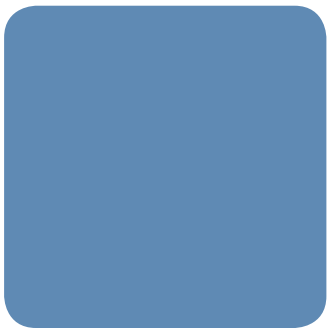
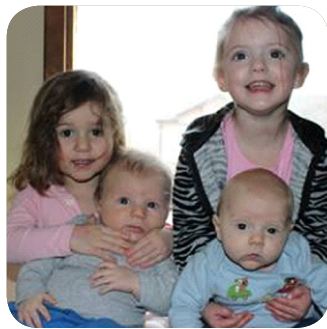
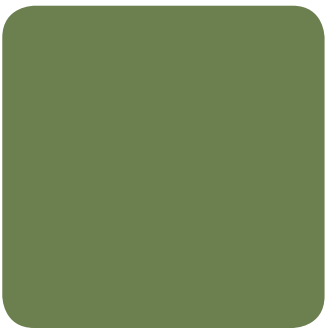
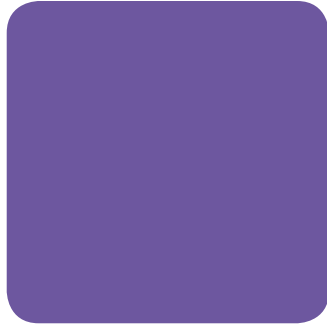
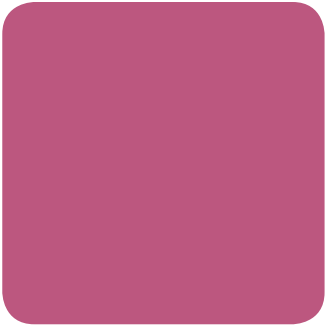




SHARING AND CARING:
A PUBLIC HEALTH
APPROACH TO
PREGNANCY AND
NEWBORNS



2008 - 2013
SUCCESSSES FROM FIVE YEARS OF
MATERNAL AND CHILD HOME VISITATIONS

SARPY/CASS
DEPARTMENT OF HEALTH & WELLNESS

SHARING AND CARING

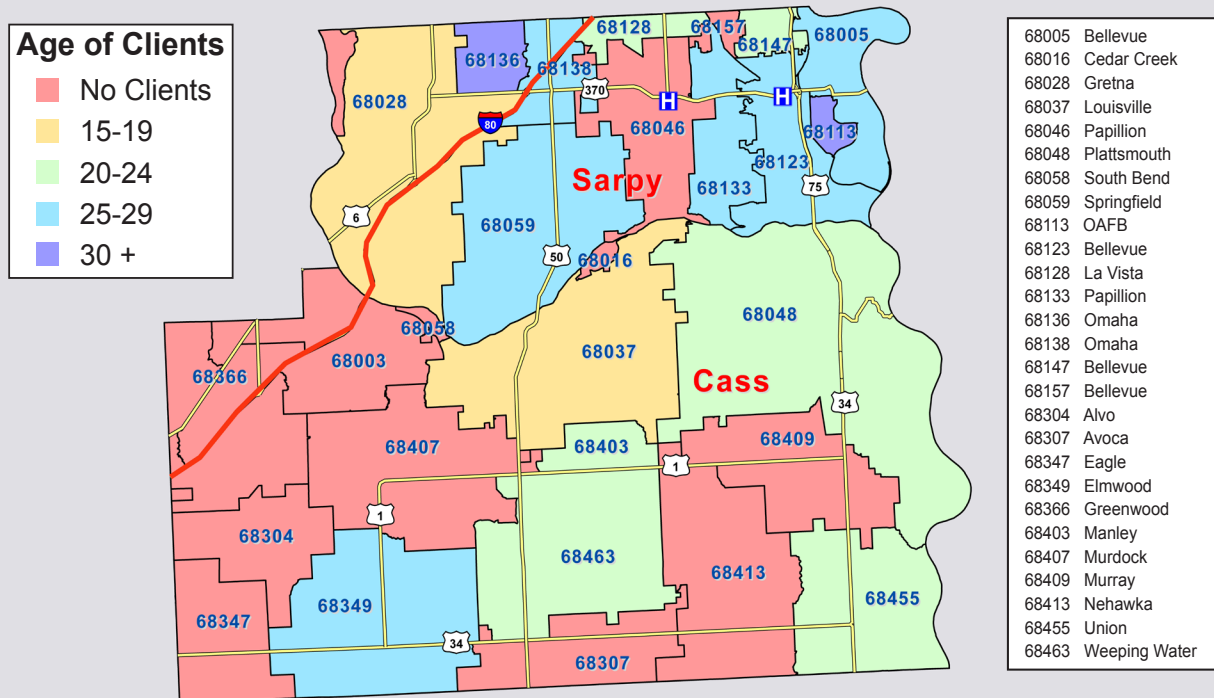
The Sarpy/Cass Health Department's Sharing and Caring program began in the fall of 2008. Sharing and Caring is a free in-home visitation service offered to residents of Sarpy and Cass counties in Nebraska. Clients are referred to the program by physicians, hospitals, clinics, collaborative partners, and previous program clients. Sharing and Caring has helped clients receive free healthy pregnancy education, child development information, breastfeeding education, and support.

