

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 lattinlaureen@yahoo.com.

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FROM THE KEYBOARD OF OUR PRESIDENT...

Back in April of this year, the journal *Pediatrics* published startling data. The article stated that it is estimated that nearly 900 babies' lives could be saved each year if 90 percent of women in our country breast fed their babies for the first six months of life. The article also supports a 2001 government study that estimated that \$3.6 billion could be saved each year if just 50% of mothers breast-fed their babies for six months.

It's reported that JCAHO has implemented breastfeeding guidelines. Hospitals may be evaluated on their ability to ensure newborns are fed only breast milk before they go home. Finally, breastfeeding is being taken more seriously! We as healthcare providers should not wait for JCAHO or any

other agency to tell us what we need to do. We know the benefits of breastfeeding and it's not about saving money. It's about healthy babies and saving lives.

We have an obligation to support mothers who are considering breastfeeding or who have chosen to breastfeed. In the inpatient setting, we need to help provide that important time for breastfeeding immediately post delivery and continue to provide support and encouragement to the mother throughout her hospital stay. Supporting breastfeeding mothers needs to be a priority for all healthcare providers. We can make difference. We can help save babies.

Best,

*Mary Mathes,
SCPA President*



PUBLIC AFFAIRS UPDATE

by Meg Jewell

FINALLY!!!!!!!!!!!! After a nearly 10 year long battle, the \$.50 tax increase on cigarettes will become law in our state, on July 1, 2010. The passage of this legislation is a HUGE win for all South Carolina citizens, but especially women, children, & young families.

Briefly, approximately \$10 million generated by this 50-cent/pack increase will fund cancer prevention and research activities. The remaining estimated \$125 million (which will subsequently draw down \$375 million in federal dollars) will be placed in a Medicaid Trust fund.

Thanks to all SCPA members who helped get this legislation passed by contacting their legislators and urging them to support this important legislation. Your efforts DID make a difference! SCPA would especially like to thank Senator Thomas Alexander, and Representatives Bingham, Rice, Skelton, Crawford, and Harrell for their leadership and hard work to get this important healthcare legislation passed.

Below are listed the last names of House and Senate members who had the courage to override Governor Sanford's veto of this bill. If you have not yet thanked your representative or senator for helping finally pass the cigarette tax, please do so now. As always, you can easily find your Legislator at www.scstatehouse.gov.

HOUSE: Agnew, Alexander, Allen, Anderson, Anthony, Bales, Ballentine, Bannister, Bingham, Bowers, Brady, Branham, Brantley, G.Brown, H.B. Brown, R. Brown, Chalk, Clemmons, Clyburn, Cobb-Hunter, Cole, Crawford, Daning, Dellaney, Dillard, Erickson, Forrester, Frye, Funderburk, Gilliard, Govan, Gunn, Harrell, Harrison, Hart, Harvin, Hayes, Hearn, Herbkersman, Hiott, Hodges, Horne, Hosey, Howard, Huggins, Hutto, Jefferson, Jennings, Kelly, King, Knight, Limehouse, Littlejohn, Long, Lucas, Mack, McEachern, McLeod, Merrill, Miller, Mitchell, S. Moss, James Neal, Joseph Neal, Neilson, Ott, Owens, Parks, Pinson, Rice, Rutherford, Sellers, Skelton, D. Smith, G.M. Smith, J.Roland Smith, James Smith, Sottile, Spires, Stavrinakis, Umphlett, Vick, Weeks, Whipper, Whitmire, Williams, Willis, Wylie, A. Young, T. Young

SENATE: Alexander, Anderson, Campbell, Campsen, Cleary, Coleman, Cromer, Elliott, Fair, Ford, Hayes, Hutto, Jackson, Land, Leatherman, Leventis, Lourie, Malloy, L. Martin, Massey, Matthews, McConnell, McGill, Nicholson, O'Dell, Pinckney, Rankin, Reese, Rose, Scott, Setzler, Sheheen, Shoopman



SAVE THE DATE

NC/SC Perinatal Association 2010 Annual Conference: Managing the Waves of Change in Perinatal Practice 17th Annual Perinatal Partnership Conference



