

A Quarterly Publication for Care Wear Volunteers



September 2004

Make A Difference Day

October 23, 2004 (10am to 3pm)

Whitaker Campus Center

Hood College

401 Rosemont Avenue

Frederick, MD 21701

Mark the date on your calendar!

Bring a friend! Bring scissors!!

THE SEPTEMBER 2004 NEWSLETTER

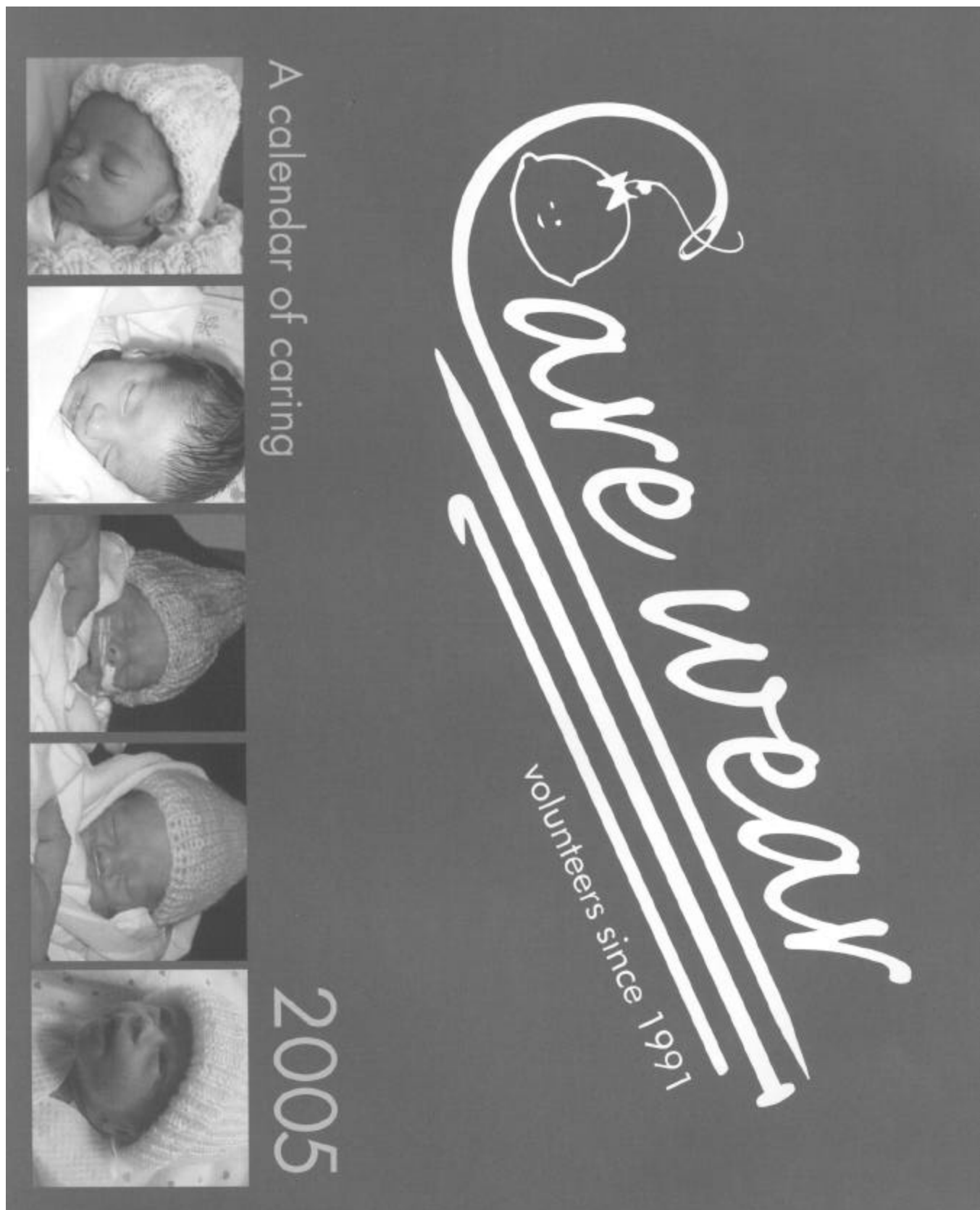
This newsletter is brought to you thanks to the community services efforts of Wal-Mart associates in store #1297 (Chiefland, Florida) and the Wal-Mart *Volunteerism Always Pays* Program.

Participants in the VAP Program for the first half of 2004 include:

Paula Adams, Mariann Alexandrovich, Jane Arney, Carmen Barber-Rogers, Stephanie Bass, Tresia Beals, Johnnie Berkman, Glenda Braxton, Anita Bryant, Edward Callahan, Sharon Clark, April Clarke, Janett Cofield, Donna Coody, Heather Daniels, Dianna Davis, Linda Dickerson, Linda Dumas, Brooke Evans, Dorothea Evans, Christine Ferree, Susan Formisano, Judy Frederick, Nancy Gilman, Ellen Gloft, Billie Jean Grillo, Karrie Hamilton, Jean Hand, Donna Harvey, Gloria Hayes, Patty Hilliard, Magda Hopwood, Regina Horne, Viola Jerrells, Evelyn Jordan, Mary Kegerreis, Sharon Knowles, Dorothy Lord, Julia Loubet, Karen Marks, Anneliese Matlack, Ruth Maxgay, Mary McConaghy, Cynthia McElroy, Diane Mealer, Jessica Miller, Carolyn Moore, Euodia Moore, Carolyn Morrison, Mary Morton, Miranda Mullins, Roberta Murray, Bonnie Myers, Shirley Newman, Mary Norris, Deborah Ormes, Martha Osteen, Lolah Pease, Nancy Phillips, Ellen Piechocki, Sherry Ragsdale, Cindy Reyes, Barbara Richardson, Mary Riker, Holley Riley, Darlene Schuler, Debi Semancik, Teresa Sharpe, Lisa Sherman, Catherine Shook, Audrea Smith, Heather Smith, Leola Snedeker, Dawn Souza, Jane Stauff, Janine Stephens, Janet Stone, Carol Sullivan, Martha Theis, Jennifer Thompson, Caroline Weekly, William Weekly, Barbara White, Shanna Wilkerson, Doris Wright, Lynelle Wright.

Thank you to all of these Wal-Mart associates who participated in the VAP program. Thanks to others who participated in other similar company programs and employee contribution matching programs. Any readers who work for Bank of America? Kohls? GE? These corporations have volunteer programs similar to Wal-Mart and may (like GE) help with funding for supplies used by volunteers who work on community service projects.

Plan ahead! Consider a Care Wear Volunteers Calendar for gifts for family & friends. See this cover & other pages in color on our website: <http://www.hood.edu/carewear>



(This is the cover. The background is bright blue. The infants are ADORABLE!)
To order a copy of this fund-raiser calendar: Use the order form on page 43



Care Wear's handmade clothing is sent to hospitals around the country and worn by countless tiny miracles.

(Blue background, blue edged kimono, booties, & hat and blue blanket)—August's photo. Ordering information and order form on page 43 and on the Care Wear website.

Last call: To order a copy of the Wal-Mart store #1297 spiral-bound cookbook (a fundraiser for Children's Miracle Network), please send \$8 (\$7.00 for the cookbook and \$1 for postage) to **JANE ARNEY, 2189 SW 17TH TERRACE, BELL, FL 32619**. Jane will mail a copy to you. (Make checks payable to Jane Arney.)



Here is a view of the front cover of the Wal-Mart cookbook. Need a recipe for alligator meat? Yes, there is a recipe for alligator stew in this cookbook!!! Actually there are several recipes that include alligator meat!! Lots of other delicious recipes—some family recipes, some regional favorites, some diabetic recipes, and lots more. Consider this cookbook as a gift for family and friends. Add a copy to your collection of cookbooks. Thank you for your support for the Wal-Mart community service efforts.



Jane as COOKIE THE CLOWN!

You will always recognize Jane as the lady with the big bright smile. I would not have recognized her in her clown make-up and costume.

Here's a letter from Jane:

Hello from Florida!

Here it is, time for another newsletter. I just couldn't miss this opportunity to thank so many people. Thank you to Bonnie who is always ready to help. She was kind enough to put our Wal-Mart cookbook in the last newsletter. Thank you to all who ordered the Wal-Mart Cookbook. I have had people write back and tell me that they are enjoying using the cookbook. All of the proceeds from the cookbooks go to Children's Miracle Network. CMN is very important to all of us at Wal-Mart. Most of our promotional team are also Care Wear participants. It's all about kids!

A special thank you to each and every Wal-Mart associate who takes the time to work for our Volunteerism Always Pays Program. The VAP program provides much needed funds for Care Wear and other organizations that help children in many different ways. It is marvelous that VAP participation grew from one participant (me!) a few years ago to 86 in 2004. It shows how many caring people we have at Store #1297. Thank you to a great bunch of people!

To all who sent green felt holiday stockings ready to be decorated as well as fabric toys (bunnies, bears, cats, etc...) & pillows ready to be stuffed, sincere thanks. Your assistance helped one or more of the associates to participate in the VAP program. All of the items you sent were distributed to store associates who don't knit, crochet, or sew, but wish to participate in the VAP program. I welcome having more to distribute. Mail to: Jane Arney, 2189 SW 17th Terrace, Bell, FL 32619.

In June my husband & I went to Tennessee on vacation. Before our departure, however, I had to unload my car. On a regular basis my car (back seat and trunk) contains supplies and projects waiting for someone to transform them into donations that will warm and comfort hospitalized children. Whenever anyone needs supplies or a project to work on, we take a walk to my car! My car is also the storage place for completed items waiting for the regular delivery date for delivery to Shands Hospital. There is obviously a lot of love in each and every project. It is refreshing, motivating, and heart-warming to see everything in my car!

So, once again, thank you one and all for the efforts and love you have shown for the many children who are blessed and lucky enough to receive something made with tender loving care. Thank you to the Wal-Mart Foundation for encouraging associates to participate in community service projects that help communities all across the United States.

Thank you to my Wal-Mart friends and family for making a difference.

Jane

Palm Beach Gardens, FL: Make a Difference Day activities on Saturday, October 16th (not Oct. 23) from 10am to 3pm at St. Mark's Episcopal Church Parish Hall. Stuff bears, make quilts, knit/crochet hats & booties. Contact Marion MacDonald-561-848-2835

KUNIN FELT

Foss Manufacturing Company, Inc.

FOSS®

Rainbow Classic Felt™ Enchanting Slippers

Designed by Nancy Worrell

Adorn baby's feet with these enchanting felt slippers. Blanket-stitching, buttons, ribbons and appliques are used to create these one of a kind shoes. You'll want to make several pair to complete baby's ensemble. These slippers also make great gifts.



Materials:

- Rainbow Classic Felt™
- 2, 9"x12" (23cm x 30.5cm) rectangles
- 1 skein of DMC Pearl Cotton Thread, size 5
- Tapestry needle

Instructions:

Step 1: From felt cut four each of slipper upper, slipper soles, and slipper straps (Do not cut slipper straps for slippers with ribbon ties.)

Step 2: Place two straps together with edges aligned. Blanket stitch together along all edges. Repeat for other strap.

Step 3: Place two felt soles one on top of other with edges aligned. Blanket stitch together along all edges. Repeat for other sole.

Step 4: Before completing slipper upper, refer to individual directions for embellishments.

Step 5: For slippers with felt straps, straps can be inserted between slipper uppers before stitching together. Refer to photo for placement. Be sure to insert straps on opposite sides for each slipper.

Step 6: Position slipper upper, right side up on top of unembellished slipper upper, aligning edges. Blanket stitch around all edges.

Step 7: Pin slipper upper together, aligning back edges. Lace together at back seam using a whip stitch through blanket stitches.

Step 8: Pin sole of slipper to upper slipper, easing as needed. Lace sole and upper together using whip stitch through blanket stitches. Repeat for other slipper.

Step 9: Refer to instructions for individual slippers for completing. For slippers with felt straps, you can stitch Velcro (or snaps under straps for fastening).

Flower Power Slippers

These slippers are made using Kunin Rainbow Classic Felt™ in #937 Black. You will also need scraps of red and green felt for the flowers and leaves, and four yellow buttons. DMC #498 Red Pearl Cotton, size 5, thread was used for the blanket stitching.

Cut four flowers from scraps of red felt, and four leaves from scraps of green felt. Glue or stitch a flower and two leaves to center upper of each slipper. Stitch button in center of flower. Glue or stitch one flower to end of each strap. Using red pearl cotton, stitch button in center of each flower. Refer to steps 5 through 9 in general directions to complete slippers.

continued on next page:

Buttons & Bows

These slippers are made using Kunin Rainbow Classic Felt™ in #678 Royal Blue. You will also need ½ yard (45.5cm) red grosgrain ribbon, 3/8 inch (1.0cm) wide and eight ¼ inch (7mm) white buttons. DMC #444 Yellow Pearl Cotton, size 5, thread was used for the blanket stitching.

