PULSE

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

Prematurity/Infant Mortality

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AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

From the President

By Sam B. Cooper III, LMSW-IPR

My grandmother used to tell us stories of her childhood – occasionally some veered to Tall Texas Tales, but one of the most interesting was about her birth and early years. She and her twin sister were born in 1918 into a farming family in rural East Texas. She told us that at birth, she and her "younger" sister (Grandmother was a real competitor from the start) slept in shoe boxes because they were so tiny. She went on to say that they eventually graduated to the bottom drawer of the dresser for their first year.

As our country celebrates the 80th birthday of the *Social Security Act*, signed by President Franklin Roosevelt on Aug. 14, 1935, this edition of *Pulse* is focusing on the youngest beneficiaries of that legislation. We have made tremendous progress in infant health since that time, but all of you working to ensure every baby celebrates a happy, healthy first birthday, know we have more to do.

When the Children's Bureau published and distributed the revised Infant Care bulletin (https://ia902605.us.archive.org/19/items/infantcare00unit/infantcare00unit.pdf) in the fall of 1935, the information was the best available at the time and now provides interesting comparisons to 2015. Obviously daily "sun baths" for infants are not part of the current recommendations, unless appropriate sunscreen and eye protection is employed! However, the references to the importance of well-child checkups, nutrition through breastfeeding, and injury prevention are still relevant themes today.

As the Title V agencies and MCH partners in your communities continue efforts to promote preconception health before pregnancy, accessible prenatal care, and focused efforts to improve birth outcomes through

From the President CONT.

evidence-based practice, we will see continued progress. Newborn screening, infant safety, immunization, and family support networks are essential to ensuring that the babies today reach their fullest potential. Continue to carry forward the vital work that must be done so we can have lots of little ears to hear the tall tales of our youth!

Slàinte,

Sam

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From the CEO

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

The March of Dimes Prematurity Campaign, launched in 2003, has stimulated widespread action and attention around the problem of premature birth. Premature birth is the #1 killer of babies, and one in 10 U.S. babies (that's 380,000 babies) are born preterm. The goals of the campaign are to a) raise public awareness of the problems of prematurity; and b) decrease the rate of preterm birth in the United States. Over the course of the campaign, the March of Dimes set ambitious goals for reducing the number of babies born prematurely and have rallied others to join them. AMCHP has proudly served as one of six national partners that comprise the Prematurity Partners in support of the overall campaign. There also are dozens of other national and international alliance members. The Prematurity Partners meet monthly and, together, speak out for legislation that improves care for moms and babies. Through the annual Premature Birth Report Card, another project of the campaign, the March of Dimes demonstrates its progress and focuses the nation's attention on the serious problem and the work ahead. You'll soon be hearing more about this year's reports cards in preparation for November's Prematurity Awareness Month.

Last month, we had a special call of the March of Dimes Prematurity Partners where Dr. Ed McCabe, senior vice president and medical director at the March of Dimes, discussed the National Center for Health Statistics (NCHS) changes in the measurement of gestational age. This was a very informative presentation that is critical to understanding some of the reporting related to prematurity. The NCHS changed its measurement of gestational age from last menstrual period (LMP) to obstetric estimate (OE). This is significant because the LMP measurement is consistently shorter than the OE measurement, the LMP tends to underestimate gestational age, and the consequence of this underestimation is higher pre-term birth rate. Dr. McCabe noted that OE is used by all other highly developed countries. NCHS changed its primary measure of gestational age with the 2014 preliminary data. This change has major implications for national and state pre-term birth rates and in fact is responsible for a 2 percent decline from 12 percent to 10 percent in

From the CEO CONT.

the national data. This alone resulted in a global position change from 131st to 89th in rankings for the United States. Other major implications for national and state preterm birth rates include that the United States has met the 9.6 percent 2020 preterm birth goal, seven years early and all states have lower preterm birth rates.

Nevertheless, the March of Dimes and its partners remain focused on the message that no one should mistake this as a victory, the number of babies born preterm is still too large, and the March of Dimes goal to reduce prematurity remains urgent and aggressive. In fact, earlier this summer, the March of Dimes Board of Trustees approved a resolution to declare a 2030 target for the rate of preterm birth not to exceed 5.5 percent in the United States. AMCHP stands strong in its support of this target. This would place the United States in the top 10 percent of highly developed countries with the lowest preterm birth rates and rightfully where we should be ranked. The savings to our nation should this goal be reached by 2030 is an estimated $80 billion!

Perhaps the most important component of the message to relay is that the preterm successes noted to date were not shared equally. Our attention still needs to be laser focused on this issue because **not all babies have the same opportunity** to be born full term. Health inequities remain significant and non-Hispanic black and Native American babies are far more likely to be preterm than their non-Hispanic white and Asian counterparts. The March of Dimes, with the help of its partners like AMCHP, need to drive further reductions in the preterm birth rate for all racial and ethnic groups and all geographic areas.

Having just attended several block grant reviews, including the U.S. Virgin Islands, New York, and Puerto Rico, I know this issue remains front and center in your states and territories. I applaud you for your steadfast diligence and continued efforts to address preterm births and reduce infant mortality and AMCHP strives to support your good work as we all strive toward these new goals.

If you'd like to learn more of Dr. McCabe and the March of Dimes work on the 2030 prematurity target, please consider reading "Fighting for the Next Generation: U.S. Prematurity in 2030," Edward R.B. McCabe, MD, PhD, Gerard E. Carrino, PhD, MPH, Rebecca B. Russell, MSPH, and Jennifer L. Howse, PhD, www.pediatrics.org/cgi/doi/10.1542/peds.2014-2541.

Feature

States Put the Squash on Smoking during Pregnancy

By The National Institute for Children's Health Quality

One of the core strategies for lowering the U.S. infant mortality rate is to reduce smoking before, during and after pregnancy. Smoking during pregnancy is associated with multiple fetal health risks, including sudden unexpected infant death.

Currently, 21 of 53 states and territories that are part of the Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN) are testing different smoking cessation methods in their communities. Approaches include providing doctors with smoking cessation program information and asking them to refer women who smoke to a smoking cessation program; designating a "quit coach" who provides counseling and support; and extending counseling postpartum.

The National Institute for Children's Health Quality (NICHQ), the backbone organization along with the Maternal and Child Health Bureau (MCHB) for the IM CoIIN, recently sat down with members of two state teams to learn about their small tests to date.

New Jersey

The team is testing the promotion of its new smoking cessation toolkit to providers, which includes information about the state comprehensive perinatal smoking cessation program, Mom's Quit Connection, including instructions on how to refer patients. It is very successful so far, doubling their predictions of a 30 percent increase in requests for training by providers. They also were surprised that in addition to health-related organizations, 67 percent of schools requested training (the New Jersey team also has a kit for general smoking cessation).

