



the Link



healthy families
new york

the children of today are tomorrow's parents @ los ninos del presente son los padres del futuro @ les enfants d'aujourd'hui seront les parents de demain

Prenatal Home Visiting

Ellen Butowsky
Prevent Child Abuse NY

Prenatal Enrollment... What's Working??

Several years ago we found that by enrolling families prenatally, we could have a significant impact on children's health and development. According to Rose Greene from the Center for Human Services Research, Janet Miller, then program manager of CAMBA Home Visiting Program in Brooklyn, noticed that the numbers seemed to show that the program was having a positive effect on birth weight. Eunju Lee of the Center pursued this idea in the randomized trial data and found that Janet was right! Mothers in the HFNY programs had significantly fewer low birth weight babies than the mothers who were not receiving HFNY.

Why Focus On Early Prenatal Enrollment?

Preventing low birth weight (LBW) is one of the most important reasons. According to the National Institutes of Health, 7% of newborns in the US weigh less than 5 1/2 pounds. These babies face a greater

risk of infant death and challenges like poor health, growth and developmental outcomes. The impact may extend into adulthood, and the extra services low birth weight babies may need represent enormous costs to health and education systems.

Maternal stress has been associated with LBW, so our impact may come from helping families identify and decrease stressors during the prenatal period. Another possible explanation may be related to efforts to increase prenatal medical care and promote lifestyle changes around nutrition, smoking, and drug and alcohol use.

Beyond preventing LBW, the prenatal period is ideal time for us to form relationships with parents, promote parent-child bonding and encourage father involvement. The American Academy of Pediatrics stresses that this is also an ideal time to begin anticipatory guidance about parenting and breastfeeding.

HFNY Goals For Prenatal Enrollment

HFA sets a standard of at least 80% of assessments occurring prenatally or within 2 weeks of the baby's birth. But in response to the research and program experience, HFNY set a benchmark for prenatal enrollment of at least 65% of families. While the numbers have gone up and down, there are some good results. In December 2004, only 6 out of the 28 HFNY programs met the 65% target. In September 2006, 14 programs had met the target!

How Have Programs Increased Prenatal Enrollment?

Increasing prenatal enrollment can require changes within the program and changes in community systems and attitudes. Great

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Jenn Matrazzo of PCANY and Sonja Avery de Piro, born December 2. Photo by proud papa George de Piro

Winter 2007

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HFNY Goals

- ◆ To systematically identify overburdened families in need of support
- ◆ To promote positive parent-child interaction
- ◆ To ensure optimal prenatal care and promote healthy childhood growth and development
- ◆ To enhance family functioning by building trusting relationships, problem-solving skills and support systems

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Healthy Families New York

Updates from OCFS

Bernadette Johnson
Program Contract Manager
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(OCFS)

The news about Healthy Families New York (HFNY) is good and keeps getting better! The 2006 State Budget included \$25 million for HFNY, an increase of \$7.4 million. This increase is making it possible for existing sites to expand and enhance services and to add programs in new areas.

Some of the expansions & enhancements:

- Training on depression, motivational interviewing, substance abuse, domestic violence
- Hiring fatherhood advocates
- Using consultants or specially trained staff to address key issues.

An OCFS Request for Proposals (RFP) will result in the addition of 6 to 8 new programs to serve high need areas. In addition, HFNY sites in NYC are receiving funds from the New York City Administration for Children's Services (ACS) to add 1-2 new Family Support Workers at each site to increase the number of families served.

On the research front, a National Institute of Justice Grant will allow OCFS to extend the existing randomized trial of HFNY, initiated by OCFS and the Center for Human Services Research (CHSR) at the University of Albany. The new project will look at the children of the original study at age seven. The study will be used to examine the extent to which the HFNY service 1) prevents and/or reduces child maltreatment at seven years; 2) has effects that are due to access to health care and changes in parenting attitudes and behaviors; and 3) reduces precursors of juvenile delinquency. Findings will inform national child welfare policy about the long-term

outcomes, costs, and benefits associated with the HFA home visitation model and provide information about how the program can maximize its success.

