

PERINATAL Perspectives



Volume 6, Issue 1

Quarterly news from the Indiana Perinatal Network, Inc.

Spring 2002

Programs Provide Safe Cribs for Needy Families

Two programs are trying to meet the “overwhelming need” for approved cribs and mattresses.

Beds for Babies, a referral-based program from the Sudden Infant Death Syndrome (SIDS) Center of Indiana, helps expectant mothers (two weeks prior to birth) and those with infants up to six months of age.

“The word is out and spreading quickly,” says **Kim Whittaker**, volunteer program coordinator for the SIDS Center. “We assist agencies statewide, and I am hearing lots of positive feedback from referring agencies.” Last year, the Center issued funding for 53 cribs. “This year, our budget is for approximately 200 cribs,” explains Whittaker. “We aim to issue about 15 per month to ensure funding for the entire year.”

To take advantage of the program, referring agencies complete a form that



Continues on pg. 6



An alliance of hundreds of individuals and organizations across Indiana who are committed to the belief that every baby in our state should be born healthy and into a safe and nurturing home.

“Safe Sleeping” Brochure Helps Raise Awareness

The “Safe Sleeping for Your Baby” consumer brochure is now available in English and Spanish versions after development and review by the Indiana Perinatal Network (IPN) State Perinatal Advisory Board and its Safe Sleeping Subcommittee.

“We know a great deal of controversy surrounds this topic,” says IPN’s Executive Director **Julia Brillhart, RN, MSN**. “We believe it is IPN’s responsibility to educate parents about the most current thinking on this subject and to present this information in a consistent manner.”

Infant deaths related to unsafe sleeping practices have reached “epidemic” proportions in the Indianapolis area, according to Marion County Coroner **John McGoff, MD**. “We had five preventable infant deaths in the first three weeks of 2002 due to co-sleeping or unsafe sleeping arrangements with family members,” he says. “At this rate, we’ll have 83 infant deaths before the end of the year. This is simply intolerable.”

Last year, 15 infants in Marion County died due to suffocation while sleeping. Of those, 13 deaths were associated with unsafe sleeping conditions. Two of the 13 babies were suffocated when someone sleeping with them rolled on top of them.

In June 2001, IPN convened a subcommittee of its State Perinatal Advisory Board (*see sidebar at right*)

Continues on pg. 6



IPN’s Safe Sleeping Subcommittee

CHAIR
Robert White, MD—Neonatologist, Memorial Hospital, South Bend

MEMBERS
Julia Brillhart, RN, MSN—Executive Director, Indiana Perinatal Network
Judith Ganser, MD, MPH—Director, Maternal Child Health Services, Indiana State Department of Health
Nora Geissler, RN, BSN—Community Liaison, Indiana Perinatal Network
Deborah Givan, MD—Riley Hospital for Children and Chair, SIDS Council Advisory Board, Indiana State Department of Health
Marsha Glass, RN, BSN, IBCLC—Infant Feeding Specialist
Barbara Himes—SIDS & Infant Loss Support Coordinator, Indiana Perinatal Network
Maureen McLean, RN, MSN—State Perinatal Network Liaison, Indiana State Department of Health
James McKenna, PhD—SIDS Global Task Force, Education Committee; Professor & Chair, Anthropology Department



Indiana Perinatal Network Contacts

The IPN staff works to assist in meeting national, state and local community goals to improve perinatal outcomes in Indiana.

Julia Brillhart, RN, MSN
Executive Director
317.368.6058
jbrill@aol.com

Leah York
Office Manager
317.818.9486
IPNBABY@aol.com

Tina Babbitt, RN, BSN
Perinatal Education Coordinator
317.578.7207
tbabbitt2@aol.com

Julie Foster
Communications Coordinator
317.849.7542
juliefoster3@insightbb.com

Barbara Himes
SIDS and Infant Loss Support Coordinator
317.725.3754
SIDSBHimes@aol.com

Julia Tipton Hogan
Baby First Community Liaison
317.251.7990
jhogan5402@aol.com

Maureen McLean RN, MSN
Indiana State Department of Health
State Perinatal Network Liaison
317.233.1256
mmclean@isdh.state.in.us

Indiana Perinatal Online Magazine (IPOM)
www.indianaperinatal.org

Indiana Family Helpline
800.433.0746

INDIANA PERINATAL NETWORK NEWS CLIPS

Resources on IPOM

Consumer and provider resources are now available via the Indiana Perinatal Online Magazine (IPOM) at www.indianaperinatal.org. Materials offered on the Web site include consensus statements, guides/protocols, reports, hand-outs/brochures and reduced sized previews of posters. The resources are published in Adobe's Portable Document Format (PDF), enabling visitors with Adobe Acrobat Reader 5.0 (free software that can be downloaded from IPOM) to view, download, print and distribute the materials with a few clicks of their mouse. Visit us on-line today!



SAVE INDIANA'S BABIES!



Emergency Department & Urgent Care Center Guidelines for Pregnant Women

- Ask every woman 12-58 for history of LMP. If unknown, ask if she could be pregnant.
- If pregnancy is possible, do a pregnancy test. If negative, ask if she would like a referral for primary care or family planning services.
- If the woman is pregnant and not receiving prenatal care, provide the Indiana Family Helpline phone number (800-433-0746) for additional resources and to receive Baby First...Right From the Start packet with video.
- Offer prenatal care coordination to pregnant clients to help them gain access to needed services.
- Note: Every woman should be screened for domestic violence and substance abuse and referred if appropriate. Display "Screened Help" cards in bathrooms and exam rooms for pregnant women to put in their shoes.

For information on available resources, including Prenatal Care. Continue in your area, call the INDIANA FAMILY HELPLINE at 1.800.433.0746.

ER/Urgent Care Guidelines for Pregnant Women Released

IPN has developed a consensus statement that encourages Indiana's emergency departments and urgent care centers to prepare written guidelines for pregnant women. The intent is to improve outcomes by increasing the number of women beginning early prenatal care and by providing them with referrals to appropriate community agencies. "Many ER and urgent care centers deal with the presenting crisis and do not identify that the woman is pregnant," says IPN Executive Director **Julia Brillhart**.

In 2000, the Indiana State Department of Health (ISDH) and IPN conducted a survey of Indiana hospitals that found 75 percent of those responding did not have written protocols for emergency department visits by pregnant women. Only 58 percent of these hospitals screened for domestic violence and just 27 percent screened for substance abuse.

The Consensus Statement, Indiana Emergency Department & Urgent Care Center Guidelines for Pregnant Women, released in December 2001, provides some sample guidelines that are simple, clear and achievable. The suggested guidelines are summarized in an 11-inch x 17-inch poster (shown above) that hospitals and urgent care centers can post to increase awareness throughout the facility.

Both the Consensus Statement and the poster can be obtained by visiting www.indianaperinatal.org or by contacting IPN, ph: 317.818.9486 or e-mail IPNBABY@aol.com.

Baby First Billboards Urge Prenatal Care

Baby First...Right From the Start! outdoor messages urging women to get prenatal care are rotating throughout Indianapolis this year. Two billboards were posted in October 2001 on West Washington Street and West 38th Street. Produced with Clear Channel Outdoor, the billboards were made possible by MCHD's Healthy Start partnership and ISDH funds.



As part of its Baby First Toolkit, currently under development, IPN can help you post Baby First messages in your community. For more information, please contact IPN at 317.818.9486 or e-mail IPNBABY@aol.com.

PERINATAL EDUCATIONAL OPPORTUNITIES



AWHONN INDIANAPOLIS CHAPTER

- ◆ **Domestic Violence**
April 24, Hendricks Community Hospital, 7 pm
- ◆ **Recurrent Pregnancy Loss**
September 18, St. Francis Hospital, 7 pm
- ◆ **Cardiac Illness and Health in Women**
November 13, location TBA, 7 pm

CLARIAN/METHODIST HOSPITAL INDIANAPOLIS

Please note: all lunches are on your own.

