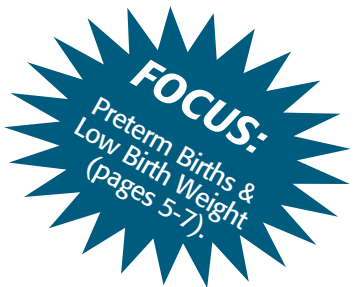


# PERINATAL



# Perspectives



Volume 11, Issue 3 • Quarterly news from the Indiana Perinatal Network (IPN) • [www.indianaperinatal.org](http://www.indianaperinatal.org)

## **& Controversies INNOVATIONS** in Perinatal Health

### CALL FOR PRESENTATIONS

Be a part of the **inaugural IPN Forum, *Controversies & Innovations in Perinatal Health*, on March 19-20, 2008 at the Sheraton Indianapolis** (see pg. 12 for more event details).

The planning committee **seeks posters and oral presentations describing clinical research, evidence-based projects and promising, innovative programs. The deadline is December 10, 2007.**

Addressing subjects from both clinical and community perspectives, the Forum will examine diverse topics that impact the health of Indiana's infants, mothers and families *with a special focus on smoking, obesity, and maternal and/or infant mortality.* The Forum will provide an excellent opportunity for practitioners and multi-disciplinary professionals to learn from one another and share what works best in various practice settings across the spectrum of health care.

**For more information and to download an application, please visit [www.indianaperinatal.org](http://www.indianaperinatal.org).**

## Exploring the Impact of Unintended Pregnancies on Perinatal Health

**O**n September 12-13, more than 100 professionals gathered at the Fountains Banquet & Conference Center in Carmel for *Best Intentions: Unplanned Pregnancy & the Well-Being of Indiana Families*. The event drew practitioners and multi-disciplinary professionals from a broad range of health and human services organizations at the state and local levels, as well as community outreach workers, administrators and policy makers. While diverse in occupation, attendees shared a desire to improve the overall health of women, infants, children and families by reducing unplanned pregnancies.

Keynote speakers **Michele G. Curtis, MD, MPH**, associate professor, University of Texas Medical School, Houston, Texas, and **Sarah S. Brown**, director, The National Campaign to Prevent Teen & Unplanned Pregnancies, Washington, D.C., along with a host of workshop leaders explained how reducing unplanned pregnancies could help:

- ⇒ *Decrease the number of abortions.*
- ⇒ *Decrease public expenditures.*
- ⇒ *Decrease the likelihood of pregnancy among single women and the associated social/economic consequences.*
- ⇒ *Empower women to take control of their lives and relationships.* ▶

Continues on pg. 4



Conference speaker Sarah Brown, director of The National Campaign to Prevent Teen & Unplanned Pregnancies, Washington, D.C., and IPN Executive Director Larry Humbert.



The Indiana Perinatal Network (IPN) is an alliance of hundreds of individuals and organizations across Indiana committed to the beliefs that:

- Every mother deserves a healthy and safe pregnancy; and
- Every baby deserves to be born healthy and into a safe and nurturing home.



# LEGISLATIVE UPDATE



## PRENATAL SUBSTANCE USE COMMISSION FORMS

In compliance with HB 1457 as passed by the 2007 Indiana General Assembly, these individuals were appointed to serve on the Prenatal Substance Use Commission:

- **Mary Alexander**, March of Dimes Indiana Chapter
- **Judge Barbara Brugnaux**, Terre Haute
- **Sybil Clarkson**, Consumer, Fort Wayne
- **Brenda E. Comer**, MSW, LCSW, Merrillville
- **Michael Dvorak**, St. Joseph County Prosecutor's Office
- **Gina Eckart**, ISDH, Div. of Mental Health
- **Sen. Dennis Kruse** (R-Auburn)
- **Sen. Sue Errington** (D-Muncie)
- **Rep. Carolene Mays** (D-Indianapolis)
- **James J. Nocon**, MD, JD, Indiana University School of Medicine
- **Rep. Cindy Noe** (R-Indianapolis)
- **Veronica Philbin**, Advanced Practice Nurse, Ft. Wayne
- **Randall Stevens**, MD, Union Hospital Family Practice Program

Also appointed were various representatives from ISDH, Dept. of Child Services and Office of Medicaid Policy and Planning (OMPP).

The first meeting took place on October 9 with State Health Commissioner **Judith A. Monroe, MD** convening it. The commission elected **James Nocon, MD, JD** and **Gina Eckart** as co-chairs. They agreed to start by addressing three aspects of the problem: lack of valid and timely data, lack of routine screening and lack of adequate funding for treatment. An interim report will be filed by August 15, 2008 with a final report due by August 15, 2009.

## INDIANA LEGISLATION TO WATCH: LACTATION SUPPORT IN THE WORKPLACE

IPN is collaborating with **Rep. Peggy Welch** (D-Bloomington) and **Sen. Vi Simpson** (D-Ellettsville) on the re-introduction of legislation to support nursing mothers in the workplace. By providing a clean, private space for breastfeeding women to express and

store milk and adequate time to do so, employers can reduce absenteeism and health care costs, along with attracting and retaining more employees.

IPN is meeting with community stakeholders—including the Indiana Breastfeeding Alliance and the Employment Law Committee of the Indiana Chamber of Commerce—to assess the benefits, barriers and feasibility of the proposed legislation.

## NATIONAL NEWS: HOUSE FAILS TO OVERRIDE SCHIP VETO

In October, the House failed to override President Bush's veto of a broadly-supported bill that would increase spending on the State Children's Health Insurance Program (SCHIP). The vetoed bill would have expanded the program over the next five years, for total funding of \$60 billion over that period. That would have been enough to boost enrollment to 10 million children, up from 6.6 million, and to dramatically reduce the number of uninsured children in the country, currently about 9 million, supporters say.

The program is currently funded until November 16 pursuant to a continuing resolution (HJ Res.52).

Democratic lawmakers have signaled that they will make some changes to the bill and soon bring it back up for a vote. The White House and many Republican lawmakers have said they would like to sit down with Democrats and try to work out a compromise. The president has repeatedly discussed his support for the program, but says SCHIP should not be expanded to cover more middle-income families.

Sources: *The Washington Post*, *National Health Law Program*. This information was current as of the time this newsletter went to press. 🐦

For more information or updates on this legislation, contact Caitlin Priest at [cpriest@indianaperinatal.org](mailto:cpriest@indianaperinatal.org) or (317) 924-0825 x4231.

