

Perinatal News & Events

Cincinnati Children's Perinatal Outreach Program/Region I



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March of Dimes 2011 Premature Birth Report Card

Ohio, Kentucky, and Indiana's perinatal data indicates three year preterm birth rate improvements! Ohio and Indiana each received a "C" and Kentucky received a "D" on the March of Dimes 2011 Premature Birth Report Card.

Since 2006, Ohio's preterm birth rate has dropped from 13.3 to 12.3 percent. Kentucky's has dropped from 15.1 to 13.6 and Indiana's from 13.2 to 11.9 percent in the same time frame. All three states earned a star on the 2011 Report Card for reducing their late preterm births rates from 2008 to 2009.

"Our state's preterm birth rate has improved this year. We're proud of this achievement and what we accomplished by working together with our partners for stronger, healthier babies," said Karen Hughes, Chief, Division of Family and Community Health Services, Ohio Department of Health and Chair of the Ohio Chapter March of Dimes Program Services Committee. "We are determined to continue to find and implement evidence based and innovative solutions to improve the health of babies, such as improving access to health care coverage, helping women quit smoking, and quality improvement strategies, so more babies can get a healthy start in life."

The United States also received a "C" on the March of Dimes Report Card. Grades are based on comparing the state and the nation's 2009 preliminary preterm birth rates with the March of Dimes 2020 goal of 9.6 percent of all live births. The U.S. preterm birth rate is 12.2 percent down from the peak of 12.8 percent in 2006. The Report Card information for the U.S. and states are available online at: marchofdimes.com/prematurity.

Quality improvement programs are key to lowering preterm birth rates, according to the March of Dimes. March of Dimes continues to partner and support the Ohio Perinatal Quality Collaborative (OPQC) with the goal of improving pregnancy outcomes as quickly

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MOD Premature Birth Report Card

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as possible throughout the state. One of their projects that has seen great success is the 39 week initiative, aimed at reducing non-medically indicated inducement of labor prior to 39 completed gestational weeks of pregnancy. The March of Dimes also supports programs like the Stork's Nest ©, NICU Family Support, Centering Pregnancy ©, and many others in Ohio.

The March of Dimes says its 2020 preterm birth goal can be achieved by a combination of activities: giving all women of childbearing age access to health care coverage, fully implementing proven interventions to reduce the risk of an early birth, such as not smoking during pregnancy, getting preconception and early prenatal care, progesterone treatments for women who are medically indicated, avoiding multiples from fertility treatments, avoiding elective c-sections and inductions before 39 weeks of pregnancy; and by funding new research on prevention of preterm birth.

This year, for the first time, November 17th marked World Prematurity Day. The March of Dimes along with organizations in Africa, Europe, and Australia called attention to an estimated 13 million babies born preterm, many who die as a result of their early birth, according to an October 2009 March of Dimes report on the global toll of preterm birth.

The March of Dimes is the leading national nonprofit organization for pregnancy and infant health. With chapters nationwide, the March of Dimes works to improve the health of babies by preventing birth defects, premature birth and infant mortality. For the latest resources and information, visit marchofdimes.com or nacersano.org. Find us on [Facebook](#) and follow us on [Twitter](#).



Lisa Holloway
State Program Services Director

10th Annual Regional Perinatal Leaders' Summit

Cincinnati Children's Hospital hosted its 10th Annual Regional Perinatal Leaders' Summit on October 21, 2011. The purpose of this annual meeting is to bring together clinical and public health leaders to review and discuss current perinatal issues, data, and ideas that can be addressed to improve pregnancy outcomes within the region.

Early arrivals played the CityMatCH Life Course game in which participants led through an interactive experience, designed to illustrate key concepts of the course framework.



“Fetal Infant Mortality Review (FIMR): Local Lessons Learned” was the featured topic. Dr. James M. Greenberg, Co-Director, Cincinnati Children's Perinatal Institute, collaborated with Dr. Elizabeth A. Kelly, MD, Vice Chairman of Gynecology, University of Cincinnati & Medical Director, Division of Maternal and Infant Health, Cincinnati Health Department, to describe the depth of fetal and infant mortality in the Cincinnati region and the maternal-infant social determinants of health. Dr. Kelly provided insight for reducing global health disparities and recommendations to improve local perinatal outcomes based on local FIMR case reviews. Dr. Greenberg concluded the program with his vision for moving forward collaboratively utilizing data, research, targeted efforts, clinical care, public health, and home visitation programs. 180 participants from the Cincinnati region attended.