The goals of the Sharing and Caring program are to help new parents gain confidence in their parenting skills, know when to get newborn check-ups and immunizations, learn what to do if their baby has problems, and provide breastfeeding support to mothers wanting to be successful with breastfeeding.

The Sharing and Caring home visitation program has proven to help mothers by:

- Providing evidence-based education
- Providing breastfeeding support
- Connecting mothers with community resources
- Providing mothers with normal growth and development expectations for their infant
- Providing mothers with a support system

AVERAGE AGE OF CLIENTS PER ZIP CODE



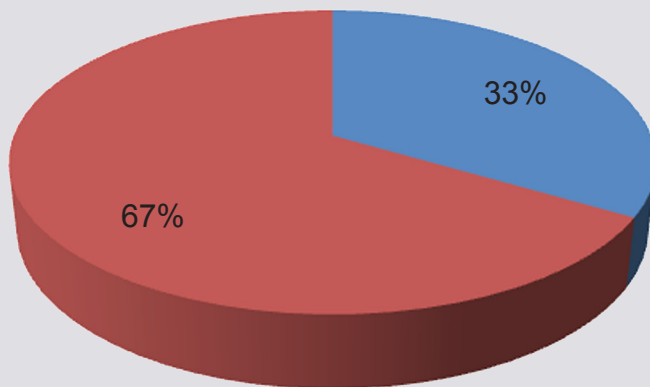
BREASTFEEDING

Mothers of 75 of the 95 babies participating in the Sharing and Caring program breastfed their infants. Of those, 17 mothers breastfed for three months, 11 mothers breastfed for six months, and 14 mothers continued to breastfeed for one year.

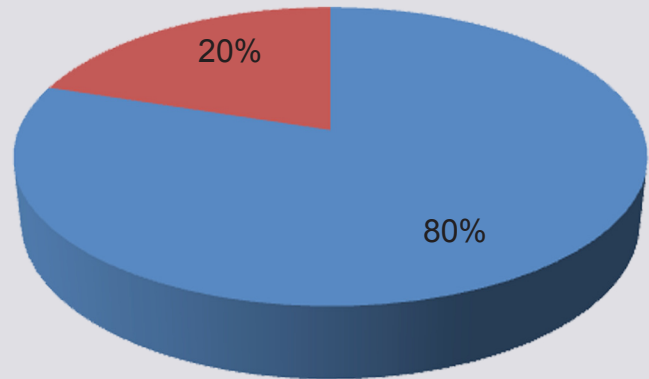
Breastfeeding support was provided by the Department's Maternal Child Health Coordinator, who is a Certified Breastfeeding Educator, National Certified Lactation Counselor, and a Certified Child Nurse Consultant.

