



Lowering the Preterm Birth Rate and Reducing Infant Mortality in Tarrant County

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- DSRIP: Delivery System Reform Incentive Payment
 1. Better care for individuals – Focus on access, quality & outcomes
 2. Better health for the population
 3. Lower cost through improvement – Without harm
- Preconception/Interconception Project
- Journey to Life Project

Objectives



By the end of the webinar, participants will be able to:

1. Identify at least 2 innovative ways to provide comprehensive obstetrical care to improve birth outcomes.
2. Identify the guideline for birth spacing.
3. Identify at least 3 questions asked during the Reproductive Life Plan process.
4. Identify at least 2 benefits of lowering the preterm birth rate.



Preconception/Interconception

*Before and Between:
Care for Women & Men of Reproductive Age*

Problem Statement



- Infant mortality, the death of a baby before his or her first birthday, is a tragedy faced by parents and communities worldwide.
- In 2014, over 23,000 infants died in the United States (Centers for Disease Control and Prevention, 2016).
- The infant mortality rate, the rate of infant deaths for every 1,000 live births, is high in Tarrant County (6.87) compared to Texas (5.82) and the United States (5.98) (Tarrant County Public Health, 2015).

Problem Statement (continued)



- Health disparities in infant mortality
- Risk factors for infant mortality include:
 - » Late or no prenatal care
 - » Unhealthy weight status of mothers
 - » Substance abuse
 - » Medical problems during pregnancy
- The top five causes of infant mortality, accounting for 57% of infant deaths, are:
 - » Birth defects
 - » Preterm birth
 - » Maternal complications of pregnancy
 - » Sudden Infant Death Syndrome
 - » Injuries such as suffocation

Problem Statement (continued)



- Preterm birth
 - » Birth before 37 weeks
 - » Greatest contributor to infant death
 - » Associated problems: Breathing problems, feeding difficulties, cerebral palsy, developmental delay, vision problems, hearing impairment
 - » Prevention: Quitting smoking, avoiding alcohol and other drugs, early prenatal care

(Centers for Disease Control and Prevention, 2015)



- Before (preconception) and between (interconception).
- Preconception/Interconception is a DSRIP Project that aims to help deliver quality preconception and interconception care and education through assessment, reproductive life planning tools, one-on-one education, and group education.

- Teens, women, and men ages 15-44 work with a social worker and Community Care Partners to complete Reproductive Life Plans (RLPs).
- Patients who have experienced a previous complicated birth outcome work with a JPS social worker to complete an RLP specific to adverse outcomes.

Reproductive Life Plan



My someday starts now.
I'm planning it today.

Like most journeys, **life is easier when you have a road map.** That's the point of creating a life plan. From education and work to relationships and family, your plan is a snapshot of what you're doing today, and the way you'll get to where you want to be tomorrow. There are no right or wrong answers; in fact, your plan will probably evolve over the years, just like life does. So let's get started!

Get started now.

Forget the pen and grab a pencil, since you may want to make some changes down the road. Answer the questions in the following form. At the end of the form, you'll find a blank life plan. Fill it in using your answers from the form as a guide. The result? Your very own, personalized life plan to guide you in the years ahead.

Share your plan.

At your next checkup, bring your completed life plan with you. Share it with your doctor and don't be afraid to ask questions. Your doctor is guaranteed to have some good advice. Share your plan with your friends, family and your partner, too.

THE LIFE PLAN OF

name

date

age

MY HEALTH CARE PROVIDER

name

phone number

my last appointment

my next appointment

Relationship status?

Whether you're single, dating, married or somewhere in-between, relationships are important. Think about the kind of person you might want to have a future with (and it's OK if the answer is no one). If you're already married, what does your future together look like? Be honest!

My current status:

- ☐ Single
- ☐ Dating
- ☐ Steady relationship
- ☐ In a committed relationship or married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

I would like to be in a **serious committed relationship**:

- ☐ Never!
- ☐ Soon!
- ☐ In 1-5 years
- ☐ In 5-10 years
- ☐ Someday, but not sure when
- ☐ I'm already in a serious committed relationship
- ☐ I'm not sure if I ever want to settle down

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Reproductive Life Plan (continued)



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How do kids fit into your life?

Do you plan on having a baby someday? Or if you already have kids, do you want more? Or would you like to make sure pregnancy is WAY out of the picture? Whatever your situation, remember that about 50 percent of all pregnancies in the U.S. are unplanned. Be prepared and choose a birth control method that works for you. Also, don't forget to make testing for STIs (sexually transmitted infections) a regular habit.

How many kids would you like to have?

