State Action Plan Table

State Action Plan Table (Georgia) - 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. By 2020, increase the number of birthing hospitals participating in the Georgia 5-STAR Hospital Initiative to 40

3.2. By 2020, develop a partnership with WIC to conduct 1 training per year for public health workers on breastfeeding

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 and train hospitals on the Georgia 5-STAR Hospital Initiative and the 10 Steps to successful breastfeeding.

3.1.b. Provide Train-the-Trainer opportunities for staff of hospitals participating in the Georgia 5-STAR Hospital Initiative.

3.1.c. Recognize hospitals for participating in and completing steps in the Georgia 5-STAR Hospital Initiative.

3.1.d. Work with community partners such as Georgia Academy of Pediatrics (GA-AAP), Georgia OB/GYN Society (GOGS), and other community partners to educate and train physicians, nurses, and other direct care providers on the importance of breastfeeding for mothers and babies

3.2.a. Continue to provide an education series to increase the breastfeeding knowledge base of public health employees throughout the state, including topics such as promoting the importance of breastfeeding, providing lactation support for working mothers, and other topics to support breastfeeding initiation and exclusivity at 6 months

3.2.b. Conduct a minimum of 4 VICS trainings annually for public health staff on topics developed through the breastfeeding education series

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

ESMs	Status
ESM 4.1 - 3.1.1 Number of birthing hospitals that participate in the 5-STAR Hospital Initiative	Active
ESM 4.2 - 3.1.2 Number of Train-the-Trainer workshops conducted	Active

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 (Georgia) - 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. By 2020, increase the percentage of birthing hospitals that have been educated on the requirements for neonatal level of care from 0 to 75%.

3.6. By 2020, increase the number of Regional Perinatal Centers (RPC) that have received at least one annual process evaluation

Strategies

3.5.1. Collaborate with the Department of Community Health and RPCs to promote the use of RPCs among Level I and Level II care hospitals

3.6.1. Conduct at least one annual process evaluation to determine RPC compliance with level III care at each RPC

ESMs	Status
ESM 3.1 - 3.5.1. Percentage of birthing hospitals that are in compliance with neonatal level of care requirements	Inactive
ESM 3.2 - 3.6.1. Proportion of Regional Perinatal Centers that receive a process evaluation	Active

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 (Georgia) - Perinatal/Infant Health - Entry 3

Priority Need

Decrease maternal substance use

SPM

By 2020, decrease the rate of infants diagnosed with Neonatal Abstinence Syndrome (NAS) from 3.2 (per 1,000 live births) to 2.0.

Objectives

4.1. By 2020, decrease the discharge rate of resident live births diagnosed as having neonatal abstinence syndrome (NAS) from 3.2 (per 1,000 live births) to 2.0

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 (Georgia) - Perinatal/Infant Health - Entry 4

Priority Need

Prevent infant mortality

SPM

By 2020, decrease the rate of congenital syphilis from 13 (infants per 100,000 live births) to 11.7.

Objectives

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

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)

