

IT'S ALL ABOUT THE SHOES:

From theory to data to action

FIMR is making a difference in our communities

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**National Fetal and Infant Mortality Review
Conference
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A life course approach -

**encourages focus on health across the lifetime
& recognizes the following**

- A stages of life theory.
- The influence of environmental, biological, economic, behavioral, social and psychological impacts on health outcomes across the lifespan.
- The potential cumulative effects of these influences on health outcomes.
- That health promotion and prevention interventions can be targeted at different stages in life.
- That connections exist between life stages, i.e., the relationship between adolescence and the two life stages that border it: childhood and adulthood.
- That efforts should be coordinated both across life stages and across the life span.

Life Course Theory

- Why do health disparities persist across population groups, even in instances where there has been significant improvement in incidence, prevalence and mortality rates for a specific disease or condition across all groups?
- What are the factors that influence the capacity of individuals or populations to reach their full potential for health and well-being?

Life Course

- Today's experiences and exposures influence tomorrow's health. (Timeline)
- Health trajectories are particularly affected during critical or sensitive periods. (Timing)
- The broader community environment—biologic, physical, and social—strongly affects the capacity to be healthy. (Environment)
- While genetic make-up offers both protective and risk factors for disease conditions, inequality in health reflects more than genetics and personal choice. (Equity)

Life Course Concepts

- Pathways or trajectories
 - continuum of exposures, experiences, interactions
- Early programming
 - Prenatal, intergenerational, adverse
- Critical or sensitive periods
 - E.g. Fetal development, early childhood, adolescence
- Cumulative impact (Weathering or allostatic load)
 - E.g. multiple stresses over time
- Risk and protective factors

Protective factors....Risk Factors

- **Socioeconomic status**
 - Economic security vs living in poverty
- **Toxic environmental exposures**
 - Safe neighborhood vs environmental pollution
- **Health behaviors**
 - Adequate nutrition vs food insecurity
 - Normal weight vs obesity
 - NO substance use vs smoking, alcohol & illegal drug abuse
 - Access to quality primary & other health care vs lack of access
- **Stress**
 - Racial discrimination vs equal opportunity for care & services
 - Nurturing family vs domestic violence
 - Safe neighborhood vs homelessness or violence
 - Access to quality early care/schools vs inadequate education

Determinants of Health

- **Biology and genetics**
 - Examples: age, gender
- **Individual behavior**
 - Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- **Social environment**
 - Examples: discrimination, income, and gender
- **Physical environment**
 - Examples: where a person lives and crowding conditions

Social determinants of health

- **Circumstances** in which people are
 - **born**
 - grow up
 - live
 - work
 - age
- **Systems** to deal with illness
- **Forces** that shape these circumstances & systems
 - economics
 - social policies
 - politics

Commission on Social Determinants of Health (CSDH), Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. 2008, World Health Organization: Geneva

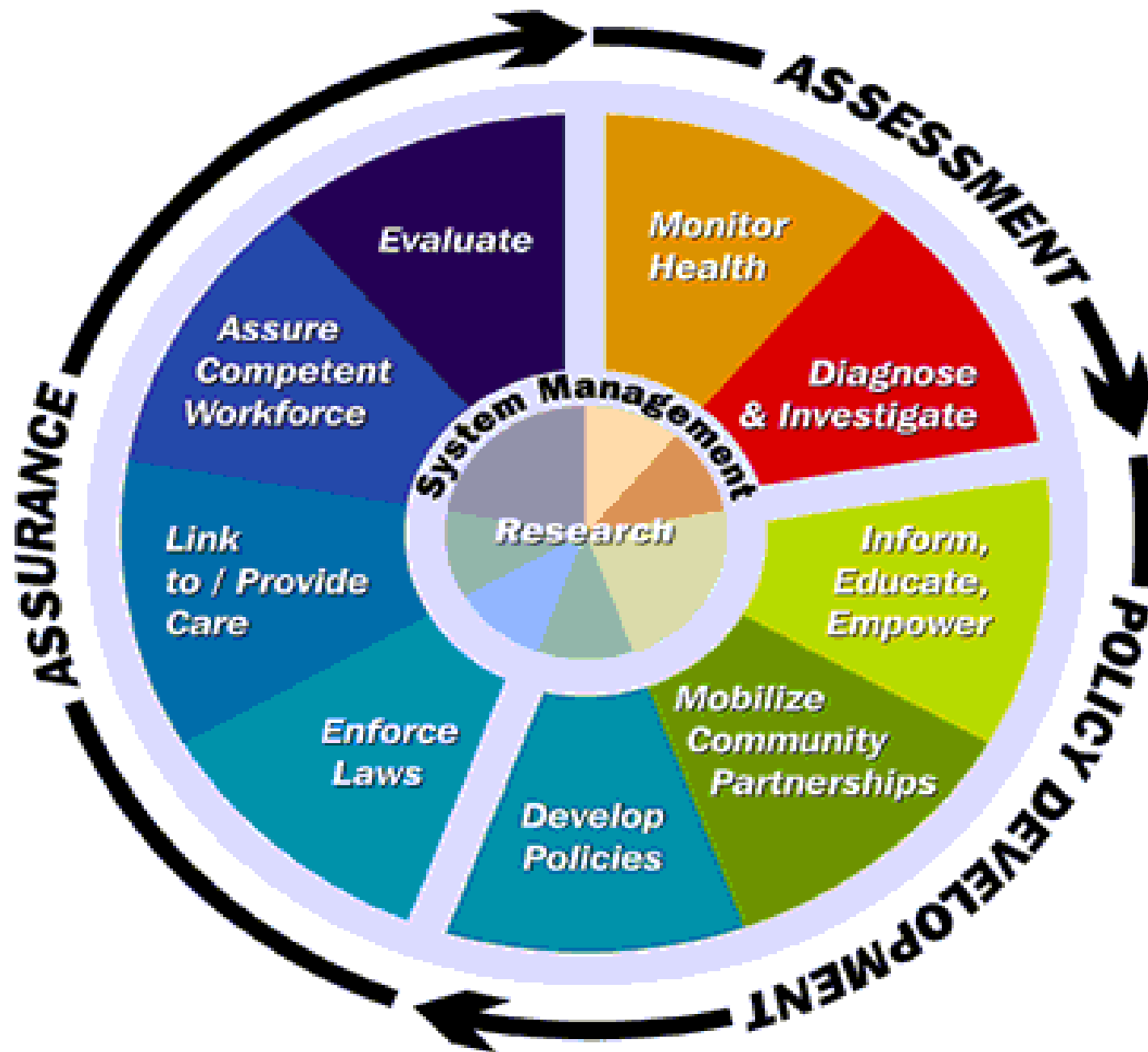
The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities:

- social environment,
- physical environment,
- health services, and
- structural and societal factors.

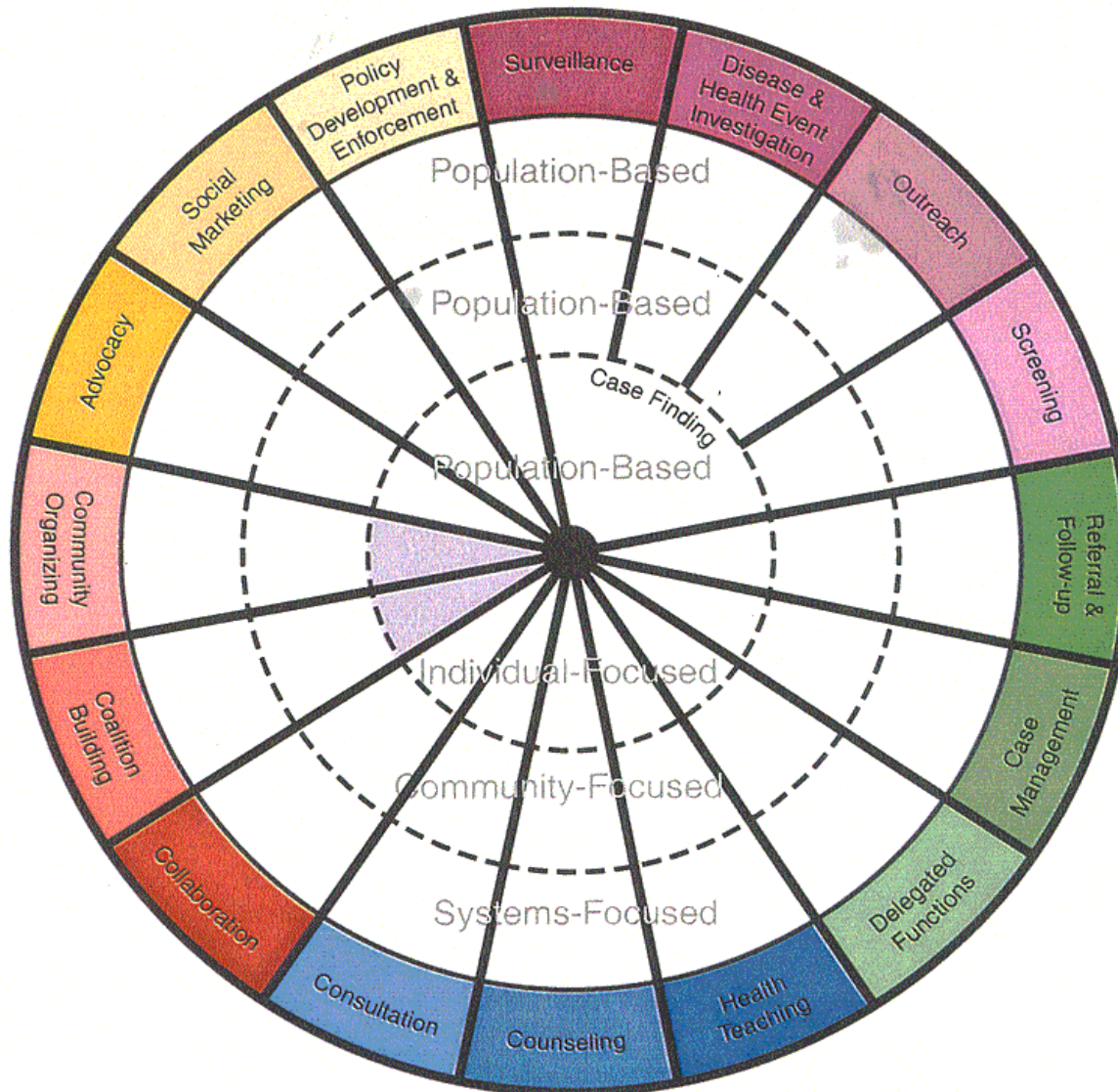
Social determinants of health are shaped by the:

- distribution of money,
- power, and
- resources

through local communities, nations, & the world.



