

2013 March of Dimes Prematurity Summit

Thursday, November 21, 2013 7am-10am

Women & Infants Hospital of Rhode Island
The Malcolm and Elizabeth Chace Education Center

**Reducing Premature Birth: National and Local Perspectives
on Research, Policy and Community Programs**



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2013 March of Dimes Prematurity Summit

- 7:00am–7:30am Breakfast & Registration/Welcoming Remarks
Maureen G. Phipps, MD, MPH
Chase/Joukowsky Professor and Chair, Department of Obstetrics and Gynecology,
Warren Alpert Medical School of Brown University
Chief of Obstetrics and Gynecology, Women & Infants Hospital of Rhode Island
and Care New England Health System
- 7:30am–8:30am “Inroads into Prematurity: Prediction, Prevention & Treatment”
Catherine Spong, MD
Director, Division of Extramural Research
Eunice Kennedy Shriver National Institute
of Child Health and Human Development
National Institutes of Health
- 8:30am–9:30am March of Dimes Prematurity Summit Panel Discussion
Melissa O’Donnell, LICSW
Transition Services Social Worker
Neonatal Follow-Up Clinic
- Dwight Rouse, MD, MSPH
Professor, Obstetrics and Gynecology,
Warren Alpert Medical School of Brown University
Principal Investigator, NICHD Maternal Fetal Medicine Units Network
Associate Editor for Obstetrics, *Obstetrics and Gynecology*
Women & Infants Hospital of Rhode Island
- Putney Pyles, BSN, RN
Home Visitor, Nurse-Family Partnership
- 9:30am–9:45am Annual Report of the Rhode Island Task Force on Preterm Birth
Katharine Wenstrom, MD
Professor, Obstetrics and Gynecology, Warren Alpert Medical School of Brown University
Director of the Division of Maternal/Fetal Medicine Women & Infants Hospital of Rhode Island
- 9:45am–10:00am Perspective from the Rhode Island Department of Health
Michael Fine, MD
Director, Rhode Island Department of Health



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75 years of working together
for stronger, healthier babies

Thursday, November 21, 2013 7am–10am
Women & Infants Hospital of Rhode Island
The Malcolm and Elizabeth Chace Education Center
101 Dudley Street, Providence, RI 02905

March of Dimes Partners:

Women & Infants
New England's premier hospital for women and newborns



*Women & Infants Hospital is accredited by the Rhode Island Medical Society to provide continuing medical education for physicians. Women & Infants Hospital designates this live activity for a maximum of 1 **AMA PRA Category 1 Credit™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nursing Education Credit: This program has been approved for 2.5 contact hours. Women & Infants Hospital of Rhode Island is an approved provider of continuing nursing education by the Rhode Island State Nurses' Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This program has been approved for 2.5 CE's for social workers by the NASW-RI Chapter.

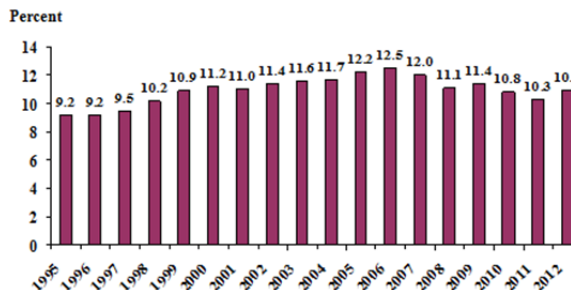
Rhode Island Task Force on Premature Births: 2013 Progress Report

History

The Rhode Island Task Force on Premature Births was established in 2006 with a directive from the Rhode Island Department of Health (HEALTH), in response to an increase in the local and national preterm birth rate. To meet the challenge, HEALTH, the March of Dimes, and Women & Infants Hospital (WIH) convened a group of stakeholders who evaluated a variety of strategies to address the problem of preterm birth in Rhode Island. Under the leadership of Dr. Maureen G. Phipps, the Task Force formulated ten specific recommendations, each with a specific work group, to reverse the rise in the premature birth rate. In part due to the efforts of these groups, the preterm birth rate in Rhode Island declined from 12.5% to 10.3% over the next five years. In late 2010, the Task Force leadership convened a steering committee of local stakeholders to review its progress, frustrations, and community changes over the previous four years, and to reevaluate its recommendations. In 2011, Dr. Ed Chien joined the Task Force as Co-Chair with Dr. Phipps and during the next two years, the Task Force worked on the updated recommendations, reevaluating and altering our approach as necessary to achieve our goals, and continued to gain momentum. However, in the last year the preterm birth rate in Rhode Island increased to 10.9%. Although progress has been made in the eight years since the Task Force's inception, there is still much work to be done, and we remain committed to reversing this trend.

