

## Wake County Human Services

All pregnant mothers seen in the health department's low risk prenatal clinic are screened for a history of preterm birth. If the patient has such a history, a brief screening tool is completed to determine whether or not she is eligible for 17P treatment. If so, the mother is counseled about the medication and before they give the mother her first shot, they ask her to sign a form (English and Spanish) that says she agrees to the treatment. Since continuous use of 17P is very important, they want to be sure that all mothers understand the treatment and commit to it before they start. If she is already 16 weeks pregnant, the low-risk clinic starts 17P with the woman at that visit. Mom is then referred to WakeMed Faculty Physicians High Risk OB Clinic for the remainder of her prenatal care. Orders for skilled home nurse visits are also put into place at that visit and the patient's chart is flagged with a green sticker alerting the provider that the Public Health Nurse is available to provide the injections in the home if the patient does not need to be seen in clinic for other care.

Wake County Human Services offers skilled home nurse visits to all high-risk pregnant women, including those taking 17P. Nurses contact the mother to confirm that she would like to receive her weekly 17P injections at home. Most consent immediately. The rest of the mothers consent usually after their first clinic visit for their shot. The wait time for a 17P injection in the clinic can take a long time. The patient's vial is kept in the WakeMed pharmacy and must be sent from the pharmacy to the clinic while the woman waits. So home visits are both convenient and cost effective for the mothers.

Both the high-risk clinic and the health department have established a close partnership with their billing office and pharmacists both in terms of ordering 17P, paying for the medication, and safe storage.

What are their keys to success? The health department was aware that premature birth was the number one cause of infant mortality for North Carolina. After attending the videoconference supporting 17P as one way to reduce these numbers was logical and very important to them. They have also eliminated payment barriers, which was the top reason why mothers use to decline the treatment. Having the medication available free of charge was the first critical step. Providing home visits saved the mothers' time, transportation costs, and in many cases a facility fee that is charged for every high-risk clinic visit. Finally, they have dedicated home visiting maternal health nurses and other dedicated staff who are committed to making this happen. Lynda Dixon in particular has provided leadership to this initiative. She provides training for nurses, serves as a project point person, and is available to troubleshoot any problems. This has been a collaborative effort including the low risk clinic, the Wake County Human Services Pharmacy, the providers and staff at WakeMed. Everyone has been supportive of this initiative and has worked to eliminate any barriers. Lynda also attends daily hospital rounds to be sure that patients who are taking 17P and are hospitalized continue to receive their injections when discharged. The high-risk mothers within the Wake County Health Department and WakeMed systems are clearly in very good hands!