

**Oklahoma Health Improvement Plan (OHIP) Quarterly Report**  
2nd Quarter (October - December); SFY Ending June 30, 2014



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

**Work Group Goal: Improve Infant Health Outcomes (Lead: Edd Rhoades)**

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress
1. Reduce sleep-related deaths	Ongoing	Same	Lead: Peggy Byerly	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 2010: 66.4% 2010 PRAMS Data 2011: 69.9% 2011 PRAMS Data	<ul style="list-style-type: none"> <li>• Bus benches and billboards with a Safe Sleep message were placed in targeted areas of OKC and Tulsa</li> <li>• A news release went out October 10th on SIDS awareness and Safe Sleep recommendations</li> <li>• The Safe Sleep Workgroup completed updates to the Safe Sleep work plan</li> <li>• Five hospitals are receiving sleep sacks to distribute to families at discharge, and additional hospitals are receiving assistance to qualify for sleep sacks</li> <li>• Central Oklahoma Fetal and Infant Mortality Review (FIMR) continued to engage local law enforcement (currently 29 have signed commitments) in the Oklahoma City Metropolitan Statistical Area (MSA) to use the Sudden Unexplained Infant Death Investigation (SUIDI) form in infant death scene investigations; use of this form will facilitate identification of needed interventions</li> </ul>

<p>2. Reduce the rate of unintended pregnancy</p>	<p>Ongoing</p>	<p>Same</p>	<p>Lead: Jill Nobles-Botkin</p>	<p>Measure:</p> <p>The percent of women who have an unintended (mistimed or unwanted) 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>2010: 45.6% PRAMS Data*</p> <p>2011: 46.5% PRAMS Data</p> <p>*Oklahoma births resulting in a live birth were unintended at the time of pregnancy.</p>	<ul style="list-style-type: none"> <li>• Tulsa PREP project launched a new website (<a href="http://preptulsa.org/">http://preptulsa.org/</a>) with information for teens, parents, and administrators. The teen section addresses topics covering the male and female reproductive system, healthy relationships, birth control methods, and myths and facts about pregnancy.</li> <li>• Tulsa PREP, in partnership with Tulsa's Campaign to Prevent Teen Pregnancy began implementation of evidenced-based teen pregnancy prevention (TPP) curriculum in four public schools (two high schools and two middle schools). Oklahoma City PREP staff established relationships with three new school districts for expansion of evidenced-based TPP curriculum.</li> <li>• Three counties have public health youth councils established with initial meetings held in December. The councils will review Health Department materials as well as identify health issues that affect adolescents - including ways to reduce teen pregnancy.</li> <li>• TPP staff in rural counties implemented evidenced-based TPP curriculum in nine different schools (middle schools and high schools).</li> <li>• Video conference trainings were provided 9/13/13 and 12/13/13 to train staff on use of the new Women's Health Assessment tool to promote preconception/ interconception health and education. A memo was sent to all Regional Directors 10/15/13 with instructions on the use of the tool with</li> </ul>
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					<p>family planning clients. The importance of planning for pregnancies and developing a reproductive life plan are integral components of preconception health.</p> <ul style="list-style-type: none"> <li>The Perinatal &amp; Reproductive Health Division hired a new nurse practitioner who will provide clinical services approximately 2 days/week in the absence of regular providers in the county health departments.</li> </ul>
<p>3. Increase the number of women receiving quality (American College of Obstetrics and Gynecology) ACOG preconception care</p>	Ongoing	Same	Lead: Jill Nobles-Botkin	<p>Measure:</p> <p>The percent of women receiving quality preconception care.</p> <p>2011: 25.17% PRAMS Data (Baseline)</p>	<ul style="list-style-type: none"> <li>Video conference trainings were provided 9/13/13 and 12/13/13 to train staff on use of the new Women's Health Assessment tool to promote preconception/interconception health and education. A memo was sent to all Regional Directors 10/15/13 with instructions on use of the tool with family planning clients.</li> <li>Video conference training was also provided for County Health Department staff 10/18/13 on Preconception/ Interconception Health including information on nutrition and physical activity, tobacco cessation, recommended immunizations prior to and during pregnancy, and sexually transmitted disease/HIV updates.</li> </ul>

