

**MEMORANDUM**

November 3, 2015

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Briefing from Fetal and Infant Mortality Review Board's Community Action Team**

*Expected at this session:*

Dr. Carol Garvey, Fetal and Infant Mortality Review Board (FIMR)  
Ann Jordan, MSN, RNC, Co-Chair of FIMR Board and Community Action Team  
Arva Jackson, African American Health Program (AAHP)  
Dr. Ulder Tillman, County Health Officer  
Nia Williams, AAHP SMILE Program

At this session, the HHS Committee will hear from Dr. Carol Garvey of the Fetal and Infant Mortality Review Board (FIMR), Ann Jordan, MSN, RNC, Co-Chair of the FIMR Board and Community Action Team, and Arva Jackson of the African American Health Program (AAHP) regarding ongoing disparities for Black and African American babies with regard to low-birth weight and infant mortality. In addition, the Committee will be informed about the Community Action Team's request for additional funding for the AAHP SMILE (Start More Infants Living Equally Healthy) Program. In addition to the presenters, Nia Williams from the AAHP SMILE program and Dr. Ulder Tillman, County Health Officer, will be present to respond to questions.

Attached to this memo as background for this discussion are:

- A letter (© 1) from Co-Chairs Ann Jordan, MSN, RNC, and Dr. James Rosi, providing overview information and a summary of the FIMR CAT request for an additional

\$65,000 for a community health worker to allow the program to enroll and support more women.

- Information on infant mortality rates (© 2) and low and very-low birthweight babies (© 2) and breastfeeding rates (© 3). The graph on © 3 shows a substantial difference in the percent of low birthweight babies for those in the SMILE program compared to Black and African American babies for all of Montgomery County and Maryland, although it does not show an impact on very-low birthweight babies.
- The information at © 4 shows a substantial increase in breastfeeding rates for women in the SMILE program compared to Black and African American women nationally.
- Information at © 5-13 provides an overview of the challenges in eliminating disparities and the role of the FIMR and the FIMR Community Action Team. Circles 6-8 provide a summary of FIMR recommendations and Community Action Team activities.
- Circles 8-9 provide an overview of the SMILE program. In addition, © 14-23 provide information from the FY14 AAHP Annual Report and the AAHP website. The Annual Report says that in FY14, the SMILE program had 127 referrals that led to 104 enrollments. The program served 184 families. Of the 97 births, 80.4% were healthy birth weights. SMILE clients were 66% African American, 28% African, and 4% Caribbean.

On Tuesday, November 3<sup>rd</sup> the Council received a semi-annual County Health Officer update from Dr. Tillman which included an update on infant mortality data. The following is a link to the information provided at the November 3<sup>rd</sup> session. The information on infant mortality beings at page 24, © 21, of the November 3 packet.

[http://montgomerycountymd.granicus.com/MetaViewer.php?view\\_id=6&event\\_id=4525&meta\\_id=91602](http://montgomerycountymd.granicus.com/MetaViewer.php?view_id=6&event_id=4525&meta_id=91602)

HHS

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**Surveillance and Quality Improvement Program / Improved Pregnancy Outcomes  
Fetal & Infant Mortality Review Board & Community Action Team**

Oct. 14, 2015

George Leventhal, President  
Montgomery County Council  
100 Maryland Avenue  
Rockville, Maryland 20850

RECEIVED  
MONTGOMERY COUNTY  
2015 OCT 19 11 08 21 AM

Dear Council President Leventhal:

The Community Action Team (CAT) of the County's state-mandated Fetal and Infant Mortality Review (FIMR) Board requests consideration of increased funding for the African American Health Program's SMILE (Start More Infants Living Equally Healthy) Program. This effective program provides mentoring by nurses to improve pregnancy outcomes in Black/African American Montgomery County mothers. The CAT is an advisory group of knowledgeable community members tasked with reviewing the findings of the FIMR Board and recommending or initiating actions to avert preventable infant deaths.

Disparities in health exist across the age span, starting with infants *in utero*. While the reasons for the disparities are not well understood, we do know that pregnancy outcomes and infant survival can be improved with health-focused home visits from specially-trained Registered Nurses. The current evidence suggests that stress plays a large role in poor pregnancy outcomes, and that nurse-mentors can help women address and reduce the stress in their lives, as well as encourage healthy behaviors.

More than 10% of African American babies are born too soon and too small – at less than 5 pounds -- compared with about 6% for Whites and 7% for Latinos. The smallest of these babies -- those under 2.2 pounds -- comprise nearly 3% of African American infants but only about 1% of White, Latino and Asian infants. These infants often have prolonged and expensive hospital stays in neonatal intensive care units. They have a poor survival rate and many of those who do survive may have lifelong health problems and developmental disabilities. The death rate for African American infants in Montgomery County during 2011-2013 stood at 8.6 per thousand - more than twice as high as those for Whites, Latinos and Asians.

An attached graph shows that while African American birth weights are lower than those of whites, infants born to mothers in the SMILE Program have a higher average weight than those born to African American women not in the program. Furthermore, SMILE mothers have a much higher rate of breastfeeding – a practice known to protect infants from asthma, intestinal infections and SIDS. Adults who were breastfed as babies have a 15-30% lower risk of obesity and a reduction of 40% in the incidence of Type 2 diabetes – two chronic conditions that disproportionately affect African Americans.

Our request is for a modest \$65,000 above current funding from HHS, to support a community health worker who can assist SMILE nurses, giving the nurses time to enroll and support more women. We believe that investing in the SMILE Program will lead to better pregnancy outcomes - infants who get a healthy start in life and who are less likely to suffer physical and developmental problems. We would be happy to meet with you or your staff to provide more information.

Sincerely yours,

*Ann Jordan*  
Ann Jordan, MSN, RNC  
Program Manager, Women's Health  
Kaiser Permanente Mid-Atlantic States

