



# HMHB Resource Watch

**HEALTHY MOTHERS, HEALTHY BABIES**  
Coalition of Georgia

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

## Public Health News

### National Infant Mortality Awareness Month

**Vol. 11 Issue 2**

**September 17, 2009**

#### U.S. lagging behind many other nations on infant mortality rates: Healthy behavior, healthier babies

by Kim Krisberg

Like other startling health statistics, the U.S. infant mortality rate easily elicits both sighs of frustration and words of determination from health workers — frustration from knowing many such deaths are preventable and determination from knowing that a poor infant mortality rate does not bode well for the nation's future health prospects.

In response, health workers at national, state and local levels are coming together to address the issue. In Virginia, for example, health workers are harnessing their frustration and determination to bring the old proverb "it takes a village to raise a child" to life. Gathering a diverse group of stakeholders to the public health table, workers are determined to tackle "this unseen epidemic," said Phil Giaramita, spokesman for the Virginia Department of Health's new Commissioner's Working Group on Infant Mortality. Faced with a state infant mortality rate that claims the lives of seven times more children each year than car accidents do, the Virginia group is busy developing community-based strategies to improve the health of pregnant women, new moms and babies. And the state isn't alone in confronting what Virginia Gov. Tim Kaine has called the state's "most glaring health failure." Declines in infant mortality rates nationwide have stalled and the country's global infant mortality ranking has, sadly, increased.

Released in October 2008, a new data brief from the Centers for Disease Control and Prevention's National Center for Health Statistics ranks the United States 29th globally in infant mortality in 2004, the latest year such data were available for all countries. The U.S. ranking, which has risen from 12th in 1960 to 23rd in 1990, currently ties the United States with Poland and Slovakia. Authors of the brief, "Recent Trends in Infant Mortality in the United States," noted that while such global comparisons can be affected by reporting differences, "it appears unlikely that differences in reporting are the primary explanation for the United States' relatively low international ranking." According to the brief, the U.S. infant mortality rate in 2005 was 6.86 infant deaths per 1,000 live births, not much different than the 6.89 rate in 2000 — a lack of decline that has "generated concern among researchers and policy-makers." In fact, the level rate from 2000–2005 represents the first period of ongoing lack of decline in the U.S. infant mortality rate since the 1950s, the brief stated. The Healthy People 2010 target for infant mortality is 4.5 infant deaths per 1,000 live births.

In 2005, 28,000 infants younger than age 1 died, out of more than 4.1 million births. Among those deaths were glaring disparities: The brief reported that the infant mortality rate was 13.68 deaths per 1,000 live births among blacks in 2005, 8.06 among American Indians and Alaska Natives, 8.3 among Puerto Ricans and 5.76 among whites. The lowest U.S. rate was among Cuban Americans, at 4.42. While a number of factors can contribute to such disparities, such as access to care and socioeconomic status, the brief's authors found that "many of the racial and ethnic differences in infant mortality remain unexplained."

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However, one factor researchers know is affecting U.S. infant mortality rates is preterm birth. In 2005, more than 68 percent of infant deaths occurred among preterm infants, up from more than 65 percent in 2000. In November, the March of Dimes released its first annual "Premature Birth Report Card," giving the nation an overall "D" grade and noting that preterm birth — birth before 37 weeks of gestation — is the top cause of death in an infant's first month of life.

"Our lack of progress really is related to more and more babies being born too small," said Joann Petrini, PhD, MPH, director of the March of Dimes' Perinatal Data Center. "Because of amazing high-tech care, thankfully, we see miraculous outcomes for very, very small babies...but it can make it difficult to communicate that prematurity is still a problem."

Forty weeks is the normal length for pregnancy, but even babies born between 34 weeks and 36 weeks — known as late preterm — have a death rate three times that of full-term babies, said Petrini, adding that "40 weeks is 40 weeks for a reason." Petrini said an increase in late preterm births has been driving up the overall preterm birth rate, which NCHS reported in January rose to 12.8 percent in 2006, up 36 percent since the early 1980s. Babies born premature can later suffer a number of problems, including developmental disabilities, hearing loss, blindness and chronic diseases such as asthma. Though many behavioral factors, such as smoking, lack of breastfeeding and a rise in medically unnecessary Caesarean sections, are known to contribute to the U.S. infant mortality and prematurity rates, much is unknown.

