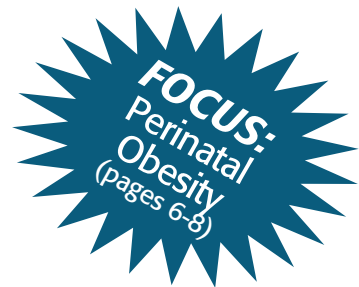


PERINATAL Perspectives



Volume 12, Issue 1 2008 • News from the Indiana Perinatal Network (IPN) • www.indianaperinatal.org

St.Vincent Women's Hospital Hosts PCEP Workshop



Neonatal Nurse Practitioner Val Castrodale, RNC, MSN, NNP, taught PCEP participants in the classroom (above) and hands-on during a "code" (at right).



As host of the Perinatal Continuing Education Program (PCEP) workshop on December 10 and 11, 2007, St.Vincent Women's Hospital, Indianapolis, welcomed providers from Terre Haute Regional Hospital and St.Vincent Frankfort Hospital. During the two-day program, the visiting participants obtained information on and hands-on experience with newborn assessment, newborn resuscitation and maternal fetal assessment. ▶

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IPN's Inaugural Forum to Take a Close Look at Indiana's "Report Card"

The upcoming inaugural Indiana Perinatal Network Forum on March 19 to 20 takes an in-depth look at some of the

key issues that resulted in Indiana earning "a failing grade in women's health," according to the National Women's Law Center, Washington.

Held at the Sheraton Indianapolis City Centre Hotel in downtown Indianapolis, *Controversies & Innovations in Perinatal Health: An IPN Forum* will examine topics that impact the health of Indiana's infants, mothers and families (see "agenda highlights," pg. 2), with an emphasis on *smoking, obesity and maternal and infant mortality*. Addressing subjects from both clinical and community perspectives, the conference will provide "an excellent opportunity for practitioners and multidisciplinary professionals to exchange ideas and learn from each other," says IPN Executive Director **Larry Humbert, PGDip, MSSW**.

The Forum is designed for nurses, physicians, home visitors, social workers, prenatal care coordinators, community health workers, human service agency personnel and others who work to improve perinatal health. "Participants will have the chance to share what works best, based on research or experience, in practice settings across the spectrum of health care," adds Humbert. ▶

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Controversies INNOVATIONS in Perinatal Health

SPECIAL PRICING!

- ✓ Take advantage of a **\$99 per person** special price that includes your Forum registration and a membership in the Indiana Perinatal Network!
- ✓ If you want to decline the membership, the Forum registration fee remains \$99 per person.
- ✓ If you're already an IPN member, the Forum registration fee is **\$50 per person**.
- ✓ **Physicians and nurse practitioners:** Add \$60 for CME credit.

To register or obtain more information, visit www.indianaperinatal.org/eventdetail.aspx?id=1186, phone IPN at 317.924.0825 or e-mail ipn@indianaperinatal.org.



The mission of the Indiana Perinatal Network is to lead Indiana to improve the health of all mothers and babies.

INDIANA PERINATAL NETWORK
 Lead | Convene | Collaborate
 FOR MOTHERS & BABIES

www.indianaperinatal.org



At the conference's conclusion, among other objectives, attendees will be able to:

- ✓ Describe the current status of women's health issues in Indiana.
- ✓ Examine novel approaches to addressing obesity, smoking and maternal and infant mortality in Indiana.
- ✓ Discuss the idea of preconception health as an approach to improving pregnancy outcomes.

RECEPTION & OTHER SPECIAL EVENTS

IPN will host a reception on Wednesday, March 19 from 5:30 to 7PM with appetizers and drinks. This event will feature a performance by the internationally renowned Indianapolis Children's Choir.


IPN's *Spirit of Service* awards will be presented. Don't miss this special opportunity to honor your colleagues in perinatal health.

IPN's *Annual Membership Meeting & Breakfast* will be conducted on Thursday, March 20 at 8AM—just prior to the start of the Forum's second day.

CONFERENCE ACCREDITATION

Indiana University School of Medicine designates this educational activity for a maximum of 9.0 AMA PRA Category 1 Credits.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

An application was submitted to the Indiana State Nurses Association (ISNA) for approval of contact hours.

The Indiana Perinatal Network is an approved provider for Category 1 Continuing Education for LSW/LCSW/LMFT/LMHC by the Indiana Professional Licensing Agency. 

To register for the Forum or find out more, please visit www.indianaperinatal.org/eventdetail.aspx?id=1186, call IPN at 317.924.0825 or e-mail ipn@indianaperinatal.org.

AGENDA HIGHLIGHTS

WEDNESDAY, MARCH 19

- ✓ *Indiana's Failing Grade in Women's Health*—National Women's Law Center, Washington, DC
- ✓ *Preconception Health: Thoughts on What We Know, What We Don't...& Where We Go from Here*
MERRY-K MOOS, RN, FNP, MPH, University of North Carolina, Chapel Hill, North Carolina
- ✓ *Healthy Babies are Worth the Wait*—RUTH ANN SHEPHERD, MD, FAAP, Kentucky Department for Public Health, Frankfort, Kentucky
- ✓ *Breakout Sessions:*
 - *Neonatal Brain Monitoring*—ROBERT WHITE, MD, Pediatric Medical Group, Memorial Hospital-South Bend
 - *Realities in the Lives of Breastfeeding WIC Mothers: A Photovoice Project*—ELEANOR S. JOHNSON, RN, MSN, IBCLC, RLC, WIC, Muncie
 - *Integrating Non-Traditional Program Components in an Established Model of Care*—SHERRY MATEMACHANI, BS, Indiana Perinatal Network & JOANNE MARTIN, DRPh, FAAN, Indiana University School of Nursing, Institute for Action Research in Community Health

