

# *Healthy* **MOTHERS**

Information and  
community  
resources for  
pregnant women  
and their  
families



*Healthy*  
**BABIES**

YWCA OF  
ULSTER COUNTY

**1987-88**

Special Advertising Supplement to the  
Daily Freeman, September 23, 1987.



# Introduction to this Resource Directory

by Pat Camillo, R.N., N.P., M.S.

**KINGSTON**—"For the past two years, I have been offering workshops on pre-natal topics as part of the Healthy Mothers/Healthy Babies Program at the YWCA in Ulster County," states Pat Camillo. With over 200 participants a year, she has had the opportunity to speak with many pregnant women and their families.

What are they saying?

"We need more information! Tell us what's available in our community. Help us choose the right care providers to meet our needs, and provide us with knowledge based on facts and current research."

The need for knowledge is met in the workshops. The immediate and six month evaluations are overwhelmingly positive. "Thanks to funding from the March of Dimes, we are able to provide the best literature and audio-visual materials on the market—at no charge," says Camillo. "Most importantly, we offer an unbiased presentation that is not geared to promoting a particular

health care facility."

The need for knowledge of community resources and an understanding of various health care providers is addressed in this supplement. Rather than just creating a list of these resources, Camillo has covered some topics which the workshop participants found especially important and incorporated a discussion of appropriate resources in each article. At the end of the supplement there is a complete listing of community resources which includes addresses, contact persons and phone numbers.

"Due to space limitations, we focused on Ulster and Northern Dutchess Counties," Camillo says. "Hopefully other communities will take on this task using this supplement as a beginning model."

"Living in a rural community it is often difficult to know what is available and whom to contact," Camillo adds. "We hope readers will keep this supplement—even if they are not now pregnant. Maybe they can

pass it on to a friend or relative."

In addition to the resources this issues provides, a questionnaire is included on the last page and reader participation encouraged. "Your feedback is important so we can continue to respond to your needs," says Ms. Camillo. "Most importantly, we need to work together so the children in our community can have the best possible start."

## Childbirth Education: Meeting your needs

by Pat Camillo, R.N., N.P., M.S.

Childbirth education has become a significant business and marketing vehicle for both private individuals and health care facilities. Fees for these classes range from \$45 to \$95.

Recently, in addition to providing classes to prepare for labor and delivery, some hospitals are also offering prenatal classes. This is sometimes another \$45 fee which, if combined with taking classes to prepare for labor and delivery, could potentially cost a family over \$100 or more for childbirth education. The additional cost can place financial stress even on a middle income family, especially since prenatal care averages \$2,000 for physician care alone.

Families need to evaluate their individual needs for childbirth education. For instance, a family with two children may not want or need to participate in yet another series of classes. Perhaps their need will be in preparing the siblings for the birth of a new family member. Both Northern Dutchess and The Kingston hospitals have special programs to help prepare siblings for a new brother or sister.

Some hospitals and obstetricians insist that couples take classes in order for the father to be able to attend the birth. It almost seems as if he needs a "permit" to have the privilege of participating in the birth of his son or daughter. There seems to be something inherently wrong with this concept and perhaps consumers should begin questioning this policy.

This is not to infer that couples should not be prepared for this special and unique experience. There is no doubt that increased knowledge reduces one's fears. Research has shown that preparing for the childbirth experience not only helps a woman to manage the stress of labor but also improves pregnancy



outcome. But two important questions need to be answered: (1) What are the educational needs of a particular family? and (2) Who can best meet their needs?

Identifying learning needs should be a joint effort between the family and the contracted health care provider. Ideally, it would be wonderful if this education could be part of one's prenatal care. There would be no need for additional costs and learning would occur throughout one's pregnancy. However, most obstetrical practices are not set up in this manner. Therefore, it becomes the responsibility of the family to seek out appropriate resources.

Although most hospitals have prepared childbirth classes, they are not the only option for childbirth education. There are also individuals who provide education in their homes. In addition, outpatient facilities such as the Family Practice Center in Kingston also offer such classes.

How does one know where to go and whom to choose? The following questions are intended to provide a guideline for families who are exploring their options:

1. When are the classes offered?
2. What is the cost?
3. What topics are covered?
4. Are handouts provided?
5. Is a film of an actual birth shown?
6. How many couples are in

each class?

7. Who teaches the classes?

8. What are this person's qualifications?

9. How long have they been teaching these classes?

10. Explore the philosophy and goals of the program.

There is a tendency to call all childbirth education programs "lamaze" classes. Actually there are several different approaches—one of which is the Lamaze technique.

The Bradley Method places heavy emphasis on the active involvement of expectant fathers and a commitment to breastfeeding. The International Childbirth Education Association takes a more eclectic approach—that is, it uses many different methods dependent on the type of group involved and the needs of the individual families. Their motto is "Freedom of choice based on knowledge of alternatives."

There are other childbirth education programs and philosophies which are available to the childbearing family. Many offer certification programs which help to ensure that at least some degree of preparation and evaluation is required of the instructor.

At the end of this supplement there is a listing of several childbirth preparation programs. Each has an address whereby consumers can either write or

(see Childbirth Ed. page 10)

# Introducing

## Toni Saychek, M.D.

As a female gynecologist, Dr. Saychek identifies with a woman's needs and offers a unique style of professional medical care.

A native of Dutchess County and a graduate of Vassar College, she received her medical degree from S.U.N.Y. College of Medicine at Stony Brook and completed a four year residency at the N.Y.U./Bellevue Medical Center in Manhattan.

We welcome Dr. Saychek and are proud to have her back in our community.

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# Choices for Pre-Natal Health Care

by Pat Camillo, R.N., N.P., M.S.  
**KINGSTON**—The obstetrician is currently the primary provider of health care for pregnant women in this country. He/she is expected to provide quality services particularly in high risk situations. However, there are other health care professionals who also provide prenatal care services.

Many consumers are confused and are seeking more information regarding the training and philosophy of these alternative health care professionals. A brief description follows and is intended to give the reader a beginning knowledge of these providers of prenatal care. The directory at the end of this supplement lists organizations where further information may be obtained.

## REGISTERED PROFESSIONAL NURSE MIDWIVES

This individual is a registered nurse who "manages the care of essentially normal newborns and women, antepartally, intrapartally, postpartally and/or gynecologically." (*American Academy of Nurse Midwives*)

Training to become a nurse midwife can be obtained in two ways. First, a registered nurse may attend what is termed a certificate program. These programs average 12-18 months of instruction and practice. The nurse may then take a national exam to be certified in midwifery. Most certificate programs do not require nor provide a college degree.

A nurse may also train to become a midwife in a graduate program of study. These programs average 18-24 months, require a bachelors degree and on completion, the nurse has a masters degree. This degree also recognizes her as a clinical nurse specialist. In order to be certified the national certification exam must still be taken.

