

## PRIORITY: PERINATAL HEALTH

### GOAL: Improve the health of children and mothers in Washtenaw County.

#### Current Situation

Washtenaw County's WIC participant breastfeeding initiation rates (77%) are higher than the overall Michigan rate (62.7%) and in just two years the breastfeeding initiation rate has increased from 70% (2012) to 77% (2014).

During 2010-2012, the infant death rate in Washtenaw County was  $3.9 \pm 1.4$  for whites compared to  $8.9 \pm 4.1$  for blacks per 1,000 live births. (No rate other race or ethnicities are available at county level.) The focus of the Perinatal CHIP is to decrease the infant mortality for black infants because of this disparity. The most current data suggest that the mortality rate for black infants has decreased from 16 per 1,000 in 2010 to 6 per 1,000 in 2013 (Source: Michigan Department of Community Health, 2013). While there was significant improvement in the mortality rate for black infants, the percentage of low-birth weights among black infants increased from 11% of live births in 2010 to 13% in 2013 (Source: Michigan Department of Community Health, 2013).

Members of the Washtenaw County Breastfeeding Coalition (WCBC) were instrumental in advocacy and education activities that resulted in the Breastfeeding Anti-discrimination Act (Act 197 of 2014) being signed into law on June 24, 2014. This law allows breastfeeding mothers to feed their children in a public place without being asked to leave. This legislation is expected to have a positive impact on breastfeeding rates in Washtenaw County.

In March 2014, the Safe Sleep Task Force developed a survey designed to identify gaps in current safe sleep education practices as well as identify opportunities to collaborate with community partners around safe sleep education.

#### Alignment with State or National Initiatives

Reproductive and sexual health is a National Preventive Strategy Priority. The US Department of Health and Human Services recommends that local governments "Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women."

[State of Michigan, Infant Mortality Reduction Plan, August 2012](#)

[Tomorrow's Child](#)

#### Source/Evidence Base

The published results of an evaluation of Michigan's Maternal and Infant Health Program provide strong evidence for the effectiveness of a Medicaid-sponsored population-based home-visitation program in improving maternal prenatal and postnatal care and infant care.<sup>1</sup>

#### Policy Component

Participate on the Board of Directors for Michigan Council for Maternal and Child Health and the Maternal and the Perinatal Health Committee of the Michigan State Medical Society to advocate for public policy and improve health.

**Objective:**

Increase proportion of low-income females 18-49 years who initiate breastfeeding from 47% to 75%.

Outcome Indicator	2010 Baseline	2014 Update	2020 Target	Data Source
Increase proportion of low-income females 18-49 years who initiate breastfeeding	47%	n/a*	75%	HIP Survey

\*No new HIP Survey data available. Next survey scheduled for 2015; data will be available 2016.

**Action Plan:**

Program Activities	Baseline	Person/Group Responsible	Timeline	Performance Indicator
Participate on the Washtenaw County Breastfeeding Coalition	Ongoing	Washtenaw County Public Health WIC Co-chair, St. Joseph Mercy Health System, University of Michigan Health System, La Leche League	2014-2015	Copies of agendas and minutes, workplan (4 meetings per year)
Develop a Hospital Breastfeeding Support Report Card that will be disseminated to the local health care systems	New	Washtenaw County Breastfeeding Coalition	2015	Copies of report cards (2 health systems); Report card is disseminated
Provide information to community members and partners regarding local resources and latest research findings	New	Washtenaw County Breastfeeding Coalition	2015	Develop local resources guide, provide a minimum of two trainings, disseminate resource/research information to community partners on a quarterly basis

**Objectives:**

- Decrease the mortality rate in black/African-American infants from 16 per 1,000 to 5 per 1,000.
- Decrease low birth rates in black/African-American infants from 11% of live births to 3% of live births.

Outcome Indicator	2010 Baseline	2014 Update	2020 Target	Data Source
Decrease the mortality rate in black/African-American infants	16 per 1,000	6 per 1,000 (2013)	5 per 1,000	Michigan Department of Community Health
Decrease low birth weight rates in black/African-American infants	11% of live births	13% of live births (2013)	3% of live births	Michigan Department of Community Health

**Action Plan:**

Program Activities	Baseline	Person/Group Responsible	Timeline	Performance Indicator
Participate on the Board of Directors for Michigan Council for Maternal and Child Health and the Maternal and the Perinatal Health Committee of the Michigan State Medical Society to advocate for public policy and improve health.	New	Washtenaw County Public Health, University of Michigan Health System (UMHS)	2014-2018	# Meeting agendas, # minutes, workplan
Participate on the Infant Safe Sleep Task Force. Use 2014 needs assessment findings and draft and implement a workplan.	Ongoing	Washtenaw Area Council for Children, Washtenaw County Public Health	2013-2016	# Meeting agendas, # meeting minutes, workplan (12 meetings per year)
Maintain the Michigan Infant Health Program at Washtenaw County Public Health; participate on the inter-agency leadership team.	Ongoing	Washtenaw County Public Health (Family Health Division), St. Joseph Mercy Health System, UMHS	2015	MIHP caseload (increase by a minimum of 10%), Low birth weight rate among MIHP enrollees (will be less than 2%)
Enroll women of childbearing age into Medicaid to increase access to preconceptional and prenatal care.	Ongoing	Washtenaw County Public Health, Washtenaw Health Plan	2013-2016	Enrollment in relevant programs (increase by 10% over Oct 1, 2013-Sept 30, 2014)

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**Data Source:**

<sup>1</sup> American Journal of Preventive Medicine, October 2013, Vol. 45, No. 4.