THURSDAY, MARCH 20

- ✓ *Lose It, Build It, Keep It*—Pam Smith, TV's *The Biggest Loser*, Indiana Representative
- ✓ *Panel Discussion: Bariatric Surgery & the Pregnancy Experience*
- ✓ *Breakout Sessions:*
 - *Contribution of Homicide & Suicide to Maternal Mortality in Indiana*—CAITLIN FINNEGAN PRIEST, MPH, IPN

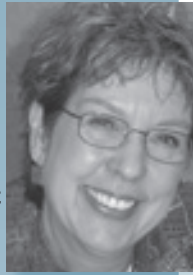
THURSDAY, MARCH 20 (CON'T)

- *Southwestern Indiana Regional Perinatal Advisory Board: 10 Years & Still Growing Strong*—JULIE ST. CLAIR, RN, MSN & SUSAN BONHOTAL, RN, MSN, Southwestern Indiana Regional Perinatal Advisory Board, Newburgh
- *Providing Interpreters in Maternity Services: A Novel Approach*—SANDRA MAHER, RN, FNP & MOLLY K. SMITH, Luz de mi Vida Program, Clarian Health
- ✓ *Panel Discussion: Smoking Cessation Across Indiana*
- ✓ *Breakout Sessions:*
 - *Family Mapping: Decreasing Rapid, Repeat Pregnancy*—LYNN HERT, RN, MSN & JULIE MORRISON, RN, Deaconess Hospital, Family Medicine Residency, Program, Evansville
 - *Periodontal Disease & Pregnancy Outcomes*—MICHAEL J. KOWOLIK, PhD, BDS, FDS, RCS, I.U. School of Dentistry
 - *Environmental Impact & the Outcome of Pregnancy*—PAUL D. WINCHESTER, MD, St. Francis Hospital and Health Centers, Beech Grove
- ✓ *Breakout Sessions:*
 - *When a Baby is Born Still: Finding Answers to the "Why" Question for Families*—JANE HEUSTIS, RN, BSN, Clarian Women's Svcs.
 - *Breastfeeding Ethics*—DONNA MIRACLE, RNC, PhD, Indiana Mothers' Milk Bank
 - *Jump on the Quality Bandwagon: Participation in the Institute for Healthcare Quality, Perinatal Bundle Project*—DANA WATTERS, RNC, MSN, DONNA CUTSHALL, RNC, BSN & DEBBIE CHANDLER, RNC, BSN, Bloomington Hospital, Bloomington

SPEAKERS

MERRY-K Moos,

RN, FNP, MPH is a research professor in the obstetrics and gynecology department of the Schools of Public Health & Nursing at the University of North Carolina, Chapel Hill. A perinatal outreach educator and coordinator for hospitals, she founded the North Carolina Women's Health Training Collaborative which prepares the state's public health nurses to assume enhanced perinatal nursing care of women. An advanced practice nurse (FNP) for more than 25 years, she directs the University of North Carolina Hospital's Teenage Pregnancy & Prevention Clinic and oversees the coordination of obstetrical services between 17 public clinics and the OB-Gyn department.



RUTH ANN SHEPHERD, MD, FAAP will explore *Healthy Babies are Worth the WaitSM*—a three-year collaboration with the Kentucky Department for Public Health and local hospitals aimed at reducing preterm births by 15 percent.

Formally launched last year, the intervention seeks to reduce preventable preterm births in targeted areas of Kentucky and is supported by the March of Dimes and Johnson & Johnson Pediatric Institute.

Shepherd will explain how six Kentucky hospitals representing diverse geographic regions are divided into "intervention" and "comparison" sites with the intervention sites employing diverse combined interventions that link elements of clinical care, public health, and public education.

"Preventing preterm birth can lessen the long-term toll such births take on our communities," says Shepherd.

Maternal Mortality Review Committee Forms to Examine and Decrease Deaths

A statewide maternal mortality review committee recently met to examine the incidence of maternal deaths and identify ways to decrease such occurrences.

Convened by the Indiana State Department of Health (ISDH) on December 19, 2007, the committee will identify gaps in care, provider and consumer educational needs, community resource improvements and appropriate prevention strategies. The group will also take a close look at risk factors, trends and clusters of deaths that occur during pregnancy or within one year of delivery. In its review, the group will consider whether the deaths were pregnancy-related, what factors led to them and whether they were preventable.

The Indiana Maternal Death Review Committee is facilitated by the ISDH Maternal and Child Health Service division, in collaboration with the Indiana Perinatal Network. Chaired by **Philip N. Eskew, JR, MD, FACOG**, director of physician and patient relations at St. Vincent Hospital in Indianapolis, the multidisciplinary committee is composed of obstetricians, pediatricians, certified nurse midwives, domestic violence service providers, faith-based representatives, law enforcement and coroners, among others.

A review of Indiana's maternal deaths from 2002 to 2005 reveals cardiac embolism, hypertensive disorders, infection and others (such as seizure disorders and *status*


Also see "Contribution of Homicide and Suicide to Maternal Mortality in Indiana" at www.indianaperinatal.org/event-detail.aspx?id=1078

on the web

"We need to come up with strategies to recognize risk factors, intervene and prevent the deaths that we can."

