



PULSE

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

Women's and Infant Health

September/October 2014

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From the President

By Millie Jones, MPH



I recently saw an interview with Oprah Winfrey talking about her new book entitled *What I Know for Sure*. It was such a positive, insightful discussion and it started me thinking about what *I know for sure*. I will spare you some of my more personal insights (I need to keep working on myself!) but I will share my knowing as related to our work in maternal and child health (MCH).

- *I know for sure* we make a difference in the lives of the mothers, children and families we work for every day
- *I know for sure* that the system of services for children and youth with special health care needs (CYSHCN) is more integrated and organized because of the efforts we have undertaken over the years
- *I know for sure* that the collaboration and partnership we form and sustain in our states makes for a more comprehensive, coordinated system of care for families and communities
- *I know for sure* that if Title V MCH infrastructure didn't exist there would be gaping holes in the services that help families keep it all together
- *I know for sure* that the focus on infant and maternal mortality, incorporating health disparities, would not be a national agenda undertaken by all the states in the Collaborative Improvement & Innovation Network (CoIIN) initiative
- *I know for sure* that without the Title V MCH Services Block Grant, the nation's focus on mothers, children and families would not be as visible in the priorities

In every conceivable manner, the family is link to our past, bridge to our future.

- Alex Haley



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

From the President CONT.

of our public health world

- *I know for sure* that it is the personal and professional commitment each of you make every day that ensures mothers, children and families stay in the forefront
- And lastly, *I know for sure* that we must all continue to advocate for the future of Title V while transforming it into the 21st century for the continued well-being of families and communities

From the CEO

By Lori Tremmel Freeman, BS, MBA
Chief Executive Officer, AMCHP



As I looked over this issue of *Pulse* and the proposed articles, I was struck by the variety and reach of the work being done by AMCHP, our members and partners in the world of women’s and infant health and prenatal/interconception care. In fact, it’s not been uncommon to encounter a lot of buzz and energy around many of these initiatives in my travels to meetings with partners and discussions with members... the momentum from one spilling contagiously to another often in wonderful cross-sectored, multi-organizational ways. This is attributable to the sheer passion and persistence of our members and their work. Here are a few examples where I’ve learned and listened first-hand about the valuable work of these initiatives. A common thread throughout is the need to work across partners and organizations and agencies, geographic borders, and cultures, to impact systems and to change outcomes.

During a recent visit to the Pacific region for the launch of the Infant Mortality CoIIN, many of the Pacific basin island MCH leaders described their challenges and opportunities around reducing infant mortality. Although some of the problems are unique because of geography, infrastructure and other issues, the passion and desire for setting aggressive priorities around reducing infant mortality were the same. One take away from this launch is the importance of understanding the unique cultural traditions that are so deeply rooted in these small islands and territories. Showing respect for the culture while identifying how to help more babies survive and thrive should prove a rich exercise. The results of the Pacific basin CoIIN could help to inform work in the states specific to cultural, geographic and health equity areas. Other challenges emerged relating to fully understanding the importance of having solid, consistent vital records and structures that support accuracy, consistency and completion of reporting. We sometimes take for granted the value of basic data and reporting systems in understanding and finding solutions to critical public health concerns such as infant mortality. I’d be remiss if I did not also mention the continued successes

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From the CEO CONT.

of the Region IV/VI ColINs and the courage of the Region V ColIN in selecting to aggressively address health equity priorities for their infant mortality ColIN work.

In other travels, a trip to the Best Babies Zone (BBZ) annual gathering of sites and partners yielded some great information on its progress. This place-based program's goal, which is a zonal approach targeting neighborhoods in highly challenged areas, is to give babies the best chance possible at life. Most impressive is the focus on addressing health inequities through an emphasis on education, economics, health and community. Early indications from of the BBZ sites are that small communities absolutely have the ability to be transformed and not only are babies' lives saved and improved, but so are the lives of the families. The project also is a lesson in ultimate patience. Building community-level systems that incorporate the needs of the neighborhoods and families in real ways that are impactful takes time, energy and a long-term commitment to outcomes. Trust and hope are not easy to establish in short spans of time. Yet, these sites and the neighborhoods they serve show promise. Moms, dads and kids are starting to take notice of the change around them and the fact that others care what happens to them.

There's high-level collaboration taking place with many public and private partners with the Secretary's Advisory Committee on Infant Mortality and the continuing work on the *National Strategy to Reduce Infant Mortality*, including improving the health status of pregnant women and infants.

And the list goes on but I'm out of space. Enjoy reading this issue as there are a multitude of projects and movements underway to improve the lives of women and infants. These efforts are making a difference to women (before, during and after pregnancy) and their babies and families every day. And, in some cases, systems are being challenged, redefined and adjusted to meet the greatest needs of our populations. Let's all make a commitment toward the continuation of this work and understanding that we cannot let up. Diligence remains key so that all moms and their babies have equal chances to live full, healthy lives.

Feature

A Framework to Address the Persistent and Complex Issue of Infant Mortality

By Lauren Smith, MD, MPH
Senior Strategic Advisor, Infant Mortality Collaborative Improvement and Innovation Network



According to 2010 statistics, 6.15 babies out of every 1,000 born in the United States die before their first birthday. This compares to an average of five babies for all other industrialized nations. Worse still, American minority populations are disproportionately affected with non-Hispanic Black babies dying at twice the rate of non-Hispanic White babies. Efforts to reduce infant mortality and improve birth outcomes have been long underway producing varying levels of effectiveness. The Infant Mortality Collaborative Innovation and Improvement Network (IM ColIN) was expanded nationwide, including affiliated Pacific Basin territories, earlier this year. The Infant Mortality ColIN provides a unique opportunity to collectively leverage the experiences, expertise, and resources of a diversity of stakeholders committed toward improving infant health. The strength of the ColIN is in uniting partners from all levels – federal, state, community, private and public – to collaborate and coordinate their work around a common aim in a rapid cycle timeframe (18-24 months) to accelerate saving the lives of babies.

The Infant Mortality ColIN Framework is a tool developed through the efforts of the IM ColIN Specific Strategies Workgroup that presents the primary factors contributing to infant mortality in the United States and enables states, MCH leaders, and other stakeholders to identify where to focus their efforts. The framework synthesizes recommendations, evidence-based and promising practices, as well as innovative ideas into one organizing structure. The structure of the framework includes **periods of engagement** to intervene and reduce infant mortality, aligned with recommended **strategic priorities**. **Periods of Engagement** correspond to time frames along the life course when interventions to improve birth outcomes are possible. States and jurisdictions are encouraged to identify periods of engagement based on state-level epidemiological data, existing initiatives, identified gaps and areas of need, as well as political will and opportunities for improvement. Identified strategic priorities are organized

Feature CONT. Infant Mortality Framework

by the Periods of Engagement. These strategic priorities were informed through an environmental scan, including recommendations from the Secretary's Advisory Committee on Infant Mortality (SACIM) and resources developed by partner organizations such as, AMCHP, March of Dimes, the Association of State and Territorial Health Officials (ASTHO), Centers for Medicare and Medicaid Services (CMS), National Governors Association (NGA) and many others. Each strategic priority in the framework is broken down further with visual representation of how **potential actions** support the overall Infant Mortality CoIIN Framework. These potential actions are ideas and changes that have been collected and synthesized from the work of our partners, serving as options to illustrate possible choices, not as an exclusive or exhaustive list. Finally, the framework includes overarching **domains** necessary to the success of any infant mortality reduction effort (e.g., engaged leadership, aligned state and local initiatives, improvements in state-level data quality).

The Infant Mortality CoIIN Framework is a tool that will evolve through collaborative learning, innovation and improvement. We view the framework as a comprehensive approach to support national and state efforts to change the status quo, to be "productively disruptive" in order to maximize our collective impact, while leveraging existing resources and expertise, all in an effort to optimize infant health.

