

FEDERAL NUTRITION PROGRAMS SERVING WOMEN

Federal programs can provide essential help to low-income women and their families in obtaining food and income support. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) supports low-income women and families by providing supplementary nutritious foods, nutrition education, and referrals to health and other social services. Pregnant, postpartum, and breastfeeding women, as well as infants and children up to age 5, are eligible to receive WIC benefits. Between 1974 and 2012, the number of women, infants, and children served by WIC has increased over 100-fold from 88,000 to 8.9 million (data not shown).¹⁰⁵

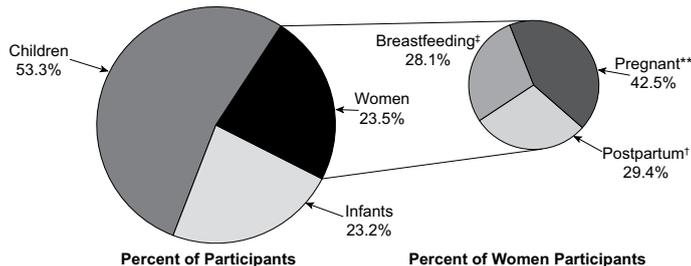
In 2012, 8.9 million women, infants and children received WIC benefits, averaging \$45 per participant each month.¹⁰⁵ More than three-quarters of all individuals receiving WIC benefits in 2012 were infants and children (76.5 percent); however, the program also served nearly 2.1 million pregnant women and mothers, representing 23.5 percent of WIC participants. Of these women, 42.5 percent were pregnant, 29.4 percent were postpartum (up to 6 months after the birth of the infant or the end of the pregnancy), and 28.1 percent were postpartum and breastfeeding (up to the infant's first birthday).

The Supplemental Nutrition Assistance Program (SNAP), formerly the Federal Food Stamp

Program, also helps low-income individuals and families purchase food. SNAP is available to all individuals who meet the federal eligibility guidelines. In 2011, 44.1 million people living in 20.8 million households participated in SNAP on average each month (data not shown). Women comprised 62.5 percent of the 24.2 million adult SNAP recipients in 2011, while children accounted for nearly half (45.2 percent) of all recipients. Among the households that relied on SNAP in 2011, 5.1 million or 24.5 percent were female-headed households with children, accounting for 52.1 percent of all SNAP households with children (data not shown).¹⁰⁶

WIC Participants, 2012*

Source (III.6, III.7): U.S. Department of Agriculture, WIC Program Participation Data



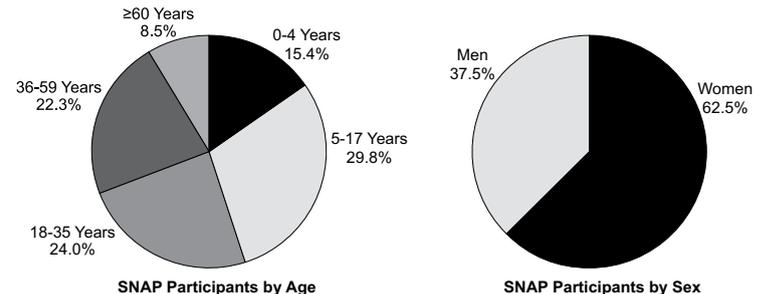
*Based on Federal Fiscal Year (October 1 to September 30).

**During pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy;

†Up to six months after the birth of the infant or the end of the pregnancy; ‡Up to the infant's first birthday.

SNAP Participants, by Age and Sex, 2011

Source (III.8): U.S. Department of Agriculture, Food and Nutrition Service



*Based on Federal Fiscal Year (October 1 to September 30).

