

**GOVERNOR'S TASK FORCE ON INFANT MORTALITY
MEETING SUMMARY
September 15, 2011**

Members Present

Mary Carpenter, MD
Rodney Cuny, MD
Linda Daugaard, Chair
Janet Dutcher, CNP
Michael Elliot, MD
Gail Gray, EdD
Doneen Hollingsworth

Jennifer Irving, MPH
Gail Jamison
Lon Kightlinger, PhD
Deb Kuehn, CNP
J.R. LaPlante
Laurie Landeen, MD
Pam Locken

Kimberlee McKay, MD
Brad Randall, MD
Bonny Specker, PhD
Dennis Stevens, MD
Lynne Valenti
Toni VanderPol, MD
Dori Vojta, CNP, CNM

Members Absent:

Steven Benn, MD
Jeff Boyle, MD
Sophia Conroy

Sara DeCoteau
Deb Fischer-Clemens, RN
Eugene Hoyme, MD

Cindy Morrison
Angel Wilson, FNP

DOH Staff Present:

Darlene Bergeleen
Peg Seurer

Susan Sporrer
Colleen Winter

Welcome

First Lady Linda Daugaard opened the meeting of the Governor's Task Force on Infant Mortality. Twenty-one members were present. The First Lady provided a quick recap of the first meeting and thanked members for the time they have spent participating on the three subcommittees over the past couple of months.

2010 South Dakota Infant Mortality Data

Lon Kightlinger, State Epidemiologist, provided a quick overview of provisional 2010 infant mortality data for South Dakota. The provisional infant mortality rate for 2010 was 7.0 per 1,000 live births (83 infant deaths) vs. 6.7 (80 infant deaths) in 2009. Of the 83 infant deaths in 2010, the major causes of death were congenital malformations/deformation/chromosomal abnormalities, SIDS, disorders related to short gestation/low birth weight, accidents, and maternal complications. Thirty-one percent of the deaths were to American Indians. The percentage of mothers who smoked during pregnancy decreased from 18.5% in 2009 to 17.1% in 2010 while the percent of mothers starting prenatal care in the first trimester increased from 66% in 2009 to 71% in 2010.

Aberdeen Area Indian Health Service Infant Mortality Review

Rodney Cuny, MD, Chief Medical Officer for the Aberdeen Area Indian Health Service (IHS) provided an overview of the Aberdeen Area Perinatal Infant Mortality Review (PIMR) Committee. The committee has been functioning for over 20 years and reviews perinatal and infant deaths occurring in the four-state region (North Dakota, South Dakota, Nebraska, and Iowa). The PIMR committee's objectives are to: (1) examine significant social, economic, cultural, safety, and health system factors associated with infant mortality through review of individual cases; (2) identify causes of infant death and action plans for decreasing infant mortality and health disparities associated with infant mortality; and (3) engage community members in the implementation of community-based policies and interventions to combat infant mortality. Committee members include physicians, scientists, advanced practice nurses, pathologists, public health nurses, community representatives, and IHS.

Some of the challenges faced by the American Indian population which can impact infant mortality include alcoholism, substance abuse, overcrowding of homes, high incidence of teen pregnancy, lack of contraception options, low breastfeeding rates, and limited access to genetic counseling in rural/remote areas. The PIMR has identified several strategies to help decrease infant mortality including preconception counseling, increased public awareness about infant mortality, increased access to larger variety of contraceptive methods, more partnerships with obstetrical and pediatric specialists and tertiary care facilities, promotion of breastfeeding, and a public health nursing prenatal and post-partum visit for every birth.

Reducing Infant Mortality in North Dakota

Kim Mertz, RN, Director of the North Dakota Department of Health's Division of Family Health talked about efforts underway in North Dakota to reduce infant mortality.

- North Dakota SIDS Management Program – This program is the result of state legislation enacted in 1977. The program provides a system for reporting suspected SIDS cases to the North Dakota DOH as well as support and counseling for families of SIDS infants. The program also distributed SIDS information to health care providers and the public.
- Cribs for Kids Program – This program is a safe-sleep education and distribution program for low-income families to help reduce the risk of injury or death of infants due to unsafe sleep environments. The North Dakota Cribs for Kids Program started with grants from Ronald McDonald House Charities of North Dakota and continued funding is being provided by DOH grant money. The program provides cribs for those families unable to afford one. The cost of the cribs is about \$80.
- SIDS and Secondhand Smoke Campaign – The SIDS program has partnered with the Tobacco Program on a media campaign (television, radio, and posters) to educate on the dangers of smoking while pregnant.
- Breastfeeding Support – In 2009, the North Dakota Legislature passed legislation to protect a woman's right to breastfeed her child in any location they are authorized to be. The legislation also established an "infant-friendly" designation for workplaces that adopt breastfeeding support policies.

Kim also shared examples of information available for families regarding grief/bereavement, optimal pregnancy outcomes, newborn screening, child safety seats, and parenting.

Discussion of Best Practices

The Task Force heard about several "best practice" programs currently underway in communities in South Dakota:

- Centering – Dr. Laurie Landeen talked about the Centering program at Sanford Health in Sioux Falls. Centering is an evidence-based redesign of health care delivery that helps promote safety, efficiency, effectiveness, timeliness, culturally appropriate patient-centered care, and more equitable care. The centering groups consist of 8-12 women who have the same estimated delivery date and typically being between 12-16 weeks of gestation. In weeks 16-28, women meet every 4 weeks while in weeks 30-40, participants meet every two weeks. Additional individual visits are scheduled as needed to address specific medical or other issues. Each session lasts between 90-120 minutes and includes check-in and individual assessment with the provider followed by facilitated group discussion and education on such issues and comfort/stress reduction, exercise, nutrition and infant feeding, oral health, birth preparation, baby care/safety, infant development, parenting, and other issues. Sanford began a pilot Centering program in January 2010 with three nurse midwives and currently have 10 facilitators (both physicians and

CNMs). Every patient is offered Centering. Eighty percent of women choosing Centering remain in the program through delivery. There is a decreased no-show rate as well as high patient satisfaction.

