



Perinatal Outcomes in Massachusetts

Antonia Blinn

Director of Performance Management &
Quality Improvement

Massachusetts Department of Public Health

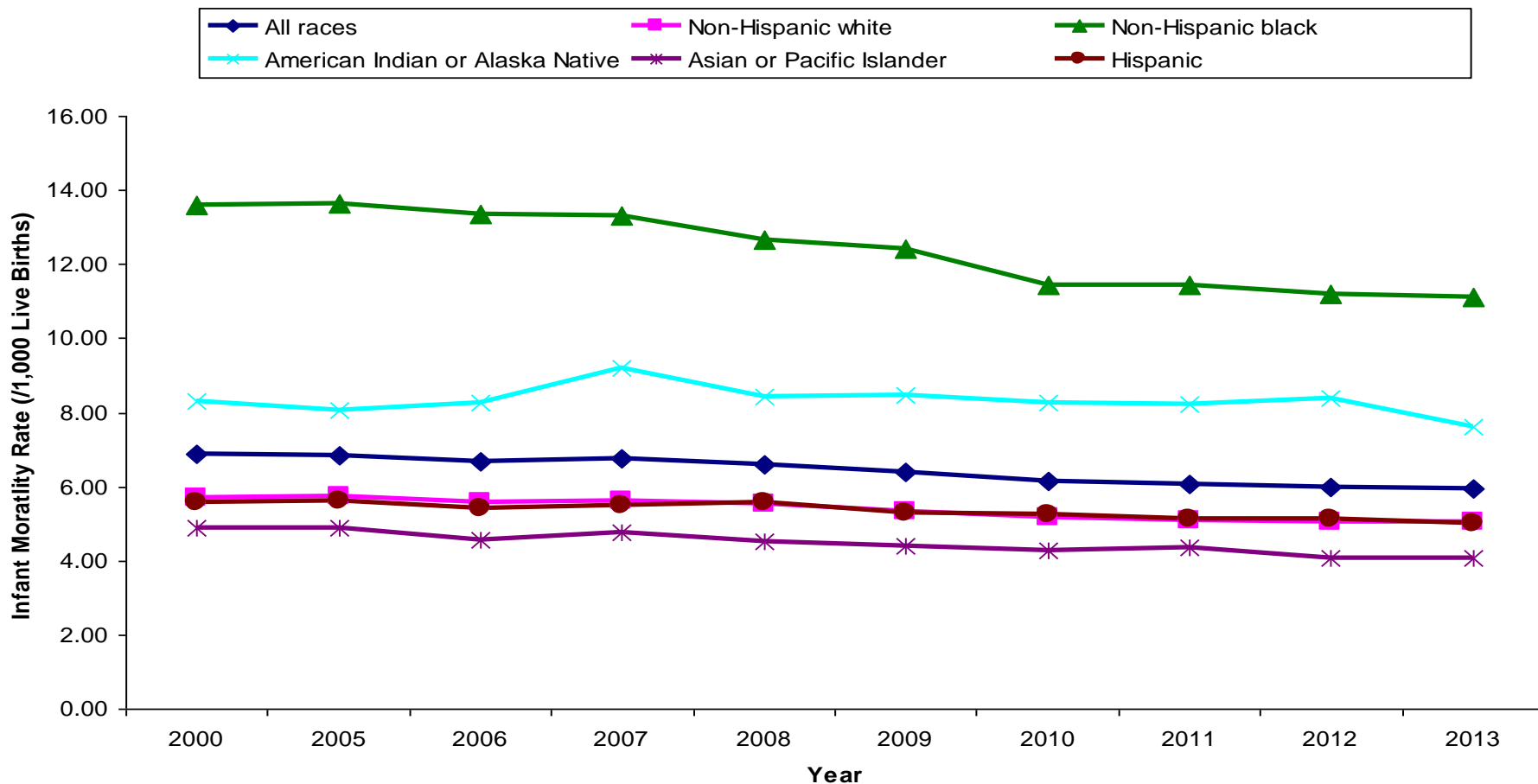
October 21, 2015



Outline