## IPN Calls for 2008 *Spirit of Service* Award Nominees

*Do you know members of the perinatal care community who epitomize the "spirit of service"?* Here's a chance to give them some well-deserved recognition. Awards will be bestowed in the categories of "advocacy" and "community service."

### GENERAL ELIGIBILITY CRITERIA

- Decisions are based on submission of the requested materials.
- Additional materials can't be considered or returned.
- Candidates can only be nominated for one award per year in any category.

### AWARDS CRITERIA

#### *The ADVOCACY NOMINEE:*

- Demonstrates a history of individual contribution to promote the health of women and newborns on the federal, state or community level.
- Advocacy includes education in a variety of settings (church, community, etc.)—not just in the legislative arena.
- Integrates IPN's mission and standards in their contributions to women's and newborns' health.
- Demonstrates the ability to influence and/or mobilize colleagues to support a legislative or health issue through education and mentoring activities.
- Maintains professional development.

#### *The COMMUNITY SERVICE NOMINEE:*

- Demonstrates a history of individual contributions to promote women's and infant health in a community.
- Demonstrates an innovative application of current knowledge and research in programs and activities.
- Impacts perinatal or women's health in the community.
- Reflects IPN's mission and standards in their contribution to women's and newborns' health in a community.
- Maintains professional development.

### TO SUBMIT A NOMINATION

For more details and an application form, visit [www.indianaperinatal.org](http://www.indianaperinatal.org) and select "award nominations" under "latest news" or call IPN at 317.924.0825.

Application are due (mailed, faxed or e-mailed to IPN) by January 15, 2008.

# Indiana Black Breastfeeding Coalition Established to Support and Promote Breastfeeding


The Indiana Black Breastfeeding Coalition (I.B.B.C.) has formed to “address and support women in their breastfeeding choices with love and not embarrassment,” says **Terry J. Curtis, CLC** of the Indiana Mothers’ Milk Bank.

In 2005, according to ISDH, only 45.5 percent of black mothers breastfed their children in the early postpartum period compared with 67.6 percent of white mothers.

Established in January 2007, the group meets monthly to provide information and support. To help support black mothers, the coalition assigns a “bosom buddy” to answer questions, provide encouragement and share tips for success.

I.B.B.C. strives to:

- ⇒ **Implement the state plan, *Born to Be Breastfed: A Call to Action to Promote Breastfeeding in Indiana*** to help Indiana realize *Healthy People 2010* goals.
- ⇒ **Empower, embrace and encourage breastfeeding** through community outreach, education, media marketing and advocacy.
- ⇒ **Provide families, health care staff and communities with the tools** to promote breastfeeding.
- ⇒ **Create a supportive environment** for breastfeeding and the use of breast milk, whenever possible.
- ⇒ **Encourage the involvement of black women in breastfeeding** and in a breastfeeding support group.

Research indicates that several factors influence a mother’s decision to breastfeed. “Among these are media messages, formula marketing strategies, hospital policies, work environments, and social and personal support networks,” explains Curtis. 

For more information on I.B.B.C., contact Terry Curtis, CLC, ph: 317.283.0120 or e-mail: [tcurtis@clarian.org](mailto:tcurtis@clarian.org).

## Indiana Breastfeeding Alliance Takes Next Steps to Promote Breastfeeding

After meeting in September 2006 to explore coalition-building techniques and ways to implement the *Born to Be Breastfed: A Call to Action to Promote Breastfeeding* in Indiana, 17 coalitions now operate across the state (see below).

“By working together, we can protect, promote and support breastfeeding to make a difference in the health of the state, its people and the economy,” says Indiana Breastfeeding Alliance Chair **Kathy McCoy, RN, IBCLC**, a lactation consultant for Methodist Hospital, Indianapolis.

The Indiana Breastfeeding Alliance will conduct a Breastfeeding Coalition Summit on May 8 at The Garrison Conference Center, Indianapolis. *Save the date and watch for more information!*

### Indiana Breastfeeding Coalitions

- |  |  |
|--|--|
| ⇒ <b>Allen County Breastfeeding Coalition</b><br>Charlene Burian<br>E-mail: <a href="mailto:charleneburian@comcast.net">charleneburian@comcast.net</a> | ⇒ <b>Marshall County Breastfeeding Task Force</b><br>Beth Rutherford<br>E-mail: <a href="mailto:RutherfordE@sjrmc.com">RutherfordE@sjrmc.com</a>   |
| ⇒ <b>Bartholomew County Breastfeeding Coalition</b><br>Annette Rosswurm<br>E-mail: <a href="mailto:rosswurm@rnetinc.net">rosswurm@rnetinc.net</a>      | ⇒ <b>Michiana Breastfeeding Alliance</b><br>Judy Giden   |
| ⇒ <b>Breastfeeding Coalition of Marion County</b><br>Julie Gray<br>E-mail: <a href="mailto:juliegray@perdue.edu">juliegray@perdue.edu</a>              | ⇒ <b>Monroe County Breastfeeding Coalition</b><br>Sandy Arnold, BS, IBCLC, RLC<br>E-mail: <a href="mailto:sandyarn@aol.com">sandyarn@aol.com</a>   |
| ⇒ <b>Delaware County Breastfeeding Coalition</b><br>Margie Pyron<br>E-mail: <a href="mailto:mpyron@chsmail.org">mpyron@chsmail.org</a>                 | ⇒ <b>Porter County Breastfeeding Coalition</b><br>Aleda Waggoner<br>E-mail: <a href="mailto:aleda@bluedotweb.com">aleda@bluedotweb.com</a>   |
| ⇒ <b>Dubois County Breastfeeding Coalition</b><br>Stacey Fisher, RD<br>E-mail: <a href="mailto:srfischer@psci.net">srfischer@psci.net</a>              | ⇒ <b>Putnam County Breastfeeding Alliance</b><br>Tammy Hunter<br>E-mail: <a href="mailto:clinic@ccrtc.com">clinic@ccrtc.com</a>  |
| ⇒ <b>Greater Lafayette Breastfeeding Coalition</b><br>Pamela A. Smith<br>E-mail: <a href="mailto:pam.smith@ssfhs.org">pam.smith@ssfhs.org</a>          | ⇒ <b>Ripley County Family Services Inc.</b><br>Connie De Burger<br>E-mail: <a href="mailto:famcon01@seidata.com">famcon01@seidata.com</a> ; <a href="mailto:csaralee@hotmail.com">csaralee@hotmail.com</a> |
| ⇒ <b>Indiana Black Breastfeeding Coalition (IBBC)</b><br>Terry Jo Curtis<br>E-mail: <a href="mailto:tcurtis@clarian.org">tcurtis@clarian.org</a>       | ⇒ <b>Tri-County Lactation Coalition</b><br>Lynette Calloway<br>E-mail: <a href="mailto:lmccallowrd@yahoo.com">lmccallowrd@yahoo.com</a>  |
| ⇒ <b>Johnson County Breastfeeding Alliance</b><br>Tracy Smith<br>E-mail: <a href="mailto:tracylday@yahoo.com">tracylday@yahoo.com</a>                  | ⇒ <b>Tri-County Breastfeeding Coalition</b><br>Penny Lane<br>E-mail: <a href="mailto:MPKNLB@yahoo.com">MPKNLB@yahoo.com</a>  |
|  | ⇒ <b>Wayne County Breastfeeding Coalition</b><br>Marilyn Wilson<br>E-mail: <a href="mailto:marilynwic@dunncenter.org">marilynwic@dunncenter.org</a>  |

