



**Zero to age 21:
Information
Promoting
Success**

**for Public Health Professionals
working with Kansas Kids**

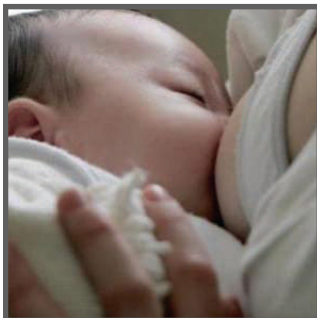
August 2010

Eliminating Consumption of Alcohol as a Barrier to Breastfeeding

By Martha Hagen, MS, RD, LD, IBCLC

Almost everyone agrees that breastfeeding is best for infants, mothers, fathers, families, the environment, the United States and the world. While the goal is to help every mom who wants to breastfeed have a successful breastfeeding experience, barriers to breastfeeding successes occur every day. Preventing barriers and teaching moms and families how to manage situations is good for everyone.

One such barrier is the statement “You cannot drink alcohol if you are breastfeeding.” This statement is inaccurate. Mothers do not need to stop breastfeeding to enjoy an occasional alcoholic beverage with friends or for a celebration. While pregnant women should not drink alcoholic beverages, breastfeeding women can plan and have a drink.



The amount of alcohol transferred into breastmilk is the same level as in the mother’s blood.¹ The highest alcohol levels in blood and milk occur 30 to 60 minutes after the intake of an alcoholic beverage. Food can delay the timing of peak blood and milk alcohol levels. Adults generally break down one ounce of alcohol in three hours. A mother drinking two glasses of wine should wait two to three hours before nursing. A mother should breastfeed **before** having an alcoholic beverage and **wait two to three hours** before breastfeeding again. Daily heavy use of alcohol is not recommended.²

Test strips are available to screen the alcohol level of breastmilk. The use of these test strips is not necessary if mothers follow the above recommendations. Encouraging use could set up another barrier to breastfeeding as the strips are pricey and the testing process is time consuming.

Breathalyzers which estimate blood alcohol content and thus breastmilk content are not necessary either for mothers who want to have an occasional drink. Following the above recommendation – “nurse, drink, wait two to three hours, then nurse and remember if you still feel the effects of the alcoholic drink then there is alcohol in your breastmilk” can be an easy guide for mothers. A mother who plans to really “party” can pump and store breastmilk to feed her infant and wait to nurse her infant until the effects of alcohol have dissipated.

Mothers who occasionally want to consume an alcoholic beverage should not be told they need to stop breastfeeding but should be educated about how to manage an occasional drink. Setting up one more barrier to breastfeeding should be avoided.

¹ Hale, T.W. and McAfee, G, A Medication Guide for Breastfeeding Moms 2005

² Drug and Lactation Database of the National Library of Medicine’s TOXNET system. <http://toxnet.nlm.nih.gov>

2010 Perinatal Association of Kansas Conference

By Joe Kotsch, Perinatal Consultant

The 2010 Perinatal Association of Kansas (PAK) Conference was held at the Providence Medical Center in Kansas City, on June 18. The conference theme was "Health Care Reform: Impact on Perinatal Medicine."

Captain Jose Belardo, MSW, MS, JD who is the Deputy Regional Health Administrator for Region VII in Kansas City, Missouri, opened the conference by greeting the participants and presenting his experiences from work in Haiti following their devastating earthquake earlier this year. Captain Belardo was followed by Dr. Jason Eberhart-Phillips, MD, MDiv., MPH the Director of Health, KDHE. Dr. Eberhart-Phillips offered a positive vision for the health of Kansas if we will begin to smoke less, eat a more nutritious diet and exercise more often. By making these positive health choices and others, Kansans can expect to have a healthier future.

Merry K. Moos, RN, FNP, MPH, FAAN, spoke about barriers and opportunities that face our state and nation in terms of prevention before, during and after pregnancy. C.J. Harrison, MD, Director of the Infectious Disease Research Laboratory at Children's Mercy Hospital in Kansas City, Missouri, spoke about the impact of H1N1 influenza virus in the perinatal population.

At lunch, the PAK organization had their annual busi-

ness meeting. During this meeting, much to his surprise, Captain Jose Belardo was given the 2010 Kunsche award. The Kunsche award is given to a person outstanding in the field of perinatal health and is one that is awarded annually by PAK.

