

March of Dimes Initiatives

*Secretary's Advisory
Committee on Infant Mortality*

Bethesda, Maryland
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Scott D. Berns, MD MPH FAAP
Senior Vice President, Chapter Programs
March of Dimes Foundation

The March of Dimes mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality.

Reducing Infant Mortality and Preventing Early Term & Preterm Birth

- *Toward Improving the Outcome of Pregnancy: Enhancing Perinatal Health Through Quality, Safety, and Performance Initiatives*
- Healthy Babies are Worth the Wait[®]
 - Community Programs
 - Hospital Quality Improvement
 - Consumer Education Campaign

TIOP III

Financial support
provided in part by:

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



Toward Improving
the Outcome
of Pregnancy III

Enhancing Perinatal Health Through Quality,
Safety and Performance Initiatives



TIOP III: Purpose

- Action oriented monograph that highlights proven principles, methodologies, evidence-based practices and selected quality improvement programs that significantly improve perinatal outcomes
- Illustrates strategies and interventions that incorporate robust process and systems change
- A call to action, with the goal to reach a more efficient, more accountable system of perinatal care



Figure 3: Preterm Births by Gestational Age, United States, 1981-2008*



*Preliminary. 2008 gestational age categories do not sum to total due to rounding.

Very preterm is less than 32 completed weeks gestation. Late preterm is between 34 and 36 weeks gestation.

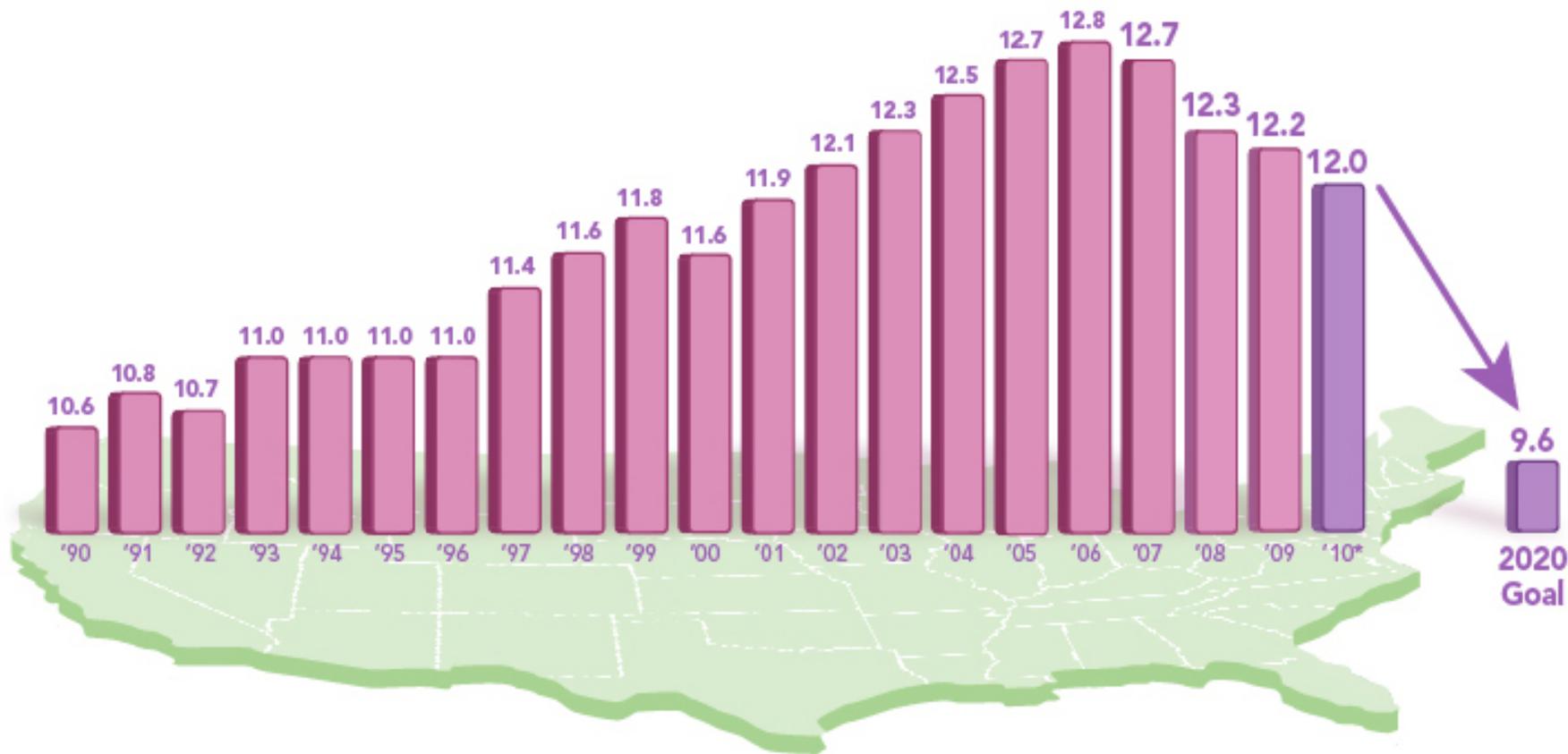
Preterm is less than 37 completed weeks gestation

