

PIH 1 Performance Measure
Edited for Clarity and Consistency
Goal: Safe Sleep
Level: Grantee
Domain: Perinatal Infant Health

The percent of Healthy Start participants who engage in safe sleep practices.

GOAL

To ensure supportive programming for safe sleep practices.

MEASURE

The percent of MCHB funded projects promoting and/ or facilitating safe sleep practices.

DEFINITION

Tier 1: Are you promoting and/ or facilitating safe sleep in your program?

- Yes
- No

Tier 2: Through what activities are you promoting and/ or facilitating safe sleep?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-reviewed publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ care coordination
- Direct Service
- Quality improvement initiatives

Tier 3: How many are reached through those activities?

(Report in Table 1: Activity Data Collection Form)

- # receiving TA
- # receiving training
- # products developed
- # peer-reviewed publications published
- # receiving information and education through outreach
- # receiving screening/ assessment
- # referred/care coordinated
- # received direct service
- # participating in quality improvement initiatives

Tier 4: What are the related outcomes in the reporting year?

% of infants placed to sleep following safe sleep practices¹

Numerator: Number of child program participants (aged <12 months) whose parent/ caregiver reports that they are placed to sleep following all three AAP recommended safe sleep practices .²

Denominator: Total number of child program participants aged <12 months

A participant is considered to engage in safe sleep practices and included in the numerator if it is reported that the baby is ‘always’ or ‘most often’ 1) placed to sleep on their back, 2) always or often sleeps alone in his or her own crib or bed with no bed sharing, and 3) sleeps on a firm sleep surface

¹ Consistent with Healthy Start Benchmark 6: Percent of Healthy Start participants who are placed to sleep following safe sleep behaviors.

²http://nccd.cdc.gov/PRAMStat/rdPage.aspx?rdReport=DRH_PRAMS.ExploreByTopic&isClassId=CLA8&isTopicId=TOP23&go=GO

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The percent of Healthy Start participants who engage in safe sleep practices.

(crib, bassinet, pack and play, etc.) with no soft objects or loose bedding.³

The requirement is that the baby is placed on their back to sleep. If they roll over onto their stomach after being placed to sleep, the standard is met. Although safe sleep behaviors are self-reported, programs are encouraged to observe safe sleep practices during home visits, as possible.

BENCHMARK DATA SOURCES

Related to MICH Objective #20: Increase the proportion of infants placed to sleep on their backs (Baseline: 69.0%, Target: 75.9%), Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 7, Question 48 (Sleep Position) and F1 (Bed Sharing).⁴

GRANTEE DATA SOURCES

Grantee Data Systems

SIGNIFICANCE

Sleep-related infant deaths, called Sudden Unexpected Infant Deaths (SUIDS), are the leading cause of infant death after the first month of life. Risk of SUIDS increases when babies are placed on their side or stomach to sleep. Placing babies on their back, on a firm surface without loose bedding or soft objects, as well as no bed-sharing are the recommended practices to follow according to American Assoc. of Pediatrics. It is estimated that 14% of infant deaths—those categorized as Sudden Unexpected Infant Death (SUID)—may be prevented by changing the ways babies are put down to sleep.⁵

³ <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-expands-guidelines-for-infant-sleep-safety-and-sids-risk-reduction.aspx#sthash.1nnEJQwk.dpuf>

⁴ http://nccd.cdc.gov/PRAMStat/rdPage.aspx?rdReport=DRH_PRAMS.ExploreByTopic&islClassId=CLA8&islTopicId=TOP23&go=GO

⁵ <http://nappss.org/plan/background.php>

PIH 2 PERFORMANCE MEASURE

Edited for Clarity and Consistency

Goal: Breastfeeding

Level: Grantee

Domain: Perinatal Infant Health

The percent of programs promoting and/ or facilitating breastfeeding.

GOAL

To ensure supportive programming for breastfeeding.

MEASURE

The percent of MCHB funded projects promoting and/ or facilitating breastfeeding.

DEFINITION

Tier 1: Are you promoting and/ or facilitating breastfeeding in your program?

- Yes
- No

Tier 2: Through what activities are you promoting and/ or facilitating breastfeeding?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-reviewed publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ care coordination
- Direct Service
- Quality improvement initiatives

Tier 3: How many are reached through those activities?

(Report in Table 1: Activity Data Collection Form)

- # receiving TA
- # receiving training
- # products developed
- # peer-reviewed publications published
- # receiving information and education through outreach
- # receiving screening/ assessment
- # referred/care coordinated
- # received direct service
- # participating in quality improvement initiatives

Tier 4: What are the related outcomes in the reporting year?

% of child program participants ever breastfed⁶

Numerator: Total number of HS child participants aged <12 months whose parent was enrolled prenatally or at the time of delivery who were ever breastfed or fed pumped breast milk to their infant.

