Special Committee on Infant Mortality

October 13, 2010

Mir Abdul Basir, M.D.
Neonatologist, Children's Hospital of Wisconsin
March of Dimes Volunteer

Maureen Kartheiser, M.S.
State Director of Programs & Public Affairs

march of dimes

About the March of Dimes

Founded in 1938 by President Franklin D. Roosevelt to find a cure for polio

"Nothing is closer to
my heart than the health
of our boys and girls"

Franklin D. Roosevelt

march of dimes

MARCH
OF
DIMES

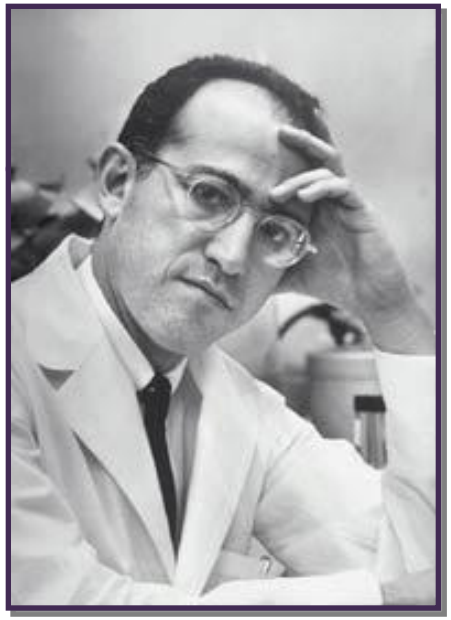
Your dimes did this for me!
FIGHT INFANTILE PARALYSIS
JOIN the MARCH of DIMES
JANUARY 14-31
THE NATIONAL FOUNDATION FOR INFANTILE PARALYSIS, INC.
FRANKLIN D. ROOSEVELT, FOUNDER

HELP NOW!

Join
MARCH
OF
DIMES

Our Success

In April 1955, March of Dimes research paid off when the Salk Polio Vaccine was found to be "Safe, Effective & Potent."



Our Mission Today

To improve the health of babies by preventing birth defects, premature birth and infant mortality.

Fund Research
to understand the problem and **discover answers.**

Help Moms
have full-term pregnancies and **healthy babies.**

Support Families
comforting them when their baby needs help to **survive** and **thrive.**

Birth Defects – A Few Facts

Abnormalities of structure, function or metabolism present at birth that result in physical or mental disabilities, or death.

- Leading cause of infant mortality. (1 in 5 deaths)
- Every 4 ½ minutes a baby is born with a birth defect.
- 120,000 babies each year. (3% of live births)
- Causes of 2/3 of birth defects are unknown.
- Hospital costs totaled $2.6 billion for all birth defects and all ages in 2004.

march of dimes

Birth Defects – Our Work

Birth Defects Monitoring Programs

Folic Acid

march of dimes

Birth Defects Monitoring Programs

State's play a vital role in preventing birth defects by maintaining birth defects monitoring programs.

- The programs collect data for detecting birth defect trends, suggest areas for further research, and link families with services.

AB 185

- Introduced in 2007 – to ensure comprehensive and accurate birth defects information is collected by Wisconsin's Birth Defects Prevention and Surveillance System.
- Amended and passed by Assembly in 2008.
- Passed the Senate Committee on Public Health, Senior Issues, Long Term Care and Privacy but FAILED PASSAGE by the Senate Committee on Finance.

march of dimes

Prematurity in Wisconsin

In 2007, 8,085 babies in Wisconsin were born prematurely.

- 11.1% of all births
- 1 in 8 babies

In an average week in Wisconsin:

- 1,400 babies are born
- 155 babies are born prematurely
- 9 babies die before their first birthday

march of dimes

Prematurity in Wisconsin

Increased nearly 8% between 1997 and 2007.

Preterm birth rates were highest for black infants (17.7%), followed by Native Americans (12.4%), Hispanics (11.6%), Asians (10.8%) and whites (10.4%).