Perinatal/Infant Health - Plan for the Application Year

Plan for the Coming Year: Oct 2017 – Sep 2018

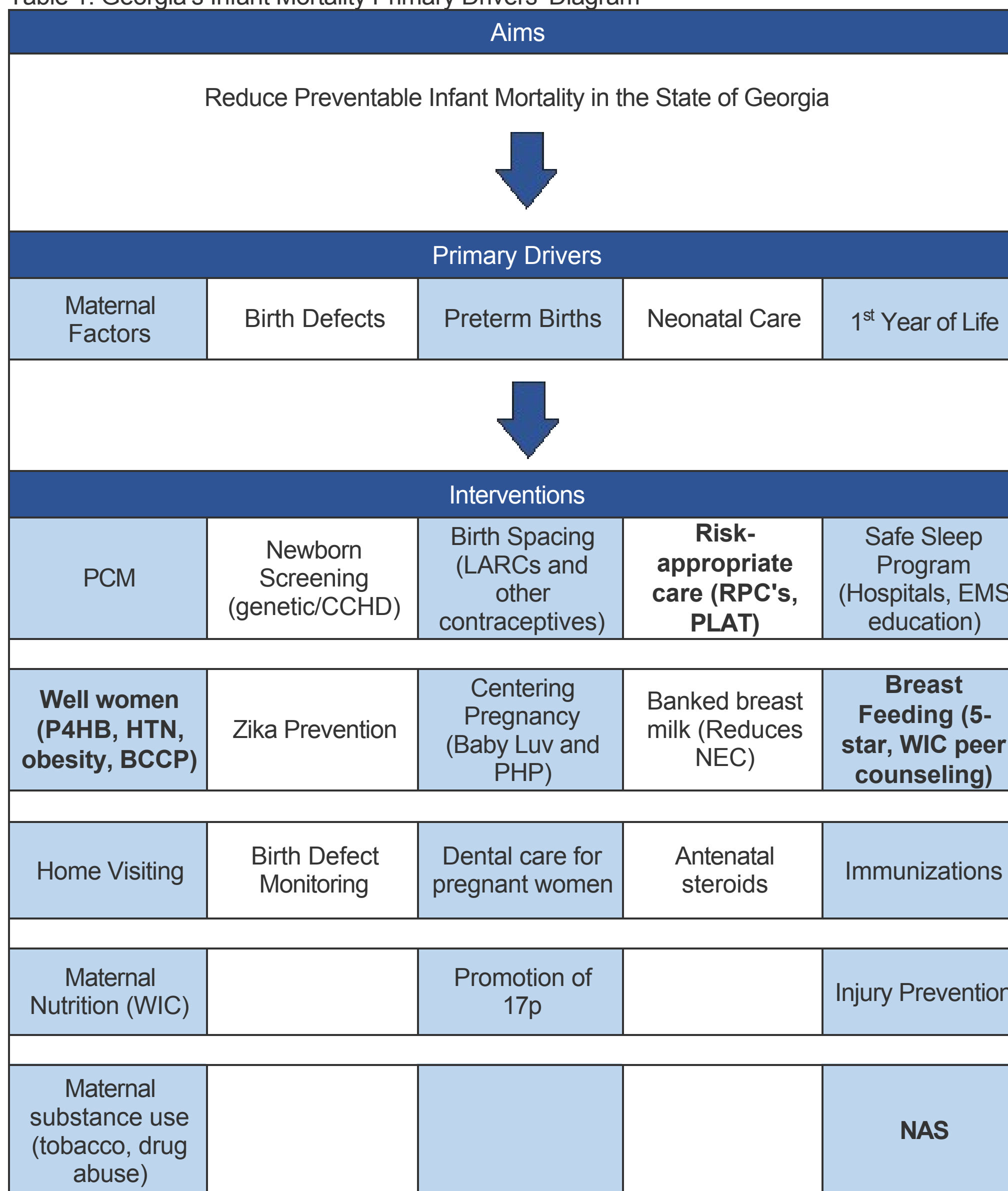
Priority Needs: Prevent infant mortality and Reduce maternal substance use

NPMs: Breastfeeding and Perinatal Regionalization

SPMs: Congenital Syphilis and Neonatal Abstinence Syndrome (NAS)

Infant mortality is a priority for Georgia's Department of Public Health and many of MCH's stakeholders and partners. As a priority for many agencies and partners, it became important for Maternal and Child Health (MCH) staff to unify partners and create synergy around strategies to reduce infant mortality. Under the direction of Health Promotions Division Director, Lara Jacobson, MD, the MCH section developed a simple visual to link strategies to common primary drivers (primary causes of infant mortality). The diagram is being used by MCH staff, Department leaders and MCH partners to communicate the primary drivers and all of the efforts to reduce infant death in Georgia. Title V National Performance Measures are bolded on the Infant Mortality Primary Drivers' Diagram (Table 1).

Table 1: Georgia's Infant Mortality Primary Drivers' Diagram



Aims				
Reduce Preventable Infant Mortality in the State of Georgia				
Primary Drivers				
Maternal Factors	Birth Defects	Preterm Births	Neonatal Care	1st Year of Life
Interventions				
PCM	Newborn Screening (genetic/CCHD)	Birth Spacing (LARCs and other contraceptives)	**Risk-appropriate care (RPC's, PLAT)**	Safe Sleep Program (Hospitals, EMS education)
Well women (P4HB, HTN, obesity, BCCP)	Zika Prevention	Centering Pregnancy (Baby Luv and PHP)	Banked breast milk (Reduces NEC)	**Breast Feeding (5-star, WIC peer counseling)**
Home Visiting	Birth Defect Monitoring	Dental care for pregnant women	Antenatal steroids	Immunizations
Maternal Nutrition (WIC)		Promotion of 17p		Injury Prevention
Maternal substance use (tobacco, drug abuse)				**NAS**

In the upcoming year, the MCH section plans to work with partners to improve and expand strategies on the primary drivers' diagram. An evaluation team has been identified to assist with evaluating strategies.

Maternal Factors

Perinatal Case Management (PCM)
In the coming year, the Women's Health Program will target three counties among the six cluster highly rated infant mortality counties without a PCM program for expansion. The Women's Health Program will also assess the potential impact of PCM Programs on infant mortality. Training and education to the current PCM programs will continue.

