

**OHIP Work Group Quarterly Report**  
(October 1, 2011-December 31, 2011)

**Work Group Name: Children's Health**

**Work Group Goal: Improve Infant Health Outcomes (Lead: Suzanna Dooley)**

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress
1. Reduce sleep-related deaths	2012	Same	Lead: Julie Dillard	Measure:  The percent of infants who are put to sleep on their backs  2008: 64% 2008 PRAMS Data (Baseline) 2009: 64.9% 2009 PRAMS Data	Continued promotion of online safe sleep education for early care and education providers through Oklahoma Department of Human Services (OKDHS) licensing staff; in 2011, 33 new early care and education providers completed the online course. Presented on the newly released 2011 American Academy of Pediatrics (AAP) guidelines on infant safe sleep which now include immunizations and breastfeeding as protective factors, and discuss the risks of bed sharing and bumper pads. Published news release on infant safe sleep and conducted media interviews. Began airing (on radio and television) the psa created by the workgroup and VI Marketing and Branding. Distributed patches to the first 45 Girl Scouts who completed the Lifesaver Patch Program on infant safe sleep.

<p>2. Reduce the proportion of unintended pregnancy from 48.4% to 47.2%</p>	<p>2012</p>	<p>Same</p>	<p>Lead: Jill Nobles-Botkin</p>	<p>Measure:</p> <p>The percent of women who have an unintended pregnancy resulting in a live birth</p> <p>2005: 48.8% PRAMS Data (Baseline)*</p> <p>2008: 50.3% PRAMS Data*</p> <p>2009: 47.7% PRAMS Data*</p> <p>*Oklahoma births resulting in a live birth were unintended at the time of pregnancy.</p>	<p>Trained all OSDH and contract advanced practice providers as well as staff physicians on Nexplanon insertion and removal. Added Nexplanon to the OSDH family planning formulary and fee schedule. Received Notice of Grant Award for Title X funds (\$2,061,402) for family planning services for first six months of funding period based on the federal government's continued operations under a Continuing Resolution during this quarter.</p>
<p>3. Increase the number of women receiving quality (American College of Obstetrics and Gynecology) ACOG preconception care from 13.5% to 16% (from MCH plan) by 2012</p>	<p>2012</p>	<p>Same</p>	<p>Lead: Jill Nobles-Botkin</p>	<p>Measure:</p> <p>The percent of women receiving preconception quality care.</p> <p><b>Note:</b> obtaining new baseline from PRAMS for this measure as previous source no longer available. Projected date for availability of benchmark data to monitor this measure is April 2012</p>	<p>Continued to pilot the Women's Health Assessment in the county health departments through December 31st. Surveyed staff and clients for input on usefulness of the tool and recommendations for improvement. Elicited input on the Adolescent Reproductive Life Plan from a convenience sample of adolescents and sent it to Office of Communications to draft the tool with suggested revisions. Provided a video conference training opportunity for OSDH, tribal and Federally Qualified Health Center staff on Gestational Diabetes and indicated follow-up care postpartum to improve outcomes in future pregnancies.</p>

4. Improve identification and early treatment of maternal infections	2012		Lead: Jill Nobles-Botkin	<p>Measure:</p> <p>The percent of women treated for Gonorrhea or Chlamydia during pregnancy</p> <p>2008: 92.5% 2008 STD MIS Data (Baseline)* 2009: 100% 2009 STE MIS Data*</p> <p>*All pregnant women diagnosed with Gonorrhea or Chlamydia.</p>	Continued to follow-up on all positive Chlamydia and gonorrhea tests on pregnant women to insure they were treated appropriately. OSDH transitioned to urine testing in county health departments eliminating the requirement of a genital exam just to obtain a specimen to encourage more males and females to get tested for Gonorrhea and Chlamydia.
5. Increase the number of mothers receiving (ACOG standards) first trimester prenatal care from 73.9% to 85.7%	2012		Lead: Jill Nobles-Botkin	<p>Measure:</p> <p>The percent of women receiving first trimester prenatal care</p> <p>2005: 75.5% 2005 Oklahoma Vital Records Data (Baseline)* 2008: 76.5% 2008 Oklahoma Vital Records*</p> <p>*Oklahoma births to women initiating prenatal care during the first trimester of pregnancy.</p>	Continued work of the Office of Perinatal Quality Improvement, Oklahoma Hospital Association, OSDH Vital Records, and MCH on development of a quality improvement project to improve documentation on the birth certificates by hospital staff related to entry into prenatal care and number of visits; tools for abstraction were finalized, hospitals randomly selected and pilot completed.

**Specific activities towards objectives completed this quarter:** Meeting of the “Preparing for a Lifetime, It's Everyone's Responsibility” state group occurred in November. As previously reported, the state group meetings have been moved to an every other month schedule (odd months). Meetings are scheduled in calendar year 2012 for January, March, May, July, September, and November. Workgroups continue to meet routinely between these meetings to accomplish activities outlined on their work plans.

**Other items to share:** Completed updates on state fiscal year (SFY) 2012 Communications Plan. Completed and distributed initial order of table top displays for county health departments (Cleveland, Comanche, Oklahoma City County, and Tulsa) and Office of Perinatal Quality Improvement (University of Oklahoma) to reach high infant mortality rate (IMR) and birth rate counties. Drafted talking points for toolkits to be used by speakers at Healthy Baby Showers and other community events. Ran public service announcement (psa) on preterm births in November. Running psa on infant safe sleep October through February. Completed poster to print and distribute in 2012 to county health departments, private providers, tribal facilities, federal qualified health centers, child care centers, and Preparing for a Lifetime partners. Revised copy for toolkit to one page with health literacy in mind. Began discussions and planning for psa research and production for postpartum depression, infant injuries in general, and new preconception spot on prenatal care/obesity/infections, etc. Continued discussions with VI Marketing and Branding on evaluation.

***Chairs: Dr. Mary Ann McCaffree***

***Team Members:***

Dan Arthrell  
Brian Crain, Senator  
Suzanna Dooley  
Gerri Ellison  
Jan Figart  
Terrie Fritz  
Craig Jones  
Dr. Kent King  
Lindsay Lemons  
Dr. Regina Lewis  
Connie Lowe  
Dr. Lynn Mitchell  
Susan Paddock, Senator  
Phillip Parker  
Dr. Edd Rhoades  
Ann Salazar  
Jackie Shipp  
Dr. Dana Stone  
Frank Stone

***Infant Mortality Work Group Leads:***

Nancy Bacon & Adrianna Halstead – Breastfeeding Workgroup  
Barbara O’Brien & Belinda Rogers – Prematurity Workgroup  
Julie Dillard – Safe Sleep Workgroup  
Julie Dillard & Alesha Lilly – Postpartum Depression Workgroup  
Pamela Williams – Communications Workgroup  
Lisa Rhoades– Infant Injury Prevention Workgroup  
Jill Nobles-Botkin – Preconception/Interconception Workgroup  
Paul Patrick – Data Workgroup  
Jennifer Smith– Tobacco Workgroup