Perinatal-Infant Health Data Detail Sheet

FY26 MCH Title V Needs Assessment

IOWA Health and Human Services

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Contents

Safe Sleep

Percent of infants placed to sleep on their backs. Percent of infants placed to sleep on a separate approved sleep surface. Percent of infants placed to sleep without soft objects or loose bedding. Percent of infants room-sharing with an adult

Why - The American Academy of Pediatrics recommends a number of strategies to reduce the chance (risk) of sleep-related deaths. These recommendations include the following. Back to sleep for every sleep**.** Using a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment. Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area. Infants sleep in the parents' room, close to the parent's bed, but on a separate surface designed for infants, ideally for at least the first 6 months. Avoid overheating and head covering in infants.

Breastfed babies may also be protected by sudden infant death syndrome (SIDS).

What -

From 2021-2022, 84.4% of infants were placed on their backs to sleep. The rates vary by race and ethnicity. 54% of non-Hispanic Black infants were placed on their backs to sleep, compared to 75.9% of Hispanic infants and 88.8% of non-Hispanic White infants. 3.8% of women reported co-sleeping with their infant. 10% of Hispanic women reported co-sleeping.

Age also plays a factor; 6% of women under 25 reported co-sleeping compared to 3.4% of women over 30. 93.3% of infants are sleeping in a crib, bassinet, or play yard.

- 55.3% of infants are placed to sleep alone on their backs, and in a crib.
  - Only 25.7% of non-Hispanic Black infants are placed to sleep alone on their backs, and in a crib.
  - 39.9% of Hispanic infants sleep alone on their backs, and in a crib.
- 29.6% of infants sleep with a blanket
- 7.7% of women report using bumper pads
- 6.6% of infants are sleeping with toys, cushions, or pillows

Past and/or current activities addressing this need:

- Partner with Iowa SIDS Foundation to provide direct care service staff updates regarding current Iowa data trends, consumer/product recalls etc. and best practices education
- The Iowa SIDS Foundation provides education to local and statewide organizations and providers on safe sleep best practices. The Foundation also facilitates a Safe Sleep Workgroup to share updates related to infant sleep and SIDS and to discuss ideas for reducing sleep related infant deaths. Recently the workgroup analyzed current policies in place related to childcare centers and discussed potential strategies for strengthening policies with staff from the childcare area within Iowa HHS.
- Local Maternal Health Contractors maintain resource lists for families in need of a crib and provide education to community organizations as well as individual clients on safe sleep practices. Individualized education is culturally sensitive and based on the individual's needs.

Breastfeeding

Percent of infants who are ever breastfed. Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months.

Why - Both mom and baby benefit when moms breastfeed their babies. According to the CDC, there are 5 great benefits of breastfeeding.

- Nutrition – breast milk is the best source of nutrition for most babies. Mother's milk changes as the baby grows to meet its nutritional needs.
- Protection – babies who are breastfed are less likely to get ear infections and stomach bugs. Breastfed babies are protected from asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS).
- Antibodies – mothers share antibodies with their infants via breast milk. These antibodies boost the infants' immune system.
- Convenience – Mothers can feed their babies on the go. No worries about having to mix formula or prepare bottles.
- Mother's health – Moms benefit from breastfeeding too. They may be protected from breast and ovarian cancer, type 2 diabetes, and high blood pressure.

What –

Ever breastfed (PRAMS): From 2019-2022, the majority of new mothers attempted to breastfeed their new infant (89.5%; Iowa PRAMS). The national average from 2016-2021 was 87.8% (CDC PRAMS).

Ever breastfed (Birth certificate): The birth certificate collects information about women who reported that they were breastfeeding their newborn at hospital discharge. From 2018 to 2022, the percentage of women who reported that they were breastfeeding their newborns at hospital discharge significantly increased from 82.5% to 85.5%. The state average from 2018-2022 was 83.3%.

