



# PULSE

A BI-MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

## Preconception/ Prematurity/ Infant Mortality

September/October 2013

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## From the President

### 9 Cs of CoIIN

By Millie Jones, MPH



I just returned from a two-day meeting with my maternal and child health (MCH) partners from Regions IV, V and VI where we shared and learned from one another in the development of the Collaborative Improvement and Innovation Network (CoIIN) to reduce infant mortality. The goal of CoIIN is to facilitate collaborative learning and adoption of proven quality improvement principles and practices to reduce infant mortality and improve birth outcome. These activities are underway in three of the U.S. Department of Health and Human Services (HHS)/ Health Resources and Services Administration (HRSA) regions with plans to implement nationwide.

I had the honor of moderating one of the fantastic sessions held over the two-day meeting. Drs. Brenda Fitzgerald (the Georgia commissioner and state health officer) and Michael Warren (the Tennessee Title V MCH director) shared their lessons learned in Region IV CoIIN work in their respective states. The following reflects my take away from their discussion and opportunities to infuse into the work we have just begun in Region V.

**Clusters** – Data drove the decisions of where to place resources.

**Collaborative** – The very backbone of the initiative must be formed on partnerships – public and private.

**Community** is both the source of engagement and the site for intervention. Community members remind us all the time – **Nothing about us without us!**

## From the President CONT.

Several examples of community programming included:

- **Centering Healthcare** – Centering Pregnancy is a program that brings pregnant women together to learn care skills, participate in facilitated discussion and develop a support network [centeringhealthcare.org/pages/centering-model/pregnancy-overview.php](http://centeringhealthcare.org/pages/centering-model/pregnancy-overview.php).
- **Cessation for smoking intervention.**
- **CEO** – Get the sponsorship and buy-in, including the signed letters of support, from our corporate and private partners.

**Coordinator** – Having a staff person designated to oversee the implementation can be critical to the establishment and maintenance of momentum in taking on a statewide initiative to address infant mortality.

**Celebrate/Count your successes** – What a great reminder to us all to stop and count and celebrate all we do. It is important to increase awareness of the **good things** happening with the community.

**CQI** – Continuous quality improvement gives us a process for ongoing review, assessment and tweaking of our plans and action.

We in MCH often talk about how the infant mortality rate is used as an indicator of a nation’s health. The CoIIN raises the awareness, the need and the importance for us to address the disparities in infant mortality rates in our country. CoIIN is the opportunity for a **MOVEMENT** for **CHANGING HEALTH OUTCOMES**. We can and must do better for **all** of our citizens.

## From the CEO CEO Transition Update

By **Barbara Laur, MS**



I am glad to report that the CEO search continues to move forward. The Search Committee will start interviews toward the end of October, but we continue to welcome resumes from outstanding candidates. Please take a moment and think whether you may know someone who cares passionately about maternal and child health, and has the experience and skills to lead an outstanding national association.

From my perspective as an interim CEO, I see many things in place that would appeal to a leader. AMCHP has a dedicated and talented staff, a motivated board and membership who are moving maternal and child health issues forward statewide and nationally, committed partners and grantors, and programs that bring MCH professionals together to share, learn and take our collective work on behalf of women and children to the highest level. So one more time, send good candidates our way! You can find more about the position [here](#).

In the meantime, I want to assure you that while the government was shut down, AMCHP was not. In early October, AMCHP and its federal and association partners hosted an exciting meeting with state health officials, MCH leaders, and others to share successes and discuss the continuing implementation of the CoIIN project. Planning for our annual conference in January is well underway.

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Our board has been engaged in ongoing discussions to develop recommendations about the future of Title V, and we expect to be working with Dr. Lu to host listening sessions for members later this fall. Every day, the staff at AMCHP is doing their job to serve our membership and keep them connected and informed.

Thanks for your support during this time – we look forward to an exciting fall and a great conference in January!

## Feature Accelerating Progress to Improve Birth Outcomes through the ColIN

By **Lacy Fehrenbach**  
*Director of Programs, AMCHP*



After stalled progress at the start of this century, the U.S. infant mortality rate declined 12 percent between 2005 and 2011. This is certainly welcome news. Even more promising though, the data indicate that death rates for babies born to black mothers declined the most during this time, which narrowed slightly the disparities gap in birth outcomes. We certainly must celebrate this success and acknowledge that we still have much work to do. Unfortunately, the U.S. infant mortality rate remains worse than most developed

## Feature CONT. Progress through the ColIN

countries. It is imperative that we learn from states that succeeded in driving down their rates and disparities and use that knowledge to improve birth outcomes. Several recent national initiatives, including the HRSA ColIN to Reduce Infant Mortality, refocused national attention on infant mortality and opened a window for MCH leaders to accelerate progress on our efforts to reduce infant mortality.

Earlier this month, more than 150 state and national health leaders gathered in Arlington, VA for the Region IV, V, VI Meeting of the ColIN to Reduce Infant Mortality. The meeting provided a forum for these leaders to drive further implementation of regional ColIN strategies and state infant mortality plans and learn from the successes and challenges of efforts to date. The meeting included sessions where the states and ColIN strategy teams from Regions IV and VI, who started their formal ColIN work in 2012 but have been working collaboratively to reduce infant mortality for the past few years, shared their successes and lessons learned with each other and the states in Region V. Three keys to success emerged.

**Use data strategically:** In every session and discussion, states underscored the importance of having strong, timely data and using it to drive decision making, address the drivers of preterm birth and infant mortality, improve quality, and target investments and interventions where they are most needed. For example, Georgia used GIS mapping of births to identify six clusters of high infant mortality where they focused their efforts. Georgia also mapped access to obstetric care and used this information to expand access to care in rural, underserved areas through their existing state telehealth program. These are two of many program and policy interventions Georgia has used to reduce infant mortality from a rate of 8.4 deaths per 1000 live births in 2006, to 6.4 in 2011.

**Find opportunities to innovate:** Most know that ColINs apply a quality improvement approach to each region's infant mortality reduction efforts, but innovation – the second I – also is a priority that the states in Regions IV and VI are using to develop policies that improve access to and use of interconception care through Medicaid. Innovation appeared in other ColIN approaches. To promote safe sleep, Tennessee used Title V MCH Services Block Grant funds to purchase copies of Sleep Baby, Safe and Snug board books, which are given as free gifts to new parents in Tennessee Hospitals. The book contains

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## Feature CONT.

### Progress through the COIN

safe sleep dos and don'ts for parents. Tennessee also prints safe sleep messages on 38,000 WIC vouchers each month.

**Engage partners who will help you succeed:** All COIN strategy teams and states noted the importance of engaging key partners to drive quality improvement and achieve aims. For example, state Medicaid program, hospital associations, and the March of Dimes Chapters have been instrumental in reducing early elective deliveries (EEDs) within the region. State health departments worked with the March of Dimes and their state hospital associations to increase voluntary 'hard stop' policies on non-medically indicated induction or cesarean prior to 39 weeks. As of August, more than 50 percent of hospitals in 9 of the 13 states, have these policies to stop EEDs. The Texas, South Carolina and Georgia Medicaid programs no longer pay for EEDs.

Hospitals and medical societies are essential partners in states improving perinatal regionalization. States also are working with provider groups and their home visiting programs to increase referrals to quitlines and evidence-based tobacco cessation interventions for pregnant women who smoke.

The composition of teams that states brought to Arlington reinforced the criticality of partnerships. Nearly every state

brought a Medicaid representative. Several brought leaders from their hospital association, state medical society or state March of Dimes chapter.

Region V employed these keys to success as they began their regional COIN work. Addressing social determinants was the first collaborative strategy chosen by the region, which has the worst disparities in infant mortality in the nation. Addressing social determinants also is foundational in all other strategies. The region is exploring the following approaches to address social determinants collaboratively:

- Use hot spotting within states to focus interventions where data indicate they are most needed
- Develop a collaborative of urban areas, where disparities in birth outcomes are the greatest
- Form a partnership with state health departments and the Committee on Institutional Cooperation, which is the academic arm of the Big 10 Conference schools
- Implement a social determinants of health curriculum for key health leaders and staff across the region

These approaches start with strong data about the drivers of disparities, are innovative, and engage current partners and bring in new strategic ones.

AMCHP looks forward to continued learning from the improvement and innovation among the 19 states in

### About the COIN

The Collaborative Improvement and Innovation Network (COIN) to Reduce Infant Mortality is a public-private partnership to reduce infant mortality and improve birth outcomes. Participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks.

Through the COIN, regions identify shared priorities, informed from their state infant mortality plans, which they address together as a region using a quality improvement approach in a virtual environment.

#### Region IV & VI Priorities

- Reduce elective delivery at less than 39 weeks of pregnancy
- Expand access to interconception care through Medicaid

- Promote smoking cessation among pregnant women
- Promote infant safe sleep practices
- Improve perinatal regionalization

#### Region V Priorities

- Address social determinants of health
- Reduce elective delivery at less than 39 weeks of pregnancy
- Expand access to preconception and interconception care
- Reduce sudden infant death syndrome (SIDS)/ sudden unexpected infant deaths (SUID) and promote safe sleep

For more information about the COIN, visit [mchb.hrsa.gov/infantmortality/coiin/](https://mchb.hrsa.gov/infantmortality/coiin/).

resource: CDC Grand Rounds [cdc.gov/mmwr/preview/mmwrhtml/mm6231a3.htm](https://cdc.gov/mmwr/preview/mmwrhtml/mm6231a3.htm).

