

Replicating Global MCH Innovations in the United States

July 17, 2018 1:00 PM Eastern

- Adrianna Logalbo, *1,000 Days*
- Mireille Posse, *Hispanics in Philanthropy*
- Betsy McNamara, *Transforming Birth Fund*



**The First 1,000 Days:
Nourishing Healthier Futures**

About 1,000 Days



Our vision is for every child to have a healthy first 1,000 days. It starts with good nutrition.



Our Work



1,000 Days mobilizes advocates, thought-leaders, policymakers and its network of over 80 partners to improve nutrition for women and children in the U.S. and around the world.

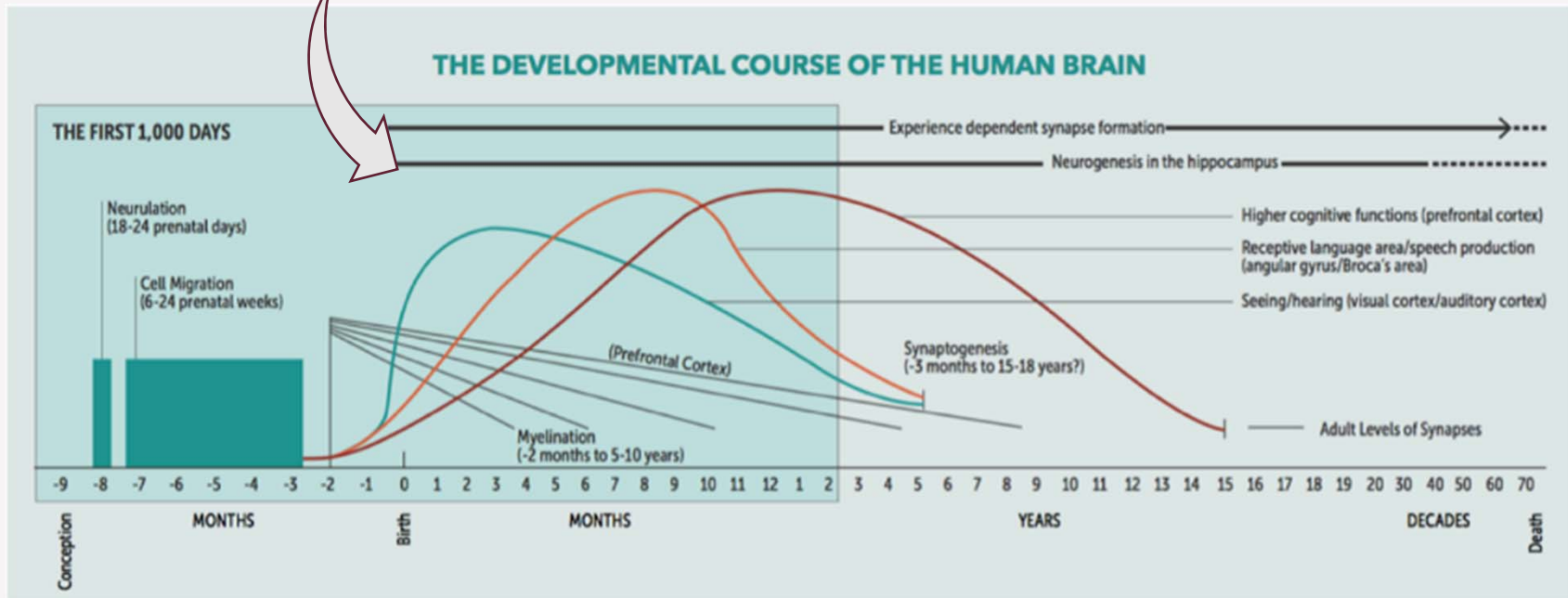


The First 1,000 Days: A Window of Opportunity



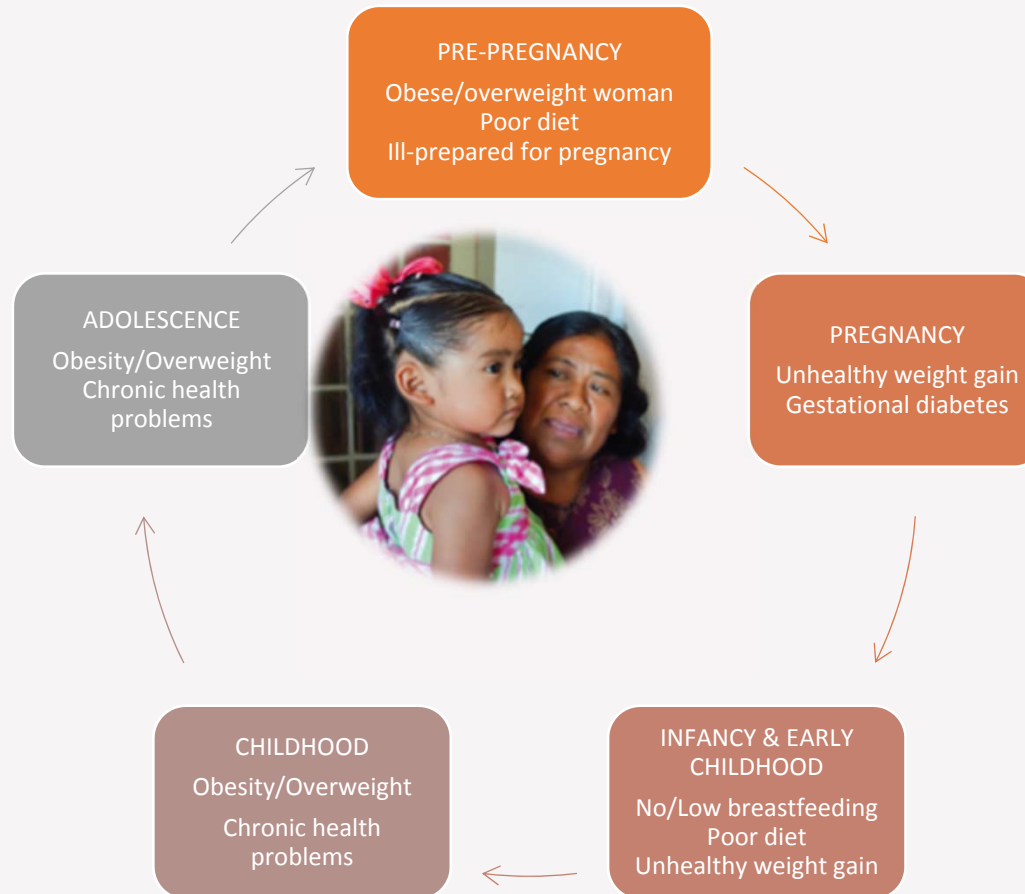
Why 1,000 Days: A Foundation for Brain Development & Learning

The 1,000 day window



Adapted from Thompson, R.A. And Nelson, C.A. (2001) Developmental Science And The Media. Early Brain Development. Am. Psychol. 56, 5-15

Why 1,000 Days: A Foundation for Lifelong Health



1. Journal of Obesity, Volume 2012, Need for Early Interventions in the Prevention of Pediatric Overweight: A Review and Upcoming Directions
2. Hanson, Mark, "The early origins of health – what and where should the focus be?" University of South Hampton School of Medicine

Why 1,000 Days: A Foundation for More Equitable Beginnings



- **Inequalities in child development begin prenatally**
- **The effects of poverty early in life are more damaging to child development than those that occur later in life**
- **The best time to prevent inequalities is before trajectories have been established**

Foundations of Healthy Child Development¹

Stable, responsive & nurturing care giving

Appropriate nutrition

Safe, supportive physical environments

The 10 Building Blocks for Nutrition During the First 1,000 Days

 <p>A nutritious diet for mothers during pregnancy</p>	 <p>A healthy and nutritious diet for babies and toddlers</p>
 <p>Good care for all mothers during pregnancy</p>	 <p>Water and other healthy beverages with no added sugars for toddlers</p>
 <p>Exclusive breastfeeding for the first 6 months</p>	 <p>The right knowledge and skills for parents and caregivers to properly nourish young children</p>
 <p>Nurturing, responsive care and feeding of babies and toddlers</p>	 <p>Consistent access to enough nutritious food for families of young children</p>
 <p>The right foods introduced to babies at the right times</p>	 <p>Societal investments in the well-being of every baby and toddler</p>

A Truly “Global” Issue



GLOBALLY

1 in 4 children under age 5 are developmentally stunted as a result of chronic undernutrition.

Over 41 million children under age 5 are overweight, almost half of them live in Asia and one quarter in Africa.

More than one billion women and girls do not have the adequate nutrition and healthy diets they need to survive and thrive.



HERE IN THE U.S.

