NH AIM/ERASE Monthly Webinar

December 12, 2024
Welcome!

- We will begin shortly
- Reminder, we will be recording this session
- Your line will be muted upon entering. Please enter comments or questions in the chat
- Julie Bosak & Maggie Coleman will monitor the chat box and call on you to unmute yourself
- If you have trouble connecting, please email **Margaret.A.Coleman@hitchcock.org**

12/13/2024   New Hampshire Perinatal Quality Collaborative

To Receive CME/CNE Credit for Today's Session
Text: 833-884-3375
Enter Activity Code: 143628
Need help?
clpd.support@hitchcock.org

CE is ONLY available for live attendance.

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REMINDERS:
Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ **www.NNEPQIN.org:** Educational Offerings | NNEPQIN

We HIGHLY value your input. Please be sure to **complete the evaluation** that Maggie Coleman will send to you immediately following the webinar. It takes less than 5 minutes to complete.

The importance of improving our birth certificate data collection.

Today's Agenda

- AIM Bundle Updates and September QA Review: Maggie Coleman, MPH and Maddie Bridge
- The importance of improving our birth certificate data collection.
  - Carolyn Nyamasege PhD, MPH, MS
- Q&A
- Announcements
- Please note: Today's speakers have nothing to disclose.

12/13/2024

New Hampshire Perinatal Quality Collaborative

Gender Statement: We recognize that pregnant people have a variety of gender identities. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.

https://saferbirth.org/

https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html

Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM

Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care

Perinatal Quality Collaboratives mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies

Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts

Created from a Centers for Disease Control, Division of Reproductive Health source

Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM

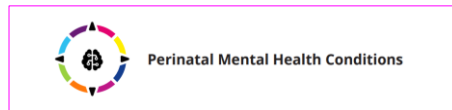Accurate birth certificate data supports effective surveillance and public health initiatives

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AIM Bundle Updates

Perinatal Mental Health Conditions

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Rebecca Casey, APRN – Case Consultation and Education Opportunities for all AIM Participants

- **Weekly open office hours on Mondays from 12:45-1:45pm virtually**.
  - Bring specific case management questions (no PHI), typical challenges, or come hear what other sites are encountering.
- **Becca is also able to hold tailored lunch and learn, education, and discussion sessions for your team**.
  - Postpartum depression, psychosis, and medication management, "What do I do when Zoloft fails?"
- **December 16, 2024** special session on postpartum depression with Q&A opportunity. Please join through weekly open office hour Webex link.

Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org if you would be interested in scheduling a tailored learning session or want office hours Webex calendar invite!

"Toxic" Film Screening for Respectful and Equitable Care Education Measure

- "Toxic" is a short film (~25 minutes) about a day-in-the-life of a pregnant Black woman, and the racism and injustices that she faces.
- We can provide film screenings for your team with a facilitated group discussion (CEUs should be available)
- Click HERE for the film website and trailer
- "The facilitated discussion after the film was enlightening and respectful." – Recent participant

Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org if you are interested in scheduling a session for your group.

Future Webinar Planning

- Please take our [Education needs survey]() to help us plan our 2025 webinars (please share widely with your unit, providers, staff, etc.)

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September QA Review
Maggie Coleman and Maddie Bridge

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QA Refresher

- Two new Situational Surveillance questions on the facility worksheet
- For two weeks in March each unit kept a record of PMHCs
- We then compared unit observations to what was reported via the facility worksheet and held a webinar to share best practices/workflows
- This process was repeated in September

New Hampshire Division of Vital Records Administration
Situational Surveillance: Births

Planned Surveillance Period:	January 1, 2024 (Ongoing until further notice)
Topic:	Perinatal mental health
Inclusion Criteria:	All Births Occurring in New Hampshire

Maternal Medical Record Number: _____

Newborn Medical Record Number: _____

Q1: Was the mother diagnosed for any perinatal mental health conditions?	Q2: If yes on Q1, did the mother receive treatment or was the mother referred for treatment?
☐ Yes	☐ Yes
☐ No	☐ No
☐ Unknown	☐ Unknown
Aim: Determine frequency of such conditions.	*Aim: Determine if action was taken in response.*

Suggested Information sources
Medical records/charts.

Additional Notes
Q1: Perinatal health conditions include, but are not limited to, depression, anxiety, bipolar disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and psychosis. Responses of "Unknown" should be rare.

Q2: If Question One is answered "no", then answer this question with "no".

This worksheet may be reproduced as necessary. Colored paper is recommended (but not required).

THIS SITUATIONAL SURVEILLANCE WORKSHEET SHALL BE RETAINED BY THE HOSPITAL PERMANENTLY ALONG WITH THE BIRTH CERTIFICATE WORKSHEETS

Version: January 1, 2024

Implementation Questions

- What "counts" as a PMHC?
  - Active during pregnancy
- What "counts" as a referral?
  - Our overall goal is to track if PMHCs are appropriately screened and addressed. So if someone has a diagnosis and it is discussed that counts as a "referral."
  - If the patient either declines a referral to additional treatment or is stable not requiring additional treatment it should still be captured as a referral at this point.
- Where do I find this information?
  - Medical records, chart notes, problem list, medication list, screening results

QA results: Improved accuracy of capturing PMHCs?

- Measure: did we reduce the discrepancy between on-unit observations vs. worksheet reporting?
  - We looked at each site's **March QA denominator difference** *(PMHCs observed on unit – PMHCs reported via facility worksheet)*
  - We then compared to each site's **September QA denominator difference** *(PMHCs observed on unit – PMHCs reported via facility worksheet)*
  - Did the difference get closer to zero in September?
    - **At 8 of the 14 participating hospitals: YES**

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QA results: Improved accuracy of capturing tx/referral?

- Measure: did we reduce the discrepancy between on-unit observations vs. worksheet reporting?
  - We looked at each site's **March QA numerator difference** *(tx/referral observed on unit – tx/referral reported via facility worksheet)*
  - We then compared to each site's **September QA numerator difference** *(tx/referral observed on unit – tx/referral reported via facility worksheet)*
  - Did the difference get closer to zero in September?
    - **At 7 of the 14 participating hospitals: YES**

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QA results: in detail

• If you are interested in reviewing your site's QA results for March and/or September in more detail, please reach out to Margaret.A.Coleman@hitchcock.org or Madalynne.M.Bridge@hitchcock.org !

