Georgia Partnerships to Improve Infant Mortality Rates

Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The Georgia Department of Public Health has leveraged partnerships with local health departments, birthing hospitals, Georgia Obstetrical and Gynecological Society, the pediatric community, and nonprofit organizations to reduce the infant mortality rate among high-risk populations. In addition, Georgia is part of the Health Resources and Services Administration (HRSA) Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality in Regions IV and VI. The CoIIN to Reduce Infant Mortality is a public-private partnership to reduce infant mortality and improve birth outcomes.

Aim of the Integration:

To reduce infant mortality rates through targeted interventions in the highest risk populations.

BACKGROUND

In 2006, the infant mortality rate in Georgia was 8.4 deaths per 1,000 live births, nearly 20 percent higher than the national average. The Georgia Department of Public Health (DPH) used an innovative strategy to identify geographical clusters of infant deaths in order to target interventions in those areas. By examining data for each square mile of the state, Georgia DPH identified six clusters with infant mortality rates as high as 17.5 deaths per 1,000 live births. By examining infant deaths in these areas in greater detail, Georgia DPH determined that the leading cause of infant death was prematurity or low birth weight and the highest risk populations were women who had previous poor birth outcomes, chronic diseases, and minority group populations.

OVERVIEW OF THE INTEGRATION EFFORT

Georgia DPH implemented targeted interventions in regions with a high infant mortality rate. Through the public-private integration approach, several different strategies were implemented which resulted in better birth outcomes and healthier babies. The partnership began with information-sharing meetings in areas that had high infant mortality. Georgia DPH presented its findings from the analysis of the infant mortality data to stakeholders, including data specific to certain localities. Stakeholders included the state and local health departments, local birthing hospitals, OB/GYN and pediatric doctors, the American Academy of Family Physicians, American Academy of Pediatrics, and area nonprofits. During each meeting, participants assessed community needs, and looked at interventions currently in place to determine which ones were working and which ones were not. Following the first round of meetings in each area, Georgia DPH reviewed and summarized the information gathered during the meetings and developed community needs assessments. A second round of meetings was held with stakeholders in specified regions to discuss the gaps and possible solutions. This strategy helped Georgia DPH gain stakeholder buy-in and helped plan the

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targeted interventions. The following are examples of some of the interventions that Georgia DPH implemented in the high-risk areas in the state.

Early Elective Deliveries

Georgia DPH, with local health departments, collaborated with hospitals and the state medical societies to reduce early elective deliveries (non-medically indicated C-sections and inductions that occur before 39 weeks). A physician champion in each birthing hospital supported policies to reduce early elective deliveries. As of October 1, 2013, the state Medicaid program no longer pays for early elective deliveries.

Hospital Breastfeeding Recognition Program

To increase rates of breastfeeding initiation, Georgia DPH implemented a recognition program for hospitals called the "5-STAR Hospital Recognition Program." Nine hospitals in or around the areas with the highest rates of infant mortality participated in the program and supported new mothers through breastfeeding-friendly policies, such as prenatal breastfeeding education, limited use of supplements, and post-discharge support. All nine hospitals completed the first year of the program and are continuing to work on earning stars.

The hospitals all made significant progress towards implementing the *Ten Steps to Successful Breastfeeding*. Notable highlights of the 5-STAR project include: 1) all nine hospitals have made a commitment to the WHO Code of Marketing of Breastmilk Substitutes and no longer provide discharge bags to patients that promote formula use; 2) all nine hospitals have comprehensive infant feeding and care policies that meet both the criteria for Step One of the Ten Steps and the Baby-Friendly guidelines; 3) all nine hospitals are collecting and reporting their exclusive breastfeeding and initiation rates, while eight of the nine hospitals are collecting and reporting at least 80 percent of the Ten Steps measures; 4) collaboratively, all nine hospitals made significant improvements in skin-to-skin contact rates, from 32.0 percent to 50.2 percent; breastfeeding support within six hours, from 12.0 percent to 53.6 percent; and rooming-in, from 29.4 percent to 53.3 percent, over the course of the first year.

Home Visiting

In one high-risk community, the local health department conducted focus groups with women in the high-risk population. From the focus groups, the health department determined that home visiting would prove beneficial. Georgia DPH provided funding for the local health department to conduct a home visit program. The health department partnered with the Federally Qualified Health Centers to identify high-risk women who would receive the home visiting program.

RESULTS/BENEFITS

The early elective delivery rates have declined in Georgia since launching this collaboration between the health department and the hospitals. In 2009, 65 percent of deliveries at 37 and 38 weeks gestation were elective. By 2013, early elective deliveries had declined more than 50 percent. In localities where home visiting occurred, rates of pre-term birth and low birth weight decreased from baseline data and breastfeeding initiation rates increased.

Georgia has seen drastic improvements in birth outcomes. In 2006 the infant mortality rate was 8.4 deaths per 1,000 live births; by 2011 it had decreased to 6.8. Pre-term birth rates declined 10 percent statewide

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from 2009 to 2012, and drastic declines have been documented in the six clusters identified the innovative geographic study.[1]

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY

The majority of the research and interventions were funded through Title V block grants and hospital prevention block grants, with some funding from nonprofit grant-making organizations and in-kind resources. The strong relationship that the health department has with the local medical societies was an important asset to the success of the integration. It has been able to network at medical society events and with the hospital association and share information through the medical society newsletters. “Our work is only as good as our collaborations,” said Seema Csukas, MD, Director, Maternal and Child Health Section, Georgia Department of Public Health. Finally, the use of the physician champions in each of the birthing hospitals to implement breastfeeding and early elective delivery policies was critical to the success of this partnership.

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[1] Source: 2012 Georgia Vital Records data.

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