

Promoting Healthy Beginnings

Fall 2017 - Volume XIX - Issue 1

A newsletter for health and human service providers published by:

Mohawk Valley Perinatal Network, Inc.

1000 Cornelia Street, 2nd Floor

Utica, NY 13502

Phone: 315.732.4657

Fax: 315.732.5640

E-mail: info@newfamily.org

Web: www.newfamily.org

If you would like to contribute to our newsletter as a writer or with suggestions for future articles, please call, fax or e-mail the office.

Adverse Childhood Experiences and Preterm Birth

Every year, roughly 15 million babies are born preterm. Preterm birth complications are the leading cause of death among children under 5 years of age, claiming almost a million deaths in 2015 (World Health Organization). According to the CDC, babies born prematurely may experience breathing problems, feeding difficulties, cerebral palsy, developmental delays, vision problems, and hearing impairment. Recent studies show that Adverse Childhood Experiences (ACES) – traumatic events that happen before the age of 18 – are linked to a woman giving birth preterm if she becomes pregnant. As a result, women affected by ACES and their babies have a higher risk of health problems.

Traumatic events (or ACES) include*:

- physical abuse or neglect
- sexual abuse
- emotional abuse or neglect
- mother treated violently
- alcohol/drug use within the household
- household mental illness
- separated or divorced parents
- household member in jail

Other traumatic events not listed that could contribute to adverse experiences include the death of a parent, the effects of community violence, and the effects of poverty. These affect the sense of safety and security and have the potential to greatly impact someone's life (Maslow's Hierarchy of Needs).

While some stress *is* normal, these events can contribute to "toxic" stress, which happens when someone experiences a long period of constant stress without friends, family, or other supports to lean on. According to a study¹, while there are other factors, such as smoking, maternal age, educational status and history of miscarriage, that contribute to the risk of preterm birth, "maternal stress is increasingly recognized". Chronic stress can be very hard on the body, increasing the risk of getting an infection and promoting inflammation due to increased numbers of inflammatory cells and cytokines (small proteins that affect cell signaling).

This increases "the risk of preterm birth via the neuroendocrine and inflammatory pathways".

Researchers in Canada have found that the more ACES a woman experienced, the higher her chances are of having a preterm birth, even after adjusting for the above mentioned confounding factors. Women that have experienced 2 or more ACEs are twice as likely to give birth preterm. For every additional ACE experienced, the risk increases by 18%.

The good news is that mom can reduce the stress in her life that could be a result of previous traumas experienced, and reducing stress can help her to have a healthy, full-term pregnancy. One way mom can do this is to practice resiliency. Resiliency happens when someone is faced with tough life conditions and events, but succeeds anyway. Anyone can learn to become more resilient...

- Encourage mom to make connections with close family and friends.
- Reframe crises: they are not insurmountable. Stressful things happen, but mom *can* control how she responds to them.
- Acknowledge that change is inevitable.
- Help mom learn to take decisive actions, rather than detach completely.
- Look for opportunities for self-discovery.
- Celebrate their successes, especially the little ones.
- Be supportive, it can be hard to do this alone.
- Put things in perspective – things are often not as bad as they may seem.
- Encourage self-care; reading, journaling, meditation, a shower, a nap, a glass of water, etc. These can all help distract the mind or calm the nervous system.

*ACES as defined by SAMHSA.gov

Sources: Christianes et al. BMC Medicine (2015): Adverse childhood experiences are associated with spontaneous preterm birth: a case-control study; WHO; CDC; SAMHSA.gov; March of Dimes; APA, Maslow's Hierarchy of Needs

Alcohol Use and Breastmilk

After avoiding alcohol all throughout pregnancy, some moms may be looking forward to a drink or two after baby is born, once they start feeling back to normal. Moms that breastfeed, however, should keep a few important things in mind. Alcohol passes through breastmilk and can have an impact on their growing baby. As long as there is alcohol in mom's blood, there is alcohol in her milk supply. Because of this, it's important to encourage moms to avoid drinking until breastfeeding is discontinued.

Do you know how alcohol affects...

- **Breastfeeding?** Studies have shown that babies actually drink 20% less milk after mom had an alcoholic drink than when mom had a non-alcoholic drink. Continuous use of alcohol can also reduce milk production (despite the myth that beer increases milk supply) or change the taste of mom's milk, which some babies may not like.
- **Infant Sleep?** If mom drinks (even lightly) throughout pregnancy and breastfeeding, the quality of the baby's sleep is reduced, and they sleep for shorter periods of time.
- **Infant Development?** The longer a baby is exposed to alcohol, the more risk they have for gross motor skill problems like crawling and swimming.

