

# PERINATAL Perspectives



Volume 8, Issue 4

Quarterly news from the Indiana Perinatal Network

Fall/Winter 2004-05

## Southeast Health Center Adopts "Centering Pregnancy"



A Model for Group Prenatal Care

**A** new model of prenatal care takes expectant mothers out of exam rooms and into groups for ongoing care from the first trimester of pregnancy through the early postpartum period. "Centering Pregnancy" provides prenatal assessments, education and support for groups of 10 to 12 expectant mothers of similar gestational age.

Among the first Indiana healthcare providers piloting the program are Southeast Health Center and its sister facility, Southwest Health Center, both located in Indianapolis and affiliated with Healthnet Community Health Centers.

Southeast initiated the program in January 2004 after learning about it at a conference. "One of our midwives was introduced to the Centering Pregnancy concept and its correlation with positive outcomes among pregnant women," says **Angie Thoman**, medical assistant. "Our patients love it, and we love it." In fact,

Continues on pg. 4 ▶

## October Conferences Explored Perinatal Disparities and Safe Sleep



Marion County Health Department Director Virginia Caine, MD, kicked off the *Eliminating Perinatal Disparities* conference.

**N**early 200 perinatal professionals from across Indiana participated in two recent IPN conferences: *Eliminating Perinatal Health Disparities* (Oct. 1) and *What You Need to Know About Safe Sleep, Infant Loss and Support* (Oct. 6).

### Eliminating Perinatal Health Disparities

Nurses, physicians and other care providers gathered at Embassy Suites Indianapolis North to focus on disparities in maternal and child health (MCH) outcomes and strategies to "close the gap."

Featured speakers included MCH Medical Director for Maine's Bureau of Health **Richard A. Aronson, MD, MPH** who offered insights on developing a state leadership style that reduces disparities. From the University of North Carolina's

Continues on pg. 3 ▶



Barbara Johnson, MS, Indiana University Child Protection Program, helped *Safe Sleep* attendees explore resource sharing.



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 into a safe and nurturing home.

INDIANA  
**PERINATAL**  
NETWORK

Meet Three New Staff Members



**Joyce Burrell—Indiana Family Helpline, Data Entry Specialist**

Joyce Burrell discovered IPN and the Indiana State Department of Health (ISDH) via Indiana’s chapter of AARP (American Association for Retired Persons). Initially placed as a data-entry temp, Burrell found that the more she learned about the Helpline’s mission to serve Indiana’s families, the more she

wanted to be a part of the effort. “I decided I wanted to stay put on the Helpline,” she says.

As a data entry specialist, Burrell transcribes after-hours messages received by the Helpline’s voice-mail system; generates mailing labels; and handles mailings that include the Baby First packet of consumer education materials.

During her career, Burrell has served in administrative and data-entry capacities for a variety of organizations including a real estate agency, the Hoosier Motor Club and Philip Morris, Inc. Her educational background includes training programs in executive secretarial functions, operation of office machinery and fashion merchandising.

In her “downtime,” Burrell enjoys collecting old jazz albums, dancing and attending sporting and music events.

Reach Joyce Burrell at ph: 317.234.2880 or e-mail: [jburrell@isdh.state.in.us](mailto:jburrell@isdh.state.in.us)

**Julie R. Schulte, MA, CCC-A—Audiology Coordinator, UNHS/EHDI, Indiana State Department of Health**

In this newly created position, Julie Schulte, MA, CCC-A applies her expertise to the challenge of “delivering seamless care to the families of deaf and hearing-impaired children.” The universal newborn hearing screening process, she says, begins by hospital personnel physically screening all Indiana infants for hearing loss prior to hospital discharge. For at-risk infants and those who do not pass the screening, further diagnostic evaluations will be performed prior to three months of age. Of those identified with hearing loss, the goal is to enroll all in appropriate early intervention services by six months of age.

With responsibilities that “vary greatly each day,” Schulte is involved in collaborative efforts with a wide range of partners including families, FSSA’s First Steps program, the Indiana School for the Deaf, regional audiology consultants, audiologists, speech pathologists, deaf educators, and physicians. She also performs data entry and analysis tasks and assists in the development of training activities and manuals.

A graduate of Miami University in Oxford, Ohio, Schulte headed to Northwestern University in Evanston, Illinois to earn her Masters in Hearing and Communication Science. Her clinical



INDIANA PERINATAL NETWORK CONTACTS

JULIA BRILLHART, RN, MSN  
Executive Director  
317.841.0028  
[jbrillhart@indianaperinatal.org](mailto:jbrillhart@indianaperinatal.org)

LEAH SUMNERS YORK  
Administrative Director  
317.924.0825  
[york@indianaperinatal.org](mailto:york@indianaperinatal.org)

TINA BABBITT, RN, BSN, IBCLC  
Perinatal Education Coordinator  
317.578.7207  
[tbabbitt@indianaperinatal.org](mailto:tbabbitt@indianaperinatal.org)

JULIE FOSTER  
Communications Coordinator  
317.849.7542  
[jfoster@indianaperinatal.org](mailto:jfoster@indianaperinatal.org)

BARBARA HIMES  
SIDS & Infant Loss Support Coordinator  
Voice Mail: 317.725.3754  
[sidsbhimes@aol.com](mailto:sidsbhimes@aol.com)

JULIA TIPTON HOGAN, MPA  
Baby First Community Liaison  
317.924.0825  
[jthogan@indianaperinatal.org](mailto:jthogan@indianaperinatal.org)

LARRY HUMBERT, MSSW, PG DIP  
Director, Indiana Access  
317.924.0825  
[Lhumbert@indianaperinatal.org](mailto:Lhumbert@indianaperinatal.org)

BETH JOHNSON, RN, MSN  
State Perinatal Liaison  
Indiana State Dept. of Health  
317.233.1344  
[bmjohnso@isdh.state.in.us](mailto:bmjohnso@isdh.state.in.us)

LISA PATTERSON  
Training Consultant  
Indiana Access  
317.283.4105  
[Lpatterson@cpyinc.org](mailto:Lpatterson@cpyinc.org)

KARLA SCHROEDER  
Administrative Assistant  
317.924.0825  
[kschroeder@indianaperinatal.org](mailto:kschroeder@indianaperinatal.org)

JULIE R. SCHULTE, MA, CCC-A  
Audiology Coordinator UNHS/EHDI  
Indiana State Dept. of Health  
317.234.3358  
[jschulte@isdh.state.in.us](mailto:jschulte@isdh.state.in.us)

IPN ON THE WEB:  
[www.indianaperinatal.org](http://www.indianaperinatal.org)

INDIANA FAMILY HELPLINE:  
800.433.0746



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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](mailto:ipn@indianaperinatal.org). For advertising information, e-mail: [jfoster@indianaperinatal.org](mailto:jfoster@indianaperinatal.org)

2835 North Illinois Street  
Indianapolis, IN 46208  
P 317.924.0825 • F 317.924.0831  
E [ipn@indianaperinatal.org](mailto:ipn@indianaperinatal.org)

## NEWS CLIPS *(continues from pg. 2)*

fellowship was performed at Riley Hospital for Children where she received her certification to practice audiology. In the process, she worked as a clinician and researcher on a cochlear implant team and on a CDC grant studying speech and language development among infants and toddlers with cleft palates. Later, through First Steps, Schulte provided aural rehabilitation services while also working for an Indianapolis private practice where she provided testing, fitting of hearing aids and follow-up services to adults and children.

Given Schulte's career and educational background, it's easy to see why she jumped at the opportunity offered by IPN. Yet, personal factors also drive her professional energy and enthusiasm. "I have a deaf sister and was first drawn to the field out of a desire to learn sign language."

While Schulte has witnessed the wonders of early intervention via First Steps, she has also experienced "the struggle of many families in finding the appropriate information and professionals." Ultimately, she hopes to assist in improving early intervention services statewide—a goal that can only be accomplished through the collaborative efforts with wide-ranging people and organizations. "I hope to provide some of the 'glue' to make this happen."

As a wife and mother of a nine-year-old son and five-year-old daughter, Schulte's life outside of work revolves around family activities that include sporting events, social gatherings and school activities. She also enjoys reading, aerobics, and outdoor activities.

