



the Link



healthy families
new york

the children of today are tomorrow's parents • los niños del presente son los padres del futuro • les enfants d'aujourd'hui seront les parents de demain

The Healthy Families New York Training Institute in Saratoga Springs was a great success! Thanks to everyone who helped: Staff at OCFS, Prevent Child Abuse New York, all the presenters, and committee members! Hats off also to our three speakers, Maria Hinojosa, Victor Bernstein, and Jerry Tello. Stay tuned to our next issue for photos. Thanks also go to the Freddie Mac Foundation for their generous support provided in a grant to Prevent Child Abuse New York.

What Is It?

When Dr. Bruce Perry spoke at the PCANY Prevention Conference in 2001, he defined neglect as **"the absence of what you need when you need it."**

The National Clearinghouse on Child Abuse and Neglect, U. S. Dept. of Health and Human Services, Administration for Children and Families defines neglect as a **"failure to provide for the child's basic needs."**

"The assessment of child neglect requires consideration of cultural values and standards of care, as well as recognition that the failure to provide the necessities of life may be related to poverty." - National Clearinghouse on Child Abuse and Neglect

How Common Is It?

All the available evidence tells us that neglect is more common than child abuse. Each year, neglect accounts for more than half the cases of child maltreatment in the U.S. And there is most likely much more neglect than these statistics show. Why? Because *abuse* is easier to see. Abuse is an act such as hitting, shaking, or whipping. Most types of neglect occur when something does NOT happen.

Neglect

Examples would be: **educational neglect:** the child is not going to school; **medical neglect:** child is not receiving necessary medical care; **lack of supervision:** the child is left unattended or in the care of an inadequate caregiver; **emotional neglect:** marked inattention to the child's needs for affection, or spouse/partner abuse in the child's presence.

Often, neglect is not easy to prove or document, **but it can be just as serious if not more serious than child abuse.** A growing number of researchers are finding that neglect may in fact be worse in its long-term impact on a child than physical or sexual abuse.

In some recent studies, neglected toddlers were found to have learning delays, particularly in language skills. By elementary school, they had the lowest grades and test scores, the highest teacher ratings of learning problems, the most grade repeats and school absences. In addition, they showed no signs of pulling ahead.

Consistent, responsive care early in life is absolutely essential for healthy brain development. Bruce Perry, a prominent neuroscientist, has said that this kind of care is as important as food.



Pictured: Lise Kennedy; Tiffany Lamance; Ellen Butowsky; Kathy Schmidt; Diane Lanthier at the Mid-Hudson Trainers Appreciation Lunch.

HFNY GOALS

- To systematically identify overburdened families in need of support
- To promote positive parent-child interaction
- To ensure optimal prenatal care and promote healthy childhood growth and development
- To enhance family functioning by building trusting relationships, problem-solving skills and support systems

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"Rayza, my FSW Core trainer.. took me under her wing....and gently but firmly dismissed all the misconceptions I had of what an FSW does....At the end of the training, I went back to my program site a very much humbled but more confident and professional FSW."

-Susan Achieng of Dutchess County, speaking at the Mid-Hudson Trainers Appreciation lunch about her experience in core training with Rayza DeLaCruz-Stitt

Indicators of Neglect

When FSW's observe any of the following in a family's home, it may be time for FSW and Supervisor to sit down together to assess the issue of neglect and to figure out how future home visits can address it.

- Infants and children in the home do not turn to the parents for help when something goes wrong. For example: the child has fallen down, is hungry, or upset because another child took a toy away. People in the home may say this child "is so independent, is great!" **Babies and toddlers are not supposed to be independent!**

- A child who is old enough to walk or crawl is confined and unable to move around for significant portions of the day. Examples: left in a crib, strapped into a seat. People in the home may say this child "is into everything and drives me crazy!"

Children who are just learning to crawl and walk are supposed to be into everything. They need to do this to develop properly.

- Children are usually dirty—beyond what is considered acceptable for children of that age, and their level of cleanliness is detrimental to their health. For example: persistent lice or persistent, painful diaper rash.

