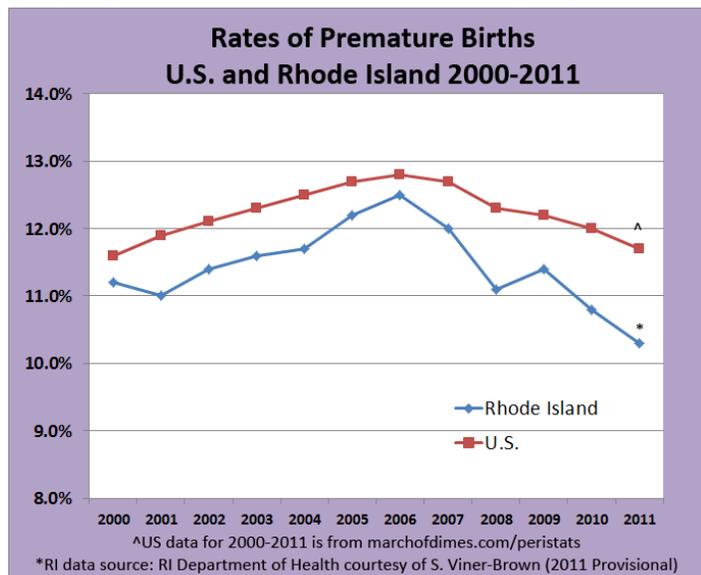


## Rhode Island Task Force on Premature Births: 2012 Progress Report

### Task Force History

The Rhode Island Task Force on Premature Births was established in 2006 with a directive from the Director of the Rhode Island Department of Health (HEALTH). After returning from the Rhode Island March of Dimes Prematurity Summit in December of 2005, Dr. Gifford challenged HEALTH, the March of Dimes and Women & Infants Hospital to convene a group of stakeholders to develop a list of recommendations to address the problem of preterm birth in Rhode Island. At the time, the local and national rate of preterm birth was increasing. Under the leadership of Dr. Maureen Phipps, the task force developed ten recommendations to address the rise in the premature birth rate. During the period between 2006-2010 the preterm birth rate in Rhode Island declined from 12.5% to 10.8%. The rate continued to decline in 2011 by 0.5% to 10.3%. In late 2010, the task force leadership convened a steering committee of local stakeholders to evaluate its progress and recommendations. The steering committee membership included Jim Berson (Meeting Street School); Steve Davis (Neighborhood Health Plan of RI); Ana Novais (HEALTH); Lynn Hess (Project Link, Women & Infants Hospital); Samara Viner-Brown (HEALTH) and the Task Force Leadership Team: Drs. Edward Chien and Maureen Phipps (Women & Infants Hospital); Nichole Aguiar (March of Dimes RI); and Tricia Washburn (HEALTH). Recognizing past success and the changes in current environment, the steering committee recommended revitalizing the list of recommendations suggesting ten recommendations, some new and some updated from the original list. The full Task Force met in the early summer of 2011 to review and confirm the new set of recommendations, reaffirm the primary goal for the taskforce and define the overarching goals.



In 2011, Dr. Edward Chien joined the Rhode Island Task Force on Premature Births, to co-chair the group with Dr. Maureen Phipps. The National March of Dimes recognizes the Rhode Island Task Force on Premature Births as a model program for addressing the issue of preterm births as a community. Preterm birth continues to be the largest contributor to infant mortality and is associated with rising costs for medical care. Preterm birth is responsible for significant challenges to the healthy development of many Rhode Island children.

### Progress from 2012

The Rhode Island Task Force on Premature Birth remains a diverse community based group dedicated to the reduction of premature birth. The success of the organization is related to the wide support and contribution of time and effort from community groups, government, and health care partners. Each recommendation is led by two individuals with expertise and interest in the targeted recommendation. The recommendation leader reached out to its stakeholders to form working groups for each recommendation made up of community members, public health officials, insurers, and health care providers. In 2012, each work group began developing strategies to address their specific recommendation. One recommendation (H), with an original

focus on BMI and weight gain, evaluated RI data and determined that prematurity associated with high BMI is influenced directly by the associated co-morbidities such as diabetes and hypertension. Since strategies focusing on these co-morbidities were overlapping with other recommendations, this recommendation was changed to *H Measure Outcomes*: Develop measures to evaluate target strategies used by each recommendation. (See Below) Each working group has made progress in formulating and initiating strategies toward achieving their recommendation.

