Second HIV Test in Third Trimester Encouraged

HIV Counseling with a strong clinical recommendation for voluntary testing is the standard of prenatal care in NYS. Prenatal providers have demonstrated their commitment to this standard, as evidenced by the high percentage of women who present in labor and delivery with HIV test results readily available in their prenatal medical records (94% statewide average). HIV counseling and recommended testing should be provided as early as possible in prenatal care.

However, the DOH has identified a small but significant number of cases where the mother tested negative early in pregnancy and became infected after testing. In these cases, the mother’s infection and her infant’s exposure were not identified until the infant’s routine newborn screening results were available, too late for therapy to prevent prenatal transmission.

For this reason, the DOH encourages prenatal providers in (1) areas of NYS where HIV seroprevalence is high or (2) when there is ongoing high risk behavior (unprotected sex with a new partner, continued use of illicit drugs) to recommend repeat HIV testing in the third trimester of pregnancy.

A new prenatal consent form was developed to assist and enable prenatal providers to obtain consent for two HIV tests during pregnancy, when indicated. This form will be available in several different languages and can be downloaded from the NYS DOH web site at http://www.health.state.ny.us/nysdoh/hivaids/hivpartner/pdfs/4288.pdf.

The form is used when consent is obtained for the first HIV test in early pregnancy. The provider must explain that the woman is consenting to 2 HIV tests, one now and one in the third trimester. Pre-test counseling is not required for the second test but the provider should make the woman aware the second test is being done and offer to answer any questions related to this.

Please contact Lyn Stevens, NP at stevensL@upstate.edu if you have any questions or you would like clinical education related to this.

Contributed by: Lyn Stevens, MS, ACRN, NP, HIV Training Coordinator,
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Contents In This Issue...

Cover: HIV Testing in 3rd Trimester
Page 2: SIDS & Crib Bumpers
CNYCAP May Workshops
Page 3: Gender & Communication
Page 5: Physical Education Guides
Impact of Loss on Children
Page 6: News, Research & Resources
Expectant Parent Night
Page 7: Constipation Myths
Health & Environment
Topics in Perinatal Health
Page 8: Staff Contact Information
The National Institute of Child Health and Human Development (NICHD), through the Back to Sleep campaign, recommends that soft, fluffy and loose bedding and stuffed toys be removed from an infant’s sleep area. This includes all pillows, quilts, stuffed toys, and other soft items including crib bumpers.

Contrary to what many parents and infant care providers believe, crib bumpers are not a necessary piece of equipment in cribs, since today’s cribs are designed with safety in mind. According to the Consumer Product Safety Commission, safe cribs have: a firm, tight-fitting mattress; no more than 2 3/8 of an inch between the slats (about the width of a soda can); no loose, missing, or broken hardware or slats; no corner posts over 1/16 of an inch high; and no cutout designs in the headboard or footboard.

Despite the recommendations offered by the Back to Sleep campaign, manufacturers continue to sell infant bedding sets complete with a comforter, crib bumper, dust ruffle, crib sheet, window valence and other such items. It is important to remember that just because something is sold in a store or available on-line, does not always mean that it is the “best” thing for young children. Much of today’s product line is market-driven, which means if people continue to buy the merchandise, manufacturers will continue to produce it.

What can we do to reinforce the Back to Sleep campaign?

- Communicate with parents and infant care providers the importance of placing infants on their backs to sleep.
- Promote a safe sleeping environment for infants by removing any quilts or comforters, bumpers, stuffed toys, pillows and any other soft, fluffy bedding from the crib.
- Make informational pamphlets on SIDS available.
- Keep informed of the latest research and developments on SIDS by visiting the National Institute of Child Health and Human Development website at www.nichd.nih.gov/sids

For more information on SIDS, contact the New York State Center for Sudden Infant Death at 1-800-336 SIDS. For free informational pamphlets on SIDS to display at your program, contact Back to Sleep at 1-800-505-CRIB. To access crib safety information, visit the Consumer Product Safety Commission’s website at www.cpsc.gov or call 1-800-638-2772.

This article brought to you by the Infant/Toddler Technical Assistance Network of Region III, a project of the New York State Office of Children and Family Services. (September 2004)
When creating health information, does it matter whether your audience is male or female? Should there be a difference in style? If so, what is that difference? I've been intrigued by these questions recently, having worked on two gender-specific publications - one about breast cancer and another on prostate cancer. My sense is there are important differences, especially in regard to the tone, words, and examples. But to learn more, I spoke with a physician and a college professor who are both experienced in gender-related communication.

