



THE MOTHER BABY CONNECTION

A publication of the Oklahoma Healthy Mothers, Healthy Babies Coalition

June 2010

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Upcoming Events

SAVE THE DATE
OICA Fall Forum
October 12- 13

Health Care Reform 2010:
Transitioning Health Care
for Oklahoma's Children
and Families

June 18th, 2010
Tulsa, OK

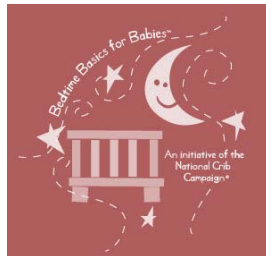
Details can be found in
the events section at
www.okhmb.com

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2 New Campaigns from First Candle- Bedtime Basics for Babies and Kicks Count



First Candle is one of the nation's leading nonprofit organizations dedicated to infant health and survival. *Bedtime Basics for Babies* is a national

infant safe sleep campaign that promotes the importance of safe sleep in reducing our nation's high rates of SIDS, suffocation and accidents during sleep.

The mission of *Bedtime Basics for Babies* is to prevent infant deaths that happen as a result of unsafe sleep practices.

Despite the existence of compelling research and statistics about the importance of safe sleep in reducing our nation's high rate of infant mortality, the number of babies who die in adult beds and other unsafe sleep places is on the rise.

In fact, of the more than 4,500 sudden, unexpected infant deaths each year, statistics show that as many as 80-90 percent are the result of unsafe sleep practices. These are preventable deaths.

By developing and implementing more effective safe sleep education campaigns, First Candle is confident we can significantly reduce the number of sudden, unexpected infant deaths in the United States.



The mission of the *Kicks Count* campaign is to help reduce our nation's high rates of late-term stillbirth by increasing awareness of stillbirth and the importance of monitoring a baby's

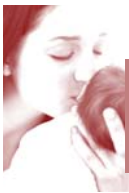
movements during the last trimester of pregnancy.

Doctors recommend that parents start counting and keeping track of their baby's kicks beginning with the 28th week of pregnancy (earlier for high-risk pregnancies.) By doing a kick count daily, women will get to know their baby's normal movement pattern within a week or two. By using a kick count chart, women and their doctors will be able to tell if there are any changes in a baby's normal pattern. Studies show that a major decrease in a baby's normal amount of movement could be a sign that there is a problem.

Each of the campaigns has information you can download and pass along to the families you serve.

These resources have been added to the OKHMHCB website. Check out the *In the News Section* at www.okhmb.com

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Selecting Health Provider's for Babies



Sandra Manzo de Puebla,
Child Health Specialist,
Oklahoma Health Care
Authority

Do you work with women currently enrolled in SoonerCare? Pregnancy is the time to encourage them to think about who their baby's health care provider will be. Once they have their baby, usually someone in the

hospital will get information from them to automatically enroll their baby into SoonerCare. Selecting a health care provider before their baby is born is easy and convenient. To find a provider they can visit the Oklahoma Health Care Authority's website www.okhca.org and under the individual section click the Find a Provider link, there they will find the SoonerCare provider directory. They can also call the SoonerCare Helpline at 1-800-987-7767 and request a provider directory book to be sent to them by mail. Encourage them to take the provider's information with them to the hospital so when the hospital staff asks them the questions to enroll their baby into SoonerCare, they can provide them with their choice of a SoonerCare health care provider for their baby.

MEMBER SPOTLIGHT

Tulsa Fetal and Infant Mortality Review Project Identifying Common Causes of Infant Mortality

—Pam Rask and Carol Kuplicki, TFIMR

The infant mortality rate (IMR) in Tulsa County has ranged from 6.6 infant deaths per 1,000 live births in 2004 to a high of 9.4 in 2007*. For years 2004-2006, Tulsa County ranks 33rd highest county in the state for the IMR and 2nd highest in the number of infant deaths with 222 infant deaths compared to Oklahoma County with 329 infant deaths.

The Tulsa Fetal and Infant Mortality Review (TFIMR) project has reviewed 279 (88.9%) infant deaths that occurred from 2004 through 2007. This review process encompasses abstracting information about the mother and the infant from hospital, prenatal care, and pediatric records, as well as reviewing police and ambulance reports. From this data, TFIMR has identified a high rate of urogenital (bladder or vaginal) infections in mothers who have suffered an infant loss. These infections are identified from prenatal care and hospital records or from the placental exam that may be performed after a woman delivers an infant.

Maternal infections are an important risk factor during a mother's pregnancy because they can lead to preterm delivery and subsequent death of an infant. Maternal infection may also increase the risk of pre-eclampsia, low birth weight, sepsis and has been associated with adverse neurodevelopment outcomes and structural alterations in the brain of the newborn. Infections diagnosed most frequently either during the pregnancy or at delivery were Group B strep 49 (17.9%), urinary tract infection, unspecified organism 32 (11.7%), yeast 27 (9.9%), bacterial vaginosis 24 (8.8%), and Chlamydia 22 (8%). Women may be diagnosed with more than one infection during their pregnancy. From 2005-2007, 50% of the women were diagnosed with one or more urogenital infections, with 30.4% diagnosed with one infection, 11.3% diagnosed with 2 infections and 8.3% diagnosed with three or more infections.

It is important for the health of the woman and future infant that she sees her physician before becoming pregnant and if diagnosed with an infection she is treated and completes all of her medications, even if she has no further symptoms.

For more information about the work of TFIMR contact Pam Rask at prask@tulsa-health.org

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A statewide initiative coordinated by the



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