

PERINATAL NEWS

Fall 2007

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, regional and local 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 jlattin@scoast.net.

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FROM THE PEN OF OUR SCPA PRESIDENT...

Providing perinatal education has been part of the mission of SCPA for over 30 years. I am certain anyone who has ever attended our Annual Perinatal Partnership Conference or SCPA Cafes would agree the provision of high quality education is one of our organization's greatest strengths.

Speaking of our annual conference...by the time you read this newsletter, I'm hopeful many of you will have already made plans to attend the 14th annual Perinatal Partnership Conference on October 21-23, 2007 in Greensboro, NC. This annual conference is a collaborative effort between the North and South Carolina Perinatal Associations, as well as March of Dimes in both states.

As always, the conference planning committee has brought together an impressive group of regional and national speakers to discuss a variety of perinatal topics. Keynote sessions will address domestic violence, substance abuse, bedrest for high-risk OB patients, the "centering" prenatal care model, and perinatal loss. Additionally, there are 3 pre-conference workshops and 8 break-out sessions high-

lighting specific obstetrical, neonatal, and public health issues. (For additional information, see our website, www.scpaperinatal.org)

For many years, the Education Committee of SCPA, with support from the March of Dimes, has offered scholarships to the annual Perinatal Partnership conference. I am very happy to report that in July, the SCPA Board approved additional funds from SCPA to pay the registration fees of more than 20 attendees at this year's conference. Elsewhere in this newsletter you will find additional information on other educational opportunities provided by SCPA, such as the SCPA traveling Café series scheduled in the fall. I hope you will make every effort to take full advantage of these upcoming conferences and seminars.

I look forward to seeing each of you in Greensboro on October 21-23! I guarantee you will come away from the conference with new ideas, new educational materials, and new friendships! (And, maybe even a few new purchases from the nearby mall!)

Meg Jewell

FAMOUS PREEMIES

November is National Prematurity Awareness Month. The March of Dimes is hard at work learning all they can about how to prevent and treat prematurity...and to educate the public.

Although I doubt they were the micro-preemies of today, consider the world without some of the following famous preemies...

John Keats...A great poet.

Albert Einstein...A great scientist.

Mark Twain: A great American author.

Winston Churchill...A great world leader.

Charles Wesley...The founder of Methodism.

Renoir...A great artist of the Impressionist Era.

Stevie Wonder...a great rock and roll performer.

Daniel Webster...A great statesman: voted one of the most outstanding senators of all time by the United States Senate (1957).

To learn more about prematurity awareness, contact the March of Dimes at:

www.marchofdimes.com

FALL 2007 SCPA TRAVELING CAFÉ SERIES

Keeping Our Babies Safe.....An in-depth look at why infants are dying in South Carolina and what you can do to help! Program content will include review of latest MCH data available in the state, information on Shaken Baby legislation and its implications for SC hospitals, overview of induction rate and impact on perinatal outcomes, and differentiation of SIDS and positional asphyxia, including risk reduction strategies for families. Cafes are FREE for SCPA members.

October 2, 2007 Palmetto Health Richland, Columbia, SC

October 12, 2007 Village at Pelham Community Room, Greer, SC

October 29, 2007 Education Center/Library, MUSC, Charleston, SC

November 6, 2007 Auditorium, McLeod Medical Plaza, Florence, SC

SCPA Cafes are supported by a grant from the March of Dimes.

All cafes are 12:30 p.m.-4:30 p.m.

Check SCPA website (www.scpaperinatal.org) for additional information.



NRP Online: AAP/NRP now offers NRP renewal

SURFING THE WEB

online. The written evaluation can be completed at your convenience with 24-hours access for busy practitioners who are unable to sit for a formal NRP course. After initial registration, the evaluation must be completed within 14 days. If your NRP Provider Card has not expired, you need only make arrangements with an instructor for your Megacode within 30 days of evaluation completion. For more details, check out www.aap.org/nrp, and look for NRP Online Evaluation Overview in the green shaded area to the right of the page.

Vaccine Information Statements (VIS) Online: Are all the vaccine sheets you hand out to patients up to date? I thought mine were...but I was wrong. Here is the pathway to finding current VIS in 33 different languages. The most up to date VIS can be found at this web address: www.immunize.org/vis.

PREPARING PARENTS FOR DISCHARGE OF THEIR NEAR-TERM INFANT

By Linda Wallace

A near-term infant is born three to six weeks early, between 34 to 36 completed weeks of gestation. Although they may appear to be well developed, they are still premature babies with increased risks of complications in the first weeks of life. Before discharge home from the hospital, parents must be prepared for the special needs of these babies.

AWHONN (Association of Women's Health, Obstetric and Neonatal Nursing) has prepared an education handout for parents of near-term infants. It can be downloaded from : <http://www.awhonn.org> (Look for AWHONN Programs on the right side of the web page. Open this. Scroll down to parent handouts and links.)