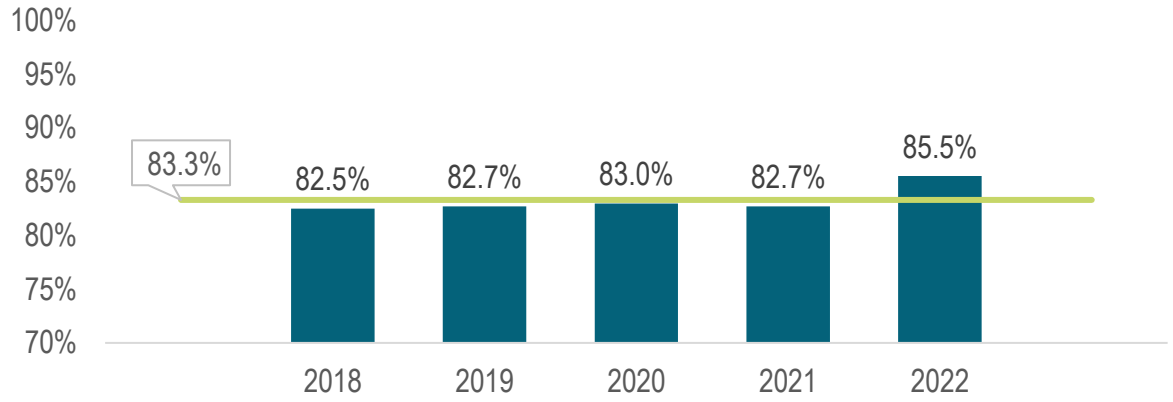
Breastfeeding duration and exclusivity (PRAMS):

- From 2021-2022, 73.6% of women were still breastfeeding at 12 weeks or more weeks.
    - 75.6% of Non-Hispanic Black women reported breastfeeding at 12 or more weeks
    - 64.6% of Hispanic women reported breastfeeding at 12 or more weeks.

Health Disparity (PRAMS): The percent of Hispanic women who reported breastfeeding at 12 or more weeks was 11 percentage points lower than non-Hispanic Black women and 9 percentage points lower than the state overall.

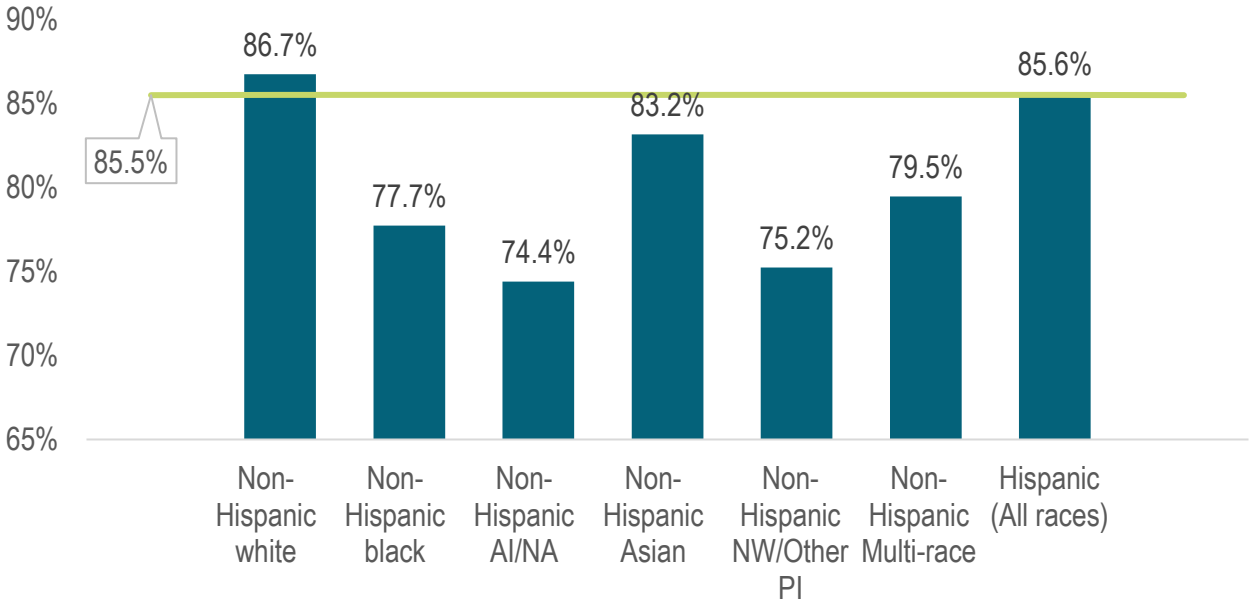
Data visualization (based on birth certificate data)

Figure 1. From 2018 to 2022, the percentage of women who reported that they were breastfeeding their newborns at hospital discharge significantly increased from 82.5% to 85.5%.



