



UM Press transition team to include faculty

By Janese Silvey

University of Missouri administrators are establishing an advisory group to help the UM Press transition from under the umbrella of the UM System onto the Columbia campus.

The group is being formed after UM System President Tim Wolfe met Monday with the executive committee of MU's Faculty Council. Led by former MU Chancellor Richard Wallace and Deborah Noble-Triplett, assistant vice president for academic affairs, the committee is expected to be made up of faculty members from all four campuses, authors and publishing experts. Wallace said he plans to solicit recommendations for members from MU's Faculty Council and other interested groups.

The council last month asked that Wolfe postpone his decision to close the current publishing house until further consultation with faculty. In a statement about the meeting, he made it clear that he is moving forward with his plans. But he also is trying to alleviate fears about the new director, Speer Morgan, who is an English professor and not a publishing expert and about plans to use graduate students to staff the press.

"The top priority in formulating a new model for the press must be quality," Wolfe said. "Our success will be greatly dependent on the involvement and creativity of our faculty across our four campuses."

The formation of the advisory group aims to squelch the backlash Wolfe received for not talking to professors or press staff before announcing in May that the current UM Press would close. During the meeting, Wolfe said he consulted with chancellors but did not reach out to "lower levels."

That reference indicates Wolfe and professors might have different ideas about what shared governance means, said Nicole Monnier, an associate teaching professor of Russian. "Shared governance means we are equal partners, not lower levels," she said. "Faculty, and Faculty Council as their representatives, are very much deserving of a seat at the table."

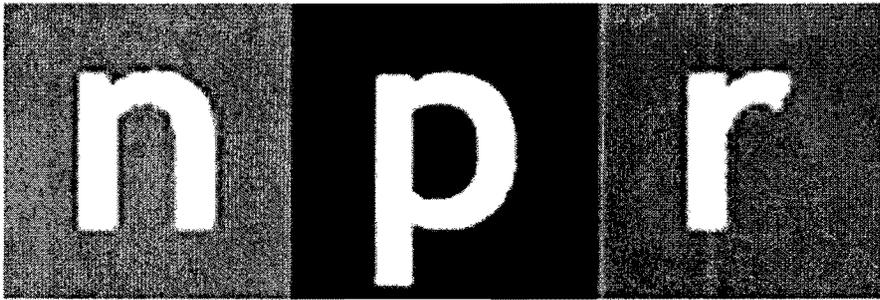
Criticism of the plan to close the current press has continued, and more authors have requested rights to their books back, including the authors of a six-volume collection of Missouri history. In a letter to Wolfe on Monday, the eight authors — including Gary Kremer, executive director of the State Historical Society of Missouri — also wrote that they will not be willing to assist with plans to create a new type of press.

Other authors on a Save the University of Missouri Press Facebook page say they're following suit and will hire an attorney if necessary. That Wolfe is now saying the press is transitioning from the UM System to the MU campus might be key in a legal debate: Authors argue their contracts were with the current UM Press.

But the new press will continue to do many of the things the current press already does, university spokeswoman Mary Jo Banken said, citing information Noble-Triplett gave the group at Monday's meeting.

The new press also will have a broader scope, MU Chancellor Brady Deaton said. During the meeting, he used himself as an example: About 15 years ago, he pitched a book idea to the UM Press but was told the subject matter did not match its interests. The statement drew reaction from critics who wondered whether closing the current operation is retaliation for rejecting Deaton's idea.

In a statement to the Tribune, Deaton clarified that he was in the early stages of his book and that the press's input was merely part of his information-gathering process. He said he stands by his point that the UM Press could be an outlet for a wider array of scholarly subject areas.



Mo. Senate Seat May Be One Of The Most Vulnerable

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AUDIE CORNISH, HOST:

Republicans need to capture four seats in November to take control of the Senate. And one of the most vulnerable incumbents is Democrat Claire McCaskill of Missouri. In the fight to unseat her, Congressman Todd Akin defeated two rivals in yesterday's GOP primary.

NPR's Brian Naylor reports that McCaskill is in a tough spot, but that facing Akin is her best-case scenario.

