



AWHONN

OREGON

PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

OREGON SECTION

MARCH 2014 VOL. 1 NO. 1

Greetings From Your Oregon AWHONN Chair

by Deb Castile, MN, RNC, CNS, NE

Welcome to 2014. It is hard to believe that I am creating my welcoming section of the very first Oregon AWHONN Section Newsletter. I am very excited that Oregon will have a new way to network and hope you will be excited too.

The 2012-2013 term was my first term as your Oregon AWHONN Section Chair. I have now begun my second two-year term (2014-2015) as your Oregon AWHONN Section Chair. 2013 wrapped up with your leadership team saying goodbye to our two-term (four years) Secretary/Treasurer, Ruth Offer. Ruth did a fabulous job in her role and was a

huge help to me during my first term as your Section Chair. While Ruth may have served her term limit as the Secretary/Treasurer, we will still see her around and continue to welcome her as one of the Conference Committee members.

As we mourn the loss of Ruth, we celebrate her successor Becky Moore. You will now see Becky, our new Secretary/Treasurer, carrying the stack of folders and paperwork as well as the checkbook around for Oregon AWHONN. Becky is a Nurse Manager for Sacred Heart RiverBend in Springfield, Ore. and has been a member of

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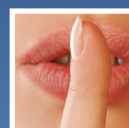
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"Worry is the interest paid on trouble before it comes due." – William Ralph Inge

Celebrate the Magic of Nursing Excellence in Orlando

Join your Oregon AWHONN Leadership team, AWHONN Convention winner Teresa Morescalchi, other fellow Oregon nurses and more than 3000 nurses at the 2014 AWHONN Convention. This year's convention will be held at the Disney Coronado Springs Resort in Orlando, Florida. "The resort is located just east of Disney's Animal Kingdom®

Theme Park and close to Epcot® and Disney's Hollywood Studios®." You will gain a full year of benefits through new and greater knowledge that you can apply directly to patient care.

To find out more, check out the convention Web site at www.awhonntagconvention.org. §

Greetings

(Continued from page 1)

the conference planning committee for a number of years as well as the Southwest Willamette Valley Chapter Leader. Interesting to note, Becky and I served as your conference co-chairs between 2009 and 2011. I look forward to working closely with Becky again.

As your Section Chair, the goal for my first term was to create a solid Oregon AWHONN Leadership team who had a vision for growth and innovation for our state's future. The goal for my second term is to turn your Oregon AWHONN Leadership team's vision into reality. Some of your 2012-2013 Leadership team's visionary ideas were to create ways to:

- Communicate better with its members
- Increase Oregon AWHONN's visibility
- Engage Oregon members in professional activities
- Increase educational opportunities

As we see some of our visionary goals become reality, you don't need to worry. When one goal is fulfilled, there is another one waiting to get added to the list.

As a means to increase communication to our membership body, I am honored to welcome you to the first Oregon AWHONN Newsletter. Your Oregon AWHONN Leadership team brainstormed ways to engage more with our members. We thought that publishing Oregon AWHONN Newsletters in March, July and November would help us communicate with you. While we, as leaders, will have sections in the newsletter, there will also be a membership spotlight section. We welcome your submissions for the newsletter as well. If you would like to submit an article for the next newsletter or have newsletter comments, please send your ideas and comments to our Editor, Donna Talain, at newsletter.orawhonn@outlook.com.

To increase Oregon AWHONN's visibility around the state, Oregon AWHONN desires to partner with hospitals and other organizations in educational

activities. During 2013, Oregon AWHONN had the opportunity to be visible at the Northwest Perinatal Network (NWPRN) conferences, Swanman Perinatal Conference, the Northwest Area Childbirth Education Forum and at Portland Providence's "Understanding the Opioid Dependent Pregnancy" presentation. Already in 2014, we are planning on being present at the Professional Education Center's Advanced Fetal Monitoring conference where Lisa Miller is the presenter and again at the NWPRN conferences and Swanman Perinatal conference. We would like to increase Oregon AWHONN's visibility. If you know of other venues where Oregon AWHONN could engage, please contact Deb Castile at chair.orawhonn@outlook.com.

