

Did you know that Indiana has a free tobacco quitline for pregnant women?

Help your patients quit now. As a healthcare provider, you advise patients to stop using tobacco and can now give them the toll-free number for the Indiana Tobacco Quitline: 1-800-QUIT-NOW. You can also refer your patients with a toll-free fax number (1-800-483-3114).

What happens when a pregnant woman calls the quitline? A trained Quit Coach provides:

- an assessment of readiness to quit
- a customized quit plan
- motivation and problem-solving advice
- up-to-date information about nicotine replacement therapy
- a Quit Kit (English or Spanish)
- referral to cessation services offered locally



1-800-QUIT-NOW

7 days a week: 8am-12am EST

For more information: www.smokefreeindiana.org



SOME LOCAL FACTS ABOUT PREGNANCY & SMOKING

- 21.5% pregnant women smoke in southwestern IN (2005)
- 17.9% pregnant women smoke in Indiana
- 11% pregnant women smoke in the United States
- Smoking during pregnancy is linked to 10% of all infant deaths
- Medicaid pays for smoking cessation counseling in Indiana

Free Information Available from the Perinatal Advisory Board

- Preterm Labor magnets
- "Every Kick Counts" fetal movement magnets & posters
- Safe Sleep brochures & posters
- Health For Babies newsletters for consumers & health professionals
- Indiana Tobacco Quitline materials
- Postpartum depression posters
- "Baby Smoke Ring" posters

For more information:
www.healthforbabies.com

HEALTH FOR BABIES

Newsletter for Health Professionals

www.healthforbabies.com



Southwestern Indiana Regional Perinatal Advisory Board

Fall 2007

"Centering Pregnancy®": A New Concept in Prenatal Care

Centering Pregnancy is a group model of prenatal care pioneered by certified nurse midwife Sharon Rising. Instead of one-on-one exams and rushed questions and answers, the model brings women together for ten sessions that start around the 14th week of pregnancy. The first trimester



appointment(s) is traditional. During the group meetings, the women learn to record their own weight, blood pressure and complete self-assessments. Each woman is seen privately by a health professional for a short assessment prior to the group session. The group facilitator may be a nurse midwife, nurse practitioner or even a physician.

Each session covers trimester-related subjects such as nutrition, discomforts of pregnancy, labor and delivery and breastfeeding. Sharon Rising states "patients learn they're not alone and develop a support network that lasts into the child-rearing years." The group sessions also allow the health practitioner to answer questions to the group as opposed to repeating to each individual patient.

The first study of Centering Pregnancy was published in the Journal of Obstetrics and Gynecology in 2003 in which researchers found that the group model resulted in deliveries of infants with higher birth weight, especially with infants born prematurely.

And the good news is that Centering Pregnancy sessions are reimbursable at the same rate as a private visit.

For more information on Centering Pregnancy:
www.CenteringPregnancy.org

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Prematurity

Between 1994 & 2004, the rate of infants born preterm in Indiana increased by more than 26%. One in eight babies born in Indiana are preterm. The Healthy People 2010 goal is no more than 7.6% of all live births.

According to the March of Dimes:

- In 2004, in the United States, 12.5% of live births were preterm.
- In 2004, in Indiana, 13.2% of live births were preterm.
- In 2004, in Vanderburgh County, 10.8% of live births were preterm.

Teach the signs of preterm labor: please distribute preterm labor magnets to your pregnant clients.

Magnets are free and are available by calling (812) 760-9923 or e-mail info@healthforbabies.com

SW Indiana Positional/Mechanical Asphyxia Deaths

2001 – 5 deaths	2005 – 2 deaths
2002 – 2 deaths	2006 – 4 deaths
2003 – 2 deaths	2007 – 4 deaths
2004 – 4 deaths	(as of 8/07)

Each year, accidental asphyxia accounts for about 25% of infant deaths in Vanderburgh County. "Bed-sharing" has been related to a majority of the deaths in 2006 & 2007.

For more information:
www.healthforbabies.com

New Pregnancy Care Helpline

The Vanderburgh County Health Department is offering a new service called the Pregnancy Care Helpline. The service is designed so that any woman can call and receive information about pregnancy testing, finding a physician, and applying for Hoosier Healthwise. Callers will also be sent an Indiana Baby First packet as well as information about WIC and Prenatal Care Coordination. The helpline will be open Monday through Friday from 8:15 am to 4:30 pm. 812-435-5333



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Limited Number of Emergency Cribs Available

A limited number of emergency cribs (funded by Toyota) are available from the Vanderburgh Co. Health Department.

A referral for a crib must be made to the Health Department and the need for an emergency crib will be determined by a professional assessment.

Along with a crib and mattress, each client will receive a crib sheet, sleep sack, and most importantly, safe sleep education.

For more information on crib availability, protocol or eligibility, call the Vanderburgh Co. Health Department at (812) 435-5766.



FIMR: Fetal and Infant Mortality Review

FIMR is a group of health professionals that meets quarterly to review fetal (greater than 20 wks – Indiana definition) and infant deaths. The purpose of FIMR case review is to look for sentinel events and trends in perinatal care. The goal is to improve community resources and service delivery systems. FIMR serves Vanderburgh, Warrick, Posey and Gibson counties. FIMR is affiliated with ACOG's National FIMR (www.ACOG.org) program.

Local FIMR Statistics

(for a more complete list see: www.healthforbabies.com)

Entry into PNC:	1st Trimester	Late (>14 wks)/No PNC
2002	65%	35%
2003	78%	22%
2004	63%	38%
2005	52%	44%
2006	63%	37%

The above statistics were alarming to the local perinatal community providers and caused concern to look at the statistics of all live births of Vanderburgh County residents. First trimester PNC has gone from a high of 86.2% in 2003 to 82.6% in 2005 (ISDH). As a result an "Access to Care" data collection project by the RPAB was started in 2007.

Substance Use*

(% mothers with fetal or infant death)

	Smoker	Alcohol	Drug
2002	42%	8%	12%
2003	59%	15%	22%
2004	30%	13%	17%
2005	32%	12%	20%
2006	40%	7%	20%

*self-reported

ISDH Statistics**

	# live births	LBW(%)	PT Birth	Smoking	Infant Mortality
2001	2292	10.6	10.6	23.7	9.6
2002	2298	8.9	8.9	22.8	10.4
2003	2356	9.1	10.9	21.3	6.4
2004	2351	8.3	10.8	21.1	8.9
2005	2451	8.4	10.1	21.5	6.5

**Vanderburgh County

For more information on local statistics:
www.healthforbabies.com • www.in.gov/isdh