



Maternal Health

Phone: 1-800-383-3826

<http://idph.iowa.gov/family-health/maternal-health>

Protecting & Improving
the Health of Iowans



Crystal was 15 years old, pregnant, homeless and a junior in high school when she first met her maternal health nurse. Crystal's mother had a long history of mental illness. Crystal had been caretaker to her bi-polar mother and younger siblings. The maternal health nurse partnered with Crystal throughout her pregnancy, finding housing and educating Crystal about pregnancy, child rearing and goal setting for the future. Crystal also suffered from depression; her nurse arranged counseling. Last year, Crystal delivered a healthy baby girl and graduated from high school. Crystal is now working and attending class at DMACC. She feels that the Maternal Health program has had a positive impact on her and her baby's life.

Did you know?

The Maternal Health program improves the health of mothers and babies by teaching mothers about healthy lifestyle choices and nutrition, assessing oral health, screening for maternal health, mental health and pregnancy risk factors, and improving access to prenatal care. We promote breastfeeding as well, which improves infant health, immunity, growth and development.

Why are Maternal Health programs important to protecting and improving the health of Iowans?

- Early and adequate prenatal care (starting in the first three months of pregnancy) is important to a healthy pregnancy and birth. It helps reduce illness and disability through health care advice and by identifying and managing chronic or pregnancy-related risks.
- According to the Iowa Barriers to Prenatal Care Survey, most Iowa women receive prenatal care; yet, low-income, teen and minority women are more likely to receive prenatal care after the third month. Barriers include financial, transportation and a lack of knowledge that prenatal care is important. The Maternal Health program works to overcome these barriers.
- Premature and low birthweight babies have a higher risk of death and disabilities. Costs for caring for these babies are up to 15 times higher. In 2016, there were 3,622 preterm infants born in Iowa. This represents 9.2% of live births, a slight increase from 2015.
- Maternal health agencies have worked hard to improve the number of pregnant women who have a "medical home" – a regular source of prenatal medical care by a physician or midwife – from 68% in 2002 to 91% in 2016.
- Domestic and sexual violence are pervasive problems that have major impact on health conditions. Research has shown that when women are provided with support and information about their safety options, they are more likely to take steps toward safety in their interpersonal relationships. Iowa's Maternal Health and Family Planning programs work to integrate domestic and sexual violence and coercion prevention into our programs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

Promote healthy living

What do we do?

IDPH funds 24 Iowa maternal health agencies that provide services to pregnant and postpartum women. For a map with contact information for these agencies, go to <https://idph.iowa.gov/Portals/1/userfiles/88/MH%20Map%20October%202016.pdf>.

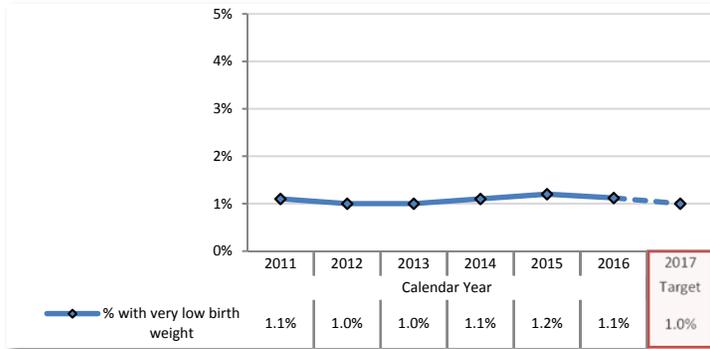
Services include:

- ✓ Help in finding a medical home.
- ✓ Prenatal and postpartum health education.
- ✓ Transportation to medical visits.
- ✓ Education about lifestyle choices to improve pregnancy outcomes.
- ✓ Breastfeeding education and support.
- ✓ Psychosocial assessment including screening for perinatal depression.
- ✓ Nutrition assessment and education.
- ✓ Oral health assessment and help in finding a dentist to provide a regular source of oral health care.
- ✓ Postpartum home visits by registered nurses to assess the health of both new mothers and their babies.
- ✓ Family needs assessments and referrals to community resources for help.
- ✓ Pregnant women may qualify for help from publicly funded health insurance (Medicaid) even if they were not eligible before pregnancy. Program staff help families find out if they qualify for services at a reduced or no cost.
- ✓ Referral to family planning and child health agencies after delivery to support the family's ongoing health care needs.

In addition, IDPH administers PRAMS, a maternal health specific project. Iowa's Prenatal Risk Assessment Monitoring System (PRAMS), a part of the Centers for Disease Control and Prevention initiative, strives to reduce infant mortality and low birth weight. It is a population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during and after pregnancy. For more information about Iowa PRAMS, visit <http://idph.iowa.gov/prams>.

How do we measure our progress?

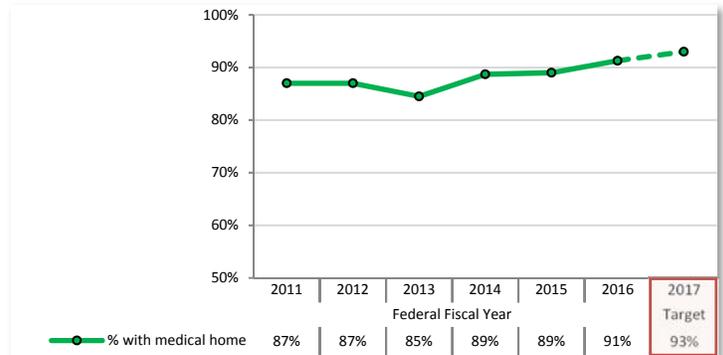
1 Percent of very low birth weight infants (less than 1500 grams) among all live births.



Data Source: Vital statistics. Data are available annually.

How are we doing? The percent of very low weight births has remained steady from 2002 to 2015. Data for 2016 shows that 1.12 percent of Iowa births were very low birth weight births.

2 Percent of women served in the maternal health program who report a medical home.



Data Source: Women's Health Information System. Data are available annually.

How are we doing? In 2002, the rate was 68 percent with a medical home. In 2016, our rate of women reporting a medical home was 91.3 percent. It did not meet our target, but is a 23 percent increase since 2002.

What can Iowans do to help?

1. Health care professionals can refer Medicaid eligible/low-income women for maternal health services. Call the Healthy Families Line at 1-800-369-2229 or <http://idph.iowa.gov/family-health/maternal-health>.
2. Plan to improve your health before you are pregnant. This offers the best chance of having a healthy pregnancy and a healthy baby. Eat a balanced diet, give up smoking, stop drinking alcohol, begin taking folic acid, see a dentist and take care of your teeth.
3. Learn more about preventing family violence at www.futureswithoutviolence.org.
4. Learn more about PRAMS at www.cdc.gov/prams.

Expenditures

General fund, RIFF funds*, federal funds, & other receipts*; State funds are used for a 75% match for the Title V Block Grant: K05-0507/0523/0525(50%)/0651; K09-0989; KA2-KA20(40%); 0153-0304/0454/0566/0684(40%)/1980

	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Actual	State Fiscal Year 2018 Estimate
State funds	\$368,000	\$353,793	\$282,724
Federal funds	\$1,659,710	\$2,029,427	\$1,857,262
Other funds*	\$593,994	\$463,072	\$109,942
Total funds	\$2,621,703	\$2,846,291	\$2,249,928
FTEs	5.94	4.92	5.90

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.