

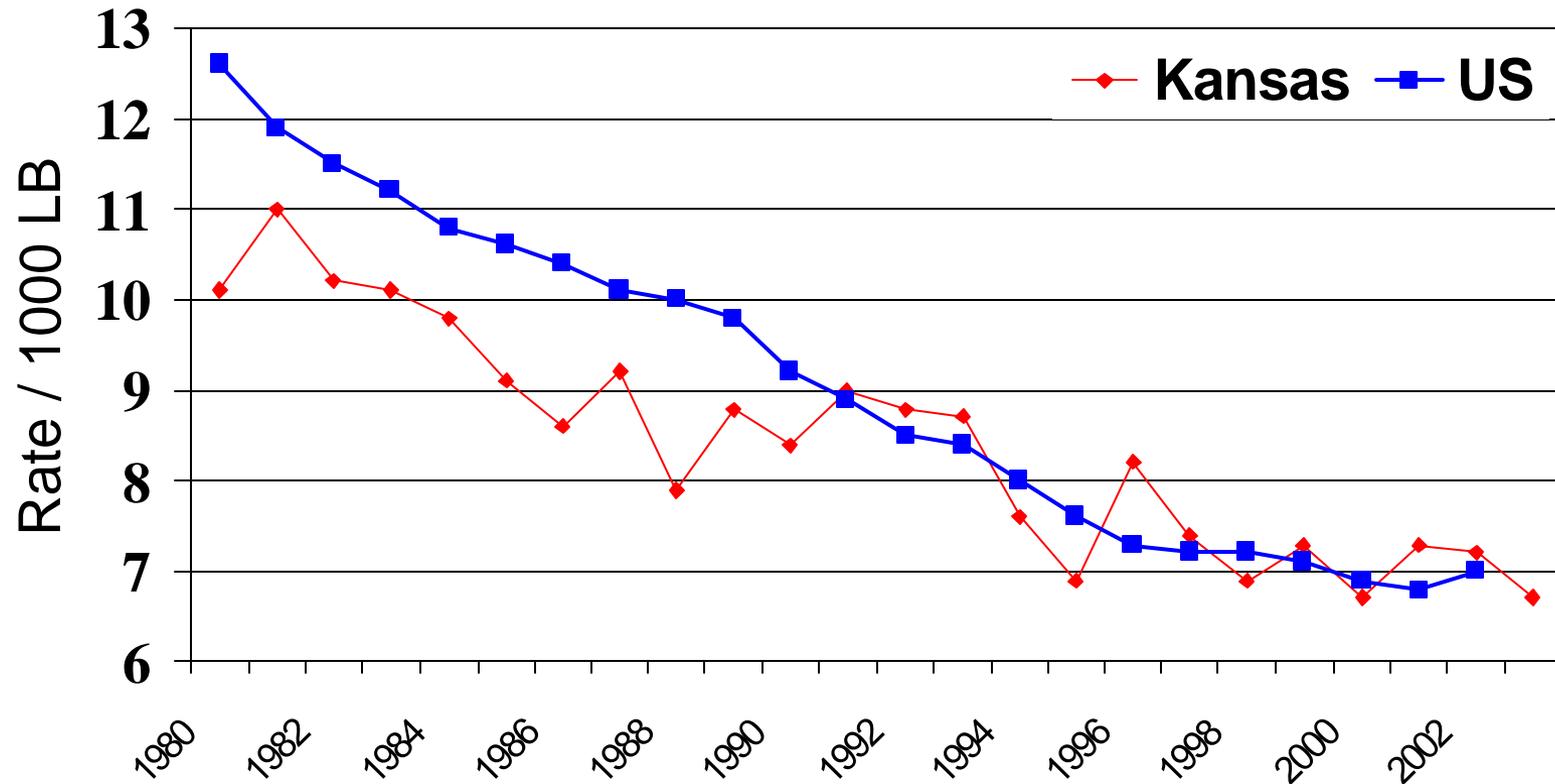
# Maternal, Infant, and Child Health

Healthy Kansans 2010  
Steering Committee Meeting  
April 1, 2005

# IMR Significance

- Infant deaths / 1000 LB
- Quality of life indicator
  - Reflection of adequacy of food, shelter, education, sanitation, and health care
- Compare populations (nations, states, subgroups)

