



healthy mothers, healthy babies

**HEALTHY MOTHERS, HEALTHY BABIES**

*Coalition of Georgia*

# HMHB Resource Watch

*Improving the health status of Georgia's families.*

**Volume 9, Issue 11**

**June 4, 2008**

## Public Health News

*Inside this issue:*



### Uncovering Factors That Influence Premature Infant Health

Public Health News	<b>1</b>
HMHB in the Community	<b>2</b>
Healthy Policy News	<b>3</b>
News from National HMHB	<b>4</b>
News from National HMHB	<b>5</b>
Conferences and Events	<b>6</b>

Researchers have identified several factors that influence an extremely low birth weight infant's chances for survival and disability. The findings will help physicians and families to choose the most appropriate treatments. Extremely low birth weight infants are the smallest, most frail category of preterm infants. Weighing less than 2.2 pounds, they make up about 1%, roughly 40,000, of babies born in the United States each year. Some survive and reach adulthood relatively unaffected, but many die soon after birth.

Others live with lifelong disabilities ranging from minor hearing loss to blindness, cerebral palsy or profound intellectual disability. Physicians and family members may be reluctant to expose an infant to painful life support procedures if the newborn's unlikely to survive. In such cases, they may opt for "comfort care," which provides for an infant's basic needs but foregoes painful medical procedures. Because an infant's gestational age—the week into a pregnancy that the infant is born—is known to play a large role in infant survival, it heavily influences decisions about the kind of care to provide. A full-term pregnancy lasts about 40 weeks.

In many facilities, intensive care is likely to be routinely given to infants born in the 25th week of pregnancy. Infants born in the 22nd week may be more likely to receive comfort care. However, it is often difficult to assess gestational age, and an estimate that's inaccurate by only a week could result in inappropriate care. To identify factors that influence survival and disability risk in these infants, researchers in the nationwide Neonatal Research Network studied 4,446 infants born at 22-25 weeks' gestational age. The researchers measured the mental development, vision and hearing of the surviving infants from 18-22 months after their full-term due date. The Network is supported by NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). Additional funding for the study came from NIH's National Center for Research Resources (NCRR). The researchers reported in the April 17, 2008, issue of the *New England Journal of Medicine* that 49% of the infants had died, 24% lived with some degree of disability and 27% lived without any sign of disability at the 18-22 month evaluations. The infants were more likely to survive, the researchers found—and more likely to survive without disability—if they were of older gestational age, higher birth weight, female, born single rather than in a multiple birth, and if the baby's mother was given medication during pregnancy to help the development of the baby's lungs. Such drugs are typically given to women during, or at risk for, premature labor.

"Many neonatal intensive care units base treatment decisions mainly on gestational age," says study co-author Dr. Rosemary Higgins of NICHD. "We found that it's much more accurate if the assessment is based on the combination of 5 factors, rather than just on gestational age." The researchers have used their data to develop a tool, now available online, to help physicians and family members make the most informed treatment decisions possible.

#### **Related Links:**

- Premature Babies: [http://health.nih.gov/result.asp?terms=premature%20infants&disease\\_id=536](http://health.nih.gov/result.asp?terms=premature%20infants&disease_id=536)
- The NICHD Neonatal Research Network: <http://www.nichd.nih.gov/research/supported/nrn.cfm>
- Video Interview with Dr. Higgins: <http://www.nichd.nih.gov/news/resources/links/neonatal/>
- Online Tool: [http://www.nichd.nih.gov/about/org/cdbpm/pp/prog\\_epbo/](http://www.nichd.nih.gov/about/org/cdbpm/pp/prog_epbo/)

## **HMHB in the Community**

**June 8, 2008** from 10:00am– 4:00pm Celebra la Vida con Salud 4166 Buford Highway Atlanta, GA

**July 26, 2008** from 10:00 am-3:00 p.m. National Medical Association Child Health Festival 210 Peachtree St. Atlanta GA

**If you are having an event, and would like an HMHB staff member to attend or would like HMHB supplies– Please contact us at 770-451-0020, ext. 302. Word of mouth is the best way to educate the citizens of Georgia on HMHB.**

### **Stay In Touch**

**Be sure to notify HMHB if you change contact information, such as email addresses or phone numbers. This will keep our records up to date so we can easily notify you of important news.**

## **A Special Thank You**

We would also like to thank those of you who attended the HMHB's 2nd Annual Sponsors and Friends Appreciation Gala. We appreciate your support and we couldn't do it without you!