PERINATAL TOPICS

- ◆ **AWHONN Fetal Heart Monitoring Principles and Practices Workshop—Two days (18.3 contact hours)**
Focuses on the application of essential fetal heart monitoring skills and intrapartum nursing practice.
June 6 & 7; Sept. 19 & 20; Nov. 14 & 15
Methodist Medical Tower, Room 103, Methodist Hospital.
Early registration is crucial, as space is very limited! Call 317.962.3548, at least three weeks prior to course to register and receive course materials.

- ◆ **Neonatal Resuscitation Course**
Helps to provide the necessary materials and training in neonatal resuscitation for health professionals according to the AHA-AAP Guidelines for Perinatal Care.
June 3; Aug. 19; Oct. 7; Dec. 9
Wile Hall 320, IUPUI
Registration: \$25.

Early registration is recommended, as class size is limited. Call 317.962.5682 at least three weeks prior to course to register and receive pre-course materials.

- ◆ **PERINATAL NURSING EDUCATION**
Registration fee for each of the following courses: \$10.

For more information, call 317.962.3548.

- ◆ **Beginning Fetal Monitoring**
This is a one-day, 8-hour basic fetal monitoring class for nurses who work with antepartum and/or intrapartum patients requiring electronic fetal monitoring.
May 21; June 18; July 16; Aug. 20; Sept. 17; Oct. 15; Nov. 19; Dec. 17
- ◆ **Obstetrical Emergencies**
This six-hour class discusses the identification of and nursing responsibilities associated with common obstetrical emergencies.
April 18; June 20; Aug. 15; Oct. 17; Dec. 19
- ◆ **Induction/Augmentation of Labor**
This is a four-hour class for nurses who work with patients receiving labor induction or augmentation with oxytocin, but cytotec is also discussed.
May 9; July 11; Sept. 12; Nov. 14
- ◆ **High Risk OB**
This one day eight-hour class discusses the identification and nursing responsibil-

ities associated with high risk obstetrical conditions.

May 16; July 18; Sept. 19

- ◆ **Grief Support For Families**
This two-hour morning class takes a hands-on approach to caring for inpatients experiencing a perinatal loss.
April 22; May 20; June 17; July 22; Aug. 19; Sept. 16; Oct. 21; Nov. 18; Dec. 16
- ◆ **Breastfeeding Basics for the Bedside Nurse**
This four-hour class is focused on providing the bedside nurse basics in assisting a breastfeeding mother and baby; positioning, latch assessment, and pumping equipment.
June 12; Aug. 14; Oct. 9; Dec. 11

MEMORIAL HOSPITAL SOUTH BEND

Family Education Rooms, 3rd floor
\$50 one-day class, \$75 for two-day classes.

Lunch on own.

To register or receive more information,
ph: 219.284.3456

- ◆ **Essentials of Electronic Fetal Monitoring**
8 am to 4:30 pm
April 29; July 15
- ◆ **Advanced Fetal Monitoring**
8 am to 4:30 pm
May 20
- ◆ **High Risk OB Care**
8 am to 4:30 pm
May 15 & 16

INDIANA PERINATAL EDUCATION CONSORTIUM

To register for any of the classes listed below,
call Bernie Price 219.865.1260, pager:

219.752.0058 or e-mail:

bprice@comnetcom.net

- ◆ **Breastfeeding, Basic**
8 am to Noon
Includes normal infant feeding behavior, appropriate latch, management of common breastfeeding problems, and when to refer; designed for all nurses working with new mothers and infants.
- ◆ **Breastfeeding, Advanced**
1 to 5 pm
Includes management of problems such as when breastfeeding is delayed, jaundice, and hypoglycemia
Nov. 7 at LeBein Nursing Hall, Valparaiso University
- ◆ **Neonatal Resuscitation**
8 am to 5 pm
Didactic and practice included; must read NRP book prior to attendance and be prepared for resuscitation practice (provider course).
October 18 at Valparaiso University, Room 107
- ◆ **Newborn Assessment**
8 am to Noon
Includes newborn assessment and gestational age; designed for nurses with limited newborn experience; good review for the experienced nurse.
- ◆ **Post Partum Assessment**
1 to 5 pm
Includes post partum assessment; post cesarean assessment; designed for nurses with limited post partum experience; good review for experienced nurse.
April 30 at LeBein Nursing Hall, Valparaiso University
- ◆ **Labor Assessment and Support**
8 am to 5 pm
Includes labor assessment, factors that encourage/inhibit progressive labor, second stage management, many support measures.
May 1 at Purdue University Calumet
- ◆ **Infertility**
8 am to Noon
Includes pathology and treatment; social, emotional, legal and economic implications.
- ◆ **Bereavement**
1 to 5 pm
Includes information about grief counseling and interventions to help families with their loss.
TBA (mid May or early June) at Purdue North Central
- ◆ **ECG Interpretation for the OB Nurse**
8 am to Noon
Includes basic ECG knowledge and interpretation of tracings for obstetric clients.
- ◆ **Interpretation of Pregnancy and Neonate Lab Values**
1 to 5 pm
Explanation and interpretation of neonatal and obstetric lab values.
Sept. 5 at LeBein Nursing Hall, Valparaiso University
- ◆ **OB Update**
8 am to Noon
Pain management for the newborn and the obstetric client and perinatal infection.
- ◆ **Spanish 101 for the OB Nurse**
1 to 5 pm
Learn basic words and phrases to communicate with Spanish-speaking obstetric patients.
Sept. 27 at Indiana University Northwest
- ◆ **Common Newborn Problems**
8 am to 5 pm
Cold stress, hypoglycemia, tachypnea, hyperbilirubinemia, sepsis, infections, drug exposure and cleft lip/palate.
Nov. 13, location TBA

For the dates of more educational offerings, visit the Indiana Perinatal Online Magazine (IPOM) at www.indianaperinatal.org.

Save Babies Support IPN



**Now, more than ever, Indiana's babies
and the Indiana Perinatal Network need your support...**

Your donations help to enable:

- ◆ Consumer education programs such as *Baby First...Right From the Start!*
- ◆ Education, resources and guides/protocols for perinatal providers
- ◆ Statewide program partnerships; SIDS resources for consumers and providers...and much more!

Large or small, a donation from you helps to bring us one step closer to the day when every baby in our state is born healthy and into a safe and nurturing home.

Please make your donation today with a check made payable to IPN or MasterCard or Visa payment.

**Mail to Indiana Perinatal Network
280 East 96th St., Suite 150,
Indianapolis, IN 46240**

What Your Donation Can Do

\$1.20	Buy a <i>Baby KeepSAFE</i> bracelet that tells caregivers, "Place me on my back to sleep, don't shake me and don't smoke."
\$2.50	A month-by-month <i>Baby First</i> Pregnancy Calendar with important information for expectant mothers.
\$4.00	A <i>Baby First</i> consumer education packet that includes "Lessons Learned" video, pregnancy calendar, wallet card with signs of preterm labor and other critical information.
\$10.00	A SIDS grief-support booklet
\$25.00	A mattress for a crib
\$100.00	A safe bed for a baby
\$2,000.00	Vinyl for a billboard posted for a year in at-risk communities.
\$20,000.00	Provider education and salary for a neighborhood resident to become a certified perinatal community outreach worker.

We also encourage you to contribute to IPN in memory of a baby knowing that your donation will go to work to help save the lives of other babies.



Going the Extra Mile...

TINA BABBITT & SANDRA MAHER

Clarian Health bestowed its 2001 President's Values Leadership Award on **Sandra Maher, RN, BSN** and IPN's Perinatal Education Coordinator **Tina Babbitt, RN, BSN**, for their pursuit of a WHO/UNICEF *Baby-Friendly* designation for Methodist Maternity Center.



Babbitt (left) and Maher.