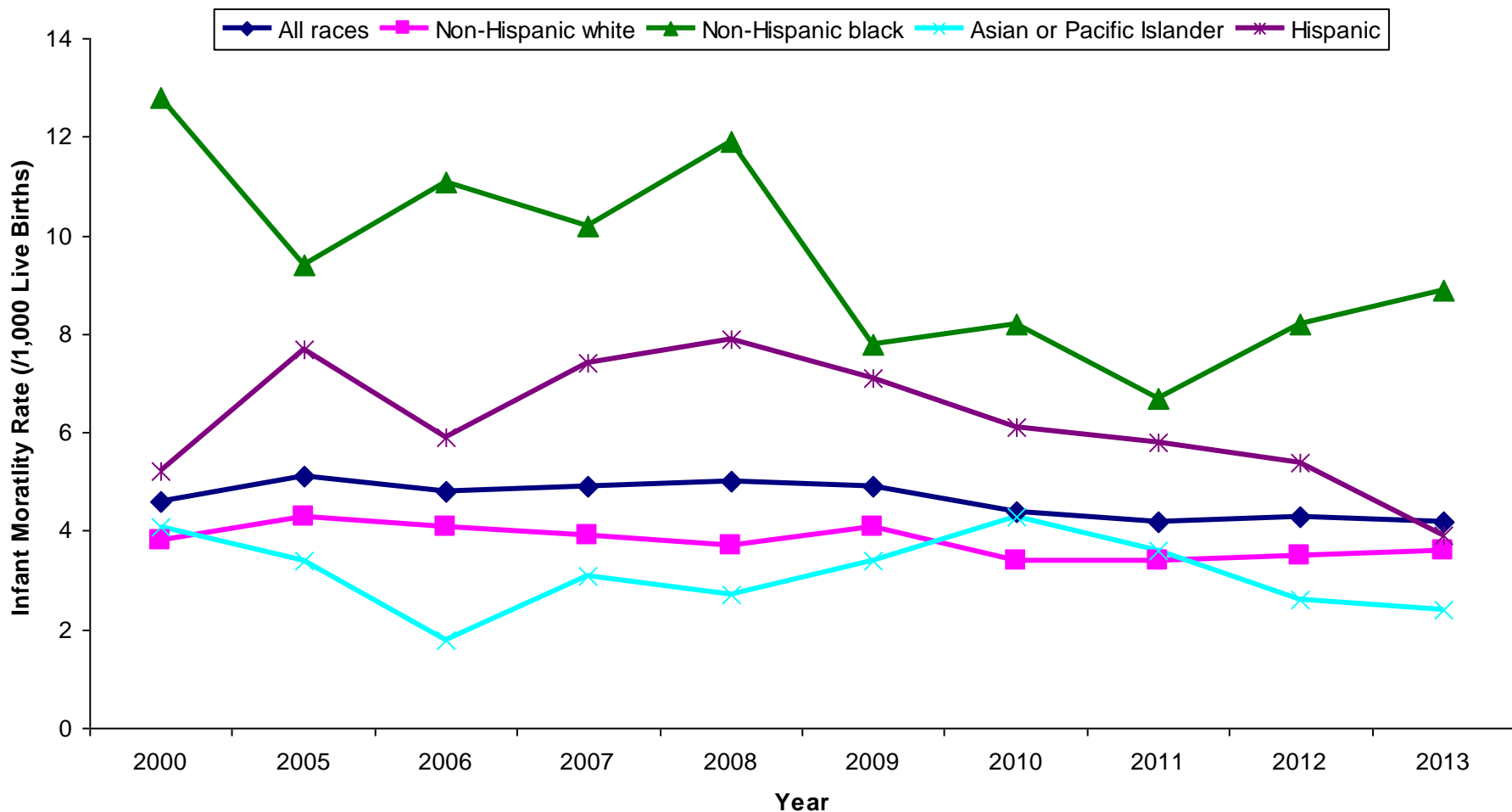
- **Message from Commissioner Bharel**
- **Infant mortality in the US and in MA**
- **Shared DPH and MPNQC priorities**

Infant Mortality Rates, by Race and Hispanic Origin of Mother: United States, 2000, 2005–2013

