

**NC Child Fatality Task Force
Perinatal Health Committee
Meeting Minutes
January 5, 2009**

Present

Anna Bess Brown, Nancy Chescheir, Lee Dixon, Russ Fawcett, Rep. Dale Folwell, Janice Freedman, Joe Holliday, Steve Kandall, Julia Leggett, Laura Louison, Gerri Mattson, Belinda Pettiford, Sen. William Purcell, Anne Sayers, Sarah Verbiest, Tom Vitaglione, Selena Childs

Welcome and Introductions

Following introductions the group was reminded that Selena Childs would not be returning to the Child Fatality Task Force as the Executive Director following the birth of her baby. She will be working instead at the UNC School of Social Work. We appreciate her excellent work and wish her all the best in her new work and motherhood endeavors.

Draft Recommendations for Long Session

- Appropriate \$97,000 to support the 17P Project to reduce the risk of recurring preterm birth. Steve Kandall moved, Anne Sayers seconded, passed without opposition.
 - To do:
 - Update cost-benefit sheet
 - Follow up on county based data
- Recommendation: The North Carolina Division of Medical Assistance should seek a Medicaid 1115 waiver to offer a package of interconceptional care services to low income women at risk for delivering prematurely. Anne Sayers moved, Steve Kandall seconded, passed without opposition.
 - The Institute of Medicine (IOM) Safety Net Task Force is going to recommend that the federal government (CMS) allow the Medicaid 1115 Waiver to provide limited Medicaid coverage for up to two years or until they become pregnant again (whichever comes first) to moms who have had a poor pregnancy outcome (early birth, low birth weight, congenital anomaly, neonatal death). NC will need to demonstrate that this coverage can expand care, reduce infant mortality, and that the costs will be neutral. A previous preterm birth is the strongest predictor of a subsequent preterm birth.
- Appropriate \$250,000 to continue funding for the Safe Sleep campaign. Steve Kandall moved, Janice Freedman seconded, passed without opposition.
 - The Safe Sleep campaign includes print materials in English and Spanish, as well as radio public service announcements to raise awareness about 14 safe sleep strategies. Also providing training to day cares, hospitals, and other places where children receive care.

Special Report Draft

- Joe Holliday reviewed the letter from Rep. Stam requesting the study, reminding the group that the Task Force was charged with *performing a study on the most statistically significant causes of early prematurity and very low birth weight. The study should quantify these factors and recommend specific action to deal with them.*

- Sarah Verbiest distributed a DRAFT copy of the report “Preterm and Low Birth Weight Births in North Carolina: Incidence, Risks, and Recommendations for Prevention.” The Committee reviewed the report by section, and offered feedback on each section.
- Both Joe and Sarah noted the challenges in pulling together such a large body of literature and focusing it to be concise. They also prompted group discussion on the meaning of “evidence-based” for the purpose of this report. The group agreed that looking to national leaders and organizations with expertise on this topic is important. They also agreed that it would be reasonable to include promising strategies in the report recommendations.
- Members of the committee also raised the issue of the purpose of the report. Essentially, while the report is meant initially to respond to Representative Stam’s request for information, it also provides the committee with the opportunity to develop a blue print of sorts for addressing the issue of preterm birth in North Carolina. Premature birth is the leading cause of child death. Since the CFTF is charged with addressing these issues, it is useful and important to have a well researched and agreed upon strategy for working together legislatively to address this issue. How this report is shaped, used, and framed is up to the Perinatal Health Committee. The purpose of the report is to dramatize the seriousness of prematurity and surface promising interventions that should be explored.
- Feedback Summary
 - The Problem: no comments
 - Definition - Birth before 37 weeks is considered preterm. Need to clarify how “very preterm” is defined, and note in the report how the age was determined.
 - Occurrence: no comments
 - Causes of Preterm Birth and Low Birthweight
 - Need to define the differences between low birthweight and prematurity, terms are used together so often, it will be important to note what is different
 - It’s good that there is a sentence in there where preterm birth is indicated—might want to expand that a bit, give an example
 - Risk Indicators
 - Reorganize this section to better describe why all of the data elements are included. This includes noting that some of the areas such as Unintended Pregnancy, Abortion, and Adolescent Pregnancy also reflect trends related to stress and poverty, which put women at risk for poor birth outcomes.
 - Unintended Pregnancy: no comments
 - Abortion: no comments
 - Adolescent Pregnancy: clarify how NC’s teen pregnancy rates compares with the nation.
 - Women’s Health: when using the term minority, clarify when Hispanic is included and when it is not—it seems to jump back and forth. This is in part due to the way the data is presented by the State Center for Health Statistics.
 - Cost
 - Medicaid figures are federal and state. Need to consider whether the report should include the total costs, or just the costs to NC.
 - Need to ask the SCHS about how they define the cost period/ timeframe. Need to learn more about how many moms don’t qualify for Medicaid, but the infant does? Be sure the data in the report does include the initial hospital costs, and costs of admission, so the numbers in the report are not too low.

Breastfeeding Workgroup Update

- Developed a hospital friendly approach to breastfeeding, and are planning to approach the hospital association.
- Division of Child Development is updating their handbook to include more information about breastfeeding.
- State Personnel wellness policy is still under development—they say they will do it, but haven't yet.
- Working with Health and Wellness Trust Fund—they are interested in sponsoring a breastfeeding awareness campaign.

Announcements

- “You Quit Two Quit” campaign: a renewed effort in NC to help pregnant and new mothers stop smoking and stay smoke free.
Kickoff: Thursday, January 29
9:30am – noon
William and Ida Friday Center
Chapel Hill
RSVP to Sarah Verbiest sarahv@med.unc.edu, 919-843-7865
- Cystic Fibrosis Newborn Screening initiative is being launched. Contact Lara Perenti for more information. Lara.percenti@ncmail.net 919-707-5634.

Next meeting date: Monday, February 16, 1:30-3:30 pm