"One lesson learned is that providing online access to educational, promotional and referral materials to health care providers serving pregnant smokers is an effective strategy for engaging them in professional training programs, and supports more targeted and cost effective outreach to those providers who have already expressed

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Smoking during Pregnancy

an interest in helping smokers quit," says team member Loletha Johnson, MSN, RN.

Vermont
Team members are working with a WIC site in Bennington to increase what they have termed "facilitated self-referrals" to the state quit line (part of the recently re-branded set of state cessation services known as 802Quits). When pregnant women visit the WIC office and are identified as smokers, they are shown the 802Quits.org website and can register for quitline or quit online cessation services via a computer in the office.

"It is a great opportunity for the WIC counselor to engage with the client," says team member Eoana Sturges. "They realize we are not out to shake our fingers at them." Their goal is to increase these referrals by 5 percent. They are still in the planning stage.

To learn more about CoIIN and the Smoking Cessation Learning Network, please visit http://nichq.org/blog/2015/july/smoking_during_pregnancy.

Feature
#FathersinMCH: Collaborative Efforts to Improve Paternal Involvement in Pregnancy Outcomes

By Jermane Bond, PhD
Senior Fellow, National Collaborative for Health Equity

Many of us know that infant mortality (IM) is a key marker of the health of a nation and that the United States ranks far behind other developed countries. Last year this time, Christopher Ingraham of *The Washington Post* wrote that: "Our infant mortality rate is a national embarrassment."

The Healthy People 2020 target goal for the U.S. infant mortality rate (IMR) is 6.0 infant deaths (per 1,000 live

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#FathersinMCH

births) with the current U.S. rate being about 50 percent higher than that goal. And while the U.S. IMR has decreased in the last decade, disparities continue to remain among racial/ethnic groups (Figure 1 on page 5). In fact, the IMR for African Americans is more than double the rate of white Americans. This may be old news to you. What's interesting is that major causes (preterm birth (PTB) [<37 weeks of gestation], low birthweight (LBW) [<2500 g] and very low birthweight (VLBW) [<1500 g]) and risk factors for adverse pregnancy outcomes (i.e. maternal age, stress, income, education, employment, housing, prenatal care utilization, smoking, alcohol consumption and marital status) only account for only a small fraction of explained variation in IMR among racial/ethnic groups. New approaches along with innovative questions are needed to address poor pregnancy outcomes. Recent efforts to address these concerns have included males as an essential protective factor against adverse pregnancy outcomes.

#FathersinMCH
We know that men are important to MCH, however, as of yet have not played an equal and important role in family planning or pregnancy, nor have they had a place in reproductive health initiatives. Not only are men less likely than women to receive preventative health services and have a regular doctor or source of care but men are also less likely to have health insurance.[1] This lack of attention to the health care needs of men further limits our ability to understand the biological, social, and environmental consequences of male health inequities and its influence on pregnancy outcomes (PO). More research is needed to better understand the impact expectant father's health can have on PO.

Paternal Involvement in Pregnancy Outcomes
It's been five years since the Commission on Paternal Involvement in Pregnancy Outcomes (CPIPO) released a set of 40 research, policy and practice recommendations to improve paternal involvement in MCH. As the director of this transdisciplinary working group of scholars from the social sciences and public health community, I trust that CPIPO has successfully raised public awareness for the importance of including men and expectant fathers in pregnancy and family health by reframing debates, informing research, policies and clinical practice.

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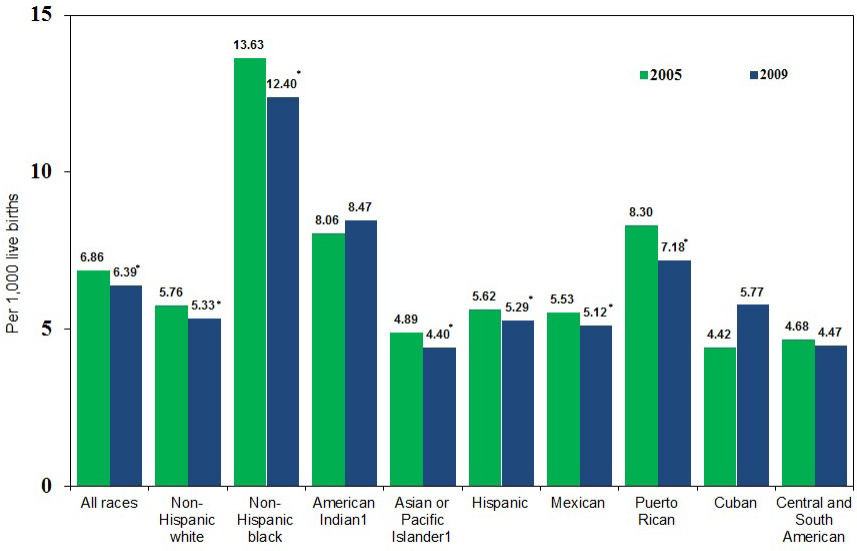
#FathersinMCH

Figure 1. Infant Mortality Rates by Race and Ethnicity of Mother: United States 2005 and 2009



* Significant decline
1/ Includes persons of Hispanic and non-Hispanic origin.
SOURCE: National Vital Statistics System, NCHS, CDC

Despite national efforts of CPIPO, there is still a tremendous need to develop evidence-based strategies to improve paternal involvement before, during, and between pregnancies, particularly in communities where paternal involvement has traditionally been low and birth outcomes have been poor. And it's what we don't know that limits our ability to predict how great an impact increasing the role of men and expectant fathers can have on PO and the health of African American families.

Building Trans-disciplinary Collaborations: The Paternal Involvement in Pregnancy Outcomes Network

While national efforts and agenda setting groups like CPIPO continue to reframe debates, inform research, policies and clinical practice, community groups are calling for equal inclusion and more attention to fathers and expectant fathers in MCH programs. To address these needs, we are organizing the Paternal Involvement in Pregnancy Outcomes Network (PIPON) to identify best approaches and strategies to provide a forum for shared-learning and collaboration between the academic institutions, community organizations and within MCH member organizations.

PIPON will consist of organizations and individuals from community groups, practitioners, and academic institutions with a goal of identifying and developing community-driven research priorities, father-friendly hospitals and practices, resources and strategies for male preconception health and reproductive life planning for African American men. PIPON will take a trans-disciplinary approach guided by the life course perspective recognizing that, much like mothers, fathers have a life history of their own and father involvement is determined in part by their own life experiences, including their father's involvement in their lives growing up. Ultimately, we seek to enhance the capacity of MCH programs to support and nurture the needs of men, fathers and expectant fathers before, during and between pregnancies.

