

ANNUAL REPORT
COMPREHENSIVE PRENATAL-PERINATAL SERVICES NETWORK
July 1, 2007 – June 30, 2008
Contract No.: C-021370

The Comprehensive Prenatal-Perinatal Services Network program has successfully completed its twentieth year. The NCPPC Perinatal Network is vital for providing direction and leadership to family, maternal, infant and children's health in Jefferson, Lewis, and St. Lawrence counties. NCPPC staff, board, and perinatal network members are pleased to celebrate the work and accomplishments of the Perinatal Network on its 20th anniversary, and to continue with energy and commitment the work of NCPPC through the Comprehensive Prenatal-Perinatal Services Network and its other programs.

For this annual report, Year 2007 and 2008 public health birth certificate data was used for quantification of workplan outcomes based on an agreement with the three county public health departments. This data is analyzed and used in accordance with public health purposes and only for the purposes of the stated outcomes in the CPPSN workplan and for this report. Data analysis completed on behalf of the three public health departments is returned to those departments for their determination of proper use and distribution. New York State Vital Statistics is used when ever possible for previous years. NYS Perinatal Statistics Healthy People 2010 Reports are included and used to fill in gaps in our reporting for the years 2006 and 2007. Central New York Regional Perinatal Data System for Healthy People 2010 reporting is used for the years prior to the availability of the Statewide Perinatal Data System reports.

The Prenatal Case Management Data system will be used for quantifying outcomes for our most at risk population of pregnant women. This system was updated in 2001 and again in 2006. It now provides a seven year benchmark for the Case Management Agencies to use as they review their service systems. All eight agencies reported information into the system during 2007.

The Public Health data is revised by removing all births to women who do not reside in the Jefferson, Lewis, and St. Lawrence county area. It is felt this provides a clearer picture of the impact of NCPPC and perinatal providers and stakeholders efforts to improve birth outcomes. Therefore, the number of births reported will not match the NYS Perinatal Statistics reports. The public health data usually shows rates grossly similar to vital statistics but not similar to the new state Perinatal Statistics as these systems do not include births/deliveries weighing less than 500 grams. The public health data includes all live births for data analysis. Therefore, for example, low birth weight will show a slightly higher rate in NCPPC's analysis due to including these births.

2007 NYS Perinatal Statistics report 1,942 births in Jefferson County, 1,257 births in St. Lawrence County, and 331 births in Lewis County, totaling 3,530 births for the tri county area. This reflects the total number of births reported as being delivered in or born to residents of the tri-county area. Even though most of this annual report concentrates on births to residents, it is important to note this number as it impacts on our hospitals and medical service providers, particularly in Jefferson County.

Utilizing the resident Public Health data, 3,284 births occurred during 2007 to women of the tri-county area. This is a slight increase over the 2006 year. The Ft. Drum Army Base continues with its increasing the number of soldiers stationed at Ft. Drum and the number of family members moving into the area to be with them. 43% of the Jefferson County births listed Tricare as the payor, the Army's health insurance. During this past year Ft. Drum continued with significant numbers of soldiers deploying and soldiers returning from deployments. Both phenomena impact the number of pregnant women in the tri county area with the greatest effect being felt in Jefferson County. These increases continue to impact labor and delivery services at some of the tri-county community hospitals as well as health and human service providers such as WIC and public health. Attention will continue to be paid to all our service providers including the hospitals due to these increased and fluctuating demands on their services.

The estimated total births (per the Perinatal Statistics Reports) in the first six months of 2008 are 1937 a number higher than the comparative point in 2007 (1752). It is expected that the number of births will continue to fluctuate with the army deployments scheduled for the foreseeable future and the base expansions. Further analysis of the data will be provided under the workplan measurable outcomes. The Public Health Birth Certificate Statistics may be found in the Birth Data Appendix. The NYS Perinatal Statistics Healthy People 2010 Reports for 2007 may be found in the appropriate appendix.

The Center for Community Studies at Jefferson Community College was contracted to conduct a comprehensive 2007-08 Prenatal/Perinatal Health Needs Assessment. The needs assessment utilized both secondary research and primary data collection and analysis. It is intended to be used as a guide to local and regional efforts to improve healthy birth outcomes in the tri-county region. The priorities and strategies identified through the community forums and through Perinatal Network member meetings call for both replication of best practices and innovative initiatives to further impact birth outcomes. How and when we impact birth outcomes will continue to be explored and changes to education and practice delivery will be implemented.

The priority areas identified have been prioritized for resource allocation. These priorities will be strategized and efforts implemented to have as much impact as possible.

**PERINATAL NEEDS ASSESSMENT
2007-2008
PRIORITIES**

Early & Adequate Prenatal Care
Adolescent Pregnancies
Preconception Care
Tobacco Use
Breastfeeding

Substance Abuse
Provider Availability
Mental Health Services including Perinatal Mood Disorder
Uninsured
Unintended Pregnancies
Low Birth Weight

Prematurity
Nutrition
Support for Mothers Without Partners
Infant Mortality
C-Section Rates
System Sustainment and Enhancement

Objective 1: Increase access to Prenatal and Perinatal care, with particular emphasis on serving women who are at high risk for poor birth outcomes.

Objective 1.1 Increase the percentage of the tri-county birthing population receiving care in the first trimester from 77%(Jeff.), 75%(Lew.), 78.9% (St.L) (2005 Public Health B.C. Data Report) by at least 1%.

The first trimester prenatal care rates during 2007 are as follows: Jefferson County, 81.4%; Lewis County, 80.5% and, St. Lawrence County, 79.8%.

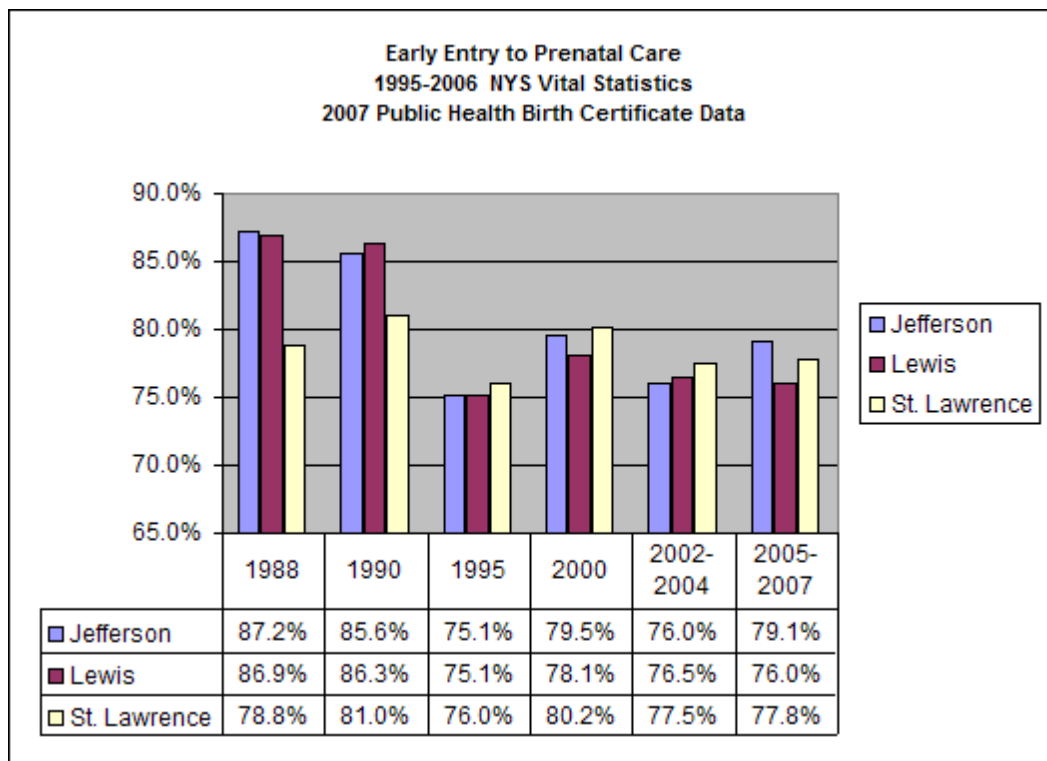
Early entry to prenatal care as part of access to care will continue to be emphasized as a high priority in CPPSN work. All three counties have seen slight improvement over the course of

the last several years but for the most part increasing the early entry rate has been quite difficult to accomplish.

Of continued concern is the increase in no prenatal care which started during 2006 and continued to be seen in the 2007 data. Each county experienced an increase in women receiving no care. In 2005, there were 3 reported as receiving “no care.” In 2006, 53 reported receiving no prenatal care; and in 2007, 54 were reported (13 Jefferson; 4 Lewis, and 37 St. Lawrence).

Pregnant women who started prenatal care after 13 weeks insurance coverage were indicated as being almost 50% Medicaid, 25% Private Insurance, and 24% TriCare Insurance. The women who indicated no prenatal care, their insurance coverage was overwhelmingly reported as unknown.

