

PERINATAL NEWS

The *Perinatal News* is published four times per year by the *South Carolina Perinatal Association*. The newsletter's mission is to keep SCPA members, and other interested persons, informed of state, local, and regional events in the field of perinatal care. The views and opinions presented are not necessarily endorsed by the *South Carolina Perinatal Association*.

To submit comments, letters, and articles, call Lauren Lattin at 843-293-0049, or email at lattinlauren@yahoo.com.

Inside this Issue:

Heroes in the Field	Page 2
VBAC Update	Page 3
2008 Infant Mortality	Page 4
Preterm Birth Rate	Page 5
CenteringPregnancy®	Page 6
Social Networking	Page 9
Waves of Change Conference	Page 11
Waves of Change Registration	Page 12

Correction: Our sincere apology to **Grace Stewart, SC NFP Director**. Grace was the author of the article, *South Carolina Nurse-Family Partnership: One Year Later... Success Stories*, in the Summer 2010 Perinatal News. We incorrectly credited the story to another author.



FROM THE KEYBOARD OF OUR PRESIDENT...

In June of this year, the American Nurses Association (ANA) 2010 House of Delegates adopted the final version of their resolution on abusive behavior in the workplace. Simply stated, the resolution affirms that all nurses (and healthcare providers) have the right to work in environments free of abusive behavior.

We hear about bullying on the playground and most recently emergency center violence. But most of us don't think about nurses or other healthcare providers working in an abusive or violent environment. Most of us work in hospitals, doctors' offices, or clinics. There's no violence there, right? Wrong! According to the ANA, lateral violence and bullying have been extensively reported and documented among healthcare professionals. These abusive behaviors

identified by the ANA include bullying, hostility, abuse of authority and reprisal for identifying abuse in the workplace.

These disruptive behaviors add emotional and psychological stress to all providers and can negatively affect the care we provide. The increased conflict can also increase burnout and impact employee retention.

As perinatal care providers, we are trained to evaluate women and children for physical and emotional abuse. We educate, we assess, and we report abuse when warranted. We need to adopt these same principles and help reduce workplace abuse. We all have the right to work in environments free of abusive behavior and reprisal!

Best,

*Mary Mathes,
SCPA President*



HEROS IN THE FIELD

By Megan Branham, LMSW

The March of Dimes South Carolina Chapter, in collaboration with Select Health of South Carolina, Inc., Palmetto Healthy Start, and Low Country Healthy Start, will host the fourth annual Heroes in the Field event in honor of National Infant Mortality Awareness Month.

This free, one-day symposium for maternal and child health professionals will be held September 16, 2010 from 8:30 a.m. – 2 p.m. at Seawell's Banquet and Reception Center located on 1125 Rosewood Drive in Columbia. The goal is to increase advocacy and awareness of programs in South Carolina that work to reduce the incidence of infant mortality.

CEU's will be offered but space is limited! Please call 803-296-2273 to register today!

To view the Heroes in the Field Symposium brochure,
go to http://www.scperinatal.org/ed_op.html



UPDATE ON VAGINAL BIRTH AFTER A PREVIOUS CESAREAN SECTION

by Judith T. Burgis, MD

Attempting a vaginal birth after cesarean is appropriate for the majority of women who have had a prior cesarean and for many women who have had two prior cesareans, according to the new guidelines from the American College of Obstetricians and Gynecologists (ACOG).

Most of us are familiar with the saying “once a cesarean always a cesarean”. This attitude began to change when evidence was presented that suggested that a trial of labor after a cesarean (TOLAC) was safe for most women with a prior low transverse cesarean section.

Vaginal birth after cesarean (VBAC) rates rose from 5% in 1985 to 28% in 1996, but fell to 8.5% in 2006. The lower rates reflect restrictions by hospitals and insurers as well as concerns by OB/GYNs on the risks and benefits of TOLAC and VBAC.

The ACOG Practice Bulletin published in the August edition of *Obstetrics and Gynecology* replaces opinions from 2004 and 2006. The guidelines are divided into level A (strongest), level B (based on limited or inconsistent scientific evidence) and level C (consensus and expert opinion) evidence.

