

# Perinatal News

Fall 2005

*The Perinatal News is published 4 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, regional, and local events in the field of perinatal care. The views and opinions presented are not necessarily endorsed by those of the South Carolina Perinatal Association.*

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## Seasons of Change: A Potpourri of Perinatal Issues

The Twelfth Annual Perinatal Partnership Conference was held at Greensboro, North Carolina October 2-4, 2005. The conference was a huge success with approximately 200 people from South Carolina and North Carolina in attendance. The conference is a Perinatal Partnership between South Carolina Perinatal Association, North Carolina Perinatal Association and the March of Dimes. There were three excellent preconference workshops on perinatal sentinel events, Spanish for prenatal care providers and newborn respiratory problems. Plenary presentations focused on issues related to contraceptive technology, grief and loss, the obesity epidemic, breastfeeding and perinatal nursing legal issues. The breakout sessions featured contemporary topics such as prenatal screening, teenagers and family planning, transcultural perinatal care, the use of oxygen for the newborn in the delivery room, neonatal nutrition and pregnancy in the face of a terminal prenatal diagnosis. This newsletter will recap some of the excellent speakers. Mark your calendar for next year's conference which will be held in Myrtle Beach, September 17-19, 2006.



## Letter from SC Perinatal Association President

The 12<sup>th</sup> Annual Perinatal Partnership Conference was as excellent as we have all come to expect and I want to begin this article with a huge "Thank You" to each of the Planning Committee members. During the conference, we held the SCPA membership luncheon, organized by Jean Shearer, chair of our Membership Committee, and enjoyed seeing so many of the "old" members and meeting the "new" members. All our committee chairs made a pitch, some with bribes, for participating in a committee and I hope that all of you will do so, if not already involved.

SCPA is completely dependent upon our members to lead and serve, as we have no paid staff to do the work necessary to meet our mission. It seems that everyday the challenges to improving perinatal health in South Carolina grow and I think become more complicated in the current environment. How-

ever, we cannot give in to frustration and cynicism for the stakes are too high and priceless. Please know that this organization does need you to do more than pay dues although that is a great first step. SCPA needs your input, experience and time to accomplish the tasks of our committees and to be the leader in advancing perinatal health for all South Carolina mothers and infants.

In closing, I want to acknowledge and thank the Board for honoring me with the 2005 Perinatal Achievement Award. I look over the list of past recipients and feel grateful to be in such company. I also think about the many truly dedicated, exceptional people working everyday with pregnant women, infants and their families in SC and feel challenged to live up to this recognition.

*Luanne Miles*

## NUMBER OF BABIES BORN PREMATURELY NEARS HISTORIC HALF MILLION MARK IN U.S.

**WHITE PLAINS, N.Y., SEPT. 8, 2005** – Nearly a half million American babies were born prematurely in a single year, according to a government report issued today, putting them at increased risk for death and disability.

Some 12.3 percent of all babies – 499,008 infants -- were born prematurely (less than 37 weeks gestation) in 2003, according to the report released by the National Center for Health Statistics (NCHS). That's up from 12.1 percent (or about 480,000 babies) in 2002 – and an increase of more than 30 percent since the government began tracking premature births in 1981. The prematurity rate was 9.4 in 1981; it has increased every year since then except for slight dips in 1992 and 2000.

“Prematurity is the number one killer of newborns. We see from these latest statistics that the prematurity crisis in this country continues to intensify, and the aftermath of Hurricane Katrina will only make it worse,” said Dr. Jennifer L. Howse, president of the March of Dimes. “Babies are dying and those who survive are too often left with devastating consequences – such as cerebral palsy, mental retardation, learning problems and blindness.”

Four states had increases in their prematurity rates of 30 percent or more between 1993 and 2003; only the District of Columbia showed a decline. A state-by-state list of prematurity rates is available.

The March of Dimes began its multi-year campaign to address the growing rate of premature birth in 2003. The campaign educates women on the signs and symptoms of premature birth, and supports more research into the causes of premature labor. One of the goals of the campaign is to help the nation reach the goal set by the U.S. Public Health Service of reducing the rate of premature birth to 7.6 percent by 2010.

The NCHS report, entitled “Births Final Data for 2003” appeared in the National Vital Statistics Report, volume 54, number 2.

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education, and advocacy to save babies. For more information, visit the March of Dimes Web site at [marchofdimes.com](http://marchofdimes.com) or its Spanish language Web site at [nacersano.org](http://nacersano.org).



March  
of Dimes  
*Saving babies, together*

March of Dimes

November is  
Prematurity Awareness  
Month.

