

Healthy People 2020: Who's Leading the Leading Health Indicators?



Khristen Flennoy, MPH, MA

Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services



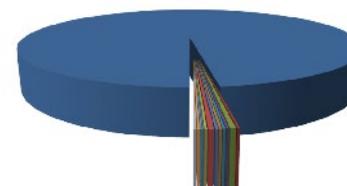
Who's Leading the Leading Health Indicators?



- **Leading Health Indicators are:**

- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
- Linked to specific Healthy People objectives
- Intended to motivate action to improve the health of the entire population

1200 Healthy People objectives



LHIs are a subset of Healthy People objectives



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



- 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

Maternal Infant and Child Health Risk Factors

- 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

Healthy People
2020

- Reduce the rate of all infant deaths (within 1 year) (MICH-1.3)
- Reduce total preterm births (MICH-9.1)

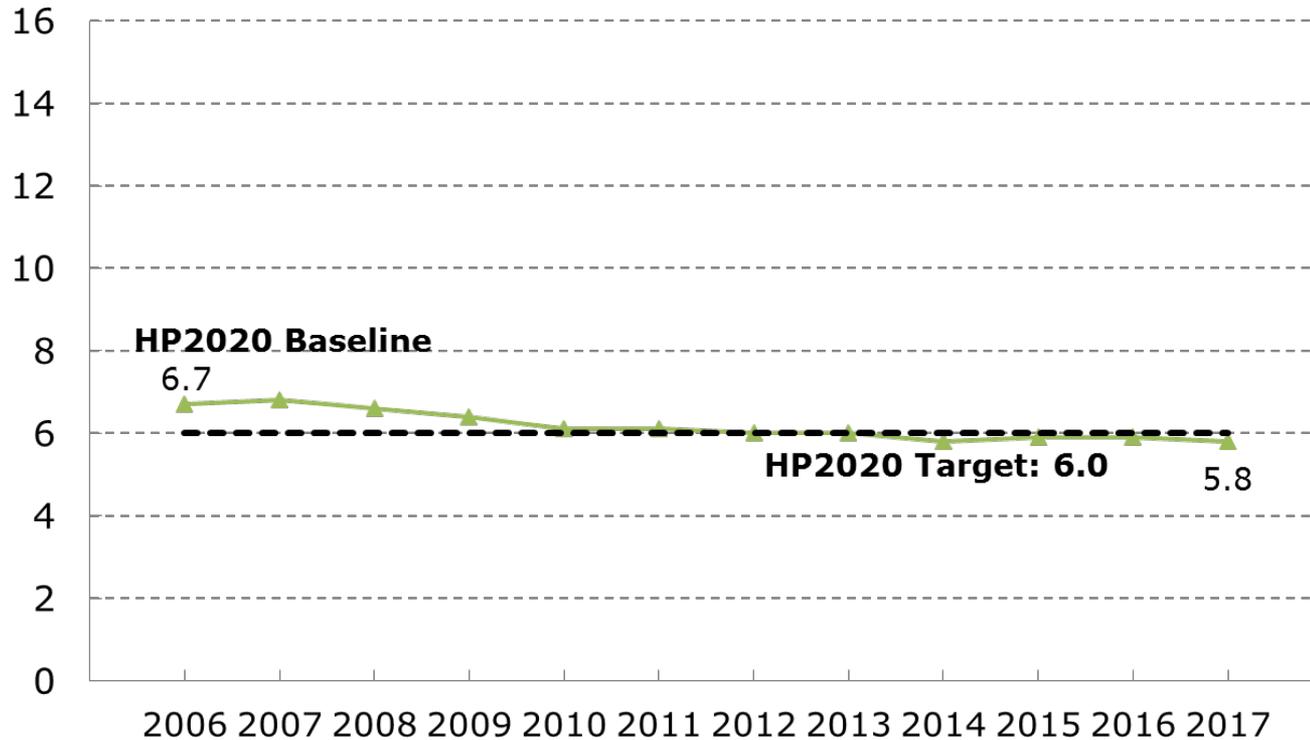


ODPHP

Office of Disease Prevention
and Health Promotion

Infant Deaths, 2006–2017

Rate per 1,000
live births



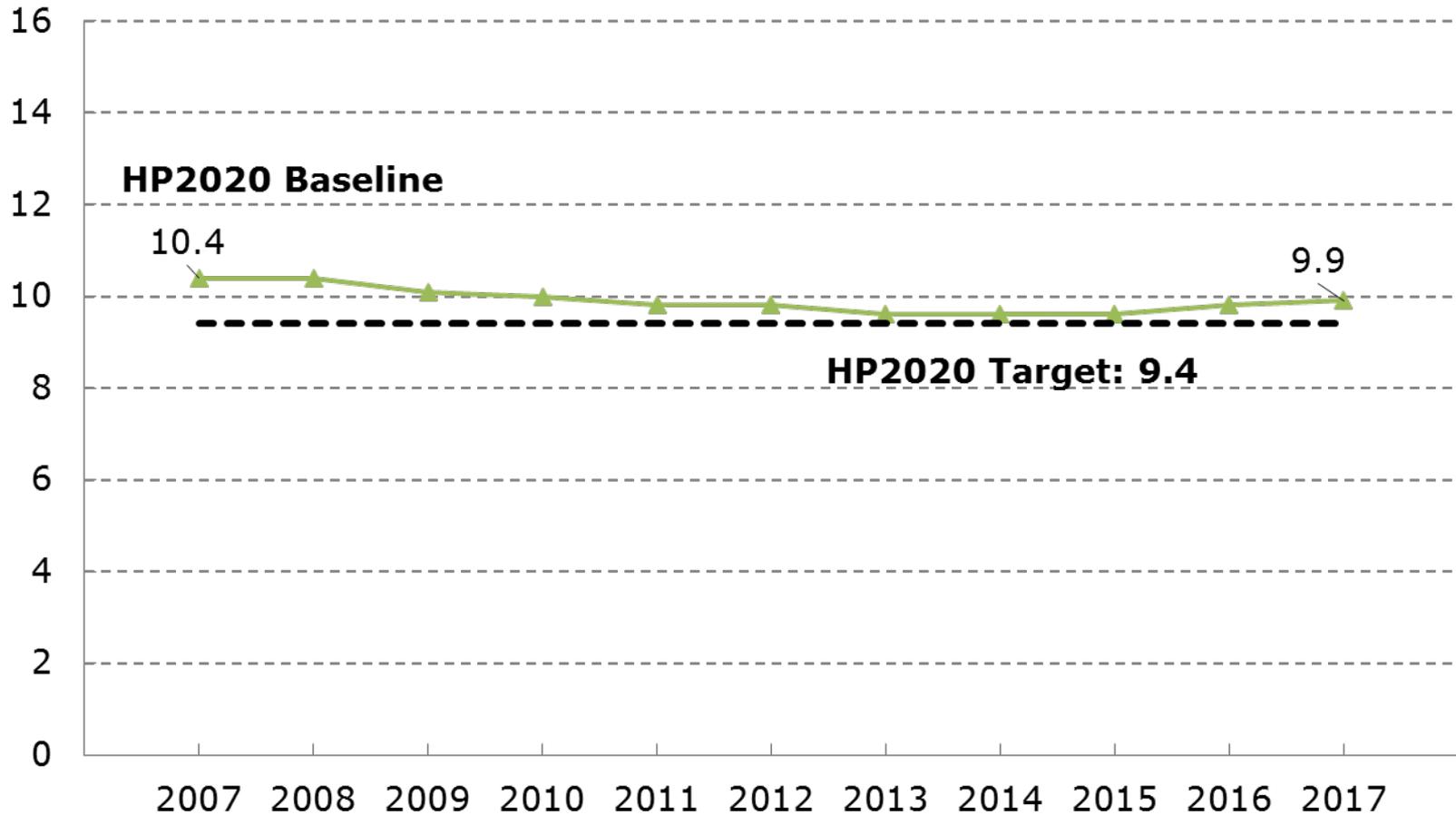
Obj. MICH-1.3
Decrease desired

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

Percent

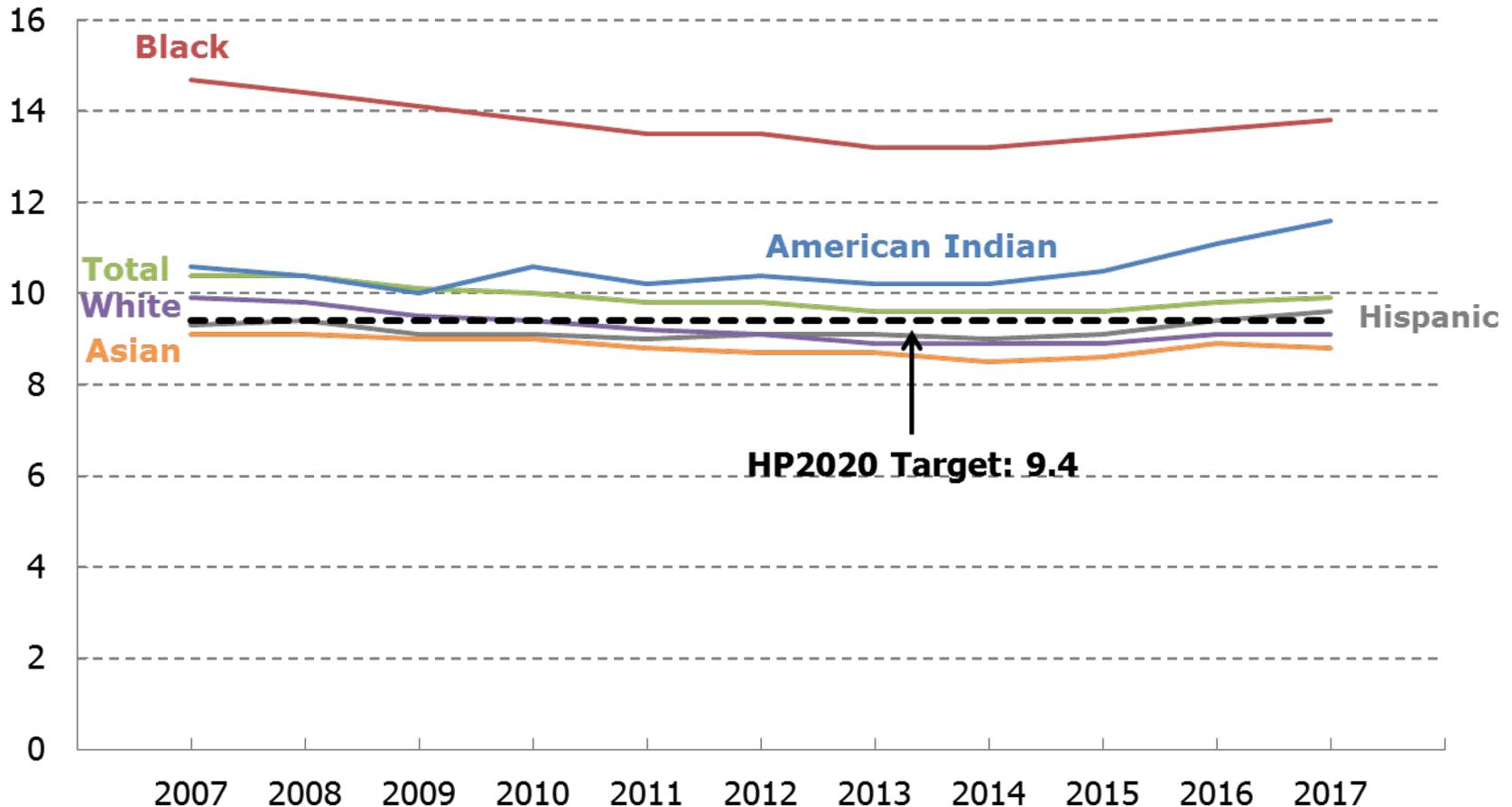


NOTE: Preterm births are infants born before 37 completed weeks of gestation.
SOURCE: National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS.

Obj. MICH-9.1
Decrease desired

Preterm Births, 2007–2017

Percent



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.

