

ACADIANA
FETAL and INFANT MORTALITY REVIEW
2010 REPORT



Maternal and Child Health Program
Louisiana DHH Office of Public Health Region 4
September 2010

Acknowledgements

The Acadiana Fetal and Infant Mortality Review is part of the Louisiana FIMR Network, which is supported by the Louisiana Maternal and Child Health Title V Program.

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This first Acadiana FIMR regional report was written concurrently with the Louisiana FIMR 2009 Annual Report of the Office of Public Health Maternal and Child Health Program.

The report was prepared by :

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Thanks to Tina Stefanski M.D. for her continued support of the Acadiana FIMR program, and to Pamela Kreyling RN, BSN, MPH for her expertise and assistance in preparing this report. And special thanks to all the community partners and members of the Community Action and Case Review Teams who have been such an important part of the effort to improve the health of our children and families in Louisiana.

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National FIMR Model

June 2010 marks the beginning of the twentieth anniversary year of the collaboration between the Maternal and Child Health Bureau and the American College of Obstetricians and Gynecologists in the National Fetal and Infant Mortality Review (NFIMR) Program Resource Center.

There are approximately 220 FIMR programs in about 40 states nationwide.

Goals and Objectives

The overall goal of FIMR is to enhance the health and well-being of women, infants and families by *improving* the community resources and service delivery systems available to them.

The overall FIMR objectives:

- To identify positive and negative social, economic, cultural, safety and health factors associated with fetal and infant mortality as well as factors associated with neighborhoods and community groups with higher mortality
- To work with the community to plan a series of targeted and cultural competent interventions and policies that address the negative factors and improve the service systems and community resources
- To participate in the implementation of community-designed interventions and policies
- To assess the progress of the interventions and work to maintain the positive aspects of the systems serving families

A Measure of the Community: Infant Loss

Unique among all health outcomes, the death of an infant has always been viewed as a sentinel event that serves as a measure of a community's overall social and economic well-being as well as its health.

Fetal and Infant Mortality Review Can Make a Difference

Fetal and Infant Mortality Review (FIMR) is a community-owned, action-oriented process that results in improved service systems and resources for women, infants and families.

The FIMR process brings a community team together to examine confidential, de-identified cases of infant deaths. The purpose of these reviews is to understand how a wide array of local social, economic, public health, educational, environmental and safety issues relate to the tragedy of infant loss.

As service systems and resources continue to improve through FIMR, the future for local women, infants and families will be better.

“The process that brings together diverse people to learn from the story of a family that experienced a fetal or infant loss helps awaken both commitment and creativity. The stories illustrate community needs that are clearly concrete, local and significant, while the interaction among diverse community participants generates ideas for action that might lie beyond the imagination and power of an individual provider or agency.”

—Seth Foldy, MD, Milwaukee, WI

Key Steps

- Information about the infant death is gathered. Sources include public health and medical records.
- An interview with the mother who has suffered the loss is conducted, if the mother agrees. Professionals with training in grief counseling assess the needs of the family and refer to bereavement support and community resources.
- The Case Review Team composed of health, social service and other experts from the community review the summary of case information and the interview, identify issues and make recommendations for community change, if appropriate.
- The Community Action Team, a diverse group of community leaders, review Case Review Team recommendations, prioritize identified issues, then design and implement interventions to improve service systems and resources.

Confidentiality

Confidentiality of all information is strictly maintained. That means that names of the mother, provider and institution are removed.

Fetal and Infant Mortality Review

Making a Difference in the Community

Supported in part by: Project Grant # U08MC136 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

Prepared by: The National Fetal and Infant Mortality Review Program, a collaborative effort between The American College of Obstetricians and Gynecologists and the federal Maternal and Child Health Bureau

Copies of this document are available from: National Fetal and Infant Mortality Review Program, The American College of Obstetricians and Gynecologists

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Louisiana State FIMR Network

The Louisiana Fetal and Infant Mortality Review (FIMR) Network is based on the National FIMR initiative supported by the American College of Obstetricians and Gynecologists, the federal Maternal and Child Health Bureau.

Louisiana FIMR:

- examines social, economic, cultural, safety, and health systems factors associated with fetal/infant deaths
- plans and participates in interventions and policies to address these factors
- assesses the progress of the interventions and provides a conduit between state and local regions

The Louisiana FIMR Network was formed in 2001 to address Louisiana's high infant mortality rate (IMR), which is consistently higher than the national average. The Maternal and Child Health Program of the Louisiana Office of Public Health sponsors a state-wide FIMR program as a key part of the Louisiana Infant Mortality Reduction Initiative.

As of December 2009, all nine public health regions in Louisiana had active FIMR programs serving 34 different parishes. Each region's program is led by a FIMR coordinator, who is responsible for coordinating the regional infant mortality reduction initiative. The coordinator provides links between hospitals, private physicians, community members and public health workers to address infant mortality.

The network of nine regional FIMR programs is directed by a leadership team in the state Maternal and Child Health Program (MCH)-Office of Public Health. MCH provides state-wide communication, guidance, and continuing education.

Goals and Objectives

The goals of the regional FIMR teams are to reduce the fetal-infant mortality rate and improve birth outcomes in the targeted area by providing information to local health providers and community leaders about the circumstances surrounding a fetal or infant death. Individual hospitals review the medical care related to infant death, while FIMR focuses on preventative and community level solutions. These include prenatal care, social support services, education, counseling, and community-based outreach. The review panels work to achieve this goal through the following objectives:

- ▶ Collaborate between the Regional Office of Public Health (OPH) and the FIMR Medical Case Review Team and Community Action Team to update current needs assessment of perinatal health and psycho-social related needs and resources.
- ▶ Lead the community in developing and supporting plans to implement the priority issues.
- ▶ Coordinate educational and community informational programs addressing infant mortality reduction.

Key Steps in the Louisiana FIMR Process

FIMR is a community owned, action-oriented cycle of improving maternal and infant health.

The process begins when a fetal or infant death occurs in a community. Information about the death is abstracted by FIMR Registered Nurse (RN) staff. Sources include vital records, public health, medical and social service records.

An interview with the mother who has suffered the loss is conducted by the FIMR RN, if the mother agrees. FIMR nurses receive training in grief support.

The Case Review Team (CRT) composed of physicians, coroners, health, social service and other experts from the medical community, review the de-identified case and interview summary. The CRT then identifies issues and makes recommendations to the Community Action Team.

The Community Action Team (CAT), a diverse group of community leaders, faith based groups, administrators, legislators and others in the community involved with women, infant and family issues, reviews the Case Review Team's recommendations, prioritizes identified issues, then designs and implements interventions to improve service systems and resources.

Between 2004 and 2008, a total of 526 cases were reviewed by all Case Review Teams in Louisiana.

In 2009, throughout the state, FIMR staffs abstracted a total of 225 cases. Maternal interviews were completed in 23% of these abstracted cases.

Infant Mortality

FIMR regional teams use population based epidemiologic data from Louisiana Vital Records and Pregnancy Risk Assessment Monitoring System (PRAMS) to support case findings and drive priority setting at the local level.

Infant mortality is defined as the number of deaths of infants less than one year of age per 1,000 live births.

While FIMR examines the many factors contributing to fetal and infant deaths, there are three principle direct causes.

In Louisiana, 47.0% of fetal and infant deaths are caused by conditions originating in the perinatal period, 18.0% are caused by congenital malformations, deformations, and chromosomal abnormalities and 11.1% are caused by sudden infant death syndrome (SIDS).

Infant mortality rates among blacks are two to three times that of whites in some Louisiana parishes.

Low Birth Weight and Preterm Births

Preterm birth, defined as birth at less than 37 completed weeks of gestation, is a major contributor to low birth weight births in Louisiana. The increase in Louisiana's rate of preterm birth has outpaced growth in the national rate since 2002. The state and national rates both show significant differences among races.

Prenatal Care

Both preterm and low birth weight can be reduced through improved preconception and prenatal health. The statewide percentage of women receiving early prenatal care remained stable at about 87% from 2004-2006. Disparities are apparent, however, as white women remain more likely than black women to receive early prenatal care. Compared to other states, Louisiana ranks exceptionally high in providing early and adequate prenatal care.

Sudden Infant Death Syndrome (SIDS)/Sudden Unexplained Infant Deaths (SUIDS)

A sudden infant death is defined as the death of an infant less than one year of age which remains unexplained after a thorough investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. SIDS occurs about twice as often in Louisiana than nationally. There are also racial disparities on a statewide and national level.

Regional Needs Assessments – Looking Forward

As FIMR continues to expand its activities and impacts, the following steps have been identified:

- ▶ Increase the number of home interviews
- ▶ Increase collaborations with all regional birthing hospitals
- ▶ Increase public awareness of the issues impacting poor birth outcomes, ie., obesity, co-sleeping, substance use, domestic violence, depression
- ▶ Increase faith-based participation in all regional Community Action Teams
- ▶ Increase minority outreach and participation on FIMR
- ▶ In collaboration with MCH, develop action items based on the 2009-2010 Needs Assessment

Addressing the Needs Assessment and Priorities through FIMR has been found to be an outstanding way to engage the community. Engagement of the individual regions serves to identify needs that are specific to a single region and are important to outcomes in that area. In addition to the above statewide initiatives, each region has identified its own top priority needs.

The Louisiana Fetal and Infant Mortality Review 2009 Annual Report of the Office of Public Health Maternal and Child Health Program can be read online at

http://www.1800251baby.org/files/general-uploads/FIMR%20Annual%20report_FINAL2010.pdf

The Needs Assessment Report and 2010 Title V Block Grant Summary can be read online at

<http://www.dhh.louisiana.gov/offices/publications.asp?ID=267&Detail=2116>

Acadiana FIMR

Initiation and development

In the spring of 2004, the Louisiana Fetal – Infant Mortality Reduction Initiative was introduced to community partners in Lafayette. Office of Public Health Maternal and Infant Health program directors considered addressing Louisiana’s poor MCH outcomes by creating local FIMR programs in the nine administrative regions across the state. The summarizing statement offered to those attending this meeting was that “we need a comprehensive initiative to increase awareness, plan intervention and bring about change.”

A few months later, The Family Tree expanded its services with the opening of Lafayette’s Healthy Start program. The Office of Public Health Acadiana (Region 4) Fetal and Infant Mortality Review part-time coordinator position became the responsibility of a Healthy Start RN case manager.

Many community providers and partners who had participated in the 2004 MCH Needs Assessment process came together for our first regional FIMR introductory meetings in the spring of 2005. It was apparent right from the start that the Acadiana community was enthusiastically willing to embrace the mission of this initiative.

Shortly afterward, however, the momentum of our progress was interrupted when our state experienced the wrath of two devastating hurricanes. These events highlighted the urgent need to develop a comprehensive disaster plan that could address the special needs of pregnant women, infants and children that were discovered in the midst of this crisis. FIMR programs across the state played an important part in identifying local MCH needs, as well as mobilizing FIMR team members who were able to address urgent issues. As a result, each regional FIMR program is required to submit an updated FIMR Disaster Plan to the Louisiana OPH Maternal and Child Health program on an annual basis.

The first case review of the Acadiana FIMR finally took place in November of 2005. The following month, the first Community Action Team meeting was held.

An RN Abstractor position was added to the Acadiana FIMR contract in 2007, and the BASINET internet-based abstraction system was introduced and utilized beginning in 2008. This program has streamlined and standardized the abstracted data submitted across the state.

In the seven parishes that comprise OPH Region 4, records are abstracted for mothers who reside in five parishes, including Lafayette, St. Martin, St. Landry, Evangeline and Acadia. Medical records are abstracted at seven of the ten birthing facilities in our regional parishes, including Lafayette General Medical Center, Women’s and Children’s Hospital, Opelousas General Hospital, LSU Medical Center, American Legion Hospital, Acadian Medical Center and Savoy Medical Center.

The Case Review Team has grown in membership to approximately sixty members, with an average of fifteen in attendance at each meeting. There are eight FIMR case review meetings per year. Between 2005 and 2009, a total of 69 cases were reviewed by this team.

The Community Action Team has approximately one hundred and twenty-five members, with an average meeting attendance of twenty-five. There are four FIMR community action team meetings per year.

Five active working groups have emerged from the larger Community Action Team. The groups include the Acadiana Breastfeeding Coalition, the Faith-based Work Group, the Health Advocacy and Policy Work Group, the Risk Assessment and Education Work Group and the FIMR Report Committee. Under the leadership of chairpersons, these independent groups address focused recommendations and each has established a mission statement, goals and action plan. Reports of the group activities and projects are shared with FIMR members.

Experts and guest speakers have presented relevant information at the quarterly Community Action Team meetings. Presentation topics have included the following:

- ▶ Dynamics of Poverty
- ▶ Grief Process and Resources
- ▶ SIDS/Shaken Baby Syndrome
- ▶ Perinatal Risks and Preterm Labor
- ▶ Maternal Depression and Mental Health Issues
- ▶ Fetal Alcohol Syndrome, Substance/Teratogen Exposure
- ▶ Elective C Sections and Inductions
- ▶ DHH OPH MCH FIMR Updates
- ▶ Preserving Families- Louisiana LIFTS Program
- ▶ Breastfeeding and Regional Coalition Development
- ▶ Behavior Change Theory and Interventions That Work
- ▶ Prematurity
- ▶ Perinatal Male Involvement and Early Parenting
- ▶ OPH Regional Epidemiology Report

In August of 2006, the first Acadiana FIMR Newsletter made its debut. Quarterly regional newsletters continue to reach all members, highlighting FIMR activities and achievements and providing current information.

