

SUMMARY STATEMENT

The New Jersey Department of Health (DOH) is committed to improving birth outcomes and addressing disparities in infant mortality and morbidity. Prematurity is a leading cause of infant mortality and morbidity. Preterm births can result in devastating health outcomes as well as emotional and economic impacts. In New Jersey, Black women are more likely to have preterm births. According to the 2015-2017 NJ birth certificate data, the preterm birth rate for Black non-Hispanic women was 13.3%, compared to White non-Hispanic of 8.5%, Hispanic of 9.9% and Asian non-Hispanic of 8.8%. Through several initiatives, DOH is working to improve community-based programs and provide quality access to preconception, prenatal, and inter-conception care for women and reduce health disparities in birth outcomes, including black infant mortality (BIM).

ACTIVITIES AND RESULTS: NURTURE NJ

Nurture NJ is the First Lady's statewide awareness campaign that is committed to reducing infant and maternal mortality and morbidity and ensuring equitable maternal and infant care among women and children of all races and ethnicities. The campaign, which is devoted to serving every mother, every baby, and every family, includes a multi-pronged, multi-agency approach to improve maternal and infant health among New Jersey women and children. Nurture NJ includes internal collaboration and programming between departments and agencies; an annual Black Maternal and Infant Health Leadership Summit; the First Lady's Family Festival event series; and a robust social media strategy to inform and raise awareness.

HEALTHY WOMEN HEALTHY FAMILIES INITIATIVE: CENTERING

The DOH Healthy Women Healthy Families (HWHF) initiative, launched in July 2018, was developed to improve pregnancy outcomes and address the high rates of BIM in counties and municipalities. It uses Community Health Workers to provide intensive, personalized support to women and their families throughout pregnancy. It includes doula and breastfeeding support, fatherhood initiatives and Centering Pregnancy, an evidence-based model of group prenatal care designed to empower women and improve birth outcomes. On August 9, 2019, Governor Phil Murphy signed legislation extending Medicaid prenatal care coverage to Centering Pregnancy, a model where pregnant women receive health assessments, social, clinical and educational activities in a group setting.

DOULAS

Doulas are trained to provide physical and emotional support and education to help women through pregnancy, birth and beyond. Studies show doulas reduce the likelihood of cesarean births, increase the probability of vaginal births, and provide a more positive childbirth experience. Fatherhood initiatives engage the support and involvement of fathers during prenatal care, birth, and inter-conception care, as well as promote family engagement. Breastfeeding support includes lactation consultants and peer counselors to educate and support women using a culturally sensitive approach.

The Doula and HWHF programs target high-risk populations, which includes those who are low-income and/or uninsured women with chronic health conditions and multiple social or economic stressors, victims of domestic violence, those impacted by mental health issues, alcoholism and substance abuse, women with minimal social supports and women with unintended pregnancies. These women on average attend fewer prenatal visits and are more likely to experience adverse birth outcomes including prematurity.

FAMILY PLANNING

DOH is increasing efforts to help prevent preterm births by increasing access to family planning options through the restored and continued Family Planning funding. To reduce unintended pregnancies, DOH is increasing access to all contraceptive methods, including long-term, reversible contraception (LARC). LARC options include intrauterine devices (IUDs) and implants and are among the most effective methods of contraception according to the CDC. Additionally, the Family Planning funding supports access to contraceptive counseling, which promotes shared decision making between patients and their providers so patients can elect to use the contraceptive method that best fits their lifestyle and reproductive health needs. By prioritizing funding for family planning and reproductive healthcare services, DOH is working to ensure that women have access to vital healthcare throughout every stage of their reproductive lifecycle.

17P

A medication called 17-alpha hydroxyprogesterone (17P) is proven to prevent preterm births in certain women. The 17P/Prematurity Prevention Initiative established a leadership team to provide consultation, analysis, and guidance. Gaps were identified in medical practices that present barriers for women most at risk of preterm birth. These factors impact Black, Hispanic, uninsured, and undocumented women disproportionately. The DOH and its grantee Family Health Initiatives (FHI) uses a multi-dimensional strategy to support the clinical needs of mothers with a history of preterm delivery that (1) provides education and awareness to the community and women most impacted by high preterm births about the availability of effective interventions for preterm births; (2) educates community program staff about support available to clients; (3) enlists doctors, nurses, midwives, and hospitals in identifying these women; and (4) assists medical providers by streamlining the process for quick access to the medication regardless of their socioeconomic or racial/ethnicity status.

To broaden the dissemination of information in a format that is readily accessible to women around the state, the Prematurity Prevention Initiative produced an educational video highlighting the stories of two African American women with preterm birth experiences. Their stories provide answers to many common questions and concerns. The video, produced in Atlantic County, will be available on social media and in physician offices to educate people on the availability of 17P as an evidence-based intervention. Also, in Atlantic County, FHI worked with South Jersey Medical Center, the area's Federally Qualified Health Center, to identify and track women eligible for 17P medication based on previous pre-term birth experiences. The health center established a High-Risk Committee, which conducted a weekly review of eligible women.

ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH- INCREASING ACCESS TO CARE

The multi-agency Maternal and Infant Health (MIH) Committee recognized the need to remove transportation as a barrier to women receiving weekly injections or attending prenatal appointments. As a result, once women are determined to be eligible, they can contact NJ Transit Access Link, which picks them up at home and transports them to medical visits, grocery stores, and other locations.

New Jersey is tracking the impact this service has on improving pregnancy outcomes to highlight the strength of this innovative strategy. Meanwhile, the Murphy Administration has worked to stabilize New Jersey's health insurance system through preserving minimum essential coverage and a state-level shared responsibility payment and pursuing a state-based health insurance exchange.

MATERNAL MORTALITY AND MORBIDITY

Maternal and infant outcomes are intertwined. NJ has among the worst pregnancy-related mortality, severe maternal morbidity, and disparities outcomes in the country. To change course, Governor Phil Murphy signed a law in May 2019 that implements the New Jersey Maternal Care Quality Collaborative, New Jersey Maternal Mortality Review Committee, and New Jersey Maternal Data Center to ensure that all relevant health systems and stakeholders are learning from the evidence and pursuing data-driven solutions to avert preventable deaths and injuries. NJ is also implementing laws including the Report Card of Hospital Maternity Care, promotion of shared decision-making, screening through the Perinatal Risk Assessment, and prohibition on coverage for non-medically indicated early elective deliveries.

UPCOMING CONFERENCES

FHI and NJ DOH are collaborating with the NJ March of Dimes to host a November 12th Prematurity Awareness month media event to share outcomes of the 17P collaboration and to increase consumer awareness of the importance of 17P to reduce repeat preterm birth. Also, the Department of Health's 2019 Population Health Summit on September 23, 2019—entitled Maternal Outcomes Matter—will feature state and national expertise on maternal and infant health, with special emphasis on eliminating disparities, innovative services, and data-driven action.