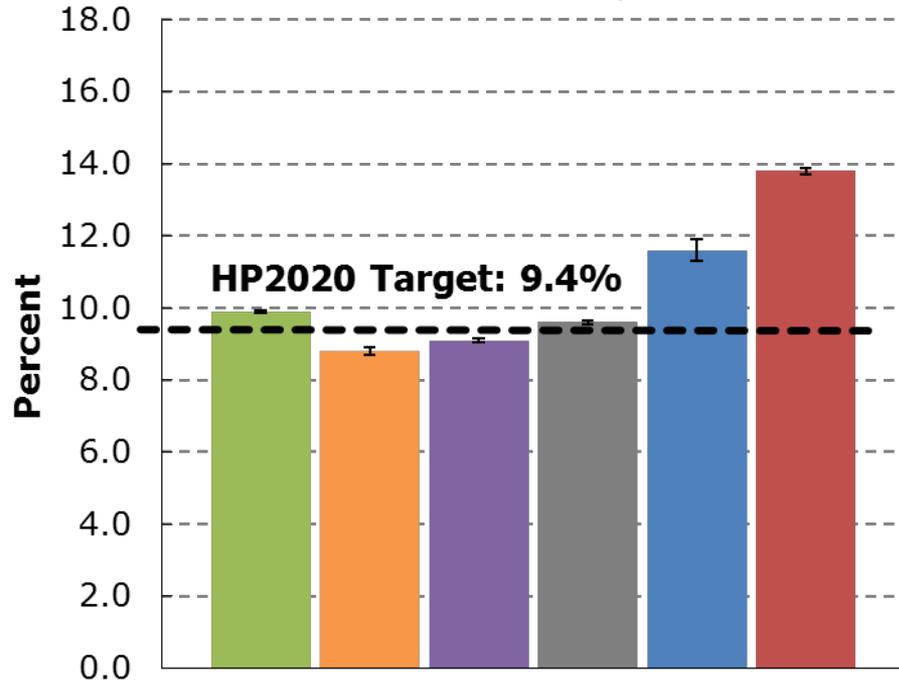
SOURCE: National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS.

Obj. MICH-9.1
Decrease desired

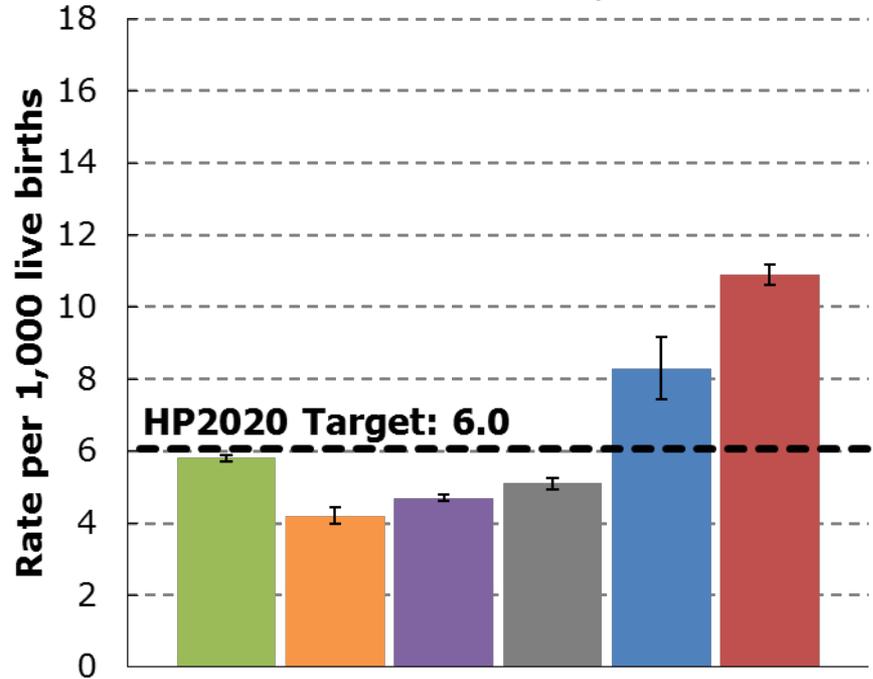
Preterm Births & Infant Deaths

■ Total
 ■ Asian
 ■ White
 ■ Hispanic
 ■ American Indian
 ■ Black

Preterm Births, 2017



Infant Deaths, 2017



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-Nativity (NVSS-N), CDC/NCHS.
 SOURCE (Infant Deaths): Linked Birth/Infant Death Data Set, CDC/NCHS.

**Objs. MICH-1.3
 and MICH-9.1**
 Decrease desired

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



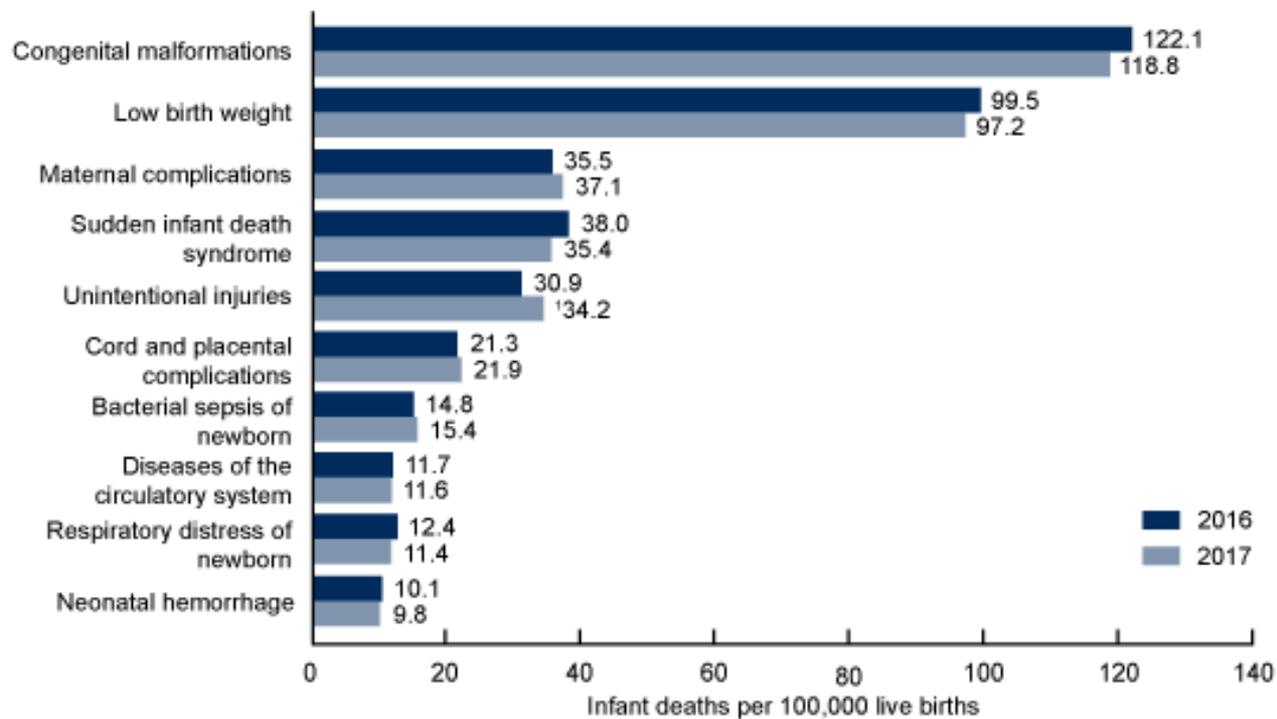
Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Reproductive Health