Henry Lerner, MD, is an obstetrician-gynecologist at Newton Wellesley Hospital in Newton. He is also an instructor of obstetrics and gynecology at Harvard Medical School. In his clinical practice and writing, Lerner communicates with women and their spouses or partners about miscarriage, sexuality, and other potentially sensitive and emotional topics. Dawn Skorczewski, PhD, is director of composition at Emerson College in Boston. She is not only an expert in writing but also teaches other instructors how to communicate effectively with a diverse body of students.

Lerner and Skorczewski differ in their opinions about how important it is for writers to consider the gender of their reading audience. Skorczewski says that gender is a significant consideration as men tend to want more facts and statistics while women prefer information about relationships and feelings. Lerner disagrees, saying that the reader's educational level, not his or her gender, is the most important factor to consider.

Differences aside, Lerner and Skorczewski do agree that good writing builds on a combination of effective communication strategies. Here are their tips for producing health materials both men and women can relate to and understand.

**Audience.** Regardless of gender, Skorczewski recommends that as a writer you think of readers as intelligent and informed, though perhaps unfamiliar with the topic you are writing about. "Think of your readers as differently - experienced," Skorczewski says, adding that you should think of writing less like making a speech and more like having a "conversation with someone whose point of view you respect."

Skorczewski points out the best way to learn about your readers' experiences is to ask. Health professionals, she says, can ask patients about what they want to learn and invite them to share stories about how this information affects their lives. If you gather this information before you start to write, you can use what you learn to help shape your communication.

**Content.** Lerner says men and women both want clear, straightforward explanations. When the topic is miscarriage, for example, he says everyone wants to know why this happened and what to expect in the future. "People want information more than empathy or sympathy," Lerner says. "Most people want explanations to gain control."

Agreeing on the benefit of clear explanations, Skorczewski adds that men and women may prefer to learn this information in different ways. A man, for example, may want to know more about the probability that miscarriage will occur again, while a woman might have feelings to express about the loss of the life she was carrying and its impact on her family. These perspectives need not be mutually exclusive. But it is important to be aware of them so you can combine a factual approach with one that also focuses on feelings. That way, both needs can be met.

**Gender-specific terms and images.** The words you use need to be respectful of your audience's point of view and inclusive so as not offend or exclude anyone. That means you need to be sensitive when choosing images. "The language of science is deeply gendered," says Skorczewski. You may want to reconsider before using only warlike metaphors such as "destroying disease" and "armies of cells."
The pronouns you use are also important and carry weight. Some writers use "he/she" or something similar in an attempt to be inclusive. This format, however, can be difficult to read and understand, especially by readers who have limited literacy or language skills. An alternative is using what J.R. Redfern calls "gender fair language." Such language "minimizes unnecessary concern about gender in your subject matter, allowing both you and your reader to focus on what people do rather than on which sex they happen to be." Here are two ways to do that:

- Use gender-specific names instead of more generic titles or descriptions. For instance, write about "Dr. Mary Green" or "Dr. Sam Brown" rather than "a doctor." This way you don't have to decide whether to use "he," "she," or "he/she" in later sentences.
- Use plural nouns and pronouns. For instance, you can say "patients who keep their appointments" rather than "a patient who keeps his/her appointment."

Numbers. While understanding and using numbers can be difficult for many people, Lerner notes that men tend to be quicker than women at interpreting numbers. Consequently, he may use an analogy to enhance his readers' understanding. For example, when giving the statistic that miscarriages occur in 20 percent of all pregnancies, Lerner may point out that, on average, it rains in Boston once every five days to help readers grasp the significance of the percentage and understand the frequency of the occurrence.

Writers sometimes ask me whether it is advisable to tailor or adapt information to match specific readers' particular needs. This may include altering style and approach based on such particulars as gender, culture, or age of the audience. My answer is it depends.

If you are writing for a small audience that you know well or can get to know well, it's appropriate to include words, examples, and illustrations that connect with the experience and needs of your readers. But when writing for a larger audience, it is important to use a style that is inclusive and that everyone can relate to and understand. In either case, ask your readers for their feedback. They are the experts on writing that appeals to them specifically as women or men. What you learn can help you in the future to know when and how to adapt your writing to make it, among other things, gender specific.

