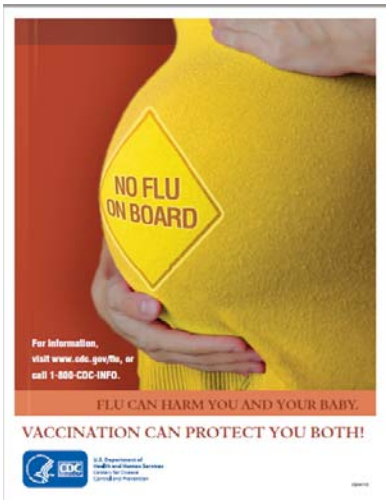
ANGELS Update Fall 2018

New Alerts for the 2019-2018 Flu Season!

by Cheryl J. Washington, EdD, MsEd., BSN, RNC-OB

The CDC recommends every person six months and older receive a seasonal flu vaccine, preferably by the end of October this includes pregnant women.

Pregnant women who contact the flu have a higher risk than the general population of developing severe complications, including death. Health-care providers who care for pregnant women must continue to champion patient education that focus on the benefits of receiving the flu vaccination.



When physicians and nurses, talk to their patients about receiving the vaccine, the incidence of maternal vaccination increases. To support these efforts, the CDC publishes patient education materials that inform expectant mothers about the importance of prenatal and postpartum vaccination. They can be downloaded from the CDC website. A well informed mother can avoid serious complications and prolonged symptoms if she receives the vaccination in time to develop immunities that are also passed on to her infant.

The 2017-2018 flu season experienced a high rate of emergency department and clinic visits for influenza like symptoms. The CDC reported an increased severity over a widespread geographical area well into the flu season. Influenza cases were reported for seven months from Oct 1, 2017 to May 19, 2018. The peak months were January-February with influenza A and B viruses predominately reported in March.

In preparation for the 2018-2019 flu season, clinicians must be aware that the vaccine recommendation for the current season includes (not recommended in the prior seasons) the live attenuated vaccine (nasal spray), however, the nasal spray is NOT RECOMMENDED for pregnant women! **The inactivated attenuated vaccine (injection) remains the only recommended vaccine for pregnant women in any trimester. (see ANGELS GUIDELINES; *Influenza During Pregnancy*.** https://angelsguidelines.com/guidelines/influenza-during-pregnancy/

TREATMENT

The US Advisory Committee on Immunization Practices recommends the following clinical treatment for the virus. Oseltamivir (Tamiflu) 75mg daily for up to 10 days for chemoprophylaxis treatment or twice daily for 5 days for treatment of diagnosed influenza A and B. An antipyretic (Tylenol) is prescribed to control fever. Treatment must begin as soon as flu is suspected to avoid complications and a prolonged viral affect. Assuming viral resistance to Oseltamivir is low, Oseltamivir is the preferred antiviral (neuraminidase inhibitor) over inhaled Zanamivir (currently investigational) and intravenous Peramivir (FDA approved 2014). Oseltamivir has been used more often to treat pregnant women than any other antivirals and is absorbed systemically. A detailed "influenza in pregnancy algorithm" is included in the ANGLES guidelines.

DOs & DON'T's

DO

- Report all lab confirmed flu cases to the ADH
- Visit the weekly CDC Influenza Surveillance to remain abreast of the morbidity rates and severity
  - https://www.cdc.gov/flu/weekly/
- Promote patient education to increase awareness and benefits of vaccination. https://www.acog.org/-/media/For-Patients/faq189.pdf?dmc=1&ts=20180911T2031298839
- Treat flu-like symptoms ASAP to prevent complications.
- Treat fever with acetaminophen.
- Vaccinate pregnant patients by the end of October before the active flu season begins.
- Vaccinate pregnant patients at any time during pregnancy including post-partum.
- Consider antiviral prophylactic for high risk and post-partum patients (up to two weeks PP) who have had significant exposure to the flu or immediately upon clinical diagnosis.

DON'T

- Vaccinate with the live attenuated vaccine (Nasal spray).
- Withhold treatment pending lab results
- Use non-steroidal anti-inflammatory drugs (NSAIDs).

