

ANNUAL REPORT
COMPREHENSIVE PRENATAL-PERINATAL SERVICES NETWORK
July 1, 2006 – June 30, 2007
Contract No.: C-021370

The Comprehensive Prenatal-Perinatal Services Network program has successfully completed its nineteenth 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 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 2006 and 2007 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 2005 and 2006. Central New York Regional Perinatal Data System for Healthy People 2010 reporting is used for the previous years. The Central New York Data is also referenced for particular risk factors as this data was prepared and analyzed by the CNY Regional Perinatal Center SPDS Coordinator for the Regional Perinatal Forum during 2006.

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 six year benchmark for the Case Management Agencies to use as they review their service systems. All eight agencies reported information into the system during 2006.

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.

2006 NYS Perinatal Data Statistics reports 1,867 births in Jefferson County, 1,277 births in St. Lawrence County, and 341 births in Lewis County, totaling 3,485 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, 3,227 births occurred during 2006 to women of the tri-county area. This is a slight decrease over the 2005 year which saw a significant increase particularly in Jefferson County (20% increase in 2005). 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. 44% of the Jefferson County births listed Tricare as the payor, the Army's health insurance. 2006-07 also saw significant numbers of soldiers deploy and soldiers return from deployments. Both phenomena impact the number of pregnant women in the tri county area with the greatest effect being felt in Jefferson County. Fluctuations in the number of births during the remainder of 2007 and into 2008 are expected. 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 2007 are 1,752 a number lower than the comparative point in 2006 (-271). 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 2006 and the first 6 months of 2007 may be found in the appropriate appendix.

New, emerging or continuing priority concerns identified over the 2006 – 2007 year included the following:

1. Ft. Drum Army population growth related issues: significant increase in Ft Drum related population continues to effect health and human service providers. This population increase is concentrated primarily in the 18 to 30 year old group. MCH services have been particularly in demand for this population based on their being of childrearing age, the life decisions they face, and their household incomes.
2. Perinatal Homeless issues: During the previous two years, it was recognized that many local, low income residents found themselves priced out of their apartments and homes. Many families were living with other families. A consortium of people concerned about homeless and housing shortages was formed in 2004-05 and a subgroup concerned about pregnant women was formed in 2005-06. A second study on homelessness was conducted last year with the final report coming out this year. NCPPC participated in this study, ensuring the question on pregnancy was included. The study concluded and made part of its recommendations ...“While only 12 pregnant individuals were found to be in the HHAP defined category and only four of those were in critical enough circumstance to be defined by HUD as homeless, the costs to society associated with poor outcomes for birth and newborns cannot be overestimated. Efforts to identify these individuals and provide stable housing for them and their newborns should be supported.” The perinatal subgroup continues to work to identify funding and a lead agency for a housing option. Our MCH Specialist currently co-chairs this committee.

3. Prenatal Care Waiting Lists: Pregnant women in Jefferson County in particular are experiencing waiting lists as they prefer certain types of providers for their prenatal care. Many of the obstetrical provider changes and group practice changes may still be contributing to confusion for both consumers and community agency staff who are trying to refer consumers.
4. Cultural groups (Amish and Spanish speaking) as both continue to grow in the North Country. Concerns continue to be expressed in meeting the needs of these two growing populations though still rather small in number. Training in cultural practices, seeking appropriate materials, and language interpreters are some of the requests that have been expressed.
5. Continued concern regarding coordination of perinatal bereavement services. This is an ongoing concern. Hospice of Jefferson County due to their receiving a CJ Foundation Grant took the lead to provide some coordination for trained bereavement counselors. NCPPC will monitor the situation and continue to support Hospice in this effort.
6. Continued concern regarding mental health care access for pregnant and postpartum women. Due to the difficulty for women to access mental health services for perinatal mood disorders, collaborations were formed during this past year resulting in community trainings, alternative provision of postpartum depression counseling and support, and a two day skills training for frontline workers.

Objective 1: Increase access to 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 81.3% (2003 CNY RPDS averaged county rate) to 84.0%.

The first trimester prenatal care rates during 2006 are as follows: Jefferson County, 79.7%; Lewis County, 83.8% and, St. Lawrence County, 81.5%.

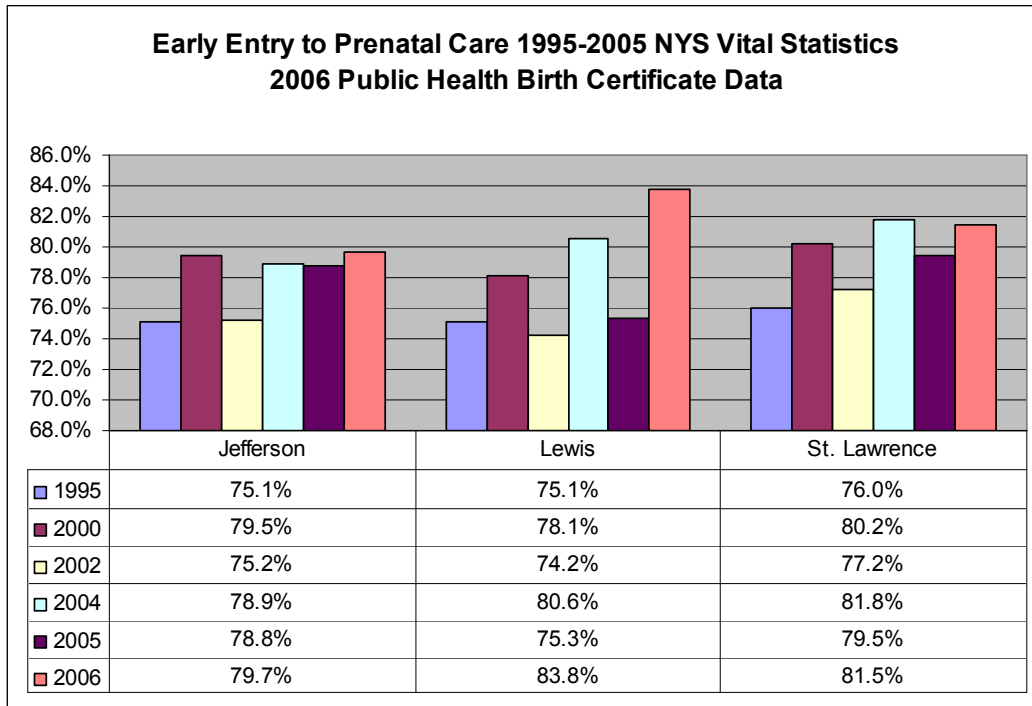
Since achieving the Healthy People 2010 Objective has not occurred, we continue to emphasize early entry to care as a concern both for overall access to care and for infant mortality. All three counties have seen slight improvement over the course of the last several years but for the most part increasing the early entry rate has been quite difficult to accomplish.

