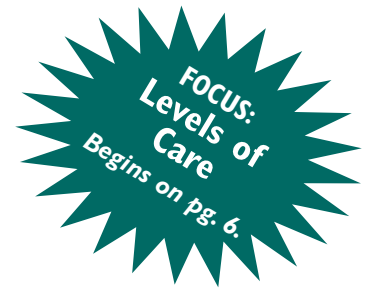


PERINATAL Perspectives



Volume 7, Issue 1

Quarterly news from the Indiana Perinatal Network, Inc.

Spring 2003

IPN's State Conference Focuses on "High-Risk Obstetrics"

Nearly 200 nurses, physicians and other perinatal care providers flocked to the Indiana Perinatal Network's (IPN) recent "High-Risk Obstetrics" conference, held May 8 at the Ritz Charles, Carmel, Ind. The latest in the "Improving Perinatal Outcomes Series," the conference helped to alert, inform and update providers on the conditions that can result in a "high-risk" pregnancy and the available treatment options.

The conference opened with greetings from **Judith Ganser, MD**, director of the Indiana State Department of Health's (ISDH) Maternal and Child Health Services (MCHS). Ganser provided an overview of perinatal issues and programs in Indiana

IPN's Executive Director **Julia Brillhart, RN, MSN** also welcomed

Continues on pg. 5 ▶



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.



Kathy Carroll, RN, St. Vincent explains how hospice principles can be applied to perinatal loss.



Above: Lauren Dundy-Poythress, MD, St. Vincent explains the latest techniques in advanced prenatal diagnosis.

At right: Mary Pell Abernathy, MD, Indiana University, discusses diabetes in pregnancy.

SAVE THE DATE!

Birdies for Babies

The Golf Outing that Benefits Indiana's Babies.

Monday, October 6, 2003
Hillcrest Country Club
Indianapolis

Regional conferences in this series are headed your way. Visit www.indianaperinatal.org and watch future mailings.



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
317.818.9486
jbrillhart@indianaperinatal.org

Leah Sumners York
Administrative Coordinator
317.818.9486
lyork@indianaperinatal.org

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

Julie Foster
Communications Coordinator
317.849.7542
jfoster@indianaperinatal.org

Barbara Himes
SIDS and Infant Loss Support Coordinator
317.818.9486
bhimes@indianaperinatal.org

Julia Tipton Hogan
Baby First Community Liaison
317.818.9486
jthogan@indianaperinatal.org

Beth Johnson, RN, MSN
Indiana State Department of Health
State Perinatal Liaison
317.233.1249
bmjohnso@isdh.state.in.us

Lisa Patterson
Director, **INAccess**
317.818.9486
lpatterson@indianaperinatal.org

Amanda Raftery, RD, MPH
Evaluation Coordinator, **INAccess**
317.221.3120
ARaftery@HHC Corp.org

Karla Schroeder
Administrative Assistant, **INAccess**
317.818.9486
kschroeder@indianaperinatal.org

Roberta Stepp
Office Assistant
317.818.9486

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

Indiana Family Helpline
800.433.0746

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, 280 East 96th Street, Suite 150, Indianapolis, IN 46240, Attn: Perinatal Perspectives Editor, or e-mail ipn@indianaperinatal.org.

INDIANA PERINATAL NETWORK NEWS CLIPS

INAccess Aims to Improve Indiana's Access to Maternal & Child Health Care

*Friendly Access*SM has arrived in Indianapolis in the form of **INAccess**. This local initiative aims to improve health outcomes among low income, mothers and their infants and young children by increasing accessibility to and utilization of maternal and child health services.

"The program aims to change



the culture of community maternal and child health care based on proven service principles," says **Lisa Patterson**, director of **INAccess**. "It provides a path to change that results in improved consumer access, satisfaction and utilization."

INAccess derives from the nationwide *Friendly Access*SM initiative and represents a collaboration between IPN, The Lawton and Rhea Chiles Center in Tampa, Fla., the National Centers for Disease Control and Prevention (CDC), the Health Resources Services Administration (HRSA) and The Disney Institute.

In 2000, The Chiles Center selected Indianapolis as the first *Friendly Access*SM pilot site in the nation. IPN is working in partnership with the Health and Hospital Corporation of Marion County, Wishard Memorial Hospital, Clarian Health and HealthNet on the first **INAccess** implementation site. The program will gradually expand to include other sites throughout the state.

Impoverished mothers encounter barriers when trying to obtain care for themselves and their children, according to a Chiles Center study. Such obstacles



*By implementing the highest quality service standards... **INAccess** aims to break down barriers, improve access and increase utilization.*

can include impoliteness; confusing signage; a limited choice of providers; lack of privacy; long waits; inconvenient appointment times; inadequate transportation systems; weak or nonexistent social support; and language barriers.

In contrast, the values guiding the **INAccess** model are based on the principles of treating individuals with dignity, respect, compassion, courtesy, competency and efficiency. These principles were identified by The Disney Institute and are considered the "gold standard" in terms of quality customer service.

By implementing the highest quality service standards in Indianapolis' maternal and child health care services, **INAccess** aims to break down barriers, improve access and increase utilization. "The perinatal period—before, during and after pregnancy—is a window of opportunity for health care providers and the community to motivate and support families to adopt healthier lifestyles and obtain regular care," adds Patterson.

