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## Licking Memorial Health Systems

1320 West Main Street  
Newark, Ohio 43055

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this month's report on patient  
care quality. You'll soon discover  
why Licking Memorial Hospital  
is measurably different  
for your health!  
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**Licking Memorial  
Health Systems**

March 2003  
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**Maternity  
Care**

measurably  
**different**  
for your  
**health!**



### HEALTH TIPS

Some risk factors for premature delivery can be controlled. Among potential serious complications of premature birth are respiratory distress syndrome and bleeding in the brain. Decrease your risk for having a premature baby by doing the following during pregnancy:

- Gain sufficient weight, especially if you started pregnancy at normal or below normal weight.
- Do not use any drugs without a physician's consent.
- Do not drink alcohol.
- Do not smoke cigarettes.

*...a community report on patient care quality.*



# Maternity Care: How do we compare?

At Licking Memorial Hospital, 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** Low birth weight infants are those who are born weighing less than 2500 grams (5 pounds, 8 ounces), regardless of gestational age, according to the American Academy of Pediatrics. There are many factors contributing to low birth weight, including multiple births, pre-term births, a lack of prenatal care, mothers' 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 an effort to improve infant health, LMH monitors birth weight and uses this information to educate the community on the benefits of early prenatal care. The **average** birth weight at LMH in 2001 was 3425 grams; in 2002, it was 3405 grams. The **percentage** of low birth weights is shown below.

	LMH 2001	LMH 2002	LMH Goal
% of low birth weight (<2500 grams) infants	5.3%	4.2%	<5%

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

	LMH 2001	LMH 2002	National <sup>(1)</sup>
% cigarette smoking during pregnancy	25.0%	27.5%	12.2%

**3** Group B Beta Streptococcus (GBBS) 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 GBBS infections can be prevented through screenings and, if needed, through the use of a special antibiotic.

	LMH 2001	LMH 2002	National Goal <sup>(2)</sup>
% of mothers with GBBS receiving antibiotic	98%	94%	100%
# of newborns testing positive with GBBS	0	0	0

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

	LMH 2001	LMH 2002	National <sup>(3)</sup>
Total % of women who had a C-section	23.5%	23.4%	26.4%
% of first-time C-sections	15.4%	15.4%	18.0%
% of repeat C-sections	83.7%	85.8%	84.1%

**5**

Breast-feeding provides many benefits for infants and their mothers. The LMH maternity care staff offers encouragement and support to breast-feeding mothers. Breast-feeding rates are monitored at LMH to evaluate the effectiveness of the support provided.

% of mothers choosing to breast-feed		
LMH 2001	LMH 2002	LMH Goal
54.7%	51.1%	>55%

**6**

C-sections may be medically necessary for a number of reasons. To evaluate trends in maternity care, both LMH and the Ohio Hospital Association monitor the medical reasons for C-section deliveries.

Top reasons cited for C-section deliveries			
Presentation of baby (e.g. breech)			
LMH 2001	LMH 2002	State <sup>(4)</sup>	
28.9%	16.4%	36.7%	
Fetal distress			
LMH 2001	LMH 2002	State <sup>(4)</sup>	
31.0%	26.1%	16.5%	
Cephalopelvic disproportion (infant's head larger than mother's pelvis)			
LMH 2001	LMH 2002	State <sup>(4)</sup>	
4.9%	0.7%	13.3%	

Data Footnotes:

(1) National Vital Statistics Reports, Volume 50, Number 5, Births: Final Data for 2000.  
 (2) Centers for Disease Control, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, 1999.  
 (3) National benchmark from third quarter 2002 data, The Association of Maryland Hospitals & Health Systems QI Project. These data do not represent a rating by either the QI Project or MHA. Data are supplied by individual facilities and aggregated by the QI Project. Aggregate QI Project data represent the averages of all rates and are not meant to be considered as standards or thresholds. The data are intended for internal use by QI Project participants, and MHA accepts no responsibility for any claims relating to its public use or disclosure. The aggregate data are proprietary to MHA and protected by copyright laws.  
 (4) Ohio Hospital Association's statewide clinical database for most recent report, HealthBeat, January 2001.



*Tamara Hegele is pleased with the personal attention she and her twins, Trinity and Christian, have received through Licking Memorial Health Systems. From prenatal care to delivery and breast-feeding assistance, Tamara says coming to Licking Memorial has been a positive experience.*

**// At Licking Memorial, everything was wonderful, absolutely wonderful. //**

## Receiving **Quality** Maternity Care

### A PATIENT'S STORY

Tamara Hegele delivered her firstborn four years ago at a large metropolitan hospital in the Washington, D.C., area. So when her second pregnancy neared completion late last year, Tamara was a little apprehensive about the quality of care she would receive here in Licking County.

Although she expected that maternity services at a large metropolitan hospital would have been better than at a smaller facility, Tamara found the opposite to be true.