## Health care policy gets a shot in the arm

By Kelly McCutchen

Georgia became a national leader in health care reform this week after Governor Sonny Perdue signed two bills into law at the Atlanta Medical Center. This practical legislation addresses some of health care's biggest challenges – the high cost of insurance, inequities in the tax code, the lack of portability and the increasing toll of chronic disease.

Other states have attempted broader reforms that have failed (California and Illinois) or are struggling (Massachusetts). But John Goodman, President and CEO of the National Center for Policy Analysis described Georgia's as "very significant reforms."

"Georgia is now the second state in the union to allow employers to help their employees obtain personal and portable health insurance – the type of insurance that employees own and can take with them when they move from job to job," Goodman said. Ron Bachman, a Georgia-based actuary with extensive experience in healthcare strategy for payers, providers and employers, says insurers are ready to develop the more flexible and affordable products allowed under this legislation. "Brokers and insurance agents are excited about reaching out to many previously uninsured Georgians who will now be able to afford private insurance," Bachman said. "This also establishes affordable individual portable coverage not dependent on employment, with many of the tax advantages of employment-based coverage."

Cost is the biggest challenge in health care, and stories abound about businesses and individuals forced to drop their insurance as it eventually became unaffordable. Georgia's legislation authorizes the state's insurance commissioner to fast-track approval of the most affordable type of health insurance – high-deductible health plans (HDHPs). Switching from traditional to high-deductible policies can reduce premiums 30 percent to 40 percent.

A simple economic fact is that if you tax something you get less of it.

Georgia currently assesses state and local premium taxes – as high as nearly 5 percent in some counties – on health insurance. Now, both state and local premium taxes on HDHPs will be eliminated. Most uninsured Georgians work for small businesses and do not have access to health insurance. To make matters worse, the tax code currently discriminates against such individuals by denying them the right to deduct the cost of health insurance while businesses can deduct 100 percent of the cost. For a middle class family, this effectively almost doubles the cost of insurance. No wonder so many people are uninsured! This inequity will end – at least as far as the state is concerned – now that individuals will be allowed deduct 100 percent of their insurance premiums from their state income taxes. Next, Georgia should petition the federal government to follow the state's lead and eliminate this unfair bias once and for all.

Additionally, small businesses that have recently been priced out of the market will now be able to fund a Health Reimbursement Account (HRA), a type of flexible spending plan that employees can access to fund the purchase of individual insurance. Better yet, such insurance is personal because employees can choose the type of policy they want from hundreds of options, it is portable so they need not worry when they change jobs, and it is guaranteed renewable so they won't be dropped or face premium increases if they get sick.

Most importantly, Georgia's new legislation addresses chronic disease. Spending on individuals with chronic diseases such as diabetes, heart disease, high blood pressure or depression makes up 75 percent of all the money spent on health care in Georgia; some argue the number is higher. The right medicine and disease management plans can prevent many such Georgians from developing costly and debilitating complications. But many individuals fail to follow these guidelines. Studies and real world experience, how-

ever, show that compliance is much higher if individuals can earn financial rewards and incentives. In Georgia, such incentives have been deemed "unfair business practices" – until now.

Now, insurance plans will be able to reward individuals for taking better care of themselves. The return on investment is tremendous, not only in dollars, but in productivity in the workplace and, most importantly, in the happiness of an individual living a long, healthy life.

Georgia's new laws don't address every problem. Health insurance is still out of reach financially for too many low-income Georgians and many Georgians lack access to health care and/or insurance due to their health status or geographic location. As legislators continue on the path toward resolving those challenges, they deserve congratulations for the bold, practical and significant steps they've taken in addressing an issue that impacts every Georgian.

*Kelly McCutchen is executive vice president of the Georgia Public Policy Foundation, an independent think tank that proposes practical, market-oriented approaches to public policy to improve the lives of Georgians. Nothing written here is to be construed as necessarily reflecting the views of the Georgia Public Policy Foundation or as an attempt to aid or hinder the passage of any bill before the U.S. Congress or the Georgia Legislature.*

Retrieved June 3, 2008 from: <http://www.gppf.org/article.asp?RT=&p=pub/HealthCare/health080509.htm>

