

Promoting Healthy Beginnings

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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.

8 Tips to Encourage a Safe Sleep Environment

A recent study has shown that health care providers are very well respected among the general population and have the ability to influence new parents more than their own family and friends. For this reason, it's important to provide parents with accurate information about safe sleep for their babies. Currently, only 44% of US mothers have reported that they intend to and actually follow through with safe sleep recommendations. This is surprising since the Safe to Sleep campaign has been widely used since its start in 1994.

When surveyed, many moms have stated they have the intention of exclusively putting babies on their backs to sleep in a safe environment; however, when it comes to actually putting it into practice, a lot of moms fall short. Many parents and caregivers may be reluctant to follow safe sleep recommendations because they might be nervous that baby may choke or will be uncomfortable when on his or her back. This thinking could be due to a lack of safe sleep education, or taking advice from friends and family that is not always accurate. Some family members in older generations may believe that babies that sleep on their stomachs are more comfortable and will not choke. These are two widely believed myths and may actually cause stomach sleeping babies to suffocate if they happen to spit up or vomit. Another reason parents aren't putting babies to sleep on their backs is that new parents receive a lot of mixed messaging from provider to provider. For example, a nurse at the hospital may tell mom or dad something different than the pediatrician. If the baby is in the NICU, he or she may have to sleep in a different position than they would at home due to the machines baby is connected to. Parents may see this and think it is okay to mimic at home.

The media also plays a role in how parents put their babies to sleep. There are many commercials and pictures that show sleep areas with tons of blankets, stuffed animals, mobiles and bumpers. Advertising has a huge impact on behavior (otherwise it wouldn't work!) and seeing a number of commercials and photos with unsafe sleep areas can lead parents to believe that all these things are safe in a crib.

The study also noted a racial disparity. African-American women were the least likely to put their babies on their backs to sleep. Dr. Rachel Moon, a pediatrician with experience in infant sleep says "there's very much a culture of putting babies on their stomach in an African-American community. There's a lot more dependence on grandmothers and other senior family members as trusted sources, and lots of times, the information that you get from your family members is more persuasive than what you get from physicians and other sources". While some advice that older family members give may be helpful, they have grown up and lived in a different time where the risks of babies sleeping prone were not as well-known as they are now.

Many people also have the impression that since they themselves were not exclusively put on their back to sleep as an infant and they "turned out fine", that their children or grandchildren will also turn out fine. However, we now know that there are many ways an infant could be harmed in an environment that is not conducive to safe sleep. Also worth noting, if parents are on board with safe sleep practices it's important they share information with ALL those who will be caring for baby. If a baby is accustomed to sleeping on their backs, the first time they are put to sleep on their stomach, perhaps by a babysitter or relative who doesn't know, the risk of SIDS is even higher than first time than for those babies who regularly sleep on their stomachs.

Here are eight tips to encourage parents and caregivers to put baby to sleep in a safe, comfortable crib:

- 1. Display photos of a safe sleep area: no blankets or stuffed animals and no bumpers.**
- 2. Discuss the importance of EVERYONE caring for the baby to put baby to sleep on their back each and every time.**
- 3. Remind parents that baby will not get cold without a blanket or quilt - baby will be just fine in a one piece sleeper or sleep sack.**

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4. Provide information about placement of a crib in the nursery (away from windows/curtains, radiators).

5. Encourage room sharing, not bed sharing.

6. Discuss safe crib criteria:

- Firm, tight-fitting mattress
- No missing, loose, broken or improperly installed screws, brackets or other hardware
- No more than the width of a soda can space between crib slats
- No corner posts
- No cutouts in headboard or footboard
- No “hand-me-down” cribs that may have been assembled improperly, or proven unsafe (cribs with sides that come down)

7. Remind moms and caregivers that babies will not choke or aspirate when placed on their back.

8. Educate parents’ friends and families about safe sleep practices with brochures or handouts.

Be sure to check out Mohawk Valley Infant Sleep Coalition’s Safe Sleep webinar series, “Let’s Talk! A Conversation Series About Infant Sleep”, where expert presenters explore the science behind the American Academy of Pediatrics’ Sleep Recommendations, which will better prepare you to talk about infant sleep with families. Session 8 will be live on January 18th, 2018 from 1:00 – 2:30 pm.

Please contact Megan Capuana at mcapuana@newfamily.org to register.

