

PERINATAL Perspectives

FOCUS:
Breastfeeding
(pgs. 5-6)

Vol. 10, Issue 3 • Quarterly news from the Indiana Perinatal Network (IPN) • www.indianaperinatal.org • Summer 2006

Doula Project Hosts Graduation & Community Gathering

The Indiana Doula Project (IDP), a pilot project of IPN in collaboration with the Healthy Families' The MOM Project on the west side of Indianapolis, is implementing a community-based doula program to serve pregnant African-American and Hispanic teens.

On August 19, 13 graduates completed the first 20-session community-based doula training course in Indiana. The participants were selected from several applicants. Many live in or near the neighborhoods they will serve and struggled as a teen mothers, but have now emerged as strong role models.

In addition to the graduation ceremony, IPN and The MOM Project hosted a community gathering that featured a free preview of the

Continues on pg. 4 ▶



The Indiana Perinatal Network 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.



Conference Highlights Newborn Hearing Screening & Early Intervention Services



EHCI regional audiology consultants (left to right) Sherry Hodge, Michelle Escobar, Jayne Fields, Jay Cherry, Amy Peters-Lalios, Molly Pope and Julie Schulte.

Hearing loss affects up to 250 Indiana newborns and their families every year. On May 11-12, nearly 100 health care professionals convened at the Omni Severin Indianapolis for an EHCI (Early Hearing Detection and Intervention) conference on "Optimizing Outcomes: Increasing Newborn Hearing Screening Follow-Up Rates."

"The conference was an outstanding success," reports EHCI State Audiology Coordinator **Julie Schulte, MA, CCC-A**. "Dynamic national and local speakers shared information on the importance of timely, appropriate hearing-loss diagnosis, as well as the evidence that children with hearing loss can achieve normal language development when provided with appropriate early intervention services."

THANKS TO THESE SPONSORS:

American Academy of Audiology • American Speech-Language Hearing Association • Indiana Midwives Association • ISDH • I.U. School of Medicine • Outreach Services for Deaf & Hard of Hearing Children • St. Vincent Audiology

CONFERENCE PLANNING SUBCOMMITTEE MEMBERS

- CARLA AULT, RNC, BSN—Schneck Medical Center, Seymour
 JULIA BALBACH, MA, CCC-A—Easter Seals Rehabilitation Center, Evansville
 JAY CHERRY, MA, CCC-A—Bartholomew Special Svcs. Co-Op, Columbus
 JODEE CRACE, MA—Outreach Services for Deaf & Hard of Hearing Children & Indiana Hands & Voices, Indianapolis
 ALLAN DIEFFENDORF—PhD—Audiology & Speech/Language Pathology, IU School of Medicine & Clarian Health Partners, Indianapolis
 DAWN DOWNER—First Steps, FSSA, Indianapolis
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 LISA KOVACS—Indiana Hands & Voices & Indiana Parent Information Network, Indianapolis
 CINDY LAWRENCE, MA, CCC-A—Indiana School for the Deaf, Indianapolis
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 SHANNON STAFFORD, MA—Outreach Services for Deaf & Hard of Hearing Children, Indianapolis

INDIANA PERINATAL NETWORK NEWS

Please join IPN in welcoming these new or renewing members (as of July 25, 2006).

NEW IPN MEMBERS

INDIVIDUAL MEMBERS (\$55)

Mitzi Lu Boilanger, RNC, MS
Valerie Gualdoni, MA, CCC-SLP

CONSUMER, STUDENT, COMMUNITY OUTREACH MEMBERS (\$20)

Donna Whiteside, RN, CCE

RENEWING MEMBERS

CORPORATE MEMBER (\$250):

March of Dimes, Indiana Chapter

INDIVIDUAL CONTRIBUTING MEMBERS (\$250)

Fred Haslam

Britt & Jeff McDermott

INDIVIDUAL MEMBER (\$55)

Celisse Morris-Miller, MS

IPN thanks **Ice Miller** and **Britt & Jeff McDermott** for supporting the June 1 Board workshop. Thanks also to **Hard Rock Café** for generously providing lunches for the Board of Directors meetings and workshop and to **Starbucks** for its donation to the community-based doula trainings.