For more information, contact **Lisa Patterson**, ph: 317.283.4105 or e-mail lpatterson@indianaperinatal.org

Lake County Embraces *Baby First* Consumer Education Campaign

From the cinema to the bus stop, expectant mothers in Lake County are learning about the importance of early, regular prenatal care through the *Baby First...Right From the Start!* consumer education campaign. A community collaboration fueled by Lake County's Maternal & Child Health Network (MCHN) is working to find creative new ways to reduce health disparities and improve health outcomes through a coordinated, collaborative delivery network.

"The public education is powerful,



Movie-goers in Lake County view this message as an opening screen.



A bus loads at Gary's downtown Transportation Center.

and it helps to solidify relationships within the new Network," says **Rena Brantley**, director of Grants and Communications, HealthVisions Midwest, Inc., East Chicago.

In the Beginning

Lake County has the highest rate of infant mortality in the state, as well as the greatest incidence of low and very low birth weight babies.

MCHN evolved from a series of meetings beginning in August 2001 that brought together representatives of Lake County's maternal and child-serving organizations. Participants



concurred that a collaborative effort was necessary to strategically and successfully address the rising infant mortality rate and its companion challenges of low and very low birth weight. Such a collaborative effort would include all parties working in accord with knowledge about each agency's strengths and focus, coupled with an active referral network.

In October 2002, the Indiana State Department of Health (ISDH) awarded funding to HealthVisions Midwest

What is Prenatal Care Coordination (PNCC)?

Expertise matters throughout Lake County. We invite you to Prenatal Care Coordination Services.

PNCC Services:

- Need a translator?
- Need transportation to the doctor?
- Need help with insurance?
- Need food or shelter?
- Need items not covered?
- Need stress management?
- Need a place for WIC services?
- Need Prenatal Nutrition Support Services?

Service	Phone	Address
PNCC Services	317.435.1234	1234 Main St, Gary, IN 46501
WIC Services	317.435.1234	1234 Main St, Gary, IN 46501
Food Bank	317.435.1234	1234 Main St, Gary, IN 46501
Shelter	317.435.1234	1234 Main St, Gary, IN 46501
Transportation	317.435.1234	1234 Main St, Gary, IN 46501
Interpreter	317.435.1234	1234 Main St, Gary, IN 46501
WIC Support	317.435.1234	1234 Main St, Gary, IN 46501

A newspaper ad funded by the Gary Health Department and Division of Health and Human Services helps to promote prenatal care and connect Maternal & Child Health Network partners.

(HVM) to act as the convening organization, and shortly thereafter, **Clementine DuBose, MS ED** was hired as MCHN's director.

Continues on page 4. ▶

Lake County Embraces *Baby First* ...from pg. 3

One of DuBose's first tasks was to bring together stakeholders who interact with pregnant women to provide coordination of services. Four care coordination teams in the forefront are N.A.T.A.L.E., led by **Shirley Borom, RN, BSN**, prenatal care coordinator; Great Beginnings, led by **Janice White, LPN**, prenatal care coordinator; Gary Maternal Child Health Clinic (formerly Project Pre-Cinct), led by **Ida Parker, RN**, prenatal care coordinator and deputy director of Gary Health and Human Services; and Healthy Start directed by **Risë Ross Ratney, MBA**.

Each care coordinator is assisted by one of eight Community Health Workers (CHWs) who conduct outreach activities and assist in identifying women in need of services. The CHWs aim to substantially increase the number of women entering care coordination services while providing essential family education on high-priority health topics. "CHWs are indigenous members of the targeted community," says Brantley. "Their close relationship and kinship to the community makes them highly trusted resources of information."

A Diverse Media Campaign

Messages to get early, regular prenatal care and to call the Indiana Family Helpline are cropping up on billboards, the sides of buses and on

"The campaign has given impetus to everyone's efforts to locate, enroll and serve women who are pregnant, and to emphasize getting women into prenatal care in their first trimesters."

—Renae Brantley, HealthVisions Midwest, Inc., East Chicago

cable television; heard on the radio; and viewed as an opening screen in cinemas.

The synergy sparked by the *Baby First* education campaign has led to even more activity and commitment on behalf of Lake County's babies, according to Brantley. "The *Baby First* campaign is generating so much in the way of additional, positive activity to promote the importance of prenatal care."

In particular, Brantley says a PSA featuring **Deborah McCollough, MD**, a local obstetrician/gynecologist, is making an impression on consumers and media partners alike. The spot, which features the well-known doctor with a newborn and drives home the importance of prenatal care, attracted the attention of the manager of the cable station that airs it.

The media executive was inspired to syndicate a weekly *Healthy Talk* show—sponsored by the Gary Health Department and hosted by Brantley—broadcast live on Saturdays at 2 p.m. and syndicated on Tuesdays and Thursdays at 5 p.m. "We've had several shows on pregnancy, prenatal care,

nutrition and other health issues of concern to pregnant women," says Brantley. "All of MCHN's partners have now appeared on the show."

Healthy Talk has also ventured into the community with a series of live remote broadcasts. In March, the show aired from the

Radisson Hotel in Merrillville as the Gary Health Department conducted its "Wellness Day for Expectant Moms." Guests included **Beth Johnson**, state perinatal liaison, ISDH, and Gary City Health Department Commissioner **Adolphus Anekwe, MD**. "The Radisson was a major sponsor of the event, providing breakfast, lunch and dinner, as well as rooms for the expectant moms," adds Brantley.

Based on the success of the event, the Gary City Health Department has scheduled three more Wellness Days spread out over the year with one per quarter. All of MCHN's partners are invited to participate with the opportunity to sign up new clients on the day of the event.

In early May, *Healthy Talk* broadcast a live remote of "Shower Your Baby with Love"—a baby shower sponsored by ISDH's Office of Minority Health. "It was a wonderful success, and we had some great give aways, thanks in large part to ISDH's **Tasha Smith-Bonds**," says Brantley.