Let's Do Something Now: Strategies for Action and Partnership

Using a trans-disciplinary approach guided by the life course perspective our mission to develop a shared-learning and capacity building network will enhance the role that men and expectant fathers play in MCH programs, PIPON seeks to:

1) <u>Develop a Memorandum of Understanding (MOU) between partner organizations.</u> Member organizations will collaborate to design and implement community needs assessment tools with funding and outreach strategies to include men, fathers and expectant fathers in MCH programs and participate in co-parenting and capacity-building initiatives

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#FathersinMCH

2) Query community members on best approaches to engage males in family planning and pregnancy initiatives. Collaborate to help identify best approaches to identify, document, and highlight local barriers to male family planning, preconception and reproductive health and PI and prioritize factors contributing to PI before, during and between pregnancy
3) Identify a core set of constructs, variables, and quantitative measures for paternal involvement in pregnancy, men's preconception care and family planning. Member organizations will collaborate on research design, methodology, and theory and conduct working-group meetings to discuss and share relevant preconception and reproductive health resources for men, fathers and expectant fathers

A New Way Forward: Pathways for MCH Programs
Much of what we know and understand about adverse pregnancy outcomes has stemmed from research on the mother. Overall, little attention has been given to

The March of Dimes Prematurity Prevention Conference

The Prematurity Prevention Conference 2015: Quality Improvement, Evidence and Practice will take place on Nov. 17 and 18 in Arlington, VA. The conference is hosted by the March of Dimes, as part of its Prematurity Campaign, with AMCHP and other partners. Nov. 17 is World Prematurity Day, when hundreds of organizations worldwide conduct awareness and advocacy events to call for actions to prevent premature birth and improve care. The March of Dimes Prematurity Campaign was launched in 2003 with the goal of reducing the rate of premature birth in the United States.

Participants from various backgrounds – health care practitioners, insurers and purchasers, policymakers, regulators and advocates – will examine ways to enhance prematurity prevention efforts by sharing best practices for designing, implementing and evaluating programs and policies. Join them.

Prematurity Prevention Conference 2015: Quality Improvement, Evidence and Practice
Nov. 17 (8:30 a.m.) to Nov. 18 (12:00 noon)
Crystal Gateway Marriott in Arlington, VA
Registration and Information: www.marchofdimes.org/conferences

The conference will focus on interventions and collaborative initiatives to prevent prematurity, including quality improvement, group prenatal care, elimination of early elective deliveries, and birth spacing. General sessions will include updates on the science of premature birth and transdisciplinary research.

Even if you can't make it to the conference, be sure to join the March of Dimes Prematurity Prevention Network, created in 2012 as a way to keep the conversation going outside of conferences. The PrematurityPrevention.org website offers network members a venue to converse on new and relevant topics through private communities and forums. It is the most comprehensive source of information for professionals on premature birth and preventing premature births.

Visitors to www.prematurityprevention.org are asked to join the network free of charge. After joining, members have the opportunity to download toolkits and reports, view statistics from the March of Dimes perinatal data center, see promising programs and interventions, and connect with other professionals online.

The 2015 Prematurity Prevention Conference is organized by the March of Dimes in collaboration with the Centers for Disease Control & Prevention (CDC), American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), AMCHP, Association of State and Territorial Health Officials (ASTHO), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), and National Association of County & City Health Officials (NACCHO).

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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#FathersinMCH

the reproductive health of men and his contribution to pregnancy outcomes. We know little about the harmful effects of environmental exposure (e.g.,nonylphenol, polycyclic aromatic hydrocarbons (PAHs), dioxins, phthlates) on male reproductive health and pregnancy outcomes. Recent evidence suggests that exposures to many of these harmful toxins early in life are correlated with adult disease, which can have intergenerational adverse affects on offspring. We hope that PIPO can help to shed light on many of the important contributions that men make to MCH. Ultimately we anticipate that this work will lead to the implementation of a national paternal involvement initiative where males are equally included in family planning, pregnancy and MCH programs –not just counted as a bystander.

[1] The 'young invincibles' are primarily men

Feature

Gearing up for the Next Open Enrollment Season

By Emily Eckert
Program Associate, Health Reform Implementation, AMCHP

The passage of the Affordable Care Act (ACA) created several pathways to achieve its core triple aim goal of reducing the number of uninsured Americans by providing access to affordable, high-quality health insurance. One of these pathways was the creation of the Health Insurance Marketplace. The Health Insurance Marketplace offers affordable coverage options for MCH populations who may not be eligible for or have access to other public or private insurance programs.

The United States has seen a decline in the uninsured rate with the implementation of the ACA and the roll-out of the Health Insurance Marketplace. Since the ACA coverage provisions took effect in October 2013, upwards of 16.4 million uninsured people have gained health insurance coverage.[1] These high enrollment numbers, combined with the millions of newly-eligible individuals living in states with expanded Medicaid programs, have dropped the American

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Gearing Up for Open Enrollment

uninsured rate below 10 percent for the first time in more than 50 years.[2]

MCH populations are reaping significant benefits from this reform, with a more than 5.5 percentage point decline in the number of women ages 18-64 living without insurance.[3] Additionally, the ACA includes a number of provisions to expand access to care for women and children, including access to preventive services with no cost sharing, greater coverage of maternity-related care, and increased pediatric benefits for all children.

Starting Nov. 1, 2015, the Marketplace will be back in business for the third season of open enrollment. The third open enrollment period will last for three months, ending Jan. 31, 2016.

To be eligible for Marketplace coverage, individuals must meet eligibility requirements. To learn more about eligibility, visit the guide to eligibility page on Healthcare.gov. If an individual does not meet the eligibility requirements to enroll in a qualified health plan (QHP), there are other options available, for example, Medicaid and the Children's Health Insurance Program (CHIP). It is important to remember that individuals and families can apply for these programs year-round. For more information on eligibility for these programs for MCH populations, be sure to check out the AMCHP comprehensive Coverage Chart for MCH populations. In addition, federally qualified health centers (FQHC) across the country offer primary care and other specialty services to individuals with or without insurance. For a full list of FQHCs, visit the HRSA Find a Health Center page.

To help individuals and families navigate the various health insurance options, the Centers for Medicare and Medicaid Services (CMS) funds navigator programs throughout the country. For a complete list of in-person assisters in your state, visit the CMS website.

As MCH leaders, it is important that you prepare your staff for the upcoming open enrollment period. This includes equipping your outreach materials with information on enrollment opportunities and eligibility criteria; coordinating with navigator agencies and other groups in your state that provide in-person enrollment assistance; and ensuring that all front-line staff serving MCH populations (including WIC agencies, Title X family planning clinics, local health

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Gearing Up for Open Enrollment

departments, home visiting programs, etc.) have the information they need to inform, refer and help individuals understand their options.

Selected AMCHP Resources for Further Information
The Affordable Care Act: A Working Guide for MCH Professionals

[1] http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201508.pdf
[2] http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201508.pdf
[3] http://aspe.hhs.gov/sites/default/files/pdf/77191/ib_mch.pdf

Feature
ASTHO Releases State Story on Louisiana 17P Efforts

By Carolyn McCoy, MPH
Senior Policy Manager, Health Reform Implementation, AMCHP

The Association of State and Territorial Health Officials (ASTHO) recently released a state story highlighting the efforts of Louisiana to expand use of 17-alphahydroxyprogesterone (17P). 17P is an injectable form of progesterone that has been proven effective in preventing recurrent preterm birth.

