



How SmarteXp Supports Clinicians and Hospitals

SmarteXp™ by  **UBICARE™**





Are you recruiting nurses and raising the bar on quality by working toward Magnet status? Have you spread the good news in your community about your Joint Commission accreditation? Is a state or national quality award in your future?

Hospital executives, physicians, nurse leaders and other healthcare professionals are putting their patient engagement solution to work to produce measurable results for their institutions. Our customizable, cost-effective, messaging series enables you to connect with, engage and educate your subscribed expectant and new parents on a schedule that is tailored to their due date or baby's birth date.

How will you use SmarteXp® to build patient relationships and meet your strategic goals? Browse these materials to see examples. Or ask us, and we will provide you with best practices to adapt and implement at your hospital.

This report illustrates ways in which you are already achieving accreditation and quality-standard goals through the communication and information provided in your weekly messaging service. It also details the SmarteXp® survey and campaign features that allow you to conduct targeted communications and document your results.

If you have any questions or comments, please contact clientsuccess@ubicare.com, or call 617-524-8861.

Let us know what you think and how we can help.

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How SmarteXp® Supports Clinicians and Hospitals

SmarteXp® helps clinicians and hospitals build rewarding, one-to-one relationships with expectant and new parents. Our pregnancy & Early Childhood solution supports clinicians as they deliver evidence-based patient education and care, personalized to the weekly gestational and infant stage for each mother, baby and family.

Clinicians and parent educators face increasing pressure to accomplish more with less. By reducing administrative overhead and helping hospitals meet the goals and guidelines that have become national standards, SmarteXp® puts more time in caregivers' days—time that can be better spent on patient care.

This report demonstrates how SmarteXp® helps clinicians and hospitals meet those goals and guidelines, as recommended by leading national organizations and accrediting bodies.

The chart on the next 3 pages outlines clinician resources that are helpful for carrying out the recommendations or requirements of 11 of these organizations. Following the chart, in sections 1 through 11, we show specific examples of how SmarteXp® meets the requirements of each organization.

Please visit our website to find out more about SmarteXp® at www.ubicare.com. If you have questions about any of the information in this document, please contact Customer Service at support@ubicare.com.



Resources on relevant goals, guidelines and accreditation requirements for clinicians and hospitals that can be addressed in part through SmarteXp®:

1

The Joint Commission



Compliance Resources

- ▶ National Patient Safety Goals, Hospital Program: http://www.jointcommission.org/assets/1/6/2016_NPSG_HAP.pdf
- ▶ Speak Up program to help patients become more informed and involved participants on their healthcare team: http://www.jointcommission.org/facts_about_speak_up_initiatives/
- ▶ See also the Joint Commission's current *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*

2

Centers for Medicare & Medicaid Services



Compliance Resources

- ▶ HCAHPS Patients' Perspectives of Care Survey: <http://www.hcahpsonline.org>
- ▶ HCAHPS results are reported publicly on the Hospital Compare website: <http://www.hospitalcompare.hhs.gov>

3

U.S. Preventive Services Task Force (USPSTF)



Compliance Resources

- ▶ USPSTF evidence-based recommendations (including Counseling to Promote Breastfeeding recommendation, 2003):
 - <http://www.ahrq.gov/clinic/uspstfix.htm>
 - <http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrfd.htm>

4

Institute of Medicine (IOM)

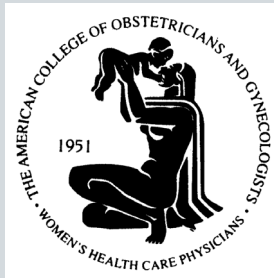


Compliance Resources

- ▶ The IOM recommends six aims for improvement in healthcare: safe, effective, patient-centered, timely, efficient, equitable:
Crossing the Quality Chasm: A New Health System for the 21st Century (2001): 41.

5

American Congress of Obstetricians and Gynecologists



Compliance Resources

- ▶ Newborn Screening Test: <http://www.acog.org/Patients/FAQs/These-Tests-Could-Save-Your-Babys-Life-Newborn-Screening-Tests>
- ▶ Screening for Depression: Committee Opinion #630, "Screening for Perinatal Depression," *Obstetrics & Gynecology*, 2015: <http://www.acog.org/Resources-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>

6

Institute for Clinical Systems Improvement (ICSI)



Compliance Resources

- ▶ *Routine Prenatal Care Guideline*, 15th edition, July 2012: https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_womens_health_guidelines/prenatal/

7

American Academy of Pediatrics (AAP)



Compliance Resources

- ▶ *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents—Third Edition* (2007). Order at <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

8

American Nurses Credentialing Center Magnet Recognition Program



Compliance Resources

- ▶ Magnet Recognition Program: <http://www.nursecredentialing.org/Magnet/Program-Overview>

9

Institute for Healthcare Improvement (IHI)



Compliance Resources

- ▶ Idealized Design of Perinatal Care (2005):
<http://www.ihl.org/resources/Pages/IHIWhitePapers/IdealizedDesignofPerinatalCareWhitePaper.aspx>

10

Baldrige National Quality Program



Compliance Resources

- ▶ Health Care Criteria for Performance Excellence:
http://www.nist.gov/baldrige/publications/hc_criteria.cfm

11

Healthcare Effectiveness Data and Information Set (HEDIS)



Compliance Resources

- ▶ HEDIS & Quality Measurement:
<http://www.ncqa.org/tabid/59/Default.aspx>

1

The Joint Commission

Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. SmarteXp® emails include key points from the Joint Commission's Speak Up initiative messages, as shown in the following sample. Patients are urged to take a role in preventing healthcare errors by becoming active, involved and informed members of the healthcare team.

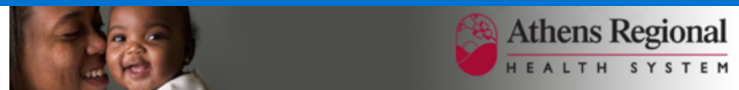
Example A:

Pregnancy Week 35 (Your Care in the Hospital)



Email Message

This email references the Joint Commission's Speak Up initiative, which encourages patients to speak up whenever they have questions or concerns about the care they receive.



SPEAK UP About Your Care in the Hospital

Actively participating in your and your new baby's care while you're in the hospital will help the staff get you both off to the best start possible. The Joint Commission, a nonprofit organization that accredits and certifies healthcare organizations in the U.S., asks hospitals to encourage patient involvement in ensuring their own safety.

How do you participate?

Just remember: **SPEAK UP!** That's the Joint Commission's acronym to help you learn how to advocate for yourself in a medical setting:

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications from the right healthcare professionals. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common healthcare errors.

Use a hospital, clinic, surgery center, or other type of healthcare organization that has undergone a rigorous onsite evaluation against established state-of-the-art quality and safety standards, such as that provided by Joint Commission.

Participate in all decisions about your treatment. You are the center of the healthcare team.

For more information, download patient safety brochures from the [Joint Commission's website](#) on the Speak Up Initiative.

Linked Library Article

Example B:

Pregnancy Week 40 (Safety During Your Hospital Stay)

The email below prepares women to be active in their own care during their hospital stay. It again reinforces the Joint Commission's Speak Up recommendations.

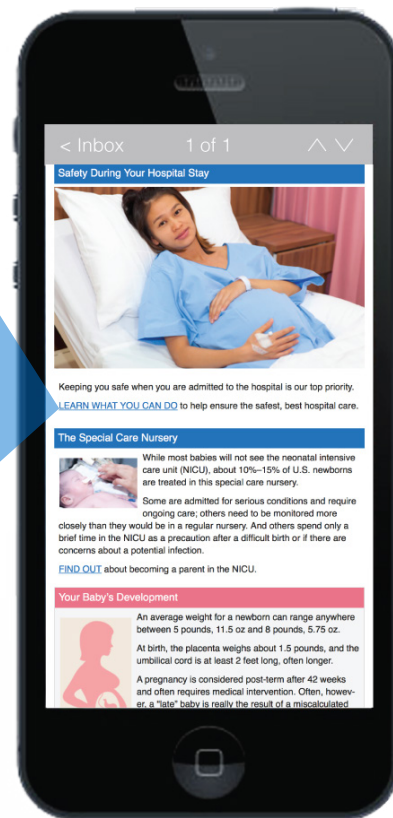
How to Help Ensure Safe, Quality Care in the Hospital

Keeping you safe when you are admitted to the hospital is our top priority.