Fetal Infant Mortality Review (FIMR) News: *Safe Sleep*

Each year over 4000 babies die of sudden infant death, usually while they are sleeping at home. While experts believed in the term SIDS (Sudden Infant Death Syndrome) to describe this phenomenon, a shift in the last decade has occurred. These deaths are now termed Sudden Unexplained Infant Deaths (SUID) and the vast majority involve infants sleeping in conditions that are considered risky. The American Academy of Pediatrics Sudden Infant Death Syndrome Task Force issued a policy statement in November 2011 entitled: [SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment.](#)

Since the 1992 AAP recommendation and subsequent nationwide campaign that babies be placed “back to sleep”, cases of sudden infant death syndrome markedly declined. However, other causes of infant death including suffocation, asphyxia, and entrapment have increased in incidence. The recommendations described in this new 2011 AAP report include “back to sleep” in addition to using a firm sleep surface, breastfeeding, room-sharing without bed-sharing, routine immunization, consideration of a pacifier, and avoidance of soft bedding, overheating, exposure to tobacco smoke, and parental use of alcohol and illicit drugs. The report concludes that there is evidence that primary care-based educational interventions, particularly those that address caregiver concerns and misconceptions about safe sleep recommendations, can be effective in altering practice.

<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;128/5/1030?rss=1>

In 2010, 15 babies died in Hamilton County under these circumstances. The Cincinnati-Hamilton County Fetal and Infant Mortality Review as well as state-wide Child Fatality Reviews have issued strong

recommendations to parents and providers about promoting safe sleep in an effort to prevent these deaths.

In July 2011, the Cincinnati Health Department was awarded a grant to train Safe Sleep Ambassadors in Hamilton County. These individuals will be trained to provide educational sessions to parents, grandparents, and other caregivers on the importance of following the **ABCs** of safe sleep—**A**lone, on the **B**ack, in a **C**rib. For more information, the Cincinnati Health Department has set up a Safe Sleep Information line: 513-564-BABY or individuals can contact FIMR@cincinnati-oh.gov

Anne Packham, FIMR Coordinator

Perinatal Community Action Team (PCAT) Update

Based on recommendations from the 2010 Cincinnati-Hamilton County Fetal and Infant Mortality Review Annual Report, the following subcommittees have been formed:

- Preventing Repeat Poor Outcomes
- Preconception education of a targeted group of women of childbearing age
- Provider preconception education
- Stillbirth/autopsy fact sheet development
- Pertussis

To join a group or for further information, please contact Cynthia Smith, PCAT Chair, at: (513) 946-7901 or Cynthia.Smith@hamilton-co.org.

Kathy Hill, PCAT Coordinator

PERINATAL INSTITUTE

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Our mission is to improve the health of newborn infants through innovation in clinical care, education and research.

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REGION I

Delivery Hospitals

Atrium Medical Center
Bethesda North Hospital
Brown County General Hospital
The Christ Hospital
Clinton Memorial Hospital
Dearborn County Hospital
Fort Hamilton Hospital
Good Samaritan Hospital
Highland District Hospital
Margaret Mary Community Hospital
McCullough Hyde Memorial Hospital
Meadowview Regional Hospital
Mercy Hospital Anderson
Mercy Hospital Fairfield
St. Elizabeth Healthcare Edgewood
The University Hospital, Inc.

OPQC Update

The Ohio Perinatal Quality Collaborative (OPQC) will be working with Ohio Department of Health (ODH) and the State Quality Coordinators to help spread the successes of the OPQC 39-week delivery project, without medical indication. We will be working to help improve the quality and use of birth certificate data to support the scheduled 39-week delivery project implementation in non-OPQC hospitals and to increase the use of evidence-based strategies in perinatal care. In addition, OPQC will work with Burness Communications to develop and implement consistent public health messaging to support perinatal improvement initiatives.

Alyson M. Roeding, James Anderson Center for Health Systems Excellence
Alyson.Roeding@cchmc.org



Announcements

Regional Perinatal Nurse Manager Meeting

Tuesday, December 6, 2011

8:00 a.m. – 11:00 a.m.

