

PERINATAL Perspectives

FOCUS:
DATA
& STATISTICS
(pgs. 5-6)

Volume 10, Issue 1

Quarterly news from the Indiana Perinatal Network

Winter 2006

New Baby First: How to Have a Healthy Baby Guide



How to Have a Healthy Baby



IPN will soon unveil a *Baby First* pregnancy guide for consumers entitled *How to Have a Healthy Baby*. The resource takes a complete chronological look at the various aspects of pregnancy, birth and returning home with the baby.

Subjects addressed include nutrition, substance use, baby movement, preterm labor, labor and childbirth, postpartum depression, safe sleep and more.

"During development, we took special care to make the guide appealing and attractive, readily understandable and user-friendly for consumers," says IPN's Executive Director **Julia Brillhart, RN, MSN**.

How to Have a Healthy Baby also features a companion video that

Continues on pg. 4 ▶

St. Mary's Hospital Hosts PCEP Coordinator's Conference



Clockwise (from top left): Mary Evers, RN reviews the management of neonatal blood pressure. Tina Babbitt RN, BSN, IBCLC teaches a class. Farrah Allen, RRT discusses oxygen and surfactant therapy.



St. Mary's Hospital for Women and Children, Evansville, recently opened its doors to Perinatal Continuing Education Program (PCEP) participants from **Good Samaritan Hospital** in Vincennes, **Gibson General Hospital** in Princeton and **Memorial Hospital and Health Care Center** in Jasper.

During the two-day conference (Nov. 8 to 9), clinical experts from St. Mary's reviewed a variety of pertinent perinatal care topics with nurses who will serve as PCEP coordinators within their hospitals.

An educational program for physicians, nurses, nurse midwives and practitioners, respiratory therapists, and

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.

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A Message from New IPN Board Chair Britt McDermott

I'm excited to begin my term as the IPN Board Chair and want to take this opportunity to formally introduce myself. However, I would first like to recognize two individuals who played key roles for IPN over the past several years. My predecessor **Jim Sumners, MD** has been a thoughtful and inspiring leader, and I am honored to have the opportunity to "step into his shoes." Jim will continue to serve on the Board for three more years as our Immediate Past Chair. Secondly, we are saddened to say good-bye to **Maureen Greer**. Maureen served a term as Board Chair and most recently served as our Immediate Past Chair. While Maureen will no longer be a member of the Board, she has agreed to chair two committees for us. She has been invaluable to IPN, and we are fortunate to have her continued involvement. Many thanks to both Jim and Maureen!



To give you a little background on me, I'm a CPA and a director with Heaton & Eadie, an Indianapolis-based accounting and consulting firm. I have been a member of the IPN Board since 1998. While serving on the Board, I experienced preterm labor with my second child at 23 weeks gestation. Because I received appropriate prenatal care, my son was born at 39 weeks gestation. While I was committed to IPN's mission prior to this experience, it increased my determination to play a role in improving perinatal outcomes. I look forward to my continued involvement with the IPN Board and to increased involvement with IPN's staff. Their dedication is inspiring.

NEW IPN MEMBERS	RENEWING MEMBERS
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IPN welcomes stories, art and photo contributions. All such material must be accompanied by a self-addressed, stamped envelope for return. Send submissions to IPN, 2835 North Illinois St., Indianapolis, IN 46208, Attn: *Perinatal Perspectives* Editor, or e-mail: ipn@indianaperinatal.org. For advertising information, e-mail: jfooster@indianaperinatal.org

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Fall	November	October 15

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Doula Project Kicks Off with First Community Meeting

By Sherry Matemachani

The Indianapolis site of the Indiana Doula Project (IDP) convened its first community meeting on January 24 at Christamore House. The meeting was well



Above: IDP Committee members Yvonne Beasley, Patryce Moore, Sherry Matemachani and Khawailah Ahmad.




attended by Westside Indianapolis residents who came to learn about IDP and the services it will deliver to their community.

IDP springs from a partnership between IPN and Chicago Health Connection (CHC) with the objective of piloting doula program models in Marion and Monroe counties. The pilot sites will test the program's effectiveness and assess the potential for statewide replication.

Organizations partnering with IPN on the project include the [Indiana State Department of Health \(ISDH\)](#), [Indiana University's MOM Project](#), [Healthy Families](#), the [Marion County Health Department \(MCHD\)](#), [Wishard clinics](#), [HealthNet](#), [IARCH](#), the [University of Indianapolis](#), [Raphael Family Life Center](#), [Bloomington Area Birth Services](#) and others.

Attendees were informed about plans to send trained doulas (women who assist during labor and provide support before and after birth) to the homes of African-American teen mothers and their babies. The meeting also enabled those community members who are interested in becoming doulas to apply for upcoming training. The 20-week training session will provide selected participants with the necessary instruction and practice to become an effective, nurturing and successful community-based doula.