"The care I received four years ago was not personal; I was just another patient. At Licking Memorial, everything was wonderful, absolutely wonderful," Tamara said. "It was almost like being at the Hilton. It was a lot better than expected."

Tamara's "wonderful" care started well before her December 12, 2002, delivery of twins, daughter Trinity and son Christian. The Heath resident received prenatal care from Licking Memorial Health Professional obstetrician/gynecologist Michael Sullivan, M.D. "He took great care of me from the start," Tamara said. "He made me feel secure."

As Tamara's due date approached, Dr. Sullivan eased her and her husband, Stephen's, concerns about the delivery.

"We were a little concerned because the boy was breech,"

Tamara said. "We didn't want to have to deliver one vaginally and one Cesarean. But, Dr. Sullivan took care of it. I was able to deliver both babies vaginally."

Another slight worry Tamara had before the birth of her twins was how she would adequately breast-feed them.

"I didn't know if I would be able to satisfy both of them," she said.

Help came from certified lactation consultant Sue Willis, RN, of Licking Memorial Hospital Maternal Child.

"Sue was absolutely awesome," Tamara said. "She really helped with the latch-on for both babies. She stayed with me until both of them were feeding well." At home, the twins continue to feed well. "They're gaining like gangbusters," Tamara said.

Trinity and Christian continue to do well at home, where they join 4-year-old Gia and 7-year-old Cole. The Hegele Family has resided in Heath for about 3½ years. A Licking County native, Tamara was eager to return to the area after having lived in California and the Washington, D.C., area for a number of years.

"Licking County is a great place to raise a family," Tamara said. "Licking Memorial is one reason I'm proud to call Licking County home."

## Enhanced Breast-feeding Support at LMH

Breast-feeding is an excellent way to ensure a healthy nutritional start for newborns. In a nurturing supportive environment, new mothers at LMH receive the assistance and education necessary to successfully breast-feed their infants.

LMH Maternity Services offers prenatal breast-feeding classes and has a lactation consultant and three lactation specialists on staff to assist breast-feeding moms after delivery.

The American College of Obstetrics & Gynecology has established a goal to assist in achieving the U.S. Public Health Service's Healthy People 2010 objective to increase breast-feeding rates. This goal identified is to have 75 percent of new mothers initiate breast-feeding after delivery and for 50 percent to continue breast-feeding at 6 months.

It is the goal of the LMH Maternity Services staff to help achieve this national goal while also improving the health of the smallest members of our community.

For more information about how LMH Maternity Services can help mothers-to-be who plan to breast-feed, as well as those who are considering breast-feeding, please call 348-4988.



## The Importance of Prenatal Care

with Loretta Long, C.N.M.

EARLY PRENATAL CARE IS IMPORTANT FOR BOTH THE HEALTH OF THE MOTHER AND THE HEALTH OF THE INFANT. MOTHERS WHO BEGIN PRENATAL CARE EARLY IN PREGNANCY HAVE BETTER PREGNANCY AND NEWBORN OUTCOMES, INCLUDING DECREASED RISK OF LOW BIRTH WEIGHT AND PREMATURE BIRTH.

Prenatal care begins with the initial visit in the first trimester of pregnancy. At this time, a complete history is taken, and a physical exam is performed. Your care provider will ask you questions about your current health problems and health habits – such as smoking and alcohol and drug use, family history, previous pregnancy history and genetic history.

The physical will include a general physical examination and a pelvic examination. By doing these exams, your care provider can identify any physical findings that may affect the pregnancy or that may be affected by pregnancy.

The first visit will also include routine blood work and a Pap smear. In addition, an ultrasound may be done to confirm your due date.

During this visit, you will receive educational material, such as instructions on using over-the-counter medications that are safe to take during pregnancy, danger signs to report to your care provider, and common discomforts of pregnancy and relief measures. This is also the time to ask questions and discuss any problems you are having.

Repeat prenatal visits usually will be every four weeks until 28 weeks of pregnancy, every two to three weeks until 36 weeks, and then weekly until delivery. If there are any complications, the visits will be increased.

The purpose of these return visits is to assess the growth of the baby and the health of the mother. Weight, blood pressure and urine will be checked at each visit. The uterus will be measured, and the fetal heartbeat will be listened to. In addition, these visits allow you to discuss any problems and ask questions.

Further lab tests will be routinely performed at the start of the third trimester. These tests include a screening for diabetes and a check for anemia. During the last month of pregnancy, you may have pelvic exams done to check for dilation of the cervix.

Prenatal visits are a good time to talk with your care provider about any questions regarding labor and delivery, including your birth plan. Your health care provider will tell you what to do if contractions become regular, if your water breaks, or if you have bleeding, as well instruct you on how to reach him/her after hours.

The goal of prenatal care is healthy moms and healthy babies. Ongoing education leads to better self-care. Early, consistent prenatal care leads to early detection of problems in mom and baby.