Nearly 1 in 6 children under age 6 are food insecure.

1 in 4 preschool children ages 2-5 is overweight and 1 in 8 is obese.

More than 50% of all women of reproductive age are overweight or obese.

1 in 4 toddlers are not getting enough iron in their diets

The U.S. Picture for Maternal and Young Child Nutrition



The U.S. Picture: Pregnancy



- More than 50% of women enter pregnancy overweight or obese¹
- 47% of pregnant women gained an excessive amount of weight during pregnancy²
- The U.S. has one of the highest rates of maternal mortality among wealthy nations

1. American College of Obstetricians and Gynecologists, Committee Opinion Number 549, January 2013

2. Deputy, N. P., Sharma, A. J., Kim, S. Y., & Hinkle, S. N. (2015). Prevalence and characteristics associated with gestational weight gain adequacy. *Obstetrics and gynecology*, 125(4), 773-781.

The U.S. Picture: Infancy



- 1 in 5 babies are never breastfed¹
- Only 22% of infants are exclusively breastfed at 6 months²
- The US is one of the only countries in the world without paid leave
- Studies find “excessive” caloric intake in young children, beginning before 4 months³



1. Centers for Disease Control. 2016 Breastfeeding report card.

2. International Labour Organization

3. Annals of Nutrition and Metabolism, 2013, Lessons from Feeding Infants and Toddlers Study in North America: What Children Eat and Implications for Obesity Prevention

The U.S. Picture: Early Childhood



- French fries are the most common vegetable consumed by 1 year olds⁵
- By age 2, 44% of toddlers have consumed a sugar-sweetened beverage⁴
- 10% of U.S. children exhibit signs of overweight or obesity before age 2³
- 1 in 4 of U.S. children between ages 1 and 2 do not get the recommended dietary allowance for iron²

1. Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2017. Household Food Security in the United States in 2016, ERR-237, U.S. Department of Agriculture, Economic Research Service. Hamner, H.C., Perrine, C.G. & Scanlon, K.S. (2016). Usual Intake of Key Minerals among Children in the Second Year of Life, NHANES 2003–2012. *Nutrients*, 8(8): 468.
2. Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2012). Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. *JAMA*, 307(5), 483-490.
3. Saavedra, J. M. et al. (2013). Lessons from the Feeding Infants and Toddlers Study in North America: What Children Eat, and Implications for Obesity Prevention. *Annals of Nutrition and Metabolism*, 62 (suppl 3):27–36
5. American Dietetic Association, Food Consumption Patters of Infants and Toddlers: Where are we now? 2010.

Listening to America's Mothers



Infant Feeding Guide - Healthy Infants

Food	Feeding Frequency	Amount
Breast milk	8-12 times per day	As much as the baby wants
Formula	8-12 times per day	4-8 ounces per feeding
Water	Not needed until 6 months	Not needed
Soft fruits (e.g., banana, avocado)	Once per day	1-2 tablespoons
Soft vegetables (e.g., sweet potato, carrot)	Once per day	1-2 tablespoons
Grains (e.g., rice, oatmeal)	Once per day	1-2 tablespoons
Protein (e.g., eggs, meat)	Once per day	1-2 tablespoons
Dairy (e.g., yogurt, cheese)	Once per day	1-2 tablespoons

Moms know how important healthy eating is



I just hope one day she realizes the choices I'm making out of love. I wish my mom had done that for me. I want it to become a family tradition to try to make the best food choices when we have access to make those choices. I want to make those choices as a family.

DONTAE, MOTHER OF A 17-MONTH OLD, JACKSON, MS

Moms are doing their best, but they need support



I think too, moms feel like they have to act like everything's perfect and I think don't be afraid to admit that you're struggling and that you need help 'cause every mom has been there. So it's okay to ask for help 'cause we've all been there. We've all felt like we were going to lose our minds.

ALISHA, MOTHER OF A 1-YEAR-OLD, CHICKASHA, OK

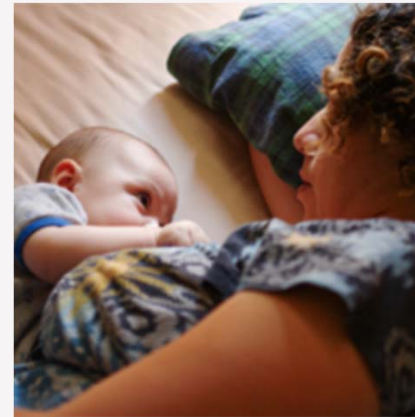
There is a lot of information but not a lot of support. You can go anywhere for information, but sometimes you want reassurance from someone. You need someone who understands what you're going through.

WANDA, MOTHER OF A 4-MONTH-OLD, A 22-MONTH-OLD AND AN 8-WEEK-OLD, LEXINGTON, KY

An Agenda for Change for the Next 1,000 Days



Maternal Diet and Health



Breastfeeding



Infant and Toddler Diets



Support for Vulnerable Families

An Agenda for Change



1

Empower parents and caregivers with an understanding of the importance of early nutrition and knowledge of best practices for infant and young child feeding.

2

Educate and train medical and health care professionals, child care workers and others working with expectant mothers, babies and toddlers on the importance of early nutrition and optimal infant and young child feeding practices.

3

Establish evidence-based dietary guidelines for pregnant women and children under age 2.



Empowering Parents & Caregivers with Evidence-Based Information



Our Goal

Translate evidence-based, expert reviewed information on baby and toddler feeding into practical and accessible resources for today's parents and caregivers



1,000 Days' series of 12 videos can be found at www.thousanddays.org/for-parents. Also on 1,000 Days' [Facebook](#), [Twitter](#) and Instagram channels.

An Agenda for Change

4

Invest in the research, monitoring and surveillance of the nutritional status of pregnant women and children under age 2.

5

Support healthy pregnancies by ensuring access to high quality preconception and prenatal care, nutrition education and obesity prevention programs.



An Agenda for Change



6

Improve support for mothers to breastfeed by creating breastfeeding-friendly communities, workplaces and healthcare facilities.

7

Invest in paid parental leave and family-friendly workplace policies to support parents to give their children the strongest start to life.

8

Encourage companies to follow the World Health Organization's International Code of Marketing of Breast Milk Substitutes which provides guidelines for the ethical marketing and promotion of infant formulas and foods and beverages for young children.

An Agenda for Change



9

Strengthen programs that reach low-income babies, toddlers and their families.

10

Ensure that healthy, nutritious foods are the affordable, available and desired choice for all families.



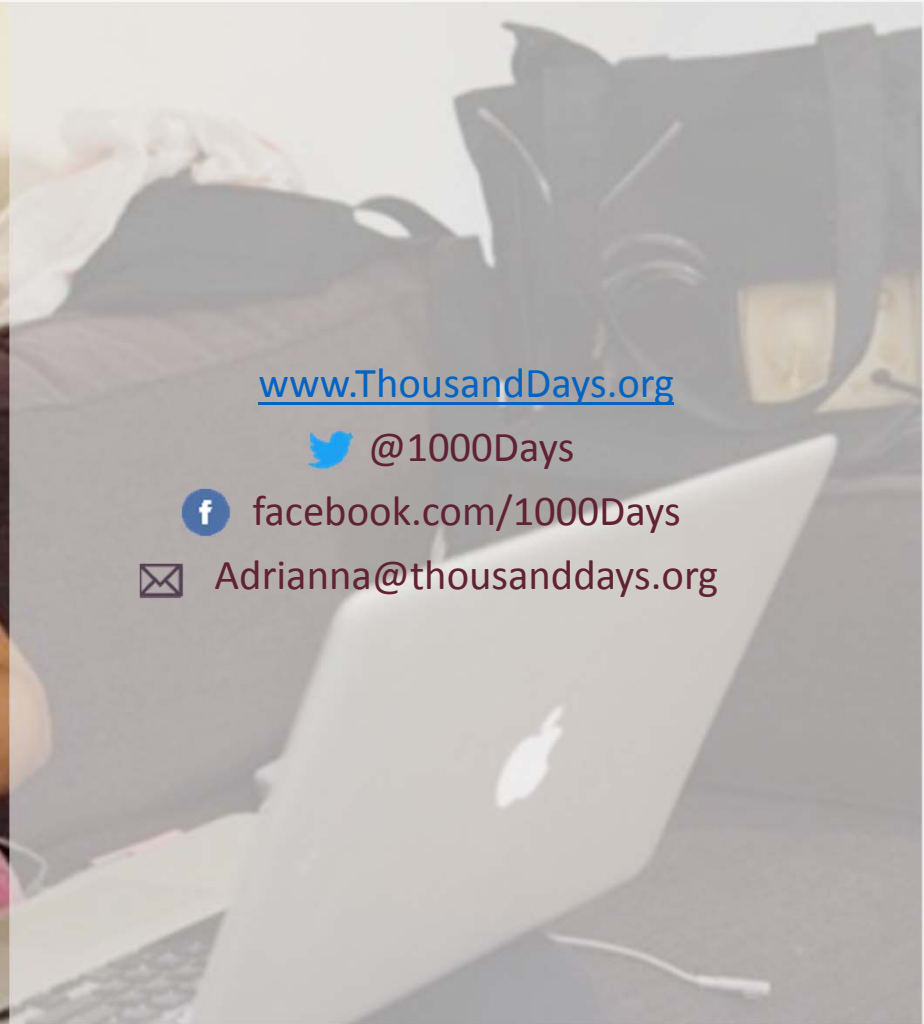
AUGUST 1 – 7, 2018

In a world filled with inequality, crises and poverty, breastfeeding is the foundation of lifelong good health for babies and mothers.

