From the President

Prematurity and Preconception Health

By Phyllis J. Sloyer, RN, PhD, FAHM, FAAP

I generally have a few weeks to prepare remarks for this column that relate to a given topic for Pulse. Obviously, some issues are more likely to be a part of my professional sphere of responsibility while others are not. In fact, my sphere of responsibility on some topics can be compared to asking a plumber to conduct complicated surgery. I have also been introduced to a lot of new jargon and acronyms which tend to evoke unsettling responses from me. So, when I received a message to prepare this month’s column, I was pleasantly surprised to understand the topic and in some respects use this to really understand what a lifespan (actually life course) approach means (one of those new terms).

Research tells us that the woman’s health before she becomes pregnant is very important to the outcome of her health and her baby’s health for years to come. This is not a simple task. There are many factors that influence the woman’s health, including biomedical, behavioral and social factors. Additionally, success requires intervention from many walks of life; public health, clinical health, social services, mental health, insurance, etc.

We are making progress in the world of women’s health and look forward to the day when we have the equivalent Bright Futures guidelines that promote the health of all women. Furthermore we know that the American Academy of Pediatrics and the American College of Obstetricians...
and Gynecologists have classified the main components of preconception care into a specific set of interventions: physical assessment, risk screening, vaccinations, and counseling. They have also identified the important areas of risk screening: reproductive awareness; environmental toxins and teratogens; nutrition and folic acid; genetics; substance use, including tobacco and alcohol; medical conditions and medications; infectious diseases and vaccination; psychosocial concerns (e.g., depression or violence).

So, you can readily see that a one-time visit or episodic attention to the health of a woman simply won't work. If we continue to perpetuate non-continuous, poor quality and fragmented care, we certainly will witness the other topic of this issue of Pulse: prematurity. We are all too familiar with the life long effects of prematurity. The economic burden on families and societies is too great not to want to address the health of women. I look forward to the day when prematurity is a rare event.

I hope you will enjoy this issue and begin to review your programs from the perspective of successful approaches that will improve the health of all women.

Over the next few years AMCHP expects to continue to support efforts to implement a preconception health agenda with our members and partners in the states. We have the theoretical framework, a nascent research base, and the leadership support to move forward. In short, I believe we have the “what” and the “who” when it comes to preconception health.

However, what we don’t have is the “how.” We do not know how states can effectively implement core aspects of preconception health and the life course perspective to truly impact maternal and child health outcomes. Regardless of this unknown, AMCHP, our members and partners have been working toward getting a sense of the “how.” Most recently, AMCHP has been working with six state teams who are figuring out the “how” of integrating preconception health concepts into their adolescent and young adult efforts. Sharing the lessons from these six states is a start toward figuring out the “how” but figuring out the larger “how” is what needs to come next. We are looking to you to help us better understand how a preconception health agenda is translated from theory to practice in your states.
So, will you help us “get real” when it comes to preconception health? We have several opportunities to learn from you over the next couple of months. Most significantly we are supporting a facilitated discussion session or “town hall meeting” on the life course perspective and state and local health programs facilitated by AMCHP and CityMatCH at our upcoming AMCHP Conference -- stay tuned for more details on that pre-conference opportunity to learn and share. Additionally, we are looking for resources to support state and local learning collaboratives on preconception health and the life course perspective. As we develop funds to support this important work we’ll be seeking volunteers to be part of what I am sure will be an excellent group of thought leaders and peers focusing on “how” to align their state programs to fully embrace a life course perspective.

I am excited by the opportunities that we have to truly impact maternal and child health outcomes through a focus on preconception health. Please let us know how you are “making it real” in your states, and what more you need in your own work as we move forward together.

In addition, AMCHP was presented the Director’s Award by the Health Resources and Services Administration’s Maternal and Child Health Bureau at the 75th Anniversary of Title V celebration on October 20 in recognition for its contributions made to the health of infants, mothers, children, adolescents and children with special health care needs in the nation.

Recognition

**AMCHP Recognized for Outstanding Leadership and Advocacy and is the Recipient of a Director’s Award**

The Association of Maternal & Child Health Programs (AMCHP) was awarded an Outstanding Leadership and Advocacy Award by the Maternal & Child Health (MCH) Section of the American Public Health Association (APHA).

“We are so pleased to be recognized by the MCH Section and APHA,” said Michael R. Fraser, PhD, CAE, AMCHP's Chief Executive Officer. “We are proud of the great work that our board, members and staff have accomplished in the last year as we continue to support and advocate for state maternal and child health programs. Receiving this award is especially fitting as we celebrate the 75th Anniversary of the Title V Maternal and Child Health Services Block Grant and look toward state implementation of health reform.”

Feature

**AMCHP Members and MCH Colleagues Join the March of Dimes in Honoring the Half a Million Infants Born too Soon During Prematurity Awareness Month**

By Leslie Kowalewski
Associate State Director, March of Dimes California Chapter and Director of the Big 5 State Prematurity Initiatives

Phyllis Williams-Thompson
National Manager, Prematurity Campaign Outreach

November is Prematurity Awareness Month, and the March of Dimes invites AMCHP, our Prematurity Campaign alliance organization, AMCHP members and MCH colleagues to learn...
Feature cont.

AMCHP & March of Dimes Honor Infants

more about the seriousness of premature birth, donate, or create a virtual band to celebrate, honor or remember a baby in their life at the March of Dimes website – marchofdimes.com/fight.

On November 17, the March of Dimes marked the 8th annual Prematurity Awareness Day by issuing its 2010 Premature Birth Report Card, which graded the nation and the states on their preterm birth rates.

"We are helping everyone understand the importance of a full-term pregnancy," said Dr. Jennifer L. Howse, president of the March of Dimes. "The last few weeks of pregnancy are critical to a baby because many important organs, including the brain, need this time to completely develop."

