West Virginia Perinatal Partnership

Report of the Maternity Care Professional Shortages Committee

2011-2012

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West Virginia Perinatal Partnership 2011-12
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Report of the Maternity Care Professional Shortages Committee

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Enlarged charts, maps, and graphs and entire report may be found on website:

www.wvperinatal.org

The Maternity Care Professional Shortages Committee

Introduction

The Perinatal Partnership is working to improve access to maternity care in West Virginia. Lack of access to maternity care services has been identified as a major barrier for many women in rural areas of the state. This report includes the findings and recommendations of the 2011-2012 committee but the work of the committee is ongoing and future committee work is identified in this report.

Committee Membership

Co-Chairs
Coy Flowers, MD, OB/Gyn, Greenbrier Physicians Clinic, Inc.
Angy Nixon, CNM, MSN, WV Affiliate, American College of Nurse-Midwives (ACNM)

Members
Charlita Atha, RN, Regional Care Coordinator, Region VII Right From the Start
Laura Boone, Esq., Director of Health Science Programs, WV Higher Education Policy Commission
Martha Cook Carter, CNM, CEO, FamilyCare Health Center (WomenCare, Inc.)
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Tom Light, Health Statistics Center, WV Department of Vital Registration, DHHR
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Dottie Oakes, RN, MSN, CAN, Vice President and Chief Nurse Executive, WVU Hospitals, Inc.
Fran O'Brien, RN, Director of OB/NBN, Greenbrier Valley Medical Center
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Karen Pauley, Program Coordinator, Division of Rural Health and Recruitment, WVBPH
Alicia Tyler, MA, retired from HEPC, staffed the Recruitment Retention Committee of the WV Rural Health Education Partnerships
Ruth Walsh, RN, CPM

Perinatal Partnership Staff
Ann Dacey, Nurse Coordinator, WV Perinatal Partnership, WVU School of Medicine/COEWH
Amy Tolliver, Government Relations Specialist at ***West Virginia*** State Medical Association

Background

In 2006 the West Virginia Perinatal Partnership conducted a *Key Informant Survey*[1] of maternity providers. Lack of access to maternity care services was identified as a major barrier for many women in rural areas of the state. Both the *Key Informant Survey* and the data analysis reports included in the *Reports on the Blueprint to Improve Perinatal Health* identify many of the issues that contribute to poor access. Among these are:

- a decline in the number of hospital and birthing facilities
- the decline in geographic location of prenatal providers

[1]www.wvperinatal.org

- a change in type of maternity providers
- the cost of medical liability insurance

This was not a new discovery. For the last few decades there has been much speculation regarding the number of maternity providers in West Virginia. For the last three decades organizations and individuals have reported West Virginia has a maternity provider-shortage[2]. Groups reported varying estimates of the number of providers providing prenatal care and delivery services. As a result, the 1992 Statewide Perinatal Task Force gathered data to determine an accurate number of obstetricians, family-practice physicians, and certified nurse-midwives who were routinely delivering babies and providing prenatal care. Using similar methodology, the West Virginia Perinatal Partnership conducted studies of the numbers of maternity providers in 2006 and 2010.

The WV Perinatal Partnership Maternity Care Provider Shortages Committee is continuing its work to improve access to maternity care and appointed this committee to study the issues.

Past committee accomplishments

- Published Marshall University Center for Business and Economic Research (CBER) Report: An Examination of the Economic Feasibility of Alternate Models for Delivery of Prenatal Services in Rural West Virginia[3].

- Established WV Midwifery Initiative Partnership with Shenandoah University to train nurse midwives to practice in West Virginia with certification programs at Marshall University School of Nursing and WV Wesleyan Nursing Program. As of this report only three student nurse-midwife positions have been filled.

- Listed recommendations for establishing priorities for the establishment of prenatal care sites in WV[4].

Current phase of committee work

The committee identified the following goals:

- Create a comprehensive list of current maternity care providers in WV.
- Map the distribution of current maternity care providers, and examine regional patterns.
- Identify Birth Flow Patterns in counties with no perinatal services.
- Identify a collaborative practice model and design regional recruitment strategies.
- Analyze distances pregnant women must drive to receive prenatal care and to give birth.

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[2] Report of WV Statewide Perinatal Taskforce, 1992

[3] Available in report section of www.wvperinatal.org

[4] *A Blueprint to Improve West Virginia Perinatal Health* http://www.wvperinatal.org/

Committee work outlined in this report:

- Key Findings of West Virginia Birth Attendant and Prenatal provider Studies of 2010 and 2011.
- Birth facility closings since 1976
- Locations and Concentration of Birth Attendants.
- Locations of WV Birth Facilities, and Availability of Certified Nurse-Midwives (CNMs).
- Current listing of WV counties with no birth facilities.
- Current WV counties with no prenatal care services and no birth facilities.
- Maternity Care Professional Shortage Areas:
    - Areas of the state where women have to drive more than 30 minutes to give birth in a state licensed birth facility.
    - Areas of the state where women have to drive more than 30 minutes to receive prenatal care from state licensed maternity professionals.
- Number of women age 15-44 in counties with no prenatal care or birth services.
- Birth flow patterns in counties with no prenatal or birth services.
- Location of WV based Federally Qualified Health Centers in counties with no prenatal care or birth services.
- Recommendations for establishing sites for prenatal care service.
- A description of a proposed collaborative practice model for prenatal care.
- Future studies of maternity professionals needed.

West Virginia Birth Attendant and Prenatal Provider Studies of 1991, 2006, and 2010

As stated earlier the methodology of these studies was based on a study reported by the 1992 Statewide Perinatal Task Force.

Study Limitations

- The number of birth attendants is in a continuous state of change. Therefore, the numbers stated in this report should be considered close estimates and not precise figures.

- The 2006 and 2010 studies counted licensed birth attendants in licensed birth facilities only. Anywhere from 80–130 births each year occur outside state licensed facilities and are classified as "non-hospital" births. Accurate numbers of planned home births are not available because planned home births are currently grouped with "non-hospital" births. Some "non-hospital" births are unplanned in that they take place en route to a licensed birth facility. Further study of this subject is needed to accurately depict where women give birth, planned and unplanned.

- Licensed maternity providers who provide prenatal care but do not attend births were not identified; however, prenatal care facilities were counted. In counties with prenatal care only some prenatal clinics have limited times when they are open and some give prenatal care only until the third trimester, leaving women to do the most traveling during the most uncomfortable time of pregnancy. A more in-depth study of access to prenatal care will be undertaken in 2012.

- Resident physicians are listed as the sum of positions presently available in programs where residents are trained to deliver babies because of the following reasons:
    - Resident physicians enter or leave programs midyear; therefore, it is difficult to count their numbers simply by examining the names of residents who sign birth certificates in any given year.
    - All residents must be supervised by faculty who are required to be physically present during all births attended by residents. Therefore, residents do not change the numbers of licensed professionals available to attend births.
    - In some residency programs residents do not sign birth certificates, making them difficult to count.
    - Many family practice residents deliver fewer than four babies per year.

Because of the limitations related to residents-in-training the current birth attendant study reports two categories of licensed maternity providers:

1. Licensed practicing maternity professionals in WV:
    - Obstetrician-Gynecologist Physicians
    - Family Practice Physicians (FP)
    - Certified Nurse-Midwives

2. Resident physicians in training in WV and providing maternity care.
    - Obstetrician Gynecologist Resident Physicians in Training
    - Family Practice Resident Physicians in Training

Key Findings

Birth facilities and prenatal care in WV

- Thirty-six West Virginia birth facilities have closed since 1976.
- Thirty-one (more than half) of all WV counties have no birth facilities.
    - Fifteen WV counties with no birth facilities do have prenatal care providers.
    - Sixteen WV counties have no prenatal care and no birth facilities.
- A large portion of WV is not within a 30-minute drive time of any birth facility.
- A smaller but significant portion of WV is not within a 30-minute drive time of any prenatal facility.
- The current system for designating Health Professional Shortage Areas (HPSAs) in West Virginia does not reflect the rural areas underserved by maternity professionals

Practicing licensed maternity providers who attend births

- The total number of providers who attend births showed a modest decrease in 2010 after a substantial rise in the years between 1992 and 2006.
- The number of obstetricians who attend births has shown a slow but steady increase since 1992.
- The number of family practice physicians who attend births has steadily dropped since 1991.
- No family practice physicians in private practice are currently attending births in rural (non-metropolitan), licensed birth facilities that are not teaching hospitals. One family practice physician is currently attending home births in a very rural area of West Virginia.
- The number of certified nurse-midwives who attend births showed a slight decrease in 2010 after a sharp rise between 1992 and 2006.

Residents in Training in WV:

- The total number of resident physicians who provide maternity care has risen since 1991
- Ob/gyn resident positions have shown a modest increase since 1991
- Family practice resident positions have shown almost a three-fold increase since 1991

Methodology of WV Birth Attendant Study

This study was conducted in March, 2010. Names of providers who signed birth certificates in 2009 were obtained from WV Vital Statistics. These names were sorted by hospitals. Nurse Managers from each hospital were supplied with the names of providers who signed birth certificates at their individual hospitals. They were asked to verify that each provider was still attending births. They were asked the specialty of each provider and if the provider was a resident. They were asked if any new providers had joined their staff since the beginning of the year. Duplicates were removed because some providers attend births at more than one hospital.

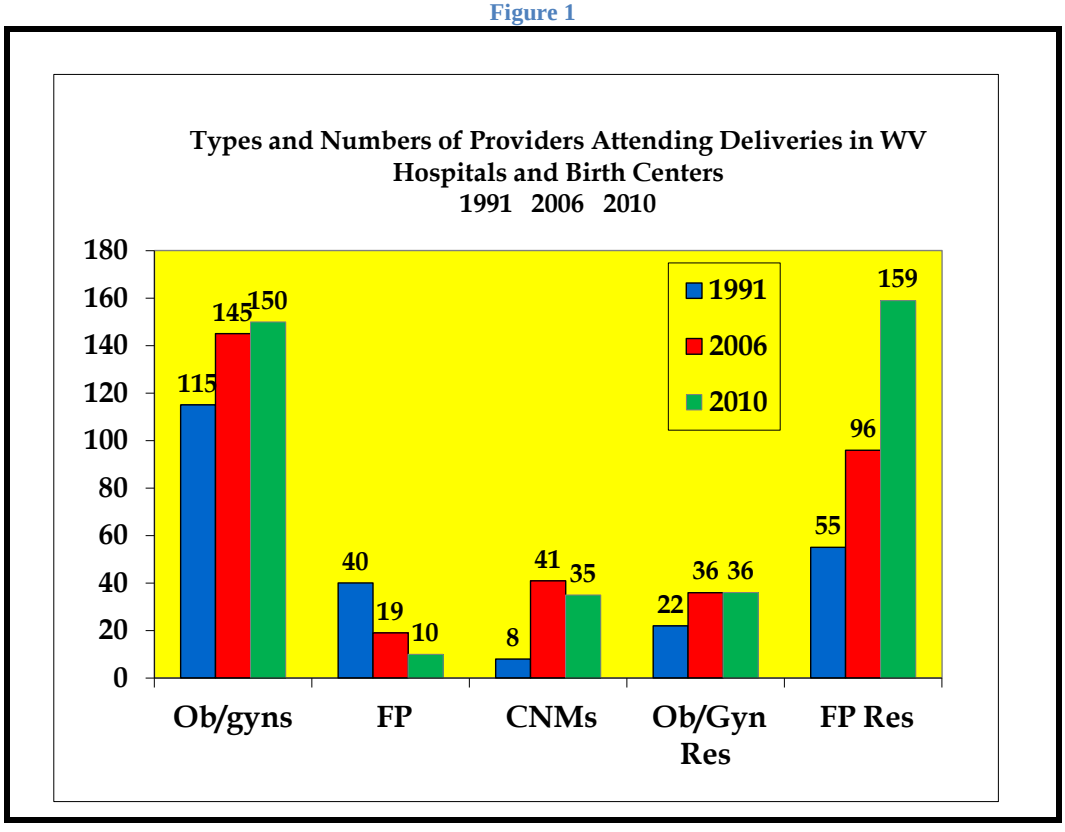
Results West Virginia Birth Attendant and Prenatal Provider Studies of 1991, 2010, and 2011

The following graphs, charts, and maps show the results of the birth attendant studies done in 1991, 2006, and 2010.

Table I

Total Number of Birth Attendants Including Ob-Gyn and Family Practice Residents			
	1991	**2006**	**2010**
Ob-Gyn Physicians	115	145	150
Family Practice (FP)	40	19	10
Certified Nurse Midwives (CNMs)	8	41	35
Total Non-residents	**163**	**205**	**195**
Ob-Gyn Residents	22	36	36
Family Practice Residents	55	131	159
Total Residents in Training	**77**	**167**	**195**

