

# Quick Facts

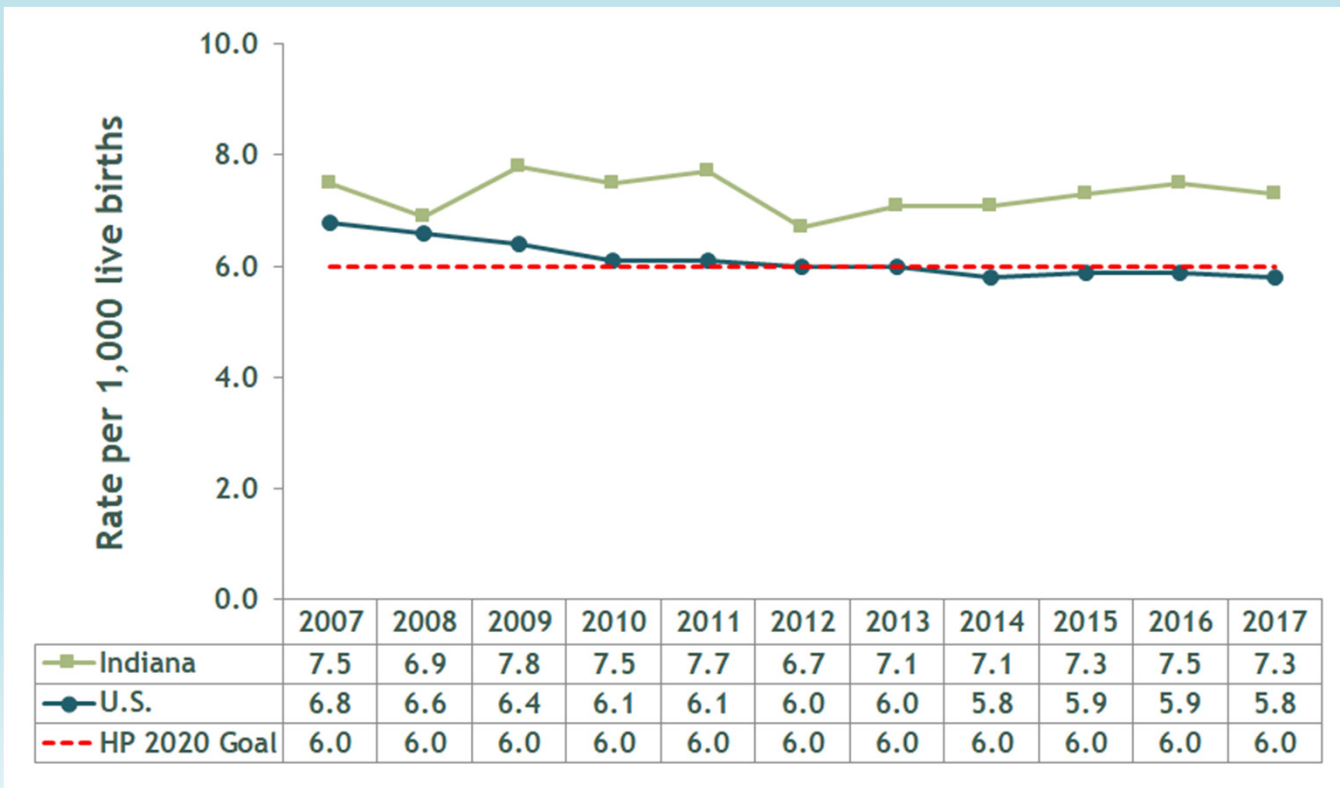
- Infant Mortality: Death of a baby from its first breath until the first birthday.
- Infant Mortality Rate: Number of deaths per every 1,000 births in Indiana
- Top Health indicator for a population



