



# NYSPA NEWSLETTER

February 2008

## **NAPW's work on Oklahoma stillbirth case: There is no justice when a woman does time for a non-existent crime**

[National Advocates for Pregnant Women \(http://www.advocatesforpregnantwomen.org/\)](http://www.advocatesforpregnantwomen.org/) has been doing its best to fight injustice in Oklahoma, where they have been working since 2004 on behalf of Theresa Lee Hernandez, a woman charged with first-degree murder for suffering a stillbirth. The District Attorney ("DA") attributed the pregnancy loss to her drug use despite the fact that no medical evidence links methamphetamine use with stillbirths.

NAPW worked extensively to help Ms. Hernandez's attorneys prepare for trial. In addition, NAPW worked with local and national advocates including the National Perinatal Association educate the community about how dangerous such prosecutions are for both maternal and fetal health. NAPW helped to organize an [open letter](#) signed by 150+ local and national medical and public health experts, child welfare advocates, and activists asking the DA to drop his case against Ms. Hernandez. NAPW, with attorneys from the Drug Policy Alliance, also filed a [public health amicus brief](#) on behalf of leading local and national organizations advancing the same argument. Consistent with NAPW's commitment to building and supporting local activism, NAPW identified local leaders to help develop community education and organizing in opposition to the arrest.

In spite of NAPW's best efforts, this past September Ms. Hernandez — worn out from nearly four years in jail without contact visits from her children and dreading the possibility of a life sentence — accepted the prosecutor's reduced plea of second-degree murder. This would ordinarily be the end of the story. Instead, NAPW and its local allies turned this development into an opportunity to educate the community, demand that such prosecutions never happen again, and ensure that the community knows that — plea or no plea — Ms. Hernandez is not a murderer.

In response to the plea and in anticipation of Ms. Hernandez' sentencing hearing, NAPW worked with local

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leaders to create an Oklahoma City based public forum. [Women, Pregnancy and Drug Use: Medical Facts, Practical Responses and the Well-Being of Children and Families](#) was an astounding success that drew a packed room full of participants and garnered a lengthy and accurate feature article in The Daily Oklahoman, the state's largest (and very conservative) paper: "[Effect of drugs challenged](#)" (<http://newsok.com/article/3169297/1195126712>). Together the panelists separated myth from fact regarding drug use and pregnancy, discussed the implications of the Theresa Lee Hernandez case for the health and well being of Oklahoma's women and babies, and mapped out strategies for effective and appropriate responses to addiction and pregnancy.

The forum featured renowned local and national experts in the fields of medicine and social work, including Dr. Barry Lester, Director of the Brown University Center for the Study of Children at Risk, who presented research from his studies regarding the effect of prenatal exposure to cocaine and methamphetamine. (For Dr. Lester's full PowerPoint presentation, click [http://www.brown.edu/Departments/Children\\_at\\_Risk/Presentations.htm](http://www.brown.edu/Departments/Children_at_Risk/Presentations.htm) and go to the last link on the Brown University web page.)

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Dr. Lester's colleagues on the panel included Dr. Dana Stone, MD, OB/GYN, who serves as the Oklahoma state representative to the American College of Obstetricians and Gynecologists (ACOG); Dr. Eli Reshef, MD, OB/GYN; Martha Kendall Holmes, MSW, LCSW, Executive Director for the National Association of Social Workers, Oklahoma Chapter; Dr. William Yarborough, MD, FACP, who serves as the Medical Director of 12 & 12 Alcohol and Drug Rehabilitation, Inc.; and Mary Barr, Executive Director of Conexions, who lectures on addiction, the drug war, and her experiences with the criminal justice system.

The forum was moderated by Professor Carol Mason of Oklahoma State University and coordinated by local leader Joanne Horn, NAPW Staff Attorney Tiloma Jayasinghe, and NAPW Director of Communications & Development Nancy Goldstein.

