

Key Maternal and Infant Health Issues

The importance of healthy habits and lifestyle choices cannot be emphasized enough in promoting healthy childbearing. Healthful habits during the childbearing years improve life-long health and may prevent premature death for women. Daily exercise, well-balanced diet, avoidance of tobacco and alcohol use, and other healthy lifestyle choices can lead to additional years of healthy life. Programs that encourage healthy lifestyles should be promoted.

The following list outlines areas in which Utah can continue efforts to improve the health of mothers and their infants.

Maternal Health Issues

- **Maternal Mortality** - Maternal mortality ratios have been increasing which may be partially explained by more thorough identification of pregnancy-associated deaths. The increasing trend of delaying childbearing into the later childbearing years may also contribute to this increase because these women are at increased risk for maternal death. The Utah Department of Health is currently linking birth and fetal death certificates with death certificates of all women of reproductive age to assure a systematic, thorough identification of maternal deaths. Continued epidemiological study of these deaths will identify strategies to prevent these devastating events.
- **Unintended Pregnancy** - With 60% of pregnancies in the nation reported as unintended, promotion of planning for pregnancy can play a role in reducing abortions, reducing unwanted pregnancies, and promoting better health outcomes for mothers and their infants. State data on intendedness of pregnancy need to be collected in order to develop strategies to address unintended pregnancies. More family planning services are needed in the state to provide affordable access for those individuals desiring to plan when they become pregnant and space their pregnancies. These services meet the needs of families by promoting healthy outcomes.

Infant Health Issues

- **Preterm Birth** - Preterm birth rates have been increasing in Utah and the U.S. as a whole. Infants born preterm are likely to be low birth weight, increasing their risk for morbidity and mortality. Research indicates that pregnant women diagnosed with asymptomatic vaginal infections were 40% more likely to give birth to a premature low birth weight infant. Additional clinical trials are currently under way. Results of this research need to be tracked and shared with perinatal health care providers and women of reproductive ages.

- **Perinatal Transmission of HIV** - In the U.S., 90% of the children under 13 years of age with the HIV infection acquire the virus from their mother during pregnancy or delivery. Since the incidence of perinatal transmission is reduced with diagnosis and treatment, it is important that all pregnant women be screened for the virus and treated if diagnosed positive. The Department of Health will continue to support the CDC recommendation that all pregnant women be screened for HIV and treated if positive to reduce transmission to the infant.
- **Infant Mortality** - While Utah's infant mortality rates have decreased to all time low rates, efforts to identify preventable causes of infant deaths need to continue. Sudden Infant Death Syndrome (SIDS) remains the leading cause of postneonatal death. However, modifiable risk factors have been identified and are credited for the decreased incidence of SIDS in Utah. The Department of Health will continue its efforts to increase public awareness of these risk factors as well as collecting and analyzing data of SIDS deaths in Utah.
- **Birth Defects** - Birth defects are the second leading cause of neonatal deaths. The Utah Department of Health Birth Defects Surveillance Project will continue population-based surveillance of specific birth defects and the impact, distribution and service needs throughout the state. The State will continue to facilitate access to services and effective interventions to reduce the secondary disabilities associated with the primary birth defect(s) such as promotion of folic acid intake before conception.

System and Awareness Issues

- **Needs of Ethnic Populations** - Health outcomes for some ethnic populations are poorer than others, such as higher low birth weight and infant mortality rates. Strategies that address the special needs of ethnic populations need to be developed to improve access to services to achieve healthy outcomes. Improved access to translation services, more ethnic health care providers, and sensitivity to unique needs of diverse populations will facilitate better health care.
- **Preconceptional planning** - Preparing for pregnancy can result in better birth outcomes and healthier mothers and infants. A woman and her provider can identify potential risks for poor pregnancy outcomes prior to conception and work to reduce these risks. Risks may include pre-existing medical conditions, medications, lifestyle practices such as diet or use of tobacco or alcohol, or inadequate intake of folic acid before conception. The health care system needs to encourage providers as well as women of reproductive age and their partners to utilize preconceptional health care visits.

- **Prenatal Care** - The Utah Department of Health is working to accomplish the Healthy People 2000 goal of 90% of women entering prenatal care in the first trimester. So far, Utah has achieved a rate of 85% of pregnant women entering early prenatal care. However, there are a small percentage of women who receive no prenatal care. These women have a two-fold risk of giving birth to a low birth weight infants. Effective strategies need to be developed to reach out to all pregnant women and assist them in getting into early prenatal care. In addition, the content and quality of prenatal care, including risk screening of every pregnant woman, identifying women at increased risk of premature labor, and increasing awareness of the danger signs in pregnancy need to be promoted to improve pregnancy outcomes.
- **Short Maternity Hospital Stays** - As the length of maternity hospital stays has decreased to less than two days, health care providers have been concerned that the mother and her infant may not be medically ready to be discharged. The Utah Department of Health will track the trends and encourage the health care system and insurance industry to promote optimal hospitals stays to ensure healthy outcomes for mothers and infants. Different strategies, such as home visitation by a health care professional, may need to be developed to ensure that mother and baby are progressing well.