Example workflows for more accurately capturing PHMC data

Process Example: Admission Nurse

- Patient comes to the unit in labor
- Admission nurse grabs packet of forms/consents to be physically signed on paper, adds facility worksheet
- As admission nurse fills out screeners, they gather the information they need to answer the two facility worksheet questions
- Ideally done at admission, but nurse can also complete at discharge
- Worksheet is brought to the birth registrar

Process Example: Provider/Nurse Collaboration

- Patient comes to the unit in labor
- All the paper worksheets are on the front of the patient's chart (see chart checklist photo)
- Provider comes to fill out the back page of the purple sheet
- Labor nurse fills out all the labor/prenatal items on the front of that sheet
- Provider or nurse fills out the yellow sheet (nurse as a backup)
- Once they're all completed they get left with the birth registrar in a file book
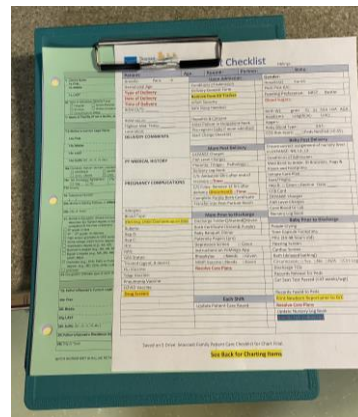
Process Example: Provider

- Birth certificate stays on L&D floor
- When the nurse transfers the patient to maternity, they sure the provider signs it
- Medical records department comes up to the floor to collect it

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Any Questions?

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Carolyn Nyamasege
PhD, MPH, MS
NH DHHS

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Birth Certificate Data Quality (DPHS/ Bureau of Family Health and Nutrition-MCH Section)

Presenter: Carolyn .K. Nyamasege,PhD,MPH,MS

Maternal and Child Health Epidemiologist

New Hampshire Department of Health and Human Services

Division of Public Health Services

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Disclosures and Acknowledgments

Wabanaki

- I have no conflicts of interest to disclose
- We gratefully acknowledge our many colleagues who work to provide data and to improve outcomes for birthing people, infants, and families every day.

Objectives

01	02	03
Overview of NH Birth certificate worksheet.	Discuss uses of NH birth certificate data using examples.	Discuss data quality concerns and identify a new data collection strategy that you can implement in your own practice.

Overview of Birth Certificate Data

- Birth certificates contain a wealth of data that are important for national surveillance, research, and directing public health prevention and intervention strategies.
- Collected information is critical to identify and quantify health-related issues.
- It's also useful to measure progress toward quality improvement and public health goals.
- Accurate and timely documentation of births and deaths is essential to high-quality vital statistics.
- All teams at the OBGYN department play an essential role in ensuring accurate representation of vital statistics around births, maternal and fetal deaths.
- By law, the registration of births is the direct responsibility of the professional birth attendant, generally a physician or midwife, and must be reported promptly.

https://www.cdc.gov/nchs/data/misc/itop97.pdf

NH Birth Certificate Data

- NH birth certificate data collects information about the birthing person, their spouse and newborn information.
- The questions are adopted from the US NCHS Standard Certificate of Live Birth.
- NH data contributes to National Vital Statistics System (NVSS) data.
- Every birthing hospital has a unique structure of collecting this information.
- The NH birth registrars and OBGYN teams collecting birth certificate data are the front line in assuring accurate birth data and are a vital part of the health care team
- Collected information is used by local, state and national partners
- For example, you can access NH's birth certificate aggregate data from online websites such as https://wonder.cdc.gov/controller/datarequest/D149

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

LOCAL FILE NO.

BIRTH NUMBER:

CHILD

1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24 hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)

5. FACILITY NAME (If not institution, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH

MOTHER

8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)   8b. DATE OF BIRTH (Mo/Day/Yr)

8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)   8d. BIRTHPLACE (State, Territory, or Foreign Country)

9a. RESIDENCE OF MOTHER-STATE   9b. COUNTY   9c. CITY, TOWN, OR LOCATION

9d. STREET AND NUMBER   9e. APT. NO.   9f. ZIP CODE   9g. INSIDE CITY LIMITS? □ Yes □ No

FATHER

10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)   10b. DATE OF BIRTH (Mo/Day/Yr)   10c. BIRTHPLACE (State, Territory, or Foreign Country)

CERTIFIER

11. CERTIFIER'S NAME: _____
TITLE: □ MD □ DO □ HOSPITAL ADMIN. □ CNM/CM □ OTHER MIDWIFE
□ OTHER (Specify)_____

12. DATE CERTIFIED ___/___/___ MM DD YYYY

13. DATE FILED BY REGISTRAR ___/___/___ MM DD YYYY

INFORMATION FOR ADMINISTRATIVE USE

MOTHER

14. MOTHER'S MAILING ADDRESS: 9 Same as residence, or: State: City, Town, or Location:
Street & Number: Apartment No.:   Zip Code:

15. MOTHER MARRIED? (At birth, conception, or any time between) □ Yes □ No
IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL? □ Yes □ No

16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? □ Yes □ No

17. FACILITY ID. (NPI)

18. MOTHER'S SOCIAL SECURITY NUMBER: 19. FATHER'S SOCIAL SECURITY NUMBER:

INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

MOTHER

20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
□ 8th grade or less
□ 9th - 12th grade, no diploma
□ High school graduate or GED completed
□ Some college credit but no degree
□ Associate degree (e.g., AA, AS)
□ Bachelor's degree (e.g., BA, AB, BS)
□ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
□ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)
□ No, not Spanish/Hispanic/Latina
□ Yes, Mexican, Mexican American, Chicana
□ Yes, Puerto Rican
□ Yes, Cuban
□ Yes, other Spanish/Hispanic/Latina
(Specify)_____

22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)
□ White
□ Black or African American
□ American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
□ Asian Indian
□ Chinese
□ Filipino
□ Japanese
□ Korean
□ Vietnamese
□ Other Asian (Specify)_____
□ Native Hawaiian
□ Guamanian or Chamorro
□ Samoan
□ Other Pacific Islander (Specify)_____
□ Other (Specify)_____

FATHER

23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)

24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)

25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)
□ White
□ Black or African American

- Contains question regarding the child's name, gender, mother's and father's information e.g:
- Marital status, race/ethnicity, occupation, home address, height, pre-pregnancy weight, weight at delivery, cigarette and alcohol use etc
- Information is provided by the mother or father depending on whom the birth registrar/nurse interviews.

