

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

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Women Need to Be Able to *EXPRESS THEMSELVES* in the Work World!

Women with infants and children below the age of three are the fastest growing segment of today's labor force. At least 50% of women who are employed when they become pregnant return to the labor force by the time their babies are three months old. Given the substantial presence of mothers working outside the home it is imperative that we as public health professionals work to establish support at worksites in our communities for women that are both committed to their family and their job.

One of the ways that we can encourage continuation of breastfeeding when women return to work is to increase both environmental and policy changes at the workplace. This is not an easy task, but once employers learn of the significant benefits to their businesses they are more likely to invest in changes in the worksite that will allow mothers to continue breastfeeding their infants.

When persuading an employer to support breastfeeding at their worksite, it is best to have supporting data and information that reinforces that the "breast is best" for not only mothers and infants but also for society. Fast facts that should be on the tip of your tongue when persuading an employer to support lactation at the worksite include the following:

- Companies estimate a cost savings of \$3 for every \$1 invested in breastfeeding support. (1)

- Among employed women with children under age 3, approximately 70% work full time. One-third of mothers return to work within 3 months after giving birth and two-thirds return after 6 months. (1)
- Lower health care costs; an average of \$400 per baby over the 1st year. (1)
- Excess use of health care services (attributable to formula feeding) costs an HMO between \$331 and \$475 per never-breastfed infants. (2)
- For private and government insurers, a minimum of \$3.6 billion is paid each year to treat diseases and conditions preventable by breastfeeding. (2)
- In 2007, 98% of corporations listed in the "100 Best Companies for Working Mothers" say a corporate lactation program is important or very important to their workforce, and ninety-six percent provide dedicated lactation rooms. (3)

Employers should consider that the cost of caring for an ill baby is high for both mothers and employers. When a child is sick, parents often miss work for doctor's appointments, which in turn increases health care costs and medical claims. Healthy mothers and babies can save health care dollars and improve productivity among employees. Breastfeeding mothers are an investment that can improve the bottom line.

- Lowers Health Care Costs - Breastfed babies are healthier.
- Lowers Absenteeism – Breastfed mothers have lower absenteeism due to taking fewer days off to care for a sick child.
- Reduces Turnover – Women are more likely to return to work when their needs

(Continued on page 2)

Women Need to Be Able to *EXPRESS THEMSELVES* in the Work World!

Continued from page 1

as a mother are met and breastfeeding is supported.

- Saves on Retraining Costs – Women will want to return to jobs that support their needs as a breastfeeding mother.
- Enhances Corporate Image – Others will view the company as concerned for the health and wellness of families and new mothers.
- Raise Employee Morale and Productivity – Companies that support breastfeeding mothers result in happier, more satisfied employees.
- Additional Recruitment Incentive – Women employees will view breastfeeding support services as a unique and additional benefit. (4)

Legislatively there has been tremendous work done to insure that women are allowed to express their breast milk at their workplace. The **NY Labor Law § 206-c**, passed into law in the Spring of 2007 states that employers must allow breastfeeding mothers reasonable, unpaid break times to express milk and make a reasonable attempt to provide a private location for her to do so. Prohibits discrimination against breast feeding mothers.

To assist employers in being compliant with **NY Labor Law § 206-c** the Greater Adirondack Perinatal Network (GAP-Net) offers technical assistance to employers that are creating breastfeeding policies and/or lactation rooms in the workplace. The services of our staff are offered to the community at no charge. GAP-Net also offers mini-grants to employers. For 2008-09 there will be 2 to 4 “*Supporting Lactation in the Workplace*” mini-grants in the amount of approximately \$1,000 each awarded to employers in Clinton, Essex, Franklin, Hamilton, Saratoga, Washington and Warren counties.

In the past years there have been some very

successful “*Supporting Lactation in the Workplace*” mini-grant awards given out to area businesses. These organizations have used mini-grant awards to the fullest by developing and implementing both environmental and policy changes which support breastfeeding for their employees.

One of the first recipients of the “*Supporting Lactation in the Workplace*” awards was Adirondack Medical Center, a regional hospital in Saranac Lake. The award was used to expand lactation areas for their employee use in several outlying health centers. In addition they created and implemented new policies which support lactating women in the workplace. Another success story was the Saranac Lake Central School District. The school nurse at the school was appalled to learn that lactating mothers were forced to go out in the freezing cold to express breast milk in their car in the school parking lot. With the mini-grant award the school district was able to turn unused space into three lactation areas, one in each school building, complete with chairs, stands, and small refrigerators.

We at GAP-Net are hoping that there is even more interest in the “*Supporting Lactation in the Workplace*” grant for 2008-09.

