

Licking Memorial Health Systems Quality Report Card

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MATERNITY CARE



Safe Sleep Practices for Infants

Unsafe sleep practices have been identified as one of the leading causes of infant mortality in Licking County. These practices can increase the risk of suffocation, entrapment, and sudden infant death syndrome (SIDS). Sleep-related deaths are one of the leading causes of death for infants between 1 month and 1 year of age. Most causes of sleep-related deaths in infants are preventable. Understanding the risk factors and taking steps to mitigate those risks are crucial for parents and caregivers to ensure their babies are sleeping safely.

SIDS is defined as the unexplained death of an infant in the first year, and in most cases, occurs during sleep. Sudden Unexpected Infant Death (SUID) is a broader term that includes SIDS as well as other deaths that may have known causes, such as accidental strangulation or suffocation in a bed. A SUID can happen suddenly and unexpectedly even to babies that are healthy. Babies are at the highest risk for SUID when they are between 1 and 10 months of age and/or sharing a bed with a parent. In 2023, Licking County experienced 6 sleep-related infant deaths.

Several risk factors have been identified as contributing to the cause of SIDS and SUID, including:

- Sleeping on the stomach or side
- Sleep location
- Bed sharing or co-sleeping
- Exposure to smoke
- Temperature

Until the early 1990s, healthcare professionals advised parents to place newborns on their stomachs to sleep to prevent the child from choking if they spit

up. However, studies began to show a significant link between SIDS and stomach sleeping. In 1992, the American Academy of Pediatrics (AAP) recommended that infants be put to sleep on their backs or sides to reduce the risk of SIDS. In 1994, the National Institute of Child Health and Development (NICHD) launched the Back to Sleep campaign, which recommended that healthy infants be placed on their back to sleep.

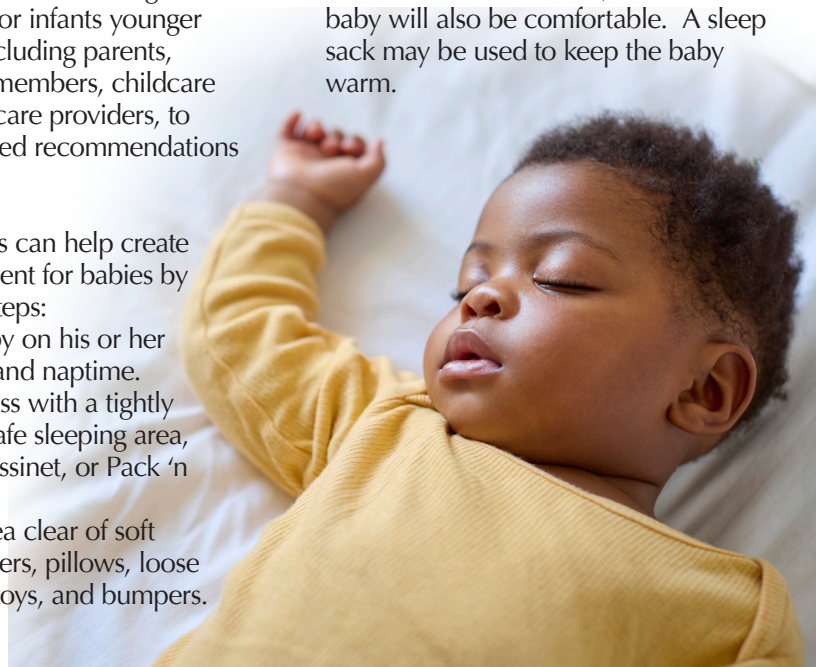
After extensive research and in response to changes in infant mortality data, the NICHD implemented the Safe to Sleep® campaign in 2012, an expansion of the Back to Sleep campaign that addressed safe sleep environments in addition to back sleeping to reduce the risk of SIDS and other sleep-related infant deaths.

The AAP revised its recommendations for safe sleep in 2022 and encourages everyone who cares for infants younger than 1 year of age, including parents, grandparents, family members, childcare providers, and healthcare providers, to learn about the updated recommendations for safe infant sleep.

Parents and caregivers can help create a safe sleep environment for babies by taking the following steps:

- Always place baby on his or her back at bedtime and naptime.
- Use a firm mattress with a tightly fitted sheet in a safe sleeping area, such as a crib, bassinet, or Pack 'n Play®.
- Keep sleeping area clear of soft bedding, comforters, pillows, loose sheets, blankets, toys, and bumpers.