# Infant Mortality Rates

## Indiana, U.S. and Healthy People 2020 Goal

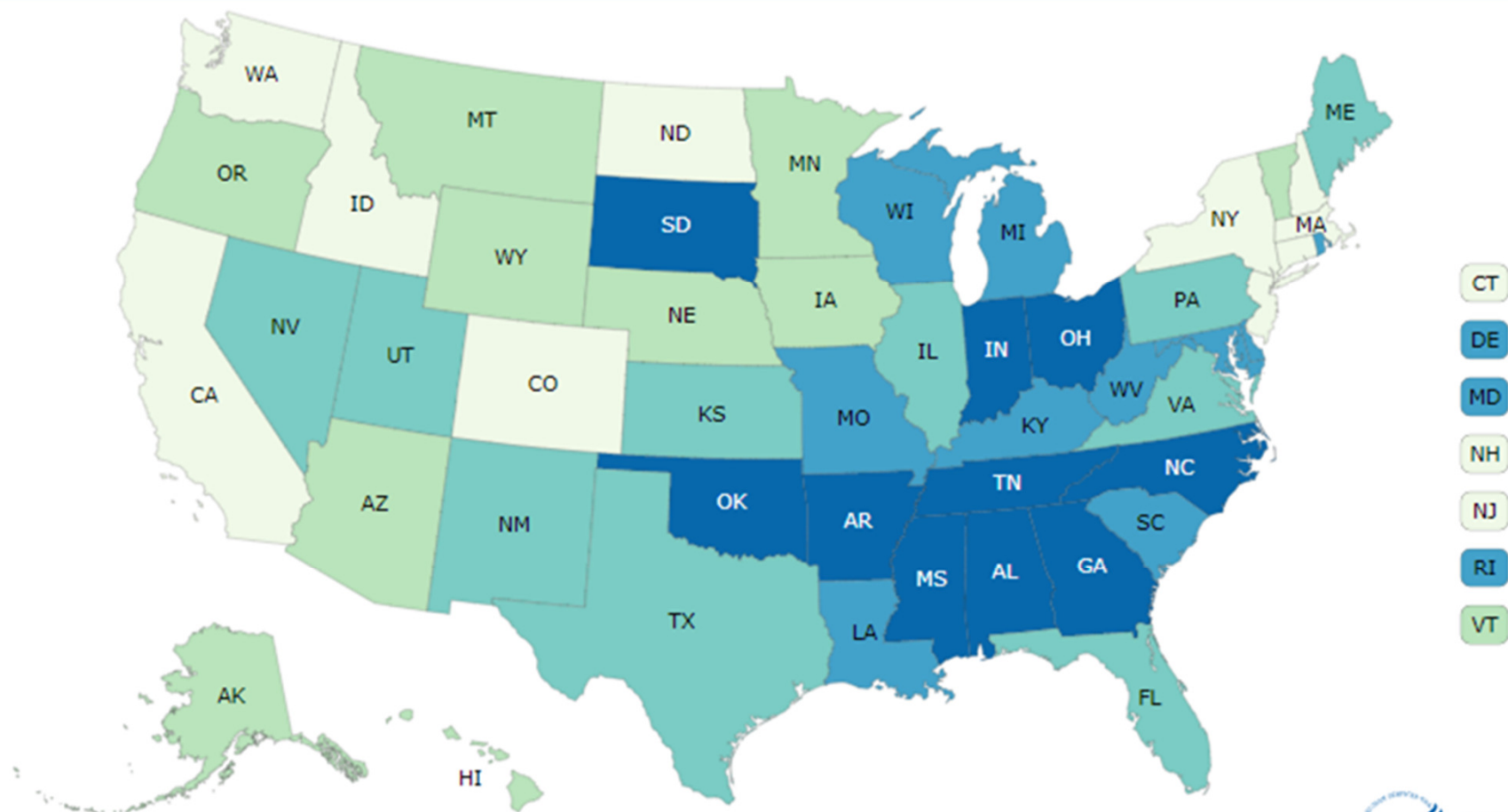
### 2007 - 2017



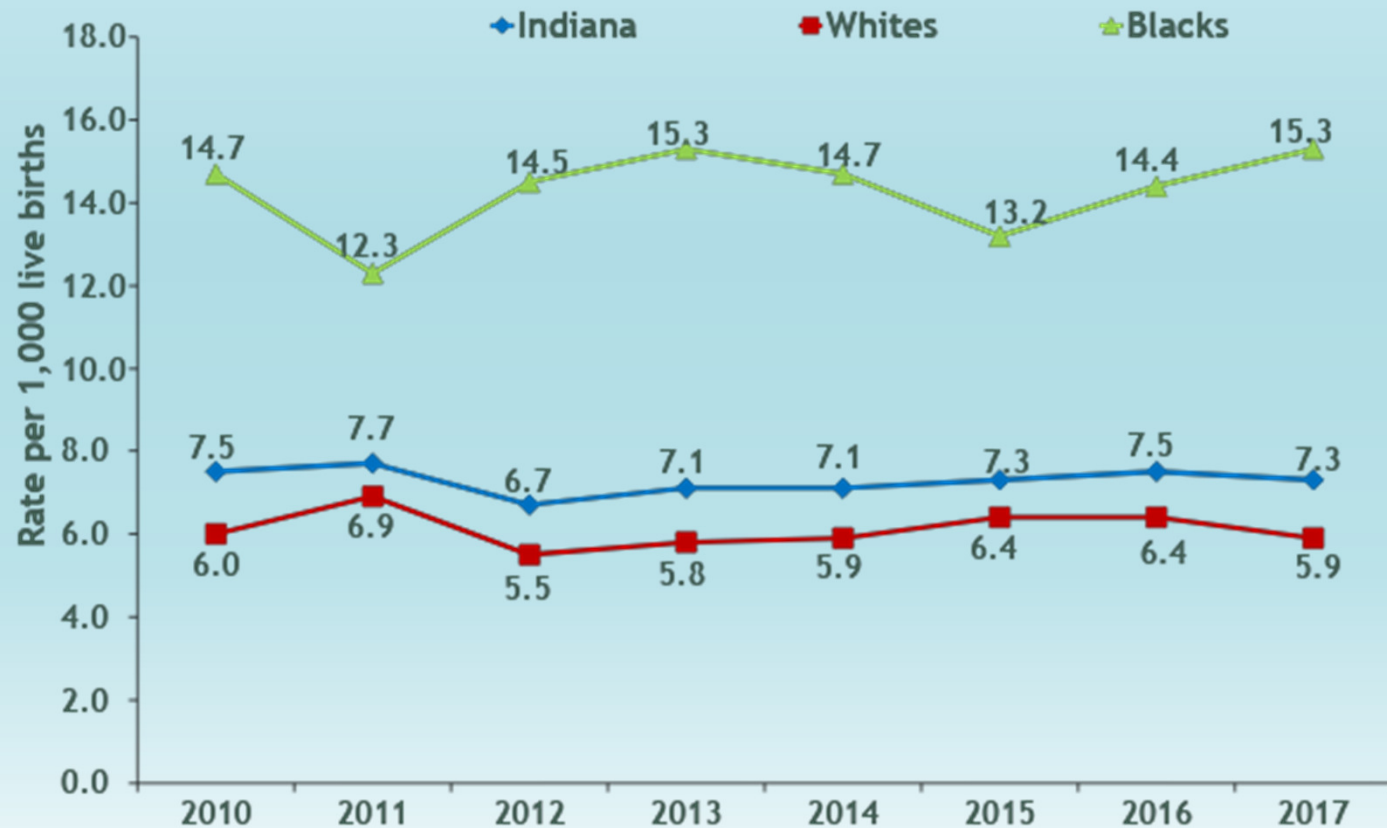
Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [November 1, 2018]  
 United States Original: Centers for Disease Control and Prevention National Center for Health Statistics  
 Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team



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# Infant Mortality Rates by Race Indiana 2010 - 2017



