Fairfax Hospital
Physicians Conference Center
703-204-6778

November 13-17
La Leche League Peer Counselor Training in English
Even Start Project
Washington, DC
301-977-1303

November 14
Pharmaceutical Update and HIV
Inova Juniper Program
703-204-3780
resource.center@inova.com

November 16-18
National Perinatal Center Annual Clinical Conference: Health and Healing, Complementary Care and Nontraditional Practices
Hilton Charlotte and Towers,
Charlotte, NC $350
www.natiionalperinatal.org

November 20
Treatment Strategies Effective in Reachng the Latino Community
Inova Juniper Program
Inova Physicians Confeerence Center
703-204-3780 $35
resource.center@inova.com

November 21
Support Groups for Battered Women
Leesburg, VA
The Training Institute
Virginia Against Domestic Violence
757-221-0990
vdadvtrain@tri.net

November 29-30
Pediatric Advanced Life Support Provider Course
Inova Telestar Court
703-204-3366

December 1 is World AIDS Day

December 1-3
Zero to Three
15th National Training Institute
Marriott Wardman Park Hotel
Washington, DC $345
888-733-5364
www.zerotothree.org

December 2&3
Healing Touch, Level IIA
Herndon, VA
703-709-6095
roseheal@aol.com

December 4-8
LaLeche League Breastfeeding Course
2000 Dennis Ave
Silver spring, MD
301-977-1303

December 5
HIV and Substance Abuse $35
Inova Juniper Program
703-204-3780
resource.center@inova.com

December 12
The ABC's of STD's
Inova Fairfax Hospital Physicians Conference Center
The Northern VA Perinatal Council and the Juniper Program
9am –4pm $35
703-204-6778

December 12
Addressing Substance Abuse During Home Visits
Prevent Child Abuse Virginia
804-359-5065
pcavtraining@juno.com

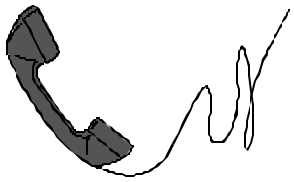
December 15
Management of HIV Disease $50
Inova Juniper Program
703-204-3780
resource.center@inova.com

January 23, 2001
Working with Mentally Challenged Parents
Prevent Child Abuse Virginia
804-359-5065
pcavtraining@juno.com

February 23-24, 2001
HIV Prevention Counseling: The Fundamentals
The Juniper Program
703-204-3793 $35

March 14-17, 2001
Contraceptive Technology
Washington, DC
Contemporary Forums
925-828-7100 www.cforums.com

March 15-18, 2001
13th Annual Association of SIDS and Infant Mortality Programs Conference
Old Town Alexandria



Resources

Domestic Violence and Sexual Assault Services

Alexandria Domestic Violence Program ***703-838-4911***

Alexandria Sexual Assault Program ***703-683-7273***

ACTS-Turning Points: Prince William, Manassas, Manassas Park & Woodbridge

703-221-4951

Prince William Sexual Assault and Victim's Advocacy (SAVAS)
703-368-4141

Arlington Community Temporary Shelter (TACTS)

703-237-0881

Arlington Violence Intervention Program

703-228-4848

Arlington Batterers Intervention Program

703-228-4867

Fairfax County Women's Shelter
703-435-4940

Fairfax Victim's Assistance Network ***703-360-7273***

Loudoun County Abused Women's Shelter

703-777-6552

Rappahannock Council on Domestic Violence

540-373-9373

Rappahannock Council Against Sexual Assault

540-371-1666

Virginia State Hotline

1-800-838-VADV

Directory of Human Services for Northern Virginia

The NorthernVirginia Planning District Commission brings you the Directory of Human Services in three formats: Disk, Print and a Pocket Edition

For more information, call the NVPDC at 703-642-0700

"Working and Breastfeeding, Can You Do it? Yes, You Can!"

can help breastfeeding women make the transition back to work with recommendations on how to balance the daily priorities of parenting, working and breastfeeding.

Bulk copies are available at $.51 each from:

Best Start Social Marketing

3500 E. Fletcher Avenue, #519,

Tampa, FL 33613

Phone 1-800-277-4975

Post Partum Depression

Depression After Delivery

1-800-944-4773

FeMail, The Mail Order Pharmacy for Women

FeMail is a mail order pharmacy for women, with the unique service specially designed to make shopping for women's health care needs less expensive and more convenient. If you pay for your prescriptions yourself, or if you file a claim with your insurance company, you can take advantage of FeMail's low prices and great service. Prescriptions can be ordered in 3 month, 6 month or 12 month quantities. FeMail offers full prescription services including

- All brands of birth control pills
- hormone treatment for infertility
- hormone replacement therapy.