BREASTFEEDING AND MATERNAL DEPRESSION

Mothers Who Breastfed



Mothers Who Did Not Breastfeed



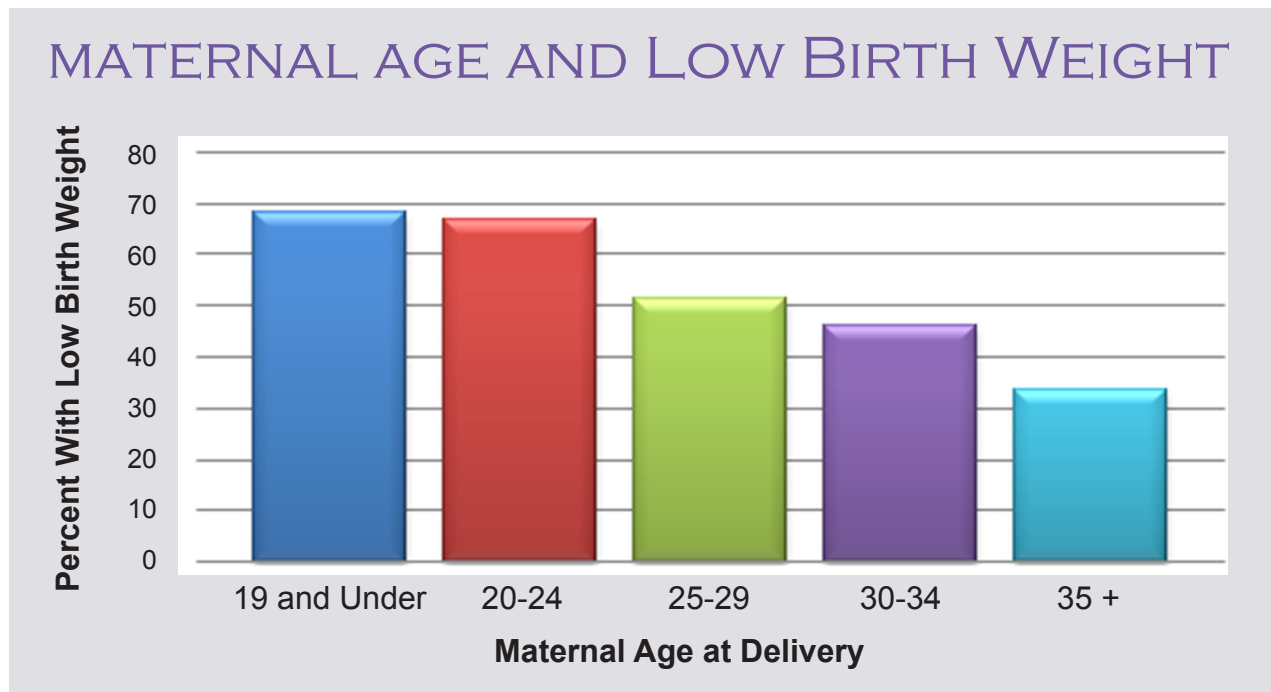
■ Maternal Depression
■ No Maternal Depression

WHICH MOTHERS BREASTFED?

- 35%** had a poor support system
- 55%** had premature births
- 15%** had history of domestic violence
- 11%** had a history of substance abuse
- 16%** had a low education level

MATERNAL AGE

Mothers enrolled in the Sharing and Caring program ranged in age from 15 to 42 years old. Each age provided different sets of rewards and challenges, and provided education and support was tailored to each individual mother.



OUR MOTHERS BY AGE GROUP

19 and younger: most likely to breastfeed their infants, have low birth weight babies, maternal depression, poor support systems, low supplies, and low education.

20-24 years olds: most likely to be exposed to a smokey environment, and the least likely to need a C-section delivery.

25-29 years olds: most likely to have GI issues and a history of substance abuse.

30-34 years olds: least likely to have premature births.

