

Quality Report Card

Licking Memorial Health Systems



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MATERNITY CARE

LMH Patient Centering Program

A woman can experience a wide range of emotions when she learns she is pregnant. Excitement and joy are common feelings, but there can also be anxiety about the many life changes that are about to occur. It is natural for a woman to be concerned about her baby's health, her adjustment to parenthood, and other demands of raising a child. Licking Memorial Health Systems offers a Prenatal Patient Centering program called M.O.M.S. (Maximizing Outcomes with Maternal Support) to provide assistance and prenatal care for qualifying expectant mothers.

The Patient Centering Program offers more personalized care for mothers-to-be and provides a space for women to voice their concerns, share their experiences, and promote self-care. Licking Memorial Hospital (LMH) launched the program in the fall of 2019 to promote healthy birth outcomes by providing educational experiences and more healthcare provider contact to pregnant women.

When a woman attends her initial prenatal appointment with her provider, she meets with an LMH Perinatal Nurse Navigator who offers her the opportunity to participate in the M.O.M.S. program. The program groups eight to twelve women with similar due dates to participate in nurse-led meetings beginning around their 14th week of pregnancy. The group meets once a month for the first four meetings, then twice a month for the last four meetings to complete the program around their 36th week of pregnancy.

Each session bundles the prenatal appointment, prenatal education, and

social support into a two-hour visit. In the first hour, each woman meets individually with a midwife who checks blood pressure, records weight, and assesses the baby's growth. Individual concerns are also discussed at this time. The group has the opportunity to socialize, discuss concerns, and provide support to one another while waiting for their individual appointments.

The second hour consists of prenatal education that focuses on all aspects of wellness during pregnancy. Topics for discussion include understanding pregnancy, nutrition, breastfeeding, stress management, exercise, birth, newborn care, child safety, and new mothering issues. Guest speakers, such as LMH dietitians and lactation consultants, attend meetings to discuss their area of expertise and answer questions. The group also receives a tour of the Labor & Delivery Department to view the facilities and learn more about the maternity services that LMH offers to patients.

In addition to the Patient Centering Program, LMH offers a home visit to every first-time mother, every breastfeeding mother, or a mother who is referred by a physician or nurse, and may need a little assistance or reassurance after delivery. During the visit, a Home Visiting Nurse will complete a blood pressure check, depression screening, and offer breastfeeding support. The nurse will also complete a newborn assessment, weight check, and answer general newborn questions.

M.O.M.S. meetings are held in the lobby of Licking Memorial Women's Health – Newark, located at 15 Messimer Drive. For additional information about the program, please contact Megan Layman or Kaylissa Smith at (220) 564-3685 or email MLayman@LMHealth.org or KBSmith@LMHealth.org.



Measurably Different ... for Your Health!



Patient Story – Kelsey Weisent

For many women, childbirth is an exhilarating, challenging experience that demonstrates the function and design of the female body. The labor of bringing a new life into the world and the intimacy of the moment creates a unique bond between mother and child. However, health concerns may necessitate a cesarean section – the surgical delivery of a baby through an incision made in the mother’s abdomen and uterus. Although the procedure may be a necessary intervention, the experience can cause a mother to experience a range of emotions, including fear, and sadness about being unable to deliver naturally. Once a woman has had to have a cesarean delivery, it is often advised that all subsequent deliveries be by cesarean due to increased risk of uterine rupture.

Kelsey Weisent’s first daughter, Emery, was delivered cesarean due to concerning vital signs. Three and a half weeks before her due date, Kelsey’s medical team felt Emery was in distress as her heart rate was dropping. Action was taken to protect the baby’s health.

“The entire experience was overwhelming and left me feeling out of control. I was terrified,” Kelsey remembered. “In the end, I felt like I had missed out on having a nature birth which was something I had envisioned and dreamed of for years.”

When planning for the birth of her second child, Kelsey discussed the possibility of a vaginal birth with her healthcare providers. She discovered that trial of labor after cesarean (TOLAC) is a safe option for delivery under careful assessment and

advanced medical care. Women who achieve a vaginal birth after cesarean avoid major abdominal surgery and have lower rates of hemorrhage, thromboembolism, and infection, and a shorter recovery period than women who have an elective repeat cesarean delivery. Kelsey was in good health and deemed to be a good candidate for TOLAC.

