

Perinatal News & Events

Cincinnati Children's Perinatal Outreach Program



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Public Health Highlight:

Maternal and Congenital Syphilis Epidemic

Just a short year ago, we discussed the syphilis epidemic in Hamilton County right here in these pages. As a bit of re-cap, Hamilton County has the dubious distinction of hosting the highest rates of syphilis among all counties in the state of Ohio. With a 2013 rate of just over 16 cases of primary and secondary syphilis per 100,000, Hamilton County's rate is more than triple that for Ohio. For comparison, as we work our way up I-71, the rate for Franklin County (Columbus) is 13.2, while Cuyahoga County (Cleveland) stands at 2.3. The good news is since 2010, the rates for Hamilton County are heading down. While it's too early to declare success, the lines are going in the right direction.

While we conduct an all-out assault on syphilis in the County, I'd like to use this space to focus on the congenital form of infection. Congenital syphilis occurs when a mother transmits the infection to her fetus. Left untreated, some 40 percent of congenital syphilis cases result in death of the infant. The remaining cases may be sentenced to a lifetime of conditions such as deafness, neurologic impairment and bone deformity.

The face of congenital syphilis in Hamilton County presents a well-defined picture. The average age of the mother is just shy of 26. Just over 16 percent were 18 or younger. Nearly 70 percent of the cases were among black women. Only half of women began prenatal care within the first trimester, while just over 17 percent received the recommended number of prenatal care visits, based on weeks of gestation at delivery. Some 24 percent of cases were pre-term (less than 37 weeks).

While the news is not all good as it relates to congenital syphilis – i.e. there were three cases in Hamilton county for the first half of 2014 – we've been able to identify some specific opportunities for eliminating these cases. For instance, ALL of the mothers of congenital syphilis cases were treated less than 30 days prior to delivery, or after delivery. As we know, protocol calls for treatment during the early stages of pregnancy. Further, of the congenital cases in Hamilton County, more than half were not screened at 28 weeks.

Continued on page 2

Maternal and Congenital Syphilis Epidemic *continued from page 1*

In addition to the above testing and treatment interval issues, nearly 20 percent of these cases were tested and/or treated for another STI during pregnancy. In some 10 percent of cases, there was no confirmatory testing conducted until delivery, and nearly seven percent were not screened at delivery.

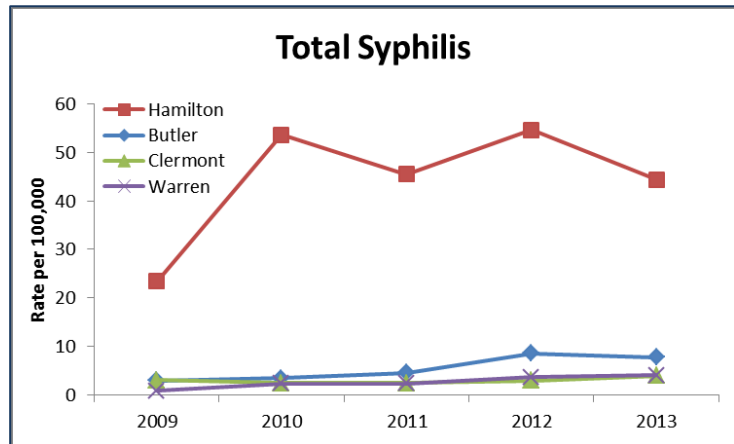
Currently, CDC recommends that health care providers test all women for syphilis during the early stages of pregnancy. In areas where syphilis prevalence is high and for pregnant women at high risk for

syphilis infection, CDC also recommends providers test their patients early during pregnancy and twice in the third trimester, including once at delivery. Because stillborn delivery can be due to syphilis, all women who deliver a stillborn infant after 20 weeks of gestation should also be tested for syphilis and treated if infected.

Let's commit to continue to work relentlessly until Hamilton County achieves its goal of no congenital syphilis cases – and then work to keep it that way!