Breastfeeding is the **foundation of life.**




A Thousand Thanks!



www.ThousandDays.org

 @1000Days

 facebook.com/1000Days

 Adrianna@thousanddays.org

1,000 Days® is a registered trademark of 1,000 Days, a 501(c)(3) nonprofit organization.





QUALITY MATERNAL HEALTH IN MEXICO

ABOUT HIP

Transnational network
Created in 1983

With offices in
US and Mexico

Mission

TO STRENGTHEN LATINO EQUITY, LEADERSHIP, AND
VOICE TO BUILD A MORE EQUAL AND PROSPEROUS
AMERICA AND LATIN AMERICA.

SOCIOECONOMIC CONTEXT

Population

121
million

15.5%
(19.1 million)

No access to
health services.

Indigenous population

16
million

27:1
vs
10:1 OECD

Income
inequality

REPRODUCTIVE HEALTH CONTEXT

Population

121
million

51.2%
(61.9 million)

Are women

Women of childbearing
age represent

53.9%
(33.4 million)

45.7%

Are in the age
group of 20-34

REPRODUCTIVE HEALTH CONTEXT

Maternal
Mortality
Ratio

34.4

96%

of deliveries in Mexico
are attended by
doctors in hospitals

Staff that provide
professional midwifery
services in 16 states

266

14,639

Traditional
midwives
in 27 states

POTENTIAL OF MIDWIFERY

7

competencies

Cultural understanding, contraceptive counseling, prenatal, delivery, postpartum, infant and abortion care.

87%

of the essential care

Midwives who are educated and regulated to international standards can provide 87% of essential care needed for women and newborns.

70%

decrease in unwanted pregnancies

Midwives can provide SSR health services.

67%

maternal death

Ensure the skills of midwifery personnel to contribute to the provision of high quality care.

MIDWIFERY IN MEXICO

Strategies		Components			
		Availability	Accessibility	Acceptability	Quality
Advocacy	Education & Training	✓	✗	✗	✗
	Provision of Services	✗	✓	✓	✗
	Favorable working environments	✓	✓	✗	✗
	Empowerment & Leadership	✗	✗	✓	✓

MIDWIFERY IN MEXICO

Strategies

Education & Training

Provision of Services

Favorable working environments

Empowerment & Leadership

Advocacy

Organizations

- Mujeres Aliadas, A.C
- **Centro de Investigaciones en Salud de Comitán (CISC)**
- Ipas México, A.C.
- CIMIGEN
- Nueve Lunas, SC
- CASA, A.C.

- FOCA, A.C.
- CIMIGEN
- Nueve Lunas, SC
- CASA, A.C.
- ACASAC
- Centro de Partos San Cristobal (Luna Maya)
- **Mujeres Aliadas, A.C**
- Fundar, Centro de Análisis e Investigación, A.C

- Mujeres Aliadas, A.C.
- FOCA, A.C.
- ILSB
- ACASAC
- Sakil Nichim Antsetik
- CASA, .A.C
- Comité Promotor para una Maternidad Segura, CPMS
- **Kinal Antzetik**

- **ILSB**
- Asociación Mexicana de Partería- AMP
- Asociación de Parteras Profesionales- APP
- Kinal Antzetik

MIDWIFERY SERVICES: A WORTHWHILE INVESTMENT

GENDER EQUITY

Access to education

- Increase the number of women to formal education.
- Access to leadership positions.

Decent work

- Access to better job opportunities improving income.

Women empowerment

- Sexual and reproductive health should respond directly to the girl's and women's voices and needs
- Involvement in decision-making process related with their health.

FUNDING OPPORTUNITIES

Education & Training

- Strengthen current training spaces.
- Expand options for professional midwifery training.

Provision of Services

- Perceptions and attitudes that women have towards midwifery.
- Document the experiences of incorporation of professional midwives into health services

Favorable working environments

- Pre-conditions necessary to enable working conditions.

Empowerment & Leadership

- Dialogue and the systematization of national evidence.
- Encourage dialogue and alliances between different actors.

CONTACT INFORMATION

Mireille Posse
mireille@hiponline.org
Program Manager
Hispanics in Philanthropy
Mexico Office

transforming birth | **FUND**

Midwifery Model of Care – Funding a Movement

Betsy McNamara, Consultant to the Transforming Birth Fund



transforming birth | **FUND**



NEW HAMPSHIRE
CHARITABLE FOUNDATION

UP TO THE PROMISE



Why Maternity Care?

- ❖ Shared life experience
- ❖ Desire to share the “wealth”



Why Maternity Care?

“Why can’t more women have the kind of beautiful births, empowering births that we had?”



“Why is birth so medicalized in our country? “

- ❖ Why are only **11% of births in the U.S. attended by midwives** when research shows that **85 to 90% of births** don't need a surgeon attending them?
- ❖ Why, when **Medicaid pays for 43% of all births**, is the U.S. maternity care system so focused on interventions, and not on supporting people to have a **physiologic and more cost effective birth**?
- ❖ Why are fully one-third of all births in the U.S. by C-Section when the WHO says that anything more than 10-15% is actually dangerous?

*“The US maternity care system is like your six-month dental cleanings being performed by an oral surgeon.”
-Michael Klein, Neonatologist*



Safety, outcomes, experience

Why are only 11% of births in U.S. attended by midwives when
international research shows improved outcomes
when midwifery is integrated
into the health system?



THE LANCET

June, 2014

www.thelancet.com

'Midwifery is a vital solution to the challenges of providing high quality maternal and newborn care for all women and infants, in all countries'

<http://www.thelancet.com/series/midwifery>

Impact

56 outcomes improved when midwifery embedded

- ❖ Maternal and newborn mortality, stillbirth reduced
- ❖ Less preterm birth, low birthweight
- ❖ Maternal morbidity reduced
- ❖ Reduced interventions in labour
- ❖ Improved psycho-social outcomes
- ❖ Increased birth spacing, contraceptive use
- ❖ Increased breastfeeding initiation and duration
- ❖ Shorter hospital stays, improved referrals, attendance by known provider

Health Systems Change



Transforming Birth Fund: Vision



All childbearing families have access to the level of maternity care they want and need, and maternity care systems support them



Systemic Barriers to Improving Maternity Care

- ❖ Legal barriers in most U.S. states.
- ❖ Very few quality measures
- ❖ No payor reimbursement for CPM's in most states – still.
- ❖ Limits to coverage for Nurse Midwives.
- ❖ Support for the midwifery model of care –
wait, support, and step in with interventions, only when necessary.

