

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 Laureen Lattin at 843-293-0049, or email at lattinlaureen@yahoo.com.

Inside this Issue:

| | |
|---------------------------|---------|
| Birth Outcomes | Page 2 |
| Public Affairs Update | Page 4 |
| March of Dimes Update | Page 5 |
| Flu Season is Here! | Page 6 |
| SCPA Membership | Page 7 |
| BFHI | Page 9 |
| Safe Sleep | Page 11 |
| SCPA Board | Page 13 |
| Maternal Mortality Review | Page 14 |



FROM THE KEYBOARD OF OUR PRESIDENT...

Happy Holidays to all SCPA members. Hope everyone had some time away from work to spend with family and friends.

SCPA has had a successful year! From our regional cafes to the joint conference with North Carolina, we have provided members with information and education to improve the lives of moms and babies in our state. We have also participated in lobbying activities through our association with the March of Dimes.

We are planning to continue our educational activities in 2012 with cafes and of course our joint conference with North Carolina. The 2012 Perinatal Partnership Conference will be held in the Myrtle Beach area. The program committee is already hard at work preparing a first rate educational program. SCPA also plans to up-

date the information available on our website in the coming year.

Thanks for your membership and thanks for your work every day for moms and babies in our state. Your work helps the next generation of South Carolinians!

SCPA is always looking for volunteers to serve on the Board, speak at meetings, or offer suggestions for educational activities. Please let me hear from you at:

Judy.burgis@uscmed.sc.edu

It continues to be a pleasure for me to serve as your president; I hope each of you has a safe and happy holiday season.

Judy Burgis,
SCPA President
Judy.burgis@uscmed.sc.edu



BIRTH OUTCOMES PRESS RELEASE – NOVEMBER 2011

Charles Rittenburg, MD

This past November, Dr Charles Rittenberg made himself available for a press conference at a monthly Birth Outcomes Initiative Meeting, wherein he spoke the following:

I'm Charles Rittenberg. I practice Maternal-Fetal Medicine, high risk obstetrics, at the Medical University of South Carolina. My practice specializes in preterm birth prevention. Thank you for coming today as we recognize Prematurity Awareness Month. Preterm birth, that is birth before 37 weeks completed gestation, is a serious health problem that costs the United States more than \$26 billion annually, according to the Institute of Medicine. November marks Prematurity Awareness Month and the release of the 4th annual March of Dimes report card. South Carolina received a grade of "D" on the March of Dimes 2011 report card released November 1. The March of Dimes 2020 goal for preterm birth rates is 9.6%. South Carolina's preterm birth rate is 14.5%. In South Carolina, the rate of women smoking is 20.7%; the rate of uninsured women is 24%, and the rate of late preterm births is 10%. Quality improvement programs are key to lowering preterm birth rates, something that DHHS Director Keck will elaborate on momentarily. Without question, reducing the rate of preterm birth is our greatest opportunity to improve infant health.

In addition to spontaneous preterm birth, there has been a growing trend in recent decades for women and their obstetricians to seek elective delivery at ever earlier dates. To be clear, there are a group of babies for whom we recommend early delivery because of medical evidence that baby's or mom's health will be improved by hastening delivery. This may include high blood pressure, diabetes and certain birth defects. However, much of the recent trend is the result of early delivery arranged for the convenience of the mother or her doctor. While the majority of these unnecessarily early deliveries occur without incident, there is evidence that their large number are contributing to worse outcomes in three ways: First, for those women undergoing induction, the rate of cesarean delivery is probably doubled. Second, while unexpected death is very rare, the rate of neonatal ICU admission is probably doubled as well. Finally, in one recent study, there is even evidence that babies electively delivered between 38 4/7 and 38 6/7 weeks, that is essentially 38½ weeks, have poorer outcomes than their counterparts born at 39-40 weeks. Because of these newer data, the Joint Commission and the March of Dimes are both advocating strict adherence with the American College of Obstetricians and Gynecologists long standing recommendation against elective delivery before 39 weeks. At least one author has suggested, and I agree, that at least for elective delivery, we should now consider term to be 39 weeks and not 37 weeks.

