



**Montgomery County, MD Improved Pregnancy Outcomes Program
Fetal & Infant Mortality Review Board Community Action Team
Fiscal Year 2022 Annual Report**



A poor pregnancy outcome or infant death is a loss for our entire community. The Improved Pregnancy Outcomes Program, which consists of the Fetal / Infant Mortality Review Board and Community Action Team, works to ensure that all babies are born healthy in Montgomery County. Their efforts help us understand the reasons behind these tragic losses and recommend actions to improve pregnancy outcomes.



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We extend sincere thanks to each of our FIMR Board and Community Action Team members for your expertise and commitment to improving the lives of all women and infants in our community. We remain grateful to our FIMR Board & Community Action Team Co-Chairs and FIMR CAT Program Volunteer for their outstanding leadership and dedication.

FIMR BOARD CO-CHAIRS

Michelle Roberts-Borden, MD
Obstetrician / Gynecologist

Jade-Ann Rennie, MPH
Community Advocate
MC Collaboration Council for
Children, Youth & Families

CAT CO-CHAIRS

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Family Medicine Physician
Medical Director, Proyecto Salud

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Holy Cross Hospital, Retired

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Montgomery County DHHS, Retired

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African American Health Program Executive Committee

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WOLOMI

MONTGOMERY COUNTY GOVERNMENT

MEMBERS

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UMD School of Public Health

Kimberly Johnson, MS

DHHS, African American Health Program

Jeanine McGrath, RN, CD (DONA)

By Your Side Doula Services

Marisol Ortiz

Primary Care Coalition



**MESSAGE FROM JAMES C. BRIDGERS, JR., PhD, MPH
ACTING DIRECTOR, DHHS, CHIEF, PUBLIC HEALTH SERVICES**

I am pleased to present the Montgomery County Improved Pregnancy Outcomes (IPO) Program 2022 Annual Report, created to highlight program efforts during 2021 and 2022.

The report summarizes the data of women in our community who experienced a fetal or infant loss, along with initiatives undertaken by the Community Action Team in carrying out key recommendations made by the Fetal and Infant Mortality Review (FIMR) Board.

Although overall infant mortality has declined in Montgomery County during the last decade, Black/African American women continue to experience these tragic losses at twice the rate as women of other races, a persistent trend that should concern us all. Community leaders are working hard to reverse these trends by advocating strenuously in favor of policies and programs capable of closing the racial gap and improving birth outcomes for all.

We are very fortunate to have FIMR Board Co-Chairs Dr. Michelle Roberts Borden and Jade-Ann Rennie, and Community Action Team Co-Chairs Pat Keating and Dr. Monica Howard, along with longtime Program Volunteers and Co-Chairs Emeritus Dr. Carol Garvey and Carol Jordan, MPH, BSN, RN at the forefront of our efforts. Their perspective, clinical expertise and dedication are unsurpassed, and we thank them for their extraordinary leadership. The IPO Program relies on the commitment of healthcare providers, community agencies and other public and private institutions. During 2021 and 2022, as in years past, our community partners worked tirelessly to increase awareness of infant mortality, identify factors contributing to these losses, and advocate for needed changes.

This report includes a section on racial equity, and updates on COVID-19 and on the Maternity Partnership Program, Babies Born Healthy and SMILE programs, which provide nurse case management services to at-risk pregnant women. The programs provide superb examples of how Public Health addresses racial disparities in maternal and infant health.

I would like to extend my sincere thanks to Pat Keating, RN, BSN for the significant contributions she made to this 2022 Annual Report, and to Carol Jordan, MPH, BSN, RN for her role in shaping the 2020 and 2018 versions of the report. I finally, I want to thank our IPO Program Manager, Sheilah O'Connor who had kept this program on very solid ground. We are grateful for her service to the mothers, infants and children of Montgomery County. We hope you find this document to be useful and welcome your feedback and suggestions.



**MESSAGE FROM KISHA N. DAVIS, MD, MPH
MONTGOMERY COUNTY HEALTH OFFICER, DHHS**

As I begin my time as Montgomery County Health Officer, I am inspired by efforts within our Department of Health and Human Services and in the community to improve the lives of birthing families and address alarming racial disparities in birth outcomes.

Advancing the health of women and of our youngest residents is an admirable and crucial goal.

We are grateful to FIMR Board and Community Action Team members for all that has been accomplished and extend our best wishes as you continue your efforts.

Looking ahead, we can expect the focus to remain on monitoring COVID-19, and on addressing racial disparities in birth outcomes, improving healthcare delivery systems and strengthening community resources. FIMR Board and Community Action Team actions are well aligned with these goals, and I look forward to supporting the team's efforts in the year ahead and beyond.

Much remains to be done as we continue to seek effective ways of improving the lives of *all* birthing families in our community. We must remain steadfast in our efforts if significant and lasting change is to be accomplished.

I commend our dedicated employees and community partners for the initiatives you are undertaking. Your efforts make a difference in the lives of birthing persons, who include our mothers, sisters, daughters and neighbors throughout Montgomery County.

We must not become complacent if we truly intend to give every infant born here the best possible start in life.

The work continues, and you have our full support as you endeavor to improve the health of our community.



LETTER FROM FIMR BOARD & COMMUNITY ACTION TEAM CO-CHAIRS

On behalf of the Montgomery County, MD Improved Pregnancy Outcomes Program, which includes the Fetal & Infant Mortality Review Board and Community Action Team, we are pleased to share our 2022 Annual Report. We sincerely thank all the dedicated volunteer members who lend their expertise and wisdom to this process. We are truly fortunate to have the exceptional leadership and commitment of Sheilah O'Connor, DHHS Program Manager, who oversees the Improved Pregnancy Outcomes Program and the Child Fatality Review Team.

This report includes data and activities from calendar years 2021 and 2022. It is an understatement to note that the COVID-19 pandemic was a major focus of the Montgomery County Department of Health and Human Services for this time. The FIMR/CAT programs, as well, were focused on the effect of COVID-19 on pregnancy outcomes. While data collection is ongoing, we have seen that COVID-19 has focused attention on what our members have been discussing for years - the stark and unacceptable racial disparity and health inequity in the Black/African American population. This year's report includes specific sections on COVID-19 and Pregnancy, as well as Racial Disparity and Health Equity in Pregnancy Outcomes, both of which are important and timely topics.