Cultural Barriers to Improving Maternity Care

- ❖ Lack of respectful care
- ❖ Deep division between Nurse-Midwives, Certified Professional Midwives, and Physicians
- ❖ Impact of a risk-focused lens for care
- ❖ Very scattered, divided movement
- ❖ Institutional racism



Turning Point

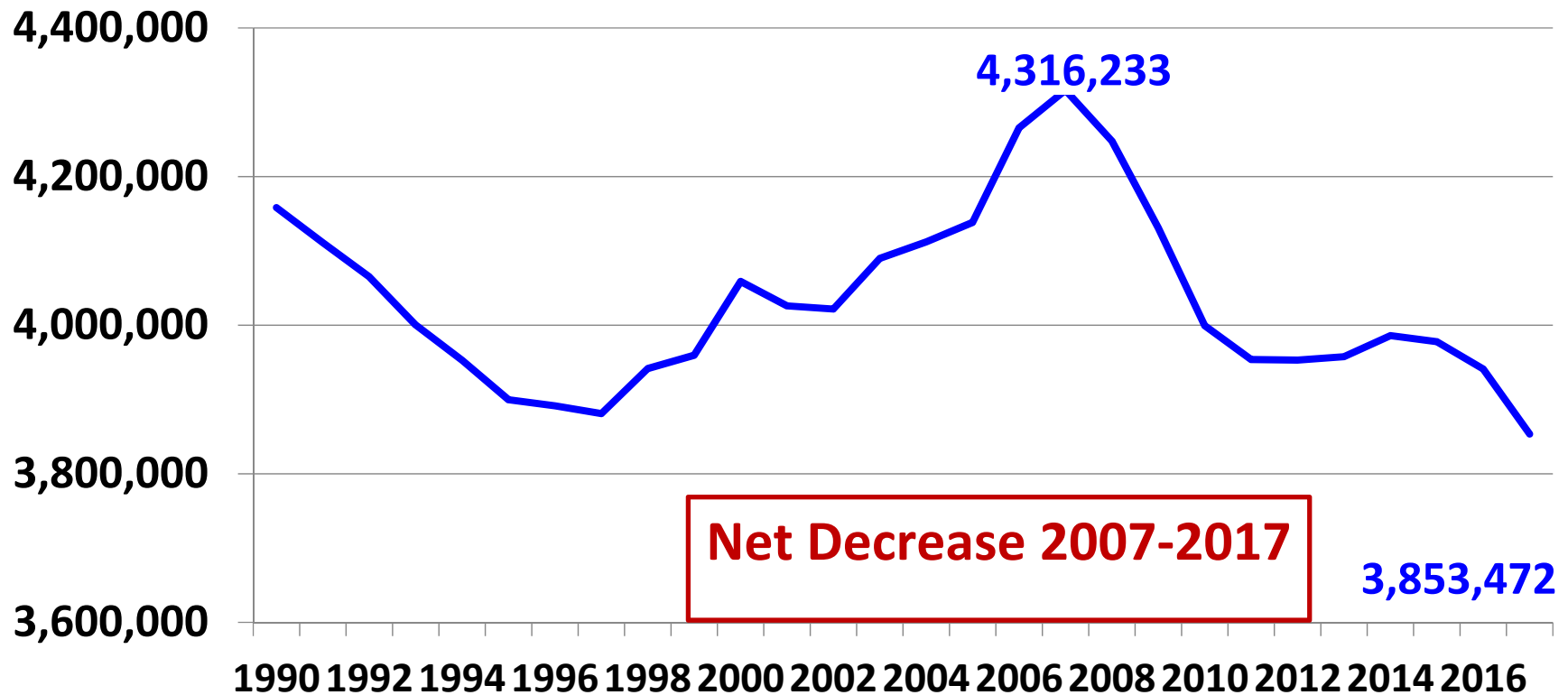
❖ Funding a Movement



birthbythenumbers.org

The screenshot shows a web browser window with the URL www.birthbythenumbers.org/united-states/. The page features the "BIRTH by the NUMBERS" logo in the top left and a navigation menu with links for "United States", "International", "Talks", "Resources", and "About Us". The main heading is "United States Data & Reports". Below this, there are two featured sections: "State-by-state" (with a map icon) and "Listening To Mothers Surveys" (with a document icon). The "State-by-state" section describes "Birth and maternal health data and reports for US states and territories". The "Listening To Mothers Surveys" section describes "National surveys devoted to understanding experiences and perspectives of mothers". Below these sections is a "Topics" section with three image-based tiles: "Birth Data", "Maternal & Infant", and "Cesarean". The browser's taskbar at the bottom shows the Windows Start button, a search bar, and various application icons. The system tray in the bottom right corner displays the time as 1:49 PM on Friday, 7/13/2018.

