



Funding of \$1.78 Million for Healthy Babies Bundle

Infant mortality in North Carolina reached its lowest rate on record in 2010. However, two-thirds of all child deaths occur before a child's first birthday in North Carolina. Deep budget cuts during the recession severely eroded the array of services that for decades had helped to reduce infant mortality to its historic low. To assure continuation of remaining programs that help keep our infant death rate down, the Child Fatality Task Force recommends the state continue to invest in a key bundle of perinatal programs that work together to help babies to be born healthy and celebrate their first birthday. Averting just a few negative outcomes will more than offset the \$1.78 million cost of this package.

\$52,000 for 17P distribution to help prevent preterm births: Providing 17 alpha hydroxyprogesterone caproate (17P) during pregnancy is a proven strategy to help reduce recurring preterm births. The 17P program provides medication to pregnant women with a history of preterm birth to increase by 33% the chance they will carry their current pregnancy to full-term. The 17P Initiative supported over 95 clinics with training, support and more than 4000 doses of medication in fiscal year 2012. (Current funding is \$52,000 from the Maternal and Child Health Block Grant.)

\$375,000 for the ECU High-Risk Maternity Clinic to improve birth outcomes and serve women in Eastern North Carolina: Infant mortality in Eastern North Carolina is substantially higher than for the rest of the state. The ECU High-Risk Clinic provides specialty care to pregnant women in 29 counties including serving as support and back-up for county Health Departments and rural doctors. Funding ensures access to prenatal care for those at highest risk for adverse pregnancy outcomes such as preterm birth, perinatal death and the drug addicted newborn. When state funding was eliminated in fiscal year 2012, services at this clinic were limited. These services were restored when the clinic was funded again in fiscal year 2013. (Current funding is \$375,000 from state general funds.)

\$425,000 for the NC Folic Acid and Preconception Health Campaign to improve birth outcomes: The majority of infant deaths in North Carolina are caused by perinatal conditions or birth defects that can be linked to the health of the mother and must be addressed prior to pregnancy. For example, folic acid must be consumed in sufficient quantities prior to pregnancy and before the woman knows she is pregnant to prevent neural tube birth defects. Folic acid distribution in North Carolina has helped result in a 40% reduction in babies born with neural tube defects such as spina bifida, representing an additional 58 North Carolina babies born healthy each year. The Campaign seeks to build on its existing infrastructure to promote preconception health (the health of the mother prior to pregnancy). The Campaign's goals are to promote women's wellness and improve birth outcomes using evidence-based interventions including folic acid distribution, direct consumer education, health care provider trainings, and media, at a cost to the State of less than 40 cents per individual reached. (Current funding is \$350,000 from the Maternal and Child Health Block Grant. Use of state funds would allow for a federal administrative match of approximately 25%.)

\$175,000 for NC Healthy Start Foundation to increase the capacity of community-based agencies to improve the health of women of child-bearing age and their infants: The NC Healthy Start Foundation (NCHSF) has a 24 year history of providing leadership as part of a broad-based coalition of public and private agencies and has strengthened community-based organizations (CBOs) with evidence-based strategies and communications to improve the health of women of reproductive age and their babies. Through a network of more than 800 CBOs reaching each of NC's 100 counties, NCHSF effectively and efficiently builds the capacity of local agencies - including local health departments - by sharing best practices and resources and providing training and technical assistance. In the final year of the NCHSF's RICHES project, staff provided almost 33,000 technical service encounters – in addition to conducting regional meetings and webinars for more than 580 participating agencies. State funding was eliminated in FY13; the requested funding, to be matched dollar for dollar with private funds, would allow NCHSF to rebuild and provide direct assistance to agencies at the local and state level. (Current state funding is \$0. In FY12 NCHSF received \$434,000 in state general fund dollars plus \$260,000 in matched federal dollars. Use of state funds would again allow the agency to qualify for this match.)

\$350,000 for the Perinatal Quality Collaborative of NC to promote improved birth outcomes in hospital settings: The mission of the Perinatal Quality Collaborative of North Carolina (PCQNC) is to promote time-limited quality improvement projects. PCQNC projects for 2014 are Treatment of Neonatal Abstinence Syndrome (NAS or Newborn Drug Withdrawal) in 29 centers, Conservative Management of Preeclampsia (CMOP) in 22 centers, and Family and Patient Partnerships in 7 centers. PCQNC also plans to establish the registry for Screening for Critical Congenital Heart Disease (CCHD/pulse oximetry). Projected outcomes include reductions in hospital days for NAS babies, reduction in Cesarean Section rates for mothers with preeclampsia, increased antenatal steroid administration rates for mothers at risk for preterm delivery and earlier identification of infants with CCHD. (Current funding is \$350,000 from the Maternal and Child Health Block Grant.)

\$202,000 for Safe Sleep to reduce infant deaths in sleep-related settings: From 2008–2012, policy-makers allocated funds to the NC Healthy Start Foundation (NCHSF) to promote infant safe sleep practices and to train and educate parents, grandparents, other caregivers, and health/human service providers across the state. Since 2007, the NCHSF has worked closely with NC hospital staff to implement safe sleep policies, staff training and best practices, and patient education. 13 NC hospitals are now recognized as NCHSF Infant Safe Sleep Models of Excellence – a voluntary program endorsed by the NC Hospital Association and the Child Fatality Task Force.. While the number of NC babies dying each year due to Sudden Infant Death Syndrome (SIDS) has declined substantially, preventable sleep-related deaths remain above 100 per year. (Current public funding is \$45,000 from the Maternal and Child Health Block Grant. In FY11 Safe Sleep was funded \$202,000. Use of state dollars would allow for a federal administrative match of approximately 25%.)

\$200,000 for You Quit Two Quit to help pregnant women quit smoking: Research repeatedly demonstrates that smoking during pregnancy is associated with poor birth outcomes. The 5As method is an evidence-based, best-practice intervention for screening and treating pregnant women for tobacco use. Yet, only about 1 in 5 doctors who know about the 5As routinely provide all 5 As to women who use tobacco and are ready to quit. The You Quit Two Quit Program aims to increase the use of the evidence-based 5As method in clinical practice using quality improvement (QI) methods. This approach has been shown to increase cessation rates during pregnancy by at least a third. YQTQ helps practitioners fully integrate tobacco use screening and counseling into their workflow so that changes are sustained even after the QI intervention has ended. Compared to women who continued smoking during pregnancy, women who were able to quit were more likely to carry to term and less likely to deliver low birth-weight infants. An analysis in 2006 found that implementing the 5As costs \$24-\$34 per pregnant smoker, but saves \$881 per pregnant smoker. (Current funding is \$0 in public dollars. In FY12 funding was \$200,000 from tobacco cessation funds.) (The 5 As are **Ask** about tobacco use; **Advise** patients to quit; **Assess** their willingness to quit; **Assist** them in quitting; **Arrange** follow-up.)