DONOR SPOTLIGHT

Faithful supporter **James C. Lintzenich** recently gave IPN a two-for-one gift when he dug into his pocket and that gift was matched by the Lumina Foundation for Education. Serving on Lumina's board, Lintzenich was formerly vice chairman and CEO of USA Group and president and chief operating officer of Sallie Mae. Lumina encourages both its staff and board members to contribute to non-profit organizations. "It was a win-win for myself, Lumina and for IPN," he notes.

An Indianapolis-based, private and independent foundation, Lumina helps people discover their potential by enhancing access to and success in post-secondary education. Through grants for research, innovation, communication and evaluation, Lumina addresses issues that affect access and educational attainment among all students, particularly under-served student groups, including adult learners.

For information on the Lumina Foundation for Education, visit www.luminafoundation.org.

IPN News continues on pg. 2

2006 IPN CONTRIBUTING PARTNERS (\$5,000)



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IPN thanks these individuals for their contributions to *Perinatal Perspectives* and its editorial standards.

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The views and opinions expressed

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(IPN).

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PUBLISHING SCHEDULE

Issue	Mails	Deadline
Winter	February	December 15
Spring	April	March 15
Summer	July	June 15
Fall	November	October 15



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IPN WELCOMES TWO NEW STAFF MEMBERS

Joshua Crook—ISDH Indiana Family HelpLine, Communications Specialist

After nine years of working in sales and call center positions, **Joshua Crook** was dissatisfied. After reflecting that he was most fulfilled when helping others, he redirected his job search to human services—which, in turn, brought him to the ISDH Indiana Family HelpLine (IFHL).



With the opportunity to utilize his past call center experience to assist and advocate for IFHL callers, Crook intuitively knew the position was a good fit for both himself and IPN. “Life has taken on new meaning,” he says of his “front-line” role on the phone helping people every day. “I’m interested in what is right, and what’s right in front of me,” he adds. Crook also sees the position’s potential to spring board into new career goals. Supervisor **Mary Bisbecos** says Crook shows promise of becoming an outstanding communications specialist.



Sarah Hundagen—IPN Program Assistant

Assisting the program staff in implementing grant deliverables and executing the strategic plan, **Sarah Hundagen** adds a new layer of cohesion to IPN. She also acts as a liaison between committees and IPN administrative services to help plan and facilitate conferences and special events.

Attracted to IPN by its mission and goals, Hundagen is excited to help improve Indiana’s outcomes. “I am amazed by the dedication and commitment of IPN’s staff,” she says. “The variety of the programs and services they provide is really impressive.”

A graduate of Butler University, Indianapolis, with a degree in Public and Corporate Communications, Hundagen initially worked for the college’s career development center, planning events and coordinating programs for students and faculty. Outside of work, she enjoys going to concerts, running on the Monon and spending time with family and friends.

Reach Sarah Hundagen at 317.924.0825 ext. 4222, e-mail shundagen@indianaperinatal.org.

NEW OFFICE COORDINATOR APPOINTED

After restructuring IPN administrative functions, due in part to increased program activity, IPN has appointed **Karla Schroeder** as office coordinator. A staff member since 2002, Schroeder is responsible for coordinating day-to-day office services including general operations and communications, inventory and equipment/information to meet the needs of constituents and staff members. “She’s a perfect fit because of her dependability and conscientiousness,” says IPN Administrative Director **Leah Sumners York**.

Reach Karla Schroeder at 317.924.0825 ext. 4221, e-mail kschroeder@indianaperinatal.org.

