



Prenatal and Infant Health in Minnesota

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House Early Childhood Finance and Policy Committee
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PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Healthy Beginnings are Healthy Foundations



- Care during pregnancy and in the first year of life are important foundations for a child's growth and development
 - Improve overall health of the pregnant person
 - In-utero brain development and physical growth
 - Develop positive attachments between infant and parents/caregivers in a safe, secure and nurturing environment



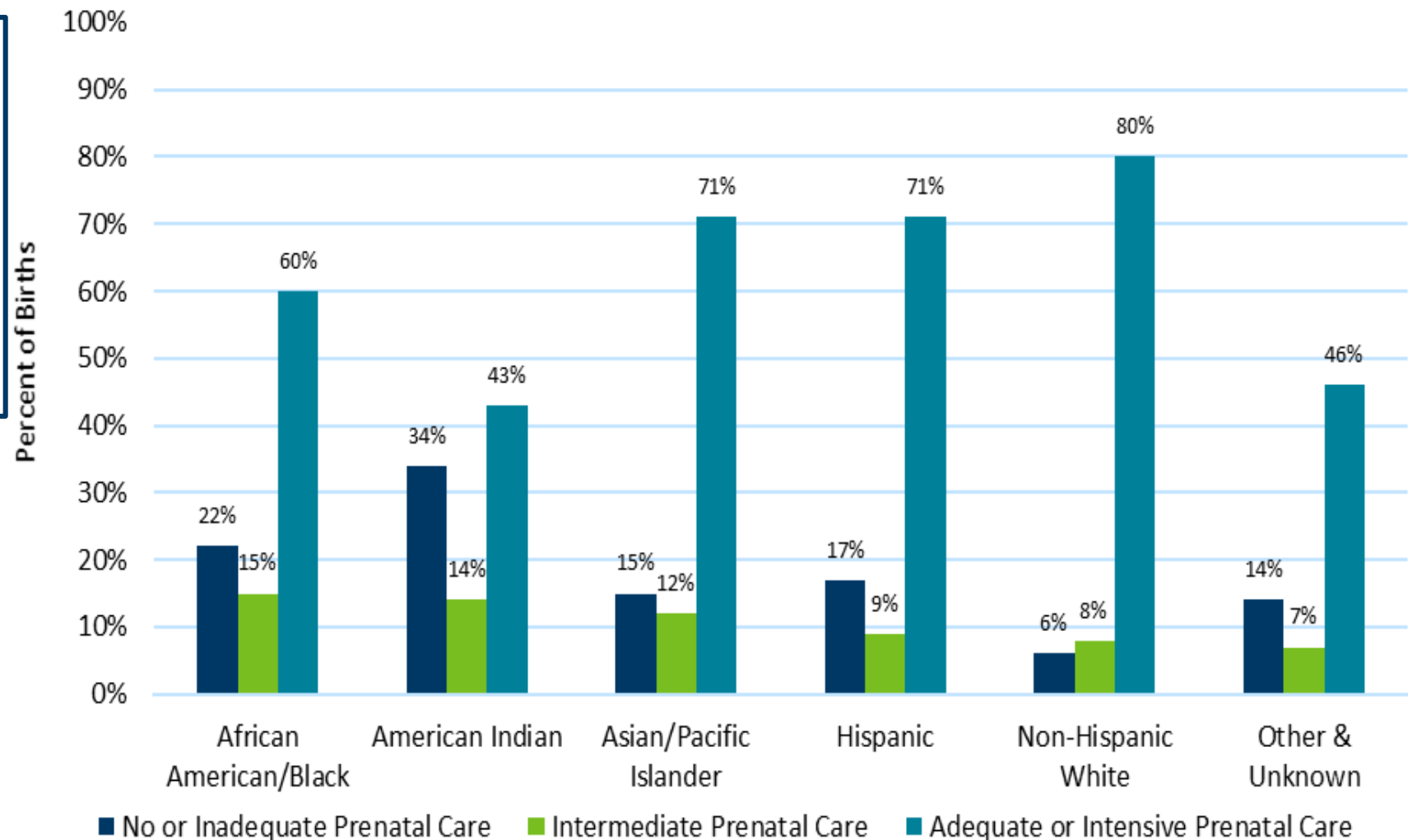
Prenatal Health

Prenatal Care Promotes Healthy Pregnancies

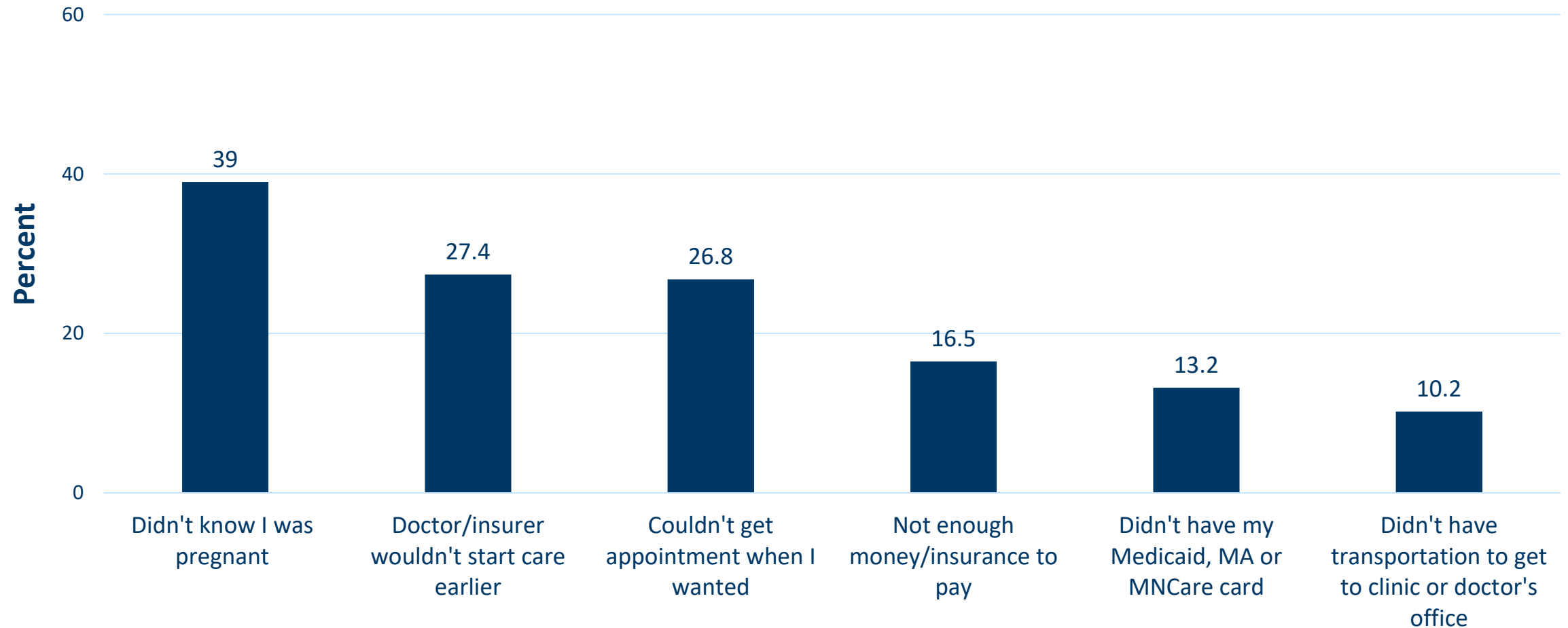
- Around 70,000 births in Minnesota each year
- Care during pregnancy
 - Improves the overall well-being and health of the mom which affects the health of the baby
 - Identifies potential pregnancy-related complications
 - Builds a relationship between parents and providers
 - Engage men and support people as parents and partners

Prenatal Care Utilization by Race/Ethnicity 2017

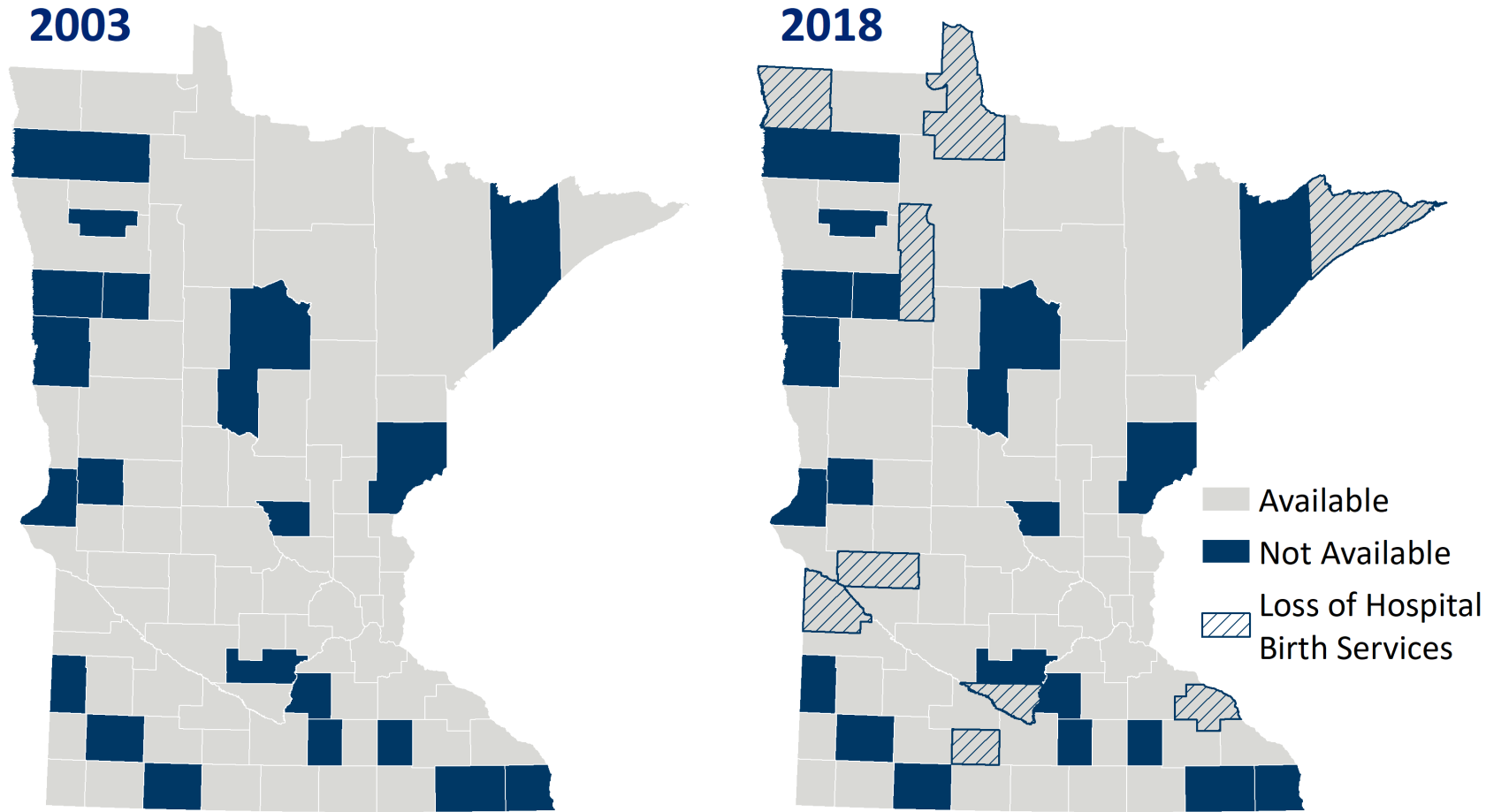
Healthy People 2030 goal:
80.5% of pregnant
people received early and
adequate prenatal care