The conference concluded with a panel of speakers that included:

- Dennis Cooley, MD, a pediatrician in Topeka
- Kelly Fritz, ARNP, CNM, CNS, MSN, Adjunct Clinical Faculty, Saint Luke's College of Nursing in Kansas City, Missouri
- C.J. Harrison, MD, Children's Mercy Hospital
- Lori Boyajian-O'Neill, DO, Medical Services Core of Greater Kansas City
- Brian Robb, DO, an emergency services physician at the Liberty, Missouri Hospital

The panel addressed emergency preparedness planning for the perinatal population. Most people agreed that there is a need for more of these types of services in the perinatal population and suggested a variety of ways of working toward meeting this need from various professional perspectives.

For more information about the PAK organization, visit www.kansasperinatal.org/.

Smoking During Pregnancy: What You Need to Know

By Joe Kotsch, Perinatal Consultant

The Centers for Disease Control and Prevention (CDC) recently concluded a study that found if more women were able to quit smoking before becoming pregnant, more infant lives would be saved. Smoking during pregnancy remains a major cause of infant death, premature delivery and low birth weight infants.



The study included 3.3 million singleton births occurring in the United States (except in California) in 2002. The data was analyzed through use of the United States Linked Birth/Infant Death Data Set. About 11.5 percent of the infants' mothers smoked during pregnancy. According to the Tobacco Use in Kansas 2007 Status Report, 16.5 percent of pregnant women smoked.

Researchers believe there can be a 20 percent decrease in the incidence of low birth weight infants if pregnant women quit smoking. There can also be a 17 percent decrease in preterm births and an increase in birth weight by 28 grams.

If reductions can be achieved, there can be a health care cost savings estimated at more than \$200 million. Many families would also be spared the sorrow associated with an infant death since fewer infants will be at an increased risk for Sudden Infant Death Syndrome (SIDS).

It is recommended that women who are considering pregnancy get smoking cessation counseling to help them quit before becoming pregnant.

Resources related to quit smoking can be found on the KDHE website at: www.kdheks.gov/tobacco/.

Citation for the study referenced in this article: Dietz PM, *et al.* "Infant morbidity and mortality attributable to prenatal smoking in the US." *Am J Prev Med* 39(1), 2010.

World Breastfeeding Week August 1 - 7



Breastfeeding your baby is the best thing that a mother can do for her baby. It can be challenging, but there are many people who can provide support. For more information and tips about breastfeeding visit www.womenshealth.gov/breastfeeding.

For hands-on help, contact a lactation consultant. This type of health care professional is dedicated to helping you with all aspects of breastfeeding. To find a certified lactation consultant in your area, visit www.ilca.org.

The Kansas Breastfeeding Coalition, Inc., supports projects that enhance breastfeeding promotion and support in Kansas. For more information, contact Barbara Beier, Treasurer, Shawnee County Health Agency, 1615 W 8th, Topeka, KS 66605-1688.

What's in Your Pockets?

By Jane Stueve, Adolescent and School Health Consultant



Can the “things” children carry in their pockets make them ill? Adults that frequently launder clothing for small children may be afraid to reach into little pockets for fear of

what may still be alive.

A collection of insects and objects that may end up in small pockets may include:

- Caterpillars
- Roly-poly
- Butterflies
- Pieces of pretty objects
- Flowers
- Leaves
- Bugs
- Rocks
- Feathers

How many of these “things” may be concerning and possibly spread disease or bacteria?

Potentially, all things found could carry bacteria that cause disease. Some of the most obvious dangerous objects that a child should never put in their pocket include pretty pieces of glass because of the risk of serious cuts and infections.

Caterpillars are a popular item because they are generally fuzzy and viewed as pretty. Some caterpillars are poisonous. To find more information and pictures of which caterpillars are poisonous, visit the Univ. of Kentucky, College of Agriculture at www.ca.uky.edu/entomology/entfacts/ef003.asp.



Monarch caterpillars

The roly-poly bug- another name for the Woodlouse—is not poisonous. Roly-poly bugs have 14 legs, making them a crustacean; as opposed to insects which have only six legs.



Pipevine Swallowtail

Monarch and Pipevine Swallowtail butterflies eat poisonous plants as caterpillars and are poisonous themselves as adult butterflies. Birds learn not to eat them.



Monarch

Flowers and leaves may or may not be dangerous and can cause three occurrences – skin irritation, eye irritation and poisoning. Each flower and leaf should be evaluated separately. For more information about the flowers and leaves that are poisonous visit http://aggie-horticulture.tamu.edu/lawn_garden/poison/poison.html.

