



# Family Ties Network, Inc.

~ Spring/Summer 2007

## Family Ties Network Evolves Into REACH CNY...

### **Straight to the Point**

Family Ties Network, Inc. is changing its name to REACH CNY. We have a new logo designed by Designworks Advertising. Be on the lookout for a new look for materials from our agency.



### **Our Website**

Our website is still [www.familytiesnetwork.org](http://www.familytiesnetwork.org) and is continuously updated. We are developing our new website at [www.reachcny.org](http://www.reachcny.org) and will let you know when the transformation is complete.

### **Email Addresses**

Our email addresses have been updated to reflect our new name by changing the suffix from [@familytiesnetwork.org](mailto:@familytiesnetwork.org) to [@reachcny.org](mailto:@reachcny.org). For a full list of our staff contact information, look on page 8, the back cover.

### **Our Other Contact Information**

Everything else remains the same. Our address is still 1010 James Street, Syracuse, NY 13203. Phone: (315) 424-0009. Fax: (315) 424-0190.

### **Why We Changed Our Name**

We had too many names, and none were a perfect fit (plus it was more than a mouthful when we had to answer the phones)!

Our agency was formed by the 2004 merger of two agencies: Family Ties Network and the Central New York Council on Adolescent Pregnancy (CNYCAP for short). CNYCAP's training programs were known by the "doing business as" name Signature Staff Development Resources.

Through discussion with community health and human service leaders, our Board of Directors and staff members found that many people knew us by one or more of our names, depending on which

services they had used. The name "Family Ties Network, Inc." was heavily identified with only some of the agency's services. We decided to develop a new name and visual identity to communicate a unified mission and services.

A team of staff and Board members developed REACH CNY. This name can stand on its own but also stands for Resources, Education, Advocacy, and Collaboration for Health. This name reflects our mission and services.

REACH CNY's mission is to ensure access and support for the full range of quality, culturally-sensitive health and human services to promote perinatal health, reduce teen pregnancies, promote the health and well-being of individuals and families, through education and advocacy.

Our services include: Prenatal/Perinatal networking and trainings, HIV/AIDS trainings, Resource library, Annual conference, Youth Matters packets, Syracuse Community Services Project (Adolescent Pregnancy and Prevention Services), Syracuse Healthy Start Consortium and Neighborhood Outreach, Safe Sleep Education and Crib Distribution Program, Baby & Me Tobacco-Free Program, and Agency website and newsletter.

For more information about REACH CNY please visit our website or call (315) 424-0009. ☎

### **Contents In This Issue...**

- Cover: Family Ties Network/REACH CNY
- Page 2: Prevention News Highlights
- Page 3: Breastfeeding Resources & Info
- Page 6: MAMI—Medical Interpreters
- Page 8: Staff Contact Information
- Insert: Survey—Win \$50
- Insert: REACH CNY Summer Conference
- Insert: Breastfeeding Resource Guide





# Prevention News Highlights: CDC Updates



## **Pregnancy and Antiretroviral Therapy**

AIDS Vol. 20; No. 14: P. 1823-1831 (09.11.06):: Athena P. Kourtis; Pooja Bansil; Melissa McPheeters; Susan F. Meikle; Samuel F. Posner; Denise J. Jamieson

The authors of this study compared rates of hospitalization for select morbidities among HIV-infected and uninfected pregnant women in the United States by examining data from the 1994–2003 Nationwide Inpatient Sample.

Annually, there were approximately 6,000 hospitalizations of HIV-infected pregnant women. HIV-positive women were more likely to be:

- hospitalized in urban hospitals
- in the South
- have Medicaid as the expected payer
- have longer hospitalizations
- incur higher charges than uninfected women.

Compared to their uninfected counterparts, pregnant HIV-infected women were more frequently hospitalized for:

- major puerperal sepsis
- genitourinary infections
- influenza
- bacterial infections
- preterm labor/delivery
- liver disorders.

However, there was no significant difference in rates of pre-eclampsia and antepartum hemorrhage between the two groups.

Though rates of inpatient mortality and various infectious conditions decreased from 1994 to 2003, the rate of gestational diabetes among HIV-positive pregnant women increased.

