

# MARYLAND



**“I work toward the day when opportunities are available to all Maryland’s children, with an eye on continued improvements to healthcare.....”**

*–Senate President Thomas V. Mike Miller, Jr., October 31, 2002*

Improving the health of pregnant women and infants is one of the toughest challenges for Southern states, but Maryland has managed to gain some successes. For 2002, Maryland’s infant mortality rate was 7.6 (compared to 8.8 in 1997), still higher than the national rate. Infant death rates in 2002 ranged from a low zero in Caroline County to a high of 31.8 in Kent County. Infant death rates declined significantly during the past decade in Montgomery, Prince George’s, and Worcester counties. The teenage birth rate dropped from 45.7 in 1999, to 38.2 in 2001, the lowest rate within the Southern region. More women also are seeking prenatal care within the first trimester of pregnancy. This progress is attributed to several factors and is the result of extensive work by many people in both the public and private sectors in their efforts to increase health services and access to insurance coverage for pregnant women and their infants.

Although Maryland has experienced much success, there are challenges associated with these gains. The birth rate among unmarried women continues to increase (34.8 in 2002, compared to 33.5 in 1997). The percent of births of infants of low birth weight has not improved in Maryland in over a decade (9.0 in 2001, among the South’s highest rates). Like many Southern states, health disparities between black and white infants continue to exist, but since there has been a greater decline in black and white infant mortality rates in recent years, the gap between black and white infant mortality rates has been narrowing. The IMR among white infants fell slightly from 5.5 in 2001, to 5.4 in 2002, while the IMR among black infants fell more substantially, from 13.6 in 2001, to 12.7 in 2002. In 2002, the three leading causes of infant death for all groups were disorders relating to short gestation and low birth weight, congenital malformations, and SIDS. Congenital malformations were the leading causes of death among white infants, while low birth weight was the leading cause among black infants. There has been a significant increase in overall infant deaths resulting from maternal complications of pregnancy due to a rise in the number of newborns affected by premature rupture of membranes.

## State Facts 2001\*

Infant Mortality Rate	7.9
Preterm Birth Rate	12.9
Low Birth Weight Infants	9.0
Prenatal Care in First Trimester	83.7
Pregnancy/Maternal Smoking	9.8
Teenage Birth Rate (age 15-19)	38.2
Birth Rate to Unmarried Women (age 15-44)	34.4

\*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

Joint efforts have been made and perinatal partnerships have been established among local health departments, academic institutions, perinatal organizations, hospitals, community groups, managed care organizations, and the Department of Health and Mental Hygiene (DHMH) in an attempt to improve the health of pregnant and infants. The Center for Maternal and Child Health, a part of the Department of Health and Mental Hygiene’s Family Health Administration, strives to strengthen and support the maternal and child health infrastructure and to assure the availability and accessibility of preventative and primary care services for women, infants, and children. Several programs are integrated to assure a holistic and coordinated life span approach to enhancing the health of Maryland’s mothers and their children. They are as follows:

**Office for Genetics and Children with Special Health Care Needs (CSHCN):** created in March of 2000 through the merger of the Office for Hereditary Disorders and the Children’s Medical Services (CMS), includes specialty services and care coordination for children with complex medical conditions. This Office comprises three divisions: Newborn Screening and Follow-up, including the Universal Infant Hearing Screening Program; Clinical Genetic Services; and Specialty Care and Regional Resource Development.

**Children’s Medical Services (CMS):** a state public health program for children with special healthcare needs. It currently serves CSHCN families whose income is less than or equal to 200 percent of the federal poverty level. As a result of the expansion





of health insurance coverage under the Medical Assistance program (Children's Health Program), many families historically served under CMS now have access to insurance coverage. The program funds specialty care services upon referral from primary care providers. Covered services include inpatient and outpatient medical care; occupational therapy; physical therapy; speech, language, and hearing services; medical equipment and supplies; nutrition services; and developmental and neurological assessments. Local health departments who offer clinical services charge on a sliding fee scale with third party payment accepted. No patient is refused service for inability to pay. This program also provides funds to local health departments for care coordination services for CSHCN who are uninsured and not eligible for other public benefit programs. Care coordinators provide outreach to ensure access to resource information and services. CMS is administered by the Family Health Administration, Division of Specialty Care and Regional Resources Development.

