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**In This Issue:**

To view an article, mouse over the title and left click.

[PREVENTING BIRTH DEFECTS: DO'S AND DON'TS OF PREGNANCY](#)

[PREVENTING BIRTH DEFECTS: BUILDING BLOCKS FOR A HEALTHY BABY](#)

[WORKING TO ENSURE YOUNG MOTHERS A HEALTHY START](#)

[THE MOST COMMON PREVENTABLE BIRTH DEFECT: FETAL ALCOHOL SYNDROME](#)

[AVOIDANCE OF ALCOHOL/DRUGS/TOBACCO DURING PREGNANCY LEADS TO A HEALTHY BABY](#)

[MANAGING SOME OF THE MOST COMMON COMPLICATIONS DURING PREGNANCY](#)

[ONE MOTHER'S STORY: ANNE H](#)

[WHEN PROBLEMS OCCUR, HELP IS AVAILABLE](#)

## ***Preventing Birth Defects: Do's and Don'ts of Pregnancy***

**Neil Duncan**  
**MHB Trustee**



Welcome to the Summer 2003 issue of “How's *Your* Mental Health?” The City of St. Louis Mental Health Board of Trustees (MHB) has developed this quarterly e-newsmagazine to help St. Louis residents become better informed about mental health and substance abuse. Many people know relatively little about these topics, even though an MHB study found that 31 percent of city voters surveyed have an alcoholic in their immediate family, 22 percent have a relative addicted to other drugs and 25 percent have a close relative who is mentally ill.

This issue focuses on the fact that expectant mothers can give their babies a better chance of being born healthy by avoiding the use of alcohol, illegal drugs and tobacco. Special attention is devoted to Fetal Alcohol syndrome (FAS), the leading preventable cause of mental retardation.

Inside this issue, you will learn:

- How the mother's use of alcohol, drugs and tobacco affect her unborn baby
- Causes and effects of Fetal Alcohol Syndrome (FAS)
- Information on St. Louis' Healthy Start Family Support Network
- Sources of help for babies and children with problems stemming from their mothers' use of alcohol and other illegal drugs during pregnancy

## ***Preventing Birth Defects: Building Blocks for a Healthy Baby***



***A Special Commentary By  
Ann Mangelsdorf,  
The Greater Missouri March of Dimes***

Years ago, we knew next to nothing about the causes of birth defects, the leading cause of infant mortality in our country. We now know that many birth defects can be prevented completely, or at least the risk diminished significantly, if mothers-to-be adopt or abstain from certain behaviors.

“One of the best things a mother can do to deliver a healthy baby is to do everything she can to make sure that child is born on time. Premature birth and low birth weight babies have a greatly increased risk of developing problems that can shadow them for life,” according to Ann Mangelsdorf, director of program services for the Greater Missouri March of Dimes.

“While prematurity and low birth weight aren’t considered birth defects per se, their prevention is an enormous contributor to a healthy child. We don’t know very much about the correlation between male behavior and birth defects, although some preliminary findings indicate he does play a role in fertility and in some birth conditions. Healthy living is important for both parents, not just the mother.”

Some potential risks occur even before a woman becomes pregnant, and others will happen before she is aware of pregnancy, so anyone of who might become pregnant will do well to be informed about the building blocks for a healthy baby. The following are highlights of some of the preventative measures expecting mothers should and should not do:

### **DO: Maintain Good Prenatal Care**

Prenatal care is critical to a healthy birth. Many conditions can be treated before birth so that the baby is born healthy. All women need prenatal care. Young or old, first baby or fifth, all mothers-to-be benefit from regular care during their pregnancy. Babies born to mothers who receive late or no prenatal care are nearly twice as likely to be born low birth weight as babies born to mothers who receive early prenatal care.

The goal of prenatal care is to monitor the progress of a pregnancy and to identify potential problems before they become serious for either mom or baby. As soon as a woman thinks she is pregnant, she should call her health care provider to find out when she should come in for her first prenatal care

appointment. During the pregnancy, she needs to make sure that she attends all of her prenatal care appointments, even if she feels fine. Sometimes getting to

**DO: Maintain Good Prenatal Care, continued**

an appointment may be difficult or it may seem like a waste of time. For the sake of her baby, though, she should make getting prenatal care a priority.