https://www.cdc.gov/nchs/data/dvs/birth11-03final-ACC.pdf

maternal *and* **child** *health*
SERVING FAMILIES & COMMUNITIES

Facility Worksheet for Certificate of Live Birth

MEDICAL AND HEALTH INFORMATION

41. RISK FACTORS IN THIS PREGNANCY (Check all that apply)
Diabetes
□ Prepregnancy (Diagnosis prior to this pregnancy)
□ Gestational (Diagnosis in this pregnancy)
Hypertension
□ Prepregnancy (Chronic)
□ Gestational (PIH, preeclampsia)
□ Eclampsia
□ Previous preterm birth
□ Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
□ Pregnancy resulted from infertility treatment-If yes, check all that apply:
  □ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
  □ Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
□ Mother had a previous cesarean delivery If yes, how many _____
□ None of the above

42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)
□ Gonorrhea
□ Syphilis
□ Chlamydia
□ Hepatitis B
□ Hepatitis C
□ None of the above

43. OBSTETRIC PROCEDURES (Check all that apply)
□ Cervical cerclage
□ Tocolysis
External cephalic version:
□ Successful
□ Failed
□ None of the above

44. ONSET OF LABOR (Check all that apply)
□ Premature Rupture of the Membranes (prolonged, ∃12 hrs.)
□ Precipitous Labor (<3 hrs.)
□ Prolonged Labor (∃ 20 hrs.)
□ None of the above

45. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)
□ Induction of labor
□ Augmentation of labor
□ Non-vertex presentation
□ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
□ Antibiotics received by the mother during labor
□ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F)
□ Moderate/heavy meconium staining of the amniotic fluid
□ Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
□ Epidural or spinal anesthesia during labor
□ None of the above

46. METHOD OF DELIVERY
A. Was delivery with forceps attempted but unsuccessful? □ Yes □ No
B. Was delivery with vacuum extraction attempted but unsuccessful? □ Yes □ No
C. Fetal presentation at birth
□ Cephalic
□ Breech
□ Other
D. Final route and method of delivery (Check one)
□ Vaginal/Spontaneous
□ Vaginal/Forceps
□ Vaginal/Vacuum
□ Cesarean
If cesarean, was a trial of labor attempted? □ Yes □ No

47. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and delivery)
□ Maternal transfusion
□ Third or fourth degree perineal laceration
□ Ruptured uterus
□ Unplanned hysterectomy
□ Admission to intensive care unit
□ Unplanned operating room procedure following delivery
□ None of the above

NEWBORN INFORMATION

NEWBORN

48. NEWBORN MEDICAL RECORD NUMBER

49. BIRTHWEIGHT (grams preferred, specify unit)
_____ 9 grams 9 lb/oz

50. OBSTETRIC ESTIMATE OF GESTATION:
_____ (completed weeks)

54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)
□ Assisted ventilation required immediately following delivery
□ Assisted ventilation required for more than six hours
□ NICU admission
□ Newborn given surfactant replacement

55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
□ Anencephaly
□ Meningomyelocele/Spina bifida
□ Cyanotic congenital heart disease
□ Congenital diaphragmatic hernia
□ Omphalocele
□ Gastroschisis
□ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
□ Cleft Lip with or without Cleft Palate

- Mainly contains questions regarding mother and infant health related characteristics pre-pregnancy, during pregnancy and at birth

https://www.cdc.gov/nchs/data/dvs/birth11-03final-ACC.pdf

maternal *and* **child** *health*
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Uses of NH Birth Certificate Data

- Support NH Maternal and Child Health Programs https://www.dhhs.nh.gov/programs-services/population-health/maternal-child-health
- For the ongoing MCH Needs Assessment: SurveyMonkey Powered Online Survey
- Identify maternal and infant deaths through data linkage of death certificate and NH birth certificate data.
- Birthing hospitals, NH PQC, RMOMS and many other state organizations relies on this data for quality improvement.
- Identification of emerging or known infectious threats during pregnancy.
- Data is used to show need during grant applications
- Grant reporting, e.g. Title V block grant
  - AIM Capacity grant and ERASE MM grant

NH Grants utilizing birth certificate data

- HRSA MCH/Title V Block grant
- CDC Pregnancy Risk Assessment Monitoring System
- CDC Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees
- HRSA State Systems Development Initiative (SSDI)
- HRSA AIM Capacity Grant
- HRSA Newborn Screening Grant
- HRSA Early Hearing Detection and Intervention
- HRSA Maternal, Infant and Early Childhood Home Visiting grant
- ACYF Child Abuse Prevention and Treatment Act (CAPTA

Uses of Birth Certificate Data

June 2023

https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/state-of-maternal-health-nh-feb-2024.pdf

STATE OF MATERNAL HEALTH
New Hampshire

NNEPQIN
NHPQC
Housed at Dartmouth Health

NH DIVISION OF Public Health Services
Department of Health and Human Services

Title V MCH Block Grant Program
NEW HAMPSHIRE
State Snapshot
FY 2023 Application / FY 2021 Annual Report

Title V MCH Block Grant Program NH State Snapshot

DHHS Data Portal
Home Categories Topics Catalog Data Sources Training
Home > Maternal and Child Health

Birth Conditions and Outcomes

Child

NH DHHS Data Portal

New Hampshir PRAMS

...ncy Risk Assessment Monitoring Sy...

https://www.dhhs.nh.gov/programs-services/population-health/maternal-child-health/pregnancy-risk-assessment monitoring

Share your story with us!

NH DIVISION OF Public Health Services

Birth Weight_NH Occurrent Births
iDOB: January 01, 2023 to December 31, 2023

- 83.5% (10,098)
- LBW <2500g   6.5%
- 0.7% (85) — VLBW <1500g
- 5.6% (680) — MLBW 1500-24..
- 83.5% (10,098) — NBW 2500-399..
- 10.1% (1,218) — HBW >3999g
- 0.1% (13) — Null
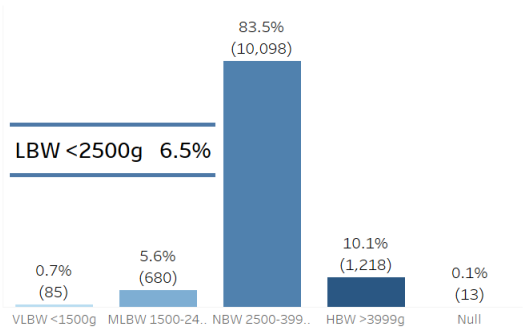
Gestational Age_NH Occurrrent
iDOB: January 01, 2023 to December 31, 2023

