STATE OF ALABAMA INFANT MORTALITY REDUCTION PLAN

Fiscal Year Four Report

(October 2021 - September 2022)

INFANT MORTALITY

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate (IMR) is the number of infant deaths for every 1,000 live births. The IMR provides key information about maternal and infant health and is an important marker of the overall health of a society. Alabama has consistently had one of the worst IMRs in the nation and consistently has a large disparity in IMRs by race. Black infants are dying at twice the rate of white infants in Alabama and in some years the disparity is even greater.

Health outcomes cannot simply be reduced to the health behaviors of the infant's family, but rather are molded by the family's environment. The social determinants of health (SDOH) are defined by Healthy People 2023 as "the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." These factors are formed by historical, social, political, and economic forces that are at work in our communities and include conditions such as safe housing, racism, access to health care, job opportunities, income, air and water pollution, and access to nutritious foods. For example, neighborhoods that don't have access to grocery stores with healthy foods will have inhabitants that are less likely to have good nutrition. Poor nutrition raises an individual's risk of health conditions such as diabetes, heart disease, and obesity. These chronic conditions put pregnant women and their babies at higher risks for poor birth outcomes. The uneven distribution of SDOH contribute to wide health disparities in our state.

Although their order sometimes changes, over the last several years the three leading causes of infant death in Alabama consistently have been congenital anomalies, conditions related to prematurity, and sleep-related deaths.

STATE OF ALABAMA INFANT MORTALITY REDUCTION PLAN

In 2016, 537 Alabama infants died, and our state ranked 50th in the nation with an IMR of 9.1. In December 2017, Governor Kay Ivey convened the Children's Cabinet to address the issue of infant mortality in Alabama and a subcommittee was created to develop an action plan. The subcommittee, which drafted the Infant Mortality Reduction Plan, was comprised of leaders from the following agencies:

Alabama Department of Early Childhood Education (ADECE)

Alabama Department of Human Resources (ADHR)

Alabama Department of Mental Health (ADMH)

Alabama Department of Public Health (ADPH)

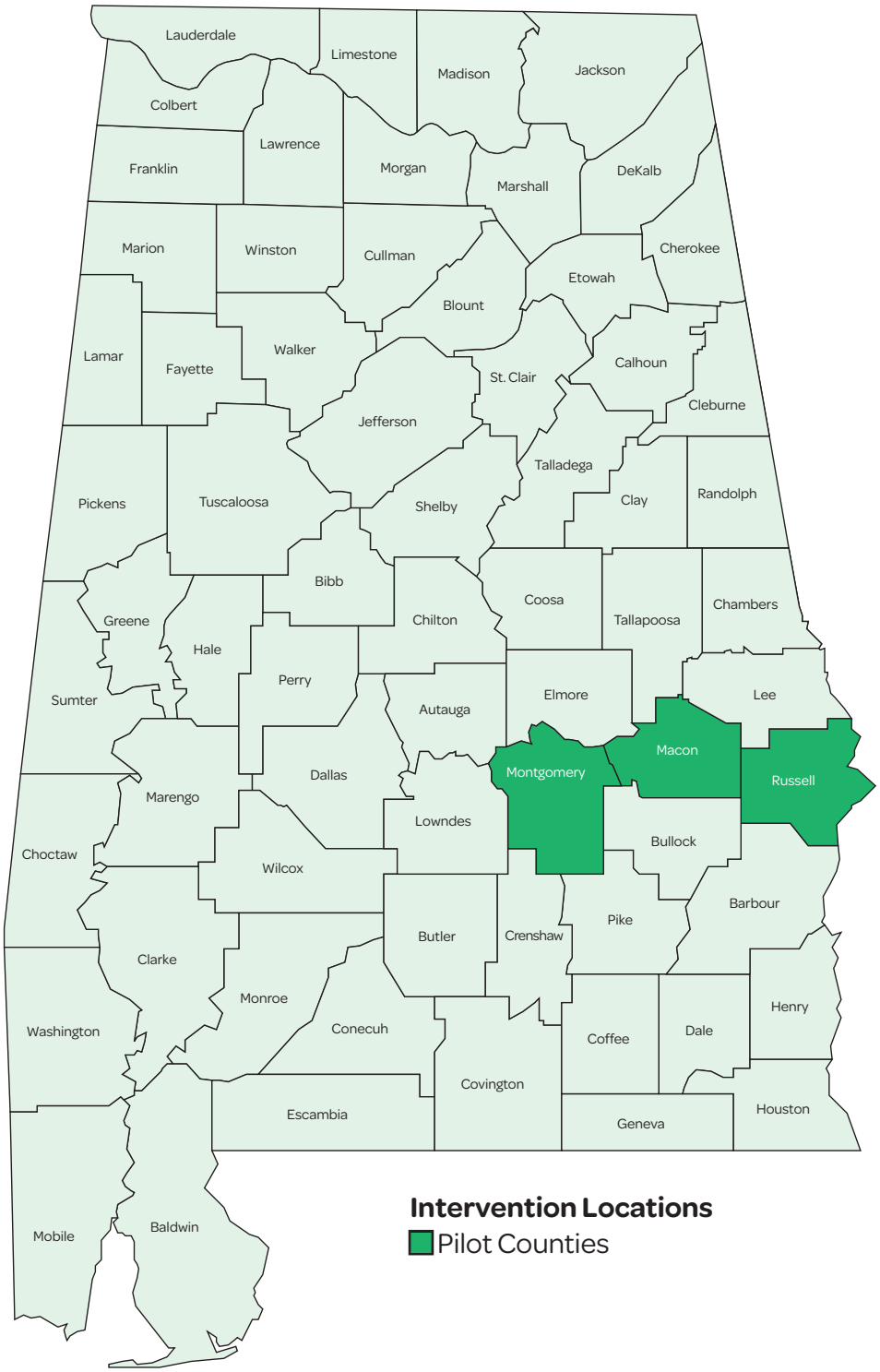
Alabama Medicaid Agency (AMA)