As an obstetrician who specializes in trying to prevent preterm birth, I regret that we have been unable to arrest this problem more quickly and more successfully. The lack of progress is multi-factorial, complicated by access to care, poverty, poor health habits, and a lack of research dollars. As Director Keck will discuss, the preterm birth rate actually continued to rise for a quarter century until 2006 and, as yet, we don't have data after 2009. I'd like to wrap up with a couple of points that I think will demonstrate to the media, that it is difficult to overstate the beneficial impact you can have by publicizing the importance of continuing pregnancy to term. The first pharmacologic interventions that have been shown to decrease preterm birth have only been clearly demonstrated in the last decade. An NIH study in 2003 showed the effectiveness of weekly progesterone injections for reducing recurrent spontaneous preterm birth. Subsequent international studies have shown benefit for vaginal progesterone to reduce preterm birth in women with cervical shortening. **Shortly after the first study was published, a March of Dimes funded study estimated that giving the medication to all eligible women would decrease prematurity by 0.3%. In the last three years, we have seen a cumulative national decline of 0.6%--twice that predicted.**

BIRTH OUTCOMES PRESS RELEASE – NOVEMBER 2011

Charles Rittenburg, MD (continued)

The March of Dimes came into being to eradicate polio. Polio, however, has a single cause—a virus for which we were able to develop a vaccine as well as a program for mass immunization. As a result, we successfully eradicated polio in the United States and in most of the world. Preterm birth is much more complex, more akin to cardiovascular disease. It has numerous causes, few of which we understand well and there are even fewer of these causes for which we have effective treatment. The March of Dimes has made a long term commitment to making the reduction of preterm birth its primary initiative. The March of Dimes' commitment and continued effort to educate the public will be critical to the goal of reducing preterm birth to less than 10% by 2020. I fervently believe that the continued education of physicians and the public, especially fertile and pregnant women, about the problems and costs of preterm birth are responsible for the reduction beyond that predicted by the initial study and, along with continued research, is the path to achieving our long term goal.

I think the public-private partnership that we have created among South Carolina DHHS, the South Carolina Hospital Association, the South Carolina OB/GYN Society, private and public insurers, obstetric and pediatric leaders, and public and private data analysts will make a substantial difference in the outcomes for our babies and families.

Thank you.

**Thank you to Dr. Rittenburg for sharing his press release with the SCPA.*

SCPA and the Staff of the Perinatal News

Wishes You

A

Happy and Healthy

2012!



PUBLIC AFFAIRS UPDATE FOR DECEMBER 2011

by Carolyn Nance

Happy Holidays to all from SCPA Public Affairs Awareness. As we close our year full of caring for moms and babies, it does cause a bit of reflection in our experiences both in work and in life. Caring for women can be quite tricky as we all know and we are constantly reminded of what we can do better or differently to change our outcomes to be the best they can be. So...as that March of Dimes South Carolina report card of “D” rears its ugly head we ring in the New Year 2012!

Please allow me to elaborate just a bit on The Birth Outcomes Initiative (BOI) and its components as Dr Rittenberg mentioned in his press release. You all will be very interested to know that the above mentioned groups come together monthly to discuss key topics and devote hours trying to “get our arms around” as a true collaboration to reduce the number of low birth weight babies in South Carolina. We also will take note that efforts such as this group would like to save the taxpayers \$1 million a year in delivery costs and an additional \$7 million will be saved through the reduction in hospitalization for babies.

What are birth outcomes?

- Infant Health (preterm birth, low birth weight, infant mortality)
- Women’s Health (chronic disease management, addressing behavioral health needs, family planning, safe labor and delivery)

Birth outcomes should be viewed as the end product of not only the nine months of pregnancy but the entire life course of the mother before pregnancy.

The BOI group meets together first and shares as a large group, then breaks into smaller “Work Groups”. The work groups consist of champions from various state agencies, patients, providers, and insurers. The four groups are: Patient Safety and Quality Care, Data Capacity, Comprehensive Behavioral Health, and Reduction in Health Disparities and Care Coordination.