Denominator: Total number of HS child participants aged <12 months whose parent was enrolled prenatally or at the time of delivery.

Definition: A participant is considered to have ever breastfed and included in the numerator if the child received breast milk direct from the breast or expressed at any time in any amount.

% of child program participants breastfed at 6 months⁷

⁶ Consistent with Healthy Start Benchmark 7: Percent of Healthy Start child participants whose parent reports the child was ever breastfed or fed breastmilk, even for a short period of time.

⁷ Consistent with Healthy Start Benchmark 8: Percent of Healthy Start child participants whose parent reports the child was breastfed or fed breastmilk at 6 months.

PIH 2 PERFORMANCE MEASURE
Edited for Clarity and Consistency
Goal: Breastfeeding
Level: Grantee
Domain: Perinatal Infant Health

The percent of programs promoting and/ or facilitating breastfeeding.

Numerator: Total number of HS child participants age 6 through 11 months whose parent was enrolled prenatally or at the time of delivery that were breastfed or were fed pumped breast milk in any amount at 6 months of age.

Denominator: Total number of HS child participants age 6 through 11 months whose parent was enrolled prenatally or at the time of delivery.

Definition: A participant is considered to have ever breastfed at 6 months and included in the numerator if the child received breast milk direct from the breast or expressed at any time in any amount during the sixth month.

BENCHMARK DATA SOURCES

Ever breastfed: Pregnancy Risk Assessment Monitoring System (83.9%, 2011); Vital Statistics (81%, 2014); National Immunization Survey (80%, 2012) Breastfed at 6 months: CDC National Immunization Survey (51.4%, 2012)

GRANTEE DATA SOURCES

Grantee data systems.

SIGNIFICANCE

The American Academy of Pediatrics recommends breastfeeding for the first six months because scientific studies have shown that breastfeeding is good for both the baby's and mother's health.⁸ Breastmilk contains vitamins and nutrients babies need for good health and to protect the baby from disease. Research shows that any amount of breastfeeding is beneficial for the baby and that skin-to-skin contact of breastfeeding has physical and emotional benefits. Some studies have found that breastfeeding may reduce risk for certain diseases while also increasing cognitive development.⁹

⁸ http://www.babycenter.com/0_how-breastfeeding-benefits-you-and-your-baby_8910.bc

⁹ <http://www.nichd.nih.gov/health/topics/breastfeeding/conditioninfo/Pages/benefits.aspx>

PIH 3 Performance Measure

Percent of programs promoting newborn screenings and follow-up.

Goal: Newborn Screening

Level: Grantee

Domain: Perinatal Infant Health

GOAL

To ensure supportive programming for newborn screenings.

MEASURE

The percent of MCHB funded projects promoting and/ or facilitating newborn screening and follow-up.

DEFINITION

Tier 1: Are you promoting and/or facilitating newborn screening and follow-up in your program?

- Yes
- No

Tier 2: Through what processes/ mechanisms are you promoting or facilitating newborn screening and follow-up?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-reviewed publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ care coordination
- Direct Service
- Quality improvement initiatives

Tier 3: How many are reached through those activities?

(Report in Table 1: Activity Data Collection Form)

- # receiving TA
- # receiving training
- # products developed
- # peer-reviewed publications published
- # receiving information and education through outreach
- # receiving screening/ assessment
- # referred/care coordinated
- # received direct service
- # participating in quality improvement initiatives

Tier 4: What are the related outcomes in the reporting year?

% of eligible newborns screened with timely notification for out of range screens

Numerator: # of eligible newborns screened with out of range results whose caregivers receive timely notification

Denominator: # of eligible newborns screened with out of range results

% of eligible newborns screened with timely notification for out of range screens who are followed up in a timely manner

Numerator: # of eligible newborns screened with out of range results whose caregivers receive timely notification and receive timely follow up

Denominator: # of eligible newborns screened with out of range results whose caregivers receive timely notification

PIH 3 Performance Measure

Percent of programs promoting newborn screenings and follow-up.

Goal: Newborn Screening

Level: Grantee

Domain: Perinatal Infant Health

BENCHMARK DATA SOURCES

Objective # MICH-32: Increase appropriate newborn-blood spot screening and follow-up testing (Baseline: 98.3% in 2006, Target: 100%)

GRANTEE DATA SOURCES

Title V National Outcome Measure #12

SIGNIFICANCE

Newborn screening detects thousands of babies each year with potentially devastating, but treatable disorders. The benefits of newborn screening depend upon timely collection of the newborn blood-spots or administration of a point-of-care test (pulse oximeter for critical congenital heart disease), receipt of the newborn blood spot at the laboratory, testing of the newborn blood spot, and reporting out all results. Timely detecting prevents death and other significant health complications.