Figure 1



Birth facility closings since 1976

Figure 2

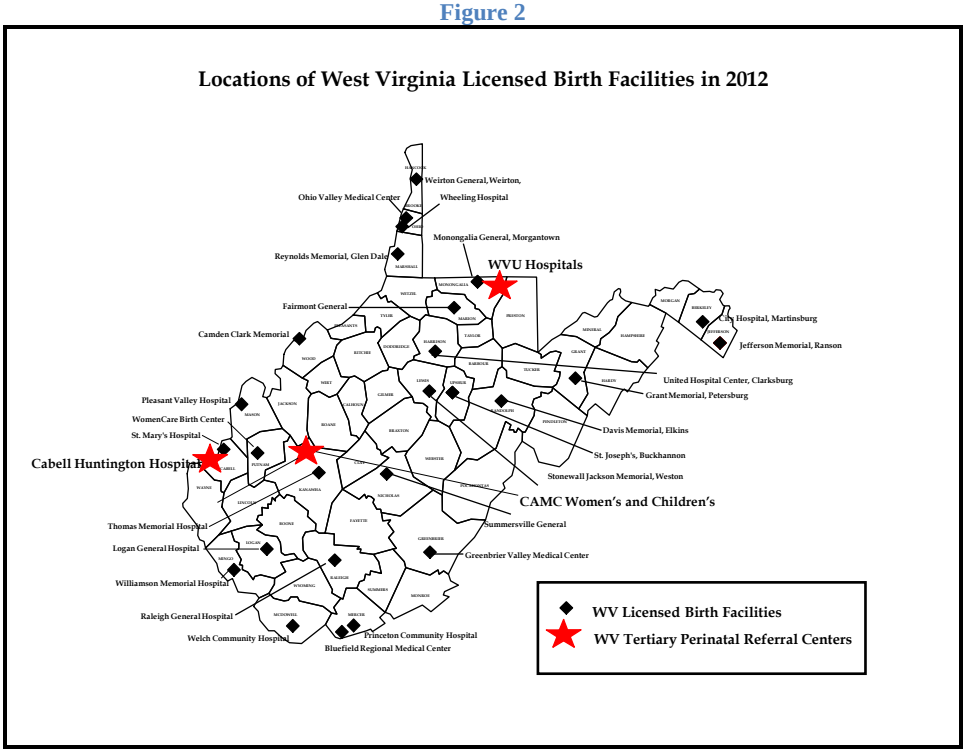


Figure 3

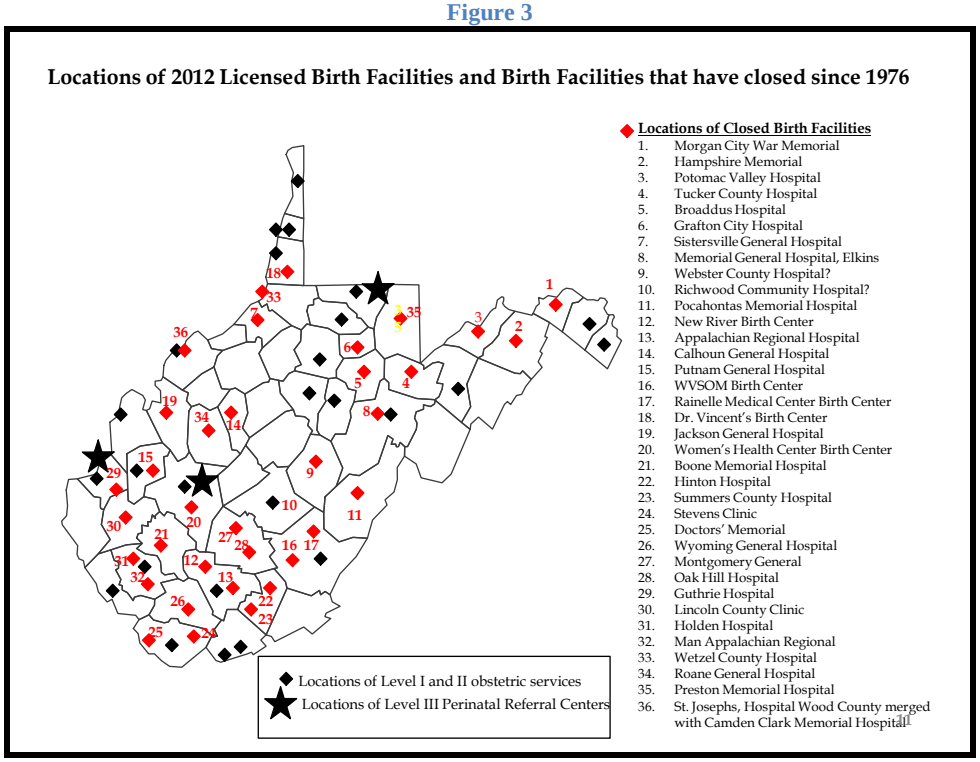


Figure 4

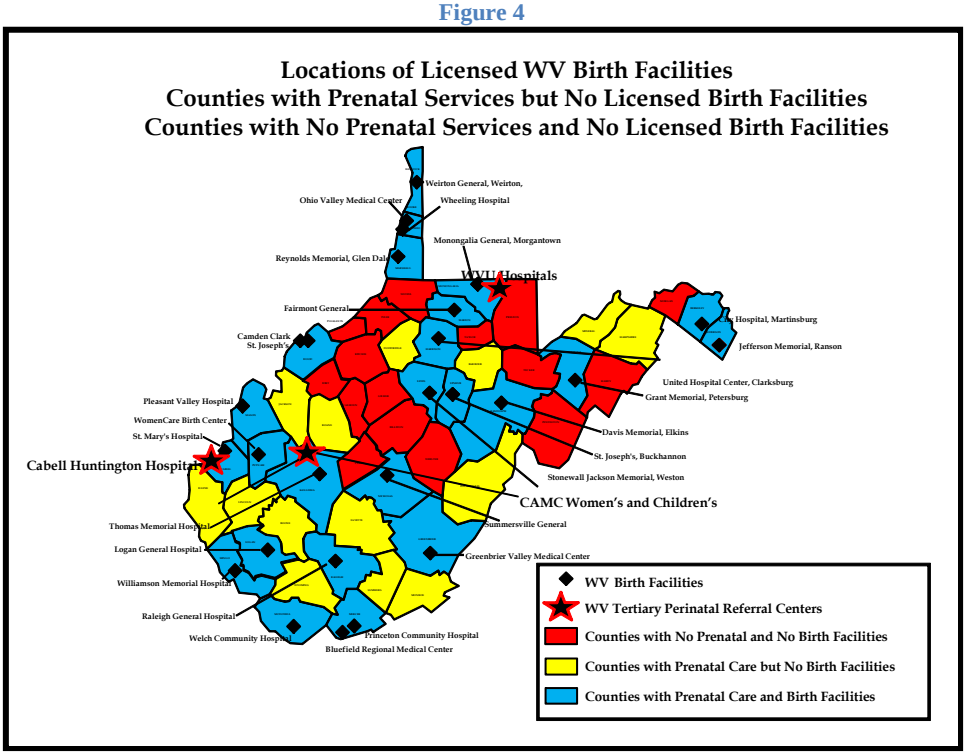


Figure 5

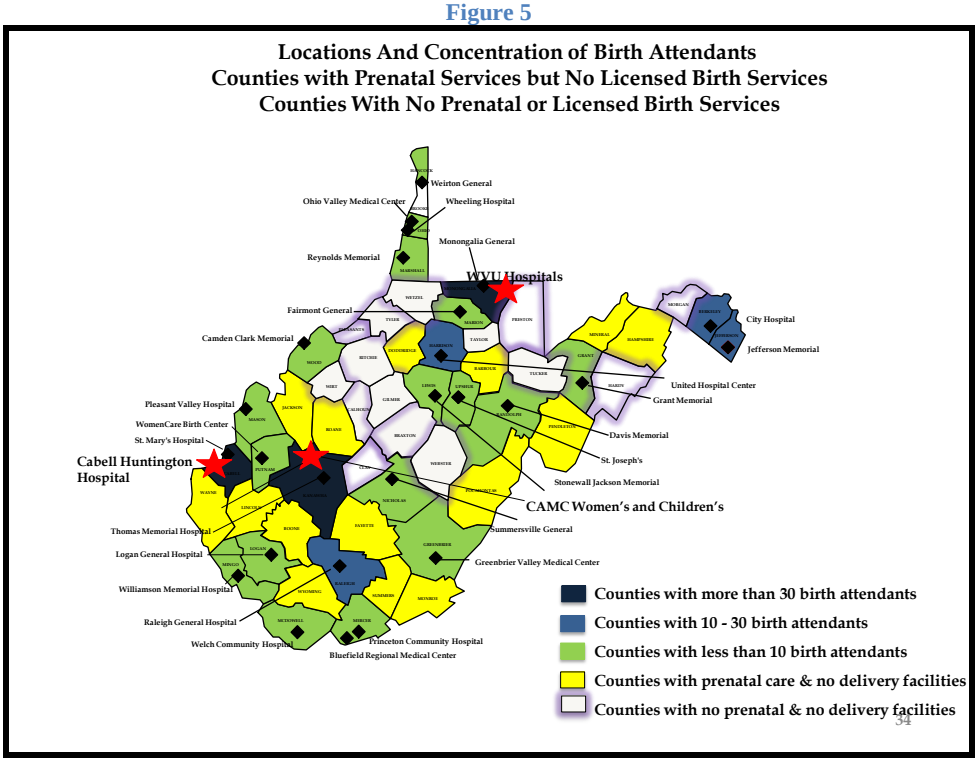


Figure 6

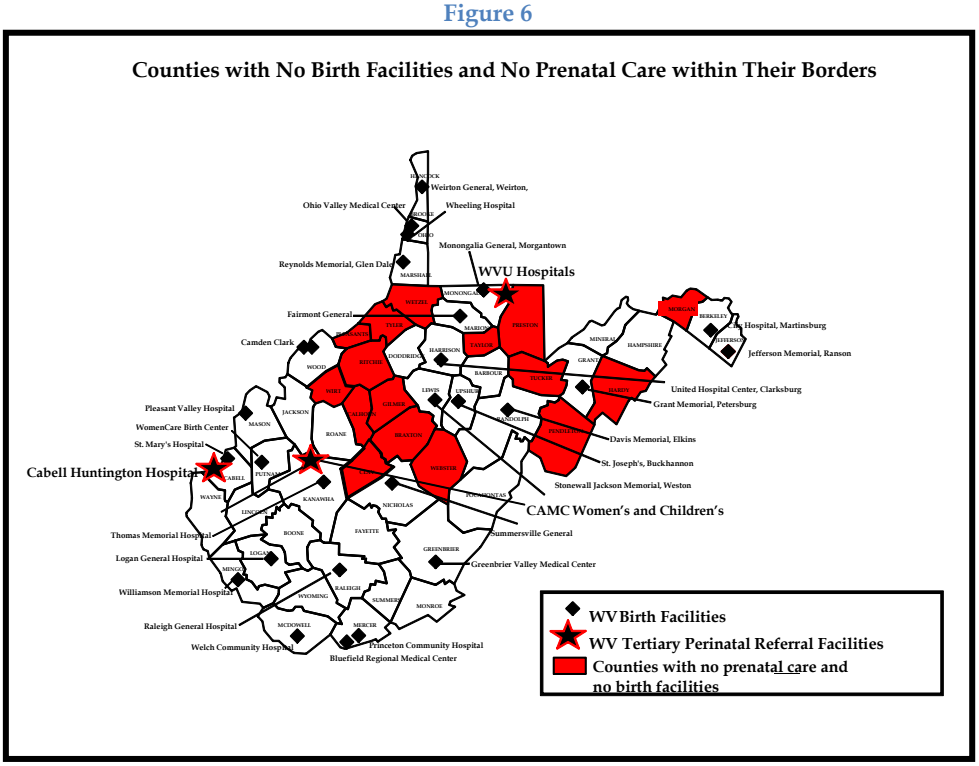
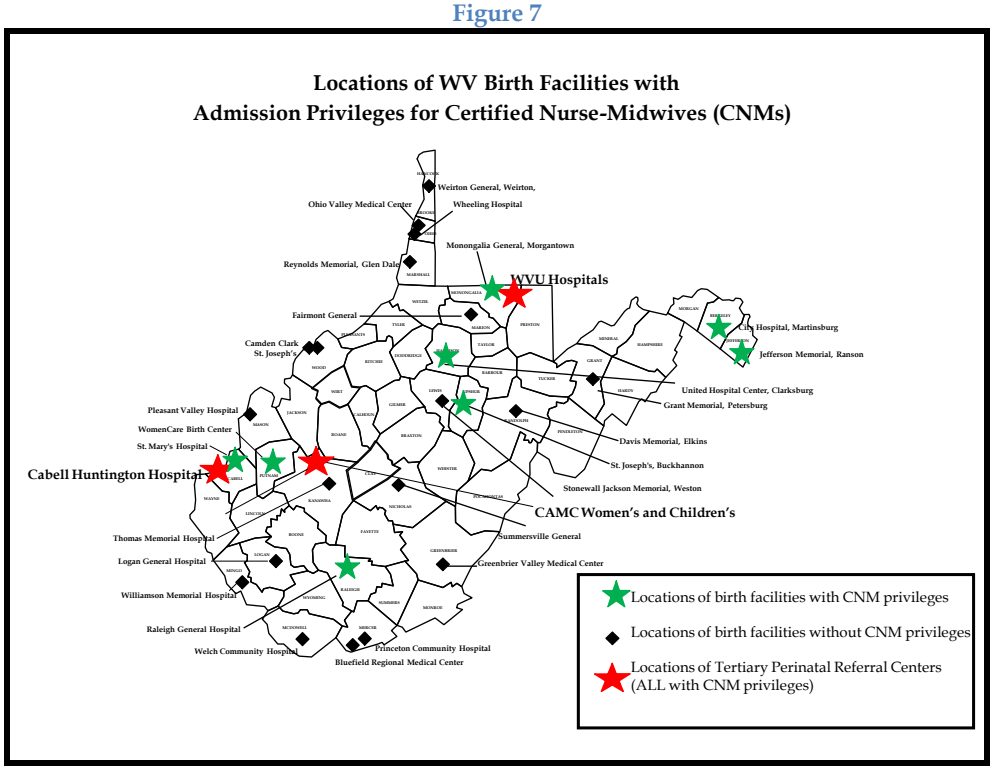


Figure 7



Types of Midwives in West Virginia

Certified nurse-midwives (CNMs) are legally licensed to practice in West Virginia in collaboration with physicians. In addition to CNMs, other types of midwives attend births in WV but are not legally licensed in West Virginia. These include Direct Entry Midwives (DEMs), Certified Professional Midwives (CPMs) and Certified Midwives (CMs).

The numbers of DEMs, CPMs, and CMs, are small because there is no state licensing for them. Nationally they specialize in out-of-hospital home births. Many provide care for women in locations and communities where there are no other birth facilities. CPMs who are licensed in surrounding states attend home births in West Virginia. Further study is needed to address maternity care provider shortages by to determine the efficacy of utilizing more classifications of midwives.

Postgraduate Fellowship Training in Obstetrics for Family Medicine Physicians

There are currently no family practice obstetric fellowships in the state. Nationally, Postgraduate Fellowship Training in Obstetrics for Family Medicine Physicians began in 1984 as a result of the dire need for obstetric healthcare providers in rural areas of this country. These programs last a year and intensively train family practice physicians to perform cesarean sections. There are several family practice physicians who have attended these fellowships but they were trained out of state. These fellowship trained physicians practice as faculty in one of West Virginia's family practice residency teaching programs.

Maternity Care Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are partly defined as having greater than a 30-minute drive time for patients to get to their primary health providers. A large portion of WV is not within a 30-minute drive time of any birth facility. A smaller but significant portion of WV is not within a 30-minute drive time of any prenatal facility or prenatal provider.

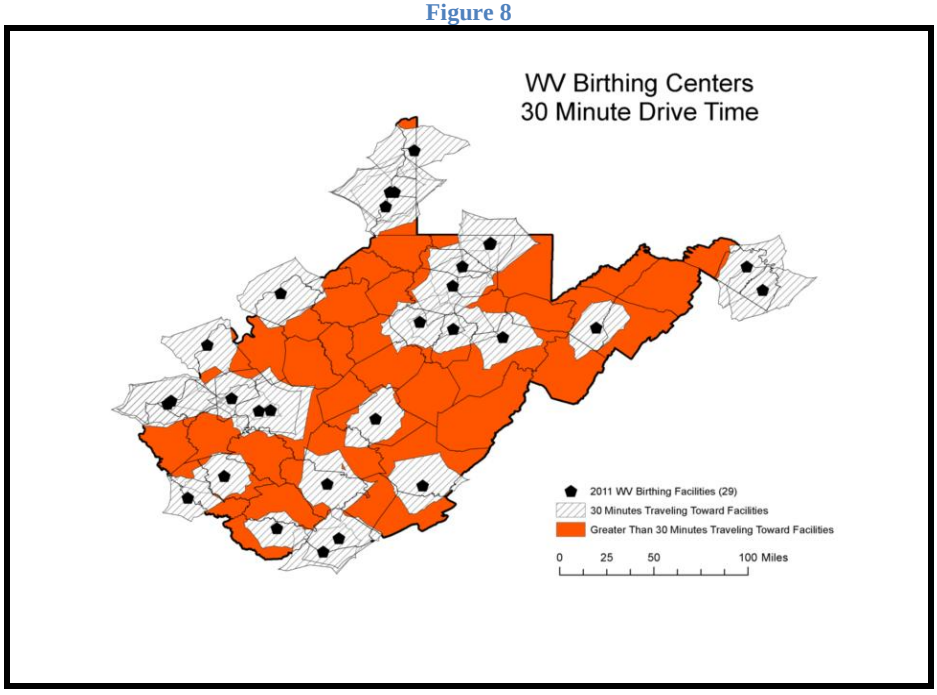
HPSAs are important because priority for scholarships and tuition reimbursement is given to those professionals who choose to practice in shortage areas. Loan reimbursement is a proven way to get health professionals to practice in underserved areas. HPSAs may be designated as such by having a shortage of primary medical care, dental or mental health professionals. Primary medical care professionals include doctors of allopathic or osteopathic medicine specializing in the fields of:

- Family Practice
- General Practice
- Pediatrics
- Internal Medicine (outpatient based)
- Obstetrics-Gynecology.

The current system for designating HPSAs in West Virginia does not reflect the rural areas underserved by maternity professionals since so few family practice physicians are attending births or providing prenatal care in non-teaching hospitals or clinics. In other words, although there may be enough family practice physicians for the general population in a rural area, the area may have a maternity professional shortage. For example, Pendleton, Tucker and Hardy Counties have no maternity services but are not HPSAs. One solution may be to devise a separate "Maternity Professional Shortage Area" system.

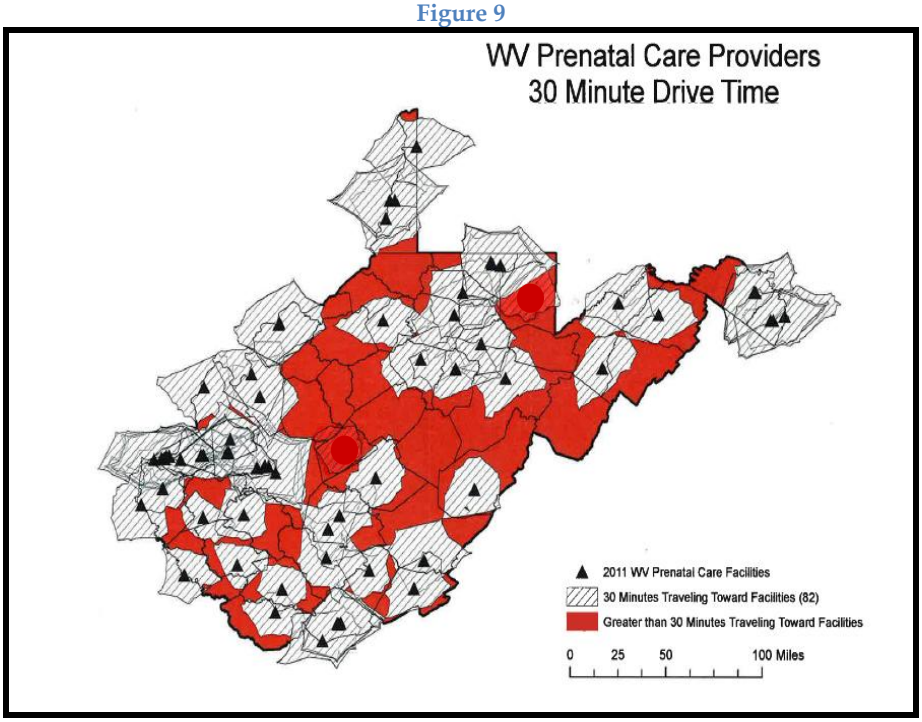
The red areas of the map in Figure 8 show areas of WV where women must drive more than 30 minutes to get to a licensed birth facility[5].

Figure 8



The red areas of the map in Figure 9 show areas of WV where women must to drive more than 30 minutes to get to a prenatal care facility. The lined, non-red areas in the same map show areas of WV that are within a 30-minute drive time to a prenatal care facility

Figure 9



[5] Maps in figures 9 and 10 were created by Philip Meadows, GIS Program Analyst, WV Health Care Authority based on physical addresses of all birth facilities and prenatal providers in WV.

Figure 10 is a map of federally designated health professional shortage areas in West Virginia.

Figure 10

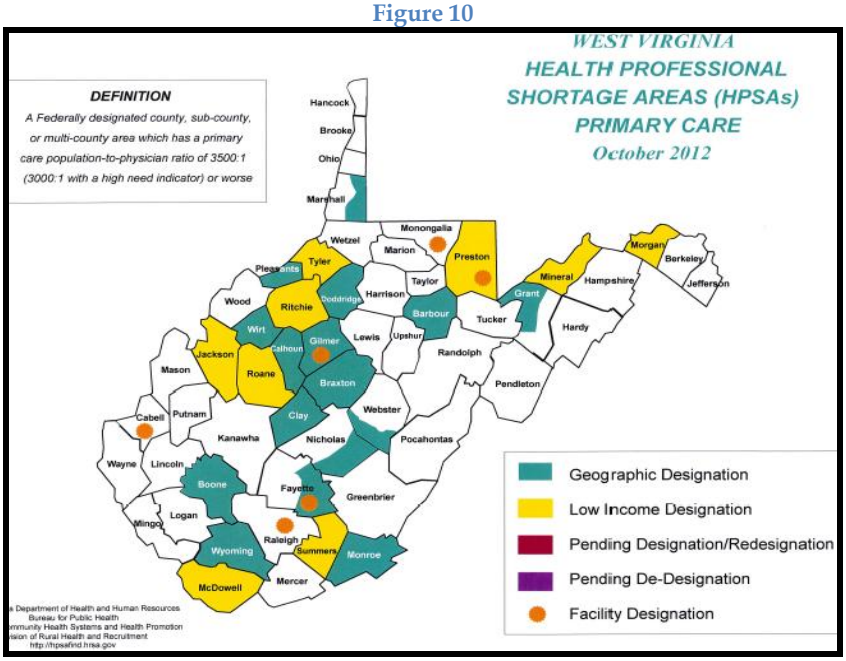
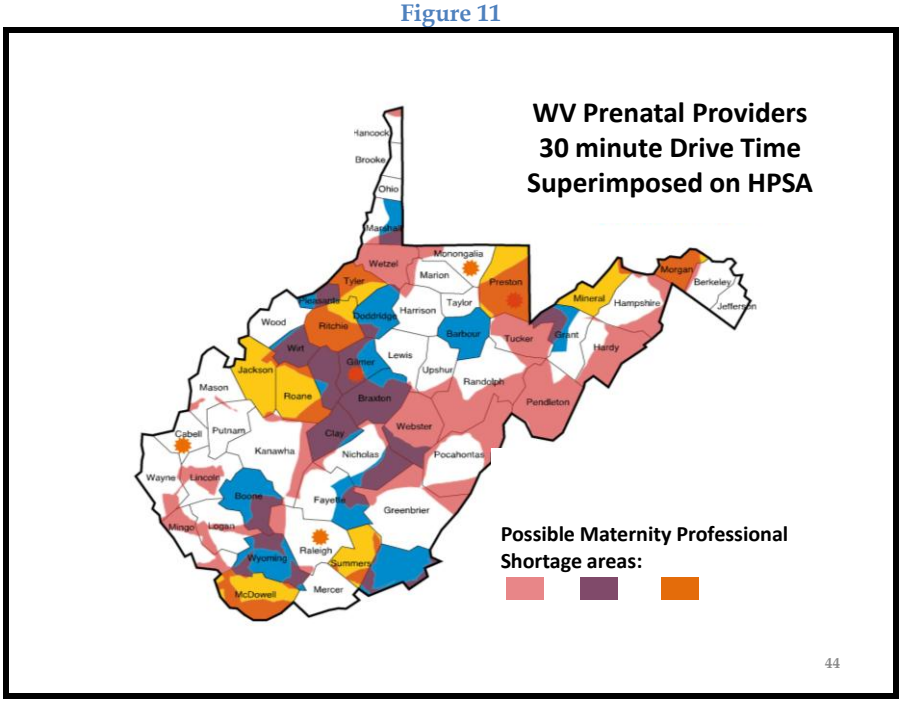


Figure 11 superimposes the 30 minute drive time to prenatal providers onto the HSPSA map. It shows the areas of West Virginia that may be considered maternity professional shortage areas. Designating shortage areas gives priority for professional scholarships and tuition reimbursement.

