Healthy Texas Babies: A Collaborative Approach to Infant Mortality Reduction

By the end of the presentation, participant will:

- Be familiar with the stakeholder-driven process that drove the Healthy Texas Babies Initiative.
- Be familiar with March of Dimes programming that complements the efforts of Healthy Texas Babies.
- Understand the future direction of the Healthy Texas Babies Initiative.
- Understand how Healthy Texas Babies uses the Life Course Perspective to guide programming.

What is Healthy Texas Babies?

- Healthy Texas Babies (HTB) is an initiative to decrease infant mortality
- Goals of Healthy Texas Babies Initiative:
  - Provide local partnerships and coalitions with major roles in shaping programs in their communities
  - Use evidence-based interventions
  - Decrease preterm birth rate by 8% over two years
  - Save ~ $7.2 million in Medicaid costs over two years
Promising Program Models
- Kentucky - March of Dimes Healthy Babies Are Worth the Wait®
- California Perinatal Quality Care Collaborative & Maternal Quality Care Collaborative
- Hospital Quality Improvement Projects: Seton Family of Hospitals
- Ohio Perinatal Quality Collaborative
- Northern Manhattan Perinatal Partnership

Promising Practices from Texas
- Healthy Moms-Healthy Babies - Healthy Community Initiative - University of North Texas Health Science Center School of Public Health
- Tarrant County Infant Mortality Network
- IMPACT Collaborative of Greater Houston

Common Themes
- Assembly of subject matter experts from government and private sectors for ongoing direction
- Development of initiatives that are evidence-based
- Communications campaign
- Life Course Theory: Focus on preconception, pregnancy, delivery, postpartum and interconception periods
- Coordinated systems of care
- Health equity is guiding value
- Family is at the center of care
- Organized leadership and common vision
Expert Panel

45 Experts from the following sectors
• Community
• Payers
• Providers
Meet every six months
Participate in workgroup committees between meetings

Quick Wins

❖ “Hot topic” - NPR series, national agenda
❖ Health and Human Services Commission Activities
❖ Partner activities:
  ❖ Office of the Attorney General P.A.P.A. Program
  ❖ WIC Well-Woman Web Module Planning
  ❖ *Healthy Babies are Worth the Wait®* - Houston
❖ State Legislative Session 2011

Simultaneous Policy Actions

❖ Legislature appropriated $4.1 million in General Revenue funds to DSHS to fund the Healthy Texas Babies Initiative
❖ Legislature passed three related perinatal health bills
  ❖ HB 1983 - Develop quality initiatives and implement cost-cutting measures to reduce elective inductions and c-sections before the 39th week in Medicaid
  ❖ HB 824 - Creates an outreach campaign to promote fathers’ involvement with their children before birth
  ❖ HB 2636 - Creates a council to study neonatal intensive care units to develop standards and recommendations for Medicaid reimbursement
National Perspective

- ASTHO Presidential Challenge
- Best Practice Subcommittee for ASTHO Healthy Babies Project
- HHS - HRSA
  - Region 4 & 6 Infant Mortality Summit Recommendations
- Big 5 - March of Dimes
- CityMatCH/AMCHP/National Healthy Start
  - Action Learning Collaborative - Eliminate Disparities Infant Mortality
- HHS Secretary's Advisory Committee on Infant Mortality

March of Dimes in Texas

Sharyn Malatok, MPA
State Director of Program Services

Our Mission

To improve the health of babies by preventing birth defects, premature birth and infant mortality

- Fund Research to understand problems & discover answers leading to prevention & treatment.
- Help Moms have full-term pregnancies & healthy babies.
- Support Families providing comfort when their baby needs help to survive and thrive.
Preterm Birth in Texas

SERIOUS:
Babies born just a few weeks early are at risk of severe health problems and lifelong disabilities.

COMMON:
13.1% of Texas babies are born too soon. That’s 4,000 babies born prematurely in Texas each year.

COSTLY:
Each preterm birth costs an average of $49,000 (compared to $4,500 for a healthy birth).