Since 1998, the co-chairs of the Baby-Friendly Task Force have sought to make Methodist Maternity Center the first *Baby-Friendly* hospital in Indiana. "We are honored to receive this award in the first year of its inception" says Babbitt. The two commend IPN for its supporting role. "IPN's Breastfeeding Promotion Consensus Statement offers credibility to our mission," adds Maher. **For more information on the Baby-Friendly designation, please contact Tina Babbitt, IPN perinatal education coordinator at 317.818.9486.**

CLARIAN HEALTH

Thanks to **Clarian Health**, expectant mothers who call ISDH's Family Helpline will continue to receive a *Baby First* pregnancy calendar. To supplement IPN's dwindling supply, Clarian recently donated 6,000 copies. The well-received calendar is an important component of the consumer information packet mailed Helpline callers who respond to *Baby First...Right From the Start!* messages.

MAUREEN GREER

The National Perinatal Association (NPA) recognized IPN President **Maureen Greer** with its Stan Graven Award given to "honor an individual who, through his/her life and work, has made a significant contribution toward the enhancement of the cause of NPA."

Greer's lifelong work is dedicated to improving the well-being of families and children—from her early career as a teacher to her current work consulting in perinatal and early-intervention issues.

Often speaking from a consumer's perspective and her own experience as a high-risk mother who had two low birth weight babies, Greer has empowered parents to be active in perinatal organizations and has encouraged health care professionals to listen and work closely with parents.

Study Suggests Problems of VLBW Persist into Young Adulthood

Babies born very low birth weight (VLBW) could face developmental problems through young adulthood, according to a study.

Noting the lack of data on the follow-up into adulthood of VLBW survivors of neonatal intensive care, researchers undertook a longitudinal study of VLBW children (mean birth-weight, 1,179 g; mean gestational age at birth, 29.7 weeks) born between 1977 and 1979 and reported outcomes at age eight. The current study extends the follow-up to age 20.

- ◆ Fewer VLBW participants than controls graduated from high school or obtained a GED;
- ◆ VLBW participants were less likely to be enrolled in a postsecondary educational program;
- ◆ VLBW participants had significantly

- higher rates of chronic conditions;
- ◆ Forty percent of VLBW participants had repeated a grade in school, compared with 27 percent of controls;
- ◆ VLBW participants had significantly lower mean IQ scores and lower academic achievement test scores

The authors suggest that "further follow-up will be important to examine the ultimate educational attainment and choice of occupation of the cohorts as they reach mature adulthood."

Hack M, Flannery DJ, Schluchter M, et al. 2002. Outcomes in young adulthood for very-low-birth-weight infants. *New England Journal of Medicine* 346(3):149-157.

Note: IPN plans to convene a group of experts to develop a process for reviewing Indiana VLBW. If you are interested, please contact Julia Brillhart, ph: 317.818.9486 or e-mail: jbrill@aol.com.

WHERE ARE THEY NOW?

A look back at the people who were instrumental in shaping Indiana's perinatal objectives and paving the way for the formation of the Indiana Perinatal Network.



DARLA COHEN: Advocating Parent Support, Education and Early Intervention

Writing curriculum for Indiana University, training early-intervention providers and coordinating *First Steps* services keeps **Darla Cohen** busy—and that's just her "day job." As project coordinator for INTACT (Indiana Technical Assistance and Collaborative Training), Cohen administers all projects, supervises staff, writes grants; develops instructional materials; and assists with research.

In her "other life" as an enthusiastic volunteer, Cohen serves on IPN's Board of Directors and as president of HEAR Indiana, an organization that provides resources and support to families with hearing-impaired children. She also holds an "emeritus" position with NeoFight, a support group for families experiencing a perinatal crisis. "I have always done quite a bit of volunteer work," says Cohen.

Cohen began her career with a "general interest in the special needs of children." She served as a research assistant, and later as an associate, for the Center for Innovation in Teaching the Handicapped in Bloomington. From 1984 to 1989, she consulted with the Indiana Department of Education's Center for School Assessment. "These early positions engaged my interest in helping special-needs children."

Cohen's eventual embrace of perinatal issues, early intervention/education and parent support stem from her own perinatal crisis 20 years ago. Her daughter, Sarah Rose, was born full term in 1982 with Persistent Fetal Circulation (PFC), a condition in which pulmonary blood vessels remain constricted after birth, resulting in high pulmonary blood pressure and decreased blood flow. Sarah was confined to Methodist Hospital's neonatal intensive care unit (NICU) for nearly a month, while, Cohen experienced firsthand "the dedicated and compassionate volunteer parents of NeoFight."

As her career progressed, Cohen was "fortunate that professional oppor-



Above: Cohen celebrates NeoFight's 25th anniversary with (l to r) Sarah Killain, Jane Heustis and Maureen Greer.

tunities unfolded in the areas of early intervention, family-centered issues, parent support and advocacy, and special-education law." From 1989 through 1993, she served Indiana University as an evaluator and trainer for early-childhood education projects and *First Steps*.

The immense satisfaction Cohen derives from her work with families fuels her drive to do more. The most rewarding aspect of her work is when she "helps a family realize they are not alone, and they will survive whatever crisis they are facing." She relishes her role in "providing them with some information or a resource that will make their road a little smoother."

Conversely, Cohen is challenged to "see the obvious benefits of a particular intervention—parent support, prenatal care, early intervention—but be unable to convince an individual that everyone should have the opportunity to easily access and take advantage of it."

From a parent's perspective, Cohen observes progress in perinatal care during the last 20 years. She points to



At left: A 4-year-old Cohen strikes a pose fit for a model.

NICU chairs that are more comfortable for mothers keeping a vigil and decibel control that makes for quieter nurseries as indications of a friendlier environment. "Parent support is almost the norm rather than the exception. Parents are encouraged to become more involved and early intervention helps the smallest of surviving babies have better outcomes."

Aside from her consuming causes, Cohen enjoys time with her husband, Howard and her family. She often tags along with her husband on a tandem bicycle or has her nose in a cookbook. "I really love to read cook books," she adds. "I can't really cook all that well, but I do like to read about it!" 🍷

Darla Cohen can be reached at Riley Child Development Center 317.274.8894 or e-mail dcohen@child-dev.com



MINORITY HEALTH

Information in Spanish Available on Web from ISDH and IPN



Click on the “Espanol” button on ISDH’s Web site to access information in Spanish.

Spanish-speaking individuals can obtain important health information and resources in their native language from both the Indiana State Department of Health (ISDH) and the Indiana Perinatal Network (IPN).

A new “Spanish Quick Facts” section posted on ISDH’s Web site provides easy access to health information and services. The section is among 100 Spanish language pages on the site. All of the Spanish pages can be accessed by clicking “Espanol” on the home page at www.IN.gov/isdh, which links visitors to ISDH’s site for perinatal data and downloadable Spanish education materials.

Spanish-language versions of many consumer and provider resources can be found on the **Indiana Perinatal Online Magazine (IPOM)** at www.indianaperinatal.org by clicking on the “Consumer” or “Provider” button.

Programs Provide Safe Cribs... (from pg. 1)

transmits client information to the Center and requests assistance of \$125. Upon approval, the agency receives a check or store gift card and accompanies the client to purchase the crib and mattress. “This way, we make sure the money is used for its intended purpose,” says Whittaker.

Marion County’s Child Fatality Team is helping to educate parents and caregivers about safe-sleep practices and to provide an approved crib and mattress to those in need. “The need is overwhelming,” says **Barb Johnson**, IU Child Protection, “and we’re always looking for the funding to help meet it.”

Care coordination teams, *Healthy Families*, other home-visitation programs, Child Protective Services, and ISDH’s Indiana Family Helpline are among those referring needy Marion County families.

After a family is identified and referred, an appointment is scheduled for those who meet the criteria. Participants commit to a 20-minute training session, agree to use the crib appropriately and receive a follow up six months later.

After training, clients receive a crib and mattress that they must transport and assemble.

For more information on Beds for Babies, visit www.insids.org or contact Kim Whittaker at the SIDS Center, ph: 317.254.9255, or e-mail: KTZWhit@aol.com.

Referral forms for beds available from Martion County’s Child Fatality Team can be obtained are available by calling 317.630.6307 or 800.433.0746.

