Healthy People 2020: Who’s Leading the Leading Health Indicators?
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Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
• **Leading Health Indicators are:**
  o Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
  o Linked to specific Healthy People objectives
  o Intended to motivate action to improve the health of the entire population

1200 Healthy People objectives

LHIs are a subset of Healthy People objectives
Who’s Leading the Leading Health Indicators?

Featured Speakers:

• **Emmeline Ochiai, JD** – Senior Advisor, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services

• **Wanda D. Barfield, MD, MPH** – Rear Admiral, Commissioned Corps of the U.S. Public Health Service; Director, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

• **Mica Whitfield, LMSW** – Director of Programs, Healthy Mothers, Healthy Babies Coalition of Georgia
Emmeline Ochiai, JD
Senior Advisor
Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
• Public health impact on U.S. population
  • Over 3.8 million live births in 2017
  • Among the 3.8 million live births, 9.9% were delivered preterm
    • Preterm births: infants delivered at less than 37 completed weeks of gestation
    • Racial and ethnic disparities persist
      • Non-Hispanic Blacks (highest): 13.8%
      • Asian or Pacific Islanders (lowest): 8.8%

• Infant mortality in 2017
  • More than 22,000 deaths occurred in children less than (or under) 1 year of age
Maternal, Infant, and Child Health Risk Factors

• Many factors can affect maternal, infant, and child health outcomes

• Maternal risk factors can also lead to complications for both mother and infant during pregnancy:
  • Smoking
  • Alcohol or drug use
  • Obesity
  • Insufficient folic acid intake
  • Depression
• Access to reproductive health care for pregnant women can help protect the health of both the mother and the child. This includes access to preconception, prenatal, and interconception care.

• Environmental factors may be linked to increased rates of maternal mortality:
  • Violence
  • Social support or isolation
  • Access to stable housing
Maternal, Infant and Child Health
Leading Health Indicators

• Reduce the rate of all infant deaths (within 1 year) (MICH-1.3)

• Reduce total preterm births (MICH-9.1)
Infant Deaths, 2006–2017

NOTE: Includes all deaths which occurred within the first year of life.
SOURCE: Linked Birth/Infant Death Data Set, CDC/NCHS.
Preterm Births, 2007–2017

NOTE: Preterm births are infants born before 37 completed weeks of gestation.
SOURCE: National Vital Statistics System-Natality (NVSS-N), CDC/NCHS.

Obj. MICH-9.1
Decrease desired
Preterm Births, 2007–2017

Percent


16 14 12 10 8 6 4 2 0

Black
American Indian
Total
White
Asian
Hispanic

HP2020 Target: 9.4

NOTE: Preterm births are infants born before 37 completed weeks of gestation. Race/ethnicity is that of mother. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. SOURCE: National Vital Statistics System-Natality (NVSS-N), CDC/NCHS.
NOTE: I = 95% confidence interval. Preterm births are infants born before 37 completed weeks of gestation. Infant mortality includes all deaths which occurred within the first year of life. Race/ethnicity is that of mother. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.

SOURCE (Preterm Births): National Vital Statistics System-Natality (NVSS-N), CDC/NCHS.

SOURCE (Infant Deaths): Linked Birth/Infant Death Data Set, CDC/NCHS.
Healthy People 2020: Infant Mortality & Preterm Birth Prevention Efforts from the CDC

RADM Wanda D. Barfield, MD, MPH, FAAP
Director, CDC Division of Reproductive Health
May 23, 2019
INFANT MORTALITY RATES FOR THE 10 LEADING CAUSES OF DEATH IN 2017

- Sudden infant death syndrome: 35.4 (2016), 38.0 (2017)
- Unintentional injuries: 34.2 (2016), 30.9 (2017)
- Bacterial sepsis of newborn: 15.4 (2017), 14.8 (2016)
- Diseases of the circulatory system: 11.6 (2016), 11.7 (2017)
CONGENITAL MALFORMATIONS: LEADING CAUSE OF INFANT DEATH

- A leading cause of infant deaths, accounting for 20% of all infant deaths.
- Survival of babies and children with birth defects can vary by racial or ethnic group.
- Universal newborn screening may be a strategy to decrease health disparities.