Sources: Raju TN. Epidemiology of late preterm (near-term) births. Clin Perinatol 2006;33(4):751-63.

National Center for Health Statistics, final natality data and 2008 preliminary natality data.

Prepared by the March of Dimes Perinatal Data Center, 2010.

U.S. Preterm Birth Rate declines....AGAIN!



Data shown is % of live births

*Preliminary birth data

Source: National Center for Health Statistics, final natality data, 2010 preliminary natality data.

TIOP III: Opportunities for Action

Cross-cutting Themes:

- Assuring the uptake of quality improvement and safety initiatives
- Creating equity in perinatal care
- Empowering women and families
- Standardizing the regionalization of perinatal services
- Strengthening the vital statistics system





Join the Discussion
prematurityprevention.org

TIOP III: March of Dimes Action Agenda

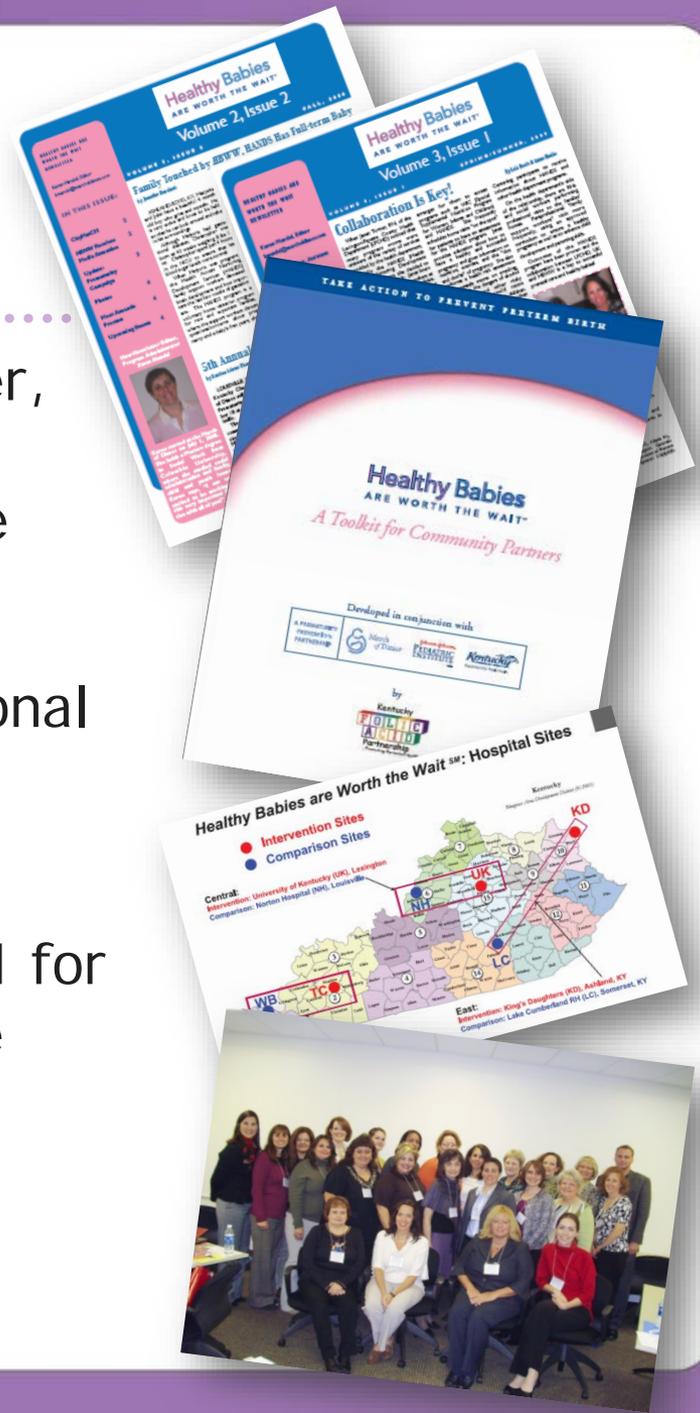
- Assuring that quality improvement and safety programs are put in place that can improve the health of moms and babies, such as:
 - Healthy Babies are Worth the Wait®
 - “Elimination of Non-medically Indicated (Elective) Deliveries Before 39 weeks Gestational Age” Toolkit/Service Package
- Giving more women of childbearing age access to the best, most accurate information about pregnancy and baby health
- Fostering the development and adoption of additional quality measures for moms and babies
- Making key information about the quality of care provided in newborn intensive care units easily and publicly available
- Advocating for reauthorization of the PREEMIE Act