### Highlights

- Edward Chien and Nichole Aguiar attended the National March of Dimes Prematurity Summit held in Washington D.C. and presented the Task Force model and new set of recommendations.
- Betty Vohr received funding (\$3.2 million) for Transition Home Plus Program which was supported by the Rhode Island Task Force on Premature Birth.
- Jill Beckwith, Deb Fuller and Nichole Aguiar provided supporting documentation for a number of bills focused on access to care, preventive health, and tobacco cessation that were received favorably by the legislature.
- Tricia Washburn coordinated the development of a state-wide preconception health strategic plan in her role as Family Planning Program Manager in the Department of Health with input from a number of the task force members.
- Task force members have been participating in the development of the new health care exchange that is being implemented by the Affordable Care Act.
- Ed Chien, Maureen Phipps, Pat Flanagan, and Debra Perry provided written testimony to the state legislature on multiple issues impacting preterm birth.

The **Primary Goal** of the Rhode Island Task Force on Premature Births:

*Reduce the rate of premature birth and the morbidity and mortality associated with premature birth in Rhode Island.*

The **Overarching Values** include: continued emphasis on policy and advocacy; recognizing preconception, inter-conception, postpartum time frames for intervention; involving men in outreach initiatives; linking screening with referral resources; recognizing social and environmental determinants of health including racism; and, addressing cultural awareness and competency.

**The following report summarizes each recommendation and the progress made over the past year in addressing each recommendation and planned steps for the coming year.**

*(Task force recommendations do not appear in rank order).*

#### **A: Access to Primary and Preventive Healthcare**

*Recommendation:* Support and promote state policies and programs that ensure access for all families to quality, affordable primary and preventive healthcare with a focus on adolescents and women of childbearing age.

*Co-Leaders:* Jill Beckwith - RI KIDS COUNT  
Deb Fuller, DMD, MS - HEALTH

**Progress:** Workgroup A supported legislation that proposed to institute Medicaid coverage for family planning services for women and men under 250% FPL (The bill did not move out of committee.). The Workgroup opposed a budget article that would have eliminated dental coverage for 90,000+ persons with Medicaid coverage (The coverage was preserved.). In her

role as PTF Co-Chair, Dr. Phipps submitted a letter to the Executive Committee of the Healthcare Reform Commission on behalf of the PTF requesting that the Rhode Island Health Benefits Exchange ensure that health plans offered through the Exchange starting in 2014 include Essential Health Benefits that would support the prevention of premature births.

As workgroup A members and the RI Department of Health (HEALTH), the task force supported the Woonsocket and Pawtucket CATCH grant partners (an AAP effort to promote pediatrician leadership in communities) on adolescent medical home development. Work in Woonsocket led to the reopening of a school based health center and the inclusion of family planning in school based medical home services at Woonsocket High School. The medical home pilot project at Pawtucket's Shea High School closed at the end of the school year. HEALTH is working on a report to inform future adolescent medical home development based on this experience. Important events this group will be following include the release of the Adolescent Access to Care in Rhode Island report by HEALTH in October 2012, and HEALTH and Rhode Island KIDS COUNT Adolescent Health Summit focused on systems of support for adolescents on October 26, 2012.

**Next Steps:**

- Evaluate potential programmatic strategies toward primary and preventive health related to access to care. Identify community members that can support and work on new initiatives.
- Collaborate on implementation of the recommendations in the RI Department of Health's Report on Adolescent Access to Care.
- Continue to identify, monitor and respond to legislative and budget issues affecting access to quality, affordable primary and preventive healthcare in the 2013 legislative session.

**B: Prevent Recurrent Preterm Birth**

*Recommendation:* Provide women who have delivered preterm with evidence-based education and referral information to reduce the risk of subsequent preterm birth.

