

## Descriptive Summary Of Perinatal Systems Initiatives Reported Nationally, 1996-97

### Introduction

Fetal and infant mortality review (FIMR) is a process used to determine the community-level factors associated with individual cases of fetal/infant death. FIMR goes beyond biomedical causes to place infant mortality in the larger context of social, economic, and health systems factors, with the ultimate goal of improving community resources and health service delivery systems for women, infants, and families. Through the FIMR, health care professionals and policymakers implement peer review and quality improvement processes, and learn more about strategies for improving the health of women and their infants. FIMR provides an opportunity to uncover specific systems issues not discernable with aggregate data only. FIMR is thus a vehicle for implementing the public health functions of assessment, quality assurance, and policy development at the community level.

In 1996 the Johns Hopkins Women's and Children's Health Policy Center initiated an evaluation of FIMR at the behest of MCHB. The first component of this evaluation entailed a brief mailed survey (with telephone follow-up) of State Maternal and Child Health Programs asking for identification and preliminary characterization of perinatal systems initiatives<sup>1</sup> and FIMRs in their states. These initiatives included statewide ones, as well as initiatives in local jurisdictions. All states, plus the District of Columbia, Puerto Rico, and the Virgin Islands received surveys asking for information about counties in their state. We also surveyed 72 large metropolitan areas separately with parallel questions. Using data collected in the first phase of this national study, we describe here the perinatal systems initiatives in the United States reported to be in existence in 1996 and 1997.

### National Overview

Of the 47 states and territories from which we were able to obtain survey responses, 40% (19) reported at least one statewide perinatal systems initiative. The number of such initiatives ranged between 1 and 6, with most having a single statewide initiative. Examples of these

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<sup>1</sup>For the purposes of the WCHPC survey, *perinatal systems initiatives* were defined as "A set of broad-based, multi-faceted, organized activities aimed at changing the goal(s), components, or communication strategies of the perinatal health system." Excluded were efforts focusing on only a single targeted health service or intervention.

initiatives include major media and outreach campaigns to encourage early enrollment in prenatal care (4 states), health education related to substance abuse prevention and/or smoking cessation (4 states), and "Back to Sleep" public awareness and provider counseling campaigns to address infant mortality related to Sudden Infant Death Syndrome -- SIDS (4 states). Table 1 shows the states with statewide initiatives and FIMRs or other system initiatives in local jurisdictions.

**Table 1. Overview -- Reported State and Local Perinatal Systems Initiatives (1/96 - 12/97)\***

State	Statewide Initiative(s) <sup>1</sup>	FIMRs <sup>2</sup>	Percent of Counties With Initiatives <sup>3</sup>	Metropolitan Area Initiatives <sup>4</sup>
Alabama		1	1%	Birmingham 2
Alaska			0	
Arkansas		1	100%	
Arizona	1		80%	Phoenix 1 Tucson 3
California		23	71%	Riverside 1 Fresno 3 San Francisco 1 San Jose 3 Stockton 6 Sacramento 1 Santa Ana 4 Los Angeles 9
Colorado			92%	Colorado Springs 2
Connecticut	**		**	
Delaware			0	
Florida		51	100%	Tampa 2 Jacksonville 2 Miami 2 St Petersburg 3
Georgia	**	1	**	
Hawaii	5	1	NA	Honolulu 1
Idaho	**		**	
Illinois	**	1	**	
Indiana	5	4	26%	
Iowa	1	1	1%	
Kansas			78%	Wichita 2
Kentucky			75%	

State	Statewide Initiative(s) <sup>1</sup>	FIMRs <sup>2</sup>	Percent of Counties With Initiatives <sup>3</sup>	Metropolitan Area Initiatives <sup>4</sup>
Louisiana	1	14	70%	New Orleans 1
Maine	1		NA	
Maryland		6	100%	Baltimore 2
Massachusetts	**	1	**	Boston 3
Michigan		5	10%	Detroit 1
Minnesota	1	13	100%	Minneapolis 1 St Paul 2
Mississippi		13	16%	
Missouri			5%	St Louis 1 Kansas City 2
Montana		7	13%	
Nebraska	1	1	55%	Omaha 4
Nevada			25%	Las Vegas 2
New Hampshire	6		NA	
New Jersey		3	48%	Newark 1
New Mexico			82%	Albuquerque 3
New York		12	76%	Buffalo 2 Rochester 2 New York City 2
North Carolina		1	1%	Raleigh 1
North Dakota	**		**	
Ohio	3	1	95%	Cleveland 1 Columbus 2 Akron 1
Oklahoma		1	100%	Tulsa 1 Oklahoma City 1
Oregon		4	92%	
Pennsylvania		7	15%	Pittsburgh 1 Philadelphia 2
Rhode Island	1	1		
South Carolina		21	100%	
South Dakota		1	2%	
Tennessee			100%	Memphis 1 Nashville 1