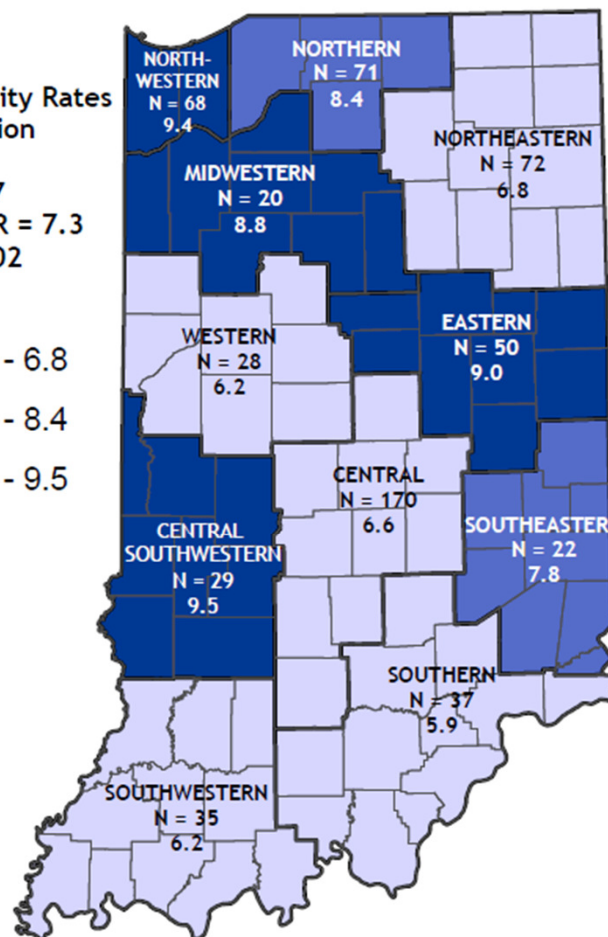
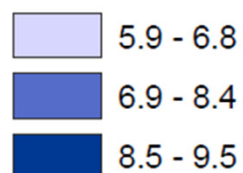
Note: Hispanic ethnicity can be of any race

Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [January 22, 2019]

Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

# Infant Mortality Rates by Region

2017  
Indiana IMR = 7.3  
N = 602



Source: Indiana State Department of Health, Division of Maternal and Child Health  
Created: November 1, 2018  
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team



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# Factors Contributing to Infant Mortality Indiana

## Obesity

If woman is obese = 25% chance of delivering premature infant

If woman is morbidly obese = 33% chance of delivering premature infant

Indiana is *12<sup>th</sup> most obese state in U.S.*

## Smoking

13.5% of mothers smoke during pregnancy (*Nearly TWICE the U.S. average*)

23.6% of mothers on Medicaid smoke

## Limited Prenatal Care

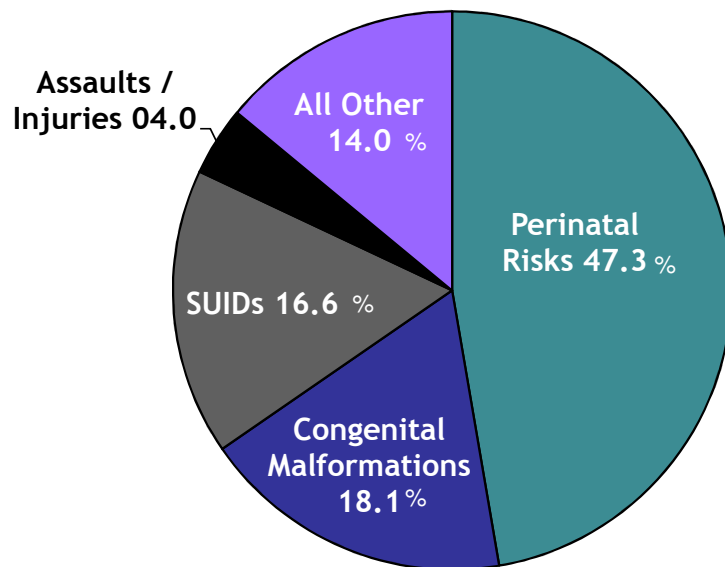
Only **68.6%** of mothers receive prenatal care during the 1<sup>st</sup> trimester

## Unsafe Sleep Practices

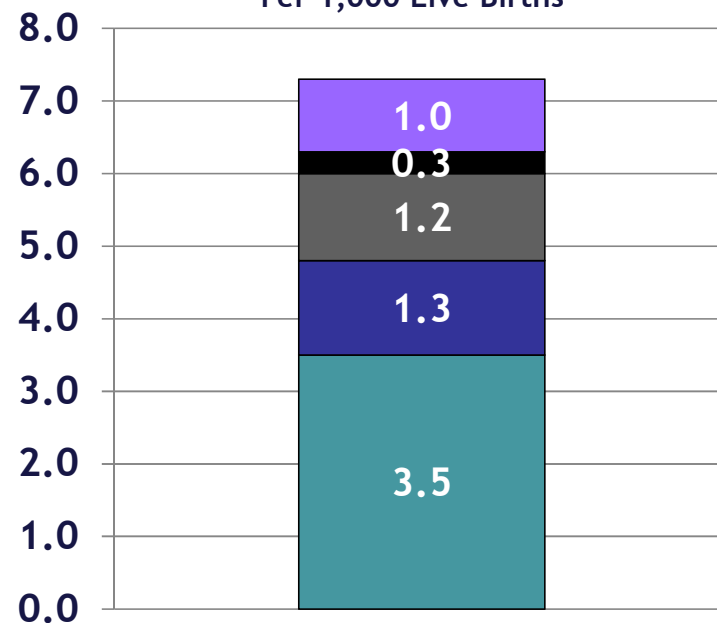
**16.6%** of infant deaths in 2017 can be attributed to *SUIDs*

# Infant Mortality Distribution by Cause Indiana, 2017

**% Distribution of Infant Deaths**  
**N = 602**



**Cause Specific  
Mortality Rates\***  
Per 1,000 Live Births



\*Note: Cause specific mortality rates may not exactly equal the overall infant mortality rate due to rounding.  
Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [January 3, 2019]  
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

# SUID

- SUID: Sudden Unexpected Infant Death
- SUID is the umbrella heading under which sudden infant deaths are classified
- SUID includes accidental sleep-related deaths
- Reducing risk versus prevention
- Must know the difference between SIDS and Accidental Suffocation and Strangulation in Bed (ASSB)



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# Sudden Unexpected Infant Deaths (SUIDs)