(2005-2007 average)

march of dimes

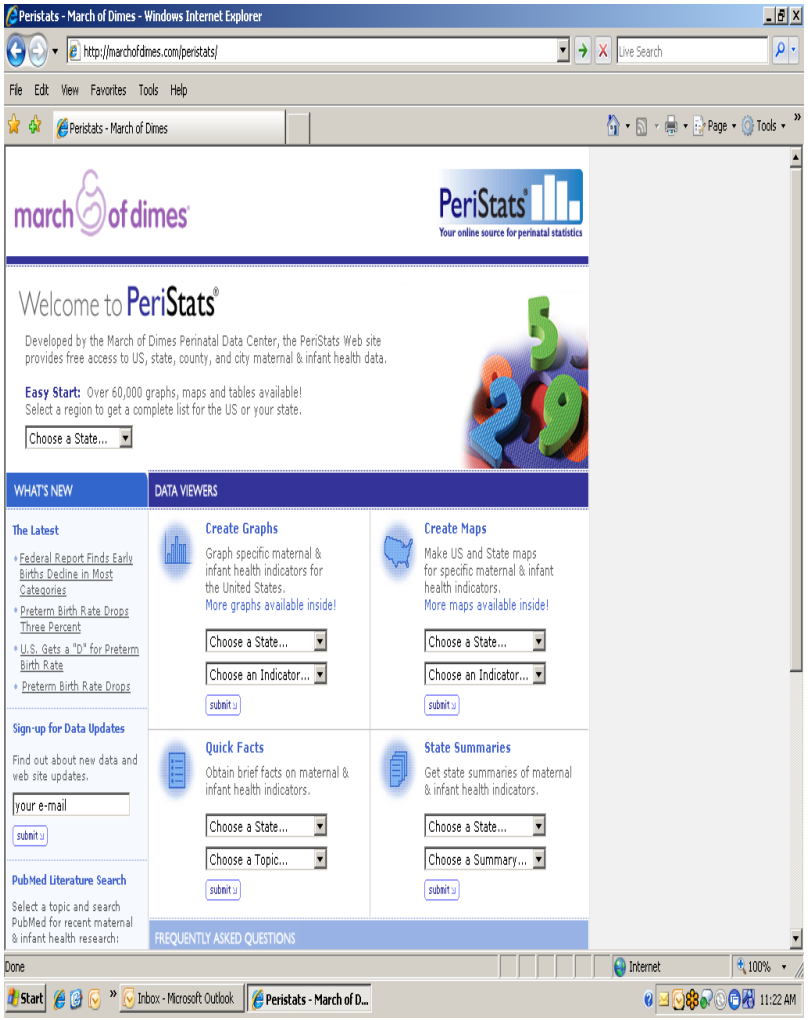
Late Preterm Births

- Between 34 and 37 weeks.
- 71% of all preterm births in 2007.
- Accounts for majority of increase in prematurity!
- Babies at greater risk than full term infants:
  - Respiratory distress
  - Brain development
  - SIDS
  - Jaundice
  - Re-hospitalization
  - Feeding problems

march of dimes

Data Resource: Peristats

www.marchofdimes.com/peristats



Evidence-Based Initiatives

Elimination of Elective Deliveries <39 Weeks

Progesterone Treatment

CenteringPregnancy®

5As Smoking Cessation Model

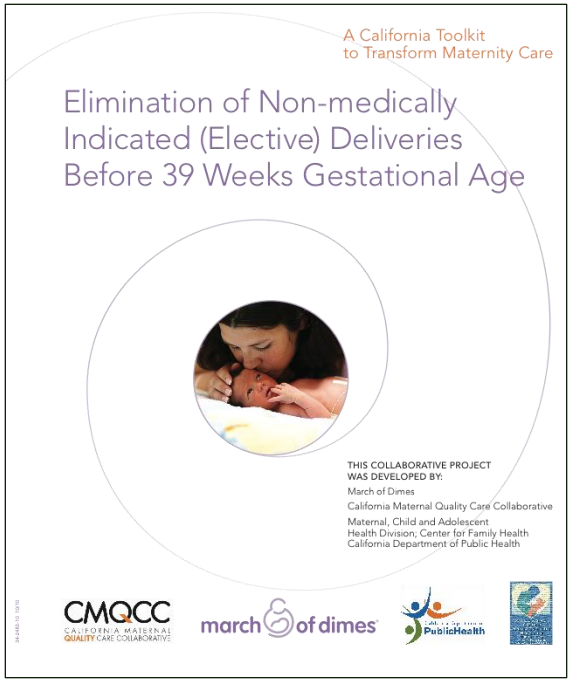
Home Visiting / Case Management Programs