Top Three Reasons to Join IPN

1

IPN is a leader in perinatal education and advocacy in Indiana. We undertake

cutting-edge and data-driven research on the causes and effects of poor perinatal outcomes and develop pilot projects to improve outcomes on the community level—*projects that can be replicated statewide.*



2

Members help build collaborative efforts and work together on statewide initiatives that make a difference in the lives of babies and their mothers.

Collaborations can involve medical professionals and others such as community groups, nonprofit organizations, professional associations, businesses and government agencies.

3

Since IPN fosters partnerships, your membership provides you with networking opportunities you can’t get anywhere else!

Individual Member Benefits Include:

- IPN e-bulletin highlighting national and state trends.
- IPN’s quarterly *Perinatal Perspectives* newsletter.
- Discounted registration at select IPN events.
- Help to shape the organization by electing Board members and voting on bylaws.

Options & Annual Dues:

- **Contributing Member: \$250/Year** (Added benefit of recognition in IPN’s *Perinatal Perspectives* newsletter, e-bulletin and on website)
- **Member: \$55/Year**
- **Consumer, Student, Community Outreach Worker: \$20/Year**

Corporate memberships are also available.

For more information, contact IPN at 317.924.0825, x4221, e-mail ipn@indianaperinatal.org or visit www.indianaperinatal.org.

INDIANA Access UPDATE

Expanding Project is Featured in Presentations & Publications

By Larry Humbert, MSSW, PG Dip

Training Conducted Locally & in Elkhart County

The *Indiana Access* facilitative training process kicked into high gear with the participation of WIC and plans to deliver training in Elkhart county.

- ▶ In June, the entire Marion County WIC program staff participated in training led by Lisa Alexander and Mike Priller. The training continues through September 2007. While the content is similar to previous trainings, from the outset, the format is based on a quarterly schedule that provides structured opportunities for staff members to observe and practice new skills. Thanks to Virginia Caine, MD and the Marion County Health and Hospital Corporation for supporting this crucial expansion.
- ▶ In July, a leadership team assembled to plan the delivery of *Indiana Access* training in Elkhart County. Serving as lead agencies are Heart City Health Center, the "Healthy Beginnings" program of Elkhart County Health Dept. and Child and Parent Services. Training continues through September 2007 and is supported by the Elkhart County United Way as part of "Families First."

Presentations & Publications Get the Word Out

Indiana Access program principles and in-depth analyses of its outcomes are making the "rounds" at various conferences and in publications.

- ▶ *Indiana Access* was on the agenda at the annual conference of the Indiana Public Health Association in Lafayette and at the Second Annual Cultural

Competency Conference in Louisville, KY. *Indiana Access* Director Larry Humbert, MSSW, PG Dip presented information about various aspects of the program.

- ▶ A poster at the 16th Annual National CityMatCH Conference in Providence, RI displayed recommendations gleaned from last summer's collaboration with Indianapolis Healthy Start's *Baby First Advocates*. The poster explores the meaning of and solutions to unintended pregnancies, as well as the role of natural community helpers.
- ▶ The wealth of insights that are gained when health care providers adopt a learner's stance will be shared in a presentation at the annual conference of the American Academy on Communication & Health Care Research. The October conference takes place at Emory University in Atlanta, GA.
- ▶ Three manuscripts containing quantitative analyses of the matched prenatal survey/birth certificate data will be submitted for publication. The documents also include an additional manuscript on focus group findings and practice implications.
- ▶ The summer issue of *CityLights*, a national publication of CityMatCH, spotlights *Indiana Access* in a focus on unintended pregnancy. The full-page article reaches thousands of MCH professionals, federal agencies and national organizations. [Download the issue at www.citymatch.org.](http://www.citymatch.org)

Contact *Indiana Access* Director Larry Humbert, MSSW, PG DIP, ph: 317.924.0825, x4224, or e-mail Lhumbert@indianaperinatal.org.

Doula Project (from pg. 1)




Participants in the Indianapolis community-based doula training program.