“Certified Nurse Midwife Erica Brown explained to me that many healthcare facilities do not offer TOLAC as a choice because a team of experts, including a physician and anesthesiologist, must be present on the Labor and Delivery floor throughout the entire labor process due to the risks. However, I felt TOLAC was the right choice for me,” Kelsey said.

The staff at Licking Memorial Women’s Health and Maternal Services encourage women to take an active role in creating a birth plan by providing a support system and resources that prepare the expecting family for the arrival of their new family member. The patient’s needs and desires are at the forefront of any treatment plan.

“No one ever said that I could not deliver my baby naturally. They discussed my preferences and were considerate of the vision I had for the experience,” Kelsey explained.

Kelsey’s pregnancy was carefully monitored, and when she began having contractions late on a December evening, she knew she could labor at home for several hours before heading to Licking Memorial Hospital (LMH). Upon arrival, Kelsey was allowed to choose her preferred method of relaxation and position herself as needed for comfort. The time spent at home had been productive, and her labor was progressing well.

“The nurses were the real champions for me,” Kelsey shared. “They gave valuable coaching advice, explained the details of the next steps, were supportive, and cheered for me as I progressed toward delivery. Every aspect of the experience was my choice. I felt empowered, capable, and excited to achieve the birthing experience I had imagined.”

As the contractions grew stronger, Kelsey was feeling exhausted and did request an epidural – a regional anesthesia that blocks pain in the lower half of the body. The goal of an epidural is to provide analgesia, or pain relief, rather than anesthesia, which leads to a total lack of feeling. Since the labor had already progressed fairly quickly, Kelsey received only minimal pain relief.

“I still felt some of the pain; but, in the end, I was very proud to have endured through the labor and delivery,” Kelsey remarked. “It was a beautiful experience, and I was overjoyed to be able to hold Riley on my chest afterward just as I had dreamed.”

As standard practice at LMH, Kelsey, her husband, Jack, and Riley shared a room for the remainder of their stay. The “rooming-in” model allows parents to bond with their newborn while the professional nursing staff provides support and one-on-one education necessary for a smooth transition home. After a short stay, mother and infant were released to return home and begin life as a family of four.

Both Kelsey and Jack grew up in Newark just a mile apart, but did not meet until they were adults. The couple has been married for four years. Kelsey teaches 4th grade for Newark City Schools. Jack is a nurse at LMH. They are excited to continue raising their family in the Licking County community.

Maternity Care – How do we compare?

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 to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

1. According to the American Academy of Pediatrics, small-for-gestational-age infants are those who are born weighing less than the 10th percentile for their given gestational age. At term, this weight is 2,500 grams (5 pounds, 8 ounces). Many factors contribute to low birth weight, including 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 at increased risk for health problems. Adequate prenatal care and healthy practices can significantly reduce the incidence of low birth-weight deliveries. **In 2021, there were 872 babies delivered at Licking Memorial Hospital (LMH).**

	LMH 2019	LMH 2020	LMH 2021	National ⁽¹⁾
Low birth-weight infants	5.4%	4.3%	5.7%	8.28%

2. Smoking during pregnancy is an 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 higher than 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 You, Quit for Your Baby” tobacco cessation program. **During 2021, 23 percent of patients reported smoking at some point during pregnancy and were referred to the program. The below measure reflects the statistical improvement at the time of delivery.**

	LMH 2019	LMH 2020	LMH 2021	State Average ⁽²⁾
Patients who reported smoking at any time during pregnancy	28%	25%	23%	11.9%
Patients who reported as a current smoker on admission for delivery	19%	17%	17%	State Average ⁽³⁾ 14.1%

3. Exclusive breastfeeding is recommended as the optimal nutrition for infants for the first six months of life, with continued breastfeeding after the introduction of solid foods for the first year or longer, if desired. The American Academy of Pediatrics (AAP), ACOG, World Health Organization and other healthcare organizations support this recommendation recognizing the significant lifelong health benefits of breastfeeding for both mother and child. The AAP recommends breastfeeding should be initiated within one hour of the infant’s birth and recommends against routine supplementation of newborn infants with formula or glucose water unless medically indicated. LMH provides prenatal education as well as support and assistance during the postpartum period to help mothers achieve their goals for successful breastfeeding.