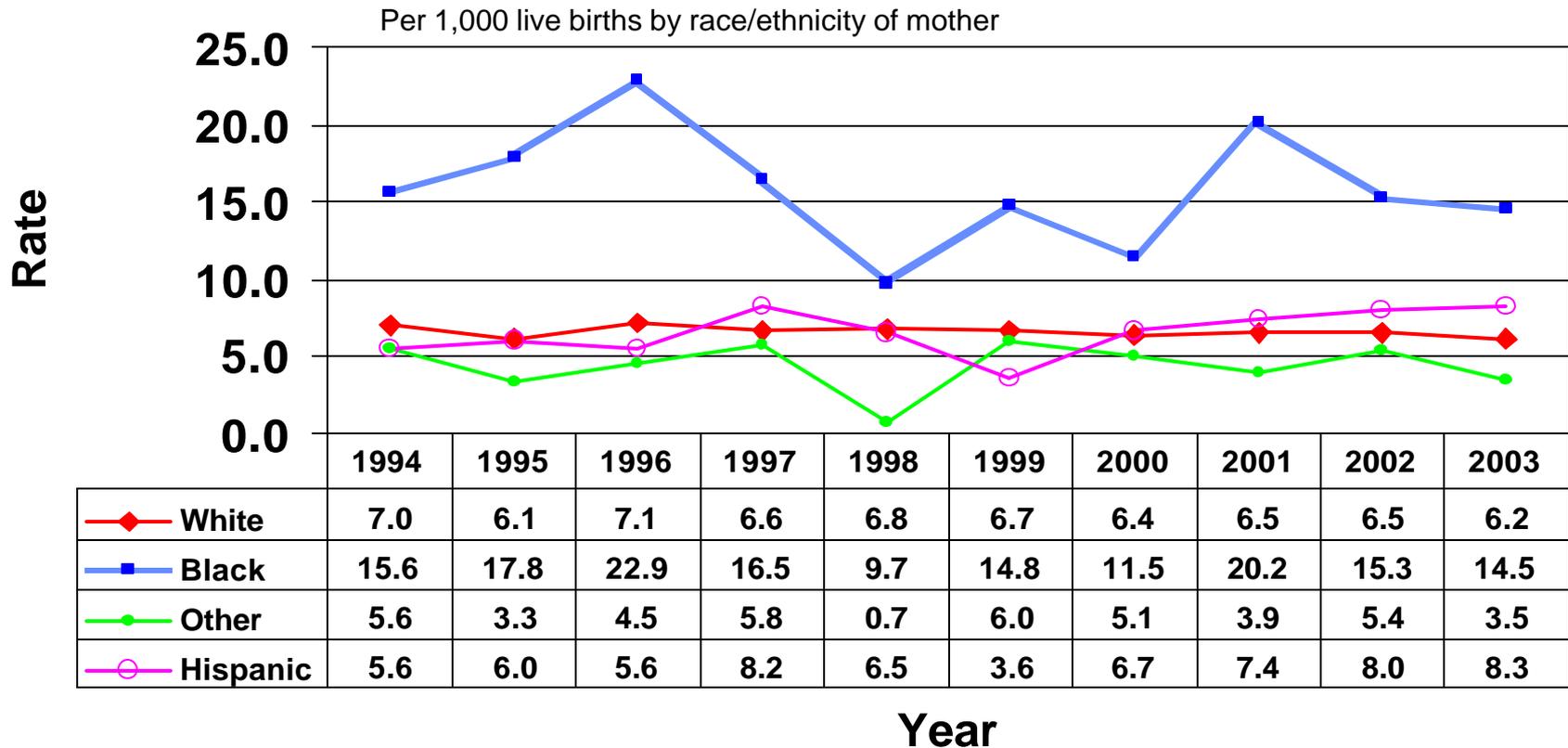
# Infant Mortality Rates Kansas & U.S., 1980-2003



# Infant Mortality Rates

- During 1980's – KS IMR favorable in relation to U.S. IMR
- During 1990's – KS losing ground in relation to U.S.