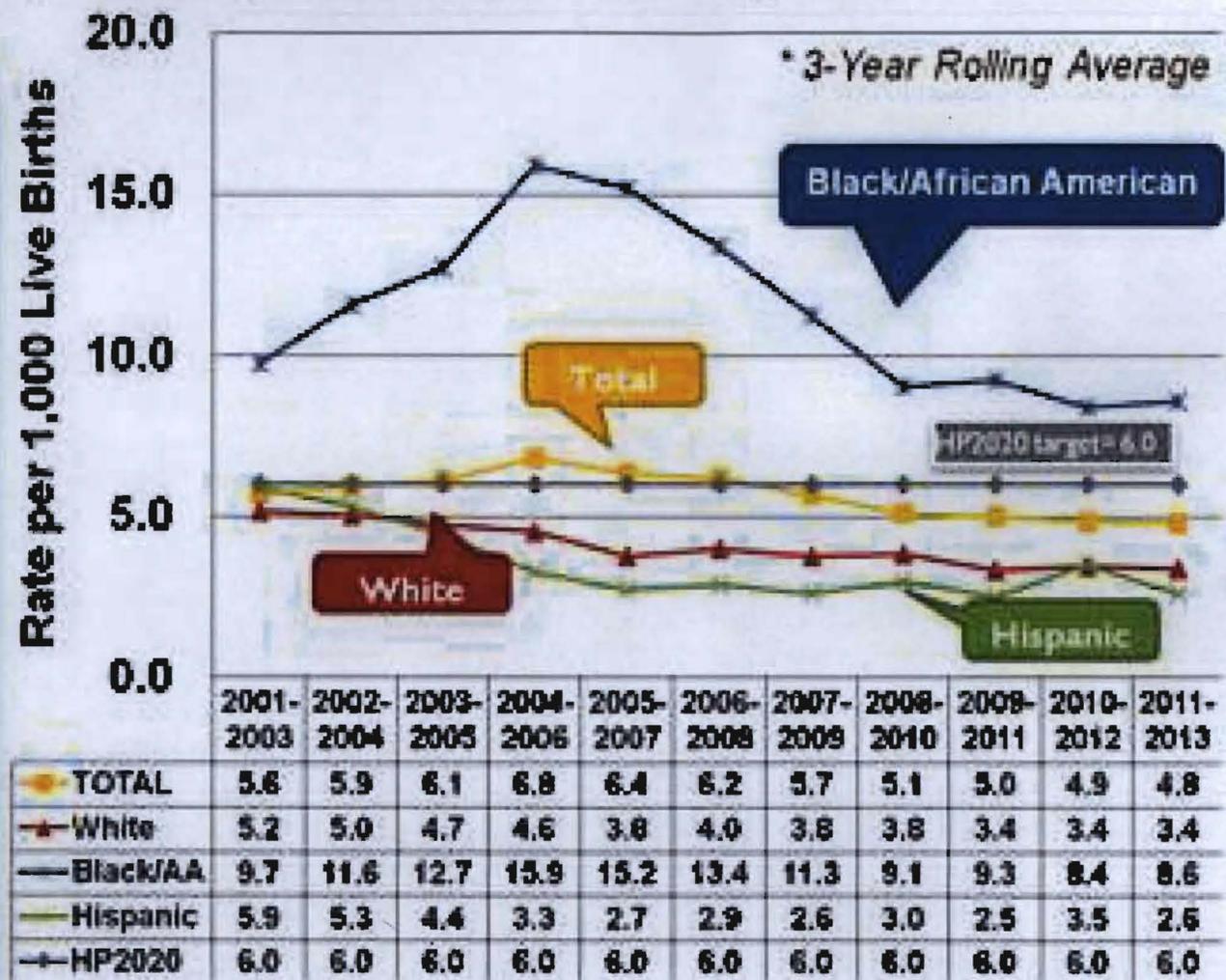
*James Rost MD*  
James Rost, MD  
Medical Director, NICU  
Shady Grove Medical Center

Co-Chairs, Fetal & Infant Mortality Review Board & Community Action Team

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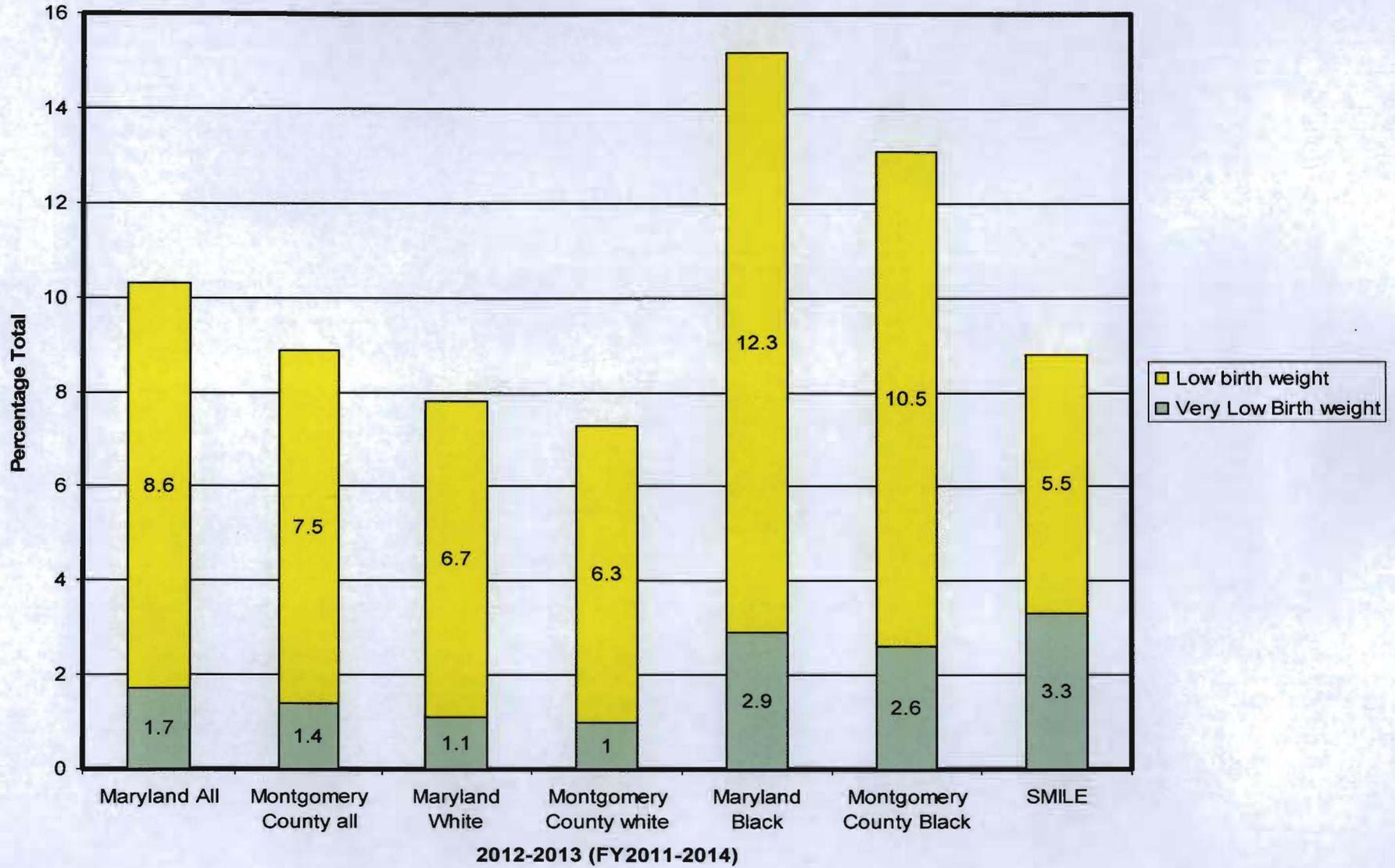
# Infant Mortality Rates by Race and Ethnicity, Montgomery County 2001-2003 through 2011-2013\*

- Among Black/AA infants, there was a slight uptick from 8.4 to 8.6 infant deaths per 1000 live births... this is almost 2.5 times the white IMR and 3.3 times the Hispanic IMR.
- The white infant mortality remained level from 2009-2011 through 2011-2013
- Hispanic IMR decreased from 3.5 to 2.6 infant deaths per 1000 live births in 2011-2013.