Healthy Babies are Worth the Wait Community Program

- March of Dimes chapter-led, community program aimed at reducing preterm birth.
- Partnership among four key entities: March of Dimes chapter, health department, clinic/hospital, and the community.
- Includes these critical elements: clinical and public health interventions, provider/patient education, and community awareness.
- Efforts are focused on results and include process and pregnancy outcome measures.

HBWW Kentucky

- Seven sites (March of Dimes Chapter, Health Department, Hospital, and community) implemented; new site added in November 2011.
- HBWW Kentucky presented at National Perinatal Association conference in October 2011 in Louisville, KY.
- All-site gathering in November 2011 for best practice sharing, collaborative learning.



HBWW New Jersey

- Determine adaption of HBWW to address racial/ethnic disparities.
- Conducted focus groups to inform the adaption of HBWW for the urban African-American community.
- Enlisted support from multiple partners from the health and business communities and from the people of Newark.
- Advisory Board has convened, partners established, Newark sites selected.
- Media launch February 2012.
- Generous grant from Johnson & Johnson funding initial year.

Research Objectives

1. To understand African American women's current knowledge, attitudes and behaviors relevant to preterm birth.
 - How they feel about it
 - What they think are the causes
 - Where they obtain information
 - What do they feel can be done to reduce it
2. To understand what programs African American women know about that provide support for pregnant women and what programs they would like to have available.
3. To test current materials to understand how they resonate and what revisions may be necessary.
4. To explore whether new materials are necessary, either as a supplement to the revised current materials or as a replacement
5. To discuss the HBWW program and find out what specific aspects appeal to African American women.

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How To be Effective In Educating Women About PTBs

- Must connect with African American women and show them that there is genuine concern about them, their health, and the health of their baby.
 - They are craving more time and attention from their Providers (especially those being treated in clinics, due to the volume of patients)
 - They question the knowledge of some of their Providers (in clinics)
- Implement mini support groups or small group discussions
 - Allow women to open up and be receptive to information
 - Allow women to ask any questions they may have
 - "Sit down and talk to pregnant women at some type of community center. Don't put the information in a brochure."
 - "Have a sensory program so women could come in and talk about their problems and also talk about all kinds of pregnancy stuff and life issues... about 8-10 in a small group" - Provider
- Utilize an experienced African American mother who has had a pre-term birth as a "voice of experience."

