



# THE PERINATAL PRESS

*The mission of the Greater Adirondack Perinatal Health Network is to promote comprehensive perinatal health care by providing education, information and referral services to individuals, families and professionals*

Fall 2007

Issue #55

## Governor Signs into Law Legislation Protecting Rights of Nursing Mothers in the Workplace



Governor Eliot Spitzer has signed into law legislation that protects working mothers ability to continue providing nutrient-rich breast milk to their infants upon return to

the workplace.

The legislation requires employers to provide uncompensated time, and make a reasonable effort to provide private space for women to express milk or nurse their children for a period of up to three years following the birth of a child. In addition, it also bars an employer from discriminating against an employee exercising this right

"A woman should not be forced to sacrifice her ability to provide for her children economically or nutritionally," said Governor Spitzer. "Employers know the merit of retaining valuable employees, and this modest accommodation allows mothers who chose to breast feed to continue their invaluable contribution to the economy without fearing for their job."

The Assembly and the Senate unanimously approved this legislation. Assemblywoman Roann Destito, sponsor of the legislation, said: "This new law is a major victory for all New York families as well as employers because it protects a mother's care for her child and strengthens her ability to be a dedicated employee. A young mother was fired in my district for expressing breast milk for her child. That will not happen again because today we recognize that all women may choose to work and that their children will have the best nutritional care available at the early stages of life."

Senator John J. Flanagan, sponsor of the legislation, said: "Where our current labor laws fail to protect individuals in the workplace, the government has a responsi-

bility to step in and correct these deficiencies. More and more mothers are choosing to work outside the home or are being forced to return to work to make ends meet. This critically important legislation will enable these mothers to raise and provide for their families in an accepting workplace environment without fear of discrimination."

Kate Kahan, Director of Work & Family at the National Partnership for Women & Families, said: "This bill is an important, welcome step in making New York's workplaces more family-friendly. We have known for years that breast feeding has real benefits, but too many working women are unable to nurse their babies because their employers do not make simple accommodations. That will change for countless working moms in New York as a result of this law, and their children will be stronger and healthier as a result. We thank Governor Spitzer and every lawmaker and advocate who supported and advanced this legislation."

Liz Watson of the New York City Bar Association's Sex and Law Committee said: "This law is a win-win for businesses and families. Businesses win because employees who are new parents will miss work less often and have lower health care costs because breastfed babies are healthier. Families win because mothers will not have to quit breastfeeding when they return to work. The New York City Bar Association applauds Governor Spitzer, Senator Flanagan, Assemblywoman Destito and the mothers around New York State for their work to pass this important legislation that will benefit New York's children."

*Excerpted from press release dated August 22, 2007 by Bonnie Gagnon, Executive Secretary, Perinatal Outreach Department, Albany Medical Center.*

## ***The Milk Memos: How Real Moms Learned to Mix Business with Babies-and How You Can, Too***

Important reading for those of us interested in promoting and supporting lactation in the workplace is a new book co-authored by Cate Colburn-Smith and Andrea Serrette titled,

**"The Milk Memos: How Real Moms Learned to Mix Business with Babies-and How You Can, Too."** The genesis of the book was in a tiny lactation room at IBM (actually a small janitor's closet inside the women's restroom) where an impromptu mother's group formed. On her first day back at work, Colburn-Smith was all alone in the room; she wrote a note on a paper towel which said, "I'm a new Mom.

*(Continued on page 2)*

## Do You Know??

Which of the following is the strongest predictor of an individual's health status?

- A. Age
- B. Income
- C. Literacy skills
- D. Employment status
- E. Education level
- F. Racial or ethnic group

**Answer:** C – Literacy skills. Surprised? If so, you are not alone. Studies investigating this issue report that limited literacy skills are a stronger predictor than age, income, employment status, education level, and racial or ethnic group. According to the Partnership for Clear Health Communication, people with low health literacy are less likely to comply with prescribed treatments and self-care regimens, fail to seek preventive care, are at higher risk for hospitalization, remain in the hospital longer than adults with higher health literacy and often require additional care that results in annual health care costs that are four times higher than for those with higher literacy skills.