For those who started prenatal care during weeks 28-40, the significant increase in 2006 was not continued in 2007 (83 in 2006 vs. 14 in 2007).



NCPPC views early entry to prenatal care as part of the continuum of primary care access for mother, infant, and family. The Needs Assessment Report reflects the need to continue emphasizing this objective as the Healthy People 2010 objective has not been obtained. We have and will continue to promote the importance of maintaining a continuum of women and children’s health services. Outreach in collaboration with the three public health departments continued to play a vital role in addressing this outcome. Activities of the Prenatal Case Management System, the Outreach and Education initiatives, and community presentations have been continued this year.

Activities were targeted to the public through outreach initiatives. Over 1,800 consumers and community agencies and school staff were reached through 22 community events. A major focus was the efforts to meet with community agencies, organizations, businesses, and schools who are in contact with women of child bearing age and to engage them in being part of the safety net of identifying all pregnant women as early as possible. Consumers were provided with community resources, prenatal providers, case management, and a variety of topical information to meet their needs.

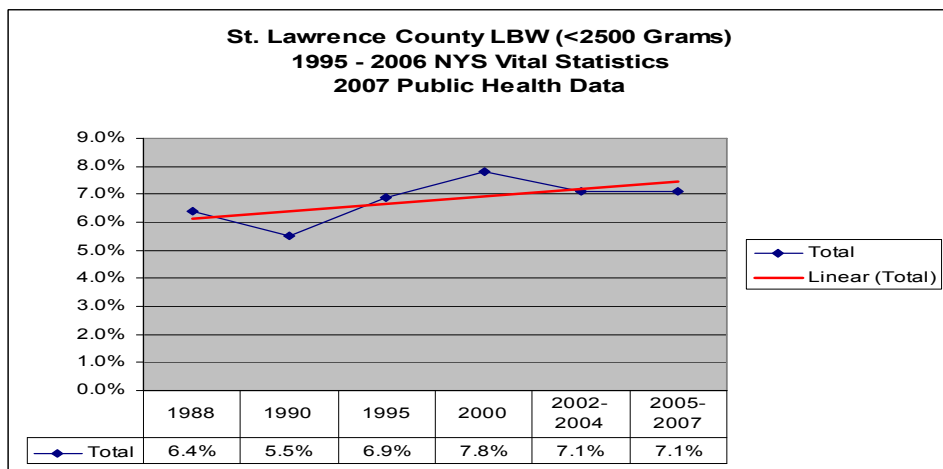
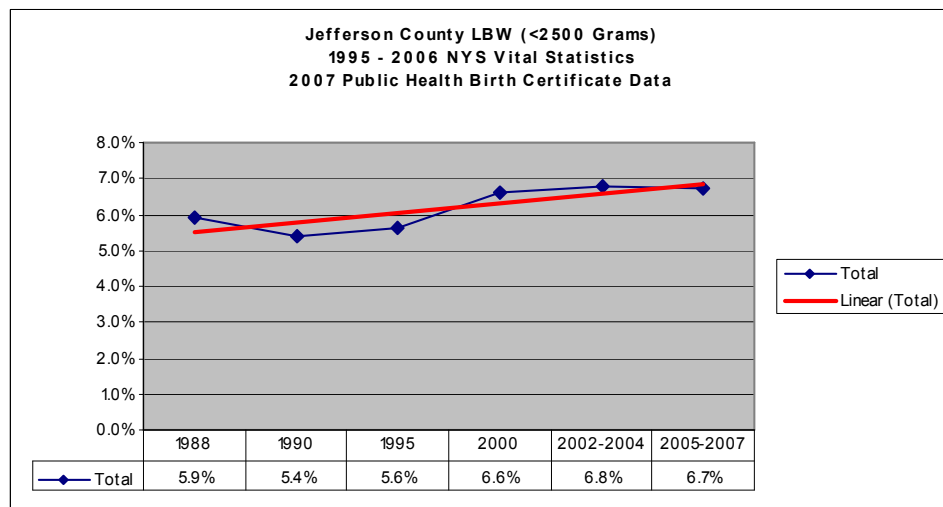
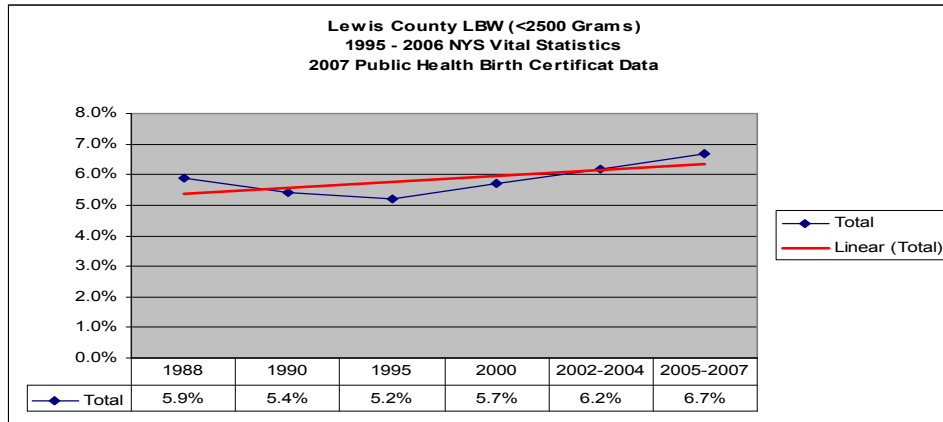
Attention was focused on early entry to care and prenatal services through 22 presentations (over 400 participants) to identified community agencies, businesses, and schools who could refer pregnant women into prenatal care as well as high risk pregnant and parenting women in to case management services; identified barriers in the referral process between community agency and provider; and, general public messages including the importance of early prenatal care, how to get a pregnancy test, and where to go for care. In addition, Shaken Baby, SIDS, breastfeeding, interconception care, and preconception were also requested as topics.

Objective 1.2 Target outreach and education messages to communities and agencies who serve communities with higher risk zip code areas either on the CPPSN 2000-2002 list or the HFNY 2002-2004 in order to increase the percentage of the birthing population receiving care in the first trimester (increase rates for early entry, decrease preterm & LBW over the data listed for these zip codes). These areas will include: Ft. Drum impact area, Watertown, Herman-DeKalb, Gouverneur, Norwood, Norfolk, Ogdensburg, Massena, Heuvelton, Lowville Harrisville, and Southern Lewis County.

Township maps were produced this year for limited use purposes. Most of the maps when detailed out by age, the numbers become too small to release the documents for use. Also in the case of the early entry to care data, the data had a significant number of blanks which could be controlled for in the totals but cannot be when calculating rates by township. Those geographic areas which have factors effecting early prenatal care such as teen pregnancy and higher Medicaid payor rates will be targeted for outreach and possible access issues. With the continued increase in the Ft. Drum population this year, some efforts continued to be targeted to the Ft. Drum Impact area including the towns of Philadelphia, LeRay, and Wilna as well as Ft. Drum proper. This area will continue to have specific targeted outreach and early prenatal education programs. All efforts for this area must be coordinated with the Army medical services providers. Good working relationships have been established between NCPPC staff and Ft. Drum personnel with regular meetings being established. However, the continuous change over in Ft. Drum staff requires constant re-establishment of contacts and relationships. In addition, the impact of the military expansion is impacting all communities surrounding Ft. Drum. NCPPC continues to closely monitor these other communities as well.

Objective 1.3 Reduce the percentage of live births that are low birth weight (2500 grams or less) from 7.4% (2005 public health birth certificate data) to 7.0%.

The 2007 data revealed a rate of 6.7% percent for the low birth weight rate for the tri county area. This is a decrease from 2005's rate of 7.4% but essentially reflects the continued trend of flat to small increases over the years. Adolescents had a higher rate of low birth weight babies during this year compared to the total population. This is a change from previous years.



Low birth weight rates will continue to be monitored since the Healthy People 2010 goal is not maintained. Possible causes and/or contributing factors of low birth will continue to be monitored and explored with the Perinatal Network. These include multiparous pregnancies, age of mother, health of mother including smoking, healthy weight, etc.

Smoking data pulled from the public health data was reviewed for 2007. General smoking rates ranged from 26.2% (22.1% 2006), 29.4% (23.8% 2006), and 29.2% (32.6% 2006) for the birthing population in Jefferson, Lewis and St. Lawrence counties respectively. For those giving birth to low birth weight babies, smoking rates were 45.8% in Lewis County (29.4% in 2006 and 31% in 2005); 30.8% in Jefferson County (29.7% in 2006 and 27.6% in 2005); and, 41.1% in St. Lawrence County (47.7% in 2006 and 44% in 2005). The Tri-County area has realized some small gains in reducing their smoking rates related to pregnancy and its impact on low birth weight. However, the smoking rates continue to fluctuate each year resulting in a significant impact on low birth weight. The needs assessment report also identified smoking as a significant concern. The 2008-09 CPPSN workplan will include specific activities to work more aggressively with women and providers on this issue. This information will be further delineated and shared with frontline workers, prenatal care providers and smoking cessation providers in each county.

