



Policy Put into Action! When MCH is a Priority

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Disclosures

- As per the American Nurses Credentialing Center's Commission on Accreditation Robyn D'Oria and Sandra Schwarz have nothing to disclose related to this presentation



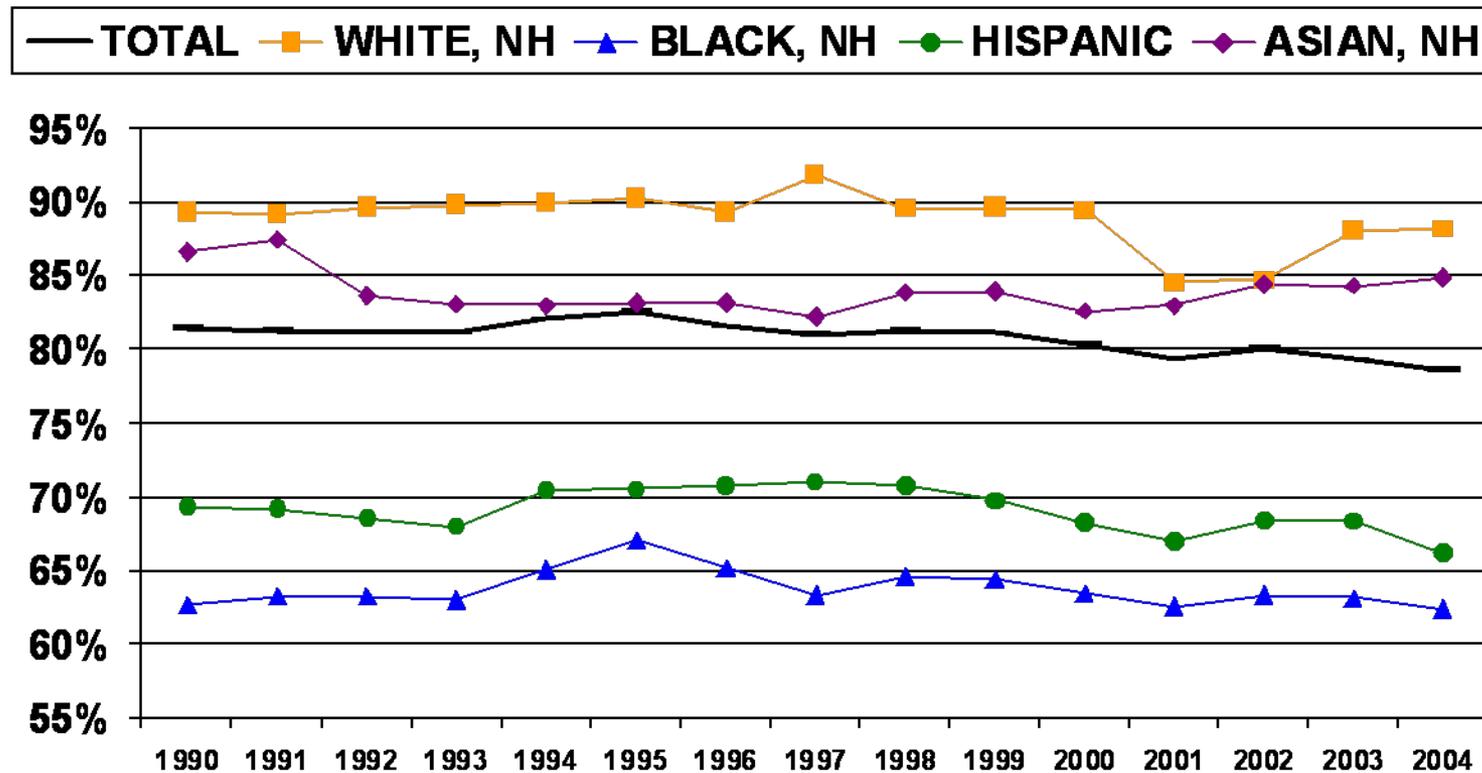
National Women's Law Center

- 2007 *Making the Grade on Women's Health*
- NJ ranked 40th in women receiving first trimester prenatal care
- DHSS Commissioner Heather Howard convened a Prenatal Care Task Force in 2/08
- Goal to provide recommendations to Commissioner and the Governor of NJ by 7/08



Trends in 1st Trimester Prenatal Care

Figure 1 - Trends in First Trimester Prenatal Care



Source: NJDHSS Birth Certificate Files, as of 1/1/2007, New Jersey Residents.

*Initiation of prenatal care self-report as within first 13 weeks on BC.

Race/ethnic groups - Hispanic regardless of race; white, Non-Hispanic; black, Non-Hispanic; Asian, Non-Hispanic



Prenatal Care is a crucial component for improving pregnancy outcomes

- Early, ongoing prenatal care can improve pregnancy outcomes by assessing risk, providing health care advice, and managing chronic and pregnancy-related health conditions.
- Early prenatal care is more important now that LBW and Preterm rates are increasing, mothers are older and have more complications, the number of births to foreign-born mothers are increasing, and expectations are higher.



Prenatal Care Task Force

- Stakeholders identified and invited
- Initial meeting in February 2008
- Diverse representation of MCH healthcare providers
 - Variety of professions
 - Different demographics including type of facility, location of community, population served, etc.



Members of Task Force

- ACOG
- NJOGS
- NJ Academy of Family Physicians
- Pediatricians (2)
 - Princeton University
 - University of Medicine and Dentistry of NJ
- AWHONN
- ACNM



- WIC
- March of Dimes
- Maternal Child Health Consortia (6)
- Family Planning
- Robert Wood Johnson Foundation/Children's Futures
- Office of Child Advocate
- Prenatal clinic RN



- NJ Hospital Association
- NJ Primary Care Association
- Dept. Human Services (3)
- Dept. Children and Families
- Dept. Health Senior Services (11)



Charge of the Task Force

- Review current data on first trimester prenatal care access
 - racial and ethnic disparities in prenatal care access
 - contributing factors to women not accessing first trimester care
 - adequacy of the provider network
 - identification of any regional or geographic barriers to care



- Review best practices and identify successful programs to increase prenatal care
- Review current support for improved pregnancy outcome activities





Ultimate Goal of Task Force

**Provide recommendations to improve
first trimester prenatal care rates in NJ**



Step 1

- Review of the literature including statewide data
- Provide overview for members of Task Force



Measures of Access to Prenatal Care (PNC)

- Early PNC – 1st Trimester (<13 weeks)
- Late PNC > 13 weeks
- No PNC
- Adequacy of PNC Utilization (APNCU)
 - based on initiation of care and number of prenatal care visits



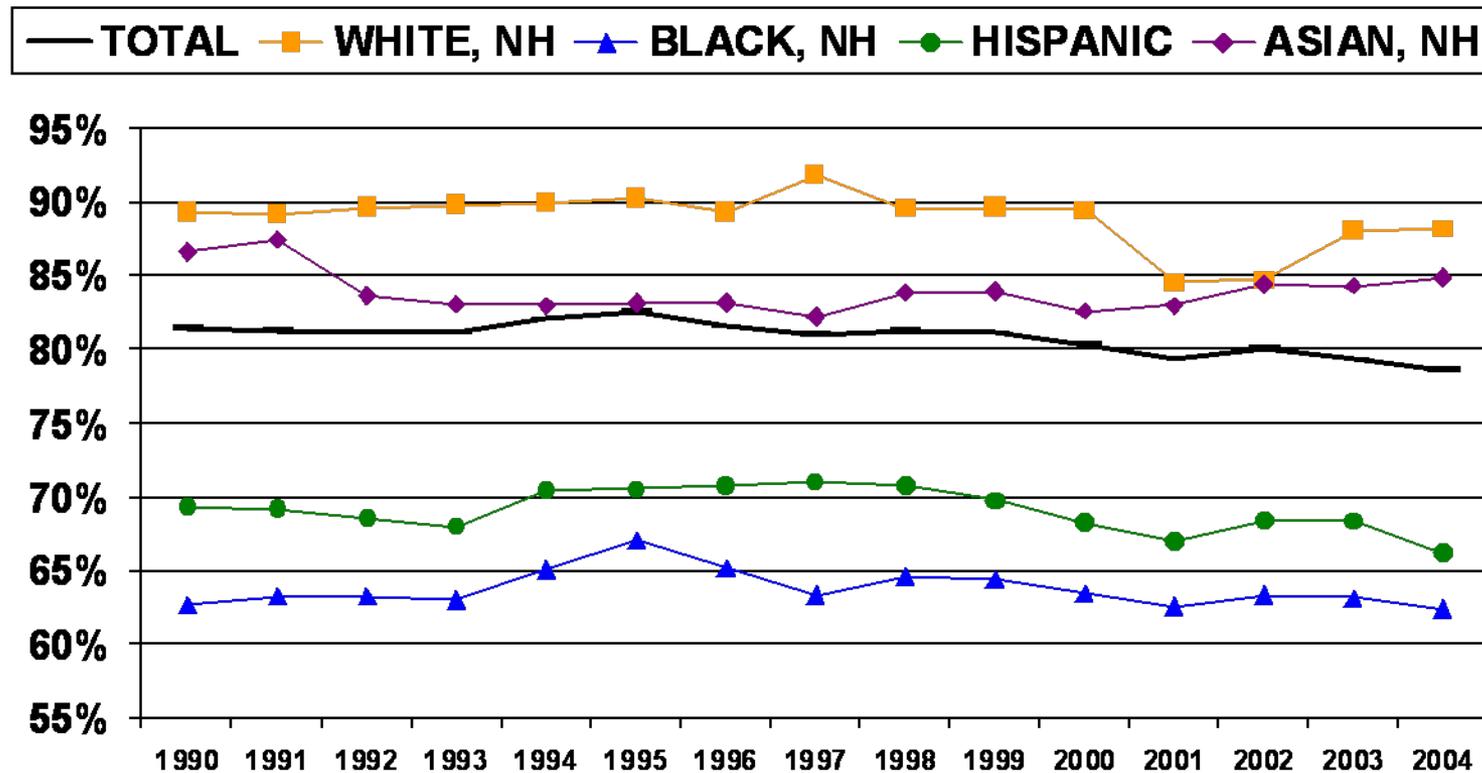
Risk Factors Associated with Late Prenatal Care