MATERNITY LEAVE

Maternity leave from a job after childbirth provides critical time for maternal-infant bonding and adjustment to life with a new baby. Longer maternity leave is associated with increased breastfeeding duration as well as improved maternal mental health and child development.^{107,108} The Family and Medical Leave Act (FMLA) guarantees both women and men up to 12 weeks of unpaid leave around the birth or adoption of a child, as long as they work for larger employers (50+ employees) and meet certain tenure and working hour requirements. However, many women do not qualify for FMLA or cannot afford to take unpaid leave

and may use a combination of short-term disability, sick leave, vacation, and personal days in order to have some portion of their maternity leave paid. The U.S. is one of only 5 countries in the world that does not mandate paid maternity leave.¹⁰⁹

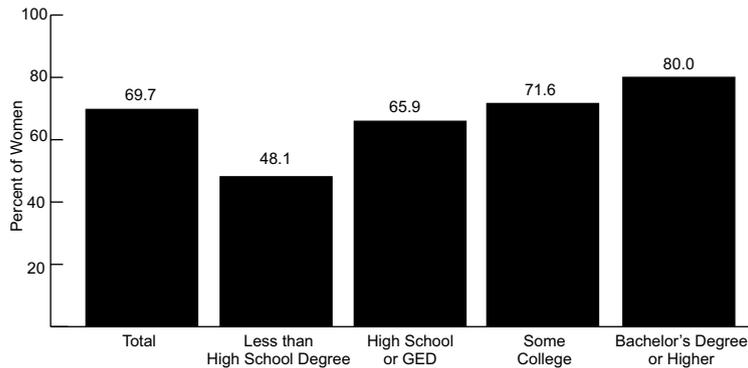
In 2006-2010, 66.0 percent of women reported being employed during their last pregnancy, of whom 69.7 percent reported taking maternity leave. Thus, nearly one-third of employed women did not report taking any maternity leave (30.3 percent). Women with at least a college degree were more likely to have taken leave than those who had attended college but not graduated (80.0 versus 71.6 percent, respec-

tively) while less than half of women without a high school degree reported having taken leave. Hispanic and non-Hispanic Black women were less likely to report having taken maternity leave than non-Hispanic White women (62.5 and 64.3 percent, respectively, versus 72.2 percent). When taken, the average length of maternity leave was 10.0 weeks (data not shown).

Among employed women who did not take maternity leave for their last pregnancy, 5.1 percent did not take it because it was not offered or allowed by their employer. Of non-Hispanic White women, 3.2 percent reported this reason, compared to 8.2 percent of Hispanic women and 10.2 percent of non-Hispanic Black women.

Employed Women Aged 18-44 Years Who Took Maternity Leave After Their Last Childbirth,* by Educational Attainment, 2006-2010

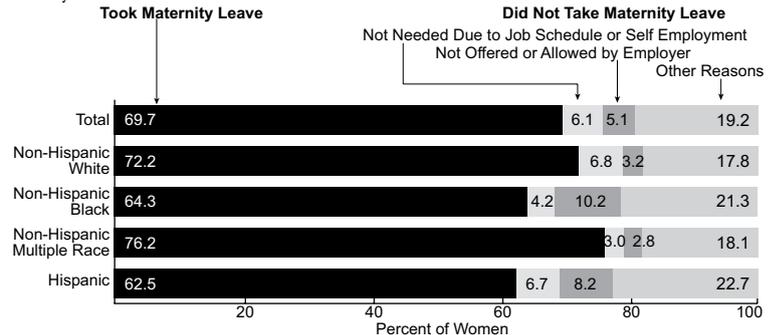
Source (III.9): Centers for Disease Control and Prevention, National Survey of Family Growth



*Following a live birth occurring in the 5 years before the survey.

Employed Women Aged 18-44 Years Who Took Maternity Leave After Their Last Childbirth*, and Reasons for Not Taking Maternity Leave, by Race/Ethnicity,** 2006-2010

Source (III.9): Centers for Disease Control and Prevention, National Survey of Family Growth



*Following a live birth occurring in the 5 years before the survey. **The samples of American Indian/Alaska Native, Asian, and Native Hawaiian/Pacific Islander were too small to produce reliable results.

AFFORDABLE CARE ACT

The Affordable Care Act was enacted March 23, 2010. The Affordable Care Act contains provisions to expand access to health insurance coverage, contain costs and improve health care quality.¹¹⁰ Selected provisions with special significance for reproductive health are discussed on this page.