—*Judith Ganser, MD, MPH, medical director of Maternal and Children's Special Health Care Services, ISDH*

asthmaticus, an acute exacerbation of asthma that does not respond to standard treatments) were the leading causes of pregnancy-related deaths. Non-medical causes of death are of salient concern since *nearly one-quarter of the deaths during this time period were due to homicide and suicide.*

"I am very excited that the maternal mortality review process is being restarted in Indiana," says **Judith Ganser, MD, MPH**, medical director of Maternal and Children's Special Health Care Services at ISDH. "Although maternal deaths are relatively few, it is important to identify factors that might have contributed to them and disseminate information about these factors to health professionals and the general public. In addition to medical issues such as infection or cardiac problems, other factors need to be considered such as accessibility of services, transportation issues, mental illness such as perinatal depression, substance use and abuse, domestic violence, adequacy of patient education and referral and follow-up. We need to come up with strategies to recognize risk factors, intervene and prevent the deaths that we can." 

For more information, contact Beth Johnson, RN, MSN, perinatal consultant for Maternal and Children's Special Health Care Services, at 317.233-1344 or bmjohnso@isdh.in.gov.

St.Vincent Women's
Hospital Hosts PCEP
(con't from page 1)



St.Vincent staff members will work with hospital-based coordinators throughout 2008 to help facilitate PCEP clinical skills stations.



Providing the educational expertise from St.Vincent Women's Hospital were **John Wareham, MD**, neonatologist; **Val Castrodale, RNC, MSN, NNP**, neonatal nurse practitioner; and **Beth McIntire, MSN, WHNP**, women's health nurse practitioner. Throughout this year, St.Vincent staff will continue working with hospital-based coordinators to help facilitate the PCEP clinical skills stations.

This community-hospital based, regional-center coordinated educational program aims to improve perinatal care know-how, policies, practices and procedures. Sponsored by IPN and ISDH, PCEP also facilitates cooperation between diverse specialties and different levels of staffing. Since 2000, more than 24 Indiana hospitals have participated in the program. 🐾

For more information, contact IPN's Perinatal Education Coordinator Tina Babbitt, RN, MSN, IBCLC, ph: 317.925.0825, ext. 4228.

INDIANA Access UPDATE

Introducing Cultural Change Training & Habits of the Heart Training Manual

Through the *Indiana Access* cultural change model, IPN continues to disseminate information across Indiana and advocate for early and easy entry into perinatal care.



CULTURAL CHANGE TRAINING

Last year, all Marion County WIC Program staff participated in *Indiana Access'* customer-service-based training program that facilitates cultural change. Throughout the program, participant evaluations were positive. WIC managers were



Three Elkhart County health and human service organizations participated in cultural change training. This partnership featured ongoing consultation with a leadership team composed of members from each agency.

encouraged to continue utilizing the methodology and curriculum—contacting IPN for technical assistance as needed.

IPN also conducted the same facilitated training program with three Elkhart County health and human service organizations as part of a "United Way Families First Initiative." The agencies include Healthy Beginnings, Heart City Health Center and Child and Parent Services (CAPS). To help support the project and expand members' leadership capacity, this partnership featured ongoing consultation and meetings with a leadership team composed of members from each agency.

HABITS OF THE HEART

Habits of the Heart: Leading Cultural Change for Caregivers and their Clients through Extraordinary Customer Service, an extensive, detailed and

professionally designed and printed manual, describes the cultural change facilitation process and provides a facilitators' guide. The resource was furnished at no cost to program partners in Elkhart, Marion and Lake Counties.

Habits of the Heart focuses on team building and communication, with an eye toward initiating internal cultural change to more effectively meet consumers' needs.


This guide is designed to enable staff members to:

- ✦ Better understand the needs, emotions and barriers faced by consumers.
- ✦ Articulate the challenges they face in delivering quality health care services.
- ✦ Engage in the process of identifying, developing and implementing suggested changes

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Indiana Access Update....(con't from page 4)

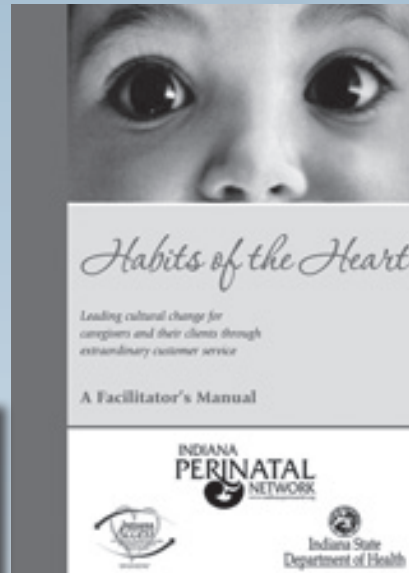
in clinic practices to enhance the quality of services to consumers. Indiana Perinatal Network staff members are presently identifying prospective replication areas, determining effective methods for implementing the program and training health care and community

agencies on incorporating the principles into their staff hiring and development processes. 

For a copy of *Habits of the Heart* or to learn more about how this process can be incorporated into your organization, contact Larry Humbert at 317.924.0825, ext. 4224 or e-mail Lhumbert@indianaperinatal.org.

A SNEAK PEEK AT HABITS OF THE HEART

- ❖ How women and families are treated in a health-care or social-service setting can play a powerful role in deterring them from receiving necessary services.
- ❖ Insufficient care and access have far-reaching effects on the health, education, and social and economic well-being of children and their families, as well as on society as a whole.
- ❖ Racial and ethnic disparities in health-care quality and outcomes have become a national concern, with experts calling for systemic and sweeping change.



Starting with these assumptions, *Habits of the Heart* seeks to meet the challenge of effectively nurturing mothers,


babies, children and families through high-quality caregiver training. Whether you are a professional trainer, agency manager, clinic director or dedicated volunteer, you can use this curriculum to help staff develop teamwork, positive interdependence and greater responsiveness to clients. It has been proven that once sensitized, staff members will discover new avenues of access and care for women and their families.