- Parents should not share their bed with the baby, as this can increase the risk of suffocation during sleep. Room sharing is recommended until 6 months of age, where the baby sleeps next to the bed in a separate space, such as a bassinet or Pack 'n Play®.
- Avoid letting the baby sleep on a couch, armchair, or in a seating device such as a swing, lounger, or car safety seat, except when traveling in the car.
- Mothers may breastfeed in their bed but should return the baby to his or her own safe place to sleep when nursing is finished.
- Do not allow people to smoke around the baby. SUID occurs more often with babies who are exposed to smoke than those who have a smoke-free environment.
- Keep sleeping rooms at a comfortable temperature. If parents are comfortable in the room, then their baby will also be comfortable. A sleep sack may be used to keep the baby warm.



Patient Story – Kathleen Michel



Even though Kathleen Michel lives nearer to a Columbus hospital, she felt it would be worth the travel to give birth to her children at Licking Memorial Hospital (LMH). She feels a personal connection to LMH because she and her siblings were born there, and her mother had worked in the Mother and Baby unit. When Kathleen became pregnant with her first child, she visited Licking Memorial Women's Health and began to discover more about what LMH had to offer. Kathleen wanted to learn everything she could about the growth and development of her unborn baby and the changes her own body would undergo. She was very excited to discover that LMH's Maternal Child Services offers numerous educational programs including a Centering Pregnancy Program.

The Centering Pregnancy Program offers more personalized care for mothers-to-be and provides a space for women to voice their concerns, share their experiences, and promote self-care. LMH launched the program in the fall of 2019 to promote healthy birth outcomes by providing educational experiences and more healthcare provider contact to pregnant women. The program brings together women with similar due dates to participate in nurse-led meetings beginning around their 14th week of pregnancy. The group meets once a month for the first four meetings, then twice a month for the last four meetings to complete the program around their 36th week of pregnancy.

"Participating in the Centering Pregnancy Program taught me so much about what to expect during pregnancy so that I

could make informed choices about my own birthing experience," Kathleen said. "More importantly, I was able to build connections with other women. It was amazing to hear their stories, and we could all relate to one another, encourage each other, and talk about everything."

In April, Kathleen began experiencing cramping and visited the Labor and Delivery unit at LMH. She was informed that she was in labor and was admitted to LMH to prepare for the birth of her son. The nurses asked about Kathleen's birth plan. She had decided she wanted to give birth as quickly as possible, and receive an epidural, a type of regional anesthesia that blocks pain signals from traveling to the brain. Labor progressed smoothly and soon Kathleen and her husband were holding their newborn son, Crew.

"The nurses and staff are so kind and it was so nice to know that the team working with me was in my corner and wanted to support me in whatever way possible with my health and safety in mind. They checked on me often to ensure I was laboring well and asked if there was anything I needed," Kathleen remembered. "Everyone was encouraging, and I felt very comfortable with the team."

In the Mother and Baby unit, the nurses encourage new parents to spend as much time as possible with their new baby. LMH promotes rooming in for bonding and breastfeeding success, but in cases where medical indications or maternal exhaustion are present, short-term separation may be accommodated to promote rest and safety. "From the moment he arrived into the world and the staff examined him, to when he had his first bath, the staff did everything with us at arms reach. After being awake for over 36 hours, we were exhausted, and the nurse offered to take him to the nursery for a few hours so we could get some rest," Kathleen shared. "As soon as I woke up, the nurse brought him back to me. My husband and I also really enjoyed the candlelight dinner with fillet mignon and lobster offered by LMH. The food was amazing throughout our stay."

"The lactation consultants were super helpful as well. As a first time mom,

having no knowledge about breastfeeding felt very overwhelming," Kathleen said. "The consultants made sure I was doing everything properly and that my baby was being fed. They offered valuable advice and made the process easier. The lactation class beforehand was also filled with useful information about what to expect."

After Kathleen and Crew returned home, an LMH Home Visiting Nurse visited her at home. LMH offers a home visit to every first-time mother, every breastfeeding mother, or a mother who is referred by a physician or nurse and may need a little assistance or reassurance after delivery. During the visit, the nurse completed a blood pressure check, depression screening, and offered breastfeeding support. The nurse also completed a newborn assessment, weight check, and answered general newborn questions. A special meeting for the other women who went through the Patient Centering Program was also arranged after all the women gave birth.