Studies also show that up to 50% of adult Americans are unable to understand and act on medical information. And as a provider of health care or human services, it's more than likely that a number of these folks are among those you work with every day. What to do? Educate yourself about the problem of health literacy and take steps to minimize its' impact within your practice or setting.

The Adirondack Rural Health Network, Hudson-Mohawk Area Health Education Center, and the Northeastern New York State Public Health Association are teaming up as sponsors of "Health Literacy: The Hidden Risk Factor" on April 2, 2008. This day-long conference will bring together experts in the field of health literacy to address the scope and impact of the problem, and help providers build skills to improve communication with the people they serve. Dr. Barry Weiss, nationally known researcher on literacy and health will provide the morning's keynote presentations, followed by a variety of afternoon workshops designed to help providers build specific, hands-on skills. Workshops will include "Creating Materials that People Will Read", "Issues in Geriatric Health Literacy", "Improving Patient-Provider Communication", "Health Literacy: Meeting JCA Standards" and "Cross-Cultural Communication".

Six Flags Great Escape Lodge and Indoor Water Park in Lake George will host the conference, offering a special not-for profit room rate of \$83, inclusive of all water park amenities ([www.SixFlagsGreatEscapeLodge.com](http://www.SixFlagsGreatEscapeLodge.com)). A registration fee of \$75 will include all sessions, continental breakfast, luncheon and breaks. For additional information or to request registration materials, contact Penny Ruhm at 761-0300 x 237 or [pruhm@medserv.net](mailto:pruhm@medserv.net).



### *The Milk Memos* (Continued from page 1)

This is my first day back. Is anyone else using this room?" As time passed the paper towel was replaced with a series of notebooks with tips and facts about practical breastfeeding information. When Andrea Serrette joined the room several months later, also feeling overwhelmed and exhausted, she began paging through the notebooks that were on the table. Reading them, she felt a sense of relief that other moms felt the way she was.

The notebooks became the basis for *The Milk Memos* and excerpts from them punctuate the book, but additionally there are sections on how to:

- Find a private place to pump breast milk at work
- Choose a good breast pump
- Establish a routine that you can maintain, despite your busy workday
- Establish the right day-care solution
- Get a decent night's sleep with a new baby, so that you can shine (or at least glimmer!) during business hours
- Negotiate flextime, part-time or a job share, with an employer

While we know that all workplaces are not created equal for breastfeeding mothers, there's hopeful new legislation recently passed at the state level and a resourceful new book-*The Milk Memos*, to assist mothers in mixing business with babies.

## NY State Babies among those Screened for Life-Threatening Genetic and Functional Disorders *Nearly Half a Million Nationwide Still Left Out*

Nearly 90 percent of all babies born in the United States – more than double the percentage in 2005 – live in states that require screening for at least 21 serious disorders, according to the latest March of Dimes Newborn Screening Report Card.

The March of Dimes endorsed the 2004 report of the American College of Medical Genetics (ACMG) that calls for every baby born in the U.S. to be screened for 29 genetic or functional disorders. If diagnosed early, all of these devastating conditions can be successfully managed or treated to prevent severe consequences.

New York has made great strides in advocacy and is one of only 13 states (and the District of Columbia) nationwide that requires screening for 29 core, treatable conditions. This year, the March of Dimes will present New York a special award to recognize their national leadership in newborn screening.

“This year New York State modified its testing for a metabolic disorder called TYR I (Trysinemia type I), becoming one of the states that test for all 29 conditions and in fact, currently screens for 44 disorders.

“Newborn Screening is a big priority for New York State and we are grateful that the efforts of so many volunteers resulted in reaching our goal to ensure that all babies are treated equally, no matter where they are born,” said Cathy LaMay, March of Dimes Northeastern New York and New York State Board member and Greater Adirondack Perinatal Network Program Director.

Nationwide, a discouraging 6.1 percent of babies are born in states that required screening for only 10 to 20 of the core conditions and 6.2 percent of newborns will get screening for fewer than 10 conditions. “Disparities in state newborn screening programs mean some babies may die or develop brain damage or other severe complications because they are not identified in time for effective treatment,” said Dr. Howse. “All babies across America should receive the benefits of being screened for all of these 29 core conditions,” said Dr. Howse.