Expecting mothers should be advised to call their health care providers or go to the hospital right away if they think they might be having preterm labor. Preterm labor is labor that occurs before the 37th week of pregnancy. Babies who are born preterm are at higher risk of needing hospitalization, having long-term health problems and of dying than babies born at the right time.

The signs of preterm labor include:

- Contractions every 10 minutes or more often (they don't have to be painful)
- Clear, pink or brownish fluid (water) leaking from your vagina
- Pelvic pressure—the feeling that your baby is pushing down
- Low, dull backache
- Cramps that feel like your period
- Abdominal cramps, with or without diarrhea

“One nurse I know urges pregnant women to seek medical attention if they feel anything weird between their neck and their knees. Preterm labor isn’t always very easy to identify, so it’s especially important to pay attention to even the smallest thing,” said Mangelsdorf.

**DO: Eat Right During Pregnancy**

What an expecting mother eats is just as important as how much she eats. Her body is growing a baby, and needs the right kind of fuel to do a good job. Vitamins and minerals help the body use the energy provided by foods. They also help repair and maintain cells and tissues. Critical vitamins and minerals include folic acid (a B vitamin), iron, zinc, iodine, vitamin A, vitamin D and calcium. Large amounts of Vitamin A can be dangerous; pregnant women should avoid taking more than the Daily Value (5,000 international units) of Vitamin A. She should make sure she takes her prenatal vitamin every day.

Choose a diet that includes a variety of healthy, nutritious foods. What are some good choices? Some good choices include fruits, vegetables, whole-grain breads and pastas, milk products, and low-fat protein sources such as lean red meat, beans, tofu, poultry and some fish. If the mother has trouble digesting lactose (the natural sugar found in milk), lactose-reduced milk products and calcium-fortified orange juice can help her get enough calcium.

**DON'T: Consume Tobacco**

Women should not smoke cigarettes during pregnancy nor let anyone smoke around them. In Missouri, one out of four women reports smoking cigarettes during her pregnancy. Tobacco contributes to prematurity and low birth weight that, in turn, can contribute to life-long disabilities or infant mortality. If a woman is having trouble quitting, she should talk to her doctor about resources that are available to help her quit.

**DON'T: Drink Alcohol/Liquor**

Drinking alcohol during pregnancy can cause fetal alcohol syndrome (FAS). This is a condition that results in learning disabilities, mental retardation, cerebral palsy and other disabilities. These disabilities are permanent and last a lifetime. Alcohol consumption during pregnancy can also lead to infant death. If a pregnant woman thinks she has a problem and cannot quit, she should be strongly encouraged to talk to her doctor about treatment, or contact the local Alcoholics Anonymous office for resources.

**DON'T: Use Drugs**

Illegal substance and pregnancy don't mix. These substances can reduce fertility in both men and women, making it difficult to conceive. If a woman knows she is pregnant, she needs to know that an illegal drug crosses the placenta and can affect her baby. Drugs used during pregnancy have been linked to low birthweight in the baby and withdrawal-like symptoms including excessive crying, and tremors (shaking). Some studies suggest that children exposed to illegal drugs while in the womb are at an increased risk of attention disorders and learning problems later in life. Lastly, Ann Mangelsdorf urges everyone to pass this information along. "You may not even be pregnant, but you can help a woman who is. Birth defects are no joke. Anyone would avoid them if they only knew how."

## *Working to Ensure Young Mothers A Healthy Start*



*“Would you sit your baby in a high chair and give her a martini in a bottle?”  
“Would you give your eighteen-month old child a cigarette to smoke?”  
“Would you deny food to your hungry baby?”*

These are some of the tough questions Tina Lanius, R.N. asks to help educate pregnant women on preventing birth defects and low birth weight babies. “Sometimes it takes a little perspective, because that’s exactly what they’re doing when they drink or smoke when they’re pregnant and don’t eat the right foods.”