I would also like to share an example of some of the topics discussed during sessions:

- Implementing a screening tool for substance abuse, depression and domestic violence among pregnant women
- Identifying and targeting health disparities among minority populations. While African American women in the state’s Medicaid program account for 46% of all live births, they account for 58% of low birth weight babies, and about 64% of very low birth weight babies.

In SCPA newsletters to come, I will further elaborate on what each group uncovers reviews and solves. Nurses are integral in these groups. I would strongly encourage you to get in touch with Megan Branham from the March of Dimes or me to be a voice. I have found these meetings to be very insightful as well as a way to problem solve on all levels. I encourage you to become a part of synthesizing THE BEST EVIDENCE!

To contact Carolyn, nancec@musc.edu. To contact Megan, MBranham@marchofdimes.com



MARCH OF DIMES UPDATE

Megan Branham



The 2012 **National Prematurity Prevention Symposium** Conference will be held January 19th and 20th in Washington, D.C. This will provide a forum to share lessons learned from regional and statewide collaboratives, review prematurity prevention efforts at the hospital and provider levels, and showcase community-based intervention programs. Please visit www.marchofdimes.com/symposium for more information and instructions on how to register.

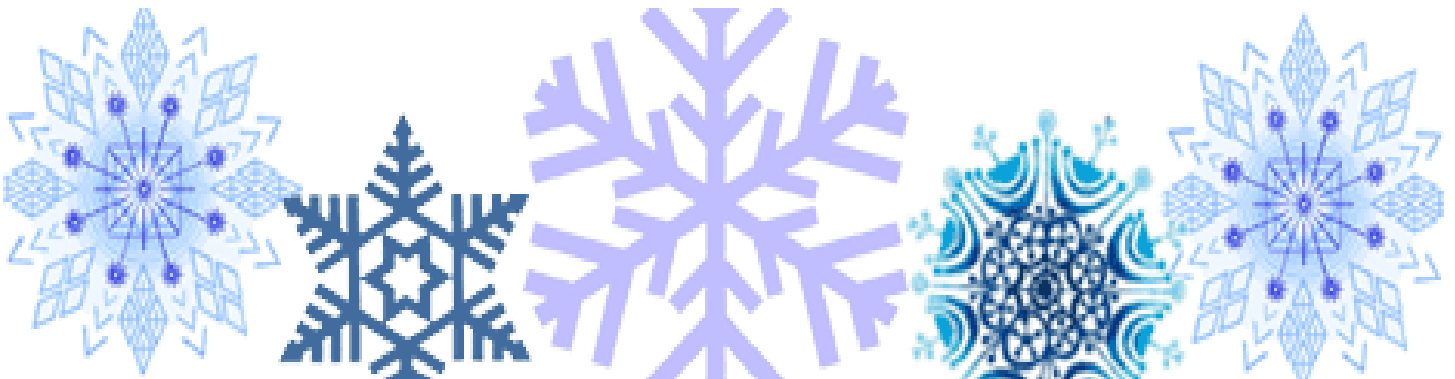
Save the Date 2012 Advocacy Day!

Join mom and baby advocates across South Carolina on Wednesday March 7th! The March of Dimes is hosting an Advocacy Day at the State House in Columbia and we need YOUR voice. Help us educate our elected officials on the importance of funding maternal and child health programs and services. The day will begin with a volunteer briefing, followed by meetings with legislators, and will conclude with lunch! For more information or to sign up today, please contact Megan Braham at mbranham@marchofdimes.com.



Healthy Babies are Worth the Wait!

“Like” the South Carolina March of Dimes on Facebook and help us spread the word that the last few weeks of pregnancy are important! We are encouraging all moms-to be to take our online pledge to stay pregnant until at least 39 weeks (if medically necessary). More information can be found at <http://www.facebook.com/scmarchofdimes>



FLU SEASON IS HERE!