105 births were part of a multiparous pregnancy for the tri-county area. Of these multiples, 65 were low birth weight. Multiples who were low birth weight comprised 29.5% of the low birth weight births, continuing the trend toward increasing this category of low birth weight babies.

The Healthy People 2010 goal for very low birth weight (0.9) was achieved during 2006. The 2007 rates for the three counties are as follows:

Jefferson	1.40 (2006 – 0.3; 2005 -1.22)
Lewis	1.38 (2006 – 0.0; 2005 - 0.82)
St. Lawrence	1.49 (2006 – 0.24; 2005 – 3.47)

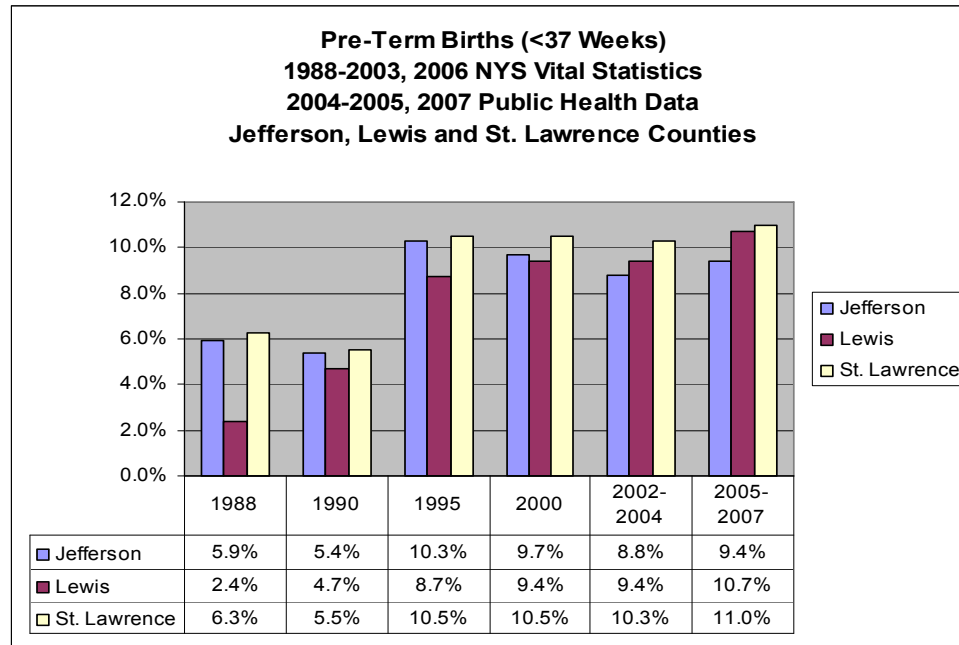
Even though we achieved the Healthy People 2010 goal in 2006, the rates continue to remain flat for the Tri-County area. This rate reflects poor birth outcomes for 44 babies.

Objective 1.4 Reduce the rate of preterm births (<37 weeks) in the tri-county area from 9.7% (2005 public health birth certificate data which includes births under 500 gms) to 9.0%.

342 babies were born prematurely, a number slightly higher than the previous year. The rates included Jefferson County at 10.0%, Lewis at 10.0% and St. Lawrence at 11.2%. Prematurity continues to be of concern to the Perinatal Network with total Preterm rates, and the subgroup rates for 32 to 37 weeks and less than 32 weeks, varying each year and in each category. Progress continues to be difficult to measure. As stated in the introduction, the public health data does include the births under 500 grams which does increase the preterm rates. The Perinatal Statistics where these births are not included show the preterm rates as follows for 2007: Jefferson – 9.4%; Lewis – 7.3%; and St. Lawrence – 7.4%.

Of the 105 multiple births in the tri-county area, 76 were preterm. The multiples comprised 22.2% of the preterm births in 2007, an increase from previous years.

Smoking rates ranged from 26.2% to 29.4% for the general birthing population in each county. For those giving birth to preterm babies in 2007, smoking rates were 28.6% in Lewis County (3.7% in 2006, 25.6% in 2005, 32% in 2004); 25.3% in Jefferson County (17.8% in 2006, 27.2% in 2005, 25.7% in 2004); and, 21.3% in St. Lawrence County (20.1% in 2006, 29% in 2005, 14.4% in 2004).



NCPCC and its network continued low birth weight and prematurity awareness reduction activities. The Prenatal Education Programs focus heavily on preterm labor signs and symptoms. The survey data of class participants and consumer focus groups indicated the educational programs were making a difference on the consumer’s understanding of premature labor and seeking help.

Activities to address preterm and low birth weight causes with providers and consumers included outreach activities to the public to educate and reduce specific causes. The Kicks Count Education Campaign was continued this year and will continue to be emphasized. The correlation of low birth weight and smoking continued to be forwarded throughout the tri-county area. Emphasis with health care providers was put on this connection-- seeing pregnant women that smoke as at risk -- and the provider’s role in referring women to Prenatal Case Management for smoking cessation services. Smoking rates among case managed women is explored under a later objective.

Objective 1.5 Maintain the number of women receiving Prenatal Case Management services as in 2005 and 2006. Approximately 900 women received services in 2005 (2006 data not available at this time).

This measurable objective continues to be achieved. 1,061 pregnant women were reported as receiving services through the prenatal care coordination system during 2007 with all eight agencies reporting. In 2005 and 2006, 714 and 787 women and teens respectively received services from seven of the eight prenatal case management agencies.

The new data system and better reporting provides a fuller picture and more accurate data regarding case management services and birth outcomes. The seven year summary report as well as the detail report for 2007 is included in the Case Management Data Appendix.

The Case Management data reflects the many issues for pregnant women – especially the highest risk including pregnant adolescents. Approximately 32% of the births during 2007 received a comprehensive assessment and referrals for services and/or some level of case management services. At least 92% of teen mothers were participating in case management services. This calculation is based on the number indicated in case management and anecdotal information. The actual number reported in case management is higher than the total number of teen births. This is due to a variation in how age of the mother is recorded in the case management data system and how age is calculated in the Public Health Data (usually rounds age up).

Of the case managed women in 2007, prematurity and low birth weight rates were 9.6% and 7.2%, respectively. Both s increased over last year bringing them back to the increase that was seen in 2005 which reversed the previous downward trend. Very low birth weight increased significantly from 1.12% to 2.67%.

Smoking rates dropped to 31.48% (45% in 2005) of case managed women reporting smoking during a portion of their pregnancy. This is the 2nd consecutive year a decrease has been recorded. It may however be due to a change to the question in the case management data collection form last year. However, the decline seen for the first time in 2004 (25%) of women continuing to smoke throughout their pregnancy appears to be somewhat trending down even with the increase back to 28.59% in 2005. The rate for 2006 was 25.67% and 23.09% in 2007. The number of women who reported never smoking increased. Also this year case managed women have slightly lower rates of smoking than the general birth population hopefully signaling success of cessation services for this population.

Objective 1.6 Increase the percentage of case managed women who receive care in the first trimester by 3% over year 2005 rate of 73.4%.

The early entry rate increased in 2006 to 78.8% but dropped in 2007 to 72.3%. Access to care continues to be discussed at both frontline worker meetings and the case management agency meetings. Concerns regarding changes in provider offices, loss of a midwifery practice, MOMS model of care, scheduling of first appointments, consumers preferring particular providers, lack of providers in general and who accept Medicaid, among others have been identified over the last few years. These will continue to be discussed with the individual case management agencies, MOMS providers, and Perinatal Network. Discussions and issues will continue to be documented, and impacts made where appropriate and possible.

Objective 1.7 Increase the healthy birth outcomes for Prenatal Case Management women through total quality monitoring of outcomes standards as developed for this program.

As part of the Case Management Data capture, a Total Quality Monitoring Report is systematically used to aid in increasing the percentage of healthy birth outcomes and serve as an effective monitoring tool for those areas of concern (i.e., low birth weights, preterm births, psychosocial issues, etc.). A review of this report for 2006 was conducted with each agency

during the year. Individual case management agency reports were distributed and improvement plans were developed by the case management agencies in conjunction with the

Maternal and Child Health Specialist. The 2007 TQM Report for the Tri County Case Management Service System is included in the Case Management Appendix. This report will be used when meeting with the case management agencies in the fall of 2008.

The desired outcomes for case management are client-specific needs are identified, the capacity to meet the client's assessed needs are quantified, and resource development initiated. This system maximizes existing services by removing barriers and eliminating duplication. Front line prenatal case managers meetings have assisted with: identifying current barriers to care and needs of clients as well as possible interventions; identifying system changes that may be impacting the preconception and prenatal population; and, identifying training needs of case managers and providers. Identified needs and possible interventions were reported to the Case Management Committee for development of recommended actions to the Perinatal Network.