Near-term babies require frequent feedings. They may feed slowly and take smaller amounts. Since they tend to be sleepier than term babies, they may need to be awakened for feedings. Because they have less body fat than term babies and may be less able to regulate their body temperatures, room temperatures and clothing should be adequate to prevent low body temperature and overheating. Near-term babies are more prone to develop jaundice. They should be screened before discharge from the hospital and be seen by a physician within 24 to 48 hours of discharge. Because of their immature immune systems, near-term infants may be at increased risk of developing infections. Should these babies have fever or breathing problems, the physician should be promptly notified.

Don't forget the upright car seat challenge! Babies born less than 37 weeks gestation should be tested for tolerance of the upright positioning of their car seat by monitoring for apnea.



SHAKEN BABY EDUCATION ACT

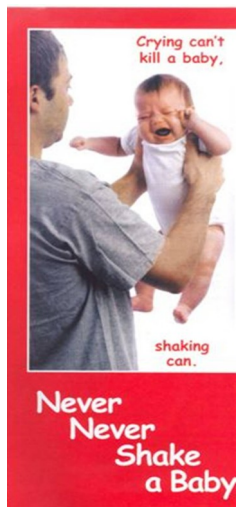
In the last legislative session, a bill was passed that states: “Every hospital in this State must make available to the parents of each newborn baby delivered in the hospital a video presentation on the dangers associated with shaking infants and young children and the importance of parents and caregivers learning CPR.”

The Department of Health and Environmental Control (DHEC) “must provide a copy of any approved video, at cost, to a hospital or any interested individual.” This act takes effect January 1, 2008.

The bill also states that the video must be made available to childcare facilities for staff training and that a protocol must be established for health care providers to educate the primary caregivers of children about the dangers of shaking an infant.

DHEC is working with a team of community and regional leaders (including hospital employees and childcare workers) to review existing videos and to discuss producing a video, if production proves to be more cost effective. This team will also decide the best manner to distribute the video to hospitals and childcare facilities.

For more information, check out the following website: http://www.scstatehouse.net/sess117_2007-2008/prever/518_20070322.htm



“CRIBS FOR KIDS” PROGRAM

To reduce the risk of SIDS and accidental suffocation, Cribs for Kids, the American Academy of Pediatrics, and the Consumer Products Safety Commission recommend that infants sleep on their backs on a firm mattress in a safety-approved crib, on soft bedding or comforters, with no exposure to cigarette smoke, and with a room temperature that is comfortable to adults.

A baby’s crib should have:

- Railings that are not more than 2 3/8 inches apart (the rails should not be able to fit a soda can through them.)
- A firm mattress that fits snugly in the frame.
- A fitted sheet that is tight around the mattress.
- No quilts, comforters, duvets, heavy blankets, stuffed animals, bumper pads, sheepskins, etc. They can obstruct the baby’s breathing.

“Cribs for Kids®” is a safe-sleep education program for low-income moms to help reduce the risk of injury and death of infants due to unsafe sleep environments. “Cribs for Kids®” Programs throughout the country provide pack and play style cribs, and educational materials regarding “safe sleeping” and tips to protect babies. For information on how you can start a Cribs for Kids Chapter in your area, contact: www.cribsforkids.org

(“Cribs for Kids” is a national crib program that was originated by [SIDS of Pennsylvania](http://www.sids.org).)

HEALTHY START ASSOCIATION TOOLKIT FOR FIRST INFANT MORTALITY AWARENESS MONTH SEPTEMBER 2007

The National Healthy Start Association's (NHSA's) Infant Mortality Awareness Month Toolkit is designed to increase national awareness of the factors that contribute to infant mortality in the United States and to urge community leaders to get involved in efforts to reduce infant mortality rates. The toolkit was produced by NHSA with support from the Annie E. Casey Foundation following the introduction of a Congressional resolution to observe September as Infant Mortality Awareness Month.

Contents include promotional materials, suggested fundraising and advocacy activities, statistical resources, and public relations and marketing tips. The toolkit is intended for use by Healthy Start programs and others to help raise awareness of infant mortality throughout the country and to gain community support for activities to reduce infant mortality. It is available at: <http://www.healthystartassoc.org/tkguide.html>.



By Linda Wallace

INFANT MORTALITY DATA

Infant Mortality is the death of an infant in the first year of life.

The rate of infant mortality is the number of deaths per 1,000 births.

The United States ranks 28th compared to other countries with a rate of 6.9.

South Carolina ranks 48th compared to other states with a rate of 9.3.

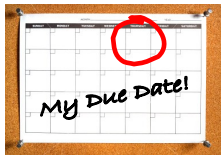
The rate of infant mortality for South Carolina was 9.3 in 1994 and in 2004.

As health advocates, we need to continue to encourage preconception health care, prenatal visits, and planned pregnancies. Almost 50% of all pregnancies in South Carolina are unplanned.

2004 data National Center for Statistics at www.cdc.gov.

Why is it important to wait for labor?

When is elective labor induction OK ?



The last few weeks of pregnancy can be uncomfortable. It can be hard to sit, stand, and sleep. But waiting for labor to happen is very important. Try to be patient.

