

February 2020



NATIONAL
HEART MONTH
February

Meet the New NHSA
Staff on p. 8!



Remember to check
these links to keep
track of the Healthy
Start Reauthoriza-
tion Act of 2019:

Senate: [S.2619](#)

House: [H.R.4801](#)

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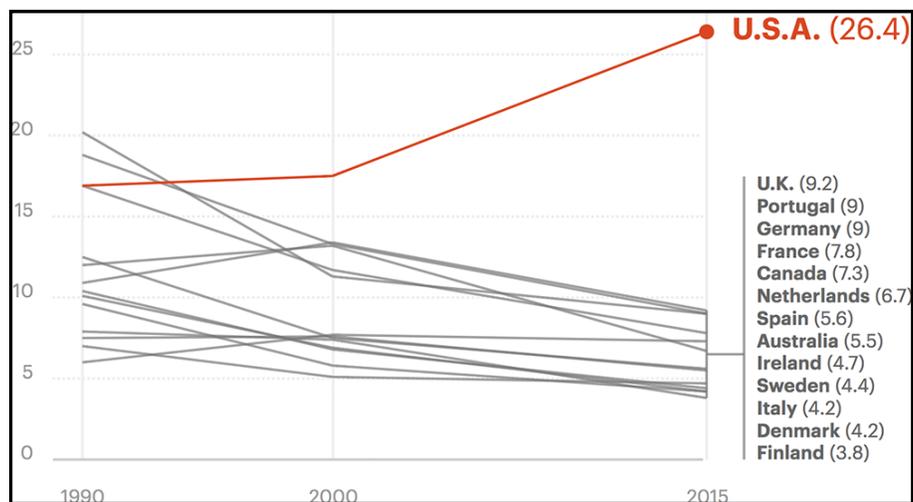


Pregnancy, Maternal Mortality and Heart Disease

February is National Heart Month and so it is fitting that we take a look at the role of heart health during pregnancy and the impact heart disease plays in maternal mortality. First, let's define maternal mortality: some experts use pregnancy and the first year after delivery, while others say it is pregnancy and the first six weeks after giving birth.

Maternal Mortality Is Rising in the U.S. as It Declines Elsewhere

Despite all our advances in health care, the United States' maternal mortality rate has been rising for several decades and is significantly higher than other developed countries (see chart²). According to the Centers for Disease Control and Prevention (CDC), African-American women have a rate similar to that of women in developing countries, at 40 deaths per 100,000!¹ (See also the chart on page 2.)



Pregnancy poses cardiovascular disease risks during and after pregnancy. These include heart rhythm abnormalities, heart valve conditions, congestive heart failure and exacerbation of congenital heart defects. "Cardiovascular disease is a major problem in obstetrics-gynecology," said James Martin, MD, chair of the American

Continued on page 2



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The National Healthy Start Association is a 501(c)(3) nonprofit organization. The mission of the NHTSA is to be our nation's voice in providing leadership and advocacy for health equity services and interventions that improve birth outcomes and family well-being.

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Getting off to a Healthy Start

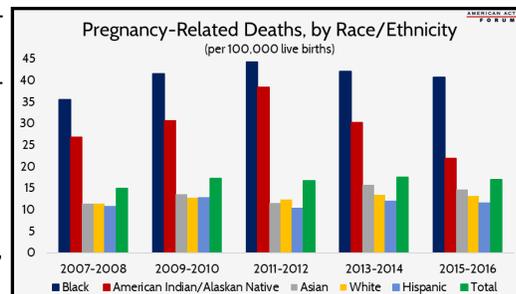
Pregnancy, Maternal Mortality & Heart Disease, continued from pg 1

College of Obstetricians and Gynecology (ACOG) Pregnancy and Heart Disease Task Force.³ He continued, "The risk for cardiovascular disease can accelerate during pregnancy, and it can persist postpartum...There is a great need for follow-up with these patients...As many as 40% of pregnant women do not return for postpartum care. That is a very sad statistic..."⁴ A recent study found that women are at the highest risk for heart failure within the six weeks following delivery.⁵

Racial and Ethnic Disparities in U.S. Outcomes

Hispanic women have the lowest maternal and morbidity rate of 11.4 per 100,000 live births and the rate progressively increases as per the chart to the right.⁶ Reasons for the disparities include risk factors such as existing health conditions, obesity and hypertension, lifestyle factors (e.g., nutrition and diet), limited access to postpartum care, implicit bias in the way OB-GYNs counsel

patients about treatment options such as contraception, vaginal birth after delivery and the management of fibroids or other situations like having twins or triplets. Experts say the ante-partum and pregnancy period offer a chance to assess for risk factors and provide the care needed or to make recommendations on necessary lifestyle changes.



