



# DBC highlights

DEACONESS BILLINGS CLINIC

SUMMER 2005

SUPPORTING OUR REGION WITH SPECIALTY MEDICAL SERVICES

## MATERNAL-FETAL MEDICINE NEWS

### Obstetric Ultrasound Accreditation

DBC's Maternal-Fetal Medicine has the first obstetric ultrasound program in Montana or northern Wyoming to be accredited by the American Institute of Ultrasound in Medicine (AIUM). This is a national organization committed to excellence in medical use of ultrasound. Accreditation by the AIUM demonstrates Deaconess Billings Clinic's clinical excellence and commitment to the highest quality patient care when providing diagnostic ultrasound services.



Our nationally-accredited ultrasonographers include (L-R) Shannon Harlan, RDMS, and Carrie Hofferber, RDMS, RDCS, RVT (not pictured: Buffy Stiles, RDMS)

Accreditation by the AIUM involves a rigorous assessment of those who perform the obstetric ultrasound (Dr. Dana Damron and his sonographers), the equipment, and the procedures and guidelines by which ultrasound examinations are performed. Currently, there are no state or federal laws overseeing the performance of diagnostic ultrasound. AIUM accreditation, which is a voluntary process, provides referring physicians and patients the assurance that a facility is qualified to perform their ultrasound examinations and is using ultrasound in an appropriate manner.

The AIUM developed this program in response to the many changes in healthcare



and technical improvements that have allowed for expanded use of ultrasound imaging by hospitals and physicians. For additional information about the AIUM organization or the accreditation process, please visit their website at [www.aium.org](http://www.aium.org).

### Ultrasound Technology Creates Optimal Imaging

The ultrasound unit at DBC Maternal-Fetal Medicine has two full-time machines with a third machine available when indicated. We utilize General Electric Healthcare technology, employing both Logic 9 and Voluson 730 ultrasound machines. This allows for optimal imaging, including 2D, 3D, and 4D resolution.

The Logic 9 machine possesses the newly released Speckle Reduction Imaging (SRI) processing, which allows for the finest image currently available.

### New Screening Test Available for Chromosomal Abnormalities

Maternal-Fetal Medicine obstetric ultrasound services has been certified by the Fetal Medicine Foundation to perform the first trimester "Ultrascreen" examination. This test is an ultrasound measurement of the dorsal nuchal translucency of the fetus combined with serum measurements of PAPP-A and the free beta fragment of HCG. This is a screening test for Trisomy 21 (Down Syndrome) and Trisomy 18 (Edward Syndrome).

The detection rate is about 91 percent with a false positive rate of 1 percent. As a comparison, the serum Quadruple marker screen has a sensitivity of about 70 percent with a false positive rate of about 5 percent. This test can only be performed from a gestational age of 11w 0d to 13w 6d.

Currently, we are offering this test to women with a risk factor for chromosomal abnormalities, such as women of advanced maternal age or with a personal or strong

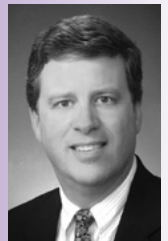
family history. Most insurance companies or Medicaid will cover it as a screening test.



Ultrasonographer Carrie Hofferber explains an "Ultrascreen" ultrasound for a patient and her family.

### Maternal-Fetal Medicine Board Certification

Maternal-Fetal Medicine Specialist Dana P. Damron, MD, has completed all of the requirements for certification in Maternal-Fetal Medicine and is now fully board-certified in both Obstetrics and Gynecology, and Maternal-Fetal Medicine. Dr. Damron has medical privileges at both Billings hospitals.



Dana P. Damron, MD, FACOG



Angela Lile, RN

To reach Dr. Damron or his nurse, Angela Lile, RN:

Monday – Friday, 8 am to 5 pm, call 238-2466 or 1-800-325-1774, ext. 2466.

After hours, call the Family Birth Center receptionist at 657-4900 or the Call Center at 1-800-325-1774 and ask for Dr. Dana Damron.

## Pregnancy and Diabetes

Diabetes is the most common medical complication of pregnancy. Poorly controlled pre-pregnancy diabetes is associated with increased risks of fetal anomaly and pregnancy loss. Poorly controlled diabetes during the third trimester is associated with increased risk of fetal macrosomia, fetal malpresentation, and stillbirth.