If you or an employer is interested in learning more about mini-grant opportunities offered through GAP-Net, Please contact Amy Zanghi at 761-0300 ext 219 or azanghi@medserv.net

References:

1. US Breastfeeding Committee. Workplace Breastfeeding Support (issue paper), Raleigh, NC: US Breastfeeding Committee; 2002.
2. US Breastfeeding Committee. Economic Benefits of Breastfeeding (issue paper). Raleigh, NC US Breastfeeding Committee; 2002.
3. <http://www.medelabreastfeedingus.com/news>
4. <http://dhhs.nh.gov>

Anatomy of a Mini Grant: Young Men Thinking Outside the Box



A year ago, two agencies and an area school applied for GAP-Net mini grant funding to *“increase programs that address the male role in preventing domestic violence against women.”* Their collaborative efforts deserve our attention because they signal an important shift in how some Warren and Washington County agencies, along with faith groups and schools are approaching domestic violence prevention. While the counties haven’t decreased services in place for victims of domestic violence, community partners in a CDC pilot program called the DELTA Project, have begun adding an emphasis on changing social norms to *prevent* domestic violence from occurring in the first place, rather than reacting after the fact.

A fledgling young men’s initiative called R.A.V.E. (Railroaders Against Violence Everywhere) was formed in 2006 at Whitehall Jr/Sr High School and grew substantially in May 2007, during the school’s “Week of Non-Violence”, when national anti-violence educator Ben Atherton-Zeman presented to the entire student body. Through mini grant funding, several agencies collaborated this year to work with RAVE:

- Whitehall faculty member Kyle Manny

was recruited to join RAVE as the faculty advisor in the fall of 2007. Kyle and Mike Spire, a rape crisis counselor from STARS (Sexual Trauma and Recovery Services) co-facilitated meetings with Sharon King (Youth Services Coordinator for the Domestic Violence Project & RAVE Coordinator) throughout the school year.

- Whitehall School’s 2nd Annual “Week of Non-Violence” included a conference day where students rotated through a series of workshops, one of which was a RAVE presentation on masculinity in the media.
- Early in May RAVE students attended a weekend “anti-oppression” retreat at the Great Escape Lodge. The goal of the retreat was to provide RAVE members with: the knowledge they would need to become social change agents; the confidence to speak knowledgably about RAVE, it’s core values and mission; an anti-oppression perspective and framework; male role models (all presenters were male social activists); youth leadership skills, as well as opportunities to bond and connect with each other. At the conclusion of the retreat, the young men made a decision to expand RAVE’s mission to include working against all forms of oppression.

Sharon King explains that “from day one the goal of RAVE has been to implant the initiative within the school and build the capacity of the young men, and their school community, so that they could someday sustain the initiative without the participation of local service providers.” A work in progress, this DELTA pilot project is perhaps one of the ways we may begin to change social norms.

Perinatal Data System

Statistical Summary Report as of 3/31/08

Indicator	<i>Region</i>	<i>Cohort I 1500+ Deliveries</i>	<i>Cohort II 750-1499 Deliveries</i>	<i>Cohort III 500-749 Deliveries</i>	<i>Cohort IV 0-499 Deliveries</i>
Total Deliveries*	4,055	1,733	930	862	530
Total Live Births*	4,124	1,780	939	869	536
1st Trimester Prenatal Care	67.3%	67.3%	68.9%	64.3%	69.1%
Late/No Parental Care	0.7%	0.6%	1.2%	0.6%	0.4%
Medicaid / No Insurance	41.9%	37.0%	40.4%	44.9%	55.7%
Mother < 17 years Old (at delivery)	0.9%	0.8%	1.0%	0.9%	1.5%
Mother > or = 35 Years Old (at delivery)	15.6%	18.9%	13.1%	15.1%	10.0%
Induction of Labor (medicinal)	16.7%	15.4%	20.4%	14.5%	17.7%
Augmentation of Labor	31.8%	31.4%	33.5%	30.9%	31.1%
Cesarean Births (Total)	32.2%	34.9%	27.9%	30.8%	32.6%
Primary Cesarean	20.1%	22.0%	18.2%	18.4%	20.0%
Births Repeat	12.1%	12.9%	9.7%	12.4%	12.7%
# of attempted VBACS	76	36	7	18	15
VBAC - Successful based on attempts**	78.9%	83.3%	85.7%	77.8%	66.7%
Breastfeeding @ Discharge	68.7%	69.2%	74.01%	68.1%	58.2%
General Anesthesia for C/S	5.1%	4.2%	7.6%	2.6%	8.6%
Multiple Births (Sets)	68	45	9	8	6
Very Low Birth Weight (500 - 1499)	1.4%	2.9%	0.3%	0.3%	0.2%
Low Birth Weight (1500 - 2499)	6.5%	9.7%	4.2%	4.9%	2.8%
Premature (<37 weeks gestation)	9.7%	14.7%	6.9%	6.1%	3.7%
Infant Received NICU Care in House****	5.9%	13.2%	0.1%	0.1%	1.3%
In-Hospital Deaths	0.2%	0.3%	0.1%	0.0%	0.0%