Students apply themselves during a training session activity.

documentary *A Doula Story*. The event, held at the Clarion Waterfront Hotel & Conference Center, Indianapolis, focused on childbirth and teen pregnancy issues such as prematurity, pregnancy spacing and infant mortality. "Community-based doulas have the capacity to impact these issues in their own neighborhoods," says Sherry Matemachani, IPN's special programs consultant.

A Doula Story captures one African-American woman's fierce commitment to empower pregnant teens with the skills and knowledge to become confident, nurturing mothers. PBS is scheduled to broadcast *A Doula Story* in September; check local listings for details.

The IDP doulas will provide intensive home visiting during pregnancy; support during labor and delivery; and periodic home visits for up to two years after birth. In addition to funding from the [Indiana State Department of Health](#) for the trainings, IPN received \$144,000 from the [Nina Mason Pulliam Charitable Trust](#) for program implementation. IPN is also working with [Bloomington Area Birth Services \(BABS\)](#) to start a community-based doula program in Bloomington, IN. 

For more information on the Indiana Doula Project, contact IPN's Special Projects Consultant Sherry Matemachani at 317.924.0825 x4222 or e-mail shebase@yahoo.com.

Breastfeeding

Regional Breastfeeding Coalitions to Implement Indiana's "Call to Action"; Plans Made for First Meeting



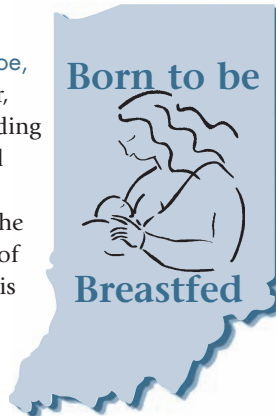
Judith A. Monroe, MD, ISDH. Later, IPN's Breastfeeding Committee will hold a panel discussion on the nuts and bolts of the plan. Time is built into the agenda for participants to network with

other representatives from their region and discuss how to establish or enhance their regional coalition. All attendees will receive a "tool kit" to help kick-start the coalition's activities.

"With the formation of these coalitions to execute the state plan, we're confident that Indiana will achieve a breastfeeding rate that exceeds *Healthy People 2010* goals and will significantly advance child health in the process," says Breastfeeding Task Force Chair **Kathy McCoy, RN, IBCLC**, a lactation consultant for Methodist Hospital, Indianapolis.

Born to be Breastfed received national attention in January when USBC conducted a conference with breastfeeding advocates nationwide to encourage the formation of state coalitions to help improve breastfeeding rates. After Breastfeeding Task Force Chair Kathy McCoy unveiled Indiana's plan, attendees enthusiastically embraced it as a model. Also representing Indiana were IPN Perinatal Education Coordinator **Tina Babbitt, RN, BSN, IBCLC**, Indianapolis; **Sharon Farrell, IBCLC**, ISDH, Indianapolis; and **Aleda Waggoner, BSN, RN, IBCLC**, lactation consultant for Porter Health, Valparaiso.

To obtain a copy of *Born to be Breastfed* visit www.indianaperinatal.org, call IPN at 317.924.0825 or e-mail ipn@indianaperinatal.org. For more information on the Indiana Breastfeeding Task Force, contact Tina Babbitt, RN, BSN, IBCLC, ph: 317.925.0825, ext. 4228.



In response to recommendations from the United States Breastfeeding Committee (USBC), Indiana is forming regional coalitions to promote breastfeeding statewide. The coalitions will implement *Born to be Breastfed: A Call to Action to Promote Breastfeeding in Indiana*—a state plan developed in 2005 by the Indiana

Breastfeeding Subcommittee including the Indiana Perinatal Network (IPN), Indiana State Department of Health (ISDH), The Special Supplemental Nutrition Program for Women, Infants and Children (WIC), La

Leche League and others.