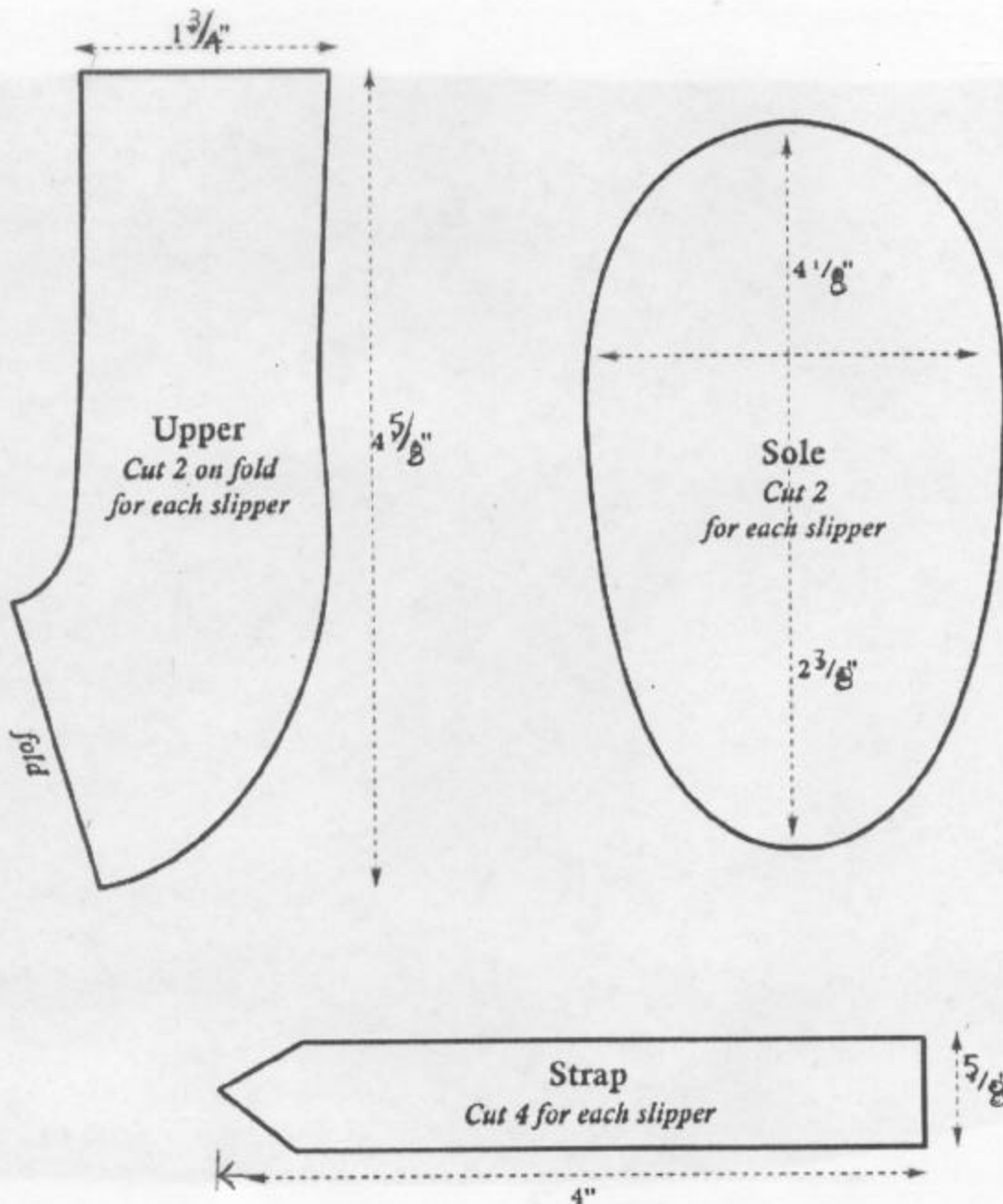
Cut two 4 inch (10.0cm) ribbon lengths and two 3 inch (7.5cm) ribbon lengths.

Center one 4 inch (10.0cm) ribbon length on slipper upper. Refer to photo for placement. Position ends of ribbon to inside of slipper upper. Pin or tack in place. Fold 3 inch (7.5cm) ribbon length to make bow. Pin or tack in place. Using yellow pearl cotton thread, stitch buttons on ribbon and through slipper upper. Repeat for other slipper.

Tack white button to each strap.

Refer to steps 5 through 9 in general directions to complete slippers.

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Kunin Felt Company
<http://www.kuninfelt.com>



KUNIN FELT

Foss Manufacturing Company, Inc.

FOSS®



Rainbow Classic Felt™ Little Angel Pillow

Designed by Michele Wilcox

Materials:

- 1, 9" x 12" Rainbow Classic Felt™ Wedgewood Blue
- 2, 9" x 12" Rainbow Classic Felt™ Deep Rose
- 1, 9" x 12" Rainbow Classic Felt™ Gold
- 1, 9" x 12" Rainbow Classic Felt™ Antique White
- #5 Pearl Cotton Thread
 - 3 yds. 701 Green
 - 2 yds. 892 Dk. Pink
 - 2 yds. 729 Gold
 - 5 yds. 543 Off White
 - 5 yds. Brown

Instructions:

Step 1. Cut one piece Wedgewood felt 4" x 7", 2 pieces Deep Rose felt 5 1/2" x 8 1/2". Cut two wings from Gold felt, using pattern. Cut one head from Antique White felt, using pattern.

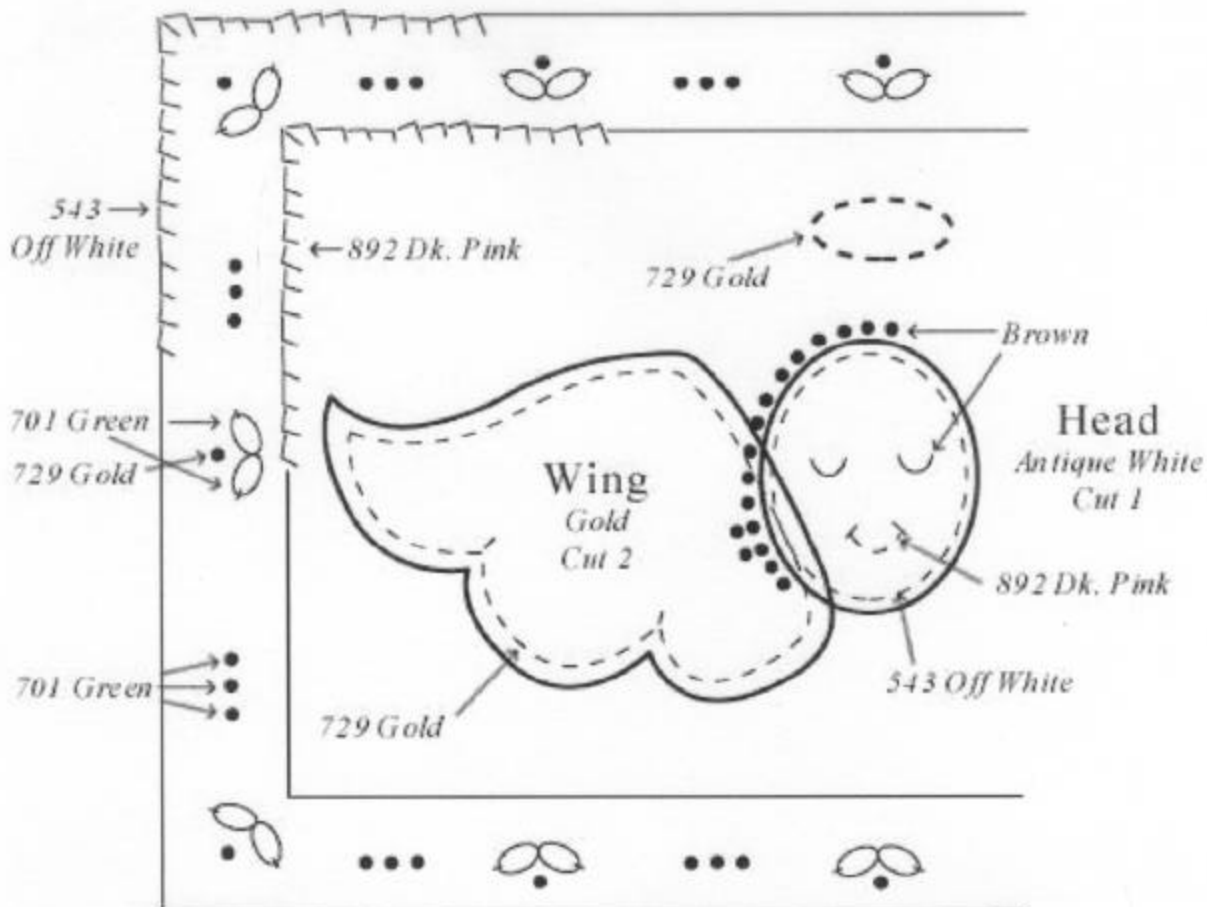
Step 2. Arrange wings as shown in picture on Wedgewood felt. Use gold pearl cotton to sew with running stitch.

Step 3. Embroider face brown, couched stitch eyes. Dk. Pink back stitch mouth, Sew head between wings with off white running stitch. Embroider hair with brown french knots. Embroider halo with gold back stitch.

Step 4. Center Wedgewood piece on a deep rose piece and sew in place with Dk. Pink button hole stitch.

Step 5. Embroider green lazy daisy stitch leaves, gold french knot flowers, with green french knots between on deep rose as shown.

Step 6. Sew back to front with off white button hole stitch. Stuff lightly before closing.



PREEMIE PUMPKIN HAT

Reprinted with permission of Ginny L. Queior. Sincere thanks to Ginny for sharing her talents and creativity.

Soon the pumpkin season will be here. I wish that you could see the bright orange and green of this adorable hat.

Enjoy trying this pattern.



Orange sport yarn or 3 ply baby yarn 1.75 ounces (should make 2)
Mint green sport weight or 3 ply baby yarn small amount
4 dpn
Size C crochet hook
Pattern is a multiple of 9 sts.

Cast on 72 sts with orange yarn and #4 dpn. Join with out twisting stitches. K2, P2 ribbing for 2 ". Change to K7, P2 for 2 ½". Change to mint green and start decreasing as follows:

Row 1: K4, K2 tog to end.
Row 2: Knit.
Row 3: K3, K2 tog to end.
Row 4: Knit.
Row 5: K2, K2 tog to end.
Row 6: Knit.
Row 7: K2 tog to end.

Cheryl Semler sent these helpful hints.

#1: To save your sanity when making pom-poms, Cheryl suggests winding as you normally would, but tying hers twice—once before she takes it off the winder and the second time before she cuts it.

#2: Cheryl cuts and makes several pom-poms at one time. She stores the extras in a Ziploc bag so they are ready as needed.

Cut mint green yarn and leave a 24" tail. With a yarn needle, gather all remaining stitches on the needles and pull tight. Knot off but do not weave in end.

With crochet hook, draw yarn through a stitch at the very top of the hat. Chain 20 sts, turn, and sc on each chain back to the top of the hat. Fasten off and weave in ends.

There should be a "curl" to the top of the hat to look like a stem!!!

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Specialists helping children cope

with hospital stay

By RAE DESHONG

Dallas Morning

News

DALLAS — Imagine an ill second-grader who's heading to the hospital for the first time because of an attack of bronchitis, a broken leg or cancer.

That child's life experiences and coping skills may not equip him to deal with the worries and fears that come with that trip and ensuing treatment.

That's where people such as Ellen Hollon and her staff step into the picture.

Ms. Hollon is the director of the Child Life Program at Children's Medical Center of Dallas, Texas, which treats more than 270,000 children each year.

Child life specialists put health care experiences into the context of a child's world — whether it's a second-grader or a high school sophomore who's being treated.

They address misconceptions about the hospital stay and make sure stressful procedures, such as having blood drawn, are explained in easy-to-understand terms.

Thirty years ago, research about how hospital stays affected children was just emerging, Hollon said. A cutback in child life programs in the late 1980s and early 1990s followed a growth period in the 1970s and '80s.

The field is growing again in part because of nursing shortages and hospital expansions.

Ms. Hollon, who has taught college courses and served as president of the

Child Life Council, was hit by a car when she was 10 years old and spent three months in a hospital.

"There were lots of things that happened to me that I didn't understand," she said. "When I found out there was a job that helped children through that process, I thought that would be a cool job."

She's been doing it for 26 years.

Many large children's hospitals and smaller hospitals with pediatric wards employ child life specialists. Most of those professionals have an educational background in child development or family studies, and all go through a rigorous certification process that includes a 480-hour clinical internship and a written exam.

There are 28 staff positions at Children's, where 256 beds were filled on a recent Thursday. Professionals there work with children in various ways.

For example, Ms. Hollon said that a 3-year-old does not have the same concept of time that a teen has. For that child, a child life specialist might explain that a procedure will not last as long as an episode of Barney but might take as long as the drive to the grocery store.

The child life professional might help other children get ready for a surgical process by showing them actual medical



Knight Ridder

Ellen Hollon is the director of Child Life Program at Children's Medical Center in Dallas, Texas.

equipment, including anesthesia masks and finger sensors.

Some might partake in art sessions that relate to medical conditions: making pictures by blowing paint to help an asthmatic understand respiratory function.

Vicki Kelley has been in the profession for about 20 years and recently started working at Cook Children's Medical Center in Fort Worth, Texas.

"We take a child's way of thinking and use it to help them cope and understand," she said.

Ms. Kelley holds a master's degree in human development and family studies. She has worked with children ranging from those who are staying overnight for a short illness to children living with HIV.

She said that when working with HIV-positive children at another hospital, she started a family camp that was one of the first places some families got to meet others dealing with the challenges of the disease.

"There is so much for a parent to understand about an illness," Ms. Kelley said. "We also have to help parents understand. Someone going into child life has to have very strong communication skills — both listening and talking."

She and Ms. Hollon recommend that someone considering the field volunteer in a clinical setting. Ms. Hollon said that when hiring, she looks for someone who's had an internship. She also said that being a child life

specialist requires stamina and a support network both inside and outside the hospital.

The Child Life Council is a professional group that sets the standards for education, clinical training and certification.

The group's mission, research information, educational resources and certification information can be found at www.childlife.org.

"You may be working with a child who is HIV-positive, but if you've gotten them to understand the importance of taking their medicine every day, you've impacted the rest of their life," Ms. Kelley said.



Tribune photo by Alex Garcia

Edward Hospital has been home to Zoe Koz, with mom Tammy, since birth, but she'll go home to Plainfield Wednesday.

Small infant making big strides

Born at 10.8 ounces, girl has a heavyweight's spirit

By James Kimberly
Tribune staff reporter

Hailed as a miracle for being one of the smallest babies ever delivered in the United States and certainly the tiniest at Naperville's Edward Hospital, Zoe Koz is going home Wednesday.

Her 22-week journey from a 10.8-ounce, 9.5-inch perilously premature infant to a 6-pound, 17-inch healthy baby girl is a testament to modern neonatal medicine and a family's unflappable faith that, despite the potential for horrendous setbacks, things would turn out all right.

"I was convinced she was going to be fine," said her mother, Tammy, 25, of Plainfield.

It is too soon to say for certain how Zoe's low birth weight and early delivery will affect her development. Doctors will keep a close eye on her over the next two years, but so far there is nothing to indicate serious future problems.

Born Jan. 6 at just 27 weeks—10 weeks shy of full term—Zoe was a bundle of medical challenges.

Her skin was not yet ready to protect her from even the hospital's temperate environment; her lungs and central

nervous system were not quite ready to breathe; her immune system was not quite ready to fend off infection; her intestinal tract was not quite ready to digest.

There were potentially far more serious complications. Immature blood vessels in the brain could leak and cause damage, a common intestinal infection could cause damage, or a condition known as retinopathy of prematurity could cause blindness.

Zoe dodged them all.

"It is uncommon at her size to escape all these things," said Dr. Bob Covert, director of the neonatal intensive care



Tribune photo by John Lee

Zoe Koz's dad, Eric, displays a photo of the newborn wearing his ring around her arm.

unit. "I'd like to credit the excellent care offered at Edward, but to be honest, factors beyond our control dictate much of this stuff."

Her weight was a result of poor circulation in the womb, which was attributed to her mother suffering from the autoimmune disorder lupus. At 27 weeks, Zoe should have weighed 2 pounds. But Zoe was never as weak as her birth weight indicated.

That probably played as much a role in her success as anything, Covert said. That, and intangibles such as her inner strength.

"Just like adults have varying levels of maturity, so do premature babies," Covert said. "There are 27-week babies that are more like 30-week babies, and there are 27-week babies that are more like 24-week babies."