Additional graphs can be found on page 7. **Perinatal Testing Protocol can be found on page 8 and **Syphilis Treatment Guidelines and contact info** on page 9.*

Tim Ingram, Health Commissioner, Hamilton County Public Health



www.bestbabieszone.org/Price-Hill

The Price Hill team recently received IRB approval to conduct their Community Initiative Survey. This survey will help the initiative develop a clear understanding of community strengths, needs, and progress towards early BBZ outcomes through the collection of self-reported data from residents in each BBZ community. The BBZ core group has conducted 2 trainings, one in English (8/28) and another Spanish (9/08), to train residents in the surveying process/role.

The team will host their second “Community Café” on Saturday, October 4th at the Holy Family School. Similar to the previous Community Café, the agenda will include lunch and a group discussion. This café’s topic will focus on economic development; and the BBZ team is excited to announce that Mario Drummund will be able to join as the speaker for the event!

Last, but not least, the Block by Block team is running full-speed. The goal of the Block by Block work is to reach 80% of homes with children under 5 years of age on 5 blocks and dispense a complete home health bundle (includes children's books, awareness of safe sleeping, a working smoke detector, and identified pediatric medical home). There are currently 8 block captains, who have reached 30 homes on 5 blocks. A Block by Block walk was recently held on 9/20, where the group was trained by Dennis Harris, Cincinnati Health Department (CHD), on safe sleep. The team has solidified a partnership with CHD to provide pack n’ plays to families, Cincinnati Country Day to provide a book drive, and is currently working out an agreement with CCHMC’s Injury Team to help install safety equipment in homes. The next Block by Block walk will be on Oct. 18th and will focus on empowering residents to be leaders on their blocks.

Lena Cleveland, MPH | Project Specialist, James M. Anderson Center for Health Systems Excellence, Cincinnati Children’s

Ohio Perinatal Quality Collaborative Project Updates



The 39-Weeks Project

Infants born between 36 ⁰/₇ and 38 ⁶/₇ weeks gestation have increased rates of morbidity and mortality compared to infants born at 39 – 40 weeks. As a result, OPQC's first OB initiative aimed to reduce unnecessary scheduled births at 36 ⁰/₇ to 38 ⁶/₇ weeks gestational age in the obstetrical units of 20 of the largest hospitals in Ohio (also known as OPQC Charter Hospitals). OPQC worked to reduce non-medically indicated births before 39 weeks with these hospitals between September 2008 and September 2010. Births between 36 and 38 weeks declined, with a corresponding increase in births between 39-41 weeks.

Since this early pilot work, 105 out of 107 Ohio maternity hospitals have participated in the 39-Weeks Project, which ended in March of this year. **Through the joint efforts of OPQC and Ohio's maternity hospitals, we reduced non-medically indicated deliveries before 39 weeks from 16.8% to 5.1% of all Ohio births.** An estimated 6,000 births have moved from before to after 39 weeks each year, avoiding 180 NICU admissions annually. Ohio Department of Health Vital Statistics data confirms the impact of this OPQC initiative. This is a huge triumph for Ohio mothers and babies, which we could not have accomplished without all the hospitals who have committed to reducing preterm births the state of Ohio.

The Neonatal Abstinence Syndrome (NAS) Project

The aim of the NAS Project is to increase the identification of and compassionate withdrawal treatment for full-term infants born with NAS, thereby reducing the length of stay for these infants by 20% across participating sites by June 30, 2015. OPQC is testing strategies for implementing evidenced-informed treatment protocols to Level III and Level II NICUs across Ohio. Currently, the NAS Project is developing materials for families and providers aimed at supporting the compassionate care of infants with NAS and their mothers, and hosting a series of webinars for Level 1 and well-baby nurseries focusing on various issues with identifying and treating infants with NAS.

The Progesterone Project

The aim of the Progesterone Project is to reduce the rate of premature births in Ohio < 37 weeks by 10% and births < 32 weeks in Ohio by 10% by July 1, 2016 by increasing the screening, identification, and treatment of pregnant women at risk for preterm birth who will benefit from progesterone. OPQC is testing strategies for implementing this medication in outpatient clinics identified by our 20 charter OPQC OB sites. Since January 2014, OPQC has been piloting the Progesterone Project with 25 outpatient sites throughout Ohio. Because of the initial success of the project, OPQC is now exploring expanding the project to all outpatient OB clinics in the state of Ohio.