Reach Julie Schulte at ph: 317.234.3358 or e-mail: [jschulte@isdh.state.in.us](mailto:jschulte@isdh.state.in.us)



### **Dorise Smith—Indiana Family Helpline, Data Entry Specialist**

In her role at ISDH, Indianapolis native **Dorise Smith** updates the Helpline's referral database to ensure that communication specialists tap into the most current information as they strive to assist callers. Additionally, Smith supports the Helpline in tasks to

earn its accreditation as a 211 call center—an plan that will culminate in providing Indiana residents with simplified, direct 211-area-code access to community and human services information.

Prior to joining the Helpline, Smith worked for Golden Rule Insurance and as an Indiana State employee. "I've always found satisfaction in providing clerical support in an office setting," says Smith. "For me, assisting the Family Helpline is like an added bonus!"

In the near future, Smith plans to further her expertise through coursework at Ivy Tech State University in Indianapolis.

A passionate traveler, Smith takes delight in exploring various cultures, their history, forms of entertainment and foods. She also enjoys the stress-reducing properties of needlework—particularly crochet, as well as relaxing with friends to the strains of "old-school" rhythm and blues and jazz music.

Reach Dorise Smith at ph: 317.233.1325 or e-mail [dsmith@isdh.state.in.us](mailto:dsmith@isdh.state.in.us) 🐾

## October Conferences... *(continues from pg. 1)*

(UNC) School of Public Health, **Vijaya Hogan, MPH, DRPH**, took a close-up look at strategies that eliminate disparities in preterm and low birth weight deliveries. Hogan serves UNC's School of Public Health as an associate professor and director of curriculum on health disparities.

Kicking off the agenda was **Virginia Caine, MD**, director, Marion Co. Health Department, and president, American Public Health Association. An update on perinatal health in Indiana was shared by **Judith Ganser, MD, MPH**, director, ISDH, maternal and child health; **Larry Humbert, MSSW, PG DIP**, IPN's *Indiana Access* director, presented data that profiles Indiana's healthcare consumer; and **Loretta Jones, MC, BA**, executive director of Healthy African-American Families, addressed ways to connect with consumers via community relationships.

"The conference helped participants probe the subject of disparities from a variety of angles—data evaluation; contributors and risk factors; reduction strategies; and ways to engage consumers and communities in the process of reducing and eliminating disparities," says IPN's Executive Director **Julia Brillhart, RN, MSN**.

### **What You Need to Know About Safe Sleep, Infant Loss and Support**

A focus on sleep practices across cultures, infant loss and grief-support resources drew nurses, physicians, EMS personnel and other "first responders," as well as consumers, to ISDH's Rice Auditorium.

Keynote speaker **James Kemp, MD**, associate professor of pediatrics at Saint Louis University School of Medicine and director of the Sleep Lab at SSM Cardinal Glennon Children's Hospital in St. Louis, discussed his research on safe sleep.

State Health Commissioner **Greg Wilson, MD**, ISDH, welcomed attendees, followed by ISDH's **Beth Johnson, RN, MSN**, who provided an update on perinatal health in Indiana. Progress on safe sleep was reviewed by **Deborah C. Givan, MD**, director of the Children's Apnea & Sleep Disorders Center at Riley Children's Hospital.

Additional speakers included IPN's SIDS & Infant Loss Support Coordinator **Barb Himes** who addressed resources and referrals; IPN's *Baby First* Community Liaison **Julia Tipton Hogan, MPA** presented the new *Baby First* consumer education video; SIDS parent **Regina Hoffman** profiled in the book *When Life Doesn't Turn Out the Way You Expect* (published by Beacon Hill Press); insights on the local Hispanic community were shared by **Jocelyn Gonzalez**, child abuse prevention program coordinator for Wishard's Hispanic Health Project; **Mary Payton**, outreach coordinator and health educator for Indianapolis Healthy Start, discussed community outreach events; **Jane Heustis, RN**, Pathway Support Group coordinator at Methodist Hospital explored the topic of grief support; and **Barbara Johnson, MS**, coordinator of Indiana University's child protection program, closed the day with a resource-sharing session. 🐾



Julia Tipton Hogan, MPA discusses new *Baby First* resources.

***“Groups are the best way to get prenatal care.”***

***“It’s a great way to learn about your body and the baby.”***

***“I felt ready for labor and delivery by going through the group.”***

**—Comments from Centering Pregnancy Clientele**

Southeast supports the program so enthusiastically that providers are funding it themselves. “We receive some donations from various local organizations, but the midwives are largely sustaining the program.”

## Centering Pregnancy Components

### ASSESSMENT

- ◆ Women enter a group after their initial prenatal nursing/medical evaluation.
- ◆ At each session, the standard prenatal assessment is completed within the group setting.
- ◆ Women participate by taking their own weight and blood pressure and recording results on their charts.

### EDUCATION

- ◆ A general curriculum is defined with handouts, worksheets, and suggested visual aids. All of the handouts are available in both English and Spanish.
- ◆ Topics include: nutrition; exercise/relaxation; childbirth preparation; pregnancy problems; infant care and feeding; postpartum issues; communication and self-esteem; comfort measures; sexuality; abuse issues; and parenting.
- ◆ The educational process occurs in a discussion format.
- ◆ Group sessions can be modified to focus on specific needs identified by the participants.

### SUPPORT

- ◆ A stable group promotes trust among the members.
- ◆ The program begins in the first trimester and continues through the early postpartum period. Participants become invested in each other and build a sense of community that leads to increased support and decreased feelings of isolation.
- ◆ Time for refreshments and socializing during the sessions promotes cohesion.



Centering Pregnancy clients gather at Southeast Health Center.

While Southeast serves a multi-faceted population, most Centering Pregnancy clients are first-time, teenage mothers. Because these women are often undereducated, Southeast provides information on how they can obtain GED materials. According to Thoman, the population is ethnically mixed among whites, African Americans and Hispanic women.

The Southeast Centering Pregnancy patient starts by seeing the health care provider individually for an exam and consultation. Beginning at 16 to 20 weeks of pregnancy, the patient joins a group that will meet monthly at the clinic during the first four months of pregnancy. Thereafter, the group gathers bi-weekly through delivery and the postpartum period.

Centering Pregnancy enables expectant mothers to participate in their own care, and in the process, learn more about their bodies and how to improve their odds for a healthy pregnancy. Participants take their own weight and blood pressure and are encouraged to assume responsibility in caring for themselves. “This leads to a shift in the client-provider dynamics,” says Thoman. “The women are empowered to

take a more active role in their own care.” Spouses and partners are encouraged to participate alongside the expectant mother.

During the group sessions, participants focus on various aspects of pregnancy and prenatal care, childbirth, parenting and nutrition—and have opportunities to share with each other.

“The women talk about their experiences and get feedback from each other,” reports Thoman. “Many do not have the traditional support system of an extended network of family and friends. Especially for single mothers, the group provides this kind of support.”

During the two-hour meetings, about 90 minutes are spent in interactive discussion with the health care provider. While two hours might seem like a long visit, when time spent in the waiting room is considered, women who receive traditional prenatal care invest the same amount of time in a single visit, but see their provider for only a few minutes.

Since its inception at Southeast, about 40 women have obtained prenatal care and given birth through the Centering Pregnancy program. “Our evaluative data shows that about 96 percent of these women preferred the group care setting,” says Thoman. “Ultimately, we hope all Healthnet Centers will become Centering Pregnancy sites.”

Southeast can be reached at ph: 317.488.2050, 901 Shelby St., Indianapolis, IN 46203. For information on the Centering Pregnancy model, visit [www.centeringpregnancy.com](http://www.centeringpregnancy.com).

## Group Prenatal Care Associated with Higher Birth Weight

A study examining the impact of group versus traditional prenatal care on birth weight and gestational age found that group prenatal care was associated with significantly better weight gain among preterm infants.

In a study of 458 women, researchers at Yale and Emory Universities found that the Centering Pregnancy care model resulted in higher birth weight—especially among preterm infants. The preterm infants of group patients were almost one pound heavier than infants of individual-care patients. This difference is both statistically and clinically significant.

