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

June 12, 2014

1:00 p.m. - 3:00 p. m.

**James R. Thompson Center
9th Floor, 031 Conference Room
100 West Randolph Street
Chicago, Illinois**

**Dennis T Crouse, MD, Chairman
MINUTES**

Minutes

Chair: Dennis T. Crouse

Attendees: Howard Strassner, Richard Besinger, J Roger Powell, Bree Andrews, Janet Albers, Phyllis Lawlor-Klean, Janet Hoffman, Omar LaBlanc, Leonard Gibeault, Barb Prochnicki , Edward Hirsch, Robin Jones, Cindy Mitchell, Mike Farrell, Phil Schaefer, Madiha Qureshi, Susan Hossli, Senator Donnie Trotter, Nancy Marshall, William Grobman

Absent: Harold Bigger, Janine Lewis, William Grobman, Jose Gonzalez (excused), Jose Sanchez

IDPH Staff: Brenda Jones, Andrea Palmer, Tanya Dworkin, Roma Allen

DHS Staff: Glendean Sisk

Guests: Maripat Zeschke, Bernadette Taylor, Pat Prentice, Pam Wolfe, Jenny Brandenburg, Robyn Gude, Gary Loy, Phil Schaefer, Deborah Rosenberg, Angela Rodriguez, Rita Brennan, Ray Spooner, Roma Allen, Barb Haller

1. Call to Order & Welcome.....Dennis T Crouse, MD

Dr. Crouse welcomed the members and recognized Barb Prochnicki for her service of 25 years to the Perinatal Advisory Committee. Ms. Prochnicki will be retiring in July, 2014 and will be sorely missed. She has been the most active PAC member at Site Visits and has served on multiple task forces over the years including rule revisions, Prematurity Task Force and also serves on the MMRC, SQC and Subcommittee on Facilities Designation. She was honored by all the members and wished the best in her retirement.

2. Self Introduction of Members..... Dennis T Crouse, MD

Members and guests introduced themselves

3. Review and Approval of Minutes of April 9, 2014..... Dennis T Crouse, MD

The minutes of April 9 were reviewed. Cindy Mitchell moved approval of the minutes, J. Roger. Powell seconded; the minutes were approved as written.

4. Old Business..... Dennis T Crouse, MD

The By-Laws that were previously approved by the PAC have been reviewed by IDPH and were circulated to the members.

An extensive discussion about PAC membership in the future was held. Also discussed was the role with subcommittees. Dr. Crouse emphasized the need for information to be presented to the PAC for complex issues before the PAC is asked for approval

5. IDPH Update.....Charlene Wells RN, BS

Brenda Jones, DHSc, RN, MSN, WHNP-BC

Brenda Jones indicated that a job description for a data coordinator and infant mortality coordinator is being developed and that data expansion and revision to allow for statewide data collection is being discussed with e-Perinet.

Members asked about the concept of free standing Birth Centers and whether the oversight of these entities would be provided through IDPH. At present this has not been decided but discussions are proceeding.

Brenda Jones gave an overview of the Title V Initiatives and described how IDPH will partner with HFS, DHS, Everthrive and other governmental and private agencies to address issues of women who have problems with access to care, make LARK – long acting contraception more widely available and work toward a coordinated strategic plan.

6. Levels of Care Task Force Report..... Stephen Locher, MD

Dr. Locher is going to give report for Raye-Ann O de Regnier, MD
Dennis Crouse emphasized this is an important task force that is working to assure that Illinois is current in the provision of care, both obstetric and neonatal care.

The Task Force has reviewed the following

- The current American Academy of Pediatrics revised levels of care recommending Levels 1-2-3-4, not allowing for a Level 2E as defined by the Perinatal Rule
- Data is being presented to support action toward change
- Pediatric Surgeons have established surgical level of cares for Perinatal Services
- The Task Force is determining what data needed and what data is available in Illinois

History: There have been major changes in 1980's – present in Illinois with proliferation of Level III Perinatal Facilities.

Federal recommendations to States expect that 90% of VLBW infants are born in Level III's.

Most Level III's are within 10 miles of another, however in downstate Illinois the Level III's may be over 50 miles plus apart and over 100 miles in some areas.

Level I hospitals should not care for infants less that 35-36 weeks

Arkansas data now has a regionalization plan that addresses the rural aspects and meets the AAP guidelines.

Question included whether the VLBW is transferred or not can be ascertained from current Illinois data. Data should be able to ascertained from the Birth Certificate but is often not recorded.

Dr. Strassner asked if the taskforce is discussing the four levels of care and the impact on Obstetric care.

Brenda Jones indicated that the CDC, CoIIN and national initiatives toward Regionalization are in the forefront

CoIIN < 750 grams definitely demonstrated improvement if born in a Level III. Dr. Crouse indicated that the smaller the baby is; the more likely that infant will need surgery.

12% of VLBW who expire die after the 28 days noted for neonatal death.