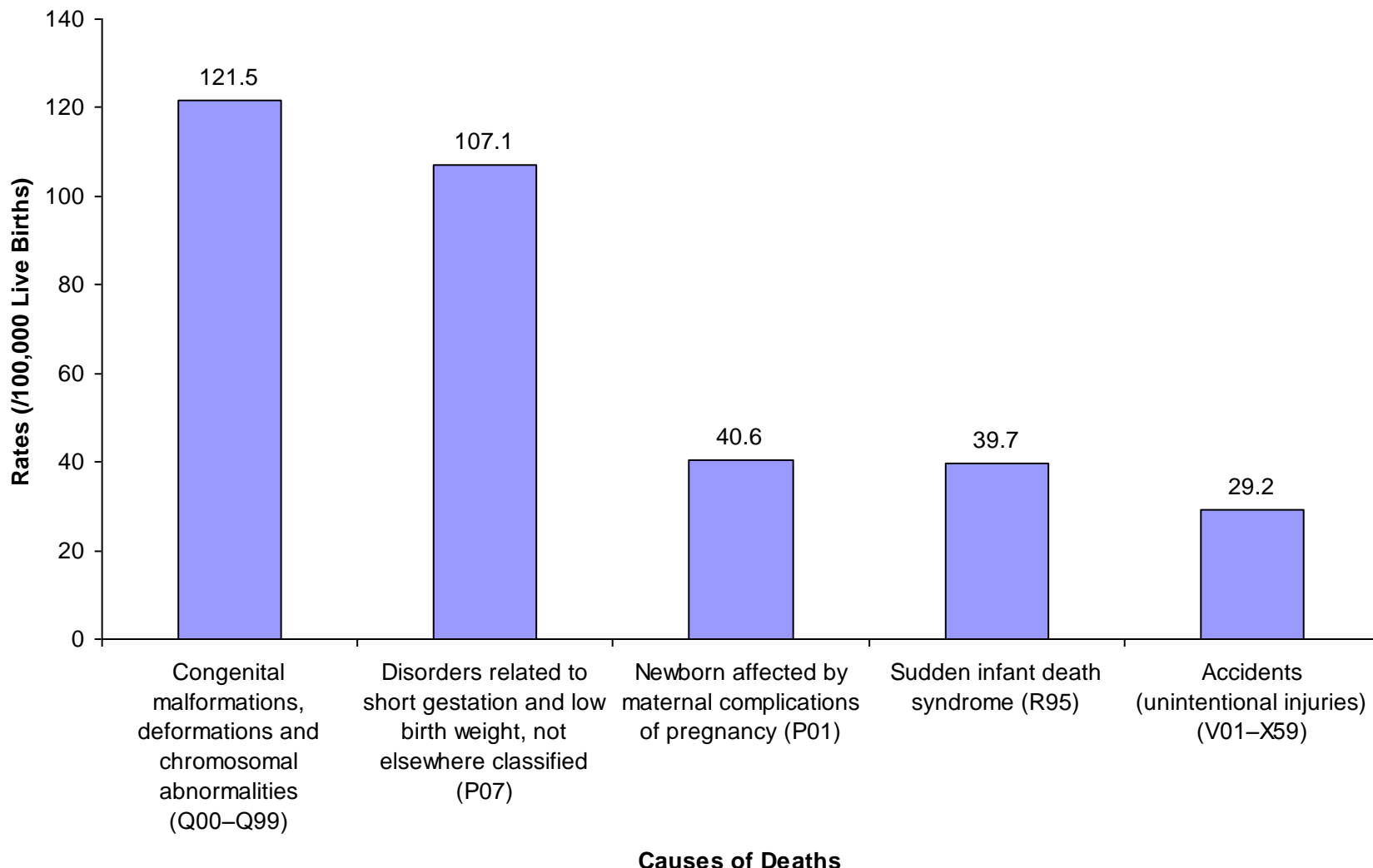




Infant Mortality Rates, by Race and Hispanic Origin of Mother: MA, 2000, 2005–2013