The forum's prestigious list of co-sponsors included the Oklahoma State Attorney General, the Oklahoma State Medical Association, the Planned Parenthood of Central Oklahoma, Tri-City Youth and Family Center, the OKC YWCA, the Oklahoma Department of Human Services, the Oklahoma Chapter of the National Association of Social Workers, the Oklahoma County Medical Society, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Nurses Association, and the Oklahoma Healthy Mothers, Healthy Babies Coalition, and Ingraham & Associates.

As a result of the community organizing and education efforts, two prominent local OB/GYNs Dr. Dana Stone, and Dr. Eli Reshef, have been speaking out consistently against the medical misinformation underlying the arrest. Dr. Stone is an articulate proponent of the American College of Obstetricians and Gynecologists' official policy: that methamphetamine use has not been linked to any specific adverse pregnancy outcome, including stillbirth, and that prosecutions of women for negative birth outcomes are bad for mothers and babies, since they are likely to deter pregnant women from seeking prenatal care and drug treatment. Dr. Reshef is a reproductive endocrinology specialist who teaches at the University of Oklahoma Health Sciences Center and an articulate advocate for evidence-based — rather than prejudice-based — policies regarding pregnancy and drug use.

Two days before Ms. Hernandez's sentencing/mitigation hearing in late December, The Daily Oklahoman ran Dr. Stone's [op-ed](http://newsok.com/article/3182436/) (<http://newsok.com/article/3182436/>)

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Two days before Ms. Hernandez's sentencing/mitigation hearing in late December, The Daily Oklahoman ran Dr. Stone's [op-ed](http://newsok.com/article/3182436/) (<http://newsok.com/article/3182436/>) questioning the medical, moral, and public health assumptions underlying the prosecution. And when the court, despite the best efforts of NAPW and its local and national allies, sentenced Ms. Hernandez harshly, the [Associated Press](#) cited Dr. Stone's objections in their coverage. The Tulsa World, the state's second-largest paper, ran a feature called "[Health officials decry prosecution](#)". The next day their lead [editorial](#) slammed the decision, quoted Dr. Stone, and chided the DA and judge, concluding, "Oklahoma has sent the nation a message that addicted women should go into hiding rather than into treatment." A few weeks later, the Tulsa World ran a letter from Dr. William Yarborough, the Tulsa addiction specialist who has appeared on the forum panel, called "[Flawed Treatment](#)." In it, Dr. Yarborough criticizes the DA for saying that "Hernandez had numerous opportunities to seek drug treatment" and points out that "the opportunity to seek treatment and the opportunity to get treatment, particularly a kind that works, are different. The DA failed to acknowledge that though 3,000 pregnant Oklahoma women are in need of substance abuse treatment, available facilities are limited to fewer than 250 beds. Even those who can get access may be forced to wait weeks, putting them at risk for relapse."

There is no justice when a woman does time for a non-existent crime. But NAPW's work with local and national allies has helped to ensure that Ms. Hernandez's case does not set a legal precedent that can be used against other pregnant women. In addition, NAPW has identified people who can provide support to Ms. Hernandez and is ready to take the next steps to keep the focus on developing compassionate, evidence-based responses to the issue of drug use and pregnancy.



### **Accessing Your Medicines: Help is Here!**

For many years, America's pharmaceutical research companies have offered prescription assistance programs for those that need them. Learning about these programs has required significant research on the part of physicians and their staff, not to mention the patient. With the Partnership for Prescription Assistance, locating, learning about and applying for these programs is now easier than ever. Herewith, some of the most important questions and answers regarding this unique service...

**NYSPA**  
**The New York State Perinatal Association (NYSPA) is a state-wide alliance of health and human service professionals and consumers concerned with perinatal health issues from preconception through early childhood. NYSPA advocates for optimal perinatal care and parenting by promoting education and research, influencing state priorities and encouraging a multi-cultural and multi-disciplinary approach to maternal and child health.**

#### *How does the PPA work?*

The PPARx prescription assistance program was created to make it easier for low-income uninsured patients to get free or nearly free prescription medicines through existing patient assistance programs, while providing the highest level of service. Once you provide the Web site with some basic information related to prescription medicines, income, and current prescription medicine coverage, PPARx will be able to tell you what patient assistance programs you may be eligible for.

