

SUMMARY STATEMENT

The mission of the Pennsylvania Department of Health (Department) is to promote healthy lifestyles, prevent injury and disease, and to assure the safe delivery of quality healthcare for all Commonwealth citizens. When addressing the health of Pennsylvania’s infants and reducing preterm birth, the biological, social, environmental, and physical factors influencing maternal and infant health must all be considered. To optimize outcomes, women need to be healthy physically and mentally before, during and after pregnancy. While national gains have been made in reducing infant and maternal morbidity and mortality, the U.S. rates are still higher than most other industrialized nations despite major advances in medical care. Additionally, racial disparities persist with the risk of preterm births for black women one and a half times higher than those of white women in Pennsylvania. The Centering Pregnancy model of care has shown positive effects on mental health, prenatal knowledge, and health related behaviors to improve birth outcomes.

ACTIVITIES AND RESULTS

The Department, in collaboration with March of Dimes, the Children’s Hospital of Philadelphia Research Institute Policy Lab and the Pennsylvania Department of Human Services, has developed a pilot program to help prevent preterm births through increased awareness about the use of 17-alpha-hydroxy progesterone caproate (17P). This project aims to identify barriers to receiving 17P and to develop and implement ways to decrease barriers and increase 17P utilization to reduce the preterm birth rate in Pennsylvania.

The Chester County Child Death Review Team established a subcommittee to review deaths among preterm infants. The subcommittee, formed in 2009, has allowed for the analysis of clinical circumstances surrounding the death of premature infants including any medical interventions as well the social, economic and other factors that may have contributed to the death. The subcommittee includes clinicians from local hospitals, public health professionals and service providers. The subcommittee will develop recommendations based upon the data collected from case reviews.

Funded by the Pennsylvania Department of Health, Title V Maternal and Child Health Services Block Grant, Centering Pregnancy Programs (CPP) have been implemented in the cities of Philadelphia and Lancaster, selected because of their disproportionately high rates of poor birth outcomes among women of color. The tables below outline the improvements in the rate of preterm birth and low birth weight for CPP participants compared to non CPP participants. Comparatively, in Pennsylvania for 2015-2017, 9.4% of births were preterm and 8.3% of babies were born at a low birth weight. These positive program outcomes may help to improve the overall health and well-being of both the mother and infant throughout the lifetime.

Lancaster 2015-2017	CPP	Non-CPP
Preterm birth	7.83%	11.67%
Low birth weight	7.00%	7.27%

Philadelphia 2015-2017	CPP	Non-CPP
Preterm birth	8.54%	12.29%
Low birth weight	6.43%	9.80%

Albert Einstein Healthcare Network’s CPP in Philadelphia, unlike many other CPP, allows their high-risk patients to participate to gain from the psychological and social benefits of the program. The location allows for direct referrals to a wide range of services including: mental health, laboratory services, domestic violence counseling, transportation, doula services and breastfeeding support. Additionally, the program refers to the Centering Parenting Program to continue this model of care through the child’s first two years of life.

Lancaster General Health expanded their CPP in 2018 by adding a group specifically for women with Substance Use Disorder (SUD) to help negate the adverse effects, including an increased likelihood of preterm birth, that SUD has on infants. The sessions are facilitated by a Licensed Social Worker who is certified in Addictions Counseling. The group follows the traditional CPP model of prenatal care but incorporates education specifically related to SUD and pregnancy such as how to calm an infant going through withdrawal, stress management, and what to expect if your infant must stay in the Neonatal Intensive Care Unit. An additional benefit of this specialized group is having a group of women who are in similar circumstances which fosters social support in a safe, judgement free space.