There are also brief program summaries from the Babies Born Healthy Program, the S.M.I.L.E Program and the Maternity Partnership Program. FIMR/CAT wholeheartedly supports these nurse case management initiatives and will continue to advocate for their ongoing funding.

Many of the activities of CAT team members have focused on getting the word out and educating the public about health disparities related to birth outcomes, as well as listening to the voices of women of color so that we can implement better approaches and strategies to protect the most at-risk populations.

The Improved Pregnancy Outcomes Program sincerely thanks Dr. James C. Bridgers, Jr., Acting Director of DHHS and Chief of Public Health Services for his ongoing support of our mission and goals and for acknowledging the importance of the work we do.

Dr. Bridgers sent 2 letters to obstetricians practicing in Montgomery County during the past year to promote greater awareness of racial disparities and the unique needs of Black/African American pregnant women.

As this report goes to press, we are delighted to welcome Dr. Kisha Davis as the new County Health Officer and look forward to working with her in the future.

The Improved Pregnancy Outcomes Program Calendar Year 2022 Annual Report follows.

FIMR CO-CHAIRS:

Michelle Roberts-Borden, MD
Physician, Private Practice

Jade-Ann Rennie, MPH
Program Manager
MC Collaboration Council for Children, Youth & Families

FIMR CAT Volunteers & Co-Chairs Emeritus:

Carol Jordan, MPH, BSN, RN
Montgomery County DHHS, Ret.

CAT CO-CHAIRS:

Pat Keating, RN, BSN
Holy Cross Hospital, Ret.

Monica Howard, MD
Physician, Private Practice
Medical Director, Proyecto Salud

Carol Garvey, MD, MPH
Health Officer, Montgomery County, Ret.



FIMR REVIEW BOARD & COMMUNITY ACTION TEAM

OUR VISION

All infants of all races are born healthy in Montgomery County, Maryland.

OUR MISSION

To increase healthy pregnancy outcomes and address related racial disparities by improving healthcare delivery systems and community resources in Montgomery County, Maryland.

WHO WE ARE

The **Fetal & Infant Mortality Review (FIMR) Board** is made up of a wide range of healthcare providers and includes obstetricians, neonatologists, and other physicians, hospital nurses, public health nurses and other officials, mental health providers, social workers and healthcare insurers.

The **Community Action Team (CAT)** is an advisory and advocacy group that includes dedicated representatives from community non-profits, local and state agencies, youth and parenting groups, bereavement support programs, hospitals and a host of other public and private organizations.

HISTORY OF FIMR & CAT

- Established in 1988 by the Federal HHS Health Resources and Services Administration in 5 states to identify factors that contribute to fetal/infant loss and improve health care delivery systems. Maryland began its FIMR Program in 1997. The Montgomery County FIMR Board & CAT were created in 1998.

FIMR & CAT GOALS

- The FIMR Board is responsible for conducting de-identified reviews of fetal & infant loss among County residents to identify non-clinical factors contributing to poor pregnancy outcomes. The Board recommends changes to health care delivery systems and identifies community resource needs. Our goal is to reduce both fetal & infant mortality and maternal morbidity/mortality, address racial disparities in pregnancy outcomes and promote good preconception health.
- The CAT advocates for healthcare delivery system changes and improved community resources that benefit all birthing persons, but especially the most at-risk and vulnerable. Black/African women in our County have a 2-to-3 times higher rate of infant mortality and poor pregnancy outcomes than women of other races.
- The CAT focuses on:
 - + Increasing awareness of racial disparities in pregnancy, birth outcomes and maternal health;
 - + Promoting good pre-conception health throughout a birthing person's childbearing years;
 - + Improving access to care & establishment of a medical home for birthing persons and their families;
 - + Educating healthcare providers to be aware of racial disparities and implicit racial bias;
 - + Encouraging patient empowerment via a "Speak Up" campaign;
 - + Building partnerships throughout the community and advocating for ongoing community engagement;
 - + Identifying gaps in needed maternal/infant services or resources;
 - + Supporting Nurse Case Management Programs in Montgomery County (Community Health Services, Babies Born Healthy, SMILE Program and the Maternity Partnership Program), which provide needed services to populations most at risk of fetal/infant loss.



RACIAL DISPARITIES & HEALTH EQUITY IN BIRTH OUTCOMES

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.

Racial and ethnic minority groups experience higher rates of disease for many common health conditions, including poor pregnancy outcomes. Disparities sometimes persist even when accounting for other demographic and socioeconomic factors, such as age or income. We must change the systems and policies that have resulted in generational injustices that give rise to racial and ethnic health disparities.

Each year in the U.S., approximately 700 birthing people die during pregnancy or in the year after, with another 50,000 experiencing related complications. Recognizing warning signs and providing timely treatment can prevent many such deaths. Black women are 3 times more likely to die from a pregnancy-related cause than White women. In 2020, the U.S. infant mortality rate was 5.4 deaths per 1,000 live births. Blacks consistently show rates 2-3 times higher than the rate for Whites. Montgomery County's overall rate was 5.2. The rate for Whites was 3.6, less than half the 8.3 rate for Blacks. Many factors contribute to disparities, including healthcare quality, chronic health conditions and structural racism. Social determinants of health prevent many from having fair opportunities at the outset.

All organizations, employers, healthcare systems and policymakers must work together to address health disparities.

Birthing people and their families can do the following:

- + Speak up to your OB healthcare provider if something doesn't feel right or is concerning.
- + Seek immediate care if experiencing warning signs of potential life-threatening complications: severe headache, extreme swelling of hands or face, trouble breathing, heavy vaginal bleeding or discharge, overwhelming tiredness.
- + Document and share pregnancy history during each medical care visit for up to one year after delivery.
- + Maintain ongoing healthcare and social support systems before, during and after pregnancy.

Healthcare providers can:

- + Ask questions to better understand & treat all patients equally, regardless of race, ethnicity, language spoken, etc.
- + Help patients, and those accompanying them, understand urgent maternal warning signs.
- + Help patients manage conditions that include hypertension, diabetes, or depression.
- + Recognize unconscious bias in themselves and in their staff.

