



Accomplishments of the West Virginia Perinatal Partnership



Improving Outcomes of Mothers and Newborns for Six Years 2006-2012

EXECUTIVE SUMMARY



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In February 2006, then First Lady Gayle Manchin asked state and local health care officials, health care providers, educational representatives, and other policymakers to meet to discuss the health and well being of West Virginia mothers and babies. Specifically, these individuals focused on why so many babies in West Virginia died during their first year. Although the infant mortality rate around the country was dropping, West Virginia was not experiencing this same rate of decrease. The First Lady, in addition to many health care providers, policymakers, and advocates wanted to change this. Recognizing that the problem would only be solved through collaboration and coordination among many in the state, this first meeting sought to bring together those who had the talent, resources, commitment, and expertise to institute changes.

From this initial discussion and through funding provided by the Claude Worthington Benedum Foundation, the West Virginia Perinatal Wellness Study was conducted to identify the factors contributing to poor birth outcomes. That year the *Key Informant Survey* was administered in which health care professionals around the state - those individuals providing care to the women and babies and in the best position to know what gaps, problems, and barriers existed - were

asked to identify problems related to outcomes. The survey identified a number of factors and led to the development of *The Blueprint to Improve West Virginia Perinatal Health*.

In 2007 the West Virginia Perinatal Partnership was formed. It was evident that only through collaboration of many organizations, agencies, and individuals working together in partnership could the problems identified by *The Blueprint* be addressed. In the six years since the West Virginia Perinatal Partnership was established, a number of new strategies have been implemented, changes made to existing programs and policies, and mechanisms put in place to continue to address the health care needs of mothers and babies in the state.

One of the first problems identified was that an organized statewide perinatal system no longer existed. Obstetrical and neonatal providers around the state did not operate by commonly

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established and nationally based guidelines to help them effectively care for pregnant women and newborns. There was no universal understanding throughout the state which hospitals had the ability to care for low risk, moderate risk and high risk women. Too many high risk pregnant women didn't have access to specialists and too many babies born too early and too little were being transferred to out of state neonatal intensive care units (NICU). Moreover, even though there were known risk factors associated with having a low birth weight baby, a standardized risk assessment tool was not in place to help providers identify those

women at risk. Through the work of multiple partners – including community-based physicians, certified nurse midwives, nurses, social workers, maternal and fetal medicine specialists, federal programs such as the Department of Agriculture, state agencies such as the Office of Maternal, Child and Family Health, the West Virginia Trauma and Medical Emergency System, Health Statistics Center at the Bureau of Public Health and the Health Care Authority, tertiary care hospitals, community-based hospitals, along with numerous individuals in both the private and public sectors – these problems were addressed. Specifically, successes included:

- Expansion of newborn testing to include 29 metabolic conditions that are often life threatening;
- Development of obstetrical and neonatal guidelines for care;
- Creation of a hospital self-assessment program;
- Approval for, and addition of, more NICU beds through changes in the Certificate of Need (CON) process;
- Establishment of a statewide single call hotline to locate specialty consultation and beds for high risk pregnant women and babies;
- Development of the Connect to Care program that allows rural and community-based maternity and pediatric physicians to consult with specialists through telemedicine equipment; and
- Development of maternal and of infant mortality review teams.
- Support for legislative action to bring the HIV law into compliance with the CDC recommendations for optout rather than opt in HIV screening.

The Key Informant Survey – 2006 also identified numerous other barriers to care, such as the lack of access to maternity care providers, especially in rural areas. Further studies revealed that a multitude of factors contributed to the shortage in certain areas of West Virginia. Collaborative efforts with a variety of partner organizations including federally qualified health centers (FQHC), nurse midwifery educational and

training programs, studies to model economically sustainable rural maternity practices, and an obstetrical fellowship for Family Practice physicians, have been explored to address these shortages. Two nurse midwifery programs are

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now available in the State. In 2013 the obstetrical fellowship will accept its first fellow, and several FQHCs have added maternity care to their programs. The West Virginia Perinatal Partnership continues to pursue these and other efforts to ensure that pregnant women in all areas of the state have access to quality health care.

First identified in the *Key Informant Survey – 2006*, the use of substances, including tobacco, alcohol, prescriptions and illicit drugs, during pregnancy continues to be a major factor affecting newborn health outcomes. A statewide study of umbilical cord tissues conducted in 2009 demonstrated that the problem was even larger than most realized. The West Virginia Perinatal Partnership expanded its collaborative efforts to include experts in the fields of behavioral health and addictions. Together, strategies to effectively address this problem were explored. Soon, pilot projects that seek to provide comprehensive medical, behavioral, and social services to



pregnant women with addiction disorders were developed. In addition, educational outreach programs for obstetrical and neonatal providers working with affected moms and babies were underway.

Working with the National Campaign To Prevent Teen and Unplanned Pregnancies, West Virginia Community and Technical Colleges, the state Department of Education, the March of Dimes, the Claude Worthington Benedum Foundation, in addition to health care providers and other advocacy groups, the West Virginia Perinatal Partnership has also focused on the problem of unplanned pregnancies. Multiple strategies to reduce the incidences of unplanned pregnancies have been planned as well as a public education campaign to encourage women to space their pregnancies at least 24 months apart.

Studies of the medical data collected by the West Virginia Birth Certificate, and hospital discharge data collected by the West Virginia Health Care Authority caused the Perinatal Partnership to establish a committee to look at high cost medical care that produced poor outcomes. Fourteen hospitals collaborated in an Obstetrical Collaborative to reduce the State's high rate of elective births prior to 39 weeks gestation. The rate decreased by 86% to a very low 1.3% of births. In 2011 twenty-three hospitals came together to reduce the high state rate of first time mother c-sections and successfully halted the decade long increase in the rate of c-sections.

In addition, the West Virginia Perinatal Partnership has brought together a range of experts to address many other factors affecting the health of moms and babies. These have included initiatives focused on oral health, breastfeeding, and in-home visitation programs. Moreover, the West Virginia Perinatal Partnership has supported and guided legislation through the years that seeks to implement progressive health policies that improve the health of the State's mothers and babies. The West Virginia Perinatal Partnership established a provider outreach



education program to present the latest research, share best practices, and provide technical assistance to health care professionals working with pregnant women and babies in the state.

The many successes of the West Virginia Perinatal Partnership were only possible because of the dedication, hard work, and commitment of a large number of health care professionals who came together for a single purpose. The partnership model provided the opportunity to:

- Bring health care professionals together to share their expertise;
- Be at the same table in which all are equal and committed to a shared goal;
- Share the most current research on perinatal health; and
- Strategize and implement new solutions to serious problems that the state faces in meeting the health care needs of its pregnant women and newborns.

West Virginia faces many challenges to improve birth outcomes. Since its inception, the West Virginia Perinatal Partnership, through the leadership of the Central Advisory Council and the dedicated and knowledgeable working team known as the Perinatal Steering Committee, has been able to identify the challenges and provide a forum where the best minds in the state can come together to share, design, and implement new strategies. Based on the accomplishments of the first six years, the partnership model has proven to be successful and vital to creating a system in which sustainable and effective changes can be made to help improve the health outcomes of West Virginia mothers and babies.



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