

PERINATAL Perspectives

Volume 8, Issue 2

Quarterly news from the Indiana Perinatal Network

Spring 2004

Healthy Families Celebrates 10-Year Anniversary and Second Statewide Credentialing

Child-abuse-prevention advocates from every Indiana county packed the Statehouse Rotunda on February 3 to honor Healthy Families Indiana's (HFI) 10-year anniversary and celebrate its second statewide credentialing. Nearly 700 people were on hand as **Governor Joseph E. Kernan** and Indiana's **former First Lady Judy O'Bannon**, along with Prevent Child Abuse America, presented awards.

Regarded as one of the nation's most successful prevention programs, HFI provides voluntary, in-home visitation to parents shortly after childbirth. By reaching typically young, single, low-income parents, HFI strives to reduce child abuse, neglect and health problems and ultimately help to prevent juvenile delinquency.



Clockwise from top left: Sid Johnson, president and CEO of Prevent Child Abuse America; Gov. Joseph Kernan and Judy O'Bannon joined Joanne Martin, DrPH, MS, RN, Director, M.O.M Project, IU School of Nursing and Cheryl Sullivan, FSSA secretary; these site personnel celebrated their own 10-year tenures with HFI.

"Healthy Families is helping parents where it counts—right in their homes and communities," said Kernan. "For 10 years, we've stood beside families to let them know that they aren't alone as they assume the important responsibilities of parenting. Together, we are ensuring Hoosier children have the best opportunities possible and that parents have the resources, information and support they need to do the best they can for their children."

The credentialing signifies that Indiana's HFI sites met national evidence-based standards that ensure

high-quality service. The national organization noted that Indiana's Family & Social Services Administration's (FSSA) field sites are effectively supported by a central administration for quality assurance, training and technical assistance, policies and evaluative support.

For its record of staff training and statewide program standards, Prevent Child Abuse/Healthy Families America previously named HFI as one of only two "Regional Resource Centers" in the nation.

For more information on Healthy Families Indiana, visit <http://www.in.gov/fssa/families/protection/dfchealthy.html>



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

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SIDS & Infant Loss Support

Doorknob Hanger Provides Tips for Caregivers

A new doorknob hanger (*shown at right*) from First Candle/SIDS Alliance outlines nine simple steps for parents and caregivers to help their baby "survive and thrive."

"The hanger can be placed on the nursery doorknob to serve as a convenient reminder for parents, babysitters and others who care for the infant," says IPN's SIDS & Infant Loss Support Coordinator **Barb Himes**.

The item features English on one side and Spanish on the other and is available at no cost.

For more information, contact **Barb Himes**, ph: 317.725.3754, e-mail: sidsbhimes@aol.com; or **First Candle/SIDS Alliance**, ph. 800.221.7437 or www.firstcandle.org.

1. Place your baby to sleep on his or her back at nap and nighttime.
2. Do not let anyone smoke around your baby or be in a room where someone has recently smoked.
3. Use a safety-approved crib with a firm, tight-fitting mattress
4. Remove all soft bedding and toys (including blankets, bumpers and positioners).
5. Use a wearable blanket to replace loose blankets in your baby's crib.
6. Do not put your baby to sleep on any soft surface (sofas, chairs, waterbeds, quilts, sheepskins, etc.).
7. Room sharing is safer than bed sharing.
8. Do not dress your baby too warmly for sleeping; keep room temperature between 65 to 71 degrees.
9. Educate relatives, baby sitters and other caregivers about these important safety tips.



Perinatal Perspectives

A Quarterly Publication of the Indiana Perinatal Network

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

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

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

CLINICAL CONSULTANTS

Lauren Dundy-Poythress, MD
St. Vincent Indianapolis Hospital
Howard Harris, MD
NICU Medical Director
Methodist Hospital, Indianapolis
Michael Hogan, MD
Pediatrician, retired
Mureena Turnquest Wells, MD
Maternal Fetal Medicine
St. Mary's Hospital, Evansville

PUBLISHING SCHEDULE

Issue	Mails	Deadline
Winter	February	Dec. 15
Spring	April	March 15
Summer	August	June 15
Fall	November	Oct. 15

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The Community Council for Infant Health & Survival of the State Department of Health presents...

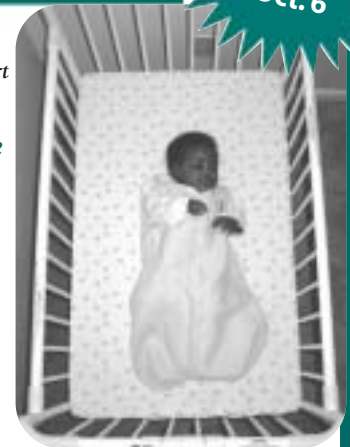


SAVE THE DATE:
Wednesday,
Oct. 6

Focusing on safe-sleeping practices across cultures, infant loss, and grief-support resources.