Here's what you can do to help ensure the safest, best hospital care:

- **Bring any of your regular medications with you to the hospital.** Ask us if any of your medications interact with those you may be given during your stay.
- **Ask about any procedures offered or ordered.** We encourage you to do so; communication between you and your providers is important so you know what care you are receiving and why.
- **Don't hesitate to ask any questions you may have about your care.** These queries help us to help you stay safe and lower any risk of errors.
- **Be alert and speak up for patient safety.** If you see information recorded about you—your height, weight, allergies, etc.—that isn't what it should be, tell your healthcare provider right away. This helps prevent errors in medical care, such as medications or dosages.

Linked Library Article

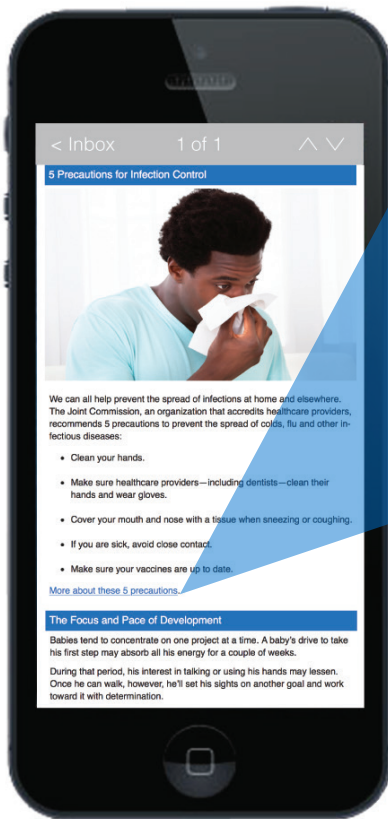


Email Message


Example C:

Infancy Week 45 (5 Precautions for Infection Control)

The email below helps patients prevent the spread of infections, as suggested in the Joint Commission's initiative, Speak Up: 5 Things You Can Do To Prevent Infection.



Email Message



5 Precautions for Infection Control

We can all help prevent the spread of infections at home and elsewhere. As part of its Speak Up initiative, the Joint Commission, an organization that accredits healthcare providers, recommends 5 precautions to prevent the spread of colds, flu and other infectious diseases:

- **Clean your hands.** Use soap and warm water, rubbing well for at least 15 seconds, or an alcohol-based hand sanitizer. (It's best to use sanitizer regularly only when infection is a danger, though). Clean your hands before touching or eating food and after you use the bathroom, change a diaper, are around someone sick, touch something dirty or play with a pet.
- **Make sure healthcare providers—including dentists—clean their hands and wear gloves.** They should wear gloves any time they will touch an entry point of your body including your mouth, open wounds and private parts. Don't hesitate to ask them if they have washed their hands or if they should be wearing gloves.
- **Cover your mouth and nose with a tissue when sneezing or coughing.** Throw the tissue away and then wash your hands. Cough into the bend of your elbow or into your hands. If you use your hands to cover your mouth, wash your hands right after.
- **If you are sick, avoid close contact.** Stay away from other people, even in your physician's waiting room if possible.
- **Make sure your vaccines are up to date** (be sure to get a flu vaccine each year) and that your children receive their vaccines.

Linked Library Article

2

Centers for Medicare & Medicaid Services

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), administered by CMS and the HCAHPS Project Team, is a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. Highlighted below are examples of some of the questions in the HCAHPS that SmarteXp® helps hospitals address.

Pregnancy Week 37 (Lining Up Postpartum Help)

The email below supports Question #19 and Question #20 of the HCAHPS Survey. These questions reference patients getting the help needed after leaving the hospital, and the health problems to look out for after discharge.

The HCAHPS Survey

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- Yes
 No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
 No



Email Message



Mommy Mail

Experience Excellence. Memorial Health

Lining Up Help

When you return home from the hospital after you have your baby, your new baby will need care but so will you. Discuss these needs now and if your partner or a family member cannot be there, make sure you enlist someone who can. It's important for you to rest and take breaks.

We will ask you about the help available to you before you leave the hospital.

A Message to Partners and Friends

Your support can make all the difference as the new mother manages the last weeks of pregnancy. You can help her feel more comfortable with foot and lower-back massages. Extra pillows when she is sitting or lying down, a glass of water by her side and simple, healthy meals are easy things to provide that she may not do for herself.

If she has other small children at home, extra time with you and other close adults will both comfort mom as she focuses on her approaching labor and give her the rest she needs to build her energy.

If she plans to breastfeed, learn as much as you can about the benefits of breast milk and how breastfeeding works so that you can help support her during the early days of nursing.

Linked Library Article

The U.S. Preventive Services Task Force (USPSTF) recommends structured breastfeeding education and behavioral counseling programs to promote breastfeeding. SmarteXp® includes breastfeeding and counseling information in the emails shown here.

Example A: Breastfeeding

Pregnancy Week 33 (The Bountiful Benefits of Breastfeeding)

Breastfeeding education is discussed in both the Pregnancy and Infancy emails. The email below, for expectant mothers, explains why breastfeeding is best for babies. It also states why pediatricians promote breastfeeding.

Women & Infants
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND
A CARE NEW ENGLAND HOSPITAL



The Bountiful Benefits of Breastfeeding

The expression "Breast is best" isn't just a neat turn of a phrase. Breast milk really is the ideal food for babies, and breastfeeding is a health-protective activity for moms, too.

Your obstetrician wants you to breastfeed for some very good reasons. Among them, breastfeeding:

- Lessens your blood loss after delivery.
- May decrease your lifetime risk of ovarian cancer, osteoporosis, heart disease and premenopausal breast cancer.
- Helps you return to your pre-pregnancy weight faster and may reduce your risk of developing type 2 diabetes.

Your baby's pediatrician wants you to breastfeed because:

- Research indicates that breast milk (from breast or bottle) supports the development of a baby's immune system and decreases the rate and/or severity of diarrhea, asthma, ear infections, bacterial meningitis and urinary tract infections in infants.
- Growing evidence suggests that being breastfed as an infant may also decrease the risk of certain health problems later in life, including developmental delays, obesity, diabetes, inflammatory bowel disease and heart disease.
- Breastfeeding uniquely supports the development of your baby's brain and vision.
- Breast milk is designed to meet the complete nutritional needs of your baby as he grows.

With knowledge and support, you can breastfeed your baby and give him the start in life that nature intended. In fact, breastfeeding is the best way to continue the nurturing and nourishing your body was *already* giving to your baby during pregnancy.

Read and learn all you can now and, during the early weeks, stay in close touch with someone who has successfully breastfed. A friend who has happily nursed her baby can be a source of advice and inspiration.

Let your partner and family know how much you want to breastfeed your baby—and that their help and support will make all the difference.

Certified lactation consultants or nurses trained in supporting breastfeeding mothers are on our hospital staff to help get you and your baby off to a good start. A chapter of La Leche League, a volunteer organization of nursing mothers, probably holds monthly support meetings for new moms near your home.

These and other breastfeeding moms' groups are a great way to meet nursing moms with babies close in age to yours.



Email Message

Linked Library Article

Example B: Ongoing Breastfeeding Counseling Infancy Week 34 (DiETING While Breastfeeding)

SmarteXp® provides ongoing support through emails that encourage patients to continue breastfeeding. This support is illustrated in the email below.



Email Message

DiETING While Breastfeeding



Mothers are often told not to diet if they're breastfeeding because of concerns that infants may not receive all of the nutrients they need. But this doesn't have to be a concern if you're still eating healthily.

In 1 dietetic study, a group of breastfeeding moms was asked to cut 500 calories from their diet and to increase exercise. The women lost about 1 pound per week, and none reported being more tired or a decrease in their breast milk volume.

If you are a nursing mother who is dieting, make sure you continue to eat foods high in calcium and vitamin D, continue to take your prenatal vitamins and eat 5 servings of fruits and vegetables each day.

Linked Library Article

Example C: Exclusive Breastfeeding Email

The SmarteXp® Breastfeeding series provides ongoing support through electronic messaging that encourages patients to start and continue breastfeeding. This support is illustrated in the emails below.

