

SUMMARY STATEMENT

Since 2000, the infant mortality rate in Maryland has decreased by 20% from 7.4 infant births per 1,000 live births to 6.1 in 2018. Through collaborations and partnerships, the Maryland Department of Health has been working to improve birth outcomes in the state.

ACTIVITIES AND RESULTS

BABIES BORN HEALTHY

The Babies Born Healthy (BBH) program is a care coordination program that reduces stressors that can lead to infant mortality. BBH addresses prenatal mothers' immediate needs, including social needs, health education, and access to healthcare including behavioral health. BBH administers programming to seven of Maryland's 24 jurisdictions with the highest numbers and highest rates of infant deaths. These seven jurisdictions accounted for 78% of all infant deaths in Maryland from 2012 through 2016. The Maryland Department of Health dedicates a total of \$2.1 million dollars to these efforts. In the State Fiscal Year 2020, 483 participants were enrolled. BBH programs also provided 1,734 intimate-partner violence, 1,710 smoking cessation, and 1,825 depression assessments.

PILOTING A SEVERE MATERNAL MORBIDITY REVIEW PROCESS

In July 2020, the Maryland Maternal Health Innovation (MHIP) Program launched a pilot program in six birthing hospitals to begin a severe maternal morbidity (SMM) review process. This pilot is the first phase of a larger initiative to establish a statewide SMM review program in Maryland. MHIP is a collaboration between the Maryland Department of Health, Johns Hopkins University, Maryland Patient Safety Center, and the University of Maryland, Baltimore County. Currently, there are six birthing hospitals who are piloting the SMM review process.

PERINATAL STANDARDS OF CARE TO IMPROVE VLBW AND LBWS

In April 2019, Maryland Department of Health and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) updated the Maryland Perinatal Standards to reflect the latest standards of perinatal and neonatal care by the American Academy of Pediatrics and the American College of Obstetrics and Gynecology.

Standards of care are maintained through a review process with MIEMSS and MDH for Level III and Level IV perinatal centers. MDH and the Maryland Morbidity Mortality and Quality Review Committee follow the very low birth weight (VLBW) who are born at the Level I and Level II hospitals. The Level I and Level II hospitals are also asked to complete a self-assessment form to review their compliance with the Perinatal Standards, and site visits to those hospitals are completed. The percentage of low birth weights (< 2,500 grams) has remained stable at 8.9% in 2017 and 2018. The percentage of very low birth weights has slightly decreased from 1.8% in 2017 to 1.7% in 2018.

MARYLAND FAMILY PLANNING

The Maryland Family Planning Program (MFPP) provides high-quality, culturally-sensitive family planning, preconception health, and teen pregnancy prevention services. Typically the program serves approximately 64,000 women and men each year in over 62 sites statewide. MFPP provides awards to local health departments, federally-qualified health centers, and private non-profit providers such as Planned Parenthood for clinical and other preventive healthcare services for low-income, under-insured and uninsured individuals.

Women who practice family planning can avoid high-risk births and reduce their chances of having a baby who will die in infancy. There is a strong negative correlation between levels of contraceptive use and levels of infant mortality. Family planning firstly, allows very young women, whose infants are prone to higher mortality, to delay childbearing until a later age; secondly, allows older and higher parity women, whose infants are at a higher risk of dying, to stop having babies; thirdly contributes to longer intervals between births and fourth, reduces maternal mortality.

BREASTFEEDING IN MARYLAND

The Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutrition education, breastfeeding promotion and support, selected supplemental foods and health referrals for over 120,000 Maryland women, infants, and children a year. The State WIC Office works together with 86 local clinics across the state. The Maryland Hospital Breastfeeding Policy Committee works with birthing hospitals in the state to either become Baby Friendly™ or to commit to the Maryland Hospital Breastfeeding Policy Guidelines. There are currently 11 hospitals designated as Baby-Friendly™, which means the hospitals support breastfeeding through standards implemented by United Nations Children's Fund (UNICEF) and World Health Organization (WHO). In 2017, 89% of mothers in Maryland initiated breastfeeding, an increase of 10% since 2010.