Figure 11



Federal Initiatives Regarding Maternity Care Health Professional Shortage Areas

It is interesting to note that in 2010 and 2012 federal legislation (H.R. 5807 and H.R. 2141) was introduced in the US congress to promote optimal maternity outcomes by making evidence-based maternity care a national priority. Of particular interest to this committee was the following directive:

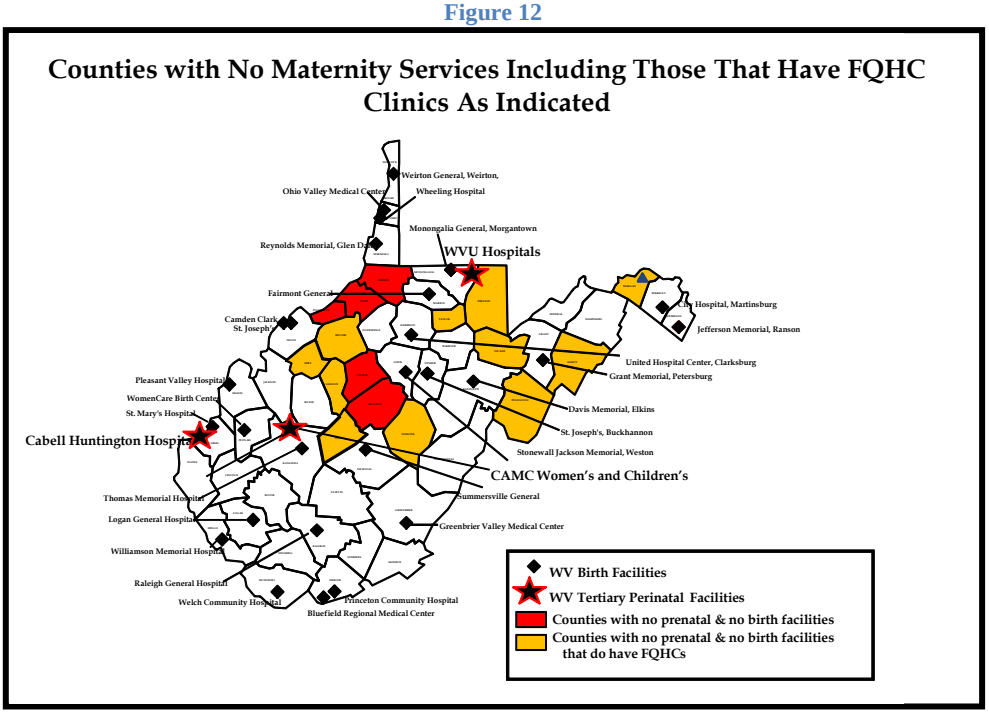
> **The Secretary shall designate maternity care health professional shortage areas in the States, publish a descriptive list of the area's population groups, medical facilities, and other public facilities so designated, and at least annually review and, as necessary, revise such designations.**

Several maternity professional organizations have petitioned the Secretary of Health and Human Services to designate maternity shortage areas. Unfortunately, the US Congress has not acted on this legislation.

Federally Qualified Health Centers (FQHCs)

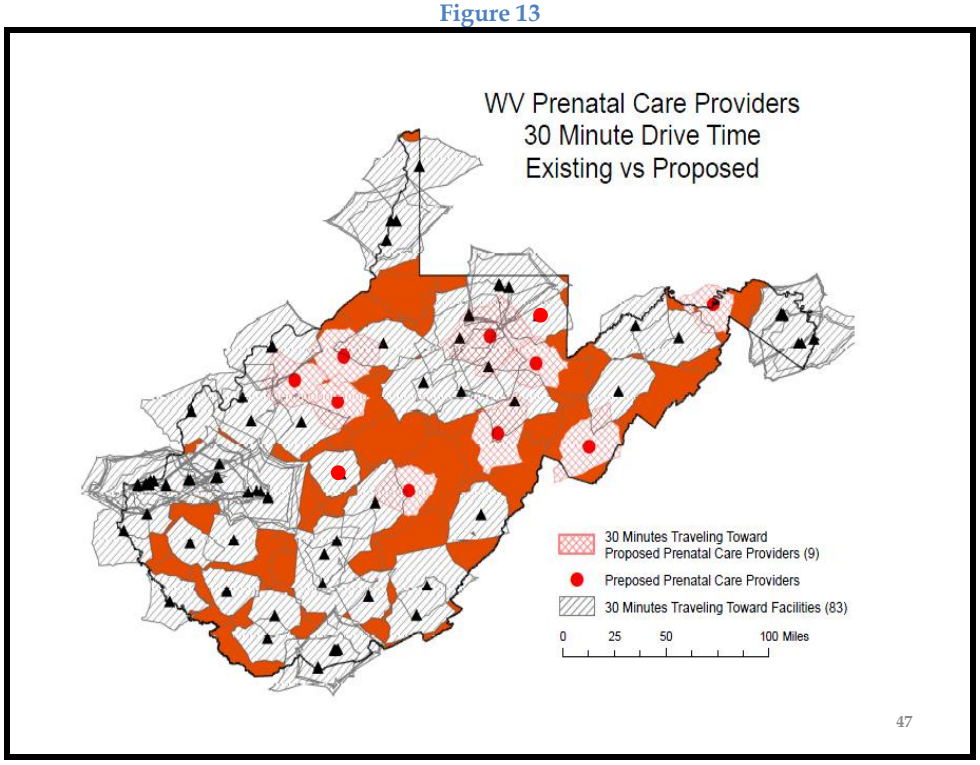
FQHC is a reimbursement designation in the United States, referring to several health programs funded under the Health Center Consolidation Act (Section 330 of the Public Health Service Act). Health programs funded include Community Health Centers which serve a variety of federally designated Medically Underserved Areas/Populations (MUAs or MUPs). FQHCs are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages regardless of their ability to pay. Not all FQHCs, however, provide prenatal care. WV has 32 Federally Qualified Health Centers, nine of which are located in counties that have no prenatal care (Figure 12).

Figure 12



If the nine yellow counties with FQHCs shown in Figure 12 provided prenatal care, the 30 minute drive time map in Figure 9 would look more like the map in Figure 13 with more areas within a 30 minute drive time to prenatal care. (The lined, non-solid red areas in the same map show areas of WV that are within a 30-minute drive time to a prenatal care facility.)

Figure 13



Prenatal care provides the foundation of healthy pregnancies and improving access by decreasing driving times in rural areas of the state will make it easier for West Virginia mothers to stay healthy.

Population and Birth data in Counties with No Maternity Services

Figure 14 shows the numbers of women of childbearing ages 15-44 living in counties with no prenatal care or birth services within their borders in 2009.

Figure 14

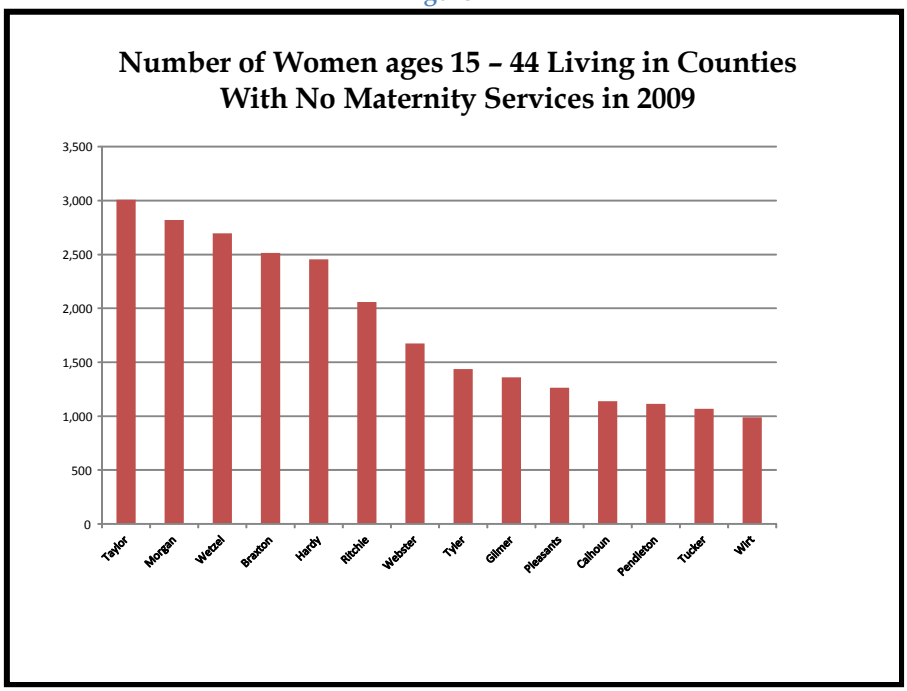
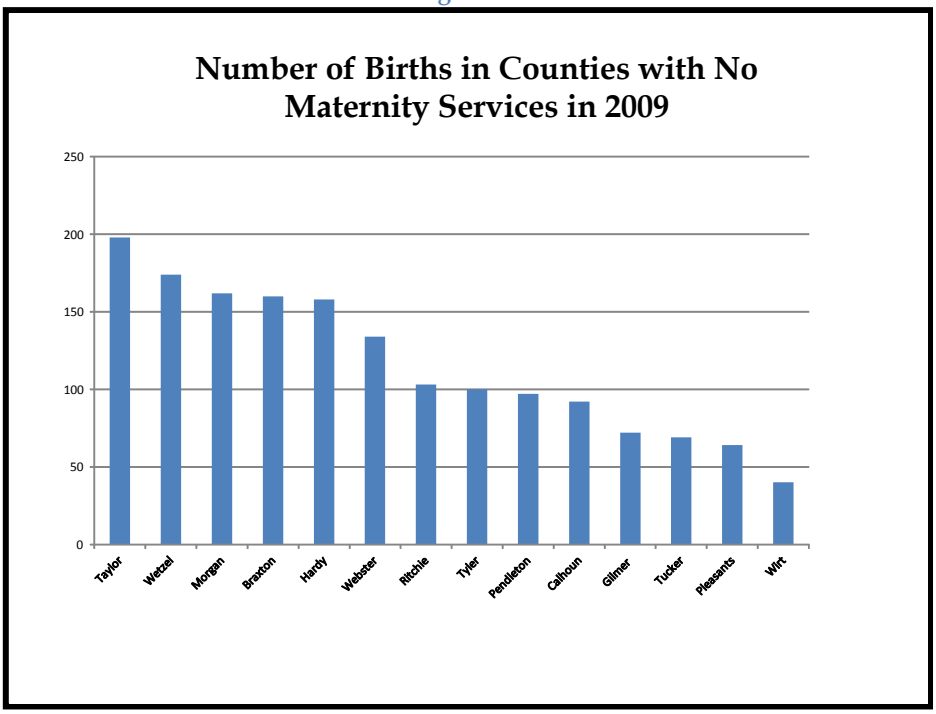


Figure 15 shows the number of Births in Counties with no Maternity Services 2009 (data is preliminary)

Figure 15



Committee Recommendations for Establishing Priorities for Perinatal Care

Actions for State of West Virginia

1. The State of West Virginia should adopt a long-term focus on reducing poor birth outcomes by placing the recruitment and retention of rural maternity professionals at the forefront of its concerns. Priority may be given to those counties with no prenatal or birth services that have:

    a) The highest number of births.
    b) The highest number of women between the ages 15-44.
    c) Existing FQHC clinics or other primary care clinics.

2. Since health care professionals who do not provide perinatal care are included in the formulas, the current federal system for designating Health Professional Shortage Areas may not adequately identify the rural areas most underserved by maternity services. To correct for that the state should:

    a) Consider designating maternity care health professional shortage areas
    b) Identify rural areas that have the lowest ratios of maternity professionals to women of childbearing age and focus on them when recruiting professionals

3. Increase support for health science schools that have distinct programs and proven track records for training professionals to practice maternity care in rural areas in West Virginia.

4. The State should find funding for Postgraduate Fellowship Training in Obstetrics for Family Medicine Physicians. This would encourage family practice residents to provide a full spectrum of maternity care, including deliveries, when they begin practicing.

5. Additional incentives for new maternity care providers are also needed and should be explored. Examples of incentives include scholarships, loan forgiveness, tax credits, and signing bonuses. Incentives should be prioritized with a focus on professionals who are trained in maternity care and who are willing to deliver babies in the rural communities they serve.

6. The State should closely review and replicate programs that have previously increased the number of nurse-midwives practicing in West Virginia; for example:

    1. Programs such as the Local Availability Program (LAP) that paid for registered nurses in the state to become Certified Nurse Midwives are one such success because of its generous loan-repayment plan. Nurse-midwifery programs are now offered at Marshall and Wesleyan Universities but enrollment is low.
    2. The WV Perinatal Partnership should explore the marketing of nurse-midwifery to registered nurses and assess loan-repayment plans.

7. The committee recommends the following description of a proposed collaborative practice model for prenatal care as a guide for the future development of comprehensive maternity care services:

Description of a Proposed Collaborative Practice Model for Prenatal Care

The committee recommends the following description of a proposed collaborative practice model for prenatal care as a guide for the future development of comprehensive maternity care services:

Some members of the committee explored innovative systems of maternity care that would be appropriate for rural West Virginia. Legislation (H.R. 5807) was introduced in the US Congress to promote optimal maternity outcomes by making evidence-based maternity care a national priority.

Of particular interest to this committee were sections of the legislation to expand the Center for Disease Control (CDC) prevention research centers program to include **Centers on Optimal Maternity Outcomes.** The committee agrees that this legislation provides a model for maternity care for West Virginia and should be considered as a recommendation for new maternity services.

Here are some of the highlights of this legislation:

Each Center for Excellence on Optimal Maternity Outcomes shall include the following interdisciplinary providers of maternity care:

1. Obstetrician-gynecologists.
2. Certified nurse midwives or certified midwives.
3. At least two of the following providers:
    - Family practice physicians.
    - Women's health nurse practitioners.
    - Obstetrician-gynecologists physician assistants.
    - Certified professional midwives

The characteristics of a model practice of care includes collegial working relationships, networks for appropriate consultation, collaboration, coordination of patient care, referral, interdisciplinary teamwork, and excellent division of labor with a functional maternity care team which includes certified midwives and family practice physicians providing normal or routine maternity care and Ob-Gyn physicians functioning as specialists for the more high risk patients.

Research conducted by each Center for Excellence on Optimal Maternity Outcomes shall include at least two (and preferably more) of the following supportive provider services:

1. Mental health.
2. Doula labor support.
3. Nutrition education.
4. Childbirth education.
5. Social work.
6. Physical therapy or occupation therapy.

A model prenatal practice may include Group Prenatal Care as described below.

Group Prenatal Care

Group prenatal care has been shown to improve perinatal outcomes at no added cost[6]. It is also known as enhanced prenatal care through centering or group care. In group prenatal care women have short private

[6] http://www.ncbi.nlm.nih.gov/pubmed/17666608

visits with their providers and then receive education and support in a group. They go through their pregnancies with a group of women with similar gestational ages. They share what's happening in this group approach and receive care from their health providers in this group setting. One of the hallmarks of this is that the series of visits are longer than they would have been in the individual setting.

An option for West Virginia would be to have traveling midwives who travel to FQHCs several times a month in counties that have no maternity services. Providing group prenatal care at a time that is universally acceptable by pregnant women may be a viable option.

In February of 2012 the US Department of Health and Human Services (HHS) launched the Strong Start Initiative to increase healthy deliveries and reduce preterm births. The Center for Medicare and Medicaid Innovation will award grants to healthcare providers and coalitions to improve prenatal care to women covered by Medicaid. The grants will support the testing of enhanced prenatal care through several approaches under evaluation. An approach that will be funded is Group Prenatal Care.

Future studies that are needed in the study of maternity professionals in West Virginia:

1. Licensed maternity professionals who provide prenatal care but do not attend births were not identified; however, all licensed prenatal care facilities were identified and counted. In counties with prenatal care only, some prenatal clinics have very limited times when they provide prenatal care to pregnant women (sometimes only every two weeks). Others provide prenatal care only till the third trimester leaving women to do the most traveling during the most uncomfortable time of their pregnancies. A more in-depth study of access to prenatal care should be undertaken in 2013.

2. The 2006 and 2010 studies counted birth attendants in licensed birth facilities only. Approximately 80–130 births a year occur outside of state licensed facilities. Accurate numbers of planned home births are not available because they are grouped with "non-hospital" births. Many "non-hospital" births are unplanned and take place enroute to a hospital. Further study of this subject is needed to accurately depict a picture of where women give birth, planned and unplanned.

3. We need to study mechanisms and feasibility of licensing for currently unlicensed maternity professionals who are nationally certified through their own professional organizations. There are Certified Professional Midwives (CPMs) and Certified Midwives (CMs) providing care in West Virginia. There is currently no state licensing for them. Many of these professionals provide care for West Virginia women in locations where there are no state licensed maternity providers. In addition, surrounding states have licensed CPMs who are attending home births in West Virginia.

4. Study of birth outcomes in counties with no licensed maternity services is needed.

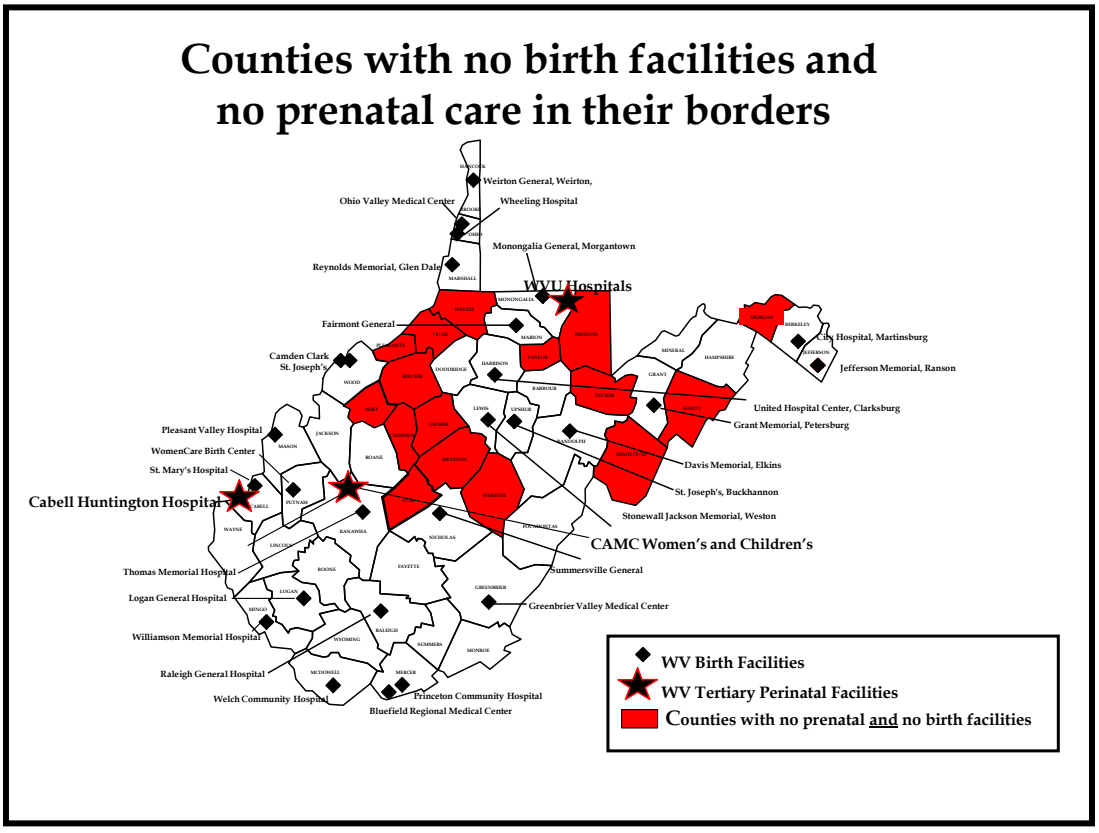
Birth flow patterns in Counties with no Prenatal and No Birth Facilities

Studying birth flow patterns among women residing in counties with no maternity services may help identify facilities and providers who may help provide maternity services in the future. The charts on the following pages show birth flow patterns in West Virginia counties that have no prenatal care and no birth services within their boundaries. Each chart shows where women residing in counties with no prenatal or birth facilities county gave birth between 2004 and 2009. The numbers of births for 2009 is preliminary as of September 2011. Birth facilities were included in bar graphs if more than two births per year occurred at them. In border counties, the proportion of WV resident births that occurred in out of state hospitals is included.