Michelle Flanagan, RNC-OB, BSN

The State newspaper reported in November that the first case of influenza had been reported in South Carolina. Remembering that our perinatal population is particularly at high risk for complications associated with Influenza, we as an organization want to encourage everyone over six months of age to be vaccinated against the flu. The SCPA reiterates the recommendations of the Centers for Disease Control and SC DHEC in Influenza Prevention. From the CDC:

Get Vaccinated. Vaccination is the best protection against contracting the flu. Everyone 6 months of age and older should get vaccinated against the flu as soon as the 2010-2011 season vaccine is available in your area.

If you do contract the flu, talk to your doctor about antivirals. Antiviral drugs are prescription medicines (pills, liquid or an inhaler) that can be used for prevention or treatment of flu viruses. If you get sick, antiviral drugs can make your illness milder and make you feel better faster.

Take these everyday steps to protect your health:

Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

Wash your hands often with soap and water, especially after you cough or sneeze. You can also use an alcohol-based hand cleaner.

- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- Stay home if you are sick until at least 24 hours after you no longer have a fever (100°F or 37.8°C) or signs of a fever (without the use of a fever-reducing medicine, such as Tylenol®).

While sick, limit contact with others as much as possible to keep from infecting them.

Next, a few notes about the influenza vaccination. The vaccine for the 2011-2012 season is the same formulation as the 2010-2011 season. This, however, does not mean that individuals do not need to be revaccinated this year. The CDC reports that they do not know how long the immunity from the vaccine lasts and therefore recommends vaccination on an annual basis. It takes approximately two weeks for your body to build up the appropriate antibodies against influenza, and our peak time for Influenza is just around the corner (January – February).

This year the CDC has also addressed recommendations for those persons with egg-allergies. The Advisory Committee on Immunization Practices (ACIP) report from the August 26, 2011 MMWR (Volume 60) has the most current recommendations and information regarding influenza vaccination. In summary, providers should distinguish between true allergy to egg versus egg intolerance and allergy to the vaccine itself. The MMWR provides an algorithm for providers to refer when determining egg allergy. To read more, please go to <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm>.

Pregnant women are at higher risk of complications with influenza infection including acute respiratory distress, pneumonia and death. As a member of the SCPA, we want to encourage all women who are pregnant or planning to become pregnant to receive the flu vaccination. Remember that if a woman is pregnant, she should only receive the flu shot as the Flu Mist is a live virus and is contraindicated in pregnancy. We also want to encourage the vaccination of all family members and caregivers of infants less than six months of age. This will help protect our littlest South Carolinians who are unable to receive the flu vaccine.

FLU SEASON IS HERE!

Michelle Flanagan, RNC-OB, BSN (continued)

Briefly, we also want to remind everyone that the use of antivirals such as Tamiflu is safe in pregnancy. This year's recommendations provide guidance on the use of Tamiflu for exposure prophylaxis as well as treatment.

Some great resources on the web:

<http://www.scdhec.gov/flu/>

www.flu.gov

<http://www.cdc.gov/flu/>

Please pass the word to patients, co-workers, friends and family, "Everyone needs flu vaccination"!

SCPA MEMBERSHIP UPDATE

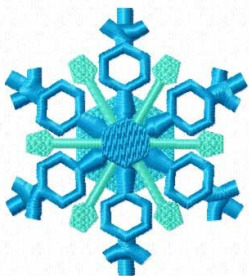
Cheryl Suttles, RNC

Membership for 2011 was 264. Current Membership for 2012 is 67; 17 of these are renewals. It is time to renew your South Carolina Perinatal Association membership for 2012. The annual fee remains \$35.00. It's not too late. Please complete the attached/enclosed renewal form to renew your membership.

Your membership in SCPA carries many benefits. Our newsletter is published quarterly and provides clinical updates, information on legislative activities affecting perinatal health and other events that are sponsored by SCPA. Membership entitles you to registration discounts for our annual conference with the North Carolina Perinatal Association. Also, regional education opportunities, such as the SCPA Café lecture series that are offered throughout the year "Free" to SCPA members.