- 67.7% (8,183)
- <37wks   8.0%
- 0.8% (100) — <32wks
- 6.9% (834) — 32-36wks
- 24.5% (2,968) — 37-38wks
- 67.7% (8,183) — >=39wks
- 0.1% (9) — Null
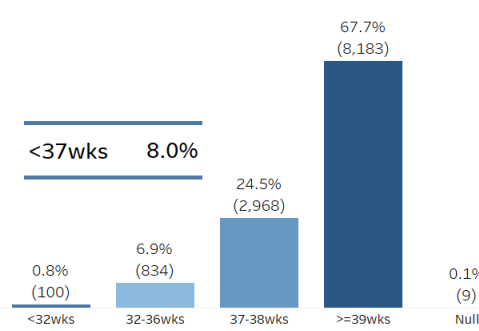
Filters

Hospital (blind)
All

Payment Method Dlvry (gro..
All

Mthr Educ Grp
All

Mthr Etncty Grp
All

Mthr Race Grp
All

NICU
All

iDOB Start Date
January 01, 2023

iDOB End Date
December 31, 2023

NH Occurrent Births by Year
Data refreshed: 12/4/2024 11:04:34 AM

Year	Births
2005	13,968
2006	14,070
2007	13,937
2008	13,630
2009	13,389
2010	13,032
2011	13,079
2012	12,578
2013	12,571
2014	12,314
2015	12,495
2016	12,350
2017	12,064
2018	11,977
2019	11,826
2020	11,842
2021	12,670
2022	12,159
2023	12,094
2024	11,127
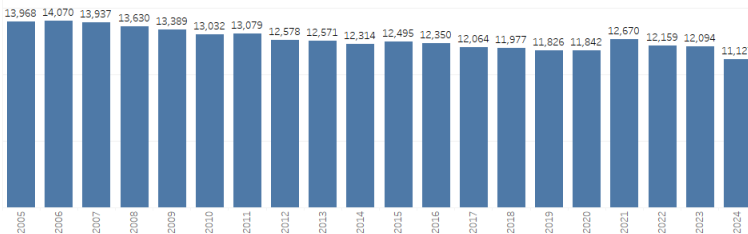
Occurrent Births by Payor
iDOB: January 01, 2023 to December 31, 2023

Payor	Count	Percent
Private Insuran..	(8,534)	70.6%
Medicaid	(2,714)	22.4%
Self Pay	(421)	3.5%
Other	(211)	1.7%
NH CHIP	(28)	0.2%
Other Governm..	(126)	1.0%
Unknown	(60)	0.5%
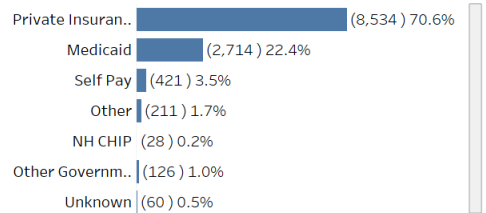
Data Source, NH Vital Records_Birth Certificate Data, Prepared by MCH Epidemiologist, Data refreshed: 12/4/2024 11:04:34 AM

2023 NH Occurrent Births By Race and Ethnicity

Race/Ethnicity	Value
White	(10,328) 85.4%
Hispanic	(835) 8.1%
Asian	(320) 3.1%
Black or African American	(272) 2.6%
Two or More Races	(140) 1.4%
Other Race	(130) 1.3%
Unknown	(51) 0.5%
Native Hawaiian or Other Pacific Islander…	(12) 0.1%
American Indian or Alaska Native	(6) 0.1%
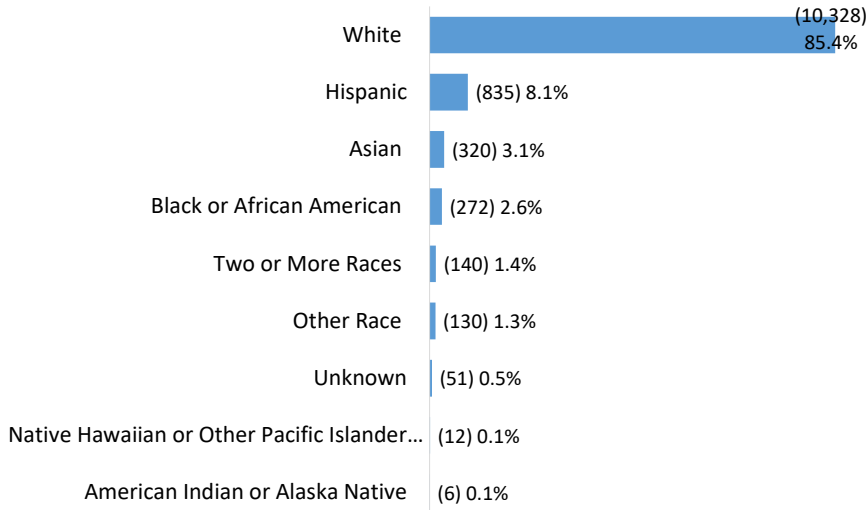
Percent of Deliveries Paid by Medicaid by Maternal Race and Hispanic Origin
Deliveries occurring in New Hampshire: 2023-2024 Nov

Category	Percent	Count
Black or African American (non-Hisp)	45.8%	(231)
Hispanic	35.6%	(571)
Unknown	22.3%	(102)
Other Race (non-Hisp)	23.3%	(10)
White (non-Hisp)	20.7%	(4,109)
Asian (non-Hisp)	10.2%	(53)
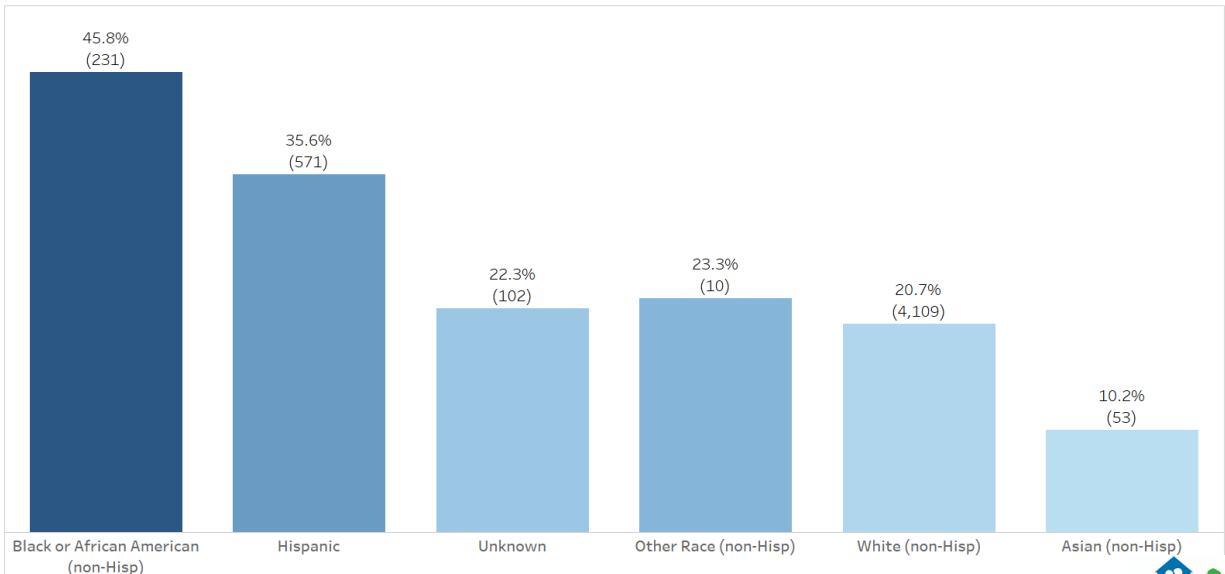
Data Source: Vital Records, Birth Certificate Data

