Perinatal/Infant Health

State Action Plan Table

State Action Plan Table - Perinatal/Infant Health - Entry 1

Priority Need

Prevent infant mortality

NPM

A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Objectives

3.1. Increase the number of birthing hospitals participating in the Georgia 5-STAR Hospital Initiative to 40 by 2020

3.2. Partner with WIC to conduct 1 training per year for public health workers on breastfeeding for five years

3.3. Educate 20 employers on the Business Case for Breastfeeding by 2020

3.4. By 2020, 25% of birthing hospitals will have policies and education that adhere to the American Academy of Pediatrics (AAP) safe sleep guidelines

Strategies

3.1.a. Recruit hospitals through in-person presentations on the Georgia 5-STAR Hospital Initiative

3.1.b. Provide in-person trainings to hospitals participating in the initiative

3.1.c. Recognize hospitals for participating in the Georgia 5-STAR Hospital initiative

3.2.a. Using evaluation forms from previous trainings, identify topics to educate public health workers on

3.2.b. Conduct VICS trainings for public health workers

3.4.a. Recruit birthing hospitals by providing staff with a step by step guide on implementing a Safe to Sleep Program

3.4.b. Provide in-person trainings to hospitals participating in the program

3.4.c. Provide participating hospitals with education resources for staff and caregivers on the safe infant sleep recommendations

3.4.d. Collect pre and post crib audits and policy statements from participating hospitals

3.4.e. Recognize hospitals for implementing a Safe to Sleep Program and policy

3.3.a. Educate employers on the Business Case for Breastfeeding

ESMs

ESM 4.1 - 3.1.1 Promote breastfeeding through the 5-STAR Hospital Initiative

NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table - Perinatal/Infant Health - Entry 2

Priority Need

Prevent infant mortality

NPM

Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Objectives

3.5. Ensure all birthing hospitals have been educated on the requirements for neonatal level of care by 2020

Strategies

3.5.a. Assess neonatal level of care requirement compliance

3.5.b. Develop strategic plan for the Regional Perinatal Centers

3.5.c. Collaborate with the Department of Community Health to promote neonatal level of care requirements

ESMs

ESM 3.1 - 3.5.1. Promote compliance with neonatal level of care requirements

NOMs

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

State Action Plan Table - Perinatal/Infant Health - Entry 3

Priority Need

Decrease maternal substance use

SPM

Decrease Neonatal Abstinence Syndrome (NAS)

Objectives

4.1. Decrease the discharge rate of resident live births diagnosed as having neonatal abstinence syndrome (NAS) from 3.2 to 2.0 by 2021

Strategies

4.1.a. Educate health care providers (physicians, nurses) about NAS; includes educational classes for nurses, presentations to physicians & other health care providers who may come in contact with neonates

4.1.b. Educate pregnant women on the effects of unhealthy substance use

4.1.c. Establish a media campaign to increase community awareness of NAS

State Action Plan Table - Perinatal/Infant Health - Entry 4

Priority Need

Prevent infant mortality

SPM

Decrease congenital syphilis

Objectives

5.1. Decrease the rate of infants born w/congenital syphilis from 13.0 (per 100,000 live births) to 11.7 by 2020

Strategies

5.1.a. Ensure GC/CT/Syphilis/HIV are a part of routine screenings for women and men at targeted locations

5.1.b. Identify pregnancy status of all females identified as a new syphilis case

5.1.c. Ensure pregnant females with syphilis are adequately treated at least 30 days prior to delivery

5.1.d. Ensure disease investigation is conducted on all females ages 15-44 diagnosed with early syphilis

5.1.e. Education providers and the general public on the new law regarding 1st and 3rd trimester testing for syphilis and HIV (HB436)

Measures

NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	81.8	82.8	83.9	84.9	85.1	85.3

FAD not available for this measure.