Feathers from birds are readily found on most walking trails and parks and can end up in pockets. Feathers have been known to carry lice and chiggers but whether they are still there or alive is dependent on where the feathers are found and the type of weather exposure. Generally, lice and chiggers will leave a feather after a few days of sun exposure. Bird feathers, as well as birds can carry other diseases that cause illness. A person's age and health status may affect his or her immune system and increasing the chances of getting sick. People who are more likely to get diseases from birds include infants, children younger than five years old, organ transplant patients, people with HIV/AIDS and people being treated for cancer. More information can be found at www.cdc.gov/healthypets/animals/birds.htm.

The best protection one can have relating to “pocket objects” is to teach small children to keep pocket objects away from their face and wash their hands with soap and water after collecting. If they are bitten or stung, teach them to tell you about it and observe the markings on the insect or crawler.

Anyone doing the laundry and finding collectables should also wash their hands with soap and water. Walking with your child when they are on a collecting mission is a great way to not only teach them safety in handling unfamiliar or interesting objects, but also improve physical, mental and relational health.

Primary and Preventative Guideline Changes for Adolescent Pap Smear

By Jane Stueve, Adolescent and School Health Consultant

The American College of Obstetricians and Gynecologists (ACOG) suggests that “teen girls may need two “well-child” visits each year. A general preventive visit and a dedicated reproductive health visit. Both visits should be covered by insurers according to an updated Committee Opinion issued December, 2009 by ACOG and published in the July issue of *Obstetrics & Gynecology*.” (ACOG, http://www.acog.org/from_home/publications/press_releases/nr06-22-10-2.cfm).

The visit relating to reproductive health will be an opportunity for the obstetrician-gynecologist (OB-GYN) to start a physician-patient relationship. The OB-GYN visit may include screening, evaluation, immunizations and counseling (including preventative health care). The positive behaviors, like exercise and diet should be encouraged, while discouraging smoking, alcohol and other drugs that lead to behavioral characteristics that indirectly affect the teen’s sexual health. For an asymptomatic teen, a pelvic examination is not necessarily included.

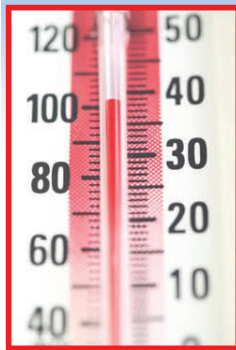
Prior to 2009, ACOG recommended cervical cancer screening begin three years after first sexual intercourse or by age 21, whichever occurred first. In 2009, ACOG stated: “The recommendation to start (cervical)

screening at age 21 years regardless of the age of onset of sexual intercourse is based in part on the very low incidence of cancer in younger women. It is also based on the potential for adverse effects associated with follow-up of young women with abnormal cytology screening results” (ACOG Practice Bulletin No. 109).

ACOG “maintains its recommendation that adolescent girls have their first visit with an OB-GYN between the ages of 13 and 15 to help set the stage for optimal reproductive health in the years ahead” (ACOG). “Sexually active adolescents, younger than 21 years, should be counseled and tested for sexually transmitted infections and should be counseled regarding safe sex and contraception.” Adolescents should have a pelvic examination if the adolescent is symptomatic. “These measures (the pelvic exam) may be carried out without cervical cytology screening and in the asymptomatic patient, without the use of a speculum” (ACOG Practice Bulletin No. 109).

By establishing a primary care physician, OB-GYN and following the ACOG recommendations for early and frequent intervention, the adolescent is more likely to enjoy a lifetime of reproductive health.

Heat Index: Planning For Late Summer/Early Fall Activities During



EXTREME HEAT

By Brenda Nickel, Child and School Nurse Consultant

According to the Federal Emergency Management Agency (FEMA), “Heat kills by pushing the human body beyond its limits. In extreme heat and high humidity, evaporation is slowed and the body must work extra hard to maintain a normal temperature. Most heat disorders occur because the victim has been over-exposed to heat or has over-exercised for his or her age and physical condition. Older adults, young children, and those who are sick or overweight are more likely to succumb to extreme heat.” (2009, no page number)

Populations to Consider for Heat-Related Injuries

August heralds the change of activities that include children heading back to school or child care, student athletes beginning fall practice and last minute summer activities. August also heralds the beginning of pre-autumn with occasional cooler evenings. It’s important to remember that its summer’s end and hot weather is not anxious to move into fall. Thus, it’s time to step up vigilance to prevent heat-related illnesses and deaths.

