



Fetal, Infant, Child, Maternal Mortality and Prevention Newsletter

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FICMMR News

The FICMMR Program is spreading its wings to include Maternal Mortality Death Reviews in 2014. As you recall during the 2013 Legislative session, HB 28 was introduced to amend the FICMR Act to include Maternal Mortality. Since this bill passed and was effective October 1, 2013, the FICMMR Program has been busy working on the maternal mortality death review process.

We have created a working group that includes public health, nurses, representatives from American Congress of Obstetricians and Gynecologists (ACOG), and DPHHS staff. The workgroup is currently in the process of form and policy development.

I encourage you to send someone from your county to attend the MCHBG/FICMMR training in March. I will be providing information on Maternal Mortality Reviews and the FICMMR changes that are in MCHBG Task Orders.

Due to this training in March, there will not be a FICMMR Conference call this quarter. I do encourage everyone to submit agenda items for our next call, which is tentatively scheduled for May 7, 2014. Many of you expressed some great ideas in the survey and I will do my best to implement recommendations made.

Stay safe and warm during the rest of our wintery months. See you in March!

—Lori Rowe

FICMMR Program Coordinator



Upcoming Events for MCHBG and FICMMR

The Maternal Child Health Program is going to be headed your way in March! The program has decided to hold a one day free training this year instead of a spring conference due to budget constraints.

Blair Lund and Lori Rowe will be traveling to seven different cities across the state (Helena, Great

Falls, Missoula, Kalispell, Billings, Miles City, and Wolf Point).

Trainings will run from 10:00 a.m. to 3:00 p.m. and a working lunch will be provided.

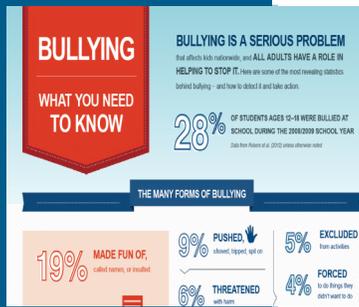
This year the MCH Program will not be able to cover traveling expenses, but you may use your allotted MCHBG funds for travel costs.

If you are interested in attending one of the trainings, attendees must register by February 28th. We would appreciate it if everyone would complete the registration form prior to the deadline, to help us out with planning.

Click on the link to register:

https://www.surveymonkey.com/s/MCHBGandFICMMR_RegionalTrainingRegistration

New Bullying Prevention Training Center on StopBullying.gov



Click here to download “Bullying: What You Need To Know” Infographic

StopBullying.gov has developed a new bullying prevention training center on their website. This new training sight includes access to core resources, the Bullying Prevention Training Module and Community Action Toolkit, and eleven new, audience-specific user guides. These guides were developed in collaboration with over 40 partner organizations from the public and private sectors, which provided review and insightful feedback to the

content. The user guides are available in English and Spanish languages. The guides provide relevant statistics and best practices for the following groups:

- Parents/Caregivers
- School Administrators
- Health/Safety Professionals
- Law Enforcement
- Faith Leaders
- Early Education

- Childcare Providers
- Mental Health Professionals
- Local Recreation Leaders

To view the new training center and download some of the toolkits, visit StopBullying.gov

stopbullying.gov

Shaken Baby Syndrome: A Preventable Tragedy, by Gail Beckner

“Shaken Baby Syndrome is a leading cause of child abuse deaths in the U.S.”



Monsters or maniacs: two common adjectives used to describe those who have killed or seriously injured their baby from shaking. In many cases, however, the parent or caregiver of a shaken baby may not be as monstrous or maniacal as you think. They could be a new parent at their wits end with a baby who has cried inconsolably and without explanation for over five hours. Frequent and sustained crying is the primary reason most parents resort to shaking. Combined with a sluggish economy and fewer affordable childcare resources at their disposal, new parents are experiencing new levels of frustration.

Shaken Baby Syndrome (SBS) is a leading cause of child abuse deaths in the United States and babies (newborn to 4 months) are at greatest risk of injury from shaking. Inconsolable crying is a primary trigger for shaking a baby. Research shows that shaking most often results from crying or other factors that may trigger the person caring for the baby to become frustrated or angry.

While there is no excuse for shaking a helpless infant, a new program

in Montana is shedding light on SBS and providing new parents with explanations and remedies.

PURPLE MT is a statewide initiative aimed at SBS prevention utilizing The Period of PURPLE Crying Program. Administered through Healthy Mothers Healthy Babies-MT (HMHB-MT), PURPLE MT is funded through the Montana Children’s Trust Fund with additional support provided through the Dennis and Phyllis Washington Foundation.

