

Pregnant Women Urged To Abstain From Alcohol

Billy S. is a short, thin 13 year old who, except for a few minor facial irregularities, looks and acts like most normal kids. He lives with his natural family and regularly attends school, receiving remedial teaching in mathematics and English.

But Billy, although that isn't his real name, is not like other kids. He was among the first children in the United States diagnosed with fetal alcohol syndrome (FAS), a disorder typically characterized by mental retardation and a variety of physical abnormalities.

Fetal Alcohol Syndrome Awareness Week is being observed January 12-18 by the National Council on Alcoholism, the March of Dimes and other health organizations, among them Charlotte Treatment Center, an alcoholism and chemical dependency treatment center. James Emmert, Executive Director of the center, said the week has been designated to alert pregnant women to the dangers of alcohol consumption on their unborn children.

"Although we're not for or against drinking generally, we do want the public to have information about the effects of alcohol and alcoholism," says Emmert.

As a result of his mother's drinking during pregnancy, Billy's eyes are narrow, his nose is flatter and shorter than normal, and his mouth is wide, with irregularly shaped teeth and an open bite.

Billy was among a group of 11 FAS children who were studied in the early 1970s by a group of doctors headed by D. W. Smith and Kenneth Lyons Jones. A pediatrician who was responsible for identifying the fetal alcohol syndrome with his colleagues in 1972, Dr. Jones helped start and now oversees the California Teratogen Registry.

Like its counterparts in other states, the registry is set up to provide research and information to pregnant women and physicians about the effects of chemical substances on the unborn.

FAS, which is termed a syndrome because it is a pattern of malformations having a single identifiable cause, affects one to two infants per 1,000 live births, according to Jones.

While alcohol consumption is well known as the cause, no one knows how much damage is done to the fetus in proportion to the amount of alcohol consumed. Nor does anyone know how alcohol interferes with the fetus during various stages of development.

The first trimester, which occurs before many women know they are pregnant, appears to be the interval when developing organs are vulnerable to damage, according to the National Clearinghouse for Alcohol Information. Researchers have found evidence to support an association between alcohol consumption and an increased incidence of spontaneous abortion during the second trimester, although it is not known whether miscarriage is due to first or second trimester drinking. Drinking may interfere with the rapid growth that occurs during the third trimester, including growth of the brain.

Because of these unknowns, the U.S. Surgeon General has recommended that women completely abstain from drinking during pregnancy.

Jones, who said even modest drinking can be detrimental, is currently conducting research on the effects of binge drinking on unborn babies. The National Council on Alcoholism advises women who are urged by friends to "live it up"

before their baby is born to answer, "You are not drinking for two."

Similarly, the March of Dimes tells pregnant women that "every time you take a drink, your baby takes one too. The drink he gets is just as strong as the one you get, and because he is so much smaller than you are, it hits him a lot harder."

Says Jones, "We know that chronic alcoholism among pregnant women leads to difficulties in 44 percent of their offspring. Of these births, fetal alcohol syndrome affects about 11 percent of the infants born to women who drink one to two ounces of absolute alcohol per day. That translates to two to four ounces of whiskey, two to four glasses of wine, or two to four 12-ounce cans of beer a day."

FAS, which the Public Health Service says afflicts 1,800 to 3,600 babies each year, is the third most recognizable cause of mental retardation in the United States, ranking behind Down's syndrome and spina bifida. However, FAS is the only one of these disorders that can be prevented. Simply put, if alcoholic beverages are not consumed during pregnancy, FAS will not occur.

FAS can manifest itself in any combination of a cluster of congenital birth defects, among them:

-Prenatal and postnatal growth deficiency, with low weight at birth and a failure to thrive and catch up throughout the entire developmental period.

-A particular pattern of facial malformations, including small head circumference, narrow eye openings, flattened midface, a short upturned nose with a sunken nasal bridge, a smooth and elongated philtrum (the groove between the nose and upper lip), and a thin upper lip.

-Central nervous system dysfunction, which can include varying degrees of mental retardation (Jones says FAS children have an average I.Q. of 60); alcohol withdrawal symptoms at birth, a poor sucking response and sleep disturbances during early infancy, restlessness and irritability, development delays, a short attention span, and hyperactivity.

-Varying degrees of malformations in the body's major organs, including heart defects, muscle problems, joint and skeletal defects resulting in an inability to flex fingers and extend limbs, genital defects, and kidney abnormalities.

Billy S. was one of the most fortunate of the 11 children studied by Jones and his colleagues. One 10-year-old boy, for example, is extremely thin and short and has been hyperactive to the point of destruction since birth. He lives in a foster home, cannot read or write, and has always attended classes for the trainable mentally retarded.

Of the original 11 children, two have since died, one has been lost to follow-up, and the remaining eight continue to be growth deficient and dysmorphic, according to a study by Jones and his colleagues published this year.

