The Recovery Room: Support for Parents Who Have Lost a Baby

*The little flame of life ... with a flicker, goes out. It goes out like a candle goes out. Quietly and gently.*
— Dr. Norman Bethune

The loss of a baby through miscarriage, stillbirth or newborn death is one of the most devastating experiences that parents can endure. The Recovery Room support group provides grieving parents and family members with a confidential forum where they can share their thoughts and feelings and also receive support from health care providers who have been trained to address this tragic loss.

The Recovery Room is a new addition to the ANGELS program. “We offered our first meeting in January 2005,” said Kay Morris, B.S.N., R.N.C., who helped to establish the group. “Our staff provides this service entirely on a voluntary basis, and we offer it free of charge to anyone in need.”

Each monthly meeting combines open discussions with more formal presentations on a variety of topics related to grieving. The presentations are given by Joseph A. Banken, Ph.D., a psychologist in the Department of Obstetrics and Gynecology at the University of Arkansas for Medical Sciences (UAMS). Other experienced ANGELS staff, including a genetics counselor and neonatal nurses, are also available to meet any needs parents may have.

“The group is fluid and adjusts to meet the needs of those who attend,” Morris said. “We are here to provide support, and the group will grow and change depending on the needs of the families. We hope to eventually expand the program, perhaps to include the UAMS Department of Emergency Medicine, to more effectively reach those mothers who have experienced a miscarriage or ectopic pregnancy. Even though these losses may happen very early in a pregnancy, the mother has still lost a child, and she will grieve.”

Morris emphasized that anyone who has experienced the loss of a fetus or newborn, either recently or in the past, can utilize the resources offered through the program.

The Recovery Room meets on the third Monday of each month. Meetings are held in the Department of Obstetrics and Gynecology conference room, located on the fifth floor of the Shorey Building at UAMS. Although the group is based at UAMS in Little Rock, it is available at hospitals statewide via the ANGELS telemedicine program. Reading materials will also be loaned to individuals upon request.

For more information, contact the ANGELS Call Center at (866) 273-3835, or write to The Recovery Room, C/O ANGELS, Department of Obstetrics and Gynecology, UAMS, 4301 W. Markham St., #518, Little Rock, AR 72205. The Recovery Room is a nonprofit organization sponsored by the Department of Obstetrics and Gynecology and the ANGELS program at UAMS.
Sudheer Jayaprabhu, M.D., discusses a case with nurses at The Women's Specialist in Texarkana.

Texarkana Obstetricians Applaud ANGELS

Texarkana, which straddles the state line between Arkansas and Texas, is the primary site of medical care for more than 400,000 people who live within a 60-mile radius of the city. Modern medical facilities include the Wadley Regional Medical Center and its affiliates on the Texas side of town, which have provided comprehensive medical care to area residents since the medical center was founded in 1900.

Occasionally, however, obstetricians need additional resources for more complicated pregnancies that are not available in Texarkana. For cases like these, ANGELS has established at Wadley a fully equipped telemedicine site that includes clinical interactive video equipment; store-and-forward imaging equipment; and peripheral, portable ultrasonography equipment. In addition, obstetricians have instant access to the ANGELS Call Center 24 hours a day.

“The obstetric and pediatric care here in Texarkana is excellent,” said Kenneth West, M.D. “But, occasionally, we need access to neonatology specialists if a fetus is below a certain gestational age or weight or if there is a complication with the pregnancy.”

West and Sudheer Jayaprabhu, M.D., are obstetricians at The Women’s Specialist, a general obstetric and gynecologic clinic located in the Wadley Medical Plaza, adjacent to the Wadley Regional Medical Center.

West and Jayaprabhu agree that ANGELS, through its Call Center and telemedicine facilities, has improved communications and transport between Wadley and the University of Arkansas for Medical Sciences (UAMS).