INFANT MORTALITY RATES FOR THE 10 LEADING CAUSES OF DEATH IN 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



Sources: National Center on Birth Defects and Developmental Disabilities ;

Abouk R, Grosse SD, Ailes EC, Oster ME. Association of US State Implementation of Newborn Screening Policies for Critical Congenital Heart Disease With Early Infant Cardiac Deaths. JAMA 2017.



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.



Sources: Ferré C, Callaghan W, Olson C, Sharma A, Barfield W. Effects of Maternal Age and Age-Specific Preterm Birth Rates on Overall Preterm Birth Rates — United States, 2007 and 2014. *MMWR Morb Mortal Wkly Rep* 2016;65:1181–1184. DOI: <http://dx.doi.org/10.15585/mmwr.mm6543a1>;
Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. *N Engl J Med* 2016;374:843–52;
Lackritz E, Callaghan W, MacDorman M, Rasmussen S, Qin C. The Contribution of Preterm Birth to Infant Mortality Rates in the United States. *Pediatrics* 2006;118;1566;
CDC Life Stages & Populations: Premature Birth. <https://www.cdc.gov/features/prematurebirth/index.html>. Accessed on May 9, 2019.

KEY STRATEGIES TO PREVENT PRETERM BIRTH

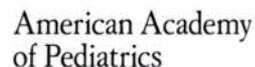
1. Prevent unintended pregnancies & improve birth spacing
2. Provide access to health care before & between pregnancies to help manage chronic conditions & modify behavioral risk factors, such as smoking
3. Identify women at risk for preterm delivery & offer effective treatment
4. Discourage deliveries 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



DEDICATED TO THE HEALTH OF ALL CHILDREN®



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



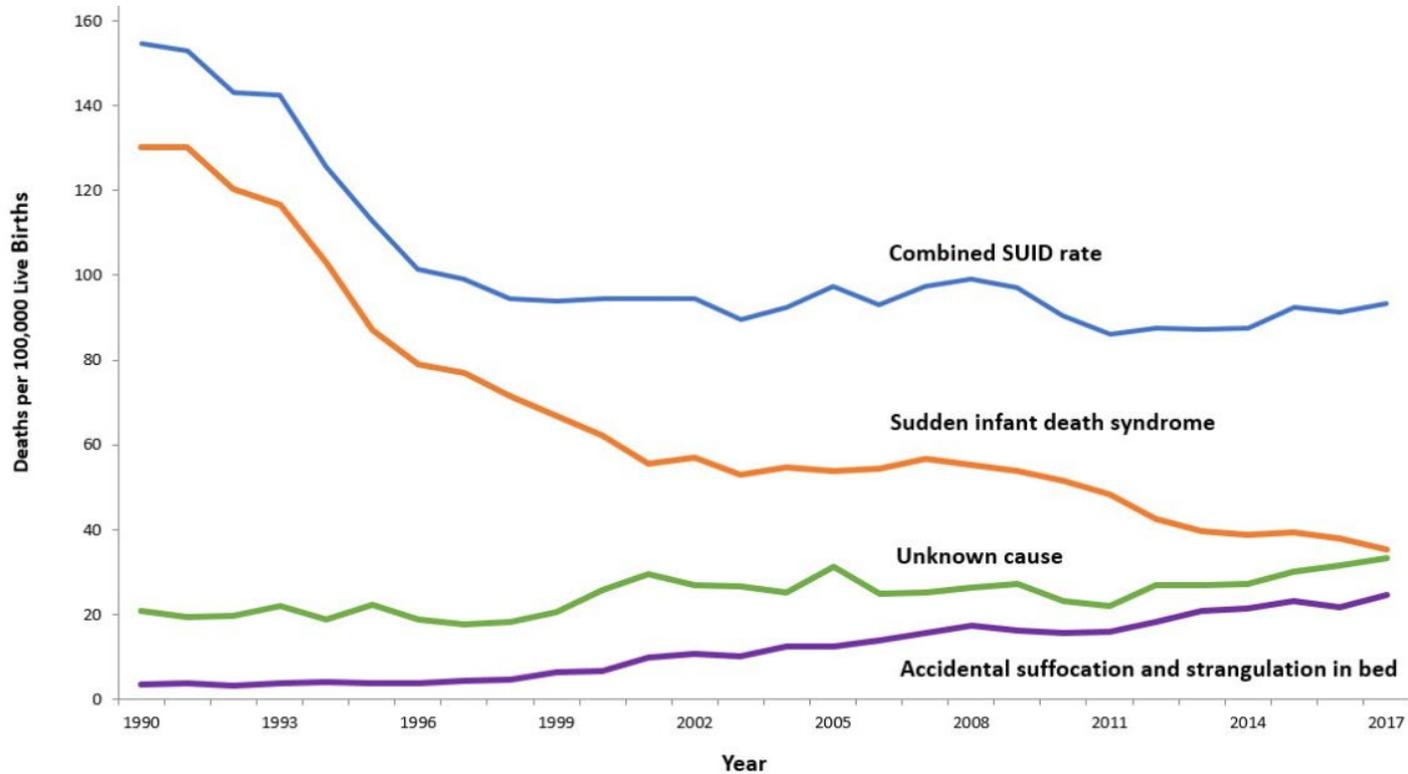
WHAT IS CDC DOING TO REDUCE MATERNAL COMPLICATIONS?

