

Promoting Healthy Beginnings

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How to Keep Your Sleeping Baby Safe: AAP Policy Explained

By Rachel Y. Moon, MD, FAAP

More than 3,500 babies in the U.S. die suddenly and unexpectedly every year while sleeping, often due to sudden infant death syndrome (SIDS) or accidental deaths from suffocation or strangulation.

In an effort to reduce the risk of all sleep-related infant deaths, the American Academy of Pediatrics' (AAP) updated policy statement and technical report includes new evidence that supports skin-to-skin care for newborn infants; addresses the use of bedside and in-bed sleepers; and adds to recommendations on how to create a safe sleep environment.

Note: All of these recommendations, unless mentioned otherwise, are for babies up to 1 year of age.

What You Can Do: Recommendations for Infant Sleep Safety

- **Until their first birthday, babies should sleep on their backs for all sleep times—for naps and at night.** We know babies who sleep on their backs are much less likely to die of SIDS than babies who sleep on their stomachs or sides. The problem with the side position is that the baby can roll more easily onto the stomach. Some parents worry that babies will choke when on their backs, but the baby's airway anatomy and the gag reflex will keep that from happening. Even babies with gastroesophageal reflux (GERD) should sleep on their backs.

- **Newborns should be placed skin-to-skin with their mother as soon after birth as possible, at least for the first hour.** After that, or when the mother needs to sleep or cannot do skin-to-skin, babies should be placed on their backs in the bassinet. While preemies may need to be on their stomachs temporarily while in the NICU due to breathing problems, they should be placed on their backs after the problems resolve so they can get used to being on their backs before going home.
- Some babies will roll onto their stomachs. You should always place your baby to sleep on the back, but if your baby is comfortable rolling both ways (back to tummy, tummy to back), then you do not have to return your baby to the back. However, be sure that there are no blankets, pillows, stuffed toys, or bumper pads around your baby, so that your baby does not roll into any of those items, which could cause blockage of air flow.
- If your baby falls asleep in a car seat, stroller, swing, infant carrier, or sling, you should move him or her to a firm sleep surface on his or her back as soon as possible.
- **Use a firm sleep surface.** A crib, bassinet, portable crib, or play yard that meets the safety standards of the Consumer Product Safety Commission (CPSC) is recommended along with a tight-fitting, firm mattress and fitted sheet designed for that particular product.

Continued on next page...

AAP Recommendations Continued

Nothing else should be in the crib except for the baby. A firm surface is a hard surface; it should not indent when the baby is lying on it. Bedside sleepers that meet CPSC safety standards may be an option, but there are no published studies that have examined the safety of these products. In addition, some crib mattresses and sleep surfaces are advertised to reduce the risk of SIDS. There is no evidence that this is true, but parents can use these products if they meet CPSC safety standards.

- **Room share**—keep baby’s sleep area in the same room where you sleep for the first 6 months or, ideally, for the first year. Place your baby’s crib, bassinet, portable crib, or play yard in your bedroom, close to your bed. The AAP recommends room sharing because it can decrease the risks of SIDS by as much as 50% and is much safer than bed sharing. In addition, room sharing will make it easier for you to feed, comfort, and watch your baby.
- Only bring your baby into your bed to feed or comfort.
- Never place your baby to sleep on a couch, sofa, or armchair.
- Bed sharing is not recommended for any babies. However, certain situations make bed sharing even more dangerous. Therefore, you should not bed share with your baby if:
 - Your baby is younger than 4 months old
 - Your baby was born prematurely or with low birth weight
 - You or any other person in the bed is a smoker (even if you do not smoke in bed)
 - The mother of the baby smoked during pregnancy
 - You have taken any medicines or drugs that might make it harder for you to wake up
 - You drank any alcohol
 - You are not the baby's parent
 - The surface is soft, such as a waterbed, old mattress, sofa, couch, or armchair
 - There is soft bedding such as pillows or blankets on the bed
- Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the baby's sleep area.
- It is fine to swaddle your baby. However, make sure that the baby is always on his or her back when swaddled. The swaddle should not be too tight or make it hard for the baby to breathe or move his or her hips. When your baby looks like he or she is trying to roll over, you should stop swaddling.
- Try giving a pacifier at nap time and bedtime.

What Moms Can Do:

Recommendations for Prenatal & Postnatal

- Do not smoke during pregnancy or after your baby is born.
- Do not use alcohol or illicit drugs during pregnancy or after the baby is born.
- Breastfed babies have a lower risk of SIDS. Breastfeed or feed your baby expressed breast milk. The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. Even after you add solid foods to your baby's diet, continue breastfeeding for at least 12 months, or longer if you and your baby desire.
- Schedule and go to all well-child visits.
- Make sure your baby has tummy time every day. Awake tummy time should be supervised by an awake adult. This helps with baby's motor development and prevents flat head syndrome.

Don't Believe Product Claims

- Don't believe claims that a product can "prevent SIDS."
- Don't rely on home heart or breathing monitors to reduce the risk of SIDS.
- There isn't enough research on bedside or in-bed sleepers. The AAP can't recommend for or against these products because there have been no studies that have looked at their effect on SIDS or if they increase the risk of injury and death from suffocation.