Funding from the Centers for Disease Control and Prevention

OPQC was recently awarded a "State-Based Perinatal Quality Collaboratives" grant from the Centers for Disease Control. The funding is meant to help expand newer perinatal quality collaboratives (PQCs). OPQC, along with the California Perinatal Quality Collaborative and the New York State Perinatal Quality Collaborative, was invited to participate in the program as a mentor to these newer PQCs. We are honored to be considered leaders in perinatal quality improvement work, and look forward to the work we will be doing as part of this program.

In particular, OPQC would like to recognize the contributions of several of our partners in making our collaborative a model for other states: the Ohio Department of Health, The Office of Vital Statistics, BEACON, and the Government Resource Center.

The Perinatal/Progesterone Project is funded by the Ohio Department of Health and the Ohio Department of Medicaid. The NAS Project is funded by the Ohio Department of Medicaid.

You can learn more about OPQC by going to our website, www.opqc.net, by following us on Twitter @OhioPQC, and by liking us on Facebook at www.facebook.com/ohioperinatalqualitycollaborative.

Kate Haralson, MPH, OPQC

*Thirteenth Annual
Regional Perinatal
Leaders' Summit*

**Assistive
Reproductive
Technology:
Opportunities and
Outcomes**

A Public Health Outlook

Maurizio Macaluso, MD, DrPH
Director, Biostatistics & Epidemiology,
Cincinnati Children's
Professor, University of Cincinnati
Department of Pediatrics

State of the ART

Michael A. Thomas, MD
Chief, Division of Reproductive
Technology & Infertility
Professor, Obstetrics & Gynecology
University of Cincinnati College of
Medicine

Outcomes & Challenges

Jonathan R. Wispe, MD
Attending Neonatologist, Cincinnati
Children's
Professor, University of Cincinnati
Department of Pediatrics

Friday, October 17, 2014
Sabin Auditorium
Cincinnati Children's
12:30 pm - 3:45 pm

Register at:
<https://cchmc.cloud-cme.com/>

Questions? Contact:
Danielle.Bolton@cchmc.org
(513) 803-0957



October is Safe Sleep for Babies Month. In recognition, we're spreading safe sleep messaging throughout Hamilton County with the help of partner organizations and agencies, including Kroger, the maternity hospitals, the Cincinnati Health Department, and Charlie's Kids Foundation.

- Starting October 1, select Kroger stores will display safe sleep ABC floor decals in the infant food and diaper aisles. You'll find these same decals in the maternity hospitals, Cincinnati Children's Pediatric Primary Care Center, and the Cincinnati Health Department's community clinics.
- The Cincinnati Health Department, through funding from the Ohio Department of Health, is providing free cribs to low-income families. You can help by connecting families to the United Way 211 hotline.
- The Ohio Department of Health, The Special Supplemental Nutrition Program for Women Infants and Children (WIC), and Charlie's Kids Foundation are distributing "Sleep Baby, Safe and Snug", a book that teaches safe sleep practices, to families enrolled in WIC.

Cradle Cincinnati also recently launched a shared calendar to highlight the many maternal and infant events in our community. Upcoming events include the CCTST Community Engagement Speaker Series "Improving Infant Mortality Through Community Collaboration" with Mario Drummonds, Executive Director and CEO of the Northern Manhattan Perinatal Partnership, Inc. on October 2 and 3. Find out more at:

www.cradlecincinnati.org/calendar

If you have an event to share, please contact Jessica Seeberger at Jessica.seeberger@cradlecincinnati.org.