Level A evidence includes: Most women with one prior low transverse cesarean section are candidates for and should be counseled about VBAC and TOLAC. Epidural analgesia for labor may be used in TOLAC, and misoprostol should not be used for cervical ripening or labor induction with patients who have had a cesarean section or major uterine surgery.

Level B evidence includes: Women with 2 previous low transverse cesarean deliveries may be considered for TOLAC. Those at high risk for complications such as a prior uterine rupture and those in whom a vaginal delivery is contraindi-

cated (such as placenta previa) are generally not good candidates for TOLAC. Induction of labor is an option in TOLAC.

Level C evidence includes: Because of unpredictable risks of uterine rupture and other complications, TOLAC should only be attempted at facilities with emergency capabilities. The ultimate decision about TOLAC and VBAC rests with the patient and her provider. The risks and benefits of TOLAC and elective repeat cesarean delivery should be discussed with appropriate patients.

The current rate of cesarean delivery is concerning to many OB/GYNs and these guidelines emphasize the need for thorough counseling of risk and benefits, shared patient-doctor decision making, and respect for patient autonomy. Moving forward, OB/GYNs need to work with patients, hospital staff, colleagues and insurers to ensure a reasonable VBAC rate. Hospital staff working in women’s services can help advocate for patients in situations where TOLAC is appropriate.

References:
ACOG Committee Opinion August 2010
OB.GYN. News August 2010.



SOUTH CAROLINA 2008 INFANT MORTALITY RATE SHOWS IMPROVEMENT!

by Meg Jewell, MA

According to recently released statistics from the South Carolina Department of Health and Environmental Control, the SC infant mortality rate for 2008 was 8.0*. This not only represents a decrease from the 2007 rate of 8.5*, but it is also the lowest recorded rate in several decades. In spite of this improvement, however, our state's infant mortality rate remains too high. This rate of 8.0* represents 504 families in SC who did not get to see their baby reach his or her first birthday.

A special area of concern in this 2008 infant mortality data is the number of infants in our state who died from "accidental suffocation and strangulation in bed". In 2008, 37 babies in our state died from conditions related to unsafe sleeping environments.

Overall, the 3 leading causes of infant death in our state were congenital malformations, disorders related to prematurity & low birth weight, and sudden infant death syndrome (SIDS).

A closer look at the data indicates a greater improvement among "black & other" infants than among white infants. However, despite the improvements for racial minorities, a considerable disparity still exists between the races. The white infant mortality rate of 6.1* remains much lower than the 11.4* rate for black/other infants in 2008. Our state's rate of preterm births (<37weeks) also showed improvement in both races, as did the rate of very low birth weight births (<1500g).

If you would like additional information on our state's infant mortality data, including county specific statistics, go to: <http://www.scdhec.gov/co/phsis/biostatistics>

If you would like educational materials addressing Safe Sleep, Preconception Health, and Shaken Baby Syndrome, contact Breana Lipscomb at lipscobn@dhec.sc.gov or (803)898-0771.

Together we can make a difference!

*Infant Mortality Rates are calculated per 1,000 live births.



NATIONAL PRETERM BIRTH RATE DECLINES

Is the Preterm Birth Rate Declining?

The National Center for Health Statistics *Data Brief*, Number 39, May 2010, indicates the United States preterm birth rate declined for the second straight year in a row, after 25+ years of generally increasing rates.

According to the Brief, preterm rates were lower for ALL age groups of women under 40 years of age in 2008 compared to 2006, and ALL types of deliveries (c-section and both induced and non-induced vaginal deliveries).

From 2006-2008, preterm birth rates dropped among both non-Hispanic white and black infants. This decline in preterm birth rates from 2006-08 was noted in South Carolina, as well as 34 others states in the nation.