The community-based doula model establishes a culturally sensitive approach to pregnancy, childbirth, infant development and family support. The Chicago model is unique because the doulas trained to provide labor support during child birth originate from the communities they serve. 

For more information on the Indianapolis Doula Project, contact Sherry Matemachani, shebasse@yahoo.com

THE DOULA DIFFERENCE

Community-based doulas are shown to:

- ◆ Improve continuity of care.
- ◆ Increase breastfeeding.
- ◆ Improve mother-infant bonding.
- ◆ Improve access to early and regular prenatal care.
- ◆ Reduce medical interventions.
- ◆ Detect and reduce postpartum depression.

LEGISLATIVE NEWS

Substance & Alcohol Use During Pregnancy (HB1314) Approved in Senate

A bill that requires ISDH to study the use of drugs, alcohol and tobacco by expectant mothers (HB1314) passed its third reading in the Indiana House of Representatives (98 to 0) and moved to the Senate Health and Provider Services Committee, chaired by [Senator Pat Miller](#), where it was approved (11 to 0). The bill is now eligible for a second reading in the Senate.

Authored by [Rep. Sheila Johnston Klinker](#) (D-Lafayette), HB1314 requires completion of the study and a report to the legislative council and health finance commission before October 1, 2006.


During hearings on the bill, many supporters spoke of the futility of adopting an exclusively punitive approach to the problems of substance and alcohol use during pregnancy.

ISDH's Medical Director, Maternal and Children's Special Health Care Division [Judith Ganser, MD](#) highlighted the most recent Indiana data on the prevalence of substance use during pregnancy, as well as certain gaps in information.

In preparation for this legislation, IPN, in conjunction with the March of Dimes, convened a panel of experts to develop a consensus statement on the issue of substance abuse among expectant mothers. Panelists include physicians, nurses, medical social workers, substance abuse treatment professionals and representatives from ISDH and IPN.

The consensus statement will provide recommendations in the areas of education and training, screening, testing, treatment, research and data collection and the methodology to develop consistent, statewide interagency policies and guidelines.

"The fine work of this group will result in the first comprehensive statement on this issue in Indiana and provide an excellent starting framework for the study being promoted by this legislation," says IPN's [Indiana Access Director Larry Humbert, MSSW, PGDip.](#)

Other organizations speaking in favor of HB1314 included the March of Dimes, Planned Parenthood of Indiana, the National Association of Women, the Indiana Prosecutors Association and the Jewish Community Relations Council. 


For more information, contact [Indiana Access Director Larry Humbert](#) at 317.924.0825, ext. 4224 or e-mail Lhumbert@indianaperinatal.org.

...Many supporters spoke of the futility of adopting an exclusively punitive approach to the problems....

Rx for Indiana Reaches Major Milestones

More than 133,000 Indiana residents have contacted Rx for Indiana for prescription assistance since the program launched March 2005. Nearly 77 percent were matched with assistance programs—exceeding the program’s goal of 50 percent.

While the new Medicare drug benefit is improving the lives of seniors or people with disabilities, Rx for Indiana continues to be a vital asset for all low-income consumers. Prescription assistance programs that helped low-income seniors might change due to the Medicare drug coverage. Each assistance program will handle the transition differently, but seniors may be better served through a comprehensive Medicare drug plan than by relying on various private programs.


In April, the “Help is Here Express” bus rolls into Indiana. The mobile center is equipped to help people find and apply for assistance programs. It is expected to visit metropolitan areas, including East Chicago/ Gary, Fort Wayne and Indianapolis. 

For more information, call Rx for Indiana at 877.793.0765 or visit www.RxforIndiana.org.

New Baby First: How to Have a Healthy Baby Guide (from pg. 1)

continues the theme of healthy pregnancy by showcasing the real-life stories of four families. The video is available in English and Spanish on one DVD or separate VHS tapes for either English or Spanish.

“Together, the workbook and video provide a variety of teaching options for physicians/ midwives, home visitors, childbirth educators and care coordinators to use with their clients,” adds Brillhart.

Packaged in a four-color folder, *How to Have a Healthy Baby* includes inserts that provide current Hoosier Healthwise eligibility information, as well as a “pregnancy planning checklist,” “safe sleep quiz,” and other helpful materials. Providers can also add consumer-focused pieces. 

Contact IPN at ipn@indianaperinatal.org for more information.

St. Mary’s Hospital Hosts PCEP... (from pg. 1)

PCEP IN INDIANA

Since 2000, 24 hospitals have participated in IPN/ISDH-sponsored PCEP, with additional hospitals participating in South Bend Memorial’s program.