Jessica Seeberger, Cradle Cincinnati



Implementing Newborn Screening for Critical Congenital Heart Disease in Ohio

Ohio Hospital Association Health ENews 9-19-14



www.ohiohospitals.org

SAVE THE DATE! **Safe Sleep Summit Oct. 9**

OHA will be hosting a [Safe Sleep Summit](#) on Oct. 9 in Columbus, to bring together hospital safe sleep champions and others interested in learning more about effective safe sleep strategies and networking with peers from across the state.

We are currently seeking session and panel presentations, poster presenters and partners interested in co-hosting the event or sponsoring a table. [Click here](#) for more information, and look for registration to open soon!

About the Hospital Initiative

Ohio's hospitals have a unique opportunity to reach the parents of nearly 140,000 newborns every year with educational messages about the importance of providing a safe sleeping environment. Although hospitals have been providing parental education for a very long time, the Ohio Hospital Association has recently launched the Safe Sleep is Good4Baby statewide initiative to draw attention to the importance of safe sleep in the hospital, at home and in the community.

[Read more about the hospital initiative](#)

New rules will take effect October 1, 2014 that require hospitals to screen all newborns for critical congenital heart disease (CCHD) using pulse oximetry prior to hospital discharge and to report the screening results to the Ohio Department of Health (ODH).

Birth defects are one of the leading causes of infant mortality in Ohio and heart defects make up the largest volume of birth defects that cause infants to die before their first birthday. Some heart defects are diagnosed during the prenatal period. But, some babies are born appearing healthy and without symptoms who may have serious CCHDs. Screening newborns by pulse oximetry prior to hospital discharge has been shown to be an effective strategy for identifying babies with seven specific CCHDs. Early diagnosis of CCHDs improves health outcomes and reduces health care costs.

ODH has provided a number of documents, including [frequently asked questions](#), [instructions](#) and a [flow chart](#), to help hospitals to comply with the CCHD screening and reporting requirements. Birthing and children's hospitals are to designate a CCHD Screening Coordinator and provide that individual's contact information to [Anna Starr](#) at ODH.

Over the next few weeks, the Ohio Department of Health (ODH) will have a webpage on newborn screening for CCHD available on the ODH webpage. Visit www.odh.ohio.gov and click on C in the alphabetical listing.

PERINATAL INSTITUTE

Division of Neonatology
3333 Burnet Ave., MLC 7009
Cincinnati, Ohio 45229-3039

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

www.cincinnatichildrens.org

www.cincinnatichildrens.org/perinatal

[Perinatal Resource Directory](#)

Announcements

Fetal Infant Mortality Review (FIMR)

3:30-5:00 pm, Thursday, October 16, 2014

Cincinnati Health Department

Please contact Corinn Taylor at (513) 357-7266 if you would like to attend.

13th Annual Regional Perinatal Leaders' Summit

Assistive Reproductive Technology

12:30-3:45 pm, Friday, October 17, 2014

Sabin Auditorium, Cincinnati Children's

Brochure and registration can be found at:

<https://cchmc.cloud-cme.com/>

For more information contact: danielle.bolton@cchmc.org

Perinatal Community Action Team (PCAT)

2:30-4:00 pm, Thursday, October 23, 2014

Cincinnati Children's, Vernon Manor 2.020

For more information, contact: kathy.hill@cchmc.org

Regional Perinatal Nurse Manager Meeting

8:30-11:30 am, Monday, November 3, 2014

The Christ Hospital, Main Hospital, Level A,
Classrooms 1 & 2

For more information, contact: kathy.hill@cchmc.org

Ohio Perinatal Quality Collaborative (OPQC)

Improving Rates of Progesterone Supplementation: Reducing the Risk of Spontaneous Preterm Birth

