


# Road Map for Preventing Infant Mortality in Kansas

*Kansas Blue Ribbon Panel*  
on Infant Mortality 

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## OVERALL LOGIC MODEL: Preventing Infant Mortality in Kansas (Kansas Blue Ribbon Panel on Infant Mortality)

**Vision/Mission:** *Assuring healthy babies for all Kansans through collaborative action for enhanced services, community support, and policy advocacy.*

<p><b>Context/Conditions:</b></p> <ul style="list-style-type: none"> <li>- Kansas ranks 40<sup>th</sup> among states in infant mortality rate</li> <li>- Kansas ranks worst in Black IMR (BIMR is 2.7 times higher than WIMR)</li> <li>- Highest IMR rates in high-risk places (especially in SG, WY, GE counties)</li> </ul> <p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>- Lack of urgency for reducing IMR</li> <li>- Limited resources for assuring access to needed health services and community-based programs</li> <li>- Cultural and language barriers (low levels of health literacy)</li> <li>- Low levels of overall Literacy</li> <li>- Gaps in government-to-government relationships for services</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>- Existing collaborative partnership for preventing IM, including among: <ul style="list-style-type: none"> <li>▪ State health department (including Center for Health Disparities)</li> <li>▪ Health organizations (e.g., neonatal care)</li> <li>▪ March of Dimes</li> <li>▪ SIDS/Safe Sleep Coalition</li> <li>▪ Professional associations (e.g., Kansas Academy of Pediatrics)</li> <li>▪ Academic and research partners</li> <li>▪ Promising Community Initiatives (e.g., MCH Coalition of KC; Healthy Babies/SG Co.)</li> <li>▪ Sovereign nations &amp; urban Indian populations in KS</li> </ul> </li> </ul>	<p><b>Risk/ Protective Factors:</b></p> <p><u>Behavioral:</u></p> <ul style="list-style-type: none"> <li>- Early (1<sup>st</sup> trimester) prenatal care</li> <li>- Folic acid use</li> <li>- Infant sleep position &amp; sleep environment education &amp; increased awareness among parents, child care providers, and health care providers</li> <li>- Interconception care (including 1+ years between birth)</li> <li>- Exposure to tobacco smoke</li> <li>- Alcohol, tobacco, caffeine, &amp; other drug use</li> <li>- Appropriate prenatal weight gain</li> <li>- Preconception education (Life Course perspective to improve maternal health)</li> </ul> <p><u>Biological/History/Experience:</u></p> <ul style="list-style-type: none"> <li>- Maternal birth weight (“Life Course Perspective”)</li> <li>- Elective delivery before 39 weeks</li> <li>- Previous LBW or preterm delivery</li> <li>- Previous fetal demise/infant death-Prior 1<sup>st</sup> trimester induced abortion</li> <li>- History of infertility</li> <li>- Nulliparity &amp; high parity</li> <li>- Placental, cervical, &amp; uterine abnormalities &amp; infections</li> <li>- Gestational bleeding</li> <li>- Intrauterine Growth Restriction (IUGR)</li> <li>- Multiple gestations</li> <li>- Birth spacing</li> <li>- Low pre-pregnancy weight &amp; short stature</li> <li>- Preeclampsia</li> <li>- Diabetes</li> <li>- Race/ ethnicity (African American, Native American, Puerto Rican)</li> <li>- Single marital status</li> <li>- Low SES &amp; Low education</li> <li>- Maternal age (Teens &amp; Older Age/ 35+)</li> <li>- Family/Domestic Violence/Child Abuse/Neglect</li> <li>- Depression</li> <li>- Under-immunized status of infant</li> </ul> <p><u>Environmental:</u></p> <ul style="list-style-type: none"> <li>- Impoverished living conditions</li> <li>- Feelings of helplessness</li> <li>- Unstable social support</li> <li>- Employment-related physical activity &amp; occupation exposures</li> <li>- Environmental exposures</li> <li>- Chronic stress (including DV, poor living conditions, unemployment, stressful living conditions)</li> <li>- Availability, access, &amp; quality of health care (obstetric, perinatal, &amp; neonatal)</li> </ul>	<p><b>Recommended Intervention Components and Activities:</b></p> <p><u>Providing Information and Enhancing Skills:</u></p> <ul style="list-style-type: none"> <li>- Multi-year Infant mortality public awareness campaign</li> <li>- Promote safe sleep practices via professionals, CBOs, and statewide networks.