The first meeting on September 7 will include corporate representatives, members of established breastfeeding coalitions, a variety of agencies and organizations, hospitals and consumers. Participants will learn about coalition-building techniques and ways to successfully implement the *Born to be Breastfed* state plan. Kicking off the agenda is State Health Commissioner

IPN Breastfeeding Subcommittee Members

Tina Babbitt, RN, BSN, IBCLC—

Perinatal Education Coordinator, IPN

Joyce Bermes, RN, IBCLC—Leader, La Leche League

Mitzi Boilanger, MS, RNC—Clarian Health Clinical Nurse Specialist, NBICU, Riley Hospital

Julia Brillhart, RN, MSN—Executive Director, IPN

Sharon Farrell, IBCLC—Indiana State Department of Health (ISDH)

Marsha Glass, RN, IBCLC—Lactation Consultant, Witham Hospital

Jeni Leaird, BS, IBCLC—La Leche League Leader, Tippecanoe Co. WIC

Chris Lundberg, RN, IBCLC—Lactation Consultant, Community Health Network

Darlene Matz, RN, IBCLC—Assistant Coordinator, Tippecanoe Co. WIC

Kathy McCoy, RN, IBCLC—Lactation Consultant, Methodist Hospital

Donna Miracle, RNC, DNSC—Director of Research & Clinical Operations, Indiana Mothers' Milk Bank, Inc.

Mary-Ann Schmutte, IBCLC—La Leche League Leader, Ball Memorial Hospital, Community Health Network

Kathryn Shanahan, RD, IBCLC—Breastfeeding Coordinator, Health & Hospital Corporation of Marion County

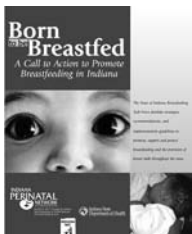
Tracy Smith—Johnson County WIC

Kinga Szucs, MD, FAAP—Asst. Professor of Pediatrics, I.U.

Donna Vandergraff, MS, RD—Purdue University

Aleda Waggoner, BSN, RN, IBCLC—Lactation Consultant, Porter Health

Suellen Williams, RN, IBCLC—Lactation Consultant, I.U. Hospital



Breastfeeding

Governor Proclaims August 1-7 as Breastfeeding Awareness Week



La Leche League Workshop Promotes Use of Mothers' Milk

The June La Leche League of Indiana workshop entitled "Mothers' Milk: An Infant Support System" drew more than 75 people to Methodist Hospital's conference center in Indianapolis. Topics included the benefits of breast milk for nursing infants, risk factors and current management recommendations for lactational mastitis and indicators for using pasteurized donor milk.

"Attendees gained new insights into the science of mothers' milk and its almost miraculous properties related to inflammation and infection," reports Mary-Ann Schmutte, IBCLC, La Leche League leader and co-chair of the event. "We also discussed the importance of giving mothers full information on the value of breastfeeding so they can make informed decisions."

Featured speakers included Professor of Pediatrics E. Stephen Buescher, MD of Eastern Virginia Medical School's Center for Pediatric Research in Norfolk, Virginia. Buescher focuses his research on the process of inflammation and the anti-inflammatory characteristics of mother's milk. Clinical Coordinator and Researcher Donna Miracle, RNC, DNSC for Indiana Mothers' Milk Bank, Inc. addressed the use of breast milk for premature and ill infants.

La Leche League will hold a family workshop on breastfeeding and parenting issues on November 4.

La Leche League is an international, nonprofit, nonsectarian organization dedicated to providing education, information, support, and encouragement to women who want to breastfeed. For more information about La Leche League of Indiana, contact Susan Para at Hoosierdoul@aol.com or visit www.lalecheleague.org.

