

Quality Report Card



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MATERNITY CARE

Patient Safety Bundles at LMH

Every year, more than 700 women die during pregnancy or after giving birth, and more than 65,000 suffer complications of severe maternal morbidity, which can have a significant effect on physical and mental health. The Alliance for Innovation on Maternal Health (AIM) is a national, cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes, and save lives. Over 1700 hospitals nationwide, including Licking Memorial Hospital (LMH), participate in AIM with patient safety bundles.

Patient safety bundles focus on the main causes of maternal morbidity and mortality and are a structured way of improving the processes of care and patient outcomes. The bundles are a collection of guidelines and best practices for care to be performed on all patients, every time. Each state chooses a safety bundle to focus on and implements that bundle across multiple hospitals. Facilities may choose to prioritize certain elements of the bundle over others based on their specific policies, identified gaps, resources, and barriers.

LMH enrolled in the AIM program in 2020 which focused on severe hypertension in pregnancy. The Hospital was recognized as meeting and exceeding expectations and was a leading facility for the identification and treatment of hypertensive emergencies. LMH recently began participating in the obstetric hemorrhage patient safety bundle, which focuses on the standards of care based on risk assessment and quantitative blood loss of a patient during and after a cesarean or vaginal birth.

One of the most frequent causes of maternal mortality is obstetric hemorrhage. An obstetric hemorrhage refers to an excessive bleeding in pregnant women, and the American College of Obstetrics and Gynecology defines obstetric hemorrhage as a blood loss of more than 1,000 milliliters (MLs). While a hemorrhage can occur before, during, or after delivery, more than 80 percent of cases occur postpartum. The benchmark goal is to have a quantitative blood loss of less than 1,000 MLs.

LMH implemented many of the safety standards for obstetric hemorrhage prior to participating in the patient safety bundle. These standards have been broken down further into phases of care, starting with a prenatal screening process to determine a patient's risk for hemorrhage. In addition, nurses are able to acquire patient data through Epic, which calculates a score that helps staff to identify patients who may have a higher risk for hemorrhage. The early risk factor assessments allow the Maternal Care team to address problems quickly and administer treatment rapidly.

Quantitative blood loss is measured in the operating room (OR) for cesarean section births and the delivery room for vaginal births. If an issue with blood loss is detected, the patient remains in the Labor & Delivery area and is not moved to the Mother/Baby Unit until the condition is resolved. Patients are also monitored for postpartum quantitative blood loss, and hemorrhage kits that contain appropriate medications and treatments for hemorrhage are ready for use in case of an emergency. Staff will follow the suggested

treatment based on the standard approach for quantitative blood loss.

Communication is a crucial component to improving quality standards and patient care. The Maternal Care Department practices multidisciplinary drills with various providers and departments, including the Emergency Department and OR to ensure a rapid response to treatment for hemorrhage patients. Streamlined policies and protocols assist the Laboratory Department with proactively preparing mass transfusion products that are tailored specifically for obstetric patients. The rapid response results in a reduction of the amount of blood needed for transfusion and can also decrease the patient's length of stay at the Hospital.

LMH provides important information and additional resources regarding obstetric hemorrhage to patients and their families to help them with postpartum care. A timely follow-up visit with their provider is also necessary to ensure a safe recovery. In addition, 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 postpartum and newborn questions.

Patient Story – Kelly Capitini



Through the past several years, Kelly Capitini has experienced a number of momentous life changes. She and her husband, Cory, were living near their family in Queens, New York where they grew up. The couple welcomed two children, a daughter, Lily, and son, Nathaniel. Cory discovered a need for substance abuse counselors in Central Ohio, and decided to accept a new position and move the family to Newark. Kelly was supportive of the move and was excited to explore the next chapter in her own career journey. She is currently finishing her education to earn a Master of Social Work degree from The Ohio State University. After graduation, Kelly hopes to focus on perinatal mental health. Since the move to Ohio, Kelly has been able to work from home and take online courses.

Being new to the area, Kelly was unfamiliar with the available healthcare options, but quickly learned more about Licking Memorial Health Systems. In December 2021, she visited the Licking Memorial Hospital (LMH) Emergency Department (ED) due to an ectopic pregnancy, in which the fertilized egg implants outside the uterus. She was cared for by obstetrician/gynecologist (OB/GYN) Cynthia A. Kearse, D.O., and was impressed with the care and compassion she received. "Though the circumstances were extremely uncomfortable, I received maternity care that I had not expected and never experienced before," Kelly shared. "Dr. Kearse listened intently, taking my concerns seriously, answered my

questions, and made sure my needs and wants were met."

Kelly's prior experiences with maternity care led to a weariness and distrust toward hospitals. When she delivered her first child in a New York hospital, she experienced complications, and was disappointed with her treatment. Kelly wanted a low-intervention birth which involves little or no pain medication. During labor, the hospital staff felt she was making no progress and began augmentation, the process of stimulating the uterus in order to increase the frequency, duration, or intensity of contractions. The measures taken caused stress on the baby, and Kelly was quickly taken into an operating room for a cesarean section (C-section).

Because Kelly had received no epidural or other pain medications, a general anesthesia was used to induce sleep. Before delivery, Kelly and her husband had not been informed of the sex of the baby. "While I was under anesthesia, everyone discovered that my newborn was a girl. I missed the discovery of the sex of my first child. I was disappointed that I was not awake and aware during that precious moment," Kelly said. Through the experience, Kelly learned the importance and effect the birth experience has on a parent's postpartum mental wellness.