Feature Aligning Practice, Program and Policy to Reduce Infant Mortality: An Update from the BBZ Initiative

By Cheri Pies, MSW, DrPH
Clinical Professor, MCH Program, DrPH Program, MSW/ MPH Concurrent and Dual Degree Programs and Principal Investigator, Best Babies Zone Initiative



Shannon Merrell, MPH(c)
Graduate Student Researcher

The [Best Babies Zone](#) (BBZ) Initiative, funded by the W.K. Kellogg Foundation, is a national, multisector place-based initiative working toward improving birth outcomes and reducing infant mortality and preterm birth through community driven strategies that achieve community transformation. We plan to reach these goals on the ground in partnership with community residents and organizational partners by mobilizing community power, engaging the support and collaboration of partners in the education and early care, economic development, and community systems sectors in small geographic areas we call "zones" and working with these organizational partners to achieve collective impact. The three Best Babies Zones are located in Price Hill in Cincinnati, OH; Hollygrove in New Orleans, LA; and the Castlemont neighborhood in Oakland, CA.

The first two years of the BBZ Initiative included identifying the zone, developing meaningful connections and trust with community residents and local partners, and initiating community driven action projects. The BBZ teams have focused their work on the unique needs identified in each zone. In Oakland, economic development was one of the key priorities highlighted for the zone. To address this, staff and community members created the monthly Castlemont Community Market. The market, which began in December 2013 with only two vendors, is now thriving with 19 vendors. More than 230 people have visited the market since it began and a total of \$1,600 dollars have been circulated in the local economy. In its third year, Castlemont has continued to address economic development and resident engagement in local programs by providing seed funding to residents to start local projects that address each of the community's priority areas of education, community building, safety and violence, and economic development.

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Feature

Update from the BBZ Initiative

In Price Hill, the BBZ team worked with local moms to create and establish the Price Hill Moms Groups to offer services and resources to pregnant and parenting mothers in Price Hill. These monthly groups offer neighborhood women an opportunity to build social support, and participate in educational sessions about pregnancy, parenting and healthy eating. Participants celebrate motherhood, learn about their health, and prepare for the birth of their babies. BBZ Price Hill also has partnered with other local projects to establish a block captains project where community liaisons go door-to-door to talk with and connect their Price Hill neighbors with essential health, early child education and economic resources with the goal of building local leadership, knowledge, skills, and trust within the community.

The Hollygrove team has spent considerable time establishing a presence within the zone as well as building credibility and trust. In order to cultivate a sense of community and encourage resident involvement in zone activities, BBZ Hollygrove worked with local law enforcement and the Community Development Corporation to address resident concerns about public safety, blighted housing and violence. BBZ Hollygrove staff also partnered with several local organizations to host a Play Streets event promoting physical activity and healthy eating for Hollygrove families. BBZ Hollygrove also hosted a Community Conversations meeting that gave residents an opportunity to talk candidly about the needs in their community and the challenges that they face on a day-to-day basis to live “healthy lives.” In addition, the BBZ Hollygrove team is working with Tulane University to conduct baseline air and soil sample tests in the zone to determine possible levels of exposure to toxins and particles that could contribute to poor health outcomes.

In addition to the activities in each of the zones, the BBZ Initiative team is partnering with Harder + Co Community Research to conduct an evaluation of the Initiative. One part of the evaluation is a community initiative survey that is currently being conducted in each of the zones. The data from these surveys will provide a baseline of information from community residents about the social determinants of health and their experiences living in the zone and help to identify new projects and future directions for each of the zones.

When it comes to reducing infant mortality, improving health and health outcomes means more than providing

quality health care. Over the past three years, the BBZ teams have found that this work is not a linear path and that achieving results takes time, patience, a long view, and dedicated staff, community residents and local and national organizations. Working closely with AMCHP, CityMatCH and National Healthy Start Association has been pivotal to the practice, program, and policy work of BBZ. With our third grant-year ending in February 2015, the BBZ team is actively pursuing further funding. If you are interested in learning more about BBZ please visit our website bestbabieszone.org or check us out on Facebook at [Best Babies Zone](#).

Feature

Improving Women’s Health Before, Between and Beyond Pregnancy: An Update from the National PCHHC Initiative

By Sarah Verbiest, DrPH, MSW, MPH
CDC Senior Consultant, Preconception Health and Health Care Initiative

The national Preconception Health and Health Care Initiative (PCHHC) is a public-private partnership that began in 2004 with the vision of improving preconception health and pregnancy outcomes in the United States. Two years ago the Initiative launched its [National 2012-14 Strategic Plan](#).



While there is still much to be done, there have been several key products developed, largely thanks to the volunteer efforts of many professionals across the country. These include the [Show Your Love Campaign](#) for both women who are planning a pregnancy and those who are not. The award-winning campaign materials, all available free of charge, include checklists, PSAs, podcasts and other items. The revised [CPONDER 2.0](#) program provides Pregnancy Risk Assessment Survey (PRAMS) preconception health data points at your fingertips and [April 2014 Morbidity and Mortality Weekly Report](#) models the application of the preconception health indicators for population health monitoring.

Feature CONT. PCHHC Update

The newly redesigned [BeforeandBeyond](#) website for clinicians now hosts a Preconception/ Interconception Toolkit for Clinicians, which brings together an extensive review of key health information across 10 domains based on a woman's reproductive life plan. The toolkit highlights the many ways that preconception health should already be a key component of primary, well-woman care. The website provides one stop shopping for access to online training modules, key articles and more. New [Guidelines for Quality Family Planning](#) issued in April 2014 now include preconception health for women and men. The Initiative has produced a series of webinars modeling programs that effectively link MCH and chronic disease programs and focused on increasing access to health services for women through health care reform.

To stay connected to the work of the PCHHC and that of partners across the country doing innovative work, subscribe to the bi-monthly e-newsletter – e-mail pchhcnews@gmail.com with subscribe as the subject line or text PCHHC to 22828. To receive bi-weekly updates from the Centers for Disease Control and Prevention (CDC) with the latest news stories and peer reviewed journal publications on preconception health, e-mail [Cheryl Robbins](#) at CDC Division of Reproductive Health.

As we come together to review the current plan and set goals and objectives for the future, we need input from leaders in the field. In order to engage partners and colleagues across the country in this work, the

PCHHC launched the [National Preconception Health Campaign](#) survey. The purpose of this survey is to learn how the resources and tools developed by the Initiative are being utilized as well as to gather information about preconception health activities underway across the country and collect input to guide our upcoming strategic planning process.

Preconception health remains an exciting and challenging new paradigm shift within maternal and child health. With your ideas and input, the next steps for the campaign will continue to advance this essential work. If you have any questions or ideas, please contact [Sarah Verbiest](#) who serves as the CDC Senior Consultant to the PCHHC.

Feature Understanding Why Maternal Mortality is on the Rise in America: The Case for Learning from Every Maternal Death

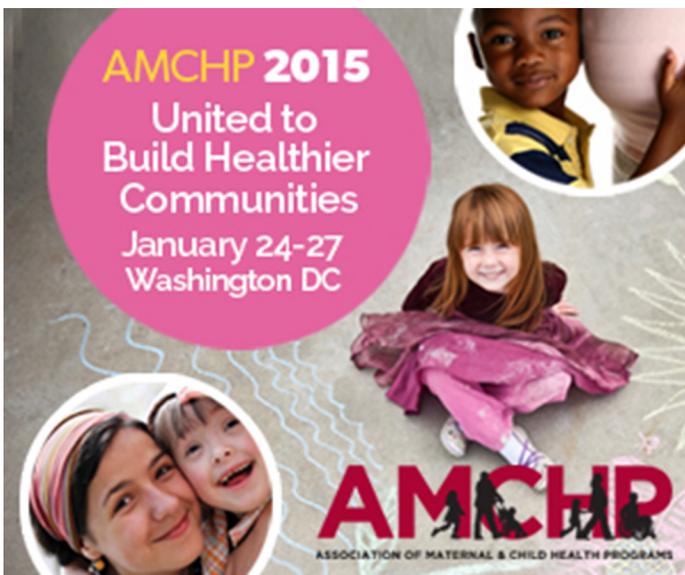
By Priya Agrawal, BMBCh, MA, MPH, DFSRH
Executive Director, Merck for Mothers



In 2013 alone, [approximately 1200 women](#) died from pregnancy and childbirth related complications in the United States. This number has risen sharply over the last two decades. In addition, since 1990, the rate of maternal deaths in this country has more than doubled. The question we must ask ourselves is “why?”

