

# Pregnancy Weight Gain Guidelines: Perspectives on Putting the Guidelines into Action

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# Health Resources and Services Administration (HRSA)

- Primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.
- Agency is comprised of six Bureaus and ten Offices.
- Implementation of the 2009 Pregnancy Weight Gain Guidelines relevant to the work of the Maternal and Child Health Bureau (Title V Maternal and Child Health (MCH) Block Grant Program) and the Bureau of Primary Health Care (Community Health Center Program.)



# Mission Statements

## Maternal and Child Health Bureau (MCHB)

To provide leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the MCH population which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs.

## Bureau of Primary Health Care (BPHC)

To improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally-competent, quality primary health care services.



# Federal MCH Program

- Longstanding interest and involvement in maternal nutrition and perinatal health, including the development of the 1990 and 2009 Pregnancy Weight Gain Guidelines.
- This history includes the funding of numerous IOM maternal nutrition reports, which date back to 1977.
- More recently, the MCHB provided funding support to IOM for the *Influence of Pregnancy Weight on MCH Workshop Report (2006)*, *Weight Gain During Pregnancy: Reexamining the Guidelines (2009)* and the current Dissemination/ Implementation Project.



# Pregnancy Weight Gain Guidelines

- MCHB Programs
  - State Title V MCH Block Grants
  - Healthy Start Grants
  - State Collaborative Improvement and Innovation Networks (CoIIN) to Reduce Infant Mortality
  - National Maternal Health Initiative
- BPHC Programs
  - Health Center Program
  - Health Information Technology



# State MCH Block Grants (Title V of the Social Security Act)

- MCH Formula Block Grants are awarded annually to State Health agencies partially based on the number of children in poverty in a State as compared to the number of children in poverty nationally.
- National and State leadership provided by Title V-supported programs have contributed to the implementation of recommended standards for prenatal care and improved nutrition care practices during pregnancy.
- There is growing interest/investment among States in applying the life course perspective to MCH practice.



# State MCH Block Grants (Title V of the Social Security Act)

- Title V MCH Block Grants to States support a range of services to help ensure the health of the Nation's mothers, infants, children, including children with special health care needs, and their families.
- In fiscal year 2011, the 59 States/jurisdictions served more than 44 million individuals (which includes **more than 2.3 million pregnant women**) in their Title V programs.



# State MCH Block Grants

- 26 State Performance Measures Developed by State and Jurisdictional MCH Programs Address Weight Status of Women Before, During and After Pregnancy:
  - Normal/Healthy Weight (MA, NE and ND) or Overweight/Obesity (AZ, CA, DE, GA, Guam, ID, IN, NV, NY, NC, OK, Palau and WV) in Women of Reproductive Age
  - Births to Women who were Normal Weight (ID, VT) or Overweight/Obese (CO, KY, MI and MO) Based on Pre-pregnancy BMI
  - Appropriate Weight Gain During Pregnancy (CO, NC, SD and WY)





# State MCH Block Grants

- Examples of State Title V Program Activities:
  - CA – Considers obesity in risk factor analysis for Pregnancy-Associated Mortality review - monitors pre-pregnant weight status and pregnancy weight gain (based on revised IOM guidelines).
  - SD – Implemented a gestational weight gain during pregnancy initiative to provide educational materials/toolkit on adequate pregnancy weight gain to all physicians attending births in SD.
  - VA – Through a partnership with the University of VA, the VA Department of Health launched the Pregnancy Weight Gain Guidelines continuing education modules in February 2011.



# State MCH Block Grants

- Examples of State Title V Program Activities:
  - KY – The Department of Public Health provides annual training to local health department nurses and staff, which includes maternal nutrition in pre-pregnancy and during pregnancy, exercise and weight gain during pregnancy according to IOM standards.
  - WY – Public Health Nurses promote proper weight gain during pregnancy for a healthy mother and baby through the *Healthy Baby is Worth the Weight* Program. Educational materials are given to community providers to enable counseling on adequate maternal weight gain.



# Healthy Start Grant Program

- Initiated in 1991, the Healthy Start Program provides grants to communities with infant mortality rates 1.5 to 2.5 times the national average.
- Program focuses on contributing factors which influence perinatal trends in high-risk communities.
- Healthy Start Projects are community-driven and service-focused.
- In 2010, 104 Healthy Start projects were providing services in 38 States, the District of Columbia and Puerto Rico.



