



WOMEN'S HEALTH & REPRODUCTIVE NUTRITION REPORT

A quarterly publication of the Women's Health and Reproductive Nutrition Dietetic Practice Group

Volume 5, Issue 1

SUMMER 2004

BODY WORK Nutritional Applications of Body-Centered Psychotherapy

Marcos Martorano, ACSW

In the last thirty years, there has been a trend towards the development of a holistic health care approach. In 1976, Dr. Norman Cousins published *Anatomy of an Illness*, describing how laughter from watching Marx Brother movies helped him recover from a serious tissue disease¹. Then, in 1986, Bernie Siegel, MD, published his experiences working with remarkable cancer recovery patients in *Love, Medicine and Miracles*^{2,3}. These two landmark publications connecting emotions and physical health were dismissed years ago, but are now being validated by medical researchers⁴. Dr. Siegel's work has become part of the American Medical Student Association core curriculum in mind-body medicine and the Joint Commission on Accreditation of Healthcare Organizations now addresses holistic care - incorporating body, emotions, and spirit - in their manual for hospitals⁴.

As part of the medical field, dietitians deal with the physical body, but they also deal with other dimensions of a person, since so much of nutrition happens in a social and cultural context. The purpose of this article is to share mind-body concepts from the field of body-centered psychotherapy, a style of psychotherapy with potential value to dietetic professionals.

SPLIT PERSONALITIES?

As a dietitian, you most likely have worked with one patient with two 'identities', which seem to work in opposition to one another. One part is aware of the need to lose weight, or wants to look good in a bathing suit, yet another part can't, or won't, say no to chocolate! One model of integrating these two parts has been developed by Stephen Gilligan⁵, a psychologist, who is also a trained hypnotist with a black belt in the martial art of Aikido. His work, known as self-relations psychotherapy, reconnects individuals' mind-body processes to support behavior changes. He proposes many people in modern societies have a split personality where they swing from domination between the cognitive and somatic selves. Gilligan postulates the ideal situation for our health is when the cognitive and somatic self are balanced and informed by each other.

The *cognitive self* is the intellectual part of the person, usually called the ego. This part lives in the present time, in touch with the current reality of the person and her world. In

the body, the cognitive self lives in the head. It is normal for people to only identify with their cognitive self, since knowledge and education are so valued in our culture. Patients focused on their cognitive self will often respond, "I know" during a session; they do not want to be viewed as "dumb." Others will ask questions and try to learn more facts about their diagnosis. Our educational system and society puts most of its emphasis on developing this aspect of the personality but neglects the emotional part.⁶

The *somatic self* is the emotional and physical part of the personality, usually called the unconscious mind. It holds the memories of all the past experiences and different roles a person may have had to play in her life. In the body, the somatic self lives in the belly. The somatic self often gets repressed because it is illogical, confusing and painful, since it may hold past trauma or insults to our being. When we experience a strong emotion, or are involved in physical work, our somatic self takes over.

A neglected somatic self will diminish the sense of pleasure in people, including the experience of eating and their relationship with food. Addictions to drugs and alcohol, self-mutilation, and disordered eating are good examples of this.

BODY-CENTERED PSYCHOTHERAPY - BODY, EMOTION AND SPRIT

Body-centered psychotherapy, also called somatics or bodywork, describes one type of mind-body technique. As the names imply, it focuses on the body in the treatment of emotional problems. It compensates for the neglect of the somatic self by emphasizing how emotions impact our health. The physical effects of strong emotions like fear, anger, or love, and psychosocial stressors have been well studied, particularly in the gastrointestinal tract⁷.

Body workers have been influenced by yoga, martial arts, expressive arts disciplines, and Oriental philosophies. They feel the personality organizes in the body and is revealed in the posture, movement of the body, quality of the skin, and self care behaviors, including eating and sleeping habits. Central to their beliefs is the body is

THANK YOU TO THE 2003- 2004 NEWSLETTER TEAM!