Planning for Healthy Babies (P4HB)
P4HB is a family planning demonstration waiver program issued by the Georgia Department of Community Health (DCH) to assist the Department in reducing the number of low birth weight (LBW) and very low birth weight (VLBW) infants in Georgia. Women who meet Medicaid eligibility criteria and/or have had a VLBW baby maybe eligible under the expansion policy to receive family planning services, Inter-pregnancy Care (IPC), Case Management, and/or Resource Mother. The program is intended to bridge health care for underinsured and uninsured women of high need.

Women ages 18-44 who meet the monthly family-income are eligible for family planning services, and IPC which includes primary care, substance abuse treatment, case management, limited dental services, and prescription drugs to treat chronic disease. Women who previously gave birth to a VLBW and do not receive Medicaid or are losing Medicaid are eligible for IPC. In addition, women who do not receive Medicaid and did not have a VLBW are eligible for family planning services.

In the coming year, the Women's Health Program will collaborate with DCH and other partners to increase enrollment into P4HB.

Maternal and Child Health Information and Resource Center
In the coming year, the Women's Health Program will work with the existing Maternal and Child Health Information and Resource Center that operates the MCH resource hotline and website to include resources and referrals to resources that identify and treat chronic illnesses such as IPC of P4HB, hypertension, heart disease, obesity, and diabetes.

Home Visiting
A major service strategy within Department of Public Health (DPH) is the Maternal, Infant and Early Childhood Home Visiting Grant Program (MIECHV) initiative. The Maternal, Infant, and Early Childhood Home Visiting Program gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. Georgia is committed to implementing comprehensive, community-based maternal and early childhood system to include evidence-based home visiting (EBHV) programs, in twelve counties receiving MIECHV Program Formula funds.

The performance measures focus on the following critical areas: Pre-term Birth, Breastfeeding, Depression Screening, Well-child visits, Post-Partum Care, Safe Sleep, Child Injury , Child Maltreatment, Parent-child Interaction, Early Language and Literacy, Developmental Screenings, Behavioral Concerns, Intimate Partner Violence, Primary Caregiver education, Continuity of Insurance Coverage, Completed Depression Referrals, Completed Developmental Referrals, and Intimate Partner Violence Referrals.

To continue implementing Home Visiting and assist in the development of updated community plans, the Home Visiting Program will:

1. Explore the sustainability and expansion of EBHV programs;
2. Support sites to improve benchmark measures;
3. Maintain EBHV models (Head Start Home-Based Option, Healthy Families Georgia, Nurse Family Partnership and/or Parents as Teachers) in the at-risk communities selected for this program by September 30, 2018;
4. Maintain model fidelity for the EBHV models and work with other technical assistance (TA) providers by September 30, 2018;
5. Provide and coordinate EBHV model core training and subject matter expertise for dealing with serious family concerns such as maternal depression, domestic violence, substance abuse, and mental illness by September 30, 2018;
6. Assist program staff with data collection, data entry, and data reporting, meeting contract requirements, and

working through quality improvement interests by September 30, 2018;

7. Provide training and technical assistance to counties in implementation of evidence-based home visiting models by September 30, 2018.

Birth Defects

Newborn Screening
Georgia state legislature passed a bill to provide a pathway for parents to request Krabbe screening. In the coming year, the Newborn Screening Program will identify and implement the pathway for selective Krabbe screening and review Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) recommended disorders, Pompe Disease, Mucopolysaccharidosis Type 1 (MPS 1), and X-linked Adrenoluekodystrophy (X-linked ALD).

Zika Prevention
The MCH section will continue to support the Zika Prevention Team in the preparation for zika response and prevention of perinatal zika infection.

Preterm Births

CenteringPregnancy
The Women's Health Program submitted a March of Dimes Centering Pregnancy Proposal for $45,000 for three years to provide education and training on the use of evidence-based group prenatal care models to public health providers and collaborative partners. In addition to training and education, the Women's Health Program will continue to support local public health districts in providing *CenteringPregnancy* options to at risk communities.

Promotion of 17 alpha-hydroxyprogesterone caproate (17p)
In the coming year, the Women's Health Program will partner with the Georgia Obstetrical and Gynecological Society (GOGS) to promote the use of 17p. Pregnant women who are carrying one fetus and have had a previous spontaneous premature birth before benefit from early and routine 17p injections. The widespread use of 17p is unknown but has potential for reducing Georgia's preterm birth rate.

Neonatal Care

Perinatal Regionalization
In the coming year, the Women's Health Program intends to develop and implement targeted marketing strategies to increase awareness of the RPCs with the goal of increasing utilization and promote the use of PLAT, in Level I and Level II birthing hospitals in the southernmost region of the state, to quickly identify women presenting with preterm labor and initiate risk appropriate care (Numerator= # of Level I and Level II hospitals with PLAT; denominator = total # of Level I and II birthing hospitals south of Atlanta).