Preconception / Interconception Health Care & Services

march of dimes

Deliveries <39 Weeks

- Rise in prematurity linked to rise in c-sections.
- 92% of increase in singleton preterm deliveries 1996 to 2004 were delivered via c-section. (March of Dimes study)
- ACOG supports c-sections/inductions <39 weeks only when medically necessary.
- Hospitals Quality Improvement encouraged.
- "Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age" Quality Improvement Toolkit www.marchofdimes.com



march of dimes

Progesterone Treatment

- Women who have a spontaneous preterm delivery are at greater risk for another preterm delivery in subsequent pregnancies.
- A synthetic form of progesterone (hormone naturally produced during pregnancy) can prevent SOME preterm births.
- Treatment is only for women with a documented history of a previous spontaneous birth at less than 37 weeks of gestation.
- “Gestiva” is currently pending FDA approval.

march of dimes

CenteringPregnancy®

- Multi-session group prenatal care model.
- Prenatal health assessment, education, support
- Women grouped based on similar due dates.
- Significant decreases (up to 30%) in preterm births for participants.
- Significant improvements for African American women have been documented.
- One CHI approved site in Wisconsin
  - Sixteenth Street Community Health Center

Centering Healthcare Institute
Group Care Across the Lifecycle
Leaders in Group Healthcare

march of dimes

5As for Smoking Cessation

- Smoking - important preventable cause of poor birth outcome – leads to 8% of preterm births.
- 20 - 35% of women will quit smoking during pregnancy
- In Wisconsin in 2009, 22.6% of women of childbearing age reported smoking, compared to 19.6% of women overall in the U.S.
- Brief counseling (5 to 15 minutes total) is all that is needed to help many pregnant smokers quit
  - **Ask** about patient's habits.
  - **Advise** of consequence of smoking.
  - **Assess** willingness to quit.
  - **Assist** with cessation plan development.
  - **Arrange** for follow-up

march of dimes

Home Visits/Case Management

- Home Visiting Program funding is mandatory (guaranteed) part of Health Care Reform.
- Funding can be used by states for evidence-based MCH home visiting programs.
- Nurse-Family Partnership – evidence-based example
  - ongoing home visits (pregnancy – age 2) from registered nurses for low-income, first-time moms
  - healthy pregnancy, build parenting skills, economic self-sufficiency
  - 79% reduction in preterm delivery for women who smoke
  - 35% fewer hypertensive disorders during pregnancy
  - greater pregnancy intervals

march of dimes

Pre/Interconception

- Promotes women's health prior to and between pregnancies
- Health education, health promotion, screening, interventions.
- Many interventions that improve birth outcomes must be before or during the very early weeks of pregnancy.
  - Birth spacing
  - Nutrition/Folic Acid
  - Smoking, alcohol and drug use
  - Vaccinations
  - Infections
  - Chronic diseases