ACOG's Recommendations for Cardiovascular Care of Pregnant Women⁷

The first 10 recommendations (out of 27) from the May 2019 guidelines are:

- 1. Knowledge:** Clinicians should be familiar with signs and symptoms of cardiovascular disease.
- 2. Assessment:** Ideally, a cardiologist should evaluate women with cardiovascular disease before pregnancy or as early as possible during the pregnancy for diagnosis, assessment of the effect pregnancy will have on cardiovascular conditions, risks to the woman and fetus, and treatment of underlying cardiac conditions.
- 3. Patient management:** Women with cardiovascular disease risk should be managed through pregnancy and the postpartum period by a pregnancy heart team.
- 4. Patient engagement:** Women with cardiovascular disease should be advised that pregnancy can contribute to a decline in cardiac status, risk of maternal mortality or morbidity, and fetal risks such as preterm birth.
- 5. Individualized care:** To support the mother's decision making, the care team should take a personalized approach that accounts for maternal and fetal hazards linked to specific cardiac disorders and the patient's pregnancy plans.
- 6. Assessment tool:** The California Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum [toolkit](#) should be used to assess all pregnant women for cardiovascular disease.
- 7. Ongoing evaluation:** A pregnancy heart team should conduct ongoing evaluation of all pregnant and postpartum women with known or suspected cardiovascular disease.
- 8. Testing protocols:** For women with cardiovascular disease and symptoms such as shortness of breath, chest pain, or palpitations, testing of cardiac status during pregnancy and the postpartum period is warranted.
- 9. ECG testing:** Pregnant and postpartum women with known or suspected congenital heart disease, valvular and aortic disease, cardiomyopathies, and a history of cardiotoxic chemotherapy should have echocardiogram examination.
- 10. Fetal testing:** For women with congenital heart disease, there should be fetal echocardiography. Conversely, when congenital heart disease is found in a fetus or neonate, screening for parental congenital heart disease could be warranted.

See page 8 for citations and other sources for this article as well as an extensive list of resources.

Research News: **Hot Stats** and **Fast Facts**

February is *Also* International Prenatal Infection Prevention Month!

International Prenatal Infection Prevention Month, sponsored by *Group B Strep International* (GBS), provides information on simple steps one can take to protect a fetus or newborn from infections that cause serious health problems. This prevention month highlights that about one in four women in the United States carries the bacteria that causes *Group B Strep* infection. If one is pregnant and tests positive for *Group B Strep*, doctors can give an antibiotic during labor that prevents the bacteria from spreading to the baby.

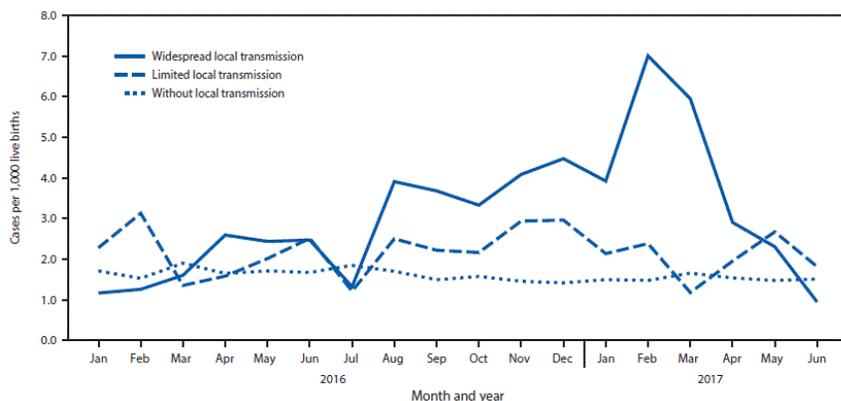
If you are pregnant (or know someone who is) or planning a pregnancy, the CDC says there are simple steps you can take to protect your fetus or newborn from infections that cause serious health problems. In addition to Group B Strep, these include Cytomegalovirus (CMV), Listeriosis and the Zika virus. For pregnant women, a common way they are exposed to CMV is through contact with saliva and urine of children with CMV infection. Regular hand washing, particularly after changing diapers, is a commonly recommended step to decrease the spread of infections and may reduce exposures to CMV. Click [here](#) for a page on the CDC website with tons of valuable information. And [here](#) is the link to the GBS website.

Additional Source: <https://www.personalizedcause.com/health-awareness-cause-calendar/international-prenatal-infection-prevention-month?rq=international%20prenatal%20infection%20month>. The NICHD has an archived article on this topic, as well. Click [here](#).

More on Zika Virus Infection: Pregnancy & Birth Defects

A recent report states that “In U.S. territories with widespread local Zika virus transmission, the prevalence of birth defects potentially related to Zika virus infection increased fourfold during January–March 2017 compared with January–March 2016.” During pregnancy, Zika virus infection can cause congenital brain and eye abnormalities and is associated with neurodevelopmental abnormalities. The CDC analyzed population-based surveillance data from 22 states and territories for pregnancies completed during January 1, 2016–June 30, 2017. “In areas with widespread local Zika virus transmission, the prevalence of birth defects potentially related to Zika virus infection during pregnancy was significantly higher during the quarters comprising July 2016–March 2017 (July–September 2016 = 3.0; October–December 2016 = 4.0; and January–March 2017 = 5.6 per 1,000 live births) compared with the reference period (January–March 2016) (1.3 per 1,000). These findings suggest a fourfold increase (prevalence ratio [PR] = 4.1, 95% CI = 2.1–8.4) in birth defects potentially related to Zika virus in widespread local transmission areas during January–March 2017 compared with that during January–March 2016, with the highest prevalence (7.0 per 1,000 live births) in February 2017. Population-based birth defects surveillance is critical for identifying infants and fetuses with birth defects potentially related to Zika virus regardless of whether Zika virus testing was conducted, especially given the high prevalence of asymptomatic disease. These data can be used to inform follow-up care and services as well as strengthen surveillance.”