The authors concluded, “Current antiretroviral regimens do not seem to be associated with major adverse pregnancy outcomes on a population basis. The increase in gestational diabetes among HIV-infected women may be associated, in part, with antiretroviral therapy and merits further attention.”

## **HIV Hides Quickly Inside Babies' Blood**

Drug-resistant HIV strains that pass from mother to infant can go undetected in the baby's immune system cells and remain there for years,

according to a study by Dr. Deborah Persaud of Johns Hopkins University School of Medicine and colleagues.

Mother-to-child HIV transmission in the United States has been slowed by the practice of treating both mother and baby at delivery. Without treatment, around 25 percent of newborns become infected, either during birth or later during breastfeeding.

In addition, drug-resistant HIV is on the rise globally. HIV patients may develop resistance to their HIV drugs, and this resistant strain can then pass from person-to-person.

Persaud and colleagues studied 21 HIV-infected infants in 10 US states. Five of the infants had been infected with drug-resistant HIV from their mothers.

The researchers found the infants' virus moved quickly to inactive or resting CD4 T-cells. While the virus was resistant to the non-nucleoside reverse transcriptase inhibitors class of drugs, another class, protease inhibitors, worked.

"The initial transmitted drug-resistant virus will likely never be cleared from that infant with currently available treatments," said Persaud.

The study, "Early Archiving and Predominance of Nonnucleoside Reverse Transcriptase Inhibitor-Resistant HIV-1 Among Recently Infected Infants Born in the United States," was published in the *Journal of Infectious Diseases* (2007;195:1402-1410).

## **Cervical Cancer Vaccine**

An international study of the human papillomavirus (HPV) vaccine Gardasil found it was effective in women who had not already been infected with cervical cancer-causing HPV types targeted by the immunization. However, as might be expected, it was less effective for women who had previous HPV infection.

Gardasil, approved for females ages 9-26, protects against HPV types 16 and 18, which are thought to cause 70 percent of all cervical cancer cases. It also targets strains of the STD that are responsible for 90 percent of genital wart cases.

The three-year study of more than 12,000 women ages 15-26 found the vaccine was not as effective



Continued on Page 7





# Breastfeeding Resources and Information

## Breastfeeding Resources

**REACH CNY has a variety of resources on Breastfeeding information:**

Books, Brochures, Videos and other resources in our Agency Library. For more information about our library call Steve Wood at (315) 424-0009 extension 104.

- Breastfeeding Resources Bookmark (available online and in library)
- Breastfeeding Community Resource Guide (recently updated, available online and in library, copy enclosed)
- The Central NY Breastfeeding Connection meets in our office. For more information, call Anne Andrianos at (315) 424-0009 extension 105.

## Breastfeeding Websites

- [www.breastfeeding.com](http://www.breastfeeding.com)
- La Leche League International  
[www.lalecheleague.org](http://www.lalecheleague.org)
- National Women's Health Information Center (NWHIC) Breastfeeding Web Site  
[www.4woman.gov/Breastfeeding](http://www.4woman.gov/Breastfeeding) ☼

## Are you taking the IBLCE certifying exam in July 2007?

REACH CNY (Family Ties Network) welcomes you to use our facility and resources such as books, videos, pamphlets, and photos to prepare for the exam.

## Would you like to join a study group?

REACH CNY will be starting a LC study group to help new and recertifying candidates prepare for the IBLCE exam in July. We have access to materials, texts for candidates, and a location to meet. At this time, we are planning on a one 2-3 hour meeting per month (one evening or on a Saturday morning), and then increasing the meeting times as the exam date grows near.

- There is no fee for this group. If you are interested, contact Anne Andrianos, IBCLC at (315) 424-0009. ☼

## World Breastfeeding Week

This year, the theme for World Breastfeeding Week, August 1–7, 2007, is “Breastfeeding: The First Hour—Save ONE million babies!”

The events and activities will highlight the dramatic impact breastfeeding has on the newborn infant and the role we all play in achieving full breastfeeding for babies, beginning in the first hour of life!

On August 2<sup>nd</sup> the 11<sup>th</sup> annual Breastfeeding Grand Rounds teleconference will air at 7:30 am. Topic will be announced in the near future. Ruth Lawrence, MD and Mary Applegate, MD, MPH will moderate the program. REACH CNY and the CNY Breastfeeding Connection will be hosting a viewing of the teleconference. Refreshments will be available.