1st Year of Life

Safe Sleep
In the coming year, the Georgia Safe to Sleep Campaign's Hospital Initiative will continue to work with the participating birthing hospitals to meet all of the goals of the program. Recognition of hospitals who complete all aspects of the program will continue on a quarterly basis. Training and education will continue as needed and requested from hospital staff. The hospital program process evaluation will be completed by Oct. 2017 and work will begin to disseminate the information at conferences and, to other professionals and stakeholders. The program coordinator will also provide trainings to other professionals up to and including, home visitors, local health departments/WIC offices, first responders, social workers, and Doulas. Information on infant crying, shaken baby syndrome and, grief resources will also be provided. Additionally, the program coordinator is also assisting the Georgia Bureau of Investigation (GBI) in revitalizing the GA Safe Infant Sleep Coalition in order to pilot new ideas such as, a play yard donation program and a faith-based initiative.

Breastfeeding
In the coming year, the Women's Health Program continues to support the 5-STAR hospital initiative in which the Department of Public Health (DPH) supports hospitals through completing the 10 steps to achieving Baby-Friendly designation. After completion, hospitals are able to pursue the Baby-Friendly designation if they so choose. DPH and the Georgia Hospital Association (GHA) will continue to recognize hospitals with a star for every two of the Ten Steps to Successful Breastfeeding that is implemented.

In addition to the 5-STAR Hospital Initiative, the Women's Health Program will also partner with the Georgia Chapter of American Academy of Pediatrics (GAAAP) to provide EPIC (Educating Physicians & Practices in their Communities) Programs; free peer-to-peer educational programs for Georgia's physicians, nurses, and office staff. Education is presented in the practice by a physician-led team of trained professionals. Participating physicians are offered CME credit hours and participating nurses received CEU contact hours. The EPIC Breastfeeding Program is also offered to physicians in hospitals and residency programs. The Program also provides information on evidence-based standards of how to encourage, promote and support breastfeeding. As well as information on how to access lactation and support services in the community and free resources for patient education.

Neonatal Abstinence Syndrome (NAS)
In the coming year, the Women's Health Program plans to continue making improvements in hospital reporting, publish an inaugural report on NAS in Georgia, create additional resources (pamphlets, education/training, and web resources) for providers and the general public.

Congenital Syphilis
In the coming year, the Sexually Transmitted Diseases (STD) Section will continue to promote 1st and 3rd trimester testing for HIV and syphilis, as well as improve the quality of data for congenital syphilis, and identify, confirm and treat patients with confirmed syphilis.

Perinatal/Infant Health - Annual Report

Reporting Year Oct 2015-Sept 2016

Priority Need: Prevent infant mortality

NPM 3: Perinatal Regionalization

According to the Association of State and Territorial Health Officials (ASTHO), perinatal regionalization is a strategy to improve maternal and perinatal outcomes by establishing a network that supports patient transfers and increases the accessibility of perinatal specialty care. Perinatal regional systems assign hospitals a risk-appropriate level and support high-risk infants being born in facilities with higher levels of care. The Georgia Regional Perinatal Centers (RPC) are facilities selected by DPH to serve six geographical regions across the state to provide at minimum, subspecialty (Level III) services; which support the births of high-risk women and high-risk infants.
The RPCs provide comprehensive perinatal health services for pregnant women and neonates of all risk categories; consultation and/or medical transport for patients requiring subspecialty perinatal care; as well as outreach and educational support for regional hospitals. RPCs are integral to risk-appropriate care and as such contribute to the improvement of perinatal outcomes.

During the reporting year, the Women's Health Program within the Maternal and Child Health (MCH) Section piloted the use of the March of Dimes Prenatal Labor Assessment Toolkit (PLAT); an evidence-based tool used to standardize the assessment of preterm labor to facilitate prompt interventions to improve birth outcomes. PLAT guidelines allow medical professionals to make a determination on the diagnosis of preterm labor within 4 hours. Reducing the timeframe to determine whether a woman is in labor provides the medical professional with time to intervene accordingly; whether that is admission or transportation of the pregnant woman to a level III RPC. Five of 79 birthing hospitals with varying perinatal levels (levels I- III) participated in the PLAT pilot. Results from the pilot showed that after PLAT implementation all of the clinical indicators of care improved, and the average disposition time decreased by an hour to an average of 3.08 hours.

In addition to piloting PLAT, the RPCs collaboratively worked together to create a common data set with standardized definitions. Doing so allowed them to use common language to compare processes and outcomes across the system and assess collective goals.