#### *How do I get an application?*

The best way to apply for a prescription assistance program is to use the PPARx program. It will gather all of the information needed to see if you qualify and will then create an application form that you can print out.

#### *What drugs are available?*

The best way to apply for a prescription assistance program is to use the PPARx program. It will gather all of the information needed to see if you qualify and will then create an application form that you can print out.

#### *What drug companies participate in the PPA?*

There are currently 48 different pharmaceutical companies participating in this program. You can view the complete list of companies and programs at [www.pparx.org](http://www.pparx.org).

#### *Who qualifies?*

Millions of people are already benefiting from patient assistant programs - and there are millions more who

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could be helped. Each patient assistance program has its own eligibility criteria. If you complete the step-by-step application process, you should be able to see if you are eligible for one or more patient assistance programs. Patients with questions about the eligibility criteria of a specific program will be transferred directly to the company sponsoring that program. (*Note: There are some instances in which Medicaid beneficiaries may be eligible for certain patient assistance programs.*)

*Are non-citizens eligible?*

Each patient assistance program has its own eligibility criteria. In addition to prescription benefits status and household income and size, the criteria for some programs include:

- Citizenship status
- Asset guidelines
- Veterans benefits status

*Can Medicare and Medicaid beneficiaries qualify?*

Each patient assistance program has its own eligibility criteria. Many programs provide prescription assistance for Medicare beneficiaries who do not have full prescription drug benefits. People who are enrolled in other public and privately sponsored programs that include prescription drug coverage may not be eligible for assistance; however, there are some instances in which Medicaid beneficiaries may be eligible for certain patient assistance programs.

*Can I have other drug coverage and still qualify for patient assistance programs?*

Yes, there may be some patient assistance programs for which you may be eligible.

*What questions will applicants be prompted to answer?*

You should be prepared to provide information about the patient, such as:

- Age
- State of residence and ZIP code
- Estimated gross annual household income
- Number of people living in household
- Brand name of prescription medicines they are currently taking or have been prescribed
- Type of health insurance and/or prescription coverage (if applicable)

Your responses to these questions are completely confidential.

*What happens next if patients are informed that they may be eligible for one or more programs?*

Patients who may be eligible for one or more programs can use the information provided to contact the relevant program sponsors, and in many cases, they can fill out the relevant application forms online and then print out nearly completed forms. Patients must add or attach the required information and bring it to their doctor's office. Healthcare providers must sign the form and include the specific prescription information or simply attach the actual prescription. Either patients or doctors send the necessary forms to the organization sponsoring the specific program.

*How long does it take for qualified patients to get their medicine?*

While companies are committed to getting free or nearly free prescription medicines to eligible patients as quickly as possible; each participating patient assistance program has its own timeline. Patients can call the organization sponsoring their patient assistance program to ask when they will receive their medicines.

*How should patients expect to receive their medicine?*

Depending on the program, the prescription medicines are either sent to the doctor's office or sent to the patient's home. Some patient assistance programs send patients a pharmacy card in the mail that they can use to get their free or nearly free medicines at their local pharmacy.

*Is there a telephone number I can call to get more information?*

Yes. You can reach the PPARx prescription assistance program by calling this toll-free number: 888-477-2669.

*How does this fit within the existing healthcare system?*

Patient assistance programs have been a part of the health care system for a long time, providing millions of people with free or nearly free medicines. The mission of the PPARx prescription assistance program is to increase awareness of and enrollment in existing patient assistance programs for those who may be eligible. While these programs are an important safety net for low-income, uninsured people, they are not the only solution. It is critical that all partners in health care

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work to develop more long-term options to increase the access to and affordability of health care for all Americans.



