

the Link

the Newsletter for
Healthy Families New York

Winter 2001

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

Goals

To systematically identify overburdened 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

Breastfeeding Promotion and Healthy Families

Peggy Sheehan, RN, IBCLC
Healthy Schenectady Families

Benefits of Breastfeeding

Breastfeeding has many advantages that make it the best method for feeding infants and children.

Because research clearly shows so many health, nutritional, immunologic, developmental and psychosocial benefits for infants and mothers, many advocates of breastfeeding believe that increasing breastfeeding rates should be an important national health objective.

Breastfeeding supports positive parent child interaction. Infants are held, cuddled, smiled at, and talked to during the feeding sessions. As we know, babies benefit from all of this holding and cuddling!

Research has shown that the hormones responsible for milk production produce a sense of well being in the mother.

Dads can support breastfeeding by holding, burping, cuddling, and taking responsibility for other infant care needs between feedings to allow Moms to rest.

Breastfed infants are healthier, which minimizes parents' loss of rest and time off from work.

Many Mothers Face Obstacles

There are many factors to overcome in the promotion of breastfeeding. The most common is simple misinformation or lack of information. This misinformation may come from health care providers, family, friends and even home visitors.

Other roadblocks are:

Health care provider apathy

Hospital routines that interfere with breastfeeding

Commercial promotion of infant formulas

Media portrayal of formula feeding as the norm

Many parents have reported that if they had known all of the benefits of breastfeeding and known that human milk and commercial formulas are not equal, they would have chosen breastfeeding.

What Home Visitors Can Do

To help families make the best choice for themselves, home visitors can take several steps. The first may be to increase their knowledge about breastfeeding and explore their own feelings and cultural beliefs about infant feeding.

At Healthy Schenectady Families (HSF), all home visitors complete a full day training in breastfeeding taught by an internationally board certified lactation consultant (IBCLC). Periodic in-service programs are also held to keep home visitors up to date on breastfeeding issues and strategies. Breastfeeding supply companies are also available for in-service presentations on equipment used in special circumstances. The promotion of breastfeeding requires a positive, strength-based approach. The Healthy Families home visitor is therefore well prepared to promote breastfeeding.

Ideally, breastfeeding education should begin during the second trimester of pregnancy when women can most easily focus on new material. Here at HSF, all families are also visited regularly by a community health nurse (CHN). The nurse provides breastfeeding education, while the family support workers (FSWs) reinforce this teaching during home visits. Positive support and encouragement is an integral part of both the CHN and FSW approaches. Information on the link between positive parent child interaction and breastfeeding is easily incorporated into home visit content.

When postpartum referrals are received, home visits must be scheduled as soon as possible. Referrals for appropriate support may need to be initiated immediately. For example, Schenectady County Public Health Services works in close collaboration with Healthy Schenectady Families. In addition to the County's community health nursing services, IBCLC lactation consultants on staff are available for consultation with FSWs and will make home visits to families as necessary. ☺

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All educational materials utilized in Healthy Schenectady Families portray a positive image of breastfeeding. Our breastfeeding materials are not only culturally sensitive but contain no advertising. As Healthy Families sites develop their breastfeeding resources, they may need to purchase educational materials or write their own, as commercially produced materials may not match the program's approach to breastfeeding promotion or the specific needs of each community.

Where to Find Lactation Consultants:

Many hospitals have lactation consultants. For an independent lactation consultant who can work with families, programs can check with the International Lactation Consultant Association (www.ilca.org).





Sara Rubenstein-Gillis

Staffing Changes at Prevent Child Abuse NY

Change is a given... so we have had to bid an official good-bye to a valued colleague, Pam Balmer, who has joined the Healthy Kids staff in Rensselaer County as a supervisor. Pam is badly missed. We all wish her well.

A new trainer, Sarah Rubenstein-Gillis, has joined our staff. Sarah is a social worker with an MSW from Syracuse University. She comes to us as an experienced professional trainer with special expertise in the domestic violence field. Sarah attended the HFA Training of Trainers Institute in the November and is continuing the process of becoming certified as an FSW trainer. Welcome, Sarah!

Ann Pitkin, Training Manager, has taken over the role of editor for *The Link*.

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

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UPDATE

Funding for Healthy Families New York has increased significantly over the past year!