"We need more research to understand the causes of prematurity... there's still a lot we don't know," Petrini told *The Nation's Health*. "You can do everything right and still have a preterm baby."

Petrini, an APHA member, described the prematurity and infant mortality rates as representing a microcosm for a number of public health issues: helping women access needed health services, supporting smoking cessation, ensuring pregnancies are planned and educating nontraditional public health partners that they too can support maternal and child health. After all, healthy mothers make for healthy babies, said Judy Meehan, executive director of the National Healthy Mothers, Healthy Babies Coalition, a leading maternal and child health resource and advocate with more than 20 state and local coalitions throughout the country.

"It's so complex because there's two patients," Meehan said. "In every respect, if the mother is doing well, the baby will do better."

Meehan also said "more research (is needed) to examine this problem of babies being born too small and too soon before we'll see change." Moreover, education and partnerships are key, she said.

"Our challenge is to get the information into the hands of those who need it most, to make sure that we're educating in order to make real behavior change," Meehan told *The Nation's Health*. "Our coalition and a lot of those in the public health arena recognize that there has to be communication across the disciplines..."

We have to work at public- private partnerships to make this happen and it's going to take real mobilization on the part of (maternal and child health) advocates."



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## **Public Health News** **Infant Mortality in the U.S. cont.**

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### **Public health ready to make a difference**

In Nashville, Tenn., Kimberlee Wyche-Etheridge, MD, MPH, can see first-hand the long road toward healthier mothers and babies for all communities. Director of the Bureau of Family, Youth and Infant Health at the Metro Nashville Davidson County Public Health Department, Wyche-Etheridge said she is "saddened but not surprised" at the U.S. infant mortality ranking. Tennessee's infant mortality in 2006 exceeded the national rate by more than 31 percent, according to the state health department, with the black infant death rate more than twice that of white infants. The March of Dimes reports that Tennessee's preterm birth rate increased 13 percent from 1995 to 2005.

"We continue to focus and put more resources into intervention and not into prevention," said Wyche-Etheridge, who co-chairs the APHA Maternal and Child Health Section's SIDS/Infant Mortality Committee. "So we have wonderfully funded, top-notch (neonatal care units), but preconception health isn't covered by insurance in most cases. We put out resources after the fact."

Like her fellow advocates, Wyche-Etheridge called for heightened attention to making sure women are healthy before pregnancy. More time should be spent reaching young women with healthy behavioral messages, not just in the medical office, but in schools and churches, she said, adding that "these messages would be more mainstream, but we tend to continue to shun anything having to do with reproductive health and our young ladies and men grow up without the basic knowledge to be healthy adults." Additional state and federal funding would also help, Wyche-Etheridge said, as fewer and fewer health workers try to reach more people.

"Health is a lifetime issue and if we can stop focusing on the periodic issues then we may actually see some change in infant mortality," she told *The Nation's Health*. "We spend a lot more on keeping people out of the grave than in the cradle."

Back in Virginia, the state's infant mortality working group — which includes stakeholders ranging from health care providers to civic organizations to retailers — hopes to release a game plan to raise public awareness early this year, Giaramita said. Much of the group's educational messaging will focus on the healthy behaviors known to reduce the risks of poor infant health, such as smoking cessation and obesity prevention, Giaramita said, noting that the "same issues Americans have in trying to live healthy lifestyles are magnified when talking about pregnant women."

And such education has a proven track record: The Virginia Department of Health's Resource Mothers Program, which has been matching lay community health workers with pregnant teens for the past few years, has been effective in decreasing infant deaths and disabilities and enhancing the health of pregnant teens. Unfortunately, while the program has seen success in helping low-income teens with issues such as accessing prenatal care and realizing the importance of breastfeeding, there is simply not enough funding to help all those who need it. Hopefully, though, the state working group's plan can mobilize communities to start filling in the gaps.