Half of the women in the study entered group prenatal care; the other half received routine individual care. Women were matched by clinic, age, race and infant birth date. Study participants were predominantly black and Hispanic, of low socioeconomic status, and served by one of three public clinics in Atlanta, Georgia or New Haven, Connecticut.

The study was published in the November 2003 issue of *Obstetrics & Gynecology*. For more information visit: [info.med.yale.edu/ysm](http://info.med.yale.edu/ysm)

# Regional UPDATE

## Healthy Mothers, Healthy Babies of Delaware County Convenes to Implement County Breastfeeding Plan

Healthy Mothers, Healthy Babies Coalition of Delaware County is working to implement a county breastfeeding plan. "The objectives include breastfeeding education for health care professionals; the development of a protocol for continuity of care for breastfeeding mothers; promotion and support of breastfeeding; and working toward Ball Memorial Hospital earning a *Baby-Friendly* designation," says Secretary **Mary-Ann Schmutte, IBCLC**.



The committee meets the second Thursday of the month at the Ball State University Alumni Center beginning at 3:30 pm. 🐾

For more information, contact Judy Roepke, RD, PhD, [JRoepke@comcast.net](mailto:JRoepke@comcast.net) or Mary Ann Schmutte, IBCLC, [jmschmut@iquest.net](mailto:jmschmut@iquest.net)

## Southwestern Regional Perinatal Advisory Board Presents Before ACOG's National FIMR Conference



Julie St. Clair, RN, MSN (at left) and Susan Bonhotal, RN, MSN with the poster presentation they prepared.

A poster presentation developed by IPN's Southwestern Indiana Regional Perinatal Advisory Board (SWIRAPAB) Chair **Julie St. Clair, RN, MSN** and Project Coordinator **Susan Bonhotal, RN, MSN** was displayed before the American College of Obstetricians & Gynecologists' (ACOG) National Fetal Infant Mortality Review Conference (NFIMR) in Washington, DC last August.

"The presentation was a synopsis of our grant work," explains Bonhotal. "We used the FIMR data to direct the development of priorities in efforts to decrease infant mortality in Vanderburgh and surrounding counties." Priority areas as identified by FIMR data included the need for safe-sleep information, smoking-cessation resources, substance-abuse interventions and consumer awareness of preterm birth risk factors.

"We have accomplished many of our goals in the past two years," says Bonhotal. Among them are incorporating safe-sleep classes into community programs; working with the March of Dimes to develop and distribute magnets that list the signs and symptoms of preterm labor; building awareness among physicians and staff via ACOG's Smoke-Free Families program; developing a preterm birth research study to help identify local epidemiology; and approval of a substance-screening tool to be offered to local physicians.

Capping off the year, SWIRAPAB received funding from the Welborn Foundation for the year 2005, as well as support from the CJ Foundation, March of Dimes and Toyota. 🐾

For more information on the Southwestern Indiana Regional Perinatal Advisory Board, contact Susan Bonhotal, RN, MSN, ph: 812.760.9923, e-mail: [sbonhotal@hotmail.com](mailto:sbonhotal@hotmail.com)

## Seen Around the State...



Shelby County social-service agencies and healthcare providers (First Steps, Step Ahead, Health Department, Major Hospital and Smoke-Free Coalition) partnered with Women, Infants & Children, the Indiana State Department of Health and IPN to fund, design and produce this billboard visible eastbound on I-74 near the Shelbyville exit. The sponsors report that the three straightforward, critical messages are capturing attention in the community.

# Baby First Advocates Reach Out in Marion County

"Baby First Advocates" are out and about in the Indianapolis area, helping to increase consumer awareness of maternal and infant health issues.

"Baby First Advocates are mothers, fathers, grandparents, aunts, uncles, daughters and sons," explains **Sherry Matemachani**, quality assurance coordinator for Indianapolis Healthy Start. "The Baby First Advocate Project is truly a grassroots outreach in which the requirement for volunteers is simply a desire to see fewer babies die in their neighborhoods."

The volunteer Baby First Advocates meet monthly to brainstorm new ways to connect with consumers about

maternal and child health issues and disparities in outcomes. "The 'consumer' in this case is a friend, neighbor, co-worker, relative, business proprietor, customer—the possibilities are endless," says Matemachani. The Advocates work with their churches, community centers, beauty salons and other local businesses to further develop ways to educate the community, advocate for change and help refer pregnant women to needed services, such as Indianapolis Healthy Start.

The program is an outgrowth of IPN's *Baby First...Right From the Start!* consumer-education campaign—arising from discussions about how to take *Baby First* messages directly to families in at-risk neighborhoods.

Partners in the project include

Indianapolis Healthy Start, the Minority Health Coalition of Marion County, and IPN.

*Baby First* Advocates convened for the first time in April 2004 and conducted a "block party" at Washington Park Family Center on November 13. The event included clothing and food giveaways, health screenings, health information and activities for children.

In addition, the group works actively with churches in communities that have high rates of infant mortality. Advocates coordinate "SIDS Sundays" by taking SIDS information back to their churches and requesting permission to share it with the congregation via bulletin inserts, an informational display, education during morning announcements, or by conducting a special presentation outside of Sunday services. 🌱

Those interested in volunteering as *Baby First* Advocates or exploring ways to help support the project are encouraged to contact Mary Payton, outreach coordinator, Minority Health Coalition of Marion County, ph: 317.924.6068.

## The Roles of a Baby First Advocate

- ◆ **Help refer expectant mothers to needed services.** When *Baby First* advocates identify a pregnant woman in need of services, they refer her to the Minority Health Coalition of Marion County for further information and direction to the appropriate service providers.
- ◆ **Distribute educational materials.** Advocates are encouraged to distribute IPN's consumer educational materials and to display *Baby First* posters throughout their communities (i.e. churches, businesses, beauty salons, laundromats and community centers).
- ◆ **Help educate the community.** Working with their churches, daycare centers, nursing homes, schools and community centers, advocates develop relationships that pave the way for educational presentations on Healthy Start topics.

**"The Baby First Advocate Project is truly a grassroots outreach..."**  
—Sherry Matemachani, Indianapolis Healthy Start



### Baby First Advocate Project Sponsors



COMIENZO SALUDABLE

Minority Health Coalition of Marion County



Interested in helping to support the *Baby First* Advocate Project? Contact Mary Payton, outreach coordinator, Minority Health Coalition of Marion County, ph: 317.924.6068.



*Baby First* Advocates at work during a November "block party."

**Top to bottom:** Volunteers sack groceries from Gleaners Food Bank.

Kids take a break from the fun in the Kids Corner.

Block Party Coordinator Mary Payton of the Minority Health Coalition of Marion County.



# Perinatal **PROFILES**

## Putting "New Media" to Work for IPN's *Baby First* Consumer Education Campaign

Teaching "new media," Assistant Professor **Dan Baldwin** emphasizes not just the medium, but also the message. With this balanced perspective and a background in fine arts, the IUPUI (Indiana University-Purdue University Indianapolis) School of Informatics instructor demystifies the technological tools, enabling students to unleash their creativity via Internet websites, streaming audio/video clips, videogames, interactive CD-ROMs—and just about anything else today's fast-paced, high-tech world can dish out.

"Technology is nothing more than a tool to communicate, teach and entertain," says Baldwin. "The term 'new media' boils down to using technology to solve problems."

Putting that principle to the test, Baldwin's students were challenged last year to deliver IPN's *Baby First* consumer education campaign in the form of a digital toolkit. The objective was to provide communities across the state with the necessary information and components to launch the campaign locally.

Both IPN and Baldwin concur that the students more than "passed the test" when it came to the project. "The *Baby First* toolkit is a turn-key way to package and deliver the program statewide," says **Julia Tipton Hogan, MPA**, IPN's *Baby First* coordinator. The toolkit will debut in early 2005 as part of a new *Baby First* package of materials.