To view the entire article, go to: <http://www.cdc.gov/nchs/data/databriefs/db39.htm>



A COMPLETELY DIFFERENT KIND OF PRENATAL CARE

by Amy Picklesimer, MD, MPSH, and Sarah Covington, MSW, MSPH

The OB-GYN Clinic at Greenville Hospital System (GHS) has undergone an amazing transformation – one that has changed our physical location, the way we provide care, and most importantly, our patients' outcomes. With the support of the SC March of Dimes, we have become an approved CenteringPregnancy® care provider. It has been a gratifying journey that has strengthened us as a team.

It began in 2007, when the new Medical Director of the Clinic, Dr. Amy Picklesimer, identified the Clinic's challenges by gathering statistics on our patients. The OB-GYN Clinic serves the low-income population of Greenville, with almost all our patients uninsured or qualifying for Medicaid. She found that among our patients:

- 16.5% had preterm births
- 13.2% had low birth weight babies
- 21.6% smoked during their pregnancy
- 58.0% initiated breastfeeding
- 10.9% of babies were sent to the NICU

One of the options to address the preterm birth problem was CenteringPregnancy®, a group model of prenatal care. Dr. Picklesimer was familiar with Centering as an innovative approach to care, and knew that it had a growing base of evidence associating it with lower rates of premature and low birth weight births, and higher rates of prenatal care adequacy and satisfaction with care. The SC March of Dimes agreed to support the program, and in 2008 the Centering Healthcare Institute (CHI) sent trainers to help the Clinic begin its program, and we were on our way!

What were we getting ourselves into? A completely different kind of prenatal care. Centering is a model of group prenatal care – pregnant women are put in groups of 8-12 with other women who have due dates in the same month as them. A Nurse Practitioner and Nursing Assistant co-facilitate the groups – the NPs conduct a short private exam with each of the patients there in the group room (measuring fundal height and listening to fetal heart tones), and the NAs take care of any necessary labs. There are 10 group sessions of two hours each, which includes all their prenatal care as well as extensive time for education, group support, fun, and socializing.



A DIFFERENT KIND OF PRENATAL CARE *(continued)*



Our first Centering group began in November 2008, with eight women. Since then, we have had over 200 patients participate in the program, with more than 150 more currently in groups. In January 2010, CHI approved the OB-GYN Clinic as an official CenteringPregnancy® site. In the spring of 2010, GHS funded the renovation of the Clinic to build two new Centering rooms in order to expand the program.

Facilitating group care requires a very different set of skills from medical care with one patient at a time in an exam room. The Centering Team has attended several trainings to understand and develop these skills.

As we have worked together on this, we have grown closer as a team and increased our appreciation of each other's unique talents. Meanwhile, our administrative staff was busy making extensive changes in the scheduling and billing systems to accommodate group sessions.

After 200 patients, we wanted to know if all this change was worth the effort. We have collected feedback from our patients on their satisfaction with their prenatal care (about ½ way through their Centering sessions) and compared them to patients in traditional care. What we found was that our patients were very happy with their prenatal care and were learning more than those in traditional care. When asked to rank their overall satisfaction with their care on a 1-10 scale, 59% of Centering patients gave their care a perfect "10" (compared to 42% of those in traditional care), with an average of 9.2.

	Centering patients who said "Agree"	Traditional care patients who said "Agree"
I like the organization of my prenatal care this way	94%	95%
I feel I have learned a lot about prenatal care	97%	91%
I am enjoying being with other women during prenatal care	99%	52%
I feel as if I am well prepared for labor and delivery	91%	86%
I feel as if I'm well prepared for caring for a new baby	96%	88%

A DIFFERENT KIND OF PRENATAL CARE *(continued)*

We are currently collecting outcomes data on all of our patients as they deliver their babies, in order to demonstrate that we are making a difference. In the meantime, our team is paid back in droves for all their efforts at changing our practice every time one of our groups has its joyous postpartum reunion and brings back all of their beautiful, healthy babies.



"You go through this together, you're like a family."

"I didn't feel alone."

"It helps being able to share and talk with other women going through what I am."

"I met women and we shared our experiences, and the fellowship was very nice."