- Parent usually does not turn his or her attention to the child in a focused way during home visits.

- A child seems to spend a lot of time watching TV and not much time interacting with parents; for example, child is usually in front of TV for entire home visit and parent does not talk to or hold child during visits.

- Parent does not respond to child's basic needs or to the child's distress.

- During most home visits, children greet FSW with open arms, climb all over FSW asking for attention, but do not ask for attention from parent.

- Child frequently asks to go home with FSW.

- One or more children have unmet medical or dental needs.

- Language or motor delays are present without obvious physical cause.

- A child is unusually demanding of parental attention when no obvious need is present (sick, hurt, etc.)

- A child shows extreme or unpredictable behavior, demonstrates lack of attachment to parents, is excessively clingy or, in the absence of the parents, is inappropriately affectionate with strangers; exhibits sudden changes in behavior, displaying regressive behavior such as pants wetting or thumb sucking, whining frequently, becoming disruptive, or becoming uncommonly shy and passive.

If the visits are prenatal and there are older children already in the home, FSW's can assess the potential for neglect by observing if any of the behaviors or signs noted here apply to these older children.

To make a report of possible child neglect or maltreatment:

Mandated reporters should call:

1-800-635-1522

Others should call:

1-800-342-3720



The Link is published quarterly as a joint venture of Prevent Child Abuse New York and the New York State Office of Children and Family Services

Ann Pitkin

Editor, Director of Training
Prevent Child Abuse New York

Joy Griffith

Program Coordinator
Office of Children and Family Services

Christine Deyss

Executive Director
Prevent Child Abuse New York

Karen Rollo

Graphic Design
Prevent Child Abuse New York

HFNY, PCANY

134 South Swan St.,
Albany, NY 12210
518-445-1273 1-800-CHILDREN
ncpcanys@aol.com
preventchildabuseny.org

HFNY, NYS OCFS, DDPS

52 Washington St. 3N
Rensselaer, NY 12144-2796
518-474-3166
AX7800@dfa.state.ny.us

SEND SUBMISSIONS TO:
anapurna@earthlink.net





Meet Lesley Waters of Prevent Child Abuse New York, Public Relations Coordinator for the Campaign for Healthy Families New York, funded by the Freddie Mac Foundation.

Stay Visible, Stay in Business

Your programs are helping families. Now you need to let everyone know the good work you do. Promoting your programs has become necessary in order for you to continue helping families. One of the main goals of the Campaign for HFNY is to gain a commitment of support from local legislators. In the past we could count on their support. This year is uncertain.

We are your advocates at Prevent Child Abuse New York! We help you maintain government funding. We've done it for several years, but this year our efforts alone may not be enough. Increased contact with both legislators and the media must become a priority for you.

We recognize how busy you are already and that you may not be comfortable or familiar with promoting yourselves. That's why I am here to help you. Together, we can work to continue supporting families.

If you have had media coverage, please send a copy to me at:

Prevent Child Abuse New York
134 South Swan Street
Albany, NY 12210
Fax: 518-436-5889

If you have questions, give me a call at 518-445-1273, or e-mail me at LesleyPCANY@aol.com.

By compiling the efforts of all HFNY programs into a statewide package, we can create a greater impact on the legislators at budget time.

Success Stories in Gaining Visibility through Community Outreach...

From Monica Dobson, Program Manager Special Beginnings

Special Beginnings/Morris Heights Health Center Home Visiting Program held its first family day picnic on July 26 at Roberto Clemente State Park in the Bronx. Despite the threat of rain, the event was well attended by about 50 participants and their families. Special Beginnings staff did a fantastic job shopping, cooking and entertaining the families. They engaged the children in games and provided educational information to the adults.

Incentives were provided to all the participants who attended. It was a good day and all reported enjoying the event. Much appreciation and thanks goes to the staff for their commitment and hard work in making this first event a successful one.