Remember, please renew as soon as possible. Thank you!
South Carolina Perinatal Association
Post Office Box 5247
Columbia, South Carolina 29250

Membership members are Bob Barnwell, Danny Dearybury, Bridget Allen, Phyllis Walters, Anthesnia Ervin, Chaka Davis, Gail Morrow, Phyllis Walters, Roberta Fair





PO Box 5247
Columbia, SC 29250

Membership Renewal For year 2012 Member # _____
Annual Membership renewal is \$35.00 Make check to SC Perinatal Association

New Membership

(Please print)

| | | | |
|---|--|--|--|
| Name | | | |
| Degree(s) | | | |
| Home Address | | | |
| City, St, Zip | | | |
| County | | | |
| Region | Low Country _____ Midlands _____ | | |
| (Please check one) | Pee Dee _____ Piedmont _____ | | |
| Home Phone | | | |
| Home E-mail | | | |
| Affiliation/Employer | | | |
| Work Address | | | |
| City, St, Zip | | | |
| Work Phone | | | |
| Work E-mail | | | |
| Recruited by: | | | |
| Mailing Preference: _____Work _____Home | E-mail Preference: _____Work _____Home | | |

THE BABY-FRIENDLY HOSPITAL INITIATIVE

Chaka Davis, RNC-NIC, MSN, MPH, IBCLC

Breastfeeding is known to be the perfect food for babies, but recently it has been given greater attention by society and the media...and for great reason. During pregnancy and in the first few days after a baby is born, yellowish, thick fluid called colostrum is produced. Colostrum is very rich in components designed to protect babies from illness and help them transition into extrauterine life such as protein, lactose, fat soluble vitamins and immunoglobulin's. During the next few days, the colostrum changes to mature milk. Mature milk has just the right amount of fat, protein, sugar and water to help the baby as it grows and is designed to meet his or her nutritional needs by changing its composition throughout the day and throughout the longevity of the breastfeeding experience.

Breastfeeding has many benefits for babies in addition to the nutritional benefits commonly recognized. Breastfeeding also can provide protection against infections and immunologic conditions as well including but not limited to reducing: otitis media; diarrhea; upper and lower respiratory infections; necrotizing enterocolitis (NEC); childhood obesity and childhood onset insulin dependent diabetes. For babies who are at risk for developing allergic symptoms such as eczema and asthma, breastfeeding has been shown to decrease the incidence and severity of those symptoms in early life. In the recent American Academy of Pediatrics Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment, breastfeeding is recommended and has been associated with reducing the risk of Sudden Infant Death Syndrome.

Not only are there benefits for babies, who are breastfed, there are benefits for the mothers as well. Studies have shown that mothers who breastfeed have a decreased risk of: type 2 diabetes; breast cancer; ovarian cancer and post partum depression. Let's not forget the calories that are burned by making milk!

Even in light of these benefits, over one million infant's worldwide die every year because they are either not breastfed or are given supplemental foods too early. Our statistics in the United States are alarming as well, where thousands of infants suffer from suboptimal feeding practices. These statistics have led to the development of The Baby Friendly Hospital Initiative. The Baby-Friendly Hospital Initiative (BFHI) is "a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding". As of November 17, 2011 there were over 19,000 facilities that have received the Baby Friendly designation internationally and 121 who have received the Baby Friendly designation in the United States. There were none who have achieved the award in South Carolina.

To achieve the Baby-Friendly Designation, hospitals and birthing centers must register with Baby-Friendly USA; complete all of the necessary requirements outlined by the Baby Friendly Hospital Initiative; and ultimately demonstrate that they have correctly integrated all of the "*Ten Steps To Successful Breastfeeding*" into their practice for healthy newborns during an on-site assessment. The path to Baby-Friendly Designation is outlined in "The 4-D Designation Pathway: Discovery Phase; Development Phase; Dissemination Phase and the Designation Phase".

