



the ANGELS REPORT

ANTENATAL & NEONATAL GUIDELINES, EDUCATION AND LEARNING SYSTEM



The Myth of the “Gender Reveal” Ultrasound: *What we are really looking for*

by Jeni Warrior, APRN, CNP



I remember as soon as I found out I was pregnant I could not wait to find out if we were having a boy or a girl. I started looking at the prediction

calendars and reading about every old wives’ tale I could find to see if anything could give me an early answer to my question. Then, I could not wait for my ultrasound to give us the final answer—we even begged for an earlier sneak peek ultrasound to find out sooner. Now that I am a provider of obstetrical care however, I have a totally different outlook on the “big” ultrasound and I am excited to share that insight as we look into the importance

of the anatomy ultrasound.

While most moms-to-be walk into the anatomy ultrasound geared up for the big “gender reveal,” sonographers and providers are reserved and sometimes apprehensive about this day because of the possibility the ultrasound may not go as planned. We are very happy to share in the joy of this occasion with our patients, but because our number one goal is to look at the anatomy and physical features of each baby, we are always mindful we could be facing a very sad and difficult situation that our patient was not expecting. The following Q&A section will further illustrate how critically we are looking at each baby. It is our hope that everyone reading this article will

have a better understanding of this delicate, but exciting day.

How many ultrasounds do most women receive during pregnancy?

Typically a pregnant woman receives an ultrasound at her initial obstetrical visit to confirm her due date. This may be done with a bedside ultrasound or a formal ultrasound by the sonographer. If there are no other pregnancy complications, the second ultrasound is done around 20 to 22 weeks gestation. Normally, those are the only two ultrasounds done during pregnancy until the day of delivery when a bedside ultrasound may be done to estimate fetal weight and confirm head down positioning for vaginal delivery. Occasionally however, we may not be able to get all of the pictures we need at the first ultrasound and a second ultrasound is required to complete the anatomy survey.

What exactly is the sonographer looking at?

- Measurement of cervical length
- Estimate of fetal weight and size: combination of head, abdomen and femur (thigh bone) measurements
- Placenta location
- Evaluation of ovaries
- Amount of amniotic fluid
- Heart and brain anatomy
- Stomach
- Bladder
- Umbilical arteries to confirm 3 vessel cord
- Cord insertion to confirm abdominal organs are inside the abdomen
- Diaphragm to confirm stomach is below the diaphragm
- Kidneys and arteries supplying the kidneys with blood flow
- Extremities
- Lips and palate to rule out clefts
- Profile, nasal bone and face

What is a targeted ultrasound?

Most women will receive a routine ultrasound which provides an anatomy assessment as well as information on fetal growth and amniotic fluid. Women who will be 35 or older at the time of delivery or those with personal or family histories of genetic disorders or birth defects will often receive a more detailed targeted ultrasound. This ultrasound looks for additional ultrasound findings that may suggest the

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ANGELS Receive Awards

by Tina Pilgreen, MS



Wow! A total of 74 attendees met in April for the 1st Annual Perinatal Outcomes Workgroup (POW) at the Winthrop Rockefeller Institute on Petit Jean Mountain. The attendees enjoyed networking among professionals at a reception held the night before a full agenda of speakers and roundtable discussion the following day. Staff from 32 of the 42 Labor and Delivery hospitals in Arkansas were represented and collaborated on standardizing protocols and guidelines to improve obstetrical patient care in Arkansas. The feedback received following the first meeting was extremely positive.

We also love to see our individual ANGELS being awarded for the difference they are making in the community. Margaret Glasgow, BSN, RNC-OB, Clinical Services Manager, provides outreach obstetric education to rural hospital nurses and physicians throughout the state. Margaret was recently awarded the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Award of Excellence in Community Service at their annual conference held in June. The award is given to individuals who are not only contributing to the mission of AWHONN to promote women's or newborn's health in the community, but also for their outstanding leadership qualities. Congratulations Margaret on this well-deserved award, and more importantly, for improving healthcare to woman and their newborns!

“Absolutely loved this conference. Great Speakers, great group discussions, great networking. Looking forward to being able to attend a similar event at least once a year- thanks!”

“Amazing group and I am excited to see where this will lead all of us. Wonderful for outcome and our patients.”



Women's Mental Health

There remains controversy over the relative safety of treating women for depression and anxiety during pregnancy and lactation. Antidepressants are one of the most studied categories of medications in pregnancy, underscoring the frequency of mental health issues during the perinatal period. It is important for practicing clinicians and the public to be up to date with evidence-based care for women during pregnancy.