Trimester of Prenatal Care Entry by Payer, 2021 & 2022 NH Occurent Births

Trimester
- No prenatal Care
- Third Trimester
- Second Trimest..
- First Trimester

Payer

Payer	First Trimester	Second Trimester	Third Trimester	No prenatal Care
Private/Other	85.1% (16,262)	13.0% (2,478)	1.7% (324)	0.3% (54)
Medicaid	70.7% (3,926)	24.6% (1,367)	3.0% (169)	1.6% (88)
No Insurance	61.3% (351)	31.6% (181)	3.0% (17)	4.2% (24)
Unknown	57.9% (106)	25.7% (47)	4.4% (8)	12.0% (22)

Data Source: NH Vital Records || Data Analysis: MCH Epidemiologist

Trimester of Prenatal Care Initiation by Maternal Race, NH Residents 2018-2022

Maternal Race

Trimester
- No prenatal Care
- Third Trimester
- Second Trimester
- First Trimester

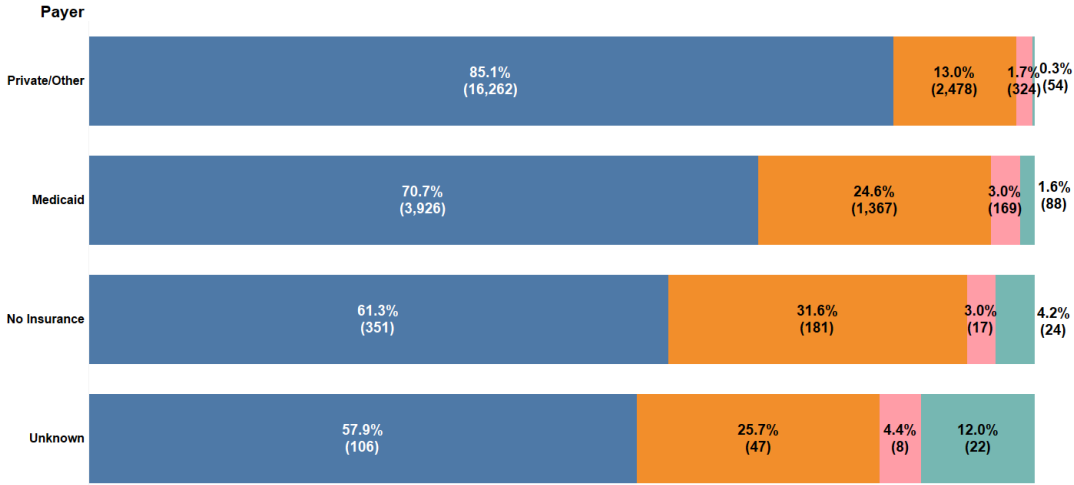| Maternal Race	First Trimester	Second Trimester	Third Trimester	No prenatal Care
White	83.3% (39,793)	14.2% (6,785)	1.9% (906)	0.6% (304)
Asian	82.9% (1,571)	15.1% (286)	1.7% (33)	0.3% (5)
Hispanic (Includes Multiple Race)	75.2% (2,672)	21.4% (761)	2.5% (90)	0.8% (28)
Native Hawaiian or Other Pacific Island	74.2% (23)	22.6% (7)		
More than one Race	74.2% (666)	21.7% (195)	2.6% (23)	1.4% (13)
Other/Unknown	73.9% (559)	20.9% (158)	3.8% (29)	1.3% (10)
American Indian or Alaska Native	69.4% (25)	27.8% (10)	2.8% (1)	
Black or African American	65.4% (749)	29.3% (335)	4.5% (51)	0.9% (10)

Data Source: NH Vital Records || Data Analysis: MCH Epidemiologist

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Infants Exposed to Substance Use In Utero, 2023 NH Resident Births

Medicaid	████████████████████████ (412) 17.0%
None	████ (18) 4.5%
Private/Other	██ (205) 2.6%
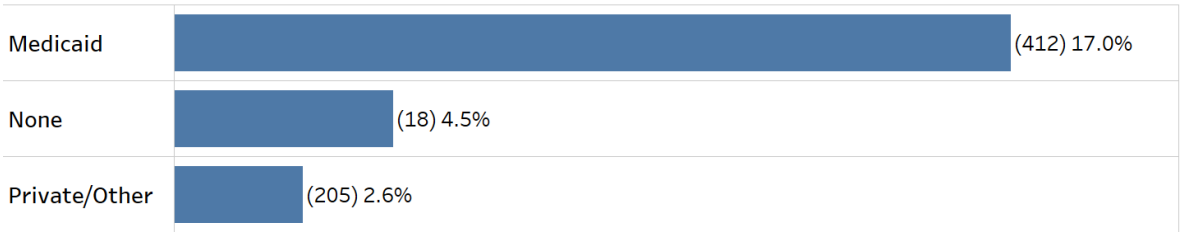
Significantly More Birthing People Whose Infants were Monitored for Substance Use During Pregnancy had a Perinatal Mental Health Diagnosis , Jan-Oct 2024 Births Occurring in NH