Recently we held a Leadership Summit for HFNY program managers, Prevent Child Abuse New York (PCANY) training team, SUNYA data management and evaluation, and OCFS staff in Queensbury, NY in the foothills of the Adirondack mountains. We began our time together with John Pelizza Ph.D, learning how to control stress in our lives in a way that engaged us and made us laugh! (Say "woof" to your manager and check out the response!) We spent time on team-building and strategic planning. It really was an inspiring time, and resulted in new friendships and a renewed sense of purpose.

The Central Administration Team for HFNY (which includes OCFS, PCANY, and CHSR) continues to work on approaches to best help families, especially those experiencing domestic violence, mental health issues, and substance abuse. Another focus is on increasing early prenatal enrollment. The training team has been busy creating curriculum and a mentoring guide for new program managers. They also created a one-day orientation for Executive Directors and are updating the HFNY Policy Manual. The CHSR is revamping and upgrading the HFNY website.

All eyes are on New York! HFNY's Central Administration is contacted often to discuss all the wonderful work and research that is happening here. You all do a fantastic job helping New York's overburdened families be the best parents they can be. Thank you for all that you do to support children and families, each other, us at OCFS, and your communities. Keep up the good work! OCFS wishes you and your family a wonderful, safe, and happy holiday season!

Sobeira Guillén Has a New Hat!

After 5 ½ years as Program Director of the Best Beginnings Program in Washington Heights, Manhattan, Sobeira Guillén joined PCANY in October as a Training and Staff Development Specialist.

Sobeira is a Licensed Clinical Social Worker with extensive experience serving the Latino immigrant community and specializes in children and family services. She comes to PCANY with experience working in the public child welfare system in the state of Massachusetts, with supervisory experience at Best Beginnings, and expertise in substance abuse and the Harm Reduction Model. Sobeira is also an HFA certified trainer for Family Support Workers, and is fully English-Spanish bi-lingual. She lives with her family in Northern New Jersey within easy commuting distance of the City.

PCANY is really pleased to welcome Sobeira !

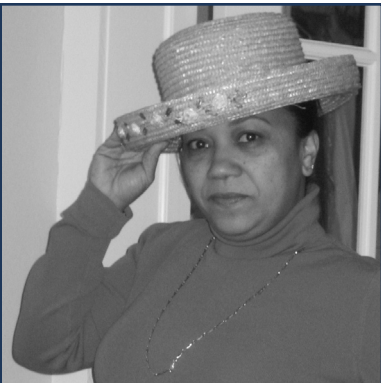


Dear Victor,

I would like to share a story about how Sunny Sanchez, FSW, used videotaping. While the focus of this story is on videotaping it is also a story about human spirit and the gifts that our programs can provide.

Sunny began working with the M family when the mother was two months pregnant and due in October 2006. At assessment we learned that the father of the baby had a terminal illness. His health remained somewhat stable until September when he took a turn for the worse. Early in her work with this family, Sunny discussed doing a prenatal video, and the parents were very excited, but the process of actually doing a videotape was not easy. We were all just hoping that the father would be able to hang on until his daughter was born. Sunny again brought up the idea of a video. What we all knew at this point was that this video might be the last that the father would be able to make, and it could be his only vehicle for letting his new daughter know who he was.

On 9/24/06 the Mom gave birth to a little girl. The program staff was so happy that the father was there to welcome his daughter. Sunny went to visit the family in the hospital and they chose that to be the time to make a video. The result was a 15 minute video of Mom and Dad holding and talking to their daughter. It was clear from the video that the Dad was very weak; one could barely make out what he was saying. What one could hear was one of the most touching exchanges



Sobeira Guillen

that I have ever observed: the father was telling his daughter how much he loved her and sharing with her all the dreams he had for her as she grew.

I stand in awe at the courage it took the family and Sunny to make a video at a time when so much was going on for them. That Sunny was able to bear witness to this exchange, knowing the emotional toll it could take on her, was remarkable. I am so glad that we have videotaping as a tool in our bag of tricks, as it allowed us to give this family a gift that they will be able to share with their daughter long after her father is no longer present in her life.