Texas		1	0	Austin 1 San Antonio 2 Corpus Christie 2 Houston 1 Ft Worth 1 Dallas 1
Utah	1	1	7%	
Vermont	2		NA	
Virginia		10	79%	Virginia Beach 1 Richmond 4
Washington	1	1	100%	Seattle 3
West Virginia	1		0	
Wisconsin			1%	
Wyoming	1		26%	
District of Columbia	2	1	NA	
Puerto Rico	1		NA	San Juan 1
Virgin Islands	2	1	NA	

**Notes for Table 1:**

\* For the purposes of the WCHPC survey, *perinatal systems initiatives* were defined as “a set of broad-based, multifaceted, organized activities aimed at changing the goal(s), components, or communication strategies of the perinatal health system.” Excluded were efforts focusing on only a single targeted health service or intervention. Reported child death review programs are not included. The data in this table are not additive as some state, county, and metropolitan systems initiatives include the fetal/infant mortality reviews identified in the second column.

\*\* No survey response received.

1. Number of reported initiatives. In HI, RI, UT, and WV, these are statewide FIMRs.

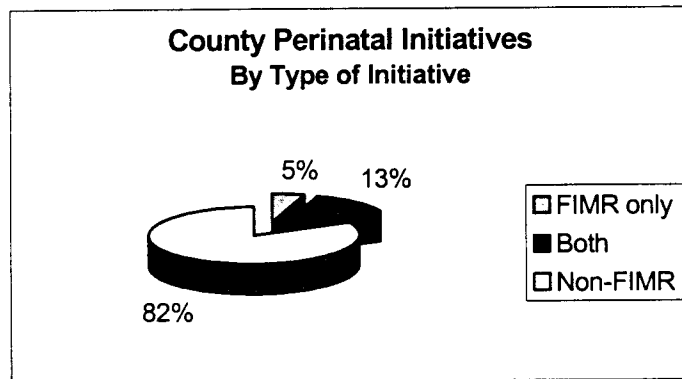
2. Unduplicated count of FIMRs (including mortality reviews that exclude fetal deaths -- Infant Mortality Reviews (IMRs)). Data compiled from the WCHPC state and metropolitan surveys, the federal Healthy Start program roster, and ACOG data base of FIMRs. Note also that some of these FIMRs are organized on a substate regional basis, or are statewide in scope.

3. Initiative data presented in this column were collected from the WCHPC state survey responses. Denominator data used to calculate county percentages were taken from the U.S. Census Bureau (January 1990). Percentage is exclusive of consideration of statewide initiatives. *NA* indicates that the state does not use counties as a governmental unit for organizing public health activities.

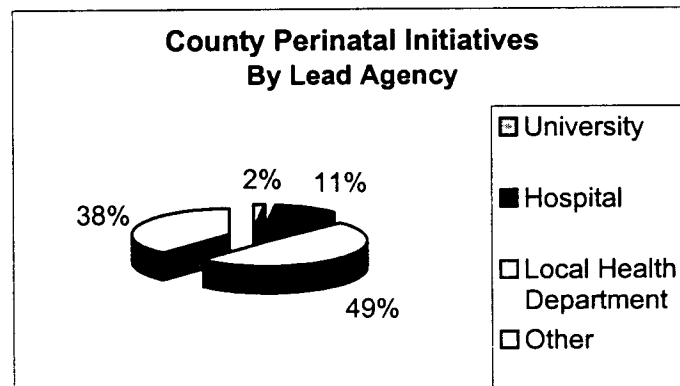
4. Location and number of initiatives reported.

## Local Jurisdictions

A total of 2,687 counties are represented in the surveys completed by state MCH programs. According to the respondents, 37% (996) of these counties implemented at least one perinatal systems initiative between January 1996 and December 1997. Thirteen percent (184) of the 1,378 perinatal systems initiatives reported in the WCHPC survey were FIMRs and 87% (1194) were other perinatal initiatives. Of the 996 non-metropolitan jurisdictions with initiatives, 5% reported a FIMR only, 13% reported both a FIMR and another perinatal systems initiative, and 82% reported having a non-FIMR perinatal systems initiative(s) only.