## News From National Healthy Mothers, Healthy Babies— June 2, 2008

- 1) FDA Proposes Changes to Prescription Labeling for Pregnant & Nursing Women
- 2) Study Finds C-Sections May Contribute to Premie Birth Rate
- 3) New Data: Seafood in the Prenatal Diet Benefits Children's Brains
- 4) Available for Download: CDC's Catch-Up Immunization Schedule for Early Childhood
- 5) Free Family Materials for Home Safety Month
- 6) Victory for Child Passenger Safety Advocates in Maryland & Mississippi
- 7) \$250K Prize Rewards Nonprofit Collaboration

### MATERNAL-INFANT HEALTH NEWS

#### 1) FDA PROPOSES CHANGES TO PRESCRIPTION LABELING FOR PREGNANT & NURSING WOMEN

Last week the US Food and Drug Administration (FDA) proposed major revisions to the labeling of prescription drugs to provide better information on the effects of medication used during pregnancy and breastfeeding. The proposed changes would give physicians and other health care providers more information for making prescribing decisions and for counseling women who are pregnant, nursing or of childbearing age. The revisions also take into account that while this labeling is directed at health care professionals, it is also sometimes adapted for use in labeling directed to consumers, such as package inserts or medication guides. Under the proposal, new labeling would explain the potential benefits and risks for both the mother and the fetus of a medication, and how these risks may change during the course of pregnancy. The current lettered rating system would be replaced by an entirely new labeling format. Public comments are being accepted for 90 days at <http://www.regulations.gov>. To learn more, go to [http://www.fda.gov/cder/regulatory/pregnancy\\_labeling/default.htm](http://www.fda.gov/cder/regulatory/pregnancy_labeling/default.htm).

#### 2) STUDY FINDS C-SECTIONS MAY CONTRIBUTE TO PREMIE BIRTH RATE

A study published the June issue of the journal Clinics in Perinatology finds that cesarean sections performed without medical necessity may be contributing to the increasing rate of premature births in the US. They found that premature births increased from 9.7 percent of all single births in 1996 to 10.7 percent of single births in 2004. Approximately 92 percent of the premature single births were delivered by cesarean. The study was conducted by research teams from the March of Dimes, Centers for Disease Control and Prevention (CDC) and the Albert Einstein College of Medicine at Yeshiva University, based on a review of birth records and previous studies. As such, the team concludes that the link between c-sections and pre-

mie births is complicated by the fact that medical records don't always note why the cesarean was performed. For the abstract, go to [http://www.perinatology.theclinics.com/article/S0095-5108\(08\)00022-5/abstract](http://www.perinatology.theclinics.com/article/S0095-5108(08)00022-5/abstract).

#### 3) NEW DATA: SEAFOOD IN THE PRENATAL DIET BOOSTS CHILDREN'S BRAINS

A study published in the May 15 issue of the American Journal of Epidemiology found that three-year-olds whose mothers ate more fish during pregnancy scored higher on cognitive tests than their same-age peers whose mothers did not eat seafood. Benefits were strongest for children whose mothers had eaten more than two servings of fish per week. The team from Harvard Medical School found that children's test scores rose with the amount of fish their mothers had consumed. At the same time, the research team found that the amount of mercury in a mother's body rose with the amount of fish she had consumed, and that children exposed to more mercury had negatively-affected test scores. The study's authors conclude that "Dietary recommendations for pregnant women should incorporate the nutritional benefits as well as the risks of fish intake," and they recommend that pregnant women maximize benefits to their babies by eating fish known to have the lowest mercury levels. For the abstract, go to <http://aje.oxfordjournals.org/cgi/content/abstract/167/10/1171>.

### CHILD, FAMILY & COMMUNITY HEALTH NEWS

#### 4) AVAILABLE FOR DOWNLOAD: CDC'S CATCH-UP IMMUNIZATION SCHEDULE FOR EARLY CHILDHOOD

The Centers for Disease Control and Prevention (CDC) has issued the latest edition of its Catch-Up Immunization Scheduler for children ages six years and younger. This tool, available for download at the CDC website, can be used to determine the vaccines a child needs, and is especially useful for quickly reviewing missed or skipped vaccines from the ACIP's official immunization schedule. To go directly to this resource, visit <http://www.cdc.gov/vaccines/scheduler/catchup.htm>.

#### 5) FREE FAMILY MATERIALS FOR HOME SAFETY MONTH

June is Home Safety Month – and this year's theme, "Hands on Home Safety"

focuses on taking simple, hands-on steps to create safer home environments that can help prevent the five major causes of home injuries: falls, poisonings, fires and burns, choking or suffocation and drowning. To mark this observance, the Home Safety Council is offering resources for families. For more information, and to download and share these free materials, go to <http://www.homesafetycouncil.org/homesafetymonth/homesafetymonth.aspx>.