## **FASD Update from NYS OASAS**

In November 2007 the NYS Office of Alcoholism & Substance Abuse Services (OASAS) applied for \$1.2 million in federal funding to initiate a statewide Fetal Alcohol Spectrum Disorders (FASD) prevention project with funding from the SAMHSA FASD Center for Excellence. This grant application was in response to one of three RFPs issued for states, local communities, and juvenile courts. On January 22, OASAS was notified that it was selected for funding OASAS will work closely with intensive residential treatment programs serving women, to introduce evidence-based interventions -- such as Motivational Interviewing -- to help female patients stop drinking alcohol during pregnancy.

The NYS OASAS has also been working with other state agencies and service delivery systems to educate pregnant women and women of child bearing age about the dangers of alcohol consumption during pregnancy. A new inter-agency workgroup will be established to consider issues such as: FASD education, training and outreach; universal prenatal screening; early diagnosis; and coordinated services for prevention, identification, and intervention.

An RFP to support public awareness and regional professional education trainings on preventing FASD will be offered by the NYS Developmental Disabilities Planning Council (DDPC) in early 2008. When the RFP is released, this information will be available on the OASAS FASD web pages: [www.oasas.state.ny.us/fasd](http://www.oasas.state.ny.us/fasd)

OASAS has a number of prevention materials available in bulk at no cost, including posters, rack cards, brochures, FASD Resource Compendiums, and our new FASD Placemats, which can also be used as mini posters. Trainings and conference workshops sessions can also be scheduled in your community. If you would like to request FASD resources or more information, contact Margo Singer, FASD state coordinator, at 518-457-4384 or email [margosinger@oasas.state.ny.us](mailto:margosinger@oasas.state.ny.us)



## **New York Premature Infant Health Network Kick-Off Meeting**

Perinatal Networks and others attend Kick-off Meeting for New York Premature Infant Health Network.

Representatives from the state's Perinatal Networks, The meeting's primary focus was to identify if there is a need for increased education and information on prematurity, and to look at ways to increase the resources available for families of premature infants.

The meeting's primary focus was to identify if there is a need for increased education and information on prematurity, and to look at ways to increase the resources available for families of premature infants. Mothers and Babies Perinatal Network Executive Director Sharon Chesna provided insight on premature infant health, the National Perinatal Association's national agenda and an overview of the state's Perinatal Networks. Participants spoke candidly about their experiences in premature infant health working with hospitals, community-based organizations, visiting nurses, parents and insurers.

The group consensus identified a need to bridge the gap between the hospital's role, healthcare provider's roles and the community on risk factors and health outcomes related to premature birth. One participant, a nurse, summed up a major challenge in premature infant health when she said that so much time is spent bringing the baby into the world healthy with less time working with the parents to help them, "We need to save the baby, and save the families."

Participants identified four audiences as New York's key stakeholders in premature infant health education, advocacy and challenges: healthcare providers, parents/caregivers, community-based organizations and insurers. The top challenges were a lack of support and services, language/cultural barriers, establishing a family support system pre- and post-Neonatal Intensive Care Unit (NICU), educating professionals and insurance barriers.

Specific insights and comments included:

### **Healthcare Providers**

Healthcare providers need to help parents understand the role of NICU. Parents are often overwhelmed and don't understand how to best care for and bond for their baby in this setting. Unless one works in the NICU, not all nurses and doctors are fully educated on the challenges facing premature infants. There needs to be more education with all healthcare providers on premature infant health risks. Family medicine practices should be following up to ensure preemies are cared for as a premature,

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not full-term infant. Families often turn to healthcare providers for questions about community resources. Providers and community-based organizations need to communicate better with one another so that providers are aware of the types of services available.

### **Parents/Caretakers**

Language and socio-economic barriers can prevent parents from receiving or understanding the correct information about premature infant health. We need to break through these for the sake of the baby. Educational materials need to be user friendly, culturally appropriate and understandable across various literacy levels. Many parents do not have a support system in place when they leave the hospital. All parents – non-English speaking, traditional families, teen moms, illegal immigrants – must be made aware of supportive community organizations, visiting nurses, etc. that are available after they leave the hospital. Parents/caretakers must be educated on the broader implications of infant prematurity – developmental delays that may not become apparent until months, or even years later.