An all-day conference featuring:
James Kemp, MD

WEDNESDAY, OCT. 6
Indiana State Department of Health (ISDH)
Rice Auditorium
2 North Meridian St.
Indianapolis



James Kemp, MD, a nationally recognized expert and researcher on sleep and infants, is an associate professor of pediatrics at Saint Louis University School of Medicine and a pediatrician at SSM Cardinal Glennon Children's Hospital.

INDIANA PERINATAL NETWORK

Ph: 317.924.0825
ipn@indianaperinatal.org
www.indianaperinatal.org

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Indiana State Department of Health

Opinion Forum:

Elective Cesarean Deliveries

Careful Case-by-Case Consideration is Needed

Lauren Dungy-Poythress, MD
St. Vincent Indianapolis Hospital

Recent studies suggest that the rate of elective cesarean sections is rising among women who have not labored, have no prior history of c-section and have no medical indication for the procedure. Nationwide, it is estimated that more than 62,000 women have chosen this option for delivery.

Worthy arguments for and against elective c-sections abound. I believe each case should be carefully considered. As a perinatologist, the option of an elective c-section has not been an issue of concern in the deliveries with which I have been involved—nor do I expect it to become an area of primary concern in the near future.

However, as a female with a history of rapid, uneventful labors, I am biased toward vaginal delivery where possible.


My bias is compounded by my concerns about complications associated with a history of previous c-sections. These complications can

include increased rates of placenta accreta/percreta, as well as the risks of uterine rupture and a significant risk of morbidity and mortality.

Conversely, concerns about the impact of vaginal deliveries on the pelvic floor also have merit. Trauma to the pelvic floor can lead to urinary and fecal incontinence and pelvic organ prolapse.

Yet others advocate elective c-section on behalf of the baby to help decrease the risks of birth damage, fetal distress and emergency c-section. In that regard, another concern that warrants mention is the potential for medical-legal risks to a physician if the patient's strong petitions for elective cesarean delivery are denied and the patient subsequently has an adverse pregnancy outcome.

A final decision should be made inclusive of the expectant mother's thoughts and concerns and in conjunction with the physician's medical judgment.

Similar to many clinical situations where a single mode of correct management is not readily apparent, I believe it is important to make sure that the patient is well informed regarding the options, including the attendant risks, benefits and limitations. A final decision should be made inclusive of the expectant mother's thoughts and concerns and in conjunction with the physician's medical judgment. Equally important in such situations is documentation of the process that leads to the ultimate decision. 

Lauren Dungy-Poythress, MD can be reached by phone: 317.338.3220 or e-mail: ldungy@stvincent.org

ACOG Addresses Elective Cesarean Deliveries

Addressing the controversial practice of elective cesarean delivery, the American College of Obstetricians and Gynecologists (ACOG) uses it as a case in point on how doctors can ethically help patients make decisions about surgery when there is little firm evidence either for or against it.

In its committee opinion, *Surgery and Patient Choice: The Ethics of Decision Making*, ACOG notes that while the right of patients to refuse unwanted surgery is well known, less clear is the right of patients to elect a

surgical procedure when supporting scientific evidence is incomplete, of poor quality, or nonexistent—a frequent scenario in medicine.

Other examples of this scenario could include a healthy 30-year-old woman with no family history of ovarian cancer wanting to have her ovaries removed to prevent such a cancer; a woman with fibroids wanting an experimental surgical treatment whose long-term effects are still unknown; or an 18-year-old woman without children wanting a sterilization procedure. In instances

where medical evidence is limited, ACOG says no singular answer constitutes an ethical response to the patient's request for surgery. As a result, the decision on whether to perform an elective cesarean delivery (also known as "patient choice cesarean" or "cesarean on demand") comes down to several ethical factors including the patient's concerns and the physician's understanding of the procedure's risks and benefits.

If the physician believes that cesarean delivery promotes the 

Continues on page 4.

ACOG Addresses Elective Cesarean Deliveries

(continues from pg. 3)

overall health and welfare of the woman and her fetus more than vaginal birth, he or she is ethically justified in performing the surgery. Conversely, if the physician believes a cesarean would be detrimental to the overall health and welfare of the woman and her fetus, the physician is ethically obliged to refrain from performing the surgery. In this case, a referral to another health care provider would be appropriate if physician and patient cannot agree on a delivery method.

ACOG's Ethics Committee says that the burden of proof should fall on those who advocate for a change in policy to support elective cesarean delivery (which replaces the natural occurring process of vaginal delivery with a major surgical procedure). Physicians are not obligated to initiate discussions about a procedure such as elective cesarean that is unproven scientifically or that the individual physician may not consider medically acceptable.

More women are requesting elective cesareans with the belief that the avoidance of vaginal births prevents the possibility of future pelvic support or sexual dysfunction problems. A number of physicians believe that such surgery should not be selected over a natural process without immediate and compelling medical need.

ACOG cautions that "both sides to this debate" must recognize that evidence to support the benefit of elective cesarean remains incomplete and that morbidity and mortality data to compare elective cesarean delivery with vaginal birth in healthy women is insufficient. With better data, there may be a shift in clinical practice. 🏠

NeoFight will Make a Difference on October 23—You Can Too!