- Demographic
- Psychosocial
- Situational
 - insurance and access
- Geography



Trends in 1st Trimester Prenatal Care

Figure 1 - Trends in First Trimester Prenatal Care



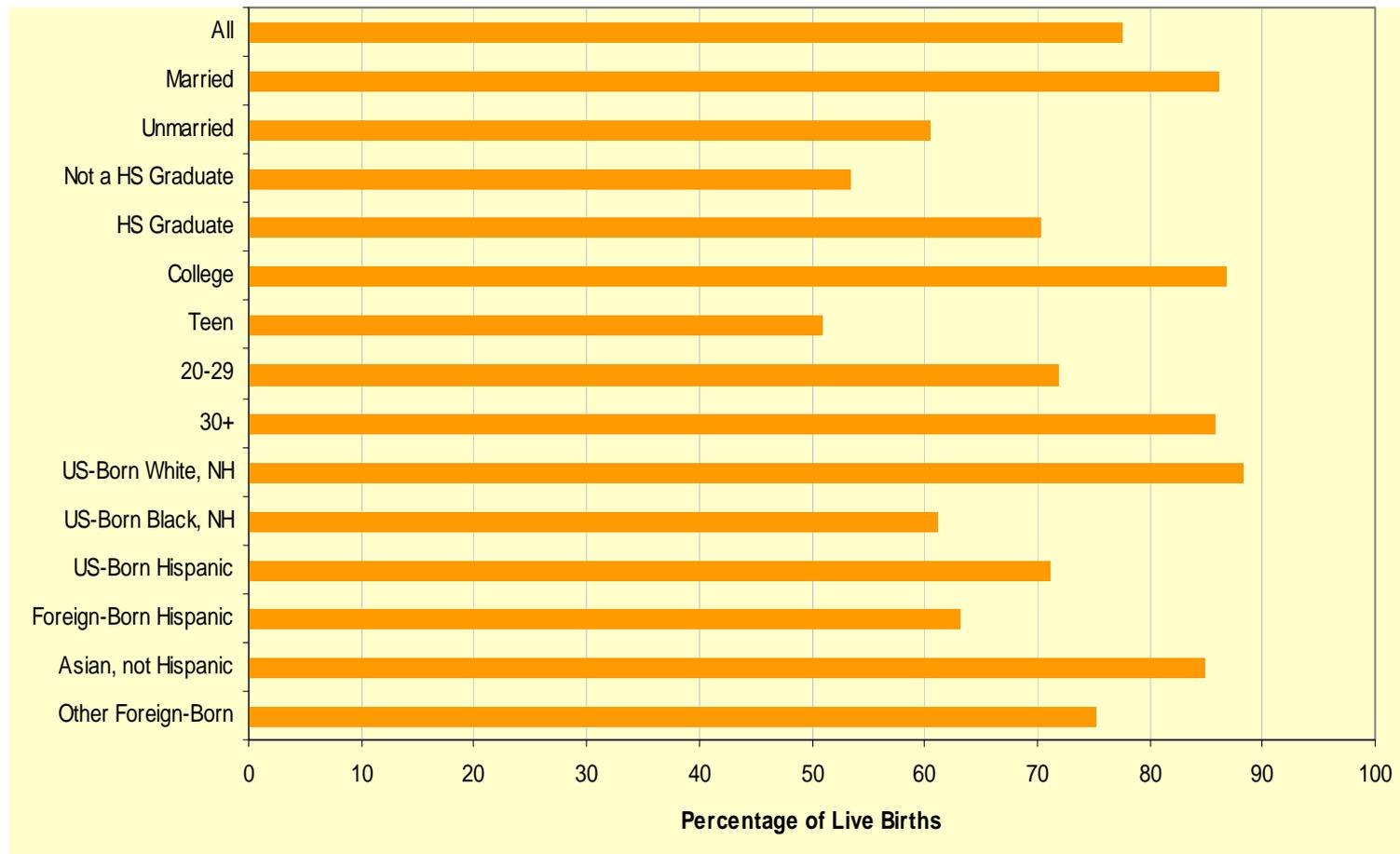
Source: NJDHSS Birth Certificate Files, as of 1/1/2007, New Jersey Residents.

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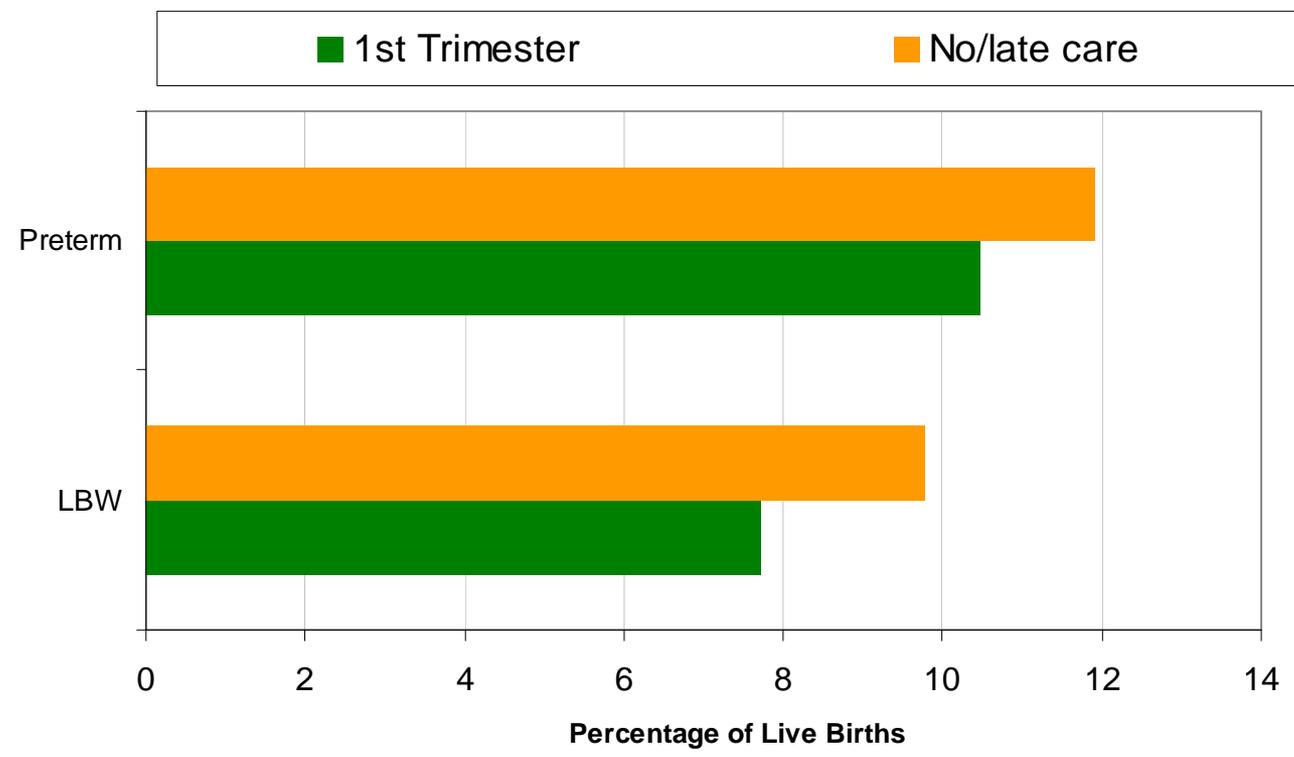


Maternal Characteristics of 1st Trimester PNC





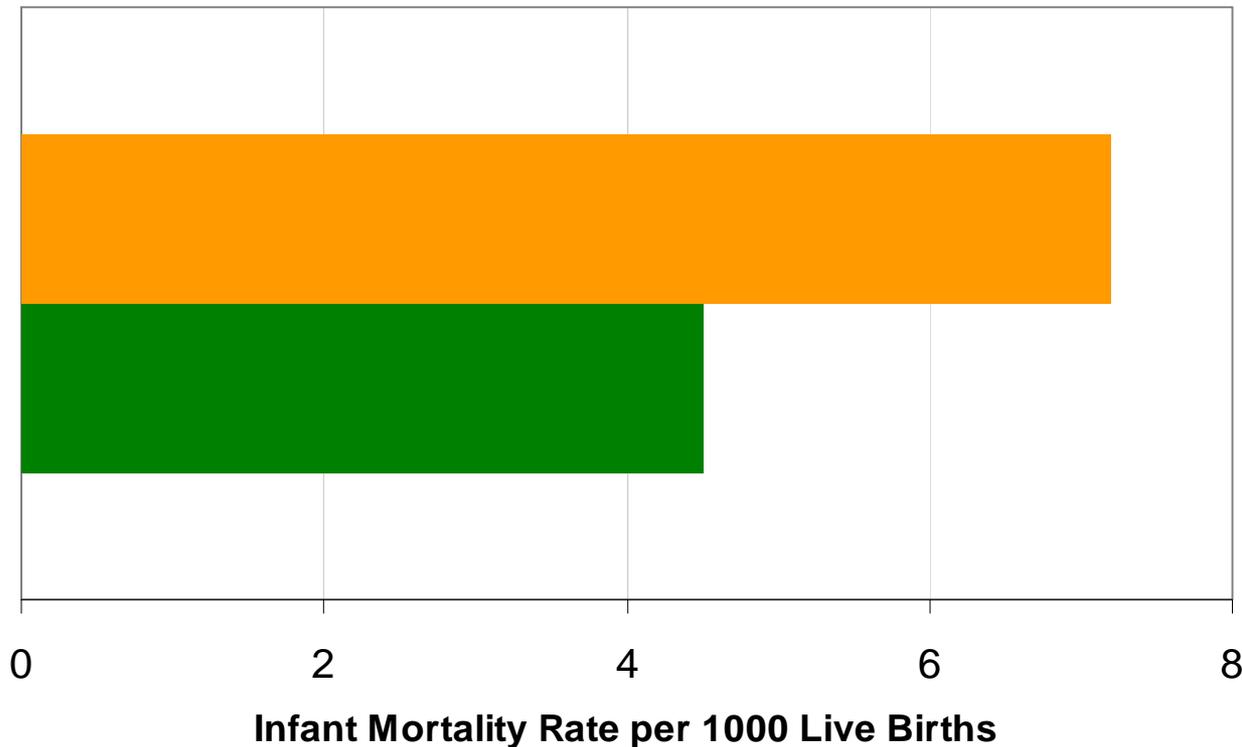
Preterm and Low Birthweight Rates by Timing of Prenatal Care