Prevalence of birth defects potentially related to Zika virus infection during pregnancy,* by level of local Zika virus transmission and month — 22 U.S. jurisdictions, January 2016–June 2017^{†,§,¶}



* Fetuses and infants included those with 1) brain abnormalities and/or microcephaly or 2) eye abnormalities without mention of a brain abnormality included in brain abnormalities and/or microcephaly category.

[†] Jurisdictions with widespread local transmission of Zika virus during 2016–2017 included Puerto Rico and the U.S. Virgin Islands.

[§] Jurisdictions with limited local transmission of Zika virus during 2016–2017 included southern Florida counties and Texas Public Health Region 11.

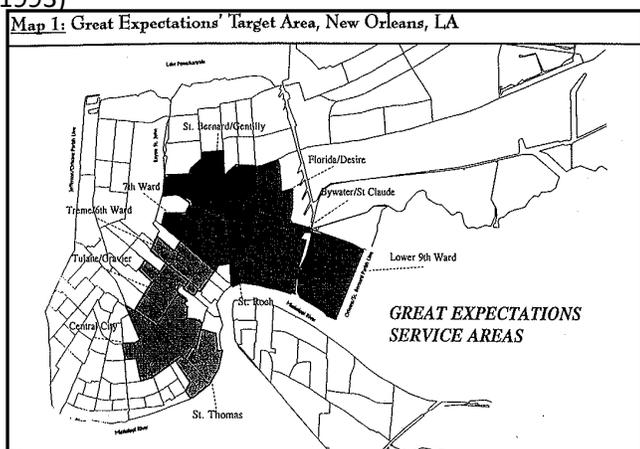
[¶] Jurisdictions without local transmission of Zika virus during 2016–2017 included California (selected counties), Georgia (selected metropolitan Atlanta counties), Hawaii, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Minnesota, New Jersey, New York (excluding New York City residents), North Carolina (selected regions), Oklahoma, Rhode Island, South Carolina, Texas Public Health Region 10, Utah, Vermont, and Virginia.

Source and for more information, click [here](#).

Then & Now: NHTSA Continues the Series on the Original 22 Projects

This Issue: Healthy Start New Orleans

THEN: The grantee for the Healthy Start project in New Orleans has always been the City Health Department and was initially called Great Expectations/Healthy Start. According to *Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects* (1998), the community needs assessment and characteristics showed fragmented services and limited continuity of care, limited or no access to perinatal or pediatric services, few programs to serve pregnant women with substance abuse issues and lack of case management. Great Expectations served 10 adjoining neighborhoods in New Orleans. (See map 1, 1993)



The project's first project director was Marsha Broussard, now an MCH consultant still located in New Orleans. We recently had the opportunity to interview Dr. Broussard about her memories of the early days of Healthy Start in New Orleans. One of the first things she mentioned was the lack of continuity of care: private obstetricians provided prenatal care and then the women were sent to the medical center for the last month of pregnancy and delivered the baby at Charity Hospital. To help resolve this, Healthy Start brought the medical center to the community and worked to provide linkages and continuity of care for high-risk pregnant women.

Another thing Broussard recalled was the extensive outreach provided by the program in the early days. Each of the 10 neighborhoods had a site, with a case manager and 10 outreach workers – meaning there were 100 outreach workers, local people who knew their communities and where to find potential clients. There was a Case Manager Supervisor and a Nurse Educator, who would often accompany the workers on home visits of high-risk women and who also provided prenatal education classes. Great Expectations was one of the first projects to have a fatherhood component, and also offered couples activities such

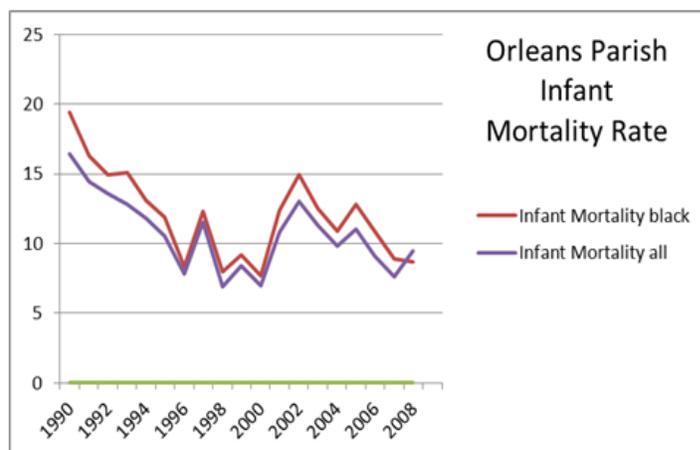
as “The Dating Game” on Valentine’s Day and some services at the city jail.

An outgrowth of the area’s first infant mortality review program was a Grief Therapy program. When asked what their needs were, families said they needed help with burials, and a special fund was established. While Broussard thought the program was therapeutic for the families, she said that it was not without criticism.

