HEALTHY MOMS. STRONG BABIES.

MARCH OF DIMES

SPOTLIGHT

KENTUCKY

SUMMARY STATEMENT

In Kentucky, the preterm birth rate had its peak in 2007 at 15.2 percent. This has slowly decreased to 11.3 percent in 2018, but still higher than national average of 10.0 percent. A related measure is a slow decline is Kentucky's infant mortality rate, 6.7 per 1,000 live births in 2017, but nearing the U.S. rate of 5.8 per 1,000 live births in 2018. Complications of preterm birth comprise the number one cause of infant deaths in Kentucky, with sudden unexpected infant deaths (SUID) a close second. Of the SUID cases, in one of four cases, preterm birth was an associated risk factor. Because of disparities in preterm birth rates and infant mortality by race and geographic area in Kentucky, the Department for Public Health Maternal and Child Health Division (DPH-MCH) has focused on the Social Determinants of Health (SDoH) as a major driver for Kentucky's birth outcomes.

ACTIVITIES AND RESULTS

The programs of Kentucky DPH-MCH are carried out in partnership with other Departments and Offices within the Cabinet for Health and Families Services (Medicaid Services, Community-Based Services, Behavioral Health, Office of Health Equity, Office of Children with Special Health Care Needs), as well as organizations (March of Dimes, Kentucky Perinatal Association, Kentucky Hospital Association, Birthing hospitals, Universities) and other partners and stakeholders. The DPH-MCH programs use community based and multidisciplinary approach and strongly consider the SDoH such as poverty, nutrition, safe housing, access to care, in addressing health and the preventable and modifiable risk factors. The Kentucky DPH-MCH guides the Local Health Departments (LDHs) with evidence-informed strategies for providers in reaching out to their communities. Statewide programs such as Health Access Nurturing Development Services (HANDS) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) are accessed through the LDHs. The MCH Division also participated in the Association of Maternal and Child Health Programs (AMCHP) Collaborative Improvement and Innovation Network (CoIIN) to reduce infant mortality by addressing SDoH. The Kentucky DPH-MCH together with the Office of Health Equity, the Louisville Metro Healthy Start Program, and the March of Dimes represented the state's effort in the CoIIN. Major efforts were directed to effect systems change through regulations and by increasing awareness of providers of the importance of addressing SDoH in improving maternal and child health outcomes. As a result, a statement was added to the clinical service guidelines and administrative references used by all LDHs about health equity. Additionally, LHDs in receipt of MCH Title V Grant funds for targeted public health initiatives, were required to complete the MCH-sponsored web-based implicit bias course. The number reached over two years in four statewide and eight regional MCH conferences totaled 1,552 participants. These conferences would not have been successful without the partnerships with March of Dimes and the Kentucky Perinatal Association. Topics included at these meetings were preterm birth, infant mortality, neonatal abstinence syndrome, sudden unexpected infant death, plan of safe care, and discharge planning and follow-up of preterm and high-risk infants. Other topics and data presented were related to equity, racial and geographic disparities and bias.

Because of the association of preterm birth with infant mortality and the high rate of SUID, Kentucky embarked on a media campaign to reach urban and rural areas through TV, radio, Facebook, and print (posters, brochures, booklets, and etc.). During the conferences, providers were apprised of the safe sleep campaign and encouraged to promote the ABCD of safe sleep (A - Alone, B - Placed to sleep on infant's back, C- Crib, D - Danger of Distraction or when the caregiver is impaired). The number of SUID cases in Kentucky was 71 in 2012 with a steady rise to 103 in 2016. On the following year, the statewide Safe Sleep Campaign was heavily promoted with engagement at all levels of providers and since then, the rate has decreased to 62 in 2018. Please see CDC website link and Kentucky Safe Sleep .

COVID RELATED WORK

DPH-MCH continued its surveillance and statewide service delivery programs during the COVID-19 pandemic. Activities have shifted to telehealth and teleintervention, especially with the clinics for children with special health care needs, the early intervention services and home visiting program. Since USDA provided a waiver on the requirement of in-person enrollment for WIC benefits, the number of mothers and infants receiving benefits increased. In person conferences and meetings are held virtually.