# Healthy Start Grant Program

- Risk Reduction/Risk Prevention Counseling Provided on a Range of Health Issues
  - Number of Prenatal Program Participants Receiving Counseling in 2010
    - Overweight/Obesity – 15,761
    - Underweight – 13,389
    - Gestational Diabetes – 13,834
  - Number of Interconceptional Women Participants Receiving Counseling in 2010
    - Overweight/Obesity – 11,049
    - Underweight – 9,835
    - Lack of Physical Activity – 9,205
    - Diabetes – 9,717



# Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality

- Born out of the January 2012 Infant Mortality Summit for the 13 Southern States in Region IV and Region VI.
- Initiated in March 2012 as a mechanism to support the adoption of collaborative learning and quality improvement principles and practices to reduce infant mortality and improve birth outcomes.
- Developed in partnership with the Association of State and Territorial Health Officials, Association of Maternal and Child Health Programs, March of Dimes, CityMatCH and other Federal partners (Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services.)



# Collaborative Improvement & Innovation Network (ColIN) to Reduce Infant Mortality

- Designed to meet identified needs related to:
  - Common evidence-based strategies to reduce infant mortality; and
  - Shared collaborative learning and *action* across States.
- Strategy teams comprised of more than 200 volunteers, including public and private stakeholders, formed to work collaboratively over a 12-18 month period to address five common priority areas, which were identified based on the infant mortality action plans developed by the individual Region IV and Region VI States.



# Region IV and Region VI CoIN to Reduce Infant Mortality

- Five Strategy Teams:
  1. Reducing Elective Deliveries < 39 weeks;
  2. Expanding Interconception Care in Medicaid;
  3. Reducing SIDS/SUID and Promoting Safe Sleep;
  4. Increasing Smoking Cessation among Pregnant Women;  
and
  5. Enhancing Perinatal Regionalization.
- Each Strategy Team established quality improvement aims and identified State-level opportunities for achieving their aims.
- Teams are currently finalizing measures for tracking progress.



# Region IV and Region VI CoIIN to Reduce Infant Mortality

- Part of a portfolio of other efforts to improve birth outcomes.
  - Contributes to the advancement of Secretary Sebelius' National Strategy for addressing infant mortality;
  - Promotes increased sharing of Best Practices across States; and
  - Strengthens the existing collaboration between States in addressing MCH issues of mutual concern.
- CoIIN Initiative is expanding to include the eight remaining U.S. Department of Health and Human Services' Regions, beginning with Region V in 2013.





# National Maternal Health Initiative

- Public-Private Partnership Effort
- White paper to be developed by March 2013, which will outline best practices across four thematic areas:
  1. Surveillance
  2. Quality of Care
  3. Community Efforts
  4. Women's Health and Public Awareness
- Findings and recommendations from each of the four workgroups will inform the National initiative, which is to be launched in May 2013.