## Feature CONT.

### Progress through the COIN

regions IV, V and VI, which we hope to spread to all our members nationwide. The early progress and ongoing commitment and energy from Regions IV and V combined with the bold commitment of Region V to use social determinants as a framework for their work to improve birth outcomes give great hope that we can continue to improve birth outcomes and reduce disparities therein across the states, regions, and nationally.

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Funding from the HRSA Maternal and Child Health Bureau (MCHB) made the CoIN meeting possible. MCHB, the Centers for Medicare & Medicaid Services, the Center for Disease Control and Prevention (CDC) Division of Reproductive Health, AMCHP, Association of State and Territorial Health Officials (ASTHO), Abt Associates, the National Improvement Partnership Network at the University of Vermont, CityMatCH, the March of Dimes, the National Association of Medicaid Directors, and the National Governors Association provided support for the CoIN in Regions IV/VI and V and contributed to the success of the meeting.

Presentations, recordings, and resources from the meeting will be available on the MCHB CoIN resource page [mchb.hrsa.gov/infantmortality/coin/](http://mchb.hrsa.gov/infantmortality/coin/) in the coming weeks, but are delayed due to the recent government shutdown.

## Feature

### Breastfeeding and the Affordable Care Act

By Carolyn Mullen  
*Associate Director, Government Affairs, AMCHP*



Breastfeeding is recognized as the best source of nutrition for most infants<sup>1</sup> and strategies to support breastfeeding mothers and babies are some of the most effective measures to protect and promote the health of all infants. According to a report published by the Agency for Health Research and Quality, the evidence is clear that breastfeeding reduces Sudden Infant Death Syndrome, gastrointestinal infections, upper and lower respiratory diseases, childhood leukemia, asthma, ear infections, childhood obesity, and diabetes mellitus type 2 risk for children, as well as rates of hospitalization.<sup>2</sup> Mothers also benefit from breastfeeding. Research shows that women who breastfeed have a decreased risk of breast and ovarian cancers.<sup>3</sup>

Breastfeeding promotion is currently a significant focus of national health policy. In January 2011, the U.S. Surgeon General released a *Call to Action to Support Breastfeeding*. The call to action summarizes research on the health benefits of breastfeeding and outlines steps

## AMCHP Releases Life Course Indicators

Earlier this month, AMCHP released a final set of life course indicators, which is the final product of the Life Course Metrics Project supported by the W.K. Kellogg Foundation. The project began approximately two years ago in response to a growing need for a standardized approach to measuring the success of MCH programming guided by a life course framework.

Guided by a national expert panel, the selection of the final set of indicators took place over a 12-month collaborative process with seven state teams: Florida, Iowa, Louisiana, Massachusetts, Michigan, Nebraska and North Carolina. The teams refined 413 proposed indicators down to approximately 100 by assessing the indicators on three data and five life course criteria. The final set of 59 indicators was selected by vote at an in-person meeting in June. Throughout July, AMCHP invited public comments on the draft final set of indicators, and these comments were used to refine and clarify the indicators.

The indicators are currently available on the project website at [amchp.org/lifecourseindicators](http://amchp.org/lifecourseindicators). Here users can find the final set in three formats: an interactive tool for browsing the indicators by category, domain, or data source; a printer-friendly PDF; or an excel spreadsheet for sorting and exploring the indicators on your own. The website also includes tools for use, such as a "Short List" of 13 indicators and a FAQ. We are adding narratives for each of the 59 indicators throughout the fall of 2013, so please check back to our website often for these additions. We also will add tools for promotion and use over the coming year; if you have an idea for a tool or resource that you might need, please e-mail us at [lifecourseindicators@amchp.org](mailto:lifecourseindicators@amchp.org).

## Feature CONT.

### Breastfeeding and the ACA

many entities can take to support healthy breastfeeding practices. Simultaneously, the U.S. Baby Friendly Hospital Initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding practices and have implemented the *Ten Steps for Successful Breastfeeding for Hospitals* outlined by the World Health Organization. Moreover, the *Patient Protection and Affordable Care Act (ACA)* provides states and communities additional opportunities to strengthen breastfeeding support.

A soon to be released AMCHP issue brief entitled *Breastfeeding and the Affordable Care Act* explores how states and communities can capitalize on the opportunities presented by the ACA to advance breastfeeding. In particular, it examines state partnerships; financing of breastfeeding support and counseling services; promoting worksite accommodations; utilizing the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) to improve referral and tracking; and leveraging other funding opportunities. This issue brief also highlights some of the best practices of state Title V MCH programs and their partners and offers strategies for states interested in developing similar efforts. The states featured in this issue brief include the following:

- **New York** Division of Chronic Disease Prevention, as part of the state initiative to redesign Medicaid, created a state plan amendment to require Medicaid reimbursement for evidence-based breastfeeding education and lactation counseling consistent with the U.S. Preventive Services Task Force recommendation.
- **North Carolina** Perinatal Committee of the North Carolina Child Fatality Task Force, which included the breastfeeding coordinator for the state, designed a benchmark definition of lactation support and counseling for International Board Certified Lactation Consultant coverage under the ACA provision.
- **California** Department of Public Health is implementing an obesity prevention program to increase breastfeeding duration rates in California communities of color. The information gathered from this program will be used to inform California state efforts in promoting and developing guidelines for the breastfeeding provision of the women's preventive services regulation. California also is featured for developing a benchmark indicator for breastfeeding which is tied to the MIECHV program.

- **Nebraska** Division of Public Health and Department of Labor embarked on a joint project to inform businesses throughout the state about the changes in the *Fair Labor Standards Act*.
- **Oregon** Public Health Division initiative to ensure workplace accommodation for breastfeeding women.

Finally, this issue brief provides a range of strategies that state Title V MCH programs, Medicaid agencies, chronic disease directors, state departments of labor and other groups, such as The Nurse Family Partnership program, can use to promote and improve breastfeeding through the ACA. It is part of a national project, *Optimizing Health Reform to Improve Birth Outcomes*, funded by the W.K. Kellogg Foundation to strengthen the capacity of state Title V MCH programs and their partners to improve birth outcomes and infant health through health reform.

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<sup>1</sup> The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

<sup>2</sup> IOM (Institute of Medicine). 2011. *Clinical Preventive Services for Women: Closing the Gaps*. Washington, DC: The National Academies Press: 110

<sup>3</sup> United States. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011: 1

## Feature

### Preconception/Interconception Health in Michigan: Using Data to Inform Programs

By Patricia McKane, Cristin Larder and Quess Derman  
*Michigan Department of Community Health*

The Michigan Department of Community Health (MDCH) is committed to improving MCH epidemiology capacity enabling epidemiologists to leverage existing data resources to assess and monitor maternal, infant and child health. MCH epidemiologists work collaboratively with MCH programs on a number of projects, perhaps most visibly to provide analysis in support of the Michigan Infant Mortality Reduction Plan.<sup>1</sup> Infant mortality, defined as the death of an infant before one year of age, is a globally accepted critical health indicator. As such, infant mortality is

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### MI: Using Data to Inform

an important indicator not only of maternal and child health, but it also is a proxy for family and community-level factors that are difficult to measure and impact the health of the mother-infant dyad.

Infant mortality was selected as one of two health indicators on the Governor's Dashboard, bringing bolstered support and broadened the expectation of a reduction in the state rate. Toward that effort, a diverse steering committee of MCH experts, stakeholders and advocates was convened to examine the causes of infant death in Michigan and developed the Michigan Infant Mortality Reduction Plan,<sup>1</sup> consisting of eight strategies to improve birth outcomes and infant survival. One of the strategies is to support the health status of women and girls.

The connection between maternal health during pregnancy and infant health has been long established, but only recently has the connection between infant and maternal health prior to pregnancy been recognized. Preconception health refers to the health and well-being of women prior to becoming pregnant the first or subsequent times, while interconception health refers to the time period between pregnancies. Improving preconception and interconception health of women can improve maternal and infant health outcomes as well.<sup>2,3,4</sup> In 2010, nearly 45 percent of Michigan mothers delivering live births reported that the pregnancy was unintended (Michigan Pregnancy Risk Assessment Monitoring System (PRAMS), 2010). The prevalence of unintended birth is greater than 65 percent for low-income women who often have more risks for poor pregnancy outcomes. Additionally, many

### Highlights from the AMCHP July Meeting Connecting the Dots: A National Meeting on Improving Birth Outcomes

Full proceedings from the meeting will be available soon. In the meantime, here is a brief background and highlights from the meeting.

National momentum is growing to address stagnating declines in infant mortality and persistent disparities among populations within the United States. In recent years, there has been a rapid proliferation of initiatives aimed at improving birth outcomes. These activities use different mechanisms and are focused on risk factors or outcomes such as elective deliveries, preconception health or equity to improve birth outcomes including:

- Bringing states together from the same region to share strategies, best practices and develop initiatives with measurable outcomes
- Changing care financing
- Implementing public awareness campaigns or quality improvement projects
- Facilitating collaborative learning among states
- Engaging communities in place-based programs

These initiatives present an important opportunity to assess how diverse stakeholders can meld, collaborate and coordinate effectively to maximize the impact of these efforts. In July 2013, with the support of the W.K. Kellogg Foundation, AMCHP convened 50 key leaders in maternal and child health (MCH) from across federal and state agencies and associations in Washington, DC.

