

MATERNAL CHILD HEALTH NEWSLETTER

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES ★ Health.Mo.Gov ★ VOLUME 1 ★ ISSUE 4

MCH Director Communiqué

Is the intersection of Life Course Perspective and Foundational Public Health Services a match made in heaven? Historically, maternal and child health (MCH) programs have helped lead the way in addressing social and environmental factors that affect health, but there has been limited focus on health trajectories across the lifespan or on continuities from child to adult to older ages. Instead, much of health care is organized around a “stage of life” approach, with separate programs for women of reproductive age, children at different developmental stages and adults, creating gaps in programs and services addressing intergenerational health and the relationship of parents’ (and even grandparents’) health to children’s health and health across the life course. Data show the powerful role maternal health plays in birth outcomes, and we know solutions will require cross-generational approaches, with programs and services focused on optimizing health during critical and sensitive life stages and integration of health services with social, local government and community-based initiatives.

Foundational Public Health Services (FPHS) are not unique to MCH and are the foundation of all public health activities at the state, local and federal levels. The unique needs of the maternal and child population and the need for enhanced capacity to respond to these unique needs highlight the importance of considering FPHS within the context of MCH. Missouri’s [FPHS model](#) describes a minimum set of fundamental services and capabilities that must be available in every community to ensure Missouri’s public health system delivers equitable opportunities for good health to all Missourians. The Maternal, Child and Family Health foundational area of public health expertise includes addressing conditions that affect health behaviors and improving wellness indicators, through the lens of

Health Equity and the Social Determinants of Health for women, children and families, including children and youth with special health care needs (CYSHCN). The associated [Maternal, Child and Family Health foundational capabilities](#) are essential for optimal MCH across Missouri.

MCH is foundational to the optimization of lifelong health, and Life Course Perspective highlights the foundational importance of MCH to overall public health. Future success in achieving optimal health that enables everyone to function at their highest level of capacity requires a move away from a focus on specific, targeted programs to a more integrated approach for creating a cyclical “pipeline for health development”. This integrated approach must include all life stages and provide comprehensive and integrated health-promoting scaffolding, support the optimal development of the interdependent capabilities parents need to create the relational environment every child needs to thrive, and synergize and integrate policies and services across sectors and community providers to protect children from harm, minimize risk and optimize health trajectories. Applying both the Life Course Perspective and the Maternal, Child and Family Health foundational capabilities will help us move beyond the traditional focus of consumptive health care expenditures (prevention, health promotion, screening and diagnosing and treating established illness) to investments in individual and population health capital and building long-term health reserves. The greatest gains in MCH and the greatest long-term health benefits across the life course will come through these short- and long-term investments in health, addressing the social determinants of health and health disparities, and advancing MCH in all policies, places and activities.

Martha J. Smith, MSc, RN
Missouri MCH/Title V Director

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PROGRAM HIGHLIGHTS

MCH Stakeholder Survey Findings

Thank you for taking the time to complete the MCH stakeholder survey. There were approximately 107 unique responses. The respondents engage with the MCH population in a variety of ways, including as: local public health agency (LPHA) staff, health care professionals, staff at state agencies and community/faith-based organizations, parents/caregivers of infants, children, adolescents and/or children and youth with special health care needs (CYSHCN), and adolescents and adolescent/youth leaders.

A major theme emerging from our analysis is the impact of the COVID-19 pandemic on the ability to effectively deliver services due to either staff turnover or redirection of staff priorities to COVID-19 duties; this significantly impacted access to care for MCH populations. A decrease in the community's trust in public health systems was also highlighted in survey responses. Other challenges reported include a lack of access to mental health services for adolescents and postpartum women and preventive health care, including oral health services, due to provider shortages, lack of providers who accept Medicaid insurance and the increasing cost of medical and dental care. Responses also indicated the impact of lack of access to health care services on rural and low-income MCH populations was exacerbated by the COVID-19 pandemic and the increasing cost of living.

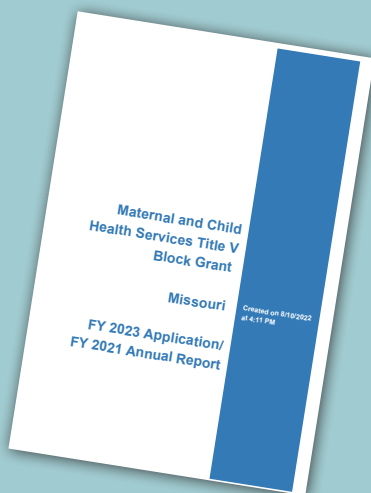
Recommendations to meet the objectives of the state action plan include:

1. Extending Medicaid up to 12 months postpartum to improve maternal mental health and ensure ongoing coordinated care.
2. Expanding home visiting services.
3. Adapting the use of telehealth services to improve access to care for underserved populations.
4. Focusing on preventive care education through schools, health care providers and social media and public service announcements to increase awareness of preventive practices as well as programs and services available at the local and/or state level.