Zoe did encounter bouts of trouble. Twice she battled pneumonia. She showed signs of retinopathy and required corrective laser surgery.

She struggled for weeks to learn behaviors that other parents take for granted, such

as how to suck, swallow and breathe at the same time.

She spent 12 weeks on a ventilator, which probably contributed to scarring in her trachea that remains a concern to physicians.

"If you take it to the nth degree, that could develop into respiratory problems," Covert said.

But the doctor believes the problem will lessen with time as Zoe and her airway grow. She continues to rely on a ventilator to deliver a small, concentrated dose of oxygen through a nasal tube.

Zoe's birth inspired people, particularly parents of premature babies who shared their own stories with the Kozes.

Gifts for the baby and letters of encouragement poured into Edward Hospital so frequently that nurses put up a plastic tray at their station and labeled it "mom" to accept them.

Stacked in the closet of the nursery in the Kozes' home are 20 blankets, most knitted, almost all sent by strangers.

And items continue to arrive.

A woman from Hammond sends Zoe cards regularly: one welcoming her into the world, another wishing her a happy Valentine's Day, a third celebrating Easter.

A couple from Virginia mailed the Kozes a silver ring made from a dime. An 87-year-old woman from Channahon knits clothes for Zoe and has her daughter, a Plainfield resident, deliver them.

"It amazes me that people we don't even know would reach out," Tammy Koz said.

Finally, five months after their daughter was born, Eric and Tammy Koz will become like other parents and be able to take their newborn home.

They began preparing for this day, even when others doubted it would come.

The nursery on the second floor of the Kozes' duplex is painted a soothing olive and adorned with cartoonish animals.

Tammy Koz used seven weeks of maternity leave from her job as a patient care coordinator for a medical practice, but kept five weeks for the day Zoe came home.

The Kozes know how to insert a feeding tube through their daughter's tiny nostril and read an oxygen monitor. They are certified in CPR and experienced at changing an outfit around a tangle of air tubes and monitors.

None of this has dissuaded their desire for a bigger family.

One recent evening as Eric and Tammy Koz sat in the nursery and sorted through gifts for Zoe, the talk turned to family.

"There's no way one baby will be enough for us," Tammy Koz said. "I want a big family."

Eric Koz, 27, figures that in four or five years, the two of them can afford a bigger house, one with a basement and a two-car garage.

When that day comes, they will adopt a baby boy, Tammy Koz said.

And someday, she said, she may be willing to conceive again.

"I wouldn't rule it out."

Care Wear Volunteers received notes and letters from the following hospitals:

1. Vanderbilt Children's Hospital (NICU, 2200 Children's Way, Nashville, TN 37232-9004) sends thanks for "...your donations of many needed items...Caring people such as yourselves make our little one's stay much nicer!"
2. Children's Hospital (1 Children's Place, St. Louis, MO 63110-1077) sent thanks to Dot Crum for her donations to the NICU. "We are so grateful for organizations like this that contribute their talent and time to make our job more satisfying and easier. Again, we salute Dot Crum and all of the Care Wear volunteers." Signed: Danine Watson, RN, NICU.
3. Carolinas Medical Center (CMC Neonatal Services, 7th floor surgical tower, Charlotte, NC 28232) wrote to thank Anne White for her shipment. "These shipments mean a lot to us all...and know that every item we receive from people/friends such as yourself and Anne are greatly appreciated. You are both angels." Signed: Tami Braswell, PCL.
4. Jefferson Memorial Hospital (JMH-OB Dept, 300 South Preston Street, Ranson, WV 25438) wrote "...to thank you all for the work you do, as Care Wear Volunteers. Many smiles are brought to the faces of families and nurses when we are presenting them with homemade/heart-made items. Please let everyone know how much you all are appreciated. Thank you and bless you." Signed the OB Staff at Jefferson Memorial.

5. Kline Hospice House (7000 Kimmel Road, Frederick, MD 21702) sent thanks for a gift of 8 knitted shawls in memory of Mrs. Veronica I. Hahn. Signed: Laurel Cucchi, Director.
 6. Tacoma General Hospital (Multi-Care Project/The Baby Project, 315 Martin Luther King Jr. Way, Tacoma, WA 98415) sent thanks for the donation of blankets. Volunteer Coordinator Pat Semon wrote, "The parents of our babies who receive your gifts are always amazed that someone so far away is giving them a lovely hand made item. They are truly appreciative, as are we." Another letter sent thanks to Irene Moots for donated flannel quilts that were much appreciated.
 7. Georgetown University Hospital (NICU 3 Main, 3800 Reservoir Rd NW, Washington, DC 20007) wrote, "Who could have imagined the treasures we'd find in our package from you? The items are all priceless—from the beautiful gowns and snuggly blankets to the lovely sweaters, caps, and booties. Signed: Laurah Folk, RNC/NICU
 8. Lincoln Medical & Mental Health Center (234 149th Street, Bronx, NY 10451) wrote, "Thank you for the fiber-filled ponies donated for our pediatric patients here in Lincoln Hospital. You (Marva Legel) are a blessing to our children who sometimes have very little and sometimes nothing. God love and bless you always." Signed: Sister Mary Caulfield, Associate Director. Sister Mary Caulfield also sent thanks to the Residents of Creekside (c/o Mary Kay Huber-Leslie) for soft fabric toys.
 9. The Cleveland Clinic Foundation (Social Work Dept. P87., 9500 Euclid Avenue, Cleveland, OH 44195) sent thanks to Irene Moots for beautiful infant outfits and blankets sent for the sick and premature babies.
 10. Saint Mary's Health Network (235 West 6th St, Reno, NV 89503) sent thanks to Marva Legel for donated knitted ponies for the NICU and Pediatric Units. "Your caring heart & hours of time are very much appreciated in our medical center. You are truly what the mission of Saint Mary's is all about." Signed: Carolyn Stumbaugh, Volunteer Services
- NOTE: If you don't have the pattern for these lovely knitted ponies, please send me a SASE and I will send you a copy. This is a great pattern (KNITTING) for leftover "adult" colors of 4 ply yarn. You can make grey ponies or black ponies or navy ponies or rust-color ponies—with a bright mane or tail! It's an easy pattern. Stuffed with fiberfill, it's very huggable!
- Saint Mary's also thanked Margaret Bullock for her beautiful blankets and hats for the NICU and adult hats for the Oncology Unit. They thanked Erin Murray for her fleece hats. They sent thanks to Vera Dameron for her knitted blankets, hat, and booties sets. And they thanked the Residents of Creekside for fabric/fiberfill toys.
11. Beth Israel Hospital sends thanks to the Presbyterian Ladies from Fanwood, NJ for their deliveries of hats, afghans, burial garments, sweaters, booties, dolls, etc... One of the members is a nurse at Beth Israel and she is kind enough to deliver the completed items.
 12. Emerson Hospital (133 Old Road to Nice Acre Corner, Concord, MA 01742) sent thanks to Joan Priest for her delivery of wheelchair bags. The Director of Community Services wrote, "It is amazing how much these bags get used as we move patients around

the hospital with their medical needs and belongings. Everyone has taken notice of your colorful patterns and designs.”

14. Danine Watson, Manager, NICU, Children’s Hospital, (1 Children’s Place, St. Louis, MO 63110-1077) wrote to thank Ms. Moreland for the items donated to the infants in the NICU in honor of Hannah Winters. Danine wrote, “We are so grateful for organizations and volunteers like you that continue to contribute their talent and time to make our jobs easier and rewarding.”
15. The Volunteer Services Office, Women & Infants’ Hospital, (101 Dudley Street, Providence, RI 02905) sent thanks for hats donated earlier in 2004. In January we received a message that their supply of hats was very low. Within just a few days they began to receive donated hats. Thanks to all who answered their plea.

Care Wear Volunteers receives many special notes and letters from participants. I sincerely thank all who have written to say that you enjoy receiving the newsletter. I am most touched when I hear that Care Wear Volunteers’ newsletters (projects) have helped you through difficult times, such as illness or the loss of a loved one. One recent letter recounted the loss of a loved one in May and the energizing effect of the June newsletter. I have heard this over and over again and I am reminded that volunteer efforts help the volunteer as much as the recipient of the volunteer’s work. We all need a reason to get up in the morning! We all need to feel useful in this world. It is good use of time and talents to help those in need.

In a recent meeting of a neighborhood chapter of the American Sewing Guild, the group dedicated the evening to community service. They were making surgical dolls for Children’s National Medical Center (DC) and the leader distributed the pattern—which happened to be the Johns Hopkins Children’s Center pattern that I distributed in an earlier newsletter and now include in the new edition of the pattern & information booklet. The Care Wear Volunteers stamp (name & address) was clearly visible. A colleague asked if I was angry that the group was using “my” pattern. I smiled broadly because I was THRILLED and VERY PLEASED to see how good deeds spread and grow. That is not “my” pattern—but was mine to share with others and I am delighted that others are using the patterns to help hospitalized children. Please feel free to photocopy patterns for anyone who will use them for charitable purposes. Give prospective volunteers my name and address so that I can send them the pattern book and add them to the mailing list for the newsletter.

Sincere thanks to generous donors who responded to the June newsletter by sending or pledging donations for Make A Difference Day here on the Hood College campus on October 23. A very generous Care Wear Volunteers participant who lives in the midwest has sent a check to pay for the sandwich buffet lunch on October 23rd. Another volunteer has pledged 125 pounds of fiberfill for the event. She will help me haul it to campus, too! Another participant added \$50 to her check for the purchase of a 2005 calendar to apply to needed purchases for Make A Difference Day. THANK YOU VERY MUCH!

Still needed: funding (\$161.56) for the already ordered 100yds of 36" white polyester felt we will use as quilt batting and for breakfast snacks, thread, pins, needles, etc....

Bring your crochet hooks &/or knitting needles and a pair of scissors. Bring your sewing machine & extension cord, if possible. Patterns, quilt fabric, yarn, etc. provided. We will assemble simple yarn-tied quilts, stuff fiberfill into pre-sewn bunnies, medical dolls, neck pillows, and bears, and there will be yarn, patterns, and comfortable seating for those who knit & crochet. Stay for an hour or the entire time. A sandwich buffet lunch will be served to all who participate. Work on several projects or just one. **BRING SCISSORS.**

If you are unable to attend, but wish to assist, you may mail completed items to me. Be sure that you plan in advance so that packages arrive before October 23. Thank you. I will keep your name and address with your items so that the hospital will acknowledge receipt.

By the way, I invited Laura Bush to attend Make A Difference Day. I also invited Tyne Daly, who loves to knit and makes baby caps for her friends, colleagues, and family. I also invited representatives from Frederick Memorial Hospital, Johns Hopkins Children's Center, and Children's National Medical Center. I invited Kathleen Matthews (Channel 7 news anchor) to follow donated items from the work tables of Make A Difference Day to Children's National Medical Center where they will be distributed to young patients. Dr. Gloria from Children's National Medical Center (Mobile Health Project) has replied that she will attend. I know that I am a dreamer, but maybe you will see photos of Laura Bush, Tyne Daly, and Kathleen Matthews in the December newsletter coverage of Make A Difference Day!!!!!!!!!!!!!!

Care Wear Volunteers received a generous donation
in honor of
Gail Newton
from
Jennifer Cofone

Preemie Size Chart: http://www.newbornsinneed.org/html/size_chart.html

This is a very helpful chart of measurements.

Loma Linda University Hospital sends thanks to all of the ladies of the La Sierra Heights Relief Society of the Church of Jesus Christ of Latter Day Saints for the large quantity of hats, booties, and blankets that were donated. The hospital appreciates receiving chemo hats for cancer patients of all ages.

You may be interested to learn more about The Shawl Ministry (www.shawlministry.com)—an organized effort to knit prayerfully to help ease suffering or celebrate joyous events. The website includes the pattern instructions for knit and crochet designs, yarn suggestions, and other information. A similar concept is the Minneapolis-based Silent Witness National Initiative's program called "Sheila's Shawls" and "Paul's Scarves" (www.silentwitness.net) to

honor MN senator Paul Wellstone and his wife Sheila, who died in a plane crash in 2002. Completed shawls are donated to individuals who have lost loved ones to domestic violence. Knitting suggestion from Eileen Corrigan (MA).

“When I am knitting a row, say for a seam, I always knit in back of the 1st stitch. It makes a better seam when you join it.”

Crochet for Caring & Sharing by Carol Alexander

Available from Annie’s Attic (item #C104017 for \$23.97 plus shipping (\$6.75)

This is a book for gift-giving to family members of all ages—lap robes, shawls, shrugs and heat pack for seniors, afghans for family of all ages. There’s a chapter on domestic items, including pot holders, rugs, etc... Patterns are rated beginner to advanced. One reader thought that the afghans were “...elaborate for my taste, but could be down-sized for lap robes.” Tote bag patterns might be used for walkers or wheelchairs. A preemie wardrobe of 3 sweaters and a pair of pants, plus blankets & a toy were among the items in the Tiny Treasures chapter.

Does anyone have a pattern for an IV wrist cover for CROCHET?

Using the pattern from the February page from the 2005 Care Wear Volunteers calendar (To my Sweetheart crochet blanket), Dolores Salomone created a new, beautifully textured hat. (See photo of Dolores’ sample hat at right)

Supplies:

Worsted weight yarn/J or G crochet hooks

Directions:

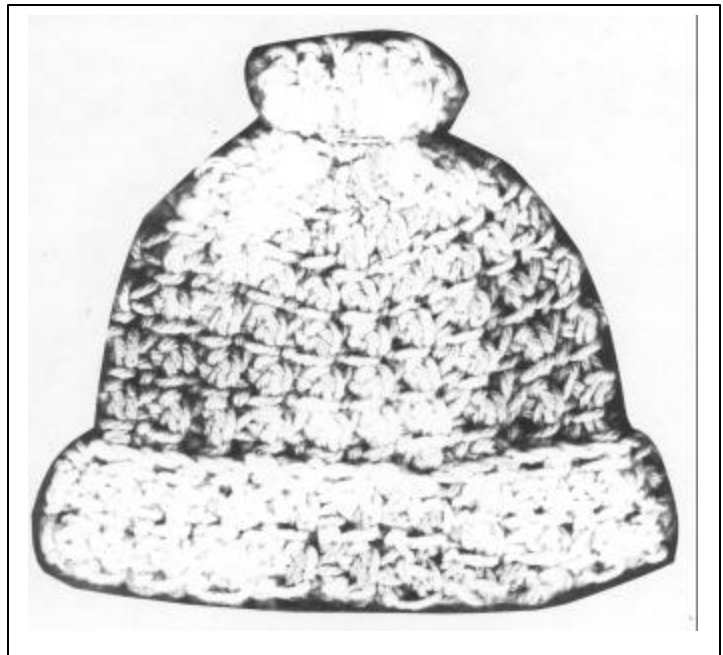
Chain 25 and follow pattern (Feb calendar) for 30 rows.