The day after the video was made FOB was hospitalized, but he returned home a week later and Sunny was able to film Part Two of the family's video at home.

Best regards,
Caroline Chant
Program Manager
Ulster County Healthy Start



Caroline Chant, Sunny Sanchez

Dear Sunny and Caroline,

Thanks so much for sharing your story. Indeed it is "a story about human spirit and the gifts that our programs can provide." I'm glad Caroline didn't ask me any questions; this story stands on its own. I would like to make a few comments and share a story of my own.

At first the family was excited about the prenatal video. Then the meaning of the video changed. There was too much going on to film it prenatally. Where did the parents and Sunny find the courage it took the family and the worker to make this video "at a time when so much was going on for them"? I think the most important principle of our work with families is illustrated here.

All parents want to be the best parents they can be. In our work we cultivate and nurture the parenting instinct. As Caroline wrote, the video became the vehicle for his daughter to know him. But perhaps just as important, it gave him a chance to be a father to her, sharing his love and dreams for her. The

videotapes Sunny made with the family allowed him to feel like a father even at the very end of his life.

I have been working with an Early Intervention program in Nevada that serves children with disabilities. Haley was born without a cerebral cortex. She was deaf, blind, and unable to move on her own. She was only supposed to live a month or two. Her parents knew this, but still wanted her in the program; they wanted to do whatever they could for her. The role of the home visitors, an occupational therapist and speech therapist, quickly became supporting the parents in noticing how Haley, surprising the experts, did react to her surroundings: she cried, she smiled, she even seemed to reach for a cheerleader's pom-pom. The child lived to be 3 ½ years old. At age three the staff made a videotape of Haley and her mother playing together. Haley actually seemed to turn her head to look at something. Even after Haley's death, staff and family continue to be in contact. Mom has said many times how much the video means to her and her husband. The next time I see you guys, I'll show you the video. It is amazing and wonderful.

When we remember the baby and remember the parent-child relationship, we are on the right track, and it gives us the chance to connect with what is right rather than what is wrong. By "what's right" I mean what the family values and what is working for them. By what's wrong I mean when we focus on the family's problems.

For me, the home movie videotape is not a tool to teach the parent, it is meant to put up in lights what is important: the "Ordinary Miracle" of the parent-child relationship and the child's growth and development. Our role is to always remember, not to get lost in the chaos that often swirls around our families. We support the parent-child relationship by



noticing the wonderful things the child does and appreciating them with the parent.

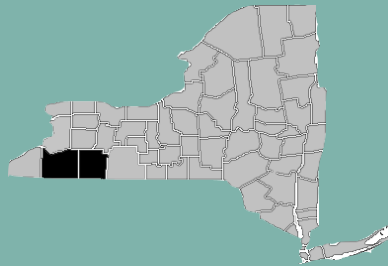
Warmly,

Victor

If you would like to share your story with Victor & The Link, email him at vbernste@midway.uchicago.edu or Pam Balmer at pbalmer@preventchildabuseny.org. To contribute, you don't have to write an article. Victor & Link staff will work with you via phone & e-mail.

About Allegany & Cattaraugus Counties

Ann Pitkin
Prevent Child Abuse NY



The "AlleyCatt" Region

Allegany and Cattaraugus Counties are located in the Western part of New York along the border with Pennsylvania. This area is mountainous, beautiful, and very sparsely populated.

County	Square miles	Population (2000)	People/ sq. mi.
Westchester (for comparison)	441	941,000	2,133
Allegany	1,030	50,000	48.5
Cattaraugus	1,310	84,000	64

What IS the purpose of this table? To give you an idea how far the staff in the "AlleyCatt" Programs have to travel to visit families!

The area is home to a number of colleges, including: St. Bonaventure University, Alfred University, Alfred State College, and Houghton College. The New York State College of Ceramics is part of Alfred State University, and is one of the best-known and most prestigious places to study the art and science of ceramics.