Each state is different in the requirements which must be met by certified nurse midwives who want to practice in that state. In New York, a midwife must have a New York license as a registered nurse, must have passed the national certification exam (or be waiting for test results), must have presented her credentials to the state for approval and must have a written agreement for backup with a physician.

## LAY MIDWIVES

Most states, including New York, do not recognize the lay midwife as a bonafide health professional. They are not regulated in any way by the State Health Department and conse-

quently there are no standards of practice, licensure or review boards.

It is not illegal for an individual to choose to have her baby at home. However, a lay midwife in New York State cannot represent herself as a health professional and collect a fee for medical services rendered.

## PHYSICIAN ASSISTANTS

A physician assistant is "a mid-level health professional who through education and training is qualified to provide a wide range of basic medical care as well as care in specialty areas." There are currently two national certification specialties: primary care and surgery. According to Nicole Gara from the American Academy of Physician Assistants, there is no certification specialty in obstetrics, gynecology or women's health care.

Most training programs for P.A.'s require some college or a four year degree before entering. These health professionals practice in all health care settings and perform many of the medical tasks traditionally carried out by the physician.

In New York and in all states where P.A.'s are recognized, they must practice with physician supervision. This does not necessarily mean that the physician be physically present in the practice setting.

## NURSE PRACTITIONERS

According to the American Nurses Association, the nurse practitioner is "a registered nurse prepared through a formal organized, educational program that meets guidelines established by the profession." Nurse practitioner programs prepare nurses to practice in a variety of settings: family practice, obstetrics, and pediatrics, to name just a few. A nurse can choose a graduate level educational program, which will also qualify him/her as a Clinical Nurse Specialist, or a certificate program which does not necessarily require a college degree and does not confer one. Both types of programs prepare the nurse for certification in a chosen field. The Organization for Obstetric, Gynecologic and Neonatal Nurses certifies nurses as OB-GYN nurse practitioners.

## CLINICAL NURSE SPECIALISTS

The American Nurses Association defines the clinical nurse specialist as a "registered nurse who through study and supervised practice at the graduate level (masters or doctorate) has become expert in a defined area of knowledge and prac-



The YWCA Child Care Center, operating on Mary's Avenue, Kingston, accommodates newborns 8 weeks to 18 months of age between the hours of 7 AM and 6 PM. (Dan Chidester photo)

## What a difference the YWCA makes!

The YWCA of Ulster County, a non-profit service agency, has served area residents for more than 64 years. A United Way Agency with an elected board of directors, it has a membership of over 600 and provides services to over 3000 individuals yearly. Its programs span all age groups and include recreation, education and community services. Among the programs currently conducted by the YWCA are the **Senior Reassurance Services Program**, designed to help the elderly and isolated with daily telephone contact and weekly visitors to ensure their health and safety and offer reassurance; the **Teen Parents Services**, which since 1977 has been the only agency providing services and counseling specifically for teen mothers and fathers; **FIRST STEP**, a self-sufficiency and remediation program for teen parents who are high school dropouts; the **Stay in School Project** provides child care and a child care skills course for student parents attending Kingston High School; the **Summer Day Camp**, which addresses the needs of many working mothers by providing a safe, productive environment for their children; the **Magic Circle Nursery School**, which provides a quality nursery school experience for groups of three, four and five year olds; the **Child Care Center**,

opened in May 1984, operated by the YWCA in cooperation with Benedictine and Kingston Hospitals, and providing a quality developmental program for infants, toddlers and preschoolers, and the **Healthy Mothers, Healthy Babies Program**, initiated in 1985 with a grant from the March of Dimes Foundation

to conduct monthly educational workshops for pregnant women focusing on three primary topics: Early Pregnancy, Breast Feeding and Management and Care of the Newborn. In addition a variety of classes and workshops dealing with topics of current interest to youth and adults are offered quarterly.

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As chief of Obstetrics & Gynecology at the Kingston Hospital, I'd like to take this opportunity on behalf of my department to congratulate the Board of Trustees, the Auxilliary and the Obstetrical Nursing staff on the Opening of the "New Family Maternity Center".

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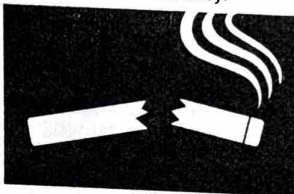


# Smoking, Alcohol and Drugs: a S.A.D. story for pregnancy

by Pat Camillo, R.N., N.P., M.S.

**SMOKING**— Most people who smoke know that cigarettes can be bad for their health—and they're reminded by the message on every pack they buy. Some smokers, though, think smoking may hurt other people but won't hurt them. Others say they plan to quit—someday—or would like to quit now, but just can't.

Women who still smoke during pregnancy should think hard about some reasons why there was never a better time to stop. Nicotine and carbon monoxide from the cigarette smoke can have harmful effects on the unborn child. Nicotine makes blood vessels grow smaller when a person smokes. This change in the size of these vessels cuts down on the amount of oxygen and nourishment carried to the fetus. Carbon monoxide acts in a different way, by limiting the amount of oxygen the blood can carry. When a woman gets less, so does her baby.



Because each cigarette takes away a little oxygen and a little nourishment that the baby would otherwise have, those born to mothers who smoke during pregnancy often weigh less and are less well developed than babies of mothers who don't. For babies who are born too small, the first hours of life can be very hard, even with the best medical care. Low birth weight, in fact, is a factor in two thirds of all infant deaths.

The fact that a woman smokes during pregnancy doesn't mean that her baby is sure to be born too small or develop problems later. But it does mean that the risks for the baby are greater. Women who smoke while they're pregnant are more likely than non-smokers to have a miscarriage, give birth prematurely, or have a stillborn child.

It's never too late in the pregnancy to stop smoking. The American Lung Association offers individual assistance and counseling at no cost to women who are trying to stop smoking during pregnancy. The American Cancer Society is also available to help. When a woman is pregnant there is no worse time to smoke and no better time to quit.

**ALCOHOL**— Alcohol travels quickly from the bloodstream to that of the unborn child. But that tiny body can't handle alcohol the way an adult's body can, and is far more easily harmed by it.

No one knows if there's any safe amount of alcohol a mother-to-be can drink and be sure that it won't hurt her child. Two things are known however:

- As the number of drinks a day increases, so does the risk to the baby.
- Heavy steady drinking while a woman is pregnant can result in a baby born with permanent damage.



Anne Davis, R.N., (right) of the American Lung Association counsels on the particular dangers of smoking during pregnancy.

age—including heart defects, mental retardation and other serious problems.

Many women worry if they had a few drinks before they knew they were pregnant. This is usually not a

problem, but should be discussed with one's health care provider. If a woman is concerned that she drinks too much or can't control her drinking, organizations such as Alcoholism, organizations such as Alcoholism (see S.A.D. story, page 9)

## WIC: a special nutrition program for Women, Infants and Children

by Pat Camillo, R.N., N.P., M.S.

