

Quality Report Card

Licking Memorial Health Systems



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MATERNITY CARE

Education to Reduce Infant Mortality Rates

The Ohio Department of Health (ODH) has been dedicating resources to reduce the infant mortality rate – the number of babies who died during the first year of life. In 2017, the number of infant deaths declined to 982, only the second time since the state began keeping records in 1939 that Ohio had fewer than 1,000 infant deaths in a year. State health officials have made progress with initiatives to assist local health organizations at the county level to connect mothers with needed health care and services. ODH continues to dedicate resources to improving birth outcomes and racial disparities. While the number of white infants who died decreased by 60, the number of African American infant deaths increased by 15.

In Licking County, the number of infant deaths dropped dramatically in one year. In 2016, ODH reported 20 infant deaths out of 2,101 live births. The 2017 ODH report shows 7 deaths out of 1,900 live births. The Licking County Health Commissioner called for the formation of the Licking County Infant Mortality Task Force in 2015 to develop strategies to reduce preventable infant deaths in Licking County. As members of the Task Force, Licking Memorial Health Systems (LMHS) supported the efforts to promote and provide effective health care for women before and during childbearing years, and educating residents about giving birth to and raising healthy babies. LMHS offers First Impressions Educational Programs including Childbirth Education, Prenatal Breastfeeding Basics, Newborn Basics

and Infant CPR. These programs are offered free of charge and are designed to provide information to help prepare for birth and caring for a newborn. LMHS also offers, at no cost, a tobacco cessation program – Quit for You, Quit for Your Baby – because smoking places a woman at higher risk for preterm labor and delivery. The program includes one-on-one meetings with a counselor to assist expectant and postpartum mothers.

The leading causes of infant death in Ohio are conditions related to premature birth, birth defects and Sudden Infant Death Syndrome (SIDS). Certain medical conditions, including some that occur only during pregnancy, are considered risk factors for preterm labor and premature birth. These conditions, such as urinary tract infections, high blood pressure and gestational diabetes, can be managed in order to reduce the risks to both mother and child.

Women are encouraged to adopt the following healthy behaviors to reduce the risk of premature birth:

- Take folic acid supplements prior to and during pregnancy
- Maintain a healthy diet and weight
- Participate in regular physical activities
- Stop using tobacco products
- Avoid drinking alcohol and using illicit drugs
- Discuss prescription medications with a physician
- Obtain recommended preventive health screenings

LMHS also educates families about safe sleep practices to prevent serious injuries as well as SIDS or Sudden Unexplained Infant Deaths (SUIDs). Infants are at the highest risk for SIDS between 2 and 4 months old. While the cause of SIDS is not known, it is more likely to occur when the baby is sleeping on his or her stomach. It is recommended that babies be placed on their back to sleep until they are 12 months of age. Using a firm mattress with tightly fitted sheets and avoiding soft bedding, comforters, pillows and blankets also is recommended for the safety of the infant. Additionally, never share a bed with an infant, who instead should be placed in a separate, but nearby safe place to sleep such as a crib, bassinet or Pack 'n Play®.

Flu season poses another threat to pregnant women and infants. Normal changes in the immune system that occur during pregnancy may increase the risk of flu complications – some of which can be life-threatening to the woman. Contracting the flu also places a pregnant woman at higher risk for preterm birth. The Centers for Disease Control and Prevention recommend that pregnant women, women who are breastfeeding and children 6 months of age and older receive a flu shot. The flu vaccine along with the recommended vaccinations for children are vital to reducing the infant mortality rate in Licking County as well as Ohio.

Quality Reporting to the Community

Patient Story and Benchmarks for Maternity Care

Patient Story – Kat Fields



In the fall of 2016, Kat Fields learned she was pregnant for the first time. During an ultrasound at her 12-week appointment, medical staff were unable to find a heartbeat, and it was determined that development had ceased during the tenth week. “From the very beginning of my experience, I was treated with respect and kindness. I was devastated by the news I received, but the physicians and staff at Licking Memorial Women’s Health – Newark were so caring and reassuring, offering hugs and talking me through the entire process,” shared Kat. “My sister’s wedding was in five days, and I was concerned about how everything would work out. They were very accommodating and I was scheduled for an emergency D&C the next morning.” Also known as dilation and curettage, a D&C is a surgical procedure often performed after a first-trimester miscarriage. In a D&C, dilation refers to opening the cervix; curettage refers to removing the contents of the uterus.

