

PIH 1 PERFORMANCE MEASURE	The percent of MCHB funded projects promoting and/ or facilitating safe sleep practices.
Goal: Safe Sleep	
Level: Grantee	
Domain: Perinatal Infant Health	
GOAL	To ensure supportive programming for safe sleep practices.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating safe sleep practices.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating safe sleep in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what activities are you promoting and/ or facilitating safe sleep?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># 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 <p>Tier 4: What are the related outcomes in the reporting year?</p> <ul style="list-style-type: none">% of infants placed to sleep following safe sleep practices¹ <p>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</p> <p>Denominator: Total number of child program participants aged <12 months.</p> <p>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</p>

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

² American Academy of Pediatrics (AAP). Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. Pediatrics 2016. 138 (5):e20162938.

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sharing, and 3) sleeps on a firm sleep surface (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 Healthy People 2030 MICH-04: Increase the proportion of infants placed to sleep on their backs (Baseline: 78.7% in 2016; Target: 88.9%); Healthy People 2030 MICH-D3: Increase the proportion of infants who are put to sleep in a safe sleep environment. (Developmental) Pregnancy Risk Assessment Monitoring System (PRAMS) .⁴

GRANTEE DATA SOURCES

Grantee Data Systems

SIGNIFICANCE

Sleep-related infant deaths, also called Sudden Unexpected Infant Deaths (SUID), are the leading cause of infant death after the first month of life and the third leading cause of infant death overall. Sleep-related SUIDs include Sudden Infant Death Syndrome (SIDS), unknown cause, and accidental suffocation and strangulation in bed. Due to heightened risk of SIDS when infants are placed to sleep in side (lateral) or stomach (prone) sleep positions, the American Academy of Pediatrics (AAP) has long recommended the back (supine) sleep position. In 2011, AAP expanded its recommendations to help reduce the risk of all sleep-related deaths through a safe sleep environment that includes use of the back-sleep position, on a separate firm sleep surface (room-sharing without bed sharing), and without loose bedding.⁵

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

⁴ <https://www.cdc.gov/prams/questionnaire.htm#current>

⁵ American Academy of Pediatrics (AAP). Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. Pediatrics 2016. 138 (5):e20162938. <https://publications.aap.org/pediatrics/article/138/5/e20162938/60309/SIDS-and-Other-Sleep-Related-Infant-Deaths-Updated>

PIH 2 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating breastfeeding.
Goal: Breastfeeding	
Level: Grantee	
Domain: Perinatal Infant Health	
GOAL	To ensure supportive programming for breastfeeding.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating breastfeeding.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating breastfeeding in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what activities are you promoting and/ or facilitating breastfeeding?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># 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 <p>Tier 4: What are the related outcomes in the reporting year?</p> <p>% of child program participants ever breastfed⁶</p> <p>Numerator: Total number of child program participants aged <12 months who were ever breastfed or fed pumped breast milk, and whose parent was enrolled prenatally.</p> <p>Denominator: Total number of child program participants aged <12 months whose parent was enrolled prenatally.</p> <p>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.</p> <p>% of child program participants breastfed at 6 months⁷</p>

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	The percent of programs promoting and/ or facilitating breastfeeding.
Goal: Breastfeeding	
Level: Grantee	
Domain: Perinatal Infant Health	

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

Denominator: Total number of child program participants age 6 through 11 months whose parent was enrolled prenatally.

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

Related to Healthy People 2030 MICH-15: Increase the proportion of infants who are breastfed exclusively through 6 months (Baseline: 24.9% in 2015, Target: 42.4%); Related to Healthy People 2030 MICH-16: Increase the proportion of infants who are breastfed at 1 year (Baseline: 35.9% in 2015, Target: 54.1%).

GRANTEE DATA SOURCES

Grantee data systems.

SIGNIFICANCE

The American Academy of Pediatrics (AAP) recommends all infants (including premature and sick newborns) exclusively breastfeed for about six months, followed by continued breastfeeding as complementary foods are introduced for 1 year or longer. Exclusive breastfeeding for six months supports optimal growth and development by providing all required nutrients during that time. Breastfeeding strengthens the immune system, reduces respiratory infections, gastrointestinal illness, and SIDS, and promotes neurodevelopment. Breastfed children may also be less likely to develop diabetes, childhood obesity, and asthma. Maternal benefits include reduced postpartum blood loss due to oxytocin release and possible protective effects against breast and ovarian cancer, diabetes, hypertension, and heart disease.

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	<p>Tier 1: Are you promoting and/or facilitating newborn screening and follow-up in your program?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you promoting or facilitating newborn screening and follow-up?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Training <input type="checkbox"/> Product Development <input type="checkbox"/> Research/ Peer-reviewed publications <input type="checkbox"/> Outreach/ Information Dissemination/ Education <input type="checkbox"/> Tracking/ Surveillance <input type="checkbox"/> Screening/ Assessment <input type="checkbox"/> Referral/ care coordination <input type="checkbox"/> Direct Service <input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"> # 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 <p>Tier 4: What are the related outcomes in the reporting year?</p> <p>% of eligible newborns screened with timely notification for out of range screens</p> <p>Numerator: # of eligible newborns screened with out of range results whose caregivers receive timely notification.</p> <p>Denominator: # of eligible newborns screened with out of range results.</p> <p>% of eligible newborns screened with timely notification for out of range screens who are followed up in a timely manner</p> <p>Numerator: # of eligible newborns screened with out of range results whose caregivers receive timely notification and receive timely follow up.</p> <p>Denominator: # of eligible newborns screened with out of range results whose caregivers receive timely notification.</p>
BENCHMARK DATA SOURCES	None

PIH 3 PERFORMANCE MEASURE

Percent of programs promoting newborn screenings and follow-up.

Goal: Newborn Screening

Level: Grantee

Domain: Perinatal Infant Health

GRANTEE DATA SOURCES

Title V National Outcome Measure #12 (Developmental)

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 of all results. Timely detection and follow-up with appropriate treatment prevents death or disability and enables children to reach their full potential.⁸

⁸ Centers for Disease Control and Prevention. CDC Grand Rounds: Newborn Screening and Improved Outcomes. Morbidity and Mortality Weekly Report. 2012 June 1. 61(21): 390-93. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6121a2.htm>