For more information on the Indiana Breastfeeding Alliance, contact Tina Babbitt, RN, MSN, IBCLC, ph: 317.925.0825 x 4228 or e-mail [tbabbitt@indianaperinatal.org](mailto:tbabbitt@indianaperinatal.org).

# Exploring the Impact of Unintended Pregnancies...

(Continues from pg. 1)

## NEXT STEPS

When asked what they would do to reduce unplanned pregnancies, if they were “in charge,” participants recommended:

- ⇒ Increasing male involvement;
- ⇒ Providing parents with more information and skills to help them discuss it;
- ⇒ Repositioning the issue to encourage the involvement of additional partners such as businesses, schools and media;
- ⇒ Supporting, publicizing and disseminating information on model programs;
- ⇒ Boosting resources for family planning while raising its acceptance level;

Responding to the call-to-action publication, the National Campaign staff asked IPN to serve on its local and state advisory committee.

IPN will also partner with staff from the Office of Faith-Based and Community Initiatives to conduct a series of discussions with Indiana faith leaders. The dialogue will explore unplanned pregnancy and suggest first steps faith leaders could take to reduce the occurrence in their communities.

“We were reminded that change won’t transpire quickly with this complex and emotional issue,” says IPN Executive Director **Larry Humbert, MSSW, PG Dip.** “Speakers likened the work of reducing unintended pregnancy to the long-term efforts required to increase awareness of the dangers of smoking or to increase seat belt usage. This isn’t a sprint, but a marathon—perhaps even a relay.”

Many speakers cited IPN’s call-to-action publication, *Best Intentions: Unplanned Pregnancies and the Well-Being of Indiana Families*, as a “road map” to navigate this complex issue. The call-to-action explores the consequences and contributing factors that comprise unplanned pregnancy. It presents a plan centered on actionable and measurable goals for Indiana and specific recommendations for the general public, health care providers and public policy makers.

## THE IMPORTANCE OF PRE- & INTER-CONCEPTION CARE

Looking broadly at unplanned pregnancies, presenters noted that the conditions important for healthy fetal development are also critical for women’s optimal long-term health. “Publications from the American College of Obstetricians

and Gynecologists (ACOG) and the Centers for Disease Control and Prevention (CDC), along with IPN’s call-to-action, all reinforce the importance of women and men developing a reproductive life plan,” says Curtis. “Additionally, health care providers are encouraged to routinely incorporate into their encounters an ongoing discussion about each of their patient’s plan.”

As noted by several speakers, currently no CPT code (Current Procedural Terminology) exists for pre- and inter-conception care. CDC’s Preconception Select Panel is developing a “white paper” to explore this issue at the federal level.

## UNPLANNED PREGNANCIES: TEENS & YOUNG ADULTS

Despite declines in teenage pregnancies and births, the United States continues to lag behind Western European nations. According to the conference speakers, countries such as France and Germany are making greater progress due to:

- ⇒ More comprehensive K-12 health education;
- ⇒ More stable and uniform health care financing systems;
- ⇒ Increased access and/or availability of birth control;
- ⇒ Freer discussion of sexuality; and

- ⇒ A focus on preventing pregnancy, not sexual intercourse.

“If people do not get the information when they’re teenagers, it shouldn’t be surprising that they still don’t have it as young adults,” says Brown. “It’s hard to be empowered or take control if you don’t have the information.”

Since the vast majority of unplanned pregnancies occur to women in their 20s, The National Campaign recently expanded its focus to encompass young adults in addition to teenagers. According to Brown, long-term solutions will place greater emphasis on individual responsibility in conjunction with responsible policies.

Wrapping up, Brown pointed to focus group findings that suggest the concept of planning a pregnancy is foreign to many. She sees a need for social marketing messages such as “Getting serious about getting pregnant or “If it’s okay to plan for your 401 K or your weekend, why not for a pregnancy?”

For more information, contact IPN Executive Director Larry Humbert, MSSW, PG Dip, by calling 317.924.0825 x 4224 or e-mailing [Lhumbert@indianaperinatal.org](mailto:Lhumbert@indianaperinatal.org). Download the *Unintended Pregnancy Call to Action* at [www.indianaperinatal.org/education-materials-professional.aspx](http://www.indianaperinatal.org/education-materials-professional.aspx).

## WHAT ATTENDEES SAID


- ⇒ “Excellent material, speakers were very knowledgeable and informative.”
- ⇒ “Well organized and interesting... the program flew by.”
- ⇒ “A great mix of national, state and local speakers, as well as members of the target audience, which is crucial. Great job, I was impressed!”
- ⇒ “Aside from imparting knowledge, this conference provided skills and tactics to deal with the issue.”

# Preterm Births LOW BIRTH WEIGHT

## Indiana Ranks in Bottom Half on Child Well-Being Benchmarks

Newly released state data places Indiana 31<sup>st</sup> among the 50 states on more than 100 combined benchmarks of child well-being.