Alabama (Governor's) Office of Minority Affairs (GOMA)

Twelve counties were identified as having disproportionately high infant death rates relative to their populations in the period 2014-2016. Autauga, Colbert, Etowah, Jackson, Jefferson, Macon, Marion, Mobile, Montgomery, Russell, Tuscaloosa, and Walker were the identified counties. The Children's Cabinet adopted the recommendations of the working subcommittee to implement a pilot program to reduce infant mortality rates by at least 20 percent in three pilot counties (Montgomery, Macon, and Russell), within 5 years. The three pilot counties are shown in Figure 1. The Alabama Legislature appropriated $1 million annually beginning in fiscal year (FY) 2019 for the State of Alabama Infant Mortality Reduction Plan (SAIMRP).

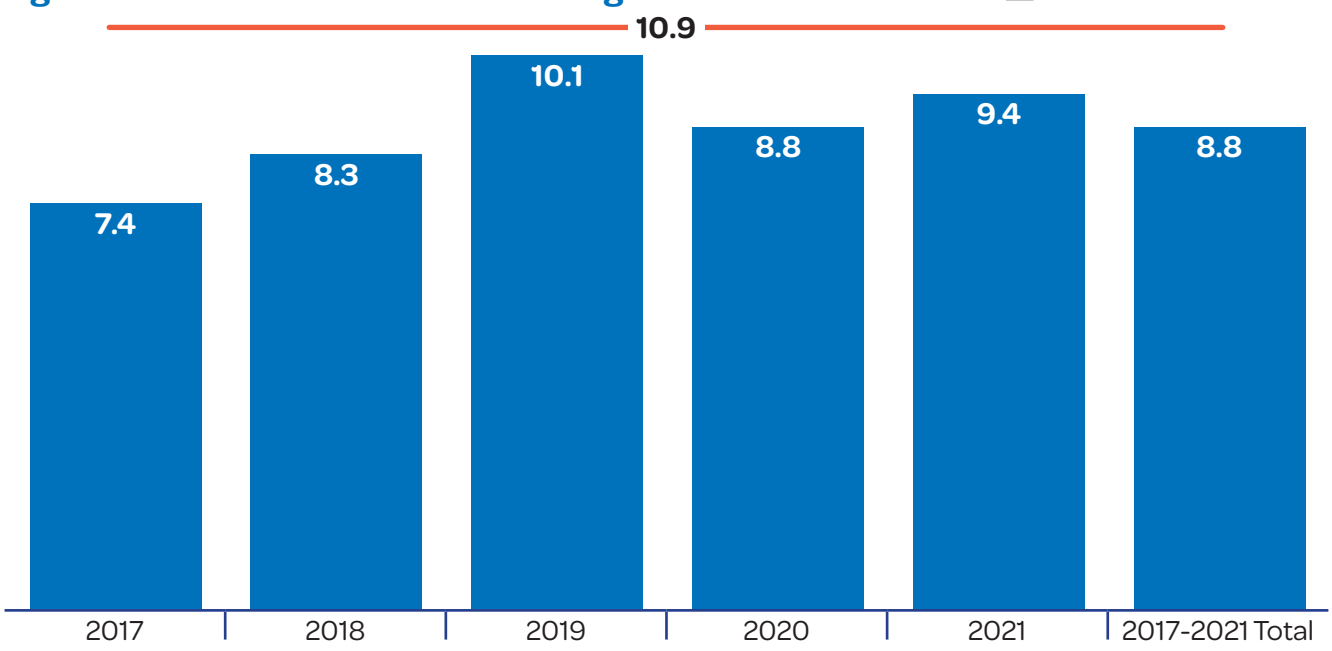
The SAIMRP includes seven funded strategies, which are: evidence-based home visitation, led by ADECE; safe sleep education, led by ADHR; a screening tool for substance use, led by ADMH; and pre/inter-conception care, prematurity prevention, perinatal regionalization, and breastfeeding, all led by ADPH. Beyond these seven strategies, extensive collaboration takes place with community and agency partners to work towards healthier Alabama moms and babies. Two partner projects highlighted in this report are ALL Babies and Count the Kicks that have worked closely with the SAIMRP to reduce infant mortality in the pilot counties.

Figure 1. Pilot Counties for the State of Alabama Infant Mortality Reduction Plan



In the first 4 years of the SAIMRP, progress was made in reducing the IMRs for the three pilot counties. In 2016, the combined IMR in the three pilot counties was 10.9 deaths per 1,000 live births. The combined IMR for the pilot counties for the period 2017 through 2021 was 8.8 deaths per 1,000 live births, which is a 19.3 percent decrease from that of 2016 as shown in Figure 2.