Telemedicine in the OB Practice – "ANGELS in the Field"

by Brenda Pick, BA, Project Manager

ANGELS has been providing high-risk obstetrical services such as targeted ultrasounds, genetics counseling and Maternal-Fetal Medicine (MFM) consultations to expectant moms all over the state for more than 15 years. Technological advances through Telemedicine allows these obstetrical patients to receive specialized care in their local communities without the expense and inconvenience of traveling to larger cities.

One of the key components that makes this program successful is our traveling clinicians. Mandi Dixon, a registered diagnostic medical sonographer, has been with ANGELS performing ultrasounds since it started back in the early 2000's. Mandi travels to rural areas all over Arkansas to provide real-time ultrasound scans to the MFM specialists located at UAMS in Little Rock. "I've been able to provide assistance to thousands of moms across the state and the best part is when you have a great outcome from a high-risk pregnancy." Says Mandi.

Mandi Dixon performing an ultrasound at a remote site while Rosalyn Perkins, APN and Dr. Curtis Lowery view the images.

Mandi has witnessed a number of changes in healthcare over the years as ANGELS has evolved and Telemedicine technology has advanced. Mandi stated, "It is especially gratifying that most healthcare providers know that if they have a high-risk obstetrical patient, that ANGELS' services are available to co-manage the pregnancy – right there in their local community." She added, "…fortunately, Telemedicine equipment is less bulky and more sophisticated. When we first started, it would take quite a bit of time to perform a complete scan, now I can do a complete scan in around 30 minutes."

In her role as a traveling clinician in rural Arkansas for ANGELS, Mandi has met many people from every walk of life. Her schedule involves traveling the state two to three days a week. When asked if she gets tired of all the driving, she says, "I love getting to meet these expectant moms and help provide the care they need where they live. Helping people is what ANGELS is all about. I can drive up to a location, unload my ultrasound equipment, be plugged in and ready to go in no time. Within minutes I can be sending images back to the telemedicine clinic in Little Rock for our specialists to view and complete the consult with the patients."

Mandi stated that, "…with the development of the Arkansas e-Link network, it has made my job easier. When e-Link came online five years ago, we had a few hiccups in the beginning, but since then, it's reassuring to know that when I walk into a facility to set up, I can count on having the connectivity needed to do my job."

Mandi lives in Cabot and has two children. During her off time she enjoys watching them play sports and spending time on the beach and on the lake.

For more information on the ANGELS program, visit https://angels.uams.edu/ and for more information on Arkansas e-Link, visit www.arkansaselink.com.

Fall POWER Update

By Susan Smith Dodson, MBA, BSN, RN

Our Fall POWER meeting will be held all day Thursday, November 15th, in the Jackson T. Stephens Spine Institute on the UAMS campus. Lisa Miller, CNM, JD and current member of the AWHONN Board of Directors, will present "Legal Issues in EFM and Obstetrics: Protecting Your Patients and Your Practice."

Ms. Miller is the founder of Perinatal Risk Management and Education Services and has more than 30 years of clinical experience in a wide variety of settings. She is published in the areas of EFM, obstetrics, and patient safety. She also is on the editorial board of the Journal of Perinatal and Neonatal Nursing, and is co-author of two textbooks on electronic fetal monitoring, as well as the new EFM Workbook. There is no cost to register and interactive video is available for those unable to attend in person. Please email CDHEducation@uams.edu for a registration link and additional information.

ANGELS Guidelines

By Barbara Smith, R.N., B.S.N

Did you know there are over 165 obstetrical and neonatal ANGELS guidelines readily available for free?

Evidence-Based Guidelines

Arkansas has a unique continuing education asset. Since 2003, ANGELS has bridged maternal-fetal medicine and neonatology to rural areas through technology. An integral part of this effort is evidence-based obstetrical and neonatal guidelines that define best practices, tailored for Arkansas' women and babies. Annually reviewed and updated by content experts, the guidelines combine national evidence-based standards with clinical experience plus resources that are available in Arkansas. Over 2,000 health care providers utilize this resource.

