

Secretary's Advisory Committee on Infant Mortality

Rockville, MD
December 4 and 5, 2019

Setting the Context

Events since last meeting

- White House Executive Order on “Evaluating and Improving the Utility of Federal Advisory Committees.” June 14, 2019
- Effort to save SACIM from elimination
- New charter for SACIM
- Two new members
- One-on-one discussions with SACIM members
- Increased public awareness of maternal mortality and the impact of social conditions on maternal and infant health.

Executive Order on "Evaluating and Improving the Utility of Federal Advisory Committees."

June 14, 2019

- “Each executive department and agency shall evaluate the need for each of its current advisory committees ... (and) Each agency shall, by September 30, 2019, terminate at least one-third of its current committees established under section 9(a)(2) of FACA... (and) The head of each agency shall submit to the Director on or before August 1, 2019.”
- ACNM - American College of Nurse-Midwives
- AMCHP – Association of Maternal and Child Health Programs
- ASTHO – Association of State and Territorial Health Officials
- AWHONN - The Association of Women’s Health, Obstetrics and Neonatal Nurses
- CityMatCH
- March of Dimes

SACIM Charter – updated 9/30/2019

Objectives and Scope of Activities: ACIM advises the Secretary of the Department of Health and Human Services (HHS) on department activities and programs directed at reducing infant mortality and improving the health status of pregnant women and infants. The Committee represents a public-private partnership at the highest level to provide guidance and focus attention on the policies and resources required to address the reduction of infant mortality and the improvement of the health status of pregnant women and infants. With a focus on life course, the Committee addresses disparities in maternal health to improve maternal health outcomes, including preventing and reducing maternal mortality and severe maternal morbidity. Improving maternal health outcomes has a direct impact on the health of infants. Women who experience conditions such as hypertension, malnutrition, substance use disorder, and/or diabetes during pregnancy are at an elevated risk of delivering a baby who is low birth weight or premature, which are two of the leading causes of infant mortality. The Committee provides advice on how best to coordinate the myriad of federal, state, local, and private programs and efforts that are designed to deal with the health and social problems affecting infant mortality and maternal health.

