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## Licking Memorial Health Systems

1320 West Main Street  
Newark, Ohio 43055

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this month's report on patient  
care quality. You'll soon discover  
why Licking Memorial Hospital  
is measurably different  
for your health!**

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**Licking Memorial  
Health Systems**

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**Maternity  
Care**

measurably  
**different**  
for your  
**health!**

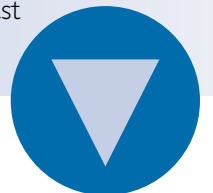


### HEALTH TIPS

Folic acid helps prevent neural tube defects, which are birth defects of the brain and spinal cord. In order to be effective, folic acid must be taken before pregnancy and in the first few weeks. Following are tips for taking folic acid:

- Eat a healthy diet – including fruits, dark-green leafy vegetables, dried beans and peas, and other folate-rich foods.
- Take a vitamin supplement containing at least 400 milligrams of folic acid.
- Eat folic acid-fortified breakfast cereals.

*...a community report on patient care quality.*



# Maternity care: How do we compare?

At Licking Memorial Hospital, 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 health care choices.

**1** Cesarean section deliveries (C-sections) can save the life of a mother or baby. However, to avoid unnecessary surgeries, C-sections should be performed only when truly necessary. Rates for C-section deliveries are tracked nationally and at LMH.

	LMH 2000	LMH 2001	National <sup>(1)</sup>
Total % of women who had a C-section	<b>21.7%</b>	<b>23.5%</b>	<b>23.5%</b>
% of first-time C-sections	<b>14.4%</b>	<b>15.4%</b>	<b>16.2%</b>
% of repeat C-sections	<b>72.9%</b>	<b>83.7%</b>	<b>74.8%</b>

**2** C-sections may be medically necessary for a number of reasons. To monitor trends in maternity care, both LMH and the Ohio Hospital Association monitor the medical reasons for C-section deliveries.

Top reasons cited for first-time C-section deliveries	LMH 2000	LMH 2001	State <sup>(2)</sup>
Presentation of baby (e.g. breech)	<b>26.4%</b>	<b>28.9%</b>	<b>36.7%</b>
Fetal distress	<b>33.6%</b>	<b>31.0%</b>	<b>16.5%</b>
Cephalic pelvic disproportion (baby's head larger than outlet)	<b>7.17%</b>	<b>4.9%</b>	<b>13.3%</b>

**3** Infections after C-sections may pose health risks for babies and/or mothers.

	LMH 2000	LMH 2001	National <sup>(3)</sup>
% of C-section infections – low risk	<b>4.93%</b>	<b>0.00%</b>	<b>3.35%</b>
% of C-section infections – moderate risk	<b>2.63%</b>	<b>1.27%</b>	<b>5.06%</b>

**4** Breast feeding has numerous benefits for infants and their mothers. (See *Why Choose Breast Feeding?* inside.) The LMH maternity care staff encourages mothers to breast feed and tracks the number of mothers who choose to do so.

	LMH 2000	LMH 2001	LMH Goal
% of mothers choosing to breast feed	<b>47.6%</b>	<b>54.7%</b>	<b>&gt;55%</b>

**5**

An Apgar score reflects the state of an infant's physical condition after birth. It takes into consideration a newborn's heart rate, respiration, muscle tone, color and response to stimuli. A score of 0, 1 or 2 is given in each category, with a maximum total of 10 points. If an Apgar score is below five at one minute or seven at five minutes, neonatal resuscitation is administered.

Babies with low Apgar scores < 5 at one minute after birth		
LMH 2000	LMH 2001	LMH Goal
<b>4.1%</b>	<b>3.4%</b>	<b>&lt;5%</b>
< 7 at five minutes after birth		
<b>1.7%</b>	<b>1.3%</b>	<b>&lt;1%</b>

**6**

Group B Beta Streptococcus (GBBS) 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 GBBS infections can be prevented through screenings and, if needed, through the use of a special antibiotic.

% of mothers with GBBS receiving antibiotic		
LMH 2000	LMH 2001	National Goal <sup>(4)</sup>
<b>97%</b>	<b>98%</b>	<b>100%</b>
# of newborns testing positive with GBBS		
<b>0</b>	<b>0</b>	<b>0</b>

#### Data Footnotes:

(1) National benchmark from fourth quarter 2000 data, The Association of Maryland Hospitals & Health Systems QI Project.

(2) Ohio Hospital Association's statewide clinical database, *Health Beat*, January 2001.

(3) CDC National Nosocomial Infections Surveillance System pooled mean from January 1992 through April 2000.

(4) Centers for Disease Control, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, 1999.



*When Kim Hellinger's daughter, Savana, had difficulty breathing, the newborn received care from Licking Memorial Health Professionals pediatricians Richard Baltisberger, M.D., and Diane LeMay, M.D.*

**“ They were very persistent in checking on her. Someone was there to check on her morning, noon and night. ”**

# Care for the Whole Family

## A PATIENT'S STORY

Newark resident Kim Hellinger's pregnancy went well, as did the December 19, 2001, scheduled Cesarean section delivery of her second child. But four hours after the birth of Savana Kay Hellinger, joy was replaced with concern.