NPM 4: Breastfeeding

The Georgia 5-STAR initiative was implemented to encourage hospitals to take steps toward becoming breastfeeding friendly and achieving the "Baby-Friendly" designation. Georgia 5-STAR recognizes hospitals with a star for every two of the Ten Steps to Successful Breastfeeding that is implemented. The Women's Health Program provides training and technical assistance to hospitals participating in Georgia 5-STAR.
During the reporting year, the Women's Health Program hired a full-time Project Director and Breastfeeding Coordinator to support the Georgia 5-STAR program and other breastfeeding initiatives. During this time, the Women's Health Program developed a 5-STAR advisory board (comprised of a "Baby-Friendly" hospital, public health district representative, WIC representative, and provider), created a comprehensive application and review process, and increased active enrollment in the program from 12 to 37 of the total 79 birthing centers statewide.

During the reporting year, the Women's Health Program provided quarterly DPH led workshops and Train-the-Trainer workshops to encourage new hospitals to join the Georgia 5-STAR program. Workshops provide an overview of the Ten Steps to Baby Friendly, the requirements for program participation and completion, and best practices and tools to train other staff and providers.

The Women's Health Program also partnered with the American Academy of Pediatrics – Georgia Chapter (GA-AAP) to provide the Educating Physicians in the Community (EPIC) breastfeeding training to providers statewide.

SPM 3: Congenital Syphilis

During the reporting year, the Sexually Transmitted Diseases (STD) Section promoted House Bill 436, the *Georgia HIV/Syphilis Pregnancy Screening Act* of 2015, to eliminate the requirement of counseling prior to testing pregnant women for HIV and syphilis and allow for refusal of testing during the 1st and 3rd trimester of pregnancy. The STD section collaborated with the Georgia Obstetrical and Gynecological Society to promote prenatal testing during the 1st and 3rd trimester.

Other Programs

Newborn Screening
The Georgia Public Health Lab (GPHL) and the Newborn Screening (NBS) Program routinely collaborate on the development of policies, procedures, budget, data exchange, quality assurance, program evaluation and education. The NBS Program within the MCH section provides training and education that supports the newborn screening system and follow-up services for all presumptive and diagnosed cases; in addition to coordinating the Georgia Newborn Screening and Genetics Advisory Committee (NBSAC).

Emory University, Augusta 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 that have at least 12 steps to locating families and providers. The NBS Follow-up Coordinators completed Children 1st 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. During the reporting year, contractors followed up on 5778 abnormal cases. Special formula and low-protein modified foods are provided to all children and young adults, particularly pregnant women with eligible metabolic disorders.

The program provides information on newborn screening 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.

Each hospital has electronic access to their lab specimen reports in the state's database State Electronic Notifiable Disease Surveillance System (SendSS). The reports display a list of unsatisfactory blood spot screens and the cause of the unsatisfactory determination. The report also provides statistical measures of the hospital's comparative performance to other hospitals in the state. This report is used to monitor hospital performance and identify lab specimens needing to be repeated. Furthermore, the State NBS Clinical Coordinator provides technical assistance related to NBS specimen collection and submission to the Georgia Public Health Laboratory, to hospitals and birthing facilities through telephonic consultations and in-person visits.

MCH Epidemiology continues to analyze data on newborn screening results and link with electronic birth certificates in SendSS. The automatic patient matching rate increased by 4% during this time period due to improvements to the matching algorithm.

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

Perinatal Case Management
Perinatal Case Management (PCM) is a voluntary program available to pregnant women who receive Medicaid services. PCM aims to improve perinatal outcomes by providing pregnant women with a case manager who identifies needs and resources. Perinatal case managers capture women who have received a positive pregnancy test in a health department and is placed on presumptive eligibility Medicaid. Perinatal case managers provide them with a list for Obstetricians, CMO's (Care Management Organization; such as Wellcare, Amerigroup, Peach State and Care Source), WIC services, and access to medical, nutritional, social, psychosocial, educational and other services. The perinatal case manager will assist the woman in locating Medicaid and community providers and making the necessary connections to the service needs identified in their individual plans. PCM helps expectant mothers achieve the best outcomes through linking her with resources unique to her needs. The expectant mother leaves with the knowledge of how to take care of her needs and her unborn babies' needs. PCM case managers are located in 88 of 159 local health departments across Georgia.

The DPH Strategic Plan (1.3.6) includes an objective to increase the number of local health departments providing PCM services to 104 by 2019. During the reporting year, the Women's Health Program assessed the feasibility of implementing PCM within local health departments that did not have a PCM program, developed standard operating procedures, and developed PCM training for case managers.