During the meeting, these stakeholders discussed the multiple initiatives to improve birth outcomes and identify areas of connectivity and commonality and issues related to disconnect in coordination and implementation. Prior to the meeting, representatives reviewed the landscape of initiatives and existing national recommendations and guidance, including the January 2013 Recommendations for HHS Action and Framework for a National Strategy [to Reduce Infant Mortality] released by the Secretary's Advisory Committee on Infant Mortality (SACIM).

The day-long meeting focused on five core areas for discussion: 1) eliminating racial and ethnic disparities, 2) access to preventive and primary care, 3) fostering partnerships and collective impact, 4) financing of services and supports, and 5) quality improvement.

#### Highlights of Key Take-Aways from the Meeting

- Recognition of important momentum and opportunities (e.g., ACA) but concern for lack of national common vision among key groups
- Need for more 'implementation strategies' and improved coordination among key groups
- Need for redefining the postpartum period (e.g., provider reimbursement)
- Need for development of benchmarks to better monitor access to care for all women, including women in non-Medicaid expansion states
- Need for continuing to target resources on health disparities and health inequities

## Feature CONT.

### MI: Using Data to Inform

women do not seek prenatal care until eight weeks of gestation or later, after a period that carries a high risk for the fetus has already passed.<sup>4</sup> If Michigan is to improve maternal and infant health baseline knowledge, along with trends, in-depth analyses are needed to inform programs, policymakers and other stakeholders.

Using the Preconception Health Indicator 3 as a framework, epidemiologists and interns representing both MCH and chronic disease generated annual tables and revised the preconception health fact sheet series. Because obesity is the other health indicator on the Governor's dashboard, a fact sheet to provide stakeholders the health status of Michigan women and girls related to nutrition and physical activity was selected for the inaugural issue.<sup>5</sup>

While the fact sheet provides important descriptive statistics, regression analysis of the impact of women's health, specifically chronic disease, on birth outcomes using data from the Michigan PRAMS is being conducted.<sup>6,7</sup> To date we have examined associations between preconception chronic conditions captured by the PRAMS survey and birth outcomes, namely low birth weight, preterm birth, and admission to the Neonatal Intensive Care Unit. Asthma, anemia and depression reported during the three months before pregnancy were all correlated with higher prevalences of at least one of the measured birth outcomes after controlling for relevant demographic confounders.<sup>8</sup> The results of this analysis, along with descriptive statistics outlining the health status of Michigan women and girls, has been used to educate stakeholders and policymakers about the impact of women's health on infant health and the possible impact of insurance coverage in mediating this association.

Coupled with information about the cost of premature birth and neonatal intensive care, we plan to estimate the impact of maternal chronic disease on labor and delivery costs in Michigan. To support the development of a preconception/interconception health work plan, additional analysis related to care access, pregnancy interval, and maternal risks, with an emphasis on integrating the life course indicators and social determinants of health, is underway. MCH epidemiologists and programs promote a collaborative and data driven approach to ensure that the state is moving closer to its goals for maternal and child health.

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<sup>1</sup> Michigan Department of Community Health (MDCH) State of Michigan Infant Mortality Reduction Plan. 2012 [michigan.gov/documents/mdch/MichiganIMReductionPlan\\_393783\\_7.pdf](http://michigan.gov/documents/mdch/MichiganIMReductionPlan_393783_7.pdf)

<sup>2</sup> Recommendations to improve preconception health and health care – United States. MMWR 2006; 55(RR06):1-23

<sup>3</sup> Broussard DL, et al. Core state preconception health indicators: a voluntary, multi-state selection process. *Matern. Child Health J.* 2011; 15(2):158-168.

<sup>4</sup> United States Department of Health and Human Services. "Healthy People 2020." 2013. Available online: [healthypeople.gov/2020/default.aspx](http://healthypeople.gov/2020/default.aspx). Accessed May 10, 2013.

<sup>5</sup> Vanos H, Larder C, Fussman C, McKane P, Wahl R. Michigan Department of Community Health. "Preconception Health in Michigan: Nutrition and Physical Activity." 2013. [michigan.gov/documents/mdch/Preconception\\_Nutrition\\_and\\_Physical\\_Activity\\_Project\\_final\\_428644\\_7.pdf](http://michigan.gov/documents/mdch/Preconception_Nutrition_and_Physical_Activity_Project_final_428644_7.pdf)

<sup>6</sup> Zimmerman N, Larder C, Lyon-Callo S, Wahl, R., McKane, P., Bach J. Michigan Department of Community Health; "Preconception Chronic Disease and Birth Outcomes in Michigan, 2009-2010"

<sup>7</sup> Jary H, Larder C, Lyon-Callo S. Michigan Department of Community Health; "Preconception Health, MI PRAMS 2009." MI PRAMS Delivery. Volume 11, Issue 2. Michigan Department of Community Health. Spring 2012. [michigan.gov/documents/mdch/PRAMS\\_Spring\\_2012\\_Newsletter\\_Preconception\\_Health\\_Final\\_395572\\_7.pdf](http://michigan.gov/documents/mdch/PRAMS_Spring_2012_Newsletter_Preconception_Health_Final_395572_7.pdf)

<sup>8</sup> Zimmerman N, Larder C, Lyon-Callo S, Wahl R, McKane P, Bach J. Michigan Department of Community Health; "Preconception Chronic Disease and Birth Outcomes in Michigan, 2009-2010" *MI PRAMS Special Report* Volume 1, Issue 1: August 2013.

## Feature

### Colorado's Evaluation of a Reproductive Life Plan Tool

**By Mandy Bakulski, RD**  
*Maternal Wellness & Early Childhood Supervisor; Children, Youth and Families Branch; Colorado Department of Public Health and Environment*



A reproductive life plan is a set of goals determined by an individual to improve personal health, decide how many children to have, when to have them and how to prevent pregnancy until they are ready. An individual creates their reproductive life plan based on personal values and beliefs. Even if becoming a parent is years away or not in the plans, creating a reproductive life

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### CO Reproductive Life Tool

plan helps a woman and her partner lead a healthy lifestyle and avoid unintended pregnancy.

In alignment with the CDC recommendation to improve preconception health by promoting individual responsibility across the life span, the Maternal Wellness team at the Colorado Department of Public Health and Environment developed, piloted, and evaluated a Reproductive Life Plan booklet. The booklet was developed by a team of subject matter experts in Colorado. Each page of the tool contained specific information about general health, reproductive health, personal safety, financial wellness, emotional health and self-esteem. The booklet aimed to increase knowledge on a range of preconception health topics, encourage women to initiate conversation with their health care providers, and help women discover ways to take responsibility for their own health by establishing personal goals.

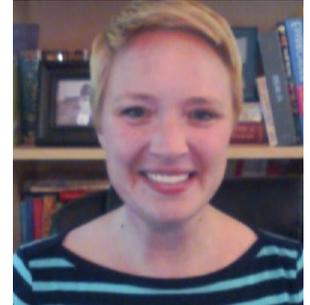
Although the CDC recommends individual reproductive life plans as an intervention for improving preconception health, there are limited examples in peer-reviewed literature of how public health practitioners have operationalized and evaluated this intervention at an individual or population-based level. Therefore, process and outcome evaluations were developed for the Colorado booklet. The process evaluation was successful and gathered informative feedback from the target audience through focus group discussions. A number of challenges were encountered during the outcome evaluation and ultimately the outcome evaluation was terminated. A report was developed that discusses the results from the process evaluation, documents the methods and challenges of the outcome evaluation, and summarizes the feasibility of a paper-based preconception health tool. To read the full report on the *Formative Evaluation of a Reproductive Life Plan Tool*, [click here](#).

The implementation of reproductive life plans is one way to empower individuals to plan their reproductive lives, much like they would plan their educations or careers. However, continued development and evaluation of reproductive life plans that can be distributed at a population level is warranted. If you are interested in viewing a copy of the Colorado Reproductive Life Plan tool, please contact [Mandy Bakulski](#).

## Feature

### Reproductive Life Planning Tools: Stories from EWSE Pilot Sites

By Erin K. McClain, MA, MPH  
*Research Associate, University of North Carolina, Center for Maternal & Infant Health*



Every Woman Southeast is a coalition of leaders in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee, who are building multistate, multilayered partnerships to improve the health of women and infants in the southeast. Through our work together, we seek to foster leadership and resource sharing, stimulate new ideas, develop innovative partnerships, and promote effective programs and policies for moving the women's health agenda forward in our region. With support from the W.K. Kellogg Foundation, Every Woman Southeast (EWSE) has funded eight pilot projects that work with traditional and non-traditional partners to improve women's and men's capacity to plan childbearing and improve preconception and interconception health using a life course approach.