Figure 2. IMR for Pilot Counties during 2017-2021



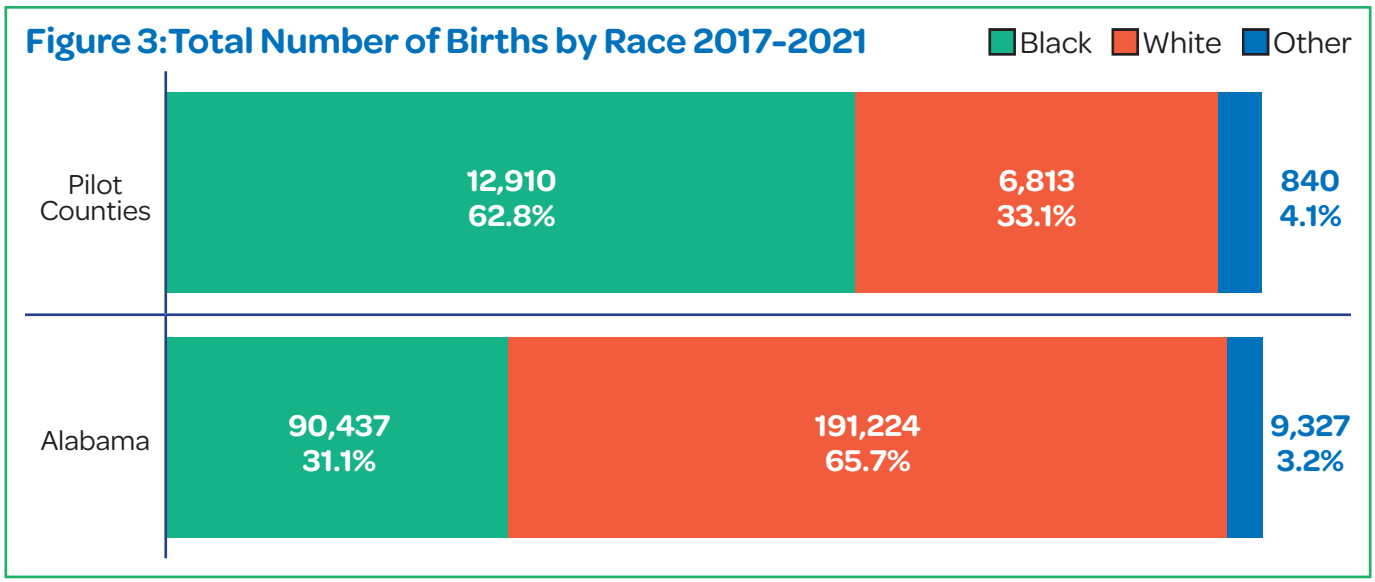
RACIAL DISPARITIES

Although infant mortality decreased in the three pilot counties from 2017 through 2021, the IMR rate of 8.8 in the pilot counties remains higher than the state provisional rate of 7.3 from 2017through 2021 (Table 1). During the period of 2017 through 2021, Blacks died at a rate of 10.9 infant deaths per 1,000 live births, while deaths among Whites occurred at a rate of 4.8 infant deaths per 1,000 live births in the pilot counties. For the combined total IMRs in three pilot counties from 2016 to 2021, Blacks had 2.3 times the IMR as Whites. It is important to note that in both White and Black infant categories, IMRs in the pilot counties (White infant 4.8, Black infant 10.9) are lower than those in Alabama (White infant 5.5, Black infant 11.4).

Table 1. IMR in Pilot Counites and Alabama by Race 2017-2021 Total

	White	Black	Other	Total
Alabama	5.5	11.4	6.0	7.3
Pilot Counties	4.8	10.9	8.3	8.8

Table 1 indicates that racial disparities play a critical role in the higher total IMRs in the pilot counties. Figure 3 and Figure 4 show the distribution of population by races for both total births and total deaths for 2017 through 2021. The larger percentages of Black infants in the population as shown in Figure 3 and Figure 4 account for the higher IMRs for the pilot counties. For births, Black infants represent 62.8 percent and 31.1 percent total births for pilot counties and Alabama, respectively as shown in Figure 3. However, Black infant deaths represent 77.9 percent and 48.5 percent total infant deaths for pilot counties and Alabama, respectively as shown in Figure 4.



