

# Birth Outcomes Initiative



# DISCLOSURE

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# What are Birth Outcomes?

## What are Birth Outcomes?

- Infant Health (preterm birth, low birth weight, infant mortality)
- Women's Health (chronic disease management, addressing behavioral health needs, family planning, safe labor and delivery)

**“The life course perspective conceptualizes birth outcomes as the end product of not only the nine months of pregnancy but the entire life course of the mother before the pregnancy.”**

(Lu, et al. Closing the Black White Gap in Birth Outcomes: A Life-Course Approach. Ethnicity & Disease, Volume 20, Winter 2010).



# Louisiana Rankings

Indicator	US	Louisiana	Rank
Infant Mortality (IMR)/1000 births	6.69	9.92	<b>49</b>
Pre-term birth/%	12.8	16.4	<b>47</b>
Low Birth Weight/%	8.3	11.4	<b>49</b>
Very Low Birth Weight/%	1.5	2.1	<b>49</b>
Teen birth rate (15-19)/per 1000 population	41.9	53.9	<b>40</b>
1 <sup>st</sup> trimester prenatal care entry/%	--	87.0	4 of 32

Source: Louisiana Vital Statistics

# Prematurity in Louisiana

March of Dimes Prematurity Report Card **Louisiana: F**

Suggested Contributing Factors:

<b>Uninsured Women</b>	<b>25.6%</b>
Women Smoking	20.1%
Late Preterm Birth (34-36 wks) *Linked to rising rates of early induction and c-sections	11.7%



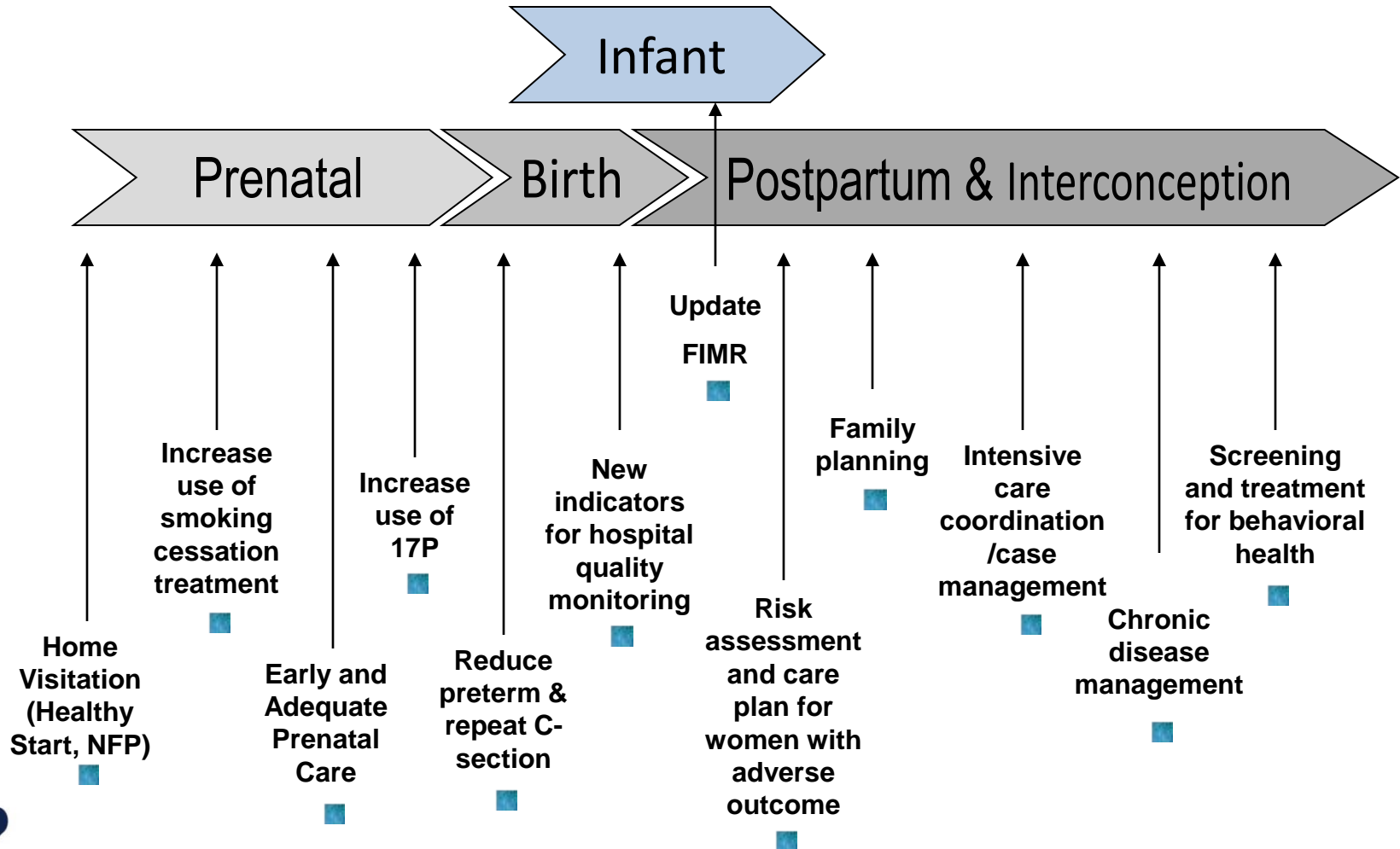
# Medicaid Paid Deliveries (2007)

