

FIMR FOCUS

Reduction in Infant Mortality!

Inside this issue:

What is FIMR	1
Healthy Relationships	2
C-Section Rates	3
Prescription Drug Use	3
Kicks Count	4

Special points of interest:

- Pinellas County infant deaths increased in 2008.
- The main causes of infant deaths in Pinellas County are placental abruptions, prematurity and birth defects.
- A healthy baby needs healthy and safe parents. Learn how to prevent relationship violence.
- An alarming 1/3 of Pinellas County births are delivered by C-section. Consider the risks and benefits for mother and baby.
- Painkillers like oxycodone and roxycodone can be harmful and cause withdrawal in newborns.

What is FIMR?

The Fetal and Infant Mortality Review (FIMR) is a community-based process that reviews fetal and infant deaths in an attempt to explain the factors and issues that affect fetal and infant mortality. This information allows communities to enhance services, influence policy, direct planning efforts and implement strategies to reduce mortality rates.



Why do we need a committee to review fetal and infant deaths?

In 2008 the number of infant deaths increased in Pinellas County; 9 out of every 1,000 babies died before their first birthday. Florida as a whole continues to have one of the highest rates of infant deaths in the nation.

Are there any differences in infant deaths by racial or ethnic groups?

YES! Although all ethnic groups experienced an increase in babies' deaths in 2008, African American babies are almost 3 times more likely to die before their first birthday when compared to white babies. Approximately **19** out of **1,000** African American babies die before their first year. For white babies in 2008, **7** out of every **1,000** died before their first year and for Latinos, **8** out of **1,000** babies died in Pinellas in 2008.

Why are babies dying?

The main causes of death for Pinellas County babies are placental abruptions, prematurity (babies born before 37 weeks) and congenital problems (birth defects). Prematurity has been linked to conditions related to the mothers' health such as maternal infections, chronic illnesses (i.e. diabetes, hypertension), obesity, other nutritional factors, lifestyle and environmental factors (i.e. smoking).

What can we do to decrease infant mortality?

The chances of having a healthy baby increase when both mother and father live healthy lifestyles before pregnancy. Managing stress, eating a healthy diet, regular exercise and yearly checkups with your doctor before pregnancy can have a positive impact on your future plans to have a baby. The FIMR Focus Newsletter provides information to improve health by discussing some of the topics that can lead to healthier parents and healthier babies.

A Healthy Relationship is a *Healthy Start*

by Wendy Loomas, M.A.

Injury & Violence Prevention Program Manager, Pinellas County Health Department

We hear a lot about ***dating violence*** and ***domestic violence*** in the news and we see that it is happening all around us, but do you know how to avoid the same fate, how to be and look for a healthy, safe partner? Or, if you're already in a healthy relationship, do you know how to tell when someone else's relationship is getting dangerous and how to help them get safe?



The Healthy Start Coalition wants you to know that there are some simple things everyone can do. After all, a healthy baby needs healthy and safe parents, so preventing relationship violence is good for babies too. So, what can you do to recognize the danger signs of violence, and how can you help the people involved in that relationship, even if it's you?

First, learn and teach the difference between love and control. ***Love*** is calling your partner in the middle of the day just to say "hi"; ***control*** is calling your partner every hour to find out where they are, who they are with, and what they are wearing. ***Love*** is sharing in life's bigger decisions; ***control*** is one partner making all the decisions and the other one agreeing out of fear. ***Love*** is supporting the friendships and family bonds and other connections your partner had before you came along; ***control*** is cutting your partner off from contact with family and friends and things your partner used to like to do.

Second, remember that all couples argue, but ***violence and threats have no place*** in a relationship. ***Conflict is normal***, but it's how you resolve it that's important. No one should ever feel afraid to speak their mind with their partner during an argument. In a healthy, safe relationship the two people are equals, they respect one another's opinions, and they trust each other to be honest.