Hospitals and healthcare systems can:

- + Identify and address unconscious bias in healthcare.
- + Standardize coordination of care and response to emergencies.
- + Improve delivery of quality prenatal and postpartum care.
- + Train non-obstetric care providers to ask about pregnancy history in the preceding year.

States and Communities can:

- + Assess and coordinate delivery hospitals for risk-appropriate care.
- + Support review of the causes behind infant and maternal deaths.
- + Identify and address social factors influencing maternal and child health such as unstable housing, transportation access, food insecurity, substance use, violence, and racial and economic inequality.

References: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Working Together to Reduce Black Maternal Mortality | Health Equity Features | CDC Infant Mortality | Maternal and Infant Health



COVID-19 AND PREGNANCY

COVID-19, the disease caused by a virus named SARS-CoV-2, continued to affect women of childbearing age in 2021 and 2022. This virus is very contagious and has quickly spread around the world since December 2019.

COVID-19 most often causes respiratory symptoms that can feel much like a cold, a flu, or pneumonia and may attack more than the lungs and respiratory system. Most people with COVID-19 have mild symptoms, but some people become severely ill. At this stage of the pandemic, individuals of color are not only more likely to have severe illness and die from COVID-19, but many do not have the same degree of vaccine confidence as other populations.

Older adults and people who have underlying medical conditions, including pregnancy or a recent pregnancy (within 42 days following the birth), are at increased risk of severe illness from COVID-19. Research studies indicate that many pregnant people with COVID-19 have not had any symptoms of the virus. However, pregnant people who are older, have a higher body mass index or have pre-existing conditions such as high blood pressure, diabetes or gestational diabetes may have more severe COVID-19 symptoms.

Recent research also shows that pregnant people might be more likely to require admission to an ICU (intensive care unit) and a ventilator to breathe compared with non-pregnant people. People who are infected with COVID-19 may have a higher risk of pregnancy complications, such as blood clots, injury to the placenta, preterm birth, preeclampsia, emergency Cesarean delivery or pregnancy loss.

It may also be possible for a pregnant person with COVID-19 to transmit the virus to the baby. After birth, a newborn can become infected after being in close contact with an infected person, including the baby's parents or other caregivers. A small number of babies have tested positive for the virus shortly after they were born. More research is needed in this area.

The Centers for Disease Control and Prevention (CDC) recommend that all babies born to people with COVID-19 (confirmed or suspected) get tested for the virus. People who are pregnant or were recently pregnant and those who live with or visit them should take steps to protect themselves from getting sick with COVID-19:

- **Wear a well-fitting face covering around others.**
- **Get tested if you have symptoms (or are exposed).**
- **Talk to your health care provider about getting vaccinated.**
 - COVID-19 vaccination is recommended for ages 6 months & older. This includes people who are pregnant, breastfeeding, trying to get pregnant now or who might become pregnant in the future.
 - People who are pregnant should keep up to date with their COVID-19 vaccines, including getting a COVID-19 booster shot when it is time to get one.
 - While research is ongoing, evidence continues to show that:
 - COVID-19 vaccination during pregnancy is safe and effective.
 - COVID-19 vaccines are not associated with fertility problems in women or men.
 - Babies born of birthing people vaccinated during pregnancy show antibodies in cord blood, which may protect babies during their first 6 months of life.



CDC Guidelines for Breastfeeding and COVID-19

- Current evidence suggests that breast milk is not likely to spread the virus to babies. Women who have COVID-19 should follow these recommendations:
 - If you have COVID-19 and choose to breastfeed:
 - Wash your hands before breastfeeding.
 - Wear a mask while breastfeeding and whenever you are within 6 feet of your baby.
 - If you have COVID-19 and choose to express breast milk:
 - Use your own breast pump (one not shared with anyone else), if possible.
 - Wear a mask as you express breast milk.
 - Wash your hands with soap and water for at least 20 seconds before touching any pump or bottle parts, and before expressing breast milk.
 - Follow recommendations for proper pump cleaning after each use. Clean all parts of the pump that come into contact with breast milk.
 - Consider having a healthy caregiver feed the expressed breast milk to the baby. The caregiver should be up to date on their COVID-19 vaccines and not be at increased risk for severe illness from COVID-19. If the caregiver is living in the same home or has been in close contact with you, they might have been exposed.
 - Any caregiver feeding the baby should wear a mask when caring for the baby for the entire time you are in isolation and during their own quarantine period after you complete isolation.

Montgomery County Response to COVID-19

From the beginning of the pandemic the Montgomery County Department of Health and Human Services has provided a robust response including data collection, testing, distribution of home rapid tests, and vaccine distribution.

Montgomery County has collected data on pregnant people with COVID-19 infections for 2020 and 2021. In 2020, 426 individuals with a live birth had confirmed COVID-19, and another 282 had COVID-19 in 2021. The county typically has around 12,000 births per year. For both years, more than 80% of COVID-19 live births were to Black or Hispanic individuals, even though these 2 racial/ethnic groups together represented only 51% of all births in 2020.

The preterm birthrate for individuals with COVID-19 during 2021 was 11.4% (higher than the March of Dimes Report Card for all Montgomery County births at 9.4%). The need for ongoing data collection on pregnancy outcomes related to COVID-19 and vaccination rates among birthing persons is clear.

References:

[COVID-19 during Pregnancy | CDC](#)

[Breastfeeding and Caring for Newborns if You Have COVID-19 | CDC](#)

marchofdimes.org/COVID19

[2022 March Of Dimes Report Card For Maryland | PeriStats | March of Dimes](#)

Carson, S.L., *et al.* (2021) COVID-19 Vaccine Decision-making Factors in Racial and Ethnic Minority Communities in Los Angeles, California. *JAMA Network Open*. doi.org/10.1001/jamanetworkopen.2021.27582.