Minnesota Public Health Interventions Model



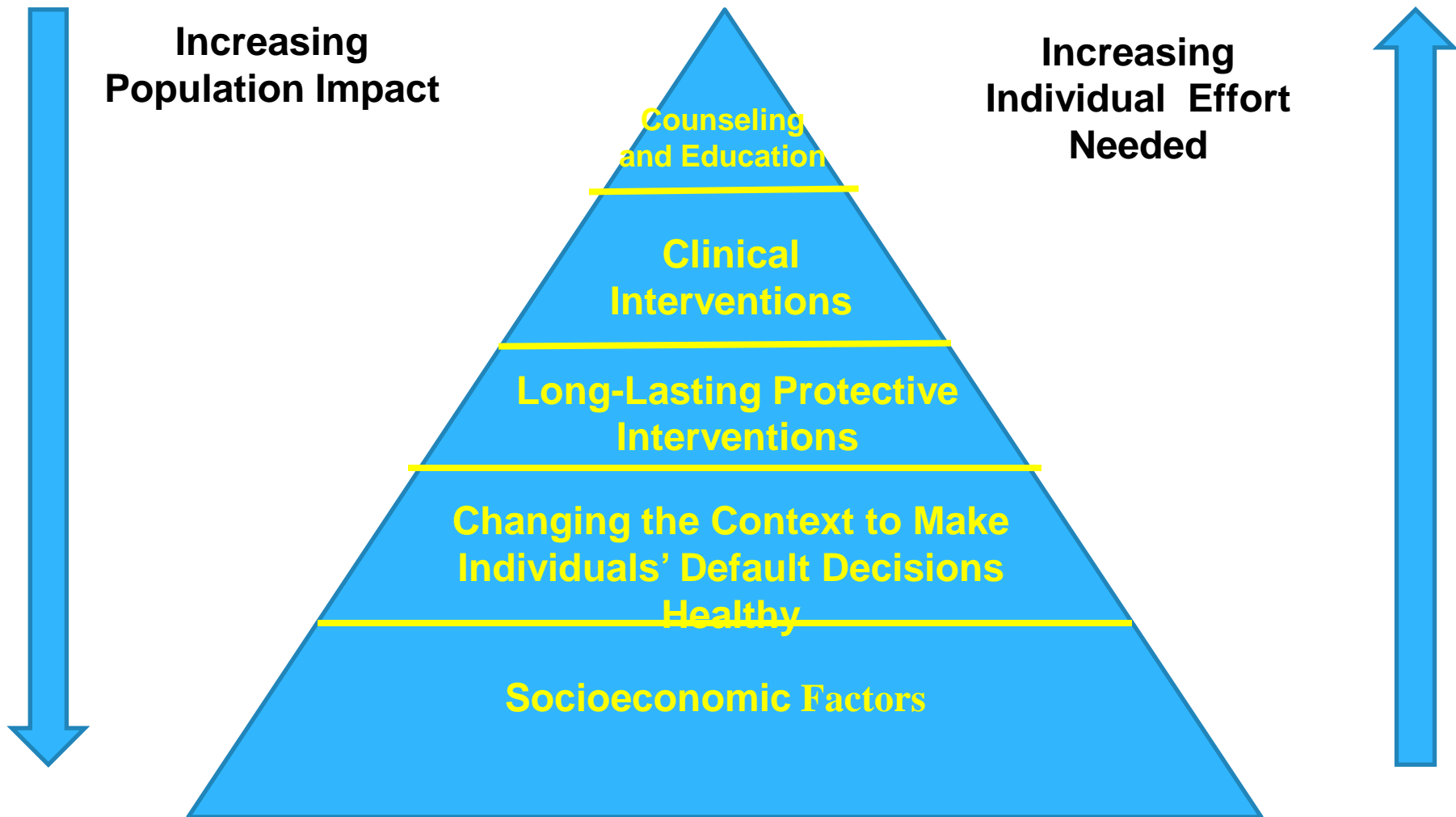
Activities defined by 18 Public Health Interventions

(Minnesota Model)

- Surveillance
- Disease Investigation
- Outreach
- Case Finding
- Screening
- Delegated Function
- Referral/Follow-up
- Case Management
- Health Teaching
- Counseling
- Consultation
- Collaboration
- Coalition Building
- Community Organizing
- **Advocacy**
- Social Marketing
- Policy Development
- Policy Enforcement

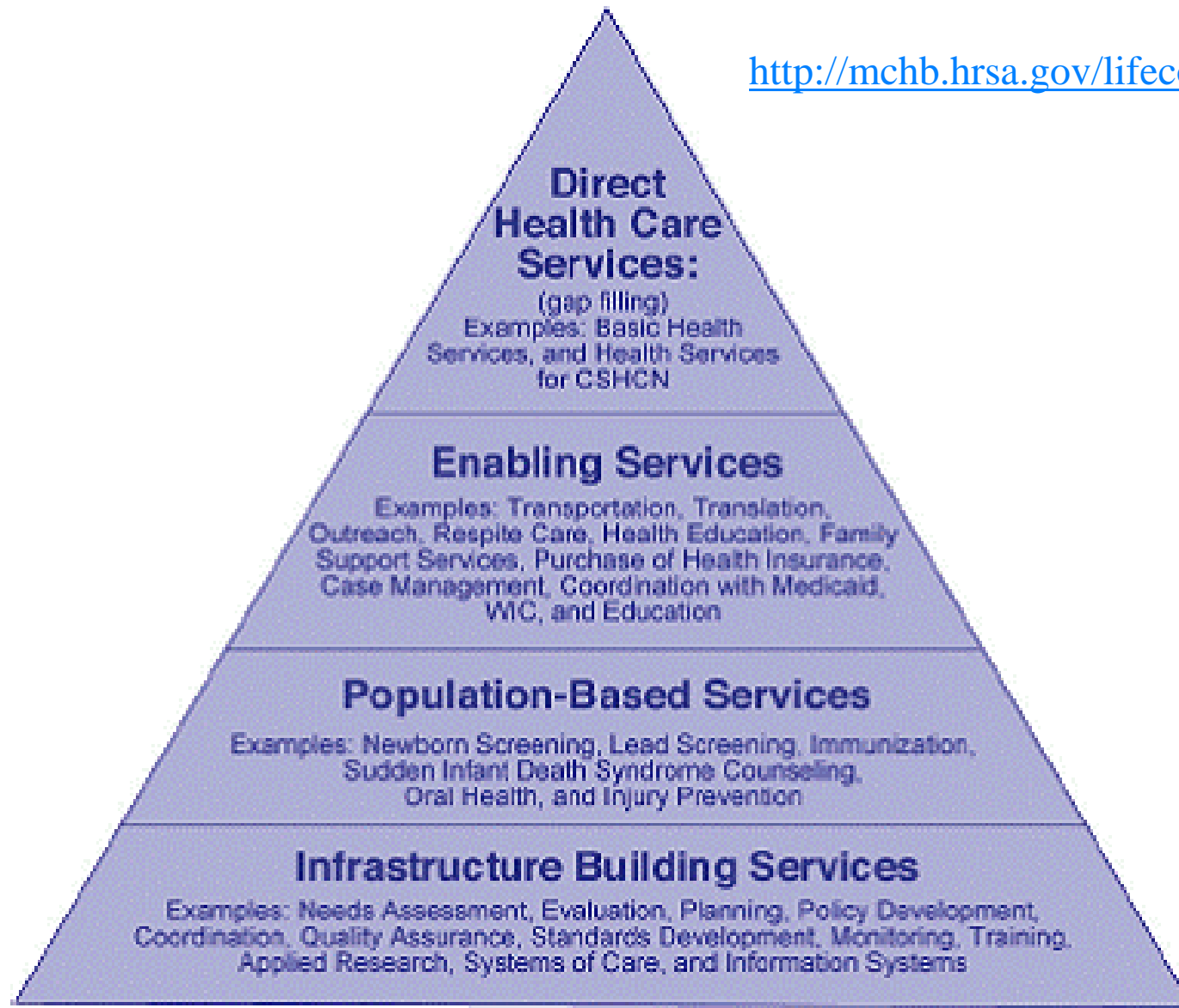
Red=DIRECT

Blue=Indirect



Health Impact Pyramid

Frieden, T (2010, April). A framework for public health action; The health impact pyramid. American Journal of Public Health 100(4), 590-595.



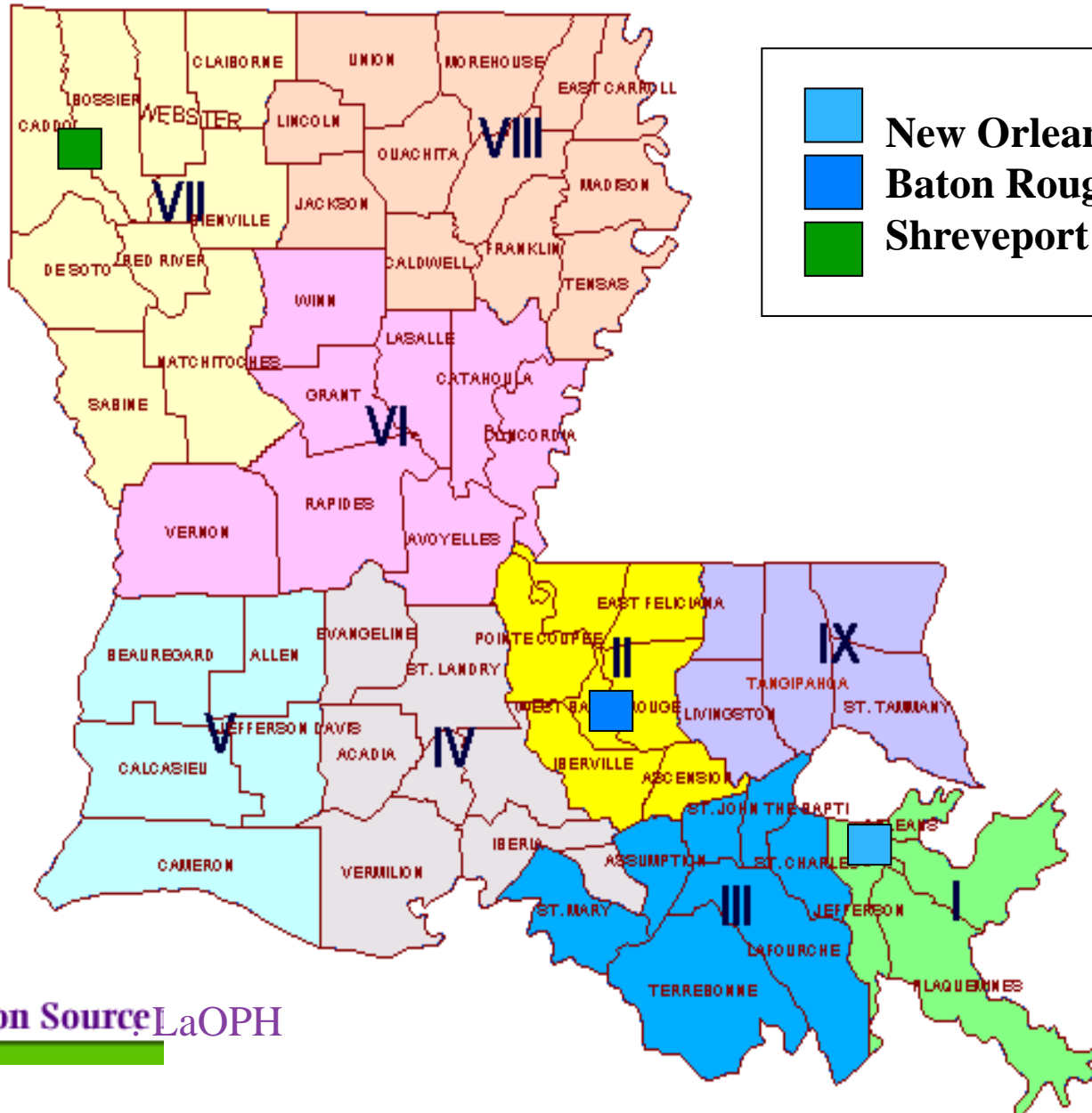
The MCH Pyramid of Health Services

**Infant mortality is the most
sensitive index we possess of
social welfare.**

**Julia Lathrop
quotes Sir Arthur Newsholme
Children's Bureau
1913**

Newsholme, A (1910). Report by the medical officer on infant and child mortality, Supplement to the 30th annual report of the local government board, London.