Of more concern is the increase in no care and late entry to care during 2006. 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 (11 Jefferson; 7 Lewis, and 35 St Lawrence).

When looking at the payor source for those with no care, too many of the records have "no payor information" making it difficult to draw any conclusion regarding the impact of insurance status.

Also, for those who started prenatal care during weeks 28-40, Lewis and St. Lawrence counties numbers decreased from 2005 to 2006. However, Jefferson County’s numbers went from 45 to 83.

As part of the CNY Regional Perinatal Forum this year, the SPDS Regional Coordinator provided analysis of Early Prenatal Care by payor by county of residence for the years 1998 through 2006. This data revealed for the tri county area anywhere from a five to ten or more percentage point difference between the early prenatal care rates for women with private insurance and those with Medicaid or PCAP/MOMS. The three county payor data is provided in the Early Entry to Prenatal Care Appendix.



NCPPC views early entry to prenatal care as part of the continuum of primary care access for mother, infant, and family. All the data and anecdotal consumer and community reports reflect the need to continue emphasizing this objective as the Healthy People 2010 objective has not been obtained even though all three counties continue to gradually increase their rates. 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 2,000 consumers and community agencies and school staff were reached through 53 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 provider, case management, and a variety of topical information to meet their needs.

Attention was focused on early entry to care and prenatal services through 24 presentations (over 700 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; 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.

Objective 1.2 Increase the percentage of the birthing population receiving care in the first trimester (over the 2003 local public health data) for the following targeted geographical areas:

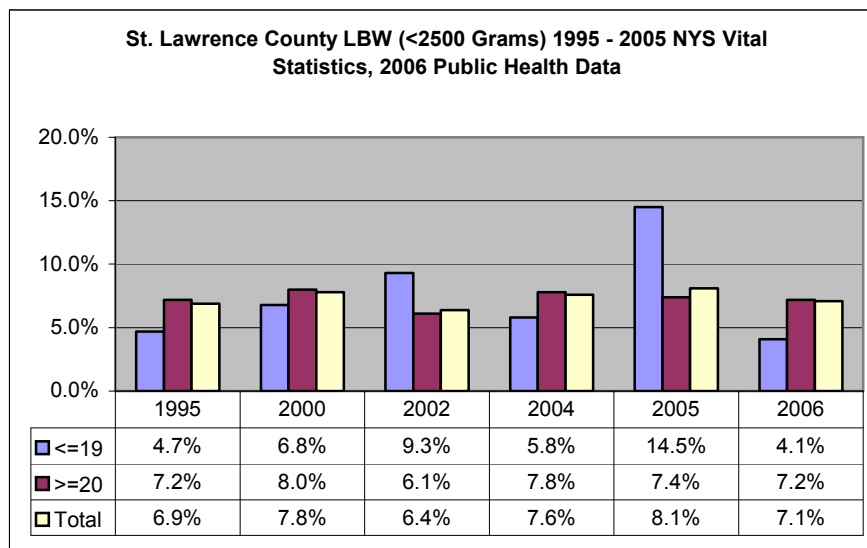
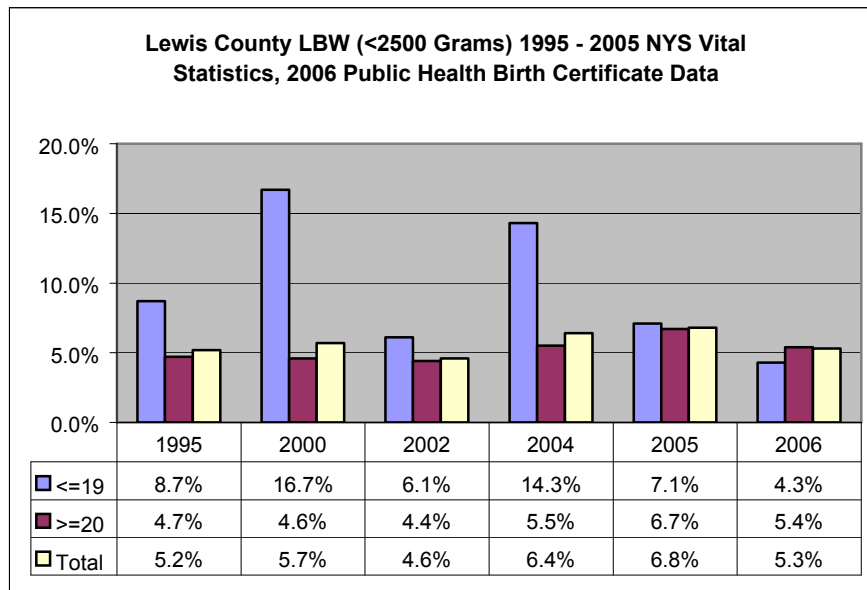
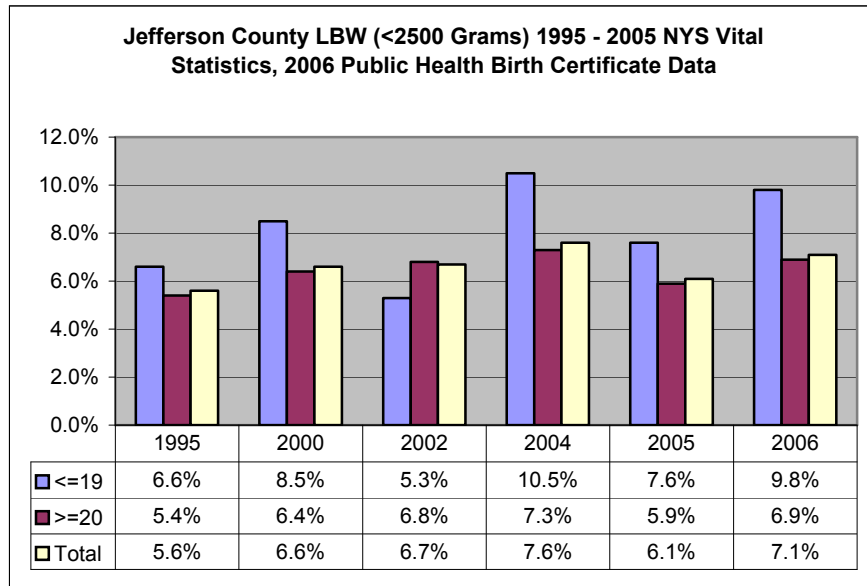
LeRay, Ft. Drum, Philadelphia & Wilna (Ft. Drum impact area): 81% to 83.5%; Herman-DeKalb: 78% to 80%. Monitor all high risk zip code areas ongoing.