Whip stitch up side to top of hat

Run needle around hat one inch from the top and pull yarn tight to make gathers.

Wrap yarn around the gathered top of the hat—four times and then, run needle through the gathers and tie off.

Fold up bottom 1” of hat as a brim.



Knit & Crochet Therapy Balls (June 2004 newsletter)

Hospitals that request fabric/fiberfill toys usually appreciate having these balls, too, even though they are not specifically listed in the items requested. Ask your hospital or send one as a sample and ask if the hospital would like to receive more. I bet that you will hear, “YES!”

KUNIN FELT

Foss Manufacturing Company, Inc.

FOSS®

Rainbow Shaggy Plush Felt™ Sheep Pillow

Designed by Sheila Haynes Rauen

Materials:

Make a whole flock of different colors of sheep for your bed or sofa!

- Two 18" x 22½" Creamy White Rainbow Shaggy Plush Felt™ for Body and Top of Head
- Two 9" x 12" Black Rainbow Felt™ for Face Ears, and Legs
- One 9" x 12" Coffee brown Rainbow Felt™ for eyes
- Brown Embroidery Floss to outline eyes, nose, and mouth
- Fusible webbing to iron face, eyes, and fur for top of head into position
- 14 inch square pillow form or 1 lb. Fiberfill stuffing



Instructions:

Step 1: Cut two 14 inch squares of Creamy White Shaggy Plush Felt for the front and back of the pillow and one piece for the top of the head. Nap should be in the downward direction.

Step 2: Cut one face, four ears, and four legs from black Rainbow Felt, Cut two eyes from Coffee Rainbow Felt. Also, cut fusible webbing and apply to backs of face and eyes.

Step 3: Sew two ear sections together, stitching close to edges by hand or machine. Sew a one inch dart at base of ears to give them some dimension.

Step 4: Using picture as a guide, position ears, then face in position on front of pillow. Iron down then stitch around face by hand or zig zag stitch on machine.

Step 5: Fuse Shaggy Plush Felt over face and ears and stitch around edges by hand or machine.

Step 6: Fuse eyes into position and stitch around with blanket stitch in matching embroidery thread. Embroider or paint face details.

Step 7: Stitch legs together AT SIDES ONLY using a ¼ in. seam allowance. Turn right side out. Do not stuff yet. Position legs with upper edge lined up with edge of front of pillow and lower edge of legs going toward the center of the pillow.

Step 8: With right sides together, sew pillow front and back together, being sure not to catch the ears in the stitching. Leave an opening about 7 inches long for turning and insertion of stuffing or 14 inch pillow form. Stitch opening closed after stuffing.

Step 9: Stuff legs from the bottom with Fiberfill and stitch closed.

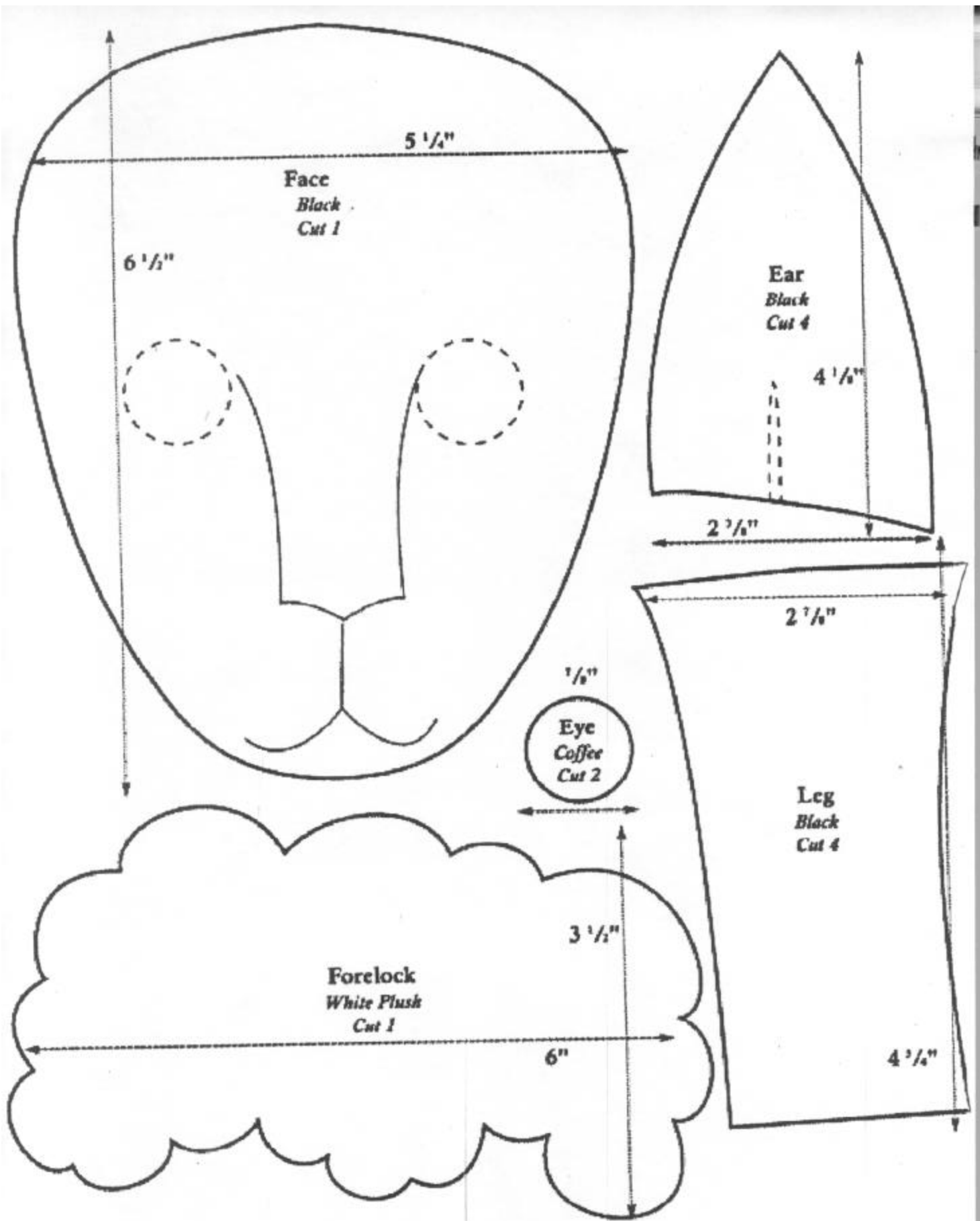
“Cough” or “Surgical” pillows are requested by many hospitals. OK to adjust this pattern to 10” to 12” square.

http://www.kuninfelt.com/projectsheets/shaggy/sheep_pillow.html

Reprinted with written permission from KuninFelt. (www.kuninfelt.com)

Sincere thanks for their willingness to share project patterns to comfort hospitalized children.

(See pattern pieces on the next page)



Check measurements on the patterns and adjust using a photocopier, if necessary.

Crochet Hat for Adults (Sent by Susan Avery) Thanks to Susan!

Supplies :

Caron Simply Soft (1 skein makes 2 hats) or
Micro Spun
Size H (5mm) crochet hook

Directions :

Chain 4, join with sl st.

Rnd 1: 8 sc in ring

Rnd 2: 2 sc in each stitch (16)

Rnd 3: * 1 sc in next st, 2 sc in next st * Repeat
from * around~

Rnd 4: * 1 sc in next 2 sc, 2 sc in next sc*, repeat
around.

Rnd 5: 1 sc in next 3 sc, 2 sc in (4th) next sc,
repeat around,

Rnd 6: 1 sc in next 4 sc, 2 sc in next (5th) sc,
repeat around.

Rnd 7: 1 sc in next 5 sc; 2 sc in next sc, repeat
around.

Continue to increase 8 sts every round until there
are 60 sts.

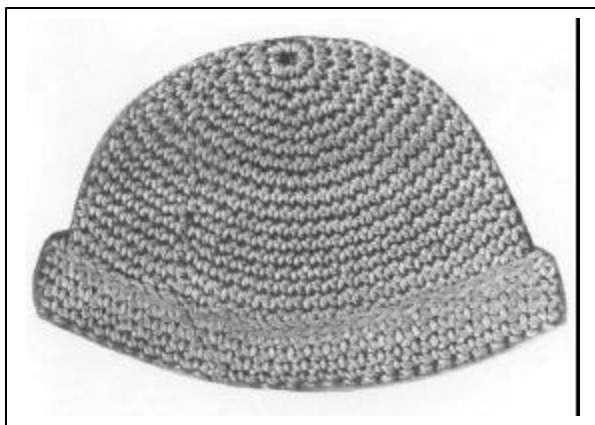
Now work 10 rounds of dc even. Join with sl st,
ch 1, turn,

Work 4 rnds of sc.

Join on last rnd.

NOTE : If you prefer a more tight hat, work the
even rnds in sc, but do 16 rnds because 10 would make
it too short to cover the ears .

SUGGESTION: Experiment with a stripe of a
contrasting color-maybe at the edge of the brim
or up higher into the hat.



Helpful Hints from Janine Stephens:

Janine and a friend discovered that they are eligible for library cards in their own as well as neighboring counties. They found a large collection of knitting & crochet books at their area libraries. If you don't have access to Internet for patterns, Janine suggests that you visit your library. She added:

1. Go to more than one library
2. Go back a few times to check returns
3. Get more books than you think you need because you may find some patterns to advanced.
4. Look at the photos and patterns and you may be able to adapt patterns for preemies or come up with new ideas!

Janine also suggested some books that may be of interest:

1. *Crochet for Babies & Toddlers* by Betty Barnden
2. *Adorable Crochet for Babies & Toddlers*
3. *Weekend Knitting* by Melanie Falick (EZ baby sweater on page 150)
4. *Adorable Knits for Tots* by Zoe Mellor
5. *Bright Knits for Kids* by Debbie Bliss
6. *Nursery Knits* by Debbie Bliss
7. *Baby Knits* by Debbie Bliss
8. *Baby Knits for Beginners* by Debbie Bliss

Finger puppets

size G hook

Body ch 2

* Rnd 1: 6 sc in 2nd ch from hook

Rnd 2: 2 sc in each sc around

Rnd 3-5: Work even on 12 sc

Rnd 6: Work 2 sc tog around - 6 sc.

Rnd 7: 2 sc in each sc around

Rnd 8: sc in 3 sc, ch 4 for arm, sc in 2nd ch from hook & next 2 ch, sc in next 5 sc, ch 4 for 2nd arm, sc in 2 ch from hook & next 2 ch, sc in next 4 sc.

Rnd 9: sc in 3 sc, sc in 3 ch, sc in 3 sc of arm, sc in 5 sc, 6 sc around 2nd arm, sc in 4 sc

Rnd 10: work even on 24 sc

Rnd 11: sc in 3 sc, st 6 sc of arm, sc in 6 sc, st 6 sc of arm, sc in 3 sc.

Rnds 12-16: work even on 12 sc end off.

* If puppet seems too

big I do

Rnd 1 - 5 sc

2 - 2 each (10)

3-5 - 10 in each sc

6 - 2 tog. (5 sc)

etc.



Finger Puppet patterns & samples sent by Peggy Smith. Thanks to Peggy.

Reindeer, work body with brown for 15 rds

Ears (make 2) w/brown - ch 2

Row 1: sc in 2nd ch from hook ch 1 turn

Row 2-3: sc 1 sc each row ch 1 turn

Row 4: dec 1 sc

Row 5: work 2 sc tog sew to sides of head

Antlers (make 2) with beige yarn ch 6, sl st in 2nd ch from hook and in next ch; ch 3 sl st in 2nd from & in next ch, sl st in last 3 ch
End off - sew to head.

Use a small red pom pom for nose & put on eyes

Snowman, w/ white work. body thru rnd 7

Rnd 8: (sc in next sc, 2 sc in next sc) 6 X's.

Rnd 9: sc in 4 sc, ch 3, sc in 2nd ch from hook and in next ch, sc in 4 sc, ch 3; sc in 2nd ch from hook and in next ch, sc in 5 sc.

Rnd 10: sc in 4 sc, 4 sc on arm, sc in 9 sc, 4 sc on arm, sc in 5 sc

Rnd 11: work even for 1 rnd.

Rnd 12: sc in 4 sc, sk 4 sts of arm, sc in 9 sc, sk 4 sts of arm, sc in 5 sc

Rnd 13: work even for 1 rnd.

Rnd 14: working over a doubled #30 rubber band (2" long) sc in each sc around 'End off

Hat: w/black ch 2

Rnd 1: 5 sc in 2nd ch from hook

Rnd 2: 2 sc in each sc around

Rnd 3: sc in back loop of each sc.

Rnd 4-5: sc in each sc around

Rnd 6: sc in front loop of each sc

Rnd 7: 2 sc in ea sc around - end off

stuff hat w/ scraps of black yarn & sew to head. add eyes nose & buttons.

Tails for cat & dog

Chain 10

SC in 2nd chain from hook
HDC to end.

Leave enough mail to tie
to back of puppet.

Bunny - small pom-pom

Ears

cat

Chain 4

SC in 2nd chain from hook
2 HDC in next 2

Leave enough mail to tie
to head of puppet

dog

Chain 6

SC back along chain

Leave enough mail to tie
to head of puppet

Bunny

pink

Chain 5 - SC back along
chain - tie off.

white

SC around pink.

use ties to attach.

(I tie white off & hand
sew ear so they stand
up nicely.)

masks - I use quilting thread (cat & bunny)

nose & eyes I use hole punch + felt. Blue or
with fabric glue.

Most hospitals welcome finger puppets. Johns Hopkins Children's Center (Child Life), 600 N. Wolfe Street, Blalock 174, Baltimore, MD 21287-4174 specifically requests them.