For youngsters and people living in urban areas, it’s important to remember that “conditions that can induce heat-related illnesses include stagnant atmospheric conditions and poor air quality. . . [and] asphalt and concrete store heat longer and gradually release heat at night, which can produce higher nighttime temperatures.” (FEMA, 2009, no page number)

The National Highway Traffic Safety Administration (NHTSA) shows the risk of a serious injury or death during hot weather is heightened for children left alone in vehicles. Hyperthermia (heat-stroke) is the leading cause of non-crash vehicle deaths for children under the age of 14 with at least 27 documented heat-related deaths per year. Families living in urban areas also have a greater risk of heat-related injuries. Additionally, students participating in fall athletics have an increased risk of hyperthermia and dehydration.

Heat Index

An important measurement of heat and humidity impact is the Heat Index (HI), a “number in degrees


Fahrenheit (F) that tells how hot it feels when relative humidity is added to the air temperature. Exposure to full sunshine can increase the heat index by 15 degrees.” (FEMA, 2009, no page number) It is this index that creates a guide to determine the risk of a heat-related illness with activities outdoors.

- Low Risk
- Caution - fatigue is possible with prolonged exposure and activity
- Extreme caution - sunstroke, heat cramps and heat exhaustion can occur
- Danger - sunstroke, heat cramps and heat exhaustion are likely; heat stroke is possible
- Extreme danger - heat stroke or sunstroke are likely with continued exposure


The human body normally cools itself by perspiration or sweating, in which the water in the sweat evaporates and carries heat away from the body. When the relative humidity is high, the evaporation rate of water is reduced. This means heat is removed from the body at a lower rate, causing it to retain more heat than it would in dry air.


Information, Resources and Tools


For information that may assist in the development of heat plans or consideration for your practice area, visit the following websites:

 Centers for Disease Control and Prevention www.bt.cdc.gov/disasters/extremeheat/

 Federal Emergency Management Agency: *Extreme Heat* www.fema.gov/hazard/heat/index.shtm

 *Heat and Cold Index* from KSHSAA www.kshsaa.org/heatindex.html

 Safe Kids, USA Press Release: *Kids in Cars: An Update on Safe Kids Buckle Up’s Hyperthermia Initiative* www.safekids.org/our-work/news-press/press-releases/read-the-us-department-of.html

 United States Department of Health and Human Services www.hhs.gov/disasters/emergency/naturaldisasters/heat/index.html

Kansas School Nurse Leaders Active at the National Association of School Nurses (NASN) Conference and National Association of State School Nurse Consultants (NASSNC) Meeting

By Brenda Nickel, Child and School Nurse Consultant

The NASN conference was held in Chicago, June 28-July 3. Over 800 school nurses from across the United States and internationally were in attendance. Kansas was well represented by nursing leadership from a variety of school districts.



Pictured left to right: Chris Tuck, Cindy Galemore, Joann Wheeler, Brenda Nickel, Darla Denny, Garrie Oppitz and Polly Witt.

Members of the Kansas School Nurse Organization (KSNO) who attended include:

- Joann Wheeler, USD 266 Maize
- Polly Witten, USD 457 Garden City
- Kathy Hubka, USD 259 Wichita
- Darla Denny, USD 512 Overland Park
- Cindy Galemore, USD 233 Olathe
- Garrie Oppitz, USD 345, Topeka
- Chris Tuck, USD 345, Topeka

Galemore, the Director of School Health Services in the Olathe schools, presented at the NASN conference addressing anaphylaxis and use of Epinephrine in the school setting. Addressing a room filled to capacity, her presentation provided valuable informa-



Pictured: Cindy Galemore answers questions from session participants.

tion and resources for nurses addressing issues related to students that may have a severe allergic reaction while attending school or school-related activities.

Jane Stueve, Adolescent Health Consultant and Brenda Nickel, Child Health Consultant, Bureau of Family Health, attended the NASSNC meeting held prior to the NASN conference.



Pictured: Jane Stueve assists Charlotte Burt, Iowa School Nurse Consultant with ADA presentation as other consultants listen.