In Louisiana, only 5 percent of women who are eligible to receive 17P do so. By linking vital records with Medicaid and creating a Medicaid pay-for-performance measure, the state plans to raise this rate to 20 percent. The State Story highlights: steps taken, including how public health works with Medicaid, results that include data collection improvements and metrics, and lessons learned that can help other states improve use of 17P.

Among many results of the Louisiana work on this topic, they have seen a quadrupling in home injection of 17P and improved collection of data to help track the progress of this effort.

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ASTHO 17P

The State Story can be found here: http://www.astho.org/Maternal-and-Child-Health/Louisiana-Public-Health-and-Medicaid-Team-Up-to-Increase-17P-Access-and-Reduce-Preterm-Birth-Rate/.

Feature
Addressing Infant Mortality in Arkansas

By Oscar Fleming, MSPH
Implementation Specialist/ Investigator, National Implementation Research Network, FPG Child Development Institute

Ranked sixth highest in the nation for child poverty at 27.3 percent and 40th nationally in the annual child well-being rankings, Arkansas faces significant challenges in improving child health. Despite increases in insurance coverage, access to care remains a challenge due to a lack of primary care physicians, pediatricians, obstetricians, mental health professionals and dentists. Rural Arkansas averaged just 64 primary care physicians per 100,000 people compared to 106 physicians per 100,000 people in urban Arkansas. Thus, improving child health and reducing infant mortality are two key goals for the state of Arkansas.

Recognizing a need for collective effort, a team of public and private stakeholders joined forces, including Arkansas Medicaid (primary payer), Arkansas Center for Health Improvement (ACHI), Arkansas Department of Health (public health), Arkansas Hospital Association and the University of Arkansas for Medical Sciences. The team identified two core strategies focused on increasing breastfeeding rates and safe sleep practices. According to the CDC, in 2013, 58 percent of women had ever breastfed, 23 percent were exclusively breastfeeding at three months and 24 percent were breastfeeding at six months. These levels fall below national targets of 81.9 percent, 46.2 percent, 34.1 percent and 60.6 percent respectively (http://www.cdc.gov/breastfeeding/pdf/2013breastfeedingreportcard.pdf).

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Addressing Infant Mortality in AR

The team identified hospitals as a critical entry point for initial efforts. A county in the Delta area of the state was selected for the initial project site. The Delta region is characterized by higher infant mortality, lower breastfeeding rates and less uptake of safe sleep practices. In addition, this area of the state not only has greater needs, it has the least amount of resources. This makes using the hospital as the point of impact all the more important.

With technical assistance from the National MCH Workforce Development Center to scope and plan the effort, the project kicked off in June 2015. Initial efforts are focused on developing and testing a new breastfeeding support toolkit and safe sleep resources to help hospital staff effectively counsel and support new parents. Hospital staff will receive training and support to use these resources to effectively counsel pregnant women and families, recognizing the need to adapt messages to the local community. Desired outcomes for this initial effort include: Increasing breastfeeding initiation rates, increasing maternal education about breastfeeding and safe sleep, developing an enabling context for improvements through staff education and support and supportive hospital policies, and improving staff knowledge, attitudes, and practices related to safe sleep and breastfeeding. Site specific data collection tools and simple surveys are being designed to track progress over time.

The team developed a charter to guide the project and will use rapid cycle improvement methodologies to track progress, identify challenges, formulate and test solutions. At the hospital level, the project team will work with hospital staff to collect data, such as the delivery of breastfeeding education and support, initiation of breastfeeding and plans for continued breastfeeding. As staff identify persistent challenges, such as competing demands limiting staff time with mothers, the team can identify and test strategies, such as restructuring tasks to ensure mothers and families get adequate information and support for breastfeeding and safe sleep. For the project team, learning from this first effort will help to improve the breastfeeding and safe sleep resources and the strategies for engaging and collaborating with additional hospitals. For example, the model policies included in the toolkit might be tweaked to be more flexible and relevant for small rural hospitals.

Recognizing the need for a holistic approach and the importance of collective action, the project team has linked to related community efforts, such as breastfeeding consultants supported by a NACCHO grant to the Arkansas Breastfeeding Coalition and a locally supported safe sleep promotion campaigns.

Ongoing support from the MCH Workforce Development Center will help the team to identify and leverage additional technical and financial resources.

Feature

Attendees Take 'Kaizen' Approach to Quality Improvement

Article originally published in the August 2015 issue of *Alabama's Health: A Publication of the Alabama Department of Public Health*

Along with attendees from Mississippi and Rhode Island, two representatives from the Alabama Department of Health participated in a Kaizen event in Washington, D.C., during the week of Jun. 14-19. Also participating were representatives from AMCHP and the National Association of Chronic Disease Directors (NACDD).

Kaizen is an efficient way to approach quality improvement. Kaizen is a Japanese word meaning small changes for the better. In an intensive training, participants were charged

Participants in Kaizen shown, front, from left: Jordan Kennedy (Rhode Island), Krishona Lee (Alabama), Zarina Fershteyn (National Association of Chronic Disease Directors), Melanie Rightmyer (Alabama), Lacy Fehrenbach (AMCHP), and Lia Katz (ASTHO). Back: Marilyn Johnson (Mississippi), Jennifer Olsen (Rhode Island), and Meagan Robinson (Mississippi).

Feature CONT.

Kaizen Approach to QI

with improving the grant reporting process for two federal grants: Title V and 1305.

Project goals are as follows:

- Free staff labor hours to focus on value-added program activities.
- Ensure that the grant requirements, including reporting, better meet the funding agencies' needs.
- Ensure all collected data can be used to support quality outcomes. The most valuable information required is known, requested, and used by the funding agency.
- Grant requirements are aligned with awards.

"The training was valuable because the skills learned can be applied to any project situation," Dr. Rightmyer said. "We need to go into grants with defined and understood roles and use our partners' resources and skills to the fullest."

Ms. Lee agreed and said, "The actual work of the Title V MCH Service and the 1305 Chronic Consolidated Block Grants is critical to preventing disease and health care costs. In early April, at a two-day training in D.C., we started the Kaizen by fostering collaboration between the two programs and realizing some synergy in the actual reporting of similar programmatic work and performance objectives. We hope the Kaizen learning experience will foster strong relationships and free up staff time for partnership on the actual work of these programs."

The learning didn't end in Washington, D.C.; tools and skills brought back to each state have already proven beneficial, Dr. Rightmyer added. During monthly conference calls, participants will continue the quality improvement process. Brainstorming and learning from each state's progress including highlighting implementation of technologies such as Microsoft SharePoint will be shared. This work was part of a larger project, the Quality Improvement Forum, which is led by the Association of State and Territorial Health Officials (ASTHO), and is designed to work on quality improvement opportunities that impact many different agencies in the public health system, including federal, state, and local agencies. Continual Impact, LLC provided QI training and support. The QI Forum is supported by the Robert Wood Johnson Foundation.

