

South Dakota Perinatal Association

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On September 20-21, 2007, the South Dakota Perinatal Association held its 32nd Annual Conference at Cedar Shore Resort, Chamberlain, SD. We had a great turnout of 162 attendees. Thanks to all of those who attended. A special thanks to Deb Lloyd, RNC, for her two year leadership as President. Another special thanks to all of the 2007 planning committee members who helped make this conference a successful one! Hope to see you this year at the **33rd Annual Conference on September 18-19, 2008, Best Western Ramkota Hotel and Convention Center, Pierre, SD.** <http://pierre.ramkota.com>. Keep checking our website at www.sdperinatal.org for more details regarding the conference. *Kris Mark*, Executive Director

Greetings from the President For the next two years, it will be my privilege and honor to serve you as President for this wonderful association. SDPA has always and will continue to play a vital role in the state of South Dakota by providing education to facilities and providers to ensure that the mothers and their babies receive the best of care. I would like to thank each of you who attended our conference in September at Chamberlain. It, once again, was a huge success with many great speakers and a variety of topics of perinatal health covered.

The Planning Committee has been planning for the **2008 conference** which will be held on **September 18th and 19th at the Best Western Ramkota Convention Center in Pierre, S.D.** We are very excited to already have several speakers that have committed to presenting topics in their areas of expertise. The program once again guarantees to be as diverse and interesting as our membership, and will encompass a variety of healthcare professional throughout the state that are involved in providing quality healthcare to our mothers and babies. I would like to take the opportunity to thank those of you who volunteer your time on the Program Planning Committee, the Executive Board, and the Board of Directors for your efforts in helping make this conference the success that is. I would especially like to thank Kris Mark, the Executive Director of SDPA, for her endless hours of commitment and dedication to our association. She truly is instrumental in helping SDPA accomplish our goals year after year.

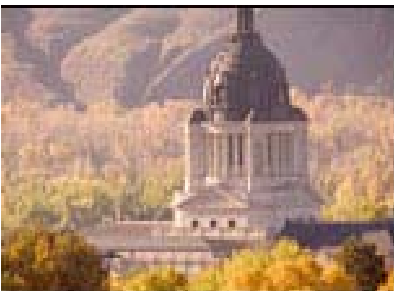
For those of you who currently are not members, I would like to extend an invitation to you to become a member of the South Dakota Perinatal Association and to be a part of our outstanding organization.

I thank you who are members of SDPA for your continued support and your ideas for topics for future conferences. I also urge you to actively promote SDPA and to recruit new members. Share with them the wonderful opportunity this organization provides to allow them to interact with their peers in the state. Thank you for your support! *Karey Thieman, CNP, SDPA President*

Dear Colleagues,

Wow can you believe it has been four months since the conference. What a turn out we had with over 160 participants, excellent speakers and a whole lot of fun. At the time of this writing we are already in the planning stages for next years meeting, yes no rest for the weary. We have once again a great planning committee in the process of putting together another awesome conference. We will be gathering at our new venue in Pierre, SD and they are very excited about hosting our meeting. Once again, I thank my Executive Board, Board of Directors, Planning Committee, all the behind the scenes helpers, our Door Prize Committee and most of all Kris Mark, our Executive Director for all their hard work. This meeting would not ever be this successful with out the wonderful teamwork of each of you.

As I complete my term as serving as President of SDPA, it is with heartfelt gratitude that I thank each of you for giving me this opportunity. This organization has afforded me great friendships and the chance to thank each of you for all you do on a day to day basis to provide the families of our state with the best care out there. As we move forward, we will continue to face new challenges which I am confident we will meet with the determination that has always made me very honored to work beside each of you. My blessings to each of you and your families as you continue to fulfill your calling. Respectfully yours, *Deb Lloyd, RNC SDPA Past President*



South Dakota Perinatal Association Board Election Results

The SD Perinatal Association Board has filled the five open positions. We would like to congratulate and welcome the following newly elected directors to our SDPA Board of Directors:

Vice President/President Elect (two year term) Kathy Schweitzer, RN, MS, CNP

I have been a nurse practitioner for many years and have participated in many of the advancements of perinatal and neonatal medical and nursing care. It's amazing that we have come so far yet there is so much more to be done. I am committed to the ongoing promotion of perinatal/neonatal care. I have been a member of SDPA for a long time and have been involved in a variety of capacities. I enjoy the collegiality of the organization and look forward to continued involvement at this level.