Barriers to Prenatal Care in Minnesota among Women not Receiving Care as Early as They Wanted, 2016-2018



Nine Minnesota counties lost hospital birth services between 2003 and 2018



Increases in pre-term births have been associated with the loss of hospital birth services in rural areas.

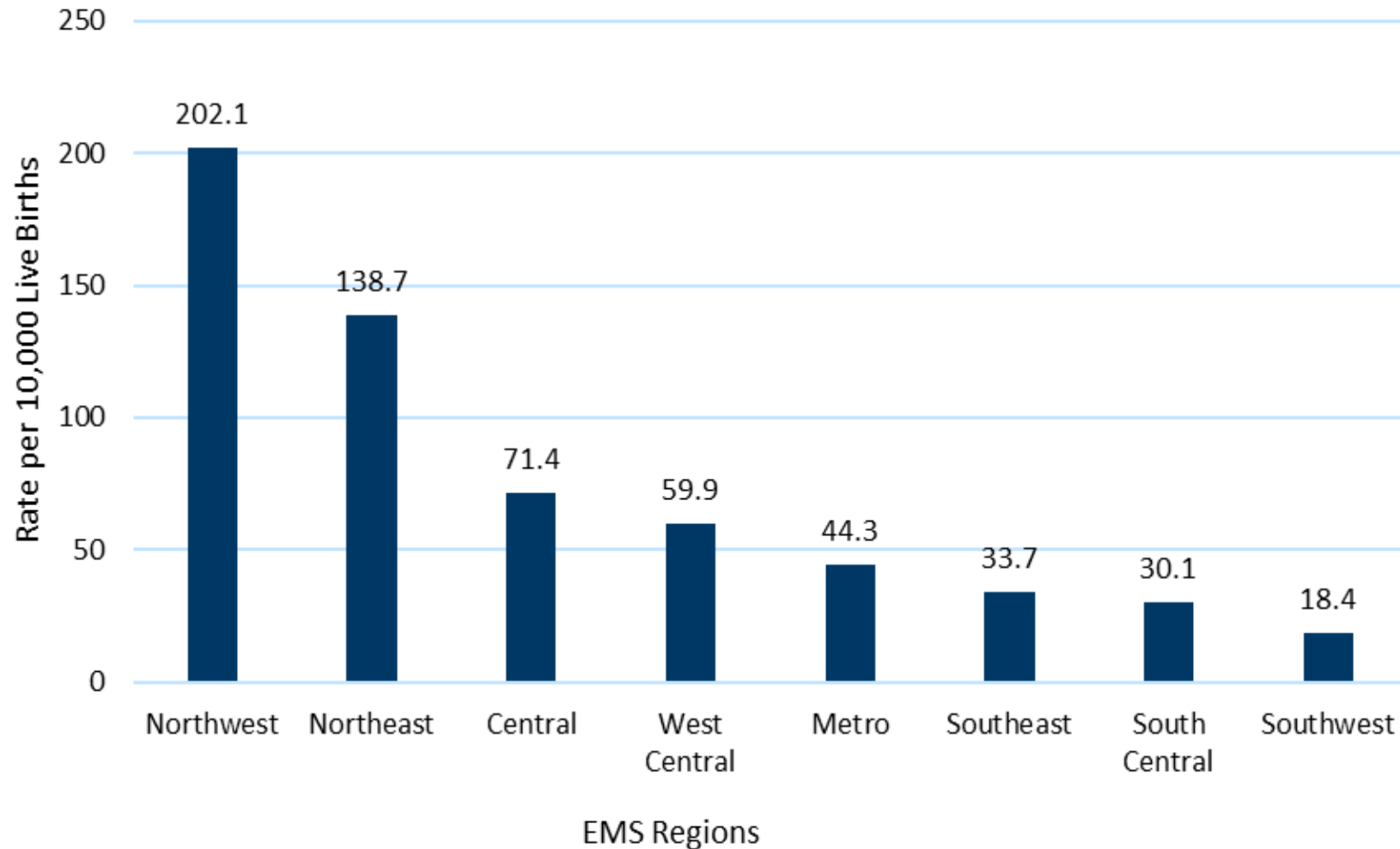
Note: Due to a merger, the hospital in Mower was no longer an independent licensed entity as of the end of 2014; however birth services were offered at that site under the license of the remaining corporate entity.