ESM 3.1 - 3.5.1. Promote compliance with neonatal level of care requirements

Annual Objectives					
2017	2018	2019	2020	2021
Annual Objective	0.0	15.0	40.0	60.0	75.0

NPM-4 A) Percent of infants who are ever breastfed

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	79.3	80.9	82.5	84.1	85.5	85.9

Data Source: National Immunization Survey (NIS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2012	73.7 %	4.1 %	93,023	126,212
2011	70.3 %	5.0 %		
2010	72.3 %	3.6 %		
2009	66.1 %	3.3 %		
2008	67.4 %	3.0 %		
2007	61.2 %	3.1 %		

Legends:

Indicator has an unweighted denominator <50 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

NPM-4 B) Percent of infants breastfed exclusively through 6 months

Annual Objectives						
	2016	**2017**	**2018**	**2019**	**2020**	**2021**
Annual Objective	20.2	21.6	23.2	24.8	25.5	25.9

Data Source: National Immunization Survey (NIS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2012	18.9 %	3.5 %	23,213	122,970
2011	14.5 %	3.6 %		
2010	6.9 %	1.6 %		
2009	11.7 %	1.9 %		
2008	9.9 %	1.7 %		
2007	9.5 %	1.5 %		

Legends:

Indicator has an unweighted denominator <50 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

ESM 4.1 - 3.1.1 Promote breastfeeding through the 5-STAR Hospital Initiative

Annual Objectives					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	0.0	10.0	20.0	30.0	40.0

Perinatal/Infant Health - Plan for the Application Year

Plan for Application Year

Priority Need: Prevent infant mortality

In order to reduce the high infant mortality rate in Georgia, work is being done to promote breastfeeding, safe sleep, expand and provide quality newborn screening, improve perinatal regionalization, reduce neonatal abstinence syndrome and reduce congenital syphilis.

Breastfeeding

The Georgia 5-STAR initiative was implemented to encourage hospitals to take steps toward becoming breastfeeding-friendly and achieving Baby-Friendly designation if desired. Hospitals are recognized with one star for every two breastfeeding-friendly steps they take. In the upcoming year (per the state action plan table 3.1-3.4), MCH will educate hospitals and expand the 5-STAR program to new hospitals. MCH will also continue to provide support to those hospitals that are participating by providing training on the Georgia 5-STAR process and recognizing hospitals for all steps taken.

Safe Sleep

The Safe to Sleep Campaign has been promoted throughout Georgia, and will continue to be so in the upcoming year. The purpose of the campaign is to educate the community on how to ensure that their child's sleep environment is as safe as possible. The Safe Sleep Coordinator leads the initiative at DPH, and will continue to make contact with as many partners as possible throughout the state. Education will be provided to the providers and other educators to help them understand barriers that parents face regarding following safe to sleep recommendations. In addition to educating providers, the Safe Sleep Coordinator will seek to educate nontraditional partners in order to reach as many families as possible in Georgia. The Safe Sleep Coordinator plans to bridge a partnership with a faith-based organization and a first responder organization. The Safe Sleep Coordinator will additionally plan for work to be done with birthing hospitals in Georgia to initiate the development of Safe to Sleep policies within their facility.

Newborn Screening

The Newborn Screening (NBS) Program is a population based heritable and congenital screening program. Georgia's NBS Programs screens children for 31 severe heritable and congenital conditions. This year Newborn Screening will launch two new initiatives. As of June 2016, NBS plans to pilot testing for Pompe Disease and Mucopolysaccharidosis I (MPS I). We will also launch a long term follow-up program for metabolic disorders, as well as, continue to monitor long term outcomes for children with hearing loss. A program to provide medical foods for children diagnosed with metabolic disorders will be implemented in the coming fiscal year.

Perinatal Services

The perinatal regional system is designed to ensure that infants are born in hospitals with the appropriate level of care for their level of risk, or if necessary, transferred to an appropriate facility postpartum. High-risk infants, typically defined as those that are born with a very low birth weight, should be born in facilities with a Neonatal Intensive Care Unit (NICU). These facilities are designed as Level III. In the upcoming year, efforts will also be made to educate hospitals on the neonatal level of care requirements.

Throughout the reporting cycle, MCH will continue to participate in the Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) Learning Network, a voluntary national effort designed to accelerate improvements in infant mortality that are replicable, scalable, and measurable. MCH is currently participating in three of the CoIIN Learning Networks: 1) Safe Sleep, 2) Perinatal Regionalization, and 3) Social Determinants of Health (SDOH). MCH will also develop plans to implement the March of Dimes Preterm Labor Assessment Tool (PLAT) as well as educate hospitals on the perinatal level requirements.

Neonatal Abstinence Syndrome

DPH has made neonatal abstinence syndrome (NAS) a reportable condition, requiring reporting within 7 days of diagnosis. Passive surveillance of NAS will continue throughout the upcoming year. In addition to surveillance of NAS, MCH will implement an education campaign to reduce maternal substance use by educating providers, women and the general public about the negative effects of unhealthy substance use during pregnancy.

