

MATERNAL CHILD HEALTH NEWSLETTER

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES ★ Health.Mo.Gov ★ VOLUME 2 ★ ISSUE 1

MCH Director Communiqué

Do you need new health literacy glasses? The term health literacy was introduced in the 1970s and referred to individual capacity to meet the complex demands for individual health in an ever-evolving modern society. The concept of health literacy has evolved significantly since the 1970s and expanded in meaning to include information-seeking, decision-making, problem-solving, critical thinking and communication, along with the social, personal and cognitive skills necessary to navigate the healthcare system. In addition to individual transformation, health literacy now includes contextual and societal transformation in terms of linking health literacy to economic growth and socio-cultural and political change. A paradigm shift has occurred from framing health literacy as a problem to proving the viability and strength of health literacy as a solution. So, if your health literacy glasses don't have current lenses, your health literacy vision may be blurry, and you're probably due for a health literacy eye exam, or at least a good lens cleaning.

According to the Healthy People 2030 initiative, personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others, and organizational health literacy is the degree to which organizations equitably enable individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others. These updated definitions emphasize the ability to: use health information rather than just understand it, make well-informed decisions, acknowledge the responsibility of organizations to address health literacy, recognize the connection between health literacy and health equity, and integrate a public health perspective.

Social, environmental, and systemic forces are exacerbating old health problems and creating new ones, and the "old" health literacy framework is not sufficient to address these problems. The current health literacy movement seeks to improve health outcomes and reduce health disparities through improved health communication systems and health education programs. However, these goals cannot be fully achieved without accounting for the broad array of genetic, socio-economic, environmental and systemic influences on health. Public health literacy, defined as the degree to which individuals and groups can obtain, process, understand, evaluate, and act on information needed to make public health decisions that benefit the community, is an emerging concept that takes into account the complex social, ecologic and systemic forces affecting health and well-being.

Taking care of our health is part of everyday life, and health literacy is important for everyone - at some point, we all need to be able to find, understand and use health information and services to prevent health problems, protect our health, and better manage health problems when they arise. When health information that is too difficult to be understood is created or provided, or when people are expected to figure out health services with unfamiliar, confusing or even conflicting information, we hinder rather than promote health literacy. Clear communication strategies and techniques (i.e. presenting concepts, words, numbers and images in ways that make sense to the people who need the information) help achieve health literacy and build trust, advance health equity, and promote self-management and empowerment. Let's all check our health literacy glasses to make sure the lenses are clean and providing a clear and undistorted view.

Martha J. Smith, MSN, RN
Missouri MCH/Title V Director

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PROGRAM HIGHLIGHTS

The Title V MCH Program Announces a New Missouri CYSHCN Director

The Title V MCH Program is excited to share that Kari Moore was selected as the new Children and Youth with Special Health Care Needs Director, beginning January 3. Kari graduated with a Bachelor of Science in Special Education – Cross Categorical Disabilities, a Master of Education in Special Education, and a Grantsmanship Certification from the University of Missouri – Columbia. She has successfully written grants for several small non-profits.

Kari brings an extensive background in teaching special populations. She has taught elementary, middle and high school special education students. She has also taught daily living skills to adults with vision loss through Rehabilitation Services for the Blind. Kari utilized data collection to inform her goal setting and individualize instruction with her students. She is passionate about advocating and caring for disadvantaged populations. She loves spending time with her family, traveling and enjoying nature. She is an avid painter and is active with her church family. Kari looks forward to this new role as an opportunity to make a difference for Missouri families.

Governor's Proposal of \$4.3 million for Maternal Mortality Prevention

During the 2023 State of the State address, Governor Mike Parson called for the General Assembly to include more than \$4.3 million in the state budget to implement a new maternal mortality prevention plan to provide support and address preventable deaths of pregnant and postpartum mothers. This new funding will transform the quality of health services by ensuring that all women have access to safe and high quality care before, during and after pregnancy.

