

ESTHER BUSH

Healthy pregnancy

This month, the "Take Charge of Your Health Today" page focuses on pregnancy and how to stay healthy. Vianca Masucci, health advocate at the Urban League of Greater Pittsburgh, and Esther L. Bush, president and CEO of the Urban League of Greater Pittsburgh, exchanged ideas on this

VM: Good afternoon, Ms. Bush. When I heard that we'd be covering pregnancy health this month, I was thrilled because I knew that we'd be talking about a topic that is meaningful for everyone.

EB: Yes, Vianca; it's great that you say that. Typically, when people think of "pregnancy health," they might think that this topic is important only for women who are able to and want to have babies. But, in reality, this is important to everyone because health starts in the womb. The development of a child is influenced by the mother's health during pregnancy. So, we should all care about healthy pregnancies because they contribute to a healthy population.

VM: Absolutely! I think that, sometimes, this message gets lost in all of the politics. After all, the topic of pregnancy is often spoken about in the public sphere in relation to religion, government and social culture. But, no matter what your stance is on political issues, no one can argue against the importance of healthy behaviors during pregnancy, especially for African American women.

EB: That's important to mention because, again and again, the numbers show that Black women experience higher rates of both maternal and infant mortality here in the U.S. It's clear that we need to center conversations about pregnancy around health first and politics second.

VM: That's a great point, Ms. Bush. So, what would be your advice to folks reading this article—both pregnant women and others?

EB: For pregnant women, I would say just one thing: See a health care professional. No matter what decisions you make about the pregnancy, a health care professional can help make sure that you're doing it the healthy way. Plus, he or she can give you advice on healthy behaviors, talk to you about any specific risks that you face and address any of your concerns. Places like the Midwife Center for Birth and Women's Health in the Strip District can provide you with the care you need, even if you don't have insurance.

For everyone else, I'll just say this—provide support. Pregnant women foster our future generation—future family, friends, leaders, pastors-everyone. We need them to be healthy. We care for our community by caring for them.

VM: I love that advice! Thank you for your time, Ms. Bush. I look forward to discussing next month's topic-health technology.

If anyone has questions about the information on this page, e-mail PARTners@hs.pitt.edu.

Take charge of your health today. Be informed. Be involved. Pregnancy...A special time to focus on health

A woman's health is important in all stages of her life, but pregnancy can be a special time in which to focus on her health and wellbeing. Pregnancy can be a strain on women's health. For their sake and their children's, women need to take their health very seriously.

To start, women's health before getting pregnant is very important. Even if a woman isn't planning to get pregnant or does not want to have children, she should keep her body as healthy as possible not only for her sake, but in case she does get pregnant. "The U.S. has a pretty high proportion of unplanned pregnancies,' says Hyagriv Simhan, MD, associate professor of obstetrics, gynecology, and reproductive sciences at the University of Pittsburgh School of Medicine, chief of the Division of Maternal-Fetal Medicine and medical director of Obstetrical Services at Magee-Womens Hospital of **ŬPMC**. "Getting sufficient and appropriate prenatal care in the first few months of pregnancy is critical. Prenatal care is the base from which we watch for abnormal pregnancy."

According to the Eunice Kennedy Shriver National Institute of Child Health and Human Development, a first prenatal visit with a health care provider should involve discussion about:

1. Folic acid and other vitamins—Physicians recommend taking 400 micrograms of folic acid per day to prevent certain birth defects.

2. Avoiding alcohol and tobacco-Research shows that there is no safe amount of alcohol to drink while pregnant. Drinking alcohol during pregnancy can lead to fetal alcohol spectrum disorders. Using tobacco and alcohol can lead to sudden infant death syndrome (SIDS), the sudden, unexplained death of an infant.

3. Medications—"Knowing what medications women are taking prior to pregnancy is important because we can help them manage any health condi-



tions while pregnant as safely as possible," says Dr. Simhan. "Women shouldn't decide to just quit taking any medications for a health condition without consultation; it could result in them getting much sicker.'

4. Avoiding exposure to

flame gums.

The best outcomes for pregnancy are healthy mothers and healthy babies. Even with prenatal care, pregnancy complications can happen. One of the worst complications is infant mortality-the death of an

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physical activity and main-

7. Getting regular dental

taining a healthy weight

checkups—Healthy teeth

tant to overall health, but

and gums are always impor-

pregnancy hormones can in-

other substance)

feine intake



rates. "Infant mortality (IM) is a powerful indicator of the health of a country," says Dr. Simhan. "Although the U.S. is a country with a lot of resources and high-quality

health care, we rank poorly in the world in terms of infant mortality.

Researchers like Dr. Simhan are looking at reasons why infants die and at ways to prevent it. "Infant mortality isn't just one thing with one cause," he says. "IM is caused by a number of diseases, problems or processes. Birth defects, trauma and accidents can contribute to IM. But a big contributor to IM is premature birth (a birth that happens before the 37th week of a full-term, 40-week pregnancy). Preterm babies are more likely to have illness, injury, handicap or death.