IMPROVING SURVEILLANCE AND QUALITY INITIATIVES TO IMPROVE INFANT HEALTH

In an effort to reduce infant and child mortality, the Maryland Department of Health provides \$1.3 million dollars in funding to local health departments to address drivers of maternal and infant deaths in Maryland. In 2018, the leading causes of infant death included prematurity, low birth weight, congenital abnormalities, Sudden Unexpected Infant Death (SUID), maternal complications of pregnancy, and cardiovascular disorders. Local jurisdictions develop, implement and align local recommendations and implement activities aimed at improving rates of infant and child fatalities. Several jurisdictions are developing programs aimed at increasing social support for women during the perinatal and postpartum periods. To guide implementation of these support groups, select health departments have selected the March of Dimes Becoming A Mom curriculum to provide prenatal education to women and families in their jurisdictions.

HIGHLIGHTING COLLECTIVE IMPACT IN BALTIMORE CITY WITH B'MORE FOR HEALTHY BABIES

In 2009, B'more for Healthy Babies (BHB) was launched to address the high infant mortality rates in the city. Using the social-ecological framework, BHB works to strengthen policy, systems, healthcare services, and community support for women and families throughout the life course and address the social, economic, and racial inequities that affect health.

By 2018, BHB had made significant progress on other key indicators: 1) decrease in infant mortality by 35%, 2) decrease in infant mortality Black-White disparity by 64%, 3) decrease teen births by 49%, 4) decrease in teen birth black-white disparity by 75%, and 5) decrease in sleep-related infant deaths.

HIGHLIGHTING COLLECTIVE IMPACT IN FREDERICK, MARYLAND

The Frederick County Maternal Child Health Collaborative led by the Frederick County Health Department, is conducting a community engaged needs assessment to identify the factors contributing to health disparities in maternal and infant health outcomes. This project, aimed at Black women in two neighborhoods in Frederick, will identify possible community-based solutions and determine how best to implement with community input and support from the Maternal Child Health (MCH) Collaborative. This project hopes to promote best practices for the delivery of essential health services for women and their infants.

COVID RELATED WORK

COVID-19 SURVEILLANCE AND PREGNANCY

In August, Maryland began participating in the Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET) program in collaboration with the Centers for Disease Control (CDC). MDH is expanding current activities to conduct surveillance of COVID-19 in pregnancy and monitor pregnancy and infant outcomes. This project aims to 1) Support surveillance systems developed to address emerging threats for COVID-19 to mothers and babies, to identify and monitor adverse outcomes of infections on pregnant women and their infants, 2) Work collaboratively with state, local, and territorial health departments to implement longitudinal follow up of pregnant women with evidence of infections to detect adverse pregnancy and fetal/infant outcomes; 3) Work with clinical experts and clinical professional organizations to develop recommendations for enhanced follow up and targeted screening and evaluation of infants; and 4) Develop and disseminate clinical guidance and health communications materials and tools for mothers and babies and their providers when new evidence emerges.

WIC WAIVERS

The Supplemental Nutrition Program for Women, Infants and Children (WIC) received waiver approval from the United States Department of Agriculture Food and Nutrition Service (USDA-FNS) to waive certain program requirements defined in federal regulations. These waivers allowed approximately 60,000 moms and babies to receive services from the program safely and obtain some supplemental foods not routinely authorized by the program. Waivers received related to providing direct services included:

Physical Presence: waived the requirement that all individuals seeking to enroll or re-enroll in WIC do so in person (i.e., physical presence).

Remote Benefit Issuance: removed the barrier for remote issuance of WIC benefits, such that participants do not have to come into the clinic to pick up WIC EBT cards.

Food Package Substitution: permitted appropriate substitutions for types and amounts of certain WIC-prescribed foods if their availability was limited.

Food Package Medical Documentation: allowed for the extension of existing prescriptions, for up to two months, for participants that were unable to contact their health care provider.

Separation of Duties: allowed single employees to determine eligibility for all certification criteria and issue food instruments and supplemental foods for the same participant to promote social distancing at time of certification.

HOME VISITING

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) program funds 14 sites in 10 jurisdictions with families most at-risk for poor outcomes. To support Maryland home visitors doing front line work, MDH began a COVID-19 Resource List that can be found [here](#). This list includes resources and virtual supports for the home visiting workforce.

The MDH home visiting training center asked the home visiting workforce what they could do to best support home visitors and supervisors — and received a resoundingly strong response to a topic on caring for themselves during these stressful times. A Self Care and Stress Management webinar was conducted in August 2020. The webinar recording is available [here](#).