	LMH 2019	LMH 2020	LMH 2021	LMH Goal greater than 55%
Breastfeeding rate upon discharge	59%	62.5%	65.3%	
Breastfed infants receiving exclusive breast milk prior to discharge	81%	77%	71%	National ⁽⁴⁾ 53%

4. Cesarean section deliveries (C-sections) should be performed only when necessary. Lower percentages are preferable.

	LMH 2019	LMH 2020	LMH 2021	National ⁽⁴⁾
First-time C-sections	14%	14%	14%	15%

5. Elective deliveries are scheduled in advance rather than occurring naturally, either through induction or C-section. Studies have shown that elective inductions performed before 39 weeks’ gestation have higher rates of newborn complications, higher C-section rates, and longer hospitalization for mothers.

	LMH 2019	LMH 2020	LMH 2021	National ⁽⁵⁾
Elective deliveries performed before 39 weeks	0%	1.7%*	0%	2%

*In 2020, one individual out of the 884 births at LMH was scheduled for an elective delivery.

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

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6. Group B streptococci (GBS), which emerged in the U.S. in the 1970s, is an infection that is associated with illness and death among newborns. Most neonatal GBS infections can be prevented through screenings and, if needed, by giving an antibiotic to the mother before delivery.

	LMH 2019	LMH 2020	LMH 2021	LMH Goal
Mothers with GBS receiving antibiotic within 4 hours prior to delivery	100%	100%	100%	100%
Number of newborns testing positive with GBS	0	0	1	0

Data Footnotes:

- (1) Final data for 2018. National Vital Statistics Reports, 68(13). Hyattsville, MD: National Center for Health Statistics. Available at https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf
- (2) Ohio Department of Health: Center for Public Health Statistics and Informatics (2019). Retrieved from <http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>
- (3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5226303/>
- (4) MIDAS+ CPMS Comparative Database
- (5) HospitalCompare.hhs.gov Comparative Database.

Important Vaccines during Pregnancy

Vaccines cause the body to produce antibodies, which are proteins that can identify and prevent pathogens from entering cells and causing illness. When a pregnant woman receives a vaccine, some of the antibodies that are created are passed on to her unborn child, giving the baby protection against disease after birth until the baby can be vaccinated during the first months of life. There are two vaccines that are recommended for pregnant women to receive during pregnancy: influenza and tetanus/diphtheria/pertussis (Tdap).

Pertussis, also known as whooping cough, is a serious disease that can be deadly for infants. Babies are unable to build immunity to whooping cough until they are vaccinated at two months old, which is why medical experts recommend that pregnant women get the Tdap vaccination during each pregnancy. According to the CDC, women who get a Tdap vaccine between 27 and 36 weeks of pregnancy reduce the risk of whooping cough in babies younger than 2 months by 78 percent.

Women who are pregnant during flu season should get a flu vaccine to protect themselves and their unborn child from serious illness. Flu seasons vary in timing each year, but the CDC recommends getting the influenza vaccine by the end of October to ensure the greatest amount of protection for mother and baby before flu season begins.

Many pregnant women are hesitant about receiving the COVID-19 vaccine because they are concerned about how it may affect their baby. Studies suggest that pregnant and recently pregnant women are more likely to become severely ill with COVID-19, compared with those who are not pregnant. The vaccine can protect against severe illness from COVID-19, and data has shown that the vaccine is safe for pregnant women and their unborn babies.

Other vaccines are recommended based on a woman’s risk factor for getting certain diseases. An expectant mother and her provider should discuss vaccines that she received in the past as well as other vaccines that she may need during or after pregnancy.



Licking Memorial Health Systems

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Please take a few minutes to read this month’s report on **Maternity Care**. You will soon discover why Licking Memorial Hospital is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1572 to receive future mailings.

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