

# Women and Infant

## Important Notes for Reviewers

- There are character limits on each of the sections which restrict the amount of material that may be written for a period of time. The section entitled “Last Year’s Accomplishments” allows for 4500 characters; “Current Activities” has space for 1500 characters; “Plan for the Coming Year” can contain no more than 3000 characters. The character counts include spaces used.
- Because of the severe limitation on the number of characters that may be used, several acronyms are used throughout the document. Please see below for a key to the acronyms used in this document.

5As	An EBP intervention to help pregnant women stop smoking
A&I	Administration and Information
AAP	American Academy of Pediatrics
ACLC	Advanced Certified Lactation Counselor
ANCLC	Advanced Nurse Certified Lactation Counselor
APS	EqualityCare Case Management contractor
AWHONN	Association of Women's Health and Obstetrical and Neonatal Nurses
BB	Best Beginnings for Wyoming Babies Program
BSW	Breastfeeding Support in the Workplace
CBE	Childbirth Educator
CLC	Certified Lactation Counselor
CPH	Community and Public Health
CRMC	Cheyenne Regional Medical Center
CSH	Children's Special Health Program
CY	Calendar Year
DDD	Developmental Disabilities Division
D/HH	Deaf/Hard of Hearing
EBP	Evidence Based Practice
EHDI	Early Hearing Detection and Intervention
ENT	Ear, Nose, and Throat
EPI	Epidemiology Section
FLSA	Fair Labor Standards Act
FP/FPC	Family Planning/Family Planning Clinics
HCP	Healthy Children Project
HBWW	Healthy Baby is Worth the Weight Project
HVTF	Home Visiting Task Force
IHS	Indian Health Services
Kid Care CHIP	Wyoming's Children's Health Insurance Program
MBR	Mother's Breastfeeding Room
MCH	Maternal and Child Health
MFH	Maternal and Family Health Section
MHR	Maternal High Risk Program
MOD	March of Dimes
NBIC	Newborn Intensive Care Program
NBMS	Newborn Metabolic Screening

NFP	Nurse-Family Partnership Program
NICU	Newborn Intensive Care Unit
NIS	National Immunization Survey
OB-Gyn	Obstetrician-Gynecologist
PbC	Pregnant by Choice Program
PHP	Preconception Health Project
PHD	Public Health Division
PHN	Public Health Nurse/Public Health Nursing
PRAMS	Pregnancy Risk Assessment Monitoring System
PWP	Pregnant Woman Program (Medicaid)
SBIRT	Screening, Brief Intervention and Referral to Treatment
SBS	Shaken Baby Syndrome
SSDI	State Systems Development Initiative
THB	The Happiest Baby on the Block
Title X	Federal reproductive health funding
UW	University of Wyoming
VLBW	Very Low Birth Weight
VSS	Vital Statistics Services
WBC	Wyoming Breastfeeding Coalition
WDH	Wyoming Department of Health
WHC	Wyoming Health Council
WIC	Women Infants and Children Program
WMA	Wyoming Medical Association
WMHP	Wyoming Migrant Health Program
WRIR	Wind River Indian Reservation
WT4H	Women Together for Health

## National Performance Measures

**National Performance Measure 11:** The percent of mothers who breastfeed their infants at 6 months of age.

### **Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

The Healthy People 2020 objective is for 60.6% of mothers to breastfeed their infants at six months of age. Wyoming's objective for 2011 was for 53% of mothers to breastfeed their infants at 6 months of age. Data for 2011 (from the 2010 NIS) show 48.2% of Wyoming mothers breastfeed their infants at 6 months of age. This was a statistically significant decrease ( $p < 0.0001$ ) from 52.5% in 2010 (data from 2009 NIS).

Perinatal support services through PHN offices, including the EBP NFP home visitation model, provided breastfeeding education and support. PHN staff members trained as CLC encouraged and supported initiation and continuation of breastfeeding.

Access to breast pumps for Medicaid recipients was supported at the local and state level, and reimbursement was facilitated by MFH assistance. Baby scales were available for reassuring moms of breastfeeding success by demonstrating the amount of breast milk infants received during a breastfeeding session.

Referrals between WIC, MFH and PHN were encouraged for pregnant women. WIC focused on providing food prenatally and postpartum, with more robust food options for breastfeeding women. WIC staff also encouraged and supported initiation and continuation of breastfeeding.

MFH contracted with HCP to offer CLC training in March 2010, and provided twelve PHN registration scholarships. The attendees included WIC staff members, as well as clinical nurses from Wyoming and other states.

The BSW continued as a limited CPH project, with two MBRs in a Cheyenne state office building, to support three breastfeeding employees located within the building. The rooms were equipped with hospital-grade breast pumps, refrigerators, and rocking chairs, for mothers' breastfeeding and pumping comfort. A proposal was presented to WDH Management Council in January 2010, and revisions have been made as requested and approval has not yet been received.

The Wyoming Breastfeeding Coalition was established in 2009 as a partnership between WIC, MFH, and local facilities. The purpose was to support both initiation and continuation of breastfeeding to meet the 2010 Healthy People goals. The coalition was launched in Casper in September 2009 with a one-day workshop presented by the HCP, "Encourage Breastfeeding in Your Community and Make It a Successful Experience." MFH also funded "Recent Research and Best Practices," a one-day workshop in Sheridan to assist the local hospital move toward Baby-Friendly distinction. Nineteen PHN staff, 10 WIC staff, and 12 clinical nurses from local hospitals were in attendance. All evaluations rated the workshops as excellent.

PRAMS data provided current information related to initiation and continuation of breastfeeding in Wyoming.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region. The culturally sensitive information includes the role of the father during pregnancy and postpartum and the importance of his support in encouraging the mother to begin and continue to breastfeed.

Lamaze International was contracted to provide CBE training, related to their inherent support of holistic breastfeeding. MFH provided 30 registration scholarships for clinical nurses and PHN staff to attend the training opportunities in either Gillette or Thermopolis during spring 2010.

Copies of the AAP fact sheet, “Infant Nutrition during a Disaster: Breastfeeding and Other Options” were made available by MFH to PHN offices to assist perinatal clients in developing crisis strategies.

THB is a program that empowers parents to soothe babies and reduce parental stress. This program has several proven outcomes including improved breastfeeding rates. The approach is used throughout the country, since crying babies can lead to poor let down of milk, which can increase stress and lead to fussiness of the infant. Crying and fussiness can pressure the mom to stop nursing if she believes her milk is not satisfying to the infant. Other outcomes include improvement of paternal bonding and participation of the dad, which is linked to a decrease in SBS. During the CY2010, MFH provided 12 THB certification kits to Wyoming nurses and other entities, including IHS.

