

The Connecticut Plan to Improve Birth Outcomes update form

Please help us keep this Plan as a reliable “go to” resource for the Coalition to Improve Birth Outcomes and for all others who are involved in systems that contribute to improved birth outcomes in our state. **By utilizing this form to provide updated information on resources cited in the Plan and/or new relevant resources, programs, services, research and reports, you will contribute to ensure that the Plan stays updated and relevant, truly becoming the “living and breathing” document we envisioned it to be.**

Tier 1: Addressing Socio-Economic Factors to Improve Birth Outcomes

New/Updated information *(include either a link for more information and/or a contact resource (name, phone number/email address))*

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

New/updated information *(include either a link for more information and/or a contact resource (name, phone number/email address)).*

Tier 3: Protective, Long-Lasting Protection to Individuals

New/Updated information *(include either a link for more information and/or a contact resource (name, phone number/email address))*

Tier 4: Ongoing Clinical Interventions: Evidence-Based Interventions within Clinical Settings

New/Updated information *(include either a link for more information and/or a contact resource (name, phone number/email address))*

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

New/Updated information *(include either a link for more information and/or a contact resource (name, phone number/email address))*

Emerging Issues

Neonatal Abstinence Syndrome (NAS) *(include either a link for more information and/or a contact resource (name, phone number/email address))*

Assisted Reproductive Technology (ART) Use *(include either a link for more information and/or a contact resource (name, phone number/email address))*

Other Emerging Issue *(include either a link for more information and/or a contact resource (name, phone number/email address))*

Additional Comments

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

Name:

Title:

Organization/Group:

Phone #:

Email:

Date:

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

Thank you.