The Period of PURPLE Crying Program educates parents and caregivers about early infant crying, coping strategies, and the dangers of shaking their baby. This program ensures that parents receive this information at a time when they and their baby need it most.

The Period of PURPLE Crying Program utilizes a Three-Dose approach to SBS prevention:

Dose One is administered universally in the hospital or birthing center to all new parents. Parents view The Period of PURPLE Crying DVD and go through a booklet with a trained nurse/educator highlighting main messages. The DVD and

booklet are distributed to every parent to take home for their own reference and to share with other family members and caregivers.

Dose Two Reinforcement and reminder messages are delivered and/or reinforced by public health nurses, physician practices, and home visitor programs within two weeks of delivery and throughout the Period of PURPLE Crying (2-weeks through 6-months).

Dose Three is a public education campaign about the normalcy of early infant crying and the dangers of shaking or hurting a baby.

HMHB-MT began to partner with hospitals across Montana to administer PURPLE Education universally to all new parents in their OB departments at discharge. Of the 29 birthing hospitals and clinics in MT, 17 are now administering the PURPLE Program, representing 62% of MT births.

For more information on the Period of PURPLE Crying, visit www.purplemt.org or contact Gail Beckner at gail@hmhb-mt.org or call her at 406-449-8611.

PURPLE
PEAK OF CRYING | UNEXPECTED | RESISTS SOOTHING | PAIN-LIKE FACE | LONG LASTING | EVENING

Suicides in Silver Bow County, by Karen Sullivan



On a Saturday morning, November 23, 2013 a 17-year-old Butte boy killed himself at his parents home. He was in his junior year of high school, and according to his obituary, “enjoyed life in the gym – wrestling, coaching and refereeing ... he loved the mountains, taking drives, hunting and fishing.” Thirty-nine days later, on New Year’s Day, a 15-year-old Butte boy killed himself. He was a high school sophomore. His obituary told us that he was an accomplished swimmer and soccer player who enjoyed fishing, hunting, camping, family vacations, video games, knitting and playing cards.

Emails between several officials in Butte-Silver Bow began circulating two days later, on January 3, 2014. Did the county have a suicide prevention team? Did the county have any other resources? Could interventions working in other counties, particularly those focused on youth, be implemented in Butte? “Suicide is a serious issue and problem,” emailed one official. “It is tragically catastrophic for our youth to be plagued by it, and it affects many of our kids’ lives. It’s also an issue for older residents in our community, who invariably serve as role models to our youth, whether they know it or not.”

Two days after these emails circulated, on Sunday, January 5, 2014 a 14-year-old Butte girl killed herself. According to her obituary, she was “intelligent, courageous and creative. She always set her goals high and then exceeded them. It was her ambition to be valedictorian of her graduating class.” She, too, loved to hunt and fish.

In the early evening of January 5, 2014 – facing their third teen suicide in six weeks – Butte public school officials immediately put into action a protocol to assist grieving students and staff at Butte High, the school all three students attended. A multitude of counselors were on hand at the school the following morning. That same morning, Butte-Silver Bow’s chief executive, Matt Vincent, contacted Karl Rosston, the Suicide Prevention Coordinator with the Montana Department of Public Health and Human Resources. Rosston immediately provided via email to Vincent resources the county could promptly put into action.

Vincent then called together a group of people representing a variety of entities, including Butte-Silver Bow County, law enforcement, public and parochial schools, mental health agencies, St. James Healthcare, Montana Tech and the county’s juvenile probation office. The room full of professionals deliberated what to do next.

One of these professionals voiced that many good interventions were in place in Butte-Silver Bow to prevent youth suicide. The group ultimately sought and received data that somewhat solidified the assumption that youth interventions were working – from 2003 to Thanksgiving 2013, a full decade, Butte saw only four suicides by youth ages 0 to 17. Digging deeper, though, members of the group learned that Butte-Silver Bow was home to 105 suicides from 1997 through 2011, putting the city-county tenth in the state of Montana for suicide rate, when looking at all ages. Neighboring Anaconda-Deer Lodge ranks first, while other neighbors, Beaverhead and Madison counties, also rank in the top 10.

Digging deeper still, members of the group learned that the state of Montana itself has a suicide problem. For all age groups, Montana has ranked in the top five for suicide rates in the nation, for the past 40 years. According to the most recent numbers released by the National Vital Statistics Report, Montana has the third highest rate of suicide in the United States.