Approximately 480,000 babies will be born prematurely this year. Find out what you can do. Go to the March of Dimes web site:

[www.marchofdimes.com](http://www.marchofdimes.com)

## Perinatal Sentinel Events: Developing an Action Plan

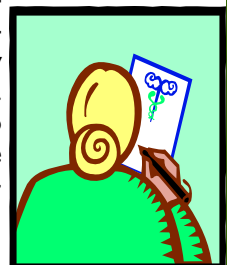
Preconference presented by  
Jean Shearer

In a recent Sentinel Event Alert, *Preventing Infant Death and Injury During Delivery*, the Joint Commission on Accreditation of Healthcare Organizations recommended the use of periodic drills for common obstetric emergencies such as neonatal resuscitation, shoulder dystocia, emergent cesarean sections and maternal hemorrhage.

The purpose of this workshop was to share available resources for emergent drills and discuss the adaptation of drills to obstetric units. The ACOG sponsored video on shoulder dystocia was viewed and guidelines for drills were demonstrated. Hemorrhage mock drills were demonstrated with ideas on adaptation to different levels of units.

In the report, communication was

viewed as one of the high causes of sentinel events. Therefore, communication of electronic fetal monitoring terms were discussed utilizing the NICHD guidelines and terminology for fetal monitoring. Educational games to review staff knowledge and use of terminology was shared.





## S.C. Joins Multistate Nurse Pact

**COLUMBIA** The deluges of Hurricane Katrina brought a trickle of nurses and other medical professionals seeking work in South Carolina and a perfectly timed advertisement for a multistate nursing compact the state has joined.

The agreement allows a registered nurse or practical nurse licensed in one state to practice in another state without getting an additional license, as long as both states are members of the Multistate Nurse Licensure Compact.

The compact agreement could be especially useful in areas like Greenville and Rock Hill, where some nurses commute to or from jobs in North Carolina.

It also smoothes the way for some nurses who practice tele-medicine, said White and others at last month's meeting of the S.C. Board of Nursing in Columbia.

"If we want nurses to be flexible and mobile, it makes sense to make it easier," said Judith Thompson, who heads the S.C. Nurses Association.

There are more than 41,000 nurses in

South Carolina. In the wake of the recent hurricanes, 15 nurses from Alabama, Florida, Louisiana and Mississippi have applied for licensure here, according to the Board of Nursing.

The legislature approved S.C. membership in the Compact in May at the urging of hospitals and other health care providers. The board is working to implement the plan quickly. That's because after the state's nurses renew their licenses by next April, they won't be up for renewal again until 2008.

Current members of the Compact are Arizona, Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Mexico, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

States in the process of joining, besides South Carolina, are Indiana, New Hampshire and New Jersey.

Georgia has considered joining but has not made it a priority, said a spokeswoman for its professional licensing boards.

Hurricane Katrina provided an apt lesson in

some benefits of the Compact, Ruby McClain, assistant deputy director of health and medical boards, told the Board of Nursing in September.

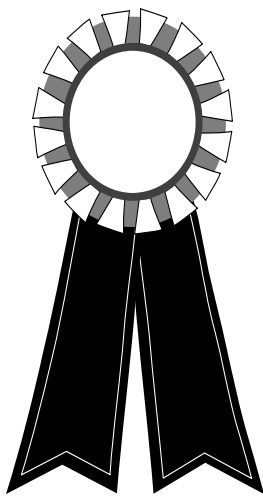
If two nurses were evacuated from the hurricane zone—one from Louisiana, one from Mississippi—and were seeking jobs here, hospitals might have a hard time checking the credentials of the Louisiana nurse, McClain said, "but it would not be an issue to verify data on a nurse from Mississippi."

With assurance of largely uniform standards among Compact states, hospitals can more easily check out a prospective nurse's qualifications, said Rick Grooms, vice president of human resources for Providence Hospitals.

Nurses' home states are responsible for licensing them and disciplining them for any infractions. The Compact states must adopt similar standards for licensure, but member states may maintain some practices not adopted by the group. About 9,000 nurses currently hold licenses in South Carolina.

## S.C. Perinatal Association Journalism Award

WLTX, CBS affiliate in Columbia, created the "Too Small, Too Soon" campaign to bring attention and education about the issue of premature birth in South Carolina. They initiated the discussions and partnerships with SC DHEC, March of Dimes and Blue Cross and Blue Shield to provide the necessary resources to make this campaign successful and beneficial to their viewing audience. The campaign featured News 19 Anchor Darci Strickland, who recently had her first child. "Too Small, Too Soon" presents important information for expectant parents in public service announcements throughout the day and night on WLTX-19, news



stories, 30-minute specials, phone banks and extensive information on the web at "wltx.com".

The WLTX staff have utilized their expertise, knowledge and skills to present interesting, understandable and accurate information on premature births. They have consistently demonstrated a commitment to using their resources to make a difference in perinatal outcomes within their viewing area.