Stueve, who is the president-elect for NASSNC, coordinated the meeting attended by 28 school nurse consultants from across the nation. Issues discussed included trends in school health, challenges with the current economic climate and opportunities to enhance school health services.

Guest speakers presented information on collaboration with NASN leadership and Americans with Disabilities Act. NASSNC members will reconvene at the American School Health Association Conference, October 13-16, at the Hyatt Regency Crown Center, Kansas City, Missouri. For more information about the upcoming conference visit www.ashaweb.org/i4a/pages/index.cfm?pageID=3315.

Data Collection by Local Health Department Assists in Preparation for The Kansas Home Visiting Grant Application

By Brenda Nickel, Child and School Nurse Consultant

Maternal, Infant, and Early Education Home Visiting Program

The Bureau of Family Health, in partnership with many state-level and statewide home visiting stakeholders, have been gathering data anticipating a new home visiting opportunity.



“Within the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act or ACA) (P.L. 111-148) is a provision authorizing the creation of a *Maternal, Infant and Early Childhood Home Visiting Program*. Each state is required to respond to the diverse needs of children and families in communities at risk by providing home visiting services using an evidence-based home visiting program” (HRSA, 2010). (Photo source www.aislingdiscoveries.on.ca/files/images/bbs.largethumb.jpg)

To be eligible to apply for the new federal dollars-*Maternal, Infant and Early Childhood Home Visiting Program* – Kansas is required to conduct a home visiting capacity assessment. In early July, local health departments assisted the Bureau of Family Health as key informants to determine the quality and capacity of existing programs for home visiting in the state, identify the number and types of individuals/families served, gaps in services; and the extent to which services meet the needs of eligible families.

Key Stakeholders and Partners in Exploring Evidence-based Home Visiting Services

The Kansas Home Visiting Task Force, a group of home visiting stakeholders meeting periodically, began discussion and preparation for the release of the home visiting grant April 24. The June 10 Funding Opportunity Announcement describes this new program as

“historic and transformative legislation designed to make quality, affordable health care available to all Americans, reduce costs, improve health care quality, enhance disease prevention, and strengthen the health care workforce. Through a provision authorizing the creation of the Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program, the Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.”

The intent of the funds is to “assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home visiting programs. This new program



plays a crucial role in the national effort to build quality, comprehensive statewide early childhood systems for pregnant women, parents and caregivers, and children from birth to 8 years of age – and, ultimately, to improve health and development outcomes” (HRSA, 2010). (Photo source http://www.firstfivecc.org/uploads/press/news/08_09/images/photo8.jpg)

To access the grant application information visit <https://grants.hrsa.gov/webExternal/FundingOppDetails.asp?FundingCycleId=E24F384A-7290-49D0-A393-EED7F542B618&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=&pageNumber=&version=&NC=&Popup>.

Certified Infant Massage

By Jamie Klenklen, MCH Admin Consultant



Pictured: CIMI® class held on June 17 & 18 in Wellington, KS.

Diana Moore, MS, LMT, CIMI® was the instructor for the two day course on infant massage held at the Futures Resource Center in Wellington. The CIMI® Infant Massage Instructor Training is a nationally accredited program. Jamie Klenklen, CIMI®, KDHE, assisted with the training.

Participants will become Certified Infant Massage Instructors (CIMI®) qualified to teach parents/primary caregivers how to massage their newborns and children.



Pictured: Ileen Meyer, Director of Children & Families Section, Bureau of Family Health, KDHE and Lynn Metz, Healthy Start Home Visitor, Sumner County Health Department.

The training is presented through PowerPoint presentations, lecture, audio-visual aids, discussion and hands-on participation with dolls through a demonstration lab with parents and their newborns.

Jamie's Jottings

By Jamie Klenklen, MCH Admin Consultant

- **2010 Healthy Start Home Visitor Fall Regional Training**

Presented by KDHE, Bureau of Family Health

Registration begins at 8:30 a.m.

Training is 9 a.m. – 4 p.m.

This is a required training for all Healthy Start Home Visitors to attend

Tuesday, September 14 – NE
Community Building
204 Topeka Ave
Lyndon, Osage County
Lunch will be catered, \$10, each

Wednesday, September 15 – NC
Cloud County Health Department
910 West 11th Street
Concordia, Cloud County
Lunch will be catered, \$10 each

Thursday, September 16 – NW
Midwest Energy Bldg/Community Room
916 Sheridan Avenue
Hoxie, Sheridan County
Lunch will be catered, \$10 each.