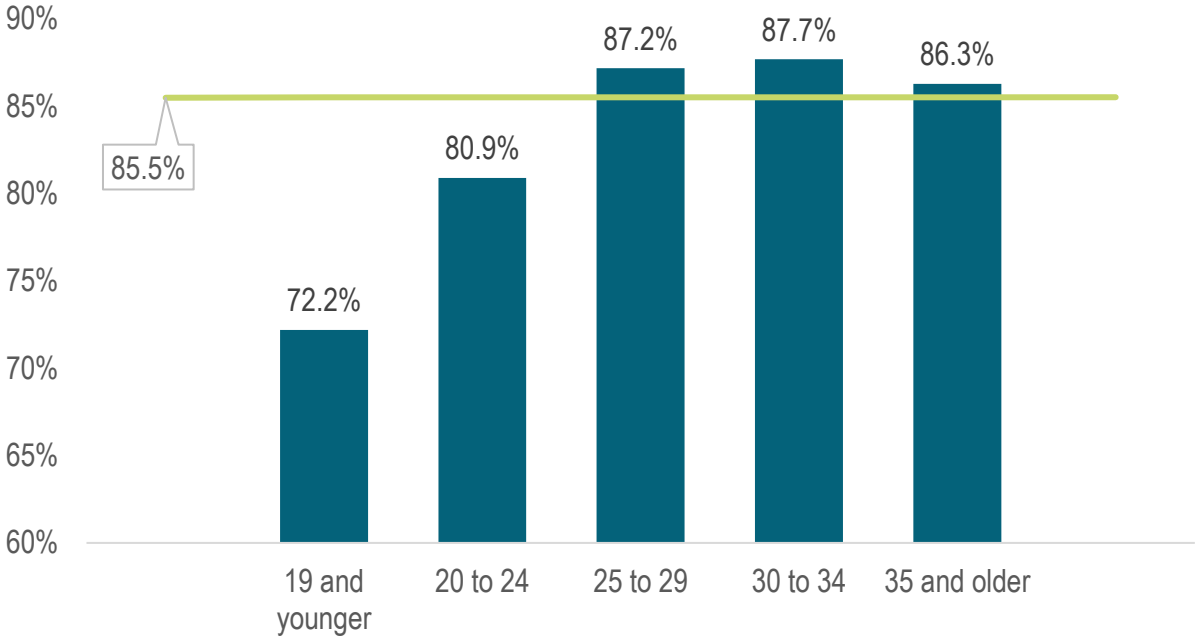
Health Disparity – Race & Ethnicity

Figure 2. Breastfeeding at hospital discharge varies by race and ethnicity in 2022.



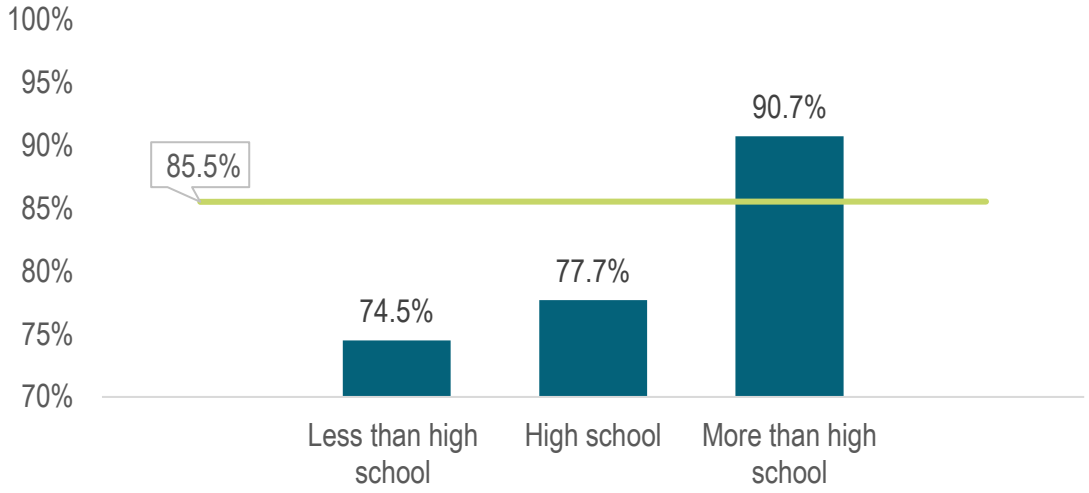
Health Disparity – Age

Figure 3. The percent of women who reported that they were breastfeeding their newborns at hospital discharge.