This is the fifth consecutive year the March of Dimes has analyzed state-by-state newborn screening requirements, creating a snapshot of the nation’s progress toward improving the health of infants and children. The March of Dimes contracted with the National Newborn Screening and Genetics Resource Center to survey each state’s newborn screening requirements.

The snapshot shows that the nation is on target to meet the March of Dimes goal of having all babies screened for 20 or more of the recommended panel of genetic disorders by 2008.

The March of Dimes supports two pieces of federal legislation, the ‘Newborn Screening Saves Lives Act,’ sponsored by Sen. Christopher J. Dodd (D-CT), Sen. Orrin Hatch (R-UT), Rep. Lucille Roybal-Allard (D-CA), and Rep. Mike Simpson (R-ID) and ‘The Screening For Health of Infants And Newborns (SHINE) Act of 2007,’ sponsored by Sen. Hillary Rodham Clinton (D-NY) and Rep. Thomas Reynolds (R-NY). These bills would lay the groundwork for national guidelines and authorize funding for several new federal initiatives designed to increase educational resources for parents and health care providers, improve follow-up care for infants, provide assistance to states expanding and improving their newborn screening programs and develop new screening tools for additional life-threatening disorders.

The ACMG recommendation to screen for 29 conditions has been endorsed by clinicians and researchers alike, including the American Academy of Pediatrics (AAP) and the federal Health and Human Services Secretary’s Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children. Both the March of Dimes and the AAP have called for a national newborn screening standards as well as federal funding to help states improve their screening programs.

A list of which screening tests are provided by each state can be found on the “Peristats” section of the March of Dimes Web site at [marchofdimes.com/peristats](http://marchofdimes.com/peristats), which is updated regularly, or at the National Newborn Screening and Genetics Resource Center Web site at [genes-r-us.uthscsa.edu](http://genes-r-us.uthscsa.edu). “Regardless of how many screening tests are mandated by individual states, parents and health professionals should be fully informed of the benefits and availability of comprehensive newborn screening,” Dr. Howse said. “It’s also advisable for parents to receive information on screening tests for those conditions for which there is not yet treatment,” she stated.

A brochure for parents about the recommended newborn screening tests is online at the March of Dimes Web site at [marchofdimes.com/nbs](http://marchofdimes.com/nbs).

*Excerpts from July 11, 2007 press release from March of Dimes Foundation, Northeastern New York Division*

### CHEERS!!!

A recent (front page) Post Star article reported that Washington County Head Start Family Services Coordinator Mary Ellen Gates has retired after a 39 year career with the agency!

## Welcome to New GAP-Net Board Member Harriet Rubenstein

Greater Adirondack Perinatal Network is very pleased to announce the addition of Harriet Rubenstein, a psychotherapist in private practice, who specializes in the treatment of perinatal mood disorders. As our newest board member Harriet brings with her a wealth of professional and personal experience. She has an interest in working on issues related to children, families and mental health, including a desire to increase awareness of the need to provide education in prenatal and postpartum issues.

Harriet Rubenstein is a Licensed Clinical Social Worker with 20 years experience in the field of mental health working with children, adolescents, families and adults with a wide range of emotional, behavioral and psychiatric difficulties. She received her MSW from SUNY Albany in 1987 and has professional experiences in residential settings for adolescents and community residence/supportive apartment programs for adults with mental illness. Harriet was employed with the NYS Commission on Quality of Care, which oversees the mental hygiene system in NYS, from 1987-1993. After leaving that position, she was employed at Four Winds Hospital for 12 years, working on the inpatient units with children, adolescents and adults. She joined One Roof, a holistic health center in Saratoga Springs, upon its opening in September 2005 where she has continue in private practice working with children, adolescents and families.

Her specialty of the past 10 years is maternal wellness, including prenatal and postpartum mood adjustment. In addition she provides counseling services one day per week to her ob/gyn office patients. Ms. Rubenstein is also a member of PSI (Postpartum Support International) and has facilitated a postpartum depression support group as well as being a conference presenter on the subject.