Some of the other highlights of the early days of Healthy Start New Orleans:

- Infant Mortality Review – Healthy Start brought together the medical community, state officials and others. Case managers conducted social interviews, so the review was not just clinical facts, which enriched the conversation.
- Service Area Advisory Councils or SAACs, which were the foundation of Great Expectations’ consortium – The SAACs were neighborhood-based organizations with community leaders who “had their pulse on what was happening” in the neighborhood. Each one had 3-4 members who also served as sounding boards for ideas.
- Public relations campaigns: “We had several,” said Broussard, “And we had the money to do them.” They included ads on billboards and bus stops.

In closing, Broussard said, Great Expectations/Healthy Start dealt with stubborn and persistent issues. It was hard to do comprehensive work, but, “we were there and we had the resources to do it.” Great Expectations/Healthy Start was one of the few original projects to achieve 50% reduction in the IMR, a goal of the federal Healthy Start initiative. (See graph, Infant Mortality 1990-2008).



Then & Now: Healthy Start New Orleans, continued from the previous page

NOW: Mary Alexander, MSW, is the current Project Director and we also had the chance to interview her about what Healthy Start New Orleans (HSNO), as the project is now called, is up to and how it might have changed since the early years. HSNO's mission is "to promote healthy communities by nurturing healthy pregnancies, healthy babies and healthy families." Current goals are to improve women's health, promote quality services, strengthen family resilience, achieve collective impact and drive community transformation. HSNO thus envisions healthy communities as well as healthy babies and families and a network of strong partnering agencies to help achieve these goals.

In 2005, Hurricane Katrina devastated New Orleans and wreaked havoc on the families HSNO served. In the months after the storm, HSNO went door to door across New Orleans and Baton Rouge in search of their families that had been scattered all over southern Louisiana. HSNO received national recognition for their outreach to Katrina survivors and led national conversations on emergency preparedness for the maternal child health population.

In the almost 15 years since the storm, the population of New Orleans has stabilized, but recovery has been uneven and has led to further racial segregation and health disparities within the city. Between the geographical divide of the city and reductions in funding and staffing levels, HSNO has returned to a targeted approach. Today, the program focuses on 10 key neighborhoods and serving higher risk clients, such as pregnant women with substance abuse issues.

In addition to the traditional case management and outreach performed by all Healthy Start programs, HSNO is proud of the special events and partnerships that they have been able to develop. For example, did you know that the Bounce Dance genre started in New Orleans? So of course HSNO

has "Baby Bounce" at their postpartum groups, where moms come to get into shape, get connected to resources, and socialize with their peers. Moms safely "bounce" with their babies in a carrier with guidance from a trained dance instructor; sometimes there are three generations bouncing for low-impact exercise.

In addition to HSNO's fatherhood component, which engages fathers during home visits and includes barber shop

talks and use of the *24/7 Dads®* curriculum, one of the newest initiatives that Alexander is particularly excited about is HSNO's Parent Leadership Training Institute or PLTI. This is a national program that is a joint venture between HSNO and the Mayor's Office of Youth & Families. Parents attend a one-day retreat and then a 20-week training course on Tuesday evenings. The curriculum includes 10 weeks on parent leadership and 10 weeks on politics, policy and the media. Participants complete a community project to implement their advocacy skills.

Alexander added that she hopes the PLTI will help with consumer involvement in the Community Action Network (CAN). "We're asking women, 18-25 years old, some with a high school diploma, to come and sit in a room with physicians and nurses and other professionals. They feel uncomfortable. So with PLTI, we'll recruit families where they will learn about how to be engaged with civic organizations, and how to advocate not just in the CAN meetings, but also at the pediatrician's office or their children's schools." HSNO hopes to be able to offer a Children's Leadership Training Institute (CLTI) in conjunction with the PLTI. CLTI teaches leadership and community engagement concepts to the children of PLTI participants so the whole family can become more involved in civic change.

Sustaining a solid CAN membership has been a real challenge for HSNO, said Alexander. There is a core group interested in maternal and child health and early childhood education, but being in an urban setting, there are many organizations trying to establish themselves as the backbone organization of a collective impact project. HSNO plans to expand the core group to add an Opioid subcommittee as a family recovery collaborative.

Alexander concluded the interview by mentioning the newly-formed Louisiana Healthy Start Grantee Coalition, of which HSNO is a member. This coalition brings together the four Healthy Start grantees in the state to work together and support each other moving forward. The coalition has partnered together to present a Fatherhood Summit and providing a safe, quiet and clean place for mothers and their babies to breastfeed during the Essence Festival weekend.



Baby Bounce Postpartum Group

Getting off to a Healthy Start

Healthy Start in the News

Gift of Life Healthy Start Featured in Yahoo News Documentary on Poverty's Effect on Fetal Development

Submitted by Mona Davis, Gift of Life

The Gift of Life (GOL) Healthy Start's Nurse-Family Partnership (NFP) Program is featured in the new Yahoo News documentary "Baby Brain," which debuted December 10th on [Yahoo! News](#). The documentary highlights research by the Harvard University Center for the Developing Child, which shows the effects of poverty and toxic stress on pregnant women and fetal brain development. In the series, "The Impact of Early Adversity on Children's Development," the Center's research on the biology of stress shows how major adversity, such as extreme poverty, abuse or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior and health.

