

Birth Data Quality Workshops: Importance of Quality Birth Data

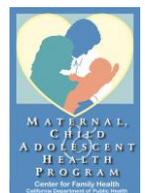
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The Importance of Quality Birth Certificate Data

Birth certificate data are used for many purposes:

- Develop statistics on health topics
- Understand what is happening in the health of mothers and babies
- Help improve the health of mothers and babies
- Get better programs
- Get more services
- Help programs figure out where to spend money
- Help prevent birth defects, premature babies, maternal deaths, etc.
- Help underserved communities become healthier

How Birth Certificate Data Are Used for Funding Decisions & Improve Health

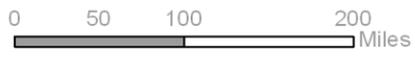
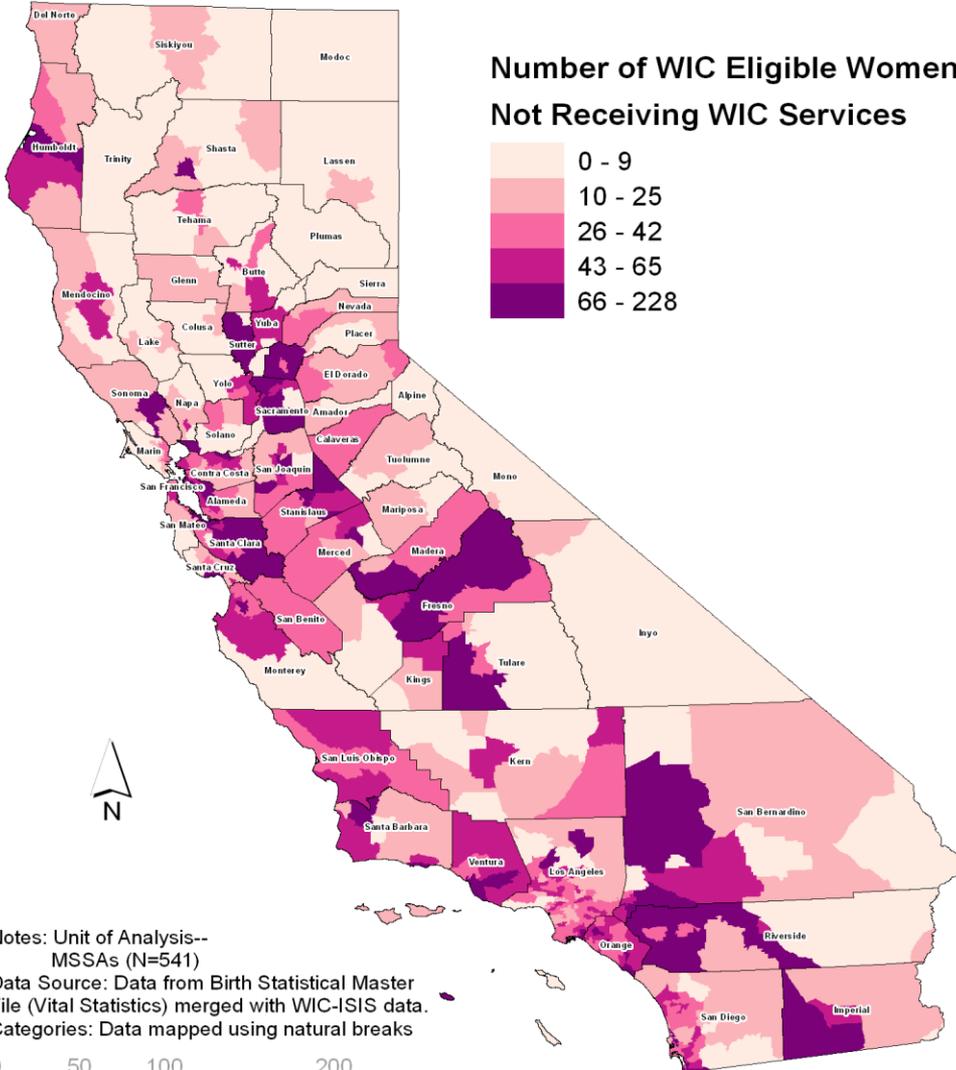
- Targeting clinic sites for the Women, Infant and Children (WIC) program
- Targeting teen pregnancy prevention programs
- Preventing preterm births
- Improving hospital care – the California Maternal Data Center