*As we see some of our visionary goals become reality, you don't need to worry.
When one goal is fulfilled, there is another one waiting to get added to the list.*

Engaging Oregon members in professional activities has been very exciting. At the 2012 Oregon AWHONN Conference, we awarded an attendee travel expenses to attend the 2013 AWHONN Convention in Tennessee. When an AWHONN supporter heard what Oregon was doing, this individual matched Oregon AWHONN and covered the expenses for a second attendee to go to the 2013 AWHONN Convention. I am pleased to say that April Smith and Joni Scholz attended the 2013 AWHONN Convention representing you as Oregon AWHONN members. There were a total of 41 nurses from Oregon at the 2013 AWHONN Convention, and we hope to increase our numbers for the 2014 Convention. For the 2014 AWHONN Convention, Teresa Morescalchi will be your representative. We have also given away AWHONN memberships to Syndee Lytle (from 2012 conference) and Shaunna Farnier (from 2013 conference). In addition, our very own Oregon resident, Lisa Miller, awarded a 2013 conference attendee an AWHONN membership. The lucky winner of Lisa's membership was Stephanie

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Meet Your Oregon AWHONN Leadership Team

Section Chair

Deb Castile, MN, RNC-OB, CNS, NE
Deb is a Clinical Nurse Specialist with 20 years experience in High Risk Obstetric care. Deb currently is focusing on patient safety and quality care for the PeaceHealth Organization covering hospitals in Alaska, Washington and Oregon. Patient care is Deb's passion, therefore, she also holds a Resource Nurse position in Labor and Delivery at OHSU.

Secretary/Treasurer and Southwest Willamette Valley & Vicinity Chapter Chair

Becky Moore, RN
Becky is the Postpartum Nurse Manager at PeaceHealth Sacred Heart RiverBend in Springfield. She began her nursing career fifteen years ago as a postpartum Staff Nurse. Prior to becoming the Nurse Manager, Becky was the

postpartum Clinical Manager/Educator.

2014 Oregon Section Conference Co-Chairs

Robin Cothrell-Tubbs, MN, RN
Nancy Alt, BSN, RNC-OB
Nancy has worked in various aspects of obstetric nursing for the past 32 years. She previously worked in L&D and nursing education. She currently works as an OB/Gyn clinic triage nurse.

Chapter Coordinator and Nominating Committee Chair

Robin Cothrell-Tubbs MN, RN
Robin is an obstetric nurse of 30 years whose roles have spanned from Staff Nurse to Nurse Educator. Robin is currently applying her knowledge and experience in obstetric informatics as an analyst for the system-wide adoption of a standard electronic medical record.



Back row (L to R): Benjamin Franklin, Donna Talain, Becky Moore, Deb Castile, Abraham Lincoln; Front row (L to R): Kendra Coleman, Ruth Offer, Pat Scheans

Portland Metro Chapter Chair

Leona Logue, MN, RN, CNS
Leona's OB/Gyn career spans 29 years in the roles of OB Staff Nurse, OB Supervisor, OB/Gyn Nurse Practitioner and currently, as a Perinatal Clinical Nurse Specialist at Legacy Health.

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Oregon AWHONN Fall Conference: Catch the Wave



2014 Oregon AWHONN Conference
September 14 - 16
Salishan Spa and Golf Resort

We are pleased to announce that 2014 Oregon AWHONN Conference planning is well underway. This year's conference will be September 14 - 16, 2014. Save those dates!

We will be returning to the beach this year and the beautiful Salishan Spa and Golf Resort located in Gleneden Beach, Oregon. We invite you to "Catch the Wave" and join us. Our goal this year will be to provide you a program packed with practical, tangible information pertinent to your practice.

Watch for news about the 2014 Oregon AWHONN Conference, including registration information, coming soon to the Oregon AWHONN Web site. §

Oregon AWHONN Leadership Team

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Mid-Willamette Valley & Eastern Oregon

Open Positions

From the Editor's Desk

Change... Love it or leave it. It happens. It's an inevitable part of life. Your Oregon AWHONN Leadership team is hoping you'll love this change. We've been working hard to get you this inaugural issue of the Oregon Section newsletter to increase membership engagement and facilitate communication with and among its members.

It's a work in progress, so if you have suggestions or ideas for content, we welcome them. Know someone that deserves to be in the spotlight? Researched something new that we should all know about? Let us know!