### **Community**

There is often a communication breakdown around premature infant health in the community. While there are community resources available through multiple sources, many healthcare providers are unaware of them. Community-based organizations need to find additional partnership opportunities and ways to communicate with providers about their services such as housing, support groups, long-term care, and translation services.

### **Insurance**

Health insurance can be very frustrating for anyone, especially for parents of premature infants. Private insurance may not cover all the health care services and devices premature infants may need. Public insurance may be quality coverage, but certain social and economic demographics may not sign up for Medicaid. Insurers may find the best medicine for their patients is good communication. One insurer works with their clients to involve them in their health care choices right from the beginning so they can develop and execute an appropriate long-term plan.

The network is supported and funded by MedImmune and assisted with the introductory meeting as a way to bring advocates to the table who may not otherwise have met on this topic. MedImmune looks forward to continuing the discussion as a member of the Network.

A meeting downstate will be planned for the first part of this year, as will additional meetings for the Network. To learn more about this initiative please contact Emma

Teague at (518) 382-1085 or  
[eteague@cullarigroup.com](mailto:eteague@cullarigroup.com).



### **Upcoming Conferences in your area.**

Quarterly education & Networking Conference on April 22, 2008 in Putnam County. The theme is STIs and Pregnancy. Venue and **registration will be available on our website at WWW.LHVPH.net**

### **Save the Date**

May 6, 2008, 15th Annual Mid-Hudson Lactation Consortium Conference; featuring:

Catherine Watson Genna, BS, IBCLC

Author: Supporting Sucking Skills in Breastfeeding Infants, How Milk is Made

The Non-Latching Infant: The First 48 Hours and Beyond Research Update: Ultrasound Study of Tongue-Tie and Sucking Skills & Filling Your LC Toolbox: Making Communication Work For You, Filling Your LC Toolbox: Being a Change Agent

**Info or to request a registration brochure:**

**mhlc@misn-ny.org www.misn-ny.org**

### **SAVE THE DATE**

Date: **May 30th**, 2008 Time: 8:30 a.m.— 3:30 p.m.

Hilton Short Hills, Short Hills, New Jersey

This conference will highlight innovative approaches to neonatal care, with the focus on bridging the gap between acquisition of knowledge and implementation of new care practices by fostering regional dialog and collaboration. We intend to translate this information into improved infant outcomes.

Guest Speakers: Dr. Edmund La Gamma, Dr. George Gregory, Dr. Doron Kahn, Joe DiMaggio, Maria Fareri, Dr. Michael Georgieff, Dr. Augusto Sola, Dr. Alan Lucas, Dr. Martha Sola-Visner, Dr. David Adamkin,

For more information **contact us**. Fax: 973.290.7175

Phone: 973.971.8985

### **Save the Date**

**Intermediate Fetal Heart Monitoring, Advanced Fetal Monitoring Classes** For further information Contact **Nancy Strazzeri** at 518-262-0885 at Albany Medical Center.

### **Save the Date**

**16th National Perinatal Bereavement Conference**

Waves of Memory, Horizons of Hope

OCTOBER 16-19, 2008 Clearwater Florida Belleview Biltmore Resort

Sponsored by PLIDA

Pregnancy loss and infant death alliance

**Be sure to check out the other great Save the dates on pages 7.**

## **Save the Date!**

### **The Tragedy & Significance of Stillbirth (Late Spontaneous Fetal Death) in NYS**

**April 21, 2008**

**Empire State Plaza Meeting Room #6**

**10:30 am – 4:30 pm**

The New York State Perinatal Association is hosting a state-wide symposium to review and discuss the need for availability of fetal death data for regional centers and researchers, and to support families who experience stillbirth.