According to the 2007 *KIDS COUNT Data Book*, in 2004:

- ❖ **18 percent of Hoosier babies were born to mothers who smoked during pregnancy—considerably higher than the national average of 10.2 percent.** In 2005 Indiana's rate was nearly the same at 17.9 percent.
- ❖ **Births to women receiving late or no prenatal care stayed at or just below four percent over the past five years—slightly more than the U.S. average of 3.6 percent.**
- ❖ **The infant mortality rate was 8.0 deaths per 1,000 births—greater than the national rate of 6.8.** The Indiana 2005 rate was essentially unchanged at 8.0 percent.
- ❖ **Indiana matched the national average with 8.3 percent of babies born low birth weight (less than 2500 grams or 5.5 lbs).**
- ❖ **13.2 percent of babies were born preterm (under 37 weeks gestation)—higher than the 12.5 percent national average.** In 2005 Indiana preterm births increased to 13.7 percent.
- ❖ **Measurements of poverty in 2006 show that 39 percent of Hoosier children live 200 percent below the Federal Poverty Level—with 22 percent of children under age five living in poverty.**
- ❖ **Indiana reports a child death rate of 24 per 100,000—higher than the national rate of 20 per 100,000.** 

The Annie E. Casey Foundation, KIDS COUNT State Level Data Online. For more information, including county, city and congressional district-level data, visit [www.kidscount.org](http://www.kidscount.org).

## November is Prematurity Awareness Month March of Dimes Launches “Every Baby has a Story” Project

Prematurity Awareness Month in Indiana included the unveiling of *Every Baby has a Story*—a new grassroots, integrated media project celebrating babies born healthy—as well as those who need help to survive and thrive.

Indianapolis families were among the first to take part in the national campaign when the *Every Baby has a Story Tour* motor coach stopped in Indianapolis on November 9 during its 16-city, 28-day road trip. At each stop, the tour collected memorable, inspiring and humorous baby stories from parents.

“This ambitious project allowed every proud parent to tell the world a special story about babies they love,” explains **Tim Arndt** of the March of Dimes Indiana Chapter. “Some families paid tribute to a baby who died or expressed their hopes and dreams for a baby who was struggling to survive.”

On November 9, the Murat Center and Broadway across America hosted the tour prior to the evening's performance of *Mamma Mia*. “Indianapolis residents turned out in force to connect with other families and to support the March of Dimes,” says **Debbie Hennessey**, Indiana Chapter Communications and Marketing Chair.

The March of Dimes uses Prematurity Awareness Month to recognize the growing crisis of premature birth and as an opportunity to explain what can be done to help give every baby a healthy start in life. In Indianapolis it was supported by Anthem, IU Women's Health Care and Clarian West, radio station B-105




The March of Dimes' “Every Baby has a Story Tour” motor coach stopped in Indianapolis on November 9.

FM, Comcast and Farmer's Insurance among others.

The tour began on October 17 in New York City and then proceeded to Washington, D.C. for the March of Dimes largest annual gathering of top volunteers, the Volunteer Leadership Conference.

Other stops included Atlanta, GA; Nashville, TN; Houston, TX; Phoenix, AZ; Los Angeles, CA; Denver, CO; Chicago, IL; St. Louis, MO; and Philadelphia, PA before the bus returned to Times Square in New York City on November 13.

Celebrities were also tapped for their stories, including **Fred Savage** of *The Wonder Years*; **Julie Bowen** of *Boston Legal*; **Melissa Joan Hart** of *Sabrina the Teenage Witch*; **Kellie Martin** from *ER*; and **Diane Farr** and **Alimi Ballard** from *Numbers*.

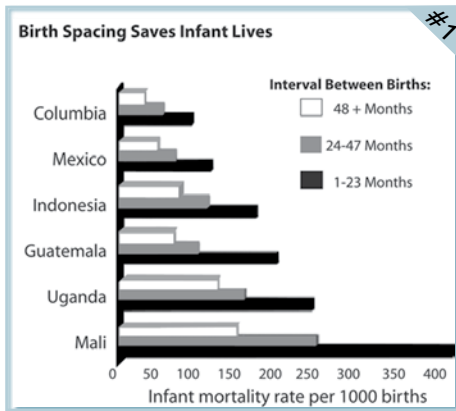
The website, [marchofdimes.com/everybaby](http://marchofdimes.com/everybaby), allows people who couldn't visit the motor coach to add their stories via an interactive scrapbook page, including photos, text or video. 

For more details on the campaign, go to [www.everybabyhasastory.org](http://www.everybabyhasastory.org) or visit [marchofdimes.com/everybaby](http://marchofdimes.com/everybaby).

# Preterm Births **LOW BIRTH WEIGHT**

## MODEL PROGRAM: Family Mapping Initiative Aims to Reduce Rapid, Repeat Pregnancies

“**M**any studies show that children born after an interval of at least two years of non-pregnancy are more likely to survive and thrive,” says **Lynn Hert, RN, MS**, grant manager for Deaconess Family Practice Center in Evansville. “As the months between pregnancies increase, infant mortality and morbidity decrease” (see #1).



Deaconess Family Medicine Residency first explored family mapping in 2002. In 2004, a grant from the Welborn Baptist Foundation provided the necessary funding to expand the program.

### Low Income, High-Risk Population

Deaconess Family Medicine receives about 18,000 visits each year from clients throughout their life spans. The population is primarily low-income and 80 percent are on Medicaid. Ethnicity is mixed with 69 percent of clients identifying themselves as Caucasian, 22 percent Black, six percent Hispanic and three percent “other.” The typical client is 22 years old and “high risk” by Indiana Medicaid guidelines. “The most common risk factors are smoking, morbid obesity, infections and late prenatal care,” says Hert.

Prior to the family mapping initiative, nearly one out of four (24 percent) of the clients had a baby younger than one

year of age and the vast majority (85 percent) of pregnancies were unplanned. Of those who became pregnant, one-third (33 percent) reported using birth control at that time.

### What is Adequate Birth Spacing?

Based on the Center for Disease Control & Prevention’s (CDC) research, birth spacing of 18 to 23 months is optimal. The most notable study was performed by **John Santelli, MD** who reviewed 173,000 births and found that women who became pregnant six months after delivery had a 30 to 40 percent greater chance of giving birth to a premature or low birth weight infant.

