

West Virginia Perinatal Partnership Works to Improve Birth Outcomes

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 [West Virginia Perinatal Partnership](#) is a model project that brings together the medical community and other public health partners to improve the statewide perinatal system by identifying mutual goals and developing workplans to improve perinatal outcomes.

BACKGROUND

In February 2006, West Virginia's then First Lady Gayle Manchin convened a meeting to discuss why so many babies in West Virginia were dying before their first birthday. While the infant mortality rate had begun to decline across the United States, West Virginia was not experiencing the same trend. State and local health officials, healthcare providers, educational representatives, and other policymakers at this initial meeting wanted to see these numbers change. Together they recognized that to address this problem, key organizations, agencies, and individuals within the state would need to collaborate and coordinate their efforts.

OVERVIEW OF THE INTEGRATION EFFORT

Following this initial discussion, the 2006 West Virginia Perinatal Wellness Study was conducted through funding from the Claude Worthington Benedum Foundation. The results of the study identified problems related to poor birth outcomes, documented in the report [A Blueprint to Improve West Virginia Perinatal Health](#). The West Virginia Perinatal Partnership evolved in 2007 to address the problems identified in the *Blueprint* and promote the well-being of pregnant women and their babies. The partnership is managed by West Virginia Community Voices, Inc., a nonprofit organization dedicated to bringing grassroots voices to healthcare policy. Active leaders in the partnership include the West Virginia Department of Health and Human Resources Office of Maternal, Child, and Family Health, the perinatal medical community, payers, professional organizations, and the March of Dimes West Virginia Chapter.

Aim of the Integration:

To achieve quicker and greater success in improving birth outcomes by making changes as a unified group of hospitals and maternity care providers.

Within the partnership, the Central Advisory Council was formed to direct and promote the work and policy recommendations of subcommittees working on guidelines for perinatal care, high risk consultation, maternal and infant transport, perinatal outreach education programs, telecommunications systems development, universal prenatal risk screening and data collection, and adequacy of NICU beds.

Some of the partnership's initial projects included the West Virginia OB Quality Initiative (OB QI) to Reduce Elective Labor Inductions, Neonatal and Maternal Transport, Medical-Legal Guidelines for Drug and Alcohol Use During Pregnancy, the Hospital Self-Assessment Project, the Perinatal Outreach Educational Program, and studying the overload of NICU beds in the state. Since its founding, this collaboration has established a statewide perinatal process to identify and address health policy issues related to rural provider shortages, lack of oral healthcare, costly medical procedures associated with poor birth outcomes, drug use during pregnancy, breastfeeding, maternal risk screening, hospital self-assessment, maternal and infant mortality review, and testing for metabolic conditions in newborns.

RESULTS/BENEFITS

In 2009, 14 hospitals, representing 70 percent of births in the state, participated in the OB QI to reduce elective inductions prior to 39 weeks gestation. Rates dropped immediately and elective deliveries continued to decline. In 2011, only 1.3 percent of births in West Virginia hospitals were electively induced prior to 39 weeks gestation, which represents an 86 percent decrease since 2008. In 2011, 23 birthing hospitals began participating in a second OB QI focused on reducing Caesarean sections among first-time mothers, demonstrating the impact that hospitals working together can have in improving the care of mothers and their babies.

Since its inception, the partnership has identified key policy issues and promoted policy changes to improve outcomes when serving as expert witnesses for state legislative committees, successfully raising a number of legislative issues to improve maternal and infant health in the state. Numerous pieces of legislation have been passed due to the partnership's policy recommendations. These include uniform maternal risk screening, newborn metabolic testing, infant and maternal mortality review, identifying breastfeeding as not being public indecency, and an update to the HIV statute to conform with CDC recommendations.

Other successes of the partnership include:

- Implementing a hospital self-assessment process to evaluate compliance with perinatal hospital care national guidelines.
- Initiating a system that allows perinatal providers to make one call to a transport call center and receive a direct connection to the closest tertiary care facility with an available bed.
- Developing a low-literacy, one-page fact sheet about the dangers of drug use during pregnancy for providers to distribute to patients or to be picked up at the doctor's office.
- Recruiting maternity providers from across the state to share their expertise and deliver the latest evidence-based information and education programs to other maternity care providers for the Perinatal Outreach Educational Program.

With the support and active participation of more than 100 partnering organizations, the partnership also addresses the following issues to improve perinatal health: obstetrical and neonatal hospital guidelines and levels of care, comprehensive risk assessment, teleconsultation, breastfeeding, maternity care provider shortages, oral healthcare, in-home visiting, teen and unplanned pregnancy, quality perinatal care with cost containment, and pregnancy outcomes in minority populations.



Reintegration of Public Health and Healthcare

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY

As noted above, the West Virginia Perinatal Partnership was originally promoted and supported by the Claude Worthington Benedum Foundation in 2007. The partnership has since gained support from the governor and state legislature and has been funded through the West Virginia Higher Education Policy Commission, Office of the Vice Chancellor for Health Sciences, since 2011.

As a nongovernmental, volunteer organization, the partnership has brought together the medical community and other perinatal partners throughout West Virginia to work collaboratively by identifying mutual goals and developing workplans to improve perinatal outcomes. While many maternity providers and hospitals attempted to make necessary changes individually, making change as a unified group allowed for greater, quicker success.