</li> <li>- Promote healthy lifestyles among women of childbearing age</li> <li>- Promote healthy behaviors among teens</li> </ul> <p><u>Enhancing Services and Support:</u></p> <ul style="list-style-type: none"> <li>- Implement state-wide PRAMS (Prenatal Risk Assessment of the Mother) to determine trends/disparities in birth outcomes of overall Kansas births</li> <li>- Establish and maintain the FIMR projects in Wyandotte and Sedgwick Counties to help identify social and medical factors that contribute to infant death</li> <li>- Promote breastfeeding through existing coalitions and partners.</li> <li>- KDHE &amp; State Child Death Review Board (CDRB) partnership</li> <li>- State Perinatal Periods of Risk (PPOR) (every 5 years)</li> <li>- Identify and implement best practice models</li> <li>- Improve care coordination of high-risk pregnant women</li> <li>- Support perinatal collaboratives and surveillance systems</li> <li>- Create neonatal-perinatal quality improvement collaborative</li> <li>- Support community-based programs including home visitation for high-risk families</li> <li>- Promote smoking cessation programs for families and caregivers</li> <li>- Promote WIC Program for all eligible women</li> <li>- Seek opportunities to work with IHS and tribal health clinics in KS.</li> </ul> <p><u>Modifying Access, Barriers, and Opportunities:</u></p> <ul style="list-style-type: none"> <li>- Ensure early, comprehensive prenatal care for all women</li> <li>- Create a more efficient and expedited process for access to Medicaid services</li> <li>- Improve access to genetics counseling</li> <li>- Provide Family Planning Service Option within Medicaid</li> <li>- Provide culturally tailored education and information</li> <li>- Build collaborative relationships with organizations that are already addressing disparate populations</li> </ul> <p><u>Changing Consequences:</u></p> <ul style="list-style-type: none"> <li>- Adequate insurance reimbursement for group visits and centering care</li> <li>- Payment of infant autopsies to coroners contingent on properly conducting those autopsies on infants</li> </ul> <p><u>Modifying Policies &amp; Systems:</u></p> <ul style="list-style-type: none"> <li>- Apply for Medicaid—Family Planning Service &amp; obtain funding</li> <li>- Implement state genetics plan</li> <li>- Develop hospital/provider collaborative to eliminate elective deliveries before 39 weeks</li> <li>- Support implementation of safe sleep policies in child care settings</li> <li>- Support tobacco legislation to reduce use and exposure</li> </ul>	<p><b>Outcomes:</b></p> <p><u>Behavioral Outcomes:</u> <i>Patient/Mother/Family Behavior:</i></p> <ul style="list-style-type: none"> <li>- Increased proportion of women receiving prenatal care in 1<sup>st</sup> trimester</li> <li>- Increased proportion of women of child bearing age consuming folic acid</li> <li>- Increase the proportion of mothers initiating breastfeeding for infants up to 6 months</li> <li>- Increased proportion of infants in safe sleep position and environment</li> <li>- Decreased maternal use of alcohol, tobacco, caffeine, &amp; other drug use</li> <li>- Increased maternal healthy eating, physical activity, healthy weight</li> <li>- Reduced levels of teenage pregnancy (and related behaviors of unprotected sex)</li> <li>- Increase the interval between gestations</li> <li>- Increase proportion of infants adequately immunized</li> </ul> <p><u>Provider/Health Care System Behavior:</u></p> <ul style="list-style-type: none"> <li>- Increased number of health care &amp; child care providers who deliver culturally competent education about safe sleep as well as integrate cultural assets for healthy pregnancies</li> <li>- Collaboration