On a personal note, Ms. Rubenstein is married with an 8 year old daughter and 11 year old son. Her involvement in postpartum issues began as a personal experience with the development of postpartum depression after she stopped nursing her son when he was 6 months old. At that time, there was no support available and people rarely talked about this issue. She says "I decided that I did not want anyone to suffer alone with this and I was and continue to be determined to provide support and education in the community". She believes in the importance of having a balance between family, work and regular exercise. She states "I believe that as a mom, it's incredibly important to take care of oneself to be better able to be there for your children and others in your life".

We look forward to having Harriet's valuable insight and experience help us to establish and move forward on our education and programing goals.



### One Lead Test is NOT Enough

New York State public health law requires that *every child* have their blood tested for lead contamination at age one and again at age two. The law also requires a risk assessment for all pregnant women and all children to age six, at least once a year, as well as testing for all children found to be at risk.

With all the recent toy recalls due to lead contamination, we may overlook the fact that lead dust and paint chips from chipped and peeling lead paint are still the leading source of childhood lead poisoning. Of particular concern is housing built before 1978, but especially housing built before 1950. New York State has the largest number and percentage of old housing in the nation.

### Grand Rounds Presentations

A series of Grand Rounds Programs titled "**Paints, Soils, and Toys...And Other Links to Childhood Lead Poisoning**" will be presented by Tyrone G. Bristol, MD, MPH, FAAP, and the Medical Director of the NYS Region V Lead Resource Center at Albany Medical Center later this fall. Dr. Bristol will speak at CVPH in Plattsburgh on November 16<sup>th</sup>, at noon and at Glens Falls Hospital December 4<sup>th</sup>, from 7:30-8:30am. The goal of the lectures is to update providers on childhood lead poisoning including its diagnosis, management and prevention.

## New Programming: The Family Caring Series

Late in 2006, with the assistance of county WIC programs, GAP-Net surveyed over 400 women regarding their programmatic needs. Several areas of interest were identified and subsequently were incorporated into this year's programming.

During the month of October, three free programs will be offered to families in Warren, Washington and Saratoga Counties: **"Wellness During Pregnancy and Beyond"** will focus on the importance of taking care of your emotions during and after pregnancy. Harriet Rubenstein, a psychotherapist who specializes in the treatment of perinatal mood disorders will present on the range of symptoms one can experience during and/or after pregnancy including depression and anxiety. She will also add her thoughts on how best to manage these. **"Communication From the Heart"** will help parents explore why and how we communicate with babies and young children. Phyllis Cavanagh who has worked with young children and their parents as a teacher and parent educator will present on the messages we send our children and the nurturing effect they can have. **"Tips for Single Parents"** are strategies that can help reduce the stress of life changes on the family and improve the skills required to cope with these changes. The presenter will be Lisa Millis, a Human Ecology Resource Educator with Cornell Cooperative Extension in Saratoga County.

Each of the programs described above will be offered both during the day and again in the early evening (with childcare available) to accommodate a variety of schedules. Community partners in this endeavor include area Head Start programs, "Explore" (a Glens Falls play and learning center) and area health and human service providers, who are promoting the programs to families they work with. For more informa-

### Health Alert: Steps to Further Reduce Mother-to-Child HIV Transmission

New York State providers have successfully reduced the state wide mother-to-child HIV transmission (MTCT) rate from 10.9% in 1997 with 97 infants infected to 2.8% with 16 infants infected in 2004. The following are important strategies identified by the New York State Department of Health to continue reducing MTCT with the goal of eliminating perinatal HIV transmission.

#### 1. Identifying acute HIV infection during pregnancy

Immediate testing is recommended for any pregnant woman who presents with a clinical syndrome compatible with AHI without known cause, even if she tested HIV-negative earlier in the pregnancy.

#### 2. HIV testing in the third trimester

In concert with the CDC the Department of Health recommends that prenatal providers routinely recommend repeat HIV testing, preferably at 34-36 weeks, for all women who test negative early in prenatal care. The second test ideally should be at least three months after the initial test. Repeat testing will identify women who become infected with HIV during pregnancy, a group which accounts for an increasing proportion of MTCT.

#### 3. Point of care rapid HIV testing in delivery settings

The DOH recommends all birth facilities adopt point of care rapid HIV testing in labor and delivery setting. Expedited HIV test results should be available within an hour to facilitate effective administration of ARV prophylaxis.

