UPCOMING EDUCATIONAL PROGRAMS & NATIONAL HEALTH OBSERVANCES…

Event registration required, for program information call (856) 665-6000 or visit our website at www.snjpc.org.

JANUARY

National Birth Defects Prevention Month
March of Dimes Birth Defects Foundation
888-MODIMES
www.modimes.org

Cervical Health Awareness Month
National Cervical Cancer Coalition
818-909-3849
www.ncc-online.org

FEBRUARY

February 13
Basic Electronic Fetal Monitoring
Virtua Memorial Hospital of Burlington County

February 19
Basic Electronic Fetal Monitoring
NJ Department of Education Gloucester County Office

National Children's Dental Health Month
American Dental Association
312-440-2500
www.ada.org

MARCH

March 14
Maternal Medication Update
Virtua Health System Memorial Hospital Mt. Holly

Mental Retardation Awareness Month
The ARC of the United States
301-565-3842
www.thearc.org

National Nutrition Month
American Dietetic Association
800-877-1600
www.eatright.org/nnm/

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A NEWSLETTER FOR MATERNAL AND CHILD HEALTH NURSES

NURSE NETWORK

VOLUME XI ISSUE VI FALL 2001

Help for Pregnant Smokers with Mom's Quit Connection

The Southern New Jersey Perinatal Cooperative announces a new program to help pregnant women and mothers with small children quit smoking.

Mom's Quit Connection, reaches out to both providers and their patients with a program designed specifically for pregnant women and the health professionals who care for them.

"Quitting smoking is a difficult undertaking for anyone. The pressures on and the needs of pregnant women are unique," states Merle Weitz, MSW, Director of the Perinatal Cooperative's Mom's Quit Connection. "Reaching out to these women and establishing relationships with them is critical to helping them break the habit for their health and the health of their baby."

According to the American Cancer Society an estimated 18-20% of pregnant women smoke during their pregnancies. The Surgeon General's office says that smoking is probably the "most important modifiable cause of poor pregnancy outcomes among women in the United States."

Each year from five to six thousand women in South Jersey report smoking cigarettes while pregnant or while caring for a newborn. This is about one fifth of the women in South Jersey who give birth each year. These are conservative figures, based on self reported data. Pregnant women experience intense pressure to hide their cigarette use, so it is reasonable to expect the actual number of pregnant smokers to be much higher.

The program's overall goal is to increase awareness among pregnant women, mothers and caregivers of young children about the dangers of smoking during pregnancy and the link between smoking and childhood illness. Another key goal is to facilitate access to smoking cessation treatment services for obstetrical and pediatric providers as well as their patients.

The program involves four different approaches to help women quit smoking. One element is provider education on smoking cessation programs for pregnant women and an incentive component to increase provider referrals. Individualized counseling and case management is another element used to help clients access and succeed with treatment services.

Group counseling and educational services are specifically designed to support the unique needs of pregnant women and mothers who want to quit smoking. Another element to the program is the Smoking Cessation Support Network provide outreach, education, counseling and other support services that are important to those who want to end the cigarette habit. Stress management and parenting education are among the services that will be offered, including a mom and baby rewards program called It Pays to Quit, which recognizes even the smallest steps toward becoming smoke free.

The health implications of perinatal smoking are clear. The connections between

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Antidepressants and Pregnancy: The Pregnancy Healthline Counselor Reports In

Linda Haich, RNC, MSN
Pregnancy Healthline Counselor
Southern New Jersey Perinatal Cooperative and Thomas Jefferson University

Questions regarding pregnancy and antidepressant medications, particularly SSRIs such as Prozac, Paxil, and Zoloft, are quickly becoming one of the most common topics for callers to the Pregnancy Healthline.

The Pregnancy Healthline is a free Teratogen Information Service, or TIS, affiliated with the Southern New Jersey Perinatal Cooperative and Thomas Jefferson University. Callers seek information about the reproductive effects of various medication, infection, or chemical exposures. The service is staffed by an Advanced Practice Nurse, with access to a Perinatologist for problematic issues.