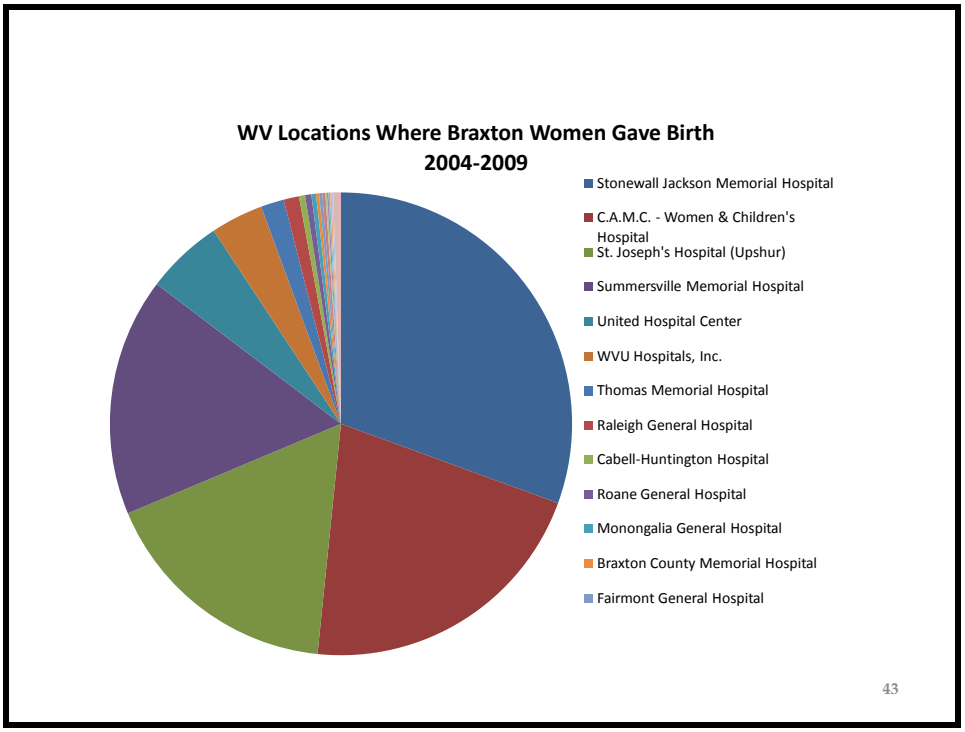
Please note that two of the birth facilities that are included in the graphs are no longer offering birth services. These two hospitals are Preston Memorial and Roane General.

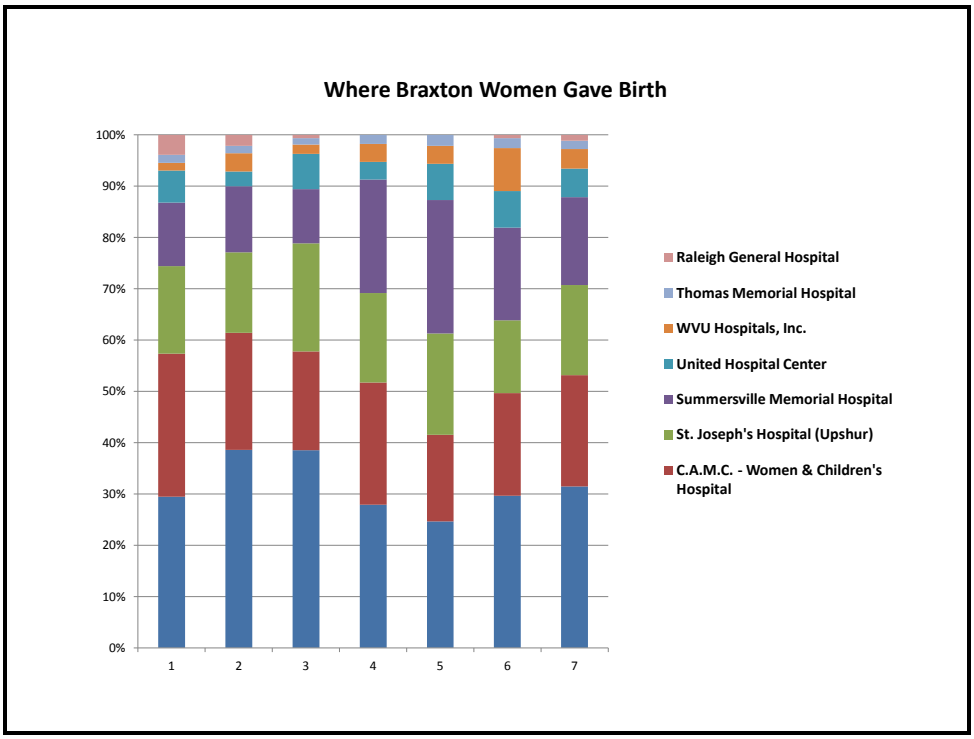
Counties with no Licensed Birth Facilities and No Prenatal Care

Braxton	Pleasants	Tyler
Calhoun	Pendleton	Webster
Gilmer	Ritchie	Wetzel
Hardy	Taylor	Wirt
Morgan	Tucker	

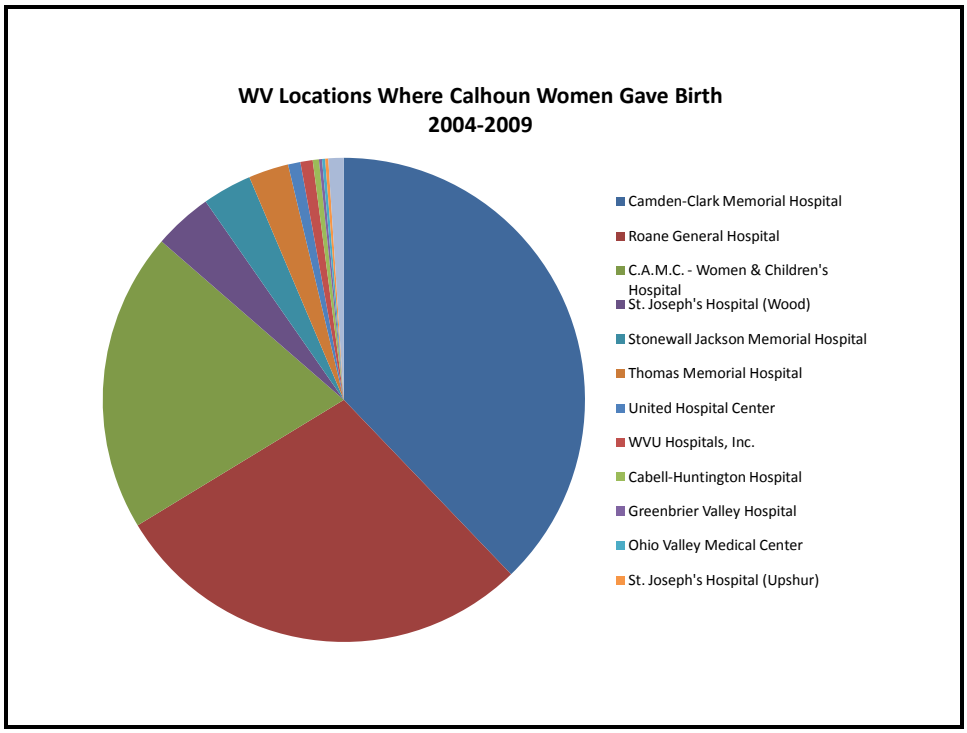


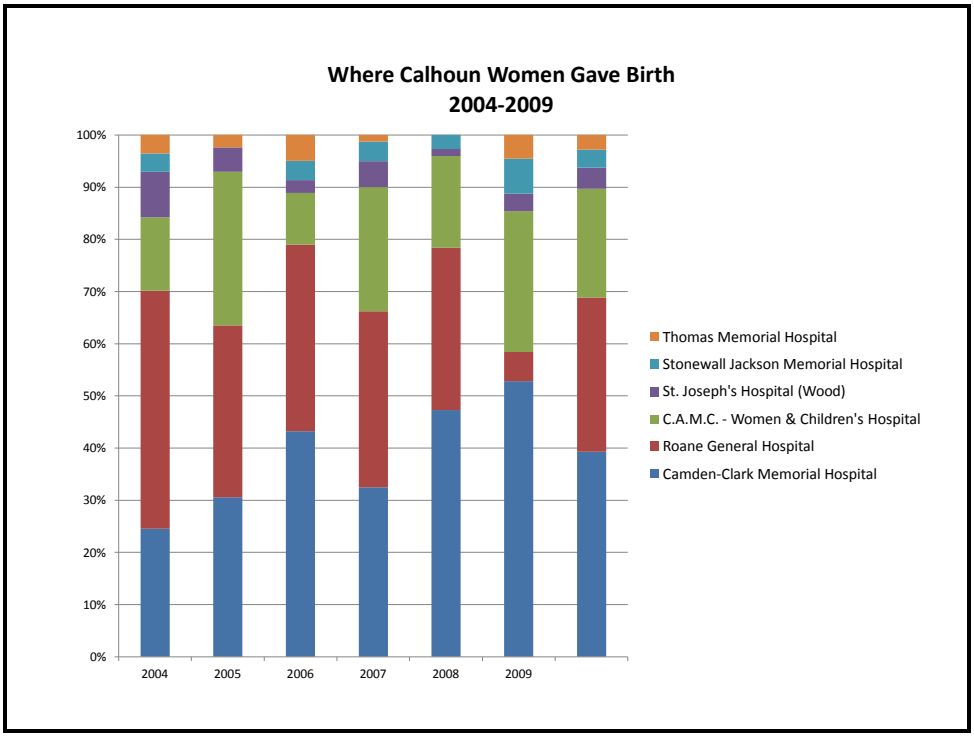
Braxton County



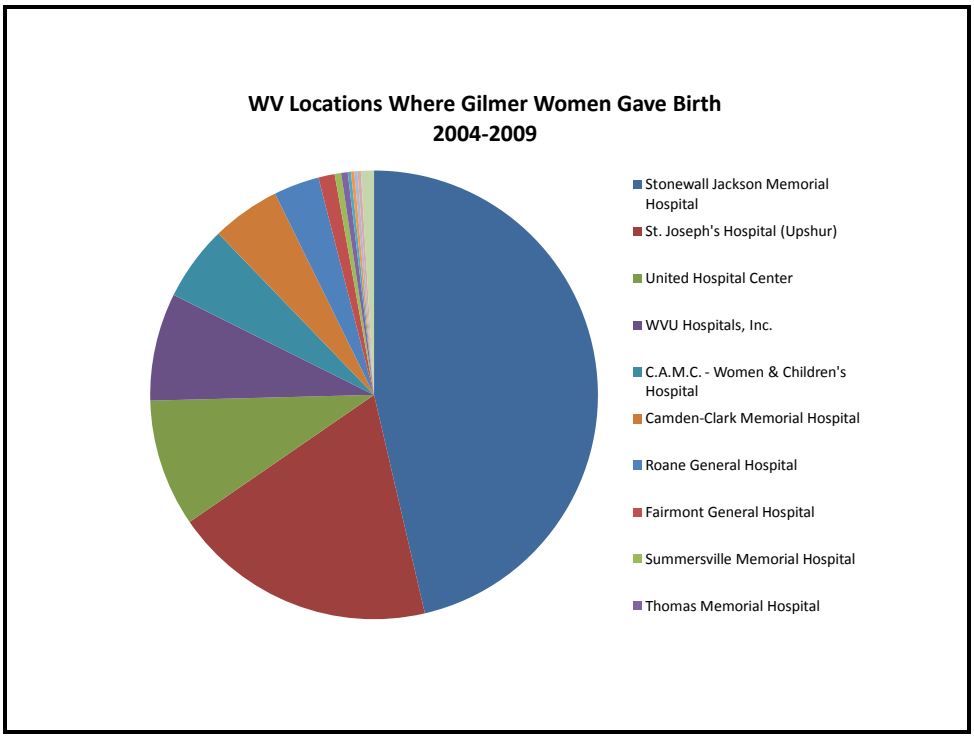


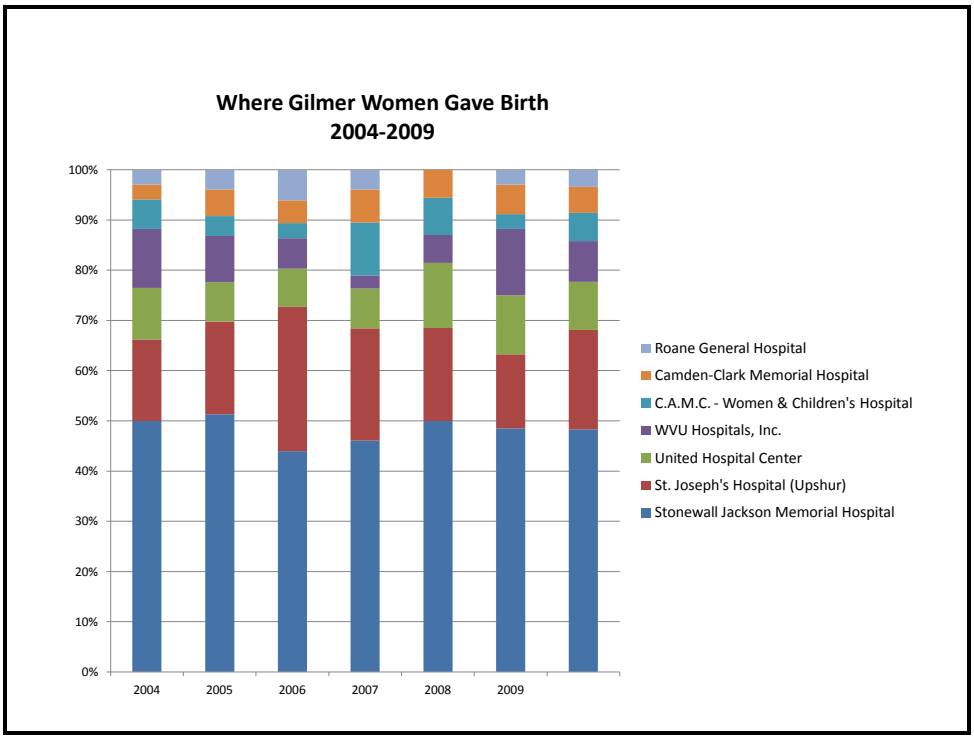
Calhoun County



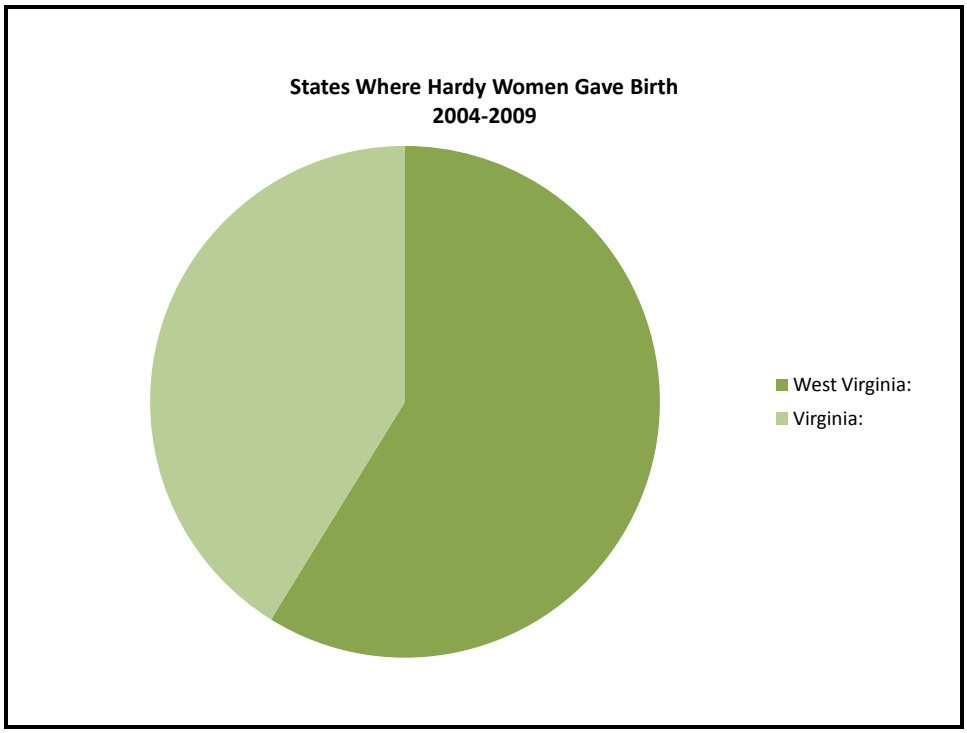


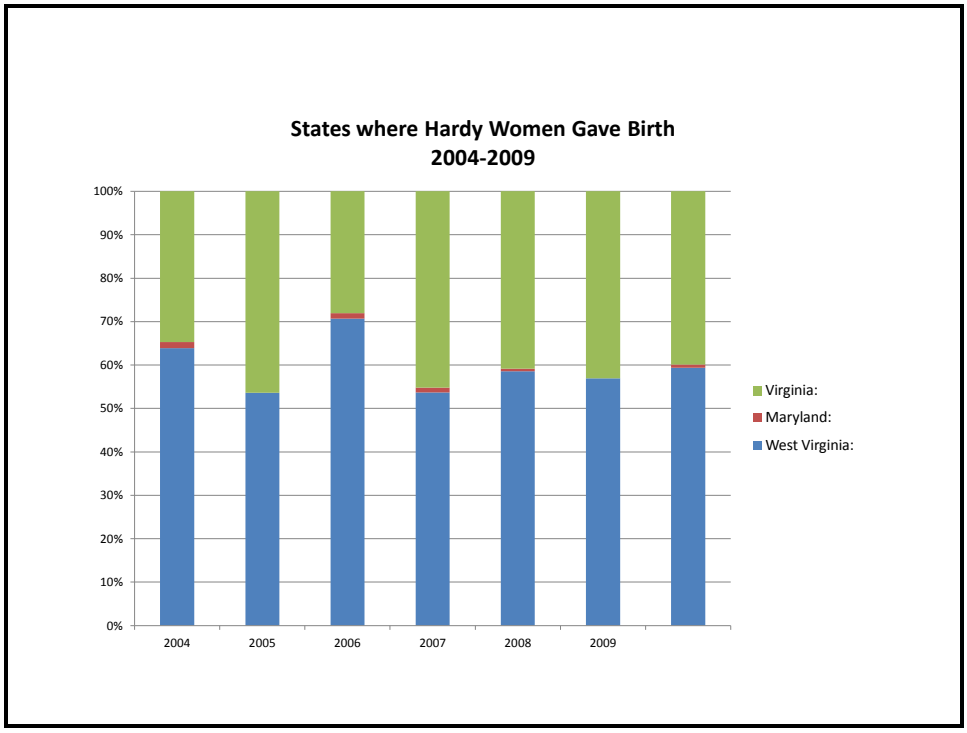
Gilmer County





Hardy County (Border County)