The Affordable Care Act includes several provisions that seek to expand access to health insurance coverage, including the establishment of Health Insurance Marketplaces, also known as Exchanges. These Marketplaces or Exchanges are one-stop marketplaces where consumers can choose a private health insurance plan based on their health needs. The Marketplaces or Exchanges identify qualified health plans; facilitate consumer assistance, shopping and enrollment; and monitor eligibility for premium assistance. The Affordable Care Act also extends dependent coverage, allowing children to remain on their parents' insurance through age 26.¹¹¹ This provides an important safety net for young adults who have some of the highest rates of uninsurance.¹¹²

The Affordable Care Act also includes provisions to extend access to preventive health care with no cost sharing. This includes eight preventive health services for women included in HHS Women's Preventive Services Guidelines, based on recommendations by the Institute of Medicine.

Sixty-two percent of women of reproductive age are currently using contraception. The most common method used is the pill (28 percent).¹¹³ Because of the Affordable Care Act, most health insurance plans cover contraceptives without charging a co-pay or deductible.¹¹⁴

Breastfeeding is one of the most effective preventive measures mothers can take to protect their health and that of their children.¹¹⁵ Although three-quarters of infants start out being breastfed, only about 15 percent are exclusively breastfed by 6 months of age,¹¹⁶ as recommended by the Academy of Pediatrics. As part of the Affordable Care Act, pregnant and postpartum women have access to comprehensive lactation support and counseling from trained providers, as well as breastfeeding equipment, such as

pumps for expressing milk when separated from their babies, through their insurance.

The Affordable Care Act also requires additional preventive services be covered for adults generally, including tobacco use screening and cessation services with expanded coverage of services for pregnant smokers. In 2008-2010, approximately 12 percent of mothers reported smoking during the last three months of pregnancy. Smoking during pregnancy has been associated with adverse maternal and infant outcomes, including premature birth, birth defects, infant death, difficulty conceiving, and miscarriage.¹¹⁷ Under the Affordable Care Act, private health insurance plans are required to cover tobacco cessation services, as is Medicaid for pregnant women, with no patient cost-sharing.¹¹⁸

Preventive Health Services for Women

Source (III.10): U.S. Department of Health and Human Services, Health Resources and Services Administration, Women's Preventive Services Guidelines

Well-woman visits to obtain recommended preventive services
Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
Sexually Transmitted Infections (STI) counseling for sexually active women
Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women
Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Domestic and interpersonal violence screening and counseling for all women

SELECTED FEDERAL EFFORTS TO REDUCE INFANT MORTALITY AND IMPROVE BIRTH OUTCOMES

Part of the **U.S. Department of Health and Human Services, the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB)** works to improve the physical and mental health, safety, and well-being of the maternal and child population through a variety of programs.

Enacted in 1935, the **Title V Maternal and Child Health Block Grant Program** is the Nation's oldest Federal-State partnership. State maternal and child health agencies apply for and receive formula grants each year which support programs designed to provide and ensure access to quality care for at-risk mothers and children and reduce infant mortality. A total of 59 states and jurisdictions receive Title V Maternal and Child Health Block Grant funding. In fiscal year 2011, Title V programs served over 44 million individuals, including 2.4 million pregnant women, 4.3 million infants, 30.8 million children, and 2.9 million children with special health care needs.

The **Healthy Start Program** works to reduce the rate of infant mortality and improve perinatal outcomes through grants to communities with high infant mortality rates. The program began in 1991 with grants to 15 communities with infant mortality rates 1.5 to 2.5 times the

national average. In 2013, 105 Healthy Start projects were providing services in 39 states, the District of Columbia and Puerto Rico, serving 196 different communities. These projects provide core services: direct outreach and client recruitment, health education, case management, depression screening and referral, and services between pregnancies.

The Maternal, Infant, and Early Childhood Home Visiting Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The program provides grants to states, jurisdictions, Indian Tribes and Tribal/Indian organizations which support programs to improve maternal and newborn health, promote school readiness and achievement, prevent family violence and child injury, and develop family economic self-sufficiency. In 2012, HRSA awarded \$125 million to the 54 eligible states and territories. In addition, approximately \$84 million was awarded to 16 states to expand existing programs.

Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality: CoIIN is a public-private partnership which helps states utilize the science of quality improvement and collaborative learning to reduce infant mortality and improve birth outcomes. The CoIIN was launched July 2012 in the 13 south-

ern states of Public Health Regions IV and VI focused on reducing elective deliveries prior to 39 weeks of gestation; prenatal smoking cessation; promotion of safe infant sleep; expansion of Medicaid-financed interconception care for women with a prior adverse pregnancy outcome; and enhanced regional perinatal care systems. In March 2013, CoIIN was expanded to Public Health Region V. CoIIN will continue to expand to other Regions until it becomes a nationwide initiative by the end of 2014.