When Kat became pregnant again in April 2017, the Licking Memorial Women’s Health staff were very attentive to her concerns and needs. “They went above and beyond to take good care of me. Anytime throughout my pregnancy that I became nervous, they were always willing to talk with me and/or have me visit the office for a quick checkup,” she explained. “They were incredible to me. I felt like they were family.”

Kat suffered from an allergy to the dye used in the glucose tests, so she was nervous she would experience the same reaction when she had to repeat the test after failing the first one. Because it was a vital component to her care during pregnancy, she was required to repeat the test. When she arrived at Licking Memorial Hospital (LMH) for the test,

she discovered that her physician had placed a special order for a test drink without dye to ensure successful test results. “With my previous experience, I greatly appreciated all of their additional efforts to comfort me and provide such extraordinary care throughout my pregnancy.”

Kat entered LMH in labor on January 8, her baby’s due date. Upon arrival, she was three centimeters dilated and on-call physician Lauren Baker, D.O., of Licking Memorial Women’s Health, suggested she walk for several hours to help labor progress. “I was so nervous and questioned whether this was really happening, if my labor was progressing accordingly and if the baby was ready to come,” said Kat. “The entire nursing staff was extremely encouraging and supportive, and I felt very comfortable with Dr. Baker.” After only about 30 minutes of walking, Rachel Calhoun, R.N., Maternal Child Department, noted that she looked ready and suggested a re-check. In fact, Kat was now six centimeters dilated. She had progressed quickly, three centimeters in just 30 minutes. Her son was born healthy just a few hours later.

“I was so appreciative to spend that first hour with Jaxon. The nurses truly understood how important that time was to me. I think it is wonderful LMH is a Baby-Friendly Hospital, offering so many significant practices, valuable to families with newborns,” noted Kat. She also made special mention of how welcoming the environment was, the massage she received, and the special meal she and her husband shared before returning home. “I was reassured by the safety features in place and strict protocols to protect my son during our stay. My room and the entire floor were very quiet and peaceful and kept incredibly clean. As a new mother, you worry about all these things, and I was put at ease in every possible way,” she continued. Many of her friends and family members even noted how

spacious her room was in comparison to other area Columbus hospitals. Kat also expressed gratitude to the knowledgeable anesthesiologist, pediatric hospitalist and lactation consultants who cared for her and her son, taking time to explain epidural medications and talk the new parents through their son’s circumcision. “I exclusively breastfed Jaxon for nine months and would not have been able to do so without the assistance of Marcia Fisher, Maternal Child Certified Lactation Consultant, who was amazing and incredibly attentive. She offered me numerous ways to contact her and spent several lengthy phone conversations assisting me through challenging moments.”

A fairly uncommon decision, Kat and her husband had waited until birth to learn the sex of the baby. “It was very touching. Several of the nurses remained past the end of their shifts to learn our baby’s gender. Rachel stayed two hours past her shift and came to check on me frequently in Labor and Delivery. Shania Kelly, R.N., was an incredible source of support throughout my epidural process. I will never forget her kindness. These women were angels to me that night, giving me the confidence I needed to get through. I am forever grateful.”

Kat is nearing completion of her third year as Principal of Heath High School. She also has three step-children.

LMH earned the Baby-Friendly designation in 2016 through Baby-Friendly USA – the gold standard in care, which encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies. The criteria are challenging, designed to set the standards for the best possible breastfeeding support for mother and infant in the maternity setting. LMH was the first community hospital in Central Ohio to earn the designation.

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.

