



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

Please take a few minutes to read this month's report on **Maternity Care**.

You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

Visit us at www.LMHealth.org.

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Quality Report Card Licking Memorial Health Systems

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Volume 14, Issue 4

April 2013

Health Tips – Tdap Vaccine Recommended for Expectant Mothers to Protect Babies from Tetanus, Diphtheria and Whooping Cough

The Centers for Disease Control and Prevention (CDC) issued a recommendation in 2011 that pregnant women who have not been previously immunized against pertussis (whooping cough), tetanus and diphtheria should receive a dose of the Tdap vaccine to offer their newborn babies immunity against those serious diseases. Here is some useful information about the Tdap vaccine:

- The ideal time for a pregnant woman to receive the Tdap vaccine, if she has not been previously immunized, is late in the second trimester or during the third trimester. Antibodies will travel through the placenta and provide some protection to the baby during the first several months after birth before pediatric immunizations can be given.
- If the mother has not received a Tdap vaccination before the baby is delivered, she should receive one before leaving the Hospital. It is also advised that other family members who will be in contact with the new baby should receive a Tdap vaccination.
- Those who are unsure if they have previously received a Tdap immunization should be vaccinated at least two weeks before coming into contact with the new baby.
- The Tdap vaccine has been shown to be safe for both the mother and her unborn baby. The Tdap vaccine is also considered safe for women who plan to breastfeed.

Maternity Care – How do we compare?

Check out our Quality Report Cards online at www.LMHealth.org.

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your healthcare choices.

1 According to the American Academy of Pediatrics, low birth weight infants are those who are born weighing less than 2,500 grams (5 pounds, 8 ounces) at term. There are many factors contributing to low birth weight, including multiple births, pre-term births, lack of prenatal care, a mother’s poor nutritional status before and during pregnancy, and drug, tobacco or alcohol use during pregnancy. Low birth-weight infants are often at increased risk for health problems. Adequate prenatal care and health practices can significantly reduce the incidence of low birth weight deliveries. In 2012, there were 1,078 babies delivered at Licking Memorial Hospital (LMH) – 55 with low birth weight.

	LMH 2010	LMH 2011	LMH 2012	National ⁽¹⁾
Low birth-weight infants	4.0%	3.8%	5.0%	8.2%

2 Smoking during pregnancy is the most important modifiable risk factor associated with adverse pregnancy outcomes.⁽²⁾ It is associated with 5 percent of infant deaths, 10 percent of pre-term births, and 30 percent of small-for-gestational-age infants.⁽³⁾ Because pregnancy smoking rates in Licking County are nearly double the national rate, Licking Memorial Women’s Health providers have increased their efforts to assess patients’ active smoking during pregnancy at each office visit, counsel patients to quit smoking, and refer each pregnant smoker to LMH’s free “Quit for Your Health” smoking cessation program.

	LMH 2010	LMH 2011	LMH 2012	National ⁽¹⁾
Patients who reported smoking during pregnancy	22%	24%	24%	13%

3 Group B streptococci (GBS) has been the leading bacterial infection associated with illness and death among newborns in the United States since its emergence in the 1970s. Most neonatal GBS infections can be prevented through screenings and, if needed, by giving an antibiotic to the mother before delivery.

	LMH 2010	LMH 2011	LMH 2012	Goal ⁽⁴⁾
Mothers with GBS receiving antibiotic before delivery	N/A	N/A	97%	100%
Number of newborns testing positive with GBS	0	0	0	0

4 Cesarean section deliveries (C-sections) should be performed only when necessary. Lower percentages demonstrate success in avoiding unnecessary surgeries and the risks associated with surgery.

	LMH 2010	LMH 2011	LMH 2012	National ⁽⁵⁾
Maternity patients who had a C-section	23%	27%	22%	31%
First-time C-sections	12%	15%	10%	17%

5 Induction of labor is the artificial initiation of labor before it occurs naturally. The initiation of labor sometimes becomes necessary if the fetus is in danger or labor does not occur spontaneously, and the fetus is determined to be at full term. Primary reasons for labor induction include pre-eclampsia, eclampsia, severe hypertension, Rh factor sensitization, prolonged rupture of membranes or intrauterine growth restriction. Induction, however, does not occur without risks to mother and baby.

	LMH 2010	LMH 2011	LMH 2012	National ⁽¹⁾
Induction of labor	30%	25%	24%	23%

6 “Elective deliveries” refer to newborn deliveries that are scheduled in advance, and are often induced, rather than occurring naturally. Most elective deliveries are performed for convenience reasons. Studies have shown that elective deliveries performed between 37 and 39 weeks’ gestation have higher rates of newborn complications, higher C-section rates, and longer hospital lengths-of-stay for mothers. LMH follows American College of Obstetrician and Gynecologist guidelines to minimize the use of elective deliveries.

