Premature Babies are at a Higher Risk for Disabilities

Amber Alberts, NMPASI Client Advocate

One in ten babies are born premature every year in the United States. According to Stacey Stewart, President of March of Dimes, a charity focused on ending birth defects, “Preterm birth is the number one cause of death among babies and a leading cause of lifelong disabilities.” The severity of their disabilities all depends on how premature they were and what illnesses or complications they experienced after birth. It can cause long term health problems that may not even show up until adulthood. Some health issues common among premature babies include intellectual and developmental disabilities such as ADHD, anxiety, trouble learning, speech impairments, blindness, deafness, breathing problems, brain bleeds and infections and cerebral palsy. It is important to talk to your health care provider early on if you fear your child may have a disability due to pre-term birth. The Affordable Care Act helps make sure that children with special medical needs have the health insurance they need to pay for services and treatment throughout their lives. In the CNMI for children birth to age 3, programs including the early intervention services with the Child Development Assistance Center can help your baby’s early development needs. Once they enter school age you can talk with your school about receiving Special Education Services if needed.

I am far too familiar with this process as both my twin sister and I were born premature.

My twin sister and I were born 3 months premature at 29 weeks and weighed just 2lbs 9oz and 2lbs 10oz. My mother gave birth to us at 33 years old and also had gestational diabetes and was carrying twins. This made her pregnancy high risk which ultimately resulted in us being born prematurely. Our parents were told that we’d have many challenges throughout our lives. The doctors told them we could have many complications such as cerebral palsy, blindness, deafness, brain bleeds, developmental delay, learning disabilities, digestion issues and lung problems from being born so early. We spent 2 months in the ICU at Magee Women’s Hospital in Pittsburgh, PA and were both on ventilators for at least 5-6 weeks. We saw many doctors and specialists after that. Once we arrived home our development was based on our due date. We saw a developmental specialist, our primary physician as well as an eye doctor who had a research program that studies the eyes of premature babies. We were also held back a year in kindergarten keeping us in the school year that we would have been in had we been born on time. My sister and I also saw a speech therapist and got put into dance classes to help with our mobility and muscular development. It is because of the early steps my parents took to provide us with the doctors and specialists we needed that we were able to overcome these challenges. Both my sister and I have no disabilities or challenges even though we were told by many doctors we would. Aside from many scars from chest tubes we grew up leading very normal, happy lives.

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For more information about where you can get help for a child born with a disability, please visit https://www.marchofdimes.org/complications/long-term-health-effects-of-premature-birth.aspx or contact NMPASI at 235-7273/4 or online at www.nmpasi.org

Members of the coordinating committee for CNMI’s Disability Sports Fest pause for a photo after their weekly planning meeting for the 2nd Annual Disability Sports Festival. Represented on the committee are: CNMI’s Public School System - Athletics Department and Special Education Program; CNMI’s Center for Independent Living (CLI); Northern Marianas College – University Centers for Excellence in Developmental Disabilities (UCEDD); Department of Community and Cultural Affairs – Sports Division; Saipan Mayor’s Office; Office of the Governor – CNMI’s Office of Transportation Administration (COTA) and Office of Grants Management; Lady Dian Torres Foundation (LDTF) and the Northern Marianas Protection & Advocacy Systems, Inc. (NMPASI).
As a Vocational Rehabilitation Counselor, getting in touch with my consumers is sometimes a challenge due to transportation and/or class/work schedule conflicts. Having the opportunity to be present throughout NMC’s registration week (February 19-22) so that I can be able to meet with my consumers as well as other interested individuals with disabilities was a great experience. I was able to meet with my consumers after they were done meeting with their academic advisors and registering for the upcoming spring semester. My consumers didn’t have to worry about going to our office or waiting until my monthly co-locations or having to connect to WiFi so that they can email me – I was already present. Being an OVR representative and participating during NMC’s registration week was great for both myself and DSS Counselor Lucille Deleon Guerrero for instant information & referral and counseling & guidance. Especially knowing that the Spring 2019 semester will be accelerated, it was very important that my consumers understand how the semester will proceed as I want them to succeed and be able to continue with other course requirements for the new semester. Having built a partnership with DSS Counselor Lucille, we strive to empower our consumers to become self-advocates. We are present for guidance, it is up to them to lead the way.

My partnership and collaboration with DSS Counselor Lucille continue to strengthen as we look for different ways on how we can improve our services to people with disabilities. I work on getting individuals with disabilities into obtaining or maintaining their employment, whereas, DSS Counselor Lucille works on providing accommodations necessary for our individuals with disabilities attending postsecondary education. This partnership is a continuous teamwork and effort throughout the student’s journey in postsecondary education.

