

South Dakota Perinatal Association

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The 35th Annual Conference on September 9-10, 2010, at the Best Western Ramkota Hotel and Convention Center, Pierre, SD, was very successful. I would like to thank each of you who attended our conference in September at Pierre, SD. It once again was a huge success with 130 attendees with many great speakers and a variety of topics of perinatal health covered. I would like to take the opportunity to thank those who volunteered your time on the Program Planning Committee, the Executive Board, and the Board of Directors for your efforts in helping make this conference so successful. Special thanks to Bette Schumacher who coordinated our Poster Presentation sessions. Kris

News from our President, Kathy Schweitzer, RN, MS, CNP:

It is hard to believe that our 2010 conference was 4 months ago!! Thank you Kris for your hard work and diligent attention to detail as that is what makes the SDPA conferences successful year after year. I would like to take the opportunity to congratulate Jan Wipf, Assistant Director in the Maternal Child Department at Rapid City Regional Hospital, as the SDPA 2010 Pioneer Aware Recipient. Jan exemplifies the pioneer spirit in the state of South Dakota and continues to serve the health care needs of families and their babies.

The South Dakota Perinatal Association (SDPA) exists to provide educational programs to hospitals and health care professionals throughout the state. At our last SDPA conference in September, 2010 the SDPA board of directors asked for input from the conference participants regarding the location/venue of future SDPA conferences. An informal survey of the conference attendees was conducted and the results of that survey were instrumental in the decision made to rotate the SDPA conference location over the next three years. I am excited to announce that the **36th Annual South Dakota Perinatal Association Conference will be September 8-9, 2011, at the Highland Conference Center in Mitchell, SD.** The 2012 SDPA Conference will be held September 13-14 at the Deadwood Lodge, Deadwood, SD. The 2013 SDPA Conference will be held September 12-13 at the Downtown Holiday Inn, Sioux Falls, SD. Thank you to all of you who participated in the survey. Your input is essential for the ongoing growth of the organization and planning for future conferences. The goal of SDPA is to provide health care professionals the opportunity to participate in the development and implementation of programs to improve health care to pregnant women and newborn infants throughout the state of South Dakota. The annual SDPA conference provides educational updates on a variety of perinatal health care topics and encourages the development of regional relationships. These regional relationships provide mutual assistance and improve health care delivery to pregnant women and newborn infants throughout the state.

The 2011 SDPA planning committee has met twice and plans are coming together for what looks to be another great conference. Kris has confirmed our two guest speakers - Jae Kim, MD, PhD, FRCPC, FAAP, Pediatric Gastroenterology, and Neonatal Perinatal Medicine from Children's Specialists of San Diego, CA, and William Polzin, MD, Associate Director, Fetal Care Center of Cincinnati; Director of Maternal Fetal Medicine, Good Samaritan Hospital; Associate Director of Obstetrics, Good Samaritan Hospital; Department of Obstetrics and Gynecology; Division of Maternal-Fetal Medicine. Dr. Polzin is well known regionally for his clinical excellence in assisting healthy babies and mothers through high-risk pregnancies. His extensive experience with complicated pregnancies is both reassuring to his many patients and also the foundation for his academic stature.



**MITCHELL
HIGHLAND
CONFERENCE CENTER**

the perfect location for the perfect event

Dr. Kim will be speaking on topics specific to Nutritional Discharge Planning, Nutrition and the Late Preterm Infant, Gastroesophageal Reflux, and Donor Milk Banking. Dr. Kim comes highly recommended by several SDPA members who recently heard him speak at other conferences on similar topics. Dr. Polzin will be speaking on fetal surgery with other topics to yet be determined by our planning committee.

The planning committee is excited to have Dr. Kim and Dr. Polzin speak at the conference and will be meeting again in the near future to finalize the remainder of the speakers. If you have any suggestions for speakers, please contact Kris as your input is vital to the planning of the conference.

Thank you to Deb Lloyd for providing the content for the Clinical Corner. The content is certainly pertinent to all of us who are caring for the vulnerable patient population. I encourage anybody with clinically pertinent information you would like to share with other SDPA members, to contact Kris Mark so it can be posted in the SDPA Newsletter and benefit all of us.

SDPA UPDATES:

Membership:

For those of you who currently are not members, I would like to extend an invitation to you to become a member of the South Dakota Perinatal Association and to be a part of our outstanding organization. We now have the online Pay Pal, debit or credit card pay option for membership dues. For those of you who still need to renew since all memberships were due September 1st, you can access online membership payment at our website www.sdperinatal.org. Just click on the membership tab. Thanks to those of you who are members of SDPA for your continued support. I also urge you to promote SDPA and to recruit new members by sharing with them the wonderful opportunity this organization provides by allowing them to interact with their peers throughout the State.

