

2020 National Public Health Week: Maternal and Child Health



The U.S. spends more than any other country on health care, yet ranks very low among key indicators of health, maternal and infant mortality. More than one-third of women who become pregnant and give birth in the U.S. will face complications.ⁱ Inequality and racism greatly impact maternal and child health. Black mothers are up to six times more likely to die due to pregnancy complications than white mothers nationwide.ⁱⁱ Approximately 25% of women in the U.S. do not receive the appropriate number of prenatal appointments with a health provider, but the percentage is even higher among black women (32%) and American Indian/Alaska Native women (41%).ⁱⁱⁱ For the health and care of mother and baby, it is vital that prenatal and follow-up care is made available, accessible and affordable.

Investing in Mainers

Maine Women's Health

- Maine women who are younger and with low-income are more likely to have a birth resulting from an unintended pregnancy.^{iv}
- Between 2014 and 2017, an average of 8 women per year died while pregnant or within 1 year of delivery.^{iv}
- Injuries, including suicides and drug overdoses, were the most frequent causes of pregnancy-associated deaths (2014-2017).^{iv}
- More than 40% of lower income women received no healthcare in the 12 months prior to their most recent pregnancy.^{iv}
- In 2017, 13.4% of new mothers reported they had experienced postpartum depression (PPD). Women with less education were more likely to experience PPD.^{iv}



Maine Child Health

- Maine ranks 9th nationally for overall child well-being and 16th for child health.^v
- 20% of children in Maine experience 2+ Adverse Childhood Experiences.^v
- 66% of children ages 35 months-9 years have not received a developmental screening.^v
- The mortality rate of children ages 1-9 years is 18.3%, with the leading cause of death resulting from unintentional injury.^v
- In 2017, 952 babies were born drug-affected in Maine (7.8%; or 1 in 12 babies born). That number increased each year from 2012-2016. It reached a high of 1,024 in 2016.^{vi}

Maine Resources

- [InsureKidsNow.gov](https://www.insurekidsnow.gov/): Provides resources for children and teens that qualify for free or low-cost health and dental coverage.
- [Maine CDC – WIC Nutrition Program](#): Provides nutritional education, breastfeeding support, and food benefits.
- [Maine Department of Health and Human Services – Information for Maine Families](#)

Take Action

- Advocate for bias training in clinical care education.
- Advocate for paid sick leave and a living wage. [Urge your members of Congress to prioritize public health infrastructure and paid sick, family and medical leave](#) in future legislation, particularly to address the COVID-19 pandemic.
- Support policies that lift families out of poverty. The Earned Income Tax Credit has been associated with lowered infant mortality rates and better health for mothers by providing direct financial assistance to low-income individuals.^{vii} Increase access to SNAP and WIC.^{vii}
- Ensure all workers have access to affordable, quality health insurance – including coverage of prenatal care. Support policies that provide paid family and sick leave and flexible scheduling. Increase or supplement income through living wage laws, unemployment insurance and childcare subsidies.^{viii}
- Research to date finds pregnant women and young children do not seem to be more susceptible to COVID-19. Still, pregnant women and children are considered “at-risk populations” and need some special support during the pandemic. Check out the Kaiser Family Foundation’s issue brief, [Novel Coronavirus “COVID-19”: Special Considerations for Pregnant Women](#). [HealthyChildren.org](#) has a [COVID-19 page for children and families](#). The American Academy of Pediatrics offers links to [clinical guidance and other resources](#), and the American College of Obstetricians and Gynecologists has posted a [practice advisory](#).

ⁱU.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2020: Maternal, infant and child health. 2020. www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Maternal-Infant-and-Child-Health.

ⁱⁱFlanders-Stepans MB. Alarming racial differences in maternal mortality. *J Perinat Educ*. 2000;9(2):50–51.

ⁱⁱⁱMaternal Health Task Force at the Harvard Chan School, Center of Excellence in Maternal and Child Health. n.d. Maternal health in the United States. www.mhtf.org/topics/maternal-health-in-the-united-states.

^{iv}Maine CDC. 2020. Maine women’s health: Mental health and substance use. Maternal and Child Health Block Grant Data Brief. www.maine.gov/dhhs/mecdc/population-health/mch/documents/Womens-Health-Data-Sheets-All-012020.pdf

^vMaine State Department of Health and Human Services. Maine child health. www.maine.gov/dhhs/mecdc/population-health/mch/documents/MAINE-CHILD-HEALTH.pdf.

^{vi}Maine Children’s Alliance. 2019. Maine KIDS COUNT Data Book. www.mekids.org/site/assets/files/1241/kidscount_2019.pdf.

^{vii}Khullar, D & Chokshi DA. 2018. Health, income & poverty: Where we are & what could help. *Health Affairs Health Policy Brief*. www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full.

^{viii}University of Wisconsin Population Health Institute. 2018. What works? Social and economic opportunities to improve health for all.