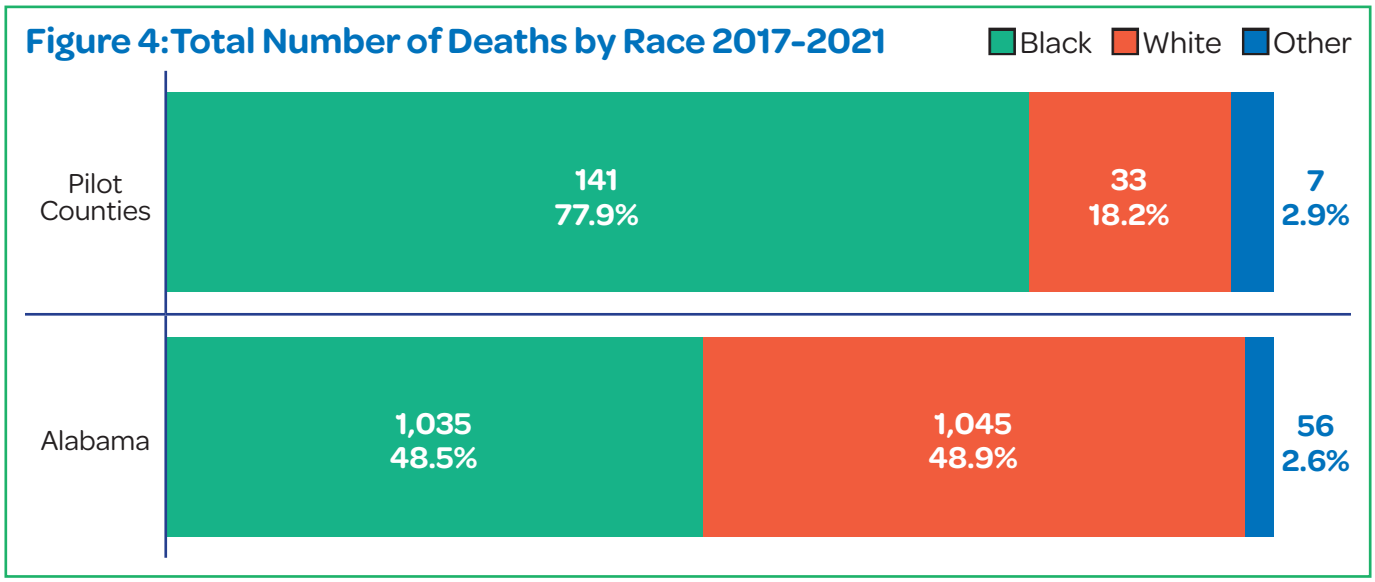
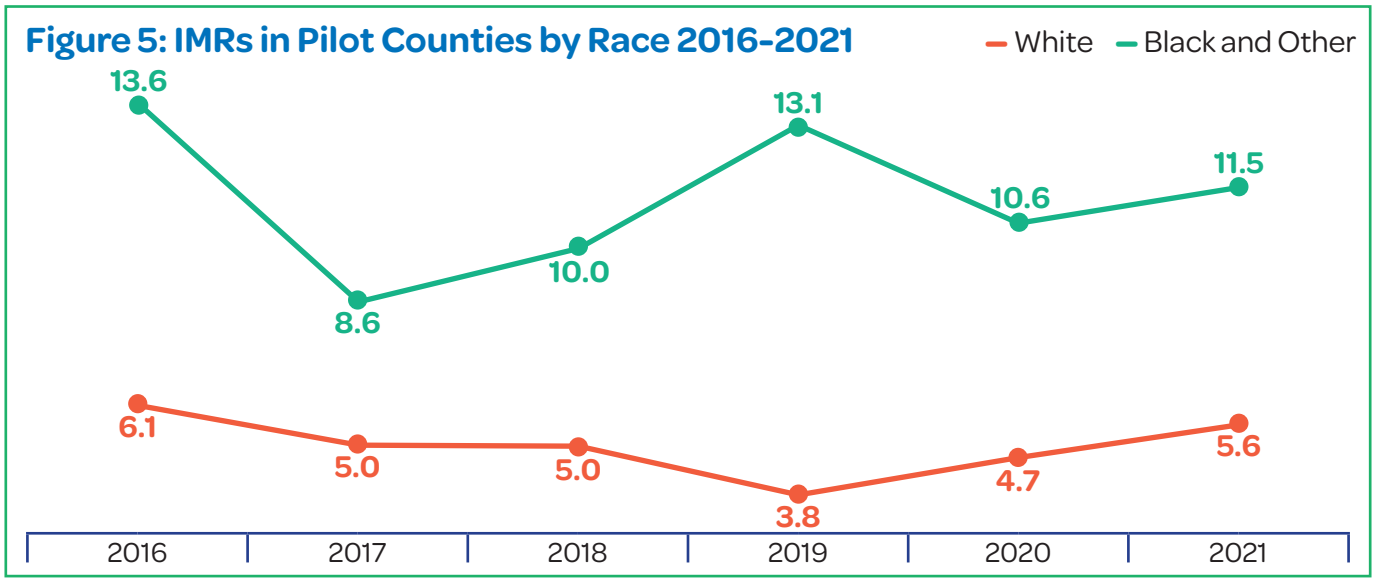


Figure 5 shows the IMRs in pilot counties by race from 2016 to 2021. IMRs for Black/Other infants are significantly higher than those for White infants.



FY 4 HIGHLIGHTS

- **Key staff vacancies in various strategies were filled and new staff were onboarded.**
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT) staff have promoted the screening tool for substance use and provided relevant training at statewide conferences.**
- **Despite continuing COVID-related challenges, 203 families were served by the Home Visiting Program.**
- **In the pilot counties, Well Woman (WW) assisted 260 women of child-bearing age with working toward reducing hypertension, diabetes, and obesity.**
- **Key staff from each participating state agency met in July 2022 to reflect on infant mortality prevention activities over the past 4 years and plan for the fifth and final year of the initiative.**

THE SEVEN FUNDED STRATEGIES OF THE SAIMRP

In the FY 3 Report, only six initial strategies were active. The seventh strategy, targeting prematurity, required a new approach, after Alpha Hydrozyprogesterone Caproate (17P) was removed from the market by the Food and Drug Administration (FDA). In FY 4, the prematurity strategy workgroup began pursuing Group Prenatal Care. Updates on the progress of all seven strategy workgroups are found in this section.

EVIDENCE-BASED HOME VISITING PROGRAM

The Home Visiting Program is a prevention strategy used to support pregnant women and families of young children to promote infant and child health, foster development and school readiness, and help prevent child abuse and neglect. Participation in these programs is voluntary, and families may choose to opt out at any time. In all three pilot counties, Nurse Home Visitors work with expectant families using the Nurse-Family Partnership (NFP) Model and remain involved with the family until their child turns 2 years old. In addition to the NFP Model, the Parents as Teachers (PAT) Model is used in Russell County. PAT Parent Educators serve families prenatally through kindergarten entry.

While seeing many successes, COVID-19 is still affecting the Home Visiting Program. Recruiting new families continues to be a challenge in all three counties. This is partly due to decreased referrals from outside agencies and difficulties recruiting new families virtually. There continues to be hesitation about returning to in-person services and the potential of exposure. Several families continued to feel uncomfortable with in-person visits. The Home Visiting Program continues to work with all enrolled families and provide services in-person, virtually, or hybrid, according to the family's preference.

During these visits, the Home Visitors provide support, education, and encouragement. They connect families to available resources in the community and provide caregivers with the tools needed to create opportunities for their success. Participants are also screened for intimate partner violence, child developmental milestones, and parent-child interactions. Based on the results of the screenings, participants are referred to appropriate services.

The number of active families enrolled in the Home Visiting Program for FY 4 is 203, where the family is defined as the pregnant woman and her children up to 24 months of age. Of the 67 women who gave birth during the reporting period, 37 (55.2 percent) initiated breastfeeding. Of the 37 women, 15 (40.5 percent) continued breastfeeding at 6 months.

