



GUIDE

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SUPPORTING
HEALTHY BIRTHS AND INFANCY

Part of a series on Growing Healthy Readers:
Taking Action to Support the Health
Determinants of Early School Success

The Campaign for
GRADE-LEVEL
READING



Growing Healthy Readers

TAKING ACTION TO SUPPORT THE HEALTH DETERMINANTS OF EARLY SCHOOL SUCCESS

INTRODUCTION

When children are healthy and developing on track, they are more likely to be successful in school. The Campaign for Grade-Level Reading recognizes the important interconnections of health and learning, known as *the health determinants of early school success*.

Children from low-income families have more frequent challenges that affect their health and well-being than more affluent children. The Campaign's Healthy Readers Team has identified five Children's Health and Learning Priorities: health-related issues with a demonstrated relationship to one or more of the Campaign's community solutions. They include prenatal care and infant development; comprehensive screenings, follow-up and early intervention; oral health; asthma management; and nutrition and physical activity. The team has developed materials to help community stakeholders incorporate strategies that can strengthen positive impact on children's health and learning. *Growing Healthy Readers: Taking Action to Support the Health Determinants of Early School Success* is a set of seven guides to assist Sponsoring Coalitions in incorporating the Children's Health and Learning Priorities into Community Solutions Action Plans (CSAPs) to achieve the Campaign's community solutions and improve grade-level reading.

These Healthy Readers Resource Guides will help community- and state-level Sponsoring Coalitions

identify priority issues that affect children's health and determine how to take action. The priority issues and corresponding guides — each with a research-based connection to success in learning — include:

Prenatal Care and Infant Development

Resource Guide: Supporting Healthy Births and Infancy

Comprehensive Screenings, Follow-Up and Early Intervention

Resource Guide: Ensuring Early and Appropriate Screenings and Intervention

Resource Guide: Supporting Children's Healthy Social-Emotional Development

Oral Health

Resource Guide: Ensuring Oral Health

Asthma Management

Resource Guide: Controlling Environments and Managing Asthma

Nutrition and Physical Activity

Resource Guide: Promoting Healthy Food Choices

Resource Guide: Increasing Physical Activity

Sponsoring Coalitions will want to consult available local data and gather information to help determine which priorities to address to improve children's health and learning. The Resource Guides include valuable resources and recommendations about how to proceed. Each guide is organized to:

- Address the important link between health and learning
- Identify evidence-based and promising models and strategies
- Help coalitions understand how to begin to take action
- Identify content and funding resources specific to that topic

Improving health and learning for children from low-income families is important work, but it need not be daunting. No matter which strategies a Sponsoring

Coalition undertakes, it is useful to include representatives from Head Start, physician offices, the Health Department and a Federally Qualified Health Center (FQHC) if there is one in your community. These individuals can help Sponsoring Coalition members understand the context for children's health in the community and reach out to others who can support the work.

The Campaign's Healthy Readers Team and state and regional Campaign leads can provide support as well. In the coming months, we expect to establish state-level pilot projects to link communities that are working in the same focus area, support peer learning, and provide additional information and support.

If you have questions or comments, please contact Becky Miles-Polka, Healthy Readers Team Leader: bmilespolka@gradelevelreading.net.

Reading Success by the End of Third Grade



SUPPORTING HEALTHY BIRTHS AND INFANCY

<p>Children’s Health and Learning Priority</p> <p>Prenatal Care and Infant Development</p>	<p>Which community solution(s) does it support?</p> <div style="border: 1px solid orange; padding: 5px; display: inline-block;"> <p>SCHOOL READINESS</p> </div>
<p>DEVELOPING AWARENESS</p>	
<p>What are healthy births and infant development?</p>	<ul style="list-style-type: none"> • Children who are born on time (after the 37th week of pregnancy) and at a healthy weight (about 5.5 pounds or greater) are described as “born healthy.” They are more likely to survive the first year of life. <p>“The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Careful and continuous monitoring of children’s development, beginning before birth and continuing through early childhood, is necessary to ensure that children can reach their full potential. Fully meeting this goal requires prenatal care for all pregnant women and sustained access to a consistent source of primary health care for all children.” (National Scientific Council on the Developing Child)</p>
<p>Why is it important for communities to implement this solution?</p>	<ul style="list-style-type: none"> • The infant mortality rate (the percentage of infants who die before age 1) is an indicator of how a community mobilizes to support its most vulnerable children and families. Non-Hispanic black and American Indian or Alaskan Native babies continue to have significantly higher infant mortality rates than those of other racial and ethnic groups. • Pregnancy is a time when low-income prospective mothers are both reachable and open to learning. By strengthening prenatal care and family supports in a baby’s first few months of life, community leaders can contribute to physical and mental health for mothers and babies as well as babies’ optimal brain development and increased capacity for learning. • Increasing evidence indicates that “early term” infants born at 37–38 weeks of pregnancy have significantly lower academic achievement on reading and math scores in third grade than children born between 39 and 41 weeks. Elective inductions and caesarean sections prior to 39 weeks should be discouraged.

