

Toward a National Strategy on Infant Mortality

Suggested Talking Points

- ❖ Infant mortality has been declining in the U.S., due in part to ongoing initiatives both federal and state, public and private
- ❖ Several new initiatives were launched in 2012 to reduce infant mortality and prematurity, including
 - CMMI's Strong Start for Mothers and Newborns
 - ASTHO's Healthy Babies Initiative
 - HRSA's Infant Mortality Collaborative in Regions IV and VI
- ❖ CMS/CMMI's Strong Start is testing several models of enhanced prenatal care designed to enhance service coordination: birthing center, group prenatal care, and maternity care home (a model of pregnancy medical home).
- ❖ HRSA's Infant Mortality Collaborative in Regions IV and VI
 - Thirteen Southern States developed state plans to reduce infant mortality
 - Common strategies include reduce preterm elective delivery, improve women's health through preconception and interconception care, promote safe sleep to reduce SIDS/SUIDS, promote smoking cessation, and strengthen perinatal regional programs and their NICUs.
 - HRSA is building a Collaborative Improvement and Innovation Network (COIN) to engineer collaborative learning and accelerate improvement and innovation across states
 - HRSA plans to scale this up into a national initiative by 2013
- ❖ Toward a national strategy on infant mortality
 - There are synergies across these different initiatives and they are just the beginning of our work.
 - The U.S. is poised to make a leap forward in infant mortality reduction.
 - We know that reducing infant mortality will require a multi-faceted, comprehensive national strategy. We also know that simply making better use of effective services and programs will make a difference.
- ❖ The Secretary's Advisory Committee on Infant Mortality (SACIM) has outlined the elements of a national strategy

1. Health coverage and access to a continuum of prevention and intervention services for all women, infants, and families
2. Access to high-quality, patient-centered care
3. Investments in prevention and public health through communities
4. Strategies to create health equity through elimination of disparities and unequal treatment, to influence social determinants of health
5. Adequate data, monitoring, and surveillance systems to assess access, quality, and outcomes
6. Interagency, public-private, and multi-disciplinary collaboration

Highlights of the elements of a national strategy

1. Health coverage and access to a continuum of prevention and intervention services for all women, infants, and families

- ACA will provide coverage to millions of uninsured women, which creates an extraordinary opportunity to improve women's health not only during pregnancy, but before, between and beyond pregnancy and across women's life course.
- The ACA provides an ideal opportunity to promote use of clinical preventive services for women and infants, including preconception and prenatal care.
- Medicaid innovations offer ways to deliver effective, evidence-based interventions to high risk women and infants.

2. Access to high-quality, patient-centered care

- Quality and safety initiatives, including the HRSA Infant Mortality Collaborative are applying what we know to save lives.
 - Better care can lead to better outcomes and lower costs (e.g. states efforts on elective preterm deliveries).
- The ACA investments in workforce capacity, patient-centered health homes, and quality measures will all support our infant mortality reduction goals.

3. Investments in prevention and public health through communities

- We will not close the infant mortality gap with medical care alone. The National Prevention Plan and the work of the Surgeon General's Prevention Council include key strategies to improve the health of women, infants, families, and communities.
- Healthy Start programs can be driver of community transformation in areas with the highest infant mortality rates
- HRSA, in partnership with ACF, is also administering the Maternal, Infant, and Early Childhood Home Visiting Program with models proven to reduce infant mortality and child abuse.
- Title V MCH programs and community health centers are important for community-based prevention, coordination, and innovation.
- We need to apply what we know. Presently there are missed opportunities for reducing infant mortality and adverse birth outcomes. For example:
 - Smoking is one of the most important preventable risk factors for adverse birth outcomes.

- SIDS/SUID can be reduced by providing safe sleep environment.
- Good nutrition through food and breastfeeding are proven prevention.
- Any preventable child death is unacceptable. We urge development of innovative educational programs (for parents, clinicians, and policy makers) using new communication technologies to:
 - Reaffirm the need for, safety of, and consequences of not getting vaccines;
 - Increase the rate of breastfeeding;
 - Decrease the numbers of infants who die of SIDS/SUID;
 - Decrease smoking among women and parents;
 - Inform about the warning signs of serious problems of pregnancy and the first year of life.

