

The Perinatal Networks of NYS

The Association of Perinatal Networks (APN) published a 20 year report on the work of the Perinatal Networks in NYS in January 2008. The 20 year report reviews NYS' design and authorization for the start-up of perinatal networks through the *Comprehensive Prenatal Perinatal Services Networks* (CPPSN) program managed by the Bureau of Women's Health, NYS Dept. of Health. This report is the first comprehensive review of the purpose, evolution and effectiveness of the NYS perinatal network program and the Networks' role in helping to effect improvement in perinatal health indicators – most specifically in helping to reduce the high rates of infant mortality and morbidity that New York State experienced in the late 1980s when the Perinatal Network concept was introduced and began to evolve.

According to the document, inception of the CPPSN programs throughout NYS began with approximately \$1.5 million (1987-90) and currently stands at just over \$3 million for 16 of the 18 perinatal networks. Of significance is that the Networks have helped to leverage more than \$14,450,000 for additional perinatal programs in their respective counties/perinatal network regions as a result of this base funding from NYS. As noted in the report, Perinatal Networks currently manage more than 52 separate programs related to maternal and child health services which include:

- 13 teen pregnancy prevention programs
- 14 family support programs
- 4 smoking cessation programs
- 3 special community initiatives
- 5 home visiting programs
- 6 health insurance assistance programs
- 4 specialized programs such as lactation consortium, HIV training, etc
- 2 perinatal research projects.

These programs managed by the Networks help to demonstrate that the original intent of NYS' strategy for perinatal networks is working: once the needs of the region are identified by a perinatal network and an opportunity arises to assist with addressing a need, the Perinatal Networks have moved forward in proactive ways to establish new programs and services to help attain improvements in maternal and child health services for their (respective) communities.

The document reviews improvements in NYS' perinatal health indicators and evidence:

- NY's infant mortality rate dropped by almost one-half – from 10.7 deaths/1,000 births in 1987 to 6.0 deaths/1,000 births in 2004.
- Rates of early entry into prenatal care increased from 67.4% (1987) to 74.8% (2004).
- Rates of late or no prenatal care declined by 50% from 10.8(1987) to 5.0 (2004).
- While rates of smoking by pregnant women (across all tracked categories) have fluctuated, the overall trend in rates (signaling a decline in women smoking) demonstrates effectiveness of the perinatal and other general health promotion of the health consequences for pregnant women and their infants related to smoking.

The report indicates that while the Perinatal Networks have helped to achieve the statewide improvements in perinatal health indicators over the past twenty years, there is more to be done. Despite tremendous inroads in improved health outcomes for women of childbearing age and their children; racial and ethnic disparities in perinatal health outcomes continue to exist and must be addressed. The Perinatal Networks are committed to continuing to work towards overall improvements and to strive to develop critical and innovative strategies to address the disparities

which continue to persist, and to also ensure that the essential programs and strategies which have been proven successful over the past twenty years remain intact.

If you would like a copy of “The Comprehensive Prenatal Perinatal Services Networks of New York 1987 – 2007” report, contact the APN office @ 607-772-0517 or review a copy on the APN website: www.associationofperinatalnetworks.org.

NYSPA hosts “The Tragedy & Significance of Stillbirth (Late Spontaneous Fetal Death) in NYS” Symposium

On April 21, 2008 NYSPA hosted a first statewide symposium on stillbirth (or late spontaneous fetal death) in NYS in order increase awareness of issues related to fetal death/stillbirth, promote changes in the NYS Regulations to allow use of fetal death data to inform and improve perinatal outcomes, impact the availability and quality of autopsy of stillbirth and ensure legal and emotional support for families experiencing perinatal loss. The program, held in the Empire State Plaza in Albany, drew participation from perinatal health providers, hospital administrators, researchers, public and community health professionals, parents/other family members who have experienced a stillbirth and representatives from numerous NYS legislative offices. The agenda included formal presentations by Richard Aubry, MD; Janet Press, RN; Ann Dozier, RN, PhD; Elizabeth Hamlin of Assemblyman Richard Gottfried’s office, Jeff and Lori Tieger, and Jeffrey Hubbard, MD/Forensic & Pediatric Pathologist.

Key points from the day’s presentations included:

1. Prevalence of stillbirth/fetal death is greater than SIDS (sudden infant death syndrome) and neonatal death.
2. Contributing factors for intrauterine fetal death include those related to maternal, placental/cord & fetal health/development, yet 20% remain unknown.
3. 50% of stillbirths in the U.S. have an undetermined cause.
4. Complete and reliable data on fetal death is essential and should be accessible to individuals who can use the data for research, program development and evaluation.
5. Parents and families who have experienced a stillbirth want and need information and support for the loss of their infant and that this information can ease anxiety in subsequent pregnancies.
6. Autopsy is not offered in every incident, yet should be and there is no NYS standard for autopsy of fetal death.
7. Key points of the Stillbirth Certificate of Birth legislation can a) possibly be a standard for other states, b) provides parents the opportunity to request a certificate of stillbirth and c) that the request is retro-active – parents [or siblings (if parents are deceased)] have can request a certificate for past stillbirths.
8. Sensitivity training for medical/clinical staff at all levels is essential in order to most fully support families.
9. There is no research agenda on this topic in NYS – which if it were – would help determine who/which entity(ies) is/are best equipped to assist.

Advocacy points which can be used by perinatal advocates are:

1. Everyone should make it a point to contact their NYS legislator and/or the members/chairperson of the Assembly Ways & Means Committee to express support for the Stillbirth Certificate of Birth legislation and let them know there is minimal if any cost to NYS; thus the bill should be passed as a part of the 2008 legislative session.
2. Every delivering hospital should have a fetal/infant bereavement/support program for families.

3. There should be a standardized set of protocols for reviewing fetal deaths in all hospitals.
4. NYS – and all states – should implement a standard report of fetal death.

The NYSPA Board of Directors was pleased to present this program which was dedicated to all the babies we wish were here with us, their families and the clinicians and researchers who strive to improve care and the perinatal health system.