Check out the REACH CNY website for WBW information and activities. ☼

**MISSION  
POSSIBLE:  
NORMAL  
BIRTH  
LAMAZE  
WORKSHOP**

**August 7, 2007  
Syracuse, NY**

**For more information, go to  
[www.familytiesnetwork.org](http://www.familytiesnetwork.org)  
or call (202) 367-1173.**





# Breastfeeding Mothers' Bill of Rights

## **Krueger Introduces Legislation to Codify Mothers' Rights Into Single, Concise Document; Bans Commercial Interests from Pressuring New Mothers Into Using Formula**

Seeking to codify a concise, easily understood document, State Senator Liz Krueger has introduced the Breastfeeding Mothers' Bill of Rights. The legislation, S8511, draws upon New York State Rules and Regulations, the Best Hospital Practices and the World Health Organization Baby Friendly guidelines.

"Breastfeeding is completely natural, and is in the best interests of our children. Unfortunately, the positive medical benefits that breastfeeding provides the mother and her child often go unrealized because our culture discourages women from starting to breastfeed, or continuing beyond a few weeks," said Krueger. "The Breastfeeding Mothers' Bill of Rights is common-sense legislation that empowers and supports these new mothers by providing them the information they need prior to, and after the birth of their infant so they can make the best decisions for their child and themselves."

Studies have shown that there are fewer medical problems and hospital stays for breastfed infants, which translates into lower healthcare costs and workplace absenteeism. The American College of Obstetricians and Gynecologists supports extended breastfeeding because it reduces the risk of ovarian and breast cancers in breastfeeding mothers. Other benefits include a lower risk of adult-onset diabetes and osteoporosis.

A 2001 U.S. Department of Agriculture analysis estimated that at least \$3.6 billion could be saved nationally if only 50% of mothers breastfed their infants until they were at least six months old. A family's budget can also be stretched when a mother breastfeeds. Barring limited costs for accessories, breastfeeding is free while mothers can be expected to spend as much as \$700 or more for the first year of formula feeding alone.

"There are critical medical benefits. There are economic benefits. There are many reasons for women to breastfeed their children. And yet, women who choose to breastfeed do not get enough positive support from hospital staff during their stay, and face too many barriers once they've brought their newborn home," Krueger said.

According to the Center for Disease Control's (CDC) 2004 National Immunization Survey, 70 out of 100 mothers breastfeed after discharge from the hospital, but that number drops at six months of infant life to 14.4% for White mothers who are still exclusively breastfeeding their infants, 15.7% for Hispanic mothers and 8.6% for African American mothers. In 2001, the CDC found that women who receive the most in-hospital breastfeeding support are eight times as likely to continue breastfeeding for at least six weeks, compared to women who experienced pressure to stop breastfeeding their child. The American Academy of Pediatrics recommends breastfeeding through one year of age.

"New York has been a leader in protecting a woman's right to breastfeed for decades. So, our goal should be to make mothers comfortable—not just protecting the rights of women who choose to breastfeed, but also supporting their decision and making sure they get responsible, medically-factual information," said Krueger.

Senator Krueger spent one year developing this legislation, working with pediatricians, nurses, lactation specialists, as well as discussing the understandability of the Breastfeeding Bill of Rights with new mothers who represented a cross-section of demographics in New York.

The Breastfeeding Mothers' Bill of Rights requires that new mothers be informed of breastfeeding options before they deliver, while in the maternal healthcare facility, as well as after leaving that facility. In addition, it bans commercial interests (formula providers) from pressuring new mothers while in maternal facilities. Included within the Bill of Rights:

**Before You Deliver:** The right to information free from commercial interests, which provides the nutritional, medical and psychological benefits of breastfeeding; An explanation of some of the problems a mother may encounter, and how to avoid or solve them.

**In the Maternal Healthcare Facility:** The mothers' right for her baby to stay with her after delivery to

Continued on next page





# International Breastfeeding Symbol

## Mothering Magazine announces winner of Icon Design Contest

Mothering magazine announced the winner of the International Breastfeeding Icon Design Contest. Matt Daigle, a graphic designer, stay-at-home father and self-declared Mr. Mom sent in the top icon.