We will continue to collaborate with community partners, families and other private and public organizations to use the findings to strengthen and develop strategies and activities to address the priority needs identified in the state action plan and develop plans to address the emerging needs of the MCH population.

FFY 2023 Title V MCH Services Block Grant Application and Annual Report

The FFY 2023 Title V MCH Services Block Grant Application & Annual Report, submitted to the Health Resources and Services Administration (HRSA) in August, is available [here](#). The FFY 2023 Executive Summary and MCH State Action Plan, along with additional resources, are available on the MCH Block Grant [webpage](#).



Maternal
Child
Health



Checkout our previous [newsletters!](#)

Missouri Maternal Health Multi-Sector Action Network Updates

The Title V MCH Block Grant team is collaborating with the University of Missouri-Kansas City's Institute for Human Development (UMKC-IHD) to address maternal substance use and mental health issues. Since the beginning of the year, UMKC-IHD has facilitated three Multi-Sector Action Network meetings in March, July, and September. The goal of the Action Network is to promote a coordinated, multidisciplinary system of care for women of childbearing age and pregnant and parenting mothers, which ensures health equity, social justice, and a comprehensive continuum of care, including prevention and treatment efforts, for women/mothers with mental health and substance use disorders (SUD). Initial discussions among stakeholders identified six priority areas and led to the creation of the following workgroups:

- SDOH/Stigma/Equity/Justice
- Wraparound Services/Team Birth Approach
- Medicaid Expansion
- Child & Family Support Services
- Criminal Justice Issues

Initial workgroup meetings have occurred, with subsequent meetings to occur every six weeks. If you would like to join a workgroup, please follow the link to [sign up](#).

UMKC-IHD will create a visual map of available programs and initiatives available in the state as well as highlight of the service deserts. Please follow the link to provide us with information about current programs and initiatives that serve mothers and families affected by substance use across the state. The information you provide will help us [crosstalk current programs, services, and initiatives](#) by the priority areas identified by the Action Network stakeholders, and identify the gaps in the service system for mothers affected by SUD. Additionally, the Action Network endeavors to share and highlight the lived experiences of women and their families. The goal is to feature a "My Story" portion during all action network meetings. If you know of anyone who would be willing to share their story, let us know! You can contact the Principal Investigator, Dr. Danielle Chiang, at chiangd@umkc.edu.

It is important to incorporate the lived experiences of mothers of young children affected by substance use and mental health challenges into the environmental scan of the Missouri Maternal Health Multi-Sector Action Network. To accomplish this, the UMKC-IHD is conducting focus groups or "mapping sessions" to better understand the facilitators and barriers to accessing high-quality and equitable services for mothers affected by substance use and mental health disorders. Understanding the lived experiences of mothers with substance use and mental health disorders, and front-line clinical and social service professionals who work with women with substance use and mental health disorders before, during and/or after pregnancy will help guide the development of future services and support systems available to address maternal substance use and mental health. This will help improve health outcomes for mothers and their children.

The UMKC-IHD is recruiting TWO groups of individuals for focus groups:

- Mothers of young children affected by substance use throughout the state of Missouri (participants will receive an incentive as a thank you). Participants can access the following [link](#) to receive more information about the study.
- Service providers or individuals who work at organizations/agencies that provide support/services to mothers of young children affected by substance use and mental health disorders. Service providers can access the following [link](#) to receive more information about the study.

The study will involve a one-time focus group. The focus groups will take about an hour and completing survey forms will take about 15 minutes. If you have any questions or concerns about the study, you can also reach out to Dr. Danielle Chiang.

MCH Stakeholder survey list

We invite you to complete the following MCH stakeholder survey. The purpose of this survey is to help us update our MCH stakeholder list in order to: 1) have the most up to date contact information so we can improve how we communicate with stakeholders, 2) segment our stakeholder list by MCH population domains so we can meaningfully communicate with our stakeholders, and 3) map our stakeholders to identify which voices are missing from the table and continue to build and strengthen our stakeholder and community engagement. Continually integrating stakeholder and community engagement in our work will help us achieve collective impact in improving the health and well-being of mothers, children and their families in Missouri. The survey should only take a few minutes to complete and can be accessed [here](#).