BRIAN NAYLOR, BYLINE: Todd Akin's win in the Missouri primary came as something of a surprise. He trailed in the most recent poll, and he didn't have the \$7.5 million dollars that businessman John Brunner gave his campaign. He didn't get the endorsement of Sarah Palin, as former State Treasurer Sarah Steelman did. But Akin did have the benefit of this ad.

(SOUNDBITE OF A POLITICAL AD)

UNIDENTIFIED MAN: The most conservative congressman in Missouri as our senator? Todd Akin, a crusader against bigger government, Akin would completely eliminate the Departments of Education and Energy and privatize Social Security...

NAYLOR: That ad was actually placed by Democrat Claire McCaskill, who backhandedly complimented Akin's conservatism, while at the same time asking whether he was too conservative for Missouri voters.

Akin is a six-term House member from in the St. Louis suburbs. He is in fact among the most conservative House members, with strong ties to evangelical Christians. He ran a consistently positive primary campaign, helped by the endorsement of commentator and former Arkansas Governor Mike Huckabee. But in his victory speech last night, Akin signaled he intended to go after McCaskill's record in the general election.

REPRESENTATIVE TODD AKIN: It's a clear choice, one or the other. Claire McCaskill voted for big government, big spending and less liberty. And I'm going to vote for less government, less spending and more liberty.

(APPLAUSE)

NAYLOR: Polling shows McCaskill running closer to Akin than she would have the other two republicans. She still trails him, but political science professor, Peverill Squire, of the University of Missouri, says McCaskill clearly got the challenger she wanted.

PEVERILL SQUIRE: I think it makes it a more competitive race for her. Certainly he presents a large target. He's had to take a lot of votes in Congress. He's managed to vote with conservative Republicans on a number of issues. And he's also been fairly aggressive in getting earmarks, which is something McCaskill has worked against in the Senate. And so, that allows her to at least attempt to position herself in the middle of the political spectrum.

NAYLOR: And McCaskill wasted no time going after Akin. Her campaign launched a website with five videos, in which Akin compares federal student loans to stage 3 cancer, and talks about turning Medicare into a voucher program. Missouri voters can expect to see a lot of those clips in the coming months.

But McCaskill clearly has her work cut out in a state that's been turning increasingly red since her win six years ago, and where outside groups have already spent some \$15 million in ads against her, with more surely to come.

Brian Naylor, NPR News, Washington.

ST. LOUIS POST-DISPATCH

Barnes-Jewish part of national effort to improve breast-feeding rates

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Terri Cole Brown had not decided whether she would breast-feed when her son arrived a few weeks early. It hurt so much with her first child that she quit after one day.

But as part of a new practice, nurses placed her tiny son to her chest after he was born, instead of whisking him away for tests. It was key in her decision to nurse her baby.

"It was surprising. He latched on right away like he'd been there before," said Brown, 29, of St. Louis. "It was awesome. We got to bond."

As part of a national effort to improve breast-feeding rates, Barnes-Jewish Hospital is making major changes in how mothers and babies are cared for, including no longer accepting free formula and keeping babies out of the nursery and in mothers' rooms.

The hospital was one of 90 chosen out of 235 applicants to take part in the initiative, called Best Fed Beginnings. Over the next 22 months, the hospital will complete a demanding list of 10 steps that international health organizations have determined to provide optimal care for mothers wanting to breast-feed.

Hospitals were chosen in areas where breast-feeding rates are low. In Missouri last year, 64 percent of new moms attempted to breast-feed, compared to 75 percent nationwide. At Barnes, the rate is 49 percent.

"They are looking at hospitals that can really make a difference, that can affect the most lives. We are really perfect for that," said Carol Scott, the hospital's director of women and infant health.

Breast-feeding rates are lowest in impoverished communities and among African-American mothers. Of the 3,500 babies delivered at Barnes-Jewish each year, 64 percent are African-American and about 70 percent are covered by Medicaid, the federal health insurance program for the poor.

The hospital stay is critical in learning to breast-feed, yet federal studies show that hospital practices that interfere with breast-feeding success are common. Only 143 hospitals and birth centers across the U.S. have adopted the 10 steps, earning the designation as a Baby-Friendly Hospital. Those hospitals report higher breast-feeding rates and fewer economic and racial disparities among nursing mothers.