# Infant Mortality Rates by Race/Ethnicity of Mother, Kansas, 1994-2003



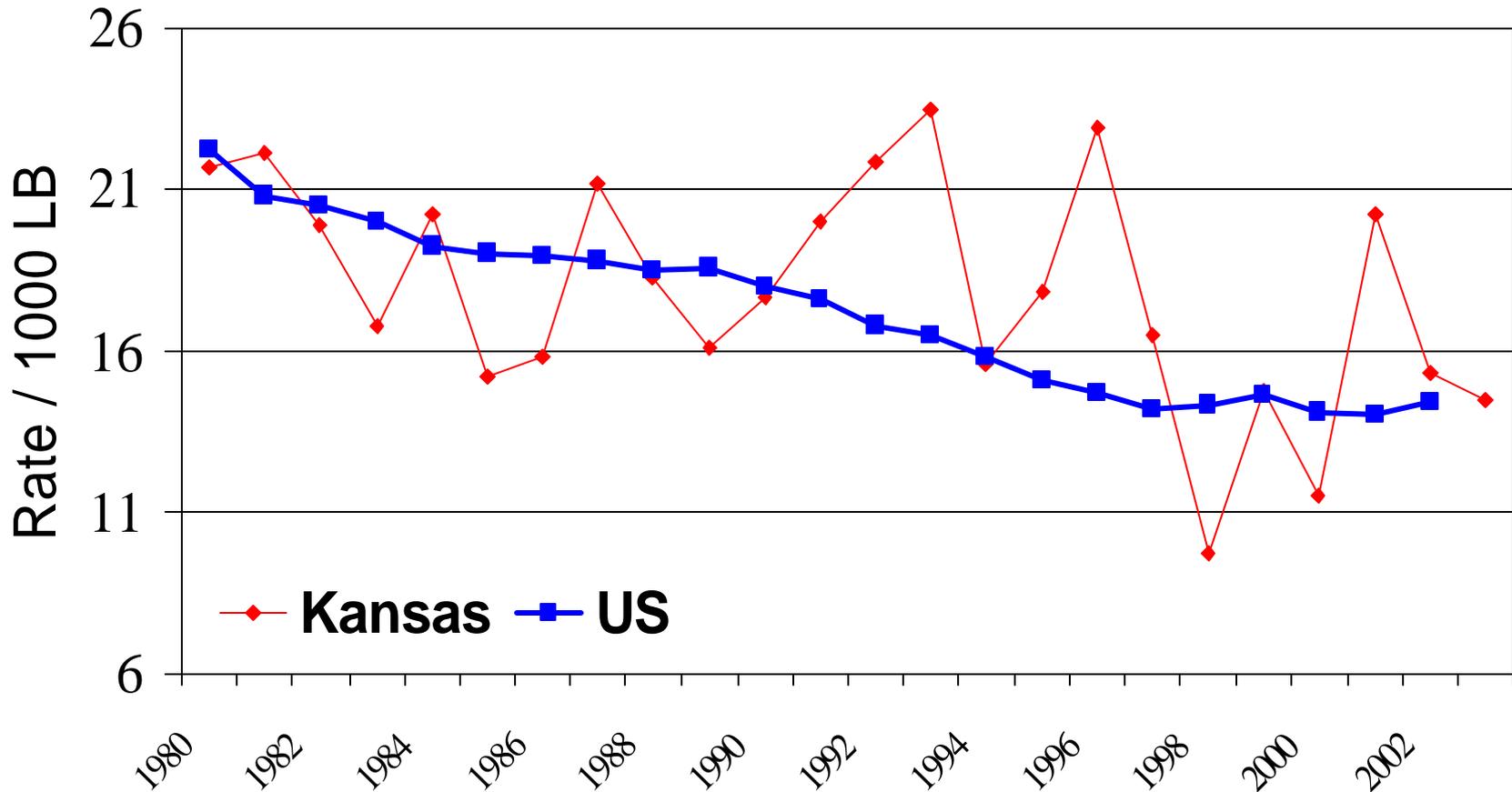
Infant death = The death of a live-born infant which occurs within the first year of life.