Finally, talk about healthy, safe relationships with teens and children. Let them know what to expect from a partner, and how to treat a partner. Violence is never ok, period. Control does not belong in an equal partnership. Most children will become parents themselves some day, so we need to model healthy relationships for them, and we need to teach them how to be part of a healthy and safe relationship.



Ultimately, if two people are going to bring a baby into this world, they must start with a healthy relationship to give that baby a ***healthy start***.

Loves me...

- ♥ Makes me feel safe
- ♥ Listens to me
- ♥ Values my opinions
- ♥ Respects me
- ♥ Admits being wrong
- ♥ Trusts me
- ♥ Is honest with me
- ♥ Respects my family
- ♥ Accepts me as I am
- ♥ Tries to understand how I feel
- ♥ Supports my goals in life
- ♥ Makes me laugh

Loves me not...

- Is jealous
- Is possessive
- Tries to control me
- Gets violent
- Loses temper quickly
- Always blames me
- Makes all the decisions
- Hits me
- Makes me cry
- Is always checking up on me
- Teases and bullies me
- Puts me down

If you or someone you know needs help...

Call a 24/7 hotline:

CASA: 727-895-4912
The Haven of RCS: 727-442-4128

Or during business hours:

Safe Start: 727-544-3900
Healthy Start: 727-824-6990

C-section Rates on the Rise

Approximately one third of the babies born in the United States are delivered via cesarean section (c-section). This is the highest rate ever reported and it affects all women of childbearing age regardless of ethnic group. In 2008, 34% of Pinellas County births were delivered by c-section. The March of Dimes Education Center reports some health care experts believe many of these cesarean deliveries were medically unnecessary.

A cesarean section is the delivery of a baby by major abdominal surgery and can be a life saving operation when the mother or the baby face problems during labor and delivery. Like any major surgery, there are certain risks associated with a cesarean delivery including risk of infection of the incision, reaction to medications, and increased bleeding among others. C-sections should be performed only when the health of the mother or baby is at risk. It is believed that c-sections may be contributing to the growing number of babies that are born late preterm (34-36 weeks gestation). While most babies born at this time are considered healthy, late preterm babies are more likely to have medical complications when compared to full term babies (39 weeks and over). Some of the complications include breathing and feeding problems, maintaining his or her own temperature and jaundice (yellowing of the skin and the whites of the eyes).

If you are thinking about a [cesarean delivery](#), carefully consider the risks and benefits for you and your baby. Make a list of your questions and have a serious discussion about your options with your health care provider. The March of Dimes provides a starting point on some of the questions you can ask your provider:

If your provider recommends delivery before 39 weeks:

Is there a problem with my health or the health of my baby that may make me need to have my baby early?

Can I wait to have my baby closer to 40 weeks?

About c-section:

- Why do I need to have a c-section?
- What problems can a c-section cause for me and my baby?
- Will I need to have a c-section in future pregnancies?



For more information about cesarean delivery, talk to your doctor. You can also visit the March of Dimes website at www.marchofdimes.com and the International Cesarean Awareness Network at <http://www.ican-online.org/>.

Prescription Drug Use in Pregnancy

Dr. Michele Beaulieu, Neonatal Nurse Practitioner

Certain drugs used during pregnancy can be harmful to your baby. Narcotics such as oxycodone, and roxycodone are painkillers, that when taken during pregnancy can have negative effects on your baby. These drugs cross from you to your baby through the umbilical cord and can cause withdrawal symptoms after your baby is born.

What if I'm taking prescription narcotics?

Sometimes you may need to take prescription narcotics. Methadone is a common narcotic substitute that is sometimes prescribed to mothers who are addicted to other narcotics. You should only take narcotics that are prescribed to you and only in the amounts prescribed! Even though Methadone may be a prescribed narcotic, it is important to also understand that if you are taking Methadone your baby may still have withdrawal symptoms after he/she is born.

What does withdrawal mean for my baby?

