



## Licking Memorial Health Systems

1320 West Main Street  
Newark, OH 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](http://www.LMHealth.org)

A publication of the LMHS Public Relations Department at (740) 348-1572. Please contact the Public Relations Department to receive future mailings.

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## Community Report Card Licking Memorial Health Systems

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Volume 9, Issue 4

April 2008

### A Community Report on Maternity Care

#### Health Tips - Maternity Care

**If you are pregnant, follow these helpful tips to help protect you and your unborn baby.**

- Avoid drinking alcoholic beverages. Drinking alcohol in any amount while pregnant is proven to be harmful to your baby.
- Do not smoke, and avoid secondhand smoke. Smoking during pregnancy increases the risk of low birth weight babies, and has also been shown to increase the risk of sudden infant death syndrome (SIDS).
- See your health care provider as soon as you suspect you are pregnant.
- Continue to wear your seat belt when driving or riding in a vehicle. Wear both the shoulder and lap belts if possible, placing the lap belt under your abdomen.
- Avoid exposure to household chemicals, such as cleaners and pesticides. If you must use strong household cleansing aids, be sure to wear gloves and work in well-ventilated areas. If you must paint inside the house, be sure to use latex paint and keep a window open.
- Discontinue using aerosol sprays. Switch to manual pump spray products.
- Avoid hair dyes and permanents. The safety of these products to an unborn baby has not been established.
- Exercise, but avoid impact exercise such as jumping or "jarring" activities. Other sports to avoid include: soccer, ice hockey, downhill snow skiing, scuba diving, horseback riding and water skiing.

# 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 them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your health care 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, preterm births, a lack of prenatal care, mother’s poor nutritional status before and during pregnancy, and drug, tobacco and 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 2007, there were 1,062 babies delivered at LMH.

	LMH 2005	LMH 2006	LMH 2007	National <sup>(1)</sup>
Low birth weight infants	5.9%	6.6%	5.7%	<b>8.2%</b>
Average birth weight for all infants born at LMH	3,305 grams	3,309 grams	3,352 grams	<b>3,307 grams</b>

**2** Cigarette smoking during pregnancy is one of the factors that can contribute to low birth weight in infants.

	LMH 2005	LMH 2006	LMH 2007	National <sup>(1)(2)</sup>
Patients who reported smoking during pregnancy	27%	26%	24%	<b>12%</b>

**3** Group B beta streptococcus (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 2005	LMH 2006	LMH 2007	Goal <sup>(3)</sup>
Mothers with GBS receiving antibiotic	95%	98%	98%	<b>100%</b>
Number of newborns testing positive with GBS	2	0	0	<b>0</b>

**4** Cesarean section deliveries (C-sections) can save the life of a mother and/or baby. However, to avoid unnecessary surgeries, C-sections should be performed only when truly necessary.

	LMH 2005	LMH 2006	LMH 2007	National <sup>(4)</sup>
Maternity patients who had a C-section	24%	22%	20%	<b>31%</b>
First-time C-sections	11%	11%	10%	<b>18%</b>

**5** Breastfeeding provides many benefits for 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 2005	LMH 2006	LMH 2007	Goal
Mothers choosing to breastfeed	54%	55%	56%	<b>greater than 55%</b>

**6** 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 inductions include pre-eclampsia, eclampsia, severe hypertension, diabetes, Rh factor sensitization, prolonged rupture of membranes or intrauterine growth restriction. Induction, however, does not occur without risks to mother and baby.

	LMH 2005	LMH 2006	LMH 2007	National <sup>(1),(5)</sup>
Induction of labor	31%	31%	32%	22%

**7** A trial of labor after previous Cesarean delivery may be an appropriate option in certain situations. The current risks and benefits of a vaginal birth after a prior Cesarean (VBAC) section should be discussed with the obstetrician. The doctor can provide the current practice management guidelines and advise when a repeat Cesarean section is necessary. Licking Memorial Health Professionals (LMHP) obstetricians counsel women by 20 weeks' gestation as to whether they should undergo another Cesarean section or attempt a vaginal delivery.

	LMHP 2005	LMHP 2006	LMHP 2007	Goal
LMHP patients counseled by 20 weeks on whether to undergo a second Cesarean or a VBAC	97%	81%	100%	greater than 90%

**8** 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. Licking Memorial Health Professionals (LMHP) obstetricians screen pregnant patients for GDM by 28 weeks.

	LMHP 2005	LMHP 2006	LMHP 2007	Goal
LMHP pregnant patients screened for GDM by 29 weeks <sup>(6)</sup>	95%	93%	96%	greater than 90%

**Data Footnotes:**

(1) Births: final data for 2005. National Vital Statistics Reports; Vol. 56, No. 6: National Center for Health Statistics. December 5, 2007.

(2) A CDC survey from 2006 showed that women with less than a high school education are twice as likely to smoke as college graduates. Demographics are part of the cause and indicate the need for more educational efforts directed toward the most at-risk populations. Public health education efforts at national and state levels to increase awareness on the health hazards of smoking during pregnancy may help reduce pregnancy smoking rates.

(3) Centers for Disease Control, American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, 1999.

(4) Comparative data from the Midas Comparative Database.

(5) Licking County has a higher risk population with social behaviors that lead to conditions which increase the induction rate. Among these are:

- Lack of prenatal care
- Higher smoking rate which may lead to fetal distress or maternal hypertension
- Higher drug use
- History of fast labors
- Gestational diabetes with history of large baby
- Low amniotic fluid

(6) Data reflects year-end averages rather than fourth quarter of each year as previously reported.

