

December monthly news!

Congratulations to Dr. Miller and Diane and ALL the TMC Labor and Delivery Nurses

Dr Miller's Quote of the Month

"May your stuffing be tasty, May your turkey plump, May your potatoes and gravy Have nary a lump.
May your yams be delicious And your pies take the prize, And may your Thanksgiving dinner be the yummiest of all!
~Author Unknown."



Dr. Hugh Miller

ALERE Changes



Actim Partus test is a fast and simple bedside dipstick test used for identifying patients with a risk of preterm delivery. It also can be used despite the patient having had intercourse in previous 24 hours. The high negative predictive value of Actim Partus test is a safe indication that imminent delivery is highly unlikely.

Qualify patients for ALERE study.

The procedure allows for the qualitative assessment/detection of premature amniotic fluid leakage; i.e., PROM (Premature Rupture of Membranes). The Fern test is often run in conjunction with the Nitrazine test to confirm or rule out the presence of amniotic fluid.

 **Cervical Ripening Balloon**
THE INDUCTION CERVICAL SOLUTION



"Is HERE this MONTH"

Cook Cervical Ripening Ballon (CRB) study is to compare the CRB plus Pitocin to Pitocin alone for induction in term and near term PROM patients not in labor. Cervical ripening and induction of labor continues to be a significant problem for patients with premature rupture of membranes (PROM) at term and near term with an unfavorable cervix.

SCREENING CRITERIA

1. Singleton or twin pregnancy, ≥ 18 years old and agrees to participate
2. GA 34w0d to 42w0d @ time of enrollment
3. Premature rupture of membranes (PROM) not in labor
4. Bishop score ≤ 6
5. **No evidence** at time of enrollment of:
 - Chorioamnionitis
 - Malpresentation
 - History of prior C-section or uterine surgery
 - Major fetal anomaly
 - Significant vaginal bleeding
 - Multiple gestation \geq triplets
 - Contraindications to vaginal delivery
 - Contraindication to labor induction
 - Abnormal fetal heart-rate patterns
 - Maternal heart disease
 - Severe maternal hypertension
 - Patient receiving or planning to undergo exogenous prostaglandin administration
 - Polyhydramnios
 - Pelvic structural abnormality
 - Presenting part above the pelvic inlet

Get your online training to Consent patients and be part of research!

Human Subjects Protections Training:

<http://phrp.nihtraining.com>

Voluntary training you can do online for free. Learn about the ethics and process involved in protecting human subjects in research and how to consent patients in a safe and responsible manner according to federal regulations

When training is complete, please print certificate from website and contact WOMB research staff, 881-9662

Contact Diane Mercer/WOMB research staff with any questions or interest at 520-881-9662 or mercier.diane@gmail.com

Have literature, fun facts or a good comic/joke you would to see in our newsletter. Send an email to njones.womb@gmail.com all emails will be reviewed and will be chosen monthly to place in our newsletter.



W.O.M.B Bucks Reward Values

(To Qualify ALL documentation must be completed correctly)

Thing that we are looking for to receive

- Identifying a qualified patient: **Must meet all Inclusion/Exclusion Criteria**
- Consenting a patient, signed consent **NO missing initials or signatures**
- Obtaining specimens after patient signed consent
- Labor and Delivery Study patients care and All documentation completed
- Documenting in EPIC chart all research patient notes
- Contacting W.O.M.B. staff if patient enrolled at 520-881-9662, leave message after hours.



W.O.M.B. Buck Value

(See W.O.M.B. staff)



A panel of doctors was asked for their opinions concerning a proposal to build a new wing to their hospital. This was what they said:

- The Allergists voted to scratch it.
- The Dermatologists preferred no rash moves.
- The Psychiatrists thought it was madness.
- The Radiologists could see right through it.
- The Gastroenterologists had a gut feeling about it.
- The Neurologists thought the administration had a lot of nerve.
- The Obstetricians stated they were laboring under a misconception.
- The Ophthalmologists considered the idea short-sighted.
- The Pathologists yelled, "Over my dead body."
- The Pediatricians' said, "Grow up!"
- The Plastic Surgeon said, 'This puts a whole new face on the matter.'
- The Podiatrists thought it was a step forward.
- The Urologists felt the scheme wouldn't hold water.
- The Surgeons decided to wash their hands of the whole thing.
- The Anesthesiologists thought the whole idea was a gas.
- The Cardiologists didn't have the heart to say no.

Current Studies Enrolling

In Patient

- 17 PPROM weekly Makena Progesterone injection vs Placebo for patients who have ruptured their membranes between 23w0d and 31w6d at time of enrollment
- ALERE: Actim Partus Test
- Removal vs Retention of Cerclage in PPROM between 22w-32w 6/7 GA, Cerclage in place ≥ 1 week. ACTIVE labor is excluded

Outpatient

- Makena 17P weekly progesterone injection vs Placebo for patients with a history of pre-term delivery at < 37 weeks GA
- Family Alliance Study, Smoking Intervention for pregnant smokers with a viable GA ≥ 14 weeks – 28w 6/7. Must be fluent in English

 Cervical Ripening Balloon



Contact W.O.M.B with any questions or comments:



Watching Over Mothers and Babies

5301 E. Grant Road
TMC Hospital; Annex
Tucson, AZ 85712
(520) 881-9662 (520) 426-3207 pg.
(520) 795-0626 fax
email: mercier.diane@gmail.com



Happy Holidays on behalf of W.O.M.B staff
Dr. Miller, Diane, Nadine and Danielle