* 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

NEW COHORT GROUPS

Cohort I: Albany Medical Center Hospital, Ellis/Bellevue Woman's Care Center and St. Peter's Hospital

Cohort II: Basset Healthcare, Champlain Valley Physician's Hospital, Glens Falls Hospital, and Saratoga Hospital

Cohort III: Benedictine Hospital/Kingston Hospital, Catskill Regional Medical Center, Northern Dutchess Hospital, St. Mary's Hospital (Amsterdam) Seton Health System (St. Mary's-Troy)

Cohort IV: A.O. Fox, Adirondack Medical Center, Columbia Memorial Hospital, Nathan Littauer Hospital and Samaritan Hospital



HIV/AIDS Training Center Calendar: for registration or information

(518) 956-7868 or mvanalst@pdp.albany.edu

- **August 7th - Improving Health Outcomes for HIV Positive Individuals: Transitioning from Correctional Settings to the Community**, Clinton County Government Ctr., Plattsburgh.
- **August 8th - What is New in HIV/AIDS**, Clinton County Government Ctr., Plattsburgh.

August 19th - An Ounce of Prevention, Clinton County Public Health Prenatal/OB meeting for all individuals who work with the prenatal population. 8:30 to 10:30 AM at Public Health's offices, 133 Margaret St. Plattsburgh. For further information contact Laurel Glode at 518-565-4858.

September 5th - Application Deadline for the GAP-Net Mini Grants and Lactation in the Workplace Grants. To request an application package or for further information please contact Amy Zanghi at 518-761-0300 ext 219 or azanghi@medserv.net

September 25th - Listening to Mothers: The Aftermath of Cesareans with Dr. Eugene Declercq, Assistant Dean and Doctoral Education Professor of Maternal and Child Health at Boston University. 8 AM to 4 PM Wolforts Roost, Albany. For further information contact Nida Saleem at (518) 426-1153 or Nida@communitycradle.org

October 2nd - Meeting the Mental Health Challenges of the Elder Boom with Michael Friedman, Chairperson on the NYS Alliance for Geriatric Mental Health. For more information contact Gail Holstein-Danforth at 518-761-0300 ext 251 or gdanforth@medserv.net

Think about Drinks

*Concerned about your child's weight?
Cutting back on sugary drinks may help.*

Recent studies are showing a link between sugar-sweetened drinks and weight gain in kids and teens. It's no wonder, many beverages like sodas, sports drinks and some juices have a lot of added sugar. Just one 12 oz. can of regular (non-diet) soda contains the equivalent of 10 teaspoons of sugar.

Here's the good news: By helping kids to cut back on sugary drinks you can help them cut calories. Cutting calories along with adding physical activity is the key to slowing the rate of weight gain. For

overweight children, slowing the rate of weight gain gives their bodies a chance to catch up with their weight as they grow.

What to offer kids instead:

- Water - plain or fruit flavored (no calorie or low calorie).
- Seltzer - plain, pre-flavored or mixed with unsweetened juice.
- Lemonade or fruit drinks made with no-calorie sweetener instead of sugar.
- Nonfat or low-fat milk, which provides calcium, protein and vitamin D.





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**Do You or Someone You Know Need Health Insurance?
 We're Here to Help.**

It is Upper Hudson Enrollment Service's goal to help you find insurance or other assistance so that you can get the healthcare you need. There are programs like Child Health Plus, Family Health Plus and Medicaid that are health insurance we can help you obtain. We will help you find the right program, assist in enrollment and help with the required forms.

We want you to get the healthcare you and your family need. Child Health Plus, Family Health Plus and Medicaid cover a wide variety of healthcare services including regular check-ups, hospital care, prescription drugs, eye-glasses, vaccinations, mental health services, emergency room care and much more.

To find out if you or your family member is eligible please contact *Upper Hudson Enrollment Services*. If you live in Clinton, Essex or Franklin Counties please call 1-866-872-3740, in Warren, Washington or Hamilton Counties call 1-866-708-2912 and in Saratoga County call 518-580-2021 for *Saratoga Care*.

For more information about the Children's Health Insurance call toll free:

1-877-KIDS-NOW

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