"The interaction between IPN and the students was enormously valuable," says Baldwin. The students learned about IPN's mission; and for some of them, it was their first experience consulting and working with a client. In fact, the interaction between the students and IPN generated a synergy that was palpable throughout the project. "IPN staff members were so enthusiastic and energetic about the project that it fired up the students," says Baldwin. "It was a shining example of what the community can offer to a school and vice versa."

So what is an artist with a fine arts background doing teaching the *finer pixels* of new media to students pursuing undergraduate or advanced degrees in the sciences? The answer lies in the nature of the School of Informatics: "A 'meta-school' that combines fundamental communications disciplines across various fields to solve problems."

As for Baldwin, he's at home among fellow faculty members — many of whom share eclectic backgrounds. In fact, as an undergraduate at Indiana University (IU) Bloomington, Baldwin was pursuing pre-med. He was almost done with his course work, chalk full of biology classes, when art captured his attention.

It all started with a painting class where he met teachers who were "passionate about art and talented enough to be nationally and even internationally renowned." One suggested that Baldwin apply to the fine arts program. Upon acceptance, he made the phone call to his parents who "took the news well," and set forth on his new path.

In 1995, while a freelance illustrator, Baldwin received an interactive CD-ROM from The Savannah College of Art and Design. "I'd never seen anything like it in my life," he marvels. The disk led him to discover the Internet and emerging technology—as well as enrolling in the school.

Not long after Baldwin resumed his freelance career, he received a call about a school starting up at IUPUI. The School of Informatics sought instructors who could "fill the gap" in such disciplines as art.

"My interest in teaching stems from my relationships with professors and teachers in the arts program. Their enthusiasm was infectious, as well as the admiration and love they earned among students."

Plunging in headlong, Baldwin taught three classes at IUPUI in the spring of 2001 while updating himself on the latest




Assistant Professor, New Media, Dan Baldwin.

technology—an experience he won't soon forget. "It almost killed me! We have responsibilities and tasks that involve students, the department, the school and the university. At the same time, we must keep abreast of the technology that is changing faster every day."

In August 2001, Baldwin's hard work was rewarded with a full-time faculty position as assistant professor, new media.

Experiencing the creativity and enthusiasm of his students is rewarding for Baldwin—as is *learning from them*. "Since many are professionals outside of the classroom, they are driven and demanding of the faculty. It's a dynamic exchange in which we sharpen each other." Mutual admiration was affirmed in 2003 when students named Baldwin a "favorite professor."

Looking ahead to the latest and greatest on the "tech front," Baldwin sees a day when videogames will be used for training and instruction. In fact, the future of technology is perhaps only limited by imagination—a characteristic the new media students have in abundance. "Think about the movie *Minority Report*" says Baldwin. "Some of those seemingly far-out scenarios could be around the corner." 

Reach Dan Baldwin at ph: 317.278.4143 or e-mail: [danbaldw@iupui.edu](mailto:danbaldw@iupui.edu); for more information on the program, visit: [newmedia.iupui.edu](http://newmedia.iupui.edu)

## The Consumer Voice: Indiana Access Findings on Unintended Pregnancies

### Rationale for Reducing Unintended Pregnancies

Public health reasons to reduce unwanted pregnancies (*source: Institute of Medicine*) include:

- ◆ The mother is more likely to seek prenatal care during the first trimester.
- ◆ She is less likely to expose the fetus to as tobacco or alcohol.
- ◆ The child is at a greater risk to be low birth weight, to die in its first year of life, to be abused, and to not receive sufficient resources for healthy development.
- ◆ Short interval between births is a well-established risk factor for low birth weight.
- ◆ Mothers with unwanted pregnancies are less likely to breastfeed their babies
- ◆ About half of all unintended pregnancies end in abortion.

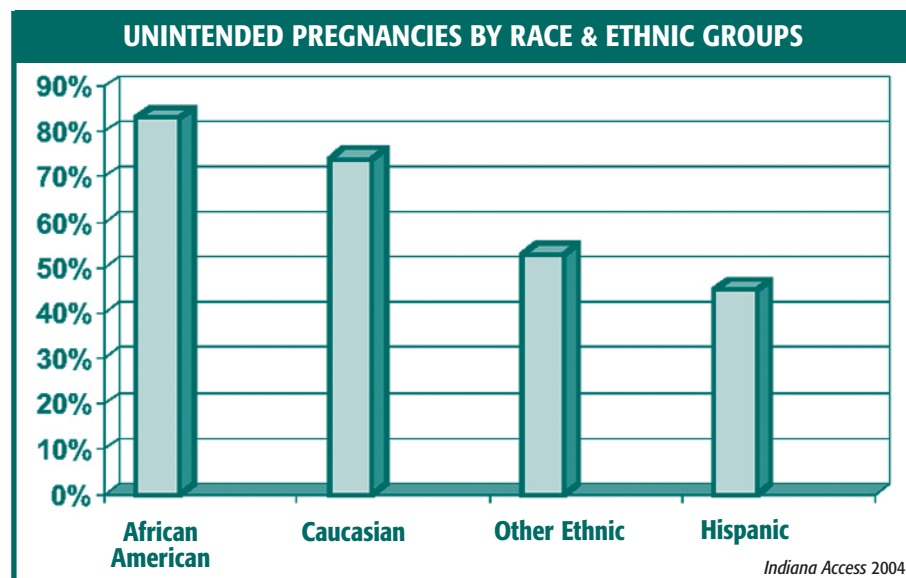
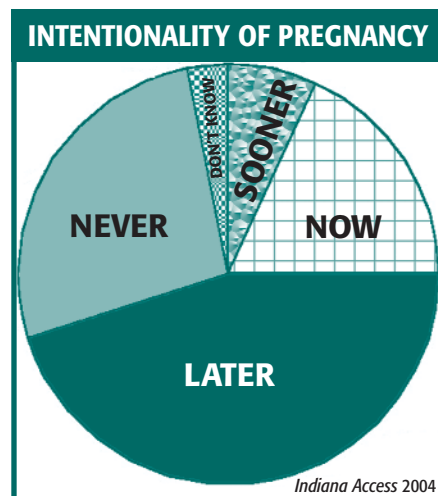
A Medicaid Family Planning Waiver could save the State of Indiana millions of dollars by:

- ◆ Decreasing the number of Medicaid deliveries in the state.
- ◆ Decreasing the number of preterm babies born (prevention of one extremely low birth weight baby, with an estimated \$1 million of medical costs, could save the state enough to administratively set up the program).
- ◆ Decreasing the number of children with special health

care needs and the lifetime costs related to their care. The human cost and quality of life issues for families with special needs children cannot be measured.

### New Findings via Indiana Access

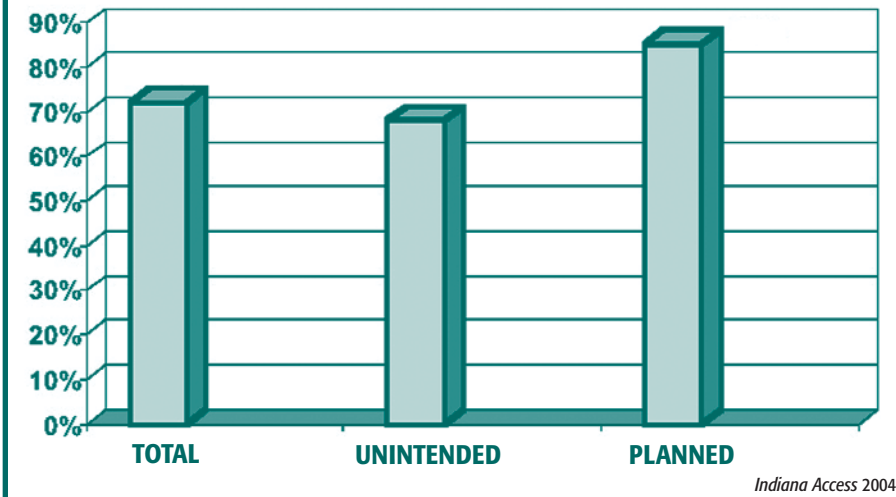
In 2002, Indianapolis was chosen as one of four cities in the U.S. to participate in a unique community-based research project to assess the impact that improved customer



