

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MUNUTES OF 4 MARCH
2004

LCDR Perry told the council what she hoped to do is to show them what is offered at NHB as far as prenatal care and the whole family experience through the birth process. I will focus on the changes that we've already implemented, or that will be forthcoming, and then take questions.

I want to start with, "...what is the philosophy of military medicine in this arena," which not only comes down from our side but also from being on board with the whole healthcare system in DoD. This is a direct quote from the Surgeon General: "In looking at family/patient is really the focus and center of our model of care." So we really have an emphasis on focusing on the whole family; and families may not be the traditional mother, father, child anymore, but it's the whole family as far as the military role. Then we have to look at how satisfied people are with the care they are receiving. A lot of the changes you have been seeing, or new things we are doing are as a direct result of what people want to see.

What are we doing here at NHB? NHB was the first naval hospital that offered preconception counseling classes; this started about three years ago. This is a two to three hour class given every other month for people who are potentially planning a pregnancy. There are a lot of people who want to plan things out and they want to talk to a counselor to get questions answered before they start making those plans for a family. Some of the topics covered are: Medical planning, if they have a medical condition; financial planning; and we review some of the services that are available in the area. We encourage not only the new mother to attend these classes but also her partner. The other thing we look at in prenatal care at NHB is: "What are we doing for prenatal care to offer to you?" One thing we do is provide this booklet (she distributed several through the council) on prenatal care that is a combined effort by the Army, Air Force and Navy to every woman who comes through our doors for their first visit with the registered nurse. We have been offering this for about three months now and we have several women who come in and have questions written in their journal and kept track of their experience, and they really seem to enjoy it; it's a great consolidated patient education tool. Another good thing about this book is, if they are transferring during their pregnancy to another MTF, they're familiar with the same resources.

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At NHB when we learn that someone is pregnant we offer a one-on-one, initial interview with a registered nurse. This interview is typically about 30 minutes long and the woman or couple can sit down with the registered nurse and has an opportunity to ask questions, get oriented with the program at NHB, and has some time to talk to the nurse just bonding and forming a relationship. The nurse, at this point, also sets up an appropriate appointment for them to come and see their provider. The standard of care is that first visits usually occur between eight to 12 weeks of the pregnancy; the nurse will evaluate the information and determine if they need to come in earlier or later.

Continuity with providers is a big focus with BUMED to make sure people have the opportunity to see the same provider for their obstetrical care, if they want to. I have checked our charts and determined that we are in the "green" at NHB for people seeing the same provider for prenatal care. Most of our OB/GYN care is a team approach, but a lot of times a patient will request to be seen by a specific provider and we accommodate that request. A lot of visits are with a certified nurse-midwife, but we also work closely with the obstetrician; and if a patient needs specialty care, we also work very closely with Madigan Army Medical Center (MAMC), with their maternal fetal medical doctor.

Siblings are welcome to come to visits with their mom, but we do ask that if they are under the age of 12 that someone else accompany the mom to supervise or give special attention to the sibling, allowing the new mom to focus totally on the visit and her and the new baby's healthcare. We encourage the entire family to participate in the experience and come to the visits.

Before an individual leaves their prenatal visit they are able to schedule their next appointment. That makes things a little easier because they don't have to call back to make arrangements, and sometimes they forget to do that.

We also provide ultrasound, and everyone gets at least one ultrasound throughout their pregnancy, which is not necessarily the standard in the community. At MTFs ultrasound is provided at between 18 and 20 weeks of the pregnancy, which is a perfect time to view the baby's growth progress and see all the parts.

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If the mom wants to know the sex of the baby, and the baby is cooperating, we'll go ahead and disclose that information.

Parking is always an issue, and we've been working with Security, and coming soon there will be signs for new mothers and soon-to-be mother parking. These locations will be on the third level parking lot just outside the OB/GYN clinic and also in the parking garage. There will also be some reserved parking for new and soon-to-be moms at Bangor.