More than two-thirds of new or expectant moms do not know the correct definition of preterm birth, (less than 37 weeks gestation), and most have not discussed the risks and consequences of preterm birth with their healthcare provider, according to a survey by the March of Dimes and its partners. Dr. Howse said early prenatal care, and a discussion about lifestyle habits, any chronic illnesses, and medical history, can give more babies a better chance of a healthy birth by identifying risks early.

Following three decades of increases, the nation achieved its first two-year decline in the preterm birth rate in 2008, a four percent drop from 2006. The preliminary preterm birth rate dropped to 12.3 percent in 2008, down from the 2006 final rate of 12.8 percent. The March of Dimes says 79 percent of the decline occurred among babies born just a few weeks too soon.

This improvement is modest, the March of Dimes says, and the fact remains that more than half a million babies are born preterm each year. Preterm birth is a serious health problem that costs the United States more than $26 billion annually. It is the leading cause of newborn death, and babies who survive often face the risk of lifetime health challenges, including learning disabilities, cerebral palsy and intellectual disabilities.

In addition to creating awareness about the seriousness of premature birth the March of Dimes wants people to know that there are known strategies that can lower the risk of an early birth, such as avoiding unnecessary c-sections and inductions before 39 weeks of pregnancy. This past year March of Dimes launched “Why the Last Weeks of Pregnancy Count,” a consumer brochure that explains the important development that occurs to a baby’s brain during the last few weeks of pregnancy. Used by doctors and nurses nationwide, it describes the baby’s growth and development in the last few weeks of pregnancy and the importance of having a full term pregnancy.

Most recently, in 2010, the Joint Commission established a new perinatal care core measure set that includes the number of elective deliveries (both vaginal and cesarean) performed at > 37 and < 39 weeks of gestation completed.

In order to support hospitals in eliminating non-medically indicated deliveries before 39 weeks, March of Dimes, California Maternal Quality Care Collaborative (CMQCC), and the California Department of Health, Maternal Child and Adolescent Health Division collaborated on the development of a quality improvement toolkit.

March of Dimes and CMQCC are pleased to make the toolkit available to all hospitals across the country. Interested clinicians, hospitals, insurers and regional collaboratives are invited to download this document to assist in the development of a comprehensive quality improvement program to address elective deliveries <39 weeks. If your hospital is interested in implementing the toolkit, please consider working with your March of Dimes chapter. To find your local chapter, visit here.

March of Dimes, together with its partners, is collaborating with 25 hospitals from across California, New York, Florida, Texas, and Illinois on piloting the toolkit. Together, these five states account for nearly 40 percent of the births and nearly 38 percent of the preterm births in the United States. Lessons learned from this pilot will guide and support the rollout of the toolkit nationwide.

The toolkit was funded by federal Title V MCH Block Grant funding provided by the California Department of Public Health; Maternal, Child and Adolescent Health Division and March of Dimes. A free copy of the toolkit can be downloaded at marchofdimes.com or you may purchase the “Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age” toolkit for $22.50 through the online catalog. The toolkit offers practices for clinicians and patients to better understand the consequences of early elective delivery and the importance of the last weeks of pregnancy. It includes case studies, which can serve as models, from leading healthcare institutions nationwide that implemented policies
AMCHP & March of Dimes Honor Infants and practices successfully lowering elective deliveries and preterm births.

March of Dimes Prematurely Awareness Day® is sponsored by CIGNA, FedEx, Destination Maternity and Hologic. On November 17, Farmers Insurance, a March of Dimes sponsor, sponsored a six-hour marathon of the Discovery Health series NICU, which shows the experiences of babies fighting for their lives in a newborn intensive care unit.

As part of Prematurity Awareness Month®, March of Dimes staff and volunteers nationwide will host vigils, and light buildings in purple to draw attention to the epidemic of preterm birth. The March of Dimes also has been working with organizations in Africa, Australia and Europe that are raising awareness about the consequences of preterm births. To learn more, visit marchofdimes.com/fight.

Thinking Outside of the Box: Engaging Adolescents in Preconception Health

By Lissa Pressfield, MHS
Senior Program Manager,
Adolescent Health
Association of Maternal & Child Health Programs

Introduction

While preconception health for adolescents may seem like a curious notion, it actually provides a new, broader framework to address a range of risks and protective factors facing adolescents that will affect present and future health, and for many, future pregnancies. Including adolescents in preconception health efforts, which have thus far predominantly focused on women, fits within the paradigm of the life course approach and challenges us to expand our reach to critical periods during adolescence.

What do we know?

• Healthy and unhealthy behaviors in one period of life can be carried on into subsequent periods of life and impact health outcomes.
  • Pregnant teenagers have higher risk than women in their twenties and early thirties of low birth weight, preterm births, death in infancy, and higher risk than their peers for high school dropout and other social and financial hardships that negatively influence health and well-being. (1-3)
  • In 2008, the teen birth rate was 41.5 per 1,000 teenagers – one of the highest rates among developed countries. (4) Over two-thirds of teenage pregnancies are unplanned.
  • 46 percent of 15-19 year-olds reported ever having sex on the 2009 Youth Risk Behavior Survey. (5)
  • In 2006, Chlamydia, Gonorrhea or Syphilis was present in about 1 million youth aged 10 to 24 years.
  • During 2004 to 2006, approximately 105,000 adolescents and young adults 10 to 24 years of age were seen at a hospital emergency department for nonfatal sexual assault injury.
  • Similar to the majority of adults, young people are often unaware of how their behaviors and lifestyle factors can influence reproductive health and future health outcomes. (6)

What is AMCHP doing?

In 2006, CDC released the Recommendations to Improve Preconception Health and Health Care — which focused on changing the knowledge, attitudes and behaviors related to reproductive health among both men and women of reproductive age — and AMCHP saw an opportunity to bridge adolescent and women’s health by launching a Preconception Health and Adolescents Action Learning Collaborative (PHA ALC). In partnership with the Association of State and Territorial Health Officials (ASTHO), AMCHP has been working with six multidisciplinary state teams from Missouri, Ohio, Oregon, Pennsylvania, South Carolina and Utah to develop innovative approaches for integrating preconception health concepts into adolescent health efforts.