### Family Mapping Objectives

Beginning January 2004, 140 female residents of Vanderburgh County were placed in the family mapping group. Deaconess established the goal that no more than 10 percent of the women would experience inadequately spaced births. These women were followed for 18 months after delivery to assess the rate of subsequent pregnancies. Key strategies included:

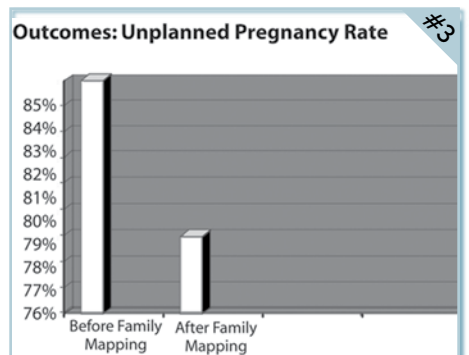
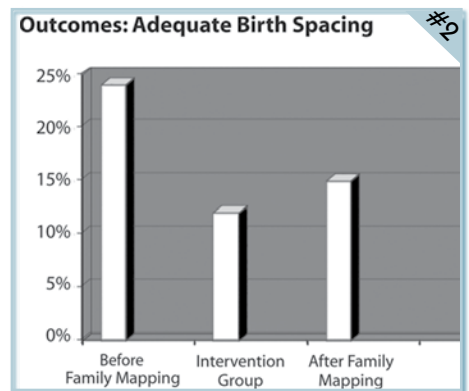
- **Implementing educational interventions to help clients make appropriate family planning choices.** Physicians and clinic staff encouraged clients to set reproductive goals by consistently asking females how many children they intended to have and what method of birth control they would use.
- **Addressing social and psychological barriers to family planning.** “Availability of family planning methods isn’t the only barrier,” notes Hert. Obstacles related to smoking cessation, stress management, parenting, self-esteem and healthy relationships were also identified. Deaconess developed classes to help address these issues and furnished transportation and childcare.
- **Collaborating with existing agencies**

### to develop community infrastructure.

Deaconess partnered with Healthy Families of Vanderburgh County to extend the reach of the initiative and provide home visitation services. A collaboration with TriCap assisted in the development of a family planning tool, while Planned Parenthood provided birth control methods that included OrthoEvra, NuvaRing® and IUDs.

### An Overview of Outcomes

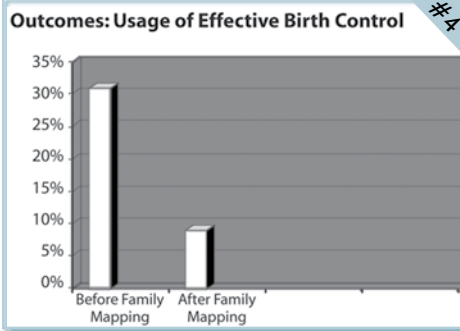
- **Adequate Birth Spacing**—About 12 percent of the women in the initiative had a baby less than one year of age compared to 24 percent prior to the initiative (see #2).
- **Unplanned Pregnancy Rate**—Along with a decrease in rapid, repeat pregnancy, the unplanned pregnancy rate for the entire clinic dropped from 85 to 79 percent (see #3).
- **Effective Birth Control Usage**—The percentage of women who became



# Preterm Births LOW BIRTH WEIGHT


pregnant while using birth control decreased from 31 to 9 percent (see #4).

- ❖ **Decreases in Prematurity & Infant Mortality**—The family mapping group demonstrated decreases in spontaneous abortion (56 percent); low birth weight infants (54 percent) and fetal demise (40 percent).



## Family Mapping Lessons Learned

The family mapping program has taught Hert and Deaconess several lessons, including a need to:

- ❖ **Provide condoms when patient is transitioning to a new birth control method.** “The greatest potential for unplanned pregnancy occurs when a client is starting or changing a birth control method,” says Hert.
- ❖ **Begin family mapping at postpartum discharge.** “We are working to increase the number of women who leave with reproductive goals, or at least a birth control method.”
- ❖ **Monitor mental health issues.** Mental health impacts what is prescribed and how effectively a woman uses it.
- ❖ **Create internal systems that support family planning.** “The goal is to develop a clinic that is keenly aware of family planning and takes advantage of all interactions to bring the subject to the forefront.”
- ❖ **Recognize that poverty has an enormous impact on women of childbearing age.** “It’s hard to set goals when you’re worried about where you will live,” notes Hert. 

For more information, contact Lynn Hert, RN, MS, ph: 812.450.7424, fax: 812.426.3071 or e-mail: [lynn\\_hert@deaconess.com](mailto:lynn_hert@deaconess.com).

## Ask THE EXPERT

By Howard Harris, MD  
Director, Perinatal/Newborn Nurseries  
Clarian Health, Methodist Hospital, Indianapolis  
and IPN Board Member



### If infant mortality is decreasing in Indiana, why are indicators of preterm births and low birth weight babies rising?

Several factors can be attributed to the state’s increase in preterm deliveries and low birth weight babies during a time when infant mortality is generally declining.

Primarily due to today’s treatments for infertility, the frequency of multiple births has skyrocketed. The rate for twins has increased 60 to 80 percent and the rate for multiples greater than twins has increased by 600 to 700 percent. These percentages are two to four times higher than the natural rate of occurrence for multiple births which are typically two—to four percent of the overall births. Also, modern infertility technology has effectively compensated for the reduced birth rate that occurs with advanced reproductive age. Consequently, mothers of multiples are often older and at increased risk for age-related maternal and fetal complications.


Another important factor is a clear “shift to the right” with increasing plurality. In other words, twins are born at an earlier gestational age than singletons; triplets are born even earlier than twins, and so on. Additionally, after 28-weeks gestation, multiples always weigh less than singletons with the same phenomenon of twins weighing more than triplets, etc.

Between 1995 and 1999, multiples comprised one-third of very low birth weight (VLBW) infants (defined by a birth weight of 401 to 1500

**While more preterm and low birth weight babies are surviving, the risk of serious, life-long complications remains significant.**

grams)—10 times the prevalence in the general population. Also, assisted reproductive technology was responsible for 10 percent of singletons, 55 percent of twins and 90 percent of triplets.

At the same time, the survival rate of VLBW infants of extremely low gestational age is steadily improving due to measures such as maternal steroid treatment from 24 to 34 weeks, surfactant therapy and newer modalities of oxygenation such as high-frequency ventilation.