Recognizing the importance of feedback and evaluation in the FIMR process, a survey was developed and given to Acadiana FIMR team members in 2009 to determine if the coalition was meeting the needs of its various members. Most of the participating members responded that the coalition at large, CRT meetings, CAT meetings and work groups were “very relevant”. In addition, most respondents felt that quarterly work group reports, measurable objectives, speakers at meetings, networking, local FIMR newsletters/organization information and case review summaries were “very relevant”. The survey tool and results, which were prepared by Pamela Kreyling RN, BSN, MPH, are found in the appendix of this report.

Accomplishments

The initial Louisiana FIMR vision was to create a comprehensive state-wide program to “increase awareness, plan/implement interventions, effect changes, and evaluate outcomes.” This goal has successfully been realized in Acadiana.

Our success is measured by the growth in membership, the sustained interest of team members, the ‘ripple- effect’ networking and relationship-building that has taken place within the FIMR teams.

Many Acadiana FIMR projects and activities have impacted the community by...

Raising Awareness and Providing Education/Risk Reduction Messages

“Baby Matters” bilingual resource door hangers
Minority Health Summit
Annual Hispanic Health Fair
Annual Infant Mortality Awareness Event at the Memorial Site at Rotary Point
Promotion of Safe Sleep education
Print and broadcast media interviews, press coverage of events
FIMR presentations to civic groups, local high schools, UL health classes, professional conferences and many diverse community agencies and service programs

Planning/Implementing/Promoting Interventions

SIDS Risk Reduction Education and promotion
Breastfeeding promotion/Acadiana Breastfeeding Coalition
Community case management care promotion
S.B.I.R.T. development and promotion
Minority Health promotion

Evaluating Outcomes

Annual Acadiana FIMR Case Review summaries
Member surveys
FIMR Report committee (concurrent with Louisiana OPH MCH Report)

2009 MCH Regional Needs Assessment

Region 4 infant mortality rates for all races have decreased from 10.1 in 2001 to 8.0 in 2007.

Racial disparities are significant for infant mortality rates, preterm birth rates, low birth weights (< 2500 grams) and very low birth weights (< 1500 grams) in Acadiana.

Between 2004 and 2006, teen births for all races in Acadiana parishes remained slightly higher than Louisiana rates. During the same years, black teen births showed an increase.

Medicaid paid deliveries in Region 4 in 2006 were reported to be 70%.

Regional STDs in pregnancy 2001 to 2006 were reported to be 3.6%.

In 2006, 88% of women in all races entered into early prenatal care in the Acadiana parishes, with consistently improved percentages from 2004.

For all races there were 20 SIDS deaths in Region 4 between 2004 and 2006.

2010 Needs Assessment data is found in the appendix of this report.

All regional FIMRs played an essential role in the 2010 MCH Needs Assessment. Many Acadiana community partners provided regional input and actively participated in the process to identify and prioritize regional needs.

The top five perinatal needs and priorities submitted from OPH Region 4 were as follows:

Priority: Behavioral Health and Substance Abuse

Recommendations:

1. Increase education on mental health and substance abuse.
2. Need for referral and treatment resources in region.
3. Identify expanded audiences to discuss behavioral health and substance abuse that are inclusive of the family.

Priority: Teen Pregnancy

Recommendations:

1. State mandated program for health education that is more comprehensive and that includes information on the maturing teenager.
2. Increase the use of school nurses and school health clinics.
3. Build and implement mentoring program for teens:
 - a) Life goals
 - b) Life course
 - c) Future planning

Priority: Transportation**Recommendations:**

1. Increase resources for mobile units that could offer prenatal care for low risk pregnancies.
2. Increase Medicaid covered transportation and use of transportation vouchers.

Priority: Pre and Interconception care**Recommendations:**

1. Increase use of mobile clinics partnering with Healthy Start offering interconception care.
2. Expand Nurse- Family Partnership and engage in community education so it becomes a priority.
3. *Guided Infant Feeding Techniques* (GIFT) certification for all regional hospitals as well as provider education on breastfeeding best practices.

Priority: Pre-term birth**Recommendations:**

1. Build and implement mentoring program for women who have had a pre-term birth.
2. Advocate for expanding coverage of women who have had pre-term births.
3. Provider and community education on what services are available as well as education on spacing.

Summary

The Acadiana Fetal and Infant Mortality Review program has shown remarkable progress over the past five years. It quickly became evident that health care provider members and community partners were willing to become engaged in the issues related to perinatal outcomes and take ownership of the process. There has been a significant increase in the number of members joining the Case Review and Community Action Teams. Attendance and active participation has also grown, as team members have continued to network and advocate. Members are learning more about perinatal needs from the experts and from one another. They acknowledge that their time and efforts are well spent on FIMR work, which will ultimately improve the health of our mothers, infants and families in Acadiana.

APPENDIX

EVALUATING HEALTH 2010 MCH NEEDS ASSESSMENT

Kristopher Chrisosh, PhD
Needs Assessment
Epidemiologist

Mary Craig, RN, MSN,
MS
Director of Perinatal Services

Lyn Kiellyka, PhD
CDC MCH Epidemiology
Assignee to Louisiana

Lafayette, LA
November 16, 2009

2005 Needs Assessment

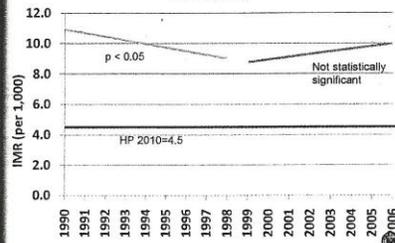
10 Priority Needs

- Infant Mortality
- Injury
- Access to Care
- Mental Health
- Substance Use
- Care for CSHS
- Preconception Care
- Oral Health
- Nutrition
- Data

2010 Needs Assessment

- Review "Old" data *Oct.-Nov. 2009*
- Pose "new" questions *Nov.-Dec. 23, 2009*
- Investigate answers
- Set priorities
- Recommend strategies
- Identify opportunities *2010 & beyond*
 - Request funding
- Implement strategies
- Monitor effectiveness

Louisiana Infant Mortality Trend 1991-2006



Louisiana Infant Mortality All Races, 2001-2007

Region	2001	2002	2003	2004	2005	2006	2007
1 (N. O.)	9.6	10.5	10.3	10.1	9.9	8.3	8.0
2 (B. R.)	10.3	9.5	8.0	10.6	10.7	10.7	11.0
3 (Houma)	10.1	10.1	7.9	10.0	6.6	10.4	7.0
4 (Lafayette)	10.1	10.3	10.2	9.6	11.9	11.9	8.0
5 (Lake Charles)	9.7	9.8	7.1	7.1	9.2	11.1	8.8
6 (Alexandria)	9.9	9.8	8.6	11.3	10.0	8.8	9.1
7 (Shreveport)	11.2	12.7	9.9	12.0	12.0	10.5	11.8
8 (Monroe)	10.1	12.2	11.9	11.4	12.8	10.7	12.0
9 (Northshore)	7.5	6.8	8.3	11.2	6.8	7.9	5.8
Louisiana	9.8	10.2	9.3	10.4	10.1	10.0	9.0
US	6.9	7.0	6.9	6.8	6.9	6.7	6.7

Louisiana Infant Mortality White, 2001-2007

Region	2001	2002	2003	2004	2005	2006	2007
1 (N. O.)	5.1	7.4	6.1	8.1	7.3	6.7	6.5
2 (B. R.)	7.3	5.3	4.7	7.6	4.8	4.8	6.1
3 (Houma)	8.3	5.8	6.9	7.2	4.8	6.8	5.3
4 (Lafayette)	6.4	5.6	9.1	7.2	7.8	6.9	5.9
5 (Lake Charles)	8.3	7.9	5.4	6.8	6.6	8.3	7.1
6 (Alexandria)	4.4	6.8	7.7	8.4	7.6	5.6	7.7
7 (Shreveport)	5.7	7.4	4.9	6.5	9.0	6.1	5.9
8 (Monroe)	7.5	11.1	5.4	8.7	8.3	8.1	8.0
9 (Northshore)	6.4	6.3	6.4	8.4	4.3	5.4	5.1
Louisiana	6.5	6.9	6.4	7.7	7.1	6.4	6.2
US	5.7	5.8	5.7	5.7	5.7	5.6	5.7

Louisiana Infant Mortality

Black, 2001-2007

Region	2001	2002	2003	2004	2005	2006	2007
1 (N.O.)	12.5	12.9	13.4	12.1	12.7	10.4	10.7
2 (B.R.)	13.6	13.9	12.0	14.0	13.7	16.6	15.9
3 (Houma)	13.8	18.3	10.6	16.6	9.7	18.0	10.6
4 (Lafayette)	16.7	19.6	12.8	14.4	19.7	20.3	12.1
5 (Lake Charles)	14.1	16.8	11.6	8.7	17.2	18.9	14.6
6 (Alexandria)	20.3	15.9	11.1	17.5	15.9	16.0	12.9
7 (Shreveport)	17.8	19.0	16.1	18.7	15.7	15.5	18.7
8 (Monroe)	13.2	13.2	19.8	14.6	18.3	14.0	16.7
9 (Northshore)	11.8	7.3	15.8	21.0	16.7	17.0	9.1
Louisiana	14.4	15.0	13.8	14.7	15.1	16.0	13.8
US	14.0	14.4	14.0	13.8	13.7	13.3	12.9

Leading Causes of Infant Deaths

Louisiana 2004-2006

	All Races Rate (n)	White Rate (n)	Black Rate (n)	B/W Ratio
Preterm / Low Birth Weight	2.0 (377)	0.9 (101)	3.7 (275)	4.0
Congenital malformations	1.9 (356)	1.9 (201)	2.0 (151)	1.1
SIDS	1.1 (201)	0.9 (96)	1.4 (104)	1.6

Rates are expressed per 1,000 live births
Louisiana Vital Records, 2004-06

Preterm Birth* (< 37 weeks gestation)

Year	All Races		White		Black		Other Races		
	N	%	N	%	N	%	N	%	
Louisiana	2004	8625	13.3	4009	10.9	4454	16.8	161	10.2
	2005	8267	13.7	3919	11.3	4181	17.6	167	9.9
	2006	8674	13.8	4221	11.5	4253	17.6	200	9.6
Region IV	2004	1112	13.2	613	11.6	477	16.0	22	15.6
	2005	1066	12.8	551	10.5	502	16.8	13	8.8
	2006	1143	12.8	582	10.7	541	16.5	28	12.5

* Parish level data available in data supplement
Louisiana Vital Records, 2004-06

Modifiable Risk Factors for

Moderate Preterm Birth	Very Preterm Birth
Partner abuse	Low weight gain
Hypertension	Hypertension
Pregnancy spacing	Pregnancy spacing
Prenatal care adequacy	Prenatal care adequacy

Substance use, stressful life events, and pre-pregnancy BMI were not significant after controlling for other factors
Louisiana PRAMS 2000-2004

Repeat Preterm Birth

- 31.6% of births following a PTB were preterm
- 4X odds of second PTB if first was preterm
- Over 3X odds of subsequent PTB if pregnancy spacing < 12 months
- 70% more likely to have second PTB if pregnancy spacing 12-14 months
- Black women 60% more likely than White
- No association with Prenatal care or Medicaid

Louisiana Vital Records 1999-2003

Low Birth Weight* (< 2,500g)

Location	Year	All Races		White		Black		Other Races	
		N	%	N	%	N	%	N	%
Louisiana	2004	7107	11.0	2947	8.0	4026	15.2	139	8.8
	2005	6945	11.5	2989	8.5	3823	16.0	133	7.9
	2006	7226	11.4	3101	8.4	3956	16.3	169	8.1
Region IV	2004	910	10.8	448	8.5	443	14.9	19	13.5
	2005	924	11.0	441	8.4	473	15.8	10	6.7
	2006	967	10.8	437	8.0	515	15.6	15	9.4

* Parish level data available in data supplement
Louisiana Vital Records, 2004-06

Very Low Birth Weight (< 1,500g)

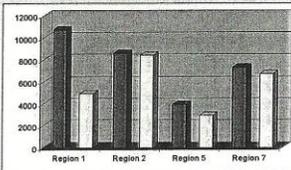
Year	All Races		White		Black		Other Races		
	N	%	N	%	N	%	N	%	
Louisiana	2004	1371	2.1	438	1.2	922	3.5	11	0.7
	2005	1362	2.3	491	1.4	848	3.6	23	1.4
	2006	1380	2.2	488	1.3	859	3.5	33	1.6
Region IV	2004	145	1.7	66	1.2	78	2.6	--	--
	2005	176	2.1	63	1.2	112	3.7	--	--
	2006	181	2.0	64	1.2	113	3.4	--	--