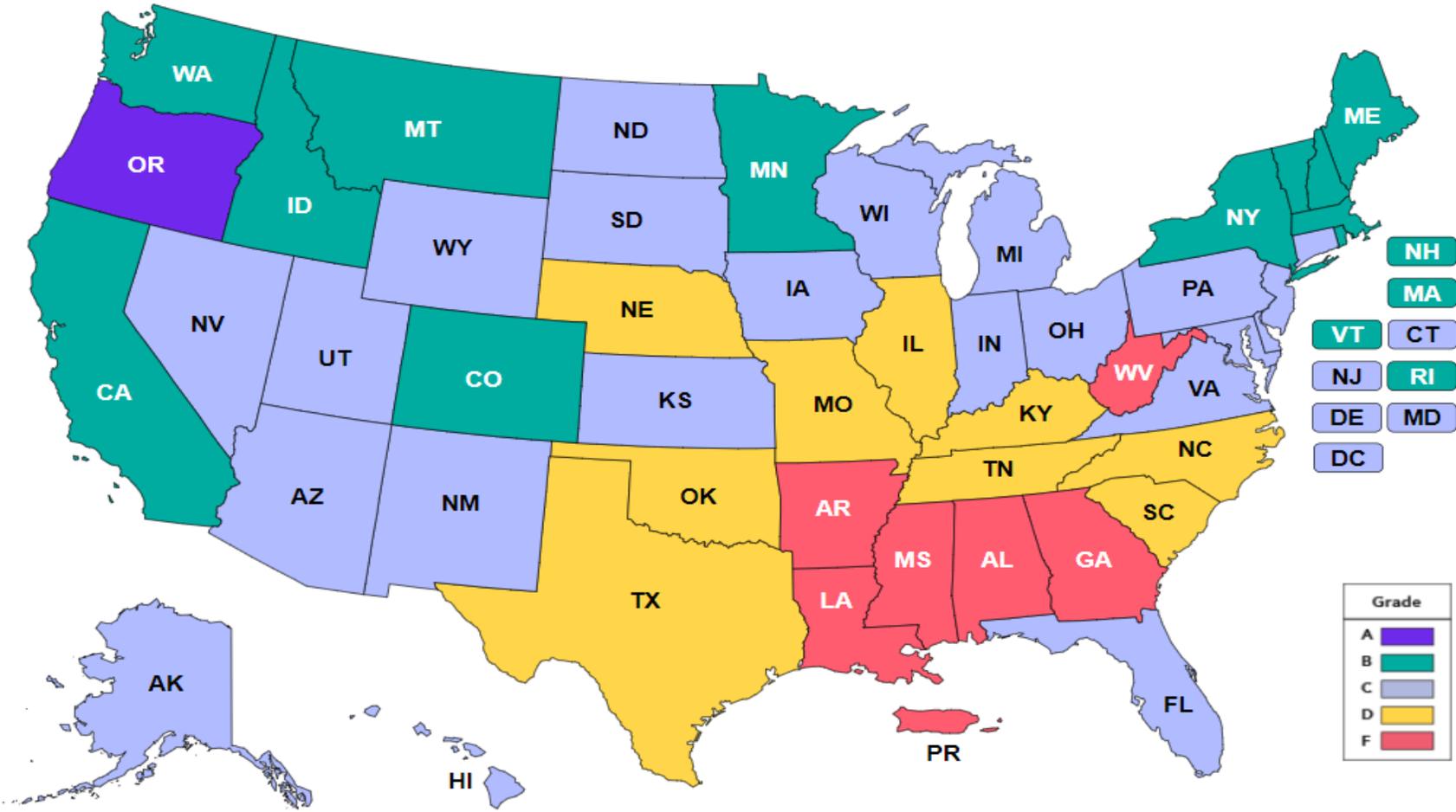
SACIM Charter – updated 9/30/2019

- Duration: Continuing.
- Termination Date: Unless renewed by appropriate action, the Committee will terminate 2 years from the date its charter is filed.

Increased public awareness of maternal mortality and the impact of social conditions on maternal and infant health.

- Investing in Interventions That Address Non-Medical, Health-Related Social Needs
 - Proceedings of a Workshop (2019) National Academy of Sciences
- The Impact of Racism on Child and Adolescent Health
 - Maria Trent, Danielle G. Dooley, Jacqueline Dougé, Section on Adolescent Health, Council on Community Pediatrics, Committee on Adolescence
- CPSC Cautions Consumers Not to Use Inclined Infant Sleep Product
 - <https://www.cpsc.gov/Newsroom/News-Releases/2020/CPSC-Cautions-Consumers-Not-to-Use-Inclined-Infant-Sleep-Products>
- Multiple journal articles and news articles on the issues
- March of Dimes State Report Card on Preterm Births

March of Dimes Report Card on Preterm Births



Source: Preterm birth rates are from the National Center for Health Statistics, 2018 final natality data. Grades assigned by March of Dimes Perinatal Data Center.

Take aways from discussions with SACIM members

- The country needs guidance on addressing infant and maternal mortality.
- SACIM is a centralized voice of MCH nationally.
- We have a mandate
- Members have the knowledge, expertise, and experience to make a difference.
 - We must look at big picture rather than our own specific interests.
- SACIM should stay focused on the science.
- SACIM has the potential to make a difference in maternal and infant health
 - Concern about whether SACIM can be effective
 - Worry that we won't get anything done

Take aways from discussions with SACIM members

- The field of MCH is too often insular. It's a family that excludes others.
 - There are child health people and maternal health people.
- HRSA portfolio has a major focus on rural health. SACIM should include rural health disparities.
- Pay attention to the politics but don't be distracted by the politics.
- Stick to the science.
- Can't create momentum with 2 meetings a year (only 1 in-person).
- Recommendations to Secretary of HHS and other federal agencies but influence is much broader.

Assumptions behind SACIM's work

- Equity is central to improving overall infant and maternal health outcomes
- Public health approach is needed
- Maternal health and infant health are inextricably linked (as are women's health and maternal health)
 - Life Course perspective is needed (especially preconception period and 4th trimester)
- Work should be evidence-based
- Community voices and partnerships are essential
- Action is urgently needed – the opportunity is now. We can't wait for the “optimal time.”
- We must be pragmatic
- Can't rely on the way we've always done things.

