

Healthy Babies Coalition

A Message from the Chairperson of the Healthy Babies Coalition



I welcome Edward Van Oeveren, M.D., as the new Health Officer for Anne Arundel County. Dr. Van Oeveren, a Lieutenant Colonel in the U.S. Army Reserve was previously a District Director for the Virginia Department of Health. He has a master's degree in public health from Johns Hopkins University, a medical degree from Virginia Commonwealth University and a law degree from the University of Virginia.

The Healthy Babies information campaign continues to expand the educational resources available to Anne Arundel County residents. Although the Coalition was founded to reduce African American health disparities, we are seeing a need to provide education and outreach to the County's growing Hispanic community. Healthy Babies educational materials will soon be available in Spanish, both in print and online at www.aasalud.org. A presentation on safe sleep for babies was made at this year's annual Hispanic Health Network Community Reception in June 2009. Please see page 2 for more information about the exciting new components of the Healthy Babies information campaign.

The Keeping Babies Safe Education Program (highlighted in the January 2009 edition of the Newsletter) continues to educate County residents and health and social service providers. The Coalition and the Department of Health co-hosted a Keeping Babies Safe Workshop on June 9, 2009 at the West County Library. The workshop included presentations on Safe Sleep for Babies, Calming a Crying Baby and Car Seat Safety. Nearly 70 people attended, despite bad thunderstorms, road closures and power outages. Participants included child care providers, parents, grandparents, teachers, faith and community based organizations and others. Child care providers were able to earn 2 hours of credit accepted by the Office of Child Care, Maryland State Department of Education, for the Core Knowledge Area in Health, Safety and Nutrition.

Please continue to support the Healthy Babies Coalition and encourage your colleagues to join the Coalition. For more information about the Coalition, contact Health Planner Laurie Fetterman, M.S.W., at hdfett00@aacounty.org or 410-222-7203.

Sincerely,

Charlestine R. Fairley, Ph.D.
Chairperson, Anne Arundel County Healthy Babies Coalition

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Would you like to submit an article for the January issue of the Healthy Babies Coalition Newsletter?

Is there a maternal or infant health topic that interests you?

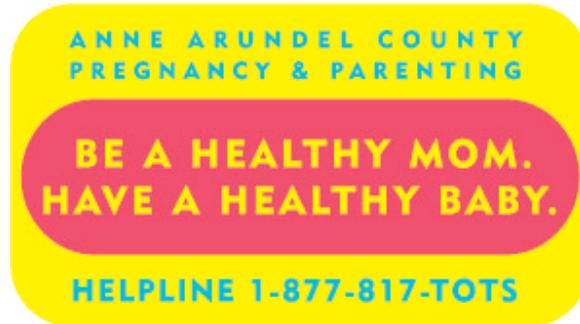
If so, please contact Laurie Fetterman at 410-222-7203 or hdfett00@aacounty.org with your ideas.

Healthy Babies Information Campaign Update

The Healthy Babies information campaign provides specific risk reduction messages to pregnant women, parents and caregivers in Anne Arundel County.

Campaign materials currently include:

- radio and print advertisements
- resource directory brochures
- information cards on fetal movements, preterm labor, calming a crying baby, car seats, home safety, safe sleep and secondhand smoke
- safe sleep information flyers
- African American health disparity awareness flyers and posters
- press releases



Healthy Babies Campaign materials encourage County residents to call the Anne Arundel County Tot's Line (1-877-817-TOTS) or visit the Department of Health's Web site for FREE Healthy Babies kits. The Tot's Line provides additional information, advice and referrals to County resources. Information is also available on the Healthy Moms and Healthy Babies Web page at www.aahealthybabies.org.

FY2009 Campaign Facts

During FY 2009 (July 2008—June 2009), more than 3,200 resource directory brochures and 14,900 information cards were distributed to County residents and health care and social service providers. Twenty-three Healthy Pregnancy Kits, 21 Baby Care Kits and 36 Healthy Pregnancy and Baby Care Combination kits were distributed to County residents. The campaign's main Web page had over 2,000 visits.