Indian Lands The Senecas are part of the confederation of Iroquois tribes, or Six Nations, and about half of enrolled Seneca live on reservation lands in Cattaraugus County. Most of the land on which the town of Salamanca is built is owned by the Seneca Nation. The Nation owns and operates a number of businesses in the area, including gas stations and two casinos. There is also a cultural museum located in Salamanca, the Seneca-Iroquois National Museum.

Gas and Oil The first oil well in the U. S. was drilled in Titusville, PA, which is near Allegany and Cattaraugus Counties and is part of the same geological formation. Oil has been extracted from this area in the past. Today, it is largely gone, but natural gas, which often occurs with oil, is still being tapped. Allegedly, the name "Cattaraugus" comes from a Seneca word meaning "bad smelling banks," referring to the odor of natural gas which leaks naturally from seams in local rock formations.

Scene in Allegany State Park, Cattaraugus Co, the largest state park in New York—65,000 acres with excellent camping, skiing, hiking, snowmobiling, hunting, snowshoeing, canoeing, and horseback riding.



Spotlight on Healthy Families Allegany & Cattaraugus

Joanne Martin, Program Manager,
Healthy Families Cattaraugus & Allegany
Sue Hadden, FAW, Healthy Families Allegany

Healthy Families Cattaraugus and Healthy Families Allegany are sister programs in neighboring counties in the western part of New York.

Healthy Families Cattaraugus

HF Cattaraugus started in July 2001 when Joanne Martin was hired as Program Manager. HF Cattaraugus was fortunate to have Joanne who had previously been the Program Manager for Healthy Families Steuben when it started in 1995. By September 2001 there was a supervisor, an FAW, four FSWs, and a data entry/administrative assistant. By November 2001 staff began visiting families in nine Cattaraugus zip codes. Later a fifth FSW position was added.

In 2003 we moved to a site in Olean, with all the programs of our host agency, Parent Education Program, Inc., under one roof, giving us access to a family resource room and meeting rooms large enough for training events. The move also made us more visible in the community, as it is located in downtown Olean.

In 2005, thanks to a TANF grant, services were expanded to all of Cattaraugus County, and program capacity grew to more than 150 families. We added a supervisor, three more FSWs, and an outreach coordinator to meet the need.

In both the 2005-2006 and 2006-2007 contract years we received a March of Dimes grant for the "Beginning Early" project. This consists of a series of 6 workshop-style sessions for women of child-bearing age in Cattaraugus and Allegany Counties. The sessions address maternal lifestyles and their impact on a baby's health. An Outreach Coordinator position was added to provide the sessions and promote Healthy Families and the project. This effort has been very successful.

*Healthy Families
Cattaraugus achieved the
highest home visit completion
rate in the state—87%!*

One of the most significant successes for HF Cattaraugus has been achieving the highest home visit completion rate in the state—87% in 2005. Staff has continued to maintain a high rate achieving over 80% for each of the quarters since then.

With new enhancement funds from OCFS, we will soon be adding a Fatherhood Advocate to work with fathers and a Certified Breastfeeding Consultant to work with pregnant and new mothers and establish breastfeeding support groups.

HFC has grown and changed a lot since 2001, and we all look forward to next steps in the enhancement and expansion of our program.

Healthy Families Allegany

With a staff of six, Healthy Families Allegany is located in a part of the state that is still extremely rural. It is not uncommon for an FSW

or FAW to have to travel a tractor-rutted driveway a mile or two to reach a home. Although HF Allegany began providing services just last year, we have already developed great collaborative relationships with PCAP and WIC programs, and this, along with the work of our dedicated FSWs, has contributed to our breastfeeding rate of over 50%. We are proud of having received the 2006 Program of the Year Award from WIC. Joanne Martin says that for the first time in all her years with HFNY it was our new program, Healthy Families Allegany, that met or exceeded all of the Performance Targets. We have a home visit completion rate of 88%! We have had such great response to our services that we are planning a move to larger quarters to accommodate the growth of the program.

