



**Mothers & Babies
PERINATAL NETWORK**

457 State Street
Binghamton, NY 13901
1 (800) 231-0744
www.mothersandbabies.org

MATERNAL CHILD HEALTH NEWS



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New Federal Health Care website

As part of the Obama Administrations healthcare reform, the federal government has launched a new website which will provide consumers with information regarding private and government healthcare plans. The website, www.healthcare.gov, launched July 1st, 2010, website is required as a part of the new health care law.

For now, the website will provide basic facts and information on insurance companies. This will include their names, website (s), and health plans. This general information is scheduled to be expanded to more in-depth information for consumers in October 2010. Once expanded, the site is expected to detail plan costs and full benefits information.

So far, consumers and public healthcare advocates have applauded the website, designed to assist consumers in navigating the often confusing and complicated insurance market. Although some have criticized the website, stating that consumers should be provided with exact prices and details on plans, many are pleased to see a step in the right direction.

Some healthcare plans are critical of the website, stating that consumers might be provided with incorrect data or prices, which could be misleading. One healthcare plan, United Health Care, has suggested listing average prices for certain plans, because actual prices of plans will vary based on each individual person or family.

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Children Do not Have to Wait for Health Care Reform

September 23rd marks the six-month anniversary of the signing of the Affordable Care Act (Healthcare Reform). The new health reform law will significantly expand access to affordable health coverage; however, **children do not have to wait** for health care reform.

Adolescents and young adults are more likely to be uninsured than any other age group. There are a significant number of eligible but uninsured children.

M&BPN continues to provide application assistance to families who are uninsured and may be eligible for public health insurance programs. Please help us reach families who are in need by referring them to our agency.

M&BPN has enrollment specialists available in 6 counties (**Broome, Chemung, Delaware, Otsego, Tioga and Tompkins**) who will provide eligibility screenings and application assistance.

Enrollment specialist can be reached at

1-800-321-0744.



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New Federal Health Care website

When the major healthcare overhaul law comes into effect in 2014, new websites will be launched for all state-based health insurance exchanges.

Coverage for uninsured people in poor health

At present, insurance companies still have the ability to deny health coverage to applicants who have pre-existing health conditions. These denials are set to end (by law) in 2014, but in the meantime, to help Americans who are affected by this, the Obama administration has just launched what is called "The Pre-Existing Condition Insurance Plan". The plan, currently funded by a \$5 billion allocation from Congress, is currently accepting applications, and plans to have enrollments as early as August 1, 2010.

In order to qualify for the program, individuals must have a pre-existing medical condition and have been uninsured for at least six months. This profile potentially fits millions of Americans, which has some economists believing could bankrupt the program by the end of 2011, unless the program was allocated another \$5-10 billion in funding.

Although this plan has the potential to help thousands of Americans, many will be unable to afford the coverage, because this plan does involve paying a premium, even after government subsidies. Premium rates will vary from state to state and per individual. States are allowed to administer these plans; however, there are 20 states who have deferred administration of this plan to the federal government. In some instances, states deferred this to the federal government because many state budgets are in poor condition.

The future of this program is unknown, but if you think you might currently qualify, more information can be found at www.healthcare.gov.

Shaken Baby Program Aims to Decrease Rates Despite the Stresses of a Broken Economy.

As the American economy continues to struggle, the additional stressors put on families may be causing unintentional injuries to their children. A recent study conducted by a group of researchers headed by Dr. Rachel Berger at Children's Hospital of Pittsburgh and presented at the Pediatric Academic Societies

annual meeting in Vancouver, British Columbia, Canada shows a relationship between the weakening economy and the rise of the incidence of shaken baby syndrome/abusive head trauma (SBS/AHT). Data recorded from four hospitals in Pittsburgh, PA; Cincinnati, OH; Columbus, OH; and Seattle, WA from January 2004 through June 2009 show that the number of SBS/AHT cases rose from 4.8 per month prior to December 1, 2007 (defined as the start of the recession) to 9.3 per month following that date. In Berger's study, 63% of the children were admitted to a Pediatric Intensive Care Unit (PICU) and 16% died. The data represent 512 cases of abusive head trauma in children. "The results of the study are very concerning and highlight the need for increased prevention efforts during times of economic hardship," says Marilyn Barr, Founder and Executive Director of the National Center on Shaken Baby Syndrome.