The National March of Dimes recognizes the Rhode Island Task Force on Premature Births as a model program for addressing the issue of preterm births as a community. Preterm birth continues to be the largest contributor to infant mortality and is associated with rising costs for medical care. Preterm birth is responsible for significant challenges to the healthy development of many Rhode Island children.

Preterm* Births Rhode Island, 1995-2012*



*Notes: Preterm = < 37 weeks gestation; 2011-2012 data are provisional
Source: Maternal and Child Health Database, Rhode Island Department of Health

2013 Progress

The Rhode Island Task Force on Premature Birth is a diverse coalition of community groups, government agencies, and health care partners that is currently working on 10 recommendations designed to reduce the rate of premature birth. Each recommendation has been championed by a team of stakeholders including community members, public health officials, insurers, healthcare providers, and two co-leaders, who have contributed significant time and effort to their project. Each working group has made progress in formulating and initiating strategies toward achieving their recommendation.

The **Primary Goal** of the Rhode Island Task Force on Premature Births continues to be:

To reduce the rate of premature birth and the morbidity and mortality associated with premature birth in Rhode Island.

The **Overarching Values** include: continued emphasis on policy and advocacy; recognizing preconception, inter-conception, postpartum time frames for intervention; linking screening with referral resources; recognizing social and environmental determinants of health including racism; and, addressing cultural awareness and competency.

Highlights of 2013

- The Rhode Island 2013-2015 Preconception Health Strategic Plan, developed by diverse community stakeholders, was released at the inaugural Preconception Health Summit held on April 25, 2013. The Summit was sponsored by the Rhode Island Department of Health, the March of Dimes, the Rhode Island Healthy Mothers, Healthy Babies Coalition, Women & Infants Hospital, and others. The Rhode Island Department of Health was awarded \$5,885,373 in competitive and \$1,000,000 in formula federal grant funds from the United States Department of Health and Human Services to support and expand Maternal, Infant, and Early Childhood Home Visiting Programs.
 - There was continued Task Force participation in providing supporting documentation and testimony on legislation impacting preterm birth (including policies related to tobacco control and access to care).
 - Dr. Maureen Phipps, leader of the Rhode Island Task Force on Premature Births since its inception, was named Chair of the Department of Obstetrics and Gynecology at WIH and holds the Chace-Joukowsky Professorship at the Alpert Medical School of Brown University.
 - We thank Tricia Washburn for her service to the Task Force, and welcome Sounivone Phanthavong to the leadership team.
 - We congratulate Dr. Ed Chien on his recruitment to the faculty of Case Western Reserve University School of Medicine as Director of the Division of Maternal Fetal Medicine at Metro General Hospital in Cleveland Ohio.
 - We welcome Dr. Katharine Wenstrom, Director of the Division of Maternal-Fetal Medicine at WIH and Professor of Obstetrics and Gynecology at the Alpert Medical School of Brown University, as new Co-Chair of the Task Force.
-

Report Recommendations

The following report summarizes each recommendation, the progress made over the past year, and planned steps for the coming year.

Recommendation A: Access to Primary Care and Preventive Health

Support and promote state policies and programs that ensure access for all families to quality, affordable primary and preventive healthcare with a focus on adolescents and women of childbearing age.

Co-Leaders: Jill Beckwith, RI Kids Count
Nichole Aguiar LCSW, March of Dimes

Progress: This workgroup monitored and supported legislation with the goal of increased access to care. The group successfully convened stakeholders, including Task Force leadership, to lobby against legislation that proposed a \$5 emergency room co-pay for pregnant women on Medicaid. The group also monitored continued implementation of the Affordable Care Act to ensure that maternal child health is represented. The work group began a transition to new co-leadership and has begun a more focused strategy for 2014.

Next Steps:

Improve Access to Care:

1. Evaluate potential programmatic strategies for primary and preventive healthcare related to access to care. Identify community members who can support and work on new initiatives.
2. Collaborate on implementation of the recommendations in the RI Department of Health's Report on Adolescent Access to Care.
3. Continue to identify, monitor and respond to legislative and budget issues affecting access to quality and affordable primary and preventive healthcare in the 2014 legislative session, with a focus on preconception health and family planning.