Source: Minnesota Department of Health, Health Economics Program Analysis of Hospital Annual Reports; U.S. Census Bureau (County Designations)

Definition: Community hospitals were categorized as not offering birth services if they did not have at least one routine birth, had no licensed bassinets, or stated that services were not available.

[Summary of Slide](#)

Neonatal Abstinence Syndrome Rate by Minnesota EMS Region, 2012 and 2016



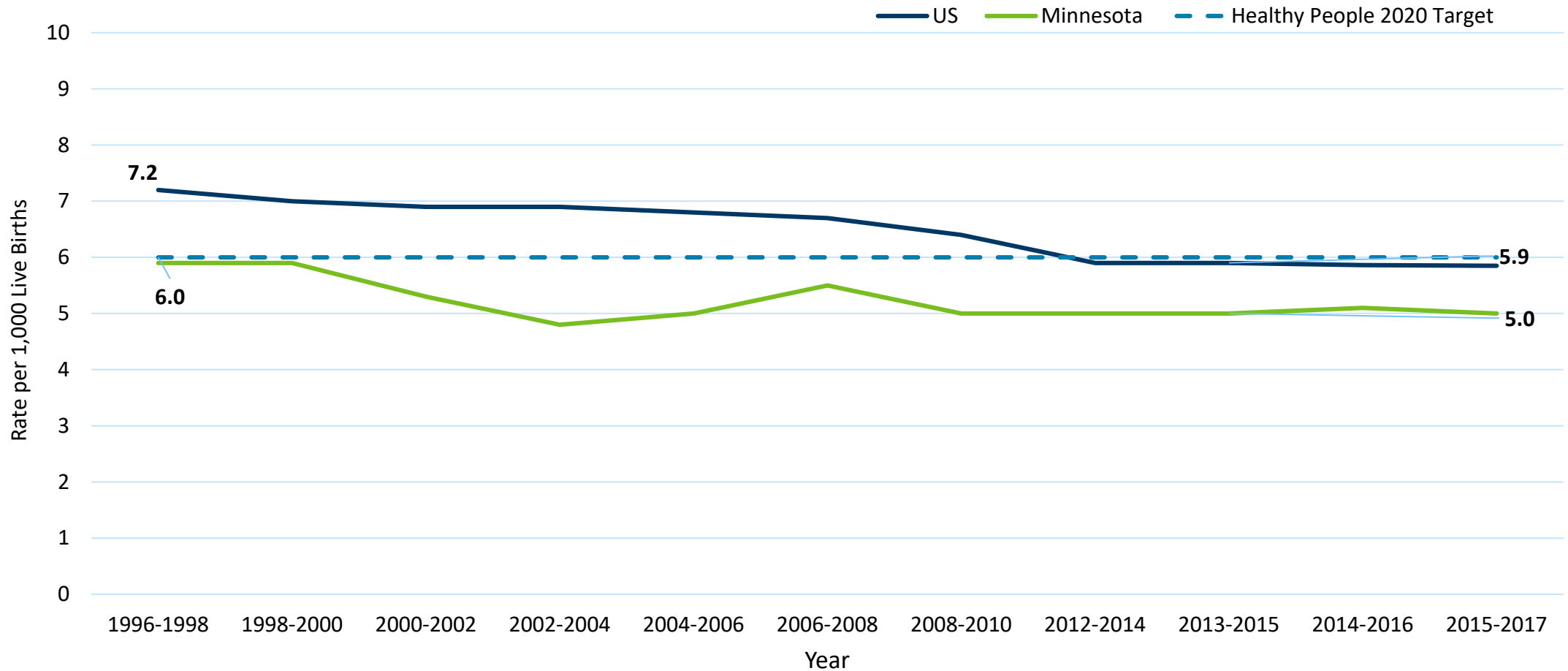


Infant Health and Mortality

What is Infant Mortality?