Gates Foundation Targets Safe Sleeping in Indiana

The Bill & Melinda Gates Foundation awarded First Candle an \$11 million grant to focus on building safe-sleeping awareness in Indiana, Washington and the District of Columbia. *Bedtime Basics for Babies* will combine a crib distribution program, widespread public and professional education and a rigorous evaluation to help reduce infant deaths due to unsafe sleep practices.

According to First Candle, of the more than 4,500 sudden, unexpected infant deaths occurring each year in the United States, experts estimate that at least 50 percent could be prevented by placing babies to sleep in a safe environment. *Bedtime Basics for Babies* will distribute approximately 200,000 cribs to needy and at-risk families.

The program will target parents, professionals and the public with educational messages about the importance of creating a "safe sleep zone" around babies. To facilitate breastfeeding and bonding at night, *Bedtime Basics for Babies* will also promote room sharing instead of bed sharing.

Research efforts will be lead by **James J. Kemp, MD**, professor of Pediatrics, Division of Allergy and Pulmonary Medicine, Washington University, St. Louis and **Rachel Moon, MD**, pediatrician and SIDS researcher at Children's National Medical Center and associate professor of Pediatrics, George Washington University School of Medicine and Health Sciences, Washington, DC. 

To learn more about the Indiana component of the program, contact Barb Himes at sidsbhimes@aol.com. For more information, contact Jennie Boden, National Crib Campaign First Candle at ph: 410.653.8226 or visit www.firstcandle.org.

PERINATAL OBESITY

Putting the Pieces Together

Indiana Obesity on the Rise

Obesity in Indiana is increasing at an alarming rate. More than 3.7 million Indiana adults are overweight or obese. The percentage of overweight or obese adults in Indiana increased from 46 percent in 1990 to 62 percent in 2005. About 30 percent of young people ages 6 to 19 in Indiana are overweight or obese. The percentage of Indiana high school students who are obese increased by 30 percent from 2003 to 2005.

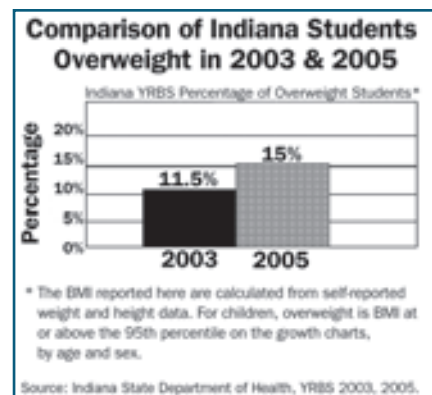
"UNLESS WE DO SOMETHING ABOUT IT, OUR CHILDREN WILL LIKELY BE THE FIRST GENERATION OF HOOSIERS WHO WILL LIVE SICKER AND DIE YOUNGER THAN PREVIOUS GENERATIONS."

—LLOYD J. KOLBE, PHD PROFESSOR OF APPLIED HEALTH SCIENCE AT INDIANA UNIVERSITY, BLOOMINGTON

Obesity contributes to an earlier onset of more widespread disease, including diabetes, heart disease, some cancers, arthritis, problems in pregnancy and childbirth, physical disability and many other serious health problems. Among those born in the United States in the year 2005, the lifetime risk of being diagnosed with Type 2 diabetes is 30 percent among boys and 40 percent among girls—and that's if obesity rates level off. 🐾

Adapted from Indiana State Department of Health Obesity Guide: Obesity-Related Data in Indiana, February 2007. See the full report at www.in.gov/isdh/programs/cnop.

Breastfeeding: The First Defense Against Obesity



In Indiana, significant numbers of children are overweight and the number is on the rise. For example, the percentage of overweight Indiana students in grades 9 through 12 increased significantly from 11.5 percent in 2003 to 15 percent in 2005 (see above), according to the Youth Risk Behavior Surveillance System (YRBS).¹

Additionally, 2005 YRBS data indicate that another 14.3 percent of Indiana students are at risk for becoming overweight—that is, their BMI was at or above the 85th percentile and below the 95th percentile, by age and sex.²

Children who are overweight can enter their teens facing chronic problems that, until recently, were seen only in adults, such as weight-related diabetes and joint problems, high blood pressure, and high cholesterol.³ To stem an epidemic of overweight children, prevention should begin long before they enter school. In fact, prevention can begin the day an infant is born.

Long recognized for its proven disease-prevention qualities, breastfeeding also plays a foundational role in preventing childhood obesity. A recent analysis

involving 61 studies and nearly 300,000 participants showed that breastfeeding consistently reduced risks for overweight and obesity.⁴ The greatest protection occurs when breastfeeding is exclusive (no formula or solid foods) and continues for more than three months.^{5,6}

This breastfeeding-obesity link is now recognized by government agencies and professional groups, from the Centers for Disease Control and Prevention (CDC) to the American Academy of Pediatrics (AAP). CDC experts estimate that 15 to 20 percent of obesity could be prevented through breastfeeding.⁷ The AAP recommends exclusive breastfeeding for the first six months and continued breastfeeding, with the addition of appropriate foods, up to at least one year of age.

Researchers have identified several possible reasons for the protective effect of breastfeeding against obesity:⁸

Breastfed infants may be better at self-regulating their intake. Mothers can't see how much milk their child is drinking, so they must rely on their infant's behavior, not an empty bottle, to signal when their infant is full. Thus, breastfed babies might be better able to eat only as much as they need.

