

PERINATAL Perspectives



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Perinatal Perspectives Newsletter and Breastfeeding Promotion Recognized at the 7th Annual ISAE STAR Awards

The Indiana Perinatal Network received two awards from the Indiana Society of Association Executives (ISAE), a professional society for the management staff of trade, professional, and philanthropic associations.

The STAR Awards, the leading statewide honor for associations and not-for-profits, named the Indiana Perinatal Network's *Perinatal Perspectives* as the Best Newsletter of 2008. Read by over 4,500 perinatal health professionals throughout the state, the newsletter is produced by staff and volunteers and is led by Director of Public Policy and Special Projects, **Caitlin Finnegan Priest MPH**.

The STAR Awards also named the Indiana Perinatal Network's Breastfeeding Promotion Initiative as the Best Community/Philanthropic Project of 2008. Overseen by State Breastfeeding Coordinator **Tina Cardarelli IBCLC, RLC, CLE** and Perinatal Education Coordinator **Tina Babbitt RN, MSN, IBCLC**, IPN's breastfeeding programs have received national attention for

their innovative efforts to improve state breastfeeding rates.

"The ISAE STAR Awards honors the outstanding work that is setting the standards for the association world in Indiana," said **Leslie A. Murphy**, Executive Director of ISAE. "The Indiana Perinatal Network's winning programs are a testament to the skill, ingenuity, and vision of the creators." 



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


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Controversies & INNOVATIONS
in Perinatal Health

Register now for the 2nd annual IPN Forum, *Controversies and Innovations in Perinatal Health!*

March 25-26, 2009
Sheraton City Centre, Indianapolis
Keynote speaker: Sandra Lane, MA MPH PhD, Syracuse University
Registration fee: \$99 IPN Members, \$119 Non-Members

Don't miss this unique educational opportunity. Attendees will hear two panel discussions on *The Business of Healthcare* and *Who Is Delivering Indiana's Babies?*, choose from nine breakout sessions presented by Indiana colleagues, attend a dedicated poster presentation session, and earn continuing education credits. Participants will also receive a copy of Dr. Lane's new book, "Why Are Our Babies Dying? Pregnancy, Birth and Death in America".

Visit www.indianaperinatal.org to register online, print a registration form, or view the complete conference brochure. 

Perinatal Perspectives

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

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Views and opinions expressed herein are those of contributing authors and do not necessarily reflect those of the Indiana Perinatal Network (IPN).

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Donor SPOTLIGHT

IPN congratulates Tom and Rita Fuller of Lafayette, IN, who won the drawing for two Colts tickets during IPN's holiday donation campaign. "I work in the OB/GYN field," says Tom, "so I see first hand the importance of mothers maintaining a healthy lifestyle. Donating to IPN helps in the cause of educating mothers, which will hopefully increase the percentage of healthy babies."

IPN appreciates your support of our work. Enjoy the game! 🏈

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Upcoming Events

Indiana Perinatal Educator Conference 2009

Trusting Birth in a High Tech World

The 19th annual Indiana Perinatal Educator Conference will take place on Thursday, April 30, 2009 at the Ritz Charles in Carmel, Indiana. The conference theme will be "Trusting Birth in a High Tech World," and will address technology and its role in birth and childbirth education. Visit www.indianaperinatal.org for registration information. 🏈

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Perinatal Perspectives

is now sent to more than 1,000 email addresses. As a result, IPN is saving more than \$1,500 each year in postage and printing costs—enabling us to use more of our resources for programs to improve the health of all Indiana mothers and babies. If you want to contribute to our savings by receiving future editions by email, please contact us at ipn@indianaperinatal.org.

Going the Extra Mile

Ball Memorial Hospital Joins Ranks of "Baby-Friendly" Hospitals




Teresa Terrell BSN, RN, IBCLC, shares breastfeeding information with new mother.

Ball Memorial Hospital (BMH) obtained recognition for its commitment to infant health by being the latest birth facility to receive the Baby-Friendly Hospital Initiative's Baby Friendly™ designation. BMH is the third hospital in Indiana to become one of 73 Baby-Friendly™ facilities in the United States, and over 19,000 worldwide. Based on Ten Steps to Successful Breastfeeding outlined by UNICEF/WHO, the designation is awarded to birth facilities that excel with promotion, education, and support of breastfeeding.

"There is a substantial body of research that demonstrates the importance of mother's milk for infants in the first year," said **Teresa Terrell, RN, IBCLC**, lactation consultant, BMH Birthing Center.

"The Baby Friendly™ designation is a reaffirmation of the outstanding team effort across the continuum from the prenatal providers, to the excellent inpatient nursing care, and then the solid post partum education and support from our community partners," said **Jeff Bird, MD**, Associate Director, Family Medicine Residency. "The end result of this team effort ensures we are providing best practices

for the overall health of the women and children in our region."