Realizing that Butte-Silver Bow ranks high in terms of suicide rate – in a state that ranks high nationally – the group of Butte agency-based professionals ultimately concluded that it would collectively take a public health approach to suicide prevention in Butte-Silver Bow. Such an approach focuses on identifying broader patterns of suicide and suicidal behavior throughout a group or population. This is in contrast to the clinical approach, which explores the history and health conditions leading to suicide in the individual.

The public health approach to suicide prevention is a multi-step process. These steps include suicide surveillance – collecting information about the rates of suicidal behaviors. This can include the collection of information about individuals who attempt or die by suicide, their circumstances, and the effects on others.

The steps also include cause identification – factors that affect the likelihood of a person attempting or dying from suicide are known as risk or protective factors, depending on whether they raise or lower the likelihood of suicidal behavior. For example, a risk factor is mental illness. A protective factor is access to mental health care.



Story continued on page 4.



Quick FICMMR Reminders!

- ◆ Register for MCHBG/FICMMR March Training by February 28th.
- ◆ No FICMMR Call for this quarter.
- ◆ Be on the look out in March for the FICMMR Quarterly Report on Suicide.
- ◆ Contact Lori at 444-3394 or lrowe@mt.gov if you need password reset in the CDR.
- ◆ Remember that you must have 5 team members at the FICMMR Review meetings, or cases will be considered incomplete.
- ◆ If you receive a missing information letter, make the corrections and return them to the FICMMR Program. Do not enter your corrections into the CDR.
- ◆ Remember, if there is a change in the FICMMR Team Membership, update the Operational Plan and submit it to the FICMMR Program. Make sure you have all new members sign a confidentiality statement!
- ◆ Does your FICMMR Team need more copies of the CDR questionnaire or CDR Program Manuals for Child Death Review? The FICMMR Program has lots on hand. Submit your request to Lrowe@mt.gov
- ◆ Don't forget to check out the FICMMR website for tools and resources: <http://www.dphhs.mt.gov/publichealth/cdrp/index.shtml>

Suicides in Silver Bow Continued.....

The other steps to the public health approach include developing, testing, implementing and evaluating interventions.

In the midst of these discussions with the agency-based group, Karen Sullivan spoke with Rosston of DPHHS, who advised our group to “stay on the right track” and not be reactionary. “Reactionary actions will make the problem worse,” he said, adding that Butte, in the midst of the youth suicides, was in a period of contagion. “Be careful right now because you don’t want to glorify or glamorize these events, or you will have more suicides. You will have a ripple effect – kids are vulnerable right now. Be careful of what you do right away.”

Rosston also advised that there is no quick fix. “There is nothing you can do to stop this,” he said. “This isn’t a ‘now’ issue. For 40 years, Montana has been in the top five states for suicide rate, and for the last 100 years, Montana has been a ‘top-tier’ state.”

And Rosston relayed that change in Butte-Silver Bow – and in Montana – will require a “cultural” shift in our thinking, and there are multiple facets to this mind shift, involving parents, schools, law enforcement and healthcare providers. For example, Rosston emphasized that primary care providers need to be willing to conduct routine universal mental health screens for depression and anxiety. “Primary care providers take blood pressures and weights,” Rosston said. “They also need to be asking patients if they’ve been depressed or anxious.”

On January 21, 2014 two weeks after the young girl’s suicide, Rosston stood in the Butte High School auditorium, packed with about 400 people who’d come to learn. Rosston opened up his presentation with a quote from Kay Redfield Jamison, a professor of psychiatry at Johns Hopkins University: “The suffering of the suicidal is private and inexpressible, leaving family members, friends and colleagues to deal with an almost unfathomable kind of loss, as well as guilt. Suicide carries in its aftermath a level of confusion and devastation that is, for the most part, beyond description.” And that’s exactly what the community of Butte was experiencing at that moment – confusion and devastation.

From Rosston, we learned of the variety of evidence-based prevention tools available to Butte-Silver Bow, from a two-hour training that provides anyone with the basic tools on how to intervene with a suicidal person to a two-day workshop designed to provide participants with gate-keeping knowledge and skills – gatekeepers are taught to recognize the warning signs for pending suicide and to intervene with appropriate assistance.

The agency-based group called together by Butte-Silver Bow Chief Executive Vincent will now deliberate which evidence-based tools the group will implement. The simple mission of the group is to move Butte-Silver Bow out of Montana’s top 10 counties for suicide rate. That’s a distinction we’d rather not have.