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
 - *Vital Signs: Pregnancy-Related Deaths, May 2019*
(www.cdc.gov/vitalsigns/maternal-deaths/)
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

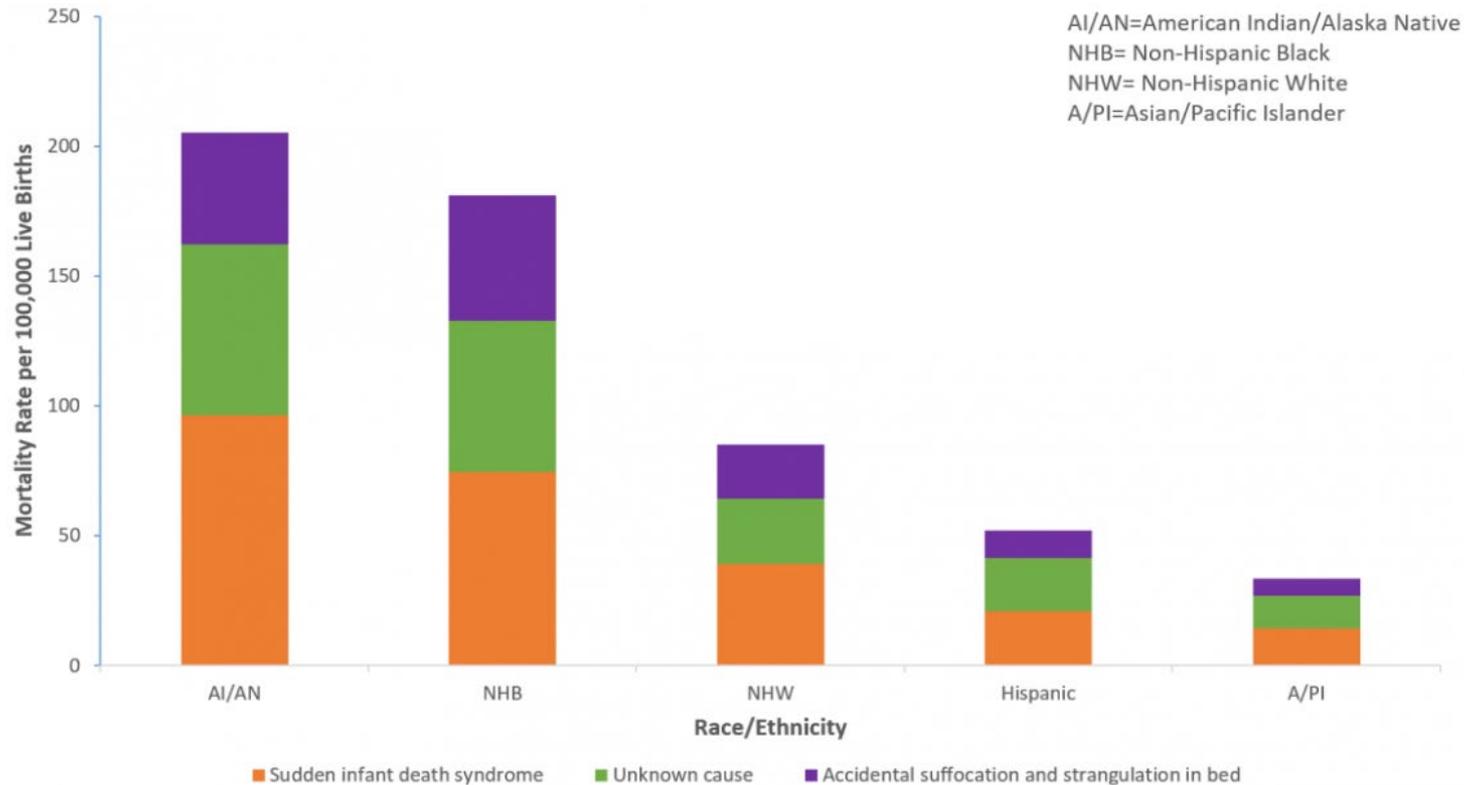


SIDS/SUID: 4th LEADING CAUSE OF INFANT DEATH



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%

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



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



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Reproductive Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





HMHB Prenatal Education Results



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia



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.



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia



Maternal & Infant Health in Georgia

- ◉ 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

- Breastfeeding
- Family Planning
- Safe Sleep
- Birth Options (i.e. vaginal delivery, cesarean section, assisted delivery)
- Car Seat Safety
- Stages of Pregnancy
- Stages of Labor
- Maternal Mental Health
- Postpartum Care
- Oral Care during Pregnancy
- Prenatal Care
- HIV/STI Prevention
- Birth Options
- Birth Spacing
- Health Insurance Literacy
- Medicaid Incentives
- Newborn Care
- Immunizations
- Planning for Healthy Babies
- Neonatal Abstinence Syndrome