via MOU or other process for tribes in KS</li> <li>- Elimination of elective deliveries prior to 39 weeks</li> </ul> <p><u>Environmental Outcomes:</u></p> <ul style="list-style-type: none"> <li>- Reduced exposure to impoverished living conditions, occupational hazards, chronic stress, tobacco smoke, and child abuse and neglect</li> <li>- Reduced vulnerability through increased social support, education, occupational and status</li> </ul> <p><u>Population-level Health/ Equity</u></p> <p><u>Outcomes:</u></p> <ul style="list-style-type: none"> <li>- Reduced incidence of infant mortality</li> <li>- Reduced incidence of low birth weight</li> <li>- Reduced disparities in rates of infant mortality among different groups (especially African Americans; currently, 3:1 ratio)</li> <li>- Reduced premature birth rate (&lt; 37 weeks)</li> <li>- Reduced intentional and unintentional injuries during first year of life</li> </ul>
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## Sub-Logic Model: Strengthening State Systems Preventing Infant Mortality in Kansas

**Vision/Mission:** *Assuring healthy babies for all Kansans by enhancing state-level supports for community efforts to prevent infant mortality.*

Context/Conditions:	Types of System-level Activities/Interventions:	Priority System Changes:	Effects: Outcomes/Results		
<p>- Kansas ranks 40<sup>th</sup> among states in infant mortality rate</p> <p>- Kansas ranks worst in Black IMR (BIMR is 2.7 times higher than WIMR)</p> <p>- Highest IMR rates in high-risk places (especially in SG, WY, GE counties)</p> <p><b>Lack of urgency for reducing IMR</b></p> <p>- Limited resources for assuring access to needed health services and community-based programs</p> <p><b>Resources:</b></p> <p>- Existing collaborative partnership for preventing IM, including:</p> <ul style="list-style-type: none"> <li>• State health department (including Center for Health Disparities)</li> <li>• Health organizations (e.g., neonatal care)</li> <li>• March of Dimes</li> <li>• SIDS/Safe Sleep Coalition</li> <li>• Professional associations (e.g., Kansas Academy of Pediatrics)</li> <li>• Academic and research partners</li> <li>• Promising Community Initiatives (e.g., MCH Coalition of KC; Healthy Babies/SG Co.)</li> <li>• Sovereign nations &amp; urban Indian populations in KS</li> </ul>	<p><b>Monitor IM rates related risk/protective factors for state/disparities groups to identify, diagnose and investigate problems and goals</b></p> <p>- Inform, educate and empower people about IM issues</p> <p>- Mobilize and support community partnerships to prevent IM, including among those with IM disparities</p> <p>- Develop policies and plans to support individual &amp; community health efforts</p> <p>- Enforce laws &amp; regulations that protect health and ensure safety of infants and mothers</p> <p>- Assure access and link people to needed prenatal services</p> <p>- Strengthen system (training) for collecting accurate data on risk/protective factors for those completing birth and death certificates</p> <p>- Payment of infant autopsies to coroners contingent on properly conducting those autopsies on infants</p> <p>- Assure a competent workforce in preventing IM</p> <p>- Evaluate effectiveness, accessibility, and quality of personal and population-based health services</p> <p>- Educating workforce around the risks related to infant mortality</p>	<p><b>Enhance surveillance systems to assess and report IMR and disparities at state, local, and tribal levels</b></p> <p>- Promote community assessment tools, risk monitoring tools</p> <p>- Establish a website about infant mortality, its risk/protective factors, strategies &amp; resources for intervention, contacts</p> <p>- Develop asset map of services and supports (MADIN toll-free line)</p> <p>- Facilitate action planning, technical support, implementation, and evaluation of comprehensive interventions using evidence-based strategies</p> <p>- Build capacity of workforce and