What are the six state doing?

These state teams are composed of representatives from both health and education agencies, as well as community organizations, universities, youth leaders and other partners. The expertise of team members includes
adolescent health, women’s health, family planning, health education and much more. Each of these teams has identified one or more of four select preconception health recommendations for their work. The four recommendations include:

- **Recommendation #1:** Individual responsibility across the lifespan, which includes the development, evaluation and dissemination of reproductive life planning tools and education materials to increase “reproductive awareness.”
- **Recommendation #2:** Consumer awareness to develop, evaluate and disseminate age-appropriate educational curricula and modules for use in school health education programs; integrate reproductive health messages into existing health promotion campaigns; and design and conduct social marketing campaigns to develop messages for promoting preconception health knowledge and attitudes and behaviors.
- **Recommendation #4:** Interventions for identified risks to increase health/education provider awareness concerning the importance of ongoing care for chronic conditions and interventions for identified risk factors, and disseminate existing evidence-based interventions that address risk factors (i.e., alcohol misuse, HIV/AIDS, smoking, STD, obesity).
- **Recommendation #8:** Public health programs and strategies, which focuses on developing and supporting public health practice collaborative groups to promote shared learning and dissemination of approaches for increasing preconception health, and incorporating preconception care efforts into existing public health and education programs.

**Key Successes**

The six ALC states have been working a variety of projects since October 2009 and continue to build broader support to achieve their goals. Utah, by engaging educators and health experts, integrated preconception health concepts into the State Office of Education Secondary Health Core Curriculum and is disseminating a life planning tool for youth called “Plan your Health, Live your Life.” South Carolina is using a youth engagement approach to develop a culturally and age-appropriate website and social media strategy to raise awareness about preconception health among young adults (18-20). Oregon, with strong involvement from youth with disabilities and advocates for people with disabilities, is assessing the preconception health issues and needs of this population in order to develop recommendations and a model policy for integrating youth with disabilities in preconception health efforts. Missouri conducted an assessment of the needs of both students and teachers related to preconception health in order to identify priorities for updating health curriculum resources. Pennsylvania, with broad stakeholder involvement, is working to incorporate preconception health for adolescents into parenting education models. And, Ohio is taking a look at their broad efforts related to adolescent sexual health to strategically integrate preconception health.

**A Common Challenge**

In spite of the many successes, one of the key lessons learned is that “preconception health” is not a term that resonates with their target populations, which include youth and young adults, educators, parents, etc. This challenge is not new, but the strategies for framing preconception health as it relates to adolescents will be unique. Over the next six months, AMCHP and ASTHO, along with these states and a communications consultant, will be working to reframe the concept of preconception health to more effectively convey the essential messages related to health promotion, screening and prevention.

**Are you interested in learning more?**

If you are interested in learning more about the work of these six states and others around the nation, in addition to the work that is being done around framing preconception health for adolescents, please consider attending the Preconception Health Symposium: Extending Our Reach to Adolescents and Young Adults on Saturday, February 12, 2011 from 1 to 4:30 p.m. EST. This dynamic session will provide an opportunity to learn from states about their successes and challenges with promoting preconception health with adolescents and explore how these concepts could be applied in your state. The event will be in conjunction with the 2011 AMCHP and Family Voices National Conferences in Washington, DC and is open to conference participants and invited guests only. Space is limited. AMCHP will continue to highlight the efforts of the PHA ALC teams and other states that are implementing
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Thinking Outside of the Box

preconception health with adolescents through webinars and fact sheets. So, stay tuned!

References


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MCH & CD Collaboration Project

National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health on a MCH and Chronic Disease pilot project to address gestational diabetes and prevention of Type 2 diabetes. The project has convened three state teams (Missouri, Ohio and West Virginia) that are forming state-level partnerships to foster collaboration between MCH and chronic disease programs. Each state team consists of representatives from maternal and child health, chronic disease, diabetes, MCH epidemiology and other key stakeholders.

State teams are currently working to implement inter-agency action plans, develop joint initiatives, enhance existing programs, policies and data systems. Examples of state activities include:

- Promoting patient awareness of GDM as a major risk factor for Type 2 diabetes and the necessity of postpartum glucose testing and referral to follow-up care
- Messaging and dissemination of appropriate GDM and diabetes information
- Increasing provider awareness and utilization of diabetes screening tools and treatment guidelines
- Improving quality and integration of GDM data

As these states move forward in their work, we look forward to sharing their successes and lessons learned. To learn more, contact Jessica Hawkins or call (202) 266-3054.

Maternal and Child Health (MCH) & Chronic Disease (CD) Collaboration Project: To Address Gestational Diabetes and Prevent Type 2 Diabetes

By Jessica Hawkins, MPH, CHES
Senior Program Manager, Women’s & Infant Health Association of Maternal & Child Health Programs

AMCHP is partnering with the National Association of Chronic Disease Directors’ Women’s Health Council and the Centers for Disease Control and Prevention’s

For an excellent overview of the Title V MCH Block Grant, download AMCHP's commemorative booklet Celebrating the Legacy, Shaping the Future, which includes information about Title V, AMCHP, and state and territorial MCH programs.
Recently, all 50 states and 13 territories completed a needs assessment which included new state health priorities. One of the top priority items that appeared on many state lists was preconception health. AMCHP asked several states about their activities to get a sense of how states are planning to address this important issue through the Title V MCH Block Grant.

Karen Trierweiler, MS, CNM
MCH Director, Center for Healthy Families & Communities
Colorado Department of Public Health & Environment

The Colorado Department of Public Health and Environment’s Maternal Wellness Team and the Epidemiology, Planning and Evaluation Branch are working on a Health Watch publication to provide a population-level snapshot of preconception health in Colorado. Our analysis of Behavioral Risk Factor Surveillance System (BRFSS) data is aimed at determining if pregnancy intendedness, age or ethnicity influences preconception risk and protective behaviors of Colorado adult women.