Source: National Center on Birth Defects and Developmental Disabilities
CDC PREVENTION EFFORTS: CRITICAL CONGENITAL HEART DISEASE SURVEILLANCE

• CDC funds surveillance programs to track critical congenital heart disease (CCHD)
  • Represents about 25% of all congenital heart disease
  • Poses a risk for serious complications, including death, shortly after birth
  • Pulse oximetry was added to the Recommended Uniform Screening Panel for newborns in 2011
    • CCHD screening nationwide, a secondary prevention tactic, could save an estimated 120 babies each year

LOW BIRTH WEIGHT: 2ND LEADING CAUSE OF INFANT DEATH

• Low birth weight accounted for about 17% of infant deaths in 2016
  • Strongly linked to preterm birth
• Preterm births rose for the third straight year in 2017.
• Factors associated with preterm birth include age, race, maternal conditions, socioeconomic status and maternal behaviors (e.g. smoking).
• Racial and ethnic differences in preterm births remain.

KEY STRATEGIES TO PREVENT PRETERM BIRTH

1. Prevent unintended pregnancies & improve birth spacing
2. Provide access to health care before & between pregnancies to help manage chronic conditions & modify behavioral risk factors, such as smoking
3. Identify women at risk for preterm delivery & offer effective treatment
4. Discourage deliveries before 39 weeks without medical need
5. During in vitro fertilization (IVF) treatment, when appropriate, transfer a single embryo to reduce multiple births
WHAT IS CDC DOING TO PREVENT PRETERM BIRTHS?

CDC’s Division of Reproductive Health is engaged in a variety of partnerships to reduce preterm birth and complications, including:

- Providing support for Perinatal Quality Collaboratives (PQCs) and the National Network of Perinatal Quality Collaboratives (NNPQCs)
- Ongoing collaborations with ACOG, AAP, ASTHO, COIIN, March of Dimes and NICHQ
- In collaboration with HRSA/MCHB, the Maternal and Child Health Epidemiology Program (MCHEP) supports state, local, & tribal agencies
MATERNAL COMPLICATIONS: 3RD LEADING CAUSE OF INFANT DEATH

Maternal conditions, behaviors and environments contribute to infant health, including preterm births and mortality.

- Hypertensive disorder / cardiovascular disease
- Obesity
- Diabetes during pregnancy
- Infections
- Tobacco
- Substance Use
- Poor Nutrition
- Environment/Social Determinants of Health

WHAT IS CDC DOING TO REDUCE MATERNAL COMPLICATIONS?

CDC’s Division of Reproductive Health is engaged in a variety of activities to ensure the best outcome for moms, including:

1. Conducting national, pregnancy-related mortality surveillance through state Maternal Mortality Review Committees (MMRCs) and CDC’s Pregnancy Mortality Surveillance System (PMSS)

2. Disseminating important findings from MMRCs and PMSS through publications

3. Providing MMRCs with technical assistance, guidance, and learnings from the first nine-state partnership, funded in partnership with Merck for Mothers and CDC Foundation
SIDS/SUID: 4th LEADING CAUSE OF INFANT DEATH

Source: CDC/NCHS, National Vital Statistics System, Compressed Mortality File
RACIAL AND ETHNIC DISPARITIES IN SIDS/SUID

SOURCE: CDC/NCHS, National Vital Statistics System, Period Linked Birth/Infant Death Data
WHAT IS CDC DOING TO PREVENT SIDS/SUID?

CDC supports SUID monitoring programs in 22 states and jurisdictions, covering about 1 in 3 SUID cases in the U.S. through the SUID Case Registry.

**Pregnancy Risk Assessment Monitoring System (PRAMS)** collects state-specific, population-based maternal and infant health data, including infant sleep practices:

- Sleep position
- Surface sharing
- Room sharing, but not bed sharing
- Surface type (crib, bassinet, adult bed, etc.), use of soft bedding
- Health care provider advice
UNINTENTIONAL INJURIES: 5TH LEADING CAUSE OF INFANT DEATH

- Unintentional injuries are the fifth leading cause of infant death and account for about 4% of all infant deaths.

- Among these unintentional injury infant deaths:
  - Suffocation: 77%
  - Motor Vehicle Accidents: 8%
  - Drowning: 4%
  - Fire Burns: 2%
  - Poisoning: 2%

Source: CDC Childhood Injury Report: Patterns of Unintentional Injuries Among 0-19 Year Olds in the United States, 2000-2006, Figure 13: Injury Deaths Among Children Less Than 1 Year; National Center for Injury Prevention and Control
WHAT IS CDC DOING TO PREVENT UNINTENTIONAL INJURIES?