"Frustration with a baby's crying is the number one trigger for shaking, and the stress of handling a crying infant can seem overwhelming." Hospitals and organizations nationwide are responding by educating parents about the Period of PURPLE Crying, a stage when normal, perfectly healthy babies can cry for five hours a day or more. Since January 2009, 289 hospitals and organizations have implemented the PURPLE program, which includes giving an 11-page booklet and 10-minute DVD to every family of new baby to take home with them. Currently, the PURPLE program has a presence in 45 out of 50 states with 4 states (Utah, North Carolina, Maine and Kansas) implementing state-wide programs where every birthing hospital will be providing the program to new families. Additionally, Iowa and Oregon have implemented state-wide initiatives that will reach at least 80% of the total births for each state with the PURPLE program. The Period of PURPLE Crying is a normal developmental phase that all healthy babies experience between two weeks and four months, characterized by long periods of crying. The letters in PURPLE stand for:

- Unexpected— The crying can come and go, with no explanation.
- Resists soothing— The baby might not stop crying no matter what you try.
- Pain-like face— It may look like the baby is in pain, even when they are not.
- Long lasting— The baby might cry 5 hours per day or more.

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- Evening– The baby might cry more in the late afternoon or evening, just when parents are getting home from work and tired from a long day. “The Period of PURPLE Crying program shows parents that crying by an otherwise healthy baby is normal and is not caused by something that they are doing wrong,” says Barr. “Additionally, the program helps parents understand that the inconsolable crying does come to an end, which can be very comforting to parents.” For more information about the Period of PURPLE Crying, go to www.purplecrying.info.

Smoking Bans Help Curb Kids’ Severe**Asthma Attacks** By Mike Stobbe ASSOCIATED PRESS

Published:September 15, 2010, 5:00 PM

ATLANTA (AP) - New research shows that smoking bans spare many children with asthma from being hospitalized, a finding that suggests smoke-free laws have even greater health benefits than previously believed. Other studies have charted the decline in adult heart attack rates after smoking bans were adopted. The new study, conducted in Scotland, looked at asthma-related hospitalizations of kids, which fell 13 percent a year after smoking was barred in 2006 from workplaces and public buildings, including bars and restaurants.

Before the ban, admissions had been rising 5 percent a year in Scotland, which has a notoriously poor health record among European countries. Earlier U.S. studies, in Arizona and Kentucky, reached similar conclusions. But this was the largest study of its kind - and offered the strongest case that smoking bans can bring immediate health improvements for many people. “The effects of smoke-free laws are way bigger than you would expect,” said Stanton Glantz, a University of California - San Francisco researcher who specializes in the health effects of smoking. He was not involved in the new study, published in Thursday’s New England Journal of Medicine. Cigarette smoke is a trigger for asthma attacks. So researchers reasoned that tracking severe cases was perhaps the best way to measure a smoking ban’s immediate effect on children.

“Acute asthma is the tip of the iceberg,” more easily tracked than less severe breathing problems, ear infections and other problems seen in children that have been linked to a caregiver’s smoking, said Terry Pechacek of the Centers for Disease Control and Prevention’s office on smoking and health.

About 40 percent of American children who go to hospitals because of asthma attacks live with smokers - a high proportion, given that only about 21

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percent of U.S. adults smoke, according to CDC statistics. Smoking bans have become increasingly common in the United States, where 35 states and the District of Columbia have laws that bar smoking in workplaces or restaurants and bars, or both. And more than 3,100 cities and towns have their own restrictions, according to the American Nonsmokers' Rights Foundation.

The push continues: This week, New York City Mayor Michael Bloomberg announced city officials will pursue a broad extension of the city's smoking ban to parks, beaches and pedestrian plazas throughout the city. Many European countries - including Britain, France and Germany - forbid smoking in all public places. But Italy, Greece and some others have been slower to adopt the bans, sometimes simply limiting smoking in certain areas.

In the new report, researchers looked at emergency hospital admissions for asthma at all of Scotland's hospitals from January 2000 through October 2009. The data was for kids age 14 and younger.

They found that hospital admissions for children's asthma attacks were increasing by 5 percent per year before the ban, reaching about six admissions per day on average in January 2006. But afterward, children's asthma attacks declined by 13 percent a year, falling to below five admissions per day in October 2009.

The ban largely targets places where adults work and socialize. But there seems to be a ripple effect: It made smoking less popular and led significant numbers of adult smokers to cut back or quit their habit at home, where the kids were, said Dr. Jill Pell, a study author. "People are choosing to protect their kids even when they don't have to," said Pell, a University of Glasgow professor of public health. That's consistent with U.S. research, which has shown that smoking bans were followed by a decline in smoking at home, Pechacek said.