The Prenatal Case Management Committee's review of the data assisted in understanding the identified priorities and making recommendations. Outreach efforts by staff and the case management agencies helped to inform private providers of the existing prenatal case management agencies which can be utilized by them as a resource for non-medical risks. Private practitioners continue to refer women identified as at risk for a poor birth outcome due to non-medical factors to case management agencies.

Objective 1.8 NCPPC will continue its perinatal outreach strategies developed in previous years and deemed effective. Communications and strategies will be evaluated for their role in reaching measurable outcomes. The Network will do the following: 8 publications will continue; Specific topical posters and brochures will be distributed in targeted geographical areas; Community events for community outreach will be attended; NCPPC website will be utilized as an additional outreach tool; and Prenatal Education Programs will continue and will be enhanced.

Outreach and education initiatives have been developed to both impact an audience spread over 5300 square miles and one to one. No one method will reach the rural population served by NCPPC. Professional publications such as *Network News*, and consumer publications such as *New Parent News*, allowed for targeting messages to particular audiences. The continuation of established programs developed over the years through collaboration such as the Prenatal Education components assisted in continuing to reach pregnant women.

The consumer and professional publications' surveys have been completed. Results that are available are provided in this report. The *Network News* newsletter was not surveyed this year for satisfaction due to the low or no response during previous years. Topics for articles will continue to be addressed based on the concerns and issues expressed through networking groups. This newsletter has transitioned to being available via email this year. *New Parent News* solicited feedback through a postcard distribution. 121 postcards were sent to the NPNews distribution sites. 65 postcards were returned with 94% indicating the newsletter was a valuable resource for their clients and their desire to continue to receive it for consumer distribution.

The New Parent Mailing includes a postage paid postcard for evaluating the mailing, asking for additional information and to request a subscription to *New Parent News*. 7 postcards were returned with most indicating the information was helpful and 2 indicated the information was received too late and 4 wanted to sign up to receive the newsletter. Seven requested more information on the following topics: Child or Family Health Plus, Family Planning Benefit Program, Immunizations, Health Care Providers for children, Parenting, Early Intervention, Head Start, Child Development, and New Parent News. The mailings this year continued to be somewhat difficult to manage due to the long turnaround time on label preparation. For this coming year we have set a clearer schedule for mailings.

The Personal Pregnancy Manual is evaluated by health care providers who utilize it with their patients. All providers were very satisfied with the book and indicated their patients had responded positively to it. Most providers are utilizing it as a teaching tool throughout pregnancy. In addition, all three public health departments are utilizing the book and ensure that all pregnant clients received it from their medical provider. The public health nurses reinforce the education components by using the book and it assures public health covers all topics mandated by their program. Survey responses continue to indicate the book is understandable by clients. Clients report they enjoy reading it, especially first time moms. Ft. Drum OB/Gyn is currently using a different prenatal education tool.

The following is a brief synopsis of the perinatal communications and other outreach and education initiatives:

Information and Referral

During the year, the Maternal and Child Health Specialist and other staff researched consumer and professional requests for information resulting in over 100 responses.

The 800 number and NCPPC's local number logged an estimated 1,750 calls requesting information and referrals which were handled by staff. Callers requests included early pregnancy and childbirth classes, breastfeeding information and classes, breastfeeding support and referral, PCAP/MOMs, prenatal care providers, case management services and referrals, smoking, library loans, general information on pregnancy, labor and delivery, infant loss support and referral, SIDS, Shaken Baby Syndrome, FASD information, smoking cessation referrals, adolescent programs and services, WIC, nutrition (including such things as eating fish), FHP/CHP information and referrals, genetic counseling information, counting kicks, preterm labor, professional research on various topics, CHW and TASA referrals, WIC referrals, reproductive health information (including requests related to needs of soldier population), requests for NCPPC and community resources, student projects, data information, postpartum depression information and referral, mental health referrals, resources to meet basic needs, technical support, speakers, and trainings and workshop information.

Directory of Services

We have distributed over 30,590 copies in the last fifteen years with 966 being distributed this year. This continues to be one of our most sought resources. The Directory is now available on the NCPPC website. The directory updating process was outlined at the end of this year. A summer intern will be assisting to update the Directory.

Resource Libraries

Resource centers are located at NCPPC, Lewis County General Hospital, St. Lawrence County Public Health, and the Family Resource Center in Gouverneur. A minimal number of materials (videos, books, curricula, journals) were borrowed this year. CPPSN staff and the Education Committee have identified titles to be removed from the collection due to being out of date. The committee continues to review possible approaches to providing educational materials particularly for consumer to replace the lending libraries, at least in part.

Through NCPPC's library services contract with Samaritan Medical Center Library, over 250 documents or articles were requested and 60 literature searches (including Table of Contents requests) were conducted this year. This service is utilized to assist in meeting professional and consumer needs.

Network News

Network News is a newsletter used as a professional resource for health and human service providers. It informs readers as to the services NCPPC can provide for their clients as well as updated information on several topics related to maternal and child health. Numerous calls are received in response to this publication. This newsletter has become a great tool for NCPPC to use to reach health and human services providers on particular topics. 800 copies have been distributed during the year (2 issues). The newsletter is now available on NCPPC's website. The *Network News* also was made available via email. As email addresses are identified they are added to this mailing.

New Parent News

The 8-page consumer newsletter was published and distributed through the public health departments, headstart programs, clinics, doctor's offices, prenatal case management agencies, and many other family serving agencies. 12,500 copies have been distributed in 3 issues. This newsletter is also sent to consumers who request to receive it directly either by responding to the evaluation of the newsletter and indicating they want to continue receiving it for a year or by checking a box on the evaluation postcard for the New Parent Mailing. In addition, the *New Parent News* is also published to NCPPC's website.

New Parent Mailing

This mailing goes to all families with new babies. The mailing includes information on WIC, an immunization schedule, ICHAPP, Back to Sleep, Child Health Plus/Family Health Plus, Early Intervention Services, and the extended Family Planning Benefit program. The New Parent Mailing was sent to over 800 families. This mailing is being redesigned due to significant increase in postage costs.

Personal Pregnancy Manual

The Personal Pregnancy Manual, *Preparing for a Healthy Baby*, is to assist with prenatal education in the tri-county area and incorporates New York state and regional information. It is distributed for use by health care providers, the Prenatal Case Management agencies, PCAP and MOMS providers, nurse midwives in private practice, and the U.S. Army at Ft. Drum (as needed). 18,295 have been distributed in the past seven years with 2,655 being distributed this year.

NCPPC Annual Report

NCPPC's published annual report was distributed to health and human service providers, businesses and consumers during this year. 300 were distributed through the course of the year. In addition 103 copies of the detailed annual report, which includes extensive data sections were also provided. Both reports are now available on the NCPPC website.

Prenatal Case Management Brochure

This brochure was developed for consumers and providers to increase knowledge about the prenatal case management system and services and to improve referral and coordination of prenatal services for high risk and hard to reach women. Over 770 were distributed during this year.

Other Posters and Brochures

Posters and brochures related to specific topics or needs continued to be distributed by the Perinatal Network. Low birth weight brochures, nutrition and exercise, preconception care, Kicks Count, SIDS pieces, FASD packets, HIV related materials, Shaken Baby Syndrome brochures and posters, and alcohol brochures are examples of topic specific distribution. Emphasis on these materials often changes or is related to the needs identified by either other human services providers in the community, hospitals and physicians, and/or the regional perinatal center.

Tri County Breastfeeding Brochure

The Tri-County Breastfeeding Brochure is continually updated each quarter and distributed to pregnant women and providers. This is a collaboration between CPPSN and Cornell Cooperative Extension's Breastfeeding Home Visiting Program. Over 640 were distributed this year.

NCPPC's Website: www.ncppc.org

The website was totally revamped and updated this year. The Marketing Committee worked closely with staff on the development of the website and its content. It includes educational information on perinatal health, information on NCPPC programs and resources, and provides links to other websites. The website also provides a direct email link to NCPPC for further information and referral needs. The Directory of Services now resides on the website.

Community Events

Efforts were continued to increase the visibility of the Perinatal Network and its priorities through attendance of community events throughout the tri-county area. Staff provided outreach at twenty-two events. Many other events were attended by other agencies that have graciously provided NCPPC related information and perinatal topic information at their displays.

Prenatal Education Program

Early pregnancy education classes were provided at hospitals and clinics throughout the tri-county area. All seven birthing hospitals are now sponsoring classes with NCPPC support. CPPSN staff have become active participants in the classes offered at Ft. Drum ensuring information is being provided about community resources. Early pregnancy class referral cards were distributed to prenatal provider offices for their use in registering their patients for these classes. The hospital instructors reported to NCPPC on 32 classes held this year with 116 participants. This was a decrease in participation from the previous year and in the number of classes offered. Of the 111 demographic surveys returned the following is known about those attending: the average age is 25 for moms and 27 for dads; 87% are first time parents; the average weeks pregnant is 15.2; 86% are white, 5% Hispanic, 5% Asian, and 2% Native American; 58% are married and 36% are single with a partner; 65% said this was a planned pregnancy; they received their first prenatal care at 7.5 weeks; 44% had Medicaid as their insurance with another 54% being private insurance including the military coverage; and, incomes were evenly divided across the spectrum. 91% were considering breastfeeding. 37% of the moms indicated they smoked prior to pregnancy and 13% during pregnancy; 44% indicated they were around smoking and 38% of the fathers smoked. 11% of the mothers were interested in quitting.