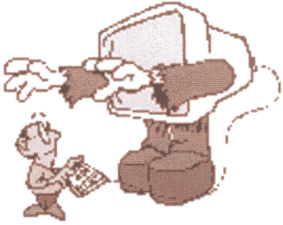
From Sandra Lloyd, Program Manager, Successful Start

Hard work and team motivation is what helped Successful Start to launch their First Annual Health Fair on July 13. The fair "Building Families by Strengthening Our Communities" took place at a local Bedford-Stuyvesant community park and was well attended by children and families. Nineteen service providers participated in the event, including the hospital that is medical home to many of our program families, The Brooklyn Hospital Center. Screening was provided for speech, dental care, and scoliosis, and there were free activities for kids, like pony rides, crafts, games and storytelling.



Brooklyn Borough President Marty Markowitz was present and expressed his excitement about the program's aim to reduce the incidence of child abuse and neglect in the community.

Pictured above from left to right are: FSW, Cathleen Freemantle; Supervisor, Valarie Taveras; FSW, Naya Johnson; Honorable Marty Markowitz; FSW, Dominga Garcia; Program Manager, Sandra Lloyd.



Is there a monster in our living rooms...or is it just the TV?

Transforming the television experience from harmful to healthy and leaving the bad babysitter behind

Emily E. Silver, Prevent Child Abuse New York

Choosing a babysitter can be daunting. Most parents look for certain qualities, including trustworthiness, appropriate language and behavior, demonstration of the family's values, and positive engagement and interaction with the child. In addition, many parents also rely on instinct when deciding whom to trust with their children and when to heed warning signals.

Most parents would never willingly leave their child in the care of a violent, crude, and neglectful individual; yet in the United States and Canada, many parents think nothing of leaving children unattended in front of the television: an open and uncensored gateway from the family home into a world of mixed messages that can undermine the values parents work so hard to instill. Television opens up a world to children that—for all of its wonder, beauty, and opportunity for discovery—is often not “kid friendly.” It is in this unsafe zone that we often leave our children, neglecting to protect their innocence, leaving them vulnerable to harmful effects that may result from unregulated and excessive use of television.

TV BEFORE TWO

The familiar glow of the TV seems unassuming enough; however, a respectable body of research has proven that television has both direct and indirect effects on children and their physical, emotional, and psychological development, and can negatively impact parent child interaction (PCI). PCI is especially critical during the early developmental years of a child's life. The American Academy of Pediatrics (AAP) issued a policy statement about television directed at children 2 and under:

“While certain television programs may be promoted to this age group, research on early brain development shows that babies and toddlers have a critical need for direct interactions with parents and other significant caregivers for healthy brain growth and the development of appropriate social, emotional, and cognitive skills.”

The AAP explicitly advises parents against any amount of television viewing for children under the age of two. While research on the direct and indirect effects on infants aged zero to two is scarce due to logistical difficulties and ethical concerns, there is clearly no debate among child development experts about the pertinence of the AAP's policy.

Dr. Cynthia Scheibe, Associate Professor of Psychology at Ithaca College, is the Co-Founder and Director of the Center for Research on the Effects of Television (CRETV), and Director of Project Look Sharp, a research-based effort to educate children about media literacy. Dr. Scheibe supports the AAP's message that television should not play a role in the lives of infants aged 0-2 years. According to Scheibe, because young babies spend much of their time asleep, their precious waking hours should be filled with playful and loving interactions. If television absolutely cannot be eliminated from the daily schedule, Scheibe recommends that it be placed “in the context of being one of many activities.”

THE TINKY WINKY WARS

While the “no television before two” position is unchallenged in the eyes of pediatric researchers, The AAP's public policy on infants and television has sparked intense controversy between pediatric interest groups and television networks. At the center of the debate lies, or should I say dances, prances and bounces a band of four brightly colored characters designed for a mass audience of babies. You probably guessed it, I'm referring to the *Teletubbies*, the British series adapted for American audiences by PBS in 1996.

Although the program itself contains positive or *pro-social* messages (these cuddly creatures exist in a world of imaginative play, friendship, love, and endless hugs), the AAP takes issue with the program's target audience, explicitly defined as children ages zero to two. From Dr. Scheibe's perspective, “an hour of positive programming is still an hour of television,” and according to the AAP, that is one hour of positive interaction and playtime with other children and other caretakers on which the infant is missing out. Although the negative impact of this loss is undocumented, the positive effects of gaining this interaction time are too great to be ignored.