Shortly after the shower, with yet another four-and-one-half months to go in the grant year, three Lake County care coordination teams reported having 212 of the 300 clients mandated by ISDH MCH grants.

"The campaign has given impetus to everyone's efforts to locate, enroll and serve women who are pregnant, and to emphasize getting women into prenatal care in their first trimesters." 🌟

For more information, contact Renae Brantley, HealthVisions Midwest, Inc., ph: 219.397.4335 or e-mail rbrantley@hvsusa.org



IPN's State Conference...from pg. 1

High-Risk Obstetrics Planning Committee Members

Tina Babbitt, RN, BSN, IBCLC
 Cher Boys-Fore, RN, MSN
 Julia Brillhart, RN, MSN
 Lauren Dungy-Poythress, MD
 Bobbi Gray, RN
 Beth Hartayer, Medical Education
 Nancy Kinzie, RN, MSN
 Lauri McCoy, RN, MSN
 Leah York

attendees and unveiled a "levels of care" survey in which responding hospitals statewide rated themselves on one of three levels. The levels are based on minimum perinatal care criteria, as recommended by IPN and ISDH, to help promote risk-appropriate care, improve outcomes and eliminate outcomes disparities among minorities. A soon-to-be-released consensus statement will describe the specific criteria for each level and identify the level of care as self-reported by the hospital.

Featured speaker **Julie Martin Arafah, RN, MSN**, an outreach coordinator/educator for Stanford University's Perinatal Outreach Program, kicked off the conference agenda with an update on preterm labor. Later in the program, she focused on preeclampsia and the care of a critically ill patient. Arafah's background includes published work in the areas of sepsis, invasive hemodynamic monitoring, thermal injury during pregnancy and family-centered care. The native Hoosier received a Bachelors of Science in Nursing from the University of Evansville, a Masters in Perinatal Nursing from Indiana University, and worked along with Brillhart in IU's OBICU during the mid 1980s. A well known national speaker, she captivated attendees with her knack for making complicated pathophysiological terms readily understandable. Post-conference evaluations of this keynote speaker by the attendees were overwhelmingly positive.

After lunch, breakout sessions offered a variety of educational options. A trio of nurses, **Jane Heustis, RN**, **Marcia Jenkins, RN** and **Kathy Carroll, RN**, focused on how to apply hospice principles when families experience perinatal loss. Explaining the latest techniques in advanced prenatal diagnosis, including antepartum and intrapartum fetal surveillance, was **Lauren Dungy-Poythress, MD**, maternal/fetal medicine, St. Vincent Hospital. The third breakout featured **Cher Boys-Fore, RN, MSN** in a discussion of clinical-management strategies for maternal transport.

After the breakout sessions, attendees regrouped for a presentation by **Mary Pell Abernathy, MD**, maternal/fetal medicine, Indiana University, on diabetes in pregnancy. The conference subsequently closed with Arafah examining hemorrhage in pregnancy.

IPN thanks the planning committee members and the sponsors who made this important conference possible. 🐾

For more information, contact IPN, ph: 317.818.9486, fax: 317.818.9624 or e-mail ipn@indianaperinatal.org

High-Risk Obstetrics Sponsors

IPN thanks these sponsors for the success of the High-Risk Obstetrics conference:



State's FIRST Nurse-Midwifery Graduate Education Program

The University of Indianapolis' graduate nursing program now offers the state's only graduate nurse-midwifery education curriculum. Pre-accredited by the American College of Nurse-Midwives, the program prepares RNs to meet professional and community needs by providing access to nurse-midwifery care of mothers, babies and their families.

"Certified nurse-midwives make major contributions to the health of women and their families, across the life span, by reducing health disparities and providing cost-effective, quality health care," says **Barb Winningham, RN, CNM, MSN**, coordinator of the nurse-midwifery track for the University's graduate nursing program and co-director of midwifery services for HealthNet, Inc.

University of Indianapolis

A collaboration with HealthNet, Inc., a community-based health care system for the underserved, enables students to benefit from diverse clinical experiences. "Small class sizes enable students to receive individual attention that enhances professional growth while developing the necessary skills and knowledge for nurse-midwifery practice," says **Barb Kelly, RN, CS, FNP** of the University's graduate nursing program faculty.

A post Master's certificate is available for students who want to pursue certification as a nurse-midwife; Certified Nurse-Midwives can take advantage of a post-professional program to complete a Master's in Nursing. 🐾

For more information contact: **Flora Valentine, Academic Advisor, University of Indianapolis, School of Nursing, 1400 East Hanna Avenue, Indianapolis, IN 46227-3697; ph: 317.788.3206 or 800.23.8634; fax 317.788.3542; or e-mail: valentine@uindy.edu**