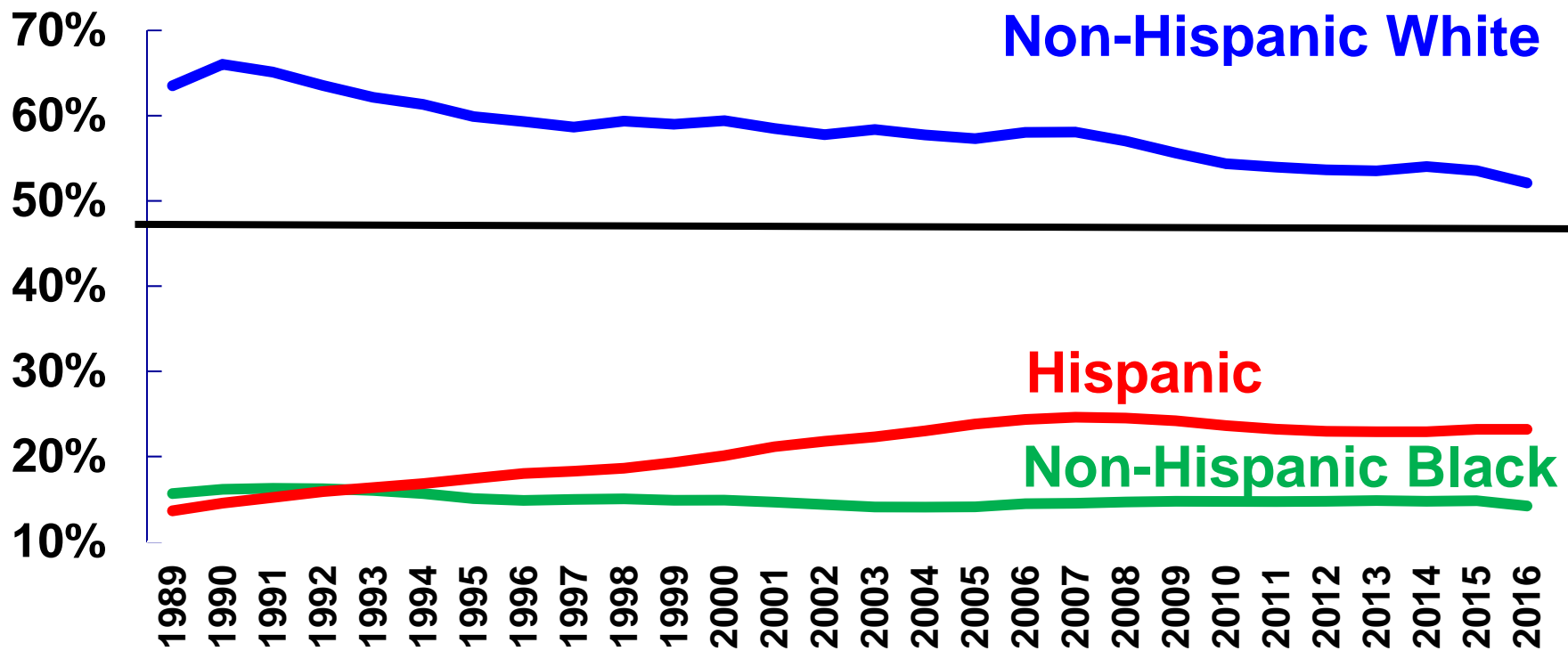
Total U.S. Births, 1990-2017*



Source: Annual NCHS Reports on Births
*2017 data is preliminary

BirthByTheNumbers.org

Proportion of all U.S. Births, 1989-2016*

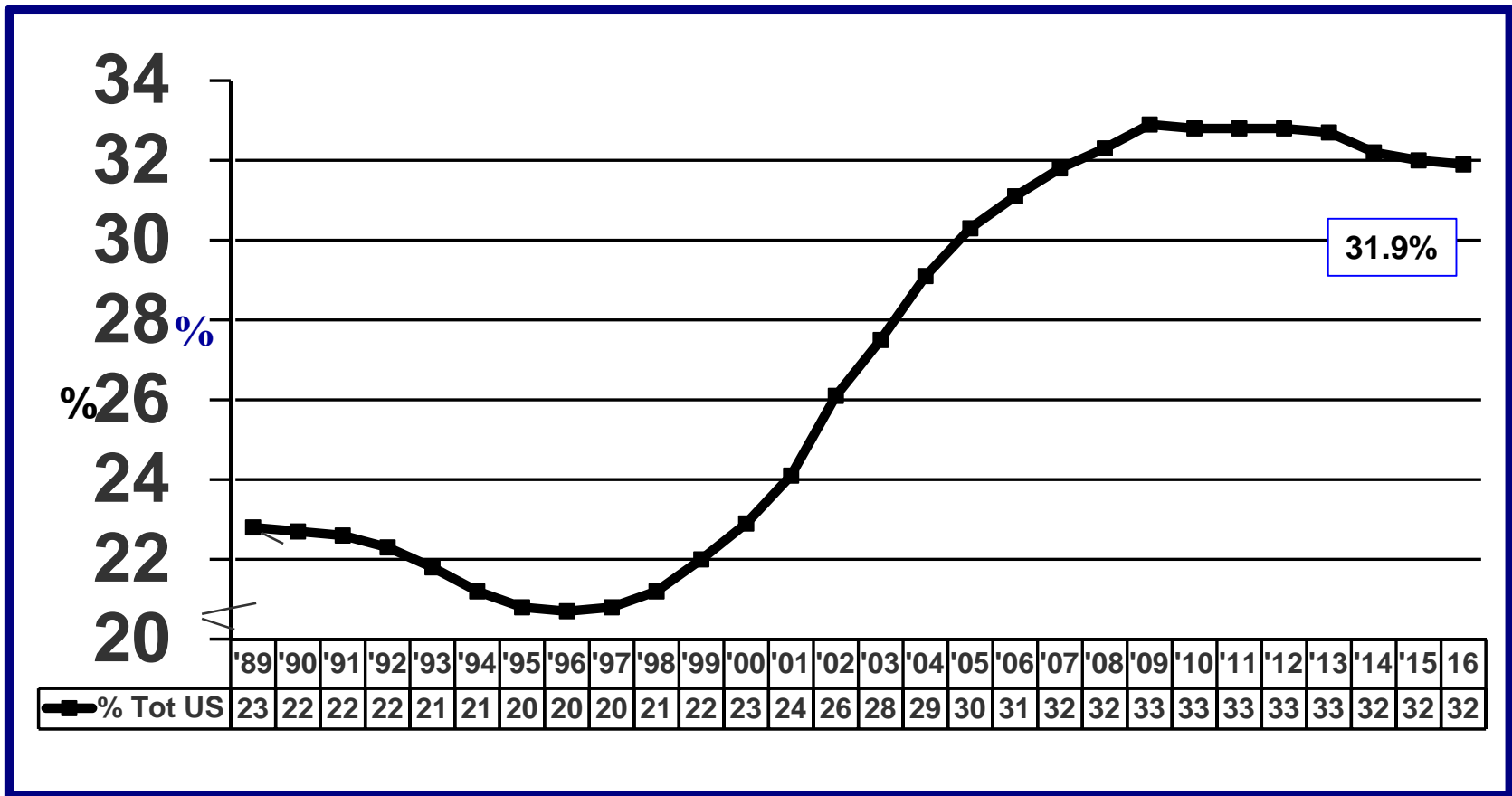


Source: Adapted from NCHS Annual Birth Reports

*2016 data is preliminary

www.BirthByTheNumbers.org

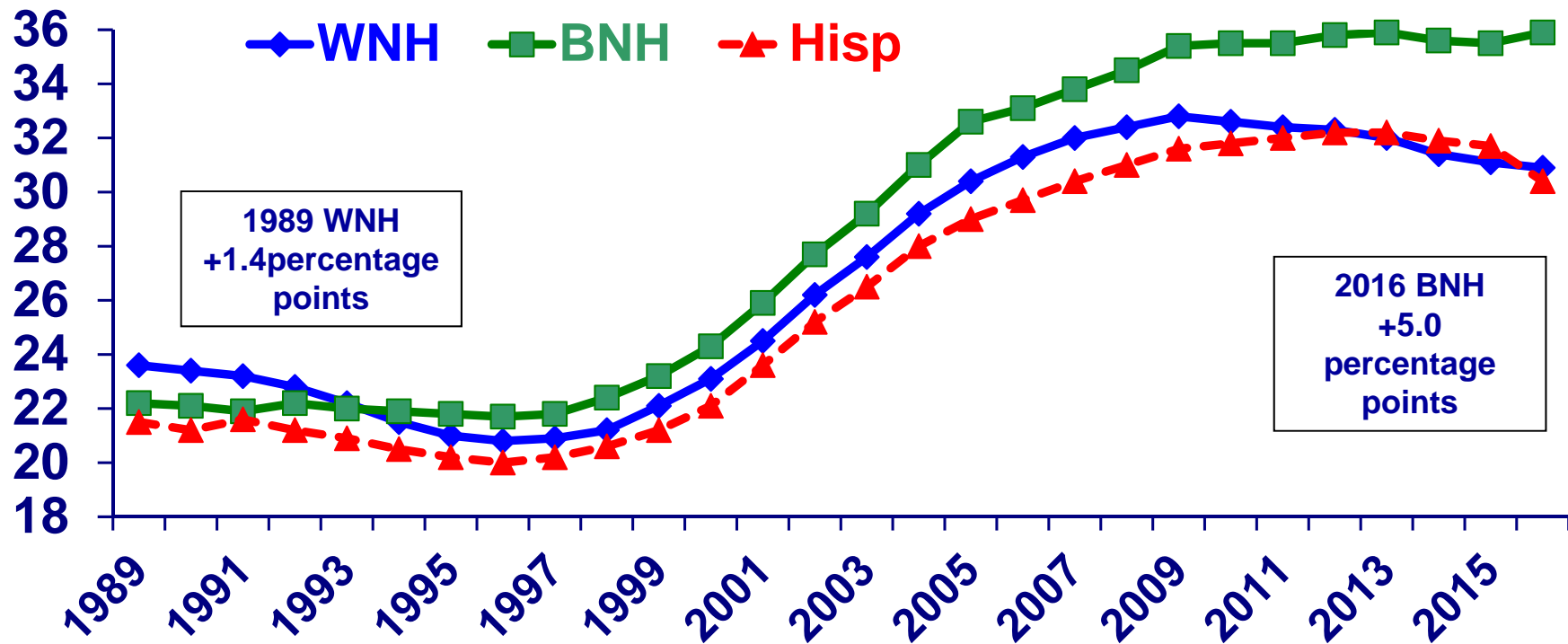
U.S. Cesarean Rates, 1989-2016*



Source: NCHS Annual Birth Reports *2016 data preliminary

www.BirthByTheNumbers.org

Total cesarean rates by race/ethnicity, U.S. 1989-2016*



Source: National Center for Health Statistics Annual Birth Reports

*2016 data is preliminary

www.BirthByTheNumbers.org

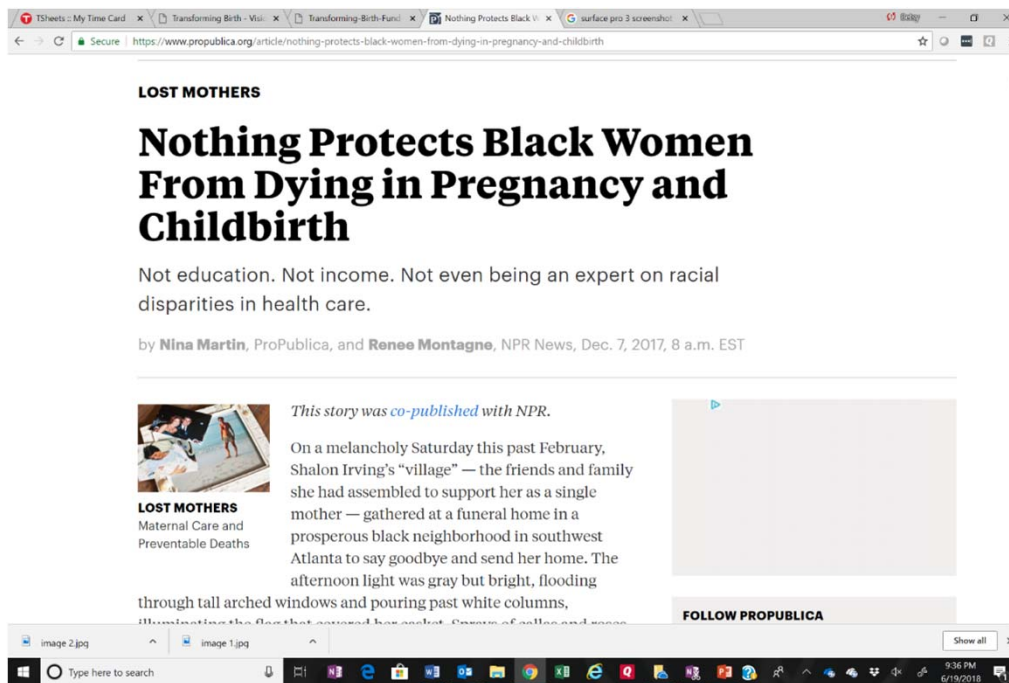
Estimating Maternal Mortality Ratios

*Adjusting the CDC Pregnancy Related Mortality data
to reflect a maternal mortality rate*

