

Quality Report Card



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MATERNITY CARE

Delivery Options Available at LMH

Relaxation, preparation, and knowledge are essential aspects of a positive birth experience. Licking Memorial Hospital (LMH) focuses on creating a family-centered environment to ensure that mothers receive the highest quality care during delivery and post-partum. Staff members with LMH Maternal Child – First Impressions, along with the healthcare providers at Licking Memorial Women’s Health, assist families to create an individualized birth preference plan that meets their needs.

A birth plan is a way for mothers to communicate their expectations during labor and after the birth of their baby to their healthcare team. Creating a birthing plan allows the mother-to-be to consider available options during labor and express her needs. LMH provides a variety of choices for families to establish a plan for a positive birthing experience.

Women can select the comfort measures they would prefer to have in the delivery room during labor. Relaxation and visualization strategies, such as soft lighting, music, aromatherapy, and massage, can relieve stress, relax tense muscles, and produce feelings of tranquility, allowing her to focus her energy on managing pain. Other relaxation methods may include breathing techniques, taking a warm shower, cold therapy, meditation, or distraction.

Movement during labor may help to ease discomfort by shifting pressure and can advance the progress with the simple effect of gravity. Sitting, standing, and walking tend to be the most comfortable

for women during this stage. Utilizing a birthing or peanut ball keeps the baby properly aligned in the pelvis and encourages pelvic mobility.

Throughout labor, the baby’s heartbeat requires monitoring with devices secured to the abdomen, and certain situations require continuous monitoring. This can limit the mother’s ability to move around in the room; however, wireless fetal monitors can allow for more movement. Intermittent fetal heart rate monitoring is available for low-risk pregnancies and offers even more freedom of movement.

A woman may also wish to receive medication for pain relief during labor. Several methods are available, including an epidural, which is an injection into the spine that blocks the pain signals from certain areas of the body. Women who would prefer not to receive an epidural may choose to have pain medication administered intravenously. This type of medication relieves pain without the loss of feeling or muscle movement that occurs with an epidural. It is important to note that IV medications can only be used during early labor, whereas an epidural may be used continuously throughout delivery.

If labor fails to progress in a timely manner, the healthcare team may need to begin labor augmentation, which is the process of stimulating the uterus to increase the frequency, duration, and intensity of contractions. Women may choose natural methods such as nipple stimulation, have their amniotic membrane ruptured, known as breaking the water, or receive

medication, such as Pitocin, to cause the uterus to contract.

During delivery, the most common birthing position is lying on the back or semi-sitting in bed; however, research shows that taking weight off the tailbone allows the pelvis to expand and can make spontaneous birth more likely. LMH offers several alternative pushing positions to allow mothers to experience childbirth using low-intervention methods. Women may choose to stand, squat, use a prop for support, be positioned on hands and knees, or lie on their side.

It is important to remember that the main goal of the healthcare team is to ensure the health and safety of the mother and baby. The team may need to deviate from the birthing plan to ensure a safe delivery. A cesarean section (C-section) is performed when medically indicated, and the benefits outweigh the risks. The birth plan can still help communicate a mother’s preferences should a C-section be necessary.

The birthing plan also includes preferences once the baby is born. Parents may choose how they would like to hold their baby, and they also have options for what to do with cord blood and the placenta. In the event that the baby is unwell after birth, the infant will receive care in the Special Care Nursery (SCN).

The SCN is specially designed to meet the medical needs of critical care infants, while offering support to new parents. Designated as a Level II facility by the Ohio Department of Health, the SCN utilizes state-of-the-art medical equipment and is

Education on Delivery Options (continued on back)

Patient Story – Courtney Ulmer

Having given birth to two children, Courtney Ulmer expected that her third pregnancy would be similar to her prior experiences. She had been healthy throughout her first two pregnancies, and was able to deliver her children without much assistance and medication. However, during routine prenatal visits, Courtney and her husband, Treg, discovered she was pregnant with twins, and a whole new experience began.

Carrying more than one baby places women at a higher risk of preeclampsia, a serious high blood pressure condition that develops after 20 weeks of pregnancy or after giving birth. Blood pressure is the force of blood that pushes against the walls of the arteries. Experiencing high blood pressure increases stress on the heart and may cause other difficulties during pregnancy. The disorder can impair kidney and liver function, affect the blood supply to the placenta, cause fluid to build up in the lungs, or cause seizures or visual disturbances. Healthcare providers will test for protein in the urine or development of decreased blood platelets to fully diagnose preeclampsia.

