

New Jersey

Project title: New Jersey Perinatal Linkage Project

Organization Responsible: Maternal Child Health Epidemiology Program in the Division of Family Health Services, New Jersey Department of Health & Senior Services

Service coverage area: State of New Jersey

Annual birth cohort: Approximately 116,000 per year. All births occurring in New Jersey and out-of-state births to New Jersey residents.

Project scope and goals

This project focuses on integrating birth certificates, hospital discharge records (newborns and mothers), fetal and infant death certificates, Medicaid eligibility records, and WIC eligibility records to create a surveillance and applied research database for perinatal outcomes.

Funding

MCH Epidemiology staff supported by the Maternal Child Health Block Grant and the State System Development Initiative (SSDI) from the Maternal and Child Health Bureau of the Health Resources & Services Administration (HRSA/MCHB).

History

The MCH Epidemiology Program started the perinatal linking project in 1998 (using 1996 data) using Automatch probabilistic software to link horizontal files of birth certificates, hospital discharge records (newborns and mothers), and fetal and infant death certificates. The annual files are linked to create SAS datasets.

Medicaid and WIC eligibility records are being integrated into the Perinatal Linkage dataset. Birth certificates and fetal deaths for the same mother have been vertically linked to analyze successive pregnancy outcomes of individual women. Future plans include integration of the Perinatal Linkage dataset with other population datasets, such as the Lead Registry, Newborn Biochemical Screening dataset, and the Immunization Registry.

Executive leadership and organizational endorsements

Division of Family Health Services, WIC program, Bureau of Vital Statistics, and Center for Health Statistics.

External endorsements

- The regional Maternal Child Health Consortia that uses the surveillance reports created by the Perinatal Linkage dataset.

- Academic researchers interested in large population-based MCH datasets for applied research projects.

Significant challenges

1. Obtaining adequate funding.
2. Maintaining the confidentiality of individual data while permitting the appropriate level of access to data for public health programs and researchers.
3. Identifying and contracting with vendors to obtain practical technology solutions for database management
4. Prioritizing core functions of the integrated perinatal health information system that are valuable to all stakeholders (public health programs, health providers, health insurers, families, and others).

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