"Traditionally, it's said that you can measure how seriously your community cares about health by looking at the infant mortality rate, and it's easy to make that conclusion because the factors that contribute to infant mortality have health implications for everybody," Giaramita said. "The kinds of healthy behaviors that lead to healthy babies lead to healthy citizens."

For more information on U.S. infant mortality, visit [www.cdc.gov/omhd/AMH/factsheets/infant.htm](http://www.cdc.gov/omhd/AMH/factsheets/infant.htm) or [www.marchofdimes.com](http://www.marchofdimes.com).



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## **HMHB in the Community**

Albany Civic Center - Albany, GA	September 12, 2009   Kids Expo 9:00 a.m. - 2:00 p.m.
School of International Studies – Albany, GA	September 18, 2009   School Festival 5:00 p.m. - 7:00 p.m.
Brasstown Valley Resort - Young Harris, GA	September 21-23, 2009   GRHA Annual Conference
Chatham-Savannah Youth Futures Authority - Savannah, GA	September 24, 2009   9th Annual Community Summit
Morehouse School of Medicine - Atlanta, GA	September 25, 2009   14th Annual HeLa Conference 8:30 a.m. - 4:00 p.m.
New Facilities of the Consulate - Atlanta, GA	September 29, 2009   Binational Health Week 9:00 a.m. 1:00 p.m.

Save the Date for

Healthy Mothers, Healthy Babies Coalition of Georgia's  
2009 Annual Meeting and Conference  
Tuesday, October 6, 2009  
9:30 am- 4:00 pm.

**“Catch Your Breath in Health”**

**Auditorium**

**State Bar of Georgia  
104 Marietta St. NW  
Atlanta, GA. 30303**

## News From National Healthy Mothers, Healthy Babies – September 7, 2009

This Week:

- 1) Study: Breathing Patterns of Newborns in Car Seats
- 2) Symposium on Prematurity Prevention
- 3) From NAPNAP: Webinar on Immunization for Foster Parents
- 4) Disparities in Early Learning and Development
- 5) HPV Vaccine Safety
- 6) Job Listing: ACOG Executive Vice President

### MATERNAL-INFANT HEALTH NEWS

**1) STUDY: BREATHING PATTERNS OF NEWBORNS IN CAR SEATS** A study in the September edition of the journal Pediatrics examined the breathing patterns of health term newborns placed in infant car safety seats and beds. 200 newborns were recruited for the study when they were two days old. Each infant was studied while placed in a hospital crib (30 minutes), car bed (60 minutes) and car seat (60 minutes). The researchers obtained and analyzed physiologic data, including oxygen saturation, frequency and type of apnea, hypopnea and bradycardia. Hypopnea is a medical term for a disorder which involves episodes of overly shallow breathing or an abnormally low respiratory rate. For infants, bradycardia is defined as a heart rate of less than 100 beats per minute. (Normal is around 120-160 beats per minute.) In healthy term newborns, significant oxygen desaturations were observed in both car beds and car seats as compared with hospital cribs. The study authors conclude by recommending that car safety seats and beds "should only be used for protection during travel and not as replacements for cribs." To access the study online go to <http://pediatrics.aappublications.org/cgi/content/abstract/124/3/e396>.

### 2) SYMPOSIUM ON PREMATURE PREVENTION

The March of Dimes will sponsor a Symposium on October 8 and 9 at the Hyatt Regency Crystal City in Arlington, VA on quality improvement to prevent prematurity. The Symposium will bring together a multidisciplinary group of health care practitioners, insurers, policy makers and more to discuss quality improvements as an essential component in the strategy to prevent prematurity, promote health and save costs. Meetings participants will assist in the development of an agenda for action to decrease the rate of those preterm births that are not inevitable or medically necessary. Access more information online at [http://www.marchofdimes.com/professionals/682\\_1477.asp?src=conferences](http://www.marchofdimes.com/professionals/682_1477.asp?src=conferences).