Missouri Maternal Health Multi-Sector Action Network Updates

The Missouri Maternal Health Multisector Action Network workgroups have identified action steps to support women and families affected by substance use in each of the following priority areas: SDOH/stigma/equity/justice, wraparound services/team birth approach, Medicaid extension, child and family support services, and criminal justice issues. If you would like to join a workgroup, sign up [here](#). The Medicaid Extension workgroup will be supporting Kids Win, Missouri's effort during the current legislative session to advocate for extension of Medicaid coverage for postpartum mothers from 60 days to a full 12 months after birth. We will work together to recruit mothers/families with lived experiences and prepare them to share their stories with legislators. The Wraparound Services workgroup will create a statewide guide of available programs and initiatives. Please follow the link to provide us with information about [current programs and initiatives](#) that serve mothers and families affected by substance use across the state.

Core team members from the University of Missouri-Kansas City's Institute for Human Development and Title V recently held a collaborative meeting with other key stakeholders (the Uplift Connection, Missouri Hospital Association, Generate Health, Missouri Foundation for Health, Missouri Bootheel Healthy Start and the Kansas City Healthy Start Initiative) working on maternal substance use and mental health specifically focusing on the mother-infant dyad. The aim of the meeting was to strategize on how we can collaborate to leverage our existing work by identifying any duplicating and/or overlapping efforts and discussing ways to utilize the strengths and expertise of different organizations to fill the existing gaps in programming and services.

You can find more information about the action network in previous editions of the [newsletter](#). If you have any questions about the action network, contact the Principal Investigator, Dr. Danielle Chiang, at chiangd@umkc.edu.

MCH Stakeholder survey list

If you have not already, please take a few minutes to complete the following MCH stakeholder [survey](#). The purpose of this survey is to help us update our MCH stakeholder list in order to: 1) have the most up to date contact information so we can improve how we communicate with stakeholders, 2) segment our stakeholder list by MCH population domains so we can meaningfully communicate with our stakeholders, and 3) map our stakeholders to identify which voices are missing from the table and continue to build and strengthen our stakeholder and community engagement. Continually integrating stakeholder and community engagement in our work will help us achieve collective impact in improving the health and well-being of mothers, children and their families in Missouri.

PROGRAM SPOTLIGHT

Maternal and Infant Mortality Program

What does the Maternal and Infant Mortality Program do?

The Maternal and Infant Mortality Program works to reduce morbidity and mortality among infants and pregnant or post-partum women. The Maternal and Infant Mortality Program sits within the Office on Women's Health (OWH) at the Department of Health and Senior Services (DHSS).

1. What is the purpose of Maternal and Infant Mortality Program?

The purpose of the Maternal and Infant Mortality Program is to bring together efforts across the state to reduce maternal and infant mortality so that there is resource sharing, knowledge building, and less duplication of efforts in order to maximize our collective impact.

2. Whom do you partner with to implement maternal and infant mortality initiatives and improve the health of mothers and infants?

Our team partners with many organizations including the Department of Social Services MO Health Net, Missouri Title V MCH Block Grant, Missouri Hospital Association (MHA), Missouri Perinatal Quality Collaborative/Maternal Child Learning and Action Network, community/regional MCH organizations such as Nurture KC in Kansas City and Generate Health in St. Louis, and individual stakeholders with expertise in MCH.

3. How do you support mothers, infants and their families?

We support mothers, infants and their families by:

- Raising awareness of the causes of maternal mortality in the state through the Pregnancy Associated Mortality Review (PAMR) program. The [PAMR program](#) was established in 2011 to improve data collection and reporting of maternal deaths in Missouri. Legislation in 2018 formalized the PAMR program and board. The PAMR board analyzes all maternal deaths that occur while a woman is pregnant, or within one year of the end of her pregnancy.
- Providing data through the [interactive dashboard](#) displaying maternal mortality data. The dashboard summarizes three years (2017-2019) of data from the PAMR board.
- Providing key recommendations to prevent maternal mortality through [annual reports](#). PAMR recommendations for pregnancy-associated deaths are shared broadly among stakeholders including the Missouri legislature, LPHAs, hospitals, community-based organizations and many other listserv distribution lists.
- Providing maternal and neonatal birthing facility levels of care, a classification system that assigns levels based on a facility's resources. For example, a level I maternal hospital is equipped to care for low risk pregnancies and/or care for and stabilize high risk pregnancies until patients can be transported to a facility that can provide specialty maternity care.
- Working with stakeholders to implement quality improvement initiatives. The Maternal/Infant Mortality Coordinator and the MCH/Title V Director participate in the Missouri Maternal-Child Learning and Action Network (MC LAN) by providing guidance, data, knowledge sharing and peer support in developing strategic quality initiatives. Through this effort, MHA takes the lead on implementation of maternal safety bundles in Missouri birthing facilities. Missouri has implemented the [Severe Hypertension in Pregnancy](#), [obstetric hemorrhage](#), and the [Care for Pregnant and Postpartum People with Substance Use Disorder \(CPPPSUD\)](#) patient safety bundles. More details on these quality improvement initiatives are highlighted on the [MHA webpage](#) as well as in the maternal/women's health section (page 81-97) of the [FFY 2023 Title V MCH Services Block Grant Application & Annual Report](#).



What is the Maternal and Infant Mortality Program currently working on, and/or what do you hope to accomplish in the next year?

Our team is currently reviewing maternal mortality cases that occurred during 2020-2022 and will be analyzing and compiling the data from 2020 for a maternal mortality annual report to be published later this year. We will update the maternal mortality dashboard once we complete our analysis of 2020 maternal mortality data. Additionally, we are partnering with the Missouri Neonatal Abstinence Syndrome (NAS) Collaborative and the Missouri Maternal Health Multi-Sector Action Network. The Missouri NAS Collaborative was formed to develop improvements in care related to the care of substance-exposed newborns, including keeping the mother-infant dyad intact; incorporating the functional assessment model Eat, Sleep, Console (ESC) into practice; and establishing Safe Plans of Care of the mother and the infant. The focus with the ESC model is on the functional well-being of the child as it enhances parental/caregiver involvement and results in increased support of the mother-infant dyad. Pharmacological treatment is only used as a last resource. Particularly, the ESC model looks at 1) **Eat**: Is the baby feeding? 2) **Sleep**: Is the baby able to sleep? and 3) **Console**: Can the baby be consoled within ten minutes of crying?

Other Maternal/infant Mortality Initiatives

Maternal Autopsy Program

For state fiscal year 2023 a new decision item (NDI) was submitted requesting funds to cover autopsies for maternal deaths among Missouri residents. 2017-2019 PAMR data showed that the PAMR board disagreed with the underlying cause of death listed on the death certificate in 20% of pregnancy-related deaths and only in 33% of these cases had an autopsy been conducted. The PAMR then determined that cardiovascular disease was the actual underlying cause of death in 73% of these cases. This could have significant public health implications if ignored. Understanding the cause(s) of a maternal death is vital for the Missouri PAMR board to identify prevention opportunities, which may in turn contribute to decreasing preventable maternal deaths. Whether or not an autopsy is completed can be influenced by county budget constraints and/or the family's ability to cover the cost of an autopsy. To alleviate these barriers, funding has been allocated for reimbursement of autopsies and associated transportation costs in eligible cases.

Baby and Me Tobacco Free Program

PAMR data from 2018 further revealed that at least 42% of pregnancy-related deaths were among smokers. DHSS submitted a NDI requesting funding for a maternal tobacco cessation program. The BABY & ME – Tobacco Free (BMTF) Program is an evidenced-based program that strives to inspire and empower pregnant women and their families to overcome nicotine addiction and work to support communities in disrupting the generational impacts of tobacco. Research has shown that smoking during pregnancy can cause health problems for both mother and baby such as: pregnancy complications, premature birth, low-birth weight, and Sudden Infant Death Syndrome (SIDS). Pregnancy presents a unique opportunity for smoking cessation interventions because women who are pregnant are more likely to abstain from tobacco than when not pregnant. Studies have shown that a higher proportion of women stop smoking during pregnancy than at other times in their lives. Up to 45% of women who smoke before pregnancy “spontaneously quit” or stop before their first antenatal visit.

