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1998, 1999, 2000,  
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**Licking Memorial Health Systems**

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

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**Maternity Care**



**HEALTH TIP**

It's one of those classic scenarios that runs through your mind when you're pregnant: you'll be racing across town at 3:00 a.m., convinced that you're about to deliver your baby, when in fact you're not really in labor at all. Here are some tips that may help you figure out whether the moment of truth has arrived.

- Your contractions are strong and regular — five minutes apart for most women,
- You experience bleeding,
- The pain begins in your lower back and spreads to your lower abdomen and may also radiate to the legs, or
- Your water breaks.

*...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** 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, 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.

	LMH 2002	LMH 2003	LMH 2004	National
<b>% of low birth weight infants</b>	<b>3.5%</b>	<b>4.5%</b>	<b>6.4%</b>	<b>4.1%</b> <sup>1</sup>
<b>Average birth weight</b>	<b>3,405</b> Grams (7 lbs., 8 oz.)	<b>3,346</b> Grams (7 lbs., 6 oz.)	<b>3,328</b> Grams (7 lbs., 6 oz.)	<b>3,332</b> <sup>2</sup> (7 lbs., 6 oz.)

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

	LMH 2002	LMH 2003	LMH 2004	National <sup>2</sup>
<b>% smoking during pregnancy</b>	<b>27.5%</b>	<b>26.6%</b>	<b>28.7%</b>	<b>11.0%</b>

**3** Group B Streptococcus (GBS) has been the leading bacterial infection associated with illness and death among newborns in the United States since emerging in the 1970s. Most neonatal GBS infections can be prevented through screenings and, if needed, the use of special antibiotic.

	LMH 2002	LMH 2003	LMH 2004	National Goal <sup>3</sup>
<b>% of mothers with GBS receiving antibiotic</b>	<b>94%</b>	<b>97%</b>	<b>96%</b>	<b>100%</b>
<b># of newborns testing positive with GBS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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 2002	LMH 2003	LMH 2004	National <sup>1</sup>
<b>Total % of women who had a C-section</b>	<b>23.4%</b>	<b>21.0%</b>	<b>23.8%</b>	<b>26.3%</b>
<b>% of first-time C-sections</b>	<b>13.5%</b>	<b>11.9%</b>	<b>11.9%</b>	<b>15.4%</b>

**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.

	LMH 2002	LMH 2003	LMH2004	LMH Goal
<b>% of mothers choosing to breastfeed</b>	<b>51.1%</b>	<b>51.5%</b>	<b>50.5%</b>	greater than <b>55%</b>

**6** Hearing impairments in infants can negatively impact speech and language development, as well as social and emotional development. If detected, however, proper intervention can reduce and even eliminate these negative impacts.

<b>% Infants screened for hearing loss</b>	
LMH 2002	LMH 2003
<b>100%</b>	<b>99.9%</b>
LMH 2004	National Goal <sup>4</sup>
<b>100%</b>	greater than <b>95%</b>
<b>% Infants referred for hearing loss</b>	
LMH 2002	LMH 2003
<b>2.5%</b>	<b>7.4%</b>
LMH 2004	National Goal <sup>4</sup>
<b>5.5%</b>	less than <b>4%</b>

**7** 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 preeclampsia, eclampsia, severe hypertension, diabetes, Rh sensitization, prolonged rupture of membranes or intrauterine growth restriction. Induction, however, does not occur without risks to mother and baby.

<b>% Induction of Labor</b>	
LMH 2002	LMH 2003
<b>34%</b>	<b>33%</b>
LMH 2004	National <sup>2</sup>
<b>29%</b>	<b>20%</b>

#### **Data Footnotes:**

- (1) Comparative data from the Midas Comparative Database.
- (2) National Vital Statistics Report Births: Preliminary Data for 2003. NVSR Volume 53, Number 9. 18 pp. (PHS) 2004-1120.
- (3) Centers for Disease Control, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, 1999.
- (4) Joint Committee on Infant Hearing: Year 2000 Position Statement. Pediatrics Vol. 106 No. 4 October 2000.

## A Family's Story



Mary Testa, D.O., is holding Meera Manek, whom she delivered on November 6, 2004.

“Have you heard of the old saying - daddy's little girl? This saying is definitely true in the Manek house. In this family, Meera, the infant daughter, of Ashish and Minal Manek, is daddy's little girl and mommy's pride and joy. The birth of their daughter has been such a bright spot in the lives of Ashish and Minal, which is an analogy in the making, because in Hebrew, the name Meera means “God’s Ray of Light.” When Ashish and Minal found out the wonderful news that they were expecting their first child, they were ecstatic. “We were very excited about the baby and took careful measures during the pregnancy and while planning for delivery,” said Ashish, who is an employee of Licking Memorial Health Systems (LMHS).

The Franklin County residents began looking at area hospitals for delivery and doctors to care for Minal throughout her pregnancy. The first time parents-to-be visited other area hospitals and met with obstetricians/gynecologists. They ended up choosing to deliver at Licking Memorial Hospital (LMH). “We chose to have our baby at Licking Memorial Hospital, not only because I am an employee here, but because of the facility and services that are available. Minal was very impressed with what they (LMH) had to offer,” said Ashish. Not only were the Maneks impressed with the facility, they were also very happy with the care Minal received throughout her pregnancy from Mary Testa, D.O., who is an obstetrician/gynecologist at Licking Memorial Women’s Health. “Dr. Testa was very good; she took a lot of time to answer our questions. The 24-hour on-call doctor service was great because there were a few evenings that we had questions,” said Ashish.