partnerships for preventing IM in local communities</p> <p>- Enhance reimbursement mechanism for preventive services</p> <p>- Address gap between existing laws and identified IM goals</p> <p>- Expand health insurance coverage to assure needed services</p> <p>- Prepare local and regional staff in public health departments</p> <p>- Assess KS Perinatal Quality Improvement Collaborative</p> <p>- Establish monitoring and evaluation systems to see progress and assure accountability</p>	<p><b>By 2012</b></p> <p>- Develop a comprehensive strategic plan for prevention of infant mortality in Kansas and document its implementation and progress</p> <p>- Implement and evaluate statewide public awareness campaign on infant mortality</p> <p>- Resources secured and comprehensive, community-based programs (e.g. FIMR) established and enhanced in high-risk zip codes</p> <p>- KS Perinatal Quality Improvement Collaborative garners technical assistance from California and/or Ohio Quality Improvement Collaboratives</p> <p><b>By 2015</b></p> <p>- KS Perinatal Quality Improvement Collaborative is functioning: funding acquired, partner participation, data collected, analyzed and reported</p>	<p><b>By 2015</b></p> <p><u>Behavioral Outcomes:</u></p> <p>- Increased proportion of women receiving prenatal care in 1<sup>st</sup> trimester</p> <p>- Increased time interval between births</p> <p>- Increased assessment and screening for depression, family violence/domestic violence</p> <p>- Increased proportion of women who report consuming adequate amounts of folic acid</p> <p>- Increased proportion of infants in safe sleep position and environment</p> <p>- Decreased levels of maternal smoking</p> <p>- Decreased maternal use of alcohol, tobacco, caffeine, &amp; other drug use</p> <p>- Increased maternal healthy eating, physical activity, healthy weight</p> <p>- Reduced levels of teenage pregnancy (and related behaviors of unprotected sex)</p> <p>- Improved preterm birth outcomes</p> <p>- Decreased level of preterm births</p> <p>- Decreased C-section rate</p>	<p><b>By 2020</b></p> <p><u>Environmental Outcomes:</u></p> <p>- Reduced exposure to impoverished living conditions, occupational hazards, and chronic stress</p> <p>- Reduced vulnerability through increased social support, education, and occupational status</p> <p><u>Population-level Health/ Equity Outcomes:</u></p> <p>- Reduced incidence of preterm births</p> <p>- Reduced incidence of infant mortality</p> <p>- Reduced disparities in rates of infant mortality among different groups (especially African Americans; currently, 3:1 ratio)</p>

## Sub-Logic Model: Increasing Safe Sleep to Reduce Infant Mortality in Kansas

**Vision/ Mission:** *Assuring healthy babies for all Kansans through collaborative action safe sleep*

<p><b>Context/Conditions:</b></p> <ul style="list-style-type: none"><li>- Kansas ranks 40<sup>th</sup> among states in infant mortality rate</li><li>- Kansas ranks worst in Black IMR (BIMR is 2.7 times higher than WIMR)</li><li>- Highest IMR rates in high-risk places (especially in SG, WY, GE counties)</li></ul> <p><b>Barriers:</b></p> <ul style="list-style-type: none"><li>- Lack of urgency for reducing IMR</li><li>- Limited understanding and support/ resources for Safe Sleep messages</li><li>- Transient population</li><li>- Lack of proper scene investigation or autopsy of unexpected infant deaths</li><li>- Inadequate documentation during infant death scene investigations</li></ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>- Existing collaborative partnership for preventing IM, including among:<ul style="list-style-type: none"><li>• State health department (including Center for Health Disparities)</li><li>• Health organizations (e.g., neonatal care)</li><li>• March of Dimes</li><li>• SIDS/Safe Sleep Coalition</li><li>• Professional associations (e.g., Kansas Academy of Pediatrics)</li><li>• Academic and research partners</li><li>• Promising Community Initiatives (e.g., MCH Coalition of KC; Healthy Babies/SG Co.)