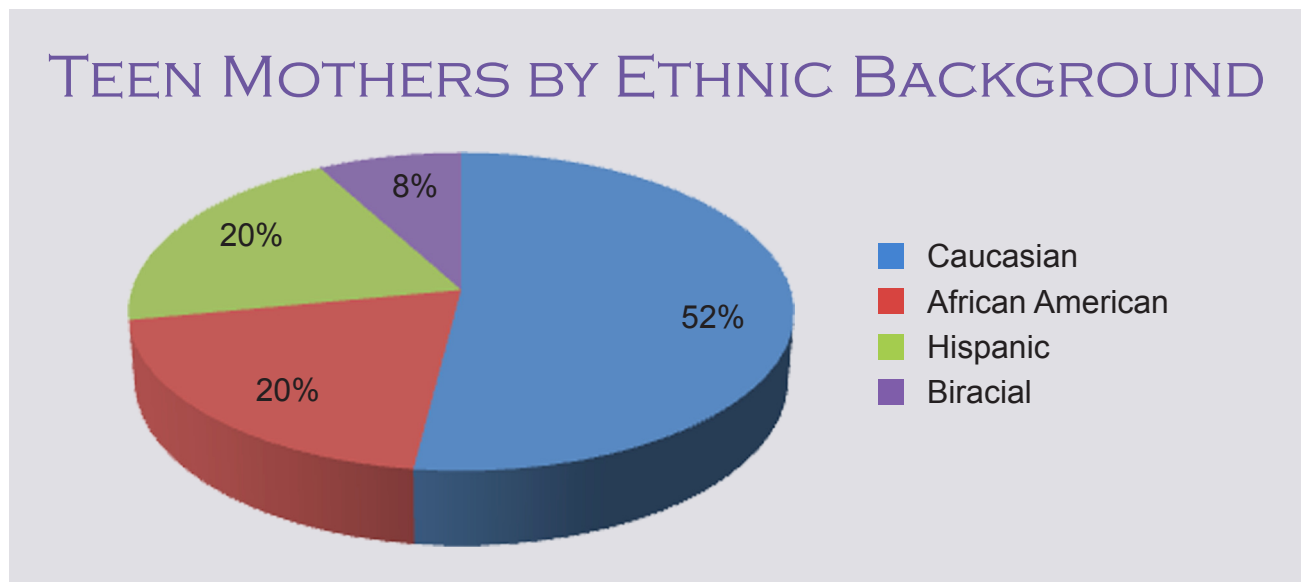
35 and older: most likely to have a C-section, high support systems, and the lowest rate of maternal depression.

TEEN MOTHERS

Teenagers between the ages of 15 and 19 years make up an important group in the Sharing and Caring program. National statistics on teen mothers include:

- The United States has more teen mothers than any other country in the world. ¹
- 3/4 of a million teens in the United States become pregnant each year. ¹
- 50% of teen mothers never finish high school. ²
- Teen mothers account for 11% of all live births. ³
- Nearly 1/4 of pregnant teens choose abortion. ¹
- Teen mothers have poor support systems.

Home visitations programs for teen mothers are proven to alter these statistics. Below are the statistics specific to the teen mothers in the Sharing and Caring program.



WHO ARE OUR TEEN MOTHERS?

- 44%** had a good support system
- 88%** breastfed
- 93%** with a poor support system still breastfed
- 64%** had a history of depression
- 68%** had a low birth weight baby
- 48%** had a premature baby
- 8%** had a history of maternal substance abuse