Cribs Demonstrate Safe Sleeping



Barb Himes with a safe-sleeping crib displayed at St.Vincent Family Life Center in March.

“Traveling cribs” provide a hands-on display of safe-sleeping practices. According to SIDS and Infant Loss Support Coordinator **Barb Himes**, two cribs are available for one-month loans. “We would like to set them up in hospital maternity floors for parents, grandparents, friends and families to see.” **To borrow a crib display, contact Barb Himes at 317.818.9486.**

“Safe Sleeping” Brochure... (from pg. 1)

to address issues of safety and sleep. The experts were asked to reach a consensus regarding parent education and to develop an educational brochure for parents. “IPN was privileged to have uniquely qualified experts on this topic participate on the subcommittee,” says Brillhart.

During the first meeting, subcommittee members presented their views on the topic. “In the process, they were surprised to discover that a consensus on most of the issues already existed among them,” says Brillhart. The first draft of the brochure was completed based on that meeting.

The drafting process continued through December 2001, when the group reached a consensus on the language of the brochure. Subsequent reviews were performed by the subcommittee and IPN’s State Perinatal Advisory Board.

“We now have a quality tool to help us educate parents and other caregivers on this critical topic,” says Brillhart.

To receive your free copy of the “Safe Sleeping for Your Baby” brochure, contact IPN at ph: 317.818.9486 or by e-mail at IPNBABY@aol.com. The brochure is also available on IPN’s Web site at www.indianaperinatal.org

SHOW EVERYONE THAT KIDS COUNT



Help Prevent Child Abuse and Neglect

For more information, visit www.in.gov/fssa/children/grant.html or www.in.gov/bmv/platesandtitles/wsrec.html

Your purchase of a *Kids First* license plate demonstrates your commitment to Indiana’s children—publically and privately.

Available for \$37 each at all Bureau of Motor Vehicle (BMV) branches, \$25 of your purchase goes to the Indiana Children’s Trust Fund to support statewide programs that help to prevent child abuse and neglect.



REGIONAL UPDATE

Southwestern Regional Perinatal Advisory Board Progresses Toward Three Key Goals

The Southwest Indiana Regional Perinatal Advisory Board aims to improve pregnancy outcomes in Gibson, Pike, Posey, Warrick and Vanderburgh counties.

Formed in 1997, the Board found “few referrals for home-visiting services from private physicians’ offices,” says Chair **Julie St. Clair**. “The role of home visits in improving perinatal outcomes is well documented.” Increasing physician referrals promptly became one of the Board’s three key objectives.

The Board was also concerned that private physicians were unaware of the Fetal Infant Mortality Review (FIMR) findings, and their patients were not routinely receiving “Six Lessons Learned” information. To remedy the situation, the Board initiated a campaign to increase physician awareness while enhancing consumer education.

Thanks largely to the Board’s efforts, statistics are improving:

- ◆ In 2000, 68 percent of fetal and infant death occurred to mothers receiving care from private physicians, compared to 79 percent in 1999.
- ◆ Low birth weight in Vanderburgh County in 2000 was 6.5 percent, compared to a state rate of 7.4 (provisional ISDH data).
- ◆ Vanderburgh County infant mortality was 6.4 deaths per 1,000 live births, compared to 7.4 in the state (ISDH provisional data).
- ◆ About 85 percent of mothers in Vanderburgh, Gibson and Posey entered prenatal care in their first trimesters in 2000.
- ◆ Vanderburgh shows no racial disparity (provisional ISDH data).

Increasing Physician Awareness

To increase awareness of FIMR findings, Board activities, the *Sister to Sister*

program and other community services, physicians were surveyed in March 2001 to establish a baseline. After re-administering the survey in October 2001, the Board found 38 percent of the providers indicated familiarity with the FIMR studies. By October of 2001, FIMR awareness increased to 50 percent.

Boosting Referrals

The Board continues to strive to increase referrals for prenatal care coordination and pre- and postnatal home visits. From April 1 to September 1, 2000, only one client was referred from private physicians. During the same period of 2001, these referrals jumped to 20. At the same time, maternity at-risk referrals increased 27 percent.

Enhance Distribution of Education Materials

The Board aims to increase the provision of educational materials to private physician’s prenatal clients. During 2001, more than 700 English client packets were given to providers, plus nearly 100 Spanish versions. A total of 39 physicians received face-to-face presentations and 14 offices were visited. Additionally, visits were made to several agencies and a variety of other materials distributed upon request.

Physicians in Vanderburgh County, as well as those in Gibson and Posey, were visited by public health nurses from their respective counties and received information packets for their clients.

Currently, the Board is focusing on increasing awareness of safe-sleeping practices with an educational program aimed at businesses. 🐾

For more information on the Southwestern Indiana Regional Perinatal Advisory Board and its activities, please contact Chair Julie St. Clair, ph: 812.867.6913 or e-mail: JStclair@usi.edu.

Howard County Thanksgiving Baskets Promote Breastfeeding



Last Thanksgiving inspired the Howard County Breastfeeding Coalition to promote breastfeeding. The Coalition assembled harvest-themed baskets stuffed with breastfeeding promotion items and hand delivered them to Kokomo-area medical professionals.

Coalition Chair **Cindi Myers, RN, BSN, IBCLC** and members delivered 21 baskets to pediatricians, general practitioners, pharmacies and other healthcare providers. “We received a great response as we handed out the baskets,” says Myers. “They brought a smile and were eagerly accepted.”

Each basket contained chocolates, mints and candies; an *AAP Guidelines of the Breastfeeding Position Statement*; IPN’s *Breastfeeding Promotion Consensus Statement*; and a copy of *Medications in Mother’s Milk*, by Thomas Hale.

Myers’ advice to other communities who might consider this idea is simple—just do it! “In most communities, we haven’t succeeded in changing the statistics.” In Howard County, about 52 to 59 percent of mothers breastfeed at birth; while the Healthy Children 2010 goal aims to increase this rate to 75 percent. “For all the benefits of breastfeeding, the public and the medical community frequently don’t understand its importance. To change cultural attitudes about breastfeeding, we have to get the word out in every way possible.” 🐾

For more information on the Howard County Breastfeeding Coalition, contact Cindi Myers, ph: 765.456.5655, e-mail: cindimyers@hotmail.com or write: P.O. Box 2334, Kokomo, IN 46904-2334.

Indiana Fatality Statistics Reflect Need for Education

The Indiana Family and Social Services Administration released child abuse and neglect fatality statistics for State Fiscal Year (SFY) 2001. Last year, 45 children died, an increase of one over SFY 2000. Of these, 26 deaths resulted from child abuse and 19 from neglect.

Of the 45 victims, 33 were three years old or younger. For abuse fatalities alone, 38 percent of the victims were under one year. Shaken Infant Syndrome accounted for five deaths. Since the first of this year, there have already been *seven deaths from Shaken Infant Syndrome in just two hospitals within Marion County.*

Other characteristics cited in the report include:

- ◆ **More boys died of abuse** (14 boys, 12 girls) and neglect (14 boys, 5 girls)
- ◆ 36 percent of the fatalities occurred in families with **at least one prior Child Protective Services substantiated investigation**
- ◆ In 31 cases (almost 69 percent), **the perpetrator was the child's biological mother or father**
- ◆ **The majority of cases occurred in two-parent or extended-family households**

Prevent Child Abuse Indiana will conduct a vigil to remember the 45 victims of child abuse and neglect on April 28, 2002—part of Indiana Child Abuse and Neglect Prevention Awareness Month.

For detailed demographic information on the fatalities, as well as ideas about hosting a vigil in your community, visit www.pcain.org.

FACTS ABOUT CHILD ABUSE/NEGLECT

- ◆ **During the past decade in Indiana, an average of nearly one child per week has died from child abuse or neglect (480).** Nationally, nearly three die each day.
- ◆ **Children who see others being abused, or who have been victims of abuse, are six to seven times more likely to abuse** a child or spouse when they become adults.
- ◆ **The youngest are the most vulnerable;** nearly 80 percent of the substantiated child abuse reports and child fatalities are children six years old and younger.