Ashish and Minal were also very happy with the nursing care that was provided at LMH. “There was a nurse available to help and answer my questions about breast-feeding,” said Minal. And, they were very impressed that there was a registered nurse to check to make sure the car seat was placed properly. “It was great to know the car seat was in properly,” said Minal.

Overall, they were very pleased with their care. They were greeted at midnight, when the labor started, with a smile and great care throughout the delivery of Meera, and that great care continued through their stay said the Maneks.

## Pataskala Health Campus Services Expanding

At Licking Memorial Health Systems (LMHS), we are constantly striving to provide quality health care to all the communities we serve. In an effort to provide the community with the highest quality of care possible, the Pataskala Office of the Licking Memorial Health Professionals has recently expanded the services offered to include obstetrics and gynecology.

Mary Testa, D.O., who is an obstetrician and gynecologist, has recently moved to the Pataskala Office, where she focuses on the health care needs of women. She cares for pregnant women before, during and after the birth of their babies and provides personal attention and maximizes continuity of care with a comprehensive and personalized approach to pregnancy. In addition, Dr. Testa provides broad gynecologic clinical services that focus on disease prevention, early diagnosis and comprehensive treatment.

Dr. Testa earned her Medical Degree from West Virginia School of Osteopathic Medicine in Lewisburg, West

Virginia, after receiving a Bachelor’s Degree in biology at West Virginia State College in Institute, West Virginia. She completed an internship with Logan General Hospital in Logan, West Virginia, and an obstetrics and gynecology residency with Cuyahoga Falls General Hospital in Cuyahoga Falls, Ohio.

In 2004, a survey was sent to residents in the Pataskala community to find out what kind of care they would like to see offered at the Pataskala Health Campus. Taking into consideration the results of the survey responses, obstetric and gynecologic services are now available and pediatric services will soon be offered at the Pataskala facility. “It is important that we listen to the community and take into consideration their needs when deciding what additional services to provide at our health campuses,” said Christine McGee, R.N., Vice President of Physician Practices of Licking Memorial Health Professionals.

**Dr. Testa is now accepting patients; please call (740) 348-1920 to make an appointment.**

## Labor Induction

Forty weeks can feel like a very long time for the woman who is pregnant. “My co-workers keep telling me that my pregnancy is going by so quickly, but it feels like an eternity to me,” said Jenn Folden; she and her husband, Jesh, are expecting their second child in June and plan to deliver at Licking Memorial Hospital (LMH). But during that 40 weeks, a baby-to-be is developing at an amazing rate. At nine weeks gestation, a baby-to-be will grow between 20 and 28 millimeters and may weigh 1 gram. At this stage, all major organs, muscles and nerves are formed, and the eyelids are beginning to form. At 17 weeks, baby-to-be’s existing systems and organs continue to grow and be refined. His or her ears are beginning to emerge from the head. Fat deposits begin to develop underneath the skin to help regulate temperature after birth. Unique fingerprints and toe prints are developing. At 25 weeks gestation, the baby-to-be weighs approximately 1 pound and measures 22 centimeters. The ears are fully functional and baby-to-be may even blink in reaction to loud noises. The baby-to-be’s skin is soft, red and wrinkled. At 39-weeks, the pregnant mother-to-be may have swollen ankles and backaches and possibly is tired of being pregnant — but baby is still developing. At this stage — baby-to-be weighs approximately 6 pounds and measures around 19 inches. The lungs are still maturing, getting ready for life. There is no longer the appearance of lanugo (fine downy hair) on the back and shoulders. The fingernails extend beyond baby’s fingertips.

In an ideal world, all pregnancies would go full term and labor would begin spontaneously after 40 weeks gestation. A typical pregnancy lasts about 38 to 40 weeks. It is important for the baby-to-be to be full-term and reach important developmental milestones. The last few weeks of pregnancy are often associated with significant discomforts: pain, swelling, pressure, shortness of breath, urinary frequency, back pain and more. Physicians may have trouble saying “no” to women who want to be induced — literally begging to be induced. Women and physicians should not feel pressured to induce labor if the pregnancy is at term but all is going well, even though the mother is tired of being pregnant. If you’re not approaching the 42nd week of pregnancy, it’s best to be patient.

In the decision for an early delivery, the physician must determine the stability of both the mother and fetus. Induction of labor for the pure convenience of the mother or care provider should not be attempted because the risks almost always outweigh the benefits. Invalid reasons for induction include: discomfort in the last few days of pregnancy, a normal pregnancy that goes

beyond the due date, the physician is going out of town, a planned visit by a family member, new jobs, trips or tax relief.

Although induction may seem attractive when the discomforts of pregnancy occur, women need to become informed of the risks of induction. The benefits of labor induction must be weighed against potential risks for mother and baby that may be associated with this procedure. Indications for induction should take into account mother and baby conditions, gestation age, cervical status and various other factors.

There are some very valid reasons to induce labor. The decision to induce labor is not made lightly. If your physician decides that your labor should be induced, it will likely be for one of the following reasons:

- Pregnancy-induced hypertension
- Premature water breaking
- Post-term pregnancy
- Maternal medical conditions — diabetes, renal disease, chronic pulmonary disease, chronic hypertension
- Fetal compromise — severe fetal growth restriction, isoimmunization
- Preeclampsia, eclampsia

“One of the goals of the Maternity Services department of LMH is to improve patient outcomes by reducing the number of elective inductions performed,” said Marcia Fisher, R.N.C., B.S.N., Director of Maternity Services. “Many women require induction of labor for their own health as well as that of their baby; it should be reserved for those who truly need it.”