*Co-Leaders:* Ed Chien, MD – Women & Infants Hospital  
Marybeth Taub, RN – Women & Infants Hospital

**Progress:** Workgroup B made significant progress implementing its strategy over the past year. The rate of recurrent preterm birth was evaluated with the help of Rachel Cain at the Department of Health. The rate of recurrent preterm birth has remained around 41.7% during the period of 2006-2010 ranging from 39.7-43.7%. The workgroup identified multiple areas within the healthcare system that patients could be educated concerning their risk of recurrent preterm birth. A common barrier to patient education became apparent and focused around provider comfort with the issue of recurrent preterm birth. To address this barrier, the workgroup has begun to develop educational outreach plan to improve provider awareness. One of the initial products has been an education pamphlet on what an individual can do to prepare for the next pregnancy after a preterm birth. Julie McFarland, a Brown Medical Student, made significant contributions to this effort during her public health rotation this past year. This pamphlet will be available in the early part of 2013. The work group has formulated an educational outreach plan around the following four areas: 1) Recurrent Preterm Birth, 2) Contraception and Inter-pregnancy Interval, 3) Smoking and Substance Abuse, 4) Hypertension and Diabetes. The workgroup will work with other related recommendation workgroups to develop a file of educational slides that can be used to promote preterm birth awareness and reduction among health care providers. Finally, the work group has investigated the implementation of EMR health alert around preterm birth.

**Next Steps:**

- Create database of information and educational slides around the four selected areas
- Contact health related professional organizations to provide presentations by task force members
- Work with Interconception Care recommendation work group to develop education pamphlet

**C: Provider Education**

*Recommendation:* Reduce the morbidity and mortality associated with preterm birth by educating community providers about caring for preterm infants and the risks for recurrent preterm birth.

*Co-Leaders:* Betty Vohr, MD – Women & Infants Hospital  
William Hollinshead, MD – President, American Academy of Pediatrics new title?

**Progress:** The workgroup has continued to develop provider newsletters over the last year focused on reducing readmission of high risk newborns and infants. These newsletters included discussion on Pagiocephaly and Brochiolitis (Dr. Vehse). Dr.Vohr received funding from the Center for Medicare & Medicaid Services to expand the Transition Home Plus Program to approximately 2,400 mother-preterm infant pairs over the next 3 years. This grant was supported by the Rhode Island Task Force on Premature Birth. The initiative will train and deploy Family Care Teams to offer education and support, monitor infants' growth and development, and prevent emergency room visits and re-hospitalization. This grant will improve coordination among many community stakeholders including providers, Visiting Nurses, Early Intervention, Early Head Start, and insurers.

**Next Steps:**

- Plan series of workshops for stakeholder organizations for plan development.

**D: Home Visiting and Family Support Programs**

*Recommendation:* Support evidence-based home visiting and family support programs to decrease preterm deliveries, increase the interval between births, and improve parental health and well being.

*Co-Leaders:* Kristine Campagna, Med – HEALTH  
Jim Berson – Meeting Street School

**Progress:** Focus has been to provide our workgroup members with in depth overviews of the State's primary home visiting programs through presentations by their providers. These presentations, which have included discussions of Nurse Family Partnership, Parents as Teachers, and Early Head Start, have centered on issues of capacity, eligible populations, and connectivity to the goals of the prematurity task force with respect to both reducing the incidence of prematurity and reducing the morbidity and mortality associated with prematurity. The Rhode Island Department of Health (HEALTH) has awarded new funding to seven community-based agencies to provide home visiting in six communities using three evidence-based models. Through the Affordable Care Act's Maternal, Infant, and Early Childhood Home Visiting program, Healthy Families America, Nurse-Family Partnership®, and Parents as

Teachers will reach approximately 700 families and will be provided by several community-based agencies selected to receive funding.

**Home Visiting Network:** The Home Visiting Network (HVN) was established to coordinate home visiting activities, provide a forum for networking and support, and offer professional development and training opportunities for all home visitors in the State (not just those that are MIECHV funded). A Home Visiting Network Kick-Off event will take place on October 29, 2012 with Libby Doggett (Pew) as the keynote speaker and Melissa Van Dyke (NIRN/FPG) to do some activities with home visitors. All maternal and child home visitors in RI have been invited to attend. HEALTH continues to work with other partners to identify training opportunities and resources to support the Home Visiting Network. Workgroup D members, through their role in HEALTH or community stakeholders, have participated in these events advocating around areas related to preterm birth prevention.