Dads Get Postpartum Depression Too

By Elizabeth Landau, CNN
May 18, 2010 12:36 p.m. EDT

- Study: About 10 percent of fathers experience prenatal and postpartum depression
- Depression rates were higher in the United States than other countries studied
- As many as about 25 percent of dads had depression in three to six months after childbirth

CNN) -- Matthew and his wife were excited about

the birth of their daughter in January 2008, and the proud father took a month off of work to spend time with his spouse and child.

About six weeks after the baby's birth, Matthew, 35, who asked not to have his real name used, found himself wanting to sleep all the time. He stopped finding joy in his hobbies and got to the point that he didn't want to go out to dinner with his wife anymore. Having spent six years in the Army, he had always prided himself on mental toughness. But with a newborn, he found himself daydreaming about running away and contemplating suicide.

"People in history would think they were possessed by a demon -- that's kind of what it felt like," the California-based father said. "I didn't have control over it."

Despite a year of therapy, Matthew never knew what to call these intense feelings until he started hearing women's stories of postpartum depression.

In fact, postpartum depression in new fathers is a real phenomenon, and is more common than previously thought, according to a study published Tuesday in the *Journal of the American Medical Association*. About 10 percent of men have prenatal and postpartum depression, the study found; previous research had estimated 5 percent, said lead author James Paulson of the department of pediatrics at Eastern Virginia Medical School.

"It's not screened for and caught enough in women, and I would say in practice it's [depression in new fathers] virtually unknown," Paulson said. "Most clinicians and most moms and dads aren't aware that there's an increased risk of depression for fathers."

Read three new moms' stories of depression, recovery

Depression in fathers has potential negative implications for the family, and for the child's development and behavioral and emotional health, he said.

Paulson's study also found that fathers' depression tended to have an association with mothers' depression -- so when moms were more depressed, so were dads. But more research is needed to determine how the two are related, as one parent's moods have not been proven to cause the other's.

Researchers did an analysis of 43 studies on documented depression in fathers between the first trimester and the first year after childbirth between January 1980 and October 2009. This yielded data on more than 28,000 participants.

Studies found that as many as about 25 percent of new

dads had depression in the three to six months after childbirth. Although his analysis did not examine causes, Paulson said he speculates that leaves of absence from work usually expire around three months, and parents need to renegotiate how to care for the infant. Sleep schedules also may shuffle during this time, he said.

Rates of fathers' depression were higher in the United States, at around 14 percent, than abroad, about 8 percent, the study found. Data from countries analyzed in this study were primarily from developed countries, Paulson said.

The reasons for the national differences are not known, but Paulson theorizes that the U.S. has comparatively stricter family-leave policies in the workplace than in some European countries.

Also, he said, "In the U.S., there's a known problem with men seeking help for depression and a documented stigma with mental health."

The new analysis does have limitations, however. Because it drew from a large pool of studies that had different methodologies, and different ways of reporting and measuring depression, the authors cannot say what the prevalence of depression is in any specific time frame. Also, the larger analysis may include biases inherent in the studies it put together.

Despite these drawbacks, the findings do clearly point to a need for greater depression screening efforts for expecting fathers, the study authors wrote. The connection between parents' depression suggests that depression in one parent should prompt clinical attention to the other, the authors wrote.

"Likewise, prevention and intervention efforts for depression in parents might be focused on the couple and family rather than the individual," the study said.

The study did not compare depression rates across men of various age groups but did not have any teen fathers, Paulson said.

"Baby blues" in either parent is a normal feeling for a few weeks, but postpartum depression lasts longer and brings more severe symptoms.

Sadness, anxiety and feelings of worthlessness are some of the signs of postpartum depression in men. Some observations have noted that men experience it more in the form of anger, irritability and withdrawal than in sadness, which women often report. But there's not enough research to conclude that these differences usually exist

between depressed mothers and fathers, Paulson said.

The first step in addressing the problem is to get both spouses and physicians to recognize that new and expecting fathers are at increased risk for depression, and to help them get appropriate treatment, Paulson said. This may include psychotherapy and medication.

"Actually getting fathers to the point where they're talking to a doctor about it is the most difficult challenge," he said. "Once fathers are in the appointment, I think they have a much better chance of getting effective help for depression."

Matthew ended therapy after a year because of financial reasons, but he already had begun to recover at that point. He also exercised five days a week, volunteered at his church and forced himself to make social plans. He said his negative feelings do come back now and then, and he's terrified of depression returning if he and his wife were to have another child. But one valuable skill he credits to therapy is the confidence he's gained in being a father.