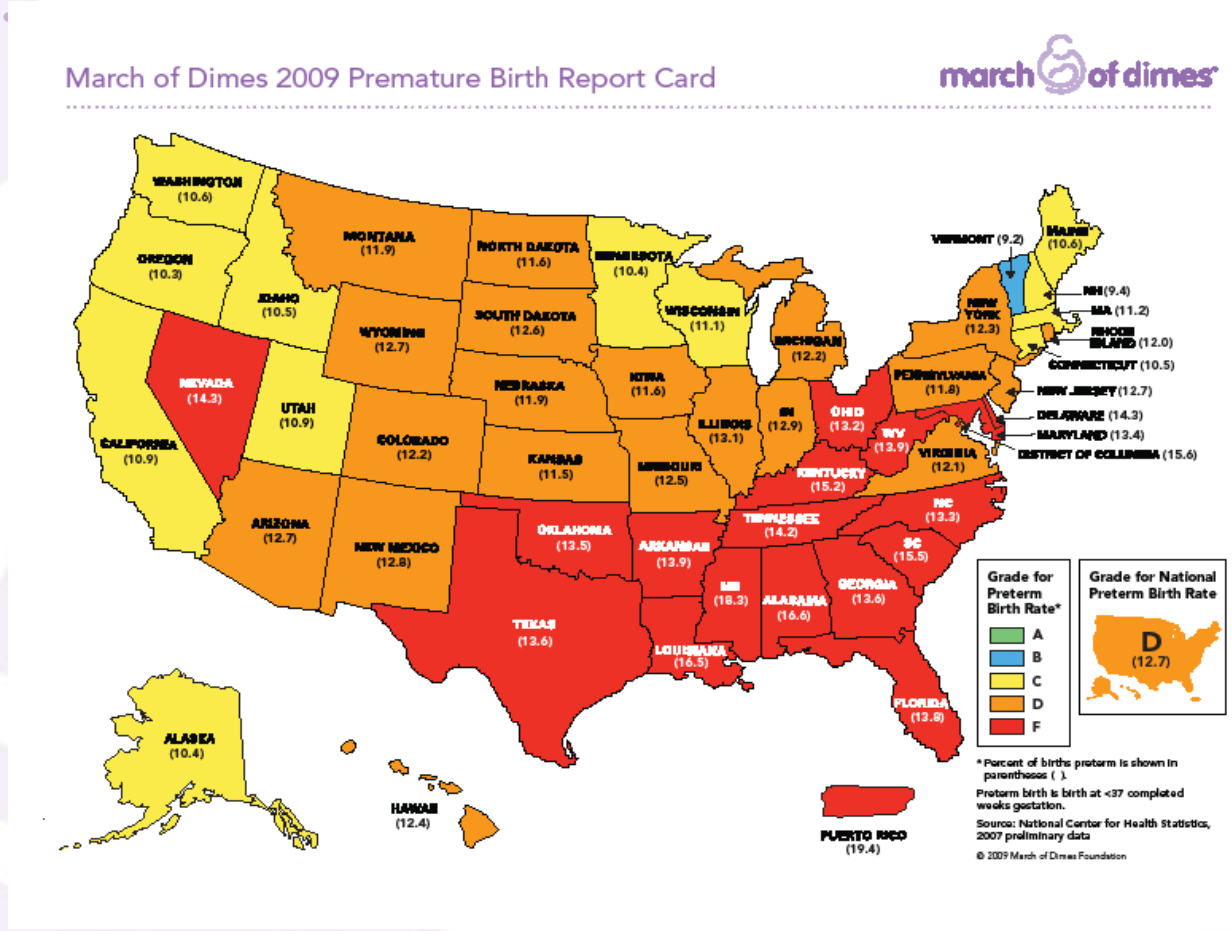
march of dimes

November - Prematurity Awareness Month

Prematurity Awareness Day is Wednesday, November 17th

2010 Report Cards will be released!

2009 Preterm Birth Report Card



march of dimes

Prematurity Awareness

Who We Are

The March of Dimes is inspired by all babies – those born healthy and those who need our help to survive and thrive. They are the millions of reasons behind our urgent mission.

march of dimes

Let's Work Together

Develop a unified, comprehensive and cohesive plan for Wisconsin that:

- Combines, maximizes and leverages our resources;
- Invests in evidence-based interventions;
- Measures results; AND
- Saves babies!

march of dimes

Recommendations

- Establish an advisory committee to provide oversight and implement a statewide plan to reduce infant mortality. The committee should include representation/leadership from an organization whose mission is to prevent infant mortality.
- Encourage all birthing hospitals in Wisconsin to implement a quality improvement initiative to eliminate elective deliveries before 39 weeks using the Toolkit through possible incentives for hospitals and physicians and standardized tracking of this performance measure across the state.
- Expand CenteringPregnancy to at least 5 additional approved sites in areas of Wisconsin with highest disparities and/or highest preterm birth rates by 2013, including through Medicaid or other public subsidies.

march of dimes

Recommendations (cont.)

- Funding to educate health professionals about the 5As method of smoking cessation counseling for pregnant women, document practice change and quit rates.
- Renew or amend the Medicaid Family Planning Waiver and/or amend state Medicaid plan to fund pre/interconception care for low-income women.
- Explore federal funding opportunities to states for MCH home visiting programs.
- Upon FDA approval of Gestiva, ensure appropriate Medicaid coverage for this treatment.
- Pass legislation, such as AB 185, from the 2007 legislative session, to make improvements to Wisconsin's Birth Defects Prevention and Surveillance System.

march of dimes

Can you imagine the day when every baby is born healthy?

We can.

march of dimes