THE BABY-FRIENDLY HOSPITAL INITIATIVE

Chaka Davis, RNC-NIC, MSN,MPH, IBCLC (continued)

If a hospital or birthing center is not ready to begin the BFHI process, they can always promote, protect, and support breastfeeding through “*Ten Steps To Successful Breastfeeding*”, as outlined by UNICEF/WHO. The steps for the United States are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within the first hour
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practice “rooming in”---allow mothers and babies to remain together 24 hours a day
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Promoting and protecting the breastfeeding relationship is the responsibility of both hospital and community personnel. The BFHI is just one initiative where we can make a difference in the lives of mothers and babies in our communities in this generation and beyond.

Further information regarding how to obtain BFHI Designation, please visit: www.babyfriendlyusa.org

References:

Lawrence, Ruth A., and Robert Michael Lawrence. "Making an Informed Decision about Infant Feeding."

Breastfeeding: a Guide for the Medical Profession. Philadelphia: Elsevier Mosby, 2005. 237-54. Print.

Task Force of Sudden Infant Death Syndrome. "SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment." *Pediatrics* (2011): 1030-039. Online

Welcome to Baby-Friendly USA ~. Baby Friendly Hospital Initiative USA. Web. 07 Dec. 2011. <<http://www.babyfriendlyusa.org>>.



SAFE SLEEP IN SOUTH CAROLINA

Michelle Greco, RNC, MNN, CCE, BSN

Recent events in South Carolina, particularly in the upstate, have given increased awareness of the important of safe sleep education in our state. The SCPA wants to make you aware of this important issue as we continue to strive for improving the health of moms and babies in our state.

The following are excerpts from the Safe Sleep newsletter for the upstate. Thank you to Michelle Greco, for sharing.

In the news....

- October 18, 2011 – The American Academy of Pediatrics released the updated policy statement regarding safe sleep recommendations and not to use bumper pads
- October 18, 2011 – Co-sleeping death rates for babies almost doubles in Greenville County. Featured interview with Dr. Ferlauto and Park Evans, Greenville County Coroner on WYFF 4.
- October 19, 2011 – Infant deaths rise in county: Unsafe sleeping conditions blamed. The Greenville News
- October 21, 2011 – Doctors issue caution: Seven Greenville County Infants have died from unsafe sleeping conditions this year. Greenville Journal

Spotlight:

The American Academy of Pediatrics Updated Safe Sleep Recommendations – October 18, 2011

In an updated policy statement and technical report, the AAP has expanded its guidelines on safe sleep for babies.

The policy statement and technical report provide global recommendations for education and safety related to SIDS risk reduction. In addition, the AAP has provided recommendations on a safe sleeping environment that can reduce the risk of all sleep-related infant deaths, including SIDS.

Three important additions to the recommendations include:

- Breastfeeding is recommended and is associated with a reduced risk of SIDS.
- Infants should be immunized. Evidence suggests that immunization reduces the risk of SIDS by 50 percent.
- Bumper pads should not be used in cribs. There is no evidence that bumper pads prevent injuries, and there is a potential risk of suffocation, strangulation or entrapment.

The report also includes the following recommendations:

- Always place your baby on his or her back for every sleep time.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents, but not in the same bed (Room-sharing without bed-sharing). Keep soft objects or loose bedding out of the crib. This includes pillows, blanket and bumper pads.
- Wedges and positioners should not be used.
- Avoid covering the infant's head or overheating.
- Pregnant women should receive regular prenatal care.
- Don't smoke during pregnancy or after birth.
- Breastfeeding is recommended.
- Offer a pacifier at nap time and bedtime.
- Avoid covering the infant's head or overheating.
- Do not use home monitors or commercial devices marketed to reduce the risk of SIDS.
- Infants should receive all recommended vaccinations.
- Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

SAFE SLEEP IN SOUTH CAROLINA

Michelle Greco, RNC, MNN, CCE, BSN (continued)

For the press release go to: <http://aap.or/pressrooms/sids.pdf>

Parent information is available at: www.healthychildren.org/safesleep

For a downloadable copy of SAFE KIDS USA POSITION STATEMENT CRIB BUMPERS go to: <http://www.safekids.org/assests/docs/for-safety-professional/crib-bumpers.pdf>

Frequently Asked Questions:

Q – Can breastfed babies co-bed with the mother?