"That helped immensely -- just thinking that yes, I do have the skills, spending more time with my daughter alone, realizing that I can do this without falling apart, without ruining her life," he said.

There are fewer resources available for postpartum depression in men than women because it is a less-recognized problem. Check out postpartummen.com for an online forum and more resources. For women, try Postpartum Support International.

MISSION:

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Mothers and Babies
Perinatal
Network is to: improve pregnancy and
birth
outcomes and support the health and de-
velopment of
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Maternal Depression A Significant Issue for Child Development and Emotional Well-being Fact or Fiction?

- The birth of a baby is a happy time for new parents? **Not always.**

Approximately one in eight women experience depression during pregnancy or after the birth of a baby. The prevalence of depression in low income women is estimated to be even higher. For those women participating in home visiting programs, the prevalence ranges from 40-60%.

- Postpartum Depression (PPD) is “normal, all new mothers feel tired” **False**

The baby blues only last a few weeks and gradually dissipate. A mother with PPD has feelings that are stronger and longer lasting. Maternal depression is a serious debilitating illness that can have very negative effects on children. Depressed mothers often feel unable to respond to their child’s cues and need for nurturing. Go to: <http://www.zerotothree.org/child-development/early-childhood-mental-health/> to see a powerful example of a mother who does not respond to her child.

- Factors such as history of depression, childhood abuse, pregnancy loss etc. increase the risk of PPD. **True**

- Screening pregnant women and mothers of infants is critical. **True**

Research has shown that parents suffering from untreated depression often fail to respond to their children’s cries and that they are unlikely to provide the child with the kind of cognitive stimulation that promotes healthy brain development (zero to three) There are many simple screening tools that home visitors and health staff can use to screen for depression.

- Maternal Depression can be treated effectively. **True**

However, many low income women do not get treatment because they have difficulty recognizing the depression, are not able to access needed services, don’t have insurance or fear repercussions. It is critical to inform women about available mental health services in their area and assist them to connect with the services.

- PPD will go away without treatment. **False.** “The baby blues” can last up to two weeks and usually goes away on its own. Like many illnesses, PPD almost never goes away without treatment.

- Women with PPD cannot take medication if they are breastfeeding. **False.**

There are carefully selected medications that a physician can prescribe that are least likely to cause harm to the baby.

- All parents want to be good parents. **True.** PPD does not make anyone a “bad mother”. PPD is nobody’s fault, although there are steps women can take to minimize risk, there is nothing that can be done to prevent the disorder. PPD affects women of childbearing age regardless of socio-economic background race or culture.

Depression is considered the most under-diagnosed and least treated complication of pregnancy, despite being the most common. Women with postpartum depression continue to be hesitant to reveal their symptoms to their healthcare provider. The majority of women fear judgment from others and are concerned about being labeled as a failure. Women often hide their depressed feelings in the hope that they will go away, but for most women with postpartum depression, the feelings don’t go away without treatment. Therefore, for professionals working with women, the most important aspect of treatment is accurate screening and assessment of postpartum depression.

A number of postpartum materials and screening tools can be accessed at www.psych.uic.edu/research/perinatalmentalhealth/.

Breastfeeding Rates Remain Low In the United States. Interventions have proven to be effective. Pate, B. JOGNN 2009; Vol. 38, Issue 6

Despite recommendations from the American Academy of Pediatrics and overwhelming evidence that supports exclusive breastfeeding; only 11.3% of infants in the United States are exclusively breastfed to six months of age.

Increasing the proportion of mothers who breastfeed their infants has become a nationwide health imperative and Healthy People 2010 has established specific goals for both breastfeeding and exclusive breastfeeding. In a systematic review of primary care interventions for promoting and supporting breastfeeding, Chung, Raman, Trikalinos, Lau and Ip concluded that breastfeeding interventions can be more effective than usual care in increasing short and long term breastfeeding rates, and that the combination of pre- and postnatal interventions and inclusion of layperson support in a multi component intervention may be beneficial.



Making Sense of Health Care Reform

What the new law means for you, your family and your agency.



**Tuesday, October 26, 2010
Owego Treadway Inn
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8:00AM—4:30PM**

Making Sense of Health Care Reform; What the New Law Means for Your Small Business

Speaker: Ben Geyerhahn
New York Chapter of the Small Business Majority

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6:00PM—9:00PM**

\$25.00 per person (dinner included)

For more information or to register:
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