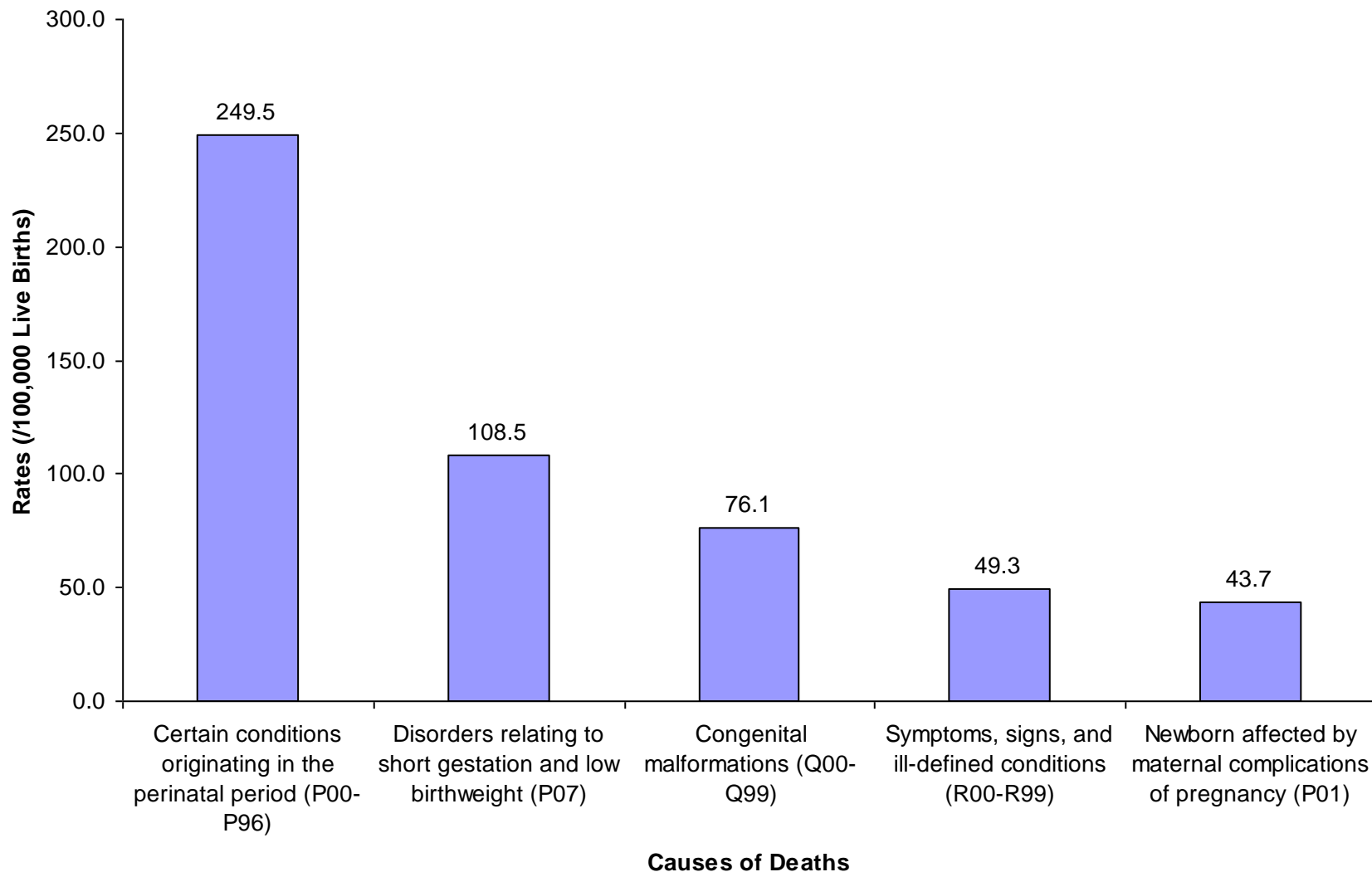


Infant Deaths and Mortality Rates for The Five Leading Causes of Infant Death, United States, 2013





Infant Deaths and Mortality Rates for The Five Leading Causes of Infant Death, MA, 2013



National Interest





CoIN to Reduce Infant Mortality

- A new MCHB-HRSA partnership with states to accelerate improvements in infant mortality.
- Designed to help ALL States:
 - Innovate and improve their approaches to reducing infant mortality and improving birth outcomes through communication and sharing *across* state lines;
 - Use the science of quality improvement and collaborative learning to improve birth outcomes.
- Part of a portfolio of Public/Private and MCHB efforts to improve birth outcomes.

