Decreasing Preterm Births in Allen County

Infant Mortality in Allen County has been above 7 per one thousand live births for more than 10 years. A review of our county's infant mortality numbers shows the following:

10 yearData review (2005 - 2014) 63.2% of Child Deaths (below 17 years of age) or 98 of 155 deaths were to infants with 61.2% of those deaths or 60 of 98 infant deaths being due to prematurity.

Latest 5 year Data Review (2010 – 2014) 68.4% of Child Deaths (below 17 years of age) or 39 of 57 deaths were to infants with 66.7% of those deaths or 26 of 39 infant deaths being due to prematurity.

March of Dimes Describes Prematurity As......

"Premature birth is a birth that happens too soon, before 37 weeks. Babies born this early may have more health problems or may need to stay in the hospital longer than babies born later. Each year in the United States,, nearly half a million babies -- about 1 in 9 – are born prematurely. "In Ohio and Allen County, that number has been elevated for the past ten years without any change.

How much does premature birth cost society?

In 2007, the Institute of Medicine reported that the cost associated with premature birth in the United States was \$26.2 billion each year. Here's how the numbers add up:

- \$16.9 billion in medical and health care costs for the baby
- \$1.9 billion in labor and delivery costs for mom
- \$611 million for early intervention services. These are programs for children from birth to age 3 with disabilities and developmental delays. They help children learn physical, thinking, communicating, social and self-help skills that normally develop before age 3.
- \$1.1 billion for special education services. These services are specially designed for children with disabilities ages 3 through 21. They help children with development and learning. Children can get these services at school, at home, in hospitals and in other places, as needed.
- \$5.7 billion in lost work and pay for people born prematurely

The Maternal Infant Task Force of the Allen County Community Health Improvement Plan identified a very successful program utilized by the City of Baltimore, MD as they took on their infant mortality issue and had some great success

B'more for Healthy Babies (BHB) is an innovative initiative to reduce infant mortality in Baltimore City through programs emphasizing policy change, service improvements, community mobilization, and behavior change. It has helped reduce the infant mortality rate in Baltimore City to its lowest point ever: 9.7 deaths per 1,000 live births (2012). Infant mortality has decreased by 28% since the launch of the initiative, from 13.5 in 2009 to 9.7 in 2012; the disparity between white and black infant deaths decreased by almost 40% during same time period.

One of the initiatives for B'More for Healthy Babies (BHB) is the "BABY BASICS" project.

Baby Basics

What is Baby Basics?

Baby Basics is a health literacy program that helps pregnant moms read, understand, and act upon pregnancy information. Baby Basics was created for underserved families by The What to Expect Foundation in New York City, which takes its name from the bestseller *What to Expect When You're Expecting*. To date, more than 600,000 Baby Basics materials have been distributed to pregnant women nationwide.

What are the goals of Baby Basics?

The Baby Basics program has the following goals:

- Provide comprehensive and easy-to-read prenatal materials that are not only beautiful but also serve as a catalyst for learning and family literacy.
- Empower underserved parents to be active participants and effectively navigate the healthcare system, advocating on their own behalf and on behalf of their children and families.
- Teach healthcare providers to think about health literacy and cultural competency with their patients, integrating tools
 into daily practice to improve patient communication and compliance.
- Build community initiatives so families receive consistent, comprehensive, integrated, prenatal care information.

What are the Baby Basics materials?

The Baby Basics materials can be used one-on-one or with groups of pregnant women:

- The colorful Baby Basics book written at 3rd and 5th grade reading levels addresses the difficult economic, social, and cultural issues that many pregnant women face. The book contains evidence-based health information that meets ACOG health education standards.
- The **Baby Basics planner** helps pregnant women get organized. The booklet has space to record appointments, test results, provider's instructions, and write questions.
- Baby Basics posters and supporting materials promote the program.
- The Baby Basics Moms Club curriculum enables trained staff from health systems and community-based programs to facilitate group education classes for pregnant clients (and the Dads, too).

What are Baby Basics Moms clubs?

Moms clubs are prenatal education and support groups that are conducted using the *Baby Basics Curriculum*. They can be held by community-based organizations, schools, churches, clinics, prisons, and other entities.

- Club facilitators distribute the Baby Basics materials to the women in the club and use the 24 activities included in the curriculum to facilitate learning and discussion.
- Each activity has both a prenatal education and health literacy goal and corresponds to content in the book and planner.
- The curriculum is organized into six sections, and clubs typically run six sessions.
- Facilitators take a 2-day Educational Program Baby Basics training that includes a focus on group facilitation and adult education.
- Facilitators are encouraged to make use of local resources to make the sessions highly relevant to the participants and help teach concepts (e.g., local grocery shopping or library expeditions).