DID YOU KNOW?

Child abuse is the common denominator for many of our most serious social ills:

- ◆ **70 percent of female prisoners convicted of violent crimes** were victims of child and/or domestic violence.
- ◆ **Histories of abuse are common** among teens who commit arson, attempt suicide, are cruel to animals, or use illegal substances.
- ◆ **Boys are the victims of physical abuse** two to three more times than girls.

IMAGINE...

- ◆ If all homes were safe, there would be **less need for shelters, and crisis programs.**
- ◆ If there were fewer injuries from abuse and neglect, **health care costs would decrease.**
- ◆ If children were free from abuse and neglect, **school participation and performance would improve; suicides would decrease; alcohol and drug use would decline; and youth violence would be reduced.**

2001 FATALITIES BY COUNTY

COUNTY	DEATHS	CAUSE	COUNTY	DEATHS	CAUSE
Allen	1	Neglect	Johnson	2	1 Abuse, 1 Neglect
Clark	1	Neglect	Knox	1	Neglect
Clinton	1	Abuse	Lake	2	1 Abuse, 1 Neglect
Daviess	1	Neglect	LaPorte	1	Abuse
Elkhart	1	Abuse	Marion	7	5 Abuse, 2 Neglect
Fayette	1	Abuse	Morgan	2	Abuse
Floyd	3	2 Abuse, 1 Neglect	Owen	1	Neglect
Greene	1	Abuse	Posey	1	Abuse
Hamilton	1	Abuse	St. Joseph	1	Abuse
Hancock	3	1 Abuse, 2 Neglect	Vanderburgh	4	3 Abuse, 1 Neglect
Hendricks	2	Neglect	Vigo	2	1 Abuse, 1 Neglect
Huntington	1	Abuse	Wayne	3	Neglect
Jennings	1	Abuse			

About Prevent Child Abuse Indiana



Prevent Child Abuse Indiana

VISION

To live in a state where children flourish, free from abuse and neglect.

CORE VALUES

Valuing Children

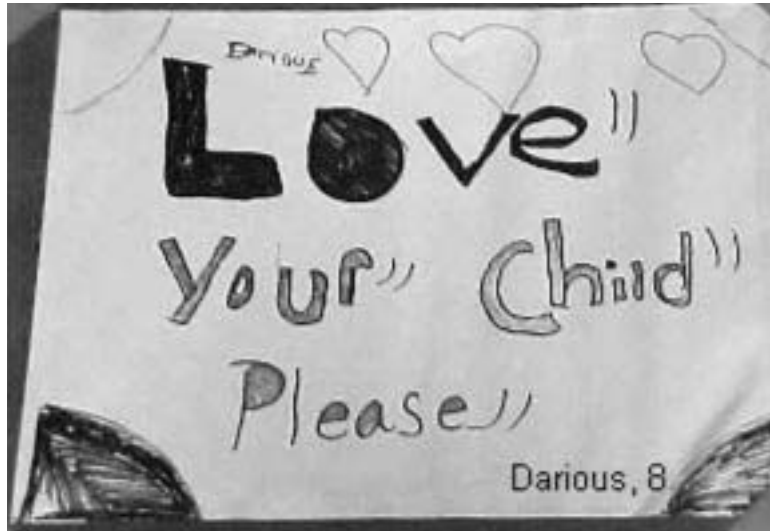
- ◆ Every child deserves to be cherished and nurtured in a safe and healthy environment.
- ◆ Abusing a child in any way is unacceptable.
- ◆ Societal values must change so that everyone recognizes that abusing a child is unacceptable.
- ◆ By working to prevent child abuse and neglect, all children can grow to realize their full potential.

Strengthening Families

- ◆ Family members and caregivers want to be successful in raising children.
- ◆ Providing families with the information, education, and the support they need and want helps to strengthen families and prevent child abuse and neglect.

Engaging Communities

- ◆ Prevention of child abuse and neglect occurs most effectively at the local level, in safe, healthy and nurturing communities.
- ◆ Giving communities access to the support, education, and tools they need to care for and nurture their children can prevent child abuse and neglect.
- ◆ Call and/or refer families to the Prevent Child Abuse Indiana Care Line 1.800.Children or www.pcain.org for help and support.



Drawings on this page and the next are from students at Lakeside Elementary, Indianapolis. See the young artists' complete gallery at www.pcain.org/WhatsPCA/kidspics.htm.

The Cost of Child Abuse and Neglect

A comprehensive study recently released by Prevent Child Abuse America assessed the annual financial cost of child abuse and neglect in the United States. Funded by The Edna McConnell Clark Foundation, the study revealed some staggering numbers:

- ◆ The direct costs of child abuse and neglect (hospitalization, cost to the welfare system, judicial proceedings, etc.) total over \$24 billion.
- ◆ The cost of hospitalization alone comes to over \$6 billion.
- ◆ The cost to the welfare system totals over \$14 billion.
- ◆ The indirect costs (adult criminality, lost future productivity, etc.) total over \$69 billion.
- ◆ The total estimate of the annual cost of child abuse and neglect in the U.S. comes to \$94,076,882,529.

Download a copy of the entire report at www.pcain.org/InfoOnAbuse/totalcost.htm.

Prevent Child Abuse America

- ◆ The national, nonprofit organization is headquartered in Chicago, Ill. Governed by a volunteer Board of Directors, it was founded in 1972 by Donna Stone.
- ◆ A network of 45 chartered, state chapters share a common vision, mission, core values, and guiding principles. In 1977, Indiana became the second state to be chartered.
- ◆ Established in 1986, The National Center on Child Abuse Prevention Research enhanced the network's capacity to link research and practice. The Center disseminates findings about child maltreatment and its prevention. An annual, published survey of the 50 states identifies critical trends and issues.
- ◆ The national organization founded the Healthy Families America program in 1992, based on the knowledge/ research that voluntary, home-visitation programs are a prevention strategy that works.

Preventing Child Abuse / Neglect

Preventing Child Abuse/Neglect

Baby KeepSAFE Bracelets Get the Word Out

Bracelets developed by IPN and Prevent Child Abuse Indiana to be distributed in high-risk counties



Now babies come with instructions thanks to the *Baby KeepSAFE* bracelet. And thanks to the Indiana Children's Trust Fund, approximately 40,000 of these bracelets will be distributed in Indiana's counties at risk for infant death and child abuse/neglect, as identified by the Indiana State Department of Health (ISDH). The bracelets will be distributed to all new parents, prior to hospital discharge.

The *Baby KeepSAFE* bracelet program, developed in 1999, is a cooperative effort of the Indiana Perinatal Network, Prevent Child Abuse Indiana and ISDH. The bracelet is a visual reminder of three important messages: place the baby on back to sleep, don't shake the baby and don't smoke around him/her. Accompanying material provides information on how to cope with a crying baby, safe-sleeping conditions and phone numbers for more information and support. Although the bracelets have been well received since their introduction, until now, funding has limited their availability.

"Prior to hospital discharge, new parents are bombarded with critical information on the care of their baby," says IPN SIDS and Infant Loss Support Coordinator **Barb Himes**. "The beauty of the bracelets is that these critical messages are right on the baby for all caregivers, including sitters, grandparents, daycare providers and others who might come in contact with the baby."

For more information on the Baby KeepSAFE bracelet program, visit www.indianaperinatal.org/SIDS/request.htm or contact IPN, ph: 317.818.9486 or e-mail IPNBABY@aol.com.

Prevent Child Abuse Services & Programs

1-800-CHILDREN (800-244-5373)—Provides information on Indiana child-abuse treatment and prevention services by offering a centralized location for information about child abuse, neglect, parenting, prevention and community services.

EDUCATIONAL PRESENTATIONS—Prevent Child Abuse Indiana's staff offers on-site presentations to professionals, parents and adolescents regarding child abuse and Shaken Infant Syndrome.