1: <http://www.guttmacher.org/pubs/USTPtrends08.pdf>

2: <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm>

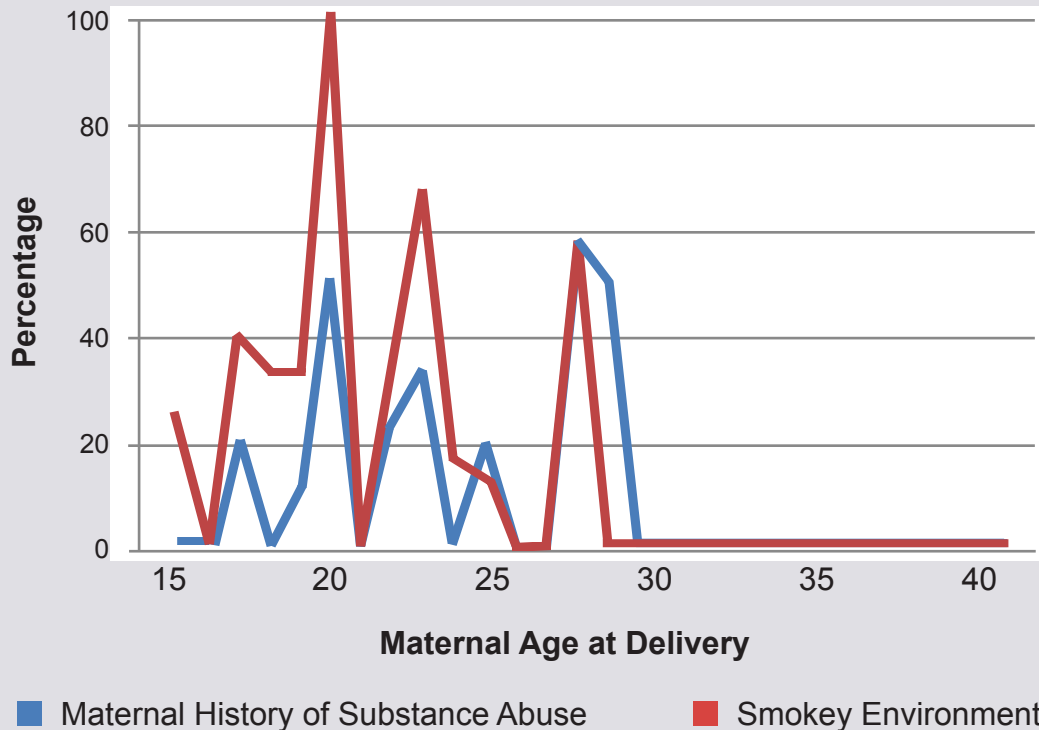
3: http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/

SUBSTANCE ABUSE

Substance abuse is just not taking a drug. Substance usage includes smoking, alcohol, marijuana, meth, cocaine, heroin, and other drugs. Substance usage is passed to the fetus through the placenta. If the mother does not stop using drugs when she finds out she is pregnant, serious defects can occur. A few of these defects include fetal alcohol syndrome, asthma, major birth defects, mental retardation, attention deficit hyperactivity disorder, and others.

“Maternal history of substance abuse” is defined as any substance abuse at any point in the mother’s life prior to the birth of the child.

MATERNAL HISTORY OF SUBSTANCE ABUSE AND SMOKEY ENVIRONMENT



MOTHERS WITH A HISTORY OF SUBSTANCE ABUSE WERE...

- 5 times** more likely to be exposed to a smokey environment
- 3 times** more likely to be suffer a history of domestic violence
- 2.3 times** more likely to have a poor support system
- 1.5 times** more likely to suffer from maternal depression

SHARING AND CARING SUCCESSES

The success of the Sarpy/Cass Health Department's Sharing and Caring program can be contributed to the cooperation of many individuals and agencies:

- The Department's Maternal Child Health Coordinator is dedicated to providing care and education to families to help raise healthy babies, and to empower parents to become role models for their children.
- Client referrals result from partnerships with community agencies, physicians, and established clients. The Sharing and Caring program provides services to those mothers and babies that may otherwise receive no prenatal, newborn care, or breastfeeding support.
- Parents enrolled in the program desire to become the best parents they can be. Their willingness to learn and pride in their accomplishments is apparent.

