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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PERINATAL ADVISORY COMMITTEE MEETING**

**April 17, 2008**

**12:30 p.m. – 3:00 p. m.**

**Howard Strassner, MD, Chair**

**MINUTES**

**Attendees:** Howard T. Strassner, J. Roger Powell, Nancy Marshall, Kevin Rose, Richard Besinger, Barb Prochnicki, Jose L. Gonzalez, Dennis Crouse, Janet Hoffman, David Fox, Phyllis Lawlor-Klean, Cathy Gray, Harold Bigger, George Mahoney, Patricia Brady, John Paton, Nancy Eschbach, Karole Lakota, Kevin Rose, Robyn Gabel

**Absent:** Gail Wilson (excused), Clifford Corbet, (excused) Maureen McBride, (excused)

**Guests:** Barb Haller, Myra Sabini, Cora Reidl, Elaine Shafer, Pat Prentice, Lenny Gibeault, Cindy McDermith

**1. Call to Order & Welcome .....Howard Strassner**

Howard Strassner called the meeting to order at 12:30 p.m. He welcomed guests and reviewed the agenda.

**2. Self Introduction of Members and New Business.....Howard Strassner**

The members and guests introduced themselves. Dr. Strassner asked for any New Business in addition to Dr. Crouse's presentation. There was a request to update the membership on the AAP Committee on the Fetus and Newborn, Status of Perinatal Rules and PAC future agenda items.

**3. Review and Approval of Minutes from the Last Meeting.....Howard Strassner**

Dr. Strassner offered congratulations to Maureen McBride on the birth of her grandchild and acted in her place to review the minutes of December 6, 2007. Robyn Gabel moved approval of the minutes as written, Barb Prochnicki seconded. The members approved the minutes as presented.

#### **4. Update on the Obstetric Hemorrhage Education Project.....Harold Bigger**

Dr. Bigger thanked the Obstetric Hemorrhage Education Work Group especially Dr. Andrea Kemp for the completion of a pilot project that was presented to the Administrators and physician and nurse Champions for all Networks on April 15, 2008.

The presentation was very well received. The Benchmark Assessment had 25 questions. The most commonly missed questions were the estimation of blood loss and chain of command issues. All levels of personnel missed an average of three questions. The presentation took 45 minutes including observations from the audience.

The Committee discussed how the initial and annual requirement will be monitored and a timeline for follow-up.

Dr. Bessinger talked about “near misses” numbers at all levels stating that he felt the Project recommendations will it make an impact.

Dr. Strassner indicated that data from all hospitals on the number of patients with three or more units of blood products transfused turned out to be far more than expected. All hospitals will have initiated some type of rapid response plan by this time next year and all will be required to complete the project by December 2009.

It was mentioned that other projects may have to be put on hold, and Dr. Strassner stated that Regional Quality Councils with other Quality Initiatives can and should continue.

#### **5. Statewide Quality Improvement Committee.....Harold Bigger**

##### **• MMRC Committee – Goals for FY’ 2008-2009**

- Obesity discussion – The membership discussed the issue as being a factor in many maternal morbidity and mortality cases. It was felt that there needed to be increased emphasis on the care of the obese pregnant patient and the concept needed to be addressed when discussing pre-eclampsia, eclampsia and the entire concept of an obstetric rapid response team.
- OB emergencies, anesthesia error and respiratory issues were discussed. Dr. Wong voiced interest in addressing these concerns as they apply to the development of a rapid response team
- Coroner’s reports were discussed. Dr Loew discussed the fact that collar counties do not have medical examiners but contract with physicians outside the area and that reimbursement is often minimal leading to basic autopsies. Mark Flotow indicated that currently only 50-60% of coroner’s cases are autopsied and that the rate of autopsy for regular death certificate is <2%.  
Dr. Loew asked that a notice be sent to hospitals that slides be provided when available for maternal death cases that are going to be reviewed

Dr. Wong asked if a list could be produced indicating the most common causes of maternal death. This reminder of what to do on a laminated card might raise the awareness of providers and encourage them to press for autopsies.

##### **• SQC Committee**

- Dr. Bigger reported that Elaine Shafer, RN, MS gave an excellent report on the activities of the Peoria Regional Quality Council. Their project includes:

NOT YET READY FOR PRIME TIME – Analysis of Late Preterm Deliveries  
TRANSPORT TRAVAILS – Audit tools to review stabilization of infants prior to transport  
B-BACS – Basic equipment needs for delivery rooms in all Levels of Obstetric Services  
MATERNAL HEMORRHAGE – Established vital sign education, cards with responsibilities, Hemorrhage carts and drills

- **Maternal Mortality Data for 2002-2005**

Dr. Bigger compiled data indicating 180 Illinois residents suffered Maternal Deaths and found that 96% of cases had been reviewed and reported to IDPH. Only 78% of cases had been identified by death certificate and there was a 17% error rate in diagnosis of Maternal Death on Death Certificates. This data was consistent data reported in the State of Maryland.

Nancy Martin was commended for doing a tremendous job in obtaining accurate Maternal Death data from other sources including daily analysis of obituaries.

Recommendations for future work on Maternal Death cases include:

- Improve the accuracy of Death Certificates
- Analyze the data from 175 reported cases
- Create a system that links with EBC data

Electronic Birth Certificates will not be changed until 2010. It is uncertain what controls can be put in as diagnosis are not reliable. Robyn Gabel stated a MPH doctoral candidate may interested in pursuing this project

It was suggested that causes of death be placed in a hierarchical order regarding preventability factors. Data accuracy should allow for MMRC – Case Assessment changes to be added.