Louisiana Administrative Regions



Information Source LaOPH



LOUISIANA
FIMR
NETWORK

Louisiana Fetal and Infant Mortality (FIMR)Network

- Originated in 2001 to address rising infant mortality rates and improve services for families
- New Orleans FIMR in mid-90's for 3 years
- State legislated, LA Commission on Perinatal Care and Prevention of Infant Mortality covers authority to receive and collect FIMR information and immunity from discovery.
- Receives direction from the LA Maternal and Child Health office
- Data support provided by CDC-assigned epidemiologist
- Support/funding by Title V Maternal and Child Health Block Grant

Region 6 Timeline

- 2001 State recognized problem: HIGHEST Infant Mortality Rate in nation; Region 6 was 3rd highest in state
- 2002 Created 2 programs: FIMR & Nurse-Family Partnership
FIMR's 2 components: Case Review & Community Action
- 2002 Local Child Death Review Panels (CDRP) established
- 2003 Establish Policies & Procedures
Recruit members
Establish relationship with hospital Administration, HIPAA Officers, Medical Records, 1st Case Review Team
Review 1st cases
- 2006 Added Grant Parish
- 2007 Added Avoyelles Parish
- 2009 Added Vernon Parish
- 2011 Added Catahoula, Concordia, LaSalle & Winn Parishes
- 2011 CDRP merged with FIMR process across region

Central Louisiana Fetal-Infant-Child Mortality Review

Notification of fetal, infant or child death
(community resources, obituaries, receipt of death certificates, coroner reports etc.)

Fetal Death
(gestational age \geq 28 weeks)

Infant Death
(birth to 1 year)

Child Death
(1 – 15 years)

non-injury
(gestational age at birth
24 – 36 6/7 weeks)

unintentional injury
SIDS, SUID

Record abstraction
BASINET data reporting
Maternal interview

Record abstraction
BASINET data reporting
Maternal interview

Data collection
NCDR data reporting
SUID home visit (OPH)

Data collection
NCDR data reporting

Case Review Team
De-identified cases
Recommendations for action

Child Death Review
Partially-identified cases
Prevention initiatives

Community Action Team
Discuss recommendation and prevention initiatives
Prepare and implement action plan
Develop work/focus group activity

IMPROVING BIRTH OUTCOMES

- Where to start?
- Who to target?
- Where does the money come from?
- Who's going to do the work?
- How does Life Course affect Infant Mortality?

RATIONALE FOR DATA-DRIVEN ACTION

- Decreasing public health resources
- Dollars need to be spend where greatest improvement in community health expected
- Identification of data sources
- MCH epidemiologist directed data
- Sources of data



How Data Impacts Program Interventions

IMPORTANT SOURCES OF MATERNAL AND CHILD HEALTH LOUISIANA DATA:

- PPOR
- VITAL RECORDS
- PRAMS
- BRFSS
- FETAL AND INFANT MORTALITY REVIEWS/REPORTS: BASINET
- CHILD DEATH REVIEW REPORTS
- HEALTH DEPARTMENT REPORTS: STD, SYPHILIS, HIV/AIDS, TOBACCO CESSATION/HELPLINE
- NEEDS ASSESSMENTS AND ANNUAL TITLE V BLOCK GRANTS
- MEDICAID DATA, ETC.
- NATIONAL REPORTS: MARCH OF DIMES, MCHB, CityMatCH



Definitions

- Low Birthweight: Infants born at less than 2,500 grams (i.e., less than 5.5 lbs)
- Short Gestational Age: Infants born prior to 37 completed weeks of gestation
- Note: Short gestational age births may also be referred to as premature or pre-term

Source: Joyce A. Martin, et. al. National Center for Health Statistics in Congressional Research Service April 2012 publication.

VITAL RECORDS

- In collaboration with MCH epidemiologist-CDC Assignee
- Electronic data to be available soon that will provide timely access and use by FIMR programs for case reviews





Preterm Birth

- Definition- Birth prior to the 37th week of pregnancy
- Significant problem in the U. S. and Louisiana
 - 2009 Preterm Births (PTB, 20-36 wks)
 - U.S. 12.1%
 - Louisiana 14.7% (19.1% AA, 11.8% white)
 - 2009 Very Preterm Births (VPTB, 20-31wks)
 - U.S. 1.9%
 - Louisiana 2.6%
- Rates of prematurity are increasing
- Costs of prematurity
 - Contribution to infant mortality
 - Financial costs

Healthy People 2020 Goals: PTB \leq 11.4%; VPTB \leq 1.8%





Infant mortality rates, all races

2001-2009



Region	2001	2002	2003	2004	2005	2006	2007	2008	2009
1 (N. O.)	9.6	10.5	10.3	10.1	9.9	8.3	8.0	8.0	8.7
2 (B. R.)	10.3	9.5	8.0	10.6	10.7	10.7	11.0	10.0	11.4
3 (Houma)	10.1	10.1	7.9	10.0	6.6	10.4	7.0	7.8	6.8
4 (Lafayette)	10.1	10.3	10.2	9.6	11.9	11.9	8.0	8.3	8.1
5 (Lake Charles)	9.7	9.8	7.1	7.1	9.2	11.1	8.8	7.1	7.8
6 (Alexandria)	9.9	9.8	8.6	11.3	10.0	8.8	9.1	8.7	6.5
7 (Shreveport)	11.2	12.7	9.9	12.0	12.0	10.5	11.8	12.1	11.0
8 (Monroe)	10.1	12.2	11.9	11.4	12.8	10.7	12.0	8.8	10.1
9 (Northshore)	7.5	6.8	8.3	11.2	6.8	7.9	5.8	10.1	6.9
Louisiana	9.8	10.2	9.3	10.4	10.1	10.0	9.0	9.1	8.8
US	6.9	7.0	6.9	6.8	6.9	6.7	6.8*	6.6*	6.4*

* US data collected from National Vital Statistics Systems & may not be comparable to LA data collected by LA Vital Records.



Infant mortality rates, white race

2001-2009

Region	2001	2002	2003	2004	2005	2006	2007	2008	2009
1 (N. O.)	5.1	7.4	6.1	8.1	7.3	6.7	6.5	6.6	6.4
2 (B. R.)	7.3	5.3	4.7	7.6	4.8	4.8	6.1	4.7	7.3
3 (Houma)	8.3	5.8	6.9	7.2	4.8	6.8	5.3	5.4	7.6
4 (Lafayette)	6.4	5.6	9.1	7.2	7.8	6.9	5.9	5.9	6.6
5 (Lake Charles)	8.3	7.9	5.4	6.8	6.6	8.3	7.1	5.3	6.5
6 (Alexandria)	4.4	6.8	7.7	8.4	7.6	5.6	7.7	5.7	5.8
7 (Shreveport)	5.7	7.4	4.9	6.5	9.0	6.1	5.9	9.1	7.1
8 (Monroe)	7.5	11.1	5.4	8.7	8.3	8.1	8.0	7.9	7.0
9 (Northshore)	6.4	6.3	6.4	8.4	4.3	5.4	5.1	9.2	5.6
Louisiana	6.5	6.9	6.4	7.7	7.1	6.4	6.2	6.7	6.6
US	5.7	5.8	5.7	5.7	5.7	5.6	5.6*	5.5*	5.3*

* US data collected from National Vital Statistics Systems & may not be comparable to LA data collected by LA Vital Records.



Infant mortality rates, black race

2001-2009

Region	2001	2002	2003	2004	2005	2006	2007	2008	2009
1 (N. O.)	12.5	12.9	13.4	12.1	12.7	10.4	10.7	10.4	12.2
2 (B. R.)	13.6	13.9	12.0	14.0	13.7	16.6	15.9	15.2	15.8
3 (Houma)	13.8	18.3	10.6	16.6	9.7	18.0	10.6	13.3	5.9
4 (Lafayette)	16.7	19.6	12.8	14.4	19.7	20.3	12.1	12.9	10.7
5 (Lake Charles)	14.1	15.8	11.6	8.7	17.2	18.9	14.6	12.6	10.3
6 (Alexandria)	20.3	15.9	11.1	17.5	15.9	16.0	12.9	15.2	8.5
7 (Shreveport)	17.8	19.0	16.1	18.7	15.7	15.5	18.7	15.9	15.8
8 (Monroe)	13.2	13.2	19.8	14.6	18.3	14.0	16.7	9.6	13.7
9 (Northshore)	11.8	7.3	15.8	21.0	16.7	17.0	9.1	13.8	11.9
Louisiana	14.4	15.0	13.8	14.7	15.1	16.0	13.8	13.2	12.6
US	14.0	14.4	14.0	13.8	13.7	13.3	13.2*	12.7*	12.6*

* US data collected from National Vital Statistics Systems & may not be comparable to LA data collected by LA Vital Records.