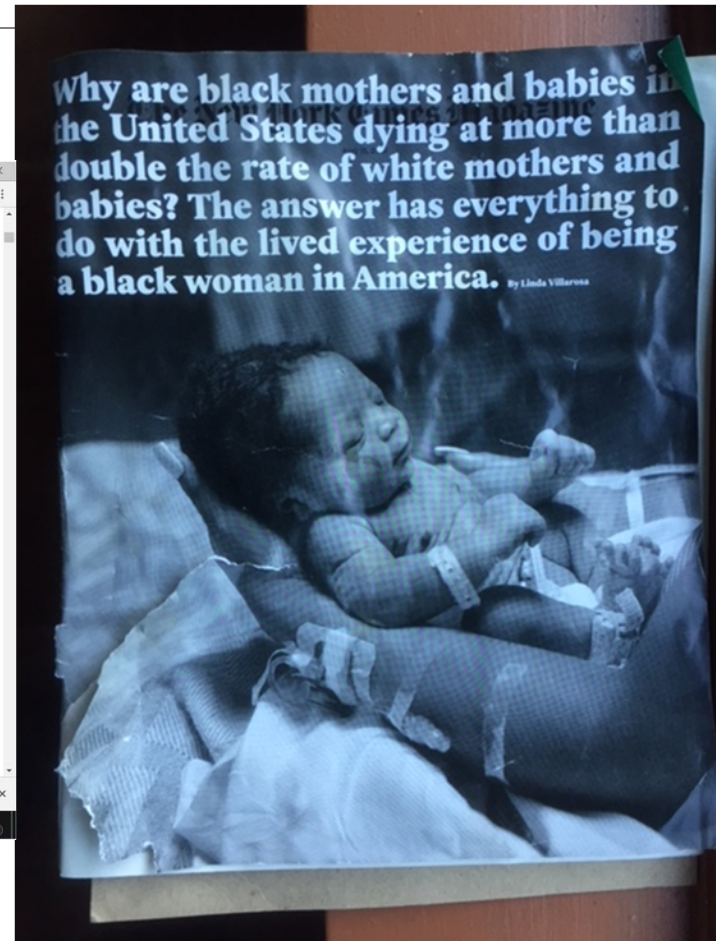
Estimated for 2011-2013 (per 100,000 live births):

- **All women** **14.8**
- Non-Hispanic white women **11.3**
- Non-Hispanic black women **36.2**
- Hispanic women **10.0**
- **Black-white disparity** **3.2**

Disparities in the News



The screenshot shows a web browser window with the URL <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth>. The article is titled "Nothing Protects Black Women From Dying in Pregnancy and Childbirth" and is categorized under "LOST MOTHERS". The byline reads "by Nina Martin, ProPublica, and Renee Montagne, NPR News, Dec. 7, 2017, 8 a.m. EST". The article text begins with "Not education. Not income. Not even being an expert on racial disparities in health care." Below the text is a small image of a woman and a child, with the caption "LOST MOTHERS Maternal Care and Preventable Deaths". A video player is partially visible on the right side of the article.



Strategies & Successes

- ❖ Funded backbone organizations
- ❖ Deep research and maps for action
- ❖ Bringing together of groups to build consensus and a path forward
- ❖ Support for universal standards of education and regulation for CPM's – so that out-of-hospital births could be taken into the mainstream.



Strategies & Successes: Funding backbone organizations



Strategies & Successes: Deep research and maps for action

MANA Division of Research

childbirth
connection





**national partnership
for women & families**

OUR IMPACT ISSUES & CAMPAIGNS BLOG NEWS ROOM ABOUT US **Q SIGN UP »**

CONTRIBUTE: \$ **GO**

ISSUES & CAMPAIGNS

HEALTH POLICY »

AFFORDABLE CARE ACT »

COALITION FOR BETTER CARE »

DIGITAL HEALTH »

REPRO HEALTH & RIGHTS »

MATERNITY CARE »

CP ALLIANCE »

REPRO HEALTH & RIGHTS »

WORK & FAMILY »

WORKPLACE FAIRNESS »

JUDGES & SUPREME COURT »

RESOURCE LIBRARY »

Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing

REPORT | JUNE 2018 



The Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing aims to chart an efficient pathway to a maternity care system that reliably enables all women and newborns to experience healthy physiologic processes around the time of birth, to the extent possible given their health needs and informed preferences. The authors are members of a multistakeholder, multidisciplinary National Advisory Council that collaborated to develop this document.

We face an exciting opportunity to achieve a full, high-

importance of perinatal physiologic


RECENT NEWS

With U.S. Maternal Mortality Shockingly High, Leading Maternity Care Experts Offer Essential Strategies to Improve Health Outcomes for Women, Infants in New Report

Supreme Court Devalues Women and Undermines Women's Health

Women's Health Leader Decries Latest Conservative ACA Repeal Plan, Warning It Would Devastate Women and Families

Mapping integration of midwives across the United States: Impact on access, equity, and outcomes

Saraswathi Vedam , Kathrin Stoll, Marian MacDorman, Eugene Declercq, Renee Cramer, Melissa Cheyney, Timothy Fisher, Emma Butt, Y. Tony Yang, Holly Powell Kennedy

Published: February 21, 2018 • <https://doi.org/10.1371/journal.pone.0192523>

Abstract

Poor coordination of care across providers and birth settings has been associated with adverse outcomes. Research suggests that integration of midwives into regional health systems is associated with improved outcomes, yet, to date, the characteristics of an integrated system have not been well defined.

Methods

Our multidisciplinary team examined published regulatory data to inform a 50-state survey of midwifery practice and interprofessional collaboration. Items (110) detailed differences in autonomy, governance, and prescriptive authority; as well as restrictions that can vary across maternity providers across birth settings. A nationwide survey of state regulatory relevance, importance, and realities of local interpretation of these state laws. U



**A Larger Role for Midwives Could Improve
Deficient U.S. Care for Mothers and Babies —
ProPublica**

propublica.org


Strategies & Successes

❖ www.nationalpartnership.org/blueprint

❖ <http://www.birthplacelab.org/mapping-collaboration-across-birth-settings/>



Strategies & Successes: Convening for Consensus



HOME SUMMITS PEOPLE ACTION GROUPS LIBRARY NEWS CONTRIBUTE CONTACT US

Home Birth Summit

Bringing Together The Maternity Care System


Two national summits brought together a group of leaders, representing all stakeholder perspectives in maternity care, to address their shared responsibility for care across birth settings in the United States.

Finding Common Ground

These delegates collaboratively developed a common ground vision and identified priority areas of focus.

Taking Action

They continue to work together in action groups to identify and facilitate solutions to challenging issues in maternity care.



Strategies & Successes: Support for Universal Standards

The logo for US MERA features the text 'US' stacked above 'MERA' in a bold, dark blue, sans-serif font. The text is positioned to the left of a light blue, semi-circular graphic element that resembles a rising sun or a stylized mountain range.