Women can do everything they possibly can to have a full-term baby and still have a preterm birth. So, why does preterm birth happen? That's a question researchers are trying to answer fully. The CDC reports preterm birth risk factors as having had preterm birth before, carrying more than one baby, problems with the uterus or cervix, drug, or alcohol use, cigarette smoking, health problems in the mother or certain infections during pregnancy. Research shows that African American women have higher rates of preterm birth. They are 60 percent more likely to have preterm birth than White women, according to the

CDC. Researchers don't know why this disparity exists. Based on initial research, Dr. Simhan thinks that environmental contributors to preterm birth differ by race. He also notes that vitamin D deficiency is a risk for many pregnancy complications, including preterm birth. Vitamin D deficiency is more common among African American women than White women. More research needs to be done to see whether there is a connection.

As a part of their efforts to lower the risk of IM and preterm birth, Dr. Simhan and other researchers are starting a large study to define factors that might predict preterm birth. The majority of women who experience preterm birth have never had one before. Health care providers can help women at risk for preterm birth reduce the chances of it happening, but they have to know which women are at risk.

Dr. Simhan says it's especially important for women who have had preterm births before to get the appropriate prenatal care because their risk of having another preterm birth is much higher. "Women at risk need to seek high-risk prepregnancy care," he says. "We can talk to them about strategies before pregnancy, like appropriate pregnancy spacing and control of medical conditions before and during pregnancy. Research shows that there are a lot of ways to reduce the risk of preterm birth. But we need to use them early in pregnancy. Lots of women don't get these preterm birth interventions because either they don't realize they're at risk or their health care provider doesn't."

"Research into premature birth and pregnancy hasn't been as well funded as other health conditions like heart disease and cancer," says Dr. Simhan. "We lag behind in understanding what contributes to adverse pregnancy outcomes. Pregnant women have been excluded from a lot of studies, and we need to change that."

Newly pregnant? Thinking about becoming pregnant?

by Paige Beauchemin, RN

The Midwife Center for Birth and Women's Health in the Strip District offers prenatal care, childbirth and gynecological care to women of all ages. The center's goal is to provide safe and satisfying care that is personalized to meet women's needs. Staff are guided by the philosophy that women should be in control of their own health care, including their birth experiences.

The center's certified nurse-midwives (CNMs), who are registered nurses with additional education in midwifery, can take

The Midwife Center

care of women for their entire pregnancy. The center's building has three comfortable, nature-themed birth suites in which women can have their babies. We welcome any friends, family members or doulas women want with them. The center can also help women have their babies at the center's primary referral hospital, UPMC Mercy.

The center's nurse-midwives offer support to help women breastfeed and prenatal classes. The midwives and nurse practitioner also provide annual exams and pap tests, starting or continuing birth control, testing for sexually-transmitted infections and more. The center takes most private and public insurance plans. Learn more at www.midwifecenter.org.



Can better sleep

For the last six years, Francesca Facco, MD, assistant professor of obstetrics, gynecology and reproductive sciences at the University of Pittsburgh School of Medicine and researcher at Magee-Womens Research Institute, has been studying sleep and its impact on

pregnant women and their babies. There's not any great data about how much sleep a pregnant women should get," says Dr. Facco. "That's what I'm trying to understand. Outside of pregnancy, there is pretty strong evidence that fewer than six hours a night and sleep durations of greater than nine hours a night can have a negative impact on metabolic and cardiovascular health.'

Old wives tales abound, warning moms-to-be about what to expect in terms of sleep—or lack thereof. "There's a lot of anecdotal advice and evidence that goes around for women about what to expect with sleep and pregnancy," says Dr. Facco. "People say you're not going to sleep well because your body is getting ready to be awake with the baby. There's not a lot of science behind that. Even as doctors, we don't know what to tell women to

aim for in the terms of sleep. What should be your overall sleep goal? What problems should you look out for?" Those are questions Dr. Facco

hopes to answer with her research, helping to inform women and their physicians. One thing is for certain, though: sleep is important. For more information or to support women's health research, visit www.mwrif.org.

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support smoking cessation

by Betty Braxter, PhD, CNM

Smoking during pregnancy is a major health problem. It is linked to negative health outcomes for mother and baby. This includes miscarriages and preterm birth. Women who smoke should receive smoking cessation counseling. Because of how close they become to their clients who are pregnant, doulas might be wellequipped to help those who are smoking while pregnant.

Doulas assist pregnant women during pregnancy, labor and delivery and after delivery, although they do not provide nursing care. The word "doula" refers to a "woman who serves." Research shows that doulas are beneficial support systems. A small pilot study through the University of Pittsburgh assessed the usefulness of training doulas to assist women with efforts to quit smoking during pregnancy. Five doulas participated in multiple training sessions. These sessions covered a readiness-to-change behavior model and smoking cessation tips. Doulas completed a multiple choice survey before and after the sessions. The survey results showed that the doulas gained knowledge, and the findings can support that training of doulas can promote smoking cessation efforts. More research is needed with more doulas for further conclusions.

(Betty Braxter, PhD, CNM is assistant professor of health promotion and development, University of Pittsburgh School of Nursing)







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