## Accidental Suffocation / Strangulation in Bed (ASSB, W75)

- Mechanisms that lead to accidental suffocation include:
  - *Suffocation by soft bedding*
    - Pillow covers an infant's nose and mouth
  - *Overlay*
    - A person rolls on top of or against the infant while sleeping
  - *Wedging or entrapment*
    - An infant is wedged between two objects such as a mattress and wall
  - *Strangulation*
    - An infant's head and neck become caught between crib railings

Source: Indiana State Department of Health, Division of Maternal & Child Health [February 11, 2016]

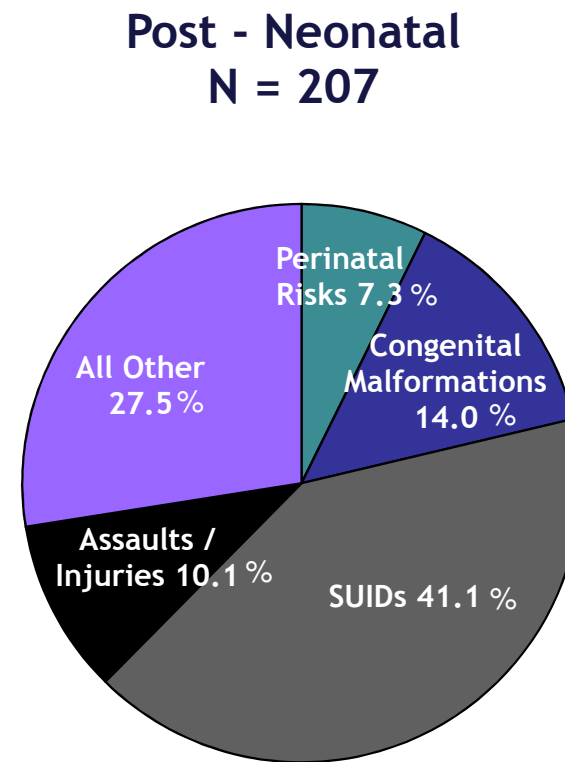
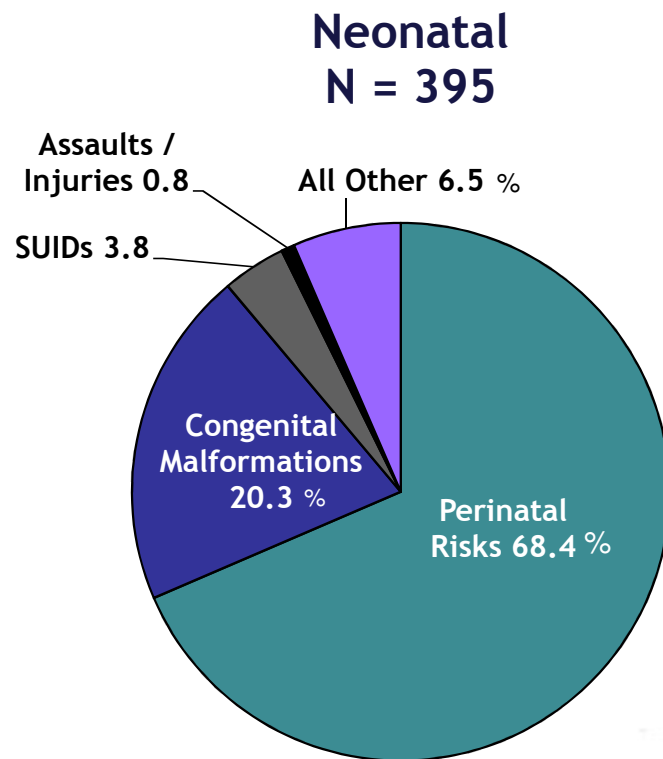
Original Source: Centers for Disease Control and Prevention (CDC),

Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion



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# Causes of Infant Mortality by Age Indiana 2017



Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [November 27, 2018]  
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

# Key Findings

OUT OF 105 SUIDs REVIEWED

99

Mentioned at least one unsafe sleep factor

4

Provided inadequate information for the CFR committee to determine if the sleeping environment was unsafe

2

Had no unsafe sleep factor



# Sleep Environment

Figure : Was There a Crib/Bassinette/Port-a-crib in the Home for Child? (n=105)

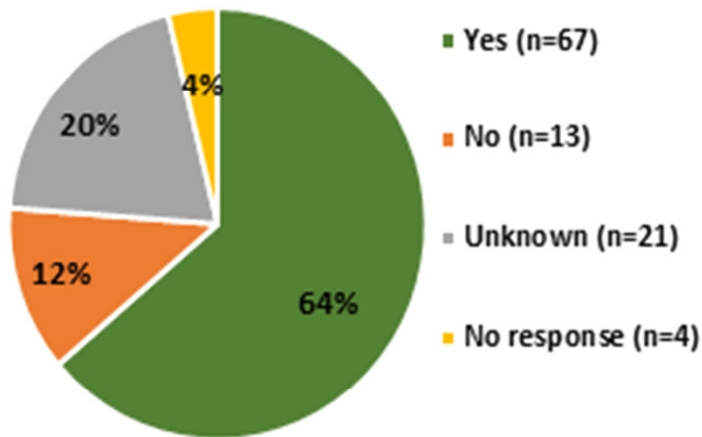
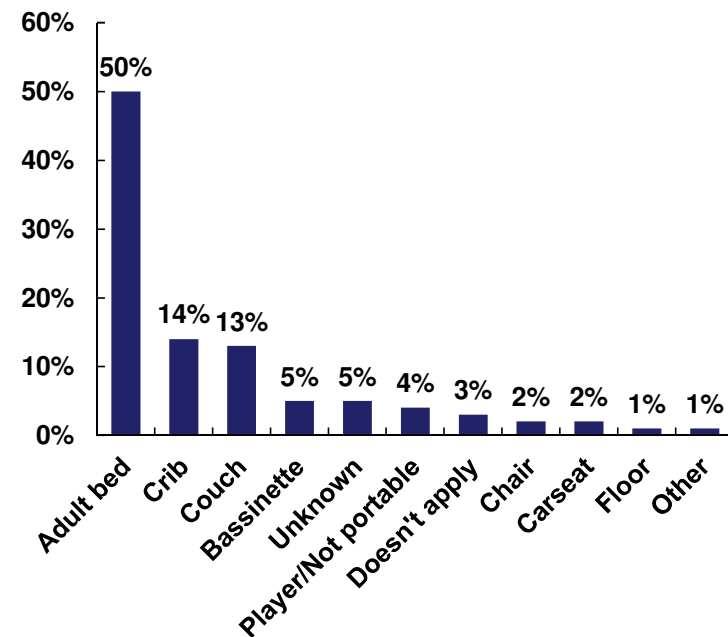


