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FEATURE ARTICLE

Sweet Dreams-Silent Death

Perhaps no loss is more devastating than the unexplained death of an infant believed to be healthy. Sudden Infant Death Syndrome (SIDS) is defined as the sudden death of an infant under one year of age that remains unexplained after a complete investigation, that includes an autopsy, examination of the death scene, and review of the symptoms or illnesses the infant had prior to dying and any other pertinent medical history. SIDS is the leading cause of death in infants between 1 month and 1 year of age, although most deaths occur in infants 1 to 4 months of age. SIDS is commonly referred to as "cot death" or "crib death" because most SIDS deaths occur when an infant is sleeping.

Who is at risk for SIDS?

African American babies are two to three times more likely to die of SIDS than white babies, and Native American babies are three times more likely to die of SIDS compared to white babies. Boys are at greater risk for SIDS than girls and more SIDS deaths occur during the cold winter months than the hot summer months. In addition, SIDS is more

Caught In The Web

Child Trends - The One-Stop-Shop for Data on Child Health

Child Trends is a nonprofit research organization that focuses on child health data collection and analyses. Child Trends was established in 1979 and currently maintains a staff of 50 researchers, analysts, and administrative and support personnel. Child Trends Data Bank provides data on more than 70 key indicators of child health. The following is a recent report on levels of parent education among various ethnic groups.

Disparity in Educational Gains Among Hispanic / Latino Population

Higher levels of parent education are strongly associated with positive outcomes for children in many areas including school readiness and educational achievement, health and health-related behaviors including smoking and binge drinking, and positive social activities such as volunteerism. In addition, children of higher educated parents are more likely to have access to greater material, human, and social resources.

Since 1974, the percentage of children ages 6-18 whose parents had less than a high school education has greatly declined while the percentage with a bachelor's degree or higher has increased steadily. Among black children, for example, the proportion with mothers lacking a high school degree decreased from 58 percent in 1974 to 20 percent in 1999, while the proportion with mothers with a bachelor's degree increased from 4 percent to 14 percent. For white non-Hispanic children the percentage whose mothers did not complete high school decreased from 27 percent to 7 percent, while the proportion whose mothers had completed bachelor's degrees increased from 9 percent to 26 percent. In comparison, Hispanic gains were significantly less.

Nearly 50 percent of Hispanic children had parents who lacked a high school degree in 1999 compared to less than 20 percent among black non-Hispanic children, and less than 10 percent of white non-Hispanic children. A similar pattern of disparity is found when looking at the proportion with bachelor's degrees. For more information and to register to receive e-mail notice of new and pending data releases visit www.childtrendsdatbank.org.

Ask Amy

Q. How can I increase my milk supply?

Many mothers misinterpret the normal breastfed baby pattern of frequent breastfeedings day and night and think that their milk supply is low. Before you pursue any strategies to increase your milk supply, you need to be sure your milk supply is indeed low. Effective strategies to increase your milk supply will depend upon the reason or reasons for the low supply. Most mothers can produce enough milk to nourish their babies. While some women have too few milk-producing cells this is quite rare. Usually, when a mother's milk supply is low or a baby's weight gain is slow, it is the result of too little information, incorrect information, or too little support. The following suggestions will help you build and keep a good milk supply:

- breastfeed whenever your baby seems fussy or hungry. During the early weeks, expect to breastfeed 8-12 times in each 24 hours or every 1-3 hours during the day and every 2-3 hours at night.
- breastfeed as long as your baby wishes on the first breast before you offer the second breast.
- offer both breasts at every feeding, but don't be concerned if your baby seems satisfied with one breast.
- begin each feeding on the breast offered last.
- avoid pacifiers and water or formula supplements unless medically indicated.
- eat a variety of foods and drink to satisfy your thirst.
- get plenty of rest. Nap when your baby naps.