2000—Clarian Health, Methodist Hospital, Indianapolis hosts:

St. John’s Hospital, Anderson (*Madison County*)
Union Hospital, Terre Haute (*Vigo County*)
Columbus Regional, Columbus (*Bartholomew County*)

2001—Clarian Health, Methodist Hospital, Indianapolis hosts:

Logansport Memorial, Logansport (*Cass County*)
Major Hospital, Shelbyville (*Shelby County*)
Putnam County, Greencastle (*Putnam County*)
Greene County General, Linton (*Greene County*)

2002—St. Vincent Hospital, Indianapolis hosts:

Decatur Memorial, Greensburg (*Decatur County*)
Morgan Hospital, Martinsville (*Morgan County*)
Howard Community, Kokomo (*Howard County*)

2003—Ball Memorial Hospital, Muncie hosts:

Marion General, Marion (*Grant County*)
Sullivan Hospital, Sullivan (*Sullivan County*)
Henry County Memorial, New Castle (*Henry County*)


2004—Dupont Hospital, Fort Wayne hosts:

DeKalb Memorial, Auburn (*DeKalb County*)
Cameron Memorial, Angola (*Steuben County*)
Kosciusko Community, Warsaw (*Kosciusko County*)

2005—St. Mary’s Hospital for Women & Children, Evansville hosts:

Good Samaritan, Vincennes (*Knox County*)
Gibson General, Princeton (*Gibson County*)
Memorial Hospital and Health Care Center, Jasper (*Dubois County*)

all others who care for pregnant women or newborn babies, PCEP has provided practical, useful and cost-effective perinatal education to hospital-based care providers for more than 25 years. The program presents concepts and skills important to the care of patients within the hospital, as well as those stabilized before transfer to a sub-specialty center.

The self-instructional and self-paced program is being successfully implemented statewide. Nearly all activities take place within the participating hospital. Each participant receives a set of PCEP manuals to use during the program and to keep for future reference. Accompanying the cognitive information are step-by-step descriptions of corresponding hands-on skills. 

To find out more about PCEP and how your hospital can participate, contact Perinatal Education Coordinator Tina Babbitt, RN, BSN, IBCLC, ph: 317.924.0825, ext.4228 or e-mail: tbabbitt@indianaperinatal.org

PCEP’S CORE COMPONENTS

- ◆ Self-instructional materials with broad perinatal content.
- ◆ Cognitive information together with manual-skill instruction.
- ◆ Mechanism for self-determination of perinatal care goals, resources and care routines.
- ◆ Appropriate for all perinatal health care providers: Obstetricians, nurses, nurse practitioners, respiratory therapists, pediatricians, nurse midwives, family physicians, and others providing care to pregnant women or newborn babies.
- ◆ Community hospital based.

Data + Statistics

Excerpts of the Indiana Infant Mortality Report (1990-2003) Statistics from Linked Birth & Infant Death Data

By Atossa Rahmanifar, PhD, RD

The 1990 to 2003 Indiana Infant Mortality Report presents infant mortality statistics from the period linked birth/infant death data sets (linked files) by a variety of infant and maternal characteristics. For each year 1990 to 2003, the information from the death certificate of each infant (less than one year of age) who was an Indiana resident was matched and linked to the information from the birth certificate to create the linked files. The purpose of linkage is to use the additional information available on the birth certificate to conduct a more in-depth analysis of the pattern of infant mortality. Therefore, the information provided in this report, which is derived from the birth certificates through the linked files, is different from the general vital statistics mortality reports, which are based entirely on death certificate data.

The demographic and health variables included in the analysis of infant mortality are race, Hispanic origin, plurality, sex, birth weight, gestational age, maternal age, maternal education, live birth order, marital status, prenatal care, and smoking during pregnancy. Results are reported for all races combined and for whites and blacks separately. Due to the relatively small number of births and infant deaths among Hispanics and because more than 97 percent of Hispanics are white, the detailed statistics of infant mortality at the state level are reported for Hispanics in general and for non-Hispanic whites but not for non-Hispanic blacks. In this report, the U.S. Office of Management and Budget race definition of "Black or African American" is referred to as "Black" and ethnicity definition of "Hispanic or Latino" is referred to as "Hispanic."

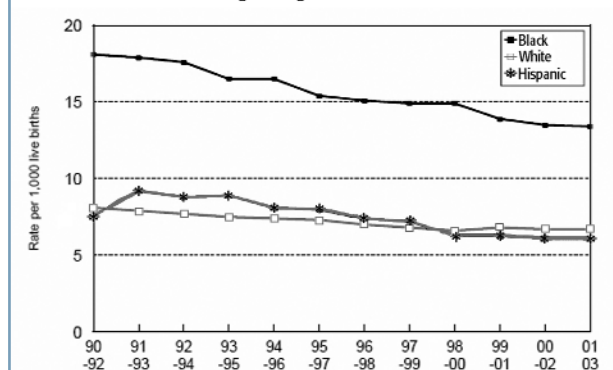
The information is presented at the state level and for two major counties, Marion

and Lake. Yearly infant mortality rates are reported only at the state level, because it is only at the state level that numbers of infant deaths in various categories are large enough to provide stable rates. Three-year moving averages of infant mortality rates as well as five-year comparisons of rates from 1990 to 1994 to 1999 to 2003 are presented for the state and for the counties. The statistical analysis was performed only for comparing the five-year rates. In certain instances, the change in five-year rates was not statistically significant despite a noticeable difference in rates, mainly due to the small number of deaths in those categories.