Women enrolled in the BMTF program attend four prenatal sessions and 6-12 postpartum sessions where they receive one on one individualized counseling and information on smoking cessation. They are also required to take a carbon monoxide breath test. If a woman quits successfully, identified by the carbon monoxide monitor or by a nicotine test strip for those who vape, they are eligible to receive vouchers to purchase diapers every month for up to one year as long as they remain tobacco free. The program is being implemented through telehealth and administered virtually; making it ideal to reach populations with transportation, financial or other barriers.

Perinatal Quality Collaborative

Prior to receiving funding, Missouri was one of the few states that did not have a formal Perinatal Quality Collaborative (PQC). PQCs are state teams uniquely designed to initiate and lead statewide initiatives to decrease maternal and infant mortality and eliminate racial disparities in maternal and infant health outcomes. PQCs do this by utilizing evidence-informed practices and processes using quality improvement principles to achieve positive population-level outcomes. The PQC is a result of continued collaborative efforts between DHSS, MHA, March of Dimes, the Missouri Chapter of ACOG and the Missouri Chapter of the American Academy of Pediatrics (AAP). The PQC will be the responsible party for implementing PAMR board recommendations.

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How can people engage with and/or know more about your program?

You can contact the Maternal/Infant Mortality Coordinator at any time at Ashlie.Otto@health.mo.gov. Please visit the [OWH](#) webpage for additional information and resources. You can also visit the PAMR webpage to review the annual maternal mortality report, the [PAMR](#) dashboard and other materials such as fact sheets.

Share a success story from the Maternal and Infant Mortality Program.


One success story is that we utilized PAMR data to obtain state funding through the opioid settlements to implement two quality improvement initiatives: [CPPPSUD](#) bundle and the [ESC model of care](#). This is a major win as the PAMR report published in 2022 found that: 1) the most common means of fatal injury for pregnancy-related deaths was overdose/poisoning and 2) Substance use disorder (SUD) contributed to 32.7% of pregnancy-related deaths. The CPPPSUD bundle has been implemented in 21 facilities and the ESC model has been implemented in 14 facilities.

Additionally, the maternal mortality dashboard reached an audience of approximately 16 million in less than one week from publication.

What are some of the ways that the Maternal and Infant Mortality Program engages with families and/or communities?

The Maternal and Infant Mortality Program engages with families and/or communities by ensuring representation on the PAMR board includes voices of those most affected by maternal mortality. Having members who are deeply connected to their communities brings those perspectives to each review meeting. Local communities are represented through community organizations in the Bootheel region, St Louis and Kansas City. Additionally, prior to implementing provisions of SB50, DHSS staff and the Maternal/Infant Mortality Coordinator hosted regional listening sessions to hear and understand the successes and challenges of delivering maternal and neonatal services across the state. For example in northeast Missouri health care providers shared that their communities include African immigrants who speak unique dialects and thus require more than one interpreter, which can pose challenges when providing equitable care. Engaging with communities ensures a collaborative effort to make sustainable changes.

Meet Our Staff

		
<p>Ashlie Otto, RN Specialist PAMR Program Coordinator Office on Women's Health</p>	<p>Daniel Quay Senior Research/Data Analyst Office of Epidemiology</p>	<p>Crystal Schollmeyer, RN PAMR Program Abstractor Office on Women's Health</p>

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NEWS OF NOTE

Newborn Hearing Dashboard

The Missouri Department of Health and Senior Services (DHSS) Bureau of Genetics and Healthy Childhood and the Office of Epidemiology launched an [interactive newborn hearing dashboard](#) displaying data about [early hearing detection and intervention \(EHDI\)](#) in Missouri.