*Dietitian and Certified Diabetes Educator Emily Heggem, RD, LN, CDE*

The incidence of gestational diabetes (diabetes diagnosed for the first time during the pregnancy) is increasing. There is also evidence that sub-optimally controlled diabetes is a risk factor for the subsequent development of diabetes or other metabolic problems (e.g. obesity) later in life for the baby.

We believe management of the diabetic pregnant patient is best achieved with a dedicated team approach. The mainstay of therapy for the diabetic patient begins with the American Diabetic Association (ADA) diet, created by a dietician and nutritionist. Intensive education with nurse educators is crucial. Finally, Dr. Damron has extensive experience in managing and caring for pregnant patients with diabetes. Diabetes during pregnancy is quite different from diabetes care for the non-pregnant patient.

We are happy to announce the creation of the Deaconess Billings Clinic Diabetic Pregnancy Clinic. This will combine the services of dietetics and nutrition, nurse education, and physician experience. When patients are referred, they will have the opportunity to visit with each person or service at the same time in the same place.

Care will be coordinated for the benefit of

the patient. This will be much easier for the patient and should result in improved outcomes.

If patients are referred for assistance with diabetes, they will still continue to see their primary obstetrician or family physician for obstetric care and delivery.

Appropriate patients for referral include:

- Non-pregnant diabetic patients considering pregnancy, for pre-pregnancy counseling.
- Diabetic pregnant patients, whether Type I or Type II
- Newly diagnosed gestational diabetics

The DBC Diabetic Clinic will start in July. Please feel free to contact us at 255-8411, ext. 2466, or 1-800-325-1774, if we may be of service.

## DBC Maternal-Fetal Medicine

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## Group B Streptococcus Protocol

Vertical transmission of Group B Streptococcus (GBS) during labor or delivery may result in invasive GBS sepsis of the newborn, a potentially fatal infection. We have summarized the recommendations of the Centers for Disease Control (CDC) and the American College of Obstetrics and Gynecology (ACOG) for testing and treatment during pregnancy. This may be of benefit to you or your hospital.

### 1. Intrapartum prophylaxis indicated:

- previous infant with invasive GBS disease (e.g. sepsis)
- GBS urine culture during current pregnancy
- positive culture during current pregnancy obtained at 35 – 37 weeks
- unknown or pending culture **and** any one of the following:
  - delivery < 37 weeks
  - rupture of membranes > 18 hours
  - intrapartum fever, temp of 100.4 F (or 38.0 C) or greater

### 2. Intrapartum prophylaxis not indicated:

- previous pregnancy with positive culture but negative culture with current pregnancy
- planned cesarean delivery **and**:
  - intact membranes
  - not in labor
- negative culture during current pregnancy obtained at 35 – 37 weeks (or within previous four weeks)

### 3. Treatment

- PCN is drug of choice
  - 5 million unit load, then 2.5 million q 4 hours IV
- PCN allergy
  - should obtain sensitivity for clindamycin (900 mg IV q 8 hours) and erythromycin (500 mg IV q 6 hours) use these agents **ONLY** if sensitivity profile available
  - if not available, determine if patient high-risk anaphylaxis or low-risk
  - high-risk: patient has experienced anaphylaxis, or patient has asthma
  - use vancomycin; 1 g IV q 12 hours
  - low-risk: historical risk, mild rash, etc
  - use cefazolin; 2g IV load, then 1 g IV q 8 hours

### References:

1. Center for Disease Control and Prevention. "Prevention of Perinatal Group B Streptococcal Disease." MMWR Vol. 51; No. RR-11. August, 2002.
2. ACOG Committee Opinion. "Prevention of Early-Onset Group B Streptococcal Disease in Newborns." No. 279; December 2002.
3. Schrag SJ, et al. "A Population-based Comparison of Strategies to Prevent Early-onset Group B Streptococcal Disease in Neonates." New Engl J Med 2002 347: 233-9.

**Physician's Direct Line: 1-800-325-1774**

for specialist consult, questions or 24-hour air ambulance transport.

Also visit us on-line:

[www.billingsclinic.com](http://www.billingsclinic.com)

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