A Care Coordinator/Registered Nurse for Healthy Start Family Support Network, Tina spends a lot of time with these women, before and after birth. Her job is to give women the support and education they need to have the healthiest and happiest babies they can have.

Healthy Start’s clientele range in age from 13 to 39, says Lanius. “We teach these moms how to take care of themselves during pregnancy. We talk a lot about making healthy choices for their baby’s long-term wellness, taking vitamins with folic acid to prevent birth defects, getting the right prenatal care, nutrition, all sorts of things.

“It’s amazing how eager for information these women are. We don’t stop with pregnancy, though, but continue to visit them until their babies are two years old. We teach them how to give an infant sponge baths, all kinds of general childcare instruction. We also have incentive programs so they get all their baby’s immunizations at the right stages.” Lanius said.

Healthy Start is a national program funded by the Health Resources and Services Administration of the U.S. Department of Health and Human Services through the March of Dimes. Currently only pregnant, Medicaid-eligible women in three St. Louis area zip codes are eligible.

“It’s hard to be poor and pregnant. Especially if you’re very young. We help these women get in touch with the resources they need to help them have the healthy pregnancies and babies they really want. So far, we’ve been very lucky, we haven’t had any babies born with preventable birth defects.”

For more information on the Healthy Start Program call (314) 382-6667.

## ***The Most Common Preventable Birth Defect: Fetal Alcohol Syndrome***



“My mother drank when she was pregnant with me and I’m just fine.” Have you heard this before? The appropriate response is, “Lucky, lucky you.” Fetal Alcohol Syndrome, or FAS, was unheard of 30 years ago. Now we recognize that drinking any alcohol during pregnancy puts a baby at risk for this serious and irreversible birth defect. Studies indicate FAS occurs up to 22 times in every 10,000 births in the U.S.

Just what is FAS? It’s a group of physical, behavioral, and cognitive abnormalities that can develop *in utero* when the mother drinks alcohol during pregnancy. FAS is not inevitable if a mother drinks, but it’s entirely avoidable if she doesn’t.

From 1991 to 1995, The Centers for Disease Control and Prevention reported a fourfold increase in frequent drinking (seven or more drinks per week) and binge drinking (five or more drinks on any one occasion) during pregnancy. While the overall rate of any alcohol use (at least one drink) among pregnant women has declined since 1995, new research indicates that the rate of frequent and binge drinking remained at high levels as recently as 1999. Frequent and binge drinking before and during pregnancy continues to pose a risk to healthy pregnancy outcomes for many women.

Alcohol crosses into the baby’s bloodstream and can damage developing tissues and organs, including the brain. It can cause a host of life-long, irreversible problems, including:

- Deformed facial features
- Brain damage
- Heart and kidney problems
- Low birth weight, which means the baby starts life at a disadvantage
- Spontaneous abortion/miscarriage
- Death in the womb

The fact is that there is absolutely no safe amount of alcohol a woman can drink during pregnancy. However, not all the problems related to FAS are obvious when a baby is born. Children affected by this syndrome may show abnormalities in growth and development, such as:

- Learning disabilities
- Behavioral problems

- Attention deficits

Another thing to consider is that many women don't realize they're pregnant until several weeks have gone by. If they have been drinking during this time, they may have put their baby at risk. **If a woman is sexually active and could become pregnant, she shouldn't be drinking. Period!** A baby's physical and mental health are too important to gamble with.

Alcohol is alcohol, no matter how it is presented. Beer, wine, wine coolers and mixed drinks all contain alcohol, and should be eliminated during pregnancy.

Because there is no safe level of alcohol consumption during pregnancy, an expectant mother should stay away from drinking during this time. If she finds it hard to stop drinking, she should consider the following tips:

- Avoid situations where people usually drink, like parties or bars
- Ask her health care provider about alcohol treatment programs
- Ask her partner, family and friends to help her stay away from alcohol
- Join an Alcoholics Anonymous support group. Their telephone number is in the white pages or community service pages of the local telephone book.
- For more information and a referral to resources in the area, call 1-800-ALCOHOL or contact the Pregnancy & Newborn Health Education Center<sup>SM</sup> at the March of Dimes.