Summary of American Academy of Pediatrics Policy Statement: Breastfeeding & the Use of Breast Milk (February 2005)

Selected Recommendations

- ❖ Breast milk is the species-specific and uniquely superior food for infant feeding. Parents should be provided with complete, current information on the benefits and techniques of breastfeeding to ensure a fully informed decision.
- ❖ Avoid procedures that may interfere with breastfeeding or that may traumatize the infant, including unnecessary oral suctioning at delivery to avoid tissue injury that may lead to aversive feeding behavior.
- ❖ Healthy infants should be placed in skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.
- ❖ Delay weighing, measuring, bathing, needle-sticks, and eye prophylaxis until after the first feeding.
- ❖ No supplements unless ordered by a physician due to a medical indication.
- ❖ Avoid pacifier use until breastfeeding is well established.
- ❖ Formal evaluation of breastfeeding by trained caregivers at least twice daily and fully documented in the chart each day in the hospital after birth.
- ❖ All breastfeeding newborns should be seen by a health care professional at 3 to 5 days of age and again at 2 to 3 weeks of age.

- ❖ Exclusive breastfeeding is sufficient for the first 6 months. Complementary foods rich in iron should be introduced around 6 months of age, with breastfeeding continued for at least the first year of life and beyond for as long as mutually desired by mother and infant.

Resources

- ❖ AAP Policy Statement <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>
- ❖ AAP/ACOG's *Breastfeeding Handbook for Physicians (2005)* ("Gold Book")—http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=4103&CatID=141
- ❖ *Medications & Mothers' Milk*, 12th ed. Thomas Hale, PhD—Order book, institutional on-line subscription or Palm-compatible version at www.ibreastfeeding.com/html/extras/mmm_2006.html
- ❖ *Drugs & Lactation Database*—<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
- ❖ *WHO Growth Charts*—www.who.int/childgrowth/en/

For more information, contact Kinga Szucs, MD, FAAP, Asst. Professor of Pediatrics, ph. 317.630.6651, e-mail: kszucs@iupui.edu.



INDIANA

Model

PROGRAM



“Kate Cares Stillbirth Project” Addresses Stillbirth Prevention & Support

The “Kate Cares Stillbirth Project” aims to prevent stillbirth and to support affected families by providing health professionals and consumers with comprehensive services for the evaluation of stillborn infants. Kate Cares was inspired by **Kate Carmichael**, stillborn on January 20, 2003, and her parents **Michelle** and **Kep**. Ultimately, physicians were unable to find the reason for Kate’s death. Michelle and Kep, along with Kate’s grandparents, realized the need for stillbirth assessment to help other families either avoid or better cope with this type of tragedy. In July, Clarian Health and St. Francis Hospitals in Indianapolis implemented a pilot initiative.

A National & Local Problem

About one out of 115 deliveries ends in stillbirth with a national estimate of about 15,000 stillborn babies each year. In 2004, according to ISDH, Epidemiology Resource Center, Data Analysis Team, 529 fetal deaths or stillbirths occurred (*fetal deaths are defined as deaths prior to completed delivery of a fetus of 20 or more weeks gestation*). Despite its prevalence, few studies exist on the causes of fetal death and even fewer programs guide the clinical care of deceased infants and their families.

Kate Cares is based on a model that is now utilized by more than 70 hospitals in Wisconsin. The program has identified the specific causes of death in at least 40 percent of the 1,600 cases referred to them. Data from the model program confirms that stillborn assessments are productive and often provide grief-stricken parents with helpful information. Additionally, information gleaned from the assessments can help to promote research on the causes of stillbirth and its prevention.

Building on the Experiences of Families

Kate Cares reframes the stillbirth experience by regarding each stillborn baby

TEAM-BASED ASSESSMENT PROTOCOL

As Clarian and St. Francis adopt the Kate Cares program, a variety of specialists within each hospital will collaborate on an assessment protocol that includes maternal fetal medicine, neonatology, clinical genetics and pathology.

Assessment of the stillborn infant will include:

- Physical exam
- Radiographs and photographs
- Chromosome studies
- Blood tests
- Review of pregnancy and hospital records
- Tests of placenta and umbilical cord
- Autopsy

Reaching out to families with resources and education, Kate Cares provides:

- A letter to all affected parents
- Bereavement support
- Parent newsletter
- Resources that include a brochure, website and video

and family’s story as a building block in the search for ways to reduce stillbirth and support affected families.