Data source- New Jersey's Electronic Birth Certificate for 2006 as of 02/2008



Infant Mortality Rates by Timing of Prenatal Care



Data source- Matched 2004 Birth/Infant Death Certificate file



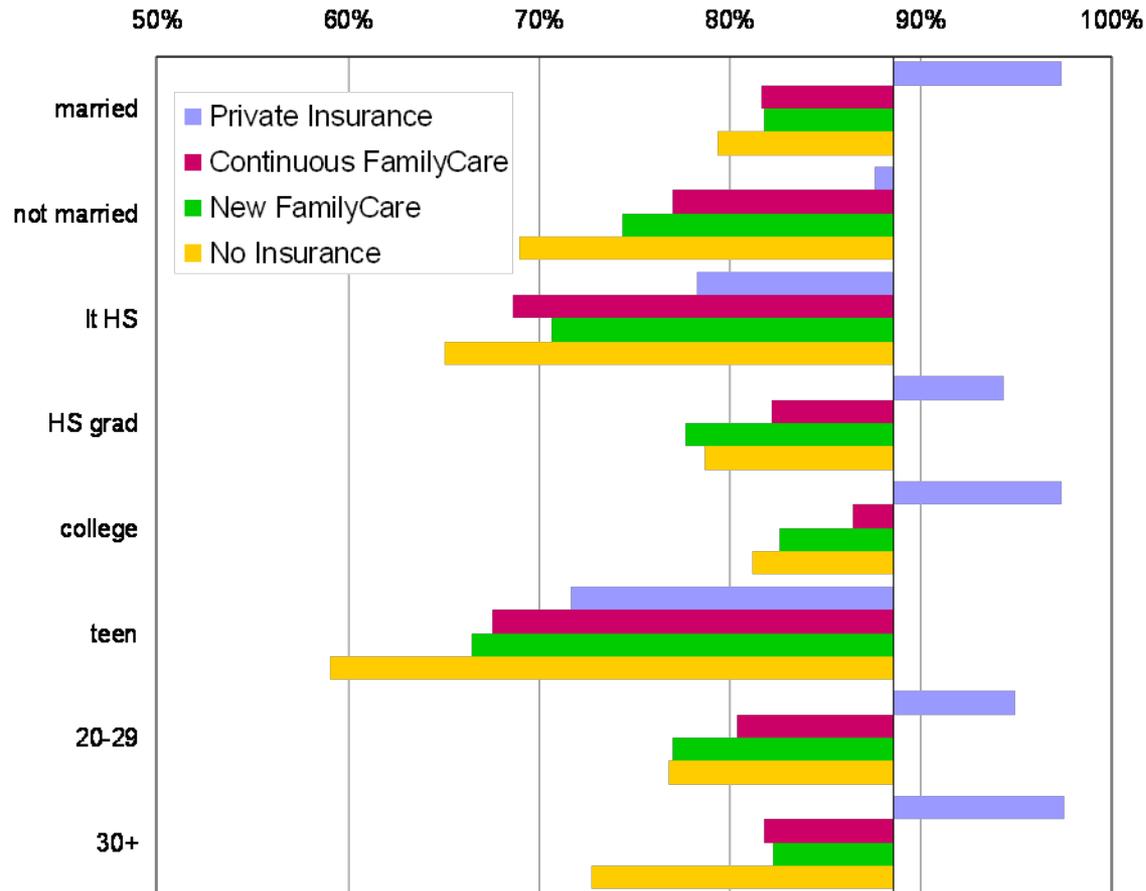
PRAMS NJ

- NJ PRAMS data for 2002 – 2006 was used to examine prenatal care utilization by sociodemographic factors and health insurance coverage groups
- NJ PRAMS is a survey of about one in every forty New Jersey mothers, completed two (2) to six (6) months after delivery



Maternal Characteristics

Prenatal Care Initiated in 1st Trimester (Statewide mean = 89%)

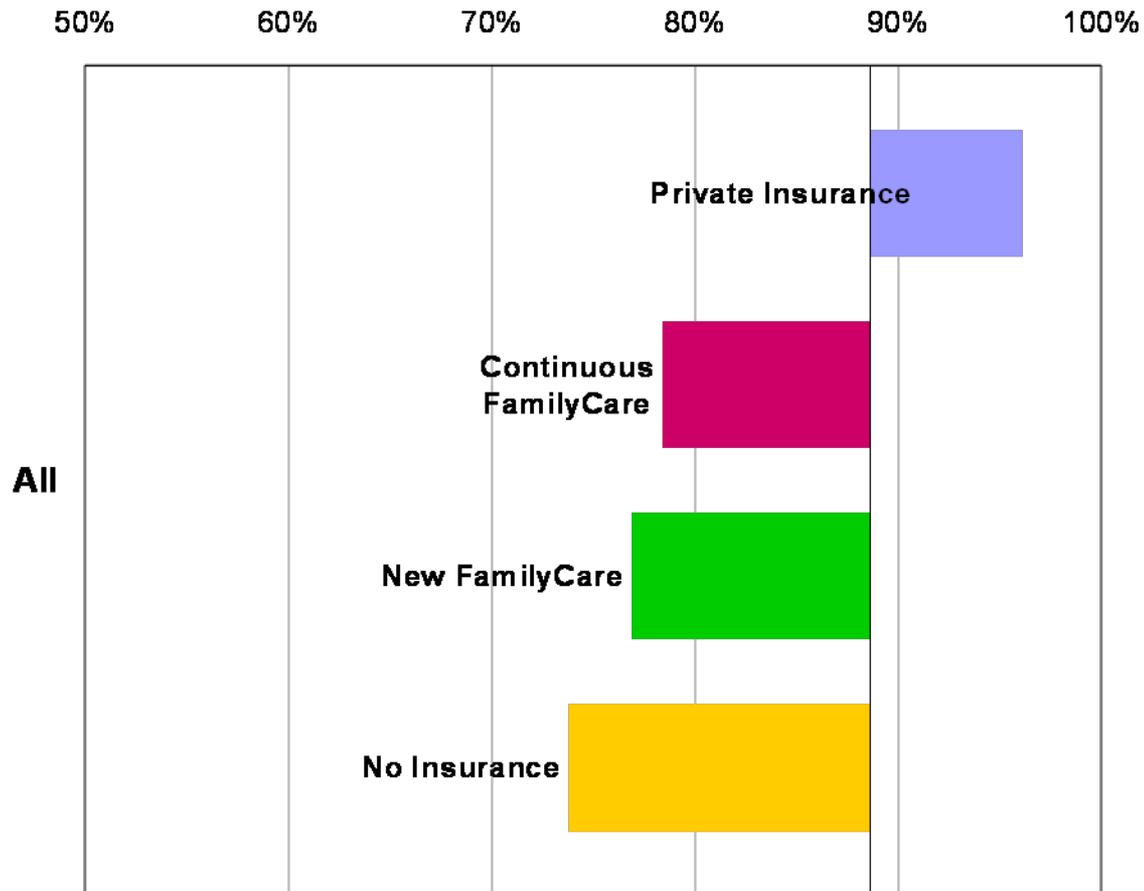


Data Source: NJ PRAMS data 2002-2006.