• CDC’s National Center for Injury Prevention and Control tracks data trends and conducts research on unintentional childhood injuries (0-19 yrs.)

• CDC created resources for parents and public health professionals to help prevent child injury and fatalities, including:
  • Child Passenger Restraint Guidelines
  • The National Action Plan (NAP) on Child Injury Prevention

• **CDC’s Sudden Death in the Young (SDY)** Case Registry tracks deaths among infants who die suddenly and unexpectedly to help inform prevention efforts.
  • 12% of SDY infant deaths are not from SIDS/SUID

Source: CDC Childhood Injury Report: Patterns of Unintentional Injuries Among 0-19 Year Olds in the United States, 2000-2006, Figure 13: Injury Deaths Among Children Less Than 1 Year; Sudden Death in the Young Case Registry data
CDC DIVISION OF REPRODUCTIVE HEALTH

Vision

Optimal reproductive health for a healthy future.

Mission

To promote optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership to move science to practice.
THANK YOU
Improving maternal and infant health in Georgia since 1974

RESOURCE ACCESS
HMHB operates the Maternal and Child Health Referral Line for the Department of Public Health, and the Prevent Child Abuse Georgia Helpline, to provide callers with appropriate referrals and resources across the State.

ADVOCACY
HMHB engages with legislators as well as medical, business and community partners to encourage sound policies that promote access to healthcare for women and children in Georgia.

EDUCATION
HMHB provides prenatal education across the State by collaborating with community-based partners and providers.
Georgia’s rate for premature births, low birthweight babies, and maternal & infant mortality are all above the national average.

Only 47.6% of women in Georgia have had all of their expected prenatal visits delivering a live birth (compared to national average 61.5%) (CMS 2018).

According to PRAMS data, between 2012-2015, only 8% of women in Georgia attended a class to prepare for childbirth.

Prenatal Education is an opportunity to improve maternal and infant health outcomes.
Prenatal Education

- HMHB has spent the last three years updating Prenatal Ed curriculum, evidence-informed
- Judgement-free zone
- Brief intervention format (2 hours)
- Allows participants to ask questions.
- Increases knowledge on critical issues
- Geared towards women utilizing Medicaid or those who are uninsured
Maternal & Infant Health in Georgia
HMHB Conducted 33 prenatal education workshops w/ a total of 156 women participating from March 2017-June 2018 through funding provided by HGF & Anthem

- 23 in various locations in the Augusta Perinatal Region
- 13 various locations in the Atlanta Perinatal Region
- Participants were recruited from Public Health Departments, Community-Based Organizations, & Hospitals
- Most participants spoke English as primary language.
  - Bilingual educators were contracted for Hispanic participants
- All participants were female. Most were pregnant or postpartum
- 117 African American/Black, 32 Hispanic, 5 White, 2 unknown
- After completion of the workshop attendees give consent for follow-up surveys
- Conduct Initial, 3 month and 6 month follow-up phone calls
ALL PARTICIPANTS (N=156)

Racial Demographics
- 32 (21%)
- 117 (75%)
- 5 (3%)
- 2 (1%)

Pregnancy Status
- 130 (84%)
- 14 (9%)
- 10 (7%)
ALL PARTICIPANTS (N=156)

Insurance Status
- Medicaid: 34, 22%
- Private: 13, 9%
- Uninsured: 9, 6%
- Unknown: 96, 63%

Previous Pregnancies
- Yes: 47, 37%
- No: 80, 63%
<table>
<thead>
<tr>
<th>Questions; All Participants (n=156)</th>
<th>Pre (%)</th>
<th>Post (%)</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A mother can pass HIV to her baby during (Multiple Choice)</td>
<td>67.8</td>
<td>82.8</td>
<td>+15.0</td>
</tr>
<tr>
<td>You should see a dentist and get your teeth cleaned during pregnancy (T/F)</td>
<td>87.7</td>
<td>99.3</td>
<td>+11.6</td>
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<tr>
<td>When should you start thinking about birth control and family planning? (Multiple Choice)</td>
<td>80.0</td>
<td>86.6</td>
<td>+6.6</td>
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<tr>
<td>How long should you wait after you have your baby to get pregnant again? (Multiple Choice)</td>
<td>61.2</td>
<td>96.7</td>
<td>+35.5</td>
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<tr>
<td>Safe According to doctors, it is best to breastfeed your baby for at least 6 months (T/F)</td>
<td>93.5</td>
<td>96.7</td>
<td>+3.2</td>
</tr>
<tr>
<td>Postpartum depression typically only happens to women who already had depression before becoming pregnant (T/F)</td>
<td>89.4</td>
<td>89.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>What are the three things to remember about safe sleep for your baby? (Check Three)</td>
<td>61.1</td>
<td>83.3</td>
<td>+22.2</td>
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<tr>
<td>The benefits of breastfeeding include which of the following? (Multiple Choice)*</td>
<td>75.2</td>
<td>88.6</td>
<td>+13.4</td>
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<tr>
<td>When should a new mother go for her postpartum check-up? (Multiple Choice)</td>
<td>85.5</td>
<td>92.6</td>
<td>+6.8</td>
</tr>
</tbody>
</table>
Themes: Pre & Post Test
Knowledge Scores

