

# 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](mailto:lattinlaureen@yahoo.com).

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## FROM THE KEYBOARD OF OUR SCPA PRESIDENT...

We're BAAAAAAAAAACK!!!!  
(For you SCPA movie buffs, think "Poltergeist" or "Independence Day", depending on your age!)

After our winter/early spring hibernation, here's our first E-edition of the SCPA newsletter. Inside you will find lots of info about what's going on with our Association and with perinatal health care in our state.

Also, as promised in the previous newsletter, I am pleased to announce several SCPA winners, whose names were drawn from those individuals who paid their membership dues BEFORE the 1/12/08 deadline.

Arline Ramsdale won a FREE Registration to our conference at Myrtle Beach, September 28-30, 2008. Additionally, Katherine Roberts and Charlotte Koehler will receive a FREE registration to one of the pre-conference sessions at our Myrtle Beach conference. Congratulations to all—your early bird efforts paid off, and we look forward to seeing you at Myrtle Beach in September. (P.S. As always, the conference planning committee has put together an impressive group of speakers. Be on the lookout for brochures later in the summer.)

We have had some changes in SCPA over the past few months. Peggy Hope and Karen Gambrell have resigned from their respective positions of Public Policy chair and Membership secretary. We thank them both for the work they did for our Association.

Our new Membership secretary is Kathy Edwards, who works in Women's & Children's Services at Spartanburg Regional. Kathy's contact information is as follows: Phone: 864-560-6864,

[kedwards@srhs.com](mailto:kedwards@srhs.com)

Our new Public Policy chair is Kristin Simmons. Kristin is the Director of Health, Education, and Advocacy at Cooperative Health Centers, Inc. Her contact information is: 803-733-5969, x 4140, [ksimmons@ecchc.org](mailto:ksimmons@ecchc.org).

We extend a warm welcome to both Kathy and Kristin!

It seems to me these past few months have been exceptionally busy for perinatal health care providers in SC. Many challenges face us in the coming months, including infant mortality statistics that always seem to be headed in the wrong direction, staff turnover, cutbacks in both state and community agencies that serve young families — the list unfortunately goes on and on. But there are also wonderful miracles that happen every day—the NICU graduate whose 1 year check-up reveals no developmental delays, the young couple who thanks to the advances in REI get to hear their baby's heartbeat for the first time, the countless healthy babies that are born every single day.....again, the list goes on and on!

The month of May is a special time when we celebrate not only mothers and daughters, but all health care providers, and especially nurses! I hope each of you will take a moment to remember these miracles, and the important role you play in making them happen each & every day!

**Meg Jewell**



## MOD PREMATUREITY GRANT AWARDED TO PALMETTO HEALTH

One of the questions many women ask themselves when they deliver a baby prematurely is what did they do that could have caused their child to be born too soon. There is no definite answer to that question. It could be that the mother did everything she could and her child still was premature. It's a question that is being researched by many and that research is showing progress but there's still a lot to be learned. However, there are several risk factors that we know can lead to premature births.

A new concept for helping women fight prematurity involves pregnancy planning and risk reduction. Palmetto Health Perinatal Systems has received grant funding from the March of Dimes for more than \$100,000 to provide education and support to high risk women, providers and the public on reducing the risks associated with premature deliveries. Educational materials will be distributed to high-risk women and healthcare providers.

The projects goals are to:

- Empower women to modify their risks
- Promote positive birth outcomes
- Decrease prematurity in future pregnancies within the high-risk group
- Encourage health care providers to incorporate a lifespan approach to decreasing risk in childbearing women.

A woman is considered high-risk if she:

- has delivered a baby before 37 weeks gestation (3 or more weeks before due date),
- the infant was low birth weight (less than 5 ½ pounds),
- has experienced a fetal loss,
- has serious health issues (like diabetes, obesity, high blood pressure, chronic health problems),
- has an infant admitted to the Neonatal ICU, or has given birth to an infant with genetic issues.

“We don't always know why some babies are born early,” said Michelle Flanagan, RN, BSN, who works with the grant. “However, we can look at the mother's overall health and try to improve that to see if we can get her closer to carrying a baby full term the next time.”