A – No. Co-bedding (sleeping in the same bed as the mother/caregiver) increases the risk of SIDS and suffocation and is unsafe. Co-rooming (having the baby sleep in its own safety approved safe sleep environment – Crib/Pack-n-Play/Bassinet) in the mother/caregiver’s room is encouraged. Always instruct the mother to place the baby on its back in its Crib/Pack-n-Play/Bassinet once the baby has finished breastfeeding or at anytime if the mother is tired.

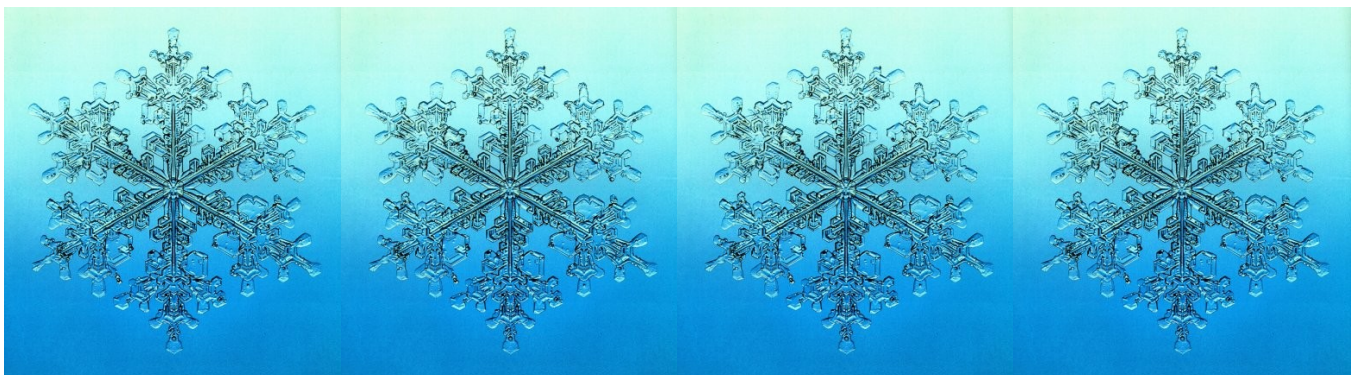
Q – What should we do if parents are unsure about immunizations?

A – Provide parents with evidence based information regarding immunizations from reputable websites such as aap.org. Explain that vaccinations help to prevent childhood illness and diseases that can compromise a baby’s ability to fight off infections and in some cases affects their respiratory system. While no one knows for sure what causes SIDS, there is evidence of an increased risk in those babies who have a respiratory infections. For more information go to: <http://www.aap.org/immunization> or <http://www.cdc.gov/vaccines>

Q – What do we tell parents/caregivers who are concerned about their baby being injured in the crib because they don’t have bumper pads?

A – Advise them that there have never been reported injuries due to the lack of bumper pads. Bumper pads were previously used to prevent babies from falling between the bars on the cribs. New safety regulations have been implemented to decrease the spacing between crib rails to no more than 2 3/8” (or the width of a 12 oz soda can) and therefore bumper pads are not required. Babies have suffocated on bumper pads or have become strangled by loose ties and entangled under the bumper pads. Provide parents/caregivers with the Safe Kids USA Position Statement on Bumper Pads. The Safe Sleep Education Training Binder will also have a section regarding education on Bumper Pads and they are unsafe.

If you are interested in more information about safe sleep and programs in our state, you can contact Michelle Greco at mgreco@ghs.org.



WHO IS YOUR SCPA BOARD?

We have several new names and faces for the 2012 year. Please see below for the list of board members and their contact information. If you are interested in becoming more involved in SCPA, please contact any of the board members! We don't have any pictures for you for this edition of the newsletter, but hopefully soon we'll have new pictures on our website to go along with all these names!

President: Judith T. Burgis, M.D.