Indiana's Infant Mortality Rate

- Between 1990 and 2003, **the infant mortality rate (IMR) in Indiana declined by 23.2 percent** from 9.5 to 7.3 deaths per 1,000 live births.
- **Among infants born to black mothers, the IMR has been consistently higher** than among infants born to white mothers, and the wide racial gap persisted throughout the 1990 to 2003 period. In the 2001 to 2003 period, the IMR among blacks (or non-Hispanic blacks) was 13.4 deaths per 1,000 live births, double the rate of 6.7 among whites (or non-Hispanic whites). Among Hispanics, however, the IMR followed a pattern similar to non-Hispanic whites.
- **The majority of infant deaths occurred during the neonatal period** (under 28 days). Both neonatal and postneonatal (28 to 364 days) mortality rates declined during the period of 1990 to 2003, with a diminishing racial gap in neonatal but not in postneonatal mortality rates.

Infant Mortality Rates by Race & Hispanic Origin of Mother
Three-Year Moving Averages, Indiana, 1990-2003 Linked Files



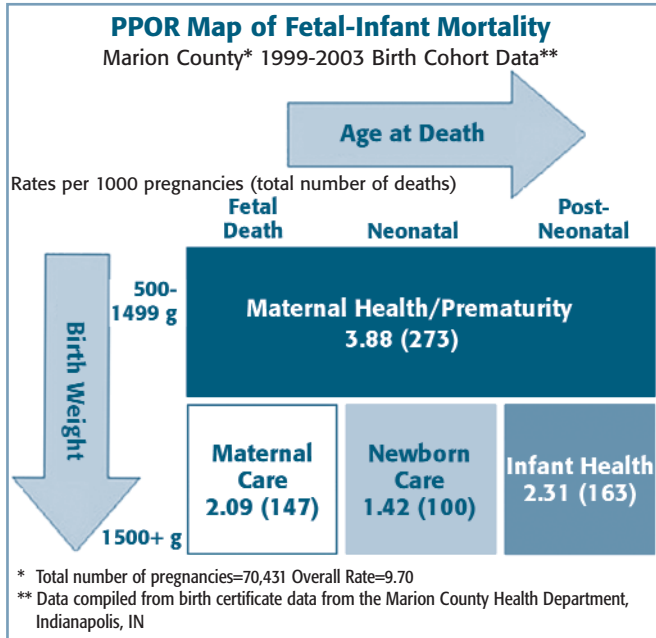
Source: Indiana State Department of Health, Epidemiology Resource Center
Table 7, Indiana Infant Mortality Report: 1990-2003 Linked Birth/Infant Death Data Set

- Between the two five-year periods of 1990 to 1994 and 1999 to 2003, **the neonatal mortality rates declined significantly among whites (by 9.7 percent) and among blacks (by 23.1 percent) but not among Hispanics**. In contrast, postneonatal mortality rates declined significantly among Hispanics (by 52.8 percent) and among whites (by 24.8 percent) but not significantly among blacks (by 14.8 percent).
- **The IMR declined among both female and male infants**. The male infants, however, had a consistently higher IMR than female infants among all races combined, as well as among whites, blacks, and Hispanics.
- For the three-year period 2001 to 2003, **the IMR of multiple births was 36.4 deaths per 1,000 live births**, more than five times the rate of 6.4 among singleton births, with a downward trend since 1990-1992 for both singleton and multiple births.

Watch for more excerpts in future issues! For questions about this report, please call Beth Johnson at ISDH, ph. 317.233.1344 or e-mail bmjohnso@isdh.state.in.gov See the complete report at www.in.gov/isdh/dataandstats/mch/infant_Mortality_1990-2003/index.htm

Data + Statistics

Examining Periods of Perinatal Risk (PPOR) in Marion County



using the PPOR model revealed the rates for Marion County (see chart at left).

When compared to a target group of women in Marion County who experience the best outcomes, this analysis found these excess deaths by category:

- Maternal Health/Prematurity = 133
- Maternal Care = 77
- Newborn Care = 19
- Infant Health = 97
- Overall Excess Deaths = 330

For Marion County, PPOR reveals the greatest contributors to overall fetal/infant mortality are found in *maternal health/prematurity—with the largest gap in excess deaths found for black women and women age 20 to 34 years.*

Potential action areas for community interventions include:

- Preconception and interconception care.
- High risk referral and obstetric care not only in Marion County, but throughout the state.
- Sleep position.
- Injury prevention.

How this Data has Already Made a Difference

In addition to identifying areas for possible intervention, the community partnership created by PPOR led to a day-long consultation meeting with several national leaders and the creation of a multi-agency advisory group to Health and Hospital Corporation of Marion County to draft a community action plan.