Example #1: Women, Infants and Children (WIC) program

- The California WIC and Maternal, Child, and Adolescent Health (MCAH) programs are collaborating to identify areas in need of additional WIC clinics
- Birth certificate and WIC program data are being combined to identify areas of greatest need

Women on MediCal Not Receiving WIC Services

California Medical Service Study Areas (MSSAs), 2009



Opening of New WIC Clinic

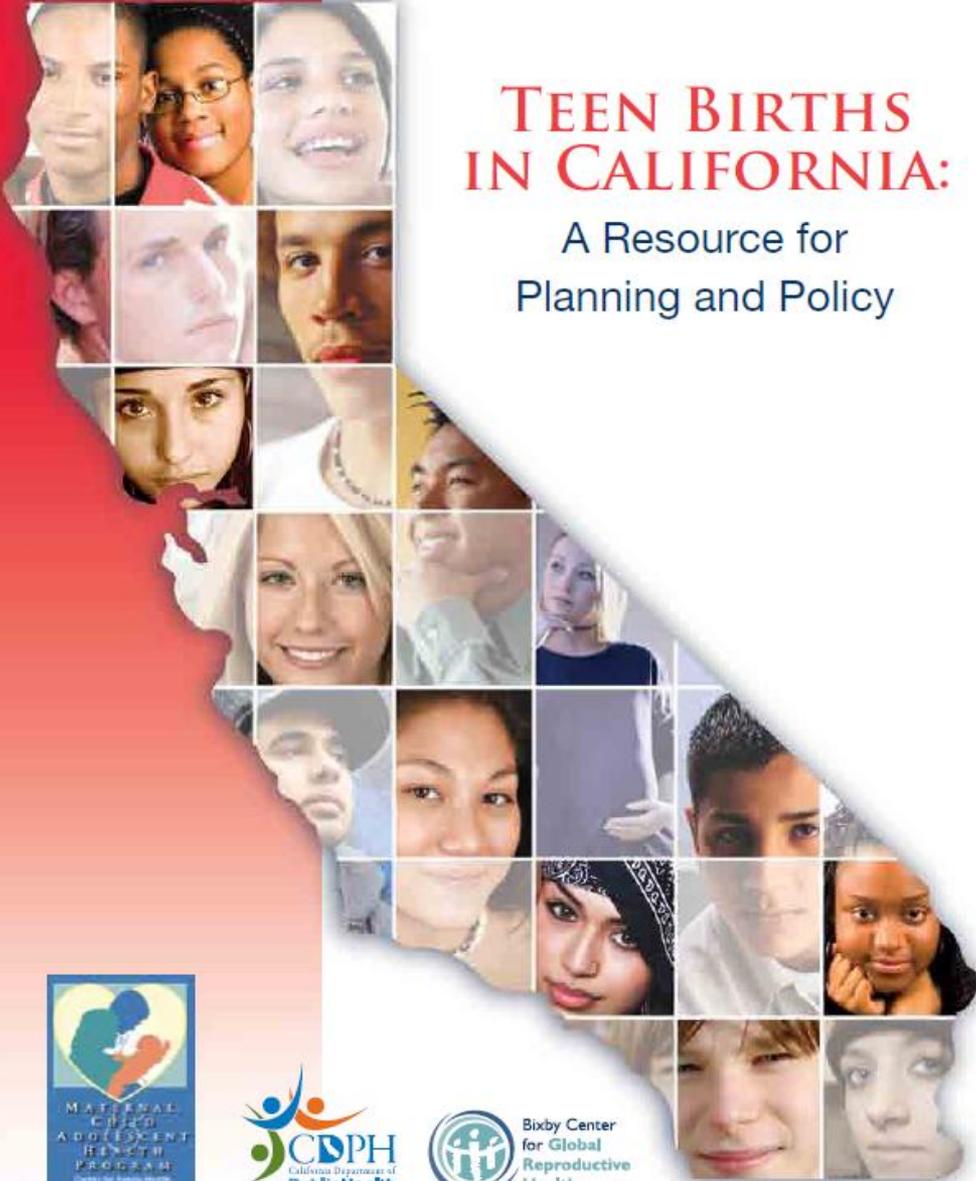


Example #2: Teen Pregnancy Prevention Programs

- The Office of Family Planning and the MCAH program have used birth certificate data to identify areas in greatest need of teen pregnancy prevention programs.
- Teen pregnancy programs that have used these hot spot maps to target services include:
 - Community Challenge Grant Sites
 - Adolescent Family Life Program
 - Information and Education programs
 - Personal Responsibility and Education Programs