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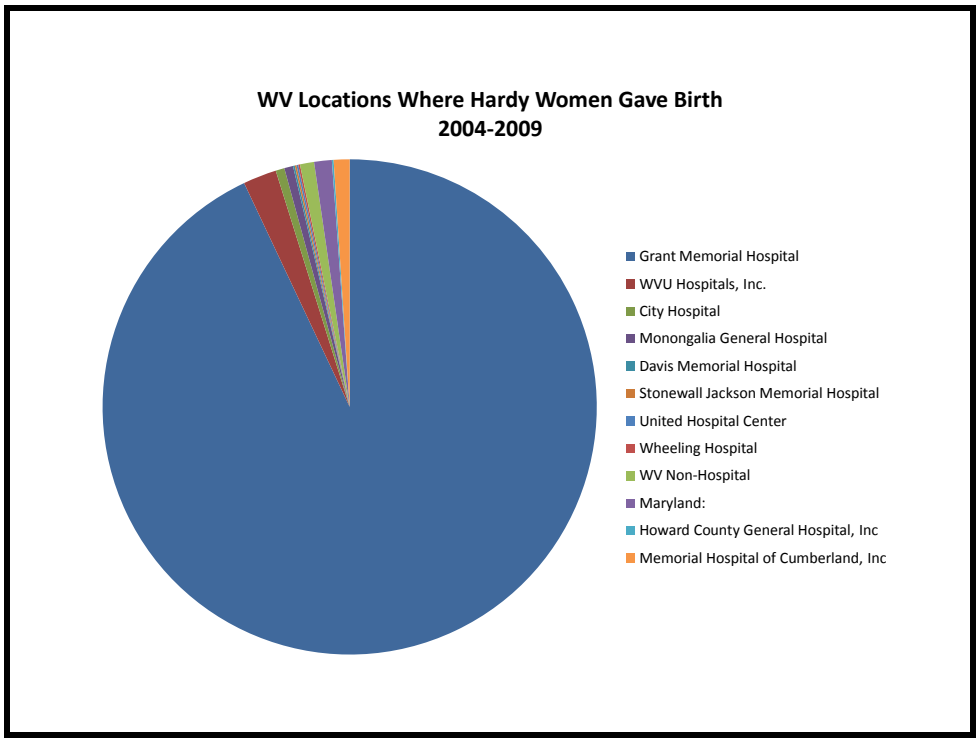
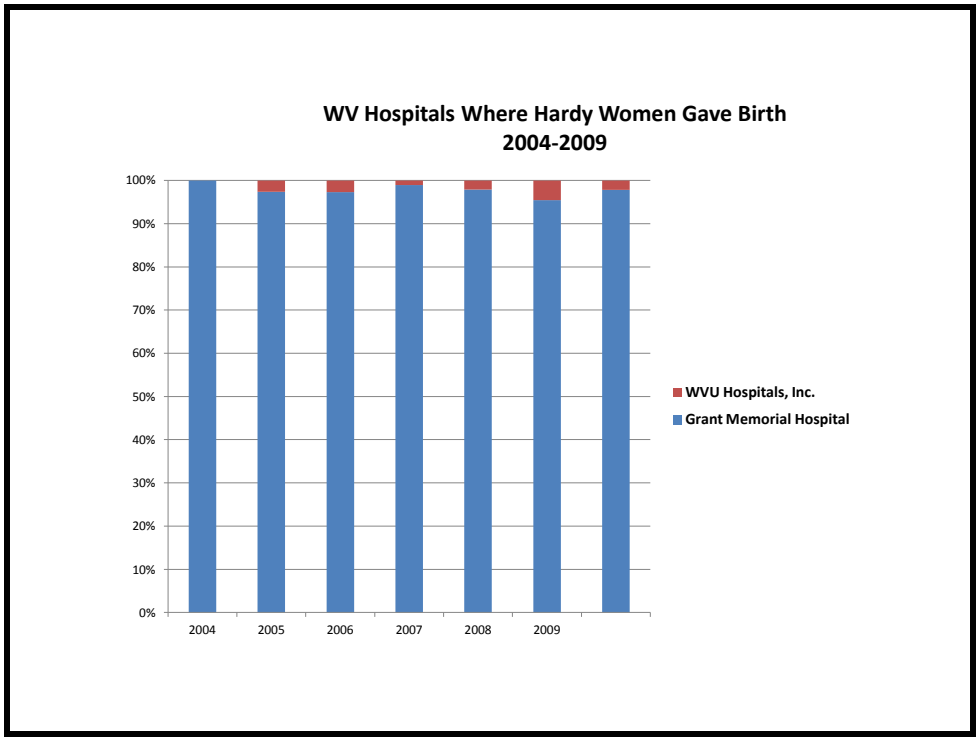
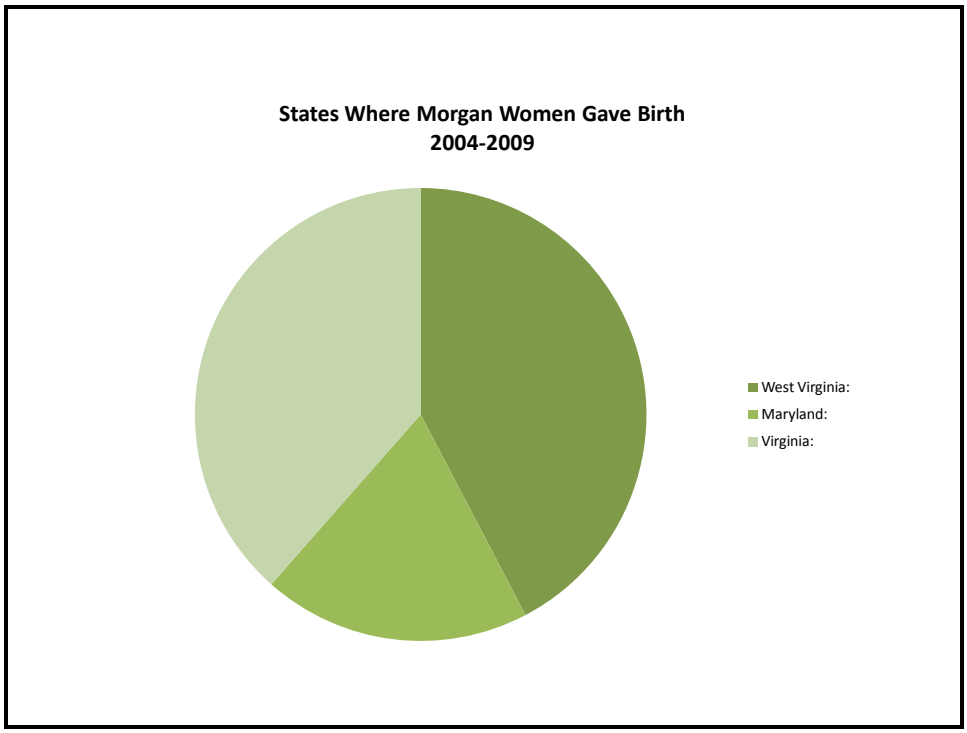
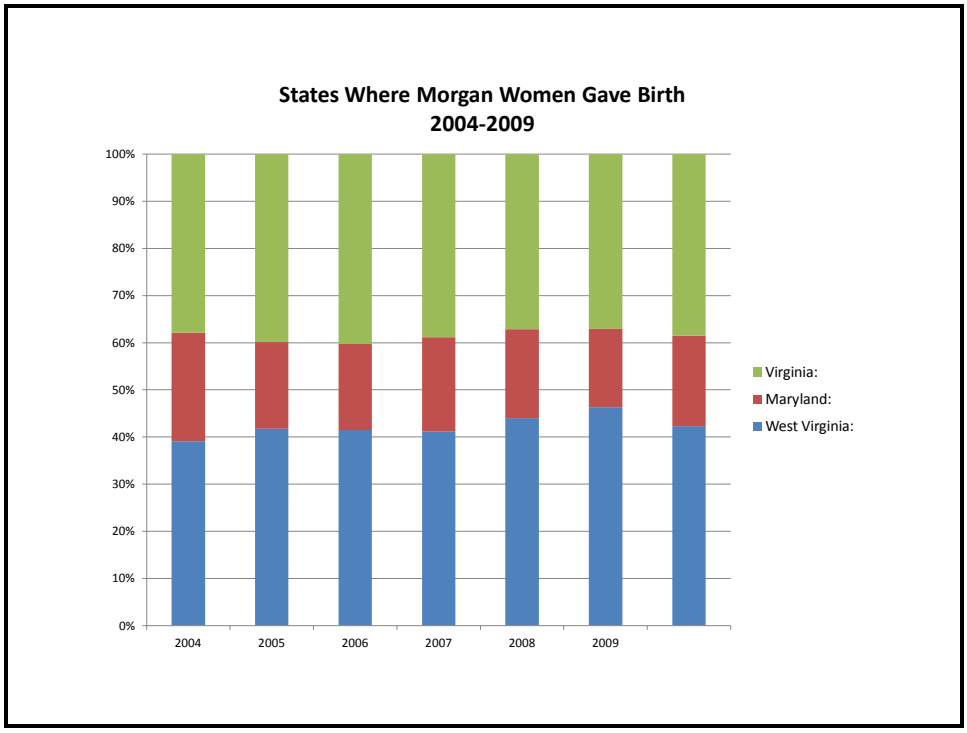


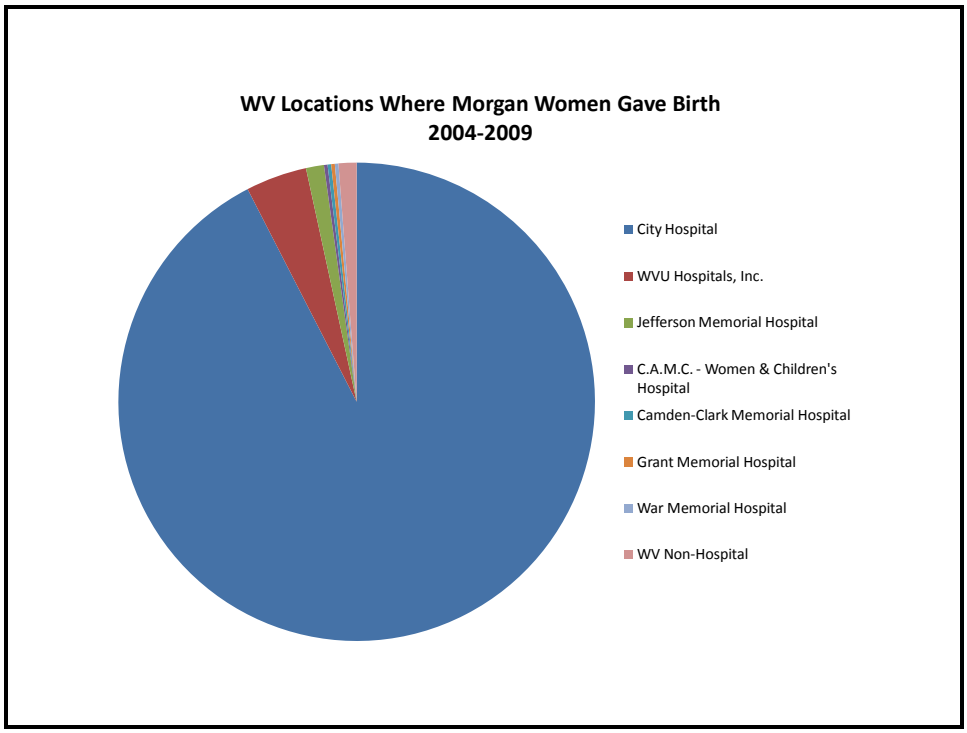


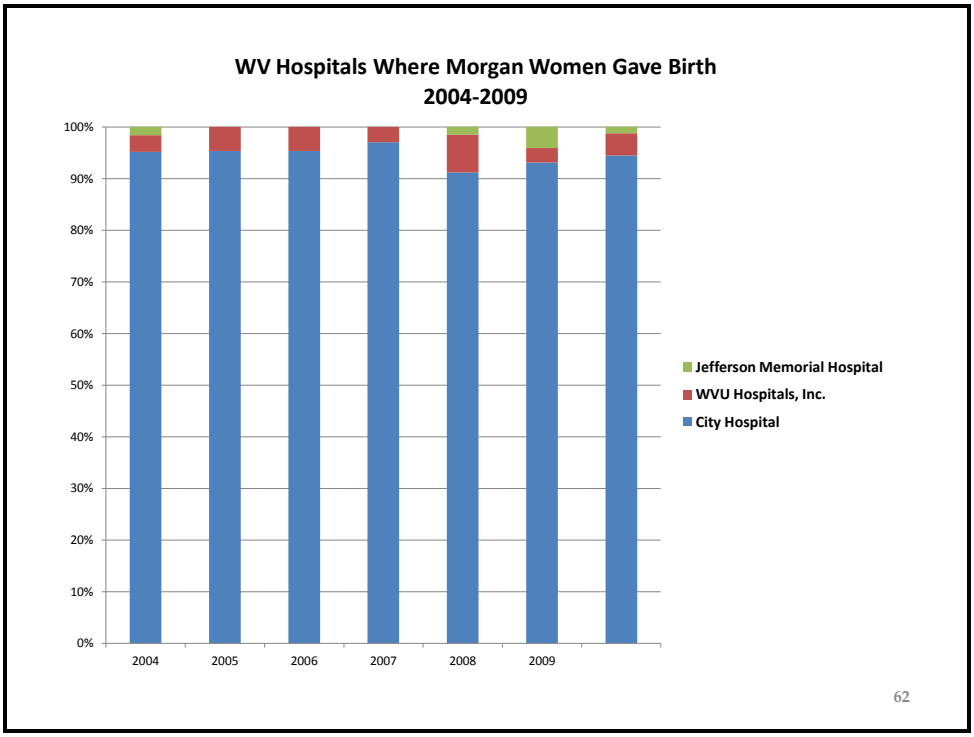
Morgan County (Border County)



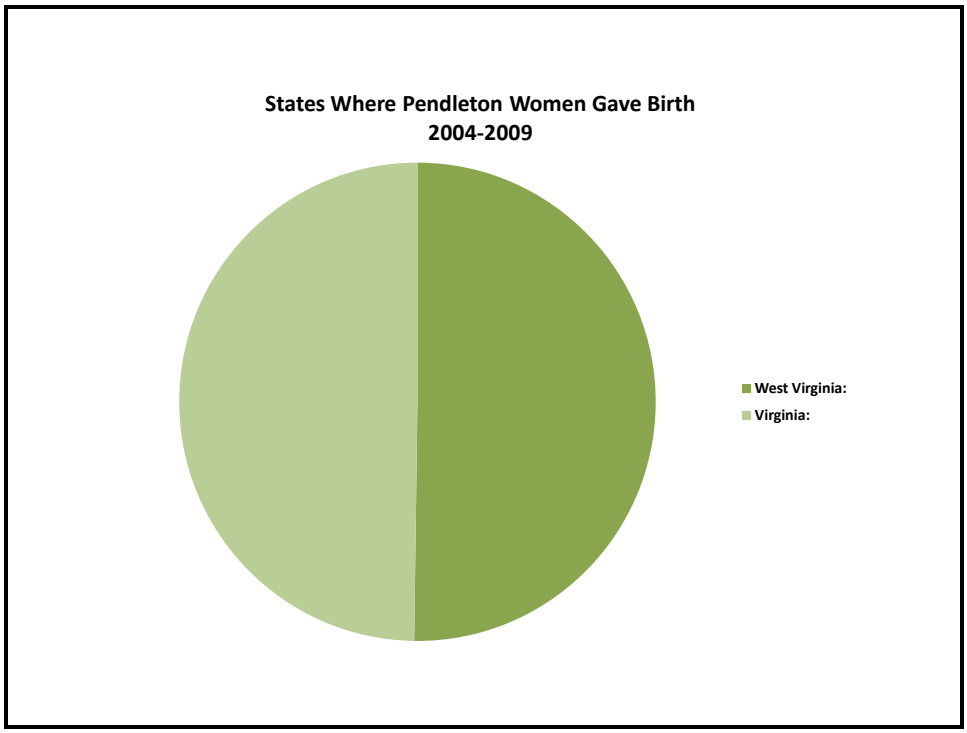


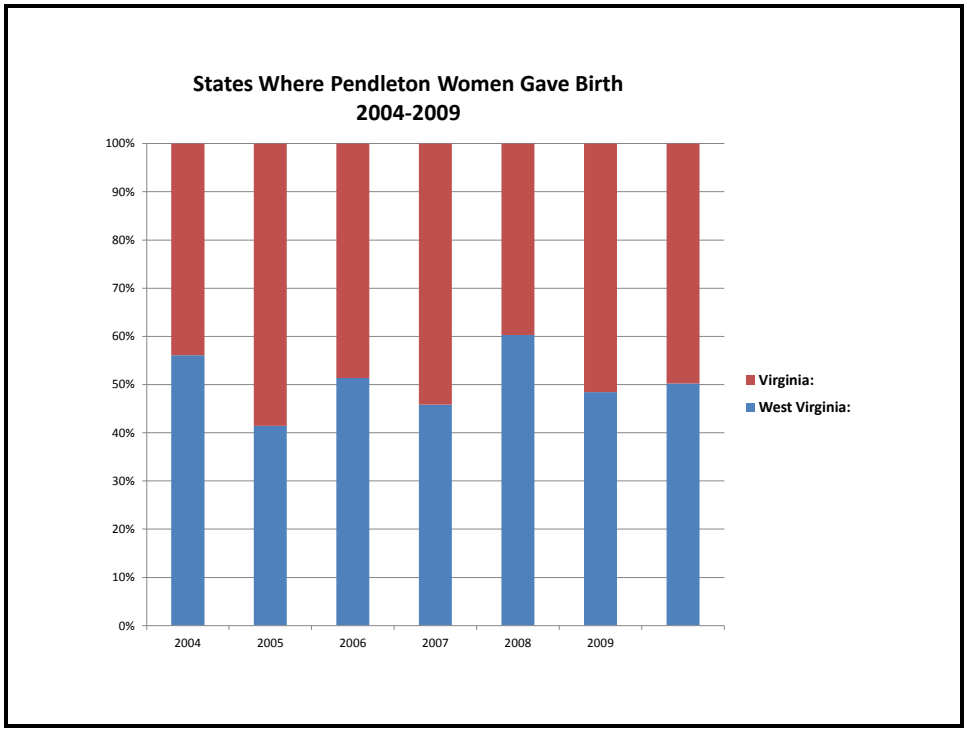
Morgan County Continued





Pendleton County (Border County)





