



# Perinatal e-News

LA BEST BABIES NETWORK



Healthy Babies. Our Future.  
Presented by First 5 LA



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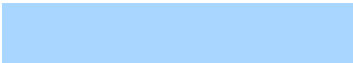
## Issue #35

- **Glucose Monitoring and Birth Outcomes**
- **WIC Participation and Fetal Growth**
- **Decline in SIDS Rate**
- **Women and Contraceptive Services**

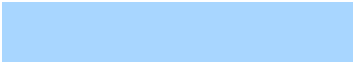
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[November is American Diabetes Month®](#)

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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](mailto:contact@labestbabies.org).



## Continuous Glucose Monitoring Improves Birth Outcomes

Monitoring glucose levels continuously in pregnant diabetic women can improve birth outcomes, according to a study in the October 2008 issue of the *British Medical Journal*.

Researchers found that continuous glucose monitoring during pregnancy:

- lowers mean levels of [glycosylated hemoglobin](#) at 32 to 36 weeks gestation
- improves maternal blood glucose control during the third trimester
- lowers birth weight and decreases risk of [macrosomia](#)
- reduces emergency operative deliveries.

Promoting a healthy lifestyle and diabetes management is crucial for the estimated 1.85 million U.S. women of childbearing age who have diabetes. A woman who manages her diabetes before pregnancy will reduce the risk of birth defects, miscarriage, premature birth and other newborn complications.

In our effort to promote the management of blood glucose levels among women of reproductive age, the Network's Healthy Births Care Quality Collaborative is addressing diabetes through interventions before, during and beyond pregnancy.

Learn more:

View the Network's *Perinatal Connections* article, [Investing in Interconception Care](#)

View the report, ["Effectiveness of continuous glucose monitoring in](#)

[pregnant women with diabetes"](#)

[November is American Diabetes Month®](#)

### **Participating in WIC Improves Fetal Growth**

Enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) decreases the risk of delivering a small for gestational age (SGA) infant, according to a study published in the online edition of the *Maternal and Child Health Journal*.

According to the study, increasing the length of WIC participation by 10% decreased the risk of delivering a SGA baby by:

- 2.5% in full-term infants
- 2.0% in late preterm infants
- 3.7% in very preterm infants.

The findings show that the "protective effect of WIC on risk of delivering an SGA infant is a function of length of time that pregnant women participate in the program. However, the program's education, counseling, and referral components may also contribute to lowering the risk of SGA."

Infants who are small for gestational age are at an increased risk of dying within the first year of life. In our efforts to improve pregnancies and birth outcomes, LA Best Babies Network works to ensure that high-quality perinatal care and social support are available to all families throughout L.A. County through its: Best Babies Collaboratives; Healthy Births Care Quality Collaborative; and the Healthy Births Learning Collaboratives.

Learn more:

View the Network's ["Healthy Families"](#) site.

View the report ["Length of Prenatal Participation in WIC and Risk of Delivering a Small for Gestational Age Infant."](#)

**Decline in Rates of Sudden Infant Death Syndrome in California**

Rates of sudden infant death syndrome (SIDS) declined by 77% in California from 1989 to 2004, according to a report released in the October 2008 issue of *The Journal of Pediatrics*.

The researchers attribute this decrease in SIDS to the [Back to Sleep campaign](#) in 1994, that recommended placing babies on their backs to sleep instead of their stomach.

The study showed that SIDS occurrences decreased in 1989 from 1.38 per 1,000 births to 0.31 per 1,000 births in 2004. A decrease was also noted from 1989 to 2004 for all racial/ethnic groups:

- Asian and Pacific Islander group by 83%
- Hispanics by 77%
- Caucasians by 71%
- African Americans by 67%.

To prevent and further decrease the incidence of SIDS, the researchers underscore the importance of considering interventions that focus on other causes of SIDS such as prenatal exposure to tobacco smoke.

Learn more:

View the report "[Sudden Infant Death Syndrome: Changing Epidemiologic Patterns in California.](#)"

### Increase in Women Receiving Contraceptive Services

The percentage of women receiving contraceptive services increased from 36% in 1995, to 41% in 2002, according to a study released in the October issue of the *American Journal of Public Health*.

From 1995 to 2002, an increase was noted in:

- contraceptive counseling, 14.5% to 18.6%
- birth control prescriptions, 27.5% to 33.9%
- pregnancy testing, 16% to 19.7%
- screening and treatment of sexually transmitted diseases, 7.6% to 12.6%.

According to the report, of the women receiving contraceptive services:

- 76% received service from a private healthcare provider
- 25% received service from a public clinic.

The researchers attribute the increase in the use of contraceptive services to changes in contraceptive use and to the improvement in

accessing these services. "There are still a lot of women not getting all the services they need," notes Jennifer J. Frost, senior research associate at the Guttmacher Institute and the author of the report. "My findings can inform the work of policymakers and program planners when developing recommendations for improving the delivery and financing of sexual and reproductive health care services in the U.S."

Learn more:

View the Network's "[Healthy Families](#)" site

View the report, "[Trends in US Women's Use of Sexual and Reproductive Health Care Services](#)."

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