Louisiana, 2009

FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races
Fetal	4.3	6.4	3.2	5.0
Perinatal	4.7	8.0	*	5.9
Neonatal	3.5	7.4	2.5	5.0
Postneonatal	3.1	5.2	0.7	3.8
Infant	6.6	12.6	3.2	8.8
1-4 years	30.6	64.1	0.0	41.5
5-9 years	7.8	26.5	0.0	14.4
10-14 years	21.7	44.8	*	30.6
15-19 years	63.9	114.4	46.4	83.4
20-24 years	116.6	149.5	*	126.1

Region VI, Louisiana, 2007-2009



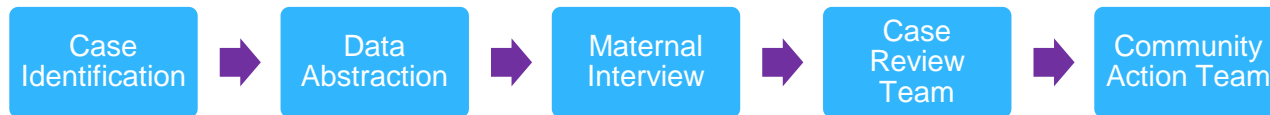
FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Fetal	4.3	9.0	*	5.8	5.4
Perinatal	4.1	7.3	*	5.1	6.3
Neonatal	2.4	6.4	0.0	3.6	5.1
Postneonatal	4.0	5.9	0.0	4.5	3.9
Infant	6.4	12.3	0.0	8.1	9.0
1-4 years	35.1	55.6	0.0	39.4	42.5
5-9 years	18.7	30.6	0.0	21.3	18.3
10-14 years	28.7	63.4	0.0	38.0	26.2
15-19 years	113.1	88.8	*	102.9	87.9
20-24 years	172.4	109.4	0.0	145.7	143.0

Louisiana FIMR/HIV



- Prevention of perinatal transmission of HIV in Louisiana remains an important public health priority— in 2010 there were 162 infants born to women with HIV (HIV exposures) and 5 cases of mother to child transmission. 55% of HIV exposures and 3 cases of HIV transmission were in Baton Rouge or New Orleans.
- The FIMR/HIV Prevention Methodology is a 5 step review process to improve systems of care for women with HIV and their children in Baton Rouge and New Orleans.



- Cases are selected for data abstraction and review based upon the following prioritized criteria: identification of the infant as HIV infected, late maternal HIV diagnosis in the prenatal period, lack of or inadequate prenatal care, lack of maternal HIV treatment or poor viral suppression during pregnancy or lack of administration of antiretroviral prophylaxis during labor and delivery.

Louisiana FIMR/HIV

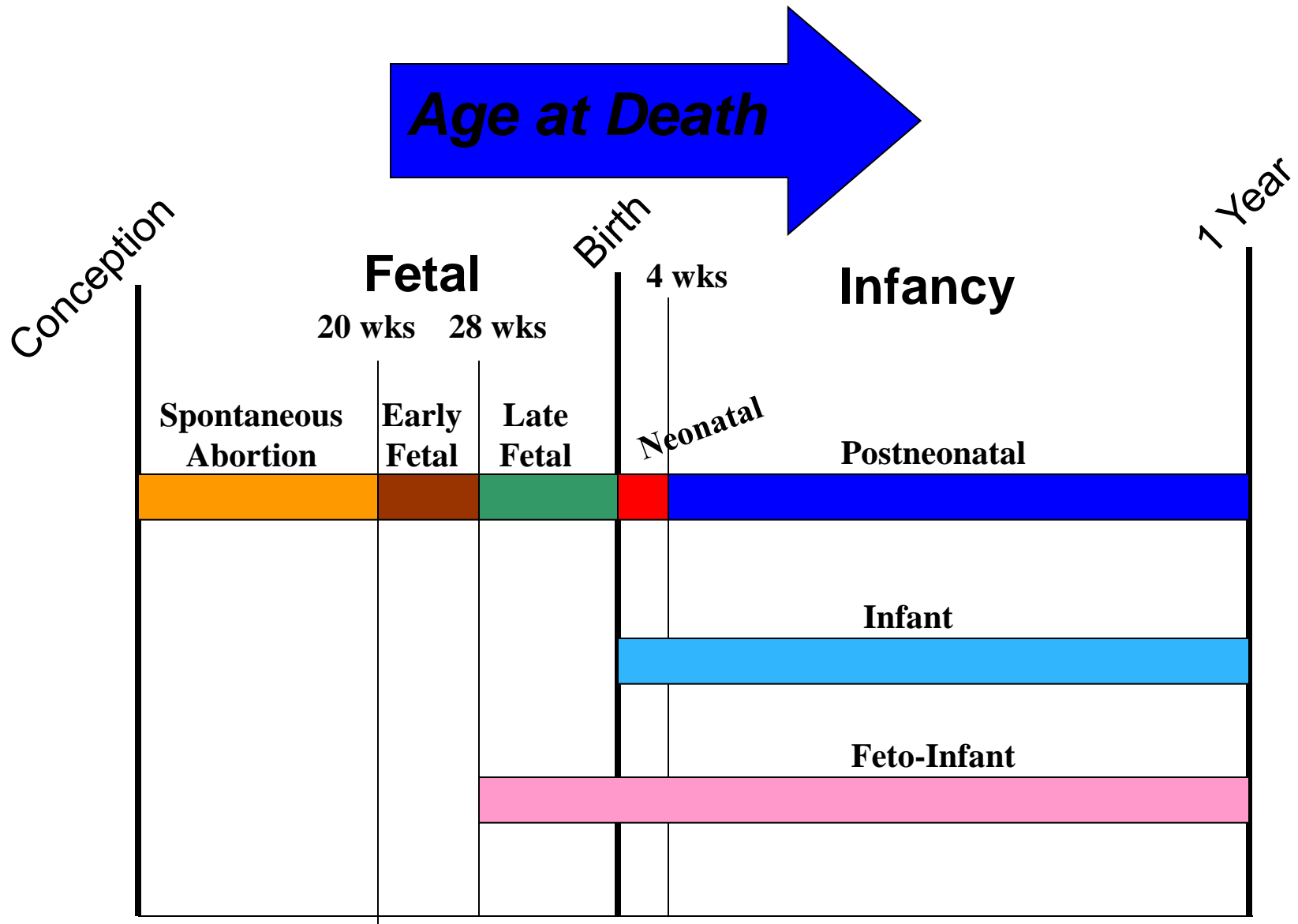
- 2005 – OPH regional office awarded for pilot
 - Led by regional OPH staff, separate from HIV Program
 - Cases identified through hospitals and participating partners
- 2009 – OPH HIV Program awarded
 - Led by HIV Surveillance Manager; MCH Maternity Director co-lead
 - Cases identified and investigated through surveillance system
 - Fantastic TA through City MatCH
- 2010 – 2011
 - Led by Perinatal HIV Surveillance Coordinator; MCH Title V Director
- 2012...
 - Required for HIV Perinatal Prevention Programs
 - TA provided through City MatCH
 - Expanded to include New Orleans and Baton Rouge

Perinatal Periods of Risk (PPOR)

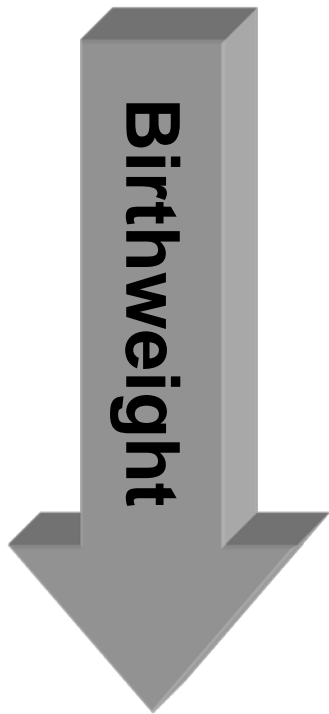


- **PPOR analysis is an approach to investigate and monitor causes of fetal and infant deaths**
- **Provides a framework for mapping fetal-infant mortality by birth weight and age at death**
 - **Fetal deaths are stillbirths**
 - **Infant deaths are deaths to babies born alive during the first year of life**

The First Dimension Of PPOR Analysis:



Second Dimension: Birthweight



Very Low Birthweight

= 500 - 1499 grams (3.3 pounds)

Low Birthweight

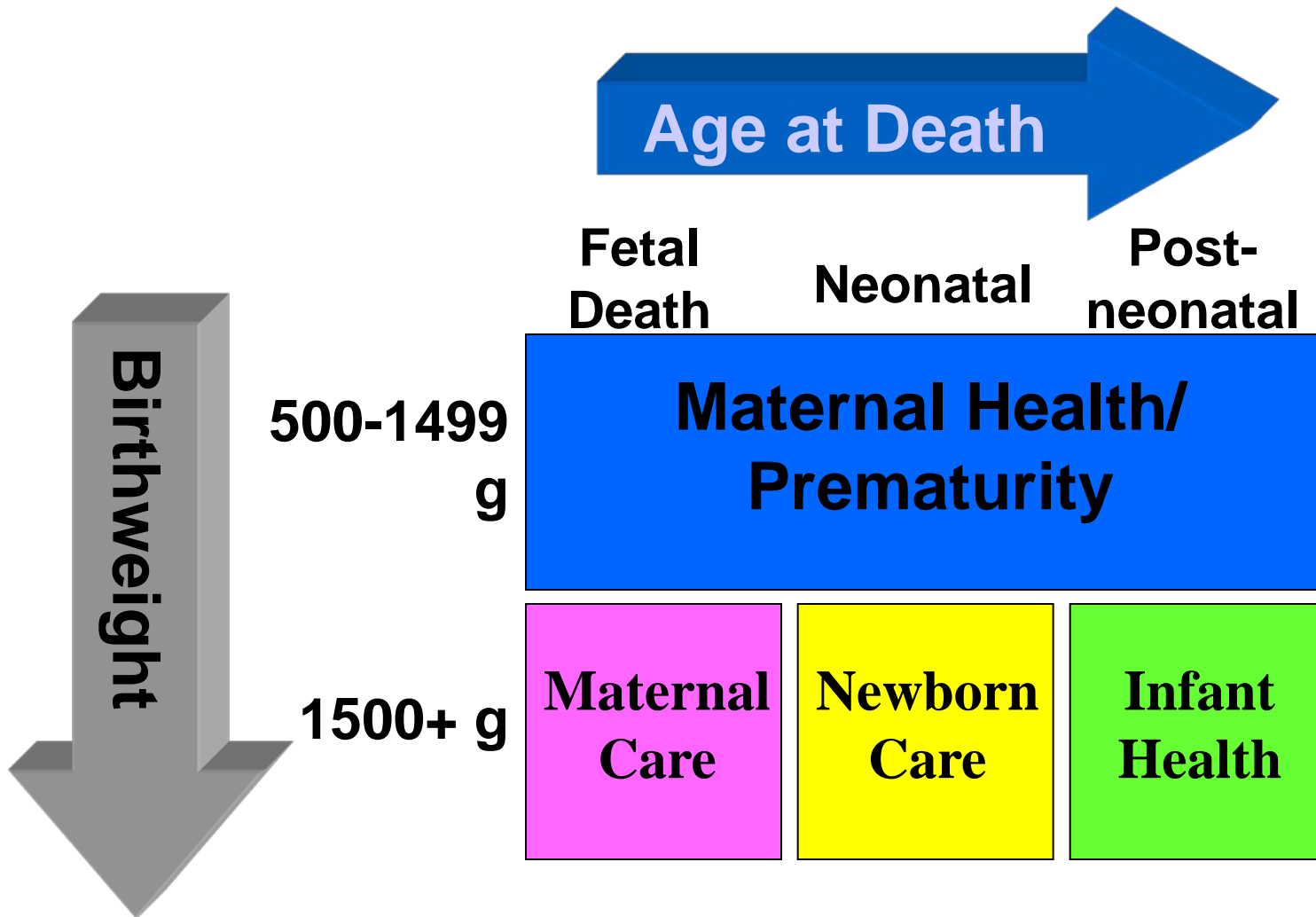
= 1500 - 2500 grams (5.5 pounds)

Normal Birthweight

= 2500 grams+

e.g., a 7.5-pound baby weighs 3,400 grams

PPOR *Maps* Fetal & Infant Deaths



PPOR

- Perinatal Periods of Risk: fetal or infant death at the time of death and weight at delivery
- Community approach and analytic framework
- Map feto-infant mortality
- Age at Death
- Birth weight
- Different problems occur at different developmental stages due to differing risk factors.