LEVELS OF INPATIENT PERINATAL (OBSTETRIC & NEONATAL) CARE

INPATIENT OBSTETRIC CARE

INPATIENT NEONATAL CARE

LEVEL I (BASIC)	LEVEL II (SPECIALTY)	LEVEL III (SUBSPECIALTY)	LEVEL I (BASIC)	LEVEL II (SPECIALTY)	LEVEL III A, B, C, D (SUBSPECIALTY)
<ul style="list-style-type: none"> ◆ Uncomplicated labor/delivery (> 36 weeks), antepartum/intra-partum/postpartum ◆ C-section capability available 24 hours per day within 30 minutes ◆ Stabilization of mother for transfer ◆ Director or co-director of perinatal services is board-certified (qualified) obstetrician or family practice physician trained in obstetrics 	<ul style="list-style-type: none"> ◆ Level-I-plus care of selected high-risk mothers and fetuses ◆ Portable ultrasound in-house and available for diagnostic visualization of fetus as well as capabilities to perform biophysical tests and amniotic fluid analysis ◆ Co-director of perinatal services is board-certified (qualified) obstetrician ◆ Director of OB Anesthesia is board-certified (qualified) anesthesiologist experienced in OB anesthesia 	<ul style="list-style-type: none"> ◆ Level-II-plus comprehensive perinatal services (management of severe maternal complications) ◆ Maternal-fetal medicine specialist on staff and available for consultation 24-hours per day ◆ Attending OB available in-house on 24-hour basis ◆ Full complement of specialists readily available (includes but not limited to surgery, infectious disease, hematology, respiratory therapy, internal medicine) 24-hours per day ◆ Genetics counselor in-house or available by referral ◆ Co-director of perinatal services is board-certified (qualified) in maternal-fetal medicine ◆ Director of OB Anesthesia is board-certified (qualified) anesthesiologist experienced in OB anesthesia ◆ OB anesthesia available on 24-hour basis 	<ul style="list-style-type: none"> ◆ Normal newborn care ◆ Basic neonatal resuscitation ◆ Stabilization for transfer ◆ Director or co-director of perinatal services is board-certified (qualified) pediatrician or family practice physician trained in pediatrics ◆ Availability of anesthesia, radiology, ultrasound, pharmacy and laboratory services on 24-hour basis (in-house or on-call) 	<ul style="list-style-type: none"> ◆ Level-I-plus care of stable, moderately ill newborns who have problems that are expected to resolve rapidly ◆ Resuscitation and stabilization of preterm and/or ill newborns for transfer to a facility where newborn intensive care is provided (Level II) ◆ Care of preterm infant with BW > 1500 grams and/or > 31 weeks gestational age ◆ 24-hour in-house availability of MD, Nurse Practitioner, Physician Assistant or Respiratory Therapist trained in airway management for patients on ventilators ◆ Short-term ventilator management (infants requiring mechanical ventilation > 6 hours must have consult with neonatologist or be referred to a subspecialty center ◆ Co-medical director of perinatal services is board-certified (qualified) pediatrician with advanced training or neonatologist ◆ 24-hour in-house (or on-call, depending on distance) availability of respiratory therapy, laboratory, ultrasound evaluation and radiology, medical, surgical, radiology and pathology consultation readily available 	<ul style="list-style-type: none"> ◆ Level-II-plus comprehensive neonatal services (normal, moderately and critically ill newborns) ◆ Capability of long-term ventilation management (> 24 hours) ◆ Neonatologist on staff and available for consultation 24-hours per day ◆ Resuscitation team available to attend high-risk deliveries ◆ 24-hour availability of in-house, experienced staff to care for acuity of illness in the NICU (including respiratory/neonatal pulmonary services) ◆ Registered dietitian with knowledge of parenteral/enteral nutritional management of high-risk neonates ◆ Co-medical director of perinatal services is board certified (qualified) neonatologist ◆ All staff must be competent, trained and specifically experienced in neonatal care ◆ 24-hour in-house availability of laboratory, radiology, ultrasound evaluation, pharmacy and respiratory therapy ◆ Personnel to support and conduct a perinatal continuing education program ◆ Perinatal social workers ◆ Pediatric subspecialists should be available for onsite consultation; include but not limited to cardiology, neurology, hematology, genetics, pediatric surgery
<ul style="list-style-type: none"> ◆ Level IIIA—Hospital mandated restriction on type and/or duration of mechanical ventilation ◆ Level IIIB—No restrictions on type and duration of mechanical ventilation ◆ Level IIIC—Major surgery performed on-site (eg. omphalocele repair, tracheo- esophageal fistula or esophageal atresia repair; bowel obstruction, myelomeningocele repair; ventriculoperitoneal shunt and myelomeningocele closure) ◆ Level IIID—Major surgery; surgery repair of serious congenital heart anomalies that require cardio-pulmonary bypass and/or extracorporeal membrane oxygenation (ECMO) performed on-site 					

During 2001-2002, IPN collaborated with ISDH's Maternal & Child Health Services and others to survey each delivering hospital in the state using the above criteria to determine the level of obstetrics and newborn care.

The criteria derive from:

- ◆ *Guidelines for Perinatal Care*, 5th Edition, 2002—American College of Obstetricians and Gynecologists and American Academy of Pediatrics
- ◆ *Toward Improving the Outcomes of Pregnancy*, 2nd Edition, 1999—Committee on Perinatal Health, published by the March of Dimes
- ◆ *American Academy of Pediatrics Survey*, April 2001—Section on Perinatal Pediatrics and the Committee on Fetus and Newborn, April 2001

The results of the self-reported level of care are on page 7, and a consensus statement is under development. **We welcome your input on these criteria.** Please direct comments to IPN Executive Director Julia Brillhart (see page 2 for contact information).

A goal of this project is to increase the visibility of Indiana's perinatal care system among consumers and providers. Another goal is to reach the *Healthy People 2010* objective: "Increase the proportion of very low birth weight infants born at Level III hospitals (facilities for high-risk deliveries and neonates)."

By clearly and concisely documenting Levels of Care and distributing this information statewide, we believe we can all work together to better ensure that pregnant women deliver in the place deemed most appropriate based upon risk factors.