Why in a country that spends [\\$111 billion on childbirth-related health care](#) is maternal mortality on the rise?

Each maternal death is an unacceptable tragedy, and also an opportunity to learn how to prevent future deaths. Maternal mortality review boards have been used as an effective mechanism for finding out what led to maternal deaths in countries as diverse as the United Kingdom, South Africa, Malaysia and Sri Lanka.



Feature CONT.

Maternal Mortality Rise

The review board interdisciplinary group of experts conducts an evaluation to determine the root cause of the death, including reviewing case files and interviewing family members and friends of the woman who died. The benefit of reviewing cases together, rather than in isolation, is the ability to identify trends and address problems at the population level. When a review board is operating optimally, the lessons it learns can inform changes to the health care system.

It is important to emphasize that the focus of reviews is learning, which is why they [are confidential and blame free](#) – a space for providers and others to discover system problems and develop recommendations that can be used to prevent future deaths.

When we act on the lessons learned from a strong maternal mortality review process, we can save the lives of women. As an OB/GYN from the United Kingdom, I

saw the direct impact of a strong maternal mortality review process firsthand. Throughout the early 2000s, the U.K. national maternal mortality review, referred to as the Confidential Enquiry into Maternal Deaths, found that there was a rise in mortality due to pulmonary embolism, a blood clot in the lung, which was not known to be a leading cause of maternal death.

Because pulmonary embolism is often preventable, the Confidential Enquiry recommended that the national health system develop guidelines for prevention, especially after caesarian delivery (e.g., placement of compression socks on the legs after surgery, use of blood thinners). After these new protocols were implemented, the number of deaths from pulmonary embolism [dropped by 50 percent](#).

Here in the United States, we also have the opportunity to learn from maternal mortality reviews. Yet only about half of states in this country have a functioning maternal mortality

Second Cohort of States Selected for the AMCHP Every Mother Initiative

In early October, AMCHP announced the second cohort of six states that will participate in the AMCHP Every Mother Initiative Action Learning Collaborative (ALC), funded by Merck for Mothers. Over the next 15 months, the second cohort will collaborate to strengthen their state-based maternal mortality review process and ensure the efforts of their reviews to characterize the factors contributing to these tragic events lead to data-informed and effective population-based strategies to prevent their further occurrence.

The six teams selected for the second cohort, with MCH leaders at the helm, include: Florida, Illinois, Louisiana, Missouri, Oklahoma and Utah. The ALC will run from Oct. 1, 2014 through Dec. 31, 2015.

Each state team brings unique experiences, expertise, and interests in improving maternal health outcomes to the Every Mother Initiative. Through the formation of multidisciplinary teams and developing a detailed action plan, states will focus on priority recommendations from their maternal mortality reviews to build new or strengthen existing collaborations and implement a specific and focused strategy to reduce maternal deaths in their state. To support these efforts, each team will receive \$40,000 in a translation sub-award, as well as virtual and in-person technical assistance from AMCHP and other national, state, and community leaders, including the CDC Division of Reproductive Health, the Association of Women's Health, Obstetric and Neonatal Nurses, the American Congress of Obstetricians and Gynecologists, the Every Woman Southeast Coalition, and the states that participated in the first cohort of the initiative. To learn more about states' Every Mother projects, check on this month's Member to Member on page 15.

The Every Mother Initiative launched in 2013 to help states take specific and focused steps to reduce maternal mortality and maternal morbidity. The first cohort of the initiative, which runs from August 2013 through October 2014, includes Colorado, Delaware, Georgia, New York, North Carolina and Ohio. The second cohort of the Every Mother Initiative will build on the successes of the first cohort and engage them as mentors in their own translation efforts.

For more information about the Every Mother Initiative and maternal mortality resources, please visit: amchp.org/programsandtopics/womens-health/Focus%20Areas/MaternalMortality/Pages/default.aspx.



Feature CONT. Maternal Mortality Rise

review board. Our vision is that someday all 50 states will have maternal mortality review boards – and that they will examine every maternal death, with the mechanisms and resources necessary to take action so that women in the United States receive better care.

To help realize this vision, Merck, through *Merck for Mothers* – our 10-year global initiative to end preventable maternal deaths – provided funding for the AMCHP [Every Mother Initiative](#). AMCHP is now working with 12 states to ensure the lessons and recommendations from robust maternal mortality reviews are carried out. For example, the Ohio maternal mortality review board recently identified a need to improve hospital team response to manage obstetric emergencies and is now exploring pilot sites for a Simulation Training Center.

As a MCH professional, you can take steps to help reverse the trend of women dying during pregnancy and childbirth. Reach out to your state maternal mortality review team to find out ways to get involved or, if your state does not have one, reach out to AMCHP, your district ACOG chapter and other organizations that care about women's health to learn how to establish one. Connect with MCH professionals in other states to exchange best practices for maternal mortality review. And finally, educate your elected officials on why every state health department should have a high functioning maternal mortality review program.

When a woman dies giving life, her family, friends and broader community suffer a terrible tragedy. Let us not add to that tragedy by failing to learn from what went wrong. Let us learn, and then do everything we can to ensure that every pregnant woman in this country gets the support and care she needs for a healthy and happy pregnancy and birth.



Feature Cesarean Section: A Growing Focus of Maternity Care Quality Improvement

By Carol Sakala, PhD, MSPH
Director of Childbirth Connection Programs, National Partnership for Women & Families



The “Elective Delivery” performance measure was developed to encourage U.S. hospitals to eliminate virtually all scheduled births without indication before 39 weeks’ gestation. There are important opportunities for improvement, and a new [Playbook for Successful Elimination of Early Elective Deliveries](#) points the way forward. Overall, however, the maternity care community has made exceptional progress on this measure, which gave many in the field experience working on quality improvement. Many groups are turning to a new quality improvement challenge, the overuse of cesarean section in U.S. hospitals.

As currently proposed, in 2015, Title V will require states to [select and report on eight of 15 National Performance Measures](#), including cesarean section. This article briefly describes this measure and identifies resources to support more appropriate use of cesarean section from Childbirth Connection Programs at the National Partnership for Women & Families.

The cesarean section measure is not the total cesarean rate, but rather a risk-stratified cesarean rate in low-risk first birth women. Its “nickname” is NTSV: referring to a denominator limited to nulliparous women at term with a singleton baby in vertex (head-first) position. This group is a focus as first-time mothers with a vaginal births have a low likelihood of a cesarean in future births. This measure is [endorsed by the National Quality Forum](#), one of five measures in The Joint Commission [Perinatal Care](#) core set, and a part of the Medicaid and the Children’s Health Insurance Program (CHIP) core set of [Children’s Health Care Quality Measures](#).

Childbirth Connection has been concerned about overuse of cesarean section for more than a decade and has developed numerous resources to help women and professionals understand use of this procedure and avoid unneeded cesareans.

Feature CONT.