## **6. Hospitals Pending Changes in Designation.....Cathy Gray**

Taylorville Hospital is closing OB services  
Rush North Shore is closing OB services  
St. Francis Hospital is facing hospital closure

The Facilities Planning Committee spent the meeting reviewing materials for data collection for Site Visits

## **7. Update on Infant Mortality Summits – Chicago and Illinois .....Robyn Gabel**

Chicago's infant mortality rate is higher than Los Angeles or New York. There are extreme disparities in the in analysis of cases from physician, nursing, social work and law enforcement perspectives. Mario Drummonds heads the Manhattan Perinatal Project 18-10. It provides network and case management services and works around birth centers and addresses issues of re-gentrification.

Dr. Michael Liu, researcher and practitioner, presented lifespan approach to infant mortality- stress immune system, carrying child to term and effects on fetus from preterm delivery including diabetes and heart disease.

The Summit took 12 point plan and reduced to a 10 point plan to reduce disparities in infant mortality by 50% in 10 years.

- 1.Improve family planning and birth control education
- 2.Access to healthcare for everyone – health care prior to pregnancy
- 3.Quality of Prenatal Care – National Quality Indicators based on evidence
- 4.Child Supports – less income – NPR system in Britain – USA National Partnership on Women and Children
- 5.Data
- 6.Paid maternity leave – France 1 year- special maternity fund – (Family Leave Group)
- 7.Case management – organize the system –
- 8.Alleviate racism at institutional, personal and healthcare team – housing, education
- 9.Changing the mores in society around pregnant women. Manners – Mexican women cared for by the family, walk, eat fruits and vegetables and protein (stressed 100 acts of kindness)
10. Community improvements, violence, violence against women. Police – criminal justice system

Dr. Strassner asked about evidence based criteria for the 10 interventions. Dr. Liu has the data that indicates deaths from natural causes place the burden of morbidity and mortality on lower income persons. Unplanned pregnancies are predicted to decrease. Dr. Strassner asked about how the implementation will proceed. Powerful politicians must support the initiatives.

Dr. Paton indicated that he and Dr. Liu met with the Director of the Chicago Board of Health. CHCHAC plans on May 1 come up with a workable plan that can be piloted in a Chicago community next year.

## **8. New Business**

### **A. Neonatal Quality Improvement Project .....Denis Crouse**

Dr. Crouse discussed the incidence of Newborn Readmission for Jaundice and Dehydration stating that > 15% of infants are dehydrated a few days after birth. Analysis indicated this situation is not atypical.

- Scope of the Problem
  - Readmission within two weeks 37 + weeks- Term infants
  - UK 3.4% Massachusetts 2.7% of infants are readmitted
  - Preterm infants – UK 6.3%
- Risk factors for these infants include:
  - Early discharge
  - Mothers who are smokers
  - Hemolytic Disease ABO incompatibility
  - Bruising
  - First Time Mothers without an extended family
  - Breastfeeding in unprepared patients
  - Maternal Narcotics
  - Lack of Nurturing
  - Late Preterm Infants comprise a special needs group – 34-36 6/7 weeks gestation

**PRETERM BIRTH** - Late preterm represent 70% of preterm births

#### **PROPOSAL**

- A 1 year study of Illinois Hospitals
- Quantify Readmissions
- Define High Risk Groups- are there regional differences in the State.
- Develop teaching tool for caretakers
- Identify risk factors
- Identify high risk groups
- Follow up Guidelines
- Appropriate interventions

The proposal will allow a plan to be developed for qualifying infants and define what type of interventions are needed – home health etc.

Once the proposal is developed the next steps are to:

- Role out the plan
- Do Re-evaluations of readmission
- Evaluate if the program work and how it can be made better

## **HOW THE PROPOSAL SHOULD BE DEVELOPED**

- Establish a task force to develop study and educational tools
- Partner with IDPH, March of Dimes, Illinois Hospital Association, NNAN, Universities,
- Obtain Funding to provide education via telecommunications
- Establish a large CME program
- Reach families- providers and hospitals

## **GOALS ARE:**

**PRIMARY** - To reduce the incidence of significant jaundice and / or dehydration  
To reduce morbidities

**SECONDARY** – To enhance successful breastfeeding  
To identify high risk populations in Illinois  
To define incidence of high risk readmission

There is a need to involve the Illinois Chapter of the American Academy of Pediatrics, Department of Human Services as they implement the Early Intervention Coordination project (Child and Family Connections) and APORS as they are involved in community health.

Dr. Strassner – asked for a motion.

**Motion** Dr. Crouse asked to form a small work group asked for ideas for the project be sent by e-mail. Once work group has information it will deal with the proposal elements. Dr. Strassner asked for volunteers Jose Gonzalez offered to be involved

The motion was called; Dr. Paton moved to support Dr. Bigger seconded motion carried unanimously.

A report will be given in June, 2008

Dr. Crouse thanked the PAC for support

## **B. Committee on Fetus and Newborn for the State of Illinois**

The proposal to use the Vermont Oxford Collaborative as a beginning of a Statewide Database was very well received. Newborn screenings are showing a higher incidence of need for repeats –

FYI Missouri has stopped paying neonatologists unless they are in-house. Dr. Strassner asked how this affected the two Level III neonatal services that are in Missouri.

## **C. Announcements**

- Perinatal Rules will be discussed with the new Director in a conference call.
- George Maroney is retiring – the membership thanked him for his service and wishes him the best
  - Re-appointments to the Committee will be discussed at the next meeting.
  - Dr. Barton's brother passed away. A card was circulated

There being no other items of New Business, Dr. Strassner asked for motion to adjourn, Dr. Powell moved, Dr. Besinger seconded, approved. The meeting was adjourned at 1440.