The purpose of an international symbol for breastfeeding is to increase public awareness of breastfeeding, to provide an alternative to the use of the baby bottle to designate baby friendly areas in public, and to mark breastfeeding-friendly facilities.

The contest was inspired by the image of a baby bottle on a sign indicating the location of the parents' lounge in an airport. Why not develop an icon to denote that a place is breastfeeding-friendly? Symbols for no smoking, for handicapped parking and for the women's restroom are widely recognized. There is currently no internationally recognized icon for breastfeeding-friendly areas in public places. Ideally, the space would be private, quiet, with a comfortable chair and an electrical outlet for pumping.

So Mothering put out a call and received an overwhelming response—more than 500 entries from both the design and breastfeeding communities. More than 120,000 votes poured in from individuals, lactation organizations, and natural family living advocates from across the globe.

The winning image will be made available worldwide (copyright-free, as a public domain image) with recommendations that it be used in workplaces, airports, malls, restaurants, conference centers, libraries, parks, sporting and entertainment arenas or any public place. Other suggested uses include marketing material by breastfeeding product manufacturers to educate new breastfeeding moms to look for the symbol.

Breastfeeding is known to have a wide range of health benefits for both baby and its mother. In order for mothers to continue to breastfeed as long as recommended and desirable, they must have comfortable, private areas in public places.

There is growing acceptance of public breastfeeding but mothers still need a reliable place to feed their babies without public scrutiny.

For details regarding the contest, the winner, and to download a PDF of the icon, visit [www.mothering.com/sections/action\\_alerts/iconcontest/icon-winner.html](http://www.mothering.com/sections/action_alerts/iconcontest/icon-winner.html).

*Mothering Magazine and www.mothering.com report on natural family living. Articles cover pregnancy, childbirth options, breastfeeding, educational alternatives, family health issues, and much more. You can view their bi-monthly magazine on newsstands or go to [www.mothering.com](http://www.mothering.com).*



---

## Breastfeeding Mothers' Bill of Rights

Cont. from Page 4

facilitate beginning breastfeeding immediately; to insist the baby not receive bottle feeding; to be informed about and refuse any drugs that may dry up breast milk; 24 hour access to the baby with the right to breastfeed at any time.

When You Leave the Maternal Healthcare Facility: The right to refuse any gifts or take-home packets, distributed by the maternal healthcare facility, that contain commercial advertising or product samples; access to breastfeeding resources in one's community.

“As basic as some of these rights are, they are consistently violated. There is a very real problem of women feeling pressured out of breastfeeding because the information they received early in their child's life was manipulated by commercial interests more concerned with their bottom line,” Krueger concluded. “The Federal government's Healthy People 2010 initiative has set a goal of increasing rates of breastfeeding mothers to 75% upon birth, and 50% until six months of age. It is critically important to support women who choose to breastfeeding their newest family member—the Breastfeeding Mothers' Bill of Rights is the ideal first step in making that happen.”





# Flouride Water and Formula Bad for Baby



After prompting from the Food and Drug Administration, the American Dental Association has released new guidelines warning the public that babies who are fed infant formula mixed with fluoridated water are at risk for developing enamel fluorosis. Enamel fluorosis characterized by yellow, brown or pitted teeth and is the outward

sign of fluoride toxicity. Fluoride toxicity can also cause bone damage, which is less detectable.

At least two-thirds of drinking water in the US is Fluoridated, while the figure in Canada is around 38%. Fluoride is added to drinking water at a level of 0.8 – 1 mg/L to prevent cavities.

**Exposure to these levels of fluoride is not harmful for older children and adults, but in infants who are in the early stages of dental development it can cause fluorosis.** The major

source of fluoride exposure for infants is drinking water used to dilute infant formula.

The government of Canada has for some time been aware of the danger of fluorosis to formula fed infants. According to the Ontario Ministry of Health and Long-Term Care, “In Canada, actual intakes [of fluoride] are larger than recommended intakes for formula-fed infants.”

The American Dental Association's new guidelines support “the pediatricians’ recommendations on the benefits of breast feeding. . .If using a[n infant formula] product that needs to be reconstituted, parents and caregivers should consider using water that has no or low levels of fluoride.”