Placentophagia—What is it?

Have you ever heard of “placentophagia”—the practice of women consuming their placenta after giving birth? It’s actually quite common for many types of animals and has been used in Traditional Chinese medicine and various other cultures throughout the world for thousands of years. While not necessarily common among humans, media attention to placental consumption in recent years may entice women to inquire about it. Even celebrities such as Kim Kardashian have shown an interest in the subject.

What should I know as a practitioner?

- ⇒ Common beliefs about the benefits of placenta ingestion range from nutritional value, pain relief, prevention of postpartum hemorrhage, improved milk production, and hormonal replacement. Other potential benefits may include improved mother-infant interaction, suppression of postpartum depression, and increased iron levels. Advocates claim that placenta consumption restores necessary fats, proteins, hormones, and nutrients believed to be depleted during pregnancy and childbirth. However, evidence is lacking in these areas, and potential nutritional benefits are unknown.
- ⇒ The placenta can be consumed raw (least common, most risky method), cooked (hundreds of recipes on the Internet) or encapsulated. More than 200 placenta encapsulation specialists practice in the United States under the guidelines of The Association of Placenta Preparation Arts. The encapsulation process costs between \$150-200.

Although most studies conducted on placentophagia have found no significant impacts on postpartum mothers, many women who have taken part in this practice disagree. Until more research is conducted on this subject, the question still remains as to whether or not the purported health benefits of placentophagia are proven. Nurses must be aware of their institution’s regulations and policies and must provide clear communication to women and other members of the health care team to ensure safe, ethical, and legal practice.

Source: Joseph, J., Giovinazzo, M., & Brown, M. Nursing for Women’s Health Vol. 20, Issue 5 (2016) 478-483

It’s that time of year to enroll in a health insurance plan!

Outside the Open Enrollment Period, individuals can only enroll in a health insurance plan if they qualify for a Special Enrollment Period. Those eligible for a Special Enrollment Period have had a life event within the past 60 days such as getting married, having a baby, or a circumstance* that led to loss of health coverage.

Other qualifying changes include:

- Changes that make someone no longer eligible for Medicaid or the Children’s Health Insurance Program (CHIP)
- Being a member in a federally recognized tribe or having status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
- Becoming newly eligible for Marketplace coverage because you’ve become a U.S. citizen, U.S. national, or lawfully present individual
- Becoming newly eligible for Marketplace coverage because you’ve been released from incarceration (detention, jail, prison)
- AmeriCorps members starting or ending their service

*Please note that losing coverage due to not paying your premium does not count as a qualifying event.

Job based plans may have different Open Enrollment Periods so be sure to check with your employer.

You can apply and enroll in Medicaid, the Essential Plan, or the Children’s Health Insurance Program (CHIP) any time of year.

- ◆ **To apply by phone, call 1-855-355-5777**
- ◆ **To apply online, visit nystateofhealth.ny.gov**
- ◆ **If you’d like to schedule an appointment to meet with a health insurance Navigator at Mohawk Valley Perinatal Network in Utica, call 315-732-4657 or 1-877-267-6193. The Navigators serve residents of Canastota, Oneida, Rome, Boonville, Barneveld, Waterville, Utica, and West Winfield.**



Source: <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>

Our Mission

To improve birth outcomes and maternal, child and family health, facilitate collaboration among providers and community organizations and advocate for change

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Note: Some portions of the safe sleep article on pages 1 and 2 have been omitted due to space constrictions. For the complete article, please visit:

www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

What is 2-1-1 Mid-York?

2-1-1 is an easy-to-remember telephone number that connects people with community resources and volunteer opportunities, 24/7. It's confidential and free, and multilingual service is available.

Where is 2-1-1 available?

2-1-1 Mid-York covers Madison, Oneida and Herkimer counties via landline or cell phone. 2-1-1 is available throughout New York State and the U.S.

How do I access this service?

Dial 2-1-1 or 1-844-342-5211, or visit www.211midyork.com

How does 2-1-1 benefit the community?

2-1-1 maximizes community resources by:

- ⇒ Linking callers to resources quickly with one call
- ⇒ Providing one up-to-date database
- ⇒ Relieving the 9-1-1 system of non-emergency calls

Who uses 2-1-1?

Everyone—for everyday needs and critical information during and after a local or national crisis, disaster or tragedy.

What services can 2-1-1 connect me with?

- **Basic needs:** food, clothing, shelter
- **Consumer services:** education, protection, managing finances, making informed decisions
- **Criminal justice and legal:** crime prevention, witness and victim support, legal services connections
- **Disaster management:** storm and shelter information, emergency resources, evacuations
- **Education:** skills, behavior and character building, general competencies
- **Environment:** environmental preservation and protection, accident prevention, public health and safety
- **Healthcare:** prevention, screening, evaluation, treatment, health and substance abuse
- **Employment:** skills building, finding and sustaining employment
- **Income support:** public assistance and support
- **Lifestyle:** social and spiritual development, volunteer opportunities
- **Mental/emotional health:** preventative, diagnostic, and treatment; community and hospital-based
- **Community:** new resident settlement, travel, and tourism
- **Business support:** meeting space coordination, access to equipment, services management