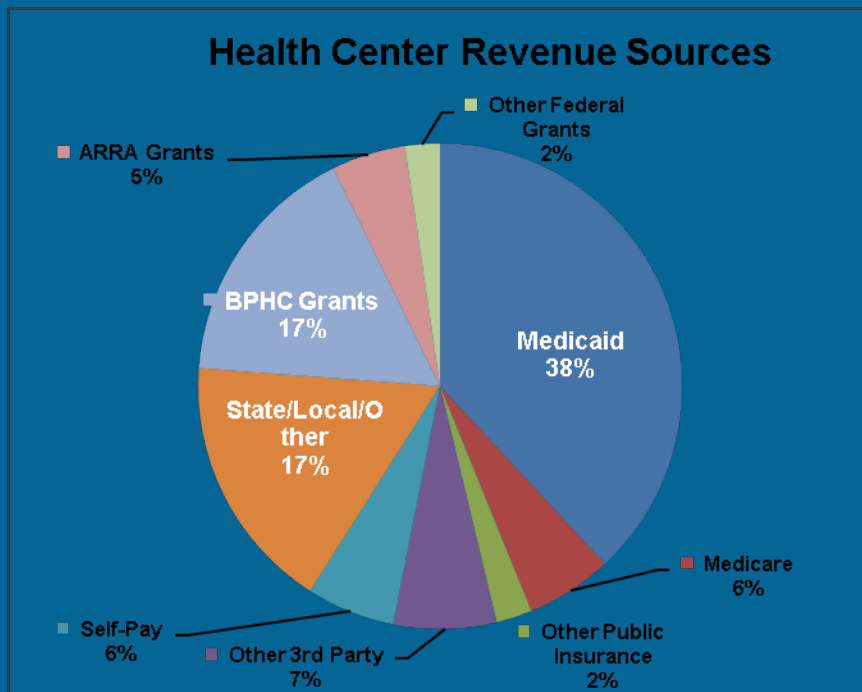


# Health Center Program Overview

## Calendar Year 2011

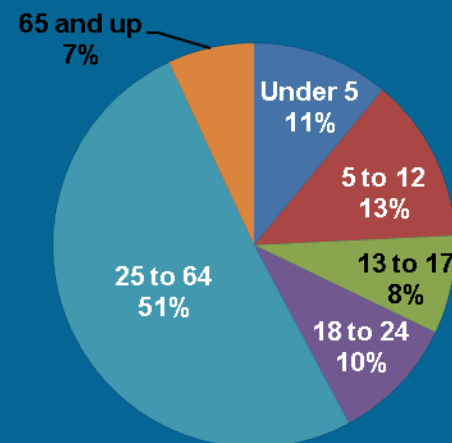
### 20.2 Million Patients

- 93% Below 200% poverty
- 36% Uninsured
- 62% Racial/Ethnic Minorities
- 1,087,000 Homeless Individuals
- 863,000 Farmworkers
- 188,000 Residents of Public Housing



Source: Uniform Data System, 2011

### Health Center Serve All Ages



### 80 Million Patient Visits

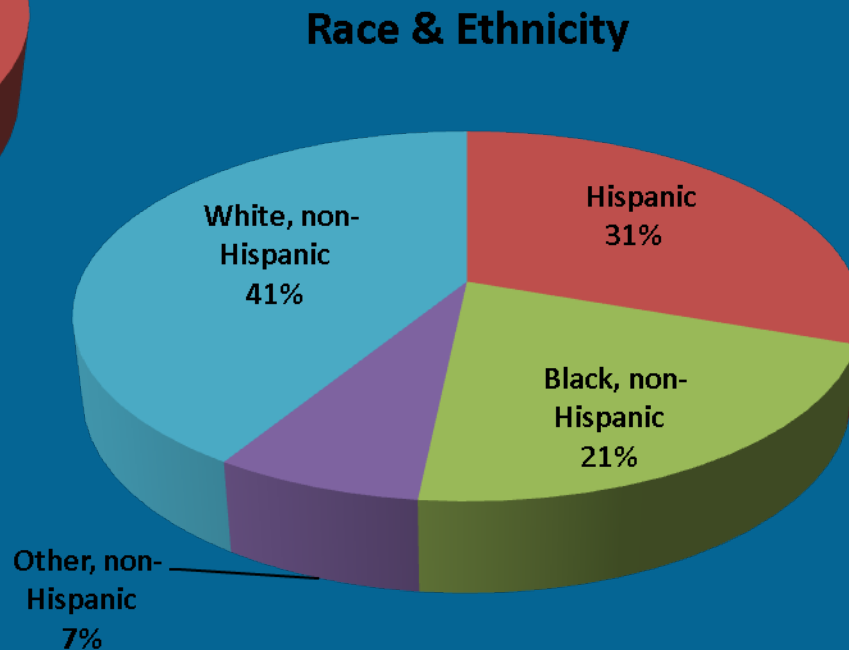
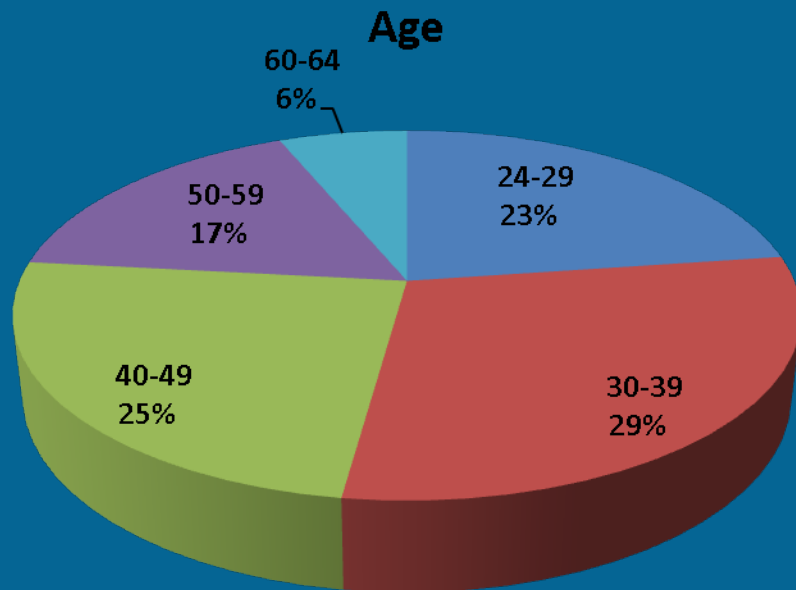
- 1,128 Grantees
- 8,500+ Service Sites