Based on research into early brain development and the benefits of PCI, the AAP believes it is possible that Tinky Winky, Laa-Laa, Dipsy and Po are not helping infant development, but could actually be interfering with it

THE PARENT TRAP

We know children are highly susceptible to the messages they see on television. But what about parents? Television portrays a worldview of family life that can be devastating for parents who don't fit the mold of the nuclear sit-com family, that as Dr. Scheibe points out, never have problems they can't solve within one half hour.

Many parents without strong role models in parenting turn to television for messages about parenting. These messages are often inaccurate. Dr. Scheibe and her researchers have conducted studies about the portrayals of children in television. Her findings about TV babies have included:

- Infants rarely cry
- Two- year- olds are depicted as well behaved
- When children misbehave they are considered cute and funny

Because of these messages, parents needing support in disciplining difficult children cannot look to TV as their guide; nor can a first-time parent with a colicky baby turn on the TV and see other parents struggling to pacify their infants. A struggling parent instead may receive the message that she is not a good parent, or that there is something wrong with her or her child because there is no example of her situation on TV.

In addition, there are not many television shows depicting the stresses of family life. The realities of families struggling to pay bills and feed children are not depicted in the media, and we do not recognize single or teenaged mothers and their children by acknowledging them as “normal” families on television. This situation does not contribute to helping these parents feel supported and recognized.

VIOLENCE

Research has been conducted on children ages three and up to determine the effects of viewing specific types of television content. Of most concern is violent content. While some may argue that violence only occurs in programming directed at adults, many children are unsupervised when they watch television, and therefore have access to a wide range of programming not intended for them. It is estimated that the average child witnesses 11,000 acts of violence on television each year. The negative effects of this excessive violent content on children are widely documented and the findings are nearly unanimous. These are the three main findings, as published by the American Psychological Association:

- Children may become less sensitive to the pain and suffering of others
- More fearful of the world around them
- More likely to behave in aggressive or harmful ways toward others



TV: OUR FAVORITE SPORT

“Television is no substitute for a parent. It doesn’t help develop language skills... Television is simply background noise and a distraction”
– **First Lady Laura Bush**

Let’s face it. With 98% of US households owning at least one television, and an average viewing time of 4 or more hours per day (Nielsen Media Research, 2000) television has outrun baseball as America’s national pastime. Statistics show that children will spend more hours in front of the television than in school! A 2000 Nielsen report estimates children 2-17 spend over 19 hours per week watching television, while the American Family Research Council reports children spend less than 40 *minutes* per week in meaningful conversation with their parents. These figures are leading researchers, healthcare workers, and parents to acknowledge television as a serious risk to child health and development. Major effects include:

- Obesity and related diseases
- Delays in language and reading

THE FAT FACTOR

The most obvious and immediate health risk inherent in the sedentary lifestyles of children is obesity, a condition reaching epidemic status in the United States. Children are spending more time on the couch than outdoors and interacting with friends, and what else is there to do while on the sofa but snack?

According to the American Academy of Pediatrics, children will be inundated with over 20,000 commercial messages through television each year, many of which use powerful marketing strategies to directly target children and promote foods dangerously high in sugar and saturated fat. As a result, these are the kinds of snacks kids are devouring during their viewing time. Poor eating habits, coupled with lack of physical activity equals a recipe for dangerously unhealthy and overweight children. One study showed that because of its hypnotic nature, children actually burn fewer calories watching television than resting quietly, reading or sleeping!

Developmental Delays

Development is especially critical for infants and toddlers. While some children’s programming does promote positive development, the truth is that time spent watching television is time that a toddler loses out on critical interactions. Developmental areas that can be negatively affected by excessive viewing include reading and speaking skills, physical coordination, and the development of sight, hearing, and interpersonal skills.

