Have you registered?

Idaho Perinatal Project Winter Conference
Thursday, February 24, 2005 – Pediatric Focus
Friday, February 25, 2005 – Obstetrics Focus
Saturday, February 26, 2005 – Gynecology Focus

Registration form and agenda can be downloaded at:
www.idahoperinatal.org

INSIDE THIS ISSUE

2  JCAHO Updates
2  TANF-Funded Teen Pregnancy Prevention Activities
3  Safe Deliveries
4  Calendar of Events

Featured Speakers

- Jim Todd, MD
  Evidence Based Antibiotic Use in the Newborn

- Jeanne Watson Driscoll, PhD, APRN, BC
  Postpartum Depression: Impact on Babies and Their Mothers/The Earthquake Assessment/Treatment Strategies

- Deb Oyer, MD
  Polycystic Ovarian Syndrome/Case Based Contraceptive Update
JCAHO Updates

The Joint Commission of Accreditation of Healthcare Organizations (JCAHO) recently released two Sentinel Event Alerts related to the health of women and newborns:

1. **Preventing infant death and injury during delivery:**
   Since the majority of perinatal death and injury cases reported root causes related to problems with organizational culture and with communication among caregivers, it is recommended that organizations:
   a. Conduct team training in perinatal areas to teach staff to work together and communicate more effectively.
   b. For high risk events, such as shoulder dystocia, emergency Cesarean delivery, maternal hemorrhage and neonatal resuscitation, conduct clinical drills to help staff prepare for when such events actually occur, and conduct debriefings to evaluate team performance and identify areas for improvement.
   c. Review and apply the ACOG VBAC Practice Bulletin, Vaginal Birth after Cesarean Delivery, the Standards & Guidelines for Professional Nursing Practice in the Care of Women and Newborn from the Association of Women’s Health, Obstetric, and Neonatal Nurses, and the AAP and ACOG guidelines for perinatal care.

2. **Revised guidance to help prevent kernicterus:**
   The Joint Commission recommends that all hospitals and health care professionals caring for newborn infants both inside the hospital and after discharge from the hospital observe the recommendations cited in the updated American Academy of Pediatrics clinical practice guideline, “Management of Hyperbilirubinemia and the Newborn Infant 35 or More Weeks of Gestation,” and that:
   a. All newborns be assessed prior to hospital discharge for the risk of developing severe hyperbilirubinemia after discharge.
   b. The newborn be scheduled for a follow up visit within three to five days of age, when the baby’s bilirubin level is highest.
   c. Women who are breastfeeding receive appropriate oral and written instructions about newborn jaundice. Infants should be breastfed at least eight to 12 times a day for the first few days to stimulate milk production and help keep the baby’s bilirubin level down.

⇒ To read more about either of these alerts, please visit the JCAHO website at [www.jcaho.org](http://www.jcaho.org).

Winter Conference Dinner Meetings

**AWHONN** ~ Thursday, February 24, at 5:30 p.m. in Jordan C.

**Idaho Chapter AAP** ~ Thursday, February 24, at 6:00 p.m. in Jordan D. Terence Neff, MD will be presenting “Pediatric Medicine in Tibet”.

**Idaho Chapter ACOG** ~ Friday, February 25, at 6:00 p.m. in Jordan D.

TANF-Funded Teen Pregnancy Prevention Activities

The National Campaign to Prevent Teen Pregnancy conducted an informal survey regarding the status of state teen pregnancy activities that are funded through Temporary Assistance Needy Families (TANF). Over 260 contacts at the state and local level were surveyed in June 2004. Responses from 26 states were reviewed:

19 states reported using TANF funding for teen pregnancy prevention. Of these, 10 responding states indicated TANF funding for teen pregnancy prevention had been cut.

The Idaho Governor’s Council on Adolescent Pregnancy Prevention (IGCAPP) receives $400,000 a year from TANF funds. The IGCAPP conducts a statewide media campaign and funds community projects to prevent teen pregnancy. The program has not received a decrease in funding.