Breastfed infants are more likely than formula-fed infants to try new foods and accept them. A tendency to accept new food is important because a healthy diet consists of a wide variety of foods, especially fruits and vegetables.⁹ Because breast milk contains flavors from foods eaten by the mother, breastfed infants are exposed to a variety of tastes ▶

Continues on pg. 8

PERINATAL OBESITY

Putting the Pieces Together

Addressing Gestational Weight Gain

By Melissa Kimball, MPH
Gestational Weight Gain Program Manager
Indiana State Department of Health

During the course of a woman's life, pregnancy is one of the most nutritionally demanding phases. Although many women know the importance of eating healthy during pregnancy, many remain unaware of how perinatal weight gain can pose a risk to both maternal and infant health.

Gestational Weight Problems

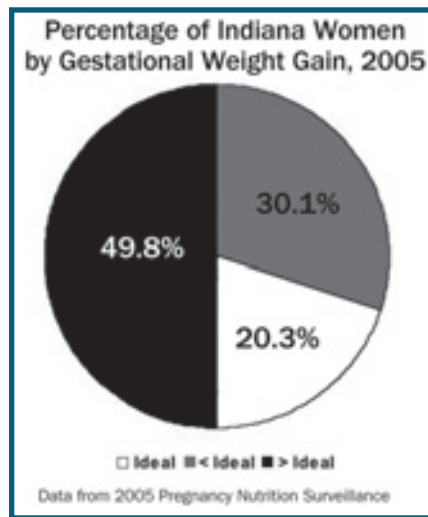
Beginning pregnancy at an unhealthy weight and/or gaining an unhealthy amount of weight during pregnancy—either not enough or too much—can increase the likelihood of serious maternal and infant health outcomes such as gestational diabetes and Cesarean delivery.

Since 1996, the combined prevalence of overweight and obesity among women in Indiana has climbed from 46 percent to 56 percent—this 10 percent increase indicates that many more Indiana women are either overweight or obese.

Unfortunately, the increased prevalence of overweight and obese women means that more begin their pregnancies at an unhealthy weight and appear to carry their unhealthy habits into pregnancy. The American College of Obstetricians and Gynecologists (ACOG) recommends that women with singleton pregnancies gain from 25 to 35 pounds. Data from the Pregnancy Nutrition Surveillance System (PNSS) shows that 50 percent of women who gave birth in Indiana during 2005 gained more than the recommended amount of weight for their pre-pregnancy weight and height.

An additional 20 percent of Indiana women were at risk for poor outcomes because they didn't

gain enough weight during their pregnancies to ensure healthy development. Due to inadequate and excess gestational weight gain, only slightly more than one in four women who gave birth in Indiana during 2005 gained the right amount of weight.



Addressing Gestational Weight Gain

During 2008, ISDH is committed to gaining a better understanding of the burden of unhealthy gestational weight gain on individual, community and state level maternal and infant health outcomes. A joint ISDH/IPN task force on gestational weight gain is forming to develop a "Call to Action" plan around the issue. The new task force, scheduled to meet in April 2008, will explore the determinants of gestational weight gain, barriers to attaining a healthy pregnancy weight and innovative, evidence-based solutions to this costly but preventable health concern.

While a number of committed health professionals have already assisted ISDH by developing background information, more community members are sought to help address this critical public



ADVERSE OUTCOMES OF INAPPROPRIATE WEIGHT GAIN DURING PREGNANCY

These outcomes are associated with either inadequate maternal gestational weight gain, maternal obesity and/or excessive gestational weight gain during pregnancy:

- ✦ **Infertility**¹
- ✦ **Birth defects**, especially neural tube defects²
- ✦ **Labor and delivery complications**³
- ✦ **Fetal and neonatal death**⁴
- ✦ **Maternal complications** (e.g. hypertension, gestational diabetes, preeclampsia)⁵
- ✦ Delivery of **large-for-gestational-age (LGA) infants**³

* References available upon request of the author.

health issue. The task force seeks individuals who can dedicate approximately four hours a month, as well as those with a personal or professional interest in the issue. Prior to its first meeting in April, the task force aims to recruit a preventative medicine doctor, an OB/Gyn and pediatrician, as well as people with strong statistical or program evaluation backgrounds, public health professionals who work directly with pregnant women and individuals who work with insurance companies and/or hospitals.

For more information and/or to serve on the task force, contact Gestational Weight Gain Program Manager Melissa Kimball, MPH, by phoning 317.234.3798 e-mailing mkimball@isdh.in.gov.

PERINATAL OBESITY

Putting the Pieces Together

Bariatric Surgery & Pregnancy

By Dan R. Sunkel, MD

Compared with the rest of the nation, Indiana consistently ranks high in the incidence of obesity—a condition that can have a devastating effect on perinatal health. Obesity is associated with pregnancy complications that include hypertensive disorders, neural tube and cardiac defects, gestational diabetes and venous thromboembolism, and with obstetric complications such as macrosomia, shoulder dystocia, arrested labor, VBAC failure and postdatism.


The treatment of obesity can be frustrating for patients and health care providers. While some patients achieve substantial weight loss with diet and exercise, the average weight loss amounts to only three or four points on the Body Mass Index (BMI). Pharmacologic treatments have a very limited rate of success. Surgical intervention has become a popular treatment for weight reduction. Although bariatric surgery is highly invasive, it's becoming an increasingly more frequent—and for some, an effective—therapy for morbid obesity.

Among many bariatric surgical approaches tried over the years, Roux-en-Y gastric bypass accounts for the majority of procedures. The surgeon uses surgical staples or a plastic band to create a small pouch at the top of

the stomach. This pouch functions as a reduced stomach that is connected directly to the middle portion of the small intestine. This procedure produces weight loss by gastric restriction and malabsorption. Laparoscopic adjustable gastric banding (LAGB), a purely restrictive technique, is widely used in Europe and Australia.