PPOR Louisiana 2006-08

Total Deaths

Birth Weight	Fetal Deaths	Neo-natal	Post-Neonatal
500-1499 g	4.1		
1500 + g	1.8	1.5	2.9

Total mortality rate
10.4 per 1,000

Excess Deaths

Birth Weight	Fetal Deaths	Neo-natal	Post-Neonatal
500-1499 g	1.9		
1500 + g	0.4	0.3	1.7

Total excess mortality
11.4 per 1,000



PPOR Region 6 2006-08



Total Deaths

Birth Weight	Fetal Deaths	Neo-natal	Post-Neonatal
500-1499 g	3.7		
1500 + g	1.7	1.0	4.1

Total mortality rate
10.5 per 1,000

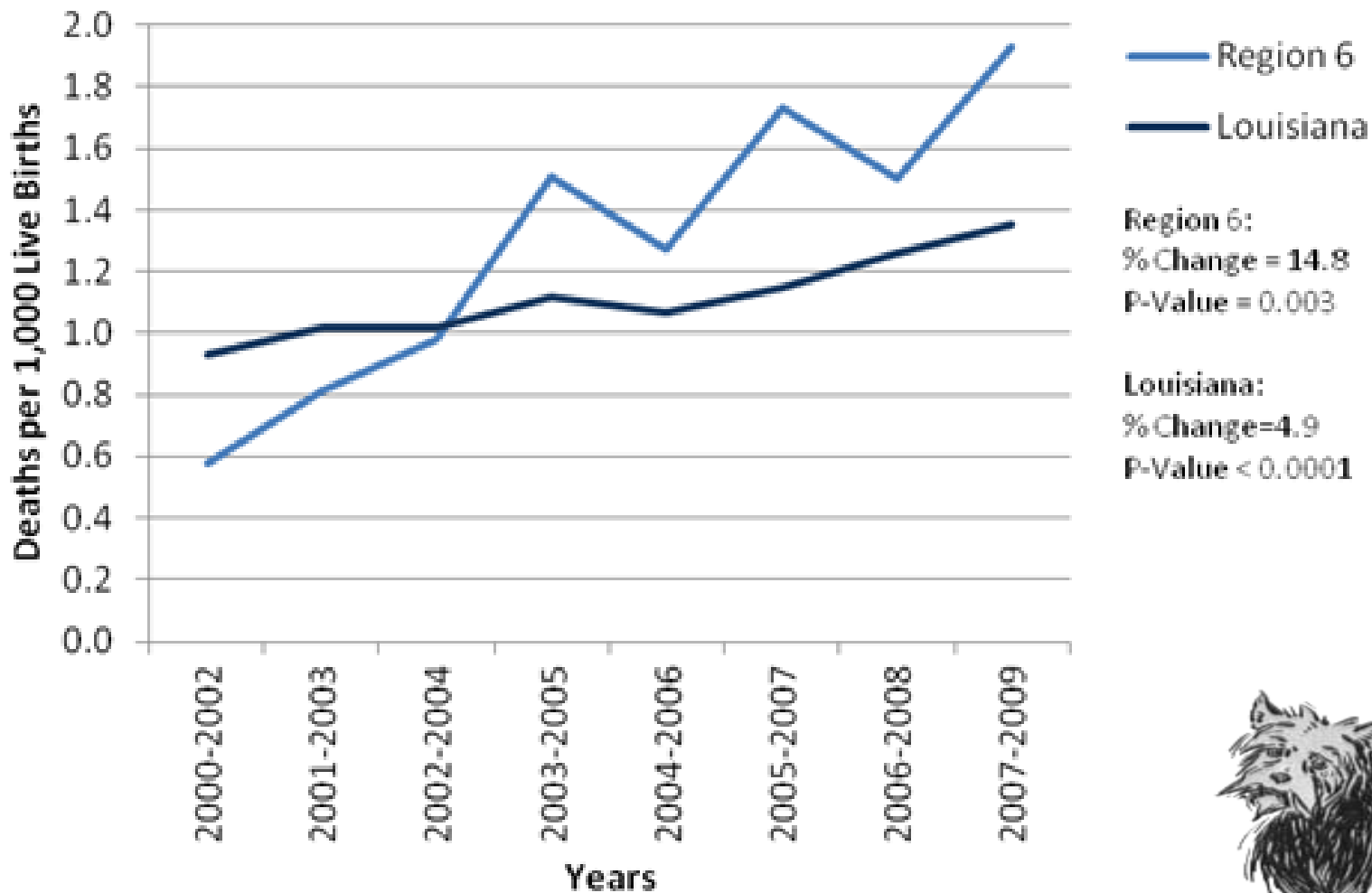
Excess Deaths

Birth Weight	Fetal Deaths	Neo-natal	Post-Neonatal
500-1499 g	1.5		
1500 + g	0.3	0.0	2.8

Total excess mortality 4.6 per
1,000



SIDS Rates Over Time



Preventive Action Suggestions

Maternal Health/ Prematurity	Preconceptional Health (Folic Acid, Smoking, Alcohol) Unintended Pregnancies Maternal Risk Factors (HBP, BV) Easy Access to Family Planning
Maternal Care	Early and Continuous Prenatal Care High Risk OB Care Appropriate Weight Gain Maternal Health Risks (diabetes, seizures)
Newborn Care	Perinatal Management Advanced Neonatal Care/ Pediatric Surgery Treatment of Congenital Anomalies
Infant Health	Sleep Positions & Safe Sleep Environment Breast Feeding Promotion Injury Prevention Access to Medical Homes

PRAMS

LA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

- 2008 State Level Data
 - Family Planning
 - Prenatal Care
 - Prenatal Risk Factors
 - Infant Care and Infant Health
 - Insurance and Income





LA-PRAMS

- 61% reported not taking multivit prior to preg
- 71% reported receiving HIV test in prenatal care
- 29% reported smoking at least 100 cigarettes in the last 2 years
- 15% reported smoking during last 3 mos preg
- 22% reported smoking at time of survey



Women of Reproductive Age

Louisiana Characteristics

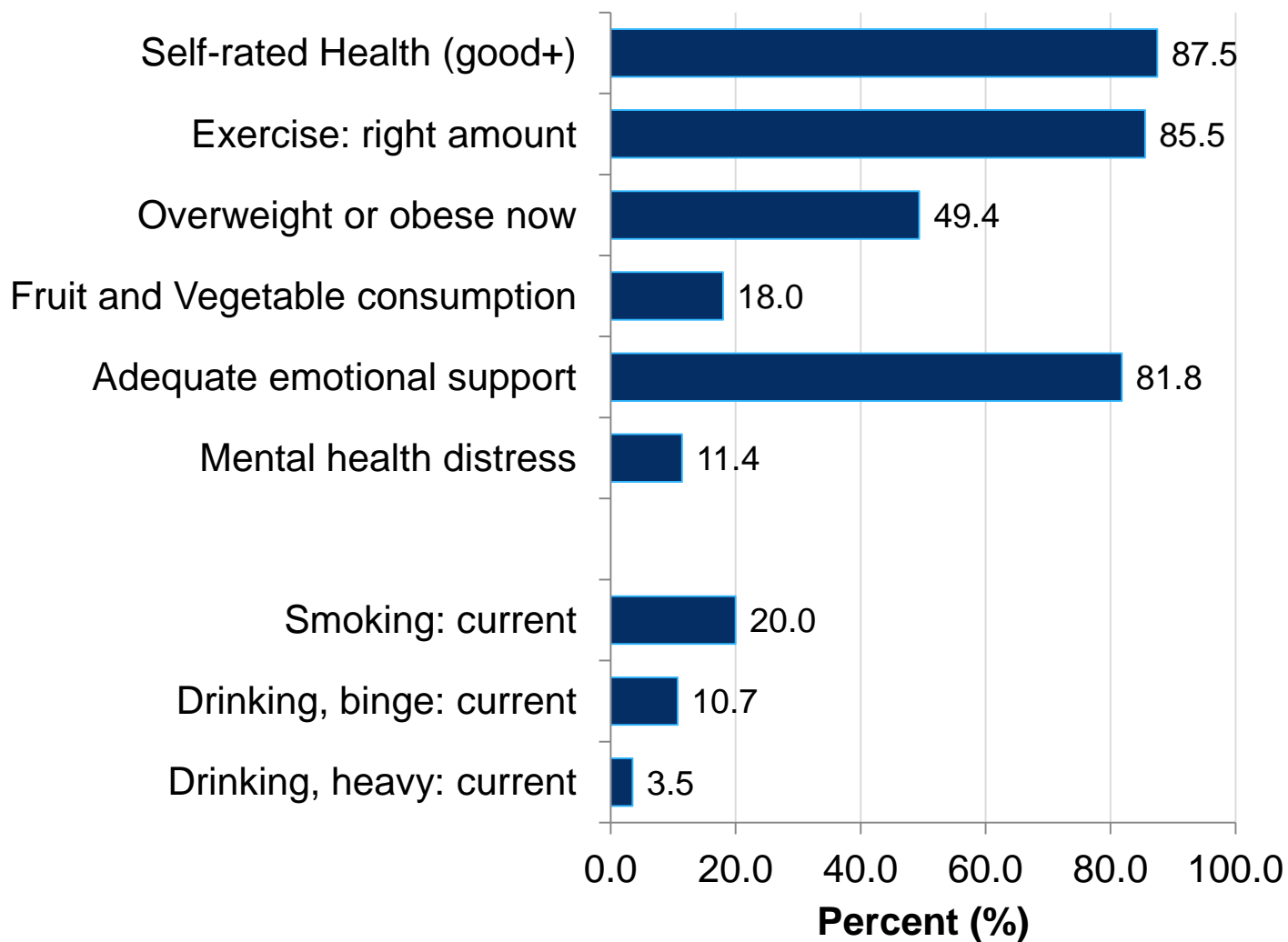
- Access to health care for women aged 19-44 is limited
- Smoking and alcohol use high in Louisiana
- High rates of obesity and chronic diseases
- Lack of preventive wellness / preconception health information
- Less than 1/2 of Louisiana pregnancies are intended