How can clinics benefits from Baby Basics?

Baby Basics provides clinics and community-based programs with simple tools and strategies for helping each client learn how to care for herself and her baby. The teaching strategies for using Baby Basics serve as a quality improvement tool for clinics that helps organize care for clients.

An initial evaluation of the program found that patients participating in Baby Basics reported increased adherence to prenatal visits and greater satisfaction with their medical care compared with patients who did not participate in the program.

Pregnancy is *the* health literacy teachable moment. The Baby Basics program offers an appealing, engaging, and safe way to empower your clients for better health and better future.

*** Taken from the B'More for Healthy Babies website.: healthybabiesbaltimore.com

The Maternal Infant Task Force is proposing a program to offer an evidence-based educational curriculum to prenatal mothers receiving care at OB-GYN Specialists of Lima beginning in the Fall of 2015. Each mother identified "at risk" (see attachment for Risk Factor list) would receive a book and a corresponding workbook, written at a 5th – 6th grade level to help these women understand their pregnancy and body 'messages' that would signal the need to contact their providers. Each monthly visit would be assisted with a mentor, who would come from the Masters in Social Work program at OSU. The mentor would be a third or fourth year MSW student, who will have had the training to mentor the Baby Basics Curriculum.

As an additional collaboration with local universities, we will be working with the Public Health students from Bluffton College to perform an outcome analysis of this effort. There is already a collegial relationship between the two colleges, which is being well received by both colleges.

Another Prematurity intervention taken by the Maternal Infant Task Force was to bring Dr. Jay lams from the Ohio Perinatal Quality Collaborative to speak with local obstetrical providers about the Progesterone Project and the efforts of the Collaborative to improve access to progesterone supplies, including insurance coverages of the medication. The Collaborative representatives then visited each of the obstetrical practices attending the presentation to establish relationships with those office staff members responsible for securing patient medication. This event was held on April 2nd.

COST

The OB GYN Specialists of Lima practice is delivering approximately 1200 babies per year or 275-300 per quarter. An estimate by the office management staff places about 500 of those 1200 deliveries in the "at risk" category, being eligible for participation in this Baby Basics curriculum. These deliveries make up over 41% of their annual deliveries. ***Recent increases in referrals to Allen County Children Services for maternal substance abuse (described as a "spike") may increase the previous estimates.

The cost per curriculum per patient is \$9.00 each. Based on the previous estimates, the first year's cost would be: 500 "at risk" mothers x \$9.00 = \$4,500 for the curriculum costs of Baby Basics. An additional cost of \$1500.00 for training and implementation costs.

In the Baltimore City effort, they began with one practice and within one year, the other OB practices were demanding to participate as well due to the identified successes. To get an estimate of the potential expansion would be determined by taking the deliveries (1492 at SRMC) and subtracting those completed by The OB GYN Specialists of Lima, leaving 292 deliveries. By applying the 41% identified previously, we would have an additional 120 clients. These additional clients would increase the curriculum costs by \$1080.

TOTAL COSTS:

"At Risk" patients at OB-GYN Specialists of Lima (500 clients)

\$4,500.00

Training and implementation costs of Baby Basics program

\$10,750.00

Instructor costs to train up to 30 mentors - \$10,000

Transportation/Food/Lodging - \$750.00

Sub Total:

\$15,250.00

Adding 120 "At Risk" patients also delivering at SRMC (curriculum only

\$1080.00

Grand Total:

\$16,330.00

These costs will be annual costs, as effort will be an annual effort for five years, or until other funding support can be identified.

Risk Factors to Establish Participation in Baby Basics Program

(Check all that apply)
☐ a Less than 18 or more than 35 years old
☐ b. Medical Problems (STD, UTI, Diabetes, etc.)
□ c. Anemia
\square d. Previous Pregnancy complications/poor outcomes
\square e. 2 nd Pregnancy within twelve months
☐ f. Tobacco Use (Smoking, snuff, etc.)
☐ g. Alcohol use suspected
☐ h. Drug Use suspected
☐ i. Late entry into prenatal care (after 13 weeks)
\square j. Non-compliance with keeping appointments
☐ k. Domestic violence
☐ I. Pregnancy Unwanted
☐ m. Developmental Delays/Mental Illness
☐ n. Homelessness/Poor living environment
□ o. Language barriers
□ p. Other:

Source: Ohio Department of Health, OIMRI Client Intake Report