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Miss Something? This year marks our 10th anniversary as a practice group! It is amazing to look back at our history through the newsletters, starting with the Perinatal Nutrition Report in 1994 and continuing to the Women's Health and Reproductive Nutrition Report, beginning in 1999. Use this form to order back copies of the issues you may have missed out on. For the complete listing of topics, visit the website.

| PERINATAL NUTRITION REPORT (Starting in 1994 and continuing until Summer 1999) | | | |
|--|-------------------------------|---|-------------|
| 1997-98 | Volume 4, Number 1 SUMMER | Vegetarian Nutrition During Lactation | |
| | Volume 4, Number 3 WINTER | The Impact of Hyperemesis Gravidum: An Unknown Risk | |
| | Volume 4, Number 4 SPRING | Breastfeeding Success: You Can Make the Difference | |
| 1998-99 | Volume 5, Number 1* SUMMER | Medicinal Herb Use During Pregnancy and Lactation | copies only |
| | Volume 5, Number 2 FALL | 25 th Annual National Maternal Nutrition Intensive Course: Application of Scientific Advances to Practice | |
| | Volume 5, Number 3 WINTER | Iron Deficiency in Pregnancy | |
| | Volume 5, Number 4 SPRING | Maternal Nutrition and the Fetal Origins Hypothesis | |
| WOMEN'S HEALTH AND REPRODUCTIVE NUTRITION REPORT (began Summer 1999) | | | |
| 1999-2000 | Volume 1, Number 1* SUMMER | The Roles and Responsibilities of the Dietetic Technician in Prenatal Care | |
| | Volume 1, Number 2 FALL | Maternal Nutrition and Multiple Pregnancies | |
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| 2000-2001 | Volume 2, Number 1* SUMMER | Disordered Eating in Pregnancy | |
| | Volume 2, Number 2 FALL | Home Care Nutrition Support in Pregnancy | |
| | Volume 2, Number 3 WINTER | PCOS: An Open Door for Dietetics Professionals | |
| | Volume 2, Number 4 SPRING | Lactogenesis Stage II: Research Developments | |
| 2001-2002 | Volume 3, Number 1* SUMMER | Pregnancy and Oral Health | |
| | Volume 3, Number 2 FALL | Breastfeeding and Culture | |
| | Volume 3, Number 3 WINTER | Smoking and Pregnancy: An Update | |
| | Volume 3, Number 4 SPRING | Brain Development: Mom's Nutrition Matters | |
| 2002-2003 | Volume 4, Number 1* SUMMER | Strenuous Recreational Exercise During Lactation | |
| | Volume 4, Number 2 FALL | Ptyalism in Pregnancy | |
| | Volume 4, Number 3 WINTER | Anemia and Women's Health | |
| | Volume 4, Number 4 SPRING | Nutritional Implication of the Physiology of Pregnancy | |
| 2003-2004 | Volume 5, Number 1* SUMMER | Interstitial Cystitis: Overview | |
| | Volume 5, Number 2 FALL | <ul style="list-style-type: none"> • Ortho-Evra Patch: Thinking Outside the Square • Nutrition Management in Kidney Disease and Pregnancy | |
| | Volume 5, Number 3 WINTER | <ul style="list-style-type: none"> • Learner Centered Nutrition Education: The California WIC Experience • Lactation Case Study: Inadequate Weight Gain | |
| | Volume 5, Number 4 SPRING | <ul style="list-style-type: none"> • Breast Cancer: The Hormone and Diet Connections • Battle of the Bulge: Dieting Differences Between Men and Women | |