- 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



- 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



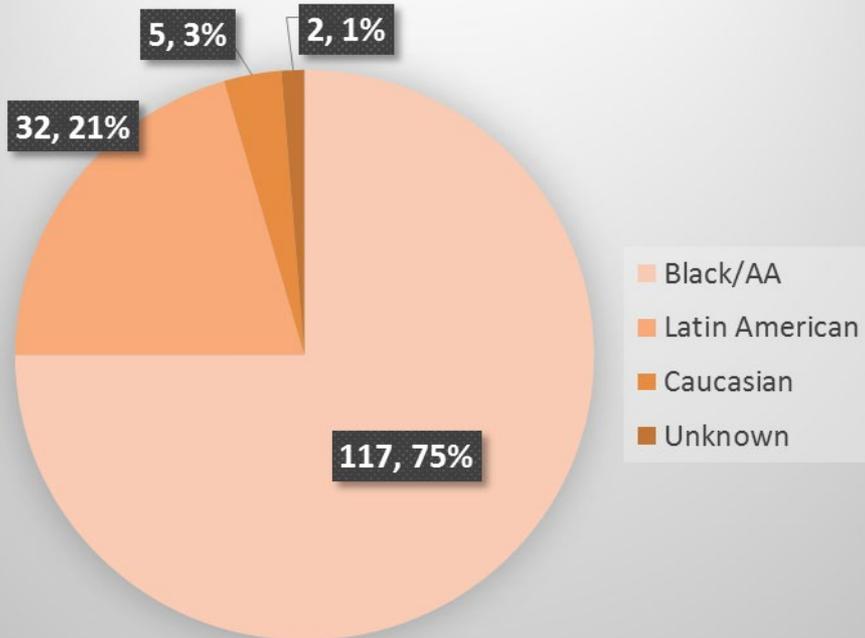


- Most participants spoke English as primary language.
 - Bilingual educators were contracted for Hispanic participants
- All participants were female. Most were pregnant or postpartum
- 117 African American/Black, 32 Hispanic, 5 White, 2 unknown
- After completion of the workshop attendees give consent for follow-up surveys
- Conduct Initial, 3 month and 6 month follow-up phone calls

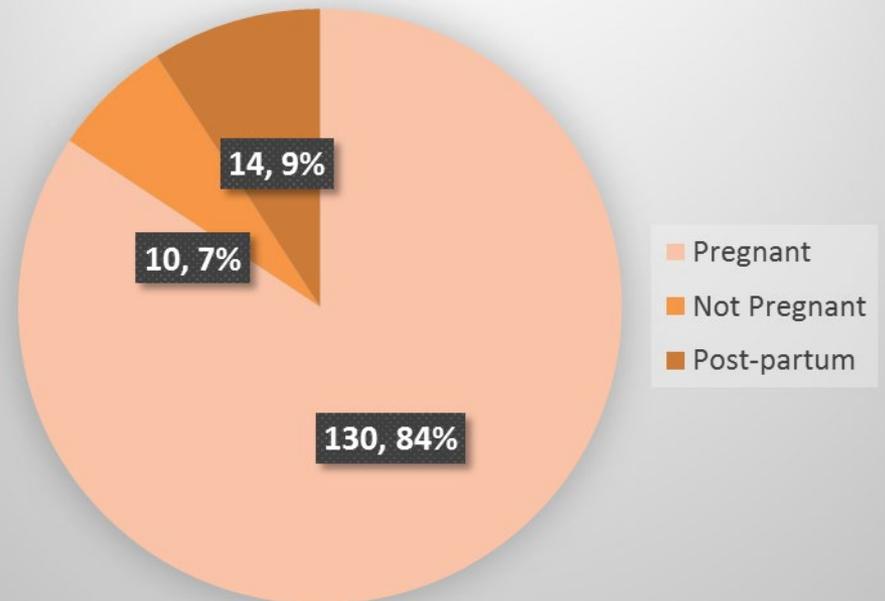


ALL PARTICIPANTS (N=156)

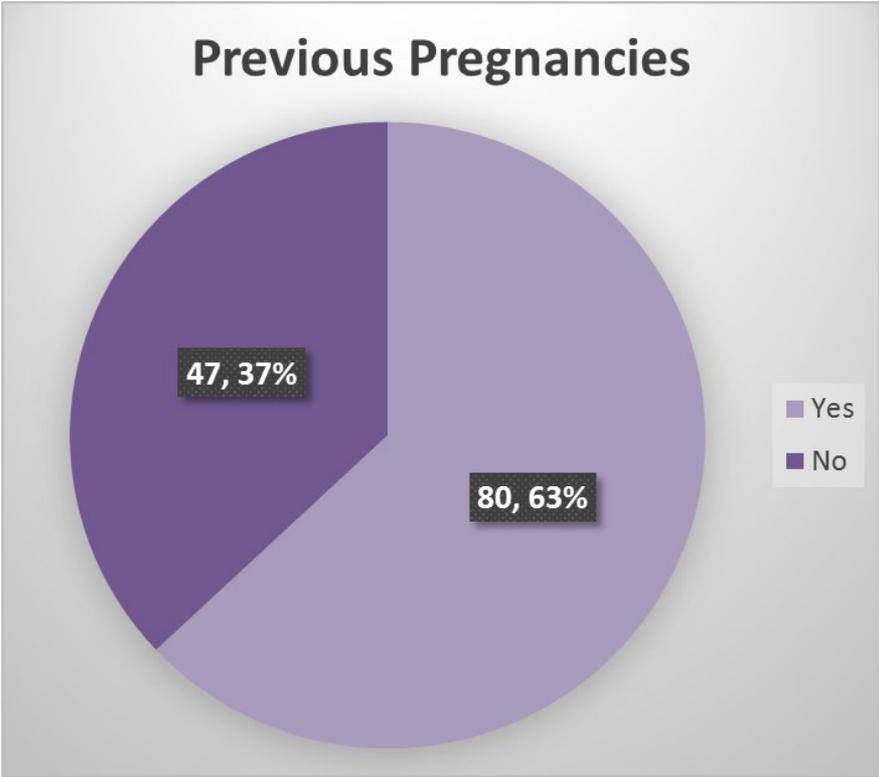
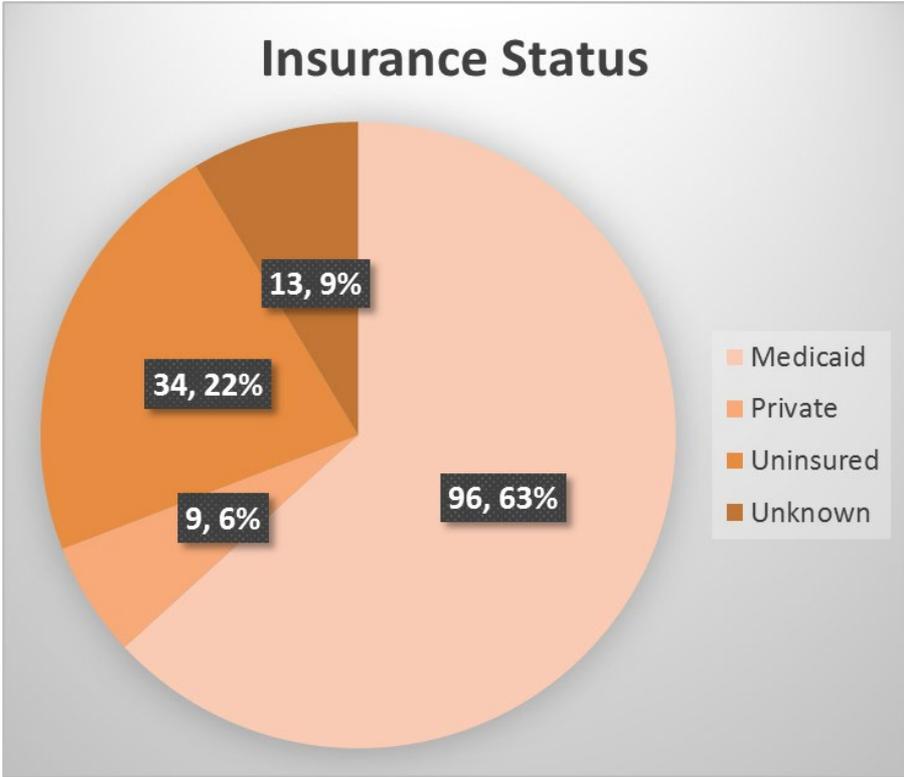
Racial Demographics