Monday, September 20 – SC
Township 12 Fire Station
224 Country Club Road
Pratt, Pratt County
Lunch will be on your own

Tuesday, October 5 – SE
MO Geti Restaurant
511 S Country Club Rd
Chanute, Neosho County
Lunch will be same location

Thursday, October 7 – SW
Stauth Memorial Museum
111 N Aztec Street
Montezuma, Gray County
Lunch at Donna C's (next door)

“Every family deserves a healthy start!”

You are cordially invited to attend....



Sponsored by: Finney County Breastfeeding Coalition, Kansas Breastfeeding Coalition, Center for Children and Families, Finney County Health Department WIC



Finney County Health
Department WIC



Background: This training program is part of a major national initiative of the U.S. Department Health & Human Services, Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau to increase breastfeeding duration and exclusivity rates among employed breastfeeding women.

The project goal is to increase workplace lactation support for employed breastfeeding women by equipping breastfeeding advocates to conduct effective outreach and education activities with employers.

The training includes: Ways to communicate effectively with businesses; Evidence-based ways to support breastfeeding women; Techniques for community-based strategic planning.

| Date | Location | Time | Capacity |
|--------------------|--|------------------------|----------------------------|
| Tuesday, August 31 | Finney County 4 H Building, Finney County Fairgrounds | 8:30 a.m. to 4:00 p.m. | Maximum of 50 participants |

Please Note: Space is limited and the cost of this training is being underwritten by public funds allowing the conference to be offered with no registration fee. Priority will be given to applicants who commit to contacting at least one worksite (your own or an employer in your region) within the next six months, working with them to create a breastfeeding friendly worksite, and provide evaluation information to the KBC.

What to expect: A dynamic training, your copy of HRSA’s The Business Case for Breastfeeding Resource Kit, CEU’s (for RN’s, RD’s) Participants will engage in interactive activities that foster collaboration and continued involvement in implementing this project in your community.

Who should attend:

- Members of state & local breastfeeding Coalitions
- Healthy Start Agencies
- Community based Doula programs
- Lactation consultants
- Breastfeeding counselors and educators
- WIC nutritionists and Breastfeeding coordinators
- AAP Breastfeeding Coordinators
- Worksite wellness councils
- State Chronic Disease programs
- Hospital and clinic nurses
- Childbirth educators
- Early Head Start
- La Leche League Leaders
- Public Health Staff
- Minority health programs
- Teen parenting programs
- Faith based organizations
- Breastfeeding advocates

Registration

Complete and fax or mail the attached registration to Southwest Kansas WIC, attention Nonie Macias, before August 10, 2010. Registrations accepted on a first come, first serve basis. If you need to cancel your registration contact Nonie Macias 620-272-3615. It is important to cancel as soon as possible, because a waiting list participant may be able to fill your place. An e-mail confirmation will be sent upon receiving your registration.

Questions or problems with registration, contact Nonie Macias at 620-272-3615 or SMacias@finneycounty.org. Fax registration to 620-272-3651 Attn: Nonie Macias. Or mail to Southwest Kansas WIC, 919 Zerr Road, Garden City, KS 67846.

THE BUSINESS CASE FOR BREASTFEEDING

Registration Form

Fax to 620-272-3651, attn. Nonie Macias
SMacias@finneycounty.org
Mail to: Southwest Kansas WIC
919 Zerr Road Garden City, KS67846

Registrant's name: _____

Address: _____

Phone number: _____ E-mail: _____

Employer or Organization: _____

CEUs needed? RN RD License No.: _____

____ Yes, I agree to approach at least one worksite within the next 6 months about creating a breastfeeding friendly worksite.

____ Yes, I agree to provide evaluation information to the SCBC and KBC.

Any special dietary needs: _____

Signature

Interested in promoting a HEALTHIER and more PROFITABLE workplace environment for nursing mothers and their employers?

If the answer is yes, then you are invited to a FREE training designed to teach attendees to approach businesses with EVIDENCE-BASED information and business-like savvy in the effort to promote health through breastfeeding.