**Next Steps:**

- Develop Core Competencies for the home visiting workforce
- Define a system of standards that must be achieved for the home visiting workforce
- Support a Network of home visiting staff
- Increase cultural and linguistic capacity of home visiting programs, with training and TA, including CLAS standards, to better meet needs of participants, particularly in families with children who are dual language learners

**E: Preconception Screening and Referral**

*Recommendation:* Identify a set of core health risks associated with preterm birth for integration into routine screening by clinicians; develop a referral resource around proven intervention strategies and an implementation plan for providers.

*Co-Leaders:* Jennifer Hosmer, MD, Providence Community Health Center  
Tricia Washburn – HEALTH

**Progress:** Workgroup E reviewed the state's premature birth data and identified seven core risks associated with preterm birth. A template including questions for each risk factor has been developed for health care providers and allied professionals. The group also developed a comprehensive resource and referral list addressing 5 of the 7 core risk factors for premature birth - alcohol/substance abuse, hypertension, depression/mental health, smoking, and diabetes. The other risk factors, previous preterm birth and birth spacing are addressed by the health care provider. Discussions have begun with Women & Infants Hospital on the potential integration of an EMR health alert for preconception care. The group is working with Neighborhood Health Plan of RI to explore the development and implementation of preconception quality measures, including addressing issues around preconception care codes/reimbursement related to capturing these services in the EMR.

**Next Steps:**

- Finalize preconception health comprehensive resources and referral list.
- Identify an organization that can post the resources electronically and update information with easy accessibility to providers.
- Identify billing codes that are specific to preconception care and reimbursable.
- Develop outreach methods and an implementation plan to begin working with providers to encourage integrating preconception care, including the assessment of the core risks, into routine practice using EMR.

- Compile preconception health educational materials that will be accessible electronically.

## **F: Tobacco Cessation**

*Recommendation:* Support statewide tobacco and nicotine cessation programs and media campaigns to ensure access for all women of reproductive age with emphasis on pregnancy.

*Co-Leaders:* Dana McCants-Derisier – HEALTH  
Nichole Aguiar – March of Dimes of Rhode Island

**Progress:** The Workgroup developed three target areas and formulated goals associated with the each area as follows:

Target Area I is focuses on advocating for expanding tobacco control funding during 2012 legislative Session. The Group members have actively monitored legislation related to tobacco control funding and other tobacco legislation relevant to women of reproductive age with emphasis on pregnancy including: funding for tobacco control program, point of sale signage warning, smoke-free outdoor areas, smoke-free vehicles, cigarette tax increase-Governor's budget, and cigarette tax decrease.

Target Area II is focused on pregnant tobacco users in substance abuse programs. The Group recruited key partners to assess the current landscape of tobacco treatment services for pregnant smokers in substance abuse programs. The Group developed a program grid that captures all known evidence-based tobacco cessation initiatives at substance abuse programs statewide that include the target population. The Group will continue to develop a framework to analyze current practice and opportunity for improvement in cessation services for this population.

Target Area III is focused on the use of Nicotine Replacement Therapy (NRT) and cessation medications during pregnancy. The Group began a systematic review of published research and has not found any new evidence around changing current practice around NRT during pregnancy in the U.S. In summarizing past research, there were more studies related to NRT during pregnancy in foreign countries than in the U.S. However, this research showed little or no improvement in smoking cessation with NRT during pregnancy or improvement of outcomes. Without strong evidence the use of NRT continues to be at the discretion of the provider. A strong association has been found between the use of tobacco and poor pregnancy outcomes including preterm birth.

### **Next Steps:**

- Support the QuitWorks-RI program by advocating for expanded tobacco control funding during the 2013 legislative session. In addition, the workgroup will monitor all tobacco related legislation relevant to women of reproductive age and take action accordingly.
- The workgroup, in partnership with the RI Department of Health & March of Dimes, will create and execute a distribution plan targeting healthcare providers to disseminate consumer education posters for pregnant women & families with quit messaging.
- The workgroup will continue to monitor the use of nicotine replacement therapy and cessation medications during pregnancy.
- The workgroup will partner with the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals to asses tobacco treatment services for women of reproductive age and pregnant women at statewide substance abuse programs and develop an appropriate intervention plan.

## **G: Substance Abuse**

*Recommendation:* Collaborate with DCYF to develop effective and appropriate policies and procedures to identify pregnant women who misuse substances with the goal of decreasing preterm birth while maintaining intact families.