### **Current Activities (July 1, 2011 – June 30, 2012)**

In April 2012, a basic CLC class was offered. A total of 26 individuals, which included 17 PHNs from 11 counties, attended the training.

The current BSW policy within WDH is the policy implemented by the Department of A&I which upholds the new Affordable Care Act legislation. As a result of the new healthcare law, the FLSA, Section 7, was amended to include specific language on *Break Time for Nursing Mothers*. A website has been developed by the BSW workgroup to provide information for employers and lactating women regarding breastfeeding support in the workplace.

The WBC is in the process of developing a website for members and individuals to access breastfeeding information including support for breastfeeding initiation and continuation.

Memorial Hospital of Sheridan County is no longer working to become the second Wyoming facility to be designated Baby-Friendly. Powell Valley Healthcare remains the only Baby-Friendly hospital in Wyoming.

MFH determined that out of the more than 30 nurses who received a scholarship to the LaMaze training in 2010, 2-3 have become certified LaMaze instructors. As of May 2012, there are only five LaMaze trained PHNs and two who are certified.

The April 2011 AWHONN conference included a presentation on Baby-Friendly status and the EBP related to donor milk use for infants.

As of March 2012, 18 county PHN offices have a certified THB instructor. The information is passed on to the public through home visits, parenting classes, prenatal classes and trainings for daycare providers.

The Wyoming Breast Feeding Coalition, in partnership with the Communities Putting Prevention to Work funding, hosted a conference in 2012. It included a presentation of Wyoming breastfeeding data given by epidemiology staff.

An issue overview about breastfeeding in Wyoming has been developed and is available on the MFH website.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

PHN and WIC staff members who are CLC, ACLC, or ANCLC will encourage and support initiation and continuation of breastfeeding.

Collaboration and referral will continue between MFH and WIC in support of initiation and continuation of breastfeeding. WIC will provide breast pumps to moms, with Medicaid reimbursing for Medicaid-eligible

recipients needing hospital-grade breast pump rental. Medicaid will continue to make available to eligible recipients a personal breast pump.

MFH will investigate continuing work with HCP for the provision of CLC trainings to ensure continued availability of up-to-date breastfeeding knowledge within the counties.

The BSW workgroup will continue to disseminate information regarding breastfeeding in the workplace. Publicizing the lactation rooms within WDH, publicizing the BSW website and providing information regarding the establishment of a lactation room in the workplace are some of the activities yet to accomplish.

MFH will connect with hospitals to explore the encouragement of Baby-Friendly hospitals.

PRAMS data will provide current information related to breastfeeding in Wyoming, including barriers to initiation and continuation, to assist in revising programs, and then determining how initiatives are affecting the breastfeeding rates. A two page fact sheet will also be developed from the existing issue overview and will be shared with stakeholders.

MFH will continue to encourage the use of THB for its relation to breastfeeding.

How best to provide translation services for home visits, clinics and classes will be examined in the upcoming year. The previous translation contract expired.

**National Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.**

**Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

The 2011 objective for percent of newborns who have been screened for hearing before hospital discharge in Wyoming was 98.5%. This objective was met with 99.49% of newborns screened 2011. This is a statistically significant increase from 94.92% in 2010.

There are 21 birthing hospitals in Wyoming. Each of these hospitals participated in the EHDI program and has equipment available on-site to perform newborn hearing screening.

MFH and EHDI continued to coordinate and educate Wyoming providers and tertiary care facility staff on the importance of newborn hearing and metabolic screenings and referrals for patients through early site visits. Child Development Centers and PHNs continued to refer families to MFH for Wyoming Genetic Counseling Services.

MFH and EHDI continued to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology evaluations and/or to Wyoming Genetic Counseling Services clinics for genetic evaluations.

EHDI's tracking system ensured infants born in Wyoming received a hearing screen or had a signed waiver refusing the screening.

VSS, EHDI, and NBMS collaborated to enhance the quality of screening reports. MFH collaborated with VSS to obtain death records of infants, decreasing the number of deceased infants tracked for missing screens.

The CSH Program Manager participated as a member of the EHDI Advisory Board.

MFH and EHDI worked to rewrite sections of the provider manual for midwives regarding newborn hearing and metabolic screenings.

MFH used SSDI funding to develop a state birth defects surveillance plan for Wyoming in 2010-2011.

CSH co-sponsored a booth with the EHDI program at the Wyoming Medical Society meeting in Laramie, Wyoming.

**Current Activities (July 1, 2011 – June 30, 2012)**

MFH and EHDI continue to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology or genetic evaluations. EHDI's tracking system ensures infants born in Wyoming receive a hearing screen or have a signed waiver. EHDI, MFH, PHN, and APS assure hearing screens are completed for infants hospitalized out-of-state. Referrals are made for infants not screened prior to hospital discharge.

Transportation and translation services are available for families who qualify for MFH and Medicaid programs to assist in obtaining additional screenings or to attend specialty clinics.

In collaboration with the UW, EHDI holds Pediatric Audiology Specialty Clinics in Casper and Laramie.

Speech/language evaluation is available when appropriate. Clinics are held eight to ten times a year and include a team approach. The team consists of two audiologists, a speech/language therapist, a teacher for the D/HH, a parent advocate, and an ENT Specialist.

CSH supported EHDI's telehealth outreach efforts by granting telemedicine audiology equipment this year.

The CSH Program Manager participates as a member of the EHDI Advisory Board.

CSH co-sponsored a booth with the EHDI program at the Wyoming Medical Society meeting in Jackson Hole, Wyoming, June 2011.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

MFH, PHN, Medicaid, EHDI, and Part C will continue to coordinate and educate tertiary care facility staff to ensure referral of Wyoming families to all applicable programs.

MFH and EHDI will continue to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology evaluations and/or to Wyoming Genetic Counseling Services clinics for genetic evaluations.

EHDI's tracking system will ensure infants born in Wyoming receive a hearing screen or have a signed waiver refusing screening.

EHDI, MFH, PHN, and APS will assure hearing screens are completed for infants hospitalized out-of-state. Referrals will be made for infants not screened prior to discharge.

MFH will continue to bill providers for newborn hearing screening on behalf of DDD.

MFH County Block grants will continue to fund PHN perinatal services, which include providing information to families relating to the importance of all newborn screenings.

MFH will continue to participate on the EHDI Advisory Board.

Transportation and translation services will be available for families who qualify for MFH and Medicaid programs to assist in obtaining additional screenings or to attend specialty clinics.

EHDI will provide educational workshops on hearing screenings for Wyoming providers as needed.

In collaboration with UW, EHDI will continue to hold Pediatric Audiology Specialty Clinics in Casper and Laramie with plans to add additional clinics in Lander and Rock Springs. Speech/language evaluation will be available when appropriate. Clinics will be held eight to ten times a year and will include a team approach. The team will consist of two audiologists, a speech/language therapist, a teacher for the D/HH, a parent advocate, and an ENT.