To view archived webinar sessions, please visit: newfamily.org/events/lets-talk-webinar-series-conversation-infant-sleep-hosted-mohawk-valley-infant-sleep-coalition

If you would like to order Safe to Sleep materials for your office or practice, visit: nichd.nih.gov/sts/materials/Pages/default



Sources: Factors Associated With Choice of Infant Sleep Position, Eve R. Colson, Nicole L. Geller, Timothy Heeren, Michael J. Corwin, Pediatrics Aug 2017; CNN “Most moms aren’t putting babies to sleep safely, study says”

Some may be familiar with the myth that a woman will lose a tooth with each pregnancy. It’s simply not true. However, there are many changes in a woman’s body during pregnancy—such as increased hormones, more blood in circulation, and more acid in the mouth—that can make existing oral health conditions worse or create new ones. This is why it’s especially important to maintain good oral hygiene during pregnancy.

Another widely held myth is that it is unsafe to see a dentist during pregnancy. Keeping up with regular dental visits during pregnancy is an important part of maintaining overall health. Additionally, according to the March of Dimes, some studies have shown a connection between gum disease and premature birth and low birthweight. All of this makes oral health an important topic to discuss with those who are pregnant.

Changes in Pregnancy and How They Relate to Oral Health

- **Pregnancy gingivitis:** Increased levels of progesterone can lead to gingivitis – when the gums are red, swollen, or sore. This may cause bleeding when brushing. If left untreated, this could cause periodontitis. This can be prevented by using a soft bristle toothbrush, toothpaste and rinse that will protect against gingivitis.
- **Loose teeth:** Higher levels of progesterone and estrogen can impact the gums and bones that keep teeth in place. This has the potential to make teeth loose.
- **Periodontitis:** A serious form of gingivitis. This happens when there’s swelling and infection in the gums and bones that hold teeth in place.
- **Pregnancy tumors (not cancerous):** Lumps that form on swollen gums and in between teeth, which can cause bleeding.
- **Tooth decay:** When there is extra acid in the mouth, tooth enamel (the hard, outer layer of the tooth) breaks down easier than it would otherwise. Having morning sickness and vomiting increases this acid as well.

Dental care is SAFE during pregnancy!

Refer mom to a dentist if you notice any of the above signs, and let her know that it’s safe to receive dental care while pregnant. X-rays, emergency care, check-ups, cleanings and even anesthesia are all okay. Make sure mom knows to tell the dentist she is pregnant so that they can give her a lead apron, if necessary.

Oral Health Tips for Pregnant Women:

- Drink plenty of water and utilize “swish and swallow” between brushings
- Avoid sugary drinks such as sodas and juices
- Consume tooth healthy foods and drinks such as vegetables, milk, fruits, protein, and low-carb yogurt
- Get regular dental check-ups every 6 months
- Brush twice daily with fluoride toothpaste and floss each night
- Rinse with water after vomiting
- Limit the amount of sweets eaten each day

Source: March of Dimes

Women Falling Short on Birth Defect Prevention

FRIDAY, Oct. 13, 2017 (HealthDay News) – A new survey has found that only 34% of women are taking a multivitamin containing folic acid -- a nutrient known to prevent serious birth defects -- before they know they're pregnant. The poll, conducted by the March of Dimes, also revealed racial disparities, as that percentage becomes significantly lower when looking solely at black women (10%) and Hispanic women (27%).

"One of the things that's striking for us is how much more we need to make sure women understand the importance of being healthy before pregnancy. Half of all pregnancies are unexpected, which means women of childbearing age need to be doing all they can to be healthy in the event they do get pregnant," said Stacey Stewart, president of the March of Dimes Foundation.

According to March of Dimes estimates, in the United States, more than 120,000 babies -- about 3% of all births -- will be born with birth defects this year, including about 3,000 babies born with neural tube defects. Up to 70% of the neural tube defects, which affect the brain and spine, could be prevented if all women of childbearing age took daily multivitamins containing folic acid.

The survey on prenatal health measures, conducted online in August 2017 by The Harris Poll on behalf of the March of Dimes, polled a nationally representative sample of more than 1,000 U.S. women, 18 to 45 years of age. It also found that:

- 77% of women are concerned there may be changes to the U.S. health care system that may hamper access to prenatal care.
- 43% of women say that cost affects when and whether they seek prenatal care.
- Nearly two-thirds of women identify folic acid as an important nutrient in birth defect prevention, and only 40% identify iron, calcium and vitamin D as other vitamins important for this purpose.
- 97% of women report taking prenatal vitamins or multivitamins during a pregnancy.
- 13% of women do not know that avoiding smoking or tobacco products reduces the risk for birth defects, and 12% are unaware that eliminating drinking and illegal drugs would do the same.

Stewart said that the number of women concerned about possible changes to the U.S. health care system, as well as costs, points to a serious regard for their access to proper care for themselves and their pregnancies. She added – "At the March of Dimes, we work very hard to make sure that members of Congress, especially over the last several months, understand how important it is to take into account the health of women and mothers, and the impact health care changes would have on pregnancies and newborn babies. We have to make sure the most vulnerable in our country are safe and protected, and that certainly has to be true for babies."