CONFERENCES—Prevent Child Abuse Indiana's Annual "Breaking the Cycle" conference (see sidebar below), the largest gathering of child abuse professionals in the state, provides up-to-date information to social workers, school counselors, law enforcement, foster parents, and volunteers working with families and youth.

INDIANA CHILD ABUSE AND NEGLECT PREVENTION AWARENESS MONTH—Every April is designated as the launch for this campaign that distributes more than 800,000 pieces of literature about child abuse prevention.

PUBLIC POLICY—Prevent Child Abuse Indiana continues to strengthen its role as an advocate for Hoosier children by expanding its grassroots public policy network and utilizing technology to disseminate information more quickly and effectively. The work with advocates focuses on both state and national policies affecting child-abuse prevention.



Education for Professionals: Mark Your Calendar for April 23-24!

Prevent Child Abuse Indiana's *Breaking the Cycle Conference*, April 23 and 24, covers a range of topics, including teen pregnancy, fatherhood, foster care, basic indicators of abuse and neglect and public awareness.

Speakers include **Frank Putnam, M.D.**, a national leader in child abuse research and prevention, along with one of Indiana's own writers and storytellers **Phillip Gulley**, the popular author of *Front Porch Tales*, *Home Town Tales* and *For Everything a Season*.

For more information about the 24th Annual Breaking the Cycle Conference, please call Prevent Child Abuse Indiana at 317.634.9282, or visit www.pcaain.org.

**PREVENT CHILD ABUSE
INDIANA**

32 East Washington Street
Suite 1200
Indianapolis, IN 46204
Ph: 317.634.9282
Fax: 317.634.9295
generalinfo@pcain.org
www.pcain.org

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**PREVENT CHILD
ABUSE
INDIANA CARE LINE**

**1.800.CHILDREN/
1.800.244.5373**
**Monday-Friday from
8:30 a.m. to 5 p.m.**

**For referrals and
information,
visit www.pcain.org**

**April is Indiana Child
Abuse/Neglect Prevention
Awareness Month.**



The National Center on Shaken Baby Syndrome offers materials including a consumer-education video (top right) and full-color posters. Visit www.dontshake.com/products/abscatalog.html.

**Shaken Baby
Syndrome**



**A Comparison:
Public Health Issues & Federal Spending**

Public Health Issue	Estimated Number of Americans Affected	FY 2000 Federal Spending Research	Spending Per Affected American
HIV/AIDS	393,045	\$1.8 billion	\$4,665
Cancer	757,600	\$3.3 billion	\$4,398
Alcohol Abuse	3,100,000	\$239 million	\$95
Drug Abuse	13,000,000	\$689 million	\$53
Heart Disease	59,700,000	\$2.0 billion	\$34
Child Abuse	31,540,001	\$68 million	\$22

© Prevent Child Abuse America

For references on above data, please contact Prevent Child Abuse Indiana at ph: 317.634.9282 or visit www.pcain.org

Preventing Child Abuse / Neglect

2002 Calendar

APRIL

- 22 **Grief Support for Families, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 22-23 **Prevent Child Abuse “Breaking the Cycle” Conference**—ph: 317.634.9282 or visit www.pccain.org.
- 24 **AWHONN Domestic Violence Workshop**—Hendricks Community Hospital, 7 p.m.—ph: 317.962.3548.
- 25 **12th Annual Indiana Perinatal Educator Conference: “Creating Options for a Magical Birth”**—Lisa Crane, ph: 317.962.2678.
- 29 **Essentials of Electronic Fetal Monitoring**—South Bend/Memorial Hospital, Family Education Rooms, 3rd Floor, 8 a.m. to 4:30 p.m.—To register or obtain more information, ph: 219.284.3456 and leave name and phone number.
- 30 **Northwest Indiana Perinatal Education Consortium, Newborn Assessment (8 a.m. to Noon) and Postpartum Assessment (1 to 5 p.m.)**—Valparaiso University, LeBein Nursing Hall—Bernie Price, ph: 219.865.1260, pager: 219.752.0058 or e-mail: bprice@comnetcom.net

MAY

- 1 **Northwest Indiana Perinatal Education Consortium, Labor Assessment and Support**—Purdue University Calumet, 8 a.m. to 5 p.m.—Bernie Price, ph: 219.865.1260, pager: 219.752.0058 or e-mail: bprice@comnetcom.net
- 9 **Induction/Augmentation of Labor, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 15-16 **High-Risk OB Care**—South Bend/Memorial Hospital, Family Education Rooms, 3rd Floor, 8 a.m. to 4:30 p.m.—Ph: 219.284.3456 and leave name and phone number.
- 16 **Delaware Co. Healthy Mothers Healthy Babies**—Ball State Alumnae Center, Muncie—Visitors are welcome, but encouraged to contact Secretary Mary Ann Schmutte to confirm meeting date and time, e-mail: jmschmut@iquest.com
- 16 **High Risk OB, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 16 **2002 SIDS Golf Outing**—Valle Vista Golf Club, Indianapolis—Visit www.indianaperinatal.org/SIDS/events.htm
- 20 **Advanced Fetal Monitoring**—South Bend/Memorial Hospital, Family Education Rooms, 3rd Floor, 8 a.m. to 4:30 p.m.—ph: 317.284.3456 and leave name and phone number.
- 20 **Grief Support for Families, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 219.962.3548.
- 21 **Beginning Fetal Monitoring, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 22 **IPN State Perinatal Advisory Board Meeting**—Indiana State Department of Health, Indianapolis, 2 to 4 p.m.—Contact IPN, ph: 317.818.9486, e-mail: IPNBABY@aol.com

JUNE

- TBA **Northwest Indiana Perinatal Education Consortium, Infertility (8 a.m. to Noon) and Bereavement (1 to 5 p.m.)**—Purdue North Central—Bernie Price, ph: 219.865.1260, pager: 219.752.0058 or e-mail: bprice@comnetcom.net

- 3 **Neonatal Resuscitation Course**—Wile Hall 320, Methodist Hospital, Indianapolis. Registration is \$25 per person—ph: 317.962.3548 at least three weeks prior to the course to register and receive materials.
- 6-7 **AWHONN Fetal Heart Monitoring Principles & Practices Workshop**—Methodist Medical Tower, Room 103. \$100 for both days includes course manual.—ph: 317.962.3548 at least three weeks prior to the course to register and receive course materials.
- 12 **Breastfeeding Basics for the Bedside Nurse, Perinatal Nursing Education Course**—Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 17 **Grief Support for Families, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 18 **Beginning Fetal Monitoring, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 20 **Delaware Co. Healthy Mothers Healthy Babies—Ball State Alumnae Center, Muncie**—Visitors are welcome, but encouraged to contact Secretary Mary Ann Schmutte to confirm meeting date and time, e-mail: jmschmut@iquest.com
- 20 **Obstetrical Emergencies, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 26-29 **National Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)**—Boston, Mass.—Visit <http://www.awhonn.org> for more information.

JULY

- 11 **Induction/Augmentation of Labor, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 15 **Essentials of Electronic Fetal Monitoring**—South Bend/Memorial Hospital, Family Education Rooms, 3rd Floor, 8 a.m. to 4:30 p.m.—ph: 219.284.3456 and leave name and phone number.
- 16 **Beginning Fetal Monitoring, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 18 **Delaware Co. Healthy Mothers Healthy Babies**—Ball State Alumnae Center, Muncie—Visitors are welcome, but encouraged to contact Secretary Mary Ann Schmutte to confirm meeting date and time, e-mail: jmschmut@iquest.com
- 18 **High Risk OB, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.
- 21-24 **National Healthy Mothers, Healthy Babies Coalition Conference “Connections 2002”**—Sheraton Sand Key Resort, Clearwater, FL—ph: 703.836.6110 or visit www.hmh.org
- 22 **Grief Support for Families, Perinatal Nursing Education Course**—Clarian Health/Methodist Maternity Center, Indianapolis. Class fee: \$10—ph: 317.962.3548.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES



FETAL-INFANT MORTALITY REVIEW ABTRACTOR (FIMR)

Bachelors or Masters degree in nursing with a minimum of four years of professional work experience in related health or human services field. Responsible for the development, coordination and evaluation of projects related to the Fetal-Infant Mortality Review (FIMR). Ability to abstract data related to goals and objectives of the Indianapolis Healthy Babies Program (IHB)-FIMR program and present it in statistical format. Serve as a liaison with healthcare providers, social service organizations, civic and community agencies. Registered Nurse with valid Indiana nursing license required. Recent obstetric nursing experience necessary. Valid Indiana driver's license and access to own vehicle for in-county travel required.