CenteringPregnancy
The Georgia Department of Public Health partners with the *CenteringGeorgia* Coalition, March of Dimes of Georgia, public health districts and other stakeholders to promote group prenatal care, known as *CenteringPregnancy*. *CenteringPregnancy* brings together groups of 8-12 women of the same gestational ages to receive enhanced prenatal care in a group setting. Providing prenatal care in this way allows moms and providers to get to know each other on a much deeper and meaningful level in order to reduce health disparities. Members of the group form lasting friendships and are connected in ways not

possible in traditional prenatal care models.

Centering group prenatal care follows the recommended schedule of 10 prenatal visits, but each visit is 90 minutes to two hours long - giving women 10x more time with their provider. Moms engage in their care by taking their own weight and blood pressure and recording their own health data. They also have their own private time with their provider for a physical exam.

Women of different ages, races, and socio-economic backgrounds that are grouped together benefit from their differences and the shared common experience of pregnancy, birth, and family care. Many continue to receive family centered well-child care through the first two years with the *CenteringParenting* program.

MCH worked with the *CenteringGeorgia* coalition, Emory Rollins School of Public Health, and the Georgia State Health Policy Center to collect and analyze data from established *CenteringPregnancy* sites. MCH also participated in the Social Determinants of Health (SDOH) Collaborative Improvement and Innovation Network (CoIIN) with the aim of promoting the *CenteringPregnancy* model of prenatal care to reduce health disparities for pregnant women throughout the state.
During the reporting year, MCH and the *CenteringGeorgia* coalition (co-led by March of Dimes and United Way of Greater Atlanta) bridged discussions between Medicaid and the managed care organizations to explore funding for the centering model, including providing enhanced reimbursements for prenatal care providers.

Safe Sleep
The Georgia Safe to Sleep Hospital Initiative, as part of the Georgia Safe to Sleep Campaign, is a statewide initiative designed to raise awareness about sleep-related infant deaths and evidence-based sleep practices to prevent infant mortality. The hospital initiative was launched in May 2016.

The Georgia Safe to Sleep campaign provides tools and resources that strengthen policy, provide consistent education, and change infant sleep environments to achieve four primary objectives:

- Prevent infant sleep-related deaths in Georgia
- Empower professionals in multiple disciplines to educate parents about safe sleep environments and ensure they see proper sleeping practices modeled in hospitals
- Disseminate accurate and consistent messages that empower families to make informed decisions about infant sleep
- Increase access to resources that support behaviors that protect infants from sleep-related deaths

As part of the Hospital Initiative, all participating birthing hospitals pledge to educate their staff as well as new parents and caregivers on proper infant sleeping practices, model safe infant sleep while infant is in the hospital and create policies on safe infant sleep following the American Academy Pediatrics recommendations. The hospitals were also provided several educational support resources for new parents. These included a supply of “This Side Up” infant gowns, “Sleep Baby Safe & Snug” board books for all families to take home and also, a supply of travel bassinets for our most at-risk families. Hospitals were also provided with various training resources for staff, assistance with crib audits, and mentoring on the safe infant sleep recommendations.

The Hospital Initiative has participation from all 79 birthing hospitals throughout the State of Georgia. As of October 2015, no hospitals were participating. In January 2016, recruitment of birthing hospitals began and by the official launch of the initiative in May 2016, all 79 birthing hospitals had pledged to participate.

As of September 2016:

- 100% of birthing hospitals had been recruited and provided a step by step guide, developed by the Georgia Safe to Sleep Campaign, on how to implement a hospital-based safe to sleep program. Goal achieved
- 100% of birthing hospitals received various educational resources for both staff and parents/caregivers. Goal achieved
- 5 out of 79 (6%) birthing hospitals had updated safe to sleep policies implemented
- 15 out of 79 (19%) birthing hospitals had submitted crib audits

No hospital were recognized for completing the program since all hospitals were still in process of implementation.

