Toward A National Strategy on Infant Mortality

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Maternal and Child Health Bureau
Health Resources and Services Administration

National Governors Association
Learning Network Conference:
Improving Birth Outcomes

May 17, 2013
And today I’m pleased to announce my department will be collaborating in the next year to create our nation’s first ever national strategy to address infant mortality.

Secretary Kathleen Sebelius

Child Survival: Call to Action

June 14, 2012
Major National Initiatives to Reduce Infant Mortality

- ASTHO/March of Dimes’ Healthy Babies Initiative
- CMS/CMMI’s Strong Start
- HRSA’s Infant Mortality Collaborative Improvement & Innovation Network (CoIIN)
- NGA’s Learning Network on Improve Birth Outcomes
Infant Mortality Rate, U.S.

- Actual IMR
- Projected IMR based on 2007-2010 average annual trend (-3.1%)

Healthy People 2020 Target
Secretary’s Advisory Committee on Infant Mortality
Charge & Purpose

• Advises the Secretary on Department activities and programs that are
directed at reducing infant mortality and improving the health status of
pregnant women and infants
• Provides guidance and attention on the policies and resources required to
address the reduction of infant mortality
• Provides advice on how to coordinate the variety of Federal, State, local
and private programs and efforts that are designed to deal with the health
and social problems impacting on infant mortality
SACIM Members

- Kay Johnson, M.Ed. – Dartmouth Medical School (Chair)
- Mark Bartel, M.Div, BCC – Arnold Palmer Medical Ctr
- Sharon Chesna, M.P.A. – Mothers & Babies Perinatal Network of South Central New York, Inc.
- Robert Corwin, M.D., F.A.A.P – University of Rochester
- Raymond Cox, Jr., M.D., M.B.A. – Providence Hospital
- Phyllis Dennery, M.D. – University of Pennsylvania
- Carolyn Gregor, C.N.M., M.S. – Georgetown University
- Arden Handler, Dr.P.H., M.P.H. – University of Illinois at Chicago
- Fleda Mask Jackson, Ph.D., M.S. – Emory University
- Miriam Labbok, M.D., M.P.H. – University of North Carolina
- Joanne Martin, Dr.P.H., R.N. – Indiana University
- Monica Mayer, M.D. – Quentin N. Burdick Memorial Health Care Facility
- Tyan Parker Dominguez, Ph.D., M.S.W. – University of Southern California
- Virginia Pressler, M.D., M.B.A. – Hawaii Pacific Health
- Melinda Sanders, M.S.N., F.N.P. – Missouri Department of Health and Senior Services
- Ruth Ann Shepherd, M.D., F.A.A.P. – Kentucky Department for Public Health
- Susan Sheridan, M.I.M., M.B.A. – Consumers Advancing Patient Safety
- Sara G. Shields, M.D., M.S. – University of Massachusetts
- Adewale Troutman, M.D., M.P.H. – University of South Florida & President-Elect, APHA
SACIM Ex-Officios

- Assistant Secretary for Health
- Administrator for Children and Families
- Administrator for the Centers for Medicare and Medicaid Services
- Director of the Centers for Disease Control and Prevention’s Division of Reproductive Health
- Office of Minority Health
- Director of the Agency for Healthcare Research and Quality’s Center for Primary Care, Prevention, and Clinical Partnerships
- Assistant Secretary for Food and Consumer Services
- Department of Agriculture
- Department of Education
- Department of Housing and Urban Development
- Department of Labor
SACIM
Strategic Directions
for National Strategy on Infant Mortality
(Work in Progress)

1. Improve the health of women before during, and beyond pregnancy
2. Ensure access to a continuum of safe and high-quality, patient-centered care.
3. Redeploy key evidence-based, highly effective preventive interventions to a new generation of families.
4. Increase health equity and reduce disparities by targeting social determinants of health through both investments in high-risk, underresourced communities and major initiatives to address poverty.
5. Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.
6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration.
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Preconception Health & Healthcare

- CDC/ATSDR Preconception Care Work Group & Select Panel on Preconception Care
- Office of Minority Health Preconception Peer Educators
- CMS Expert Panel on Interconception Care
- Affordable Care Act
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Opportunities for Quality Improvement

• Reduce elective delivery < 39 weeks
  • ASTHO/March of Dimes
  • CMMI
  • HRSA
  • National Governors’ Association
  • National Priorities Partnership
• Promote appropriate use of 17P
• Improve screening for asymptomatic bacteriuria or GBS
• Reduce central-line associated bloodstream infections in newborns
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Opportunities for Prevention & Promotion

• Missed opportunities
  • smoking cessation
  • safe to sleep
  • breastfeeding
  • Immunization
  • family planning

• New Workforce
  • Health educator
  • Home visiting nurse
  • Community health worker or doula

• New Platform
  • Group prenatal care

• New Technologies
  • Social media
  • Text messaging
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Health Equity

• Overarching goal of the national strategy
  • Need aspirational goal for the *gap*?