For more information, call:

1-888-336-2451 the toll free order/info line, or email

Femail@bellatlantic.net

FeMail's website address:

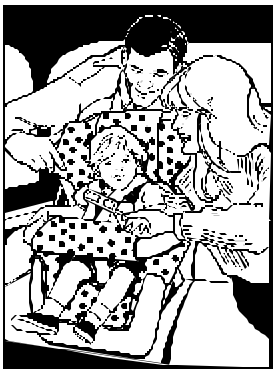
www.fe-mail.com

Washington's Families First

Families First offers a complete spectrum of classes and services for pregnant couples and new parents. Featured programs are "Mothers Day" and "Relax Refresh & Revitalize." These unique classes are designed to fill the needs new mothers have for individualized, caring, hands-on instruction in baby care and adjusting to motherhood**.**

For brochures and flyers, please call Vergie Hughes, Director of Families First,

At 301-986-5546



Mother & Baby Matters

Mother and Baby Matters is a highly specialized maternal infant care service designed to support mothers and their families during the overwhelming time surrounding childbirth. A professional staff of doulas, registered nurses and lactation consultants provides care. Labor support, postpartum care and family assistance is available

703-620-3323 or 301-495-3394

Women's Health Line

1-800-311-BABY

This hotline is run by Healthy Start. Callers receive referrals to prenatal care providers in their area and get a wealth of useful information on home visiting services, parenting classes, smoking cessation and substance abuse services, as well as Medicaid, food stamps and SSI.

Momease

Preparing a new mom for her new life

Momease is a new, locally owned, company started by a working woman who found that many of the existing materials for pregnant women were out of date, cumbersome, or not geared to the working professional. Momease provides new parents with easy to use innovative products and practical information that enable them to explore the joys, humor and excitement of becoming a parent. Some Momease products are:

Mom & Baby Progression Guide:

A striking pictorial guide that clearly explains progressive changes mom and baby undergo during pregnancy.

Nutrition at-a-Glance:

Easy to use reference guide with valuable information about the food pyramid, basic food groups, health tips on breastfeeding, sample menus and recommended daily nutritional requirements.

Healthy Baby Passport:

A pocket sized booklet to keep track of immunizations and medical facts about baby from birth to 2 years of age.

For a starter kit, or more information about Momease products, Call 1-877-Momease

Email: momeasenet@aol.com

The Cradle Society

1-800-272-3534

www.cradle.org

This organization provides adoption services ranging from counseling and support to legal information, for birth and adoptive parents.

Parents Anonymous

Hotline-1-800-841-4314

Parents can share problems and learn tips and coping skills

HIV Resource Library

Audio tapes, articles, books, Internet access, journals, newsletters, pamphlets and videos

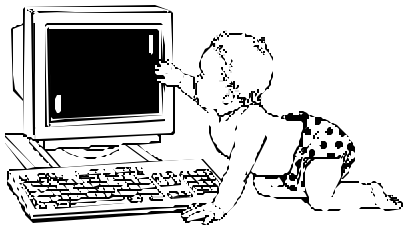
Open 8:30-5 PM, Monday through

at Inova HIV Services

2832 Juniper St, Fairfax, VA 22031

703-204-3780

Online Resources



Action Alliance for Virginia's Children and Youth

www.vakids.org

Adoption Resources

www.adoption.com

African American Resources

www.rain.org

The Alan Guttmacher Institute

Family Planning and Population Research

www.agi-usa.org

American Academy of Pediatrics

www.aap.org

American College of Nurse Midwifes

www.midwife.org

American College of Obstetricians and Gynecologists

www.acog.org

American Public Health Association

www.apha.org

ASPO/Lamaze Home Page

The official ASPO site

www.lamaze-childbirth.com

Association of Reproductive Health Professionals

An interactive website with quizzes: Birth Control and You: Test Your Contraceptive IQ

www.arhp.org

Attention Deficit Disorder

www.oneaddplace.com

AWHONN
Association of Women's Health, Obstetric and Neonatal Nurses

AWHONN

www.awhonn.org

BabyCenter

Guidance and gear for new and expectant parents

www.babycenter.com

BabyServ

Advice, articles, video and weekly development guide

1-888-933-5383

www.babyserv.com

Birth Connections

Pregnancy and Childbirth Information for Northern Virginia

www.birthconnections.com

Bright Futures

A national initiative dedicated to promoting and improving the health of our nation's children

www.brightfutures.org

Campaign for Our Children

A unique organization using multi-media to prevent adolescent pregnancies

410-576-9015

www.cfoc.org

Cerebral Palsy Support and Information

www.geocities.com/heartland/

plains/8950

Child Safety Information

www.paranoidsisters.com

Child Trends

www.cyfc.umn.edu

Children's Defense Fund

www.childrensdefense.org

Coalition for Positive Outcomes in Pregnancy

A national partnership of organizations concerned about pregnancy outcomes

www.cpop.org

Congress on the Web

Congressional votes, bill summaries and committee reports for the House and Senate

www.thomas.loc.gov

Annie E. Casey Foundation

KidsCount, USA

www.aecf.org

Consumer Products Safety Commission

www.cpsc.gov

COSSMHO

The National Coalition of Hispanic Health and Human Services Organizations,

www.cossmho.org

Crisis Pregnancy Support

Birthmother Ministries Provides support to women with crisis pregnancies, whether or not they are planning adoption