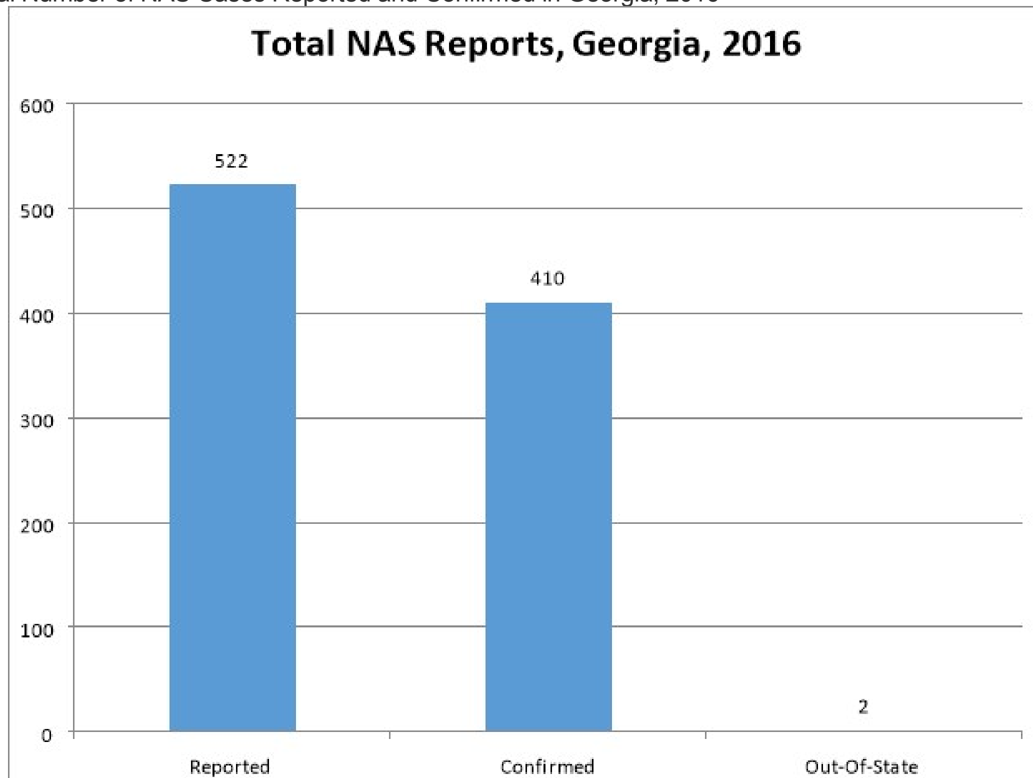
Priority Need: Prevent maternal substance use

SPM 4: Neonatal Abstinence Syndrome
On January 1, 2016 Neonatal Abstinence Syndrome (NAS) was made a notifiable condition in Georgia. During the reporting

year, the Women's Health Program and Epidemiology Section have worked together to educate hospitals about the new requirements, monitor the progress of reporting, and assess the current status of NAS in Georgia. Georgia's NAS Surveillance system is a blend between a passive and active system. Case data is passively gathered through cases reported to the State Electronic Notifiable Disease Surveillance System (SendSS) and hospital discharge data. Cases are then verified by the NAS Coordinator by reviewing case variables, assigning a disposition and possibly verifying report information or requesting additional information. Georgia's case criteria for a confirmed case of NAS is: (1) presence of one or more clinical symptoms of NAS and/or (2) a positive infant substance test result.

Between January 1st to December 31st of 2016 hospitals reported 522 cases of which 410 were confirmed as NAS cases (Graph 1).

Graph 1: Total Number of NAS Cases Reported and Confirmed in Georgia, 2016



Of the cases reported the most common substance found in positive drug screens is cannabis. Other opiates including, codeine, morphine, methadone, meperidine, propoxyphene, and other unspecified opiates are the second most commonly found substance.

During the reporting year, the Georgia Regional Perinatal Center educators educated clinicians and clinical professionals across the state on Neonatal Abstinence Syndrome and maternal substance use and misuse.

Current Year Oct 2016-Sept 2017

Priority Need: Prevent infant mortality

NPM 3: Perinatal Regionalization

In the current year, the Perinatal Manager collaborated with hospitals and other community partners to expand PLAT and to make systemic changes to Georgia's perinatal system. Highlights of work completed this year include:

1. An additional five hospitals have implemented PLAT as their standard of care.
2. The creation of a specialized workgroup designed to revitalize the system of perinatal care in Georgia to include service delivery, data collection efforts and quality improvement initiatives.
3. The revision of the RPC Contract with DPH.
4. Increased communication with data, education and budget/financial personnel from each RPC to foster increased

collaboration and provide technical assistance in adherence to Contract guidelines.

NPM 4: Breastfeeding
In the current year, MCH hosted a 5-STAR Train-the-Trainer event in December 2016, and a 5-STAR overview workshop in March 2017. Future trainings are scheduled for June and September 2017. Additionally, MCH is planning to have a one-day statewide 5-STAR summit to celebrate the success of the program, recognize hospitals for their participation, and encourage enrollment from new birthing centers throughout the state.
MCH is also working to develop a comprehensive marketing strategy to promote Georgia 5-STAR statewide not only to hospitals and providers, but to expectant mothers also.

SPM 3: Congenital Syphilis
In the current year, the STD section continued to improve the quality of syphilis data by hiring an identified team member to focus on improving the accuracy and completeness of congenital syphilis data. In addition to improving data quality the STD section continued to promote 1st and 3rd trimester testing and identify, confirm and treat confirmed syphilis cases.