VSS will educate birth hospitals on correct reporting of parents' choice to waive or accept newborn metabolic screening and newborn hearing results on birth certificates.

CSH will, again, co-sponsor a booth with the EHDI program at the Wyoming Medical Society meeting.

CSH will continue to support audiology-specific telehealth projects.

## **National Performance Measure 15: Percentage of women who smoke in the last three months of pregnancy.**

### **Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

The objective for 2011 was to reduce the percentage of women who report smoking in the last three months of pregnancy to 16.0%. This objective was met in 2011 (data from 2010 PRAMS) with 14.8% of women reporting smoking during the last three months of pregnancy. This represents a statistically significant decrease from the 2010 percentage (data from 2009 PRAMS) of 16.2% ( $p=0.0082$ ).

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver them. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical. Prenatal assessment, education, referral for smoking cessation, and nutritional support are then available prior to the first prenatal visit with the physician.

WHC, the Title X designee, assured access to comprehensive family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy. Pregnancy testing and smoking cessation referral were also provided. MFH supplemented Title X funding to expand the availability of family planning clinics throughout Wyoming, and provided a repository for family planning data. MFH funded a PHP where women testing negative on a pregnancy test received a packet of materials including smoking cessation support and referral.

MFH supplemented WHC with federal funds to expand the WMHP within Wyoming to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Perinatal care coordination and the NFP home visiting model were offered to pregnant women. PHN staff provided prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes were offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

Medicaid, in collaboration with assistance from both WHC and MFH, received approval for an 1115(b) waiver PbC to expand Family Planning services to postpartum women from six weeks to one year, to include tobacco cessation support.

Several brochures were purchased through the Wyoming Quit Tobacco program for PHN use with pregnant women and their families. Examples are "Pregnancy and Second-hand Smoke," "Second-hand Smoke and Children," "Give a Gift to Your Baby," and "What Goes in You Goes in Your Baby." Quitline advertised in local community magazines, such as the "Guide to Cheyenne."

MFH supported the MOD Prematurity Campaign by participation in the Program Services Committee at the state, regional, and national level. Additionally, the Wyoming MOD Chapter office created a Nursing Module Library, which included the 26 nursing modules not available on the MOD website. Nurses accessed the modules for self-study and obtained contact hours for unit completion. Examples include "Abuse during Pregnancy" and "Tobacco, Alcohol and Drug Use in Childbearing Families."

CPH Epi Section managed the Wyoming PRAMS project, which surveyed postpartum women about their experiences before, during, and after pregnancy. Questions about maternal tobacco use were included, as well as questions on how providers presented the need to quit smoking for optimal health of the infant.

MFH participated in the Tobacco Unit Strategic Planning process to assure MFH populations are addressed in the final plan.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy", is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes the risks of substance abuse before and during pregnancy (including smoking tobacco). Booklets were distributed through IHS and local county PHN offices to AI clients.

IHS continued to deliver primary health services to the WRIR population, supplementing services provided through the county PHN offices including support and referral for smoking cessation.

### **Current Activities (July 1, 2011 – June 30, 2012)**

Concerns arose during this current year regarding the amount of money not going to the nine Title X and five non-Title X clinics. Only 20 of Wyoming's 23 counties receive family planning services through these 14 clinics. Discussions between MFH, PHN and WHC have begun to examine how best to assist the counties. WHC is to provide a proposal for what they can offer to involve all 23 PHN offices by June 2012.

Nurse Home Visitation is offered to pregnant women through the NFP home visiting model in thirteen counties and through a non-standardized program for pregnant and postpartum women not eligible for NFP. PHNs offer prenatal classes to individuals and groups, to highlight the risks of substance use during pregnancy, including tobacco.

A Maternal Smoking Cessation Planning group formed in early 2012. It includes various groups from the PHD including WIC, MFH, PHN, Epi, and the Tobacco Prevention and Control Program and the Wind River Tobacco Prevention Program. The initial goals have been to increase networking/coordination of agencies, systems changes, and programming that will help increase tobacco cessation among pregnant women in Wyoming.

Wyoming PRAMS surveys gather information regarding risk behaviors women engage in related to pregnancy, including smoking tobacco and barriers to smoking cessation and support. The MCH Epidemiology Assignee has completed extensive analysis of the PRAMS data on maternal smoking including prevalence, risk factors and stressors associated with maternal smoking. This information has been utilized in reports/presentations this year and will be included in an issue overview.

IHS delivers primary health services to the WRIR population, including support and referral for smoking cessation.

Translation services are available as needed in PHN offices to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

Through MFH County Block grants, fourteen of Wyoming's 23 county PHN offices selected reduction in the percentage of women who smoke during pregnancy as a focus. Activities documented include, but are not limited to, participation in local cessation coalitions, referrals to the Quitline and Text4Baby, development and dissemination of Public Service Announcements and other radio messages regarding smoking cessation, increased efforts regarding initial screening for tobacco use, distribution of cessation materials to community partners, PHN staff training, and the development of social media campaign communiqués.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

PHN home visitation will be offered to pregnant women and families as a best practice strategy. PHN staff will provide prenatal assessment and referral for women as early as possible in pregnancy and will assist pregnant women in applying for PWP as appropriate, with necessary referrals made to Kid Care CHIP.

MFH will proceed with developing an agreement with Medicaid to assure the two programs are complementing each other rather than duplicating.

A conclusion of the report on Maternal Smoking During Pregnancy in Wyoming showed several demographic factors associated with smoking cessation during pregnancy, including Medicaid enrollment. Because a large proportion of Wyoming women are receiving prenatal care paid by Medicaid, targeting cessation efforts towards women who are enrolled in Medicaid could significantly increase maternal smoking cessation.

MFH and CPH EPI will continue to analyze the data to determine programmatic direction to assist women with the reduction/cessation of smoking during pregnancy. An issue overview about maternal smoking during pregnancy is under development and will be distributed to stakeholders.

MFH will be a member of the March of Dimes Mission Committee beginning in May 2012. This should assist in a stronger relationship between the two entities for the health of Wyoming's women and infants.

One of the strategies identified in the strategic planning process was to work more closely with the QuitLine and the state SBIRT program to assure PHN training needs are met, and how to best assist pregnant women to quit smoking. In early 2012, a Maternal Smoking Cessation Planning group formed. Developing a systematic and user-friendly method of providing this type of training will be one of the goals of the group. MFH will continue to participate in the planning group. A question was added to the home visiting data system to determine which smoking cessation services are being provided by PHN in the field. A survey will be given to PHN, WIC and family planning staff to determine which cessation interventions are being used, if there are barriers to providing certain interventions and the providers self efficacy to address smoking cessation with pregnant women. Results will be used to help inform work group efforts.