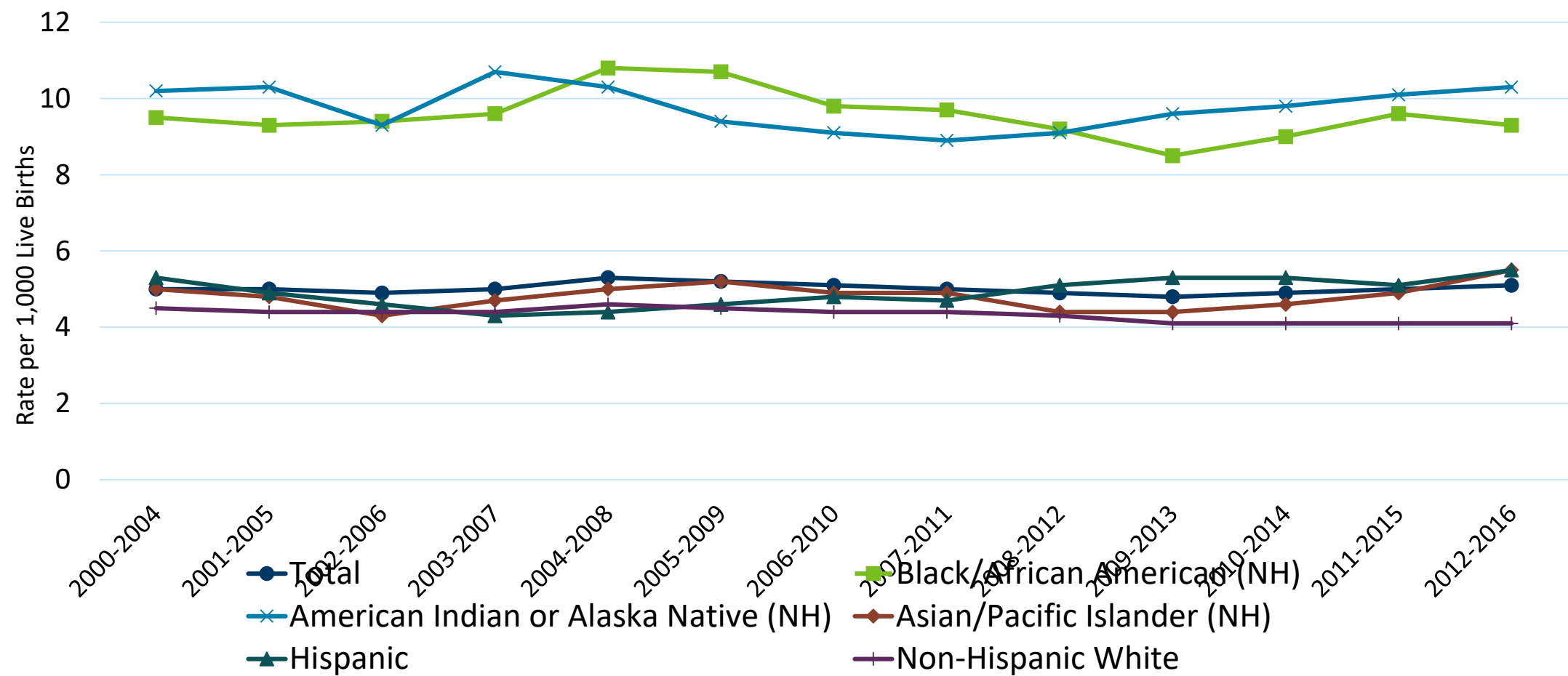
- The death of a live-born infant before age one
 - 350-380 infant deaths annually in Minnesota
 - Expressed as a rate of deaths per 1,000 live births
- A multifactorial and complex societal problem
 - Maternal health – even before pregnancy
 - Maternal access to quality care
 - Socioeconomic conditions
- Important measure of a population's overall health

Infant Mortality Rates by Selected Years of Birth: Minnesota and U.S.



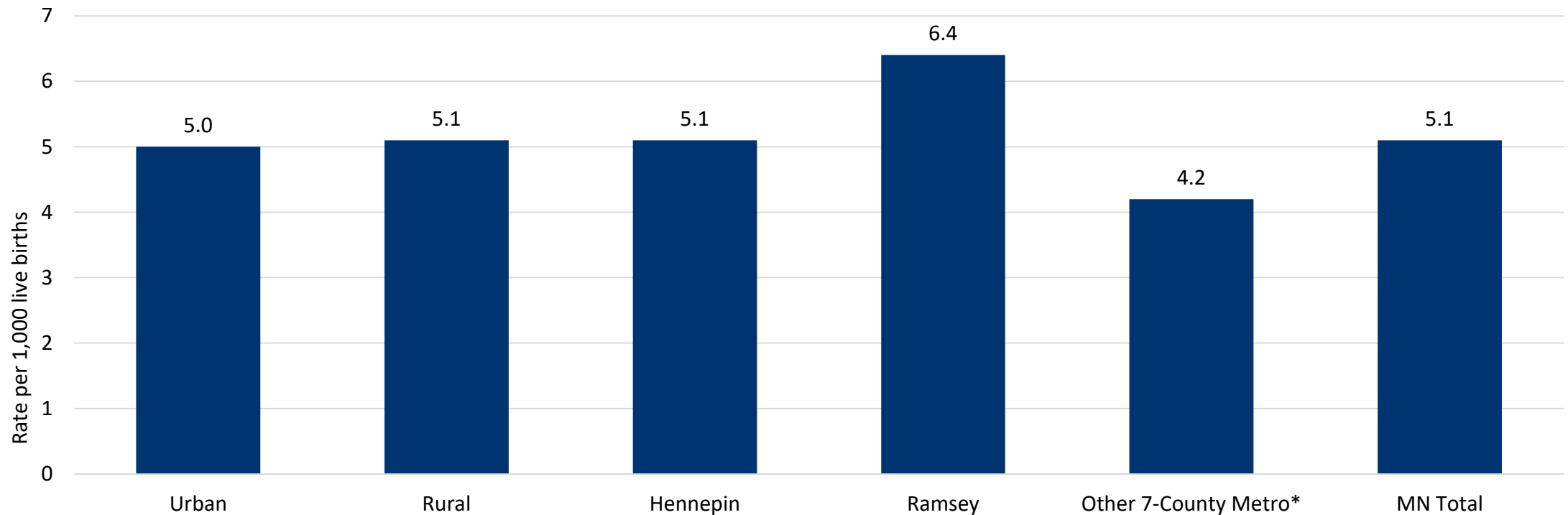
Note: The Healthy People target is to reduce the U.S. infant mortality rate by 10 percent to 6.0 infant deaths per 1,000 live births by 2020.
Source: National Center for Health Statistics & CDC Wonder