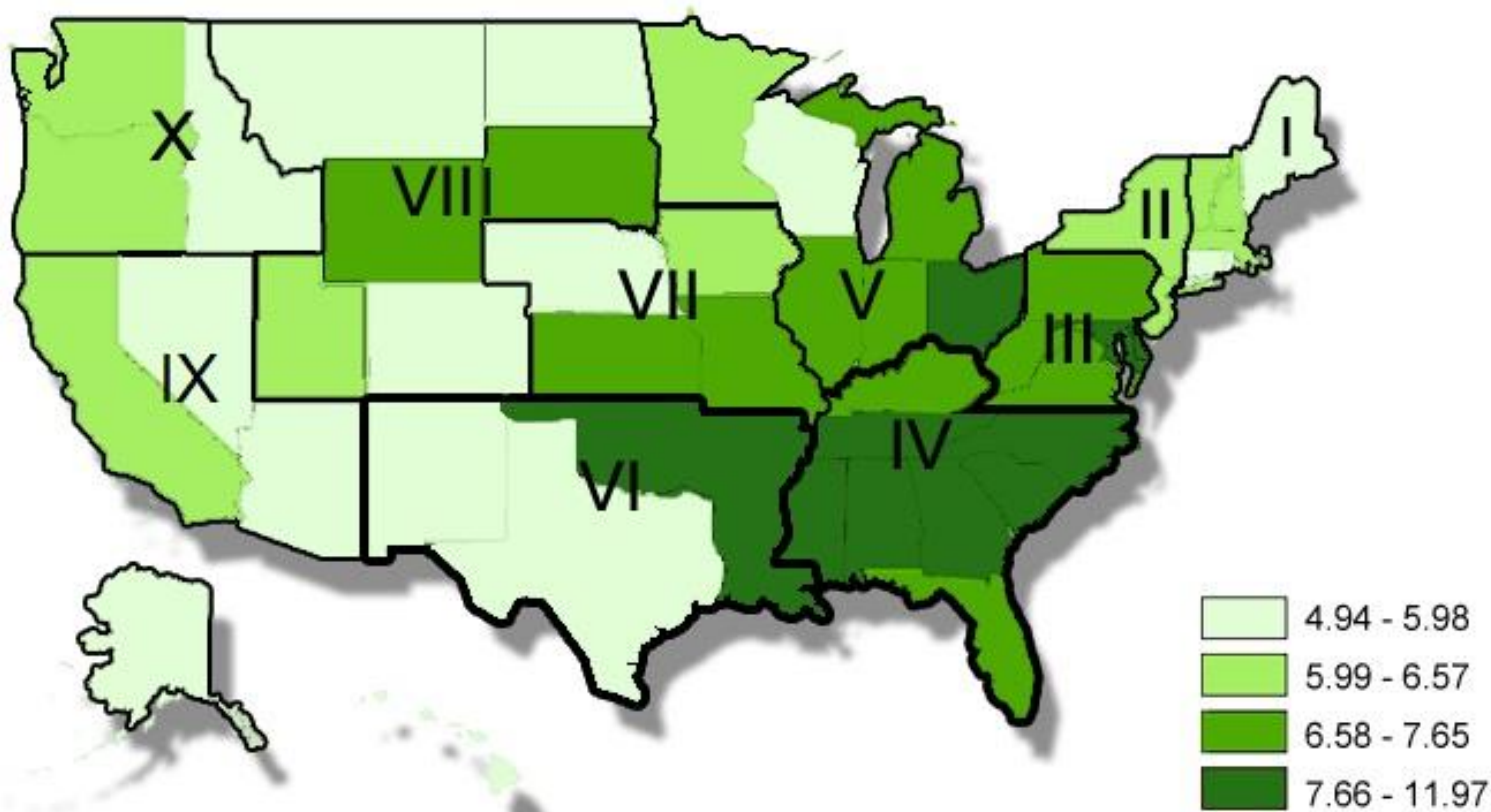


CoIN to Reduce Infant Mortality

- CoIN was adapted to reflect focus on both innovation and improvement yielding a Collaborative **Improvement & Innovation** Network to Reduce Infant Mortality.
- Engages participants in the full spectrum of change implementation – from defining the problem and crafting an intervention, through implementing and evaluating the intervention and, finally, to the diffusing and adapting effective innovations in new settings.



Infant Mortality Rates by Region, 2008



CollN Design

Common Strategies

State Teams

State Health Officials
MCH staff
Medicaid staff
Private partners

Average 7-15 people

Strategy Teams

Strategy Leads
(2-3 topical experts)

Data and/
or Methods Experts

Staff support (MCHB &
Partner Organizations)

State Representatives

Average 30-35 people



Promote Smoking Cessation

Expand
Interconception
Care in Medicaid

Reduce Elective
Deliveries

Enhance Perinatal
Regionalization

Promote Safe Sleep

Contract Team with expertise in quality improvement



State Strategy Selection

(n= number of states)



Improve **Safe Sleep**
Practices
(n = 37)

Reduce **smoking** before,
during and/or after
pregnancy
(n = 21)

Pre & Interconception Care
Promote optimal women's health
before, after and in between
pregnancies during Postpartum
Visits & Adolescent Well Visits
(n = 29)