Additionally, the Women’s Health Unit and the Epidemiology, Planning, and Evaluation Branch developed a Life Plan tool for women of reproductive age. The Life Plan tool, which is similar to a journal, helps women with personal goal setting, education and life planning. Qualitative and quantitative evaluation of the Life Plan tool is underway to determine usefulness, relevance, and whether or not the tool increases knowledge, changes attitudes and spurs action among Colorado women to make better reproductive life choices.

Annette Phelps, ARNP, MSN
Division Director for Family Health Services, Florida Department of Health

The Florida Department of Health Family Planning Program is piloting a three year preconception health project in selected county health departments (CHDs) with high prevalence of Chlamydia (CT) and gonorrhea (GC). The goal is to screen for CT and GC when clients present to CHD family planning clinics for a pregnancy test or emergency contraception. Preconception health information will be provided at the time of the visit along with information for planning a pregnancy or referrals for prenatal care if the client is pregnant.

The department has also set aside a portion of the Title X grant funds to purchase long-acting reversible contraceptives, such as the intrauterine system, Mirena. The program is also providing additional funding for sterilization services to the CHDs. Both of these activities will increase the proportion of clients who use long-term contraceptive methods. Furthermore, this activity provides an opportunity to discuss preconception health and will allow low-income women to plan their pregnancy, as well as prevent additional pregnancies when unwanted.

Suzanna Dooley, MS, ARNP
Chief, Maternal & Child Health Services
Oklahoma State Department of Health

Preconception/interconception health rose to the top as a priority that the Oklahoma State Department of Health and its partners could address in an effort to improve the health status of all Oklahomans. The Preconception/Interconception Care and Education Workgroup was convened as part of the initiative to identify and implement strategies to positively impact this priority. Current activities of this group include development of:

- Television media spot focused on preconception choices
- Women’s health assessment tool
- Adolescent health assessment tool

The television spot entitled “One of These Days…” focuses on the importance of lifestyle choices made today, especially related to nutrition and physical activity. The script ties these choices to a healthy pregnancy and birth later on, points out that Oklahoma ranks 41 nationally in infant mortality, and encourages listeners to find out how preparing for a life time can start years before actually getting pregnant.
A colorful health assessment tool for women has been developed by the group for use in health care settings (clinic, physician office, health department) to assist women in identifying risk factors they have that may contribute to a poor pregnancy outcome. Women are encouraged to fill out the checklist on topics including family history, lifestyle history, nutrition, medical history, psychosocial history, and reproductive history while they wait for their scheduled appointment. During the appointment, the health care provider will review checked items with the client and highlight the brief accompanying information about each health risk identified. Resources are provided if clients desire more information about a particular health risk. Conversations have started with the Oklahoma Health Care Authority, Oklahoma’s state Medicaid agency, regarding additional reimbursement for Medicaid providers who take the time to provide preconception/interconception health counseling using this tool. Plans are to pilot this tool in public and private clinics settings in early 2011. Workgroup members have also started revising and simplifying the Women’s Health Assessment tool to create a tool for use specifically with female adolescents. The adolescent version will be pocket sized with no more than two or three brief risk factors for each of the areas identified on the women’s version. The literacy level will be appropriate for adolescents and the size will be small enough to meet the needs of clients seeking confidential services. To learn more about “Preparing for a Lifetime, It’s Everyone’s Responsibility,” visit here.

Amy Nienhuis, LISW-CP, MSW
Perinatal Special Project Coordinator, MCH Bureau
South Carolina Department of Health and Environmental Control (SC DHEC)

South Carolina’s 2010 needs assessment states:

“Rather than attempting to deploy specific programs targeting a single aspect of pre/interconception health, MCH will focus on addressing this issue by building local infrastructure to enable programs and initiatives within selected geographic areas of the state. MCH will accomplish this by organizing and supporting a pre/interconception health coalition in each of the four perinatal regions.” These coalitions will be a multidisciplinary group and will be charged with:

- Conducting an initial assessment of pre/interconception health needs in each respective region
- Developing a regional plan to address the issue
- Implementing programs/initiatives to target need
- Evaluating the process and provide feedback to stakeholders

Regional activities will be rolled up into a state wide plan for improving pre/inter-conception health. These plans will also be used to support ongoing multi-state initiatives to address pre/inter-conception health issues.

In other exciting news, SC DHEC was recently awarded Personal Responsibility Education Program (PREP) funding to implement evidence-based programs to prevent teen pregnancy and sexually transmitted infections, including HIV/AIDS. The department anticipates issuing the funds in the summer of 2011. These funded projects will be well-suited to deliver preconception health messages.

Success Stories

Florida’s Preconception Health Initiative

By Lindsay S. Womack
CDC/CSTE Epidemiology Fellow
MCH Practice and Analysis Unit
Bureau of Family and Community Health
Florida Department of Health, Division of Family Health Services

William M. Sappenfield
State Maternal and Child Health Epidemiologist
Florida Department of Health, Division of Family Health Services

Kris-Tena Albers
Executive Community Health Nursing Director
Florida Department of Health, Division of Family Health Services

Florida’s preconception health efforts are the result of stepwise innovation over time. Endeavors to improve maternal health began when the state recognized that birth outcomes
were no longer improving. Through investigative efforts, preconception health was identified as one of the key strategies to improve the health of mothers and babies. Florida’s initiatives in preconception health are coming of age, with emphasis on both measurement and awareness.

In terms of measurement, Florida created its first preconception health indicator report in 2010 to measure preconception health status, using indicators recommended by a national working group. The report serves to educate health care providers and the public by providing a comprehensive look at the preconception health status among Florida’s women of childbearing age. The report serves as a resource in planning strategies and activities to improve preconception health in Florida.