SDPA BYLAWS:

The SDPA Bylaws were reviewed by our Bylaws Committee and a few changes were brought to the Board of Directors for review and approval. The following changes were approved by the Board and will be adapted into our Bylaws:

By-laws were reviewed by the Bylaws Committee and the following changes were submitted to the Board for their approval: Rewording change under Article VI, Section I "Voting" Old wording-Membership's voice will be addressed to the individual chairs who will then bring to the Board of Directors for a vote. New wording-If any current member of the South Dakota Perinatal Association has ideas or suggestions to bring forth, these will be addressed to the appropriate committee chairs who will then bring to the Board of Directors for discussion and voting if deemed necessary. A motion was made by Dr Boyle to approve the change and seconded by Kathy. The second change was to change the Secretary's position from a two year term to a three year term for continuity. If you are interested in a copy of our current Bylaws, please contact the SDPA Office.

CONGRATULATIONS TO OUR NEW BOARD MEMBERS:

Dennis Stevens, MD, Sioux Falls, SD was nominated to serve as a medical representative on the Board of Directors as well as JoAnn Fischer, RNC, Rapid City, SD to serve as nursing representative on the Board of Directors for a three year term. We appreciate their interest in serving on the SDPA Board of Directors and would also like to thank those who also agreed to have their name added to the slate of nominees.

Call for Posters for 36th Annual South Dakota Perinatal Association Conference:

A Call for Posters is being issued for presentation at the *36th Annual South Dakota Perinatal Association Conference*. Poster presentations convey innovative, clinically relevant information that enhances the professional skills of those caring for babies, child bearing women and their families. The Poster Sessions will provide presenting authors a forum to showcase their work and provide those interested with the opportunity to review the information and talk with presenters. For those presenting your poster(s), please plan to be by your poster Thursday morning, September 8th, from 7:30-8:30 a.m. We will need to know your space requirements for display. If interested in presenting a poster(s), please email sdperinatal@gmail.com.

PIONEER Award 2011: Since 1985, the South Dakota Perinatal Association has honored an individual by presenting them with the Pioneer Award. The South Dakota Perinatal bestows its Pioneer Award to honor those who have represented the pioneer spirit of our State by serving the health care needs of families and their babies. Babies are our future! This award recognizes the pioneering efforts of those who have broken ground in caring for new families as they nurture the future for our State and share through education, the mission of our association. If you know of someone that you work with that you feel deserves this award, please nominate them by going online at our website www.sdperinatal.org and click on the Pioneer Award nomination tab. The nominee should be a current South Dakota Perinatal Association member.

2010 PIONEER AWARD RECIPIENT—JAN WIPF, RNC-OB, C-EFM, BSN



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Jan Wipf, RNC-OB, C-EFM, BSN, the Assistant Director in the Maternal Child Department at Rapid City Regional Hospital, exemplifies the spirit of excellence as the **2010 SDPA Pioneer Award recipient**. She is very dedicated to the Maternal Child department, the staff, her patients, their families and the community. She has been a staff/charge nurse in the Maternal Child department since 1986 and assumed the Supervisor duties in 1993 and the Assistant Director role in 2009. Jan guides the nurses under her management to give the best care possible. She serves all nurses by being a living example of what is best in nursing. She demonstrates unflinching dedication and enthusiasm for

the art of nursing. Jan can be counted on for the extra hand, the above and beyond, and the never-ending support of staff working with her.

Communication comes easily to Jan, who actively seeks to improve the environment of the Maternal Child department. An open, warm, confident person, Jan is able to communicate information vital to her patients to the variety of caregivers involved in the Maternal Child department. As the Assistant Director, she adjusts to the changing fluctuations of patient census and acuties through positive work ethics and organized nursing practice. She also serves on many committees throughout the Rapid City Regional Hospital System of Care. She is active on the Nursing Value Analysis Committee, Chart Packets, Nursing Leadership, the Maternal Child Practice/Satisfaction Council and the Special Circumstance Delivery Task Force.

Her community involvement is evident through her active participation in the city wide Kid's Fair, childbirth classes and Children's Miracle Network. She has assisted with health screenings at the Black Hills Stock Show and Rodeo and adopts a class every year buying them Christmas gifts and promoting health hygiene practices. She also assisted with the Leadership Rapid City class of 2008's project which supported childhood play and healthy child activities.

We are very grateful Jan has chosen mothers and babies, the most precious of all patients, to demonstrate what compassion and caring in nursing are really all about. Jan is a lot of fun to work with and dedicated to her nursing profession. She has keen assessment skills and is great at problem solving. She always has a positive attitude.

Jan is self-motivated and always willing to take on new projects. The value of ongoing education and its relationship to practice is evident in Jan's professional journey from a Diploma degree in 1986 to a Bachelor's of Science in Nursing degree in 1996. She holds special distinction as being a member of the National Honor Society for Nursing, Sigma Theta Tau. She is certified in Inpatient Obstetrics and Electronic Fetal Monitoring through the National Certification Corporation. Jan holds memberships in both AWHONN and South Dakota Perinatal Association. She is a vital part of SDPA as a member of the planning committee, meeting monthly to help provide direction for the annual meeting.