PROGRAMS TO IMPROVE OUTCOMES & ADDRESS DISPARITIES

MATERNITY PARTNERSHIP PROGRAM



The Maternity Partnership Program is a public/private partnership between the Montgomery County Department of Health and Human Services and Mary's Center, Holy Cross Health and Shady Grove Adventist Medical Center. The Partnership provides comprehensive prenatal care, home-based case management, and dental care to approximately 1,800 low income, uninsured, pregnant women each year.

The Program was developed in 1989 in response to a surge in immigrants settling in the area who were ineligible for Medicaid Assistance (MA) and unable to afford prenatal care services. In its first year, it supported 866 pregnant women. Since that time, the number of enrollees has grown significantly with year-to-year fluctuations based on immigration, pregnancy rates and changes in MA regulations. In FY22, the program served 1,700 pregnant, uninsured, low-income women.

The Maternity Partnership population is 94% Hispanic, with most of the participants arriving to the United States from Central America. The program's outcomes are consistently positive, with low birthweight, preterm birth and infant mortality rates well below the State and County averages. Additionally, the program is successful in linking mother and baby to primary care, promoting breast feeding and increasing length of time between pregnancies.

The program provides cost savings to Montgomery County. In 2019, it served 1,472 pregnant women. Of those, only 3%, or 46 women, gave birth to low birthweight babies. Considering that the overall low-income population has a 6% low birthweight rate, one can assume that without the program intervention, 68 additional babies would have been born low birthweight. It is estimated that a low birthweight baby costs \$19,217 more than a healthy birthweight baby. In 2019, the savings due to the Maternity Partnership Program was over one million dollars (\$1,302,660).

The Maryland General Assembly recently signed **HB1080, The Healthy Babies Equity Act**. The act, which is expected to go into effect sometime during the second half of 2023, will allow all pregnant women at or below 138% FPL to be eligible for Medicaid, regardless of their citizenship/immigration status.

Medicaid will cover the pregnant person throughout their pregnancy and up to one year postpartum. Thanks to the new law passed by the Maryland Legislature, most of the women enrolled in the Maternity Partnership Program will become eligible for Medicaid.

DHHS is currently investigating innovative care models to ensure that the County's new immigrant population receives good prenatal care, as well as strong wrap-around health and human services once the law goes into effect. We understand that just because a woman has health coverage, she may still need support getting health access.



BABIES BORN HEALTHY

The Montgomery County Babies Born Healthy (BBH) Program is an initiative developed in response to Montgomery County's high disparities in infant mortality rates. The BBH Program is a comprehensive care coordination program that delivers evidence-based targeted services to pregnant women residing in zip codes 20902, 20903, 20904 or 20906. These zip codes have some of the highest adverse pregnancy outcomes in the County. Residents of other zip codes may be accepted on a case-by-case basis. All pregnant women residing in these zip codes are eligible for the program, but the primary target group is African American women who are recipients of Medicaid. Pregnant women enrolled in BBH are assigned a case worker and receive phone calls and home visits throughout their pregnancy and postpartum period. Group classes are held twice per month to deliver information and education, offer peer support and mental health check-ins.

Examples of services, education and support topics include prenatal nutrition, substance use, intimate partner violence, perinatal warning signs, labor & birthing, breastfeeding & infant feeding, infant safety, mental health and family planning. These essential services are linked to improved birth outcomes. A total of 490 women have participated in BBH since the program began in 2019. Some 92% of the infants were delivered at term, and 8% were delivered preterm. More than 93% of the infants were normal birthweight, 90% of the mothers breastfed their infants at birth and 26% breastfed them for 6 months or longer.


Services Offered by the Babies Born Healthy Program

- Home Visiting Care Coordination
- Prenatal Education
- Childbirth Education
- Parenting and Caregiver Support
- Breastfeeding Services
- Nutrition Education
- Links to Community and Social Services
- Transportation Assistance for Prenatal Care
- Baby Gear and Care Products (for active clients)

Have Access to:

- Registered Nurses
- Community Health Workers
- Lactation Consultants & Mental Health Support

For more information, please call 240-777-3118. <https://www.montgomerycountymd.gov/HHS-Program/PHS/PHSBabiesBornHealthy-p65391234.html>

Follow us on  @babiesbornhealthymoco



AFRICAN AMERICAN HEALTH PROGRAM

The mission of the African American Health Program (<http://aahpmontgomerycounty.org/>) is to eliminate health disparities and improve the number and quality of years of life for African Americans and people of African descent in Montgomery County. Its goals are to:

- + Raise awareness in the Montgomery County community about key health disparities;
- + Integrate African American health concerns into existing services and programs;
- + Monitor health status data for African Americans in Montgomery County;
- + Implement and evaluate strategies to achieve specific health objectives.

One of the African American Health Program's key programs is the Start More Infants Living Equally Healthy (S.M.I.L.E.) Program, which is described below.

S.M.I.L.E. PROGRAM

Black/African American women are more likely than Caucasian and Hispanic women to experience an infant loss in the first year of their child's life. They are also more likely to experience Sudden Infant Death Syndrome (SIDS). Maternal complications are more frequent during their pregnancy.

Factors such as stress, absence of prenatal care, teen pregnancy, advanced maternal age, substance abuse, cord/placental complications, and history of premature births are said to drive the prevalence of infant mortality among Black women. 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.

Start More Infants Living Equally Healthy (S.M.I.L.E.) provides the tools and support that aim to improve the likelihood of healthy birth outcomes. The program is administered by registered nurse case managers who are passionate, loyal and highly committed to partnering with you from pregnancy to your baby's first birthday. The care provided includes:

- + Childbirth and Breastfeeding Education classes;
- + Case management of mothers and infants, including home visits and telephone consultations;
- + Ongoing breastfeeding support after delivery;
- + Customized referrals to public and private community resources;
- + Support groups and networking opportunities.