"I am extremely proud of the work our staff has done to improve the health of mothers and newborns in the area. The Baby-Friendly™ designation is a true reflection of the dedication and commitment to the families we serve," said **Alexis Neal**, senior administrative director, Women's and Children's Services. 

For more information, contact **Alexis Neal, RN, MA, Senior Administrative Director, Woman and Children Services, Ball Memorial Hospital at (765) 747-3472 or aneal@chsmail.org.**

Indiana Marks Folic Acid Awareness Week

The Indiana Folic Acid Council celebrated Folic Acid Awareness Week, January 5-11, 2009. "Folic acid awareness is needed now more than ever. We need to educate all women, especially Latinas, that folic acid can help prevent birth defects of the brain and spine," said **Donna J. Vandergraff**, co-facilitator of the council.

Although all enriched cereals and grain products in the U.S. are fortified with the B-vitamin folic acid, only one-third of U.S. women of childbearing age consume the recommended amount. Taking a multivitamin with folic acid everyday is a key way that women can get the recommended amount of 400 mcg.

Hispanic babies are 1.5 to 2 times more likely than others in the U.S. to be born with a neural tube defect. The CDC reports that Latinas in the United States consume the least amount of folic acid and have the least knowledge about folic acid among racial or ethnic groups in this country.

Visit the Indiana Folic Acid Council website for more information at <http://www.agriculture.purdue.edu/agcomm/infolicacid/PublicSec/Home.asp>

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Spotlight on Access to Care

Access to Care in Indiana: *What's the problem?*

- Indiana ranks 34th nationwide on entry into first trimester prenatal care, and has among the highest rates of low birth weight, preterm birth, and infant mortality in the United States.
- In local communities, health care providers report seeing patients increasingly later in their pregnancies—sometimes well into the second trimester, by which time many have become high risk for complications and poor birth outcomes.
- Lengthy Medicaid verification periods leave women waiting for their Hoosier Healthwise cards—without which they cannot arrange for transportation to their doctor's office, schedule an ultrasound or lab work, or fill a prescription.
- Social service advocates say Indiana's newly-automated eligibility determination system is confusing to both patients and providers.

IPN's Response

Through IPN's Access to Care initiatives, we collaborate with providers, communities, and policymakers to identify and implement strategies that facilitate **early and low-barrier entry into care for vulnerable women**.

As part of our mission to lead Indiana to improve the health of all mothers and babies, IPN...

Is a strong voice in crafting and advocating sound public policy.

IPN forges collaborative partnerships with state agencies, legislators, and maternal-child health partners to increase communication and develop common-ground solutions.

For nearly a year, IPN has worked with the state Office of Medicaid Policy and Planning (OMPP) to reverse its earlier decision not to adopt **Presumptive Eligibility for pregnant women**. OMPP now anticipates a July 2009 implementation date.

Recognizing that women need reproductive care for more than just two months after having a baby, IPN spearheaded legislation requiring OMPP to submit a **Family Planning Waiver**, which would extend family planning services to Hoosier Healthwise recipients for two years following the birth of a child. IPN is working closely with both OMPP staff and Indiana legislators to



move this waiver through Federal review and secure its timely implementation.

Creates and distributes innovative materials to assist providers to understand frequently changing health care programs and services.

Our recent guide to **Health Care for Uninsured and Low-Income Hoosiers**, as well as our checklist on **Medicaid Application for Pregnant Women: Ten Tips to Streamline the Process** have been among our most popular documents. We receive strong positive feedback from providers, advocates, and policymakers on their utility and timeliness.

Develops and replicates effective model programs.

IPN knows that local communities are the experts on their own strengths, challenges, and opportunities—and that by sharing their successes and resources, communities can help one another. Because we have a statewide reach, we hear about innovative and unique

projects—such as Mentoring MOMS in South Bend, the Doula Project in Indianapolis, and community organizing efforts in Evansville—and can connect communities across the state to exchange ideas.

In 2009, IPN will hold three **regional trainings** to discuss how communities are mobilizing faith-based organizations, volunteers, businesses, service providers, and legislators **to create unique and tailored programs** that address the needs of at-risk pregnant and parenting women. Registration information will be coming soon!

