

**North Carolina Child Fatality Task Force
Perinatal Health Committee
Monday October 5, 2009 from 1:30 to 4:00pm
Meeting Notes**

Participants: Sarah Verbiest, Joe Holliday (PHC co-chairs), Tom Vitaglione, Karen McLeod (CFTF co-chairs), Amy Mullenix, Anna Bess Brown, Sorian Schmidt, Stan Bingham, Marta Pirzadeh, Janice Freedman, Renee Parks-Bryant, Belinda Pettiford, William Purcell, Latanya Blue, Kevin Leonard, Jeff Livingston, James DeVente, Martha Sue Hall, Austin Allran, Nancy Stone, Amy Hattem, Elaine Clark, Suzanne Lynch, Lynette Tolson, Kate Berrien, Steve Kandell, Francie Scott, Laura Louison, Russ Fawcett, Miriam Labbok, Melanie Buss, Dorothy Clienti, Kathy Hampton, Peg O'Connell, Dale Folwell

Review of 2008 Infant Mortality Data

Highlights from the 2008 data on infant mortality were presented at the beginning of the meeting. Overall infant mortality accounts for 67% of child deaths in North Carolina. Decreases were seen in the infant mortality rate for both Whites & Minorities; with Whites having a larger decrease (4.8%) than Minorities (2.9%). The 2008 Minority IMR is at its lowest rate ever. However, racial disparities in IMR remain, with Minorities continuing to have an IMR more than two times (2.3) higher than Whites. There was a 39% increase in deaths due to Sudden Infant Death Syndrome (136 deaths). This alarming increase is currently under investigation by the NC Medical Examiners Office. Attached is a copy of highlights from the 2008 data.

Impact of Session on Infant Mortality Prevention Programs

High Risk Maternity Clinics - Drs Livingstone and DeVente

Established over 20 years ago as part of the state's effort to strengthen regionalization of perinatal care and address infant mortality, four High Risk Maternity Clinics across the state (Greenville, Fayetteville, Charlotte, Asheville) were given state funding to increase access to specialty care for low-income pregnant women. In this past session, funding for these programs was eliminated. The East Carolina University clinic, however, mounted a defense and was to obtain nonrecurring funding for one year. However, nonrecurring funds require legislative approval to be continued after this year. The ECU clinic has approximately 7600 patient encounters a year and serves 29 counties in Eastern North Carolina, where infant mortality is the highest in the state and access to specialty care is very limited. ECU clinic serves as primary prevention for infant mortality and prematurity. Recent changes in Medicaid reimbursement are driving more OB/GYNs out of taking patients with Medicaid. These issues combined are cause for significant concern, particularly in eastern North Carolina.

Folic Acid - Amy Mullenix

Since the initiation of the NC Folic Acid Campaign, North Carolina has seen a 40% decrease in neural tube defects, with a 72% decrease in western NC where the rates were highest. Basic health care for babies with neural tube defects in the first year of life costs 12x more than that for a healthy baby. The cost savings when looking at ongoing health needs over a lifetime is even greater. As funding cuts were applied over the past few months, funding criteria for public health programs was created. One of these criteria was that the program must provide direct patient care. An excellent public health campaign does not provide direct service. So, in spite of the clear success and cost savings of the folic acid campaign, this program was unfunded. Fortunately, some nonrecurring funds were allocated to make multivitamins available to low-income women. After some negotiation, the folic acid campaign was given limited funds to provide training to the sites that give

away these vitamins. The campaign has back up funding which will allow work on folic acid to continue on a very limited basis only until 2011.

NC Healthy Start Foundation-Janice Freedman

The NC Healthy Start foundation was created almost 20 years ago as part of the state's response to its infant mortality rates which were the worst in the nation. The foundation has provided health information and outreach across the state. Unfortunately, they are also a public health campaign, which does not fit the criteria described above. At present, half of the staff has been furloughed and their emergency reserves will be depleted at the end of October 2009. They have some small grants which is allowing them to keep their doors open in service to North Carolina for now but they are looking at severe reductions in their health education services.

Perinatal Outreach Program

The Perinatal Outreach Program was also developed over 20 years ago as part of a national movement toward regionalized high-risk maternity and neonate care. The 12 regional and 2 state perinatal and neonatal outreach coordinators provide training and technical assistance to health care practitioners across North Carolina. This year they are focusing on improving the quality of care in preterm birth prevention (17P and 39 week initiatives), resuscitation and stabilization for newborns, and catheter associated blood stream infections in hospitalized infants. Their contracts were put in place on June 1, 2009 but have been put forward for cuts because they also are not providing direct patient care. In this context however, clinicians are the target population and in that respect most certainly receive direct care. Cessation of funds for this program will not only curtail these initiatives but risks disengaging the 42 plus hospitals and 54 clinics who have committed to work with the POP program using quality improvement science – a historic new approach to infant mortality in our state.