Alcohol use is pervasive in American society, with binge drinking becoming more and more common. In fact, according to the National Institute on Alcohol Abuse and Alcoholism, "In 2012, roughly 1 in 4 people ages 18 or older reported that they engaged in binge drinking in the past month". Binge drinking is defined as men consuming 5 or more drinks, or women consuming 4 or more drinks in a 2 hour period. From wedding ceremonies, to watching sports games on TV, drinking alcohol is part of almost every celebration, which can make it hard to avoid completely. Help to educate any pregnant or new moms that you work with by sharing a few quick tips:

- It is better to have a drink right after nursing or pumping, rather than before.
- After drinking an alcoholic beverage, "pumping and dumping" is not necessary as long as mom waits at least 2 hours before feeding her baby (or pumping breastmilk to feed her baby). This gives the body time to process the alcohol. Concentration in breastmilk peaks 30 minutes after consumption, and decreases from there if no more alcohol is ingested.

- If there's an occasion coming up where mom knows she will want a drink (or if she wants to be prepared for a spontaneous, unexpected celebration), she can pump some extra "alcohol-free" milk after a feeding to save for later use! Breastmilk lasts up to 5 days in the refrigerator and up to a year in the freezer if stored properly.
- If mom thinks she may have an alcohol addiction, professional help is available. She can contact the Center for Family Life and Recovery at (315) 733-1709.

Sources: march of dimes, national institute of health, healthychildren.org

Obesity and Pregnancy

While it's important for adults to maintain a healthy weight for their own health, did you know that obesity can affect the health of a baby if a woman becomes pregnant? Obesity during pregnancy can increase the risk of preterm labor, birth defects, macrosomia (fetus growing larger than normal), and miscarriage. For mom, it could lead to gestational diabetes, preeclampsia, and sleep apnea.

Despite these risks, it is possible for a woman to have a healthy pregnancy while she is obese. Encouraging mom to take an active role in managing her health, and to stay connected with her doctor are key.

A few ways obese women can reduce their risk of health problems during pregnancy:

Nutrition: Eat a balanced, nutrient-rich diet and avoid raw meat, deli meat, fish with mercury (shark, swordfish, tuna, sushi), smoked seafood, raw shellfish, raw eggs, soft cheese, unpasteurized milk, caffeine, alcohol and unwashed vegetables. These foods come with a risk of contamination with salmonella, toxoplasmosis, listeria, and/or environmental toxins.

Exercise: Under the guidance of a doctor, exercising just 30 minutes a day can significantly improve the health of mom and baby. Some easy, safe exercises include walking, practicing Kegels, and swimming. Swimming is a whole body, low impact workout that strengthens the heart and likely won't cause mom to overheat. Overheating in the first trimester can lead to neural tube defects and miscarriage.

Breastfeeding Cafés (continued)

Stress reduction: Encourage mom to reduce stress as much as possible, as it can cause us to over-eat our favorite “comfort foods”. Help mom to discover her triggers and find out which healthy behaviors help her calm down. Proper rest is also essential for decreasing stress, as poor sleep habits can lead to increased negative emotions. Yoga and meditation are great options for relaxation and have been proven to decrease negative thinking and stress. If mom thinks she still needs more support, professional help is available. She can call the Samaritan Counseling Center at (315) 724-5173 to schedule an appointment.

For more information about obesity and pregnancy, visit: Acog.org/Patients/FAQs/Obesity-and-Pregnancy.

Breastfeeding Cafés

Do you work with pregnant or new moms who would benefit from breastfeeding support? About 80% of all US women start breastfeeding, but unfortunately, only about 40% of those women reach their own breastfeeding goals. Perhaps they’re not getting the support they need and are unsure where to turn. Breastfeeding Cafés are here to help, and are starting to pop up everywhere. These cafés offer an opportunity for pregnant women and new moms to support each other, chat about common experiences, and if needed, get clinical breastfeeding support from trained professionals. A free light meal is served and a baby weigh station is available. The weigh station is a great way for mom to track baby’s weight, before and after breastfeeding, so she knows how much breastmilk was consumed. Cafés are typically located at comfortable, community-based settings such as churches and libraries. Breastfeeding cafés welcome not only pregnant and new moms, but also partners, family members (including older children), and friends. Do the cafés really help? We’ve reached out to a few moms to hear their thoughts:

- “The café was such a great source of support to me on my journey. Being able to weigh my little one weekly gave me confidence that he was growing as he should. And I loved having the café as a space I could feel safe myself and know my baby was safe. Add on to that meeting other moms who had or were experiencing the same ups-and-downs as I was as a first time mom – it was invaluable. I also truly appreciated having CLCs, IBCLCs, Peer Counselors and other experts on hand. While I went for their expertise and guidance it was their kindness and comradery that stayed with me.” -*Lilly*