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Educating Women About PTBs

- Provide an educational video about pre-term births
- Provide a staff person to talk to women as they wait
- A help system or 800 hotline
 - i.e. Nail salons, hair salons, women's support offices (per earlier slide)
 - Information in gift bags with free samples
- Help women solve their "external" problems
 - "Their basics are not stable so they can't function - they are moving from place to place." - Provider
 - "Poverty is a real problem" - Provider

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HBWW Texas

- Statewide Steering Committee determined to focus first on Houston.
- March of Dimes and Harris County Hospital District in lead with three hospitals and strong clinical and community partners.
- Three sites in Houston; multiple interventions selected.
- Media launch January 2012.

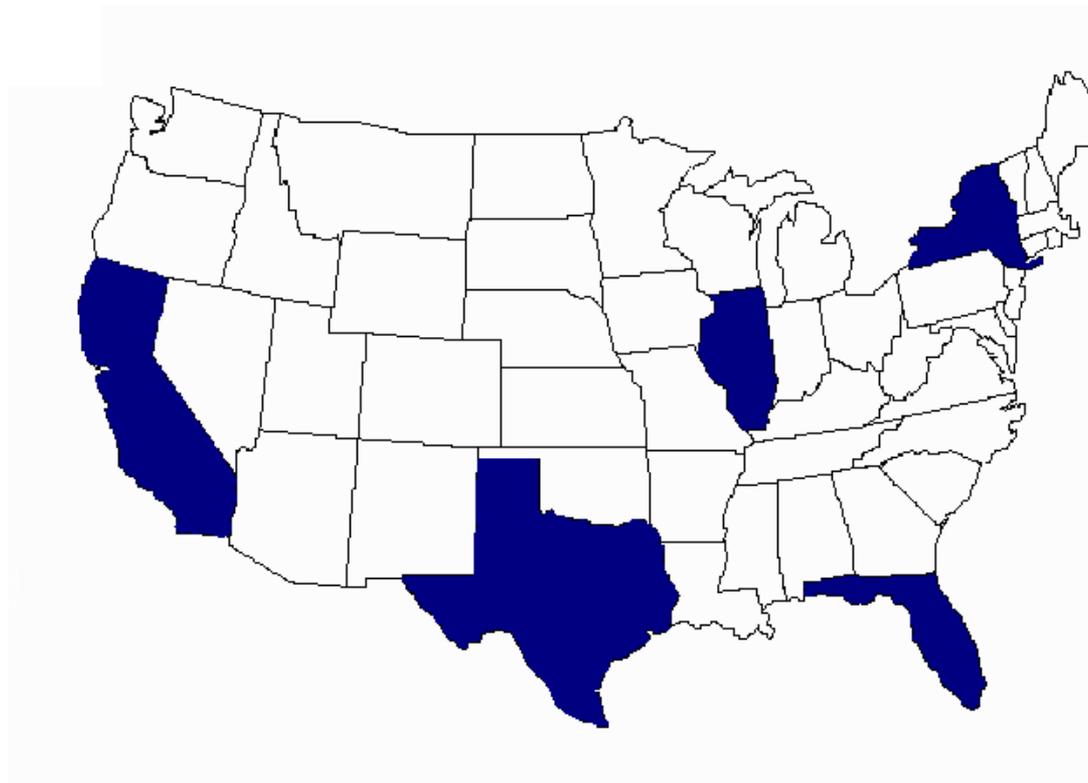
march of dimes
healthy babies are worth the wait

Steering Committee Roster

Name	Representing	Title	Organization
Argione, PhD Chair	MOD State Program Services Committee	Associate Dean	Texas A&M - Corpus Christi
Bennett	MOD State Program Services Committee	MCH Nutrition Consultant	Texas Department of State Health Services
...er, LMSW- ...PR	Texas Department of State Health Services	Director, Office of Title V and Family Health	Texas Department of State Health Services
Cortez	Texas Healthy Start Alliance	Vice President	Texas Healthy Start Alliance
...dley, M.D.	MOD Quality Improvement Project	Obstetrician, Department of Ob/Gyn	University of Texas Health Science Center San Antonio
...cia, M.D.	MOD State Program Services Committee		...eral Hospital
...ng, M.D.	Texas Pediatric		... of Texas ... Center ...rio



What is the Big 5?



