Stepping Up the Fight Against Infant and Maternal Mortality

Michelle Winokur, DrPH, and the AfPA Governmental Affairs Team, Alliance for Patient Access (AfPA)

The Alliance for Patient Access (allianceforpatientaccess.org), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants. In 2012, AfPA established the Institute for Patient Access (IfPA), a related 501(c)(3) non-profit corporation. In keeping with its mission to promote a better understanding of the benefits of the physician-patient relationship in the provision of quality healthcare, IfPA sponsors policy research and educational programming.

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Through a [series of grants](#), (1) the government will particularly target the stubborn racial inequity that has long left non-white mothers and babies with higher-than-average mortality rates.

Maternal, Infant, and Early Childhood Home Visiting Program:

Most of the funding, \$342 million, will expand the Maternal, Infant, and Early Childhood Home Visiting Program. As the name

implies, the program supports home medical visits to expectant moms and those with young children.

The infant and maternal health experts visit low-income mothers primarily to guide pregnancy health and parenting skills. They also bring essential baby care supplies like diapers and help families secure food, link them to federal nutrition programs, and locate stable or more suitable housing, among other services.

Healthy Start Initiatives:

Federal funding is also going to the [Healthy Start Initiative](#) (2), which operates in communities where the infant death rate is 1.5 times higher than the national average.

Some of the funds will support the increased use of doulas, who provide physical and emotional support to expectant moms and their partners through pregnancy and childbirth. [Research](#) shows that doulas support better health outcomes and can reduce cesarean and preterm births. (3)

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Persistent Infant and Maternal Mortality:

Despite progress in recent years, the United States continues to trail other wealthy countries on measures of infant health.

The United States’ infant death rate is 71% higher than average, according to a [2017 study](#) of 12 developed countries. (5) And within the United States, mortality rates among babies born to non-Hispanic Black, Native American, and Alaska Native mothers remain disproportionately high compared to babies born to white mothers.

A similarly discouraging trend persists with maternal mortality, with the United States [trailing other wealthy countries](#) in preventing deaths from pregnancy or childbirth. (6) The maternal death rate among non-Hispanic Black women was more than twice as high as that of non-Hispanic white women, according to recent [data](#) from the National Center for Health Statistics. (7)

These statistics and the factors that contribute to them are well

known. “We know that many mothers and their children do not receive the care they need to stay healthy throughout their lives,” said Acting HRSA Administrator Diane Espinosa in announcing the new federal awards. “These programs will allow us to better tackle the root causes of these challenges,” she added.

Digging deep to address infant and maternal mortality is a must if the United States wants to reverse its current trend – and do right by mothers and infants of all races and classes.

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This content article was also published at [InstituteofPatientAccess.org](https://www.instituteofpatientaccess.org)

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Still a Premie?

Some preemies are born months early, at extremely low birthweights. They fight for each breath and face nearly insurmountable health obstacles.

But that's not every premie's story.

Born between 34 and 36 weeks' gestation?

STILL A PREMIE

Just like preemies born much earlier, these "late preterm" infants can face:

- Jaundice
- Feeding issues
- Respiratory problems

And their parents, like all parents of preemies, are at risk for postpartum depression and PTSD.

Born preterm at a "normal" weight?

STILL A PREMIE

Though these babies look healthy, they can still have complications and require NICU care.

But because some health plans determine coverage based on a premie's weight, families of babies that weigh more may face access barriers and unmanageable medical bills.

Born preterm but not admitted to the NICU?

STILL A PREMIE

Even if preterm babies don't require NICU care, they can still face health challenges.

Those challenges can extend through childhood, adolescence and even into adulthood.

Some Premies	All Premies
Will spend weeks in the hospital	Face health risks
Will have lifelong health problems	Deserve appropriate health coverage
Are disadvantaged from birth	Need access to proper health care

NCJH National Coalition for Infant Health
Protecting Access for Premature Infants through Age Two
www.infanthealth.org