How to Find Out More:

- Henry M. Lerner, MD, is an obstetrician-gynecologist at Newton Wellesley Hospital in Newton and instructor of obstetrics and gynecology at Harvard Medical School. He is also author of Miscarriage: Why It Happens and How Best to Reduce Your Risks (Cambridge, MA: Perseus Press, 2003).
- Dawn Skorczewski, PhD, is director of composition at Emerson College in Boston and author of Teaching One Moment at a Time: Disruption and Repair in the Classroom (Amherst, MA: University of Massachusetts Press, 2004). You can reach her by email at dawn_skorczewski@emerson.edu

Resources:


"Reprinted with permission of On Call magazine. On Call is published by BostonWorks, a division of The Boston Globe." AND "As president of Health Literacy Consulting, Helen Osborne helps health professionals communicate in ways patients, families, and employees can understand. To learn more, please visit the Health Literacy Consulting Web site at www.healthliteracy.com."

Editor's Note: This article addresses difference of gender roles and stereotypes assuming there are only two genders. For more information go to the website for the Intersexed Society of North America (www.isna.org) or contact the LGBT Resource Center at 443-3983.
Physical Education Guides

The National Association for Sport and Physical Education (NASPE) has released a series of booklets that describe physical education practices that are in the best interest of children. They include guidelines for curriculum design, learning experience, fitness activities, fitness testing, assessment, participation levels, forming groups, competition, and many others.

There are currently four booklets focused on the following age groups:

- Young children, ages 3-5
- Elementary School
- Middle School
- High School

NASPE encourages people to share this important information with their principals, school boards, parents, and colleagues.

These documents are available free of charge on their web site at: www.aahperd.org/naspe/template.cfm?template=peappropriatepractice/index.html

Original copies of the printed documents are also available for sale by calling 1-800-321-0789 or ordering from the online store at www.aahperd.org/naspe.

Another publication that NASPE also sells a book titled, Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years. The recommendations in this document were developed by a group of national experts. They provide guidance about the physical activity capabilities and needs of infants, toddlers, and preschoolers. These guidelines can help adults who interact with young children to promote healthy patterns of physical activity, motor skill acquisition and exploration of the environment. These experiences can in turn enhance the physical, mental and social development of the children in their care.

A Spanish translation of Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years is available. Copies may only be ordered by calling 1-800-213-7193 x. 483.

NYPAT Presents...

Impact of Loss on Children
Laura Harting,
Children's Grief Specialist
March 22, 2005

Laura Harting, Children’s Bereavement Specialist with Hospice of Central NY, will speak on the Impact of Loss on Children, preschool through adolescence on March 22, 2005. Laura will discuss kids and grief and all the feelings involved when we lose something or someone close. Children grieve differently from adults and Laura will examine the impact a child’s developmental stage has on the grieving process. The presentation will be interactive, including a number of activities participants can use in their own settings.

New York Parents Are Talking (NYPAT) is a network of parent educators that meets quarterly to share resources, challenges and successes in the world of parent education. The group includes folks who have worked with parents for over 30 years and those brand new to the field. Our meetings are informal, informative, and always practical. Join us!

For more information, or to reserve a spot, contact Jane Arras at 424-0009, email jarras@familytiesnetwork.org
Pregnant Women and Asthma

The National Asthma and Education and Prevention Program has released new guidelines concerning the effects of a pregnant woman’s asthma on her unborn baby. The guidelines basically state that it is safer to take medications rather than have asthma related problems during pregnancy. The Journal of Allergy and Clinical Immunology which published the guidelines, urges pregnant women to limit their exposure to asthma triggers and treat conditions like allergic rhinitis, sinusitis and gastroesophageal reflux. Pregnant asthmatics should also avoid exposure to tobacco smoke and dust mites whenever possible. For about 30% of women with asthma, their condition worsen when pregnant. For a copy of the report, visit www.nhlbi.nih.gov/health/prof/lung/asthma/astpreg.htm

Easy Access to Morning After Pill Does Not Alter Sexual Behavior

Women who were given a supply of emergency contraception to take as needed had the same rates of contraceptive use as women who got the pill from a clinic or through a prescription. Emergency contraception is a combination of hormones that can prevent pregnancy if you take it within 72 hours of unprotected sex. More than 2,100 women between the ages of 15 and 24 participated in the study conducted by University of California, San Francisco. In the study only 24.2% of women who could get emergency contraception from a pharmacy without a prescription did so, compared to 21% of those who required a prescription. About 12% of the participants in each group had a sexually transmitted infection over the course of the study, and there was an 8% increase in pregnancy for each group. For an abstract of the study visit the Journal of American Medicine’s website, www.jama.com. Type “emergency contraception” into the search field. JAMA, January 5, 2005; 293: 77 - 85.

