

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PERINATAL HEALTH SYSTEM OF ILLINOIS  
STATEWIDE QUALITY COUNCIL**

**DECEMBER 7, 2011  
2:00 P.M. – 4:00 P.M.  
Michael Bilandic Center  
160 North LaSalle Street  
5<sup>th</sup> Floor Room N505  
Chicago, Illinois  
Harold Bigger, MD Chairman**

Minutes

**Chair:** Harold Bigger

**Attendees:** Cathy Gray, Cora Reidl, Patricia Bovis, Robyn Gude, Barb Prochnicki, Karen Callahan, Robin Jones, Ann Borders, Pam Wolfe, Lenny Gibeault, Maripat Zeschke, Deb Rosenberg, Angela Rodriguez, Pat Prentice, Cindy Mitchell, Richard Besinger, Stephen Locher

**Absent:** Trish O'Malley (excused), Robin Jones (excused), Elaine Shafer (excused)

**Guests:** Dawn Reimann, Rachel Abrahamson, Sadie Wych, Myra Sabini, Carole Rosenbusch, Catherine Willows

**IDPH Staff:** Charlene Wells (excused)

**1. Review and Approval of Minutes- October 5, 2011.**

The minutes of the October 5 meeting were reviewed. Karen Callahan requested changes on guest attendance, correct spelling of some Breastfeeding Workgroup participants and changing the nomenclature from

Task Force to Workgroup. The minutes were approved with the requested corrections

**New Business:**

A. On February 9, 2012 the breastfeeding Workgroup will have a meeting at IDPH offices and propose a final product for a breastfeeding project in Illinois. This information will be communicated to the Statewide Quality Council and the Perinatal Advisory Committee. Community Transformation grants have allowed funding for work on this project

B. The concern for elective deliveries < 39 weeks continues Claudia Fabian's memo about accurate birth certificate information was circulated. Atnea < 39 weeks – hand outs and data from the Midwest Business Alliance were circulated. All Site Visits now include questions about hospital progress in reducing the number of elective deliveries.

**2. Perinatal Center Annual Reports: Rockford and St. Louis**

**Rockford Perinatal Center:** The RQC project report on Thermoregulation was presented. Prior to the study most hospitals did not think they had a problem with admission temperatures.

Eight hospitals reported positive outcomes using a variety of methods including food wrap, bags and chemical mattresses. The RQC felt that they needed more data and that the sample size was too small and plans are underway to expand the sample. The number of low temperature admissions to the nursery declined in all participants.

The temperature was measured on admission to the nursery or in the first thirty minutes of life. Infants less than 32 weeks used Bundle and Servo. Infant 32 0/7-36 6/7 Skin-to skin, bundle and servo (excluding the bag.

The ideal temperature was measured as 97.9-99.1. Hospitals compliance rates ranged from 26% to 89% for infants less than 32 weeks prior to implementation of the project. After implementation, compliance rate ranged from 60% to 86%. Individual hospital rates of change ranged from -30% to 63.3%.

The RQC continues to working on measurement issue and ideas as to how to expand sample size.

Dr. Bigger asked if there were plans to ask the question about whether the bag.

The study confirmed that the use of thermoregulation devices is cost effective. One observation indicated that some methods require two staff members to initiate and at some hospitals that may be a concern.

However, some facilities favored the food wrap as it was thinner and easier than the bag.

The use of chemical mattresses generated questions regarding cost effectiveness. Since they only require one operator the time factor needs to be included.

**St. Louis Perinatal Center:** The RQC is focusing on elective deliveries less than 39 weeks gestation. They have found that this is more common in rural areas where there are fewer Obstetric providers.

At the beginning of the project 25.5% of inductions were < 39 weeks. Of those < 39 weeks, 16% were elective/social, 7% were for macrosomia, 5.8% indicated “due” or “term”. Of infants born from these inductions 10.7% required oxygen supplementation. In January 2011 a network survey was done. A presentation from 2 network hospitals in the March of Dimes “BIG 5” was done and each hospital was asked to download the toolkit.

Project champions consisting of a nurse (manager, CNS, QI) physician (OB chair, Peds chair, midwife) and a data person were chosen by each hospital. A Chain of Support process was implemented using a “hard stop” process.

Support from IDPH came in a letter from Tom Schafer. Each hospital developed a policy using ACOG criteria

Data collection began in March 2011 with “Go-Live” on June 1, 2011. Measures included ultrasound confirmation of EDD, standard formulas for implementation, and data collection. In six months elective deliveries decreased from 23% to 16%.

However, there are differences in institutions of similar characteristics. The RQC has obtained a grant to further this project.

The RQC is also addressing access to antenatal care and obesity.

Discussion was held regarding the interest of business and insurance companies in the less Reimbursement at less than 39 week deliveries. Some are suggesting that payments for OB and neonatal care be decreased or denied if the delivery was not indicated by medical conditions.

### **3. Update on Late Preterm initiatives**

Following the Perinatal RQC reports, it was noted that the rate of elective cesarean and inductions is going down throughout the State of Illinois. The March of Dimes “BIG 5” project has had far reaching effects.

All Site Visits now include reference to hospital statistics and policies for induction and scheduled Cesarean births. The Leapfrog statistics will be published again and comparative data should indicate hospital progress.

Without any legislation the rates are going down. Discussion was held regarding consistency of definitions for term deliveries vs. late preterm.

The March of Dimes National Prematurity Summit will provide national results from states participating in various prematurity reduction initiatives including the elimination of elective inductions and Cesarean births.

#### **4. Report of Prematurity Reduction Task Force**

Dr. Bigger gave an update on the progress of the Prematurity Task Force. The task force met on October 3 and November 10, 2011 and has discussed the responsibilities under HJR 111.

The Task Force has established that the report due to the legislature in November 2012 will contain the following elements:

a) A description of the extent of prematurity. Dr. Bigger mentioned that the latest literature states that approximately 20% of births (births before 37 weeks gestation) in the United States are preterm. Spontaneous preterm births account for 80% of that number and the remaining 20% are performed based on medical orders for a variety of reasons.

b) A statement on the cost of prematurity to society, families and healthcare organizations

c) A description of the challenges in attempting to reduce the incidence of prematurity

d) Suggestions for the State of Illinois to reduce the incidence and to accurately report the causes of prematurity for the citizens of Illinois.

Dr. Bigger also stated that additional legislators will be appointed to serve of the Task Force. Currently the Task Force has members from the PAC, the Illinois Department of Human Services, the Illinois Department of Healthcare and Family Services, the March of Dimes (an organization whose main focus is on preterm births) all as required in HJR 111.

Literature reviews have been held to assure the Task Force has access to the latest evidence based data regarding prematurity. Dr. Besinger indicated that he will be preparing medical indications for consideration.

Dr. Borders described other work being done in CHIPRA to facilitate information on patient status, assure accurate prenatal records travel with the patient and a focus on inter-conceptual care and medical homes. All these efforts, if implemented would have a significant effect on the reduction of preterm births.

Another meeting will be held on February 9 to begin concrete plans for the presentation to the April Perinatal Advisory Committee that eventually will be presented to the Illinois Legislature in November.

**5. Motion to adjourn:** Dr. Besinger motioned, Stephen Locher seconded. The meeting was adjourned at 3:42pm