Approaches to a complex issue like infant and maternal mortality;

Traditional approach

Adaptive approach

- Pre-determined and predictable time frame (usually 2 – 3 years)
 - Many (comprehensive) strategies (often pre-determined by the fields represented)
 - Contained – approved as a complete and polished document (often relegated to the shelf)
 - Owned and executed by the sponsoring organization.
 - Major time investment to create the plan/recommendations as a product.
- Short and variable time frame (potentially quarterly or even more frequent)
 - Strategies (based on a few key principles) emerge based on opportunity and need
 - Open-ended – a framework to inform decision-making as circumstances change
 - Owned by the committee and each person, applying principles to their work
 - Continuous integration of planning with action, assessment, and learning

SACIM is dealing with complex issues and systems

- Non-linear
- Multiple factors influencing outcomes
 - Some knowable, some unknowable
- All factors are interactive (not independent)
- Factors are constantly changing
- There is no endpoint
- Factors unpredictable and often unexpected
- Rules can change without notice
- Multiple “players” (professions, sectors, disciplines, regions, ideologies, etc.)

Simple Rules for Adapting to Complexity

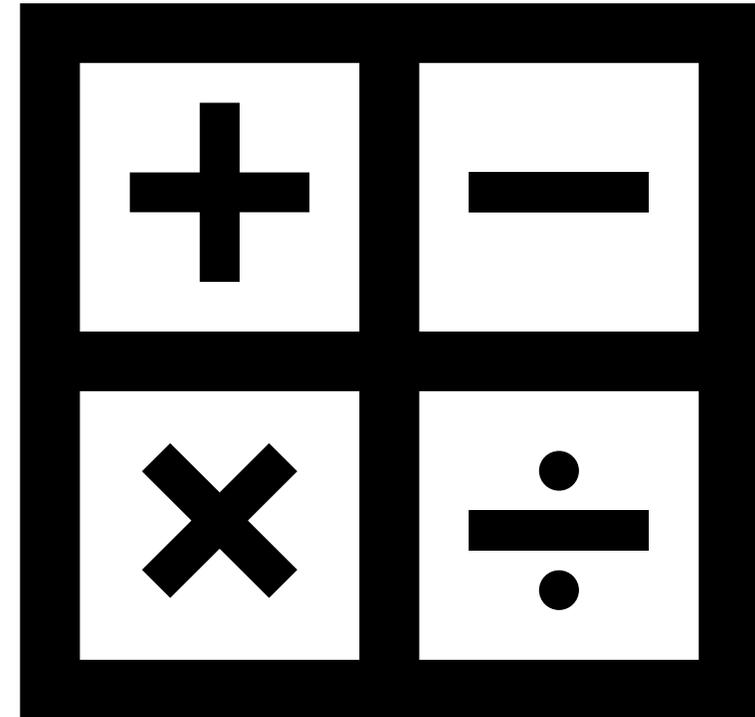
A diverse and loosely knit group can work as a coordinated unit if every one of the members follows the same set of simple rules.

- Fly toward the center.
- Don't bump into anyone
- Match the speed of your neighbor.



SACIM Simple Rules

- Remember every baby and mother
- Center on equity
- Listen to community voices
- Build capacity
- Focus on connections
- Ask powerful questions
- Seize opportunities



SACIM Recommendations: January 2013

SACIM proposes six strategic directions or “big ideas”

1. Improve the health of women before during, and beyond pregnancy.
 2. Ensure access to a continuum of safe and high-quality, patient-centered care.
 3. Redeploy key evidence-based, highly effective preventive interventions to a new generation of families.
 4. Increase health equity and reduce disparities by targeting social determinants of health through both investments in high-risk, under- resourced communities and major initiatives to address poverty.
 5. Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.
 6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration.
- APPENDIX C to SACIM 2013 report: Opportunities to Improve Infant Mortality through Implementation of the ACA

SACIM Low Birthweight Report and Recommendations: December 2001

- Establish a coordinated approach to develop a research strategy by reestablishing the Department of Health and Human Services Interagency Working Group on Low Birth Weight;
- Improve our understanding of molecular, genetic, biological, and psychosocial mechanisms of preterm birth through clinical and psychosocial investigations;
- Assess the content, quality, organization and financing of the aspects of service delivery that impact low birth weight and preterm birth; and
- Guide program and policy investment that will contribute to healthy families.

SACIM Subcommittee on Early Postpartum Discharge: December 2001

- Broaden the focus from early postpartum discharge to include appropriate services such as prenatal care, the content and quality of hospital care, and care of the mother and the newborn in the first 60 days after delivery;
- Recognize that the outcomes of good prenatal and postpartum care are the optimal physical and psychosocial health of the mother, newborn, and family;
- Closely monitor the accessibility and quality of postpartum preventive services via population-based studies and national quality assurance measures;
- Support further Federal funding of research on the benefits and costs of different practices for the birth hospitalization and postpartum period; and
- Ensure that the public and private sectors make patients and providers aware of the best services available.