The more milk you remove from your breasts through breastfeeding or breast pumping, the more milk you will make. You can hand express or pump your breasts after or between feedings.

If your milk supply stays low despite correct management, talk with your doctor or your baby's doctor about possible causes. Reasons for a low milk supply can be anatomic, hormonal, nutritional, or psychological and can be attributed to you or your baby. You may need to supplement your baby's diet with infant formula until the cause is identified and your milk supply improves. If supplementation is necessary, you can place the supplement in a cup, spoon, medicine dropper or bottle, whichever you prefer. Remember, any amount of breastfeeding is good for you and your baby.

likely to occur in...

- babies who sleep on their stomachs or sides
- babies who sleep on soft bedding
- babies born to mothers who smoke during pregnancy and after birth
- babies born to mothers who are less than 20 years of age at the time of their first pregnancy
- babies born to mothers who had no prenatal care or prenatal care late in pregnancy
- babies who are premature or low birth weight

What causes SIDS?

Despite extensive research, the cause of Sudden Infant Death Syndrome remains unclear. However, researchers have identified a series of factors or events that increase a baby's risk for SIDS, and should these events happen together, make SIDS likely to occur.

- First, an infant appears normal but has an underlying defect. This defect may be in the part of the brain that controls heart rate and breathing or it may be a metabolic disorder.
- Second, an infant is in the developmental period in which changes occur in sleep and wake patterns, breathing, heart rate, blood pressure, and temperature.
- Third, an infant experiences an event such as being placed on their

tummy to sleep, cigarette smoke exposure, or a respiratory infection.

What can parents do to lower the risk of SIDS?

There is no way to predict which babies will die of SIDS. However, there are actions parents can take to lessen the risk of their baby dying from SIDS.

- get prenatal care early in pregnancy.
- avoid smoking, drug and alcohol use by mother during pregnancy and the first year after birth.
- place your baby on her back to sleep.
- place your baby on a firm mattress or other firm surface to sleep.
- use a lightweight cover or blanket in your baby's bed.
- avoid putting pillows, sheepskins, comforters, and soft stuffed toys in your baby's bed.
- keep your baby's room at a comfortable temperature.
- get regular well baby check-ups and routine immunizations.
- call your baby's doctor right away if your baby seems sick.
- breastfeed your baby!

Dealing with a SIDS death

The death of a baby from SIDS is unexpected and unexplained. It is a death that cannot be predicted or prevented so there is no time for preparation or goodbyes. Often, parents of SIDS

Did You Know?

1.5 million Cans of Infant Formula Recalled

On November 2, 2002, the United States Food and Drug Administration (FDA) announced the recall of 1.5 million cans of powdered infant formula manufactured by Wyeth Nutritionals, as a result of possible contamination by a food-borne pathogen *Enterobacter sakazakii*. The recall is the latest in a series of actions by the FDA in response to the death of a premature infant in a Tennessee hospital in April 2001 from meningitis caused by *E. sakazakii*. The contaminated formula implicated in the Tennessee baby's death was powdered Portagen made by Mead Johnson Nutritionals. Subsequent to the death, the Centers for Disease Control and Prevention (CDC) issued the following statement in their April 11, 2002 Morbidity and Mortality Weekly Report (MMWR), "Clinicians should be aware that powdered formulas are not sterile products and might contain opportunistic pathogens." Illness and death from *E. sakazakii* infection was first reported in the *Journal of Clinical Microbiology* 1989 Sep;27(9):2054-6. Since that time, a growing number of outbreaks of *E. sakazakii* infection among newborns have provided compelling evidence that milk-based powdered infant formulas are the source of infection (*J Clin Microbiol* 2001;39:293-97.) More important, even low levels of *E. sakazakii*, previously thought to be safe, can lead to infection.

babies are very young and are confronting death for the first time. Most cases of SIDS occur at home, where parents and siblings witness the event and become part of the confusion that follows. In some cases, the parents are the ones to find the baby dead and must live with that memory. In other

It's the Law

Battle over Oregon Assisted Suicide Law

U.S. Attorney General John Ashcroft warned physicians or others who participate in assisted suicide under Oregon's law that they could face prosecution for violating the federal Controlled Substances Act. Ashcroft stated that prescribing drugs for the purpose of ending a life did not qualify as a legitimate medical use of drugs.