Figure: Incident Sleep Place (n=105)



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# Facts About Sleep-Related Death That May Surprise You

- The weight of an adult arm on a baby's chest is enough to cause suffocation
- Babies can unintentionally move themselves into dangerous positions, like up against a bumper pad, or down into a blanket. They do not have the motor control to remove themselves from dangerous positions.
- A breastfed baby is 5x more likely to die from sleep-related death while co-sleeping than a breastfed baby that sleeps alone, in a space designed for infant sleep.



# Important Influencers in a Caregiver's Life



- Who influences the caregiver?
- Appropriate messaging and delivery to each influencer
  - Validate the desire to do what is best
  - Don't tell Grandma she is wrong

# How We Can Work Together to Reach Families

- Indiana is working with hospitals, child care providers, physicians, first responders, faith-based communities, and others to spread awareness and reach families.
- You can become an ambassador in your community. Safe sleep can be hard. Seeing a first birthday is worth it.
- Educate families. Educate influencers

# Direct On-Scene Education (DOSE)<sup>TM</sup>

DOSE is an innovative attempt at eliminating sleep-related infant death due to suffocation, strangulation or positional asphyxia by using first responders to identify and remove hazards while delivering education on scene during emergency and non-emergency 911 calls.

**\*\*EVERY CALL IS A  
POTENTIAL OPPORTUNITY  
FOR EDUCATION ON SAFE  
SLEEP\*\***







# ***Contact Information***

**Holly Wood  
Safe Sleep Coordinator  
317.234.1276  
[safesleep@isdh.in.gov](mailto:safesleep@isdh.in.gov)**





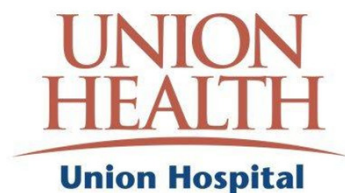
# *Office-Based Perinatal Navigation*

Indiana Rural Health Association Annual Conference

*Perinatal Navigators*



UNION  
HEALTH





## Disclosures

- We would like to thank the Indiana State Department of Health, Maternal and Child Health for their support of the Perinatal Navigator Program. Grant #18394

# Richard G. Lugar Center for Rural Health



## JOE DONNELLY

UNITED STATES SENATOR FOR INDIANA

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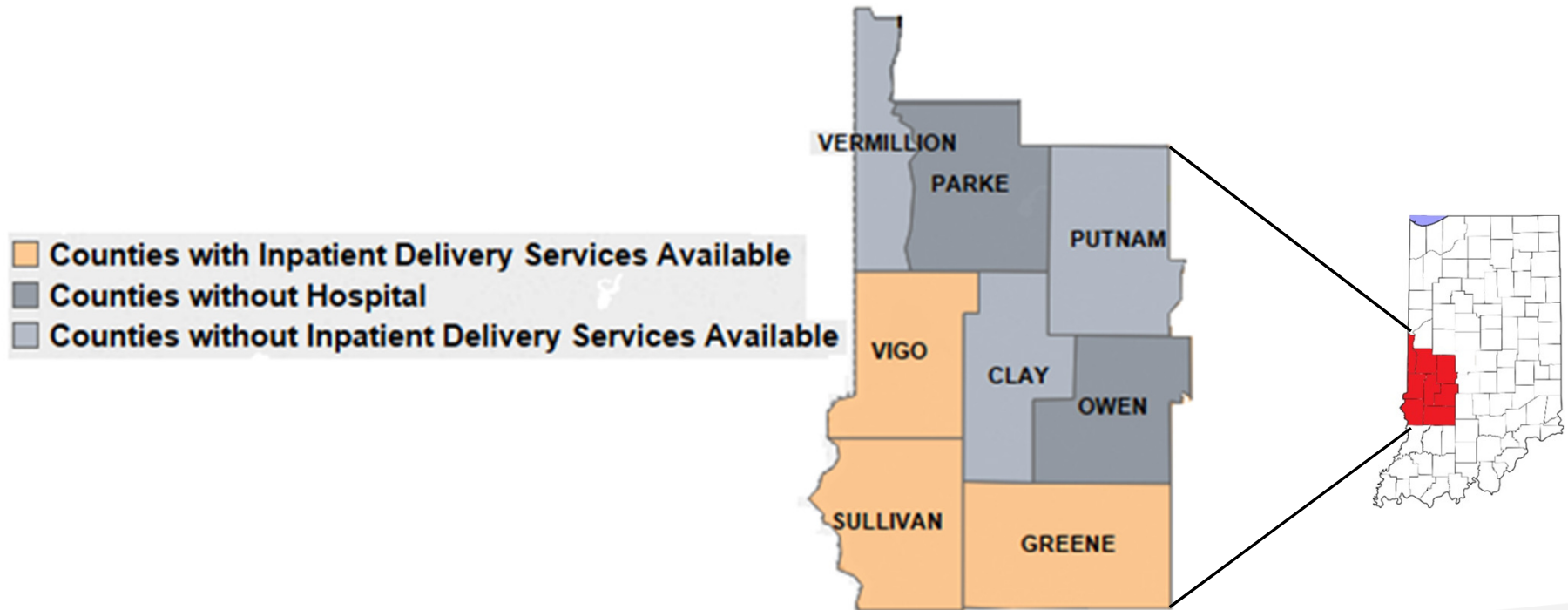
### Donnelly Announces Support for Bipartisan Legislation Aimed at Improving Maternity Care Access in Underserved Areas

32 Indiana counties currently lack hospital-based obstetrical services, which can result in Hoosiers being unable to access maternity care or driving long distances for care