Nearly all newborns exposed to narcotics go through withdrawal, also known as Neonatal Abstinence Syndrome. The withdrawal process requires treatment with medication(s) and often means that the infant will have to stay in the hospital for several weeks. Some of the signs of withdrawal are irritability, jitteriness, vomiting, diarrhea, and in the worst case, even seizures. A special scoring system is used to identify and assign a score to the symptoms of withdrawal—the higher the scores, the more likely the need for medication to treat the withdrawal and the longer the hospital stay. Medications such as Morphine, Phenobarbital and Methadone are used to treat babies with Neonatal Abstinence Syndrome.

It may be necessary for you to take narcotics for a particular condition. **Do not try to wean yourself off of prescription narcotics during pregnancy!** However, it is important to understand that your baby may still go through withdrawal after birth. The amount of drug and duration for which you've been taking the drug will affect your baby's withdrawal and length of stay in the hospital.

It is very important that you let your baby's doctor know what medications you are taking during pregnancy, especially if you are taking non-prescription drugs! Some withdrawal symptoms may not appear for several days, and the baby may already be discharged from the hospital. Neonatal Abstinence Syndrome can be treated if it is recognized. However, not treating a baby with withdrawal symptoms can lead to seizures and sudden infant death syndrome.

Important points...

- Do not take medications not prescribed to you during pregnancy
- Do not try to wean yourself off of prescribed medications without your doctor's supervision
- Let your doctor/healthcare provider know about ALL medications/drugs you are taking



Understand that even though you are taking prescription narcotics, your baby may still go through withdrawal after birth and require monitoring and a longer hospital stay.

Kicks Count Get Counting

What your baby's kicks are telling you is important. Being attentive to your baby's movements and setting aside time every day to count kicks, swishes, rolls, and jabs, may help identify potential problems and help prevent stillbirth. Counting kicks is an inexpensive and effective way to monitor your baby's health.

Doctors recommend starting counting and keeping track of your baby's kicks beginning in the 28th week of your pregnancy. By doing this every day, preferably at the same time, you will know within a week or two what your baby's normal pattern is. Start by finding a comfortable position during a time when your baby is usually most active. Generally, moms find their babies are most active after eating a meal or something sweet, drinking something very cold, or after physical activity. Count each of your baby's movements as one kick. This includes twists, turns, jabs, swishes and rolls, however, do not count hiccoughs. Count until you reach ten kicks and write down how long it took. It may take anywhere from thirty minutes to two hours. Ask your provider for a kick count chart to track your baby's kicks. By using a chart you and your doctor will be able to tell if there are any changes in your baby's normal pattern. All babies have regular sleep/wake cycles and will sleep many times a day. Near the end of pregnancy, most babies do not sleep for longer than an hour at a time.

What do you do if you are worried? You should always ask your provider for advice; however, there are certain situations when you should call your provider immediately. Studies show that a decrease in your baby's normal amount of movement could be a signal that there is a problem.

- If your baby kicks less and less in the course of the day or you don't feel any kicks on a given day. Never wait until the next day to call your provider if you are feeling decreased activity.
- If you don't feel ten kicks in a two hour period when your baby is usually active, recount within 1-2 hours. If you get the same results call your provider immediately.



You will only feel these precious movements, kicks, jabs, swish, and rolls while the baby is inside of you. Kick counting provides a special time when you can bond with your baby. It is also the time for your partner to share this unique experience with you.

**For more information about kick counts ask your doctor/midwife or go to
First Candle at <http://www.baby2see.com/medical/kickcount.html>**



Our mission is to coordinate a system of care that guarantees all women have access to perinatal care and that all infants have access to services that promote optimal growth and development.

Help us to fulfill our mission!

The Coalition welcomes all Pinellas County residents to participate in improving the lives of mothers, fathers and babies. Please call us and join the Coalition.

We want your feedback to help develop strategies and programs to improve the lives of Pinellas County residents.

(727) 507-6330 x 225 www.healthystartpinellas.org



Sponsored by:
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