To observe this year's "Make a Difference Day" on October 23, NeoFight's trained listeners will fan out across Indianapolis hospitals to extend support and encouragement to those families experiencing a perinatal crisis in the NICU, postpartum, and labor/delivery areas. At each location, two NeoFight listeners will meet with the hospital staff and the parents, leaving behind NeoFight fleece blankets and support literature.

This year, NeoFight will add a new twist by delivering baskets of information to area funeral homes and encouraging a question-and-answer session with the funeral home staff. From the relevant perspective of a parent who has experienced such a loss, the staff will learn more about the ways in which they can support grieving parents during funerals. 🏠

If you are interested in participating in "Make a Difference Day 2004," or want information on becoming a NeoFight volunteer, please call 317.446.3013.

"Findings Brief" Examines Effect of Medicaid Policy Changes on Perinatal Care

New research findings show that among pregnant and impoverished women, *the timing of Medicaid enrollment is critical*. The study, sponsored by the Changes in Health Care Financing and Organization (HCFO), indicates that policy interventions promoting earlier insurance coverage for these women could improve initiation of prenatal and birth outcomes.

Pregnant and Poor: Did Medicaid and Welfare Policy Changes Improve Care for these Women as Intended? examined how Medicaid expansions, Medicaid-managed care, and welfare reform affected the low-income pregnant woman's insurance status, utilization of prenatal care, and birth outcomes.

Highlights of the findings:

- ◆ Although managed care was associated with reductions in smoking during pregnancy, rates of smoking among Medicaid-covered women remained high.
- ◆ Research confirmed earlier work showing that Medicaid eligibility and coverage expansions for pregnant women promoted earlier prenatal care. However, neither managed care nor coverage expansions had any



measurable positive effect on birth outcomes.

- ◆ Even prior to welfare reform, pregnant women experienced more transition in insurance status than anticipated.
- ◆ Ultimately, more low-income women were uninsured before pregnancy following welfare reform compared to the period preceding it. In fact, the study provides evidence that welfare reform led to *less take-up and delayed take-up* of Medicaid benefits.
- ◆ An expansion of private insurance for low-income women prior to pregnancy was identified as the intervention most likely to positively impact early prenatal care and, potentially, birth outcomes. 🏠

View the complete brief by visiting <http://www.hcfo.net/pdf/findings0304.pdf>

NeoFight President Turns Personal Tragedy into Lifelong Commitment to Indiana's Families

After the death of her infant son, **Michie Sebree, RN** was overwhelmed by the need to talk with someone who could relate to her loss. Now, seven years later, Sebree uses her own grief experience and empathy as president of NeoFight, an Indianapolis-based non-profit organization that provides parent-to-parent support for families experiencing a perinatal crisis.

Trying to start her family, Sebree underwent nine surgeries during infertility treatments and suffered five miscarriages. "Yet, I continued to feel joy at the prospect of being a mother," she says. Her optimism was rewarded when she learned that she was pregnant with twins.



Born at 33 weeks, **Luke** died shortly before delivery, while daughter **Levi** was whisked away to the neonatal intensive care unit (NICU) in critical condition. Lying in her hospital bed, "I began wondering about the future—wondering if Levi would survive, and if I could survive the grief of losing Luke."

When Levi came home many months later, Sebree actively sought out another mother who had lost a twin and was referred to NeoFight. "I remember vividly how the trained listeners of NeoFight were there for me when I needed them. They were there again during a subsequent high-risk pregnancy and the birth of my daughter **Mesa**."

As the years passed, Sebree invested increasing amounts of time in various volunteer capacities with NeoFight, prior to becoming president in 2003. "While the painful memory of my loss always remains, I found I could turn personal tragedy into a commitment to provide hope, encouragement and support to those in similar situations."



Above: (l to r) Levi, Mesa and Kenedei Sebree and Courtney the Pet Therapy Dog (foreground) join NeoFight President Michie Sebree and Director of Public Relations Richard Propes at a Labor Day Family Fun Fest.

At Left: Sebree receives the RTV6 Leadership Award from reporter Martha Weaver.

"I began wondering if Levi would survive, and if I could survive the grief of losing Luke."

Working with chronically ill children, Sebree seizes opportunities to make a difference. In December 2003, her leadership and dedication earned her the RTV-6 Leadership Award.

In addition to NeoFight, Sebree volunteers time and talents to Big Brothers/Big Sisters of Central Indiana; works as a Resolve Through Sharing bereavement counselor; pairs with family dog Courtney as a pet-therapy team; and serves on the Indianapolis Crisis Assistance Response Team. She also works with pediatric hospice patients and children who are grieving the loss of a loved one,

"No one should ever have to experience a perinatal crisis alone. A listening ear and an open heart are available to all of those families who suffer and grieve." 🐾

The NeoFight Crisis Line can be reached by dialing 317.446.3013. For more information, visit www.neofight.org. For brochures that describe NeoFight services, please call NeoFight's 24-hour crisis line at 317.446.3013.