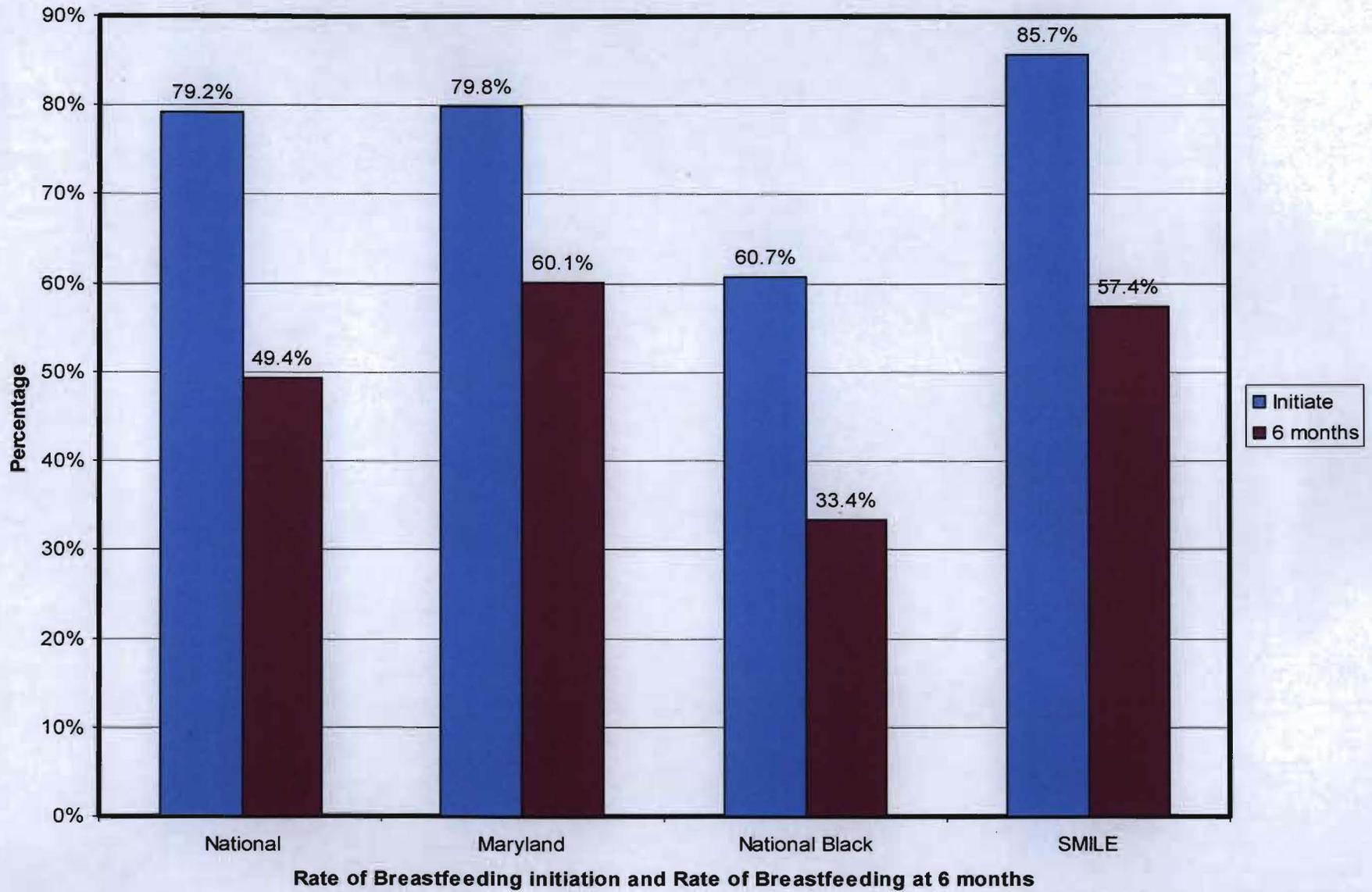


SOURCE: Maryland Vital Statistics Administration, Montgomery County, 2003-2012

### Percent of Low and Very Low Birthweight Births



### Breastfeeding Rates



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## **ELIMINATING DISPARITIES IN PREGNANCY OUTCOMES**

**THE CHALLENGE** - Locally and nationwide, African American birth outcomes are much less successful than those of other ethnic and racial groups, including Whites, Asians, and Latinos. The attached table of Montgomery County birth outcomes for 2012 and 2013 shows poorer birth outcomes for Blacks for every measure in both years – low birth weight, very low birth weight, fetal mortality, and infant mortality.

**FETAL MORTALITY** – The rate of deaths occurring *in utero* (miscarriages and stillbirths) has consistently been over twice as high in Blacks as in Whites in Maryland in every year since 2000, when those data became available. In Montgomery County, Hispanics have the lowest rate of fetal deaths and Blacks have the highest.

**INFANT MORTALITY** – The rate of deaths occurring during the first year of life has fallen steadily since 1940, but the disparity between White and Black has not. In 2013, the 3 year average White rate in Montgomery County was 3.4 per thousand live births, compared to a Black rate of 8.6 per 1000 live births. The bulk of these deaths occurred in the neonatal period – the first 30 days of life.

**CAUSES OF DEATH** – Leading causes of infant death in Maryland in 2014 in order of frequency are:

Low birth weight/prematurity 23%

Congenital abnormalities 17%

Sudden infant death syndrome 10%

Maternal complications 9%

Placenta/cord/membranes 5%

Other causes 36%

For all of these, Black pregnancies had substantially higher death rates – especially the first four. Unfortunately, the reason that Black infant mortality is so high has not been elucidated. A leading current theory is that stress is a major contributor.

**LOW BIRTH WEIGHT/PREMATURITY** – Black infants are born too soon and too small far more often than infants in other groups. 2- 3% of Black Montgomery County infants born alive weigh less than 1000 grams or 2.2 pounds, compared to ~1% of White, Asian, and Latino infants. These micro-premies have a poor survival rate, and many of those who do survive have lifelong health problems and developmental disabilities. Their medical care in the first month of life costs over 30 times as much as care for a healthy baby weighing 5 or more pounds. Black infants are also more likely than others to have birth weights in the 1000-2500 grams (2.2 to 5 pounds) range and to require NICU care and prolonged hospital stays. Reducing the number of infants born weighing below 5 pounds will

save many thousands of dollars, although, unfortunately, that money will not go into the County's coffers.

**MONTGOMERY COUNTY'S FETAL AND INFANT MORTALITY REVIEW BOARD AND COMMUNITY ACTION TEAM** - The **Fetal & Infant Mortality Review (FIMR) Board** is a State-mandated board created to review de-identified cases of fetal and infant loss and make recommendations to improve pregnancy outcomes. It is not meant to replace medical reviews which take place in hospitals but instead addresses the entire milieu in which an unsuccessful pregnancy occurs and looks for ways to improve pregnancy outcomes. Especially important is to recognize recurrent factors which undermine pregnancy success.

**The Community Action Team (CAT)** is comprised of influential members of the community who study the conclusions and recommendations of the FIMR Board and develop initiatives which could be undertaken to improve pregnancy outcomes. Every county in Maryland has a FIMR Board, but only a handful of counties have formed a Community Action Team.

**FIMR-CAT GOALS:** Based on FIMR recommendations, seek ways to:

1. Reduce fetal and infant mortality in Montgomery County
2. Eliminate disparities in infant mortality rates
3. Increase awareness of the need for healthful lifestyles prior to conception and over a lifetime.