“The primary benefit I’ve received from ANGELS is improved follow-up on the patients I send to UAMS,” West said. “I receive dictation sooner, as well as regular notification of what’s happening. I am better able to keep track of my patients, including the care they receive at UAMS and when they will be transported back.”

Nurses who staff the Call Center facilitate telephone consultation between referring physicians and maternal-fetal medicine specialists at UAMS and, if a patient is transferred to UAMS, the outreach nurse provides regular updates to the referring physician until the mother delivers or is discharged home.

“ANGELS has also been extremely beneficial because it has really reduced our patients’ travel time,” said Jayaprabhu. “In the past, my patients would need to drive two hours to get to Little Rock if they needed genetic counseling. They really appreciate being able to do this counseling via telemedicine, and ANGELS has gotten a lot of thanks for being able to pull that off.”

Both Jayaprabhu and West applauded the evidence-based medicine guidelines ANGELS distributes. To date, ANGELS has developed a total of 67 evidence-based guidelines that provide a wealth of resources for the practicing physician. Forty-three of these guidelines have been distributed via postal mail and the Internet to 350 obstetric care providers throughout the state, and 67 have been presented to obstetricians statewide via teleconference and the ANGELS Web site.

“The focus on creating these guidelines has really helped obstetricians throughout the state,” Jayaprabhu said. “The consensus that has been reached among all the maternal-fetal medicine specialists has really helped us in the community.”

These physicians also expressed their appreciation for the efforts ANGELS makes to provide obstetricians with an easily accessible means of peer review, which is an integral means of self-improvement in any professional community.

In cooperation with the Arkansas Department of Human Services, ANGELS provides quarterly feedback to physicians across the state from Medicaid claims through confidential provider files. The one-page summary compares an individual’s practice profile and expenditures to that of the physician’s peer group, which clearly delineates an individual’s medical resource use compared to his or her specialty practice peer group.

“It’s very helpful to see how you perform compared with other physicians in your specialty,” West said. “It’s good to stay abreast of that because the private insurance companies are also examining that data. I commend ANGELS for being ahead of the curve in that regard.”
to a “Quad”

To more completely serve pregnant women in Arkansas, the Prenatal Diagnosis Program at the University of Arkansas for Medical Sciences (UAMS) now offers dimeric inhibin A (DIA) screening as a part of its diagnostic services.

The Quad Screening offered by the Prenatal Diagnosis Program isolates four proteins from a small sample of the mother’s blood in order to calculate the fetus’s risk for certain birth defects, such as Down’s syndrome, spina bifida and abdominal wall defects. These proteins are alpha-fetoprotein (AFP), estriol (uE3), human chorionic gonadotropin (hCG) and the newest addition – DIA.

The addition of DIA to the original triple screen will increase the detection rate of fetal Down’s syndrome from 65 percent to 80 percent while also reducing the false positive rate from between 5 percent and 7 percent to 2.5 percent. This dramatic improvement in sensitivity occurs in conjunction with a reduction in the number of false positives, which makes this test the new standard for prenatal diagnosis laboratories throughout the United States.

The screening is usually performed before the 20th week of pregnancy. The results — along with the mother’s age, weight and race and the age of the fetus — are used to calculate whether the fetus is at risk for certain types of birth defects. Although the screening cannot diagnose specific problems, it can be used to determine whether additional testing — such as detailed ultrasound, amniocentesis or genetic counseling — may be indicated.

The UAMS Prenatal Diagnosis Program, which is staffed by board-certified maternal-fetal medicine specialists and genetic counselors, has provided full-service testing for almost 20 years. Genetic counseling is available at UAMS and throughout the state via the ANGELS telemedicine clinic. Other services available through the program include targeted diagnostic ultrasound, amniocentesis, chorionic villus sampling, nuchal translucency (first trimester), coordination of DNA testing and a fetal echocardiogram clinic. Teratogen information is also provided to medical professionals, who may request information and recommendations on medications, infections or occupational exposure during breast feeding.