Race	Medicaid	Total Births	%
White	20256	37672	53.8
Black	23164	25698	90.1
Other	1761	2693	65.4
<b>All races</b>	<b>45181</b>	<b>66063</b>	<b>68.4</b>

**In Louisiana, Medicaid pays for almost 70% of all births; the second highest Medicaid birth rate in the Nation.**



# Interventions to Improve Birth Outcomes



# Birth Outcomes Priorities

- Care Coordination and Preconception Health
- Patient Safety and Quality of Care
- Maternal and Infant Health Disparities
- Women's Behavioral Health
- Data and Measurement



# Birth Outcomes Portfolio

- DHH budgetary and programmatic review
- Cross-departmental partnerships
- Medicaid policy change
- Data systems improvement
- Hospital quality improvement
- Connecting communities to DHH

*To improve birth outcomes for Louisiana's moms and babies through immediate action and sustainable change*



# Top Down

## *Louisiana Department of Health and Hospitals*

- Secretary Bruce Greenstein and Deputy Secretary Tony Keck have made improvement in birth outcomes one of the top departmental priorities
  - Shift from task forces to action teams
  - Deadlines pushed up
- Birth Outcomes Director and Deputy Director asked to do initial scan of state budget and programs
- Working with DHH colleagues (particularly Medicaid) on immediate initiatives, birth outcomes related programs/policies



# Top Down

## *Louisiana Perinatal Commission*

- Authorized in 2006, 16 member commission appointed by Governor Jindal to reduce infant deaths and improve perinatal care

## *Birth Outcomes Blue Ribbon Panel*

- Nationally recognized experts from the medical field and academic institutions who will provide their experience and knowledge to the Birth Outcomes Initiative



# Bottom Up

## *Birth Outcomes State Wide Action Teams*

- Five action teams which represent community partners, consumers, advocates, public health professionals, clinicians, hospital administrators, and insurers
  - Women's Behavioral Health
  - Patient Safety and Quality of Care
  - Data and Measurement
  - Maternal and Infant Health Disparities
  - Care Coordination and Preconception Health



