Birth in Frederick County – State of the County and Listening Tour

Frederick County Health Needs Assessment 2019 (94 pgs)

From the Executive Summary: "The 2019 Community Health Needs Assessment (CHNA) was conducted by the Frederick County Health Care Coalition (Coalition) to identify health issues in Frederick County and to provide critical information to those in a position to take positive steps that will impact the health of area residents.

… A CHNA examines disease and death statistics for the community and compares local outcomes to the state and other benchmarks. The CHNA also identifies available resources to address health issues and resident perceptions about health and social concerns. Finally, a CHNA calls out major health problems and, with input from the public, narrows those health issues into a manageable set of priorities.

The 2019 CHNA analyzed Frederick County health data and input from residents, advocates and community organizations. The Coalition shared the results of the analysis and facilitated public discussion about the findings at the Frederick County Health Improvement Priority Setting Summit on January 15th, 2019. The event concluded with the identification of three health improvement priorities, two* of which were continued from the prior CHNA cycle.

- Adverse Childhood Experiences* & **Infant Health** *[emphasis added]*
- Behavioral Health*
- Chronic Conditions

The Coalition has facilitated the formation of three community participant work-groups charged with developing action steps to address each priority. Work plans will include measurable goals, strategies, and responsible parties, and will be compiled into a Local Health Improvement Plan that will be available to the public by Fall 2019. Over the next three years, the Coalition will evaluate the progress of the work groups and will report back to the community on a periodic basis."

https://md-frederickcountyhealth.civicplus.com/DocumentCenter/View/4370/Frederick-County-CHNA-2019?bidId=

Pg 58 – Infant Mortality

Pg 60 – Maternal and Child Health

Conclusions

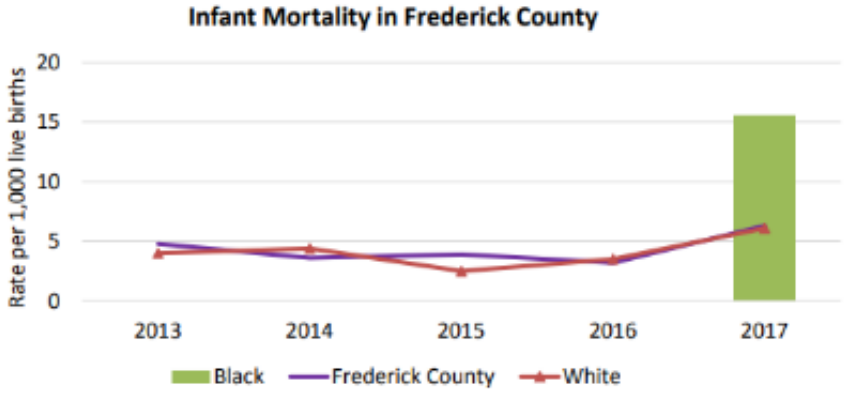
"The picture of Frederick County's health shown in this report is consistent with previous reports, as well as with other health assessments. Overall health in Frederick County is often, but not always, better than in Maryland. Improvements are seen in many health indicators, but chronic diseases like heart disease and cancer remain the leading causes of death. Some populations within Frederick County continue to see poorer health outcomes. Social and environmental issues, specifically affordable housing and transportation, remain top concerns of Frederick County residents. Working within The County Health Rankings framework of community health illustrates the connections between health factors and health outcomes. Achieving positive change in the health status of Frederick County is only possible through the collaboration of all community sectors and alignment of effort and resources to focus on common concerns. Local Health Improvement Plan work groups for each of the three priorities will establish their short and long term goals and objectives in action. These plans will be presented to the community when completed in Fall 2019. Progress reports will be posted for public review at: http://health.frederickcountymd.gov/LHIP. Community forums will be scheduled to discuss progress on the health priorities and ways for the community to remain involved. CHNA data relevant to the work groups and other newly available health data will updated in 2020 and posted online at https://md-frederickcountyhealth.civicplus.com/455/Community-Health-Assessment."