## New Baby Receives Tender Loving Care from Very Beginning

After 18 years of marriage, Yvette and Mason VanDyke were expecting their third child in January 2008. The couple had moved to Heath with their two sons in 2006 after Mason accepted a new position in Zanesville.

When Yvette learned that she was expecting another baby, she sought the services of Obstetrician/Gynecologist Todd Lemmon, M.D., of Licking Memorial Women's Health in Newark. Her pregnancy went smoothly, but as Yvette approached her due date, Dr. Lemmon decided to induce labor 10 days early to prevent the baby from growing too large.

Yvette and Mason arrived at Licking Memorial Hospital on January 22 for labor induction. Once Yvette was

settled in the Labor and Delivery room, induction began at 7:00 a.m. "My older son was born in Rapid City, South Dakota, while Mason was in the Air Force, and my younger son was born in Dayton. Out of the three hospitals where I've had my children, I'd have to say Licking Memorial is the best," Yvette said. "They really put the patient first."

Several hours into the labor induction, Dr. Lemmon was concerned by something he noticed during a pelvic examination. Although the fetal heart monitor showed no signs of distress, Dr. Lemmon felt the baby's umbilical cord in the wrong position. "The umbilical cord was prolapsed which means that it was dropping down into the birth canal ahead of the baby," Dr. Lemmon explained. "With a prolapsed umbilical cord, there is a danger that

the baby can put pressure on the cord which could affect the oxygen supply to the baby. The fetal heart monitor readings were good, but we did not want to take a chance. We needed to act quickly.”

As the staff prepared for an emergency C-section, they thoroughly explained the situation to Yvette and Mason and took time to answer their questions. “The nurses explained that the umbilical cord was wrapped around the baby’s neck and tied in a loose knot,” Yvette recalled. “But they were so supportive and confident that Mason and I did not feel afraid. They had the demeanor of ‘This is what is happening. We’re going to take care of it. Everything is going to be okay.’” Maci Elisabeth Rose VanDyke was born at 6:33 p.m. on January 22, and was declared to be in excellent health.



At Licking Memorial Hospital, a gourmet candlelight dinner for two is provided in the mother’s room.

“I was impressed by how much the nurses care about their patients,” Yvette said. “When we found out that I was going to have the emergency C-section, it was time for a shift change. One nurse could have left, but she stayed to see it through. It was so reassuring to have her there. Another nurse came over to the Post Partum area the next day to check on the baby and me. The whole staff stayed on top of things and really listened to me to control my pain and make sure everything was okay.”

At home, the VanDyke family has quickly adjusted to having a newborn in the house. Fifteen-year-old Alec and 9-year-old Connor adore their new little sister and have taken on guardian roles making sure any visitors have washed their hands before holding her.

## Special Care Nursery Available at LMH

Every expectant parent hopes for a healthy, active newborn baby, but occasionally a baby is born needing some extra attention in the first few days in an unfamiliar world. For these babies, Licking Memorial Hospital (LMH) is proud to offer a special care nursery on the third floor in the Maternal Child Department.

LMH’s special care nursery is a level II facility that is able to care for newborns who are moderately ill and require immediate stabilization. Moderately ill conditions include breathing problems, premature birth at no less than 32 weeks’ gestation, sepsis, low blood sugar, elevated bilirubin levels, feeding intolerance and certain birth defects. With the level II certification, LMH is able to care for these babies locally rather than transferring them to a different city.

One thousand sixty-two babies were born at LMH in 2007. Of those, 79 were admitted to the special care nursery.

Robert T. Seese, M.D., is an inpatient pediatrician who joined LMH in 2007. He marvels at the special care nursery facilities available at the Hospital. “The special care nursery is of great benefit to the people of the county. It allows us to stabilize and treat ill infants quickly. It also allows us to keep critical infants here in Licking County and close to their families,” Dr. Seese said. “Our special care nursery has a close cooperation with Nationwide Children’s Hospital, and infants requiring specialized surgery, cardiology care, or immediate visits with other specialists are transferred there as soon as they are stable enough to



Point of care technician Cami Packham feeds a baby in LMH’s Special Care Nursery.

be moved. However, the majority of infants born here who require a stay in the special care nursery are kept here at LMH, allowing moms and dads time to visit and bond with the newest member of the family. Our physicians and nursing staff have special training in caring for ill infants and provide compassionate, high-level care for area families.”

In the special care nursery, babies receive a heightened level of attention. The babies are placed in isolette radiant warmers where registered nurses closely monitor vital signs. The babies’ medications

and nutrition are carefully coordinated by the Hospital’s inpatient pediatricians who provide round-the-clock coverage. “It differs from the regular nursery in that all special care nursery infants are placed on heart and lung monitors, have one-on-one nursing care, and have immediate access to medical interventions by physicians,” Dr. Seese explained. An additional feature is a nearby parenting room where parents who need extra assistance in care instruction may stay all night and receive focused teaching by the registered nurse.

Babies who are born with more serious medical conditions must be transferred to a hospital with level III facilities. However, LMH’s special care nursery may be able to help with those babies’ care as well. Once the babies’ health improves enough to be cared for at a level II nursery, they can receive a “reverse transfer” back to LMH. This can be very helpful to the parents whose lives may have been disrupted by traveling to Columbus and from being separated from other children at home.