Board of Directors - Medical Representative (three year term) Susie Reuter, MD

I guess you could say that I am sort of "home grown." I was a med student here and have returned to practice after training at Texas Children's Hospital in Houston. I work closely with many different Perinatal specialists (i.e. NNPs, nurses, SW, physicians, etc) My anticipated contribution is that I am passionate about Perinatal care and improving the lives/health of moms and their babies and educating not only professionals but the general population about improved Perinatal practices.

Board of Directors - Nursing Representative (three year term) Susie E. Petersen, RNC

I have worked at Avera McKennan Hospital for 31 years. Starting as a nurses aide, then LPN for 10 years and Registered Nurse since 1988. I have worked on the Obstetrics/Women Center for 27 years. I enjoy working with patients in labor/delivery, postpartum, antepartum and the newborn nursery. I received my associate degree from the University of South Dakota in December, 1988. I am certified in Inpatient Obstetrics. My professional interests include teaching NRP since 1995 with over 60 classes taught, coordinator of the Avera McKennan Women Center Bereavement Team, facilitator of the Avera McKennan Infant Loss Support Group, and the Director of the South Dakota Infant Loss Center from 2002-2005. I am a member of AWOHNN. And I have been involved in the South Dakota Perinatal Association for 8 years with involvement on the planning committee for 4 years.

Board of Directors - Nursing Representative (three year term) Lori L. Popkes, RN BAN CAN

I am currently in the role of Director of Women & Children's Services at Avera McKennan Hospital and University Health Center. In this role I am responsible for the oversight and operations of two Level III Neonatal Intensive Care units, Inpatient Pediatrics, Outpatient Pediatrics, Pediatric Intensive Care Unit, Labor and Delivery, Postpartum, GYN and Newborn Nursery. I have the opportunity to be involved in multiple projects and programs related to Women and Children's health. I have been a registered nurse for 17 years with a diverse background including primary rural health nursing, critical care in a tertiary care setting, outpatient care, case management, long term acute care and nursing leadership. I would greatly appreciate the opportunity to have formal involvement in South Dakota Perinatal Association as a Board Member. My goal in this role would be to collaborate effectively with my peers to further enhance, and expand the role of SDPA throughout the state of SD. I would also focus on the need to continue to identify opportunities to positively impact women's and children's health in a positive manner. I am married and have seven daughters. I enjoy spending time at the lake, reading and traveling in my free time.

Board of Directors - Other Allied Healthcare Professional (three year term) Dr. Elizabeth Jeanson

I am currently serving as the Developmental Specialist in Neonatal Intensive Care at Sanford/USD Medical Center She received her developmental specialist training at DuPont Hospital for Children prior to returning to Sanford Health in 2004. Elizabeth was NIDCAP trained and Infant Behavioral Assessment certified in 1994 with the Sioux Valley NICU team. Prior to her work as a developmental specialist Dr. Jeanson provided pediatric physical therapy with emphasis on early intervention. In 2005 Elizabeth received certification in the Neonatal Neurobehavioral Assessment. She is also a certified infant massage instructor and a certified child passenger safety technician (car seat). In her current position Dr. Jeanson is responsible for direct and indirect implementation of developmental and family centered care in the neonatal intensive care unit. Dr. Jeanson has spoken regionally on topics including sensory development of preterm infants, positioning of infants in NICU, non-pharmacologic pain management for preterm infants, supporting the development of post term infants in the NICU, as well as team building and strategic planning for multidisciplinary teams.

I would like to thank our Nominating Committee Chair, Laura Bonacker, RNC, and Co-Chair, Kathy Schweitzer, RN, MS, CNP for their hard work in putting together the slate of nominees for the 2007-2008 ballot. The Board of Directors meet annually, usually the night before the annual conference. Special Board of Directors meetings can be held upon request by the President.

PROUD TO BE AN SDPA MEMBER -

It has been my pleasure to be associated with the South Dakota Perinatal Association, serving in a variety of offices and as a member for a number of years. In that time I have seen many changes in the field of health care in our state.