Childbirth education classes continued to be supported through provision of materials and information for late pregnancy topics such as premature labor signs and symptoms. A meeting of all hospital educators was also held this year as a training and networking/update session. Concerns identified from this meeting were incorporated into CPPSN work.

Objective 1.9 Increase enrollment in NYS Health Insurance Programs by providing outreach and education services.

NCPPC is a lead agency for the NYSDOH Facilitated Enrollment grant for Child Health Plus, Family Health Plus and Medicaid. For July 1, 2007 through June 30, 2008, 4,273 people have been enrolled through this initiative. Of those enrolled, 3,073 are children and 1,200 are adults. CPPSN's health promotion agenda embraces the goals of this program and provides information whenever possible to consumers. Identified barriers and gaps in services are incorporated and addressed through NCPPC's network of regional collaboration. A synopsis of the Facilitated Enrollment Program may be found in the Other Reports Appendix.

Objective 1.10 Monitor other prenatal-perinatal care and status indicators for change including intended pregnancy, very low birth weight, postpartum visit rates, weight gain, and physical activity.

NCPCC continues to collaborate with family planning providers regarding intendedness of pregnancy. NCPCC will continue to seek this information and collaborate with family planning providers regarding unintended pregnancy and its impact. Very low birth weight was discussed previously.

The Ft. Drum Army installation continues its expansion with additional soldiers and their families arriving this year and multiple deployments and relocations continue. The CPPSN program, along with others in the community continue its goal to help stabilize families. These increases in the military population will continue to impact service provision both in health and human services, birth outcomes, adolescent pregnancy rates and service needs for this population.

Military related births continue to be approximately 43% of the births for Jefferson County, similar to the last few years. Lewis County births to military families decreased from 11% to 6%, and St. Lawrence County births remained unchanged at 2.4%. Ft. Drum does not have a hospital on base. Military families also continue to make up a large portion (one third to one half depending on the program) of public health and community human service providers case loads due to the military status and low pay grades of many soldiers stationed at Ft. Drum. A high percentage of military families living in the three counties fall within 100% of the Federal Poverty Guidelines or within the eligibility guidelines of many service programs.

2006 was the first year information was collected on the post partum visit for case managed women. 209 or 37% indicated as having completed a post partum visit by 8 weeks following delivery of her baby. In 2007, 384 women reported completing their post partum visit resulting in 48.8% of those reporting (274 out of 1061 were unknown).

There were 49 High Birth Weight (greater than 4500 gms) babies born in 2007. This is 1.5% of the total live births. Half of these were to women 30 years of age or older. We will be monitoring and discussing this with the Perinatal Network and Case Management Committee.

Body mass index information and pregnancy weight gain was collected in 2007 for case managed women. Women fell into the following categories:

Normal	573	54%
Underweight	74	7%
Overweight	187	18%
Obese	180	17%
Extreme Obese	21	2%
Unknown	26	

Also, of the case managed women where weight gain during pregnancy was reported, 35% gained more than 35 pounds and 11% gained less than 15 pounds. The 2007 BMI and weight gained will be used as a baseline for this population.

Objective 1.11 Infant mortality rates will continue to be monitored and prevention efforts implemented to reduce infant deaths (2004 rates for tri-county are 10.6, 0.0, and 5.7 per 1000).

Infant mortality rates continue to fluctuate, mostly due to small numbers. All three counties experienced rate increases from 2006 to 2007. The Lewis County rate of 13.7 doubled from the previous year and is the highest rate for this county since 2002 and highest number of deaths (4) since 2003. St. Lawrence County’s rate is the highest rate and highest reported number of deaths (13) in over 14 years at 10.6. The Jefferson County infant mortality rate also increased to 7.8 with 14 deaths. Jefferson County’s number of deaths fluctuate more widely, for example from 4 deaths in 2003 to 16 deaths in 2004. Population increases in Jefferson County may be the contributing factor for more deaths.

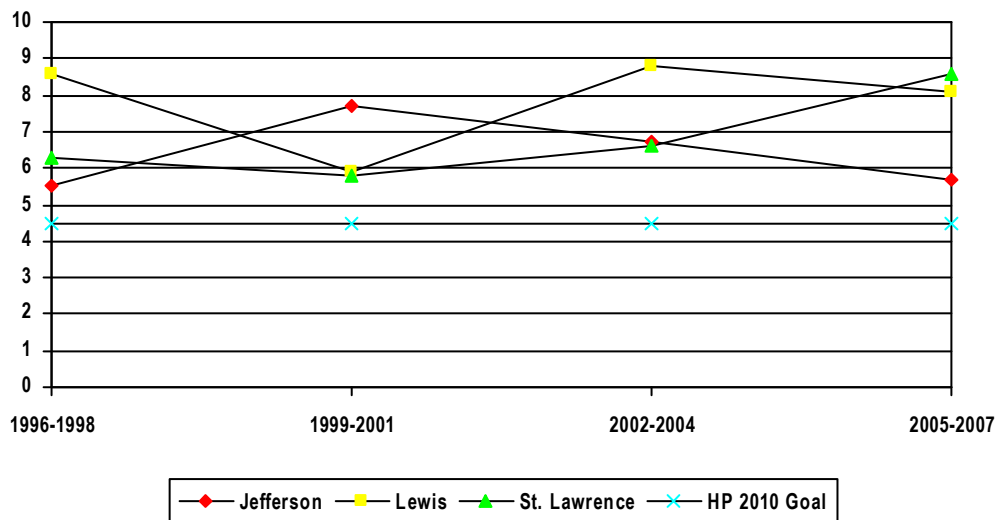
The rates are of concern as they have remained above the Healthy People 2010 goal for many of the last ten years.

Lewis County also had the second highest Post Neonatal Death Rate at 6.1 in 2006.

The Infant Mortality Rates Trend Report for 1996 through 2007 and the Infant Mortality Rates for individual years may be found in the Infant Mortality appendix.

Infant Mortality Rates

**3-Year Trends
1996-2007**



Live Births 1995-2005 NYS Department Of Health Vital Statistics, 2006 Public Health Data Infant Deaths 1995-2006 NYS Department of Health

Presentations on SIDS and Shaken Baby Syndrome Prevention were provided to schools, community agencies and community groups. 11 presentations reached over 225 participants. The OB nursing at each hospital continued to provide the Shaken Baby Syndrome Prevention Education as was developed with and for their setting and population.

Objective 1.12 Infant morbidity data will also be reviewed to track rates related to FASD and other related morbidity for which prevention may be effective.

Eight partner agencies collaborated on several activities including activities for FASD Awareness Day, September 9, 2007. A Clergy campaign and local business campaign occurred during the fall as well as media spots to support these initiatives. The Task Force worked on prioritizing ideas for the coming year including sponsoring an FASD Conference.

FASD was one of the topics selected for the MCH Week activities in the spring. The Community Outreach Coordinator includes FASD materials in presentations and community outreach events.

Objective 2: Improve access to community resources and address the needs of pre-conceptual and pregnant women and their families by working collaboratively with a consortium of regional health and social service providers and consumers.

NCPPC, as a recognized visionary and active partner in bettering maternal and child health outcomes, provided the linkage with local, regional, and statewide efforts. Examples of the Network's impact were on resource development, consumer initiatives, training opportunities, grant development, and coalition building.

Objective 2.1 The Network participates in collaboration by sponsoring regional collaborative opportunities. 30 maternal and child health related meetings will be held and attendance will average 12 across all meetings. 80% of participants will evaluate organized networking and collaboration as relevant and helpful.

NCPPC has established a system for community participation and health care providers to bring together maternal and child health issues and concerns. In a vast geographic area served by a limited number of providers, the need to share information, resources, issues and concerns as well as to develop initiatives and programs to meet the needs of the community is essential. NCPPC continued to sponsor perinatal health collaborations.

An active and informed **Perinatal Network Board** encompassing broad community representation met and addressed the needs of pre-conceptual and pregnant women and their families. The Membership Committee continued to place consumer recruitment as the priority. One new consumer member came on the board this year. A new board member orientation was held in October. During the rest of the year, the committees and board continued to work on the strategic plans or its goals. Finance Committee continues to meet quarterly. They completed their review of the Financial Policies.

The **Executive Committee** functioning as the oversight for the Perinatal Needs Assessment, completed the Needs Assessment Process this year. Three community forums were held to review the report and to make recommendations for priority areas. The forums were well attended by consumers, health and human service providers and community members. The report was provided as part of the third quarter report. It also resides on the NCPPC website for community use.