These treatments result in an average BMI reduction of 14 points two years after surgery. Also, providers report resolution or improvement of co-morbidities such as hypertension, diabetes, and sleep apnea.

Although the number of Indiana women giving birth after bariatric surgery is quite small, as more of these surgeries are performed on younger patients, obstetric providers will likely encounter more post-bariatric expectant mothers. Fortunately, no developmental risks are apparent to children of these mothers, although long-term data are not available. To date, no maternal obstetric risks are apparent to this point. LAGB in particular appears to lower the risk of the pregnancy complications.

Women undergoing pregnancy following bariatric surgery don't appear to be at risk for any bariatric complications. No data is available on the effect of pregnancy on long-term weight loss. 

Reach Dan Sunkel, MD, ph. 219.447.6969, Woman's Clinic, 2316 South St., P.O. Box 7010, Lafayette, IN 47904, e-mail: daniel.sunkel@ssfhs.org.

CARING FOR PREGNANT PATIENTS FOLLOWING BARIATRIC SURGERY

Obstetric providers are encouraged to keep these points in mind: ACOG recommends that pregnancy be avoided for 12 to 18 months after surgery, which is typically a phase of rapid weight loss and negative nitrogen balance.

- ✦ About **30 percent of Roux-en-Y patients experience anemia** due to iron and/or vitamin B12 deficiency. Anywhere from 30 to 50 percent of patients have fat-soluble vitamin deficiencies. These deficiencies should be addressed before and during pregnancy.
- ✦ **Patients who have undergone LAGB can have their band adjusted** to accommodate increased oral intake and to reduce nausea.
- ✦ Patients should be encouraged to **adhere to Institute of Medicine guidelines** for pregnancy weight gain and to **engage in physical activity**.

MyPyramid PROVIDES INTERACTIVE TOOL FOR BREASTFEEDING & PREGNANCY


Individualized guidance to meet the unique nutritional needs of pregnant or breastfeeding women is available at www.mypyramid.gov/mypyramidmoms/index.htm. A visitor inputs basic data to receive an individualized MyPyramid plan with the recommended amounts to eat from each food group, by trimester of pregnancy or stage of breastfeeding. The website also includes information on nutritional needs during pregnancy and breastfeeding, weight gain during pregnancy, weight loss during breastfeeding and more.



Breastfeeding: The First Defense Against Obesity

(con't from page 4)

very early in life. In contrast, infant formula always tastes the same.

Breastfeeding produces different metabolic effects than formula feeding and impacts hormones such as insulin that regulate fat storage. At 12 months of age, formula-fed infants tend to be fatter than breastfed infants. 

For more information on the Indiana's breastfeeding initiatives, contact Tina Babbitt, RN, MSN, IBCLC, ph: 317.924.0825, ext. 4228 or Tina Cardarelli, BSed, IBCLC, RLC, CLE, ph: 317.924.0825, ext. 4223. Information adapted from "Breastfeeding: The First Defense Against Obesity," A Policy Brief on Preventing Obesity in Early Childhood produced by the California WIC Association and the UC Davis Human Lactation Center.

* References available at www.calwic.org/reports.aspx.

Kathy McCoy: A Tireless Champion for the “Best Infant Feeding Decision”

As a lactation consultant for Methodist Hospital, Indianapolis, and six-year chair of the Indiana Breastfeeding Alliance, composed of coalitions across Indiana that promote breastfeeding, **Kathy McCoy, RN, IBCLC** has invested a great deal of her 40-year-career and personal energy to promoting the practice of breastfeeding. Given that information, it's not surprising that she counts among her most gratifying moments the times she “helped to provide families with the knowledge, skills and confidence they needed to establish successful breastfeeding.”

“I hope I live to see the day when all women are given the information they need to make the best infant feeding decision for themselves and their babies,” says McCoy. “I hope we can celebrate any amount of mother's milk a baby gets and that all mothers are supported in a knowledge-based infant feeding decision—regardless of the outcome of that decision.”

In her role as a breastfeeding advocate and educator, McCoy is challenged by the dearth of breastfeeding role models. “Recently I asked an Hispanic interpreter why many Hispanic women who give birth in the U.S. want to bottle feed,” she recalls. The interpreter's response was simply that Hispanic women see images of bottle-feeding mothers.

Championing informed decision-making when it comes to infant feeding, McCoy sees a need for health care professionals to be more involved in educating families on the practice and the strong base of evidence that supports it. “By working together, we can protect, promote and support breastfeeding to make a difference in the health of Indiana's residents.”

As a student nurse at Holy Cross School of Nursing, South Bend,

“I hope we can celebrate any amount of mother's milk a baby gets and that all mothers are supported in a knowledge-based infant feeding decision—regardless of the outcome of that decision.”

— *Indiana Breastfeeding Alliance Chair Kathy McCoy, RN, IBCLC, Clarian Health Partners*

McCoy became interested in maternal and child issues. That interest drove her throughout her career—most recently to obtain board certification as a lactation consultant for Clarian Health Partners. She has also served the Indiana Perinatal Network as chair of the Indiana Breastfeeding Alliance, formerly the IPN breastfeeding subcommittee. This group of breastfeeding advocates grew from a handful of committee members in 1994 to encompass dozens of coalitions statewide in 2007. Although she stepped down as chair in January, McCoy says she will continue to be an active member of the alliance. She is also a current finalist for the Medela Lactation Consultant Hall of Excellence that salutes “outstanding examples of the commitment and dedication of those in this field,” according to **Rachel Mennell**, director of marketing communications for Medela, Inc.

