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!

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Community Report Card
Licking Memorial Health Systems
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Maternity Care ...

a community report on patient care quality.

HEALTH TIPS

If you are a working mom-to-be, keep in mind that the demands of your job compounded with typical side effects of pregnancy can really leave you feeling worn out. The Rochester, Minnesota, based Mayo Clinic offers the following tips for fighting fatigue at work during pregnancy:

- Take short, frequent breaks. Pace yourself to maintain productivity.
- If possible, take a catnap during your lunch break. If not, take a nap right after work.
- Organize your workday around your energy levels.
- Eat a balanced diet.

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, 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 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. In 2005, there were 1,051 babies delivered at LMH.

	LMH 2003	LMH 2004	LMH 2005	Benchmark
% Low birth weight infants	4.5%	6.4%	5.9%	5.9%[1]
Average birth weight for all infants born at LMH	3,346 Grams (7 lbs., 4 oz.)	3,328 Grams (7 lbs., 3 oz.)	3,305 Grams (7 lbs., 3 oz.)	3,325[2] (7 lbs., 3 oz.)

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

	LMH 2003	LMH 2004	LMH 2005	Benchmark[2]
% Smoking during pregnancy	27%	29%	27%	10 %

3 Group 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, through the use of a special antibiotic.

	LMH 2003	LMH 2004	LMH 2005	Goal[3]
% Mothers with GBS receiving antibiotic	97%	96%	95%	100%
# Newborns testing positive with GBS	0	0	2	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 2003	LMH 2004	LMH 2005	Benchmark[1]
Total % of maternity patients who had a C-section	21 %	24%	24%	30%
% First-time C-sections	12%	12%	11%	18%

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 2003	LMH 2004	LMH 2005	Goal
% Mothers choosing to breastfeed	52%	51%	54%	greater than 55%

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 often even eliminate these negative impacts.

	LMH 2003	LMH 2004	LMH 2005	Goal[4]
% Infants screened for hearing loss	99.9%	100%	100%	greater than 95%
% Infants referred for hearing loss	7.4%	5.5%	5.3%	less than 4%

Maternity Care – How Do We Compare? (continued on the inside)

Maternity Care – How Do We Compare? (continued from the outside page)

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.

	LMH 2003	LMH 2004	LMH 2005	Benchmark[2]
% Induction of labor	33%	29%	31%	21%

8 The Cesarean delivery rate in the United States reached 26 percent in 2005. 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 (VBAC) after a prior Cesarean section should be discussed with the obstetrician. The doctor can provide the current practice management guidelines, as well as the instances 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 2004	LMHP 2005	Goal
% LMHP patients counseled by 20 weeks on whether to undergo a second Cesarean or a VBAC	94%	97%	greater than 90%

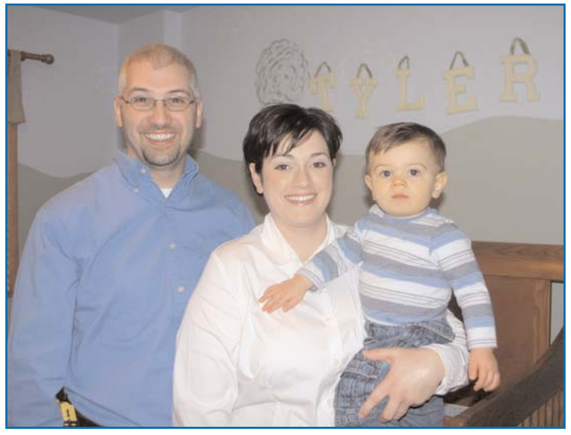
9 Gestational diabetes (GDM) is one of the most common clinical issues facing obstetricians and their patients. The prevalence of GDM ranges from 2 to 5 percent in the United States, and all pregnant patients should be screened between 24 and 28 weeks. Licking Memorial Health Professionals (LMHP) obstetricians screen pregnant patients for GDM by 28 weeks.

	LMHP 2004	LMHP 2005	Goal
% LMHP pregnant patients screened for GDM by 28 weeks	97%	95%	greater than 90%

Data Footnotes:

(1) Comparative data from the Midas Comparative Database.
(2) Births: Preliminary data for 2004. National vital statistics reports; vol 54 no 8: National Center for Health Statistics. 2005. Induction benchmark based on data for 2003.
(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.

Patient Feature: The McKee Family



Tyler McKee, 1 year old, was born at Licking Memorial Hospital on February 8, 2005. His proud parents are Chris and Jamie McKee.

