



Perinatal e-News

LA BEST BABIES NETWORK



Healthy Babies. Our Future.
Presented by First 5 LA



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www.LABestBabies.org

Issue #26

- **Depression During and After Pregnancy**
- **Substance Use Interventions Benefit Mom and Dad**
- **Recommendations for a Healthy Pregnancy**
- **Racial/Ethnic Disparities Among Healthcare Providers**
- **Assimilated Latinas More Likely to Deliver Prematurely**

May is Mental Health Month

National Alcohol- and Other Drug-Related Birth Defects Week is May 11-17, 2008

National Women's Health Week is May 11-17, 2008

Depression During and After Pregnancy

Depression symptoms may develop during pregnancy, within days of childbirth or up to 12 months following birth. Approximately 12% of pregnant women and 10% of new moms will experience depression. Research shows that depression continues to be the most commonly reported pregnancy complication.

Depression is defined as a mood disorder that may affect an individual's feelings, actions and thoughts for an extended time period. Risk factors for depression include:

- Age
- Lower socio-economic status
- Hormonal changes/imbbalances
- Physical or emotional stress
- A history of depression

Untreated depression may have a profound effect on both the mother and child. Early intervention is essential to ensure the well-being of children and mothers. LA Best Babies Network joins Mental Health America in observing the month of **May as Mental Health Month**.

The Network recommends that healthcare providers develop a system to address depression before, during and after pregnancy. LA Best Babies Network recommends the following steps to address depression, such as:

1. Identification of women at risk for depression
2. Screening all pregnant women and new mothers for depression
3. Referring women and families at-risk to appropriate services.

Network members compiled the following resources to help

perinatal caregivers and advocates navigate L.A. County's mental health system.

1. "[Mental Health Coverage During Pregnancy](#)" - a fact sheet, developed by Maternal and Child Health Access, that lays out the available mental health coverage for low to moderate-income pregnant women.
2. The Department of Mental Health provided:
 - The [contact information](#) of service coordinators, who can direct individuals needing mental health services to the appropriate resources.
 - A [fact sheet](#) with information on the Full Service Partnership Program for [Transition Age Youth](#) and [Adults](#), Partnership for Families and [Project ABC](#).
3. Telephone support services and referrals to community resources provided by Postpartum Support International through 1-800-994-4PPD (4773) or by visiting, www.Postpartum.net.
4. "[New Moms Connect](#)" - a free support group open to new mothers of all faiths available through the Jewish Family Services of Los Angeles.
5. Referrals to various resources in L.A. County are provided by [211 LA County](#) - a free telephone service.

The Network also provided participants with the "[Perinatal Depression Resource Guide for Los Angeles County](#)" that was produced in partnership with 211 LA County.

Partner's Substance Use Interventions Benefit Expectant Moms

A mother's use of alcohol, cigarettes and illicit drugs decreases during pregnancy. After pregnancy, these women often return to their pre-pregnancy habits if their partner continues using substances during pregnancy, according to a study published in the March 2008 issue of *Birth Issues in Perinatal Care*.

The study found that men's substance use did not decrease throughout their partner's pregnancy:

- 57% engaged in binge drinking
- 73% smoked cigarettes
- 54% used marijuana.

Among women, throughout their pregnancy:

- 8% continued binge drinking, resuming to pre-pregnancy levels 18 to 20 months postpartum
- 38% smoked cigarettes, returning to pre-pregnancy levels 1 year after birth
- 24% used marijuana, resuming to pre-pregnancy levels 2 years postpartum.

The researchers recommend that substance use interventions be targeted to both mother and father. "Pregnancy healthcare providers need to talk to both fathers and mothers about their smoking, drinking and marijuana use," said Karl Hill, a research scientist for the University of Washington. "Pregnancy seems like such a great public health opportunity to reach parents, but no one is talking to dads and this study shows that they are not changing their substance use behavior. What dads do matters and we want them to reduce their substance use."

Substance use during pregnancy has adverse effects on both mother and fetus, causing birth defects such as mental retardation, developmental delay, behavioral problems, as well as defects involving the heart, face and other organs. Consuming alcohol and other substances during pregnancy also increases the risk of miscarriage, low birthweight and stillbirth.

LA Best Babies Network promotes early intervention of substance use and abuse as part of planning for pregnancy, and early identification and intervention for those who have unplanned pregnancies during **National Alcohol- and Other Drug-Related Birth Defects week, May 11-17, 2008**. The Network recommends that healthcare providers routinely screen for substance use in each trimester of prenatal care, intervene for women who are at risk and suggest a referral to the Los Angeles County Community Assessment Center.

Learn more:
View the Network's brief "[Substance Abuse Screening](#)."