</li><li>• Sovereign nations &amp; urban Indian populations in KS</li></ul></li></ul>	<p><b>Risk Factors:</b></p> <p><b>Behavioral:</b></p> <ul style="list-style-type: none"><li>- Cultural norms and practices</li><li>- Co-sleeping and/or Bed-sharing</li><li>- Improper sleep surface</li><li>- Use of loose bedding and soft objects in sleep space</li><li>- Improper sleep position</li><li>- Alcohol, tobacco, cocaine, &amp; other drug use</li></ul> <p><b>Biological/History/Experience:</b></p> <ul style="list-style-type: none"><li>- Race (African American and Native American)</li><li>- Male infant</li><li>- Living in poverty</li><li>- Being between one and six months old</li><li>- Sibling loss to SIDS</li><li>- Maternal age &lt; 20 during first pregnancy</li><li>- Obstetric History, Medical Illnesses &amp; Conditions<ul style="list-style-type: none"><li>• Premature birth</li><li>• Low birth weight</li><li>• Inadequate prenatal care</li><li>• Low maternal weight gain</li><li>• Placental Abnormalities</li><li>• Anemia</li></ul></li></ul> <p><b>Psychosocial &amp; Environment:</b></p> <ul style="list-style-type: none"><li>- Environmental exposures</li><li>- Exposure to smoke</li><li>- Inconsistent safe sleep messages</li><li>- Highly transient populations</li><li>- Grandparent influence on young parents</li><li>- Poor access to safe sleep resources (i.e. proper cribs, wearable blankets, etc.) and education materials</li><li>- At-risk Families and communities with concentrated poverty</li><li>- Child care providers without proper safe sleep education</li><li>- Child care providers not adhering to safe sleep protocols</li></ul>	<p><b>Recommended Intervention Components &amp; Activities:</b></p> <p><b>Providing information/enhancing skills:</b></p> <ul style="list-style-type: none"><li>- Educate parents, grandparents and caregivers of all infants on the AAP's safe sleep recommendations</li><li>- Distribute safe sleep DVD to parents, grandparents, and caregivers of all infants</li><li>- Advocate for the use of stickers on cribs demonstrating the safe sleep position</li><li>- Train health care providers, child care providers, and home visitors to provide AAP safe sleep recommendations</li><li>- Encourage pediatricians, primary care physicians, and staff to educate parents/caregivers about safe sleep practices during all well-baby checks</li><li>- Educate child welfare workers (e.g. SRS, family preservation, and foster care) to provide AAP safe sleep recommendations</li><li>- Promote state-wide awareness of safe sleep practices through media</li><li>- Participate in statewide education campaign on infant mortality</li><li>- Create and promote infant death scene investigation training via DVD and/or webinar</li><li>- Promote use of CDC's Sudden Unexplained Infant Death Investigation (SUIDI) form</li><li>- Emphasize the relative frequency of SIDS where positional asphyxia cannot be ruled out</li></ul> <p><b>Enhancing services/support:</b></p> <ul style="list-style-type: none"><li>- Require the Safe Sleep DVD be watched when a child care provider has a violation of safe sleep</li><li>- Encourage addition of a safe sleep consultation prompt to the Parents as Teachers data form(s)</li><li>- Develop culturally-tailored safe sleep awareness campaigns</li><li>- Support and encourage more frequent home health visitation for infants</li></ul> <p><b>Modifying access, opportunities, and barriers:</b></p> <ul style="list-style-type: none"><li>- Supply a wearable blanket to newborns</li><li>- Supply a crib (portable or other) for newborns as needed</li><li>- Collaborate with lactation consultants to promote consistent safe sleep messages</li></ul> <p><b>Changing Consequences:</b></p> <ul style="list-style-type: none"><li>- Build an incentive program for child care providers who implement a safe sleep policy based on the AAP's recommendations</li></ul> <p><b>Modifying Policies:</b></p> <ul style="list-style-type: none"><li>- Support implementation of a safe sleep policy based on the AAP's recommendations for hospitals and health care centers</li><li>- Endorse a policy for all coroners to follow the National Association of Medical Examiners (NAME) and Forensic Autopsy Performance standards manual for all infant autopsies</li><li>- Support safe sleep training regulation for new and current childcare providers</li><li>- Add a safe sleep checkbox to child care surveyor's inspection form.