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. As the data improves, we will again use the maps for targeting outreach. In the meantime, 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.

The CNY Regional Perinatal Forum had provided information on early entry to care by insurance payor during this year. It was quite apparent that a disparity existed in the tri county area between Medicaid and Private Insurance as payor. Queries have been run to identify the townships with high numbers of births with Medicaid as payor. These townships will be targeted for early entry to care messages and assistance with access if issues are identified. There is similar overlap to previous townships where early entry to care rates have been low. The CNY report abbreviated to the tri county area and the township query may be found in the Early Entry to Care appendix.

Objective 1.3 Reduce the percentage of live births that are low birth weight (2500 grams or less) from 6.7% (2003 public health birth certificate data) to 6.0%.

The 2006 data revealed a rate of 6.9% percent for the low birth weight rate for the tri county area, the same as for 2005. This is a decrease from 2004's rate of 7.5% but essentially reflects the continued trend of slight increases from year to year. For two of the three counties, adolescents consistently have had higher low birth weight babies compared to the total population. St. Lawrence County has been the exception in most years with the adolescent low birth weight rate being lower than the adult rate.



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 2006. General smoking rates ranged from 22.1%, 23.8%, and 32.6% for the birthing population in Jefferson, Lewis and St. Lawrence counties respectively. For those giving birth to low birth weight babies, smoking rates were 29.4% in Lewis County (31% in 2005 and 0% in 2004); 29.7% in Jefferson County (27.6% in 2005 and 42% in 2004); and, 47.7% in St. Lawrence County (44% in 2005 and 49% in 2004). Jefferson and Lewis counties appear to realize gains in reducing their smoking rates related to pregnancy and its impact on low birth weight. However, St. Lawrence County has not experienced this type of change. This information will be further delineated and shared with frontline workers, prenatal care providers and smoking cessation providers in each county.

Ninety-nine (99) births were part of a multiparous pregnancy for the tri-county area. Of these multiples, 56 were low birth weight. Multiples who were low birth weight comprised 25.1% of the low birth weight births, a slight increase over the previous year.

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

Jefferson	0.30 (2005 -1.22; 2004 - 2.20)
Lewis	0.00 (2005 - 0.82; 2004 - 1.09)
St. Lawrence	0.24 (2005 – 3.47; 2004 - 3.41)

There were only eight very low birth weight babies during 2006. However since the rates for the previous two years were quite high, we will continue to monitor these rates as they reflected poor birth outcomes for sixty-seven babies in 2005 and seventy-seven babies in 2004. Each of these years doubled the number of babies for the previous year of only thirty-six babies (2003).