Change can be difficult and sometimes exciting. In the end, all we really have control over is how we react to the changes in our lives. We're excited about this one and we hope you are too. §

Donna Talain

Treasurer's Report



Oregon AWHONN entered 2014 with sound finances and a

budget approved by AWHONN. Income comes from the yearly conference and from a portion of yearly membership dues. Our commitment is to give back to our membership. All officers and chapter leaders of Oregon AWHONN are volunteers. We are continuing the tradition of using our resources to provide outstanding educational experiences throughout Oregon. Oregon AWHONN financially supports local chapters offering speakers and other educational

experiences. In 2013 and again in 2014, Oregon AWHONN purchased access for Oregon members to the AWHONN library of recorded webinars. These webinars offer CEU's and a large variety of learning opportunities related to women and newborns. In addition to these educational benefits, each year Oregon AWHONN matches the contribution of conference attendees to a local charity. We will again be sponsoring a lucky member to the 2014 AWHONN Convention in Orlando, Florida. As a non-profit entity, Oregon AWHONN returns any excess funds to AWHONN to be used in national initiatives in the support of women and newborns. §

**Oregon AWHONN
Leadership Team
(Continued)**

Membership Chair

*Kendra Coleman, MS, BSN, RN,
NE-BC*

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**Legislation Chair
*Open Position***

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Congenital Heart Disease (CHD) Screening

by Pat Scheans, DNP, NNP-BC

- ♥ 5-10/1000 births - the most common birth defect
- ♥ 4/1000 require treatment in the first year of life
- ♥ 23% detected prenatally
- ♥ 44% detected by physical exam alone
- ♥ 39% diagnosed on subsequent admission
- ♥ 1% die pre-detection
- ♥ 7 critical CHD (cCHD) need intervention/present with hypoxemia (17-31% of CHD):
 - ♥ Hypoplastic left heart syndrome
 - ♥ Pulmonary atresia, intact septum
 - ♥ Tetralogy of Fallot
 - ♥ Total anomalous pulmonary venous return
 - ♥ Transposition of the great arteries
 - ♥ Tricuspid atresia
 - ♥ Truncus arteriosus
- ♥ 43% with late diagnosis are in shock on admission



The goal of cCHD screening is to identify asymptomatic newborns with pulse oximetry screening so that needed interventions can be performed, preventing the return of an infant to the hospital in extremis. Critical CHD screening has been endorsed by the U.S. Department of Health and Human Services, the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, the American Academy of Pediatrics, the American College of Cardiology, the March of Dimes, and the National Association of Neonatal Nurses.

In June 2013, Oregon became the tenth state to mandate cCHD screening with Oregon Senate Bill 172 (SB172). SB172 directs the Oregon Health Authority (OHA) to adopt rules to require hospitals and birthing centers to perform pulse oximetry screening on every newborn infant delivered at a hospital or birthing center before discharging the newborn.

Congenital Heart Disease (Continued from page 5)

In order to meet this legislative mandate, OHA adopted temporary rules on January 1, 2014, that require hospitals and birthing centers to begin pulse oximetry screening on newborns starting March 1, 2014. Screening must be done in a manner consistent with national recommendations that are referenced in the temporary rules. Hospitals and birthing centers must:

- ♥ Adopt policies and procedures
- ♥ Notify the parent or legal guardian and the newborn's health care providers of the results of the screening
- ♥ Provide follow up services or treatment for the newborn, as necessary, or provide necessary referrals
- ♥ Document the screening and other information in the newborn's medical record

As used in SB172, "birthing facility" means a health care facility, as defined in ORS 442.015, that provides services related to the delivery of newborns. In ORS 442.015, "health care facility" means a hospital or a freestanding birthing center – a facility licensed

for the primary purpose of performing low risk deliveries.

Refer to the following resources for more information on how to implement cCHD screening at your birthing facility.

American Academy of Pediatrics (AAP) "How-To" Article

Kemper, A. R., Mahle, W. T., Martin, G. R., Cooley, W. C., Kumar, P., Morrow, W. R., ... Howell, R.R. (2011). Strategies for Implementing Screening for Critical Congenital Heart Disease. *Pediatrics*, 128(5), e1259-e1257. doi:10.1542/peds.2011-1317

