

Mayor Bowser's Maternal and Infant Health Summit - The Path Ahead

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Maternal and Perinatal Health in the District





ANACOSTIA HEALTH CENTER



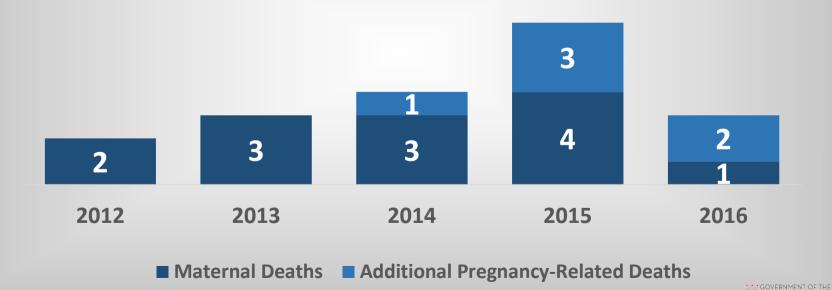








Number of DC-Resident Maternal Deaths and Additional Pregnancy-Related Deaths by Year, 2012-2016



DC HEALI



250

Maternal Morbidity 2012 - 2016

Number of DC-residents with Severe Maternal Morbidities while Delivering Birth at DC Hospitals by year