Recommendation B: Prevent Recurrent Preterm Birth

Provide women who have delivered preterm with evidence-based education and referral information to reduce the risk of subsequent preterm birth.

Co-Leaders: Tanya Dailey MD, WIH
Julie Johnson MD, WIH

Progress: As this figure shows, the rate of recurrent preterm birth has remained stable in the last seven years, but at 4.9% it still represents an opportunity for improvement. This workgroup previously determined that lack of



patient education was an important contributor to recurrent preterm birth, and identified multiple areas within the healthcare system where patient education about the risk of recurrent preterm birth could occur. It became apparent that a common barrier to patient education was provider discomfort with counseling about recurrent preterm birth, and as outlined below, much of their work this year has addressed that problem. New issues for this group include increasing access to 17-OH progesterone, the medical intervention that has been most successful in preventing recurrent preterm birth, and utilizing social media to improve patient education. Because these goals are consistent with and augment the goals of other groups, this group will coordinate with the Recommendation C (Provider Education), I (Increasing Interpregnancy Interval), and E (Preconception Screening and Referral) groups.

*Note: 2011-2012 data are provisional; gestational age based on clinical estimates
Source: Maternal and Child Health Database, Rhode Island Department of Health

Next Steps:

- 1. Educational pamphlet:** An educational pamphlet for postpartum patients with a preterm delivery has been completed and is currently under review. Once it has been approved for distribution to NICU mothers, it will be formatted to meet graphic standards, published, and distributed.
- 2. Educational Outreach:** Recognizing that many groups who have contact with the at-risk population are not comfortable initiating a conversation about preterm birth, this group is developing a set of educational materials for health providers focusing on the four specific areas identified below. Once these materials are completed, they will be offered to a variety of different health-related professional organizations and provider associations to enable and support accurate patient counseling.
 - a. Recurrent Preterm Birth
 - b. Contraception and Reducing the Interpregnancy Interval
 - c. Smoking and Substance Abuse
 - d. Hypertension and Diabetes
- 3. Improve 17-OHP Initiation and Coverage**
- 4. Social Media Campaign:** Recognizing the role social media now plays in our society we plan to investigate the feasibility of potentially using this outlet to reach and educate women at high risk of preterm birth.

Recommendation C: Provider Education

Reduce the morbidity and mortality associated with preterm birth by educating community providers about caring for preterm infants and risks for recurrent preterm birth.

**Co-Leaders: Betty Vohr MD, WIH
William Hollinshead MD, RI Department of Health (Retired)**

Progress: This workgroup continues to support and monitor the Partnering with Parents grant project, which has enrolled over 400 infants. Partnerships with First Connections, Visiting Nurses, Parent Resource Specialists, Current Care, PCPs and multiple community agencies are continuing to expand. The group is thrilled to report low rates of visits to the ER and rehospitalizations, as well as feedback surveys indicating excellent family satisfaction with the program.

The third Partnering with Parents community partners workshop, entitled "Medical, Legal, & Ethical Issues" was held on June 10, 2013. A case from our NICU was presented by a Partnering with Parents team social worker, and was the focus of three presentations from the medical, legal, and ethical perspectives. Dr. Deirdre Fearon, Associate Professor in Pediatrics and Emergency Medicine at the Alpert Medical School of Brown University and attending physician in Pediatric Medicine at Hasbro Children's Hospital, presented on medical ethics pertaining specifically to pediatric emergency medicine. Representing the Rhode Island Department of Children, Youth, & Families (DCYF) were Edward Albanese and Karen Deorsey-Smith, who discussed mandated reporting of child abuse and neglect. Finally, Jeannine Casselman, Esq., Program Director of the RI Medical-Legal Partnership for Children at Hasbro Children's Hospital, presented on medical-legal issues. Sixty-four participants attended the workshop, representing a variety of disciplines, including social workers, home visiting nurses and para-professionals, early intervention specialists, nurses, physicians, and parent consultants.

Next Steps:

- 1. Parents Community Partners Workshop:** The 4th Partnering with Parents Community Partners Workshop, entitled "Bringing The Pieces Together For Preemies In Rhode Island: Improving Continuation of Care After The NICU," will be held at Women & Infants Hospital from 7:30am to 12:00pm on December 9, 2013.
- 2. Formula Mixing Education:** The team continues to review data/findings and implement new strategies for support and education. Currently, in partnership with the March of Dimes, we will be implementing a process for hands-on teaching of formula mixing for mothers prior to discharge from the NICU.
- 3. Cost Analysis:** We will complete a cost analysis to examine the cost-benefit of the Partnering with Parents program.