AAP Web Site on Newborn Screening for cCHD

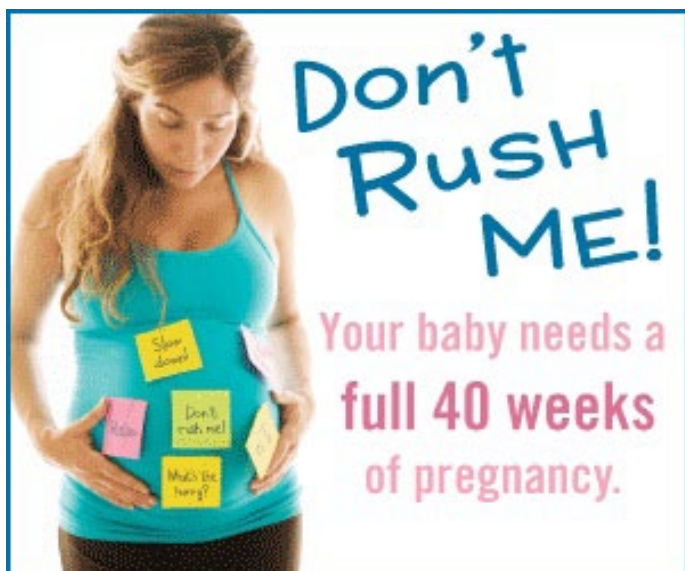
www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-Screening-for-CCHD.aspx

Centers for Disease Control and Prevention

www.cdc.gov/ncbddd/pediatricgenetics/pulse.html

Toolkit from Children's National Medical Center

www.childrensnational.org/PulseOx/HealthCareProvidersResources.aspx §



*Nobody likes to be rushed...
...especially babies
Visit www.health4mom.org*



AWHONN Webinar Series

Oregon AWHONN purchased the entire AWHONN Webinar Series for its membership body. Check your email from the beginning of January for instructions on how to access the webinars. If you need assistance, contact Deb Castile at chair.oraahonn@outlook.com



What Researchers Don't Tell You About Hysterectomy

by Nancy Irland, DNP, RN, CNM

Recently, a young mother of three said to me, "I'm seeing my doctor about a hysterectomy. I'm so tired of bleeding!" I replied, "Hold the phone; there's something you should consider beyond bleeding."

We all know that hysterectomy is not a benign operation, for more reasons than one. What has been under-reported in the literature is that hysterectomy can negatively affect one's sexual life in the following ways:

- Decreased or absent libido
- Decreased orgasmic frequency and intensity
- Decreased vaginal length
- Painful intercourse
- Decreased overall sexual function

As such, hysterectomy is a decision that should not be taken lightly. Before a woman hands over her reproductive organs to the surgeon, she should know that the "Bible" of evidence-based medicine — peer reviewed literature — has overlooked some

significant findings related to hysterectomy, and has led some women down the path to regrets.

Researchers at Rutgers University reviewed 20 articles published since 1977 that specifically studied how hysterectomy affects a woman's sexual response (Komisaruk, Frangos, & Whipple, 2011). The prevailing — and most often promoted — view in the literature was that hysterectomy improves a woman's quality of life and sexual function and decreases painful intercourse. However, the Rutgers University researchers discovered a key component was missing from all the studies; a component they considered to be "a crucial omission in the literature" (Komisaruk, et al., p. 1).

Many providers over the past 30 years have blamed *psychology* on the reports of decreased sexual response. Why do they always leap to that? As Komisaruk, Frangos, and Whipple point out, however, since hysterectomy requires cutting the nerves that supply sensory information to the

Hysterectomy (Continued from page 7)

cervix and uterus, why wouldn't physiologic factors be more likely?

Many providers have blamed psychology on the reports of decreased sexual response

It turns out that in every paper these authors reviewed, some of the participants reported negative effects on their sexual function after hysterectomy. The question that was missing from every study, however, was the one that could sort out who might suffer sexual dysfunction as a result of hysterectomy, and who might not. The missing question? "What is your preferred location for sexual stimulation and sexual response?" Komisaruk, et al., suggest that because of the specific nerves that are severed, women whose preferred location was the clitoris would experience fewer negative effects on their sexual response after hysterectomy, while those who preferred vaginal or cervical stimulation would notice a decrease in sensation and an accompanying decrease in sexual response.

For a myriad of reasons, hysterectomy is sometimes the

best, or only choice for some women. But for some, especially those whose primary objective is to abolish monthly periods or heavy bleeding, there are other options. None of the alternatives comes without risk of course, but methods include a progesterone IUD and endometrial ablation, which reduces thickness of the uterine wall and reduces bleeding; myomectomy, or surgical removal of the fibroid; and uterine artery embolization, which cuts off the blood supply to the fibroids, effectively shrinking them to reduce bleeding (WebMD, 2012).