Hospital List Revisions Since June Newsletter

State	Hospital Name	Address	Phone	Needs
CA	Balboa Naval Medical Center, Attn: Cherri Barnswell ASYMCA	34800 Bob Wilson Dr., Suite #2 San Diego, CA 92134-5000	619-532-8156	Need Lap robes (knit or crochet) for terminally ill patients. (30 to 34 inches by 48 to 55 inches) E-mail for Cherri is cbarnswell@nmcscd.med.navy.mil
DC	Georgetown University Hospital Attn: Director, Perinatal Services 3 Main: Labor & Delivery	2 North 3800 Reservoir Rd NW Washington, DC 20007	202-444-4306	Requesting burial garments for infants of all gestational ages. Contact Linda Ali, MS, RNC, Director of Perinatal Services E-mail: LUA@gunet.georgetown.edu
FL	North Florida Regional Medical Center, Patient Relations Office	6500 Newberry Rd Gainesville FL 32680	352-333-4065	NICU and Labor & Delivery request burial garments and blankets. Hats & booties are already provided. Contact Susan Thompson.
MA	Emerson Hospital, Director- Community Services	133 ORNAC at Route 2 Concord, MA 01742-4159	978-287-3200	Ft & P hats, burial gowns. Blankets. Contact Sharon Knox. FAX 978-287-3651. E-mail: sknox@emersonhosp.org
MD	Frederick Memorial Hospital Volunteer Services	400 West Seventh St Frederick, MD 21701	301-698-3567	Blankets/quilts, fabric/fiberfill toys, burial gowns, kimonos, hats & booties for infants 2-12 lbs. Neck & cough pillows. Contact Sharon Hannaby, Director, Volunteer Services.
MD	Johns Hopkins Children's Center, Child Life Services	Attn: Director; Blalock 174 600 North Wolfe Street Baltimore, MD 21287-4174	410-955-6276	FT/children's hats, kimonos w/velcro, 5 burial gowns/month for NICU (1-2 lb/some full-term--open back). Quilts, medical dolls w/gowns. Chemo hats w/braids or ponytail for teens & pre-teens. IV covers. Jerriann Wilson fax 410-955-6777
MI	Hutzel Women's Hospital Patricia Johnson-Walker, RN c/o Nursing Office	3980 John R Brush Basement #721 Detroit, MI 48201	___-966-2455	Booties, hats, & burial gowns for 1-8 lb infants. Most needed 1-3 lb sizes--white or pastel. Burial wraps will be used. Hats to fit golf ball & larger. Blankets 12 inch square to 20 inch square. Fabric/fiberfill toys.
NJ	St. Mary's Hospital Attn: Center for Senior Care Andrea Weigel, RN	211 Pennington Avenue Passaic, NJ 07055	973-470-3050	Need hats, booties, blankets, sweaters, saques, and used apparel in good condition for infants up to two years of age. Premie to full-term burial garments. Fabric/Fiberfill toys. Contact: weigela@smh-passaic.org
NY	Albany Medical Center, Volunteer Services Mgr	Mail Code 110 43 New Scotland Ave. Albany, NY 12208-3478	518-262-3491	Hats & booties, blankets, bibs, mittens, kimonos, diaper shirts, burial gowns, cloth toys, sweaters, burp cloths. Contact Kelly Morron or Kim Read. FAX 518-262-8212. E-mail: morronk@mail.amc.edu
OR	Rogue Valley Medical Center, Family Birth Center	2825 E. Barnett Rd. Medford, OR 97504	541-608-4218	Premie apparel & blankets, burial garments, single layer printed flannel squares-16x16, 14x24, or 12x16. Low supply of hats for 3-4 lbs.
PA	St Luke's Hospital, Perinatal Loss Coordinator	801 Ostrum Street, Rm. 366 Bethlehem, PA 18105	610-954-3024	Burial gowns and blankets. Contact: Ranae Walter, RN E-mail: walterR@silhn.org
PA	Lankanan Hospital Director, Volunteer Office	100 Lancaster Ave Wynnewood, PA 19096	610-645-2000	Burial garments. Contact regarding other needs. Contact Laurie Watson, Director of Volunteers.
PA	Gettysburg Hospital, Maternity Bereavement Coordinator	147 Gettys Street Gettysburg, PA 17325		Burial sets for 8 to 21 inch infants--colors or gender neutral. Contact Rosemarie Rollins: rrollins@wellspan.org
PA	St Mary Medical Center, Nurse Mgr, Maternal Child	Langhorne-Newtown Rd, Langhorne, PA 19047	215-710-2139	Premie hats, booties, kimonos, burial gowns. Blankets & quilts, small cloth animals, full-term burial gowns. Contact: Patricia Crocker, RN E-mail: pcrocker@che-east.org fax: 215-710-5223
SC	Greenville Memorial Hospital Attn: Volunteer Services	701 Grove Road Greenville, SC 29605	864-455-7994	Premie to full-term hats, booties, kimono, blankets, & burial gowns. Contact Vicki Grice-fax: 864-455-4182 E-mail: gricev@ghs.org
TN	St. Jude Children's Research Hospital, Attn: Director, Donor Services	595 North Parkway Memphis, TN 38105-1942	800-822-6344	Requesting quilts, hats, totebags & bibs--no stuffed animals, cloth toys, or used items. Contact Sherry Lear-Park, Donor Services Director..
TX	Methodist-Willowbrook Hospital c/o Coord. Of Volunteers	18220 Tomball Pkwy. Houston, TX 77070	281-440-5425	Stuffed animals, shirts, hats, booties and blankets. Isolette blankets 40 x 40 or 43 x 43--two layers of cotton. Kangaroo blankets requested. Contact: Daniel Wiseman.
TX	Hemophilia Federation of America, Attn: Christy Argo	8116 Yacht Street Frisco, TX 75035	214-597-7182	30"x 30"knit or crochet blankets or quilts to give to families of newborns w/hemophilia. MOSTLY BOYS. See website: www.hemophiliafed.org They will leave your name tag on donated items. Christy is working for the Lafayette, LA headquarters.
TX	Medical Center Hospital Labor & Delivery	500 West 4th Odessa, TX 79761	432-640-1781	Hats, booties, and layette items for preemie, full-term, and older infants. Blankets. Burial Garments. Contact Sheila Dowlen, RN.
TX	Memorial Herman Northwest Hospital, Level II Nursery	Attn: Clinical Mgr 1635 North Loop West Houston, TX 77008	713-867-4336	White bereavement gowns & hats in preemie & full-term sizes. Blankets. Contact Lori Woods. E-mail: lori woods@mhhs.org
WI	March of Dimes, Wisconsin Chapter	2675 N. Mayfair Rd. #506 Wauwatosa, WI 53226-1305	414-778-3500	Full-term layette items & preemie items for Stork's Nest Program. Contact Marie Crist

About The Tiniest Babies

No one knows why preterm birth happens. Each year nearly one-half million babies are born prematurely. Today, in the United States, 159 babies are born weighing less than three and one-third pounds. Premature babies are 14 times more likely to die in their first year than full-term babies.

Did you know?

- Premature birth means a baby is born at less than 37 weeks gestation
- Premature birth strikes people you know and it's on the rise.
- Preterm birth and low birthweight make up the second leading cause of infant death in the U.S and leading cause of death among black babies.
- Fifty percent of premature babies develop mild or severe disabilities.
- Healthcare costs for premature babies are about 10 times higher than for babies born full-term.
- The March of Dimes is funding research into how stress and other factors may trigger premature birth.
- The March of Dimes Resource Center provides access to information about pregnancy and birth defects at 1-888-MODIMES or online at marchofdimes.com.

Source: March of Dimes

Hospital Update that just arrived:

Minnesota Visiting Nurse Agency

Attn: Susan Anderson, RN, Director of Volunteer Services

3433 Broadway Street, NE

Suite 300

Minneapolis, MN 55413

telephone: 612-617-4658

fax: 612-617-4647

E-mail: andersons@mvna.org

Needs: clothing for full-term newborns (sleepers, onesies, & buntings (outerwear), receiving blankets, baby sweaters, caps, and booties. Modest quantity of these items in preemie sizes. Also, a few preemie & full-term burial garments.

Andrea Weigel, RN, Wellness Nurse Coordinator, St. Mary's Hospital, 211 Pennington Avenue, Passaic, NJ 07055 sent thanks for baby hats and sweater sent to her. She wrote, "I have already brought them up to the nursery and the staff was grateful."

I received a thank you note from Hudson Cradle (Kennedy Blvd, Jersey City, NJ—my home town!!!!) for handmade baby items. No names were mentioned and Hudson Cradle is not currently on the hospital list. If the donor will send me the details (full mailing address, needs, etc.) I will be happy to add Hudson Cradle.

Use size #5 knitting needles with fine baby yarn such as Red Heart's Fingering Weight or Caron's Cuddle Soft. Use size #6 needles with heavier 3-ply baby yarn such as Jamie by Lion Brand or Bernat's Softee baby yarn or Red Heart's Soft Baby. Of course, other yarns may be used as long as they **do not contain any wool**, but these brands are widely available at Wal*Mart, Rag Shop and other craft shops. The weight of the yarn chosen determines which size needle to use. Usually 2-3 oz. is enough for a sweater.

First numbers are for #5 needles, changes for #6 are in parentheses.

Starting at the neck edge, cast on 57 (51) stitches. Knit 7 rows for the neck band.

Row 8: Wrong side row - K4, P9 (8), place a marker on the needle (hereafter called M), P6 (5), M, P19 (17), M, P6 (5), M, P9 (8), K4.

Row 9: Knit, increasing 1 stitch (To increase, knit in the front and in the back of the same stitch) in the stitch before and in the stitch after each marker, moving markers as you go.

Row 10: K4, P to last 4 stitches, K4. Repeat rows 9 and 10 until the diagonal line of increases measures 4 ½ inches from the neck band - don't stretch it. Knit to M, put these stitches on a holder to be worked later for the left front. Break yarn. Pick up the stitches to the next M for the sleeve. Place remaining stitches on a holder to be worked later.

Starting with another yarn, add on 3 stitches at the beginning of each of the next 2 rows for an underarm gusset. Work sleeve in stockinette stitch (knit a row, purl a row, alternately) until sleeve measures 5 inches from the added on stitches. Knit 7 rows for a garter stitch border. Bind off, leaving a yarn tail to sew the sleeve seam later. Move the back stitches to a holder while you make a matching sleeve. For accuracy you will need to count the rows of the first sleeve, as measuring will not be accurate due to stretching as you work. With knit side facing, place the left front stitches on one needle and the right front and back stitches on the other needle. Attach yarn at the end of the last row of the left front. Pick up 6 stitches in the 3+3 underarm stitches, knit across the back stitches, pick up 6 stitches, knit across the right front. (Rights and lefts refer to the sweater as the baby wears it.)

Body of sweater: Keeping a button band of K4 at the beginning and end of each P row, work in stockinette stitch for 5 inches, ending with a K row. Knit 7 rows for a garter stitch band. Bind off. Make 3 buttonholes (with knitting needle, poke a hole in the center of the button band, stretch the hole to button size and whip stitch around the opening.)

Buttonholes are on the left for boys and on the right for girls. For a sacque style they should be placed: one in the neck band, one level with the armhole, and 3rd in between.

This basic style can be changed endlessly to suit your mood or the yarns available:

1. Change to a pattern stitch or change color of yarn after the yoke is completed.
2. Add 2, 4, or 6 row stripes of contrasting color(s) several times, evenly spaced on the yoke. Pastel colors look great, but so do bright colors, or textured yarn, or print yarn, or —
3. Place stripes, or wide bands of color changes, on the sleeves and/or body after the yoke is complete. Plan ahead so the stripes on the sleeves match any body stripes.
4. Shorten sleeves if you decide to add a cuff - will also need to taper the sleeve width.



Marion MacDonald
648 Anchorage Dr.
North Palm Beach, FL 33408

Lazy Knitting with Cathy

HOW TO WEAVE IN ALL LOOSE YARN ENDS

In order not to bore “experienced” knitters (or save space), patterns for all knitters use many abbreviations and terms that a “newbie” knitter doesn’t know. Usually there is a section which explains the symbols and abbreviations, but it is assumed that all knitters know lots more than they really do. The result is that many “experienced” knitters – meaning those who have made scads of scarves, sweaters, slippers, hats, sox, etc., etc., manage to turn out items that, alas, look home made *not* hand made. These often molder away in dark closets, unused by giftees.

Many knitting patterns end blithely with, “Weave in all loose ends.” With all the good will in the world, a knitter who doesn’t know how to “weave in all loose ends” neatly and invisibly may spoil all the beautiful knitting that was done before that dreaded phrase was reached.

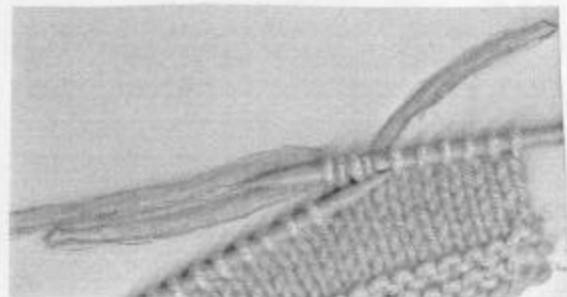
When we showed something we made to our mother, she always looked at the inside first. Unfinished seams, dangling threads, obvious knots, etc. were immediately apparent, although before they came under Mom’s scrutiny they looked OK to us. We learned to respect all the hand work we did, whether it showed on the outside or not.

The easiest way to weave in all loose yarn ends is to eliminate them before they occur. If you really, really, have to knit flat, instead of circular, do not knit across a row unless you have enough yarn to finish the row. The yarn tail can be used to sew the seams later. Start the next

row with a new skein or ball. Make the tail of the new yarn long enough to finish the seam going in the opposite direction.

In circular knitting there aren’t any seams to sew later but we have ways to take care of that, too. The simplest way is to overlap the new and old ends.

For same color yarn: When you have about 4 or 5 inches of yarn left, lay the new yarn end over it, allowing enough yarn so the end extends a few inches past the stitches just knitted and you can hold the old and new yarn together. Knit the next four or five stitches with both strands of yarn. Drop the old end and continue knitting with the new yarn.



Do not cut off the extra yarn, yet. After a few rounds, revisit the join and lovingly adjust the tension of both yarn ends so they look as if only one strand of yarn were knit. It will be thicker over those three or four stitches made with the yarn doubled but will usually not be noticeable in the finished garment.

However, if that bothers you, use the method for joining a new color. You knit with the new color and at the same time twist the old color around the new one. For **continental style knitting**, separate the two yarns in the left hand

with the old yarn over the index finger and the new one over the middle finger. **English style knitters:** put the old yarn over the left index finger and hold the new yarn in the right hand as usual. Both styles: Put the right hand needle through the stitch on the left hand needle as if to knit and go *under* the old yarn and catch (or throw, English style) the new yarn to complete the stitch. For the second stitch do the opposite. Put the right hand needle through the stitch on the left hand needle but this time pass the needle *over* the old yarn and catch (or throw) the new yarn to complete the stitch. Work the third stitch as you did the first one and the fourth stitch as you did the second one. Look at the back and you'll see you have wound the new yarn around the old very cleverly and the old yarn does not show on the right side. It looks as if you had woven the yarns with a needle. As always, gently readjust the tension of the yarn ends. **Note:** This method is my personal preference and, in general, can be used whenever two yarns are joined.

Do not cut off the tails until the garment is completely finished because you may want to know the total number of balls or skeins used or how many inches were knit from a skein so you know if you have enough of the original yarn to finish or should you start thinking of adding stripes or designs in another color to complete the item.

