



Iowa Department of Public Health

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Report to the 81st General Assembly

Stillbirth Evaluation
Pursuant to Iowa Code, Chapter 136A, 2004
Iowa Acts, Chapter 1031 (HF 2362)
Center for Congenital and Inherited Disorders

Activities related to stillbirth evaluation as described in HF2362 of the 80th General Assembly

Convene a stillbirth workgroup

1. On September 15, 2004, a workgroup of stillbirth experts and consumers was convened at the Urbandale Public Library. A membership roster is attached.

This workgroup was charged with the development of protocol and implementation guidelines for the evaluation of causes and prevention of stillbirths. Representative Janet Petersen was present, and provided an introduction and explanation of the legislative intent of HF2362. A template of an evaluation protocol, based upon the University of Wisconsin Stillbirth Service Program templates, was presented during the day-long meeting. Members reviewed the template and provided comment and edits. Members also shared personal and professional experiences with stillbirths.

Develop protocol and implementation guidelines

2. A stillbirth evaluation protocol was developed.

The University of Wisconsin's Stillbirth Service Program shared its protocol template with IDPH. The stillbirth workgroup coordinator at the IDPH, Kim Piper, developed a draft of a protocol prior to the September meeting. This protocol was presented to the workgroup members for edits and comments.

The workgroup members decided to present the protocol as a stillbirth evaluation manual. It was felt that a manual would better enable health care providers to manage the event, and collect more comprehensive information. The manual will also include guidelines for grief counseling and follow-up, to better address the family's needs.

A subcommittee of interested members will meet in August to develop the grief support module of the manual.

Dissemination and Implementation of Protocol

3. The Iowa Statewide Perinatal Care Program will disseminate the manuals and provide education to health care providers on the use of the protocol.

The Statewide Perinatal Care Program, led by Dr. Herman Hein, visits every birthing hospital in Iowa on a regular basis. Based upon the positive relationships that the perinatal program has with local hospitals and physicians, the Stillbirth Workgroup felt it would be efficient and mutually beneficial for the local providers and the stillbirth evaluation project to give the Statewide Perinatal Care Team the responsibility for the dissemination of the manual to all of the hospitals. The perinatal program will also provide education to the local health care providers on the use of the protocol. This education is expected to take two to three years, and will coincide with the perinatal program's regular hospital visits.

Work with the Centers for Disease Control and Prevention

4. The CDC has received an appropriation of \$900,000 to enhance stillbirth surveillance activities in Iowa and Metropolitan Atlanta.

Representative Janet Petersen and colleagues went to Washington D.C. to meet with Senator Tom Harkin regarding the issue of stillbirths. With Representative Petersen's encouragement, Senator Harkin worked to obtain an appropriation for the CDC to provide programming in Iowa and Metropolitan Atlanta to study stillbirths.

In April 2005, Kim Piper and Dr. Paul Romitti, Director of the Iowa Registry for Congenital and Inherited Disorders, attended a meeting in Atlanta with CDC and other stillbirth program representatives. Goals of stillbirth surveillance programming were established. Kim Piper presented information about Iowa's project to date. Iowa's work was very well received by the attendees of the meeting.

Kim Piper and Dr. Romitti will return to Atlanta July 14th for another meeting with CDC programmers. The focus of this meeting will be data collection protocols and standards.

In June 2005, Dr. Adolfo Correa, project coordinator for CDC, notified Ms. Piper that Iowa could expect about \$400,000 to enhance its stillbirth evaluation and surveillance program. The CDC will post a Request for Application (RFA) for Iowa to apply for the funds. It was anticipated that the RFA would be let within a couple of weeks of this notification, but it has not been posted as of the writing of this report. Ms. Piper will discuss this with Dr. Correa at the July 14th meeting.

Stillbirth Surveillance

5. The Iowa Registry for Congenital and Inherited Disorders will be responsible for the abstraction and entry of information of stillbirths into the registry.

Funding from CDC will support the enhancement of the registry to conduct surveillance activities for all stillbirths in Iowa. Surveillance of stillbirths will eventually allow IDPH the opportunity to analyze the information to determine trends in stillbirths – geographic trends, cause of death, and maternal complications are examples of information that will be available. Dr. Paul Romitti will lead the Registry as it develops the stillbirth surveillance program.

Contact Information

For further information regarding Iowa's Stillbirth Evaluation Project, please contact Kimberly Noble Piper, Project Coordinator, at 515-281-6466 or kpiper@idph.state.ia.us.

This report is respectfully submitted July 15, 2005.



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