View from Washington

Taking Stock of Lessons Learned from Budget Battles

By Brent Ewig, MHS
Director, Public Policy & Government Affairs

As Washington again teeters on the verge of another government shutdown over the federal budget, we have the opportunity to step back and reflect on some of the trends we've seen over the past year and lessons learned from our advocacy for MCH programs.

First, the application of evidence-based policymaking has moved to the forefront and was particularly strong in the run up to reauthorization of the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) last April. This feature appears to be here to stay. Second, we are increasingly engaged in difficult conversations about return on investment (ROI) and how that is shaping the health funding landscape

Looking first at evidence based policymaking and its application in the debate about reauthorization of MIECHV, then chairman of the House Ways and Means Subcommittee on Human Resources Rep. Dave Reichert (R-WA) said this last year: "For my part, I am interested in how we can apply the basic discipline of this program – which uses taxpayer funds to support what we know works to help children and families – to other government programs that today can't say the same thing." While there is clearly a vote of confidence in the efficacy of home visiting here, there also is the clear warning that other programs should be on notice to show their evidence.

This is why I am particularly pleased that the recent transformation of the Title V MCH Services Block Grant has such a strong focus on developing evidence-based strategies to support each of the state selected performance measures. This will allow us to assure policymakers that the Title V MCH Block Grant is not a blank check approach but rather continues a strong focus on accountability by ensuring application of the best available evidence. Those wanting to learn more about the Title V MCH Block Grant transformation can visit here.

View from Washington CONT.

On the ROI front, we are increasingly asked by key staff on the Hill to demonstrate how taxpayer funds supporting our program not only save lives but also save the government money, with one particular staffer insistently asking for a breakdown in Medicaid vs. Medicare savings to be expected from injury prevention programs.

Building on the *Power of Prevention* report that AMCHP compiled a few years back to synthesize the cost effectiveness of MCH programs, we are confident that many interventions can demonstrably save lives and dollars. The difficulty we are facing in this particular environment is countering a search for a single, silver bullet intervention, instead of supporting a systems approach that we know is needed to generate collective impact. The prospect of continued austerity signals that programs will continue to be pitted against each other, to the detriment of a comprehensive and effective public health system. We will continue to make the best case we can on your behalf. As always your thoughts and stories illustrating success in this area are welcome here – we love to hear from you.

Real Life Story

Prior Knowledge Makes Difficult Situations Easier to Navigate

By Shawne Wittrock
Family Navigator, Child Health Specialty Clinics

My second pregnancy started out very similar to my first, which according to our doctor was a 'textbook' pregnancy. At 15 weeks my husband and I received the surprise of a lifetime, we were having twins! Two short weeks later at our first appointment with our Maternal Fetal Specialist, we were told we had monochorionic, diamniotic (one placenta, two amniotic sacs) twins. In addition, I was diagnosed with Stage II Twin to Twin Transfusion Syndrome (TTTS).

Real Life Story CONT.

My husband and I were told we would need to schedule an appointment in Cincinnati the following week, an 11-hour drive from our home in Iowa. According to the Cincinnati Fetal Care website, "TTTS is a rare, serious condition that can occur in pregnancies when identical twins share a placenta. Abnormal blood vessel connections form in the placenta and allow blood to flow unevenly between the babies." By the time we reached Cincinnati for testing, I had progressed to Stage III TTTS. Upon medical advice we decided to proceed with a laser surgery procedure to sever the blood vessel connections. After surgery we were told that our twins had a 90/10 placental share and that it is rare for a baby with less than a 15 percent share to survive.

We had weekly ultrasounds when we returned home and at 26 weeks, the membrane separating the twins tore, making them monochorionic, monoamniotic (one placenta, one amniotic sac). I was immediately hospitalized due to concerns of cord entanglement and concerns with umbilical blood flow. Our baby girls, Sutton and Eliza, were born at 32 weeks, weighing 2 lbs. 13 oz. and 5 lbs. respectively.

During their NICU stay both girls received oxygen and treatment for jaundice. A cyst was discovered on Eliza's head ultrasound, which then led us to seek genetic testing that showed no present concerns. Eliza was discharged from the NICU after 34 days and Sutton joined us at home after 47 days; organized chaos became our new normal!

Today, our girls are 20 months old and are growing and thriving! Sutton is still small, weighing only 20 lbs., but she continues to gain weight consistently. Developmentally both girls are doing much better than expected; their gross motor skills are put to use constantly with their love of climbing everything and jumping on the trampoline. Communication is developing slowly; receptive language is strong as they understand questions and directions, but expressive language skills need improvement. Sutton will likely be getting tubes in the coming months so we are hopeful that will help with her language acquisition. Eliza passed her most recent hearing test but we will continue to monitor her as well.

Real Life Story CONT.

It has been such a joy to raise twins, their personalities are very distinct; Sutton jumps right into most things and goes full speed ahead, whereas Eliza is much more reserved, most of the time, and thinks before she acts. And although Sutton and Eliza may butt heads, they band together if they see someone picking on the other one, usually this ends up being big sister.

Because of my previous work experience I had knowledge of our local services, and I was able to reach out to our IDEA Part C Early ACCESS program to connect with early intervention services. I often think back to our time spent in the NICU and think of other families who may be overwhelmed with the situation they have found themselves in and I am thankful for the prior knowledge I did have and that I am able to help use that knowledge to connect families with programs and resources available to them!

Success Story

Babies Born Healthy: An Infant Mortality Reduction Initiative

By Alison Whitney, MSW, MPH
Health Policy Advisor, Maternal and Child Health Bureau, Maryland Department of Health and Mental Hygiene

Ilise Marrazzo, RN, BSN, MPH
Director, Maternal and Child Health Bureau, Maryland Department of Health and Mental Hygiene

The Babies Born Healthy (BBH) program was initiated in 2007 with the following goals: to reduce infant mortality, improve birth outcomes and reduce racial disparities in those outcomes. This program was originally part of the Governor's Delivery Unit, targeting funding toward the eight jurisdictions in Maryland with the highest infant mortality rates and focusing interventions in the preconception, prenatal and perinatal periods. Interventions included access to QuickStart prenatal care, perinatal navigation and the provision of comprehensive women's health care

Success Story CONT.

Babies Born Healthy

– including screening for obesity, depression, substance abuse, mental health and intimate-partner violence. Since the program's inception in 2007, the overall infant mortality rate in Maryland decreased by nearly 19 percent from 8.0 infant deaths per 1,000 live births in 2007, to 6.5 infant deaths per 1,000 live births in 2014.