The program:

- *Helps families understand* why their baby was stillborn, the risk of recurring stillbirth and what can be done in future pregnancies to reduce the risk.
- *Connects families* to medical and social support resources.
- *Educates about the needs of families and creates opportunities* for the general public and professionals to be involved.
- *Helps other families* by gaining insights on the problem and its effects.
- *Provides a framework* to search for ways to prevent stillbirth and legislative actions.

For more information on the Kate Cares Stillbirth Program, contact MS Genetic Counselor and Program Manager **Scott Michalski** at SMichalski@clarian.org.



Preemie Act Moves to House

After approval by the full Senate, the **Preemie Act (HR 2861)** makes its way to the House, assigned to the Committee on Energy & Commerce. This bill expands and better coordinates research conducted by the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) on the causes, prevention and treatment of prematurity. It also authorizes grants for projects on prematurity treatments and campaigns to educate health professionals and the public on signs of preterm labor, prevention strategies and programs to improve outcomes.

For more information, go to <http://thomas.loc.gov> and enter bill number HR 2861.

FOR YOUR INFORMATION

NEWS & INFORMATION

- ◆ **AAP Recommends Developmental Checks at Every Well-Child Visit**—A new policy statement from the American Academy of Pediatrics (AAP) recommends that pediatric care providers use well-child visits from birth through age three to address developmental concerns.
 - See aappolicy.aappublications.org/cgi/content/abstract/pediatrics;118/1/405?etoc

STUDIES & REPORTS

- ◆ **New Report on Causes, Consequences and Prevention of Preterm Birth**—The Institute of Medicine says that 12.5 percent of U.S. births are preterm (37 weeks gestation or less) at a total cost of at least \$26 billion a year. *Preterm Birth: Causes, Consequences and Prevention* also notes disparities in preterm birth rates among different racial and ethnic groups.
 - Visit www.iom.edu/CMS/3740/25471/35813.aspx
- ◆ **Expectant Mothers to Avoid Canned Tuna**—*Consumer Reports* advises pregnant women against eating canned tuna. Its recommendation are based on Food and Drug Administration (FDA) test data that is publicly available on the federal agency’s website.
 - Visit www.consumerreports.org/cro/food/tuna-safety/overview/0607_tuna_ov.htm

IMPORTANT 2006 DATES!

SEPTEMBER 20

IPN STATE PERINATAL ADVISORY BOARD MEETING & IPN ANNUAL MEETING Indiana State Department of Health, 8th Floor Indianapolis

All are invited to the State Perinatal Advisory Board meeting (1PM) followed by the chance to re-tool, refresh and network at the first-ever IPN Annual Meeting (3:15PM).

Contact IPN for details at 317.924.0825 or ipn@indianaperinatal.org.

OCTOBER 4

SAFE SLEEP: GETTING OUT THE RIGHT MESSAGE Indiana Government Center South, Indianapolis

Explores the subject of safe sleep by sifting through the data, recommendations and consumer's anecdotal comments to provide the best practices and bottom-line information.

Contact IPN for details at 317.924.0825 or ipn@indianaperinatal.org.

OCTOBER 12

BREASTFEEDING SUCCESS: THE ART & SCIENCE Methodist Hospital, Indianapolis

Explores evidence-based information on breastfeeding with a focus on breastfeeding challenges and applying best-practices approach in the health care setting.

Contact Methodist Hospital Continuing Education Office at 317.962.8078.

OCTOBER 11-12

P.E.P. RALLY: A PERINATAL CONFERENCE University of Southern Indiana, Evansville

Topics include diabetes, obesity, prematurity, substance abuse during pregnancy and the drug-exposed neonate.

Contact USI Extended Services at 812.464.1089 or visit health.usi.edu

Visit www.indianaperinatal.org for the complete IPN calendar!



Indiana State Department of Health,
Maternal and Child Health Services
2 North Meridian St., 8-C
Indianapolis, IN 46204

8C-01



Indiana State
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