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.

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (740) 348-1572 to receive future mailings.

THOMSON REUTERS
TOP HOSPITALS
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1998, 1999, 2000, 2001, 2002, 2003, 2005, 2006, 2007, 2008

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Licking Memorial Health Systems

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Health Tips - 13 Things to Avoid During Pregnancy

1. **Tobacco smoke.** This includes all forms of tobacco smoke, even secondhand smoke.
2. **Alcohol.** Any amount of alcohol consumed during pregnancy has been linked to fetal alcohol syndrome and other disorders.
3. **Undercooked meat and eggs.** Pregnant women are at increased risk for food-borne illnesses, such as salmonella and listeria.
4. **Fish containing mercury.** Species known to contain mercury include shark, swordfish, king mackerel, fresh tuna and sea bass. Canned tuna should be consumed in moderation by pregnant women.
5. **Caffeine.** Although caffeine has not been proven to harm the fetus, it is wise to avoid the substance since it is a powerful stimulant and increases the unborn baby's heart rate.
6. **Over-the-counter drugs**. Check with your physician before taking any over-the-counter drug or supplement. Even aspirin, acetaminophen and common cold remedies can harm the fetus.
7. **Hot tubs, saunas and hot baths**. These may raise the mother's body temperature, which can harm the baby.
8. **Jumping exercises and contact sports.** The fetus is well-cushioned in the womb; however, the mother is at increased risk for injury because her joints and ligaments have stretched and loosened.
9. **Oil-based paints, solvents, and pesticides.** Toxic chemicals contained in these substances' fumes pass through the placenta.
10. **Litter boxes.** Cat feces may contain toxoplasmosis, which can cause birth defects in the unborn baby.
11. **X-rays.** Let your physician know if you may be pregnant before receiving X-rays. The physician will weigh the need for the X-ray against the potential risk to the unborn baby.
12. **Lengthy air travel.** Being confined to a crowded airplane seat for hours may increase the risk of blood clots.
13. **Hair dyes and permanents.** These cosmetic chemicals have been long suspected of causing harm to the fetus. Although there is no proof, it would be prudent to avoid them during pregnancy.

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 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, 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 2010, there were 1,087 babies delivered at Licking Memorial Hospital (LMH) – 62 with low birth weight.

	LMH 2008	LMH 2009	LMH 2010	National[1]
Low birth-weight infants	4.6%	4.5%	5.7%	**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 2008	LMH 2009	LMH 2010	National[1]
Patients who reported smoking during pregnancy	26%	25%	22%	**13%**

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 2008	LMH 2009	LMH 2010	Goal[4]
Mothers with GBS receiving antibiotic before delivery	96%	99%	100%	**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 2008	LMH 2009	LMH 2010	National[5]
Maternity patients who had a C-section	22%	24%	23%	**32%**
First-time C-sections	12%	13%	12%	**18%**

5 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 2008	LMH 2009	LMH 2010	Goal
Mothers choosing to breastfeed	53%	58%	59%	**greater than 55%**

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 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 2008	LMH 2009	LMH 2010	National[1]
Induction of labor	29%	28%	31%	**23%**

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

Maternity Care – How do we compare? (continued from outside page)

7 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 2008	LMHP 2009	LMHP 2010	Goal
LMHP pregnant patients screened for GDM by 29 weeks	96%	96%	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.

Patient Story – Jane Hatfield

Jane Hatfield of Newark is awestruck when she looks at her small newborn daughter. Amelia (affectionately called "Mia") is a healthy, relaxed baby girl who entered the world last summer under difficult conditions.

Jane Hatfield lovingly held her new daughter, Mia, just minutes after her birth at LMH in September 2010.

Jane and her husband, Mark, had their first child, a boy named Wil, at Licking Memorial Hospital (LMH) in 2007. In 2010, Jane was happily anticipating the birth of her second child, due to be delivered on October 18 by Cesarean section, because of her previous Cesarean section. This pregnancy had gone well, although Jane became easily tired from caring for her toddler. Calling upon her eight years' experience as a high school English teacher, she and Wil enjoyed quiet time by reading books about trucks and animals.

The quiet routine ended on the morning of September 14, when Jane awoke and walked into the kitchen to prepare breakfast for Wil. "As I reached for the refrigerator door, I had a sudden gush of blood," she recalled. "But there was no pain, and thankfully I could still feel the baby moving."

Jane called her physician's office and was advised to report to the Labor and Delivery Department at LMH immediately for evaluation. Mark, who serves in the military, was out of town, so Jane's sister gave her a ride to the Hospital, and their mother soon joined them there.

Tiffany E.D. Inglis, M.D., examined Jane and discovered that she was having regular contractions. "I did not even know I was in labor," Jane said. "The contractions were very mild at first, and I was so hungry. I thought I was just feeling hunger pangs. But Dr. Inglis showed me on the monitor that the contractions were coming two minutes apart, and they soon became quite strong."

Dr. Inglis' immediate diagnosis was probable placental abruption – a condition where the placenta separates from the uterine wall, endangering the lives of both mother and baby. "The nurses and physicians were very reassuring. The entire time, I could feel the baby moving, so I did not panic," Jane said. "The staff answered many of our questions even before we asked them." After carefully weighing all options, Dr. Inglis and Jane agreed that the baby should be born as soon as possible, and Dr. Inglis delivered Mia by C-section, with Mark now by Jane's side. A post-delivery examination confirmed Jane had suffered an abruption.