The most elegant, and invisible, way to join a new yarn is to splice the two ends together. This method is used when working with fine yarn and delicate stitches, especially doing lace knitting (making "holes" or yarn-overs every other row) or knitting lace (making holes every

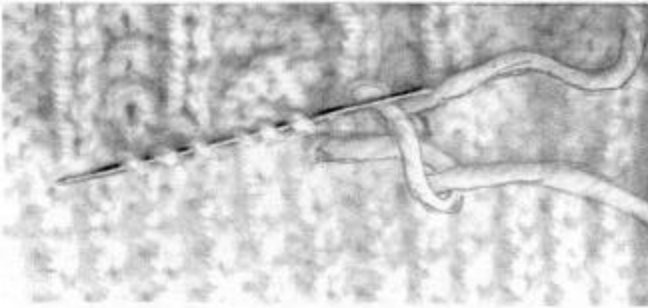
row). Separate the ply at the ends for an inch or two, depending upon the thickness of the yarn, the item being made, the location of the splice, etc. Twist together one half of the plies of one yarn end with half the plies of the second yarn end. Moisture on your fingers helps to make this process easier. (You may keep a container of water handy for this purpose or personalize the method by licking your fingers with your own tongue.) When you have tested the splice by gentle tugging, carefully snip off the unused plies at an angle and twist them in, too.

Seamen use a fib to splice ropes and you can do almost the same using a needle as the fib. Once again, untwist the plies of the new yarn for several inches: long enough so you can thread a yarn needle with half of the plies of the new yarn and work the needle in and out of the full ply old yarn several times, at least for the length of the needle until you feel it is anchored securely. Pull the needle through and the end of the "thread" with it. Clip this as close to the yarn as you can safely without nipping the yarn you're knitting with. Do the same at the other end, which will be bulkier. Use moistened fingers to tame wisps of yarn. I have never had occasion to use this method, and probably never will because it's cumbersome and not for this lazy knitter.

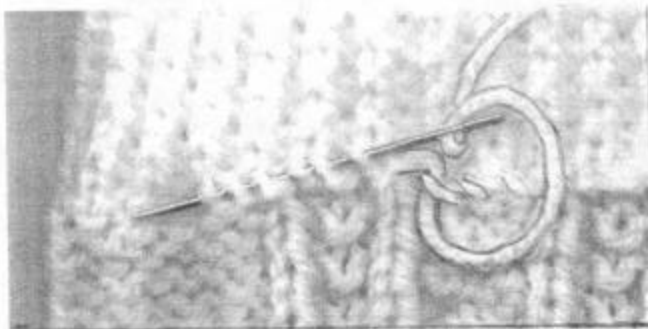
In reality, many knitters do not know any of the above methods and the wrong side of the work has dangling yarn ends and (horrors!) knots all over. That's all right.....we have means for fixing that, too.

The method illustrated can be used for weaving in any two ends. When a

new color is added at the cuff of a hat, if the method for weaving in a new color as you knit is not used, leave enough yarn to thread through a blunt end tapestry needle. Turn the item to the inside, thread the needle with one color and twist it once around the other color. Then insert the needle into the bumps of the purl stitches only of the *same* color, as shown below. Pull the needle through all stitches at once and snug up where the two colors are twisted. If the needle doesn't come through smoothly and easily, you have split a stitch with the needle point. Pull out and redo. Do not cut yarn end yet.



Finish the second end in the same manner, turning the item in the opposite direction, of course.

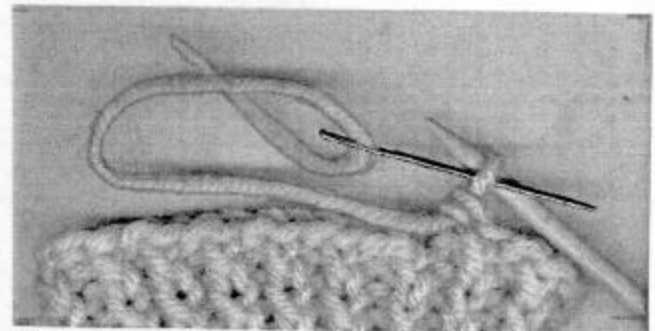


While the needle is still on the yarn, pull the yarn ends in opposite directions to make sure there is no loose yarn where the two colors were twisted. Check the right side to make sure the stitches at the join are normal size...not too loose, not too tight. Then stretch the hat horizon-

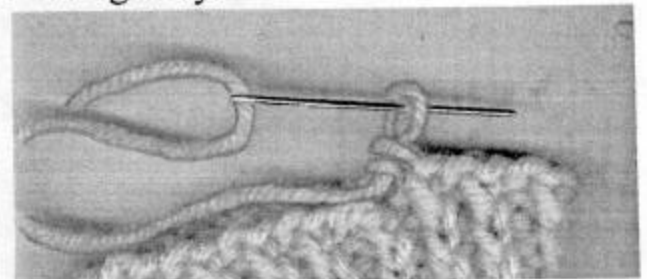
tally and watch yarn disappear into the stitches. Now you may snip off the ends close to the last stitch. If you skip this last step, when the hat, etc. is stretched for the first time the yarn woven in will be woven in too few stitches and may pop out on the right side. Also, the end will not be as secure as you planned.

Now that all yarn tails have been neatly corralled as you went along, the only dangling ends left to tame are the last bound off stitch at the cuff end(s) and the cast on yarn tail. If you cast off shoulder stitches, allow enough yarn to sew the seam as you did at the sides or Kitchener stitch (weave) the shoulders together.

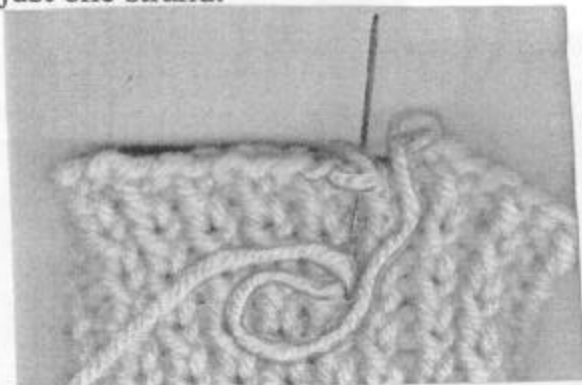
At the cuff end, leave the last stitch on the needle and cut the yarn about 5 or 6 inches from the end. Thread this end on a blunt end tapestry needle. Insert the tapestry needle back through the last stitch as shown below.



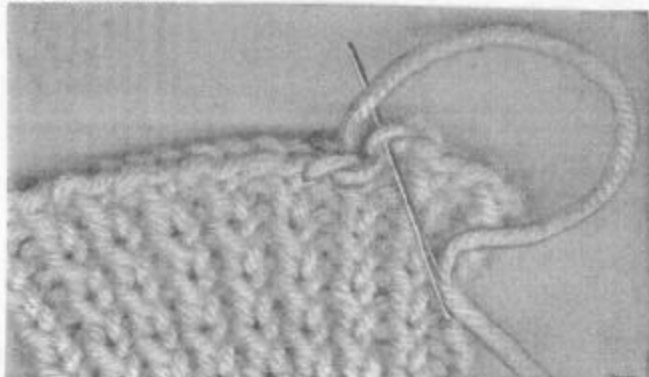
More venturesome knitters may remove the knitting needle, but some yarns are slippery and the knitting needle keeps it from skidding away.



Pull the yarn up and through the last stitch, dropping it off the knitting needle. Then insert the tip of the tapestry needle under the first bound off stitch...the one that is leaning against the second bound off stitch. Be sure it is under both strands of the knit stitch and not up and through just one strand.



Pull the yarn through until there is a stitch length of yarn between the last and the first bound off stitches. Insert the needle down through the last bound off stitch, pulling the yarn until it looks like another knit stitch.



Turn the cuff to the inside, or the side that won't show if the cuff is to be turned up. Weave the yarn end through several stitch edges. They can be seen more easily if you fold the cuff at the knit rib.



For items that end with a gathering of stitches to be pulled in, such as hats, mittens or slippers, I use the following system: When the last decrease round is completed, lay the yarn in front of the first stitch at the start of the round of a circular item. For a flat knit item, you will have to transfer the stitches to a double pointed needle or slip the stitches onto the other straight needle. Then bring the yarn around and lay it over the needle so it completes a circle with the first stitch of the last row of decreases at the knitting needle point. Gently pull the stitches over this yarn end one by one. After the last stitch you are left with a single loop. Allow for a tail of about 4 or 5 inches for a circular knit item. For a flat knit item, allow enough for sewing the final seam. Cut the yarn, thread it on a blunt end tapestry needle, and pull it through this last loop. Drop the needle through the circle to the inside. Turn the item inside out. Draw the yarn up tightly to close the hole. Thread the needle through the stitches which form the circle, a few stitches at a time, twice. Finish as for the cuff.

My sincere apologies for the goof in the Hourglass Eyelets hat on page 37 of the March 2004 newsletter and super kudos to the eagle eyed, nimble fingered, alert knitters who caught it. It should be:

Rnd 7 : (K2 tog, yo, K1, yo, sl 1, K1, pssso, P1 around.

The new column name is inspired by the man who invented the automobile self starter, Charles Kettering. When a new item had to be made, he put the laziest men on the prototype because he said, they always find the most efficient way.

??? comments to Cathy Gilroy, PO Box 456, Port Jefferson, NY 11777-1206 Phone/FAX (631)473-7825



CROCHET

FROM HEART TO HOOK

SOMETHING
FOR BABY
SEPTEMBER 2004

Dear Friends,

Fall is a great time for us crocheters. The gray, rainy days give us a wonderful excuse to stay indoors and do something we love—crochet! And it's a great time to fill a box with tiny baby clothes for your favorite hospital.

The Gown included here will keep any baby snug and warm. And the Dress, Jacket, Bonnet, and Booties will make a special coming home outfit. And the good news is that all of the items are quick and easy to make, especially since the Gown, Dress, and Jacket all use the same basic pattern.

The Gown has an open back with ribbon woven through the waist to tie in back. This is fine if the Gown is to be used as a burial gown. However, if you decide to use a length of ribbon that is longer than 6", please take the time to sew it securely in place every few inches. This will avoid a choking hazard for baby and it also prevents the aggravation of the ribbon pulling out and having to be woven back in. The mothers and nurses will thank you!

I wish you all well and hope that you enjoy the patterns.

Terry

I need a friend to share my leftovers! When I finish a design project, I often have yarn and test pieces that need the finishing touches added. If you would like to have these items (at no charge to you, of course), please write to me at the address below.

Terry Kimbrough
PO Box 114 Romance, AR 72136
Or email: tmorris@futura.net

Abbreviations used:

ch(s) chain(s)
dc double crochet
Rnd(s) Round(s)
sc single crochet
st(s) stitch(es)

Materials

Bernat Softee Baby or any sport weight baby yarn that will work to gauge
1/4" satin ribbon
Buttons or appliqués, if desired
Crochet hook, size H or size needed for gauge

Finished Chest Size: 11 "

Try using fingering weight baby yarn for a smaller preemie size, or a very soft worsted weight for a full term baby size. Never hesitate to change a pattern or adapt it to work with the supplies you have on hand and the yarns you love to use. Just remember to keep it nice and soft for baby and always attach any buttons or trims securely.

GAUGE

Working in pattern of one row of sc and one row of dc:

20 sts = 4"

If your swatch is smaller than 4", change to a larger size hook and try again.

If your swatch is larger than 4", change to a smaller size hook and try again.



GOWN

Ch 27 loosely.

Row 1 (Right side): 2 Dc in fourth ch from hook, (dc in next ch, 2 dc in next ch) across to last ch, dc in last ch: 37 dc.

Row 2: Ch 1, turn; sc in each sc across.

Row 3: Ch 3 (counts as first dc, now and throughout), 2 dc in next sc, (dc in next sc, 2 dc in next sc) across, dc in last sc: 55 dc.

Row 4: Ch 1, turn; sc in each sc across.

Rows 5 and 6: Repeat Rows 3 and 4: 82 sc.

Row 7: Ch 1, turn; skip first sc, sc in next 12 sc, skip next 16 sc (for Armhole), sc in next 25 sc, skip next 16 sc (for Armhole), sc in last 12 sc: 49 sc.

Row 8: Ch 4, turn; dc in first sc, (ch 1, skip next sc, dc in next sc) across, ch 1, dc again in last sc: 26 ch-1 sps.

Row 9: Ch 1, turn; sc in first dc, 5 dc in next dc (Shell made), (sc in next dc, 5 dc in next dc) across, sc in third ch of turning ch: 13 Shells.

Row 10: Ch 3, turn; 2 dc in first sc, skip

next 2 dc, sc in next dc, work (5 dc in next sc, skip next 2 dc, sc in next dc) across to last sc, 3 dc in last sc.

Row 11: Ch 1, turn; sc in first dc, 5 dc in next sc, skip next 2 dc, (sc in next dc, 5 dc in next sc, skip next 2 dc) across to turning ch, sc in top of turning ch.

Repeat Rows 10 and 11 for pattern until Gown measures approximately 14" from beginning or until desired length, ending by working a right side row; do NOT finish off.

Edging: Working in end of rows along back, sc evenly across to neck edge, sc in free loops of each ch across neck, working in end of rows along other edge of back, sc evenly across to last row, slip st in last row; finish off.

Sleeve

Rnd 1: With right side of Gown facing, join yarn with sc in underarm, skip next 2 sc, 5 dc in next sc, (skip next sc, sc in next sc, skip next sc, 5 dc in next sc) 3 times; join with slip st to first sc:

4 Shells.

Rnd 2: Ch 3, turn; 2 dc in same st as joining, skip next 2 dc, sc in next dc, (5 dc in next sc, skip next 2 dc, sc in next dc) around, 2 dc in same st as joining; join with slip st to first dc.

Rnd 3: Ch 1, turn; sc in same st as joining, 5 dc in next sc, skip next 2 dc, (sc in next dc, 5 dc in next sc, skip next 2 dc) around; join with slip st to first sc.

Repeat Rnds 2 and 3, 4 times or until Sleeve measures desired length, ending by working a right side row; finish off.

Repeat for second sleeve.

Weave ribbon through spaces at waist and tie in back (see Note on page 1).

Add ribbon or snap or Velcro closure at neck edge.

Weave in all yarn ends.

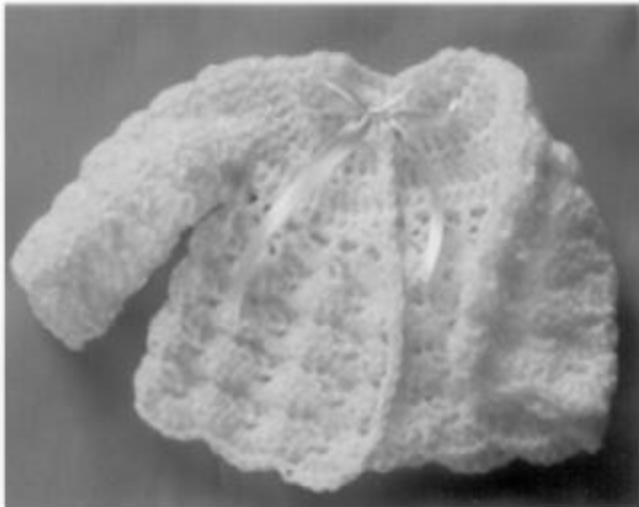
Note: You can sew the back seam part of the way, but if you are using this as a burial gown, most hospitals prefer that the back is left open.