At 5 to 10 parts per billion, breastmilk has extremely low levels of fluoride. Furthermore, it contains immulogical factors which protect against dental diseases. Risk of fluorosis appears to be yet another reason why formula is hazardous to infant health. ☸

---

## MAMI Community Interpreters on the Move

MAMI (pronounced mā-mē or “mommy”), the Multicultural Association of Medical Interpreters, has moved from our office to a new location:



MAMI Community Interpreters  
of Central New York  
404 Oak Street  
Syracuse, NY 13203  
(315) 214-5003  
(315) 218-5288 (fax)  
info@mamiinterpreters.org  
<http://mamiinterpreters.org>

Since its creation in 1998, MAMI has grown into Upstate New York's largest medical and legal interpreting organization, with offices in Utica and Syracuse. MAMI provides highly-skilled HIPAA compliant interpreters for Health Care, Legal, Social Services, Schools and Work Settings.

MAMI offers accredited, culturally appropriate written translations of Health and Legal Documents, Patient Education Materials, Consent Forms, Patient Services/Responsibilities,

Fee Schedules/Invoices, Admissions/Discharge Instructions, and Patient Handbooks.

MAMI provides interpreters and translations for the following languages: Arabic, Bosnian, Burmese, Cambodian, Chinese (Mandarin, Cantonese, Taiwanese), Croatian, Dinka, Farsi, French, French-Creole, German, Italian, Japanese, Karen, Kiswahili, Krahn, Maay Maay, Mishanguli, Polish, Russian, Serbian, Somali, Spanish, Turkish, Ukrainian, and Vietnamese.

Recognized state-wide and nationally for its groundbreaking advocacy and training, MAMI interpreters advocate for those that are victims of domestic violence and sexual abuse and offer a variety of trainings for organizations that work with people who speak limited English. Some of the topics they offer are: Medical Interpreting, Police/Court Interpreting for Sexual/Domestic Assault Victims, Mental/Behavioral Health Interpreting, and Cultural Competency.

For more information about MAMI's services, visit their website at <http://mamiinterpreters.org>. ☸





# More Prevention News Highlights



## HPV Vaccine (Cont. from Page 2)

for women who had already been infected with HPV types 16 and 18. Because HPV is the most common STD in the United States, the original article states that this finding suggests Gardasil may be of less benefit to women who are already sexually active. This finding may also suggest the importance of recommending getting the vaccine Gardasil **before** women become sexually active.

Around 93 percent of the study participants had had sex at some point in their past upon enrollment. Prior to receiving the vaccine or placebo, the women were checked to see whether they had ever been infected by any of the four HPV types targeted by Gardasil. Less than 1 percent had been infected by all four strains, but 27 percent had been infected with at least one.

The study, "Quadrivalent Vaccine against Human Papillomavirus to Prevent High-Grade Cervical Lesions," was published in the *New England Journal of Medicine* (2007;356(19):1915-1927).

## Politicians Want HIV Tests for Kids

Under a bill co-sponsored by Assemblymember Dick Gottfried (D-Manhattan) and Sen. Tom Duane (D-Manhattan), health professionals in New York State would be required to offer HIV testing to every patient ages 13-64 "as part of standard diagnostic services." There would be civil penalties for those in violation of the law, though these are unspecified. The requirement would not be enforced in emergency situations.

## Syphilis Rise Causes Worry

After dropping in 2000 to the lowest level ever recorded, the rate of syphilis has spiked - especially among gay men. The US syphilis rate rose for five consecutive years through 2005, the most recent year for which CDC had figures. Men who have sex with men (MSM) accounted for 7 percent of syphilis cases in 2000 but more than 60 percent in 2005, CDC estimates showed.

Experts are particularly worried the syphilis spike among MSM could place them at higher risk for HIV/AIDS. Syphilis and HIV have a close, deadly symbiotic relationship. Syphilis can raise the risk of HIV infection or transmission by an estimated two to five times.

Joel Ginsberg, executive director of the San Francisco-based Gay and Lesbian Medical Association, said he is seeing the increase concentrated among a very specific subset of MSM: "those who are having a great deal of sex with multiple sex partners." Many are HIV-positive or learn they are infected with HIV when diagnosed with syphilis.