Infant Mortality Rates by Race/Ethnicity of Mother, Minnesota 2000-2016¹



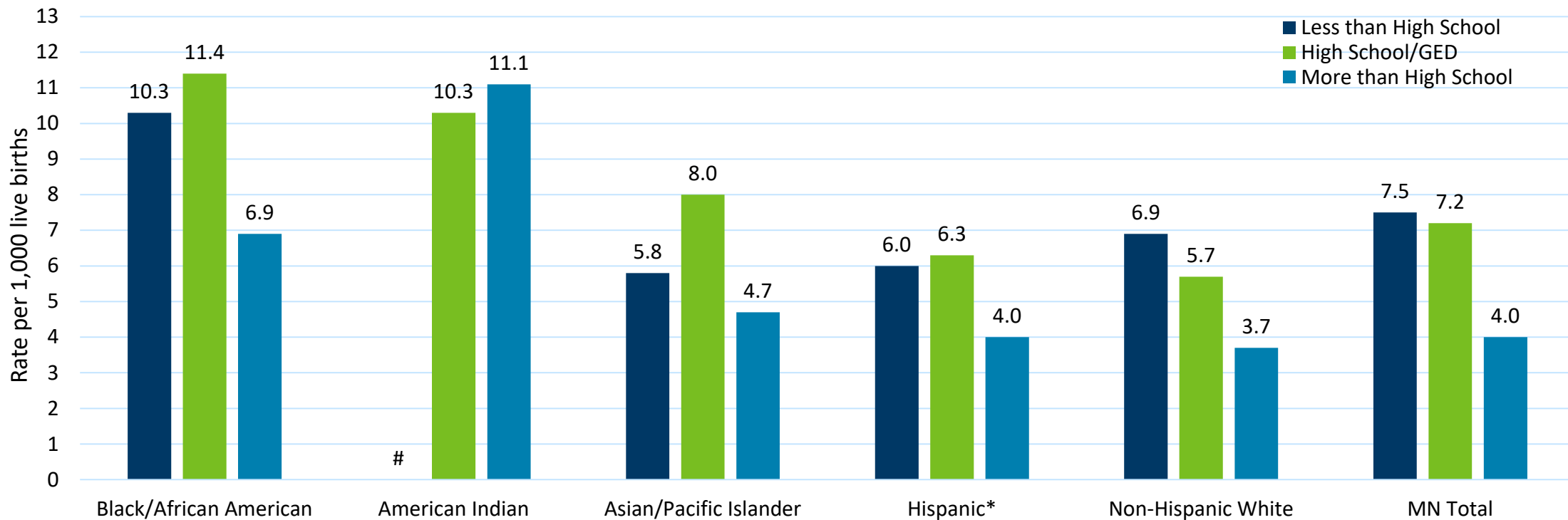
¹Five-year averages
Source: Minnesota Department of Health, Linked Birth/Infant Death File

Infant Mortality Rates by Geographic Location, 2012-2016



*The "Other" seven county metro area includes: Anoka, Carver, Dakota, Scott, and Washington counties
Source: Minnesota Department of Health. Linked Birth/Infant Death File