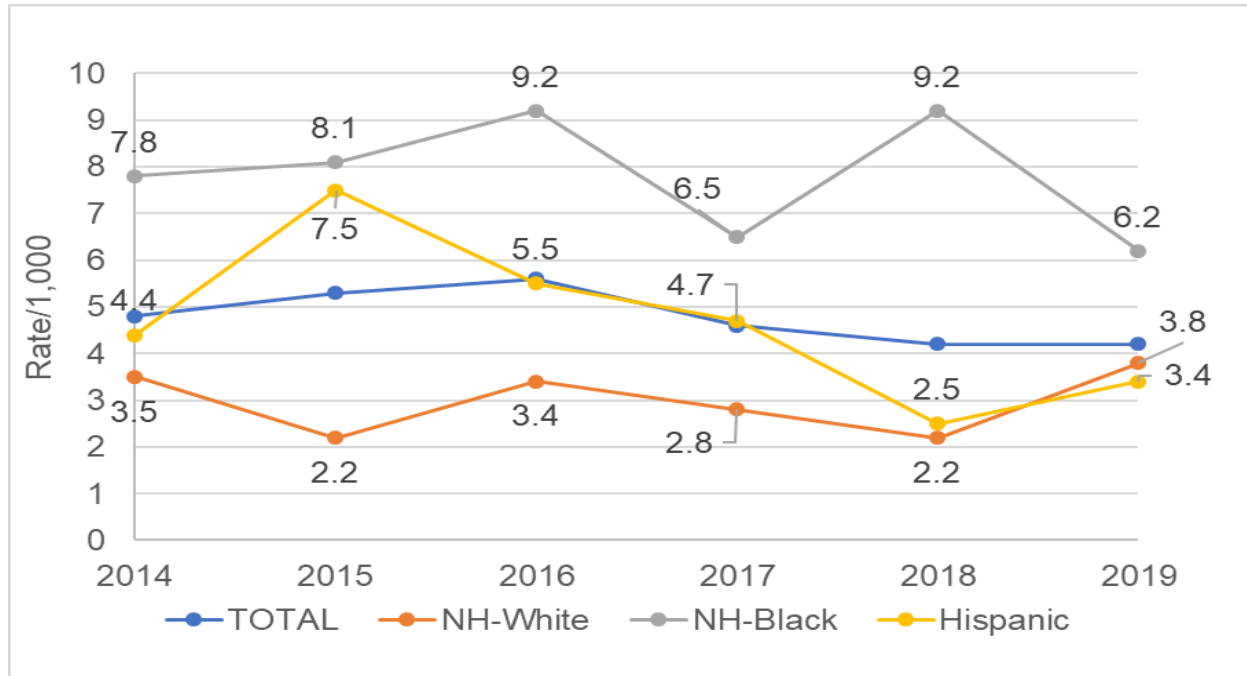
SMILE served 181 pregnant and postpartum women in 2021, and nearly doubled the number served in 2022 to 313. The vast majority of the 78 babies delivered in 2021 were full term, with 8 preterm babies in 2021. Of the 101 babies delivered in 2022, eleven were preterm. The program has had outstanding success in promoting breastfeeding, with 85% breastfeeding up to 3 months, 81% breastfeeding up to 6 months and 73% breastfeeding for up to 1 year during 2021. These numbers increased in 2022, with 88% of the mothers in 2022 breastfeeding their infants for up to 3 months, 84% breastfeeding for up to 6 months, and 71% breastfeeding up to 12 months.

For more information, please call 240-777-1833. <http://aahpmontgomerycounty.org/maternal-and-child-health/>

EMERGING TRENDS IN FETAL & INFANT LOSS

Data from the DHHS Public Health Services Office of Health Planning and Epidemiology indicates that the Infant Mortality rate for Blacks/African Americans in Montgomery County during a 6-year period ending in 2019 was significantly higher than the average rate, and nearly twice as high as the rates for Whites and Hispanics (of any race).

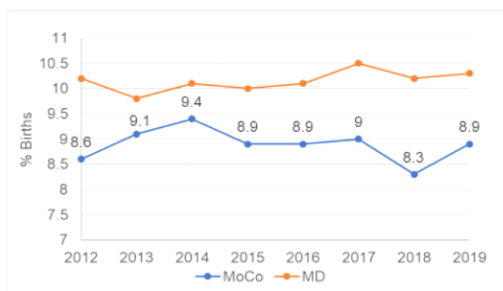
Montgomery County Infant Mortality Rates by Race 2010-2019



The chart below indicates that while Montgomery County has a lower preterm birth rate than Maryland overall, preterm births during a 5-year period ending in 2019 were notably higher for Black/African Americans.

Preterm Birth

Percent of Preterm Births, Montgomery County and MD, 2012 -2019



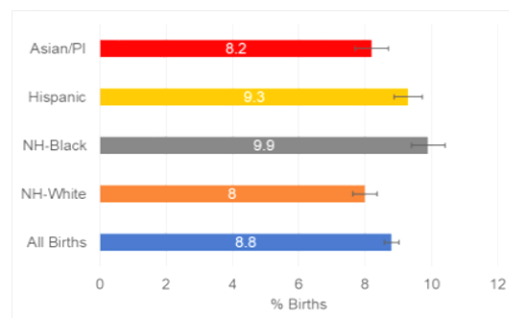
2023
healthy
montgomery

8.6%



9.4%

Percent of Preterm Births by Race/Ethnicity, Montgomery County, 2015 -2019



Health inequity (NH-Whites as reference) increased over time for Hispanics



MOTHERS WITH FETAL/ INFANT LOSS IN 2021



Preliminary #s = 89 losses (39 fetal & 50 infants) in 2021.

Highest # of fetal loss: Germantown, East County/Silver Sp.

Infant loss: Germantown, Derwood, East County/ Silver Sp.

Nearly half (47%) were privately insured. 38% were enrolled in Medicaid & another 11% were Self-Pay.

30% held an advanced degree; 19% earned a BA. Another 19% had Associates degree; 13% had high school diploma; 19% held less than a HS education .

During the most recent year for which we have full data (2021), some of the highest numbers of fetal and infant losses were in the East County and Silver Spring areas. This is a pattern we have noted for several years. Germantown is also often among the top zip codes, and in 2021, it had the highest number of both fetal & infant losses.

Fetal & infant loss continues to occur across the socio-economic spectrum. The high private insurance & education levels among women who experienced a loss reflects this fact. Approximately 35% of the women who had a loss in 2021 received WIC, roughly the same number that received Medicaid.

Regarding education, Montgomery County continues to have some of the most highly educated residents in the state. Nearly one-third of women who had a loss in 2021 held an advanced degree.