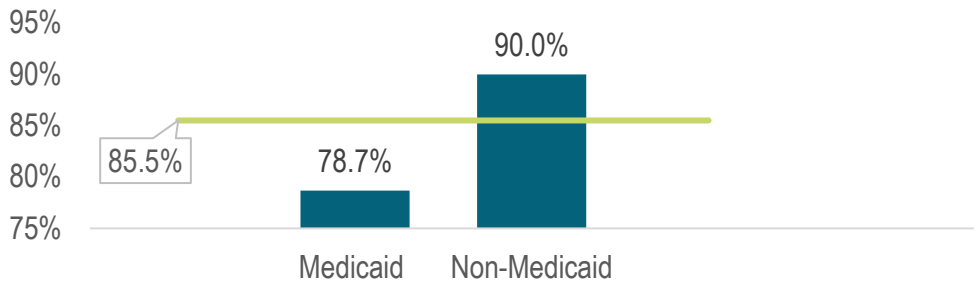
Health Disparity – Education

Figure 4. The percent of women who reported that they were breastfeeding their newborn at hospital discharge was inversely related to educational attainment.



Health Disparity – Insurance

Figure 5. Women with Medicaid-reimbursed births reported breastfeeding at hospital discharge more than 10 percentage points less than women with private reimbursement.



Past and/or current activities addressing this need:

Breastfeeding strategic plan

- The Iowa Breastfeeding Database has been created for Iowa families to locate BF resources near them. The vision is to continue filling in organizations and make this the primary BF resource across Iowa.
- An Iowa HHS-wide breastfeeding collaborative has been created to bring together different programs that touch breastfeeding work to create a united voice across state programs
- Pursuing on piloting a lactation center, specifically in rural Iowa, that would make breastfeeding support more accessible to all Iowans
- Iowa's Title V pilot doula project for African American women provides training, support, and breast-feeding certification to program doulas.

As part of Title V Maternal Health assurances work, agencies will:

- Have at least one staff member from their CSA represented on the local or state breastfeeding coalition
- Have an MOU or written agreement with their regional WIC (if the agency does not also hold the WIC contract) to facilitate open lines of communication and collaboration
- Provide breastfeeding education, support and referrals to all clients receiving direct care services that is individualized and culturally appropriate
- Educate all clients receiving direct care services regarding the laws in Iowa supporting breastfeeding in the workplace

Data Note: PRAMS is the only data source that collects information about breastfeeding duration and exclusivity.

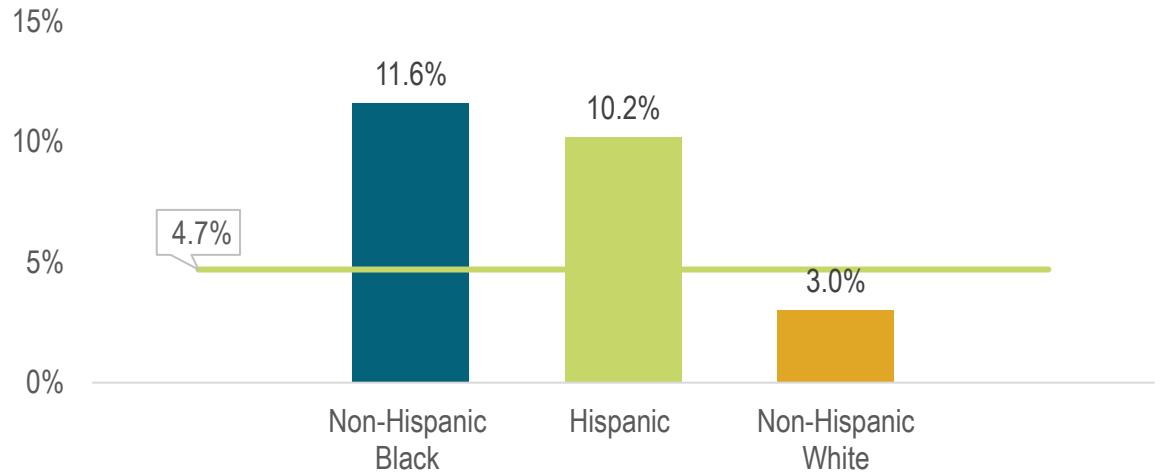
Perinatal Discrimination

Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care.