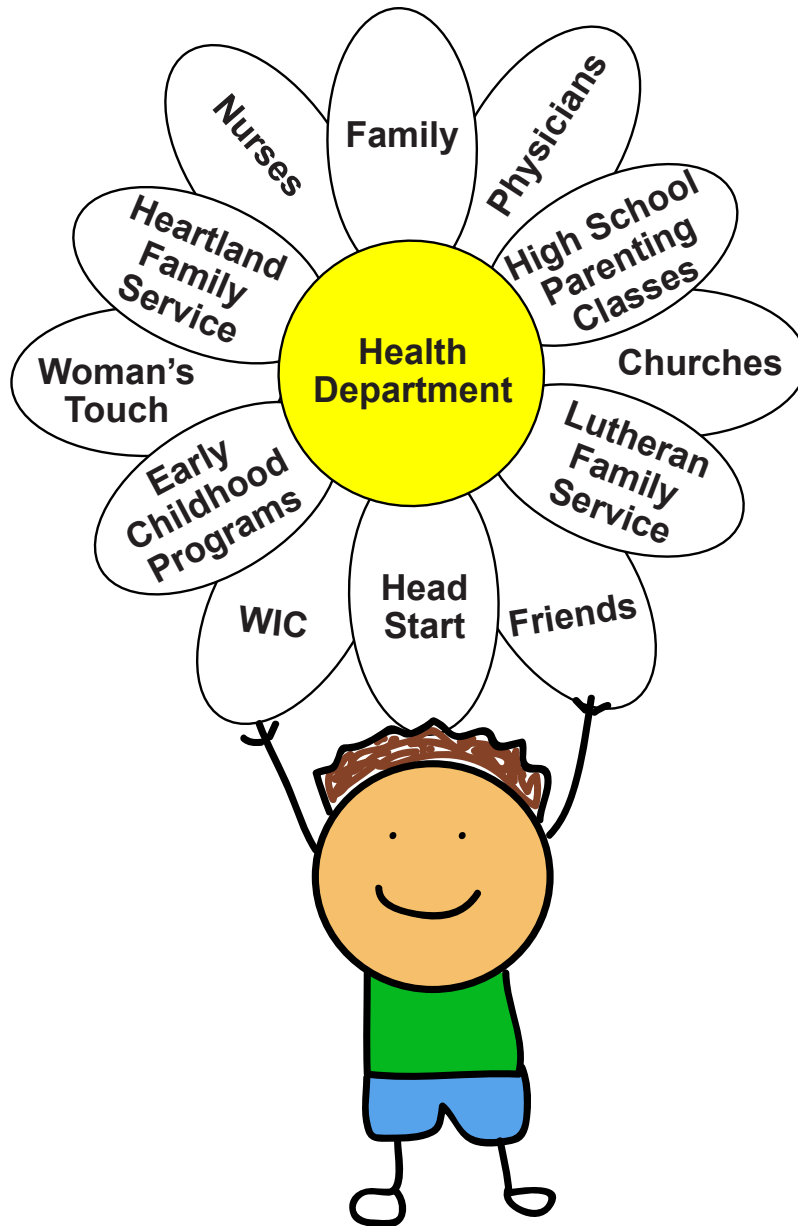
The following are just a few of the Sharing and Caring program highlights from the first five years:

- The Maternal Child Health Coordinator and one mother of a baby with a cleft lip worked with her baby's pediatrician and the Cleft Lip/Palate team at Boy's Town to ensure the child did not get behind developmentally.
- Two babies with tongue tie were referred to their doctor for a tongue clipping (frenulotomy). This helped these infants breastfeed much easier, and will also help their speech in years to come.
- Many fathers consistently attended pre-natal and post-natal visits.
- Two breastfeeding mothers formed their own breastfeeding support group after discovering they did not qualify for the WIC peer breastfeeding groups. Their group has since grown to include four mothers.
- The Maternal Child Health Coordinator and the parents of a hearing impaired child began learning basic sign language.
- Some parents felt empowered to leave abusive relationships and destructive lifestyles. One mother enrolled in the program attended a rehabilitation program.
- Several mothers started sharing couponing tips to stretch their grocery dollars, and other mothers helped each other learn to sew and create a "mommy good ideas" exchange program.
- Parents wanted to give back to the community and help other less-fortunate parents by donating clothes and toys that their children have outgrown. Parents continued to share outgrown clothing and toys with other parents.
- Two mothers received their master's degree.



IT TAKES A VILLAGE

TO RAISE SUCCESSFUL PARENTS AND CHILDREN



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