How women and families are treated in a health care or social service setting can play a powerful role in deterring them from receiving necessary services. IPN's **Habits of the Heart** program boosts staff and patient retention, improves service to low-income families, increases cultural competence, and enhances awareness of patients' needs. Facilities that have participated in Habits of the Heart report implementing a host of successful organizational changes and increased staff and patient satisfaction. Habits of the Heart will be one of IPN's 2009 regional training topics. Watch for registration information! 🐾

For more information about IPN's Access to Care initiatives, contact Caitlin Priest, Director of Special Projects and Public Policy, at (317) 924-0825 ext. 4231 or cpriest@indianaperinatal.org

Spotlight on Access to Care

From the Research

The Value of a Learner's Stance:
Lessons learned from pregnant
and parenting women

This article, co-authored by IPN Executive Director Larry Humbert, will be published in a 2009 edition of the Maternal and Child Health Journal.

Objectives The voices, perspectives, and experiences of pregnant and parenting women are vital sources of information often overlooked or not understood by professionals. The goals of this qualitative study were to understand access to maternal and child health services from the perspectives of diverse consumers. It explored key dimensions influencing their experiences, including health status and needs, significant others, cultural beliefs, and provider and organizational factors.

Methods The authors conducted 24 focus groups with 143 urban African American, Caucasian, and Latina women, ages 14-45, who were primarily covered by Medicaid.

Results Five themes on access and quality of participants' maternal and child health experiences emerged: the primary role that personable and caring health providers and staff played in accessing services; provider recommendations were oftentimes discounted as irrelevant; alternative health practices were motivated by a genuine desire to help themselves or their children; agency practices and policies were sometimes perceived as potentially discriminatory; and unresolved feelings regarding pregnancy.

Conclusions These findings can assist providers to develop genuine relationships and address the unique cultural needs of their patients. Recommended actions include assuming a learner's stance as a way of developing an increased understanding of patients' underlying motives, perceptions of alternative health practices of their patients, and identifying the role and impact of their patient's social network. 🐾

An electronic copy of the abstract is available through PubMed at <http://www.ncbi.nlm.nih.gov/pubmed/>.

OMPP Update: Indiana Health Coverage Program Faces Shortage of Providers

The Office of Medicaid Policy and Planning (OMPP) finances basic, cost-effective medical health coverage programs for low-income residents of the state of Indiana. The Indiana Health Coverage Program (IHP) is committed to ensuring that the nearly 850,000 Hoosiers covered by Medicaid have continuous and easy access to quality healthcare.

OMPP field consultants will begin an outreach effort aimed at contacting providers not currently enrolled in IHCP and educating them about the benefits of Medicaid enrollment. Outreach will be directed to new physicians nearing or recently completing residency, as well as to established practitioners.

According to OMPP staff, some benefits of Medicaid enrollment include:

- The opportunity for providers to expand their practices
- Quick adjudication of claims
- Assistance with claim submission
- Access to provider education and support
- Participation in the latest trends in healthcare reform

For more information, or to enroll as a Medicaid provider, visit www.indianamedicaid.com and click on the Provider Services tab, or contact the EDS Provider Enrollment helpline at (877) 707-5750.

Partners in Access to Care: Covering Kids and Families of Indiana



State Medicaid Director Dr. Jeffrey Wells, Health Commissioner Dr. Judith Monroe, former Superintendent of Public Instruction Suellen Reed, Hoosier Healthwise recipient Gwen Hurd, and CKF Board member Katie Humphreys attend a 2008 CKF Back to School event.

Covering Kids & Families of Indiana is a partnership of more than five hundred organizations and individuals advocating *health coverage for all*. To achieve this vision, Covering Kids and Families of Indiana engages in a CARE model, focusing on:

- Coalition building among health centers, providers, practitioners, faith-based organizations, schools, state agencies, and funders throughout Indiana;
- Advocacy to reduce barriers and increase access, availability, and affordability;

- Resource building among partners to increase access to health care; and
- Education that effectively responds to health disparities and positively influences public policy.

In addition to creating awareness through its network about the policies and issues impacting Hoosiers and their health care coverage, Covering Kids & Families of Indiana helps establish outreach and enrollment services through community-based enrollment centers located at hospitals, health centers, schools, child care and other social service providers through the formation of CKF-IN local coalitions. CKF-IN local coalitions and affiliates currently operate in nineteen counties, including Cass/Fulton, Delaware, Lake, and LaPorte Counties, as well as Northeast and Central Indiana. Statewide committees and staff track enrollment and policy changes and provide technical assistance and training. 🐾

For more information about CKF-IN or to locate a coalition in your area, visit www.ckfindiana.org or call (574) 472-4308.

Spotlight on Access to Care



Ask the Expert

How does provider communication style affect access and adherence to care?

By Kathy Zoppi, PhD, MPH

Behavioral Science Director, Community Health Network Family Medicine Residency, Indianapolis

Health care providers can contribute to the positive health of their patients, not only in the ways they treat them medically, but also in the ways they treat them personally. Research has demonstrated that communication between providers and patients is critical to improved health outcomes.