### CHILD, ADOLESCENT, FAMILY & COMMUNITY HEALTH NEWS

**3) FROM NAPNAP: WEBINAR ON IMMUNIZATION FOR FOSTER PARENTS** The National Association of Pediatric Nurse Practitioners (NAPNAP) is offering a free webinar for foster parents on the topic of immunization on September 29th at 2:00pm eastern standard time. In this complimentary webinar, foster parents will learn about vaccine-preventable diseases and the most recent recommendations for immunizations in infants and toddlers. Tips on how to make sure foster children are up to date on immunizations, as well as advice on how to keep a reliable immunization record will be shared. Additional information and registration details are available at: <http://livewebcast.net/napnap/register>.

**4) DISPARITIES IN EARLY LEARNING AND DEVELOPMENT** A new Child Trends study shows that there are disparities between poor, at-risk children and more advantaged children as early as nine months of age. Previous research has focused more on disparities at kindergarten entry and beyond. The study, "Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort" identifies low income and low maternal education as factors that are most associated with poorer cognitive, social-emotional and health outcomes among very young children. Commissioned by the Council of Chief State School Officers, the study found that, compared to their peers from higher-income families, infants and toddlers from low-income families score lower on cognitive assessments, are less likely to be in excellent or very good health, and are less likely to receive positive behavior ratings at both 9 and 24 months. For more information, access the study online at [http://www.childtrends.org/\\_docdisp\\_page.cfm?LID=618162B0-DA82-4333-9E2D9A1681B0F58A](http://www.childtrends.org/_docdisp_page.cfm?LID=618162B0-DA82-4333-9E2D9A1681B0F58A).

### 5) HPV VACCINE SAFETY

In a study published in the August 19, 2009 edition of the Journal of the American Medical Association (JAMA), researchers examined data on reports to the Vaccine Adverse Event Reporting System (VAERS) following vaccination with the quadrivalent human papillomavirus (HPV) vaccine. VAERS is a national, voluntary, passive surveillance system. The study showed that the rate of serious adverse events for the vaccine was similar to data from earlier clinical trials, other than rates of fainting and blood clots following vaccination. For every 100,000 doses of HPV vaccine given, the study found that there were 8.2 episodes of fainting and .2 episodes involving blood clots. HPV vaccine is recommended for routine vaccination of girls aged 11 - 12 years. They also found that most of the rates of adverse events following immunization were not greater than the background rates compared with other vaccines. To access the study online, go to <http://jama.ama-assn.org/cgi/content/abstract/302/7/750>.

### NON-PROFIT MANAGEMENT

**6) JOB LISTING: ACOG EXECUTIVE VICE PRESIDENT** A search committee is inviting interested parties to apply for the position of Executive Vice President at the American College of Obstetricians and Gynecologists (ACOG). Qualified candidates must be a board-certified obstetrician-gynecologist who is able to devote at least 10 years to this position. They must have proven substantive management and business skills including fiscal management, in-depth. For more information, go to [http://www.acog.org/from\\_home/Misc/evpSearchAd.pdf](http://www.acog.org/from_home/Misc/evpSearchAd.pdf).

Sources:

- <http://en.wikipedia.org/wiki/Bradycardia>
- <http://en.wikipedia.org/wiki/Hypopnea>
- <http://jama.ama-assn.org/cgi/content/abstract/302/7/750>
- <http://livewebcast.net/napnap/register>
- <http://pediatrics.aappublications.org/cgi/content/abstract/124/3/e396>
- [http://www.acog.org/from\\_home/Misc/evpSearchAd.pdf](http://www.acog.org/from_home/Misc/evpSearchAd.pdf)
- [http://www.childtrends.org/\\_docdisp\\_page.cfm?LID=618162B0-DA82-4333-9E2D9A1681B0F58A](http://www.childtrends.org/_docdisp_page.cfm?LID=618162B0-DA82-4333-9E2D9A1681B0F58A)
- [http://www.marchofdimes.com/professionals/682\\_1477.asp?src=conferences](http://www.marchofdimes.com/professionals/682_1477.asp?src=conferences)

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# News From National Healthy Mothers, Healthy Babies – August 31, 2009

This Week:

- 1) Webcast on H1N1 and Pregnant Women and New Mothers
- 2) Perinatal Health Disparities Conference
- 3) From CPSC: Stroller Recall
- 4) National Environmental Public Health Conference
- 5) From HHS: Teen Survival Guide
- 6) Study: Autism and Gastrointestinal Symptoms

## MATERNAL-INFANT HEALTH NEWS

**1) WEBCAST ON H1N1 AND PREGNANT WOMEN AND NEW MOTHERS** During a recent Webcast from the Centers for Disease Control and Prevention (CDC), an expert panel discussed how pregnant women and new mothers can prepare for the H1N1 flu. Email questions were answered by the panel during the broadcast. Originally aired on August 27th, the Webcast is part of CDC's "Know What to Do About the Flu" series. Access it online at <http://www.flu.gov/news/knowwhattodo.html#082709>.

**2) PERINATAL HEALTH DISPARITIES CONFERENCE** New Jersey's 10th Annual Perinatal Health Disparities Conference will address the issue of racial disparities in mental health among African American women, children and families. Participants will learn potential causes, contributors and strategies to reduce mental health disparities during the preconception/interconception, prenatal and postpartum periods. Scheduled for September 22 at UMDNJ Newark, the conference will include speakers with a variety of viewpoints, including medicine, nursing, psychology, midwifery and medical ethics. The conference is sponsored by the Black Infant Mortality Reduction Resource Center, along with the New Jersey Department of Health and Senior Services, Office of Minority & Multicultural Health and Reproductive & Perinatal Health. For more information, or to register, go to [http://www.maternalchildhealth.org/assets/360\\_09phdconfregbrochurefinal.pdf](http://www.maternalchildhealth.org/assets/360_09phdconfregbrochurefinal.pdf).

## CHILD, ADOLESCENT, FAMILY & COMMUNITY HEALTH NEWS

**3) FROM CPSC: STROLLER RECALL**  
This past week, the US Consumer Product Safety Commission (CPSC) announced a voluntary recall of the Baby Jogger Citi Mini Stroller, due to concerns that the stroller's restraint buckle could break or unlatch, allowing a child or infant to fall out. The recall involves both single and double strollers. The stroller was sold in stores and on Web sites from November 2007 through July 2009. Consumers should immediately stop using the recalled strollers and contact Baby Jogger to receive a free replacement restraint buckle and installation instructions. For additional information, contact Baby Jogger at 1-877-506-2213, email them at [recall@babyjogger.com](mailto:recall@babyjogger.com), or visit the firm's Web site at <http://www.babyjogger.com/>. For more information, including how to locate the item number and date codes of strollers involved in the recall, go to the CPSC Web site at <http://cpsc.gov/cpscpub/prerel/prhtml09/09334.html>.

**4) NATIONAL ENVIRONMENTAL PUBLIC HEALTH CONFERENCE**  
The 2009 National Environmental Public Health Conference: Healthy People in a Healthy Environment is scheduled for October 26-28, 2009 in Atlanta, GA. The conference will improve the nation's environmental health capacity by enhancing the expertise of public health, health care and environmental professionals, academic researchers, and representatives from communities, organizations, and advocacy and business groups

with a primary interest in environmental public health. The six conference tracks are: healthy places; environmental health science and practice; sustainability and public health; environmental systems and public health; public health and environmental exposures; and environmental health emergencies. The conference is organized by the Centers for Disease Control and Prevention's National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry, in conjunction with the National Environmental Health Association. For more information go to <https://www.team-psa.com/2009nephc/main.asp>.

**5) FROM HHS: TEEN SURVIVAL GUIDE**  
The Teen Survival Guide: Health Tips for On-go Girls is a 78-page, pocket-sized publication for girls. Created by the Department of Health and Human Services, the Guide is available for free on their Web site at <http://www.girlshealth.gov/freestuff/teenguide/>. It teaches girls about their health through activities, fun quizzes, glossaries of new words, and questions from young women. The Guide answers teens' questions, including, "Does chocolate cause pimples?" and "Can I get a sexually transmitted disease from kissing?" An online version of the Guide is available at <http://www.girlshealth.gov/teenguide/index.cfm>. Or, to order a free copy, call 1-800-994-9662.