LEVELS of Indiana Hospital Perinatal Care

COUNTY	HOSPITAL	OB	NB	COUNTY	HOSPITAL	OB	NB
Adams	Adams County Memorial	I	I	St. Joseph	Memorial Hospital of South Bend	III	IIIC
Delaware	Ball Memorial	II	IIIB	Lake	Methodist Northlake Campus	II	IIIB
Lawrence	Bedford Regional Medical Center	II	II	Marion	Methodist (Clarian)	III	IIIC
Monroe	Bloomington	II	II	Morgan	Morgan Hospital and Medical Center	II	I
Orange	Bloomington Hospital of Orange County	I	I	Allen	Parkview	II	IIIB-C
Wells	Bluffton Regional Medical Center	II	I	Huntington	Parkview Huntington	*I	*I
Steuben	Cameron Memorial Community	I	I	Noble	Parkview Noble	I	I
Clark	Clark Memorial	II	I	Whitley	Parkview Whitley	I	I
Bartholomew	Columbus Regional	II	II	Perry	Perry County Memorial	I	I
Lake	Community	II	IIIB	Porter	Portage Community	I	I
Madison	Community Anderson & Madison County	II	II	Porter	Porter Memorial		
Marion	Community East			Pulaski	Pulaski Memorial	I	I
Marion	Community North	II	IIIA	Putnam	Putnam County	I	I
Marshall	Community Hospital of Bremen	I	I	Wayne	Reid Hospital and Health Care Services	II	II
Marion	Community South	I	II	Marion	Riley Hospital for Children (Clarian)		IIID
Daviess	Daviess Community	*II	*II	Hamilton	Riverview	II	II
De Kalb	De Kalb Memorial	I	I	Jackson	Schneck Medical Center	II	I
Dubois	Deaconess St. Joseph's	*I	*I	Scott	Scott County Memorial	I	I
Dearborn	Dearborn County	II	I	Lake	St. Anthony Medical Center	II	II
Decatur	Decatur County Memorial	I	I	LaPorte	St. Anthony Memorial Health Center	II	I
Miami	Dukes Memorial	II	II	Lake	St. Catherine	I	I
Lawrence	Dunn Memorial	I	I	Montgomery	St. Clare Medical Center	II	I
Allen	Dupont (Lutheran)	II	IIIB	Morgan	St. Francis - Mooresville	II	II
Elkhart	Elkhart General	II	II	Marion	St. Francis	II	IIIA
Fayette	Fayette Memorial	*I	*I	Madison	St. John's Health System (St. Vincent)	II	II
Floyd	Floyd Memorial	II	II	Allen	St. Joseph (Lutheran)	II	IIIB
Gibson	Gibson General	I	I	Howard	St. Joseph Hospital and Health Center	*I	*II
Knox	Good Samaritan	*II	*II	Marshall	St. Joseph Regional Medical Ctr. Plymouth	*II	*II
Goshen	Goshen General	I	I	St. Joseph	St. Joseph Regional Medical Ctr. Mishawaka	I	I
Greene	Greene County General	I	I	St. Joseph	St. Joseph's Regional Med. Ctr. South Bend	II	IIIB
Hancock	Hancock Memorial	II	II	Lake	St. Margaret Mercy - Hammond	II	IIIB
Harrison	Harrison County	∞II	∞II	Lake	St. Margaret Mercy - Dyer	II	II
Hendricks	Hendricks Regional	II	II	Lake	St. Mary Medical Center	I	I
Henry	Henry County Memorial	II	II	Vanderburgh	St. Mary's Medical Center	III	IIIB-C
Howard	Howard Community	II	II	Marion	St. Vincent	III	IIID
Marion	Indiana University Medical Center (Clarian)	III	II	Hamilton	St. Vincent Carmel	II	II
Jasper	Jasper County	I	I	Clinton	St. Vincent Frankfort	I	I
Jay	Jay County	I	I	Randolph	St. Vincent Randolph	I	I
Johnson	Johnson Memorial	I	I	Starke	Starke Memorial	II	I
Jefferson	King's Daughter's	I	I	Sullivan	Sullivan County Community	I	I
Kosciusko	Kosciusko Community	I	I	Vigo	Terre Haute Regional (Colombia)	II	II
Tippecanoe	Lafayette Home	II	IIIB	Warrick	The Women's Hospital (Deaconess)	III	IIIB
LaGrange	LaGrange Community	I	I	Tipton	Tipton County Memorial	I	I
LaPorte	LaPorte	II	II	Vigo	Union	II	II
Allen	Lutheran	III	IIIC	Wabash	Wabash County	I	I
Shelby	Major	II	II	Washington	Washington County Memorial	I	I
Ripley	Margaret Mary Community	II	II	Vermillion	West Central Community	I	I
Grant	Marion General	II	II	White	White County Memorial	I	I
Cass	Memorial	II	II	Marion	Wishard	III	IIIB
Dubois	Memorial Hospital and Health Care Center	I	I	Boone	Witham	II	I
Lake	Methodist Southlake Campus	II	IIIB	Marion	Women's Hospital of Indianapolis	II	IIIB
				Fulton	Woodlawn	I	I

As self-reported by the individual hospitals.