<p>4. Improve identification and early treatment of maternal infections</p>	<p>Ongoing</p>	<p>Same</p>	<p>Lead: Jill Nobles-Botkin</p>	<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 STD MIS Data*  2010: 100% 2010 STD MIS Data*  2011: 100% 2011 STD MIS Data*</p> <p>*All pregnant women diagnosed with Gonorrhea or Chlamydia.</p>	<p>Completed</p>
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<p>5. Increase the number of mothers receiving (ACOG standards) first trimester prenatal care</p>	<p>Ongoing</p>	<p>Same</p>	<p>Lead: Jill Nobles-Botkin</p>	<p>Measure:</p> <p>The percent of women receiving first trimester prenatal care</p> <p>2005: 75.5% 2005 Oklahoma Vital Records (Baseline)*  2008: 76.5% Oklahoma Vital Records*  2009: 67.2% Oklahoma Vital Records*  2010: 67.4% Oklahoma Vital Records  2011: 66.3% Oklahoma Vital Records  2012: 67.8% Oklahoma Vital Records</p> <p>*Oklahoma births to women initiating prenatal care during the first trimester of pregnancy.  <b>NOTE:</b> With the change in the Birth Certificate (BC) revision from 1989 to 2003 as implemented in Oklahoma in April 2009, the BC item has changed from documenting the month of the pregnancy in which prenatal care began to the exact date (mm/dd/yyyy) the prenatal care began. It is felt that the way the item has been restructured with the revision has had some influence in the rate of mothers that have 1<sup>st</sup> trimester prenatal care. The rate has dropped from 76.5% to 67.2%; needing further investigation, currently the thought is the earlier data (pre 2009) is not comparable to present data (post 2009).</p>	<ul style="list-style-type: none"> <li>• The March of Dimes recently updated their Preterm Labor Toolkit. Goals include development of a uniform diagnosis for preterm labor, timely and appropriate interventions, improvement in antenatal corticosteroid utilization, and appropriate transfers to improve allocation of resources and patient safety. In December, the Office of Perinatal Quality Improvement sent a request to all delivering hospitals to complete the survey in the updated toolkit. The information will be used to provide targeted interventions with hospitals and physicians in efforts to attain these goals.</li> <li>• Oklahoma was chosen by the Centers for Medicare and Medicaid Services as one of four state Medicaid agencies to participate in a 3 year pilot project for Text4Baby to increase the number of women enrolled in SoonerCare who are also enrolled in Text4Baby, customize the Text4Baby messages to include state specific programs and resources, and to assess the Text4Baby program's impact on improving health quality measures.</li> <li>• The Perinatal Regionalization CoIIN team finalized a survey and sent it to all Oklahoma birthing hospitals to assess the levels of maternal and neonatal care available at each hospital. In January, CoIIN team members will work with the Centers for Disease Control to evaluate the responses and develop a plan of action for Oklahoma to increase the number of women delivering very low birth weight infants at the most appropriate facility.</li> </ul>
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***Specific activities towards objectives completed this quarter:***

***Other items to share:***

**Infant Mortality Work Groups and Leads:**

Maternal Care:

Preconception/Interconception: Jill Nobles-Botkin & Daryn Kirkpatrick

Prematurity: Barbara O'Brien & Belinda Rogers

Tobacco: James Allen

Postpartum Depression: Alesha Lilly

Infant Care:

Breastfeeding: Nancy Bacon

Safe Sleep Workgroup: Peggy Byerly

Tobacco: James Allen

Infant Injury Prevention: Lisa Rhoades & Ann Benson

Data: Paul Patrick

Communications: Pamela Williams

Note - Tobacco, Data, and Communications are cross-cutting