The newborn was having difficulty breathing. Licking Memorial Health Professionals pediatricians Richard Baltisberger, M.D., known as “Dr. Rick,” and Diane LeMay, M.D., provided care.

They prescribed oxygen, an IV, and antibiotics and ordered an X-ray of the baby's lungs. The X-ray showed that Savana's lungs were not fully developed.

“The baby was in mild respiratory distress, which newborns can develop,” Dr. LeMay said. “Her lungs were not fully developed, so we needed to help her breathe until she was able to do so adequately on her own.”

Savana was moved to an incubator and given oxygen through a nasal cannula. The nasal cannula forces oxygen into the lungs to hasten their development.

“We kind of gritted our

teeth,” Kim said. Despite her worry, however, Kim was careful not to overly concern her 3-year-old son William. “He adores her,” she said of Savana. “He couldn't understand why she was in the ‘round thing.’ That's what he called the incubator.”

Both Dr. LeMay and Dr. Rick assessed Savana's health frequently during the infant's hospital stay.

“They were very persistent in checking on her,” Kim said. “Someone was there to check on her morning, noon and night.”

Kim was pleased that Licking Memorial Hospital staff members not only cared for Savana and her, but also for William. “The hospital staff involved him. They explained things to him and let him see her,” she said.

Savana was breathing well on her own and ready to go home on December 26. Although Kim said it would have been nice to have her daughter home for Christmas Day, she noted, “It was well worth the wait!”

“She was our miracle baby, thanks to Licking Memorial,” Kim said.



## Why Choose Breast Feeding?

### Benefits For Baby

- Breastfed infants have fewer illnesses and milder effects when illnesses do occur.
- Breastfed babies are less likely to develop respiratory infections, childhood diabetes and childhood lymphoma.
- Breastfed babies have fewer ear infections, cases of diarrhea and other gastrointestinal infections and disorders.
- Breast feeding lessens the risk of heart disease and high blood pressure in later life.

### Benefits For Mom

- Women who breast feed reduce their chances of pre-menopausal breast cancer, cervical and ovarian cancer, osteoporosis, anemia, and urinary tract infections.
- Milk production burns calories, helping in weight loss after pregnancy.
- Prolactin, the hormone for milk production, is also known as the “mothering hormone.” Prolactin stimulates maternal instincts and has a relaxing effect on the mother.

# What to Expect in Pregnancy Screenings

CERTAIN SCREENINGS CONDUCTED DURING PREGNANCY CAN ALERT PHYSICIANS TO POTENTIAL PROBLEMS THE MOTHER AND/OR BABY COULD FACE DURING DELIVERY, AS WELL AS MAKE KNOWN PROBABLE BIRTH DEFECTS. WHICH SCREENINGS A PHYSICIAN MAY ORDER DEPENDS ON THE INDIVIDUAL PATIENT.

### Ultrasound

An image of the fetus is created from sound waves obtained either by moving an instrument across the abdomen or placing a small device in the vagina.

Ultrasound is used to determine the number of fetuses, age of the fetus(es), rate of growth, position, movement, heart rate, placement of the placenta, and possible problems. When an ultrasound is performed depends on why it is being done.

### Maternal Serum Screening

This is a blood test that screens for signs of birth defects such as open neural tube defects or Down syndrome. Maternal serum screening is offered to all pregnant women, although individuals may opt not to have the screening.

The blood test is given between weeks 15 and 18.

### Chorionic Villus Sampling (CVS)

A sample of the chorionic villi is taken from the placenta. A needle is passed through the abdomen and uterus, or a thin tube is passed through the vagina and cervix.

The purpose of the test is to screen for certain conditions such as Down syndrome. CVS is offered to women who already have a child with certain birth defects, those who have a family history of birth defects, women who will be 35 or older on their due date, and to women if they or their partner are at risk for certain genetic diseases. The sample is taken between weeks 10 and 12.

### Amniocentesis

A thin needle is inserted through the abdomen into the uterus to collect a sample of amniotic fluid. Ultrasound is used to guide the needle. This test is conducted in the same circumstances used with chorionic villus sampling. It is completed between weeks 14 and 18.

### Nonstress Test

An electronic fetal monitor is attached to the woman's abdomen to determine whether enough oxygen is getting to the fetus. It measures the fetal heart rate as the fetus moves.

The nonstress test is recommended for women with diabetes or high blood pressure, those who smoke or use drugs, women having twins and those who have decreased fetal movements. The test usually takes place during the last 10 weeks of pregnancy.

### Contraction Stress Test

An electronic fetal monitor is used to determine whether the fetus is under stress. This test is conducted in the same circumstances as the nonstress test and also usually takes place during the last 10 weeks of pregnancy.

### Biophysical Profile

A biophysical profile combines a nonstress test and ultrasound to check the fetus's “breathing” movements, muscle action, movement, amount of amniotic fluid, and the result of the nonstress test.

This test is conducted in the same circumstances and same time period as the nonstress and contraction stress tests.