**US
MERA**

US Midwifery Education,
Regulation, & Association



Exciting New Grantees

MAMATOTO VILLAGE



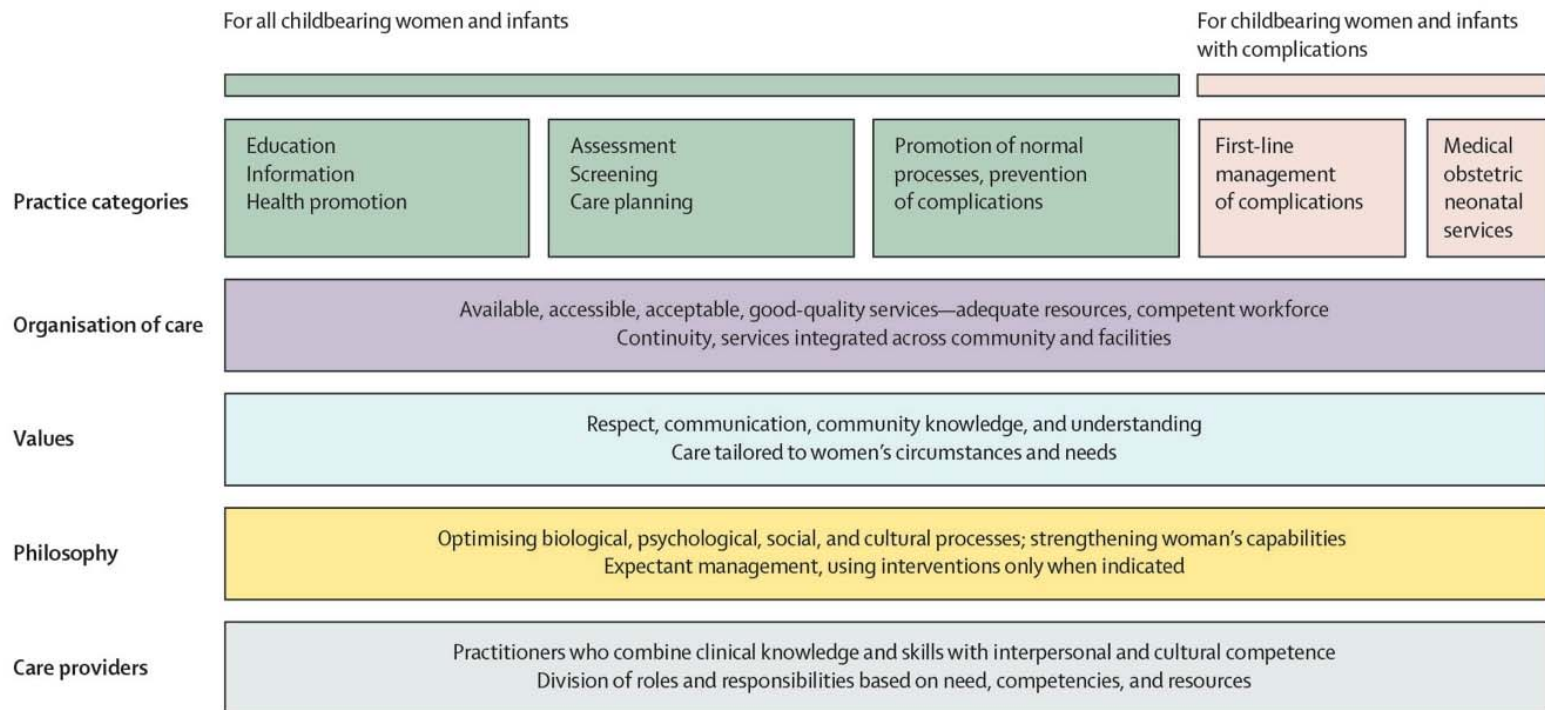
Perinatal Family Support Organization



Commonsense Childbirth
because every woman deserves a healthy baby

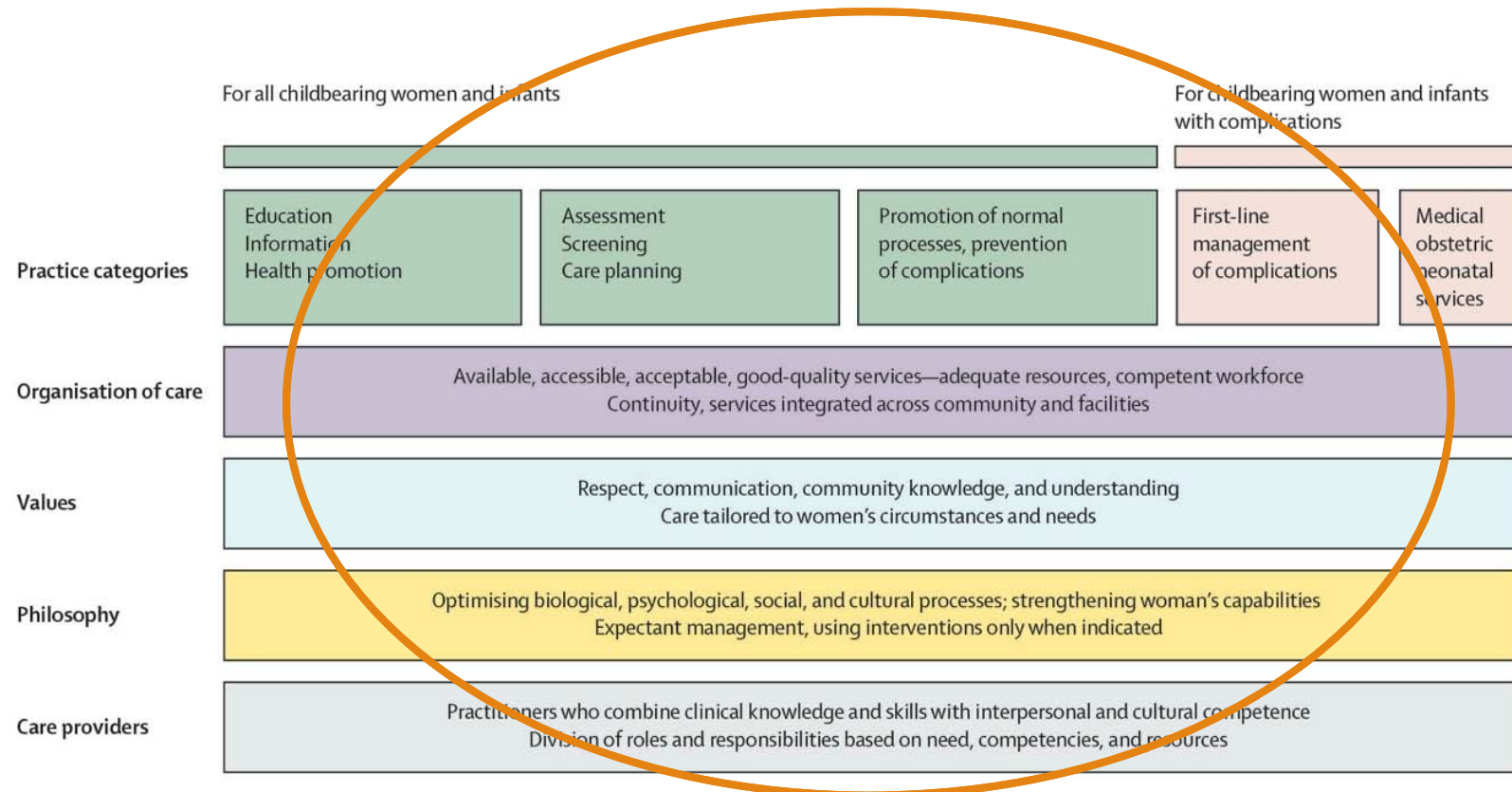


Quality maternal and newborn care (QMNC) framework



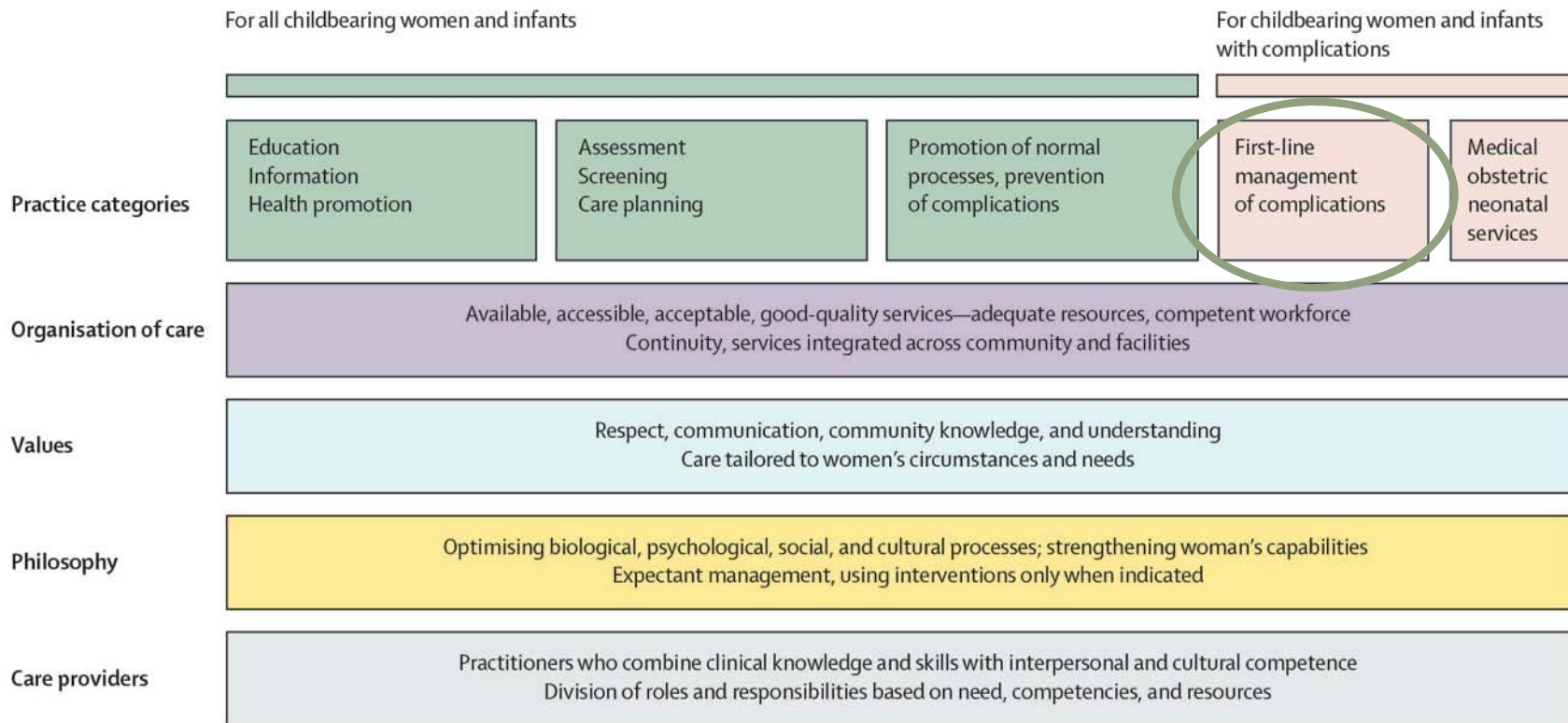
Quality maternal and newborn care (QMNC) framework

