

Infant Mortality Reduction in Muskegon County: Putting Preliminary FIMR Data into Action



Presented by:

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Data Collected to Date (as of 5-19-09)

Year	# of infant deaths	# of fetal deaths	# of home interviews	# of cases reviewed	# entered into old db
2006	14	20	18	12	5
2007	19	9	16	28	27
2008	17	8	18	10	1
2009	7	5	1	0	0
Totals	52	39	53	50	33

Goal: Enter 100 cases into new NFIMR database by Jan 2010.

Cost of Poor Pregnancy Outcomes

- Neonatal healthcare costs associated with maternal smoking, US, 1996 = \$16,169,139,608 (MMWR 2004)
- Hospitalizations for birth defects, US, 2004 = \$2,600,000,000 (Healthcare Cost and Utilization Project 2004)
- Children born at <1000g generated 71% higher costs in kindergarten than children born at ≥ 2500 g. Children born with congenital anomalies generated 29% higher costs. (Journal of Pediatrics 2004)
- Preterm birth costs \$26,000,000,000 nationally, or \$51,600 on average per infant. (National Academies, 2006)

For example, there were 11 deaths from prematurity in 2007. If each birth cost \$51,600 on average and 58% of the births were to women on Medicaid, then that represents a cost of \$329,208 to taxpayers.

5 Areas of Focus, Based on Preliminary FIMR Data

1. Violence Against Women and Girls
2. Sexually Transmitted Infections
3. Criminal Justice Issues
4. Family Planning
5. Access to Services

Violence Against Mother of Baby

Definition: The mother of the baby is a survivor of emotional, physical or sexual abuse as a child or an adult.

Based on: home interview, CPS records, police records, medical chart, etc.

Fact: In 42% of cases reviewed the mother of the baby had a history of abuse as a child or an adult.

Relationship of Violence Against Women and Girls to Poor Pregnancy Outcomes

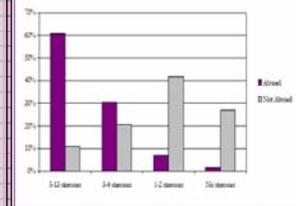
"It is estimated that abuse occurs in 3.9% of pregnancies, making it more common than gestational diabetes or preeclampsia."

— Michigan PROMIS Delivery, Oct. 2002

Women with a history of abuse are more likely to:

- smoke cigarettes and abuse other substances
- give birth to a LBW baby
- be on prescription drugs to treat mental disorders
- be involved in the criminal justice system
- be obese
- have an unintended pregnancy or STI
- have issues with infertility

Figure 4. Total number of stresses experienced by abused and non-abused women



Proposed Action

Intervention:

- Improve ER screening and referrals
- Involve community police
- Better screenings in clinical settings

Prevention:

- Work with DV Task Force
- Promote evidence-based violence prevention programs
 - Second Step
 - Choose Respect

Fact: When surveyed, only 7 out of 15 PNC providers used a DV screening tool. More than one practice stated that the provider only asks if there is physical evidence that abuse is occurring.

STIs and Infant Mortality

Fact: 45.5% of moms had a history of an STI; 33.3% had an STI during their pregnancy.

Prematurity:

- Chlamydia
- Gonorrhea
- BV/Gardnerella
- HPV w/ LEEP history

Infertility:

- Unintended pregnancies
- Ovulation stimulators increase risk of multiples
- IVF
 - Increased multiples (17% of total)
 - PIH (1.5), GDM (1.4), placental abruption (3.8), preterm delivery (2.4)

STI (Sexually Transmitted Infection) Rates for Muskegon County by Race, 2006

Source: Michigan Dept. of Community Health

- **Chlamydia rate for African Americans** 12.5 times that for Whites
- **Gonorrhea rate for African Americans** 20.3 times that for Whites

	African American	Caucasian
Disease:		
Chlamydia	3198	255
Gonorrhea	1911	94
Population	24166	138291

Scientific Research Related to Racial Disparities in STI Rates

- Reasons according to the CDC: African Americans more likely to seek care in public clinics, distribution of poverty, access to quality health care, health-seeking behaviors, level of drug use, sexual networks with high STD prevalence (2000)
- Core and Peripheral Groups: African Americans who have had few sexual partners are five times more likely to choose a partner who has had more partners in the past. (*Sexually Transmitted Diseases*, May 1999)
- Assortive Mating: STI rates among A.A.s 1.3 times greater due to this factor alone. (*Sexually Transmitted Diseases*, May 1999)
- Concurrence and Bridging: low ratio of men to women, economic oppression, racial discrimination, and high incarceration rates of Black men. (*Sexually Transmitted Diseases*, July 2006)

Proposed Action

Intervention:

- Create PH Task Force
- Better coordination of services
- Involve key agencies

Prevention:

- Provider education
- Community Action
 - Promote evidenced-based programs (Sihle, Centering Pregnancy)
 - Community education
 - Access to services
 - HPV vaccine
 - Douching

Criminal Justice and Infant Mortality

Fact: 61% of moms had history of CJ involvement; 52% of dads had history of CJ involvement; 24% of dads were incarcerated, on probation or parole during their partner's pregnancy.

Implications for Infant Mortality:

- Stress
- Family Violence
- Coordination of care for women who are incarcerated for all or part of their pregnancies

Proposed Action

Intervention:

- Identify male inmates with pregnant partners and target for services
- Better coordinate care for pregnant inmates/improve discharge planning
- Provide reproductive health education for inmates
- Partner with MPRI and other existing programs working with inmates.

Prevention:

- Train community officers as partners to prevent violence
- Community Action:
 - Identify already-existing violence and SA prevention programming
 - Promote evidence-based programs in churches, schools, after-school programs, etc.

Family Planning

Fact: 55% of pregnancies were unintended; 9% were unwanted; 54.5% of couples were not using contraception; 12.1% of pregnancies resulted from BC failure

Implications for IM:

- Folic acid
- ATOD use
- Chronic disease (88% had "significant medical problem" prior)
 - Diabetes
 - Hypertension
 - Hypothyroidism
 - Mental illness (33%)
 - Prescription Drugs

Proposed Actions:

- Better coordination of services
- Educate providers to improve counseling
- Increase community awareness of Plan First!
- Work with managed care plans
- Increase availability of sterilization coverage locally

Connection to Services

Facts: 36% of moms did not receive adequate and appropriate referrals; 39% of moms had recently moved

Implications for IM:

- Loss of social support
- Maternal stress/social chaos
- Unmet needs
 - WIC/nutrition
 - Mental health
 - Substance abuse
 - Smoking cessation
 - MIHP
 - PNC

Proposed Actions:

- Educate private office staff about community resources (54.5% of moms were in private care)
- Community Action
 - Identify ways to reach out to new members to community
 - Partner with Call 2-1-1

What can you do to help?