**FIMR Recommendations** over the past several years have included:

1. Promote obstetrician referrals of pregnant African American women to the SMILE program, which promotes healthy pregnancy, breastfeeding, prevention of SIDS, and other healthful behaviors.
2. Work closely with SEUs to increase referrals of appropriate mothers to SMILE.
3. Link women of childbearing age to a primary care provider and medical home to promote preconception and interconception health.
4. Promote the concept of a reproductive life plan for women of childbearing age.
5. Assure access to family planning.
6. Promote awareness in obstetricians and emergency department staffs of the high African American infant mortality rate.
7. Promote education of pregnant women on the signs of preterm labor.
8. Increase public awareness of available community services and supports.
9. Educate clients to address medical issues such as diabetes, hypertension, obesity, incompetent cervix, depression, substance abuse, etc. prior to pregnancy.

10. Promote use of daily prenatal vitamins, especially folic acid, in women of reproductive age, to prevent certain congenital abnormalities, such as neural tube disorders.
11. Promote infant autopsies in order to better understand the reasons for loss, in the hopes of reducing the risk of future losses.
12. Develop hospital procedures which identify mothers who have just lost a pregnancy, so that they are not inappropriately addressed as though they have just had a good outcome.
13. Promote linkage of bereaved parents to culturally competent bereavement services.
14. Promote medical follow-up after a fetal or infant loss to identify issues which might endanger future pregnancies.
15. Promote awareness of the need for birth spacing, particularly following a pregnancy loss.
16. Promote breastfeeding in the workplace.
17. Promote dental screening and treatment during pregnancy and make dentists aware of professional guidelines which support it.
18. Promote WIC to eligible mothers.
19. Improve data collection methods

**CAT activities over the years have included:**

1. Presentations at Grand Rounds in local hospitals to raise awareness of disparities in pregnancy outcomes, to provide information on County prenatal programs including SMILE, and to encourage use of autopsy to better understand the causes of fetal or infant demise.
2. Presentations to community groups such as the League of Women Voters on infant mortality
3. Publication and distribution of women's health resource guides
4. Production and distribution of refrigerator magnets in English and Spanish listing signs of preterm labor
5. Publication and distribution (electronically and in print) of a "Reproductive Life Plan" preconception health brochure in English and Spanish
6. Community-wide distribution of educational brochures on preconception health, family planning, healthy pregnancy, safe infant sleep, postpartum self-care for moms, and how to recognize postpartum depression at multiple local health fairs, health expos, smoking cessation classes, prenatal classes and to community partners
7. Provision of information to U.S. Rep. Donna Edwards on infant mortality and racial disparities which she read into the Congressional Record in September 2014 for National Infant Mortality Month.
8. Production of a PSA by students at Blake High School on good nutrition and healthy lifestyles for adolescents
9. Promotion of identifiers for hospital rooms of bereaved mothers

10. Production of a symposium for bereaved parents and medical providers who work with them
11. Promotion of folic acid use for women of reproductive age in family planning clinics, to prevent some types of serious congenital anomalies; distribution of folic acid tablets to family planning clients (while they were available under a small grant).

#### **AFRICAN AMERICAN HEALTH PROGRAM'S SMILE PROGRAM**

The African American Health Program (AAHP) was formed in 1998, in response to the recognition of major disparities in health in Montgomery County, and especially the disparity in infant mortality between African Americans and other racial/ethnic groups in the County. The Infant Mortality group has met monthly since its founding.

In order to try to improve Black pregnancy outcomes, the SMILE program has provided case management and home visitation services for pregnant women and infants in Montgomery County since 2003. SMILE provides referrals for mental health services, housing, health insurance, child care, and food/clothing to name a few. Client referrals come in from various County agencies and via word of mouth from past and present clients. Women are enrolled prenatally up to 28 weeks gestation, and receive home visits on a monthly basis, or as needed, until the infant reaches their first birthday. SMILE is staffed by three Registered Nurse Case Managers who are ethnically and culturally relatable to the target population of African American, African, and Caribbean families served.

Childbirth and Breastfeeding Education classes are held twice a year, with a good turnout of expectant mothers and fathers, with all participants receiving their choice of a pack and play crib or car seat voucher.

SMILE clients have great outcomes with breastfeeding and continue to experience success with the education and encouragement provide by SMILE Nurses, two of whom are Internationally Board Certified Lactation Consultants. Other activities include pre-conceptual and reproductive health presentations in the community.

SMILE Nurses continue to attend monthly meetings in the County: FIMR/CAT, ICAP, Infant Mortality Coalition, and attend conferences to promote staff development.

There are no requirements that SMILE clients be low income, as Black women at all socioeconomic levels are at higher risk for poor outcomes than their White counterparts. However, a focus group has indicated that privately insured women do not want to be associated with a government program that also serves Medicaid clients. Efforts are being made to

reach these women through their obstetricians. 66 percent of SMILE clients are currently Medicaid enrolled.

**Caseload:** The 3 SMILE nurses each carry a caseload of about 40 patients (mother/baby pairs) on average in addition to their community education activities. The current caseload is 124 families.

**Potential role for a Community Health Worker:** A SMILE Community Health Worker can handle some of the non-patient paperwork and other routine tasks now done by the nurses, which will free up time to see more patient and to focus more on case management. She can also help market the program to increase numbers and provide an additional layer of support through outreach and education activities.

Given the substantial disparity in birth outcomes and given the demonstrated effectiveness of the nurse-home visiting model, The FIMR Community Action Team believes that providing a support person to the SMILE nurses would be a wise use of County resources.

### **Members of the Fetal and Infant Mortality Review Board and Community Action Team**

ATTENDEES OF FIMR BOARD ONLY

FIMR Board Co-Chair Pamela Lewis Matia, MD, Perinatologist, Greater Washington Maternal Fetal Medicine and Genetics

Merry Danaceau, MSN, RN, CSP, Clinical Research Nurse Recruiter, National Institute of Mental Health

Nancy Wood RNC, CDE, Director Perinatal Diagnostic Center, High Risk Perinatal Center, Holy Cross Hospital

ATTENDEES OF COMMUNITY ACTION TEAM ONLY

Jennifer Abell, Suburban Maryland Division Director, March of Dimes

Shari Argue, Health Manager, Early Head Start, Reginald Lourie Center

Hani K. Atrash MD, MPH, Director, Division of Healthy Start and Perinatal Services, Health Resources and Services Administration

Rose Cohen, WIC Communications/Outreach Coordinator, Women, Infants & Children's Nutrition Program / CCI

Tannyka Coleman, RN, Nurse Case Manager, SMILE Program / African American Health Program, DHHS

Eva Feder, Health Committee Chair, Montgomery County League of Women Voters

Christine Hager, SAMHSA Ret. & Community Advocate

Eusi Holt, **AAHP Outreach Specialist, BETAH Associates, Inc.**  
Bola Idowu, Ph.D., **AAHP Project Director, BETAH Associates, Inc.**  
Pat Keating, **Perinatal Education Manager, Holy Cross Hospital (Ret)**  
Debbie Levine, **Perinatal Education Manager, Holy Cross Hospital**  
Molly Love, **Executive Director, CCI/ Teens & Young Adult Health Connection (TAYA)**  
Karen Marcelle, RN, **Nursing Supervisor, Prince George's County Health Dept.**  
Maria Robles, **Director, Miscarriage, Infant loss & Stillbirth (MIS)**  
Kisha Semenuk, MSN, **Perinatal Mental Health Resources DMV**  
Becky Smith, RN, **Nurse Administrator, Silver Spring Health Center, DHHS, PHS**  
Ilene Sparber, LCSW, **Interagency Coalition on Adolescent Pregnancy Coordinator**  
Allison Stearns, LCSW, **Executive Director, Hospice Caring**  
Laura Sullivan, **WIC Communications/Outreach Coordinator, Women, Infants & Children's Nutrition Program / CCI**  
Nia Williams, RN, BSN, MPH, **Nurse Case Manager, SMILE Program, African American Health Program, DHHS**