The EWSE pilot projects have taken a variety of approaches to improving preconception/interconception health for the young women and men in their communities. Using a peer advocacy and education approach, the Cradle Me 3 project at North Carolina Central University (NCCU) in Durham, NC, and the Peer Education for the Soul project of Duval County Health Department in Jacksonville, FL, are reaching out directly to 18- to 24-year-old women and men. NCCU has developed a team of preconception peer educators who are working directly with students to introduce reproductive life planning and link students to available preconception services. NCCU also is working with professors of Nursing, Public Health, and Health Education to integrate the life course approach and reproductive life planning into their courses, including the required health class that almost all students complete before graduation. Duval County Health Department is partnering with churches to reach young adults in their communities through peer education and hold intergenerational conversations about critical preconception health topics.

## Feature CONT. Stories from EWSE Pilot Sites

The pilots in South Carolina and Louisiana have a peer education approach, but also are partnering with local mass media to communicate information about preconception/interconception health and services available, especially for vulnerable populations. Health Start New Orleans has partnered with Bounce TV to produce public service announcements focused on reproductive life planning, as well as an accompanying website. The project also worked with Health Start case managers to develop an easy-to-use reproductive life planning tool that is available to clients and the larger community. The PASOs program in South Carolina is working with two Spanish-language radio stations that have donated time for PASOs *promotores*, or lay health educators, to present a monthly, hour-long radio program on preconception health topics where listeners can call-in and ask questions, as well as be linked to available services.

Community linkages are a strong component of several of the other pilot projects. In Tennessee, Choices: Memphis Center for Reproductive Health has changed

the way they provide post-termination care to include in-depth reproductive life planning, not just contraceptive counseling, as well as referrals to other services and supports available in the community. The Barren River Health District in Kentucky has worked with BabyNet – a network of mothers and providers committed to improving maternal and child health – as well as the school system to introduce the life course approach in the community, make information about reproductive life planning and preconception health available, and link the community to health and other services. In Mississippi, Delta Health Partners is working with organizations in the community who interact with young men, including schools, churches, the sheriff's department, and the juvenile justice system, to educate them about the preconception health and reproductive life planning needs of these young men and how to provide or link them to appropriate services.

The EWSE pilot project in Miami, FL, has taken a somewhat different approach. The Urban Health Partnerships Transportation Access Throughout the Life Course project is investigating the multi-model

## Online Health Resources from Preconception to Baby

There are many informative websites and social media pages that provide health resources across the spectrum from preconception through pregnancy and baby's first year. The [CDC Preconception Health and Health Care Initiative](#) focuses on prevention and wellness for men and women even if they are not planning to become pregnant. The [Show Your Love](#) campaign includes multiple PSAs and educational videos presented in English and Spanish targeted toward couples looking to become pregnant, women who already have children, women who do not want to become pregnant, and all women of childbearing age.

The Arizona Department of Health Services utilizes Pinterest to share information from a variety of sources about preconception health, pregnancy, and infant health on a board entitled [Healthy Moms Healthy Babies](#). This board includes infographics, videos, and articles from the health department website as well as other partners in maternal and child health care including the CDC, March of Dimes, and text4Baby. Arizona also offers further information on preconception health and reproductive health planning through their [Live It Change It](#) Web page.

In response to high infant mortality rates, the Maternal and Child Health Service of the Oklahoma State Health Department led a multipartner collaborative initiative: [Preparing for a Lifetime: It's Everyone's Responsibility](#). The initiative website offers resources for providers, hospitals, and consumers on preconception and interconception health, improving birth outcomes and reducing disparities, and resource for parents including safe sleep practices, injury prevention, and information on postpartum depression.

Does your state or organization have resources you want to share around preconception health, improving birth outcomes and reducing infant mortality that you would like to share? Send them to [Megan Phillippi](#) and we will help promote your resources through our social media outlets and publications.

## Feature CONT.

### Stories from EWSE Pilot Sites

transportation options for reproductive life planning and preconception care in Miami. The results of this assessment will be shared with partners in transportation, urban planning, and the health sector to inform them of the community needs and improve community access to these essential services.

For more information about Every Woman Southeast, our state teams, and our pilot projects, please contact [Erin McClain](#) or see [EveryWomanSoutheast.org](http://EveryWomanSoutheast.org).

## Feature

### Best Babies Zone: A Collaborative Initiative to Improve Birth Outcomes and Transform Communities

**By Cherie Pies, MSW DrPH**

*Clinical Professor, MCH Program, DrPH Program, MSW/ MPH Concurrent and Dual Degree Programs, University of California Berkley School of Public Health*

**Carly Strouse, IBCLC**

*Co-Chair, Alameda Breastfeeding Coalition*

**Wendy Hussey, MPH**

*Assistant Director, Maternal & Child Health Program, University of California Berkeley*

For several decades, interventions aimed at reducing infant mortality have focused on medical and technological innovations. Despite large investments in improving health care access and supportive services for families, mothers and babies, significant racial-ethnic and socioeconomic disparities in maternal and child health persist. A focus on the life course perspective and a return to some of our early roots in maternal and child health have taught us that opportunities to achieve better birth outcomes and improved health for all must begin where community residents live, work, learn and play. We know that tending to the range of social and environmental, as well as biological, aspects of people's lives is essential to improving the quality of life in our communities. The Best Babies Zone (BBZ) Initiative, funded by the W.K. Kellogg Foundation, is a bold national multiyear, multi-sector endeavor focused on implementing strategies not only to improve access to quality health care, but also to align and transform educational, economic, and community systems in specific geographic areas.

The BBZ Initiative is currently working with local community groups in three cities – Cincinnati, OH; New Orleans, LA; and Oakland, CA – to develop, implement and evaluate a model for cross-sector collaboration to reduce infant mortality and improve birth and early childhood outcomes in specific geographic zones in these communities. Key national partners and leading MCH consultants are providing leadership and technical assistance for the Initiative. These partners include AMCHP, CityMatCH, and the National Healthy Start Association, as well as Milton



**Do you have a program that addresses infant mortality, prematurity prevention, or preconception health?**

Consider sharing your program in Innovation Station, AMCHP's searchable database of emerging, promising and best practices in maternal and child health. You'll have a chance to:

- Share successes with your peers
- Enhance the MCH field
- Contribute to program replication
- Get expert feedback from the Review Panel
- Receive national recognition

The online submission process is simple and applications are accepted on a rolling basis.

For more information, contact [Kate Taft](#) at (202) 266-3056 or visit [amchp.org/bestpractices](http://amchp.org/bestpractices).

You can also [click here](#) to refer an innovative MCH program that we should know about!

## Feature CONT. Best Baby Zone

Kotelchuck (evaluation), Mario Drummonds (development and sustainability), Lorraine Lathen (media and marketing strategy) and Amy Fine (place-based efforts and policy). By the end of our current three-year grant period (2012-2015), the work of these initial sites will serve as a blueprint for future BBZ site development and implementation in other cities around the United States. Our work includes working with community residents to identify a specific zone where change is needed and establishing a broad collaborative to work across four sectors – health, economic development, early care and education, and community systems – to achieve collective impact, and cultivating a public health social movement within the city and specifically the zone to address the social determinants of health.

While BBZ is currently focusing its efforts at the local level, we also are expanding our networks to include Title V agencies and state MCH programs. Title V agencies and state MCH programs play vital roles in policy and program development, and bridge important gaps between local MCH programs and federal efforts. The BBZ local sites need the support and experience of partnerships with Title V agencies and state representatives to advance a meaningful systems change approach to the social determinants of health. This means working with existing MCH programs to find opportunities for collaboration, coordination and consultation. As BBZ moves into the next phase of scaling up and working with more communities around the country, it will be imperative that we work in concert with state Title V and MCH program to achieve our shared outcomes and reach our shared goals. For the BBZ Initiative, this means that every baby born in a Best Babies Zone is born healthy into communities that enable them to thrive and reach their full potential. We look forward to working with our Title V and state MCH partners. Join us at the AMCHP meeting in January for a full report on where we are with BBZ, next steps for this work, and discussing specific strategies for building and implementing effective and essential partnerships with Title V and state MCH partners.

The Best Babies Zone Initiative represents a paradigm shift from traditional MCH approaches to improving infant, maternal and family health outcomes. Building on the lessons learned from National Healthy Start programs and others, our work within the three zones reminds us that improving community health must be a collaborative effort among community residents, community-based

organizations, local businesses, schools, parks and recreation centers, transportation alliances, and more, as well as partners from our city, state and federal programs. Join us in our efforts to achieve community transformation to improve the health of all children for generations to come.

## Feature Benefits and Eligibility for MCH Populations Explained in Three Easy Charts!

By Carolyn McCoy, MPH  
*Senior Policy Manager, AMCHP*



Open enrollment for ACA health insurance plans began on Oct. 1, 2013, with new plans beginning on Jan. 1, 2014. State Title V MCH programs can play a role in educating women, children and their families about projected eligibility levels for various health insurance coverage options as well as eligibility for minimum health plan benefit levels. State MCH programs also can begin to anticipate where there may be potential gaps in health insurance coverage and benefits for MCH populations.

AMCHP created a fact sheet designed to assist state MCH programs in these efforts. The easy-to-follow charts depict the federal minimum eligibility levels for each income scenario, including identified and potential gaps in eligibility for MCH populations both with and without Medicaid expansion. The fact sheet also is designed to be interactive with hyperlinks to direct readers to detailed resources as well as source documents. The fact sheet lays out the projected minimum or essential health insurance benefits for MCH populations, including children and youth with special health care needs (CYSHCN), for each of the following coverage options or scenarios: Medicaid, Children's Health Insurance Plan (CHIP), insurance purchased through the health insurance marketplace (aka health insurance exchange), and safety-net services for those remaining uninsured. It is important to note that eligibility for public insurance coverage is limited to those who live in the United States, have satisfactory immigration status, and are not incarcerated.