**“A child whose birth is eagerly awaited has the best chance of getting off to a healthy start in life. A wanted child is far more likely than an unwanted one to enter a loving, nurturing home environment that encourages healthy growth and development.”**

**- Select Panel for the Promotion of Child Health**

## WOMEN NOT USING BIRTH CONTROL BY INTENTIONALITY OF PREGNANCY



service has on increasing access to and utilization of health services for low income pregnant women and children. *Indiana Access* uses extensive data from consumer surveys and focus groups to improve birth outcomes and reduce health disparities. The data presented here comes from nearly 530 face-to-face interviews with women who delivered babies at either Methodist or Wishard hospitals between July 2003 and February 2004 and were insured through either Medicaid, Wishard Advantage or by a self pay status. The demographic characteristics of the women interviewed shows that nearly 80 percent were covered by Medicaid, 72 percent were unemployed, 70 percent were never married, 47 percent had less than 12 years education and nearly 9 percent were 17 years of age or younger. The following charts demonstrate some new and rather alarming findings related to Medicaid enrolled women:

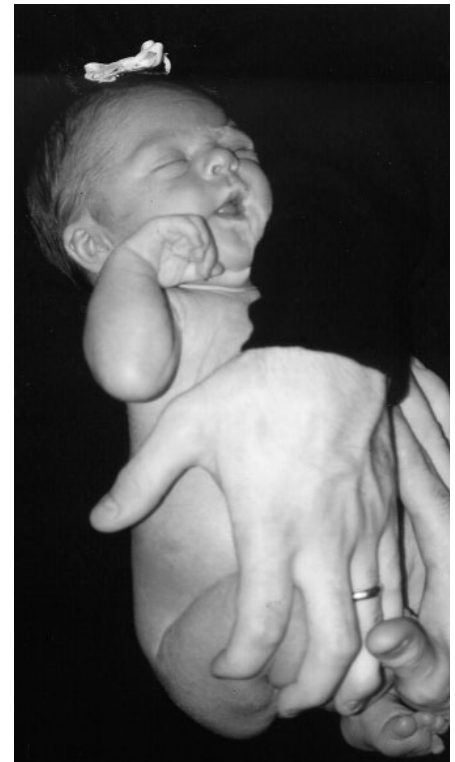
- ◆ Nearly 75 percent of the women on Medicaid had pregnancies that were
- ◆ Over 80 percent of African American women experienced unintended pregnancies
- ◆ Nearly 75 percent of women were not using a form of

birth control to keep from becoming pregnant at the time, including 68 percent of women whose pregnancies were unintended.

### Summary

This is the first time that such an exhaustive study of predominately Medicaid enrolled women has been conducted. Studies asking the same questions related to unintended pregnancies have been done in Marion County and the State of Indiana with a smaller proportion of Medicaid enrolled women. The rate of unintended pregnancies in this recent study is higher than any of these similar studies done in the State of Indiana or Marion County. These alarming results may partially be due to the high number of at-risk women interviewed for this recent study. However, given the high percentage of Medicaid enrolled women, these recent findings have dramatic fiscal and public health policy implications for the State of Indiana and should be considered in a discussion regarding the need for a Medicaid Family Planning Waiver. 🐾

For more information, contact Larry Humbert, MSSW, PG DIP, director, *Indiana Access*, ph: 317.924.0825, [Lhumbert@indianaperinatal.org](mailto:Lhumbert@indianaperinatal.org)



**NAOMI HIMES**—Granddaughter of IPN's SIDS & Infant Loss Support Coordinator **BARB HIMES**. She arrived on November 10, 2004 at 6 lbs., 7 ounces.



**BLAIR ALEXANDER WELLS**—Son of **MUREENA TURNQUEST WELLS, MD**, Maternal Fetal Medicine, St. Mary's Hospital, Evansville. He arrived on September 30 at 7 lbs.

### NEW ARRIVAL?

Send a birth announcement (and a photo, please!) to *Perinatal Perspectives* Editor, 2835 North Illinois St., Indianapolis, IN 46208 or e-mail [ipn@indianaperinatal.org](mailto:ipn@indianaperinatal.org)

# NOW YOU CAN JOIN AND/OR DONATE TO IPN!



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

#### 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**

#### CONTACT INFORMATION

Name \_\_\_\_\_ Credentials (i.e. "R.N.") \_\_\_\_\_  
 \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 \_\_\_\_\_  
 Organization \_\_\_\_\_  
 \_\_\_\_\_  
 Address ( Business or  Home) \_\_\_\_\_  
 \_\_\_\_\_  
 Address (con't) \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Phone ( Business or  Home) \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail Address (important: please provide to receive membership benefits) \_\_\_\_\_

#### PAYMENT METHOD

- Check payable to IPN enclosed  Visa  Mastercard  Check request voucher enclosed

Credit Card No. \_\_\_\_\_ Exp. \_\_\_\_\_  
 \_\_\_\_\_  
 Signature \_\_\_\_\_

#### CREDIT CARD BILLING ADDRESS

\_\_\_\_\_ Name \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### CORPORATE MEMBERSHIP

#### BENEFITS INCLUDE:

- ◆ Recognition in IPN's newsletter and e-bulletin

#### MEMBERSHIP OPTIONS & ANNUAL DUES:

- Contributing Partner: \$5,000**  
ADDED BENEFIT: Increased visibility and website traffic with your logo linked back to your site from IPN's homepage
- Corporate Member: \$250**
- Public Health Organization: \$100**

#### SUPPORT IPN WITH A DONATION

- Support IPN's mission and programs with a donation of \$ \_\_\_\_\_

#### PROFESSION (check as many as apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Administrator   | <input type="checkbox"/> Nurse: <input type="radio"/> RN <input type="radio"/> BSN <input type="radio"/> MSN <input type="radio"/> Other |
| <input type="checkbox"/> Advanced Practice Nurse                                     | <input type="checkbox"/> Nurse Midwife   |
| <input type="checkbox"/> Attorney  | <input type="checkbox"/> Nutritionist  |
| <input type="checkbox"/> Clergy  | <input type="checkbox"/> Physician   |
| <input type="checkbox"/> Consumer  | <input type="checkbox"/> Retired   |
| <input type="checkbox"/> Coroner   | <input type="checkbox"/> Social Worker   |
| <input type="checkbox"/> Educator  | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Home Visitor: <input type="radio"/> Community Health Worker | <input type="checkbox"/> Therapist: <input type="radio"/> OT <input type="radio"/> PT <input type="radio"/> RT                           |
| <input type="checkbox"/> IBCLC   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Legislator  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Mental Health: <input type="radio"/> Certified Counselor    |  |
| <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist          |  |

#### AREA OF SPECIALTY (check as many as apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Administration/Business            | <input type="checkbox"/> Neonatology   |
| <input type="checkbox"/> Development/Fundraising            | <input type="checkbox"/> Obstetrics    |
| <input type="checkbox"/> Family Planning                    | <input type="checkbox"/> Pediatrics    |
| <input type="checkbox"/> Family Practice                    | <input type="checkbox"/> Perinatology  |
| <input type="checkbox"/> Genetics                           | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Infant Development/Early Childhood | <input type="checkbox"/> Other _____   |

#### EMPLOYED BY (check as many as apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Institution                   | <input type="checkbox"/> Perinatal Center      |
| <input type="checkbox"/> Coalition or Professional Organization | <input type="checkbox"/> Private Clinic/Agency |
| <input type="checkbox"/> Community Health Center                | <input type="checkbox"/> Public Agency         |
| <input type="checkbox"/> County Health Department               | <input type="checkbox"/> Self                  |
| <input type="checkbox"/> Hospital                               | <input type="checkbox"/> WIC                   |
| <input type="checkbox"/> Insurance Company                      | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Media                                  |  |



# Minority Health

## Advocacy for the Hispanic Community: What it Means to Me

By **Jocelyn Gonzalez**  
*Child Abuse Prevention Coordinator  
Wishard Hispanic Health Project*

Serving as an advocate for the Indianapolis Hispanic community involves more than being an interpreter or communications liaison. Advocates must be culturally competent and understand the idiosyncrasies of the people with whom they work. Additionally, advocates such as myself must be nondiscriminatory—without preferences for any person, culture, nationality, sexual orientation, gender, religion or background.

