

**Infant Health Alliance/Texas CHIP Coalition Notes**  
**Friday, February 17, 2010 - 1:30-3:30 p.m.**  
**Any Baby Can!**

Allison Little began the meeting by introducing a Morgan Sanders of the March of Dimes to make the first of three presentations on the causes and consequences of preterm births in Texas.

**Rising Preterm Births in Texas:**  
**Morgan Sanders of March of Dimes**

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Morgan Sanders of the March of Dimes presented on the rising rates of preterm births. She informed the group that a preterm birth occurs before 37 completed weeks of gestation, Ms. Sanders noted the earlier in gestation the birth occurs the more vulnerable an infant is to long term disabilities such cerebral palsy, autism, vision and hearing impairments, as well as other developmental disabilities and will require greater social supports. The majority of premature births, 71.2 percent fall between 34 and 36 weeks and are identified as late preterm births. Another 12.7 percent are considered to be moderately preterm and born between 32 and 33 weeks, and 16 percent of all preterm births are born before 32 weeks of gestation. Infants born before 32 completed weeks are identified as very preterm and are at a greater risk of death or suffering from chronic health conditions. The infants born in this period generally have lower birth-weights and underdeveloped organs, requiring longer stints in neonatal units.

Ms. Sanders paid careful attention to the fact that the rate of preterm births make up 12.8 percent of all births in the United States, which constitutes a 30 percent increase since 1981. Texas experiences similar trends but at a higher rate, 13.6 percent, than the rest of the U.S. She noted that three major factors are known to increase the risk of preterm births: Maternal age, race/ethnicity, and geography.

The age of a mother is a significant risk factor for preterm births, women under the age of 17 and above the age of 40 are at considerably higher risk of having a preterm infant than those between age 18-39. Ms. Sanders highlighted additional risks related to race and ethnicity. Despite the fact that despite advances perinatal care and treatment options available for preterm infants, there are persistent disparities in the rates of premature births and infant mortality rates among minority groups of all ages. In 2006 African American mothers experienced the highest rate of preterm births at 18 percent, in the same year 12.2 percent of all Hispanic infants born were preterm. This is likely related to higher rates of uninsurance and inadequate prenatal care, maternal behavior, access to care and socioeconomic conditions can help account for some of the differences in outcomes. Preterm births are also linked to multiple births in short succession and obesity.

Ms. Sanders informed the group of the high costs associated with preterm births, in the first year of a preterm infant's life average medical costs is \$1.7 billion is spent annually in Texas. Further, nearly 70 percent of all Medicaid births are preterm at the cost of \$1 billion.

The March of Dimes has piloted three programs across Texas to provide additional support and education for new mothers who may be more at risk of having a preterm infant.

**CenteringPregnancy:**

The CenteringPregnancy program seeks to empower women and improve birth outcomes. The program operates in more than fifteen clinics across the state. Classes are offered to prepare parents for birth, budgeting, wellness and abuse prevention. CenteringPregnancy was shown to

reduce preterm births among their users by 53 percent compared to women enrolled in traditional programs and brought about cost savings of \$1.2 million.

**Honey Child:**

Honey Child is a faith-based educational program that provides culturally appropriate prenatal education and support to African American women in churches throughout Texas. Participants in Honey Child showed gains in knowledge of 83 percent and the preterm birth rate was as low as 9 percent as compared to 18.6 percent of African American mothers in Texas.

**Comenzando bien:**

Comenzando bien provides culturally-appropriate prenatal education for expecting mothers in the Hispanic community. The classes are offered in more than thirty community sites, and are designed to improve a mother's chances of having a healthy pregnancy and baby. Feedback from the program Participants overwhelmingly support the program, 90 percent of mothers showed gains in knowledge and 100 percent reported changes in diet and exercise resulting from what they learned in class.

More information regarding preterm births in Texas can be found at the [March of Dimes Peristats Website](#). Additional information about the March of Dimes community services can be found at their [Texas Chapter](#) site.

**Seton's Perinatal Safety Project:**

**Dr. Michael Nix of University Medical Center at Brackenridge Hospital**

From October 2003 the Seton Family of Hospitals' has developed and implemented practices in labor and delivery units aimed at reducing the rate of birth injuries. Some of the perinatal initiatives include:

- Focus on shared physician-specific data presented in a blinded fashion
- Implement Oxytocin Bundles & Operative Vaginal Delivery Bundle
- Initiate continuous small tests of change
- Revise all related protocols and policies to reflect current evidence-based best practices
- Develop customized, Network-specific reporting tools for communication using SBAR
- Adopt a common terminology for fetal heart monitoring
- Implement multi-disciplinary crisis simulation training, focusing on communication and teamwork

An additional component of the Perinatal Safety Project has particularly focused on eliminating elective induction of labor before 39 weeks of gestation. This effort has had a dramatic impact in improving birth outcomes as well as lowering costs for the Seton Family of Hospitals. A survey from 2007 revealed that of 20,000 births in Hospital Corporation of America (HCA) hospitals approximately 1/3 of all infants were electively delivered. Of these 5 percent of births were delivered in a manor that violated guidelines set by the American Academy of Pediatrics and American Congress of Obstetricians and Gynecologists. The risks associated with this practice are high - infants are more at risk of breathing abnormalities. Additionally the average stay in Neonatal Intensive Care Units (NICU) to be 5 days, with the average amount billed amounting to \$26,800.

The Seton model has helped to move the focus away from experienced based to evidenced based results. The Perinatal Safety Project has transformed attitudes and the culture within Labor and Delivery Units across the Seton Family of Hospitals and has been cited as an example of best practice.

In their efforts Seton Family Hospitals have not scheduled an elective induction since October 2005. The benefits associated with this change in practice is marked by a large and steady decline in NICU stays related to iatrogenic prematurity, in which a prematurely delivered infant is physiologically immature and/or low-weight infant as a result of medical intervention. Seton's efforts have reduced the number of infants delivered by elective induction to .8 babies per 1000. As a result the length of stay fell from 10-8 days and the NICU units saved more than \$800,000 over two years.

### **Smoke Free Texas:**

#### **Claudia Rodas from the American Cancer Society**

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More than 53,000 Americans die prematurely from illnesses related to second-hand smoke, of this 35,000 from coronary heart disease, and 3,000 are lung cancer related deaths. Children and infants exposed to second-hand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems and severe asthma. Second-hand smoke also significantly increases the risk of preterm births.

Currently, more than half of Americans are covered by a comprehensive smoking ban, which are in effect in 28 states. Texas is the largest state in the nation without such a law, and in the absence of smoke-free legislation 30 cities and towns in Texas have passed local ordinances covering nearly 40 percent of the population. Ms. Rodas highlighted the fact that statewide legislation is necessary because more than 25 percent of Texans would not be covered under local ordinances even if every city and town implemented a smoking ban.

A comprehensive smoking ban would prohibit smoking in indoor public and workplaces as well as public outdoor areas. The Smoke Free Texas proposal excludes 20 percent of all hotel and motel rooms, private clubs and outdoor areas of a place of employment. The proposed statewide effort does not supersede more comprehensive local ordinances.

Smoke Free Texas seeks to educate the public on the risks of second-hand smoke as well as local enforcement of existing statutes. More information about their work and local coalitions can be found at their website [www.smokefreetexas.org](http://www.smokefreetexas.org).

With no other business the meeting adjourned at 3:20.