

## SUMMARY STATEMENT

The Alabama Department of Public Health, Bureau of Family Health Services has implemented evidence-based, comprehensive programs to ensure positive maternal health and birth outcomes for women and infants across the state. In 2016, the top three contributors to infant death were chromosomal malformations, disorders related to preterm births and low birth weight, and sudden infant death syndrome. Additionally, 20 percent of women of childbearing age were uninsured. These issues are marked by significant racial and ethnic disparities. Initiatives have been enacted to address these adverse health events and disparities through program implementation, evaluation and quality improvement of services, and engagement and collaboration with various stakeholders.

## ACTIVITIES AND RESULTS

In 2018, the State of Alabama Infant Mortality Reduction Plan (IMR-Plan) was adopted and launched in collaboration with multiple partner agencies. This seven-part initiative utilizes cutting edge strategies to reverse the current trend of infant deaths in Alabama over a course of five years in three pilot counties. One of the strategies within the initiative is focused on preconception and interconception health of women. Led by a multidisciplinary team of nurses and nurse practitioners, social workers, and peer supporters, women receive education on healthy lifestyles and optimal nutrition, as well as services for chronic disease management (e.g., hypertension). Other strategies for the IMR-Plan include: increasing the utilization of alpha hydroxyprogesterone caproate; increasing awareness, outreach, and education for best safe sleep and breastfeeding practices; ensuring women are delivering at a hospital that is most appropriate for the needed level of care; expansion of home visitations, using the Nurse-Family Partnership model; and increasing screenings for women who may suffer from substance abuse, depression, and domestic violence.

In addition, the IMR-Plan includes efforts beyond the pilot counties to reduce infant mortality. The Fetal and Infant Mortality Review program has been expanded to ensure that 100 percent of infant deaths are reviewed. In this way, multifactorial determinants of infant deaths, including social, economic, environmental, and health factors, can be determined and used to improve community resources and systems of care for maternal and infant health. To further support infant mortality reduction, long-acting reversible contraceptives (LARCs) are provided in birthing hospitals for immediate placement after delivery. The Health Services Initiative includes an ALL Babies program, which provides low-cost healthcare coverage for pregnant women who meet eligibility requirements. Benefits include a plethora of services – maternity, hospital, preventive, and emergency care; mental health and substance abuse services; care coordination; and pharmacy, dental, and vision services. Program enrollment strategies which alleviate the burden of traditional enrollment procedures allow more women to be reached (e.g., citizenship documentation is not required, no age limit, no premiums for coverage). The use and expansion of telemedicine allows women in rural areas access to appropriate clinical services, particularly for those in need of high-risk obstetrical care. Telehealth access is available in sixty-five of the sixty-six counties throughout the state and can readily support a range of services, including but not limited to maternal-fetal medicine, nephrology, neurology, cardiology, and behavioral health.

The work of various partner organizations compliments the bureau's efforts to address factors which impact birth outcomes. The Alabama Perinatal Quality Collaborative advances health quality and equality for mothers and babies. In 2019 and 2020, efforts were focused on work to improve/address birth certificate accuracy, neonatal opioid withdrawal syndrome, and maternal hypertension. Within Jefferson County, one of Alabama's largest metropolitan areas, the Birmingham Healthy Start Plus program focuses specifically on health outcomes for African American women before, during, and after pregnancy. Thus, the program aims to address and reduce disparities in perinatal health among a group most heavily affected.

The University of Alabama's University Medical Center's Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques (IMPLICIT) Program is a family medicine network that looks at modified risk and works to improve the health of pregnant women before pregnancy. The modified risks identified by

IMPLICIT are smoking, depression, family planning and multivitamin use. The program's goal is to talk to women of childbearing age at primary care physician visits. Mothers with children aged zero to twenty-four months are assessed and screened to identify any of the modifiable risks. Those who screen positive are linked to appropriate resources. Lastly, the bureau initiated the Alabama Maternal Mortality Review Program (MMRP) and committee (AL-MMRC) in 2018. The AL-MMRC convened to determine the scope of maternal mortality and key considerations, such as causes of deaths, contributing factors, and preventability. Through these comprehensive reviews, the committee will put forth actionable recommendations and preventative strategies to combat maternal mortality and morbidity. The combined work of both the bureau and partners is a hallmark of the goal we all strive for in positively impacting maternal and child health.

Through the aforementioned programs and many others, Alabama is well on its way to reverse the narrative of disparate maternal health and birth outcomes, which have far too long affected mothers and babies. In 2016, the infant mortality rate was 9.1 deaths per 1,000 live births. In 2018, the lowest rate in Alabama's history was recorded at 7.0 deaths per 1,000 live births. Though this decline may not be directly attributable to the programs described, it is the collective efforts geared towards this issue which have and will continue to improve maternal health and birth outcomes.