PROGRAM SPOTLIGHT

Safe Sleep Awareness Month

October is Safe Sleep Awareness Month, a month that is designated to promote healthy sleeping habits for newborns and raise awareness about sleep-related risks to infants. According to the American Academy of Pediatrics (AAP), throughout the first year of life, sleeping babies die accidentally from suffocation, smothering, wedging, being trapped under someone else while sharing a bed, being placed to sleep on a surface not intended for an infant and Sudden Infant Death Syndrome (SIDS). Infant deaths due to unsafe sleep practices continue to be a significant contributor of infant deaths in the U.S. and Missouri. The AAP has issued evidence-based [recommendations](#) for a safe infant sleep environment. We want to highlight two programs supported by the Title V MCH Block Grant that promote safe sleep-related efforts and work to reduce sleep-related infant deaths in Missouri.

Safe Cribs for Missouri Program

What does the Safe Cribs Program do?

1. What is the purpose of the Safe Cribs for Missouri Program?

The Safe Cribs for Missouri Program is housed within the Office of Childhood (OoC) at the Department of Elementary and Secondary Education (DESE). The purpose of the program is to reduce the risk of sleep-related infant deaths by providing portable cribs and safe sleep education to low-income families in Missouri. The Safe Cribs for Missouri Program staff actively promote and provide resources on the ABCs (Alone, on their Back, in a Crib) of Safe Sleep.

2. With whom do you partner to implement Safe Cribs Program initiatives and improve the health of infants?

We work with local public health agencies (LPHAs) and the Home Visiting Program to reach as many Missourians in need as possible. In State Fiscal Year (SFY) 2022, the Safe Cribs Program worked with 68 counties in Missouri to provide portable cribs and safe sleep education resources. In addition to the National Institute of Child Health and Human Development SIDS risk reduction online education program, we continue to evaluate and provide access to other evidence-based resources for safe sleep educators. All education programs and resources comply with the evidence-based AAP safe sleep recommendations. The Safe Cribs Program has collaborated with the Department of Social Services (DSS)-Children's Division, the DSS Child Fatality Review Program and the Children's Trust Fund (CTF) to develop part two of the online safe sleep training for Children's Division staff who work directly with families. As a member of the Missouri Safe Sleep Coalition, the Safe Cribs Program collaborated with the Department of Health and Senior Services (DHSS), CTF, Children's Division, Infant Loss Resources (ILR), Inc., pediatric hospitals, and other coalition members to implement the new state strategic plan to reduce sleep-related infant deaths. The strategic plan was developed with the guidance of the National Institute for Children's Health Quality (NICHQ). Our partnership with CTF and the Safe Sleep Coalition helps make sure we are getting the most accurate and up-to-date information on safe sleep practices to share with our local partners.

Additionally, we work with the Safe Sleep Coalition partners to provide safe sleep education, resources and technical assistance to hospitals. Resources include the new [safe sleep video](#), the "This Side Up While Sleeping" t-shirt, and other educational materials available from the DHSS at no charge. In addition, the Safe Cribs Program provides information about the National Safe Sleep Hospital Certification Program and continues to collaborate with the Missouri Safe Sleep Coalition partners to develop a way to recognize hospitals that achieve National Safe Sleep Certification.

Safe Sleep continued on page 5

**SIDS
AWARENESS
MONTH**



3. How do you support infants and their parents/caregivers?

We support infants and parents/caregivers by providing families with a portable crib when they do not have the financial ability to provide a safe sleeping environment for their newborn. To be eligible for the Safe Cribs for Missouri Program, parents/caregivers should have income at or below 185% of the federal poverty level or be eligible for either the Women, Infants and Children (WIC) Program or Medicaid. Women between 34 weeks gestation to three months postpartum visit their LPHA and are connected to the LPHA safe sleep educator. The safe sleep educator then completes a referral to the Safe Cribs for Missouri Program at DESE. The program staff then places the order and logs the referral into their system before the crib is sent directly to the LPHA. LPHA educators then meet with the client(s) and provide safe sleep education and other information including a demonstration on how to set up and take down the crib. All safe sleep education is provided in accordance with AAP recommendations and guidelines. Families receive a follow-up visit after four to six weeks, during which the LPHA educator reviews information from the first session and works with the families to address any obstacles or questions that arise. The educators also provide education on SIDS, Shaken Baby Syndrome and effects of tobacco and alcohol exposure on newborns.

4. What is the Safe Cribs Program currently working on, and/or what do you hope to accomplish in the next year?

During the COVID-19 pandemic, many of the LPHAs were focusing their efforts on programs and services related to the public health crisis, and thus it was difficult to recruit LPHAs to participate in the Safe Cribs Program. Additionally, counties already participating in the program lacked the capacity to provide Safe Cribs Program services during the pandemic. Our goal for next year is to establish resources for safe cribs and safe sleep education in every county in Missouri. We want to ensure every family/parent/caregiver has access to a safe sleep environment for their newborn.

5. How can members of the public engage with the Safe Cribs Program?

The Safe Cribs for Missouri Program [website](#) includes information on safe sleep, contact information for our program, and additional links to our partner organizations such as CTF, which provides a host of information and videos regarding safe sleep, SIDS and numerous other issues.

