



# E-NEWS

January 2014

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## **New Year, New Mission Statement**

### **The Georgia Perinatal Association**

**We are a multi-disciplinary organization of healthcare professionals promoting improved pregnancy and infant outcomes through education and collaboration.**

## **GEORGIA - Not a "Peachy" State When it Comes to Pregnancy-Related Deaths**

**Deb Block, RNC-OB, C-EFM, BSN-MHA**

Maternal mortality has been steadily increasing across the US and nowhere is that more apparent than in Georgia. According to health officials, Georgia has the highest rate of maternal deaths among the 50 states.

Maternal mortality or a "pregnancy related death" is defined by the CDC as the death of a woman while pregnant or within one year of pregnancy termination from any cause related to or aggravated by the pregnancy or its management. Maternal mortality among the 50 states has risen from 13.3 deaths per 100,000 live births in 2006 to approximately 21 per 100,000 live births in 2010. The estimated rate of maternal deaths for Georgia is 35 maternal deaths per 100,000 live births in 2011 as compared to 20.5 from 2001-2006.

The Georgia Department of Public Health is partnering with AWHONN and Merck for Mothers in a program entitled the "Postpartum Hemorrhage Project". The goal of the project is to reduce the number of women who die from bleeding complications during or after pregnancy. Other project sites include New Jersey and the District of Columbia.

Dr. Brenda Fitzgerald, commissioner of Public Health for Georgia, issued a "call to action" urging birthing hospitals to participate in the hemorrhage initiative. Commissioner Fitzgerald stated in a letter to hospital leaders "Your hospital has the opportunity to be part of a select group providing information that will help shape innovative quality improvement practices for postpartum hemorrhage".

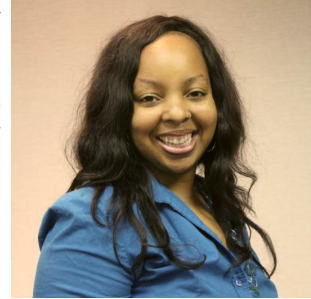
In order to be included in the multi-year initiative, each hospital must complete a baseline assessment before 12/31/13 and submit an application by 2/14/14. If you would like to learn more about this project visit [www.PPHPROJECT.ORG](http://www.PPHPROJECT.ORG).

**Deb Block, RNC-OB, C-EFM, BSN-MHA**  
**GPA Board Member**  
**Oconee Regional Medical Center**

## Member Spotlight

### Tiffany Crowell, RN, BSN (Valdosta)

Tiffany is the Perinatal Executive Director & Coordinator of the Baby LUV Program with the South Health District for Public Health. She has served in this position since 2010. She also works part-time with United Hospice and Peaceway Counseling & Mediation Services.



Tiffany graduated from Florida Agricultural & Mechanical University (FAMU) in 2005 Cum Laude with a Bachelor of Science Nursing Degree. She was voted as "Miss School of Nursing" in the Fall of 2005 while attending FAMU. She is currently enrolled at Thomas University in Thomasville, GA pursuing a dual degree Master of Science in Nursing/Master of Business Administration. She holds membership in the Alpha Kappa Alpha Sorority, the White & Gold Honor Society, Sigma Theta Tau International for Nurses, and the National Council of Negro Women, where she currently serves as 1st Vice President.

She has actively supported the following community activities: Habitat for Humanity (2009, 2011, 2012); Relay for Life (2010); "Justice in Motion" 5k run for The Haven; and March of Dimes March for Babies walk (April 2011-2013). Tiffany takes an active part in the work of her church by serving as the Leader within Young Women's Christian Council, Director & Instructor of Liturgical Dance Ministries, and as a Sunday School Teacher since 2001. She has served as a Career Day Speaker at several schools in her community and spoke on Domestic Violence Awareness in October 2012. Last year she was nominated for Woman of the Year by the Valdosta Junior Women's League.

***Tiffany is also one of the newest members on the GPA Board.  
 Welcome, Tiffany!***

## Back in the Day

### Cindy Hendry, RNC

Sometimes it's nice to be "older." Because I'm older, I can remember nursing practices from 'back in the day,' which is how some of my younger contemporaries refer to some stories from my early years in nursing. Given that my nursing career has always been with moms, babies, and births, I have seen many changes over the years!

Which brings me to the JOGNN November/December 2013 Editorial titled [A New Take on Term Pregnancy](#). Back in the day, circa 1988 (the year my son was born), term pregnancy was considered 40 weeks. It was standard practice for moms to reach 41 weeks, as I did, with no intervention (save for

an exam, NST, extra OB visit), as long as there were no complications in the pregnancy. Years ago, the term "post-dates" referred to patients who were 42 weeks gestation. Those moms were the non-medical inductions then!

So, imagine my delight, upon opening my JOGNN, when I began reading the Editorial! We had been doing it right! Encouraging moms to let nature take its course and "Go the Full 40," as the current AWHONN slogan reads.

Finally there is recognition that babies born at 37 and 38 weeks gestation are early term, as the Editorial states, indicating that we have come full circle. Full term pregnancy is defined as 39 weeks, 0 days to 40 weeks, 6 days. As Bruce Springsteen says in an old tune, 'Glory Days ' prevail! Our modern techies have seen the light, via mounds of evidenced-based research, that full-term pregnancy and spontaneous labor are best for mom and baby!

I remain hopeful that one day skin-to-skin will become commonplace in uncomplicated deliveries, as it was for me back in the day, and that maybe more moms will experience the marvel of a more natural, non-interventional birth! Dare I dream that breastfeeding will surpass formula feeding in the USA? I hope so. The benefits of these few things are so impactful, not just for moms and babies, but for everyone!

***Cindy Hendry, RNC  
GPA Board Member  
Coastal Health District***

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