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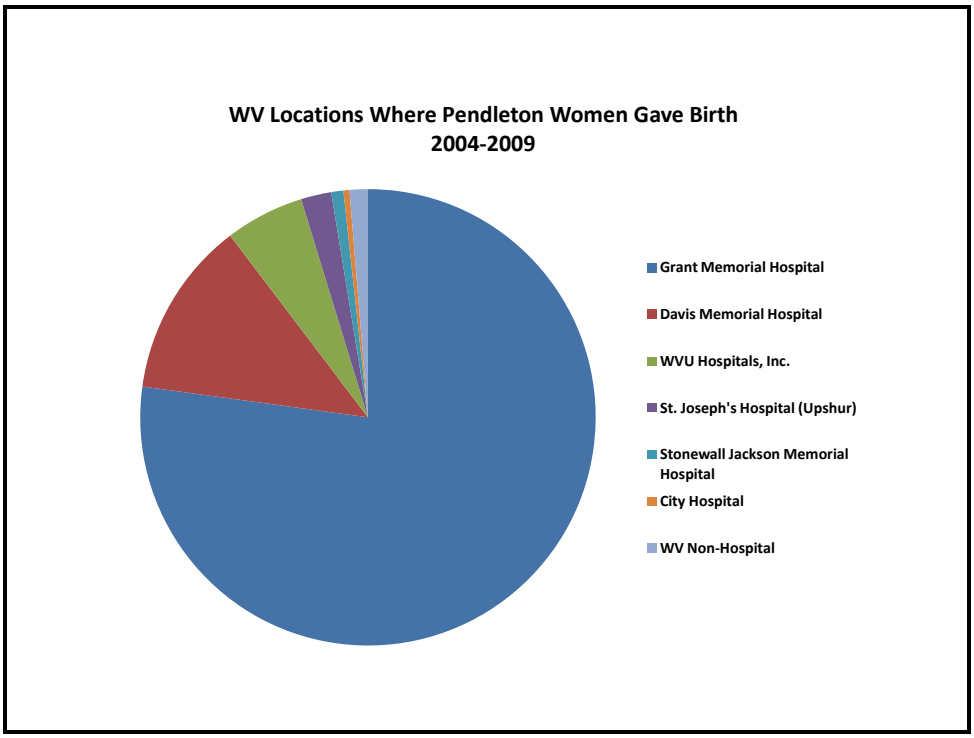
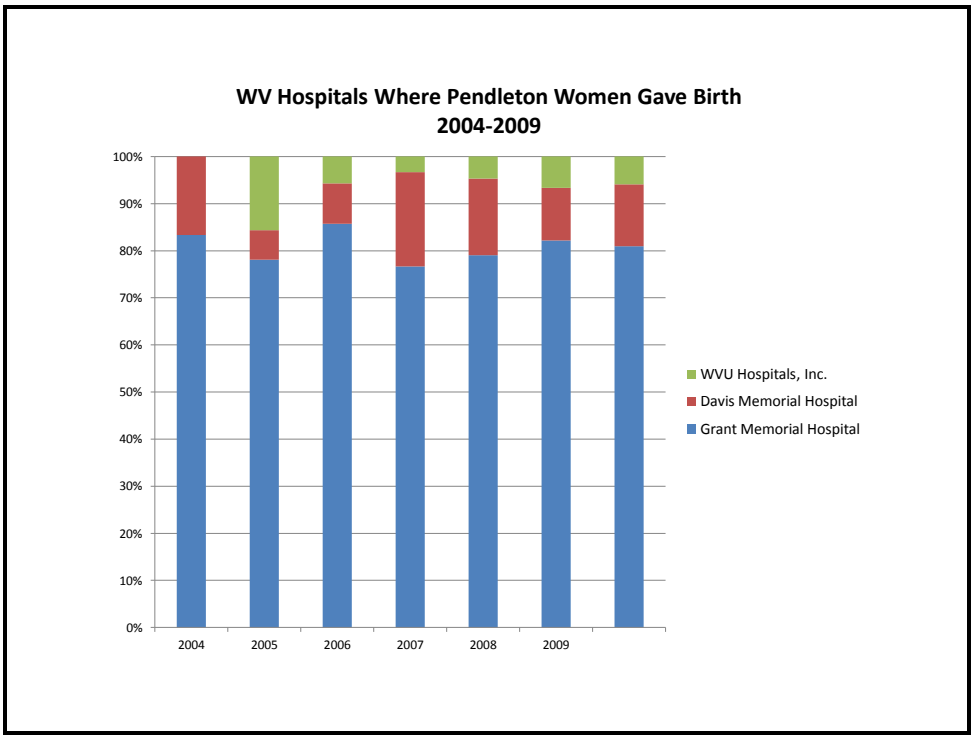
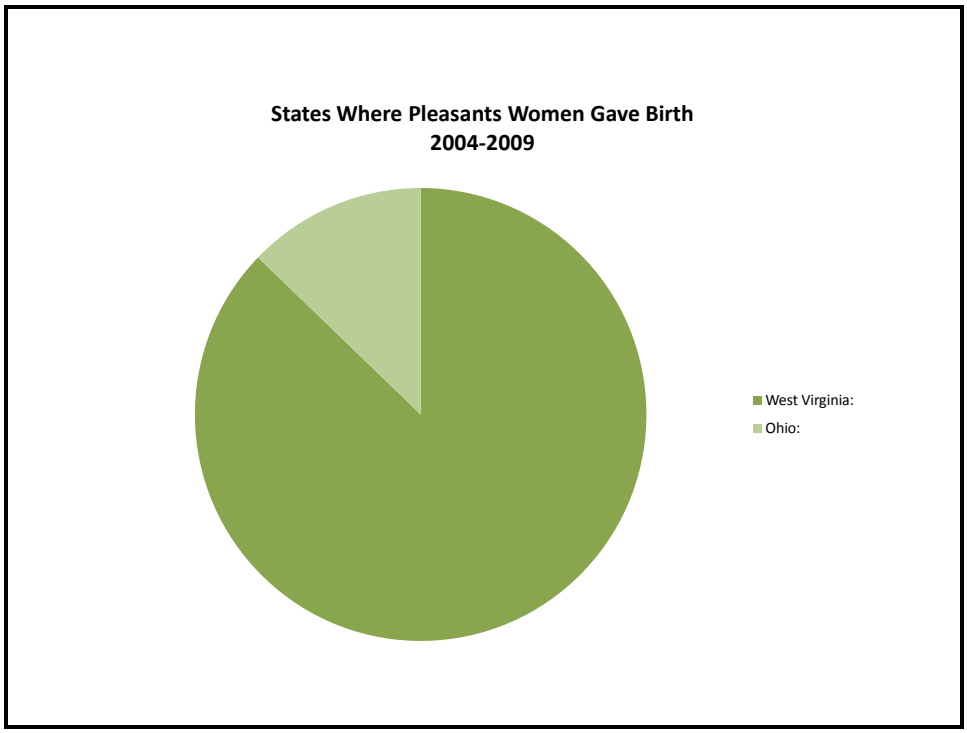
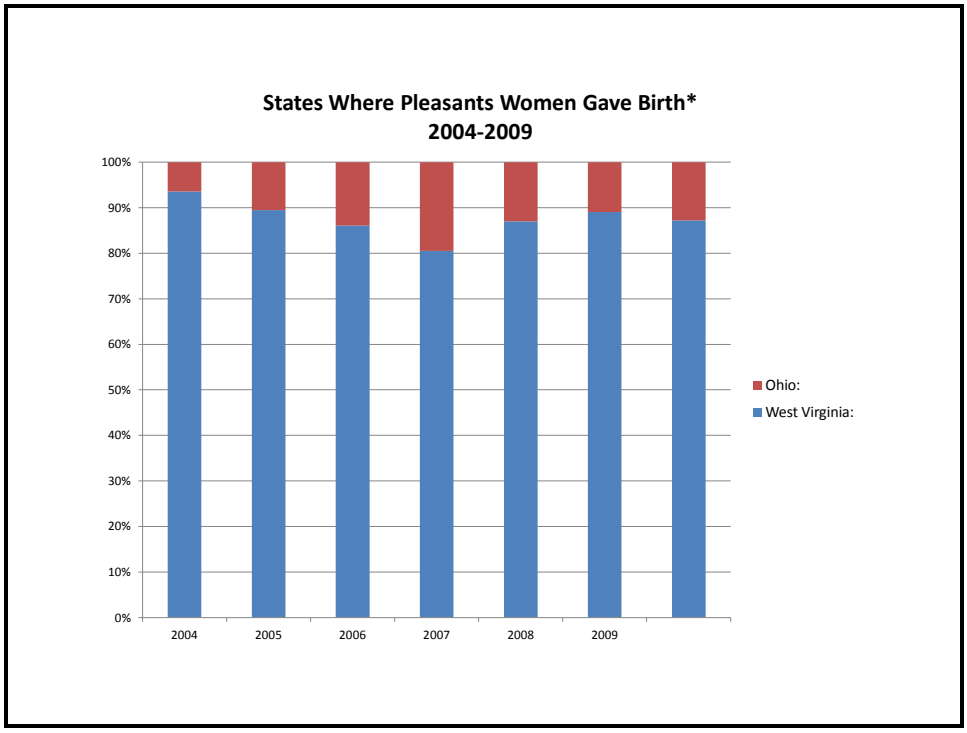




Pleasants County (Border County)





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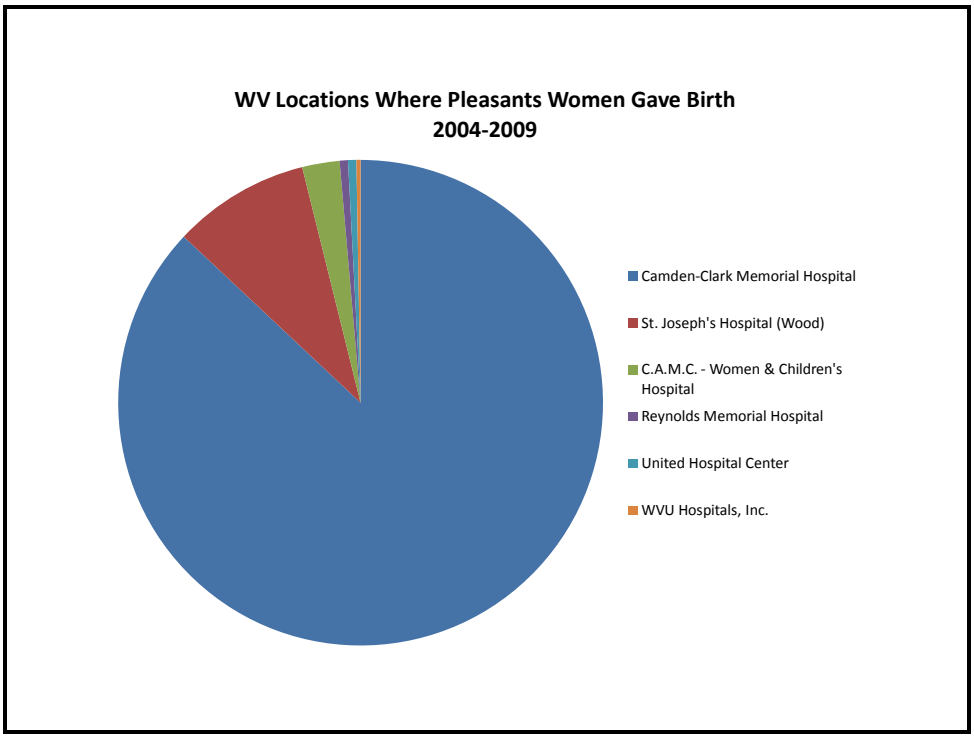
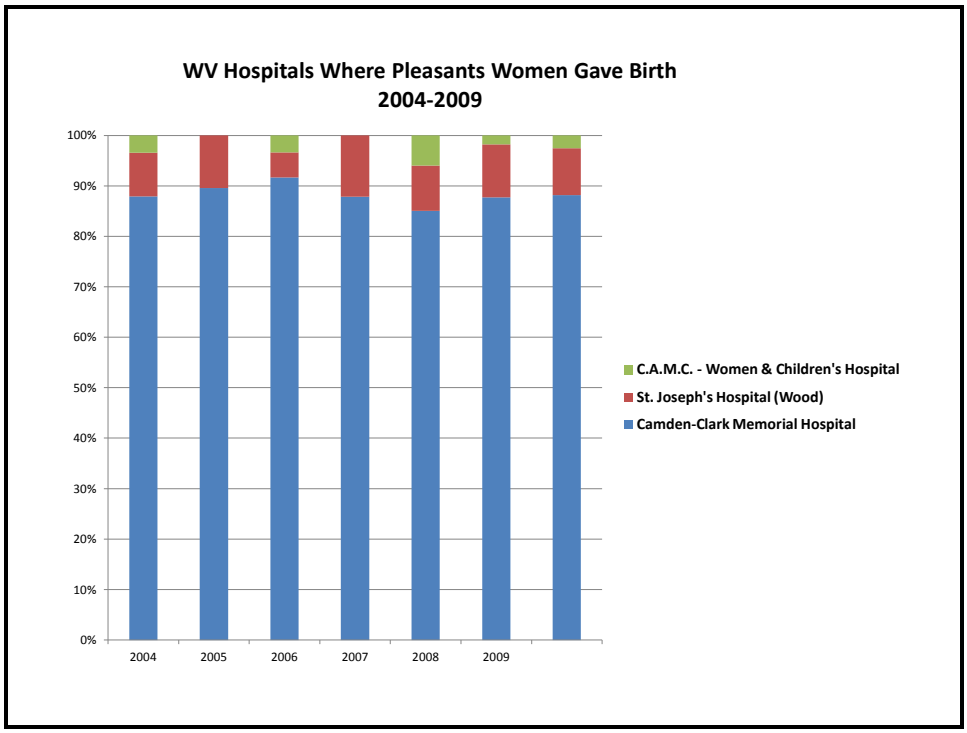
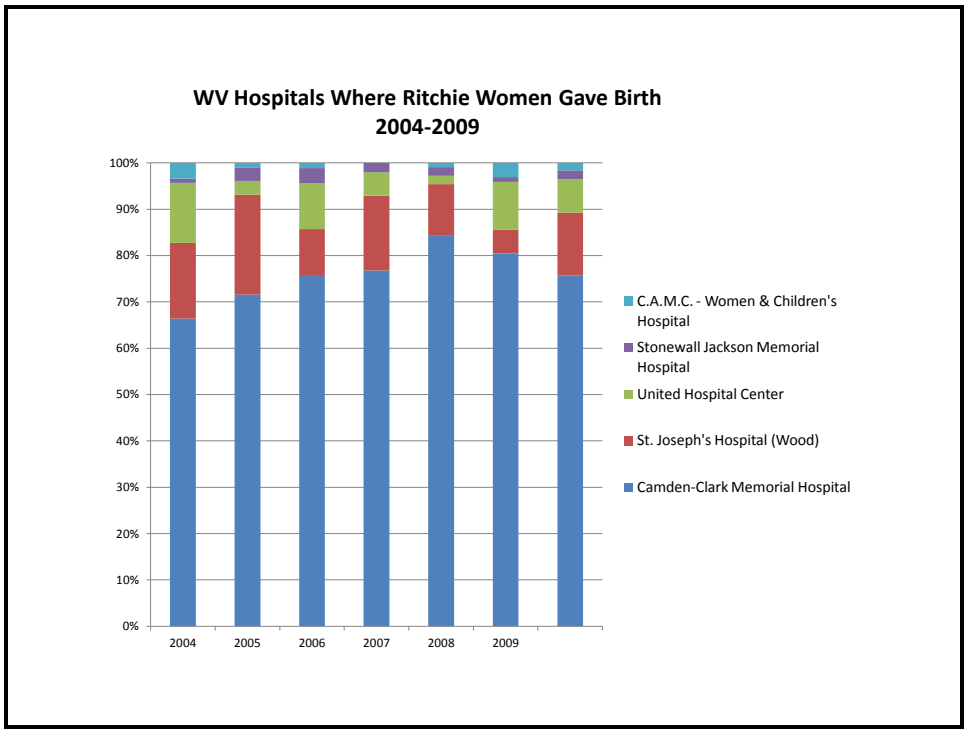
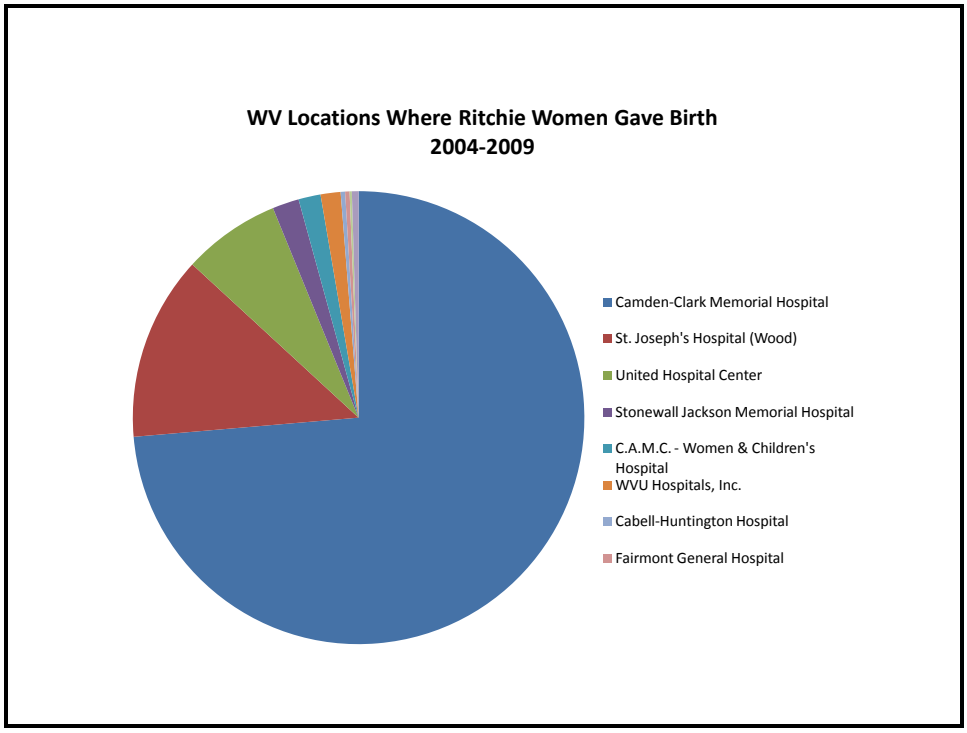