The State Budget for 2000 includes \$16.4 million to continue the existing HFNY programs and expand to new sites. This is more than double the funding available in the prior year. The DCFS issued a Request for Proposals this fall to expand the program to new communities. Approximately \$8 million is available for this purpose.

The Office received 53 proposals from 29 counties, plus many from New York City. Many of the proposals reflect tremendous community support and commitment to the program. The process of reading and evaluating the proposals was well underway by mid-January. We expect to make announcements in February or March, so that new programs can start up later this spring. Governor Pataki's budget for 2001 includes \$16.4 million to continue the existing programs and those that will be started through this RFP.

We all look forward to welcoming new programs to our network and to serving more of New York's new and expectant parents!

Joy Griffith
Office of Children and Family Services
(OCFS)

Are You a Healthy Families Genius?

Take the Quiz and find out!

- ① When an additional child is born in a family that is already receiving Healthy Families NY services, the FSW:
 - a) May have to increase frequency of visits for a while.
 - b) Should explain to the parents that only the target child will be receiving services.
 - c) Should explain to the parents that the whole family will continue to receive services.
 - d) Should complain to the family about having too much work.
- ② Harm Reduction is an approach to service delivery that:
 - a) Forbids the use of corporal punishment.
 - b) Lets worker safety be the guide for services.
 - c) Puts the safety of family members as first priority and then deals with risks, such as substance abuse.
 - d) Recommends that service providers stay on a low-fat diet.
- ③ We know that the use of drugs or alcohol by a pregnant woman can affect brain development of the baby as early as:
 - a) 3 months after conception.
 - b) 7 weeks after conception.
 - c) The second trimester.
 - d) 2 months before conception.
- ④ Why does HFA recommend that outreach to a family be discontinued if they have not engaged in services by the time the child is 3 months old?
 - a) Most of early brain development has taken place by then and it is too late.
 - b) Three months is a difficult age and research has shown that parents of babies of this age are too stressed out to take a stranger into their lives.
 - c) Many of the coping skills and supports the family will use are already in place by this time, so home visitors may have little impact as well as difficulty keeping the family engaged.
 - d) Parents who have not accepted support by this time have been shown to be negative and hard to work with.

Answers: ① a, c ② c ③ c ④ d

The Milky Way: the Connection Between Breastfeeding & Healthy Families Goals

Rayza DeLaCruz-Stitt, RN, IBCLC
Nurse-Educator at Best Beginnings and
Prevent Child Abuse New York

HFA GOAL: To Promote Healthy Childhood Growth and Development

Consider the following Health facts:

Breast milk enhances a baby's immune system and protects against some infections.

Breast milk can protect baby against bacterial meningitis, respiratory infections, rheumatoid arthritis, Hodgkins Disease, Vision Defects, later Obesity, Juvenile Diabetes, Asthma, ear infections (Otitis Media), allergies, diarrhea, urinary tract infections.

Breast milk is easy to digest and reduces the likelihood of gastrointestinal problems.

The premature baby benefits from mother's milk. The composition of the breast milk of a mother who delivers prematurely changes to meet the needs of *that* baby.

Conclusion: When we promote breastfeeding, we promote healthy babies.

Consider the following Developmental facts:

Breastfed babies have better jaw and speech development, therefore promoting acquisition of language skills.

Breastfeeding promotes cognitive development, leading to better outcomes in developmental testing such as the Bayley.

Breastfed babies scored higher on IQ testing than their artificially fed counterparts, therefore when we promote breastfeeding we are promoting brain development.

Breastfed babies have been found to have better social development.

Breastfed babies have been found to have better psychomotor development (for example, enhanced hand to eye coordination).

Conclusion: When we promote breastfeeding, we can help babies reach developmental milestones.

HFA GOAL: To Promote Positive Parent-Child Interactions (PCI)

Breastfeeding stimulates the release of oxytocin in the mother, which promotes the development of *maternal behavior*.

Breastfeeding provides opportunities for physical closeness between mother and baby, eye-contact, skin-to-skin contact, and promotes bonding (attachment behaviors).

Breastfeeding helps satisfy baby's emotional needs.

Breastfeeding helps mothers relax, therefore, it provides an opportunity for positive interaction.

Breastfeeding is less work, mother and father are more likely to sleep (no bottles to prepare etc.), therefore, Dad has more opportunity for interactive play with baby.

Conclusion: When we promote breastfeeding, we are promoting positive parent-child interactions.

