

theLink

the Newsletter for
Healthy Families New York

Spring/Summer 2002

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

HFNY Goals

To systematically identify over-burdened families in need of support

To enhance family functioning by building trusting relationships, problem-solving skills and support systems

To promote positive parent-child interaction

To promote healthy childhood growth and development

At an Open House for a New Program

Ann Pitkin, Director of Training, Prevent Child Abuse New York

Recently I attended the open house of the Healthy Families Program at Finger Lakes Visiting Nurse Service in Ontario County. Children, parents, staff, community members and a representative from the Governor's office were in attendance. Even the State Police were there, giving demonstrations on the proper use of child safety seats. Gail Furst, Program Supervisor, was there with her dog, showing parents and young children how to approach a dog safely. Two program mothers stepped up to the microphone and talked about their experiences in the Healthy Families Program. Afterwards, I overheard Pat Myers, Program Manager, congratulating one mother, who said, "I was so nervous and I almost cried! But I did it!"

A giant, inflatable orange giraffe with blue spots, standing over a trampoline filled with rubber balls, towered over the sunny grass and parking lot. Toddlers and a few older children were in among the rubber balls, jumping up and down and shrieking.

There was music playing, and staff members were reading off winning raffle numbers as families stood nearby collecting prizes when winning ticket holders came forth. Many of the prizes were bags of brand new children's books donated by Hobart and William Smith College.

Pat Myers said she was very pleased that the event had turned out so well. Her daughter, Anna, in a pink sun suit and sunbonnet, toddled off toward the excitement at the giraffe.

Finally, saying good-bye, I headed off with several sets of parents and babies toward Mr. Twisty, just down the drive, to collect our free ice cream cones and head home.



Vera Powell; Pat Myers, Healthy Families Ontario Program Manager; Jill Hoad, FSW, and Vera's son, Tyheem Lofton.

A Pregnant Woman's Well Being Really Matters!

In this issue our focus is on working with families in the prenatal period. An important new book for parents and professionals just added to the Resource Center--*The Prenatal Prescription*, by Dr. Peter Nathanielsz, summarizes current research on prenatal life. Of particular interest is information about how the mother's experiences and lifestyle affect a baby's development. Some of these influences seem to extend throughout the lifespan of the baby.

Some traits or tendencies that were believed to be the result of heredity or the result of environmental factors throughout life, are now seen as determined by the prenatal environment!

In *The Prenatal Prescription*, we learned that:

- poor nutrition during pregnancy can cause childhood and adult obesity, and the development of diabetes.

High levels of stress for the mother during pregnancy can:

- affect development of the baby's brain;
- lead to low birth weight of the baby;
- cause the child to experience chronic high stress levels later in life;
- and, make the child more likely to develop clinical depression.

For FSWs this means educating expectant mothers and their families about how managing stress and avoiding stressful situations can have long-lasting benefits for an unborn child.

To learn more, HFNY program staff may request this book as a loan from our Resource Center. (607-275-3569). (See Page 8 for more prenatal-related resources.)

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DID YOU KNOW...?

In 1990 the Surgeon General's office reported:

- That smoking was the major cause of 26% of incidents of low birth weight.
- Maternal smoking caused 14% of premature deliveries.
- Maternal smoking caused 10% of fetal and infant deaths.

"Some researchers have found that the drive to smoke tobacco among regular users is as strong as the desire to consume cocaine among cocaine addicts." *The Prenatal Prescription*, Peter Nathanielsz.



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Perspective on Prenatal Home Visiting

Ann Pitkin, Director of Training, Prevent Child Abuse New York

Brenda Cardinale is an RN with the MOMs Project at Finger Lakes Visiting Nurse Service. She has been an OB nurse for 28 years, and has been home visiting through the MOMs Project for 9 years. Expectant families are referred to the Healthy Families Program whenever possible. Cardinale also provides consultation and support to FSWs in the Healthy Families Program.

