

# Public Health Practice Stories from the Field

## The Healthy Babies Challenge *An Initiative of the Association of State and Territorial Health Officials*

**6.8%**

The 6.8% US infant mortality rate is higher than in many other developed countries.

**8%**

ASTHO's president has challenged all states and territories to reduce preterm births by 8% by the end of 2014.

**52**

All 50 states, the District of Columbia, and Puerto Rico have agreed to the challenge.

**7**

Seven states have already met the goal, and others are progressing toward it.

The infant mortality rate in the United States is consistently higher than in many other developed countries. In 2009, the United Health Foundation's *America's Health Rankings*<sup>®</sup> reported an infant mortality rate of 6.8% in the United States. Infants born preterm (earlier than 37 weeks of gestation) are more likely to die during infancy than babies born later (*Obstetrics & Gynecology 2008*), and infants born at 39 weeks or later have a lower chance of dying in infancy than infants born between 37 and 38 weeks (*Obstetrics & Gynecology 2011*).

In September 2011, Dr. David Lakey, president of the Association of State and Territorial Health Officials (ASTHO), challenged all states, the District of Columbia, and territories to sign a pledge to reduce preterm births by 8% by the end of 2014. This Healthy Babies President's Challenge was issued in collaboration with the March of Dimes to create an achievable goal, support policies and programs that reduce premature birth, and expand awareness of state prematurity rates and related maternal and child health indicators.

To date, all 50 states, the District of Columbia, and Puerto Rico have taken the pledge. Signers commit to

- Focusing on improving birth outcomes by involving state leadership teams and state partners
- Creating a unified message that builds on best practices from around the nation
- Developing clear measures to evaluate targeted outreach, progress, and return on investment

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### What We Did

The ASTHO President's Challenge asked health officials to implement strategies based on successful national, regional, and state efforts to reduce pre-term births. ASTHO is collaborating with CDC, the Health Resources and Services Administration (HRSA), the Association of Maternal and Child Health Programs (AMCHP), the March of Dimes, and other partners to develop a national strategy and provide coordinated assistance to health officials to reduce infant mortality and prematurity. ASTHO, HRSA, March of Dimes, and AMCHP invite health officials and their leadership teams and partners to strategy summits, where they create state infant mortality and prematurity plans and collaborate with organizations jurisdiction-wide to tackle shared infant mortality concerns, such as elective early deliveries.

### What We Accomplished

Seven states—Alaska, Colorado, Delaware, New York, Rhode Island, Vermont, and Wyoming—have already met the challenge goal of an 8% or greater reduction in preterm births. Other states have made progress toward the goal:

- Georgia's Department of Public Health, the Georgia Hospital Association, and the Hospital Engagement Network are working with hospitals to significantly decrease or eliminate elective early deliveries (deliveries prior to 39 weeks of gestation that are not medically necessary). After staff training in 48 Georgia birthing hospitals, the hospitals' elective early delivery rates dropped from 35% in March 2012 to 3.5% in August 2012. In July 2013, Georgia began banning Medicaid payments for elective early deliveries.
- Since 2010, the Oklahoma State Department of Health, March of Dimes, and Oklahoma Hospital Association have worked with 55 of the state's 59 birthing hospitals to end elective early deliveries. As a result,
  - Elective early deliveries decreased by 70% in the program's first year
  - Births after 39 weeks increased by 10% in the first three months of 2010
  - Of all deliveries at 37 and 38 weeks, elective deliveries dropped from 16% in January 2010 to 10% in December 2012
- After asking hospitals to reduce elective early deliveries, the South Carolina Department of Health and Environmental Control and the March of Dimes announced a 50% decrease in such deliveries. In January 2013, the state began denying Medicaid and Blue Cross Blue Shield payments for nonmedically indicated inductions or Cesarean deliveries before 39 weeks.
- The Louisiana Department of Health and Hospitals, Louisiana Medical Society, Louisiana Hospital Association, state chapter of the American College of Obstetricians and Gynecologists, and 20 of the state's busiest birthing hospitals partnered on The 39 Week Initiative to end nonmedically indicated deliveries before 39 weeks. Several hospitals have already decreased unnecessary early deliveries by 60% and had significant reductions in neonatal intensive care unit admissions.

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