	LMH 2010	LMH 2011	LMH 2012	National ⁽⁵⁾
Elective deliveries performed	12%	0%	2%	14%

7 Breastfeeding provides many benefits to infants and their mothers. The LMH maternity care staff offers encouragement and support to breastfeeding mothers. Breastfeeding rates are monitored at LMH to evaluate the effectiveness of the support provided.

	LMH 2010	LMH 2011	LMH 2012	Goal ⁽⁶⁾
Newborns receiving breast milk during Hospital stay	57%	59%	64%	81.9%

8 “Exclusive” breast milk feeding refers to the nutrition offered to a newborn while in the hospital following delivery. The World Health Organization and many other healthcare providers/agencies recommend feeding newborns only breast milk for the first 6 months of life. Evidence indicates that providing exclusively breast milk during the hospitalization period following birth is critical to the success of meeting this goal. LMH recognizes, however, that this is a personal decision for each mother and is not mandatory.

	LMH 2010	LMH 2011	LMH 2012	National ⁽⁵⁾
Mothers who breastfeed exclusively ⁽⁷⁾	44%	46%	57%	48%

9 Gestational diabetes (GDM) is one of the most common clinical issues facing obstetricians and their patients. The prevalence of GDM ranges from 2 to 5 percent of all pregnancies in the United States, and all pregnant patients should be screened between 24 and 28 weeks’ gestation. Licking Memorial Health Professionals (LMHP) obstetricians screen pregnant patients for GDM by 29 weeks.

	LMHP 2010	LMHP 2011	LMHP 2012	Goal
LMHP pregnant patients screened for GDM by 29 weeks	96%	98%	96%	greater than 90%

Data Footnotes:

(1) Births: Preliminary Data for 2009. National Vital Statistics Reports; Vol. 59, No. 3: National Center for Health Statistics. December 21, 2010. (2) Heffner, LJ, Sherman, CB, Speizer, FE, Weiss, ST. Clinical and environmental predictors of preterm labor. Obstetrics & Gynecology 1993; 81:750. (3) Tong, VT, Jones, JR, Dietz, PM, et al. Trends in smoking before, during, and after pregnancy – Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 31 sites, 2000-2005. Morbidity and Mortality Weekly Report Surveillance Summaries 2009; 58:1. (4) Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, 1999. (5) Comparative data from the Midas Comparative Database. (6) Healthy People 2020 goal. (7) Percentages are determined from mothers who breastfeed any amount during their Hospital stay.

Patient Story – Jill Salina

Late in the summer of 2011, Jill Salina of Newark broke the happy news to her husband, Mark, that they were going to have their first child by sending him a football with a message that read, “Congratulations, Coach. You have a new member on the team.”

Jill wanted to be well-prepared for childbirth, so she exercised at home, swam each week at the Licking County Family YMCA and had regular checkups with Janae M. Davis, M.D., of Licking Memorial Women’s Health. She also registered for several prenatal classes and programs at Licking Memorial Hospital (LMH), including the Breastfeeding Promotion and Support Program.

“I did not intend to nurse because I thought it would be too inconvenient. However, I took the breastfeeding classes because I wanted to keep an open mind and learn as much as I could about caring for my baby,” Jill said. “The fact that LMH gives a free Medela® breast pump for completing the Breastfeeding Program is amazing. “I recommend the program to all expectant moms – even those who are not sure they want to breastfeed.”

In the third trimester, Jill had a complication. “My legs swelled, so Dr. Davis had me checked immediately for preeclampsia. Fortunately, the test results were negative,



Jill and Mark Salina welcomed their son, Landen, on March 11, 2012, at LMH.

but Dr. Davis kept an eye on me and continued the fetal monitoring,” she said.

On Tuesday, March 6, Jill’s swollen legs had been aching badly and she enjoyed a swim in the YMCA’s soothing, cool pool water. After swimming a mile, Jill returned home and felt a sudden gush of water. She recalled, “I was not sure if I was still dripping from the pool, or if it was something else. I did not have any pain, and I was not close to my April 29 due date, so I really did not think I should be concerned.”

Jill called the LMH Maternity Department and was advised that she should be checked at the Hospital. A quick test revealed that her amniotic sac had ruptured. She was immediately admitted to the Hospital in the Labor and Delivery (L&D) unit and placed on bed rest to reduce the risk of infection. She received two injections of Celestone®, a steroid to help protect the baby’s underdeveloped lungs, as well as intravenous antibiotics and fluids. An ultrasound indicated that the baby was healthy and might be more developed than first thought. For five days, Jill lay quietly in bed, trying to maintain a positive and calm attitude.