A notably higher number of women who experienced a loss in 2021 were born in the United States (51%), marking the first time in 5 years that U.S.-born women represented a majority of losses. Women from Central & South America accounted for one-quarter of all losses, and those from African nations represented 11% of losses, similar to 2020.



SAMPLE MATERNAL CHARACTERISTICS FROM CY 2021

Risk Factors in Pregnancy: 46% had at least one risk factor. Most common were Advanced Maternal Age, Overweight / Obesity & Prior Loss.

**< 20 years: 8%
20-29 years: 32%
30-39 years: 46%
40 years or more: 14%**

Age range: 17 - 43 years old

**Underweight: 3%; Normal weight: 49%; Overweight: 23%
Obese: 22%; Unknown: 3%**

No prior Loss: 81%; 1 Prior Loss: 16%; 2 Prior Losses: 3%

**PNC Starting in 1st Trimester: 73%; 2nd Trimester: 14%
3rd Trimester: 0%; No PNC: 8%; Unknown: 5%
Any Prenatal Care: 87%**



Nearly half of all women who experienced a loss in 2021 started their pregnancy with at least one risk factor. This is a lower figure than we have seen in recent years. Nearly half were at normal weight prior to pregnancy, but an equal number were overweight or obese, highlighting an ongoing area of concern first identified in 2016.

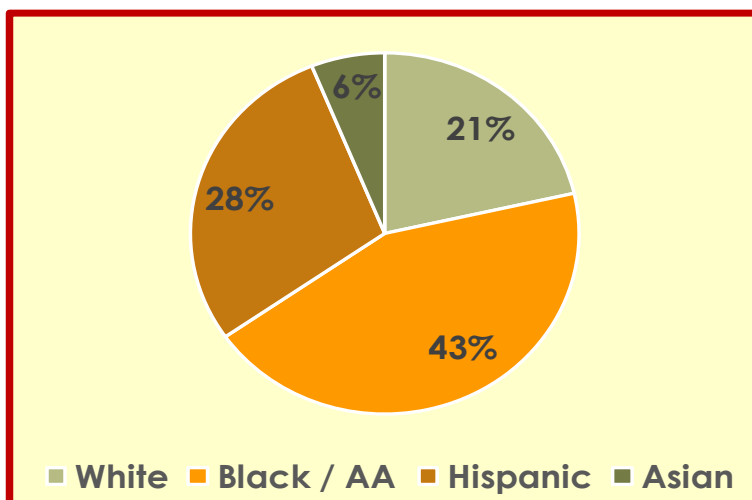
We continued to see substantial numbers of mothers in the 30-39 age group who experience a loss. It is worth noting that Montgomery County has the oldest mothers in the state.

For the majority of women (81%) in 2021, this was their first fetal or infant loss. The figures above are similar to what we have seen since 2016. However, some 19% of the women had experienced a prior loss.

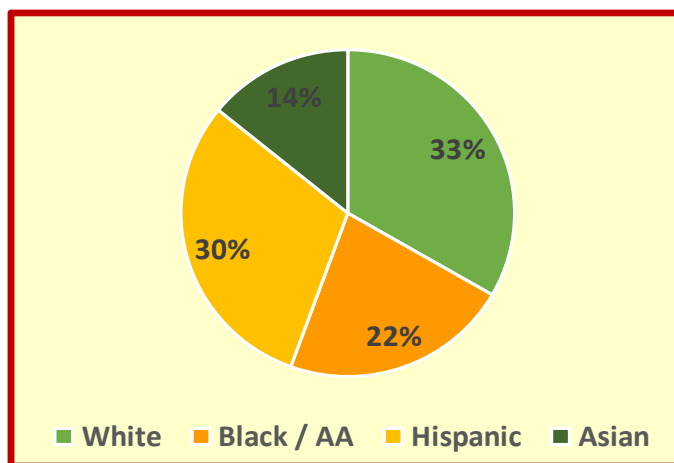
The number of women who began prenatal care in their first trimester increased substantially last year (from 48% in 2020). We also saw an increasing number of women who had at least some prenatal care (87%, vs. 80 % in 2020), regardless of the trimester in which they began care.



FETAL & INFANT LOSS BY RACE



MONTGOMERY COUNTY BIRTHS



Black/African American women accounted for 43% of all fetal and infant losses in 2021 but represented only 22% of the approximately 12,000 births in Montgomery County that year. This is part of a years-long pattern we see and is a key indication of ongoing racial disparities in birth outcomes. Losses among white women have not changed significantly in recent years and stood at 21% in 2021. Hispanics are also over-represented, representing 30% all births in 2021 but 33% of fetal/infant losses. Whites are typically under-represented, accounting for 33% of all births but had only 21% of losses. A similar pattern was seen for Asians, who represented 14% of all births but only 6% of the losses.

Racial disparities are also seen in infant deaths due to SIDS and SUID cases. The Montgomery County Child Fatality Review Team, working in partnership with FIMR CAT member organizations, carried out several initiatives in 2021 and 2022 to promote safe infant sleep and address preventable SIDS/SUID infant deaths.

CAUSE OF DEATH FOR FETAL & INFANT LOSS

Fetal (39 Losses)

1. **Cause Unknown**
2. **Placenta/cord complications**
3. **Maternal Condition / Disease**

Infant (50 Losses)

1. **Extreme Prematurity**
2. **Congenital anomalies**
3. **Sudden Unexplained Infant Death**

There was no known cause cited in 38% of fetal losses in 2021. Placenta & cord complications accounted for 24% of losses, maternal conditions for 16% (hypertension, fibroids, preeclampsia, and 1 case of COVID-19). Fetal anomalies accounted for 8% of losses. For infant deaths, the top two causes remained unchanged from 2020. Extreme prematurity was cited in 53% of all cases & congenital defects in another 16%. SUID accounted for 10% of all infant deaths last year.

