



## 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](http://www.LMHealth.org).

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## Quality Report Card Licking Memorial Health Systems

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### Health Tips - Nine Reasons to Stop Smoking During Pregnancy

The Ohio Department of Health's "2010 Ohio Pregnancy Risk Assessment Monitoring System" reported that at least 22 percent of expectant women in Ohio admitted to smoking cigarettes. It is important for expectant mothers to quit smoking because cigarettes' toxic ingredients are harmful to both the mothers and their unborn babies. Here are some dangers of smoking during pregnancy:

1. Women who smoke have a higher risk of miscarriage.
2. Smoking decreases the amount of oxygen and increases the amount of carbon monoxide in the mother's blood, which in turn, decreases the unborn baby's oxygen supply.
3. Women who smoke have a higher risk of having a premature baby.
4. Women who smoke are more likely to have excessive bleeding during delivery.
5. Women who smoke are more likely to have low birth weight babies who are at increased risk of health problems.
6. Babies who are born to mothers who smoked during pregnancy have a higher risk of Sudden Infant Death Syndrome.
7. Babies who are born to mothers who smoke are more likely to be born with certain birth defects.
8. Infants and children who are exposed to secondhand smoke are more likely to have frequent inner ear infections and upper respiratory problems.
9. Children whose mothers smoked during pregnancy are more likely to have learning disabilities.

Licking Memorial Health Systems offers free Quit for Your Health tobacco cessation services that include assessment, counseling, nicotine replacement therapy and support. Priority scheduling is given to expectant mothers who want to quit smoking.

# Maternity Care – How do we compare?

Check out our Quality Report Cards online at [www.LMHealth.org](http://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 healthcare 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 2011, there were 974 babies delivered at Licking Memorial Hospital (LMH) – 44 with low birth weight.

	LMH 2009	LMH 2010	LMH 2011	National <sup>(1)</sup>
Low birth-weight infants	3.9%	4.0%	3.8%	8.2%

**2** Smoking during pregnancy is the most important modifiable risk factor associated with adverse pregnancy outcomes.<sup>(2)</sup> It is associated with 5 percent of infant deaths, 10 percent of pre-term births, and 30 percent of small-for-gestational-age infants.<sup>(3)</sup> 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 2009	LMH 2010	LMH 2011	National <sup>(1)</sup>
Patients who reported smoking during pregnancy	25%	22%	24%	13%

**3** Group B streptococci (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 2009	LMH 2010	LMH 2011	Goal <sup>(4)</sup>
Mothers with GBS receiving antibiotic before delivery	99%	100%	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 2009	LMH 2010	LMH 2011	National <sup>(5)</sup>
Maternity patients who had a C-section	24%	23%	27%	31%
First-time C-sections	13%	12%	15%	17%

**5** 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 2009	LMH 2010	LMH 2011	National <sup>(1)</sup>
Induction of labor	28%	30%	25%	23%

**6** “Elective deliveries” refer to newborn deliveries that are scheduled in advance, and are often induced, rather than occurring naturally. Most elective deliveries are performed for convenience reasons. Studies have shown that elective deliveries have higher rates of newborn complications, higher C-section rates, and longer hospital lengths-of-stay for mothers. LMH follows American College of Obstetrician and Gynecologist guidelines to minimize the use of elective deliveries.

	LMH 2009	LMH 2010	LMH 2011	National <sup>(5)</sup>
Elective deliveries performed	N/A	12%	0%	14%

**7** 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 2009	LMH 2010	LMH 2011	Goal
Mothers choosing to breastfeed	58%	59%	61%	greater than 55%

**8** “Exclusive” breast milk feeding refers to the nutrition offered to a newborn while in the hospital following delivery. The World Health Organization and many other healthcare providers/agencies recommend feeding newborns only breast milk for the first 6 months of life. Evidence indicates that providing exclusively breast milk during the hospitalization period following birth is critical to the success of meeting this goal. LMH recognizes, however, that this is a personal decision for each mother and is not mandatory.

	LMH 2009	LMH 2010	LMH 2011	National <sup>(6)</sup>
Mothers who choose exclusive breastfeeding	N/A	44%	46%	48%

**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 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 2009	LMHP 2010	LMHP 2011	Goal
LMHP pregnant patients screened for GDM by 29 weeks	96%	96%	98%	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 – Jill Miller

Last spring, Jill Miller’s nerve-racking five-minute wait ended when two lines finally appeared in the window of her home pregnancy test. “I was pregnant – I was so excited! My husband and I really wanted another baby,” she said. Jill kept the good news a secret until her husband, Jason, came home from his work as a manager at Limited Brands, Inc. Then she opened the conversation with a demure “I have something to tell you ....”

The Millers had their first child, Samuel, at Licking Memorial Hospital in 2009, and wanted the same level of technology and comfort for the birth of their second child. Jill decided to make an appointment with Obstetrician/Gynecologist Dalia S. Elkhairi, M.D., who had recently joined Licking Memorial Women’s Health – Pataskala, which was located just a few miles from the Millers’ home.



The Miller family welcomed Baby Rylee on December 5, 2011, at Licking Memorial Hospital. Shown are (left to right): Jill, Rylee, Jason and Samuel.

Jill felt a good rapport with Dr. Elkhairi right from the start. Jill said, “Dr. Elkhairi took the time to talk to me and get to know me. She confirmed the pregnancy test results, took my blood pressure, listened to my heart and checked my weight. She was very attentive and very thorough.”

