

Healthy Beginnings

Summer-Fall 2021

Quarterly newsletter
for care providers and
the community

To suggest news items or articles, call or e-mail
the MVPN office. Kindly share this newsletter with
families, service providers and community members.
See our website for previous editions.

Mohawk Valley Perinatal Network at The Neighborhood Center, Inc.

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SAFE INFANT SLEEP • DOULAS • RESOURCES

Safe Sleep, Breastfeeding, and Reducing the Risk of Sudden Infant Death

**Eunice Kennedy Shriver - National Institute of
Child Health and Human Development**
<https://www.nichd.nih.gov/>

The **Safe to Sleep®** campaign (formerly Back to Sleep) focuses on actions that can help babies sleep safely and reduce a baby's risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death.

Learning about SIDS and safe sleep is important for **all caregivers**, not just parents. Grandparents, aunts, uncles, babysitters, childcare providers, and anyone else who might care for babies should learn these basics:

- ♦ Always place baby on their back to sleep, for naps and at night, to reduce the risk of SIDS.
- ♦ Use a firm and flat sleep surface (crib, bassinet, play yard) and not a couch, pillow, quilt, sheepskin or blanket. Do not use a car seat, inclined seat, stroller or swing for sleep.
- ♦ Do not put soft objects, toys, bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area.

Parents:

- ♦ Share your room with baby. Close to your bed, but on a separate surface designed for infants... ideally for baby's first year, but at least for the first 6 months. Room sharing reduces the risk of SIDS and the chance of suffocation, strangulation, and entrapment. It also keeps baby close for comforting, bonding, and feeding.
- ♦ Breastfeed your baby. Did you know that babies who are breastfed or fed expressed breastmilk are at lower risk for SIDS than babies who are not breastfed or fed breastmilk? And the longer you exclusively breastfeed (no formula or solid food), the lower the risk of SIDS.



Feeding and Safe Sleep Environment

Parents:

If you bring baby into your bed for feeding:

- ♦ Remove all soft items and bedding from the area -- no pillows, blankets, or other items that could block the infant's breathing or cause overheating.
- ♦ When finished feeding, put baby back in a separate sleep area made for infants, like a safety-approved crib or bassinet -- kept close to your bed.
- ♦ If you fall asleep while feeding or comforting baby in an adult bed, place baby back in their separate sleep area as soon as you wake up. (Evidence shows the longer a parent and an infant share a bed, the higher the risk for sleep-related infant death, such as suffocation.)
- ♦ Be mindful of how tired you are, and be careful. Avoid couches and (soft) armchairs for breastfeeding if you think you might fall asleep.
- ♦ Ask someone to stay with you while you're feeding, to keep you awake, or to place baby into a safe sleep area if you do fall asleep.

Parents and All Caregivers:

The American Academy of Pediatrics acknowledges that parents and caregivers frequently fall asleep while feeding (breast or bottle) and comforting an infant, especially during the overnight hours.

Sofas and (soft) chairs can be very dangerous for infants when an adult falls asleep with them during feeding or comforting. Therefore, if there is any chance the adult may fall asleep, they should avoid these surfaces for feeding and comforting baby.

The Safe to Sleep® campaign provides educational videos including *Doctor's Tips for Breastfeeding Mamas: How to Practice Safe Infant Sleep and Breastfeed Your Baby to Reduce the Risk of SIDS*.

NAPPSS-National Action Partnership to Promote Safe Sleep offers *Building on Campaigns with Conversations modules* to help professional and peer counselors promote safe infant sleep and breastfeeding practices.

Impact of Doulas on Birthing Process and Outcomes

Impact of Doulas on Healthy Birth Outcomes

Journal of Perinatal Education

2013 Winter; 22(1): 49-58.

Gruber, K.; Cupito, S; Dobson, C.

Abstract

Birth outcomes in two groups of socially disadvantaged mothers at risk for adverse birth outcomes, one receiving prebirth assistance from a certified doula and the other representing a sample of birthing mothers who elected to not work with a doula, were compared. All of the mothers were participants in [the same] prenatal health and childbirth education program. Expectant mothers matched with a doula had better birth outcomes.

Doula-assisted mothers were:

- ♦ **four times less likely to have a low birth weight baby,**
- ♦ **two times less likely to experience a birth complication involving themselves or their baby, and**
- ♦ **significantly more likely to initiate breastfeeding.**

Communication with and encouragement from a doula throughout the pregnancy may have increased the mother's self-efficacy regarding her ability to impact her own pregnancy outcomes.