Integrating mental health care evaluation and algorithm guided treatment within the obstetrical clinical setting is an important component of comprehensive care to improve outcomes. The Women's Mental Health Program at UAMS has established several specialty clinics that employ guideline-driven care to improve outcomes.

These clinics for pregnant women include: substance use disorders, chronic pain, and

telehealth. Currently, a program is being established that utilizes multiple technologies to navigate the various barriers to health care for pregnant women with substance use disorders living in rural areas.

These clinics apply evidence-based care using the ANGELS guidelines developed by multi-specialties for the management of the following:

- Depression
- Anxiety disorders
- Psychiatric emergencies
- Substance use disorders
- Eating disorders
- Pain management
- Domestic violence

Guidelines are freely available at <http://angelsguidelines.com>

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presence of a birth defect or chromosome abnormality.

What will happen if something looks abnormal on my ultrasound?

At UAMS we have an entire program to follow up abnormal ultrasound findings led by our Maternal-Fetal Medicine physicians along with a team of very supportive genetics counselors, nurses and nurse practitioners. We also have neonatologists, pediatric cardiologists, surgeons at Arkansas Children's Hospital and other specialists available for consultation depending on the suspected abnormality. Most women with abnormal ultrasound findings will receive multiple ultrasounds and consultation appointments throughout pregnancy as we coordinate care, monitor fetal wellbeing and plan for delivery.



Pediatric Report

by Shannon Lewis, RN, BSN, Medical Services Administrator

Peds PLACE (Physician Learning and Collaborative Education)

Peds PLACE is an interactive weekly pediatric teleconference jointly sponsored by the University of Arkansas for Medical Sciences (UAMS) and Arkansas Children's Hospital (ACH) that occurs every Thursday at 12:10 CST. A variety of pediatric topics are presented from our ACH physicians as well as physicians around the state, and out of state. The great thing about Peds PLACE is that it's presented as a discussion among peers, not a lecture. You can obtain free CME and join the discussion from almost anywhere. See below on how to join in.

You can join Peds PLACE in person at AR Children's Hospital in the Betty Lowe classroom, via teleconference from an

interactive video unit (IAV) or Jabber software (dial 070231), via live stream on your PC, Mac, iPad or iPhone by going to www.archildrens.org/video. You can also watch archived presentations by going to the same website. If you are a pediatrician or family practice physician and interested in finding out how to connect with us using the Jabber software, please contact Shannon Lewis lewisshannond@uams.edu for more information.

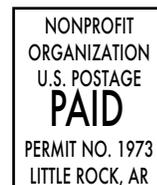
Here's a 2 minute YouTube link which has two Arkansas private docs commenting on what they like about Peds PLACE - https://www.youtube.com/watch?v=v27Ed_cjnVQ

Telenursery

Led by Dr. R. Whit Hall, professor in Neonatology

- Connects via telemedicine at 8:15 am on M/W/F for a brief census rounds
- Facilitates neonatal transports and back transports
- Neonatal consults as requested. Sub-specialty consults can be arranged
- Follow up reported on your transported maternal patient and/or neonate
- Best practice discussions
- Promoting regionalization of care
- Mother/baby video connection; connect your maternal patient to her neonate that was transported to Arkansas Children's Hospital
- Tele-intubation studies and community opportunities coming soon





STABLE (Sugar/Safe Care, Temperature, Airway, Blood Pressure, Lab, Emotional Support)

by Brenda Pick, Project Manager BA



STABLE is an instructional program that educates and trains nurses working in neonatal critical care. The program uses evidence-based practices to establish continuity of care while stabilizing newborn infants in distress. The goal of the program is to reduce mortality and morbidity of infants born in Arkansas medical facilities. In 2014, ANGELS expanded the program by training 15 new instructors. As a result, healthcare professionals trained and certified in STABLE principles in 2015 increased by over 300%.

“By offering the STABLE courses using face- to- face instruction as well as interactive video instruction, ANGELS enables the staff of any facility in the state of Arkansas to participate in the courses. The facility and participants are able to choose which format is appropriate for that particular facility.” said, Margaret Glasgow, BSN, RNC-OB, CSM

New instructors met strict qualification standards and agreed to teach at least two STABLE courses over two calendar years. The newly-trained instructors, on track to complete the teaching requirements, certified nurses in a dozen Arkansas hospitals this year.

In 2015, 15 new instructors were certified and over 200 RN’s, LPN’s, EMT’s were certified under the program.