PRE-CONCEPTION/INTER-CONCEPTION CARE (THE WW PROGRAM)

The WW Program works with women ages 15-55 to improve their overall health before and after pregnancy by providing reproductive health planning, risk factor screenings for cardiovascular disease, and nutritional counseling. All participants receive a *New Leaf* book, which is an evidence-based curriculum that instructs participants on how to prepare healthy meals, make informed food choices, and include physical activity in their daily lives. Stress management, depression, tobacco cessation, and bone health are also covered in the *New Leaf* book. The program also provides health coaching, nutrition classes, free gym membership, and a monthly support group.

The enrollment numbers for FY 4 in the three pilot counties were 192 in Montgomery , 43 in Macon, and 96 in Russell. In the second quarter, new data tracking was initiated to capture aggregated participant health outcomes. Of the 260 women seen from January through September, 65 (25 percent) returned for a second appointment. Of the returning participants, 47.7 percent showed a decrease in their body mass index (BMI) and 47.6 percent showed a blood pressure decrease in both systolic and diastolic readings.

Participants have reported making better food choices as a result of attending the nutrition classes. In the support group, participants share their successes in reducing their consumption of sugary drinks, losing weight, and lowering their blood pressure.

A beta test text messaging campaign, 211KNOW, was piloted in the WW Program during the final quarter in FY 3. The Office of Women's Health and the WW Program partnered with the Alabama Women's Commission and Explore Media to compile researched nutritional and physical activity information to send through weekly text messages to program participants. Participants received these educational messages each week at the same time which allowed them to have access to recipes, physical activity tips, and other various vetted nutritional information. 211KNOW was a success and text messages for 2022 launched on May 12. Messages were written and reviewed by the WW Program and ADMH, and included evidence-based nutrition information, physical health resources, and mental health tips.

WW PROGRAM SUCCESS STORIES

Russell County:

A participant joined WW in the middle of April 2022. She started going to the gym and started using the walking trail near her home. She reported that she has worked on improving her nutrition. She lost almost 20 pounds and stated that she also feels better overall.

Montgomery County:

A 54-year-old woman was referred to the WW program by a friend and enrolled in March 2022. When she enrolled in WW, she weighed 277 pounds with a BMI of 45. She stated that she barely had an appetite and was mostly eating processed snacks, such as crackers and chips when hungry. She admitted that her self-esteem was very low because of her weight gain.

Since enrolling in WW, she now goes to the gym a minimum of three days a week. She enjoys the sauna and strength training machines. She states that being back in the gym has motivated her to leave [her] house and to become healthy again. Although she still snacks on processed foods, she now understands the importance of eating "real" food. When she enrolled, she was eating no fruits or vegetables, and very little meat. Now she is consuming veggies and fish after being educated on the importance of a well-balanced diet.

SAFE SLEEP

The American Academy of Pediatrics (AAP) recommends that infants sleep alone (in the same room with a caregiver, but not in the same bed), on their backs, and in a crib or other firm surface that is free of soft bedding (blankets, bumper pads, stuffed animals).

The Safe Sleep workgroup continues its efforts in promoting safe sleeping conditions for infants under 1 year of age in Macon, Montgomery, and Russell Counties. Raising awareness about safe sleep practices and distributing portable cribs or Baby Boxes have been the primary strategies.

ADHR began a digital ad campaign in January 2022 with the launch of the new safe sleep website: www.safesleepalabama.com and targeted digital ads on Google and Facebook that direct viewers to the website. The ads have reached a wide audience, totaling 1,806,744 views resulting in 22,988 clicks on the ad for more information. In addition to this successful ad campaign to reach the general public, staff from ADHR attend Children's Policy Council Meetings in the three pilot counties, advancing cross-sector partnerships.

The ADPH Perinatal Health Division also worked to bring attention to the tragedy of sleep-related deaths through a satellite training on August 25, 2022, titled "Talking with Parents and Caregivers about Safe Sleep." Continuing education credits were awarded to social workers and nurses. The recording can be accessed on-demand from the Alabama Public Health Training Network webpage on the ADPH website and has been viewed online by approximately 500 individuals.

The ADPH Perinatal Health Division has helped promote the availability of free portable cribs to a variety of family services providers, including maternity care coordinators at the Alabama Coordinated Health Networks (ACHN), Blue Cross Blue Shield of Alabama's "Baby Yourself" Program nurses, labor and delivery nurse managers, and hospital case managers. New initiatives to reach expectant families at car seat clinics and select community events in Montgomery and Macon Counties have also started. In FY 4, over 300 cribs were distributed to families statewide who lacked a safe place for their infant to sleep.

An ADPH press release highlighting updates to the AAP's "Recommendations for Reducing Infant Deaths in the Sleep Environment" was shared by local news networks in Montgomery, Mobile, and Huntsville in August 2022. The new guidelines added details with more focus on the baby's sleep surface, which should be firm, flat, and should not be shared with others.

SBIRT

SBIRT is a comprehensive, integrated public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. This strategy involves training health care providers to utilize SBIRT and the associated tools to aid in identifying and providing referrals for women who may be experiencing substance abuse, intimate partner violence, and/or depression. Screening maternity patients and identifying risky use patterns and/or potential mental health issues allows risky behaviors to be addressed before the behaviors worsen, which increases positive health outcomes for moms and babies in Alabama.

In FY 4, several updates were made in the SBIRT strategy. A new project manager was added, extensive outreach was performed, and relevant content and educational materials were developed. These activities were in addition to training ADPH staff and ACHN care coordinators to implement SBIRT with their clients. The "Substance Use Disorders (SUDs) in the Maternal Population: Implementation of the SBIRT Model" web-based training for maternal care providers in Alabama is nearing completion.