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RESOURCE REVIEW: When You're Expecting... Twins, Triplets, or Quads

by Barbara Luke and Tamara Eberlein

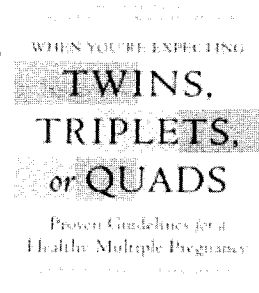
Coauthored with the award-winning medical writer Tamara Eberlein, this book received the Outstanding Book of the Year award in 2000 from the American Society of Journalists and Authors, and has been my most successful book to date. Built on my doctoral dissertation research at Johns Hopkins University on the relationship between maternal weight gain and twin birthweight, collaborations with researchers around the country, and the results from our very successful Multiples Clinic at the University of Michigan, this book provides specific, practical guidelines on all aspects of multiple pregnancy, backed by numerous scientific references and readings. Included are footprints and other graphics to show you how big your babies are throughout pregnancy, menus and dietary guidelines, how to recognize and minimize potential complications, how to cope with the

emotional ups and downs, what to expect during labor, a guide to the NICU, breast feeding and bottle feeding, and surviving those first months at home after birth.

The second edition includes completely updated information, new guidelines on nutritional needs and vegetarian options, the most current

obstetric and pediatric practices, such as expanded safety information on exercise and reducing risks for complications.

Published by HarperCollins, 1999-first edition; 2004-second edition ISBN 0-06-054268-3, 420 pages



• 2000 Outstanding Book of the Year award winner

From the Editor's Desk

Kathy Scalzo, MA, RD



This year we celebrate the 10th year of our practice group, and I am proud to be a part of the celebration. Somewhere in late 1999, we changed our name from Perinatal Practice Group to our current title: Women's

Health and Reproductive Nutrition. More than changing our name though, we decided to expand our practice focus to include women through all stages of the life cycle. In the past year, I hope you noticed a variety of topics related to women's health that reflected the beginning of change. This year, look for more.

This issue features an article on body work therapy. Marcos Martorano, is a private practice psychotherapist with over 25 years of experience working with women, adolescents and families. He believes strongly that nutrition is a key component to helping his patients recover from abuse, depression, and addictions, amongst other things. A black belt in Aikido who starts each day with meditation, Mr. Martorano is an expert in mind-body techniques!

I hope you enjoy the ever changing newsletter. Please call or e-mail me with your feedback. Let me know what you like, you don't like and want you want to see more of!

MEMBER SPOTLIGHT: COLETTE MURPHY-COLE, MS, RD

By Alyce Thomas

Colette is an original member of our DPG (back when it was known as the Perinatal Nutrition DPG). She is the Outpatient Dietitian at Trinitas Hospital in Elizabeth, New Jersey where she works primarily with obstetric patients.

Colette's interest in prenatal nutrition began when she worked with pregnant teens on a grant-funded program. After the grant ended, she moved on to HealthStart, a prenatal care program for low-income women. Her current patient population includes "the second generation;" those who were born when she first started are back as expectant moms.

She wasn't always interested in nutrition; in fact, Colette wanted to go into textile design. She quickly found out that the university she attended did not have a major in this field. After taking a chemistry course and a nutrition class, and



liking both, she went on to receive her BA in Home Economics. From there she completed her graduate studies at Rutgers University in New Jersey.

Colette is the current President of the New Jersey Dietetic Association, which is in the first year transitioning from five local districts to three regions.

HOME: Cranford, NJ

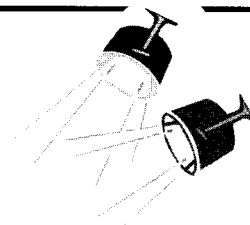
FAMILY: Married for 19 years to the same wonderful guy.

HOBBIES: What else? NJDA. Being a President during the time of major restructuring leaves little time for other things, but she also enjoys reading, movies and cooking.

FAVORITE FOOD: Coffee-flavored yogurt!

FAVORITE MOVIE: Old musicals.

FAVORITE BOOK: The Great Gatsby by F. Scott Fitzgerald.





Legislative News: HeLP

Senator Harkin has introduced the Healthy Lifestyles and Prevention America Act, S. 2558. The HeLP America Act includes a number of important policies and programs aimed at nutrition, physical activity, and obesity including improving school foods, providing free fruits and vegetables to school children, providing nutrition labeling at



chain restaurants, curbing junk-food marketing aimed at children, and funding nutrition and physical activity programs at the Centers for Disease Control and Prevention (CDC). Look for a summary of the bill and the full text at <http://thomas.loc.gov/> by typing in S2558 in the bill number search field.)