Pregnancy Status



ALL PARTICIPANTS (N=156)



Pre-and Post-Test Knowledge Scores



HEALTHY MOTHERS,
HEALTHY BABIES
Coalition of Georgia

| Questions; All Participants (n=156) | Pre (%) | Post (%) | Change (%) |
|---|---------|----------|------------|
| A mother can pass HIV to her baby during (Multiple Choice) | 67.8 | 82.8 | +15.0 |
| You should see a dentist and get your teeth cleaned during pregnancy (T/F) | 87.7 | 99.3 | +11.6 |
| When should you start thinking about birth control and family planning? (Multiple Choice) | 80.0 | 86.6 | +6.6 |
| How long should you wait after you have your baby to get pregnant again? (Multiple Choice) | 61.2 | 96.7 | +35.5 |
| Safe According to doctors, it is best to breastfeed your baby for at least 6 months (T/F) | 93.5 | 96.7 | +3.2 |
| Postpartum depression typically only happens to women who already had depression before becoming pregnant (T/F) | 89.4 | 89.3 | -0.1 |
| What are the three things to remember about safe sleep for your baby? (Check Three) | 61.1 | 83.3 | +22.2 |
| The benefits of breastfeeding include which of the following? (Multiple Choice)* | 75.2 | 88.6 | +13.4 |
| When should a new mother go for her postpartum check-up? (Multiple Choice) | 85.5 | 92.6 | +6.8 |

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



HEALTHY MOTHERS,
HEALTHY BABIES

Coalition of Georgia

| Item | Overall | | Augusta | | Non-Augusta | |
|---|---------|------|---------|------|-------------|------|
| | # | % | # | % | # | % |
| Follow-up Call Status | | | | | | |
| Completed | 97 | 66.9 | 53 | 64.6 | 44 | 69.8 |
| Unable to Complete | 48 | 33.1 | 29 | 35.4 | 19 | 30.2 |
| Total calls attempted | 145 | 100 | 82 | 100 | 63 | 100 |
| I learned something new | | | | | | |
| Strongly Agree | 83 | 85.6 | 44 | 83.0 | 39 | 88.6 |
| Agree | 12 | 12.4 | 7 | 13.2 | 5 | 11.4 |
| Undecided/Disagree/ Strongly D | 2 | 2.0 | 2 | 3.8 | 0 | 0 |
| Information I learned was useful | | | | | | |
| Strongly Agree | 81 | 83.5 | 45 | 84.9 | 36 | 81.8 |
| Agree | 13 | 13.4 | 6 | 11.3 | 7 | 15.9 |
| Undecided/Disagree/ Strongly D | 3 | 3.0 | 2 | 3.8 | 1 | 2.3 |
| I shared information with someone else | | | | | | |
| Yes | 82 | 84.5 | 49 | 92.5 | 33 | 75.0 |
| No | 15 | 15.5 | 4 | 7.5 | 11 | 25.0 |

Initial Survey Calls



HEALTHY MOTHERS,
HEALTHY BABIES

Coalition of Georgia



- “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 there 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.”

Initial Survey Calls



HEALTHY MOTHERS,
HEALTHY BABIES

Coalition of Georgia

“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)



HEALTHY MOTHERS,
HEALTHY BABIES
Coalition of Georgia

| Item | Overall | | Augusta | | Non-Augusta | |
|---|---------|------|---------|------|-------------|------|
| | # | % | # | % | # | % |
| Does your baby have their own crib? | | | | | | |
| Yes | 28 | 90.3 | 11 | 91.7 | 17 | 89.5 |
| No | 3 | 3.2 | 1 | 8.3 | 2 | 10.5 |
| Did you talk to your doctor about postpartum depression? | | | | | | |
| Yes | 21 | 91.3 | 8 | 100 | 13 | 86.7 |
| No | 2 | 8.7 | 0 | 0 | 2 | 13.3 |
| Have you talked to a healthcare provider about your birth control options? | | | | | | |
| Yes | 26 | 83.9 | 12 | 100 | 14 | 73.7 |
| No | 5 | 16.1 | 0 | 0 | 5 | 26.3 |
| Are you currently using birth control | | | | | | |
| Yes | 15 | 50.0 | 7 | 58.3 | 8 | 44.4 |
| No | 15 | 50.0 | 5 | 41.7 | 10 | 55.6 |
| Did you receive a flu shot during your pregnancy? | | | | | | |
| Yes | 9 | 31.0 | 1 | 9.1 | 8 | 44.4 |
| No | 20 | 69.0 | 10 | 90.9 | 10 | 55.6 |
| Did you go to the dentist and get a dental cleaning during your pregnancy? | | | | | | |
| Yes | 11 | 37.9 | 6 | 54.5 | 5 | 27.8 |
| No | 18 | 62.1 | 5 | 45.5 | 13 | 72.2 |