Recommendation D: Home Visiting and Family Support Programs

Support evidence-based home visiting and family support programs to decrease preterm deliveries, increase the interval between births, and improve parental health and wellbeing.

**Co-Leaders: Kristine Campagna, RI Department of Health
Currently seeking additional Co-Chair**

Progress: This group continues to monitor and support the Department of Health's focus on three priorities to improve infant and maternal outcomes through expanded evidence-based home-visiting services:

- 1.** The first priority was to address accountability and evaluation activities across a large cohort of newly contracted community-based organizations. HEALTH worked across those local program providers and state systems (EI, WIC, and ECE) to identify and address how data planning, collection, and analysis practices impacted the quality, quantity, and effectiveness of HEALTH's home visiting interventions.
- 2.** HEALTH's second priority was quality improvement of policies and practices to support triage, referral, and retention of pregnant women and new mothers enrolled in evidence-based programs. This work involved coordination across vendors as well as various state systems.

3. The third priority has been to create standardized, minimum qualifications for home visitors written by and for home visitors in Rhode Island across evidence-based programs. As in the other two priorities, HEALTH ensured that the home visiting competencies would align with those in other RI state agencies serving infants, toddlers, young children and their families. This approach ensures efficient and coordinated long term professional development possibilities for joint training and credentialing, as well as a foundation for comprehensive, cross-sector strategic planning for professionals and services specific to families for the prenatal period to early childhood.

Next Steps:

1. **Expansion of Home Visiting Programs:** The Rhode Island Department of Health (HEALTH) has been awarded \$5,885,373 in competitive and \$1,000,000 in formula federal grant funds from the United States Department of Health and Human Services to support and expand Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs. The competitive award recognizes Rhode Island for implementing a high-quality, evidence-based home visiting program as part of a comprehensive, early childhood system of care. Rhode Island was one of only 13 states to receive a competitive award. The expansion will support the continued implementation of Nurse Family Partnership and Healthy Families America. The MIECHV Programs, as of October 31, 2013, are actively serving 299 Rhode Island families. When fully implemented with the new funding, the program will provide voluntary home visits to 1,000 pregnant women and families with young children in Providence, Pawtucket, Central Falls, Woonsocket, Newport, West Warwick, Coventry, Cranston, East Providence, and Westerly.
2. **Development of RI's Home Visiting Core Knowledge and Competencies**

Recommendation E: Preconception Screening and Referral

Identify a set of core health risks associated with preterm birth for integration into routine screening by clinicians; develop a referral resource for proven intervention strategies and an implementation plan for providers.

**Co-Leaders: Jennifer Hosmer MD, Providence Community Health Centers
Currently seeking additional Co-Chair**

Progress: This group collaborated on development of the Rhode Island 2013-2015 Preconception Health Strategic Plan to systematically address preconception health through implementation of public health initiatives, comprehensive healthcare policies, healthcare practices and promotion, and consumer awareness.

Next Steps:

1. **Work with the Preconception Health Collaborative (HEALTH):**
 - o Develop a strategy for adoption and implementation of preconception care/services in RI (Every Woman/Every Visit)
 - o Review electronic health records to consider the inclusion of “ prompts” to systematically address preconception health
2. **Review all current resources from the CDC on preconception health:**
 - o National Preconception Care Clinical Toolkit (to be released in 2014)
 - Customize the toolkit with referral sources unique to RI
 - o National Preconception Curriculum and Resources Guide for Clinicians (2014)
3. **Sponsor educational opportunities for clinicians in RI**
4. **Identify core measures/outcomes to assess before and after implementation of preconception care services**

Recommendation F: Tobacco Cessation

Support statewide tobacco and nicotine cessation programs and media campaigns to ensure access for all women of reproductive age with emphasis on pregnancy.