Insurance Coverage

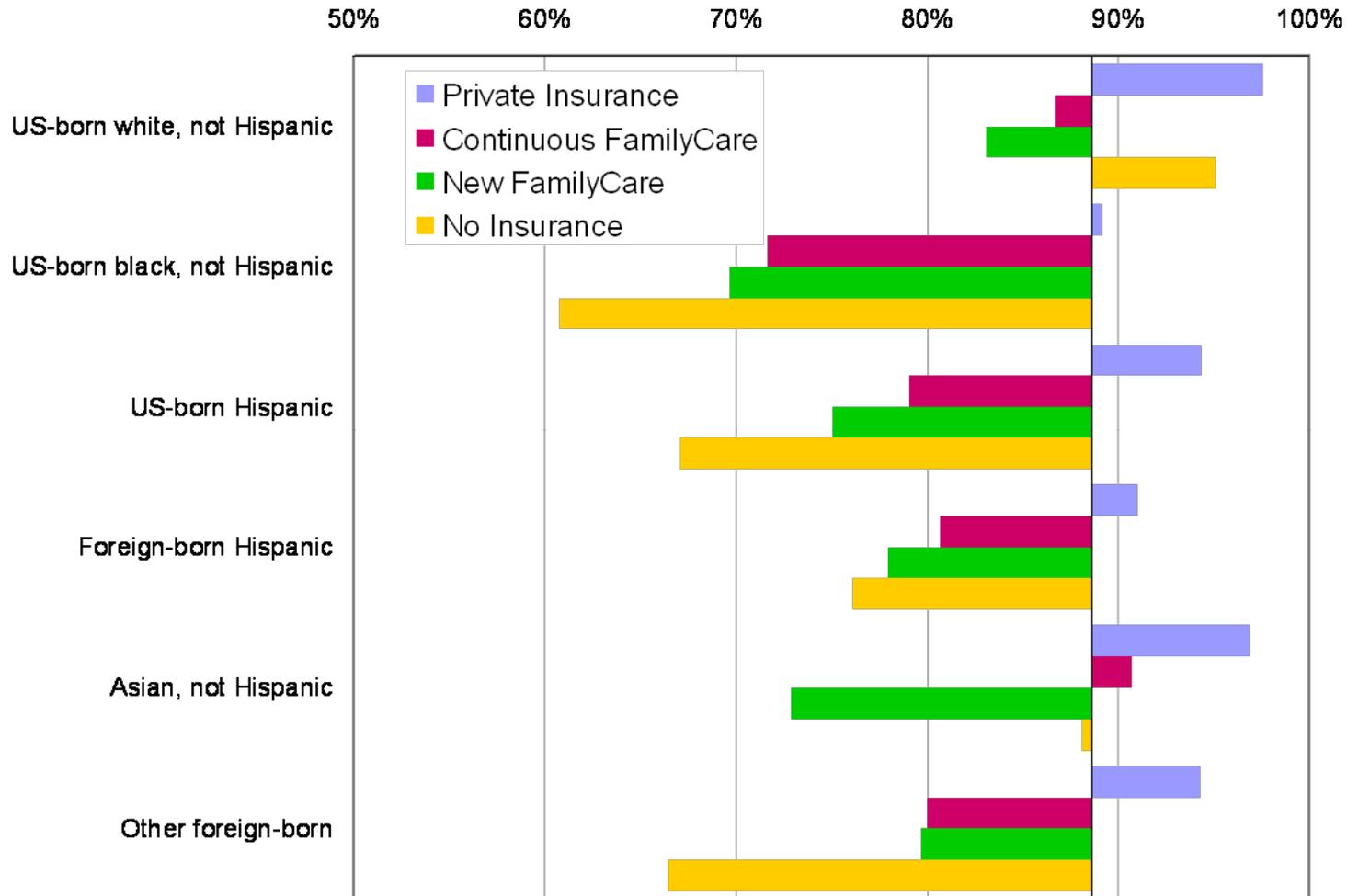
Prenatal Care Initiated in 1st Trimester (Statewide mean = 89%)





Race/Ethnicity

Prenatal Care Initiated in 1st Trimester (Statewide mean = 89%)

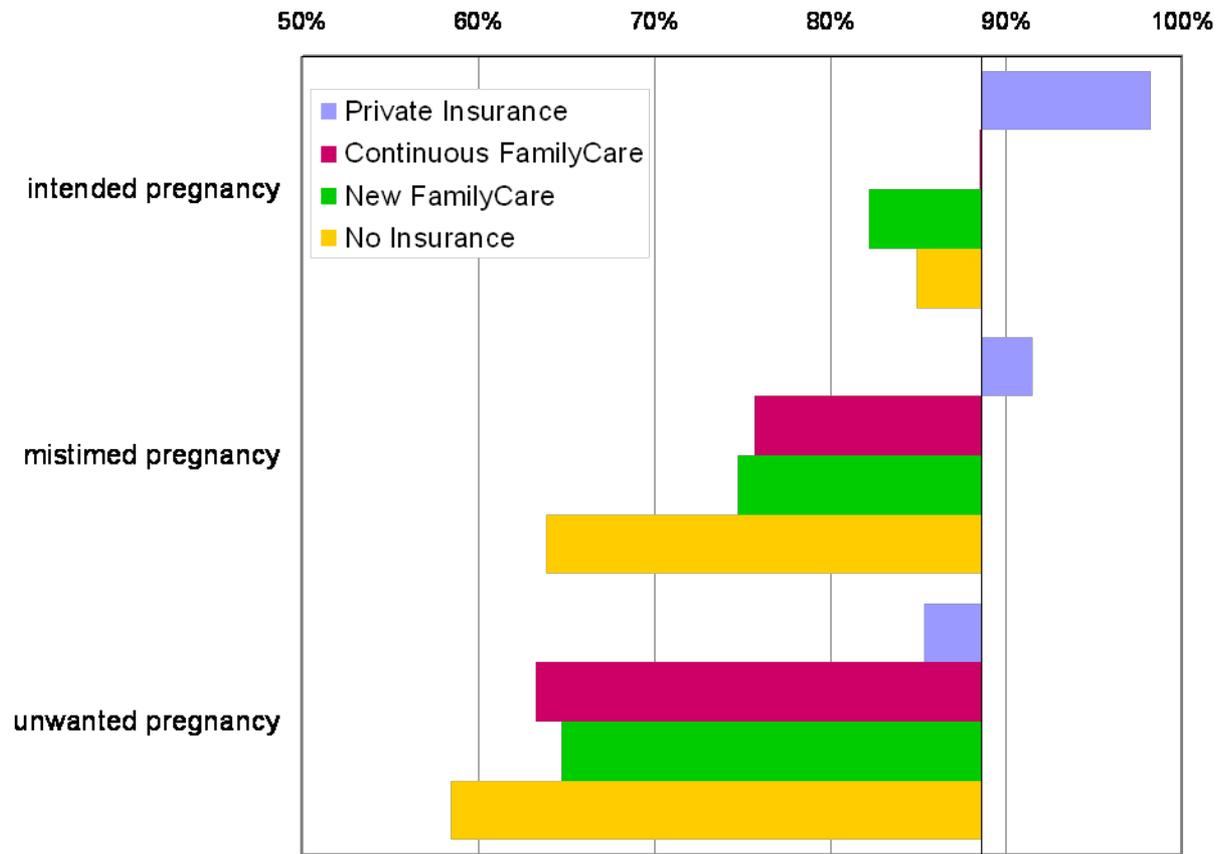


Data Source: NJ PRAMS data 2002-2006.

Pregnancy Intention



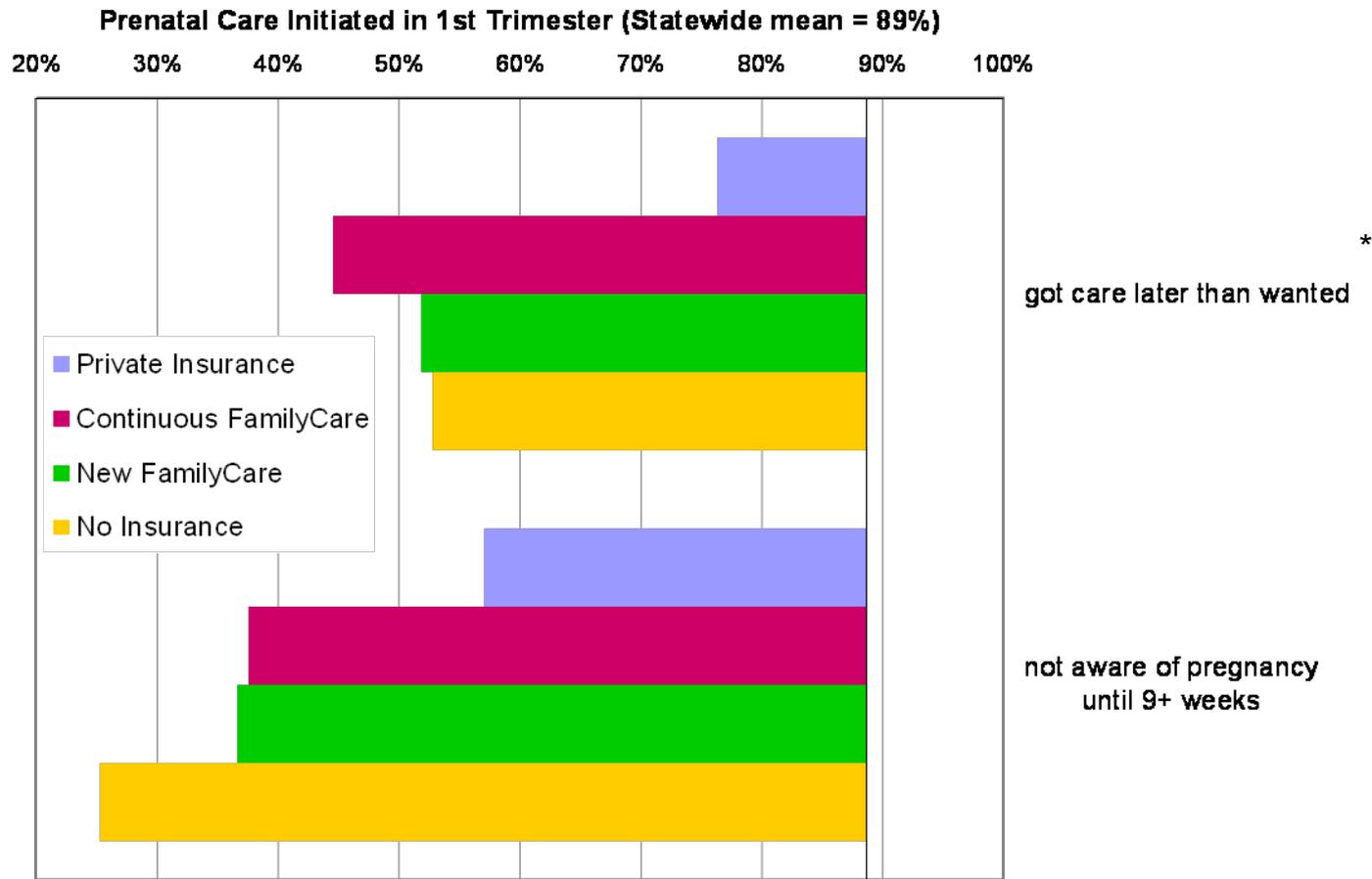
Prenatal Care Initiated in 1st Trimester (Statewide mean = 89%)



Data Source: NJ PRAMS data 2002-2006.



