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Perinatal Periods of Risk

New Approach To Prevention Gives County A Closer Look At Fetal And Infant Mortality

Fetal and infant deaths are getting a closer look in Allegheny County, where a new approach to the problem is using more probing data to get at the root of perinatal deaths and target interventions more effectively.

Earlier this year, the county Health Department adopted the Perinatal Periods of Risk (PPOR) approach to investigating and addressing fetal and infant mortality. PPOR was developed by the Centers of Disease Control and CityMatCH, a national maternal and child health organization, as a simple model of assessing local fetal-infant mortality and mobilizing community-wide prevention efforts.

Fetal and infant deaths remain a concern in Allegheny County, despite improvements in mortality rates over the last decade. The gap separating fetal-infant mortality rates for whites and African Americans is a particular concern.

Although the gap has narrowed, the mortality rate for African American infants is still more than twice that of whites.

“We have improved significantly over the years, but we are by no mean where we need to be,” said Artis Hall, Program Administrator of Healthy Start, Inc., a partner in the effort to reduce infant mortality in Allegheny County since 1991.

A decline in funding to address fetal-infant mortality and the need to awaken public awareness of the lingering problem and rekindle community-wide urgency for solving it were other issues that suggested a new approach was warranted.

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Stepping Beyond Traditional Practice To Breach Barriers To Mental Health

As a group, young African American children are underserved by the mental health system. The Alliance for Infants and Toddlers, asked to investigate why, found that involving well-trained, culturally-competent outreach workers in the community can be a large part of the solution.

The Alliance investigated behavioral health outreach in Rankin and Turtle Creek as part of an effort by Community Care Behavioral Health (CCBH) to understand why so few young African American children were being served in Allegheny County. CCBH, the Medicaid managed care organization for mental health services, launched the investigation when its data indicated that African American

children under the age of six were being underserved.

Several barriers were identified, including cultural gaps, lack of trust, the stigma of a mental health diagnosis, and the fact that agencies have historically paid little attention to children under the age of six years.

Overcoming those barriers begins with well-trained, culturally-competent outreach workers. And the Alliance discovered that one of the best ways to do this is to involve those outreach workers in the community – in day care centers, play groups, parenting classes, anywhere children and

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Tested In Developing Nations

PPOR was first used in developing countries by the CDC and other World Health Organization collaborators before it was adapted for the U.S., where it is used in more than one dozen cities.

The approach involves several phases. The first steps, which have been completed in Allegheny County, involve engaging community partners and mapping fetal and infant mortality by birth weight and age at death. Later steps focus on reducing fetal and infant mortality rates by more closely examining reasons for excessive mortality, investigating opportunity gaps, and targeting further investigation and prevention.

A team that includes officials of the Health Department, Healthy Start, University of Pittsburgh Graduate School of Public Health, University of Pittsburgh Office of Child Development, hospitals, community organizations, and health and human service agencies was recruited in Allegheny County to begin looking at data and to build the foundation of a community partnership to reduce fetal and infant mortality.

“You want people to be part of the process so that we come to conclusions together about what needs to be done to make improvements,” said Virginia Bowman, the former Chief of Maternal and Child Health for the Health Department, who is a consultant to the county PPOR initiative.

Deeper Investigation

In the initial phase of PPOR, countywide data on fetal-infant deaths was gathered and mapped by birth weight, age at death, and four strategic prevention areas: maternal health/prematurity, maternal care, newborn care, and infant health.

The mapping has proven helpful in gaining a more complete understanding of fetal-infant deaths in Allegheny County, including what risk factors are involved, where more thorough study is needed, and where interventions might be targeted. For example, data gathered on the 347 fetal-infant deaths in the county from 1998-2000 show that:

- Allegheny County fetal-infant mortality rates are slightly higher than those of a national comparison group.
- The overall fetal-infant death rate for African Americans – 15.2 deaths per 1,000 fetal deaths and live births – is more than twice that of whites.
- Regardless of race, the greatest risk period is the maternal health/prematurity period – fetal and infant death at less than 1,500 grams (3 lbs., 5 oz.) or very low birth weight. Half of the 124 African American deaths occurred during this period as did about 35% of the 215 white deaths.
- The second highest number of white infant deaths occurred during the maternal care period – infant deaths at 1,500 grams or more. About 30% of white deaths occurred during that period compared to 16% of African American deaths.

Gathering more details about each death is allowing investigators to more thoroughly examine how a mother’s health prior to pregnancy, prenatal care, infant safety at home during the first few months of life, and other factors influence fetal and infant mortality in Allegheny County.

The statistical tool broadens the scope of the investigation by including older infants that were previously included in mortality reviews. When an older baby dies, infant health issues can be identified that point to what is needed to help mothers keep their babies safe and healthy, such as injury prevention and SIDS awareness.

“That is the power of using the PPOR approach,” Hall said. “We can break out all of the factors related to poor pregnancy outcomes and look at them individually.”

The second major phase of PPOR looks more closely at the deaths occurring in each prevention period to more precisely define risks and the most effective ways to address them and reduce fetal and infant deaths throughout the county. ■

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