If an average medical visit is between 15-17 minutes, can short interactions between patients and their providers actually have any importance to the health of the patient? While the provider-patient relationship is not the only factor, there is evidence that as a health care provider, what you say—and how you say it—has a lasting impact on your patients.

Here are the top five behaviors that lead to a healing relationship with patients based on patient-provider communication research.

- **Ask and listen, then advise.** Do you know what the patient is seeking? Studies which look at patient-physician agreement about the topic of the visit have demonstrated that patients often enter (and even exit!) the visit with a different idea of what is important and what was discussed, let alone what the doctor recommended. Ask the patient for her priorities and goals before setting the agenda for the visit, and offer advice about health in the context of the patient's goals.

Does this mean if the patient is smoking but does not want to talk about it, that I should not mention it?

No, but it means that you could ask the patient more questions, such as "Under what circumstances might you think about quitting?" or "I'm concerned about how your smoking is affecting your health."

- **Identify, and leverage, patient strengths.** Providers are taught to identify, critically assess, and evaluate the source of problems. We love to find solutions and then offer them, in the same way we offer medications or treatments. While this is a useful skill set for diagnosis of disease, it may not help facilitate behavioral change. Behavioral aspects of health are typically not changed by shaming, scolding, or even disapproval. These provider behaviors tend to shut down real conversation and may lead to higher no-show rates or changing providers. Identify the successes of the patient, in whatever areas of life you can, and use them as encouragement for the changes or improvements the patient is seeking to make.

- **Speak to patient priorities.** What does the patient see as her health priorities? If you think the patient's weight gain and high blood pressure are dangerous to her health, but she believes that working with her aging parent is a priority, where is the common ground? Can the two goals be linked?

I know that helping your mother stay well and in her own home is a priority for you. I also know that if you don't take care of your own health, you may eventually be unable to do all for her that you would like. Can you see a way to help yourself so you can continue to help her?

- **Start where the patient is now.** As any experienced clinician has learned, assuming you know the patient's preferences can be dangerous. It may also lead to skipping over discussions that the patient might have preferred to have. A good way to begin every interaction is to ask the patient

what she wishes/hopes will happen in the encounter. While patients may not always know what they want, they more often know what they don't want to happen. Listening for cues and clues, hearing the patient's language and ideas, and level of thinking, can help you assess the patient's health literacy, systemic thinking and understanding of disease processes. In addition to not speaking in technical terms, it may be useful to help patients clarify the underlying thought processes that we take for granted in health care.

- **Don't take resistance personally.** Patients have the right to informed non-compliance, and while our best efforts may go toward working with them in positive, life and health-affirming ways, it is also true that they may choose differently than we would hope. We often write off people who don't do the healthy behaviors we hope for as non-compliant, drug-seeking, uneducated, or even worse. Their resistance and defensiveness may be an expression of a need to control, so a positive intervention may be to offer them that control back.

You know that I'm concerned about your smoking, and I know that you're not yet interested in quitting, but that you'll tell me when you are ready. I will keep asking you from time to time; you let me know how I can help you when you choose to quit.

The evidence supports that these patient-focused, relationship-centered approaches are more likely to help patients change health habits. 🦋

Contact Kathy Zoppi at (317) 355-5428 or kzoppi@ecommunity.com.

Breastfeeding Update

Workplace Lactation Specialist Training

Breastfeeding educators from around the state gathered on November 10th to develop a network of Workplace Lactation Specialists armed with the expertise to educate businesses and assist breastfeeding women returning to the workplace.

The day's events included a panel of business managers who provide lactation services in their own companies, as well as reports from working mothers who shared what it is like for women who request workplace lactation accommodations. The experiences of the panelists ranged from extremely positive to very difficult, giving participants perspectives on how breastfeeding educators can better support women in the workplace.

Attendees pledged to document their activities developing new business contacts and conducting trainings. Participants received a Workplace Lactation Specialist Certificate upon completion of the course.

"Workplace lactation is the new frontier for breastfeeding advocacy," said State Breastfeeding Coordinator **Tina Cardarelli IBCLC**. "Indiana is truly ahead of the curve with our activities in this area."

Cummins Inc. Receives Lactation Support Award

Cummins Inc. received the Breastfeeding Coalition of Bartholomew County's first Lactation Support Award in recognition of the company's leadership in promoting workplace lactation.

On October 22, 2008, Coalition leader Dr. Mandy Dornfeld presented the award, highlighting Cummins as a model for other companies seeking to comply with Indiana's new workplace lactation law (SEA 219) and to support employees who wish to continue breastfeeding after returning to work. "One of our coalition's goals this year is to positively recognize the wonderful work that companies like Cummins are doing," said Dornfeld, who presented the award with Coalition member Liz Patton.