# Data and Measurement

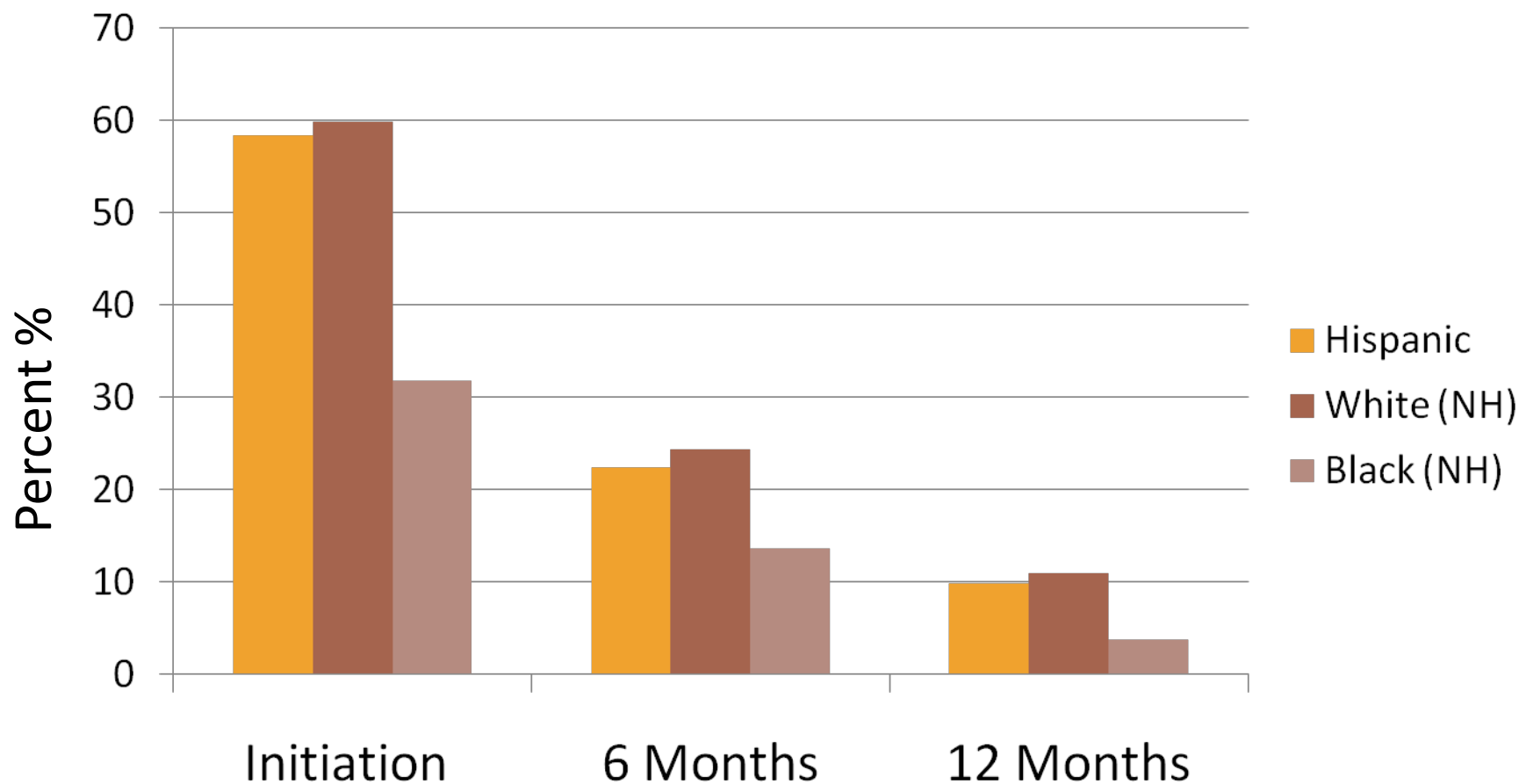
## GOALS:

Increase DHH's ability to identify women at high risk for a poor birth outcome. Registry/GIS

Increase hospital and provider perinatal quality improvement measurement and reporting. Report Card



# Breastfeeding Rates by Socio-demographic Factors, Among Children Born in 2006 in Louisiana



Source: National prevalence of breastfeeding initiation and duration to 6 months and 12 months,\* by selected sociodemographic characteristics  
--- National Immunization Survey (NIS), United States, 2004—2008. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5911a2.htm>

# Maternal and Infant Health Disparities

## **GOALS:**

*To improve breastfeeding rates in Louisiana's African-American women.*

- Coordinate with DHH Communications and Minority Health for statewide education
- Insertion of breast feeding data elements into statewide report card
- Worked with state and private labs to add breast feeding measures to the neonatal screening measures for the purposes of report carding.

*To increase access to preconception care*

- Coordinated Care Networks
- Greater New Orleans Community Health Connection



# Smoking

- Smoking is an important determinant of health status and a major contributor to prematurity and low birthweight. In Louisiana in 2009, 22.1% of women ages 18-44 reported smoking, compared to 19.6% overall in the U.S.
- Smoking during the last trimester of pregnancy increased from 11.8% in 2002 to 12.6% in 2007

Citation: March of Dimes. PERINATAL DATA SNAPSHOTS: Louisiana Maternal and Infant Health Overview  
[http://www.marchofdimes.com/peristats/pdflib/999/pds\\_22\\_all.pdf](http://www.marchofdimes.com/peristats/pdflib/999/pds_22_all.pdf)



# Behavioral Health

**Goal:** *Institute statewide comprehensive behavioral health screening and brief intervention for pregnant women in Medicaid*

- Comprehensive screen for pregnant women “at risk” for substance use (tobacco, alcohol, drugs), depression and domestic violence.
- Statewide registry for high risk women in which positive screens are reported. Partner with professional organizations and regional groups to educate providers and hire a coordinator to assist in registry development



# Care Coordination

**GOAL:** To reduce Louisiana's low birth weight rates; number of unintended pregnancies and Medicaid costs and increase child spacing intervals by providing interconception care for women with a prior poor birth outcome.