NICU Classroom, B4.304, Cincinnati Children's Hospital

Please contact Danielle Bolton with questions:

(513) 803-0957 or Danielle.Bolton@cchmc.org

2012 Neofest – Neonatal Encephalopathy

Friday, March 9, 2012

Fifth Third Bank Auditorium, Cincinnati Children's Hospital

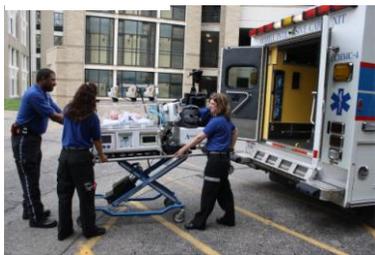
Please contact Janel Chriss with questions:

(513) 636-5470 or Janel.Chriss@cchmc.org



Hospital Spotlight

Cincinnati Children's Transport Team



Neonatal transport at Cincinnati Children's Hospital Medical Center requires a specialized team made up of a Registered Nurse, Registered Respiratory Therapist, and a Certified Emergency Medical Technician. Within the dynamics of this team, each is responsible for the safe transport of our neonatal population. There are checks and balances between the disciplines so that no one team member is solely responsible for the services provided. Cross training provides the ability to double check and offer treatment suggestions. The team can operate without a physician physically present, but remains in contact with medical control via telecommunications. Physicians are available to accompany the team when requested or Medical control deems their presence as necessary. Standing orders provide the team permission to perform routine and emergency procedures. Extensive training and continuous education is provided for each member of the team to maintain competency of their skills and specialized neonatal knowledge.

To ensure the safe transport of our neonatal patients, the CCHMC Neonatal/Pediatric transport team follows standard operating guidelines and policies. This includes securing the neonate within the transport isolette using Velcro StatStraps. Zflow mattresses are provided for patient comfort as well as ear protection to cancel out excessive noise. The isolette weighs 400 lbs. and requires all 3 team members to load and offload safely. Safety committee members audit the team to ensure that the team is operating under the current guidelines.

Another auditing tool used is the "Circle of Safety". Lead by the EMT, it is expected that team members make a walk around the unit before leaving the referring facility. The reason for the Circle of Safety is to inspect the vehicle for any visual impairment, doors are secure, and the unit is safe to move with our patient on board.

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**For more information,
contact the Transport Team at
Cincinnati Children's
513-636-7126
(non-emergency calls only)**

**To schedule a transport, contact
the Transport Team dispatch
center at
1-877-258-6416
or 513-636-7525**

DID YOU KNOW?

Cincinnati Children's Transport Team was formally established in 1988.

More than 2800 patients are transported each year.

The Transport Team owns and operates six specially equipped, child-friendly mobile intensive care ground units.

Specially configured turbo-jet and Lear jet aircrafts, which provide access to patients across the United States and internationally, are used when necessary.

FY 2011 Neonatal Transports

- 466 incoming transports
- 51 transports with accompanying physician

Cincinnati Children's Transport Team

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Along with stable neonatal transports, we provide emergent care. Because this is a mobile intensive care unit, intubation supplies, a ventilator, nitric oxide, needle decompression/thoracotomy kits, as well as emergency medications are readily available if needed. The goal is to provide the highest quality of care while safely reaching our destination. During medical emergencies, lights and sirens are implemented to expedite the transport. The EMTs are trained emergency vehicle operators and exercise extreme caution and due regard. Emergency operation of the vehicle can be initiated at any time during transport if the team feels the patient is deteriorating.

The same considerations are utilized while transporting patients via fixed wing aircraft. The team completes yearly training to update and reinforce knowledge of flight physiology as well as safety while in flight. The Transport Team participates in simulation emergency evacuation from the aircraft. Hence, in the case of an emergency during flight, the team can not only care for the patient, but provide safe evacuation.

With all the specialized training the Neonatal/Pediatric Transport Team members acquire, there are always new and innovative ideas. The team works hard to continue to improve, to provide quality care, and transport patients safely.



*Char Squibb, RRT-NPS
Clinical Therapist II, Neonatal/Pediatric Critical Care Transport Team*