Fruits, Vegetables and Adolescent High Blood Pressure

A study funded by the National Heart, Lung and Blood Institute, and the American Dairy Association/National Dairy Council reported findings from a study involving 95 children aged 3 to 6 over an 8 year period. The research indicates that preschoolers who ate at least four servings of fruits and vegetables and at least two servings of dairy per day had the lowest blood pressure by age 12. Children who ate more fruits and vegetables and dairy products at younger ages mostly continued these healthy eating habits into early adolescence. Adolescent blood pressure predicts adult blood pressure levels. Children who learn to eat a healthier diet will benefit for years to come. Source: Epidemiology, January, 2005

Urine Test for Preeclampsia in Development

Preeclampsia causes a pregnant woman to develop dangerously high blood pressure. It kills hundreds of mothers-to-be each year in the United States, and leads to 15% of all premature births. It can lead to seizures, stokes and kidney damage.

New research funded by the National Institute of Child Health and Human Development, focuses on the development of a urine test that may predict if a woman will develop the dangerous disease. Researchers hope that if a self-administered test is developed, similar to a pregnancy kit, women would know they may be in trouble and see a doctor right away.

For an abstract of the study visit the Journal of American Medicine’s website, www.jama.com. Type “preeclamsia” into the search field. JAMA, January 5, 2005; 293: 77 - 85.

Family Ties Network & Doulas of CNY Present...

2nd Annual Expectant Parent Night
May 13th, 6-9 pm
Cicero, NY.
For more information, contact 455-6MOM
Constipation Myths

In our lives, most of us will experience constipation at one time or another, especially during pregnancy. According to the American College of Gastroenterology, there are 2.5 million doctor visits for constipation in the United States. Each year hundreds of millions of dollars are spent on laxatives. There are a lot of beliefs, remedies and mythology surrounding this common problem. You’d be surprised by the amount of information regarding constipation cures that are not true! A new study by researchers at Germany’s Humbolt University in Berlin details what works, and especially what doesn’t work to ease the frustration of constipation.

One of the most popular beliefs is that you should increase your fiber intake to cure constipation. It may help some people, but for many others it could make the problem worse, especially if you abruptly change your diet. Many people think that drinking more water will help. Unless you are dehydrated, it won’t do a thing to help your bowel movements.

Some people believe that poisonous chemicals can be absorbed into the body from a stool in the colon. There is no evidence that disease can be caused this way.

There is a lot of mythology surrounding the use of laxatives. Laxatives can be misused, but stimulant laxatives taken at the recommended dosage do not cause harm to the colon. Stimulant laxatives were not found to be addictive, although many patients with chronic constipation are dependant on them. Tolerance to laxatives is uncommon, and if you abruptly stop using them you shouldn’t run the risk of “rebound constipation.” Laxatives do not cause nerve damage in the colon or cause colon cancer.

With these facts in mind, patients are able to make their own decisions about constipation without fear or misinformation from friends, family and folklore. If you are experiencing constipation that will not go away with a stool softener or laxative, see a doctor. Doctors do note that fiber, increased fluid and/or physical activity can be part of treatment. Physicians can work with you to find a treatment that is safe and works for you.

Results of the German study were published in the January 2005 issue of the American Journal of Gastroenterology.

Contributed by: Steve Wood, Resource Coordinator, Family Ties Network

Health & Environment

Environmental Health Perspectives (EHP) is a monthly journal of peer-reviewed research and news on the impact of the environment on human health. EHP content is free online at http://ehp.niehs.nih.gov, or available in print issues through paid subscription. There is extensive research available regarding child health and environmental concerns. Recent articles focus on how passive cigarette smoke lowers a child’s test scores, adolescent and child obesity, and much, much more.
If you would rather receive our newsletter via email, contact Wendy at healthed@familytiesnetwork.org