Funding has been approved from BUMED to renovate our labor and delivery ward. We are anticipating the renovations beginning this summer and lasting for approximately six months. This renovation is going to create suites called LDRPs, or Labor, Delivery, Recovery and Postpartum, so the whole family can experience the labor and delivery experience. This will be a room that the individual is admitted to and then everything should occur in that room. This way you don't have to move patients down the hall to another room every time you need to do something different.

Labor pain management seems to be a question a lot of people have right from the first visit, and we usually tell them we have time to talk about that, but it is an important issue. Women want to know what their options are in labor. We do offer childbirth classes and we normally schedule people for these classes around their 28th week. Some women want to experience labor naturally and we have birthing balls, labor bars, and rocking chairs to facilitate that experience. We also have anesthesia available 24-7 for those women who determine they want an epidural. And we also have tubs in the room for hydrotherapy, and we're one of the few facilities that offer that. Hydrotherapy works really well and I try to get most of my patients in the tub at least once, even if they have decided on an epidural. We do not do water births at NHB.

Breast-feeding support is an important topic, even though most people think breast-feeding should come naturally. A lot of times women are away from their families or other support group because they may have had to moved to a new duty station and a breast-feeding support group can be a big help. We have one registered nurse on our staff, Lynn Sypian, who is nationally certified in lactation consult, which is a rather difficult certification to

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achieve. She works very close with our beneficiaries for breast-feeding success, from before they have the baby until after the baby is born. We have people available in Labor and Delivery 24-7 to answer that crisis question that occurs at 0230. I believe it's the fourth Wednesday of each month Lynn has a group of new moms get together with their new babies over at Jackson Park and they have sort of a tea party and talk about their experiences with breast-feeding.

We are also looking at personalizing birth plans. This gives women ownership in the birth process and thinking about what needs to be done. Once you arrive at Labor/Delivery it may be too hectic to be verbalize about what should be done at that point. This just gives women a guideline to go by to formulate a plan of what they might want.

There is a team at NHB looking at really streamlining the whole process, from pre-admission to discharge. We have also got in line with the administrative department for DEERS enrollment at the bedside so the parents don't have to make a special trip back at some point to register. Instead of having to go to a lot of different places to get medication and other services prior to discharge, the process has been streamlined so that they just have to drop off some paperwork at the collections agent window and the new mom and baby get a wheelchair ride out to the car and they're on their way.

QUESTION: At the initial meeting with the RN, is the patient's record reviewed so they can be placed in a high risk program if necessary?

ANSWER: The record is reviewed at the initial visit with the RN and then again it's reviewed by the certified nurse-midwife who puts consults in and gets them directly in with what we call a "COB appointment," complicated OB. The obstetricians are right in the same office and often literally in the same exam room, so we work very closely with them.

QUESTION: Is there any safeguard to ensure that the appointments that are made at the first meeting aren't routinely canceled or rescheduled?

ANSWER: LCDR Perry asked if this was an issue with the appointments being canceled by the clinic or the individual and

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the individual asking the question indicated the appointments were being canceled by the clinics. LCDR Perry said she could speak to that because she hadn't seen that happening, but that she would bring it up with the clinics.

Mr. Dahl informed the council that Child Fest would be on 13 March at Jackson Park and for more information people should call 476-5113.

LCDR Perry informed the council that NHB is the only facility on the Kitsap Peninsula that has certified nurse-midwives as part of the healthcare being provided. LCDR Perry handed out a pamphlet on nurse-midwives. She also handed out a pamphlet from the American College of Nurse-Midwives.

A council member from the Fleet and Family Service Center (FFSC) indicated that the FFSC has started having a pregnancy conference for active duty pregnant service members and family members which is an all day conference with groups from the community and doctors from MTFs come in and address a lot of issues. She indicated the next conference will be March 16th in Ross Auditorium at NHB from 7:30 AM to 4:00 PM. LCDR Perry stated that pregnant active duty personnel stationed at PSNS are required to attend these conferences. She stated the topics cover everything from child care issues, nutrition, sexual activity after having a baby, post partum depression, issues concerning preventive measures and safety for children.