Headquartered in Columbus, Indiana, Cummins has been establishing Nursing Mother Rooms at its facilities for over a decade, and now has more than 20 rooms in place or in development in 18 of its US and United Kingdom facilities. In addition, Cummins offers a Nursing Mothers and Others Support Group. In an effort to encourage other companies to provide lactation support services in the workplace, Cummins hosted an open house and provided assistance and strategies to other area businesses.

"Cummins has been on the cutting edge of supporting workplace lactation issues," said IPN Executive Director **Larry Humbert**, who attended the award ceremony with State Breastfeeding Coordinator **Tina Cardarelli IBCLC**, and IPN Education Coordinator **Tina Babbitt RN, MSN, IBCLC**. "They are a great example of how businesses play a role in improving the health of Indiana's mothers and babies."

For more information, contact **Blair Clafin**, Global Diversity Communications Manager, Cummins, Inc. at (317) 610-2542 or blair.clafin@cummins.com.

More Reasons to Ask Your Patients "Have you taken your folic acid today?"

By Karla Damus, PhD, MSPH, RN
March of Dimes

At the 28th Annual Society for Maternal-Fetal Medicine meeting held in January in Dallas, TX, an award winning abstract of an NIH study was presented that links preconception folic acid intake to a 50-70% reduction in very preterm births. The reduction occurred irrespective of age, race, or history of previous preterm birth in babies born very preterm (<32 weeks).

The research team analyzed self-reported folic acid supplementation intake by more than 38,000 pregnant women who participated in an earlier NIH trial.

Of great interest is that preconception folic acid supplementation for a year was associated with the largest reduction (70%) in extremely early preterm births (20 to 27 weeks gestation) and up to a 50% reduction in preterm deliveries of 28 to 32 weeks.

Although the mechanism of action is not clear, studies of folate supplementation in pregnant women have shown that folate decreased the concentration of markers of inflammation and reduces the risk of bacteriuria; it impacts the immune system as well as the crucial role of methylation.

Numerous national surveys demonstrate that 90% of reproductive-aged women are still not aware of the importance of daily consumption of folic acid prior to pregnancy. Serum folate levels are also falling in women of reproductive age as demonstrated in the latest NHANES survey with the greatest declines in women identified as non Hispanic white.

Daily folic acid consumption for all women and men 14 years and older is one of the evidence-based intervention of Healthy Babies Are Worth the Wait. It works, it is simple, and it will get everyone thinking about prevention and health promotion.

An expanded version of this article originally appeared in the Winter 2008 edition of "Healthy Babies are Worth the Wait," and is reprinted with permission from the March of Dimes. For more information about the Healthy Babies are Worth the Wait partnership, visit www.prematurityprevention.org.



Representatives from Cummins Inc. accept Lactation Support Award.

Profile

Southwestern Indiana Regional Perinatal Advisory Board: "One strong voice from a small community"

The members of the Southwestern Indiana Regional Perinatal Advisory Board were troubled.

A review of their fetal and infant mortality data revealed a growing rise in the number of mothers with late or no entry into prenatal care.

In 2004, 32% of the fetal and infant deaths they reviewed from Vanderburgh, Warrick, Posey, and Gibson counties were to women with no prenatal care, or who began care after 14 weeks. In 2005, that number was 38%, and by 2007, it rose to 44%.

When they looked at just Vanderburgh County, the trends were even more alarming: between 2003 and 2007, FIMR cases with late or no entry into care had jumped from 22% to 50%. ISDH live birth data for Vanderburgh County showed that entry into first-trimester prenatal care had declined from 84.8% in 2000 to 79.6% by 2006, convincing regional board members that they had an urgent problem.

Participants at the monthly meetings—community members, social service providers, and health care professionals—shared their own stories of patients whose Medicaid cards took months to arrive, leaving them without access to a physician, labs, ultrasounds, or prescriptions. Treatable health conditions were turning into high-risk medical problems by the time pregnant women came into an exam room. Premature births, NICU stays, and tragic infant losses resulted from delayed care. Members reported problems with Indiana's newly-automated eligibility determination system—lengthy determination periods, missing documents, confusing Call Center terminology. "Even the providers didn't understand the system," says Fetal and Infant Mortality Review (FIMR) Coordinator **Susan Bonhotal RN, MSN**.

"A Big Influence"


In 2007, the group formed an Access to Care committee, which first sounded what would become a statewide alarm about delays in care. In collaboration with area hospitals, they reviewed cases of late and no prenatal care on a monthly basis, and

surveyed local providers to assess who accepted Medicaid and Medicaid-pending patients.