What activities have you planned for SIDS awareness month? How are you planning to engage stakeholders for SIDS awareness month?

For safe sleep awareness month, we send out informational articles regarding SIDS to our partners to share with their clients. We also share statistics on how most newborn sleeping deaths are preventable when safe sleeping techniques are implemented.

Please share some highlights of the great work that the Safe Cribs Program has accomplished.

- The program will expand its services to 75 counties in SFY 2023.
- 209 cribs were distributed to families in SFY 2021.
- 218 families were served in SFY 2021.
- 9 hospitals have received National Safe Sleep Certification.

Please share a success story from your work with the Safe Cribs Program.

The Safe Cribs Program in Crawford County shared they had a family that received a safe crib over the summer. The family was extremely appreciative of the support and crib they received from the LPHA. Although this was their second child, the crib the family used for their first child was destroyed in a house fire. The family had just moved into their new home when the second child was born. The Safe Cribs Program provided the family with a crib and fitted sheet, diapers and blankets for both children, toothbrushes and some clothes for the new baby. The family is doing well and the baby boy is 6 months old and loves tummy time and the crib fits him perfectly.

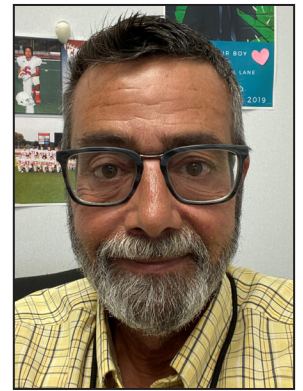


Newborn Health Program

What does the Newborn Health Program do?

1. What is the purpose of the Newborn Health Program?

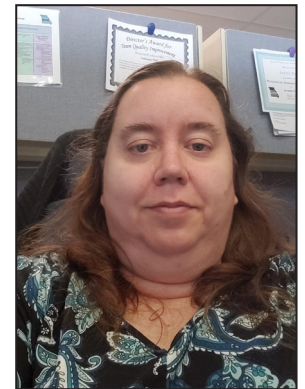
The Newborn Health Program sits within the Bureau of Genetics and Healthy Childhood (GHC) at the DHSS. The program promotes healthy birth outcomes and healthy infants by increasing awareness through educational activities and materials. The purpose of the Newborn Health Program is to promote the importance of: preconception and interconception care, early entry into prenatal care, breastfeeding, consumption of folic acid to prevent birth defects, avoidance of smoking, alcohol and other drugs, infant safe sleep practices and other healthy behaviors.



Daniel Lane
Missouri's Newborn Health Program

2. Whom do you partner with to implement Newborn Health Program initiatives and improve the health of infants?

The Newborn Health Program collaborates with Healthy Birth Day, Inc. to implement and operate Count the Kicks, a Public Awareness Campaign program, to support pregnant women and reduce the rates of stillbirth in Missouri. Count the Kicks teaches the method and importance of counting the baby's kicks in the third trimester of pregnancy. Free educational materials can be ordered from [Count the Kicks](#). The Newborn Health Program continues to partner with a wide range of community health partners to promote Count the Kicks. The program hosts webinars to equip home visitors with tools to teach their clients how to count kicks. The program is also promoted at OB/GYN clinics and birthing hospitals. Additionally, the Newborn Health Program collaborates with other programs and organizations that impact newborn health in Missouri. These include LPHAs, the Safe Sleep Coalition, CTF, doctor's offices, hospitals and other public health agencies in the public and private sector.



Connie Viehle
Missouri's Newborn Health Program

3. How do you support infants and their parents/caregivers?

The program supports parents/caregivers by providing free educational materials, including Missouri's prenatal and newborn health book, [Pregnancy and Beyond](#). Additionally, the program provides other educational literature to raise awareness and educate Missourians on the importance of breastfeeding and direct the public to resources that assist with breastfeeding. In addition to print materials, the Newborn Health Program maintains websites that provide electronic access to similar breastfeeding information/resources. Breastfeeding is one of the protective factors against SIDS. Program staff also host webinars and attend conferences and baby shows/expos to further increase newborn health knowledge among health care workers and other professionals who work with infants and children.

4. What is the Newborn Health program currently working on, and/or what do you hope to accomplish in the next year?

We hope to offer a free virtual baby shower in partnership with Healthy Birth Day, Inc. and other partners. The first virtual baby shower will be for pregnant women in the St. Louis area and/or the Bootheel region. Partial funding for the baby shower will come from our contract with Healthy Birth Day, Inc. and we are looking into collaborating with one of the managed health care plans for additional funding. Topics covered during the baby shower will include things such as: how to count kicks, what to expect during labor and delivery, a virtual hospital tour, and safe sleep practices. Participants will also be linked to local community resources such as WIC.