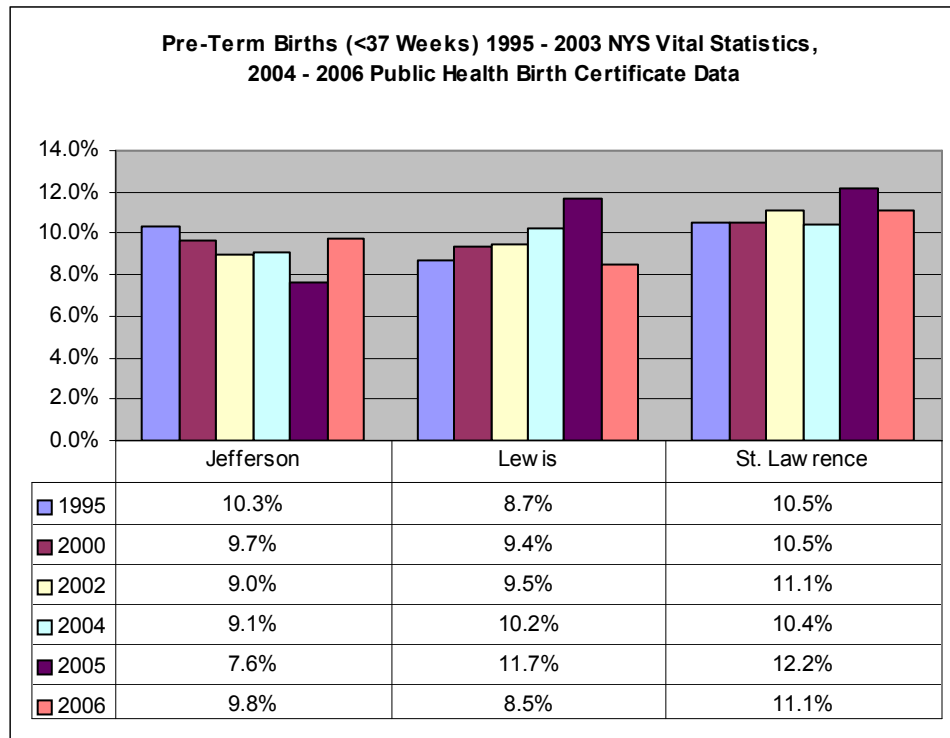
Objective 1.4 Reduce the rate of preterm births (less than 37 weeks) in the tri-county area from 7.6% (2003 public health data) to 7.4%.

329 babies were born prematurely, a number similar to the previous year. 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 2006: Jefferson – 9.2%; Lewis – 6.7%; and St. Lawrence – 8.5%.

Of the ninety-nine multiple births in the tri-county area, 51 were preterm. The multiples comprised 15.5% of the preterm births in 2006.

Smoking rates ranged from 22% to 32.6% for the general birthing population in each county.

For those giving birth to preterm babies in 2006, smoking rates were 3.7% in Lewis County (25.6% in 2005, 32% in 2004); 17.8% in Jefferson County (27.2% in 2005, 25.7% in 2004); and, 20.1% in St. Lawrence County (29% in 2005, 14.4% in 2004).



NCPPC 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 restarted last year and will continue to be emphasized this next year as well. 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 2003 and 2004. 738 women received services in 2003 (2004 data not complete; estimated at 750).

This measurable objective continues to be achieved. 782 pregnant women were reported as receiving services through the prenatal case management system during 2004 and 714 women and teens in 2005 received services from seven of the eight prenatal case management agencies. In 2006, 787 women and teens received services during the prenatal

period. One agency reported a very small number of their clients (11). This was due to the changes made during 2006 to the Case Management Data System requiring retraining of this agency staff which could not be completed during the year. This agency actually served 290 women many of which were also seen by other prenatal case management agencies who were able to report services. Therefore birth outcomes were captured for most of these clients. A full data set is now being entered for 2007.

The new data system and better reporting provides a fuller picture and more accurate data regarding case management services and birth outcomes. The six year summary report as well as the detail report for 2006 is included in the Case Management Data Appendix. The new data system now allow for secure web based data entry for each of the agencies reducing staff time for the case management agencies and NCPPC. The system was also updated to capture information regarding anticipated insurance coverage postpartum, more detailed breastfeeding question, suspected domestic violence, completion of the postpartum visit, and a simplification of the referral and need outcome coding.

The Case Management data reflects the many issues for pregnant women – especially the highest risk including pregnant adolescents. Approximately 28% of the births during 2006 received some level of case management services. At least 90% 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 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 2006, prematurity and low birth weight rates were 7.22% and 5.58%, respectively. Both rates were decreases over 2005 reversing the one year increase and again realizing the trend of steady declines or at least the rates holding steady as in the case of the low birth rate. Very low birth weight also decreased from 1.54% to 1.12%.

Smoking rates dropped to 34.82% (45% in 2005) of case managed women reporting smoking during a portion of their pregnancy. This is the first time this great of a decrease has been recorded. It may however be due to a change to the question in the case management data collection form. 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 is 25.67%. Case managed women have higher rates of smoking than the general birth population indicating that many of the pregnant smokers are being referred to or are part of the case management service system.

Objective 1.6 Increase the percentage of case managed women who receive care in the first trimester by 5% over year 2003 rate of 75.3%.

The early entry rate increased in 2006 to 78.78% as compared to 2005 rate at 73.67% for case managed women. Access to care continues to be discussed at both frontline worker meetings and the case management agency meetings. Concerns regarding changes in provider offices, PCAP/MOMS model of care, scheduling of first appointments, lack of providers among others have been identified over the last few years. These will be discussed with the individual case management agencies. 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 2005 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 TQM Report for the Tri County Case Management Service System is included in the Case Management Appendix.

With the improvements to the case management collection system, it is hoped reports will be available at both the six month interval and much sooner at year end. This will allow for more timely meetings with each case management agency and swifter improvement plans to be implemented.