Contact Lola King, Indianapolis Healthy Babies Coordinator, ph: 317.221.2313. Apply in person at Marion County Health Department, Human Resources, 6th Floor, 3838 North Rural Street, Indianapolis, Indiana 46206.

VOLUNTEERS NEEDED AT WOMEN'S PRISON

Volunteers needed to work with pregnant women and their infants' caregivers at Indiana Women's Prison. Call Janet Schadee, RN, MSN at 317.639.2671, ext. 306 or e-mail: jschadee@iwp.doc.state.in.us.

IPN COMMUNITY LIAISON—PART TIME Exciting new position with the Indiana Perinatal Network, Inc. for a creative problem-solver who wants to make a difference!

The IPN Community Liaison works in partnership with statewide community groups to improve outcomes for mothers and babies.

This is a position for a self-motivated, independent individual with strong knowledge of perinatal issues, critical thinking skills, effective interpersonal skills (both written and verbal), public-speaking experience and program planning, Bachelor's or Master's degree required in nursing, social service or related area. Five years of perinatal experience preferred.

Not necessary to reside in Indianapolis; frequent in-state travel necessary.

Please fax résumé to IPN 317.818.9624 or e-mail to IPNBABY@aol.com. For more information, call Julia Brillhart, IPN executive director, ph: 317.818.9486.

Reach Statewide Providers and Professionals for Less!

It's the best deal going—advertise in *Perinatal Perspectives'* classifieds for just \$15 per column inch and reach 4,000+ statewide providers and professionals! For details, contact IPN Communications Coordinator Julie Foster at ph: 317.849.7542 or e-mail: juliefoster3@insightbb.com.

For more calendar dates and information, visit the Indiana Perinatal Network Online Magazine (IPOM): www.indianaperinatal.org.



A look back at the people who were instrumental in shaping Indiana's perinatal objectives and paving the way for the formation of the Indiana Perinatal Network.

JULIE ST. CLAIR: Making a Difference in the Community

As chair of the Southwest Indiana Regional Perinatal Advisory Board, **Julie St. Clair, BSN, MSN** has witnessed the impact of grassroots, community involvement.

"I am proud to be associated with our local board—we are deeply involved in activities to promote healthy pregnancies and decrease infant mortality," she says. "Over the last several years, we have consistently developed programs for consumers and providers, and I think we are making a real difference." Recent measurements and outcome statistics attest to the board's progress toward its three-pronged goal of increasing physician awareness, boosting referrals to prenatal care coordination and enhancing the distribution of educational materials (*see pg. xx*).

A teacher of community health nursing at the University of Southern Indiana, Evansville, St. Clair received her Bachelor's Degree from Western Kentucky University in 1980 and her Master's from the University of Evansville in 1986. "I always thought that 'some day' I would like to teach, and since positions in my specialty area don't come along very often, I made the career move."

St. Clair began her career on the night shift in the Cardiac Intensive Care Unit of Evansville's Welborn Hospital (now St. Mary's Riverside). Although she "loved the patient care," the nocturnal hours were not as appealing.

Searching for a daytime job, she joined the Vanderburgh County Health Department as a public health nurse. There she quickly discovered her "niche in nursing."

After working as a public health nurse for three years, St. Clair became director of nursing with responsibilities that included administering the WIC program, MCH grant for child health clinics and the chronic disease program while supervising three public health nurses.

Now as an instructor, St. Clair says she enjoys creating enthusiasm for public health among her students. "The vast majority have no idea what the health department has to offer or what resources exist in our community." One of the challenges in her role is maintaining connections with students nationwide who "attend" via the Internet. "It is a challenge to connect with these students and to help set them up for a clinical experience that will be comparable to what we offer our local students. We want to be flexible to help meet their needs, yet remain consistent with standards for clinical experience."

St. Clair's interest in perinatal care was fostered in her experience as a



"We need to do a better job of educating women about pregnancy, prenatal care and infant health care issues. I hope we can continue to see a decline in infant mortality and teen pregnancy."

public health nurse. "I worked with women and children who had many health risks and felt that I could really make a difference through perinatal care, even if that progress was not always quick."

Among the strides made in the field over the last two decades, St. Clair is particularly pleased with the expansion of the Medicaid system that made prenatal care more accessible to more women, the local drop in infant mortality to 6.4 in 2000, and the increase to 85 percent in first trimester entry into prenatal care. "Still, we have a long way to go to meet *Healthy People 2010* objectives."

Looking ahead, St. Clair thinks progress can be made by working together to achieve all of the related

Healthy People 2010 goals and objectives. "We need to do a better job of educating women about pregnancy, prenatal care and infant health care issues. I hope we can continue to see a decline in infant mortality and teen pregnancy."

Serving on the local Child Protection Team and as a board member of the Ark Crisis Prevention Nursery, a drop-in day care, St. Clair also stays busy keeping up with the sports and activities of her 13-year-old daughter and nine-year-old son. An avid runner, she enjoys pounding the pavement for exercise and competing in local road races for the challenge, as well as swimming competitively. 🏊

Julie St. Clair can be reached at the University of Southern Indiana, ph: 812.867.6913, e-mail: JStclair@usi.edu.

PSUPP Passes the Flame for Smoking Cessation



With Utah's infant mortality at an all-time low of 4.8 infant deaths per 1,000 births, First Lady **Jacalyn Leavitt** issued a challenge to fellow governors' wives. While Utah readied itself to host the Winter Olympics, Leavitt requested that each First Lady nominate for the Olympic torch relay a woman whose pregnancy inspired her to quit smoking.

Indiana's First Lady **Judy O'Bannon** accepted the challenge, coordinating the search with **Carolyn S. Waller, Ph.D.**, director of the Prenatal Substance Use Prevention Program (PSUPP) for the Indiana State Department of Health (ISDH).

On January 3, Indiana torch bearer **Mozell Quarles** proudly passed the flame in Ft. Wayne. The 28-year-old mother of three, Quarles' enthusiasm and perseverance to cease smoking earned her the nomination nod. Formerly a half-a-pack-a-day smoker, Quarles was pregnant with her last child, now five months old, when she contacted the PSUPP coordinator of Gary's Health Department. She was determined to quit smoking for her own health, the health of her unborn child, and to prevent her other children from continued exposure to second-hand smoke.

PSUPP helped Quarles develop a plan to gradually reduce her cigarette use. Soon she cut down to five cigarettes a day and was able to stop completely by February 2000, five months before her baby arrived. "I feel much better, have an



Torchbearer Mozell Quarles, a Ft. Wayne mother of three, successfully quit smoking while pregnant with her last child.

improved self-image and am still smoke-free," says Quarles—and she plans to stay that way.

The smoke-free mom was thrilled to participate in the torch relay. Prior to the run, she listened raptly as the Olympic staff described the history of the torch, the significance of the five rings and how each torch bearer carried the flame for a special reason. With pride, Quarles passed the flame for all of Indiana's newly smoke-free expectant mothers. 🌟

For more information on ISDH's PSUPP, contact Director Carolyn Waller, Ph.D., ph: 317.233.1269, e-mail: Cwaller@isdh.state.in.us.

Northwest Indiana Healthy Start's Efforts Continue

Northwest Indiana Healthy Start was awarded \$1.25 million in February to continue to impact the region's high rate of infant mortality. The funds will be granted annually through January 31, 2006 and were made possible by a Congressional appropriation to the Health Resources and Services Administration (HRSA) that allowed funding of 12 "approved but not funded" *Healthy Start* projects.