#### 4. Assuring access to care and supportive services

Limited or no prenatal care is an important contributor to residual MTCT in New York. Other associated factors include substance use, sexually transmitted infection during pregnancy and poor adherence to HIV antiretroviral (ARV) medications.

To facilitate linkage to care and to provide support the DOH considers it a standard of care to link HIV positive pregnant and postpartum women, including those who deliver without prenatal care, to HIV specific case management and supportive services. Resource information is available at: The Ryan White Care Networks at [http://nyhealth.gov/diseases/aids/workgroups/ryan\\_white\\_network\\_coordinators.htm](http://nyhealth.gov/diseases/aids/workgroups/ryan_white_network_coordinators.htm)

*Excerpted from a New York State Department of Health health alert. The link to the alert is: <http://nyhealth.gov/diseases/aids/testing/healthalert.htm>*



## Upcoming Events



**October 10<sup>th</sup>, 2007** The NENY Regional Perinatal Center will offer as part of its luncheon series, an educational program on “Optimizing Care and Outcomes for the Late Pre-Term Infant.” Presenter Sue Furdon is a Neonatal Nurse Practitioner at Albany Medical Center. The session will be held from 10am to 2pm at the Italian American Community Center on Washington Avenue Extension in Albany. For more information contact Bonnie Gagnon at: 518-262-8447 or [gagnonb@mail.amc.edu](mailto:gagnonb@mail.amc.edu)

**October 13<sup>th</sup>, 2007** Angel Names Association’s second annual Memorial Walk will be held at the Saratoga Spa State Park beginning at the Columbia Pavilion at approximately 1:15pm. The walk provides a forum for all families to remember their children lost through miscarriage, stillbirth, SIDS and infant death, and to increase community awareness about the issue. Participants are urged to pre-register online at [www.angelnames.org](http://www.angelnames.org) or by calling 518-654-2411.

**October 16<sup>th</sup>, 2007** “Unfulfilled Dreams-Looking For Magic” Women & Substance Abuse. This day training will focus on how women who are chemically dependent differ from their male counterparts. For more information contact The Prevention Council (in Saratoga Springs) at 518-591-1230.

**October 18<sup>th</sup>, 2007** “An Evening with Jack Newman, M.D.” Identifying Causes & Treatment of Sore Breasts & Nipples/Candida to be held at Vassar Brothers Medical Center Poughkeepsie, Dinner 6:30-7:30pm Presentation 7:30-9:00pm For more information and registration call (845) 483-6819 or e-mail [ageremino@health-quest.org](mailto:ageremino@health-quest.org)

**October 25<sup>th</sup> 2007** “Improving Perinatal Health: Enhancing Families’ Access to Care and Insurance Coverage” Regional Perinatal Forum, 8am to 4pm at the Marriott Westchester, Tarrytown. This conference provides education regarding access to care as related to providing health insurance for pregnant women and children. Nursing contact hours available. For information call (914) 493-6435 or [info@LHVPN.net](mailto:info@LHVPN.net) or [PluzyczkaA@wcmc.com](mailto:PluzyczkaA@wcmc.com)

**November 5<sup>th</sup>-9<sup>th</sup>, 2007** Certified Lactation Counselor (CLC) Training will be held at the Westchester County Center in White Plains, NY. Hosted by the Breastfeeding Advocacy Network, the CLC training is a forty hour course designed to provide a solid, up-to-date, research based body of information regarding lactation, as well as the art of counseling. For more information contact: Shaunda Penny at: (845)-705-9364 or at:[Shaunda@breastfeedingadvocacynetwork.org](mailto:Shaunda@breastfeedingadvocacynetwork.org)

**November 7<sup>th</sup>, 2007** The Ninth Annual “Children at Risk Conference” will be held at the Holiday Inn in Liverpool, NY (near Syracuse.) It’s a day for professionals who work with infants or children in any practice setting. For complete information visit [www.upstate.edu/con](http://www.upstate.edu/con)

**November 13<sup>th</sup>, 2007** “Teen Suicide: Re-Route to Recovery” A free symposium for educators, community leaders & teens to address adolescent mental health, suicide prevention and awareness. For more information contact the Coalition for the Advancement of Mental Health at [www.wvamh.org](http://www.wvamh.org) or call Karen Padowicz 793-2352 ext. 237