GOL Executive Director Dr. Regina Traylor said their NFP has a strong record of positive outcomes from program participants. NFP partners first-time moms with a registered nurse who provides support and education in the home to help moms form protective relationships with their baby. "Neuroscience is taking us far beyond old notions of what prenatal care should look like," said Traylor. "We know through our work that improving health outcomes has to include an approach that seeks to help moms and children living in poverty address toxic stress."

Yahoo's film crew accompanied GOL Nurse Home Visitor Lori Rogers on home visits with two Montgomery moms – Latreta and Brianna – who spoke candidly to producers about the challenges they faced and how NFP provided the physical and emotional support they needed to set goals, access community resources and form a strong, protective relationship with their baby, which the findings suggests can reduce abnormal levels of stress hormones, improve early learning and help reduce generational poverty. Former GOL Nursing Programs Director Amy Trammell also participated in the production with Nurse Home Visitor Kristi Gay, who will be featured with one of her mom's in future production.

"Being a part of this project was a great experience because it shows just how needed Gift of Life's work is," said Rogers. "The film shows how toxic stress is a problem that is affecting moms and babies throughout the nation. I hope it sparks meaningful conversations on how we can improve prenatal care for moms living in poverty and the need to support home visiting programs like NFP." To view the documentary, click [here](#).



GOL Nurse Home Visitor Lori Rogers shares her experiences with Yahoo producers during the filming of the documentary "Baby Brain."

City of Jacksonville (FL) Adds Infant Mortality to Its Strategic Plan

Infant mortality is now part of Jacksonville's strategic plan. Northeast Florida Healthy Start Coalition's CEO, Faye Johnson, spoke at a Finance Committee meeting about the social determinants of health that impact birth outcomes, including recommendations from the Fetal & Infant Mortality Review of all infant deaths from 2018. Click [here](#) for an opinion piece in the Florida Times Union.

Strong Beginnings – Healthy Start Featured in ASTHO Report

Across the nation, healthcare delivery systems and community-based organizations are developing partnerships to address the social determinants of health and behavioral health needs of the populations they serve. [This report](#) from the Association of State and Territorial Health Officials details strategies for overcoming early challenges to developing a new partnership, including approaches to ensure that community organizations and voices are heard during decision-making and priority-setting. Spectrum Health's Strong Beginnings – Healthy Start was one of five community collaboration case studies highlighted along with lessons learned.

MomsFirst Recognized in Hearing

Congresswoman Marcia Fudge (D-OH) thanked MomsFirst for providing essential access to healthcare for members in their community in remarks at the House Committee on Education & Labor subcommittee hearing on "Expecting More: Addressing America's Maternal & Infant Health Crisis." Dr. Joia Crear-Perry of the National Birth Equity Collaborative also spoke. Click [here](#) to view Rep. Fudge's remarks.

Do Fathers/Men Have A Heart?

By Ken Scarborough, NHSA's Fatherhood & Men's Health Consultant

The BIG symbol very visible in the month of February is a Heart. As we all know those hearts represent Valentine's Day and His heart is often determined by the value of the gift that he purchases for his significant other. From this perspective, I raised the question of "Do Fathers/Men Have a Heart?"

Hopefully, for those of you reading this newsletter, the giving of the gift is not the logic you also use in determining if "he" has a heart or the size and health of "his" heart. It is hoped that you will agree that "he" does have a heart and that his heart is valuable and needs to be cared for.

In addition to Valentine's Day, February is National Heart Month and to the American Heart Association (AHA), his heart is very important. The AHA reports about one in three adult men suffers from heart disease. Heart disease is stated as an umbrella term that includes:

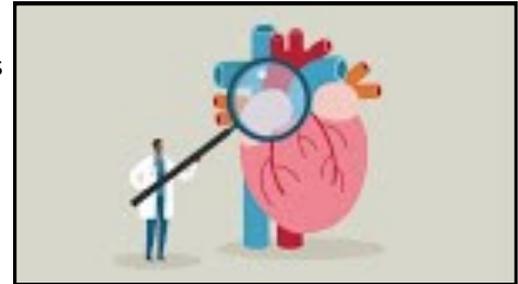
1. Heart failure
2. Coronary artery disease (CAD)
3. Arrhythmias
4. Angina
5. Other heart related infections, irregularities and birth defects

Although the above are very serious, there are very few warning signs that alert men to these conditions during their normal daily life. There are risk factors that contribute to an unhealthy heart. Primarily they are:

- *Lack of exercise
- *Diet high in saturated fat
- *High cholesterol
- *Hypertension
- *Obesity
- *Alcohol abuse or excessive drinking
- *Diabetes

Having this information can help us to move past the obvious answer of whether "he" has a heart to helping the one in three men keep the heart he has healthy so that he can be present, available and valued for years to come. The true gift "he" and the rest of us can seek for and cherish is having good health. What better place to start than with the H-E-A-R-T! Give him the gift of knowing "he" is Heart Healthy by getting a heart check. It can make all the difference in his life, his family's life and his child's life for generations to come. For more information, go to: www.heart.org. Also, in recognition of Black History Month and Black Men's Heart Health, go to:

<https://www.ebony.com/health/black-men-health-guide/>



More Heart Health Resources from the Men's Health Network

Heartbeat: <http://www.menshealthnetwork.org/library/Heartbeat.pdf>

Nutrition: <http://www.menshealthnetwork.org/library/nutrition.pdf>;

<http://www.menshealthnetwork.org/library/nutritionparents.pdf>



There's More on Fatherhood in This Issue!