5. What is the Newborn Health program currently working on, and/or what do you hope to accomplish in the next year?

Members of the public can engage with the program on the DHSS [website](#). Most of the time people connect with the program through referrals from some of our partners and collaborators.

Please share some highlights of the great work that the Newborn Health Program has accomplished in the past year.

In December 2021, the program collaborated with the Central Missouri Community Action Agency, a home visiting group based in Columbia to host a virtual baby shower. Program staff distributed 15 packets of educational materials in English and five in Spanish. The staff also presented on Count the Kicks, the various newborn screening tests done at the hospital, the Safe Cribs for Missouri program, infant safe sleep, safe ride information for infants and toddlers, and the TEL-LINK program (Missouri's toll-free hotline which provides confidential information and referrals on MCH services).

PARTNER SPOTLIGHT

Safe sleep success story

The Bureau of Community Health and Wellness serves as the state lead for Safe Kids Worldwide to implement and facilitate accomplishment of common goals and objectives concerning childhood injury prevention. BCHW provides funding for 10 Safe Kids coalitions that serve 59 counties. All 10 coalitions provide unintentional injury prevention services to children aged 0-19 years. The Safe Kids coalitions are led by a variety of agencies including LPHAs, non-profit entities and local hospital systems. One of the major priorities addressed by Safe Kids coalitions is crib safety and safe sleep.

One of the Safe Kids coalitions in St. Louis, SSM Health Cardinal Glennon Children's Hospital, provides a one-hour safe sleep training developed by the co-chairs of the SSM Health Safe Sleep Champion committee. Lori Winkler, who serves as the Injury Prevention Nurse Coordinator at SSM Health and the Safe Kids St. Louis coordinator, is the instructor of the infant safe sleep training. Lori provides evidence-based safe sleep education to first responders, including law enforcement, health care providers, first responders, emergency medical services personnel, firefighters and other public safety professionals.

The following are some success stories from the SSM Health infant safe sleep training. A firefighter/paramedic reported the safe sleep training may have saved an infant's life. The firefighter/paramedic's crew responded to a local extended stay hotel to care for a female with abdominal pain. Upon arrival, the crew noted a mom, dad and infant were staying in the room, and when the first responders asked where the child was sleeping, the parents shared that the child was sharing the bed with them. After transporting the mother to the hospital, the first responders returned to their engine house to get a portable crib and delivered it to the family. The family was very grateful and said they would use it moving forward. The Safe Kids St. Louis coordinator reported she had previously responded to at least two pediatric cardiac arrests at the same hotel, including a child that was sharing a bed with the parents and another instance where a child had climbed into an open cooler that closed and trapped the child inside.

This is just one of the many ways in which the TITLE V MCH Block Grant collaborates with various stakeholders to promote safe sleep practices and reduce sleep-related infant deaths across Missouri.



PARTNER ENGAGEMENT

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program

Below are some highlights of partner engagement, coordination and outreach efforts across the state by Maternal, Infant and Early Childhood Home Visiting (MIECHV) funded Home Visiting Programs housed within DESE-OoC. The objectives are to promote safe sleep and prevent unintentional infant deaths due to accidental suffocation.

Kansas City Region

The Home Visiting site contracts with ILR, which has offices in St. Louis and Kansas City. ILR provides safe sleep education and collaborates with the Home Visiting Program to provide portable cribs for distribution to clients who are unable to afford a crib or bassinet for their infants. Additionally, ILR offers grief support to caregivers who have lost an infant to sudden unexpected infant death (SUID). All Nurse Family Partnership (NFP) nurses take a safe sleep course through ILR prior to providing safe sleep services, including safe sleep education and portable cribs, to clients.

St. Louis Region

The St. Louis NFP team has attended several safe sleep trainings offered by Generate Health and FLOURISH St. Louis. NFP nurses have all taken the courses required to become Safe Sleep Champions. Most recently, the local MCH coordinator and the program specialist met with the safe sleep representative at SSM Health regarding a partnership to expand the safe sleep services provided to the local community, including safe sleep training and education and distribution of portable cribs and sleep sacks to clients. All clients enrolled in the NFP Home Visiting Program receive safe sleep education during pregnancy and after delivery.