### Over 138,000 Staff

- 9,937 Physicians
- 6,934 NPs, PA, & CNMs



# Demographics of Health Center Female Patients

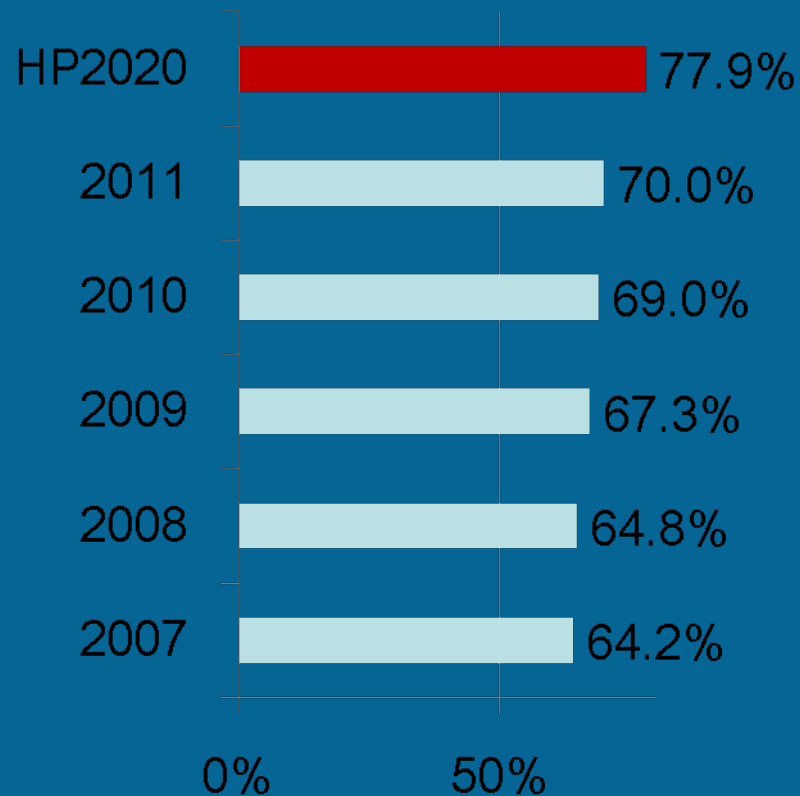


Source: 2009 Health Center Patient Survey

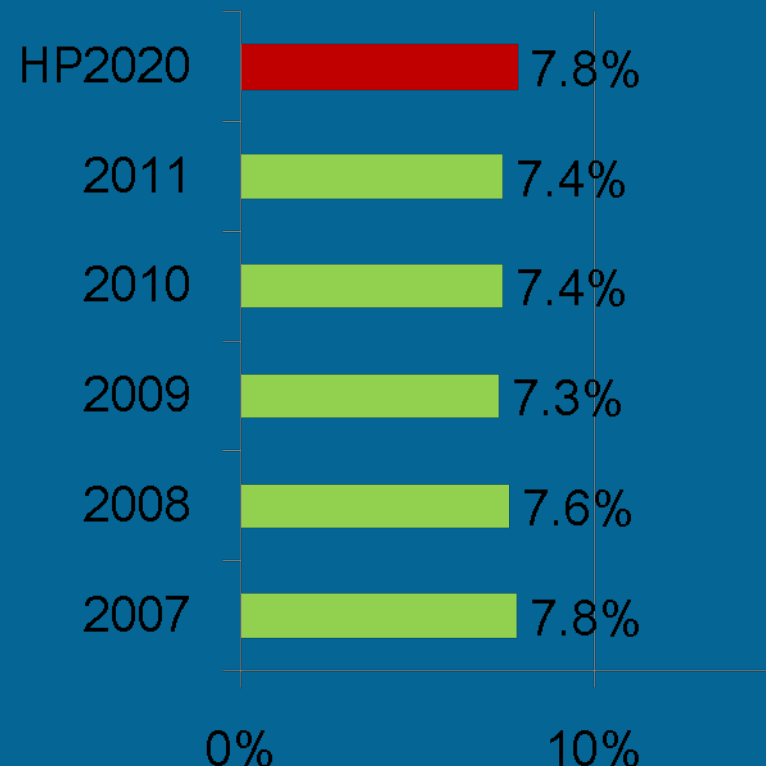


# Health Center Uniform Data System (UDS)

## Percentage of Early Entry into Prenatal Care



## Percentage of Newborns Below Normal Birth Weight



# Health Center Program: Quality Strategy

Better Care | Healthy People & Communities | Affordable Care

**INTEGRATED  
HEALTH SYSTEM**



**INTEGRATED  
SERVICES**



**COMPREHENSIVE  
SERVICES**



**ACCESS**

## Priorities & Goals

1. Implementation of Quality Assurance/Quality Improvement (QA/QI) Systems  
*All Health Centers fully implement their QA/QI plans*
2. Adoption and Meaningful Use of Electronic Health Records (EHRs)  
*All Health Centers implement EHRs across all sites & providers*
3. Patient Centered Medical Home (PCMH) Recognition  
*All Health Centers receive PCMH recognition*
4. Improving Clinical Outcomes  
*All Health Centers meet/exceed HP2020 goals on at least one UDS clinical measure*
5. Workforce/Team-Based Care  
*All Health Centers are employers/providers of choice and support team-based care*

# Future Opportunities: EHR Implementation and Meaningful Use (MU)

## Current UDS and MU Clinical Performance Measures Relating to Weight Gain:

- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up; and
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

## EHR Implementation and Clinical Decision Support:

- EHR triggers on patient risk characteristic
- Timing parameters



# Future Opportunities : Patient-Centered Medical Home

- Key Components:
  - Access to Care
  - Coordinated, quality, comprehensive care
  - Patient-centered
  - Team-based care