GOAL: 9.6%
Preterm Birth Rate declines by 5%

Percent Preterm and Late-Preterm Births by Race and Ethnicity

Race/Ethnicity | Preterm (< 37 weeks) | Late Preterm (34-36 weeks)
---|---|---
All Race/Ethnicities | 10.2 | 9.5
White | 12.6 | 9.9
Black | 11.4 | 9.8
Hispanic | 10.2 | 11.8
Other | 6.2 | 8.3

Data shown is % of live births
*Preliminary birth data
Source: National Center for Health Statistics, final natality data, 2010 preliminary natality data.
**Recommendations and Research**

Growing evidence suggests that even infants born at 37-38 weeks gestation incur higher complication rates than those born after 39 weeks.

- **ACOG** - In 2009, the American Congress of Obstetricians and Gynecologists (ACOG) published guidelines for induction of labor, which recommend that in healthy pregnancies where induction is indicated, the fetus should be at least 39 weeks of gestation or have established lung maturity.

- **Joint Commission** - In 2010, JC released a new perinatal care core measure set that tracks the number of elective deliveries that occur between 37 and 39 weeks of gestation.

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**March of Dimes Initiatives**

- **Healthy Babies are Worth the Wait®**
  - March of Dimes chapter-led, community program aimed at reducing preterm birth.
  - Partnership among four key entities: March of Dimes chapter, health department, clinic/hospital, and the community.
  - Includes these critical elements: clinical interventions, provider/patient education, and community awareness.
  - Efforts are focused on results and include process and pregnancy outcome measures.
March of Dimes Initiatives

- **Big 5**
  - Quality Improvement Projects
  - Represent approximately 40% of all births in U.S.
- **39 Week Tool-kit**
  - Quality Improvement
  - Hospital-level intervention
- **Think 39 Campaign**
  - Consumer Education
  - Provider education in collaboration with TAOG

Programs that Work

**Becoming a Mom/Comenzando bien**
- Participants — 3% preterm birth rate
- Hispanic women in Texas — 13.4%

**Honey Child**
- Participants — 14% preterm birth rate
- African-American women in Texas — 18.1%

**CenteringPregnancy**
- Participants — 6.5% preterm birth rate
- Texas average — 13.7%

Healthy Texas Babies Accomplishments

- **NICU Regionalization**
  - NICU & OB Survey
  - HHSC NICU Council

- **39-Weeks initiative**
  - Medicaid rules change
  - March of Dimes & WIC Collaboration
  - Development of web-based well-woman curriculum for WIC participants
Healthy Texas Babies Accomplishments

- Increased public awareness of the issue
  - DSHS Healthy Texas Babies website
  - Text4baby - DSHS is lead outreach partner for Texas

- Fatherhood initiatives
  - Maps for Dads
  - Fatherhood Survey

Distribution of HTB Information & Funds

- Provider education
  - Community Health Worker/Promotor(a) trainings
  - DSHS Grand Rounds
  - Texas Health Steps Online modules
  - Conference presentations (Healthy Start, AMCHP)

- Fund local initiatives led by coalitions of stakeholders and government organizations

Local Healthy Texas Babies Coalitions

- Fund local initiatives led by coalitions of stakeholders and government organizations
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Sam B. Cooper III, 1/21/2012
DSHS Local Coalition Initiatives

- Corpus Christi - Preconception Diabetes Management
- Dallas - Feto-Infant Mortality Review Board
- Fort Worth - Fatherhood Mentoring for Teen Dads
- Galveston - Worksite Breastfeeding
- Houston - Pre- and Inter-conception Wellness
- Laredo - Media Campaign on Perinatal Health
- Longview - Centering Pregnancy*
- Lubbock - Stork's Nest®
- San Antonio - Case Management for Mothers with Previous Poor Birth Outcomes
- Waco - Healthy Babies are Worth the Wait®

Perinatal Periods of Risk*

Maternal Health & Prematurity

*Perinatal Periods of Risk approach developed by CityMatCH.
Healthy Texas Babies Committees

- Maternal Mortality Review Board
- Maternal Transfer Protocols Toolkit
- Fatherhood Toolkit
- Life Planning Toolkit
- Baby’s First Year Toolkit
- Healthy Texas Babies Hospital Certification
Moving Forward

- Invite additional members to join Expert Panel
- Develop and disseminate provider education
- Develop statewide communications campaign
- Implement programming based on NICU Survey results, results of fatherhood survey and other data collection activities
- Align HTB objectives with existing programs at the local, state and national levels

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Thank You

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