Big 5 States - Total

Together, the Big 5 States account for:

Births	1,615,956	38.0%
Hispanic Births	659,394	63.3%
Non-Hispanic Black Births	200,888	32.2%
Preterm Births	196,133	37.5%
Late Preterm Births	140,398	37.7%
C-Sections	546,712	40.1%

Source: National Center for Health Statistics, 2008 final natality data

Healthy Babies Are Worth the Wait: Quality Improvement Initiative

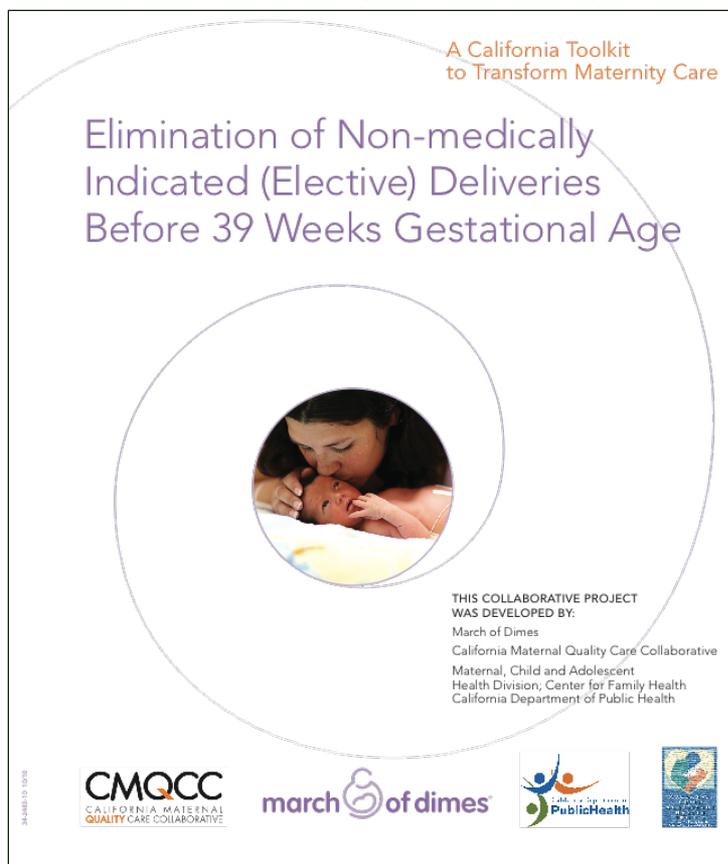


Table of Contents:

- Making the Case
- Implementation Strategy
- Data Collection/QI Measurement
- Clinician Education
- Patient Education
- Appendices

Available at:
prematurityprevention.org

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Toolkit Components

Reduce Demand for Non-medically Indicated (NMI) Deliveries

- Provider/staff Education

- Patient Education

- Public Awareness

Key Change Tactics

- Adoption of a policy on NMI (elective) deliveries

- Implementation of a scheduling process

- Increase Physician Leadership around NMI <39 weeks

QI Data Collection and Monitoring over time

Big 5 Pilot Project

The Big 5 group decided to tackle the problem of <39 week NMI deliveries

- The <39 Week QI Toolkit formed the foundation of the project
- Twenty five hospitals were selected through RFP/grant application process
- Hospital teams initially convened in August 2010 to launch the project
- Implementation began in early January 2011

Data Portal to Monitor Scheduled Deliveries

- Secure, web-based system
- Data entry across multiple hospitals
- User friendly, intuitive
- Report monthly and quarterly progress to eliminate elective deliveries < 39 weeks