To promote awareness about preconception health, Every Woman Florida was implemented to raise awareness about preconception health at the individual, healthcare provider, and health system levels. A social marketing and awareness campaign was launched that included marketing materials and the website, everywomanflorida.com. The website serves as an information portal for both healthcare providers and consumers about up-to-date information on preconception health. It also provides health tips, assessment tools, printable patient education handouts, and guidance for providers on the provision of preconception healthcare services.

To further promote awareness among healthcare providers, Florida received a March of Dimes grant in 2010 to fund statewide hospital grand rounds. With the aim of improving preconception health, the grand rounds encourage healthcare providers to screen and educate women of childbearing age at every health care visit. By the end of September 2010, four grand rounds were completed, with Florida fetal-maternal medical specialists serving as speakers for each presentation. The goal of reaching 120 physicians throughout the state has already been exceeded, and more than 350 toolkits focusing on preconception health have been distributed.

Florida has made great programmatic progress in addressing preconception health, with a focus on improving the health of mothers and babies. Through innovation and perseverance, Florida will further its efforts to make positive changes in preconception health.

Missouri is one of six states selected to participate in the Preconception Health for Adolescents initiative with the Association of Maternal & Child Health Programs (AMCHP). Missouri’s Team includes the Department of Health and Senior Services (DHSS) Adolescent Health and Women’s Health Programs; Department of Elementary and Secondary Education (DESE) Family and Consumer Sciences Section; young professionals; and the Missouri Foundation for Health. Based on various adolescent health data sources, Missouri chose to focus on CDC’s preconception health recommendation to “develop, evaluate and disseminate age-appropriate educational curricula for use in school health education programs.”

The Team initially conducted a needs assessment. Separate student and teacher surveys were created and administered at the Family, Career and Community Leaders of America (FCCLA) annual conference in March 2010. There were 517 students and 85 teachers who completed surveys. Results identified the level of interest and learning needs regarding fourteen (14) preconception health-related topics. Survey results indicated that the teachers and students had different priorities regarding health topics that should be taught in school. The top four topics that students identified as very important to learn in school were drug use and misuse, pregnancy, STDs, and sex education. In addition, 75 percent of the students and 26 percent of the teachers did not understand the term “preconception health.” The data collected are being used to identify priorities for updating curriculum and to reframe preconception health and develop messages that resonate with teens. This study demonstrates the importance of partnering with youth to address issues that affect their health.

Missouri Department of Health and Senior Services

Jennifer Farmer, Health Educator with Missouri’s Adolescent Health Program represented the Missouri Team and their work through a poster exhibit—Preconception Health Education Needs of School Students and Teachers—at the Missouri Public Health Association Annual Conference...
View from Washington

How Might the Affordable Care Act Address Prematurity?

By Brent Ewig, MHS
Director of Policy & Government Affairs, AMCHP

For the past seven years our colleagues at the March of Dimes have led a Prematurity Awareness Campaign with the twin goals to 1) raise public awareness of the problems of prematurity and (2) to decrease the rate of preterm birth in the United States. Finding common cause during the health reform debate, AMCHP joined with March of Dimes and other partners to advocate for provisions that address these goals by improving access and quality of healthcare for women of childbearing age, with emphasis on investing in preventive strategies. As we mark Prematurity Awareness Day this November we have a timely opportunity to consider the provisions of the Affordable Care Act (ACA) and how they might help address this ongoing public health challenge.

The main highlight of course is that the ACA will extend affordable health insurance to the estimated one in five women of childbearing age who are currently uninsured and the practice of gender rating insurance premiums is prohibited. That means roughly 13 million women who would have a much better chance of receiving regular preventive services and early access to prenatal care if they were to become pregnant.

Additional ACA provisions ensure that maternity care services have to be included in any Exchange plan benefits package. An additional provision calls for the development of “Bright Futures” preventive health guidelines for women. The U.S. Department of Health and Human Services recently contracted with the prestigious Institute of Medicine to begin formulating these recommendations with the panel’s first meeting slated for Nov. 16. Finally, the law requires all state Medicaid programs to cover smoking cessation services for pregnant women. Each of these provisions will help prevent prematurity.

But one thing we know from public health science is that health insurance – while fundamental and essential – is insufficient to improve population health outcomes and that many of the causes of prematurity are still unknown. The preconception care movement also tells us that focusing on prenatal care by itself might simply be too late. As highlighted in the landmark Institute of Medicine study Preterm Birth: Causes, Consequences, and Prevention, “Preterm birth is a complex cluster of problems with a set of overlapping factors of influence. Its causes may include individual-level behavioral and psychosocial factors, neighborhood characteristics, environmental exposures, medical conditions, infertility treatments, biological factors and genetics.”

Our best opportunities to improve birth outcomes and prevent prematurity will therefore likely come from focusing on upstream interventions across the lifespan that prevent or mitigate the chronic disease and other risk factors that might cause poor health and poor birth outcomes. Hence AMCHP’s advocacy mantra on Capitol Hill – healthy kids start with healthy moms and healthy families.

Fortunately, the Affordable Care Act includes several additional provisions that could move preconception health recommendations into practice and have an impact on reducing infant mortality. Here are the highlights:

The creation of a National Prevention and Wellness Strategy and the Public Health Investment Fund will
help reorient our health system toward prevention of disease and injuries.

- **National Prevention and Wellness Strategy**: The federal government does not currently have any mechanisms or plans that coordinate health policy across government to assess our public health status, establish national priorities, and identify health goals and objectives. The law calls for creation of a national strategy to accomplish these goals. AMCHP will advocate that improving our nation’s current ranking of 30 in the industrialized world in infant mortality rates has to be a national priority.