Interconception Care (ICC) Implementation Program is a national initiative to identify the components of effective ICC and develop strategies to improve perinatal outcomes. Using the life course perspective, the initiative focuses on promoting disease prevention and wellness before the next pregnancy. Program components include risk assessment, health promotion, and clinical and psychosocial interventions. A toolkit, practice curriculum, measures, and local assessments are planned.

National Maternal Health Initiative (NMHI) is a comprehensive national initiative to strengthen state and local systems capacity and infrastructure to promote, protect and improve maternal health. The initiative's overarching goal is to reduce maternal morbidity and mortality by improving women's health across the life course and by ensuring high quality and safety of maternity care. This will be achieved

by strengthening state and local systems capacity and infrastructure to identify maternal risks and enable linkages to prenatal/postpartum primary care, support the use of clinical guidelines and protocols for obstetric emergencies and referrals, and facilitate the translation of findings from surveillance and research into practice.

Text4Baby is a free information service designed to promote maternal and child health through SMS text messaging. A project of the non-profit **National Healthy Mothers, Healthy Babies Coalition** (HMHB), Text4Baby is made possible through a broad public-private partnership of government, state, local, business, and community organizations, including HRSA and other agencies with the U.S. Department of Health and Human Services. Participants can voluntarily sign up for the service in English or Spanish and receive three weekly text messages timed to their due date or their baby's birth date through age 1. Text message topics include labor signs and symptoms, prenatal care, immunizations, nutrition, and safe sleep, among many others. Text4baby is the largest national mobile health initiative in the U.S., reaching over 610,000 individuals since its launch in 2010.

The **Centers for Disease Control and Prevention** (CDC), the **Centers for Medicare and Medicaid Services** (CMS), and the **Administration for Children and Families** (ACF) are also agencies within the **U.S. Department of Health**

and Human Services which play important roles in the Nation's efforts to reduce infant mortality and improve birth outcomes.

A joint effort between CMS, HRSA, and ACF, the **Strong Start for Mothers and Newborns Initiative** aims to reduce preterm births and improve outcomes for newborns and pregnant women. The program works to achieve these goals through: 1) a public-private partnership and awareness campaign to reduce the rate of early elective deliveries prior to 39 weeks among all pregnant women; and 2) grants to states to test the effectiveness of enhanced prenatal care approaches to reduce the frequency of preterm births among pregnant Medicaid or Children's Health Insurance Program (CHIP) beneficiaries at high risk for preterm births. The 27 awardees will test one of three approaches to enhanced prenatal care: through Centering/Group Visits, at birth centers, and at maternity care homes.

The **National Initiative on Preconception Health and Health Care** (PCHHC) is a public-private partnership launched by the CDC to guide the implementation of 10 core recommendations to improve preconception health and health care as defined by the Select Panel on Preconception Care. These 10 recommendations were published in the *Morbidity and Mortality Weekly Report* in 2006 and identified approaches to improve preconception health and health care. Implementation of these

recommendations and related action steps is supported by PCHHC workgroups focused on the clinical, policy and finance, consumer, public health, and surveillance and research aspects of preconception health. To date, the PCHHC has supported the inclusion of preconception care as part of the Institute of Medicine's recommendations for women's clinical preventive services, advanced state-level policy reforms to expand coverage of preconception care, and laid the groundwork for a national social marketing campaign to increase public awareness of the importance of preconception health.

In partnership with HRSA, CDC and other private partners, the **Eunice Kennedy Shriver National Institute for Child Health and Human Development** at the **National Institutes of Health** supports the **Safe to Sleep Public Education Campaign**—formerly known as the Back to Sleep campaign—which works to educate parents, caregivers, and health care providers about ways to reduce the risk for Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. The expanded Safe to Sleep campaign builds on the success and reach of the Back to Sleep campaign and promotes actions that parents and caregivers can take that, in addition to SIDS, will also reduce the risk of other sleep-related causes of infant death, such as suffocation.