Oregon first enacted the law allowing physician-assisted suicide after a successful ballot initiative in 1994. Voters rejected a repeal of the law in 1997, after which doctors began using it in limited circumstances. A U.S. District Court judge ruled in April, 2002 that the Bush Administration lacked the authority to use the Controlled Substances Act to police doctors in Oregon, a ruling the Justice Department quickly appealed. The state intends to file briefs in the 9th Circuit U.S. Court of Appeals in an attempt to permanently overturn Ashcroft's enforcement notice.

Several state medical societies are expected to file "friend of the court" briefs in support of Oregon's case, including the California Medical Association and the New York Medical Society.

cases, the death occurs while the baby is under someone else's care, and the parents may feel guilt or anger or both.

All too often, the loss of a baby from SIDS is diminished by others who believe that the baby was not here long enough for parents to establish a deep attachment. For mothers, attachment is tightly formed from the moment of conception and throughout pregnancy, birth, and breastfeeding. A mother's bond focuses on the present and her baby's immediate needs, while a father's bond focuses on the future and his dreams and expectations for his child, dreams and expectations he will never realize. Parents attempt to cope with the death of their child by:

- acknowledging that their grief is unbearable and should not be diminished or ignored.
- allowing their anger to surface.
- acknowledging that grief is a necessary part of healing.
- talking openly about their child and how much they will be missed.
- celebrating their child's life through memorial services or rituals.
- expressing their feelings through writings or in art, music or other creative activities.
- confiding in those who will listen and understand.
- participating in support groups for parents who have lost a baby to SIDS.
- letting go of fear, anger, and guilt when the time seems right.
- acknowledging that acceptance of joy in life does not diminish their love for their child.

Every parent who has lost a child will agree that letting go of a child is impossible. Regardless of how brief their life, children give parents special gifts, and it is the memory of those gifts that enable parents to endure the loss.

For additional information on SIDS or to locate resources in your community contact the National SIDS Resource Center at www.sidscenter.org

SCIENCE OR SCIENCE FICTION

Does Breastfeeding Reduce the Risk for Childhood Asthma?

Yes it does! No it doesn't!

Sears et al followed 1037 children enrolled at 3 years of age; 504 were breastfed and 533 were not breastfed (Lancet 2002; 360:901-07). The children were evaluated every 2-5 years from ages 9-26 years for signs of asthma and atopic disease. The authors concluded that no duration of exclusive breastfeeding had a protective effect against the development of atopic disease or asthma in later childhood, and any duration of breastfeeding for longer than 3 weeks raised the risk of atopic disease and asthma. These findings must be accepted with caution given the following facts:

- most infants in the study were exposed to cow's milk formula in the maternity hospital, a potentially confounding variable
- infants breastfed as little as 4 weeks were included in the breastfed cohort despite compelling evidence that protection afforded by breastfeeding is dose related
- breastfeeding initiation and duration was documented by interviewers when the children were 3 years or age increasing the likelihood of recall bias
- children included in the breastfed cohort were not exclusively breastfed

In contrast to the previous findings, Oddy et al followed 2602 children enrolled before birth and followed prospectively for 6 years (J Allergy Clin Immunol 2002; 110:65-7). The researchers found that the risk of childhood asthma increased if exclusive breastfeeding was stopped

or other milk was introduced before 4 months of age. Unlike the previous study, exclusive breastfeeding was clearly defined, data collection was prospective, and only those children breastfed exclusively for 4 months or more were included in the breastfed cohort.