TEEN BIRTHS IN CALIFORNIA:

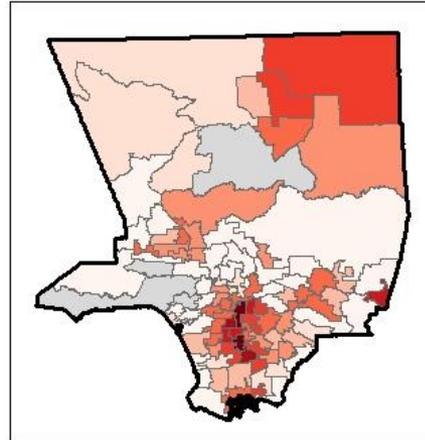
A Resource for
Planning and Policy



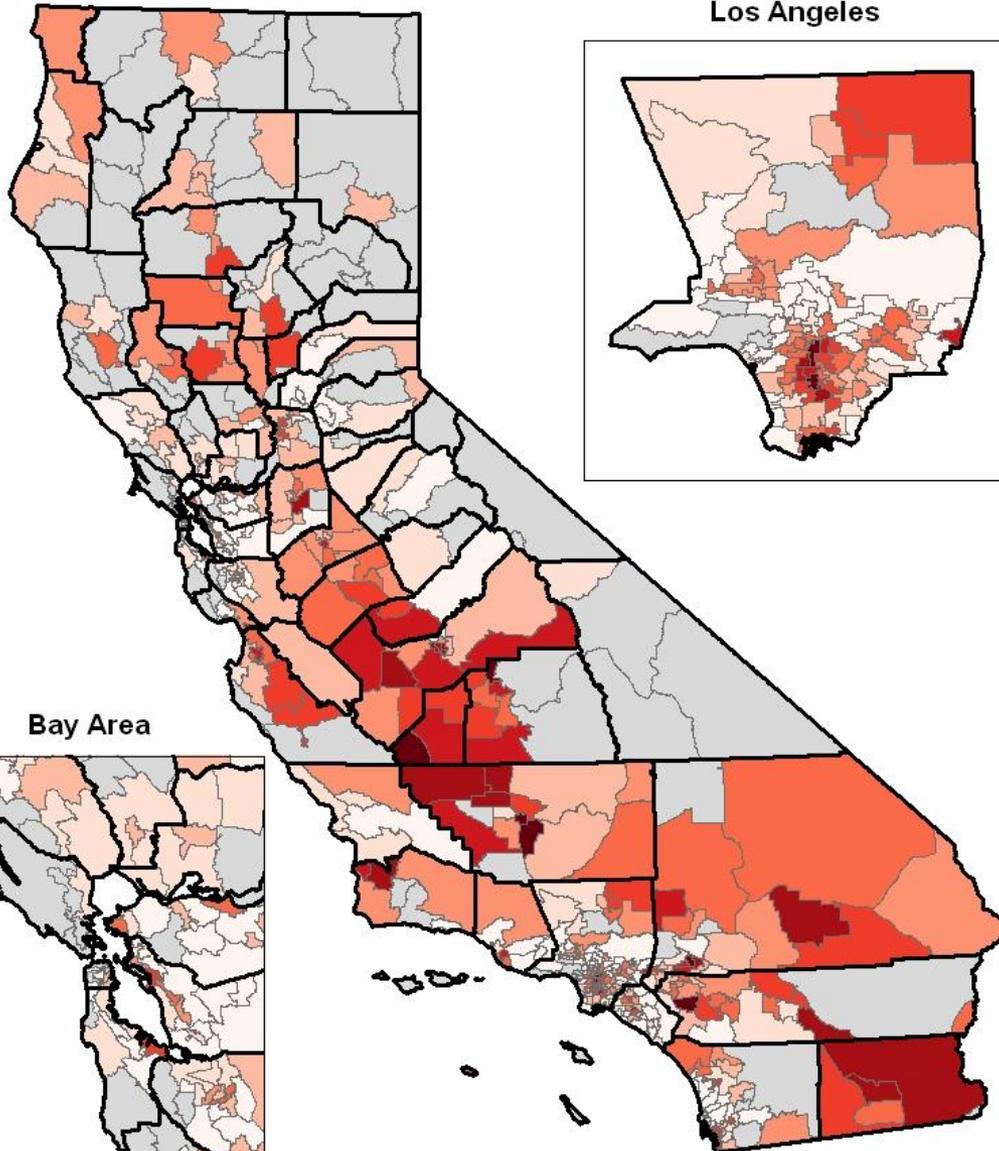
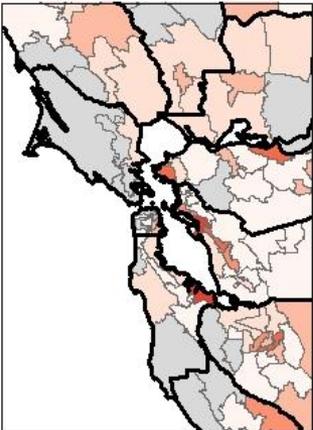
Teen Birth Rates by Medical Service Study Area (MSSA), California, 2004-2005