#### **The goals of the symposium are to:**

Increase awareness of issues related to fetal death among policymakers and other stakeholders

Recommend changes in the NYS Perinatal Regulations to allow data collection and use of that data to inform and improve perinatal outcomes

Develop a recommended clinical approach to the evaluation of a fetal death (follow-up testing, staff support for families)

Impact the availability and quality of autopsy of fetal death

Ensure legal and emotional support for families experiencing perinatal loss

#### **Who should attend?**

NYS Policymakers and public health officials

Regional Perinatal Centers Leaders

Perinatal researchers

Public health officials and leaders

Perinatal Networks, other community perinatal health programs

Interested advocates

Families who have experienced perinatal loss

For More Information, contact the NYSPA office @ 877-268-5072

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## **SAVE THE DATE**

### **NYS Perinatal Association**

**Annual conference**

**June 5th & 6th, 2008**

**Albany, NY**

#### **Advancing Perinatal Health Care:**

**Quality in Every Step**

#### **Conference high include:**

##### **National Priorities in Perinatal Health**

KINDA SERAFI, Senior Policy Associate, Children's Defense Fund

##### **On the Frontier of Infant Brain Development: Thyroid Supplementation and Cerebral Palsy**

EDMUND F. LA GAMMA, MD, Chief, Division of Newborn Medicine, The Regional Neonatal Center, Maria Fareri Children's Hospital, Westchester Medical Center - New York Medical College, Valhalla

##### **Long-Term Effects of Prematurity**

ANITA CATLIN, DNSc, FNP, FAAN, Associate Professor of Nursing, Sonoma State University, California, and a perinatal ethics consultant

##### **Perinatal Quality Improvement: Advancing Six More Steps**

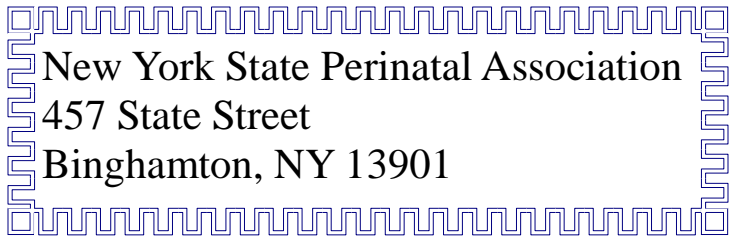
Principal investigators from six statewide Regional Perinatal Center or hospital QI teams whose recent perinatal QI initiatives will be considered by NYS DOH for statewide implementation

##### **Why are Our Babies Dying? Pregnancy, Birth and Death in America**

SANDY LANE, RN, BA, MA, MPH, PhD, Chair, Department of Health and Wellness and Professor of Social Work, Syracuse University; Research Professor, Department of Obstetrics and Gynecology, SUNY Upstate Medical University; author of Why are Our Babies Dying?, January 2008

#### **Conference brochure available in spring.**

For more information: 1-877-268-5072, <http://www.nysperinatal.org/>



New York State Perinatal Association  
457 State Street  
Binghamton, NY 13901

**New York State Perinatal Association  
INDIVIDUAL MEMBERSHIP APPLICATION**

*Chose to join the hundreds of individuals in NYS that are committed to improving services for - and the health of - women, infants and their families. Please complete the following information and return to the NYSPA Office.*

**NAME:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age** \_\_\_\_\_

**Profession:** MD/DO \_\_\_\_\_ Nurse Midwife \_\_\_\_\_ Nurse \_\_\_\_\_ Social Worker \_\_\_\_\_ Educator \_\_\_\_\_ Administrator \_\_\_\_\_

Other: \_\_\_\_\_ Additional information: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County:** \_\_\_\_\_ **Region:** NYC \_\_\_\_\_ LI \_\_\_\_\_ CNY \_\_\_\_\_ WNY \_\_\_\_\_ NENY \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES: \$ 50 - PLEASE ENCLOSE YOUR CHECK OR MONEY ORDER MADE PAYABLE TO:**

Mail to: **New York State Perinatal Association  
45 Lewis Street, Binghamton, NY 13901**

Questions? Contact: **607-772-4763 or 877-268-5072 (toll free)**

Visit our Website @ [www.NYSPerinatal.org](http://www.NYSPerinatal.org)