WIC is a supplemental food program for pregnant, postpartum and breastfeeding women, infants, and children (up to age 5). By using monthly checks which can be redeemed at most local grocery



\$13,690 and a single parent making \$10,175 or less would be eligible.

A major focus of the WIC program is reaching families who are "at risk." In fact, this is a primary requirement for eligibility. Who is considered at risk? For prenatal women the following are some examples:

- women who are anemic;
- women who have an inadequate or excessive weight gain during the pregnancy;
- women who are less than 19 years old or older than 35;
- women with medical problems;
- women who smoke 10 cigarettes or more a day;
- women who have had problems during previous pregnancies;
- women who are expecting twins (or more!);
- women who drink alcohol or use drugs.

For infants and children, the eligibility requirements include:

- anemia;
- slow growth and development;
- prematurity;
- low birth weight;
- cleft palate (or other disorders that interfere with eating);
- frequent illnesses;
- various medical disorders.

Individuals who feel they may qualify for the WIC program or have questions regarding the eligibility requirement are encouraged to call 883-5259 for more information.

stores, a woman can purchase milk, juice, eggs, cereal, cheese, peanut butter and infant formula as well as other indicated foods. In addition, nutrition counseling is provided by dietitians and public health nurses as an important part of this program.

Although there are income requirements for eligibility, a family does not need to be destitute to apply. For instance, a family of four with a gross income of \$20,720, a family of 2 with an income of



# Over 30 and pregnant

by Pat Camillo, R.N., N.P., M.S.

**KINGSTON**— Ten years ago, it was not uncommon for women over the age of 30 to be considered "high risk" if they were pregnant. They were called "elderly primips."

It's hard to imagine why a woman of thirty would be considered "elderly" in any context! However, there was great concern for genetic defects and the physical ability of a woman to handle the stress of pregnancy, labor and delivery.

As more and more women delayed pregnancy and data was compiled regarding the outcomes, health professionals began to realize that the risks were not necessarily related to age alone but to the health status of the individual woman.

There still remains an increased risk of fetal chromosome abnormality in women over the age of 35. In general, the risk for Down's Syndrome increases from approximately 1 percent at age 37 to 10 to 12 percent at age 45 or older.

Nationwide genetic amniocentesis is usually offered to women over the age of 35. Pre-natal diagnosis is also recommended for women with a positive family history of chromosome abnormality or women who have had recurrent miscarriages.

Amniocentesis is a procedure

which involves the withdrawal of fluid from the amniotic sac at approximately 15 to 16 weeks of pregnancy. Ultrasound is used to determine approximately how old the fetus is and rule out the presence of twins. A small needle is inserted into the mother's abdomen. Amniotic fluid is withdrawn from the uterus and then analyzed for fetal chromosomes.

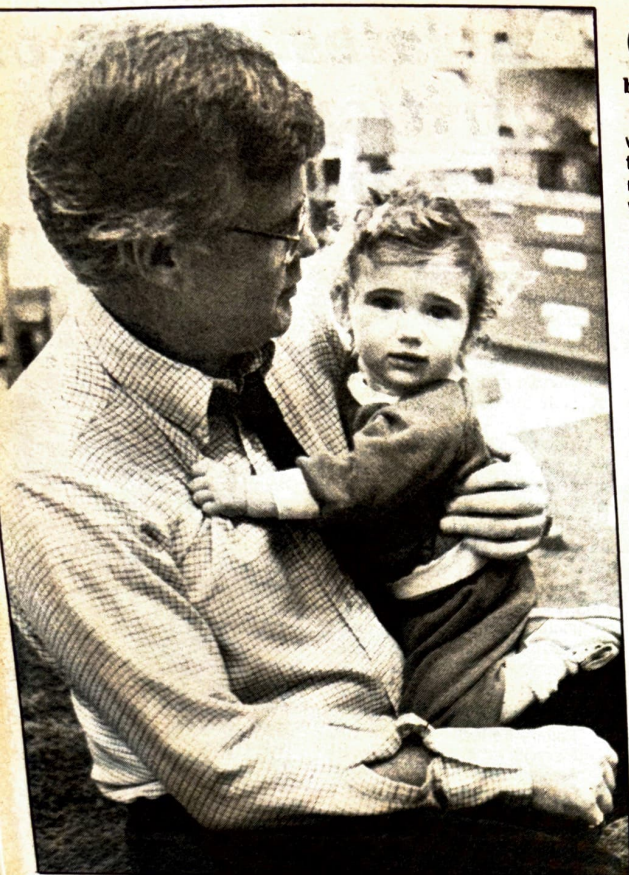
More recently a technique called *chorionic villus sampling* has been used in place of amniocentesis. In this procedure a small catheter is placed in the cervix under the guidance of ultrasound, to remove a small sample of chorionic villi (placenta). This specimen then undergoes chromosomal and biochemical analysis.

One of the main advantages of this method is that it can be done between the ninth and twelfth weeks of pregnancy. It also requires no local anesthetic and results are available in a few days. This technique is still under investigation. The overall risk for miscarriage or maternal infection is 3 to 4 percent. Centers which perform amniocentesis and CV sampling are listed in the Data File at the YWCA.

Of curious interest to women who are pregnant or considering pregnancy between the ages of 35-39 is

the increased incidence of twins. Although the rate of twinning is almost double what it is at age 20, it still represents a very small percentage of the population.

With proper and consistent prenatal care, genetic counseling and promotion of good health habits, women over the age of 35 have an excellent chance of having a normal pregnancy and a healthy newborn.



Ken Brett was the first male in the Kingston City School District to take advantage of the non-gender childrearing leave. (Bob Haines photo)

## Special needs for working parents

by Pat Camillo, R.N., N.P., M.S.

A child is born. A family grows. There is so much excitement. Nine months of planning and joyous expectation is realized.

Unfortunately there are also a number of stresses that emerge which include fatigue, development of the parenting role, maintenance of the couple's relationship and specifically for working parents, temporary loss of income and the need to secure acceptable child care arrangements.

Disability benefits help compensate for the temporary loss of income. Since 1977, pregnancy has been considered a disabling condition—in the same sense as other disabilities. Guidelines recommend a work leave two weeks prior to delivery and six weeks after the birth. The employee's insurance company pays these benefits. Most will follow the recommended guidelines based on medical judgment. If there are complications, a physician may recommend a longer period of time. In any case, there is the option for an appeal if there should be a disagreement between the medical recommendations and the judgment of the insurance company.

Some places of employment permit paternal as well as maternal leaves of absence. Ken Brett, who is employed by the Kingston City Schools, was the first male in this district to take advantage of the non-gender childrearing leave. Under this benefit, one parent, regardless of whether it is the mother or the

father, may take a maximum leave of up to 18 months. This leave is without pay but does guarantee job security. Ken took six months to be with his daughter while his wife, Anna, who is Dean of Students at Kingston High School, returned to work. Both parents were able to be with their newborn for the first six weeks since Anna was on disability leave.