DRESS

Work same as Gown until Dress measures approximately 7" from beginning or until desired length, ending by working a right side row; do NOT finish off. Work single crochet edging around back and neck the same as for Gown. Do not work.

Add a bow or other decorative touch to the front of the dress and use ribbon, Velcro or snap closure at the back neck and waist of Dress. Weave in all yarn ends.



JACKET

Work same as Gown until Jacket measures approximately 6" from beginning or until desired length, ending by working a right side row; do NOT finish off. Work single crochet edging around front and neck the same as for Gown.

Work Sleeves the same as for the Gown. Add ties to front neck edge (Jacket opens in the front). Weave in all yarn ends.



BONNET

Ch 4; join with slip st to form a ring.
 Rnd 1: Ch 3, work 11 dc in ring; join with slip st to first dc: 12 dc.
 Rnd 2: Ch 3, dc in same st as joining, 2 dc in each dc around; join with slip st to first dc: 24 dc.
 Rnd 3: Ch 3, 2 dc in next dc, (dc in next dc, 2 dc in next dc) around; join with slip st to first dc: 36 dc.
 Rnd 4: Ch 3, dc in next dc, 2 dc in next dc, (dc in next 2 dc, 2 dc in next dc) around; join with slip st to first dc: 48 dc.

Row 5: Slip st in next dc, work (slip st, ch 1, sc) in next dc, work (skip next 2 dc, 5 dc in next dc, skip next 2 dc, sc in next dc) 7 times, leave remaining sts unworked: 7 Shells.

Row 6: Ch 3, turn; 2 dc in first sc, skip next 2 dc, sc in next dc, (5 dc in next sc, skip next 2 dc, sc in next dc) across to last sc, 3 dc in last sc.

Row 7: Ch 1, turn; sc in first dc, (5 dc in next sc, skip next 2 dc, sc in next dc) across.

Rows 8-11: Repeat Rows 6 and 7 twice.

Neck Edge: Ch 4, working in end of rows, skip first row, (dc in end of next row, ch 1, skip next row) 3 times, (skip next dc, dc in next dc, ch 1) 3 times, dc in end of next row, (ch 1, skip next row, dc in next row) 3 times; finish off: 10 ch-1 sps.

Weave ribbon through ch-1 sps on Neck Edge.

Weave in all yarn ends.

BOOTIES

Ch 9 loosely.

Rnd 1: 6 Dc in fourth ch from hook, dc in next 4 chs, 7 dc in next 4 chs, 7 dc in last ch, working in free loops of beginning ch, dc in next 4 chs; join with slip st to top of beginning ch: 22 sts.

Rnd 2: Ch 3, dc in same st as joining, 2 dc in next 6 dc, dc in next 4 dc, 2 dc in next 7 dc, dc in last 4 dc; join with slip st to first dc: 36 dc.

Note: Work dc decrease as follows: (YO, insert hook in next st and pull up a loop, YO and draw through 2 loops on hook) twice, YO and draw through all 3 loops on hook (dc decrease made).

Rnd 3: Ch 1, sc in same st and in next 17 dc, work dc decrease 7 times, sc in each sc around; join with slip st to first sc: 29 sts.

Rnd 4: Ch 1, sc in same st and in next

16 sc, work dc decrease 5 times, sc in last 2 sc; join with slip st to first sc: 24 sts.

Rnd 5: Ch 4, skip first 2 sts, (dc in next st, ch 1, skip next st) around; join with slip st in third ch of beginning ch: 12 ch-1 sps.

Rnd 6: Ch 1, sc in same st as joining, 5 dc in next dc, work (sc in next dc, 5 dc in next dc) around; join with slip st to first sc, finish off.

Repeat for second Bootie.

Weave ribbon through ch-1 sps.

Weave in all yarn ends.

BLANKET

Note: Make a Blanket any size you like by making a chain (very loosely) a few inches longer than the desired width. Work Row 1 across, ending with an sc. When you are finished with the blanket, unravel the extra chains and weave in the end. Or you can figure the exact starting chain, by making the chain a multiple of 6 + 2.

Row 1 (Right side): Sc in second ch from hook, (skip next 2 chs, 5 dc in next ch, skip next 2 chs, sc in next ch) across.

Row 2: Ch 3, turn; 2 dc in first sc, skip next 2 dc, sc in next dc, (5 dc in next sc, skip next 2 dc, sc in next dc) across to last sc, 3 dc in last sc.

Row 3: Ch 1, turn; sc in first dc, (5 dc in next sc, skip next 2 dc, sc in next dc) across.

Repeat Rows 2 and 3 for pattern until blanket is desired length, ending by working a right side row; do not finish off.

Edging: Sc evenly around entire blanket; join with slip st to first sc, finish off.

Weave in all yarn ends.

Thank you for making the world a better place with your loving hearts and busy hooks. God Bless. 

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Ready for Success

What does it take to ensure a child is ready to succeed? We hear lots of rhetoric about ensuring children enter school ready to learn, or ready to succeed, but how many of us really know what is required to make that success a reality?

Over the past few decades numerous studies have examined every aspect of a child's development: physical, emotional, mental, and social. The primary goal of most studies was to determine what element, or combination of elements, if provided, would give children what they need to succeed in life. We keep seeking simple solutions and magic answers, but the complexities of our social environment and the unique circumstances of individual children made those answers and solutions complex. Even greater difficulties arise when we try to balance the cost of providing needed medical, social, and educational services with limited resources.

Setting the Stage

We know a child needs to be healthy to have a good start in life, and that begins with adequate prenatal care. Without adequate access to health care, a child may be at risk of preventable, lifelong health and learning problems.

A child's health is critically important to early brain development. From birth through the rapid growth years, proper nutrition and a balanced diet play a vital role in brain development. The biological antecedents for brain development make it clear how basic

interventions have significant impact on a child's development. Adequate prenatal nutrition for the mother is critical for formation of the brain during one of the highest periods of growth. Early detection, referral, and intervention to address developmental or health problems can prevent further complication or impairment of brain development.

A child's interaction with parents and other caregivers using age-appropriate activities to develop secure one-to-one interactions is the foundation for brain stimulation. This interaction increases awareness of the child's needs and facilitates identification of any developmental or health problems.



A program developed by the Tennessee Department of Education (DOE), "Smart from the Start," provides new parents with a calendar listing age-appropriate activities for parents to use. DOE also has the information on its website (www.k-12.state.tn.us/smart/) so parents can get information on each of the critical periods in early childhood development. Each of the suggestions has no cost and involves everyday activities. The most important factor is the parent's attention to the young, developing mind.

Prenatal Care

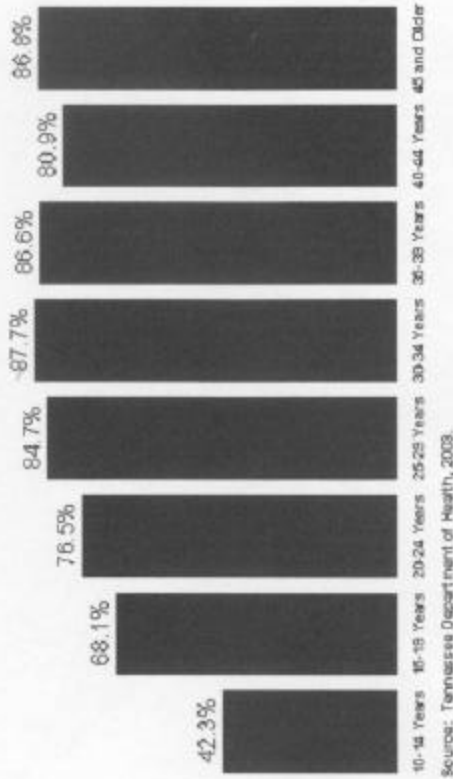
Adequate prenatal care sets the stage for a healthy baby. When a woman meets with her physician early in

pregnancy, she receives health guidance and corrective measures, if necessary. She learns about the value of vitamins and other nutritional and medical interventions critical to her unborn baby's health. One example is folic acid, a B vitamin that helps prevent birth defects of the brain and spinal cord when taken very early in pregnancy (March of Dimes, 2003).

Adequacy of prenatal care is measured with the Kessner Index, which incorporates information from three items recorded on birth certificates: the length of gestation, timing of the first prenatal care visit, and number of visits. Although this index measures quantity of care better than either the number or timing of prenatal visits alone do, it does not measure quality of care. A pregnant woman could have several prenatal visits but still receive substandard care.

Additionally, the index does not consider the relative risk of the mother. A high-risk mother could receive an intermediate amount of care as measured by the index, but the quantity of her care may be inadequate given her condition. In many cases the index relies upon accurate recall

Percent of Births with Prenatal Care Beginning in the First Trimester 2001, By Age Group



of onset of care and number of visits. Despite the shortcomings, the Kessner Index remains a good comparative measure of prenatal care adequacy.

In addition to the specified number of visits indicated for adequate care, the interval to the first prenatal visit has to be 13 weeks or less (first trimester). The number of visits indicated for inadequate care includes all women who started their prenatal care during the third trimester (28 weeks or later). For this gestation group, care is considered inadequate if the time of the first visit is not stated.



Inadequate prenatal care can contribute to low-birthweight babies. And these babies are often both physically and developmentally behind their

Adequacy of Care	Gestation (weeks)	The Kessner Index	Number of Prenatal Visits
Adequate	13 or less	and	1 or more, or not stated
	14-17	and	2 or more
	18-21	and	3 or more
	22-25	and	4 or more
	26-29	and	5 or more
	30-31	and	6 or more
	32-33	and	7 or more
	34-35	and	8 or more
	36 or more	and	9 or more
	14-21	and	0 or not stated
Inadequate	22-29	and	1 or less or not stated
	30-31	and	2 or less or not stated
	32-33	and	3 or less or not stated
	34 or more	and	4 or less or not stated
Intermediate	All combinations other than specified above		

normal birthweight peers. Of the 78,318 live births to Tennessee mothers in 2001:

- 1.6 percent had no prenatal care;
- 5.7 percent had inadequate care;
- 22.3 percent had intermediate care; and
- 70.5 percent received adequate care.

Tennessee ranked 23rd in the adequacy of prenatal care across the states, based on 2001 data (National Center for Health Statistics).

In addition to variations in access to prenatal care by age of the mother, lack of access to health care is one reason pregnant females fail to obtain adequate prenatal care prior to the birth of their babies. An estimated 11 percent of Tennessee's population does not have any form of health-care coverage, ranking the state 21st nationally in coverage for its residents.

Health Care Coverage in Tennessee 2001	
Type of Coverage	Percent
Employer	56%
Individual	4%
Medicaid	18%
Medicare	10%
Uninsured	11%

Source: Kaiser Foundation 2003

Significant changes proposed for the TennCare program could change Tennessee's success in having only a small percentage of the population uninsured. Even though pregnant women may receive some protections in TennCare reform efforts, more restrictive eligibility may translate into poorer health outcomes for pregnant females who do not qualify and their babies.

Low-birthweight Babies

Despite what we know about preventing low-birthweight babies, many Tennessee children do not get off to a good start. Of the total births to Tennessee mothers in 2001, 9.2 percent (7,235 babies) were born weighing less than 2,500 grams (5.5 lbs). The percent of low-birthweight babies was greatest for mothers ages 45 years and older, 22.6 percent, followed by mothers aged 10 to 14 years, 13.5 percent, and mothers aged 40 to 44 at 12.3 percent.



The mothers of 25 percent of the low-birthweight babies reported tobacco use during pregnancy. White mothers reported the highest percentage of tobacco use at 31.6 percent, with African-American mothers reporting a much lower percentage, 13.4 percent. The national goal for low-birthweight babies for the year 2010 is 5 percent of total live births.

Maternal risk factors like tobacco use, lack of prenatal care, and poor nutrition greatly impact pregnancy outcomes. Low-birthweight babies and their potential health risks and costs are not only a problem in Tennessee, but also nationally. Low-birthweight affects about one in every 13 babies born each year in the United States and one in every 11 born in Tennessee. It is a factor in 65 percent of infant deaths. Low-birthweight babies may face serious health problems as newborns and are at increased risk of long-term disabilities.



Advances in newborn medical care have greatly reduced the number of infant deaths associated with low-birthweight, as well as the number of disabilities survivors of low-birthweight experience. Still, a small percentage of survivors are left with problems such as mental retardation, cerebral palsy, and impairments in lung function, sight, and hearing.

What is low-birthweight?

- Low-birthweight is a weight of less than 5 pounds, 8 ounces (2,500 grams) at birth.
- Very low-birthweight is a weight of less than 3 pounds, 5 ounces (1,500 grams).

Preterm births, also called premature births, occur before the end of the 37th week of pregnancy. More than 60 percent of low-birthweight babies are preterm. The earlier a baby is born, the less developed its organs will be, the less it is likely to weigh, and the greater its risk for many problems. Some premature babies born near term, around 35 to 37 weeks, do not have low-birthweight, and may have only mild or no health problems as newborns.

Small-for-date babies (“small for gestational age” or “growth-restricted”) may be full-term but underweight. Their low-birthweight results, at least partly, from slowing or temporary halting of growth in the womb.

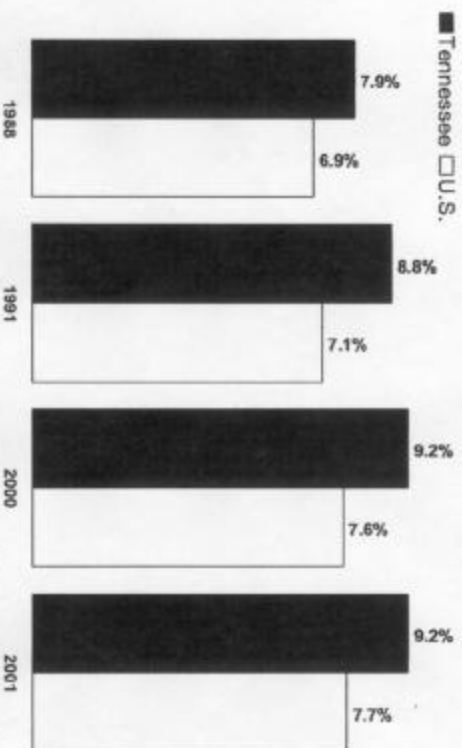
Some babies are both premature and growth-restricted. They are at high risk for many problems linked to low-birthweight (March of Dimes, 2003).

According to the Department of Health and Human Services Centers for



Percent Low-Birthweight Babies

Less Than 2,500 Grams (5.5 Pounds)
 Twelve Year Comparison Between Tennessee and U.S.



Source: The Annie E. Casey Foundation, Kids Count Data Book (2003), State Profiles of Child Well-Being, Baltimore: The Annie E. Casey Foundation.