Physician Outreach

During May 2009, the Coalition and the Department of Health sent a letter to almost 300 County OB/GYNs, pediatricians and family practice providers. The letter encouraged providers to use the Healthy Babies Campaign's educational materials in their practice, provided sample materials and included order forms for obtaining additional materials. The letter also promoted the Healthy Moms and Healthy Babies Web page and the Tot's Line as resources for parents and caregivers. Providers were encouraged to use the Keeping Babies Safe Training page. The Keeping Babies Safe Training page, available at www.aahealth.org/keepingbabiesafe.asp, includes resources and tools for teaching parents and caregivers about safe sleep for babies, calming a crying baby, home safety and car safety.

In response to the letter, 18 requests for materials were received from provider offices. A total of 520 resource brochures and 4,510 information cards were ordered for distribution to patients.

Coming Soon! Safe Sleep Display Board, Spanish Language Materials and Father's Campaign

A display board with tips for safe sleep will be available soon. The safe sleep display board will also be available in Spanish.

Spanish-language Healthy Babies resource directory brochures and information cards on fetal movements, preterm labor, calming a crying baby, car seats, home safety, safe sleep and secondhand smoke are currently being developed.

An information card for fathers is currently being developed. These materials will emphasize the role fathers can have in a healthy pregnancy and baby.

To order Healthy Babies Campaign Materials, download the Healthy Babies Materials Order Form from http://aahealth.org/App_pdfs/healthybabiesorderform.pdf.

Prenatal Care in Anne Arundel County

Jinlene Chan, M.D., M.P.H., Acting Deputy Health Officer for Public Health,
Anne Arundel County Department of Health

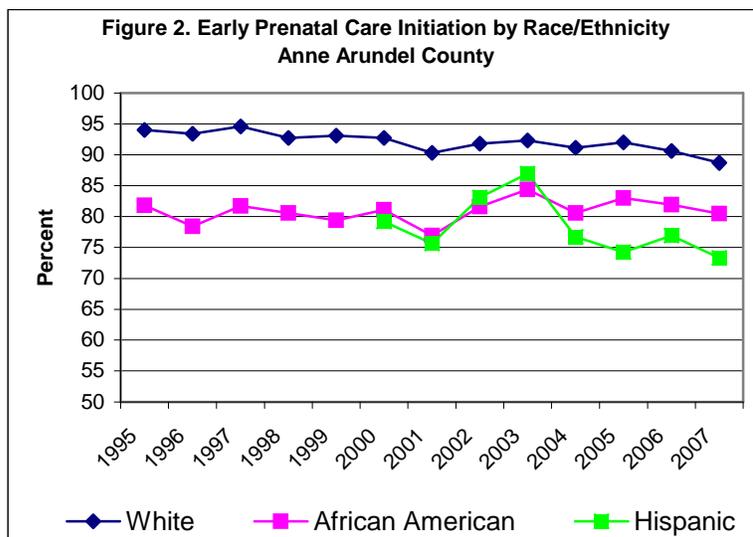
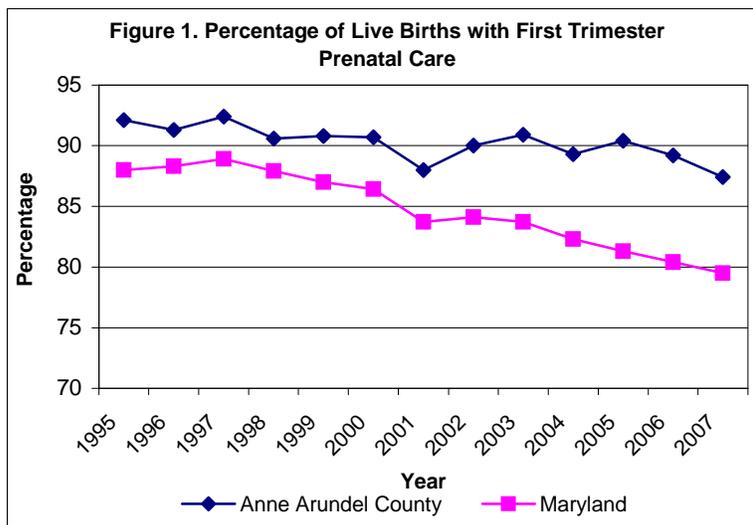
Prenatal care is considered the standard of care for all pregnant women, and the American College of Obstetrics and Gynecology (ACOG) recommends that women begin prenatal care in the first trimester (before 12 weeks estimated gestational age). Healthy People 2010 set the goal that 90% of all live births receive care starting in the first trimester.