Focusing on the Mental Health of Infants and Toddlers

The term “mental health” is not commonly used in conjunction with “infants” and “toddlers.” However, the **Indiana Association for Infant and Toddler Mental Health (IAITMH)** is changing that by focusing on the social-emotional health and development of children from birth to age three.

“IAITMH is committed to improving the social-emotional well-being of Indiana’s young children and their families,” says IAITMH Board member **Lynne Sturm, PhD** of the Riley Child Development Center.

Founded in June 2000 as a subsidiary of the Mental Health Association in Indiana and an affiliate of the World Association for Infant Mental Health, the Association is comprised of an interdisciplinary group of professionals, agencies and family members.

“One of our core values is the importance of nurturing positive relationships between young children and their primary caregivers, including parents, daycare providers, and foster parents,” explains Sturm.

A key goal is ‘building capacity’ by working to increase the number of mental health professionals prepared to work with young children and their families, and by infusing infant/toddler mental health concepts into all early childhood services.

Initiatives toward this goal include:

- ◆ **Development of a mentorship program** in infant/toddler mental health for Head Start and First Steps providers. “Providers have met monthly to discuss clinical issues related to their work with families of very young children. Topics have included attachment theory, cultural competence, home visiting, and fostering fathers’ relationships with their children.”
- ◆ **Outreach to professionals and providers** through educational conferences. IAITMH sponsors an annual



SIXTH ANNUAL CONFERENCE ON INFANT MENTAL HEALTH

*Healing the Child in Juvenile Court:
Opportunities for Prevention
& Early Intervention*

FEATURES:

JOY OSOFSKY, PHD

JUDGE CINDY LEDERMAN

August 13, 2004 • 8:30 am to 4:30 pm

Riley Outpatient Center Auditorium
Indianapolis

CONTACT:

THE INDIANA ASSOCIATION FOR INFANT & TODDLER
MENTAL HEALTH (IAITMH), PH: 317.638.3501, EXT. 228

one-day conference on infant/toddler mental health. The upcoming Sixth Annual Conference on August 13 will feature **Joy Osofsky, PhD** and **Judge Cindy Lederman** discussing the impact of violence.

- ◆ **Exploring a graduate-level certification program** in infant/toddler mental health for professionals and providers who want to further their training.
- ◆ **Making its resource library of books and videotapes available** to the public through the IU library system (call 812.855.6508 for information on borrowing).

Serving as IAITMH Board member is **Angela Tomlin, PhD**, a clinical psychologist at Riley Child Development Center, Riley Hospital & IU School of Medicine. Tomlin is currently focusing on efforts to promote and expand the mentorship program, as well as facilitating partnerships with other Indiana agencies that serve infants, toddlers, and their families. 🏡

For more information, contact Angela Tomlin, PhD at atomlin@iupui.edu or Shawna Schwegman at the Mental Health Association in Indiana, 317.638.3501, ext.228, and visit online: www.mentalhealthassociation.com



UPDATE

A national Friendly AccessSM program with the Indiana Perinatal Network.

A Community Health Partnership: Our Families & Children Deserve the Best



Surveys Yield Unique Data

Nearly 1,200 postpartum women and parents of young children have now been surveyed to assess their current satisfaction level and identify any potential barriers to obtaining health care services. Ultimately, *Indiana Access* will develop strategies to address these issues and track improvements over time.

Postpartum women on a public or self-pay status at Methodist or Wishard hospitals answered questions that focused on prenatal care. Parents of young children were surveyed at the community health center pilot sites (Southeast, Forest Manor, People's and Westside) to obtain data on pediatric care experiences.

Preliminary Results from Prenatal Care Surveys

Two key questions on the prenatal care survey produced responses that contain revealing insights. Results from 250 out of 550 surveys indicate the following:

Could you get prenatal care as early in your pregnancy as you wanted?

- Yes: 183 responses (72.6%)
- No: 69 responses (27.4%)

Did any of the following things keep you from getting prenatal care as early as you wanted?

- Did not know I was pregnant: 26 (37.7%)
 - Couldn't get an appointment any earlier: 17 (24.6%)
 - Didn't have enough money or insurance: 10 (14.5%)
 - Too many other things going on: 7 (10.1%)
 - No one to care for my other children: 4 (5.8%)
 - Did not want prenatal care: 2 (2.9%)
 - Had no way to get to clinic or a doctor: 1 (1.4%)
 - Did not want anyone to find out I was pregnant: 1 (1.4%)
 - Other: 11 (15.9%)
- Initial pregnancy test was negative*
Wasn't sure what I was going to do
Didn't know where to go looking for prenatal care
Wanted to use Methodist, but it took too long to change
Didn't want to accept pregnancy/was in denial
Struggled about whether to have an abortion

Preliminary Results from Pediatric Surveys

- One-third of the children have gone to their current provider for three to five years.
- Close to 90 percent of parents said that they—or another family member—chose the current provider.
- Nearly one-third (30 percent) reported long hold times when phoning to make appointments.
- More than 75 percent said their sick child could be seen by the provider either the same day or within

one day of making the call.