However, it must be noted that disabilities rates for infants born between 23 to 25 weeks remain at about 50 percent for survivors, 25 percent of whom have major disabilities such as cerebral palsy and retinopathy. So, while more preterm and low birth weight babies are surviving, the risk of serious, life-long complications remains significant. 

For more information, contact Howard B. Harris, MD, Director, Perinatal/Newborn Nurseries, Clarian Health, Methodist Hospital, e-mail: [HHARRIS@clarian.org](mailto:HHARRIS@clarian.org).

## Dana Watters Relishes the “Powerful Job” of Nursing

Of her career in nursing, which has spanned three decades and witnessed a host of unprecedented developments in maternal and child health care, **Dana Watters, MSN, RNC, CCE** says “This is one powerful job. I can’t think of a thing I would change.”

As a young student, Watters abandoned her plans to study constitutional law because she “didn’t want to type or get up early” and instead took a job as a nurse’s aide—a whim about which she now says, “I’m so fortunate my lack of maturity led me to something I love so much.”

After obtaining her associate degree in Nursing from the State University of New York (SUNY) at Albany, and beginning her career as an obstetric nurse in the early 1970s, the birth of her daughter made Watters realize that OB patients “needed a nurturing environment with woman-to-woman support.” This epiphany shaped her philosophies on maternal care.

Along with motherhood, the work of **Marshall Klaus, MD, FAAP** on maternal–infant bonding was seminal to her professional development. “I realized the power of nursing in the delivery room would impact the family forever.” As executive director for the Regional Center for Women and Children at Bloomington Hospital, Watters has strived to ensure that the labor and delivery practices facilitate and encourage early bonding and skin-to-skin contact. Currently overseeing more than 200 employees in the Pediatrics, OB, and NICU departments, she is gratified by the opportunity to shape the care the hospital provides. According to Watters, one of her main contributions is exercising her knack for “picking great and talented people.”

Advocating for women and children for more than three decades has provided a bird’s eye view of the myriad medical and social innovations that have swept through maternal and child



**Dana Watters, MSN, RNC, CCE** (today, above) abandoned constitutional law for nursing and started her career in the early 1970s (right).

health care. She lauds advances in NICU care and the measures of success related to the impact of the environment on the health and the development of premature babies. In response to research suggesting these babies do better in a “womb-like” environment, Bloomington Hospital keeps its NICU lights low and has installed sound meters to gauge noise levels.

Today’s obstetric care has become more family-centered, Watters notes. “In general, women’s health care is much less paternalistic than it was 30 years ago.” She believes that an evolution in provider roles is key to the improvements in obstetric practice and philosophy. “The changes transpired in nursing care, not in the development of a new drug.”

Despite many changes for the better, Watters thinks there’s room for additional progress in perinatal care. Access to care remains a significant problem for Indiana’s Medicaid recipients—particularly pregnant and postpartum women. Even patients who have insurance are experiencing difficulties affording COBRA payments and co-pays—a sign of a crisis that has “hit the middle class.” For depressed

patients, Indiana’s mental health systems are difficult to navigate and Watters—a member of IPN’s Indiana Perinatal Mood Disorders Task Force—emphasizes the importance of ensuring that new mothers suffering from depression have timely access to qualified providers.

The rising rates of elective c-sections and inductions along with diminishing breastfeeding rates concern Watters. A long-time breastfeeding advocate, she would like to see women receive ongoing support through six months postpartum. Despite her worries,



Watters is optimistic that community and legislative advocacy will change these practices for the better. When those days come, she relishes her “front-row” seat. “Even if I won the lottery, I would stay in nursing.”

Outside of work, Watters is an avid traveler who enjoys kayaking and wants to go to New Zealand. She loves spending time with her family, which includes her husband, a daughter, two sons, and five grandchildren ranging in age from two to 15. “I have a charmed life,” she reflects with a laugh. “How did that happen?” 🐦

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Reach Dana Watters, MSN, RNC, CCE ph: 812.353.9409 or e-mail: [dwatters@bloomingtonhospital.org](mailto:dwaters@bloomingtonhospital.org)

# Summit on Substance Use Disorders & Pregnancy Calls for Action

**O**n April 27 medical professionals, treatment center staff, community outreach workers, counselors and others with an interest in pregnant substance-using women gathered for IPN's statewide summit, *Substance Use Disorders & Pregnancy*. Conducted at The Westin Indianapolis, the conference explored substance use disorders among expectant mothers and called for action to step up screening, intervention and treatment.

While the exact prevalence of use by pregnant women in Indiana is unknown, estimates indicate at least 10 percent use alcohol, 20 percent smoke and six percent use illicit drugs. Data suggest that as many as 17,000 Indiana infants may be born to substance-using mothers each year.

The summit featured **James J. Nocon, MD**, Indiana University of Medicine, Wishard Health Services, Indianapolis, who shared practical lessons on screening, treatment and follow-up learned from the field.

Explaining how public policy needs to catch up with research was **Barry M. Lester, PhD**, Brown Medical School, Providence, RI. Key points included:

- ⇒ *Addiction is a complex disease with multiple mental health comorbidities.*
- ⇒ *Addiction is treatable.*
- ⇒ *Early developmental findings might not be the whole story. For example, some of the effects of cocaine exposure don't appear until children start school and*

**“It’s difficult to take a ‘swing’ at ‘bad moms’ without the blow landing on their children. That doesn’t mean we can leave children with addicts—it could mean that drug treatment for the parent is a better choice than foster care for the child.”**

**—Barry Lester,  
Brown Medical School**

engage high level brain functions. ⇒ *Methamphetamine presents challenges similar to the cocaine epidemic 20 years ago, “when based on insufficient and inaccurate information, society overreacted,” said Lester. “Women were prosecuted, children removed and families split up. Many children suffered emotional problems from multiple foster care placements.”*

Focusing on nicotine addiction in pregnant mothers, **Deborah M. Hudson, BS, RRT** of Clarian Tobacco Control Center, Indianapolis, identified psychological, physical and social components of tobacco

## WHAT ATTENDEES SAID

- ⇒ *“It was a ‘wake up call.’ I look forward to sharing this information with staff members, including physicians, at my hospital.”*
- ⇒ *“The conference simply exceeded my expectations!”*
- ⇒ *“The panelists’ sharing was personal and helped to understand an addict’s perspective.”*
- ⇒ *“Dr. Nocon is a gift to our community. I loved the realism of the interactive role-playing.”*

addiction. “It’s a chronic disease of the brain and a chronic disease model should be used to treat it.”