"We needed to get information out to women about where to go and what to do," recalls Bonhotal. The group started a Prenatal Care Help Line through the local Health Department, where callers could get assistance finding a doctor, applying for Medicaid, or receiving WIC.

"That helped, but didn't solve the problem," says Bonhotal, and group members decided that they needed to involve their legislators. Over the past year, they have met regularly with local lawmakers, including **Rep. Suzanne Crouch**, **Sen. Vaneta Becker**, and **Rep. Dennis Avery**. They developed a collaborative relationship with Office of Medicaid Policy and Planning's **Mark Vonderheit**, and **Sue Carson** from the state Division of Family Resources, both of whom helped troubleshoot problems and served as a conduit of information between their respective agencies and the local community.

News of the access to care and eligibility determination problems in Southwestern Indiana and across the state reached the Select Joint Commission on Medicaid Oversight, which held hearings on the issues during summer 2008. "We were a big influence getting the discussion going about the Medicaid-pending issue statewide," notes Bonhotal. Two bills—one authored by Sen. Becker—currently before the Indiana General Assembly have been filed in response to concerns with the modernized eligibility verification system.

Bonhotal attributes the regional advisory board's success getting the access to care issue "on the radar" to its dedicated participants, who represent an array of disciplines and agencies and who see their strength in their collective work. "We are one strong voice from a small community," she says. 

For more information about the Southwestern Indiana Regional Perinatal Advisory Board, contact **Susan Bonhotal, RN, MSN**, at (812) 760-9923 or sbonhotal@hotmail.com.

MINORITY HEALTH

Breastfeeding Disparity among African American Women in Indiana: How do we solve the problem?

By Tina Cardarelli, IBCLC
State Breastfeeding Coordinator

According to the Surgeon General, "Racial and ethnic disparities are wide and reveal alarmingly low breastfeeding rates among African American women."

Why do African American women breastfeed at lower rates?

The answer involves a variety of factors, including cultural acceptance, personal and professional support, legislative support, employment challenges, and economic issues, as well as existing educational and media promotion.

Because of low breastfeeding rates, the **support network in the African American community** is often lacking—an issue that Indiana Black Breastfeeding Coalition founder **Terry Curtis** is committed to addressing by offering new moms "Bosom Buddy" mentors as well as other sources of community education and support.

Numerous studies show that **doula involvement at birth** improves breastfeeding rates. IPN's Doula Project is an example of a positive initiative intended to mentor and support women, resulting in improved breastfeeding support.

African American mothers are not only working in higher numbers, but are more likely to work full time and return to work sooner following delivery. In 2008, new **workplace lactation support** legislation has made it easier for women to provide their babies the benefits of breastmilk after they returned to work.

Insurance companies should be encouraged to provide **coverage for breast pumps** and access to lactation support services if we are serious about giving all babies equal access to breast milk. In 2009, IPN will be advocating for improved pump reimbursement and coverage as a strategy to assist new mothers returning to work.

LEGISLATIVE UPDATE

INDIANA NEWS

The legislative session is off to a fast start. The status of these bills can change from day to day, so for more information contact Caitlin Priest, Director of Special Projects and Public Policy, at 317.924.0825 ext. 4231 or cpriest@indianaperinatal.org, or visit the Indiana General Assembly webpage at <http://www.in.gov/legislative/>.

SENATE BILL 371 (KRUSE)—NONSMOKING TOBACCO PRODUCTS TAX

Initially slated for review by the Appropriations Committee, this bill was not given a hearing. Sen. Kruse is considering changing the language of the bill to create a new tax stamp for these products, similar to the one currently used for cigarettes, allowing the state to realize additional revenue without having to levy a new tax or increase an existing tax. A portion of this increased revenue would be designated to support the recommendations of the Prenatal Substance Use Commission.

HB 1213 (BROWN)—SMOKING BAN IN PUBLIC PLACES.

The House Committee on Public Policy approved a heavily amended measure that exempts casinos and places that employ and serve alcohol only to those older than 18. Proponents of the comprehensive bill plan to push for it to be strengthened once it reaches the House floor.

SB 297 (MERRITT)—MEDICAL EXAMINERS AND CORONERS

Creates the office of the state medical examiner within the state department of health, requires the creation of regional medical examiner offices to conduct autopsies referred by county coroners in the region, and requires

a certified child death pathologist within the regional office to consult with the coroner and conduct certain autopsies. The bill has been referred to the Senate Health and Provider Services Committee, chaired by Sen. Patricia Miller.

HB 537 (SIMPSON)—ELIGIBILITY FOR CHILDREN'S HEALTH INSURANCE PROGRAM.