- ☐ I don't want kids
- ☐ I'm not thinking about kids right now
- ☐ 1-2 kids
- ☐ 2-4 kids
- ☐ 4+

My birth control method of choice:

- | | |
|--|---|
| <input type="checkbox"/> The pill, patch or ring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Condoms | <input type="checkbox"/> None |
| <input type="checkbox"/> IUD or implant | <input type="checkbox"/> None, but I'm considering it |

If I have **more than one child**, I would like them to be:
(at least 18 months but no more than 5 years between pregnancies is recommended)

- ☐ I haven't thought about this. (Why does it matter?)
- ☐ 12 months apart (this interval is associated with an increased risk of complications)
- ☐ 1-2 years apart
- ☐ 2-4 years apart
- ☐ 5+ years apart (this interval is associated with an increased risk of complications)
- ☐ I already have kids _____ years apart

Who do you want to be?

Are you working and moving along in your career? Or are you in school right now? Or perhaps you're working hard raising kids. Whatever you do, make sure and think about how it will work into your life plan. Think about how secure you feel about money. Also, consider what it might look like if you do or do not add a child into your life.

Before I start a family or grow my existing one, I want to: *(you can check more than one)*

- ☐ Finish high school
- ☐ Finish college
- ☐ Have a full-time job
- ☐ Have been in a relationship for _____ years
- ☐ Wait until the kids I have are _____ years old

I want to accomplish these educational and/or work goals first, **before having kids**:

I already have kids. But my education and/or work goals are:

Financially, I feel:

- | | |
|--|--|
| <input type="checkbox"/> Somewhat secure | <input type="checkbox"/> I can't pay bills |
| <input type="checkbox"/> Completely secure | <input type="checkbox"/> I need help managing my money |
| <input type="checkbox"/> Worried | |



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Reproductive Life Plan (continued)



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How to reach my goals.

Take care of your body so it can take care of you. Choose healthy foods, drink lots of water and take a daily vitamin with folic acid. And remember that you need to recharge every night with at least seven to nine hours of sleep. You'll wake up rested and ready to conquer the world.

I exercise:

- | | |
|---|---|
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> 1-3 times a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> 3-5 times a week | <input type="checkbox"/> I would like help exercising |

I am happy with my current weight:

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> It could be better |
| <input type="checkbox"/> No | <input type="checkbox"/> I don't think about it |

I eat:

- | | |
|---|---|
| <input type="checkbox"/> Fewer than 3 meals a day | <input type="checkbox"/> 3 meals and snacks |
| <input type="checkbox"/> 3 meals a day | <input type="checkbox"/> 3+ meals a day |

My meals and snacks are usually these kinds of foods: *(Include the types of foods you usually eat, such as bananas, salads, chicken, french fries, etc.)*

I drink:

- ☐ Fewer than 3 glasses of water a day
- ☐ 3-7 glasses of water a day
- ☐ 8+ glasses of water a day
- ☐ I don't drink water
- ☐ Caffeinated drinks (coffee, soda)
- ☐ Diet drinks
- ☐ Tea

I'm getting enough folic acid every day:

(It is important to take folic acid BEFORE you get pregnant to prevent birth defects. Many breakfast cereals contain 100 percent of the daily recommended dose of folic acid in a single serving.)

- | | |
|------------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> No | |

I avoid cigarette smoking and illegal drugs:

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I could do better |
| <input type="checkbox"/> No | <input type="checkbox"/> I need help |

I drink _____ alcoholic beverages a week.

I go to my **doctor** at least once a year:

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

I go to my **dentist** every six months:

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

My last dentist appointment:

My next dentist appointment:

I manage my **stress** by:

I sleep:

- | |
|---|
| <input type="checkbox"/> Fewer than 6 hours a night |
| <input type="checkbox"/> 6-8 hours a night |
| <input type="checkbox"/> 8+ hours a night |

In the morning I feel:

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Rested | <input type="checkbox"/> Sick |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Grumpy |
| <input type="checkbox"/> Sore | |

My support system of friends and family includes:

Reproductive Life Plan (continued)



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Your life. Your plan.

Now that you've completed the form, take some time to fill in the blanks below. Use your answers from the form if you can't remember. When you're finished, you'll have a plan that's as unique as you are. Sign it as a promise to yourself. Don't forget to show it off at your next doctor's appointment and share it with your partner, family and friends.

The Reproductive Life Plan of: _____ Age: _____

Date: _____ My Doctor's Name: _____

In my future,

I would like to be _____ (*relationship status*) with _____ (*number of*)

kids. I currently have _____ kids. If I were to have multiple kids, I would like them to be _____ year(s) apart from each other.

I will be using _____ (*type of birth control*) while _____

_____ (*going to school, working, staying at home*), making \$ _____ (*salary*), exercising _____ times a week,

weighing _____ pounds, eating foods such as _____

_____ for breakfast, lunch, and dinner. I will drink _____ glasses of water a

day and take a vitamin _____ days a week and make sure that it contains folic acid. I will keep my stress under control by _____

_____. I will limit my alcohol consumption to _____

drinks a week and I [will get help to quit smoking / will not smoke] (*circle one*). I will not abuse drugs, which can hurt my mind and body. I

will go to my doctor _____ times a year and to the dentist _____ times a year. I will get _____ hours of sleep every night

and feel _____ in the morning. My support system of friends and family will be: _____

_____.

your signature

I understand that my plan is flexible and will change with the changes in my life. I am excited about my journey and all the possibilities that lie ahead!