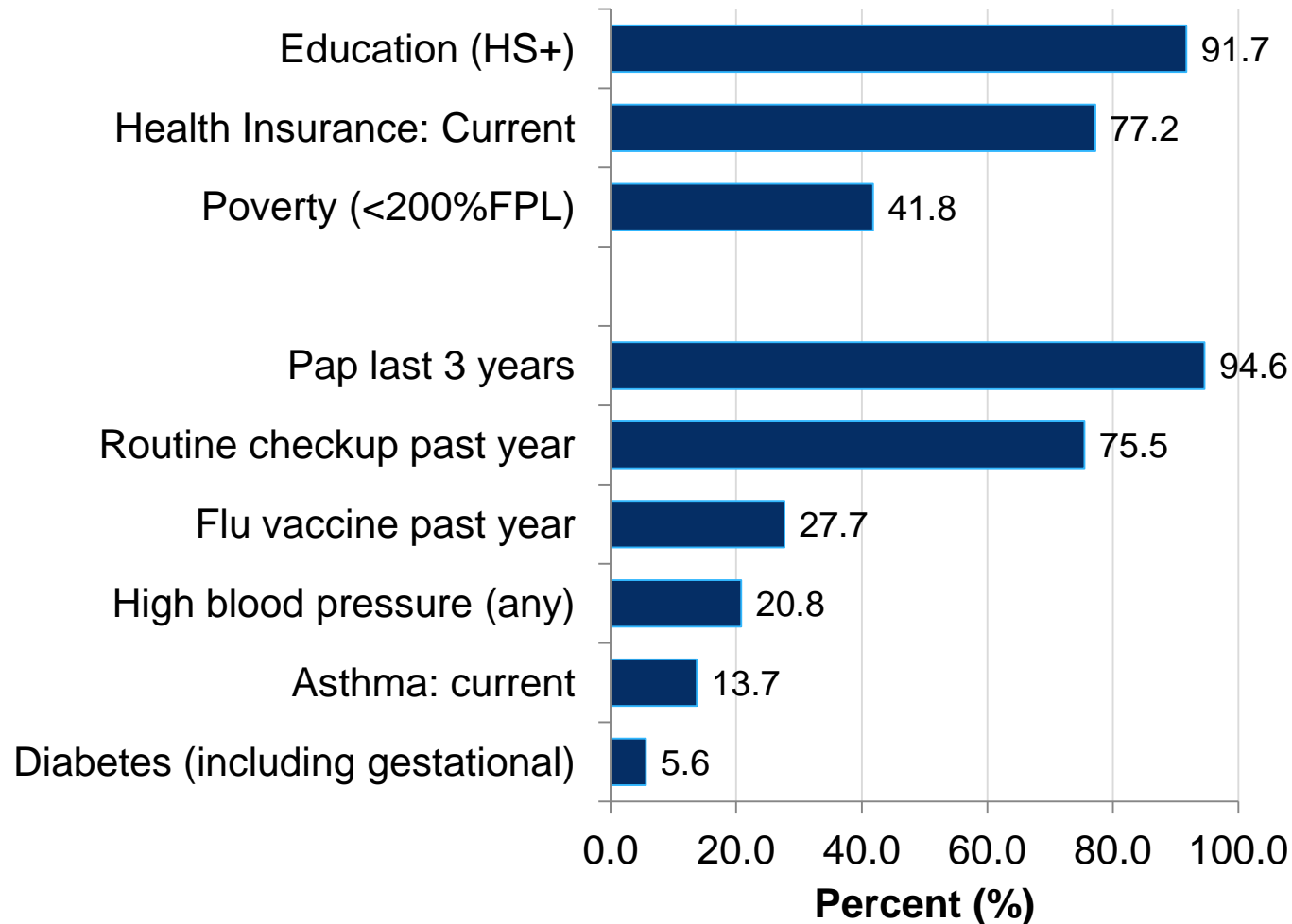
What We Know: Prenatal Care

- Nine months of prenatal care cannot reverse all of the negative health factors entering the pregnancy
- The “life-course” health of a woman impacts pregnancy outcomes
- Increased focus on health of women before and between pregnancies