Source: Center for Health and Environmental Statistics, Kansas Department of Health and Environment

# IMRs by Race/Ethnicity

- HP 2010 disparities by race
- KS A-A IMR about twice that of WIMR
- Since 2000, KS Hispanic IMR increasing

# A-A Infant Mortality Rates Kansas & U.S., 1980-2003



# HP 2010 Target

- IMR = 4.5\*
- BIMR = n/a
- HIMR = n/a

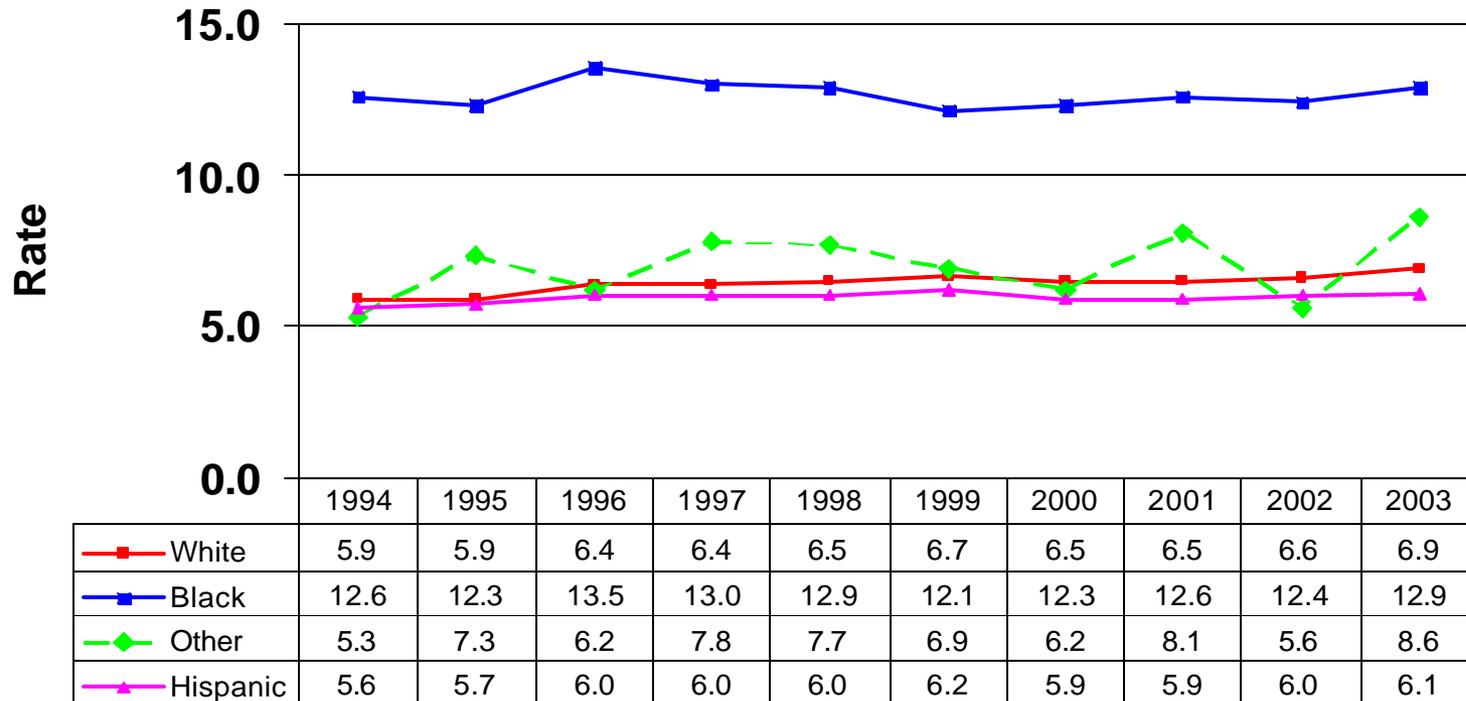
\* Closest Kansas has come to this is 6.8 in 2001