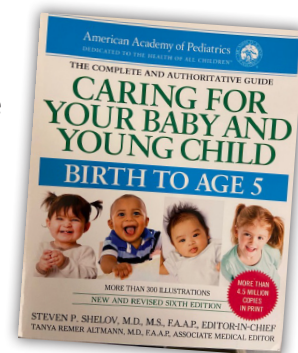
Southeast Region

Numerous collaborations exist in the Southeast region to support families by promoting safe sleep education and practices. Home visiting staff are active participants in the following collaboratives:

- Bootheel Babies and Families (BBF) Advisory Council, which specifically focuses on safe sleep and prevention of infant death.
- The Bootheel Perinatal Network (BPN) Advisory Council for Dunklin, Pemiscot, Stoddard, Scott, New Madrid and Mississippi counties to support safe sleep promotion and preventive efforts.
- The New Madrid County Family Resource Center and the Family Resource Center board to plan a variety of safe sleep initiatives that benefit families.
- Pemiscot Initiative Network (PIN) distributes safe sleep information and provides support for families.
- Dunklin County Breastfeeding Coordination Group coordinates support for breastfeeding moms, actively supports safe sleep initiatives and works to reduce infant deaths due to accidental suffocation.
- Community Caring Councils in Dunklin and Mississippi plans a variety of initiatives including safe sleep.
- Home visitors work with the Breastfeeding Peer Counselor in Butler County and take part in monthly breastfeeding support group meetings. Home visitors also participate in the Young Parent Mentoring Program. These initiatives include promotion of safe sleep education and practices.

Central Region (Boone County)

The City of Columbia/Boone County Healthy Families America (HFA) Home Visiting Program follows the Healthy Babies curriculum, which covers safe sleep education and support for enrolled families. The program also works with First Chance for Children to obtain portable cribs for families in need of a safe sleep environment. Home visitors provide safe sleep education and follow-up with families to ensure safe sleep practices are followed. Additionally, all expecting families are provided a copy of the book, "The Complete and Authoritative Guide Caring for you baby and young child birth to age 5" from the AAP. The book is used to provide safe sleep education and information about the most updated AAP recommendations.



Promoting safe sleep practices and reducing sleep-related infant deaths calls for various stakeholders to work together, and many other programs and partners across the state are working on safe sleep initiatives to prevent sudden infant death due to unsafe sleep. The Safe to Sleep® campaign offers a variety of materials to help share safe infant sleep messages with different audiences. Access shareable social media graphics and resources [here](#). Their social media channels also feature short safe sleep educational videos in English and Spanish. For more resources on safe sleep visit the MCH Resources and Tools section.

NEWS OF NOTE

Generate Health Maternal and Infant Health Data Tools

Generate Health recently launched new data visualization tools that help illustrate the state of Black maternal and infant health in the St. Louis region. The goals of this project are to:

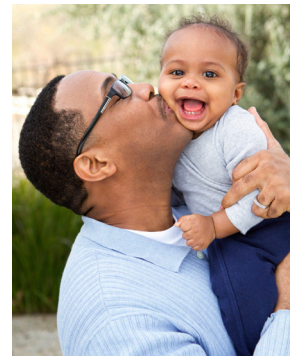
- Create accessible and user-friendly maternal and infant health data tools.
- Help community members interact with data in order to make improvements in the St. Louis region.
- Change the narrative from “a person’s individual behavior causes adverse birth outcomes” to “social determinants of health are the root cause of adverse birth outcomes.”

Generate Health staff and interns analyzed and transformed information from five community data sessions into three data pieces – [a series of mini dashboards](#), [a story map](#) and [a collection of infographics](#). By interacting with the data visualization tools you will gain further understanding of the factors that contribute to the racial disparities in infant and maternal health in the St. Louis region.

PRAMS Dashboard for MCH Experiences and Outcomes in Missouri

The DHSS Pregnancy Risk Assessment Monitoring System (PRAMS) has published an interactive dashboard on their [website](#). PRAMS is an ongoing, population-based, state-specific, surveillance system designed to identify and monitor selected maternal experiences and behaviors that occur before, during and after pregnancy. PRAMS topics include:

- Preconception care
- Medicaid and WIC participation
- Breastfeeding
- Safe sleep practices
- Cigarette smoking and alcohol use
- Physical abuse
- Infant health care
- Contraceptive use
- Postpartum depression



2016-2020 weighted PRAMS data is available for all topics, and topics can be stratified by several demographic characteristics such as age, education, race or ethnicity, household income, geographic area and WIC status. You can also review the PRAMS Prevalence of 14 Selected MCH Indicators comparing MO PRAMS with the overall CDC PRAMS response rates on the DHSS [website](#). Forty-six states, the District of Columbia, New York City, Northern Mariana Islands and Puerto Rico currently participate in PRAMS, representing approximately 81% of all U.S. live births. If you would like more information about the PRAMS dashboard, please contact Lisa Giles at Lisa.Giles@health.mo.gov.