Advocacy in social services means helping people obtain the basic necessities for life such as food, shelter, jobs and healthcare. Hence, the advocate wears many hats and performs multiple roles. Often, people approach us with one problem that is really only the tip of a mammoth iceberg! Advocates must be knowledgeable and prepared to offer resources in a wide variety of areas—from healthcare to community-based programs. To help expand the horizon of the people we serve, advocates must be prepared to step into larger roles by providing education.

Those who live in a country that is completely new to them have surreal experiences that often resemble the old TV show *Twilight Zone* or *La Dimension Desconocida*. They are “there,” but their experience is quite different than they imagined it would be. Amazement, confusion, embarrassment, a sense of loss and a feeling of rejection—emotions can roller-coaster daily.

The Hispanic population served by Wishard Health Services is filled with many newcomers to the United States. Employees of the Wishard Hispanic Health Project, founded in 1995, speak the language, understand the culture and have experience working with the Hispanic community.

Educational programs are conducted in Spanish and provide information on child abuse prevention and awareness; safe sleep for infants (via a partnership with IPN and ISDH); and other aspects of child health and safety. These programs help Hispanics access much-needed health-related services. Since there is no *barrio*, or one central location where Hispanics live in Indianapolis, these outreach programs get the word out.

Ultimately, an advocate is someone who cares about another person’s emotional and physical well-being. Valuable resources such as the Wishard Hispanic Health Project equip Hispanics with the tools to enhance their cultural development and lifestyle satisfaction. It’s all about making a difference—and that’s why I’m proud to be an advocate for our Hispanic community 🐾



Jocelyn Gonzalez talks about the Hispanic community during IPN’s Safe Sleep conference.

## Dupont Hospital Hosts PCEP Coordinator’s Conference



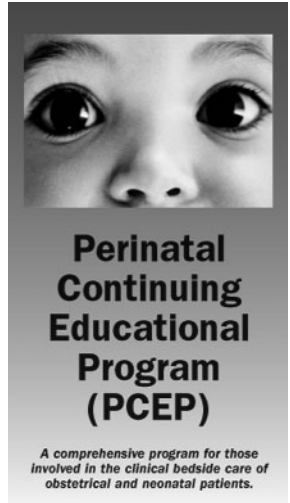
Dupont Hospital in Ft. Wayne was the site of a recent PCEP coordinators’ workshop.

Dupont Hospital, Fort Wayne, opened its doors to PCEP participants from DeKalb Memorial,

Cameron Memorial and Koscuisko Community hospitals.

PCEP is a comprehensive program for physicians, nurses, midwives and others involved in the clinical bedside care of OB and neonatal patients. It 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 or e-mail: [tbabbitt@indianaperinatal.org](mailto:tbabbitt@indianaperinatal.org)

Reach Jocelyn Gonzalez at ph: 317.656.4265 or e-mail: [Jocelyn.Gonzalez@wishard.edu](mailto:Jocelyn.Gonzalez@wishard.edu)

# FOR YOUR INFORMATION

## STUDIES & REPORTS

- ◆ **CDC Report on Breastfeeding Rates**—For the first time, the Centers for Disease Control and Prevention (CDC) has released state-specific data on the percentage of mothers who breastfeed their babies and the duration of their breastfeeding.  
→ [www.cdc.gov/breastfeeding/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/NIS_data/index.htm)
- ◆ **Infection Puts ELBW Infants At Risk for Developmental Delays**—Extremely low birth weight infants (ELBW) are much more likely to experience developmental impairments if they acquire an infection during the newborn period, according to a study by the Neonatal Research Network of the National Institute of Child Health and Human Development, one of the National Institutes of Health. The developmental impairments were seen regardless of the type of infection—whether in the brain, blood or intestines. The study appears in the November 17 *Journal of the American Medical Association*.  
→ Visit [www.nichd.nih.gov](http://www.nichd.nih.gov)

## NEW WEBSITES & RESOURCES

- ◆ **Head Start Resources on Father Involvement and Early Head Start**—*Father Involvement: Building Strong Programs for Strong Families* outlines the steps to developing a strong father-involvement program and complements *The Building Blocks for Father Involvement*, a series of booklets available to Head Start programs.  
→ Visit the Head Start Information & Publication Center website: [www.headstartinfo.org/publications/hsbulletin77/cont\\_77.htm](http://www.headstartinfo.org/publications/hsbulletin77/cont_77.htm) or [www.headstartinfo.org/pdf/father\\_involvement.pdf](http://www.headstartinfo.org/pdf/father_involvement.pdf). The booklets are available at: [www.headstartinfo.org/publications](http://www.headstartinfo.org/publications)
- ◆ **Directions for Dads CD-ROM Available in Spanish**—The National Fatherhood Initiative has created a Spanish-language version of its *Directions for Dads*™ CD-ROM: *Guía Para Papás*™. The program uses an interactive,

videogame-style approach to teach fathering, relationship and character development skills.

- For ordering information, visit: [www.fatherhood.org/pr230704.asp](http://www.fatherhood.org/pr230704.asp)
- ◆ **Cultural Competence Health Practitioner Assessment**—The National Center for Cultural Competence (NCCC) offers the Cultural Competence Health Practitioner Assessment (CCHPA) online. The strengths-based assessment tool consists of a series of online questions that identify awareness, knowledge or skill level for six subscales. Based on the response pattern, the practitioner is provided with a listing of resources.  
→ Access CCHPA: [guchd.georgetown.edu/nccc/pa.html](http://guchd.georgetown.edu/nccc/pa.html)
- ◆ **Tutorial on Ethnicity and Health**—The Henry J. Kaiser Family Foundation offers a new online tutorial that explores how race and ethnicity can relate to health status, health insurance coverage, health care access and the quality of the care received.  
→ View the tutorial: [www.kaiseredu.org/Tutorials/index.cfm](http://www.kaiseredu.org/Tutorials/index.cfm)
- ◆ **State-Specific Resources on Newborn Screening**—An online resource with information on each state's newborn screening regulations, laboratories, fees and resources. The website also provides general information and links to key public and private organizations involved in genetics and birth defects.  
→ Visit the National Newborn Screening and Genetics Center: [www.genes-r-us.uthscsa.edu/resources/consumer/statemap.htm](http://www.genes-r-us.uthscsa.edu/resources/consumer/statemap.htm)
- ◆ **Early Child Development Chartbook**—Child Trends, in partnership with AAP's Center for Child Health Research, and with support from The Commonwealth Fund, has produced a comprehensive chartbook on the key indicators of development and health for young children.  
→ [www.cmwf.org/publications/publications\\_show.htm?doc\\_id=237483](http://www.cmwf.org/publications/publications_show.htm?doc_id=237483)

## IPN Plans 2005 State Perinatal Bereavement Conference

### YOUR INPUT IS NEEDED!

To mark the 20th anniversary of the "Walk to Remember" in Indianapolis, IPN, in conjunction with bereavement coordinators throughout the state, is planning a state conference that will explore current bereavement practices.

With the shared objective of ensuring comprehensive bereavement support and services are delivered to affected Indiana families, IPN will then develop a perinatal bereavement consensus statement that contains specific recommendations.

**Do these ideas strike a chord with you? If so, IPN needs your expertise, ideas, and input to make our objectives a reality! Your involvement can range from membership on the planning committee to simply sharing your ideas and reactions via phone or e-mail. Let's explore how you might comfortably contribute!**

Please contact IPN Perinatal Education Coordinator Tina Babbitt, RN, BSN, IBCLC, ph: 317.924.0825 or e-mail: [tbabbitt@indianaperinatal.org](mailto:tbabbitt@indianaperinatal.org)

## DID YOU KNOW?

### HUNGRY HOUSEHOLDS

A report issued by the Children's Defense Fund (CDF) finds that 13 million U.S. children face "food insecurity"—that is, inadequate access to enough food at all times to sustain active, healthy living.

In Indiana, averages from 2000 to 2002 reveal:

- ◆ Nearly 9 percent of Indiana households (215,469) were food insecure with or without hunger.
- ◆ Almost 3 percent (67,788) were food insecure with hunger.