For more details on PPOR, contact Julie Sauter, MSW, at jsauter@hhcorp.org, ph: 317.221.2455; or Amanda Rafferty, RD, MPH, at arafferty@hhcorp.org or ph: 317.221.3120.

Exploring the Complex Issue of Unintended Pregnancy

By Larry Humbert, MSSW, PGDIP

For nearly three years, IPN has administered the unique, community-based research project known as *Indiana Access*. As reported in past issues of *Perinatal Perspectives*, *Indiana Access* aims to identify barriers to health care and implement strategies that improve access and utilization for low-income expectant mothers and their children.

Extensive face-to-face interviews were conducted with more than 500 women to better define the consumer's perceptions and experiences with the health care system. Between July 2003 and February 2004, women were interviewed during their postpartum hospital stays at either Wishard or Methodist Hospital in Indianapolis. Key findings included an extremely high rate of unintended pregnancies and an under-utilization of family planning services.

The survey data set was then linked to the Marion County birth certificate files to more fully assess the impact that intent of pregnancy has on access to prenatal care and birth outcomes. Researchers are exploring the extent to which intent of pregnancy impacts both the utilization of prenatal health care services and the specific health outcomes of newborns.

Some Key Findings

- Women who indicate they "never" want to become pregnant are more than three times as likely to receive inadequate care when compared to women who said they want to be pregnant "sooner" or "now."
- Of the women who receive inadequate prenatal care (107 total), more than 80 percent indicate they want to be

For more than a decade, researchers from the Centers for Disease Control (CDC) and the World Health Organization (WHO) have used the "periods of perinatal risk" (PPOR) approach to monitor and investigate fetal and infant mortality rates in developing countries. In 1997, the CDC led efforts to validate, enhance and adapt this approach for greater use in the U.S.

In late 2003, the Marion County Health Department (MCHD) became involved with PPOR via the Indianapolis Healthy Start Project. With the support of community partners that include IPN, Marion County officials use PPOR to analyze vital statistics records, map fetal and infant deaths, find gaps between groups, and most importantly, identify needed strategies and action plans. PPOR combines the age of infant death with birth weight to divide fetal/infant mortality into four strategic prevention areas.

An analysis of the 1999-2003 birth cohort data (see related article on pg. 5)

...Unintended Pregnancy

(from pg. 6)

pregnant "later" or "never."

- Among the women who receive **no prenatal care (10)** about **80 percent** of them want to be pregnant "later" or "never."
- Of the women who deliver a **low birth weight baby (49)**, **70 percent** want to be pregnant "later" or "never."
- Among women who deliver a **premature baby (57)**, **nearly 63 percent** want to be pregnant "later" or "never."

The results of this frequency (bivariate) analysis imply an association between intent of pregnancy, adequacy of care and birth outcomes. To assess the strength of this association, a more extensive logistic regression analysis is under way. This study controls for factors such as marital status, age, education level, race, ethnicity, smoking status, adequacy of prenatal care and previous high risk pregnancies. Another analysis is being conducted to help determine the impact of stressful life events and intent of pregnancy upon adequacy of prenatal care and birth outcomes.

How this Data has Already Made a Difference

- The survey data played an important role in legislation recently approved by the Indiana General Assembly to extend postpartum Medicaid coverage for family planning services for two additional years.
- The findings generated increased awareness of the issue of unintended pregnancy. IPN was prompted to convene a statewide, broad-based advisory group to develop a "call to action" consensus statement that will provide recommendations for comprehensively addressing the issue. 🐾

For more information, contact *Indiana Access* Director Larry Humbert at 317.924.0825, ext. 4224 or e-mail Lhumbert@indianaperinatal.org.

Going the Extra Mile

IPN thanks the **Indiana Women's Prison** for preparing and processing innumerable mass mailings of educational resources.



"Love for Life" Helps Evansville Mothers Financially, Emotionally and Spiritually

"Mothering is a demanding job, and it's usually the most important job a woman faces," says Carolyn Wallace, coordinator of "Love for Life," a faith-based parenting enrichment program that welcomes expectant mothers of all faiths. Offered by The Evansville Christian Life Center in Evansville, the program served a total of nearly 1,000 participants last year.

Love for Life utilizes a three-pronged approach to equip expectant mothers with parenting skills. First, participation provides for the material needs of the woman and her baby. Then through mentoring, a relationship is built with the mother and the Christian faith is shared. Thirdly, Love for Life connects the woman with agencies that help her financially, emotionally and spiritually.

Many struggling women come through the door lacking basic parenting skills, as well as the resources to purchase needed items such as cribs or car seats. "It's often difficult to get these women to make and keep their first appointments," says Wallace. As the mother of 18-month-old **Madelyn**, she can identify with the challenges and knows firsthand the hard work that goes into developing good parenting skills.

"If the woman keeps her first appointment, she's likely to stay in the program," notes Wallace. During that first meeting, the woman is paired with a mentor who is hers throughout the pregnancy and beyond. This mentoring practice cements relationships and encourages continued participation.