* Not confirmed

Upcoming Events

JUNE

- 17 **Basic Fetal Monitoring**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548 for information and to register.
- 18 **IPN Baby First Board Meeting**—11:30 am to 2 pm, United Way of Central Indiana, 3901 N. Meridian St., Indianapolis. For more information, contact IPN, ph: 317.818.9486 or e-mail ipn@indianaperinatal.org.
- IPN State Perinatal Advisory Board Meeting**—2 to 4 pm, United Way of Central Indiana, 3901 N. Meridian St., Indianapolis. For more information, contact IPN, ph: 317.818.9486 or e-mail ipn@indianaperinatal.org.
- 19-20 **AWHONN Fetal Heart Monitoring Principles & Practices Workshop**—Methodist Hospital, Medical Tower, Room 103, Indianapolis. \$125 for both days, includes course manual. Call 317.962.3548 at least five weeks prior to course to register and receive materials.
- 20 **Obstetrical Emergencies**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548 for information and to register.
- 23-24 **Cultural Competency Workshop**—Rice Auditorium, Indiana State Dept. of Health, 2 North Meridian St., Indianapolis, 8:30 am to 4 pm. No charge. For information or to register, phone ISDH's Office of Cultural Diversity & Enrichment, 317.233.1383.
- 30 **Advanced Cultural Competency Workshop**—Rice Auditorium, Indiana State Department of Health, 2 North Meridian St., Indianapolis, 8:30 am to 4 pm. No charge. For information or to register, phone ISDH's Office of Cultural Diversity & Enrichment, 317.233.1383.

JULY

- 1 **Postpartum Depression**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548 for information and to register.
- 7 **Cultural Competency Workshop**—Rice Auditorium, Indiana State Dept. of Health, 2 North Meridian St., Indianapolis, 8:30 am to 4 pm. No charge. For information or to register, phone ISDH's Office of Cultural Diversity & Enrichment, 317.233.1383.

- 9 **Breastfeeding Basics for the Bedside Nurse**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548 for information.
- 10 **Basic Fetal Monitoring**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548 for information.
- Induction/Augmentation of Labor**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548.
- 15 **Basic Fetal Monitoring**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548 for information.
- 21 **Grief Support for Families**—Clarian Health/Methodist Maternity Ctr. Fee: \$25. Call 317.962.3548 for information.
- 22-23 **Cultural Competency Workshop**—Rice Auditorium, Indiana State Dept. of Health, 2 North Meridian St., Indianapolis, 8:30 am to 4 pm. No charge. For information or to register, phone ISDH's Office of Cultural Diversity & Enrichment, 317.233.1383.
- 30 **Advanced Cultural Competency Workshop**—Rice Auditorium, Indiana State Dept. of Health, 2 North Meridian St., Indianapolis, 8:30 am to 4 pm. No charge. For information or to register, phone ISDH's Office of Cultural Diversity & Enrichment, 317.233.1383.

AUGUST

- 5 **Postpartum Depression**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548 for information.
- 7-8 **AWHONN Fetal Heart Monitoring Workshop**—Methodist Hospital, Medical Tower, Room 103, Indianapolis. \$125 for both days, includes course manual. Call 317.962.3548.
- 11-12 **Cultural Competency Workshop**—Rice Auditorium, Indiana State Dept. of Health, 2 North Meridian St., Indianapolis, 8:30 am to 4 pm. No charge. For information, phone ISDH's Office of Cultural Diversity & Enrichment, 317.233.1383.
- 13 **Breastfeeding Basics for the Bedside Nurse**—Clarian Health/Methodist Maternity Center. Fee: \$25. Call 317.962.3548 for information.
- 18 **Grief Support for Families**—Clarian Health/Methodist Maternity Ctr. Call 317.962.3548 for information.

WalkAmerica Focuses on Prematurity



About 3,500 volunteers packed IUPUI's Track and Soccer Stadium on April 27 to participate in the Indianapolis March of Dimes Walk America 2003. The volunteers, including a team from IPN, are championing a new theme for this year's campaign: "Prematurity—It's a Bigger Problem than You Think."

- ◆ More than 10,000 babies are born prematurely each year in Indiana.
- ◆ The current rate of preterm birth is 11.8 percent.
- ◆ The rate of premature birth increased 19 percent in the last 10 years.
- ◆ Prematurity is the leading cause of death in the first month of life
- ◆ 50 percent of babies born early suffer from lifelong health problems

WalkAmerica events are held in a total of 49 sites across the state through the end of this year. "More tiny babies are surviving, but survival isn't enough," says **Tim Arndt**, March of Dimes. "The March of Dimes is working hard to find out why prematurity happens and how it can be stopped." WalkAmerica proceeds help to fund scientific research and educational programs; to assist health professionals in improving detection of high-risk pregnancies and addressing risk factors; and to expand access to health insurance to improve prenatal care and infant health outcomes. 🐾

To join in the March of Dimes Prematurity Campaign, phone 800.BIG.WALK. For more information on the Indiana March of Dimes Chapter, contact **Tim J. Arndt**, senior state director of communications and marketing, ph: 317.262.4668 or 800.844.9255, or e-mail: tarndt@marchofdimes.com

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Summaries of New Reports, Studies and Resources of Interest

NEWS

- ◆ **Rapid HIV Test Available at New Sites Nationwide**—The Food and Drug Administration (FDA) has extended the availability of a rapid HIV test to more than 100,000 sites, including physician offices and HIV counseling centers.
- Details available at www.hhs.gov/news

STUDIES/REPORTS

- ◆ **Study of SIDS Among Native American Indians Points to Safe Sleeping Factors and Alcohol Consumption for Increased Risk**—A study of the Native American Indian population published in the *Journal for the American Medical Association (JAMA)* indicates Native American Indian babies bundled in layers of clothing are at a greater risk for SIDS, as are the babies of mothers who were binge drinkers around the time of conception and during the first trimester of pregnancy.
- Visit www.jama.ama-assn.org/issues/v288n21/abs/joc12093.html
- ◆ **Children's Neurological Impairment Associated with Maternal Dietary Deficiency of B12**—In 2001, a neurological impairment resulting from a deficiency of cobalamin (vitamin B12) was diagnosed in two Georgia children breastfed by vegetarian mothers.
- For the complete case study, visit www.cdc.gov/mmwr/preview/mmwrhtml/mm5204a1.htm

