

# OHIP Work Group Quarterly Report

3rd Quarter (January - March); SFY Ending June 30, 2013



Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress
1. Reduce sleep-related deaths	Ongoing	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 2010: 66.4% 2010 PRAMS Data	Awarded Bid and manufacturing initiated on infant sleep sacks that will be distributed at hospitals serving African American and Native American populations in Oklahoma; 3 of the birthing hospitals (9 hospitals targeted) have signed sleep sack distribution agreements and have implemented new written hospital policies addressing staff training, parent education, and modeling. The 15 minute TV interview for Joy in Our Town episode with Trinity Broadcasting Network was aired on January 4 and 11. Public Service Announcement aired through agreement with OAB all 3 months of this quarter. Participated in national Infant Safe Sleep Strategy Team of the Collaborative Improvement and Innovation Network (CoIIN); working on identifying crosscutting work in states that can build upon.

<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>*Oklahoma births resulting in a live birth were unintended at the time of pregnancy.</p>	<p>Submitted Family Planning Annual Report for 2012 indicating an increase in the use of long acting reversible contraceptives (LARC) including 1,427 Nexplanon and 3,363 intrauterine devices/intrauterine systems representing an 81% increase in clients relying on a more efficient method of contraception.</p>
<p>3. Increase the number of women receiving quality (American College of Obstetrics and Gynecology) ACOG preconception care</p>	<p>Ongoing</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> Projected date for availability of benchmark data has been pushed back in order to include the 2011 collection cycle. Preconception care data availability is anticipated for spring 2013.</p>	<p>Conducted joint presentation (MCH and OHCA staff) on January 8 for Association of Maternal and Child Health Providers (AMCHP) national webinar focused on preconception care and education activities in the state. Distributed My Life, My Plan adolescent reproductive health plan tool to Indian Health Services for pilot with Native American youth. Initiated focused community-based projects with local county health departments providing leadership; preconception health one of the three focus areas. Provided training on February 15 for county health department staff via videoconference on "Preconception Health: Nutritional Impact on Birth Defects". Participated in national Preconception Strategy Team of the Collaborative Improvement and Innovation Network (CollIN); continued planning of expanding interconception health benefits to high risk adolescents covered by SoonerCare in the ten Oklahoma counties with the highest infant mortality rates.</p>

<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:  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>Continued to monitor appropriate treatment for Chlamydia (CT) and Gonorrhea (GC) in pregnant women; 253 pregnant women were diagnosed with CT and 214 were treated appropriately; 33 were diagnosed GC and 16 were treated appropriately. HIV/STD staff continued to monitor and educate providers on appropriate screening and treatment.</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% 2008 Oklahoma Vital Records*  2009: 67.2% 2009 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, it has had some influence in the rate of mothers that have 1st 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>	<p>Presented a poster at the annual national Association of Maternal and Child Health Programs (AMCHP) Conference in February; poster entitled "The Oklahoma Birth Certificate Quality Project: A Reliability Study of Birth Certificate Data as Compared to Abstracted Medical Records" reviewed findings from the Birth Certificate Quality Project . Initiated local prenatal care clinic at the Sapulpa Health Department in Creek County through a partnership with a local physician based on gaps in prenatal services identified through the Fetal and Infant Mortality Review project based at Tulsa Health Department.</p>
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**Specific activities towards objectives completed this quarter:** Finalized report from statewide infant mortality summit held in October, provided copies to participants, and placed on Preparing for a Lifetime web page. Initiated community-based public education projects (targeted timeframe of April 1-June 30) with county health department leadership focused on priority areas of preconception, prematurity, and infant safe sleep. Completed survey of Oklahoma birthing hospitals on perinatal practices (non-medically indicated scheduled C-sections and inductions at < 39 weeks, infant safe sleep, breastfeeding, abusive head trauma, tobacco, and screening for critical congenital heart defects) and began compiling/developing report. Participated in national Infant Perinatal Regionalization Strategy Team of the Collaborative Improvement and Innovation Network (CoIIN); working on development of tool to use in designation of birthing hospital levels of neonatal care.

**Other items to share**

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

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

**Infant Mortality Work Groups and Leads:**

Maternal Care:

Preconception/Interconception: Jill Nobles-Botkin & Daryn Kirkpatrick

Prematurity: Barbara O'Brien & Belinda Rogers

Tobacco: Jennifer Smith

Postpartum Depression: Julie Dillard & Alesha Lilly

Infant Care:

Breastfeeding: Nancy Bacon

Safe Sleep Workgroup: Julie Dillard

Tobacco: Jennifer Smith

Infant Injury Prevention: Lisa Rhoades & Ann Benson

Data: Paul Patrick

Communications: Pamela Williams

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