Other Situational Characteristics

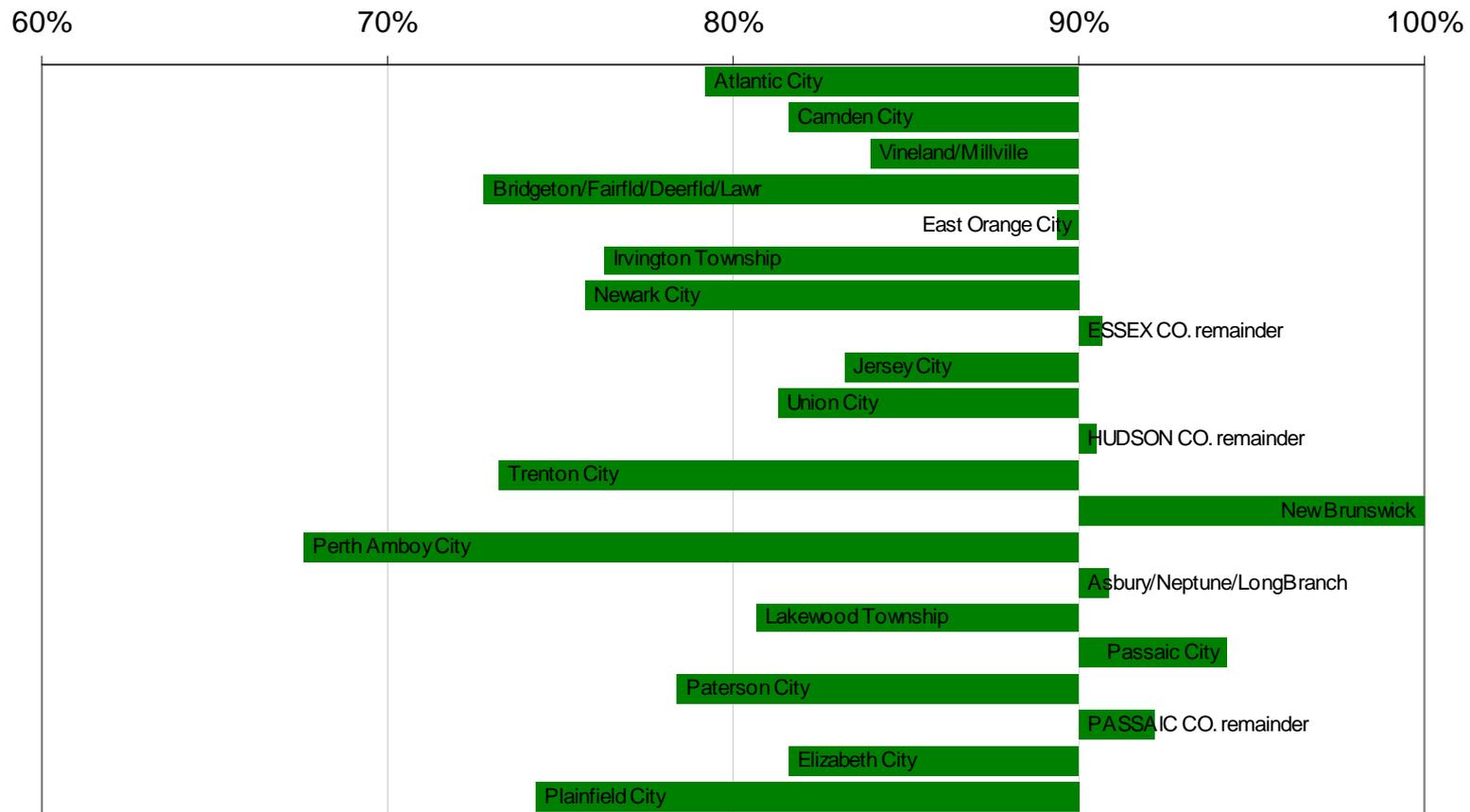


*Includes only cases that received prenatal care.
 Data Source: Based on New Jersey PRAMS data 2002-2006.



Geographic Characteristics of 1st Trimester Prenatal Care for the Privately Insured

Prenatal care began in 1st Trimester (State Avg 90.0%)

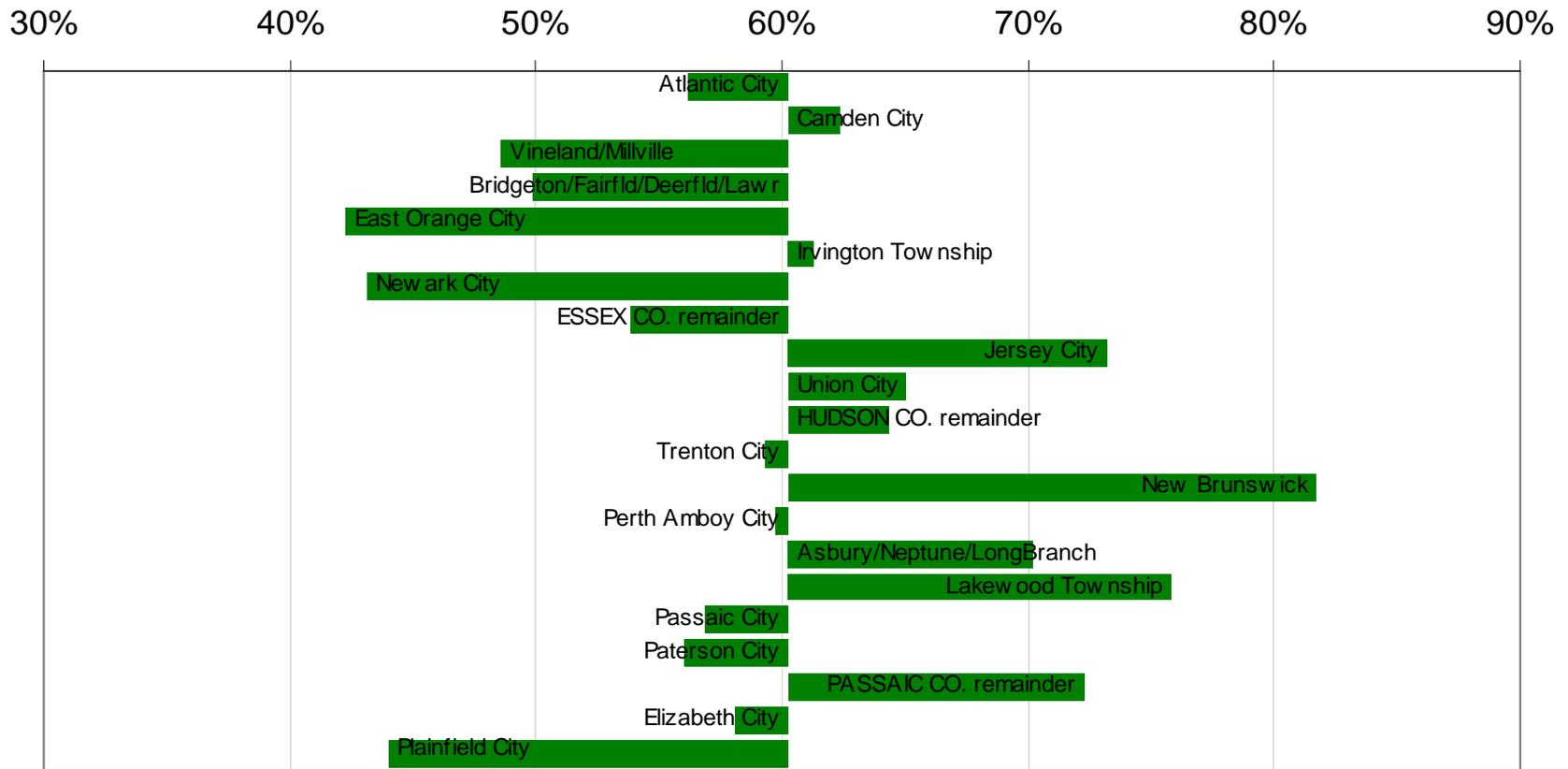


Data Source: NJ PRAMS data 2002-2006.