Early initiation of prenatal care contributes to a lower risk for preterm and low birth weight births. Elements of prenatal care that are thought to contribute to improved pregnancy outcomes include:

- Monitoring the growth and development of the baby;
- Managing existing maternal medical issues (high blood pressure, thyroid disease);
- Testing for any problems with the baby (birth defects);
- Testing for any problems with the mother (sexually transmitted infections, gestational diabetes);
- Counseling the mother and family about how to have a healthy pregnancy (nutrition, exercise, appropriate weight gain, smoking cessation); and
- Referral to other support services.

Over the last decade, the percentage of live births receiving first trimester prenatal care appears to have declined in Maryland from 88.9% (1997) to 79.5% (2007) and in Anne Arundel County from 92.4% (1997) to 87.4% (2007)ⁱ [Figure 1]. In Anne Arundel County, this decline seems to have occurred most notably among white and Hispanic babies [Figure 2]. However, trends in prenatal care initiation among African American births have been consistently low—on average, only 80% of African American births receive first trimester prenatal care.

It is unclear why this decline has occurred, but some contributing factors may include lack of timely access to health insurance (including public health insurance) or a relative shortage of prenatal care providers. Women with established health insurance or regular source of care before pregnancy are more likely to access prenatal care earlier.^{ii,iii} Women on Medical Assistance (MA), regardless of racial or ethnic group, are more than twice as likely to have delayed prenatal care compared to non-MA births (unpublished County data). Women eligible for MCHP once they are pregnant go through an initial application process before being able to make an appointment for prenatal care, which may be one factor in this population.



Prenatal Care in Anne Arundel County (continued from Page 3)

Other reasons for this downward trend may be evident in those cited by Maryland mothers who did not begin prenatal care as early as they desired.^{iv} These reasons included a desire to keep the pregnancy secret (17.1%), no transportation (13.5%), too busy (10.6%), no childcare (8.4%) and no leave (7.1%). It is clear that reversing this downward trend in early prenatal care access will require a multi-pronged approach that involves health care providers, managed care organizations, insurance companies, hospitals, government agencies and the community to help streamline the process and to educate families about the importance of prenatal care.

ⁱ Maryland DHMH Vital Statistics Administration. Annual Vital Statistics Reports 1995-2007.

ⁱⁱ Rosenberg D, Handler A, et.al. *Maternal Child Health J.* 2007;11:11-17.

ⁱⁱⁱ Braveman P, Marchi K, et.al. *Obstet Gynec.* 2000;95:874-80.

^{iv} Maryland Department of Health and Mental Hygiene. "Maryland PRAMS Report: 2007 Births." Available at www.marylandprams.org

Breastfeeding Benefits to the Community

Amira Goldsmith, Nutritionist, WIC Program, Anne Arundel County Department of Health

Breastfeeding has a powerful impact on the whole society by affecting the health of mothers and babies, the economy and the environment.