The Needs Assessment Report was reviewed by the Perinatal Network. Prioritization surveys were completed and compiled. The priorities were provided previously in this report.

The Marketing Committee reviewed and selected a bid and provided the oversight for the website development. The website was brought to completion at the end of June and became live in July of 2008. The committee continued to facilitate the work surrounding the mission, vision, logo, and message mapping for the Perinatal Network. A new mission statement has been approved by the board as well as a new logo and agency color (brick red). The new mission statement is as follows:

“The North Country Prenatal/Perinatal Council is dedicated to strengthening maternal and family health by identifying service needs and improving access to care through community collaboration, education, and referral for the well being of every woman, every child, every family.”

Prenatal Network’s Prenatal Case Management Committee continued to monitor and address the effectiveness of the prenatal case management system for high risk women and teens, assess data, network regarding program areas, and identify factors affecting perinatal health. The committee is composed of diverse care coordination providers including CHW, PCAP/MOMS, LDSS offices, TASA, WIC, and family planning. Priority areas addressed included early entry and access to care, low birth weight and prematurity, preconception care and chronic disease, risk behaviors, breastfeeding, mental health, and adolescent pregnancies and births.

Prenatal Network’s Frontline Worker meetings assisted in identifying both prenatal case manager training needs with particular emphasis on identified program areas as well as client issues, and specific problems related to access, quality, and coordination of perinatal services. The Frontline Worker meeting issues were reported to the Prenatal Case Management Committee and to the Perinatal Network Board as needed.

Tri-County Breastfeeding Coalition continued to increase the awareness of breastfeeding benefits. The coalition identified barriers to breastfeeding, and implemented outreach strategies and programs. The coalition also provides support and education opportunities to breastfeeding professionals and includes consumers in the coalition meetings.

Agency Outreach Group worked this year to best utilize outreach and health educator time in health and human services agencies. Networking and collaboration among health educators and outreach workers allowed them to share calendars, community events, upcoming awareness days, and to better plan for these events. Time is also spent educating each other on topics of mutual interest.

This group also took the lead for the MCH Awareness Week planning and activities.

FASD Task Force developed and implement two campaigns during the month of September to coincide with the FASD Awareness Day. The Task Force also prioritized a number of possible activities resulting in the goal of having a Conference later in 2008. Eight agencies participate in the Task Force.

Service provider team meetings and community advisory group meetings for the Community Based Adolescent Pregnancy Prevention grant (Linkages) serving Gouverneur, Richville, Hermon, and DeKalb are sponsored by NCPPC. These groups continue to provide valuable insight for serving the local community and St. Lawrence County area. The Gouverneur Activity and Learning Center also provides a wonderful collaboration for reaching young childbearing age families. The MCH Specialist and Community Outreach Coordinator are both utilized by the Center for programming.

The **Community Council and committees** of the Jefferson-St. Lawrence Adolescent Pregnancy Prevention and Services grant are sponsored by NCPPC. Meetings associated with these groups provided many opportunities for collaboration on adolescent related issues. The 4 cross-over council members for this project to the NCPPC board provide the networking liaison for information sharing and coordination of efforts surrounding adolescent pregnancy.

75 networking opportunities were sponsored by NCPPC during 2007-2008. 40 of these were maternal and child health, 19 adolescent specific, 2 uninsured, 10 perinatal network strengthening and 4 primarily agency business. Attendance remained constant among all groups. 140 people participated as members of the Perinatal Network and its committees and coalitions. The Perinatal Network and Board of Directors listings are included in the appendices.

NCPPC's established system for community and health care providers to bring together maternal and child health issues and concerns continued this year to assist communities and providers in resolving health care concerns and increasing the health status of women and children. The networking opportunities of NCPPC are functioning and able to flexibly and creatively meet the challenges that are identified. **The concerns and issues identified over the course of the past year have been addressed or continue to be addressed through either coordination, further study, incorporation into workplan activities, grant research and/or training opportunities. These concerns and issues (in no particular order) include:**

- Military families (stress, deployments, PTSD on return from deployments)
- Increased number of pregnant single soldiers
- Pediatric and obstetric provider shortage varies by county
- Chronic diseases (especially obesity and diabetes)
- Pregnancy weight gain
- Preconception and Interconception care
- Effects of poverty
- Increase in C-sections including elective
- Late Preterm births
- Violence against women
- Increase in STIs
- Maternal housing issues, housing shortage (Jefferson Co.)
- Early Prenatal Care
- MOMs enrollment, decline of followup/home visits through MOMs
- Jefferson County waiting list for midwifery care
- Loss of midwifery care in St. Lawrence County
- Parenting education

- Late referrals to case management services
- Need for fetal movement education
- Provider education opportunities (ex., Childbirth Educator training, Doula training)
- Cultural competencies
- Local special populations (including cultural competence and interpretation)
- Infant care seat installation (Jefferson County)
- Client transportation (including to regional center)
- Infant mortality
- Co-bedding and rollover deaths
- Breastfeeding including prenatal/pediatric providers practice
- Oral health – Medicaid clients unmet need
- Costs associated with attending out of area education
- Adolescent Pregnancies
- Risky behaviors in pregnancy, especially adolescents
- Smoking in pregnancy and post partum
- Access to mental health care for preconception, pregnant and post-partum women
- Increase in mental health related issues related to pregnancy and postpartum
- Perinatal drug abuse, especially younger mothers
- FASD – both community and health and human services providers education
- Low birth weight and prematurity
- Uninsured population(s)

Objective 2.2 NCPPC is a key participant in regional networking. 120 networking opportunities will be attended during the four quarters with these resulting in 10 project collaborations impacting on perinatal health outcomes.

The Executive Director, Maternal and Child Health Specialist, Youth Services Director, Data Manager, and Community Outreach Coordinator were actively involved in all agencies and/or coalitions which directly affect service delivery or policy development impacting regional maternal and child health outcomes. The staff attended over 280 local, regional, and state meetings. Among those which one or more attended regularly are:

Executive Director	Northern New York Rural Health Care Alliance’s rural health network and board; Lewis County Professional Advisory Committee; Needs Assessment Partners meetings; Catholic Charities and youth services; Ft. Drum Regional Health Planning, Quality Standards Committee; Assemblyman Aubertine’s Jefferson County Health Quality Committee; JSLAPPS Community Council; CNY Regional Perinatal Forum and Advisory Committee; CNY Perinatal Networks; Health Care Workforce forum; BOCES Safe Schools/Healthy Students; NY Premature Health Education Network; CNY Regional PCAP meeting; Association of Perinatal Networks of NY and Executive and Nominating Committees; Data Management with Mohawk Valley and Herkimer
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	<p>County; Planned Parenthood collaborations on several issues and projects; and Program Assessment project with 3 school districts and SUNY Institute of Applied Research.</p>
<p>Maternal and Child Health Specialist</p>	<p>CNY Perinatal Center’s local hospitals outreach visits; Lewis County Case Managers; Agency Outreach Group; FASD Task Force; SMC Breastfeeding Moms Support Group with SMC and WIC; Wellness Connection; Points North Housing Coalition; Breastfeeding Journal Clubs (3 counties); Jefferson County Headstart Health Advisory Council; Council of Social Agencies; NNY Rural Health Care Alliance, Nurse Leadership Advisory Group; Tobacco Awareness Cessation Coalition; LaLeche League projects; CNY Regional Perinatal Forum and Education Committee; CNY March of Dimes Program Services Committee; CNY Regional WIC Breastfeeding Network; CNY Regional PCAP meeting; Jefferson Co. Public Health Steps to a Healthier NY Coalition and Obesity/Diabetes committee.</p>
<p>Community Outreach Coordinator</p>	<p>Urban Mission, Critical Needs Committee; Wellness Connection of Jeff and Lewis counties; Lewis County LEICC; Lewis County Family Fit & Fun Planning Committee; FASD Task Force; Outreach Network Group; Steps to a Healthier NY; LaLeche League; Tobacco, Prevention, Awareness, and Cessation Coalition; Breastfeeding Journal Club; Cornell Cooperative Extension of J.C. Nutrition Program Committee; Eat Well, Play Hard.</p>
<p>Data Manager</p>	<p>Prenatal Case Management Committee; Data collaborations.</p>
<p>Youth Services Director</p>	<p>Community Connections; GALC Parent Advisory; Youth Advisory Committee; Potsdam State Community Health Program; Renewal House of St. Lawrence County; St. Lawrence Co. Case Managers; St. Lawrence County Human Services; St. Lawrence County Youth Bureau; Communities That Care for Jefferson and St. Lawrence County; Program Assessment project with 3 school districts and SUNY Institute of Applied Research; NYSCAP; Cornell Cooperative Extension of St.L, Family/Consumer Advisory Committee; North Country Adolescent Outreach Advisory Board.</p>

NCPPC staff also conducted 9 presentations about NCPPC, the Perinatal Network, and its programs.