Hysterectomy is a decision that should not be taken lightly

Hysterectomy is a decision that should not be taken lightly. Non-surgical alternatives could be a good first step. As the saying goes, "You don't know what you've lost until it's gone." §

References

Komisaruk, B. R., Frangos, E., & Whipple, B. (2011). Hysterectomy improves sexual response? Addressing a crucial omission in the literature. *Journal of Minimally Invasive Gynecology*, 18(3): 288-295. doi:10.1016/j.jmig.2011.01.012

WebMD, (2012). *Alternatives to hysterectomy*. N. Todd, Editor. Retrieved March 3, 2014. <http://women.webmd.com/alternatives-to-hysterectomy>

Welcome Oregon AWHONN New Members

Trisha D Alexander, RN
Vivian Campbell, AD, MBA, BA
Monica Darco, RN
Rachel Evans, RNC
Sarah A. Gleason, RN, BSN
Lisa M. Gonzales, RN, IBCLC
Dionne Heiner
Nancy M. Ibarra, RN
Stephanie Marie Kyle, AD, RN
Amber Loreda, AD, RN
Lisa Maria Melendez-Trily, BSN, RN
Divina G. Mooney, RN
Jan Pearce, RNC, IBCLC
Jessica Rademacher, RNC
Mary Ann Skach, BSN
Lori Ann Stoe, AD, RN

Recruit three new members and receive a free membership!



In Remembrance of Jensea Chauvin

The Perinatal Committee suffered a tremendous loss with the unexpected passing of Jensea Chauvin. Jensea had a passion for obstetrics. She was not only a nurse at Salem Health; Jensea was also the Oregon AWHONN Mid-Willamette Valley Chapter Chair.

Jensea will be remembered by her husband, five children, and her entire obstetric community.

If you would like to submit an article for the next newsletter, please send your ideas for review to our Editor, Donna Talain, at newsletter.oraahonn@outlook.com

Southern Oregon Chapter News

by Linda Veltri, PhD, RN

The Southern Oregon Chapter held its 2013 fall meeting at Asante Rogue Regional Medical Center located in Medford, Ore. Our guest speaker, Diana Nemriovsky, MS, CNM did a fabulous job of discussing how nurses can support a woman's choice for natural childbirth and the use of non-pharmacological ways to relieve the discomforts of childbirth. Diana's presentation was followed by a rousing discussion among attendees about barriers to and practical suggestions for incorporating alternative birthing choices and methods into nursing care.

Our chapter also recently welcomed Nica Pap into the position of Membership Liaison. Nica hit the ground running in her new role. She was very busy at the 2013 Oregon AWHONN Conference working at the membership table and collaborating with the Oregon AWHONN's Membership coordinator.

Chapter member Ginnie Kim, RN, MSN headed to Rwanda, Africa in late January to train

healthcare workers and birth attendants, working in a remote district hospital, in basic neonatal resuscitation skills. Ginnie and her team are using the Helping Babies Breathe program which has been specifically designed for use in resource-poor countries as well as supports Countdown 2015 and WHO's Millennium Developmental goals of improving maternal, newborn and child survival rates. Visit the following links to learn more:



www.helpingbabiesbreathe.org

www.countdown2015mnch.org/reports-and-articles/2012-report

www.who.int/topics/millennium_development_goals/en §

Stay Connected with Oregon AWHONN



Email is the primary source of communication from your Oregon AWHONN Leadership and Conference teams. If you need to update your AWHONN profile or you know of members who are not receiving emails from Oregon AWHONN, please encourage them to log onto the AWHONN Web site and update their profile. Conference brochures will also be mailed to mailing addresses. Please help reduce the number of returned emails and brochures due to incorrect addresses.

Updating Your AWHONN Profile

- Go to www.awhonn.org
- Log in to AWHONN. If you have never done this before or if you have forgotten your username or password, click on "Search for your username and/or password" and follow the prompts.
- Once logged in, you are taken to "My Profile"
- Scroll down to "Links and Tools" and click on "Update password and profile"
 - Change your email address
 - This is also where you would change your address, employer, certifications and degrees.

If you haven't completed a profile for AWHONN before, we encourage you to do so! §

Member Spotlight: Greta Horn & Darlene D'Angelo-Wilson

We would like to celebrate two bedside nurses and AWHONN members who are taking their nursing research poster internationally. Greta Horn, RNC-OB and Darlene D'Angelo-Wilson, RNC-OB will be presenting at the Nursing Midwifery Conference at the Royal College of Surgeons in Dublin Ireland February 19 and 20, 2014. Their project "Does the Coping Assessment for Laboring Moms (CALM) Scale Enhance Perception of Nursing Presence?" evolved from a desire to create a more meaningful and effective method to assess a

laboring patient's ability to cope. Use of the CALM assessment tool and proposed nursing guidelines indicated there were several areas where the findings were statistically significant in improving patient satisfaction. This study is also in process for replication at Brigham and Women's Hospital in Boston. §

*Know an Oregon AWHONN member that deserves to be in the spotlight?
Send us your story.*



Pictured (L to R): Greta Horn, Mimi Pomerleau 2013 AWHONN President, and Darlene D'Angelo-Wilson with the CALM poster

Greetings (Continued from page 2)

Hammersmith. Oregon AWHONN also awarded a 2013 conference registration to Karen Lambert who, unfortunately, was unable to attend the conference. For the 2014 conference, we will be seeing Kara Johnson in attendance.