Love for Life offers classes on a variety of topics including emotional bonding, childbirth preparation, toilet training and age-appropriate discipline. IPN's Southwest Regional Perinatal Advisory Board (SWRPAB) Project Coordinator **Susan Bonhotal, RN, MSN** teaches a monthly class on safe sleep. Through an "earn while you learn" system, class

"We see a gradual change in the women as they develop and become more responsible. They will start using their coupons to purchase necessary items such as diapers...."

—Carolyn Wallace,
"Love for Life" Coordinator

The Evansville
Christian Life
Center 

participation earns "baby bucks" that can be redeemed for necessary items.

"We see a gradual change in the women as they develop and become more responsible," says Wallace. "They will start using their coupons to purchase necessary items such as diapers rather than toys."

As the women become better educated, they are better prepared to raise their children. "By learning these basic skills, the women are more likely to cope with the challenges of raising their children, and this lessens the risk of child abuse," observes Wallace. By the time the women complete the entire course, they are truly changed physically, emotionally and spiritually. "It's a wonderful thing to witness and be involved with these women as they grow and learn to interact with their children." 🐾

Contact Carolyn Wallace at ph: 812.421.4685 or e-mail crw1228@yahoo.com.

JOIN AND/OR DONATE TO THE INDIANA PERINATAL NETWORK!



YOU CAN ALSO
JOIN/GIVE AT
www.indianaperinatal.org

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

MEMBERSHIP & DONATION OPPORTUNITIES

INDIVIDUAL MEMBERSHIP

INDIVIDUAL BENEFITS INCLUDE:

- ◆ IPN e-bulletin highlighting national and statewide trends
- ◆ IPN's quarterly *Perinatal Perspectives* newsletter
- ◆ Discounted registration at select IPN events
- ◆ Elect Board of Directors; vote on bylaws

MEMBERSHIP OPTIONS & ANNUAL DUES:

- Contributing Member: \$250**
ADDED BENEFIT: Additional recognition in newsletter, e-bulletin and on website
- Member: \$55**
- Consumer, Student, Community Outreach Worker: \$20**

CORPORATE MEMBERSHIP

CORPORATE BENEFITS INCLUDE:

- ◆ Recognition in IPN's newsletter and e-bulletin
- ◆ One discounted registration at select IPN events

MEMBERSHIP OPTIONS & ANNUAL DUES:

- Contributing Partner: \$5,000**
ADDED BENEFITS: *Increased visibility* with your logo on IPN's home page linked to your website and on signage at conferences and select meetings; and your name on conference brochures and in all IPN newsletters during your membership year
- Corporate Member: \$250**
- Public Health Organization: \$100**

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Check payable to IPN enclosed Visa Mastercard Check request voucher enclosed

Credit Card No. _____ Exp. _____

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Name _____

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- Advanced Practice Nurse
- Attorney
- Clergy
- Consumer
- Coroner
- Educator
- Home Visitor: Community Health Worker
- IBCLC
- Legislator
- Mental Health: Certified Counselor
- Psychologist Psychiatrist
- Nurse: RN BSN MSN Other
- Nurse Midwife
- Nutritionist
- Physician
- Retired
- Social Worker
- Student
- Therapist: OT PT RT
- Other: _____

- Administration/Business
- Development/Fundraising
- Family Planning
- Family Practice
- Genetics
- Infant Development/Early Childhood
- Neonatology
- Obstetrics
- Pediatrics
- Perinatology
- Public Health
- Other

- Academic Institution
- Coalition or Professional Organization
- Community Health Center
- County Health Department
- Hospital
- Insurance Company
- Media
- Perinatal Center
- Private Clinic/Agency
- Public Agency
- Self
- WIC
- Other

CONTRIBUTORS: SUPPORT IPN WITH A DONATION

- I/We support IPN's mission and programs with a donation of \$ _____

RETURN THIS COUPON WITH YOUR PAYMENT TO IPN

2835 North Illinois Street Indianapolis, IN 46208
P 317.924.0825 • F 317.924.0831



Perinatal **PROFILES**

Jenny Schrock: "Healthy Beginnings" for Elkhart County's Mothers & Babies

"From day to day, there's never a dull moment," says Jenny Schrock, manager of the Healthy Beginnings Division of the Elkhart County Health Department. Healthy Beginnings serves Elkhart County's women and children through the Healthy Babies Prenatal Care Coordination Program, the Prenatal Substance Use Prevention Program (PSUAPP), a Pediatric Dental Program, and Women, Infants and Children (WIC). "I'm excited by the many challenges," she adds.

Involved with Healthy Beginnings since March 1994, Schrock and staff embrace their mission of "promoting the optimal health of women and children through service and education." She says she is also fortunate "to work with a wide variety of people from numerous agencies throughout the county who work together to improve the lives of Elkhart County families."

With a staff of 40 people and an annual budget of approximately \$1.3 million, Schrock tackles general program management, grant writing, budget management and acts as a liaison to community programs. She also serves the Health Department as public information officer for its emergency preparedness plan.