Requires the Office of Medicaid Policy and Planning to apply to the federal government to increase income eligibility in the children's health insurance program to 300% of the federal poverty level. This bill has been referred to the Committee on Health and Provider Services, chaired by Sen. Miller.

Other bills of interest to the perinatal health community:

SENATE BILL 344 (BECKER)—RESTORATION OF COUNTY OFFICES OF THE STATE DIVISION OF FAMILY RESOURCES.

Eliminates the authority of the Division of Family Resources to replace county offices with regional offices.

HOUSE BILL 1195 (CRAWFORD)—REQUIREMENTS FOR CERTAIN FSSA CONTRACTORS.

This bill was heard by the Public Health Committee and was combined with **HB 1691 (Crouch, Brown)—Use of contractor for eligibility determinations.** Together, the bills will address the access to care issues that have arisen following the modernization of Indiana's eligibility determination system. The Public Health Committee expects to hear the amended bill soon.

HOUSE BILL 1138 (RESKE, HD 37), ATTRACTING PRIMARY CARE

PHYSICIANS FOR SHORTAGE AREAS.

This bill would change the mandate of the medical education board from attracting and retaining family practice physicians to attracting and retaining primary care physicians, defined as family practice, obstetrics and gynecology, pediatrics, and internal medicine. Also requires the board to develop a plan to attract primary care physicians for areas in Indiana that do not have a sufficient number. This bill was initially heard by the Committee on Public Health on January 28th. The original language is being amended and will be reintroduced and voted on during a future committee hearing.

Information may have changed since this newsletter went to print.

The Indiana Perinatal Network sends regular electronic updates and recommendations for action during the legislative session. If you are not on our email distribution list, contact ipn@indianaperinatal.org.

FEDERAL NEWS

PRESIDENT SIGNS HEALTH CARE BILL FOR CHILDREN

President Barack Obama signed the State Children's Health Insurance Program (SCHIP) bill into law Wednesday, February 4, expanding coverage to 4.1 million more kids and extending the program through 2013.

MOTHERS ACT REINTRODUCED

US Sen. Robert Menendez (D-NJ) has reintroduced the Melanie Blocker Stokes MOTHERS Act in the Senate. The bill would increase federal efforts to address and prevent perinatal mood disorders. For more information, visit <http://postpartum.net/>.

Model Program

Safety Center Promotes Correct Car Seat, Crib Use



Bloomington Hospital's Mother-Baby Unit Safety Center informs and engages new parents

"It's an eye-catching way to help people get the message," says **Catherine Greene**, RNC-OB, BSN, MA, CPCE, of Bloomington Hospital's innovative and informative Safety Center.

Located in the waiting area of the hospital's Mother-Baby Unit, the Safety Center features an interactive car seat station where parents and visitors can practice correctly installing a car seat, a safe sleep demonstration complete with a crib and doll, videos on car seat and crib safety, and an array of take-home pamphlets.

"What people do in the first 48 hours is what they're going to do when they get home, so we need to model safety right from the beginning," says Greene, a Certified Professional Childbirth Educator and community education coordinator at Bloomington Hospital's Regional Center for Women & Children.

After seeing exhausted new parents fumbling to install a car seat, and troubled by reports of infant death due to unsafe sleep arrangements, Greene and her colleagues created the Safety Center in 2007 to engage visitors who "may be waiting to see the baby with nothing to do. It's interactive—they can get up and get involved," says Greene.

The car seat display has proven to be popular with new dads and visiting grandparents, who may be purchasing

a car seat for visits with the new baby. Mounted on a cabinet, the display is equipped with both a seatbelt and the LATCH system, so parents and their visitors can practice correct installation. A baby doll allows users to learn to adjust and tighten straps to fit an infant.

The safe sleep area features a crib, empty except for a doll wearing a sleep sack. Nearby, two baskets overflow with unsafe items—including teddy bears, quilts, and bumper pads—clearly labeled with signs reading "Do Not Use in Crib" and the universal "slash and circle" sign for No. While "all that stuff is beautiful," says **Dana Watters**, MSN, RNC, CCE, Executive Director of the Regional Center, "we need to get the

message to family members that it's not safe for their baby."

All visitors to the Mother-Baby Unit must pass through the visiting area, making it a prime location for the display. With 2,200 deliveries in the past year, Watters estimates that over 8,800 visitors have seen the Center since its creation. "It gives people the opportunity to ask us questions," she says. "It's a non-threatening environment where we can assist them."

Greene emphasizes that the Safety Center is an effective and inexpensive method of education that other facilities can easily adopt. "People really like it," she says, "and they get the message." 🐦

For more information about the Safety Center, contact Catherine Greene, RNC-OB, BSN, MA, CPCE, at (812) 353-4791 or cgreene@bloomingtonhospital.org.