IHS will deliver primary health services to the WRIR population, including support and referral for smoking cessation.

During the future period, July 1, 2012 through June 30, 2013, through MFH County Block grants, thirteen of Wyoming's 23 county PHN offices will focus efforts on reducing the percentage of women who smoke during pregnancy. Previous activities will be continued and additional strategies will be employed. Quarterly county data provided by CPH EPI allow the counties to gauge the success of their interventions.

**National Performance Measure 17: Percent of very low weight infants delivered at facilities for high-risk deliveries and neonates.**

**Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

The 2011 objective of 69.0% was nearly met. In 2011 (data from 2010), 68.24% of VLBW infants were born at high-risk facilities. This does not represent a statistically significant change from 66.3% in 2010 (data from 2009).

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or hospitals to deliver their babies. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through PHN offices as early as possible during pregnancy becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

MFH funded WHC to expand the availability of family planning clinics within Wyoming and assure access to comprehensive, high quality, voluntary family planning services for both men and women. MFH funded a PHP with all women who had a negative pregnancy test receiving a packet of information on planning an intended pregnancy, several condoms, and a supply of prenatal vitamins with folic acid. Supplemental funding included the expansion of WMHP services to provide prenatal service support and PHP to migrant and seasonal farm workers, to improve birth outcomes by encouraging intended pregnancy planning.

Care coordination and the EBP NFP home visiting model were offered to pregnant women and families to assist in the identification of high-risk pregnancies. Group and individual prenatal classes were offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

Teton County has a large number of non-citizens eligible only for emergency delivery services through Medicaid's PWP. To provide some prenatal care to these women, Teton County developed a group model of prenatal education. Several groups within the community fund the St. John's Foundation to financially assist women unable to afford prenatal care; there are still women who do not qualify. The group sessions are important for education and monitoring from a nursing standpoint of this vulnerable population.. In 2010, Teton County provided seven prenatal groups with 39 attendees. Groups were held separately for English and Spanish speakers.

The MHR and NBIC programs provide financial and medical eligibility for high-risk mothers and infants to necessary specialty care. Family-centered services were promoted by per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

"Plan for the Unexpected When You are Expecting" cards were updated and distributed to PHN offices and other entities to give to pregnant women at approximately 20 weeks gestation. The cards give a concise list of what is needed when a pregnant woman is transported to tertiary care, such as insurance/Medicaid numbers, phone numbers, a change of clothing, cash for food and medications needed for both the mom and whoever accompanies her to the facility.

MFH provided the opportunity for 30 Wyoming PHN and clinical nurses to participate in a 3-day training given by Lamaze International in 2010. The training was the first step of an evidence-based certification to teach prenatal classes in the state, to assure pregnant women receive the most current information on having a healthy pregnancy. Over 30 nurses attended one of the two trainings, and two to three nurses have since taken the certification exam and are now certified LaMaze Childbirth Instructors. This will help assure EBP prenatal information is being presented in more Wyoming locations to assure a healthy birth outcome.

The HBWW project targeted providers to assure women gained adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including Cent\$ible Nutrition, Community Health Centers, Medicaid, FPC, IHS, local and tertiary care hospitals, WMHP, MOD, and WIC. Encouraging pregnant women to gain the recommended amount of weight during pregnancy was expected to improve term delivery rates. HBWW was implemented through nine PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

PRAMS provided current information related to pregnant women accessing prenatal care, including out of state specialty care, with Wyoming being the only state allowed to do so, since there are no tertiary care facilities for pregnant women and infants in Wyoming.

The MOD NICU Support Project placed a support person within a NICU in each state except Wyoming. Wyoming families transported out-of-state to tertiary care received a NICU backpack. The pack included a baby blanket; MFH, HBWW, and “Plan for the Unexpected When You Are Expecting” materials; books to read to the baby; and various MOD materials. MOD materials included a NICU Guide/Glossary, “You and Your Baby in the NICU,” and a NICU journal. Backpacks were distributed to families who experienced complications resulting in transport out of the state from the larger hospitals delivering babies in Wyoming.

### **Current Activities (July 1, 2011 – June 30, 2012)**

Prenatal classes offered through PHN offices and some county hospitals address the importance and value of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

The PRAMS project collects and analyzes survey data on mothers who deliver their infants outside of Wyoming. Out-of-state birth data for Wyoming residents is included in the sample to ensure information is collected from women who deliver at tertiary care facilities, with those infants being at the highest risk for low birth weight.

Annual visits are conducted with facilities in Denver, Salt Lake City, Idaho Falls, Billings, and Rapid City to assure all Wyoming families who access tertiary care are referred to PHN offices for follow-up services. MOD is also making contact with these hospitals to assure the families receive MOD services. To assure Wyoming families in out-of-state facilities receive information regarding CSH, MOD is placing CSH brochures in their backpacks.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

MFH will be developing a plan for how to best utilize funds to expand family planning services within Wyoming. The PHP has not been well defined, not all counties are receiving family planning services, and PHNs need to be more involved in the family planning services. As of May 2012, conversations between MFH, PHN and WHC have begun to devise a plan to meet Wyoming’s family planning needs. WHC is to provide a proposal for what they can offer to involve all 23 PHN offices by June 2012.

Perinatal care coordination and the NFP home visiting model will be offered to pregnant women and families to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women, and assist them in applying for Medicaid’s PWP and Kid Care CHIP.

Individual and group prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues; and risks of substance use during pregnancy.

MFH will provide limited financial assistance through the MHR and NBIC programs for financially and medically eligible high-risk mothers and infants to access necessary care outside of the state. Families who may be at risk for an inherited disease or an abnormal pregnancy outcome can apply for genetic services through the MHR program.

Tertiary care visits will continue to be conducted in Denver, Colorado; Salt Lake City, Utah; Idaho Falls, Idaho; Billings, Montana; and Rapid City, South Dakota to assure all Wyoming families accessing tertiary care services are being referred to county PHN offices for services families may be eligible for, including services necessary for optimal infant health upon transfer back to the state. Due to this past year's visits, MFH will consider increasing email contact with the tertiary care facilities to quarterly, while continuing the annual face-to-face visits.

Teton County will continue to offer, as needed group prenatal education for pregnant women who cannot access prenatal care. They will continue to work with the Hispanic population to assure access to prenatal care.

MFH will provide updated HBWW information to be utilized through numerous PHN offices and other community partners such as Cent\$ible Nutrition, Community Health Centers, Medicaid, family planning clinics, IHS, local and tertiary care hospitals, MOD, and WIC to assure providers are aware of the risk of inadequate weight gain during pregnancy.

MOD will continue to provide a NICU support backpack to Wyoming families transported out of state to tertiary care. The project will expand to more hospitals to include all delivering hospitals during the next year.