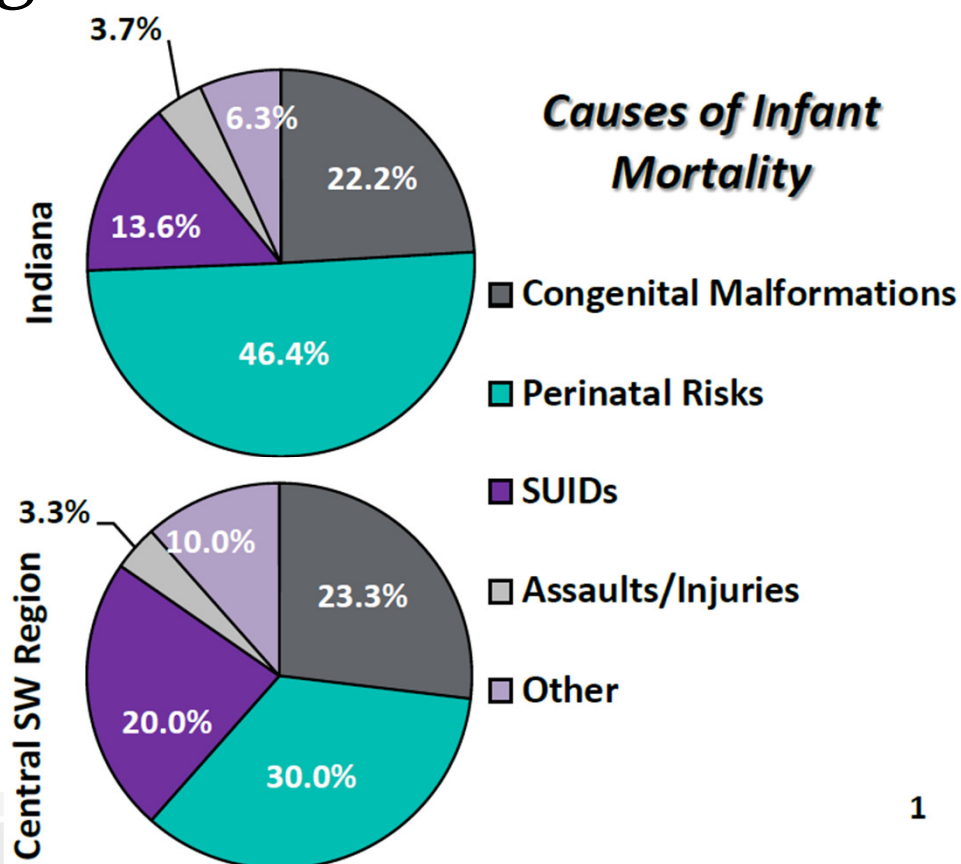
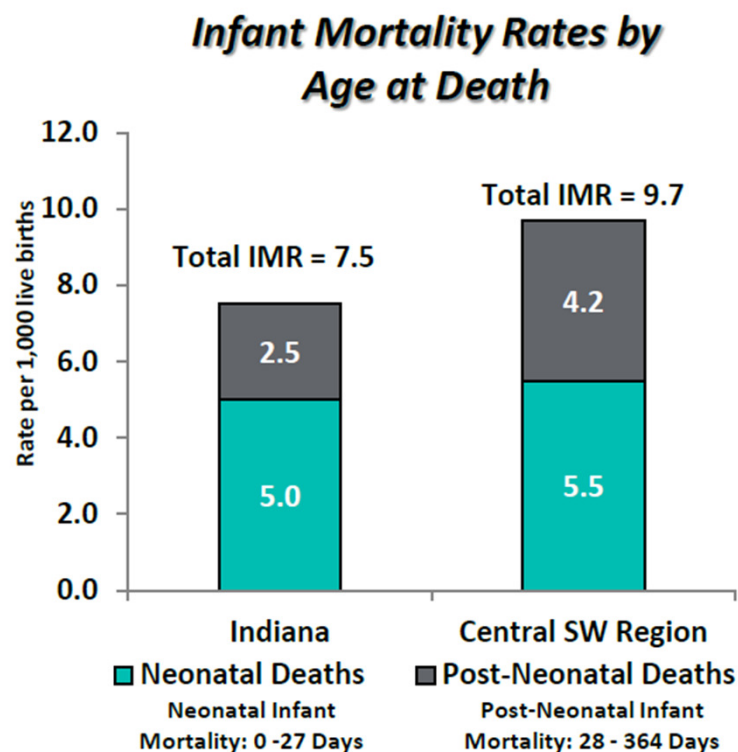
Tuesday, July 24, 2018

**Washington, D.C.** — U.S. Senator Joe Donnelly announced his support today for the bipartisan *Improving Access to Maternity Care Act*. The legislation seeks to help reduce the shortage of obstetrical services in underserved and rural areas. Currently, 32 Indiana counties lack hospital-based obstetrical services, which can result in Hoosiers being forced to drive long distances or unable to access adequate maternity care.