Why - In the United States, infant mortality and maternal mortality disproportionately effect Black, American Indian, or Alaska Native and Native Hawaiian or Other Pacific Islander women and infants. Researchers have reported that these disparate outcomes are related to systemic social and economic conditions that are rooted in racism and discrimination. Women can experience racism in care in many ways. For example, Black women report experiencing feeling ignored during their prenatal and postpartum care. Providers may have unconscious biases that lead them to provide a lower quality of care to Black women. Structural racism may also have contributed to policies and practices that discriminate against those of racial minority groups.

What - From 2021-2022, overall, 4.7% of Iowa women were emotionally upset as a result how they were treated based on their race during the 12 months before their baby was born (Iowa PRAMS)

Figure 1. More than 3 times as many Non-Hispanic Black women and Hispanic women reported feeling emotionally upset as a result how they were treated based on their race during the 12 months before their baby was born compared to Non-Hispanic White women.



Data Note: The Phase 8 survey questionnaire provides data related to women who experienced emotionally upsetting treatment based on their race/ethnicity at any time or place during the 12 months before they gave birth. The Phase 9 survey question will better address this NPM by asking about treatment specifically while getting healthcare during pregnancy, at delivery, or at postpartum care. Phase 9 data are not yet available.

Past and/or current activities addressing this need (3-4 bullet points)

- Implicit bias and health equity training have been annual requirements for Title V Maternal Health contractors for the past 8 years. Registered Nurses providing direct services to pregnant and postpartum women receive ongoing training and are encouraged to empower their clients to speak up if they feel they are being discriminated against.
- Health equity is a component of all Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles (PSBs). Iowa has implemented three PSBs to date: Save Reduction of Primary Cesarean Section, Obstetrical Hemorrhage, and Severe Hypertension in Pregnancy. 100% of Iowa hospitals have participated in the hemorrhage and hypertension PSBs, and within each bundle, there is educational content related to health equity and reducing discrimination. Standardizing practices based on the bundles has resulted in a larger reduction of primary cesarean sections for Black and African American-identifying patients as well as patients with Medicaid coverage, indicating standardizing practices have reduced provider bias that may have led to unnecessary cesarean sections in those populations. The use of disaggregated data to identify disparities in cesarean sections has allowed obstetrical hospitals to identify potential disparities and address them accordingly as well. For example, one facility determined their Black and African American as well as Asian and Pacific Islander populations had substantially higher cesarean section rates and were able to dig into potential causes for the disparities.

Housing Instability

Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth.

Why - Housing instability can take many forms. It can be poor housing quality, unstable neighborhoods, overcrowding, frequent moves, evictions, homelessness, and reliance on temporary housing. During pregnancy, women you experience housing instability may not be able to obtain adequate prenatal care, they may have more pregnancy complications, and adverse birth outcomes. Women who experience housing instability during pregnancy have a higher chance of developing severe maternal morbidity, a higher chance of post-partum mortality, and negative effects on their mental health.

What - From 2021-2022, approximately 1% percent of Iowa women experienced homelessness in the 12 months before giving birth (Iowa PRAMS).

The largest group of individuals who sought services from Iowa Legal Aid for help with evictions were women with children. 33% of our extremely low-income households in Iowa are single caregiver households, 21% have an individual with a disability, 33% are senior citizens.

NOTE: The Phase 8 PRAMS questionnaire provides data for the percent of women who experienced homelessness in the 12 months before they gave birth. The question in Phase 9 will better address this NPM by asking about more elements of housing instability including eviction/forced move, regular place to sleep, and homelessness. Phase 9 data are not yet available.

Past and/or current activities addressing this need:

- The Violence Prevention program collaborates with the Iowa Coalition Against Domestic Violence Housing & Economic Justice Director. Through this collaboration we intend to request priority components such as pregnancy status or birth within last 12 months plus adding maternal and child health related benefits beyond WIC and TANF to a question on the State of Iowa Coordinated Entry portal. This is used across Iowa for entry into housing services.
- There is currently one housing program in Iowa that focuses on pregnant women. It is called Martha's House of Hope. It is based out of Ames, Iowa and was founded on Christian values. We plan to establish an outreach plan for sharing public health materials to strengthen programming.

- We will partner with the Iowa HHS violence prevention program and their partners to establish a collaboration map of programs providing permanent supportive housing and housing coalitions in Iowa, with the goal of adding pregnant and post-partum mothers into priority groups.
- Those with extremely low income have the largest housing cost burden of any income group. Prioritizing permanent support housing and assistance programs to increase the availability of affordable housing for single women of reproductive health age (especially 18 – 24) is a housing stability strategy we are exploring with our partners.