Geographic Characteristics of 1st Trimester FamilyCare Participants

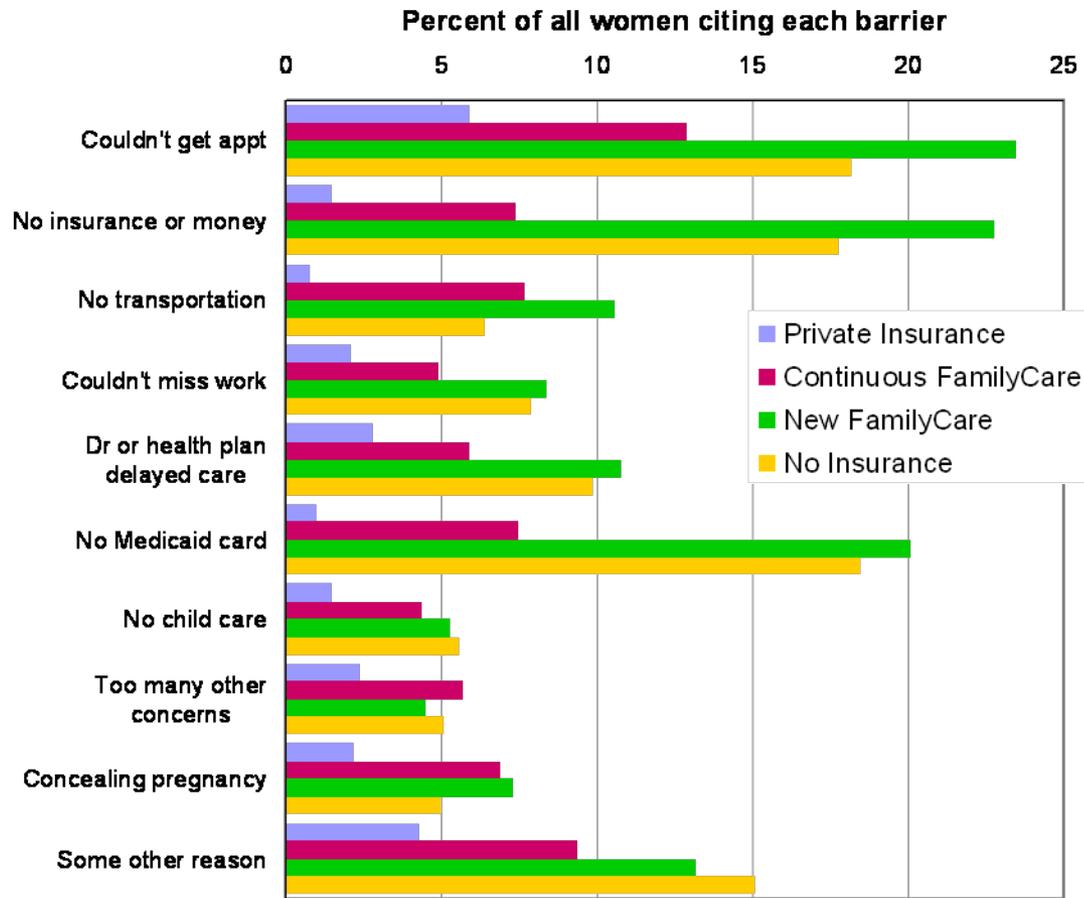
Prenatal care began in 1st Trimester (State Avg. 60.3%)



Data Source: NJ PRAMS data 2002-2006.



Barriers to Prenatal Care

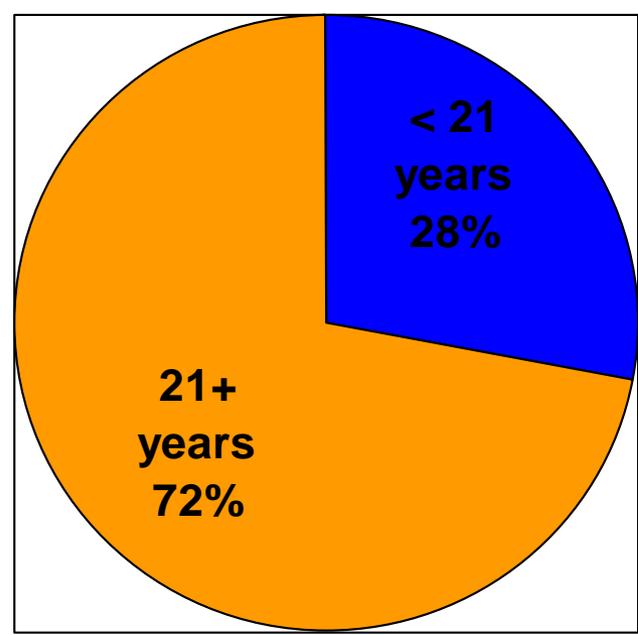


Data Source: NJ PRAMS data 2002-2006.



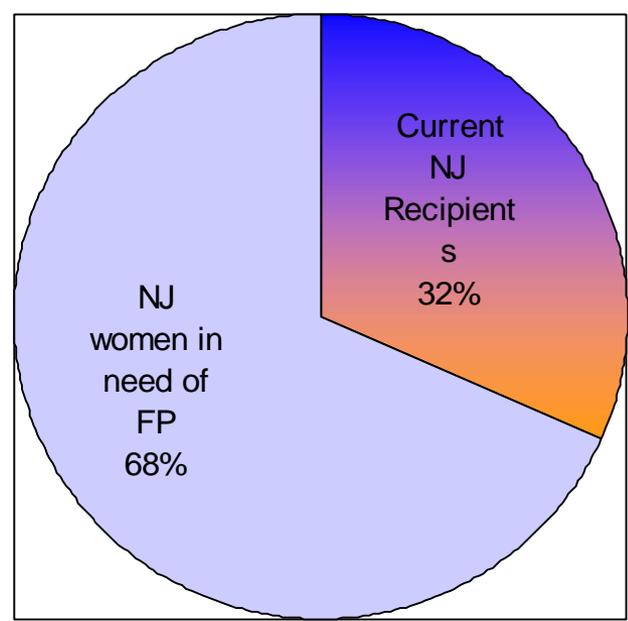
Family Planning

NJ Family Planning (FP) Recipients



N=125,000

Guttmacher Institute NJ Estimate of Women in need of FP



N=394,510



Discussion/Initial Conclusions

- Multiple reasons for late care
- Opportunities to improve the initiation of prenatal care exists
- Pre-pregnancy interventions may have the largest impact on the timing of care



- Early prenatal care is related to insurance before and during pregnancy
- New FamilyCare enrollment and the initiation of prenatal care may be affected by system related delays
- Pregnancy intention, pregnancy awareness, and location of a provider contribute to the early prenatal care



Step 2

- Form committees
- Continue literature review specific to committee focus



Subcommittees

- Education
- Capacity
- Quality Outcomes



Subcommittee Charge

- Goals and recommendations formulated to address:
 - **Education** of healthcare professionals and community
 - **Access** to reproductive health care services and practitioners
 - **Systems**
 - **Evaluation**



Education Subcommittee

Focused on

- Recognition of **preconception care** as a set of interventions that identify and modify biomedical, behavioral and social risks to a woman's health and future pregnancies utilizing CDC's Safe Motherhood Recommendations



- Primary **target population** is women of reproductive age as well as men, significant others, community groups and health and social service professionals

Capacity Subcommittee



Focused on

- **Access to care issues:**
 - Hospital/facility closures or service reduction
 - Medicaid presumptive eligibility enrollment
- **Health care provider issues:**
 - Escalating malpractice premiums
 - Number of available providers
 - Geographic accessibility
 - High risk perinatal consultation



Quality/Outcomes Subcommittee

Focused on

- **Standardizing** measures of quality, availability of data, promoting quality improvement
 - Healthcare Effectiveness Data and Information Set (HEDIS) measures
 - Infant mortality rates
 - Perinatal Risk Index (DHSS)



Population Perinatal Risk Index

- The new approach capitalizes on three observations:
 - New Jersey communities exhibit a diverse array of demographic profiles
 - Demographic risk factors have strong effects on birth outcomes because the adverse outcomes we track tend to have the same risk factors, municipalities tend to be equally “at risk” for all those outcomes



- The population risk approach yields more stable estimates of risk for small area analysis because it is less sensitive to random fluctuations in these rare events; infant death, fetal demise, low birth weight even in samples of moderate size



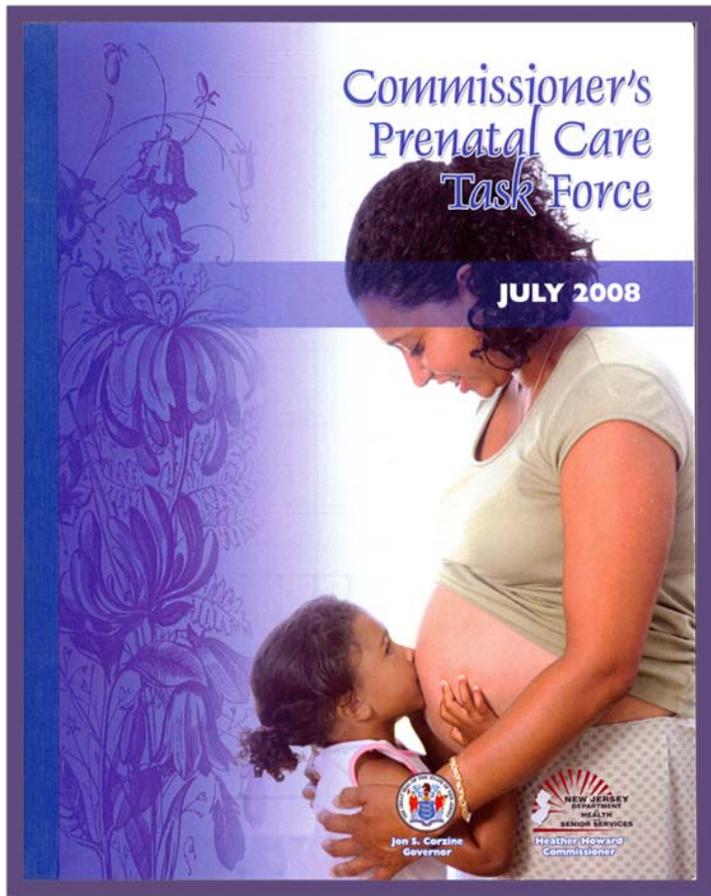
- The population risk scoring procedure starts with the selection of primary indicators:
 - low birth weight
 - infant mortality
 - perinatal (fetal+neonatal) mortality
 - late prenatal care
 - births to teens