23 Patient-facing messages:

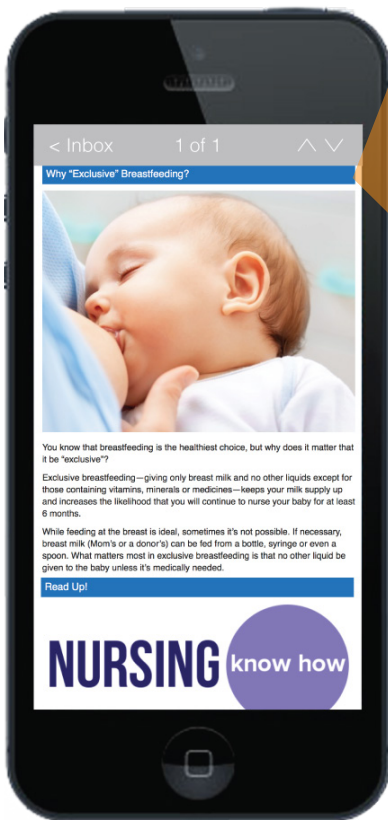
- 6 prenatal (weeks 35-40)
- 6 postnatal (weeks 1-6)
- 11 infancy (monthly)

Each message includes:

- Stage-specific information
- Inspirational quotes from moms
- Resources (videos, podcasts, tools)
- Practical Tips
- Did You Know?
- Nursing Know How
- Learn More From Us (hospital links)
- Hospital-specific messaging

Turnkey and ready to go, yet completely customizable.

- Easily add your own messages and notes from your lactation staff.



Email Message

Why "Exclusive" Breastfeeding?



You know that breastfeeding is the healthiest choice, but why does it matter that it be "exclusive"?

Exclusive breastfeeding—giving only breast milk and no other liquids except for those containing vitamins, minerals or medicines—keeps your milk supply up and increases the likelihood that you will continue to nurse your baby for at least 6 months.

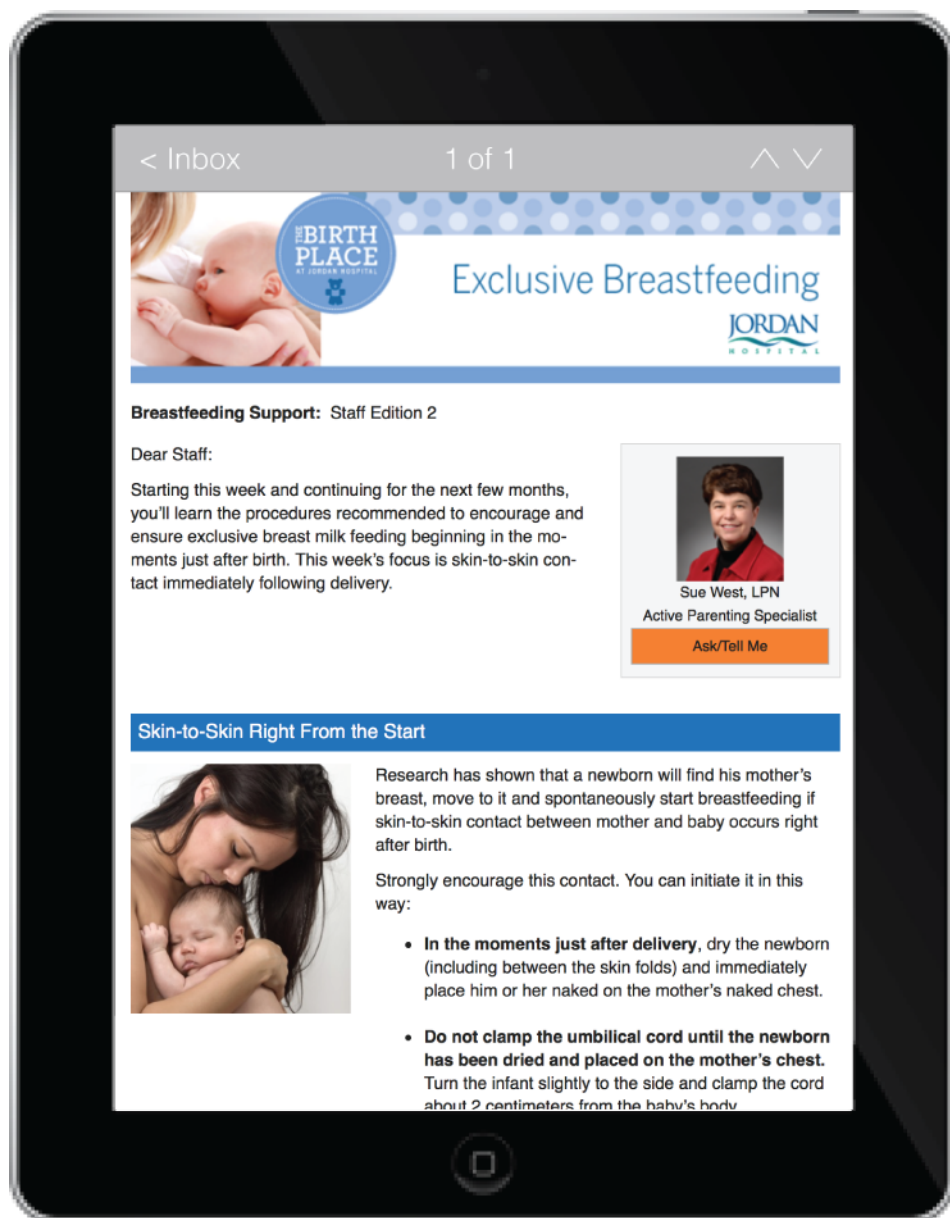
While feeding at the breast is ideal, sometimes it's not possible. If necessary, breast milk (Mom's or a donor's) can be fed from a bottle, syringe or even a spoon. What matters most in exclusive breastfeeding is that no other liquid be given to the baby unless it's medically needed.

[Linked Library Article](#)

We also provide an accompanying Exclusive Breastfeeding messaging series for your clinical staff, to reinforce best practices:

17 messages especially for staff:

- Reinforce your training on how to best support exclusive breastfeeding during the hospital stay and at home after discharge
- Easily customizable to include your hospital's specific implementation protocols
- Save staff time and money
- Provide documentation of your efforts



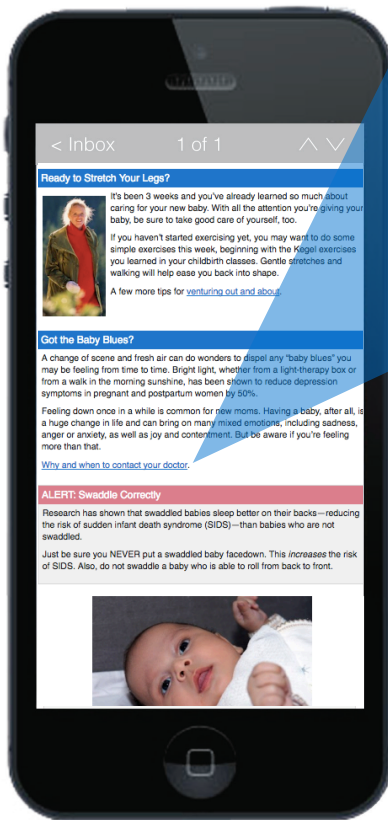
Email Message

SmarteXp® helps hospitals address the IOM's 6 aims for healthcare: safe, effective, patient-centered, timely, efficient and equitable.


Example A: Patient-Centered Care

Infancy Week 3 (Got the Baby Blues?)


Hospitals can customize weekly emails to address the various needs of their patients. This allows the hospitals to provide patient-centered care and to post the materials that are most valuable to their patients. The highlighted section in the sample email below explains how to look for signs of postpartum depression.



Email Message



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

DEPARTMENT OF OBSTETRICS
AND GYNECOLOGY

Baby Blues?

A change of scene and fresh air can do wonders to dispel any "baby blues" you may be feeling from time to time. Bright light, whether from a light-therapy box or from a walk in the morning sunshine, has been shown to reduce depression symptoms in pregnant and postpartum women by 50%.

Feeling down once in a while is common for new moms. Having a baby, after all, is a huge change in life and can bring on many mixed emotions, including sadness, anger or anxiety, as well as joy and contentment. But be aware if you're feeling more than that.