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: 10 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 is set to go via email this coming year. A survey will be incorporated as the email version will lend itself more readily to feedback. *New Parent News* solicited consumer feedback in one issue. Requests for articles on particular topics are incorporated into upcoming newsletters. Of the five returned postcards, all asked to receive the newsletter on an ongoing basis. 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*. 12 postcards were returned with 10 being positive, 2 indicated the information was receive to late and 8 wanted to sign up to receive the newsletter.

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 insure 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, comprehensive and well organized. 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 150 responses.

The 800 number and NCPPC's local number logged an estimated 2,000 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 29,625 copies in the last fourteen years with 870 being distributed this year. This continues to be one of our most sought resources. The Northern New York Rural Health Care Alliance co-sponsored its production three years ago and the directory is now available through their website. A link has been created from the NCPPC website to it as well. NCPPC will begin updating the directory during the 2007-08 year.

Resource Libraries

Resource centers are located at NCPPC, Lewis County General Hospital, St. Lawrence County Public Health, and the Family Resource Center in Gouverneur. 452 materials (videos, books, curricula, journals) were borrowed from the consumer libraries and the professional library.

Through NCPPC's library services contract with Samaritan Medical Center Library, over 320 documents or articles were requested and 110 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* was scheduled to go from primarily a mailed newsletter to an e-newsletter this year. However that goal was not accomplished. It is scheduled to go electronic with the first issue in 2007-08.

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. 13,500 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 restarted part way through this year and was sent to 1,504 families.

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). 15,640 have been distributed in the past six years with 2,710 being distributed this year.

NCPPC Annual Report

NCPPC's published annual report was distributed to health and human service providers and consumers during this year. 700 were distributed through the course of the year. In addition 75 copies of the detailed annual report, which includes extensive data sections were also provided.

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. The brochure was revamped and updated this year. 1,200 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, 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. 1,200 were distributed this year.

NCPPC's Website: www.ncppcinc.org

The website includes NCPPC programs, resources, and provides links to other websites. The website also provides a direct email link to NCPPC for further information and referral needs. The website has undergone major revisions to make it more user friendly this year. These revisions will continue until this project is completed.

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 fifty-three 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 in conjunction with funding from the March of Dimes facilitated the establishment of classes during 2004. 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 49 classes held this year with 158 participants. This was a slight decrease in participation from the previous year and in the number of classes offered. The participant demographic survey results were included in the fourth quarter report.

Childbirth education classes have been supported through educator training this year and provision of materials and information for late pregnancy topics such as premature labor signs and symptoms. A meeting of the hospital educators was also held this year as a 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, and was awarded a new contract starting January 2006. Since the start of the new contract until June 30, 2007, 6,011 people have been enrolled through this initiative. Of those enrolled, 4,410 are children and 1,601 are adults. NCPPC's health promotion agenda embraces the goals of this program and provides information when ever possible to consumers. Identified barriers and gaps in services are incorporated and addressed through NCPPC's network of regional collaboration. Child Health Plus continues to be one of the few managed care initiatives currently operating in the tri-county area. The Coordinator of the program was involved with an initiative to determine the number of under- and –uninsured residents in St. Lawrence County over the past few years. 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.

Intended Pregnancy rates were not available for this year. NCPPC 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.

Starting in 2004 the military base began expansion by bringing another brigade of 5,000 soldiers, 50% with young families to Ft. Drum. This expansion continue with soldiers and families for a second brigade arriving in 2005-06. Additional units continue to be moved to Ft. Drum and plans for more over the next few years are also being released. It should also be noted that the military practice of moving soldiers and their families every 2 to 3 years is now changing to every 5 to 7 years. The goal with this change is 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.

In 2005, 48% of the Jefferson County births were to patients covered with Tricare insurance or the military insurance plan. Lewis County births were covered by 12% and St. Lawrence County births had 4% Tricare coverage. In 2006, 44%, 11%, and 2% respectively were military related. 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. Military housing units are dispersed throughout the North Country and are located in nine different communities. Therefore, health and human services are also provided to military families in Lewis and St. Lawrence counties as well. 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.

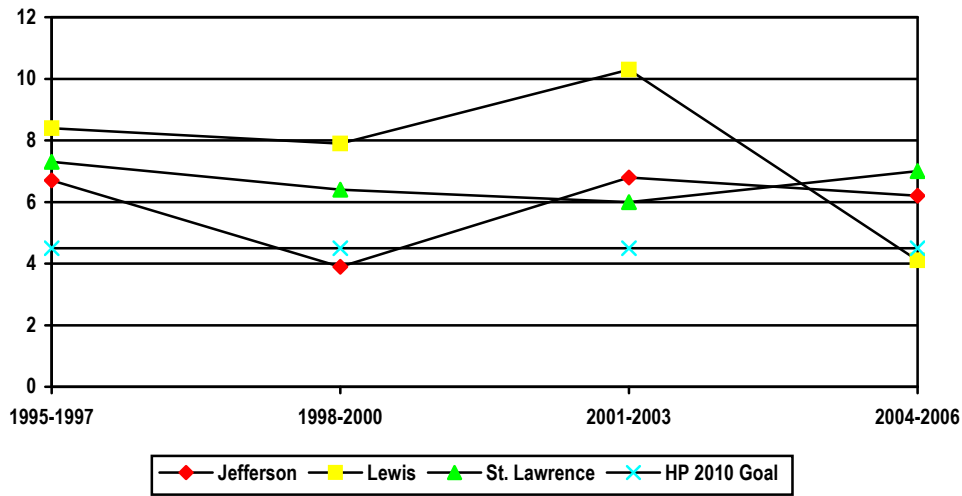
2006 was the first year information was collected on the post partum visit. 209 or 37% indicated as having completed a post partum visit by 8 weeks following delivery of her baby. This year will be used as a baseline as we move forward with outreach and initiatives to improve post partum visit completion.