NCPPC staff participated in eighteen plus community collaborations sponsored by other agencies and NCPPC. These included:

- Outreach Network Group (co-facilitated by the Wellness Connection and CPPSN staff) resulting in MCH Week activities during May. Jefferson County Public Health Service through Steps To A Healthier NY program provided funding to be used for this campaign. Funding from Jefferson County Public Health, the Tobacco Cessation Center and TPACC resulted in smoking during pregnancy media spots aired during this week and to then be put in the ongoing rotation of psas. This week's activities are described more under the Community/Special Events. More than 10 agencies participated.
- Development of a Program Services Assessment for adolescent pregnancy prevention/youth development services in three school districts which have high adolescent pregnancy rates. Included all service providers who work in these three districts and personnel from each of the schools.
- Infant Feeding and Diapering Stations as a World Breastfeeding Week activity resulting in fulfilling a need at three county fairs and other community events, 28 agencies providing volunteers, donations, and resource materials.
- Catholic Charities on Perinatal Mood Disorders resulting in cosponsoring mental health training, jointly providing community education, and Catholic Charities providing PMD counseling and support.
- Sponsored by the Northern New York Rural Health Care Alliance, the Nurse Leadership Training was developed this year. Advisory group assisted with curriculum development, identification of speakers, and evaluation. MCH Specialist served on the advisory committee.
- FASD Task Force (including 3 substance abuse councils, SMC, Credo, JCPH, TPC)
- Prenatal Case Management Providers (Care coordination)
- Tri-County public health departments and NCPPC (data coordination)
- NCPPC with Samaritan Medical Center – Baby Weigh Station (breastfeeding moms support group with professional lactation support) and 1 other hospitals starting Baby Weigh Station/breastfeeding moms support group programs.
- Tobacco Prevention and Cessation Council provides opportunities for the CPPSN staff to collaborate with the tobacco partners and other agencies working on tobacco issues. Emphasis on perinatal health is addressed by CPPSN staff.
- Breastfeeding Coalition collaboration with Cornell Cooperative Extension (printing support).
- Lactation consultants and breastfeeding support providers providing peer education opportunities through the Breastfeeding Coalition meetings and through the Breastfeeding Journal Clubs (one in each of the three counties).
- Pediatric Initiatives (Childhood Nutrition, Obesity, and Diabetes).
- Steps to a Healthier NY – 2007-08 pregnancy and breastfeeding focus; provide PSAs on breastfeeding for the community.
- Rural Health Networks afford collaboration on a variety of health topics and systems issues.
- CNY Perinatal Networks with CNY Regional Perinatal Forum -- Early Prenatal Care

Access Study.

- Communities That Care coalitions in Jefferson and St. Lawrence counties.
- Quality Standards Military-Community Health Collaboration (Obstetrics focus area)

Objective 2.3 NCPPC will sponsor or co-sponsor nine special programs and community events. In an evaluation sample, 75% of participants evaluate events positively and over time more people become involved.

NCPPC held eighteen events reflecting our commitment to help communities work together and to provide opportunities for professionals. Evaluations and details of these were included in the quarterly reports.

Breastfeeding Grand Rounds Teleconferences were sponsored locally by NCPPC at two sites and taping of the conference at a site in the third county.

Infant Feeding and Diapering Stations were provided by the Tri County Breastfeeding Coalition and/or other agencies and volunteers at all three county fairs and other community events during the spring and summer. This was a large undertaking requiring strong coordination by the coalition and many volunteer hours.

What's New in HIV/AIDS? Was held on October 25, 2007 in Watertown and October 26, 2007 in Canton. Kathy Contello of Upstate Medical University provided the training which was facilitated by NCPPC and SUNY Clinical Care Initiative. 23 attended.

A Centering Pregnancy Informational Session was offered to prenatal care providers and was held as a breakfast meeting on November 19, 2007. 15 people were in attendance to hear a presentation on the Center Pregnancy model by Jeanie Rotundo. Follow up to this session revealed interest in the model but no commitment to the costs and resources needed to implement it.

Building Bridges to Cultural Competency training was held on April 4th and April 7th at Ogdensburg and Carthage, respectively. A total of 76 people attended the sessions.

Tri County Breastfeeding Coalition provides speakers from its own ranks to provide lactation continuing education each quarter for its participants. This has become a valuable educational opportunity. The MCH Specialist assures that LCERPS are available for this education each year.

Breastfeeding Journal Clubs were held in each of the three counties. Eight opportunities were offered in each county this year. LCERPS were made available for this continuing education.

Annual Teen Sexuality Conference was held on May 16th. Byron Hurt presented "Beyond Beats and Rhymes," discussing the connection between hiphop and sexual violence. 99 people participated in the conference including school personnel, health and human services providers, parents, teens and community agencies. Evaluations demonstrated that the conference was useful and well received, both professionally and personally.

Breastfeeding Training was offered in a two day format and was held on June 16-17. 63 attendees were educated in “Maternal and Infant Assessment for the Lactation Consultant.”

Early Pregnancy Workshop Educators and Childbirth Educators received training on May 28, 2008. The topic was “making Classes and Workshops Adolescent Friendly,” presented by Anne Garno, North Country Adolescent Outreach. 25 professionals were in attendance.

Community MCH Outreach Week was conducted May 5th – 11th in conjunction with the Agency Outreach Group. The four topic areas selected were Folic Acid, FASD Prevention, Smoking and Pregnancy, and Pregnancy Prevention. Eight partner agencies participated and sponsored activities during this week. All partners participated in the Bellville-Henderson Health Fair on May 7th. Activities included health fairs, OB/GYN provider mailing, jointly sponsored PSA on smoking and pregnancy, and media interviews.

Objective 2.4 NCPPC participates in the Association of Perinatal Networks of New York (APN) collaborative activities to improve administrative, fiscal, and program management and to address maternal/child health issues of regional and statewide importance.

The Executive Director continues to be an active participant in the APN and its activities. She serves as Chair of the Membership and Nominating Committee. Administrative training was held as part of the APN meetings this year. Some of the resources, programs and tools shared were incorporated in NCPPC’s work.

Objective 2.5 NCPPC will be a key sponsor or participant in developing data resources both locally and in CNY.

NCPPC staff responded to over 40 requests for assistance. These include grant applications, data requests, data systems, technical assistance, interpretation of data, analysis of data, needs assessments, focus groups, letters of support and collaboration, and community program planning. In addition, NCPPC staff provides and responds to multiple media inquiries including television appearances and newspaper articles.

Objective 3: Reduce the impact of risky behaviors on birth outcomes, and promote healthy behaviors including HIV counseling and testing before and during pregnancy.

Objective 3.1 NCPPC will be a key participant in risk behavior programs, including HIV, sponsored by existing programs.

NCPPC staff have participated in other related networks and collaborations including: Domestic Violence Coalitions; Tobacco Prevention and Cessation Coalition; Catholic Charities PPD Initiative; Northern New York Rural Health Care Alliance, St. Lawrence Health Initiative; Communities That Care, ACT for Youth, childhood obesity/diabetes, and various adolescent pregnancy prevention initiatives. Attending staff continue to update the Perinatal Network on these issues and related efforts and provide the maternal and child health perspective to these collaborative efforts.

Objective 3.2 Identify issues and assist to strengthen referral system with mental health providers.

NCPPC continued to identify referral issues and barriers to care for mental health issues of pregnant women. NCPPC's frontline workers and case management committee continued to look at this issue and discuss ways to address the lack of access to mental health services for pregnant women and women with perinatal mood disorders. CPPSN staff followed up on participants of the Maternal Mental Health training which occurred in April of 2007. This training was designed to raise the skill level of prenatal providers and case managers to address perinatal mood disorders and mental health issues identified. Followup evaluation of those who participated appears to have resulted in case managers, home visiting staff and some prenatal care providers being more able to address some of the issues related to the mental health concerns of pregnant clients or patients. However this does not replace being able to refer and have a woman receive mental health services. This training was replicated this year in the Syracuse area.

Objective 3.3 Outreach and Education initiatives will include healthy and risky behaviors information.

All NCPPC perinatal publications included pertinent information on healthy behavior and risk reduction. Prenatal care providers received information on perinatal mood disorders, breastfeeding and other topics throughout this year. During the MCH Awareness week, 54 OB/GYN providers received teaching packets on Folic Acid, FASD prevention, Smoking reduction in pregnancy, and HPV prevention.

Objective 3.4 Perinatal Network collaborations will address reducing risky behaviors and increasing healthy behaviors.

Frontline worker meetings and Prenatal Case Management Committee as well as the Breastfeeding Coalition focused most of their agendas and discussion to these concerns. NCPPC staff and Prenatal Case Management Committee reviewed smoking, substance use, STIs and HIV as well as other psycho-social data and breastfeeding rates to update strategies. Healthy behavior information is provided in all NCPPC publications as well as breastfeeding continues to be a major focus of NCPPC activities. NCPPC concentrated more effort on preconception care to help avoid some of the risk behavior during pregnancy.

The HIV Update training was held this year in two locations to train health and human services providers. A REACH CNY trainer was utilized for this training.