**Terry W. Zollinger, DrPH, MSPH**, Bowen Research Center, Indianapolis, assessed the treatments needed by Indiana’s substance-using pregnant women. Of those using alcohol, tobacco and other drugs “only five to 10 percent who need treatment actually receive it.”

Panel discussions during the day explored a variety of model programs with **Sarah V. Childers, CHES**, HealthNet, Inc., Indianapolis; **Priscilla Engle, LSW**, Prenatal Substance Use Prevention Program/Pregnancy Plus, Anderson; and **Kendra O’Connor, LCSW**, Transitions Program, Fort Wayne’s Women’s Bureau. 📍

Speaker presentations and some of the handout materials can be found at <http://www.indianaperinatal.org/event-detail.aspx?id=1063#speakers>.

- ★ **JANE HONIKMAN AWARD (NATIONAL)**—POSTPARTUM SUPPORT INTERNATIONAL recognized the INDIANA PERINATAL DEPRESSION PROJECT and the collaboration of IPN, BIRDIE MEYER and CLARIAN HEALTH SYSTEMS for “outstanding contributions to the goal of increasing awareness of emotional health related to childbearing.”
- ★ **STATE PERINATAL ASSOCIATION INITIATIVE AWARD**—IPN was honored by the NATIONAL PERINATAL ASSOCIATION for an “outstanding contribution to maternal/child health.”
- ★ **BKD INDIANA EXCELLENCE AWARD**—The Indiana Perinatal Depression Project was selected a semi-finalist in the not-for-profit category.

## NEXT STEPS

- A sampling of the recommendations that emerged during the conference to more effectively address substance use disorders and pregnancy include:
- ⇒ Develop a system to more objectively collect alcohol, tobacco and drug use information on pregnant women.
  - ⇒ Refocus messages to be more supportive. A combination of stigma, fear and negative messages discourages pregnant women from treatment services.
  - ⇒ Treat addicts with dignity and respect.
  - ⇒ Provide services tailored to meet the basic physical, social and economic needs of pregnant women with substance use disorders.
  - ⇒ Expand the Indiana Prenatal Substance Use Prevention Program (PSUPP).

# Physician Reporting Urged for Effectiveness of Indiana Birth Defects & Problems Registry

By Jim Ignaut, Genomics Program Education Coordinator,  
Indiana State Department of Health

To help decrease the incidence of birth defects and ultimately prevent them, hospitals and physicians from across the state are working with the Indiana State Department of Health's Indiana Birth Defects and Problems Registry (IBDPR). A population-based surveillance system, IBDPR aims to promote fetal, infant and child health to enhance the quality of life for those born with birth defects. Data collection such as this is essential to promote infant and children's health as well as an improved quality of life.

Birth defects are responsible for more than 20 percent of all infant deaths. In the United States, three percent of babies are born with birth defects, according to the Centers for Disease Control and Prevention (CDC).

This translates into about 2,600 Indiana infants born with birth defects every year.

IBDPR performs a variety of functions. It directly benefits the families of children identified with a birth defect by establishing a referral system that provides special services for those with birth defects and their families. After sufficient data is collected, it will be used epidemiologically to identify factors associated with birth defects. IBDPR also:

- ⇒ Detects trends in birth defects and suggests areas for further study.
- ⇒ Establishes efficient referral systems.
- ⇒ Addresses community concerns about environmental effects on

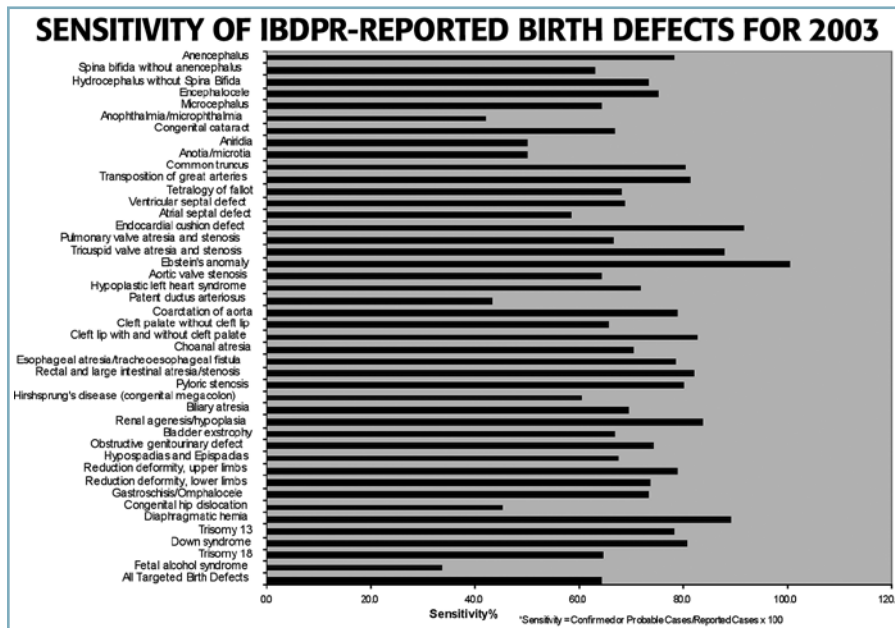
**ISDH needs every physician who identifies a birth defect in a child to utilize the physician reporting form.**

birth outcomes.

- ⇒ Evaluates education, screening and prevention programs.

Physician participation is essential to the integrity of IBDPR as it both identifies individuals with birth defects and provides a confirmation of the reported defect. While hospital discharge information identifies a greater number of children with birth defects, the IBDPR staff can only confirm a birth defect through information provided directly by a physician's report or indirectly through an audit of the patient's chart. In instances of reportable disorders such as Fetal Alcohol Syndrome or Pervasive Developmental Disorders (autism), physician reporting is required for identification. Disorders such as these are severely underreported because they are often identified in older children.

To gain a better understanding of birth defects, it's imperative to collect accurate information. ISDH needs every physician who identifies a birth defect in a child to utilize the physician reporting form.



Birth defects are reported to the IBDPR through discharge summaries and physician reporting. Sensitivity is used to determine what percentage of each condition that is reported by hospitals is determined to be probable or confirmed through medical record audits. For children born in 2003, the sensitivity of the hospital discharge information was evaluated, as noted.

