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For new moms, a helping hand, City program helps educate low-income, novice mothers in early care techniques with nurses' guidance

By Curtis L. Taylor

Stephanie Peterson was annoyed when the public health nurse called and asked her to participate in a pilot program providing prenatal and lifestyle counseling to first-time mothers.

Her father had recently died and Peterson was struggling to come to grips with the loss, along with uneasy feelings about her pregnancy. But with nowhere else to turn for good prenatal care, Peterson said she enrolled in the city-sponsored Nurse-Family Partnership program that teaches low-income, first-time mothers in vulnerable situations how to have healthier pregnancies.

"I was going through a lot of things, and when I found out that I was pregnant that added more grief," said Peterson, 25. "There was a lot of pressure, it was the first time, and I didn't know what to expect."

Now, with a healthy 19-month-old son, Marquise, Peterson credits the program with helping her transition into parenthood.

"They taught me a lot of things I didn't know, like eating right and taking care of my body," said Peterson, a Springfield Gardens resident.

While the city's overall infant mortality rate has steadily declined in the past 20 years - it was 6.1 per 1,000 live births last year - it is higher in some of the poorest neighborhoods, including Pelham Bay, East Jamaica and Brownsville.

Dr. Thomas Frieden, the city's health commissioner, said the department is working closely with medical and community partners to reduce disparities; promote women's control over their reproductive choices, including access to emergency contraception; increase drug-free pregnancies; promote breast-feeding; and increase the number of infants put "back to sleep" to reduce Sudden Infant Death Syndrome.

The Health Department's goal by next year is to expand the nursing program - which now has four nurses and 100 clients - to 28 nurses serving 860 families in the South Bronx, Central Brooklyn, and Southeast Queens and Harlem. The cost per 100 families is approximately \$500,000 per year.

Using weekly in-home visits that normally last about an hour, clients receive training in a wide range of areas, including personal health, finding a job, and managing their finances, said Public Health Nurse Beatrice Adam. They also receive information about public assistance, such as food stamps and day care, she said.

"We talk to them about going back to school when they have dropped out because of the pregnancy, even if it is part-time," said Adam of the two-year program. "Many of the girls take advantage of the services."

"They taught me how to feed him [Marquise], give him a bath, and the right way to hold him, which was important because I didn't have anybody to teach me," Peterson said.

Judy Wessler, of the Commission on the Public's Health System, praised the program but said it is only part of the solution to reducing infant mortality rates in high-risk communities.

"The Nurse-Family Partnership program is excellent and will help a limited number of high-risk families," Wessler said. "It is not a replacement for the community organizations that are working so hard to reduce infant mortality in their communities."

Joy Palmer, the program coordinator and supervising public health nurse at the Charles R. Drew Center in Jamaica, said that a major component is determining the strengths and weaknesses of the client.

"The program builds on the client's strengths to help them better shape their lives," Palmer said. All women who meet economic criteria and are expecting their first child are invited to enroll.

Teenage mothers Mayelin Santana, 17, and Elvira Gonzalez, 18, said that Public Health Nurse Carmen Soto taught them how to care for their infant daughters and also is helping them re-enroll in high school.

"It is a lot of stress being a new mom but once you go through the program it helps you become more responsible," said Gonzalez, holding her 2-month-old daughter, Camila Sibilía, on a recent afternoon at the Drew Center. "The more we learn, the more we get through it."

Nearby, Stephanie Peterson and her public health nurse Carol M. Coleman talked as Marquise sat in Coleman's lap in her first-floor office. Like the visits at her Springfield Gardens home, Coleman ran through a checklist to help Peterson stay on track in managing her life.

"A lot of these girls don't go to the doctor because they are young and don't know that they need to go," said Coleman, who like other nurses in the program cares for 25 families. "We go with them to make sure the doctor is not speaking over them."

Peterson said that the program is demanding but has made her a better parent and person.

"I would tell anybody to try the program if they need help. They want to know everything about you, then they use it to help you with your baby," she said. "And, of course, I had to learn some things on my own."

Infant mortality

Although the infant mortality rate has dropped dramatically in the city - from 11.6 per 1,000 live births in 1990 to 6.1 last year - it remains stubbornly high in some neighborhoods, and the city is looking at innovative ways to bring it down. Below are 2004 infant mortality rates, by borough and in sampling of neighborhoods.

HIGHEST RATES:

1. Brownsville, Brooklyn: 12.2, highest in the city
2. East Jamaica, Queens: 10.0
3. Pelham Bay, Bronx: 9.0

LOWEST RATES:

4. Kips Bay-Yorkville, Manhattan: 1.9
5. Lower West Side, Manhattan: 2.4
6. Flushing, Queens: 2.9
7. Williamsburgh-Greenpoint, Brooklyn: 3.2