- **The Public Health Investment Fund**: Is a dedicated funding stream for public health and prevention that is needed to meet the many health threats we must face, including infant mortality and its contributing factors. The Fund will build upon what we know already works and to test new approaches. It will prioritize prevention and health, not just treatment. It will support core public health infrastructure to help state, local and tribal health departments meet their responsibilities and ensure adequate levels of accountability. The Fund also boosts public health research and will provide public health practitioners and policymakers with the information we need to make the best decisions about preventive health.

- Finally, the creation of the new $1.5 billion Maternal, Infant and Early Childhood Home Visiting Program offers states and communities the most direct opportunity to provide at-risk communities with the services and systems needed to move the needle on maternal and infant health indicators. For additional background information, see the June 2010 Pulse issue on home visiting.

None of these provisions are a silver bullet solution to the persistent and complex problem of prematurity, but taken together they will go a long way to providing the commitment, leadership and resources we need to accelerate progress.

**Who’s New**

New MCH Leaders

George L. Askew, MD
Senior Policy Advisor, Early Childhood Health and Development in the U.S. Department of Health and Human Services (HHS), Administration for Children and Families

George L. Askew, MD, a board certified pediatrician, is leading and supervising a team of staff working on inter-departmental health-related early childhood initiatives, as well as oversight of inter-departmental early childhood programs and initiatives, including the home visiting program, joint Head Start/child care initiatives, and programs or initiatives administered and developed in coordination with other HHS agencies. Additionally, he is tasked with initiating, exploring and establishing fruitful and innovative approaches for increased child and family program policy effectiveness and program coordination within the agency and with outside organizations. George is former Deputy CEO of Voices for America’s Children, Founder of Docs For Tots, former CEO and President of Jumpstart for Young Children and currently is an Assistant Clinical Professor of Pediatrics at George Washington University School of Medicine in Washington, DC.

MINNESOTA

Maggie Diebel – Title V Director
Director, Community and Family Health Division
Minnesota Department of Health

MONTANA

Joan Bowsher – Title V Director
Acting Bureau Chief, Family and Community Health Bureau, Montana Department of Public Health and Human Services
Get Involved

Online Registration for the 2011 AMCHP & Family Voices National Conferences is Now Open!

Register today online to attend AMCHP and Family Voices National Conferences to convene on February 12-15, 2011, in Washington, DC. If you have any questions, please contact the Registration Department at (703) 964-1240, ext. 18 or e-mail amchpreg@conferencemanagers.com.

Women’s Health 2011: Call for Abstracts

Researchers are invited to submit abstracts for the Women’s Health & Sex Differences Research Scientific Poster Session on current and emerging issues in women’s health; including basic science, clinical, translational, behavioral, epidemiologic, disparities, and health services, for the Women’s Health 2011: 19th Annual Congress to be held on April 1-3, 2011, in Washington, DC. The deadline for abstract submissions is December 1. You will be notified about the outcome of your submission no later than January 10, 2011. For complete information about submitting your abstract and for the electronic submission tool, visit here. If you have questions about the abstract submission process, please contact the Abstract Review Committee.

RWJF Call for Applications

The Robert Wood Johnson Foundation (RWJF) Investigator Awards in Health Policy Research program supports highly qualified individuals who propose to undertake broad studies of America’s most challenging policy issues in health and health care. Grants of up to $335,000 each are awarded to educational and other nonprofit institutions to support investigators from a variety of disciplines for innovative research projects that have national policy relevance. The deadline for applications is January 19, 2011. To learn more, visit here.

Get Involved CONT.

CDC Call for Applications

Every year, the Centers for Disease Control and Prevention’s (CDC’s) Public Health Prevention Service (PHPS) selects 25 highly qualified individuals to become PHPS fellows at the CDC. This challenging and rewarding three-year experience at CDC (year one) and state and local health public health organizations (years two and three) provides training and experience in areas such as program management; epidemiology and surveillance; program evaluation; health communication; and emergency response. PHPS fellows engage in a variety of activities including seminars, evaluation projects, conferences, and field experiences designed to provide them with essential public health management and leadership skills. The online application deadline is February 1, 2011, for the class beginning in October 2011. To learn more about PHPS, visit here.

Partner Spotlight

MedImmune Advocacy

AMCHP is pleased to share MedImmune’s resources for providers and families to optimize health outcomes for premature infants and their families. Through its advocacy group, MedImmune Advocacy works to positively impact disease awareness, education, public policy and healthcare access for premature infants and their families. MedImmune Advocacy and the six regional Advocacy Managers are working to expand their national efforts to support advocacy networks focused to provide a “voice” for one of America’s most fragile patient populations.

Specifically, MedImmune supports regional prematurity networks that bring together partners focused on the health and well-being of premature babies. The following states have active regional networks and urge you to get involved: CA, TX, MS, MD*, PA*, OH*, GA*, FL*, IL, MN, NY. (*Supported and funded by MedImmune). Check out the map and website to view the work that is being done and to learn about networks in your area!
Data and Trends
Creating Indicators for Preconception Health

Preconception health encompasses a wide range of health issues that includes managing or preventing chronic diseases, maintaining a healthy body weight, testing and treatment for sexually transmitted diseases and folic acid intake. Proper preconception care is essential to improving birth outcomes as well as overall health. Many states are in the early stages of implementing preconception health programs in their state and are facing the challenges of determining how to measure programs. The ability to assess preconception health efforts is a crucial component of this work, but how does one know whether a particular program or intervention is working? What are the measurements for effectiveness?

In December 2007, seven states (California, Delaware, Florida, Michigan, North Carolina, Texas and Utah) came together to create the Core State Preconception Health Indicators Working Group. The purpose of this group was to develop a set of indicators for preconception health efforts targeting women 18 to 44 years of age. Using existing state level, population based databases, the group created a set of proposed indicators that could be used by states to evaluate preconception health efforts. The group used a structured process to identify 11 domains of health (e.g., general health status, social determinants of health, reproductive health and family planning, etc) and five population based data systems (e.g., BRFSS, PRAMS, etc.). After evaluating and prioritizing the list of potential indicators, the group created a final set of 45 core preconception indicators. Presented below is a table including some of the resulting indicators, domains and data sources from which information could be collected.


