

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.