• Life-Course Perspective as a Guiding Framework
  • Place-based initiatives working across multiple sectors (e.g. transformation of Healthy Start)
  • Policy changes (e.g. inclusion of anti-poverty programs such as TANF reauthorization as part of the national strategy to address infant mortality)

NOTE: Neonatal is less than 28 days; Postneonatal is 28 days to less than 1 year. *Includes persons of Hispanic and non-Hispanic origin.

Black-White Disparity Trends

Black-White Rate Ratio of 2.4 from 2000 to 2007, just dropped to 2.3 in 2008
Closing the Gap

- Economic Development
- Educational Development
- Community Development
- Health Development
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Surveillance & Research

• Strengthen Surveillance
  • Standardize vital records
  • Improve data linkage capacity
  • Promote quality improvement using real-time data

• Support translational disparities research
  • T1 to T2 (bench to bedside)
  • T2 to T3 (bedside to curbside)
  • T3 to T4 (curbside to policy)
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Collaborative Improvement & Innovation Network (COIN) to Reduce Infant Mortality

- Partnership among HRSA, ASTHO, AMCHP, CDC, CityMatCH, CMS, March of Dimes, NGA, NPP, and the States
- Began in the 13 Southern States in January 2012
- States developed their state plans to reduce infant mortality

COIN: Strategies & Structure

5 Strategy Teams

1. Reducing elective deliveries <39 weeks (ED);
2. Expanding interconception care in Medicaid (IC);
3. Reducing SIDS/SUID (SS);
4. Increasing smoking cessation among pregnant women (SC);
5. Enhancing perinatal regionalization (RS).

Teams

- 2-3 Leads (Content Experts);
- Method Experts
- Data Experts
- Shared Workspace
- Data Dashboard
Regions IV & VI Infant Mortality COIN AIMS

- By December 2013,
  - Reduce elective delivery < 39 weeks by 33%
  - Reduce smoking rate among pregnant women by 3%
  - Increase safe sleep practices by 5%
  - Increase mothers delivering at appropriate facilities by 20%
  - Change Medicaid policy and procedures around interconception care in at least 5-8 states
Percent of Non-Medically Indicated Deliveries Among Singleton Early Term Deliveries, Reg. IV & VI (Provisional)

![Graph showing the percent of non-medically indicated deliveries among singleton early term deliveries in Regions IV and VI. The graph depicts decreasing trends over time, with Region VI consistently showing a higher percentage compared to Region IV. The courtesy is given to William Sappenfield, MD, MPH.]
Percent of Non-Medically Indicated Deliveries Among Singleton Early Term Deliveries, Reg. IV &VI (Provisional)

Courtesy: William Sappenfield, MD, MPH
Percent of L&D Hospitals with “Hard Stop” Policy
Southern States, July 1 to Aug. 31, 2012

<table>
<thead>
<tr>
<th>State</th>
<th>Percent of Labor and Delivery Hospitals</th>
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<tr>
<td>MS</td>
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<td>NM</td>
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<td>FL</td>
<td>71</td>
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</tbody>
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Courtesy: William Sappenfield, MD, MPH
Summary 1: % VLBW Trends by State and Level of Care, 2006-2011

Summary Caveats: MS Level II = Level I & II; status of out of state deliveries is different or unknown for some states; OK Level III and Level IV are combined; State summaries contain different years

Courtesy: Wanda Barfield, MD, MPH
Summary 2: Percent VLBW by weight group, state and level of care, 2006-2011

Summary Caveats: MS Level II = Level I & II; status of out of state deliveries is different or unknown for some states; OK Level III and Level IV are combined; State summaries contain different years

Courtesy: Wanda Barfield, MD, MPH
Summary 3: Highest number of VLBW births in a single hospital by state and level of care, 2010-2011

Summary Caveats: MS Level II = Level I & II; status of out of state deliveries is different or unknown for some states; OK Level III and Level IV are combined; State summaries contain different years

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