Los Angeles



Bay Area

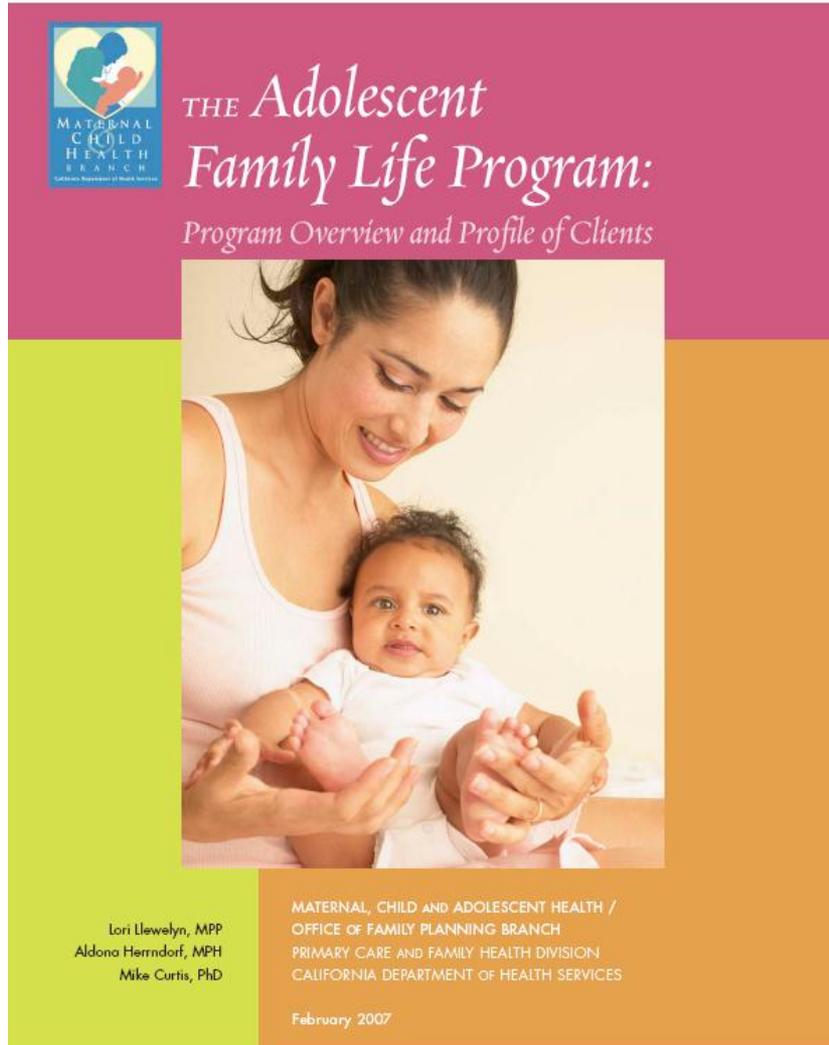


Legend

Teen Birth Rates (per 1,000 females aged 15-19 years)

- 90.0 and greater (8 MSSAs)
- 80.0 to less than 90 (18 MSSAs)
- 70.0 to less than 80 (20 MSSAs)
- 60.0 to less than 70 (39 MSSAs)
- 50.0 to less than 60 (49 MSSAs)
- 40.0 to less than 50 (58 MSSAs)
- 30.0 to less than 40 (66 MSSAs) ← (State Rate = 38.4)
- 20.0 to less than 30 (68 MSSAs)
- 0.0 to less than 20 (106 MSSAs)
- Too Few (<20) or No Births to Calculate a Reliable Rate (109 MSSAs)