**Co-Leaders: Dana McCants Derisier, RI Department of Health
Nichole Aguiar LCSW, March of Dimes**

Progress: The Workgroup developed three target areas and formulated goals associated with each area as follows:

Target Area I focused on advocating expanding the tobacco control funding during the 2013 legislative session and monitored legislation related to tobacco control funding and other tobacco legislation relevant to women of reproductive age with emphasis on pregnancy including: funding for the tobacco control program, smoke-free outdoor areas, smoke-free vehicles, and cigarette tax increase-Governor's budget. Members of the group successfully lobbied against a \$1.00 cigarette tax decrease and supported the passage of point of sale public health warnings.

Target Area II, in partnership with the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, focused on pregnant tobacco users in substance abuse programs. This group developed a framework to analyze current tobacco cessation practice and look for opportunities for improvement in cessation services for this population.

In addition, in partnership with the RI Department of Health, March of Dimes, and Healthcentric Advisors, the workgroup created and executed a distribution plan targeting healthcare providers to disseminate consumer education posters for pregnant women with families with quit messaging.

Target Area III focused on the use of Nicotine Replacement Therapy (NRT) and cessation medications during pregnancy. The evidence for NRT in pregnancy is inconsistent and it remains an area of controversy; although one systematic review of published research found little or no improvement in smoking cessation with NRT during pregnancy and insufficient evidence to conclude NRT is safe, the American Congress of Obstetricians and Gynecologists continues to support its use in pregnancy, after careful consideration and with close supervision, when other approaches are unsuccessful.

Next Steps:

1. Expanded Tobacco Control: During the 2014 legislative session, continue to advocate for expanded tobacco control funding and policies relevant to women of reproductive age and take action accordingly, and work to ensure 2013 law regarding smoking signage is appropriately enacted.
2. Consumer Education: Continue to support consumer education information/posters for pregnant women and families with quit messaging that was sent to healthcare providers across the state.
3. Tobacco Treatment Services: Continue to partner with the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals to assess tobacco treatment services for women of reproductive age and pregnant women at statewide substance abuse programs and develop an appropriate intervention plan.
4. Use of NRT: Continue to monitor studies of the use of NRT and cessation medications during pregnancy to determine if this is a safe and useful option.



Note: 2011-2012 data are provisional
Source: Maternal and Child Health Database, Rhode Island Department of Health

Recommendation G: Substance Abuse

Collaborate with DCYF to develop effective and appropriate policies and procedures to identify pregnant women who misuse substances with the goal of decreasing preterm birth while maintaining intact families.

**Co-Leaders: Lynn Hess PhD, WIH
Shannon Sullivan LICSW, WIH**

Progress: In 2012 and 2013, this group, made up of DCYF staff and providers for substance abusing mothers, worked to address policies that failed to keep families intact or speed up reunification, as well as policies that resulted in the loss of health insurance for substance abusing mothers whose children have been removed from care. DCYF subsequently changed their procedures emphasizing protective capacity, resulting in greater disclosure of illicit drug use by pregnant women and a trend toward decreased removals from the home in the state of RI (which has been above the national average).

This group also addressed treatment of opiate addicted women during pregnancy, for which few options are available. Group members worked to develop a best practice-based program to treat opiate addicted pregnant women in the hope that it will increase speed of recovery and therefore decrease prematurity related to opiate addiction.

Next Steps:

New Initiative to Treat Opiate Addiction: The opiate addiction program that was developed this year will be piloted at WIH. The group will identify objective measures to evaluate the program. The goal is to eventually bring the best practice to other area hospitals.

Recommendation H: Measure Outcomes

Develop measures to evaluate impact of strategies used by each recommendation workgroup.

Leader: Samara Viner-Brown MS, Center for Health Data and Analysis (HEALTH)

Progress: Samara Viner-Brown continues to work to provide accurate, relevant data to support all of the recommendation groups in their projects and to help identify new areas for development.

Recommendation I: Increase Inter-Pregnancy Interval

Develop strategies to decrease the frequency of a short inter-conception interval (< 2 years) with a focus on women who have delivered preterm.

**Co-Leaders: Rebecca Allen MD, WIH
Emily White MD, WIH**

Progress: To facilitate contraceptive planning, this group has updated the WIH electronic discharge instructions to include a section on contraceptive method after leaving the hospital. In addition, to help insure that postpartum women obtain contraception before they lose contact with their provider or conceive again, they have moved the first postpartum visit from 6 weeks to 4 weeks in the hospital's outpatient OB/GYN clinic.

This group also completed a survey of mothers with infants in the NICU to ascertain their needs for postpartum contraception. They discovered that only 31% of mothers were aware that a short inter-pregnancy interval was associated with an increased risk of preterm birth. A summary of this survey was presented as a poster at the American Society of Reproductive Medicine.