MFH will offer County Block grants to county PHN offices to assist in development, delivery, and evaluation of MFH services, including translation.

PRAMS data was used to examine if there are differences in the obstacles to early prenatal care reported by Wyoming AI and non-Hispanic white women. The prevalence of not receiving prenatal care as early as desired was significantly higher among AI than non-Hispanic white women. Implications for future MFH plans should include access to prenatal care for those women living on the reservation.

**National Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.**

**Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

The 2011 objective was 73.0%. Wyoming met this objective in 2011 (data from 2010) with 74.2% of infants born to women receiving prenatal care in the first trimester. This represents a statistically significant increase ( $p < 0.0001$ ) from the 2010 percentage (data from 2009) of 71.3%.

Due to the shortage of providers in Wyoming, not all communities have providers to care for pregnant women. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. The need to be in contact with women through PHN offices becomes critical for provision of prenatal assessment, education, referral, and nutritional support.

WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy. MFH funded WHC to expand the availability of family planning clinics, provided a repository for family planning data, PHP, and to supplement federal funding to assure WMHP provides perinatal support and referral to migrant families. Implementation of a PHP meant all women who had a negative pregnancy test received a packet of information on how to plan an intended pregnancy, several condoms, and a three-month supply of prenatal vitamins with folic acid. A goal of this project was to increase the percentage of intended pregnancies, which could increase the percentage of women accessing prenatal care in the first trimester.

Perinatal care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff members provided prenatal assessment and referral for pregnant women as early as possible. MFH purchased prenatal vitamins to be offered through PHN offices to supplement the PHP through FP clinics, for women who cannot afford vitamins, either preconceptionally, prenatally or interconceptionally. Pregnant women were assisted in applying for Medicaid's PWP and Kid Care CHIP.

Teton County has a large number of non-citizens eligible only for emergency delivery services through Medicaid's PWP. To provide some prenatal care to these women, Teton County developed a group model of prenatal education. Several groups within the community fund the St. John's Foundation to financially assist women unable to afford prenatal care; there are still women who do not qualify. The group sessions are important for education and monitoring from a nursing standpoint of this vulnerable population.. In 2010, Teton County provided seven prenatal groups with 39 attendees. Groups were held separately for English and Spanish speakers.

MFH contracted with Lamaze International because of its holistic prenatal teaching philosophy. Training opportunities were provided in 2010 for Wyoming PHN and clinical nurses, as the first step to becoming LaMaze certified. MFH paid registration for 30 PHN and clinical nurses who teach prenatal classes in the state to attend and at least two have become certified as LaMaze instructors.

Inadequate maternal weight gain is a risk factor for low birth weight, so the HBWW project targeted providers to assure women gained adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including Cent\$ible Nutrition, Community Health Centers, Medicaid, family planning clinics, IHS, local and tertiary care hospitals, WMHP, MOD, and WIC. Encouraging pregnant women to gain the recommended amount of weight during pregnancy was expected to improve term delivery rates.

The CPH Epidemiology Section managed the Wyoming PRAMS project. The survey provides current information related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

In April 2011, Wyoming PRAMS began oversampling all births to AI women in order to provide perinatal data, including information on prenatal care, to tribal health organizations on the Wind River Indian Reservation.

Translation services were available through each PHN office to assure minority populations received the same information related to healthy lifestyle and prenatal care.

County Block grants were offered to PHN offices to fund delivery and enhancement of MFH services.

### **Current Activities (July 1, 2011 – June 30, 2012)**

Twenty of Wyoming's 23 counties receive family planning services through the 14 clinics funded by WHC and MFH. MFH, PHN and WHC are meeting to discuss how to better assist all 23 counties in providing family planning services.

Teton County held four prenatal groups with 28 attendees in 2011. Many are not eligible for financial assistance during the pregnancy. Once delivered, a non U.S. citizen's infant is eligible for Medicaid.

In 2011, ten county PHN offices reported having no trained nurse to teach Lamaze. Two counties reported at least one nurse certified and five others had at least one trained nurse.

HBWW information has not been updated due to personnel shortage.

Wyoming PRAMS has worked to increase awareness of the PRAMS survey on the Wind River Indian Reservation in order to increase AI response rates. These efforts include creation of a Tribal PRAMS logo and survey cover and seeking approval of Tribal PRAMS activities through the Montana Wyoming Leaders Council Institutional Review Board.

An issue overview outlining the maternal weight gain and risk factors for not gaining adequate weight has been developed and distributed to stakeholders to increase awareness of the issue. A survey revealed interest in using the information provided to educate professional staff as well as the public.

The MFH County Block grants have continued. Seven counties have focused on maternal weight gain this year. Fourteen counties chose reduction of maternal smoking.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

MFH will be developing a plan for how to best utilize funds to expand family planning services within Wyoming. The Preconception Health Project has not been well defined, not all counties are receiving family planning services, and PHNs need to be more involved in the family planning services. Based on conversations between MFH, PHN and WHC a plan will be developed to better meet Wyoming's family planning needs.

PHN staff members will offer care coordination to pregnant women, with prenatal assessment and referrals as early as possible in pregnancy, assistance in applying for PWP, and referral to Kid Care CHIP as needed.

Teton County will continue to offer, as needed group prenatal education for pregnant women who cannot access prenatal care. They will continue to work with the Hispanic population to assure access to prenatal care.

The HBWW program will be researched for possible re-implementation now that the Women and Infant position is no longer vacant.

PRAMS data will provide information regarding risk behaviors, access to prenatal care, and folic acid intake. The MFH Priority Overview on Folic Acid will be used to develop a simple two page fact sheet that can be distributed to women of reproductive age to educate them about folic acid.

## State Performance Measures

### **State Performance Measure 1: Percent of women gaining adequate weight during pregnancy.**

#### **Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

In 2010, 28.9% of women gained an adequate amount of weight during pregnancy, according to Institute of Medicine Guidelines. This represents a statistically significant increase ( $p=0.0011$ ) from the 2009 percentage of 26.7%.

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy. MFH funded WHC to expand the availability of family planning clinics, provided a repository for family planning data, PHP and to supplement federal funding to assure WMHP provides perinatal support and referral to migrant families. All women who had a negative pregnancy test were to receive a packet of information on how to plan an intended pregnancy, several condoms, and a three-month supply of prenatal vitamins with folic acid.

Perinatal care coordination and the NFP home visiting model were offered through public health nursing to pregnant women as a best practice strategy, which includes healthy lifestyle and adequate maternal weight gain. PHN staff members provided prenatal assessment and referral for pregnant women as early as possible. MFH purchased prenatal vitamins to be offered through PHN offices to supplement the PHP through family planning clinics, for women who cannot afford vitamins, either preconceptually, prenatally, or interconceptually. Pregnant women were assisted in applying for Medicaid's PWP and Kid Care CHIP.

