

A decorative graphic on the left side of the slide consisting of white lines and circles on a blue gradient background, resembling a circuit board or a stylized tree structure.

TOWARD HEALTHIER MOMS AND BABIES

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CAUSES OF MORTALITY: MATERNAL AND INFANT

Colorado, Delaware,
Georgia, Ohio

- Hemorrhage
- Embolism
- Infection
- CV/ Coronary conditions
- Cardiomyopathy
- Preeclampsia/ eclampsia
- Suicide
- Intimate Partner Violence

Alabama

- Prematurity
- Chromosomal and congenital abnormalities
- SIDS/SUIDS

PROGRESSIVE AGENDA

- Affordable Care: well woman care, extended postpartum care, interpregnancy and preconception care, mental healthcare, coverage for evidence based models of care (breastfeeding support, home visits, doulas, midwifery, birth centers)
- Social Support: Increase minimum wage, paid parental leave, affordable childcare, affordable transportation, eliminate food deserts
- Substance Abuse Programs: Prison is not a substance abuse program!

BABY FRIENDLY INITIATIVE

- Increased breastfeeding decreases illness for mothers and infants
- Increased breastfeeding decreases prematurity risk through pregnancy spacing
- Increased breastfeeding decreases SIDS
- Breastfeeding may decrease mental health morbidities for mothers and infants(?)
- Breastfeeding empowers women
- Breastfeeding makes economic and ecologic sense

WHAT OUTCOMES WILL A BABY FRIENDLY MATERNITY CARE SYSTEM TARGET?

MATERNAL HEALTH

CV and coronary conditions

Pregnancy spacing --
hemorrhage

Empowerment – domestic
violence

? Mental health

Interpregnancy health - cancer,
adipositiy, Type 2 DM,
autoimmune diseases

INFANT HEALTH

Pregnancy spacing –
prematurity

SIDS

Healthier women –
chromosomal abnormalities
and congenital mutations

FINANCIAL HEALTH

Saves families money

Saves businesses/ employers
money

Saves WIC/Medicaid and
third party payors money

Saves healthcare dollars

LABOR CULTURE

- Lower C/S rates
- Risk— based levels of maternity care
- Integrated quality improvement initiatives
- Doula support

WHAT OUTCOMES WILL A CHANGE IN LABOR CULTURE TARGET?

LOWER C/S RATES

Hemorrhage

Embolism

Infections

Placental abnormalities

Increased breastfeeding rates

DOULA SUPPORT

Lower C/S rates

Increased breastfeeding rates

Lower preterm birth rates

? Mental health

Empowered mothers

RISK- BASED MATERNITY CARE

Increased access to care

Integrated quality improvement

Saves healthcare dollars

PRENATAL AND POSTPARTUM CARE MODELS

- Group based care
- Home visits
- Midwifery model of care
- Integrated wellness services
- Mental health services
- Tobacco cessation and drug treatment programs

WHAT OUTCOMES WILL NEW MODELS OF CARE TARGET?

GROUP- BASED CARE

Lower preterm birth rates

Lower C/S rates

(hemorrhage, embolism,
infection)

Increased breastfeeding
rates

Community based

Improved mental health/
stress reduction

Access to Care

MIDWIFERY MODEL

Lower preterm birth rates

Lower C/S rates

Increased breastfeeding
rates

Increased nutritional support

Increased prenatal education

Integrated wellness models

TOBACCO AND DRUG CESSATION

Lower preterm birth rates

Lower congenital mutations

Improved mental health

Lower SIDS

Improve CV and coronary
conditions

Decrease hemorrhage

Decrease embolism

Decrease infection

INTERVENTIONS (LOW COST AND ACHIEVABLE FOR ALABAMA!)

BABY FRIENDLY INITIATIVE

- California legislation
- Mississippi BCBS

CHANGE DELIVERY CULTURE

- Arkansas Medicaid
- ACOG/SMFM
statement on levels of
care
- California safety
bundles
- Doula services

CHANGE MODELS OF PRENATAL AND POSTNATAL CARE

- group prenatal care
- home visits
- midwifery model of care
- tobacco cessation
- drug treatment programs
- community based
healthcare