

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.

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Health Tips – Taking Over-the Counter Medications During Pregnancy

When a woman is pregnant, many of the medications that she takes can pass through the placenta, and may cause serious harm to the growing baby. For this reason, pregnant women are often advised not to take any medications without first consulting their physician. The over-the-counter medications listed below are generally regarded as safe to treat common maladies during pregnancy. Use according to the manufacturers' directions on the label, unless otherwise indicated.

Allergies/rash..... Benadryl (take one or two 25-mg pills every six hours as needed), Claritin

Cold or flu..... Robitussin (take one to two teaspoons every four hours as needed), Sudafed (take two 30-mg pills every eight hours as needed), Tylenol (take one or two 325-mg pills every four hours as needed)

Constipation..... Dialose or Colace (take one or two pills morning and night), Milk of Magnesia, Metamucil, Benefiber, Citrucel or Fibercon

Diarrhea..... Imodium

Headache..... Tylenol (take one or two 325-mg pills every four hours as needed)

Head lice..... Elimite, Nix or Rid

Heartburn..... Mylanta (low sodium), Pepcid, Zantac, Riopan (low sodium), Tums

Hemorrhoids..... Diolose, Colace, Milk of Magnesia, Preparation H, Tucks

Insomnia..... Benadryl (take one or two 25-mg pills every six hours as needed)

Morning sickness....Dramamine, Emetrol, Unisom

Sore throat..... Cepacol, Chloraseptic

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

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

- 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. Many factors contribute 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 at increased risk for health problems. Adequate prenatal care and healthy practices can significantly reduce the incidence of low birth-weight deliveries. In 2013, there were 1,039 babies delivered at Licking Memorial Hospital (LMH) – 59 with low birth weight.

	LMH 2011	LMH 2012	LMH 2013	National ⁽¹⁾
Low birth-weight Infants	3.8%	5.0%	5.7%	8.2%

- 2** Smoking during pregnancy is the most 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 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 2011	LMH 2012	LMH 2013	National ⁽²⁾
Patients who reported smoking during pregnancy	24%	24%	21%	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 2011	LMH 2012	LMH 2013	National
Mothers with GBS receiving antibiotic before delivery	N/A	97%	97%	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 2011	LMH 2012	LMH 2013	National ⁽¹⁾
Maternity patients who had a C-section	27%	22%	24%	31%
First-time C-sections	15%	10%	13%	17%

- 5** Elective deliveries are scheduled in advance, and are induced or performed by C-section, rather than occurring naturally. Studies have shown that elective deliveries performed before 39 weeks' gestation have higher rates of newborn complications, higher C-section rates, and longer hospital lengths-of-stay for mothers. LMH follows the American Congress of Obstetrics and Gynecology guidelines, and will perform elective deliveries only after 39 weeks' gestation for patients who meet the appropriate guidelines.

	LMH 2011	LMH 2012	LMH 2013	National ⁽¹⁾
Elective deliveries performed before 39 weeks	0%	2%	0%	0.6%

- 6** 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 2011	LMH 2012	LMH 2013	National
Newborns receiving breast milk during Hospital stay	59%	64%	67%	81.9%

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“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 2011	LMH 2012	LMH 2013	National ⁽¹⁾
Of newborns who received breast milk during their Hospital stay, percentage of mothers who breastfed exclusively ⁽⁴⁾	46%	57%	80%	48%

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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 2011	LMHP 2012	LMHP 2013	Goal
LMHP pregnant patients screened for GDM by 29 weeks	98%	96%	96%	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) Percentages are determined from mothers who breastfeed any amount during their Hospital stay.

Patient Story – Amy Hiner

In early April 2013, Amy Hiner of Newark had a feeling that her baby was going to arrive early. However, her regular prenatal visits with Obstetrician/Gynecologist Janae M. Davis, M.D., had all gone well, and everything (except for some third trimester foot swelling) indicated that she was on course for her May 31 due date. Still, as an elementary school teacher, Amy liked to be prepared, so she already had a bag packed with items that she would need when she went to the Hospital to have her first baby.

On April 9, Amy decided to check her e-mail before she retired for the evening. As she was reading her messages around 10:45 p.m., she suspected that her water had just broken, and woke her husband, Chris, with the news.

The Hiners had registered for several First Impressions classes at Licking Memorial Hospital (LMH) to prepare for the upcoming birth, but at only seven-and-one-half months into the pregnancy, they had attended only the Prenatal Breastfeeding Basics Class. They were still weeks away from the Childbirth Education Class that would have taught them the signs of labor. Unsure about this new development, Amy called her mother, and her mother urged her to call LMH’s Maternity Department for professional advice.

A Maternity nurse instructed Amy to come to LMH as soon as possible to be evaluated for possible premature rupture of the membranes. Amy grabbed her pre-packed bag, and Chris drove the seven-mile trip to LMH.