WLTX is most deserving of this recognition and it was South Carolina Perinatal Association's pleasure to present this award at the Annual Perinatal Partnership Conference.

### South Carolina Perinatal Association Public Affairs Committee Position Statements

Medicaid Waiver-SCPA encourages SC DHHS to not reduce current eligibility levels or coverage of services provided to pregnant women and children.

Breastfeeding-SCPA supports legislation that allows a mother to breastfeed her child in any location where the mother and child are otherwise authorized to be.

Cigarette tax-SCPA supports an increase in the cigarette tax up to the national average, with all proceeds dedicated to healthcare services, smoking cessation and prevention programs for Medicaid recipients.

H. 4008-SCPA does not support the adoption of H.4008 in its current form. Specifically, Subsection (D) needs to be clearly defined as to the specific follow up activities and timing of such activities.



# The 12th Annual Perinatal Partnership Conference





## SCPA Board 2005

### Officers

Term expires 12/31

- President Luanne Miles 2006
- President Elect Meg Jewell 2006
- Treasurer Sabrina Capell 2006
- Secretary Mary Mathes 2006
- Past President Jeannie Thompson 2006

### Committees

- Education Kathy Swanson, Chair 2006
- Public Affairs Kathy Ray, Chair 2006
- Public Affairs Janice Simmons, Vice 2006
- Membership Jean Shearer, Chair 2006
- Membership Carol Bundy, Vice Chair 2006
- State Forum Rep Meg Jewell 2006

### Regional Representatives

- Low Country Kathy Ray
- Midlands Deb Brown
- Pee Dee Jeannie Thompson
- Piedmont Meg Jewell

### Discipline Representatives

Term expires 12/31

- Nursing Nira Daleda 2006
- Medicine Victor Iskersky 2006
- Social Work Angel Harmon 2006

### Community

Carrie Windham 2006

### March of Dimes

Karen Waldrop 2006



Visit the South Carolina Perinatal Association website to learn more about our mission, how to join SCPA, calendar of upcoming

events, perinatal links, member services, Board of Directors, and committee activities. The website is full of information about improving the health of pregnant women, infants and children.

SCPA is committed to identifying opportunities for improving perinatal health in SC and providing leadership to educate providers and influence decision makers.

Visit our website at: [www.scpaperinatal.org](http://www.scpaperinatal.org)



## Certificate of Birth Resulting in Stillbirth

Hunter's Law (Section 44-63-55) became effective when signed into Law by Governor Sanford at the end of the 2004 legislative session. This law requires delivering hospitals to offer and provide this form, prior to discharge, for mothers whose delivery resulted in a fetal death of twenty completed weeks of gestation or more or a weight of three hundred fifty (350) grams or more. The law reads as follows:

### HUNTER'S LAW – Section 44-63-55

(A) The state registrar shall develop a form entitled "Certificate of Birth Resulting in Stillbirth" for distribution to all South Carolina delivering hospitals. The hospital shall provide and offer to complete this form, prior to discharge, for mothers whose delivery resulted in a fetal death of twenty completed weeks of gestation or more or a weight of three hundred fifty

grams or more. The "Certificate of Birth Resulting in Stillbirth" does not constitute proof of a live birth and does not replace the requirements to file a Report of Fetal Death as required in Regulation 61-19, Section 21.

(B) The person preparing the Certificate of Birth Resulting in Stillbirth pursuant to this section shall leave blank any reference to the stillborn's name if the parent or parents do not provide this information.

A Certificate of Birth Resulting in Stillbirth cannot be issued if the fetal demise does not meet the gestational age and/or weight requirements as stated in the law. The gestational age and weight requirement are the same for the preparation and filing of a Report of Fetal Death and a Certificate of Birth result-

ing in Stillbirth.

Questions and concerns should be directed to (803) 898-3630. (DHEC form 6084)

How many teen girls in the U.S. get pregnant each year?

Eight hundred-twenty thousand (820,000) teen girls get pregnant each year. Thirty-four percent of young women get pregnant at least once before they turn 20. Each year the federal government alone spends about \$40 billion to help families that began with a teenage birth.

For more facts and stats go to : [www.teenpregnancy.org](http://www.teenpregnancy.org)

# SIDS: Sudden Infant Death Syndrome

WASHINGTON, DC -Despite major decreases in the incidence of Sudden Infant Death Syndrome (SIDS) over the past decade, SIDS is still responsible for more infant deaths beyond the newborn period in the United States than any other cause of death during infancy. In an updated policy statement on "The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk," the American Academy of Pediatrics (AAP) addresses several issues that have become relevant since they last published a statement in 2000.

The AAP no longer recognizes side sleeping as a reasonable alternative to fully supine (lying on back) sleeping. Studies have found that the side sleep position is unstable and increases the chances of the infant rolling onto his or her stomach. Every caregiver should use the back sleep position during every sleep period.