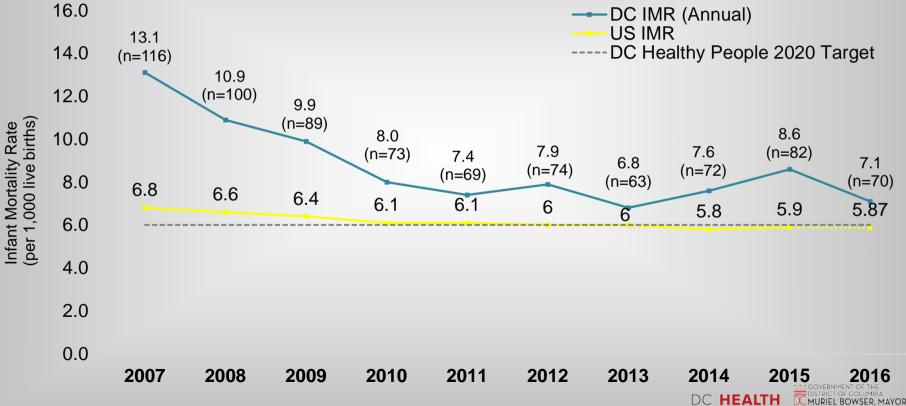


Any severe morbidity excluding Blood Transfusion Only
Blood Transfusion Only





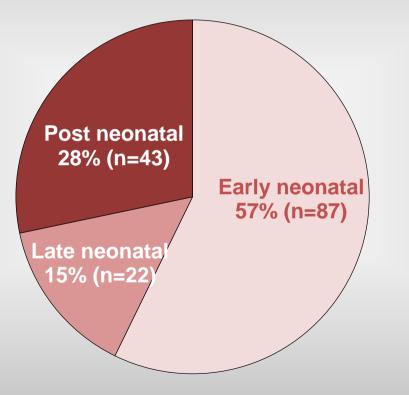
Infant Mortality Rate 2007 - 2016



DC

HEALTH

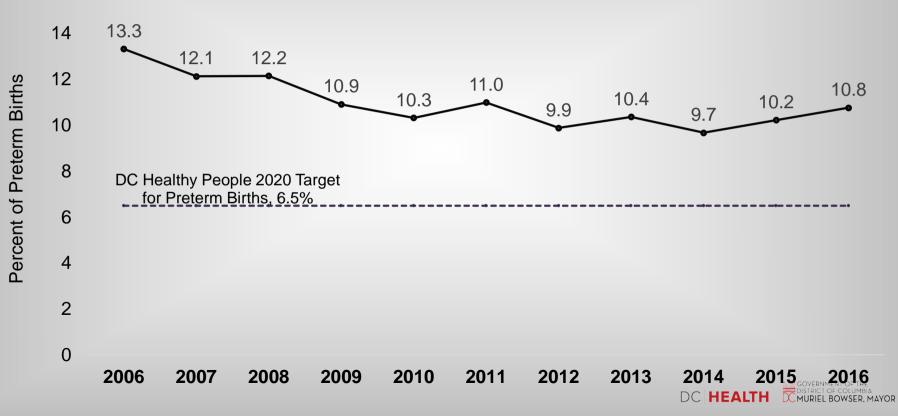






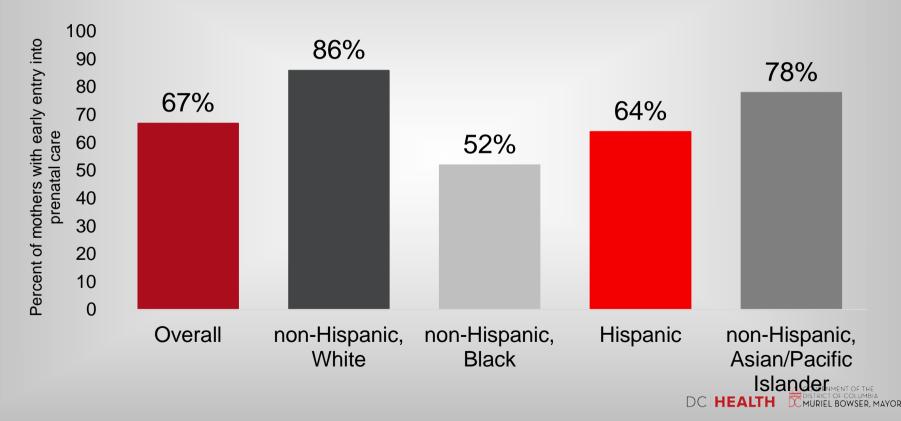


Preterm Births 2006 - 2016





Timely Entry into Prenatal Care 2015 - 2016





Recap and Commitments





Quality of Clinical Care

- Improved women's health & engagement with medical home before pregnancy
- Increased collaboration between providers
- More options like group prenatal care and telehealth









Quality of Clinical Care

- Improved access to and use of medications to prevent preterm birth and pre-eclampsia
- Co-locate or link behavioral health services
- Use of technology for education and follow-up
- Birthing facility safety bundles to improve maternity care







Implicit Bias and Cultural Barriers to Care

- Trainings around implicit bias and cultural humility for formal health care systems
- Use of providers like doulas and navigators to make care more accessible
- Customer service training
- Open, welcoming doors for all residents









Community and Social Determinants of Health

- Citywide campaigns to change norms around family planning, prenatal care, teen pregnancy prevention
- Collaborations between health systems and housing, education, economic development



Services embedded in the community to build trust

Child care

• Use of technology for community-clinical linkages

- Community and Social Determinants of Health
 Technical education and job training









- Pursue more collaborative strategies with community partners and other key stakeholders
- Grow midwifery services and promote strategies such as centering
- Commit to promote health equity in everyday work







- Educate workplace and community about maternal and child health outcomes, policies, and available community resources
- Include more individuals and partners to the conversation





THE DISTRICT STRATEGY TO IMPROVE PERINATAL HEALTH OUTCOMES











EVERY TEENAGE GIRL AND WOMAN in DC is in control of her reproductive health.

EVERY PREGNANT WOMAN

receives patient-centered, high quality prenatal care beginning in the 1st trimester.

EVERY HEALTHCARE PROVIDER

has the tools and resources they need to provide quality care and manage complex social needs of women and infants.

EVERY HEALTHCARE FACILITY

providing maternal and infant care has the tools and resources to practice evidence based health care and to document QI/QA activities.

EVER receive care in outpat

EVERY NEWBORN receives high-quality neonatal care in the hospital and outpatient setting.



EVERY PARENT

has the life skills and resources needed to nurture and provide for their family.



EVERY INFANT, MOM, AND DAD

has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning.



Focus Areas

Improving Women's Health Before Pregnancy Addressing Barriers to Prenatal Care



Preventing Preterm Births



Existing Coalitions and Committees



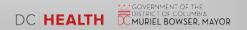
- DC Breast Feeding Coalition
- DC Perinatal Collaborative
- Title V Maternal and Child Health Advisory Board
- Child and Infant Fatality Review Committees
- ACOG Working Group to Improve Obstetrical Care
- Maternal Mortality Review Committee (coming soon)



Upcoming Efforts







Perinatal Quality Collaborative

State or multi-state networks of teams working to improve the quality of care for mothers and babies















UP NEXT

- DCPCA Human-Centered Solutions to Improve Maternal Health Outcomes
- WAWF DC Family Planning Project
- > Breakout Sessions



