

REGION PREPARES FOR DELIVERY RATE INCREASE

Historically, a summer spike in maternity deliveries creates a temporary congestion at most San Diego and Imperial Counties (Region 9) hospitals. This trend appears year to year and some hospitals reported a continually high number of births even after the traditional peak months. Overall, an increase number of annual deliveries is expected for this region. On June 28, 2001 representatives from 15 of 20 region-wide delivering hospitals met with the Regional Perinatal System and discussed needed preparations for such an increase.

When discussing bed availability, several observations were made. Various countywide Neonatal Intensive Care Units (NICU's) have been full or on bypass for nearly a year, suggesting that that there will be an increased problem this summer with the seasonal increase in deliveries. This is becoming more challenging to accomplish in the midst of contractual arrangements for funding these patients. There is a precedence for transferring "growers and feeders" from congested NICU's to free up beds for new critically ill neonates.

Transferring of patients, infant "growers and feeders" and stable high risk antenatal women, from one hospital to another, referred to as 'back transfers', appears to be a solution to freeing up beds for high risk acuity patients. Difficulty in accomplishing this is due to contractual reasons sited above and has caused bed shortages for new urgent and emergent care patients. 'Back transfers' appear to be problematic primarily due to lack of reciprocity agreements between hospitals. Factors contributing to all transfers are: reimbursement, capitated rates, contracts, nursing staff, and bed availability.

Of concern is the potential for separating "Mothers and Babies" between hospitals or creating geographical barriers for visiting parents, spouses, or family. With adequate explanation, the patient and their families usually accept the needed transfer. A commitment was requested from hospitals to refrain from repeated moving of patients back and forth between facilities. Insurance reasons appear may be a contributing factor in such transfers.

What can be done to prepare for future delivery rate increase in San Diego and Imperial Counties? Some strategies discussed were: 1) promoting contracting between facilities to accept maternal 'back transfers'; 2) participating in the Southern California Dispatch Center Program; and 3) Identifying methods of tapping into existing ED database for bed availability information.

At present, the California State Health Department, Maternal Child Health Branch contracts in both Northern and Southern California, with the Perinatal Dispatch Centers who provide information regarding Maternal/Neonatal bed availability. This contract was established after legislation (AB 4439) required all California Children's Services (CCS) designated hospitals to report bed availability, transfers, etc., to the Dispatch Center. Unfortunately, this service is restricted in funding and underutilized by San Diego and Imperial Counties hospitals of which only approximately 1/3 are CCS designated.

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The New Guidelines For Care: A Preview of the Nutrition Chapter!

The CDAPP *Sweet Success Guidelines for Care* have been revised to incorporate the latest information. The new edition of the Guidelines will be available January 2002! Enhancements to the Nutrition Chapter include: updated Body Mass Index Values, recommended caloric restrictions for overweight and obese women, carbohydrate recommendations, and Recommended Dietary Allowances for iron.

Body Mass Index: The most recent Body Mass Index (BMI) values for the normal, overweight and obese women have been incorporated into the Table 4 Guidelines. Corresponding recommended weight gains during pregnancy have also been updated as follows:

Category	BMI	Total Weight Gain
Underweight	<19.8	28-40 lbs
Normal*	19.8-24.9	25-35 lbs
Overweight*	25-29.0	15-25 lbs
Obese	>29.0	<15 lbs

**Normal and overweight categories have been modified by Sweet Success to reflect the special circumstances of the woman who has diabetes with her pregnancy, as well as obesity which is a major risk factor for diabetes. A recent study on obesity specified a BMI of ≥ 25.0 as a risk factor and the cut off for overweight.*

General Nutritional Recommendations:

category	Pre-existing Diabetes Preconception	Pre-existing Diabetes During Pregnancy	GDM
CHO	40%	40-50%	40-45%
Protein	12-20%	20-25%	20-25%
Fat	Individualized	30-40%	30-40%

Carbohydrate Restriction: Only 40-45% of the dietary intake should be from carbohydrate for women with Gestational Diabetes. For women with pre-existing diabetes, 45-50% of the diet should be from carbohydrates.

Recommended Daily Allowance for Iron: In their March 2001 journal, the American Dietetics Association recommended 27 mg elemental iron per day for pregnant women, according to The National Academics report. Previously, the recommendation was 30mg per day for pregnant women.

Preconception Counseling for Overweight Women: In addition to above enhancements to the Nutrition Chapter, the Medical Management Chapter has an additional section on counseling overweight women to help decrease their weight prior to conception and teach the negative effect of obesity on fertility.

For further information about the updated Guidelines for Care and the Sweet Success Program, please contact the office at (858) 467-4990.

References: California Diabetes and Pregnancy Program Guidelines for Care State Program Guide (currently in publication)

American Diabetes Association Clinical Practice Recommendations 2001. *Diabetes Care* 24 (1) S 77-79, 2001.

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The Dispatch Center is committed to working with all hospitals regardless of their CCS designation. For more information about the Southern California Dispatch Center and how you can get involved, go to <www.Perinatal.org> or contact the Dispatch Center Director, Henry Chiu, at <hchiu@earthlink.net>.

A system similar to the Dispatch Center exists in San Diego. Some local hospitals have current contracts with Emergency Departments (ED) and Emergency Medical Service (EMS) to coordinate countywide information including hospital-wide bed availability. Unlike the Perinatal Dispatch Centers, this ED service does not appear to have a direct link to the Labor/Delivery/Recovery or NICU and may have limited information for specific areas of care: high risk obstetrics; neonatal; and labor, delivery, and recovery beds.

We would like to hear from you. Post your comments and ideas on our new website, www.regionalperinatalssystem.org in the physician bulletin board section.

UPCOMING CLASSES

**AWHONN FETAL HEART MONITORING
PRINCIPLES & PRACTICES
September 6 & 7, 2001**

**Basic Fetal Heart Monitoring
September 14, 2001**

**Current Issues in Perinatal Medicine
October 12-14, 2001**

**COMING JANUARY/FEBRUARY 2002:
Labor, Delivery & Recovery Nursing and
Mother-Infant Couplet Care**

Call Regional Perinatal System at (858) 467-4990 for additional information.

NEW WEBSITE

Regional Perinatal System (RPS) has joined the World Wide Web! Check out our new website at www.regionalperinatalssystem.org. We here at RPS are very excited to finally share our resources with you via the Internet and hope that our site will be very useful for both you and us in communicating information and collaborating on projects.

Although the website is still under some development and will continually evolve, the site already includes a great deal of useful information, such as the mission of RPS and it's current projects. The site also has information on the Regional Perinatal Programs of California (RPPC) and "Sweet Success"- California Diabetes and Pregnancy Program (CDAPP). In addition, you can find the both the current and past issues of the *Cribsheet* and *Perinatal Care Matters* on our site.

For those of you interested in continuing education, we have also placed our quarterly education calendar on our site. This link includes specific information about the classes, as well as on-line registration for courses sponsored by RPS!

Another benefit of the website is the Medical Advisory Bulletin Board. This bulletin board is a great place to communicate with leading perinatal providers in San Diego County. Check the bulletin board for important topics of discussion, where you can share your experiences and ask questions.

We would appreciate your feedback about our website. If you have any suggestions and/or want to link to our site, drop us an email!