Defined high risk population as those with a prior poor birth outcome (low birth weight, preterm, infant death)

- Assessed priorities for intervention – preconception, interconception care
- Developing pilot in Medicaid for Interconception Care
  - SSI/TANF considered through CCN's
  - Greater New Orleans Community Health Connection



# Care Coordination and Interconception Health

- **Greater New Orleans Community Health Connection (GNOCHC) Interconception Care Project**
  - In September 2010, the Louisiana 1115 Medicaid Waiver – Greater New Orleans Community Health Connection (GNOCHC) – was approved by the Centers for Medicare and Medicaid (CMS).
  - This Waiver ensures that uninsured adults (19 – 64 years) who fall <200% FPL can continue to access services through the Primary Care Access Stabilization Grant (PCASG) network funded by CMS post Hurricane Katrina to restore and expand outpatient primary care services.



# Care Coordination and Preconception Health

- **Greater New Orleans Community Health Connection (GNOCHC) Interconception Care Project**
- The best predictor of a low birthweight or preterm birth is a prior low birthweight or preterm birth.
- A variety of “interconception” or “internatal” care projects have demonstrated the potential to reduce risks.
- Building from this knowledge, this project is designed to improve women’s health, improve birth outcomes, reduce chronic disease, and reduce the cost of adverse pregnancy outcomes financed through Medicaid.
- The criteria for eligibility for these more intensive interconception care services include: income between 11-200% of the federal poverty level, age 19 or older, having a recent Medicaid financed birth with prior adverse outcomes (e.g., fetal loss, low birthweight or very low birthweight birth, preterm birth, infant with extended stay in neonatal intensive care).



# Care Coordination and Preconception Health

- **Greater New Orleans Community Health Connection (GNOCHC) Interconception Care Project**
  - The primary activities of this project are to:
    - Define an individualized interconception care plan based on assessments of medical and social risks for subsequent poor pregnancy outcomes;
    - Provide health care in accordance with the individualized interconception care plan for 24 months;
    - Assist women in achieving their self-defined reproductive life plan, that is, her desired timing subsequent pregnancies and her need for optimum child spacing;