Congenital Syphilis

Congenital syphilis rates are rising in Georgia putting 13 per 100,000 babies at risk for infant death. The MCH Section now includes the Sexually Transmitted Disease (STD) Program who will implement strategies to reduce the rising rates of congenital syphilis. In the upcoming year, MCH will encourage routine screenings for men, women and pregnant women (during the first and third trimester). The STD Program will also identify the pregnancy status of all

women, and ensure appropriate treatment for pregnant women infected with syphilis as soon as possible.

Perinatal/Infant Health - Annual Report

Annual Report

2015-2016 NPM 01: The percent of positive newborns who receive timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs

Last Year's Accomplishments

The Georgia Public Health Lab (GPHL) and the Newborn Screening (NBS) Program collaborate routinely on the development of policies, procedures, budget, data exchange, quality assurance/evaluation and education. Last year, the NBS Program provided hospitals with web-based access to a revised report on their screening practices. The reports also included performance on hearing and pulse oximetry screening procedures. The reports display a list of performance measures important to specimen quality, timeliness, accuracy of screening and interpretation of point-of-care results.

Emory University, Georgia Regents University, and Children's Healthcare of Atlanta are contracted to conduct follow-up of abnormal results. Each contractor utilizes a database to track newborns through diagnosis. The follow-up process utilizes protocols and have at least 12 steps to locating families and providers. The NBS Follow-up Coordinators completed Children First referrals on all diagnosed cases. These referrals are made to assess the newborn's eligibility for IDEA Part C Babies Can't Wait or Children's Medical Services.

The program continues to provide NBS information to each parent in hospitals, doctor's offices and health departments prior to having a metabolic, critical congenital heart disease (CCHD) and hearing screen completed. NBS also trained and educated health care providers on NBS, specimen collection and NBS policies.

The Georgia Newborn Screening and Genetics Advisory Committee meets twice a year to discuss progress and issues relevant to the newborn screening community.

Current Activities

The GPHL began routine testing for severe combined immunodeficiency (SCID) of all NBS specimens. Since the expansion to include mandated hearing screening, CCHD and SCID, the NBS Program has been working on improving the quality of data, improving unsatisfactory specimens and designing a long-term follow-up program. The NBS program is currently working to reduce the number of unsatisfactory specimens (unsats) by identifying hospitals who submit unsats, notifying those submitters of their specimen collection performance and conducting site visits to offer technical assistance and training to improve specimen collection techniques.

The NBS Program worked in conjunction with family advocates, Emory University and the state legislature to identify appropriations to provide metabolic foods to all children diagnosed with metabolic disease, regardless of insurance coverage. Prior to a designated appropriation for metabolic foods, NBS provided metabolic foods through public health pharmacy and a contract with Emory for newborns awaiting diagnosis, uninsured children and other types of temporary gap coverage. The funding only allowed for the purchase of a limited supply and families often had to wait for WIC coverage or Medicaid coverage to begin.

2015-2016 NPM 11: Percent of mothers who breastfed their infants at 6 months of age

Last Year's Accomplishments

In July 2014, MCH hired a new Project Director for Perinatal Health who began to oversee the 5-STAR program.

As of September 2015, there were 17 hospitals enrolled in the Georgia 5-STAR Initiative and 5 of them have attained both 5-STAR and Baby Friendly statuses. Two 5-STAR workshops were held (May & August 2015) with 45

participants, representing over 15 newly engaged hospitals throughout the state. The workshops provided information on the Georgia 5-STAR initiative, including in-depth information on the 10 Steps to Successful Breastfeeding.

MCH and WIC also held two statewide trainings for all DPH employees via the Video Interactive Conferencing Systems (VICS). Titles of the trainings were: 1) Breastfeeding is a Public Health Issue and 2) Challenges to Breastfeeding Success.

Current Activities

In October 2015, MCH hired an experienced Breastfeeding Coordinator whose main focus would be to provide organization and administration for the 5-STAR initiative. As of March 2016 there are 33 hospitals participating in the Georgia 5-STAR program. The new Project Director and Breastfeeding Coordinator have created an infrastructure for the program, including developing an readiness tool for interested hospitals, an application and enrollment process, and an advisory board to provide guidance and expertise to participating hospitals.