See pages 11 & 12 for some Fatherhood events with photos. Additional photos are on NHSA's Facebook page.

Is your Fatherhood Coordinator in NHSA's Fatherhood Google group and in the Fatherhood Coordinators' newsletter distribution list? If not, please send their name and email address to [Ken Scarborough](mailto:Ken.Scarborough@nhsa.org) and [Bea Haskins](mailto:Bea.Haskins@nhsa.org).

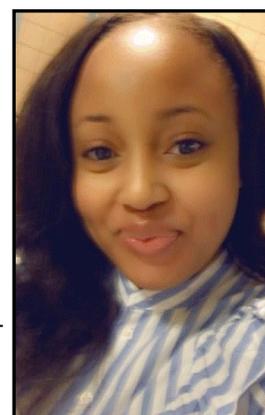
Getting off to a Healthy Start

Meet NHTSA's New Staff!



Saanie Sulley, MD, PhD, MBA, is a data manager with the AIM-CCI Project at National Healthy Start Association. Saanie will be providing data infrastructure and analytics support to participants in the AIM-CCI project. He is a health informatician with experience in medicine, clinical decision supports systems (CDSS), healthcare data integration and predictive modelling. His interests include utilizing healthcare data in improving health outcomes and gaining better understanding of care processes, health equity, social determinants of health and improving access to maternal pediatric care through quality improvement in these areas. Saanie earned a PhD from Rutgers University in biomedical informatics and an MBA in healthcare management from Columbia Southern University. Saanie can be reached at ssulley@nationalhealthystart.org.

Kiara Smith is the new AIM CCI Program Coordinator at NHTSA. She is originally from Maplewood, New Jersey. Kiara has received her MPH from Mercer University in Atlanta, Georgia, and her B.S. in Health Science from The University of Hartford in Connecticut. With six years of experience in the field of maternal child health and public health, she has worked in a variety of settings: hospitals, health departments, community organizations, nonprofits and government. Prior to joining NHTSA, Kiara managed a Prenatal Health Education program servicing 88 Pregnant women working to improve the rates of infant mortality, education and overall health for women of color and their families. Ms. Smith has also worked on Georgia's Title V National Measures and Strategies "Performance Measure One," to identify the barriers that prevent women from receiving preventative health care visits, also known as "Well-Woman Visits." Other relatable experience includes providing administrative support, community planning and disease investigation. During her free time, Kiara enjoys spending time with her family and friends, photography and exploring pop-up museums. Ki, as she likes to be called, can be reached at ksmith@nationalhealthystart.org.



Citations and Resources from Pregnancy, Maternal Mortality and Heart Disease on pp. 1-2

- ¹ Kaplan, Emily Kimler, Reducing Maternal Mortality, 03/05/2019; click [here](#).
- ² Martin, Nina, U.S. Has the Worst Rate of Maternal Deaths in the Developed World, 05/12/2017, click [here](#).
- ^{3,4&7} Cheney, Christopher, Pregnancy and Heart Disease Guidelines Target Maternal Mortality, 05/06/2019, click [here](#).
- ⁵ Yuko, Elizabeth, Heart Disease if the Leading Cause of Maternal Death in the US, 04/10/2018, click [here](#).
- ⁶ Hayes, Tara O'Neill & McNeil, Carly, Maternal Mortality in the United States, 09/09/2019, click [here](#).

Additional resources used for this article:

- ACOG Postpartum Toolkit, [Racial Disparities in Maternal Mortality in the United States: The Postpartum Period is a Missed Opportunity for Action](#), © 2018.
- [Preventing Pregnancy-Related Deaths](#), accessed 02/07/2020.
- Bullock-Palmer, MD, Renee, [Cardiovascular Maternal Morbidity and Mortality in the United States – What is the Cardiovascular State of Health for Pregnant Women and What is the Role of the Cardiologist?](#), 08/07/2019.

Other Resources that May Useful:

- Gunja, Munira Z., et al, [What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?](#), 11/19/2018.
- MacDorman, Marian F., PhD, et al, [Trends in Maternal Mortality by Sociodemographic Characteristics and Causes of Death in 27 States and the District of Columbia](#), *Obstetrics & Gynecology*, May 2017, Vol. 129, Issue 5, pp 811-818.
- [Maternity Care 'Deserts' Growing](#), 11.09/2017.
- MotherToBaby, New Podcast Released | Women's Heart Health & Pregnancy | Wear Red Day is Today 2/7, [Listen to the Podcast on High Cholesterol in Pregnancy](#), 02/07/20.
- NICHD – Eunice Kennedy Shriver National Institute of Child Health and Development – has quite a bit of information with links to multiple resources. Start [here](#).
- [Nowhere to Go: Maternity Care Deserts Across the U.S.](#), March of Dimes © 2018.
- [Preventing Maternal Mortality: Leading Causes of Maternal Mortality and Morbidity](#), © 2020.
- Shah, Neel, MD, [A Soaring Maternal Mortality Rate: What Does It Mean for You?](#), 10/11/2018.