Medicaid was granted an 1115(b) waiver to expand FP services from 6 weeks to one year for postpartum women. PbC covers women ages 19 to 44 to access family planning services, as long as they are eligible for Medicaid and re-apply on an annual basis. BB coordinators encourage application to this program to prevent unintended pregnancy.

The MHR and NBIC programs provided financially and medically eligible high-risk mothers and infants access to necessary specialty care. Family-centered services were promoted by per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

MFH continued to research opportunities to provide EBP for prenatal care teaching. Ultimately, MFH contracted with Lamaze International because of its holistic prenatal teaching philosophy, and training opportunities were provided in 2010 for Wyoming PHN and clinical nurses, as the first step to becoming LaMaze certified. MFH offered 30 scholarships for nurses who teach prenatal classes in the state to attend.

Inadequate maternal weight gain is a risk factor for preterm delivery and low birth weight, so the HBWW project targeted providers to assure women gained adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including CentSible Nutrition, Community Health Centers, Medicaid, FPC, IHS, local and tertiary care hospitals, family planning clinics, WMHP, MOD, and WIC. Encouraging pregnant women to gain the recommended amount of weight during pregnancy was expected to improve term delivery rates.

CPH Epidemiology and MFH managed the PRAMS project. The survey provided current information related to pregnant women accessing prenatal care including barriers, weight gain during pregnancy, and nutritional and exercise inquiries.

Translation services were available through each PHN office to assure minority populations received the same information related to healthy lifestyle and prenatal care.

County block grants were offered to PHN offices to fund delivery and enhancement of MFH services.

### **Current Activities (July 1, 2011 – June 30, 2012)**

Teton County held four prenatal education groups with 28 attendees in 2011. Many are not eligible for financial assistance during the pregnancy. Once delivered, a non U.S. citizen's infant is eligible for Medicaid.

HBWW is implemented through nine PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

In 2011, despite 30 nurses receiving Lamaze training in 2010, ten county PHN offices had no trained nurse to teach Lamaze. Two counties reported at least one nurse certified and five others had at least one trained nurse.

Seven county PHN offices have focused on appropriate weight gain during pregnancy. Activities include a variety of ways to encourage enrollment in home visiting programs, prenatal classes, community events and one-on-one nutrition sessions during prenatal home visits.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

MFH will be developing a plan for how to best utilize funds to expand family planning services within Wyoming. The Preconception Health Project has not been well defined, not all counties are receiving family planning services, and PHNs need to be more involved in the family planning services. As of May 2012, conversations between MFH, PHN and WHC have begun to devise a plan to meet Wyoming's family planning needs. WHC is to provide a proposal for what they can offer to involve all 23 PHN offices by June 2012.

PHN staff members will offer care coordination to pregnant women, with prenatal assessment and referrals as early as possible in pregnancy. PHN will also assist in applying for PWP, and referral to Kid Care CHIP as needed. The PbC waiver will allow women access to birth control methods to support intended pregnancy. Kid Care CHIP will continue to cover family planning services for eligible recipients.

The HBWW project will be reconsidered in the upcoming year. The information on the brochure needs to be updated. With the Women and Infant Health Coordinator position vacant for most of the year, nothing was done to update the brochure or promote the program at the county level.

MFH will work with PHNs to determine EBP for prenatal teaching appropriate to county needs and capacity.

Discussions are ongoing to address health needs of women who are eligible for the Medicaid emergency delivery services only. Teton County will continue to offer a group prenatal model for pregnant women who cannot access prenatal care so they can receive the appropriate information while pregnant.

PRAMS data will provide information regarding risk behaviors, access to prenatal care, and folic acid intake. An issue overview and short fact sheet outlining the percent of women who gain adequate weight and risk factors for not gaining adequate weight will be developed and distributed to stakeholders to increase awareness of the issue.

**State Performance Measure 2: Percent of postpartum women reporting multivitamin use four or more times per week in the month before becoming pregnant.**

**Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

The 2011 objective of 40% of postpartum women reporting multivitamin use four or more times per week in the month before becoming pregnant was not met. The percent for 2010 was 38.9%. This was not statistically different from the 2009 prevalence of 38.6%. The 2011 percentage (38.9%) was, however, statistically higher than the 2008 percentage of 36.3% (p=0.0015).

WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for both men and women. MFH provided Title V funding to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. A PHP was begun through the family planning clinics where a woman with a negative pregnancy test received a PHP packet, which included three months of prenatal vitamins containing folic acid, several condoms, and informational materials related to planning an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming to provide family planning services and PHP support. WHC manages the WMHP and assures prenatal service support, PHP and translation were available to migrant and seasonal farm workers and their families.

MFH purchased prenatal vitamins with folic acid to distribute through PHN offices to women who do not have access to prenatal vitamins, either preconceptionally, prenatally or interconceptionally.

The PRAMS survey included questions on multivitamin use prior to pregnancy and knowledge of the importance and value of folic acid consumption during pregnancy. These data, along with data from VSS, were used to create an MFH Priority Overview on Folic Acid. This overview describes the benefits of folic acid and includes information on folic acid use by various population groups. The overview is available at: <http://www.health.wyo.gov/familyhealth/mchept/index.html>.

IHS provided delivery of primary health services to the WRIR population to supplement services provided through county PHN offices, including folic acid promotion.

Translation services were available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

MFH provided County Block grants to PHN offices to increase delivery and sustainability of services.

**Current Activities (July 1, 2011 – June 30, 2012)**

PHN staff members provide prenatal assessment and referral for women as early as possible in pregnancy. Prenatal vitamins with folic acid are available for women who do not have resources to purchase prenatal vitamins, either preconceptionally, prenatally or interconceptionally.

WIC continues to screen and recommends the use of basic vitamins/supplements with folic acid for pregnant women. WIC refers to PHN for BB perinatal services.

WT4H is a new best practice project, piloted through the faith-based nurses in two communities in Wyoming (Laramie and Teton Counties). The projects emphasize a healthy lifestyle by promotion of healthy nutrition, including vitamins with folic acid, among women of reproductive health age. With no plan of action for sustainability and lack of MFH staff to guide the process, nothing further happened after the pilot classes were completed.

The MFH Priority Overview on Folic Acid was posted to the WDH website and was distributed to stakeholders including OB/GYNs, school nurses, family planning clinic staff, public health nurses, and WIC staff. The stakeholders were surveyed to determine the usefulness of the document. Nearly 87% of providers who responded to the survey (92) indicated that they read all or part of the issue overview, and a majority said they would use the issue overview as a reference document or to educate women about folic acid.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

As a result of the recent MCH needs assessment, promoting healthy nutrition among women of reproductive age was chosen as an MFH priority for the next five years. MFH will work with partners through the strategic planning process to identify strategies to address this priority. Folic acid use will be an important component.