Flanagan spends her time working with high-risk mothers teaching them about their bodies and how they can take a more active role in their own care. She adds, “One of our goals is to empower them to impact their own health.” She also leads a monthly support group called “Parents of Preemies.” The support group offers an opportunity for families to meet other parents and share their experiences as a parent of a premature infant, to take time to focus on making healthy lifestyle choices and learn how to make subsequent pregnancies as healthy as possible.

In addition to educating women, the grant provides training and resources for physicians and nurses at healthcare entry points—both related to OB services and non-related. Since the program began, they have provided training sessions for perinatal nurses and nursing students. Flanagan also will be presenting at local, state and national conferences on the topic.

For the latest resources and information on perinatal health visit [marchofdimes.com](http://marchofdimes.com) or [nacersano.org](http://nacersano.org).

The March of Dimes is the leading nonprofit organization for pregnancy and baby health and works to improve the health of all babies.

For more information, call 434-7243. You may also contact Tammie Epps, at 803-434-4903 (Public Relations at 803-434-6891) or e-mail us at

[www.palmettohealth.org](http://www.palmettohealth.org) .



2008 NOMINATION:  
SOUTH CAROLINA PERINATAL ASSOCIATION  
PERINATAL ACHIEVEMENT AWARD

**Purpose:** To honor an individual who has made significant contributions to the improvement of health for 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 form. All nominations will be reviewed, and a qualified recipient will be chosen by the current SCPA Board.

**Presentation:** Award will be presented at the annual South Carolina Perinatal Association Meeting. (Now held in conjunction with the NC Perinatal Association on September 28-30th in Myrtle Beach, SC.)

<b>Previous Recipients:</b>	1985 – Dr. Tom Austin	1998 – Dr. Sharada Pai
	1986 – Rita Salain	1999 – Paula Howell
	1987 - Dr. Henry Heins	2000 – Dr. Jerry Ferlauto
	1988 – Marie Meglen	2001 – Douglas E. Bryant
	1989 – Charles H. Frenzel	2002 – Jeannie G. Thompson
	1990 – Mike Jarrett	2002 – Helen Lynch
	1991 – Dr. David Wells	(posthumously)
	1992 – Fran Byrd	2003 – Senator J. Verne Smith
	1993 – Dr. Bill Sappenfield	2004 – Dr. James Scardo
	1994 – Representative Jim Mattos	2005 – Luanne B. Miles
	1995 – Dr. T.A. Gailey, Jr.	2006 – Dr. P.D. Bullard
	1996 – Lisa Hobbs	2007 – n/a
	1997 – Carol H. Gibbs	

**Name of Nominee:**

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**Address:**

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

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**Nominated by:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**e-mail:** \_\_\_\_\_

**Return to:** Lyn Phillips, LMSW, SC DHEC , 1751 Calhoun Street, , Columbia, SC 29201;

# THE ABCs OF SAFE SLEEP FOR BABIES

**Editor's Note:** While watching CNN one late-April morning, I heard a startling statistic. "L.A. County statistics released Wednesday (April 23, 2008) show that 44 infants died after they slept next to an adult in 2006, a 76% increase over the previous year. It was the county's highest number of deaths ever associated with "co-sleeping," the practice of sleeping in the same bed, couch or chair with an infant." We teach daily about the danger of co-bedding, and still this



In South Carolina, the rate of infant deaths from SIDS and an unsafe sleep environment rose 65.5% between 2004 and 2005 (29 deaths in 2004; 48 deaths in 2005). The safe sleep message must be given to all new parents, grandparents, caregivers.

The ABCs of Safe Sleep are:

- Alone
- On the Back
- In a Crib



Share your room with your baby but not your bed!  
The top ten sleep safety tips are:

1. **Always place your baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.

2. **Place your baby on a firm sleep surface, such as on a safety-approved\* crib mattress, covered by a fitted sheet.** Never place your baby to sleep on pillows, quilts, sheepskins, and other soft surfaces.