Adolescent Family Life Program Evaluation



Birth certificate data have also been used to help evaluate programs like the Adolescent Family Life Program

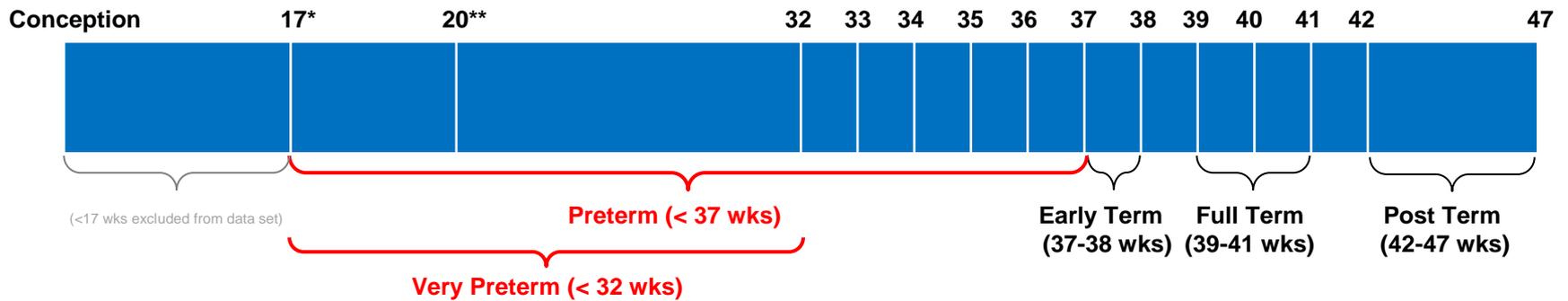
Example #3: Preterm Delivery

- Preemies are more likely to...
 - Have a neurodevelopmental disability
 - Suffer respiratory distress at birth
 - Require intensive and prolonged hospitalization
 - Have a lower IQ and higher rates of behavioral problems
 - Perform poorly in physical, emotional, and/or social functioning during early childhood
 - Die before their first birthday

...than their peers who were born at term.



Important Gestational Age Time Periods



*NCHS data excludes births <17 weeks and >47 weeks gestation. **NCHS uses ≥ 20 weeks gestation as the fetal viability threshold. Data Source: MacDorman MF, Kirmeyer S. Fetal and Perinatal Mortality, United States, 2005. National vital statistics reports; vol 57 no 8. Hyattsville, MD: National Center for Health Statistics. 2009.

Gestational Age Based on Date Last Menstrual Period (LMP) Began



Gestational Age Based on Date Last Menstrual Period (LMP) Began

First day of LMP should be:

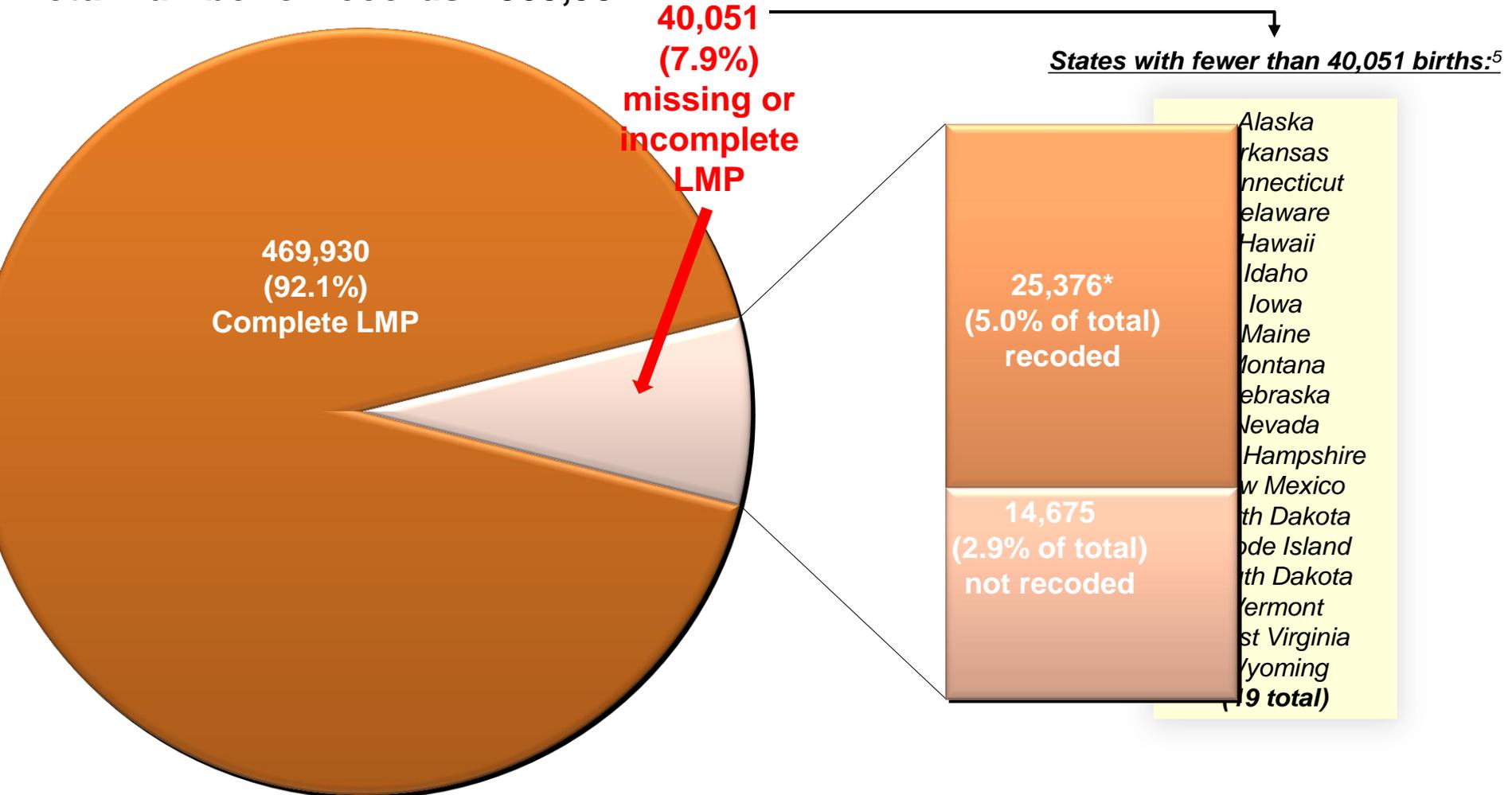
- accurately known and documented
- in a patient with regular menstrual cycles (28 +4d)
- in a patient who has not recently come off hormonal contraception
- Ultrasound confirmation - agreement with gestational age

Well-Known Problems With LMP

- Variation in menstrual cycle duration
- Non-menstrual vaginal bleeding during early pregnancy
- Conception following pregnancy with no intervening menstrual bleeding
- Imperfect maternal recall
- Missing prenatal record
- Errors in data abstraction, calculation, data entry
- And more...

Missing or Incomplete LMP, California 2009

Total number of records: 509,981



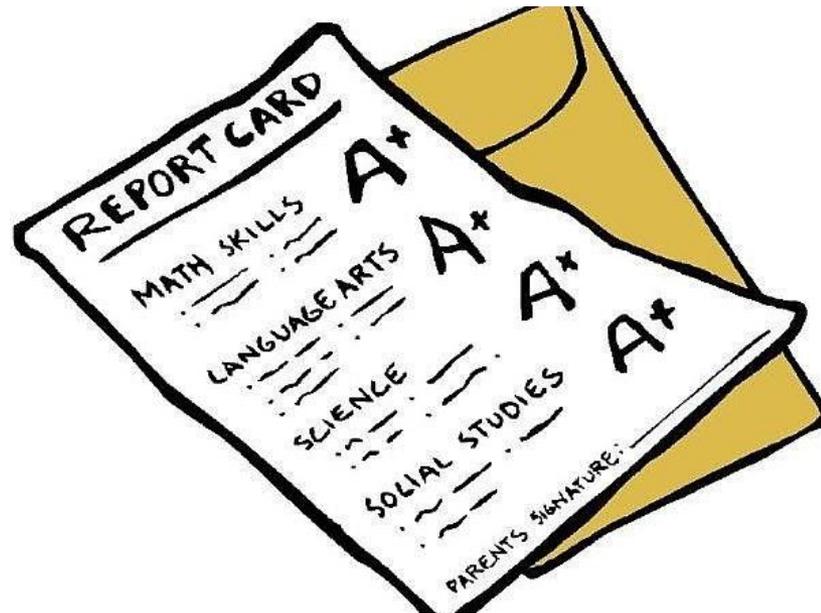
*Almost all (n=25,273) were missing LMP day

