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, 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 2014, there were 1,136 babies delivered at Licking Memorial Hospital (LMH) – 64 of those babies weighed less than 2,500 grams.

	LMH 2012	LMH 2013	LMH 2014	National[1]
Low birth-weight infants	5.0%	5.7%	4.4%	**8.0%**

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 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.

	LMH 2012	LMH 2013	LMH 2014	National[3]
Patients who reported smoking during pregnancy	24%	21%	19%	**12%**

3 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 2012	LMH 2013	LMH 2014	National
Mothers with GBS receiving antibiotic before delivery	97%	97%	96%	**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 2012	LMH 2013	LMH 2014	National[4]
Maternity patients who had a C-section	22%	24%	23%	**33%**
First-time C-sections	10%	13%	11%	**22%**

5 Elective deliveries are scheduled in advance rather than occurring naturally, either through induction or C-section. Studies have shown that elective inductions performed before 39 weeks' gestation have higher rates of newborn complications, higher C-section rates, and longer hospital lengths-of-stay for mothers. LMH has chosen to follow the American Congress of Obstetrics and Gynecology's stricter recommendations, and will perform elective inductions only after 41 weeks' gestation.

	LMH 2012	LMH 2013	LMH 2014	National[5]
Elective deliveries performed before 39 weeks	2%	0%	0%	**5%**

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6 "Exclusive" breast milk feeding refers to the nutrition offered to a newborn while in the hospital following delivery. The World Health Organization and other healthcare providers/agencies recommend feeding newborns only breast milk for the first 6 months of life. Evidence indicates that exclusive 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 2012	LMH 2013	LMH 2014	National[6]
Of newborns who received breast milk during their Hospital stay, percentage of mothers who breastfed exclusively[4]	57%	80%	78%	**53%**

7 Gestational diabetes (GDM) is one of the most common clinical issues during pregnancy. The prevalence of GDM ranges from 2 to 5 percent of all pregnancies in the U.S., and all expectant 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 2012	LMHP 2013	LMHP 2014	Goal
LMHP pregnant patients screened for GDM by 29 weeks	96%	96%	95%	**greater than 90%**

Data Footnotes:

(1) Preliminary data for 2013. National Vital Statistics Reports, 63(2). Hyattsville, MD: National Center for Health Statistics. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf. (2) Heffner, LJ, Sherman, CB, Speizer, FE, Weiss, ST. Clinical and Environmental Predictors of Preterm Labor. Obstetrics and Gynecology 1993; 81:750. (3) Tong, VT, Dietz, PM, et al. Trends in Smoking Before, During and After Pregnancy – Pregnancy Risks Assessment Monitoring System (PRAMS), United States, 40 sites, 2000-2010. (4) National Vital Statistics Reports, Volume 62, Number 9, December 30, 2013. Available at www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf#table21. National Vital Statistics Reports, Volume 63, Number 1, January 23, 2014. Available at www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_01.pdf. (5) HospitalCompare.hhs.gov Comparative Database. (6) MIDAS+ CPMS Comparative Database.

Patient Story – Maggie Leighton

In March 2014, Maggie and Eric Leighton of Pataskala learned the news they had been eagerly awaiting. They were going to have a baby!

"I took a home pregnancy test, and the results were confirmed when I visited Erica Brown, C.N.M., a nurse midwife at Licking Memorial Women's Health – Pataskala." Maggie said. "It was an exciting time, but also a little scary since it was our first baby."

Maggie and Eric Leighton with their son, Graham, at 2½ months.

The first several months went smoothly for Maggie, who is a nurse in Muskingum County. "I did not even have any morning sickness," she reported. However, her pregnancy status changed dramatically at her 20-week ultrasound. That was when the Leightons discovered they were going to have a son, and that his placental cord contained just two vessels instead of three.

Normally, the placental cord forms with one vein that delivers nutrients to the fetus, and two arteries that carry waste products away from the unborn baby to the placenta. With a "two-vessel cord," such as in Maggie's case, the placental cord is missing one of the arteries that transport the fetus' waste, and the single artery that is present compensates by carrying all the output. It is a rare condition that affects just more than 1 percent of pregnancies. Most pregnancies that involve a two-vessel cord result in healthy babies, but there is an increased risk for heart, kidney, skeletal, or intestinal abnormalities.

"Of course, it was pretty upsetting to learn all the potential problems that can be associated with the two-vessel cord condition, and Eric was even more nervous than I was," Maggie said. "We were referred to a perinatologist in Columbus, who performed two ultrasounds over a couple of months and was able to reassure us that our baby was developing normally – the anatomy was perfect. There was still a risk that he could stop growing or be born small, but the ultrasounds helped to calm us."

"The two-vessel cord is pretty uncommon, and we don't know why it occurs," Erica said. "Fortunately, the ultrasounds ruled out major organ abnormalities for the baby. We then increased the rate of Maggie's office visits so that we could monitor the baby's development more closely."

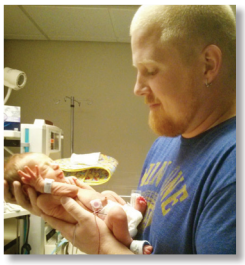
At each of the following prenatal visits, Erica measured Maggie's abdomen and checked the unborn baby's heartbeat with a Dopler fetal monitor. Maggie and Eric began to prepare for their 40-week due date of November 7. They shopped for nursery furniture and attended prenatal classes at Licking Memorial Hospital (LMH).

In late September, the Leightons attended a Childbirth Education class that taught, among other things, how to tell the difference between false labor and active labor. Maggie said, "The next night I woke up at 1:30 a.m. with contractions. I went downstairs and walked around. At first, the contractions were two to four minutes apart, but they began occurring more quickly. So I woke Eric and called the Hospital. The midwife on call, Michelle Pease, C.N.M., advised us to come in for an evaluation."