RESOURCES

- ◆ **New Web Site Offers Preconception and Prenatal Resources for Providers**—The Pregnancy Fore-sight Project, a Swedish Medical Center research study sponsored by the Washington State Chapter of the March of Dimes, has launched a new educational Web site.
- Visit www.swedishmedical.org/PregnancyForesight/Home.html

- ◆ **Reducing SIDS in Child Care Settings**—The “Healthy Child Care America Back to Sleep” campaign aims to unite child care, health, and SIDS-prevention partners to reduce the approximate 20 percent of SIDS cases that occur in child-care settings.
- Visit www.aap.org/advocacy/hcca/backtosleep/bts_factsheet.pdf. For references and resources, visit www.aap.org/advocacy/hcca/backtosleep/resources.htm or [/www.aap.org/advocacy/hcca/backtosleep/resources.htm](http://www.aap.org/advocacy/hcca/backtosleep/resources.htm). For more information and/or training, please contact IPN's SIDS & Infant Loss Support Coordinator Barb Himes, ph: 317.725.3754 or e-mail bhimes@indianaperinatal.org
- ◆ **Spanish-Language Health Resources**—A new knowledge path produced by the National Center for Education in Maternal and Child Health provides an electronic guide to current Spanish-language health resources and information tools.
- For more information, visit: www.mchlibrary.info/KnowledgePaths/kp_spanish.html
- ◆ **Bien! Border Health Information Network en Español**—A health education network funded by the National Library of Medicine.
- <http://www.bienhealth.org>
- ◆ **March of Dimes en Español**—Fact sheets and other resources in Spanish on a wide range of pregnancy and infant-care topics.
- <http://www.nacersano.org>
- ◆ **National Alliance for Hispanic Health**—Includes a link to *Su Familia*: The National Hispanic Family Health Helpline: 866.SU-FAMILIA/866.783-2645
- <http://www.hispanichealth.org>

ISDH Welcomes Genetics Director

IPN joins the Indiana State Department of Health's (ISDH) Maternal and Child Health Services in welcoming Genetics Program Director **Kirstin J. Schwandt, MS, CGC.**

Each year in Indiana, approximately 5,000 infants are born with birth defects or genetic conditions. ISDH's program aims to “increase awareness and understanding of these conditions and ensure that affected families have access to genetic services,” says Schwandt. These objectives are accomplished in collaboration with genetic centers statewide, including regional centers in Indianapolis, Gary, Fort Wayne, Evansville, and Clarksville.

In her role as project director for the Indiana State Genetic Services Grant, Schwandt directs funding from this four-year federal grant to implement many of the state's genetic service plans.

Schwandt comes to ISDH from Bloomington, Ind. where she developed community-based genetic counseling services and served as the area's first genetic counselor. She received an M.S. Degree in medical genetics with an emphasis on counseling and ethical issues from the University of Wisconsin-Madison. Certified by the American Board of Genetic Counseling in 1999, Schwandt is a member of National Society of Genetic Counselors, the American College of Medical Genetics, and the American Society of Human Genetics.

Genetics Program Director Kirstin Schwandt can be reached at 317.233.1268 or e-mail: kschwandt@isdh.state.in.us. For more information on the program, visit <http://www.in.gov/isdh/programs/mch/gdp.htm>. A copy of the state genetic needs assessment can be viewed at <http://www.in.gov/isdh/programs/mch/>

OPINION FORUM

“Coroner’s Checklist” a Helpful Tool in Cases of Unexpected Infant Death

By: Robert White, MD
Neonatologist, Memorial Hospital
South Bend, Ind.

A generation ago, before Sudden Infant Death Syndrome (SIDS) was well described, parents who unexpectedly lost an infant were often regarded with suspicion and forced to endure unnecessary guilt due to assumptions about the cause of the death.

After the SIDS diagnosis was identified, we became much better at helping parents through their grief. At the same time, perhaps we’ve now tended to write off too many deaths as SIDS without a careful inquiry, and thus missed cases of asphyxia, homicide and congenital abnormalities. It’s important to remember that SIDS is a diagnosis by exclusion.

The Coroner’s Checklist (*see below*) is a valuable tool for professionals involved in the diagnosis of unexpected infant deaths. The checklist is part of a commendable effort to carefully evaluate each baby dying of apparent SIDS to avoid missing cases due to other causes.

We should try to prevent the pendulum from again swinging too far by making the mistake of routinely classifying cases that meet one or more of the findings in the “possible asphyxia” list as asphyxia. In particular, if the child was bed-sharing with an adult, it goes against science and good sense to assume that all such deaths occurred due to asphyxia. If SIDS can occur in an approved crib, it can certainly occur in

any other sleeping arrangement. Consequently, the place of death should not be used as a definitive criterion for the cause of death.

Bed-sharing with someone other than a parent is a risk factor for SIDS and asphyxia, but a recent article in *Pediatrics* (May 2003 supplement issue, pages 1207-1214) documents that SIDS is not more common when bed-sharing with a parent, and is actually less likely if the baby is breastfed, a condition that often co-exists with bed-sharing. So the single fact that a baby dies unexpectedly while bed-sharing does not establish a diagnosis of asphyxia until a careful search for other possible causes is completed. 🐾

CORONER’S CHECKLIST FOR CASES OF SUDDEN INFANT DEATH

SIDS or Asphyxia?