THE YIN AND YANG OF TELEVISION

The use of television in the home is a double-edged sword. The TV can be informative, educational, and entertaining, but it can also be addictive and unhealthy. When used carefully and consciously, and in moderation, television can be a learning tool, expanding children’s horizons, providing a platform for family discussion and discovery. Parents and other childcare providers can help children make good choices later on when it comes to forming their early television habits. When used properly, television can be a fun and healthy part of family life-- but not a replacement for it.

THE DINNER DILEMMA

**Alternatives to TV for your toddlers:
activities and games for while you cook!**
Brought to you by www.parentcenter.com

Set up a safe play area in the kitchen with an apron and safe items like small pots and pans and let your toddler pretend to cook with you.

Let kids make play dough dinner creations (you can make your own with flour, water, salt and food coloring).

Let children help you by handing you safe ingredients or utensils (no knives!) or by helping you stir.

Use dinner prep time to talk with toddlers—tell stories and sing songs together. It will make cooking more fun for both of you!

Place safe objects on a table like fruit, cups, and other safe objects, and ask your child to sort them. This is an activity to keep them busy and develop their organizing skills!

Please visit www.parentcenter.com for more great activities and ideas

TV TIP

Absolutely have to put a child in front of the TV for a while? Try using videos instead. Public libraries carry a wide selection of children’s videos. Parents can pre-screen and select videos that reflect their values!

To learn more, please visit these sources:

Project Look Sharp

www.ithaca.edu/looksharp

An effort to promote media literacy among children and educators

Alliance for a Media Literate America

www.AMLAinfo.org

888-775-AMLA

TV-Free America

www.tvfa.org

Encourages less television watching and a healthier lifestyle. Offers many ideas for alternatives to television.

The American Academy of Pediatrics

www.aap.org

View current research and policy statements about issues concerning child health

The PBS Teletubbies Web Site

www.pbskids.org/teletubbies

The FAQ section provides official PBS responses to questions about the social implications of the program.

PBS Teacher Source

www.pbs.org/teachersource

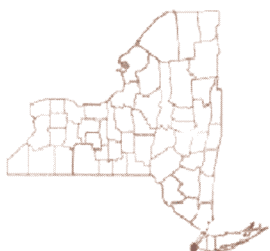
Resources and activities for teachers

PBS Parents

www.pbs.org/parents/

Provides information on child development and activities for parents and children to do together

ABOUT Washington Heights



ABOUT WASHINGTON HEIGHTS

Washington Heights, the community served by Best Beginnings, lies in northern Manhattan, between 155th to 220th Streets, between the Harlem River to the East and the Hudson River to the West.

The area has a diverse population of college students, artists, and is home to one of the largest Dominican communities outside of the Dominican Republic.

Although Washington Heights has become a popular place to rent or buy due to reasonable rents, art deco style apartment buildings, and a burgeoning new restaurant and bar scene, much of the real estate is occupied by parkland: Fort Tryon Park, Bennett Park, Fort Washington Park, and J. Hood Wright Park.

Washington Heights boasts many of New York City's significant cultural and historical landmarks. The Cloisters is a world-renowned museum housing much of the New York Metropolitan Museum of Art's Medieval collection, with approximately five thousand works of art from medieval Europe, dating from about A.D. 800.

At 165th Street and Broadway is the Audubon Ballroom, the site of the assassination of Malcolm X in 1965, which was re-dedicated as the Malcolm X and Dr. Betty Shabazz Education and Research Center. Another landmark is the Morris-Jumel Mansion, where George Washington is rumored to have slept during the Revolutionary war.

In addition to its rich history, Washington Heights is known for its extensive community resources, including The Alianza Dominicana Center for Health Promotion and Education, the home of the Healthy Families New York program, Best Beginnings.

SPOTLIGHT ON BEST BEGINNINGS AND ALIANZA DOMINICANA, INC. Program Manager Sobeira Guillen

Best Beginnings has launched three new outreach programs to serve a diverse client base:

"Reach out and Read"

On August 20th, 2002, Best Beginnings participated in the "Reach Out and Read" event facilitated by medical students from Columbia College of Physicians and Surgeons, held at Quisqueya Playground. During the event medical students read to the children and provided them with free books, then explained the importance of reading to children and how reading can be a family activity that everyone can enjoy.