At LMH, Michelle determined that Maggie was in active labor and beginning to dilate. Erica arrived to perform the delivery, and because the baby was premature, Obstetrician/Gynecologist Linda Yu, M.D., and Pediatrician Richard A. Baltisberger, M.D., also assisted.

Baby Graham was born at 11:15 a.m., on September 29 weighing just 4 lbs., 6 oz. He was a little less than six weeks ahead of his due date. Maggie and Eric were able to hold Graham briefly before he was taken to LMH's Special Care Nursery for close observation and heightened care.

"It was difficult to be separated from Graham," Maggie remembered, "but I understood that he needed to be monitored. At first, he did not need supplemental oxygen, but then he developed sleep apnea. He continued to receive oxygen off and on throughout the first couple of weeks."



Weighing just 4 pounds, 6 ounces, newborn Graham fit in the palms of father Eric Leighton's hands.

During the time that Graham was in the Special Care Nursery, Maggie and Eric remained nearby. Maggie said, "We were welcome to be with Graham 24/7. We were even permitted to stay in the mother-baby suite as overnight guests for as long as Graham was still in the Hospital. That was a real blessing for us because my days were a blur – filled with pumping breast milk, feedings and changing diapers. Eric works at LMH, and staying at the Hospital made it possible for him to be with Graham and me any time that he was not working."

Debbie Young, Vice President Patient Services, explained that LMH goes the extra mile to accommodate new parents who have an infant in the Special Care Nursery. "As long as we have a room available, we offer accommodations to parents while their babies are in the Special Care Nursery. It's so stressful for parents when they can't take their newborns home, and we are happy to be able to ease their burden by eliminating their travel time to be with their babies."

Although he was otherwise healthy, Graham continued to have episodes of sleep apnea. He was required to be free of any sleep apnea for a week before he could be discharged. Finally, when he was 23 days old, Graham was cleared for discharge. "Up until that point, he was on monitors that ensured he was breathing adequately," Maggie said. "It was a little unnerving to take Graham home without the security of the monitors, but at the same time, we trusted that the doctors knew he was ready."

Maggie added, "Before we left LMH, the staff repeatedly educated us on the ABCs of safe sleep for babies – Alone, on their Backs, and in their Cribs. They also provided information on the importance of breastfeeding during the baby's first year. Months after Graham's discharge, I continued to visit the Hospital to consult with the Outpatient Lactation Clinic and to conduct Graham's weight checks. Without their continued support, I believe I would not have been successful in breastfeeding," she said. "I want to thank all the LMH staff – the doctors, nurses, techs, even the cleaning staff. Everyone took wonderful care of us. I would recommend LMH to anyone."

Elective Delivery Policy Promotes Infants' Safety

Midway through their third trimester of pregnancy, many women grow weary of the additional weight and pressure caused by the unborn baby's growth. The average pregnancy lasts 40 weeks, but it is not unusual for patients to ask their obstetricians to perform an elective induced labor a couple of weeks early. The average C-section rate in the U.S. is approaching 30 percent, and studies show there is a correlation between elective induction of labor and increased C-section rates. Unfortunately, there is increased risk to both mother and baby with repeated C-section deliveries.

Ngozi V. Ibe, M.D.

Ngozi V. Ibe, M.D., of Licking Memorial Women's Health, said that while she understands the reasons for her patients' requests, Licking Memorial Hospital (LMH) has policies to prevent early induction for any reason that is not medically based.

Dr. Ibe said, "Patients have given many reasons why they want to deliver their babies early, including personal discomfort, upcoming travel plans or to target a special date. They may even know someone who had an early elective delivery in the past. However, patients are sometimes unaware that elective induction of labor increases the likelihood of a C-section delivery. Also, patients often think that C-section is minor surgery, and they do not understand the possible consequences of repeated surgeries on future pregnancies, as well as their own health. As physicians, we must provide care that is in the best interest of the mother and baby's health. In 2014, LMH adopted a policy which follows the American Congress of Obstetricians and Gynecologists' new recommendation to avoid elective induced deliveries before 41 weeks in an effort to decrease the number of performed C-sections and their associated risks."

LMH's restriction against elective induction before 41 weeks does not apply to inducing labor when indicated for medical reasons, such as:

- The mother has a health concern that could be affected by the pregnancy.
- The mother has a health condition that may affect the baby's well-being.
- The mother's water has broken, but contractions have not started naturally.
- The baby's growth does not meet expectations.
- The placenta is deteriorating.

To induce labor, the mother is given oxytocin intravenously under constant observation. Oxytocin is a hormone that is produced naturally in the pituitary gland to initiate labor contractions.

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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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Health Tips – Safe Sleep

In Ohio, more than 150 cases of infant mortality each year are sleep related. These tragedies include sudden infant death syndrome (SIDS), accidental suffocation, positional asphyxia, overlay and undetermined causes.

Licking Memorial Health Systems joins the American Academy of Pediatrics and the Ohio Department of Health in recommending steps outlined in the Safe Sleep Is Good4Baby initiative. The initiative strives to reduce the incidence of infant mortality by promoting the ABCs of Safe Sleep, which instruct parents that infants sleep best **A**lone, on their **B**ack, in a **C**rib.

Other Safe Sleep measures include:
- The safest place for the baby to sleep is in the parents' room, but not in their bed.
- The baby's crib or bassinet should be free from toys, soft bedding, blankets and pillows.
- The baby's crib should be placed in a smoke-free environment.
- Talk about Safe Sleep practices with everyone who provides care to your baby.
- Dress the baby in light clothing for sleep – avoid setting the thermostat too high.