Safe Sleep - Marta Pirzadeh

The Safe Sleep Campaign will receive \$150,000 in nonrecurring funds beginning November 1, 2009. They have kept the campaign moving forward during the interium period with a small grant from the CJ Foundation. In October they are working with 30 hospitals to implement a safe infant sleep practice protocol and to educate all new parents. There was considerable discussion about the sharp increase in SIDS deaths. The medical examiner is investigating SIDS deaths cases and will hopefully have some insight into spike in deaths soon. We will invite Krista Reagan from the OME to present at our next PHC meeting.

Reducing Recurring Preterm Birth – Sarah Verbiest

The Reducing Recurring Preterm Birth 17P Initiative will receive \$97,000 in nonrecurring funds beginning November 1, 2009. This initiative has built a number of key partnerships including with the Perinatal Outreach Program and the Community Care of North Carolina Network who will work collaboratively with the initiative this year to increase the use of 17P. For more information about this initiative go to www.mombaby.org and click on 17P.

Interconception Medicaid Waiver – Tom Vitaglione

Currently many low-income women are only eligible for Medicaid when they are pregnant in NC, which leaves considerable gaps in care, particularly for women who had a high-risk pregnancy or poor birth outcome. A special provision adopted as part of the budget instructs DHHS to seek a Medicaid 1115 waiver or implement other available Medicaid options to provide interconceptional coverage to low-income women with incomes below one hundred eighty-five percent of the federal poverty guidelines who have given birth to a high-risk infant. A high-risk infant is defined as weighting less than 1500 grams, is born less than 34 weeks gestation, is born with a congenital

anomaly or has died within the first 28 days of life. The research for this work has been completed and the Child Fatality Task Force is awaiting a report.

Case Management Services for Mothers and Babies – Tom Vitaglione and Dorothy Cilenti

The North Carolina Baby Love Program, which has been in place for over 15 years, is a statewide program funded by the Division of Medical Assistance that provides outreach, education, and care coordination to low-income pregnant women. The program serves over 35,000 pregnant women each year. Child Service Coordination services have also been in place for many years and provide outreach, education and care coordination for infants and young children who have high-risk health conditions. Currently, health departments are able to provide care coordination for an entire pregnancy for only \$425/pregnant woman - care that includes home visits and many contacts both before and after the birth of the baby. Recently, the Division of Medical Assistance has put forward a 39% reduction in reimbursement for these services. Health departments had proposed a 20% reduction in reimbursement and then the opportunity to work with DMA to craft a new, cost savings plan for 2011. Unfortunately, the 39% reduction still stands and barring any new developments, layoffs for the 1000 coordinators statewide will begin at the end of October 2009. The loss of these services will not only compromise the health of pregnant women, it will deteriorate the current public health infrastructure. In North Carolina care coordination includes not only brokering service for clients but also addressing psychosocial issues as well including tobacco, addictions, domestic violence, and poverty. The NC Institute for Public Health is seeking funding from the Robert Wood Johnson Foundation to study the impact of these cuts on health outcomes.

Nurse Family Partnerships – Ann Sayers

The Nurse Family Partnership is an evidence-based program that provides nurse home visits to low-income first time mothers beginning before 28 weeks of pregnancy and ending two years after the birth of the baby. This program is currently in 10 counties (8 sites) and is funded by the Kate B Reynolds Foundation, the Duke Endowment, County Governments, and the Division of Public Health. These programs have been developed in North Carolina as a compliment to maternity care coordination, focusing on a specific population of young high-risk mothers. With a strong interest in home visits to low-income mothers at the federal level through health care reform, there may be new resources available for these kinds of program in the years ahead. For more information about Nurse Family Partnerships go to <http://www.nursefamilypartnership.org>.

Updates on Initiatives

Perinatal Quality Collaborative of North Carolina - Kate Berrien

The PQCNC has recently launched two new statewide quality improvement projects. As mentioned previously, the first seeks to eliminate elective inductions before 39 weeks gestation and the second seeks to eliminate catheter associated blood stream infections in hospitalized infants. There are over 60 teams from hospitals across North Carolina who have agreed to participate in this initiatives. For more information visit their website at www.pqcnc.org.

Perinatal Outreach Program - Kate Berrien

The Perinatal Outreach Program is implementing regional and state quality improvement initiatives. As mentioned previously, the perinatal outreach coordinators are working closely with the NC 17P Initiative to implement a 54-site quality improvement program regarding the use of progesterone. This work is an important extension of the work of the 17P Initiative, which does not have adequate funding to provide this level of detailed service. The neonatal coordinators are focusing on resuscitation and stabilization for newborns. The program is these state and their regional initiatives as an opportunity to educate local health departments and private providers about important quality

improvement techniques and methods. This over time will create a culture of applying evidence-based practice through quality improvement strategies across the state.

Family Medicine Meeting-Sarah Verbiest

The first statewide meeting of family medicine clinicians who provide perinatal care was held on September 21, 2009. This meeting brought together key players in this field to discuss issues such as access to care, family wellness, and the prevention of preterm birth. This group expressed an interest in being part of the Perinatal Health Committee.

Substance Abuse Policies & Issues - Laura Louison

The NC Perinatal Substance Use Program received a grant from March of Dimes to examine how local health departments are addressing substance abuse issues in pregnant women. Their study found that there is great variability in substance abuse screening and treatment among LHDs in part because more guidance and support is needed concerning with substance abuse screening and treatment. They also found that the needs of pregnant mothers who use substances are great and that there are often limited resources in communities for LHDs to offer these women if they do screen positive.