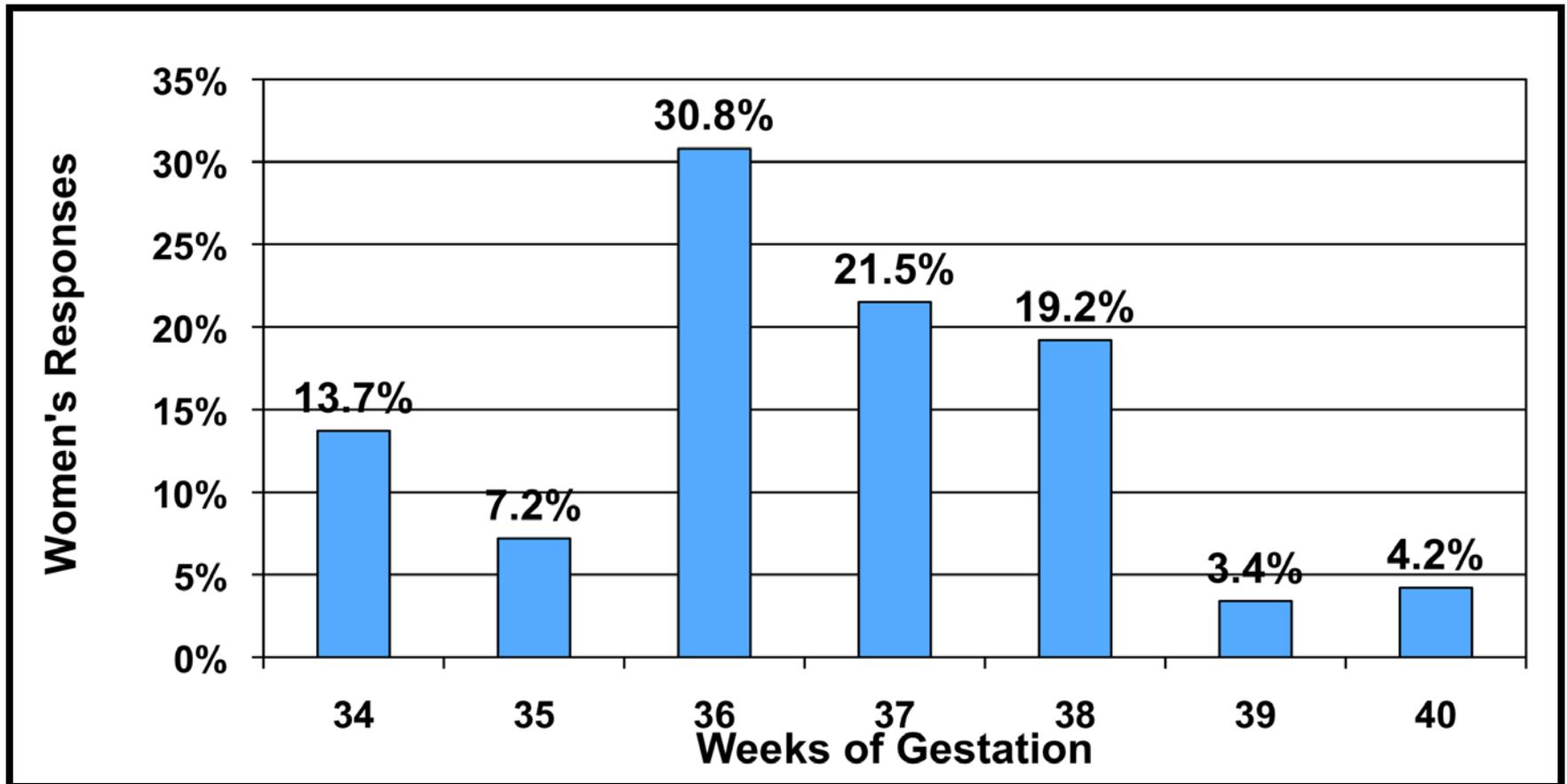
The screenshot shows the login page for the PeriStats Big 5 Perinatal Quality Improvement Portal. At the top left is the March of Dimes logo, and at the top right is the PeriStats logo with the tagline "Your online source for perinatal statistics". The main heading is "Big 5 Perinatal Quality Improvement Portal". Below this is a login form with two input fields: "USERNAME" and "PASSWORD". There are "Login" and "Clear" buttons, and a link that says "Click Here to Sign-Up".

March of Dimes 39+ Weeks Quality Improvement Service Package

- Professional Education: Grand Rounds
- Online Services
 - Webinars
 - Access to Experts in the Field
- Public Education: March of Dimes Materials
- Web Based Data Portal

Healthy Babies are Worth the Wait: Consumer Education

The Gestational Age Women Considered it Safe to Deliver



Media Campaign-June 2011



Babies aren't fully developed until at least 39 weeks in the womb.....

If your pregnancy is healthy, wait for labor to begin on its own.