Improving Pregnancy Outcomes
Maternal and Child Health Initiatives

Hani K. Atrash MD, MPH
Director

Dept. of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Maternal and Child Health Bureau (MCHB)
Division of Healthy Start and Perinatal Services (DHSPS)
Take Home Messages

- Start by implementing what we know works
- Build on existing activities
- A paradigm shift with a focus on maternal health and maternal care
- Quality improvement driven by good data and information
- Coordination / collaboration
Improving Pregnancy Outcomes Activities

National:
- Sleep-related infant death
- Fetal Infant Mortality Reviews (FIMR)
- Secretary’s Advisory Committee on Infant Mortality (SACIM)
- National Maternal health initiative

State/Regional:
- Maternal, Infant and Early Childhood Home Visiting Collaborative Improvement and Innovation Network (COIN)

Local/Community:
- National Healthy Start Program
MCHB History

Sudden Infant Death Syndrome Act of 1974

Public Law 96-142 in 1979

1990s

SAFE TO SLEEP

2012
MCHB-Funded SUID/SIDS Resource Centers

SUID/SIDS Project IMPACT

SUID/SIDS Program Support Center

SUID/SIDS Resource Center

SUID/SIDS Project at the National Center for Cultural Competence

www.sidscenter.org
FIMR

• Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families.

• There are currently over 200 FIMR programs working in 40 states and territories.
Secretary’s Advisory Committee on Infant Mortality: 
Priorities for National Strategy on Infant Mortality

1. Improve women and maternal health
2. Promote quality and safety along the continuum of perinatal healthcare
3. Invest in prevention and health promotion
4. Promote service coordination and systems integration
5. Strengthen surveillance and support research
6. Promote interagency, public-private, and multidisciplinary collaboration
The National Maternal Health Initiative

• A comprehensive national initiative to promote, protect and improve maternal health

• Goal: 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

• Coordination and collaboration within HRSA, across HHS agencies and with professional and private organizations
Improving Maternal Health in America

1. Improve women’s health before, during, and after pregnancy
2. Improve systems of maternity care including clinical and public health systems
3. Improve public awareness and education
4. Improve research and surveillance
5. Improve the quality and safety of maternity care
ColIN

Collaborative *Improvement & Innovation* Network to Reduce Infant Mortality
CoIN Design

State Teams
- State Health Officials
- MCH staff
- Medicaid staff
- Private partners

Average 7-15 people

Strategy Teams
- Strategy Leads (2-3 topical experts, including state officials)
- Data and/or Methods Experts
- Staff support (MCHB & Partner Organizations)

Common Strategies for Regions IV and VI
- Promote smoking cessation
- Expand Interconception Care through Medicaid
- Reduce elective deliveries
- Enhance perinatal regionalization
- Promote safe sleep

Contract Team with expertise in quality improvement + Advisory Panel of Experts
CoINN: Next Steps (6 months)

1. Region IV & VI Strategy Teams to refine Metrics;
2. Implement strategies at State level;
3. Track process and outcome (short and midterm) measures;
4. Plan for 2nd face-to-face meeting (i.e., Learning Session);
5. Expand to Region V (March 2013) and other Regions.
Region V Strategies

• Social Determinants of Health

• SIDS/SUID

• Preconception Care
"Healthy Start" expectations:

- Community-wide commitment and innovative
- Government commitment:
  - Provide resources, and
  - Develop usable model programs that work
- Sustainability, and
- Replication and dissemination
Federal Healthy Start Projects, 2013

105 grants serving areas or populations in 191 counties located in 39 States, DC, and Puerto Rico
How Have We Done?

Statistics 2010

• Number of infant deaths = 90; Expected number of infant deaths = 172*
  • IMR in HS sites = 4.78 compared with 6.15 nationally, 5.2 for non-Hispanic Whites, 5.47 for Hispanics, and 11.63 for African Americans

• Number of babies born low birth-weight -1877
  • Low birth-weight rate =10% compared with 8.1% nationally, 7.14% for non-Hispanic Whites, 6.97% for Hispanics, and 13.53% for African Americans

• Number of babies born very low birth-weight 316
  • Very low birth-weight rate 1.7% compared with 1.45% nationally, 1.16% for non-Hispanic Whites, 1.2% for Hispanics, and 2.98% for African Americans

*Estimated number of infant deaths are race/ethnicity adjusted.
Westside Healthy Start Program - Chicago, IL

Percent of WHS participants who received prenatal care in first trimester

- FY 07: 64%
- FY 08: 65%
- FY 09: 66%
- FY 10: 69%
- FY 11: 72%

Source: WHS annual performance reports
Westside Healthy Start Program - Chicago, IL

Percent of WHS participants who initiated breastfeeding

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>CY 09</td>
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<td>CY 11</td>
<td>47.9%</td>
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<tr>
<td>Prelim CY 12</td>
<td>60.6%</td>
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Source: WHS annual grant applications
THE NATIONAL HEALTHY START PROGRAM

Future Directions

• Demonstrate effectiveness with a focus on health outcomes

• Demonstrate sustainability and impact on systems

• Scale up and disseminate interventions to serve the larger population
For More Information

Hani Atrash, MD, MPH
5600 Fishers Lane
Rockville, MD 20852
Office:  301-443-0543
Direct:  301-443-7678
Email: hatrash@hrsa.gov