<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub Domain</th>
<th>Indicator</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care</td>
<td>Access to and utilization of health care</td>
<td>• Percentage of women who currently have some type of health care coverage</td>
<td>BRFSS</td>
</tr>
<tr>
<td>(Seven indicators related to this domain)</td>
<td>Access to dental care</td>
<td>• Percentage of women having a live birth who had health care coverage during the month prior to pregnancy</td>
<td>PRAMS</td>
</tr>
<tr>
<td></td>
<td>Reproductive health care</td>
<td>• Percentage of women who had a routine checkup in the past year</td>
<td>BRFSS</td>
</tr>
<tr>
<td></td>
<td>Content and quality of care</td>
<td>• Percentage of women having a live birth who had a postpartum checkup</td>
<td>PRAMS</td>
</tr>
<tr>
<td></td>
<td>General mental distress</td>
<td>• Percentage of women who received preconception counseling about healthy lifestyle behaviors and prevention strategies from a health care provider prior to Pregnancy</td>
<td>BRFSS</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Anxiety and depression</td>
<td>• Percentage of women who report that their mental health was not good for at least 14 out of the past 30 days</td>
<td>PRAMS</td>
</tr>
<tr>
<td>(Three indicators related to this domain)</td>
<td>Postpartum depression</td>
<td>• Percentage of women having a live birth who visited a health care provider to be checked or treated for anxiety or depression during the 12 months prior to pregnancy</td>
<td>PRAMS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Percentage of women having a live birth who experienced depressive symptoms after pregnancy</td>
<td>PRAMS</td>
</tr>
</tbody>
</table>

PRAMS= Pregnancy Risk Assessment Monitoring System
BRFSS= Behavioral Risk Factor Surveillance System
NVSS= National Vital Statistics System
ASEC= Annual Social and Economic Survey

a. Indicator measure is a PRAMS standard item, which is not available in all PRAMS states
b. Indicator measure is a BRFSS rotating core item, which is available in all states only in even years
c. Indicator measure is also available as a BRFSS optional module, which can be added in odd years
Resources cont.

AMCHP

The Healthy Women, Healthy Babies Program: A Delaware Case Study. This Case Study provides an overview of a statewide preconception health plan, which incorporates a multi-disciplinary approach to improving women’s health.

Using Data to Advance Preconception Health and Health Care: A Hawaii Case Study. This case study provides an overview of innovative approaches to preconception health and health care implemented by the Hawaii Maternal and Child Health (MCH) Branch of the Department of Health (DOH).

Preconception Health Case Study- California. This case study provides an overview of innovative approaches to preconception health and health care implemented by the Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health.

Preconception/Prenatal

Contra Costa County- The Life Course Initiative. The Life Course Initiative, launched in 2005, is a 15-year Family, Maternal and Child Health (FMCH) Programs initiative based on the Life Course Perspective. The mission of the Life Course Initiative is to reduce disparities in birth outcomes and change the health of the next generation in Contra Costa County by achieving health equity, optimizing reproductive potential, and shifting the paradigm of the planning, delivery, and evaluation of maternal, child, and adolescent health services. Visit the Life Course Initiative’s website for project fact sheets, bibliography, resources for professionals and families, and the recently released National MCH Life Course Meeting Report and Policy Brief.

Preventing Prematurity and Adverse Birth Outcomes: What Employers Should Know. Prematurity and other adverse birth outcomes (such as low birth weight and birth defects) represent significant costs for employers, and these problems have become more common in recent years. This issue brief highlights the importance of preconception care and provides strategies employers can use to help employees get healthy before they even consider becoming pregnant.

Women’s Health USA 2009 Data Book. The eighth edition of the Women’s Health USA data book is available now from the Health Resources and Services Administration (HRSA). Women’s Health USA 2009 is a collection of current and historical data on some of the most pressing health challenges facing women, their families, and their communities. The book is intended to be a concise reference for policymakers and program managers at the federal, state and local levels to identify and clarify issues impacting the health of women. New topics in this edition include data and information on women veterans, bleeding disorders, hearing problems, and severe headaches and migraines. A new section provides state-specific data on leading causes of death, overweight and obesity, and smoking among women.

MCH Library at Georgetown University’s Preconception and Pregnancy Knowledge Path

This knowledge path has been compiled by the Maternal and Child Health Library at Georgetown University. It offers a selection of current, high-quality resources that analyze perinatal health statistics, describe effective prenatal care programs, and report on research aimed at improving access to and quality of prenatal care and improving perinatal health outcomes.

Agency for Healthcare Research and Quality (AHQR): Women’s Health. Provides clinical information about maternal health and pregnancy. Presents data from the Healthcare Cost and Utilization Project (HCUP), National Guideline Clearinghouse, and National Quality Measures Clearinghouse™ (NQMC). AHRQ is the health services research arm of the Department of Health and Human Services (DHHS). Recent publications include:

- Primary care interventions to promote breastfeeding. (2008).

American College of Obstetricians and Gynecologists (ACOG). Contains brochures, booklets, policy statements, and other materials about preconception and pregnancy for health professionals. Topics include health care for
underserved women, perinatal HIV, smoking cessation, and women with disabilities. Also presents an online directory of physicians. Note: Many resources on the site are accessible to members only.

**Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN).** Offers clinical practice information and continuing-education resources about preconception, pregnancy, labor and delivery management, and postpartum care.