DEVELOPING AWARENESS (CONT.)

How can communities address healthy births and infant development?

Most new mothers and infants are at home — their own or that of a friend or relative — during the baby’s first weeks of life. During this critical time, there is an opportunity to support and strengthen parenting skills through interventions tailored to specific needs.

- Evidence-based home visiting programs, such as the Nurse-Family Partnership program and Healthy Families America, serve families at highest risk of poor birth outcomes or child maltreatment (e.g., single teen mothers). These programs often begin working with mothers during pregnancy and continue until a child is between 2–5 years old.
- Reaching — and teaching — pregnant women and influencing them to change their behavior (to eliminate alcohol intake, smoking and illegal substance or prescription drug use during pregnancy) can be challenging. To increase healthy births, communities can mount a public awareness campaign — with consistent messages in many settings — about the importance of healthy behaviors in pregnancy.
- “Baby Basics,” a guide to a healthy pregnancy written for mothers with third- to fifth-grade reading levels, is a tool for educating mothers, stimulating conversations between women and their physicians, increasing mothers’ active participation during prenatal care visits and reducing unnecessary trips to the emergency room during pregnancy. The book includes a “Pregnancy Planner” to help moms keep track of the baby’s development, appointments and due dates, and to help moms advocate for themselves in their prenatal visits.
- Low-income mothers may seek prenatal care from private providers, Federally Qualified Health Centers (FQHCs) or other public prenatal clinics. Many seek nutritious food support from the Women, Infants and Children (WIC) program and income supports such as TANF from their local Department of Social Services. It is important to work with these services to ensure that they are accessible, culturally sensitive and responsive to pregnant women and those who have young children.
- Research has demonstrated the importance of sustained breastfeeding on the health and well-being of newborn infants and their academic performance in school. The American Academy of Pediatrics (AAP) recommends breastfeeding exclusively for the first 6 months of life. Many communities have coalitions that promote breastfeeding.
- “Moms’ Clubs” are groups of mothers with infants who meet regularly, using curricula to model successful parenting practices, including verbal interaction with babies, and help reduce maternal depression. Health care providers, community organizations or clinics can sponsor Moms’ Clubs; many groups continue to meet as their babies grow and develop, providing an opportunity to introduce and model the importance of reading.

DEVELOPING AWARENESS (CONT.)

What are some strategies for promoting healthy births and infant development?

Strategies with Results

The Pew Campaign for Home Visiting notes that “voluntary home visiting matches parents with trained professionals to provide information and support during pregnancy and throughout their child’s first three years — a critical developmental period.”

There are several effective models of evidence-based home visiting that serve pregnant women and children from birth through age 5. Some target specific populations, such as teen mothers, low-income mothers and families at risk for child maltreatment or parents who struggle with substance abuse.

Results

High-quality home visiting programs can have significant positive affects on infant health, parent/child interaction, home environments for children, school readiness and reduced retention in first grade.

Pediatricians, nurses and other primary care providers incorporate **Reach Out and Read (ROR)** into their regular practice to promote literacy development with young children and their parents. They distribute new books to children from age 6 months to 5 years, especially children from low-income families, at each well-child checkup to reinforce the importance of reading and expand children’s own libraries. They also monitor children’s developmental progress while offering parents ways to stimulate their children’s learning and development. ROR reaches approximately 4 million children annually across all 50 states and the District of Columbia, with participation of 12,000 health professionals in 5,000 sites.

Results

- Families participating in ROR are four times more likely to read aloud to their children and are more likely to view sharing books with their children as a favorite activity.
- Urban black and Latino children participating in ROR score higher on words they understand (receptive language) and words they say (expressive language) than their nonparticipating peers and the more exposure they have to ROR the higher their scores.
- Latino children who participated in ROR starting at age 6 months showed average or above average literacy skills in kindergarten.

DEVELOPING AWARENESS (CONT.)

What are some strategies for promoting healthy births and infant development?
(cont.)