Webinars

12:00-1:00 pm, Monday, November 3, 2014

12:00-1:00 pm, Thursday, November 6, 2014

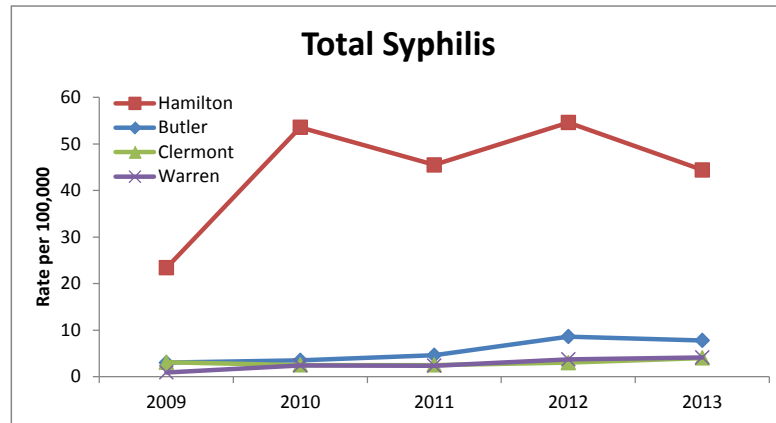
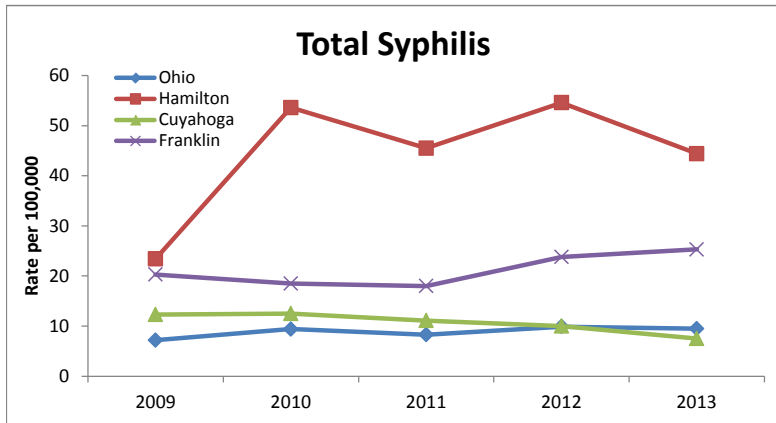