To report information, visit [www.statehealth.in.gov/programs/ibdpr](http://www.statehealth.in.gov/programs/ibdpr) and select "reporting to ISDH." For additional data, visit [www.in.gov/isdh/programs/ibdpr](http://www.in.gov/isdh/programs/ibdpr) and select the document Progress on the Implementation of IC 16-38-4-7 (Birth Problems Registry) as amended in First Regular Session 112th General Assembly (2001) for the Reporting Period: July 2005-June 2006.

**IPN Welcomes  
New Employees**

**GAYLA F. HUTSELL, MA, CCC-A/SLP, CertAVT,  
STATE AUDIOLOGY COORDINATOR**

Hoosier **GAYLA HUTSELL** was thinking about returning to Indiana when she found the Early Hearing Detection & Intervention (EHDI) program position, an ISDH newborn screening program. "It was a natural choice to work with a program that impacts the lives of children and families in my home state," says Hutsell.

With dual masters' degrees in Audiology and Speech-Language Pathology, Hutsell received post-graduate training in auditory-verbal therapy and non-profit management. While working for the Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell), a non-profit organization in Washington, DC, she became interested in public health.

Off the job, Hutsell takes to heart a piece of advice passed on to her, "You have only so many Saturdays with your children." As a result, she says it's rare for her to spend weekends "cleaning or fretting"—instead, she enjoys time with her 12-year-old daughter, **ELLARY**. "We have fun every weekend doing *anything* outdoors!"

Reach Gayla Hutsell MA, CCC-A/SLP, CertAVT at 317.234.3358 or e-mail [Ghutsell@isdh.IN.gov](mailto:Ghutsell@isdh.IN.gov).

**AMY KORBE, IPN OFFICE  
COORDINATOR**

Office Coordinator  
**AMY KORBE** was drawn to IPN because of its work "helping people" and the opportunity to "give back to an under-served population." Prior to IPN, she worked on the Indiana Family HelpLine.



After graduating from the University of Kansas, Lawrence, with a bachelor's degree in Anthropology and Women's Studies, Korbe moved to Indianapolis to train for a social justice organization.

Along with her administrative and office skills, Korbe brings an adaptability and flexible decision-making style, largely acquired from her travels domestically and abroad. In college, she

spent a semester living and studying in Florence, Italy an experience that she says taught her a lot about life. "I understand that things don't always go as planned and am always ready to work around the frustrations. I try to make sure everything flows; keep an open mind; and listen to my coworkers."

In her spare time, she continues to travel with trips back to Kansas, a recent visit to Jamaica and Indiana sightseeing. Even when in motion, myriad pastimes interest her including "reading, knitting, cooking, eating, learning Italian, yoga, gardening and playing Nintendo DS."

Reach Amy Korbe at 317.924.0825, x4221, or e-mail [akorbe@indianaperinatal.org](mailto:akorbe@indianaperinatal.org)

**CAITLIN FINNEGAN PRIEST,  
MPH, DIRECTOR OF SPECIAL  
PROJECTS & PUBLIC POLICY**

"I have seen firsthand the impact of abuse, poverty and social issues on maternal, fetal and infant-health outcomes," says **CAITLIN FINNEGAN PRIEST**. As a former director for My Sister's Place, a Washington, DC shelter for battered women and their children, she was active for more than 10 years in efforts to prevent and respond to violence against women.



Joining IPN, Priest was immediately gratified by the "opportunity to work with creative, dedicated people—both at IPN and in the community—who are committed to finding innovative and effective ways to improve the lives of mothers and children."

A trend toward broadening perinatal care definitions is encouraging to Priest. "Today, matters that were historically not the purview of traditional health care are acknowledged, such as life-course issues that consider the impact of poverty, disparity and education. On the surface, these issues might seem 'non-medical,' but they impact morbidity and mortality."

Away from work, Priest's recreational life is grounded in "activities that involve *Sesame Street* and princesses," thanks to her three-year-old daughter, **EMERSON**. Having recently received her master's degree in Public Health, she is also rediscovering the joys of reading strictly for pleasure. 🐾

Reach Caitlin Finnegan Priest, MPH, Director of Special Projects & Public Policy at 317.924.0825, x4231, or e-mail [cpriest@indianaperinatal.org](mailto:cpriest@indianaperinatal.org)

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## Mark Your Calendar! IMPORTANT 2008 CONFERENCES & EVENTS

March 19-20 *Controversies & Innovations in Perinatal Care: An IPN Forum*  
Sheraton City Center Hotel,  
Indianapolis

April 24 *Cast Your Vote for a Normal Birth: 18<sup>th</sup> Annual Perinatal Educators Conference*, Ritz  
Charles, Carmel

May 8 *Breastfeeding Coalition Summit*,  
The Garrison Conference Center,  
Indianapolis

Sept. 21-23 *The Power of Connection: Building Community through Group Care*, Centering Health Care  
Institute, Sheraton City Center  
Hotel, Indianapolis

October TBD *Safe Sleep Conference*  
*Indiana Newborn  
Developmental Care Conference*

For more information, watch this  
newsletter and visit IPN's website at  
[www.indianaperinatal.org](http://www.indianaperinatal.org)

# Controversies & INNOVATIONS



in Perinatal Health

AN INDIANA PERINATAL NETWORK FORUM

## March 19-20, 2008 Sheraton Indianapolis City Centre Hotel

The inaugural IPN Forum will examine diverse topics that impact the health of Indiana's infants, mothers and families. Addressing subjects from both clinical and community perspectives, the 2008 Forum will feature a *special focus on smoking, obesity and maternal and infant mortality*.

This educational event is designed for physicians, nurses, social workers, home visitors, community health workers, hospital staff, human service agency personnel and others who work to improve perinatal health in Indiana.

*Members: \$50 each; non-members: \$99 each.* Enjoy discounted parking and an evening reception to salute IPN's *Spirit of Service* award winners for advocacy and community service.

Mark your calendar and check for more information at  
[www.indianaperinatal.org](http://www.indianaperinatal.org)

*How many of your patients struggle with smoking or obesity?*

*How many of your clients deal with domestic violence?*

*Do you know what factors impact maternal and infant mortality and morbidity in Indiana?*



Indiana State  
Department of Health