

## The Connecticut Plan to Improve Birth Outcomes utilization feedback form

**Indicate by checking off in front of each recommendation those that were/are being used by your organization.** Email completed form by using buttons at the top of the document. Additional comments and feedback would be appreciated.

This information will help inform and guide ongoing work of the Coalition on a statewide and in local communities.

### **Tier I: Addressing Socio-Economic Factors to Improve Birth Outcomes Recommendations**

- 1A: Raise awareness among legislators, leaders and administrators about social determinants of perinatal health and the Life Course perspective
- 1B: Invest in preventing and mediating early life trauma and violence
- 1C: Identify opportunities to reduce stressors affecting families in the interconception period.
- 1D: Increase provider knowledge of community resources addressing social needs (housing, food, childcare, legal aid, and transportation)
- 1E: Identify and implement strategies aimed at reducing/eliminating institutionalized racism
- 1F: Create supportive housing initiatives for pregnant women and their families
- 1G: Integrate financial literacy into family planning and counseling services, as well as in other relevant programs serving MCH populations

### **Tier 2: Changing the Context: Improving Health Outcomes by Making Healthy Choices the Easy Choice Recommendations**

- 2A: Establish and evaluate pilot projects involving holistic MCH medical home models
- 2B: Integrate mental health, oral health and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs
- 2C: Create trauma-informed environments for pregnant women, infants, and their families
- 2D: Establish a statewide community health worker system similar to the one in Massachusetts: this can include models involving lay home visitors, community doulas, preconception peer educators, peer breastfeeding counselors, oral health, etc.
- 2E: Engage in a broad effort to change the language of mental health to reduce fear and increase incidence of provider-patient communications about mental health needs, “stress”, “stressors”, and “stressful events/situations”
- 2F: Expand person-centered care model (PCCM) to include women’s health, including oral and mental health, with a Life Course approach
- 2G: Expand state Husky to undocumented women and families

### **Tier 3: Protective, Long-Lasting Protection to Individuals Recommendations**

- 3A: Incentivize the provision of Life Course/preconception health (Pay for Performance for education, screening, referrals and treatment)
- 3B: Integrate Life Course education into provider training

### **Tier 4: Ongoing Clinical Interventions: Evidence-Based Interventions within Clinical Settings Recommendations**

- 4A: Incentivize the provision of behavioral health services and oral health care (Pay for Performance for education, screening, referrals and treatment)

- \_\_\_ 4B: Integrate into provider training mental health, social stressors, and trauma education relevant to infants and families
- \_\_\_ 4C: Increase access to midwifery care for all women considered low-risk (medically)
- \_\_\_ 4D: Increase access to childbirth and postpartum doula services (Medicaid reimbursement; adding doula care to existing home visiting services)

**Tier 5: Education and Counseling: Individual or Public Educational Messages and Support Recommendations**

- \_\_\_ 5A: Scale up (or continue investing) in fatherhood initiatives to increase social support within the family and home environment
- \_\_\_ 5B: Integrate education and preconception and interconception health including mental and oral health, into hospital-based prenatal education models, group prenatal care, as well as home visiting programs
- \_\_\_ 5C: Integrate mental health and well being into Department of Education school health curriculum
- \_\_\_ 5D: Integrate Life Course education into Department of Education school health curriculum
- \_\_\_ 5E: Engage in a broad effort to reduce mental health discrimination among families and communities and increase people’s awareness of the important connection between emotional well-being and physical well-being
- \_\_\_ 5F: Raise consumer awareness about the midwifery model of care and available midwifery options.

**Emerging Issues**

- \_\_\_ Neonatal Abstinence Syndrome (NAS)
- \_\_\_ Assisted Reproductive Technology (ART) use

**Comments/Feedback**

**Name, Title, Organization/Group, Phone # and Email of Person Completing Form**

Name:

Title:

Organization/Group:

Phone #:

Email:

Date:

Submit form by email or print by using buttons at the top of the document, or Return completed form to Marijane Carey by email at [MJCarey95@aol.com](mailto:MJCarey95@aol.com) or faxing to [203 288-1560](tel:2032881560).

**Thank you.**