Send your comments and/or questions regarding the HFA worker's role in promoting breastfeeding, particularly related to the following program goals:

ASSESSING STRENGTHS/NEEDS AND
REFERRING FAMILIES

ENHANCING FAMILY FUNCTIONING

Forward your questions to the editor at
anapurna@earthlink.net



Information on Infant Feeding of HFNY Target Children

Among all target children, bottle feeding is about three times as common as breastfeeding. However, a significant number of children are fed both bottles and breast milk (21%). The figures below also indicate that higher rates of breastfeeding occur when intake into HFNY is prenatal.

| Healthy Families New York/Home Visiting Method of Feeding at intake or baby's birth. From Target Child Identification & Birth Outcomes Form 11/30/00 provided by John Heck | | ALL CASES | PRENATAL AT INTAKE | POSTNATAL AT INTAKE |
|--|-------------------------------|-------------|--------------------|---------------------|
| | BABIES | 5763 | 2695 (47%) | 3068 (53%) |
| | WITH DATA ON BREASTFEEDING | 5568 (100%) | 2627 (100%) | 2971 (100%) |
| | BREAST | 1064 (19%) | 663 (25%) | 401 (13%) |
| | BOTTLE | 3337 (60%) | 1346 (51%) | 1991 (67%) |
| | BOTH | 1167 (21%) | 618 (24%) | 549 (18%) |

Healthy Families
New York/Home Visiting
New York State Family
Characteristics at Intake
Enrolled from
9/1/95 through 11/30/00

| | |
|--|-------------|
| TOTAL PARTICIPANTS | 6041 (100%) |
| AGE OF PRIMARY CAREGIVER (PC1) | |
| UNDER 18 YRS | 992 (16%) |
| 18 TO 20 | 1647 (27%) |
| 21 TO 30 | 2677 (44%) |
| 31 AND OVER | 725 (12%) |
| EDUCATION OF PRIMARY CAREGIVER | |
| LESS THAN 12 YRS | 3041 (52%) |
| HIGH SCHOOL GRADUATE/GED | 1802 (31%) |
| POST-SECONDARY | 1005 (17%) |
| EMPLOYMENT AND TRAINING | |
| PC1 EMPLOYED | 1044 (18%) |
| SECONDARY CAREGIVER IN HOUSEHOLD PC2 EMPLOYED | 1905 (32%) |
| PC1 IN EDUCATION/TRAINING PROGRAM | 1065 (19%) |
| PC2 IN EDUCATION/TRAINING PROGRAM | 288 (9%) |
| RECEIPT OF PUBLIC BENEFITS | |
| TANF | 2186 (37%) |
| FOOD STAMPS | 2812 (48%) |
| PC1 ON MEDICAID | 4059 (69%) |
| TARGET CHILD ON MEDICAID | 4232 (80%) |
| PC1 MARRIED | 1032 (18%) |
| HOUSEHOLD COMPOSITION | |
| BIOLOGICAL FATHER IN HOUSEHOLD | 2232 (38%) |
| OTHER SUPPORT/ PARTNER IN HOUSEHOLD | 889 (15%) |
| FIRST TIME MOTHERS | 3318 (57%) |
| PRENATAL AT INTAKE | 3087 (51%) |



Survey of 3,000 Parents Shows Mistaken Ideas About Babies & Young Children

Many Need More Information About Discipline, Spoiling and Realistic Expectations of Young Children

THE SURVEY WAS SPONSORED BY CIVITAS, ZERO TO THREE AND THE BRIO CORPORATION.

“This lack of accurate child development information among adults has very real implications for American society,” said Kyle Pruett, M.D., clinical professor of psychiatry at the Yale University Child Study Center, and president of ZERO TO THREE. “We’re potentially raising overly aggressive children who react to situations with intimidation and bullying, instead of cooperation and understanding; children who won’t be able to tolerate frustration, wait their turn or respect the needs of others.”

Suzanne Muchin, of CIVITAS, a not-for-profit communications group that commissioned the survey, said that the results of the survey indicate that there is a great need for adults to have more and better information about children.