Infant Mortality Rates by Maternal Education and Race/Ethnicity, 2012-2016

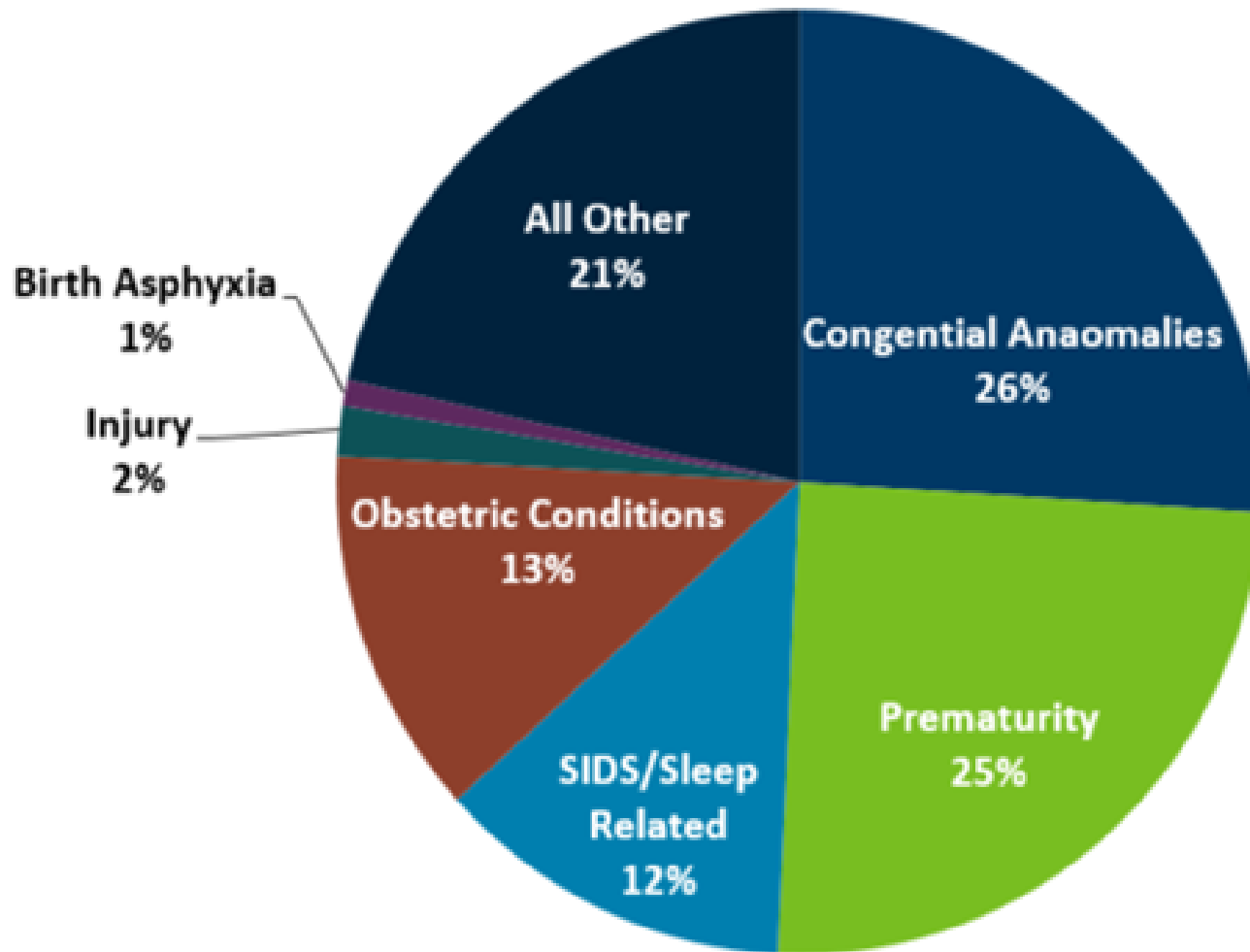


*Hispanic can be of any race

#Indicates an unstable rate; fewer than 20 cases

Source: Minnesota Department of Health. Linked Birth/Infant Death File

Causes of Infant Mortality in Minnesota 2012-2016





Programmatic Action

Children's Cabinet Healthy Beginnings Goal Area

Action Area: Ensure a healthy beginning for all children



**Healthy
Beginnings**

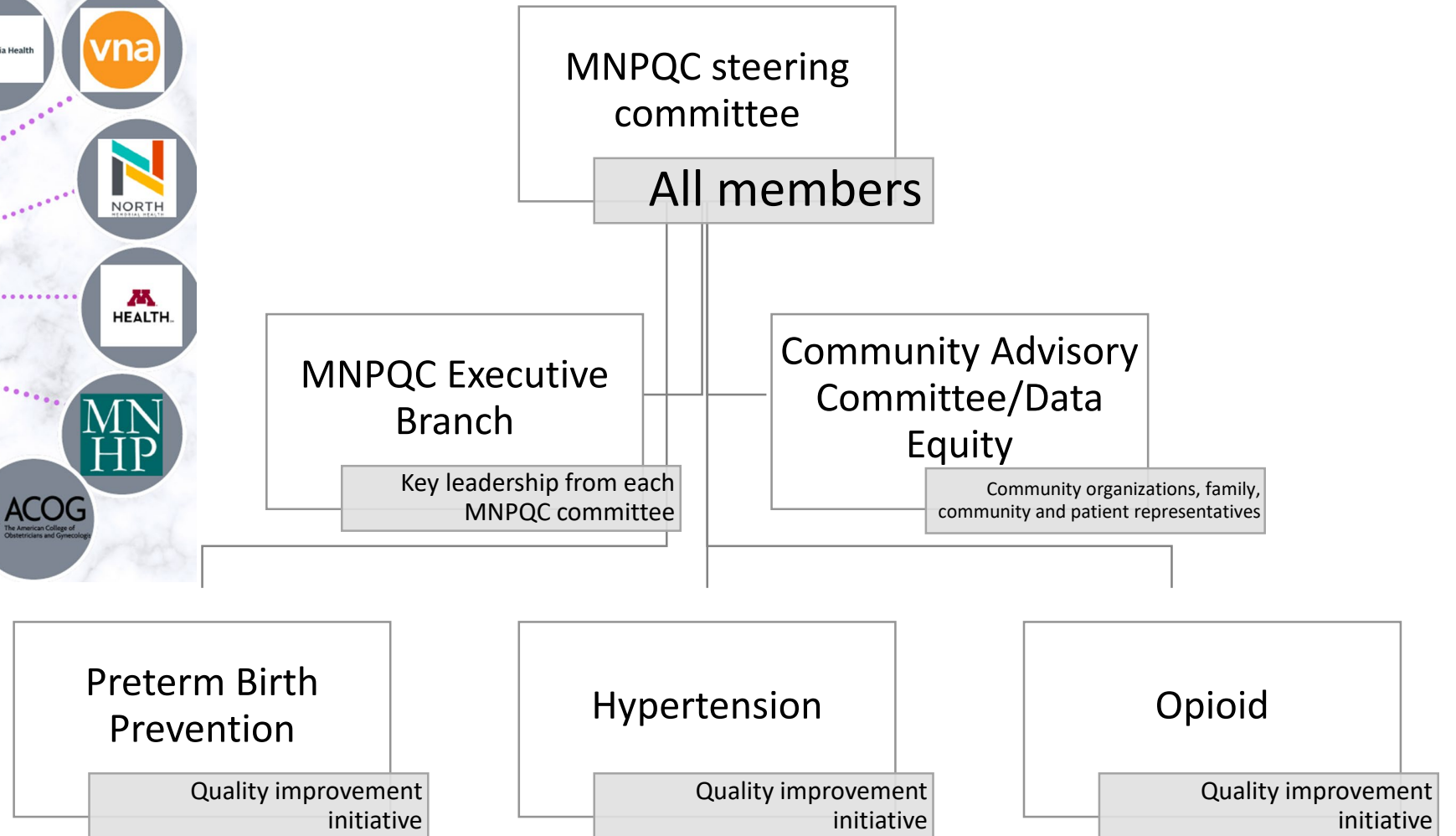
Long-term Goal: End preventable infant and maternal deaths

Measurable Goal : Reduce infant and maternal deaths experienced by American Indians, African Americans, other communities of color, and greater Minnesotans

Improving Maternal Health

- Minnesota Perinatal Quality Collaborative
 - Focused on improving the quality of prenatal, labor and delivery, and postpartum care throughout the state
- Embedding interconception care in well-child care visits to prevent birth defects and improve mother's health
- Early intervention through Family Home Visiting programs

MNPQC infrastructure and stakeholders



Promoting Infant Health

ဖိသည့်ဆုံးအတတ်မီလူအဖွဲ့အစည်းတို့အား သုညညိုက်ခိုင်းထားတိုက် A-B-C



သုညညိုက်ခိုင်းထားတိုက်အဖွဲ့အစည်းတို့

ဖိသည့်ဆုံးအတတ်မီလူအဖွဲ့အစည်းတို့သည် မိသားစုအဖွဲ့အစည်းတို့၏ အကျိုးအမြတ်ကို မြှင့်တင်ပေးရန်အတွက် အလုပ်အကိုင်များကို ဆောင်ရွက်ကြသည်။ ဖိသည့်ဆုံးအတတ်မီလူအဖွဲ့အစည်းတို့သည် မိသားစုအဖွဲ့အစည်းတို့၏ အကျိုးအမြတ်ကို မြှင့်တင်ပေးရန်အတွက် အလုပ်အကိုင်များကို ဆောင်ရွက်ကြသည်။