- “The breastfeeding café has taught me more about breastfeeding than any class. In addition to the fundamental positioning, at the café, I have learned how to nurse in public with confidence. I’ve learned more benefits of breast milk for my babies with every passing year at the café. I wouldn’t have had my success without going.” -*Amanda*
- “...The support we received at the breastfeeding café helped us overcome a latching issue, and we nursed successfully for over two years. I totally give all credit to the lactation consultants and their support and patience. Also, the support from other moms helped me to deal with cluster feedings!” -*Sarah*
- “...When I returned to work, I decided to continue exclusively pumping because I knew the importance of breastmilk for my son. Without the support from the café, I know I would have quit a long time ago. My goal is to pump for at least a year. My son may not be eating straight from the breast but I’m still able to provide breastmilk benefits through a bottle.” -*Tanya*

Help pregnant women and new moms take advantage of this valuable, local resource by inviting them to one of the Café locations listed below!

mvbreastfeedingnetwork.com/breastfeeding-cafe

Downtown Utica

Utica Public Library

2nd and 4th Friday of each month, 12—2pm

Utica

2222 Genesee St.

1st, 2nd, and 3rd Wednesday of each month, 12—2pm

Call Sue at (315) 335-2735 for more information on both Utica Cafés

Ilion

Ilion Library

1st and 3rd Tuesday of each month 12—2 pm

Call Sue at (315) 335-2735 for more information

Rome

Trinity church

4th Wednesday of each month, 12—2pm

Call Ginger at (315) 269-2042 for more information

Oneida

607 Seneca St.

1st and 3rd Friday of each month, 1—4pm

Call Molly at (315) 813-3132 for more information

Cazenovia

St. Joseph’s Physicians Heritage Group

Every Monday, 5:30—7pm

Call Breastfeeding Connections at (315) 361-2065 for more information

Our Mission

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

MVPN Staff

April Owens,
Executive Director

Theresa Gorgas,
Director of Finance
and Administration

Diane Schnier,
Perinatal Program
Coordinator

Megan Capuana,
Perinatal Program
Associate

Lynne Gates,
Health Insurance
Programs Coordinator

Cheryl Perkins,
Health Benefits
Specialist

Gerda Mortelette,
Small Business
Specialist

Filomena Facciolo,
Health Benefits
Navigator

Darlene Mack-Brown,
Program Support
Specialist

MVPN

Board of Directors

Elizabeth Campbell

Renee Carter, Secretary

Karen Casab

Colleen Cavallo

Helene Cecconi

Linda Culyer

Victor Fariello, Chair

Regina Farrell, MD

Joan Gallimo

Anny Guerrero

Judith Hatfield

Kimberly Henry

Denise Moller, Treasurer

Susan Niedzielski

Kay Roberts, Vice Chair

Nancy Seller

Lesla Steele

Carolyn Trimbach

ALBANY, NY (September 7, 2017) - NY State of Health, the state's official health plan Marketplace, today announced that the Open Enrollment Period for 2018 Qualified Health Plan coverage will begin November 1, 2017 and end January 31, 2018. While the federal government has cut the 2018 Open Enrollment Period in half, New York looks to build on its success and is exercising its authority to extend the deadline. A longer enrollment period has been shown to increase enrollment of younger individuals and enables the Marketplace to provide better customer service to New Yorkers. "Our goal is to ensure that consumers have adequate time to shop for and enroll in the health plan that is best for their family," said NY State of Health Executive Director, Donna Frescatore. "Since 2013, more than 3.6 million New Yorkers have enrolled in affordable coverage through the Marketplace. As we enter our fifth open enrollment period, New York is more committed than ever to ensuring that core protections of the Affordable Care Act remain intact. Under Governor Cuomo's leadership, New York has taken many steps to ensure that New Yorkers continue to have access to quality, affordable health insurance coverage."

In the states that use the federal marketplace, HealthCare.gov, the federal government has set December 15, 2017, as the end date for open enrollment. Because New York operates its own marketplace, the state has flexibility to set its open enrollment period dates. New York is exercising this authority to meet the needs of consumers by ensuring that they have sufficient time to enroll, and adequate access to enrollment assistance from the Customer Service Center and in-person assistors. Given the volume of calls and appointments during previous open enrollment periods, a shortened Open Enrollment could result in longer consumer wait times.

NY State of Health expects to renew coverage for more than 400,000 households and enroll new people into coverage during the Open Enrollment Period. Data show that younger individuals are more likely to enroll later in the Open Enrollment Period.

Individuals currently enrolled in a plan through NY State of Health will receive notices in October about how to renew their coverage for 2018 directly from the Marketplace. Notices will include information about how to select a plan, if applicable. Consumers whose plans are discontinuing in 2018 – Affinity and CareConnect, which enrolled less than three and five percent of individuals respectively- will have options from other issuers. These insurers participated in New York City and surrounding counties where individuals will have six or more insurer options in 2018.

While open enrollment is from 11/1/17—1/31/18, enrollment in the Essential Plan, Medicaid and Child Health Plus is open all year.

**Encourage your clients to set up a free appointment with a Navigator if they need help enrolling in a health insurance plan through the New York State Marketplace:
Call Mohawk Valley Perinatal Network at 315-732-4657**