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Preconception Health Assessment (PHA)



- In-depth questionnaire that can be used when a woman is planning to become pregnant (for the first time or again).
- Especially helpful if she has had a preterm birth, loss of a child, or medical condition.
- Includes the Reproductive Life Plan, but also asks questions about:
 - » Education and employment
 - » Household composition
 - » Homelessness
 - » Depression
 - » Domestic violence
 - » Substance abuse
 - » Birth history (including miscarriages, stillbirths, preterm births, or infant complications)
 - » Medical history
 - » Other services already being provided

- Social Worker and Community Care Partners provide education about:
 - » Birth spacing (ideal is 18 months-5 years)
 - » Healthy eating
 - » Contraception
 - » Healthy coping strategies and stress management
 - » Avoiding tobacco, drugs, and alcohol
 - » Grief after the loss of a pregnancy or infant
 - » Managing chronic health conditions
- Resources and referrals are also provided

Group Education



JPS Community Care Partners conduct group education classes to educate JPS patients and community members about preconception/interconception health topics. Class sites include:

- CPS group classes
- Homeless shelters
- Low-income apartment communities
- Texas Workforce Commission

Project Goals



-
- Provide services/education to 700 women in DY3
 - Provide services/education to 1,000 women in DY4
 - Provide services/education to 1,300 women & men in DY5
 - Reduce the preterm birth rate from 8.44% (baseline) to 7.60% by June 30, 2016

Results



- A survey was conducted at the end of DY4. 137 out of 517 patients who had completed a Reproductive Life Plan participated.
 - » 93.44% strongly agreed that it was important to have a Reproductive Life Plan.
 - » 29.75% stated that they did not want to have any more children.
 - » 47.11% agreed that preconception health is something all women of reproductive age should know about, even if she does not plan to have children.
 - » *“The Reproductive Life Plan made me aware of my choices and options for birth control.”*
 - » *“The Reproductive Life Plan helped me to eat better, exercise more, and take time for myself.”*

Results (continued)



Metric	Goal	Actual
Preterm birth rate	7.60%	8.01% (6/30/16)
DY3 QPI	700	700
DY4 QPI	1,000	1,052
DY5 QPI	1,300	1,894 (8/31/16)



Journey to Life

Centering Pregnancy
The Maternity Medical Home

Introduction to Journey to Life



-
- Goals:
 - » Increase timeliness of prenatal and postpartum care
 - » Reduce preterm birth rate and infant mortality
 - CenteringPregnancy
 - Maternity/OB Medical Home

CenteringPregnancy



-
- Group model of prenatal care
 - 9 sessions and a baby shower
 - Facilitated by a provider
 - Patients share their knowledge and experiences
 - Self-assessment
 - “Tummy time”
 - Guidelines for patients

CenteringPregnancy (continued)



- Session topics:
 - » Nutrition
 - » Common discomforts
 - » Healthy gums and teeth
 - » Relaxation
 - » Breastfeeding
 - » Family planning
 - » Preterm labor
 - » Labor and delivery
 - » The newborn's first days
 - » Postpartum depression
 - » Growth and development

CenteringPregnancy (continued)



- Benefits
 - » Better health outcomes
 - » Self-confidence
 - » More time with the provider
 - » Learning is fun
 - » Support
 - » Friendship

Maternity/OB Medical Home



- Provides additional resources for pregnant women
 - » Healthcare coaches
 - » Dietitian consultations
 - » Diabetes education
 - » Community Care Partners
 - » Car seat classes
 - » Home visits
 - » Referrals to community programs
 - » Assistance with housing, utilities, and other needs
 - » Transportation assistance
 - » Incentives to attend appointments

Maternity/OB Medical Home (continued)



Referrals to other organizations:

- Parenting resources
- Smoking cessation classes
- Assistance with housing and utilities
- Homeless shelters
- GED programs
- Substance abuse treatment
- Adoption centers
- Food banks
- Baby items and household goods
- Chronic disease management
- Domestic violence centers
- Financial counseling
- Fatherhood programs
- Job skills programs
- Early childhood programs
- Childcare
- Legal assistance
- Refugee services

Goals and Results



Metric	Goal	Actual
Preterm birth rate	7.31%	8.42% (8/31/16)
Timeliness of prenatal care	33.25%	31.60% (7/31/16)
Timeliness of postpartum care	63.09%	61.86% (7/31/16)
DY3 QPI	200	322
DY4 QPI	3,084	3,096
DY5 QPI	3,875	3,697 (9/6/16)

Summary and Conclusions



- Preconception/Interconception
- Journey to Life
- Lessons learned:
 - » Staff training is an ongoing process
 - » Patient needs are complex
 - » Sometimes patients have little knowledge about birth spacing, contraception, and available resources
 - » Patient retention can be difficult
 - » Project scope and needs must be continually re-evaluated

What questions do you have?