</li></ul>	<p><b>Outcomes:</b></p> <p><b>Behavioral Outcomes:</b></p> <ul style="list-style-type: none"><li>- Increased number of parents, caregivers, and child care providers consistently adhering to the AAP's safe sleep recommendations</li><li>- Increased number of properly conducted infant autopsies</li></ul> <p><b>Environmental Outcomes:</b></p> <ul style="list-style-type: none"><li>- Ensure parents have full access to safe sleep tools for newborns at hospital/birth settings</li><li>- Increased public awareness of the risk factors contributing to infant deaths</li><li>- Ensure parents have full access to safe sleep tools before leaving hospital</li></ul> <p><b>Population-level Health/Equity Outcomes:</b></p> <ul style="list-style-type: none"><li>- Decreased racial disparity of infant deaths</li><li>- Child safety agencies will have an increased knowledge of safe sleep practices and risk factors associated with infant sleep-related deaths</li><li>- Decreased number of infant deaths of babies born into poverty</li></ul>
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## Sub-Logic Model: Enhancing Access to Health Care and Social Supports to Reduce Infant Mortality in Kansas.

**Vision/ Mission:** *Assuring healthy babies for all Kansans through collaborative action for enhanced services, community support, & policy advocacy*

<p><b>Context/Conditions:</b></p> <ul style="list-style-type: none"> <li>-Kansas ranks 40<sup>th</sup> among states in infant mortality rate</li> <li>-Kansas ranks worst in Black IMR (BIMR is 2.7 times higher than WIMR)</li> <li>-Highest IMR rates in high-risk places (especially in SG, WY, GE counties)</li> <li>-Leading Causes of Infant Mortality: prematurity, low birth weight, birth defects, SIDS/sleep-related deaths</li> </ul> <p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>-Lack of urgency for reducing IMR</li> <li>-Limited resources for assuring access to needed health services and community-based programs</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>-Existing collaborative partnership for preventing IM, including among:             <ul style="list-style-type: none"> <li>• State health department (including Center for Health Disparities)</li> <li>• Health organizations (e.g., neonatal care)</li> <li>• March of Dimes</li> <li>• SIDS/Safe Sleep Coalition</li> <li>• Professional associations (e.g., Kansas American Academy of Pediatrics)</li> <li>• Academic and research partners</li> <li>• Promising Community Initiatives (e.g., MCH Coalition of KC; Healthy Babies/FIMR/SG Co.)</li> <li>• Sovereign nations &amp; urban Indian populations in KS</li> </ul> </li> </ul>	<p><b>Risk/ Protective Factors:</b></p> <p><b>Behavioral:</b></p> <ul style="list-style-type: none"> <li>- Alcohol, tobacco, &amp; other drug use</li> <li>- Maternal Nutrition:             <ul style="list-style-type: none"> <li>• Low pre-pregnancy weight (BMI &lt; 19.8)</li> <li>• High pre-pregnancy weight (BMI &gt; 26.0)</li> <li>• Inappropriate prenatal weight gain</li> <li>• Lack of folic acid use</li> </ul> </li> <li>- Employment: unemployed, long work hours, prolonged standing, low job satisfaction</li> <li>- Exercise in pregnancy</li> <li>- Early prenatal care</li> </ul> <p><b>Biological/History/Experience:</b></p> <ul style="list-style-type: none"> <li>- Race/Ethnicity (African American, Native American, Puerto Rican)</li> <li>- Foreign born mother</li> <li>- Early (1<sup>st</sup> trimester) prenatal care: lack of access to quality prenatal care</li> <li>- Multiple