Without [early identification and early intervention](#), an infant who is deaf or hard-of-hearing can experience delays in speech and language development, academic achievement, and social and emotional outcomes. Missouri strives to meet national EHDI 1-3-6 benchmarks to ensure that:

1. All infants are screened for hearing loss no later than [one month](#) of age,
2. All infants who do not pass a hearing screening receive a diagnostic audiology evaluation no later than [three months](#) of age, and
3. All infants identified with permanent hearing loss receive appropriate intervention services no later than [six months](#) of age.

Infants who miss a benchmark at any step of the EHDI process are considered lost to follow-up and/or documentation (LTF/D). The dashboard summarizes five years of 1-3-6 and LTF/D data (2015-2020) that comes from the DHSS Newborn Hearing Screening Program and the Missouri Department of Elementary and Secondary Education's (DESE) First Steps Program.

Office of Dental Health: “Pregnant Moms Need a Dental Visit Too” Contract Report (October 2021-September 2022)

Three local public health agencies (LPHAs) have contracted with the Office of Dental Health (ODH) to provide education on the importance of oral health for pregnant moms, infants, and children to pregnant moms enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The three LPHAs are Audrain, Tri-County and Wright County health departments. As part of these contracts, local obstetricians and family medicine physicians were also educated on the importance of pregnant women seeing a dentist during pregnancy. Poor oral health and gum disease have been [linked](#) to preterm births, low birthweight babies and preeclampsia. Poor oral health, including tooth loss and periodontal disease, is also associated with increased prevalence of hypertension and diabetes.

Between January and September 2022, 77 pregnant women received education about oral health. Of the 77 pregnant women, 51 received a visual dental screening. Twenty three pregnant women scheduled dental appointments but only eight of them completed their dental appointments. Fluoride varnish was offered to the women and 32 received an application at the time of the WIC visit/appointment.

The following data provides a summary of sociodemographic data collected from 49 of the 77 pregnant women who were served by the LPHA contracts.

The women ranged in age from 17-40 years and the average age was 22 years.

- In total, the women had 239 previous pregnancies.
- 47 women had insurance with a Managed Care Organization or Medicaid and one had private insurance. Insurance information was not collected for one woman.
- 49 women were white, 47 were non-Hispanic. Ethnicity data for two women was not collected.

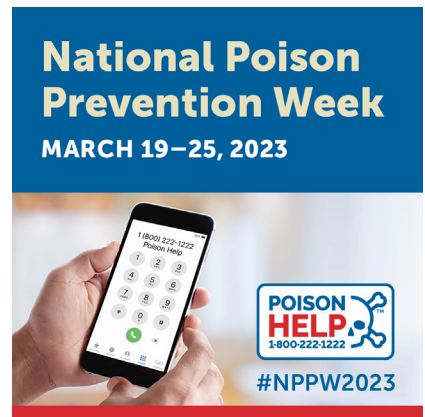
For FFY2023 (Oct 2022-Sep 2023), the three LPHAs will continue working with the “Pregnant Moms Need a Dental Visit Too” contract.

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National Poison Prevention Week 2023

The third full week of March each year is National Poison Prevention Week (NPPW), a week dedicated to raising awareness of poison prevention and safety and the Poison Help line (1-800-222-1222). NPPW 2023 is March 19-25, 2023. The [NPPW 2023 Partner Toolkit](#) contains links to images, banners, social media posts/carousels with messages and other information about the week. The Missouri Poison Center will have daily posts on their Facebook, Twitter and Instagram pages that week with additional content. Download the graphic and then copy the text that goes with the images from the toolkit. The social media infographics and messaging are included in English and Spanish versions. The Missouri Poison Center requests that you include the hashtag #NPPW23 when you post.



aapcc.org/nppw-2023/

The Triple Pandemic: Respiratory Syncytial Virus Infection, Influenza and COVID-19 in Missouri

According to a November 2022 DHSS [press release](#), Missouri, like much of the U.S. has experienced increased respiratory disease activity caused by multiple viruses, including flu and respiratory syncytial virus infection (RSV) that is occurring especially among children. Although cases have not increased in severity, increased volume due to outbreaks of influenza and RSV as well as a resurgence of COVID-19 have put pressure on an already overburdened healthcare system.