Maternal Mortality in Missouri

While maternal mortality continues to decline globally, the ratio of maternal mortality in the U.S. is three to four times higher than in other developed nations. Non-Hispanic black women experience maternal deaths at a rate three to four times that of non-Hispanic white women, a racial disparity that is mirrored across many maternal and infant outcomes. It is estimated that approximately [700 women](#) in the U.S. die because of pregnancy or pregnancy-related complications annually. In Missouri, the 2016-2020 maternal mortality rate for Non-Hispanic Black women (80.6 per 100,000 live births) was considerably higher than that of Non-Hispanic White women (30.6 per 100,000 live births). Racial disparities in maternal mortality indicate a need to explore improvements in health care access and quality as part of health equity efforts across the state.

The DHSS has published [A Multi Year Look at Maternal Mortality in Missouri: 2017-2019 Annual Report](#) on behalf of the state’s Pregnancy-Associated Mortality Review (PAMR) board. The report is an aggregate of three years’ worth of work analyzing deaths that occurred between 2017-2019. PAMR is a multidisciplinary board of experts from across the state tasked with examining the causes and contributing factors associated with maternal mortality and ultimately forming

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recommendations that could prevent these deaths from occurring in the future. The 2017-2019 annual report contains data including the timing and leading causes of pregnancy-related deaths, and factors that contributed to these deaths, such as mental health conditions and SUD. The report also reflects the disparities that exist in our state and among our most vulnerable populations, including our Black and publicly insured communities.

The PAMR board found the pregnancy-related mortality ratio (PRMR) in Missouri was 25.2 deaths per 100,000 live births from 2017-2019, and 75% of these deaths were determined to be preventable. PRMR varied by race, age, education level, marital status, insurance type and geographical residence. The PAMR board is currently reviewing 2020 deaths and will begin reviewing 2021 deaths soon after. These reports will be made available once all cases have been reviewed. The 2017-2019 annual report can be viewed [here](#).

Some of the key highlights from the 2017-2019 report include:

- The greatest proportion of pregnancy-related deaths occurred between 43 days and one year after pregnancy.
- Mental health conditions were the leading underlying cause of pregnancy-related deaths, followed by cardiovascular disease.
- All pregnancy-related deaths due to mental health conditions were determined to be preventable. SUD contributed to 32.7% of pregnancy-related deaths.
- Black women living in Missouri are three times more likely to die within one year of pregnancy than white women.
- Women on Medicaid in the state of Missouri are eight times more likely to die within one year of pregnancy than those with private insurance.

PAMR recommendations for pregnancy-associated deaths are shared broadly among stakeholders including the Missouri Legislature, LPHAs, hospitals, community-based organizations and many other listserv distribution lists. The expected impact level is documented for each recommendation and is ranked from small (individual, community and/or provider-based health promotion and education activities related to SUD/mental health screening, treatment and referral as well as cultural competency, trauma-informed and implicit bias training) to giant (poverty, inequality, policy, hospital protocols etc.) impacts.

Call for Proposals for the 2023 AMCHP Annual Conference

The call for proposals for the 2023 AMCHP Annual Conference, held from May 6-9, 2023, is now open, and you are invited to submit a proposal to share your work and ideas under any of the [13 subject-focused tracks](#). The 2023 edition of the AMCHP Annual Conference will offer content in-person and through a virtual conference platform with the theme Cultivating Diverse Leaders in Maternal and Child Health. In-person and virtual participants will discuss strategies to grow MCH leaders who reflect the diversity of experiences, cultures and abilities of the people they serve. The goal is to nurture innovative, creative, and resilient leaders who use their talents to support healthy communities. AMCHP invites you to learn more about the 2023 Annual Conference theme and start crafting your proposal at this [link](#) for submission by Tuesday, November 22, 2022, at 11:59 p.m. PT. Submitters with completed submissions by this deadline will be notified of their session status by December 31. Please contact Martha Smith, MCH Director, at Martha.Smith@health.mo.gov if you would like to discuss your proposal idea(s) and/or if we can support your submission in any way.



SAVE THE DATE

Systems for Action: Closing the Gaps in Health and Social Services for Low-Income Pregnant Women

November 16, 2022
11 a.m. - 12 p.m. CT (Virtual)

American cities face stubbornly large racial disparities in infant mortality, preterm and low birthweight births along with unacceptable rates of maternal mortality. The Los Angeles Maternity Assessment Management Access and Service (MAMA) program is an innovative, multi-sector initiative that seeks to address the constellation of social factors that contribute to adverse maternal and infant outcomes, including housing instability, food insecurity, untreated mental health conditions, domestic violence, and substance abuse.

A research team led by Los Angeles County will test the effectiveness of the program's four major components:

1. A health home care management model.
2. Peer and community support.
3. Flexible funding for non-medical services.
4. An advanced health information technology platform.