- About one-third report that the provider does not remind them about any of their appointments.
- The majority of parents (88 percent) reported that the provider usually or always spends enough time with them and their child.
- Transportation is never or rarely a problem for 85 percent of the parents surveyed.
- Of those parents who have difficulty affording medications, about 30 percent reported that their provider is unaware of their situation.
- More than 90 percent said they would tell a friend or relative to go to this provider.
- Nearly half (45 percent) of the parents surveyed had less than a high school education.
- Significant differences in responses to many of the questions were observed among the four clinic sites and will be further explored.

Training & Technical Assistance

Phase I pilot site training was completed in April, and since that time, the participating sites have held celebrations and received awards plaques in honor of the accomplishment. Both health care systems are exploring the continuation of the training initiative and its expansion during the remainder of 2004.

A Lessons Learned—Trainers Manual is being compiled to document the first six months of the training experience.

Focus Groups

The Indiana State Department of Health (ISDH) will partner with IPN to help administer and conduct 10 consumer focus groups and one provider focus group. The development of the questions and the focus-group facilitation will be performed by an IU School of Social Work professor with extensive experience in this arena. The feasibility of training consumers and community members to play a supporting role with these groups is being explored. It's anticipated that the focus groups sessions will occur this summer. 🚶

Questions, Ideas or Comments?

For more information about *Indiana Access* and the activities surrounding the project, contact Director Larry Humbert, ph: 317.924.0825 or e-mail Lhumbert@indianaperinatal.org.



Perinatal Hepatitis B Case Management Available

Indiana law requires physicians and hospitals to immediately report cases of infants perinatally exposed to Hepatitis B, when it is discovered close to or at the time of birth (*Communicable Disease Reporting Rule for Physicians, Hospitals & Laboratories*, 410 Indiana Code 1-2.3, Sec. 47, October 2000).

Such reports are made to the local health department, and in turn, shared with the Indiana State Department of Health (ISDH). "These cases are referred to our Perinatal Hepatitis B (PHB) program," says Coordinator **Beverly Sheets, RN**.

Three PHB field investigators,

assigned to specific sectors of the state, assume the case management of perinatally exposed infants. "Working with hospitals and birthing centers, they help to ensure that policies and protocols are in place to provide HBV immune globulin (HBIG) and HBV vaccine at birth, as indicated," explains Sheets. The investigators also partner with obstetrical care and immunization providers, along with local health departments, to help ensure that all pregnant women are tested for HBV.

Contact **Beverly Sheets, RN** with questions or comments at 317.501.5722, e-mail: hepbbev@aol.com

Changes to Public Health Preparedness District Map

The public health preparedness district map was changed in January to align with the Indiana State Emergency Management Agency's response districts (*see new map below*). The alignment allows for better coordination and response in a public health emergency.



- DISTRICT 1: Lake, Porter, LaPorte, Newton and Jasper
- DISTRICT 2: St. Joseph, Elkhart, Starke, Marshall, Kosciusko, Pulaski and Fulton
- DISTRICT 3: La Grange, Noble, Steuben, De Kalb, Whitley, Allen, Miami, Wabash, Huntington, Wells and Adams
- DISTRICT 4: White, Cass, Benton, Warren, Tippecanoe, Carroll, Clinton, Fountain and Montgomery
- DISTRICT 5: Boone, Hamilton, Hendricks, Marion, Hancock, Morgan, Johnson and Shelby
- DISTRICT 6: Howard, Grant, Blackford, Jay, Tipton, Madison, Delaware, Randolph, Henry, Wayne, Rush, Fayette and Union
- DISTRICT 7: Vermillion, Parke, Putnam, Vigo, Clay, Owen, Sullivan and Greene
- DISTRICT 8: Monroe, Brown, Bartholomew, Lawrence, Jackson, Orange, Washington
- District 9: Decatur, Franklin, Jennings, Ripley, Dearborn, Scott, Jefferson, Switzerland, Ohio, Clark, Floyd and Harrison
- District 10: Knox, Daviess, Martin, Gibson, Pike, Dubois, Crawford, Posey, Vanderburgh, Warrick, Spencer and Perry

Comprehensive Course Covers Immunizations from A to Z

Immunization and health educators have teamed up with ISDH to offer the *A to Zs of Immunization*, a course designed for physicians, nurses and those who need to read immunization records, but also suitable for any audience.

Topics covered include:

- ◆ Principles of Vaccination
- ◆ Overview of the Immune System
- ◆ Classification of Vaccines
- ◆ Overview of Vaccine-Preventable Diseases
- ◆ General Recommendations on Immunizations
- ◆ Timing and Spacing
- ◆ Contraindications and Precautions to Vaccination
- ◆ Safe and Effective Vaccine Administration
- ◆ Adverse Events
- ◆ Safe Vaccine Storage and Handling
- ◆ Indiana Requirements for Schools, Daycares and Headstart
- ◆ How to Read Immunization Records
- ◆ Vaccine Misconceptions
- ◆ MMR and Autism



- ◆ Thimerosal and Mercury
- ◆ Overloading of the Immune System

"More than 400 people have participated in this course since it became available in March 2003," says Beverly Sheets, RN. The class can last up to six hours, but when conducted in the provider's setting, it can be shortened to provide only the needed components.