"It's good to have friends that are going through the same thing as you."

"What I like best about my prenatal care is that our nurses make us feel so comfortable and we're able to share anything we're feeling."

"Everyone is friendly and we can talk about anything."

"I like the free unlimited advice, one on one questions, and answers provided."

CATCH THE VIRUS... SEE WHAT SOCIAL NETWORKING IS ALL ABOUT

by Mary Ernst, RNC, ACCE

What is social networking?

Social networking focuses on building online communities for people who share common interests and/or activities or who want to explore the interests and activities of others. Once you gain access to a social networking website you can begin to socialize. This socialization may include reading other members' profile pages or contacting them directly. Today I will focus on two popular social sites, *Twitter* and *Facebook*.

Twitter is a social network and microblog. It is sometimes called the "SMS of the internet."

Twitter allows its users to send and retrieve other users' messages or *tweets*. Tweets are posts of yours or others that are "text only" and up to 140 characters. You can post tweets from your phone application or computer. In your tweet, you can include a link to a blog page or a picture or a webpage. Sending and receiving tweets is easy and free when using the *Twitter* website or a smartphone. Accessing it through SMS may incur mobile phone charges depending on your provider.

Facebook, another social network site, is distinct in that it has a "newsfeed" feature that displays your friends' activities through posts and 'status' updates. *Facebook* allows for varied content on your page. You are not limited to 140 characters. You can post long stories, links, videos, pictures and events. It is also much more structured. It frequently changes, and there are many

more "rules" so it takes a little longer to get started and to establish your "presence". *Facebook* has a lot of integration where you can take things from the Internet and post them automatically to your *Facebook* page by choosing to "share". You have the ability to go to your friends' *Facebook* pages and read articles and comments that have been posted. If you decide that you want to follow that page regularly, you can choose to "like" it. Then whenever new information is posted, you will be able to see that post as well.

How might this help me personally and professionally?

Social networking allows you to create and join community, business or political groups. It allows you to reconnect with old friends, classmates, professional colleagues and others. You may choose to post or tweet an event or website or journal article to keep your friends and colleagues informed. You may choose to follow twitter feeds of your colleagues in the field. It is a good way to share information and to find out about upcoming events.

How would I get started?

Getting started is as easy as gaining access to the Internet. Some social networking sites, like *Twitter*, can be viewed publically without membership. Other sites, like *Facebook*, require registration (free).



SOCIAL NETWORKING *(continued)*

How do I protect my privacy?

Facebook also has a rich set of privacy and security controls so you can specify exactly who can see what type of information about you. You also want to make sure and log out of your account at the end of your session. This is very important if you are using a public or a shared computer. Logging out at the end of your session allows you to protect your information and keep others from accessing your account.

When using *Twitter*, remember others may see your tweets. There may be times you should ensure your tweets are not public by making the necessary privacy adjustments.

What do you mean when you say *Facebook* and *Twitter* are viral?

Twitter is “viral” in that what you tweet can be retweeted by your followers to their followers, and so on. So, a simple 140-character text message has the potential to reach hundreds of thousands of people in a matter of minutes.

Facebook is viral also. Say you choose to post something. Your friends would see the post and if they want, they could comment on your post or they could click that they “liked” your post, then all of their friends can see that they liked something and they can choose to click through, see what it was that their friend liked and actually choose to “like” it as well.

How do I sign up for *Twitter*?

Twitter is public, <http://twitter.com>, so you don't have to have a twitter account to read someone's tweet. But, if you want to receive someone's individual tweets in a twitter reader, you will need to set up a personal account and choose to “follow” that person. You get a *Twitter* account by submitting a valid e-mail address and choosing a password. You can then start right

away by typing in little thoughts or messages. It is a one-to-many communication. You post one message and it goes out to anybody, mainly your followers. On *Twitter*, whatever you tweet is read by your followers. If any of your followers retweets it, then all their followers see what you originally tweeted and they will also see your name and see what else you have been tweeting about.

How do I sign up for *Facebook*?