Body mass index information will start to be analyzed and reviewed in 2007-08.

Objective 1.11 Infant mortality rates will continue to be monitored and prevention efforts implemented to reduce infant deaths (2002 rates for tri-county are 7.8, 13.1, and 6.6 per 1000).

Infant mortality rates continue to fluctuate, mostly due to small numbers. Lewis and St. Lawrence counties tend to stay constant in their number of deaths with Lewis ranging from 0 to 4 per year and St. Lawrence ranging from 7 to 9 per year over the course of several years. 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 to more deaths. The rates are of concern as they are for some years above the Healthy People 2010 goal. According to NYS Vital Statistics the 2005 and 2006 rates per 1,000, respectively are: Jefferson County – 3.3 and 5.4; Lewis – 5.4 and 6.1; and St. Lawrence – 9.7 and 5.5. The Infant Mortality Rates Trend Report for 1995 through 2006 and the Infant Mortality Rates for individual years may be found in the Infant Mortality appendix.

Infant Mortality Rates 3-Year Trends 1995-2006



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. 15 presentations reached over 400 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 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.

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

- Healthy Families New York research and application (in conjunction with three cornell cooperative extensions and BOCES)
- Lewis County Domestic Violence resulting in cosponsoring Abuse During Pregnancy training
- Infant Feeding and Diapering Stations as a World Breastfeeding Week activity resulting in fulfilling a need at three county fairs and other community events, 30 agencies providing volunteers, donations, and resource materials.
- Catholic Charities on Perinatal Mood Disorders resulting in cosponsoring mental health training, jointly providing community education, and C.C.’s providing PMD counseling

and support.

- Outreach Network Group resulting in more effective and efficient use of community educators time.
- Perinatal Bereavement Project (outgrowth of the CJ Foundation grant at Hospice), includes perinatal bereavement services, coordination of services.
- 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 3 other hospitals starting Baby Weigh Station/breastfeeding moms support group programs.
- Perinatal Homelessness with Points North Housing Coalition and PATH (community needs assessment completed, securing a lead agency, continue funding options, MCH Specialist chairs PATH).
- Breastfeeding Coalition collaboration with Cornell Cooperative Extension (printing support)
- Pediatric Initiatives (Childhood Nutrition, Obesity, and Diabetes).
- Steps to a Healthier NY -- 2006-07 pregnancy and breastfeeding focus; provide PSAs on breastfeeding for the community.
- Tobacco Cessation Center – focus on pregnancy this year; provided smoking cessation training for perinatal providers and funding for various perinatal related programs.
- CNY Perinatal Networks with CNY Regional Perinatal Forum -- Early Prenatal Care Access Study.
- Breastfeeding Journal Clubs were started this past year to increase educational opportunities for lactation consultants.
- Communities That Care coalitions in Jefferson and St. Lawrence counties.
- Centering Pregnancy – continue to support initial efforts
- Quality Standards Military-Community Health Collaboration (Obstetrics focus area)

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-conceptional and pregnant women and their families. The Membership Committee continued to place consumer recruitment as the priority. Two new consumer members came on the board this year. The board and staff held a strategic planning and message development session at its annual meeting on October 2nd. 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 the audit bid process and selected

the audit firm for the next year. In addition, they have begun the review of the Financial Policies. The **Executive Committee** functioning as the oversight for the Perinatal Needs Assessment put the Needs Assessment out to bid, completed the selection process, and have seen the needs assessment through the first benchmarks toward completion.

The Marketing Committee provided the leadership for the strategic planning session held this year. The committee continued to facilitate the work surrounding the mission, vision, logo, and message mapping for the Perinatal Network.

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, 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.

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.

74 networking opportunities were sponsored by NCPPC during 2006-2007. 31 of these were maternal and child health, 23 adolescent specific, 10 uninsured, 5 perinatal network strengthening and 5 primarily agency business. Attendance remained constant among all groups. Over 135 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 include:**

- Military families (stress, deployments, PTSD on return from deployments)
- Increased number of pregnant single soldiers
- Pediatric and obstetric provider shortage
- Gap in time between Hospital (Crouse NICU) referral for follow up after D/C or infant death to local public health agencies
- Chronic diseases (especially obesity)
- Elective C-sections
- Domestic Violence
- STIs
- HIV
- Maternal homelessness increasing, housing shortage (Jefferson Co.)
- Maternal seatbelt use
- Obstetrical group practice changes continue to be confusing to consumers
- Jefferson County waiting list for midwifery care
- Late referrals to case management services
- Need for fetal movement education
- Childbirth education
- Midwifery liability insurance increases
- Infant care seat installation
- Client transportation
- PCAP/MOMS enrollment changes in documentation
- Infant mortality
- Breastfeeding
- Emergency breastpumps availability
- Local breastfeeding in public concerns
- Spanish speaking increase (need for interpreters)
- Amish – cultural competence
- Coordination of bereavement network and support
- Oral health – Medicaid clients unmet need
- Risky behaviors in pregnancy, especially adolescents
- Smoking in pregnancy and post partum
- Access to mental health care for preconception, pregnant and post-partum women
- Perinatal drug abuse, especially younger mothers
- Early Prenatal Care
- Low birth weight and prematurity
- Adolescent pregnancy – gaps in services
- Adolescent planned pregnancy (ie, senior year)

- Uninsured population(s)
- Decreased facilitated enrollment participation

Objective 2.2 NCPPC is a key participant in regional networking. 120 networking opportunities will be attended during the four quarters.