These two studies clearly illustrate the need to interpret all research findings with caution, giving careful consideration to research methodology.

WHAT'S NEW

A Pregnant Woman's Guide To Quit Smoking

Published by the Society for Public Health Education (SOPHE), A Pregnant Woman's Guide To Quit Smoking is an award winning, proven effective tool to help women quit smoking during pregnancy. Designed and tested by pregnant smokers, the Guide includes a self-evaluation process designed to build women's smoking cessation success over a 10-day period. The 40-page booklet is written at the 6th grade reading level and is available for purchase from SOPHE. Visit their website www.sophe.org or telephone 1+.202.408.9804.

Linkages Releases Six New Publications Targeting Breastfeeding

Linkages, a project supported by the United States Agency for International Development, is a global leader in infant and young child feeding. Six recent publications, including Quantifying the Benefits of Breastfeeding: A Summary of the Evidence, illustrate the pervasive impact breastfeeding has on child survival and development. To request copies of this and other LINKAGES' publications contact linkages@aed.org or visit their website at www.linkagesproject.org.

Hot off the Press!

United States Breastfeeding Committee Releases Issue Papers

Five issue papers developed by the United States Breastfeeding Committee (USBC) and partially funded by the Maternal and Child Health Bureau and the Centers for Disease Control and Prevention will be available December 1, 2002. Topics include Benefits of Breastfeeding, State Breastfeeding Legislation, Economic Benefits of Breastfeeding, Breastfeeding and Child Care, and Workplace Lactation Support. The issue papers are intended for use by policy makers and decision makers in the public and private sectors. Copies can be obtained at the USBC website www.usbreastfeeding.org.

EDUCATIONAL EVENTS

*An asterisk indicates those events where Amy Spangler will be speaking.

November 14-18, 2002
Academy of Breastfeeding Medicine
7th International Meeting: From Evidence to Action,
Vancouver, British Columbia, Canada
1+ 877.836.9947

December 5-7, 2002
National Perinatal Association &
Georgia Perinatal Association
Bridges to Perinatal Health
Savannah, Georgia USA
www.nationalperinatal.org

*January 30, 2003
2003 Breastfeeding Symposium
Lexington Medical Center
Columbia, South Carolina USA
Denise Connolly 1+803.791.2138

February 7-8, 2003
Emory Annual Breastfeeding Conference
Breastfeeding: Promoting and Protecting
Babies' Health
Atlanta, Georgia USA
Linda McCollum 1+ 404.524.3953

February 26-28, 2003
Annual Sentara L.A.T.C.H Conference
Chesapeake, Virginia USA
Susan Hatcher 1+ 757.436.3622
jmrigdon@sentara.com

*February 27-28, 2003
5th Annual Arkansas Lactation Conference
Hot Springs, Arkansas USA
Janet Bryan 1+ 501.320.1576

*April 10-11, 2003
Breastfeeding: The Gold Standard
Healthcare Professional Seminar
Jackson, Mississippi USA
Kendall Cox at wadken@peoplepc.com

*May 28, 2003
7th Annual Breastfeeding Conference
Northeast Georgia Breastfeeding Coalition
Gainesville, Georgia USA
Mary Ann Dolan 1+ 770.535.5874

June 2-5, 2003
Lactation Consultant Comprehensive Review
Wake AHEC
Raleigh, North Carolina USA
Diane Yelverton dyelverton@wakemed.org

August 1-3, 2003
ILCA Annual Conference
Sydney, Australia

www.ilca.org

PROFESSIONAL OPPORTUNITIES

Lactation Consultant Position—Northside Hospital, Atlanta, Georgia USA Telephone +1.404.303.3966.

Are you looking for a new employee, or new job opportunity? Use our Professional Opportunities column to streamline your search. Your advertisement will be read by hundreds of qualified professionals in the maternal and child health field and by more than 10,000 visitors during its 60 day flight. For additional information, contact us at info@amysbabycompany.com

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