**Table 1. Population Perinatal Risk Index and Related Outcome Measures
(Based on births 1999-2003)**

Vital Statistics		Population Perinatal Risk Index		Fetal+ Neonatal (0-27 days) Death Rate	Low Birth Weight (<2500g)	Preterm Birth (<37 wks Gestation)	Infant Mortality Rate	PNC Not in 1st Trimester	Births to Mothers <20 Years Old	
Geo Code	County	Municipality	Total Births	Value						
0417	CAMDEN	Camden City	8,595	3.55	2.1%	11.1%	12.9%	1.6%	44.6%	25.6%
0724	ESSEX	East Orange City	5,845	2.78	2.5%	13.5%	14.7%	1.5%	41.6%	14.3%
1306	MONMOUTH	Asbury Park City	1,984	2.61	1.8%	10.8%	13.6%	1.2%	33.9%	17.4%
0736	ESSEX	Irvington Township	5,393	2.59	2.8%	12.7%	15.1%	1.3%	41.5%	11.6%
1155	MERCER	Trenton City	8,087	2.54	2.0%	10.3%	12.3%	1.1%	35.9%	18.3%
0756	ESSEX	Newark City	24,200	2.53	2.2%	11.6%	13.9%	1.1%	43.3%	16.0%
0379	BURLINGTON	Willingboro Township	1,755	2.37	1.3%	10.1%	10.6%	0.7%	35.8%	14.9%
0172	ATLANTIC	Pleasantville City	1,441	2.32	2.3%	9.5%	9.7%	1.0%	43.5%	20.8%
0605	CUMBERLAND	Bridgeton City	2,571	2.20	1.7%	9.5%	10.5%	1.2%	38.2%	23.5%
2048	UNION	Plainfield City	4,289	2.13	2.0%	9.5%	10.8%	0.9%	45.7%	14.0%
0108	ATLANTIC	Atlantic City	3,794	2.02	2.0%	10.1%	10.6%	1.2%	49.1%	17.4%
0768	ESSEX	Orange City	3,007	1.87	2.3%	10.4%	12.5%	0.6%	35.2%	10.5%
1242	MIDDLESEX	New Brunswick City	4,952	1.83	1.4%	7.8%	11.1%	0.7%	31.1%	16.6%
2056	UNION	Roselle Borough	1,486	1.54	2.4%	10.5%	11.3%	1.1%	30.5%	11.5%
0930	HUDSON	Jersey City	17,658	1.40	1.8%	9.4%	11.5%	1.0%	28.8%	11.5%
1640	PASSAIC	Paterson City	14,488	1.38	1.2%	8.9%	11.2%	0.7%	36.7%	15.4%
0455	CAMDEN	Pennsauken Township	1,988	1.35	2.0%	8.2%	10.4%	1.3%	31.0%	14.3%
0445	CAMDEN	Lindenwold Borough	1,413	1.23	1.4%	9.2%	10.0%	1.2%	31.9%	11.7%
2024	UNION	Hillside Township	1,374	1.23	2.9%	10.4%	11.3%	1.2%	26.3%	7.7%
0349	BURLINGTON	Mount Holly Township	1,125	1.18	1.0%	6.1%	8.4%	0.4%	27.5%	15.6%
0655	CUMBERLAND	Millville City	2,210	1.17	1.8%	7.1%	7.9%	0.8%	28.6%	16.9%
2012	UNION	Elizabeth City	10,669	1.10	1.6%	8.1%	9.3%	0.6%	38.0%	11.7%
0361	BURLINGTON	Pemberton Township	1,607	1.07	1.1%	6.8%	8.3%	0.4%	28.1%	15.2%
0680	CUMBERLAND	Vineland City	3,759	1.07	1.8%	7.4%	8.8%	1.3%	26.9%	17.3%
1348	MONMOUTH	Long Branch City	2,602	0.99	1.2%	6.9%	9.3%	0.7%	20.1%	12.7%
1364	MONMOUTH	Neptune Township	1,705	0.98	2.1%	7.8%	11.6%	0.8%	17.7%	11.0%
1635	PASSAIC	Passaic City	7,528	0.96	1.2%	6.3%	8.5%	0.8%	37.4%	14.3%
0222	BERGEN	Englewood City	1,630	0.86	1.2%	5.8%	7.0%	0.6%	16.5%	6.0%
1248	MIDDLESEX	Perth Amboy City	4,197	0.83	1.9%	6.8%	8.1%	1.2%	40.3%	15.0%
0824	GLOUCESTER	Glassboro Borough	1,080	0.80	1.7%	8.2%	10.0%	0.8%	27.9%	12.4%
2052	UNION	Rahway City	1,681	0.64	1.7%	6.4%	8.3%	0.9%	23.2%	7.3%
2032	UNION	Linden City	2,336	0.61	2.4%	7.9%	9.8%	1.2%	23.9%	7.2%



Recommendations of Task Force



Commissioner's Prenatal Care Task Force



Recommendations of Task Force Education

GOAL 1. *Increase public awareness of the importance of preconception health*

- **Recommendation:** Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts



GOAL 2. *Improve community, consumer and professional knowledge of risks and behaviors that impact preconception health*

- **Recommendation:** Each woman, man, and couple should be encouraged to have a reproductive life-plan



Prenatal Care Awareness Campaign



A Healthy You = A Healthy Baby

If you're planning to have a baby or think you may be pregnant...

- See a healthcare provider for early check-ups
- Eat foods with folic acid (spinach, beans, oranges...)
- Exercise to be fit and reduce stress
- Don't drink alcoholic beverages, smoke, or use illegal drugs

For more information call the Family Healthline:
1-800-328-3838

If you don't have health insurance or a healthcare provider, the Family Healthline can help find a provider near you.



018



Usted Saludable = Un Bebé Saludable

Si planea tener un bebé o cree que está embarazada...

- Visite, lo mas pronto posible, a un proveedor de servicios de salud para un examen fisico
- Consuma comidas que contengan ácido fólico (espinaca, frijol, naranjas...)
- Haga ejercicios para mantenerse en forma y reducir el estrés y tensión
- No consuma bebidas alcohólicas, fume o utilice drogas ilegales

Para mas información llame al Family Healthline:
1-800-328-3838

Si no tiene seguro de salud o un proveedor de servicios médicos, el Family Healthline la puede ayudar a identificar un proveedor cerca de usted.



0181



A Healthy You = A Healthy Baby

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- Eat foods with folic acid (spinach, beans, oranges...)
- Exercise to be fit and reduce stress
- Don't drink alcoholic beverages, smoke, or use illegal drugs

For more information call the Family Healthline:
1-800-328-3838

If you don't have health insurance or a healthcare provider, the Family Healthline can help find a provider near you.



0188



GOAL 3. *Assure that all females of childbearing age in New Jersey receive preconception care services that will enable them to enter a planned pregnancy in optimal health*

- **Recommendation:** As a component of primary care visits and school-related health contacts, provide risk assessment, education, and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes



GOAL 4. *Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize future health problems*

- **Recommendation:** Increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact)

4 P's Plus

Perinatal Addictions
Prevention Project

Screening and Referral Tool

Today's Date
month / day / year

Prenatal Provider

Fill-in circles completely

Client SSN (last 4 digits) <input type="text"/>	Screen Interval <input type="radio"/> Entry <input type="radio"/> 28 weeks <input type="radio"/> Postpartum <input type="radio"/> Other	Hispanic/Latino <input type="radio"/> Yes <input type="radio"/> No	Race <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> American Indian <input type="radio"/> Native Hawaiian/Alaskan Native <input type="radio"/> Other <input type="radio"/> Declines to answer <input type="radio"/> None of the above	Insurance <input type="radio"/> Private <input type="radio"/> Medicaid <input type="radio"/> Uninsured
Residence <input type="text"/> <input type="text"/> County Code (see back pg 1) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Zip Code	Preferred Language <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other (specify) _____			Age <input type="radio"/> <15 <input type="radio"/> 26-39 <input type="radio"/> 15-17 <input type="radio"/> >40 <input type="radio"/> 18-25

4 P's Plus Screen		Provide substance abuse brochure	Refer for domestic violence assessment	Provide substance abuse brochure	Continue with follow-up questions
Parents	Did either of your parents have any problems with drugs or alcohol?	<input type="radio"/> Yes <input type="radio"/> No			
Partner	Does your partner have any problem with drugs or alcohol?	<input type="radio"/> No	<input type="radio"/> Yes		
	Is your partner's temper ever a problem for you?	<input type="radio"/> No	<input type="radio"/> Yes		
Past	Have you ever drunk beer/wine/liquor?	<input type="radio"/> No		<input type="radio"/> Yes	
Pregnancy	In the month before you knew you were pregnant, how many cigarettes did you smoke?	<input type="radio"/> None			<input type="radio"/> Any
	In the month before you knew you were pregnant, how much wine/beer/liquor did you drink?	<input type="radio"/> None			<input type="radio"/> Any
	In the month before you knew you were pregnant, how much marijuana did you use?	<input type="radio"/> None			<input type="radio"/> Any

- Refused Screen
- Follow-Up Questions not indicated

Follow-Up Questions	Refer for substance abuse assessment		Refer for prevention education services		No referral needed
	Every Day	3 to 6 days a week	1 or 2 days a week	Less than 1 day a week	Did not drink/ do drugs
In the month before you knew you were pregnant, about how many days a week did you usually:					
- drink beer, wine or liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- use any drug such as marijuana, cocaine or heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
And now, about how many days a week do you usually:					
- drink beer, wine or liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- use any drug such as marijuana, or cocaine or heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Referrals complete for all patients	Referred		
	Yes	No	Refused
Substance Abuse Assessment <input type="text"/> Tx Provider Code (see back pages)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cessation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

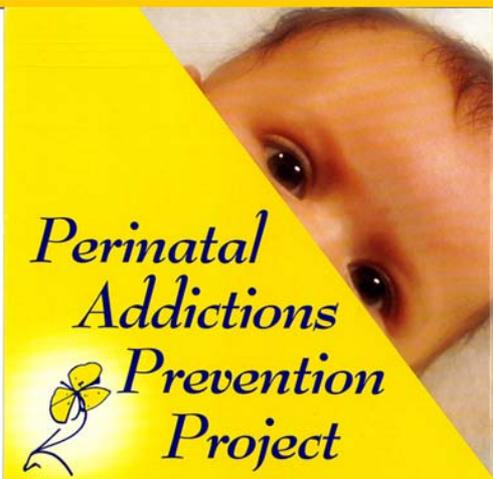
Send **White** copy to your MCH Consortium Keep **yellow** copy