**Early Intervention Coordination Program:** administered by the Family Health Administration, Division for Specialty Care and Regional Resources Development, as part of the interagency collaboration with Maryland's Early Intervention System. Funding is provided to local jurisdictions for the delivery of evaluation and consultation services to children with complex needs and their families. Medical providers work with early intervention teams allowing for the integration of medical and developmental needs into the Individual Family Service Plans.

**Child and Adolescent Health Program:** responsible for developing policies and implementing primary prevention and early intervention strategies to improve the health of Maryland's children. Leadership, consultation, training, and technical assistance are provided in several program areas including school and adolescent health, care coordination and home visiting, environmental health, and

child fatality review. The program collaborates with numerous DHMH programs and other state agencies in the development of policies and programs. This program also oversees the child and adolescent health components of the Title V MCH Block Grant Program.

**Maryland Birth Defects Reporting and Information System:** established in 1982, collects data on the number of babies born with any of the 12 specific defects chosen by the World Health Organization (anencephaly, spina bifida, hydrocephalus, cleft lip with or without cleft palate, cleft palate, esophageal atresia/tracheo-esophageal fistula, rectal/anal atresia, hypospadias, lower reduction deformity, upper reduction deformity, congenital hip dislocation, and Down Syndrome). All infants with these disorders are eligible for information and referral services at no charge.

**Advocates for Children and Youth, Inc. (ACY):** founded in 1987 with the goals to ensure that all Maryland's children are healthy, safe, educated, and economically secure. Since 1997, ACY has been the organizing hub for a statewide movement for children. ACY also provides staff support to the Maryland Children's Action Network (MD CAN), a broad-based network of issue coalitions, organizations, and citizens mobilized to improve results for children, youth, and families.

**Family Planning and Reproductive Health Programs:** offers comprehensive clinic services, counseling regarding sexual decision-making; prevention of sexual coercion; abstinence; contraception; and other family planning options. All services place an emphasis on primary prevention and interventions that address the complex issue of teen pregnancy with the goal of improving the health of adolescents. More than 90 clinic sites throughout Maryland offer family planning services and many providers have special hours and clinic sessions for teens. In FY 2000, the programs served 26,000 persons under age 20. Current programs include the Colposcopy Program; the Preconception Health Program; Teen Pregnancy Prevention Program; and Three for Free Condom Distribution Program. The Family Planning Program is administered by the DHMH, Family Health Administration, Center for Maternal and Child Health.

**Maryland State Child Fatality Review:** created by the General Assembly in 1999 to prevent accidental or premature child deaths in the state of Maryland. Maryland law also requires the establishment of local teams composed of multi-agency and multi-disciplinary team members. Data collected from



Vital Statistics, Injury Prevention, Highway Safety, and local reviews are used to guide the state teams in making significant and purposeful recommendations to the General Assembly and to community action groups aimed at preventing child deaths. The teams also are required to submit annual reports to the governor.

**WELL (Women Enjoying Life Longer) Project:** a pilot program designed to improve access to comprehensive preventative health services for women enrolled at three eastern Baltimore County Maryland Family Planning Program sites. The Project operates under a three-year grant that began July 1, 2001, from the federal Health Resources and Services Administration.

**Kids in Safety Seats (KISS) Program:** begun in 1980 as the state's lead agency in child passenger safety. The goal of the program is to help reduce the number of accidental injuries and child deaths by educating the public on child passenger safety and to help people use safety seats correctly and properly each time a child rides in a car. KISS is administered by the Department of Health and Mental Hygiene and funded by the State Department of Transportation.

**Medical Assistance Programs:** an integral part of the DHMH, provides access to healthcare services for many of the state's low-income residents. Individuals may be eligible for services through the Medicaid Program, the Children's Health Program, or the Pharmacy Assistance Program, depending upon income and other factors. The *Children's Health Program*, begun in July 1998, uses federal and state funds to provide healthcare coverage to low-income children up to age 19 and pregnant women of any age who meet income guidelines.

**Medical Day Care Centers:** currently available at two locations, serves children age six weeks to 3 years with complex medical conditions whose needs cannot be met in traditional child/day care programs. The *Family, Infant and Childcare Center*, located in Montgomery County and, *Within My World*, in Baltimore County, provide childcare and skilled nursing services to infants and toddlers with challenged needs. In addition, support and training is offered to parents to maximize their skills and competencies in dealing with their child's special healthcare needs.