Infant Mortality

Infant Mortality in Frederick County, MD						Maryland
Rate per 1,000	2013	2014	2015	2016	2017	2017
Infant Mortality Rate	4.8	3.6	3.9	3.2	6.3	6.5
White	4.0	4.4	2.5	3.5	6.1	4.0
Black	*	*	*	*	15.5	11.2

Source: Maryland Vital Statistics Reports.

*Rates based on fewer than five events in the numerator are not presented since such rates are likely to be unstable.



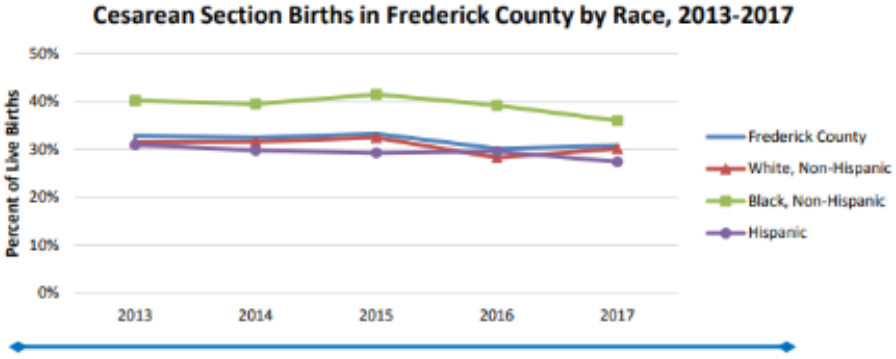
Frederick County, Maryland
Community Health Needs Assessment Report, May 2019

Maternal and Child Health

Cesarean Section

Cesarean Section Rates in Frederick County, MD						Maryland
	2013	2014	2015	2016	2017	2017
Frederick County	32.9%	32.5%	33.3%	30.2%	30.8%	33.8%
White	31.5%	31.6%	32.5%	28.3%	30.2%	31.5%
Black	40.2%	39.5%	41.5%	39.2%	36.0%	39.5%
Hispanic	31.0%	29.8%	29.3%	29.6%	27.4%	29.0%

Source: Maryland Vital Statistics Reports.



Frederick County Health Department – Maternal Child Health Programs:

The Maternal Child Health Program (MCH) within the Community Health Services division. Maternal Child Health promotes and improves the health of mothers and children through Special Delivery and WIC (Women, Infants & Children).

Safe Kids Frederick County

The mission of Safe Kids Frederick County is to prevent unintentional injuries to children ages under 19 years, in Frederick County, through a coordinated program of public awareness, education, legislative action, enforcement and access to low cost safety products.

Special Delivery & Nurse Home Visiting

Education and support for pregnant and new moms and infants
Free in-home visit from a registered nurse
Connections to resources
Cribs for Kids

WIC - Women, Infants, and Children

Help for Pregnant Women, Breastfeeding and New Moms, Infants, and Children (under 5)
Nutritious Foods
Health Screening
Healthy Eating and Exercise Tips
Breastfeeding Support

Fetal Infant Mortality Review Board

Physical Address: 350 Montevue Lane, Frederick, MD 21701 Phone: 301-600-1733

The Fetal Infant Mortality Reviewis a community-based, action-oriented program designed to enhance the health and well being of women, infants, and families through the review of individual cases of fetal and infant death.

Link: Child Fatality and Fetal Infant Mortality Program

Maryland Health Care Commission https://mhcc.maryland.gov/

The Maryland Health Care Commission is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public.

The Commission's vision for Maryland is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.

- **Maryland Health Care Quality Reports** https://healthcarequality.mhcc.maryland.gov/

Welcome to the Maryland Health Care Commission's (MHCC) consumer website. MHCC is a state regulatory agency whose mission includes promoting informed decision making in health care. This website looks at the quality and costs of health care in Maryland, including hospitals and long-term care facilities. The data provided comes from trusted state and national sources. The information may be useful for finding or comparing health care providers.