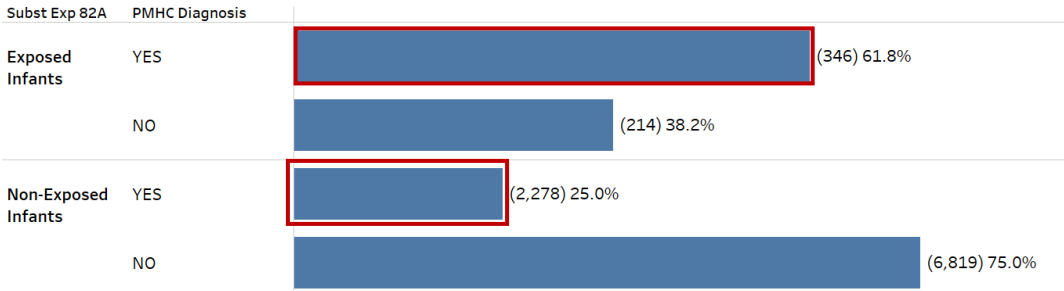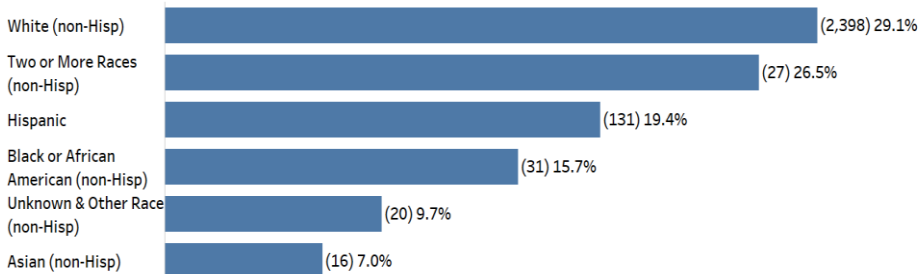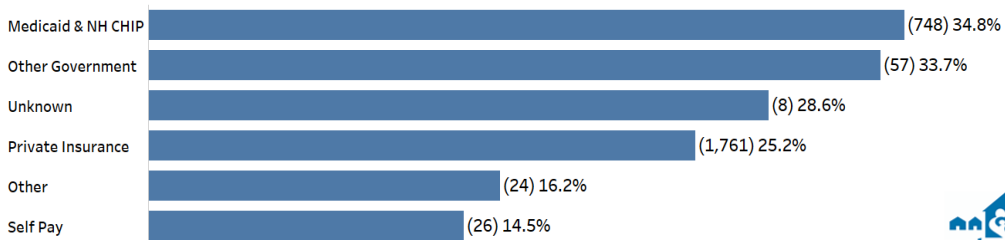| Subst Exp 82A	PMHC Diagnosis	
Exposed Infants	YES	████████████████ (346) 61.8%
	NO	████████ (214) 38.2%
Non-Exposed Infants	YES	████ (2,278) 25.0%
	NO	████████████████ (6,819) 75.0%

Data Source:Vital Records, Birth Certificate Data

Birthing People Who were Diagnosed with a Perinatal Mental Health Conditions, Jan-Oct 2024 Births Occuring in NH, State Overall Prevalence:27.2%

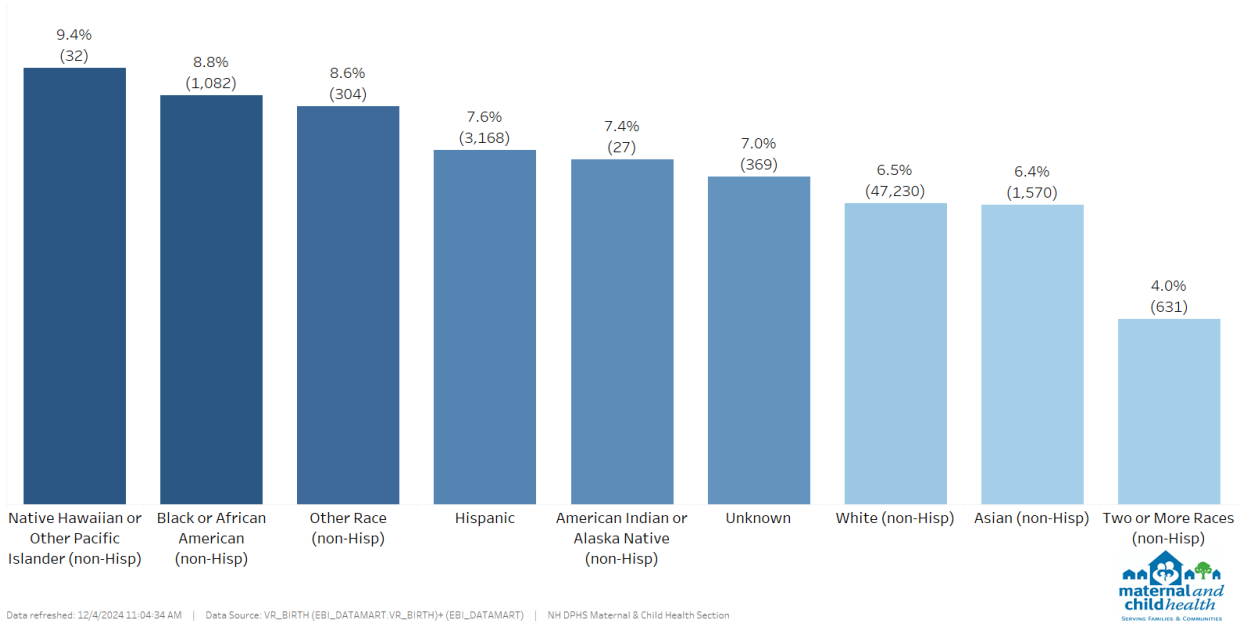|	
White (non-Hisp)	██████████████ (2,398) 29.1%
Two or More Races (non-Hisp)	████████████ (27) 26.5%
Hispanic	█████████ (131) 19.4%
Black or African American (non-Hisp)	███████ (31) 15.7%
Unknown & Other Race (non-Hisp)	████ (20) 9.7%
Asian (non-Hisp)	███ (16) 7.0%

Birthing People Who were Diagnosed with a Perinatal Mental Health Conditions by Payor, Jan-Oct 2024 Births Occuring in NH, State Overall Prevalence:27.2%