**September 26— September 28, 2010
Embassy Suites at Kingston Plantation
Myrtle Beach, SC**

Brochure to Follow - June

For Additional Information Call:

North Carolina

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Fax: 919-681-6065

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North Carolina
PERINATAL ASSOCIATION

**A
Perinatal
Partnership**



SOUTH CAROLINA PERINATAL ASSOCIATION

KANGAROO CARE

By Kim Jenkins, RN, BSN

Kangaroo care is a method of holding a baby that involves skin-to-skin contact. The naked baby, except for a diaper, is positioned upright on the mother (or father's) bare chest, creating tummy-to tummy, skin-to-skin contact. The baby's head should be between the mother's breasts. The infant's ear should be positioned on the chest to hear the parent's heart beat. A blanket or the parent's clothing needs to cover the baby's back. The term kangaroo care came from a close resemblance of a kangaroo pouch, for snuggling baby inside the parent's shirt.

Kangaroo care was first seen as a successful method of caring for premature babies in the early 1980's in Bogotá, Colombia. In Colombia with the overcrowding of hospitals, high infant mortality rates, high infection rates, respiratory problems and lack of attention given to the preterm babies, kangaroo care became a necessity. Researchers had discovered that not only did the babies in Colombia survive, but they were actually thriving. The infant mortality rates fell from 70% to 30%.

Dr. Susan Ludington, a leader in the field of kangaroo care, was instrumental in bringing kangaroo care to the United States. She has been involved in many research studies and projects and has written about the positive impacts of kangaroo care in her book, Kangaroo Care: the Best You Can Do for Your Premature Infant (1993). In the United States hospitals/NICUs have protocols and policies for implementing kangaroo care. Kangaroo care is used as an adjunct to technological care that the baby receives in the NICU. Ideally, kangaroo care should be implemented for 2-3 hours per day.

Many research studies have investigated and supported the benefits of kangaroo care with evidence-based research. There have not been any research studies that indicate kangaroo care is harmful to infant or parent.

Benefits to Baby Include:

- *Stabilization of the baby's Heart Rate, decrease in bradycardia episodes*
- *Improved regular breathing patterns, decrease in apnea episodes*
- *Improved oxygen saturation rates*
- *Improved thermoregulation*
- *Increased restful, deeper sleep state*
- *Increase in weight gain*
- *Shorter hospital stays*

Benefits to the Parents Include:

- *Improved bonding supports closeness feelings*
- *Increase in breast milk supply*
- *More successful breastfeeding episodes*
- *Increased confidence in the ability to care for the baby*



Research supports that when a baby is involved in kangaroo care that the baby is able to better regulate body temperature and that in turn conserves the baby's calories. The extra sleep that the infant gets when snuggling with a parent allows the baby to conserve energy and redirects calorie expenditures toward growth and weight gain. Recent research now suggests that kangaroo care can improve brain development also.

Kangaroo care should not be limited to preterm infants, full term babies can also reap the benefits. Kangaroo care can be initiated in the labor and delivery suite for full term infants. Although, Kangaroo care is not a new concept to NICU nurses; other nursing specialties in women services can also encourage kangaroo care as they care for the mother and infant dyad in the hospital setting. Within in the past year, a Columbia, SC hospital began implementing kangaroo care, as the standard of care, in the labor and delivery suite as soon as possible after birth for full term babies. In-services and educational material were presented to the nursing staff in labor and delivery to assist with the implementation of this process. If your hospital is not currently implementing kangaroo care, I would encourage you to read Dr. Ludington's book and talk to your nurse manager/nurse educator to get this method of care implemented at your hospital. Kangaroo care does make a difference, and promotes healthy moms and healthy babies.

HEROES IN THE FIELD

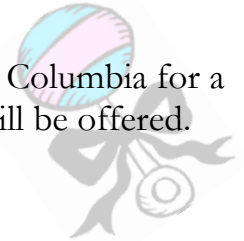
By Megan Branham

Do you know a “HERO IN THE FIELD”?