"Those first six weeks were wonderful," explains Ken. "The whole family was able to be together." Although Ken was teasingly referred to as "Mr. Mom" by some of his friends, Anna felt a little more social disapproval from acquaintances who seemed to have difficulty understanding her choice. Anna continued to breastfeed by going home for lunch during the day.

Traditionally, the mother stayed home and took care of the children. With more and more women choosing careers outside of the home, a crisis in child care has developed. Although there are a number of nursery and pre-schools throughout the county, the need for newborn care is growing at a rapid rate. The stress of trying to juggle a traditional mothering role and a fulltime job is often overwhelming. This is further complicated by being unable to find a facility or private babysitter who can be trusted.

Due to American cultural expectations for parenting, it is difficult enough for a mother to leave her baby. The added stress of having to (see *Working Parents*, page 6)



## HEALTHY MOTHERS HEALTHY BABIES

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### Care of the Newborn

Information regarding physical care of the newborn: Feeding, bathing, dressing, etc. Color slides are presented depicting normal newborn appearance, newborn behavior and common hospital procedures such as circumcision.

### Preparing for Childbirth/Prenatal Care

Information on nutrition, exercise, relaxation and comfort measures during pregnancy. Color slides are shown on the development of a growing fetus, procedures for amniocentesis and ultrasounds.

### Breastfeeding/Preparation & Management

Information on preparation for breast feeding, breast care, diet, pumping and storing, weaning and preventive care.

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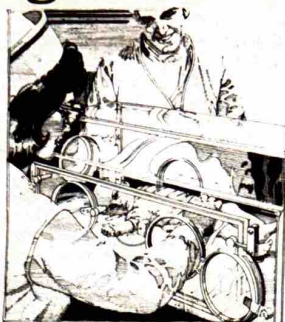
# Help for high risk families

by Pat Camillo, R.N., N.P., M.S.

Pregnancy is not a disease. It is a human condition which for many families culminates in the exciting and joyous birth of a healthy baby. Unfortunately for some women, pregnancy and/or birth deviates significantly from normal and becomes what is termed "high risk." These families need special care. The physical needs of the baby require expert attention and skill. In addition, the emotional, psychological and social impact of a high risk situation cannot be ignored.

In New York State there is a regionalization of obstetrical and newborn care. This is divided into three types of health facilities in each region. Hospitals are considered primary, secondary or tertiary care facilities. Albany Medical Center is the tertiary care hospital for this community.

Dr. John Goldkrand, a perinatal specialist at Albany Medical Center explained the differences in the three types of settings: the primary care hospital is "geared toward normal obstetrical care with minimal, if any, abnormalities." Benedictine, Kingston and Northern Dutchess are all primary care hospitals. The secondary care facility will allow for "some maternal and fetal abnormalities but excludes long term



ventilator care" or extensive intervention for either mother and/or baby. The tertiary care facility is the "high risk setting that cares for the most difficult cases."

Dr. Goldkrand emphasized that consultation is readily available at Albany Medical Center and can begin even before a woman becomes pregnant. There are genetic counselors available and they hope to provide CV sampling in the near future. Throughout pregnancy, labor and delivery highly skilled physicians are available for consultation either in person or by phone. Of course, women should try to work together with their local health care providers if and when problems

should arise.

Locally the Ulster County Health Department offers a variety of services for families experiencing a difficult pregnancy or caring for a high risk newborn. Shelly Greif, Director of Patient Services, explains that "referrals are often made by health professionals (nurses, doctors), however, anyone who needs nursing expertise in the home can call the department for assistance." There are no fees for this service. Home visits related to obstetrics or newborn care are made by professional nurses with extensive educational backgrounds which include a four year college degree.

Although most hospitals provide education to new parents before they are discharged, it is often awkward and stressful to translate these new skills when in one's own home. Public health nurses are available to assist women in these areas as well as provide breast feeding support and education regarding the normal growth and development of infants.

The New York State Health Department specifically addresses the needs of high risk newborns through a specially funded program called IHAP—Infant Health Assessment Program. Families eligible for this (see *High Risk*, page 9)

# The latest scoop on nutrition during pregnancy

by Pat Camillo, R.N., N.P., M.S.

**KINGSTON**—The old saying "you are what you eat" is especially significant when a woman is pregnant. The fetus she is carrying is literally fed and hopefully nourished by what she does or does not consume.

When this child is born, he or she will cry if hungry, thereby providing a signal to parents that it is time to eat. Unfortunately, this doesn't happen while in the womb. Sometimes, even the most well intentioned woman can forget that there is a life depending on her for nourishment.

Many women worry about gaining too much weight during pregnancy. Research indicates that there should be a minimum weight gain of 24 pounds. This is usually distributed in the body the following way:

Fetus—7.5 lbs.  
Placenta—1 lb.  
Amniotic fluid—2 lbs.  
Breast tissue—3 lbs.  
Blood volume—4 lbs.  
Maternal stores—4-8 lbs.  
(usually in thighs and buttocks)

It is possible for the fetus to be starved in the uterus and placed at significant risk before birth. These babies are called **intra-uterine growth retarded**. Recent recommendations for weight gain during pregnancy range from 30-35 lbs. A woman who is severely underweight prior to pregnancy may need to gain more and those who are significantly overweight may not gain as much. However, dieting by restricting caloric intake can potentially impair fetal development.

There is a tendency to assume that if a woman is gaining weight, the fetus is being well nourished. Not so! If weight gain is based only on empty calories, the development of various body organs (particularly the brain) can be impaired. Although the fetus

needs calories for energy to grow there is also an increased need for protein, calcium, iron and other nutrients. If these are not available in the diet, nature has provided for the fetus to "take" what it can from the mother's body. This can jeopardize a woman's health not only during pregnancy but in the years that follow. For example, a deficiency of calcium during pregnancy places a woman at increased risk for osteoporosis as she gets older.

This need for additional nutrients does not mean that megavitamins should be taken. In fact, there is recent evidence that too much Vitamin-A can harm the developing fetus. Other vitamins, such as Vitamin-C and B6, can cause a dependency in the newborn if the doses are too high during pregnancy. A healthy diet, together with prescribed pre-natal vitamins, will insure that the fetus is getting what it needs for normal growth and development.

So what can a woman do if she is pregnant and wants to provide the best possible nutrition for her baby? Certainly it is not expected that she spends her days counting calories or grams of protein. The March of Dimes has an excellent handout which is available at the Healthy Mothers/Healthy Babies workshop on pre-natal care. This handout can be posted on the refrigerator and at the end of the day a woman and her husband can get a good idea of which necessary foods were eaten and which foods were lacking. This type of nutritional self-assessment not only helps to insure that the baby is getting the best possible nutrition but also helps to encourage the bonding and nurturing role of parents before the child is born.