Louisiana women of reproductive age 2008

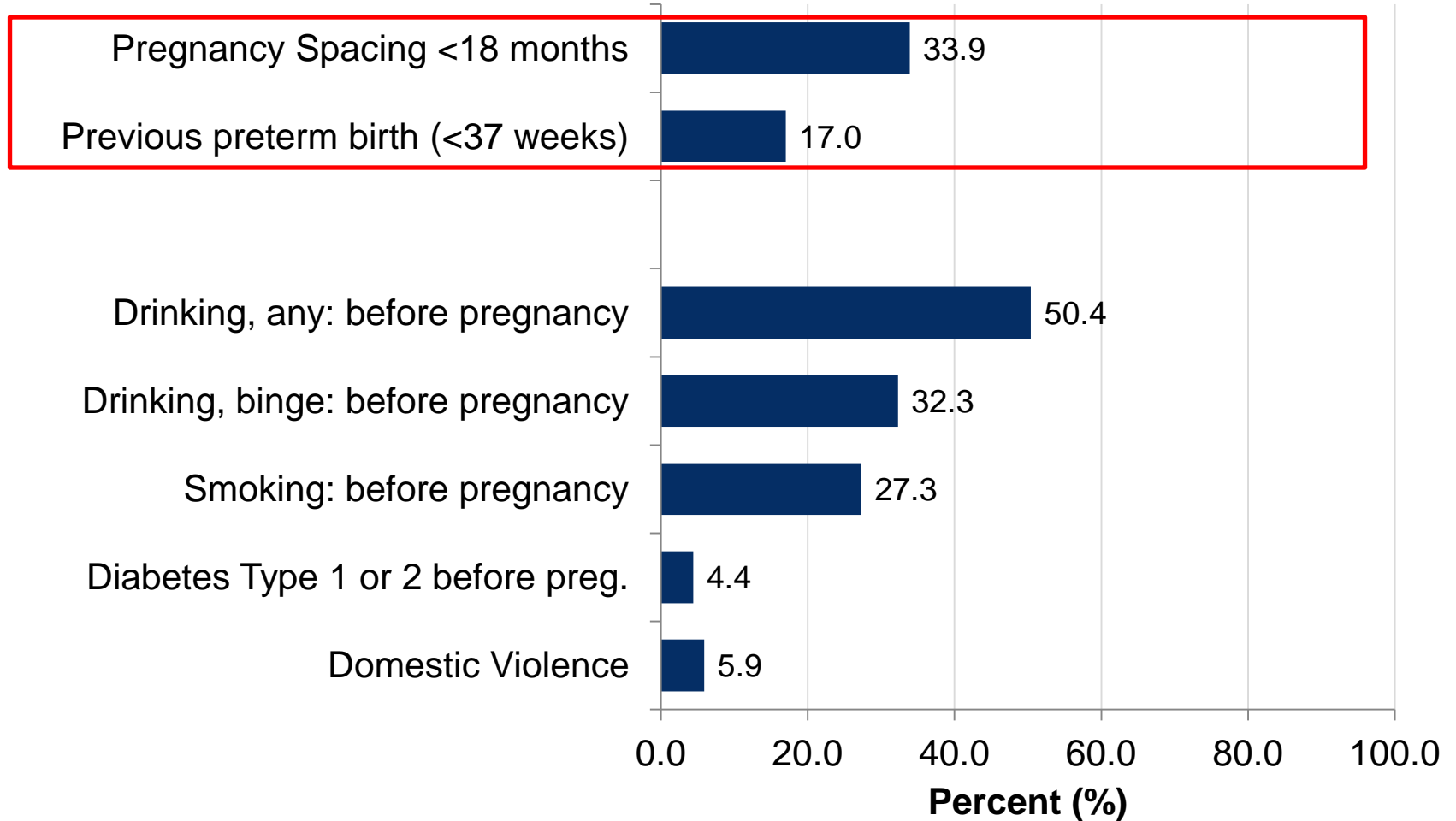


Louisiana women of reproductive age 2008



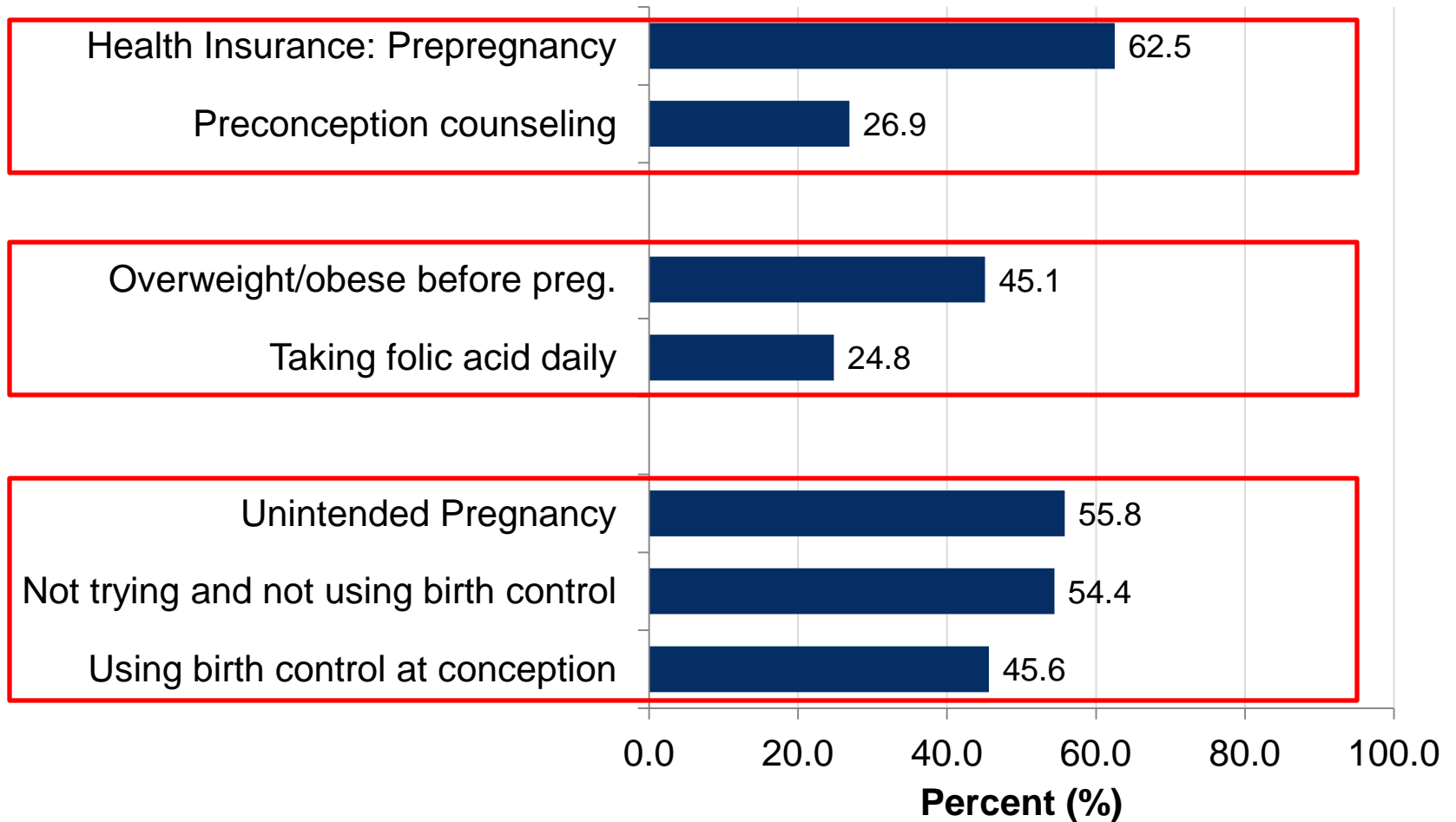
Preconception Health Indicators

Among women giving birth in 2008



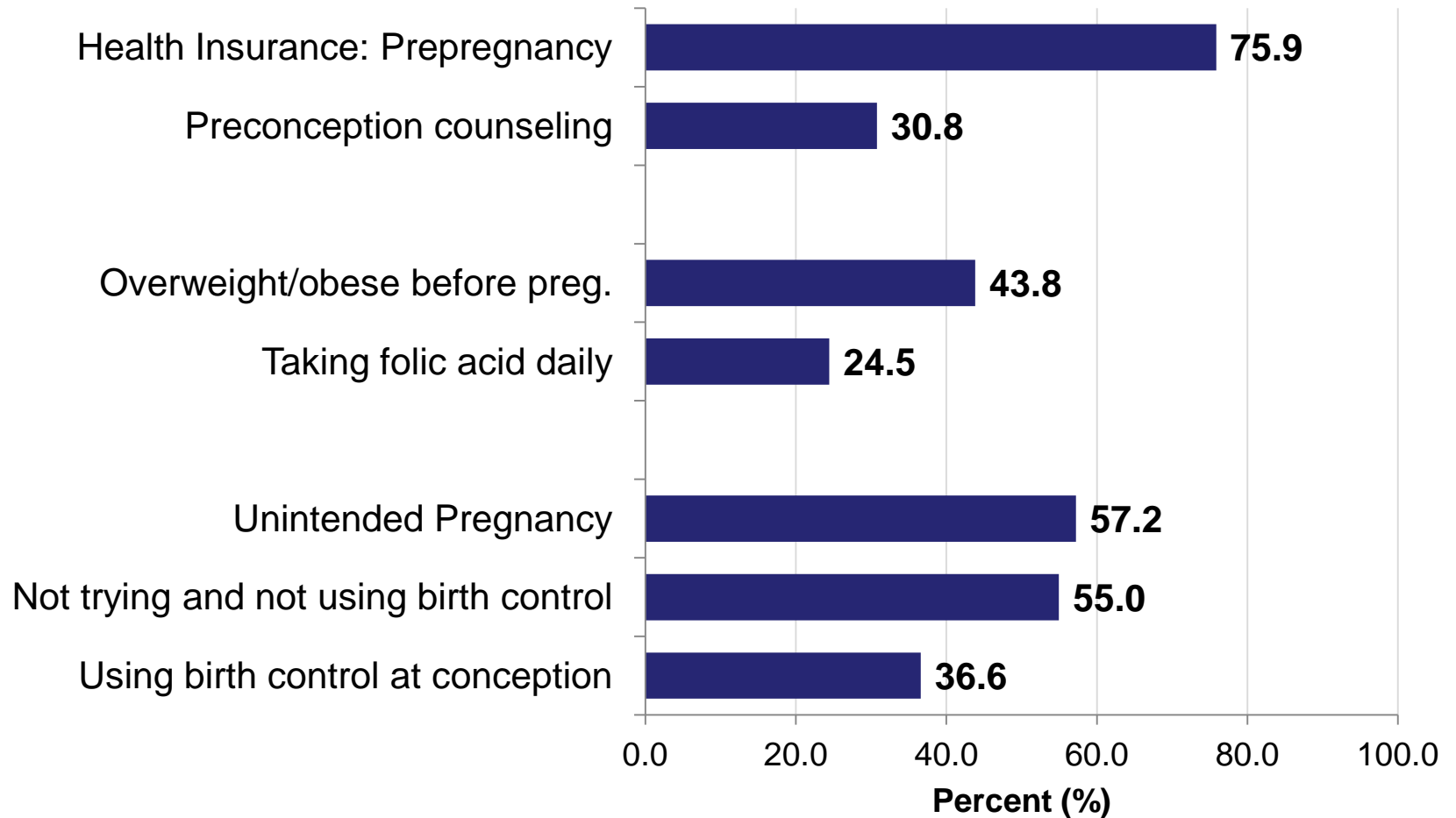
Preconception Health Indicators

Among women giving birth in 2008



Preconception Health Indicators

Among women giving birth in 2009





Probability of Preterm Labor

- Any pregnancy (Louisiana) 16%
- Previous preterm birth 30%
- ≥ 2 previous PTB 70%
- Twins 50%
- Triplets and higher 75%-95%
- Uterine malformations 30%

Overall: Prediction of preterm birth is poor



Repeat Preterm Birth

- 31.6% of births following a PTB were preterm
- 4X odds of second PTB if first was preterm
- Over 3X odds of subsequent PTB if pregnancy spacing < 12 months
- 70% more likely to have second PTB if pregnancy spacing 12-14 months
- Black women 60% more likely than White
- No association with prenatal care or Medicaid



Folic Acid and Preterm Birth

- Folic acid may have role in prevention of preterm births
- Preconception Folate Prevents Preterm Delivery, Bukowski, et al.
- Oral presentation at Society for Maternal-Fetal Medicine meeting January 2008
- Award winning presentation by MOD

Preconceptional Folate Supplementation & the risk of spontaneous preterm birth: a cohort study



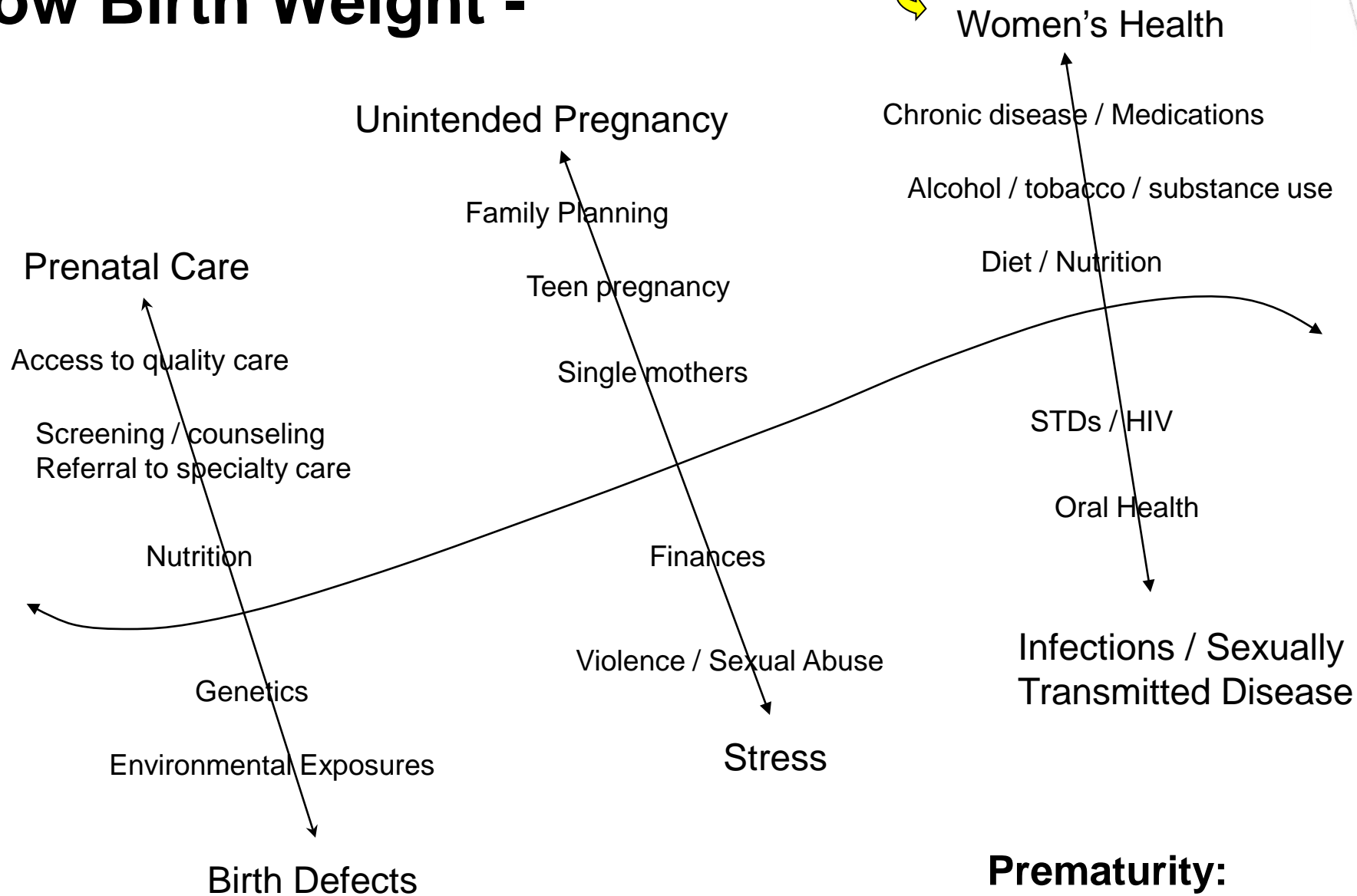
- Cohort of 38,033 singleton pregnancies
- Excluded congenital abnormalities, maternal CHPT/DM, abruption
- Adjusted for age, race, education , marital status, prior PTB
- Preconceptional folate for ≥ 1 year associated with 70% decrease in spontaneous PTB between 20-28 weeks (95% CI 0.22, 0.08-0.62)
- Folate use ≥ 1 year with 50% reduction in PTB between 28-32 weeks (95% CI 0.45, 0.23-.085)
- No effect on PTB > 32 weeks or < 1 year use