At 4 lbs., 15 oz., Mia was well-developed for her gestational age, but required special care. She was admitted to LMH's Level II nursery for constant monitoring. "Mia was a little more than five weeks early," Jane said, "But she did very, very well. For the first week, she received oxygen because of her under-developed lungs. After the first week, the primary issue was to establish a feeding schedule to provide enough nutrition for her.

"The staff was so helpful, and we were able to be with Mia anytime we wanted. It would have been quite scary to see our baby hooked up to all the tubes and equipment, but the nurses explained everything that was being done. I felt that we were well informed every step of the way."

Mark and Jane also found the close proximity of LMH's special care nursery to be very helpful. "With one small child at home, and needing to be at the Hospital two or three times a day to breastfeed, it was really a blessing to have the special care nursery available at LMH," Jane said.

Two weeks after her birth, Mia had grown strong enough to go home with her parents and big brother. "She has been a perfect baby," Jane commented. "She cries only when she is hungry, and she has a good appetite. We were very lucky that we were able to get such excellent care so quickly at LMH."

She composed a heart-felt thank-you letter for LMH's Maternity Services staff, writing, "You went beyond professionalism

Patient Story – Jane Hatfield (continued on next page)

Postpartum Depression Is More Than "Baby Blues"

Many mothers-to-be dream of their newborn's first days, imagining blissful days filled with cuddling and getting to know the newest member of their family. However, some mothers are distressed to find that, for them, the reality of their baby's first days are filled with mostly unpleasant feelings. New mothers who experience these feelings for a prolonged time may be suffering from a treatable condition known as postpartum depression.

Postpartum depression is a treatable condition. New mothers whose symptoms last more than one or two weeks are urged to consult with their physician.

"It is very common for a new mother to feel sad or irritable for a few days after she delivers her baby. That is often caused by a sudden fluctuation in hormonal levels, and many people refer to it as the 'baby blues'," said Dalia S. Elkhairi, M.D., obstetrician/gynecologist at Licking Memorial Women's Health – Pataskala. "However, if these feelings are severe, or if they last more than one or two weeks, the new mother may have postpartum depression, which is more serious than the baby blues, and may require treatment."

Symptoms of postpartum depression may include:

- Restlessness, moodiness and irritability
- Sadness or frequent crying
- Feeling overwhelmed
- Fatigue
- Apathy
- Eating too much or too little
- Sleeping too much or too little
- Trouble making decisions
- Forgetfulness
- Feelings of guilt or worthlessness
- Loss of interest in things once enjoyed
- Withdrawal from family and friends
- Headaches, stomach aches and body aches
- Negative feelings toward the baby
- Thoughts of death or suicide

The precise cause of postpartum depression is not known. Current research suggests that a combination of hormonal changes, the adjustment to new parenthood, the increased workload, sleep deprivation and other stress factors may all play a role in developing postpartum depression.

The National Institute of Mental Health (NIMH) estimates that 7 to 13 percent of new mothers suffer from postpartum depression, although NIMH also speculates the rate may be even higher, since many patients with postpartum depression do not seek treatment, and therefore, are unreported. According to the National Institute of Health, new mothers are at an increased risk of developing postpartum depression if they:

- Are under the age of 20 years
- Did not plan the pregnancy, or have mixed feelings about the pregnancy
- Have experienced postpartum depression with a previous childbirth
- Have a history of depression, bipolar disorder or an anxiety disorder
- Have a close family history of depression
- Have had a stressful event during the pregnancy or delivery, such as a serious illness, loss or illness of a loved one, or premature delivery
- Have a poor relationship with the baby's father, or are single
- Currently abuse alcohol, illegal drugs, or smoke tobacco
- Have financial problems
- Have little support from family and friends

Pregnant women who have had postpartum depression following a previous pregnancy should inform their physicians of the experience. Early research indicates that pregnant women who are at an elevated risk may be able to lessen the severity or prevent the condition with exercise, hormonal therapy or antidepressants.

"The symptoms of postpartum depression usually become apparent within the first three months after the baby is born, but they can develop up to one year after the delivery," Dr. Elkhairi stated. "It is so important for new mothers not to feel guilty, or as if they are 'bad mothers' for having these feelings. What is important is that treatment is available, and great improvements can be made as soon as the patient consults with her physician."

Depending on the patient's history and severity of symptoms, the prescribed treatment may include hormonal replacement, other medications or talk therapy. Family and friends may also be enlisted to help with small chores and baby-sitting sessions. Any woman who has dangerous feelings, such as wanting to harm herself or her baby, is urged to call 9-1-1 for immediate help.

Patient Story – Jane Hatfield (continued from previous page)

and treated us with consideration and real compassion, a natural result of doing what you do out of a genuine love of people – especially children. Each of you contributed a special, happy memory to what began as a scary and uncertain experience."

LMH's Maternity Services Department received a Level II Obstetrics and Newborn licensure from the Ohio Department of Health in 2004. Level II obstetrics services make it possible for expectant mothers with select high-risk conditions to deliver their babies at LMH, rather than be transferred to Columbus. Level II newborn services provide care to moderately ill pre-term and full-term newborns. In many instances, severely ill babies who had to receive care in a Columbus hospital are able to be transferred to LMH for the remainder of their care as soon as their conditions improve.