Resources – Webinars, Training Opportunities & More

Do You Want to Have a Baby This Year? You Have the Power to Decide!

Yes!

- ⇒ Start taking 400 mc of folic acid or a prenatal vitamin
- ⇒ If you use prescription medications, check with your healthcare provider to see if they are safe to use in pregnancy
- ⇒ Avoid all over-the-counter medications, including herbal and high-dose vitamins, unless they are approved by your doctor
- ⇒ Eat healthy foods, including lots of vegetables.
- ⇒ Exercise every day to reach and maintain a healthy weight
- ⇒ Get a dental checkup
- ⇒ Get screened for infections and keep your immunizations up to date
- ⇒ Stop smoking and drinking alcohol
- ⇒ Get help for violence if needed
- ⇒ Learn your family history
- ⇒ Get mentally healthy
- ⇒ If you have other children, remember it is healthiest to wait until your baby is at least one year old

No!

- ⇒ Birth control is very safe for most women and can help you meet your goal for preventing pregnancy
- ⇒ Many birth control methods are available. Make sure you are using one that is right for you
- ⇒ Long-Acting Reversible Contraceptives (LAECs), such as IUDs and implants are a great choice for teens and women of all ages due to their effectiveness
- ⇒ Emergency Contraception is now available without a prescription (over-the-counter) or you can ask your health care provider for a prescription
- ⇒ Use a back-up method, such as condoms or abstinence if you haven't been consistent with using your birth control

Visit powertodecide.org for more information.

Thanks to MomsFirst, the Healthy Start project in Cleveland, OH, for sharing this information with us!

What Does Health Equity Look Like Around the World?

Did you know that a child born into poverty in Costa Rica today has a better chance of having a healthy life than a child born into poverty in the United States? New data is revealing the diversity of inequity and pointing to novel solutions and galvanizing communities throughout the Americas and Europe to take action on health equity. Join the Robert Wood Johnson Foundation for a webinar on this topic:

What – Webinar on *Reimagined in America: Action on Health Equity*

When – March 12, 2020, at 1:30 p.m. ET

How to Register – Click [here!](#)

Preventing Birth Defects? Yes, It's Possible.

Find out how to help protect the health of future babies. Click [here](#) for a resource from MotherToBaby!

Interested in Hosting a Baby Basics Training?

The What to Expect Project is always looking for organizations to host a Baby Basics Health Literacy and Education Training. If your organization has the space, they might be able to come to you. Contact ruth@whattoexpectproject.org to discuss the possibilities.

The Baby Basics Training is designed for health educators, home visitors and health professionals working with pregnant women in any setting. The training meets ACOG prenatal standards and includes evidence-based materials in English, Spanish and 12 other languages.

Getting off to a Healthy Start

What's Going on at the Healthy Start Projects?

You may have heard the expression in baseball that a deep bench is a good problem to have. That's like the problem we have in this issue. We received so many photos and stories from the Healthy Start projects that we can't include them all. We've set up a new album on our Facebook page with the rest of the photos; click [here](#) to see it. When you see the Facebook icon  by a project's name, you'll know there are more photos there. Check them out! And keep sending those stories and photos to our newsletter editor at bhaskins@nationalhealthystart.org!

My Baby & Me (Columbus, OH, Healthy Start)



← Winter Festival in December 2019 for the families the project serves. Games, crafts, trivia and an indoor obstacle course were part of the fun. The festivities included a local photographer who provided beautiful family photos for the participants.

Stronger Parents, Brighter Futures (Virginia Department of Health)

Check out this [link](#) for a video produced by Denise Shafer of the Statewide Public Affairs for Stronger Parents, Brighter Futures. The video was produced to give a 360° view of how the program helps young families throughout Virginia. It's being shared with non-profit organizations, health care professionals, insurance companies, schools, colleges and more – places that refer young parents to the program. So far, the video has been shared with Senator Tim Kaine (D-VA) and other political leaders and at town hall meetings in Portsmouth, VA, bringing together representatives from those organizations and in an electronic newsletter that goes out to over 3,500 people nationwide!

←Photo of a Stronger Parents, Brighter Futures graduate.



Project Concern International (San Diego, CA)

↘ Lisa Bain, Project Director for Project Concern International, sent a message that said she had "finally" put together some photos from their site. These include photos from Halloween and Christmas events, plus a Maternal Mortality Prevention Training. With so many photos (13 in all!), it was hard to choose. So your editor had to make a choice and fell in love with this one, from their Christmas event. Look at those big eyes!



Heart of Georgia Healthy Start (Dublin, GA)



←Latosha Elbert, Director, and Cathy Morris, Training Director, visited their State Representative, Matt Hatchett (R-150th District), at the State Capitol on January 29th to represent Healthy Start and Healthy Mothers Healthy Babies of Georgia. They discussed improving maternal mortality and infant health.

Reminder: Advocacy is a year-round project. Take every opportunity you have to educate your Members of Congress, as well as your state and local legislators. Invite them to your events. Take photos. Send them the NHSA newsletter when their photo appears; they love seeing that!

More From the Healthy Start Projects!