  - Measuring and improving performance through system-based approach



# HRSA Perspectives: Pregnancy Weight Gain Guidelines Dissemination/Implementation

1. Opportunities in HRSA programs to reach key audiences in promoting the adoption of the 2009 Pregnancy Weight Gain Guidelines among providers and in educating women regarding their importance.





# HRSA Perspectives: Pregnancy Weight Gain Guidelines Dissemination/Implementation

2. Broad dissemination of the Pregnancy Weight Gain Guidelines is considered essential to HRSA's efforts to inform women, health care providers, State and community health agencies and others about the importance of entering pregnancy within a normal Body Mass Index range and achieving a recommended weight gain during pregnancy.



# HRSA Perspectives: Pregnancy Weight Gain Guidelines Dissemination/Implementation

3. HRSA's focus goes beyond gestational weight gain and also includes the promotion of an appropriate weight for women before, during and after pregnancy.



# HRSA Perspectives: Pregnancy Weight Gain Guidelines Dissemination/Implementation

4. Preconception counseling on the importance of entering pregnancy within a normal Body Mass Index range and full implementation of the revised Pregnancy Weight Gain Guidelines are considered to be important changes in the care currently provided to women of childbearing age, which would help to promote optimal health outcomes for both mother and child.



# HRSA Perspectives: Pregnancy Weight Gain Guidelines Dissemination/Implementation

5. Continued research is needed on effective interventions for promoting healthy weight in women before and after pregnancy and for achieving weight gain during pregnancy that is within recommended ranges.



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