The respiratory illness activity hit harder and earlier than usual this season when compared to previous years. Flu cases were much less over the past three years due to non-pharmaceutical interventions, including social distancing and mask-wearing. While RSV cases typically peak between February and March, Missouri saw a significant and early rise of RSV cases statewide. RSV is a common virus that affects the lungs and breathing passages. Most healthy children and adults who get RSV will have a mild case with regular cold symptoms. In many cases, RSV causes symptoms similar to a cold. But it can be a [serious infection](#) for children with a compromised immune system, including children younger than 6 months, those born prematurely or children with asthma, lung or heart conditions. Although RSV is not a reportable condition to the DHSS in Missouri, the CDC tracks state-level trends in RSV detections. According to the CDC's [state RSV trends](#), the five-week average of positive RSV cases in Missouri has decreased from a high of close to 600 PCR detections during the week of November 12, 2022 to 47 PCR detections during the week of February 4, 2023.

As of second week of January, DHSS reported 99,338 flu cases to the CDC. Among these, 5,357 were infants (0-1 year of age), and 38,542 were children (1-14 years of age). The DHSS is offering free testing for flu, RSV and SARS-CoV-2 (the virus that causes COVID-19) at several locations through March 2023. A single nasal swab will allow for detection of these three viruses. Patients of all ages can be tested. Locate a DHSS sponsored testing site, [link](#).

The American Academy of Pediatrics (AAP) recommends routine influenza vaccination and antiviral agents for the prevention and treatment of influenza in children six months and older, respectively. Flu vaccines are offered at many locations, including: doctor's offices, pharmacies, clinics, and local public health departments. As of January 30th, provisional data from ShowMeVax, the states immunization information system, shows that approximately 1.2 million doses of the flu vaccine have been administered. Of these, 43,023 were infants (0-1 year olds), 149,049 were children (1-13 year olds), 56,554 were adolescents (13-17 year olds), and 330,355 were women of reproductive age. Additional precautions for the maternal and child population include staying home when sick, washing hands often with soap and water, and covering coughs and sneezes. The MHA has developed an [RSV toolkit](#) that has social media infographics and sample social media messages that can be shared with a variety of audiences.



President Biden Signs Expanded Protections for Pregnant Workers and Nursing Parents

On December 29, 2022, President Biden signed two bills into law aimed at enhancing protections for pregnant and nursing parents in the workplace: the Pregnant Workers Fairness Act (PWFA) and the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act (PUMP Act). Both laws received bipartisan support in both chambers. The PUMP Act took effect immediately, while the PWFA will go into effect in June 2023.

The PWFA will protect the rights of pregnant workers to have reasonable accommodations at work in order to maintain a healthy pregnancy. It expands on already existing federal protections for pregnant employees under the Americans with Disabilities Act (ADA) and Pregnancy Discrimination Act of 2010 (PDA). Employers will need to grant temporary and reasonable accommodations for pregnant workers, such as light duty or other arrangements. Reasonable accommodations could include assigning light duty that doesn't involve heavy lifting, providing an option to sit during a shift, or allowing more frequent bathroom breaks. The PUMP Act will protect the rights of breastfeeding workers to express milk while on the job. It builds on already existing federal protections for breastfeeding employees and amends a 2010 amendment to the Fair Labor Standards Act (FLSA), which required employers to provide accommodations (such as space and time for hourly employees to pump and store breast milk at work) for breastfeeding employees who are non-exempt under the FLSA (such as salaried employee including teachers and nurses) with reasonable break time and private space—other than a bathroom—to express milk for one year following the birth of a child. The passage of these bills is a huge win for maternal and infant health as they will transform the workplace for mothers, mothers-to-be and working families. Most importantly, these changes will particularly help low-wage and frontline workers who are more likely to have physically demanding jobs and inflexible hours.