In a telephone interview, Cardinale talked about her experiences engaging and working with pregnant women. The mothers who receive visiting currently range in age from 13 to 42, but many are in their teens. Cardinale and other program staff try to engage them as early as possible in the pregnancy, because, "establishing healthy habits, like eating right, taking vitamins and staying away from alcohol are all so important for early brain development of the baby."

Cardinale says that developing trust is the most important thing. "Once you have that trust, then they will call on you often. Teens do not want you preaching at them... they are afraid they may hear things like, 'you shouldn't have gotten pregnant.' We give respect to the mothers in our program, and we get it back."

The MOMs Program uses a variety of teaching materials during the visits to promote maternal and fetal health. These include printed materials and videos on such subjects as: labor and delivery, hepatitis, care of newborns, HIV and AIDS, breastfeeding, smoking, and SIDS.

"My experience has been that it works best when the materials we use are not way over their heads. A lot of the parents like pictures and visual aids." Cardinale went on to say that the staff is able to let mothers and other family members listen to the fetal heartbeat during home visits, starting at 12 weeks gestation. "The families really love that," she said. "It seems to help them get really excited about the baby."

Ms. Cardinale discussed some of the barriers she faces: people having their phone service turned off, families moving and the program being unable to locate them, and transportation issues. Other challenges she mentioned were that teens often don't eat enough fresh fruits and vegetables, and that smokers have a lot of trouble cutting down or quitting.

Ms. Cardinale's advice for others doing prenatal home visiting:

"Just go in with a very positive approach, but not with the attitude that you are going to change their lives. You will be better received this way. If you tell them 'do this and do that,' then you might as well just put up a brick wall. Just be yourself and be respectful."

Donna McRae, Family Support Worker, 3/31/48-5/18/02

Early Advantages, Clinton County

Donna McRae had only been an FSW with Early Advantages since the beginning of January 2002, when she tragically lost her life in a fatal car accident on the evening of May 18th. Yet, she was a person who you knew was going to make a difference in your life soon after you met her.

Many of you may know the story about an old man who notices a young person on the beach picking up starfish and flinging them into the sea. When asked why the child was doing this, the reply was that the stranded starfish would die if left until the morning sun. The old man countered, "The beach is so long and there are millions of starfish, how can your effort make any difference?" The young person looked at the starfish in his hand and threw it to safety in the waves. "It makes a difference to this one," he said.

Donna was the kind of person who was constantly throwing starfish back into the sea. As a Family Support Worker, she was building a caseload of families after attending Core Training in Albany with another new FSW. The families that Donna served felt comfortable with her and were often times able to open up to her about nearly anything. Many of the families came to her memorial service to honor her in their time of grief. She made a tremendous difference in their lives in the short period of time that she was involved in the program.

Donna was an active member of her community, always out to make the world a better place for us all. She was, in fact, involved in home visiting in the past as a volunteer Parent Aide with our agency from 1985-1989 and as a staff Parent Aide through the Children and Family Trust Fund from 1989-1992. She has touched the lives of so many and had such promise for the future. She will be greatly missed.

Judy Russell and the staff at Early Advantages



Putting Love in Your Care

Building Lasting Communications Prenatally

The first time I met my midwife, I was filled with excitement. I knew I had found exactly who I wanted. By teaching me about my baby's growth, and about how she would be born, my midwife helped me to be in my fullest power when I gave birth. Her gentle love, support, and faith guided me through a beautiful pregnancy. This kind of love and support is rare, and I am forever thankful that I had the birthing experience that I did.

Tammy Flanders, FSW, Healthy Schenectady Families

Doulas are women who provide ongoing support and education to pregnant women. Doulas also coach and support during labor and delivery.

In my work as a Doula and as a Family Support Worker, I think often of my midwife and how her gentle touch, encouragement, and never-ending resources for education made my pregnancy, birth, and transition into motherhood an empowering and positive experience. All families deserve this form of support and nurturing as they begin new life. Since my own baby's birth, I have been able to pass on my experience to other mothers and growing families as I guide them through pregnancy. I have seen their eyes light up with amazement when seeing pictures of their baby's development and when feeling the baby move for the first time. I have held mothers when they cried in labor and hugged them when their babies were born.