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 220 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; Ft. Drum Quality Standards Committee; JSLAPPS Community Council; CNY Regional Perinatal Forum and Advisory Committee; CNY Perinatal Networks; CNY Regional PCAP meetings; Association of Perinatal Networks of NY and Executive and Nominating Committees; Cornell Cooperative Extension of J.C. collaboration for home visiting; Planned Parenthood Lewis County Advisory Committee; St. Lawrence-Lewis BOCES HFNY Collaboration; and Communities That Care of Jefferson County.
Maternal and Child Health Specialist	CNY Perinatal Center’s local hospitals outreach visits; Lewis County Case Managers; PATH Maternity Homeless Coalition; WIC Breastfeeding Coordinators’ meetings; Jefferson County Youth Bureau; Ft. Drum Breastfeeding Advocacy Consumer Group; FASD Task Force; SMC Breastfeeding Moms Support Group; Wellness Connection; Points North Housing Coalition; Breastfeeding Journal Clubs (3 counties); Jefferson County Headstart Advisory Council; Tobacco Awareness Cessation Coalition; Grand Rounds for various hospitals; Jefferson Co. Case Managers networking; CNY Regional Perinatal Forum and Education Committee; CNY March of Dimes Program Services Committee; CNY Regional PCAP meetings; Jefferson Co. Public Health Steps to a Healthier NY Coalition and Obesity/Diabetes and Asthma committees; CTC of Jefferson Co.

Community Outreach Coordinator	Jefferson Co. Headstart Health Advisory Council; North Country Social Agencies Board; Lewis County LEICC; Jefferson Co. Local Early Intervention Council and subcommittee; FASD Task Force; FRC Peer Review Team; Outreach Network Group; Jefferson Co. Childhood Nutrition and Physical Activity Coalition; LaLeche League; Ft. Drum Pregnancy PT groups; Tobacco, Prevention, Awareness, and Cessation Coalition; Cornell Cooperative Extension Human Development Committee; Eat Well, Play Hard; CNY Infant Toddler Advisory Group.
Data Manager	Prenatal Case Management Committee; Data collaborations.
Youth Services Director	Community Connections; Youth Advisory Committee; Renewal House of St. Lawrence County; St. Lawrence Co. Case Managers; St. Lawrence County Human Services; Communities That Care for St. Lawrence County; Gouverneur Human Services Network; St. Lawrence Cornell Cooperative Extension's Family/Consumer Advisory Committee; NYSCAP; North Country Adolescent Outreach Advisory Board.

In addition, NCPPC staff attend such local meetings as other intra- and inter-agency meetings, client case conferencing, Linkages Team meetings and community advisory committee, JSLAPPS meetings, and facilitated enrollment meetings. This allows our network to keep abreast of evolving programs and to ensure coordination of those programs with other initiatives.

NCPPC staff also conducted 13 presentations about NCPPC, the Perinatal Network, and its programs.

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

NCPPC held thirteen 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 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 summer. This was a large undertaking requiring strong coordination by the coalition and many volunteer hours.

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.

Domestic Violence Training was conducted in conjunction with the Domestic Violence Program of Lewis County on October 19th. NCPPC sponsored the March of Dimes Nursing Module called "A Protocol for Prevention and Intervention." The Lewis County DV program provided the trainers for the program. 22 health and human service providers were in attendance.

North Country Amish: Culture, Genetics, Healthcare workshop was held on October 27th as an invitation only event. This training was to raise the cultural competence of the perinatal health providers particularly in Jefferson and Lewis counties where new communities of Amish are now residing. The workshop included a presentation on North Country Amish cultures, genetic conditions that effect the Amish, and a panel discussion on health care practice. 36 health providers attended the workshop. This training or similar has been requested on numerous occasions by others who were unable to attend. Consideration is being given to holding another training or collaborating with another sponsor to meet this need.

Promoting Maternal Mental Health During Pregnancy was held on April 24th-25th. Fifty-five participants were engaged by Dr. JoAnne Solcany and her work to increase the skills of prenatal care providers and case managers to address the mental health needs of pregnant women. Dr. Solcany through the two day training assisted with developing the skills to address the emotional and psychological well being of the pregnant woman.

Annual Teen Sexuality Conference was held on May 4th. Susan Wellman, M.Ed., Founder and Director of the Ophelia Project presented "Bullies, Broken Hearts and the Harsh Realities of Relational Aggression." 144 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.

Postpartum Depression: Tom Cruise vs. Brook Shields; Theory vs. Experience was held on May 4th sponsored by Jefferson Community College Student Nurses Association. NCPPC provided Community Outreach Support. Chris Kowaleski, Crouse Irving Hospital, was the speaker for this event. 60 people attended.

Prepared Childbirth Educators Training was held on May 17th -18th. Seventeen participants were certified with six of the seven North Country hospitals participating. This training will help to increase the late pregnancy education messages which include counting baby movement, preterm labor, etc. CPPSN funds were also used to purchase a limited supply of the *Gift of Motherhood* which is often used in conjunction with this training by our hospital educators.

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 continues as Past Chair on the Executive Committee and on the Nominating Committee. NCPPC continues to utilize the post partum training and materials provided by APN in its local activities.

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 55 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 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; 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. NCPPC made available the Maternal Mental Health training during this year. This training is 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 will occur to see if the training resulted in better management of these concerns.

