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MCHB/DHSPS  
November, 2008

**Infant Mortality Reduction:  
Interconception Care in Michigan**

**November 19, 2008**



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Moderator:

Johannie Escarne



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# Infant Mortality Reduction: Interconception Care in Michigan

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## Michigan Population Demographics 2005

- Total population: 10,120,860
  - White: 84.2%
  - Black: 14.0%
  - Native Americans: 0.6%
  - Asian Pacific Islander: 1.2%
- Female: 51.4%
  - 18-44 yrs. old: 42.3%
- Live births (#): 127,518
- Birth rate (live births per 1,000 population): 12.6
- Fertility Rate (live births per 1,000 women 15-44): 60.9



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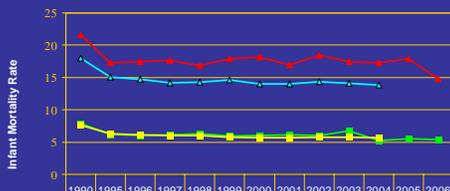
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## Infant Mortality Rate Trends, 1990-2006

Trend of  
IMR in  
Michigan



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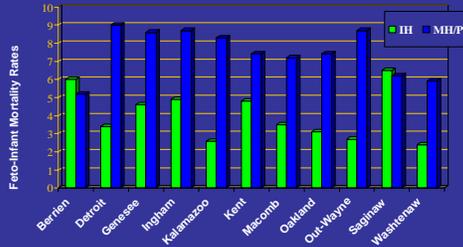
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## Maternal Health & Infant Health Periods of Risk, Black Race, 2006



11 Communities with High Black IMR



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## Profile of Women having an Unintended Pregnancy

- The overall prevalence of unintended pregnancies in Michigan in 2003 was 40.5%
- In 2003, the prevalence was highest in:
  - Black women
  - Females less than 18 years of age
  - Women with less than a HS diploma/GED
  - Women who are not married
  - Women with no insurance
  - Women on Medicaid, and
  - Women with an annual household income of \$10,000 or less



2003 Michigan PRAMS

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## Profile of Women having an Unintended Pregnancy

- Not receiving any prenatal care is 3.9 times (95%CI for OR: 1.1-14.6) more likely
- Experiencing one or more stressors is 2.8 times (95%CI for OR: 2.1-3.8) more likely
- Smoking during pregnancy is 2.2 times (95%CI for OR: 1.6-3.1) more likely
- Delivering a LBW infant is 1.3 times (95%CI for OR: 1.0-1.6) more likely (first cause of neonatal mortality)



2003 Michigan PRAMS

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## Voices of the Women: Objectives

This study further elaborates our understanding of preconception issues in two ways:

- evaluating women's understanding of the concept of planned pregnancies
- interpreting findings through the experiences of African American women at risk for poor pregnancy outcomes



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## Voices of the Women: Methods

In the summer of 2005 the MDCH conducted:

- 19 focus groups with 168 African American women
- in 10 counties having the highest African American infant mortality rates



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## Focus Group Protocol

- The idea of having a "planned pregnancy" is often discussed as part of studies of women's health and pregnancy outcomes. Please tell us how you would define the term "planned pregnancy".
- Would you describe your last pregnancy as a planned pregnancy?
- What steps did you take to prepare for your pregnancy?
- Please describe a time when you think your race or ethnicity / financial situation affected your ability to get the health care information or services you needed before becoming pregnant?



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## Summary Themes

- Affective and behavioral needs of women must be incorporated in preconception care.
- Planning a pregnancy is in the control of both the woman and the man.
- Strengthen cultural commitment of healthcare professionals through partnerships, advocacy, and information.



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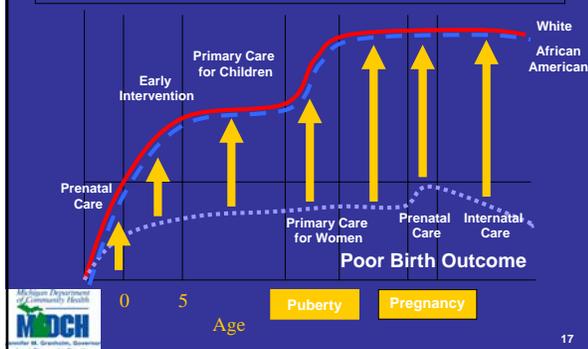
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## LCHD: AA/White Birth Outcomes



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## Primary Goals for Reducing Infant Mortality

- Improve maternal preconception health
- Improve access to healthcare for mothers and infants
- Improve infant health and safety
- Eliminate the racial disparity in infant mortality rates



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## Steps to Program Development

- Analysis of data
  - Maternal Health & Prematurity
  - Infant Health
  - Racial disparity
- Identified 11 communities with highest black IMR
- Secured funding through Healthy Michigan Fund (tobacco tax)