During her second pregnancy, Kelly strongly desired a peaceful, low-intervention experience and decided to attempt a vaginal delivery with a midwife present. A midwife provides medical care for low-risk pregnancies during prenatal visits and attends the birth. Kelly again gave birth at a New York hospital, and the labor with her son progressed very quickly. She went from contractions to birth in two hours. While the experience was uncomplicated, Kelly still felt as though her concerns and questions were ignored, and that the staff were performing a task, not caring for a patient.

In 2022, when Kelly discovered she was pregnant, she began making plans for the birth. While she appreciated the care and compassion she received during her ED visit to LMH, Kelly was still concerned about experiencing a low-intervention birth

in a hospital. She wanted to attempt the birth at home with a doula present. Unlike a midwife, a doula offers no medical care, only emotional, informational, and physical support during the birthing process.

"When the physician center manager, Leisa Lunsford, discovered I was planning to deliver at home, she spoke to me about the amenities at LMH," Kelly remembered. "She explained that LMH has doulas on staff, and that the nurses and physicians are supportive of low-intervention births. I decided to trust in my previous experience with LMH, and given the speed of my last birth, I wanted to ensure I had options."

Kelly attended regular prenatal visits, and her daughter, Ayla, was born on December 30 at LMH. With her labor again progressing slowly, OB/GYN Eric J. Hoff, D.O., offered to facilitate the process, but Kelly politely declined the assistance. "Everyone was respectful of my wishes for a peaceful, low-intervention birth," Kelly said. "When I told Dr. Hoff that I did not want to speed up the process, he determined there were no health risks, and left the room."

"The nurses and other staff members were phenomenal. They are all shining stars. They gave me the space I needed, made me feel comfortable, and were ready to offer anything I requested including heat packs and a peanut ball," Kelly shared. "Most importantly, no one spoke the word, epidural! I felt as though I had been heard and my decisions mattered. Everyone treated me like a real human being. I had never experienced that type of compassion and care before. I am so grateful for the kind treatment, and I highly recommend LMH's services for anyone looking for a safe, welcoming birthing space."

After delivery, Kelly was able to spend time with her husband and children in their suite. Cory had to work and could not enjoy the special gourmet meal that LMH offers to all new parents. However, the staff arranged to have the meal prepared the following day for lunch. "Instead of a lovely date night, we were able to enjoy the meal with our children. It was a very special candlelit luncheon to welcome our newest family member."

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 2022, there were 793 babies delivered at Licking Memorial Hospital (LMH).**

	LMH 2020	LMH 2021	LMH 2022	National ⁽¹⁾
Low birth-weight infants	4.3%	5.7%	3.4%	8.24%

- 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 2022, 15 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 admission for delivery.**

	LMH 2020	LMH 2021	LMH 2022	State Average ⁽²⁾
Patients who reported smoking at any time during pregnancy	25%	23%	15%	11.5%
Patients who reported as a current smoker on admission for delivery	17%	17%	10%	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 2020	LMH 2021	LMH 2022	LMH Goal
Breastfeeding rate upon discharge	62.5%	65.3%	67.5%	greater than 55%
Breastfed infants receiving exclusive breast milk prior to discharge	77%	71%	76%	National⁽⁴⁾ 55%

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

	LMH 2020	LMH 2021	LMH 2022	National ⁽⁴⁾
First-time C-sections	10%	10%	10%	16%

- Elective deliveries are newborn deliveries that are scheduled in advance, rather than allowing labor to occur naturally, specifically for mothers prior to 39 weeks of gestation. Studies have shown that elective deliveries performed prior to 39 weeks have higher rates of newborn complications, higher C-section rates, and longer hospitalization for mothers. Lower elective delivery rates are better, as this reduces potential risks to the baby and the mother.

	LMH 2020	LMH 2021	LMH 2022	National ⁽⁵⁾
Elective deliveries performed before 39 weeks	1.7%*	0%	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)

Check out our Quality Report Cards online at 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 2020	LMH 2021	LMH 2022	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	1	0	0

Data Footnotes:

(1) Final data for 2020. National Vital Statistics Reports, 70(17). Hyattsville, MD: National Center for Health Statistics. Available at <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf>

(2) Ohio Department of Health: Center for Public Health Statistics and Informatics (2020). 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

Statewide Initiative Helps Strengthen Fathers and Families

The role that fathers play in providing stability for their children contributes to their future success, and research shows that children who have meaningfully engaged fathers have reduced behavior

problems, improved academic outcomes, and reduced poverty. The Ohio Commission on Fatherhood is a statewide commission that is part of the Ohio Department of Job and Family Services, within the Office of Family Assistance. Its goal is to strengthen vulnerable families by providing opportunities and community-based programs to help fathers become more engaged in their children’s lives and the life of the child’s mother.

Fatherhood programs funded by the Commission assist in improving economic stability by helping fathers prepare for, find, and retain employment. The programs foster responsible parenting through skills-based classes and individualized mentoring, and promote healthy relationships through conflict resolution and communication skills training.

Licking Memorial Health Systems is proud to offer Boot Camp for New Dads, a monthly class designed to help first-time dads to gain confidence in their fathering abilities. The class is led by Master Coach Fathers and veteran dads with babies. Content topics include the needs of new mothers, babies, and the role of fathers. To register, call (220) 564-3388.



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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