Excitement and joy are contagious emotions. When I bring these feelings to an expecting family, I see a shine in their eyes as we cheer their baby on together. Together we grow excited when we talk about how big their babies are growing inside of them, and together we groan about the extra heartburn involved. I have been shown framed ultrasound pictures held by proud parents who are awed by each finger, toe, and ear. These are feelings that last for parents.

Having joy and excitement brought to a stressful pregnancy can really change negative feelings. When new parents want the best for their child and realize their child *deserves* the best, they may find themselves with new goals and a new outlook on how to get there. I feel the value of this is immeasurable when we think of the long-term effects on the children involved.

We have all experienced times when we have needed support, and we have all given support to someone who needed it. I think the key is remembering how good it felt when we received the support, so that we remember to pass it on.

Tamara Flanders graduated in 1998 from SUNY New Paltz with a BA in Women's Studies/English Secondary Education. She received a Doula certification from The Art of Birthing Center in the year 2000, and has been working part-time as a holistic Doula since March of 2000. She has done volunteer work with pregnant and parenting teens, domestic violence, and women's safety organizations.



Supervisors at the first Central/Western Supervisors' Meeting



From Left to Right, Back Row: Dawn Tuttle, Michelle Niles, Lori Sprague, MaryEllen Lolle, Jill Smith, Anabel Diaz, Tracy Shutt, Ada Miller. Front Row: Sheryl Mensah, Susan Hanye, Pat Bobo, Antonia Medrano-Bouldin, Ann Marie Correa, Madeline Weick

Hot Off the Press!

*We now have our very own
Healthy Families
New York logo!*



*The logo will soon be put on
the Healthy Families New
York web site and can be
downloaded in camera ready
format, or you can e-mail or
call us at 607-275-3569 for a
black & white version.*

FROM OCFS

Joy Griffith, Program Coordinator, NYS Office of Children and Family Services

The Budget is Official

The 2002 State Budget is official and includes very good news for home visiting--\$16 million TANF funds and \$1.6 million state funds to continue the Healthy Families New York program. This is \$1.2 million more than the Governor requested in his Executive Budget. This is incredible news given the serious fiscal constraints facing New York. This increase is due to the concerted advocacy effort of your programs, as well as the local communities' recognition of the important service you provide. Over the next year, the state fiscal crisis will continue to have an impact on our programs. Therefore, it will be critical for the Healthy Families program to continue to provide the highest quality services possible for families at risk.

HFNY Training Institute

Hold October 22-24, 2002 for an all staff advanced training seminar to be held at the Sheraton in Saratoga! More to come on keynote speakers and workshop topics, but we are very excited about the opportunity to have everyone get together to share resources and learn from each other. We now number about 400 staff in 27 sites across the state. We also now have a 28th site. Sullivan County is starting a Healthy Families New York affiliated program with local funding. Lise Kennedy is the Program Manager. Since the Healthy Families New York program began in 1995, 7800 families have been served and over 228,000 home visits have been provided.

Home Visiting in Residential Care

A recent collaboration with another OCFS program is off the ground. New York State provides residential care to over 2000 youth under the age of 18 who have committed crimes and been remanded to the care and custody of OCFS. Approximately 25 percent are young women. For young women who are pregnant when they enter OCFS, placement at a program that provides residential care to moms and babies may be an option. Pregnant young women who are placed in the Syracuse Pregnancy Unit or the Staten Island Community Residential Facility keep their babies with them until they are released. Many of these young women return to their communities as young, inexperienced parents without support systems.

In order to support these young women, we are attempting to enroll them in home visiting while they are in residential care. Since the Staten Island facility is located near our Healthy Families Staten Island program, we decided to pilot the initiative there. To date, three young women are now enrolled in the Healthy Families program and another three will be assessed soon. Once they return home, we will attempt to connect them with a Healthy Families New York program near where they live. We appreciate the work of Kim VanBurch, Healthy Families Staten Island Program Manager; Maureen Downs, Staten Island Residential Director, and their staff as well as the other programs that will provide services once the young women leave the residential program. We are very excited about this collaboration and our ability to support these young women in their efforts to become successful parents.