FIMR BOARD GENERAL RECOMMENDATIONS

- + **Promote Awareness of Racial Disparities In Fetal / Infant Mortality**
 - + **Improve Continuity of Care & Expand Nurse Case Management**
 - + **Promote Patient Empowerment & Health Education**
-

TOP RECOMMENDATIONS DURING 2021:

- + **Refer to SMILE or Babies Born Healthy Program in future pregnancy**
- + **Refer to weight mgmt. program & encourage healthy nutrition**
- + **Educate parents on importance of Kicks Counts during pregnancy**
- + **Encourage women to “Speak Up!” to improve patient / provider communication.**
- + **Provide comprehensive health education**

These general recommendations made by our FIMR board align with priorities established by the Maryland Department of Health for our program. FIMR top recommendations have changed little over the last several years.



TAKING ACTION: 2021-2022 FIMR/CAT ACTIVITIES

The FIMR Board meets 3 to 4 times a year to review cases of fetal/infant loss in Montgomery County and make recommendations to improve future pregnancy outcomes. The CAT meets 4 times per year to strategize and formulate actions based on FIMR recommendations. Members of the CAT are instrumental in planning and implementing activities to carry out these recommendations. Based on reporting from CAT members in 2021-2022, more than 100 events were held and more than 1,400 people were reached with educational materials on topics including pregnancy, baby care, breastfeeding, COVID-19 vaccinations, preconception health, postpartum care, nutrition, exercise, mental health and infant/child safety. Venues included classes, support groups and community outreach events. Many events were virtual due to COVID19 restrictions.

The CAT also conducts numerous and ongoing activities to promote the following FIMR Board recommendations:

PROMOTE AWARENESS OF RACIAL DISPARITIES IN FETAL/INFANT MORTALITY

- Expanded social media outreach to target populations including tweets, Facebook posts and longer items.
- Developed social media items related to infant mortality disparities and DHHS Maternal Child Health Programs to post during National Public Health Week.
- CAT co-chair Pat Keating appeared on *What's Happening MoCo* to discuss programs related to maternal and infant health and health inequities.
- FIMR CAT member Angeline Bell (Babies Born Healthy Program) appeared on *What's Happening MoCo* to discuss safe infant sleep and racial disparities in SIDS/SUID cases.
- Presented to AKA Sorority on "Achieving Equity in Maternal and Infant Health and Pregnancy Outcomes".
- Delivered a virtual presentation to the Montgomery County Racial Equity and Social Justice Committee.
- Developed a proclamation recognizing September as Infant Mortality Awareness month in Montgomery County.
- Participated in a virtual town hall meeting with Councilmember Andrew Friedson on *Racial Disparities in Maternal/Child Health*.

IMPROVE COLLABORATION AND CONTINUITY OF CARE

- Created a list of family planning resources on-line and in print and shared widely with community.
- Delivered a presentation and partnered with NARAL Maryland to distribute our family planning resources flyer.
- Revamped the "Frugal Tubal" program and recruited three new obstetricians/gynecologists to offer tubal ligations at an affordable price for women who are uninsured and not eligible for Medicaid.

ENGAGE THE PROVIDER COMMUNITY

- Letters from the Montgomery County Health Officer to healthcare providers on topics that include COVID-19 vaccination for pregnant women and mental health during the perinatal period. (See Attachments A & B)
- Distributed patient educational resources to healthcare providers, including: *My Reproductive Life Plan*, *Kicks Count Education*, *Warning Signs of Preterm Labor* and *Postpartum Warning Signs*.



PROMOTE PATIENT EMPOWERMENT, HEALTH EDUCATION, AND NURSE CASE MANAGEMENT

- Held a focus group/listening session with pregnant and postnatal clients from the BBH and SMILE programs. The purpose of the focus group was to hear from Black/African American women who recently delivered babies in Montgomery County and gain insights into their pregnancy and postpartum experiences to find out if existing County programs are meeting the needs of these women, and what improvements or additional resources they felt would be beneficial.
- Created a Healthy Weight subgroup as part of the Community Action Team to address obesity and the importance of maintaining a healthy weight prior to pregnancy. In 2021, the group developed a Promoting Healthy Living contest for Montgomery County High School students. The students were tasked with creating a social media post or poster to help improve preconception health among young women.
- The CAT's Healthy Weight sub-group will launch an online survey in early 2023 to identify the most effective healthy weight messages healthcare providers can use in communicating with women of childbearing age.
- Updated the Bereavement Support Resource List including new online/virtual grief support meetings, Spanish-language support groups, telephonic support and bereavement resources for fathers.
- Began a partnership with the DHHS STI Clinic to provide their clients with preconception health education materials, and information about county resources for pregnancy.
- Provided *Speak Up!* brochures to FIMR CAT team member organizations to distribute to their pregnant or postpartum clients throughout the community.
- Supported efforts by Montgomery County Councilmember Andrew Friedson to require Montgomery County Government buildings to provide designated lactation support rooms for employees who are breastfeeding. CDC data from 2018-2019 indicates that Montgomery County has the highest breastfeeding initiation rate (96%) among new mothers in Maryland.
- Partnered with Babies Born Healthy, African American Health Program and DHHS Early Childhood Services to develop and promote the “*Right From the Start*” community event in August 2022. The event targeted women of color who are of childbearing age and their partners with a variety of preconception health information.





WHERE DO WE GO FROM HERE?



Throughout this report, we noted that 2 prominent factors affecting the health of pregnant individuals and their babies during 2020 and 2021 are COVID-19 and the ongoing health inequities in birth outcomes for women of color. Due to COVID-19 restrictions, our FIMR review and CAT team meetings as well as our annual data meetings have been virtual. This has had the advantage of increasing attendance at meetings but has resulted in less informal networking between team members and the loss of representatives from some community partners. We need to be diligent in continuing to collect data and carefully monitor any upticks in COVID-19 cases as we move into 2023.