# LBW - Significance

- LBW data parallel IMR data
- Increased risk of severe physical and developmental complications & death
- Linked to SES status, prenatal care, nutritional status and many other factors
- Related to maternal health status and behaviors
- VLBW at highest risk

# Low Birthweight Rates by Race/Ethnicity Kansas, 1994-2003

Per 100 Live Births by race/ethnicity of mother



Low birthweight = <2500 grams

Data Sources: Center for Health & Environmental Statistics, Kansas Department of Health & Environment

# HP 2010 Target

- LBW = 5.0 per 1000 LB\*
  - VLBW = 0.9 per 1000 LB\*\*
- 
- \*Closest Kansas has come to target is 6.4 in 1992 and 1995
  - \*\* Closest Kansas has come to target is 1.2 in 1997

# Activities/Best Practices

- Early and comprehensive health care before, during and after pregnancy
- Preconception / prenatal screening and counseling
- Culturally appropriate and linguistically competent care, education and counseling
- High-quality PNC to ID complications early
- Prenatal visits as opportunities to address nutrition, alcohol, tobacco, other risk behaviors
- Provide psychosocial or support services

# Recommendations

- Improve access to medical care and health care services - Medicaid Waiver to ensure that all women of reproductive age have access to health care before, during and after pregnancy
- Quality, comprehensive services that encourage good nutrition and healthy lifestyles along with reduction in harmful substances (e.g., M&I, Healthy Start, etc.)
- In particular, address prenatal smoking (Quitline, etc.)

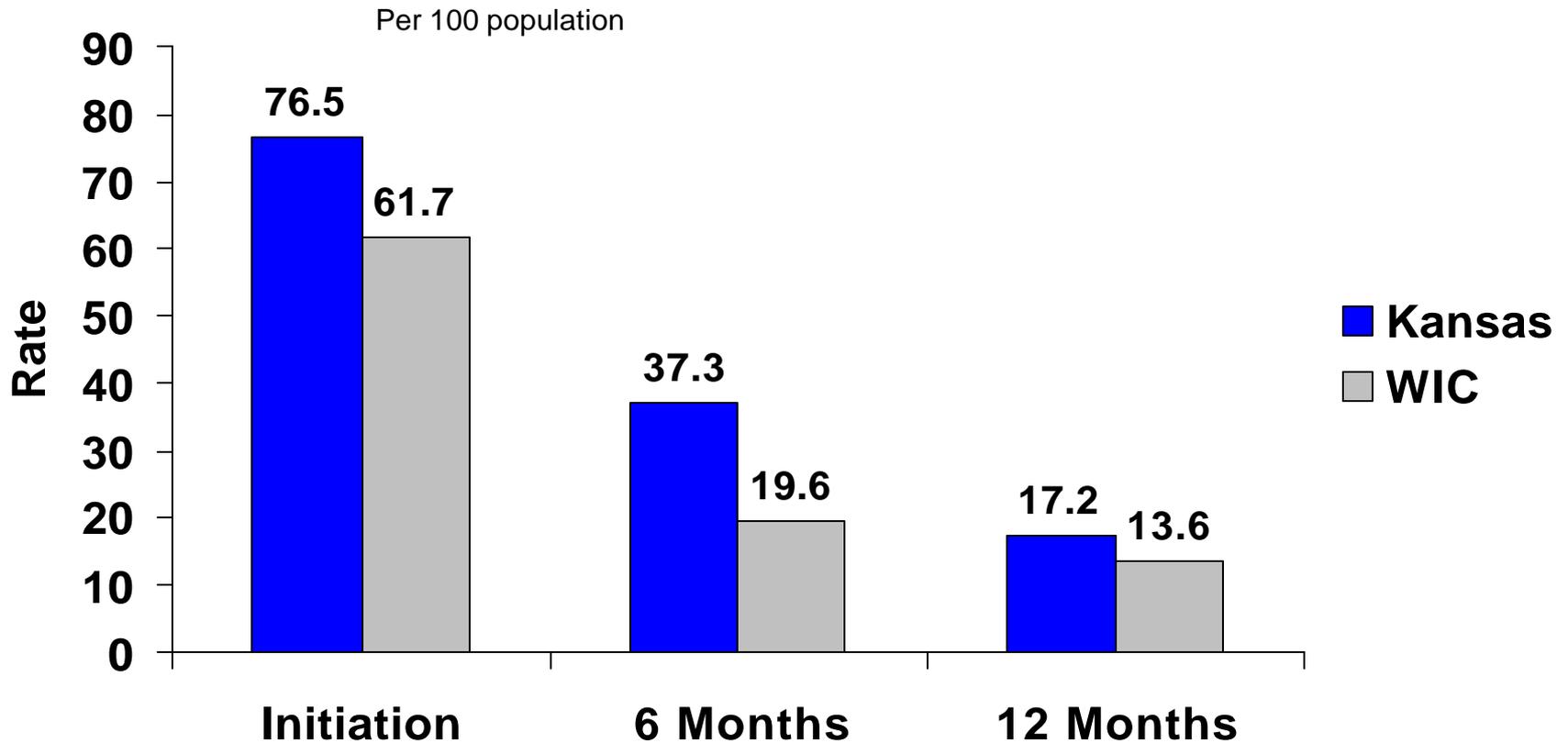
# Prenatal Smoking Cessation / LBW (12.7% LB or 5,000/year)