Outcomes for Neonatology look at morbidity, Chronic lung disease, IVH, severe developmental delays. Mortality is a small percentage of the issues that face VLBW infants.

DSCC Children with special healthcare needs can provide some statistics. Brenda Jones and Dr. Locher asked if there was a way to get that data and be sure we are doing it right. The Task Force will continue its work and come to the October meeting with a report and recommendations.

The membership thanked Dr. Locher for his input

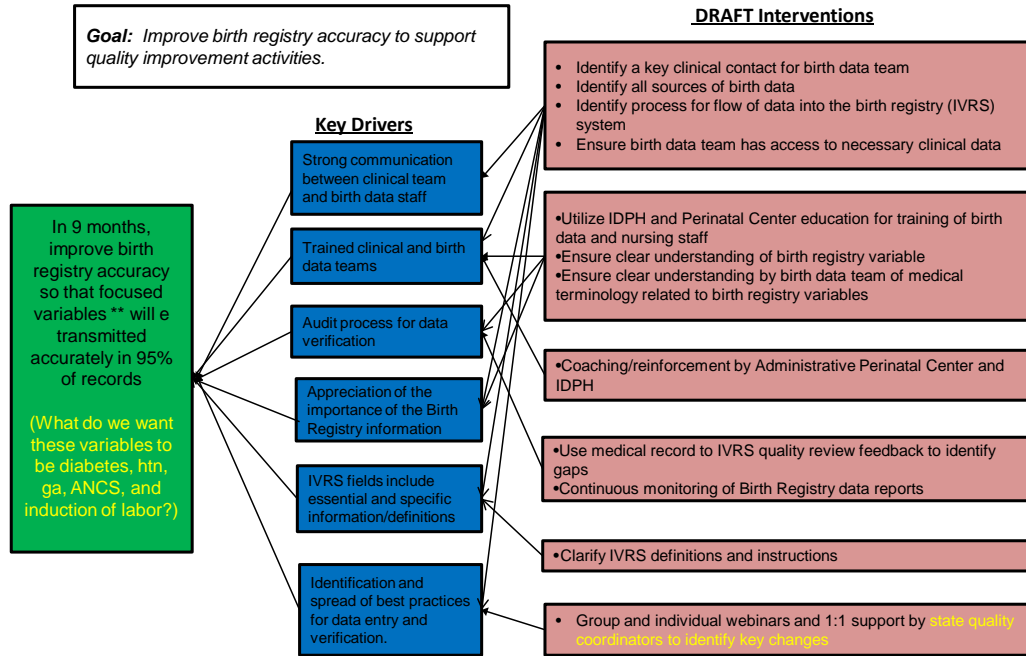
7. Committee Reports

Statewide Quality Improvement Committee.....Stephen Locher, MD for Harold

Bigger

- Dr. Bigger welcomed and introduced Rita Brennan, the new RQC Chair of the RUSH/AIMMC Co-Perinatal Center who has joined the SQC.
- At the SQC, Cindy Mitchell presented her Birth Certificate Initiatives. She presented a Key Driver diagram to address the issues and described the agencies her Network is working with and the goal setting accomplished. She also described the areas to hone in on specific variables. The SQC wants this project to become a Statewide initiative.

Key Driver Diagram:



SQC Motion #1: All Networks will work on the Birth Certificate Improvement project in FY'15

PAC MOTION #1: Encourage each Perinatal Center and IHA to have membership on the birth certificate task force

Ed Hirsh motioned approval, J. Roger Powell seconded; the members approved unanimously.

- Ann Borders mentioned that ILPQC is collecting Neonatal data and continuing meetings every month both for advisory meetings and ante-natal steroids projects. Next meeting is June 23, 2014. ILPQC has OB webinars in place and is collecting data on less than 39 week elective deliveries.

PAC MOTION #2: That the SQC support the IDPH grant for ILPQC -

Mediha Qureshi motioned, Robin L Jones seconded, members unanimously approved

- Deb Rosenberg gave information in a standing report on the Levels of Care Task force
- Nomination - Dr. Locher reported that the SQC recommended that he be nominated as Chair of SQC. However he is not currently a member of PAC.

Dennis Crouse referred to the by-laws and asked if all the chairs of the sub committees be ex-officio members of the PAC. Discussion continued, the SQC still has a chair between now and October.

PAC MOTION #3: Pending appointment to the PAC, that Dr. Locher appointed as chair of the SQC

Proposed by Mike Farrell, seconded by Howard Strassner and unanimously approved by the membership

PAC MOTION #4: That Rita Brennan be approved by the PAC as a member of the SQC

Ed Hirsh made the motion, Howard Strassner seconded; the motion was approved unanimously.

Maternal Mortality Review Sub -Committee.....Robin Jones, MD

Cardiac and Vascular Accidents will be a focus in the upcoming months. Pulmonary Maternal Death diagnosis will also be a focus in FY'15.