Literature Review (Excerpts)

Modern hospital maternity practices have reduced the availability of an attending nurse to remain with a mother during labor. A result of this has been the loss of having someone at the bedside to offer continuous support throughout the birthing process.

One study found that new mothers expected their nurse to spend 53% of her time offering support, but only 6-10% of the nurse's time was actually engaged in labor support activities.

Because many women during labor are comforted and encouraged by having someone with them throughout labor and birth, support persons known as doulas have become increasingly present. Doulas are trained to provide physical, emotional, and informational support to women during labor, birth, and in the immediate postpartum period.

With the support of doulas, many women are able to forego epidurals, avoid cesarean births, and have less stressful births. A skilled doula empowers a woman to communicate her needs and perceptions and actualize her dream of a healthy, positive birth experience.

The positive effects of doula care have been found to be greater for women who were socially disadvantaged, low income, unmarried, primiparous [first deliveries], giving birth without a companion; or who had experienced language or cultural barriers.

One key aspect of the involvement of doulas is that they provide emotional and other support by maintaining a "constant presence" throughout labor, providing specific labor support techniques and strategies, encouraging laboring women and their families, and facilitating communication between mothers and medical caregivers.

Studies examining the impact of continuous support by doulas report significant reductions in cesarean births, instrumental vaginal births, and need for oxytocin; and shorter durations of labor.

The evidence suggests that the emotional, physical, and informational support doulas give to women during the birthing process accounts for the reduced need for clinical procedures during labor and birth, fewer birth complications, and more satisfying experiences during labor, birth, and postpartum.

Klaus and Klaus (2010)* argued that the modern hospital birthing process tends to be highly interventionist, taking away decision making from mothers. This results in many unwanted and, in many cases, unwarranted procedures.

Medical providers sometimes prefer women to be compliant and recommend procedures to ward off pain and discomfort. However, these actions may actually interfere with birth outcomes, with mothers counseled to focus on their comfort and not necessarily on the possible implications of those interventions on the birth of their baby, the baby's immediate health, or on later complications from these procedures.

A doula serves as a mother's advocate, providing her with a sympathetic but informed ear for the choices that the birthing staff may ask her to make during the birthing process.

The doula empowers decisions that are made in the best interest of both the mother and her child.

Studies that examine the relationship between birthing mothers and doulas report consistently positive experience.

Other studies have noted positive effects into the postpartum period. [In] a sample of Latina women giving birth at a Boston hospital ... mothers supported by doulas were more likely to breastfeed their newborns and delay infant formula feed. Other studies have also found higher rates of breastfeeding and early initiation rates among the doula-supported mothers.

[Although] few studies have investigated birth outcomes associated with and without the support of a doula ... one study of 300 doula-supported and 300 nondoula-supported low income women found that doula-supported mothers had significantly shorter lengths of labor, with more cervical dilation, and [babies had] higher Apgar scores at one and five minutes.

**The complete article and full citations can be found at: www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/*

Local Resources

Mohawk Valley Prenatal & Maternity Support

Community Doulas

Ashley Engram

CLC, BD

Manger Born Doula Services

mangerborndoula.com

336-487-1000

Bridget Parke

CNY Born Doula

DoulasofCNY.com

Instagram @birth_doula_bridge

Ana M. Solano

Full Spectrum Doula

Sacred Womb Passage Doula Service

sacredwombpassageds@gmail.com

315-332-1794

Teoka Muhammad

Birth Doula / Zumba Instructor

TheSpotFWH@gmail.com

315-534-7687

Jocelyn Semple

Milk & Faith

MilkAndFaith.com

315-736-2503

Diane & Naomi Starsiak

A Peaceful Birth

DianeStarsiak@gmail.com

315-736-2503



mvbreastfeedingnetwork.com/

- * Promoting, encouraging and educating families and health care professionals about the importance of breastfeeding.
- * Providing information and training to improve the health of women, children, and families.
- * Hosting multi-site **BREASTFEEDING CAFÉS** for moms to support each other, socialize and receive clinical support.