- Diabetes and Pregnancy – Dr. Kimberly McKay with Avera Health shared information about the Diabetes and Pregnancy Program at Avera McKennan. The program works with pregnant mothers with existing diabetes as well as those diagnosed with gestational diabetes. All of the mothers are located in and around the Sioux Falls area. Outcomes of the pilot program for FY 2009-2010 have been extremely positive. Fifty-five percent of mothers in the program were able to have a vaginal deliver vs. only 43% for mothers not in the program. There was also a significant decrease in the number of NICU admissions with only 14% of infants born to mothers in the program admitted to NICU vs. 65% for infants born to mothers not in the program. Outcomes for FY 2010-2011 are showing similar results.
- Bright Start Home Visiting – Doneen Hollingsworth shared information about the DOH's Bright Start Nurse Home Visiting program. The Bright Start Home Visiting Program is an evidenced-based program that offers nurse home visitation services to high-risk families during pregnancy, after delivery, and continuing until the child's third birthday. Nurse home visitors work with individuals and families to identify strengths and assist them in utilizing and building on these strengths and skills. The Bright Start home visiting program has been serving families in Sioux Falls and Rapid City since June 2000. In October 2008, a nurse was hired to begin Bright Start Home Visiting services in the community of Pine Ridge. Bright Start has helped high-risk mothers and babies served through the program achieve results comparable to the general population with regard to access to early prenatal care, birth weight and gestational age at birth – all factors that impact infant mortality. The DOH applied for and received \$635,074 for federal FY10 to expand home visiting services to at-risk communities through the Maternal, Infant, and Early Childhood Home Visiting Program grant program. Based on the findings of the required needs assessment, the Pine Ridge Indian Reservation area was identified as the area at highest risk in South Dakota. In addition, the DOH recently applied for an additional \$1 million in federal FY11 to help expand the Bright Start Home Visiting Program to other high-risk counties.

Subcommittee Reports and Discussion

Following lunch, the Task Force met as subcommittees to review and refine the draft strategies they have been working on over the past month for discussion by the full Task Force. The following draft strategies were discussed by the full Task Force.

- Prenatal Care
 - Replicate/expand best practice programs (i.e., Centering, Diabetes & Pregnancy, Home Visiting, Halo sleep sacks, Cribs for Kids, etc.)
 - Expand use of technologies (i.e., telemedicine, virtual nurse concept, social marketing, Text 4 Baby/Bump.com, etc.)
 - Expand incentive programs (i.e., Teddy Bear Den)
 - Enhance knowledge of cultural norms/practices re: pregnancy care
 - Identify actual and patient-perceived barriers to prenatal care (i.e., transportation)
 - Develop sustainable media campaign regarding pregnancy awareness and importance of early prenatal care, SIDS, alcohol/tobacco; include culturally-appropriate materials and distribute via tribal radio and newspapers
 - Develop tribal messages and information and place on state website for easy access.
 - Distribute materials by trimester
 - Target the larger community (i.e., grandparents, males, churches)

- SIDS/SUID
 - Expand efforts to promote safe sleep environments
 - Provide education regarding infant crying and appropriate response
 - Identify/expand evidence-based programs providing education to parents/caregivers
 - Grief counseling services for families and care providers, particularly in rural areas
 - Provide education/resources for law enforcement and coroners regarding quality infant death scene investigations
 - Expand local/regional infant death review committees statewide
 - Explore funding opportunities for autopsies by a forensic pathologist for SIDS/SUID deaths
 - Ongoing research
 - Make sure all deaths are classified accurately/consistency in filling out death certificates

- Alcohol/Tobacco Use
 - Develop new materials on dangers of alcohol use for pregnant women
 - Training for those serving alcohol regarding alcohol and pregnant women
 - Education for school-age children regarding alcohol/tobacco use (include back to sleep, etc.)
 - look to out-of-school programs and babysitter training programs
 - Awareness for medical providers regarding alcohol/drug treatment services
 - Screening tool for alcohol/ tobacco as part of electronic medical record
 - Grand Rounds on alcohol/ tobacco screening and treatment
 - Transportation resources for pregnant women seeking alcohol/drug treatment
 - Explore adding question on birth certificate regarding alcohol use

Next Steps

Based on the draft subcommittee strategies/recommendations, the First Lady asked Task Force members to identify “doable” recommendations for 2012. Recommendations discussed included:

- Safe sleep options – including crib package for those in need as well as a package for new parents that has a crib sheet, pacifier, and Halo sleeper
- Increase perinatology and neonatology outreach to reservation areas
- Conduct media campaign to educate about healthy pregnancies and infants as well as universal message centered around reasons babies are dying
- Pilot Centering programs in rural areas of state; explore concept of Centering program extending past delivery through 12 or 24 months of age
- Utilize LEND students to tie education of school-aged children to curriculum to make it easier for schools to incorporate messages
- Provide training to physicians on completing infant death certificates

Staff will take the input gathered from Task Force and subcommittee discussions to start developing draft recommendations for discussion and finalization at the final meeting.

Next Meeting

The final task force meeting will be held Thursday, November 3, 2011 from 10-4 in Pierre at the Governor’s Residence.