ADA's Nutrition and Lifestyle Recommendations for a Healthy Pregnancy

The American Dietetic Association (ADA) has released a position paper on the nutrition and lifestyle needed to achieve a healthy pregnancy. The recommendations are published in the March 2008 issue of the [Journal of the American Dietetic Association](#).

The ADA's position paper is intended to raise awareness among perinatal caregivers and advocates about the components needed for a healthy pregnancy.

In addition to the ADA's position paper, the United States Department of Agriculture (USDA) has developed a new food pyramid guide for pregnant and breastfeeding women. Moms are encouraged to visit www.mypyramid.gov/mypyramidmoms to design a food plan tailored to their needs.

LA Best Babies Network joins the Department of Health and Human Services and numerous organizations during **National Women's Health Week, May 11-17, 2008** to raise awareness about the simple steps women can take to improve their health

The Network encourages all women to:

- Eat a healthy diet with lots of fruits and vegetables
- Exercise 3 to 5 days a week
- See their healthcare provider and dentist once a year
- Take a daily multivitamin with at least 400 micrograms of folic acid
- Avoid alcohol, tobacco and illicit drugs.

Learn more:

View the ADA's position on [nutrition and lifestyle for a healthy pregnancy](#).

For a list of events during National Women's Health Week, visit www.womenshealth.gov/whw

Racial/Ethnic Disparities Remain Among California's Healthcare Providers

Latinos and African Americans are underrepresented among California's healthcare providers, according to a report released by the University of California - San Francisco. Among California's 62,000 physicians, approximately 3,000 are Latino physicians and 2,000 are African-American physicians.

According to the study, minority physicians are more likely to work with the poor and/or uninsured and are, therefore, vital to the health and well-being of Latinos and African Americans.

The study attributes the disparities to the termination of affirmative action for admissions to state medical schools and the high cost of medical school. The University of California - San Francisco provided the following recommendations to decrease the racial/ethnic disparities:

- Encourage minority students to pursue a career in the medical field
- Increase diversity in medical school
- Provided incentives to physicians who work in low-income communities
- Encourage medical schools to promote the recruitment and retention of minority students.

Learn more:

View the UC - San Francisco report "[Physician Diversity in California: New Findings from the California Medical Board Survey](#)."

Assimilated Latinas are Four Times More Likely to Deliver Prematurely

Foreign-born Latinas who have assimilated to U.S. culture are four times more likely to have a preterm birth, according to a study published in the February 2008 issue of *Obstetrics & Gynecology*.

The study showed that unassimilated foreign-born Latinas, were healthier and had higher levels of progesterone, a hormone that reduces the risk of preterm birth, compared to assimilated Latinas. Factors contributing to the increased risk for preterm birth in the study population include:

- Nutrition and diet
- Depression
- Changes in roles and responsibilities
- Stress of acculturation

Preterm birth is one of the leading causes of newborn death and illnesses within the first year of life. Preterm babies are more likely to suffer life-long complications from developmental, neurological, and learning disabilities, and life-long chronic health problems. Fortunately, many of the causes of prematurity are preventable. Interventions during pregnancy and especially before conception have proven to be effective in promoting healthy births and reducing preterm births.

LA Best Babies Network recommends the following interventions before pregnancy, to prevent and/or reduce the risk of preterm birth:

- **Appropriate weight gain:** To improve pregnancy outcomes, it is recommended that women gain weight according to the guidelines of the Institute of Medicine (IOM). Appropriate weight gain varies with the woman's size as calculated by the body mass index (BMI).
- **Physical activity:** Women should accumulate at least 30 minutes daily of moderate physical activity, unless restricted for other reasons.
- **Address maternal medical conditions before, during and after pregnancy.**
- **Address maternal depression, intimate partner violence, smoking and substance use before, during and after pregnancy.** Healthcare providers can take simple steps to address depression:
 1. Screen all pregnant women and new mothers
 2. Refer women and families at-risk to appropriate services.
- **Screen for urine and reproductive tract infections** before or at least early in pregnancy and repeat screening for high risk women in the third trimester; provide treatment according to the Centers for Disease Control and Prevention guidelines for pregnancy.
- **Manage stress before pregnancy:** Preconception counseling helps educate women about the importance of reducing psychosocial stresses during pregnancy. Simple interventions such as yoga, meditating and belonging to a church or community group can also help ease stress.

For additional information on preterm birth, visit www.labestbabies.org/resources/perinatallnd-pretermbirth.htm

Visit our Web [News & Events](#) section.

We invite you to contribute story ideas and event

listings for our consideration in *Perinatal e-News*. To submit items please e-mail contact@labestbabies.org.

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