As work on the online modules continues, the SBIRT workgroup has expanded its outreach activities, providing more education for providers and others on related topics, such as SUDs, postpartum depression, and intimate partner violence. Education on SBIRT and how providers can use the tool to screen for these issues is also provided. At the Alabama Drug Court Conference in February 2022, SBIRT staff provided training to conference attendees on motivational interviewing, brief negotiated interviews, and SBIRT. In August 2022, the SBIRT workgroup assisted with the VitAL Alabama Annual Conference. Content presented included addressing barriers such as stigma and bias while supporting families with SUDs, how professionals who serve perinatal patients can apply trauma-informed care, and the implementation of SBIRT across populations.

The workgroup is exploring ways to incorporate storytelling in research and training to improve outcomes and advance maternal health equity. Efforts are under way to better engage and serve perinatal patients in the Hispanic and African-American populations. An additional focus is increasing SBIRT screenings to those with obesity. Plans for future training content include how to engage fathers in services during the perinatal period. A Perinatal Self-Advocacy Resource toolkit is also being developed for the website.

PERINATAL REGIONALIZATION

Perinatal regionalization creates a system for referrals to ensure that high-risk pregnancies and low-birth weight, preterm, or otherwise at-risk newborns receive consultations and access to risk-appropriate care. Through this strategy, systems of perinatal care will be promoted and improved. These systems are designed so that women deliver infants at hospitals with adequate resources to meet the medical needs of the mother and the infant. Receiving risk-appropriate care can reduce both maternal and infant mortality.

After an extended pause due to loss of staff and the COVID-19 pandemic, contact was reestablished with key strategy partners at the Alabama Hospital Association (AlaHA) and the State Health Planning and Development Agency (SHPDA). SHPDA collects the self-declared neonatal care levels of the delivering hospitals on the Annual Hospital Survey, which is completed by facilities every December.

A workgroup was formed with staff from representative delivering hospitals and AlaHA to explore how the Alabama Perinatal Regionalization System Guidelines are used by hospitals, and the challenges they had encountered. As a result of recommendations from this workgroup, the Levels of Care Tool Assessment (LOCATe), from the Centers for Disease Control and Prevention (CDC), was introduced to delivering hospitals in a virtual statewide meeting in April 2022. AlaHA encouraged hospitals to complete the survey on a voluntary basis. Over half of delivering hospitals participated and most completed an assessment of their neonatal and maternal care levels. Each hospital received their own results. Aggregated results were shared with ADPH and all delivering hospitals.

The results from LOCATe are guiding the Perinatal Regionalization workgroup's discussions about quality improvement opportunities. Representatives from the Alabama Chapter of the American Academy of Pediatrics, the Alabama Section of the American College of Obstetricians and Gynecologists, and staff from the Alabama Perinatal Quality Collaborative have been added to the workgroup.

BREASTFEEDING

Scientific evidence documents the benefits for the mother, baby, and the environment if breastfeeding is initiated and continued through at least the first 6 months of life. Breastfeeding is a key strategy geared towards improving the physical and emotional well-being of mothers and their infants. In addition to the nutritional benefits, breastfeeding promotes a unique and emotional connection between mother and baby and can help reduce the risk of illness and sleep-related deaths..

In FY 4, the strategy's cross-sector work group was restarted with exciting results. Bringing together hospital-based lactation staff, independent lactation counselors, Alabama Breastfeeding Committee leadership, community organizations, and state agencies resulted in identifying and addressing gaps in how Alabama families are supported in their breastfeeding journeys.

A primary goal of the cross-sector breastfeeding work group has been to improve communication to link breastfeeding families to existing community resources. Hospital lactation staff noted that many families were unclear on how to enroll to receive the services provided by Women, Infants, and Children (WIC). WIC staff are developing a postcard with clear instructions for new and continuing participants. A list of breastfeeding resources available to families in the three pilot counties was gathered and verified. The list was then made into bookmarks, one listing prenatal breastfeeding classes and another listing breastfeeding support groups. In-person and virtual resources were included. Distribution of these bookmarks has begun in WIC clinics and medical provider offices that serve the pilot counties.

In close collaboration with the Alabama Breastfeeding Committee staff and the Wellness Coalition, projects to increase public awareness and support of breastfeeding are being developed.

PREMATURITY

Prematurity, defined as birth prior to 37 completed weeks gestation, is consistently among the top three causes of infant mortality in Alabama. The final weeks of pregnancy include important development for the brain, lungs, and liver. Babies born too early have higher rates of death and disability. There is much that is still unknown about the causes of preterm birth, which makes it difficult to prevent.

As reported in the FY 3 Report, the previous strategy to address prematurity was discontinued. Increasing the utilization of 17P, a hormone treatment which may be prescribed to women with a history of preterm birth, ended after the FDA recommended to remove 17P from the market.

After consulting research from academic and policy sources, and exploring several possible strategies to address prematurity, Group Prenatal Care was selected as the new prematurity strategy. A strong team of cross-sector stakeholders was gathered to form a strategy work group. Due to the lack of maternity care providers in the county, Macon County was chosen as the pilot location for the strategy.

Group Prenatal Care has been described as routine prenatal appointments combined with childbirth education classes and a pregnancy support group. Ickovics et al. have found a decreased incidence of preterm birth in Group Prenatal Care participants.[2] In addition, the American College of Obstetricians and Gynecologists states the following in their 2018 Committee Opinion on Group Prenatal Care: "Bringing patients with similar needs together for health care encounters increases the time available for the educational component of the

encounter, improves efficiency, and reduces repetition. Evidence suggests patients have better prenatal knowledge, feel more ready for labor and delivery, are more satisfied with care in prenatal care groups, and initiate breastfeeding more often."[3]

To implement this strategy, ADPH will partner with a maternity care provider who will travel to the Macon County Health Department in Tuskegee to provide prenatal care in the group format. An information letter was sent to providers and provider practices in the region with an outline of the project. In the letter, providers were encouraged to apply for the project. The Request for Applications (RFA) was released in December 2022.