After decades of actively supporting breastfeeding, McCoy has experienced ups and downs in terms of making progress. Perhaps one of the peak experiences came in 2003 when she assisted IPN's breastfeeding subcommittee in backing legislation that “acknowledged a woman's right to breastfeed her baby.” As stated in IC 16-35-6-1: “Notwithstanding any other law, a woman may breastfeed her child anywhere the woman has a right to be.” With the passage of that brief sentence, Indiana's mothers who chose to breastfeed in public places

were protected from harassment or charges of public indecency.

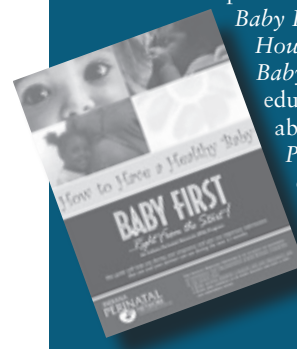
While the science and technology of perinatal care has progressed in leaps and bounds, McCoy wants to see change at the societal level to “recognize the value of mothering and empower women to have confidence in themselves as mothers.” In tandem with this kind of progress, she hopes that job sharing, home-based work and parenting support groups will become more readily available to every mother.

When she's not at work on behalf of breastfeeding, McCoy spends time with her husband of 40 years, **Mike**, as well as five children, 12 grandchildren and many good friends. 🐶

Reach Kathy McCoy, RN, IBCLC, by e-mailing KMcCoy@clarian.org

Baby First Workbooks AVAILABLE

Offered in Spanish or English and in print or on CD-ROM, the *Baby First Workbook* and *How to Have a Healthy Baby* video impart key educational messages about perinatal health. Pricing is based on your organization's annual budget.



For details, contact IPN at ipn@indianaperinatal.org

LEGISLATIVE UPDATE

HB 1057 SMOKING BAN IN CERTAIN PUBLIC PLACES

Despite intensive advocacy efforts by numerous health organizations, this bill was not heard in the House Committee and will not move forward in this session.

SB 221 WARNING TO PREGNANT WOMEN OF TOBACCO USE

Introduced by **Senator Vi Simpson** (*D-Monroe & Brown Counties*), SB 221 will require tobacco vending machines and retailers to post a notice that states smoking by pregnant women may result in fetal injury, premature birth and low birth weight. The Senate approved the bill by a vote of 43-5.

"IPN was instrumental in amending the bill to include language that informs pregnant women about where they can get help to quit or reduce their smoking," says IPN Executive Director **Larry Humbert**, MSSW, PG Dip.

This bill will now be considered by the House with **Rep. Charlie Brown** (*D-Gary*) and **Rep. Tim Brown** (*R-Crawfordsville*) as its co-sponsors.

SB 219 LACTATION SUPPORT IN THE WORKPLACE

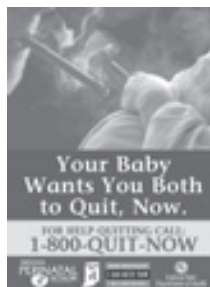
Also introduced by Senator Simpson, SB 219 requires employers with a staff of 25 or more to make reasonable efforts to provide a private location (other than a restroom stall) for women to express breast milk during breaks and to provide cold storage or allow women to bring their own portable cold storage. After working with the Indiana Chamber of Commerce and the Indiana Manufacturing Association on compromise language, the Senate approved the bill by a vote of 47 to 1. It will now be considered by the House with **Rep. Peggy Welch** (*D-Bloomington*) serving as the primary sponsor. 🐾

For more information or updates, contact IPN Executive Director Larry Humbert, MSSW, PG Dip at ph: 317.924.0825, x4224 or e-mail Lhumbert@indianaperinatal.org.

INDIANA PERINATAL NETWORK NEWS

NEW POSTERS AVAILABLE

IPN is offering new posters that promote breastfeeding



and smoking cessation. "This is an excellent way to target gender-specific perinatal health messages," says

IPN Education Coordinator **TINA BABBITT**, RN, MSN, IBCLC.

To request posters, contact IPN Program Services Coordinator Sarah Hundagen by phone: 317.924.0825, x 4222, or e-mail: Shundagen@indianaperinatal.org.

SPECIAL DELIVERY

IPN's Director of Special Projects & Public Policy **CAITLIN**

FINNEGAN PRIEST, MPH gave birth on January 14 to **NORA McMANUS PRIEST**, who joins older sister **EMERSON** (above). We welcome her to the IPN "family!"



IPN MAKES FRIENDS

The Indiana Perinatal Network thanks Board Chair **BRITT McDERMOTT** and her husband **JEFF** for hosting the November "FriendRaiser." The evening brought potential IPN supporters together with Board and staff members to learn more about the organization and to volunteer time, money and/or talents.

BOARD & STAFF RETREAT

On Nov. 15, IPN's Board and staff participated in a joint planning retreat. As IPN continues to grow, the Board and staff are planning for the future by envisioning goals and developing strategies that maximize the organization's potential. We thank **CHRIS SEARS** and **ICE MILLER** for hosting the retreat at no charge.

MEET NEW STATE BREASTFEEDING COORDINATOR

"I saw this job and knew it was the perfect fit," says IPN's State Breastfeeding Coordinator **TINA CARDARELLI**, BSED, IBCLC, RLC, CLE. In fact, when the ad appeared, Cardarelli and her husband had just made the decision to relocate to Indianapolis from South Bend. "What's most interesting about the job is the chance to be part of the process and the people who positively impact mothers, babies and families. Breastfeeding education and promotion are a win-win for families and the community."