After the completion of the public input process, SILC will begin to write a draft plan for the full Council’s review and approval during their April meeting (TBD) and thereafter initiate the 30-day public comment period.

To those who have already submitted public input, thank you for your participation and support.

“Partnership”

By Shana Iguel, VR Counselor

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I also had the opportunity to participate in a Crisis Counseling Program presentation alongside other counselors from NMC. Participating in the presentation was great for professional development as learning is a lifelong process.
FAMILY TO FAMILY
HEALTH INFORMATION CENTER
SAIPAN, CNMI

OPENING SOON!

WHAT IS IT?
The F2F Health Information Center will support families of children and youth with special health care needs (CYSHCN) as it recognizes that families are the ultimate decision makers for their children. It will be a parent operated center to provide 1-on-1 support to families of children with special health care needs.

WHAT WILL IT DO?
It will work on promoting optimal health for CYSHCN by helping families and health professionals to partner in health care decision-making and facilitating access to cost-effective, quality health care. It will provide education, technical assistance and peer support to families of children and youth with special health care needs and the professionals that serve them. It will provide information about the health care needs and resources available along with training and guidance regarding the care of CYSHCN to help families of CYSHCN make informed choices about health outcomes.

WHO IS IT FOR?
Children and Youth with Special Health Care Needs (CYSHCN)- children who have or are at increased risk for chronic conditions and who require a type of amount of health care and related services that is not typical for children.

WHY IS IT IMPORTANT
- Family outcomes improve when needs are met.
- Understanding = Empowerment
- Individual Advocacy leads to Advocacy for All.

We are currently in the planning stage. Contact us if you are interested in learning more about the F2F center or if you are interested in participating in the family leadership team.
Tel: 670.664.8701 or
Email: dsunch@gmail.com
Play tips to support your child's development

Hold your baby in your lap and softly shake a rattle on one side of his head, then the other side. Shake slowly at first, then faster. Your baby will search for the noise with his eyes.

01 - 04 MONTHS

Gently rub your baby with a soft cloth, a paper towel, or nylon. Talk about how things feel (soft, rough, slippery). Lotion feels so good, too.

04 - 08 MONTHS

Say "hi" and wave when entering a room with your baby. Encourage your baby to imitate. Help your baby wave to greet others. Waving "hi" and "bye" are early gestures.

08 - 12 MONTHS

Tape a large piece of drawing paper to a table. Show your baby how to scribble with large nontoxic crayons. Take turns making marks on the paper. It's also fun to paint with water.

12 - 16 MONTHS

A favorite pull toy often is a small wagon or an old purse for collecting things. Your toddler can practice putting objects in and out of it. It can also be used to store favorite items.

16 - 20 MONTHS

Play the "show me" game when looking at books. Ask your toddler to find an object in a picture. Take turns. Let your toddler ask you to find an object in a picture. Let him turn the pages.

20 - 24 MONTHS

Make your toddler an outdoor "paint" set by using a large wide paint brush and a bowl or bucket of water. Your toddler will have fun "painting" the side of the house, a fence, or the front porch.

20 - 24 MONTHS

Wrap tape around one end of a piece of yarn to make it stiff like a needle and put a large knot at the other end. Have your child string large elbow macaroni, buttons, or beads. Make an edible necklace out of cheerios.

24 - 30 MONTHS

Encourage your child to try the "elephant walk" bending forward at the waist and letting your arms (hands clasped together) swing freely while taking slow and heavy steps. This is great to do with music.

30 - 36 MONTHS

While cooking or eating dinner, play the "more or less" game with your child. Ask who has more potatoes and who has less. Try this using the same size-glasses or cups, filled with juice or milk.

36 - 48 MONTHS

Make a book "about me" for your child. Save pictures, leaves, magazines images of favorite food, and drawings your child makes. Put them in a photo album, or glue onto sheets of paper and staple together.

36 - 48 MONTHS

Play "bucket hoops". Have your child stand about 6 feet away and throw a medium size ball at a large bucket or trash can. For fun outdoors on a summer day, fill the bucket with water.

48 - 60 MONTHS

Encourage your child to learn her full name, address, and telephone number. Make it into a singing or rhyming game. Ask your child to repeat it back you when you are riding in the car or on the bus.

48 - 60 MONTHS

After washing hands, practice writing letters and number in pudding or thinned mashed potatoes spread on a cookie sheet or cutting board. Licking fingers is allowed!

60 - 66 MONTHS

Facebook@mchbcnmi
mchb_cnmi
670.664.8701
Exciting Things
The Centers for Living Independently

Consumer’s completed the EFNEP class conducted by Mrs. Patty and Mr. Robbie of NMC CREES

CLI consumer's and staff lunch outing at the Laolao Bay

Thank you to Ms. Maria Olopai for the education on being a good Parent and sibling

Thank you to Kiyu public library. We look forward Fridays.