Dr. Michael Pirics, an obstetrician-gynecologist at Houston Methodist Hospital in Texas, said he wasn't surprised by the new survey findings, noting that many women don't seek preconception care "either because they don't know that kind of thing is important or they're not getting regular gynecological checkups where it's addressed."

Pirics called the revelation of racial and ethnic disparities in multivitamin use among women of childbearing age "one snapshot of a larger problem" that he also found not surprising. Like many other professionals, he feels all women in this age group should discuss taking folic acid-containing vitamins with their doctors well before conception. "The idea of prevention is an overarching concern that should be more valued in our society," Pirics added. "We should be encouraging women to continue getting regular health visits, both for their own health and the health of their potential pregnancies in the future."

SOURCES: Stacey Stewart, president, March of Dimes Foundation, White Plains, N.Y.; Michael Pirics, M.D., obstetrician-gynecologist, Houston Methodist Hospital, Texas; "Prenatal Health & Nutrition" survey, March of Dimes, August 2017

PMADs: Spotlight on Panic Disorder

Having a baby can be an amazing and exciting process for many women. Though, unfortunately, it is not that way for all women. Hormones produced during late pregnancy and the postpartum period can lead to several different kinds of Perinatal Mood and Anxiety Disorders, including: Depression/Anxiety, Obsessive-compulsive Disorder (OCD), Psychosis, Post-traumatic stress disorder (PTSD), Bipolar disorder I or II, and Panic Disorder. While not as common as depression/anxiety, panic disorder occurs in about 10% of postpartum women. Panic disorder is signified by recurrent and unexpected panic attacks. Some women experience these attacks during pregnancy, while others may experience them after giving birth. A panic attack is described as a "discreet episode of intense fear, and is associated with or accompanied by a fear that something awful is about to happen." Symptoms of a panic attack include shortness of breath, heart palpitations, chest pain, hot flashes or chills, trembling/shaking, nausea or abdominal distress, fear of going crazy or doing something uncontrollable, sweating, dizziness, feeling disoriented, and a fear of dying. These symptoms, in and of themselves, can be scary to experience. Experiencing them often, and especially during pregnancy, can be even harder to deal with. For women that have experienced panic attacks prior to pregnancy, there may be an increased risk of developing panic disorder during pregnancy. Panic disorder may even cause mom to avoid certain places and people that she feels may trigger a panic attack, causing stress and perhaps agoraphobia. One mother describes panic disorder as follows:

"At about three weeks postpartum I stopped leaving my house at all except for pediatrician appointments. I was afraid I might have a panic attack in the store and not be able to take care of my baby. I never knew when that wave would begin washing over me and I would 'lose it.'"

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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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Panic Disorder Continued

The windows had to be open all the time or else I thought I would suffocate if I had an attack.

The first time I had a panic attack I thought I was having a major heart attack. A friend drove me to the emergency room and the doctor on call told me it was only stress. He gave me some medicine but I was too afraid to take it. I went home feeling stupid, like I had made a big deal out of nothing.

Everyone told me that breastfeeding would relax me, but it did just the opposite. I never knew how much milk my baby was getting and that really worried me. Sometimes when my milk would let down I would get a panic attack. The first therapist I saw told me I must have had issues bonding with my own mother, but I knew that wasn't true and I didn't see the therapist again. On many nights I woke up in a sweat, with my heart beating so fast and hard. My head was racing with anxious thoughts about who would take care of the baby when I died. I thought I was going crazy. I was so scared."

Stories like this are all too common. Fortunately, there are ways to cope with panic disorder and getting help will significantly improve mom's health and day-to-day life.

Cognitive Behavior Therapy (CBT): Cognitive Behavior Therapy works to help mom understand the connection between thoughts and behavior. Oftentimes panic disorder leads to disordered thinking, and a Cognitive Behavior Therapist can help mom replace these negative and unhelpful thoughts with more effective and realistic thoughts. Keep in mind that not every therapist will be able to help or connect with every person. It may be helpful to encourage mom not to give up therapy just because she may not like the therapist. It may take two or three or four tries to find the right person to help.

Medication: Another option for treatment is medication. Like most medicines, however, there are special considerations for taking them during pregnancy and while breastfeeding. Some of these medications include benzodiazepines, SSRIs and SNRIs and anti-anxiety medications. These medications can help make doing the everyday things that may have become scary (such as leaving the house to go grocery shopping) much more manageable. **Contact the University of Rochester Medicine at 585-275-0088 to check the safety of prescription drugs during pregnancy and breastfeeding, or download the app LactMed!**

If you know someone struggling with Panic Disorder during or after pregnancy, there are trained professionals who can help.

Contact **Samaritan Counseling Center** at (315) 724-5173.