

PERINATAL REGIONALIZATION

Public Health Issue

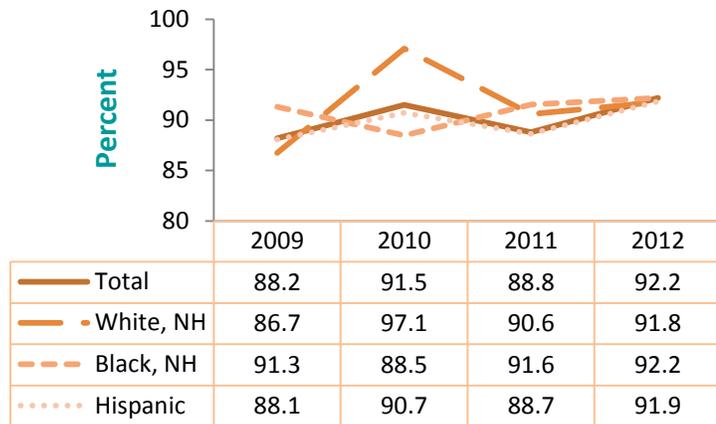
Prematurity/low birthweight is the most common cause of neonatal mortality [1]. A 2010 meta-analysis of published research on risk-appropriate care in the U.S. found that very low birth weight (VLBW) and very preterm infants born outside of a Level III hospital are at an increased likelihood of neonatal death or death prior to discharge from the hospital [2].

Magnitude and Trend

In 2013, 92.03% (3,037 out of 3,300) of VLBW infants born in Florida were delivered at facilities for high-risk deliveries and neonates, an increase from 88.2% (3,279 out of 3,715) in 2009 (Figure 1).

No clear or consistent racial/ethnic disparities were observed.

Figure 1. VLBW Infants Delivered at Facilities for High-Risk Deliveries and Neonates, 2009–2013



National and State Goals

The Healthy People 2020 Objective MICH-33 is to increase the proportion of VLBW infants born at Level III hospitals or subspecialty perinatal centers to 83.7% [3]. According to the Title V Information System (TVIS), from 2003-2006, 75% of VLBW infants were born at Level III hospitals or subspecialty perinatal centers [3]. In 2013, 92% of VLBW infants in Florida were delivered at high-risk facilities, exceeding the performance objective of 91.6% [4].

Current State Programs and Initiatives

In the early 1970's, Florida legislators implemented statutes authorizing the development of the Regional Perinatal Intensive Care Centers (RPICCs). The RPICCs provide perinatal intensive care services that are critical to the well-being and development of a healthy society [5]. Through the FDOH Children's Medical Services' (CMS) network of 11 designated RPICCs, the Florida Department of Health (FDOH) provides statewide access to high-risk perinatal care. This regionalized network of hospitals also includes obstetrical care for high-risk pregnant women at obstetrical satellite clinics in rural areas.

Each RPICC facility provides community outreach, education, and consultative support to other obstetricians and Level II and Level III neonatal intensive care units in their area in addition to inpatient and outpatient services.

Through community and provider education, the RPICCs increase awareness of services provided, thus enhancing accessibility to appropriate levels of care. Many RPICCs also participate in the Florida Perinatal Quality Collaborative (FPQC), a university based collective of perinatal-related organizations, individuals, health professionals, advocates, policymakers, hospitals and payers that work to “improve Florida’s maternal and infant health outcomes through the delivery of high quality, evidence-based perinatal care. The first quality initiative of the FPQC, in a partnership with the March of Dimes, was to reduce non-medically indicated elective deliveries before 39 weeks [6]. The initiative was expanded in 2012 and 2013 with Title V funding support from the FDOH and participation from the Florida Hospital Association, Health Research & Educational Trust Hospital Engagement Network. The initiative included a three-year coordinated educational and communications campaign regarding the importance of the last weeks of pregnancy [6].

The RPICCs also provide staffing for the emergency medical transportation of high-risk pregnant women and sick or low birth weight newborns from outlying hospitals to the appropriate level facility for care.

All of these services work together to sustain a comprehensive perinatal system in Florida to increase the number of very low birth weight neonates born at appropriate level facilities.

The FDOH also participates in the Collaborative Improvement and Innovation Network (CoIIN) to apply evidence-based strategies to reduce infant mortality. The common strategies are the promotion of smoking cessation, expansion of interconception care in Medicaid, the reduction of elective deliveries, the enhancement of perinatal regionalization, and the promotion of safe sleep.

Public Health Strategies and Practices

The FDOH will continue to support services to increase the percentage of VLBW infants who deliver and receive care at hospitals with Level III neonatal intensive care units [4]. Plans include the continuation of high-risk obstetrical satellite clinics, continued encouragement of participation in the FPQC by the designated RPICC staff, and the continuation of the designated RPICCs [4]. The RPICC staff will continue to provide services at their established outpatient clinics and satellite clinics to enhance access to high-risk obstetrical maternal care and education [4].

The FDOH CMS will continue to monitor the RPICCs to ensure appropriate placement of neonates in the Level III NICUs [4]. The FDOH CMS RPICC consultants will identify delivering facilities that inappropriately deliver VLBW neonates, and encourage the

establishment of linkages necessary to transfer high-risk obstetrical women to appropriate delivering facilities [4].

DOH Capacity

The FDOH CMS contracts with 11 RPICCs across the state to deliver optimal medical care to high-risk pregnant women and sick or low birth weight neonates. Two RPICC facilities are allocated funds to provide access to a comprehensive family-centered system of care for high-risk obstetrical and preconception patients at satellite obstetrical clinics. For the 2012-2013 fiscal year, the University of South Florida received \$241,329 from federal funds and \$87,071 from state general revenue and Sacred Heart Hospital received \$127,788 from state general revenue.

References

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