**6) STUDY: AUTISM AND GASTROINTESTINAL SYMPTOMS** A study published in the July edition of the journal Pediatrics examined whether children with autism have an increased incidence of gastrointestinal symptoms compared with matched control subjects in a population-based sample. Children were followed until the age of 18 years. Significant differences were identified between autism case and control subjects in the cumulative incidence of constipation (33.9% vs. 17.6%) and feeding issues/food selectivity (24.5% vs. 16.1%) However, no significant associations were found between autism case status and overall incidence of gastrointestinal symptoms. The authors conclude that their "data suggest that a neurobehavioral rather than a primary organic gastrointestinal etiology may account for the higher incidence of gastrointestinal symptoms in children with autism." To access the study online, go to <http://pediatrics.aappublications.org/cgi/content/abstract/124/2/680>.

Sources:  
<http://cpsc.gov/cpscpub/prerel/prhtml09/09334.html>  
<http://pediatrics.aappublications.org/cgi/content/abstract/124/2/680>  
<http://www.babyjogger.com/>  
<http://www.flu.gov/news/knowwhattodo.html#082709>  
<http://www.girlshealth.gov/freestuff/teenguide/>  
<http://www.girlshealth.gov/teenguide/index.cfm>  
[http://www.maternalchildhealth.org/assets/360\\_09phdconfregbrochurefinal.pdf](http://www.maternalchildhealth.org/assets/360_09phdconfregbrochurefinal.pdf)  
<https://www.team-psa.com/2009nephc/main.asp>

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## Public Health Conferences and Events

- [National Comparative Effectiveness Summit](#) - (Health Care Conference Administrators (HCAA)) - September 16-17, 2009, Washington, DC.
- [Secretary's Advisory Committee Meeting on National Health Promotion and Disease Prevention Objectives for 2020](#) - (Department of Health and Human Services (HHS) U.S.) - September 17-18, 2009, Washington, DC
- [Global Leadership Forum for Cancer Control](#) - (Campaign to Control Cancer) - September 23-26, 2009, Ottawa, Canada
- [World Health Care Congress 4th Annual Obesity Congress](#) - (World Congress) - September 30 - October 2, 2009, Alexandria, VA
- [2nd Annual Global Health Symposium: Continuing the Global Conversation](#) - (University of Colorado Denver Center for Global Health, Colorado School of Public Health - October 1-3, 2009, Aurora, CO
- [Healthy Mothers, Healthy Babies Coalition of Georgia Annual Meeting](#) - (Healthy Mothers, Healthy Babies Coalition of Georgia (HMHB)) - October 6, 2009
- [National Hispanic Council on Aging 2009 Annual Conference](#) - (National Hispanic Council on Aging (NHCOA)) - October 6-7, 2009

## September Health Observances

1-30  
[America on the Move's September Campaign](#)  
America on the Move Foundation  
[www.americaonthemove.org](http://www.americaonthemove.org)

1-30  
[Childhood Cancer Month](#)  
Candelighters Childhood Cancer Foundation  
[www.candelighters.org](http://www.candelighters.org)

1-30  
[Craniofacial Acceptance Month](#)  
Children's Craniofacial Association  
[www.ccakids.org](http://www.ccakids.org)

1-30  
[Healthy Aging Month](#)  
Educational Television Network, Inc.  
[www.healthyaging.net/events.htm](http://www.healthyaging.net/events.htm)

1-30  
[National Infant Mortality Awareness Month](#)  
National Healthy Start Association  
[www.healthystartassoc.org](http://www.healthystartassoc.org)

1-30  
[Whole Grains Month](#)  
Whole Grains Council  
[www.wholegrainscouncil.org](http://www.wholegrainscouncil.org)



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This newsletter is being distributed to HMHB Coalition Members. Please submit your questions or comments about this newsletter and or its content to Kayla Brown at [kayla.holmes@hmhbga.org](mailto:kayla.holmes@hmhbga.org).

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