"Fathers are People Too"

On May 11th, 2002, Best Beginnings in conjunction with Columbia University medical students held the "Daddy and Me"/"Papi y Yo" Workshop. The workshop provided families with information on the importance of father participation in activities that promote child development, parent-child interaction, and family health.

"Parenthood Plus"

Parenthood Plus is a comprehensive project to help realize the potential of technology to improve lives and outcomes in poverty-stricken communities. The goal of this innovative project is to provide child health and development information and connect with mothers at risk through an array of web based applications, ranging from email to selected web sites to specially designed programs. At Best Beginnings, Family Support Workers and participating families will receive a seven-week training course. They will also have their own personal computers. The families will have their computers installed in their homes, and the FSW's will have their computers installed in the office. Families will receive internet access for two years, funded by the Funds for the City of New York. The families must commit to the program for two years. There will be monthly focus group meetings with both families and FSW's in order to develop content for the project.

A TRUSTING RELATIONSHIP ONELFA GUILLEN, Sr, FSW

At the time of intake into Best Beginnings, Mrs. M. was mourning the death of her husband, a victim of the Sept. 11, 2001 tragedy.

Mrs. M. had a 10-day old baby girl and a 3-year-old boy. She seemed distant and unresponsive to her new baby. She did not want to breastfeed or spend much time with her children. During the first 3 months of the baby's life, Mrs. M. kept herself busy with appointments relating to the tragedy. She also spent a lot of time cleaning her apartment and doing errands. The children were taken care of by a family member of her late husband.

The FSW continued to work with Mrs. M., focusing on building a trusting relationship. She also provided Mrs. M. with consistent activities that promoted positive Parent-Child Interaction. The FSW referred Mrs. M. to other services at Alianza Dominicana and visits were scheduled around Mrs. M's busy life.

After the first 3 months, the FSW saw an incredible change in Mrs. M's behavior. She started to interact more with both her children and to initiate floor activities during the visits. Mrs. M. is still mourning the death of her husband, but with the guidance of her FSW and the services of Alianza Dominicana, Inc, she continues to interact and build her relationships with her children.

RESEARCH AND SERVICE DELIVERY AT BEST BEGINNINGS

*Elizabeth Anisfeld, Director of
Research, Best Beginnings*

Best Beginnings is the first program in New York to conduct a randomized trial to measure the effectiveness of the HFA model. Our program is unique because it is a true collaboration between research and service delivery.

From the beginning, in 1993, new families have been randomly assigned to a Program group that receives home visiting, or to a Control group. In the Control group, families receive visits twice a year, during which referrals for needed services are made and information is collected for the evaluation.

FSW's carry a mixed caseload of Program and Control families. FSW's and Supervisors have learned that for the purpose of research, they must offer different levels of service to different families, even though all of them may be high need. FSW's have also learned to deal with the extra volume of paperwork, since the burden of data collection falls on them!

Our Child Developmentalist, who does not know if a child is from a Program family or a Control family, assesses infant development and videotapes parent-child interaction every 6 months. Home environments are also assessed by a Research Assistant, while videotapes are coded by independent observers.

Best Beginnings Plus

Best Beginnings Plus was added in 1996 to meet the needs of drug and HIV-affected families. The FSW's hired to work in BB Plus have previous experience in the field of substance abuse and receive special training in the Harm Reduction Model.

"For both the service and research staff of Best Beginnings, it has taken a long time and a lot of patience to conduct this trial and to continue to handle the day-to-day demands of the job, but we feel it will be worth it if we can contribute something to the knowledge base about how and for whom home visiting is effective."

-Liz Anisfeld



Pictured
Dr.
Elizabeth
Anisfeld;
Erline
Ramirez,
Data
Manager

A Finding on Breastfeeding

One difference between Control and Program families that has shown up in the data is that 30% of the Program mothers were feeding exclusively with the breast at the time of hospital discharge. For the Control mothers, this figure is 18%.