If you feel overwhelmed by sadness or worry, or if you feel generally down for 2 weeks without relief, talk to your healthcare provider. Your doctor can put you in touch with support and resources to help you feel better. A recent study suggests that children may be particularly sensitive to their mother's depression during the first year of life, so it's important to find the help you need.

But if you just need a mental lift, the results of a 2010 study by the American Psychological Association might give you one: Rather than losing brain cells (though you may feel as if that's what's happening), moms' brains may actually be "bulking up" in the first few weeks postpartum, particularly in areas associated with motivation and behavior.

Related Items

Air Travel With Baby	Alone with Baby
Babbling	Baby at the Dinner Table
Baby Talk	Baby's Bath Time
Baby's Cup and Spoon	Baby's Medical Care

Linked Library Article

Example B: Timely Care with Real-Time Messaging

SmarteXp® gives patients access to information they need, when they need it. Through the Ask/Tell Me button that can be clicked from each email, patients can send secure, private messages to the hospital if they have any questions at any time. A designated hospital contact person will receive and answer their queries.



Email Message

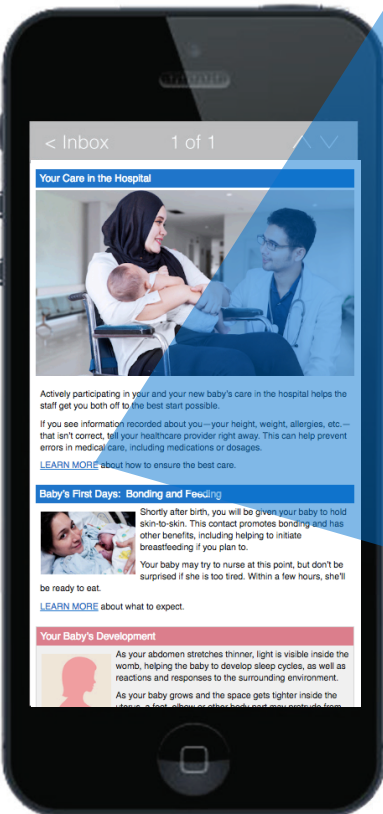
5

American Congress of Obstetricians and Gynecologists

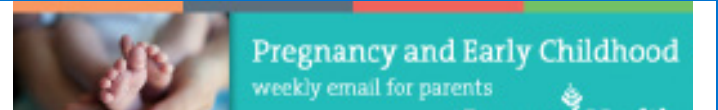
The American Congress of Obstetricians and Gynecologists (ACOG) is committed to improving quality and safety in women's healthcare. To emphasize this, ACOG recommends quality objectives for clinical practice.

Promoting safety requires that all those in the healthcare environment recognize that the potential for errors exists and that teamwork and communication are the basis for fostering change and preventing these errors. The first step in the delivery of safe healthcare is to identify and study patterns and causes of error occurrence within delivery systems.

SmarteXp® helps eliminate errors by creating a platform that reliably disseminates information about safety to patients, both before and after their hospital experience. The email below shows an example of how SmarteXp® highlights safety.



Email Message



SPEAK UP About Your Care in the Hospital

Actively participating in your and your new baby's care while you're in the hospital will help the staff get you both off to the best start possible. The Joint Commission, a nonprofit organization that accredits and certifies healthcare organizations in the U.S., asks hospitals to encourage patient involvement in ensuring their own safety.

Information technology offers many benefits for healthcare providers and patients. But as with all forms of digital records or support, it needs to be checked for accuracy. We take great care in doing this, and patients like you have a role to play, too!

If you see information recorded about you—your height, weight, allergies, etc.—that isn't what it should be, tell your healthcare provider right away. This can help prevent errors in medical care, such as medications or dosages.

What else can you do?

Just remember: **SPEAK UP!** That's the Joint Commission's acronym to help you learn how to advocate for yourself in a medical setting:

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications from the right healthcare professionals. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common healthcare errors.

Use a hospital, clinic, surgery center, or other type of healthcare organization that has undergone a rigorous onsite evaluation against established state-of-the-art quality and safety standards, such as that provided by Joint Commission.

Participate in all decisions about your treatment. You are the center of the healthcare team.


For more information, download patient safety brochures from the [Joint Commission's website](#) on the Speak Up Initiative.

Linked Library Article

In January 2010, ACOG published a recommendation that women be screened for depression during and after pregnancy. This is supported through SmarteXp® as patients receive information pre- and postnatally about depression, with links to available resources. Information about depression is highlighted in the following emails.

Pregnancy Week 18 (Depression in Pregnancy)

Depression in Pregnancy



Up to 1 in 5 women experience clinical depression during pregnancy.

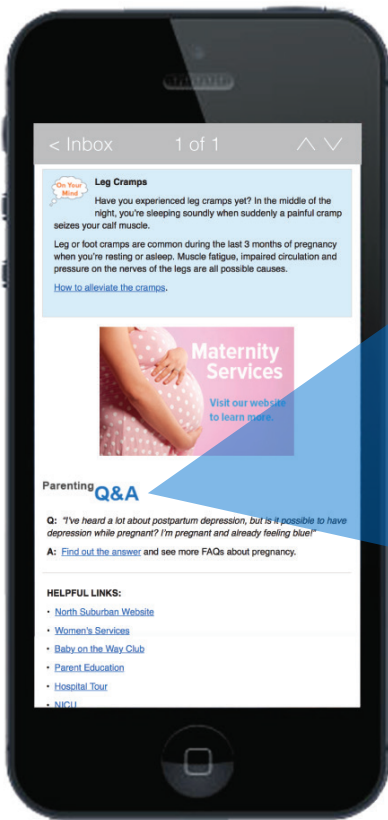
In fact, women with a past history of depression have a higher risk of developing it during pregnancy. But depression is common and treatable—even during pregnancy—with therapy, support groups and monitored medication.

If you think you have depression, talk with your healthcare provider.

Section of Email Message




Pregnancy Week 28 (Parenting Q&A)



Email Message

Pregnancy and Early Childhood Support for New and Expectant Parents



Health ONE **North Suburban Medical Center**

BabyWay
on the Way CLUB

Parenting Q&A

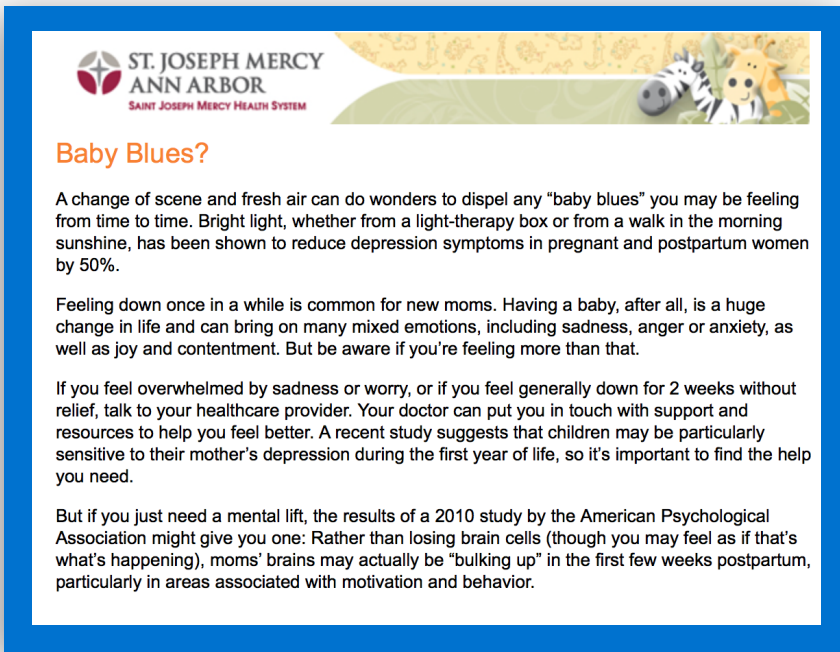
Q: "I've heard a lot about postpartum depression, but is it possible to have depression while pregnant? I'm pregnant and already feeling blue. What's going on?"

A: Depression before or after giving birth to a baby affects roughly 1 in 20 women. While common, it's not considered an inevitable aspect of having a baby. Unfortunately for women experiencing depression before their babies are born, the symptoms—fatigue, emotional changes, weight gain—are part of pregnancy itself, so it may be hard to diagnose.