We are fortunate to have a system that is able to provide high quality health care to the various communities in our state. We should all be proud to be a part of that system and to an organization such as SDPA that is committed to improving the lives of mothers and babies throughout the state.

I heard some of us complaining at our last conference regarding various perceived slights against one health system from another. It isn't about you or your hospital. It is about how we can join together despite our inherent differences to help others. I challenge you to put our differences aside and make our organization something we all continue to be proud of. Remember as one we can continue on our mission to make this organization a real vehicle for change.

Sandra Smith, MD



EMR, PDAs, Bar Code scanners OH MY!

By: Bev Jorgenson ,RNC, MSN, CNP

Is your workplace beginning to resemble a space age computer lab? All across South Dakota health care facilities, both large and small are adopting numerous new technologies that change some of the ways we deliver perinatal care.

Any technology system purchased should be evaluated for the capability to prevent errors, ongoing surveillance capabilities to audit any potential errors, and the ability to evaluate errors if they do occur. "Workarounds" are another concept to be considered. A workaround exists when a technology system is inflexible or too cumbersome, resulting in staff creating ways to "workaround" the system. Point of care, or the ability and expectation that staff enter data at the bedside is critical.

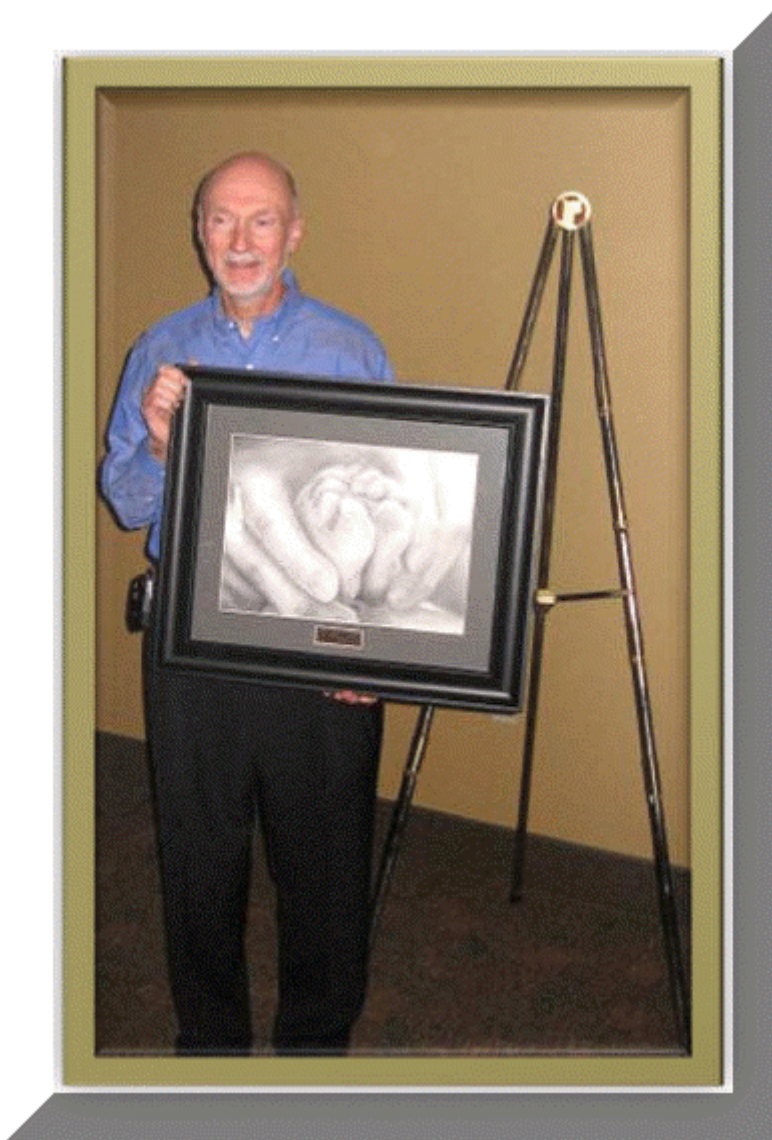
Bar code scanners, both for medication administrations, and breast milk verification, have dramatically decreased the rate of errors in facilities that now routinely use them. Computerized physician medication order entry is already being employed in several facilities, and in the next five years will become commonplace in most facilities. In a 2005 study, one NICU went six months without any medication errors after physician computerized order entry was initiated.