3. **Keep soft objects, toys, and loose bedding out of your baby's sleep area.** Don't use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in your baby's sleep area, and keep any other items away from your baby's face.



**If you use a blanket, place the baby with feet at the end of the crib. The blanket should reach no higher than the baby's chest. Tuck the ends of the blanket under the crib mattress to ensure safety.**

4. **Do not allow smoking around your baby.** Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.

5. **Keep your baby's sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring your baby in bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside cosleeper (infant bed that attaches to an adult bed) when finished.

6. **Think about using a clean, dry pacifier when placing the infant down to sleep, but don't force the baby to take it.** (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)

7. **Do not let your baby overheat during sleep.** Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

8. **Avoid products that claim to reduce the risk of SIDS** because most have not been tested for effectiveness or safety.

9. **Do not use home monitors to reduce the risk of SIDS.** If you have questions about using monitors for other conditions talk to your health care provider.

10. **Reduce the chance that flat spots will develop on your baby's head:** provide

"Tummy Time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.



**Your baby needs Tummy Time!** Place babies on their stomachs when they are awake and someone is watching. Tummy time helps your baby's head and neck muscles get stronger and helps to prevent flat spots on the head.

# NICHD NEONATAL RESEARCH NETWORK (NRN): EXTREMELY PRETERM BIRTH OUTCOME DATA



Between 1998 and 2003, researchers at NRN sites gathered information on 4,446 preterm infants born at the hospitals within the NRN. Typically, health care providers consider the estimated gestational age of a preterm infant to help determine his or her possible outcomes. Re-

searchers in the NRN have discovered that the inclusion of additional factors provides a more accurate way to estimate infant outcomes than using gestational age alone. How were the data collected, and what factors were used to determine the outcomes?

**These outcome data are based on five factors, including:**

- Gestational age—This factor refers to the *best obstetric estimate* of **completed** weeks of gestation. These outcome estimates are based on the 4,446 infants whose best obstetric estimate of gestational age in completed weeks was 22 weeks to 25 weeks at birth.
- Birth weight (in grams)—This factor ranges from 401 grams to 1,000 grams, the average weight range of the infants included in this sample.
- Sex
- Singleton birth—Infants included in this sample were from single and multiple pregnancies. Infants in multiple pregnancies (e.g., twins or triplets) had outcomes that differed from those of infants from single pregnancies.



- Antenatal corticosteroids—This factor refers to whether or not the mother received any corticosteroids before birth to help the infant's lungs mature.

## What do the data show?

Using the [five factors](#), researchers determined infant outcomes for the sample. These outcomes include data on survival and the following neurodevelopment outcomes:

- Moderate to Severe Neurodevelopmental Impairment—Defined as a [Bayley Scales of Infant Development II Mental Developmental Index or Psychomotor Developmental Index](#) less than 70, moderate or severe cerebral palsy, bilateral blindness, and/or bilateral hearing loss requiring hearing aids, cochlear implants, etc.
- Profound Neurodevelopmental Impairment—Defined as having a [Bayley Scales of Infant Development II Mental Developmental Index or Psychomotor Developmental Index](#) score less than 50 or a gross motor function level of 5, using a modification of the Palisano criteria, also called the [Gross Motor Function Classification System](#).

Visit the website below for an

## **Extremely Preterm Birth Outcome (epbo)**

data calculator. [www.nichd.nih.gov/about/org/cdbpm/pp/prog\\_epbo.epbo](http://www.nichd.nih.gov/about/org/cdbpm/pp/prog_epbo.epbo)

Click on the link:

[Can I use the data to determine individual outcomes?](#)



## Save the Date

*15<sup>th</sup> Annual Perinatal Partnership Conference  
NC/SC Perinatal Association  
2008 Annual Conference*

### Navigating Change in Perinatal Practice

**Date: September 28 – 30, 2008**

**Place: Embassy Suites at Kingston Plantation  
Myrtle Beach, SC**

Sunday, September 28, 2008:  
10:00 a.m. Pre-Conference Workshops  
4:00 p.m. Conference Registration begins  
6:00 p.m. Opening Reception

**Sign up early!**