## Feature CONT.

### ACA Benefits for MCH Populations

This fact sheet provides an overview of federal benefit and coverage requirements under the ACA. However, the actual benefits package, cost sharing and affordability for families will vary widely depending on the state. The fact sheet can be found [here](#) in the AMCHP Center for Health Reform Implementation.

## Feature

### Putting Together the Pieces of the Puzzle: Achieving Equity in the “Landscape of Breastfeeding Support”

By **Megan Renner**  
*Executive Director, United States Breastfeeding Committee*



Breastfeeding has been referred to as a “tidal wave” in recent years, with new legislation and policies being implemented, new organizations forming, new partnerships blossoming, and new investments being announced. Initiation and duration [rates continue to climb](#) and [racial disparities are narrowing](#). Changes that seemed out of reach just a few years ago are happening on the national, state and local levels. The breastfeeding community is rallying together like never before and more families are receiving the support they need and deserve.

Despite recent policy changes and unprecedented attention in the media, our nation remains a challenging place for a woman to breastfeed her child due to the many barriers she encounters. [The Surgeon General’s Call to Action to Support Breastfeeding](#) (SGCTA), released in 2011, identifies the most challenging barriers keeping today’s mothers from reaching their personal breastfeeding goals, highlighting the crucial role of families, communities, health care providers, employers, insurers, researchers, and policymakers in ensuring all mothers have the opportunity to breastfeed. In the words of the Surgeon General, “Everyone can help make breastfeeding easier.”

## Feature CONT.

### Putting Together the Pieces

Recognizing the imperative for cross-sector collaboration to solve this “puzzle” and ensure that equity is truly embedded into the “Landscape of Breastfeeding Support,” the United States Breastfeeding Committee (USBC) is leading an initiative to apply the [Collective Impact model](#) with a specific focus on increasing access to and continuity of skilled support for breastfeeding between hospitals and community health settings.

A major component of this initiative includes building coalitions to generate collective action to implement policy, systems, and environmental changes needed to increase breastfeeding rates and eliminate disparities. Recognizing that it is at the state and local level that initiatives will be implemented and adapted most effectively to address specific populations, USBC has cultivated strong partnerships with [breastfeeding coalitions](#) in every state, as well as several territories and tribal nations. State MCH directors and program staff are encouraged to join their piece to the breastfeeding puzzle by connecting with their state or local breastfeeding coalition(s).

Despite recent progress, there remains significant geographic, socioeconomic, and racial/ethnic disparities in breastfeeding rates across our nation, especially in the southeast and among African Americans. Groups with the lowest rates tend to also have the poorest health outcomes. Recent investments in breastfeeding support by the [W.K. Kellogg Foundation](#) and the [Centers for Disease Control and Prevention](#), among others, have placed a high priority on efforts to increase equity and eliminate disparities in breastfeeding support. The following represent just a few highlights of this work:

This past spring, Surgeon General Regina M. Benjamin announced the launch of [It’s Only Natural](#), a new public education campaign that aims to raise awareness among African American women of the importance and benefits associated with breastfeeding and provide helpful tips. The campaign was developed to equip new mothers with practical information and emotional support from peers, as well as tips and education about the benefits of breastfeeding and how to make it work in their own lives. The materials were specifically designed to reflect the experience of African American moms.

[Reaching Our Sisters Everywhere, Inc.](#) (ROSE) was established in 2011 to address breastfeeding disparities within the African American community. ROSE seeks to

## Feature CONT. Putting Together the Pieces

provide intervention at two levels: direct support to mothers and families through lactation management support, and cultural sensitivity training for health care professionals and community partners. Their first breastfeeding summit, "Reclaiming an African American Tradition," was held in July 2012; their second summit, "[Organizing for Action: An African American Breastfeeding Campaign](#)," was held in August 2013. In addition to the summits, ROSE has established collaborative initiatives within the states of Alabama, Louisiana, Mississippi, and North Carolina and is pursuing a faith-based initiative focusing on churches in the African American community.

August is National Breastfeeding Month, and this year a group of nationally recognized breastfeeding advocates declared Aug. 25-31 to be [Black Breastfeeding Week](#). A major aim of the week was to position the conversation on breastfeeding within the black community as part of other parenting topics, like education, healthy living and dealing with issues of race. Events included a community forum in Detroit, a live interactive webinar via YouTube and several social media campaigns.

In June 2013, an [Inequity in Breastfeeding Support Summit](#) was held in Seattle, collaboratively hosted by Within Reach's Breastfeeding Coalition of Washington, Mahogany Moms Breastfeeding Coalition, Native American Breastfeeding Coalition of Washington, and community breastfeeding activists. The summit aimed to increase the cultural competence of breastfeeding supporters, increase the proportion of breastfeeding counselors who are women of color, and increase the organizations that provide culturally relevant breastfeeding support to women of color.

It will take *everyone* at the table to not just *talk* about breastfeeding but to *take action* to build lasting changes in all sectors of our society so that women and their children can do what they are meant to do – breastfeed! Thank you to the Association of Maternal & Child Health Programs and its members for all you are doing to support breastfeeding families.

The [United States Breastfeeding Committee \(USBC\)](#) is an independent nonprofit coalition of nearly 50 nationally influential professional, educational and governmental organizations. Representing more than one million concerned professionals and the families they serve, the USBC and its member organizations share a common mission to improve the Nation's health by working collaboratively to protect, promote, and support breastfeeding. For more information about the USBC Collective Impact initiative and national policy priorities, contact [Megan Renner](#), executive director. For more information about USBC support and programs for the network of state/territorial/tribal breastfeeding coalitions, contact [Kinkini Banerjee](#), coalitions relations manager.

## Feature National Preconception Health and Health Care Initiative Update

By Sarah Verbiest, DrPH, MSW, MPH  
Executive Director, Center for Maternal  
& Infant Health



The National Preconception Health and Health Care (PCHHC) Initiative is a public-private partnership that was launched in 2004 and has worked steadfastly toward achieving the vision that all women and men of childbearing age have high reproductive awareness; all pregnancies are intended and planned; and all women of childbearing age have health coverage and receive needed screenings and services before pregnancy to improve their health and reduce the risk of a poor birth outcome. The PCHHC is organized into five committees (public health, consumers, data and surveillance, policy and finance, and clinical) and a steering committee. The initiative is comprised of experts and leaders from across the nation offering their time and



THE ROAD AHEAD: challenges changes opportunities AND for Maternal and Child Health AMCHP 2014 amchp annual conference jan. 25-28 washington, dc

## Feature CONT. PCHHC Update

connections to improve the health of women and men of reproductive age.



The initiative is steadily working on its [2012-14 Strategic Plan](#). One component of this plan included the development, implementation and evaluation of a national preconception health social marketing campaign. The Show Your Love campaign was launched at the AMCHP Annual Conference on Valentine's Day 2013. Products include checklists for women planning a pregnancy as well as for those who are not. There are podcasts and public service announcements, e-cards, a photo library and more. The evaluation of phase I of Show Your Love is almost complete – initial response to the campaign has been positive. The materials are built on the understanding that women are nurturing, juggling many things and caring for others. Women need to love themselves by taking care of their health. Good health can help a woman achieve her goals and dreams and women can show love to their future baby by loving themselves now.

Other significant efforts include: a) the development of an online toolkit for clinicians to support the integration of preconception health into routine well-woman care; b) a webinar series, featuring health departments that have taken a life course approach to preconception health with a particular focus on agencies that have successfully linked MCH and chronic disease initiatives; c) launching a preconception health resource center; d) enhancing measurement and surveillance of preconception health indicators; and e) promoting preventive health services for women through health care reform. Committees continue to move the plan forward at the same time that they consider the impact and look ahead to 2015.

There are many ways to get involved in this work. First, you can use the Show Your Love social marketing campaign materials in your programs and with the women and men you serve. Sign up to receive our e-newsletter and be among the first to know about the release of our new Preconception Toolkit for Clinicians. Once that toolkit is released please share it with health care professionals in your clinic, county and state. **Learn** about the Affordable Care Act and **be proactive** in sharing this information with

low-income women in your state. Pay attention to policies and access issues around family planning – intended pregnancies are more likely to result in healthy birth outcomes. Consider

producing a county or state women's preconception health report card or information sheet. **Share** your work, resources and tools with others by sending information to the PCHHC Resource Center. Be creative and think outside of the box. Preconception health challenges us to put the "W" in maternal and child health!

### RESOURCES:

There are many resources available to support state and local efforts to improve the health of women and men of reproductive age. Below are some examples.