ထိခိုက်မှု

သုညညိုက်ခိုင်းထားတိုက် A-B-C အတတ်မီလူအဖွဲ့အစည်းတို့သည်

- **ALONE (ထဲတကမ္ဘာ)** - ထိခိုက်မှုရှိသည့်အခြေအနေအထားများ
- **BACK (ရှာမ)** - ထိခိုက်မှုရှိသည့်အခြေအနေအထားများ
- **CRIB (မိသားစုအဖွဲ့အစည်း)** - ထိခိုက်မှုရှိသည့်အခြေအနေအထားများ



Infant Safe
Sleep Week
Nov 9-14

- Safe infant sleep promotion
- Bereavement Support following the death of an infant or a stillbirth
- Family Home Visiting
- Eliminating Health Disparities Initiative Grants on Infant Health
- Positive Alternative grant program

Funding for Maternal and Infant Health

- Federal Award Allocations:
 - Title V Block Grant - \$9.104 million; by state statute \$6 million to local public health; required 75% state match
 - Remaining funds provide programmatic support for maternal, infant, child, and adolescent health including technical support
 - MN Perinatal Quality Collaborative - \$300,000 (CDC - set to end in 2022)
 - Pregnancy Risk Assessment Monitoring System - \$157,000 (CDC)
- State General Funds- \$270,000
 - Funds infant health staff, partial support the Maternal Mortality Review Committee, additional funds for Pregnancy Risk Assessment Monitoring System
- Eliminating Health Disparities Initiative grants - \$377,183

Thank you.

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