Healthy Families Allegany and Cattaraugus are unique in location and program administration, but also in the area of team-building. Joanne Martin provides both programs with three wellness days a year dedicated to team-building and fun. Our first joint wellness day took place in Allegany County at the "infamous" Pollywog Holler, a camp-style eco-resort named for the frog's serenade that fills the evening air. We enjoyed a scavenger hunt and Pollywog Holler's renowned wood-fired oven pizza. Our next wellness day took us to Corning, where we had a guided tour of the Corning Glass Museum. We enjoyed lunch together and finished the day with a tour of historic Market Street. We are eagerly looking forward to our Spring 2007 wellness day.

Healthy Families Cattaraugus has grown and changed a lot since 2001, and, along with Healthy Families Allegany, we are looking forward to the future. And we always say, "Remember that babies don't come with instructions."



Brilliant Strategies Department: W.A.I.T.!

Once upon a time Maggie LaBozzetti, supervisor at Newburgh Healthy Families, learned to wait. W.A.I.T., that is, which stands for the important self-awareness question: **Why Am I Talking?**

Maggie used this technique as a home visitor in the HF Newburgh program when she heard herself talking too much. As Maggie says, "To tell the truth, I need this. I'm a talker. It's easy to talk too much when you're going out with lots of information. But even when you're praising or pointing out strengths it's good to wait. The family might actually be going in a different direction!"

Since becoming a Supervisor she has passed this wisdom on. Whether going over cases in supervision or offering feedback after observing a home visit, her staff is so well trained that all Maggie needs to do is start with, "You might want to think about..." and staff finishes the sentence with, "W.A.I.T.!" And though she acknowledges that not everyone needs it, Maggie says, "It's one of our many tools and it's so powerful to use when you realize you don't always have to fill up the air!"

Healthy Beginnings of Sullivan Annual Picnic

Lise Kennedy
Healthy Beginnings of Sullivan

Healthy Beginnings held its third Annual Picnic at DeHoyos Park in Monticello, on August 9, 2006. The sun was shining and 54 participants attended, played games, and celebrated 9 program graduations. The graduates are children who have been in Healthy Beginnings for 2 ½ to 4 years, receiving regular home visits. The parents of these children have worked very hard to pursue their goals and to complete the program. A special ceremony to honor their achievements was conducted by Carol Ryan, Director of Public Health. There were even graduation caps for the children, who are moving on to Headstart this fall. Good luck, graduates!



HF Cattaraugus/Allegany staff at Pollywog Holler



Healthy Beginnings of Sullivan graduation picnic

Prenatal Research: Hot off the Presses!

Smoking Update:

Research aimed at understanding the causes of ADHD (Attention Deficit Hyperactivity Disorder) was conducted at the Cincinnati Children's Hospital Medical Center and published by the Institute of Environmental Health Sciences this fall. The study looked at 4,704 children ages 4-15 and found that those born to mothers who smoked in pregnancy were two and a half times more likely to develop ADHD than the children of non-smokers.

Stress and the Developing Fetus:

Research on the effects of maternal stress during pregnancy published in *Psychosomatic Medicine*, September-October 2006, shows that, at mid-pregnancy, the fetuses of pregnant women under heavy stress are smaller than the fetuses of other women.

Dr. Miguel A. Diego and a team of researchers from the University of Miami School of Medicine performed ultrasound exams, measured cortisol levels, and assessed stress levels of women who were in the second trimester of pregnancy. They found that the more stressed women were, the smaller their babies.

"Women that have clinical depression or diagnosed anxiety disorder or are under some extreme level of stress should be looking for ...medical treatment," Diego told Reuters Health in an interview. "There is an effect of the mother's psychological state on the development of the fetus."

According to Reuters, Dr. Diego noted that while the use of antidepressants during pregnancy is controversial, psychotherapy and increased social support are also helpful to stressed women.

continued from p. 1

ideas have been shared during State Leadership meetings and in the Early Enrollment Committee of the HFNY Central Administration, including:

- Revise program materials to highlight prenatal enrollment and include findings from HFNY research.
- Shift focus of FAWs from the period around birth to early prenatal.
- Provide FSW support and training so staff know how best to work with families in the prenatal period.
- Include the FAW (a familiar face) on the first home visit.
- Educate advisory boards and build support for prenatal work in the community.