Objective 3.5 Increase the level of community awareness and professional skills to identify and treat postpartum depression.

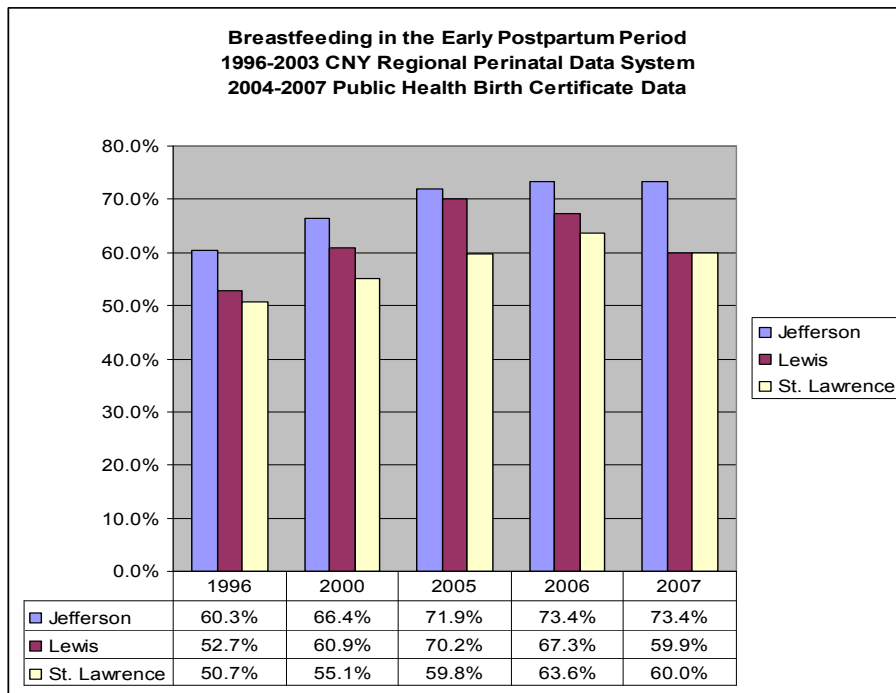
Frontline workers continue to use the tools in which they were trained to use. The MCH Specialist and Catholic Charities continued to provide community and agency presentations on post partum depression during this year to encourage referrals to Catholic Charities program for Postpartum Depression counseling and support. Referral information has been disseminated widely through the Perinatal Network for this program. Presentations and educational materials will continue to be made available as needed.

Objective 3.6 Provide folic acid information in the tri-county area.

NCPPC continued its folic acid outreach initiatives. Perinatal communications and publications continued to include Folic Acid information. Folic Acid was also promoted during the MCH Awareness Week.

Objective 3.7 Increase breastfeeding rate from 67.9% (NYS Perinatal Statistics, 2005) to 70% for tri-county region.

2007 rates for Jefferson, Lewis, and St. Lawrence counties are 73.4%, 59.9%, and 60.0%, respectively. This translates to a tri county rate of 67.3%. These rates are the same or less than 2006. The rates are unsteady resulting in breastfeeding needing to continue as a priority.



NCPPC continued to monitor and assist with outreach initiatives for breastfeeding. The Tri County Breastfeeding Coalition continued as defined under regional collaboration in Objective 2 and sponsored community outreach events. NCPPC facilitated the breastfeeding teleconference in two sites and has applied for Lcerps to be provided for education at each of the Tri County Breastfeeding Coalition meetings and for the Breastfeeding Journal Clubs. Journal Clubs were established in each county this year. This commitment to professional education has assisted to decrease the gap in the number of lactation consultants available in the North Country compared to seven years ago.

NCPPC staff continued to collaborate with Cornell Cooperative Extension’s breastfeeding home visiting program and with Samaritan Medical Center with the Breastfeeding Moms Support Group. Claxton Hepburn Hospital has started a support group as well.

The infant feeding and diapering stations for Jefferson and St. Lawrence county fairs were sponsored by NCPPC and assisted another agency who took the lead for the Lewis County

fair. These were very successful community outreach events to provide a breastfeeding service and to reach consumers with various maternal and child health topics. The infant feeding and diapering station was also provided at other community events during this year.

NCPPC was also able to provide a two day training on Maternal and Infant Assessment which was very well attended. Partial scholarships were offered to North Country attendees.

Objective 3.8 The rate of adolescent pregnancy in the tri-county area will continue to be reduced. The 2004 adolescent pregnancy rates (per 1,000 15-19 female pop.) are as follows: Jefferson County: 54.3 for 15 to 19 year olds. Lewis County: 30.8 for 15 to 19 year olds. St. Lawrence County: 31.0 for 15 to 19 year olds.

Vital Statistics for 2005 and 2006 reports adolescent pregnancy rates as follows:

	Jefferson	Jefferson	Lewis	Lewis	St. Law.	St. Law.
Ages	2005	2006	2005	2006	2005	2006
10-14	1.6	0.5	0.0	0.0	1.2	0.3
15-17	15.9	16.7	9.0	15.7	20.1	17.2
18-19	138.4	126.5	82.0	85.8	42.2	43.4
15-19	58.9	54.2	32.0	38.4	32.1	31.5

All three counties experienced a variety of rate changes compared to 2004 age group rates. Jefferson County had the highest 18-19 year old teen pregnancy rate in 2005 outside of New York City, with only the Bronx and King County being higher. In 2006 this rate dropped to the 7th highest. Rates for 10 to 14 and 15 to 17 age groups remain relatively low when compared to the rates “outside of NYC” which are 0.9 for 10 to 14 and 24.3 for 15 to 17 year olds.

A high rate continues for the 20 to 24 year old population in Jefferson County. The rate of 174.9 exceeds all rates except for three in New York City.

Objective 3.9 NCPPC will sponsor an annual training opportunity on teen related issues for schools, parents, and youth development workers.

The Annual Teen Sexuality Conference was held with 99 educators, health and human services, and parents participating. This training was described under Objective 2.

Objective 3.10 NCPPC will provide data services related to adolescent pregnancy and births to assist community partners and schools to realize the impact of these youth issues.

NCPPC serves several communities that have been targeted for their high adolescent pregnancy rates over the years. Rate reduction is a measurable result of NCPPC’s efforts as well as many collaborative initiatives. NCPPC will continue as Lead Agency for the JSLAPPS and CBAPP grants. Both of these programs provide a wealth of opportunities to collaborate on adolescent pregnancy reduction as well as general perinatal health systems. The Prenatal Case Management Committee reviewed adolescent births and pregnancy related information. Data was updated and referred to APPS for planning.

CBAPP and APPS services along with the teens served by the prenatal case management system continued to provide an impact on teen and repeat teen pregnancy rates and community attitudes. Continued staff and agency support of these activities and being a key participant in the other adolescent initiatives promoted the reduction of adolescent pregnancy through aggressive service provision. Cross-representation on boards provided for increased communication and ensured reduced duplication of services and an efficient referral process. NCPPC continued its key participant role in networking and information gathering which included a variety of regional and local youth development and school related providers.

The Linkages for Prevention, Gouverneur Activity and Learning Center, and JSLAPPS Annual Reports may be found in the Other Reports Appendix. These reports are included with the CPPSN report as some of the issues identified are either identified by providers or consumers of these programs or these programs are part of the resolution of access issues, particularly with regards to adolescent pregnancy and parenting issues.

Objective 4: Promote perinatal public health by taking a leadership role with the Regional Perinatal Centers in developing and maintaining the Regional Perinatal Forum to address identified regional public health issues related to maternal and child health.

Objective 4.1 NCPPC will participate in the Central New York Regional Perinatal Forum.

NCPPC continued its participation in the CNY Regional Perinatal Forum and Advisory Committee. The Executive Director and Maternal and Child Health Specialist attended the forum meetings and were active participants in developing the agenda for the forum. The Executive Director continued as past co-chair on the Advisory Committee. Three meetings of the advisory group were held during the year.

The MCH Specialist participated in the Education Committee meetings. The Executive Director participated in the Early Prenatal Care Access Study.

Objective 4.2 NCPPC will participate in collaborative activities with the 3 other CNY Perinatal Networks to support both the RPF and other regional MCH collaborations.

The three CNY perinatal networks met on a quarterly basis to support and network on issues and areas of common interest. Information received at these meetings were incorporated in NCPPC's outreach.

Other significant regional involvement includes the CNY March of Dimes, CNY WIC/Breastfeeding meetings. In addition two CNY RPC professionals serve as ex officio to the NCPPC perinatal network.

Objective 4.3 NCPPC will collaborate with the CNY Regional Perinatal Center on its Regional Outreach Visits in the North Country.

The MCH Specialist attended the CNY Regional Perinatal Center's hospital outreach visits this year. Five of the seven hospital visits were attended by the MCH Specialist, assisting the OB Nurse Managers when needed. The information shared at these visits is integrated into the perinatal network's initiatives when ever possible.