Maternity Care QI

Childbirth Connection provides the following for childbearing women:

- Consumer booklet, [What Every Pregnant Woman Needs to Know About Cesarean Section](#) – outcomes
- Fact sheet, [New Cesarean Prevention Recommendations from Obstetric Leaders: What](#)

of cesarean versus vaginal birth tips for avoiding unneeded cesareans, and more (available as PDF and Web page)

Innovative Practices in Women's and Infant Health

This issue of *Pulse* contains several examples of how states are working to improve women's and infant health. More examples can be found in Innovation Station – the AMCHP searchable database of emerging, promising and best practices in MCH. Below are some of the related practices to women's and infant health that you will find:



Preconception/Interconception Health:

- [Baby Blossoms Collaborative Preconception Health Program – Now and Beyond](#), Nebraska (Emerging Practice)
- [Internatal Care Program](#), Arizona (Promising Practice)
- [Mississippi Interpregnancy Care Project](#), Mississippi
- [Power Your Life Preconception Campaign](#), Utah (Emerging Practice)

Prenatal/Perinatal Health:

- [One Tiny Reason to Quit](#), Virginia (Promising Practice)
- [Partners in Pregnancy](#), Virginia (Promising Practice):
- [PASOs \(Perinatal Awareness for Successful Outcomes\)](#), South Carolina (Promising Practice)
- [Perinatal Depression Screening and Referral Project](#), Connecticut (Emerging Practice)
- [Prenatal Plus Program](#), Colorado (Promising Practice)

Women's Health:

- [Body and Soul: A Faith-Based Health Improvement Initiative](#), Florida (Promising Practice)
- [Healthy Weight for Women](#), Massachusetts (Promising Practice)
- [Healthy Women, Healthy Futures](#), Oklahoma (Promising Practice)
- [La Vida Sana, La Vida Feliz \(Healthy Life, Happy Life\)](#), Illinois (Promising Practice)
- [Women's Health, Now & Beyond Pregnancy](#), Wisconsin (Emerging Practice)
- [Women Together for Health](#), Arizona (Emerging Practice)

Infant Health/Improving Birth Outcomes:

- [Baby Steps to Breastfeeding Success](#), Arizona (Emerging Practice)
- [Birth and Beyond California](#), California (Emerging Practice)
- [Every Child Succeeds Home Visitation](#), Ohio/Kentucky (Best Practice)
- [Florida Newborn Screening Results](#), Florida (Emerging Practice)
- [Healthy Babies are Worth the Wait Community Program](#), Kentucky (Promising Practice)
- [Healthy Teeth, Happy Babies](#), Colorado (Emerging Practice)
- [Home by One](#), Connecticut (Emerging Practice)
- [Nurse Family Partnership](#), National (Best Practice)
- [Superior Babies Program](#), Minnesota (Emerging Practice)
- [Tribal Court Fetal Alcohol Spectrum Disorders Program](#), Minnesota (Emerging Practice)

For more information about these programs and other successfully reviewed MCH practices, visit Innovation Station at amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/default.aspx or the AMCHP Best Practices homepage at amchp.org/programsandtopics/BestPractices/Pages/default.aspx.

Feature CONT. Maternity Care QI

[Pregnant Women Need to Know](#) – plain-language version of recommendations from 2014 American Congress of Obstetricians and Gynecologists (ACOG)- Society for Maternal-Fetal Medicine (SMFM) consensus statement about safe reduction of primary cesarean births (available as PDF and Web page)

The following more technical resources are suitable for health professionals and others:

- Trend graph and table, [Rates for Total Cesarean Section, Primary Cesarean Section, and Vaginal Birth After Cesarean \(VBAC\): United States, 1989-2012](#) (available as PDF and Web page)
- Article separating fact from fiction, [“Why is the National U.S. Cesarean Section Rate So High?”](#) (available as PDF and Web page)
- Results from national survey of childbearing women, [What Are Some Factors Driving the Use of Cesarean Section in the United States: A Listening to Mothers III Data Brief](#) (available as PDF and Web page)
- Fact sheet on role of liability in mode of birth, from liability report, [4. Defensive Practice in Maternity Care](#) (available as PDF and Web page)
- Updated review of differences in outcome by mode of birth, [Vaginal or Cesarean Birth: What Is at Stake for Women and Babies: A Best Evidence Review](#) (PDF)
- Detailed report of actual payments for maternal-newborn care, with breakdown by mode of birth, [The Cost of Having A Baby in the United States](#) (PDF)
- Cross-national comparisons from International Federation of Health Plans, [Average Maternity Services Payments, United States and Other Countries, 2012](#) (PDF)

Many evidence-based practices can help drive improved performance on the cesarean section measure, with important short- and longer-term health benefits for women and babies and health system cost savings.

View from Washington MCH Programs Approaching Critical Crossroads

By Brent Ewig, MHS

Director, Public Policy & Government Affairs, AMCHP



Welcome to fall – the season of pumpkins, the World Series, and every two years the frenzy of congressional elections. Here is a quick overview of where some key MCH issues stand in the 113th Congress.

Federal Funding for Title V and Other Vital MCH

Programs: Before adjourning back in September to allow members to hit the campaign trail, Congress passed a continuing resolution (CR) to sustain federal funding for all federal programs through Dec. 11 (for details see the AMCHP *Legislative Alert* [here](#)). Congressional leaders also announced a “lame duck” session to convene the week after elections starting on Nov. 12.

Action on funding levels for the remainder of FY 2015 will certainly be high on the lame duck agenda. Decisions on two other major maternal and child health programs – the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and the Children’s Health Insurance Program (CHIP) – are looming as well. Extensions for both of these programs could be addressed in either the lame duck session or early in 2015.

MIECHV was created in 2010 with an initial authorization for five years and \$1.5 billion dollars. At that time, AMCHP joined dozens of national organization in advocating for this investment. We continue to highlight how MIECHV is built on decades of growing evidence of the effectiveness of home visiting as a service delivery strategy capable of producing measurable improvements across a range of domains including maternal and child health; childhood injury prevention; school readiness and achievement; crime or domestic violence; family economic self-sufficiency; and coordination with community resources and supports.

Last March, Congress included a six month extension of MIECHV as part of a broader legislative package addressing Medicare physician payment rates, formally

View from Washington CONT.

known as the Sustainable Growth Rate or SGR. This extension for MIECHV is set to expire Mar. 30, 2015. AMCHP continues to play a leadership role in a broad coalition of stakeholders urging Congress to continue this critical program, highlighting key messages about home visiting being a voluntary, cost-effective, pro-family program that has long enjoyed bipartisan support. Stay tuned for additional updates and action alerts as the timing for Congress to vote on this becomes clearer.

Federal funding for **CHIP** also is set to expire Sept. 30, 2015. If CHIP funding expires, there will be an estimated two million children who will not qualify for Medicaid nor subsidies to purchase plans on the exchange. Furthermore, there are other consequences even for the children whose families would qualify for subsidies to purchase plans on the exchange as several studies demonstrate that the benefits packages are less robust and that cost sharing is less affordable among plans available on the exchanges as compared to CHIP plans. In order to ensure that children in all states have continued access to robust and affordable coverage, AMCHP is joining with hundreds of organizations to advocate that funding for the CHIP program should be continued.

The following are some background resources related to CHIP. This [report](#) by Wakely Consulting Group provides an analysis of CHIP plans compared to qualified health plans available in the exchanges in 35 states. The executive summary does a great job of highlighting the financial impact on families, especially families of children with special health care needs. Additionally, here are [state CHIP fact sheets](#) courtesy of the National Academy for State Health Policy along with the [American Academy of Pediatrics \(AAP\) statement](#) on CHIP.

As with MIECHV, stay tuned for AMCHP Legislative Alerts on how you can weigh in with your elected officials on these critical MCH programs, and as always, please let us know what additional information you need and how we can improve our leadership for women, children and families.

Real Life Story Preconception Health and Young Adults with Disabilities

By Teresa Nguyen

Ryan Colburn 2014 Scholarship Winner

When I turned 18 years old, I headed off to college with many unanswered questions about my future. Logistical ones consisted of (but not limited to): How difficult were my undergraduate courses going to be? How could I make my level of independence compliment my goals? What career was I going to pursue after my four years of college? Of course, the young adult experience isn't just about education and career pursuit. I also had questions pertaining to my personal life. What would the process of joining a sorority look like for me? What would driving a car look like for someone who is a little person? How many intimate relationships would I have? I found that my concerns weren't very different from the other freshman on my campus.