For more information on FAS-related resources in our area, click ["Resources for Birth Defect Prevention and Treatment"](#). Remember, FAS is not hereditary. It is 100% preventable.

*Adapted from The Arc of the United States, Centers for Disease Control and Prevention of Atlanta, Georgia, and The March of Dimes*

## ***Avoidance of Alcohol/Drugs/Tobacco During Pregnancy Leads to a Healthy Baby***



***A Special Commentary by  
Ann Mangelsdorf, Director of Program Services  
March of Dimes - Greater Missouri Chapter***

Years ago, we knew next to nothing about the causes of birth defects, a major contributor to infant death and life-long problems for children in our country. We now know that many birth defects can be prevented.

One of the best gifts a mother can give her unborn baby is doing everything she can to make sure her baby is full-term. Premature and low-birth-weight babies have a higher risk of developing life long problems and disabilities - if they survive their first year of life.

While premature birth and low birth weight aren't considered birth defects per se, their prevention greatly increases the chance of a healthy baby free from disabilities and life long health problems. Recent research emphasizes the fact that drinking alcohol during pregnancy can be a major factor in low birth weight. This is just one of the results of Fetal Alcohol Syndrome (FAS). FAS can also affect the developing fetus in other serious and irreversible ways, including spontaneous abortion, mental retardation, abnormalities of the heart, kidneys and facial bones and fetal death.

No mother would knowingly sentence her unborn child to a lifetime of physical and mental problems, but some potential risks occur before a woman is aware she is pregnant. Therefore, any woman who has unprotected sex should not drink — ever.

Alcohol should be totally avoided throughout pregnancy, but it is especially devastating to the fetus during the first three months, when the baby's organs are developing. If a pregnant woman realizes she has a drinking problem and is unable to quit on her own, she should be strongly encouraged to talk to her doctor about treatment or to contact the local Alcoholics Anonymous office for resources.

The use of any drugs whether they are over-the-counter or illegal is also a grave risk to the developing fetus during pregnancy because they cross the placenta and can affect the unborn baby. Depending upon the type of drug used by expectant mothers, babies can be born premature, with low birth weight or life long disabilities.

In Missouri, one out of four women reports smoking cigarettes during her pregnancy. Like alcohol and other drugs, tobacco contributes to premature births and low birth weight that can lead to life-long disabilities or even infant death. Women should not smoke cigarettes during pregnancy nor let anyone smoke around them. If an expectant mother is having trouble quitting, she should talk to her doctor about resources that are available to help her. No one would argue that an addiction to alcohol, other drugs and/or tobacco is hard to break, but the difficult days of withdrawal are far outweighed by giving birth to a baby with the prospect of a long and healthy life.

Pass this information along to women you know who are pregnant or may be pregnant in the future. Encourage them to recognize that many birth defects are preventable and that taking steps to prevent them can save children and their families a lifetime of problems.

*Information courtesy of March of Dimes*

## ***Managing Some of the Most Common Complications During Pregnancy***



Most pregnancies are pretty uneventful--nine months of minor discomfort and joyful anticipation of the new baby. That is, most pregnancies. There's no way of knowing which pregnancies will be normal and which will have complications. That's why prenatal care is so important to every pregnancy.

Some of the most common complications are preeclampsia or toxemia, anemia and gestational diabetes. All of these conditions can lead to unnecessary complications if left untreated. Alice's story illustrates just how important good prenatal care can be.

She was just 21, unmarried and financially unstable when Alice found out she was pregnant with the first of her four children. She did the right thing and immediately went to her doctor and began her prenatal care right away. During her second trimester, Alice was in for a routine visit when the doctor told her that her blood pressure was unusually high. He put her on a strict diet and exercise regimen. When Alice went in for her next exam, her blood pressure problem had worsened. She had protein in her urine. She complained of chronic headaches.

Her doctor put her right into the hospital. She was suffering from preeclampsia, also known as toxemia. High blood pressure during pregnancy is a dangerous condition to both mother and child.