Louisiana Vital Records, 2004-06

HP2010 $\leq 0.5\%$

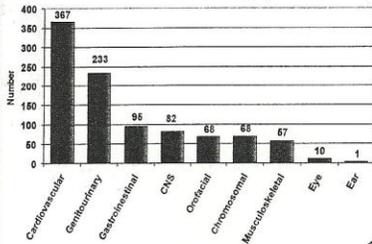
Birth Defects Surveillance

- LBDMN began active data collection in 2005 in four areas of the state



Blue bars indicate total number of births
Yellow bars indicate births in hospitals where LBDMN conducts active surveillance

Birth Defects Report



Counts of birth defects cases by affected body system. LBDMN 2005

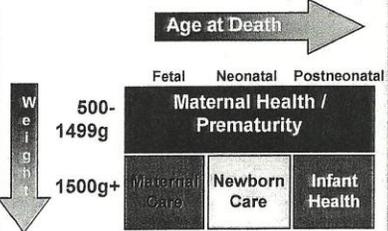
Birth Defects and Pregnancy Outcomes

Birth Outcome	Odds	95% Confidence
Low Birth Weight (< 2,500 grams)	3.1	2.5, 3.2
Very Low Birth Weight (< 1,500 grams)	6.0	2.2, 8.2
Preterm Birth (32-36 weeks)	2.7	2.2, 3.4
Very Preterm Birth (< 32 weeks)	6.1	4.5, 8.2
Infant Death	8.8	5.9, 13.0

Interpretation:
Compared to infants without birth defects, infants with birth defects were
 • 3 times more likely to be born moderate preterm or low birth weight
 • 6 times more likely to be born very preterm or very low birth weight
 • 9 times more likely to die within their first year of life

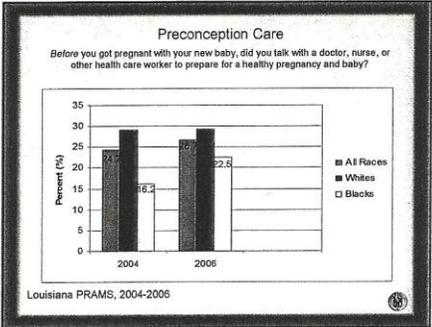
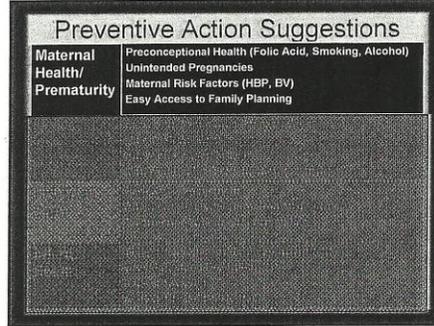
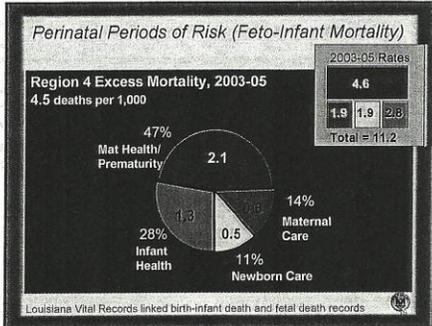
Data from the Louisiana Birth Defects Monitoring Network (LBDMN)

Perinatal Periods of Risk (PPOR)



Preventive Action Suggestions

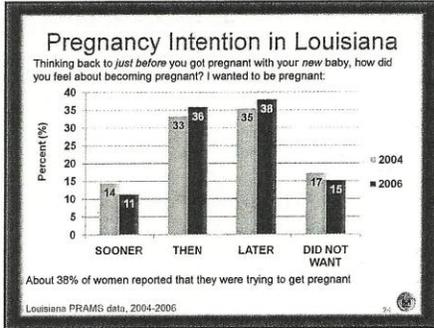
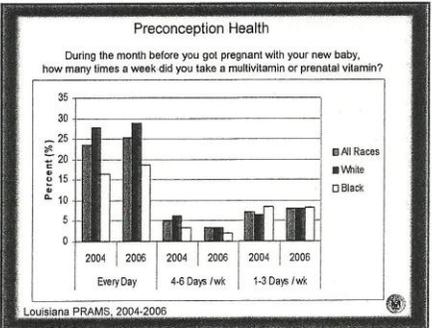
Maternal Health/Prematurity	Preconceptional Health (Folic Acid, Smoking, Alcohol) Unintended Pregnancies Maternal Risk Factors (HBP, BV) Easy Access to Family Planning
Maternal Care	Early and Continuous Prenatal Care High Risk OB Care Appropriate Weight Gain Maternal Health Risks (diabetes, seizures)
Newborn Care	Perinatal Management Advanced Neonatal Care/Pediatric Surgery Treatment of Congenital Anomalies
Infant Health	Sleep Positions & Safe Sleep Environment Breast Feeding Promotion Injury Prevention Access to Medical Homes



Pre-Pregnancy Weight Status

Before Pregnancy Year	BMI Group	All Races		White		Black	
		weighted n	%	weighted n	%	weighted n	%
2004	Underweight (<19.8)	9372	15.0	6690	17.5	2429	10.5
	Normal (19.8-26)	29674	47.4	19120	50.0	8720	42.1
	Overweight (26-29)	7065	11.3	3576	9.4	3417	14.8
	Obese (>29)	16531	26.4	8671	23.2	7506	32.5
2006	Underweight (<19.8)	8354	16.3	5645	18.6	2213	11.4
	Normal (19.8-26)	24095	47.1	15424	50.8	7935	40.8
	Overweight (26-29)	5962	11.7	3171	10.5	2811	14.5
	Obese (>29)	12696	24.8	6100	20.1	6482	33.3

Louisiana PRAMS data, 2002-2006



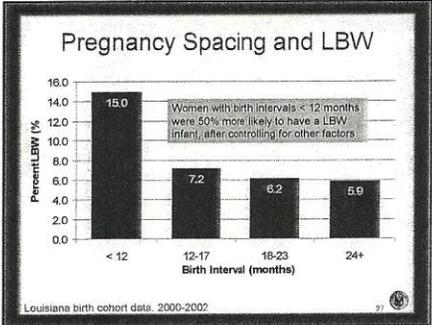


Most Common Reasons for not doing anything to prevent pregnancy

Before pregnancy	2004	2006
didn't mind if got pregnant	33%	43%
had trouble getting birth control when needed it	28%	30%
my partner did not want to use anything	23%	17%

After Delivery	2004	2006
not having sex	27%	22%
did not want to use anything	23%	19%
my partner did not want to use anything	20%	13%

Louisiana PRAMS data, 2004-2006



- ### Pregnancy Spacing: LA 2000-2002
- Factors associated with birth intervals < 12 months include:
 - Black (OR=1.4)
 - Less than high school education (OR=1.5)
 - Younger (age<20, OR=2.8; age<25, OR=1.9)
 - Medicaid enrolled (OR=1.4)
- Louisiana birth cohort data, 2000-2002

Teen Births (15-19 years)

Year	All Races		White		Black		Other Races		
	N	Rate	N	Rate	N	Rate	N	Rate	
Louisiana	2004	9369	55.6	3788	39.9	5438	79.3	143	29.1
	2005	8236	49.6	3407	36.5	4681	69.1	148	30.5
	2006	8769	54.9	3742	40.4	4851	78.2	176	35.8
Region IV	2004	1246	58.8	576	42.3	659	92.6	11	24.3
	2005	1164	56.0	529	39.7	629	89.6	6	13.6
	2006	1305	61.1	575	42.2	721	98.0	9	19.7

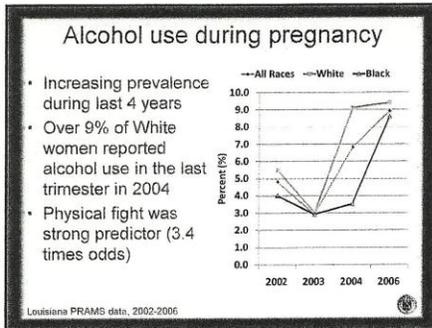
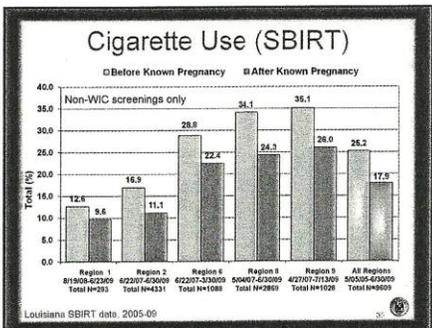
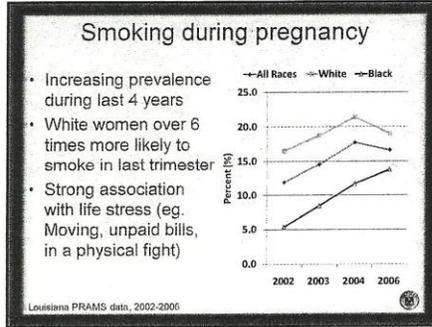
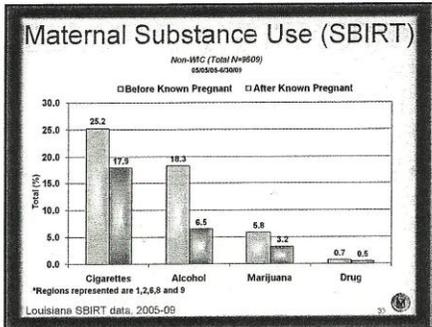
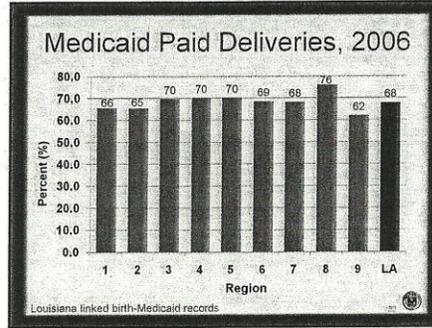
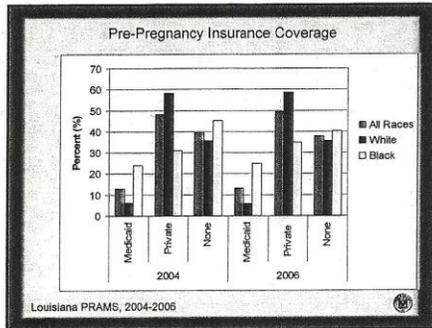
Rate per 1,000 females 15-19 years of age

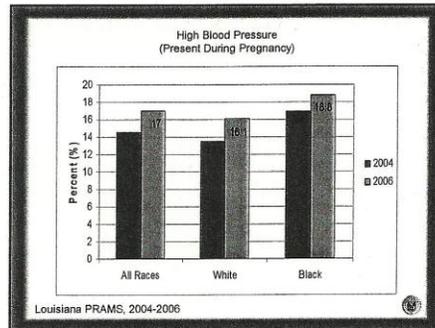
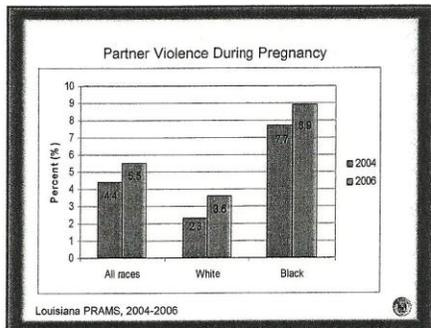
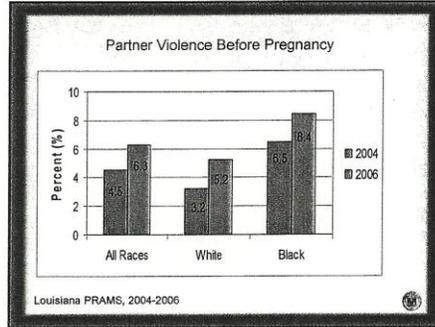
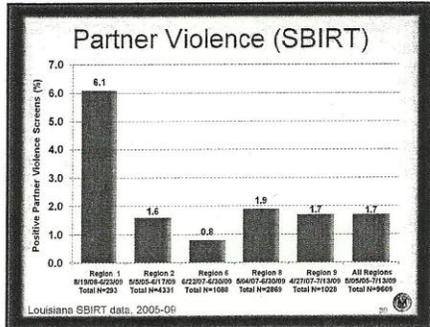
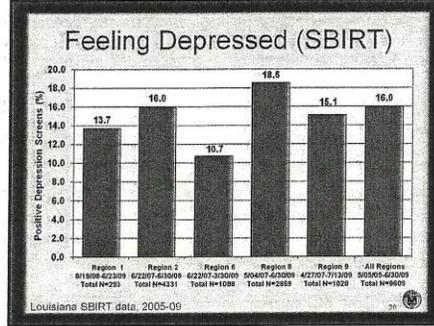
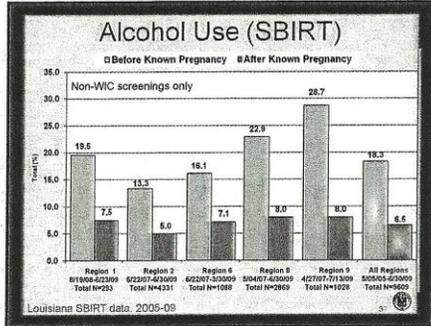
Louisiana Vital Records and US Census Estimates, 2004-06