- Screen Clients
- Provide Counseling
- Provide Cessation Materials
- Conduct Prenatal Media Campaigns
- Train MCH Professionals
- Provide Interventions through Medicaid

# BF – Significance & Trends

- Health benefits for both infant and mother - nutritional, immunological and psychological
- Economic benefits
- Lower BF rates for low-income (WIC <185% FPL)
- Lower BF rates for African-American women
- Sharp drop off after hospital discharge

# Breastfeeding Rates by Income Status Kansas, 2003



WIC = Below 185% of poverty level..

Data Sources: Kansas = 2003 National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services.  
WIC = 2003 Pediatric Nutrition Surveillance System, Centers for Disease Control & Prevention, Department of Health and Human Services.

# Activities/Best Practices

- Support AAP recommendations of 6 months exclusive BF and BF to one year
- Promote community health services (WHO/UNICEF Baby-Friendly Initiative – Breastfeeding Committee for Canada)
- Breastfeeding Peer Counselor Program (12 counties USDA funding through 9-06)
- Breastfeeding promotion & support - WIC, MCH programs
- Partnerships - K-State Extension, PAT, EHS, M&I, HS, LaLeche League, AAP, hospitals



# Recommendations

- Public policy – public places, accommodation in workplace, jury duty exempt, HB 2284
- Incorporate into all MCH programs
- Build strong partnerships
- Breastfeeding Friendly Workplace awards
- Baby Friendly Hospital certification (WHO)
- Public education on benefits to mother and child

# MCH2010



*Enhancing the health of Kansas women  
and children through partnerships with  
families and communities.*

# MCH Priorities

- Pregnant Women and Infants
  - Care before, during and after pregnancy
  - Preterm births and LBW
  - Breastfeeding
- Children & Adolescents
  - Behavioral/mental health
  - Overweight
  - Injury & death
- Children with Special Health Care Needs
  - Care within a medical home
  - Transition service systems
  - Reduce financial impact on families

Linda Kenney

Bureau for Children, Youth and Families

785-296-1310

[Lkenney@kdhe.state.ks.us](mailto:Lkenney@kdhe.state.ks.us)

MCH 2010 -- [www.kdhe.state.ks.us/bcyf](http://www.kdhe.state.ks.us/bcyf)