Alice's and her child's health were both in danger, so her doctor induced labor before she was full term. She delivered a premature 4-pound, 11 ½ ounce baby and was sent immediately to the ICU to get her blood pressure down.

Because she had prenatal care, Alice and her baby made it through just fine. Alice has since had three more children, including a set of twins. She had preeclampsia during all three pregnancies and now has high blood pressure, some 20 years later.

Too many women go through pregnancy with common complications that go undiagnosed. Preeclampsia is just one of the complications that may occur during pregnancy. Family history is no indication one way or another whether a woman will have complications, so prenatal care is vital in every pregnancy.

Preeclampsia (also called toxemia) is a pregnancy-induced condition that is characterized by hypertension (high blood pressure). It can be serious for both mother and baby. The main signs of preeclampsia are high blood pressure and protein in the urine. Women with preeclampsia may also have swelling (edema)

of the hands and feet, sudden weight gain (a pound a day or more), blurred vision, severe headaches, dizziness and intense stomach pain. Rarely, preeclampsia progresses to a life-threatening condition called eclampsia, which includes convulsions and sometimes leads to coma and death of the mother and baby. A woman should call her health care provider right away if she has sudden swelling of her feet and hands, severe headaches, blurred vision, dizziness or severe stomach pain. Although delivery of the baby is the only “cure” for preeclampsia, women with mild cases are sometimes prescribed bed rest at home or in the hospital, especially if the baby needs more time to mature inside the womb. In some cases, a woman’s blood pressure continues to rise despite treatment, and her baby must be delivered to prevent serious health problems in the mother such as stroke, liver damage and convulsions. Preeclampsia rarely progresses to eclampsia, or causes serious problems,

Another common complication is anemia. Anemia is a common condition in pregnancy. It means that the number and/or size of the person’s red blood cells are below normal. Red blood cells carry oxygen to both mother and baby. The usual cause of anemia in pregnancy is iron deficiency. Iron helps create red blood cells. The recommended amount of iron doubles during pregnancy from about 15 milligrams (mg) per day to 30 mg per day. Most pregnant women get this amount from a combination of eating iron-rich foods and taking a prenatal vitamin. Some women need additional iron supplements to keep their levels of hemoglobin (a protein in red blood cells that contains iron and carries oxygen) in a normal range.

Anemia, unless it is severe, is unlikely to harm the baby, although iron deficiency has been linked to an increased risk of preterm birth and low birth weight. Anemia can also make a woman feel more tired than usual during her pregnancy. She will probably be tested for anemia at least twice during her pregnancy—at her first prenatal visit and then again between 24 and 28 weeks. If a woman is anemic her health care provider may prescribe an iron supplement. She can help reduce her risk of anemia by eating foods that contain iron all throughout her pregnancy. These include:

- Red meats
- Shellfish
- Poultry (dark meat)
- Fortified breakfast cereals (check the box to see if the cereal contains iron)
- Oatmeal
- Blackstrap molasses
- Spinach and other leafy green vegetables
- Baked potato, with skin
- Cooked beans
- Raisins, dates, prunes, figs, apricots

Foods containing vitamin C can increase the amount of iron a woman's body absorbs from the foods listed above and from her prenatal vitamin or iron supplement. So it's a good idea to eat foods such as orange juice, tomatoes, strawberries and grapefruit. Avoid coffee and tea with meals, as they may decrease iron absorption.

Like other common complications, gestational diabetes can happen even with no family history of diabetes. Gestational diabetes generally goes away after delivery, but women who get it face about a 50 percent chance of having it again in another pregnancy, and a 50 percent risk of developing diabetes later in life.

People with Type 2 diabetes, the most common type, do not produce enough insulin. Insulin is a hormone produced in the pancreas that enables sugar to turn into fat or energy. Gestational diabetes develops during pregnancy. About 3 to 5 percent of pregnant women develop gestational diabetes.

A woman will probably be screened for gestational diabetes between her 24th and 28th week of pregnancy. Gestational diabetes is most often controlled with diet and exercise. Sometimes insulin injections become necessary and blood sugar must be monitored at home. Losing weight and exercising can help reduce the risk of diabetes in subsequent pregnancies as well as later in life.