Text4Baby, initiated in 2010, is a free voluntary program targeting underserved populations utilizing mobile technology to deliver important health and safety information through weekly text messaging for expectant and new parents. Text4Baby is supported by major wireless carriers so it can be free to the end user. It also is supported by over 1,000 health departments.

Early Results

The Text4Baby program:

- Is well received by participants
- Is reaching the target population, including women in high-poverty areas
- Demonstrates evidence of knowledge and behavior change

Promising Strategies

In Baltimore City, approximately 9,000 babies are delivered each year; 6,500–7,000 of these infants are Medicaid-eligible. Since 2009, the Baltimore City Health Department (BCHD), in partnership with the Family League of Baltimore City (FLBC), has led the **B'more for Healthy Babies (BHB)** initiative to achieve a significant and sustained reduction in infant mortality. In 2010 alone, 98 infants died; many of these deaths were preventable.

BHB's overarching strategy includes aligned activities in four domains: Policy/Systems, Services, Community, and Family and Individuals. Working intensively in two neighborhoods with local businesses, faith communities, schools and nonprofits, BHB teams meet monthly to organize activities and community mobilization efforts focused on:

- B'more Fit for Healthy Babies (adult obesity prevention)
- Youth pregnancy
- Youth advisory committee
- Early entry into prenatal care
- Infant mortality reduction
- Literacy
- Preventing substance-exposed pregnancy
- Housing

BCHD and FLBC are working to implement a citywide system of evidence-based home visiting, using two models: Nurse-Family Partnership and Healthy Families America.

Infant mortality rates in Baltimore appear to be decreasing. BHB is supported through 2013 with a \$1 million grant from Care First BlueCross BlueShield.

DEVELOPING AWARENESS (CONT.)

What are some strategies for promoting healthy births and infant development? (cont.)

Centering is a model of group health care, with three major components: *assessment, education and support*. Patients meet with their care provider and other group participants for an extended period of time, usually 90–120 minutes, at regularly scheduled visits over the course of their care. Centering promotes greater patient engagement, personal empowerment and community building. The 13 Essential Elements of Centering — including health assessment in a group context, facilitative leadership and ongoing evaluation of outcomes — secure these benefits.

CenteringPregnancy care starts around the beginning of the second trimester and goes through delivery. CenteringParenting is well-baby care for newborns through their 1st birthday and beyond combined with well-woman care for the moms.

Strong Start for Mothers and Newborns, initiated by U.S. Department of Health and Human Services in 2012, aims to reduce preterm births and improve outcomes for newborns and pregnant women. In addition to a public awareness campaign (see next page), this initiative's second primary strategy involves:

- Funding to test and evaluate the effectiveness of specific enhanced prenatal care approaches (at Centering/Group Visits, at Birth Centers and at Maternity Care Homes) to reduce the frequency of premature births among pregnant Medicaid or Children's Health Insurance Program (CHIP) beneficiaries at high risk for preterm births.

The four-year initiative seeks to determine if these approaches can reduce the preterm birth rate, improve the health outcomes of pregnant women and newborns, and decrease the anticipated total cost of medical care during pregnancy, delivery and over the first year of life for children born to mothers enrolled in Medicaid or CHIP.

Strategies to Build Public Awareness

For babies born at a healthy weight and after a full-term pregnancy, the most common cause of infant mortality is unsafe sleep. The **Safe to Sleep Campaign** (formerly the Back to Sleep Campaign) educates parents, caregivers and health care providers about strategies to reduce the risk for Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death, such as suffocation. The strategies draw from the AAP Task Force on SIDS' recommendations and expanded guidelines (October 2011). Since the Safe to Sleep Campaign started, the percentage of infants placed on their backs to sleep has increased dramatically, and SIDS rates have declined by more than 50 percent nationally.

Baltimore City has implemented this campaign locally. B'more for Healthy Babies (BHB) works to reduce sleep-related infant deaths through its Sleep Safe initiative: infants should sleep **A**lone, on their **B**acks and in a **C**rib. In surveys conducted by BHB, mothers report hearing the message from their health providers, in community meetings and from home visitors. The SLEEP SAFE video is shown at all eight birthing hospitals before

DEVELOPING AWARENESS (CONT.)

What are some strategies for promoting healthy births and infant development?
(cont.)

moms' discharge in all home visiting programs, and daily for potential jurors at the court house, the men's Central Booking waiting area, all Department of Social Services sites, all Baltimore City Health Department WIC sites, the majority of the FQHC sites in the city and on the city's public access cable channels.