Other Programs

Newborn Screening
In the reporting year, the Newborn Screening (NBS) Program continuously assessed aspects of the NBS system and worked through improvements as well as, continued to educate parents and providers on NBS. The program generated a new hospital report to share key performance indicators related to newly added conditions, hearing and critical congenital heart disease (CCHD). Reports are generated on a monthly basis and accumulates over time.

Due to a lag in real-time data entry of hearing and CCHD screening results, the NBS Program hired a temporary FTE to manually enter the CCHD and Hearing data daily until the laboratory information system software upgrade is completed. The NBS program is currently working to reduce the number of unsatisfactory blood spots (unsats) as well. By identifying hospitals who submit unsats, notifying those submitters of their specimen collection performance and conducting site visits to offer technical assistance and training we are helping submitters improve specimen collection techniques. Webinars are also offered periodically for support.

As a result, the statewide unsatisfactory specimen rates for Q4 2016 was 3.59% and Q1 2017 was 3.22%. Our largest submitter, Northside Hospital (approx. 1500 births/month) had a rate of 0.76% for Q4 of 2016 and 0.53% for Q1 of 2017.

The program continues to provide education and resources to families and healthcare providers. A revised NBS brochure was created and distributed to birth hospitals and local health departments to educate parents and providers.

Pre-and post-natal screening education is given to families and healthcare providers including the importance of addressing positive results. Materials, such as the revised NBS brochure, are also distributed to parents in the hospitals, doctor's offices and health departments, prior to having a metabolic, critical congenital heart disease and/or hearing screen completed.

Information is disseminated via multiple communication methods, including the DPH website, newsletter articles, conferences, webinars and other training/professional development opportunities.

Through partnerships with our follow-up programs, such as Emory University, Augusta University and Children's Healthcare of Atlanta (CHOA), information and resources are provided to healthcare professionals and families of those who have confirmed disorders.

Provider education is completed in a variety of ways. The Georgia NBS Program contracts with professional organizations such as the Georgia Chapter of the American Academy of Pediatrics (AAP) to educate providers. In conjunction with Ga-AAP, the Early Hearing Detection and Intervention (EHDI) program and Augusta University gave webinars on 3/16/2017 and 5/25/2017, respectively, to educate providers on NBS practices. Telephone consultations and on-site in-services with birthing hospitals continue.

Perinatal Case Management
In the current year, MCH PCM staff continue to visit local health departments to explore opportunities to implement new PCM programs. State staff also continue to develop PCM SOPs, which will be used to train district perinatal case managers.

MCH PCM staff are also working with a HR contractor to develop a PCM curriculum to deliver to district perinatal case managers. PCM curriculum assessments will also be provided to district staff.

Some of the assessment, feasibility and quality improvement projects MCH PCM staff have begun include:

- Developing a table to compare percentage of Presumptive Eligibility (PE) Medicaid and PCM done in the 6 cluster county health departments with increased infant mortality rate
- Analyzing PCM enrollment by comparing district reported numbers with the numbers from DCH's Medicaid monthly reports
- Implementing a reporting tool for tracking PE/PCM numbers within the district for monthly submission
- Conducting QA/QI reviews on PCM Care Plan
- Conducting QA/QI reviews on Reproductive Life Plan (RLP)
- Collaborating with CMO's, Medicaid Partnership and District in relationship building

CenteringPregnancy
In Feb. 2017, MCH applied for funding from the March of Dimes to begin offering Centering training to public health providers throughout the state, beginning the expansion of Centering within Georgia's public health districts. If awarded funding, training for providers will start next quarter.

Safe Sleep
In the current year, all 79 birthing hospitals throughout the State of Georgia are participating in the Safe Sleep Hospital Initiative. Hospitals continue to develop and implement their programs. DPH continues recognition of hospitals that complete all aspects of the program (staff education, crib audits, policy and patient education) and will continue to on a quarterly basis.
To date:

- 24 hospitals (30.4%) have completed all portions of the safe to sleep hospital program and received recognition on February 2017
- 54 hospitals (69%) have provided data on crib audits
- 40 hospitals (51%) have provided their updated policies on safe infant sleep
- 79 hospitals (100%) participated in an in-person process evaluation visit
- 79 hospitals (100%) have provided education to their staff on safe infant sleep recommendations
- 79 hospitals (100%) distributed to families with recently born infants materials on safe infant sleep including the hospital "this side up" gown, safe sleep book and other materials

Priority Need: Prevent maternal substance use

<u>SPM 4: Neonatal Abstinence Syndrome</u>
In the reporting year, Women's Health Program staff continued to partner with the Epidemiology section to improve NAS reporting and education.