**Biggest Gains**
- Length between Pregnancies (All participants)
- HIV Transmission (All participants)
- Safe Sleep (All participants)
- Benefits of Breastfeeding

**Fewest Gains**
- Postpartum Depression Postpartum Check-Up (All participants)
- Breastfeeding for at least 6 months (All participants)
## Follow-Up Calls

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<th>Item</th>
<th>Overall</th>
<th>Augusta</th>
<th>Non-Augusta</th>
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<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
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<tr>
<td><strong>Follow-up Call Status</strong></td>
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<tr>
<td>Completed</td>
<td>97</td>
<td>66.9</td>
<td>53</td>
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<tr>
<td>Unable to Complete</td>
<td>48</td>
<td>33.1</td>
<td>29</td>
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<tr>
<td>Total calls attempted</td>
<td>145</td>
<td>100</td>
<td>82</td>
</tr>
<tr>
<td><strong>I learned something new</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>83</td>
<td>85.6</td>
<td>44</td>
</tr>
<tr>
<td>Agree</td>
<td>12</td>
<td>12.4</td>
<td>7</td>
</tr>
<tr>
<td>Undecided/Disagree/Strongly D</td>
<td>2</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Information I learned was useful</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>81</td>
<td>83.5</td>
<td>45</td>
</tr>
<tr>
<td>Agree</td>
<td>13</td>
<td>13.4</td>
<td>6</td>
</tr>
<tr>
<td>Undecided/Disagree/Strongly D</td>
<td>3</td>
<td>3.0</td>
<td>2</td>
</tr>
<tr>
<td><strong>I shared information with someone else</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>82</td>
<td>84.5</td>
<td>49</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>15.5</td>
<td>4</td>
</tr>
</tbody>
</table>
Initial Survey Calls

• “It was very beneficial. Educational. I really enjoyed the class.”

• “I enjoyed it. It actually made stuff more clear. It's like, I knew most of the stuff but they made it make sense.”

• “It was a lot of great information. I am a new mother and have learned a lot of new information. Asked if there are more classes to continue to learn and be around expecting mothers to ask questions.”

• “Definitely shared the information with cousins and brother's girlfriend - especially about Medicaid what you can get.”
“I think you should continue doing the classes. It helped me a lot. I got to meet more moms and ask a lot of questions. I felt very supported. I learned about baby blues and I learned that it wasn't just me feeling this way. I told my doctor about it.”
## 3 Month Follow-Up Survey Results (n=54)

