



HEALTHY MOTHERS, HEALTHY BABIES

Coalition of Georgia

Improving maternal and infant health in Georgia through advocacy, education and access to vital resources since 1974.

Support an increase in the budget of the Maternal Mortality Review Committee

Problem: Of the most recent cases reviewed from 2013, 50% were deemed 'preventable' by the Georgia Maternal Mortality Review Committee. The Committee began its work in 2012 reviewing cases from that year. At the end of 2017, they were finishing review of cases from 2014.

Solution: Increase funding to improve the timely review of maternal death cases and support the recommendations of the Georgia Maternal Mortality Review Committee.

Support prenatal care policies that will reduce preterm birth and infant mortality

Problem: Currently, Georgia's fetal mortality rate is almost 33% higher than the national average. Georgia ranks 45th in the nation for its low birthweight babies and 47th in the nation for its infant mortality. DPH reports that it costs \$27,000 per pound to raise a low or very low birthweight baby to normal weight. While low birth weight (<5.5 pounds) babies represent 9.8% of all Georgia births, 70% of all Georgia babies who die before their first birthday were born low birth weight.

Although recommended by ACOG and the CDC for pregnant women, in Georgia, birth data shows that only 15% (2016) got the flu vaccine during pregnancy—less than half that of the national average. Nationally, 49% (2016) of pregnant women receive the Tdap vaccine, but in Georgia only 18% (2016) receive the vaccine.

Only 29% (2013) of pregnant women are getting dental care and only 10-18% (2015) of pregnant CMO/Medicaid recipients are getting dental care.

Solutions: A) Increase the provider reimbursement rate for physicians offering the influenza and Tdap vaccinations during pregnancy: Influenza vaccination in pregnancy has been associated with a significant reduction in the risk of stillbirth, reduced numbers of preterm and low birthweight babies and significant decreases (81-91%) in the risk of infant influenza hospitalization during the first six months of life. Maternal Tdap immunization is 90% effective at preventing infant hospitalization for pertussis. **To incentivize obstetrical clinicians to give in-office inoculations to pregnant women, we recommend a \$15.89 increase in reimbursement rate for influenza and \$9.62 for Tdap vaccinations to reach parity with the Medicare reimbursement rates.**

B) Support funding to expand the number of Group Prenatal Care sites in Georgia. Group Prenatal Care is a model that has been successful in reducing the number of low birthweight and premature infants, in addition to improving other maternal and infant health outcomes.

C) Embed the need for prenatal dental care in communications to pregnant women: ACOG recommends that pregnant women receive oral health care every six months. A retrospective case review showed that preterm birth was 42% higher and low birthweight was 33% higher for the babies of women who had dental insurance but who did not access any dental care during pregnancy. We recommend that all pregnant women receive oral health information during all aspects of perinatal care.



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2018 LEGISLATIVE & POLICY AGENDA

Support one or more changes in our tobacco laws to deter smoking

Problem: Importantly, most smokers begin as teens. Smoking during pregnancy puts moms and babies at higher risk for medical complications including placental hemorrhaging, fetal growth restriction and preterm birth.

Maternal smoking during pregnancy and second hand smoke exposure after birth are also significant risk factors for sudden infant death syndrome (SIDS).

In 2015, while only 5.7% of women admitted to smoking in pregnancy, 37.5% of the babies who died of SIDS were born to mothers who had smoked during pregnancy, and of the known data, 59% of the babies who died of SIDS were exposed to second hand smoke.

Solutions: A) Raise the age to purchase tobacco products to 21 years old. Four states and more than 255 cities and counties across the country have already implemented this measure.

B) Increase the tobacco tax. For every 10% increase in the cost of cigarettes, there is a 7% reduction in teen smoking and an overall consumption decrease of about 4%. Georgia has one of the lowest tobacco tax rates in the nation, ranking 48th of the 50 states. Currently, the Georgia tobacco tax is only .37 cents per pack, whereas the national average is \$1.66 per pack. **We support raising the tobacco tax by \$1.23.** A recent fiscal note indicated that such an increase would generate \$585 million/year in new revenue.

C) Require a minimum net profit for store sales. This would increase the profit margins to the store which increases the cost to the consumer—thus driving down sales. Approximately 25 states have such laws.

Support coverage of clinical breastfeeding care

Problem: Nearly 80% of Georgia's mothers leave the hospital breastfeeding, but only 21% are making it to the medical recommendation of exclusively breastfeeding for six months. Many mothers encounter unexpected difficulty and lack access to competent clinical help—help that an International Board Certified Lactation Consultant (IBCLC) can provide.

Solution: We recommend that all health care plans, including Medicaid, put IBCLCs in their provider panels so that new mothers and babies can have access to their services. Beginning in early 2018, these allied healthcare professionals will be licensed in Georgia. Access to IBCLCs will not only improve breastfeeding success, but because IBCLCs screen mothers for depression as part of their assessment, access to IBCLCs will also improve timely identification and referral of mothers who screen positive.

READY TO GET INVOLVED? Email us at thecoalition@hmhbga.org. Visit our website to sign up for weekly advocacy updates at www.hmhbga.org

SAVE-THE-DATE: Join us on February 21, 2018 at Liberty Plaza from 8AM to 3PM for Infant Mortality Awareness Day at the Capitol. All are welcome.