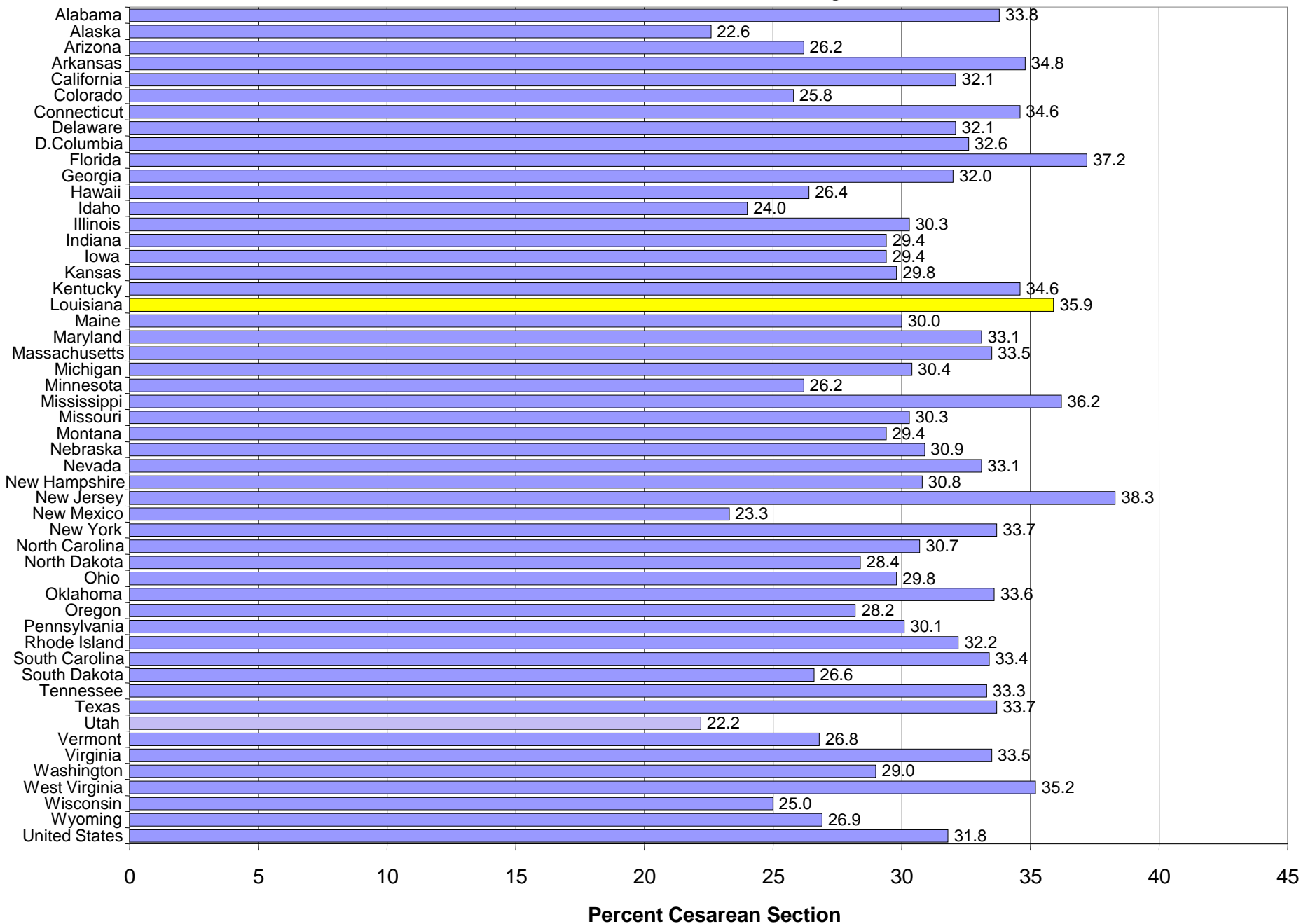


# Care Coordination and Preconception Health

- **Greater New Orleans Community Health Connection (GNOCHC) Interconception Care Project**
  - The primary activities of this project are to (con't):
    - Provide intensive case management to support care plan and linkages to appropriate social services and community outreach.
    - Improve the capacity, skills, and quality of primary care for high-risk, low-income women of childbearing age who are likely to have Medicaid financed births.



# Overall Cesarean Section Rates By State - 2007



# Patient Safety and Quality of Care

**GOAL:** *To create a culture of continuous quality improvement and safety in Louisiana's birthing hospitals.*

- We have an agreement with the Institute for Healthcare Improvement (IHI) to conduct a 12 month, statewide perinatal quality collaborative with major birthing hospitals (24 hospitals – those with more than 1000 deliveries per year).
- The Secretary and partners at LHA, LSMS, and LA ACOG have signed a letter encouraging all birthing hospitals to pledge voluntary policy implementation by January 2012 to end elective deliveries prior to 39 weeks.
- Outreach to providers and hospitals to encourage adoption of voluntary policies to end elective deliveries prior to 39 weeks.
- Agreement with LAMMICO to reduce malpractice rates with participation in a professional training on perinatal quality.



# How Nurses Work to Improve Birth Outcomes

- Preconception Health Care
  - Case Management/Care Coordination
  - Health Education
  - Home Visitation
- Improving Patient Safety and Quality
  - Advocating for quality improvement
  - Being an integral part of the data collection and monitoring team



# Real Life Story: East Jefferson Hospital

# East Jefferson General Hospital's Journey to No Elective Inductions < 39 Weeks

Barbara Carson, BSN, RNC-OB, IBCLC,  
LCCE

# 2007 Can We Affect Change?

- Collaboration
- Need for evidence-based practice
- Data collection begins



# Phase I: Assess Need for Change

- Nurses concerned
  - Rising numbers of elective inductions < 39 weeks with non-favorable cervixes
    - Rising numbers of primary C/S's
- Physicians dissatisfied
  - Inability to schedule cases as inductions scheduled months in advance



# Phase II: Link problem to outcomes

- Problems
  - Late preterm infants admitted to NICU
    - Breathing difficulties
    - Feeding challenges
  - LOS increased
    - Longer labors & increased C/S's
    - Regular “bottleneck” effect of beds