Most women with preeclampsia will deliver healthy babies and fully recover. Before delivery, preeclampsia treatment includes careful monitoring and medications to lower blood pressure and manage complications. To avoid serious complications, early delivery is often recommended. The timing of delivery depends on the severity of the condition and how many weeks the mother is into the pregnancy.

Courtney did develop preeclampsia and was being closely monitored. Her obstetrician, Janae M. Davis, M.D., recommended the twins be delivered by cesarean section (C-section), the surgical delivery of a baby through an incision

made in the mother's abdomen and uterus. Healthcare providers at Licking Memorial Hospital (LMH) perform the procedure only when they believe it is safer for the mother, the baby, or both.

"The staff spoke with me about what to expect and walked me through the procedure," Courtney remembered. "I was even able to speak with the anesthesiologist. She answered my questions and shared her personal birthing experience. The nurses held my hand and baby-stepped me through the process. They put me at ease and worked to make sure the experience would be less stressful."

Around 32 weeks, Courtney's blood pressure and proteins found in her urine became a concern, and she was informed that the twins would have to be delivered soon. A week later, she was taken to LMH for the procedure.

"I knew going in that I was going to have the C-section, but how quickly it came was a shock for me. Everything was different than my other birthing experiences," she shared. "With my first two children, I did not have to stay in the Hospital for an extended period of time, nor did I have to stay in the bed for so long. I was a bit overwhelmed, but everyone involved in the process was awesome. The nurses were so nice."

After the delivery, the twins were taken to the Special Care Nursery. They were healthy; however, pediatricians recommend that any infant born earlier than 34 weeks gestation spend time in the special care nursery, often several weeks, to ensure overall wellbeing including lung maturity, feeding ability, and weight gain. In the Special Care Nursery at LMH, specially trained registered nurses and pediatric provider coverage are available

24 hours, seven days a week to direct the care of the infants.

"I had some knowledge about the Special Care Nursery, but was not sure what all was entailed in the care of the twins," Courtney said. "Pediatric Hospitalist John P. Lazar, M.D., explained what care was being provided and gave details about their stay. Everyone was very open. My husband and I were allowed to come and go as we wanted, and be as involved and take over care when we wanted."

After four weeks in the Special Care Nursery, Courtney and Treg were able to take the twins home. The couple, who met at Sheridan High School, currently live and work on a farm in Glenford that has been in Treg's family for nearly 200 years. They hope their children will continue the farming legacy.

"Even though I live closer to other healthcare facilities, I choose to make the 30 minute drive to LMH," expressed Courtney. "I highly recommend the Hospital. Everyone is amazing and provides compassionate care. My twins are doing great. We are very blessed."

Maternity Care – How do we compare?

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 to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

- According to the American Academy of Pediatrics, small-for-gestational-age infants are those who are born weighing less than the 10th percentile for their given gestational age. At term, this weight is 2,500 grams (5 pounds, 8 ounces). Many factors contribute to low birth weight, including 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 at increased risk for health problems. Adequate prenatal care and healthy practices can significantly reduce the incidence of low birth-weight deliveries. **In 2023, there were 810 babies delivered at Licking Memorial Hospital (LMH), a small percentage of which met low birth-weight criteria.**

	LMH 2021	LMH 2022	LMH 2023	National ⁽¹⁾
Low birth-weight infants	5.7%	3.4%	6.9%	8.52%

- Smoking during pregnancy is an 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 higher than 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 You, Quit for Your Baby” tobacco cessation program. **During 2023, 16 percent of patients reported smoking at some point during pregnancy. The below measure reflects the statistical improvement at the time of delivery.**

	LMH 2021	LMH 2022	LMH 2023	State Average ⁽²⁾
Patients who reported smoking at any time during pregnancy	23%	15%	16%	11.5%
Patients who reported as a current smoker on admission for delivery	17%	10%	12%	14.1%

- Exclusive breastfeeding is recommended as the optimal nutrition for infants for the first six months of life, with continued breastfeeding after the introduction of solid foods for the first year or longer, if desired. The American Academy of Pediatrics (AAP), ACOG, World Health Organization and other healthcare organizations support this recommendation recognizing the significant lifelong health benefits of breastfeeding for both mother and child. The AAP recommends that breastfeeding should be initiated within one hour of the infant’s birth and recommends against routine supplementation of newborn infants with formula or glucose water unless medically indicated. LMH provides prenatal education as well as support and assistance during the postpartum period to help mothers achieve their goals for successful breastfeeding.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Breastfeeding rate upon discharge	65.3%	67.5%	66.4%	greater than 55%
Breastfed infants receiving exclusive breast milk prior to discharge	71%	76%	72%	National ⁽⁴⁾ 53%

- Cesarean section deliveries (C-sections) should be performed only when medically necessary. Lower percentages are preferable.