**ATTENDEES OF BOTH FIMR & CAT**

CAT CO-CHAIR **Ann Jordan, MSN, RNC, Program Manager, Women's Health, Kaiser Permanente**

CAT CO-CHAIR **James Rost, MD, Medical Director, NICU & Patient Safety, Shady Grove Medical Center**

FIMR CO-CHAIR **Arva Jackson, MSW, Community Advocate**

FIMR ALTERNATE CO-CHAIR, **Carol Garvey, MD, Health Officer, Ret. & Community Advocate**

**Winsome Boykin, RN, BSN, Maternity Case Manager, Johns Hopkins HealthCare**

**Laura Jenkins, MD, Community Advocate**

**Carol Jordan, RN, DHHS, PHS Ret. & Community Advocate**

**Cathy Keech, MS, RN, RNC, Clinical Nurse Manager, Washington Adventist Hospital**

**Myriam Louis-Charles, RN, Administrative Care Coordination Unit (ACCU) Coordinator, DHHS, PHS**

**Hanna Mrochek, RN, Administrative Care Coordination Unit (ACCU), DHHS, PHS**

**Sheilah O'Connor, Coordinator, FIMR, FIMR-CAT, and Child Fatality Review Team**

**Thelma Opoku, RN, Administrative Care Coordination Unit (ACCU), DHHS, PHS**

**Amber Richter, RN, Clinical Nurse Manager, Labor & Delivery, Shady Grove Medical Center**

**Robyn Simmons, MSA, Project Manager, DHHS, PHS**

**Members of the AAHP Infant Mortality Collaborative**

CHAIR Arva Jackson, AAHP Executive Committee, Community Advocate

Rose Cohen, WIC Communications/Outreach Coordinator; Women, Infants and Children's Nutrition Program/CCI

Mazie Coleman, Program Assistant, AAHP

Tannyka Coleman, AAHP – SMILE nurse

Dr. Carol Garvey, Primary Care Coalition, Community Advocate

Mindy Golatt, Delta Sigma Theta, Inc. PVAC

Pat Grant, Chair, Executive Board, AAHP

Kathleen Guinan, Executive Director, Crossway Communities

Christine Hager, SAMHSA, Ret.; Community Advocate

Michelle Hawkins, Director, Health Care Management/Population Health Integration, Johns Hopkins Health Care LLC, Commission on Health

Eusi Holt, AAHP Outreach Specialist, BETAH Associates, Inc.

Dr. Abimbola Idowu, AAHP Project Director, BETAH Associates, Inc.

Saundra Jackson, AAHP – SMILE nurse

Dr. Laura Jenkins, Community Advocate

Pat Keating, Perinatal Education Manager (Ret.), Holy Cross Hospital

Debbie Levine, Perinatal Education Manager, Holy Cross Hospital

Pamela Lockett, Interim Project Manager, AAHP/DHHS

Kimberly Myers, Program Coordinator, Adventist Healthcare

Joy Nathan, Director of Client Services and Corporate Monitor for AAHP, BETAH Associates, Inc.

Sheilah O'Connor, Coordinator, FIMR, FIMR-CAT, and Child Fatality Review Team

Dr. Mary Revenis, neonatologist, Children's National Health Center

Robyn Simmons, Program Manager, DHHS

Nia Williams, AAHP – SMILE nurse

Brenda Wolfe, National Council of Negro Women

## BIRTH OUTCOMES IN MONTGOMERY COUNTY 2012 AND 2013

	2012	2013
	number (rate)	number (rate)
<b>Total births</b>	<b>13,064</b>	<b>13,022</b>
Low birth weight	973 (7.4%)	976 (7.5%)
Very low birth weight	177 (1.4%)	177(1.4%)
Fetal deaths	86 (6.5/1000)	82 (6.3/1000)
Infant deaths	66 (5.1/1000)	61 (4.7/1000)
<b>White births</b>	<b>4795</b>	<b>4799</b>
LBW	285 (5.9%)	319 (6.6%)
VLBW	41 (0.9%)	52 (1.1%)
Fetal deaths	22 (4.6/1000)	34 (7.0/1000)
Infant deaths	21 (4.4/1000)	17 (3.5/1000)
<b>Black births</b>	<b>2752</b>	<b>2732</b>
LBW	284 (10.3%)	267 (9.8%)
VLBW	82 (3.0%)	58 (2.1%)
Fetal deaths	36 (12.9/1000)	28 (10.1/1000)
Infant deaths	22 (8.0/1000)	27 (9.9/1000)
<b>Hispanic births</b>	<b>3465</b>	<b>3510</b>
LBW	253 (7.3%)	222 (6.3%)
VLBW	40 (1.2%)	40 (1.1%)
Fetal deaths	18 (5.2/1000)	14 (4.0/1000)
Infant deaths	15 (4.3/1000)	9 (2.6/1000)
<b>Asian births</b>	<b>2037</b>	<b>1928</b>
LBW	153 (7.5%)	163 (8.5%)
VLBW	15 (0.7%)	26 (1.3%)
Fetal deaths		
Infant deaths		

**MONTGOMERY COUNTY, MD**  
**Dept. of Health & Human Services**  
**Surveillance & Quality Improvement Program**  
*(formerly Improved Pregnancy Outcomes)*

**MC SERVICE ELIGIBILITY UNITS**

(includes Maternity Partnership Program for affordable prenatal care):

Germantown	240 777 3591
Rockville	240 777 3120
Silver Spring	240 777 3066

**MC REGIONAL HEALTH CENTERS**

Germantown	240 777 3380
Silver Spring	240 777 3160

**MEDICAL ASSISTANCE / HEALTHCHOICE**

Client Services Center	240 777 1635
African American Health Program	240 777 1833
Bilingual Info for Health Svc	301 270 8432
Latino Health Initiative	240 777 1779
STD Clinic/HIV testing	240 777 1760
HIV/AIDS information	240 777 1869
Women's Cancer Control	240 777 1750
MC Dental Services	240 777 1875
Maryland Health Connection	855 642 8572

**MONTGOMERY CARES CLINICS**

(some have several locations – call to check)

Chinese Community Service Ctr.	301 820 7200
Community Clinic, Inc. (toll-free)	866 877 7258
Community Clinic Dental	240 720 0510
Holy Cross Health Center	240 567 5600
Mansfield Kaseman Clinic	301 917 6800
Mary's Center	240 485 3160
Mobile Medical Care, Inc.	301 493 2400
Mercy Health Clinic	240 773 0300
Muslim Community Center	301 384 2166
People's Comm. Wellness Center	301 847 1172
Projecto Salud (minority health)	301 260 1073
Spanish Catholic Center	301 434 8985

**MC INFO & REFERRAL**

MC Public Libraries Health Info Line	240 777 0678
MC Car Seat Hotline	240 777 2223
MC Immunization & Lead	240 777 1050
United Way/Maryland 211 Help	800 492 0618
MC Medical Society Physician Find Website	
<a href="http://www.montgomerymedicine.org">www.montgomerymedicine.org</a>	301 921 4300

