



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

**Meeting Minutes of:**  
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**PERINATAL ADVISORY COMMITTEE MEETING (PAC)**

June 15<sup>th</sup>, 2017  
 1:00 p.m. until 3:00 p.m.

<b>George W. Dunne Building</b> <b>69 West Washington, 35<sup>th</sup> Floor</b> <b>Chicago, IL</b>	<b>IDPH Offices</b> <b>535 West Jefferson, 5<sup>th</sup> Floor</b> <b>Springfield, IL</b>
---	--

**Attendees**

Members in Attendance	Guests and IDPH
Beau Batton Bree Andrews Richard Besinger Jenny Brandenburg Raye-Ann de Regnier Lori Filock Janet Hoffman (Phone) Robin L. Jones Omar LaBlanc Phyllis Lawlor-Klean Stephen Locher Mark Loafman (Phone) Lisa Masinter Cindy Mitchell Nicole Niwa Phil Schaefer Howard Strassner Yesenia Yopez Maripat Zeschke	Trishna Harris, IDPH Snigdha Acharya, IDPH Shannon Lightner, IDPH Amanda Bennett, IDPH Andrea Palmer, IDPH  Myra Sabini Deborah Schy Cecilia Lopez Melissa Zahnd Andrea Cross Robyn Gude Angela Rodriguez Jeffrey George Shirley Scott Jodi Hoskins Bernadette Taylor Elaine Shafer Trish O'Malley Adrienna Beatty Kshama Shah Jan Sampson
	Members Not In Attendance
	Mike Farrell William Grobman (excused) Jean Kosmatka Jared Rogers

**Meeting Minutes of:**  
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**PERINATAL ADVISORY COMMITTEE MEETING**  
**June 15<sup>th</sup>, 2017**  
**Page 2 of 5**

## **Motions**

1. **Motion to approve minutes from April 2017.**
  - 1<sup>st</sup> Richard Besinger, 2<sup>nd</sup> Stephen Locher, Unanimous Yes
2. **Motion to adjourn.**
  - 1<sup>st</sup> Cindy Mitchell, 2<sup>nd</sup> Howard Strassner, Unanimous yes.

## **Introductions**

Beau Batton called the meeting to order about 1:00 P.M. and went around the room asking everyone introduce themselves.

## **Minutes**

The minutes from April 2017 were approved.

## **Agenda Items**

### **1. IDPH Update**

- Shannon Lightner reminded the PAC about the administrative hold on hospital requests to become level II NICU with extended capabilities. A hospital requested to increase to a level III.
- Beau asked Amanda Bennett from IDPH to give an update on what data and information is available to be utilized.
- There is now an additional 2 years of infant mortality data. Amanda will use these to the LOCATe results.
- There are also now two years of data for the very preterm review form.
- Evidence from other states about how AAP levels of care change have impacted their infant mortality rates? There is not great information about it yet. However, there is data that preterm infant mortality rates are lower when delivered at level III or IV NICUs and when cared for in NICUs with a high volume of VLBW infants.
- Several states are transitioning (or recently transitioned) to the AAP LOC similar to Illinois.
- Article - Looked at state policies and which states aligned with the AAP policies. It is a starting point, but the article is not publicly available at this time.
- AAP has piloted a SV process with the new policies in place. There is an associated cost and the potential benefits are somewhat unclear.
- Raye-Ann has something from Arkansas describing changes to their NICU levels of care which she will share with PAC.
- Amanda will be able to bring some analysis to the October meeting. Amanda is working on creating a form that is an official data request from her.

### **2. Chair Update**

- No updates. Do not plan on the meeting in August and expect the next PAC meeting to be held in October.

**Meeting Minutes of:**  
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**PERINATAL ADVISORY COMMITTEE MEETING**  
**June 15<sup>th</sup>, 2017**  
**Page 3 of 5**