2023 COMMUNITY ACTION TEAM INITIATIVES

OUR ACTIONS CONTINUE TO BE BASED ON RECOMMENDATIONS FROM OUR FETAL/INFANT LOSS CASE REVIEWS:

- Continue to encourage referrals to Babies Born Healthy and SMILE case management/home visiting programs.
- Distribute and track an online survey on healthy weight messages to assess the best approach in educating childbearing age birthing people about the importance of being at a healthy weight prior to pregnancy.
- Encourage FIMR CAT member organizations to encourage healthy nutrition for pregnant birthing people.
- Distribute “Count the Kicks” brochures and online links to programs serving pregnant birthing people.
- Continue sending letters to healthcare providers from the Montgomery County Health Officer. Future topics include spacing pregnancies to achieve the best birth outcome, and postpartum health for mothers.
- Monitor data on COVID-19 and pregnancy and promote vaccinations for birthing families.
- Promote awareness of new Medicaid coverage related to doula services for at-risk birthing people. Our Team actively supports State effort regarding promoting use of doulas who accept Medicaid.
- Partner with organizations serving Hispanic and Asian populations to ensure more diverse representation.
- Distribute and promote use of the “Speak Up!” flyer among women of childbearing age and their partners.
- Address capacity among FIMR CAT member organizations/agencies to carry out FIMR Board recommendations.
- Support March of Dimes advocacy re: State and national policies that affect birthing families.
- Continue to develop and share social media posts that highlight our key recommendations.
- Seek out opportunities for community presentations on infant mortality and related racial disparities.



To address health inequities in birth outcomes, we must strive to bring all stakeholders to the table as we continue to review cases of fetal and infant loss and strategize actions. This includes diverse community groups as well as individuals who may have experienced a loss and bring a unique perspective.

We know that diversity of healthcare providers increases patient engagement, satisfaction and health outcomes, highlighting the importance of representation and culturally appropriate care. The Maryland Department of Health continues to emphasize the need to address racial disparities, and our FIMR Board ensures that 75% of cases reviewed involve women of color.

Reaching privately insured women continues to be a challenge, and we are working to build partnerships with sororities, religious organizations and other entities to reach a broader group of women.

A strong partnership with public agencies, private organizations and other community groups is crucial to our case reviews and community initiatives. What cannot be accomplished alone becomes possible through our combined efforts. We are grateful for your continued commitment.



Appendix A – Sample Letter to Physicians from Health Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Raymond L. Crowel, Psy.D.
Director

December 1, 2022

Dear Physician:

I am writing today to share important information published in a recent Centers for Disease Control and Prevention Report on Maternal Mental Health. Please see link:

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>.

The report states that the leading cause of pregnancy-related deaths (22.7%) in the U.S. is mental health conditions, which includes deaths from suicide and overdose/poisoning related to substance use disorder. (Pregnancy-related deaths are defined as occurring during pregnancy, delivery and up to a year postpartum.)

While this is national data, the local Fetal and Infant Mortality Review (FIMR) Board, which reviews cases of infant mortality in our County, identifies several cases each year where mental health has been elicited as a concern during prenatal care. This underscores the importance of screening for mood disorders and substance use during prenatal visits.

If you identify a prenatal or postpartum patient with mental health or substance use concerns, please refer for treatment in the private sector or to County programs if the patient is uninsured or underinsured. Montgomery County resources include:

- + Mental Health/Substance Abuse Screening and Referral Program (ACCESS) Provides assessment and link to services for low-income persons: 27 Courthouse Square, Rockville, Maryland 20850
240-777-1770
- + 24-Hour Crisis Center Provides telephone, walk-in and mobile crisis outreach: 1301 Piccard Drive, 1st Floor, Rockville, Maryland 20850, 240-777-4000

Thank you for your attention to this critical issue and for serving prenatal and postpartum patients in our County. A final request is that you make sure that each patient in your practice is connected to a Primary Care physician for their ongoing health needs.

Sincerely,

James C. Bridgers, Jr., Ph.D., MBA
Acting Health Officer and Chief

JCB:ss

Public Health Services

401 Hungerford Drive • 5th Floor Rockville, Maryland 20850 • 240-777-1603 • 240-777-1494 FAX • MD Relay
711 www.montgomerycountymd.gov/hhs

Appendix B – Sample Letter to Physicians from Health Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Raymond L. Crowel, Psy.D.
Director

December 1, 2021

Dear Physician:

I am writing to request assistance in encouraging your pregnant patients to get the COVID-19 vaccination. Recent studies have shown that COVID-19 infection in pregnant women, especially during the second and third trimesters, increases the risk of adverse outcomes for both mother and baby. Getting vaccinated before or during pregnancy offers the best protection to avoid complications for the mother, fetus and future newborn.

Unfortunately, as of October 31, the CDC reported that only 31% of pregnant women ages 18-49 years were fully vaccinated. Vaccination was lowest among Hispanic and Black African American women, and young women ages 18-24 years. The highest vaccination rates were among Asians and women ages 35-49 years.

We need your help to improve these vaccination rates. Some of the concerns raised by women at our community outreach events focused on fear of vaccine side effects, along with harm to the unborn baby and future fertility issues. Social media fuels these fears. Recent data shows conclusively that the risk from COVID-19 far outweighs the risk to pregnant people getting vaccinated.

Pregnant patients who develop COVID-19 have a two-fold increased risk of ICU admission, a 70% increased risk of death from the disease, and are at higher risk of complications that include stillbirth, preterm birth and newborn admission to the NICU. This is in comparison to pregnant patients without COVID-19 infection. The question of COVID-19 vaccination causing future infertility comes up frequently. Last month, the American Society for Reproductive Medicine Scientific Congress met in Baltimore. There were several studies presented that looked at the implication of the vaccine on fertility. No study supported the idea that the COVID-19 vaccine impaired fertility.

Patients can make appointments to receive the vaccine at c19vaccination@montgomerycountymd.gov or by calling 240-777-2982, Monday through Friday between the hours of 9:00 a.m. - 5:00 p.m. We thank you for all you do to improve the health and well-being of pregnant women in Montgomery County and appreciate your help in getting your patients vaccinated. Enclosed is a brochure from the Maryland Department of Health with additional information on the COVID-19 vaccine.

Sincerely,

James C. Bridgers, Jr., Ph.D., MBA
Acting Health Officer and Chief

JCB:ss

Public Health Services

401 Hungerford Drive • 5th Floor Rockville, Maryland 20850 • 240-777-1603 • 240-777-1494 FAX • MD Relay
711 www.montgomerycountymd.gov/hhs



**Montgomery County, Maryland
Improved Pregnancy Outcomes Program
Fetal & Infant Mortality Review Board and Community Action Team**

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