### ADVOCATES IN ACTION

#### 6) VICTORY FOR CHILD PASSENGER SAFETY ADVOCATES IN MARYLAND & MISSISSIPPI

An increased demand for boosters and child restraints with higher-weight harnesses is underway Maryland and Mississippi, thanks to new legislation protecting older children in vehicles in both states. Maryland's law [SB 789], which takes effect June 30, mandates that children age seven and under must ride in a child restraint unless they are at least 4'9" tall or weigh more than 65 pounds. The Mississippi law [HB 558] takes effect July 1 and requires that children age six and under must ride in child restraints unless they are at least 4'9" tall or weigh more than 65 pounds. For more on child passenger safety from Safety Belt Safe USA, go to <http://www.carseat.org>. For information and tools from the National Highway Traffic Safety Administration (NHTSA), go to <http://www.nhtsa.gov>.

### NONPROFIT MANAGEMENT NEWS

#### 7) \$250K PRIZE REWARDS NON-PROFIT COLLABORATION

The Lodestar Foundation and the Arizona-Indiana-Michigan (AIM) Alliance have created a great opportunity that answers the question, "Why should nonprofits compete, when they can do more through collaboration?" Their \$250,000 Collaboration Prize recognizes collaborations among two or more nonprofit organizations that each would otherwise provide the same or similar programs (or services) and compete for financial resources, clients and staff. If you or a colleague is part of a prize-worthy collaboration of this type, visit <http://www.thecollaborationprize.org> for complete details.

Information is reported as provided and does not necessarily represent the view of or the endorsement by the National Healthy Mothers, Healthy Babies Coalition. A complete copy of HMHB's disclaimer is available on the HMHB Web site at <http://www.hmhb.org/disclaimer.html>

## News From National Healthy Mothers, Healthy Babies— May 27, 2008

### Last Week:

- 1) [ACNM Recommends Against Routinely Restricting Food & Drink During Labor](#)
- 2) [New Findings on High Blood Sugar in Pregnancy](#)
- 3) [Indiana Passes Law Requiring Private Space for Breastfeeding Workers](#)
- 4) [NIH Study Finds Factors that Influence Outcomes for Low Birthweight Babies](#)
- 5) [Grants for Children's Unmet Health Expenses](#)

### MATERNAL-INFANT HEALTH NEWS

#### 1) [ACNM RECOMMENDS AGAINST ROUTINELY RESTRICTING FOOD & DRINK DURING LABOR](#)

The American College of Nurse-Midwives has published a new Clinical Bulletin reviewing evidence on providing oral nutrition to women during labor. The guidelines recommend that drinking and eating during labor can provide women with the energy they need, and should not be routinely restricted. Currently, most American hospitals still have policies in place that restrict women's oral intake during labor, and the debate over these policies has focused on concerns about possible detrimental effects of fasting on the labor process versus the risk of aspiration if general anesthesia becomes necessary. The new ACNM bulletin reviews recent randomized controlled trials, effects of fasting during labor, and risks of aspiration. They recommend that considerations must take into account the health status of the woman, the risk of surgical intervention and the system in which the woman is giving birth. To download the complete bulletin, go to [http://www.midwife.org/siteFiles/news/ACNM\\_Clinical\\_Guidelines\\_on\\_Nutrition\\_in\\_Labor.pdf](http://www.midwife.org/siteFiles/news/ACNM_Clinical_Guidelines_on_Nutrition_in_Labor.pdf).

#### 2) [NEW FINDINGS ON HIGH BLOOD SUGAR IN PREGNANCY](#)

According to a new study published in the *New England Journal of Medicine* (NEJM), elevated blood sugar levels during pregnancy can cause problems such as high birthweight or the need for a cesarean section, even if levels are far below the risk of developing gestational diabetes. Using data from 23,000 women from nine countries, the research team is scheduled to discuss their findings in June, to decide if

guidelines are needed for practitioners who may need to treat pregnant women who have blood sugar levels below those of gestational diabetes. For an abstract of the study, go to <http://content.nejm.org/cgi/content/short/358/19/1991>.