Now that Title X clinics in the state are required to take a more comprehensive approach to family planning services, in order to avoid overlap, BBH has transitioned to a more data-driven program with a focus on both clinic- and systems-level interventions. Jurisdictions are now required to implement selected interventions in the following strategy areas: tobacco cessation, prenatal care access, substance abuse and mental health prevention and treatment, long-acting reversible contraception (LARC) promotion, as well as any other relevant strategy areas based on supporting data. Intervention examples include hospital partnerships to ensure access to postpartum

innovation station Sharing Best Practices in MCH

AMCHP is collecting emerging, promising and best practices related to prematurity or infant mortality!

Does your program address an MCH best practice? 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 Jones 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 Story CONT.

Babies Born Healthy

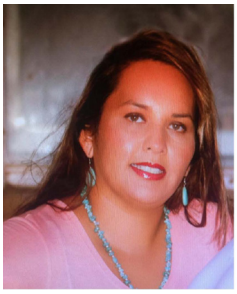
LARC placement, Medicaid application assistance for pregnant women and Maryland Quitline trainings to local pharmacy staff and obstetricians.

MCHB recently gained an expert staff of epidemiologists and data specialists. This "data team" supports offices within the bureau and will be providing extensive analyses in order to update the Maryland Plan to Reduce Infant Mortality. In order to support the recent BBH transition to become more data driven, MCHB produced "county snapshots" for all grantees. For each snapshot, the data team analyzed hospital discharge data on the following risk factors and outcomes: low birth weight; very low birth weight; preterm and early preterm birth; early, late and no prenatal care; maternal hypertension; obesity; diabetes; depression; opioid dependence/abuse; drug dependence; tobacco use; and family planning. Results were stratified by age and race, and county levels were compared with overall state levels. Because many jurisdictions lack epidemiologists, providing this tool will enable them to tailor interventions in order to focus on the most pressing factors and high-risk populations in their communities.

While Maryland has seen a steady decline in overall infant mortality in the past several decades, the black-white racial disparity has remained fairly the same, around three times as high for black infants in the same time period. In order to gain a more detailed understanding of where and why these disparities persist, the data team will be providing perinatal periods of risk (PPOR) analyses to BBH sites, promoting the goal of reducing racial disparities in birth outcomes. They also will provide epidemiology 101 trainings to empower staff to understand, utilize and share maternal and child health data on a local level. More broadly, the BBH sites are acting as pilots. MCHB intends to transform its infant mortality programs, so that these trainings, snapshots and analyses will be offered to all jurisdictions in the state as part of the Maryland Plan to Reduce Infant Mortality.

Success Story

Coming of the Blessing: A March of Dimes American Indian/Alaska Native Perinatal Initiative


By Carol M Arnold, PhD, RN, LCCE
Associate Professor of Nursing, Texas Woman's University

Andrea Ellis-Harrison, BA
Planning Coordinator, Seminole Nation of Oklahoma

Belinda Rogers, BS, AND
Director, Programs & Government Affairs, March of Dimes Oklahoma Chapter

According to the 2010 Census, there are approximately 5.2 million American Indian and Alaska Natives (AI/AN) living in the United States today representing 566 federally recognized Nations. More than 40,000 American Indian and Alaska Native babies are born in the United States each year, with more than 13 percent of those born premature. AI/AN have the second highest rate of infant mortality and the highest rate of late or no prenatal care. Early and continuous prenatal care has been demonstrated to help reduce health concerns during pregnancy. One barrier to prenatal care for AI/AN includes the lack of culturally appropriate prenatal education materials.

A volunteer group of AI/AN women came together with the Western Region of the March of Dimes in 2006 to look at the prenatal health challenges faced by the AI/AN communities. This group of women represented 10 different Nations. They united with the March of Dimes, and together created a culturally appropriate prenatal education tool to support AI/AN women with prenatal education and encouragement to receive early and continuous prenatal care as well as supporting her traditional beliefs, lessons from her ancestors and including her partner in the circle of support during the pregnancy and after.

Success Story CONT.
Coming of the Blessing

The committee was empowered to grow and mentor community prenatal facilitators across the Western United States. The Coming of the Blessing® is now a national initiative and reaches AI/AN families across the United States.

The March of Dimes Oklahoma Chapter is leading the way in transforming the lives of Native families by improving birth outcomes through The Coming of the Blessing® pilot programs. Outcomes from these programs have shown significant decreases in preterm birth rates by almost half, decreases in smoking rates, and improvements in breastfeeding and nutrition during pregnancy.

One of the most successful pilots, with the Seminole Nation of Oklahoma, brought great awareness to the community through outreach in group and individual efforts. The Seminole Nation of Oklahoma was one of the first tribal communities to introduce the Coming of Blessing initiative into a native community. The Seminole Nation thrives on the cultural aspect and maintaining the traditional ways of living. The Seminole Nation is recognized as a one of the Five Civilized Tribes within Oklahoma and takes pride in being unique with a rich culture and heritage. Although, the Coming of the Blessing initiative is not tribal specific it does indeed support the connection of how tribal communities are unique when it comes to healthy pregnancies and the connection within the family unit on a tribal level. “Coming of the Blessing provides our young mothers with access to vital information regarding the health of their babies,” stated, Principal Chief Leonard M. Harjo of the Seminole Nation of Oklahoma. “The March of Dimes has been truly a blessing for providing much needed educational resources to the community where there are very limited resources available,” added Andrea Ellis-Harrison, planning coordinator, Seminole Nation and Coming of the Blessing pilot site coordinator.

In Oklahoma and the nation this culturally rich program is improving lives, integrating cultural health practices and building strong relationships in Native communities – changing the future of health care for Native families.

Who’s New

TITLE V DIRECTOR

OHIO

Theresa R. Seagraves, MPA
MCH Block Grant Manager and Title V Director
Ohio Department of Health
Office of Health Improvement and Wellness

CYSHCN DIRECTOR

VERMONT

Monica Ogelby
Director, Clinical Services
Vermont Department of Health

AMCHP STAFF

Emily Eckert
Emily Eckert joined AMCHP as our new program associate for health reform implementation. Emily graduated from Allegheny College in 2014 with a degree in Women’s Studies and English. She has worked with multiple nonprofits that specialize in women’s health policy, advocacy and health care delivery. Most recently, she worked as a community health organizer for the Pennsylvania Health Access Network, where she helped uninsured and underinsured Pennsylvanians access health care coverage, and was actively involved in the organization’s communications and state-level advocacy efforts. Emily has also worked as an ACA organizer for the National Family Planning and Reproductive Health Association (NFPRHA), where she gained extensive knowledge of the federal health insurance exchange system. In her time at NFPRHA, Emily worked at a Philadelphia OB/GYN practice, where she assisted underserved pregnant women and new mothers enroll in health coverage. Rounding out her ACA credentials, Emily is a llicensed Health Insurance Navigator and a Certified Application Counselor.

Who's New CONT.