The spring and summer months rolled by quickly, and Jill enjoyed the time to prepare for the new baby. “I did not have any morning sickness. As a receptionist, I walked a lot in my job, plus, I was always running around at home to care for Samuel, so I was getting a lot

of exercise. It was a really good pregnancy until the last couple of months, which were pretty uncomfortable.”

As the summer drew to a close, Jill began to develop pain and a sense of pressure in her lower abdomen. Besides being very

*Patient Story – Jill Miller (continued from previous page)*

uncomfortable physically, Jill was worried about her unborn baby. She had required medical intervention twice to stop premature labor when she was pregnant with Samuel, and although he was born at full-term, she was concerned that a similar complication might be recurring, and this baby could be born too early.

“Dr. Elkhairi was very reassuring,” Jill said. “She ordered tests to rule out any serious complications, and took the time to put me on the fetal heart monitor for about an hour just to be sure that the baby was okay. She told me that everything looked just fine, and made it very clear that I could call her with any concerns. I was very glad that she was so confident and positive, and that she really wanted to make sure that I was okay and calm about my pregnancy.” Jill decided to take a medical leave of absence from work for the remainder of the pregnancy so that she would have more time to rest.

“On December 5, we showed up at LMH at 5:00 a.m., and they were all ready for me. Everyone was wonderful, and they always made sure I knew what was going on every minute until Dr. Elkhairi delivered Rylee. The birth was a beautiful bonding experience for our family since Jason and I both had other family members in the room. He feels a special connection with LMH because he was born there, too.”

Jill noticed a big difference in the Maternal Child patient rooms since her previous stay in 2009. “When I had Samuel, I stayed in a room with two beds. Although I was the only

patient in the room, we were always concerned that if another new mom came in we might disturb her. With the new private suites, it was much better. I was able to walk around with my baby without bumping into another bed, or wondering if another patient would be coming in,” she said.

Before leaving LMH, Jill and Jason enjoyed a complimentary dinner for two. The Hospital offers a restaurant-style gourmet dinner for new mothers and a guest in the comfort of their rooms. Entree options include lobster tail, filet mignon steak, pork chops, chicken, fish filets or a vegetarian dish. “We really like steak, so we had the filet mignon, mixed vegetables and cheesecake,” Jill said. “It was wonderful!”

The third member of the Miller family was not as enamored about the baby’s arrival as Jill and Jason were. Samuel, who is now 2 1/2 years old, was not sure about the new addition. “He wanted nothing to do with her at first,” Jill recalled, “but he changed his mind quickly. By the time Rylee was six weeks old, he became very affectionate. Now he constantly caresses and kisses her. He is a fantastic big brother.”

Approximately 1,000 new babies are born each year at LMH, and are delivered by the four obstetrician/gynecologists and three certified nurse midwives from Licking Memorial Women’s Health. New patients are welcome at Licking Memorial Women’s Health, which has physician practices conveniently located in Newark and Pataskala.

## Ultrasounds Are Valuable Part of Prenatal Care

Most expectant women who receive prenatal care throughout the duration of their pregnancies have at least one ultrasound test performed to check their unborn baby’s condition. Ultrasounds can reveal a great deal of information about the mother’s placenta, the amniotic fluid, and the baby.

Ultrasonography uses high-frequency sound waves to create images of internal organs and other soft tissues. The technology was developed from sonars that were used to navigate ships and submarines in the early 1900s. Over the next several decades, scientists discovered that ultrasonography also had valuable medical applications. In the 1940s, high-intensity ultrasound was used in physical therapy for damaged muscles. In the 1950s, it was discovered that ultrasounds could trace activity of the heart valves. In 1965, scientists discovered that ultrasounds could detect an unborn baby’s presence as early as five weeks into the pregnancy.

Today, advanced ultrasound images are among the most valuable tools that obstetricians have in monitoring their patients’ pregnancy. The ultrasound test is pain-free and begins with the patient drinking water before the examination to ensure her bladder is full. The patient lies on her back on an examining table, and the ultrasound sonographer applies a water-soluble gel



Ultrasound technologist Nori Hampton, RT(R), RDMS, and Obstetrician/Gynecologist Linda Yu, D.O., review a patient’s ultrasound.

to the patient’s abdomen. The sonographer gently glides a small transducer device over the patient’s abdomen, and the resulting images are displayed on a monitor.

Linda Yu, D.O., an obstetrician/gynecologist at Licking Memorial Women’s Health, explained, “Our expectant mothers receive an initial ultrasound at 8 to 10 weeks to determine the baby’s due date. At approximately 18 to 20 weeks, we offer an ultrasound for anatomy screening to rule out any fetal abnormalities as well as whether her baby is a boy or girl, providing that she wants to know. Also, in many instances, we may order additional ultrasound images throughout the pregnancy.”

Dr. Yu said, “The ultrasonic imaging we use has no known risks for either the mother or baby. Some patients ask about exposure to X-rays, but I assure them that there is no radiation associated with ultrasounds. There are no harmful side effects.”

Registered ultrasound technologists are required to complete a two-year associate’s degree program and pass a national registry exam. Prenatal ultrasounds are available at Licking Memorial Women’s Health on Messimer Drive, and the Women’s Imaging Center on the first floor of Licking Memorial Hospital.