Some trends in misinformation shown by the study include:

- 57% of parents of young children (0-6 years of age) and 62% of all adults incorrectly believe a six-month-old can be spoiled.
- 44% of parents of young children and 60% of grandparents incorrectly believe picking up a three-month-old every time he cries will spoil the child.
- 61% of parents of young children condone spanking as a *regular form of punishment* for young children, while research indicates it’s detrimental to a child’s development.
- 51% of parents of young children expect a 15-month-old to share her toys, and 26% of all adults expect a three-year-old to sit quietly for one hour at a time — though both are unrealistic expectations, according to experts.
- 26% of all adults, and 23% of parents of young children believe that a child as young as six-months will not suffer any long-term effects from witnessing violence. Child development research, however, shows it can have long-lasting, detrimental effects on a child’s social and emotional development and the developing brain.

● 61% of all adults, and 55% of parents with young children, do not know when young babies begin to be affected by the moods of others. This is crucial because child development research shows that anxious or depressed caregivers can have a damaging effect on a baby’s development.

● 72% of parents of young children were unaware that children as young as four months of age, can experience real depression; 51% believe children cannot experience depression until they are at least three years of age.

Parents Value Less Beneficial Forms of Play

The study also showed that many parents place too much emphasis on less valuable forms of play, such as flashcards, educational television and computer activities. Similarly, the connection between physical play, such as playground activities, and intellectual development was poorly understood in the study sample.

The Good News

Though the study showed many adults were poorly informed about child development, there were some important concepts that were widely understood. These included the following points:

Children’s capabilities are not fully predetermined at birth and, in fact, parents and caregivers play a major role in their development.

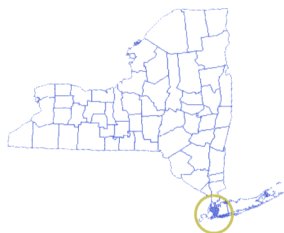
Early experiences, even in the first months of life, have a significant impact on a child’s capabilities much later in life.

Emotional closeness (i.e., love) with children has a profound impact on a child’s intellectual, social and emotional development. ☺



HFNY Notes from Brooklyn: Church Avenue Merchants Block Association (CAMBA)

Jennifer Ortiz, FSW



CAMBA, the Church Avenue Merchants Block Association, is a community-based organization serving the Flatbush area for over 25 years. We have grown from a small organization focused mostly on economic development, to an agency of over 350 employees providing a vast array of services. Our services include ESL/ABE and GED classes, educational and vocational training, a pantry, preventive services, immigrant and refugee services, legal assistance, eviction prevention, Beacon School programs, a domestic violence program, and HIV/AIDS services.

The CAMBA Home Visiting Program serves a largely immigrant community where many residents are from the Caribbean and Latin America. We work with a lot of families from Haiti, Jamaica, Puerto Rico, the Dominican Republic and Mexico. We are also starting to see an increase in the numbers of people from Africa, the Middle East and Asia.

The Home Visiting Program now serves the entire 11226 zip code, which is a big opportunity for us, considering that we started by serving only two census tracts — an area covering about 20 square blocks. Outreach is a very important component of the program. Most of the families in our program receive prenatal care and deliver babies at eight area hospitals, though some go as far as New Jersey for care. In order to locate as many of the families in our target area as possible, we do outreach within CAMBA programs, at local hospitals and WIC centers, through schools, churches, and other area organizations, as well as on the street, at street fairs, outside the subway, in the park, in laundromats, and beauty salons—basically anywhere we might find families.

We have been in operation for almost five years. Our staff consists of six full-time family support workers (FSWs), one part-time FSW, a family assessment worker (FAW), two supervisors, an outreach coordinator and a data entry specialist, who doubles as a receptionist and keeps the calls coming in. Last but not least is our program manager, Janet Miller, who is very supportive of our work and is always there for us when things get rough.

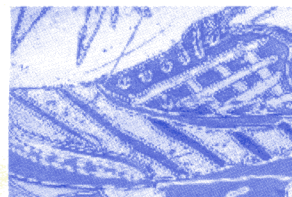
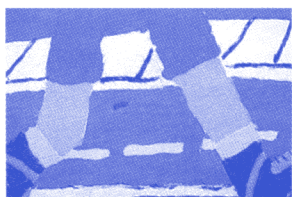
Our staff reflects our community. We are multicultural, speaking many different languages including Spanish, English, French, Creole, and Arabic. Language differences are rarely a barrier for us.