Luckily I found answers to most of those questions as time passed, but the relationship question made me think about how reproductive health education is often unavailable for youth and young adults with special health care needs. Like most of my peers, I knew that I wanted to have a family some day and growing up, I wondered what preconception health would entail for someone like me. As a woman who has a genetic disorder and uses a wheelchair for independence, I anticipated that almost every stage of my life was going to require more planning than the average person – and reproductive health was no exception. Through experience and conversations with my personal and professional networks, I've found that often times – unless a young adult is willing to ask or share about their reproductive health experiences – there is a lack of dialogue between the health care provider and the young adult with special health care needs, due to assumptions about our ability (or inability) to be sexually active. Berlin et al. (n.d.) perfectly captures the barrier this creates:

Assumptions and judgments that youth with disabilities could not, or should not, be sexually active or become parents creates barriers to information and missed opportunities in medical care that will allow them to plan

Real Life Story CONT.

their pregnancies, have healthy, safe relationships and participate in preconception health behaviors. (p. 7).

Many states across the country are incorporating preconception health into their needs assessments, but unfortunately youth and young adults with special health care needs are not addressed in the recommendations that are published. With one in five women in the United States having a disability, the reproductive health conversation needs to start now (p. 6).

Engaging youth may be easier than it seems. Healthy People 2020 lists an objective to increase the number of youth with special health care needs that discuss transition planning from pediatric to adult care, with their primary care provider. This is a wonderful opportunity to embed reproductive health dialogue into the transition plan. It would be a way that providers could connect and engage with their youth and young adults with disabilities about what their future looks like, and how that lines up with their personal goals. The work doesn't have to fall completely on the primary care provider to address the full scope of preconception health, ideally – the provider could make a referral to a genetic counselor for further education. I am fortunate to have a provider that provides a safe environment to have these conversations in, but I recognize there is more work to be done around this area. I have confidence that collaboration between stakeholders such as public health professionals and health care providers can help address this problem, and I look forward to discovering the creative recommendations that preconception health initiatives will come up with for this modern issue.

Berlin, M., Cole, J., Coulter-Thompson, E., Dixon-Gray, L., Isabelle, L., Lewis, M., ... Nystrom, R. Preconception health recommendations for young adults with disabilities: A Final report from an action learning collaborative. Retrieved from: <http://1.usa.gov/PCHRec4YAwDis>

Success Stories Preconception Peer Educators Program

By **Teddy Owusu**

Program Coordinator, Office of Minority Health Resource Center



In May 2007, the Office of Minority Health (OMH), of the U.S. Department of Health and Human Services launched A Healthy Baby Begins with You – a national campaign to raise awareness about infant mortality – as one of our efforts to end health disparities among racial and ethnic minorities. The campaign was a huge success and the OMH began receiving requests from all over the country for more events and distribution of materials.

Amid the positive responses and increased awareness, OMH partners – communities, organizations and health departments began to ask “what more can be done?”

The answer lay within the community and the youth therein. OMH retooled its approach from the A Healthy Baby Begins with You initiative toward a younger audience, targeting men and women earlier in their lives. By instilling healthy behaviors and health consciousness in a younger population, the OMH believed that this education would develop healthy habits and that when practiced, these habits would effectively reduce the rates of infant and maternal mortality.

OMH charged its resource center staff with the task of engaging the college age population, to enlist students as peer educators and health ambassadors to target their peers on and off campus. The decision was based on research indicating that peer counselors were more effective than adult counselors in delivering educational and counseling services to teenage and young adult clients. Studies find that empathy and a perception that peers share similar life experiences are critically important in the success of strategies to change attitudes and behaviors. Thus, peer educators can have an inherent advantage over professionally trained adults in dealing with young adults.

Today the Preconception Peer Educators (PPE) program has been implemented in more than 90 schools across the country. Colleges, communities and universities

Success Stories CONT.

have established PPE clubs with strong leaders and dedicated bases. Some programs are managed by faculty or community leaders while others are anchored out of state health departments. There are a variety of program models but all working toward the same goal. The Office of Minority Health Resource Center (OMHRC) hosts monthly webinars during the school year, provides material and communications support to each program and certifies peer educators and trainees to support each program in its mission

This past summer, the OMHRC convened its second meeting with the PPE Advisory Council. Together OMHRC and the council – represented by health professionals, faculty members and state health department professionals from all over the country – assembled to set goals, update



AMCHP is collecting emerging, promising and best practices related to early childhood, child and youth development!

Does your program address a best practice related to these topics? If so, consider sharing your program through Innovation Station, the AMCHP searchable database of emerging, promising and best practices in maternal and child health. Through this opportunity, you can:

- 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 [Ki'Yonna Brown](#) at (202) 266-3056 or visit amchp.org/bestpractices.

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

Success Stories CONT.

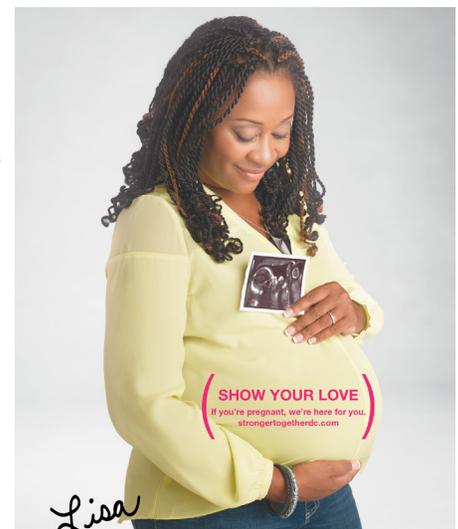
program curriculum as well as optimize the training, recruiting and sustainability of the PPE program. Now students entering the program will not only learn about the social determinants of health and other information relevant to infant and maternal health but also how to create and sustain a program that will continue to thrive long after they graduate. This school year, the program goal is to create strong leaders that will build lasting programs.

To learn more about Preconception Peer Educators, check out the [OMH website](#) or call us at 1-800-444-6472.

Success Stories District Launches Stronger2gether Initiative to Reduce Infant Mortality Rate

On Oct. 1, 2014, Mayor Vincent C. Gray and officials from the DC Department of Health (DOH) launched a citywide initiative to reduce the infant mortality rate (IMR) in the District – Stronger Together – One City for Healthier Babies. The initiative is a public-private partnership with more than 40 community providers and corporate partners united to improve maternal and child health outcomes throughout the city to address the physical and social determinants of health to reduce preventable infant deaths.

Infant mortality rates are one of the best-known indicators of a community's health status and a reflection of the opportunity to overcome barriers to economic security. "The health of all our mothers and infants reflects the sustained growth and wellness of our great city," said DOH Director Dr. Joxel Garcia. Often the IMR amongst a defined urban community dictates long-term



STRONGER 2GETHER
One City for healthier babies.

Success Stories CONT.

educational achievements and health outcomes.

According to the 2012 Infant Mortality Report, the District IMR was 7.9 infant deaths per 1,000 live births, which was a slight uptick from the 2011 infant mortality rate of 7.4 per 1,000 live births. This means that 74 babies in the District died before reaching their first birthday in the last calendar year reported (2012). Unfortunately, the District IMR is higher than the average rate for the United States at 6.1 and the average of industrialized countries at 5.0.

The District mobilized the Stronger Together initiative to address the perinatal health disparities and improve the overall system of care in the District by connecting expectant mothers to a robust network of prenatal care. It emphasizes communities working together to ensure moms and dads have the best possible chance to have healthy and thriving babies. The program will utilize innovative analytics and best clinical practices to ensure sustainability.

“Stronger2gether will equip government agencies, community providers and corporate partners with the necessary tools to enable collaboration. Together, they will work to address disparities across the social determinants of health and become champions of coordinated care for expecting parents,” said Mayor Vincent C. Gray.

The District aims to decrease its IMR to less than five deaths per 1,000 live births by 2020. The expertise and resources from healthcare providers and community-based organizations will help guide a successful program implementation.