Childbirth

In general, pregnancy lasts about 40 weeks, or just over 9 months. Mothers and babies are monitored closely during labor. Most women are healthy enough to have a baby through vaginal delivery. If there are problems, the baby may need to be delivered surgically by a Cesarean section (C-section).

Babies grow and develop all the way through the final few weeks of pregnancy. To make sure babies are as healthy as possible, delivery should not be scheduled before 39 weeks unless there are medical problems.

Preterm birth is the birth of a baby before 37 weeks of pregnancy. Very preterm birth (before 32 weeks) is the most common reason for infant death and a leading cause of long-term health and developmental problems in children.

Tips / Checklist

To reduce the risk of preterm birth, get prenatal care as soon as you think you are pregnant. Don't smoke, drink alcohol or use illegal drugs if you think you are pregnant. Get medical care if you see warning signs of preterm labor.

If you have had a preterm birth before, you should let your doctor know early and discuss interventions that may prevent preterm birth.

Even if you had a C-section before, do not assume you have to have another. Many women can have vaginal deliveries after having a C-section in the past.

WHY SHOULD YOU COMPARE?

All hospitals are not the same.

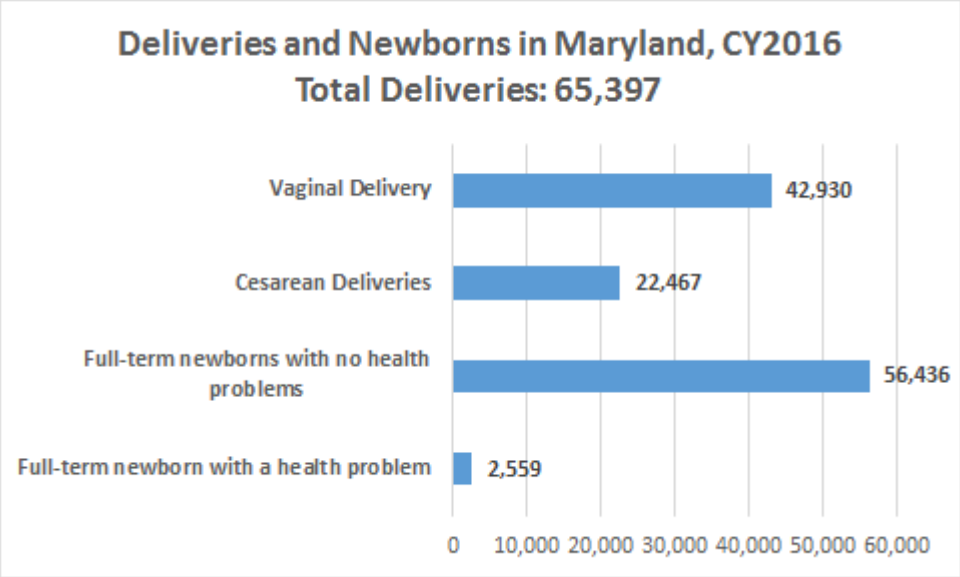
Some are better overall, some are not so good. Some do well in some areas of care but not in others.

Comparing hospitals helps:

Spot possible safety concerns for hospitals you are considering.
Make better health care decisions for you and your loved ones.
Show you how hospitals you are considering perform in critical safety areas.
Talking with your doctor shows you want to be a partner in your care.
It also helps remind your care team to take certain actions to keep you as safe as possible.

https://healthcarequality.mhcc.maryland.gov/MarylandHospitalCompare/index.html#/consumer/hospitals/infographic/8

Thirty-three of the 47 acute care hospitals in Maryland provide maternity and newborn services. Maternity and newborn measures include information on the types of deliveries performed in Maryland hospitals. The Hospital Guide reports on quality ratings related to cesarean sections, as well as vaginal births after cesareans. Collecting and reporting data on maternity and newborn outcomes helps to ensure safer and healthier outcomes for both mothers and babies, and can also help women select the hospital best suited for their birthing needs.



