**Title V Maternal & Child Health 2021-2025 State Action Plan Review**

**Perinatal/Infant Domain Group**

**Priority, Performance Measures, and Objectives: Each domain group had the opportunity to review and comment on performance measures, priorities, and objectives at the last meeting. Here is a summary of the final draft priority associated with your domain group.**

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| **Priority 2: All infants and families have support from strong community systems to optimize infant health and well-being.** | | | |
| **NPM 5:** Safe Sleep (Percent of infants placed to sleep; (A) on their backs; (B) on separate sleep surface; and (C) without soft objects and loose bedding) ***Source: PRAMS***   * **ESM:** Percent of Kansas Perinatal Community Collaboratives (KPCC) participants who placed their infants to sleep (A) on their backs; (B) in a crib/bassinet or portable crib. ***Source: KPCC/BaM Birth Outcome Card***   **SPM 1:** Breastfeeding (Percent of infants breastfed exclusively through 6 months) ***Source: NIS***   * + **ESM:** Percent of WIC non-Hispanic black infants breastfed exclusively through six months. ***Source: WIC*** | | | |
| **Obj. 2.1:** Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5% annually through 2025. | | | |
| **Obj. 2.2:** Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10% by 2025. | | | |
| **Obj. 2.3:** Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025. | | | |
| **Obj. 2.4:** Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15% by 2025. | | | |
| **Looking at the objectives for this priority, is there something missing?** | | **Which one or two objectives would be most actionable and impactful for this group to move forward *first*? What can we accomplish in the next year?** | |
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| **Priority 2: All infants and families have support from strong community systems to optimize infant health and well-being.** | | | **Alignment opportunities: What work is already contributing to this objective and its strategies?** |
| **Objective 2.1: Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5% annually through 2025.** | | |  |
| 2.1.1 Increase access to lactation support by African American providers such as breastfeeding peer counselors, doulas, International Board-Certified Lactation Consultants, and Certified Lactation Counselors that represent high-risk populations. | | |
| 2.1.2 Support the implementation of community-centered, culturally relevant mother-to-mother, father, and grandparent breastfeeding support clubs for African Americans (e.g., Black Breastfeeding Clubs, Brown Baby Brigade, BSTARS, Reach our Brothers Everywhere (ROBE), Fathers Uplift, Grandmothers Tea Project). | | |
| 2.1.3 Broaden the establishment of breastfeeding coalitions for African Americans that connect health care providers and the community to local information and resources, in partnership with the Kansas Breastfeeding Coalition (KBC) (e.g., African-American Breastfeeding Coalition of Wyandotte County). | | |
| 2.1.4 Increase access for families to strong community breastfeeding education, supports and practices in cross-sector settings through collaboration with key community and state partners (e.g., Becoming a Mom, referrals to WIC and breastfeeding support and education, including the expansion of WIC Breastfeeding Peer Counseling, shared messaging through WIC and Home Visiting programs, hospitals, and provider offices, “Breastfeeding Welcome Here” initiatives, education about behavioral health and breastfeeding). | | |
| ***Considering the above objective and strategies…*** | | |  |
| **Are these the right strategies?**  **Is there something missing?** | **Are there other complementary strategies driving this objective underway by you or other partners?** | |
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| **Priority 2: All infants and families have support from strong community systems to optimize infant health and well-being.** | | | **Alignment opportunities: What work is already contributing to this objective and its strategies?** |
| **Objective 2.2: Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10% by 2025.** | | |  |
| 2.2.1 Provide technical assistance to Safe Sleep Instructors to ensure consistent messaging across the state and continuity of supports in partnership with the Kansas Infant Death and SIDS (KIDS) Network of Kansas. | | |
| 2.2.2 Align and strengthen safe sleep education in partnership with the KIDS Network of Kansas through professional trainings and resources offered to local MCH agencies, Home Visiting programs, hospitals, and provider offices to support safe sleep practices and accurate, consistent safe sleep messages. | | |
| 2.2.3 Partner with local coalitions and community organizations leading efforts to support safe sleep, breastfeeding, and tobacco use prevention to provide direct education and referrals to families at high risk for adverse outcomes through Community Baby Showers. | | |
| 2.2.4 Assist local MCH service providers in creating opportunities for real conversations with parents and caregivers identifying true barriers to implementing safe sleep practices. | | |
| ***Considering the above objective and strategies…*** | | |
| **Are these the right strategies?**  **Is there something missing?** | **Are there other complementary strategies driving this objective underway by you or other partners?** | |
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| **Priority 2: All infants and families have support from strong community systems to optimize infant health and well-being.** | | | **Alignment opportunities: What work is already contributing to this objective and its strategies?** |
| **Objective 2.3: Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.** | | |  |
| 2.3.1 Promote consumer awareness of maternal morbidity and mortality risk factors and the importance of perinatal risk screenings (e.g., chronic disease, substance use, mental health, IPV, prior high-risk pregnancy, pregnancy intention) and health interventions through social media campaigns, public awareness events, and dedicated community engagement efforts in partnership with local MCH programs. | | |
| 2.3.2 Increase provider knowledge of the importance of perinatal risk screening, brief interventions, and referrals for treatment through integration toolkits, action alerts, webinars, in-person grand rounds, lunch and learns, and other approaches. | | |
| 2.3.3 Identify and/or develop resources for cross-sector implementation aimed at reduction of preventable causes of maternal mortality based on Kansas Maternal Mortality Review Committee findings and recommendations. | | |
| 2.3.4 Enroll as a participating state in the national Alliance for Innovation on Maternal Health (AIM) initiative and adopt one or more patient safety bundles for statewide implementation in appropriate setting(s). | | |
| 2.3.5 Include Neonatal Abstinence Syndrome (NAS) as a reportable birth defect and build surveillance protocols to supplement community prevention and referral activities. | | |
| ***Considering the above objective and strategies…*** | | |
| **Are these the right strategies?**  **Is there something missing?** | **Are there other complementary strategies driving this objective underway by you or other partners?** | |
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| **Priority 2: All infants and families have support from strong community systems to optimize infant health and well-being.** | | | **Alignment opportunities: What work is already contributing to this objective and its strategies?** |
| **Objective 2.4: Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15% by 2025.** | | |  |
| 2.4.1 Conduct a complete review of the MCH Universal Home Visiting program model as part of Kansas home visiting network and implement enhancements as necessary to assure all families across the state have access to crucial assessment, screening, and referral services. | | |
| 2.4.2 Establish and increase consumer/family and provider awareness about the importance of home visitation supports and impact on family and infant outcomes to increase referrals and number of families receiving support through MCH Universal Home Visiting programs. | | |
| 2.4.3 In alignment with *All in for Kansas Kids* initiative, assure that MCH Universal Home Visiting programs can serve as an information source and connection point in communities to support safe, stable, nurturing relationships/environments and positive outcomes for infants and families. | | |
| 2.4.4 Incorporate family strengthening and parent training/support skills building sessions into MCH Universal Home Visiting standardized curriculum. | | |
| ***Considering the above objective and strategies…*** | | |
| **Are these the right strategies?**  **Is there something missing?** | **Are there other complementary strategies driving this objective underway by you or other partners?** | |
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**Wrap-Up: Go back through this worksheet and review answers to these questions. Affirm or edit, and add more detail, if appropriate.**

* **Which one (or two if absolutely necessary) objectives would be most actionable and impactful for this group to move forward *first* (in the next year)?**
* **What can we accomplish *in the next year* to advance this plan?**

**Action Item:**

**What is my commitment as a council member and the organization I represent to advance this plan?**

**Type your answer into the chat.**