Over 165 obstetrical and neonatal guidelines can be freely accessed 24/7 from a computer or mobile device at https://angelsguidelines.com.

Since 2003, guideline development has been a collaborative effort that has included more than 200 Arkansas expert authors from multiple disciplines, Arkansas reviewers and out-of-state physician peer reviewers. Providers are encouraged to participate in guideline development by sending comments and suggestions for improvement to cdheducation@uams.edu, or by using the 'Leave a Reply' form on the website for specific guidelines.

Quick Facts about the ANGELS Guidelines

- Promote best practices for health care delivery in Arkansas based on scientific evidence and consensus
- Offer essential, readily accessible, well-organized clinical information as references for practicing physicians and advanced health care providers

- Serve as a quick reference and local resource in the office or hospital in an easy to navigate, mobile-friendly format anytime, anywhere
- In the past five years, at least one registrant from 65 of 75 Arkansas counties has accessed the guidelines.
- Additionally, 46 states and D.C. plus 28 foreign countries are represented by guideline registrants.

Access these time-saving guidelines anytime from your smart phone, laptop, or desktop at http://angelsguidelines.com**.**

The Arkansas Fetal Diagnosis and Management Program (AFDM) Update

By Shannon Barringer, MS, CGC, Clinical Manager, Arkansas Reproductive Genetics Program/ANGELS

The Arkansas Fetal Diagnosis and Management Program (AFDM) has undergone some significant changes in 2018. We are thrilled to have two new members of our team: Shelly Mollette and Stacy Cornwell. Shelly is serving as our Specialty Nurse; she will be working closely with our Maternal-Fetal Medicine physicians and staff to provide case management to our families who receive abnormal prenatal diagnoses. Stacy is serving as our Administrative Coordinator; she will be teaming with Shelly and our prenatal diagnosis staff to make sure our patients get the specialty appointments they need prior to delivery. We are also hard at work developing a more comprehensive patient education program, which will include written reference materials and online modules, so that our families can adjust to diagnoses. Stacy and Shelly will play a major role in the development of these tools. They both come to us from positions at ACH and already have some prenatal/fetal experience, due to the nature of their jobs. Just as important, they both have children who were born with medical conditions that required intensive care/surgeries at ACH, so they will are able to empathize with our patient population on a different level, as well as give us insight to what our families might need the most.
Our monthly Fetal Anomalies Interdisciplinary Management (FAIM) teleconferences resumed in April. Representatives from all of our medical specialties confer over upcoming deliveries that will need special interventions or attention. FAIM allows us to discuss additional preparations or testing needed prior to delivery and to reaffirm care plans for the newborn after delivery. We also obtain follow-up information on our babies who have been delivered. We can determine if our diagnoses were correct and we provided the best care possible for the babies and their families.

So far, in 2018, we have enrolled 276 new families into our program. These families are carrying babies with birth defects or genetic diseases requiring specialized case management and intervention. We would like to highlight examples of AFDM's care of some of our families this Spring/Summer:

- We are currently caring for 8 families who are expecting babies with Down syndrome. Each of these babies has other health concerns/birth defects that will require intensive care shortly after birth. These families have been able to meet with pediatric cardiology, surgery, and neonatology extensively to learn more about this care ahead of time. We have also partnered with Arkansas Down Syndrome Support Network to make sure these families have access to valuable literature, community connections, and other referrals before their babies are born.

- We work closely with fetal surgery centers across the country. Three of our families have traveled to such centers in the past 4 months to undergo fetal surgical repair of spina bifida. This surgery has been shown to decrease the need for additional surgeries of the spine and brain after birth. After the in utero surgery is complete, these families can come back to Arkansas and meet with the pediatric specialists at ACH that will help care for their babies after delivery.

- Our palliative care team is able to arrange for special needs of our families that are likely to experience the loss of their baby who has been diagnosed with birth defects or genetic conditions. AFDM has the only fellowship-trained physician in perinatal palliative care(Dr. Sara Peeples) in the state of Arkansas. She has organized connections with hospice groups across the entire state to help those families after delivery. Birth defects and genetic conditions are amongst the leading causes of perinatal death in Arkansas.