For more information on the *A to Zs of Immunization* and other educational opportunities, contact Beverly Sheets, RN, ph: 317.501.5722, e-mail: hepbbev@aol.com.

Porter County Conference Draws Healthcare Professionals from Near and Far



REGIONAL UPDATE

More than 100 health care professionals participated in *The Neonatal-Perinatal Symposium: Making a Difference*, held April 21 in Michigan City. The educational conference, conducted at the Holiday Inn, was designed to "appeal to all facets of practice," says **Aleda Waggoner, BSN, RN**, Porter Memorial Health Systems, Valparaiso, Indiana.

In attendance were nurses and other hospital professionals, including administrative/office staff, from various corners of Indiana and from out of state. The resounding response served to confirm the agenda's broad appeal.

In the planning stages for about one year, *The Neonatal-Perinatal Symposium* was the product of a collaboration between Porter Memorial Hospital in Valparaiso, and Portage Community Hospital in Portage—both affiliates of Porter Memorial Health Systems.

"Associates from Porter's labor and delivery, mother/baby and neonatal intensive care unit (NICU) met with colleagues from Portage," explains Waggoner. "We agreed that cultural diversity was a central consideration." By virtue of its proximity to

Valparaiso University, Porter Memorial serves a multi-cultural population; while the "Chicagoland" area as a whole, including Portage, is seeing increases in the Hispanic population.

Addressing the subject of "caring for people from different cultures" was **Gottfried Oosterwal, PhD**, director of the Center for Intercultural Relations in Berrien Springs, Michigan.

Breakout sessions covered topics such as identifying postpartum depression; managing second-stage labor; assessing infant pain; the legal pitfalls of maternal child documentation; and challenges and controversies related to infertility treatments.




Above: The Neonatal-Perinatal Symposium drew more than 100 health care professionals.

The event was the result of one year of planning and collaboration between Porter Memorial Hospital, Valparaiso (at left)...

...and Portage Community Hospital, Portage (below left).



Also featured were studies of infant resuscitation cases and evidence-based pain-free circumcision.

Indiana Perinatal Network (IPN) Executive Director **Julia Brillhart, RN, MSN** helped heighten awareness of IPN's collaborative statewide mission, resources and educational opportunities.  For more information, contact **Aleda Waggoner, BSN, RN**, ph: 219.465.4749 or e-mail: aleda@portermemorial.org.

FOR YOUR INFORMATION

NEW WEBSITES & RESOURCES

- ◆ **Indiana Folic Acid Council Website**—Home of the Folic Acid Council, this website helps inform on the benefits of folic-acid.
→ Visit www2.ces.purdue.edu/infolicacid/PublicSec/Home.asp
- ◆ **Women's Health Research**—The National Institute of Child Health and Human Development (NICHD) provides information on funding processes for related research projects. Also access news releases, publications, conference schedules and more women's health information.
→ Visit www.nichd.nih.gov/about/womenhealth/women_health.cfm

CALL FOR ABSTRACTS

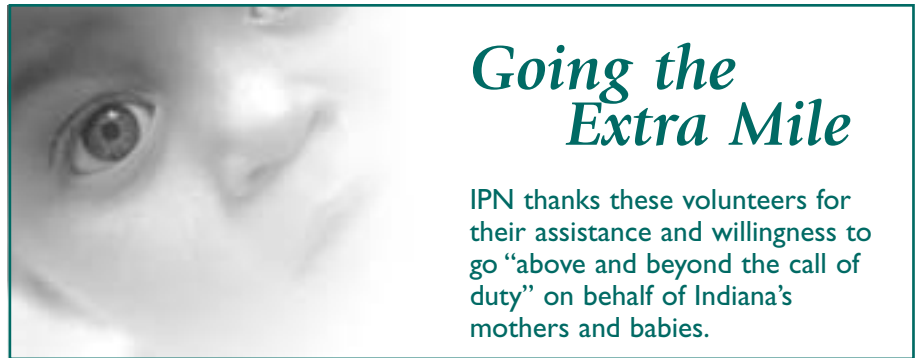
- ◆ **10th Annual Maternal & Child Health Epidemiology Conference**—Submit abstracts online for this conference— to be held December 8-10 in Atlanta, GA.
→ Visit www.cdc.gov/reproductivehealth/index.htm

Find it at
www.indianaperinatal.org



- > **FREE RESOURCES** for consumers and providers
- > **PERINATAL NEWS** (and past issues of *Perinatal Perspectives*)
- > **HELPFUL LINKS**
- > **CALENDAR** of statewide perinatal events
- > **AND MUCH MORE!**

Bookmark:
www.indianaperinatal.org



Going the Extra Mile

IPN thanks these volunteers for their assistance and willingness to go “above and beyond the call of duty” on behalf of Indiana’s mothers and babies.