SIDS

The sudden death of an infant under one year of age that remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

Think PROBABLE SIDS if, at the time of death, an otherwise healthy infant is found:

- Lying on his/her back
- With mouth and nose uncovered
- With good ventilation around mouth and nose
- In an approved crib, bassinet
- With no unsafe bedding (comforters, quilts, heavy blankets, bumper pads), pillows, or stuffed animals near
- With no external signs of trauma
- With no history of bed sharing with another adult or child
- Between the ages of one to six months of age

ASPHYXIA

Think POSSIBLE ASPHYXIA if, at the time of death, an otherwise healthy infant is found:

- Lying face down or prone
- Bed sharing with another adult or child—circumstances of the bed sharing should be reviewed (if adult: smoking, obesity, who; bed scene: covers, gaps between headboard and mattress, etc.)
- Overlain by an adult or child
- On waterbed, couch, beanbag, sheep skin, sagging mattress, pillow-top mattress, or other unsafe infant sleeping environment
- Wedged between the mattress and the headboard or footboard, crib rails, wall, or other furniture; or found otherwise wedged
- With unsafe bedding (comforters, bumper pads, quilts, heavy blankets), pillows, or stuffed animals near

You can diagnose SIDS only after an autopsy and death scene investigation.

- An autopsy by a qualified pathologist is required for diagnosis of SIDS and strongly recommended for all cases of unexpected deaths in infants.
- Inflicted trauma and Shaken Baby Syndrome can look exactly like Asphyxia or SIDS without the autopsy.
- SIDS is a diagnosis by exclusion—*after all other causes are ruled out.*



For more information on the Coroner’s Checklist, contact
IPN’s SIDS & Infant Loss Support Coordinator Barb Himes,
ph: 317.725.3754 or e-mail bhimes@indianaperinatal.org.



Rev. 6/03

Southeastern Healthy Mothers/Healthy Babies Supports Consumers and Providers in Four Counties

In 1986, a small group of individuals came together to form the Southeastern Indiana Healthy Mothers/Healthy Babies (HMHB) Coalition, Inc. based in Lawrenceburg, IN. Since then, the HMHB Coalition has provided an impressive array of free services to both health care consumers and providers in Dearborn, Ohio, Ripley and Switzerland counties.

"Our objective is to provide services that will improve the health of mothers and babies in our communities," says **Jascia Robinson**, president. "We're committed to the belief that any mother who wants to learn how to prepare for labor and delivery should be granted that opportunity." With a B.S. in Education and some post-graduate training in adolescent pregnancy education, Robinson coordinates several of HMHB Coalition's educational programs.

Joining Robinson on the HMHB Coalition Board are **Jo Ann Disbro**, a former OB nurse and an educator at a local hospital; **Jenny Miller RN CLC**, a lactation counselor and OB nurse; **Roseanne DeGeorge**, local WIC director; **Suzanne McKay RN**, a county health nurse; and **Erin Bradley**, an OB nurse.

A sampling of HMHB's local efforts include:

- ◆ **Prenatal vitamins** distributed to expectant mothers through WIC clinics as an ongoing service.
- ◆ **Resource awareness** via the publication of "Where to Go for Help if You're Pregnant," a brochure made available in schools, medical offices and social services agencies.
- ◆ **Educational and emotional support** for teen parents through Baby Buddies, a weekly class that features a guest speaker and allows time for interaction and discussion. Topics include prenatal health; labor and delivery options; feeding the mother and the baby; early newborn care; three-generational living; fathering; and birth-control methods. Incentives for attendance include vouchers good at HMHB's "Baby Basket Store" and homemade quilts sewn by the local high school.
- ◆ **Breast pumps and breastfeeding education** for mothers who must be separated from their infants due to medical complications. A local birthing center nurse, who became a certified lactation consultant through an HMHB-funded education, manages the distribution of the pumps to needy families while teaching mothers how to use them. With HMHB support, a second nurse is also preparing for certification to provide assistance.
- ◆ **Childbirth preparation class scholarships** for pregnant teens and financially stressed couples who might have slipped through the cracks of other social service agencies.



Some of Southeastern Indiana's Healthy Mothers/Healthy Babies hard-working members include (left to right) Jan Ratledge, Jascia Robinson, Joan Ann Disbro, Jenny Miller and Suzanne McKay.

- ◆ **Dental assistance** to the many families who are uninsured or underinsured. The program was created to provide care for children, mothers of young children and expectant mothers who are financially unable to obtain these needed services.
- ◆ **Breastfeeding seminars** to update the local medical community, as well as three workshops on brain-based learning, of particular interest to educators and parents.
- ◆ **A partnership with schools** to help educate students on topics relating to maternal and infant health, such as shaken baby syndrome, sexually transmitted diseases and tobacco and pregnancy.

According to Robinson, SE HMHB remains "largely driven by the hard work and dedication of a handful of individuals." With a \$10,000 annual operating budget, funding is provided in part by the Dearborn-Ohio County United Fund. Similar to United Way, but not affiliated with it, the United Fund collects monies from county businesses and individuals and grants about 99 percent of the funds raised (about \$400,000 annually) to 25 local agencies. "We get a lot done with a little amount of money, thanks to our dedicated volunteers!" 🌿

For more information on the Southeastern Indiana Healthy Mothers/Healthy Babies Coalition, Inc., contact **Jascia Robinson**, ph: 812.532.3081; e-mail jasciarobinson@hotmail.com; or write to P.O. Box 3537, Lawrenceburg, IN 47025.

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