While we recognize the great efforts always being made by sites with consistently high prenatal enrollment, here are the experiences of a few sites who have made huge recent improvements.

Shifting Program Culture

Marjorie Momplaisir-Ellis, Program Manager of CAMBA, attributes their dramatic increase in prenatal enrollment to a program-wide effort. "We had talked as a staff about the impact of prenatal enrollment found in the research, and we had learned about it through the prenatal training, and we said, Hey, we just have to do this." The whole team worked to shift the culture at CAMBA to reinforce the commitment to finding women earlier and enrolling them earlier. Marjorie says, "We were 'looking for the bellies!'"

Lise Kennedy, Program Manager at Healthy Beginnings of Sullivan, said the "improvement in our prenatal enrollment was due to targeting those referrals. We hadn't been doing that before I participated in a focus group with the Early Enrollment Committee. The input of other managers was the magic bullet that gave me new information about

Lourdes PACT Receives National Fatherhood Award—Losos Prize for Excellence

The Lourdes Parents and Children Together (PACT) program, a partner with Broome County Health Department in Building Brighter Futures for Broome, was chosen as one of three recipients of the Losos Prize, which is awarded to programs that "demonstrate creativity and innovation in pursuit of the Parents as Teachers vision that all children will learn, grow, and develop to realize their full potential." There were 39 applications from around the world and 18 finalists. Lourdes PACT was selected as a prize recipient for its success involving fathers.



Award Ceremony, St. Louis, Missouri on October 5, 2006. From left to right. Susan Stapleton, President & CEO of Parents as Teachers National Center, Bill Perry, Lourdes PACT Fatherhood Advocate, Bette Gifford, Lourdes Youth Services Director, Sue Hanye, Lourdes PACT Manager, Kim Kappler, Lourdes PACT Supervisor, Carolyn Losos, award benefactor and long time early childhood advocate, David Morley, Chairman of Parents as Teachers National Center's Board of Directors.



Carol Peeling, Proud Program Manager, Building Brighter Futures for Broome.

how other programs were conducting outreach.” Healthy Beginnings now pursues more prenatal screens than postnatal ones.

Getting Everyone Involved

Marjorie explained that CAMBA worked to “undo the notion that only FAWs are responsible for getting participants into the program.” All staff (including the Program Manager and supervisors) do at least 5 hours of prenatal outreach each month. And FSWs whose case weights fall below a certain number also do outreach. “Our strategy included posting huge calendars with different outreach destinations and events for each month. For example, we know everyone does laundry on Saturdays, so we made the laundromats a destination for Saturdays. And by making the calendars large, it opened it up for the world to see that everyone was signing up and contributing.”

Lisa Galatio, Program Manager at Healthy Families Steuben told us, “We have made more of an effort to focus on prenatal enrollment in regular meetings. Sometimes, just by putting an indicator on the table, people are more aware of little things they can do to influence it. I know the FAWs are really persevering with prenatal screens. In the past, they may have tried for a few months to contact someone, then given up.”

Listening to Participants

While many programs seek information on why people refuse the program, CAMBA organized a group to explore why they accepted the program. Participants are being asked who introduced the program to them and what specifically made them say yes.

Nurturing Community Relationships

While creativity is important for all sites, statistics show that being hosted by a health organization is very helpful. Starting together in Madison County is a program that isn’t affiliated with a healthcare organization. Deb Munn, Program Manager, said, “For our program the key is really the relationships we have with community partners. Our screens come from over 20 different sources; we’ve had to build and nurture relationships with the staff of our many referral sources.” Deb continued, “We have found that there is not a single system that is going to work for everyone. We have learned to listen and work with each referral source and develop a system that will work best for them.”

The Power of Food

Both Deb and Lisa Galatio found that focusing on WIC has been very helpful and that it has taken lots of time and patience. Deb shared, “With our FAW stopping by WIC every week to pick up screens, she was building a relationship with individual WIC staff and they were learning about the program. We offered them a pizza lunch for every 25 screens sent to our program. This got them excited and our referrals from WIC increased by 137 in one year!”