The responsibility of being parents is not something that begins with the birth of the child. It is a responsibility that begins in the womb—right from the start.

## Working Parents

(continued from page 5)

leave this newborn with a stranger for most of the day can have a critical impact on family life.

One of the ways our community is trying to meet the need for newborn care is through the YWCA Child Care Center. With funding support from both Kingston and Benedictine Hospitals, this center can accommodate 16 newborns from 8 weeks to 18 months. Because of the tremendous need for this care there is a waiting list and many couples place their names on this list as soon as it is known that the woman is pregnant.

Day care for the low income family is another program which is funded by the state and administered by the Department of Social Services. It is intended for working parents whose family income is not adequate to afford child care. The going rate for this care is \$40-\$75/week. Debbie DiAngelo, coordinator of the program, explains that "the county will

kick in a percentage of this cost depending on the income of the family." All placements are done through the department of social services. Individuals who want to provide child care services in their home must meet rigorous standards and state regulations in order to be certified as child home care providers.

The agricultural child care program is another service offered in this county. Judy Pressor, regional director, explains that "parents who are engaged in any aspect of agricultural work, including owner/operators or those working in offices, qualify for this program if they meet income guidelines." For example, a family of four with an income at \$20,720 or less would not have to pay for child care. Eligible families may also be provided with transportation.

Contact persons for these child care programs and various parenting support groups are listed in the directory at the end of this supplement.

# YWCA



— Focusing in on  
the Woman of the 80's  
and Her Special Needs

209 Clinton Avenue, Kingston, New York • (914) 338-6844



# Breastfeeding: a good choice

by Pat Camillo, R.N., N.P., M.S.

**KINGSTON**—Forty years ago if a woman wanted to breast feed her baby, she would have felt out of place in most hospital maternity units in this country. Today, the pendulum has swung and if a woman chooses to bottle feed, many people feel she is denying her baby the best possible nutrition.

There is a tremendous amount of peer and social pressure for women to breast feed. Many are torn between what they feel they must do and what they are comfortable doing. The following facts should be carefully considered by all women investigating this option:

□ Antibodies found in breast milk protect the newborn against disease.

□ Symptoms of allergy are seven times more prevalent in formula fed infants than in those who are breast fed. High levels of a substance called IGA, which is found in breast milk, greatly reduce the incidence or delay the onset of food allergies in the newborn. This is especially important when there is a strong family history of allergies.

□ Breast milk is easily digestible and can help to prevent intestinal disorders, particularly in premature babies.

## Breastfeeding is not for every woman or family.

□ Breast milk is the original convenience food for newborns. It is readily available, requires no preparations and is always the right temperature.

□ Many women, particularly those who work outside the home successfully combine bottle and breast feeding.

□ There is no research which proves that bottle-fed newborns are less loved or bond less with their mothers than breast-fed babies.

What does all this mean? Yes, breast feeding is an excellent method of providing nourishment for the newborn! However, breast feeding is not for every woman or family. There are cultural backgrounds and social circumstances that in some instances make breast feeding a very stressful experience for both mother and baby. The bottom line is that breast feeding is a *choice*—a good choice.

Every family should carefully eval-

uate their unique situation and decide whether or not breast feeding is for them. It's important to keep in mind that if a woman decides to breast feed, it doesn't have to be for a set period of time. She can breast feed for three days, three weeks, or six months. How long a woman breast feeds is again a matter of choice. There are distinct advantages even if a woman breast feeds for only one week.

For those women and families who choose breast feeding, there are support systems in our community to help with education and counseling. The Healthy Mothers/Healthy Babies program offers a two hour pre-natal workshop which provides a good deal of information to help families in the decision-making process. The LaLeche League provides support groups for pre-natal and postpartum women throughout our community. The New Parent Helpline at Kingston Hospital is a 24-hour phone line directly into the newborn nursery where a highly qualified nursing nurse is available to answer questions, provide referrals, or just listen.

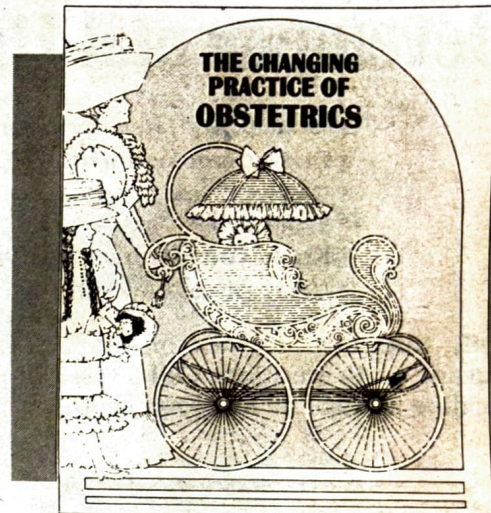
Employers in the community also have the opportunity to help by providing breast pumps in the work

setting. These pumps are relatively inexpensive when compared to the amount of sick time and disability leave incurred by some women who are having difficulty managing work and breast feeding. The availability of such pumps would also serve as an incentive for many women to return to work sooner with the peace of mind that they would be able to continue to provide breast milk for their baby.

Women who choose not to breast feed, for whatever reasons, also

need support. They are often made to feel inadequate or guilty for not providing the "best food" possible for their newborns.

It's essential that we never forget the most important need of newborns—the need to be loved and nurtured. This need can be met regardless of whether a baby is breast- or bottle-fed. The option to breast feed is a good choice—one that should be made by each individual woman and her family.



Historically, women giving birth were surrounded by family or friends at home. This worked well. But when problems arose, both mother and baby were in jeopardy.

By the 20th century, women started having their babies in hospitals. This worked better when problems arose. But when everything was normal, women found themselves alone—without family or friends—in a setting that was clinical and sometimes frightening.

Now we have the BEST OF BOTH WORLDS in the NEUGARTEN FAMILY BIRTH CENTER at Northern Dutchess Hospital—the first hospital in New York State to offer single bed maternity care. It is a fully equipped hospital with an environment and philosophy designed to provide the comfort and support of home.

- ♥—Family or friends may attend the delivery
- ♥—Fathers are encouraged to stay overnight
- ♥—Baby stays with mother
- ♥—Special visiting for siblings and grandparents

## Books, Cassettes and Videos

by Pat Camillo, R.N., N.P., M.S.

The International Childbirth Education Association is an interdisciplinary organization representing groups and individuals, both parent and professional, who share a genuine interest in family-centered maternity care. Their Bookcenter is a comprehensive and reliable source of books, pamphlets, cassettes and videos on childbirth preparation, breastfeeding, nutrition, child care, parenting, pregnancy loss, infertility, and high risk pregnancy.

Examples of some of the new books offered by the Bookcenter include:

**Daddy: The Diary of an Expectant Father**  
by Dennis Danziger, 1987. (Hardcover: \$14.95.) Chronicles the development of a father from pre-conception to postpartum.