The Stronger Together framework includes a sustained approach to community education and stakeholder engagement and six key initiatives to reduce the IMR in the areas of:

- Centering, a type of group or “buddy” system for prenatal care
- Safe sleep
- Screening, brief intervention, and referral to treatment (SBIRT)
- Smoking cessation
- Use of 17-hydroxyprogesterone (17-P), a synthetic form of progesterone that has been shown to reduce the recurrence of certain preterm births
- Highly efficient and coordinated patient-engagement services

2012 INFANT MORTALITY RATES IN WASHINGTON, DC

Prenatal care, smoking cessation, diet and exercise, and safe sleeping environments are factors that can improve overall infant health.

THE DISTRICT, THE NATION AND THE WORLD

Current rates*

Washington, DC **7.9**

The number of infant deaths in Washington, DC increased from **69** in 2011 to **74** in 2012, an increase of 7.2 percent.

United States **6.1**

2011 2012

Average for industrialized countries **5.0**

5.8 per 1,000 live births
6.5 per 1,000 live births

MAKING A DIFFERENCE



Get early and ongoing prenatal care starting in the first trimester



Stop smoking



Exercise and incorporate a healthy diet



Adopt safe sleeping practices

STRONGER 2GETHER

For more information about Stronger2gether — One City for Healthier Babies, please visit www.strongertogetherdc.com.

*The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births

Source: Data Management and Analysis Division, Center for Policy, Planning, and Evaluation, Department of Health

Success Stories CONT.

The DC Department of Health hopes Stronger Together can serve as a model for other urban communities across the United States in reducing infant mortality and foster a stronger system of health equity. This initiative will help address the disparities and ensure every baby in DC has a chance to be healthy.

Visit strongertogetherdc.com for more information about the initiative and how you can get involved.

Member to Member

Maternal Mortality Review (MMR) and Pregnancy Associated Mortality Review (PAMR) are surveillance systems that help states identify opportunities to improve maternal health. This month, we asked members, “**How have findings from your maternal mortality review informed your state efforts to prevent poor maternal outcomes due to chronic health conditions, violence or injury?**” Below, we are pleased to feature some of the exciting work taking place in Virginia, Colorado, Alaska, Louisiana and North Carolina to address these important issues.

Virginia

By Victoria Kavanaugh, RN, PhD
Maternal Mortality Review Team Coordinator, Office of the Chief Medical Examiner, Virginia Department of Health



The Virginia Maternal Mortality Review Team is a multidisciplinary team whose mission is to review all pregnancy-associated deaths. The team represents a public health partnership between the Virginia Department of Health Division of Family Health Services and Office of the Chief Medical Examiner. Our purpose is to recommend improvements and interventions to reduce the numbers of preventable deaths, including deaths due to violence and injury.

Over the course of nine years of continuous case review, the team has made a number of recommendations to address identified gaps in services and interventions

Member to Member CONT.

that have been successfully implemented. Examples of accomplishments include:

1. A recommendation for improved screening for substance abuse, behavioral health, and domestic violence led to the development of the Virginia Behavioral Health Risks Screening Tool, which is a one-page screening tool for depression, substance abuse and domestic violence for use with pregnant women
2. A recommendation for practitioners to have ready access to resources to address patient needs led to the development of a partnership between the Virginia Departments of Health and Social Services to update, expand, and disseminate referral sources to practitioners
3. A recommendation for education on proper placement and use of seat belts during pregnancy led to a campaign through the Virginia Department of Motor Vehicles Occupant Protection Program Committee to encourage pregnant women to always wear seat belts

Colorado

By Krista Beckwith, MSPH
Maternal Health Specialist, Children, Youth and Families Branch, Colorado Department of Public Health & Environment



The most recent Colorado Title V Needs Assessment for 2011-2015 identified depression during pregnancy and postpartum both as a top need within the state and a leading complication of pregnancy. The state's robust linkage process for maternal mortality also reflected an increasing number of maternal deaths related to suicide or accidental overdose. This data, combined with the review findings of the Colorado Maternal Mortality Review Committee, was used to support the selection of pregnancy-related depression as one of the 10 state MCH priorities for 2011-2015.

As a recipient of the AMCHP Every Mother Initiative, Colorado received funding to focus on translating data to action. Given the recent data findings on maternal mortality and focus of the state Title V funds, Colorado chose to

Member to Member CONT.

allocate funding toward addressing maternal mental and behavioral health systems. A review of maternal mortality cases highlighted the need to understand what worked for women experienced a “near miss” related to suicide or overdose but were able to obtain the support they needed – as mortality data was only able to identify what did not work. Through focus groups and interviews with providers, women and family members, the department identified themes and recommendations on what worked for women who made it through these experiences. These findings will be incorporated into Title V work focused on improving systems of care across Colorado and made available to external advocates.

Alaska

By Margaret Young, MPH

MCH Epidemiology Unit, Women’s, Children’s and Family Health Section, Alaska Division of Public Health



In spring 2013, the Alaska Maternal-Infant Mortality Review (MIMR) committee completed reviews of pregnancy-associated deaths that occurred in Alaska during 2000-2011. The committee identified 13 deaths that occurred during this time due to causes related to or aggravated by pregnancy or its management, of which five were definitely or probably preventable. The findings were published and presented around the state, including to the Alaska Native Tribal Health clinical directors and hospital administrators at their quarterly meeting in August 2013.

One of the recommendations made by the MIMR committee was that reviewing *near misses* could help identify additional points of intervention for improving care. This was in recognition of the understanding that *near misses*, experiences of severe maternal morbidity, were increasing nationwide yet we did not know the extent of this problem in Alaska, and also because the small number of actual deaths in Alaska made identifying patterns or systematic issues difficult. As a result of the MIMR recommendation, the Alaska Native Medical Center has recently begun a pilot program reviewing maternal *near misses* within their health system. The MIMR program manager also is working with ANMC and other Alaska hospitals to begin assessing the potential of ongoing statewide surveillance of severe maternal morbidity.

Louisiana

By Amy Zapata, MPH

Title V MCH Director



Denver Dinsick, MPH

Mortality Surveillance Epidemiologist, Bureau of Family Health, Louisiana Department of Health & Hospitals

The Louisiana PAMR examination of 2008-2010 maternal deaths highlighted a need for enhanced screening and connection to care among women experiencing postpartum depression, domestic violence, and substance abuse. With the help of the AMCHP Every Mother Initiative, Louisiana plans to identify new approaches to integrate screening for high risk women. Title V and the state Birth Outcomes Initiative have supported statewide efforts in the past, but various transitions within the health care system have resulted in a gap in a sustained cohesive approach. Screening will be piloted in select health care settings in order to test for effectiveness and sustainability.

In addition to supporting screening to connect women with preventive care, Louisiana plans to analyze severe maternal morbidity (near fatality) events from maternal complications. After analyzing near-miss data, a multidisciplinary team will select prevention measures that will be implemented to improve health outcomes. A mortality risk profile instrument will be piloted in selected hospitals, acting as a clinical early warning system for severe maternal mortality events and ultimately leading to the implementation of preventive measures during antenatal care.

North Carolina

By Belinda Pettiford, MPH

Women’s Health Branch Head, Division of Public Health, North Carolina Department of Health & Human Services



The State of North Carolina has a long-standing commitment to maternal mortality review, which began in 1945. In 1988, the State Center for Health Statistics within the Division of Public Health, Department

Member to Member CONT.

of Health and Human Services initiated an enhanced, statewide, population-based system for identifying pregnancy-related deaths within the state. This multisource system has increased the number of pregnancy-related deaths identified by as much as 30 percent.

The leading contributor to pregnancy-related deaths in our state is cardiovascular disease. As part of the Every Mother Initiative, two translational activities are underway. In partnership with Community Care of North Carolina, we are conducting a pilot initiative, utilizing International Classification of Diseases (ICD) codes to identify women with potential risk factors for cardiovascular disease and connect them to a care manager. The care manager provides comprehensive counseling to the woman with a focus on reproductive life planning, including contraception use. In addition, we also are developing specific educational materials that can be utilized by providers to counsel and educate women of reproductive age who have potential risk factors. Current materials tend to focus on women beyond childbearing age. This work is linked to our statewide focus on preconception and interconception health.