WHRN needs your help filling our Legislative Coordinator position. Your main responsibilities would be writing a short blurb for the newsletter on current issues affecting dietitians and attending and reporting on the Public Policy Workshop, held in Washington, DC in March. For more information and a full job description, contact Claire Dalidowitz or Jeanne Blankenship (see contact info on back of newsletter).

WHRN MEMBER WINS MARCH OF DIMES AGNES-HIGGINS AWARD

The 2005 winner of the March of Dimes Agnes Higgins Award goes to Barbara Luke, WHRN's own past-chair! This award recognizes outstanding achievements in the field of maternal-fetal nutrition in the memory of Agnes Higgins, a pioneer in nutritional assessment and counseling for healthy pregnancies. Barbara was nominated by her peers, including members of the WHRN DPG.

A nurse, dietitian, and epidemiologist, Barbara is an expert in the area of maternal-fetal nutrition, particularly in multiple gestations. Her second edition of *When You're Expecting... TWINS, TRIPLETS, or QUADS*, was just released (see Resource Review on page 2). She has authored twelve books on maternal-fetal nutrition for the medical and lay communities. As a researcher, she has published over 30 studies providing critical evidence on the effect of nutrition and other environmental influences on pregnancy outcomes. Barbara is currently a professor in the Department of Epidemiology and Public Health, and Department of Obstetrics & Gynecology, with joint appointments in the Departments of Obstetrics and Gynecology and the Department of Pediatrics at the University of Miami School of Medicine.



Barbara will receive the March of Dimes Agnes Higgins Award at the 2005 American Public Health Association Conference in New Orleans.

Congratulations Barbara!

GREAT RESOURCE: www.smallstep.gov

This spring, the Healthy Lifestyles & Disease Prevention initiative, launched a new Web site you can share with your clients.

www.smallstep.gov encourages Americans to make small changes in their physical activity and eating habits, in order to facilitate long-term weight control. While the website doesn't offer professionals anything new, it does present the information in a simple, easy to understand format that is refreshing for professionals and the lay public alike!

**400,000 deaths in the U.S. in 2000 (17 percent of all deaths) were related to poor diet and physical inactivity. Only tobacco use caused more deaths (435,000).
JAMA, Mar 2004; 291: 1238 - 1245**

The website is well organized into four steps, with reinforcing messages on each page:

- Step 1: Get the Facts
- Step 2: Eat Better
- Step 3: Get Active
- Step 4: Learn More

Each "step" includes a link to the Take Small Steps Today page, with 100 practical suggestions to get started. A link on the home page takes you to inspiring success stories.

Visit the site to sign up for their "Small Steps" e-newsletter. You can also send a free e-postcard to one of your friends, OR you can post your favorite "small step" to the WHRN newsletter to inspire your peers! I'll be checking my mailbox....

*Kathy Scalzo, MA, RD
WHRN Publications Coordinator*



Bodywork (cont)

the temple of the spirit and should be treated with proper respect. The following case study illustrates one example of a patient who benefited from a holistic approach to her treatment plan.

CASE STUDY: *C. is a 15 year-old black female with poor eating habits; at 5'5" she weighs only 98 pounds. She was referred to this therapist due to her angry outbursts. C. is surrounded by people with many needs - her mom is a frequent hospital inpatient due to a seizure disorder; her older brother is in prison; and her boyfriend has legal and personal problems as well. Her dad died four years ago. C. wants to gain weight, but instead has lost weight since starting to see the dietitian. She is trying to pass her classes, but is failing at least three. Despite her inability to reach her goals, C. presents as a happy teenager; she is friendly and always willing to help others.*

TOOLS TO INTEGRATE THE COGNITIVE AND SOMATIC SELVES

In a body-centered approach, the body is seen not as an object but a verb, something that is fluid, in motion, and constantly changing. A dietitian can work with a patient to strengthen the balance between the two selves by encouraging the practice of disciplines that strengthen a neglected self.