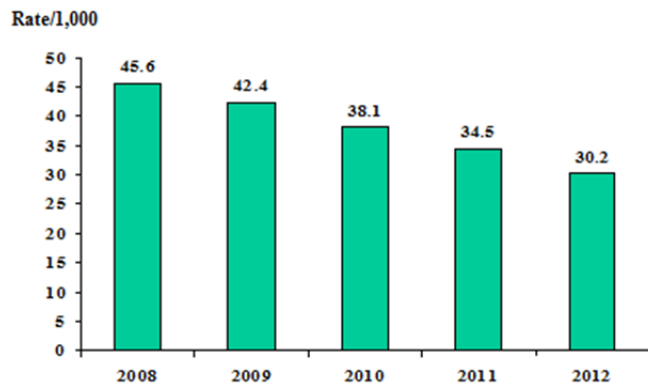
Next Steps:

1. **Patient Education:** The group is developing more informational material for NICU mothers so that they are aware of the importance of increasing the inter-pregnancy interval and their contraceptive options. This material will include information on how to obtain contraception at nearby sites. We will also partner with RI home visiting programs to ensure that postpartum women know about their contraceptive options and how to obtain a method that is optimal for them.
2. **Removing Barriers to Sterilization:** The group is working to reduce barriers to postpartum sterilization for those women who desire it.

Recommendation J: Support Statewide Teen Pregnancy Prevention Strategies
Partner with the Rhode Island Alliance to identify appropriate strategies to reduce preterm birth through decreasing teen pregnancy.

Co-Leaders: Pat Flanagan MD, Hasbro Children’s Hospital
Deb Perry, YWCA of Northern RI

Progress: Statewide, teen pregnancy rates continue to fall dramatically. In 2012, there were 759 births to teens in RI, representing a further 7% decline from 2011. However, young women in foster care continue to have disproportionately high rates of pregnancy and childbirth in their teen years. Over the past year we had the opportunity to work with the National Campaign to Prevent Teen Pregnancy and The Annie E Casey Foundation to adapt an evidence-based curriculum for preventing teen pregnancy and STI/HIV to the specific needs of teenagers in foster care. Rhode Island was chosen as one of five states to engage in this effort. Foster Forward, DCYF, and RIA worked to adapt the curriculum and in January, began using a customized version of “Making Proud Choices” with youth in RI foster care. The adaptations centered around trauma-informed approaches to sexuality education, and family formation and the youth in care, two areas in which youths in the foster care system require and deserve a careful, thoughtful, and informed approach. The curriculum includes ten 75 minute sessions, and has been successfully integrated into the life-skills education provided to youth in care by RICORP.



*Notes: Teens aged 15-19; 2011-2012 data are provisional; rates based on 2010 US Census data
Source: Maternal and Child Health Database, Rhode Island Department of Health

In addition, the coalition has supported the establishment of a new charter high school for students at risk for educational failure due to family obligations. The Nowell Academy has 163 students (and 20 on the waiting list). It utilizes a blended curriculum and meets at two sites, one in Providence and one in Central Falls.

With funding from RI Foundation, the Rhode Island Alliance (RIA) has just completed a media/communications strategic plan that includes further development of our website, engaging coalition members through social media, and building electronic media resources for our members and constituents.

Next Steps:

This group is preparing a proposal for a hyper-local team engagement in Olneyville, a high risk area, to bring community members together for a local look at the issue of early family formation and possible local solutions.

Organizations participating in the Prematurity Task Force:

- March of Dimes Rhode Island
- Rhode Island Department of Health
- Women & Infants Hospital of Rhode Island
- Alpert Medical School of Brown University
- American Academy of Pediatrics
- American College of Nurse Midwives Rhode Island Chapter
- Blue Cross/Blue Shield of RI
- Hasbro Children's Hospital
- Meeting Street School
- National Perinatal Information Center
- Neighborhood Health Plan of RI
- Newport Hospital Providence Community Health Centers
- RI Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
- Rhode Island Department of Children, Youth & Families
- Rhode Island Department of Education
- Rhode Island Department of Human Services
- Rhode Island KIDS COUNT
- Rhode Island Parent Information Network
- Rhode Island Public Health Institute
- UnitedHealthcare of New England
- Women's Medicine Collaborative
- YWCA Northern Rhode Island