It is not always obvious which connections will become a major source of prenatal enrollment. Lise Kennedy mentioned how being involved in a car seat program has helped establish better relationships with more providers. The program has received referrals from three new sources as a result of the car seat program. And Marjorie talked about a healthcare provider with whom they’d made a personal connection who referred over 35 pregnant women to a CAMBA baby shower. They got to see numerous “bellies” at one big event!

To learn more, feel free to contact the programs mentioned here. If you’ve got something that has worked in your program, please share it with the Early Enrollment Committee. Contact Ellen Butowsky at ellenbutowsky@hvc.rr.com.



The Milky Way

Rayza DeLaCruz-Stitt, RN, BSN, MSN
Bushwick Bright Start

Home Visitors in a primary prevention program like HFNY have a great opportunity to provide breastfeeding support and information to families at the optimal time: *prenatally*.

Families can benefit from prenatal breastfeeding support through home visits and prenatal classes because:

- The educator can provide anticipatory guidance.
- The FSW can establish her/himself as a resource for breastfeeding information, referrals, and support.
- Parents start to gain knowledge and skills before being faced with ensuring healthy nutrition for their baby, so they will feel more prepared when the time comes.
- Home visits and prenatal classes help the family address common fears, concerns, potential problems, myths, and cultural practices that can impact success with breastfeeding.
- There is evidence that a successful start with breastfeeding leads to longer duration of nursing.

What is helpful to include in a prenatal breastfeeding class?

- Timing of the first feeding is important. Ideally it should happen within the first hour after birth.
- Appropriate latch, position, and alignment of the baby at breast from the first feeding increases likelihood of success.
- Review signs that the baby is taking in milk and is well hydrated. These include, but are not limited to: 6 or more wet diapers per day after several days of nursing, a good suck and swallow pattern, and passing of stools.
- Help families to develop a basic understanding of supply and demand: the more milk that is removed from the breast, the more milk is made. This knowledge helps parents avoid introducing “supplemental” bottles too early.
- Help in understanding baby’s feeding patterns, and anticipation that, initially, feedings will be more frequent.
- Focus on establishing breastfeeding in the first few weeks, and letting families know that the FSW will continue to support the family as the breastfeeding relationship changes over time.
- Letting families know that success is more likely if bottles and pacifiers are avoided for the first 4-6 weeks.
- As with any adult education program it is important to see what the parent already knows and then build on that knowledge.

Things home visitors can do:

- Refer prenatal families to a Lactation Consultant or a Childbirth Educator with experience in lactation management.
- Connect families with local breastfeeding support groups.
- Start a breastfeeding support group for prenatal families in your Healthy Families program.
- Ensure that fathers are included in prenatal breastfeeding classes. Dads play a big role in supporting a successful breastfeeding relationship!

Roving Reporter!

Pam Balmer



Question: What do you think most interests families during the prenatal period?



April Ramadhan, FSW, Healthy Families Cattaraugus: Prenatal development, because it helps the family see the unborn child as an actual person.



Natalie Snyder, FSW Healthy Families Allegany: Making that connection between how and what the family is feeling and seeing the development and stages of the unborn baby.



Joellen Shackett, Supervisor, and Jo Ann Carter, FSW, Healthy Kids: They are most interested in the developing of their baby. They're interested to know they are doing the right things for their baby; they want to know if their lifestyle is healthy for the baby.



Sonya Burdsall, FSW, Healthy Families Cattaraugus: Families love to find out that during the second trimester their child's eyes are sensitive to light. Families are encouraged to use a flashlight at doctor's appointments and during a sonogram to see how their child will react to light.



Theresa McCall Jenkins, Supervisor, Buffalo HVP: They like the journaling piece. They keep track of how they're feeling and their sonograms. One mom got her 1st sonogram at 2 1/2 months and she was so excited, and the father wrote in the journal too.



Winter 2007



Prevent Child Abuse
New York

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