The Business Case for Breastfeeding Training
9:30 a.m. – 4 p.m., August 21, 2010 – Lunch is Provided

West Wyandotte Library
1737 N. 82nd Street
Kansas City, Kansas 66112

Background: This training is part of a major national initiative of the U.S. Department of Health & Human Services, Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau to increase breastfeeding duration and exclusivity rates among employed breastfeeding women

Sponsored by:



CERPs applied for from IBLCE

To register, please click the link below:

<http://www.surveymonkey.com/s/BusinessCaseforBFAug212010>

For questions, contact Paul Cesare, at Mother & Child Health Coalition, at:
816-283-MCHC (6242), ext. 239 [or pcesare@mchc.net](mailto:pcesare@mchc.net)



Ask Ken!

ELECTRONIC SUBMISSION OF DATA & CVRS



Q. In WebMCH: When you are attempting to create a new case and there is already an existing case for this client, is there a warning that indicates not to do this?

A. Yes, there is a warning not to create two cases for the same client. Please read this warning and enter the encounter data into the original existing case. I have a program that identifies user duplication errors now. If you have any questions, please feel free to phone me at 785-296-1305.

Q. If we are on KIPHS or filling out CVRs, do we have to report immunizations on KIPHS or CVRs?

A. Yes, immunizations are a reportable service in both the KIPHS system and when submitting data on CVRs. Only those who submit data on WebMCH need not enter immunizations in addition to the other MCH services provided.

EVENTS



RESOURCES

Save the date!

The **March of Dimes Greater Kansas Chapter** will host the 2010 Prematurity Coalition Meeting and associated presentations on Infant Mortality on September 2, 10 a.m.-1 p.m., at Menorah Medical Center, 5721 W. 119th Street, Overland Park.

Speakers include Dennis Cooley, MD, Pediatrician, Chair of the Blue Ribbon Panel on Infant Mortality and Diane Helentjaris, Virginia Department of Health. For more information on the Blue Ribbon Panel visit www.kdheks.gov/news/web_archives/2010/02032010.htm.

For information on the March of Dimes Greater Kansas Chapter visit www.marchofdimes.com/kansas/kansas.asp.

6th Annual Kansas Alliance for Drug Endangered Children Conference will be on September 9 at the Kansas Regional Training Institute in Salina. Conference is 8:30 a.m. to 4:30 p.m. Registration begins at 7:30 a.m. Registration fee is \$30, lunch included. Deadline to register is September 1. Questions, contact Loretta Severin at (785) 266-8666 or lwyrick@parstopeka.com. For more information contact the Kansas Methamphetamine Prevention Project at (785) 266-8666 or visit www.ksmethpreventionproject.org/deconference.htm.

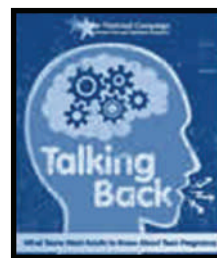
KPHA 67TH Annual Fall Conference on September 29-30 at the Capitol Plaza Hotel, Topeka. Register online at: www.kpha.us. Early Bird Special deadline is August 31. To make hotel reservations call 1-800-549-7937 and ask for the special KPHA room rate of \$92/night. Discount rate only valid through August 28.

84th Annual ASHA School Health Conference, Healthy Students... Successful Learners, October 13-16, Kansas City, Missouri. For more information go to www.ashaweb.org.

The 34th Annual Governor's Conference for the Prevention of Child Abuse and Neglect is November 3-5, at the Hyatt Regency in Wichita, KS. The conference is an educational, networking and recognized as the most comprehensive conference in Kansas regarding the issues of child abuse and neglect. Registration for the 2010 Governor's Conference will open August 18. For updates on keynote speakers and other updates visit www.kcsl.org/training_conference.aspx.

Hear your heart.
Heart your health.

—Faith Seehill



Talking Back: What Teens Want Adults to Know About Teen Pregnancy has tips on sexing and dating violence. Talking

Back has a new look and some great

new information.

Download a copy at www.thenationalcampaign.org/resources/pdf/pubs/talking_back.pdf.

To purchase a copy visit https://secure2.convio.net/thenc/site/Ecommerce/1321951965?VIEW_PRODUCT=true&product_id=1170&store_id=1181&JServSessionIdr004=3cdh2op1t2.app246b.



Stay Teen Pregnancy Prevention PSA Art Contest Teens, 13-19 years of age, are eligible to submit their artwork and ideas about teen pregnancy prevention. The National

Campaign will be accepting entries by mail and online until September 30. Winning entries will be used by The National Campaign on postcards, posters and other materials distributed nationwide. Winners will receive a \$250 gift card to spend however they choose.

For more information and to read the official contest rules, visit www.stayteen.org/contest/.