Delaware Healthy Mother & Infant Consortium

Maternal Morbidity and Mortality Work Group

Wednesday, February 24, 2021

2:00 p.m. – 3:00 p.m.

Remote via Microsoft Team Meeting

**Meeting Notes**

Attending: Dr. David Paul, Anne Pedrick, Meena Ramakrishnan, Lisa Klein, Kate Stomieroski, Janice Barlow, Dara Hall, Khaleel Hussaini, George Yocher, Louis Bartoshesky, Cheri Boyer, Pam Berentsen, Dr. Matthew Hoffman, Amy Aicheson, Ruth Lytle, Sara Poore

**Review/Approval of Previous Meeting Minutes**

Minutes from the previous meeting were approved.

**Review of PTB, IMR, NAS, BDR data**

Khaleel gave a presentation on the infant mortality rate, preterm births, and neonatal abstinence syndrome which included 2019 provisional data. The post neonatal mortality rate (PNMR) has gone up over time. Question was raised as to why that might be. Could social determinants of health issues be a factor? Dr Paul noted that a major shift would be needed for the black rate to increase as all can’t be attributed to SUID. Dr Hoffman noted that NICU “long haulers” may play a role in the increase. There are infants born prematurely, live beyond the 28 day time frame that divides post neonatal time, and then pass away. He suggested looking at the gestational ages to categorize the deaths.

For neonatal abstinence syndrome the rate has been declining for three years (since 2016). What is behind these numbers? The 2019 rate maybe an undercount due to vital records data being preliminary. One could examine OUD (opioid use disorder) in moms vs. NAS in infants. Dr Paul mentioned that he believes they see about 240 NAS cases per year at CCHS. This includes in state and out of state residents. Khaleel’s data is just for in-state residents. The length of stay, both mean and median, has been increasing since a dip in 2015.

Khaleel presented a newly created data brief for birth defects. He reviewed birth defects data looking at several categories such as overall counts of defects, number of defects per child, maternal conditions and defects. The majority, 83%, had one defect, while 17% had two or more defects. Whites seem to have higher defects.

The top three defects by count and prevalence are: ventricular septal defect, hypospadias, and developmental hip dysplasia.

(Kate gave an update on the birth defects registry, mentioned below.)

Khaleel present some PRAM data on post partum depression. The prevalence from 2012 to 2018 has been in the range of 10.5 to about 14 percent

Lastly he showed data from 2019 BRFSS about women with adverse childhood experiences. 60 percent of women ages 18 to 44, responded that they were exposed to two or more adverse experiences. This compares to 37.9 percent for women over the age of 45.

**Legacy Programs – PRAMS, FIMR, Birth Defects**

For FIMR, Meena noted that there will be a presentation to the commission this week. Anne noted there were 8 unsafe sleep deaths in 2020. There has been one death so far in 2021.

For PRAMS, George updated the current situation with response rates. They have been declining, even with people home more due to covid conditions. Response rates have been in the low 50% range which is below the CDC cut point. Many states are having similar problems though not all. He updated funding information regarding the next five year cycle slated to start May 1. DE PRAMS also received funding through CSTE for covid related heath questions. The supplement is being administered now and will run for five batches (five months of births). There maybe an opportunity for another supplement related to covid vaccinations later.

Kate gave a brief update on the birth defects registry. For mother’s characteristics, some information maybe 2nd or 3rd hand so it may not always be consistently reliable. She sent in additional information after the meeting noted below:

-The 2018 birth cohort has been abstracted, is being reviewed/validated, and will be sent to the Division soon. 350 cases. Top 3 defects: Ventricular septal defect, Hypospadias, Atrial septal defect.

-We have started abstracting 2019; all 2019 potential case lists have been received except for the Vitals and Bayhealth lists.

-We are now receiving additional data variables from Nemours and Vitals, which is uploaded to our database, and results in decreased abstraction time and increased data quality. We will be reaching out to the Bayhealth Informatics team for automated data transfer, and will pursue working with other facilities in the future.

-The Genetics and the Hip Dysplasia projects are on hold.

**Other**

Nothing to add.

**Next Meeting**

**DHMIC General Meeting:** Wednesday, March 3, 2021 (virtual meeting). No committee meetings will be held.

Next work group meeting; TBD