ON ADVOCACY EFFORTS FROM PCANY

Christine Deyss, Executive Director, Prevent Child Abuse New York

Prevent Child Abuse New York and the Healthy Families New York Home Visiting Council, with the assistance of many HFNY sites, worked hard and long for an increase in funding for HFNY.

The \$17,600,000 that was approved in the State budget, includes \$16,000,000 in TANF Funds and \$1.6 million in General Funds. This was not equal to our lofty goal of \$25 million, but, we are fortunate in comparison to many other states.

The allocation increase reflects the Governor's and Legislators' commitment to Healthy Families New York and their recognition of the vital, essential services it provides for our state's children and families.

With the \$25 million we had set as a goal, Healthy Families New York could serve about 20 percent of the families in the state who are in need of the service.

A Story of Patience and Staying Focused on Strengths

Ellen Butowsky, Program Manager, Ulster County Healthy Start

GG, 20 years old with a 2 week old and a 3½ year old, enrolled in Healthy Start in March 2000. GG had been referred prenatally by her OB, but had not responded to our many outreach attempts. We continued to send her prenatal information and attempted to engage her for several months. She was assessed after Benedictine Hospital referred her postnatally. Upon assessment, GG stated that she never knew her father, and her mother died when she was very young. She was sent to live with her aunt where she was soon removed, due to abuse. She was placed in a group home where she lived for a few years, received counseling and was told she suffered from borderline personality and depression. At the time of assessment, GG had no supports and was in an abusive relationship with her baby's father. Three months after the target child was born, GG was pregnant again. She was involved with a drug rehab and with CPS. She indicated that she did not feel supported by other involved agencies that were critical of her and her choices. During the first few months, her FSW was concerned about GG's use of hitting and yelling, an abusive relationship, the children's poor nutrition and the condition of her apartment. The FSW reported that early on GG would not engage in conversation or activities with her and the children. GG's attitude often appeared hostile and testing toward the FSW.

The FSW worked with her supervisor to not take GG's attitude personally as she knew she had to

build trust in their relationship. She did this by not passing judgment, looking for the positive, praising GG when appropriate, recognizing strengths, using self-disclosure appropriately and by doing all of this consistently, no matter how GG reacted or tested. The FSW was very creative in making all activities relevant to GG who would not tolerate what she called "corny" projects and games. For example, the FSW revised some of her materials to use current music as part of brain development activities. She also encouraged GG to be consistent with her mental health appointments and worked to create smoother relationships and greater coordination with the variety of services GG was receiving.

Currently, GG is always home for and is an active participant in visits, especially where parent-child activities are concerned. The FSW states that she hears GG talking to her children in a loving way, and that GG has developed ways of disciplining other than hitting. She proudly cooks nutritious meals for her children. She is no longer with her abusive partner and has moved to a better apartment. GG started a college level medical transcription program and will graduate this month. She is looking forward to working and getting off social services. The FSW states that it has "been a long road for GG, but watching her self-esteem grow stronger and witnessing her realize that she could have hopes and dreams is a great example of why we do what we do."

Enrolling Families Prenatally

During the contract year 01-02, the Ulster County Healthy Start Program enrolled 77 percent of its families prenatally. This high rate of prenatal enrollments is due to a variety of factors. For example, Healthy Start's umbrella organization (Mid Hudson Family Health Institute) operates the Ulster County PCAP sites. Healthy Start has also established excellent referral networks with many other health care providers.

The FAW team utilizes a monthly outreach calendar to assure it is covering all important locations on a routine basis. While tracking potential participants (pre-assessment), the team sends out a prenatal calendar and various pamphlets each month corresponding to estimated due dates for each mother. Approximately one month before the due date, a mailer is sent on labor and delivery and making birth plans. Materials are sent in either English or Spanish, according to the family's needs.