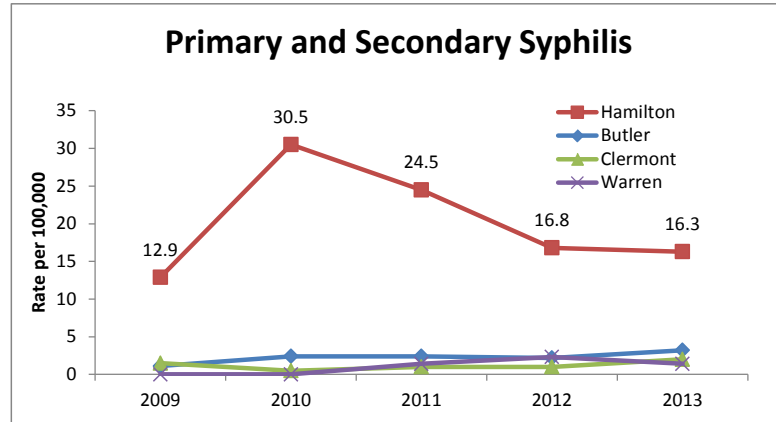
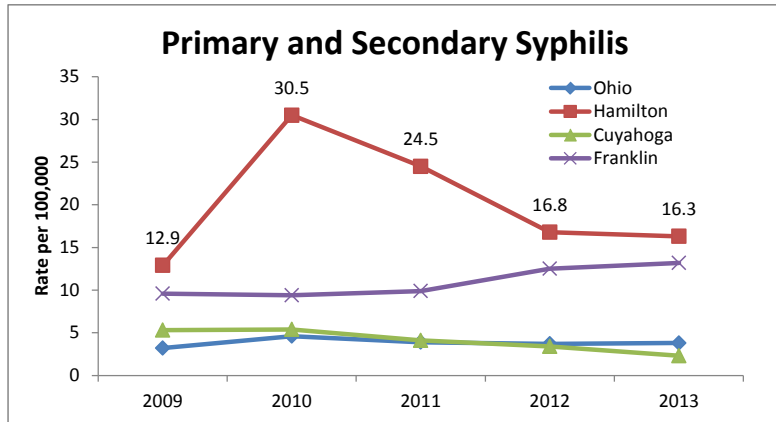
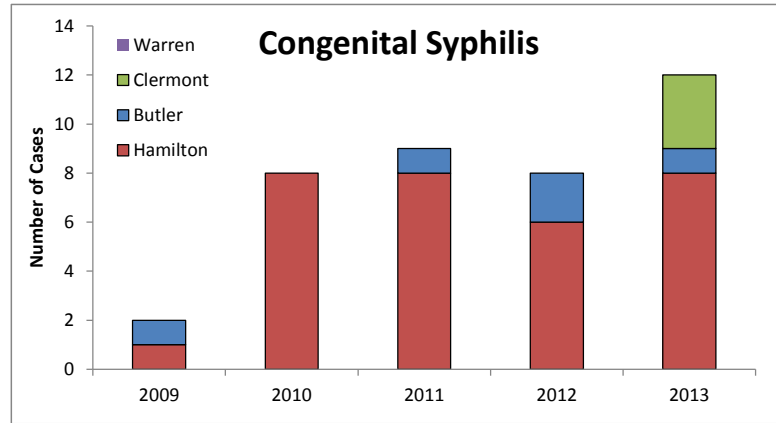
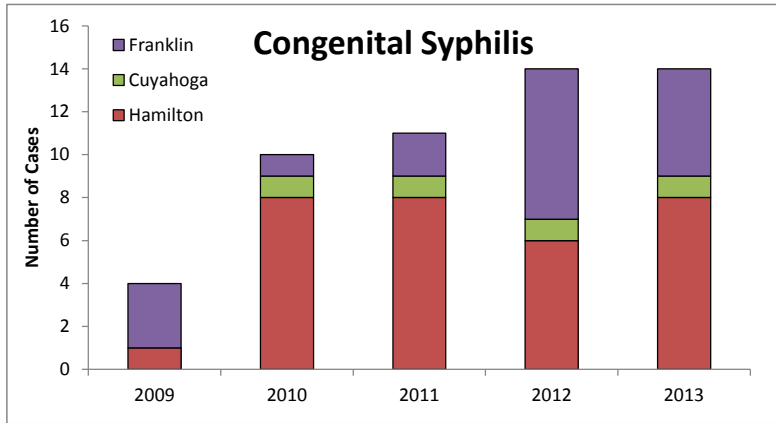
For more information, contact: info@opqc.net