- PCHHC bimonthly e-newsletter – [click here](#) to sign up; Read the September 2013 issue [here](#).
- The [CDC preconception health website](#) includes health information for men and women, info about reproductive life planning, tips for planning for a pregnancy and more. It also includes all of the Show Your Love campaign products in [English](#) or in [Spanish](#)
- [Preconception Resource Center](#)
- [Preconception Health Website for Health Care Providers](#)
- [CDC CPONDER](#) – The CDC PRAMS Online Data for Epidemiologic Research program was recently updated. The new CPONDER makes it easy to review preconception health data from states participating in PRAMS as well as many other MCH indicators
- [Core Preconception Health Indicators](#)
- CDC biweekly media and literature update on preconception and interconception health – e-mail [Cheryl Robbins](#) to sign up
- If you are from HHS Region IV states (NC, SC, MS, AL, GA, FL, TN, GA plus LA) learn more about the [Every Woman Southeast Coalition](#). Sign up for a monthly newsletter and follow our blog
- Several states have excellent preconception health websites – check and see what your state has to offer
- Contact [Sarah Verbiest](#) at 919-843-7865

## View from Washington Shutdown Dysfunction and the Morale of Public Health Workers

By Brent Ewig, MHS

Director, Public Policy & Government Affairs, AMCHP

As I write this column, the federal government is back to work after a 15-day shutdown.

While this is good news, for more than two weeks most of our federal colleagues working for the U.S. Department of Health and Human Services were locked out of their offices and blackberries, placing the three legged stool of federal-state-local public health badly off kilter and our nation's health at risk.



Moreover, four weeks into this fiscal year, public health program administrators literally have no idea what their budgets will look like for 2014 and little indication on how and when those funding levels will be decided. Last July, the Senate Appropriations Committee passed a bill showing proposed FY 2014 health program funding levels that actually included a small increase for the Title V MCH Services Block Grant. But the House Appropriations Committee never even released a draft of their bill, which was surrounded by rumors of deep health program cuts and outright program eliminations. Until now, there has been no effort to reach agreement between the two chambers. As others have observed, anyone trying to operate a business under such uncertainty could not reasonably be expected to succeed.

We at AMCHP focused primarily on two main issues during the shutdown: 1) We kept a finger on the pulse of state MCH programs to assess if the shutdown negatively impacted state and local MCH services. Fortunately, to date the state and local impact on MCH services has been minimal; although many states indicate that temporary solutions might have run out if the shutdown lasted for more than a month. 2) We also watched closely to guard against proposals that stipulated the price of reopening the government to include further cuts to public health and non-defense discretionary spending. At press time, it is still unclear whether any deal will lock in a second year of sequestration, and if that would require additional cuts beyond those imposed already. We will share those details once they are clearer.

In the meantime, a third longer term impact I am deeply concerned about is how the shutdown might impact the interest of future workers to consider a career in governmental public health or even public service at large. In essence, who would seek out a career in government when its workers are so easily denigrated and used as pawns, as in the recent shutdown?

A former boss of mine once shared the observation that ever since the administration of John F. Kennedy, leaders of both parties have actively campaigned against the federal government and Washington with the predictable result that the ideal of public service has been diminished. JFK's term famously started with the trumpet call to "...ask what you can do for your country."

Since then, however, we heard in Ronald Reagan's first inaugural address, "In this present crisis, government is not the solution to our problem; government is the problem." Bill Clinton, in his 1996 State of the Union address declared, "The era of big government is over," and added, "Today our federal government is 200,000 employees smaller than it was the day I took office as President."

In a larger sense, tension over the size and scope of our government goes back to debates begun at the founding of our country. But it is important to remember that those founders moved forward because they were able to forge compromise and find accommodation – two values so sorely lacking in Washington today. So let us all continue working to promote the compromise needed to break the current impasse, and let's look forward to a time when Kennedy's words from 50 years ago ring true again: Let the public service be a proud and lively career. And let every man and woman who works in any area of our national government, in any branch, at any level, be able to say with pride and with honor in future years: 'I served the United States government in that hour of our nation's need.'



## Real Life Stories

### Arizona Bring Your Baby to Work Program

**By Susie Leo, MPH, RD**

*Special Project Coordinator, Bureau of Nutrition & Physical Activity, Arizona Department of Health Services*

The Arizona Department of Health Services (ADHS) has encouraged parents to bring their infant to work for 13 years. The policy started as a pilot program in 2000 in the Office of Nutrition, which promotes breastfeeding as the best and most nutritious start to an infant's life. The policy would allow state employees to 'walk the talk' of exclusive breastfeeding for the infant's first six months of life.



The pilot allowed a baby to stay with the mom for four to six months, depending on the baby's activity levels and developmental needs. It also was a breastfeeding policy, where mothers could bring their exclusively nursing infants with them to work. The pilot was a tremendous success with the first few babies and it became an official policy. The six-month time frame was realistic and sensible, since this is generally when a baby's rapidly-changing abilities demand closer attention than a parent can give while working. The pilot also demonstrated noticeable improvement in employee morale.

In 2007, the policy changed to allow any infant, whether breastfed or bottle-fed, to come to ADHS for up to six months. The policy change also opened up the program to fathers and legal guardians, recognizing the importance of infants bonding with their parents or caregivers. Having the baby at their side helps the parent learn to respond to the infant's needs and allows them to witness those irreplaceable first developmental milestones.

The ADHS Infant at Work program is one of the longest running programs in the country. To date, more than 150 babies have participated. Before they can bring their babies, parents and their supervisors meet with the program coordinator to discuss the program, its challenges and its benefits. Ultimately, the staff member must sign the policy agreeing to keep the infant with them at all times, provide all necessary equipment and supplies, and maintain acceptable work performance. There are certain situations and work environments where it is not safe or

appropriate to bring the baby to work, such as the Arizona State Hospital, most areas of the State Lab and certain job duties that are not conducive to having an infant by the employee's side. Those are handled on a case-by-case basis.

There have been some unique situations, such as where both parents were ADHS employees and they both cared for the baby during the work day. There was a set of twins who came to work, one at a time, and only a few days a week. We also had employees bring their foster infants.

Initially, all participating babies were breastfed. Since 2010, 75 percent of mothers bringing their babies to work indicate they have breastfed their infant.

There have been many news stories about the program over the years ([East Valley Tribune](#), [Cronkite News Watch](#), [KTAR](#)). They have highlighted its uniqueness and the immeasurable benefits it confers to babies and their parents or caregivers. Staff members value this wonderful opportunity afforded them at ADHS.

## Who's New

### NEW CYSHCN DIRECTORS

#### ALASKA

Rebecca Morisse  
CYSHCN Director  
Alaska Department of Health and Social Services

#### NEBRASKA

Staci Zuerlein  
Medically Handicapped Children's Program Coordinator  
State of Nebraska – Department of Health & Human Services, Children & Family Services

## Get Involved

### Life Course Indicators Now Available!

AMCHP is pleased to announce the release of the final set of Life Course Indicators. The indicators represent the final product of a yearlong effort by seven state-based teams, informed by the input of a National Expert Panel of thought leaders on the life course theory and linking theory to practice. The final indicator set and tools for getting started in using them are available [here](#). The project and indicators will be presented on a webinar on Nov. 19 at 2 p.m. EST – Save the date!

### AMCHP Best Practices Technical Assistance Project: Request for Applications DEADLINE EXTENDED

As part of an overall strategic goal to improve maternal and child health (MCH) outcomes by sharing effective and promising practices with state and territorial MCH programs, AMCHP is pleased to provide a second round of replication stipends to foster connections between states interested in replication or adaptation of a current emerging, promising or best practice in Innovation Station. Through this project, applicants can request technical assistance support (i.e., travel funds or other seed resources) to learn how to adapt a specific Innovation Station practice (or elements of a practice) to their state or community. Applicants will need to demonstrate readiness to adapt the practice in order to maximize technical assistance resources. Applications will be accepted through Oct. 31. To access the RFA, [click here](#). To apply, [click here](#).

### November is Prematurity Awareness Month

AMCHP is pleased to be a member of the March of Dimes Prematurity Awareness Campaign Steering committee and partner in their efforts to raise awareness about prematurity. The awareness month kicks off on Nov. 1 with the release of the March of Dimes (MoD) Premature Birth Report Card. Nov. 17 marks World Prematurity Day, and MoD and its partner organizations worldwide are asking everyone to help spread the word on the serious problem of premature birth. This year, they created an online media kit that you can use to support prematurity awareness in your publications, e-mails, websites and other communications. To access the kit housed on the World Prematurity Day Facebook page, [click here](#).

## Resources

[American College of Obstetrics and Gynecologists \(ACOG\)](#): Is the leading authority on women's health.

[American Journal of Obstetrics and Gynecology](#): This online resource presents the latest diagnostic procedures, leading-edge research and expert commentary in maternal-fetal medicine, reproductive endocrinology and infertility and gynecologic oncology as well as general obstetrics and gynecology.

[American Pregnancy Association](#): The American Pregnancy Association is a national health organization committed to promoting reproductive and pregnancy wellness through education, support, advocacy, and community awareness. This online resource offers tools and patient education materials for women and families before, during and after pregnancy as well as a toll-free helpline.

[Annie E. Casey Foundation KIDS COUNT Indicator Brief](#): This brief addresses disparities in infant mortality and describes strategies for reducing the infant mortality rate, providing pre-pregnancy education and counseling to all women and men, ensuring timely prenatal care for all women and expanding access to medical care for infants in the first month of life.