Cradle Cincinnati Connections (OH)



As usual, Cradle Cincinnati Connections (CCC) has a lot to share! The following is from Jessica Seeberger, Senior Specialist: “On January 18, Cradle Cincinnati Connections and Queens Village (a local program supporting Black women) partnered with the Philo affiliate group of Sigma Gamma Rho Sorority, Inc. to host Project Cradle Care. Project Cradle Care is a national initiative designed to improve pregnancy outcomes in high-risk communities by increasing the number of women of childbearing age who receive adequate prenatal education and prenatal care and who better understand proper infant care and child development. This event was a huge success! Three Cradle Cincinnati Connections clients were showered with baby items including car seats, strollers, diapers, wipes, pack n plays and clothes. They received information on safe sleep, car seat safety and how to feel empowered as moms. It was a fun-filled event that left participants feeling special, inspired and empowered to move into their next phase of life: motherhood!”

Central Hillsborough Healthy Start (REACHUP, Tampa, FL)

Central Hillsborough Healthy Start (CHHS) participated in a Recovery Symposium held on January 11th at the Sons of Italy Hall in Tampa. Lisa Falkenstein, a Healthy Start participant and Co-Chair of CHHS’s Community Consortium, was on the planning team for the event., representing CHHS and REACHUP.

Lisa said, “As a person in long term recovery, being a part of something bigger than me is humbling and extremely rewarding! I was asked to be a part of the RCO committee. The RCO stands for Recovery Community Organization. The project includes listening sessions around the state to understand the needs of individuals in recovery. The purpose of the symposium was to highlight voices of recovery from multiple pathways and gather valuable information from the community. This was the first ever RCO Symposium in Hillsborough County. One of my jobs was to find resources in the community that people in early recovery could utilize and benefit from. I immediately thought of REACHUP, Inc./ Central Hillsborough Healthy Start and the Children’s Board Family Resource Center. In early recovery and even today, these programs and resources continue to help not only myself but my family as a whole. Watching the first ever RCO symposium unfold from start to finish was inspiring and very exciting.

“Seeing a community of recovery being formed and come together to help others was POWERFUL! I enjoyed sharing my experience as a REACHUP, Inc./Healthy Start consumer with others. I was able to show how REACHUP, Inc. and the Children’s Board has impacted my life!”

“Also in January, Cradle Cincinnati Connections launched “Lit Conversations at the ROC,” a series of shared wisdoms and life enhancing discussions between moms in the Winton Terrace and Findlater Gardens communities of Cincinnati. Several women joined us at our two kickoff events to relax, destress and support one another. We look forward to growing this series over the next year.”



←Lisa Falkenstein with Cheryl Fitzpatrick, CHHS’s Children’s Board of Hillsborough County Family Resource Center Manager.

Fatherhood Fundamentals (Columbus, OH, Public Health)

On January 26th, the Fatherhood program of the Columbus Healthy Start project held an event for 6-12th graders. There were Fatherhood Fundamentals program “hot cards” and Dads’ Baby Shower hot cards on hand, in addition to materials for conflict resolution.

They also presented at the **BOLD™ Initiative Leadership At Its Best**, which serves African-American school students “accepting the responsibility and loving the challenge!”



Getting off to a Healthy Start

More Project Activities

Community Service Council Healthy Start (Tulsa, OK)

During February, the Community Service Council's Healthy Start Fatherhood program is exploring both the Period of PURPLE Crying® program and Male-Female Relationships. Learning objectives include why it is healthy and normal for some babies (from age two weeks through three-four months of age) to cry for long periods of time. Fathers will also explore men and women having different communication styles, understanding each other's likes and dislikes, respecting each others viewpoint and stress and birth outcomes.



➤ Period of PURPLE Crying ® group. See also chart below; for more information, go to www.purplecrying.info.

The Letters in **PURPLE** Stand for

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why	Your baby may not stop crying no matter what you try	A crying baby may look like they are in pain, even when they are not	Crying can last as much as 5 hours a day, or more	Your baby may cry more in the late afternoon and evening

The word *Period* means that the crying has a beginning and an end.

If Your Project Changes Project Directors...

...Please be sure to let NHSA know so we can update our records. Send the new project director's name and email address, along with the name of the previous PD, to [Bea Haskins](#) and/or [Sheree Keitt](#).

Attention Healthy Start Project Directors and Program Staff!

Newsletters

- Be sure to include NHSA in your newsletter distribution list so we can include your news in *Getting off to a Healthy Start!* Please add Bea Haskins, our newsletter editor, bhaskins@nationalhealthystart.org.
- Do you have project staff you'd like to be on *our* distribution list? Send their name, title and email address to Bea so she can add them!
- Make sure we have your Fatherhood Coordinator's name and email address, too!
- Not a Healthy Start Project? That's OK! Let us know if you want to add someone to our distribution list.

Photos, Stories and More

- Send us photos and news stories from your events for inclusion in the next issue of *Getting off to a Healthy Start!*
- Examples of events: baby showers, educational forums or CAN meetings.
- And remember to invite your elected officials – federal, state and local – to your events and be sure to take pictures of them!
- Don't forget your consumer success stories!
- The deadline is the 6th of each month.

Stay Connected with NHSA on social media!