Building Resilience from Lived Experience: A Collection of Public Health Emergency Preparedness and Response Stories

Public health emergencies have and will continue to reveal the critical importance of planning for and responding to the needs of women, children, and their families, including those with special health care needs. The Association of Maternal and Child Health Programs (AMCHP) recently released a collection of stories that are presented as written narratives and short video clips. Featured stories highlight reflections from: health department staff, a woman of reproductive age, a woman with a special health care need as well as a parent of children with special health care needs.

LEGISLATIVE UPDATE

The following MCH related bills have been proposed during the 2023 legislative session:

- SB 321/ HB 172: Requires public schools to provide free breakfasts and lunches to all students attending classes in such school.
- SB45, SB90, SB183, HB91, HB254, HB286, HB328, HB354: Modifies provisions relating to MO HealthNet services for the duration of the pregnancy and for one year after birth.
- SB 183: Modifies provisions relating to MO HealthNet eligibility and services.
- HB 446: Requires certain public schools to offer breakfast after the bell.
- SB82, HB719: Modifies provisions relating to public assistance (Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and low-income housing assistance).
- SB73, SB162, SB184, HB114, HB126, HB145, HB351, and HB381: Authorizes sales tax exemptions for diapers and feminine hygiene products.

SAVE THE DATE

Systems for Action: Integrating Health and Social Services through a Novel Independent Practice Association

March 8, 2023 - Virtual
11 a.m. - 12 p.m. CT

This study investigates the impact of a novel independent practice association (IPA) formed among community-based social service organizations (CBOs) to address social determinants of health among residents of upstate New York. The Healthy Alliance IPA allows diverse CBOs offering services for housing, transportation, food and other social needs to join together in a shared-governance association that facilitates referrals, care coordination and performance-based contracting with health plans and medical providers. The study focuses specifically on the outcomes experienced by racial and ethnic minority populations and also examines the roles played by CBOs led by Black, Indigenous, Latino and other persons of color. Register [here](#).

Systems for Action: Multisector Task-Sharing to Improve Mental Health in Harlem, NY

March 22, 2023 - Virtual
11a.m. - 12 p.m. CT

This study evaluates the effectiveness of a multisector task-sharing collaborative in addressing the inter-related problems of mental health disorders, poverty and housing instability among racial and ethnic minority communities residing in Harlem, NY. The collaborative trains the staff at low-income housing agencies and primary care practices to engage in mental health task-sharing, whereby staff deliver basic mental health support services such as screening, psychoeducation, peer support and referral to mental health specialists. Community health workers are placed at these same sites to help connect clients with needed social services beyond housing and primary care. Register [here](#).

Infant Loss Resources and FLOURISH St. Louis: 2023 Safe Sleep Champion Trainings

Various dates, 2023 - virtual
11a.m. - 12:30 p.m. CT

The 2023 Safe Sleep Champion live trainings will be held through May. Upcoming trainings will be held on March 7, April 24 and May 6 from 11a.m. - 12:30 p.m. Visit the [Infant Loss Resources webpage](#) for more information or email mterry@generatehealthstl.org.

2023 Annual Maternal Mental Health FORUM: Planting Seeds, Reaping Rewards

March 22 - 24, 2023 - Virtual

The Maternal Mental Health FORUM is the conference where change agents come to convene, collaborate and take in cutting-edge content to close gaps in care. The event brings together cross-sector stakeholders in health care - including health systems, insurers, employer purchasers, public health and other government agencies, mothers and more. The event is going to be fully virtual, with mainstage and breakout sessions, and both topic and regional networking opportunities. Register [here](#).