- 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 2018, there were 1,042 babies delivered at Licking Memorial Hospital (LMH) – 68 of those babies weighed less than 2,500 grams.**

	LMH 2016	LMH 2017	LMH 2018	National ⁽¹⁾
Low birth-weight infants	6.5%	5.1%	6.5%	8.2%

- 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 2018, 31 percent of patients reported smoking during pregnancy and were referred to the program. The below measure reflects the statistical improvement at the time of delivery.**

	LMH 2016	LMH 2017	LMH 2018	National ⁽²⁾
Patients who reported smoking during pregnancy	21%	32%	31%	7.2%
Patients who reported smoking on admission for delivery	N/A	N/A	23%	State Average ⁽³⁾ 14.1%

- 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 2016	LMH 2017	LMH 2018	LMH Goal greater than 55%
Breastfeeding rate upon discharge	74%	61.9%	57.1%	
Breastfed infants receiving exclusive breast milk prior to discharge	78%	76%	70%	National ⁽⁵⁾ 53%

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

	LMH 2016	LMH 2017	LMH 2018	National ⁽¹⁾
Maternity patients who had a C-section	28%	25%	29%	32%
First-time C-sections	15%	13%	15%	National ⁽¹⁾ 22%

- 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 2016	LMH 2017	LMH 2018	National ⁽⁴⁾
Elective deliveries performed before 39 weeks	0%	0%	0%	2%

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



Check out our Quality Report Cards online at www.LMHealth.org.

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 2016	LMH 2017	LMH 2018	LMH Goal
Mothers with GBS receiving antibiotic within 4 hours prior to delivery	99%	100%	100%	100%
Number of newborns testing positive with GBS	0	0	0	0

***Beginning in 2016, mothers who delivered within four hours of arrival at LMH are excluded from this measure.**

7. Gestational diabetes (GDM) is one of the most common clinical issues during pregnancy. The prevalence of GDM ranges from 2 to 5 percent of all pregnancies in the U.S., and all expectant 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 2016	LMHP 2017	LMHP 2018	LMH Goal
LMHP pregnant patients screened for GDM by 29 weeks	96%	96%	93%	greater than 90%

Data Footnotes:

- (1) NCHS, National Vital Statistics System, *Nativity*. National Vital Statistics Reports, Volume 67, Number 1
- (2) *Cigarette Smoking During Pregnancy: United States, 2016*; National Center for Health Statistics; Centers for Disease Control and Prevention
- (3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5226303/>
- (4) *HospitalCompare.hhs.gov Comparative Database*
- (5) *MIDAS+ CPMS Comparative Database*

Health Tips – Milestone Vaccinations

To keep children healthy, it is recommended that they visit a primary care physician or pediatrician regularly for well-child visits. During these appointments, the physician will discuss development milestones, as well as needed vaccinations. Vaccines protect children against certain diseases by building up their immune system. Some vaccines will be given as one dose or two or more doses. To be completely immunized against a disease, a child must receive all the recommended doses. Recent evidence suggests that immunizations may have a protective effect against Sudden Infant Death Syndrome. Below is a chart of the milestone vaccinations as recommended by the Centers for Disease Control.

Age	Recommended Vaccines
Birth	Newborn blood screening, Hepatitis B (Hep B)
2 months	DTaP (diphtheria, tetanus, acellular pertussis), Hep B, Hib (Haemophilus influenzae type b), PCV (pneumococcal disease), Rotavirus (given by mouth), IPV (polio)
4 months	DTaP, Hib, PCV, Rotavirus (given by mouth), IPV
6 months	DTaP, Hep B, PCV, Hib, if needed, Rotavirus (given by mouth), IPV, Influenza (Flu)
12 months	MMR (measles, mumps, rubella), Hepatitis A (Hep A), Varicella (chickenpox) – these immunizations should not be given before the first birthday Hib, PCV, Influenza
15-18 months	DTaP, Any 12-month immunizations not already given
2-3 years	Influenza (yearly)
4-6 years	DTaP, IPV, Varicella, MMR, Influenza (yearly)



Licking Memorial Health Systems

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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!

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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