

## Utah

### Maternal and Child Health Block Grant 2019

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit [www.amchp.org](http://www.amchp.org).

#### MCH Block Grant Funds to Utah

FY 2016	FY 2017	FY 2018
\$6,165,705	\$6,127,189	\$6,164,172

#### Title V Administrative Agency:

Division of Community and Family Health Services, Utah Department of Health.

\*States must provide a three dollar match for every four Federal dollars allocated.

### Protecting and Improving the Health of Utah's Families

**Baby Your Baby Hotline** —The toll-free number provides information and financial assistance for prenatal care, family planning, well childcare, nutrition services or other related services. The hotline staff accepts applications for Presumptive Eligibility (PE) for prenatal care via phone. This strategy has been effective in facilitating earlier entry into prenatal care. The hotline staff collaborates well with community resources to ensure that information is current.

**Newborn Screening** —The statewide newborn screening program is composed of hearing, critical congenital heart and blood screenings.

Infants failing two newborn hearing screening tests or failing their first one after 14 days of age are tested for the presence of a congenital cytomegalovirus (CMV) infection before 21 days of age.

Utah statute requires birthing facilities, birthing centers, and midwives to screen all babies for critical congenital heart defects. The newborn screening program collects data on the percentage of children screened in Utah.

The newborn blood screening program identifies newborns with congenital disorders. Kit fees, paid by hospitals and providers, cover costs for testing and follow-up of abnormal screen results.

**Perinatal Mortality Review** — MCH staff with external partners including Maternal Fetal Medicine specialists, Neonatologists, and certified nurse midwives, review infant deaths due to perinatal conditions. The Review Committee also reviews maternal deaths that take place during pregnancy and up to 12 months of a delivery. The in-depth review process includes a review of medical records which assists in the identification of preventable factors that might have contributed to the death. In addition, the PMR team works with the Department's Patient Safety Initiative when a sentinel event occurs in an infant death. This process involves working with the hospital staff to identify issues and remedies to prevent future deaths.



## Percentage Served by the Utah MCH Program\*

77.0%	Pregnant women
100.0%	Infants under one
16.0%	Children and adolescents
41.0%	CSHCN
2.0%	Others

\*2017 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

## Health Needs in Utah

- Improve preconception and inter-conception care
- Increase breastfeeding promotion
- Increase developmental screenings
- Reduce rate of preterm and low birth weight babies
- Increase overweight and obesity prevention
- Improve availability in rural areas and improve care coordination for children with special health care needs
- Reduce rates of MCH population with inadequate health insurance coverage
- Reduce injury and injury related deaths
- Reduce out-of-pocket/financial challenges faced by CSHCN parents
- Increase accesses to mental health services for adolescents

## State Selected National Performance Measures

- Well Woman Visit
- Risk-Appropriate Perinatal Care
- Breastfeeding
- Developmental Screening
- Physical Activity
- Medical Home
- Transition
- Preventive Dental Visit

For more information, contact:

### Maternal & Child Health

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### Children with Special Health Care Needs

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### State Family or Youth Leader

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## Current Special Projects of Regional and National Significance (SPRANS)

### State Systems Development Initiative (SSDI)

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