[APHA Health in All Policies Guide](#): This guide for all state and local governments encourages health priorities in all policies because where we live, work and play have a significant impact on our health. Access this resource to learn how to improve health and safety by incorporating health considerations into decision-making across all sectors and policy areas.

[Association of Maternal & Child Health Programs \(AMCHP\)](#): AMCHP is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children. The AMCHP [Women's and Infant Health Team](#) carries out this mission in a number of ways and works to improve the health of women and infants through increased capacity of Title V MCH programs and coordination between stakeholders.

## Resources CONT.

### [Association of SIDS and Infant Mortality Programs \(ASIP\):](#)

ASIP provides national leadership and support for state and local infant mortality programs, professionals and families. ASIP works to reduce the risk of sudden infant death while ensuring high quality bereavement services for families.

### [Association of State and Territorial Health Officials](#)

[\(ASTHO\):](#) MCH program: Addresses issues affecting families, women of reproductive age, infants, children and adolescents, including those with special health care needs. The ASTHO MCH program aims to increase state capacity to develop and implement policies and programs that respond to challenges and effectively promote state MCH.

- [Healthy Babies Project:](#) The goal of the Healthy babies Project is to improve birth outcomes and reduce infant mortality and prematurity in the United States by working with state partners on health and community system changes, creating a unified message that builds on the best practices from around the nation and the efforts from Regions IV and VI, and developing clear measurements to evaluate targeted outreach, progress and return on investment.

### [Association of Women's Health, Obstetric and Neonatal](#)

[Nurses \(AWHONN\):](#) Works to improve and promote the health of women and newborns and to strengthen the nursing profession through the delivery of superior advocacy, research, education and other professional and clinical resources to nurses/other health care professionals.

[Centers for Disease Control and Prevention \(CDC\):](#) Offers resources and initiatives aimed at reducing infant mortality and pregnancy loss that include:

- [Division of Reproductive Health: Maternal and Infant Health:](#) Contains links to reports, data and other resources about promoting healthy pregnancy and infant health and preventing premature birth and infant illness and mortality, including SIDS and SUID. Recent publications and initiatives include:
  - [The Morbidity & Mortality Weekly Reports:](#) Presents data based on weekly reports to CDC by state health departments. Recent reports about infant mortality/pregnancy loss include:

- [The CDC National Center for Health Statistics \(NCHS\):](#) Includes national data about infant mortality and pregnancy loss. Recent publications include:
  - [FASTATS: Infant Health \(rev. ed.\) \(2012\):](#) This fact sheet presents national infant mortality data statistics with links to full reports and data sets.
  - [Deaths: Preliminary Data for 2009 \(2011\):](#) This report includes infant mortality rates and lists leading causes of infant death.
  - NCHS databases:
    - [The Health Indicators Warehouse](#)
    - [Data 2010](#)
    - [Health Data Interactive](#)
    - [VitalStats](#)
- [Racial and Ethnic Approaches to Community Health Across the U.S. \(REACH U.S.\):](#) An initiative that supports community coalitions in designing, implementing and evaluating community-driven strategies to eliminate health disparities in eight priority areas, one of which is infant mortality. Also see the CDC [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#), the [National Center on Birth Defects and Developmental Disabilities \(NCBDDD\)](#), and [publications and brochures](#) addressing folic acid and diabetes and pregnancy.

[CityMatCH:](#) Contains tools and resources for implementing the Perinatal Periods of Risk (PPOR) approach for mobilizing communities to reduce feto-infant mortality in U.S. cities.

### [Eunice Kennedy Shriver National Institute of Child Health and Human Development \(NICHD\):](#)

Contains research and grant information, publications and other resources for health professionals, researchers, and families about pregnancy and infant and child health topics, including pregnancy loss, birth defects, prematurity, and infant mortality.

[First Candle:](#) First Candle is dedicated to safe pregnancies and the survival of babies through the first years of life. Current priorities are to eliminate Stillbirth, SIDS and other SUID with programs of research, education and advocacy. This resource also provide compassionate grief support to all those affected by the death of a baby through their crisis hotline.

## Resources CONT.

[Health People 2020](#): The objectives of the Maternal, Infant, and Child Health topic area of Healthy People 2020 address a wide range of conditions, health behaviors and health systems indicators that affect the health, wellness and quality of life of women, children, and families.

[Infant Mortality Network](#): The mission of the Infant Mortality Network is to improve pregnancy outcomes and reduce infant mortality through community collaboration. This resource provides mothers and professionals with tools for preconception nutrition, infant safety and more.

[Lucile Packard Foundation for Children's Health](#): The mission of the Lucile Packard Foundation for Children's Health is to elevate the priority of children's health and increase the quality and accessibility of children's health care through leadership and direct investment, so that all children in the communities they serve are able to reach their maximum health potential.

[March of Dimes \(MOD\)](#): Contains resources for health professionals and expectant and new parents in English and Spanish about preconception and prenatal care, [birth defects](#), pregnancy loss, [prematurity](#), bereavement, and how to get involved in improving infant health by reducing the incidence of birth defects and infant mortality. MOD offers [perinatal statistics](#) (including infant mortality rates), continuing-education modules, medical reference information, and video and audio resources.

[Maternal and Child Health Bureau \(MCHB\)](#): Leads projects and initiatives on behalf of American women, infants, children, adolescents and their families. Initiatives include [Healthy Start](#), a program to address factors contributing to infant mortality, low birth weight, and other adverse perinatal outcomes in high-risk populations.

[MCH Library Infant Mortality and Pregnancy Loss Knowledge Path](#): This knowledge path, compiled by the MCH Library at Georgetown University, offers a selection of recent, high-quality resources that analyze data, report on research aimed at identifying causes and promising intervention strategies, and describe risk-reduction efforts as well as bereavement-support programs.

[MCH Navigator](#) – a learning portal for maternal and child health professionals, students, and others working to improve the health and well-being of women, children, and families.

- [MCH Social Marketing Campaigns in Action](#) – This webinar illustrates examples of three states successful implementation of social marketing campaigns.
- [Perinatal Periods of Risk: Using Data and Community Involvement to Prevent Infant Mortality](#) – This archived webinar begins by providing a general understanding of the PPOR approach, including its purpose, expected outcomes, analytic methods and resources for use. Participants learn how to use this framework to prioritize intervention efforts and examine risk factors related to infant and fetal death. Presenters also address Fetal Infant Mortality Review (FIMR) and how it can work with PPOR. The session further explains the role of community stakeholders, and what communities need in order to use PPOR successfully.

[National Center for Child Death Review](#): Describes the child death review process for infants, children and adolescents from birth through age 18, offers tools for child death review teams, provides state program information and presents child mortality data by state.

[National Center for Cultural Competence \(NCCC\)](#): Hosts information about the [National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Project](#), which is part of a national consortium of four centers supported by MCHB to address infant mortality and pregnancy loss. Provides technical assistance and develops resources on cultural and linguistic competence to help programs effectively address racial and ethnic disparities in perinatal, infant and child mortality and pregnancy loss.

[National Fetal and Infant Mortality Review Program \(NFIMR\)](#): Contains resources for implementing the FIMR method, including a directory of state and community FIMR projects, program descriptions, data-abstraction forms, sample laws to implement and safeguard FIMR proceedings and an online discussion group. NFIMR is a collaborative effort between the ACOG and MCHB.

[National Healthy Mothers Healthy Babies Coalition \(NMHB\)](#): Is a recognized leader and resource in maternal and child health, reaching an estimated 10 million health care professionals, parents, and policymakers through its membership of more than 100 local, state and national organizations.

## Resources CONT.

[National Healthy Start Association \(NHSA\)](#): Describes the Healthy Start program and provides general information about infant mortality, low-birth-weight infants, and racial disparities in perinatal outcomes. Includes a directory of Healthy Start programs nationwide and a [newsletter](#). Funded by MCHB, Healthy Start provides community-based, culturally competent, family-centered, comprehensive perinatal health services to women, infants and their families in communities with very high rates of infant mortality.

- [Healthy Start Infant Mortality Awareness Campaign](#): Celebrate Day 366...Every Baby Deserves a Chance celebrates babies living beyond the first year of life and encourages people from around the nation to take action in support of the Healthy People 2020 goal to improve the health and well-being of women, infants, children and families.

[National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Resource Center](#): Provides up-to-date information on the prevention of pregnancy loss, SIDS and sudden unexpected infant and child death; and on bereavement support for families facing losses. Information on child care and SIDS, first responders, and a safe sleep environment is included, as are a training toolkit, statistics, and multimedia resources.

[Preconception Health Cafe](#): This online course provides an overview on the importance of preconception health, with specific focus on the first six of the CDC 10 Recommendations to Improve Preconception Health and Healthcare. These recommendations include individual responsibility across the lifespan, consumer awareness, preventive visits, interventions for identified risks, interconception care and pre-pregnancy checkup.

[Reducing Infant Mortality](#): This film advocates for a health care system in which it will be standard procedure for mothers and babies to thrive and not merely survive through birth and early life by encouraging policy makers to consider a system that holds prevention as a high priority.

[Text4baby](#): Is the first free health text messaging service in the United States. Text4baby supports moms by providing accurate, text-length health information and resources in a format that is personal and timely, using a channel she knows and uses.

[U.S. Department of Health and Human Services](#): The Department of Health and Human Services protects the health of all Americans and provides essential human services.