	LMH 2021	LMH 2022	LMH 2023	National ⁽⁴⁾
First-time C-sections	10%	10%	12%	16%

- Elective deliveries are newborn deliveries that are scheduled in advance, rather than allowing labor to occur naturally, specifically for mothers prior to 39 weeks of gestation. Studies have shown that elective deliveries performed prior to 39 weeks have higher rates of newborn complications, higher C-section rates, and longer hospitalization for mothers. Lower elective delivery rates are better, as this reduces potential risks to the baby and the mother.

	LMH 2021	LMH 2022	LMH 2023	National ⁽⁵⁾
Elective deliveries performed before 39 weeks	0%	0%	0%	2%

Maternity Care – How do we compare? (continued on back)

Check out our Quality Report Cards online at [LMHealth.org](https://www.LMHealth.org).

6. Group B streptococci (GBS), which emerged in the U.S. in the 1970s, is an infection that is associated with illness and death among newborns. Most neonatal GBS infections can be prevented through screenings and, if needed, by giving an antibiotic to the mother before delivery.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Mothers with GBS receiving antibiotic within 4 hours prior to delivery	100%	100%	100%	100%
Number of newborns testing positive with GBS	1	0	0	0

Data Footnotes:

- (1) Final data for 2021. National Vital Statistics Reports, 72(1). Hyattsville, MD: National Center for Health Statistics. Available at <https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf>
- (2) Ohio Department of Health: Center for Public Health Statistics and Informatics (2020). Retrieved from <http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>
- (3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5226303/>
- (4) MIDAS+ CPMS Comparative Database
- (5) HospitalCompare.hhs.gov Comparative Database

Education on Delivery Options (continued from front)

staffed 24 hours per day by highly trained registered nurses. Pediatric physicians and neonatal nurse practitioners direct the medical care of all SCN infants daily and notify the parents of any condition changes. The SCN provides family-centered personal care to ill or at-risk infants and those born up to eight weeks

prematurely. LMH staff coordinate with neonatologists at Nationwide Children’s Hospital in Columbus to provide excellent care to infants and their families.

LMH Maternal Child – First Impressions offers the highest quality maternity care for expecting families. The staff

actively listen and carefully consider each mother’s preferences to create a family-centered experience that meets their needs throughout labor, delivery, and recovery, allowing parents to bond with their newborn and receive the support and education necessary for a smooth transition home.

RSV Vaccine Recommended During Pregnancy

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. While most people recover within a couple of weeks, RSV can be dangerous for infants. Pregnant women are encouraged to receive the maternal RSV vaccine during pregnancy to protect their infant from severe RSV disease.

Currently, the only RSV vaccine that is approved and recommended for use in pregnant individuals is Pfizer’s RSV vaccine (Abrysvo). To prevent RSV lower respiratory tract infection in infants, the

Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists (ACOG) recommend a single dose of the RSV vaccine for pregnant women between 32 and 36 weeks of gestation during the RSV season, which is September through January.

An immunization may also be administered to infants after birth if the mother does not receive the vaccine during pregnancy. The RSV antibody immunization, Beyfortus, is an injection that can be given to infants to prevent severe RSV disease. The CDC

recommends that infants younger than eight months who are born during or entering their first RSV season should receive a single dose of the RSV immunization.

Pregnant women and parents should discuss the risks and benefits of receiving the RSV vaccine with their healthcare provider to determine if the vaccine is right for them. Side effects of the maternal RSV vaccine include pain at the injection site, muscle ache, headache, sore arms, and nausea.



Licking Memorial Health Systems

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Please take a few minutes to read this month’s report on **Maternity Care**. You will soon discover why Licking Memorial Hospital is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1572 to receive future mailings.

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