The March of Dimes South Carolina Chapter, in collaboration with Palmetto Healthy Start, Select Health of South Carolina, Inc. and Low Country Healthy Start, will host the fourth annual Heroes in the Field event on September 16, 2010 in honor of National Infant Mortality Awareness Month. We are looking to our partners and community organizations to assist in identifying individuals in South Carolina who have worked diligently towards reducing the incidence of infant mortality.

Simply complete the Hero in the [Field Nomination Form](#) (by clicking on the previous words “Field Nomination Form”) and submit to Megan Branham at MBranham@marchofdimes.com in order to nominate an individual making a difference in your community! The deadline for submission by mail, fax or e-mail: 4:00 pm Friday June 11, 2010.

Please also save the date on Thursday September 17th and plan on joining us in Columbia for a FREE one-day conference around infant mortality and local resources. CEU’s will be offered. More information coming soon!





The March of Dimes is collaborating with maternal and child health providers and educators to improve the health and well being of young women in the Southeast, and we need YOU!

Currently in its early stages, this initiative seeks to provide support to the states of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee in maximizing the health of women of reproductive age this region. By learning from each other and working collaboratively, we hope to build a strong, comprehensive movement, which will attract additional resources and opportunities.

State teams under the “Every Woman” banner are convening as part of this initiative and it is hoped that the teams will represent various areas of focus including: Title X, Title V, birth defects prevention, chronic disease, STI prevention, adolescent pregnancy prevention, health care professional organizations, policy groups, and healthy lifestyle initiatives.

Members of the state team will assist with collecting information about various initiatives and activities in their state as well as review and discuss plans, reports or ideas that emerge from the regional meetings. They can participate in local meetings and statewide conference calls.

To find out more about this initiative in South Carolina, please contact the March of Dimes or your local Regional Systems Developer (RSD):

March of Dimes – Megan Branham: mbranham@marchofdimes.com

Midlands RSD – Chaka Davis: Chaka.Davis@palmettohealth.org

Pee Dee RSD – Jeannie Beshere: jbeshere@mcleodhealth.org

Low Country RSD – Kathy Ray: rayk@musc.edu

Piedmont RSD – Meg Jewell: mjewell@ghs.org



2010 REGIONAL PERINATAL AWARD

The South Carolina Perinatal Association is currently looking for nominees for the 2010 Regional Perinatal Awards (formerly known as “Pat on the Back”). This honor is designed for someone who goes the extra mile for mothers and babies, whether through direct patient care, education, advocacy, or administration.

Does this describe someone you know? If you would like to nominate someone from your region, please complete the brief form below, and send it to your Regional Systems Developer by July 30, 2010.

Regional Systems Developers:

Midlands – Chaka Davis: Chaka.Davis@palmettohealth.org or 803.434.4309

Pee Dee – Jeannie Beshere: jbeshere@mcleodhealth.org or 843.777.8172

Low Country – Kathy Ray: rayk@musc.edu or 843.792881

Piedmont – Meg Jewell: mjewell@ghs.org or 864.455.5075

NAME of Nominee _____

Place of Employment/Position _____

Please briefly describe why you think this individual deserves the 2010 Regional Perinatal award.

Your name/contact info _____



SOUTH CAROLINA PERINATAL ASSOCIATION PERINATAL ACHIEVEMENT AWARD 2010 NOMINATION

- Purpose:** To honor an individual who has made significant contributions to improve the health of South Carolina's mothers and babies, through delivery of optimal care, education, advocacy, or research.
- Selection:** Nominations may be made by any SCPA member or other individual by completion of this form. All nominations will be reviewed, and a qualified recipient will be chosen by the current SCPA Board.
- Presentation:** The award will be presented at the annual South Carolina Perinatal Association Meeting. (Now held in conjunction with the NC Perinatal Association on September 26-28, 2010 in Myrtle Beach, SC.)