In the United States, CDF reports in 2003:

- ◆ About 3.8 million families were hungry enough that someone skipped a meal because they could not afford food.
- ◆ Nearly 11 percent of U.S. households and 16 percent of children were food insecure.

According to the October 2003 *Food Assistance and Nutrition Research Report*, the prevalence of food insecurity with hunger in the U.S. rose from 10.7 in 2001 to 11.1 in 2002.

For the CDC report, visit [www.childrensdefense.org/pressreleases/040602a.asp](http://www.childrensdefense.org/pressreleases/040602a.asp)

# Perinatal **PROFILES**

## Marilyn Graham, MD, PhD— Heart and Hands to Care for Pregnant Adolescents

The patient is young—in her early teens—without financial resources, frightened and unquestionably pregnant. Chief of Obstetrics and Gynecology **Marilyn Graham, MD, PhD**, Wishard Health Services, has dedicated much of her career to caring for just such a patient and her unique set of needs.

Directing six adolescent parent/child clinics for Wishard Hospital, Graham and adolescent medicine physicians collaborate closely with Wishard's nursing and social work staff.

"It's critical to get pregnant girls and their partners into coordinated programs for proper medical care, counseling and education," says Graham. "Often these girls are in denial or unaware of their pregnancy until much later in the term. In addition to prenatal and postnatal care, we want the girls and their partners to learn how to take responsibility for their sexual activity so they can avoid future pregnancies and STDs."

Both the teen parents and the children are followed from the time of the mother's entry into prenatal care through at least the first two years of the child's life. Adolescents are counseled and educated about the realities of parenthood. If a sexually transmitted disease (STD) is diagnosed, care also is provided for the baby's father and any other sex partners.

The current national consensus is that teen pregnancy rates are declining—perhaps due to more or better intervention programs promoting abstinence, safe sex or birth control. Even so, rates in certain geographic locations continue to increase and adolescent pregnancy remains a major problem in the U.S. and in Indianapolis, according to Graham. "Poverty, conflicting messages about sexuality, and a lack of education and contraceptive services result in one out

of 10 teens becoming pregnant each year."

Graham's own life experiences drew her to the field of obstetrics and gynecology. While completing her PhD degree in Psychology at the State University of New York at Stony Brook, she was a "grad student with a negative income," pregnant and a clinic patient for a period of time. During pregnancies with three of her four children, Graham witnessed a "great need in this area that was very compelling." She subsequently completed her medical degree at Eastern Virginia Medical School.

On the medical staff for both Indiana University Hospital and Clarian Health Services, Graham is also an Associate Professor of Clinical Ob/Gyn at the Indiana University School of Medicine. A fellow in the American College of Gynecologists (ACOG), she serves on the board of directors of IU Medical Group, Primary Care, and is Medical Director of the Title X Family Planning Program and the Teen/Parent/Child Clinics for Wishard Health Services.

Working with the youngest of the clinic's clients, adolescent mothers, is an experience Graham finds simultaneously gratifying and challenging. "Often with just a little help, these young women make great strides in developing their own healthy families." Participating in such victories is immensely rewarding for the physician. However, it is often a challenge to "work with scant resources in a world that otherwise has 'plenty!'"

Obstacles to the health and well-being of Indiana's youngest mothers and their babies are many and varied.



Among the patients that Graham sees, "access to health care seems to be one of the most influential factors." However, she also points to myriad social issues that interface with the problem. "For instance, a lack of transportation or the inability to pay for medications can prevent a teen mother from adhering to her

health provider's recommendations." Further, poverty and a scarcity of resources usually add to the risk for poor health and/or social outcomes. "At Wishard, we try to address the patient's medical needs within the context of their social needs."

Assessing overall perinatal healthcare progress in the last decade, Graham cites the expansion of Medicaid and WIC coverage as big steps forward. Also, "the movement of health care services to high-risk neighborhoods via community clinics and care coordination has had a tremendous impact."

Down the road, Graham sees room for progress in Indiana and the nation when it comes to consumer education on issues such as substance use, parenting and nutrition. She would also like to see "provision of expanded contraceptive offerings to help decrease unintended pregnancy." Last, but not least, is the "major goal of facilitating access to healthcare providers."

Married to **Michael Graham, MD**, a family-medicine physician at Methodist, Graham has four children and spends her free time with her busy family. 🐾

Reach Marilyn Graham, MD, PhD at ph: 317.630.7837 or e-mail [mfgraham@iupui.edu](mailto:mfgraham@iupui.edu)

# Fourth Annual "Birdies for Babies" Golf Outing Helps to Support IPN Programs


**N**early 100 golfers flocked to Hillcrest Country Club on October 4 for IPN's fourth annual "Birdies for Babies" golf outing. The event raised funds to help support IPN programs.

Before the 1 pm shotgun start, golfers eagerly lined up to purchase "Mulligans" and peruse tables of auction items. After enjoying a crisp autumn day under a cloudless sky, the golfers regrouped at the clubhouse for an awards reception and silent auction.

The event was planned by IPN's "Birdies for Babies" Committee: Chair **Talbott Sumners**, vice president, Logic Key; **David Hurdle**, president, Paradigm Group; **Phyllis Kikendall**, state program coordinator, FSSA, Healthy Families; **Stacy Wells**, vice president commercial division, Fifth Third Bank; **Julia Tipton Hogan**,



An employee of Hillcrest Country Club and his daughter demonstrate the purpose behind "Birdies for Babies."

MPA, IPN's *Baby First* community liaison; and **Leah Sumners York**, IPN's administrative director. 

## "Birdies for Babies" Results

### FIRST PLACE:

Brian Cooke, Mark Harrell, Phil Love and Bob North

### SECOND PLACE:

Dave Hurdle, Dave Roberson, Tom Bedsole and Ken Felts

### THIRD PLACE:

Tom Witt, Stacy Wells, Derek Cantrell and Brian Myers

## "Birdies for Babies" Made Possible By:

### PREMIER SPONSOR



**LOGIC KEY, INC.**

### HOLE SPONSORS

- ◆ Center for Prenatal Diagnosis
- ◆ Cooke Financial Group
- ◆ Dreyer MOTORSPORTS
- ◆ Emerald Consulting
- ◆ Fred Haslam
- ◆ Heaton & Eadie
- ◆ Ice Miller
- ◆ Indiana Hemophilia & Thrombosis Center
- ◆ Kikendall Realty
- ◆ Logic Key
- ◆ Paradigm Group
- ◆ Richard & Marlene Skidmore

### AUCTION ITEMS & DONATIONS

- ◆ All Pro Dad
- ◆ Bennett Innovations
- ◆ Buztronics
- ◆ Children's Museum of Indianapolis
- ◆ Fifth Third Bank
- ◆ Ice Miller
- ◆ Indianapolis Marriott Downtown
- ◆ LifeTime Fitness
- ◆ Logic Key
- ◆ Catherine Marrano
- ◆ Britt & Jeff McDermott
- ◆ Celsisse Morris-Miller
- ◆ National City Bank
- ◆ National Wine & Spirits
- ◆ Palomino
- ◆ Paradigm Group
- ◆ Penn Station
- ◆ RTV 6
- ◆ St. Elmo Steakhouse

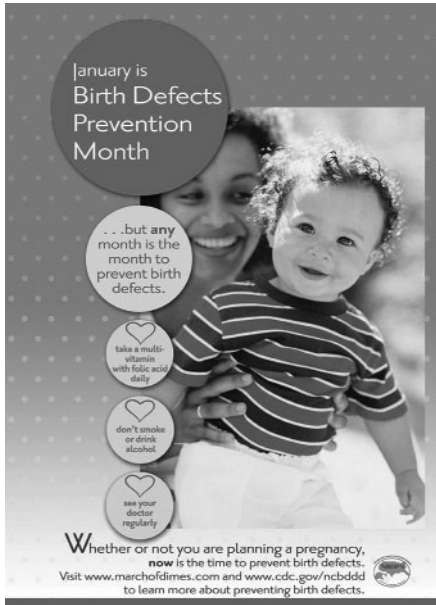
### AUCTION ITEMS & DONATIONS (con't)

- ◆ ShorTee's Golf
- ◆ Talbott & Cheryl Sumners
- ◆ Stacy Wells

### PLAYERS

- ◆ Ted Anderson
- ◆ Braden Business Systems
- ◆ Center for Prenatal Diagnosis
- ◆ Clarian Health Partners
- ◆ Cooke Financial Group
- ◆ Executive Management Services
- ◆ Fifth Third Bank
- ◆ J.R. Haag
- ◆ Heaton & Eadie
- ◆ Ice Miller
- ◆ Indiana University Foundation
- ◆ Bill Kikendall
- ◆ Jim Lintzenich
- ◆ Logic Key
- ◆ Paradigm Group

## January Spotlights Folic Acid Awareness and Birth Defects Prevention



This consumer poster is part of an educational packet available from the National Birth Defects Prevention Network.