Talk to your doctor about the way you are feeling. Depression is treatable, even during pregnancy.

Linked FAQ Library

Infancy Week 3 (Got the Baby Blues?)



The graphic features a blue border and a header with the St. Joseph Mercy Ann Arbor logo and a zebra and giraffe illustration. The main text is white on a blue background.

**ST. JOSEPH MERCY
ANN ARBOR**
SAINT JOSEPH MERCY HEALTH SYSTEM

Baby Blues?

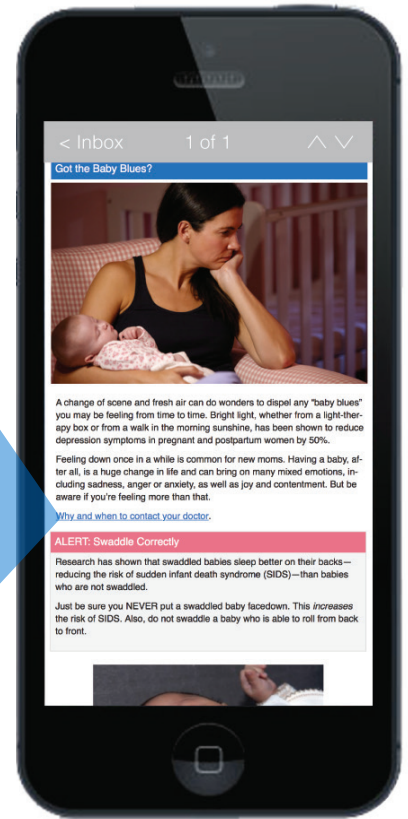
A change of scene and fresh air can do wonders to dispel any "baby blues" you may be feeling from time to time. Bright light, whether from a light-therapy box or from a walk in the morning sunshine, has been shown to reduce depression symptoms in pregnant and postpartum women by 50%.

Feeling down once in a while is common for new moms. Having a baby, after all, is a huge change in life and can bring on many mixed emotions, including sadness, anger or anxiety, as well as joy and contentment. But be aware if you're feeling more than that.

If you feel overwhelmed by sadness or worry, or if you feel generally down for 2 weeks without relief, talk to your healthcare provider. Your doctor can put you in touch with support and resources to help you feel better. A recent study suggests that children may be particularly sensitive to their mother's depression during the first year of life, so it's important to find the help you need.

But if you just need a mental lift, the results of a 2010 study by the American Psychological Association might give you one: Rather than losing brain cells (though you may feel as if that's what's happening), moms' brains may actually be "bulking up" in the first few weeks postpartum, particularly in areas associated with motivation and behavior.

Linked Library Article



Email Message

6

Institute for Clinical Systems Improvement (ICSI)

ICSI identifies best practices and works across healthcare systems to develop clinical guidelines, innovations and recommendations that help to achieve the Triple Aim of better care, better health and lower costs.

Pregnancy Week 17 (Pregnancy over 35)



Email Message

SmarteXp® supports clinicians and hospitals in adhering to ICSI's Routine Prenatal Care Guideline (2007) which advises: "Identify patients with greater potential for high-risk pregnancy and provide appropriate preconception counseling." Information about the risks of pregnancy for women over age 35 is shown below.

A blue-bordered graphic with a white background. At the top left is a circular photo of a baby. To the right of the photo is the text 'Texas Health Baby' in a large blue font, with 'Texas Health Alliance' in a smaller blue font below it. Below this is the title 'Pregnancy Over Age 35' in orange. The main body of the graphic contains text about pregnancy risks for women over 35, including high blood pressure, gestational diabetes, and placenta previa. It also mentions that with good prenatal care, most older mothers and their babies do just fine.

Texas Health Baby
Texas Health Alliance

Pregnancy Over Age 35

If you're over 35, there's no reason to expect that your pregnancy will be less healthy or active than that of someone in her 20s. Pregnant women over 35, however, are slightly more likely to develop certain conditions, including high blood pressure and gestational diabetes.

They also have an increased risk of placenta previa, a condition in which the placenta covers part or the entire opening of the cervix. With early diagnosis and proper treatment, however, these conditions can be safely managed.


Several of the tests you may be given or have already received are designed to rule out abnormalities more common among babies born to women over age 35, including Down syndrome. The increased chance of these abnormalities as women age also increases the risk of miscarriage.

In spite of the slightly increased risk of certain complications, with good prenatal care and healthy choices the vast majority of "older" mothers and their babies do just fine.

Linked Library Article

Pregnancy Week 41 (Tests in Late Pregnancy)

SmarteXp® also supports clinicians and hospitals in meeting the ICSI recommendation that states: “Each pregnant patient should receive visit-specific screening tests, education, immunizations, and chemoprophylaxis as described in the prenatal care table.” An example of the tests that a patient may receive in late pregnancy is shown in the SmarteXp® email below.



Tests in Late Pregnancy

If your labor has not yet begun, your doctor may want you to have a few tests that will monitor the well-being of your baby as your pregnancy continues.

A non-stress test is the simplest and most common. It's based on the observation that the heart rate of a healthy baby accelerates by about 15 beats per minute for 15 seconds when the baby moves.

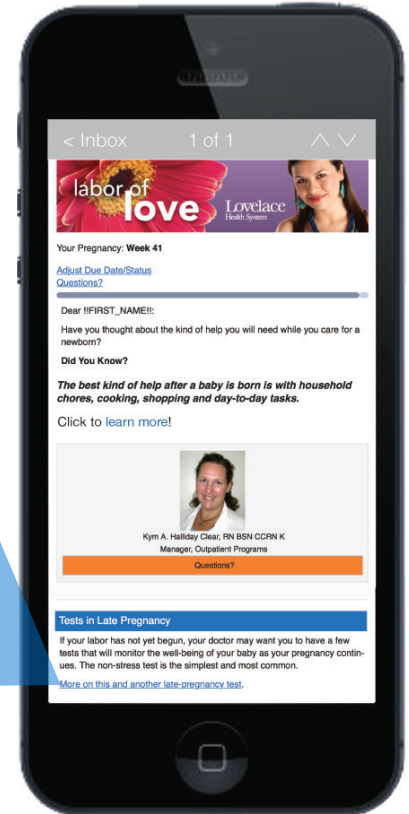
During the test, your caregiver will try to get your baby moving a little (with sound or by giving you a high-glucose snack) and then count his heartbeats.

Sometimes a baby is sleeping during the test and doesn't react. If that happens, the test will just be repeated later in the day.

A contraction stress test (CST) is another common test in late pregnancy. With a CST, gentle labor contractions are encouraged by stimulating your nipples or by giving you a little of the labor-stimulating drug Pitocin. The CST test indicates if a baby is stressed by labor contractions.

We may also ask you to keep count of how many times your baby moves within a given time period.

Linked Library Article

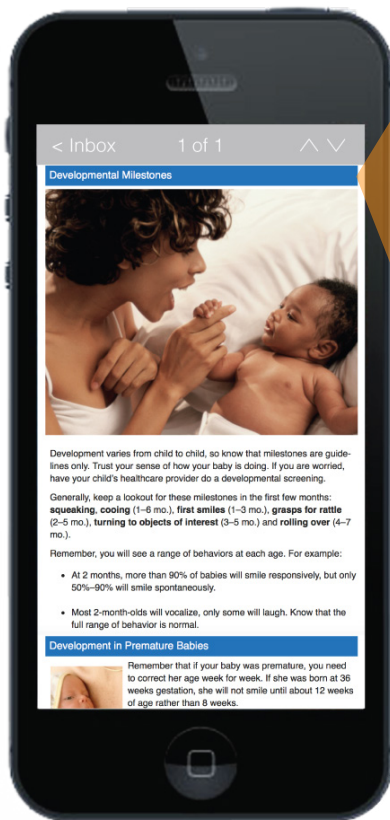


Email Message

Parents become active partners with their clinicians in the care of their child when they understand developmental and age-appropriate guidelines from the American Academy of Pediatrics. Information in SmarteXp® about infant development, immunizations, preventing injuries and more comes at exactly the time that parents need it. All SmarteXp® information is consistent with the *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents—Third Edition*, as shown below in two sample weekly emails.