## Central Southwestern Region

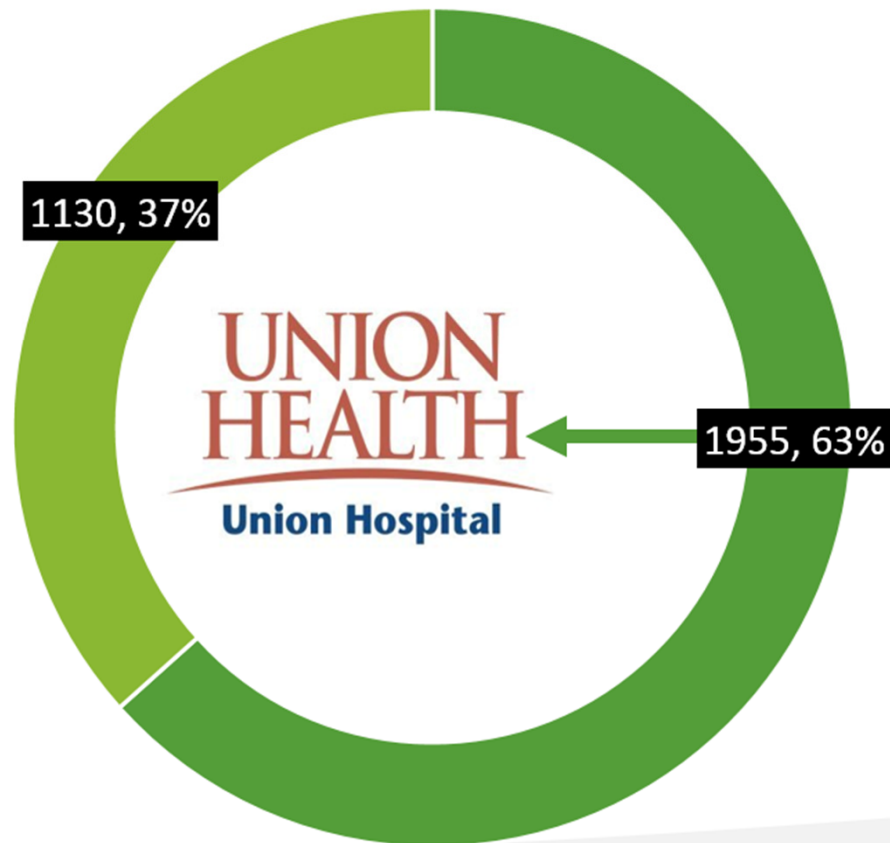


# Central Southwestern Region





# Births in CSWR, 2016





## From a Thousand Feet

1. UH UMG is region's largest OB/GYN practice
2. 60% of those patients deliver at UH
3. Reach as many patients as possible
4. Mirror a model in place for in office integration





# Borrowing from Oncology

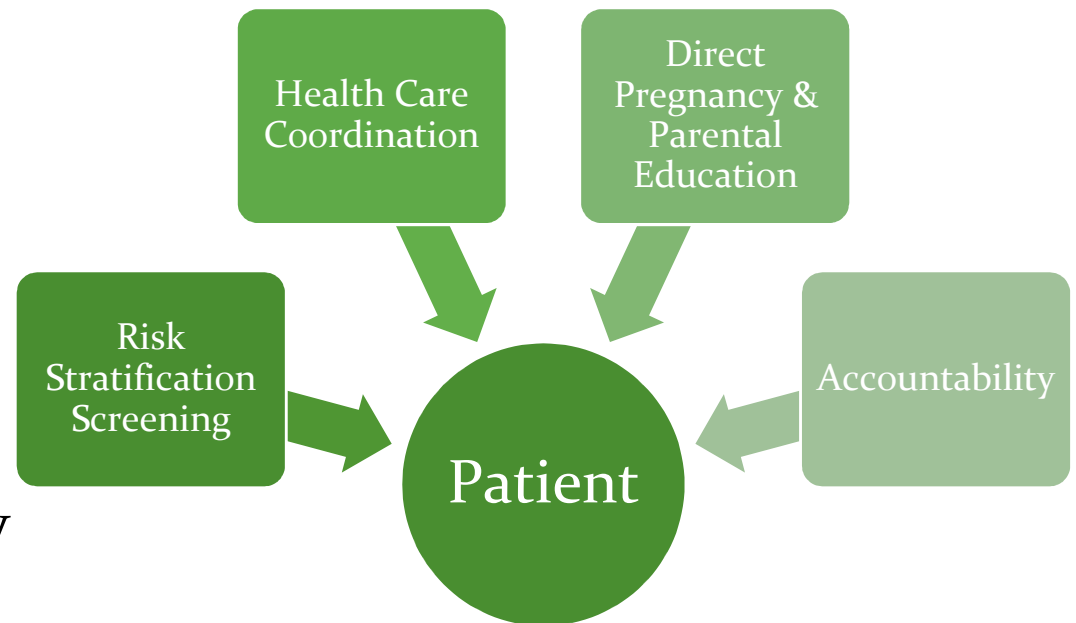
## Operational Opportunities

- Care Coordination can be “siloed”
- Patient needs falling through cracks
- Filtered information from patients regarding social and environmental needs
  - Accountability & Compliance for health care
- A misunderstanding regarding pregnancy’s best practices
  - Social Media & Generational



## Perinatal Navigation Office Integration

- Integration into OB Physician Practices
- Seamless Clinical Workflow Model
- EMR Access & Coordination of Health System Resources
- Universal Screening for all **New** Pregnancies
  - Highest Risk are offered RES Program



# Perinatal Navigation Prenatal Timeline

## 1st Prenatal Appointment

Navigators meet and talk with every new patient within the OB/GYN UMG Practice.

This particular practice consists of 7 Doctors serving 65% of all prenatal patients in the region.



High Risk Assessment

## 26 - 36 Week Visits

If patient is enrolled in the RES program navigator schedules first Home Visit.

Home Visit will include incentives and safe sleep education.

## Meet Patient



## 20-24 Week Visit

Patient is educated on the benefits of breastfeeding, prenatal classes, and assessed for high risk tendencies.

## Safe Sleep



## Delivery

# Perinatal Navigation Postpartum Timeline

## Postpartum Appointment

Navigator meets patient at Postpartum Appointment and administers Depression Screening and addresses concerns. Navigators teach on proper feeding techniques including formula preparation if needed.



## 2nd & 3rd Home Visits

## 9 Mo. After Delivery

If patient has a home visit at 6 months then this Home Visit will occur at the Terre Haute Children's Museum. Navigators always encourage flu shots, safety precautions and RSV

## Depression Screening



## 3 Mo. After Delivery & 6 Mo. After Delivery

PN Home visit to address concerns and confirm safety and safe sleep practices. Navigator also discusses milestones and any seasonal concerns

## Final Home Visit



## Graduation!

All Graduates of RES program receive a new Toddler Car seat





## System & Clinical Process Changes

- Safety Pin V2.0
  - Expanded funding to the rest of CSWR OB Offices
  - Increased number of Perinatal Navigators to 5 FTE
- Establish the Family and Infant Review Success Team (FIRST)
  - Coordination of all families throughout the Union Health System
- Review EMR processes in Ambulatory and Acute Settings across care spectrums
- Rural Home Visit Procedures