If gestational diabetes is left untreated, the baby will receive too much blood sugar and will grow too large. After birth, the baby may have breathing difficulties, low blood sugar and jaundice.

The lesson here is very simple: prenatal care is the only way to discover these kinds of complications. A woman may have umpteen normal pregnancies followed by one with complications. There's no way of predicting who will have problems and who won't. The only way to know is to go to the doctor immediately upon suspecting pregnancy and follow up with regular visits as the doctor prescribes. A healthy pregnancy depends on it.

## *One Mother's Story: Anne H*



There is nothing particularly remarkable about Anne H. to the casual observer. She's married with three children. Her oldest son, David, from her first marriage, is now 25, has a B.S. in business and is now a financial planner in Kansas City. Everyone is just fine.

To look at David, you'd never know his mother drank nearly every day of her pregnancy. Or that he weighed on 4 lbs. 11 oz. at birth.

Anne H. gives us insight into why women continue to drink or use drugs when they know they could be harming their baby.

"No one decides, hey, I think I'll be an alcoholic and imperil my child," she said. At 46, you would never guess at Anne's past. She's been in recovery for some 22 years now, but she remembers her first pregnancy with anguish.

"It was a nightmare. I was so young and alone in the world, and oh, we were poor. My husband worked nights, I didn't have a car, we lived in city far away from friends and families. It would have been hard no matter what. But I just could not control my drinking.

That's pretty much the textbook definition of someone with the disease of alcoholism. And it is a disease, not a moral failing, although it can feel like a terrible moral failing to those who suffer from it and their families.

"I have never prayed so hard in my life. I hated myself for doing what I knew had to be horrible for my baby. If he had been born with birth defects, I don't know how I would have survived the guilt.

"When I first suspected I was pregnant, I went right to the doctor. There was a poster in the bathroom that said drinking more than two drinks a day can hurt your unborn baby. Of course, that was 1977, they were just learning about fetal alcohol syndrome. Now they know there are no safe levels of drinking during pregnancy.

"My heart sunk to my knees. I knew right away my baby and I were in big, big trouble," she said,

It was during this time she realized she couldn't stop drinking, and like her other members of her family, was an alcoholic. Still, she didn't know that she could stop. She was so ashamed she didn't tell anyone.

“It was 1977. We didn’t know then what we know now. I didn’t think I could ever stop--it was the only thing that made my life work, or so I thought. I know that’s not logical, if it were about sound thinking, it wouldn’t be a disease, it would be a thinking problem that education alone could treat.”

There’s a happy ending to this story, but life took many long and hard turns before it got better. “It wasn’t until David was two years old that I began to see a way out of alcoholism--I went into treatment just before his third birthday, and have led a sober lifestyle ever since. Let me be the first to make that distinction, recovery has not been a seamless path for me, but even when I struggled, it was a lot better than that hell of knowing I could be changing another person’s entire destiny by my behavior.”

Hitting bottom is so painful, but it’s like an elevator, you don’t have to go all the way down. You can decide to get off when you decide you’re sick and tired of being sick and tired.”

Asked what she would say to another young woman dealing with alcoholism or drug addiction during pregnancy, Anne thought for a minute and said, “First, I would say, bless your heart, it’s really hard, isn’t it? Let go and get help. Go to these meetings, get treatment, and give yourself a chance for a better life than you ever imagined, for you and the baby. Substances will never make you happy without making you just as sad. Plus, after a while, they stop making you happy at all. You can learn that now, or you can suffer some more. I pray you can learn that now. Come to NA or AA, and let another woman who knows exactly what you’re going through love you until you can love yourself.”

“An important thing to know is that these women would never hurt their babies on purpose, even though it looks like it. On some irrational but critical level, they really feel like they have no viable choice. It’s insane, I know, but thank God, it can be treated. I mean, look at me, no one would ever know. But women like me have to tell our stories so it might help someone else save themselves and their babies from a lifetime of hardship.”