4. Strategies to create health equity through elimination of disparities and unequal treatment, to influence social determinants of health

- There are social determinants operating across the life course of women and families that are important drivers of the black:white infant mortality gap.
- In communities with high infant mortality, we have an opportunity to dedicate and concentrate federal resources (e.g., FQHC, Healthy Start, job training, and education) to support community development and place-based initiatives (such as Best Baby Zones, Promise Neighborhoods, empowerment zones).

5. Adequate data, monitoring, and surveillance systems to assess access, quality, and outcomes

- Improve data capacity to monitor progress and measure outcomes, in particular we need timely and accurate birth and death statistics.
- Through NIH, AHRQ, HRSA, CDC, CMS, and other parts of HHS, we are giving priority to research into the causes and prevention of infant mortality.

6. Interagency, public-private and multi-disciplinary collaboration

- We cannot achieve our goals by working in silos – need to partner with Department of Education, Department of Agriculture, HUD, EPA, etc.
- We need to use strategies such as the Partnership for Patients, strengthen federal-state partnerships, and engage organizations such as the March of Dimes who are focused on preventing infant mortality.

(under development)

1. Improve women's health before pregnancy
 - For two decades prenatal care has been the cornerstone of our national strategy on infant mortality
 - Experts now recognize that to improve birth outcomes, we must first improve women's health before pregnancy.
 - Since 2005, the CDC, in partnership with a coalition of public and private partners, has led a national movement to improve preconception health and healthcare in the U.S,
 - The Office of Minority Health also launched a campaign to promote women's preconception health through peer education in communities of color.
 - ACA will provide coverage to millions of low-income women even when they are not pregnant, which will provide an extraordinary opportunity to improve women's health not only during pregnancy, but before, between and beyond pregnancy and across women's life course

2. Promote self-care and infant care.
 - Smoking is one of the most important preventable risk factors for adverse birth outcomes
 - SIDS/SUID can be reduced by providing safe sleep environment
 - Presently there are lots of missed opportunities for reducing infant mortality and adverse birth outcomes by promoting maternal and infant nutrition, mental and behavioral health, and safe and healthy environment before, during and after pregnancy

3. Improve quality of maternity and newborn care
 - There is plenty of room for quality improvement, with large quality gaps (e.g. reduce early elective deliveries, appropriate use of 17P, screening for asymptomatic bacteriuria or GBS, promotion of smoking cessation, safe sleep or breastfeeding, reduce central-line associated bloodstream infections in newborns, etc)
 - Better care can lead to better outcomes and lower costs (e.g. with adoption of a few simple QI measures to reduce elective delivery at less than 39 weeks, the State of Louisiana has reduced NICU admissions by 22%).
 - There are several national initiatives underway to reduce early elective deliveries, including ASTHO's Healthy Babies, March of Dime's Healthy Babies Are Worth the Wait, CMMI's Strong Start, National Priorities Partnership's Maternity Action Team.

4. Enhance service coordination
 - Perinatal health services (and women's healthcare in general) are highly fragmented
 - CMMI's Strong Start is testing several models of enhanced prenatal care designed to enhance service coordination: birthing center, group prenatal care, and maternity care home (a model of pregnancy medical home).

- HRSA, in partnership with ACF, is also administering the Maternal, Infant, and Early Childhood Home Visiting Program to improve service coordination of MCH services
5. Strengthen systems integration
- Vertical integration: appropriate levels of care for mothers and newborns (e.g. perinatal regionalization)
 - Horizontal integration: service coordination and systems integration across sectors (e.g. “service navigator”; “systems integrator”; medical or health home)
 - Longitudinal integration: continuum of care across the life course
 - Title V MCH Services Block Grant can play an integrator role
6. Support community transformation
- We will not close the infant mortality gap with healthcare alone
 - There are social determinants operating across the life course that are real drivers of infant mortality gap
 - Cannot work in silos – need to partner with Department of Education, Department of Agriculture, HUD, EPA, etc.
 - Healthy Start programs can be driver of community transformation in their communities
7. Improve data and research
- Improve data capacity for MCH population surveillance (e.g. need to have national standards for vital statistics)
 - Prioritize research into causes and prevention (both clinical and public health) of infant mortality