**CRISIS COUNSELING**

Mont. Co Crisis Center	240 777 4000
VASAP (victim support)	240 777 HELP
Rape/Sexual Assault Crisis	240 777 4357
National Runaway Hotline	800 RUNAWAY
Addictions Services Coordination	240 777 4710

Alcohol Hotline	800 527 5344
Mont. County Youth Hotline	301 738 9697
MHA Hotline	301 738 CALL
National Suicide Prevention Line	800 273 8255
MD Parenting Help Line	410 889 2300
Child Center & Adult Services	301 978 9750
(mental health counseling for pregnant & new mothers)	

**DOMESTIC VIOLENCE**

Nat. Domestic Violence Hotline	800 799 7233
	TTY 800 787 3224
Nat. Dating Abuse Hotline	866 331 9474
	TTY 866 331 8453
Abused Person Crisis Line	240 777 4673
Mont Co Family Justice Center	240 773 0444

**REPRODUCTIVE HEALTH**

Teen and Young Adult Health Connection (TAYA)	
Silver Spring	301 565 0914
Gaithersburg	301 275 7675
Planned Parenthood	
Gaithersburg	301 208 1300
Silver Spring	301 608 3448
Frederick	301 662 7171
Maryland Health Connection	855 642 8572
STD / HIV / AIDS Clinic	240 777 1760
Community Clinic, Inc.	240 790 3325

Expanded Family Planning Med Assistance  
 apply at [www.DHMH.MD/US/mma/familyplanning](http://www.DHMH.MD/US/mma/familyplanning)

**PREGNANCY & PARENTING SUPPORT**

Adoptions Together	301 439 2900
SMILE Program	240-773-0390
Better BedRest	410 740 7662
Mamas on Bedrest & Beyond	512 288 0827

**BEREAVEMENT SUPPORT**

Please call Surveillance & Quality Improvement Program (formerly Improved Pregnancy Outcomes Program) for a list of bereavement & grief support programs if you have experienced a miscarriage, stillbirth or infant death: 240 777 3967

**CHILD SUPPORT**

Legal Paternity &/or Child Support Enforcement  
 800 332 6347

**CHILD CARE & SUPPORT PROGRAMS**

Childcare POC & WPA voucher	240 777 1155
ChildLink	240 777 4769

**NUTRITION**

WIC	301 762 9426
LaLeche League HOTLINE	877 452 5324
Cooperative Extension Services	301 590 9638
SHARE	301 864 3115

**EMERGENCY FOOD & SUPPLIES**

A Wider Circle	301 608 3504
Adventist Community HELP	301 585 6556
Bethesda Cares	301 907 9244
Bethesda HELP	301 365 2022
C-4 Clothes Closet	301 989 8742
CASA de Maryland	301 431 4185
Catholic Charities	202 772 4300
Damascus HELP	301 253 4100
First Baptist Food Closet	301 989 8742
Gaithersburg HELP	301 216 2510
Germantown HELP	301 482 1320
Interfaith Clothing	301 424 3796
MANNA Food Center	301 424 1130
Mid-County United Ministry	301 929 8675
Olney HELP	301 774 4334
Rockville FISH	301 564 0800
Salvation Army	301 515 5354
Shepard's Table	301 585 6463
St. Martin's of Tours Pantry	301 990 3203
Silver Spring HELP	301 585 6463
TESS Center	301 565 7675
Western/ Upper MC HELP	301 972 8481

**PARENT SUPPORT & CHILDREN'S PROGRAMS**

Baby Steps	240 864 1063
Early Head Start: Lourie Ctr	301 984 4444
Family Services Agency	301 840 2000
Families Foremost	301 585 3424
Crittenton Services (Teens)	301 565 9333
Healthy Families Montgomery	301 840 3232
MD Children's Health Program	800 456 8900
Care 4 Kids Program	301 628 3438

**GET HEALTHY BEFORE YOUR PREGNANCY!**

- Take 400-800 mcg of Folic Acid every day
- Stop smoking & drinking alcohol
- See your doctor regularly & control medical conditions such as asthma, blood pressure, diabetes, obesity, epilepsy, etc.
- Talk to your doctor about medications you take, inc. over the counter & herbal products.
- Strive for optimal weight.
- For more, please visit: [www.womenshealth.gov](http://www.womenshealth.gov)

**CALL 311 TO GET IT DONE** [www.montgomerycountymd.gov/311](http://www.montgomerycountymd.gov/311)  
**FOR SQI PROGRAM, CALL:240-777-3967**

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Updated 6/2015



# Focus Area: Infant Mortality

**AAHP Goal:** Reduce the number of premature births and low birth weights among the Black community in the County.

## The Disparity

According to Healthy Montgomery data for 2012, the rate of infant deaths per 1,000 live births was 5.1. The mortality rates for White and Latino infants were 4.2 and 4.3, respectively. For African Americans, it was 8.2 - nearly double the rate. Of babies born to Black women, 10.3% had low birth weight and 3% were born with very low birth weights. Among White women, 5.9% of babies had low birth weight and 0.9% had very low birth weights.

## Our Work

The Start More Infants Living Equally healthy (SMILE) program addresses key factors such as a mother's stress, mental health, and health conditions like diabetes. Support is available to families from pregnancy to the baby's first birthday. Services are free to Black residents of the County regardless of socioeconomic status.

## Core Services

- Nurse Case Management
- Home Visits
- Childbirth and Breastfeeding Classes (in partnership with Holy Cross Hospital)
- Manual Breast Pump Program
- Referrals to Additional Supports



### Referrals

To SMILE: 127 (104 led to enrollment)

### Nurse Case Management

Families served: 184

Home visits: 1,482

Total births: 97

Healthy birth weights: 80.4%

### Childbirth and Breastfeeding Classes

Series held: 3 (6 hours each)

Pregnant women/fathers present: 40/23

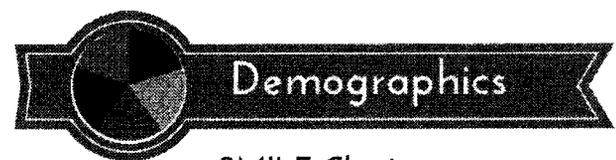
Vouchers: 28 car seats, 27 cribs

### Breastfeeding

Moms who initiated breastfeeding: 54\*

Breastfed for 6 months or longer: 31

Breastfed for 3-6 months: 5



### SMILE Clients

African American: 66%

African: 28%

Caribbean: 4%

Private insurance holders: 11%

### Pregnant Class Participants

African American: 62.5%

African: 20%

Caribbean: 12.5%



## ONE HEALTHY LIFE: Michael

"When I became pregnant, I entered the African American Health Program's SMILE program. The program gave me the chance to meet every week with a nurse, and we discussed everything I could do to make sure that Michael was born healthy. After Michael's birth, I still had weekly home meetings with my nurse. She answered all of my questions - about breast feeding, sleeping and all the things new mothers worry about. With AAHP, I feel like I am making the right choices - and I can see the results every day in Michael."