Sarah Beth McLellan
Sarah Beth McLellan comes to AMCHP as the new senior program manager for CYSHCN on the Child and Adolescent Health Team. For the past two years, Sarah served as an evaluator for the National MCH Workforce Development Center, based out of the UNC Gillings School of Global Public Health at Chapel Hill, where she also earned her Master's in Public Health in maternal and child health. In 2012, she completed a practicum at the World Health Organization in Geneva, Switzerland with the Maternal, Newborn, Child, and Adolescent Health Department where she collaborated with global professionals to address MNCAH policies to achieve the Millennium Development Goals. Prior to graduate school, Sarah Beth managed clinical trials in pediatric and adult oncology at Vanderbilt University, where she earned her Bachelor's of Arts in Women's Studies and Medicine, Health, and Society.

Wendy Wen
Wendy Wen joined AMCHP as the associate Director of finance & accounting. Wendy comes to us from the International Life Sciences Institute where she spent eight years and was promoted numerous times and received a 100 percent rating from her colleagues on her interactions and customer service skills with staff. Prior to this position, she worked as an accountant for Rizik Brothers and as a Controller in the Chinese government. She has more than 20 years of experience in business and financial operations including general accounting, finance, grants management, budgeting, and audit practices. Wendy received a Bachelor Degree in Accounting from Xiangtan Zhigong University in Xiangtan City, Hunan Province, P.R. China.

Get Involved

New Webinar Series to support Implementation of the MCH Block Grant Transformation Taking Action with Evidence: Implementation Roadmaps
AMCHP and the Johns Hopkins University Bloomberg School of Public Health Strengthen the Evidence Base for MCH are pleased to announce a series of webinars to support your next phase of action – selecting evidence-based or -informed strategies and developing your state-initiated Evidence-based or -informed Strategy Measures (ESMs) that will impact your state selected Title V population-based National Performance Measures (NPMs). Each webinar in the series will focus on one of the 15 NPMs.

The series will take place October through February. The first webinars are scheduled as follows:

- NPM #8 Physical Activity Oct. 29 at 4 p.m. EST
- NPM #1 Well Woman Visit Nov. 10 at 4 p.m. EST
- NPM #14 Smoking Nov. 18 at 3 p.m. EST

More information about the series and registration links for each webinar are posted to the MCH Block Grant Transformation Resources page on the AMCHP website. We will update this site on a rolling basis and provide reminders in *Member Briefs*.

Improving Continuity of Coverage and Care for Pregnant and Postpartum Women
Women and families have experienced tremendous gains through state and national health reform over the last five years, yet pregnant women still experience lapses in care as they churn between different health insurance plans or different sources of coverage. To learn how to address these issues in your state, join us for a webinar, *Improving Continuity of Coverage and Care for Pregnant & Postpartum Women*, on Monday, Oct. 26 from 2-3:30 p.m. EST. This webinar will help state-level public health and MCH professionals understand ways to help women and families navigate their health insurance options to improve women's overall health and birth outcomes. Click here to register or contact Emily Eckert at eeckert@amchp.org for more information.

Call for Applications for the New AMCHP Leadership Lab!
State and territorial Title V staff are entrusted with carrying out the mission of Title V to improve the health

Get Involved CONT.

of all mothers, children, including children with special health care needs, and their families. To achieve this laudable aim, staff must exhibit leadership skills on a daily basis, from communicating the importance of Title V to creating a vision for success, to creating a culture of co-creation and collaborating with stakeholders to aligning activities. AMCHP believes leadership skills are developed throughout your life and career. For nearly 20 years, AMCHP has supported the development of maternal and child health leaders – family leaders and MCH, Title V, and CYSHCN directors – through formal and informal learning opportunities, experience, dialogue, feedback, peer-to-peer learning, mentoring, coaching, and more. To meet the expanding needs of Title V staff, AMCHP redesigned our approach to leadership development by launching the Leadership Lab. The Leadership Lab is a unique developmental activity for state and territorial Title V staff who have the desire to pursue greater leadership responsibility.

The Leadership Lab is structured to allow Title V staff from across the workforce (family leaders, new Title V and MCH directors, CYSHCN directors, next generation MCH leaders (age 45 or less), and MCH/Title V epidemiologists) to learn from each other. The lab also provides opportunities to learn from role-based peers.

The Leadership Lab requires a 10-month commitment by participants from December 2015 through September 2016. Participants are matched with a mentor/peer and charged with crafting an individual development plan, completing self-directed learning modules, participating in quarterly webinars, and peer-to-peer calls.

Please note the application process is competitive for the Family Leaders Cohort, Next Generation MCH Leaders Cohort, and Epi-Net P2P Cohort. All applications are due by Tuesday, Nov. 3, 2015 8:00 p.m. EST.

Now Accepting Applications: 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. 16. To learn more and see application requirements, 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; 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.

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.

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

Resources CONT.

Association of SIDS and Infant Mortality Programs (ASIP): ASIP provides national leadership and support for state and local infant mortality programs, professionals and families. ASIP works to reduce the risk of sudden infant death while ensuring high quality bereavement services for families.

Association of State and Territorial Health Officials (ASTHO): MCH program: Addresses issues affecting families, women of reproductive age, infants, children and adolescents, including those with special 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.

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
  - The Morbidity & Mortality Weekly Reports: Presents data based on weekly reports to CDC by state health departments.
  - Center for Disease Control and Prevention: Infant Mortality: discusses the factors that cause infant mortality and the prevention measures that can be taken to reduce these risks.
- The CDC National Center for Health Statistics (NCHS): Includes national data about infant mortality and pregnancy loss.
  - FASTATS: Infant Health (rev. ed.) (2013): This fact sheet presents national infant mortality data statistics with links to full reports and data sets.
    - NCHS databases:
      - The Health Indicators Warehouse
      - Data 2010
      - Health Data Interactive
      - VitalStats
- The 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 Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.): An initiative that supports community coalitions in designing, implementing and evaluating community-driven strategies to eliminate health disparities in eight priority areas, one of which is infant mortality.

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.

Resources CONT.

- Safe to Sleep: Public Education Campaign provides information about SIDS prevention, highlight risk factors, and provide tips on creating safe sleeping environments for infants.
- Safe Sleep for Your Baby is a brochure that serves as an effort to educate families and caregivers about reducing the risk of Sudden Infant Death Syndrome and other sleep related causes of infant death.

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

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

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

- Becoming a Parent in the NICU discusses various coping strategies for parents of premature infants.

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 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 its 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 Health 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 Center for Education in Maternal and Child Health (NCEMCH) Infant Mortality and Pregnancy Loss Knowledge Path: This knowledge path, compiled by the NCEMCH 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.

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.

Resources CONT.

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.

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

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

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

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.

- Child Health USA: Infant Mortality provides in-depth data and statistics about the causes of infant mortality in the United States.
- Collaborative Improvement & Innovation Network to Reduce Infant Mortality is a public-private partnership to reduce infant mortality and improve birth outcomes.
- The new Healthier Pregnancy website offers free continuing education opportunities, tools, and resources for pre and perinatal health care providers to implement efficient and effective, screening, intervention, and referral practices for these Affordable Care Act-covered preventive 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.