#### 3) [INDIANA PASSES LAW REQUIRING PRIVATE SPACE FOR BREASTFEEDING WORKERS](#)

New on the books in Indiana and set to take effect July 1 is a state law requiring employers to provide a private space for employees to pump breast milk and a cold place for them to store it. To date, Indiana is among about a dozen states that have adopted this type of legislation. Breastfeeding advocates, such as those from the Indiana Perinatal Network, have argued that the law is cost-effective for businesses, saving them money by reducing employee turnover and absenteeism. To download the Indiana Perinatal Network's FAQ on Breastfeeding in the Workplace, go to <http://www.indianaperinatal.org/files/Breastfeeding%20FAQ%20for%20email.pdf>.

#### 4) [NIH STUDY FINDS FACTORS THAT INFLUENCE OUTCOMES FOR LOW BIRTHWEIGHT BABIES](#)

Researchers from the National Institutes of Health (NIH) have uncovered several factors that influence an extremely low birthweight baby's chances for survival and disability. According to the study, these infants are more likely to survive without a disability if they are 1) of older gestational age, 2) have a higher birth weight, 3) are female, 4) are born as a single rather than in a multiple birth and 5) if the mother is given medication during pregnancy to help the development of the baby's lungs. NIH says the findings will help physicians and families choose the most appropriate treatments. For more about the study, go to [http://www.nih.gov/news/research\\_matters/april2008/04212008preemie.htm](http://www.nih.gov/news/research_matters/april2008/04212008preemie.htm).

### ADVOCATES IN ACTION

#### 5) [GRANTS FOR CHILDREN'S UNMET HEALTH EXPENSES](#)

The UnitedHealthcare Children's Foundation has announced that new grants are available to help children who need critical health care treatment, services or equipment

not covered (or not fully covered) by their parents' health benefit plans. These grants to families help pay for services such as speech therapy, physical therapy, occupational therapy, prescriptions, and medical equipment such as wheelchairs, orthotics and eye-glasses. Parents and legal guardians can apply for grants of up to \$5,000 each by completing an online application at the UHCCF website. The deadline is open. To learn more, go to <http://www.uhccf.org/>.

### Sources:

<http://www.midwife.org>  
<http://content.nejm.org>  
<http://www.indianaperinatal.org>  
<http://www.nih.gov>  
<http://www.uhccf.org>

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## June Health Observances

### **June 1 - 30**

Home Safety Month  
Home Safety Council  
[www.homesafetycouncil.org/](http://www.homesafetycouncil.org/)  
homesafetymonth  
Contact: Angela D. Mickalide

### **June 8 - 14**

Sun Safety Week  
Sun Safety Alliance  
[www.sunsafetyalliance.org](http://www.sunsafetyalliance.org)  
Contact: Dr. Charlotte Hendricks

### **June 9 - 15**

National Men's Health Week  
Men's Health Network  
[www.menshealthweek.org](http://www.menshealthweek.org)  
Contact: Theresa Morrow



**HEALTHY MOTHERS, HEALTHY BABIES**  
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## Public Health Conferences and Events

### **June 8-11, 2008**

National Association for the Education of Young Children  
Location: New Orleans, LA  
See: [www.naeyc.org](http://www.naeyc.org)

### **June 16-19, 2008**

Center for Sustainable Health Outreach's Annual Unity Conference  
Location: Albuquerque, NM  
See: [www.usm.edu/csho](http://www.usm.edu/csho)

### **June 18-25, 2008**

American Dental Hygienists' Association Annual Session  
Location: Albuquerque, NM  
See: [www.adha.org/annualsession/index.html](http://www.adha.org/annualsession/index.html)

### **June 21 -25, 2008**

Association of Women's, Obstetric and Neonatal Nurses Convention  
Location: Los Angeles, CA  
See: [www.awhonn.org](http://www.awhonn.org)

### **July 9-12, 2008**

Autism Society of America  
Orlando, FL  
[www.autism-society.org](http://www.autism-society.org)

### **July 12-15, 2008**

National Council of La Raza Annual Conference  
San Diego, CA  
[www.nclr.org/section/events/conference/participants/registration](http://www.nclr.org/section/events/conference/participants/registration)

### **July 23 - 25, 2008**

Association of Fundraising Professionals  
Washington, DC  
[www.bridgeconf.org](http://www.bridgeconf.org)

### **July 23 - 27, 2008**

World Congress Second Annual Public Health Conference  
Arlington, VA  
[www.worldcongress.com/events/](http://www.worldcongress.com/events/)

### **July 23-27, 2008**

International Lactation Consultant Association Annual Conference  
Las Vegas, NV  
[www.ilca.org/conference/FutureConferences.php](http://www.ilca.org/conference/FutureConferences.php)

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