The Protective Qualities of Breastfeeding

The benefits of breastfeeding are well supported by the literature. The American Academy of Pediatrics states in its policy statement that human milk is uniquely superior to all other feeding options for infants. The statement goes on to indicate that breastfeeding significantly decreases risk for a number of acute and chronic diseases, provides social and economic benefits, and promotes the parent child relationship.

Dr. Lane Strathearn of Texas Children's Hospital found that severity of neglect increased as length of time breastfeeding decreased: babies who were breastfed for longer periods were less likely to experience neglect. Other researchers have found similar results. The reason for this finding may have to do with the hormones Oxytocin and Prolactin, secreted during breastfeeding. These hormones help to create nurturing or mothering behaviors.

Can Breastfed Babies Die from Neglect?

There are a few known cases of "breastfeeding" babies who died of malnutrition. It is important to look at any case individually and determine what constituted the neglect. In one case in NYC, a breastfeeding woman in the Bronx was turned away from a medical clinic because her baby did not have insurance. Another breastfeeding woman was turned away from a Brooklyn clinic because she did not have the money to cover the insurance co-pay. Both babies later died from malnutrition and dehydration. The attempt to seek medical care suggests that the mothers had some understanding that the babies were not breastfeeding well. Many unanswered questions remain. What causes a mother to bring her baby home and not pursue help via other avenues? A WIC clinic could have possibly helped. Another alternative could have been a La Leche League Leader, a breastfeeding peer counselor provided without charge. Did these mothers know about these resources?

Did these mothers understand the signs of

The Milky Way

Decreasing The Risk of Neglect, While Protecting Breastfeeding

Rayza DeLaCruz-Stiitt, BSN, RN, MSN
Nurse Educator, Best Beginnings/Alianza
Dominicana/Senior FSW Trainer, Prevent
Child Abuse New York

infant dehydration, poor intake and the health implications for their babies? A baby who is not feeding constitutes a medical emergency. There is a question of parental neglect if these mothers did not pursue further assistance. There is also a question of **systemic** neglect if each clinic sent the babies away without providing information about emergency services. Apparently the clinics did not treat lack of mother-to-baby milk transfer as a medical emergency. In any case, these babies did not die because they were feeding at the breast, they died because they were **not** feeding adequately at the breast. Both mothers likely had milk, but it was not getting to the babies. If there was reduced milk supply, which is rare, this probably could have been addressed with simple interventions (such as increased feedings). Both families, however, should have been referred to a professional who could address these issues. The International Board Certified Lactation Consultant (IBCLC) is a credentialed healthcare professional qualified to address complex lactation management issues.

An IBCLC would collaborate with an interdisciplinary team to determine the least invasive emergency intervention to ensure milk intake. A long-term plan would also be developed to preserve the breastfeeding relationship.

Conclusion

Supporting breastfeeding should include informing families about indicators of adequate intake and about indicators of poor feeding. It is imperative to pay attention to these sometimes subtle clues and act on them. Failure to seek medical care for a baby who is not feeding well could constitute medical neglect. It is also important for parents to have information about what resources and medical services are available to them. In turn, healthcare providers can avoid systemic neglect by ensuring that families who seek their help regarding challenges with infant feeding are connected with adequate urgent or emergency interventions.

Prevent Child Abuse New York and the New York State Children and Family Trust Fund present:

8th Annual New York State Child Abuse Prevention Conference

IN SAFE HANDS: Working together for Children and Families.

April 7-9, 2003, Marriott Hotel, Albany, NY

Keynote Speakers:

Dr. Stephen Bavolek

President, Family Development Resources, Inc. and Executive Director of the Family Nurturing Center.

Jan Arnow

Founder of the Institute for Intercultural Understanding, Author and Activist on Youth and non-violence.

Geoffrey Canada

President/CEO, Harlem Children's Zone, Inc. Acclaimed author and east Coast Regional Coordinator for the Black Community Crusade for Children.

Registration information will be mailed and posted on the Prevent Child Abuse New York website in January
For more information now, go to: preventchildabuseny.org

*Prevent Child Abuse
New York, Inc.
134 Swan Street
Albany, NY 12210-1715*

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New York**