**Your Baby, Your Way, Making Pregnancy Decisions and Birth Plans**

by Sheila Kitzenger, (\$10.95). Contains helpful information for the expectant parent; how to express needs effectively.

**Back to Work: a guide for expectant and working parents**  
by Mary Pary's O'Brien, 1986. (\$5.95) Addresses the concerns that expectant and new parents have regarding a return to work following their baby's birth.

**The Working Woman's Guide to Breastfeeding**  
by Nancy Dana and Anne Price, 1987 (\$5.95) Addresses the special needs of mothers who work outside of the home and breast feed their children. Includes personal experiences of employed, nursing mothers.

The Bookcenter also carries several relaxation cassettes to help prepare for childbirth as well as some

new and exciting video tapes. From the American College of Obstetricians and Gynecologists (ACOG) the following three videotapes are of special interest:

• **Pregnancy Exercise Program.** VHS Video, 51 minutes, \$39.95.

This program is specially designed for pregnant women. Includes warm up, aerobic (mild), cool down and relaxation.

• **Childbirth Education Program.** VHS Video, 52 minutes, \$39.95. A program for practicing useful labor techniques at home, includes special scenes from actual labor and births, methods of relaxation and breathing as well as a thirty minute practice labor.

• **Postnatal Exercise Program.** VHS Video, 55 minutes, \$39.95. A home exercise program for women after childbirth. Includes a warm up routine, moderate aerobic type exercises, a cool down and relaxation segment.

**Bookmarks** is a catalogue which reviews and lists these and many other resources. For a free copy, write:

ICEA Bookcenter  
P.O. Box 20048  
Minneapolis, Minnesota 55420  
or call: (612) 854-8660.

An order form for the purchase of books, cassettes and videos from the Bookcenter is included in this quarterly catalogue.

## Breastfeeding



**La Leche League International**

Over 30 years of offering information, support and encouragement to breastfeeding women.

for more information

**Call 331-4075**

- Yes, I am interested in:
- ☐ The Birth Center brochure
  - ☐ A tour of the Birth Center
  - ☐ A free bib
  - ☐ A speaker for my organization

Name.....

Address.....

..... Telephone.....

- ☐ I am pregnant
- ☐ I recently had a baby
- ☐ I plan to have a baby

Mail to:  
Diane Hess, Maternity Coordinator, or call 876-3200

**THE NEUGARTEN FAMILY BIRTH CENTER**  
Northern Dutchess Hospital, Rhinebeck, N.Y. 12572  
(914) 876-3200



YOUR BEST BIRTH PLACE



# You can help reduce the incidence of Mental Retardation & Developmental Disabilities.

Practice good, healthy pre-natal care

- Do Not smoke during pregnancy
- Do not drink
- Avoid drugs
- Know your family's health history
- Delay pregnancy until after the age of 20

Family Support Services of the UARC offers an informative program on Prevention. Call 331-4300, Ext. 225 for information regarding a speaker for your group.



WE WANT YOU TO HAVE A HEALTHY BABY

The Ulster Association for Retarded Citizens

139 Cornell Street, Kingston, New York 12401

(914) 331-4300

We care about you and <sup>all</sup> the children of tomorrow

## Preventing birth defects through education

In 1958, the organization that had assured the conquest of polio turned its attention to the nation's single largest child health problem and established as its new mission the prevention of birth defects.

The March of Dimes knows that preventing birth defects will never be achieved by a dramatic single cure or magic vaccine. Rather, prevention is a matter of changing the statistics—decreasing the proportion of babies born sick or damaged, and increasing the chances for healthy birth.

Preventing birth defects means providing the opportunity for a healthy start in life. The need for early and regular medical care during pregnancy, as well as good health habits, has long been a primary message of March of Dimes education programs.

The March of Dimes develops, distributes, and supports the production of educational materials for use by health professionals, businesses, schools and youth-serving agencies. Through print, audiovisuals, and exhibits, the March of Dimes encourages group and individual behavior patterns which promote healthy childbearing.

Grants are awarded to schools, hospitals and community agencies to assist in preventive health education programs for pregnant women, couples planning pregnancy, students and the general public.

As part of its mission is to reduce the serious consequences of birth defects, March of Dimes chapters are equipped to refer affected families to appropriate community services. Chapter volunteers serve as advocates for these families, providing information and fostering an attitude of understanding and responsiveness toward the handicapped. Many chapters have been instrumental in organizing parent support groups.

The strength of the March of Dimes has always been its mobilization of the American volunteer. Literally millions of people devote their time to helping the fight against birth defects, by promoting and implementing programs in their local chapters, and by raising the funds to carry them out.

This broad, grassroots support gives the March of Dimes its unique character as a voluntary health agency which reflects the concern and hope of the entire nation in all its diversity.

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 Sun: 12-5pm; Mon, Tue & Sat: 10-5pm;  
 Wed, Thur & Fri: 10-8pm  
 PRESENT COUPON AT TIME OF SITTING



## S.A.D. story

(continued from page 4)

ics Anonymous can help. Their members can provide understanding and support.

A woman has the ability and opportunity to say no to drinking during pregnancy. Unfortunately, the unborn child doesn't have that same choice.

**DRUGS**—Aspirin, cold medicines, nose sprays, laxatives, sleeping pills, stomach and anti-nausea medicines are all drugs that can be bought without a doctor's prescription, but that doesn't mean that they are safe to use during pregnancy. Over the counter medicines are sometimes harmful to the unborn child. One of these drugs, aspirin, if taken in the last three months of pregnancy, may prolong labor and cause bleeding problems at delivery.

Medications which were prescribed prior to pregnancy also should not be taken without consulting with an obstetrician.

## Choices

(continued from page 3)

clinical area is not considered a specialist in that area. It is important that the public realize this distinction. Since women are major consumers of health care, everyone wants to get on the bandwagon to be a "specialist" in some aspect of women's health care.

In nursing, a maternal-child specialist focuses on the needs of the childbearing family. A clinical nurse specialist in women's health has studied the health needs of women throughout their lives, including but not limited to the childbearing years.

The clinical nurse specialist's role is multifaceted. The specialist is an expert in clinical practice, an educator, a consultant, a researcher, and may be an administrator.

## CHOOSING A CARE PROVIDER

In order to assist consumers in choosing health care providers, the YWCA of Ulster County has started a data file which includes information such as fees, office hours, philosophy of care, insurance coverage, educational services and availability of various health professionals providing pre-natal care in Ulster and Northern Dutchess Counties. This data file also includes

Women who use such drugs as heroin, cocaine, marijuana, PCP, methadone, "uppers" or "downers" run a real risk to their health but an even greater chance of harming their unborn child. Some of these drugs can cause birth defects or deformities. Others are linked to babies whose weight at birth is abnormally low—a sometimes life-threatening condition. A pregnant



woman who smokes marijuana may be more likely to have complications at birth and with her baby.