The team will partner with University of Southern California Children's Data Network, Public Health Foundation Enterprises WIC, and the county offices for health services, child protection, and probation to conduct the study. [Register here.](#)

Systems for Action: Addressing the Health and Social Needs of Justice-Involved Young Adults

December 7, 2022
11 a.m. - 12 p.m. CT (Virtual)

Involvement with the criminal justice system increases markedly during the transition from youth to adulthood in the US. Providing targeted services and supports to vulnerable emerging adults during this transition may be an effective way of reducing the conditions and behaviors that lead to incarceration and its adverse health effects.

The research team led by Texas A&M University uses a randomized trial to test the effectiveness of the Transformative Justice program in reducing criminal justice recidivism and improving health outcomes by coordinating health and social services for justice-involved young adults.

The program assigns a multi-sector case management

team to individuals following their arrest for lower-degree felony offenses, connecting them to mental health, legal assistance, education, employment training, transportation and housing services. The research team collaborates with the Access to Justice Lab at Harvard Law School, the University of Texas Health Science Center, the Lone Star Justice Alliance, and multiple local non-profits and county agencies to conduct the study. [Register here.](#)

Systems for Action: Transit and Treatment: Aligning Systems to Address Substance Abuse in Connecticut

December 14, 2022
11 a.m. - 12 p.m. CT (Virtual)

This study tests how a transit system can enhance substance abuse treatment outcomes and reduce provider-level treatment costs for substance abuse amidst the opioid crisis in Connecticut. Increasing access and retention in treatment services is critical to improving health outcomes and reducing substance abuse overdose deaths. Using a difference-in-differences method, the research project will test how treatment costs differ before and after a new transit line and/or a change in transit service schedules. With empirical evidence on how transit schedules and lines impact costs and health outcomes, researchers will leverage relationships with state, transit officials, and public health agencies to implement a systems alignment plan that sustains transit lines and schedules that pass closer to treatment providers offer transit spurs to treatment providers, and/or encourage treatment providers to relocate closer to existing transit routes. Researchers at the University of Connecticut will collaborate with an ongoing advisory panel made up of CT treatment providers, the CT Department of Transportation, CT Department of Public Health, and the Department of Mental Health and Substance Abuse. [Register here.](#)



MCH RESOURCES AND TOOLS

Safe Sleep and SIDS

- Social media toolkit: Infant Safe Sleep Awareness Month Toolkit, [Missouri Safe Sleep Coalition](#)
- Social media toolkit: Safe Sleep Campaign Toolkit, [American Academy of Pediatrics](#)
- Webpage: Safe Sleep-Cribs and Infant Products, [U.S. Consumer Product Safety Commission](#)
- Webpage: Safe Sleep for Babies, [Centers for Diseases Control and Prevention](#)
- Webpage: Safe Sleep for Your Baby, [March of Dimes](#)
- Webpage: Sudden Infant Death Syndrome, [Boston Children's Hospital](#)

Social Determinants of Health

- Infographic: [The Uneven Burden of Maternal Mortality in the US](#), [National Institute for Health Care Management \(NIHCM\) Foundation](#)
- Infographic: Understanding and Preventing ACEs, [NIHCM Foundation](#)
- Article: Voices of Black Mothers, [Washington University School of Medicine](#)
- Webinar: Children Under Stress: Preventing ACEs and Supporting Childhood Well-being, [NIHCNM Foundation](#)
- Webinar: Maternal Mortality and New Risks to Women's Reproductive Health, [NIHCNM Foundation](#)
- Publication: Social and Structural Determinants of Health; Inequities in Maternal Health, [Journal of Women's Health](#)
- Toolkit: The Cycle to Respectful Maternity Care, [National Birth Equity Collaborative](#)

AMCHP: MCH Bridges

- [Episode 7](#): What's Public Health Got to Do With It? Maternal Health, Substance Use, and the Criminal Justice System
- [Episode 8](#): Public Health Across Borders: Unaccompanied Immigrant Children, Mental Health, and the U.S. Immigration System
- [Episode 9](#): Centering the Soul Ties to the Food We Eat: A Strategy for Equity in Nutrition Services

Youth Engagement: Youth Voice Amplified

You can listen to new episodes of the MCH Bridges Podcast:

You can now join members of Youth Voice Amplified (from AMCHP) as they talk about anything and everything that affects youth health and well-being. This is a podcast for young people, made by young people.

- [Pilot](#): What the Health?

Mental Health Hotlines

- Missouri 988 Suicide and Crisis Lifeline
- 1-833-9-HELP4MOMS-Maternal Mental Health Hotline



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

Title V Maternal Child Health Block Grant
Division of Community and Public Health
P.O. Box 570 ● Jefferson City, MO 65102

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You received this message because you are identified as a maternal child health stakeholder. This newsletter is produced quarterly by the MCH/Title V team at the Department of Health and Senior Services. Email Nina.nganga@health.mo.gov to request inclusion of your event, resource or update in our eNewsletter.

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