- [HHS Advisory Committee on Infant Mortality](#): The committee represents a public and private partnership at the highest level to provide guidance and focus attention on policies and resources required to address and reduce infant mortality. The committee also provides advice on how to best coordinate Federal, State, local and private programs designed to deal with the health and social problems impacting infant mortality.
- [HHS Office on Women's Health](#): The Office on Women's Health provides national leadership and coordination to improve the health of women and girls by educating professionals and the public, informing policy and supporting model programs, so that all women and girls achieve the best possible health.
- [Office of Minority Health](#): The Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.
  - [Office of Minority Health \(OMH\) Preconception Peer Educators Program \(PPE\)](#): As part of the OMH A Healthy Baby Begins with You national campaign, PPE works with the college age population, enlisting college students to serve as peer educators on college campuses and in the community, to help disseminate essential preconception health messages.

### Databases:

The databases listed below are excellent tools for identifying data, additional literature and research, and programs addressing infant mortality and pregnancy loss. Reproduced with permission from Lorenzo, S. 2010. Infant Mortality and Pregnancy Loss Knowledge Path. Washington, DC: Georgetown University Maternal and Child Health Library.

[Community Health Status Indicators \(CHSI\)](#): Presents county-specific data on health status indicators obtained from a variety of federal agencies including the Department of Health and Human Services, the Environmental Protection Agency, the Census Bureau, and

## Resources CONT.

the Department of Labor. Use the indicators to compare a county with counties similar in population composition and selected demographics and to characterize the overall health of a county and its citizens to support health planning. Select a state and county and click on Display Data. Select Measures of Birth and Death to view birth measures and infant mortality rates. CHSI is a service of [HHS](#).

[Data2010 - The Healthy People 2010 Database](#): Contains the most recent monitoring data for tracking Healthy People 2010. To obtain data about infant mortality and contributing factors, click on the field, Data by Focus Area. Under the field "Select a Focus Area," choose "16 – Maternal, Infant, and Child Health" from the pop-up menu. Next, click on the button for "Include Related Objectives from Other Focus Areas in the Table." Click on the Submit button. This data set is provided by [NCHS](#) via [CDC Wonder](#).

[Health Data Interactive \(HDI\)](#): Presents interactive online data tables on pregnancy and birth, health conditions and risk factors, health care access and use, and mortality. Infant, neonatal, and post-neonatal mortality data and data about preterm birth and low birth weight are presented. HDI is a service of [NCHS](#).

[KIDS COUNT Data Center](#): Contains information about this national and state-by-state effort to track the status of children in the United States. Generate custom graphs, maps, ranked lists, and state-by-state profiles of birth outcomes, among other child health indicators. KIDS COUNT is a project of the [Annie E. Casey Foundation \(AECF\)](#).

[Linked Birth/Infant Death Data Set](#): Contains data about infant births/deaths occurring within the United States to U.S. residents. Data are available by county of mother's residence, infant's age, underlying cause of death, gender, birth weight, birth plurality, birth order, gestational age at birth, period of prenatal care, maternal race and ethnicity, maternal age, maternal education and marital status. This data set is provided by [NCHS](#) via [CDC Wonder](#).

[PeriStats](#): Provides access to maternal and infant health-related data at the national, state, county and city level by aggregating data from several government agencies and organizations. Topics include the timing and frequency of prenatal care, preterm birth, low birth weight, infant

mortality, tobacco use and health insurance coverage. Over 60,000 graphs, maps and tables are available, and data are referenced to the relevant source. PeriStats is a service of the [March of Dimes](#).

[Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#): Presents state-specific, population-based data on maternal attitudes and experiences before, during and immediately following pregnancy. PRAMS is a surveillance project of the CDC and state health departments.

[State Health Facts Online](#): Contains state-level data on more than 500 health topics. View individual state profiles, or compare data for all states by category. For infant mortality data, click on the Health Status category and select one of several subcategories under Infants. For data about low birth weight and prematurity, click on the Health Status category, and select one of several subcategories under Births. This system is provided by the [Kaiser Family Foundation](#).

[Title V Information System \(TVIS\)](#): Contains data from annual Title V Block Grant applications and reports submitted by all 59 U.S. states and jurisdictions. TVIS is a service of [MCHB](#).

[VitalStats](#): Presents tables, data files, and reports that allow users to access and examine birth and perinatal mortality data interactively. This system is provided by [NCHS](#).

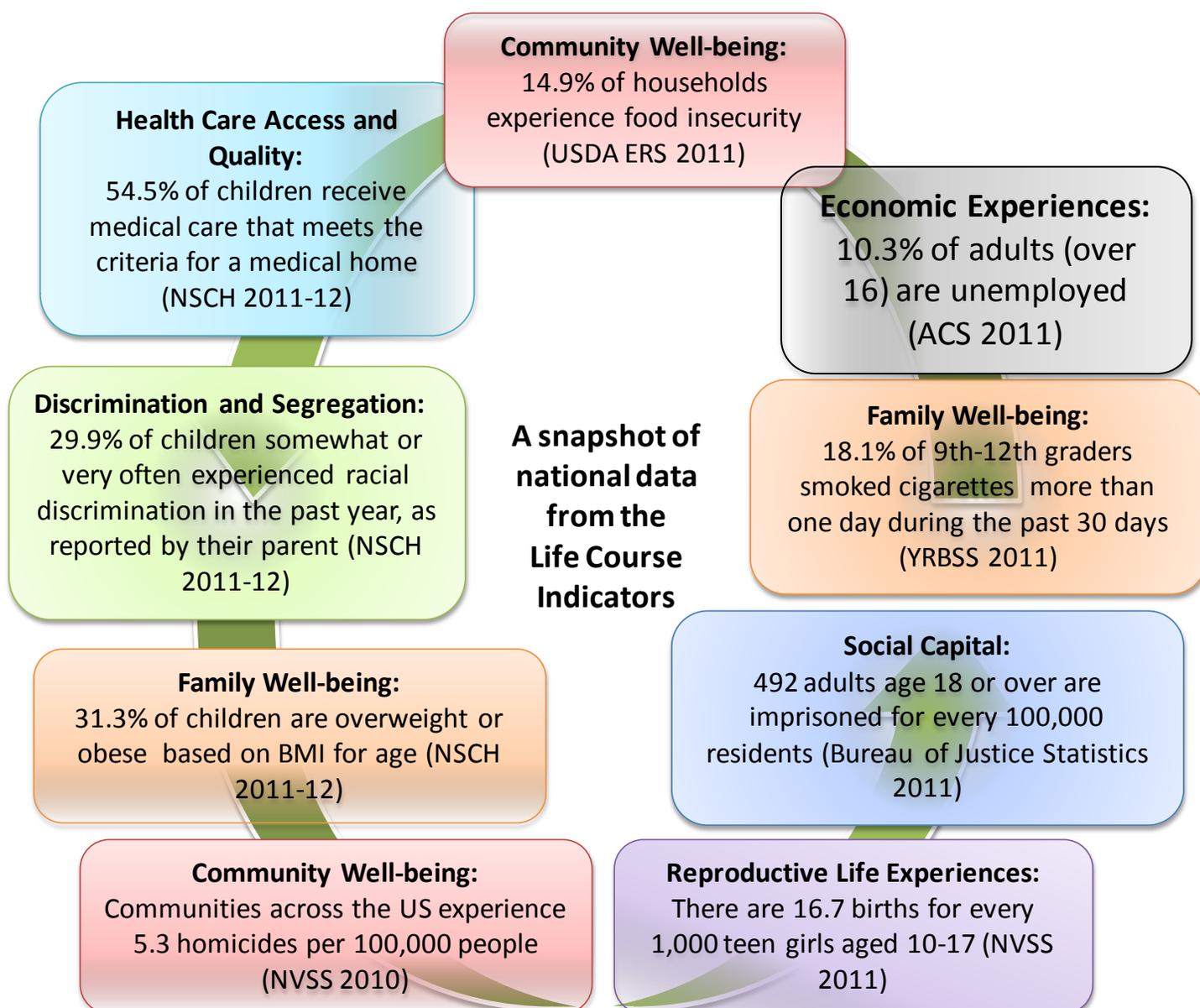
The Amazon Associates logo features the word "amazon" in a black, lowercase, sans-serif font, with a curved orange arrow underneath it pointing from the letter 'a' to the letter 'z'. To the right of "amazon" is the word "associates" in a bold, orange, lowercase, sans-serif font.

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## Data and Trends

# How Do You Measure Key Factors of a Life Course Approach to Maternal and Child Health?



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## Calendar

### AMCHP Events

#### [AMCHP 2014](#)

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### MCH Events

#### [APHA Scientific Writing for Peer Reviewed Publications for Public Health Professionals Course](#)

Nov. 2  
Boston, MA

#### [2013 American Public Health Association Annual Meeting](#)

Nov. 2-6  
Boston, MA

#### [ASTHO Winter Member Meeting](#)

Dec. 3-5  
Chapel Hill, NC

#### [National Healthcare Coalitions Conference](#)

Dec. 11-13  
New Orleans, LA

#### [15TH Annual NHSA Spring Conference](#)

Mar. 29-31, 2014  
Washington, DC

#### [2014 Preparedness Summit](#)

Apr. 1-4, 2014  
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