Strong Start for Mothers and Newborns, initiated by U.S. Department of Health and Human Services in 2012, aims to reduce preterm births and improve outcomes for newborns and pregnant women. One of its two main strategies is a public-private partnership and awareness campaign to reduce the rate of early elective deliveries prior to 39 weeks for all populations.

MOVING TO ACTION

How would a Sponsoring Coalition begin to implement this strategy?

Determine what actions the team could take now to strengthen children's health and development to support improved grade-level reading outcomes. Often simple no-cost or low-cost actions are a way to build momentum and gain early enthusiasm and support for the work.

1. **Gather** information on the health system serving expectant mothers:
 - How many low-income mothers are eligible for Medicaid benefits? How many are actually enrolled?
 - What percentage of mothers are enrolling in prenatal care early in pregnancy?
 - How many families in the community are served by evidence-based home visiting programs?

2. **Identify** data sources in your county. Birth outcomes data are readily available by county and may be available by community. State, county and local health departments are reliable sources of these data:
 - How many children are born in the community each year?
 - How many are born to teen mothers?
 - What is the rate of babies born healthy and at full term?
 - What is the infant mortality rate in the community?

MOVING TO ACTION (CONT.)

How would a Sponsoring Coalition begin to implement this strategy?
(cont.)

3. **Contact** local partners serving expectant mothers and newborns. Public health programs, hospital community benefit departments, Early Head Start programs, home visiting programs and health care provider associations are excellent resources and likely partners for your coalition.
4. **Learn** about effective programs in other states. The Pew Home Visiting Campaign has a wealth of research and information about effective models and state strategies.
5. **Ensure** that expectant mothers have access to quality oral health care during the prenatal period. Research has shown a link between oral health and birth outcomes.

What funding sources may be available to support this strategy in your community?

- Every community is different, and funding sources vary by state for programs that serve mothers and infants from low-income families.
- Local United Ways often invest in home visiting programs
 - Federal and state funding is available to support evidence-based home visiting. Your state Maternal, Infant, and Early Childhood Home Visiting contact is a good place to start.
 - Nonprofit hospitals may include prenatal programs and outreach as part of their community benefit obligation to provide medically necessary services to those in need.
 - Federally Qualified Health Centers are focused on reducing health disparities. Many FQHCs provide prenatal and newborn care.
 - The March of Dimes may provide funding in your community and invests in the CenteringPregnancy model among other prenatal programs.

RESOURCES

- For the Baby Basics program from the What to Expect Foundation, see www.whattoexpect.org/what-we-do/baby-basics/overview-baby-basics
- For B'more for Healthy Babies, see www.healthybabiesbaltimore.com
- For the CenteringPregnancy and CenteringParenting models, see <http://centeringhealthcare.org/pages/centering-model/model-overview.php>
- For evidence-based home visiting programs supported by DHHS, see <http://mchb.hrsa.gov/programs/homevisiting/index.html> and at <http://homvee.acf.hhs.gov> specifically for evidence of program effectiveness.
- The Pew Home Visiting Campaign provides information about state policy and funding for home visiting, see www.pewstates.org/projects/home-visiting-campaign-328065. The U.S. Department of Health and Human Services Maternal and Child Health Bureau also lists contacts for state home visiting programs, see <http://mchb.hrsa.gov/programs/homevisiting/statecontacts.pdf>
- The Safe to Sleep Campaign has numerous resources at www.nichd.nih.gov/sids/Pages/sids.aspx
- For the U.S Department of Health and Human Services' Strong Start initiative, see <http://innovation.cms.gov/initiatives/strong-start>
- Recent data on academic achievement and early term gestational age is available at www.ncbi.nlm.nih.gov/pmc/articles/PMC3408682
- The American Academy of Pediatrics Policy Statement on the importance of breastfeeding on infant health is available at <http://pediatrics.aappublications.org/content/129/3/e827.full#sec-3>
- The Center for the Developing Child at Harvard University provides important information about the science of brain and early child development, see <http://developingchild.harvard.edu>
- For state breastfeeding coalitions, see www.usbreastfeeding.org/Coalitions/CoalitionsDirectory/tabid/74/Default.aspx
- For nonprofit hospital community benefit programs, see <http://healthyamericans.org/assets/files/Partner%20With%20Nonprofit%20Hospitals04.pdf>
- For Federally Qualified Health Centers (FQHCs), see www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html
- For data on infant mortality in the United States, see www.childstats.gov/americaschildren/tables/health2.asp
- For information on Reach Out and Read, see www.reachoutandread.org

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