

## WISCONSIN HOSPITAL ASSOCIATION, INC.



To: Special Committee on Infant Mortality

From: Judy Warmuth, Vice President Workforce  
Laura Leitch, Senior Vice President and General Counsel

Date: October 8, 2010

Re: Delivery and Newborn Care in Hospitals

Healthy babies, children, and mothers are outcomes that healthcare professionals work hard to achieve. The Wisconsin Hospital Association appreciates the Study Committee's work to address Wisconsin's disparate outcomes for newborns, believing that solutions to this issue are complex, must be community- and coalition-based, must involve health care providers and patients, and will take time and a strong ongoing effort.

Wisconsin hospitals are committed to optimum birth experience and outcomes. Caring for women in labor and immediately post partum is complex. During a very brief hospital stay, physicians, nurses, and other hospital staff must address and accomplish many issues and tasks. During the first part of the hospital stay, a woman is generally in labor. Hospital staff focus care on keeping the mother informed and the baby safe, delivering a healthy baby, involving family whenever possible, and avoiding possible complications. These efforts consume both patients' and staff's attention full time. Then we have a newborn baby to assess, examine, care for, immunize, test for hearing and congenital diseases. Hospital staff teach the mother how to care for the baby and herself and how to breast feed. We teach our patients about shaken baby syndrome, infant nutrition, and many other important issues for the new mother and baby. Hospitals must collect and report to the state a significant amount of perinatal data. We also teach family members how to safely care for a newborn.. At discharge, hospital staff use referrals to connect new mothers and babies with community services so that care is continued in the home.

It is important to note that hospitals provide this care in accordance with the individualized needs of each patient. To ensure this result, state and federal rules require hospitals to ensure that nursing personnel with the appropriate education, experience, licensure, competence, and specialized qualifications are assigned to provide the individualized nursing care for each patient. Beyond the existing state and federal rules, the Joint Commission accredits most Wisconsin hospitals. The Joint Commission's standards "focus on how the hospital respects the culture and rights of patients during interactions. [...] Each patient has a right to have his or her cultural, psychological, spiritual, and personal values and beliefs, and preferences respected." And Wisconsin hospitals want to know if they are meeting their patients' needs. Hospitals survey and report on CheckPoint patient satisfaction measures.

The hospital stay for a delivery is a very busy time. Families want to welcome a new member and hospital staff wants to ensure the health of both mother and baby and prepare them for care at home. Hospital nurses and staff work hard to ensure that this busy but very special time meets the needs of each patient and her new baby.

The activities described above are things hospitals do in the limited number of hours a woman is in the hospital before and after delivering a baby. It is important to remember that hospitals do not deliver primary, prenatal, or postnatal care. Hospitals may have had limited contact or even a complete lack of knowledge of a soon-to-be mother in the months preceding the 2-3 days she is in the hospital. While hospitals do everything they can, according to the needs and preferences of the patient, when a patient arrives, it is the primary care she has or has not received or sought in the many months prior to her arrival that is likely to determine the health of her newborn baby. And the community based care and support that she receives following her hospital stay can determine the quality of life and health for both the mother and baby.