**December 4<sup>th</sup>, 2007** “Tips on Working with Teen Mothers”, a GAP-Net Networking Session, will be held in Plattsburgh, from 9:30-11am at the Clinton County Health Department’s offices. Presenter for the session will be Lisa Millis, an educator with Cornell Cooperative Extension in Saratoga County, who has much experience working with teen mothers. Lisa brought a unique program called Mentors and Moms to her agency, which pairs specially trained, “experienced mothers” (mentors) with teen moms. Please register for the session by calling Amy Zanghi at: 518-761-0300, Ext. 219. Or you may e-mail her



## Perinatal Data System Statistical Summary Report 1/1/2007 to 6/30/2007



<b>Indicator</b>	<b>Region</b>	<b>Cohort I</b>	<b>Cohort II</b>	<b>Cohort III</b>	<b>Cohort IV</b>
		<b>1500+ Deliveries</b>	<b>750-1499 Deliveries</b>	<b>500-749 Deliveries</b>	<b>0-499 Deliveries</b>
<b>Total Deliveries*</b>	<b>8370</b>	<b>3373</b>	<b>1963</b>	<b>1781</b>	<b>1253</b>
<b>Total Live Births*</b>	<b>8540</b>	<b>3480</b>	<b>1989</b>	<b>1806</b>	<b>1265</b>
<b>1st Trimester Prenatal Care</b>	<b>71.9%</b>	<b>76.4%</b>	<b>67.8%</b>	<b>72.0%</b>	<b>66.0%</b>
<b>Late/No Parental Care</b>	<b>0.5%</b>	<b>0.5%</b>	<b>0.3%</b>	<b>0.6%</b>	<b>1.0%</b>
<b>Medicaid / No Insurance</b>	<b>41.4%</b>	<b>32.4%</b>	<b>44.0%</b>	<b>46.9%</b>	<b>53.5%</b>
<b>Mother &lt; 17 years Old (at delivery)</b>	<b>0.9%</b>	<b>0.8%</b>	<b>0.8%</b>	<b>1.1%</b>	<b>1.0%</b>
<b>Mother &gt; or = 35 Years Old (at delivery)</b>	<b>16.4%</b>	<b>20.8%</b>	<b>13.8%</b>	<b>14.6%</b>	<b>11.0%</b>
<b>Induction of Labor (medicinal)</b>	<b>18.1%</b>	<b>15.4%</b>	<b>22.5%</b>	<b>16.9%</b>	<b>20.0%</b>
<b>Augmentation of Labor</b>	<b>33.6%</b>	<b>39.7%</b>	<b>25.5%</b>	<b>30.5%</b>	<b>34.5%</b>
<b>Cesarean Births (Total)</b>	<b>32.4%</b>	<b>35.5%</b>	<b>30.6%</b>	<b>28.8%</b>	<b>32.0%</b>
<b>Primary Cesarean Births</b>	<b>19.9%</b>	<b>22.7%</b>	<b>19.2%</b>	<b>17.2%</b>	<b>17.2%</b>
<b>Repeat Cesarean Births</b>	<b>12.5%</b>	<b>12.8%</b>	<b>11.4%</b>	<b>11.7%</b>	<b>14.9%</b>
<b># of attempted VBACS</b>	<b>178</b>	<b>73</b>	<b>15</b>	<b>76</b>	<b>14</b>
<b>VBAC - Successful based on attempts**</b>	<b>71.3%</b>	<b>78.1%</b>	<b>60.0%</b>	<b>68.4%</b>	<b>64.3%</b>
<b>Breastfeeding @ Discharge***</b>	<b>69.7%</b>	<b>71.4%</b>	<b>71.1%</b>	<b>71.0%</b>	<b>61.5%</b>
<b>General Anesthesia for C/S</b>	<b>5.6%</b>	<b>3.6%</b>	<b>10.0%</b>	<b>5.2%</b>	<b>5.9%</b>
<b>Multiple Births (Sets)</b>	<b>163</b>	<b>101</b>	<b>25</b>	<b>25</b>	<b>12</b>
<b>Very Low Birth Weight (500 - 1499)</b>	<b>1.2%</b>	<b>2.6%</b>	<b>0.3%</b>	<b>0.1%</b>	<b>0.3%</b>
<b>Low Birth Weight (1500 - 2499)</b>	<b>6.0%</b>	<b>8.4%</b>	<b>4.5%</b>	<b>4.2%</b>	<b>4.3%</b>
<b>Premature (&lt;37 weeks gestation)</b>	<b>9.2%</b>	<b>14.9%</b>	<b>6.2%</b>	<b>4.5%</b>	<b>4.7%</b>
<b>Infant Received NICU Care in House****</b>	<b>5.2%</b>	<b>12.7%</b>	<b>0.1%</b>	<b>0.0%</b>	<b>0.1%</b>
<b>In-Hospital Deaths</b>	<b>0.2%</b>	<b>0.3%</b>	<b>0.1%</b>	<b>0.1%</b>	<b>0.0%</b>
* Infants weighing >=500 grams					
** VBAC percentage successful = Number successful / Number Attempted					
*** Numbers are based on how infant is being fed rather than mother's intent					
**** Numbers are based on NICU admission rather than NICU care					