The ongoing technology changes are painful for those of us "seasoned" in perinatal care, yet absolutely the right thing to do for our Moms and babies. Here's to a new generation of health care!

Reference:

McCartney, P. *Using Technology to Promote Perinatal Patient Safety*. JOGNN 2006 35 (3) 424-431.

Pioneer Award 2007



DR. DENNIS C. STEVENS HONORED

(Sioux Falls, SD)—The covered wagons and camp fires of South Dakota's early years may be gone, but its pioneering spirit remains strong, especially in physicians such as Sanford Neonatologist, Dr. Dennis Stevens. This year the South Dakota Perinatal Association honors Dr. Stevens' dedication to children and families with the 2007 Pioneer Award.

The Pioneer Award recognizes the efforts of those who break ground in caring for new families and educate others about the South Dakota Perinatal Association's mission. More than 300 healthcare professionals belong to the South Dakota Perinatal Association. Association members cited Dr. Stevens' excellence as an educator, mentor and researcher. Dr. Stevens' current research focuses on the developmental impact of light and sound in neonatal intensive care units (NICU).

Dr. Stevens joined Sanford Children's Hospital and Specialty Clinic (formerly Sioux Valley) in 1980. He is a professor of pediatrics at Sanford School of Medicine at the University of South Dakota. He also serves as the medical director of Sanford Children's Specialty Clinic Cleft Lip and Palate Clinic. Dr. Stevens is a graduate of Indiana University and is originally from Munster, IN.

Cup-Feeding vs Bottle-Feeding as a Method of Supplementing Breast-Feeding

Submitted by: Sandra Smith, MD

Cup-feeding has become a popular method of supplementing breast-feeding in many newborn nurseries. It has been advocated as superior to bottle-feeding for a variety of reasons. It reduces the need for NG and oral gastric tubes in babies with a poor suck reflex, it is inexpensive and simple, it allows the baby to pace his own intake with a minimal expenditure of energy, and it avoids the possibility of “nipple confusion” when infants are both bottle and breast-fed.

However, a Cochrane study published on-line earlier last year (April 18, Cochrane Database of Systematic Reviews) does not recommend cup-feeding over bottle-feeding according to the results of a meta-analysis. This systematic review found that cup-feeding was associated with an increased hospital stay with a mean difference of 10.1 days.

Four studies met the inclusion criteria. The outcomes reported were weight gain; proportion not breast-feeding at hospital discharge, 3 months, or 6 months; proportion not fully breast-feeding at hospital discharge, 3 months, or 6 months; length of stay; and physiological events of instability. All 4 studies had cup-feeding as the experimental intervention and bottle-feeding as the control intervention.

No statistical difference was found in the incidence of not breast-feeding at hospital discharge in 3 of the studies, of not breast-feeding at 3 months in 2 of the studies, and of not breast-feeding at 6 months in the 1 study that looked at this outcome.

Cup-feeding was favored in infants not fully breast-feeding at hospital discharge in 3 of the studies, but no statistically significant difference was seen at 3 months or 6 months.

Because of the significantly increased length of hospital stay the authors concluded “Cup feeding cannot be recommended over bottle-feeding as a supplement to breast-feeding because it confers no significant benefit in maintaining breastfeeding beyond hospital discharge and carries the unacceptable consequence of a longer stay in hospital. The cost implications related to length of stay need to be considered against a short term gain in exclusive breastfeeding at discharge.”

Admittedly the studies were limited, but the authors did not recommend further large randomized controlled studies stating that “The issue of high rates of non-compliance with the intervention of cup feeding by both practitioners and parents as reported in the majority of previous studies may make this a futile undertaking.” They further concluded that other interventions “e.g. early and regular skin to skin contact, rooming in, non-separation of mother and baby as possible, non-introduction of supplemental feeds unless medically indicated, antenatal breastfeeding education as documented in WHO ... should be given due consideration before further trials of cup feeding are undertaken.”

Cochrane Database Syst Rev. Published online April 18, 2007