Advocating for Folic Acid

Visit [www.folicacid.net](http://www.folicacid.net)
To learn about the benefits of folic acid in prevention of birth defects and other conditions.
Safe Deliveries

By Dave Carpenter

Hospitals are looking for direction to improve obstetrics from some unlikely sources, including, perhaps the most unlikely of all, the cockpit. It's not that airline pilots are aces at delivering babies. Rather, there's growing evidence that training techniques that help aviation crews eliminate critical errors by fostering a team approach may help cut mistakes in obstetrics departments, too.

A trial that borrows "crew resource management" techniques from aviation is just one of the initiatives under way to boost patient safety in obstetrics, although potentially the most far-reaching. Under a Defense Department project called MedTeams, a mix of military and civilian hospitals are proving that the aviation industry can be a valuable teacher. The program has shown encouraging results from its application in 15 hospital obstetrics departments, according to patient safety experts involved in the team training study. Final data are being compiled this fall.

Communication is the focus of MedTeams, which is being tested at such civilian hospitals as University of Michigan, Johns Hopkins and Northwestern Memorial Hospital. Adapting the techniques developed for aviation after NASA found in 1979 that human error and communication failures caused most crashes, the initiative makes teams rather than individuals responsible for patients. It teaches physicians to explain each patient's care plan to other team members and encourages every staffer to speak up when a potential error is spotted. Constant communication about the patient care process is required, including team meetings at the end of each shift to discuss what went well and what didn't.

The Defense Department tried the approach at a few military hospitals during the 1990s and in 2000 expanded it more broadly to include joint efforts with civilian facilities. "It holds tremendous promise," Pearlman says. "Eighty to 90 percent of medical errors can be eliminated through improved communication, and this project is all about improving communication among everyone who's needed in the labor-delivery environment--physicians, anesthesiologists, nurses, clerks."

To view the full text of this article, visit www.hhnmag.com

Review and Assess Your Fetal Heart Monitoring Knowledge

Check out the AHWONN website for a case scenario based on line assessment tool designed to review and assess your fetal heart monitoring knowledge.

If you have successfully completed AWHONN’s two-day FHMPP workshop, and/or want to prepare for the advanced FHMPP course, visit www.awhonn.org and click on “Fetal Monitoring” to purchase.

Cost for AWHONN members is $30 and for non-members is $40.

Lending Library:

Check out the Lending Library when planning for 2005! We may have materials that could help you. If you would like a complete listing of our holdings, please visit www.idahoperinatal.org
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB – Advanced Cardiac Life Support</td>
<td>February 8-9, 2005</td>
<td>Boise, Idaho</td>
<td>St. Luke's RMC ~ 208/381-1501</td>
</tr>
<tr>
<td>Labor and Delivery Course</td>
<td>March 7-11, 2005</td>
<td>Boise, Idaho</td>
<td>St. Luke's RMC ~ 208/381-1501</td>
</tr>
<tr>
<td>Idaho Perinatal Project Winter Conference</td>
<td>February 24 – 26, 2005</td>
<td>Boise, Idaho</td>
<td>Idaho Perinatal Project ~ 208/342-7642</td>
</tr>
<tr>
<td>Phoenix Obstetrical and Gynecological Society</td>
<td>March 10-12, 2005</td>
<td></td>
<td>Phoenix OB/GYN Society ~ 602-864-1233</td>
</tr>
<tr>
<td>AWHONN National Conference</td>
<td>June 11-15, 2005</td>
<td>Salt Lake City, UT</td>
<td>AWHONN ~ 866/843-2271</td>
</tr>
<tr>
<td>ACOG Annual Clinical Meeting</td>
<td>May 7-11, 2005</td>
<td>San Francisco, CA</td>
<td>ACOG</td>
</tr>
</tbody>
</table>