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.

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.

The Domestic Violence and Pregnancy training was held this year in Lewis County to train health and human services providers. Health providers and case managers were also provided training on cultural competence related to new Amish settlements.

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

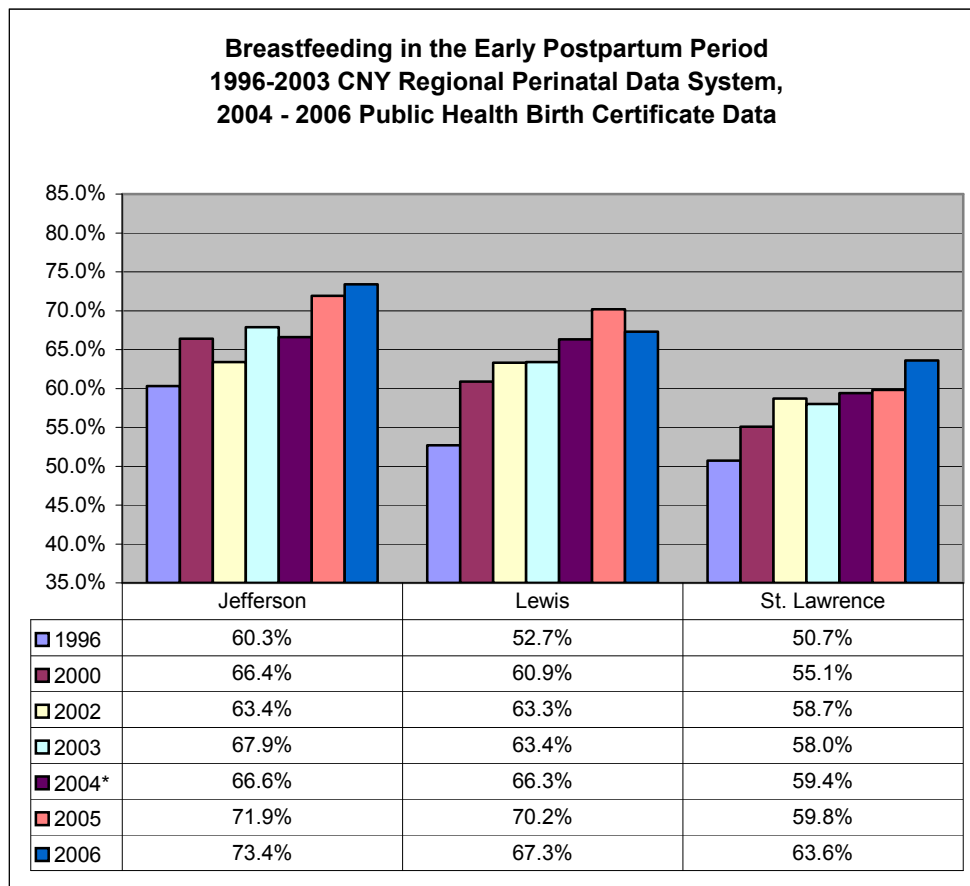
Frontline workers continue to use the tools in which they were trained to use. The MCH Specialist and Catholic Charities provided community and agency presentations on post partum depression during this year as a kickoff to Catholic Charities new program for Postpartum Depression counseling and support. Referral information has been disseminated widely through the Perinatal Network for this new 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. Additional funding may be sought in the next few years to fill a gap for educating the North Country college community.

Objective 3.7 Increase breastfeeding rate from 63% (CNY Regional Perinatal Data, 2003) to 65%.

2006 rates for Jefferson, Lewis, and St. Lawrence counties are 73.4%, 67.3%, and 63.6%, respectively. This translates to a tri county rate of 69%, clearly exceeding the objective for this year. It was expected that this objective would be exceeded since it was based on the 2003 data. However, the rates by individual county have not attained the 65% goal.



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. Breastfeeding Journal Clubs have been started in all three counties as another way to earn Lcerps. This commitment to professional education has assisted to decrease the gap in the number of lactation consultants available in the North Country compared to six years ago.

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.

Objective 3.8 The rate of adolescent pregnancy in the tri-county area will continue to be reduced. The 2002 pregnancy rates are as follows: Jefferson County: 62.81% for 15 to 19 year olds; Lewis County: 39.3% for 15 to 19 year olds; St. Lawrence County: 30.6% for 15 to 19 year olds.

Vital Statistics for 2005 reports adolescent pregnancy rates as follows: Jefferson County –1.6 (10 to 14), 15.9 (15 to17), 138.4 (18 to 19); Lewis County – 0.0 (10 to 14), 9.0 (15 to17), 82.0 (18 to 19); and St. Lawrence County –1.2 (10 to 14), 20.1 (15 to 17), 42.2 (18 to 19). All three

counties experienced increases in some of their rates compared to 2004 age group rates. Jefferson County had the highest 18-19 year old teen pregnancy rate outside of New York City, with only the Bronx and King County being higher. Rates for 10 to 14 and 15 to 17 age groups are relatively low when compared to the rates "outside of NYC" which are 0.9 for 10 to 14 and 23.3 for 15 to 17 year olds.

A higher rate also continues for the 20 to 24 year old population in Jefferson County. The rate of 194.0 exceeds all rates except for two 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 over 140 educators, health and human services, and parents participating.

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. Meetings with the CNY RPC nurses were held and with the CNY HIV Clinical Coordinator. 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, and CNY Council on Adolescent Pregnancy. 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. Six 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.