A long-time advocate of maternal and child health, Schrock's interest is rooted in her early experiences working in child welfare services. "Many of the families struggled to simply 'get by' and daily stressors kept many from accessing the services that could have made such a positive difference in their lives," she recalls.

When it comes to Elkhart County's families today, a rapid growth in the Hispanic community has brought with it a new set of challenges and concerns. "While Medicaid does not pay prenatal services for Package E (emergency only) clients, the infants born to these mothers become citizens and qualify for standard Medicaid and other government-funded services," says Schrock. "It makes sense to me that Medicaid-funded care should be offered to these pregnant mothers to increase the odds that their babies are born healthy."

Schrock also grapples with the challenges of trying to connect Healthy Babies Prenatal Care Coordination clients with prenatal services when about one-quarter of them don't qualify for standard Medicaid. "Often these women travel out of county to receive medical care through regional hospitals that offer sliding-fee scales through internship programs."

Overall, Schrock is encouraged by the strides made in perinatal care during the last decade. "Projects such as the 'Back to Sleep' campaign have made such a tremendous difference," she notes. She is also heartened by the willingness of diverse groups to collaborate within the larger community to improve birth outcomes. "It's not always easy to overcome 'turf issues,' but it's increasingly important to do so." This cooperation has



Jenny Schrock, Healthy Beginnings manager for the Elkhart County Health Department.

helped to produce positive outcomes such as a reduction in teen pregnancies and led to the presentation of more consistent perinatal care messages.

Looking to the future, Schrock sees the need for a continued focus on reducing health disparities. "Early entry into prenatal care, particularly for those who are economically or culturally disadvantaged,

also continues to be a challenge. And, it seems, we can't stop pressing for increased access to affordable, quality health care."

When it's time to relax, Schrock and her husband Orva can be found working to transform their five-acre-property into a nature preserve. A 10-year project in the making, the couple have planted and nurtured hundreds—perhaps thousands—of trees, shrubs and wild flowers to lure wildlife onto the property. "We've been thrilled with the outcome," she says. With three adult step-children and six grandchildren, Schrock says simply, "Life is good." 🐾

Contact Jenny Schrock at the Elkhart County Health Department, ph: 219.522.0104 or e-mail jschrock@elkhartcountyhealth.org.

Visit IPN's New Website & Become a Member Online!

New tools and resources at your fingertips:
www.indianaperinatal.org

INDIANA PERINATAL NETWORK

ABOUT US | CONSUMERS | PROVIDERS | EDUCATION | PROGRAMS/PROJECTS | JOIN IPN

Welcome to the Indiana Perinatal Network

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

Welcome to the Indiana Perinatal Network (IPN), an alliance of hundreds of individuals and organizations across Indiana committed to the above beliefs.

Together we can work toward our vision for Indiana's mothers, babies and families! Here are ways you can help:

- JOIN: Become an IPN Member
- DONATE: Help to help Indiana's families or in celebration, honor or memory of a loved one
- VOLUNTEER: Work with us by offering your talent and time on a committee, before or during an event or by pitching in on certain tasks

DONATE >>>

LATEST NEWS

BECOME A MEMBER NOW

CALENDAR OF IPN EVENTS

December 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

IPN Introduces *Spirit of Service Award* to Recognize Advocacy & Community Service

Do you know an IPN member who epitomizes the *Spirit of Service*? Here's your chance to give some well-deserved recognition to a tireless advocate for the health of women and babies—a person who genuinely embodies the *Spirit of Service*. **IPN calls for 2006 *Spirit of Service Award* nominees in the categories of advocacy and community service.**

GENERAL ELIGIBILITY CRITERIA

- Nominees must be IPN members (see application on pg. 8).
- 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 his/her professional development.*

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.*

AWARDS CRITERIA (CON'T)

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 his/her professional development.*

APPLICATION PROCEDURE

Submit the following items (typewritten):

- Completed, IPN Nomination Form
- Current Curriculum Vitae
- Narrative Statement

Submit completed application addressing each one of the bulleted criteria to IPN by July 1, 2006. Forms can be submitted via e-mail (IPN@indianaperinatal.org), fax (317.924.0831) or mail (see address at bottom of form). If you have questions or need more information, please call IPN 317.924.0825.

INDIANA PERINATAL NETWORK 2006 SPIRIT OF SERVICE AWARDS NOMINATION FORM

Category of Award (check one): Advocacy Community Service

Candidate's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Job Title/Position: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Business phone: _____ Other phone: _____ Years of IPN Membership: _____

Email: _____ Signature of Nominator: _____ Date: _____

Nominator's Address: _____

City: _____ State: _____ Zip: _____

Business phone: _____ Other phone: _____

Email: _____

Nominee's Signature of Approval: _____

Awards to be Presented at IPN's

First Annual
Membership Meeting

Sept. 20, 2006 3:15 PM
Indiana State
Department of
Health, 8th Floor

Members and non-members are invited to join IPN for:

- *Special guest speaker: Lynn Shaw*
- A chance to re-tool, refresh and network
- IPN's first annual business meeting to include review of by-laws and voting on Board members
- And much more!