At 11:29 p.m. on February 8, 2005 the lives of Chris and Jamie McKee were forever changed. After a long day in labor, Chris and Jamie welcomed their baby boy, Tyler Grant. “I was one of the first ones in the Hospital when they induced me at 6:00 a.m., and long after the other mothers delivered I had Tyler via Cesarean (C-section) after more than 17 hours,” said Jamie.

“Throughout my pregnancy and delivery, Licking Memorial was wonderful to me,” said Jamie. David Harper, M.D., an obstetric and gynecology physician who serves Licking Memorial Hospital, provided her prenatal care. Jamie and Chris also attended childbirth classes at LMH. “Childbirth classes can help reduce your anxiety about giving birth by giving you an idea of what to expect – whether you end up having a vaginal or Cesarean delivery. They can help you master breathing, relaxation and coping techniques designed to reduce your perception of pain during labor,” said Mary Jane Carrier, R.N., Childbirth Educator at LMH. Jamie said, “The classes really helped us. The breathing techniques were

Patient Feature: The McKee Family (continued on next page)

Patient Feature: The McKee Family (continued from previous page)

very useful and they provided us with a lot of information that as first-time parents we didn’t know.” She continued, “Chris was a really great coach, I couldn’t have done it without him.”

Jamie’s labor and Cesearan delivery went smoothly. “The nurses were there with me every step of the way. They were always asking if I needed anything and they treated Chris with so much care as well,” stated Jamie. At the end of a very long day, Jamie and Chris welcomed their son and were very appreciative of the care they received. “We will definitely be back to Licking Memorial when we have another child,” said Jamie.

Tyler is a happy, healthy boy who recently celebrated his first birthday. He is walking around, getting into everything, keeping Mom and Dad very busy. “Every stage with Tyler is new and exciting. We are so blessed to have him,” said Jamie.

The Importance of Prenatal Care

By Elizabeth Koffler, M.D., obstetric and gynecology physician with Licking Memorial Health Professionals

Elizabeth Koffler, M.D.

Pregnancy and childbirth are major life events. Prenatal care is an excellent example of preventive medicine and is a vital aspect of a woman’s health. The habits and lifestyle changes developed before birth are opportunities to introduce and reinforce life-long skills in self-care and wellness.

The goal of prenatal care is to help the mother-to-be maintain her well-being and achieve a healthy outcome for herself and her infant. Education about pregnancy, childbearing and childrearing is an important part of prenatal care, as are the detection and treatment of abnormalities.

This education should begin prior to conception and carry on after the delivery. The best time to begin prenatal care is when a woman is considering pregnancy. At that time, a risk assessment can be developed. It has been shown that most women and infants suffering illness and/or mortality come from a small segment of women with high risk factors, including social, environmental and genetic. Many genetic diseases can be determined before a woman becomes pregnant. The value of pregnancy counseling needs to be emphasized by all practitioners who care for women.

Once pregnancy is confirmed, medical care should be sought. The American College of Obstetricians and Gynecologists (ACOG) lists recommendations for prenatal care. At the initial visit, a thorough medical history and physical exam are performed. The history includes any previous obstetric history such as number of pregnancies, history of pre-term delivery and fetal anomalies, as well as mode of delivery. The physical examination should include a general physical exam as well as a pelvic examination. Special attention should be given to the initial vital signs, cardiac examination and reflexes, as many healthy young women have not had a physical examination immediately before becoming pregnant. The pelvic exam focuses on uterine size and evaluation of the cervix. A Papanicolaou smear (Pap smear) and culture for gonorrhea and chlamydia are obtained during the pelvic examination. Basic laboratory studies are routinely performed, as well as a urinalysis. An ultrasound may or may not be done at the initial visit.

Subsequent prenatal visits are then generally scheduled every four weeks for the first 28 weeks of pregnancy, every two to three weeks until 36 weeks, and weekly thereafter. At each visit, a blood pressure and urine dip are performed to evaluate the development of certain complications, such as preeclampsia. Also, at 24 to 28 weeks gestation, each woman undergoes screening for gestational diabetes. Cervical checks usually begin at about 36 to 38 weeks gestation or sooner based on maternal complaints.

Prenatal care is an effective intervention. The components of prenatal care help to provide a risk assessment and ultimately improve the health of the mother and fetus. Prenatal care reinforces the importance of disease surveillance, prevention and personal wellness not only during pregnancy but also throughout a woman’s life.