Inducing labor before 39 weeks *without* a medical complication has *more risks than benefits* for mom and baby. Research is trying to find out what triggers labor. Some studies have found that when baby's lungs, brains, and mom's body is ready, natural labor hormones are released causing labor.

The American College of Obstetricians and Gynecologists (ACOG), and many studies provide strong evidence for waiting until at least 39 weeks, for women who don't have medical problems complicating pregnancy like high blood pressure, or diabetes.

References

1. Alexander JM. "Forty weeks and beyond: Pregnancy outcomes by week of gestation." *ObstetGynecol*, 2000;96 (2)
2. American College of Obstetricians and Gynecologists. Induction of labor. No.10, ACOG Practice Bulletin Washington DC: ACOG. Nov. 1999
3. Crowley P. "Interventions for preventing or improving the outcome of delivery at or beyond term." *Cochrane Data Syst Rev* 2000;2
4. Tonse, et al. "Optimizing care and outcome for late preterm (near-term) infants: A Summary of the Workshop Sponsored by the National Institute of Child Health and Human Development."

POTENTIAL PROBLEMS WHEN LABOR IS INDUCED WITHOUT A MEDICAL REASON BEFORE 39 WEEKS

FOR MOM

- Increased chance of Cesarean delivery, especially in a first time mom with an unready cervix. This is because induction does not always work.
- Labor can be longer and more painful, occasionally contractions can come too close.
- Prolonged inductions can increase the chances of infections, and heavy bleeding after delivery.

FOR BABY

- Babies' brains grow 35% and mature each week between 34-41 weeks. Immature brains are more at risk.
- Babies' lungs need time to clear fluid out, so breathing is easier at birth.
- Due dates can be off, even with ultrasounds. Possible prematurity which can lead to:
 - Breathing problems
 - Infection
 - Blood sugar problems
 - Problems keeping skin warm
 - Feeding problems
 - Hospital readmission

EACH WEEK COUNTS !

OCTOBER IS PERINATAL BEREAVEMENT MONTH

“Every life, no matter how brief...changes the world forever.”

October is *National Perinatal Bereavement Month*. It is a time when grieving families come together to share memories of their child...to know their sweet baby is not forgotten. As we continue to love and support our babies and families, we offer the following memorial services in these South Carolina Perinatal regions:

“Walk to Remember” Sunday, October 14, 2007
at Greenville Memorial Hospital, Greenville, SC

“Tender Memories Walk to Remember” Sunday, October 21, 2007,
at MUSC, Charleston, SC

Neonatal Intensive Care Memorial Service, Sunday, October 28, 2007
at McLeod Regional Medical Center, Women’s Pavilion Chapel, Florence, SC

“The Hearts & Hand Walk”, Sunday, October 28, 2007
at Palmetto Health Richland, Columbia, SC

SOUTH CAROLINA EDUCATIONAL NEWS YOU CAN USE...

At time of publication of this newsletter, the following training events, activities, seminars were planned throughout the state. Please contact your designated Regional Perinatal Center staff for additional information about training opportunities in your area.

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|--------------------------|--|
| October 3, 2007 | <u>Basic Fetal Monitoring</u> – Palmetto Health Richland |
| October 5, 2007 | <u>Focus on the Brain</u> – Spartanburg Regional |
| October 19, 2007 | <u>Asthma in Pregnancy</u> –Piedmont Hospital |
| October 19, 2007 | <u>OB Emergencies</u> – Palmetto Health Richland |
| October 20, 2007 | <u>NICHD Fetal Monitoring Terminology for CMNs</u> –Charleston, SC (Location TBA) |
| November 8, 2007 | <u>STABLE</u> – Hilton Head Hospital |
| November 9, 2007 | <u>The Changing Culture of the NICU</u> - PHR/Embassy Suites, Columbia, SC |
| November 15, 2007 | Susan Manos Neonatal Seminar– Greenville Memorial
<u>Effects of Prenatal Environment on Neurobehavioral Development</u> |
| November 16, 2007 | <u>Postpartum Complications</u> – Palmetto Health Richland |
| Nov. 29/30, 2007 | <u>AWHONN Intermediate Fetal Monitoring</u> – Spartanburg Regional |
| November 30, 2007 | <u>Perinatal Bereavement Conference</u> –Baptist Hospital |
| December 7, 2007 | <u>Annual Retreat for Nurse Managers of the Pee Dee</u> – McLeod Regional |





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SCPA Membership

If you are receiving this newsletter, you are one of SCPA's new or renewing members for 2007. Our current membership stands at 300 members. We welcome recruitment by our membership. Please go to www.scperinatal.org for renewal forms.

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

Mail changes to:

*South Carolina Perinatal Association
Post Office Box 5247
Columbia, SC 29250*

Editor's Note:

The Spring 2007 newsletter contained an incorrect title on the OB ICU article (page 6). MFM Notes, written by Anthony Gregg, MD, MFM Director, USC/PHR is the correct title.

We apologize for this error.