Resources CONT.

- 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.

Register Today for AMCHP 2016!

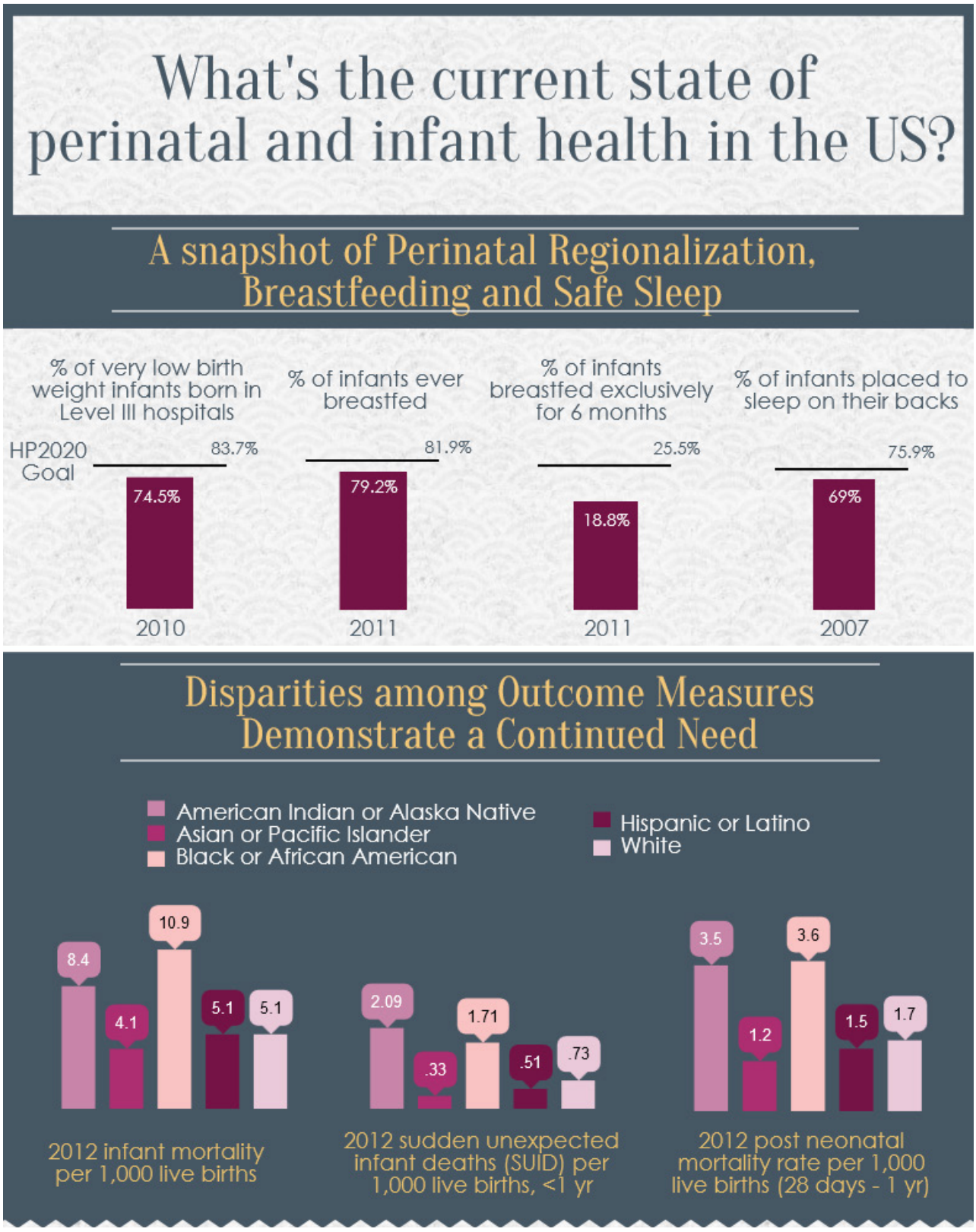
Don't miss out on an amazing opportunity to connect and network with more than 800 public health officials who share an interest in maternal and child health. The AMCHP 2016 Annual Conference will be held Jan. 23 to 26, at the Hyatt Regency Washington in Washington, DC.

There are many reason to attend the AMCHP 2016 Annual Conference, including:

- **Gain a firsthand opportunity to learn about changes occurring in the MCH field, such as Block Grant transformation and Affordable Care Act implementation**
- **In need of a career boost or professional development? AMCHP has it covered! Conference attendees have the opportunity to gain access to individual, private professional coaching sessions**
- **Interested in learning more about a particular MCH subfield? Conference session topics will include using technology to advance MCH outcomes, cultural competence and family-center care, and health care financing and coverage**
- **Visit the exhibit hall to gather information from resource centers and companies related to maternal and child health, while networking with current and future MCH leaders**
- **Exchange best practices ideas with other MCH professionals, creating stronger and bolder ideas for the future**

To register for the 2016 Annual Conference, click here. Don't miss our early-bird registration rates, ending on Dec. 18, 2015!

Data and Trends



To view the full AMCHP perinatal and infant health infographic, click here.

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Mary Ellen Cunningham, MPA, RN
Arizona

Board of Directors CONT.

Region X (2013-2016)
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Oregon

Director-At-Large I (2015-2018)
Rodney E Farley
Arkansas

Director-At-Large I (2014-2016)
Michael D. Warren
Tennessee

Family Representative I (2015-2018)
Donna Yadrich
Kansas

Family Representative (2014-2017)
Susan Colburn
Alabama

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Erin Bonzon, MSPH/MSW, *Associate Director, Women's and Infant Health*

Treeby Brown, MPP, *Associate Director, Child and Adolescent Health*

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Andria Cornell, MPH, *Senior Program Manager, Women's and Infant Health*

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Laura Goodwin, *Publications and Member Services Manager*

AMCHP Staff CONT.

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Amy Haddad, *Associate Director; Government Affairs*

Michelle Jarvis, *Program Manager, Family Involvement*

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Wendy Wen, *Associate Director, Finance & Accounting*

Iliana White, MPH, *Senior Program Manager, Adolescent Health*

Elliane Yashar, *Program Analyst, Child and Adolescent Health*

Calendar

AMCHP Events

2016 AMCHP Annual Conference
Jan. 23-26, 2016
Washington, DC

Association of Maternal & Child Health Programs
2030 M Street, NW, Suite 350
Washington, DC 20036
(202) 775-0436
www.amchp.org

Calendar CONT.

MCH Events

28th Annual State Health Policy Conference
Oct. 19-21
Dallas, TX

AAP National Conference and Exhibition
Oct. 24-27
Washington, DC

2015 APHA Annual Meeting & Exposition
Oct. 31-Nov. 4
Chicago, IL

Prematurity Prevention Conference 2015
Nov. 17-18
Arlington, VA

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