The materials help families gain a better understanding of what we are about and have helped women who were not sure about getting involved with the program to call us to set up an assessment. In cases where women do not ever engage with the program, we know that we have gotten crucial information to them on topics such as post-partum depression and infant safety that they might not have otherwise received. (FSWs have found these materials useful for the post-assessment engagement phase if they are having difficulty connecting with someone.)

Maria McCormick, Screening and Assessment Coordinator

Supervisors work with FSWs to identify important prenatal education topics and activities.

A success in working with a family prenatally was shared during a recent quality assurance/participant satisfaction phone call to a woman enrolled prenatally. When asked if the services had been helpful, one mother said that she had not breastfed her other children, but that all the information and personal breastfeeding experiences that her FSW shared with her prenatally helped her decide to breastfeed her new baby and to be successful at it.

Caroline Chant, Home Visiting Coordinator

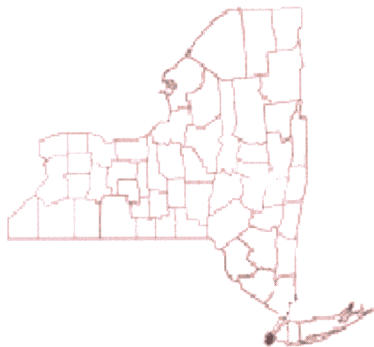
The "Prenatal Collage"

When I bring out the collage activity, I introduce it by telling the family we are going to cut out pictures relating to the baby. The parents can use pictures of babies, loving words, possible names, activities, or things related to babies that they might want their baby to have or pictures they think their baby would like to look at. One father suggested writing a message on the back for the baby to read when older. This is a nice handmade project that can show a child how the parents were thinking and feeling about him/her before birth.

Jennifer Martinez, FSW



SPOTLIGHT Staten Island



Staten Island is the third-largest borough of New York City in area (60 square miles). However, it is the least populated; in 1990 it contained about 5% of the City's population. The 2000 census put the population at just under 445,000.

On Staten Island, there is a large salt marsh which is the site of the Fresh Kills Landfill, a 2,200-acre area to which solid waste from NYC was taken for more than 50 years. Recently the landfill received the wreckage from the World Trade Center tragedy. Historically, the marsh was the site of Native American activity going back to about 10,000 B.C.

By the early 18th Century, Staten Island's population had begun rapid growth paralleling the growth of New York City. Even this far back in time Staten Island had a diverse population and linguistic mix. The island had a strong French Huguenot presence, Dutch and English immigrants, and a substantial minority of Africans, most of whom were slaves. In 1898, Staten Island was incorporated into New York City.

The Verrazano Narrows Bridge, connecting Staten Island to Brooklyn was opened in 1964. After the bridge was built, Staten Island's population increased some 30% while the rest of the city decreased nearly 10%.

Many Staten Island residents lost their lives in the attacks on the World Trade Center last September.



The Staten Island Ferry connects the Island with lower Manhattan. Pedestrians and bicyclists ride the ferry for free. 70,000 people ride the ferry each day.

During the summer of 2001, New York Foundling Hospital's Vincent J. Fontana Center for Child Protection, in collaboration with St. Vincent Catholic Medical Center of New York, brought home visiting services to four low-income areas on the North Shore of Staten Island. The four areas served by Healthy Families Staten Island (HFSI), Stapleton, Mariners Harbor, St. George/New Brighton and Port Richmond, are areas of poverty surrounded by affluent and middle class neighborhoods. Our target population is culturally and racially diverse, with African American, Caucasian, and Hispanic families.

Innovative Outreach Efforts

To help screen and reach out to as many families as possible, our assessment worker (FAW) rotates from clinic to clinic. Because there are hard to reach families who don't receive prenatal care, we also reach out to families through non-medical sites, such as a teen pregnancy program at an area high school and a pregnancy crisis center that offers baby items to needy parents.