Data source: 2009 Birth Statistical Master File; based on singletons births to California resident moms

Gestational Age Based on Obstetric Estimation of Gestation at Delivery-Completed Weeks

- Gestational dating established by ultrasound, preferably between 6 and 10 weeks, by crown rump length measurements that are recorded for review as needed (Yolk sac or gestational sac measurement is not acceptable for accurate dating).
- No matter how the menstrual dates correlate with the ultrasound dating, ultrasound dating should be used
- Needs to be documented in a standard place in the medical record (admission or delivery record)

Remember Report Cards?



Now they're for
your hospital...

Maternity Report Card Easy Labor Hospital

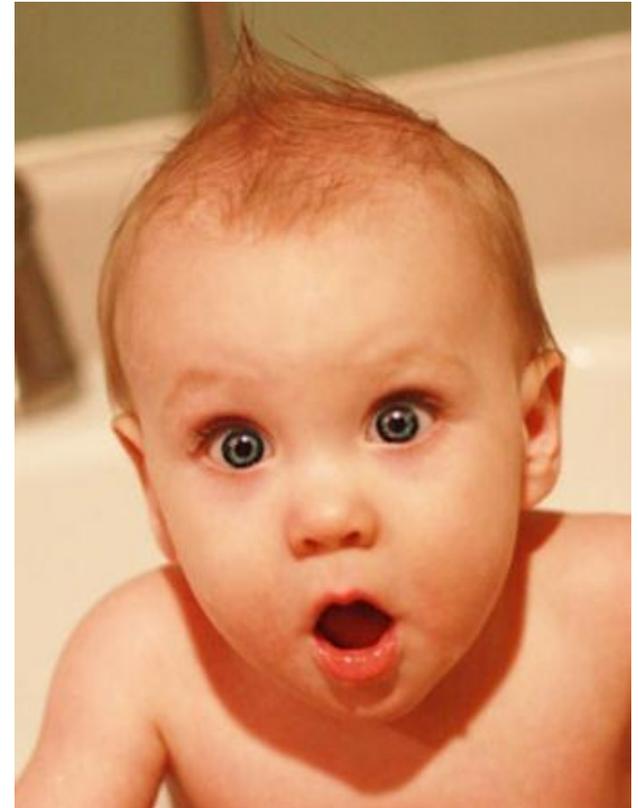
C-Sections



Inductions



Episiotomies



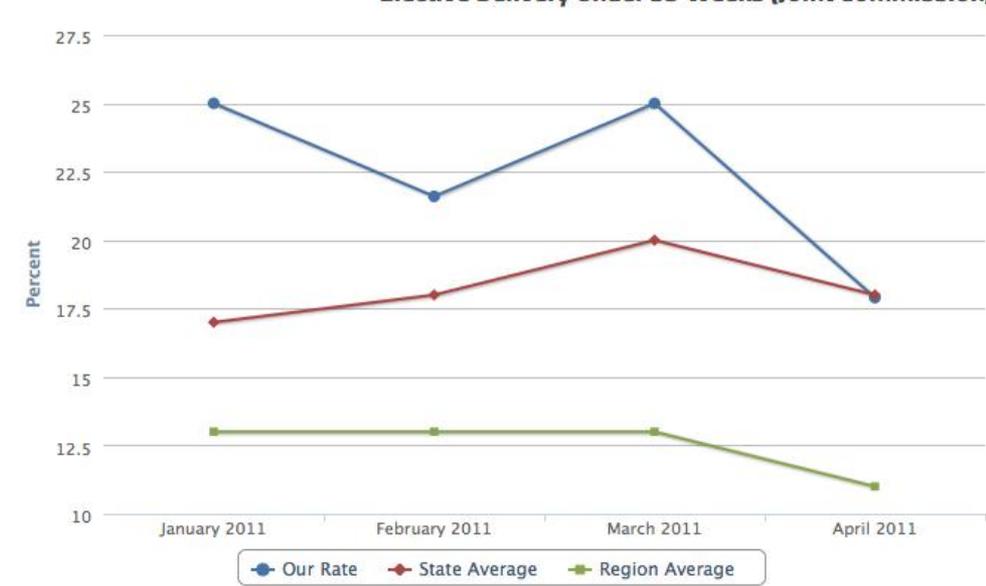
The California Maternal Data Center (CMDc)