AMCHP 2023 Conference: Cultivating Diverse Leaders in Maternal and Child Health

May 6 - 9, 2023 - Virtual and In-Person (New Orleans)

The registration for the 2023 AMCHP Annual Conference, held from May 6-9, 2023, is now open. The 2023 edition of the AMCHP Annual Conference will offer content in-person and through a virtual conference platform with the theme "Cultivating Diverse Leaders in Maternal and Child Health". In-person and virtual participants will discuss strategies to grow MCH leaders who reflect the diversity of experiences, cultures and abilities of the people they serve. The goal is to nurture innovative, creative and resilient leaders who use their talents to support healthy communities.

Early bird conference registration ends on Wednesday, March 8 at 11:59 PT. If you are not sure whether you will attend in person or virtually, you can still register. You will have until Wednesday, April 5, 2023, at 11:59 PT to change your attendance status without penalties. Please visit the [AMCHP Conference webpage](#) to register and learn more about the conference. You can also make your hotel reservation to attend the conference in person. [Book your stay](#) at the New Orleans Marriot in New Orleans, LA, by end of day April 13, 2023, or until the block sells out.

MCH RESOURCES AND TOOLS

Maternal Mental Health

- Press release: Four in 5 pregnancy-related deaths in the U.S. are preventable; [CDC](#)
- Toolkit: MCPAP for Moms Obstetric Provider Toolkit; [Massachusetts Child Psychiatry Access Program](#)
- Toolkit: Lifeline for Moms Perinatal Mental Health Toolkit; [University of Massachusetts Chan Medical School](#)
- Webinar: Harnessing the Power of Collaboration to Improve Outcomes for Families Affected by Substance Use Disorder in Pregnancy; [NICHQ](#)
- Journal Article: US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020; [Columbia University Mailman School of Public Health](#)
- Maternal Mental Health from 20/20 Mom
 - » Webinars Maternal mental health: [2020 mom](#)
 - » Executive Report Summary: Maternal Suicide in the U.S.; [September 2022](#)
 - » Blogpost: CDC: Maternal Mental Health Disorders are the Leading cause of Pregnancy-Related Deaths; [09/26/2022](#)

Latest publications from the CDC Morbidity and Mortality Weekly Report

- Vaccination Coverage by Age 24 Months Among Children Born During 2018–2019 — National Immunization Survey–Child, United States, 2019–2021; [01/13/2023](#)
- Racial and Ethnic Differences in COVID-19 Vaccination Coverage Among Children and Adolescents Aged 5–17 Years and Parental Intent to Vaccinate Their Children — National Immunization Survey–Child COVID Module, United States, December 2020–September 2022; [01/06/2023](#)
- Measles, Mumps, Rubella Vaccine (PRIORIX): Recommendations of the Advisory Committee on Immunization Practices — United States, 2022; [11/18/2022](#)
- Tobacco Product Use Among Middle and High School Students — United States, 2022; [11/11/2022](#)

AMCHP: MCH Bridges

You can listen to new episodes of the MCH Bridges Podcast:

- [Episode 9](#): Centering the Soul Ties to the Food We Eat: A Strategy for Equity in Nutrition Services
- [Episode 11](#): Community-Led Solutions for Change: The Story of Colorado's Birth Equity Bill Package

Youth Engagement: Youth Voice Amplified

You can now join members of [Youth Voice Amplified](#) (from AMCHP) as they talk about things that affect youth health and well-being. This is a podcast for young people, made by young people.

Mental Health Hotlines

- Missouri 988 Suicide and Crisis Lifeline
- 1-833-9-HELP4MOMS-Maternal Mental Health Hotline



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

Title V Maternal Child Health Block Grant
Division of Community and Public Health
P.O. Box 570 Jefferson City, MO 65102

[Health.Mo.Gov](#)

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You received this message because you are identified as a maternal child health stakeholder. This newsletter is produced quarterly by the MCH/Title V team at the Department of Health and Senior Services. Email Nina.nganga@health.mo.gov to request inclusion of your event, resource or update in our eNewsletter.

An EO/AA employer: Services provided on a nondiscriminatory basis. Hearing- and speech-impaired citizens can dial 711.