Version 06-08

1899 National Training Institute USPAF pending No 29107188



4 P's Plus



Perinatal Addictions Prevention Project



A Statewide initiative dedicated to improving the health of women of childbearing age and their children throughout New Jersey

This project is funded by Health Service grants from the NJ Department of Health and Senior Services to the Maternal Child Health Consortia



- **Recommendation:** Use the interconception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth)



RTS Bereavement Training
in early pregnancy loss, stillbirth, & newborn death



Gundersen
Lutheran.
BEREAVEMENT SERVICES

NFLMR





- **Recommendation:** Integrate components of preconception health into existing local public health and related programs, including emphasis on interconception interventions for women with previous adverse outcomes

Horizon Health Center





GOAL 5. *Promote equity in pregnancy outcomes*

- **Recommendation:** Include information on existing disparities in all preconception and prenatal education outreach activities



- **Recommendation:** Promote consistency and equity in the quality of care provided to all women of childbearing age and their partners to improve preconception health and birth outcomes



- **Recommendation:** Increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and interconception care



Family Planning Waiver

- Application to CMS
- Increase access for women over 18 years of age, over 200% of poverty level, for reproductive health services



GOAL 6. *Assure a system of data collection and evaluation for all preconception care strategies*

- **Recommendation:** Increase the evidence base and promote the use of the evidence through research to improve preconception care



- **Recommendation:** Maximize public health surveillance and related research mechanisms to monitor preconception health

Capacity Subcommittee



GOAL 1. *Increase the number of available Obstetric providers to care for underserved populations*

- **Recommendation:** Increase the number of obstetric providers and maternal fetal medicine/perinatology services to provide timely and adequate prenatal and obstetric services throughout the State



- **Recommendation:** Ensure cultural competence/sensitivity in the delivery of healthcare to women of childbearing age



Cultural Competency and Licensure

- All medical schools in NJ must provide instruction in cultural competency in their curriculum
- CME's in cultural competency are required for licensure renewal for medical, osteopathic and podiatric physicians (6 hours)



GOAL 2: Promote women's health issues by improving the coordination efforts of State governmental agencies

- **Recommendation:** Convene an interagency committee to develop a strategic plan to address the implementation of the recommendations of this report



“Insured for Sure” Initiative







GOAL 3: Ensure availability of ongoing early prenatal care services to women in areas affected by hospital closures and or reduction in obstetric services

- **Recommendation:** Implement a mechanism to track available OB providers and facilities specific geographic regions to identify shortages and service needs, annually



- **Recommendation:** Establish an early confidential warning system that identifies hospitals, Federally Qualified Health Centers and Family Planning agencies in financial distress thereby placing obstetric services in jeopardy



- **Recommendation:** When notified of a hospital or agency closure/service reduction impacting on prenatal or obstetric care, the DHSS should:
 - Promote the implementation of a “Prenatal Care Card” for patients to have their prenatal information available at all times
 - Identify other funding sources to support services

My Pregnancy Record Mi Registro de Embarazo



Central New Jersey
Maternal and Child
Health Consortium

Patient Information/Información del paciente

Name/Nombre:		
Birth date/fecha de nacimiento: / / Phone/Teléfono: ()		
Medical Contact Information/Información de contacto Médica:		
Provider/Proveedor	Name/Nombre	Phone Number/Teléfono
Obstetrician/Midwife Obstetra/Ginecóloga		
Other Healthcare Provider: Otro Proveedor de Atención Médica		
Labor and Delivery Hospital: Hospital de parto		
Emergency Contact: Contacto de Emergencia		
Other/Otro:		
Insurance Provider: Proveedor de seguro médico		

My Pregnancy Record

This card is meant to help pregnant women give important medical information to healthcare providers in an emergency. The card should be carried by the patient at all times.

Patient Instructions: Carry this card with you at all times. At each appointment, give the card to your doctor. Ask your doctor to update the card and return it to you.

To the Healthcare Provider: At each visit, please make sure the information on this card is complete and up-to-date.

Call your doctor immediately if you have:

- Fever
- Chills
- Swollen face or hands
- Severe nausea and vomiting
- Bleeding from vagina
- Dizziness
- Severe or lasting headaches
- Changes in vision
- Abdominal (stomach) pain or cramps
- Pain when urinating (peeing)
- Gushing or leaking fluid from vagina
- Difficulty breathing
- Injury or blow (impact) to abdomen
- Change in movement of your baby (less or more)

MI Registro de Embarazo (Español)

Esta tarjeta es para ayudarle a mujeres embarazadas a proveer información médica importante a proveedores de asistencia médica en caso de una emergencia. La tarjeta deberá ser cargada por el paciente siempre.

Instrucciones para el Paciente: Cargue esta tarjeta con usted siempre. En cada cita, lleve la tarjeta a su doctor. Pregúntele a su doctor actualizar la tarjeta y que se la devuelva ha usted.

Al Proveedor Asistencia Médica: En cada visita, por favor asegúrese que la información en esta tarjeta es completa y actualizada.

Llame a su doctor inmediatamente si siente lo siguiente:

- Escalofríos
- Fiebre
- Cara, manos y pies hinchadas
- Náusea severa y vómitos
- Sangrado/sangramiento de la vagina
- Mareos
- Dolores de cabeza frecuentes o fuertes
- Cambios en la visión
- Dolor o calambres abdominales
- Dolor al orinar
- Líquido goteando o emananado de la vagina
- Dificultad al respirar
- Golpes o lesiones en el abdomen
- Cambio en el movimiento del bebé (menos o más)

Pregnancy History	Date
Last menstrual period	
Estimated Delivery Date	
Revised Estimated Delivery Date (if needed):	
Previous C-Section	
Incision Type:	
<input type="checkbox"/> Transverse	
<input type="checkbox"/> Vertical	
<input type="checkbox"/> Unknown	
Previous history of uterine surgery	

Pregnancy History	#	#
Gravida		Preterm
Para		Abortions/Terminations
Term		Living Children

Medical History/ Allergies	Describe
Medical History	
Family Medical Risk Factors Genetic Risks	
Other:	

Current Medications	Purpose	Dosage	How Often?
(Example) Avandia	Diabetes	30 mg	2x daily

Lab tests	Date	Result	Date	Result
FAP				
Chlamydia				
G/C				
RPR				
HSV				
HbA1c				
HIV				
Blood Type:				
Antibodies				
HCT				
HGB				
Hemoglobinopathy				
Rh Immunoglobulin				
AFP				
TINE/PPD				
CRP				
GBS				
Rubella				
PTCT				
3 rd CT				

Genetic tests (list below):	Date	Result	Date	Result

Other tests: (list below)	Date	Result	Date	Result



- Expedite the review of licensing applications when facilities require modifications to their physical plant and/or revision of licensure scope to accept newly displaced patients due to closure or service reduction
- When developing the criteria for use of the Hospital Stabilization Fund to assist facilities assuming additional patients as a result of hospital/service closure in their region, dedicated a percentage of the funding to supporting OB services





GOAL 5: *The Presumptive Eligibility (PE) process will be uniform, cohesive, streamlined and a timely system for the provision of prenatal services to all women accessing care*

- **Recommendation:** The PE system should be revised to expedite enrollment of women into managed care in accordance with current federal law



Quality/Data Subcommittee

GOAL 1. *Increase awareness among health professionals and the public of first trimester prenatal care as a measure of the quality of maternal health care*

GOAL 2. *Increase awareness among health professionals and the public regarding disparities in maternal health care*



GOAL 3. *Increase awareness among health professionals and the public regarding disparities in fetal and infant mortality rates*

- **Recommendation:** Raise awareness of factors impacting first trimester prenatal care as a standard measure of the quality of healthcare services using the DHSS Population Perinatal Risk Index and HEDIS measures



GOAL 4. *Promote quality improvement programs to improve first trimester prenatal care rates and infant mortality rates*

- **Recommendation:** Identify and target high-risk communities for improvement using the Population Perinatal Risk Index for New Jersey and Infant Mortality Rates (IMR)



- **Recommendation 4:** Share best practices among providers and their organizations in promoting early prenatal care



3 Year Competitive RFA Issued by DHSS

- Issue new RFA to implement recommendations contained in the Commissioner's Prenatal Care Task Force Report to improve access to care as a means to decrease infant mortality rates (8/09)
- Projects should be able to produce measurable positive outcomes in increasing the # of women accessing prenatal care in the 1st trimester and/or increasing access for reproductive age women and their partner for preconception and interconception care (to begin 1/10)



New Partnerships

- Greater familiarity with and between MCH stakeholders statewide
- New collaborations between agencies
- Renewed focus on the importance of women's health, particularly the importance of prenatal care and the impact on the child



National Prematurity Awareness Day





Perinatal Collaborative

Co sponsored by DHSS and NJ Hospital Association

- Designed to help hospitals improve perinatal care
- Focus on improving teamwork, communication and patient education
- Participants will learn the principles of high reliability organizations and improvement strategies that can be applied to practices and systems to ensure that recommended care and information is delivered consistently to all patients



Additional Activities



Statewide Roll Out



Press Conference October 2008

The College of New Jersey





Healthy Mothers Healthy Babies Annual Baby Shower







Improved Pregnancy Outcome





Summary

- Not since the 1980's has MCH been a focus or had such a high profile in NJ public and private sectors
- Do not underestimate the power of having the Commissioner and ultimately the Governor familiar and interested in MCH priorities
- Never ending process, administrations and priorities change