As of January 1, 1998, the majority of initiatives (86%) had been operating for at least 2 years, of which almost half (49%) were administered under the direction of the local health department. A small percentage of initiatives were led by a hospital (11%) or a university (2%). Respondents identified other lead agencies for the remaining 543 initiatives. These included community-based private non-profit organizations, state health departments, Native American and



other government agencies, and public-private partnerships.

Federal, state and local governments were the key sources of funding for the reported initiatives, with 70% of initiatives receiving federal support, 71% using state appropriations, and 35% using local funds to support their efforts. For 22% of initiatives, funds from foundations and other sources were reported.

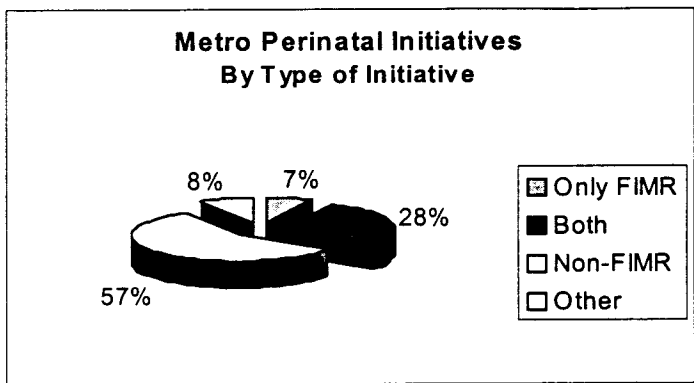
We asked the state MCH contacts in the follow-up telephone interviews to indicate the primary and secondary objectives of the county perinatal systems initiatives underway. A wide range of perinatal concerns were reported, with some patterns observed. The list that follows provides a sample of issue areas identified (in descending order of frequency).

- Improving the functioning of systems serving pregnant women, infants, and families. Under this broad category of focus, initiatives are reported to aim at expanded partnerships, and enhanced communication at both the agency and individual family level (often through centralized referral, intake, and data tracking systems).
- Assuring and/or increasing access to and utilization of prenatal care. Within this category, a number of initiatives specifically focus on first trimester entry into care. Media campaigns and other outreach activities figure prominently in these efforts.
- Reducing preterm labor and premature births.
- Decreasing low birthweight rates.
- Reducing pregnancy rates among adolescents. A number of initiatives focus specifically on reducing repeat teen pregnancies.
- Targeting improvements in health care and health outcomes for women and infants in racial and ethnic minority population groups.
- Improving the educational attainment and income status of women.
- Improving parenting skills. Some initiatives further target these efforts on parenting skills among teen moms. In a number of instances, these efforts appear to be linked with a more general focus on reducing child neglect and abuse.

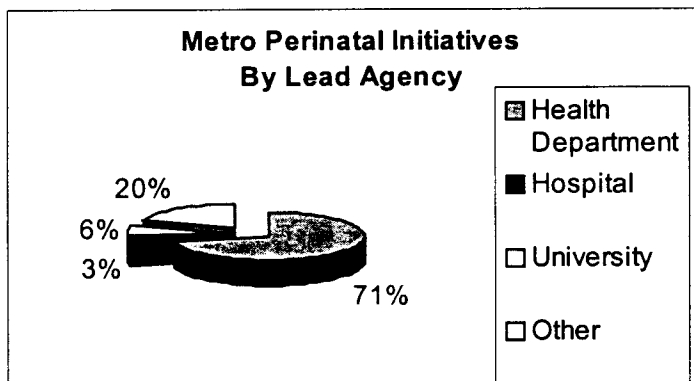
In many counties involved in FIMRs, improving surveillance of perinatal mortality, and understanding the causes of fetal and/or infant death were noted as important objectives of their efforts. Others were noted in only a few localities. These included objectives to: reduce rates of unintended pregnancies; increase breastfeeding rates; address problems related specifically to substance abuse among pregnant and parenting women; increase the practice of risk assessment; and assure the occurrence of high risk deliveries in tertiary hospital centers.