Today many people are trying to buy products that are more environmentally friendly and are trying to reduce their carbon footprint. Breast milk is the most ecological food available to us; it uses no natural resources and generates no industrial waste. On the other hand, \$2 million of energy is used each year in the processing, packaging and transporting of formula in the United States. Formula packaging adds 86,000 tons of metal and 800,000 pounds of paper packaging to our landfills each year. This does not include the impact of plastic bottles and nipples which can take 200 to 450 years to breakdown. In hospital nurseries, formula-fed babies are offered single use bottles up to eight times per day.

Even more astounding is the health care costs of not breastfeeding. Every year, 3.6 to 7 billion additional dollars are spent on conditions and diseases that are preventable by breastfeeding. Babies who are not breastfed have more sick-child pediatrician visits, more hospitalizations and more prescribed medicines. For the three most common illnesses – respiratory infections, ear infections, and diarrhea – \$1.3 billion more is spent by insurers in the first year of life for formula fed infants versus breastfed infants.

Studies have shown that breastfeeding contributes to a more productive workforce. Breastfeeding mothers miss less work, as their children are sick less often. Employer medical costs are lower and employee productivity is higher.

The Anne Arundel County Women, Infants and Children Supplemental Nutrition Program (WIC) provides pregnant and postpartum women with many services that support breastfeeding. WIC employs a full time International Board Certified Lactation Consultant and seven part-time breastfeeding peer counselors. Breastfeeding classes and support groups are offered weekly. WIC clients are eligible for manual or electric breast pumps. In addition, breastfeeding moms receive a nursing bra every three months as long as they continue to exclusively breastfeed.

All the WIC services are free. For information about WIC eligibility and enrollment, Anne Arundel County residents can call 410-222-6797 or the Spanish line at 410-222-0139, or they can visit www.aahealth.org/hip_wic.asp.



Anne Arundel County Fetal and Infant Mortality Review

*Lisa Helms Guba, R.N.C., M.S.N., Perinatal Nurse, FIMR Coordinator,
Anne Arundel County Department of Health*

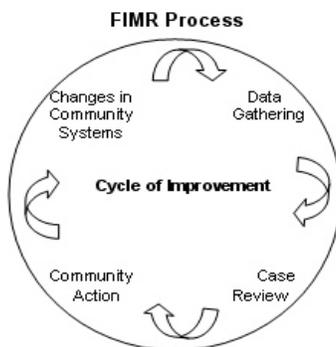
Overview of Fetal and Infant Mortality Review

Each year, nearly 50 infants in Anne Arundel County and 600 infants in Maryland die before their first birthday. Preterm birth (a baby born before 37 weeks completed gestation) and low birth weight (a baby born weighing less than 5.5 pounds) are the leading causes of infant death. To examine and address issues surrounding infant mortality, the National Fetal and Infant Mortality Review Program (NFIMR) was developed in the early 1990s as a collaborative effort between the American College of Obstetricians and Gynecologists and the Maternal and Child Health Bureau, Health Resources and Services Administration. The Maryland Fetal and Infant Mortality Review (FIMR) Program began in Maryland in 1997 and was adopted by Anne Arundel County in 1999. There are now 18 FIMR projects in the state representing all 24 Maryland jurisdictions. Maryland is the only state in the nation that has initiated and maintained the FIMR process in every jurisdiction.

The FIMR process looks at a variety of local systemic factors that affect the health of the mother, fetus and infant. FIMR is used as a “warning system” and is an action-oriented community process that continually assesses, monitors and works to improve birth outcomes, service systems and community resources for women, infants and families.

Anne Arundel County FIMR

The Anne Arundel County FIMR community-based process begins when a fetal or infant death occurs. Information (including death certificates and prenatal and pediatric medical records) are gathered and presented to the Case Review Team (CRT) in a confidential and anonymous manner. Using a standardized interview tool during a home visit, a trained professional records the mother’s experience with community resources and care received during the prenatal, intrapartum, and postnatal periods. Mothers are also referred to appropriate bereavement support groups and/or community resources if such a need is identified during the interview.