Indiana Access Operations Committee

- * **Joanne Martin, DrPH, MS, RN, Director,** M.O.M Project, Indiana University School of Nursing
- * **Rose Mays, RN, PhD, Associate Dean for** Community Affairs, Indiana University School of Nursing
- Yvonne Beasley, Director of Maternal and** Child Health, Marion County Health Department
- Chuck Brandenburg, Coordinator, United** Way of Central Indiana
- Virginia Caine, MD, Director,** Marion County Health Department
- Mary Fisher, PhD, Visiting Associate** Professor, IUPUI
- Marilyn Graham, MD, Chief OB/GYN,** Wishard Health Services
- Rosalba Gutierrez, Outreach Community** Coordinator, Westside Community Health Center
- Kim Harper, Vice President for Human** Resources and Public Affairs, Wishard Health Services
- Beverly Hayes, Friendly Access Coordinator** Health and Hospital Corporation
- Dana-Lynn Hiller, MD, Pediatrician, Forest** Manor Health Center
- Stacy Holmes, MSW, Council Coordinator,** Marion County First Steps
- Pam Humes, Director, Covering Kids and** Families
- Tina D. Jackson, MD, Assistant Professor** Wishard Memorial Hospital
- Julie Martindale, Director of Disease and** Quality Programs, Wishard Memorial Hospital, IU Medical Group
- Peppy Peterson, Manager of Outreach** Programs, Wishard Community Health Centers
- Kathleen Sims, Consumer Advocate**
- Annie Smith, Youth as Resources Program** Coordinator, United Way of Central Indiana
- Gregory Steele, DrPH, MPH, Associate** Professor, Department of Public Health, Indiana School of Medicine
- Booker Thomas, CEO, HealthNet**
- Mary Weber, RN, Program Administrator** Clarian Women's Services
- Karen Webster, Director, People's Health** Center
- Laurie Weinzapfel, Director of Outreach &** Customer Services, MDWise

* Operations Committee Co-Chair

Classifieds

Submit *help wanted, employment wanted, items for sale* and other *classified ads* to *Perinatal Perspectives* Editor, 2835 North Illinois St., Indianapolis, IN 46208, e-mail: ipn@indianaperinatal.org.

DATA ENTRY CLERK—The Indiana Perinatal Network (IPN), an Indianapolis-based not-for-profit organization committed to improving health care for Indiana’s mothers and babies, is in need of a part-time Data Entry Clerk. This position is located at the Indiana State Department of Health (ISDH) Family HelpLine. Proficient computer, telephone, and communication skills required. Submit résumé to ipn@indianaperinatal.org or mail to IPN at 2835 N. Illinois St., Indianapolis 46208.

2004 Calendar

JUNE

- 14 **Basic Fetal Monitoring**—8 am to 4:30 pm, Ball Memorial Hospital, Room OMP 2 & 3 *Contact:* Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist, Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222, e-mail: MPyron@chs.cami3.com

JULY

- 7 **Community Health Network Perinatal Symposium 2004: Labor/Premature Infants**—CHE Theater/MS 123
Postpartum Depression Revisited—With **Birdie Meyer** and **Marica Boring** CHN, OB Classroom *Contact:* Jonell Allen, MSN, Clinical Nurse Specialist, Community Health Network Obstetrics, pager: 317.904.1770 or e-mail: jallen@ecommunity.com
- 23-25 **Sexual Minority Youth in the Heartland 2004 Conference: Youth of Color**—Indiana University, Bloomington, Ind. *Contact:* Doug Bauder, e-mail: smyhl@indiana.edu or visit www.smyhl.indiana.edu

AUGUST

- 5 **Johnson County Breastfeeding Conference: Improving the Health of the Community One Baby at a Time**—9 am to 5 pm, Franklin College, Franklin, Indiana. Conference speakers to include: **Sherry Burton, RN, IBCLC** and **Joyce Bernes, IBCLC**. Conference cost: \$25 (includes lunch and materials). For more information, ph: 317.736.6628.
- 11 **NRP Recertification**—8 am to 8 pm, Ball Memorial Hospital, Muncie Room 4000 & Rehab CR. *Contact:* Margie Pyron RN, MS, LCCE MCH Clinical Nurse Specialist, Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222, e-mail: MPyron@chs.cami3.com
- 13 **Sixth Annual Conference on Infant Mental Health: Healing the Child in Juvenile Court**—8 am to 4:30 pm, Riley, Outpatient Center Auditorium, Indianapolis. *Contact:* IAITMH, ph: 317.274.8167.