Cardiac Resuscitation - Article from May 2014 Society for Obstetric Anesthesia and Perinatology provided evidence that shows how to do chest compression, when to do and what is necessary in an operative report. With that as a kick-off looking specifically to Cynthia Wong, ED MD, Joan Briller, MD Cardiologist and MFM's to form a workgroup.

The workgroup will look at outcomes, operationalization of a project, and determine if this is a limited or extensive project. It will provide information to hospitals and educational content.

HR 4014 was presented that would mandate an MMRC in all states. Illinois is ahead of the game. One of thing missing from Illinois, family member input how to do that and insure confidentiality.

Grantee Site Visit Task Force was provided with suggestions to collect data for Appendix "A" on Maternal Morbidity

Robin Jones said to go back to the Perinatal Center administrators and ask their hospitals and educate hospital on codes. There is a very robust reviewer on or data collection group. Specific ICD-9 and ICD-10 codes will be required. The Grantees will ultimately make recommendation to IDPH about what should be collected.

Subcommittee on Facilities Designation Report.....Cindy Mitchell, RN, BSN, MSHL

- Cindy Mitchell indicated there was much discussion about hospitals that are closing OB, working with local providers and the future of these communities.
- Level III status discussion will take place in December
- Attendance at meetings was discussed and requirements for participation
- Free standing birth centers
- Legal appendices going forward.
- Rochelle, Streator, Jerseyville closing increasing. Patients arrive at non-birthing hospitals. Discussion was held regarding how hard it is to recruit OB providers. Many physicians who have been doing OB now just do Gyne. Family Practice physicians can't afford liability insurance. The Illinois Medical-Legal environment is not conducive for recruiting. It is not uncommon for people having to travel 100 miles

Grantee Committee Report..... Robyn Gude

- Discussion was held regarding if she can become a member of PAC -Suggested that a letter from the Grantees recommend that Robyn Gude become a PAC member

- Rosemary Garcia and James Hurley discussed a Department of Public Health assessment survey described the process to complete
- Perinatal Mortality Review forms are to be completed on any fetal death. If the gestation is not known and fetus is 350 grams or greater a form need to be filled out.
- e-Grams was discussed as the tool for budgeting and reporting.
- ILPQC - update Ann Borders explained about the CDC grants
- Neonatal Abstinence Syndrome ASPCO Challenge requesting support and each state to put something together as a standard
- 2015 Site Visit - Brenda Jones and Andrea Palmer will work out who will attend from IDPH

8. New Business..... Dennis T Crouse, MD

Anesthesia Use and Implications under the Perinatal Rule and Section 250

Based on some of the discussion among members of the committee and IDPH and national directives, more increased use of medicines including narcotics in the perinatal population needs to be addressed.

Increasing use of narcotics during labor is happening. Question if there a problem with the ability to get epidurals. If infants are exposed to narcotics in utero, the result is increased cost. The practice also interferes with breastfeeding,

The use of medicines and narcotics during gestation results in more infants born with NAS. Earlier data indicating incidence of 2-4% is grossly underestimating the number today. Doubling of the prescribing of narcotics has been reported.

Problematic Issues include:

Withdrawal up to three months, association with heart disease, cns disorders, birth defects. Problem in Illinois. There is not amongst the OB, PEDs or Illinois a consistent plan. There is a shortage of education for providers and patients. Once discharged it is hard to follow-up high risk for abuse, developmental delays.

Susan Hosli indicated these infant should be in APORS and will work with hospitals to make sure they are being reported. IDPH has APORS and can do reports. The percentage of follow-up is 98% in CDPH. Solutions start with impatient referrals.

Cindy suggested making the referral then the parents get contacted. There is a better acceptance of the program with lower socioeconomic status.

Developmental follow-up clinics need to be available at each perinatal center.

APORS is used to document drug use during pregnancy and intrapartum period. DSCC is used to maintain that children get care.

Many of the problems may not show up until the child is in school. Schoolwork and interpersonal relationships. This issue falls under the Title V - connection with Early Childhood - Illinois early learning council. Questioned how to connect the system so there is a continuous link with the educational system

DCFS is called if an infant is in withdrawal, not as closely linked as Early Childhood

Susan Hosli indicated that Healthworks of Illinois has an education piece.

Narcotic use is increasing – norco and vicodin- borrowing. Availability is high, there needs to be a change in culture.

Illinois needs a program at the State Level. Andrea Palmer cited the Early Childhood Coalition – could PAC ask for their assistance in developing an initiative.

Glendean described how APORS and Healthworks are split between DHS, HFS. DCFS may or may not take protective custody.

The front end piece is *what kind of education do we do with population that is using drugs. How do we talk to these folks about infant and childhood outcomes.*

Dr. Crouse suggested the development of a task force to address this issue and perhaps address it in the Perinatal Rules.

9. Adjournment Dennis T Crouse, MD

Lenny Gibeault made a motion to adjourn, Omar LaBlanc seconded, and the meeting was adjourned at 3:12 pm

Next Meeting: October 9, 2014 James R. Thompson Center, Chicago, Illinois 100 W. Randolph Street, 9th Fl Rm 031