3 Month Follow-Up Survey Results (n=54)



HEALTHY MOTHERS,
HEALTHY BABIES
Coalition of Georgia

| Item | Overall | | Augusta | | Non-Augusta | |
|---|---------|------|---------|------|-------------|------|
| | # | % | # | % | # | % |
| Did you start breastfeeding after your baby was born? | | | | | | |
| Yes | 21 | 67.7 | 6 | 50.0 | 15 | 78.9 |
| No | 10 | 32.3 | 6 | 50.0 | 4 | 21.1 |
| Do you currently offer your baby any breast milk? | | | | | | |
| Yes | 4 | 80.0 | 1 | 50.0 | 3 | 100 |
| No | 1 | 20.0 | 1 | 50.0 | 0 | 0 |
| If you started breastfeeding, did you breastfeed....? | | | | | | |
| Exclusively | 7 | 35.0 | 2 | 33.3 | 5 | 35.7 |
| Partially (missed w/formula) | 13 | 65.0 | 4 | 66.7 | 9 | 64.3 |
| If you breastfed exclusively, how long did you BF? | | | | | | |
| 1 month | 1 | 11.1 | 1 | 50.0 | 0 | 0 |
| 2 months | 1 | 11.1 | 1 | 50.0 | 0 | 0 |
| Currently | 3 | 33.3 | 0 | 0 | 3 | 42.9 |
| If you partially breastfed your baby, how long did you partially BF? | | | | | | |
| 3 days | 1 | 8.3 | 1 | 20.0 | 0 | 0 |
| 1 month | 1 | 8.3 | 0 | 0.0 | 1 | 14.3 |
| Currently | 6 | 50.1 | 3 | 60.0 | 3 | 42.9 |

6 Month Follow-Up Survey Results (n=33)



**HEALTHY MOTHERS,
HEALTHY BABIES**
Coalition of Georgia

| Item | Overall | | Augusta | | Non-Augusta | |
|---|---------|------|---------|------|-------------|------|
| | # | % | # | % | # | % |
| Does your baby have their own crib? | | | | | | |
| Yes | 26 | 92.9 | 12 | 85.7 | 14 | 100 |
| No | 2 | 7.1 | 2 | 14.3 | 0 | 0 |
| Did you talk to your doctor about postpartum depression? | | | | | | |
| Yes | 18 | 69.2 | 8 | 61.5 | 10 | 76.9 |
| No | 8 | 30.8 | 5 | 38.5 | 3 | 23.1 |
| Have you talked to a healthcare provider about your birth control options? | | | | | | |
| Yes | 23 | 79.3 | 13 | 92.9 | 10 | 66.7 |
| No | 6 | 20.7 | 1 | 7.1 | 5 | 33.3 |
| Are you currently using birth control | | | | | | |
| Yes | 19 | 65.5 | 12 | 85.7 | 7 | 46.7 |
| No | 10 | 34.5 | 2 | 14.3 | 8 | 53.3 |
| Did you receive a flu shot during your pregnancy? | | | | | | |
| Yes | 5 | 29.4 | 2 | 28.6 | 3 | 30.0 |
| No | 12 | 70.6 | 5 | 71.4 | 7 | 70.0 |
| Did you go to the dentist and get a dental cleaning during your pregnancy? | | | | | | |
| Yes | 5 | 29.4 | 3 | 42.9 | 2 | 20.0 |
| No | 12 | 70.6 | 4 | 57.1 | 8 | 80.0 |

6 Month Follow-Up Survey Results (n=33)



HEALTHY MOTHERS,
HEALTHY BABIES
Coalition of Georgia

| Item | Overall | | Augusta | | Non-Augusta | |
|---|---------|------|---------|------|-------------|------|
| | # | % | # | % | # | % |
| Did you start breastfeeding after your baby was born? | | | | | | |
| Yes | 19 | 65.5 | 7 | 50.0 | 12 | 80.0 |
| No | 10 | 34.5 | 7 | 50.0 | 3 | 20.0 |
| Do you currently offer your baby any breast milk? | | | | | | |
| Yes | 6 | 85.7 | 0 | 0 | 6 | 100 |
| No | 1 | 14.3 | 1 | 100 | 0 | 0 |
| If you started breastfeeding, did you breastfeed....? | | | | | | |
| Exclusively | 7 | 35.0 | 1 | 14.3 | 6 | 46.2 |
| Partially (missed w/formula) | 13 | 65.0 | 6 | 85.7 | 7 | 53.8 |
| If you breastfed exclusively, how long did you BF? | | | | | | |
| 2 months | 1 | 20.0 | 0 | 0 | 1 | 25.0 |
| 3 months | 1 | 20.0 | 1 | 100 | 0 | 0 |
| Currently | 3 | 60.0 | 0 | 0 | 3 | 75.0 |
| If you partially breastfed your baby, how long did you partially BF? | | | | | | |
| 2 months | 1 | 11.1 | 0 | 0 | 1 | 25.0 |
| 4 months | 1 | 11.1 | 1 | 20.0 | 0 | 0 |
| Currently | 4 | 44.4 | 3 | 60.0 | 1 | 25.0 |

Highlights from 3 and 6 Month Survey Results



HEALTHY MOTHERS,
HEALTHY BABIES

Coalition of Georgia

- 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



HEALTHY MOTHERS,
HEALTHY BABIES

Coalition of Georgia

- 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



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia



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

CONTACT

Mica Whitfield, LMSW
Director of Programs
Mica.whitfield@hmhbga.org
678-302-1130



www.facebook.com/HMHBGA



[@HMHBgeorgia](https://twitter.com/HMHBgeorgia)

Roundtable Discussion



Stay Connected

Healthy People
2020

- Visit **healthypeople.gov** to learn more about the Healthy People 2020 Leading Health Indicators
- To receive the latest information about Healthy People 2020 and related events, visit our website to:
 - Join the Healthy People 2020 Consortium
 - Share how your organization is working to achieve Healthy People goals



Follow us on Twitter **@gohealthypeople**



ODPHP

Office of Disease Prevention
and Health Promotion