

## Upcoming Educational Conferences

February...

### February 12th

Obstetrical Emergencies  
for the Perinatal Nurse  
5:00 - 8:00 pm  
Voorhees, NJ

### February 24th

Disruptive Behavioral  
Disorders in Children  
4:30 - 8:30 pm  
Voorhees, NJ

March...

### March 6th-7th

Bereavement Training  
in Pregnancy Loss  
& Newborn Death  
7:30 am - 4:30 pm  
Sewell, NJ

### March 20th

Neonatal Abstinence Syndrome  
8:00 am - 3:00 pm  
Marlton, NJ

### March 21st

Basic Electronic Fetal Monitoring  
8:30 am - 3:00 pm  
Sewell, NJ

### March 25th

Everything You Ever Wanted to  
Know About Lab Tests  
5:30 - 8:30 pm  
Voorhees, NJ

April...

### April 8th

The Teenage Brain...  
As it Relates to  
Depression & Suicide  
4:30 - 8:00 pm  
Sewell, NJ



Southern NJ  
Perinatal Cooperative

# Nurse Network

A NEWSLETTER FOR MATERNAL AND CHILD HEALTH NURSES

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## Cooperative Receives Grant to Fight Perinatal Substance Abuse



Cooperative Board Director, Ronald Librizzi, DO (left), enjoys a break with Louis Baxter, MD (right), at a Physicians Dinner hosted by the Perinatal Addictions Prevention Program. The event sought to raise awareness among area physicians about perinatal substance abuse and local resources.

The Perinatal Cooperative announces a new state-wide initiative, the Perinatal Addiction Prevention Program to help both consumers and professionals work with perinatal substance abuse.

It is currently estimated that between 5.8 and 11% of pregnant women use drugs and/or alcohol during pregnancy. In New Jersey, this translates to approximately 6,500 to 12,500 babies exposed to dangerous substances in utero, often causing a broad range of life long disabilities.

Fetal Alcohol Syndrome (FAS) is the number one cause of mental retardation. Despite the fact that it is 100% preventable, the syndrome continues to affect thousands of children every year. The estimated life-time cost

for one individual with FAS is 1.4 million dollars.

The goals of this program are: the identification of substance using pregnant women; referral of high risk women to a comprehensive substance abuse assessment and treatment if appropriate. This continuum of services could effectively prevent fetal damage due to substance use during pregnancy.

The Perinatal Addiction Prevention Program will

also provide training for professionals on how to screen pregnant women for substance abuse, identify women who are at risk for substance abuse, and how to refer patients for assessment and treatment.

The state-wide program is administered by the NJDHSS and will be implemented by the Risk-Reduction Coordinators on staff at the seven regional Maternal and Child Health Consortia.

Southern NJ Perinatal Cooperative  
2500 McClellan Avenue, Suite 250  
Pennsauken, NJ 08109

## Mom's Quit Connection Wins Models of Care Award

The Perinatal Cooperative's smoking cessation program, Mom's Quit Connection (MQC) earned national recognition at the National Perinatal Association's Annual Clinical Conference in Savannah, GA, receiving the Models of Care Award in the abstract category.

The care model used by MQC was tailored for the unique needs of pregnant women, driven by the knowledge that traditional smoking cessation programs are often ineffective with these clients. MQC focuses on making smoking cessation efforts for expectant and parenting women conveniently located, accessible, affordable and flexible in order to compete



Cathy Nixon, MQC Cessation Support Counselor, (left) and Debi Asselta, MQC Nurse Educator, (right) pose with their Models of Care Award at the 2002 National Perinatal Association's Annual Clinical Conference in Savannah, Georgia.

with the conflicting priorities of being a new mom. Cessation treatment services must also be available for other family members living in the home. Every small step toward quitting must be applauded if moms are to believe in themselves and become and remain smoke free.

MQC uses several strategies to reach providers and consumers. Staff utilizes the Perinatal Cooperative's extensive professional networks to involve maternal child health physicians, clinical and office staff, Healthy Mothers/Healthy Babies outreach, WIC offices, and day care providers in educating and referring maternal smokers to cessation support services.

## From the Pregnancy Healthline Coordinator

### COSMETIC TREATMENTS DURING PREGNANCY

Linda A. Haich, RNC, MSN  
Pregnancy Healthline Coordinator

One of the largest areas of calls to the Pregnancy Healthline, a teratogen information service sponsored by the Southern New Jersey Perinatal Cooperative and Thomas Jefferson University, revolves around cosmetic treatments during pregnancy. These treatments involve the use of hair dyes, permanent waving, skin care, and tanning agents.

