

PERINATAL WELLNESS PARTNERSHIP -- 2008
Partners Will Collaborate During 2008 to Accomplish the Following
2008 Workplan

1. Establish a Statewide Perinatal System - Ann Dacey

a. *Ann Dacey*: Work with the Governor, legislators, perinatal professionals, and state officials to plan to institutionalize the Perinatal Partnership as an ongoing monitoring process for WV and the health outcomes of maternal and infant health.

b. Establish and implement a statewide educational outreach program for maternity providers that provides continued education to community hospitals and maternity care providers on the following:

i. *Ann Dacey*: The guidelines for obstetrical and neonatal practices designed during 2007; including a focus on first time mothers and the high rate of labor induction; and the high rate of cesarean section in WV. Educate hospital officials and payers regarding the ACOG guideline for elective labor induction to occur only after 39 weeks gestation. Specifically, Marshall University School of Medicine and Cabell Huntington Hospital will actively work to reduce and ultimately eliminate elective cesarean sections, repeat cesarean sections and elective inductions prior to 39 weeks gestation at their facilities, as models for the State.

d. *Pat Moss*: To modify the uniform prenatal risk assessment tool selected by WV providers during 2007 and to educate maternity providers and payers on its use.

e. *Ann Dacey*: Continue work with the State Medical Emergency System and tertiary care hospitals to implement a "one call" connection for rural and community hospitals to assure a sophisticated consultation and transport system for high risk pregnant women and newborns.

f. *Ann Dacey*: Complete the telecommunications-telemedicine project established through the work of the WV School of Osteopathic Medicine, the Greenbrier Valley Hospital and CAMC Women and Children's.

g. *Ann Dacey*: Replicate the telemedicine technology with other community hospitals and tertiary care centers. This technology allows the perinatal provider to consult with specialist regarding pregnant woman and infants under their care and keep them close to home. The technology can be utilized with ultrasounds and other diagnostic care, and helps eliminate unnecessary travel. In addition, WV Osteopathic School will expand to inpatient telemedicine consultations at Greenbrier Valley Medical Center in the OB/Labor & Delivery/Newborn areas. It is hoped to use the equipment for consultations on medically stable newborns who have suspected anomalies, such as congenital heart defects.

h. *Nancy Tolliver*: Serve as advisors on the WV Health Care Authority Committee to identify a NICU bed needs in WV.

i. *Nancy Tolliver*: Establish a Maternal Mortality Review Team and Process for West Virginia. Chair: Luis Bracero.

2. Identify and Address Obstetrical Provider Shortage Areas: Angie Nixon

a. *Angie Nixon:* Work to encourage WV nursing education programs to collaborate with existing schools of nursing that offer certificates and or master degrees in Nurse Midwifery. Two WV educational institutions have indicated an interest in investigating such collaborations. In addition, two out of state existing CNM programs have indicated interest in forming such collaboration.

b. *Angie Nixon – Nancy Tolliver:* Promote the model rural maternity services designed in 2007 to encourage at least two counties with a lack of maternity care to expand into a maternity service.

c. *Terri Bliziotis:* Establish a workgroup of potential CHC's that would be interested in expanding scope of service in perinatal care. Identify funding sources and back-fill coverage to support the training of nursing staff working in high need areas. Establish perinatal data registries to measure improvements in access to care and prevention of poor birth outcomes.

3. Address the Lack of Oral Health Care in Pregnancy – Bobbi Jo Muto

a. *Bobbi Jo Muto, Renate Pore* - Work with the Right From the Start care coordination program to increase the number of Medicaid pregnant women, ages under 21, who receive dental care during pregnancy, and to identify barriers to care. Results will be measured based on the bench mark data identified during 2007, and changes will be monitored over several years by the WV Health Care Authority.

b. *Lois Morgan, Bobbi Jo Muto, and Renate Pore-* Work with the Birth Score Office to measure and track results of oral health questions on Birth Score tool.

4. Identify Costly Medical Procedures Associated With Poor Birth Outcomes- Nancy Tolliver

a. *Ann Dacey:* Promote public awareness regarding the negative consequences of WV's high rate of labor induction prior to 39 weeks gestation for first time mothers.

b. *Nancy Tolliver:* Once the newborn chart review identified in # 5, a. below is completed, identify the cost of treating addicted newborns, and the use of NICU beds in doing so.

