

# Years & Counting!

I want to take this opportunity to congratulate AWHONN *Lifelines* on its fifth anniversary. Quite a feat! I enjoy your articles and find them relevant both in practice and in our educational program. Keep 'em coming.

*Karen Zelman, CNM, MS  
Parkland School of Nurse-Midwifery  
Dallas, TX*

Barbara Peterson Sinclair, Carolyn Davis Cockey and the *Lifelines* Editorial Advisory Board are to be commended on five successful years of informative, stimulating and timely articles. I frequently hear comments from nursing colleagues regarding the easy-to-read yet clinically sound format of *Lifelines*.

"On the Edge" is an excellent vehicle for presenting short synopses of current practice concerns, new drugs, clinical findings and treatment innovations. This is perfect for the busy professional who is "multi-tasking" through life as a nurse, wife, mother and so on and doesn't have time to read long, detailed scientific journal

articles. Other articles are not only rich in content but written in an easy-to-follow format. You've developed a winner for today's professional nurse.

What is my favorite section of *Lifelines*? It's hard to choose! "Market Watch" gives the latest in products, drugs, devices and services that we, as nurses and consumers, need to know. "AWHONN News and Views" keeps me informed of our organization's most recent activities and opportunities. "Health-care Advocate" gives the latest women's and neonatal health care issues being addressed on the legislative front. Actually, *Lifelines* is one of those publications that I often read from cover to cover!

Keep up the good work! Congratulations and enjoy a well-deserved anniversary celebration!

*Joan Edwards, RNC, MN, CNS  
Director, Women's Health Program,  
Kingwood Medical Center  
Kingwood, TX*

Congratulations on *Lifelines*' fifth-year anniversary. *Lifelines* has developed into a great publication covering timely issues and hot topics in the area of women's health, obstetrics and neonatal practice. It also serves as a great discussion forum for issues concerning professional prac-

tice, growth and controversy. Keep up the great work and enjoy your present success.

*Deborah A. Raines, PhD, RNC  
AWHONN Florida Section  
Education Coordinator  
Associate Professor,  
Florida Atlantic University  
Davie, FL*

I really enjoy reading through *Lifelines*. It combines the best of what I liked about "The Voice" with what's new in women's health and AWHONN too. I love that it's quick reading with substance. I was recently sitting in a class and was put on the spot for an example of cultural issues in health care. I recalled Barbara Peterson Sinclair's editorial on "coining"—*Lifelines* saved the day. Keep up the good work!!

*Kathleen K. Furniss, MSN, APNC  
Nurse Practitioner  
Florham Park, NJ*

Thank you for the terrific work you have done to make *Lifelines* such an important vehicle for communication about best care practices. As authors, we experienced an excellent response to the article you published for us on AWHONN's Continence for Women Project. We received requests for the protocol from nurses across the U.S. as well as from Spain, Yugoslavia and Senegal.

*Lifelines* has played an important role in moving this research into clinical practice. I have no doubt that the increased access provided to these self-care interventions will better the lives of women!

*Carolyn M. Sampsel, PhD, RNC, FAAN*

*Carolyn K. Davis  
Professor of Nursing  
University of Michigan School  
of Nursing, Ann Arbor, MI*

Happy anniversary *Lifelines*! I want to share how much I enjoy *Lifelines* as a benefit of AWHONN membership.

When I received my nurse practitioner degree, I also started receiving anywhere from four to eight journals each month. *Lifelines* is still the one I look forward to reading the most from cover to cover. The articles are practical, informative and evidence based. The style is reader friendly.

When an article from *Lifelines* is posted on the bulletin board at our nurses' station, staff know it is from me. After reading each issue of *Lifelines*, I feel up to date—a real compliment in this hectic, ever-changing profession.

Thank you staff of *Lifelines* for enhancing my career, and here's to another five successful years!

*Jennifer Burton Rousseau, ARNP  
Chicago, IL*

*Lifelines* is the one journal that I read cover to cover to be up on the latest broad-based health issues relevant to women! I particularly appreciate the emphasis on providing additional Web site information that is useful both to my students and to me as a health care consumer. It's also great that a wide variety of both practitioners and academicians contribute articles.

I'm looking forward to continued success of the journal and the outstanding editorial team!

*Linda J. Mayberry, PhD, FAAN, RN  
Associate Professor, School of  
Education, Division of Nursing  
New York University*

## INDUCTIONS VS. POSTDATES

I was thrilled with your article about Inductions versus postdates ("Induction vs. Postdate Pregnancies: Exploring the Controversy of Who's Really at Risk," April/May 2001). I have been in obstetric nursing for more than 30 years and have always wondered why we continue to accept Naegele's rule, which is only correct 2 to 4 percent of the time.

I am currently a full-time doctoral student in the new PhD in Nursing program at Penn State University. I did a concept analysis of the physiologic variable of "pregnancy dating," as well as a review of the literature, and wrote a 20-page paper. I submitted the abstract that was approved by the New York City March of Dimes 24th Perinatal Nursing Conference. I supported that this was a "nursing" topic in that nurses "support normalcy" at all costs.

*Nancy Johnston, RN, CRNP, MSN  
Assistant Professor of Nursing,  
Cedar Crest College, Allentown, PA*

I was surprised to read that the national induction rate is 13 to 26 percent. Where I work, the induction rate is 90 percent or more! The policy allows elective inductions once a woman reaches 39 weeks.

Most women whine about being pregnant long before reaching 39 weeks, and the providers cave in at 39 weeks. Yes, there are some inductions done for medical reasons, but

they are few and far between. I do not agree with doing elective inductions, and I frequently inform my patients regarding the potential risks of inductions.

Unfortunately, too few care enough not to be induced. The only ones who are not keen on the pitocin are those trying to go natural. I am left wondering why they have agreed to be induced.

*Name withheld upon request  
Utah*

## BREASTFEEDING PROMOTION

The article in February/March 2001 *Lifelines* "Breastfeeding Promotion: Top Tips for Motivating Women to Breastfeed Their Infants" was excellent. The focus on informed choice, about how to feed a baby, is a point that many in the health care field have missed. I would like to respond to the article and also suggest that *Lifelines* incorporate articles quarterly on breastfeeding information.

Access to information on infant feeding should focus on young men and women in middle and high school years. This population of young adults would benefit from information on breastfeeding and what effects it has on an infant. In a recent study (Leffler, 2000), only 16 percent of the high school girls identified breastfeeding as the more convenient infant-feeding practice. Leffler (2000) also found that a diverse set of ideas about the costs and benefits of breastfeeding plays a role in the choice of infant feeding. The ease of breastfeeding stands out as an important topic to address in education programs for young adults. Biology class would be an ideal forum (in schools with no health courses) for breastfeeding promotion as an option in infant feeding. This will provide basic information and exposure to breastfeeding that may help a woman in the future concerning infant feeding.

The targeted information for informed consent about breastfeeding must include the three priorities that are critical for women to be successful with breastfeeding. These three