Social Determinants of Health
Incorporating evidence-based
policies/programs & place-based
strategies to improve equity in
birth outcomes
(n = 23)



Prevent **Pre and Early Term**
Births
(n = 21)

Risk Appropriate Perinatal Care
(Perinatal Regionalization)
Increase the deliver of higher-risk
infants and mothers at
appropriate level facilities
(n = 14)



MA CoIN Goals, by 2016

- **Safe sleep:**
 - Decrease SUID mortality rate by 10% relative to baseline and reduce disparities across race/ ethnicity
 - Increase by at least 10%, the proportions of infants placed supine, in a safe sleep environment, and alone for sleeping
- **Preterm Birth:**
 - Decrease Early Elective Delivery rates in hospitals with rate >2.5%
 - Increase administration of progesterone (17p) among mothers with prior preterm birth
 - Work with Medicaid to enhance reimbursement rates for Centering Pregnancy



The Social Determinants of Health



SDH: Conditions in which people are born, grow, live, work and age, including the health system.

These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices and are mostly responsible for **health inequities - the unfair and avoidable differences in health status** seen within and between countries [people/communities].

(World Health Organization)



MA CoIN Goals, by 2016

- **Social determinants of health:**
 - Address the impact that homelessness has on birth outcomes in communities experiencing high numbers of homeless families
 - Raise families awareness of the availability of earned income tax credits





Safe Sleep

Implementing strategies to promote safe sleep practices:

NICU Safe Sleep pilot

- Program began with South Shore Hospital
- Targets training NICU staff to implement Safe Sleep for preterm infants who are medically eligible for Safe Sleep practices (supine, on flat surface, nothing extra in NICU 'bassinet')
- Modeling these safe sleep practices for parents of infants in NICU, includes card depicting safe sleep
- Expanding to all 10 NICUs in state

Safe Sleep in the Newborn Nursery

- Expanding model from NICU to newborn nurseries, training nursery staff
- Modeling safe sleep in hospital nursery for parents (supine, on flat surface, nothing extra in crib, in separate sleeping space- ideally in parents' room)
- Includes crib cards depicting Safe Sleep practices, card goes home with infant



Safe Sleep

Implementing strategies to promote safe sleep practices:

Welcome Family

- Welcome Family offers a one-time nurse home visit to all mothers with newborns in 4 pilot areas
- Nurses receive training in Safe Sleep practices
- Nurses educate parents on Safe Sleep practices
- Safe sleep board book included in Welcome Family bag
- Follow-up phone calls at 2-3 months after the visit to assess changes in Safe Sleep practices

WIC

- WIC staff receive training in Safe Sleep practices
- WIC surveys families about safe sleep practices and educates families
- WIC continues to ask about Safe Sleep practices at subsequent WIC office visits



Pre & Early Term Birth

Implementing four strategies to reduce pre and early term birth including:

Reduce Early Elective Deliveries (EED)

- Recognize those birth hospitals who have met the state goal of EED >2.5% by implementing the MOD Banner Program
- According to Leapfrog, there are currently 9 hospitals with rates above 2.5%
- Working with the MPQC in providing TA to these hospitals to reduce their rates

Consumer Perspective

- Obtain information from members of NICU Consumer Advisory Boards about awareness and obstacles surrounding treatment to prevent preterm birth;
- With assistance with the boards, develop and implement a survey about awareness and obstacles surrounding treatment to prevent preterm birth



Pre & Early Term Birth

Centering Pregnancy (CP)

- Encouraging increased numbers of CP sites across the state, improving access and utilization.
- Working with Medicaid to adopt Pay for Performance Incentives for CP
- Hiring a health care consultant to conduct to assist in developing a state strategy

Progesterone

- Increase use of progesterone (17P) among mothers who have already experienced a preterm birth; Increase provider awareness to improve knowledge and adherence
- Conducting a provider survey to learn about barriers to 17P administration
- Developing a provider tool kit/Bundle that will include:
 - Sample Hospital Policy on 17P
 - Hospital/Practice Self Assessment Tool
 - Educational materials
 - Best Practices



Shared MPQC and DPH Priorities

- DPH will continue to work with MPQC and CDC around sustainability
- Provide relevant, timely access to data in order to target disparities and impact outcomes
- Integrate quality improvement culture throughout systems including public health hospitals and DPH licensed facilities.
- Be responsive to emerging public health issues