

Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities

Recommendations to the Legislative Council

Special Committee on Infant Mortality

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Take successful programs to scale:

1. Continue programs that provide **data** to monitor progress. These data sources include Pregnancy Risk Assessment and Monitoring Systems (**PRAMS**), Fetal and Infant Mortality Review (**FIMR**), vital statistics, and Medicaid data and chart reviews.
2. Sustain and expand **social marketing** and **social-support** programs, including **fatherhood** initiatives.
3. **Home visiting** – maximize use of health reform and other federal funds to target additional high risk areas; include birth outcomes and early childhood development in all home visiting projects, including Family Foundations, Empowering Families of Milwaukee, and Racine Healthy Births Healthy Families.
4. Continue to support the **Medicaid Program efforts to improve the quality** of health care for women at all stages of life (e.g., use of medical management guidelines, pay for performance, Centering Pregnancy[®], etc.).
5. Extend Medicaid Prenatal Care Coordination (**PNCC**) benefit beyond 2 months post-partum, and expand Child Care Coordination (**CCC**) to Kenosha and Beloit.
6. **Integrate health care delivery systems and providers into community coalitions** at the local level. Consider policy changes that would strengthen the perinatal regionalization system.
7. **Breastfeeding** - policies that promote and support it (e.g., workplace, childcare, Baby-Friendly hospitals, childbirth classes, peer-support programs).
8. **Improve hospital care** at the time of delivery by requiring modeling and education of safe sleep, breastfeeding, car seat safety, as well as a mandatory scheduling of the maternal post-partum visit.
9. **Medicaid Medical Home Pilot** - evaluate and continue expansion if indicated.