Incorporation of beneficiary voice has been a guiding principle in the project's development. A survey to gather community input on bringing Group Prenatal Care to Tuskegee was approved by the Department's Overview and Approval of Research Committee. The survey will be distributed in both electronic and paper forms.

EVALUATION SUMMARY

In the fourth year of the initiative, strategy workgroups continued efforts to reduce infant mortality in Montgomery, Macon, and Russell Counties and beyond. The Prematurity Strategy was revised and restarted. Workgroups were at different stages of implementation, following a successful initial 3 years of establishing objectives, performance measures, and evaluative indicators. Data were collected using tools developed by the Maternal & Child Health Epidemiology (MCH-Epi) Branch and reported quarterly. The MCH-Epi Branch lost key staff, but still monitored activities, provided guidance throughout the year, and assessed data reported by the workgroups.

KEY SUCCESSES

- **A large percentage of returning WW participants have seen decreases in body mass index and blood pressure.**
- **Over half of the delivering hospitals in the state voluntarily completed the CDC's LOCATe.**
- **Group Prenatal Care was approved as the new prematurity strategy and will be piloted in Macon County to address the county's lack of maternity care providers.**
- **ADHR surpassed their digital ad goals and reached over 1.8 million views in the pilot counties.**
- **An ADPH online training "Talking to Parents and Caregivers about Safe Sleep" has been viewed approximately 500 times.**

BEYOND THE STATE OF ALABAMA INFANT MORTALITY REDUCTION PLAN

The fight to reduce infant mortality in Alabama extends beyond the SAIMRP to maximize impact. Two projects that collaborate with the SAIMRP Team are ALL Babies and Count the Kicks.

ALL BABIES

The ALL Babies Program was designed to improve the health of mothers and babies by providing low-cost, comprehensive healthcare coverage for unborn children through the Children's Health Insurance Program (CHIP). This program currently operates in Montgomery, Macon, and Russell Counties. There are no premiums for coverage, and eligibility criteria are broad, allowing more eligible mothers to enroll. Benefits are all-inclusive healthcare services which include maternity, preventive, hospital, pharmacy, dental, mental health, and substance use disorder services. Benefits can begin on the date an application is received by CHIP or Medicaid and continue through 60 days postpartum. Care coordination services provided by social workers provide easy navigation of all aforementioned services to promote the health of both mother and baby.

In FY 4, 349 babies were delivered to ALL Babies enrollees. Beginning October 2021, enrollees receive continuous health messaging such as information about WIC, Baby Yourself, Count the Kicks, ALL Babies educational awareness materials, and phone contact from ALL Babies staff.

COUNT THE KICKS

Healthy Birth Day, Inc. is the non-profit organization that created Count the Kicks. Their mission is to improve birth outcomes through programming, advocacy, and support while reducing racial disparities that persist in birth outcomes. Count the Kicks helps save babies from preventable stillbirth, prevents preterm births, and improves outcomes for moms. The CDC lists a change in a baby's movements as one of its 15 urgent maternal warning signs. Count the Kicks educates expectant parents on the importance of tracking their babies' movements in the third trimester of pregnancy and notifying a medical provider if they notice a change. In Iowa, where the program began, there has been a 32 percent decrease in the stillbirth rate and a 39 percent decrease in the stillbirth rate among African American women.[4] This is the type of decrease we want to see happen in Alabama and this is why ADPH has partnered with Count the Kicks, to bring their evidence-based materials and resources to our state.

The hallmark tool of Count the Kicks is a free kick-counting app. This free app is in 16 languages and is for expectant mothers in their third trimester of pregnancy. Count the Kicks provides evidence-based tools and resources for free to anyone in the state that works directly with expectant parents.

In FY 4, Count the Kicks educational orders were placed by 151 healthcare professionals. A total of 75,745 Count the Kicks educational pieces such as brochures, app reminder cards, and posters were mailed out to 642 expectant parents who downloaded the app. These numbers continue to grow as healthcare professionals share this resource with more Alabama families.

HOW FAR WE HAVE COME

With the fourth year of this project ending and moving into the fifth and final year of the initiative, it is heartening to look back on the successes and look forward to a strong finish. Despite significant staffing changes and a global pandemic, the strategy workgroups have managed to pivot, regroup, and proceed to make a lasting impact, which include:

- Services provided by the Home Visiting and WW Programs were moved to virtual during the height of the COVID-19 pandemic.
- The SBIRT workgroup has widened their focus by providing materials and additional training that is adjacent to the implementation of the screening tool.
- The prematurity workgroup paused the original strategy when the medication was recommended for removal from the market. A new strategy to address prematurity was found and a cross-sector team of stakeholders was involved in gathering community input on the project and inviting maternity care providers to apply to partner in delivering Group Prenatal Care in a maternity care desert.
- A shift to digital advertising for safe sleep education resulted in reaching a broader audience in the pilot counties, meeting Alabamians where they are.
- Delivering hospitals have begun self-declaring their level of neonatal care. This information will soon be publicly available.
- The breastfeeding workgroup collaborates closely with partners to identify gaps and connect families to resources, while avoiding duplication of efforts.
- Our partnerships with Count the Kicks and ALL Babies have equipped women with services and tools to be more proactive in having a healthy pregnancy and delivery.

Through innovation, strong collaboration, and dedication, all seven strategy workgroups have made great strides to improve the health and circumstances of moms and babies in the pilot counties and beyond. Looking forward to a strong finish in the fifth and final year of this initiative, the strategy workgroups will be:

- ***Exploring*** Group Prenatal Care as a strategy to address prematurity and to increase access to prenatal care in rural areas.
- ***Increasing*** safe sleep education through social media, press releases, and training providers.
- ***Promoting*** and supporting breastfeeding in care settings and in public spaces.
- ***Improving*** the accuracy of self-reported levels of care at delivering facilities.

