



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

One Davis Square, Suite 100, East
Charleston, West Virginia 25301

Telephone: (304) 558-0684 Fax: (304) 558-1130

Earl Ray Tomblin
Governor

Rocco S. Fucillo
Cabinet Secretary

July 30, 2012

The Honorable Jeffrey Kessler, President
West Virginia Senate
Room 227M, Building 1
State Capitol Complex
Charleston, West Virginia 25305

The Honorable Richard Thompson, Speaker
West Virginia House of Delegates
Room 228M, Building 1
State Capitol Complex
Charleston, West Virginia 25305

Dear President Kessler and Speaker Thompson:

As required by West Virginia Code §16-4E, regarding the West Virginia Uniform Maternal Screening Act, please find enclosed the annual report for January 1, 2011 through December 30, 2011. This report is provided by the West Virginia Department of Health and Human Resources through the Office of Maternal, Child and Family Health, Breast and Cervical Cancer Screening Program.

If you have any questions or concerns, please feel free to write or call Denise Smith, MS, Director, Division Perinatal and Women's Health, Office of Maternal, Child and Family Health, 350 Capitol Street, Room 427, Charleston, West Virginia 25301-3714, telephone (304) 558-5388, or e-mail Denise.A.Smith@wv.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rocco S. Fucillo".

Rocco S. Fucillo
Cabinet Secretary

RSF/rlb

Enclosure

cc: Darrell Holmes
Gregory M. Gray
Marian Swinker, M.D. M.P.H.
Anne Williams
Denise Smith
Legislative Library

West Virginia Maternal Risk Screening



June 2012



*West Virginia Maternal Risk Screening
350 Capitol Street, Room 427
Charleston, WV 25301*

*Earl Ray Tomblin, Governor
Rocco S. Fucillo, Cabinet Secretary*

WEST VIRGINIA MATERNAL RISK SCREENING

LEGISLATIVE REPORT

January through December 2011

BACKGROUND: Signed into law May 28, 2009, the Uniform Maternal Screening Act §16-4E established the need for a comprehensive and uniform approach to any screening conducted by physicians and midwives to discover at-risk and high-risk pregnancies. The bill required the Bureau for Public Health, Office of Maternal, Child and Family Health (OMCFH) to assemble a Maternal Risk Advisory Council to construct a screening tool and then meet annually to review progress and make revisions as needed. In 2010, the newly formed Council met and developed the aforementioned tool, the West Virginia (WV) Prenatal Risk Screening Instrument (PRSI), which collects information about: demographics, vital physiological statistics, pregnancy history, oral health, breastfeeding, family history, medical conditions, prenatal care entry delay, various obstetrical risk factors, and substance abuse. Implementation began on January 1, 2011 and required all health care providers offering maternity services to utilize the PRSI in their initial examinations of all pregnant women and submit completed forms in accordance with WV Legislative Rule §64-97-5. When the Council met in March 2012, modifications to the current PRSI were approved and will begin use July 1, 2012.

DATA ANALYSIS: All PRSI information is confidential and is used for data analysis and public health planning purposes only. Data summaries are provided to the Council on a quarterly basis. Submission occurs via a dedicated fax number using RightFax software. Beginning July 1, 2012, OMCFH will begin using Teleform technology as well, which will optically scan the PRSI forms and thereby minimize data entry.

The OMCFH received data from 11,082 PRSIs that were completed by 336 maternity service providers during calendar year 2011. This represented approximately 50% of all WV pregnancies. A significant number of submitted forms were not complete. This may have been due to 2011 being the first year of implementation, but this lack of completion should be kept in mind when considering the subsequent data summaries. The PRSI modifications effective July 1, 2012 aimed to deter future omissions and form completion errors such as seen in the 2011 data.

FINDINGS: The most commonly reported risk factors in WV pregnant women are discussed below, followed by tables that offer brief summaries of the demographics and risk factors at initiation of prenatal care collected by the PRSI in 2011.

Oral Health – Receiving no dental care in the twelve months prior to first prenatal visit accounted for 47.4 percent of PRSI-reported pregnancies, while those that reported tooth problems or gum sensitivity were 17.5 percent and 15.9 percent, respectively (Table 8).

Psychosocial – Unplanned pregnancy was the highest psychosocial risk factor, 38.0 percent of all PRSI-reported pregnancies, while 25.7 percent reported unemployment or inadequate income. Although it was one of the ten additional risk factors not included in the table, lack of internet access was reported on 31.8 percent of PRSIs (Table 13).