## Lessons Learned

- Embracing the Community at large, no need to duplicate resources
- Embrace available evidence base resources for patient education
  - Ask Liv App
  - Technology vs. Paper (Cost Savings)
- Integrating in Physician Exam Room and not Navigator Offices
- Documenting, Data Extraction, and Scheduling processes
- Rural and Urban Home Visits Look-A-Like but are not the same



# Program Evaluation

- Survey Collected at Post-Partum Appointment
  - *“She was great! The information she gave me really helped me feel prepared and today she knew that I was depressed and feeling overwhelmed without me really bringing it. Now she and my doc are helping me with that.”*
  - *“It was very helpful!! She gave me information that helped me with breastfeeding. I went to several follow up appointments with the lactation specialist and the navigator is the one who really helped me.”*
  - *“She was always positive and I felt like her support helped me through the tough times. She even got my husband to quit smoking”*
  - *“[The Navigator] has been a huge help during this pregnancy. She provided a lot of support and education. Today I told her that I have been trying to get an appt with my therapist for weeks and no one would call me back. She made an appointment for me next week.”*
- Pre & Post Test for Education Curriculum
  - Pre-Test Administered at 2<sup>nd</sup> Home Visit, Post-Test @ Graduation



# What are we doing?



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Liv

# ISDH Programs and Initiatives to Help Reduce Infant Mortality Rates

Indiana's  
Early Start  
Program



INDIANA  
**PRAMS**  
Pregnancy Risk Assessment  
Monitoring System

Healthy Babies. Born on Time.



**IPQIC**

Indiana Quality Improvement Collaborative

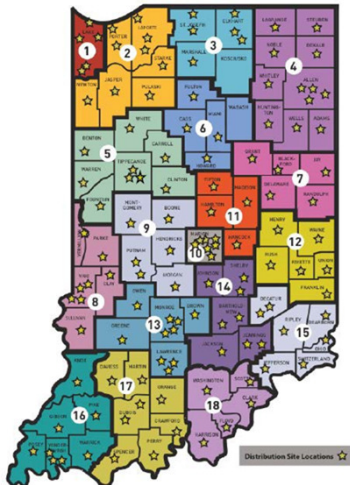


**MCH  
MOMS  
HELPLINE**  
1-844-MCH-MOMS  
(844-624-6667)

*The key to a healthy baby and a happy mom*



**Safe Sleep Program**



**Labor of Love**  
Helping Indiana Reduce Infant Death



**Help Me Grow  
Indiana**

**Nurse-Family  
Partnership**  
Helping First-Time Parents Succeed

# HEA 1007

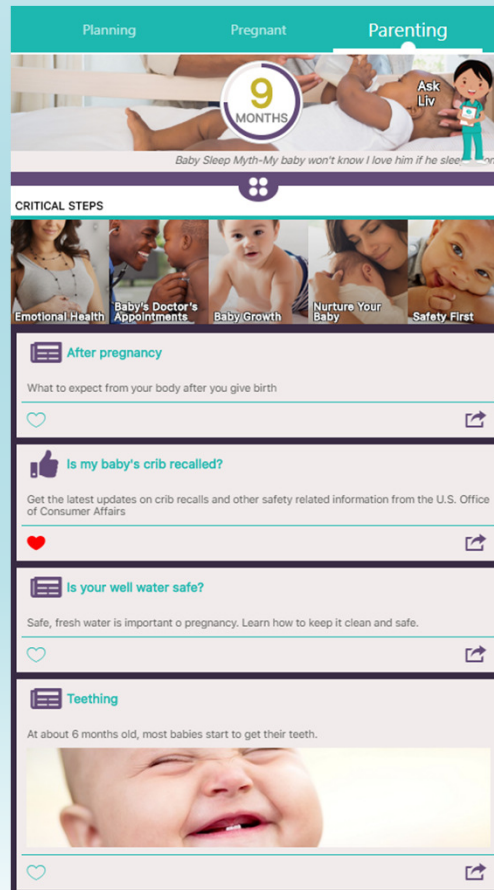
## Perinatal Navigator Program

- Goal: To improve healthy outcomes for mother and baby
- Community-based healthcare workers
- Focus is on high-risk pregnant patients
- Partnership between ISDH and FSSA



- Indiana's official Pregnancy and Health app
- Existed since December 2017
- Intended for a woman's entire village, whether she is planning, pregnant or parenting
- Includes peer-reviewed articles, map of resources, pregnancy tracker and more
- Available in English and Spanish

# AskLiv.com



@TheLivApp

Liv

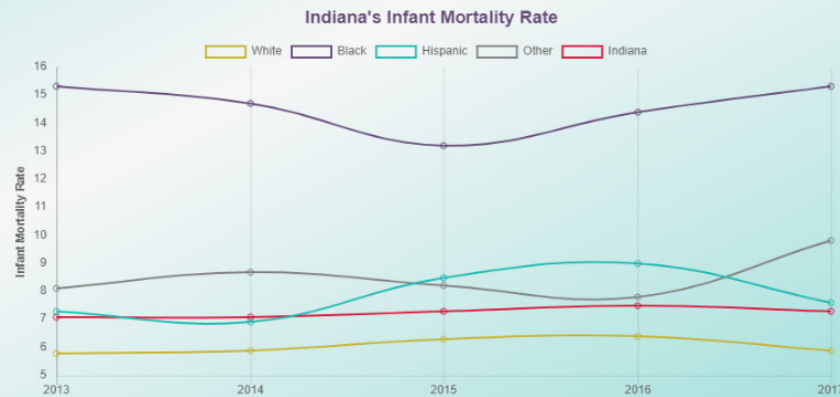
# ASKLIV.COM/#/PROVIDER



## Liv Is More Than An App!

You work every day for the health of your patients and clients. As Indiana's health app dedicated to all Hoosiers of child-bearing age, let Liv take some of the time off your hands. With a map of resources, peer-reviewed education and more, Liv is an excellent resource to provide for Indiana mothers and their families.

Available in both English and Spanish, Liv is designed to supply support whether a woman is planning, pregnant or parenting. Click the buttons below to learn more about Liv and how you can bring Liv to your patients.



**BE FEATURED**

**BE INVOLVED**

**MARKETING  
MATERIALS**





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