"Among these men, there seems to be decreased condom use, perhaps... because HIV is seen as a chronic disease that can be managed well with medications," Ginsberg said.

## HIV Patients Feel Health Care Prejudice

A new study finds that nearly 4 out of 10 transitional housing residents with HIV report having experienced discrimination in their dealings with the health care system.

Lead researcher, Dr. Nancy Sohler, of City University of New York, and colleagues surveyed 523 New York-area residents of temporary housing for people with HIV. The investigators asked respondents if someone in the health care system had ever shown hostility or lack of respect toward them, ever paid less attention to them than to others, or ever refused them service.

Four out of 10 of participants felt they had experienced discrimination. Of that group, 6 out of 10 believed an underlying reason was their HIV infection, half cited drug use, about 1 out of 3 felt it was because of homelessness, and another 1 out of 3 suggested race and ethnicity.

"Providers taking care of severely disadvantaged, HIV-infected patients, like those in our sample, should be aware that many of their patients may experience, perceive, and/or fear discrimination from within the health care system," Sohler told Reuters Health.

The study, "Perceived Discrimination Among Severely Disadvantaged People with HIV Infection," appeared in *Public Health Reports* (2007;122(3)).

---

The Prevention News Mailing List is maintained by the National Prevention Information Network (NPIN), part of the Centers for Disease Control and Prevention's National Center for HIV, STD and TB Prevention. To join the Prevention News listserv, send a blank email to [prevention-news-subscribe@cdcpin.org](mailto:prevention-news-subscribe@cdcpin.org).





NONPROFIT ORG  
US POSTAGE  
PAID  
SYRACUSE, NY  
PERMIT NO. 1614

**Resources, Education, Advocacy,  
and Collaboration for Health**

Formerly known as  
Family Ties Network, Inc.  
1010 James Street  
Syracuse, New York  
13203-2763

email: [execdir@reachcny.org](mailto:execdir@reachcny.org)

315-424-0009 (phone)  
315-424-0190 (fax)

**If you would rather receive our  
newsletter via email, contact Wendy  
at [healthed@reachcny.org](mailto:healthed@reachcny.org)**

## Staff Contact Information

**Anne Andrianos, RN, MS, IBLC**

Maternal Child Health Specialist  
[aandrianos@reachcny.org](mailto:aandrianos@reachcny.org)

**Jane Arras, CHES, MPA**

Adolescent Pregnancy Prevention Manager  
[jarras@reachcny.org](mailto:jarras@reachcny.org)

**Jim Bishop**

Accountant  
[jbishop@reachcny.org](mailto:jbishop@reachcny.org)

**Elizabeth Crockett, PhD, RD, CDN**

Executive Director  
[execdir@reachcny.org](mailto:execdir@reachcny.org)

**Liquita Drummond**

Healthy Start Outreach Coordinator  
[ldrummond@reachcny.org](mailto:ldrummond@reachcny.org)

**Kathleen Hayden, BA**

Perinatal Program Manager  
[khayden@reachcny.org](mailto:khayden@reachcny.org)

**Selina Lazarus**

Syracuse Healthy Start Consortium Coordinator  
[slazarus@reachcny.org](mailto:slazarus@reachcny.org)

**Staci Morales**

Receptionist  
[smorales@reachcny.org](mailto:smorales@reachcny.org)

**Jeanette O'Connor-Shanley**

Program Director  
[jshanley@reachcny.org](mailto:jshanley@reachcny.org)

**Vilmary Pinet**

Neighborhood Outreach Worker  
[now@reachcny.org](mailto:now@reachcny.org)

**Wendy Ramsay, MST**

Health Education Specialist  
[healthed@reachcny.org](mailto:healthed@reachcny.org)

**Tina Scarbrough**

Administrative Assistant  
[tscarbrough@reachcny.org](mailto:tscarbrough@reachcny.org)

**Jude Swift**

Training Assistant  
[jswift@reachcny.org](mailto:jswift@reachcny.org)

**Steve Wood**

Resource Coordinator  
[swood@reachcny.org](mailto:swood@reachcny.org)