Folic Acid:

A Component of Basic Preconception Health Promotion

- Role of folic acid (vitamin B9) in prevention of neural tube defects has long been understood
- Folic acid role in prevention of other birth defects
 - Congenital heart defects
 - Orofacial clefts
- Folic acid in promotion of general health
- Few known adverse effects of folic acid

Factors of Prematurity & Low Birth Weight -



**Prematurity:
A common complex disorder**



Modifiable Risk Factors for

Moderate Preterm Birth

Partner abuse

Hypertension

Pregnancy spacing

Prenatal care adequacy

Very Preterm Birth

Low weight gain

Hypertension

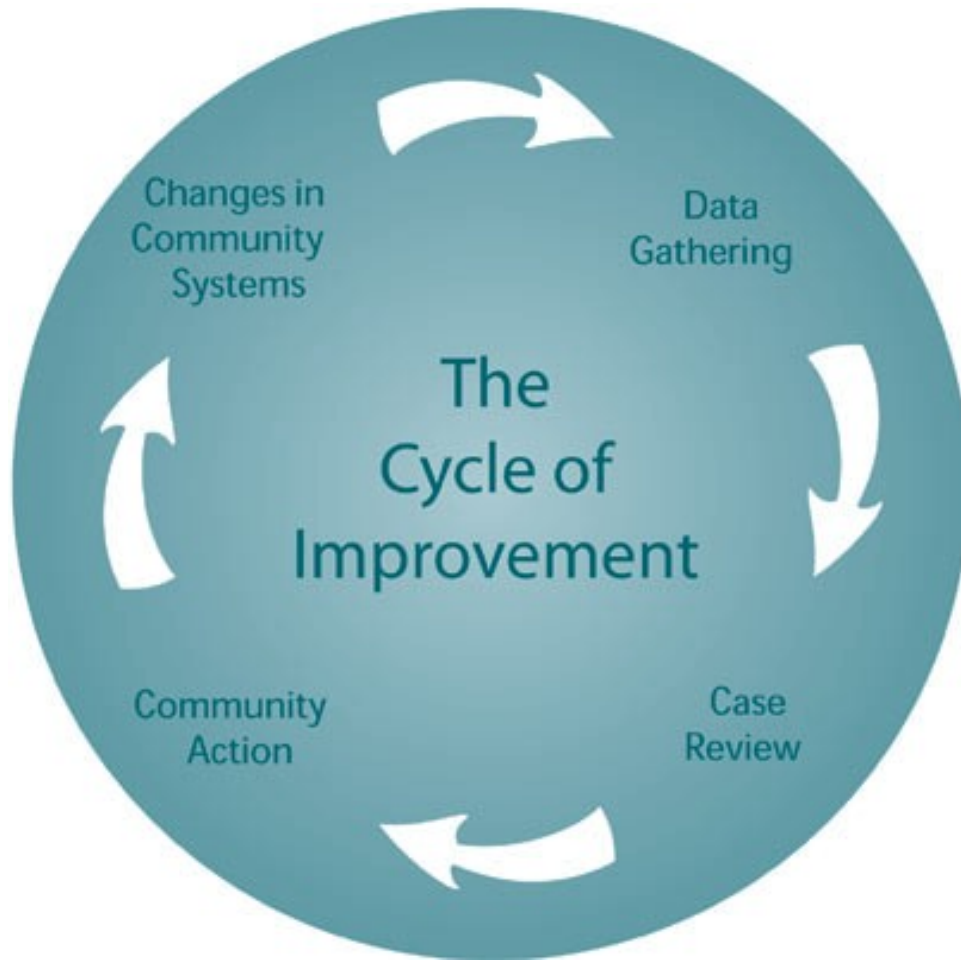
Pregnancy spacing

Prenatal care adequacy

Substance use, stressful life events, and pre-pregnancy BMI were not significant after controlling for other factors



FIMR Cycle of Improvement



Identify problems through data gathering at state & regional levels

Identify a death and abstract the records

Home Interview

Case Review Team

Community Action Team

Regional Fetal and Infant Mortality Review (FIMR)

- RNs in most of the 9 DHH regions in the state
- Case Review Team (medical volunteers)
- Community Action Team
 - Data-To-Action
 - Community wide collaborations

Positive Factors in Louisiana

- Take Charge family planning waiver
- Medicaid is predominant third party reimbursement source in state for pregnancy
- WIC
- Tobacco Cessation programs
- Active, involved ACOG Chapter
- Louisiana MCH Coalition
- Louisiana FIMR Network
- Excellent MCH EPI group

FIMR

Case Review Team

- Confidential review of case by Case Review Team of doctors, nurses, social workers
 - Identify contributing factors
 - Determine barriers to care
 - Isolate gaps in services
 - Note trends in delivery service
 - Make recommendations

FIMR

Community Action Team

- Community partners who turn recommendations into action
 - Includes members from city, governmental, and community non-profit agencies delivering services to women of child-bearing ages (10 to 45 years!)
 - Translates a recommendation into a plan
 - Implements community action

Community Agencies

Louisiana Emergency Response Network (LERN)

Cenla Chemical Dependency Council, Phase 2

Department of Children and Family Services

Central LA Area Health Education Center

LaChip Family Counseling Agency-Turning Point

Hope House Juvenile Division, Justice system

March of Dimes School-based Health Centers

City of Alexandria Families Helping Families

Rapides Foundation United Way of Central LA

Prevent Child Abuse Faith-based organizations

The Shepherd Center Nurse Family Partnership

Region 6 Early Steps Tobacco Free Living

Volunteers of America

Zeta Phi Beta Sorority

Breastfeeding Coalition

Identify the Risk Factors

Infant Death

Racism

Tobacco

Unemployment

Faulty cribs

Inadequate housing

Provider Bias

Poverty

Smoking

Low Birth Weight

Stress

**Poor Access
to Prenatal Care**

Sleep Position

Substance Use

Sleep Place

Family Support

bedding

Education

Nutrition

Genetics



Intervention

- Healthy Start
- Nurse-Family Partnership
- Tobacco-free living

Raising Awareness

- Medical community
- Social Service agencies
- Business community
- Educators
- High risk populations
- Legislators
- Government officials
- Policy makers
- Faith-based organizations and churches

Raising Awareness

- Community leaders
- Civic groups
- Media
- Law enforcement
- Judicial system
- DHH and DCFS agencies
- Community at large

Components of Preconceptional Care

Recommendations, CDCP, NCBDDD, 2006

1. Individual responsibility across the lifespan
2. Consumer awareness
3. Preventive visits
4. Interventions for identified risks
5. Interconceptional care
6. Pre-pregnancy checkup
7. Health insurance coverage for low income women
8. Public health programs and strategies
9. Research
10. Monitoring improvements

Home Interviews

- Share pregnancy story
- Validate feelings
- Offer bereavement resources
- “Voices” of mothers
- Concerns for teen mothers





Education

Reproductive life course

- Preconceptional and interconceptional issues
- Prematurity and elective induction
- High school graduation
- Breastfeeding
- Stress and poverty (minority health)
- Depression
- Domestic violence





Education

Risk reduction messages

- Teen pregnancy
- Folic Acid
- STIs and other infections
- Safe sleep
- Drug, alcohol and tobacco use: (NO amount of tobacco or alcohol or illicit drug is safe in pregnancy.)
- Nutrition and exercise
- Pregnancy spacing





Education

Health Promotion Activities

- Community & Professional education about effects of drugs and alcohol use on fetal development
- Screening for use of drugs, TBC, domestic violence, depression
- Educational Forum for African American churches
- Health Fairs for schools, communities, & churches
- Establish faith-based health ministry programs
- RTS training



Community Resource Information

- Medical providers and clinics
- Community case management programs
- Mental health services and addiction treatment
- Social service agencies
- Public health services
- Faith-based organizations and church communities
- Entitlement programs (WIC, Medicaid, TANF, etc.)



Spectrum of Prevention

Influencing policy and legislation

Mobilizing neighborhoods and communities

Changing organizational practices

Fostering coalitions and networks

**Educating providers and
training people who can make a difference**

Promoting community education

Strengthening individual knowledge and skills

REFERENCES: Internet

- **Louisiana Department of Health and Hospitals**
<http://new.dhh.louisiana.gov/>
- **Louisiana Maternal and Child Health Program**
<http://new.dhh.louisiana.gov/index.cfm/page/936>
- **Louisiana DHH Reports, Records/Surveillance**
<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/68>
- **Louisiana DHH Publications**
<http://new.dhh.louisiana.gov/index.cfm/page/685/n/172>
- **Louisiana Health Report Card**
<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/2202>
- **Louisiana PRAMS Report, 2008**
http://www.1800251baby.org/index.php/providers/data/prams_reports/

REFERENCES: Internet

- American College of Obstetricians and Gynecologists
<http://www.acog.org/>
- National Fetal and Infant Mortality Review
<http://www.nfimr.org/>
- March of Dimes, Peristats
<http://www.marchofdimes.com/>
<http://www.marchofdimes.com/peristats/>
- Centers for Disease Control
<http://www.cdc.gov/>
<http://www.cdc.gov/DataStatistics/>
- National SIDS/Infant Death Resource Center
<http://www.sidscenter.org>
- National Child Death Review
<http://childdeathreview.org/>

REFERENCES: Internet

- **County Health Rankings**
<http://www.countyhealthrankings.org/>
- **Healthy People 2020**
<http://www.healthypeople.gov/>
- **Partners for Healthy Babies:Toll Free State Helpline for questions on pregnancy, interconception, WIC, clinics**
www.1800251BABY.org
Tel: 1-800-251-BABY (2229)
- **Text For Baby: Tips 4 Mom and Mom 2B**
<http://www.text4baby.org/>
Text BABY to 511411

REFERENCES: Internet

- **Smoking Cessation- Louisiana's tobacco control program**
Tel: 1-800-QuitNow (784-8669)
<http://www.800quitnow.com/helptoquit/>
- **Social Marketing Institute**
<http://www.social-marketing.org/>
- **Bereavement Resources**
 - **First Candle**
<http://www.firstcandle.org/>
 - **Bereavement Services (RTS, Gundersen Lutheran)**
<http://bereavementservices.org/>
 - **Now I lay me down to sleep Photography**
<http://www.nowilaymedowntosleep.org/>

Resources

- Association Maternal & Child Health Programs

www.amchp.org

- City MatCH

<http://www.citymatch.org/>

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<http://new.dhh.louisiana.gov/index.cfm/page/936>