The Home Visiting Program usually serves around 75 families. Since we are in an urban area, our families deal with a lot of tough issues such as overcrowding, teen pregnancy, and having low or no income. Because many of the immigrant families we work with lack documentation, we have to work a little bit harder to find services for them. Fortunately, CAMBA offers a variety of programs in addition to home visiting to accommodate the needs of our participating families. As you can see, we are like the organization that never sleeps!

CAMBA Home Visiting conducts a lot of interactive sessions with our families, such as trips and special gatherings during the holiday season. We hold workshops that help participants learn more about parenting, the healthcare and public resource systems, pregnancy, and safety issues. During these workshops, translation is always provided for those who require it during these workshops. This past summer we held trips to the New York Aquarium and the Bronx Zoo, and put on an End of Summer Fair in our front yard. We all enjoy the time spent together and watching our participants share information among themselves while their children learn and play together.

Our biggest gathering was our first graduation, held on December 16th, 2000. A total of 13 graduates were awarded certificates and gifts for their hard work and participation with our program. One graduate spoke in both Spanish and English (after much coaxing). The event was really inspiring for both participants and graduates. We worked hard to assure the families that although this was a big step for them, they should not worry about being left alone.

The parents were really pleased, as home visiting has been a very productive part of their lives. It was a bittersweet moment for us as well. It was so exciting to see the families who started with us prenatally prepare their children for kindergarten. And at the same time it was so hard to let them go. We have decided to start a Parenting Advisory Board for those who have climbed the “home visiting ladder” so that they can help us improve the services we provide and continue to have the support of their peers. ☺



Home Visiting & Birth Support: the Chicago Doula Project

ABOUT DOULAS: *The word Doula comes from the Greek. A Doula is a woman who provides support — educational, emotional, and physical — to women and their babies. The relationship usually begins in late pregnancy and continues through the neonatal period.*

Doulas serve as birthing assistants; they attend births, coaching and supporting the mother and other family members who may be present. Prior to the birth, they provide expectant parents with information needed to make decisions about breastfeeding, delivery, and caring for themselves and their babies.

The Chicago Doula Project

Back in the fall, at the HFA National Conference in Atlanta, we talked with Nick Wechsler of the Ounce of Prevention Fund in Illinois about the Chicago Doula Project. The Ounce of Prevention Fund conducts research, does advocacy, and provides services to parents and their children through such programs as Healthy Families, Head Start, and Parents too Soon, a home visiting program for teen parents and their children. The Harris Foundation and the Robert Wood Johnson Foundation provided the resources needed to begin the Chicago Doula Project. This project links Doulas with Home Visitors and is a collaboration between The Ounce of Prevention and the Chicago Health Connection. The Doulas are women from the same communities as the mothers they work with.

A Home Visitor makes the first contact with an expectant mother and then builds the relationship. Around month 7 of pregnancy, the Home Visitor introduces the Doula. From this point until around 3 or 4 months after the birth, the Doula does most of the home visits, and the Home Visitor also continues visiting, but at a less intense level.

After the birth, the family and the Doula usually have an event in which the Home Visitor is invited to

come and meet the baby. When the baby is 3–4 months old, there is a second gathering. The baby, the Home Visitor, the Doula, and the family are all present. The Home Visitor and the family do a developmental assessment with the baby, while the Doula stays in the background. Then the Doula says her good-byes and the Home Visitor again becomes the main service provider.

In one program where Doulas have been active, the breastfeeding rate has gone from near zero to between 60 and 70%. Nick Wechsler also reported that the Doulas in Chicago have been very successful in involving fathers.

Doulas do not replace or take over the role of fathers or grandmothers in the labor and delivery process. They work with all interested family members and are supported by clinical consultants who are on call 24/7. The births in the Chicago project have occurred in hospitals and birthing centers, and in homes.

Training

There is a lengthy training process for Doulas. During the training they learn not only about labor, delivery, and breastfeeding, but also about how to focus on the mother's emotional connection to the baby. There are about 80 hours of training involved, plus clinical experiences, attendance at prenatal classes and observation of three births. Doula trainees are paired with mentors. Each fully trained Doula in the Chicago project assists at about 18 deliveries per year. ☺

**Research shows,
when a Doula is
involved...**

***Labor tends to
take less time***

***Fewer labor &
delivery
complications***

***Fewer medical
interventions***

Fewer c-sections

More breastfeeding

***The Chicago Doula
Project is now 100%
funded by the State
of Illinois.***

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