Preconception Health-Sarah Verbiest

The North Carolina Medical Journal's Sept/Oct 2009 Issue will focus on the health of women of reproductive age. The publication will be available online at www.ncmedicaljournal.org. The Forsyth Infant Mortality Reduction Coalition received a grant from the Centers for Disease Control and Prevention to sponsor a statewide symposium on preterm birth and preconception health October 27-28, 2009.

March of Dimes-Anna Bess Brown

The March of Dimes, while also impacted by the poor economy, continues to provide support in the form of community grants for a number of perinatal issues in North Carolina and beyond. They also have a strong public affairs network of volunteers ready to speak out on behalf of mothers and babies.

Breastfeeding-Tom Vitaglione & Miriam Labbok

There are many benefits for breastfeeding – both in improving the health of the baby as well as the mother. Unfortunately, in North Carolina there are many issues, which keep us from fully utilizing this low-cost, highly beneficial option for mothers and infants and which keeps mothers from achieving their personal breastfeeding goals. North Carolina is just below the national average on initiation of breastfeeding but falls far short on continuation and exclusivity of breastfeeding. We need to continue to work to educate women, provider and communities about the benefits of breastfeeding. We also need to do more to help women who want to breastfeed achieve their intention. For example, currently 25% of women who clearly express a desire to breastfeed receive formula within 48 hours of delivery. The North Carolina Breastfeeding Blueprint remains an excellent guide for our efforts. The addition of new JACCHO measures for hospitals will be beneficial.

There is currently a lot of activity underway in North Carolina to promote breastfeeding. First, the Health and Wellness Trust Fund is supporting a breastfeeding awareness campaign. The Child Development Division has been revising their manuals and looking at regulations to be sure centers are encouraging and supporting breastfeeding. The Nutrition Branch in the Division of Public Health in partnership with the NC Hospital Association is launching a Hospital Breastfeeding Friendly Initiative. The Carolina Breastfeeding Institute is conducting a study at present to help provide valuable information to the hospital initiative. They also have a strong stakeholder group

and other initiatives underway as well (<http://www.sph.unc.edu/breastfeeding>). Finally, State Personnel is working on a wellness policy to allow for employees to have a break to express milk and a place where they can express their milk and store it.

Other Issues

Rep Folwell expressed that he would like the PHC to consider legislation that would charge someone who killed a pregnant women with two counts of homicide, not just one. He also noted that on behalf of Rep Stam the issue of the role of abortion in preterm birth was still one to be considered.

Home Birth Midwifery in North Carolina - Russ Fawcett

Russ Fawcett with the North Carolina Friends of Midwives gave a presentation about planned home birth in our state. The number of home births is increasing. In their opinion, it is important that women continue to have the right to deliver their babies at home and that these births are attended by a trained midwife so standards of care are maintained. At present North Carolina regulations permit Certified Nurse Midwives to perform home deliveries with physician back-up but not other midwives including Certified Professional Midwives. Over 20 states have legislation that allows for the licensure of Certified Professional Midwives to address this issue. The NC Friends of Midwives group is interested in pursuing legislation to assure that women who choose midwife-led care in out-of-hospital settings have access to care that is licensed and regulated. A summary of Mr. Fawcett's slides is available by emailing Sarah_Verbiest@med.unc.edu. For more information, contact Russ Fawcett at spigget@aol.com.

MedImmune – Kathy Hampton

Kathy Hampton with the MedImmune shared information about their educational initiative designed to help parents of babies born early navigate the premature journey. Free educational resources are available to advocates in public health, advocacy organizations and other groups committed to improving outcomes for premie babies in North Carolina. SpecialDeliveryHandleWithCare.com is the gateway to MedImmune Advocacy. The initial visit to the website requires a key code. To preview and or order materials, contact Kathy Hampton at Kathy.Hampton@Medimmune.com. She will send you the key code to place your order. There are 12 items available for parents. Kathy highlighted that more care is needed during the critical transition period from NICU to home. This might be a good future area for the Perinatal Health Committee to explore. The PQCNC group is also interested in transition issues from hospital to home.

Recommendations / Endorsements for Next Session

At the next meeting of the Child Fatality Task Force, this committee will have the opportunity to present a preview of our recommendations / endorsements for the short session. The challenge is to craft items that are cognizant of the ongoing budget crisis faced by our state. Joe and Sarah would appreciate hearing from commitment members with creative and strategic ideas. Some suggestions from the meeting included: a) keep close track of the final funding decisions being deliberated at present; b) disseminate information regarding cuts to physicians and other stakeholders around the state; and c) promote / support comprehensive tax reform. During the past legislative session, volume of cuts became so great that it became very difficult to appropriately plan / deliberate the cuts so logic went out the window. Transparency in decision making with regard to the budget cuts has not been good either. We appreciate everyone's time and engagement on the important issue of infant mortality prevention.

Next Meeting Monday November 2nd 1:30 to 3:30pm at the General Assembly.