Data Note

Data are not yet available to measure and monitor this NPM.

Risk Appropriate Care

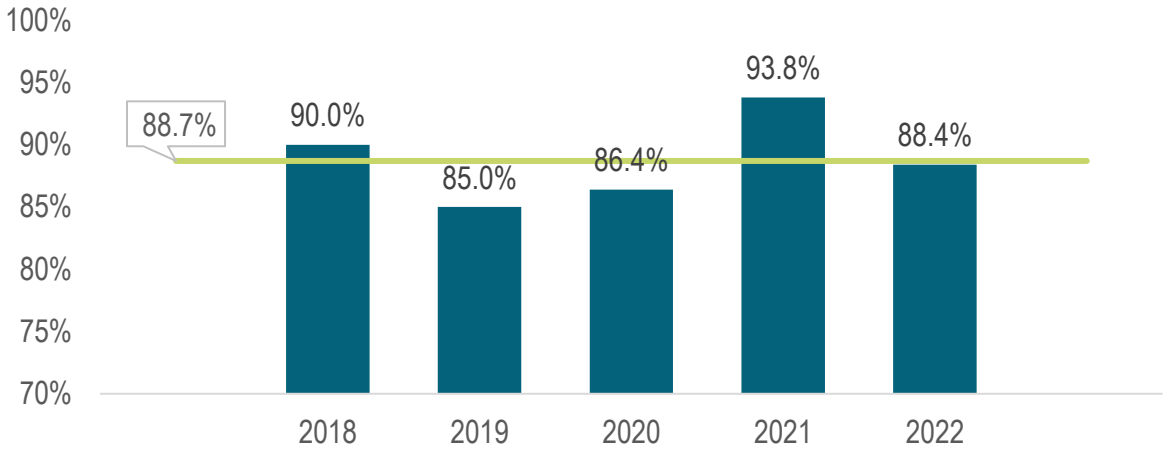
Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).

Why – Risk-appropriate care is a strategy to assure that infants at high risk for complications (Very Low Birth Weight [VLBW]) and those with complex medical conditions are born at facilities that have a full range of equipment and specialists to meet the infant's complex needs. VLBW infants born at a level I or a level II facility face a greater chance of death compared to those VLBW infants born at level III + NICU.

What - In Iowa, approximately 1.1% of infants are born at a weight of less than or equal to 1,500 grams each year. This birth weight is categorized as very low birth weight (VLBW).

Year	Number of VLBW infants born at Level of Care facility GE III	Percent of VLBW infants born at Level of Care facility GE III
2018	334	90.0
2019	303	85.8
2020	311	86.4
2021	348	93.8
2022	334	88.4

Consistently 85 percent or more of very low birth weight infants were born at appropriate facilities.



Past and/or current activities addressing this need:

- Iowa HHS contracts with the Statewide Perinatal Care Program. Over a 3-year period of time they conduct site visits at each of Iowa's 55 birthing hospitals. They frequently discuss when to transfer pregnant women whose infants may need a higher level of care.
- Iowa has a limited number of neonatologists. However, with support of Iowa HHS and the Statewide Perinatal Care Program neonatologists have worked to establish prearranged consultation agreements with smaller hospital providers to provide over-the-phone consultation. This helps the local provider decide the best time to transfer infants and to have transfer plans established.
- Reproductive health team members working in collaboration with the Statewide Perinatal Care Program have obtained CDC Levels of Care Assessment Tool (CDC LOCATe) responses from over 43 facilities.
- Verification visits have been conducted at 14 of 20 of Level II and Level III facilities.
- The Statewide Perinatal Care Program continues to provide technical assistance and education to OB units during their visits to hospitals.
- In September of 2023, Iowa HHS received the CDC Iowa Perinatal Quality Collaborative Grant the performance period is from 09/30/2023 - 09/29/2027. The award is $275,000 per year.
- In the Fall of 2024, with CDC PQC grant funding, Iowa HHS conduct an in-person kick-off for the Hypoxic Ischemic Encephalopathy (HIE) quality improvement collaborative.
- We are working to merge the Iowa Maternal Quality Care Collaborative with the Iowa Neonatal Quality Collaborative into the Iowa Perinatal Quality Collaborative