Amy, Maeley and Chris Hiner

“I was not frightened at all,” Amy recalled. “Actually, I was excited because I thought we were probably going to meet our new baby very soon, and I could not wait. It did not register to me at that point that the baby would be premature, and there could be health consequences from being born so early.”

The Hiners arrived at LMH at 11:30 p.m., and a quick examination revealed that Amy was dilated eight centimeters, and her contractions were already coming four minutes apart. The staff quickly checked her into a Labor and Delivery room and helped her change into a hospital gown.

Even though Amy had not had an opportunity to attend the Childbirth Education class, she had talked with friends and researched enough to know the usual options for pain relief during labor. “I want an epidural,” she told Dr. Davis through the commotion. However, Dr. Davis explained that there simply was not enough time to set up an epidural. The baby was ready to be born.

After a speedy delivery, Chris and Amy welcomed their 4 pound, 10 ounce baby girl at 12:29 a.m., on April 10, just one hour and 44 minutes after Amy had been checking her e-mail at home. They named their precious newborn “Maeley,” a name inspired by Amy’s grandmother, Betty Mae.

Patient Story – Amy Hiner (continued on next page)

Pediatric Hospitalist Obiaghanwa S. Ugbana, M.D., immediately began examining Maeley. The Maternity staff had alerted Dr. Ugbana as soon as they confirmed that Amy was in pre-term labor. Dr. Ugbana determined that Maeley was in overall good health, but was having some breathing difficulty due to her tiny, underdeveloped lungs. Amy and Chris were able to hold Maeley for a short time before she was taken to the Maternity Department’s Special Care Nursery.

“It was frightening to be told that my baby needed to be placed in the Special Care Nursery,” Amy said. “I began to realize just how fragile a premature baby can be. However, the nurses and doctors were phenomenal. They answered all our questions and reassured us that Maeley was doing very well. Maeley was in the Hospital for 18 days, and LMH was so accommodating. Since Maeley was in the Special Care Nursery, and I was breastfeeding, I was permitted to stay in my patient room throughout the length of her stay.”

Chris, a regional manager at Park National Bank, also found the staff to be accommodating. “He was permitted to sleep in a second bed in my room to make it easier for him to see Maeley in the Special Care Nursery before he went to work,” Amy said. “As soon as Maeley was stable enough, Chris and I were encouraged to hold her with as much skin-to-skin contact as possible to promote her growth and brain development. The grandparents were even welcome to spend as much time with us as they wanted. I am so grateful that LMH had the Special Care Nursery, so that we could all be with Maeley close to home and begin bonding as a family. I have been recommending LMH to all my friends because the staff really went above and beyond for us.”

LMH’s Special Care Nursery is accredited as a Level II facility to provide care for moderately ill newborns. Critically ill newborns who need more intensive care at a Level III facility in Columbus may be transferred back to LMH as their conditions improve, which saves the infants’ families the inconvenience and expense of a long commute.

Tobacco Cessation Services Now Provided at Licking Memorial Women's Health

Licking Memorial Women’s Health in Newark has added a new service to help pregnant patients improve the health of their newborn babies. Now, expectant mothers who smoke or use other forms of tobacco can visit their obstetrician/gynecologist and receive free tobacco cessation services during the same visit.

Women who smoke during pregnancy are at increased risk of developing placenta previa (a condition that can cause severe bleeding) and have less oxygen available for the unborn baby’s development in the placenta. Additionally, the unborn baby has elevated risk of:

- Low birth weight
- Premature birth
- Stillbirth
- Sudden Infant Death Syndrome (SIDS)
- Childhood cancers
- Cleft palate and cleft lip
- Respiratory problems



Tobacco Cessation Counselor Melissa Phillips, R.N., (right) explains nicotine lozenges to an expectant mother.

cessation counselors, educational tools and nicotine replacement products that have a very good rate of success. We want to provide our patients with all the encouragement we can to quit smoking for their own health, and for the health of their babies.”

Dr. Ibe added, “Some patients told us in the past that they had good intentions to quit smoking during their pregnancies, but for one reason or another, it was difficult for them to find the time to visit the Quit for Your Health counselors at their primary location next to the Hospital. We are excited that LMH is making tobacco

cessation services as convenient as possible for our patients.”

LMH’s Quit for Your Health program was first established in 2009, after funding for a statewide tobacco prevention program was eliminated. LMH recognized the importance of continuing an anti-tobacco program to lower the high rate of tobacco use in Licking County. In addition to the new Women’s Health location, the primary Quit for Your Health office is located at 1272 W. Main Street, Building 2, in Newark.

LMH’s two Quit for Your Health counselors, Melissa Phillips, R.N., and Katie Seward, M.P.H., CHES, CTTS, are both trained in tobacco cessation education. Their services are free of charge to Licking County residents who use any form of tobacco. Appointments can be made by calling (740) 348-7848.