Care that ALL women need



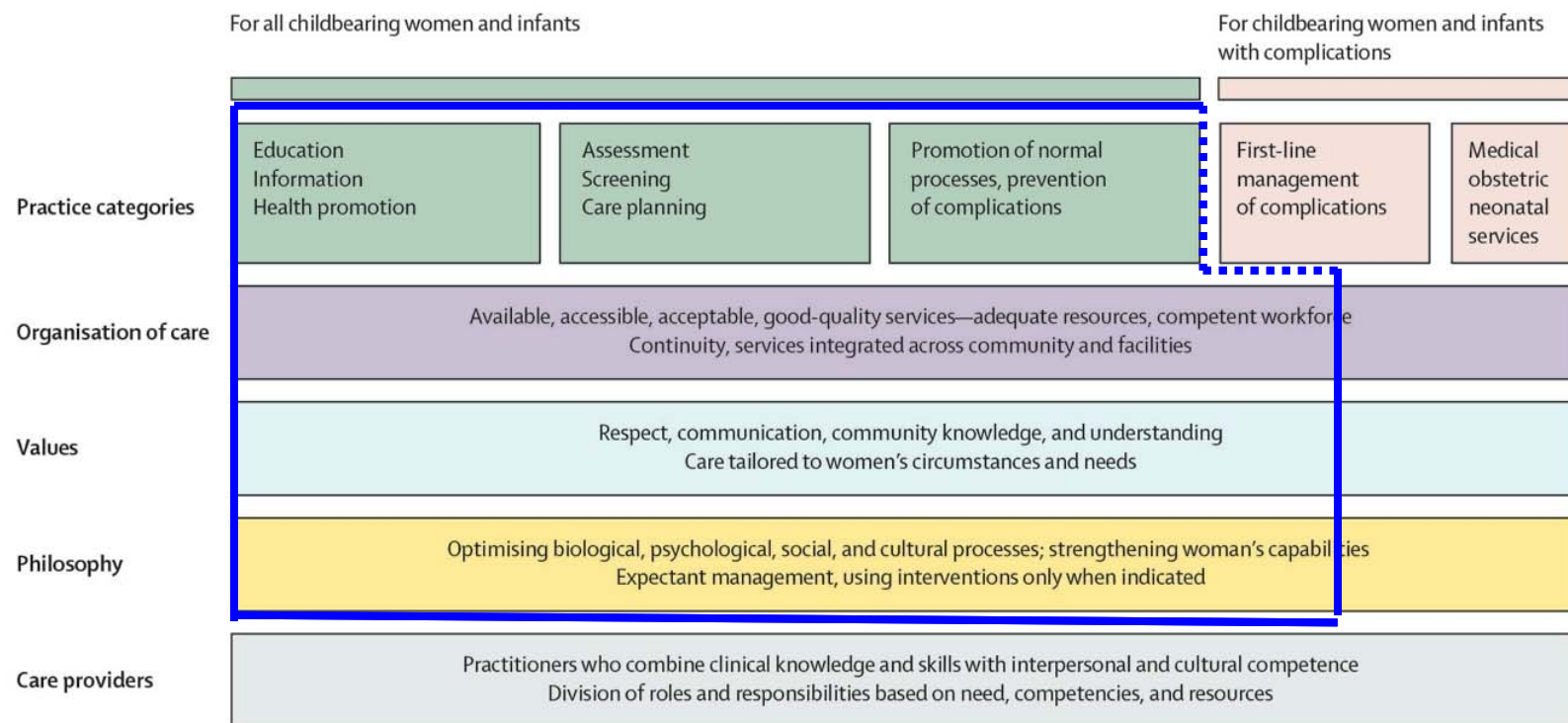
Quality maternal and newborn care (QMNC) framework

Care that only a FEW women will need



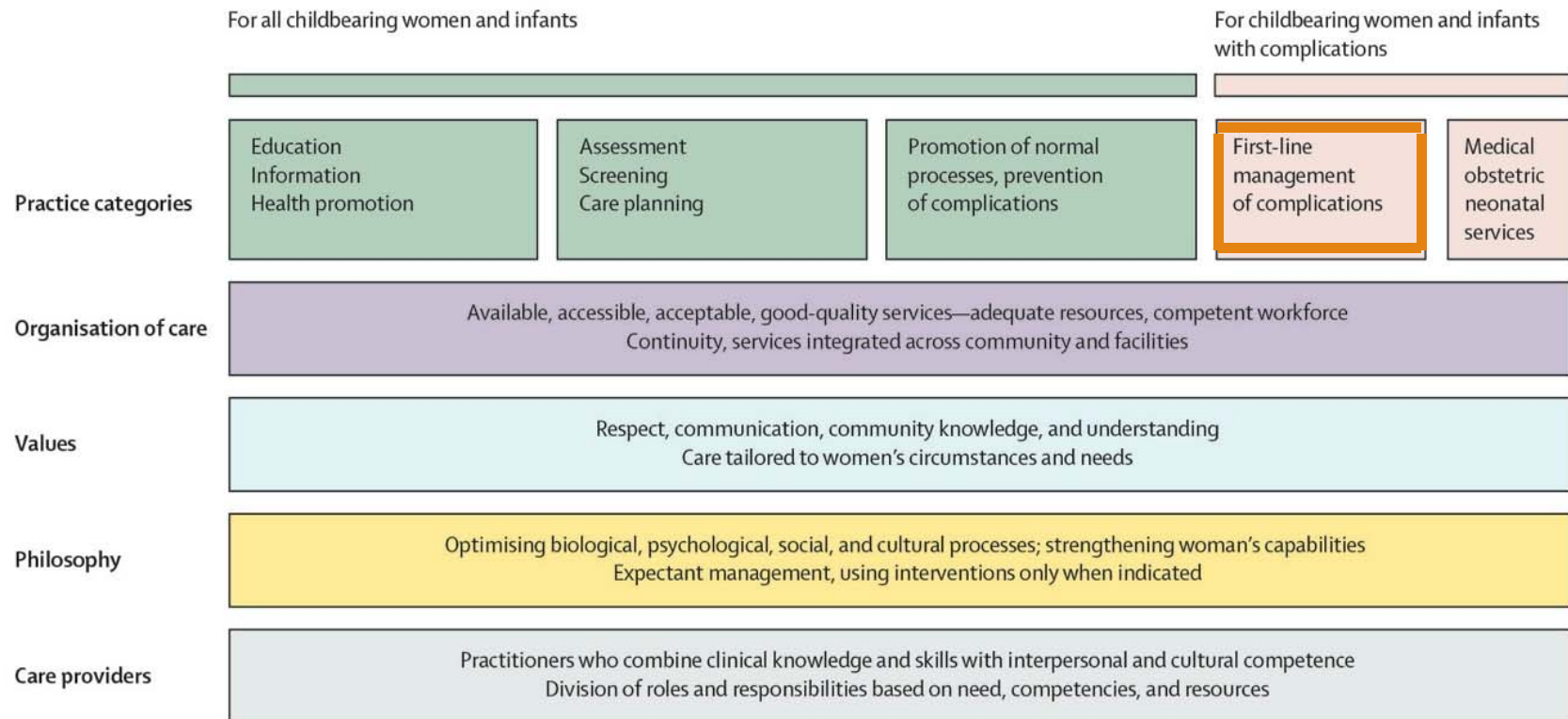
Quality maternal and newborn care (QMNC) framework

Scope of midwifery



Quality maternal and newborn care (QMNC) framework

Focus of current research funding



Takeaways

- ❖ There is much opportunity within the US Maternity Care System to improve outcomes, experience and lower cost.
- ❖ The Midwifery Model of Care is proven to support physiologic birth, which achieves that triple aim.
- ❖ There are many points of entry through which funders may impact change within the system.

Contact Us


transforming birth | **FUND**

Betsy McNamara, Consultant

www.transformingbirth.org

bmcnamara@fullcirclenh.com

603-219-0699



Questions?

- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

GIH Children and Families E-forum
Contact: childrenandfamilies@gih.org