gestations, assisted reproductive technology</li> <li>- Maternal age (teens &amp; older age/35+)</li> <li>- Obstetric History             <ul style="list-style-type: none"> <li>• Previous LBW or preterm delivery</li> <li>• Previous fetal demise/infant death</li> <li>• Prior 1<sup>st</sup> trimester induced abortion</li> <li>• Short inter-pregnancy interval (&lt;6mo)</li> <li>• Inadequate interconception care</li> <li>• Reproductive tract abnormalities &amp; infections</li> <li>• Nulliparity &amp; high parity</li> <li>• Elective deliveries &lt;39 weeks</li> </ul> </li> <li>- Medical Illnesses &amp; Conditions             <ul style="list-style-type: none"> <li>• Chronic Hypertension &amp; Preeclampsia</li> <li>• Systemic Lupus Erythematosus (Lupus)</li> <li>• Restrictive lung disease &amp; Asthma</li> <li>• Hyperthyroidism</li> <li>• Pregestational &amp; gestational diabetes</li> <li>• Pregestational renal disease</li> <li>• Maternal birth weight (“Life Course Perspective”)</li> <li>• Prior STD history</li> <li>• Previous history of genetic risk</li> </ul> </li> </ul> <p><b>Psychosocial &amp; Environment:</b></p> <ul style="list-style-type: none"> <li>- Stress:             <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Depression</li> <li>• Domestic Violence</li> </ul> </li> <li>- Racism</li> <li>- Lack of Social Supports</li> <li>- Unintended Pregnancy</li> <li>- Environmental exposures</li> <li>- Impoverished living conditions</li> <li>- Single marital status</li> <li>- Low SES &amp; low educational attainment</li> </ul>	<p><b>Recommended Intervention Components &amp; Activities:</b></p> <p><b>Providing Information and Enhancing Skills:</b></p> <ul style="list-style-type: none"> <li>- Text for Baby messages</li> <li>- PSA’s on risk of elective preterm deliveries</li> <li>- Public campaign on benefits of folic acid &amp; harm of alcohol, tobacco, cocaine, &amp; other drug use</li> <li>- Public campaign on spacing pregnancies</li> <li>- Multi-year statewide infant mortality public awareness campaign</li> <li>- Information on improving health literacy</li> </ul> <p><b>Enhancing Services and Support:</b></p> <ul style="list-style-type: none"> <li>- Implement state-wide PRAMS (Pregnancy Risk Assessment Monitoring System) to determine trends/disparities in birth outcomes of overall Kansas births</li> <li>- Establish and maintain the FIMR projects in Wyandotte and Sedgwick counties to help identify social and medical factors that contribute to infant death</li> <li>- Increased data collection, analysis, and dissemination of information on infant mortality related to disparities</li> <li>- State Perinatal Periods of Risk (PPOR) (every 5 years)</li> <li>- Identify and implement best practice models</li> <li>- Support perinatal collaborative and surveillance systems</li> <li>- Create neonatal-perinatal quality improvement collaborative</li> <li>- Support evidence-based community programs including home visitation for high-risk families</li> <li>- Promote smoking cessation programs for families and caregivers</li> <li>- Train health care workers on screening and referral for DV/IPV, tobacco, alcohol, drugs, and anxiety/depression</li> <li>- Improve availability of bilingual services</li> <li>- Support funding for state genetics plan</li> </ul> <p><b>Modifying Access, Barriers, and Opportunities:</b></p> <ul style="list-style-type: none"> <li>- Expedite Medicaid application for prenatal care</li> <li>- Increase Medicaid access for genetic counseling pre and postnatal</li> <li>- Provide culturally tailored education and information</li> <li>- Provide interconception care</li> </ul> <p><b>Changing Consequences:</b></p> <ul style="list-style-type: none"> <li>- Provide adequate insurance reimbursement for group visits &amp; centering care</li> </ul> <p><b>Modifying Policies &amp; Systems:</b></p> <ul style="list-style-type: none"> <li>- Promote universal provision of prenatal care for uninsured women</li> <li>- Apply for Medicaid Family Planning Service Option for expanded post-partum coverage (or Medicaid 115 waiver in 2014)</li> <li>- Secure full funding to assure Medicaid coverage for pregnant women to 250% FPL.