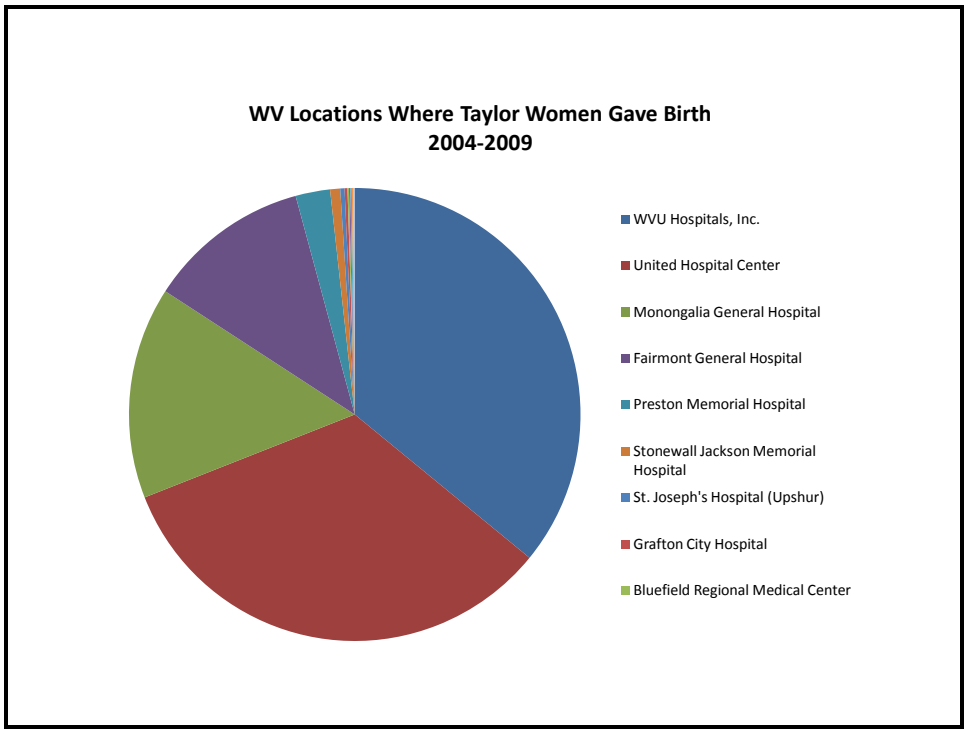


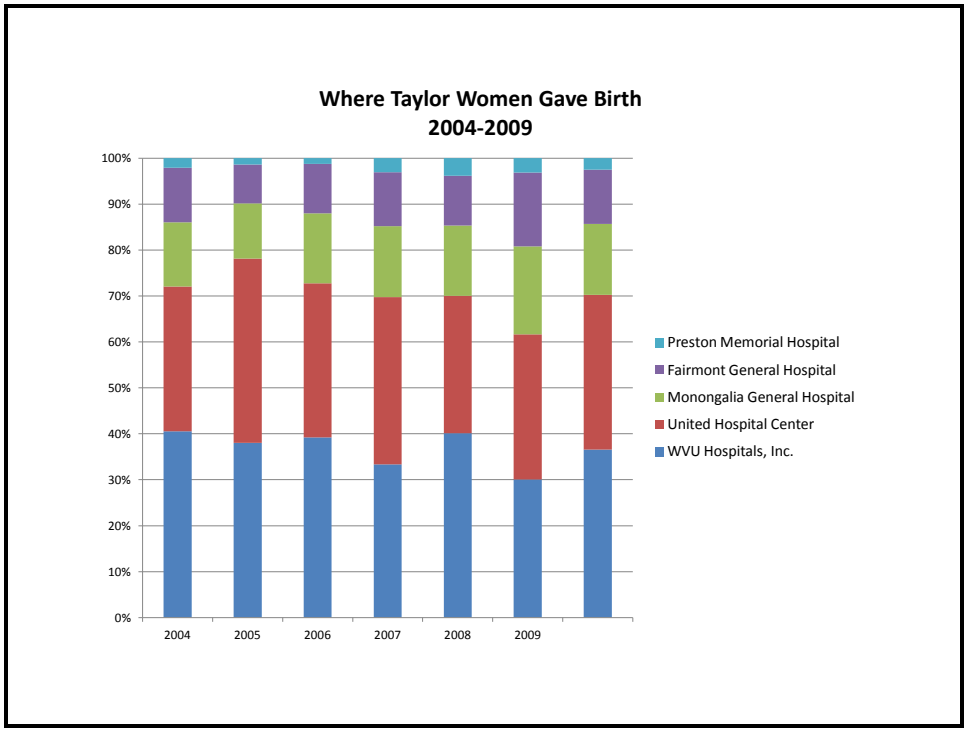
Ritchie County



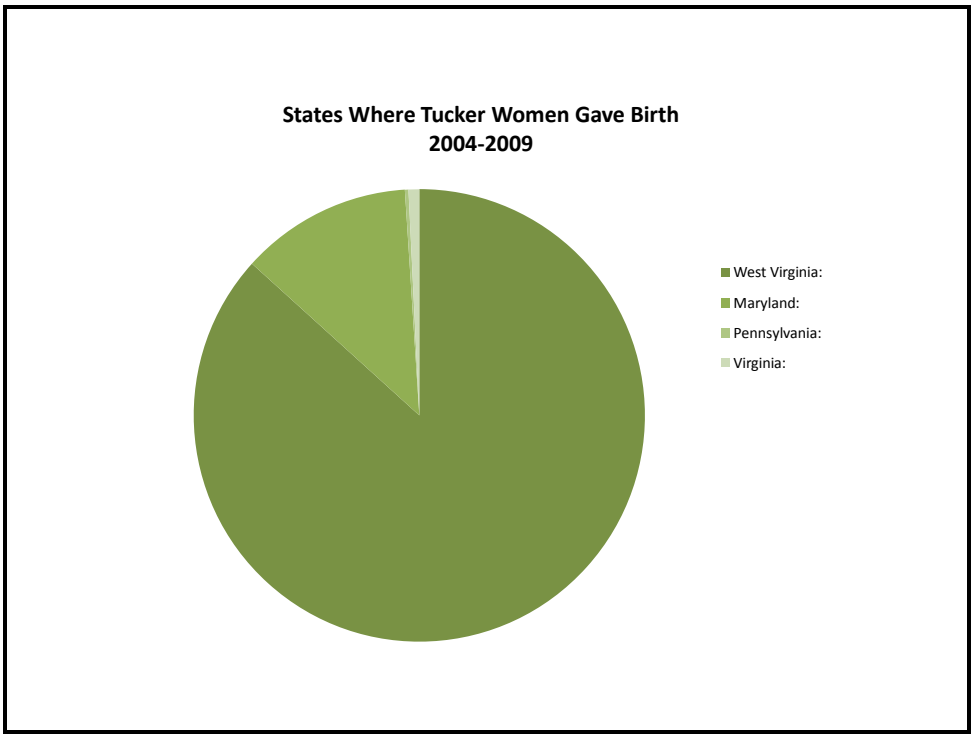


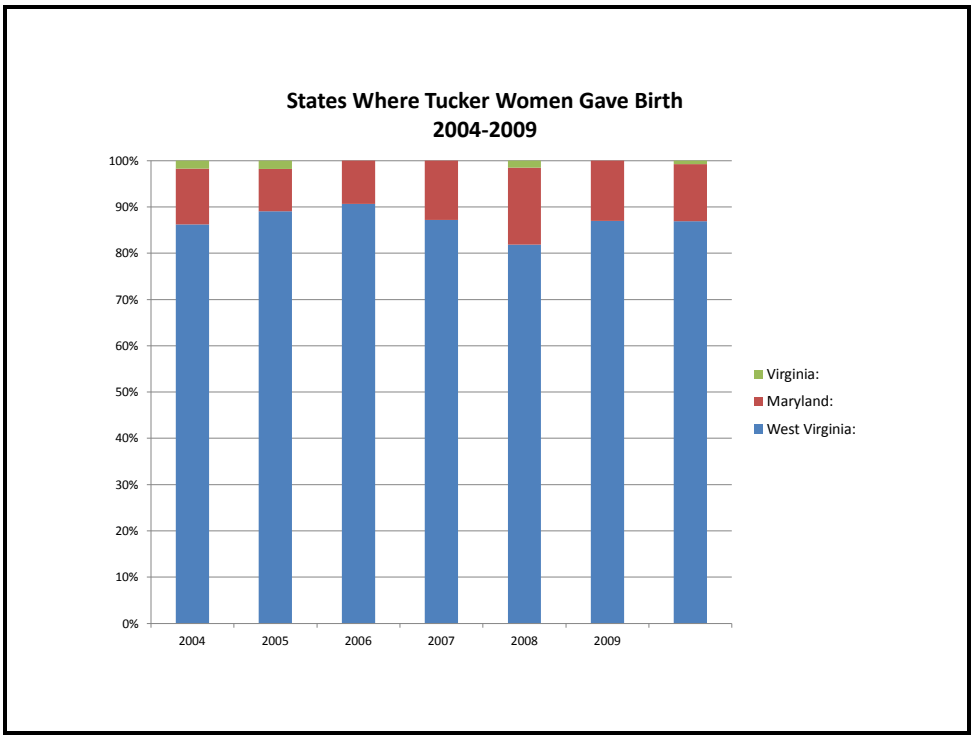
Taylor County





Tucker County (Border County)





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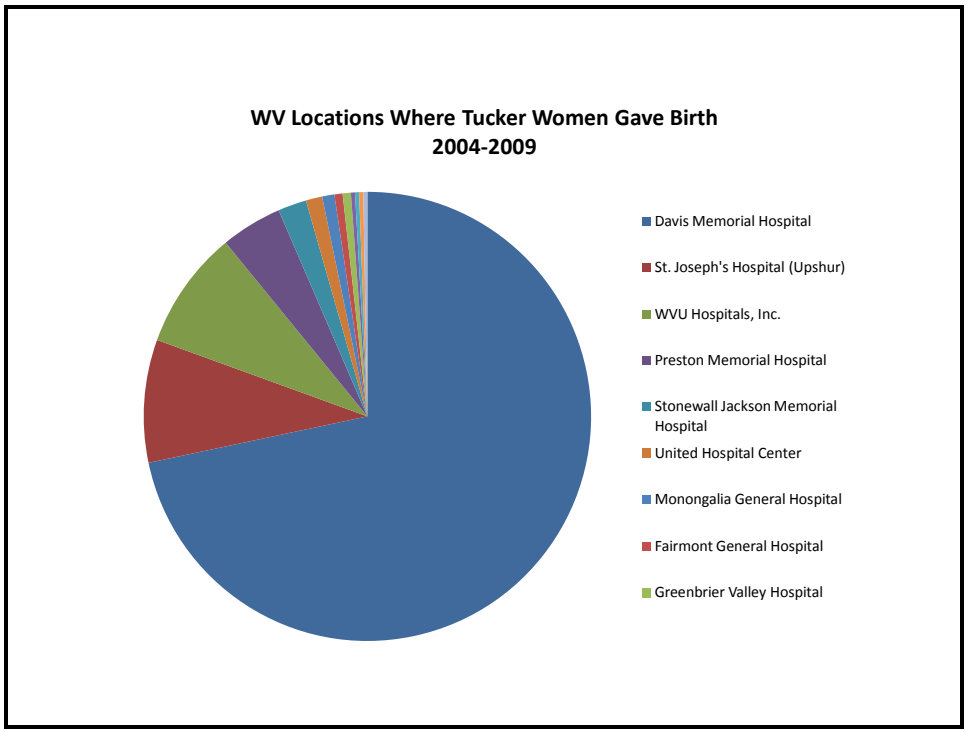
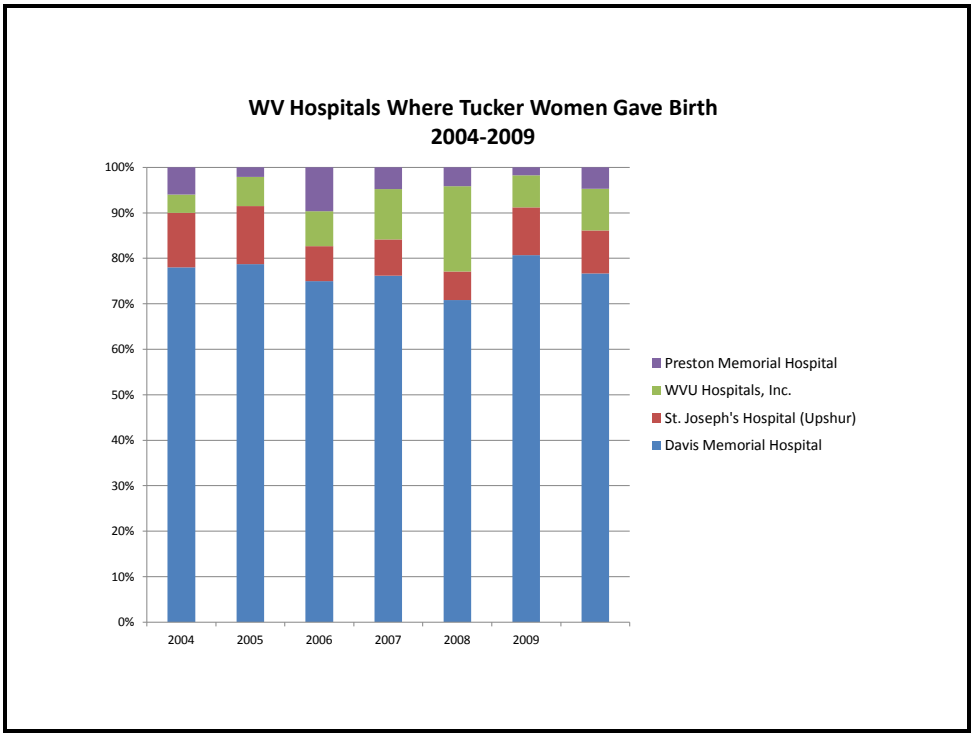
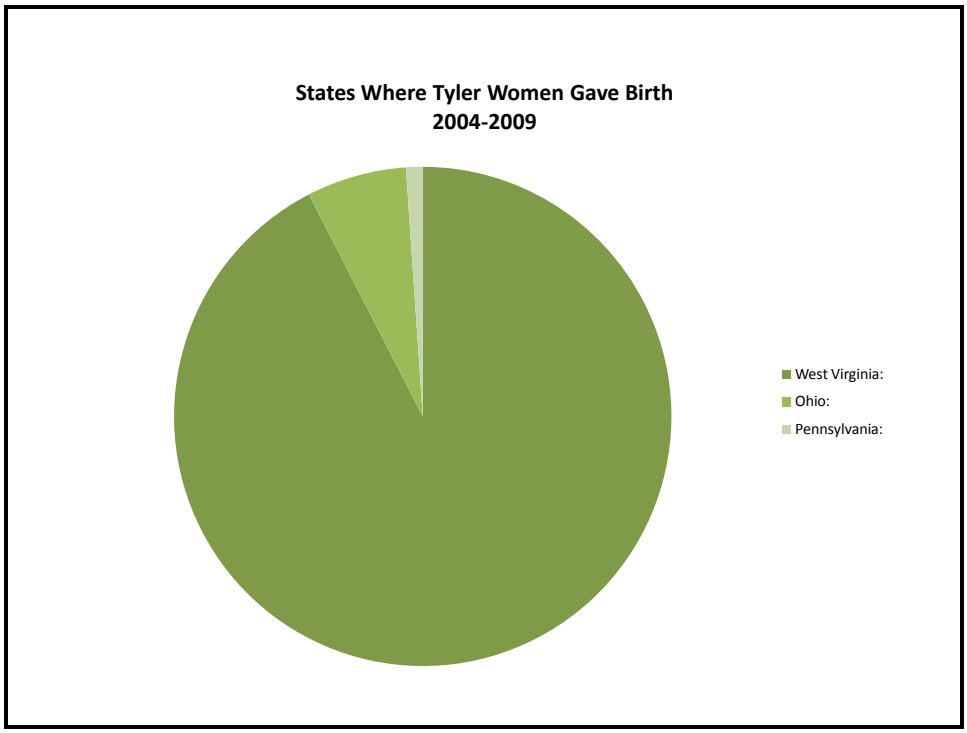
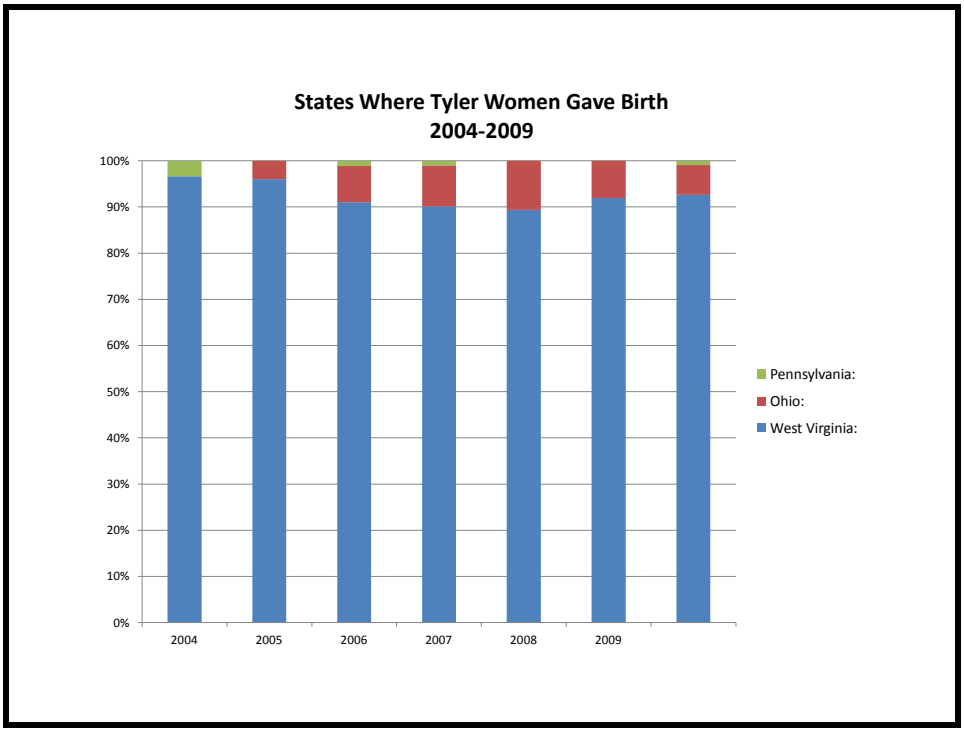


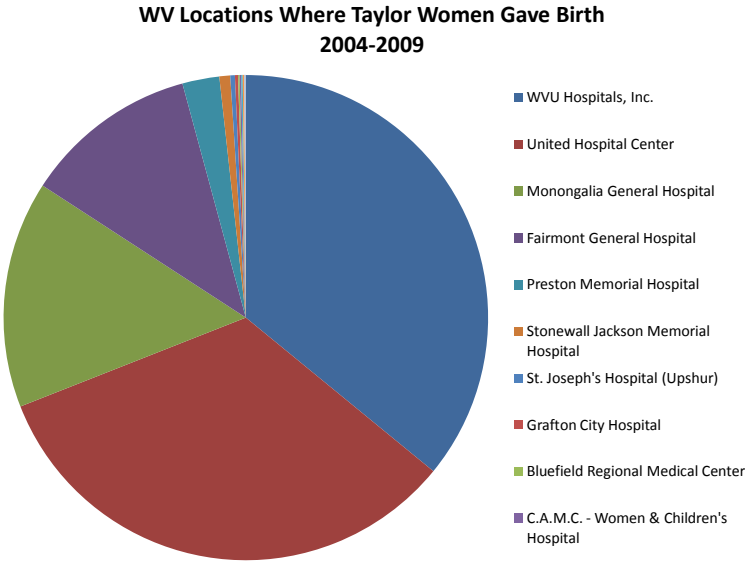


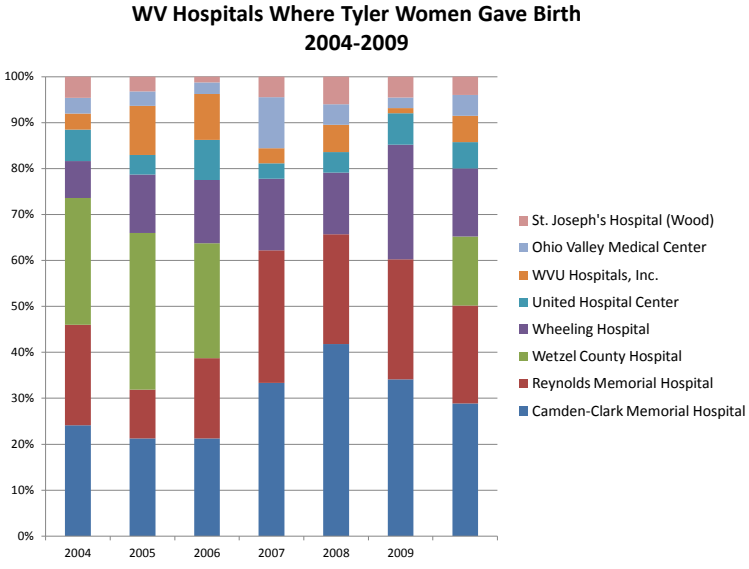
Tyler County (Border County)