The following sections are tools dietitians can use to facilitate motion in their patients, keeping in mind the concept of secondary gains, the benefits a person gets from not changing. For example, a client might say they want to be thin and healthy, but their weight can keep them protected from meeting people, starting relationships, or taking risks. People with a history of sexual abuse or trauma can fall into this pattern. It is important for dietitians to recognize this situation and make appropriate referrals to a psychotherapist.

TOOL #1: START WITH YOU - The Use of Presence Presence describes how the client perceives the provider. In

other words, do you, as the professional, demonstrate a genuine concern for the patient, or are you being phony? Do you practice the recommendations being given, or do you create a conflict for your client? Presence is a learnable skill that can also be applied in management settings⁸.

TOOL #2: MOTION TO MOVE! Exercise is well documented to provide more

Exercise 1: Visualizing cognitive and somatic selves: *Become aware of where you are right now, how old you are, what your current commitments are in your life at this time. Ask yourself who you are. Next, think of a problem or situation you want to find out more about. Shift your awareness to your chest area and get a sense of what emotions and feelings you are experiencing or are trying to emerge. Give this feeling an age. (This should happen on its own without your intellect giving the answer.) Let your emotions tell you how they feel about the problem. Have the cognitive self listen and take in the different point of view.*

than calorie burning benefits. It also keeps the patient in touch with and strengthens her somatic self, bringing about emotional and mental balance. Women who exercise feel more in control of their life and pay more attention to their bodies. You can refer patients to local hospitals and community centers sponsoring creative movement programs, such as Tai Chi, yoga and dance classes. The reference list offers ideas for 'exercise-resistant' patients⁹.

TOOL #3: Sensory Awareness:

Experiencing the world through television does nothing to strengthen the somatic self. Encourage your patients to develop their "sensory awareness" by exploring nature, taking up dance, yoga, or martial arts, writing or reading poetry, or listening to soothing music¹⁰. A closer relationship with nature nourishes the physical body and may support a client's move away from "junk foods." Visualization exercises can be helpful (see Exercise 1).

TOOL #4: DEEP BREATHS Body centered therapists see the role of breathing as central to the well-being of the person. Trauma and anxiety cause breathing to become shallow and restrictive, thus blocking emotions and resulting in a lack of energy¹¹. You may notice clients holding their breath when discussing sensitive topic such as the scale or forbidden foods – encourage them to take a few deep breaths.

The concept of breathing is also a powerful metaphor for describing our interaction with the environment, which also has an impact on health. The environment includes the food we put in our body. Slow Food¹², an international movement to preserve local and traditional foods from becoming extinct or being taken over by processed fast foods, offers interesting talking points to

use with your clients.

TOOL #4: PUT YOUR FEET ON THE GROUND: Another concept of the body-centered approach is "grounding." Due to stress and trauma, people can become disconnected from their reality and the world around them. In order to help clients get back in touch, you can suggest they practice Exercise².

Exercise 2: GROUNDING *Start in a sitting position and massage both of your feet. Then stand up and feel the contact of your feet to the floor. Making believe your feet are glued to the floor, attempt to take a step forward and then a step back and then to each side. Repeat this movement several times. Pause for few moments and get a sense of how your connection to the ground has changed.*

Grounding facilitates getting in touch with the earth under their feet, bringing their awareness down from their head to the lower parts of the body. This process can help your patients feel empowered and assist them to overcome obstacles that before seemed insurmountable. The idea is to help them feel like even strong winds could not knock them down.

TOOL #5: AWARENESS PRACTICE

Centering brings self-awareness to the center of the body, located in a place right below the belly bottom. On a physical level, this center represents being balanced and steady. On an emotional level, it means that no one emotion is overshadowing others; the person is calm and at peace. Mentally, one is in control of their thoughts and is clear about their identity. They know their boundaries and can step away from



a situation in order to reflect on its meaning. Exercise 3 offers one example of a centering activity to use with your clients.

The exercises above are part of a discipline designed to be practiced on a regular basis. One will not get immediate results. Similar to meditation and other self-improvement approaches, consistency is an important ingredient of any successful therapy.