MCH also participated in the ASTHO Breastfeeding Learning Community, including virtual learning sessions to learn about the success and challenges of what other states are doing to achieve their goals centered on breastfeeding success.

WIC and MCH hired new staff to support breastfeeding efforts statewide, including training for public health workers. Since October 2015, two additional VICS trainings have been held for public health staff statewide. Topics covered were: 1) Encouraging Exclusivity and 2) Creating a Breastfeeding Friendly Environment.

Four more VICS trainings have been scheduled to be completed by Sept. 30, 2016 (April, June, August and Sept.). Currently, MCH is working with WIC and Worksite Wellness to improve the breastfeeding support for public health employees and will use the progress made as an example to other employers of the Business Case for Breastfeeding. Activities completed to date include: 1) updating the brochure for the DPH lactation room, 2) conducting a survey of moms currently using DPH's lactation services and 3) working with DPH human resources (HR) to incorporate lactation information in HR orientation.

2015-2016 NPM 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates

Last Year's Accomplishments

MCH held 3 meetings to develop a strategic plan for the six regional perinatal centers (RPC) using information from the Perinatal Capacity Survey. Follow up meetings are scheduled to occur every quarter. The RPC membership established three priority committees during their first meeting in July 2015: Quality, Data, and Education. Each committee is represented by nurse educators and physicians, with a physician taking the lead for the committee.

Reviews of quarterly reports have provided opportunities to explore areas of potential improvement for future contract deliverables, such as expanding the topics of education provided by the nursing educators to include topics such as Preterm Labor Assessment (PLAT), Chronic Condition Management, Oral Health, Safe Sleep and Neonatal Abstinence Syndrome.

Marketing tools were provided to the RPC educators to promote themselves and perinatal regionalization. These tools will be helpful in drawing attention to their presence at meetings and conferences.

Current Activities

MCH collaborated with the Georgia Obstetric and Gynecological Society (GOGS) to host an RPC meeting at Sea Island on August 25, 2016. The meeting is for the 65th Annual GOGS Conference and the RPCs will have a meeting, on location, prior to the beginning of the conference. MCH is also working on developing a new geospatial map to display the locations and perinatal levels of birthing hospitals. MCH has also conducted three of six site visits of the RPCs.

2015-2016 SPM 02: Infant mortality rate among infants born weighing 1,500 grams or more who survive past the first 27 days of life

Last Year's Accomplishments

The Georgia Perinatal Quality Collaborative (GaPQC) had two active quality improvement projects during this period one focused on immediate postpartum LARC insertion and the other on improving the CCHD screening process at hospitals. MCH engaged a continuous quality improvement (CQI) consultant to conduct monthly conference calls and engage project teams in CQI activities such as developing team action plans and conducting Plan, Do, Study, Act (PDSA) cycles. The neonatal team focused on improving the CCHD screening process was able to identify and remove an unnecessary steps in the current screening process, reducing the laboratory process for screening by two weeks and make recommendations to hire additional laboratory staff at the state to meet the demands for processing CCHD cards.

The Safe Sleep Coordinator developed an "educational flipchart" as a teaching tool for educators who work one on one with new or expecting parents. The flipchart provides a visual demonstration of a safe sleep environment. During the reporting year, the Safe Sleep Coordinator also partnered with the Division of Family and Children Services to develop a campaign/training initiative for all of their employees and contractors (7,000+ individuals) to ensure consistent messaging for children in foster placement. DPH provided 20 "safe sleep display" kits to local groups and organizations. These kits consist of a pack n play with bassinet, doll with infant sleep sack and, teaching literature. They are designed to "show" what a safe sleep environment looks like and to help answer common questions around safe sleep in different locations within a local community. The Safe Sleep Coordinator has also developed the consistent messaging in all of the educational products and began distribution, Of the 77 birthing hospitals, 75 are participating in the Safe to Sleep Initiative.

Current Activities

MCH continues to support the GaPQC who meets regularly to review collected data and share experiences regarding their quality improvement projects. An annual meeting was held in October 2016, which included a leadership team meeting.

The Safe Sleep Coordinator is currently distributing the consistent safe to sleep materials to a variety of audiences including hospitals, licensed childcare centers, and social media. Tools and materials are being translated into Spanish for distribution and greater reach. Raise awareness about the ABCs (Alone, Back, Crib) of safe to sleep and safe sleep environments among health care providers, public health practitioners, parents or caregivers.