Outcome measures and successes will be shared in the final report along with recommendations for how these successes can be expanded to support more Alabama families across the state.

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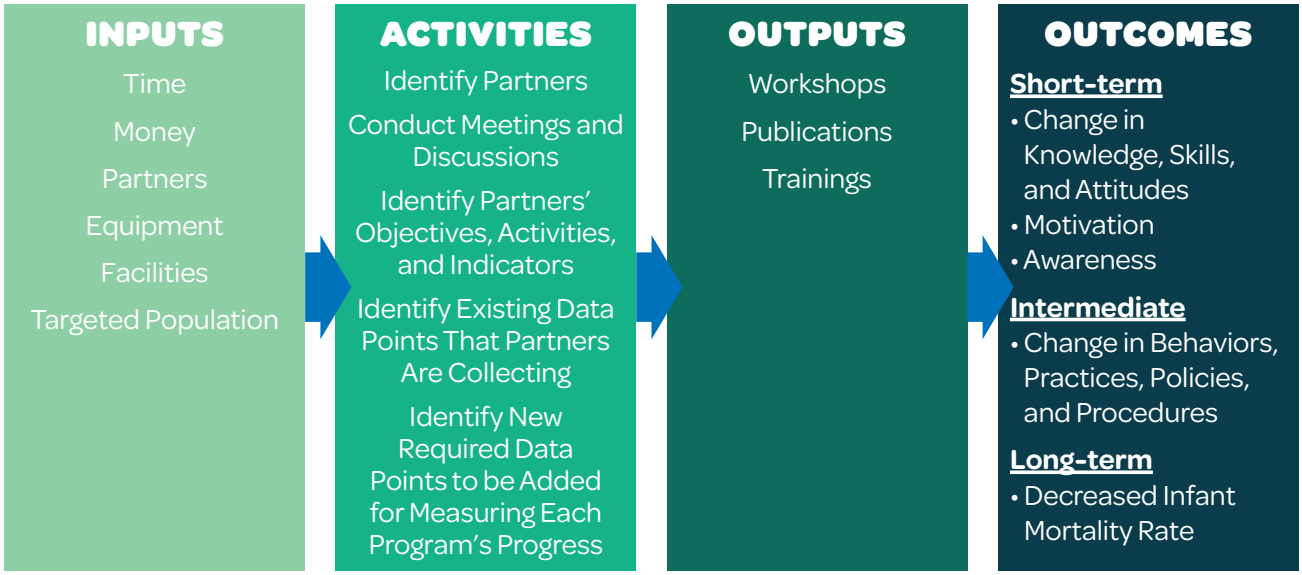
2. Ickovics, J.R., Kershaw, T.S., Westdahl, C., Magriples, U., Massey, Z., Reynolds, H., & Rising, S.S. (2007). Group Prenatal Care and Perinatal Outcomes: A Randomized Controlled Trial. *Obstetrics and Gynecology*, 110(2 Pt 1), 330-339. https://doi.org/10.1097/01.AOG.0000275284.24298.23

3. Group Prenatal Care. ACOG Committee Opinion No. 731. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e104–8.

4. Iowa Department of Health and Human Services, Division of Public Health, Bureau of Health Statistics. Vital Statistics of Iowa. Des Moines: Iowa Department of Health and Human Services.

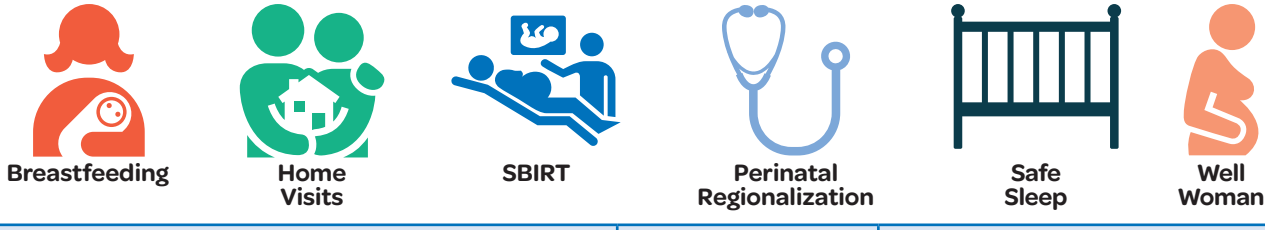
APPENDIX

The following two frameworks were used in the planning and implementation of the State of Alabama Infant Mortality Reduction Plan.



Logic Model for Alabama's Infant Mortality Reduction Initiative from 2019

ANTICIPATED MEASURABLE OUTCOMES OF THE GOVERNOR'S INITIATIVE FROM 2019



Measurable Outcomes	Increase(↑) or Decrease (↓)	Contributing Strategy Team(s)*
Number of Preterm Deliveries	↓	Well Woman
NICU admissions	↓	Perinatal Regionalization
NICU costs	↓	Perinatal Regionalization
Sleep-related infant deaths	↓	Home Visits, Safe Sleep
Infant deaths	↓	Perinatal Regionalization, Safe Sleep
Number of low birth weight deliveries	↓	Well Woman
Infants delivered at a healthy weight	↑	Well Woman
Deliveries with adequate birth spacing	↑	Well Woman, Home Visits
Breastfeeding initiation and duration	↑	Home Visits, Breastfeeding
Women screened and referred for treatment	↑	Well Woman, Home Visits, SBIRT
Very low birth weight infants delivering at an appropriate facility	↑	Perinatal Regionalization

**May be directly or indirectly involved in contributions towards the anticipated outcomes.*

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