# Phase III: Synthesize best evidence

- Focused question
  - *“Does performing elective deliveries prior to 39 weeks gestation adversely impact neonatal outcomes?”*



# Phase IV: Design Practice Change

- Data collection
- Interdisciplinary approach
  - Perinatal Work Team
    - Outpatient Clinic/L&D Nurses
    - Obstetricians
    - Anesthesiologists
    - Neonatal Nurse Practitioners
    - Maternal Fetal Medicine
    - Case Managers
    - W&C Management

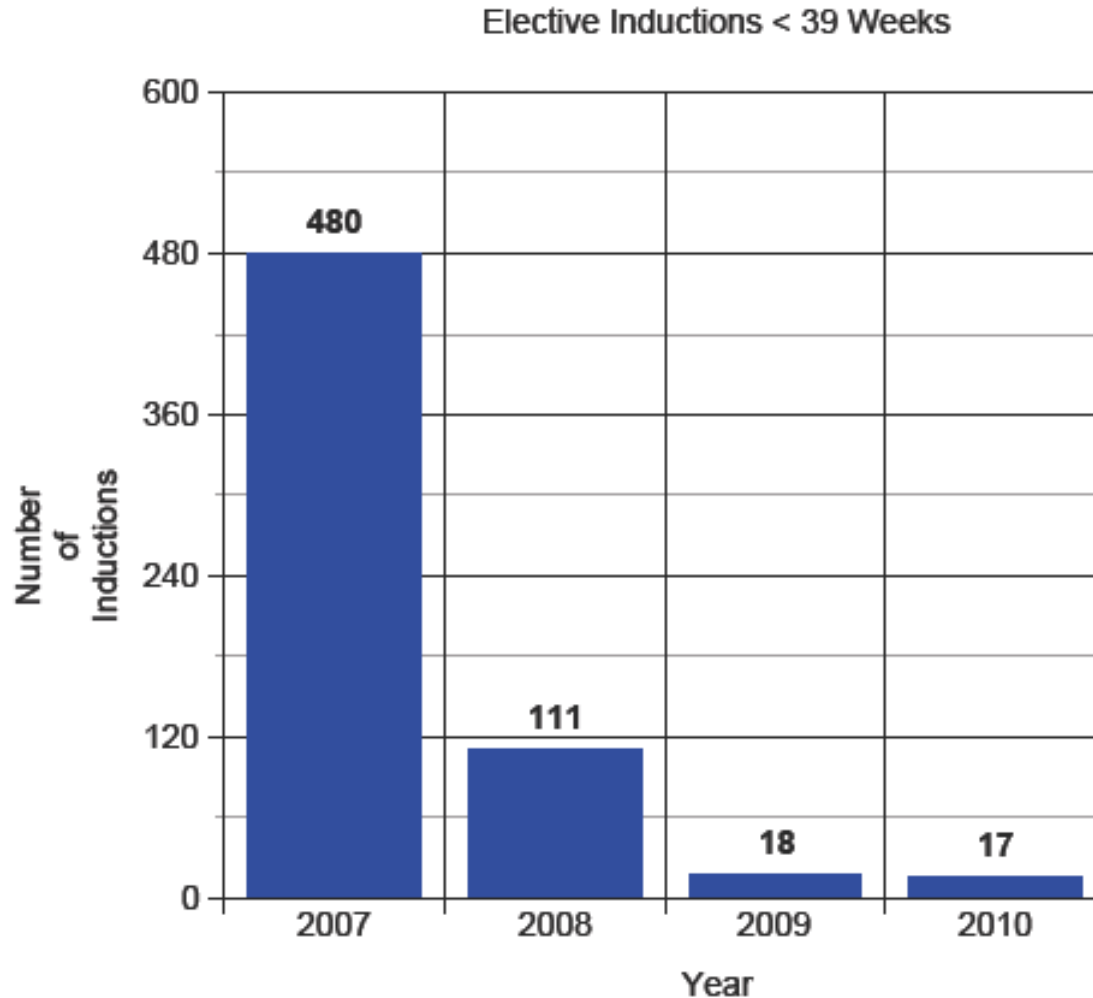


# Phase V:

- January, 2008
  - Elective cases had to be 37 weeks on the day they scheduled & 39 weeks on the day they delivered
  - Letter to physicians
  - Manager reinforced at scheduling



# Integrate & Maintain



East Jefferson General Hospital Labor & Delivery

# Final Phase: Maintain