Case Study Follow-Up *Returning to the case of C., her cognitive self is visible to the world as a happy, helpful, hardworking person. The part holding feelings of abandonment by her family due to death, illness, or destructive behavior represents her somatic self. Her failure to integrate these two parts is preventing her from achieving her goals and is manifesting as out of control anger.*

In therapy, C. has learned to listen to the somatic self's needs by using grounding and centering exercises to help her define realistic goals. She is learning to express her feelings and is developing self-caring behaviors,

Ex 3: CENTERING Stand with feet shoulder width apart. Bend your knees forward slightly, your back is straight, shoulders relaxed. Feel the area in the belly and put both palms of your hands below the belly bottom. Sense your balance and your connection with the floor. Be aware of the quality of your thoughts. Have they changed since you assumed this posture? Stay in this position for a few minutes.

including improved eating habits which nourish her body. She now practices deep breathing exercises on a regular basis. In teaching C. how to strengthen her somatic self, the therapeutic process has helped C. discover her own needs. She now has an appetite and is able to satisfy her hunger. While C. continues to have feelings of anger and abandonment, she now has tools to manage those feelings. She also has improved confidence – her weight has increased and so have her grades.

In conclusion: A person walking into a consulting room is made up of a body that is the embodiment of emotions,

ideas and opinions and spirit. The success of our interventions is determined by how well we integrate these parts. If we feel centered and grounded ourselves, it will facilitate the process of healing. In addition, we can encourage our patients to get involved in disciplines that promote body-mind integration.

Body centered psychotherapy is gaining popularity amongst professionals working with patients who have been victims of abuse and others traumatic experiences. Many of these patients suffer from eating disorders and body image distortions. Together, the fields of psychotherapy and nutrition can work towards a better understanding of healing the whole person.

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From the Chair

Barbara Luke, ScD, MPH, RD



This year has flown by, I can't believe it's time to hand over the leadership of WHRN to the new Chair, Darlene Husch. Despite our busy lives, and the many personal and professional

commitments we each have, many members of WHRN donated generously of their time and talents to help our DPG grow and flourish, particularly those members of the Executive Committee, Coordinators and Committee Chairs, FNCE Coordinator, Membership Committee Co-Chairs, Practice Guidelines Chair, and our ever-faithful ADA Practice Team Liaison, Susan DuPraw. The upcoming meeting of FNCE in Anaheim, California in October will mark the 10th anniversary of our DPG, and we are planning to celebrate and invite all WHRN members to join with us. We had hoped to launch an annual Women's Health Symposium at the year's FNCE to coincide with this special anniversary, but were foiled by last minute timing. Instead, we are taking a longer-term approach to this concept, and hope to launch it in coordination with upcoming annual meetings, highlighting our leadership in women's health, and focusing on preventive health for the consumer and healthcare professional alike.

Women's health continues to headline in the professional and lay press, with more frequent requests from the ADA for input from our DPG members on policy and professional issues. As we work towards better nutrition standards of practice, reimbursement for our services, and better nutrition education in dietetic, medical, and allied healthcare curriculums, we ask you to consider adding your voice and experience to this process. Join us, too, at our Members Reception to celebrate our 10th anniversary and help us dream how we will shape the next 10 years together.

Thanks to all the WHRN members for making this a very memorable year for me, particularly Alyce Thomas, Theresa Romano, Darlene Husch, Kathy Scalzo, Susan DuPraw, and all of the WHRN Board and Executive Committee.

Barbara Luke



LIST SERVE TOPIC: Parental Attitudes About a Pregnancy Predict Birth Weight in a Low-Income Population¹ by Kathy Scalzo

Do single women have a higher chance of delivering a low birth-weight infant than married women? What about moms to be who are ambivalent about the pregnancy? Does the father's attitude affect the pregnancy outcome? Possible answers to these

questions are addressed in a recent study in the *Annals of Family Medicine*¹, available on-line at <http://www.annfam.org/cgi/repint/2/2/145.pdf>

In the study, researchers looked at maternal happiness, and the mother's perception of the father's happiness regarding the pregnancy, as a risk for low birth weight (defined as <2,500 g).