1985 – Dr. Tom Austin	1994-Rep. Jim Mattos	2002-Helen Lynch (Posthumously)
1986- Rita Salain	1995-Dr. T.A. Gailey, Jr	2003-Sen. J. Verne Smith
1987- Dr. Henry Heins	1996-Lisa Hobbs	2004-Dr. James Scardo
1988-Marie Meglen	1997-Carol Gibbs,	2005-Luanne Miles
1989-Charles H. Frenzel	1998-Dr. Sharada Pai	2006-Dr. P. D. Bullard
1990-Mike Jarrett	1999-Paula Howell	2007-NA
1991-Dr. David Wells	2000-Dr. Jerry Ferlauto	2008-Elin Holgren
1992-Fran Byrd	2001-Doug Bryant	2009-NA
1993-Dr. Bill Sappenfield	2002-Jeannie Thompson	

Name of Nominee: _____
Address: _____

In what way has the nominee contributed to the improvement of health for South Carolina's mothers and babies?

(Please use back of form, if necessary.)

Nominated by: _____ Telephone: _____

Return to: Mary Mathes
E-mail mmathes@srhs.com

FAX: 864 560-7352
Phone: 864 560-6837

DEADLINE: JULY 28, 2010



SOUTH CAROLINA NURSE-FAMILY PARTNERSHIP: ONE YEAR LATER...SUCCESS STORIES

By Melissa Brawley, RN

For more than a year now, a South Carolina public-private partnership has worked to implement and expand a nationally recognized, evidence-based program in which a registered nurse makes home visits to expectant mothers in high-risk populations.

The program, Nurse-Family Partnership® (NFP), pairs registered nurses with first-time, low-income mothers early in pregnancy with home visits continuing until the child's second birthday. By meeting with mothers regularly and building trust, nurse home visitors (NHVs) are able to promote healthier pregnancies, address mothers' overall health and well-being, and better position their babies for healthier childhoods and school readiness. The public-private partnership supporting NFP in South Carolina includes The Duke Endowment, The S.C. Department of Health and Environmental Control (DHEC), South Carolina First Steps to School Readiness, The Children's Trust of South Carolina and the BlueCross BlueShield of South Carolina Foundation. The partnership first brought NFP to four South Carolina counties in 2008 due to the significant health and economic challenges facing young mothers in the state. For example, in South Carolina, one in 10 infants is born at a low birth weight, and 26.4 percent of pregnant women receive less than adequate prenatal care. NFP helps mitigate these risks.

NFP is a proven program backed by more than 30 years of positive results in randomized, controlled trials. Outcomes from trials include:

- 79 % reduction in preterm delivery for women who smoke
- 32 % fewer subsequent pregnancies; and reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births
- 48% reduction in child abuse and neglect
- 50 % reduction in language delays of children age 21 months
- 67% reduction in behavioral and intellectual problems among children

Since 2008, the program has grown in South Carolina – now operating six sites serving nine counties, including Anderson, Berkeley, Charleston, Dorchester, Greenville, Horry, Lexington, Richland and Spartanburg. Some sites are now close to reaching enrollment capacity due to the large number of referrals and mothers interested in participating in the program. Currently, more than 500 mothers are enrolled, almost 300 babies have been born, and nurses have conducted almost 900 home visits.

Although state-specific outcome data is not yet available, SC NFP's nurses are already reporting successes with their clients. At the Lexington/Richland site operated by DHEC Region 3, one of the four nurse home visitors (NHVs) recounts the story of a 20-year-old client she began meeting with in December 2009. At the time of enrollment, the mother was 22 weeks pregnant and smoking a half pack of cigarettes per day. She had also just dropped out of a local state college. Along with improved health outcomes – such as reductions in cigarette and substance abuse by mothers – NHVs help mothers develop visions for their future, improving their prospects for education and employment.

Working with the guidance and support of her NHV, this mother identified goals important to her – to quit smoking and to return to school. In February 2010, the mother was smoke-free and also accepted into an online university. Her first class began in March.

Another Lexington/Richland NHV shared how her client is taking initiative to save money for her family's future. "I have a client who never ceases to amaze me as a nurse home visitor," she says. "During pregnancy, my client and the father of the baby seemed to always be in crisis mode trying to determine how they would meet their financial obligations."