Antidepressants are being generally prescribed for the treatment of depression, but are also proving to be helpful in the treatment of severe anxiety and panic disorders. Until fairly recently, women who conceived while taking antidepressants were instructed to discontinue them immediately, due to concern about birth defects. However, as more research is surfacing about this family of medications, discontinuation is no longer a hard-and-fast rule.

As human beings, we all start with a background risk of 2 to 3 % of giving birth to a baby with a defect. That is, 2 to 3 out of every 100 babies will be born with an imperfection, regardless of whether or not the mother was taking any medications during the first trimester.

The growing body of information about SSRI drugs (selective serotonin reuptake inhibitors) appears to show that they do not increase the risk for giving birth to a baby with a birth defect over the 2 to 3% background risk. The risk of miscarriage also does not appear to be increased. Preliminary research on children up to age 36 months who were exposed prenatally to antidepressants show that they appear to be developing normally.

These results are quite reassuring; however, until more studies are completed regarding these medications we cannot consider their use in pregnancy to be absolutely safe. As with any drug in pregnancy, avoidance is best, but the risks to the mother of NOT taking a medication need to be weighed against fetal risks.

The Pregnancy Healthline, a free service, helps callers and their healthcare providers by providing them with up-to-date research regarding their exposures, allowing them to make choices based upon scientific information and carefully documented outcomes. A written report is also available as well as a copy for your physician upon request (sent only with caller approval).

For information on a pregnancy exposure call the Pregnancy Healthline at (856) 665-6000 or (888) 722-2903 M-F 10am-3pm.

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Perinatal Smoking Cessation

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maternal smoking and low birth weight is well documented, as is the link between children's respiratory ailments and environmental tobacco smoke.

Tobacco use is associated with an increased risk of miscarriage, still birth, preterm delivery, infant death and low birth weight infants. Quitting smoking during pregnancy could prevent 17-25% of low birth weight babies. Infants of mothers who smoke during and after pregnancy have a higher risk of Sudden Infant Death Syndrome than infants whose mothers do not smoke. Children of mothers who smoke are at an increased risk of asthma or other respiratory problems. Also, exposing a baby to second-hand smoke increases the baby's risk for developing pneumonia, bronchitis and fluid in the middle ear.

For more information on the perinatal smoking cessation program, Mom's Quit Connection, contact the Southern New Jersey Perinatal Cooperative at (856) 665-6000.

Funding provided by the Tobacco Settlement Agreement & NJDHSS.

New Child Restraint Law Toughest in Nation

In response to New Jersey's last place rank in a national survey of child occupant protection laws, Acting Governor Donald DiFrancesco enacted into law new child restraint legislation that is considered the toughest in the country.

The new legislation requires children under the age of eight or weighing less than 80 pounds to be secured in a child passenger restraint system or booster seat while riding in a car. New Jersey is the first state in the country to require children up to the age of eight to ride in a booster seat.

"This legislation will make New Jersey's child passenger restraint laws the strongest in the nation. Modeled after federal guidelines and recommendations concerning the use of child restraint systems, A-539/S-1181 will improve highway safety for our children. It provides no exemptions and no exceptions. When it comes to our children's safety, there are no excuses," said the Acting Governor.

Children who are under the age of eight and weigh less than 80 pounds will be required to be secured in a child passenger restraint system or booster seat in the rear seat of a motor vehicle.

Booster seats are designed to improve safety by raising a child up so that adult lap and shoulder belts fit better.

The new law also requires children over the age of eight or weighing more than 80 pounds and under the age of 18 to wear a seatbelt at all times while riding in a vehicle.

After the Acting Governor signed the bill into law, he presented a family from Mercer County with a free booster seat provided by the Boost America Program. This program is distributing booster seats to low-income families throughout New Jersey. Under the provisions of the program, participating Ford dealers, program partners and other organizations are distributing vouchers which can be redeemed for one booster seat. To be eligible for a free booster seat, family income cannot exceed twice the poverty level.

For more information on BoostAmerica and booster seats contact: BoostAmerica at (866) BOOST-KID or www.boostamerica.org.