Example A: Infancy Week 9 (Developmental Milestones)

The email below shows the different developmental milestones in infancy, according to guidelines published by the American Academy of Pediatrics.



Email Message

Developmental Milestones



Development varies from child to child, so know that milestones are guidelines only. Trust your sense of how your baby is doing. If you are worried, have your child's healthcare provider do a developmental screening.

Generally, keep a lookout for these milestones in the first few months: **squeaking, cooing** (1–6 mo.), **first smiles** (1–3 mo.), **grasps for rattle** (2–5 mo.), **turning to objects of interest** (3–5 mo.) and **rolling over** (4–7 mo.).

Remember, you will see a range of behaviors at each age. For example:

- At 2 months, more than 90% of babies will smile responsively, but only 50%–90% will smile spontaneously.
- Most 2-month-olds will vocalize, only some will laugh. Know that the full range of behavior is normal.

Linked Library Article

Example B:

Infancy Week 26 (The Safe Use of Baby Equipment)

The email below shows the insights of the American Academy of Pediatrics regarding safe baby equipment.



TALLAHASSEE MEMORIAL HEALTHCARE

Sweet Peas
TMH BABY & TODDLER CLUB

Equipment Tips

There's no end to the kinds of equipment that make the job of parenting easier. Some do help, some don't, and a few are downright dangerous.

Here are tips on several pieces of equipment:

- **Mechanical swings** with a seat in which you can safely strap your baby can be soothing and allow you a few hands-free moments. If you buy one, make sure that it is safety-approved and is a model that stands firmly on the floor, rather than one that hangs from a doorframe. Try not to use it—or any substitute for your arms and attention—for more than 30 minutes, twice a day.
- **Playpens** are useful for parents of crawling babies. While your baby needs to explore his world and should not be in a playpen all day, it is a good idea to have a protected place, away from siblings, pets and household dangers, where he can play safely when necessary.
- **Baby "walkers,"** which let a baby move around in an upright position before he has even learned to crawl, are neither safe nor helpful. They develop the wrong muscles at the wrong time and don't allow your baby to learn from crawling. In fact, they can actually *delay* real walking! They also pose serious safety hazards as they can tip over, fall down stairs and allow babies to reach objects they otherwise could not.

The American Academy of Pediatrics strongly urges parents not to use walkers. Baby "rockers," which let babies sit in a seat surrounded by a surface with interesting objects, but do not allow them to move across the floor with their feet, are fine. If you use one, be sure to give your baby plenty of stomach time, too, so she'll push up and develop the gross motor skills she'll need to learn to crawl.

Linked Library Article



Email Message

AAP policy on the prevention of choking in children recommends that pediatricians “intensify choking prevention counseling” and “provide parents and caregivers guidance on appropriate food and toy selection.” Information on choking risks and prevention can be found in the Parenting Q&A sections of the sample emails below.

Example C: Infancy Week 9 (Parenting Q&A)

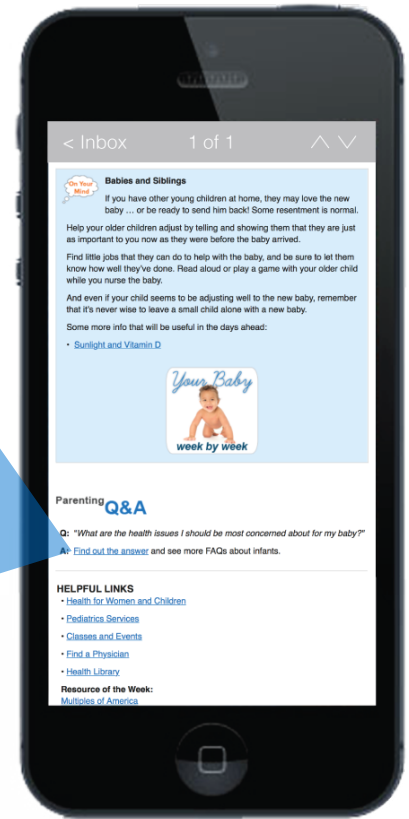
Parenting Q&As
Questions Pediatric Experts Routinely Hear – Answered for You

Q: “What are the biggest health concerns for my baby?”

A: Studies suggest that it is 4 times more likely for children between birth and 24 months of age to die of injury rather than disease. The leading causes of injuries in this period are car accidents, drowning, burns, choking and falling, with choking posing the greatest risk. (The greatest choking risk is hard candy and other candy—such as gum—is next, so be sure to keep these things away from young children.)

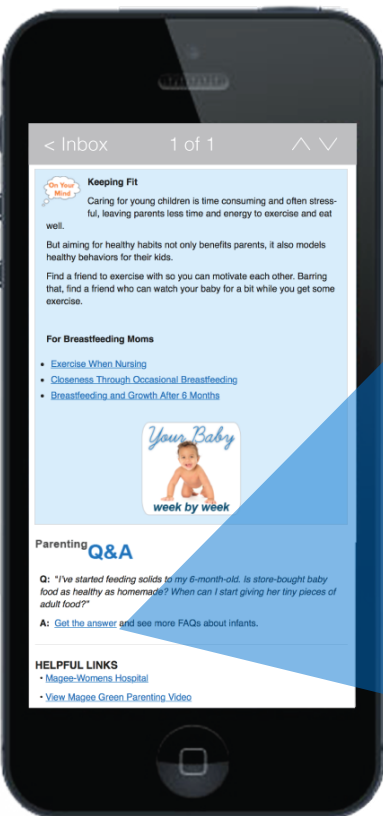
If you take normal safety precautions to avoid these accidents, and have all your necessary well-baby visits and immunizations, you should have little to worry about.

Linked Library Article



Email Message

Example D: Infancy Week 24 (Parenting Q&A)



Email Message

Parenting Q&As
Questions Pediatric Experts Routinely Hear – Answered for You

Q: “I’ve started feeding solids to my 6-month-old. Is store-bought baby food as healthy as homemade? When can I start giving her tiny pieces of adult food?”

A: Fresh and simple baby foods can be prepared at home with fruit and vegetables and a food mill, hand blender or food processor. If you prefer to buy pre-made baby food at the store, be sure to read the labels and look for brands without salt, sugar and other ingredients that babies do not need.

A baby should be sitting up and swallowing well before chewy and crunchy finger foods (such as crackers, bananas or apples) are introduced. Despite the mess, finger foods teach your child to feed herself and are a first step on the path to independence.

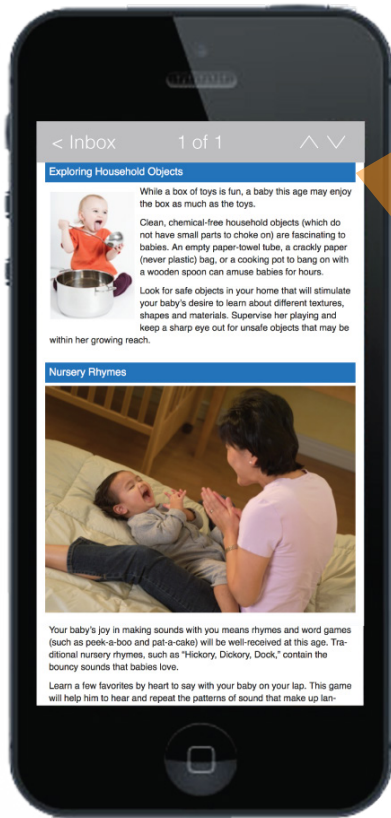
Make sure that anything you give your baby is soft and easy to swallow, so that it will not pose a choking threat. Hot dogs are a particular choking hazard, as are other food that can fit or stick in your child’s throat such as hard candy, nuts, seeds, whole grapes, raw carrots, apples, popcorn, chunks of peanut butter, marshmallows, gum and sausages.

Your baby is not yet ready to eat this kind of food, so avoid these shapes and textures when offering her adult foods.

Linked Library Article

Example E:

Infancy Week 41 (Exploring Household Objects)



Email Message

Exploring Household Objects



within her growing reach.

While a box of toys is fun, a baby this age may enjoy the box as much as the toys.

Clean, chemical-free household objects (which do not have small parts to choke on) are fascinating to babies. An empty paper-towel tube, a crackly paper (never plastic) bag, or a cooking pot to bang on with a wooden spoon can amuse babies for hours.