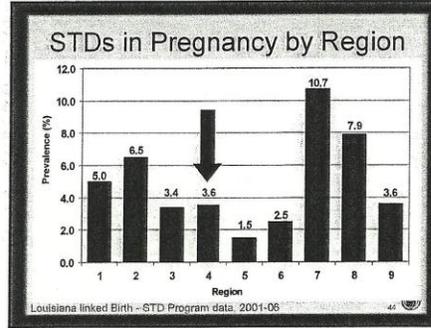
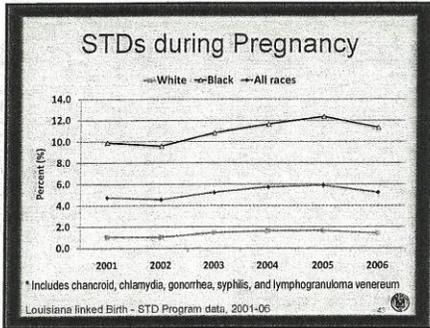
Births to Unmarried women

Year	All Races		White		Black		Other Races		
	N	%	N	%	N	%	N	%	
Louisiana	2004	31879	49.1	11130	30.2	20316	76.6	433	27.3
	2005	28871	47.8	10073	28.9	18292	76.7	506	30.1
	2006	31289	49.7	11764	32.1	18730	77.2	795	38.2
Region IV	2004	4117	48.9	1779	33.6	2299	77.1	39	27.7
	2005	4100	49.0	1728	33.1	2336	78.1	36	24.2
	2006	4541	51.0	1947	35.7	2541	77.3	53	33.1

Louisiana Vital Records, 2004-06







STDs during Pregnancy

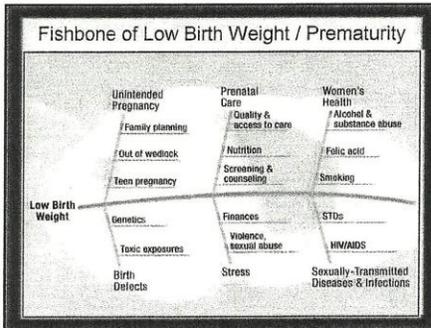
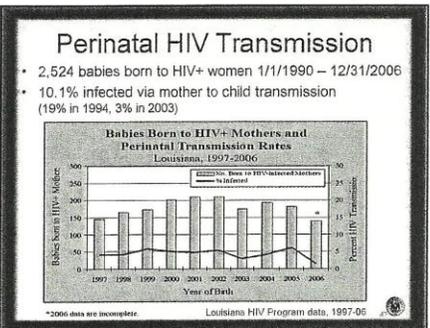
- The prevalence of STDs during pregnancy increased steadily from 1997 to 2004 in Louisiana.
- The prevalence of chlamydia infection during pregnancy also increased steadily from 1997 to 2004 in Louisiana.
- Gonorrhea infection during pregnancy was associated with a 20% increase in likelihood of having a preterm birth; no association was found with other STDs or with LBW

Louisiana linked Birth - STD Program data, 1997-2004

Sexually Transmitted Infections - 2007

	U.S.	Louisiana
Chlamydia		
# cases		19,362 (7 th)
rate	370.2	451.6
Gonorrhea		
# cases		11,137 (2 nd)
rate	118.9	250.7
Early Syphilis		
# cases		533 (1 st)
rate	3.8	12.4
Congenital Syphilis	10.5/100K LB	36 cases, rate 55.1 (1 st)
HIV/AIDS (new cases in 2006)		
# cases	37,911	1052
rate	12.7	25.0 (5 th)

Rate per 100,000 population, includes males STD Program data, 2007



Preventive Action Suggestions

Maternal Health/ Prematurity	Preconceptional Health (Folic Acid, Smoking, Alcohol)
	Unintended Pregnancies
	Maternal Risk Factors (HBP, BV)
	Easy Access to Family Planning
	Early and Continuous Prenatal Care
	High Risk OB Care
	Appropriate Weight Gain
	Maternal Health Risks (diabetes, seizures)

Prenatal Care: Early Entry*

Year	All Races		White		Black		Other Races		
	N	%	N	%	N	%	N	%	
Louisiana	2004	55382	86.5	33523	91.6	20461	79.2	1398	88.8
	2005	52290	87.1	32115	92.6	18700	78.9	1475	88.5
	2006	54696	87.1	33660	92.0	19292	79.9	1744	84.0
Region IV	2004	7175	86.0	4829	91.6	2223	75.9	123	87.9
	2005	7327	87.8	4841	92.8	2350	79.0	136	91.3
	2006	7801	88.0	5037	92.6	2622	80.3	142	88.8

Healthy People Goal 2010 >90.0

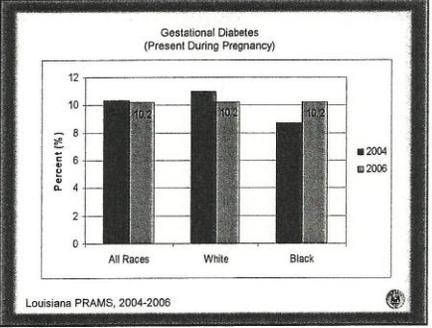
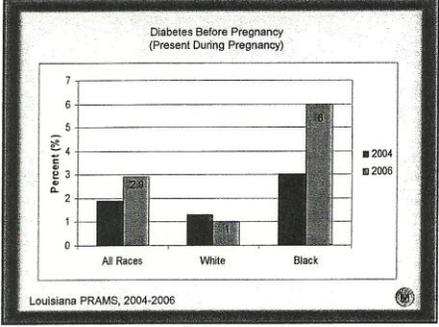
* Parish level data available in data supplement Louisiana Vital Records, 2004-06

Prenatal Care: Adequacy (APNCU)*

Year	All Races		White		Black		Other Races		
	N	%	N	%	N	%	N	%	
Louisiana	2004	54644	84.4	32732	89.1	20553	77.9	1359	86.1
	2005	50727	84.6	30909	89.2	18413	77.9	1405	84.5
	2006	53199	84.8	32473	89.8	19079	79.1	1647	79.4
Region IV	2004	6509	77.6	4331	82.0	2066	69.8	112	79.4
	2005	6508	78.2	4303	82.5	2082	70.3	123	83.1
	2006	8849	77.5	5431	81.3	3258	71.3	160	78.1

Healthy People Goal 2010 >90.0

* Parish level data available in data supplement Louisiana Vital Records, 2004-06



Preventive Action Suggestions

Newborn Care	Perinatal Management
	Advanced Neonatal Care/ Pediatric Surgery
	Treatment of Congenital Anomalies

VLBW –Occurring in Level III or Higher

Year	All Races		White		Black		
	N	%	N	%	N	%	
Louisiana	2004	1198	89.1	404	93.5	784	86.9
	2005	1153	86.8	424	88.7	707	85.5
	2006	1194	88.4	431	90.0	734	87.5
Region IV	2004	109	75.7	60	90.9	48	62.3
	2005	133	76.0	55	87.3	77	69.4
	2006	126	71.2	53	84.1	70	63.1

HP 2010 goal ≥ 90%.

Louisiana Vital Records, 2004-06

Preventive Action Suggestions

Infant Health

- Sleep Positions & Safe Sleep Environment
- Breast Feeding Promotion
- Injury Prevention
- Access to Medical Homes

SIDS

Year	All Races		White		Black		
	N	Rate	N	Rate	N	Rate	
Louisiana	2004	66	1.0	37	1.0	29	1.1
	2005	77	1.3	35	1.0	42	1.8
	2006	58	0.9	24	0.7	33	1.4
Region IV	2004	<5	--				
	2005	10	--				
	2006	7	--				
2004-06		20	0.8				

Rate is expressed per 1,000 live births.
HP 2010 goal < 0.25 per 1,000 live births.

Louisiana Vital Records, 2004-06

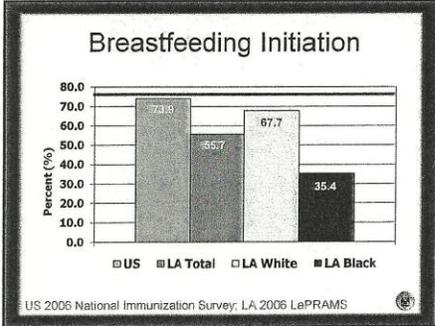
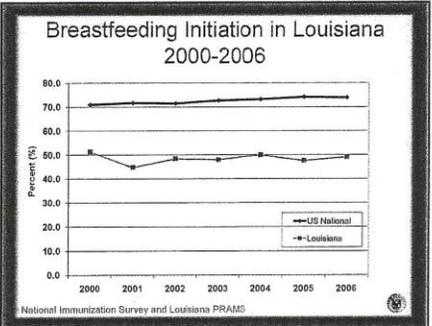
Sleep Position

How do you most often lay your baby down to sleep now?

Year	All Races		White		Black		
	n	%	n	%	n	%	
Louisiana	2004	33345	64.3	22097	58.6	10554	47.4
	2006	25429	51.9	16881	57.2	7756	42.7

*Most frequent back sleep position.
An additional 1-3% of infants are sometimes placed on their backs.
HP 2010 goal ≥ 70%.

Louisiana PRAMS data, 2004-2006



Breastfeeding in Louisiana

- **Not associated with pregnancy intention**
- **Common barriers include:** (2006)
 - didn't like breastfeeding (~50%)
 - returned to work/school (~20%)
 - had other children to take care of (~20%)
- **Hospital Practices:** (2006)
 - 88% received information about breastfeeding
 - ~50% received guidance from hospital staff
 - Almost 90% gave a gift pack with formula
 - Less than 1/3 breastfed in the first hour

Louisiana PRAMS



The Gift

- Guided Infant Feeding Techniques
- "Ten Steps to a Healthy Breastfed Baby"
- Best practice model certification program for hospitals to increase breastfeeding initiation, duration and support
- **Region IV facilities awaiting Gift Certification**
 - Lafayette Women's and Children's

www.thegiftla.org

The Gift Program Records



Contact Information

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www.1800251BABY.org



2010 MCH Needs Assessment Results

Wednesday, September 01, 2010

The Louisiana Office of Public Health's Maternal and Child Health Program is pleased to share the results of the 2010 Title V Needs Assessment. The Assessment is a requirement of the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau and allows MCH stakeholders the opportunity to evaluate the needs of Louisiana's women, infants and children.

The 2010 Priority Needs include the following:

1. Decrease infant mortality through reduction of preterm births in the African American population.
2. Decrease intentional and unintentional injuries in the maternal, child, adolescent, and CYSHCN (children and youth with special healthcare needs) populations.
3. Improve preconception and interconception health among Louisiana women.
4. Reduce unintended pregnancies and reduce births spaced less than 24 months apart.
5. Increase care coordination for CYSHCN and their families.
6. Improve the nutritional health of the maternal and child population with a focus on obesity prevention and breastfeeding.
7. Assure that strategies and methods in MCH and CYSHCN programs are culturally competent to reduce racial disparities.
8. Improve oral health of MCH and CYSHCN population by increasing access to preventive measures and access to oral health care.
9. Improve the behavioral health of the MCH and CYSHCN population through prevention, early intervention, screening, referral, and treatment, where appropriate.
10. Increase preventive services for adolescents and transition services for youth with special health care needs.