Bed sharing is not recommended during sleep. Infants may be brought into bed for nursing or comforting, but should be returned to their own crib or bassinet when the parent is ready to return to sleep. However, there is growing evidence that room sharing (infant sleeping in a crib in parent's bedroom) is associated with a reduced risk of SIDS. The AAP recommends a separate but proximate sleeping environment.

Research now indicates an association between pacifier use and a reduced risk of SIDS, which is why the revised statement recommends the use of pacifiers at nap time and bedtime throughout the first year of life. The evidence that pacifier use inhibits breastfeeding or causes later dental complications is not compelling enough to discredit the recommendation. However, it is recommended that pacifier introduction for breastfed infants be delayed until one month of age to ensure that breastfeeding is firmly established. In addition, if the infant refuses the pacifier, it should not be forced. There is a slight increased risk of ear infections associated with pacifier use, but the incidence of ear infection is generally lower in the first year of life, especially the first six months, when the risk of SIDS is the highest.

The following have been consistently identified as risk factors for SIDS: prone (lying on stomach) sleep position, sleeping on a soft surface, maternal smoking during pregnancy, overheating, late or no prenatal care, young maternal age, preterm birth and/or low birth weight and male gender. Consistently higher rates of SIDS are found in black and American Indian/Alaska Native children - two to three times the national average.

The policy recommendations include:

- Back to sleep: Infants should be placed for sleep in a supine (wholly on back position) for every sleep.
- Use a firm sleep surface: A firm crib mattress, covered by a sheet, is the recommended sleeping surface.
- Keep soft objects and loose bedding out of the crib: Pillows, quilts, comforters, sheepskins, stuffed toys and other soft objects should be kept out of an infant's sleeping environment.
- Do not smoke during pregnancy: Also avoiding an infant's exposure to second-hand smoke is advisable for numerous reasons in addition to SIDS risk.
- A separate but proximate sleeping environment is recommended such as a separate crib in the parent's bedroom. Bed sharing during sleep is not recommended.
- Consider offering a pacifier at nap time and bedtime: The pacifier should be used when placing infant down for sleep and not be reinserted once the of these recommendations. infant falls asleep.
- Avoid overheating: The infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult.
- Avoid commercial devices marketed to reduce the risk of SIDS: Although various devices have been developed to maintain sleep position or reduce the risk of re-breathing, none have been tested sufficiently to show efficacy or safety.
- Do not use home monitors as a strategy to reduce the risk of



SIDS: There is no evidence that use of such home monitors decreases the risk of SIDS.

- Avoid development of positional plagiocephaly (flat back of head): Encourage "tummy time." Avoid having the infant spend excessive time in car seat carriers and "bouncers." Place the infant to sleep with the head to one side for a week and then changing to the other.
- Assure that others caring for the infant (child care provider, relative, friend, babysitter) are aware of these recommendations.

## SCPA Membership

The membership year for SCPA has always been from January to December. In the past the renewal letters have been mailed on the first of the year. Starting with the 2006 renewals, the reminder letter was mailed in October. This will help with bookkeeping and give everyone time to renew before his or her membership lapses. Renewal forms are also available on the web site: [www.scperinatal.org](http://www.scperinatal.org). You have until December 30 to renew your membership for 2006.

Don't forget to update your address if you move. Mail changes to:

South Carolina Perinatal Association  
P.O. Box 5247  
Columbia, SC 29250



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## Perinatal Achievement Award

The 2005 SCPA Perinatal Achievement Award was presented to Luanne Miles during the annual business meeting at the Perinatal Partnership Conference in Greensboro on October 3. Luanne has been involved with Perinatal Systems for ten years. As Director of the Division of Perinatal Systems SC DHEC, she has been instrumental in promoting the concept of Perinatal Regionalization for the state of South Carolina and championing excellent perinatal care for mothers and babies. When the SC Hospital Regulations were under revision, despite opposition from hospitals, physicians, the DHEC Board and the SC Legislature, Luanne was passionate and unwavering in her belief that very low birth weight babies should be born in level III hospitals. Under Luanne's leadership, regionalization has remained a strong and workable system of care.

The OB Task Force was initiated by Perinatal Systems and has offered obstetricians around the state an opportunity to meet with DHEC and to discuss common issues. Luanne recognizes the value of partnerships like this and is a proponent of collaboration between organizations that have similar goals, i.e. SCPA, SC DHEC and March of Dimes. Her vision is for SCPA to be recognized as a leader in perinatal health in South Carolina.

Luanne has an ability to see all sides of an issue and then to clearly articulate a conclusion. She is fearless in her belief that all South Carolina mothers and babies deserve the best the state has to offer.