Users of heroin, methadone or "downers" run the risk of bearing a baby who is addicted to the drug and will suffer from withdrawal after birth.

information on hospital services for women and available clinics in the area. Consumers are encouraged to examine this resource prior to choosing a pre-natal care provider or health care facility. There is no fee for this information which will be updated on a regular basis.

Kingston Hospital's Family Maternity Center also offers an individualized birth plan which encourages consumers to participate more actively in pre-natal, intrapartum and post-partum care. As part of this service, a brochure entitled "Working with your birth attendant" is distributed at no charge and also helps consumers in choosing the health professional that best meets their needs.

As the largest consumers of health care in this country, women need to know their options. They want to be able to participate in identifying and meeting their special needs. Health care providers and health care facilities must work together with these consumers, not simply to increase their revenues, but to significantly impact and improve the pregnancy outcomes of women and children in our community.

Withdrawal from drugs is hard enough on an adult. For a baby, it can prove fatal if the child weighs too little at birth or doesn't get skilled medical care.

Pregnant women who smoke, drink alcohol, and/or use drugs are often tempted to keep it a secret. They may feel frightened, embarrassed or ashamed. A trusting and open relationship with one's health care provider is essential. Being able to anticipate potential problems in the baby at birth gives the obstetrician and pediatrician an opportunity to provide the best possible care.

## High Risk

(continued from page 6)

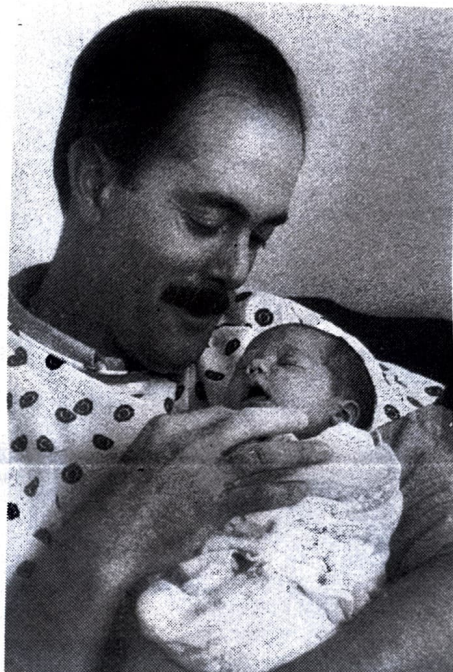
program include mothers less than 16 years of age, newborns who

weigh less than 4 lbs. 7 oz. at birth, babies born prior to 32 weeks gestation, babies with congenital abnormalities or inherited diseases, babies discharged from intensive care centers and infants who have a diagnosed medical problem at birth or shortly thereafter. Public health nurses visit these families to provide health teaching and supportive care while working closely with the primary source of medical care in the community.

Public health nurses also have a close working relationship with Kingston Hospital's Family Maternity Center. Here, highly skilled nursery nurses staff the New Parent Helpline. This 24 hour direct phone line (331-HELP) offers all families (regardless of whether they delivered

their baby at the Kingston Hospital) another means for seeking health education, guidance and support. This is particularly valuable during the evening and night hours when other resources are not generally available. If the family member or the nurse who is responding to the call feels that a home visit would be helpful, the nursery nurse will contact the public health nurse directly and a personal contact will be made within 24 hours.

Families no longer need to feel isolated or alone when experiencing the stress of a high risk pregnancy or when needing guidance in caring for their newborn. Community resources are available and a listing of contacts can be found at the end of this supplement.



## Fathers are Special, Too

Often in the excitement of birth, fathers can feel left out. At The Kingston Hospital Family Maternity Center, we feel fathers are special, too. We offer more options for you and your partner and together, your family can decide what to participate in. You are welcome in our birthing rooms and are not limited on visiting hours, in fact, you can even spend the night! In addition to options for fathers, we offer grandparent and sibling visitation, new brother and sister programs, family lounge, new parent education, private dining area, and 24 hour helpline. At The Kingston Hospital Family Maternity Center, we don't forget about Dads.

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The Kingston Hospital 396 Broadway, Kingston, NY 12401 (914) 331-3131





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childbirth and childcare**

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**We have a grant to cover prenatal care for the  
uninsured — it's called the prenatal care as-  
sistance program.**

**Call for details. 338-6400**

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Birthright has created a  
Special Free program for the  
"INNER CITY AND SINGLE  
PARENT MOTHER" which  
any first time mother can truly  
benefit from.

Includes topics such as:

1. Understanding my pregnancy
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3. Meeting your child's needs.
4. Problem Solving
5. Childhood Illness & Nutrition
6. Meeting Mother's Needs

Presented by:  
**KATHLEEN AMBROSE**  
Mothering Consultant  
**JOHANNA M. JANKOWSKI**  
Director, U.C. Birthright

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**338-2500, ext.4570**

**24 Hour Hot-Line  
331-5327**

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BIRTHRIGHT** A PRO-LIFE EMERGENCY  
COUNSELING CENTER

The Senior Residence, Benedictine Hospital, Mary's Ave., Kingston



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low cost  
medical care  
for all women.



**Planned Parenthood  
of Dutchess-Ulster, Inc.**

services include:

- Family Planning Services
- Cancer Screening
- Pregnancy Testing
- Counseling & Referral Services
- Educational Programs
- Lending Library (in Kingston office)

KINGSTON  
101 HURLEY AVENUE  
338-0840

ELLENVILLE  
98 CENTER STREET  
647-8490

NEW PALTZ  
243 MAIN STREET  
255-6450

## TELL US WHAT YOU THINK!

Fill in this confidential questionnaire, clip out and send to the  
Healthy Mothers/Healthy Babies Program  
c/o YWCA of Ulster County  
209 Clinton Avenue  
Kingston, New York 12401

1. This supplement and directory: (check as many as  
apply)

- ☐ Provided information about community re-  
sources which I was not aware of
- ☐ Provided me with new knowledge regarding a  
particular topic or topics
- ☐ Was very interesting to read
- ☐ Is a valuable resource
- ☐ Is an important service for our community
- ☐ Is not necessary

2. Would you like to see this supplement updated and  
published once a year?

- ☐ Yes ☐ No

3. If you are a health professional, please check the  
following:

- ☐ Physician
- ☐ Nurse
- ☐ Medical Social Worker
- ☐ Childbirth Educator
- ☐ Other: \_\_\_\_\_

4. Please check where appropriate:

- ☐ I am a female
- ☐ I am a male
- ☐ I am pregnant now
- ☐ I am planning to be pregnant soon

Age range:

- ☐ Less than 18 years
- ☐ 18-25 years old
- ☐ 26-30 years old
- ☐ 31-36 years old
- ☐ 36-45 years old
- ☐ over 45 years old

5. What other topics or areas of interest would you like to  
see included in future supplements of this type?

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## Childbirth Ed.