MFH will be developing a plan for how to best utilize funds to expand family planning services within Wyoming. It is a concern that some counties have little to no family planning services available and, often times, availability is minimal. This plan should include a defined preconception health program for healthy nutrition.

WIC will continue to refer pregnant women to PHN offices for BB and NFP services, as PHN offices refer to WIC services.

Keeping in mind the MFH State Priorities and funding, WT4H will be considered for further implementation. The projects emphasize a healthy lifestyle by promotion of healthy nutrition, including vitamins with folic acid, among women of reproductive health age.

The MFH Priority Overview on Folic Acid will be used to develop a simple two page fact sheet that can be distributed to women of reproductive age to educate them about folic acid.

### **State Performance Measure 3: Percent of infants born to women who smoked during pregnancy.**

#### **Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

The 2011 objective of 17% was nearly met with 16.6% of Wyoming women reporting smoking during pregnancy in 2010. This is a statistically significant decrease from 18.4% in 2009 ( $p=0.0017$ ).

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver them. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with pregnant women through the PHN offices as soon as possible becomes critical. Prenatal assessment, education, referral for smoking cessation, and nutritional support are then available prior to the first prenatal visit with the physician.

WHC, the Title X designee, assured access to comprehensive family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy. Pregnancy testing and smoking cessation referral were also provided. MFH supplemented Title X funding to expand the availability of family planning clinics throughout Wyoming, and provided a repository for family planning data. MFH funded a PHP where women testing negative on a pregnancy test received a packet of materials including smoking cessation support and referral.

Through WHC, MFH supplemented federal funds to expand the WMHP within Wyoming to provide translation, prenatal service support, referral for smoking cessation, and PHP to migrant and seasonal farm workers.

Perinatal care coordination and the NFP home visiting model were offered to pregnant women. PHN staff provided prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes were offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

Medicaid, in collaboration with WHC and MFH, received approval for an 1115(b) waiver Pregnant by Choice to expand family planning services to postpartum women from six weeks to one year, to include tobacco cessation support.

Several brochures were purchased through the Wyoming Quit Tobacco program for PHN use with pregnant women and their families. Examples are "Pregnancy and Second-hand Smoke," "Second-hand Smoke and Children," "Give a Gift to Your Baby," and "What Goes in You Goes in Your Baby."

MFH supported the MOD Prematurity Campaign by participation in the Program Services Committee at the state, regional, and national level. Additionally, the Wyoming MOD Chapter office created a Nursing Module Library, which included the 26 nursing modules not available on the MOD website. Nurses accessed the modules for self-study and obtained contact hours for unit completion. Examples include "Abuse during Pregnancy" and "Tobacco, Alcohol and Drug Use in Childbearing Families."

CPH Epi Section managed the Wyoming PRAMS project, which surveyed postpartum women about their experiences before, during, and after pregnancy. Questions about maternal tobacco use were included, as well as questions on how providers presented the need to quit smoking for optimal health of the infant.

MFH participated in the Tobacco Unit Strategic Planning process to assure MFH populations are addressed in the final plan. SBIRT and the 5As training will be offered to PHN to help pregnant women stop smoking, if they have not stopped prior to getting pregnant.

IHS continued to deliver primary health services to the WRIR population, including support and referral for smoking cessation.

During the MCH Needs Assessment process, reducing the percentage of women who smoke during pregnancy was chosen as a priority for MFH for the next five years. The MFH strategic planning process helped determine plans to implement in the future to decrease smoking and improve birth outcomes.

The MCH Epidemiology Assignee assessed state PRAMS data to create a report of maternal smoking during pregnancy in Wyoming. Conclusions state less than half of Wyoming women who were smoking prior to pregnancy reported quitting during pregnancy. Findings were reported to state tobacco and cancer stakeholders.

### **Current Activities (July 1, 2011 – June 30, 2012)**

Home Visitation is offered to pregnant women through the NFP home visiting model in 13 counties and through a non-standardized program for pregnant and postpartum women not eligible for NFP. PHNs offer prenatal classes, to discuss the risks of substance use during pregnancy, including tobacco.

A Maternal Smoking Cessation Planning group formed in early 2012. It includes various groups from the PHD including WIC, MFH, PHN, the Tobacco Prevention and Control Program and the WRIR Tobacco Prevention Program. The initial goals have been to increase networking/coordination of agencies, systems changes, and programming that will help increase tobacco cessation among pregnant women.

The MCH Epidemiology Assignee has completed extensive analysis of the PRAMS data on maternal smoking including prevalence, risk factors and stressors associated with maternal smoking. The information has been used in reports/presentations and will be included in an issue overview.

IHS delivers primary health services to the WRIR population, including support and referral for smoking cessation.

Fourteen of the 23 county PHN offices selected reduction in the percentage of women who smoke during pregnancy as a focus. Activities include, but are not limited to, participation in local cessation coalitions, referrals to the Quitline and Text4Baby, development and dissemination of media messages regarding smoking cessation, distribution of cessation materials to local partners, and PHN staff training.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

PHN home visitation will be offered to pregnant women and families as a best practice strategy. PHN staff will provide prenatal assessment and referral for women as early as possible in pregnancy and will assist pregnant women in applying for PWP as appropriate, with necessary referrals made to Kid Care CHIP.

MFH will proceed with developing an agreement with Medicaid to assure the two programs are complementing each other rather than duplicating.

A conclusion of the report on Maternal Smoking During Pregnancy in Wyoming showed several demographic factors associated with smoking cessation during pregnancy, including Medicaid enrollment. Because a large proportion of Wyoming women are receiving prenatal care paid by Medicaid, targeting cessation efforts towards women who are enrolled in Medicaid could significantly increase maternal smoking cessation.

MFH and CPH EPI will continue to analyze the data to determine programmatic direction to assist women with the reduction/cessation of smoking during pregnancy. An issue overview about maternal smoking during pregnancy is under development and will be distributed to stakeholders.

MFH will be a member of the March of Dimes Mission Committee beginning in May 2012. This should assist in a stronger relationship between the two entities for the health of Wyoming's women and infants.

One of the strategies identified in the strategic planning process was to work more closely with the QuitLine and the state SBIRT program to assure PHN training needs are met, and how to best assist pregnant women to quit smoking. In early 2012 a Maternal Smoking Cessation Planning group formed. Developing a systematic and user-friendly method of providing this type of training will be one of the goals of the group. MFH will continue to participate in the planning group. A question was added to the home visiting data system to determine which smoking cessation services are being provided by PHN in the field. A survey will be given to PHN, WIC and family planning staff to determine which cessation interventions are being used, if there are barriers to providing certain interventions and the providers self efficacy to address smoking cessation with pregnant women. Results will be used to help inform work group efforts.

