Commission on the Status of Children in Indiana

May 21, 2014

Update from the Infant Mortality and Child Health Task Force

* The group has now met 4 times

* Our membership includes representation from the following:

1. Indiana State Department of Health
2. Indiana Department of Child Services
3. Indiana Minority Health Coalitiion
4. Indianapolis EMS
5. Division of Mental Health
6. The Attorney General's Office
7. Indiana Hospital Association
8. Indiana Department of Education
9. IU Fairbanks School of Public Health
10. The Indiana Family and Social Services Administration (FSSA)

* We have attempted to tee up as many infant mortality and child health issues as possible in the short time we've been meeting. For example, thus far we have considered:

1. We have heard from DCS about issues identified in its annual report
2. We got a report from the Department of Health's Child Fatality Review program which moved to us from DCS less than a year ago
3. Broad overview of the multi-factorial issue of infant mortality
4. Broken down some of those factors for more in-depth consideration, including:

    a. Effect of tobacco on the pregnant mother and child
5. We have begun to consider some tools to reduce infant mortality
    a. 39-week hard stop policy recently developed by the Office of Medicaid Policy and Planning
        i. Bans Medicaid payment for early elective deliveries that are not medically indicated
        ii. Rule takes effect July 1
        iii. Some indications that private payers such as Anthem may soon follow suit
    b. Revamped presumptive eligibility program that Medicaid recently put in place that permits pregnant moms to get prenatal care earlier in their pregnancy
    c. Levels of Care program and a system of Perinatal Centers that helps address infant mortality by making sure:
        i. Patients are identified early (especially those at high risk)
        ii. Those high-risk patients are treated at facilities best prepared to care for them
        iii. Includes an inter-hospital transport system that assures high-risk Moms and babies can be transferred quickly and safely to facilities who can best care for them
6. There are many more infant mortality issues for us to consider including:
    a. The use of p17
    b. Improved newborn screening
    c. Sudden Infant Death Syndrome and suffocation issues
    d. An expansion of our home visiting program with pregnant Moms
    e. Neonatal Abstinence Syndrome (NAS)
    f. Improved breastfeeding rates
    g. Developing more and better community partnerships
    h. Social determinants that affect infant mortality