The Anne Arundel County FIMR Chairperson is Dr. Jinlene Chan, Acting Deputy Health Officer for Public Health, Anne Arundel County Department of Health. The FIMR Coordinator is Lisa Helms Guba, R.N.C., M.S.N., Perinatal Nurse, Anne Arundel County Department of Health, who conducts the medical record abstractions and maternal interviews. The FIMR CRT consists of a multidisciplinary team of health and social services experts drawn from the community, including representatives from the Department of Social Services, Department of Health, Anne Arundel Medical Center, Baltimore Washington Medical Center, the Partnership for Children, Youth and Families, local health care providers and the community. This group reviews the case summaries and the maternal interviews.

The CRT has identified numerous issues that impact the health of County women and infants including difficulty accessing timely prenatal care, substance abuse, unsafe sleeping practices and obesity. Some of the recommendations that the County CRT has made to the Department of Health and the Healthy Babies Coalition include improving access to prenatal care, family planning, bereavement services and substance abuse services; promoting safe infant sleep practices; and strengthening public health nurse case management services.

FIMR recommendations have helped to guide initiatives in Anne Arundel County such as educational seminars for both lay personnel and health care providers, development of a safe sleeping campaign and fetal movement and preterm labor information cards.

For more information, call Lisa Helms Guba, R.N.C., M.S.N. at 410-222-7223.

Pregnancy and Dental Health

*Deborah Rodriguez, D.D.S., Dental Health Program Manager,
Anne Arundel County Department of Health*

Improving a pregnant woman's oral health and her oral health habits provides benefits to both the mother and the infant. Health care providers, social service providers and others who work with pregnant women should provide education about the importance of oral health for the mother and the infant. Controlling oral diseases such as gingivitis, periodontal disease, and dental caries (tooth decay) has the potential to prevent the transmission of oral bacteria from the mother to the child. The goal is to break the chain of dental disease in the family.



Pregnant women with poor oral health are at a greater risk for giving birth to a preterm (less than 37 weeks gestation) and/or a low birth weight (5.5 pounds or less) infant. Preterm and low birth weight infants are at greater risk for a variety of health problems. Preterm birth and low birth weight are the leading causes of death among babies in Anne Arundel County.

The following are some of the key facts and recommendations included in the report "Oral Health Care During Pregnancy and Early Childhood, Practice Guidelines," New York State Department of Health, August 2006:

- It is important to receive dental care during pregnancy. Dental care will not cause injury or harm to the developing infant. Both prenatal providers and oral health care professionals should be involved in the prenatal care of the mother.
- Dental treatment and services in the first trimester usually involve diagnosis of disease, immediate dental treatment for problems such as pain and swelling, limited radiographs (X-rays) and preventive dental treatment.
- Elective dental treatment is usually performed in the second trimester or deferred until after delivery.

To improve oral health, a pregnant women should:

- Brush her teeth twice a day with a fluoride toothpaste.
- Limit foods containing sugar. Sugary food should be consumed with a meal.
- Avoid high quantities of carbonated drinks or juice. Choose water, non-fat milk or low-fat milk .
- Choose fruit rather than processed snacks, which do not provide needed nutrition.
- Obtain necessary dental treatment before delivery.

In summary, pregnancy should not prevent women from receiving routine and emergent dental care. Elective procedures should be deferred until after delivery. For a woman who has not had regular dental treatment, pregnancy is an opportunity for the health care team to educate and instruct the pregnant woman about her own dental needs. The pregnant woman may be motivated at this time to incorporate healthy lifestyle changes that will benefit her and her baby during pregnancy and beyond. Educational information provided to a pregnant women has the potential to improve her oral health as well as her overall health status. Additionally, changes in a pregnant woman's oral health habits can positively impact the oral and overall health of her baby.