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## Steps to Program Development

- Goals of Local Coalitions
  - Raise awareness of life course health perspective w/ key stakeholders
  - Identify access and service system barriers
  - Identify needed prevention, primary care and support activities and services
  - Develop, implement, evaluate a community-wide action plan



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## Developing Partnerships

- Division of Chronic Disease
- Early Childhood Investment Corporation
- Children's Special Health Care Services
- Southeast Michigan Regional Infant Mortality Task Force
- Office of Drug Control Policy
- WIC; Healthy Start; NFP; FIMR



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## Michigan Interconception Care Program (ICP)

- Identify 25 women with poor pregnancy outcome
  - Hospital discharge
  - Other health department programs.
- Nursing/medical/genetic risk assessment
- Grief support if indicated
- Nurse case management up to 24 months
- Contraception access
- 18 month inter-pregnancy interval
- Access to a medical home
  - Chronic disease management
  - Target obesity, substance use, mental health



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## ICP Project Planning

- **What was good about the plan?**
  - Logical path from data to action
  - Evidence based intervention
- **What was missing from the plan?**
  - Local buy-in for life-course approach
  - Specific protocol for the home visiting
  - Mandated training
- **Was the plan realistic?**
  - Time to make this change was limited
  - Funding was not guaranteed
- **Key areas for improvement:**
  - Use feedback from data collection to modify approach
  - Look for better agreements for recruitment



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## ICP Project Management

- Project Direction Team met monthly
  - Project Manager; Program Consultants; Division Managers; Epidemiologist
  - Good idea sharing. Necessary for keeping locals focused. Planned for each Network meeting.
- Communication by email, letter, meetings
  - Not consistent people caused some communication problems.
  - Network meetings face-to-face were costly.
  - Relied on emails to local contacts.
- Database tracked community process
  - Unable to keep database current.
  - Used verbal reports at meetings.



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## ICP Quality Assurance & Support

- Product quality measured by conformity to annual expectations.
  - Model reports provided.
  - Provided minimum of information
- Products compared to goals:
  - Coalitions, health education and focus groups met expectations.
  - Implementation of ICP intervention slow in accomplishment.
- Quality issues addressed through information/teaching and consultation.
- Support/resources for ICP intervention has grown and programs all enrolling clients.
  - Local site visits,
  - phone consultation
  - quarterly meetings



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## ICP Outcome Indicators

- Preterm births
- Low birth weight
- Unintended pregnancy rate
- Family planning access
- Inter-gestation timeframes



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## Performance Against Goals

- Goal: field test an Interconception Care strategy for African- American women who experienced:
  - Preterm birth
  - Low birth weight birth
  - Fetal or neonatal death
- Actual: 104 women recruited from local communities and reported data
  - 65 Preterm birth/Low birth weight birth
  - 24 Fetal or neonatal death
  - 14 Miscarriage



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## ICP Preliminary Data

- Index Pregnancy Outcome (N=104)
  - 15 (14%) fetal deaths
  - 9 (9%) neonatal deaths
  - 62 (60%) preterm births
  - 14 (14%) miscarriages
- Characteristics of women
  - 22.7 mean age (14 <18 yrs)
  - 75 (72%) African American
  - 60 (71%) High School education
  - 21 (20%) married
  - 76 (84%) Medicaid eligible



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## ICP Preliminary Data

- Index Pregnancy Information
  - 1698 g mean birth weight
  - 27.5 wks mean Gestation Age
  - 52 (54%) NICU adm
  - 4.9 mean # PNC visits
  - 54 (79%) PNC 1<sup>st</sup> trimester
- Recruitment Sources:
  - MIHP, FIMR, Healthy Start, SIDS Program, Early On, WIC
  - Hospital social worker
  - Birth certificates
  - Flyers in Clinics



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## What Went Right

- Partnership with state programs
  - WIC; MIHP; FP; Healthy Start
- Local coalition building
  - Good local awareness
  - Local partnerships started
- Able to pilot interconception care in variety of settings



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## What Went Wrong

- Local willingness to develop an intervention project
  - LHDs are less involved in direct service
  - More comfortable with education campaign
- Funding stability
  - State fiscal crisis
  - Little commitment from legislature
- Project management
  - Hiring new staff was delayed
  - Trouble mandating qualified local staff



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## More Action Needed

- Identify at-risk women and intervene in WIC, MIHP, Family Planning, etc.
- Revise program policy to include preconception health promotion.
- Target women eligible for Medicaid.
- Provide training for program staff and private providers on life-course perspective and preconception.



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## Questions and Answers

Thank you for attending this event.

Please complete the evaluation directly following the webcast.

Archives of the event are located at:

<http://webcast.hrsa.gov/postevents/archivedseries.asp>



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