Look for safe objects in your home that will stimulate your baby's desire to learn about different textures, shapes and materials. Supervise her playing and keep a sharp eye out for unsafe objects that may be

Linked Library Article

The Forces of Magnetism within this Magnet Recognition Program may be thought of as attributes or outcomes that exemplify excellence in nursing. SmarteXp® supports nurses in partnering with patients to achieve exemplary quality of care and to meet quality improvement goals as required for the Magnet Recognition Program. To attain Magnet status, professional nurses must be involved in educational activities within the organization and community (Force 11, Nurses as Teachers). SmarteXp® helps nurses achieve this goal by connecting nurses to their patients 24/7. Nurses also welcome evidence-based information from SmarteXp® to use in teaching childbirth and parenting classes, as shown below.

Pregnancy Week 7 (Keeping You and Your Baby Healthy)



Email Message

BABY STEPS



Keeping You and Your Developing Baby Healthy

When you're expecting a baby, what you eat and drink, the environment you live and work in, and your overall health can affect the life inside of you.

Keep these tips in mind and let your partner know about them, too:

Your Diet

- **Eat wisely and well.** Research suggests that the quality of a mother's nutrition during her pregnancy may have a lifelong impact on her baby's overall health.
 - **Eat a lot of** dark, leafy green vegetables (spinach, kale, romaine lettuce, etc.)—your best source of the folic acid that is so key to healthy fetal development.
 - **Avoid raw or undercooked meats and seafood, as well as foods made from unpasteurized milk** (including many soft cheeses).
 - **Drink at least 8 glasses of water a day.**
 - **Take your daily prenatal multivitamin**, which also contains folic acid. Research has found that pregnant women who take multivitamin supplements are at a 17% reduced risk of having a low-birth-weight baby, compared to women who did not take the supplements. Iodine supplements are also important for pregnant and breastfeeding women. [LEARN MORE](#) about healthy eating during pregnancy.
- **Consider the sources of the food in your meals.** Studies have suggested that growth hormones fed to cattle in North America may affect fetal development.

More research is needed, but it may be wise during pregnancy to try to choose food raised, grown and produced without chemical fertilizers, hormones and other additives not yet tested for their effect on developing babies.

Tobacco, Alcohol and Coffee

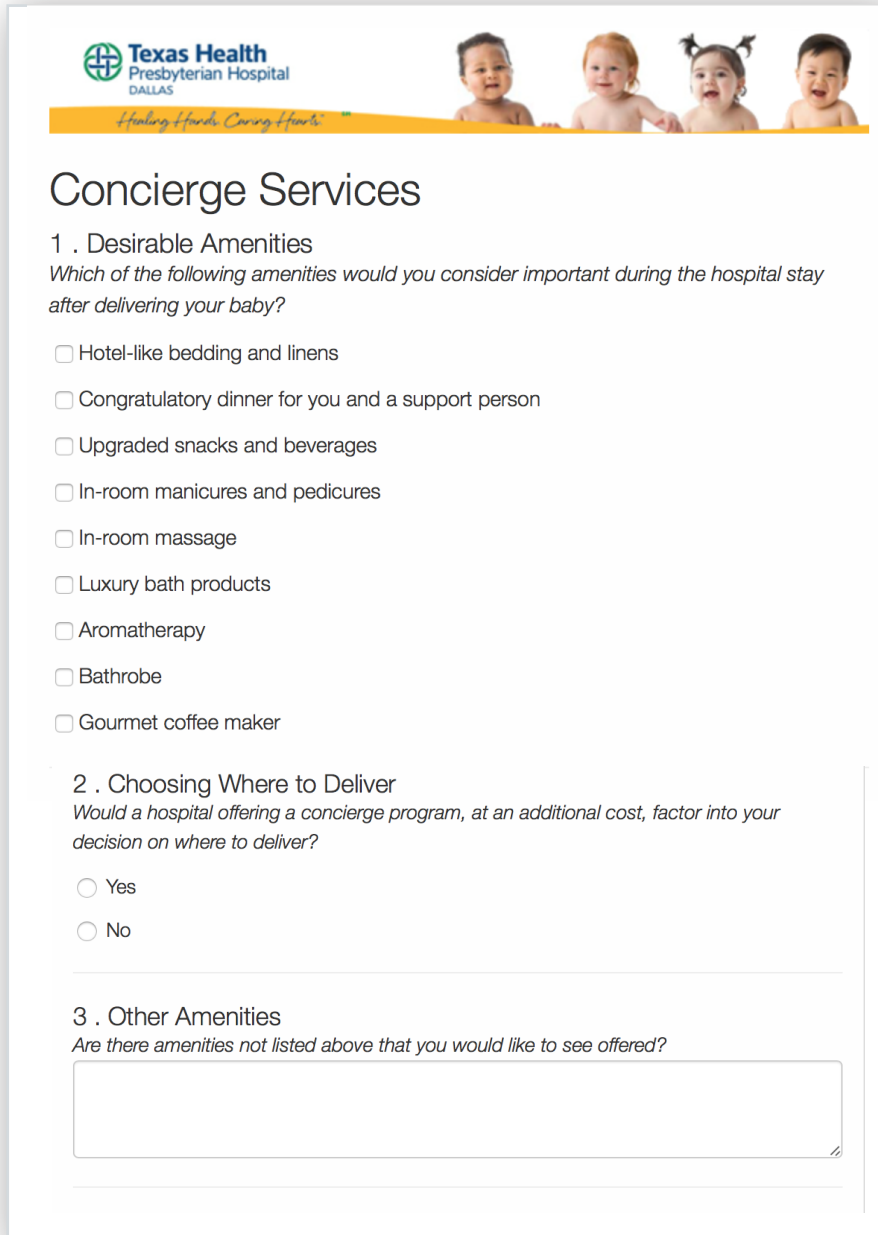
- **Do not smoke, and avoid others who do.** Smoking raises the risk of ectopic pregnancy (when a fertilized egg implants outside the uterus), miscarriage, stillbirth, premature labor and low birth weight. If you or someone you live with smokes, let us know. We can provide you with resources for quitting.


Even if you're already pregnant, quitting smoking can make a huge health difference.


- **Avoid all alcoholic beverages during your pregnancy.** Despite what you may hear to the contrary, there is no definitive evidence that any amount of alcohol is safe during pregnancy. Even small amounts can lead to low birth weight, behavior issues and cognitive delays in your baby.

Linked Library Article

SmarteXp® helps nurses improve the quality of care and services within their organization (Force 7: Quality Improvement). The platform facilitates the quick creation of surveys; practitioners can send and receive results for focused surveys on patient attitudes, use of services and other program and service issues. The feedback helps nurses improve their services. A sample survey sent by Texas Health Presbyterian Hospital is shown below.




DALLAS
Healing Hands. Caring Hearts.



Concierge Services

1 . Desirable Amenities
Which of the following amenities would you consider important during the hospital stay after delivering your baby?

- Hotel-like bedding and linens
- Congratulatory dinner for you and a support person
- Upgraded snacks and beverages
- In-room manicures and pedicures
- In-room massage
- Luxury bath products
- Aromatherapy
- Bathrobe
- Gourmet coffee maker

2 . Choosing Where to Deliver
Would a hospital offering a concierge program, at an additional cost, factor into your decision on where to deliver?

Yes
 No

3 . Other Amenities
Are there amenities not listed above that you would like to see offered?

Survey

The content of SmarteXp® is research-based, reviewed by a range of outstanding healthcare professionals and updated on a regular basis. Weekly messages that support families and provide time-sensitive information improve patient outcomes by strengthening the connection between the practitioner and patients and by providing patients with information and access to resources as they need them (Force 6: Quality of Care).

SmarteXp® supports the IHI's Idealized Design of Perinatal Care (2005) in promoting a “prepared and activated mother, ultimately resulting in a stabilized mother and baby.”

Pregnancy Week 42 (If you are Induced)



Email Message

According to the IHI perinatal care model, hospitals must have reliable processes to evaluate and manage labor and delivery. A sample email, shown below, focuses on induction. It's important for patients to know that the healthcare team does what it can to keep the baby safe, and that sometimes means scheduling for an induction to start labor.

baby talk

MultiCare Family Birth Centers
 Banner Connected
 Auburn Medical Center
 Good Samaritan Hospital
 Tacoma General Hospital

If You Are Induced...