Recently, a meeting was held with the Office of Children and Family Services, Division of Rehabilitation Services, Staten Island Community Residential Center and HFSI, to discuss an innovative collaboration. The Residential Center concentrates on rehabilitating delinquent teens, many of whom are pregnant. While in the center, pregnant and parenting teens will receive home visits from HFSI staff. Upon discharge from the residence, HFSI, in collaboration with the eight other New York City programs, will try to establish home visiting services and continuing support for these families.

Community Support

During a presentation to the medical residents at St. Vincent's Hospital, Dr. Vincent J. Fontana, Medical Director at New York Foundling Hospital and renowned child advocate, applauded home visiting, emphasizing that HFSI is a great resource for doctors and that many of the goals of HFSI are similar to the medical practitioner's goals. Dr. Fontana's presentation resulted in the full support of the medical staff at St. Vincent's Hospital.

Our advisory board is made up of a cross section of doctors, social workers, and a well known researcher in the area of home visiting. During June, we held an open house for local politicians and other community-based programs serving Staten Island in order to formally introduce HFSI to the rest of the community.

Healthy Families Staten Island

Kimberlee VanBurch, MSW, Program Manager

FSWs Making A Difference

Often those not involved in home visiting programs do not understand how significant the work of a home visitor can be. One family living on Staten Island has formed a close and lasting bond with their FSW who was present during a life-changing event.

Last winter, shortly before Christmas, Ruth Perry, FSW, conducted a home visit with Amy who was living with her grandmother and a host of other relatives. At the home, Ms. Perry found Amy alone, complaining of stomach pain. Being eight months pregnant, Amy had called her doctor, who told her to come to the hospital. Amy, an 18-year-old, whose parents had kicked her out of the home after learning of the pregnancy, turned to Ms. Perry for help. Amy was not yet prepared for the baby's arrival; so Ms. Perry helped her pack a bag, and took her to the hospital, where she was admitted. Ms. Perry then contacted Amy's relatives, who were all unable to get there immediately. As Amy's only support person present, Ms. Perry accompanied Amy to her hospital room, where she remained with her well into the night. While sitting with Amy in the hospital, both Amy's mother and father called and expressed their gratitude to Ms. Perry for helping their daughter. Well after midnight, no family member had arrived to support Amy through labor, so Ms. Perry stayed. A few hours later, Amy's aunt arrived. The aunt thanked Ms. Perry for all her help and stated that she should go home and get some sleep. Ms. Perry took that advice and later learned that Amy had given birth to a healthy baby girl.



Standing left to right: Christine Cagnetta, Supervisor; Kimberlee VanBurch, Program Manager; Ruth Perry, FSW. Seated left to right: Dorothy Gordon, FSW; Natacha Martinez, FSW; and Marilou Marin, Data Entry Manager. Not shown: Linda Diaz, FAW and Laura Cavalleri, Secretary.



The Milky Way

The Role of the FSW in Prenatal Breastfeeding Education

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

We have the best opportunity to implement primary prevention when we engage families prenatally. Families in the prenatal period are eager to get information and likely to absorb it. Infant nutrition is a key aspect of growth and development, and breastfeeding can play an important role in relationship building.

Why Provide Information about Breastfeeding Before the Baby Arrives?

Preparation, preparation, preparation.....

There is evidence that women who have expressed intent to breastfeed have more success when good information is provided prenatally. Specifically, these women achieve longer duration of breastfeeding than women who do not seek and receive information before the birth.

One reason for this seems to be that families feel more capable of making infant feeding decisions when they are informed *before* the baby is born. Because the postpartum period is a vulnerable time when families are adjusting to the role of parenthood and learning to meet their babies' needs, it is important that families have information, a basic knowledge base, and a set of skills that will help them PREVENT breastfeeding problems.

The HFNY Worker has a Key Role

Working prenatally, FSWs are a key link in providing effective breastfeeding information. When prenatal support and information is provided and then followed by high-quality lactation support postnatally, families are likely to have even greater success with breastfeeding.