Disease Control and Prevention National Center for Health Statistics report on December 18, 2002, more mothers are getting prenatal care. The report showed a significant increase in the number of women receiving prenatal care, especially among Hispanic and African-American women. Eighty-three percent of women received timely (in the first trimester) prenatal care in 2001, up from 76 percent in 1990. Additionally, only 1 percent of women did not receive any prenatal care in 2001. From 1990 to 2001, timely prenatal care increased among all racial and ethnic groups, but the increase was particularly evident among Hispanic and African-American women.

The report, based on certificates filed in state vital statistics offices and reported to the CDC, tracks many other important indicators of maternal and infant health and contains other positive findings. Cigarette smoking during pregnancy continued to decline, to 12 percent in 2001,

compared to 20 percent in 1989 when smoking was first reported on birth certificates.

The teen birthrate declined for the 10th consecutive year in 2001, as first reported in preliminary data released earlier. Over the past decade, the decline was particularly significant for teens 15-17 years of age, with the birthrate down by more than a third. For black teens in this age group, the birthrate declined by nearly half.

The report also found that the percentage of infants born prematurely (at less than 37 completed weeks of gestation) rose to nearly 12 percent (11.9), its highest level in at least two decades. The rate of low-birthweight climbed to 7.7 percent in 2001, up 13 percent from the mid-1980s. Some of the increase in low-birthweight and preterm birth can be attributed to the rise in multiple births experienced over the past decade. Changes in obstetrical practice, such as greater reliance on induced labor and other efforts to safely manage delivery, may also be playing a role.



Other significant findings from the report include:

- In the United States there were more than 4 million babies born in 2001, 1 percent fewer than the year before. The birthrate declined from 14.7 to 14.5 births per 1,000 population from 2000 to 2001.
- The twin birthrate rose in 2001. For the first time, twin births exceeded 3 percent of all births in the United States. Triplet and other higher-order multiple births rose 3 percent between 2000 and 2001.

Births to unmarried women accounted for 33.5 percent of all births in 2001. This percent has inched up over time as married women have fewer children and the number of unmarried mothers grows.

The number of births to unmarried mothers increased to a record high of more than 1.3 million in 2001, although the birthrate among unmarried women of childbearing age (15-44) actually declined slightly between 2000 and 2001, from 45.2 per 1,000 in 2000 to 45.0 in 2001. The reduction in the teen birthrate suggests the increase in births to unmarried women is the result of increased births to unmarried adult women.

Infant Mortality

Low-birthweight and lack of prenatal care contribute to infant mortality rates. Tennessee had 680 infant deaths in 2001, for a total rate per 1,000 live births of 8.7. The number of White infant deaths was 400, a mortality rate of 6.7. The total number of African-American babies dying at birth or in the first year of life was 268, a rate of 16.2 per 1,000 live births, 2.4 times that their White counterparts.

Significant health disparities in Tennessee continue to be a challenge for health-care providers and highlight the need to reach populations traditionally underserved. Despite racial disparities in infant mortality, Tennessee's overall infant death rate decreased between 2000 and 2001, after a slight increase between 1999 and 2000.

Early prenatal care, education for mothers on the importance of proper nutrition and good health habits, and informative programs like the "Back to Sleep" campaign have been important factors in the ongoing effort to decrease infant deaths.

Family Supports

Parenting education and family support services are often needed so families can provide babies with appropriate care for



healthy development, including good prenatal care, reducing childhood trauma, and opportunities for early learning to lay the foundation for future success.

The Tennessee Healthy Start Program, located in 26 counties across the state, provides families and their children the opportunity for a good beginning. Healthy Start is an intensive home visiting program for first-time parents. Its goals are health promotion and child abuse prevention. Eligible families may begin the program from the third trimester of pregnancy through the child's fourth month of age. Families may remain in the program until the child is five years of age. The major components of Healthy Start are as follows:

Family Needs Assessment, including:

1. Screening of hospital records;
2. Assessment interview;
3. Referrals and follow-up.

Home Visiting, including:

1. Intensive, home-based family support and education;
2. Creative outreach;
3. 24-hour availability;
4. Parent support/lay counseling under professional supervision;
5. Parent-child interaction curriculum and interventions;
6. Linkage with a medical home;
7. Referrals and advocacy;
8. Parent groups;
9. Participant levels with varied intensity of service, based on need;
10. Long-term follow-up to age 5;
11. Child development screening;
12. Child health tracking (well-care, immunizations).

Healthy Start and similar programs provide families with support during a child's early years of development. They incorporate a system for



early detection and appropriate interventions for developmental or health problems, should they arise.

Brain Development

Scientists have discovered the growth of a child's brain is greatest between birth and three years of age. During these critical years the majority of a child's hard wiring is occurring in the vast network of neurons in the brain. This wiring process sets the stage for future capacity for language, intelligence, and response to external stimuli. Understanding the foundation of the circuitry of the brain and its significance to human development gives professionals working with children concrete evidence for intervention strategies and planning.

By the time a baby is three, she/he will have formed 1,000 trillion connections, about twice as many as adults have. A baby's brain is super-dense and will stay that way for the first decade of life. At around age 11, a child's brain begins eliminating connections that are rarely used, making order out of the thick tangle of "wires." Connections used repeatedly during a child's early years become the foundation for the brain's organization and function for the rest of his or her life.

This process makes it is easy to see how a child's environment shapes the brain and creates the foundation for success, or less desirable outcomes.

healthy development, including good prenatal care, reducing childhood trauma, and opportunities for early learning to lay the foundation for future success.

The Tennessee Healthy Start Program, located in 26 counties across the state, provides families and their children the opportunity for a good beginning. Healthy Start is an intensive home visiting program for first-time parents. Its goals are health promotion and child abuse prevention. Eligible families may begin the program from the third trimester of pregnancy through the child's fourth month of age. Families may remain in the program until the child is five years of age. The major components of Healthy Start are as follows:

Family Needs Assessment, including:

1. Screening of hospital records;
2. Assessment interview;
3. Referrals and follow-up.

Home Visiting, including:

1. Intensive, home-based family support and education;
2. Creative outreach;
3. 24-hour availability;
4. Parent support/lay counseling under professional supervision;
5. Parent-child interaction curriculum and interventions;
6. Linkage with a medical home;
7. Referrals and advocacy;
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A portion of the NAEYC position statement follows:

The traditional construct of readiness unduly places the burden of proof on the child. Until the inequities of life experience are addressed, the use of readiness criteria for determining school entry or placement blames children for their lack of opportunity. Furthermore, many of the criteria now used to assess readiness are based on inappropriate expectations of children's abilities and fail to recognize normal variation in the rate and nature of individual development and learning. NAEYC believes it is the responsibility of schools to meet the needs of children as they enter school and to provide whatever services are needed in the least restrictive environment to help each child reach his or her fullest potential.

Every child, except in the most severe instances of abuse, neglect, or disability, enters school ready to learn school content. However, all children do not acquire the competence needed in the school setting. The absence of basic health care and economic security places many children at risk for academic failure before they enter school. Families who lack emotional resources and support are likewise not always able to prepare their children to meet school expectations.

It is a public responsibility to ensure that all families have access to the services and support needed to provide the strong relationships and rich experiences that provide children with a foundation for all future



Actual Differences in Quantity of Words Heard

In a typical hour, the average child would hear:	
Welfare:	616 words
Working Class:	1,251 words
Professional:	2,153 words
Actual Differences in Quality of Words Heard	
Welfare:	5 affirmations, 11 prohibitions
Working Class:	12 affirmations, 7 prohibitions
Professional:	32 affirmations, 5 prohibitions

Source: Hart and Risley, 1995

learning. At a minimum such services include basic health care, including prenatal care and childhood immunizations; economic security; basic nutrition; adequate housing; family support services; and high-quality early childhood programs (NAEYC, 2003).

Tennessee's Early Childhood Education Program

Tennessee has a pilot pre-kindergarten program serving at risk four year olds who need early childhood learning experiences to be ready for school. These classes provide services to children across the state who meet criteria for the free and reduced-price lunch program (family incomes at 185 percent of poverty or less). Funding for the project has been limited since its inception.

Exhaustion of Temporary Assistance to Needy Families (TANF) surplus funding and state budget reductions resulted in a reduction in the number of children who are served. An estimated 38,000 children meet the financial eligibility requirements for this pre-kindergarten program; however, approximately 15,000 are served by Head Start Programs in Tennessee, and approximately 2,500 are served through the Early Childhood Education Program. This leaves an estimated 20,500 at-risk 4-year-olds who are unable to access the program.

Conclusion

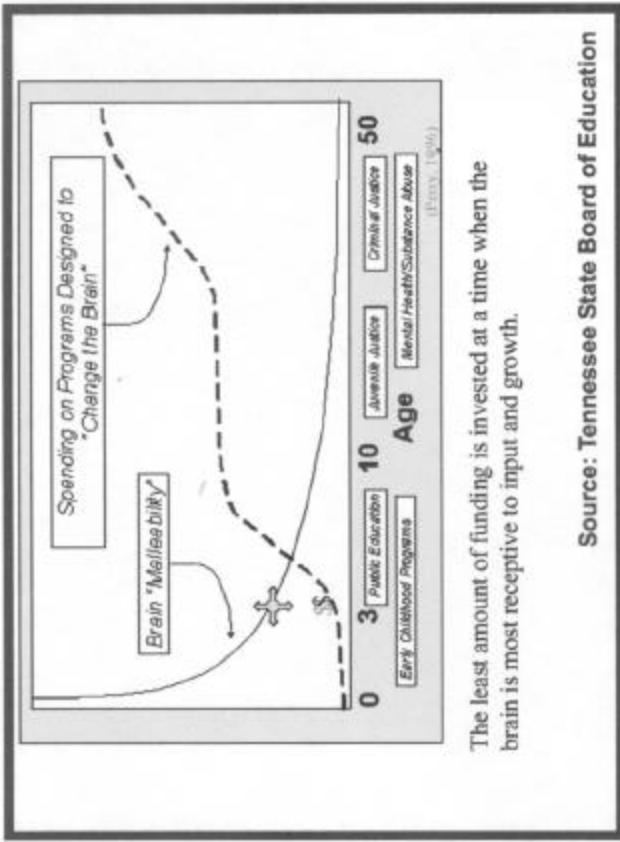
In summary, school readiness begins before infancy with adequate prenatal care. It involves the entire family and the community and requires multiple service systems and social structures. Communities able to provide adequate supports for families with a wide range of service needs are better equipped to prepare children to learn and become productive adults. Systems stretched by fiscal deficits and gaps in services offer what they can, but too often fall short of providing what a child needs to succeed.

Children who are able to access essential physical and mental health care and needed language or rehabilitative services are more likely to establish lifelong learning patterns, leading to academic and economic success.

Today's research tells us what we need to do to help children succeed, but today's fiscal constraints and service gaps mean as Tennesseans we are not providing the opportunities necessary for our children to succeed.



A Tennessee KIDS COUNT Project



The least amount of funding is invested at a time when the brain is most receptive to input and growth.

Source: Tennessee State Board of Education

We are doing a lot of things right in a few places, but Tennessee does not offer comprehensive, statewide programs with seamless service delivery systems for children and families. Due to inadequate funding, most state programs fall short by providing pilots in a small number of locations, even when a service has proven it saves dollars in the long term.

So, to go back to the opening question: **What does it take to ensure a child is ready to succeed?** It takes a system-wide, comprehensive approach to health, education and welfare that values children and families. A starting place for Tennessee policy makers would be fully funding the Early Childhood Education Pre-K-Kindergarten Program for at-risk 4-year-olds and expanding the Healthy Start Program statewide. The long-range benefits offer a more educated and stable workforce with fewer health and other related problems. If Tennessee wants its youngest citizens to be successful, Tennessee must take an active role in ensuring all requirements for school readiness are provided.

Although a long report, I thought that you would be interested in this information. What is true for Tennessee, is also true for other states! The *Kids Count Program* is in place in other states and does report this information each year.

Contact information: **Care Wear Volunteers, Inc.**
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 E-mail: hagerman@hood.edu
 website: <http://www.hood.edu/carewear>

Please send me address corrections for the mailing list for this newsletter.

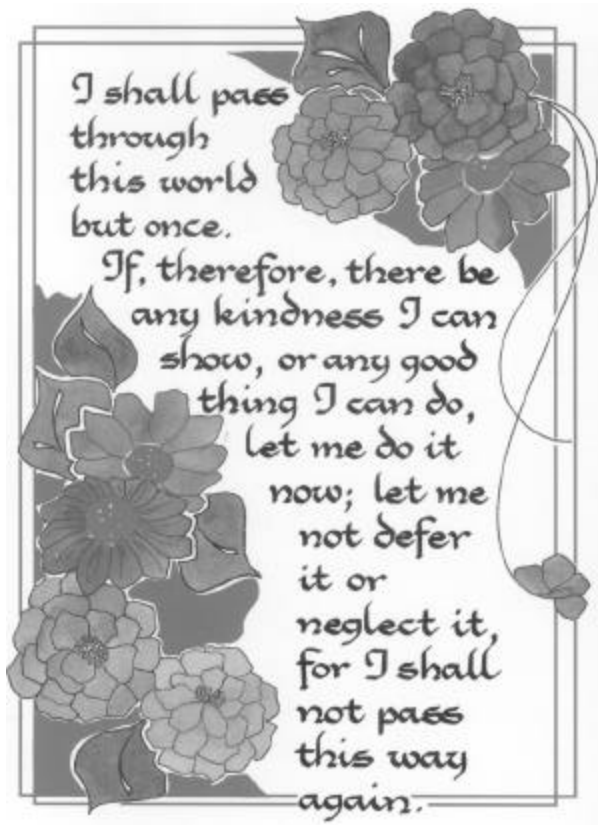
Thank you to all who contributed to this newsletter. Special thanks to Cathy and Terry for their expertise and creativity. Best wishes to everyone reading this newsletter. Have a happy, safe, and healthy fall. The next newsletter will be mailed in early December. Until then, thank you for all that you do to comfort hospitalized children and families in need. I hope to see you on October 23rd for Make A Difference Day here on the Hood College campus.

Sincerely,

Bonnie

The 2005 Care Wear Volunteers Calendar Order Form:

Mail this order form to: Care Wear Volunteers, Inc. Bonnie Hagerman c/o Hood College 401 Rosemont Avenue Frederick MD 21701-8575	Care Wear Volunteers Calendar-\$ 10 each --Full-color --Full page (8 1/2" x 11") monthly calendar with full page (8 1/2" x 11") photos of infants, layette items, individuals, and groups. --Calendar blocks for appointments and important dates --Great gift idea! --This is a calendar for the year 2005.
Send _____ calendars to: \$10 for each calendar enclosed. (quantity) (Send cash, check or money order payable to Care Wear Volunteers.) Name _____ Address _____	



from:
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