"I am still in contact with the other three women from the program," Kathleen shared. "We are planning our own mommy/baby date soon. I would advise any mother to ask about the program and participate. I learned so much and I now have women in my life that I can lean on when I need encouragement. Another benefit was the Stork Tour. We visited the birthing suites and the postpartum rooms which gave me a much better understanding of what to expect when I went into labor. I cannot say enough about how wonderful everyone at LMH was to me, my husband, and our son!"

In addition to the Patient Centering Program, LMH offers a one-day Childbirth Education and Mother-baby Basics class to provide information, skills, and resources needed to prepare for the birth of your baby. A Breastfeeding Basics, Breastfeeding Support Group, Boot Camp for Dads, Postpartum Support, and classes for siblings and grandparents are also available. All classes are free of charge and take place at LMH in the First Floor Conference Room. To find out more about the classes, call (220) 564-4333 or visit LMHealth.org.

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.

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 2024, there were 821 babies delivered at Licking Memorial Hospital (LMH), a small percentage of which met low birth-weight criteria.**

	LMH 2022	LMH 2023	LMH 2024	National ⁽¹⁾
Low birth-weight infants	3.4%	6.9%	4.9%	8.60%

2. 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 2024, 17 percent of patients reported smoking at some point during pregnancy. The below measure reflects the statistical improvement at the time of delivery.**

	LMH 2022	LMH 2023	LMH 2024	State Average ⁽²⁾
Patients who reported smoking at any time during pregnancy	15%	16%	17%	11.5%
Patients who reported as a current smoker on admission for delivery	10%	12%	14%	14.1%

3. 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 2022	LMH 2023	LMH 2024	LMH Goal greater than 55%
Breastfeeding rate upon discharge	67.5%	66.4%	63.4%	
Breastfed infants receiving exclusive breast milk prior to discharge	76%	72%	64%	National ⁽⁴⁾ 54%

4. A Cesarean section delivery (C-section) may be necessary in the event of delivery complications and is a decision based on careful consideration by the physician. Due to the additional risks of such a procedure, C-sections should be performed only when medically necessary. Lower percentages are preferable.

	LMH 2022	LMH 2023	LMH 2024	National ⁽⁴⁾
First-time C-sections	10%	12%	14%	16%

5. 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 2022	LMH 2023	LMH 2024	National ⁽⁵⁾
Elective deliveries performed before 39 weeks	0%	0%	0%	3%

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 2022	LMH 2023	LMH 2024	LMH Goal
Mothers with GBS receiving antibiotic within 4 hours prior to delivery	100%	100%	100%	100%
Number of newborns testing positive with GBS	0	0	0	0

Data Footnotes:

(1) Births: Final Data for 2022. National Vital Statistics Reports, 73(2). Hyattsville, MD: National Center for Health Statistics. Available at <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.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

Postpartum Depression in Fathers

Postpartum depression in fathers is more common than many people realize. Studies suggest that 1 in 10 dads experience postpartum depression, with the highest risk being 3 to 6 months after the baby’s birth. Several risk factors can contribute to postpartum depression, including lack of sleep, a personal history of mental illness, concerns, or elevated expectations about becoming a father, financial concerns, a strained relationship with their spouse, and fears about the changing dynamics within the family structure.

Male postpartum depression can manifest in many ways. Common, identifiable symptoms include anger, irritability, risk-taking behaviors such as substance and alcohol abuse, detachment from the family, becoming easily stressed, and physical symptoms such as headaches and stomachaches.

The tips below can help fathers cope with their own mental health after having a baby:

- Talk openly with your partner. Share feelings and concerns and actively listen to each other’s needs.
- Prioritize sleep. Aim for adequate sleep whenever possible.
- Maintain a healthy diet. Choose whole foods, fruits, vegetables, and lean meats.
- Exercise regularly. Physical activity releases endorphins which help to boost mood and energy levels.
- Participate in baby care. Taking an active role in feeding, changing diapers, and bathing the baby can help fathers feel more connected and involved.
- Practice self-care. Schedule time for yourself and engage in activities that you enjoy.
- Manage stress. Practice relaxation techniques such as deep breathing, meditation, and mindfulness exercises.
- Set realistic expectations. Understand that adjusting to parenthood is challenging and avoid comparing yourself to other parents.
- Ask for help. Do not be afraid to seek assistance from family, friends, or a postpartum doula.
- Seek professional help. It is ok to not be ok. Consult a mental health professional to discuss symptoms and develop coping mechanisms.



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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