In the last week before your baby is considered post-term, your healthcare team wants to do what they can to keep him safe—and sometimes that means scheduling an induction to start your labor.

Sometimes a mother is induced when a health condition requires delivery of her baby. More often, inductions are done when labor doesn't begin on its own by week 42, when the placenta ages and becomes less able to nourish the baby.

Your medical team does inductions the same way they speed up a labor already begun.

Stimulating your nipples may help induce labor as it causes your body to release the hormone oxytocin, which in turn causes your uterus to contract.


Your doctor may choose to rupture the amniotic sac (break your waters), or start Pitocin (the synthetic form of oxytocin) by IV. In a recent study, it was found that rupturing the amniotic sac reduced the length of labor by an average of 2+ hours.

If your doctor wants to perform any of these steps to start labor, be sure to ask any questions and to share all your concerns. You'll want to be as relaxed and ready for an induced labor as you would be for a natural labor—and preparation, rest, and understanding will help.

Linked Library Article


The Baldrige National Quality Program raises awareness about the importance of performance excellence. In its 2009–2010 Health Care Criteria for Performance Excellence, it asked, “How do you identify and innovate healthcare service offerings to meet the requirements and exceed the expectations of your patients, stakeholder groups, and market segments?” This criterion is supported by SmarteXp® through its targeted email service, which serves as a tool for clinicians to connect with their patients and provide quality information, exactly when they need it.

It also asked, “How do you listen to patients and stakeholders to obtain actionable information and to obtain feedback on your healthcare services and your patient and stakeholder support?” SmarteXp® enables hospitals to send surveys and get results in real time. Below is a sample survey from East Jefferson Hospital.



With you every step of the way.

4200 Houma Boulevard
Metairie, Louisiana 70006
504.503.5555
www.ejgh.org



W&C Patient Experience Survey WB

1 . Please rate the overall quality of care you received.

Question 1

Excellent
 Very Good
 Good
 Fair
 Poor

2 . On a scale of 1 to 5, with 1 being unsatisfied or poor and 5 being very satisfied or excellent, how satisfied are you with your experience at our hospital?

Question 2

5
 4
 3
 2
 1

3 . How would you rate the management of your pain?

Question 3

Excellent
 Very Good
 Good
 Fair
 Poor

Survey

11

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is a tool used by more than 90% of America's health plans to measure performance on important dimensions of clinical care, as well as customer satisfaction and patient experience. Healthcare providers use SmarteXp® in myriad ways to enhance performance on these measures. Examples from childhood immunizations and prenatal and postpartum care are as follows:

Example A: *Infancy Week 8 (Time for Your Baby's Shots)*

Immunizations are one of the safest and most effective ways to protect children from potentially serious childhood diseases. HEDIS measures the percentage of children who have received a specific set of vaccinations by their second birthday. The sample below shows immunization information that can be found in the Infancy Week 8 email.



Email Message

A screenshot of an email from Good Shepherd Medical Center. The header includes the center's logo and the text "GOOD SHEPHERD MEDICAL CENTER Great Expectations". The main title is "Ouch! Time for Shots". The body text discusses the pain of injections, offers tips for making them easier (like holding the baby or using sugar water), and provides information about the 2-month checkup, including the types of rotavirus vaccines (Rotarix and RotaTeq) and the importance of the 2-month checkup. It also mentions that pediatricians can help with emotional support for parents.

Ouch! Time for Shots

Watching your baby receive injections may be more painful for you than for him. You can ease your anxiety and make him more comfortable when receiving shots by holding him.

A recent study showed that holding your baby and putting a few drops of sugar water on his tongue can be even more effective. If you are breastfeeding, nursing him during or immediately after any uncomfortable procedure is also helpful.

At your baby's 2-month checkup, he will receive his first full set of vaccinations against multiple childhood diseases, including polio, diphtheria, pertussis, tetanus, H. influenza, hepatitis B, pneumococcal disease and an oral vaccine for rotavirus, once a major cause of diarrhea and dehydration in children under 5.

With 2 types of vaccine against rotavirus (stomach flu) now available for infants, the U.S. Centers for Disease Control and Prevention (CDC) has issued recommendations that allow for more flexibility in dosing.

The Rotarix vaccine, introduced in 2008, is active against a single strain of the virus and is given in 2 doses, ideally at 2 and 4 months. The CDC notes that the first dose may be given up to the age of almost 15 weeks (previously 12 weeks) and the second dose up to 8 months (previously 32 weeks).

The RotaTeq vaccine, which is active against 5 strains of the virus, still requires 3 doses, given at 2, 4 and 6 months.

Ask your pediatrician for more details about the 2 vaccines.

The 2-Month Checkup

This checkup usually involves 3 shots given in the thigh, which is a baby's biggest muscle. While most babies show no side effects, these vaccines can cause a little fussiness or a slight fever later in the day or evening.

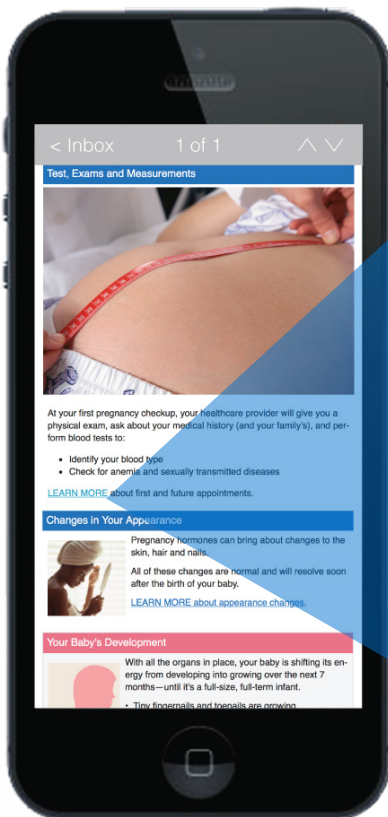
Your baby will receive more doses of vaccines at 4, 6, 12, 15 and 18 months, with another set of booster shots between his 4th and 6th birthdays. Keep a record of your baby's vaccinations to be sure that none are missed. Outbreaks of measles and whooping cough and other dangerous diseases still occur.

Linked Library Article

Example B:

Pregnancy Week 10 (Your First Pregnancy Checkup)

Infant mortality is five times higher among infants whose mothers received no prenatal care compared to those who did. HEDIS measures the percentage of pregnant women who received a prenatal visit in the first trimester. The sample below shows how SmarteXp® urges patients to visit their medical caregiver not only for a first prenatal visit but for continued regular visits throughout pregnancy.



Email Message

A blue-bordered box contains the content of a linked library article. At the top left is a small photo of a baby's face. To the right of the photo is the title 'Pregnancy and Early Childhood' and the subtitle 'Support for Expectant Parents' with the Wesley Healthcare logo. Below this is the main heading 'Your First Pregnancy Checkup' and a sub-heading 'Tests, Exams and Measurements'. The article text describes the first pregnancy checkup, lists what the doctor will want to know (immune status, tuberculosis, chicken pox), and lists future appointments (urine sample, weighing, blood pressure, uterine growth, heartbeat, and questions). It concludes with a link to 'LEARN MORE about these.'

Pregnancy and Early Childhood
Support for Expectant Parents 

Your First Pregnancy Checkup

Tests, Exams and Measurements

At your first pregnancy checkup, your healthcare provider will give you a physical exam, ask you about your medical history (as well as your family's) and perform blood tests. These tests will identify your blood type and check for anemia and sexually transmitted diseases.

Your doctor will want to know whether you:

- are immune to rubella (German measles) and mumps
- have been exposed to tuberculosis
- have had chicken pox, among other potential risks to your developing baby

You'll be asked for a urine sample to check your levels of sugar and protein. A pelvic exam will tell the size of your uterus, which helps to estimate your due date. A Pap smear may also be done at this time.

Future appointments will require less testing. Your caregiver will want to:

- take a urine sample to monitor your sugar and protein levels
- weigh you
- take your blood pressure
- measure your uterine growth
- check your baby's heartbeat and activity level
- answer any questions and discuss any concerns you may have

Other tests are done during pregnancy to check for possible abnormalities and certain health conditions in you or your developing baby. [LEARN MORE about these.](#)

Linked Library Article