President Elect: Cheryl Kilbourne

Past President: Mary Mathes, RNC, MSN

Treasurer: Meg Jewell, MA

Secretary: Michell Hatcher, RN, BSN

Judy.burgis@uscmed.sc.edu

ckilbourne@georgetownhospitalsystem.org

mary.mathes45@gmail.com

mjewell@ghs.org

hatcheml@dhec.sc.gov

COMMITTEES:

Public Affairs: Carolyn Nance, RN

Education Chair: Breana N. Lipscomb, MPH

Education Associate Chair: Michelle Flanagan, RNC, BSN

Newsletter Editor: Lauren Lattin

Membership: Cheryl Suttles, RNC, BSN

Nancec@musc.edu

lipscobn@dhec.sc.gov

Michelle.Flanagan@palmettohealth.org

lattinlaureen@yahoo.com

csuttles2@srhs.com

REGIONAL REPRESENTATIVES

Low Country: Kathy Ray, RN, MSN

Piedmont: Meg Jewell, MA

Midlands: Chaka Davis, RNC, MSN, MPH

Pee Dee: Jeannie Beshere, RNC, BSN

rayk@musc.edu

mjewell@ghs.org

Chaka.Davis@palmettohealth.org

jbeshere@mcleodhealth.org

DISCIPLINE REPRESENTATIVES

Social Work: Amy Nienhuis, LISW-CP, MSW

Medicine: Judith Burgis, MD

Nursing: Sara Beth King, RN

nienhuaa@dhec.sc.gov

Judy.burgis@uscmed.sc.edu

sara.king@vzw.blackberry.net

March of Dimes: Megan Branham, LMSW

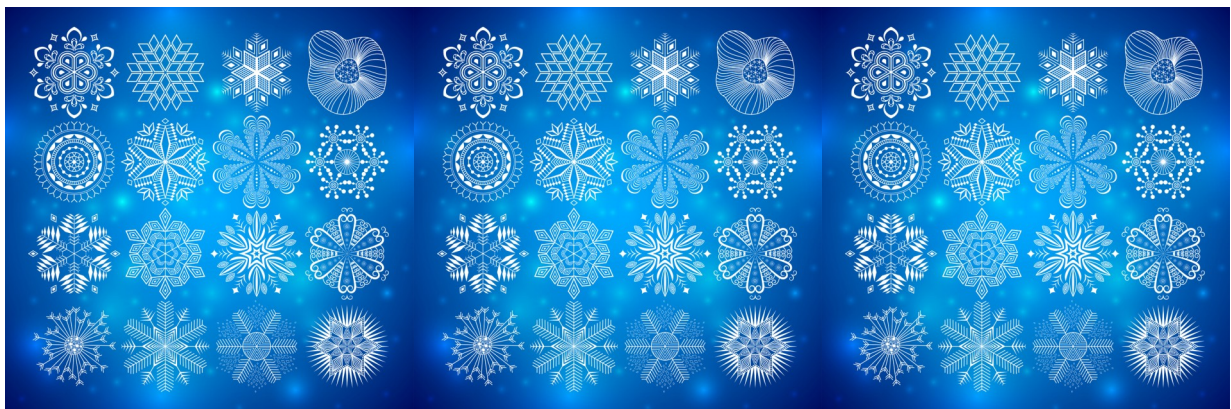
Community: Virginia Berry White, BSW, MSW, LMSW

MBranham@marchofdimes.com

vwhite@lchealthystart.org

Membership Coordinator: Kathy Edwards

kedwards@srhs.com



MATERNAL MORTALITY REVIEW UPDATE

Judith Burgis, MD

Maternal mortality is defined as the death of a woman while pregnant or within one year of termination of pregnancy, irrespective of cause. Many states have a program for comprehensive maternal mortality review. This review of de-identified medical records of maternal deaths serves to identify systems issues that may affect maternal health and improve maternal death rates. South Carolina does not have comprehensive review of maternal deaths. Our maternal death ratio remains above the national average and there is a striking racial disparity in the maternal death rate.

Plans are underway to establish maternal mortality review for our state. Later this month I will meet with a group from DHEC to make plans for comprehensive review. Generally these review committees are multidisciplinary and review outpatient and inpatient medical records. Stay tuned in 2012 for this to move forward!