Infant mortality is defined as the death of an infant before the age of one year, per 1000 live births. A disproportionately high infant mortality rate exists in the African American population. African American women are more likely than Caucasian and Hispanic women to experience infant mortality in the first year of their child's life. They are also more likely to experience infant mortality as a result of low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. According to the Maryland Department of Health and Mental Hygiene, in Montgomery County in 2010, the rate of infant deaths per 1000 live births was 4.3. The mortality rate for Caucasian infants was 3.3 and the rate for Hispanic infants was 3.7, but for African Americans, it was 7 – roughly double the rate of other groups.

**The causes of premature and low-birth-weight babies in the African American community are complex. Factors include:**

- Stress related to the demands of family, career, financial management, and community involvement
- History of premature delivery/low birth weight
- Cord and placental complications
- Maternal medical complications such as hypertension, diabetes, obesity, and sexually transmitted diseases
- Advanced maternal age

AAHP developed the SMILE Program to address infant mortality in the African American population of Montgomery County. The goal of the program is to reduce the number of premature and low-birth-weight babies born to African American women. Click on the side links to learn more about SMILE services and supports.

## **Nurse Case Management And Home Visitation**

The SMILE program is designed to provide health education, support, and referrals that aim to improve the likelihood of healthy birth outcomes. Nurse support is offered to any African-American woman or woman of African descent who lives in Montgomery County.

**Nurses help each SMILE mom learn about:**

- Factors that lead to healthy pregnancies and birth outcomes
- Biological/developmental processes, milestones, and risk factors
- How to best care for herself and her infant
- Community resources available during and after her pregnancy

Home visits are conducted by registered nurses. Visits are typically monthly, but can occur more frequently. Mothers-to-be begin meeting with their nurses early in pregnancy (first or second trimester).

Two of SMILE's nurses are International Board Certified Lactation Consultants®.

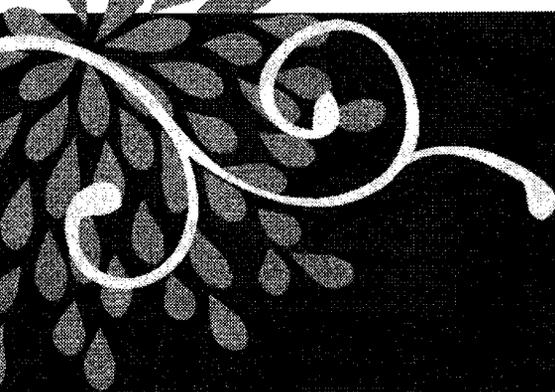
For more information, contact [Nia Williams-Myles, RN, MSN-Edu., MPH, CBE](#), at 240-773-0390.



The **SMILE** program was developed in 2003 by the African American Health Program to address infant mortality in the African American population of Montgomery County, Maryland. The goal of the program is to reduce the number of premature and low-birth-weight babies born to Black women in the County. The program addresses key factors such as the mother's stress, hypertension, diabetes, mental health, and social support.

**SMILE** would like to provide you with the support, information, and education you need during pregnancy, and after the arrival of your baby. We will work to make sure that your little one has every chance for a strong and healthy start!

MATERNAL EDUCATION AND  
INCOME ARE NOT PREDICTORS  
OF A HEALTHY BLACK BABY IN  
MONTGOMERY COUNTY.

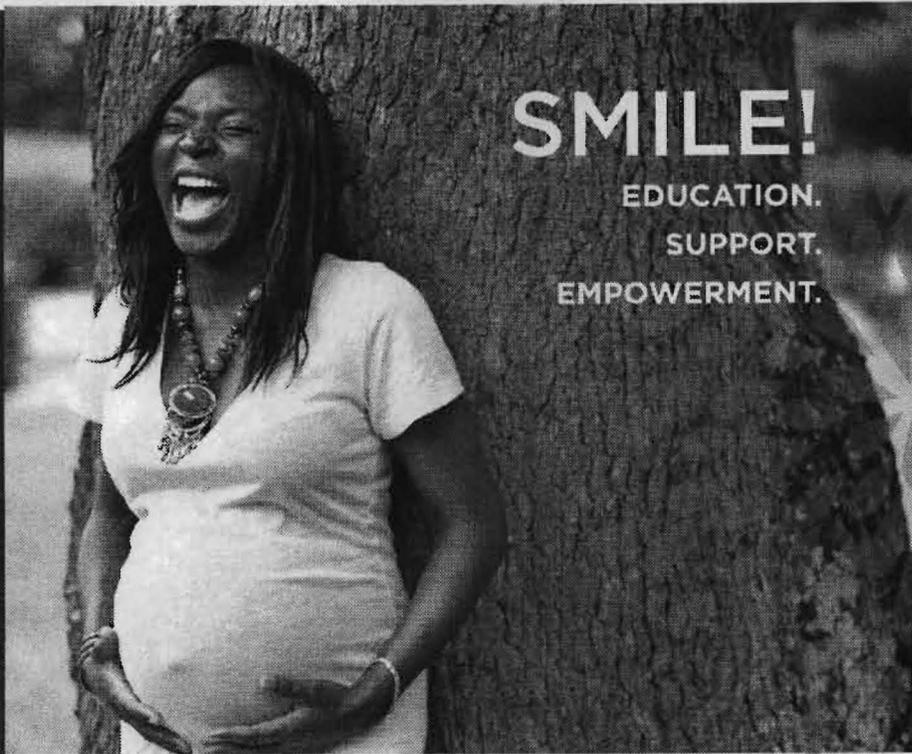


## DID YOU KNOW?

- ☒ Infant mortality is when a baby dies before reaching its first birthday.
- ☒ Black women in Montgomery County are three times more likely to lose a child before the infant turns one year old due to low birth weight, birth defects, and Sudden Infant Death Syndrome (SIDS).
- ☒ Of the women who experienced a loss in 2012, more than half were college educated and received prenatal care in the first trimester, and nearly half of the women were privately insured.
- ☒ The causes of premature and low-birth-weight babies in the African American community are complex.

### FACTORS INCLUDE:

- ☒ Stress related to the demands of family, career, financial management, and community involvement
- ☒ History of premature delivery/low birth weight babies
- ☒ Cord and placental complications
- ☒ Maternal medical complications such as hypertension, diabetes, obesity, and sexually transmitted diseases
- ☒ Advanced maternal age



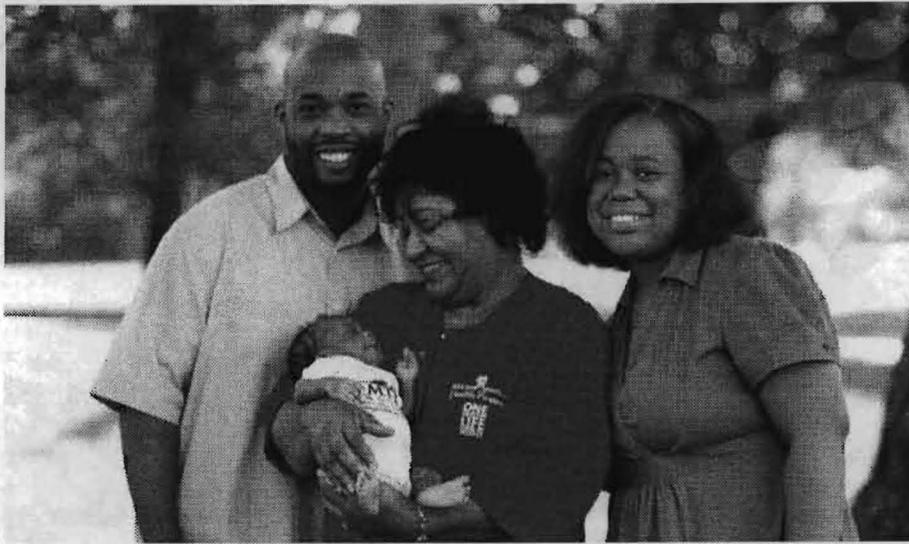
# SMILE!