Signing up for *Facebook* is also easy. All you need is a valid e-mail address. Navigate to *Facebook* by typing in <http://facebook.com>. After you sign up for *Facebook* you will have to confirm your account by checking your e-mail for a *Facebook* confirmation. *Facebook* has a pretty easy and detailed “help” center. You can get to that help center by going to the blue bar, choosing “settings” and then choosing “help”.

So get on board! Catch the virus, and on your way, visit our SCPA twitter page @ <http://twitter.com/scperinatal> and our facebook page @ <http://www.facebook.com/#!/pages/South-Carolina-Perinatal-Association/134319699931918?ref=ts>.

Be sure to “like” us on Facebook so you will get our news feeds. The *Twitter* and *Facebook* platforms are created to share content in completely different ways. In the next newsletter issue, you will learn how to manage these very different interfaces!



17th Annual *Perinatal Partnership* Conference

Managing the Waves of Change in Perinatal Practice

Embassy Suites at Kingston Plantation
Myrtle Beach, South Carolina

September 26-28, 2010



Registration Form

17th Annual *Perinatal Partnership* Conference
September 26-28, 2010

*Must be completed in entirety or form will be returned.

*Indicate how you would like your name to appear on name tag. _____

Name _____

Organization _____

Discipline (i.e.: physician, social worker, etc.) _____

Mailing Address _____

City/State/Zip _____

Phone Day () _____ Evening () _____ fax () _____

email _____

Please print clearly. Will be used for confirmation.

REGISTRATION / MEMBERSHIP FEES

Pre-conference Workshop (Select One)

- "Evidence-Based Nursing Care: Labor Support Skills" – \$75
 "Legal Aspects of Patient Documentation" – \$50

Pre-conference Fee: \$ _____

Join your state Perinatal Association today and register at member rates!

- NCPA Membership New Renew Fee: \$35
 SCPA Membership New Renew Fee: \$35

Membership Fee: \$ _____

	Postmarked On or Before September 1	Postmarked After September 1
NCPA, SCPA Member	\$175.00	\$190.00
Nonmember	\$210.00	\$230.00

Registration Fee: \$ _____

Make check payable to: NC/SC Perinatal Conference
 SCPA Tax ID #57-0666784

TOTAL FEE: \$ _____

Concurrent Sessions (Select one from each group).

Concurrent Sessions A (Check one from numbers 1-4)

1. "Nutritional Implications of Bariatric Surgery and Relationship to Pregnancy" 1
 2. "Perils of Pitocin" 2
 3. "Bloodstream Infections in Neonates" 3
 4. "Regional Perinatal Research and Model Programs: Application to Current Practice" 4

Concurrent Sessions B (Check one from numbers 5-8)

5. "Changing Demographics in the Neonatal Intensive Care Unit" 5
 6. "NICHD Terminology Update and Application in Clinical Practice" 6
 7. "Influenza: Is Pregnancy an Infection Risk?" 7
 8. "Breastfeeding: What Would Patient Satisfaction Look Like from a Baby's Perspective?" 8

I will attend the following meetings: (at no additional cost)

- 9/27/10 North Carolina Perinatal Association Membership Meeting (lunch provided) Reception - 9/26/10
 9/27/10 South Carolina Perinatal Association Membership Meeting (lunch provided)
 Please indicate if you prefer a vegetarian lunch.

COMPLETE AND MAIL TO:

Pam Harper, Registrar
 Mid-Carolina AHEC, Inc.
 P. O. Box 2049
 Lancaster, S.C. 29721

Telephone: (803) 286-4121
 Fax: (803) 286-4166

Check, cash or credit card payment must accompany registration.

For an additional \$5.00, you may pay by credit card by using PayPal online services only at www.midcarolinaahcec.org.

We will **not** accept any registrations by phone.

We will **not** accept faxed registrations **unless** accompanied by a purchase order (PO).

Deadline for registration is September 13, 2010. Cancellations received prior to September 13, 2010 will be honored less a \$25 administrative fee. Substitutions are permitted.