Frederick Health Hospital - This hospital is accredited by the Joint Commission
400 West Seventh St. Frederick, MD 21701
Website: http://www.fmh.org/

Childbirth **Ratings shown here are compared to State Average**

- *Practice patterns*
  Rating
  Risk-Adjusted Rates

- **Percentage of births (deliveries) that are C-sections**
  Better than average
  27.3465 (25.3787, 29.3144)

- **How often babies in the hospital are delivered vaginally when the mother previously delivered by cesarean section (no complications)**
  Average
  15.8249 (11.6740, 19.9758)

- **How often babies in the hospital are delivered using cesarean section when this is the mother's first birth.**
  Better than average
  17.2640 (15.4535, 19.0745)

- **How often babies are born vaginally when the mother has had a C-section in the past (includes complications)**

  15.3153 (11.4472, 19.1834)

- **Newborn deliveries scheduled 1-3 weeks earlier than medically necessary**

  15%
  https://healthcarequality.mhcc.maryland.gov/MarylandHospitalCompare/index.html#/professional/quality-ratings/profile/12997

The Birthing Circle

Informal group survey in 2018:

57% of Parents in TBC of Frederick group reported they had been told they were going to have a big baby. Only 9% of those babies actually were big.

- There is one OB practice in town that does a "standard" third trimester sonogram even when no medical indicators call for it. The majority of the parents who had been told they were going to have a big baby came from this OB practice.

Case Study with Hispanic families receiving service through one particular service provider – Every single family that TBC served with our Doula Project in this demographic were given a diagnosis of cholestasis. We have found that these families may be given this diagnosis even if they have no symptoms. Research shows that there are zero adverse fetal outcomes if the bile levels are below 40, but these families are automatically being highly pressured to induce at 37 weeks even if they have low bile levels. Many families are reporting that they do not understand why they are being induced, that they do not want to be induced, that they are unhappy with their induction experiences, and that they were never told there were risks with unnecessary inductions. We are discussing an outreach educational tool for local Hispanic families in response. (Research shown on next page)

Cholestasis Overview & Recommendations

Diagnosis & Recommended Treatment Options

- To be diagnosed with cholestasis (ICP), bile levels must be greater than 11.
    - Glantz et al[10] have reported a significant correlation between higher serum bile acid levels (≥ 40 µmol/L) and adverse fetal outcome. Since they determined **no increase in fetal complications in cases of serum bile acid levels < 40 µmol/L, they proposed expectant management for those cases[10].**
    - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4476874/
- If someone is diagnosed with ICP levels over 11, they should still be tested weekly to monitor how high the levels go.
- If (and only if) their levels are over 40, weekly sonograms are recommended.
- For whether or not to induce, there is NOT a hard evidence based recommendation of induction. Induction has its own risks, and those should be clearly discussed with the patient.
    - Due to the absence of evidence-based recommendations, the decision to induce labor should be established individually after comparing the risk of prematurity and morbidity with that of intrauterine fetal demise. The Royal College of Obstetricians and Gynecologists does not endorse routine active management in ICP, since they have reported that there has been no evidence to support or refute the practice of active management, and instead suggested individualized management for those women in 2006[48]. On the other hand, the American College of Obstetricians and Gynecologists supports active management protocols in ICP[49]. Henderson et al[48] conducted a systematic review involving 16 articles published between 1986 and 2011 regarding this obstetric controversy, and were unable to find evidence supporting the practice of active management of ICP. **They have recommended individualized management that provides informed decision-making guidance for the patient, rather than the routine implementation of an active management protocol.** Scientific evidence, including the risks and benefits of the available management options, should be presented to the patient in a clear manner by the health care providers.
    - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4476874/

Prevention:

- We may want to recommend low estrogen birth control in general, as BCs with higher estrogen BCs are shown to cause cholestasis
- Additionally, [pregnancies in close proximity to each other (IE, one pregnancy right after another) makes cholestasis more common, so we do want to recommend progesterone birth controls if possible to space out pregnancies
- **Selenium and Zinc rich foods also prevent cholestasis during pregnancy - we should encourage eating loads of protein (poultry, seafood, and beef), whole grains, and eggs. A low fat diet is also recommended.**