**3. New Business**

*Vitamin K ( with Dept of Children and Family Services)*

- Paula Jaudes and Nora Harms-Pavalski were on hand from the Department of Children and Family Services to talk about when parents refuse these IM vitamin K prophylaxis and erythromycin eye ointment as it is an issue which has come up at hospitals across the state.
- It is not clear how this problem is dressed in other states
- There was broad agreement that educating parents on the benefits of both treatments is the best way to address this concern and is often effective in persuading parents to agree to them. However, that is often difficult to do before birth and there are barriers to discussing after birth prior to the infant's discharge from the hospital. It was suggested there may be opportunities to partner with IDPH on state-wide education.
- DCFS does not think that flagging parents who refuse vitamin K or eye ointment for an investigation is the appropriate way to solve the issue.
- DCFS is trying to look at the situation more proactively versus waiting to address the issue retroactively.
- The question was asked, "If a family doesn't want to give their child Vitamin K, are hospitals responsible for alerting DCFS?" – Currently yes, but DCFS is in the process of trying to change that. DCFS stated that although a call is expected, it can be a child welfare referral, not an investigation.
- DCFS representatives then clarified the difference between a reportable offense and a child welfare call? An investigation occurs when a DCFS investigator goes out immediately to check on reports of abuse and neglect (24 hour window). This can place families on a neglect registry that lasts 5 to 15 years. This will show up on certain background checks as indications of child neglect.
- The child welfare call does not have the same severity. They aren't as immediate and are intended to help ensure families are provided certain services or education. Child welfare call is more productive and preemptive in nature.
- If a doctor calls to tell DCFS that a family refuses the vitamin K treatment, then DCFS will do a child welfare call and reach out to the family with education. It is not punitive and it is not immediate.
- Q: Is there current data on the number of calls received for this specific issue? A: No, the assumed number is small, but there is no hard data.
- New York has a state law that the family cannot refuse. Illinois rule on it? Section 250 is ambiguous, but it suggests giving the shot within the first hour of birth.
- Some other concerns that came up:
  - Not all medical clinics know that refusing IM Vitamin K is a DCFS referral.
  - Refusal of other prophylactic treatments (e.g. immunizations) does not warrant a DCFS call. It is unclear why that is the case with vitamin K.
  - Can DCFS handle the influx of calls for this issue?
  - Should this be administered whether or not the parent is ok with it?

**Meeting Minutes of:**  
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**PERINATAL ADVISORY COMMITTEE MEETING**  
**June 15<sup>th</sup>, 2017**  
**Page 4 of 5**

- Should hospitals still do a consent form for approval?
- The perinatal network admins will disseminate this information at their meetings

*Prophylactic Eye Ointment Discussion. (with DCFS)*

- Is this a mandated call to DCFS if the family refuses the eye ointment prophylaxis?  
No.
- If you do call, it will be treated as a child welfare and not a child investigation.

*Investigation Discussion (with DCFS)*

- Had data from substance exposed infants from the 1980's to 2006.
- There has been a huge drop off of reported substance exposed infants and wanted to discuss maybe why reporting has dropped off. (Other states didn't have a drop off, but instead had an increase)
- Main reason for non-indicated is if the Mother has a prescription.
- Resolve the mother and baby screening issue. In example the mom will test positive, but the baby will test negative and DCFS won't take that as a report.
- If the baby is transferred from another hospital, the receiving hospital might miss the window to test.

*New Members*

- Beau asked the new members to introduce themselves: Nicole Niwa and Representative Patti Bellock.

**4. Committee Updates**

*Perinatal Code Revision Team Updates*

- Each of the teams gave a quick update on their progress: Levels III and IV, Levels I and II, Site Visits, Transports, and Designation, Redesignation, and Network Change.
- Most teams have only met once so the update was centered around what the state currently does versus what they would like to see. All the groups are also setting up their meetings for the next year as well.
- IDPH plans to make a couple more groups focused on quality and implementation. They will also be the ones who will define what an APC is.

*Maternal Mortality Review Committee (MMRC)*

- Robin L. Jones was on hand to give an update. The group cancelled their meeting in June, but plan to meet in August.

*Maternal Mortality Review Committee – Violent Deaths (MMRCV)*

- The group had a meeting in April.
- The group is planning on adding new members and had a discussion around what would need to be added. A police officer and someone in drug rehab. Also open to more options.

**Meeting Minutes of:**  
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**PERINATAL ADVISORY COMMITTEE MEETING**  
**June 15<sup>th</sup>, 2017**  
**Page 5 of 5**

- The group noted that they had a lot of drug rehab questions and felt that autopsies are not being done or being done properly.
- Another meeting is scheduled in early October.

*Statewide Quality Council (SQC)*

- Raye-Ann de Regnier and Amanda Bennett did a presentation from the CoIIN group on the very preterm birth review.
- ILPQC presentation gave updates on their projects such as their Hypertension initiative. They also talked about the neonatal abstinence initiative.
- The committee plans to bring in moms and get their perspective on the opioid epidemic.

*Hospital Facilities Designation (HFDSC)*

- The group has been looking at the hospital licensing act.
- They have some hospitals coming before the group in August and October.

**Adjournment**

Motion to adjourn: Cindy Mitchell 1<sup>st</sup>, Howard Strassner 2<sup>nd</sup>, Unanimous yes.