5. Develop An Approach to Identify and Treat Drug Use During Pregnancy: Amy Tolliver-Nancy Tolliver – Michele Grinberg:

a. Study the medical and legal issues surrounding drug use and testing during pregnancy; determine existing laws that may impact on the ability of medical personnel to screen for drug use during pregnancy and what changes may be needed so that pregnant women are protected from prosecution if they come in early for prenatal care and treatment; thereby protecting WV newborn infants.

i. Report an understanding of existing state and federal legal issues that affect pregnant addicted women;

ii. Report other states' best practices;

iii. Engage the WV legislature's judiciary committees in discussion and design of solutions to identified problems

iv. If indicated, Work to draft appropriate legislation

b. *Stephanie Nicodemus*: Draft medical guidelines for obstetrical providers to use statewide for treating for drug use during early pregnancy and referring for treatment. Base guidelines on the ACOB and AAP guidelines.

i. Marshall University School of Medicine and Cabell Huntington Hospital will conduct lab testing and risk screening tools to aide in identifying and treating drug use in pregnancy, and will to provide basic guidelines for maternal maintenance or detoxification with the more common drugs encountered during pregnancy.

ii. *Ann Dacey*: Develop a training program to be taken statewide to train maternity care providers regarding the implementation of the recommended medical legal guidelines.

iii. Cabell Huntington and Marshall University School of Medicine will complete and publish the data relating to maternal drug abuse and neonatal abstinence syndrome. With this information we hope to be able to provide basic guidelines for maternal maintenance or detoxification with the more common drugs encountered during pregnancy.

c. *Sandy Young*: Develop a tool kit and training program on recommended medical guidelines for maternity hospital personnel regarding the identification and testing of newborns for addiction, and updates on the most appropriate detoxification treatments available.

i. Specifically, Thomas Hospital will work to design a toolbox for newborn nurseries for this purpose.

ii. And, plan for an educational program for community hospitals on its application.

d. *Lois Morgan*: Study and report the current situation of infants born affected by maternal drugs/alcohol use. Research the current situation of infant deaths and the relationship with maternal drug/alcohol use.

5. *Nancy Tolliver*: Study the economic impact of detoxification of newborns compromised by drug addiction as compared to normal newborn care. Utilizing data found in #4 above, apply the study provided by Center for Business and Economic Research of Marshall University on neonatal drug detoxification.

6. Encourage the Development of Perinatal Worksite Wellness Programs: *Ann Dacey* Establish two WV worksites addressing perinatal worksite wellness. The Center Of Excellence in Women's Health will work towards promoting the idea to businesses in West Virginia and getting it into the goals of West Virginia Vision Shared.

7. Promote and Support Breastfeeding: *Cinny Kittle*

a. The WV Hospital Association will establish a statewide coalition, or network of current and future healthcare professionals, and other breastfeeding advocates to:

i. identify needs for continuing education and seek ways to address those needs through the WV Hospital Association.

ii. facilitate the exchange of information and resources among these professionals.

iii. Advocate for programs and policies to promote and support breastfeeding among WV mothers.

b. CAMC Women and Children's Hospital will:

i. Increase lactation consultant time to expectant and new mothers.

ii. Purchase and utilize two new hospital grade breast pumps; the best choice for stimulating and maintaining a healthy milk supply.

8. Increase In-Home Visiting for WV Families: Work with the Right From the Start and other in-home visiting programs to increase the number and percentage of expectant and new families that are provided in home advice and education related to pregnancy and newborn care.

9. Reduce Tobacco Use During Pregnancy: *Cinny Kittle*

a. Establish a committee of the Perinatal Partnership to conduct research related to what other states have done to make significant reductions in smoking among pregnant women and women of childbearing age, and further develop the plan to address this issue in West Virginia.

b. The West Virginia Legislature should adequately fund a statewide, comprehensive tobacco prevention program at no less than the Centers for Disease Control and Prevention minimum set for West Virginia (currently \$14.1 million)

c. Establish a workgroup to collaborate to assure all providers of obstetrical and newborn services are knowledgeable in, and have resources to utilize the guidelines established by the Agency for Health Research and Quality (AHRQ) for smoking cessation and counseling and treatment, which could include pharmacological adjuncts, with all pregnant women and parents.

10. Study the impact of teen pregnancy and single woman pregnancy

a. Work with The National Campaign to Reduce Teen and Single Woman Pregnancy. *Joyce Daniels*

b. Develop a white paper regarding teen and single woman pregnancy in WV. *Margaret Chapman*