Shared Goals: Partnering to Give Baltimore’s Babies the Best Start

Baltimore City Health Department
Baltimore City Perinatal Systems Review

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Baltimore City Population

- Population Size—632,680
- Racial Composition
  - 67% African American
  - 31% White
  - 2% Other
- Poverty
  - 24% at or below poverty in Baltimore.
  - 9% at or below poverty in Maryland.
Infant Mortality Rates
Baltimore City, Maryland, and U.S.
1996 - 2000

Year

deaths per 1,000 live births
5 7 9 11 13 15

Baltimore City
Maryland
United States

Source: Md Vital Statistics Administration

Resources in Baltimore

- Assessment and Monitoring: FIMR, PPOR.
- Academic Institutions—high tech medical care, public health expertise.
- Partners: March of Dimes, Family League of Baltimore, MedChi, United Way, others.
- Health Commissioner, Peter Beilenson, MD - maternal and infant health is a priority.
Baltimore City Perinatal Systems Review (FIMR)

- Began in 1993.
- Strong interagency, multidisciplinary review team, based at MedChi (Maryland State Medical Society).
- Latest review – case histories from 204 pregnancies/220 deaths in 1998.
- Findings, recommendations, and action items ready by the end of 2001.

FIMR Findings

- Cases had multiple risk factors: prior loss, no prenatal care, substance use, first or high parity, health conditions—hypertension, diabetes, infections, complications.
- Women did not understand their risks or how to reduce them.
- Women and providers lacked awareness of available resources.
- Women received inadequate follow-up after a loss or other poor pregnancy outcome.
Perinatal Periods of Risk

Birthweight/Death “Map”

- Age at Death
- Fetal
- Neonatal
- Post-neonatal

Birthweight
- 500 - 1499 g
- 1500+ g

Maternal Health/Prematurity

- Maternal Care
- Newborn Care
- Infant Health

Distribution of Fetal/Infant Deaths

African American vs White/Other Rates

Baltimore City, 1997-1999

Maternal Health/Prematurity
- 8.6 vs 3.6

- Maternal Care
  - 4.0 vs 1.8

- Newborn Care
  - 2.3 vs 1.5

- Infant Health
  - 3.4 vs 2.1

Total Rate:
- 18.2 vs 9.1
**PPOR Findings**

- 90% excess mortality among African Americans due to large number of VLBW births (<1500g) and fetal deaths.
- Need to prevent VLBW births and fetal deaths, focusing on
  - African American women 30 years+.
  - Women having their first pregnancy.
  - Early enrollment in prenatal care.
  - Early enrollment in Medicaid.

**Baltimore’s Priorities**

Sifting the FIMR data, four priorities emerged:

- Care of women following a loss
- Perinatal infections
- Family planning and inter-conception care
- Adequate prenatal care
The Objectives

- Tell everyone what we had learned
  - Publish readable report
  - Disseminate it
- Get them to help with the solutions
  - Maintain momentum of the review team
  - Engage others willing to do the work

What We Did (Methods)

- Prepared a Report
  - Concise
  - Readable
  - Attractive
What We Did

- Formed the review team into implementation subcommittees
  - Legislative and Policy
  - Institutional and Health Systems
  - Provider Education
  - Community Education and Outreach

What We Did

- Released the Report
  - Breakfast/half day seminar – attractive location; respected, eminent, local speakers
  - Explained findings and action needed
  - Pledge cards for seminar participants
  - Lunchtime press conference
  - Report, letter from Commissioner and pledge cards mailed to other leaders
What We Did

- Supported implementation subcommittees.
- Conducted grand rounds.
- Sent providers Commissioner’s letter about perinatal infections and inter-conception care.
- Sought additional resources.
- Changed our practices.

Barriers and Solutions

- Everyone’s too busy
  - Find new audiences

- Poor city in a recession
- Keep the issue alive
  - Support the committees
  - Find new audiences

- Aggressively pursue funding opportunities
Accomplishments

- Wide dissemination of the information.
- Growing commitment to implementation.
- Receipt of additional funding.
- Change in practice.

What We Learned

- A strong coalition that develops a plan is too valuable to be “retired.”
- Buy-in from respected, visible leaders gets people’s attention.
- Spending money to look good is worth it (and fun).