"If they have a chance at being successful in the two days they are here, they will have a much better chance in being successful at home," Scott said.

At Hannibal Regional Hospital — the only Baby-Friendly Hospital in Missouri — breast-feeding rates jumped to 77 percent from 62 percent in the first year of earning the designation in 2009.

With less than 6 percent of U.S. babies born in Baby-Friendly hospitals, the Best Fed Beginnings initiative will more than double the number of babies born in hospitals that fully support breast-feeding.

"It's incredible for our hospital. ... It's incredible for our country," said Carolyn Chaperlo, a child nurse specialist at Barnes-Jewish.

Other hospitals in Missouri include the University of Missouri Women's and Children's Hospital in Columbia and Truman Medical Center in downtown Kansas City.

"The hospitals selected to participate in Best Fed Beginnings are now on the leading edge of maternity care in the U.S. and will serve as models for change for other hospitals throughout the country," said Trish MacEnroe, executive director of Baby-Friendly USA, which assists hospitals in earning the Baby-Friendly status.

HEALTH CONSEQUENCES

Increasing breast-feeding rates can greatly affect our nation's health. Breast-fed babies have fewer illnesses, such as diarrhea and ear infections, as well as a lower risk for diseases such as childhood leukemia, Type 2 diabetes and asthma. A baby's risk of becoming an overweight child goes down with each month of breast-feeding. In addition, the risk of sudden infant death syndrome is 56 percent higher among infants who are never breast-fed.

For mothers, breast-feeding decreases the risk of breast and ovarian cancers, diabetes, rheumatoid arthritis and cardiovascular disease.

According to last year's U.S. surgeon general's report calling for better breast-feeding support: If 90 percent of families followed guidelines to breast-feed exclusively for six months, the United States would save \$13 billion annually. Families could save as well: Feeding a baby formula for a year costs about \$1,500.

The Best Fed initiative is funded by a \$6 million grant from the U.S. Centers for Disease Control and Prevention. It involves educating hospital staff at every level, helping develop improvement

plans and facilitating regional collaborations so hospitals can learn from one another as they work toward the designation.

What have long been seen as routine and quick fixes to soothe a crying baby or an exhausted mom must be set aside. Unless medically necessary, babies of mothers who want to breast-feed must not receive supplements of formula, glucose water or water; and they must not be given pacifiers, which are associated with shorter and fewer breast-feedings.

Formula has been removed from the drawers of bassinets at Barnes-Jewish to help prevent the temptation to reach for it in frustrating moments.

"Our goal is to support baby and mom in their breast-feeding efforts," Scott said. "If someone is tired and crying and it's 2 a.m., we are not just going to say, 'Forget it, give them formula.' We are going to work through that."

CUES FOR HUNGER

Mothers are encouraged to keep babies in their room instead of the nursery so they can better learn their babies' cues for hunger.

One of the biggest challenges, Scott said, is no longer accepting free formula, diaper bags and other gifts from formula companies. "That's a huge expense for hospitals," Scott said. "Even though increasing breast-feeding rates will lower the use of formula, at times we need formula" because of medical conditions or moms' choice. Because the formula has been free, the staff is still working to estimate the cost, she said.

Nurses are most excited about no longer taking babies to a warming table after birth and placing them in T-shirts and blankets. Things like weighing, eye drops and Vitamin K injections can wait.

Providing skin-to-skin contact between baby and mother immediately after birth has been shown to better stabilize a baby's temperature, heart rate, breathing and blood sugar. The baby instinctively searches for the breast, is more likely to latch on well and nurse longer — which means less soreness and better milk supply for moms.

Nurse Kristin Swanson said it's a special moment. "Without any help or assistance, the baby will crawl right to the breast, which to me is amazing," Swanson said. "Moms see that, too, and think, 'Wow.' It's like an 'ah-ha' moment: My baby already knows how to do this. I can do this."

Hospital lactation consultant Judy Pestka, who in 32 years of helping new mothers breast-feed, said she sees their lack of confidence as the biggest challenge to success.

Changing hospital practices can give moms assurance, Chaperlo said. "They can keep their baby warm without a warming bed. They can feed their baby without our formula. They can sooth the baby without a pacifier — it's empowering."