Vital Physiological – Overweight and obesity together accounted for 58.2 percent of PRSI-reported pregnancies, which shows that maintaining a healthy weight is one of the leading problems among WV's pregnant women, and are known to be associated with gestational and postpartum problems. Obesity (BMI of 30 or higher) alone was indicated on one third, or 33.5 percent, of PRSIs, while normal BMI was only slightly higher at 37.9 percent (Table 7).

Substance Use – Cigarette smoking accounted for a majority of the top prenatal risk factors in WV and is a leading concern since it known to be strongly associated with adverse birth outcomes. First hand smoking was common, 51.6 percent reported having ever smoked and 28.8 percent of PRSI-reported pregnancies indicated a current smoking status at initial prenatal visit. Furthermore, a current partner smoking status and second or third hand smoking exposure were reported on 33.8 percent and 36.2 percent on PRSIs, respectively (Tables 14-15). Note that four additional risk factors were not included in this table.

Prior Pregnancies – Previous C-section was reported on 20.5 percent of relevant PRSI-reported pregnancies (Table 11). Note that data is collected on 21 additional risk factors, but were not included in this table due to minimal reported risk and obstetrical-specific terminology.

CONCLUSIONS: The OMCFH will continue to monitor the reported PRSI results and work together with maternity service providers to ensure proper PRSI completion, which is essential in gaining a better understanding of frequently observed risk factors and then developing a methodology to

address those factors. As a result of PRSI use, WV will be able to quickly and effectively perform risk screens, which will ultimately improve the health outcomes of WV mothers and their infants by identifying areas of concern during the prenatal period.

WEST VIRGINIA PRENATAL RISK SCREENING INSTRUMENT REPORT JANUARY THROUGH DECEMBER 2011

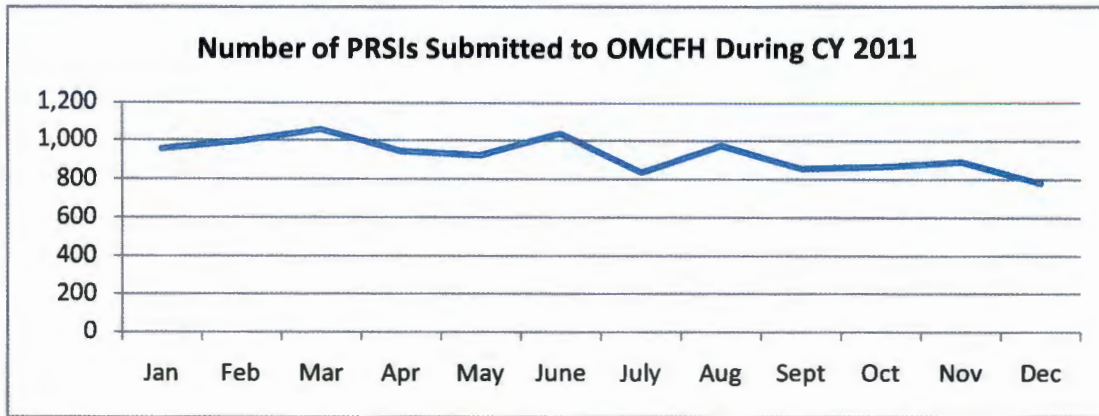


Figure 1. Number of PRSI submissions by month (2011) [Note: Total PRSI submissions = 11,082]

DEMOGRAPHIC INFORMATION:

RACE (%)					
White	Black/African American	Asian	American Indian/Alaska Native	Native Hawaiian/Pacific Islander	Missing
90.3	3.3	0.8	0.1	0.1	5.7

Table 1. Percentage of PRSI-reported pregnancies by race (2011)

HISPANIC ETHNICITY (%)	
Yes	1.1
No	76.0
Missing	22.9

Table 2. Percentage of PRSI-reported pregnancies by ethnicity (2011)

U.S. CITIZEN (%)	
Yes	96.0
No	1.8
Missing	2.2

Table 3. Percentage of PRSI-reported pregnancies by U.S. citizenship (2011)

AGE GROUP (%)					
<15 years	15-19 years	20-24 years	25-29 years	30-34 years	≥35 years
0.3	16.6	32.5	27.5	16.3	6.8

Table 4. Percentage of PRSI-reported pregnancies by age (2011)

MARITAL STATUS (%)		
Married	Not Married	Missing
44.5	51.6	3.9

Table 5. Marital status of women whose pregnancies were PRSI-reported (2011)