On Sunday morning, Jill had contractions that became stronger and longer into the afternoon; however, she was not dilating, so Dr. Davis ordered a Pitocin® injection to prevent a prolonged

Patient Story – Jill Salina (continued from previous page)

laboring process that could affect the premature baby. As the contractions grew stronger, Jill requested an epidural anesthetic. “I was unsure about having an epidural, but I did not want to put additional stress on the baby,” she explained. After the epidural, Jill felt immediate relief. “Mark looked at the screen and told me that I was in the middle of a strong contraction, but I did not feel it,” she said. “I was completely relaxed!”

The Salinas’ son, Landen, was born around 5:00 p.m. Jill and Mark had just a few moments to greet their new baby before he was taken to the Special Care Nursery due to his prematurity.

To her surprise, Jill discovered that she was really hungry. “I was craving beef brisket and asked Mark to get some carry-out food,” she said. “They transferred me to a Postpartum Mother-Baby suite, and just a few minutes later, they brought Landen into the room!”

Although Landen was born ahead of his due date, the Inpatient Pediatrician’s evaluation determined that he was born close to 36 weeks’ gestation and was healthy enough to room-in with Jill. For the first time, she was able to cradle her 5-pound, 5-ounce son, and the Maternity staff guided her in the Kangaroo Care practice that promotes skin-to-skin contact between newborns and their parents.

“I had not been convinced that I wanted to breastfeed, but as soon as I held my baby in my arms, I knew that I wanted to do it,” Jill said. She was breastfeeding Landen when Mark walked in with her carry-out dinner.

The day after Landen was born, Jill and Mark received LMH’s complimentary gourmet dinner for two. They both ordered filet mignon. “It was wonderful,” Mark remembered. “We really

appreciated it because once you have a baby, you are not going to have a sit-down meal together for a while.”

Mark added, “Our entire experience with the LMH’s customer service was very good from the moment we walked through the door to the time we left. I know the staff was busy with other patients, but we felt like we were the only ones there. That is the level of attention we received.”

The Salinas enjoyed their time as a new family in the Mother-Baby suite with the Maternity staff always nearby to offer assistance. Jill had some difficulties with breastfeeding, and was able to consult with a Lactation Coordinator for advice. Mark was able to spend as much time as he wanted in the room, although he had to make a couple of impromptu shopping trips. “Since Landen was born early, we did not have anything for him,” Mark said. “I asked my mother and some friends, ‘What do I need to buy?’” One important purchase was a child safety seat which a nurse helped to install in Mark’s vehicle before Jill and Landen were discharged.

Breastfeeding continued to be a challenge for Jill after she was discharged from LMH. Her milk supply had not come in fully, and she consulted with the Lactation Counselor at the Hospital. “She was always very patient and supportive,” Jill said. “In the end, I had to supplement Landen’s feedings with formula. Now I am able to appreciate the fact that Landen received invaluable nutrients during the short time that I was able to breastfeed.”

Jill now focuses on setting a good example for her son through a healthy, active lifestyle. She has run three 5K races since his birth. Landen has become part of her exercise team as he joins her for her weekly swims at the YMCA, and on the local bike trail, as he rides behind her in a cart, wearing his own helmet.

Kangaroo Care Puts Mothers in Touch with Babies

From an infant’s point of view, everything changes at the moment of birth. Accustomed to the comfort of a soft, dark, climate-controlled womb with rhythmic heartbeat sounds, the baby is thrust into a world of bright lights, gloved professional hands and alert-sounding technology. Emerging research shows that in the first hours after birth, babies experience stress that can influence their development. Through the Kangaroo Care standards at Licking Memorial Hospital (LMH), special care is given to make the environment as soothing and familiar as possible for newborns as they bond with their mothers.



and breastfeeding can even begin in the L&D room,” Dr. Ugbana said.

LMH’s private mother-baby suites make Kangaroo Care possible during the mother’s hospitalization. “We encourage the mothers to room-in with their babies and hold them skin-to-skin as much as possible. This bonding time gives the new moms an opportunity to learn about caring for their babies’ needs

with the Maternity staff close at hand to answer any questions. Many new mothers need a little coaching on breastfeeding,” Dr. Ugbana said.

Pediatric Hospitalist Obiaghanwa S. Ugbana, M.D., explained that Kangaroo Care at LMH begins immediately after birth. “Instead of removing the infant from the Labor and Delivery (L&D) room to be cleaned up, we quickly dry the baby right there in the mother’s presence, and then place the baby directly onto the mother’s chest. The baby is soothed by the mother’s familiar body temperature, aroma and heartbeat rhythm. Both mother and baby take pleasure in the skin-to-skin contact which deepens their bonding experience,

Nationally, the Kangaroo Care standard has been shown to benefit both the mother and baby. For the baby, benefits include quicker body temperature regulation, improved vital sign stabilization, enhanced neurological development, more rapid weight gain and improved sleep patterns. For the mother, benefits of Kangaroo Care include an increase in breast milk production, an increase in oxytocin hormonal levels, reduction in the incidence of maternal depression, and reduction of anxiety.