We admire Jan for her continued dedication to improving nursing processes in the Maternal Child department and throughout the hospital. She demonstrates patience, understanding, kindness and professional expertise to enrich the lives of babies, families, staff as well as hospital colleagues. Her generous spirit is evident in her ever-ready smile and positive attitude toward patients and families alike.

Submitted by: Linda Haberstroh, RNC-OB, MS, Sarah Blenner, RNC-MNN, BSN, Cathy Allan, RN-BC, MS

The Clinical Corner: I would like to take this opportunity to thank SDPA and the Finance Committee for the National scholarship which I received this past year. With the SDPA National Educational scholarship I was able to attend the Contemporary Forums Conference on Neonatal Nursing in Las Vegas, NV last March. This was an excellent time to meet fellow colleagues from across the country, hear national speakers on the “hot topics” in neonatal care and network together. I enjoyed the conference very much and have since been able to share what I learned with my fellow colleagues here at home. This opportunity was made possible through the support of all members of the SDPA organization, so indirectly I would like to thank all of you for your continued support of perinatal education. It is through your membership that this organization exists and is able to have the opportunity to fund opportunities such as these. Sincere thanks, Deb Lloyd, RNC

Presentation by Dr. Jay P. Goldsmith, National Conference on Neonatal Nursing, Las Vegas, NV, March 2010.

The “One Hour” APGAR SCORE: Evaluating the Golden Hour with Extremely Low Birth Weight Infants

Speaker: Jay P. Goldsmith, MD, Clinical Professor of Pediatrics, Tulane University School of Medicine, New Orleans, Louisiana

The number of preterm and low birth weight infants born in the U.S. continues to increase each year. Low birth weight infants made up 8.2 percent of all births in 2005 and very low birth weight infants below 1500 grams accounted for 1.49 percent of all U.S. births. Lower birth weight and delivery before 28 weeks gestation are key predictors of mortality and long-term morbidities such as intraventricular hemorrhage, chronic lung disease, and retinopathy of prematurity.

The first hour of life plays a critical role in the outcomes of low birth weight infants. Dr. Goldsmith stated that they have worked with the Vermont Network to improve outcomes by focusing on interventions in the first hour of life, using the term “Golden Hour”, much like the critical first hour in adult trauma care. He stated that it involves teamwork and a controlled environment. It was mentioned that variances from guide lines was associated with teamwork issues such as communication and leadership. For this reason it is essential to have team cooperation, communication and practice. Everyone needs to sit down and write the “script”. Once protocols are determined everyone must be on the same page. Objectives of the Golden Hour process are to implement consistent care practices.

Dr. Goldsmith described the components of the delivery room intensive care and stated that the following must be in place.

1. A flow chart developed that outlines thermoregulation and ventilatory management. This includes having the delivery room at least 75 degrees. Having a dedicated resuscitation team to attend all low birth weight deliveries. Education on role expectations, responsibilities and the Golden Hour process.
2. Thermoregulation is key- therefore the following protocols must be used-
 - Preheat the warmer (37degrees C)
 - Have room temperature at 75degrees F or higher
 - Have access to transport ventilator or Neopuff, and tanks are full
 - Activate chemical mattress, place 2 hats under mattress to warm and have warm blankets available
 - Receive infant onto warm blankets, dry infant and remove wet linen, apply temp probe and monitor temperature
3. Respiratory management-
 - Apply pulse oximeter probe
 - Intubate if indicated and attach Neopuff and begin ventilation generally at a rate of 40
 - Wean for oxygen saturations (85-92)
 - Use visual sign for heart rate
 - Verify equal breath sounds
4. Transport to NICU-
 - Continue to monitor Golden Hour Care
 - CO2 40-60mmHg
 - Oxygen saturation 85-92%
 - Goal is admission temperature 97-99 degrees
 - Surfactant administration within 1 hour
 - Maintain cardiovascular stability

Provide correct neutral head position to help prevent IVH, and implementing developmental care practices to minimize stress and pain. Onset of IVH has been associated with hypoxia, respiratory distress, and mechanical ventilation. Additional factors can be fluctuations in cerebral perfusion pressure triggered by changes in blood pressure, blood transfusion and replacement, cold stress, head positioning and pain.

He stated that chronic lung disease can greatly be affected by how the initial breaths are administered. He stated that even as few as five minutes of mechanical ventilation can contribute to long term chronic lung disease. Therefore gentle ventilation can be more beneficial. The use of High frequency ventilation with low tidal volumes is central to respiratory management. Also allowing permissive hypercapnia, early surfactant administration, use of the T-piece resuscitator, and titration of oxygen in the delivery room can decrease the incidence of CLD.

He stated that if the infant is cold, hypotensive, hyperglycemic and has poor blood gases in the first hour of life there will most likely be a very poor long term outcome. He recommended that constant evaluation by team members of the process is key. As ownership is what leads to better care.