EDUCATION.  
SUPPORT.  
EMPOWERMENT.

The **SMILE** program is administered by registered nurse case managers. The care that we provide includes:

- Case management of mothers and infants, including home visits
- Childbirth and breastfeeding education classes
- Health presentations and counseling
- Support and networking opportunities
- Referrals to public and private community services

WE CARE DEEPLY ABOUT EACH MOTHER AND BABY WE SUPPORT. OUR TEAM OF REGISTERED NURSES IS PASSIONATE, LOYAL, AND HIGHLY COMMITTED TO PARTNERING WITH YOU FROM PREGNANCY TO YOUR BABY'S FIRST BIRTHDAY!



## Nurse Case Management

The **SMILE** program is designed to provide the tools and supports that aim to improve the likelihood of healthy birth outcomes. Nurse case management support is offered to any African-American woman or woman of African descent who lives in Montgomery County.

Our nurses help each **SMILE** mom learn about:

- ⊗ Factors that lead to healthy pregnancies and birth outcomes
- ⊗ Biological/developmental processes, milestones, and health/safety risk factors
- ⊗ How to best care for herself and her infant
- ⊗ Community resources available during and after her pregnancy

Home visits are conducted by registered nurses. Visits are typically monthly, but can occur more frequently. Mothers-to-be begin meeting with their nurses early in pregnancy (first or second trimester).



## Childbirth and Breastfeeding Education Classes

These are not your ordinary childbirth and breastfeeding classes! Expectant moms are welcome to participate during any month of pregnancy – the earlier the better. Fathers and labor coaches are encouraged to attend. Classes are offered in a casual atmosphere at convenient evening times.

The free three-class series is led by **SMILE** nurses who are certified childbirth educators and/or certified breastfeeding educators. Through detailed explanations and hands-on demonstrations, pregnant women and their partners learn what they need to know to have a healthy pregnancy, birth, and baby.

## Health Presentations

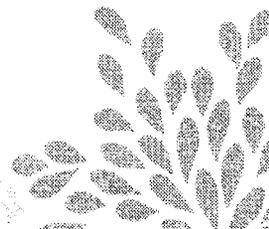
**SMILE** nurses are eager to help the community by providing educational presentations to groups of all types and sizes. They are trained to discuss a range of topics, including prenatal, postpartum, and infant care, responsible decision-making for teens, and sexual health. Nurse case managers ensure that topics are age-appropriate, interactive, and engaging for each unique audience.



## Referrals to Community Services

Many community supports are available to women in Montgomery County. Part of the **SMILE** team's goal is to help mothers and expectant moms navigate systems and gain access to these resources. Below are some partners with whom we collaborate to provide support, services, and events.

- ☼ A Wider Circle
- ☼ Baby's Bounty
- ☼ Capital Women's Care
- ☼ Catholic Charities
- ☼ Community Clinic, Inc.
- ☼ Cribs for Kids
- ☼ Holy Cross Hospital
- ☼ Maryland Children's Health Insurance Program
- ☼ Montgomery County Fire and Rescue: SAFE KIDS Montgomery County
- ☼ Women, Infants and Children's (WIC) Program



## Meet Our Nurses!

**Nia M. J. Williams-Myles, RN, MSN-Edu., MPH**

Senior Nurse Case Manager

[nia.williams@montgomerycountymd.gov](mailto:nia.williams@montgomerycountymd.gov)

301.421.5489

"My experience as a maternity nurse and my passion for health education drew me to **SMILE**. I enjoy using creative methods to reach a diverse population of pregnant women and infants with various needs."



**Saundra Jackson, RN, BSN, CBE**

Nurse Case Manager

[saundra.jackson@montgomerycountymd.gov](mailto:saundra.jackson@montgomerycountymd.gov)

301.421.5487

"I love babies and pregnant women. When I became pregnant with my first child, the support and encouragement from the obstetrics team made me realize that I was meant to be a nurse."



**Tannyka Coleman, RN, BSN, CM/DN**

Nurse Case Manager

[tannyka.coleman@montgomerycountymd.gov](mailto:tannyka.coleman@montgomerycountymd.gov)

301.421.5488

"I am passionate about the care of women, infants, and children, and dedicated to breastfeeding education and advocacy. My desire has always been to work in a community-based health setting."

"We look forward  
to serving you!"



**AAHP SMILE PROGRAM BUDGET REQUEST FOR 2016,  
SUPPORTED BY THE FIMR COMMUNITY ACTION TEAM**

**THE REQUEST:** The Community Action Team (CAT) of the County's Fetal and Infant Mortality Review (FIMR) Board requests an additional \$65,000 for the SMILE Program of the African American Health Program, to expand the program by hiring a Community Health Outreach Worker/ Navigator to assist clients with the many non-medical/non-clinical needs that they encounter in the community. This would enable the program's three nurses to recruit and enroll a larger number of pregnant women into the program.

**THE ROLE OF THE FIMR AND THE FIMR-CAT:** The state-mandated FIMR reviews possibly preventable fetal and infant deaths, a disproportionate number of which occur among African Americans. The most frequent recommendation of the FIMR Board to its Community Action Team (FIMR-CAT) is to increase referrals of pregnant African American women to the SMILE program. The FIMR-CAT looks for ways to implement the recommendations of the FIMR.

**THE SMILE PROGRAM:** The goal of the SMILE Program- Start More Infants Live Equally healthy - is to reduce the number of premature and low-birth-weight babies born to African American women and women of African and Caribbean descent and to reduce infant mortality. African American women and women of African and Caribbean descent are far more likely to have poor birth outcomes than women of other races. This work is an integral part of the African American Health Program (AAHP).

**SMILE OUTCOMES:** The SMILE program, following a proven effective community nurse-family partnership model, has succeeded in improving the odds for survival and good health among Black infants born into the program. Birth weights are superior to those of other African American infants and infants of African and Caribbean descent in the County and the State, and the rates of initiated and continued breast feeding (a health protective factor) far exceed those of the Country as a whole.

**EXPANSION OF THE SMILE PROGRAM:** In order to expand the program with the existing three nurses, the program can benefit from the additional resources of a Community Health Outreach Worker/ Navigator, whose role would include the following: provide additional health education for expectant families (i.e. healthy pregnancy, breast feeding principles, parenting skills, integrating fathers in parenting role); review child development milestones and education; assist with health promotion disease prevention education and topics such as preconception and inter-conception education; offer information about nutrition, physical activity, stress management; make referrals to WIC; provide warm hand-offs to medical and behavioral health services; provide care coordination that assists families in accessing and navigating the health care system.

Ann Jordan, MSN, RNC

Program Mgr, Women's Health

Kaiser Permanente, Mid-Atlantic States

James Rost, MD

Director, Neonatology Unit

Shady Grove Medical Center, AHC