Louisiana 2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races
15-17	19.1	47.7	19.8	30.3
18-19	72.6	121.5	80.4	92.3
15-19	41.1	78.5	43.7	55.9

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races
Neonatal	3.5	8.1	1.1	5.2
Postneonatal	2.7	5.7	0.7	3.8
Infant	6.2	13.8	1.9	9.0
1-4 years	27.5	58.9	50.3	40.3
5-9 years	18.3	17.6	7.8	17.6
10-14 years	28.2	25.8	9.4	26.6
15-19 years	85.7	101.4	67.8	91.2
20-24 years	139.4	170.8	47.5	147.9

C. PREGNANCY-ASSOCIATED MORTALITY & MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races
Pregnancy-associated mortality rate	66.4	101.2	74.3	80.2
Maternal complications during labor and delivery (%)	23.8	25.4	21.2	24.3

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races
All STDs (%)	1.9	12.3	2.9	6.0
Chlamydia (%)	1.6	10.1	2.1	4.9
Gonorrhea	0.4	3.5	0.5	1.6
Syphilis (%)	0.04	0.5	0.2	0.2

E. PRENATAL CARE

Indicator	White	Black	Other	All races
First trimester entry (%)	92.2	79.6	81.6	86.9
Early and adequate (%)	88.8	79.2	80.0	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	88.3	87.4	88.5	87.7
Primary Cesarean delivery among low risk women (%)	21.2	19.9	19.5	20.6
Repeat cesarean delivery among low risk women (%)	97.9	96.7	97.5	97.4

G. LOW BIRTH WEIGHT AND PREMATURITY

Indicator	White	Black	Other	All races
Very low birth weight (<1500 grams) (%)	1.3	3.7	1.0	2.2
Low birth weight (<2500 grams) (%)	8.4	15.8	8.2	11.3
Pre-term births <32 weeks gestational age (%)	1.4	3.9	1.4	2.4
Pre-term births 32-36 weeks gestational age (%)	9.5	12.6	8.0	10.6
Total pre-term births <37 weeks gestational age (%)	10.9	16.5	9.4	13.0

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races
Alcohol (%)	0.3	0.4	0.1	0.3
Smoking (%)	13.6	6.2	4.4	10.4

I. INFANT SLEEP POSITION

Indicator	White	Black	Other	All races
Back (%)	60.2	45.0	57.7	54.3
Side (%)	17.9	26.1	26.5	21.3
Stomach (%)	20.8	26.2	15.8	22.7

J. BREASTFEEDING

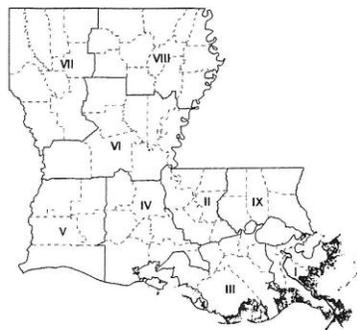
Indicator	White	Black	Other	All races
Ever breastfed (%)	63.7	35.8	78.6	53.3
In hospital (%)	61.3	30.9	81.4	50.1

K. SUBSTANCE EXPOSURE DURING 3rd TRIMESTER

Indicator	White	Black	Other	All races
Smoking (%)	16.6	7.5	6.7	12.5
Alcohol (%)	6.6	4.3	1.7	5.5

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



Region IV Louisiana (LA) 2005-2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races	LA
15-17	20.2	57.9	*	32.6	28.6
18-19	76.2	149.0	47.0	100.2	90.7
15-19	42.6	94.3	21.0	59.7	53.5

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Neonatal	3.9	11.3	*	6.5	5.7
Postneonatal	2.9	6.1	0.0	4.0	4.0
Infant	6.9	17.4	*	10.5	9.7
1-4 years	20.8	60.3	*	35.8	39.2
5-9 years	19.3	25.9	*	21.8	20.2
10-14 years	16.7	27.4	0.0	20.0	26.1
15-19 years	88.6	98.0	*	90.6	93.2
20-24 years	178.5	112.4	*	154.5	157.1

C. PREGNANCY-ASSOCIATED MORTALITY & MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races	LA
Pregnancy-associated mortality rate	60.7	105.2	0.0	75.6	84.8
Maternal complications during labor and delivery (%)	23.1	27.2	16.4	24.5	26.9

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
All STDs (%)	2.0	11.0	1.7	5.2	5.7
Chlamydia (%)	1.7	8.9	1.7	4.3	4.6
Gonorrhea	0.4	3.6	0.0	1.6	1.4

E. PRENATAL CARE

Indicator	White	Black	Other	All races	LA
First trimester entry (%)	92.5	79.8	89.3	87.9	87.0
Early and adequate (%)	82.5	72.6	80.9	78.9	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races	LA
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	83.8	65.6	100.0	72.5	87.7
Primary Cesarean delivery among low risk women (%)	20.9	22.1	16.2	21.2	20.8
Repeat cesarean delivery among low risk women (%)	98.3	98.4	100.0	98.4	97.1

G. LOW BIRTH WEIGHT AND PREMATURITY

Indicator	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	1.2	3.6	1.2	2.1	2.2
Low birth weight (<2500 grams) (%)	8.2	15.6	8.3	10.9	11.4
Pre-term births <32 weeks gestational age (%)	1.4	3.9	1.5	2.3	2.5
Pre-term births 32-36 weeks gestational age (%)	9.2	12.8	9.3	10.5	11.0
Total pre-term births <37 weeks gestational age (%)	10.6	16.7	10.8	12.8	13.5

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
Alcohol (%)	0.3	0.4	*	0.4	0.3
Smoking (%)	16.5	8.6	3.5	13.4	10.3

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



Acadia Parish Louisiana (LA) 2005-2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races	LA
15-17	27.1	87.0	0.0	39.8	28.6
18-19	97.6	164.8	0.0	111.2	90.7
15-19	55.3	118.1	0.0	68.3	53.5

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Neonatal	3.2	7.6	0.0	4.2	5.7
Postneonatal	3.7	7.6	0.0	4.6	4.0
Infant	6.9	15.2	0.0	8.8	9.7
1-4 years	*	0.0	0.0	*	39.2
5-9 years	*	*	0.0	*	20.2
10-14 years	0.0	0.0	0.0	0.0	26.1
15-19 years	65.4	*	0.0	78.7	93.2
20-24 years	232.6	*	0.0	193.9	157.1

C. MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races	LA
Maternal complications during labor and delivery (%)	17.8	16.2	*	17.4	26.9

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
All STDs (%)	2.2	11.9	0.0	4.4	5.7
Chlamydia (%)	2.0	9.8	0.0	3.8	4.6

E. PRENATAL CARE

Indicator	White	Black	Other	All races	LA
First trimester entry (%)	87.2	71.5	66.7	83.4	87.0
Early and adequate (%)	71.0	59.1	53.3	68.2	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races	LA
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	78.3	63.2	*	71.4	87.7
Primary Cesarean delivery among low risk women (%)	21.2	26.4	*	22.2	20.8
Repeat cesarean delivery among low risk women (%)	99.2	99.0	*	99.1	97.1

G. LOW BIRTH WEIGHT AND PREMATURITY

Indicator	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	1.1	2.9	0.0	1.5	2.2
Low birth weight (<2500 grams) (%)	9.3	18.9	*	11.5	11.4
Pre-term births <32 weeks gestational age (%)	1.4	3.2	0.0	1.8	2.5
Pre-term births 32-36 weeks gestational age (%)	10.8	17.2	*	12.2	11.0
Total pre-term births <37 weeks gestational age (%)	12.2	20.4	*	14.0	13.5

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
Alcohol (%)	0.3	*	0.0	0.2	0.3
Smoking (%)	19.9	9.6	0.0	17.4	10.3

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



Evangeline Parish Louisiana (LA) 2005-2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races	LA
15-17	32.5	69.0	0.0	44.4	28.6
18-19	97.4	183.1	0.0	125.2	90.7
15-19	58.4	114.6	0.0	76.7	53.5

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Neonatal	*	12.8	0.0	6.8	5.7
Postneonatal	*	*	0.0	3.7	4.0
Infant	7.5	16.4	0.0	10.5	9.7
1-4 years	*	229.4	0.0	90.6	39.2
5-9 years	0.0	0.0	0.0	0.0	20.2
10-14 years	*	0.0	0.0	*	26.1
15-19 years	*	*	0.0	71.5	93.2
20-24 years	155.2	*	0.0	147.1	157.1

C. MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races	LA
Maternal complications during labor and delivery (%)	33.1	24.1	*	30.2	26.9

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
All STDs (%)	2.4	11.5	0.0	5.5	5.7
Chlamydia (%)	2.1	9.7	0.0	4.6	4.6

E. PRENATAL CARE

Indicator	White	Black	Other	All races	LA
First trimester entry (%)	89.7	80.8	85.7	86.7	87.0
Early and adequate (%)	89.7	83.2	85.7	87.5	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races	LA
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	85.7	50.0	*	58.6	87.7
Primary Cesarean delivery among low risk women (%)	21.5	28.5	*	23.9	20.8
Repeat cesarean delivery among low risk women (%)	98.9	100.0	*	99.3	97.1

G. LOW BIRTH WEIGHT AND PREMATURITY

Indicator	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	0.7	4.0	0.0	1.8	2.2
Low birth weight (<2500 grams) (%)	10.1	17.5	*	12.7	11.4
Pre-term births <32 weeks gestational age (%)	1.2	4.0	*	2.2	2.5
Pre-term births 32-36 weeks gestational age (%)	10.9	13.3	0.0	11.6	11.0
Total pre-term births <37 weeks gestational age (%)	12.1	17.3	*	13.9	13.5

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
Alcohol (%)	*	*	0.0	0.3	0.3
Smoking (%)	21.7	19.0	0.0	20.7	10.3

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



Iberia Parish Louisiana (LA) 2005-2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races	LA
15-17	27.5	70.6	*	43.1	28.6
18-19	95.4	161.2	72.5	119.5	90.7
15-19	54.6	106.8	32.6	73.6	53.5

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Neonatal	3.6	9.8	0.0	6.2	5.7
Postneonatal	*	5.3	0.0	3.4	4.0
Infant	5.7	15.1	0.0	9.6	9.7
1-4 years	*	*	*	54.9	39.2
5-9 years	*	*	*	29.5	20.2
10-14 years	*	*	0.0	*	26.1
15-19 years	89.3	127.4	*	106.1	93.2
20-24 years	201.5	*	0.0	147.9	157.1

C. MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races	LA
Maternal complications during labor and delivery (%)	37.9	47.6	38.8	42.1	26.9

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
All STDs (%)	1.8	9.6	*	5.2	5.7
Chlamydia (%)	1.4	7.5	*	4.0	4.6

E. PRENATAL CARE

Indicator	White	Black	Other	All races	LA
First trimester entry (%)	88.0	69.1	78.5	79.7	87.0
Early and adequate (%)	86.1	73.7	76.1	80.6	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races	LA
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	85.0	57.1	*	64.7	87.7
Primary Cesarean delivery among low risk women (%)	19.1	17.4	16.0	18.3	20.8
Repeat cesarean delivery among low risk women (%)	95.5	97.1	100.0	96.3	97.1

G. LOW BIRTH WEIGHT AND PREMATURITY

Indicator	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	1.0	4.1	*	2.4	2.2
Low birth weight (<2500 grams) (%)	7.1	15.4	14.3	10.9	11.4
Pre-term births <32 weeks gestational age (%)	1.2	4.2	*	2.5	2.5
Pre-term births 32-36 weeks gestational age (%)	9.1	12.5	8.2	10.5	11.0
Total pre-term births <37 weeks gestational age (%)	10.3	16.7	11.3	13.1	13.5

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
Alcohol (%)	0.0	*	*	0.1	0.3
Smoking (%)	19.1	5.6	5.1	12.9	10.3

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



Lafayette Parish Louisiana (LA) 2005-2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races	LA
15-17	11.5	49.9	0.0	23.3	28.6
18-19	47.1	131.3	51.7	73.7	90.7
15-19	25.7	82.5	20.7	43.5	53.5

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Neonatal	4.8	12.0	0.0	7.2	5.7
Postneonatal	2.9	6.6	0.0	4.1	4.0
Infant	7.8	18.6	0.0	11.3	9.7
1-4 years	20.6	39.3	0.0	26.0	39.2
5-9 years	25.7	*	0.0	19.0	20.2
10-14 years	18.4	*	0.0	21.3	26.1
15-19 years	78.2	71.3	0.0	74.2	93.2
20-24 years	151.3	126.3	*	142.6	157.1

C. MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races	LA
Maternal complications during labor and delivery (%)	16.7	20.1	8.2	17.6	26.9

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
All STDs (%)	1.5	10.8	*	4.7	5.7
Chlamydia (%)	1.4	8.7	*	3.9	4.6

E. PRENATAL CARE

Indicator	White	Black	Other	All races	LA
First trimester entry (%)	97.4	89.4	94.7	94.6	87.0
Early and adequate (%)	82.7	71.2	81.1	78.7	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races	LA
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	92.5	76.8	*	83.1	87.7
Primary Cesarean delivery among low risk women (%)	20.7	23.0	18.6	21.4	20.8
Repeat cesarean delivery among low risk women (%)	98.6	98.3	100.0	98.6	97.1

G. LOW BIRTH WEIGHT AND PREMATURITY

Indicator	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	1.4	4.0	*	2.3	2.2
Low birth weight (<2500 grams) (%)	7.4	14.6	5.3	9.8	11.4
Pre-term births <32 weeks gestational age (%)	1.5	4.4	*	2.5	2.5
Pre-term births 32-36 weeks gestational age (%)	8.2	12.0	11.1	9.6	11.0
Total pre-term births <37 weeks gestational age (%)	9.7	16.5	11.5	12.1	13.5

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
Alcohol (%)	0.5	0.5	*	0.5	0.3
Smoking (%)	11.6	7.9	2.9	10.1	10.3

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



St. Landry Parish Louisiana (LA) 2005-2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races	LA
15-17	23.9	51.6	*	37.4	28.6
18-19	97.3	149.8	0.0	122.1	90.7
15-19	53.3	90.9	*	71.3	53.5

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Neonatal	*	13.8	0.0	7.4	5.7
Postneonatal	*	4.7	0.0	3.2	4.0
Infant	3.2	18.5	0.0	10.6	9.7
1-4 years	*	57.8	0.0	39.3	39.2
5-9 years	*	*	0.0	*	20.2
10-14 years	*	49.2	0.0	29.8	26.1
15-19 years	93.9	120.2	0.0	105.6	93.2
20-24 years	239.4	63.4	0.0	150.4	157.1

C. MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races	LA
Maternal complications during labor and delivery (%)	33.8	30.2	14.7	31.9	26.9

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
All STDs (%)	2.5	10.2	0.0	6.2	5.7
Chlamydia (%)	2.1	7.7	0.0	4.8	4.6

E. PRENATAL CARE

Indicator	White	Black	Other	All races	LA
First trimester entry (%)	86.6	70.1	82.4	78.6	87.0
Early and adequate (%)	86.0	73.7	85.3	80.0	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races	LA
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	69.2	59.1	*	62.4	87.7
Primary Cesarean delivery among low risk women (%)	24.0	23.1	*	23.4	20.8
Repeat cesarean delivery among low risk women (%)	98.9	99.0	*	98.9	97.1

G. LOW BIRTH WEIGHT AND PREMATURITY

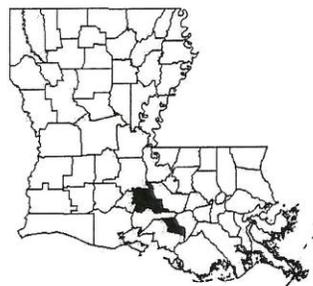
Indicator	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	1.2	3.1	*	2.1	2.2
Low birth weight (<2500 grams) (%)	8.7	15.8	*	12.2	11.4
Pre-term births <32 weeks gestational age (%)	1.1	3.4	*	2.3	2.5
Pre-term births 32-36 weeks gestational age (%)	10.7	12.7	17.6	11.7	11.0
Total pre-term births <37 weeks gestational age (%)	11.8	16.2	20.6	14.0	13.5

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
Alcohol (%)	0.3	0.4	0.0	0.3	0.3
Smoking (%)	15.7	7.9	*	11.8	10.3

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



St. Martin Parish Louisiana (LA) 2005-2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races	LA
15-17	18.0	53.1	0.0	31.4	28.6
18-19	70.6	142.7	*	98.8	90.7
15-19	39.0	89.0	*	58.4	53.5

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Neonatal	5.1	9.1	0.0	6.7	5.7
Postneonatal	4.4	9.1	0.0	6.3	4.0
Infant	9.4	18.3	0.0	13.0	9.7
1-4 years	0.0	*	*	53.3	39.2
5-9 years	*	121.3	0.0	61.8	20.2
10-14 years	*	*	0.0	*	26.1
15-19 years	118.1	*	0.0	98.8	93.2
20-24 years	197.6	172.4	0.0	184.6	157.1

C. MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races	LA
Maternal complications during labor and delivery (%)	22.2	22.4	*	22.1	26.9

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
All STDs (%)	2.2	14.8	*	7.4	5.7
Chlamydia (%)	2.0	13.3	*	6.7	4.6

E. PRENATAL CARE

Indicator	White	Black	Other	All races	LA
First trimester entry (%)	94.9	86.6	92.6	91.5	87.0
Early and adequate (%)	81.1	70.2	77.8	76.6	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races	LA
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	88.9	62.5	*	72.0	87.7
Primary Cesarean delivery among low risk women (%)	20.3	20.4	*	20.2	20.8
Repeat cesarean delivery among low risk women (%)	98.9	97.5	*	98.4	97.1

G. LOW BIRTH WEIGHT AND PREMATURITY

Indicator	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	1.3	3.2	0.0	2.1	2.2
Low birth weight (<2500 grams) (%)	9.0	15.3	*	11.6	11.4
Pre-term births <32 weeks gestational age (%)	1.6	4.0	0.0	2.6	2.5
Pre-term births 32-36 weeks gestational age (%)	9.2	11.6	0.0	10.1	11.0
Total pre-term births <37 weeks gestational age (%)	10.8	15.6	0.0	12.7	13.5

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
Alcohol (%)	0.4	*	0.0	0.4	0.3
Smoking (%)	19.5	8.3	*	14.8	10.3

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



Vermilion Parish Louisiana (LA) 2005-2007

A. TEEN BIRTH RATE

Maternal age (years)	White	Black	Other	All races	LA
15-17	23.9	59.9	*	30.4	28.6
18-19	96.6	173.4	*	109.7	90.7
15-19	53.0	105.3	20.6	62.1	53.5

B. FETAL, INFANT, CHILD, AND ADOLESCENT MORTALITY RATES

Age at death	White	Black	Other	All races	LA
Neonatal	4.7	*	*	5.6	5.7
Postneonatal	2.6	*	0.0	3.2	4.0
Infant	7.3	13.5	*	8.8	9.7
1-4 years	*	0.0	0.0	*	39.2
5-9 years	*	0.0	0.0	*	20.2
10-14 years	*	0.0	0.0	*	26.1
15-19 years	140.6	*	0.0	124.5	93.2
20-24 years	143.1	255.4	0.0	158.5	157.1

C. MATERNAL COMPLICATIONS

Indicator	White	Black	Other	All races	LA
Maternal complications during labor and delivery (%)	16.7	24.6	13.8	18.3	26.9

D. SEXUALLY TRANSMITTED DISEASES (STDs) DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
All STDs (%)	2.2	9.5	*	3.7	5.7
Chlamydia (%)	2.0	8.4	*	3.4	4.6

E. PRENATAL CARE

Indicator	White	Black	Other	All races	LA
First trimester entry (%)	94.4	87.8	93.1	93.0	87.0
Early and adequate (%)	84.2	83.5	93.1	84.3	84.7

F. OBSTETRICAL CARE

Indicator	White	Black	Other	All races	LA
Very low birth weight infants born at Level III hospitals or subspecialty perinatal centers (%)	69.6	68.8	*	69.2	87.7
Primary Cesarean delivery among low risk women (%)	19.4	17.7	11.1	18.9	20.8
Repeat cesarean delivery among low risk women (%)	97.7	99.1	100.0	98.1	97.1

G. LOW BIRTH WEIGHT AND PREMATURITY

Indicator	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	1.2	3.1	*	1.6	2.2
Low birth weight (<2500 grams) (%)	8.2	16.4	*	9.8	11.4
Pre-term births <32 weeks gestational age (%)	1.2	3.1	*	1.6	2.5
Pre-term births 32-36 weeks gestational age (%)	8.3	13.8	*	9.4	11.0
Total pre-term births <37 weeks gestational age (%)	9.6	16.9	*	11.0	13.5

H. SUBSTANCE EXPOSURE DURING PREGNANCY

Indicator	White	Black	Other	All races	LA
Alcohol (%)	*	0.0	0.0	*	0.3
Smoking (%)	20.3	13.2	*	18.4	10.3

* Rates or percents with numerators greater than zero and less than five or with denominators equal to zero.

Technical Notes



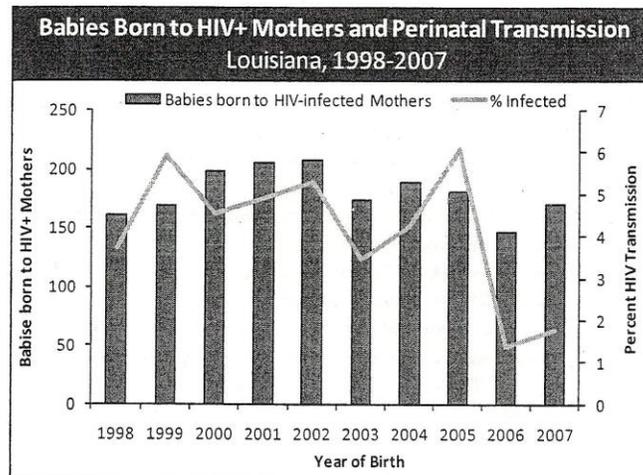
Overview of Issues Related to Perinatal Exposure to HIV in Louisiana

Nationally Recommended Testing and Surveillance Standards

- **Universal testing:** The CDC's 2006 *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings* recommends that HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women on an opt-out basis and that repeat screening in the third trimester be conducted in jurisdictions with elevated rates of HIV infection among pregnant women.
 - In 2007, Louisiana amended several laws and now requires that HIV testing be conducted as a part of prenatal care unless the woman declines and that a provider may test a child without consent if the mother's HIV status is not on record at delivery.
- **Follow up testing required for exposed children:** The Louisiana Office of Public Health synthesized the USPHS guidelines for providers which recommend HIV virologic testing at birth, 14-21 days, 1-2 months, and 3-6 months of age.

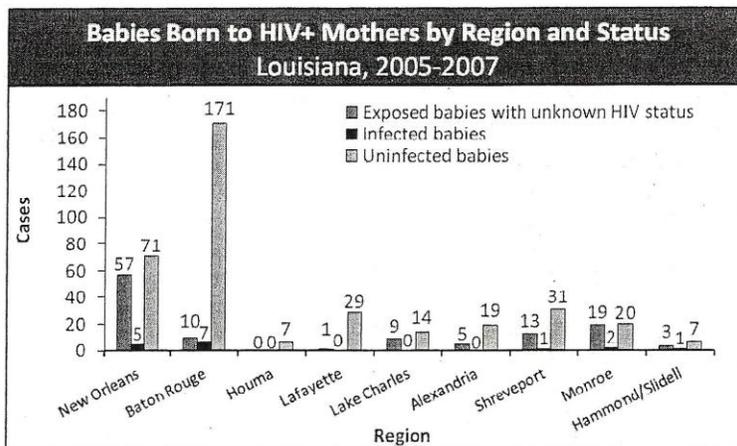
Overview of Perinatal Transmission of HIV in Louisiana

Substantial declines in perinatal transmission of HIV have been observed nationally and in Louisiana since the widespread implementation of US Public Health Service treatment recommendations of a three-part antiretroviral (ARV) regimen for the woman during pregnancy and labor/delivery, and for the child after birth. In 1994, prior to the ARV treatment protocol, 19% of exposed infants born in Louisiana became infected.



Mother-to-child transmission of HIV in Louisiana remains an important public health concern. While few exposed children become infected, Louisiana has not achieved the minimal transmission rates observed in some areas of the country. However, as the graph indicates above, our transmission rates have lowered in recent years, showing an improvement in prevention of perinatal transmission of HIV.

Overview of Perinatal Exposures in Lafayette Region



- In Region 4, from 2005-2007 there were 30 HIV+ mothers who gave birth. None of the babies born to these mothers were infected with HIV.
 - 93% of HIV+ mothers received the recommended antiretroviral (ARV) medications during pregnancy
 - 90% received ARVs during labor/delivery
 - 100% of babies born to HIV+ mothers received ARVs after birth
 - Only 83% of HIV-infected women/infant pairs received all three arms of the ARV prophylaxis protocol that is known to significantly reduce vertical transmission.
- Of HIV+ women who delivered in Region 4 from 2005-2007, 100% were diagnosed with HIV prior to their delivery:
 - 60% of the women were diagnosed with HIV before the pregnancy
 - 40% found out their HIV status during their pregnancy
- Of the HIV+ mothers who delivered in Region 4 between 2005-2007, 17% received either no prenatal care or minimal prenatal care (fewer than five visits).
- In Region 4, 1 of the 30 perinatally exposed children born between 2005-2007 has an indeterminate status (insufficient testing has been completed or insufficient testing has been reported to the Office of Public Health to determine if the child is infected or uninfected).
- In 2008, 15% of new HIV diagnoses in Region 4 and 17% of persons living with HIV infection were women of childbearing age (15-45 years old).

Acadiana FIMR Community Action Team 2010

ACADIANA BREASTFEEDING COALITION

(working group)

Mission Statement: To promote breastfeeding through community awareness, support of lactation services and advocacy for breastfeeding support among health care providers, health care facilities and businesses in Acadiana.

Goal: Increase breastfeeding initiation rates in regional parishes

Problem /Recommendation	Action Steps/Projects	Expected Completion Date	Outcome
1-G.I.F.T. Certifications	1- Introduce GIFT program to facilities and providers	December 2010	
	2- Support certification completion for (1) facility	December 2010	
	3-Certification completed or in process for (10) facilities	December 2015	
2-Raise community awareness of breastfeeding benefits	1-Endorse/support statewide campaign through LA BF Coalition	December 2010	
	2- Professional and community group presentations (at least 5)	December 2010	
3-Provide community education	1-At least (2) presentations to target groups 2-At least (2) collaborative presentations with community partners	December 2010 December 2010	
4-Business/employer support & promotion	1-Lactation sites established at (1) business and (2) college campuses	December 2010	
	2-Lactation sites established at (5 or more) businesses and (5 or more) schools	December 2015	
5-Expand membership & participation in breastfeeding coalitions	1-Outreach and promotion	On going	
	2-Increase LA BF Coalition membership and participation	December 2010	

Submitted by: Molly Baumgartner Date: 3/19/10

Acadiana FIMR Community Action Team 2010

FAITH-BASED

(working group)

Mission Statement: To promote awareness of minority health issues and to provide perinatal risk reduction information through faith-based ministries and churches.

Goal: To raise awareness and provide education regarding minority health issues.