IHS will deliver primary health services to the WRIR population, including support and referral for smoking cessation.

During the future period, July 1, 2012 through June 30, 2013, through MFH County Block grants, thirteen of Wyoming's 23 county PHN offices will focus efforts on reducing the percentage of women who smoke during pregnancy. Previous activities will be continued and additional strategies will be employed. Quarterly county data provided by MFH Epidemiology Section allow the counties to gauge the success of their interventions.

**State Performance Measure 4: The percent of mothers who initiate breastfeeding their infants at hospital discharge.**

**Last Year's Accomplishments (July 1, 2010 - June 30, 2011)**

The 2011 objective of 75% was met with 81.6% of mothers initiating breastfeeding at hospital discharge (data for 2010 births). This represents a statistically significant increase from 74.2% in 2009 ( $p < 0.0001$ ).

Perinatal support services through PHN offices, including the EBP NFP home visitation model, provided breastfeeding education and support. PHN staff members trained as CLCs encouraged and supported initiation and continuation of breastfeeding.

Breast pumps were available for rental through some PHN offices to supplement WIC breast pump rental. Access to breast pumps for Medicaid recipients is supported at the local and state level. Baby scales were available for reassuring moms of breastfeeding success by demonstrating the amount of breast milk infants received during a breastfeeding session.

Referrals between WIC and PHN staff were encouraged for pregnant women. WIC focused on providing food prenatally and postpartum, with more robust food options for breastfeeding women. WIC staff also encouraged and supported initiation and continuation of breastfeeding.

MFH contracted with the HCP to provide an Advanced CLC class in March 2011, which was the first class to have the opportunity to become an ANCLC. The class included time with mother-baby dyads experiencing various barriers to breastfeeding. Twelve registration scholarships were offered to PHN who wished to attend. One PHN has notified MFH that she is now an ANCLC, the highest level of certification for breastfeeding support.

The BSW continued as a limited CPH project, with two MBRs in a Cheyenne state office building, to support three breastfeeding employees. The rooms were equipped with hospital-grade breast pumps, refrigerators, and rocking chairs, for mothers' breastfeeding and pumping comfort. A proposal was presented to WDH Management Council in January 2010, and revisions have been made as requested.

The WBC was established in 2009 as a partnership between WIC, MFH, and local facilities, such as CRMC in Cheyenne, Iverson Memorial Hospital in Laramie, and Memorial Hospital of Sheridan County. The purpose was to support both initiation and continuation of breastfeeding to meet the 2010 Healthy People goals. The coalition was launched in Casper in September 2009 with a one-day workshop presented by the HCP, "Encourage Breastfeeding in Your Community and Make It a Successful Experience." MFH also funded "Recent Research and Best Practices," a one-day workshop in Sheridan to assist the local hospital move toward their Baby-Friendly distinction. Nineteen PHN staff, 10 WIC staff, and 12 clinical nurses from local hospitals were in attendance. All evaluations rated the workshops as excellent.

PRAMS data provided current information related to initiation and continuation of breastfeeding in Wyoming.

Lamaze International was contracted to provide CBE training, related to their inherent support of holistic breastfeeding. MFH provided 30 registration scholarships for clinical nurses and PHN staff to attend the training opportunities in either Gillette or Thermopolis during spring 2010. Of the 30 scholarship recipients, no more than three have reported certification completion.

Copies of the AAP fact sheet, "Infant Nutrition during a Disaster: Breastfeeding and Other Options" were available to PHN offices to assist perinatal clients in developing crisis strategies.

THB is a program that empowers parents to soothe babies and reduce parental stress. This program has several proven outcomes including improved breastfeeding rates. The approach is used throughout the country, since crying babies can lead to poor let down of milk, which can increase stress and lead to fussiness of the infant. Crying and fussiness can pressure the mom to stop nursing if she believes her milk is not satisfying to the infant. Other outcomes include improvement of paternal bonding and participation of the dad, which is linked to a decrease in SBS. During the CY2010, 12 THB certification kits were provided to Wyoming nurses and other entities, including IHS.

### **Current Activities (July 1, 2011 – June 30, 2012)**

MFH contracted with HCP to provide a Basic CLC class in Lander, Wyoming in April 2012. A total of 26 individuals which included 17 PHNs from 11 counties attended the training.

The current BSW policy within WDH is the policy implemented by the Department of A&I which upholds the new Affordable Care Act legislation. As a result of the new healthcare law, the FLSA, Section 7, was amended to include specific language on *Break Time for Nursing Mothers*. A website has been developed by the BSW workgroup to provide information for employers and lactating women regarding breastfeeding support in the workplace.

Memorial Hospital of Sheridan County is no longer working to become the second Wyoming facility to be designated Baby-Friendly. Powell Valley Healthcare remains the only Baby Friendly hospital in Wyoming.

As of March 2012, 18 county PHN offices have a certified THB instructor. The information is passed on to the public through home visits, parenting classes, prenatal classes and trainings for daycare providers.

A conference was hosted by the Wyoming Breast Feeding Coalition in partnership with the Communities Putting Prevention to Work funding. The conference included a presentation of Wyoming breastfeeding data given by epidemiology staff.

An issue overview about breastfeeding in Wyoming has been developed and is available on the MFH website.

### **Plan for the Coming Year (July 1, 2012 – June 30, 2013)**

PHN and WIC staff members who are CLC, ACLC, or ANCLC will encourage and support initiation and continuation of breastfeeding.

Collaboration and referral will continue between MFH and WIC in support of initiation and continuation of breastfeeding. WIC will provide breast pumps to moms, with Medicaid reimbursing for Medicaid-eligible recipients needing hospital-grade breast pump rental. Medicaid will continue to make available to eligible recipients a personal breast pump.

MFH will investigate continuing work with HCP for the provision of CLC trainings to ensure continued availability of up-to-date breastfeeding knowledge within the counties.

The BSW workgroup will continue to disseminate information regarding breastfeeding in the workplace. Publicizing the lactation rooms within WDH, publicizing the BSW website and providing information to employers on how to establish a lactation room in the workplace are some of the activities yet to accomplish.

MFH will connect with hospitals to determine how to help the development of Baby Friendly hospitals.

PRAMS data will provide current information related to breastfeeding in Wyoming, including barriers to initiation and continuation, to assist in revising programs, and then determining how initiatives are affecting the

breastfeeding rates. A two page fact sheet will also be developed from the existing issue overview and will be shared with stakeholders.

MFH will continue to encourage the use of THB for its relation to breastfeeding.

How best to provide translation services for home visits, clinics and classes will be examined in the upcoming year. The previous translation contract expired.