Whether you are working with families individually, or holding breastfeeding classes, it's important to help them understand that breastfeeding is the biological norm. They can also benefit from a basic knowledge of the anatomy and physiology of milk production, milk maintenance, and milk delivery. As delivery time gets closer, some instruction on basic breastfeeding techniques is also helpful. One question that frequently comes up relates to

"mother-baby separation practices," such as techniques for pumping and storing breast milk. However, for the prenatal audience, it's best to focus first on the basics, such as establishing and maintaining a good milk supply, since this is the foundation of successful breastfeeding.

When families learn first about the "supply-and-demand" nature of lactation, then they understand that the better established the milk supply is, the easier it will be for them to choose alternatives later.

Exclusive nursing for four weeks following the birth (no bottles, supplements or pacifiers) is the best way to establish a good supply of breast milk.

Parents should also learn that there is an optimal time to introduce another mode of feeding the baby away from the breast—specifically this should be at about 4-6 weeks of the baby's life. A discussion of common hospital practices and societal attitudes about breastfeeding will also help families to be aware of what some barriers may be. They can then think in advance about how some of these barriers might be overcome.

Focusing on breastfeeding education in the prenatal period is a prime opportunity to promote attachment, excellent nutrition, and good brain development. Let's continue to work toward 90 percent prenatal engagement!

For optimal nutrition, the American Academy of Pediatrics recommends six months of exclusive breastfeeding, followed by breastfeeding with supplements through the first year of a baby's life. The Surgeon General has declared human milk to be the "ideal food for all human infants".

Researchers have identified the role of breastfeeding in promoting bonding and attachment. Dr. Marshall Klaus, internationally known neonatologist, pediatrician, and researcher, has called oxytocin, which is released during breastfeeding, "the nurturing hormone". It is also sometimes called "the love hormone".

Resource Center Prenatal Materials

Resource Mothers / MotherNet Program . Margot Zimmerman, Ed. INMED's MotherNet America Program. Sterling, VA 1993. For outreach to pregnant and parenting families, provides excellent prenatal activities and resources:

- **Resource Mothers Handbook:** a training text and home visitor reference. The manual addresses issues ranging from pregnancy childbirth, and nutrition, to parenting, building self-esteem, and problem-solving. (Also available in Spanish)
- **Implementation Guidelines:** A manual for program administrators of outreach programs for pregnant and parenting families. Emphasizes planning and evaluation, including sample forms, along with practical information on coalition building, volunteer recruitment and funding.
- **Curriculum Sourcebook:** Designed to use in conjunction with the *Resource Mothers Handbook*. With an introduction to adult learning and literacy skills and principles of empowerment and cultural competency, the book is a compendium of interactive curriculum tools that highlight the information in the handbook. Topics range from pregnancy, parenting, and child development, to building self-esteem, problem solving, and community advocacy, which are presented in role-plays, games, and didactic training methods.

Healthy Kids, Rensselaer County, NY This assortment of materials includes FSW and Family Forms: Self-Screen Tool, Basic Care for Moms To Be, Calendar, Appropriate Child Environment Survey, Average Daily Feeding Schedule, Immunization Reminder, Home Visit Preparation Log, Home Visit Journal, and Monthly Data Sheet. Also, Checking Yourself Out: Taking a Look at Your Personal Support System; Checking Yourself Out: Taking a Look at How to Feel More in Control; and Healthy Kids: Accidents Won't Happen (if you take some e-a-s-y steps).

Having a Baby in the Capital District, A Consumer Guide to Maternity Care in Albany, Rensselaer, Saratoga and Schenectady Counties and Outlying Areas. The Mothers' Center of the Capital District, published by the Mother's Center, 1997
This book offers information and resources to expectant parents through pregnancy, and 0-1 year for people living in the 518 area code of New York State. It includes statistics on area birthing hospitals, as well as local postpartum and parenting resources.

The First Two-and-a-Half Years: Physical Growth and Motor Development (Video). Covers environmental factors in prenatal period that affect development and environmental factors after birth also affecting development. Discusses normal patterns of development, sex differences in development, causes and consequences of emotional and environmental deprivation. 19 minutes.

To borrow any of these Resource Items, call us at 607-275-3569.



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