Mark Your Calendar Now and Watch for More Information!

FOR YOUR INFORMATION

NEW WEBSITES & RESOURCES

- ◆ **MCH Library Releases New Resource on Neonatal Screening**—The Maternal and Child Health (MCH) Library at Georgetown University has produced a new bibliography on neonatal screening. It includes selected materials for health professionals and consumers and focuses on publications from federal and state agencies and their grantees, as well as professional and voluntary organizations.
→ Visit www.mchlibrary.info
- ◆ **Surgeon General Releases Web-Based Family Health History Tool**—A new web-based tool helps families gather and share health information. *My Family Health Portrait* organizes information into a printout that can be used with a provider to determine risk levels for six common diseases with a known genetic factor and for other conditions.
→ The tool is available in both English and Spanish at <https://familyhistory.hhs.gov>
- ◆ **Guide Outlines Unique Role of Faith Leaders in Helping to Prevent Adolescent Pregnancy Among Latinos**—*Faith, Hope & Love: How Latino Faith Communities Can Help Prevent Teen Pregnancy* underscores the importance of preventing adolescent pregnancy and provides faith leaders who serve Latino families with facts, information and resources to help them focus on the issue in their communities.
→ Visit www.teenpregnancy.org/religion/FHL.pdf

STUDIES & REPORTS

- ◆ **Evening Deliveries Result in Worse Outcomes for Newborns**—Babies born at night have an increased risk of death compared to babies born during the day, according to a study in the August 2005 issue of *Obstetrics & Gynecology*.
→ Visit www.greenjournal.org or e-mail Jeffrey B. Gould, MD, MPH at jb Gould@stanford.edu
- ◆ **Insights on Barriers to Following Back-to-Sleep Recommendations**—African American infants have a higher incidence of SIDS and increased risk of being placed to sleep in the prone position, according to a report in the November/December issue of *Ambulatory Pediatrics*. Focus groups were conducted with caregivers to identify the barriers that interfere with adherence to the Back-to-Sleep recommendations among inner-city African-Americans.
→ Visit www.ambulatorypediatrics.org/article/PIIS1530156705603759/fulltext

Third-Trimester Smoking: Strong Predictor of Low Birth Weight—A study in the November issue of the *American Journal of Obstetrics and Gynecology* finds that low birth weight is most closely correlated with mothers who smoke during their third trimester.

- Visit www.greenjournal.org/cgi/content/abstract/106/5/986
- ◆ **Study Examines Relationship Between Ethnicity & Use of Postpartum Contraception**—A study in the December issue of *Contraception* examines factors associated with postpartum family planning among Native Americans and Hispanics in New Mexico.
→ An abstract of the “New Mexico Pregnancy Risk Assessment Monitoring System” is available at www.sciencedirect.com
- ◆ **Study Cites Gingivitis as Risk Factor for Preterm Delivery and Low Birth Weight**—A study in the *Journal of Periodontology* suggests that gingivitis, the earliest form of periodontal disease, is an independent risk factor for preterm delivery and low birth weight.
→ Visit www.joponline.org

NEWS & INFORMATION

- ◆ **Gonorrhea Screening Recommendations**—In July 2005, the U.S. Preventive Services Task Force (USPSTF) issued a recommendation that clinicians screen all women at risk for genital gonorrhea infection, including those who are pregnant. USPSTF finds “evidence that screening high-risk pregnant women might prevent other complications associated with gonococcal infection during pregnancy.”
→ Visit www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm
- ◆ **International Lactation Consultant Association (ILCA)**—ILCA is the professional association for International Board Certified Lactation Consultants (IBCLCs) and other health care professionals who care for breastfeeding families. Comprised of 4,000 members from 50 nations, the organization includes health professionals, advocates, public health specialists and volunteer support counselors. ILCA maintains a directory of IBCLCs worldwide and publishes the *Journal of Human Lactation*. Its International Conference 2006 is set for July 12 to 16 in Philadelphia.
→ Visit www.ilca.org

IMPORTANT DATES



Regional Perinatal Depression Summits & Certificate of Completion Courses

March 23-24
(Fort Wayne)



EHDI Conference: Optimizing Outcomes Increasing Newborn Hearing Screening Follow-Up Rates

May 11-12 (Indianapolis)

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

Safe Sleep

Getting Out the

RIGHT MESSAGE

Wednesday, October 4, 2006

Indiana State Department of Health (ISDH)
Rice Auditorium

Watch here for updates and at
www.indianaperinatal.org



Indiana State Department of Health
COMMUNITY COUNCIL
ON INFANT HEALTH
& SURVIVAL



Indiana State
Department of Health

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Maternal & Child Health Services



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ipn@indianaperinatal.org
www.indianaperinatal.org



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

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