AWHONN Kentucky Section Conference

7:30 am-4:30 pm, November 21, 2014

Hilton Garden Inn, Louisville Airport

For details, visit: www.awhonn.org



Perinatal Testing Protocol

Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for Syphilis.

At First Prenatal Visit

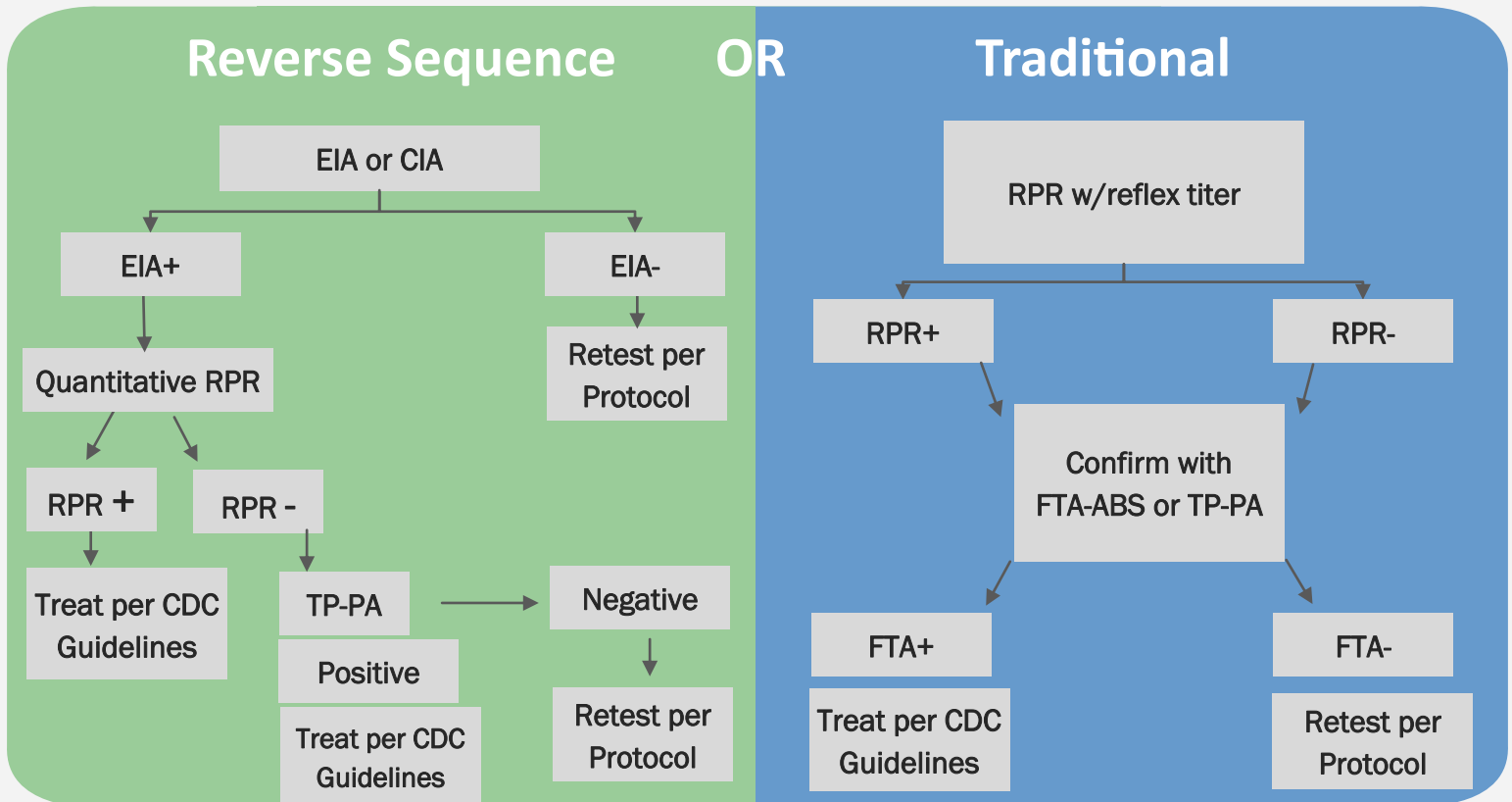
During Third Trimester (28 Weeks)

At Delivery

No infant should leave the hospital without the maternal serologic status having been determined at least once during the pregnancy

Six weeks after ANY STI is diagnosed, repeat STI screening panel including Syphilis

Syphilis Screening Protocols



CDC recommendation on reverse sequence testing: www.cdc.gov/std/syphilis/Syphilis-Webinar.htm

Non-Treponemal Tests	Treponemal Tests	Interpretation
+	+	Syphilis, Yaws or pinta
+	-	False positive no Syphilis
-	+	Primary or latent Syphilis previously treated or untreated Syphilis
-	-	No Syphilis; Incubating Syphilis

Syphilis Treatment Guidelines

Syphilis Infection \leq one year duration	2.4 million units Benzathine Penicillin G IM in a single dose
Syphilis Infection $>$ one year or of unknown duration	2.4 million units Benzathine Penicillin G IM weekly x 3 weeks
Penicillin-allergic females must be desensitized & treated with penicillin	Treatment must be completed at least 30 days prior to delivery to prevent congenital syphilis.

To prevent the spread of syphilis or re-infection, partners need to be tested and subsequently treated. Hamilton County Public Health Department will contact patients to conduct this partner identification and follow-up

For previous titer information or treatment history of cases please contact Hamilton County Public Health:

Pat Allingham
Director of Nursing
P: 513.946.7809

OR

Ed Ventus
DIS Supervisor
P: 513.946.7637