

Maternal and Infant Health Section



Health Status Indicators

Maternal and Infant Health activities focus on improving:

- Infant health;
- Maternal and preconception health;
- The number of infants born with a low birth weight;
- The number of women who use tobacco and drugs during pregnancy;
- The number of women experiencing unintended pregnancies;
- Early and continuous use of prenatal care;
- The number of women who breastfeed their infants;
- The number of infants receiving well-baby care and immunizations; and
- The number of women who experience violence before, during, and after pregnancy.

First Steps

First Steps is jointly administered by the Department of Health (DOH) and the Department of Social and Health Services (DSHS). Ninety-three public and private entities including local public health, community and migrant health clinics, and hospitals have agreements with DOH and DSHS to deliver services to low income women and high risk infants through the First Steps program. In 2005:

- The First Steps Maternity Support Services program served 27,909 pregnant and postpartum women with an average of 7.8 visits each.
- The First Steps Infant Case Management program served 8,807 newborns and their families with an average of 4.7 visits per family.
- The combined cost of Maternity Support Services and Infant Case Management Services was about \$25 million.

The Maternal and Infant Health Section within the Office of Maternal and Child Health works to protect and improve the health of women and ensure infants a healthy start. Projects focus on assessing maternal and infant health status and providing access to comprehensive services for women before, during, and after pregnancy and for infants.

Activities

- Contract with four designated regional perinatal centers with the aim of reducing poor pregnancy outcomes for which Medicaid clients are at greater risk than the general population.
- Provide clinical services and consultation through community health nurses, dietitians, behavioral health specialists, and community health workers within the Maternity Support Services program.
- Support the operation of the toll-free Family Health Hotline and other outreach activities through a contract with WithinReach.
- Contract with 35 local health jurisdictions and the Yakima Valley Medical Center for maternal and infant health-related activities including health assessments, policy development, and activities to ensure access to services.
- Provide coordination within the Department of Health's Division of Community and Family Health on women's health issues such as osteoporosis, violence, and health promotion.
- Work on policies related to maternal and infant health such as those that address drug use during pregnancy, reducing the transmission of HIV to newborns, unintended pregnancy, and tobacco cessation.
- Provide consultation and technical assistance to contractors, health care providers, other government agencies, and other health related entities.

2007-09 Funding and Staffing

Funding for services comes from a variety of sources including the State General Fund, the Maternal and Child Health Block Grant (Title V), and Medicaid (Title XIX).

Maternal and Infant Health staff include a section manager, a Maternity Support Services coordinator, three public health nurse consultants, a nutrition consultant, a health educator, a behavioral health specialist, a budget and contract coordinator, a health services consultant, and administrative support staff.

The Maternal and Infant Health Section also co-administers the Maternity Support Services program with the Department of Social and Health Services.

For more information about the Maternal and Infant Health Section, please contact:

Kathy Chapman, Section Manager
(360) 236-3968
kathy.chapman2@doh.wa.gov

Web site:

<http://www.doh.wa.gov/cfh/mch/>

Activities continued

- Assess the ability of all women to obtain maternity care services with a focus on low-income and Medicaid-eligible women.
- Develop and distribute guidelines for prenatal substance abuse prevention and intervention, smoking cessation, violence prevention, and HIV infection management.
- Other functions include training, interpreting, and monitoring state and federal guidelines, planning and evaluation, acting as a liaison among interested groups, working with other state agencies to coordinate services, and serving as a resource for educational materials.

Outcomes and Benefits

- Infant mortality rates have significantly improved over the past few years.
- Low birth weight rates in Washington have remained relatively constant while national rates have increased.
- The percentage of low-income women receiving inadequate prenatal care has decreased since the implementation of the First Steps program. Overall, utilization of prenatal care has improved since 1989.

Trends and Emerging Issues

- Stabilizing the maternity care delivery system is an ongoing challenge in light of increasing access issues for prenatal care and support services.
- Improving prenatal standards of care to include universal prenatal screening for drug and alcohol use, HIV, smoking cessation, and domestic violence is a high priority.
- Addressing significant disparities among Native American, African-American, and low-income women, and teens remains important.
- Improving the health of women before they become pregnant is increasingly recognized as one of the most important factors in healthy birth outcomes.