<table>
<thead>
<tr>
<th>Item</th>
<th>Overall #</th>
<th>Overall %</th>
<th>Augusta #</th>
<th>Augusta %</th>
<th>Non-Augusta #</th>
<th>Non-Augusta %</th>
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</thead>
<tbody>
<tr>
<td>Does your baby have their own crib?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>28</td>
<td>90.3</td>
<td>11</td>
<td>91.7</td>
<td>17</td>
<td>89.5</td>
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<tr>
<td>No</td>
<td>3</td>
<td>3.2</td>
<td>1</td>
<td>8.3</td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td>Did you talk to your doctor about postpartum depression?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>91.3</td>
<td>8</td>
<td>100</td>
<td>13</td>
<td>86.7</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>8.7</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>13.3</td>
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<tr>
<td>Have you talked to a healthcare provider about your birth control options?</td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>26</td>
<td>83.9</td>
<td>12</td>
<td>100</td>
<td>14</td>
<td>73.7</td>
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<td>No</td>
<td>5</td>
<td>16.1</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>26.3</td>
</tr>
<tr>
<td>Are you currently using birth control</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>Yes</td>
<td>15</td>
<td>50.0</td>
<td>7</td>
<td>58.3</td>
<td>8</td>
<td>44.4</td>
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<td>No</td>
<td>15</td>
<td>50.0</td>
<td>5</td>
<td>41.7</td>
<td>10</td>
<td>55.6</td>
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<td>Did you receive a flu shot during your pregnancy?</td>
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<td>Yes</td>
<td>9</td>
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<td>69.0</td>
<td>10</td>
<td>90.9</td>
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<td>55.6</td>
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<tr>
<td>Did you go to the dentist and get a dental cleaning during your pregnancy?</td>
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<tr>
<td>Yes</td>
<td>11</td>
<td>37.9</td>
<td>6</td>
<td>54.5</td>
<td>5</td>
<td>27.8</td>
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<tr>
<td>No</td>
<td>18</td>
<td>62.1</td>
<td>5</td>
<td>45.5</td>
<td>13</td>
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### 3 Month Follow-Up Survey Results (n=54)

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<th>Item</th>
<th>Overall</th>
<th>Augusta</th>
<th>Non-Augusta</th>
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</thead>
<tbody>
<tr>
<td>Did you start breastfeeding after your baby was born?</td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>67.7</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>32.3</td>
<td>6</td>
</tr>
<tr>
<td>Do you currently offer your baby any breast milk?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>80.0</td>
<td>1</td>
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<tr>
<td>No</td>
<td>1</td>
<td>20.0</td>
<td>1</td>
</tr>
<tr>
<td>If you started breastfeeding, did you breastfeed....?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusively</td>
<td>7</td>
<td>35.0</td>
<td>2</td>
</tr>
<tr>
<td>Partially (missed w/formula)</td>
<td>13</td>
<td>65.0</td>
<td>4</td>
</tr>
<tr>
<td>If you breastfed exclusively, how long did you BF?</td>
<td></td>
<td></td>
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<tr>
<td>1 month</td>
<td>1</td>
<td>11.1</td>
<td>1</td>
</tr>
<tr>
<td>2 months</td>
<td>1</td>
<td>11.1</td>
<td>1</td>
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<tr>
<td>Currently</td>
<td>3</td>
<td>33.3</td>
<td>0</td>
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<tr>
<td>If you partially breastfed your baby, how long did you partially BF?</td>
<td></td>
<td></td>
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<tr>
<td>3 days</td>
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<tr>
<td>Currently</td>
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<td>50.1</td>
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# 6 Month Follow-Up Survey Results (n=33)

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<tr>
<td>Does your baby have their own crib?</td>
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<td>14.3</td>
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<tr>
<td>Did you talk to your doctor about postpartum depression?</td>
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<td>Did you start breastfeeding after your baby was born?</td>
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<td>Do you currently offer your baby any breast milk?</td>
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<td>If you started breastfeeding, did you breastfeed ....?</td>
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<td>If you breastfed exclusively, how long did you BF?</td>
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<td>If you partially breastfed your baby, how long did you partially BF?</td>
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Highlights from 3 and 6 Month Survey Results

- Over 90% of infants have their own sleeping space (crib)

- About 90% of participants talked to a doctor about postpartum depression at 3 months.

- Over 3/4ths of participants have talked to a healthcare provider about birth control.

- 50% of the participants reported using birth control at 3 months postpartum, while 66% reporting using birth control at 6 months.

- About one-third of participants received a **flu shot and dental cleaning** during pregnancy.
Highlights from 3 and 6 Month Survey
Breastfeeding Results

• Two-third of participants started breastfeeding after their baby was born.

• Over three-fourth of participants currently offer their baby some breast milk.

• Most women (65%) partially breastfed their infants at 3 months, and many (44.4%) were still partially breastfeeding their infants at 6 months.

• Over one-third of participants started breastfeeding exclusively.

• Of those who breastfed exclusively, a majority (60%) breastfed for 6 months.
Key Takeaways

• Additional opportunities needed to address transportation for participants to workshops and appointments

• Small classes created one-on-one clients were craving

• Provider engagement is key

• Recruitment depends on commitment of partner in that community
Next Steps

An Evaluation of Current Prenatal Education Availability and Receptivity to Online Education in the State of Georgia
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@HMHBgeorgia
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