</li> <li>- Increase in state tobacco tax</li> <li>- Increased spending on tobacco prevention for childbearing age women</li> <li>- Change hospital/reimbursement policy for elective induced deliveries</li> <li>- Improved linkages and coordination among public, private, and tribal entities focused on infant mortality and associated risk/protective factors</li> </ul>	<p><b>Outcomes:</b></p> <p><u>A.</u> No elective induced labor &lt; 39wk</p> <p><u>B.</u> Increased folic acid intake for child bearing age women (100%) [consider link on prenatal vitamins to message on safe sleep]</p> <p><u>C.</u> Increased access to care &amp; utilization before, during and after pregnancy within a medical home, with optimal inter-pregnancy spacing</p> <ol style="list-style-type: none"> <li>Access and utilization of preconception care</li> <li>Access and utilization of care during and after the post-partum period</li> <li>Access to care during minimal 18 month inter-pregnancy period</li> <li>Access to preventive services for infant and mother</li> <li>Access to genetics counseling</li> </ol> <p><u>D.</u> Increased Social &amp; Health Care Supports:</p> <ol style="list-style-type: none"> <li>Care coordination and family support services available for all women in high risk zip codes</li> <li>All prenatal women are provided with education on benefits of breastfeeding, and all post-partum women have access to breastfeeding supports</li> <li>All pregnant women are screened for tobacco, substance abuse, mental health, and DV and get appropriate referrals</li> </ol> <p><u>E.</u> Attain Healthy Pregnancy for All Kansas Women</p> <ol style="list-style-type: none"> <li>No tobacco, alcohol, drug use</li> <li>Appropriate physical activity</li> <li>Appropriate prenatal weight gain</li> </ol> <p><u>F.</u> All maternal child health providers are culturally competent</p> <p><u>G.</u> Inter-pregnancy period spacing: &gt;18mo</p> <p><u>H.</u> Data available that characterizes disparities and specific state and local risk factors related to infant mortality</p>
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## Glossary and Acronyms List

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<b>AAP</b>	American Academy of Pediatrics	<b>MADIN</b>	Make a Difference Information Network
<b>BIMR</b>	Black Infant Mortality Rate	<b>MCH</b>	Maternal and Child Health
<b>BMI</b>	Body Mass Index	<b>MCHC</b>	Maternal and Child Health Council
<b>BRP</b>	Blue Ribbon Panel	<b>NAME</b>	National Association of Medical Examiners
<b>CBO</b>	Community Based Organizations	<b>Neonatal</b>	Pertaining to the period of time immediately following birth
<b>CDC</b>	Center for Disease Control and Prevention	<b>Nulliparity</b>	A condition or state in which a woman has never given birth to a child, or has never carried a pregnancy.
<b>CDRB</b>	Child Death Review Board	<b>Perinatal</b>	Pertaining to the period immediately before and after birth.
<b>DV</b>	Domestic Violence	<b>Positional asphyxia</b>	A form of asphyxia which occurs when someone's position prevents them from breathing adequately
<b>FIMR</b>	Fetal and Infant Mortality Review	<b>PPOR</b>	Perinatal Periods of Risk
<b>FPL</b>	Federal Poverty Level	<b>PRAMS</b>	Pregnancy Risk Assessment Monitoring System
<b>IM</b>	Infant Mortality	<b>PSA</b>	Public Service Announcement
<b>IMR</b>	Infant Mortality Rate	<b>SES</b>	Socioeconomic Status
<b>IHS</b>	Indian Health Service	<b>SIDS</b>	Sudden Infant Death Syndrome
<b>IPV</b>	Intimate Partner Violence	<b>SRS</b>	Social and Rehabilitation Services
<b>IUGR</b>	Intrauterine Growth Restriction	<b>SUIDI</b>	Sudden Unexplained Infant Death Investigation
<b>KDHE</b>	Kansas Department of Health and Environment	<b>WIMR</b>	White Infant Mortality Rate
<b>LBW</b>	Low Birth Weight		

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