- 23-24 **AWHONN Fetal Monitoring Principles and Practices**—8 am to 4:30 pm, Ball Memorial Hospital, Room OMP 5 *Contact:* Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist, Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222, e-mail: MPyron@chs.cami3.com

SEPTEMBER

- 1 **Community Health Network Perinatal Symposium 2004 Movie Night**—CHS Cardiac Center
Community Health Network Perinatal Symposium 2004: Postpartum Depression Revisited—With **Birdie Meyer** and **Marica Boring**, CHN OB Classroom. *Contact:* Jonell Allen, MSN, CNS, Clinical Nurse Specialist Obstetrics, Community Health Network, pager: 317.904.1770 or e-mail: jallen@ecommunity.com
- 10 **AWHONN: Changing with Life**—11:30 am to 1:30 pm, Bloomington Hospital, Medical Arts Building, 619 West 1st Street, Room 1, Bloomington, IN. Featured speaker: **Claire Boissevain-Crooke, RN, NCC-Approved Menopausal Educator**. Cost: AWHONN members and students \$8; non-members \$10; lecture only \$5. *Contact:* Cathy Greene at cathygreene2@aol.com or phone 812.336.3512.
- 13 **NRP Instructor Course**—8 am to 4:30 pm, Ball Memorial Hospital, Muncie, Room OMP 9. *Contact:* Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist, Perinatal Center Manager, Ball Memorial Hospital, ph: 765.747.4222, e-mail: MPyron@chs.cami3.com
- 20 **NeoFight Business Meeting**—6 to 6:30 pm
Sharing Meeting—6:30 to 8 pm Indiana Chapter March of Dimes. 5th Floor Conference Room, 136 E. Market Street (between Delaware and Pennsylvania). Parking on the street is recommended. Note: Doors will be locked at 7 pm. For more information, visit <http://www.neofight.org>

- 22 **AWHONN Breastfeeding Class**—8 am to 4:30 pm, Ball Memorial Hosp., Muncie, Room OMP 1. *Contact:* Margie Pyron RN, MS, LCCE, MCH Clinical Nurse Specialist, Perinatal Center, Manager, Ball Memorial Hospital, ph: 765.747.4222, e-mail: MPyron@chs.cami3.com
IPN State Perinatal Advisory Board (SPAB) Meeting—1 to 3 pm, United Way, RCI Room. *Contact:* IPN, ph: 317.924.0825, e-mail: ipn@indianaperinatal.org
- 23 **AWHONN Fetal Monitoring Principles & Practice Instructor Course**—8 am to 4 pm, Terre Haute, Indiana. *Contact:* Tina Babbitt, ph: 317.962.3588 or e-mail: tbabbitt@indianaperinatal.org

OCTOBER

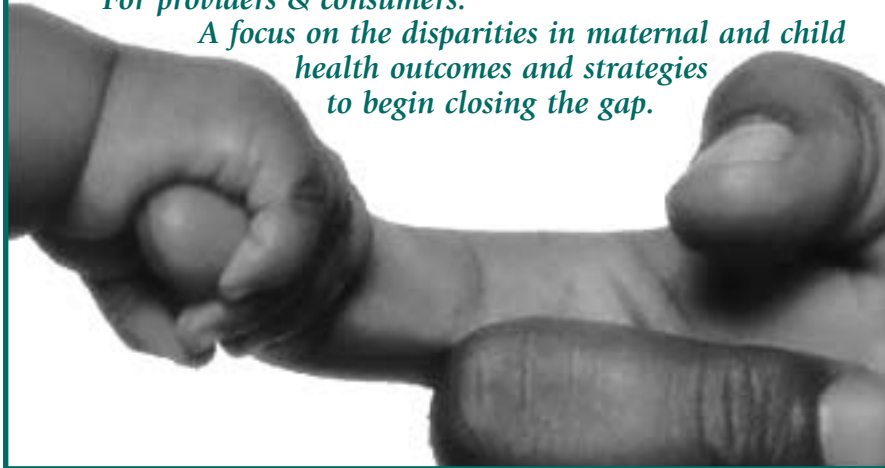
- 1 **Eliminating Perinatal Health Disparities**—Embassy Suites Indianapolis North. For providers and consumers: A focus on the disparities in maternal and child health outcomes and strategies to begin closing the gap. This all-day conference will feature nationally known speakers on perinatal health disparities: **Richard A. Aronson, MD, MPH; Vijaya Hogan, DrPh;** and **Loretta Jones, MA**. *Contact:* ipn@indianaperinatal.org
- 4 **IPN 4th Annual Birdies for Babies Golf Outing**—Hillcrest Country Club. Proceeds benefit IPN. Arrival, lunch and silent-auction bidding start at 11 am. Shotgun start at 1 pm. Auctions and awards begin at 6 pm. *Contact:* IPN, ph: 317.924.0825 or e-mail: ipn@indianaperinatal.org.
- 6 **What You Need to Know About Safe Sleep, Infant Loss & Support**—ISDH, Rice Auditorium, 2 North Meridian, Indianapolis. A all-day conference for consumers and providers sponsored by the Community Council for Infant Health and Survival Planning Subcommittee. Features: **Jim Kemp, MD**, a nationally recognized expert and researcher on sleep and infants. *Contact:* IPN, ph: 317.924.0825 or e-mail: ipn@indianaperinatal.org

Eliminating

D Perinatal Health DISPARITIES S

For providers & consumers:

A focus on the disparities in maternal and child health outcomes and strategies to begin closing the gap.



EMBASSY SUITES
INDIANAPOLIS NORTH

An all-day conference featuring nationally known speakers on perinatal health disparities:

Richard A. Aronson, MD, MPH
Vijaya Hogan, DrPH
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