"Along with the *Healthy Start* staff and community consortium members, I am extremely pleased to have continued funding," says Project Director **Risë Ross Ratney**. "While some progress has been made, there is so much more to do."

Provisional 2000 statistics from the Indiana State Department of Health (ISDH) reveal a white infant mortality rate of 5.5 infant deaths per 1,000 live births. Black infant mortality remains high at 15.5—nearly three times the rate of white infant mortality. While these numbers are up slightly from 1999, they represent an improvement over 1998 rate of 20.9 among black infants.

Although funding decreased \$500,000 from the prior budget, Ratney says the project will continue to perform community outreach and offer case management/care coordination services and health education to pregnant women in East Chicago, Gary, Hammond and Lake Station.

"Our program mandate now is to follow women and their infants until the child is two," explains Ratney. "We will place special emphasis on perinatal depression and interconceptional care."

The project also aims to strengthen partnerships with the Women, Infants and Children (WIC) program, local hospitals, community health centers and MCH-funded projects. *Healthy Start* is collaborating with the Lake County *Baby First* Committee to develop a community outreach program with other prenatal care coordinators, perinatal providers and concerned community leaders. 🌟

For more information or to help Lake County, contact Risë Ross Ratney at ph: 219.989.3939 or e-mail rraka@aol.com.



INDIANA MODEL PROGRAMS



Indianapolis Healthy Start

Although the U.S. spends more money on health care than any other country, infant mortality remains higher than in many other industrialized countries. Low- and very-low-birth-weight rates have increased and health disparities persist between white and other racial or ethnic groups. The challenge of reducing infant mortality requires new interventions that target complex economical, social and medical factors.

Last January, the Marion County Health Department (MCHD) and local officials announced a decline in infant mortality in 2000. The nation's preliminary infant mortality rate fell to its lowest level ever in 2000 with 6.9 infant deaths per 1,000 live births, down from a rate of 7.1 in 1999. In Marion County, infant mortality also declined.

2000 MARION COUNTY INFANT MORTALITY RATES

	Overall	Black	White	Hispanic
2001	7.9	13.4	5.5	4.0
2000	9.9	15.9	7.7	7.7
1999	10.2	18.1	6.7	6.7

(Number of deaths per 1,000 live births)

The figures reveal a health disparity with the black infant mortality rate more than twice that of white infant mortality. The three leading causes of infant mortality for all races in Marion County are prematurity, birth defects and accidental suffocations.

Indianapolis Healthy Start, initiated and funded by the U.S. Department of Health and Human Services, strives to bring innovative, effective approaches to reduce infant mortality. "We strive to improve the health of mothers and babies by targeting women and families at greatest risk for poor birth outcomes based on medical and socioeconomic

factors," says Maternal and Child Health Director **Bobbie Brown**.

The main goals of the project are to:

- ◆ **Reduce the infant mortality** rate;
- ◆ **Decrease the disparity** of infant mortality rates between white and other racial or ethnic groups;
- ◆ **Increase risk-assessment evaluation and appropriate referral**;
- ◆ **Assure that women can access appropriate care**; and
- ◆ **Provide health supervision** for infants up to age two.

Nine *Healthy Start*-staffed organizations throughout Marion County address:

- ◆ **Smoking during pregnancy** by encouraging women to quit or reduce cigarette smoking and maintain a smoke-free environment.
- ◆ **Early entry into prenatal care** by helping women overcome the barriers of getting into first trimester care.
- ◆ **Preterm labor** via education to help women know the signs of preterm labor and what to do.
- ◆ **Proper nutrition** and proper weight gain through education about nutrition, healthy eating skills and prevention of birth defects through daily intake of folic acid.
- ◆ **Breastfeeding** with education, support and encouragement.
- ◆ **Domestic violence** via victim coordinators who help the pregnant battered woman.
- ◆ **Immunizations** by following infants born to *Healthy Start*-enrolled women. 🐾

For information on *Indianapolis Healthy Start*, contact **Sandy Bert** at the Marion County Health Department, ph: 317.221.2317 or fax: 317.221.2472.

Organizations Providing Healthy Start Services in Marion County

A.C.T.I.O.N. Center
Citizens Health Center
HealthNet, Inc.
IU School of Nursing-MOM Mobile
Legacy House

Minority Health Coalition of Marion County
St. Francis Hospital & Health Services
St. Vincent Hospital & Health Services
Wishard Health Services

STATS at a GLANCE

Source: Indiana State Department of Health (ISDH)
www.IN.gov/isdh/dataandstats/mch

INDIANA 10 YEARS AGO VS. TODAY

Infant Mortality

	2000	1990
Total	7.7	9.6
White	6.7	8.7
Black	15.9	19.8

Deaths per 1,000 live births

Rate of Births Among Females (age 15-17)

1999	1990
27.4	35.6

Per 1,000 live births

Percent of Births to Mothers who Smoke

2000	1990
20.2%	26.6%

Percent of total births

Percent of Infants Born to Mothers Receiving First Trimester Prenatal Care

	2000	1990
Total	79.4	78.8
White	81.0	81.0
Black	67.1	61.1
Hispanic	60.2	

Percent of total births

WHERE DOES YOUR COUNTY STAND?

INFANT MORTALITY RATE, ALL RACES, INDIANA, 1990-1999
(Counties With 20 Or More Infant Deaths)

Rank	County	Rate*	Rank	County	Rate*
1	Parke	12.3	36	LaPorte	7.9
2	Scott	11.2	37	Jay	7.8
3	Lake	10.9	38	Morgan	7.8
4	Daviess	10.8	39	Monroe	7.8
5	Montgomery	10.7	40	Porter	7.5
6	Blackford	10.7	41	Knox	7.4
7	Marion	10.6	42	Clay	7.3
8	Vigo	10.6	43	Jasper	7.3
9	Wayne	10.6	44	Bartholomew	7.2
10	Grant	10.5	45	Cass	7.2
11	Vanderburgh	10.1	46	Shelby	7.0
12	Madison	9.7	47	Tippecanoe	7.0
13	Fayette	9.6	48	Starke	7.0
14	Greene	9.6	49	Johnson	7.0
15	St. Joseph	9.4	50	Floyd	6.9
16	Adams	9.2	51	Miami	6.9
17	Sullivan	9.1	52	Huntington	6.6
18	Howard	9.0	53	Dearborn	6.6
19	Jackson	9.0	54	Posey	6.5
20	Delaware	8.9	55	Dubois	6.4
21	Clark	8.9	56	Wabash	6.3
22	DeKalb	8.8	57	Hamilton	6.3
23	Decatur	8.8	58	Marshall	6.2
24	Elkhart	8.4	59	Boone	6.2
25	Allen	8.3	60	Wells	6.1
26	Kosciusko	8.3	61	Jefferson	6.0
27	Jennings	8.3	62	Hendricks	6.0
28	Noble	8.2	63	LaGrange	5.9
29	Henry	8.1	64	Ripley	5.6
30	Randolph	8.1	65	Steuben	5.5
31	Gibson	8.1	66	Lawrence	5.4
32	White	8.0	67	Putnam	5.2
33	Hancock	8.0	68	Harrison	5.1
34	Spencer	8.0	69	Whitley	5.0
35	Clinton	7.9	70	Warrick	4.6

Indiana 8.7

* Rate per 1,000 live births.

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The Express, a bi-weekly ISDH newsletter, is now available exclusively in an electronic format. **To view current and past issues, log on to www.in.gov/isdh, click "What's New" and select "The Express Newsletter."**

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Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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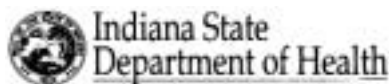
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280 East 96th St., Suite 150
Indianapolis, IN 46240
Fax: 317.818.9624 • Ph: 317.818.9486
E-Mail: IPNBABY@aol.com

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A community approach to improving health care for Indiana's Mothers & Babies

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



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