Who's New

NEW CYSHCN DIRECTORS

DELAWARE

Kate Tullis, PhD
Family Health and Systems Management
Delaware Division of Public Health

FLORIDA

Cassandra Pasley
Director, Title V Children with Special Health Care Needs
Children's Medical Services Network Division
Florida Department of Health

UTAH

Noel Taxin
Bureau Director, CYSHCN
Utah Department of Health

Who's New CONT.

NEW MCH DIRECTORS

KANSAS

Traci Reed
Director, Children & Families
Kansas Department of Health & Environment

NEW TITLE V & MCH DIRECTORS

NEW HAMPSHIRE

Rhonda Siegel
Title V Director
New Hampshire Department of Health and Human Services

NEW AMCHP STAFF

Ki'Yonna Brown, MPH

Ki'Yonna Brown comes to AMCHP as the program manager, workforce & leadership development. Ki'Yonna most recently served at the Arthritis Foundation as the state health and wellness director. In this role, she served as a health educator, public speaker, advocate and special event fundraiser. She established community partnerships and was responsible for board development, community development, strategic initiatives focused on statewide planning for Aging in Place, health department worksite wellness implementation, and state wide programming for children with Juvenile Arthritis. Ki'Yonna will lead AMCHP efforts on best practices and emerging issues, while supporting the efforts of the National MCH Workforce Development Center.



Jennifer Leone, MPH

Jennifer Leone joins AMCHP as the analyst for quality improvement and life course. In this role, Jen will perform planning and program implementation, data and assessment activities, and research and evaluation projects related to women's and infant health and MCH. Jen is a recent graduate of the George Washington University with a Master's in Public Health in epidemiology. She has completed a number of public



Who's New CONT.

health internships, including work on tobacco-dependence treatment research at the Schroeder Institute for Tobacco Research and Policy Studies and her work at AMCHP on several aspects of the life course indicators project. Prior to pursuing her MPH, Jen held multiple roles over seven years on clinical research teams at a contract research organization. Jen also holds a Bachelor of Science degree in biology from Stonehill College.

Meredith Pyle

Meredith Pyle comes to AMCHP as the senior program manager, CYSHCN. Meredith most recently served as program chief for infrastructure and systems development in the Maryland Title V CYSHCN Program. In this role, she led a variety of strategic planning, needs assessment, and partnership coordination projects in support of statewide public health systems and infrastructure development to support the health and well-being of children and youth with special health care needs. She has been active with AMCHP and with SPHARC (Maryland has a state autism grant) and the needs assessment process in Maryland. Meredith will be actively working on our CYSHCN Standards work, Leadership Institute for CYSHCN Directors and more. She holds bachelor degrees in Cultural Anthropology and Environmental Systems and is pursuing a doctoral degree in public policy from the University of Maryland, Baltimore County.



Get Involved

Applications open for the 2014-2015 Ryan Colburn Scholarship!

Ryan Colburn was an amazing young man with varied interests ranging from singing in a choir to sports (he was an avid Auburn and Atlanta Braves fan and played the outfield in Miracle League Baseball). He touched the hearts and lives of all he came in contact with his contagious personality and unforgettable smile. Ryan also carried a strong message to the disability community imploring others with disabilities to live life to the fullest. In honor of his life and his affirming message to the disability community, family leader, advocate and AMCHP board member Susan Colburn, in partnership with AMCHP, established the Ryan Colburn Scholarship in 2011 to

Get Involved CONT.

keep alive the work that Ryan had started in the recent years before his passing, speaking at local and national conferences about growing up with a disability and the spreading the message of the importance of living life to the fullest. The scholarship provides support for a youth-with-disabilities leader to attend the AMCHP Annual Conference, connect with family leaders, and continue to spread Ryan's message of hope. Please share this valuable opportunity with a youth leader you know, and/or pass it through your channels to reach youth leaders who may be interested. The deadline for Scholarship

AMCHP By-Laws Revisions Approved by Board of Directors

The AMCHP Board of Directors recently approved recommended revisions to the AMCHP By-Laws based upon a comprehensive legal review facilitated by the Governance Committee and utilizing a third-party law firm with specific expertise in nonprofit governance. The approved changes increase efficiency, remove duplicative language and introduce newly mandated clauses and language that ensure that our by-laws are legally current and in compliance with nonprofit law governing the District of Columbia. Members are encouraged to review the new AMCHP By-Laws [here](#).

Per Article XIV of the By-Laws titled, Amendments to the By-Laws, the By-Laws may be amended by a two-thirds (2/3) vote of the of the Board of Directors, with appropriate notice of the proposed amendment in writing to the Secretary and transmitted to the Board members not less than two weeks prior to the meeting. This requirement was fully met. The By-Laws further stipulate that any changes to the By-Laws affecting the rights, classes and conditions or other aspects of membership shall be voted on by Regular members as required under the Act. In the case of the most recently adopted By-Laws revisions, none of the changes affected the rights, classes and conditions or other aspects of AMCHP membership and, therefore, did not require a full member vote.

If further information is required, please feel free to contact Lori Freeman, AMCHP CEO, at lfreeman@amchp.org.

Get Involved CONT.

applications is **8 p.m. EST on Friday, Nov. 7**. To learn more about the scholarship, please [click here](#) or contact Michelle Jarvis at 202-775-1472.

Now Accepting Applications: AMCHP Emerging MCH Leadership Graduate Student Scholarship

AMCHP and Go Beyond MCH are offering a graduate student scholarship. This scholarship is designed to assist one graduate student per year in furthering their education while sponsoring their attendance at the AMCHP Annual Conference to hone their leadership skills and connect them with existing leaders within MCH. The deadline to submit application materials is by **8 p.m. EST on Nov. 17**. To learn more and to see the application requirements, [click here](#).

Are your peers innovative and outstanding leaders? Nominate them for a 2015 AMCHP award!

AMCHP recognizes leadership in MCH in several ways, including awards presented to MCH leaders to honor their excellence in the field. These awards will be presented at the 2015 AMCHP Annual Conference, Jan. 24-27 in Washington, DC.



AMCHP is now accepting nominations for the following:

- **John MacQueen Lecture Award** for innovation in the field of maternal and child health
- **Excellence In State MCH Leadership Award** for an outstanding state MCH professional whose career has made significant contributions to the health of women, children and families in their state
- **Merle McPherson Leadership Award** for exemplary contributions to further family/state professional collaboration within a state Title V Program and AMCHP
- **Vince Hutchins Leadership Award** for leadership in promoting a society responsive to the needs of women, children, youth and families
- **Young MCH Professional Award** for significant contributions to state MCH programs in promoting and protecting the health of women, children, and families in their state and/or region

For more information and the nomination guidelines for these awards, [click here](#).

Please note: All awards use the same nomination form, but a separate form must be submitted per nominee, per award.

Announcing the MCH Student Paired Practica Project for Summer 2015

The National MCH Workforce Development Center, in cooperation with the University of Illinois School of Public Health and Howard University, will support a Paired Practica Project in summer 2015. Through the project, master's or doctoral students/recent graduates from the 13 HRSA-funded SPH training programs and undergraduates from the Howard University MCH Pipeline Program will be supported in undertaking paired practica projects identified by state Title V programs as they respond to and implement health reform. Applications are due by Nov. 3. For more information about how the Paired Practica Project works, see the August 2014 article in AMCHP *Pulse* [here](#). For a state Title V program application, please visit the National MCH Workforce Center website [here](#).

Healthy People 2020 Public Comment is Now Open

The U.S. Department of Health and Human Services (HHS) is soliciting written comments regarding new objectives proposed to be added to Healthy People 2020 since the last public comment period in fall 2013. Healthy People 2020 will continue to provide opportunities for public input periodically throughout the decade to ensure that Healthy People 2020 reflects current public health priorities and public input. Public participation helps shape the framework, objectives, and targets of Healthy People 2020. During this round of public comment, HHS would like your input on proposed new objectives to be added to the topic areas. The comment period closes Nov. 7. For more information, [click here](#).