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Advertise in *PERINATAL PERSPECTIVES*

The Indiana Perinatal Network is now offering ad space in the *Perinatal Perspectives* newsletter mailed to over 4,500 professionals statewide.

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EDUCATION

IPN Hosts Centering Healthcare Institute National Conference

The Power of Connection: Building Community through Group Care




Sharon Rising outfits Dr. Michael Lu with a CHI t-shirt after his keynote presentation.

The 2nd National Conference on Group Care underscored the importance of connection within the health care community. Hosted by the Indiana Perinatal Network, the national conference was held in Indianapolis in September 2008. Over 200 physicians, nurses, and midwives convened to discuss models of group health care, research findings, and strategies to make group care more effective.

The opening keynote address by **Michael Lu MD** was a tribute to the power of a supportive community to ease the stresses that may otherwise cause long-term health difficulties.

Research results from Connecticut/New York, Kentucky, California, and Washington and an inspiring call to action from **Kevin Grumbach MD** started the first full day. Participants learned how CHI's 2007 Best Practice Site, Colorado's Clinica Family Health Services, is successfully running over 25 Pregnancy and Parenting groups.

Workshops topics included patient recruitment, other Centering care models, health policy, funding for group care, and consortium building.

According to one medical student in attendance, "This is deeply impacting my thinking about the type of doctor I want to be and quality of care I want to provide." 

For more information on Centering, contact the Centering Healthcare Institute at (203) 271-3632 or visit www.centeringhealthcare.org.

Indiana Perinatal Network NEWS

2009 Indiana Perinatal Network Year-at-a-Glance Calendar

The Indiana Perinatal Network is coming to you!

This year, we are pleased to introduce six regional trainings that we will be facilitating throughout the state. Customized to meet the needs of Indiana's diverse communities, these half-day trainings will include local community mobilization strategies, up-to-date clinical innovations, and best practice models to improve care for mothers and babies.

A catalog of all 2009 events, including course descriptions, contact hour information, and registration forms, will be mailed in February.

DATE	TITLE	LOCATION
March 25	State Perinatal Advisory Board	Indianapolis
March 25-26	Controversies & Innovations in Perinatal Health: An Indiana Perinatal Network Forum	Indianapolis
April 14	Regional Training: <i>Change from Within</i> —Improving patient access, loyalty and retention	Ft. Wayne
April 14	Regional Training: <i>Improving Outcomes</i> —Engaging community partners to reach at-risk moms and families	Ft. Wayne
April 30	Trusting Birth in a High-Tech World: Indiana Perinatal Educators Conference	Carmel
May 8	Regional Training: <i>Change from Within</i> —Improving patient access, loyalty and retention	Bloomington
May 8	Regional Training: <i>Improving Outcomes</i> —Engaging community partners to reach at-risk moms and families	Bloomington
June 17	Regional Training: <i>Breastfeeding</i> —Putting Expertise into Action	Lafayette
June 17	Regional Training: <i>Something's Not Right</i> —Exploring Perinatal Mood Disorders	Lafayette
July 15	State Perinatal Advisory Board	Indianapolis
July 22	Regional Training: <i>Breastfeeding</i> —Putting Expertise into Action	Evansville
July 22	Regional Training: <i>Something's Not Right</i> —Exploring Perinatal Mood Disorders	Evansville
Sept 18	Regional Training: <i>Breastfeeding</i> —Putting Expertise into Action	Monticello
Sept 18	Regional Training: <i>Something's Not Right</i> —Exploring Perinatal Mood Disorders	Monticello
Oct 13	Regional Training: <i>Change from Within</i> —Improving patient access, loyalty and retention	Indianapolis
Oct 13	Regional Training: <i>Improving Outcomes</i> —Engaging community partners to reach at-risk moms and families	Indianapolis
Nov 4	State Perinatal Advisory Board	Indianapolis



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BENEFITS INCLUDE:

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

Corporate Membership OPTIONS

If your organization's annual budget is:

More than \$1,500,000	Dues \$500
\$500,000-\$1,500,000	\$250
Annual less than \$500,000	\$100
Each additional, individual member	\$50

BENEFITS INCLUDE:

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

CONTRIBUTING PARTNER (\$2,500):
Includes corporate partner benefits above plus:

- ▶ Your logo on IPN's home page with a link to your website
- ▶ Your logo in Perinatal Perspectives newsletter

EDUCATIONAL PARTNER (\$5,000):
Includes corporate and contributing partner benefits above plus:

- ▶ Your logo in all IPN conference materials
- ▶ Sponsor recognition with exhibit table and one free registration at each event

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