As noted above, we surveyed large metropolitan areas separately in order to reduce the reporting burden on state MCH program staff and believing that, given the assumed greater number of relevant activities in these areas, we would be able to collect more detailed and accurate information from local MCH professionals. Of the 57 responding metropolitan areas (79% of those mailed surveys), 93% reported the existence of at least one perinatal systems initiative. Fifty one

percent (29) reported the existence of 2 or more such initiatives. Only 4 metropolitan areas reported that there were no perinatal systems initiatives operating during the designated time period. FIMRs were reported in 19 (32%) of the metropolitan area survey responses. Of the metropolitan areas with initiatives, 7% had only FIMR, 28% had both a FIMR and another perinatal systems initiative, and 57% had only a non-FIMR perinatal systems initiative.



The majority of initiatives (91%) in metropolitan areas had been operating at least 2 years and were being administered primarily by the local health department (71%). For three (3%) of the initiatives, the lead agency was a hospital, and for 7 (6%) a university was the lead agency. The respondents identified other lead agencies for the remaining 30 initiatives, including state health departments, community coalitions, and non-profit organizations.



Federal, state and local governments were the key sources of funding for the reported initiatives, with 41% receiving federal, 54% receiving state, and 38% receiving local funds. Funds from foundations and other sources were reported for 24% of the initiatives.

In specific response to our queries about the objectives of the perinatal systems initiatives reported, our MCH contacts in the metropolitan areas identified the following foci (in descending order of frequency):

- Assuring and/or increasing access to and utilization of prenatal care, also with an emphasis in some on early entry into care. Within this category also, specific concerns about the scope (comprehensiveness) and quality of prenatal care were noted.
- Increasing the number and quality of collaborative partnerships for improving perinatal health. Several metropolitan areas specifically identified partnering with managed care organizations under this rubric.
- Targeting improvements in health care and health outcomes for women and infants in racial and ethnic minority populations.
- Identifying the causes of infant mortality.
- Reducing substance use among pregnant women and mothers, including alcohol, drugs, and tobacco.
- Reducing teen pregnancy rates.
- Improving parenting skills, particularly with the intent in some instances to reduce risk for child abuse.

As with the county initiatives, where FIMRs were reported to be operating in metropolitan jurisdictions, data collection, monitoring and reporting featured prominently in their initiative objectives. In addition, a few metropolitan health departments reported efforts focused on reducing unintended pregnancy, and infant deaths specifically linked to SIDS.

### **Relation of Public Health Functions to Perinatal Initiatives**

Respondents in both the states and metropolitan areas, were asked to indicate whether or not certain public health services -- data collection, and assessment and monitoring, investigating health problems in depth, community mobilization, and locus for policy development -- were components of their perinatal-specific initiatives. Table 2 outlines the distribution of responses for both non-metropolitan counties and metropolitan areas.

**Table 2. Performance of Specific Public Health Functions Reported for Perinatal Initiatives**

<b>Public Health Functions</b>	<b>Non-metropolitan county initiatives N = 990</b>	<b>Metropolitan initiatives N = 106</b>
Data collection, assessment, and monitoring	823 (60%)	77 (72%)
Investigation of specific health problems in depth/detail	527 (38%)	61 (57%)
Community empowerment or mobilization	851 (62%)	70 (65%)
Creation of a locus for perinatal health policy	780 (57%)	64 (60%)

**Summary**

While this report is intended only to document the location and general features of FIMRs and other initiatives undertaken to promote improvements in service systems addressing perinatal health concerns, several observations might be made. It appears that public health agencies in both metropolitan and non-metropolitan jurisdictions have taken on leadership roles in organizing and administering systems-oriented activities to enhance perinatal health. Moreover, while foundations and other private entities are contributing significantly to public-private partnerships focused on improving perinatal health, resources for these efforts are allocated primarily from public budgets. It further appears that while activity is reported in almost all states, perinatal systems initiatives (including FIMRs) are more heavily concentrated in metropolitan areas, and in some rural regions (such as the Southeast, and South and central Midwest) where there are high concentrations of low income populations and other groups at particularly high risk for compromised birth outcomes.

Readers are cautioned that these findings should not be construed to reflect all activity related to perinatal health care. This WCHPC survey focused very specifically on a particular type of effort. Many more states, counties and metropolitan jurisdictions expend significant effort and resources directed toward special services and/or programs having potential for improving perinatal outcomes. Such direct care and/or single-purpose activities, however, are not represented in this report. In addition, considering the timeframe of the survey, more perinatal systems efforts – particularly FIMRs -- are likely to be found in 1999 given recent program initiatives of the Maternal and Child Health Bureau.