Problem /Recommendation	Action Steps/Projects	Expected Completion Date	Outcome
1. Need to improve health among minority women.	1. 4 th annual minority health event 2. 2 nd annual Hispanic health event 3. 2 nd annual prematurity event	April 22, 2010 (annual) October 2010 (annual) November 2010 (annual)	
2. Collaborate more with faith-based ministries and churches.	1. Faith-based summit	July 2010	

Submitted by: Shannon Bernard

Date: 3/8/10

Acadiana FIMR Community Action Team 2010

HEALTH ADVOCACY & POLICY

(working group)

Mission Statement: To advocate for pregnant women and new mothers by increasing community awareness and resources.				
Goal: Increase awareness of perinatal health issues and access to resources.				
Problem /Recommendation	Action Steps/Projects	Expected Completion Date	Outcome	
1-Raise community awareness of infant mortality and other perinatal issues	1-Host annual September event at Memorial Site at Rotary Point	October 2010		
	2-Relationship building with print, broadcast and other media	December 2010		
	3-Develop an advocate group/speaker's bureau for FIMR presentations ("lunch & learn")	December 2010		
	4-Follow up press releases with local media contacts	December 2010		
2-Increase and diversify FIMR team members	1-Quarterly FIMR newsletters to maintain partner communication and provide current information	December 2010		
	2-Develop regional FIMR website and other social media markets/networks	December 2011		
	3-Recruit more community partners to include business, civic and women's organizations	December 2010		
3-Mobile Health Center Services	1-Collaborate and facilitate opportunities with SWLAHEC and health care providers	December 2010		
	2-Expand and support utilization by community partners (ie: Fran the Van, etc.)	December 2010		

Submitted by: Leslie Stelly

Date: 3/8/10

Acadiana FIMR Community Action Team 2010

RISK ASSESSMENT & EDUCATION

(working group)

Mission Statement: To promote awareness of safe sleep practices through education and to change attitudes/behaviors regarding sleep position and environment. To facilitate implementation of the Region 4 SBIRT program.

Goal: To reduce regional rates of SIDS deaths.
To reduce prenatal substance use.

Problem /Recommendation	Action Steps/Projects	Expected Completion Date	Outcome
1-Safe sleep messages	1-Implement statewide SIDS and safe sleep program initiatives in region 4	On-going December 2010	
	2-Provide community and target group presentations (high risk populations, health units, prenatal classes etc.)	On-going December 2010	
	3-SIDS and safe sleep awareness events (designated festivals/fairs)	November 2010	
	4-Distribution of sleep sacks and educational literature	December 2010	
2-Prenatal substance abuse, domestic violence & depression	1-SBIRT screening in clinic settings	December 2010	
	2-Individual, target group and community education	On-going December 2010	
	3-Introductory meetings and SBIRT seminars for professional groups	December 2010	

Submitted by: Tracy LeMaire

Date: 3/11/10

Acadiana FIMR Community Action Team 2010

FIMR REPORT COMMITTEE

(working group)

Mission Statement: To enhance the well-being of women, infants and families through case review and community collaborative efforts to raise awareness, provide education and to improve services and resources.			
Goal: To improve pregnancy outcomes and reduce fetal and infant mortality rates in OPH Region 4			
Problem /Recommendation	Action Steps/Projects	Expected Completion Date	Outcome
1-Data collection/review	1-Abstract in all regional parishes and birthing facilities 2- Increase number of maternal interviews 3-Fully utilize BASINET program	December 2011 December 2010 December 2010	
2-FIMR team growth	1-Participation in state and regional strategic planning and implementation of priority action steps 2-Support training and networking of FIMR partners (in services, newsletters, etc.) 3-Bi-annual member survey 4-Annual FIMR summary 5-Acadiana FIMR Report (concurrent with Needs Assessment Report)	On going On going Fall 2011, 2013 December 2010, 2011, 2012, 2013, 2014 September 2015	

Submitted by: Joan Conway

Date: 3/12/10

**Fetal & Infant Mortality Review
Questionnaire**

Please tell us about yourself:

Name: _____ Title: _____

Organization: _____

Preferred method of communication: email _____

Phone # _____ Regular mail _____

What meetings do you attend? CAT CRT workgroup none

Are you part of a FIMR working group? Yes No

If Yes, which one(s): *Breast feeding Promotion Faith based*

Health policy Resources/Advocacy Violence/Risk Assessment

No? Why not? *Time My skills don't match*

Workgroups aren't productive Other: _____

Please give us your opinion about us:

Potentially relevant/ beneficial?	Not at all				Very	
Coalition at large	1	2	3	4	5	no opinion
CRT meetings	1	2	3	4	5	no opinion
CAT meetings	1	2	3	4	5	no opinion
Workgroups: Breastfeeding promotion	1	2	3	4	5	no opinion
Faithbased	1	2	3	4	5	no opinion
Resource/Advocacy	1	2	3	4	5	no opinion
Violence/ Risk Assessment	1	2	3	4	5	no opinion
Health Policy	1	2	3	4	5	no opinion

Is/ Would the following be potentially beneficial to you?

Quarterly report from workgroups	1	2	3	4	5	no opinion
Workgroup mission statement	1	2	3	4	5	no opinion
Measurable objectives	1	2	3	4	5	no opinion
CAT meeting minutes	1	2	3	4	5	no opinion
Speakers at meetings	1	2	3	4	5	no opinion
Abstracts of articles	1	2	3	4	5	no opinion
Annual reports	1	2	3	4	5	no opinion
Networking	1	2	3	4	5	no opinion
Local FIMR newsletter	1	2	3	4	5	no opinion
Case review summaries	1	2	3	4	5	no opinion
Information about your organization in FIMR newsletter	1	2	3	4	5	no opinion

Are there areas of interest / topics for possible speakers that would be beneficial to you?

Over the past year, have you revised any services or initiated programs, or revised/changed work practices that address issues related to perinatal risk reduction and improved infant care? Please list:

In the aftermath of a local disaster, what resources could your organization/ agency provide to the community, particularly in relation to maternal and child health needs?

Please list other organizations/ agencies/ individuals that you feel should be invited to join the FIMR teams because of community maternal and child health interests. Include contact information if possible.

Please list organizations what should hear about FIMR and contact information if possible.

Region IV FIMR Coalition Survey-- 2009

Coalition Survey Results:

In 2009, the Health Policy workgroup of Region 4's Fetal Infant Mortality Review Coalition (FIMR) developed a survey to be given to all coalition members in an attempt to determine if the coalition was meeting the needs of its various members. Fourteen members submitted responses.

All respondents attend meetings, some more than one. CAT meetings were attended by 57.1% (8), CRT meetings by 35.7% (5), and a workgroup meeting by 35.7% (5).

More than half of respondents are part of a FIMR working group (61.5%, n=8). (Only 13 respondents answered the question.) Of those, 66.7% (6) are part of the Breast Feeding Promotion workgroup, 22.2% (2) are part of the Resources/ Advocacy workgroup, 11.1% (1) is part of the Violence/Risk Assessment workgroup. One respondent is on more than one workgroup. For those who said they are not part of a workgroup, 80% (4 of 5 respondents) said it is due to time. One stated they went to the first meeting of the workgroup but had been unable to attend since.

Coalition members were asked if they felt various activities were potentially relevant/beneficial on a 1 to 5 scale with 1 being "not at all" and 5 being "very". The following table shows the results.

	5 <i>(Very relevant)</i>	4	3	2	1 <i>(not at all)</i>
<i>Coalition at large</i> <i>(n=13)</i>	76.9% (10)	23.1% (3)	0	0	0
<i>CRT meetings</i> <i>(n=11)</i>	54.5% (6)	27.3% (3)	18.2% (2)	0	0
<i>CAT meetings</i> <i>(n=11)</i>	54.5% (6)	36.4% (4)	9.1% (1)	0	0
<i>Workgroups</i>					
<i>Breastfeeding Promotion</i> <i>(n=11)</i>	63.6% (7)	27.3% (3)	9.1% (1)	0	0
<i>Faithbased</i> <i>(n=9)</i>	72.8% (7)	22.2% (2)	0	0	0
<i>Resource / Advocacy</i> <i>(n=8)</i>	87.5% (7)	12.5% (1)	0	0	0
<i>Violence / Risk Assessment</i> <i>(n=8)</i>	100.0% (8)	0	0	0	0
<i>Health Policy</i> <i>(n=8)</i>	100.0% (8)	0	0	0	0

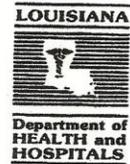
Coalition members were asked if a variety of current and proposed activities would be potentially beneficial to them, rating on a 1 to 5 scale with 1 being “not at all” and 5 being “very”. The following table shows the results.

<i>Would the following be potentially beneficial to you?</i>	<i>5 (Very relevant)</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1 (not at all)</i>
<i>Quarterly report from workgroups (n=13)</i>	46.2% (6)	38.5% (5)	15.4% (2)	0	0
<i>Workgroup mission statement (n=12)</i>	25.0% (3)	33.3% (4)	33.3% (4)	8.3% (1)	0
<i>Measurable objectives (n=13)</i>	53.8% (7)	23.1% (3)	15.4% (2)	7.7% (1)	0
<i>CAT meeting minutes (n=13)</i>	15.4% (2)	23.1% (3)	30.8% (4)	23.1% (3)	7.7% (1)
<i>Speakers at meetings (n=12)</i>	41.7% (5)	25.0% (3)	25.0% (3)	8.3% (1)	0
<i>Abstracts of articles (n=13)</i>	15.4% (2)	23.1% (3)	46.2% (6)	15.4% (2)	0
<i>Annual reports (n=13)</i>	30.8% (4)	30.8% (4)	30.8% (4)	7.7% (1)	0
<i>Networking (n=13)</i>	46.2% (6)	30.8% (4)	23.1% (3)	0	0
<i>Local FIMR newsletter (n=13)</i>	38.5% (5)	30.8% (4)	23.1% (3)	7.7% (1)	0
<i>Case review summaries (n=13)</i>	38.5% (5)	30.8% (4)	30.8% (4)	0	0
<i>Information about your organization in FIMR newsletter (n=13)</i>	53.8% (7)	30.8% (4)	7.7% (1)	0	7.7% (1)



Bobby P. Jindal
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Alan Levine
SECRETARY

Region 4 FIMR Disaster Plan

The goal of the Region 4 plan is to build and maintain a network of contacts within the seven parishes of the Acadiana region and beyond to help mobilize resources for pregnant women, new mothers and infants in the event of a disaster.

The regional FIMR coordinator will work in collaboration with The Family Tree Healthy Start, which has been designated as the lead referral agency/resource for Maternal and Child Health needs in the Acadiana area.

The FIMR Case Review and Community Action Team members will be key personnel who can be convened and mobilized if necessary to provide input, disseminate information, and address identified MCH needs in response to a community disaster.

Contact Information

The FIMR Coordinator will:

- maintain emergency contact information for DHH OPH MCH staff, including LA FIMR Network contacts.
- maintain emergency contact information for Regional OPH Medical Director and regional staff.
- maintain a list of emergency contacts for The Family Tree staff.
- maintain emergency contact information for other local designated lead agencies.
- maintain a current contact list for FIMR Case Review Team members.
- maintain a current contact list for FIMR Community Action Team members.
- maintain emergency contact information for identified state officials responsible for supervision of the Region 4 FIMR program.

Management of Disaster Plans

The FIMR Coordinator will:

- update the emergency contact list by May 15th every year.
- maintain an updated emergency contact list and disaster plan at the Region 4 OPH Office.
- keep paper and electronic copies of the plan, including the contact list, at the office and at home so information will be accessible.
- routinely maintain all confidential FIMR records in a locked filing cabinet in The Family Tree Healthy Start office at 4540 Ambassador Caffery B220, Lafayette, Louisiana, 70508.
- maintain an adequate supply of educational materials to be used in a disaster.

OFFICE OF PUBLIC HEALTH • REGION 4 OFFICE
825 Kaliste Saloom Rd. Building 3 Suite 100 Lafayette, Louisiana 70508
PHONE (337) 262-5311 • FAX (337) 262-5237
"AN EQUAL OPPORTUNITY EMPLOYER"

Disaster Protocol

In the event of an emergency that requires an extraordinary and immediate community response, the FIMR Coordinator will:

- make contact with a designated staff member in the State Office of Public Health in Baton Rouge and/or New Orleans and with the Region 4 Office of Public Health as soon as the coordinator is out of immediate danger and is able to secure a means of communication.
- contact the Partners for Healthy Babies Helpline at 1-800-BABY (2229) and give her name, position, location and contact information and discuss immediate community needs and/or resources if known.

Disaster Response

In the event of an emergency that requires an extraordinary and immediate community response, the FIMR Coordinator will:

- assess and prioritize the needs of pregnant women, new mothers and children in the impacted area by whatever means possible.
- assess available resources using the emergency contact list (see above).
- work in concert with other responders to deliver resources and services to the people who need them.
- maintain communication with the State Office of Public Health in Baton Rouge and/or New Orleans to update progress.