Resources

[Agency for Healthcare Research and Quality \(AHRQ\):](#)

Evidence-based information on health care outcomes; quality; and cost, use, and access. Links to evidence reports and research findings about [maternal health and pregnancy](#).

[American College of Obstetrics and Gynecologists](#)

(ACOG): Information and materials about preconception and pregnancy for health professionals. Topics include health care for underserved women; perinatal HIV;

Resources CONT.

maternal mortality; diabetes and pregnancy; tobacco, alcohol, and substance abuse; and women with disabilities.

Note: Some resources on the website are accessible to members only. Web accessible resources include:

- [Immunization for Women](#): Updates and advisories on immunizations for adult and adolescent women, including those who are pregnant and breastfeeding. Includes information on seasonal flu and other vaccine-preventable diseases, immunization safety fact sheets, recommended immunization schedules, and practice-management guidelines.

[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.

[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 healthcare 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.

[Before, Between, and Beyond Pregnancy: The National Preconception Curriculum and Resources Guide for Clinicians](#): Continuing education modules, descriptions of state plans and programs for preconception and interconception care, news, key articles and guidance for specific high-risk conditions, and practice supports for physicians, nurse midwives, nurse practitioners, and physicians' assistants.

[Centering Healthcare Institute: CenteringPregnancy](#): Information about this model for group prenatal care that integrates health assessment, education, and support to empower women to choose health-promoting behaviors. Includes a bibliography of research and evaluation studies and video clips about the model.

Resources CONT.

[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](#).
 - [Reproductive Health Assessment After Disaster Toolkit \(RHAD\):](#) This toolkit was designed to assist health departments with assessing the reproductive health needs of women aged 15–44 years affected by natural and man-made disasters.
 - The [Morbidity & Mortality Weekly Reports:](#) Presents data based on weekly reports to CDC by state health departments.
- The CDC [National Center for Health Statistics \(NCHS\):](#) Includes national data about infant mortality and pregnancy loss.
 - [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](#)
- 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 CDC [Racial and Ethnic Approached 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.

[CityMatCH:](#) Tools and resources for implementing initiatives to support the improvement of local perinatal HIV systems, mobilize urban communities to reduce infant mortality and pregnancy loss, and reduce racial inequities in infant mortality in urban communities.

[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 pregnancy loss, birth defects, prematurity, and infant mortality.

- The [Safe to Sleep® campaign](#), formerly known as the Back to Sleep campaign, provides information and resources on baby sleep safely and how to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death.

[Family Planning National Training Centers \(FPNTC\):](#)

Resources for Title X family planning grantees and agencies to deliver reproductive health services to the Title X community and beyond. Includes family planning guidelines, fact sheets, and other publications; webinars and courses; and information on events, the Affordable Care Act, new recommendations, and communities of practice.

[Global Library of Women's Medicine:](#) Peer-reviewed clinical information/guidance on women's health for health professionals. Includes surgical video clips, diagnostic atlases, information about laboratory tests, patient-education materials, and a special section on safer motherhood.

[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.

[Kaiser Family Foundation \(KFF\): Women's Health Policy:](#) Fact sheets, issue briefs, meeting materials, and [data](#) for policymakers, journalists, advocates, and public health professionals about women's reproductive health and access to care, including pregnancy-related care.

[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

Resources CONT.

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 \(MCHB\)](#): Information about MCHB projects and initiatives including [Healthy Start](#), a program to address factors contributing to infant mortality, low birth weight, and other adverse perinatal outcomes in high-risk populations, and the [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#), a federal, state, and community collaboration to improve health and development outcomes for children who are at risk through evidence-based home-visiting programs.

[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.

- [What is Policy and How Do We Evaluate? \(Part 1 of Women's Health Policy: What and Why\)](#): a broad overview of the definition, elements and types of public policy. Six major criteria for evaluating policy are suggested.
- [Understanding Disparities in Perinatal Health and Birth Outcomes: Emerging Trends and Perspectives](#): t his web conference covers the topic of health disparities in the context of birth outcomes and perinatal health.
- [Advancing Title V Goals Through Maternal, Infant, Early Childhood Home Visiting](#): Presenters discuss Title V background and purpose as well as it's impact on data collection and the Affordable Care Act.

[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 fetal and infant mortality review (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.

[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.

Resources CONT.

[National Sudden and Unexpected Infant/Child Health and Pregnancy Loss Resources 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.

[Strong Start for Mothers and Newborns](#). Information about this initiative to reduce the risk of significant complications and long-term health problems for pregnant women and infants. Components include a public-private partnership to reduce early elective deliveries and a funding opportunity for testing new approaches to prenatal care. Strong Start is a joint effort between the [Centers for Medicare and Medicaid Services \(CMS\)](#), the [Health Resources and Services Administration \(HRSA\)](#), the [Administration for Children and Families \(ACF\)](#), and organizations devoted to the health of mothers and newborns.

[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.

[University of North Carolina at Chapel Hill Center for Maternal and Infant Health](#): Preconception and pregnancy research and program information, algorithms for the management of high-risk pregnancies, screening protocols and policies, and patient-education fact sheets in English and Spanish on pregnancy topics, genetics, and serious pregnancy and fetal conditions.

[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.
 - [Supporting Nursing Moms at Work: Employer Solutions](#): An online resource that provides businesses with cost-effective tips and solutions for any industry setting.
- [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.
 - [A Healthy Baby Begins with You](#): Information about this national campaign to raise awareness about infant mortality with an emphasis on the African-American community. Includes campaign materials and infant mortality disparities fact sheets.
 - [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.
- [What to Expect Foundation: Baby Basics Prenatal Health Literacy Program](#): Program information and tools, case studies, models, and guidelines to provide coordinated, evidence-based prenatal-health education within underserved communities.

Resources CONT.

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 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. More than 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 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](#).

Data and Trends

R_x PRESCRIPTION

NAME _____ AGE _____
ADDRESS _____ DATE _____

48,000 women died of prescription painkiller (opioid or narcotic pain relievers) overdoses between 1999 and 2010 (CDC Vital Signs July 2013)

In 2010, **the number of overdose deaths involving prescription opioids were greater than those involving heroin and cocaine combined** (PDMP Center of Excellence).

53% of users of pain relievers, tranquilizers, stimulants, and sedatives aged 12 or older got the pain reliever they most recently used **from a friend or relative for free**. (National Survey on Drug Use and Health 2013)

49 states and 1 territory have passed legislation authorizing a prescription drug monitoring program (PDMP) and **48 states** have an operating PDMP, as of July 2014.

LABEL

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Health

For more information, visit:

<http://www.pdmpexcellence.org/>

<http://www.pdmpassist.org/>

https://www.bja.gov/ProgramDetails.aspx?Program_ID=72

http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm

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Calendar

AMCHP Events

[AMCHP 2015 Annual Conference](#)

Jan. 24-27
Washington, DC

MCH Events

[American Public Health Association \(APHA\) 2014 Annual Meeting and Exposition](#)

Nov. 15-19
New Orleans, LA

[Public Health Law Research Annual Meeting](#)

Jan. 14-16, 2015
San Juan, Puerto Rico

Calendar CONT.

[Children's Environmental Health Network \(CEHN\) 2015 Research Conference](#)

Feb. 4-16, 2015
Austin, TX

[National Health Policy Conference \(NHPC\)](#)

Feb. 9-10, 2015
Washington, DC

[2015 Preparedness Summit](#)

Apr. 14-17, 2015
Atlanta, GA

[Society for Public Health Education 66th Annual Meeting](#)

Apr. 23-25, 2015
Portland, OR

[National Network of Public Health Institutes Annual Conference](#)

May 12-14, 2015
New Orleans, LA

[31st Pacific Rim International Conference on Disability and Diversity](#)

May 18-19, 2015
Honolulu, HI

[8th Biennial Childhood Obesity Conference](#)

Jun. 29-Jul. 2, 2015
San Diego, CA

Want your event listed on the AMCHP MCH Events Calendar? It's easy! Just complete our [online submission form](#).

Association of Maternal & Child Health Programs

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