(continued from page 2)

call to find out more about the  
particular approach and  
philosophy. Most organizations  
will also provide a listing of child-  
birth educators in your area. It's  
never too early in the pregnancy  
to look into these programs.

An interesting option is to take  
the three free workshops offered by  
the Healthy Mothers/Healthy  
Babies program (Prenatal Care,  
Breast Feeding and Care of the  
Newborn). Most prepared child-  
birth educators talk a little about  
these topics in their classes. Tak-  
ing the three workshops at the  
YWCA would provide a more  
comprehensive education in  
these areas since each work-  
shop is two hours each and uses  
the best audio-visual materials  
available on the market. Addi-  
tionally, since each workshop is  
offered four times a year, a fam-  
ily can plan to take them anytime  
during the pregnancy. A woman  
can then negotiate with a child-  
birth educator to focus solely on  
those areas which are specific to  
labor and delivery. This option  
should provide a less expensive  
yet more comprehensive alter-  
native.

In summary, families need to  
identify their learning needs and  
seek out the best childbirth  
education program that can  
meet those needs. As con-  
sumers, they should make in-  
formed choices and not be  
coerced or influenced to register  
for costly programs that may be  
repetitive of what they already  
know.

Childbirth education is a busi-  
ness but its true value lies in the  
ability of the educator to meet  
the family's needs and promote  
the best possible pregnancy out-  
come.

*Among all fine arts, one of the  
finest is that of painting the  
cheeks with health.*

*Ruskin*



## Chiropractic for Mothers Chiropractic for Babies

The study of obstetrics and pediatrics  
is required for all doctors of  
chiropractic. A growing number of  
expectant mothers currently use  
chiropractic for their prenatal, post-  
natal and infant care

*As the twig is bent, so grows the tree.*

Join us today in this safe, drug-free  
approach to your health care needs.  
Your choice ensures the best begin-  
ning of your child's life.

**Dr. Patricia Tillou  
Dr. Sondra Tillou**  
Route 209, Stone Ridge, N.Y.  
687-7609 687-0565



# Directory of Community Resources

The addresses, contact persons, and further information regarding the following resources can be found in the Healthy Mothers/Healthy Babies Data File. Families are encouraged to make an appointment to review this file by calling the YWCA at 338-6844. Information is included on obstetricians, pediatricians, childbirth educators and many other health professionals.

## NUTRITION RESOURCES

- The WIC Program  
883-5259 (Ulster Co.)  
431-2420 (Dutchess Co.)
- Food Stamps Program  
339-5400 (Ulster Co.)  
431-5227 (Dutchess Co.)
- Healthy Mothers/Healthy Babies Prenatal Care Workshop  
YWCA of Ulster County  
338-6844

## BREAST FEEDING RESOURCES

- La Leche League  
338-3004
- Milk for Life  
657-6348
- Healthy Mothers/Healthy Babies Breastfeeding Workshop  
YWCA of Ulster County  
338-6844
- New Parent Helpline  
The Family Maternity Center at  
The Kingston Hospital  
331-HELP
- Public Health Nurses  
Ulster County Health Department  
338-8443, ext. 236
- Dutchess County Health Department  
229-0094

## ASSISTANCE TO STOP SMOKING

- American Lung Association  
246-3477
- Healthy Mothers/Healthy Babies Prenatal Care Workshop  
YWCA of Ulster County  
338-6844

## NEWBORN HEALTH CARE

- American Heart Association  
Child and Infant CPR  
338-8517
- Infant Health Assessment Program  
Ulster County Health Department  
338-8443, ext. 236

- Early Childhood Direction Center  
338-6755
- Healthy Mothers/Healthy Babies Care of the Newborn Workshop  
YWCA of Ulster County  
338-6844
- The Family Maternity Center at  
The Kingston Hospital  
New Parent Helpline  
331-HELP
- Health Department Well Baby Clinics  
Kingston: 338-8443  
Woodstock: 679-2057  
Saugerties: 246-2621  
Ellenville: 626-8284  
New Paltz: 883-6155  
Hyde Park: 229-0094

## INFANT DAY CARE RESOURCES

- YWCA Child Care Center  
338-4911
- Day Care for the Low Income Family  
331-9300
- Agricultural Child Care Program  
471-3695

## PARENTING RESOURCES

- Ulster County Prevention Services  
338-3090
- Teen Parents Services  
YWCA of Ulster County  
338-6844
- Parents Anonymous  
331-2734
- Parent/Friend Program  
The Mental Health Association  
331-0830
- The Mothers Center  
Reformed Church, New Paltz  
255-8168 or 255-0003
- MOM'S Support Group  
YWCA of Ulster County  
331-1938

## CHILDBIRTH EDUCATION ASSOCIATIONS

- American Academy of Husband-Coached Childbirth (Bradley Method)  
(213)788-6662
- American Society for Psychoprophylaxis in Obstetrics (ASPO) (LaMaze)  
(703) 524-7802

- International Childbirth Education Association (ICEA)  
(612) 854-8660
- Cesarean/Support Education Council (C/SEC)  
(617) 877-8266

## ORGANIZATIONS REPRESENTING HEALTH PROFESSIONALS

- American Academy of Pediatrics (AAP)  
(312) 228-5005
- American College of Nurse-Midwives  
(202) 347-5445
- American College of Obstetrics and Gynecology (ACOG)  
(202) 638-5577
- American Nurses Association (ANA)  
(816) 474-5720
- The Organization of Obstetric, Gynecologic and Neonatal Nurses  
(202)638-0026
- The American Academy of Physician Assistant (703) 525-4200

## MISCELLANEOUS

- Office of Professional Discipline  
(914) 761-8067-68
- Office of Professional Medical Conduct  
(518) 474-8357

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**non-toxic, non-invasive  
family health care**

**DR. ANGELO CASTELLO**  
**876-3637**

## YOU & ME BABY

This National YMCA Fitness Program is designed to provide postpartum women with an exercise program suited to their needs as early in the postpartum period as possible. This program provides exercise to strengthen and tone the muscles which have been stressed during pregnancy, labor and delivery; encourages movement and activity in postpartum mothers; and provides a pleasurable experience for mothers and babies, encouraging bonding and interaction.

Mothers and babies attend class together, learning infant massage, gentle stretching, and toning exercises with the emphasis on — the back, abdomen, and pelvic area. Class will end with relaxation exercises.

The class will meet twice a week for 30 minutes. The program is flexible enough so that women can begin at any point in the eight week session.

Joanne O'Brien, R.N. will provide leadership.

**TIME: 10:30-11:00 A.M.,  
Tuesday & Thursday**

**FEE: Members \$32,  
Non-Members \$42**



**The YMCA.**

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of you.™**



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of Kingston and Ulster County



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