Revised: 5/14/10

Page 2 of 2

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"AN EQUAL OPPORTUNITY EMPLOYER"

Office of Public Health Maternal and Child Health Program

Maternity Program Staff:

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Lyn Kieltyka, PhD

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Mary Craig, RN, MSN, MS

Director Perinatal Services; Mary.Craig@LA.GOV

Adrienne Finley, MPH

Maternity Accountability Coordinator; Adrienne.Finley@LA.GOV

Karis Schoellmann, MPH

MCH Health Education/Communication Director; kschoellmann@yahoo.com

FIMR Regional Coordinators:

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Region 2 Virginia Pearson, MA paa.vmp@cox.net

Region 3 Rhonda Lombas, RN, BSN rhonda.lombas@la.gov

Region 4 Joan Conway, RN, BSN joan@acadianafamilytree.org

Region 5 Nancy Roach, RN, BSN nancy.roach@la.gov

Region 6 Annelle Tanner, RN, MSN, EdD annelletanner@suddenlink.net

Region 7 Angela Mire, RN, BSN, CLNC

Linda Brooks, RN, MSN linbrook2@comcast.net

Region 8 Lindsey Murry, BA lmurry@childrenscoalition.org

Region 9 Marty Hennegan, RN, BSN martha.hennegan@la.gov

Acadiana Fetal and Infant Mortality Review

Case Review Team

Kathy	Acree				
Dr. Jim	Adams	Pediatrix Medical Group			
Katy	Bajat	Healthy Start		Laura	Martin
Nicole	Barousse	LSUMC		Pat	McNeil
R. Josseline	Belizaire M.D	Pediatrix Medical Group		Desi	Milligan
Shannon	Bernard	Healthy Start		Dena	Moore
Anne	Broussard	UL - Lafayette		Dr. Bryan	Sibley
Ashley	Broussard	Women's & Children's		Keith	Prejean
Brenda	Broussard	UL - Lafayette		Allison	Prince
Susie	Broussard	Pediatrix Medical Group		David	Reekmann
Dr. Kenneth	Brown	FIMR Chairman		Judy	Robicheaux
Aundria	Cannon,RNC	LGMC-Clinical Educator for Wom.Serv.		Veronica	Rogers
Flo	Castille	UMC - Social Services		Lynette	Robinson
Kathi	Comeaux	Women's & Children's		Dr. Sheryl	Rodts-Palenik
Skyi	Comeaux			Dr. Tina	Stefanski
Joan	Conway	FIMR Coordinator Region IV		Cynthia	Suire
Mary	Craig	State Director of Perinatal Services		Carrie	Templeton
Dr. Debra	Crowe	Dr.s Juice, Boustany, Crowe & Huval		Dr. Cong	Vo
Anita	Crutchfield	LSUMC		Yasmin	Welch
Daria	Damon	Healthy Start		Dr. Rodney	Wise
Dr.David	Deiulio	LGMC - Neonatology			
Glynis	DeRoche	Healthy Start			
Dr. Paul	Dibbs				
Yvonne	Domigue	DSS-225-342-3526			
Mary	Dominque	Iberia Medical Ctr			
Stacey	Duhon	LGMC - NICU			
Dr. Phillip	Fabacher	LSUMC - Obstetrics			
Lori	Gary	SBIRT Coordinator			
Anne	Gaspard	OPH - LPHU			
Dr. Rebekah	Gee	State Maternal Medical Director			
Monica	Gibbs	OPH/DHH Nutritionist			
Michelle	Glatter	Iberia Medical Ctr			
Sharon	Gates	Women's & Children's			
Barbara	Hebert	OPH			
Dr. Lewis	Hill	Acadiana Woman's Health Group			
Dr. Richard	Howes	LSUMC - OB-GYN			
Helen	Hurst				
Patti	Johnson	LGMC- Director of Women's Services			
Lyn	Kielyka	DHH/OPH/MCH Epidemiologist			
Pam	Kreyling	OPH Regional Epidemiologist			
Dr. Michael	Kudla	SBIRT Director			
Collette	LaCombe	Women's & Children's			
Tracy	LeMaire	Office of Public Health			
Evelyn	Landry	LGMC- Lactation Specialist			

April 1, 2010

Acadiana Fetal and Infant Mortality Review

Community Action Team

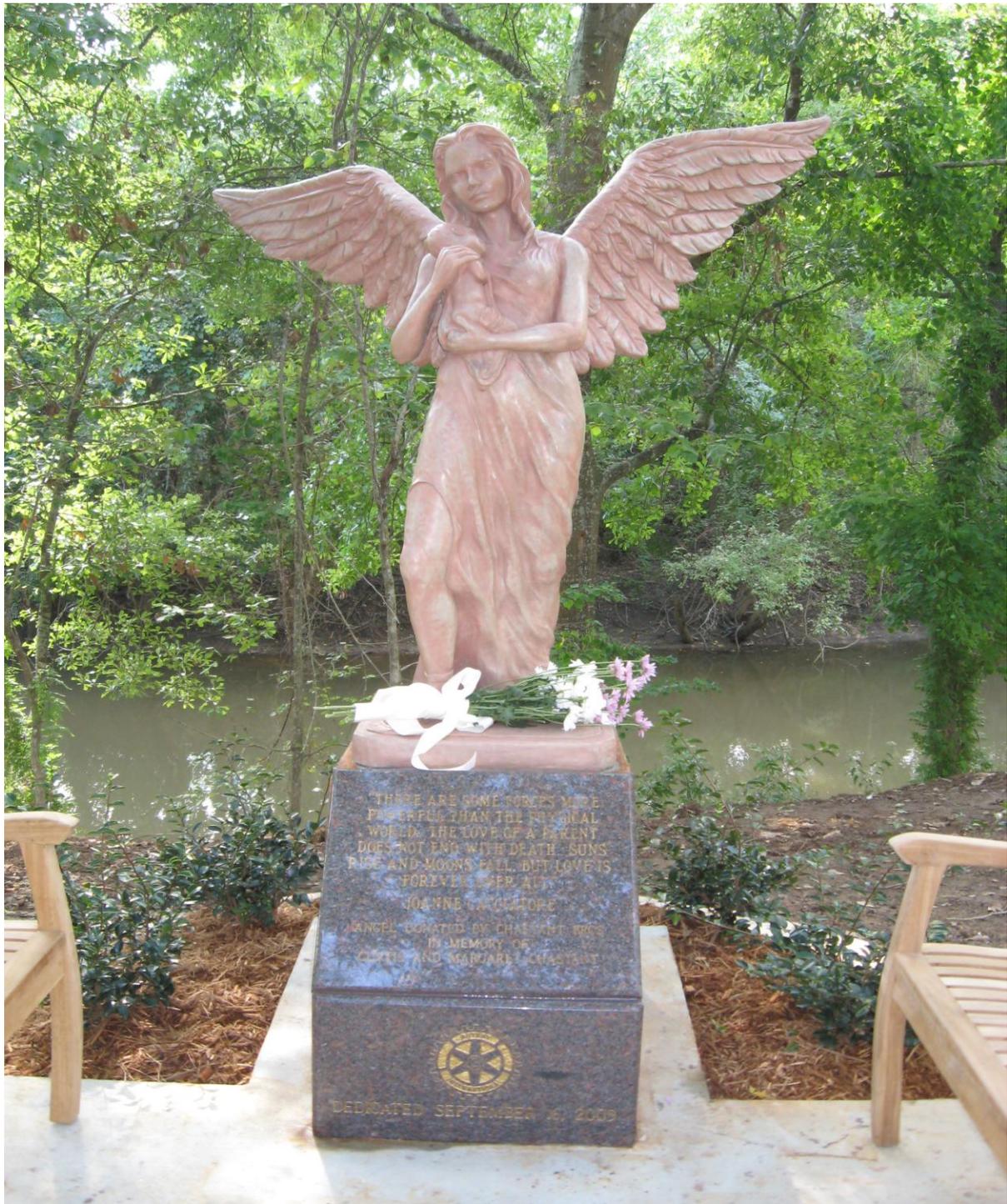
4/18/2010

Agency	First Name	Last Name
LPSB - Nursing Supervisor	Betty	Alford
Women's & Children's	Dedra	Ashy
MCH-Breastfeeding Coalition	Marci	Asling Brewer
	Katy	Bajat
Laf. Parish Sch.Brd.	Tonya	Ball
University Med. Ctr.	Nicole	Barousse
Women's & Children's	Molly	Baumgartner
Pediatric Medical Group	Josseline	Belzair, MD
	Shannon	Bernard
Diocese of Lafayette	Stephanie	Bernard
OPH /Lactation Specialist	Angela	Blanchard
Women's & Children's	Leona	Boullion
ULL Registrar	Dwyane	Bowie
ULL College of Nursing	Anne	Broussard
WCH- Social Services	Ashley	Broussard
ULL College of Nursing	Brenda	Broussard
Early Intervention Specialist	Donna	Broussard
Women's & Children's	Mary	Broussard
University Med. Ctr.	Mary O.	Broussard
FIMR Chairman	Dr. Kenneth	Brown

SWLAHEC	Jennifer	Burris
LGMC-Clinical Director	Aundria	Cannon
	Jackie	Carmouche
LSU- Ag Extension	Rina	Castillo
Infant Mental Health Consultant	Dr. Amy	Cavanaugh
University Med. Ctr.	Giselle	Celestine
Lafayette General Med. Ctr	Debra	Clark
Lafayette Parish Sheriff's Office	Marie	Collins
Lafayette OAD- SBIRT Coordinator	Skyi	Comeaux
FIMR Coordinator Region IV	Joan	Conway
Opelousas General - Dir. of Nursing	Donna	Cooper
Woman's Foundation	Rose	Cormier
MCH	Mary	Craig
Good Hope Baptist Church	Alecia	Cyrus

Agency	First Name	Last Name
OPH- Social Worker	Laura	Friedburg
Safe Schools Healthy Students	Barbara	Friedrichs
Opelousas General - Social Servi.	Diane	Gallagher
SBIRT Coordinator	Lori	Gary
OPH / Laf. Parish Health Unit	Anne	Gaspard
State Maternal Medical Director	Dr. Rebekah	Gee
DHH/OPH Nutritionist	Monica	Gibbs
	Yvonne	Guillory
Women's Center	Sharon	Hayes
OPH - Nursing Supervisor	Barbara	Hebert
Thibodeaux, Hebert, Deshotels, LLC	Sherrie	Jolie
MCH	Lyn	Kieltyka
	Monette	Kilburn
OPH- Epidemiologist	Pamela	Kreyling
SBIRT Director	Dr. Michael	Kudla
LGMC Lactation Consultant	Evelyn	Landry
Senator David Vitter's Office	Jill	Landry
LSU-E Foundation	Madelaine	Landry
Lafayette Community Healthcare	Sharon	Landry
	Karen	Lavergne
Diocese of Lafayette	Christina	LeBlanc
	Darlene	LeBlanc
UL- Lafayette	Lisa	LeBlanc
LGMC - Social Services	Aimee	Lejeune
OPH - Injury Prevention Coordinator	Tracey	LeMaire
Our Lady of Lourdes-Pastoral Care	Valli	Davis
Healthy Start	Glynis	DeRoche
	Yvonne	Domingue
Faith House	Sara	Dore
United Way of Acadiana	Angie	Doumit
OCDD	Monica	Dowden
15th Judicial District Court	Jules	Edwards
	Porsha	Evans
Congr. Charles Boustany Liaison	Joan	Finley
UL Center for Child Development	Oudia	Forsyth
UMC - Social Services	Tahanna	Francis

Lafayette Consolidated Gov	Melanie	Lewis
Diocese of Lafayette	Trista	Littell
	Susannah	Malbreaux
Our Lady of Lourdes	Iris	Malone
OPH Nurse Family Partnership	Pat	McNeill
Women's & Children's Hosp	Paula	McRae
Family Promise of Acadiana	Renee	Menard
Diocese of Lafayette	Karol	Meynard
The Family Tree	Dena	Moore
Lafayette Consolidated Gov	Sandra	Moore
Opelousas General Hosp	Phyllis	Pere
CUPS	Leigh	Peterson
LaCHIP	Kelley	Peterson
232 HLEP	Maria	Placer
ECSS	Katherine	Prejean
LaLeche	Melissa	Principato
DSS Community Specialist	Louisa	Reddell
Maison de Mere	Raquel	Richard
Gentle Choices	Lynette	Robinson
FIMR RN abstractor	Veronica	Rogers
Faith & Soul Magazine	Melinda	Sylvester
American Legion Hosp	Connie	Sittig
DSS-OCS	Marilyn	Smith
OPH Regional Medical Director	Dr. Tina	Stefanski
Healthy Start	Leslie	Stelly
OPH Nurse Family Partnerhsip	Cynthia	Suire
LPSB Genesis Program	Sue	Sullivan
Love INC	Lisa	Trahan
LPSB School Health	Becky	Vincent
Infant Mental Health Consultant NFP	Yasmin	Welch
United Way of Acadiana	Keler	Williams
Medicaid Medical Director	Dr.Rodney	Wise
UL Lafayette	Dr. David	Yarbrough
House of Faith Full Gospel Church	Deborah	Young



The Memorial Site at Rotary Point
Lafayette, Louisiana