That is not it. The most exciting thing has been getting "young" nurses involved in our professional organization. During the 2012 conference, we invited three nursing students from University of Portland — Olivia Seltzer, Christine Schwaeber and Julie Sweet — to join the Conference Committee and in 2013 we invited four nursing students from OHSU's Ashland campus — Kate Dempsey, Kerensa Ritchie, Nica Pap and Aliya "Erika" Shelton — to participate. I know at least one of the three students from 2012 is now working on an OB unit, and one of the 2013 committee students is now an Oregon

AWHONN member liaison. I can't wait to see what the 2014 Conference Committee has in store for student participation.

It is now my pleasure to introduce you to your Oregon AWHONN 2014 Leadership team. They have all been a part of the Leadership team over the last two years. However, some of their roles have changed. Becky is now the Secretary/Treasurer so we are looking for a replacement for the Southwest Willamette Valley Chapter Lead. Robin has taken on an additional role as the 2014 Conference Co-Chair replacing Sara Pompel. Sara and Ruth (past Secretary/Treasurer) will continue as Conference Committee members. You will find the complete list of your 2014 Oregon Leadership Team and their email addresses in the column to the left of pages 4 and 5.

I am very excited to see what 2014 has in store for Oregon AWHONN. §

Meet the Team**(Continued from page 3)****Southern Oregon Chapter Chair***Linda Veltri, PhD, RN*

Linda is Clinical Assistant Professor at Oregon Health and Science University, Ashland campus where she teaches maternal-newborn nursing. Linda has been an obstetric nurse for 18 years and worked as a nurse educator for the past 12 years.

Central Oregon Chapter Chair*Mara Kerr, MN, RN***Membership Chair***Kendra Coleman, MS, BSN, RN, NE-BC*

Kendra started her nursing career in the Midwest. Her nursing experience includes the roles of Staff Nurse, Charge Nurse, Nurse Manager, and Adjunct Faculty. She is currently the Nurse Manager of Women's Services at Legacy Emanuel and Adjunct Faculty at Lower Columbia College.

Evidence-Based Liaisons*Neonatal: Pat Scheans, DNP, NNP-BC*

Pat is a neonatal nurse practitioner with 30 years of experience in the care of newborns and their families. Her current focus is on the education of clinical staff both at home in Oregon and abroad.

Women's Health: Nancy Ireland, DNP, RN, CNM

Nancy's obstetric experience spans 41 years and includes the roles of LDRP staff nurse and nurse-midwife in private practice. She was selected as the Oregon March of Dimes Nurse Educator of the Year in 2013. Her current role is Perinatal Clinical Specialist for Providence St. Vincent Medical Center.

Newsletter Editor*Donna Talain, RN, BSN, MBA*

Donna's obstetric experience spans three years. She is currently a Staff Nurse in Women's Services at Legacy Emanuel Hospital. §

**And the Winner is...
Diana Richardson**

Diana Richardson from Legacy Emanuel in Portland won complimentary registration to the 2014 AWHONN Convention through AWHONN's *Every Woman, Every Baby* campaign. Gifts to *Every Woman, Every Baby* help achieve important outcomes for our most precious resources, our patients. Your gifts support our work to improve care for late preterm infants, increase breastfeeding, champion spontaneous labor and encourage healthier habits for women at every stage of life.

The Oregon Section won this year's participation contest with 13.2% of our members donating a total of \$1,892 to the campaign. Diana was randomly selected from the Oregon donors to receive this year's prize. Virginia won this year's donations contest with a total of \$10,446 donated.

Help support a lifetime of family memories by making a donation to *Every Woman, Every Baby* today.



Oregon AWHONN is affiliated with the Association of Women's Health, Obstetric and Neonatal Nurses. AWHONN promotes the health of women and newborns with programs and activities concentrated on childbearing and the newborn, women's health, and professional issues.