Fees for prenatal screening are the following: AFP - $70; hCG - $40; uE3 - $40 and DIA - $100. If the patient is billed, the full cost of $250 will be charged; however, if the physician chooses to be billed directly, the charge will be $150 per patient. The Prenatal Diagnosis Program can bill the physician or the patient and/or her insurance company. Medicaid will be billed directly for all

Focus on …

Michael Manley

Traveling throughout Arkansas, Michael Manley, R.N.P., sees a lot of exciting things — like the way the ANGELS program continues to expand across the state. In fact, Manley’s work is one of the primary reasons for ANGELS’ phenomenal growth.

As the program’s outreach liaison, Manley visits physicians, hospital staff and the public in various communities in the state to tell them about ANGELS and the benefits that can be had through its telemedicine program.

“My message to physicians and hospitals details the clinical side of ANGELS, as well as its educational aspects,” Manley said. “I tell the public about the overall goals and aims of the program, as well as its Call Center and smoking cessation program. It’s also important that we understand their needs so we can match resources. This is truly a two-way street.”

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Manley said that most hospitals and communities that he visits welcome the opportunity to access the ANGELS program.

“When I first began outreach for ANGELS about a year and a half ago, I think people were sort of leery of the new telemedicine technology,” Manley said. “That leaves a lot of our communities vulnerable in a very important area.”

By establishing ANGELS telemedicine sites in these and other regions with a demonstrated need, physicians can consult with University of Arkansas for Medical Sciences (UAMS) maternal-fetal medicine specialists and also have quick access to emergency services, if needed. In addition, patients who experience difficulties during pregnancy can remain in their communities longer – perhaps throughout the entire pregnancy – and still receive state-of-the-art care that would ordinarily be available only at major medical centers.

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(Continued on Page 4)
Manley said. “But, now, everyone is familiar with the technology, as well as our program, and they know that our ultimate goal is to provide patients with the best possible care without requiring them to leave their hometowns.”

Manley has more than 10 years of successful experience as an outreach liaison, including work as a lobbyist with the Arkansas Legislature, first as the executive director for the Arkansas Regional Organ Recovery Agency (ARORA) and now in his role with ANGELS.

“I absolutely love my job, and I’m very lucky to be working with Dr. Curtis Lowery, who directs the UAMS Division of Maternal-Fetal Medicine and initiated ANGELS,” he said. “It’s exciting to help build this program, and I feel that I’m doing something that’s good for the state. I think the obstetrics aspect of telemedicine is just the tip of the iceberg. Telemedicine is the next paradigm shift in health care, and it’s going to give people across the state access to health care that’s never been seen before.”

We Want Your Feedback!

The 21st Annual Conference on Perinatal Care, held in February, was a great success! We would like to make next year’s conference even better and more useful to those of you who plan to attend.

In addition to the annual conference, the ANGELS program and the Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, will be glad to conduct classes upon request, including but not limited to instruction on fetal heart rate monitoring, neonatal resuscitation and obstetric anesthesia. These courses can be held on site at UAMS or at a distant learning site via teleconference.

If you have suggestions for specific topics at next year’s conference or other educational requests, please contact Terri Imus, R.N., at (866) 273-3835, or e-mail her at imusterril@uams.edu.

Upcoming Guideline Reviews

The obstetrical guidelines planned for presentation between April and June are
1. Corticosteroid therapy
2. Diagnostic imaging
3. TORCH infections
4. Lab disease management

The neonatal guidelines planned for presentation between April and June are
1. Neonatal resuscitation
2. Neonatal infections
3. Neonatal stabilization
4. At-home apnea monitoring
5. Hyperbilirubinemia

(Quad continued from Page 3) patients with this insurance.
The Prenatal Diagnosis Program is operated by the Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, in the College of Medicine at UAMS.

For more information, please contact the Prenatal Diagnosis Program at (501) 296-1700.

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