- Some hospitals are choosing to participate in a new data reporting program
- The hospital submits data about its labor and delivery practices to CMDc
- In return, they receive “report cards” back on how well they perform compared to other hospitals in the state

Here's What the Reports Really Look Like:

REPORTING Elective Delivery Under 39 Weeks

Elective Delivery Under 39 Weeks (Joint Commission)



Also Display

- State Average
- Region Average
- "System" Average

Download As

JPEG CSV

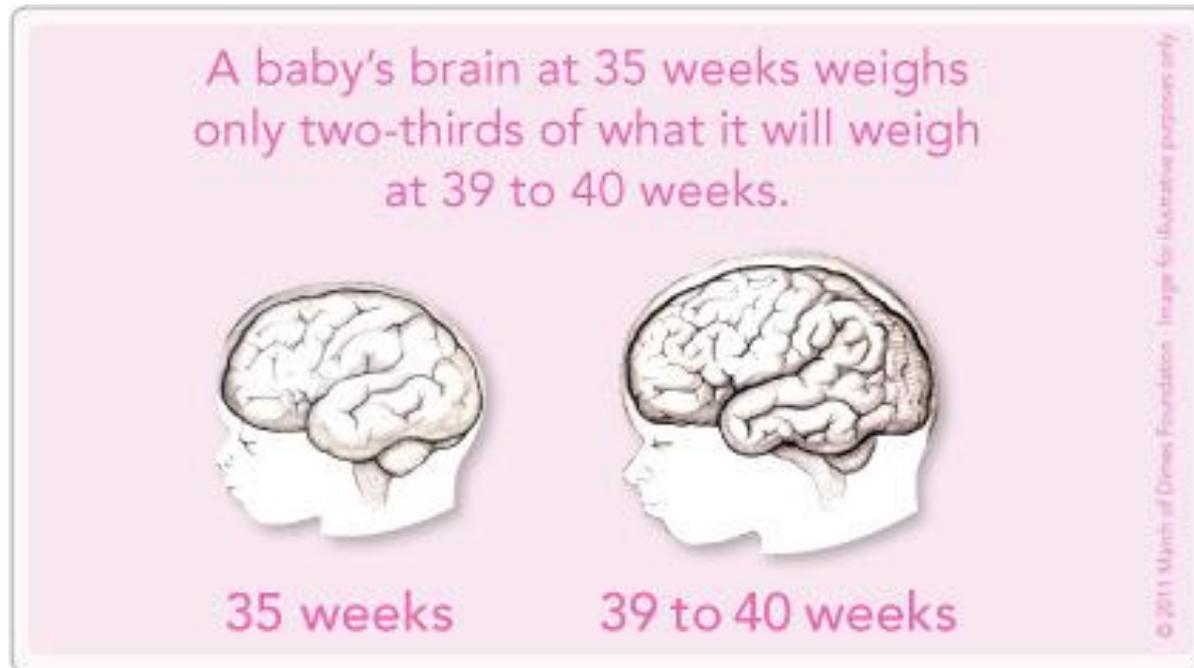
Month	Our Rate	State Average	Region Average
January 2011	25.0%	17%	13%
February 2011	21.6%	18%	13%
March 2011	25.0%	20%	13%
April 2011	17.9%	18%	11%

Why Do Hospitals Participate?

- Use information to improve quality of care
- Help doctors and nurses make better practice decisions
- Learn how they're doing compared to other hospitals (like Consumer Reports)

Key Issue to Tackle

- More babies are being delivered before 39 weeks gestational age.
- These babies are more likely to have poor health outcomes.



Sometimes there are
good medical reasons
for early deliveries...



And sometimes there
are not

Key Data Fields

The most important data elements are:

GESTATIONAL AGE—Baby's age when delivered

- Field #25A: Date Last Normal Menses Began
- Field #26A: Obstetric Estimation of Gestation at Delivery-Completed Weeks

BABY PRESENTS as “heads-up” vs. “head-down”

- Field #28AC: Method of Delivery: Fetal Presentation at Birth

Birth Clerks are Data Royalty!

- The data you collect can help identify early deliveries that are medically necessary versus those that are not medically necessary (also called “elective”)
- Then hospitals and clinicians can work together to improve baby outcomes!



Remember, YOU are the “**Vital Part**” of California Vital Statistics



Thank You!



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