**For more information and resources about oral health
for pregnant women and children, visit the
National Maternal and Child Oral Health Resource Center
at www.mchoralhealth.org.**

**BE A HEALTHY MOM.
HAVE A HEALTHY BABY.**

c/o Anne Arundel County
Department of Health
3 Harry S. Truman Parkway
Annapolis, MD 21401
www.aahealthybabies.org

Coalition Contact:

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Access to Care and Provider Issues

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Community Education and Outreach

Subcommittee Contact:

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Choice and Senior Manager,
Contracting & Payor Relations,
MedStar Health
Phone: 410-933-3013
Fax: 410-933-3019
E-mail: lesley.wallace@medstar.net

Race and Community Issues

Subcommittee Contact:

New Subcommittee Chairperson
to be Named.
Interim Contact:
Laurie B. Fetterman, M.S.W.
Health Planner
Anne Arundel County
Department of Health
Phone: 410-222-7203
Fax: 410-222-7294
E-mail: hdfett00@aacounty.org

Teenage Pregnancy Prevention

Subcommittee Contact:

Pastor Sheryl Menendez
Executive Director
Restoration Community
Development Corporation
Phone: 410-267-6350
Fax: 410-267-6112
E-mail: smenendez@lotwfamily.com

Upcoming Events and Services for Anne Arundel County Residents

Upcoming Events

Adult Smoking Cessation Classes starting in September 2009;
Free; Call the Learn To Live Line at 410-222-7979 or visit www.aahealth.org/ltl_smokcessation.asp.

Bra Art Cup of the Month Challenge 2009 - An annual event to
help raise awareness about breast cancer and encourage
cancer screenings. Details are available at www.aahealth.org and 410-222-7979.



Ongoing Community Services and Programs

Anne Arundel County Tot's Line; Offers advice and referrals to pregnant women,
parents and caregivers; Free; Call 1-800-817-TOTS.

Anne Arundel Medical Center Programs for Birth and Baby; Free/Fee; Call Ask
AAMC at 443-481-4000 or visit <http://www.aahs.org/services/womens/index.php>

Baltimore Washington Medical Center Classes for Parents and Families; Fee; Call
410-787-4367 or visit www.bwmc.umms.org/women_and_children.

Esperando Bebe Prenatal Education Program; Free; Call 410-787-4366.

Harbor Hospital Women and Infants Classes and Tours; Free/Fee; Call 410-350-
2563 or visit www.harborhospital.org, click on Women's Services.

Special Beginnings Birth and Women's Center Outreach and Education Classes;
Free; Call 410-626-8982 or visit www.specialbeginnings.com/outreach.html.

Stork's Nest Prenatal Education Program; Free; Call 410-787-4366.

**Do you know of any nonprofit events to be included in future issues of the
Healthy Babies Coalition Newsletter?**

E-mail the information to Laurie Fetterman at hdfett00@aacounty.org.

Anne Arundel County Department of Health Services

Adolescent and Family Services; Mental Health and Addiction Counseling
Services; Free; 410-222-6785.

Healthy Start Program for high-risk women and infants; Free; Call 410-222-7177.

Reproductive Health Services; Free/Sliding Scale; Call 410-222-7145.

Substance Abuse Prevention Presentations in all settings for all ages; Free; Call
Prevention and Education Services at 410-222-6724.

Substance Abuse Treatment Referral Line; Free; Call 410-222-0117, Monday -
Friday; 8:30 a.m. - 5:00 p.m.

Strengthening Families Program: Parenting and Life Skills to Improve Family
Relationships (14-session program); Free; Call 410-222-6724.

Women, Infants and Children (WIC) Nutrition Program; Free; Participants must
meet income requirements; Call 410-222-6797 or Spanish Line at 410-222-0139.

WIC Breastfeeding Classes and Support Groups; Free; Participants do not need
to be WIC clients; Call 410-222-0085 or Spanish Line at 410-222-0139.

Would you like to join a Subcommittee? Contact the Subcommittee Chairperson.