INSURANCE TYPE (%)				
Private	Medicaid	None	Private & Medicaid	Missing
37.6	45.2	9.8	0.4	7.0

Table 6. Percentage of PRSI-reported pregnancies by insurance type (2011) [Note: 'Private & Medicaid' indicates a combination of both insurance types]

VITAL PHYSIOLOGICAL STATISTICS:

BODY MASS INDEX (%)			
Underweight	Normal	Overweight	Obese
4.0	37.9	24.7	33.5

Table 7. Percentage of PRSI-reported pregnancies by BMI (2011)

ORAL HEALTH:

ORAL HEALTH CONDITIONS (%)		
Sensitive/ Bleeding Gums	Loose/ Broken/ Decayed Teeth	No Dental Visit Within Last Year
15.9	17.5	47.4

Table 8. Percentage of PRSI-reported pregnancies that stated problems with gums or teeth, or received no dental care in the twelve months prior to first prenatal visit (2011)

BREASTFEEDING:

BREASTFEEDING INTENTION AND CURRENT STATUS (%)	
Intend to Breastfeed	Currently Breastfeeding
56.2	1.5

Table 9. Percentage of PRSI-reported pregnancies that reported intention to breastfeed and current breastfeeding status (2011)

MEDICAL CONDITIONS:

CHRONIC OR RELEVANT MEDICAL CONDITIONS (%)								
High Blood Pressure	Kidney Disease	Diabetes	Asthma	Heart Condition	Thyroid Disease	STD	Seizures	Other
4.5	0.8	1.8	8.5	1.9	3.4	3.5	1.8	3.0

Table 10. Percentage of PRSI-reported pregnancies that reported any of the listed medical conditions (2011)

PREGNANCY RISK FACTORS:

SELECT PRIOR PREGNANCY RISK FACTORS, RANKED IN DECREASING ORDER (%)	
Previous C-Section	20.5
Preeclampsia	7.7
Obesity	7.1
Low Birth Weight	5.7
Gestational Diabetes	4.9
Opioid Replacement Treatment	0.8

Table 11. Percentage of PRSI-reported pregnancies that reported any of the listed risk factors during past pregnancies (2011) [Note: 21 additional risk factors are not included in this table]

LATE PRENATAL CARE ENTRY:

PERCENTAGE OF CLIENTS BY REASON FOR LATE PRENATAL CARE ENTRY, RANKED IN DECREASING ORDER (%)	
Does Not Apply	61.6
Missing	30.1
Insurance Enrollment Delay	4.1
Transportation	1.8
Financial	1.5
Other	1.1
Couldn't Find Health Provider	1.0
Unaware of Prenatal Care Importance	0.8
Access to Pregnancy Testing	0.8
Abortion Desired/ Unsuccessful	0.8
Child Care Issues	0.6

Table 12. Percentage of PRSI-reported pregnancies that reported any of the listed reasons for delayed entry into prenatal care (2011)

PSYCHOSOCIAL RISK FACTORS:

SELECT PSYCHOSOCIAL RISK FACTORS, RANKED IN DECREASING ORDER (%)	
Unplanned Pregnancy	38.0
Unemployed/ Inadequate Income	25.7
Education <12 Years	21.0
Husband/ Partner Unemployed	16.7
Nutritional Concerns	4.5

Table 13. Percentage of PRSI-reported pregnancies that reported any of the listed psychosocial risk factors (2011) [Note: 10 additional psychosocial risk factors are not included in this table]

ENVIRONMENTAL RISK FACTORS:

LEAD, VIRAL AND TOBACCO RISK FACTORS (%)		
Lead: House Built Before 1978	Viral: Cats or Birds in Home	Tobacco: 2nd or 3rd Hand Smoke
19.8	23.2	36.2

Table 14. Percentage of PRSI-reported pregnancies that reported environmental risk factors (2011)

SUBSTANCE ABUSE AND VIOLENCE:

SELECT TOBACCO, DRUGS/ALCOHOL AND VIOLENCE RISK FACTORS (%)	
Partner Smokes Cigarettes	33.8
Currently Smoke Cigarettes	28.8
<i>Felt Down or Hopeless</i>	14.3
Victim of Abuse or Violence	9.1
Partner Problem with Drugs/Alcohol	6.7
Client Problem with Drugs/Alcohol Currently	6.2
Partner's Anger Caused Worry or Scare	2.5

Table 15. Percentage of PRSI-reported pregnancies that reported risk factors involving substance abuse or violence (2011)
[Note: Four additional risk factors are not included in this table]