For information about in-person Café registration and virtual event schedules, see

Facebook:

Breastfeeding Café by MV Breastfeeding Network

Mohawk Valley Perinatal Network

will begin new group sessions

Real Talk, Real Support

in January 2022

**A safe space for community members to connect;
to hear and share information
on physical and emotional wellness,
perinatal health, childbirth, infant care, parenting;
and to collaborate with other local groups
toward common goals.**

Previous topics have covered

Birth and Intimacy

Domestic and Sexual Assault

Breastfeeding

Maternal and Infant Mental Health

Infant Safe Sleep

... with more to come

For dates and more information, contact

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anas@neighborhoodctr.org

315-368-7446



**nysparenting
educationpartnership**

www.nyspep.org

Are You a Caregiver or a Parent Looking for Support? Getting Help Is Easy by Calling Our Helpline at 1-800-CHILDREN

Whether you're a new parent overwhelmed by the demands of caring for an infant, a grandparent starting over and raising your grandchildren, an auntie who never expected to be a parent, or a veteran parent whose teenaged child is out of control, asking for help is never easy.

Too often caregivers and parents feel isolated without support. They confront the toughest, most important job in the world with a sense that they have to go it alone. But no one needs to go it alone.

The Helpline can help you find programs and services in your community that can help. It is free, confidential, and multi-lingual.

If you need assistance locating services like parenting classes, domestic violence services, or child care, The Helpline can help. Trained staff can assist you M-F, 9am-4pm. Outside those hours, leave a message and a support person will return your call.

*This is **NOT** the NYS Child Abuse Hotline.*

To report suspected child abuse, call 1-800-342-3720.

For a crisis or life-threatening emergency, call 911.



3 Parkside Court
Building 2
Utica, NY 13501

Our Mission
*To improve birth outcomes and
perinatal
, child and family health;
and to facilitate community*

The Neighborhood Center, Inc.

Executive Director Sandra Soroka

Assistant Executive Director Laura Eannace

Division Director Patrice VanNortwick

MV Perinatal Network -

Managing Director Colleen Cavallo

Perinatal Program Coordinator Ana Solano

Community Health Workers (CHW) -

Program Director/Supervisor Michelle Firlit

Community Health Workers

Elizabeth Angle, Angela Colon, Shirley Farnsworth,
Lul Mohamed, Connie Williams

Health Insurance Navigators -

Program Coordinator Lynne Gates

Navigators Cheryl Burmaster, Beth Dupres,
Yolanda Henry, Gerda Mortelette, Deborah Weston

**NY State of Health
NAVIGATOR PROGRAM**

NYS Health Insurance Navigators
help individuals, families and small businesses
find the right plans for their needs.

Services are free, private and conveniently located.

Language interpretation can be arranged.

* In-person appointments are held at
3 Parkside Court, Utica and other sites
in Oneida & Madison Counties.

* Telephone appointments are available.

Contact:

315.732.4657 or 1.877.267.6193 or www.newfamily.org

**COMMUNITY HEALTH WORKER PROGRAM
Outreach and Home Visiting in Oneida and Herkimer Counties**

Community Health Workers help women of childbearing age to improve their health and the health of their families. CHWs work with women before having babies, during pregnancy, postpartum, or between pregnancies. They educate, refer to services, and follow up to support health and wellness, including help with:

*health insurance • doctors • dentists • baby needs • family planning • nutrition/food resources
counseling • prenatal planning • breastfeeding support • safe infant sleep education
dental health education • quitting smoking • postpartum support • parenting resources • and more*

Call: 315.737.3474 (Herkimer County) or 315.570.0229 (Oneida County)

www.neighborhoodctr.org/services/child-care-family-services/community-health-worker-services

A "Maternal and Infant Community Health Collaboratives" program funded by the NYS Department of Health

PERINATAL OUTREACH AND EDUCATION

Meetings and Community Collaborations:

- ♦ Healthy Babies Consortium
- ♦ Infant Sleep Coalition
- ♦ Sacred Women Support Group

Trainings for Providers and Consumers:

Infant Safe Sleep • Shaken Baby Syndrome • Safe Haven Law
Healthy Babies Are Worth The Wait • Breastfeeding Essentials
Perinatal Mood and Anxiety Disorders • Cavity-Free Kids

Call: MVPN Perinatal Coordinator 315.732.4657

Funded by the NYS Department of Health

INFANT SAFE SLEEP - CRIBS

Expectant moms and new families may be eligible to receive a Pack 'n Play -- if they have no means to obtain an infant crib or bassinette. The crib program requires an application form, a meeting with a Community Health Worker (CHW), and an education session on Infant Safe Sleep.

Contact:

Perinatal Coordinator 315.732.4657

CHW Supervisor 315.801.5010