With a background in education, Cardarelli began her career as a classroom teacher. After about 15 years, a "love of family and the appreciation of the difficulties of parenthood" led her to work for the WIC program, first in Massachusetts and later in Michigan. As she worked with clients and witnessed the profound need for breastfeeding help, she began to learn everything she could about the practice.


As a registered lactation consultant (IBCLC) and certified lactation educator from UCLA (CLE), Cardarelli has served as a private consultant and on two state breastfeeding task forces. "The best job training is the one-on-one time I've spent with a mother, listening to her concerns and helping her to problem solve her way to continued breastfeeding." 🐾

Reach IPN State Breastfeeding Coordinator Tina Cardarelli, BSED, IBCLC, RLC, CLE at ph: 317.924.0825 x4223 or e-mail: TCardarelli@indianaperinatal.org

Advertise for IPN!

An ad in the Pike Soccer Fest program sponsored by Dr. & Mrs. James E. Sumners promoted donations that support IPN's programs for Indiana's mothers and babies. We encourage this practice and can furnish you with an ad layout to fit the publication. "People often need to contribute money and/or find sponsors for their kids' programs," says Administrative Director **Leah Sumners York**. "Now we can help them help us." For more information, contact Amy Korbe, ph: 317.924.0825 x4221 or e-mail akorbe@indianaperinatal.org.

IPN Offers New Options for Membership

"IPN members are involved in cutting-edge pilot projects, participate in statewide replication of evidence-based programs and affect public policy by educating legislators," says Executive Director **Larry Humbert, PGDip, MSSW**. When you join IPN, you become part of a statewide network that brings together medical professionals and others such as community groups, nonprofit organizations and professional associations, to work on statewide initiatives that make a difference in the lives of Indiana's mothers and babies. 

Individual Membership OPTIONS

Contributing Member—\$250 Individual Member—\$60
Physician Member—\$100 Consumer, Student,
Community Outreach
Member—\$25

BENEFITS INCLUDE:

- ▶ Monthly **member-only e-bulletin**
- ▶ **Perinatal Perspectives** newsletter
- ▶ **Discounted registration** at select events
- ▶ **Recognition** on IPN's website and in annual report
- ▶ Sample copies of all **new resources** as they are released
- ▶ **Voting privileges** to elect the Board and approve bylaw changes

Corporate Membership OPTIONS

If your organization's annual budget is:
More than \$1,500,000 Dues \$500
\$500,000-\$1,500,000 \$250
Annual less than \$500,000 \$100
Each additional, individual member \$50

BENEFITS INCLUDE:

- ▶ One individual membership upon joining
- ▶ Post up to two job openings at a time or link from IPN's website to your organization's employment web page

CONTRIBUTING PARTNER (\$2,500):

- Includes corporate partner benefits above plus:
- ▶ Your logo on IPN's home page with a link to your website
 - ▶ Your logo in *Perinatal Perspectives* newsletter

EDUCATIONAL PARTNER (\$5,000):

- Includes corporate and contributing partner benefits above plus:
- ▶ Your logo in all IPN conference materials
 - ▶ Sponsor recognition with exhibit table and one free registration at each event

Join today by completing and returning the coupon below. For more information, contact IPN for more information at ph: 317.924.0825 or e-mail: ipn@indianaperinatal.org

2008 EDUCATIONAL PARTNERS (\$5,000)



Perinatal Perspectives

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IPN welcomes stories, art and photo contributions. Send submissions to IPN, 1991 East 56th St., Indianapolis, IN 46220, Attn: *Perinatal Perspectives* Editor, or e-mail: ipn@indianaperinatal.org. For information on advertising, e-mail: jfoster@indianaperinatal.org

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Hospitals Promote Safe Sleep for Babies

To promote infant health, safety and survival, more than 100 health care providers convened for “United in Indiana,” a workshop hosted by **Hendricks Regional Health** on October 23. A highlight of the event was the unveiling of a safe sleep protocol for hospitals, as well as posters and practices that parents can follow.

“Suffocation or asphyxia can occur when babies re-breathe their own air,” explains **Barb Himes, CLC**, IPN’s infant health and survival coordinator. “This could happen when babies get their noses and mouths next to pillows, blankets, stuffed toys, bumper pads or positioners.”

Safe Sleep Conference Planned for October

A conference on the topic of safe sleep is scheduled October 15. *Mark your calendar and watch for more information in this newsletter and at www.indianaperinatal.org.*

The safe sleep policy, developed with **Hendricks Regional Health, Indiana University Child Protection Program, Lutheran Hospital of Indiana, St. Elizabeth Regional Health, St. Vincent, Union Hospital, Wishard Health Services and Women’s Hospital**, is expected to change minds and behaviors about the safety of babies sleeping on their stomach or with items in the crib. “Parents emulate what they see in the hospital,” notes Himes.

In addition to hosting the event, Hendricks Regional designed a conference brochure, as well as templates for slides and handouts. St. Vincent printed the posters, while Union Hospital served as secretary. 🐾

For more information or to host a regional workshop, contact Barb Himes, CLC, voice mail (direct): 317.725.3754 or e-mail sidsbhimes@aol.com. See some of the speaker handouts from this event by visiting IPN’s website www.indianaperinatal.org/event-detail.aspx?id=1168

Help Indiana’s Mothers & Babies with this Newsletter!

Perinatal Perspectives is now sent to more than 1,000 e-mail addresses. As a result, IPN is saving more than \$1,500 per year in postage and printing costs—enabling us to use more of our resources for programs to improve the health of all Indiana mothers and babies.

If you want to contribute to our savings by receiving this newsletter by e-mail, please contact us through our website, www.indianaperinatal.org, or e-mail ipn@indianaperinatal.org.