SOUTH CAROLINA NURSE-FAMILY PARTNERSHIP: ONE YEAR LATER...SUCCESS STORIES (continued)

By Melissa Brawley, RN

During home visits, the family chose to discuss topics on money management, receiving tax refunds and savings strategies. With tax and college grant refunds in February 2010, the NHV proudly reported they utilized the strategies previously discussed – purchasing a desk and computer for a study area while they are enrolled in college. The mother has also managed to pay her financial obligation to the school and put money in savings for their family.

Independent studies demonstrate the cost effectiveness of NFP. Research shows that every dollar invested in NFP can yield more than five dollars in return in the form of savings to government, increased participant income and reduction in tangible crime losses.

Success stories like this are being reported across South Carolina – and in the more than 30 other states where NFP operates. In Greenville County, NFP is operated by the Greenville Hospital System (GHS), led by physicians, nurses and staff from GHS' Department of Obstetrics & Gynecology and the Department of Pediatrics. NHV Jill Newman has been with the Greenville County NFP program since September 2009 and enjoys helping her clients create infant foot moldings.

“Nurse-Family Partnership has empowered me to encourage and assist young, first-time moms to be healthy, to work toward their life goals and to have a healthy baby that will make them proud of who they are,” says Newman. “NFP has given me the power to help clients who feel like everyone has turned their back on them. It has also taught me to be a better person, and more sensitive to the needs of others. “

In addition to the positive life changes NFP nurses inspire, they also provide a solid support network for mothers during a vulnerable time. NHV Trish Dillard started meeting with one Greenville County mother, a senior in high school, in June 2009.

“At first, I was a little hesitant and reluctant about a complete stranger coming into my home and sharing important moments with me and my unborn child,” she shares. “After about three sessions with Trish, all of those feelings disappeared. Right from the beginning Trish was very open with me and very down to earth.” The mother delivered a healthy baby boy in September 2010 and earned a full scholarship to Berea College in Kentucky. She says the program has helped her learn solid parenting techniques that will help her baby be happy and healthy.

“I am very fortunate that Nurse-Family Partnership came into my life. If they hadn't, I don't believe I would be the parent I am today,” she says. “I think Nurse-Family Partnership is doing a wonderful job helping and supporting young girls at an often difficult and confusing time in their lives. They have really helped me, and I wish to see this excellent program continue.”

In the coming months, NFP staff, funding partners and stakeholders will continue their work to grow and expand the program to additional families and counties in need in South Carolina.

If you or your community would like to learn more about NFP, please contact SC NFP Director Grace Stewart at 803-734-2332 or GStewart@scfirststeps.org.





SC Perinatal Association Presents...



2010 Summer Café

**Late Preterm Delivery:
What's the Rush?
Advising Mom & Caring for Baby**

<p>PEE DEE REGION: Friday, June 11, 2010 9:00 am – 12:30 pm Conference Room, Suite 290 McLeod Medical Park East 901 East Cheves Street, Florence, SC Registration deadline: 6/7/10</p>	<p>LOW COUNTRY REGION: Wednesday, June 23, 2010 1:00 pm – 4:30 pm Third Floor Classroom Beaufort Memorial Plaza 989 Ribaut Road, Beaufort, SC Registration deadline: 6/17/10</p>
<p>UPSTATE REGION: Thursday, June 24, 2010 9:00 am – 12:30 pm Community Room Village at Pelham 2755 S. Hwy 14, Greer, SC Registration deadline: 6/18/10</p>	<p>MIDLANDS REGION: Tuesday, June 29, 2010 1:00 pm – 4:30 pm Atrium Classroom Palmetto Health Heart Hospital 6 Medical Park, Columbia, SC Registration deadline: 6/23/10</p>
<p><i>Refreshments will be provided at each Café.</i></p>	

Registration Form Attached

- Café Highlights:**
- **Candid discussion on:**
 - o **Maternal Requests for Cesarean Delivery**
 - o **Maternal Requests for Early Induction of Labor**
 - **Guidelines for Late Preterm Infant Assessment (based on AWHONN's recommendations)**