Women call the Pregnancy Healthline with questions about the safety of these treatments during pregnancy, usually upon the advice of the healthcare provider. Counselors at the Healthline will first advise the caller that everyone starts out with a background risk of 2 to 3% for having a baby with some kind of structural or functional birth defect. The counselor then proceeds to give the caller information about her particular concern.

**Hair dye/highlighting:** There is no evidence that coloring or highlighting the hair at any time during pregnancy presents a threat to the fetus for birth defects or miscarriage, even during the first trimester when organogenesis is occurring. It

takes significant exposure to a chemical to interfere with this process, and that exposure is not present during intermittent hair treatments. We generally recommend the use of gloves if the caller is coloring her own hair, and to rinse with cool water to lessen absorption of the dye through the scalp.

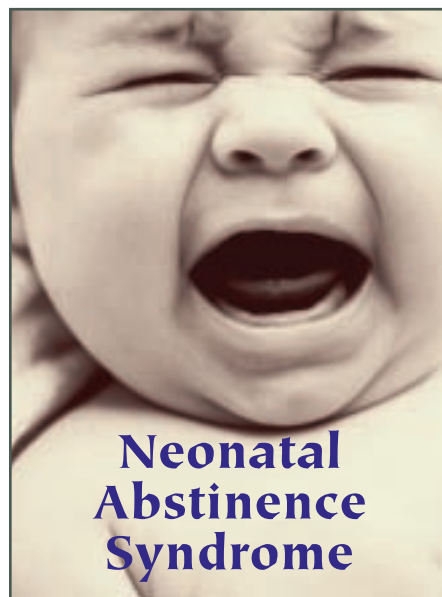
**Permanent waving:** The same guidelines apply for perms as for coloring, but the caller is advised not to become upset with her stylist if the perm does not "take" well. This is due to the hormonal changes of pregnancy – everything relaxes, including the hair follicle.

**Skin care:** Topical medications ARE absorbed into systemic circulation, and the rate of absorption is increased if skin is inflamed, as in acne. General medications to avoid during pregnancy are compounds containing Vitamin A (a known teratogen), and salicylic acid (does not cause structural birth defects, but can interfere with fetal circulation in the latter part of pregnancy). Benzoyl peroxide is a common ingredient in skin care, but not enough is known about its reproductive effects to recommend it as a safe skin care product during pregnancy. Generally, it is better to use a skin care product that rinses off after washing, because there will be no time for absorption.

**Tanning:** Self tanners contain a number of ingredients, many of which have not been studied in pregnancy. Because the ingredients have not been well-studied, either separately or in combination, the caller is advised that there is an unknown increased risk for birth defect. Tanning beds emit ultraviolet rays, which are different from the ionizing rays from diagnostic X-rays. Ultraviolet rays do not penetrate deeply into the skin, and would not be expected to reach the fetus to cause a birth defect.

Counselors usually add a caveat when counseling women about cosmetic treatments during the first trimester of pregnancy. We discuss that this trimester is the crucial time for organ development, even though the pregnancy is not yet obvious; the average caller sometimes has a misconception that occurrences that are "really early" in pregnancy are not a problem. Cosmetic treatments are not "life and death" medical issues that need to be treated during pregnancy, despite many callers' feelings to the contrary. We always stress that avoidance of these treatments until the second trimester is always an option, especially for someone who is nervous about her pregnancy.

## Neonatal Abstinence Syndrome



### Neonatal Abstinence Syndrome

The Perinatal Cooperative and Voorhees Pediatrics are sponsoring a free educational conference on Neonatal

Abstinence Syndrome on March 20th from 9:00 am to 2:30 pm at Voorhees Pediatric Rehabilitation Hospital in Marlton, NJ.

Substance abuse among pregnant women continues to be a national health issue. As maternal consumption of illicit drugs during pregnancy increases, many more infants are showing signs and symptoms of withdrawal during the immediate newborn period.

The March 20th conference is designed to help neonatal nurses identify the signs and symptoms of Neonatal

Abstinence Syndrome (NAS), define scoring protocols, and discuss current practices in treatment and intervention strategies.

Participants will also be able to: list various drugs associated with NAS; discuss the incidence, risk factors and complications of NAS; use the NAS scoring system; plan supportive care; and review the legal and social implications of NAS.

*To register for this free program, contact Voorhees Pediatrics at 856.489.4520.*