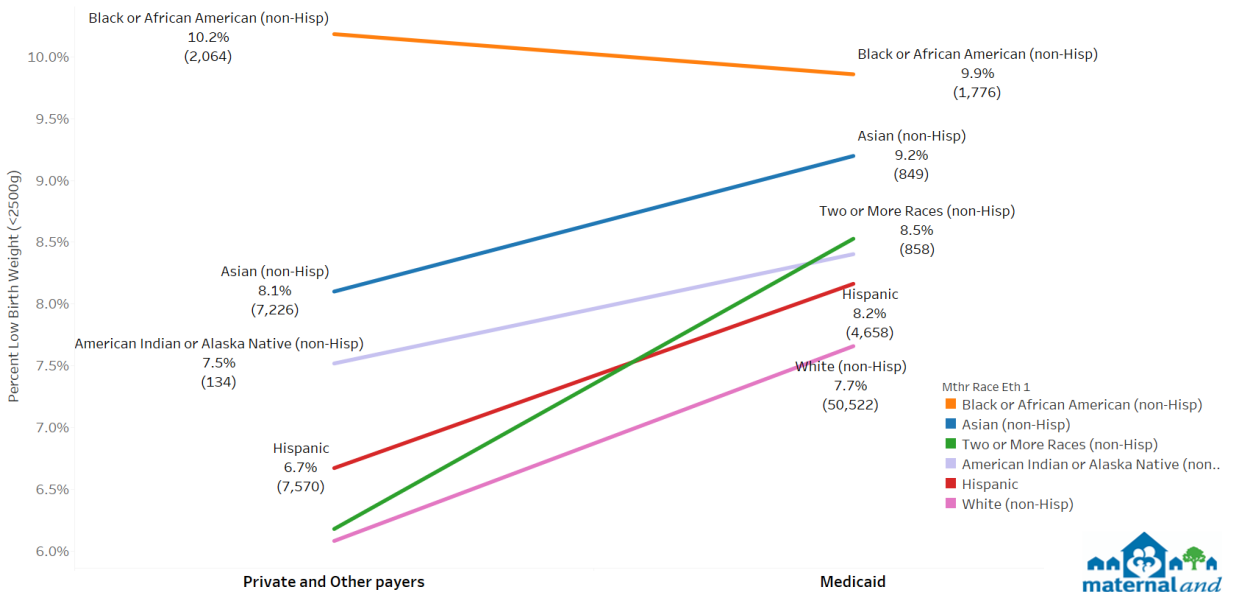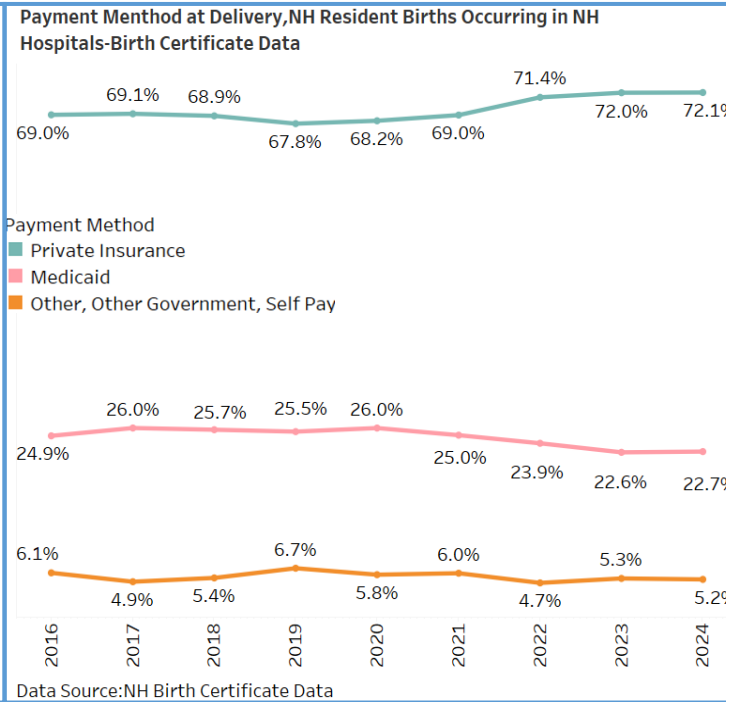|	
Medicaid & NH CHIP	████████████████ (748) 34.8%
Other Government	███████████████ (57) 33.7%
Unknown	████████████ (8) 28.6%
Private Insurance	███████████ (1,761) 25.2%
Other	███████ (24) 16.2%
Self Pay	██████ (26) 14.5%

Data Source: NH Birth Certificate Vital Records Data | Data Updated: 11/8/2024 9:24:19 AM, Prepared by MCH Epidemiologist

Percent Preterm (<37 wks) by Maternal Race/Hispanic Origin
Deliveries occurring in New Hampshire: 2019 to 2023
Plurality: Single

Data refreshed: 12/4/2024 11:04:34 AM | Data Source: VR_BIRTH (EBI_DATAMART.VR_BIRTH)+ (EBI_DATAMART) | NH DPHS Maternal & Child Health Section

Percent Low Birth Weight by Maternal Age Group and Race/Hispanic Origin
Birth Year(s): 2005 to 2023 Resident Births

Data Source.: Vital Records Birth Certificate Data. Prepared by MCH Epidemiologist

Payment Menthod at Delivery,NH Resident Births Occurring in NH Hospitals-Hospital Discharge Data

Data source: NH Hospital Discharge Data, Prepared by MCH Epidemiologist

Payment Menthod at Delivery,NH Resident Births Occurring in NH Hospitals-Birth Certificate Data

Payment Method
- Private Insurance
- Medicaid
- Other, Other Government, Self Pay

Data Source:NH Birth Certificate Data

Comparing Linked Birth Certificate and Hospital Discharge Payor Data, 2021 NH Resident Births Occurring in NH Hospitals

Birth Certificate _PAYMT MTHD DLVRY	Hospital Discharge Data_Payor	Hospital Discharge Data_Insurance Name
Private Insurance	MEDICAID	AMERIHEALTH CARITAS MANAGED MEDICAID
Private Insurance	MEDICAID	NH HEALTHY FAMILIES MCO
Private Insurance	MEDICAID	NH MEDICAID
Private Insurance	MEDICAID	MEDICAID
Private Insurance	MEDICAID	AMERIHEALTH CARITAS
Private Insurance	MEDICAID	WELLSENSE
Private Insurance	MEDICAID	NH HEALTHY FAMILIES MCO
Medicaid	COMMERCIAL	TUFTS HEALTH FREEDOM PLAN EPO
Medicaid	COMMERCIAL	ANTHEM HMO BLUE
Medicaid	COMMERCIAL	GWH CIGNA OAP
Medicaid	SELF-PAY	SELF PAY
Medicaid	COMMERCIAL	ANTHEM OOS PPO
Private Insurance	OTHER FEDERAL GOVERNMENT	TRICARE EAST
Private Insurance	OTHER FEDERAL GOVERNMENT	GEHA
Private Insurance	OTHER FEDERAL GOVERNMENT	NH ANTHEM BC FEDERAL
Private Insurance	OTHER FEDERAL GOVERNMENT	BLUE CROSS FEDERAL