## *When Problems Occur, Help Is Available*



Despite warning to expectant mothers that their irresponsible behavior can cause serious, life-long problems for their children, hundreds of babies are born each year with fetal alcohol syndrome (FAS) or with the effects of prenatal exposure to other drugs or to HIV. Many mothers are unprepared to provide the extra care these babies require. Some families, overwhelmed with poverty, addiction and other problems are wise enough to look for temporary shelter for their children, rather than subjecting them to violence or neglect. And the courts must also find safe places for youngsters who are abused or abandoned.

**Our Little Haven** is a St. Louis facility that provides care and hope for these unfortunate little ones. Their goal is to heal children with nurturing, positive human contact, “emotional vitamins,” structure and behavioral/medical interventions such as physical, speech and play therapy. The average age of children at Our Little Haven is three years; the average stay is eight months. When children leave, they are ready for healthy, loving homes — something every child needs and deserves.

As it celebrates its tenth anniversary, Our Little Haven has expanded its operation on a three-building campus. Its staff cares for more than 100 children each year, 36 babies and children at a time. The U.S. Junior Chamber of Commerce (Jaycees) Mission Inn Foundation is using this program as a model for similar facilities around the country.

Glen’s story is similar to those of many of the children sheltered by Our Little Haven. Before he was born, his mother, Paula, had another boy and a girl. When they were toddlers, she and their father left an empty vial that had held an illegal substance where the children could reach it. The boy, then three years old, sniffed the vial and was in a coma for 60 days. The state removed the children from the home, but eventually Paula convinced authorities she had reformed, and they were returned.

Soon with another partner and back to free-basing cocaine, Paula gave birth to Glen, who has spina bifida, a severe, irreversible birth defect. Now ten years old, his paternal grandmother is raising him. He is confined to a wheelchair and has been diagnosed with learning disabilities. Too late to save Glen from a life of physical and mental problems, Paula has been addiction-free for ten years and has given birth to a fourth child, who is healthy.

**Ina J. Hughes has written this poem, *A Prayer for the Children*, to express the philosophy of Our Little Haven:**

We pray for the children who give us sticky kisses  
We pray for the children whose nightmares come in the daytime...  
Who aren't spoiled by anybody...  
Who go to bed hungry and cry themselves to sleep  
We pray for children who don't have any rooms to  
clean up, whose pictures aren't on anyone's dresser.  
We pray for children who want to be carried  
and for those who must be...  
We pray for those we never give up on  
and for those who don't have a chance.

**Faith House**, a 54-bed home on Page Avenue, cares for children who are exposed to drugs prenatally or whose parents are substance abusers. Since 1991 it has been home to more than 800 children, most of whom stay for 18 to 24 months. There are plans to build a home for HIV-positive teenagers, a day-care center for infants and senior citizens and transitional housing for people of all ages.

Staff members are trained to teach people how drugs affect their bodies. Special attention is paid to instructing pregnant women about the potential danger of drugs to their unborn children. Along with caring for infants born with HIV, the staff also devotes time to helping people understand the cause and effects of this disease.

David and Sarah are the fifth and sixth children of a woman who used drugs during all her pregnancies. Both were adopted by a St. Louis woman who met Sarah through her volunteer work at Faith House and took her home when she was still an infant. When

David was born a year later, he went straight from the hospital to join his older sister and her new family. Since then, their biological mother has had another baby, who has been adopted by a couple that are also foster parents to the oldest child. One has been adopted out of state, and two others live with their biological fathers.

"We are so fortunate that David and Sarah are living a normal life," says Serena, their adoptive mother. "Sarah, at six, is a happy, healthy little girl. When David, who's now five, was smaller, he was a very angry little boy. We've provided resources that have given him skills to use to help manage his anger, and he's doing much better." (Names in this true story have been changed.)

David and Sarah are lucky to be part of a loving family that has nurtured them and helped them overcome the disadvantages of their birth. Many infants born to drug-addicted mothers are not so fortunate.

More information on Our Little Haven and Faith House can be found on their web sites: [www.ourlittlehaven.org](http://www.ourlittlehaven.org) and [www.faithvillage.org](http://www.faithvillage.org)