



April 5, 2019

AMCHP Hosts Congressional Briefing on Protecting Moms and Babies

Expert panel provides latest data and lessons about “Emerging Threats to Mothers and Babies: Protecting Vulnerable Populations During and After Public Health Emergencies”

Washington, D.C. – A panel of national maternal and child health (MCH) leaders briefed more than 100 congressional staffers and MCH stakeholders today on what’s been learned from responses to recent public health crises, such as Zika, and how the lessons can be applied to improve detection and care in future emergencies.

Intervening too late and with insufficient information in epidemics such as Zika “means babies that could have been protected will be infected,” Dr. Peggy Honein of the National Center on Birth Defects and Developmental Disabilities told the audience gathered in a hearing room at the Rayburn House Office Building, across the street from the Capitol.

Held in cooperation with Rep. Lucille Roybal-Allard and Rep. Jaime Herrera Beutler (co-chairs of the House Maternity Care Caucus) and moderated by AMCHP CEO Jonathan Webb, the session featured panelists Honein, Dr. Sarah Mulkey of Children’s National Health System, and Lacy Fehrenbach of the Washington State Department of Health.

The panelists described responses by public and private networks that helped to curtail the impact of public health emergencies (which include disease outbreaks, natural disasters, and exposures to dangerous substances); how the collection and availability of key data informed local response; and where improvements can be made in data collection, testing, and application of resources.

“We have to work toward more robust and integrated surveillance systems,” Fahrenbach said. She also stressed that (and gave examples of how) agencies should “build on what you have” in terms of data collection systems, rather than waiting to develop a perfect system that captures all the data you want in the way that you wish, and leveraging “your public health infrastructure” across disciplines.

Honein described the practical impact of the national center's Surveillance for Emerging Threats to Mothers and Babies initiative, which detects the effects of new health threats on mothers and babies by tracking them from pregnancy through childhood, and responds with real-time evidence-based, actionable information. She stressed that the initiative by the U.S. Centers for Disease Control and Prevention (which houses the national center) creates a sustainable model for monitoring the impacts of public health emergencies on pregnant women, infants, and children.

Also with an eye toward building on sustainable models, Mulkey reviewed the advantages of basing dedicated response programs in a children's hospital, including maintaining a link between information gathered and assessed about mothers and their babies; the availability of multidisciplinary expertise; coordination of care; communication between providers; and longitudinal follow-up.

The 75-minute session was co-sponsored by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Association of Public Health Laboratories, the Association of State and Territorial Health Officials, the Association of University Centers on Disabilities, March of Dimes, the National Association of County & City Health Officials, NAPHSIS, and the Trust for America's Health.