Data Source, NH Birth Certificate and Hospital Discharge Data

Race and Ethnicity Questions from the Birth Certificate and Hospital Discharge Data

22. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check the "No" box if the mother is not Spanish/Hispanic/Latina)

☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latina (Specify):_____
☐ Unknown

23. Mother's Race (Check one or more races to indicate what the mother considers herself to be)

☐ White   ☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe):_____
☐ Asian Indian   ☐ Filipino
☐ Chinese   ☐ Japanese
☐ Vietnamese   ☐ Korean
☐ Other Asian (Specify):_____
☐ Native Hawaiian   ☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify):_____
☐ Other (Specify):_____
☐ Unknown

Birth Certificate Worksheet

Ethnicity: There are two minimum categories for data on ethnicity: Hispanic or Latino, and Not Hispanic or Latino. The highest level codes representing the ethnicity code set are as follows

E1 = Hispanic or Latino
E2 = Not Hispanic or Latino

E7 = Refused/declined to provide
E8 = Unknown

Race: The highest level codes representing the race code set are as follows

R1 = American Indian / Alaskan Native
R2 = Asian
R3 = Black or African American
R4 = Native Hawaiian or Pacific Islander
R5 = White

R7 = Refused/declined to provide
R8 = Unknown
R9 = Other Race

New Hampshire UHFDDS Codebook Version 1.0 [47]

NH Resident Births Occurring in NH Birthing Hospitals by Patient Race-Hospital Discharge Data
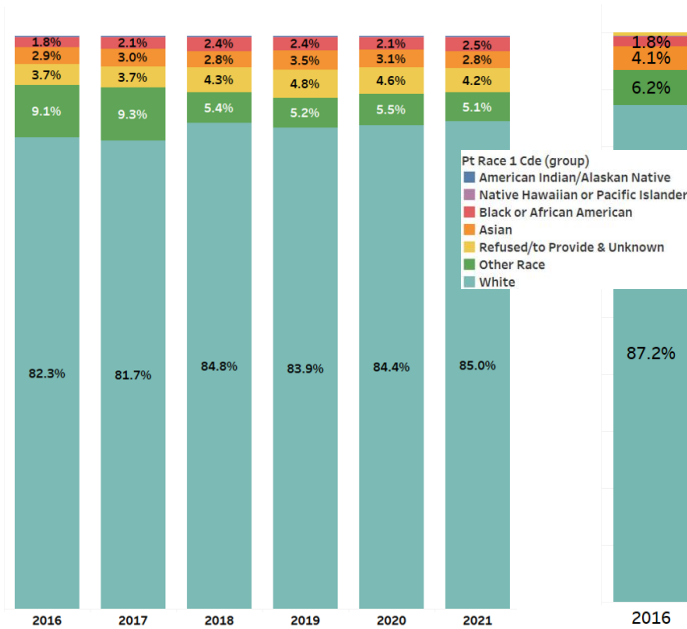
Data source: NH Hospital Discharge Data, Prepared by MCH Epidemiologist

NH Resident Births Occurring in NH Birthing Hospitals By Patient Race-Birth Certificate Data

Data Source: NH Birth Certificate Data

Pt Race 1 Cde (group)
■ American Indian/Alaskan Native
■ Native Hawaiian or Pacific Islander
■ Black or African American
■ Asian
■ Refused/to Provide & Unknown
■ Other Race
■ White

Comparing Hospital Discharge and Birth Certificate Race/Ethnicity Data, 2021 NH Resident Births Occurring in NH Hospitals

Pt Ethnicity	Pt Race	2021
Hispanic or Latino	White	194
	Other Race	336
	Black or African American	19
	Unknown	15
	Refused/declined to provide	15
	Asian	*
	American Indian/Alaskan Native	*
	Native Hawaiian or Pacific Islander	*
	Total	588
Not Hispanic or Latino	White	8646
	Other Race	187
	Black or African American	239
	Unknown	116
	Refused/declined to provide	15
	Asian	288
	American Indian/Alaskan Native	18
	Native Hawaiian or Pacific Islander	8
	Total	9517
Refused/declined to Provide	White	41
	Other Race	*
	Unknown	9
	Refused/declined to provide	38
	Asian	*
	Total	94
Unknown	White	148
	Other Race	19
	Black or African American	4
	Unknown	241
	Refused/declined to provide	*
	Asian	8
	American Indian/Alaskan Native	*
	Total	423
Grand Total		10622

Data source: NH Hospital Discharge Data, Prepared by MCH Epidemiologist

Mthr Etncty Grp	Mthr Race Grp	2021
Hispanic or Latino	White	391
	Other Race	273
	Black or African American	32
	Two or More Races	22
	Null	12
	Native Hawaiian or Other Pacific Islander	*
	Asian	*
	American Indian or Alaska Native	*
	Total	742
Not Hispanic or Latino	White	9169
	Other Race	110
	Black or African American	241
	Two or More Races	116
	Null	7
	Native Hawaiian or Other Pacific Islander	6
	Asian	311
	American Indian or Alaska Native	6
	Total	9966
Null	White	27
	Black or African American	*
	Null	19
	Asian	*
	Total	48
Grand Total		10756

Data Source:NH Birth Certificate Data

Recommendations to Improve Birth Certificate Data

- Prompt documentation of the birth certificate in the medical record by appropriate personnel.
- Training your hospital personnel on correct documentation of race/ethnicity and payor data.
- Using references to categorize payment method for the listed insurance name.
- Coordination between teams, e.g. clinical personnel filling the birth certificate data and the birth registrars.
- Each birthing hospital should send a representative to bi-annual birth certificate data quality meetings.
- Follow CDC and NCHS's State Vital Statistics Reporting Regulations," available at State definitions and reporting requirements for live births, fetal deaths, and induced terminations of pregnancy (1997 revision) and Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death
- Staff can take a CDC online training at https://www.cdc.gov/nchs/training/BirthCertificateElearning
- Other Suggestions??

maternal and child health
SERVING FAMILIES & COMMUNITIES

THANK YOU!!

QUESTIONS??

Contact: Carolyn.K.Nyamasege@affiliate.dhhs.nh.gov
For any data related questions

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Next Month:

- The next NH AIM/ERASE Monthly Webinar will be Thursday January 9, 2025 at noon.
- **Clinical Pearls to help address common barriers in providing mental health care**

12/13/2024

New Hampshire Perinatal Quality Collaborative

Important Links

- Becca Casey Monday Open Office Hours (12:45-1:45pm) Webex Link HERE
- 2025 Webinar Planning Survey HERE
  - Please share widely with your team. We want to hear from you about what you want to learn about next year!

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