'Happiness' was measured during the first trimester, using a scale of 1 to 10, to rate the woman's unhappiness, ambivalence or happiness with the pregnancy. The same scale was used to measure her perception of the father's happiness. A differential between the two scores of 5 points or more distinguished subjects where the father was considered happier about the pregnancy. The study was a prospective cohort of 162 live births to low-income mothers, in a white, predominately Latina population.

One of the interesting findings of the study was that women who reported greater partner happiness were more likely to deliver a low birth-weight infant. (Table I summarizes other results). The authors discuss targeting this subpopulation of

women for special interventions, as a different approach to decreasing the incidence of low birth weights, even while acknowledging the need for further studies to confirm their results.

| | % Normal Birth Weight (>= 2,500 g) (n = 153) | % Low Birth Weight (< 2,500 g) (n = 9) | Relative Risk for Low Birth Weight (95% CI) |
|--|--|--|---|
| Hispanic | 74.5 | 66.7 | 0.70 (0.16-2.86) |
| English dominant | 43.8 | 88.9 | 10.27 (1.25-84.1)* |
| Age, mean y (± SD) | 23.9 (± 4.8) | 24.6 (± 6.7) | P = .72 |
| Parents married or live together | 89.9 | 44.4 | 0.21 (.054-0.83)* |
| Smoking | 21.6 | 55.6 | 4.54 (1.16-17.89)* |
| Low maternal enrollment weight | 35.9 | 66.7 | 3.6 (0.9-14.8) |
| Late gestational age at enrollment | 37.3 | 44.4 | 1.34 (0.3-5.2) |
| Maternal unwanted pregnancy | 13.1 | 22.2 | 1.9 (0.4-9.8) |
| Unhappy or ambivalent mother | 25.5 | 88.9 | 23.4 (2.83-193.0)* |
| Maternal report of greater partner happiness | 5.9 | 44.4 | 12.8 (2.92-56.0)* |

Selected Sociodemographic Characteristics of Women with Normal and Low-Birth-Weight Infants, and Relative Risks for Low Birth Weight, adapted from *Ann Fam Med* 2(2):145-149, 2004

Working with adolescents in a low-income New York City population, I found this article thought provoking. Perhaps my clients who report unhappiness, and/or concern about their partner's happiness, should be followed more closely to assess their diet and compliance with

vitamins and to monitor their weight changes? If the father's enthusiasm is a factor, why don't I make more of an effort to get them involved? I start each prenatal visit by congratulating the mom-to-be and although I usually get a warm response, I sometimes do not. This article made me wonder if we are doing enough for our prenatal clients at my health center

¹ Keeley RD; Birchard A; Dickinson P; Steiner J; Dickinson LM; Rymer, S; Palmer B; Derback T; Kempe A. *Ann Fam Med* 2(2):145-149, 2004.

LET'S TALK! Post your response to this article to the list serve. Q's about the listserve? Contact Kimberly at kimgateway@aol.com

WHRN Celebrates 10 Years at Anaheim! Join Us!

WOMEN'S HEART HEALTH:

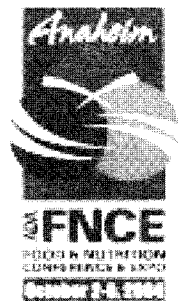
Interventions to Improve Outcomes
 October 3, 2004 1:30-3:00 pm
 Anaheim Convention Center Hall A
 Debra Judelson, MD
 Marion Franz, MS, RD, LD, CDE

BARIATRIC SURGERY:

Nutrition for Women of Reproductive Age
 October 5, 2004 10:00 am - 11:00 am
 Anaheim Convention Center Ballroom DE
 Bruce Wolfe, MD
 Jeanne Blankenship, MS, RD

WHRN MEMBERS RECEPTION

October 3, 2004 6:00 pm-8:00 pm
 Anaheim Marriott Hotel Veranda Room



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