The children followed up were "strikingly underweight for their height," the study noted. None of the children had normal intellectual development, with four of them mildly handicapped and the other four seriously handicapped.

"The single factor that stands out most in the backgrounds of the four seriously handicapped children is that three of them had mothers who were so severely alcoholic that they died of alcohol-related causes within six years of the birth of these children," the report stated.



Karen Byers was recently named an Outstanding Young Woman of America for 1985. This recognition highlights the accomplishments Ms. Byers has made in her professional career and in her community involvement. An insurance agent with Allstate Ms. Byers was highly involved in the Concord area, where she formerly resided. She now lives in Charlotte. She has received service awards from Phi Chi chapter of Omega Psi Phi fraternity, Winston-Salem State University, her alma mater, and from the Concord community. An athletically involved young woman, Ms. Byers works with Special Olympics, is an offsite for the NCAA, Division II, volunteered her services to J.C. Smith major-ettes, teaches gymnastics, baton twirling, and ethnic dance classes. She has been a former beauty contestant and winner of the Charlotte contest of Miss Black America in 1977, the local contest of Miss Cabarrus and she has also choreographed and directed the first Miss Black Cabarrus-Rowan County contest. Ms. Byers is also affiliated with the Arts and Science Council. Frequently she is a guest speaker at the First Christian Church in Concord and she also conducted a Christian youth clinic there.

Employees

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formance?"

Once employed and on the job, employees should be given periodic performance appraisals. When performance is unsatisfactory, Helms suggests letting the person know exactly where he or she stands. Point out to unsatisfactory employees that you wouldn't be keeping them on the payroll if you didn't think they could do the job. Tell them specifically what they can do to improve, and offer your help to those who show a desire to do better.

Should it become necessary to terminate an employee because of poor performance, use Helms' checklist as a guide:

- Was the employee aware of the performance problem and what was needed to correct the problem?
- Was the employee given enough time to correct the problem?
- Was he or she aware of the consequences of continued unsatisfactory performance?
- Was this case treated in a manner consistent with other similar cases?
- Was the decision to terminate the employee based solely on work performance and not on anything of a discriminatory nature, such as race, age, or the sex of the employee?

There will always be some employees who don't make the grade. The key to dealing with personnel, whether satisfactory or not, says Helms, is fairness and consistency.

Black Women's Health Care Conference Set

Did you know...that infant mortality rates for blacks are twice as high as for whites...that cervical cancer rates are increasing among blacks while decreasing among whites...that approximately 30 percent of black women suffer from high blood pressure...that pregnancy rates for black teenagers are estimated to be twice as high as for white teens?

These are some of the health problems facing black women today, and they are problems that will be addressed in a two-day black women's health care conference at the Greenville Neighborhood Center, 1330 Spring Street, Friday and Saturday, January 24-25.

The theme of the conference is "A Black Woman's Health Challenge: Informed-In Charge-In Control," and its purpose is to inform black women concerning the health care resources that are available to them, to help them develop effective self-help approaches to health care, and to help them establish and maintain dialogue with health care providers.

Sponsored by the women's organization that subscribe to Blueprint: Charlotte Women in the '80s, the conference will begin on Friday evening with a dinner and an address by Bylye Y. Avery, executive director of the Atlanta Black Women's Health Project. Her topic will be, "Taking Charge of Your Health." Workshops on Saturday will focus on these topics: "Black and Female: What Is the Reality?" and "Strategies for Starting a Self-Help Program." Workshop leaders will be Lillie Allen and Sharon Gary-Smith, also from the Atlanta Black Women's Health Project. During lunch on Saturday, there will be a panel discussion led by local health care providers on teenage pregnancy.

The cost of the conference will be \$12 for both days, \$7 for Friday only,

and \$5 for Saturday only. Limited scholarships are available on a first-come, first-served basis. For registration information and more details, call the Women's Commission office, 336-3210, weekdays between 9 a.m. and 5 p.m.

One of the goals of the conference will be to help organize a local black women's health project, a self-help group that will meet regularly to discuss and compile information about health issues affecting black women. It is hoped that the establishment of this group will provide a comfortable, supportive atmosphere where black women can explore health issues, improve their well-being, and participate in a national network addressing health care concerns.

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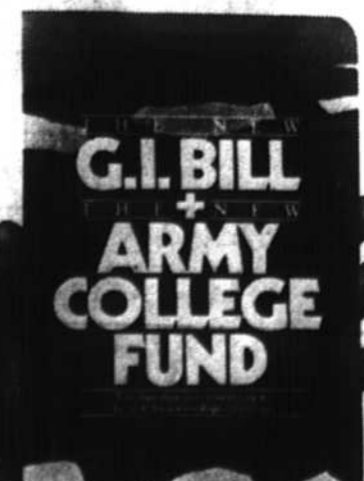
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