The month of January focuses on birth defects prevention and the importance of folic acid.

The National Council on Folic Acid sponsors **National Folic Acid Awareness Week from January 24 to 30**. An on-line information kit includes sample press releases, letters to editors, a fundraising letter and proclamation—as well as a host of ideas used over the past few years to successfully promote folic acid. Visit [www.folicacidinfo.org/campaign](http://www.folicacidinfo.org/campaign)

**January is also designated as Birth Defects Prevention Month.** While awareness campaigns to increase folic acid consumption and avoid high-risk behaviors have helped to decreased the number of children born with preventable birth defects, more work remains to support prevention strategies and treatment/care options. Visit [nbdpn.org/NBDPN/bdpm2005.html](http://nbdpn.org/NBDPN/bdpm2005.html) for National Birth Defects Prevention Network materials.

See pg. 16 for more resources!

# January-March 2005 Calendar

## JANUARY

**6 Introduction to Childbirth for Prospective Doulas**—This afternoon (time T/B/A) workshop targets doulas who are not childbirth instructors, labor and delivery nurses, or midwives and fulfills Doulas of North America's (DONA) childbirth education class requirement. For more information, contact Bloomington Area Birth Services, ph: 812.337.8121 or e-mail: [babs@bloomington.in.us](mailto:babs@bloomington.in.us)

**6-8 Doula Training Workshop**—Begins at 6:30 pm on Jan. 6 and ends at 5 pm on Jan. 8 at Bloomington Area Birth Services, 335 South College Ave., Bloomington, IN 47403. This session fulfills the workshop requirement for doulas seeking certification by Doulas of North America (DONA). Early registration (deadline December 23, 2004) cost is \$250; thereafter, registration is \$300. For more information, contact Bloomington Area Birth Services, ph: 812.337.8121 or e-mail: [babs@bloomington.in.us](mailto:babs@bloomington.in.us)

**20-21 AWHONN Fetal Monitoring Class**—8 am to 4:30 pm, Ball Memorial Hospital, Room OMP 4 and 5. Contact: Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist and Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222 or e-mail [MPyron@chsmail.org](mailto:MPyron@chsmail.org)

**20-25 Breastfeeding Management Course**—Myers Conference Room, ISDH. This intensive course is a pathway for earning continuing education (CERPS/CEUs) and the knowledge for the annual exam to qualify as an International Board Certified Lactation Consultant (IBCLC). Free parking and shuttle service available. Cost for non-WIC attendees: \$9 for materials. Contact: Sharon Farrell, ph: 317.233.5603 or e-mail: [Sfarrell@isdh.state.in.us](mailto:Sfarrell@isdh.state.in.us)

**25 March of Dimes Day at the Capitol in Indianapolis**—Held at the West Market Conference Center (across the street from the Capitol), 150 W. Market Street, Rooms C & D, the event includes lunch with legislators; information on the 2005 March of Dimes targeted public policy issues; and the opportunity to meet one-on-one with elected officials. For more information, contact March of Dimes Indianapolis Chapter, 136 East Market St., Suite 500, Indianapolis, IN 46204, ph: 317.262.4668 or e-mail: [IN354@marchofdimes.com](mailto:IN354@marchofdimes.com)

**26 NRP Recertification**—8 am to 8 pm, Ball Memorial Hospital, Room 4000 and Rehab CR. Contact: Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist and Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222 or e-mail [MPyron@chsmail.org](mailto:MPyron@chsmail.org)

**28 NRP Initial Certification**—9 am to 3 pm, Ball Memorial Hospital, Room 4000 and Rehab CR. Contact: Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist and Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222 or e-mail [MPyron@chsmail.org](mailto:MPyron@chsmail.org)

## FEBRUARY

**3 Basic Fetal Monitoring**—8 am to 4:30 pm, Ball Memorial Hospital, OMP 4 and 5. Contact: Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist and Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222 or e-mail [MPyron@chsmail.org](mailto:MPyron@chsmail.org)

**9 NRP Instructor Course**—8 am to 4:30 pm, Ball Memorial Hospital, Room 4000. Contact: Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist and Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222 or e-mail [MPyron@chsmail.org](mailto:MPyron@chsmail.org)

**23 CPR Renewal**—9 am to 2 pm, Ball Memorial Hospital, Room 4000 and Rehab CR (*not open to the public*). Contact: Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist and Perinatal Center Manager, Ball Memorial Hosp., ph: 765.747.4222 or e-mail [MPyron@chsmail.org](mailto:MPyron@chsmail.org)

**28-4 The Lactation Counselor Certificate Training Program (CLC) Kokomo, Indiana**—Contact The Center for Breastfeeding, ph: 508.888.8044, fax: 508.888.8050, e-mail: [info@healthychildren.cc](mailto:info@healthychildren.cc) or visit [www.healthychildren.cc](http://www.healthychildren.cc)

## MARCH

**2 Breastfeeding**, 8 am to 4:30 pm, Ball Memorial Hospital, Room 4000. Contact: Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist and Perinatal Center Manager, Ball Memorial Hosp., ph: 765.747.4222 or e-mail [MPyron@chsmail.org](mailto:MPyron@chsmail.org)

**30 CPR Renewal**, 9 am to 2 pm, Ball Memorial Hospital, Room 4000 and Rehab CR (*not open to the public*). Contact: Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist and Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222 or e-mail [MPyron@chsmail.org](mailto:MPyron@chsmail.org)

# Indiana's Mandatory Reporting of Birth Defects Amended to Include Fetal Alcohol Syndrome (FAS)

In August 2002, a law (IC 16-28-2-2) mandated that all Indiana health care providers, including birthing hospitals, report birth defects to the Indiana State Department of Health (ISDH). The legislation expanded the scope of birth defects definitions and increased mandatory reporting of birth defects up to age two.

Last July, the law was amended to include *reporting of fetal alcohol syndrome (FAS) diagnosed before a child turns five.*

FAS, the leading known cause of mental retardation and birth defects in the United States, results from maternal alcohol consumption

during pregnancy. As with other alcohol-related conditions, it is completely preventable.

FAS is estimated to occur in one to three of 1,000 live births in the U.S. These figures are regarded as conservative and might reach 15 per 1,000 in high-risk populations.

Based on data published by the Centers for Disease Control (CDC), Indiana women of childbearing age ranked among the highest percentile (18.6 to 25.9 percent) for frequent alcohol consumption (an average of more than seven drinks per week or more than five drinks on any occasion). Only seven other states ranked in this percentile. 🇺🇸

## FOR MORE INFORMATION

- **CDC's Birth Defects Prevention Site:** [www.cdc.gov/ncbddd/bd](http://www.cdc.gov/ncbddd/bd)
- **CDC's Fetal Alcohol Syndrome Site:** [www.cdc.gov/ncbddd/fas](http://www.cdc.gov/ncbddd/fas)
- **National Organization on Fetal Alcohol Syndrome:** [www.nofas.org](http://www.nofas.org)
- **Indiana Folic Acid Website:** [www.in.gov/isdh/programs/FolicAcid](http://www.in.gov/isdh/programs/FolicAcid)
- **March of Dimes Birth Defects & Genetic Conditions:** [www.modimes.org/pnhec/4439.asp](http://www.modimes.org/pnhec/4439.asp)



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



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