Morna Comeau

703-749-1411

www.birthmothers.org

DONA Home Page

Doulas of North America

www.dona.com

Down syndrome Health Issues

www.ds-health.com

Families USA

www.familiesusa.org

FemmeEd, Inc.

"Childbirth to Go"

A childbirth class you can experience in the privacy of your own home

Introductory rental fee $65

1-877-FemmEd8

email: FemmEdInc@aol.com

Future of Children Journal

www.futureofchildren.org

Get Real: Straight Talk on Women's Health

www.womens-health.org

Grief Support

More than 35 email support groups

www.rivendell.org

Healthy Mothers/Healthy Babies Coalition

www.hmhb.org

Immunization Action Coalition

www.immunize.org

National Immunization Program of the CDC

www.cdc.gov/nip

Infant Death Support

www.penparents.org

International Childbirth Education Association

www.icea.org

LaLeche League International

1400 N. Meacham Rd

Box 4079

Schaumberg, IL 60168-4079

1-800- LALECHE

www.lalecheleague.org

March of Dimes

National Capital Chapter

703-824-0111

www.modimesncac.org

March of Dimes National Birth Defects Foundation

www.modimes.org

Motherisk

Programs, hotlines and articles on how to have a safe and healthy pregnancy

www.motherisk.org

National Campaign to Prevent Teen Pregnancy

www.teenpregnancy.org

National Center for Education in Maternal and Child Health

- A searchable database of more than 2000 MCH organizations
- Information about upcoming MCH meetings and conferences
- Descriptions of projects supported by the Federal Maternal Child Health Bureau
- Annotated bibliographies on selected MCH subjects
- Downloadable publications
- Links to other MCH organizations

www.ncemch.org

703-524-7802

National Clearinghouse for Alcohol and Drug Information

www.health.org

National Guideline Clearinghouse

A comprehensive electronic database with hundreds of clinical practice guidelines published by public and private sector organizations

www.guideline.gov

National Perinatal Association

www.nationalperinatal.org

Needy Meds

Pharmaceutical programs that provide medications to people who can't afford them

www.needymeds.com

Ask Noah

For on-line information on a wide variety of health topics, ASK NOAH!

www.cuny.edu

NeoReviews

A new online only review journal for neonatal and perinatal professionals

www.neoreviews.org

New York Times on the Web Women's Health

www.nytimes.com/specials/women

Northern Virginia Childbirth Network

www.childbirthnet.org

Office of Minority Health Resource Center

www.omhrc.org

info@omhrc.gov

301-589-0951

ParentsPlace

A resource site for parents

www.parentsplace.com

Prevent Child Abuse Virginia

1-800-children

www.preventchildabuseva.org

Regional Perinatal Council

Virginia Baptist Hospital

www.perinatalfocus.org

RoseBaby.com

Mother and baby health, Lamaze, alternative therapy, etc.

www.Rosebaby.com

Shaken Baby Alliance

www.shakenbaby.com

Sidelines

A national non-profit network of support chapters for pregnant women on bedrest

www.sidelines.org

Box 1808

Laguna Beach, CA 92652

Single Mothers Support Group

www.singlemothers.org

Sudden Infant Death Syndrome

www.sidsalliance.org

Northern Virginia SIDS Alliance

NOVASIDS@yahoo.com

Smoking and Health

www.cdc.gov/tobacco

State and Local Coalition on Immigration

Immigrant Policy Project

www.ncsl.org/statefed/ipphmpg.htm

Total Baby Care

www.totalbabycare.com

Virginia Health Information

Information on hospital and nursing homes in Virginia, as well as a list of obstetricians in Virginia

www.vhi.org

804-643-5573

Virginia Vital Statistics

www.vdh.state.va.us/stats/index

When Hello Means Good-bye

Perinatal Loss

Grieving@teleport.com

The Women's Place

Midlife Health

Http//hsc.virginia.edu/women

Youth Risk Behavior Surveillance

www.cdc.gov/nccdphp/dash

Listserves

National Center for Education in Maternal Child Health
Mchalert@list.ncemch.org

Child Health Information Project
www.childrensdefense.org/listserve_chip.html