CLI meets Dr. Sabino of the Commonwealth Health Care Corporation Dental Clinic.

CLI meet Voices of the CNMI Tinian Chapter for the Dine-in with individuals with disability
Annual Report & SRC Accomplishments

The State Rehabilitation Council (SRC) and Office of Vocational Rehabilitation (OVR) recently released and made available to the public their 2018 Annual Report.

Outgoing and incoming Chairpersons Elizabeth S. Ada and Frances A. Torres, respectively, highlighted in the report the Council’s accomplishments during FY 2018. In a statement by Ms. Ada, “During this past year, the SRC, OVR and CNMI Disability Network Partners demonstrated our strong partnership by working closely to plan, coordinate, and cost-share in various activities in celebration of Developmental Disabilities and Employment Awareness Month in March 2018, including the Proclamation Signing Ceremony, the “Advancing to Success” Conference, the Mental Health First Aid Training for Employers, etc.” As for her part, Ms. Torres added, “While we are proud to share these accomplishments, we recognize that there are still many challenges individuals with disabilities face each day. As the incoming Chairperson, I vow to continue the efforts of the outgoing Chairperson to remove those barriers so our consumers are afforded an opportunity to meet their individual [employment] goals.”

Some of the Council’s accomplishments were in the area of Policy Development (e.g. Supported Employment approved on 9/25/18 and Pre-Employment Transition Services approved on 7/3/18); Reports, Plans, Others (e.g. FY 2019 Resource Plan approved on 9/25/18; SRC mission and logo approved on 4/19/18; and the Comprehensive Statewide Needs Assessment Report for FYs 2014-2017 and VR Portion of the Unified State Plan Amendments were approved on 3/9/18); and Election of Officers for FY 2019 was held on 9/25/18 (Chairperson-Frances Torres; Vice Chairperson-Josephine Mesta; Secretary-Emeterio Fitial; and Fiscal Officer-Anna Yamada).

An electronic copy of the Annual Report is made available on OVR’s website at http://www.ovrgov.net/resources/files/OVR_Annual_Report-2018.pdf. You may also pick up a hard copy at the OVR offices in Navy Hill, Saipan. For more information, please call OVR at 322-6537/38.

SRC Mission:
“It is the mission of the State Rehabilitation Council to partner with the Office of Vocational Rehabilitation and the CNMI workforce to ensure people with disabilities are able to obtain and maintain meaningful and satisfying employment.”

Back at OVR

The Office of Vocational Rehabilitation (OVR) is very pleased to welcome back a familiar face, Ms. Tomeko Olaitiman, who as VR Counselor Aide works to meet the needs of both counselors and program participants. “Tomi” is not new to OVR, having worked for a few years and then decided to relocate her family to the U.S. We are happy that she is back on island and even happier that she has decided to return to OVR to share her talents and contribute her hard and valued work.
According to the Mental Health Foundation, physical activity can be described in three ways:

- **Exercise** - purposeful activities carried out to improve health;
- **Play** - unstructured activity done for fun; and/or
- **Sport** - structured and competitive activities.

Daily physical activity may be good for your body, but it is also beneficial for your mental health and well-being. Physical activity has been shown to reduce stress, which can lead to anxiety. Through exercise your body creates endorphins, which act as natural painkillers, and improves the ability to sleep. The Anxiety and Depression Association of America states that, according to some studies, regular exercise works as well as medication for some people to reduce the symptoms of anxiety and depression.

Physical activity is also plays a vital role in the prevention of chronic illness, such as Childhood Obesity, a condition of having excess body fat. The Center for Disease Control provides data that shows that children with obesity are at higher risk of having other chronic conditions and diseases that influence physical health. These include asthma, sleep apnea, bone and joint problems, type 2 diabetes, and risk factors for heart disease. Being physically active has many other benefits like building self-esteem and increasing muscle mass which is crucial to the body’s efficient metabolism.

Research has found that being active for at least 10 minutes a day can improve cardiovascular health. Personally, I stay active during weekends by doing yard work or playing sports. During my busy work week I try to walk around the office or outdoors for a few minutes each hour to keep my blood flowing. There are also exercises that can be done while sitting at the desk to prevent me from staying idle. My suggestion is to find what works best for you.

For resources about staying physically active, please visit these websites:

- www.mentalhealth.org.uk
- www.cdc.gov/healthyschools/obesity/facts.htm
- www.adaa.org

Or contact NMPASI at 235-7273/7274 or visit us online at www.nmpasi.org.