*Co-Leaders:* Lynn Hess, PhD – Women & Infants Hospital  
Stephanie Terry – RI Department of Children, Youth & Families

**Progress:** Over the past year, the working group, made up of DCYF staff and providers for substance abusing mothers, has worked to encourage policies that keep families intact or speed up reunification. It is believed that prior policies failed to support disclosure of illicit drug use by pregnant women limiting the ability to provide active intervention. DCYF recently changed their procedures emphasizing *protective capacity*. This allows maintenance of the family unit if a non-substance abusing adult is available to care for the children instead of the alternative of placing children in foster care. This will continue a trend of decreased removals from the home in the state of RI which has been above the national average. In addition, the working group has evaluated the loss of health insurance for substance abusing mothers when children are removed from care. This has prevented individuals from getting the treatment needed to re-establish the family unit. The workgroup has identified process issues that have led to inadvertent insurance loss. This is expected to be resolved with implementation of the Affordable Care Act. Workgroup members are participating in a CNE initiative to evaluate treatment options for opiate addicted individuals. Adequate treatment programs for opiate addicted women during pregnancy continue to be a challenge.

### **Next Steps:**

- Develop methods that can track trends in newborn removals by DCYF.
- Work with CNE to evaluate the needs of opiate addicted mothers and treatment options.

## **H: Measure Outcomes**

*Recommendation:* Develop measures to evaluate impact of target strategies used by each recommendation work group.

*Co-Leaders:* Samara Viner-Brown, MS – HEALTH

**Progress:** This recommendation was developed during the summer of 2012. The workgroup will begin evaluating the information needs around each recommendation during the coming year. The plan is to identify metrics that can be evaluated on a yearly basis that addresses the impact of each work group on the specific target of their recommendation.

## **I: Increase Inter-Pregnancy Interval**

*Recommendation:* Develop strategies to decrease the frequency of a short inter-conception interval (<2 years) with a focus on women who have delivered preterm.

*Co-Leaders:* Tanya Dailey, MD – Women & Infants Hospital  
Rebecca Allen, MD, MPH – Women & Infants Hospital

**Progress:** The workgroup is collaborating with the Family planning clinic at Women & Infants to increase access for contraception. A survey of NICU moms was developed to determine if need exists and the group received IRB approval to survey 200 NICU mothers. A first year medical student has been identified for this research study and as of August 2012, 74 participants have been recruited. The group is updating the current NICU discharge handbook to include

information about contraception. They are also discussing other ways to disseminate information to high risk mothers. The group successfully recruited Patricia O’Rielly from NICU social work for her input.

Through research the workgroup identified the need for moving the postpartum visit from 6 weeks to 4 weeks and is developing a campaign to change the guidelines. The concept has been included in the state’s preconception health strategic plan.

**Next Steps:**

- Update current questionnaires used by healthcare teams that are involved in states home visiting programs to include assessment of previous preterm birth and adequate birth spacing;
- Develop education materials or plan sessions with home visiting health professionals so that they will be able to effectively educate families regarding the importance of birth spacing;
- Determine if there are insurance reimbursement issues related to changing the timing of the postpartum visit;
- Educate stakeholders on the need for changing the timing of the postpartum visit.

**J: Support Statewide Teen Pregnancy Prevention Strategies**

*Recommendation:* Partner with the Rhode Island Alliance to identify appropriate strategies to reduce preterm birth through decreasing teen pregnancy.

*Co-Leaders:* Pat Flanagan, MD – Hasbro Children’s Hospital  
Deb Perry, MA – YWCA of Northern Rhode Island

**Progress:** The Alliance launched a statewide plan to reduce the rates of teen pregnancy and support young families. The plan is a road map drawn up by the community for the community. The Alliance is currently engaging partners and assessing community efforts related to the plan.

**Next Steps**

- Annual RI Alliance January stakeholder conference for update of the plan, networking of stakeholders, and education.
- Monthly email news featuring statewide actions/best practices to commence in January.
- Continue to serve as a statewide resource.
- Develop a strategic communications plan, which will encourage partners to share information, success stories, challenges, and best practices in a way that is innovative, collaborative and maximizes the use of technology.
- Fine tune and implement an advocacy/media campaign for teen pregnancy prevention which will build upon and share the successes of Teen Pregnancy efforts in Rhode Island as well as the statewide plan to reduce the rates of Teen Pregnancy and support young families.
- Annual update of RIA plan and information

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