### Cohort Information

**Cohort I** consists of Albany Medical Center Hospital, Bellevue Woman's Hospital and St. Peter's Hospital

**Cohort II** consists of Champlain Valley Physician's Hospital, Glens Falls Hospital, Saratoga Hospital, and St. Clare's Hospital

**Cohort III** consists of Bassett Healthcare, Benedictine Hospital, Catskill Regional Medical Center, Northern Dutchess Hospital, Samaritan Hospital, St. Mary's Hospital (Amsterdam) Seton Health System (St. Mary's-Troy)

**Cohort IV** consists of A.O. Fox, Adirondack Medical Center, Alice Hyde Medical Center, Columbia Memorial Hospital, Kingston Hospital, and Nathan Littauer Hospital



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«Courtesy Title» «First Name» «Last Name» «Job Title»  
 «Company»  
 «Address 1»  
 «Address 2»  
 «City» «State» «Postal Code»

<b>NYS DOH Approves Grief Education Program</b>	<p>The New York State Department of Health has approved Angel Names Association's Grief Education Program for one CEU for funeral directors. The program, "Death of a Baby: Grief and Mourning" is one of three that ANA presents to the public free of charge. It was designed specifically for funeral directors, who receive little training in the area of infant death. It was presented to members of the Adirondack Funeral Directors Association in April, and reviews were overwhelmingly positive.</p> <p>Additional Grief Education Programs address bereaved families' return to work after a loss, and the role of health care providers in the stillbirth experience. The content and time allotted each program is tailored to audience needs. For more information or to schedule a program, contact ANA at (518) 654-2411 or <a href="mailto:mgmosca@msn.com">mgmosca@msn.com</a>.</p>
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<p><b>Advisory Board:</b>        Robert Virostek, MD, Chair        Patty Hunt, Vice Chair        Jacqueline Skiff, Sec/Treasurer        Portia Allie-Turco, Jane Caldwell, Lynda Glenn, Julie Graney, McKenzie Jones, Ann LaForest Phillips, Cheri Martell, Lisa Millis, Cathy Moses, Patty Myhrburg, Michelle Pinedo, Harriet Rubenstein and Dan Stec, Christine Ulrich.</p>	<b>Growing up Healthy Hotline</b>	<p><b>Medical Advisory Board:</b>        Robert Virostek, MD, Patty Hunt, Ann LaForest Phillips, Cheri Martell</p> <p><b>Staff:</b>        Cathy LaMay, Executive Director (518) 761-0300, ext 216        Jackie Avignon, Program Coordinator (518) 761-0300, ext 217        Amy Zanghi, Network Assistant (518) 761-0300, ext 219</p>
	<p>This toll-free hotline (1-800-522-5006) operates 24-hours/day, seven-days-a-week and provides information and referral for individuals, including teens, about pregnancy care services, family planning, health care, nutrition and other health and human services. Information is available in English, Spanish and many other languages.</p> <p><i>The Greater Adirondack Perinatal Network is funded through a grant from the NYS Department of Health, Division of Family Health.</i></p>	