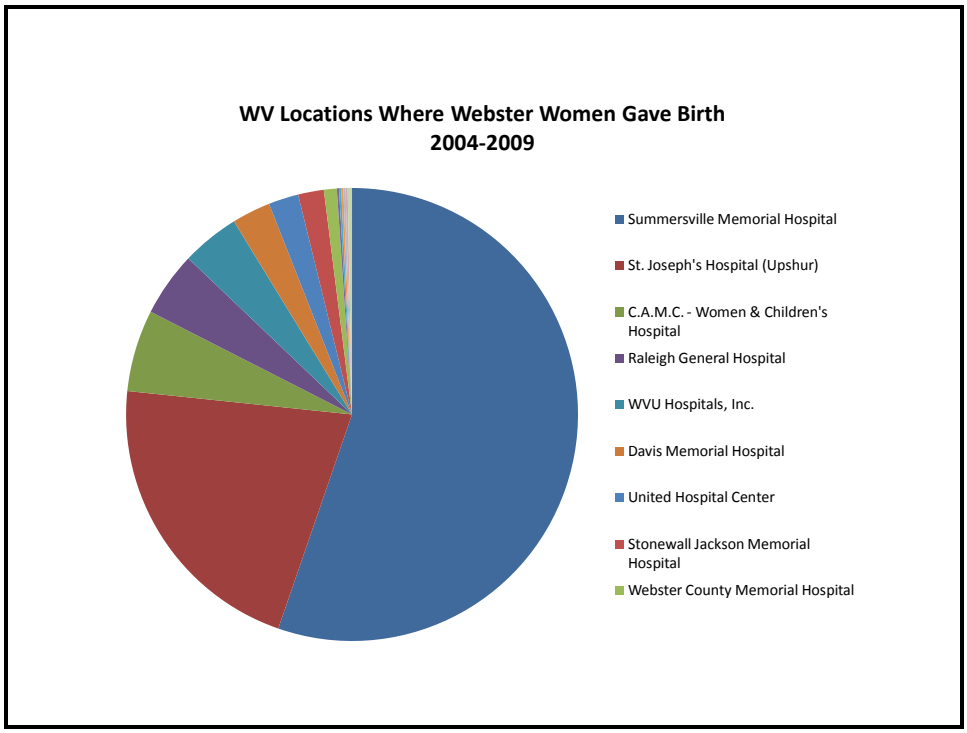


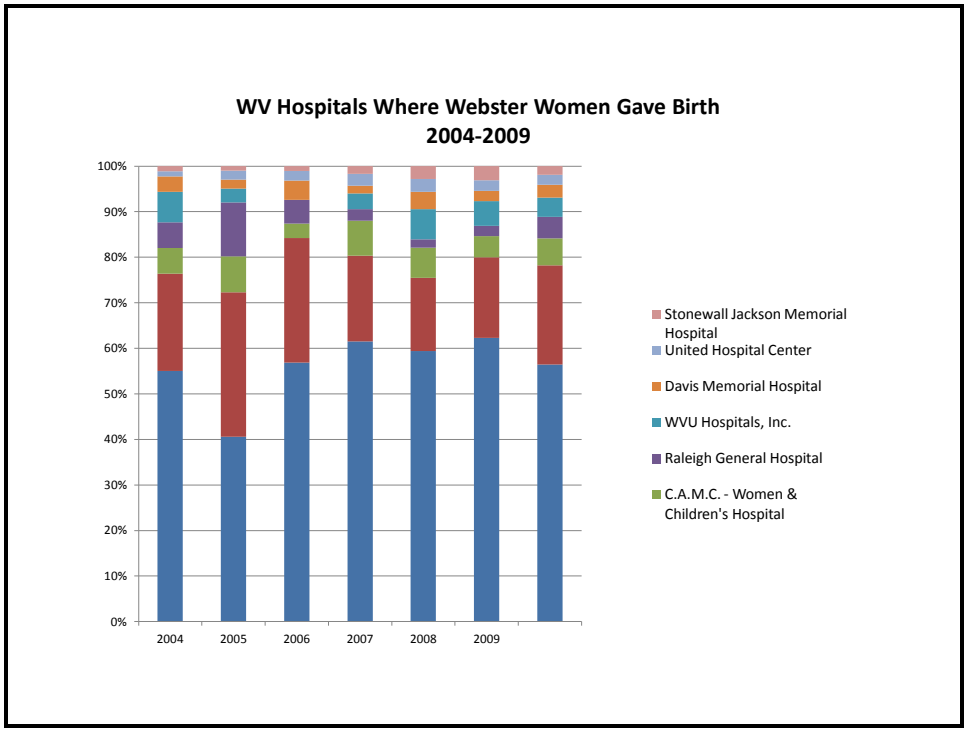
Tyler County continued



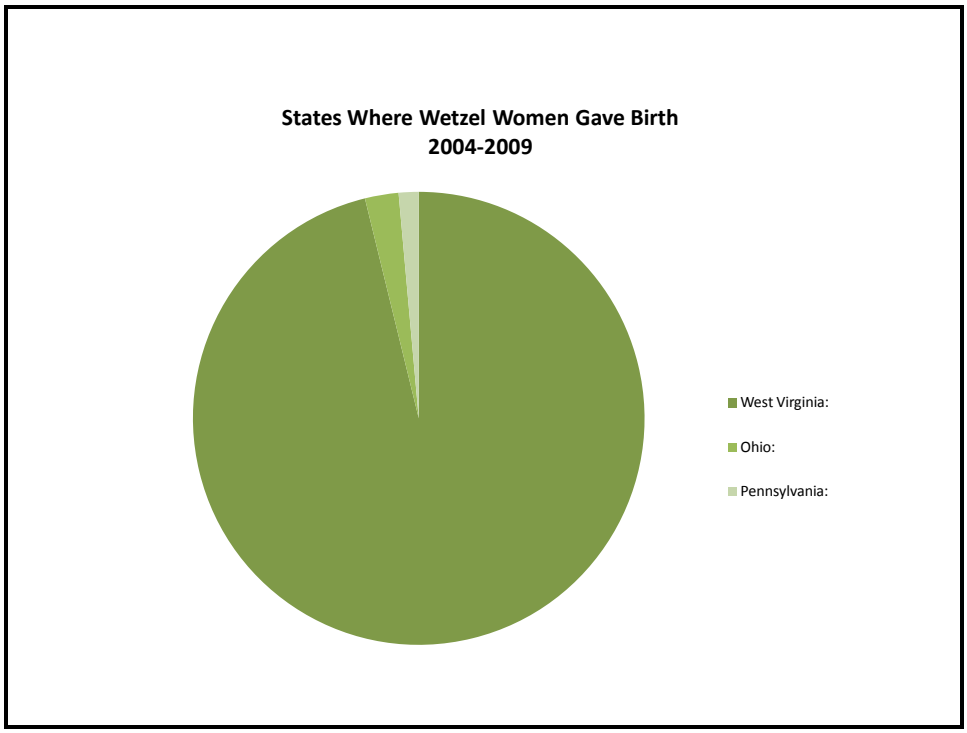


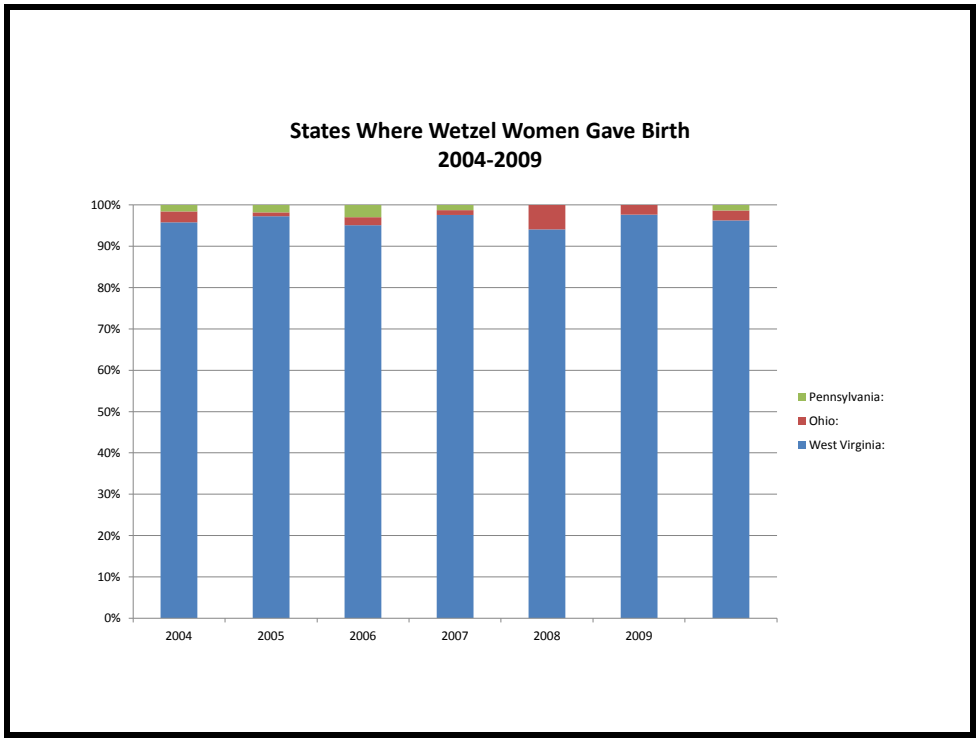
Webster County





Wetzel County (Border County)





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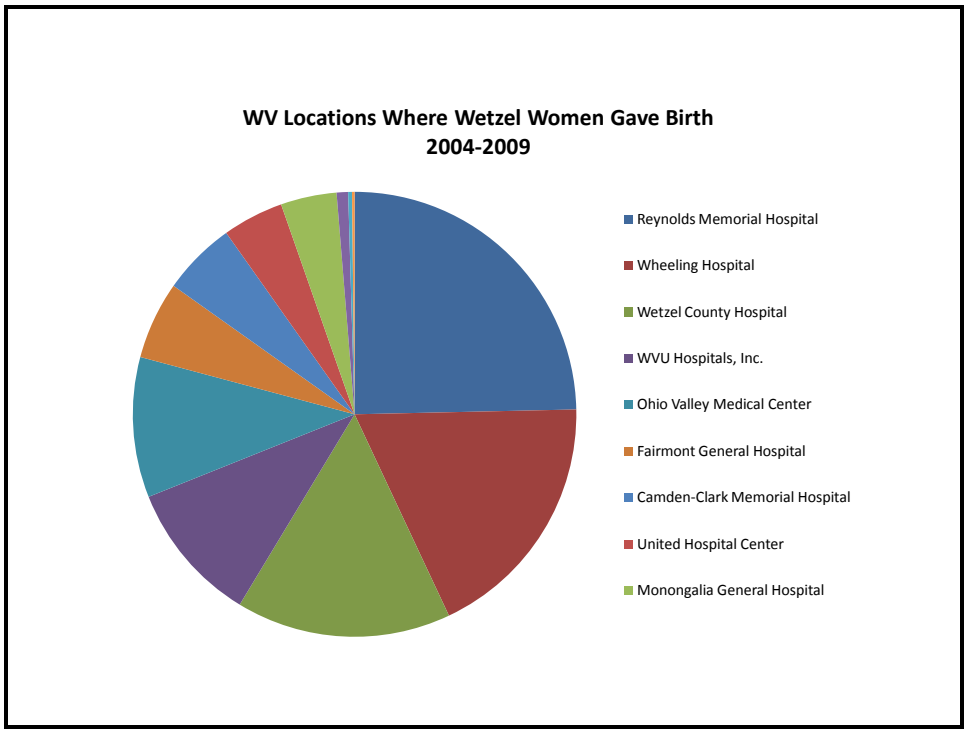
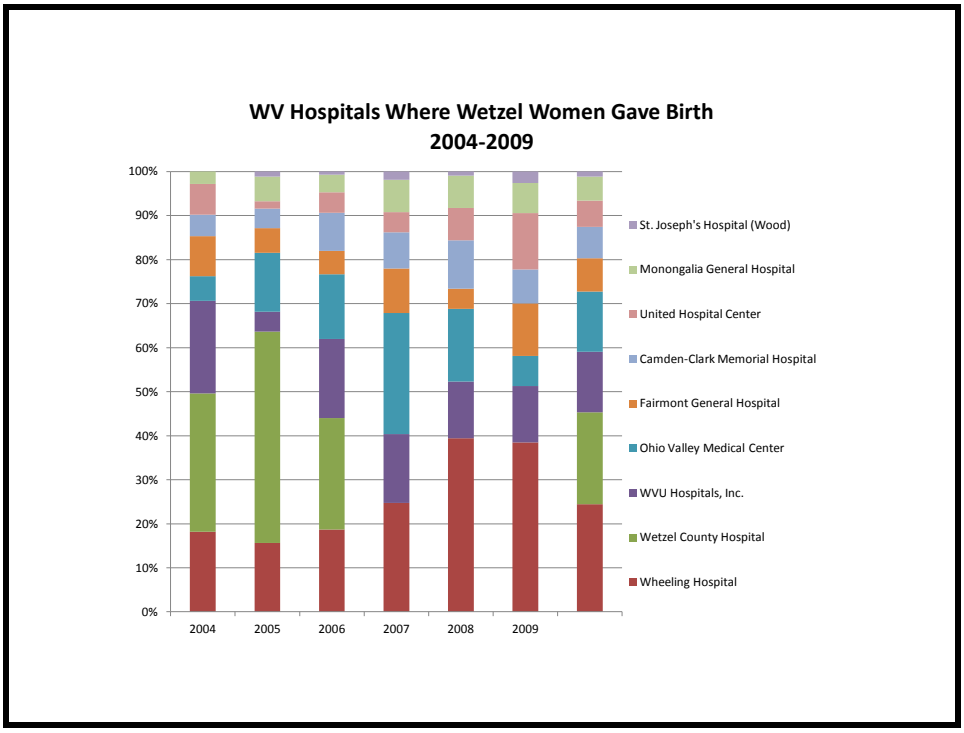
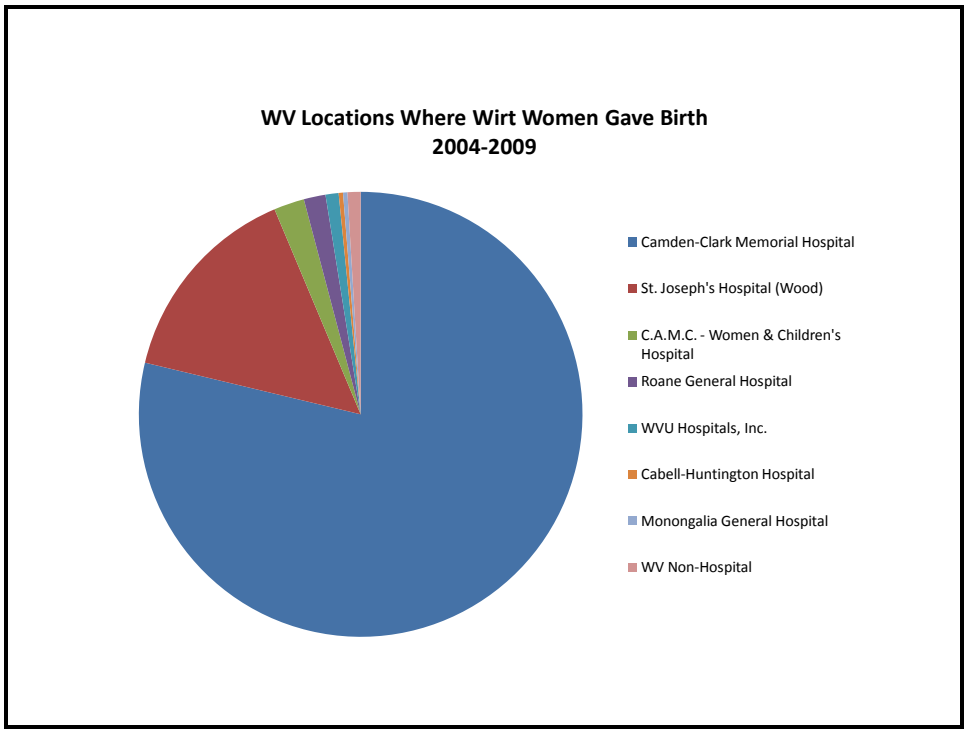
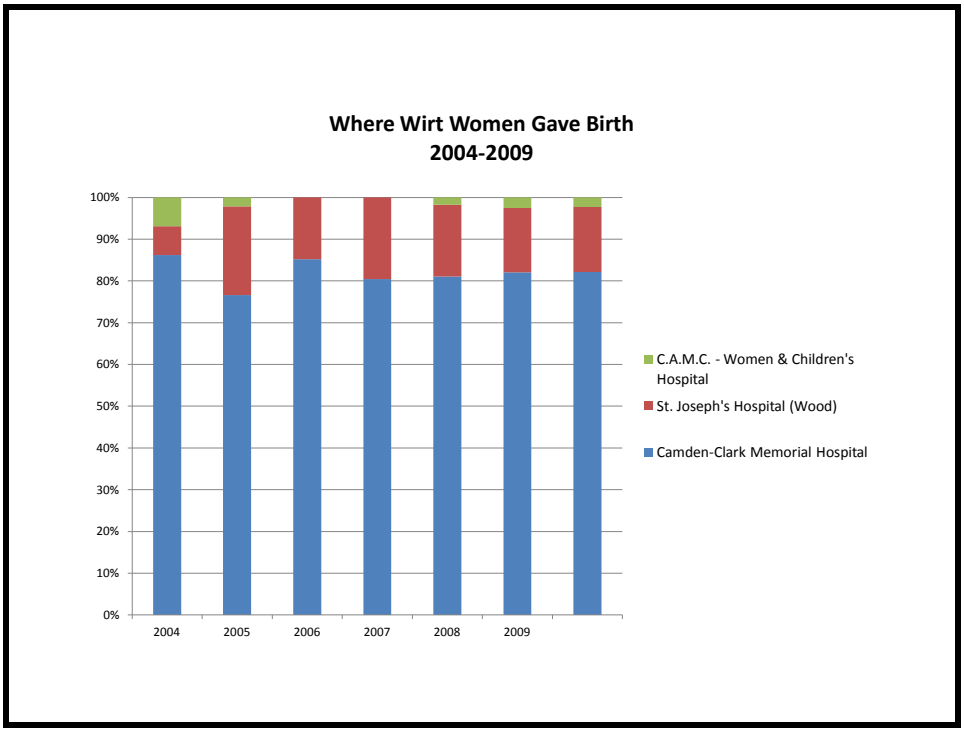




Wirt County


WV Locations Where Wirt Women Gave Birth
2004-2009
Camden-Clark Memorial Hospital
St. Joseph's Hospital (Wood)
C.A.M.C. - Women & Children's Hospital
Roane General Hospital
WVU Hospitals, Inc.
Cabell-Huntington Hospital
Monongalia General Hospital
WV Non-Hospital


Where Wirt Women Gave Birth
2004-2009
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2004
2005
2006
2007
2008
2009
C.A.M.C. - Women & Children's Hospital
St. Joseph's Hospital (Wood)
Camden-Clark Memorial Hospital

PERINATAL PARTNERS

The West Virginia Perinatal Partnership recognizes the participation of many organizations whose partnership on policy initiatives and projects has been the most important element for the numerous successes toward improving perinatal outcomes in West Virginia. Organizations that have actively participated in one or more Perinatal Partnership projects include the following.

American Academy of Family Practice, WV Chapter
American College of Nurse Midwives, WV Chapter
American Academy of Pediatrics, WV Chapter
American College of Obstetrics and Gynecology, WV Section
Association of Women's Health, Obstetric, and Neonatal Nurses, WV Section
Association of School Based Health Centers
Bureau for Medical Services, West Virginia DHHR
Bluefield Regional Medical Center
Cabell-Huntington Hospital
Charleston Area Medical Center, Women's and Children's Hospital
Charleston Area Medical Center Education and Research Institute
Camden Clark Memorial Hospital
Center for Business and Economic Research, Marshall University
Charleston Area Medical Center, Health Education and Research Institute
City Hospital
Davis Memorial Hospital
Division of Tobacco Prevention, WV DHHR
EDVANTIA, Inc.
Fairmont General Hospital
Grant Memorial Hospital
Greenbrier Valley Medical Center
Health Statistics Center, WVDHHR
Jefferson Memorial Hospital
Logan Regional Medical Center
Monongalia General Hospital
Ohio Valley Medical Center
Office of Maternal, Child, and Family Health, WVDHHR
Partners In Community Outreach, TEAM WV
Pleasant Valley Hospital
Preston Memorial Hospital
Princeton Community Hospital
Raleigh General Hospital
Reynolds Memorial Hospital
Right From The Start Program
Roane General Hospital
St. Josephs Hospital, Buckhannon
St. Joseph's Hospital, Parkersburg
St. Mary's Medical Center
Shenandoah University Midwifery Program, Winchester, Virginia
Stonewall Jackson Memorial Hospital
Summersville Memorial Hospital
Thomas Hospital Systems

PERINATAL PARTNERS Continued

March of Dimes, West Virginia Chapter
Marshall University Joan C. Edwards School of Medicine
Marshall University School of Nursing – Graduate Program
Office of Epidemiology & Health Promotion, WV DHHR
Office of Maternal Child and Family Health WV DHHR
Partnership of African American Churches
Wellness Council of West Virginia
West Virginia Breastfeeding Alliance
United Hospital Center
Weirton Medical Center
Welch Community Hospital
West Virginia Center for Budget and Policy
West Virginia Children's Health Insurance Program
West Virginia Council of Churches
West Virginia Health Care Authority
West Virginia Health Improvement Institute
West Virginia Healthy Kids and Families Coalition
West Virginia Healthy Start/HAPI (Helping Appalachian Parents and Infants) Project
West Virginia Higher Education Policy Commission
West Virginia Hospital Association
West Virginia Kids Count
West Virginia Medical Institute
West Virginia Primary Care Association
West Virginia Public Employees Insurance Agency
West Virginia Rural Health Association
West Virginia School of Osteopathic Medicine
West Virginia State Medical Association
West Virginia University, Children's Hospital
West Virginia University National Center of Excellence in Women's Health
West Virginia University School of Medicine, Morgantown, Charleston, and Eastern Panhandle Divisions
Women Infant and Children (WIC) Food and Nutrition Program – West Virginia DHHR
Welch Community Hospital
West Virginia University, Institute for Health Policy Research
Wheeling Hospital
Williamson Memorial Hospital
WomenCare Family Care & Birth Center