**Centers for Disease Control and Prevention (CDC).** Contains information about preconception and pregnancy. Resources and initiatives include:

- **CDC’s Division of Reproductive Health.** Contains links to reports, data, and other resources about pregnancy and prenatal care, including maternal morbidity and mortality; smoking; alcohol use; folic acid consumption; violence; workplace hazards; and racial and ethnic disparities. Recent resources include:

- **CDC’s Morbidity & Mortality Weekly Reports (MMWR).** Presents data based on weekly reports to CDC by state health departments. Also offers online continuing-education courses for health professionals that coincide with several preconception and pregnancy-related guidelines published in MMWR. Recent reports about preconception and pregnancy include:


- **CDC’s National Center for Health Statistics (NCHS).** Provides data about preconception and pregnancy, including:
  - Also see NCHS’s Data2010, and Health Data for All Ages.

- **CDC’s National Center on Birth Defects and Developmental Disabilities (NCBDDD).** Offers scientific publications and tools, guidelines, educational materials, an electronic discussion group, and information about research projects and public health campaigns to identify the causes of birth defects. Preconception and pregnancy-related topics include folic acid consumption, preventing alcohol-exposed pregnancies, medication use during pregnancy, and using family history information in obstetrics and pediatrics.

- **Other resources and initiatives about preconception and pregnancy from CDC:**
Resources cont.

- Critical needs in caring for pregnant women during times of disaster for non-obstetric health care providers. (2007).


- Guide to Community Preventive Services. Contains information about a systematic review of studies to develop recommendations for reducing the number of pregnancies affected by neural tube defects.

- One Test, Two Lives. Provides resources for health professionals and materials for their patients to help encourage universal voluntary prenatal testing for HIV.

- Also see CDC’s Pregnancy Risk Assessment Monitoring System (PRAMS), Pregnancy Surveillance System (PNSS), and VitalStats.

- Kaiser Family Foundation (KFF): Women’s Health Policy. Provides fact sheets, issue briefs, meeting materials, data, and news for policymakers, journalists, advocates, and public health professionals about women’s reproductive health and access to care, including pregnancy-related care. KFF is an independent philanthropy focusing on national health care issues.

- March of Dimes (MOD). Offers perinatal statistics, continuing-education modules, and medical reference information on topics that include preconception, pregnancy, prenatal screening, and genetics. Recent publications include:

- Maternal and Child Health Bureau (MCHB). Describes MCHB’s projects and initiatives on behalf of America’s women, infants, children, adolescents, and their families. Programs include the Title V block grant to states (see the Title V Information System for state and federal budget and expenditure data on prenatal care and information about states’ efforts to improve pregnancy outcomes). MCHB has a fact sheet about prenatal care in English and Spanish that includes a hotline number to help pregnant women find prenatal care services in their communities. The Maternal and Child Health Library and the Discretionary Grant Information System (DGIS) offer additional information about the initiatives and programs supported by MCHB that pertain to prenatal care. MCHB is part of the Health Resources and Services Administration (HRSA).

- National Birth Defects Prevention Network (NBDPN). Presents a collection of materials to assist state program administrators and health professionals in promoting birth defects prevention. Each year, NBDPN selects a different theme to highlight, and the 2009 theme is obesity.
prevention and weight management before, during, and after pregnancy. Preventing infections in pregnancy, preconceptional health, fetal alcohol spectrum disorders, cardiac defects, neural tube defects, and cleft lip and cleft palate are themes for earlier years for which there are materials.

**National Healthy Start Association (NHSA).** Describes the Healthy Start program and provides general information about infant mortality, low-birthweight infants, and racial disparities in perinatal outcomes. Includes a directory of Healthy Start programs nationwide and a newsletter. Funded by the Maternal and Child Health Bureau (MCHB), Healthy Start provides community-based, culturally competent, family-centered, comprehensive perinatal health services to women, infants, and their families in communities with very high rates of infant mortality.

**National Institute of Child Health and Human Development (NICHD): Women’s Health Research.** Contains research and grant information, publications, and other resources on topics that include preconception and prenatal care, miscarriage and stillbirth, preterm labor and premature birth, disorders of pregnancy, drug safety in pregnant women, and reproductive health among women with physical disabilities. NICHD is part of the National Institutes of Health (NIH).

**National Perinatal Association (NPA).** Offers a collection of position papers about access to perinatal care, breastfeeding, domestic violence, medical liability reform, substance abuse in pregnancy, and transcultural perinatal care. Also offers information about NPA’s resource guide and training program about transcultural perinatal care.

**National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Resource Center.** Includes resources about stillbirth and miscarriage for health professionals, policymakers, and families. The resource center and the Maternal and Child Health (MCH) Library are co-located at Georgetown University’s National Center for Education in Maternal and Child Health and are supported with funding from the Maternal and Child Health Bureau (MCHB).

**UNC Center for Maternal and Infant Health.** Presents preconception and pregnancy research and program information, algorithms for the management of high-risk pregnancies, a family history questionnaire, and information about cystic fibrosis, maternal age and pregnancy, prenatal screening, and prenatal diagnosis. Offers patient-education fact sheets in English and Spanish on pregnancy topics, genetics, and serious pregnancy and fetal conditions. The Center is part of the University of North Carolina at Chapel Hill School of Medicine.

**World Health Organization (WHO): Partnership for Maternal, Newborn and Child Health.** Offers program information and resources in English and five other languages about pregnancy, childbirth, maternal mortality, and infant and child mortality worldwide. Fact sheets, press materials, an advocacy kit, presentations, and reports are among the resources presented.
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Calendar CONT.

MCH EVENTS

WIC Food Package Evaluation Symposium
November 30
Washington, DC

Fourth National Conference on Genomics and Public Health
December 8-10
Bethesda, MD

25th Zero to Three National Training Institute
December 9-11
Phoenix, AZ

16th Annual MCH EPI Pre-Conference Data Skill Trainings
December 13-14
San Antonio, TX

16th Annual CDC MCH EPI Conference
December 15-17
San Antonio, TX

Working Together to Improve Maternal and Child Health: The 2011 AMCHP and Family Voices National Conferences
February 12-15, 2011
Washington, DC

National Summit on Quality in Home Visiting Programs: Connecting Research to Policy and Practice
February 16-17
Washington, DC