MISSOURI

"We're pleased to see the improvement, but we still have a lot of work to do. Seventy-five thousand babies are born in Missouri every year, and every one of them needs to be protected."

–Governor Bob Holden, August 2, 2004

In 2002, the infant mortality rate for Missouri was 8.5, a significant increase compared to 7.2 in 2000. Negative reproductive outcomes, such as prolonged hospitalization, premature birth, low birth weight, and infant mortality are significant and are of high prevalence in Missouri. Approximately one in four infant deaths resulted from a congenital birth defect. For 1996-2000, male infants had a 52 percent higher overall birth defect rate than females. The difference in rates reflects higher rates of genital and urinary organ defects among male infants. Male infants also had higher rates of hydrocephalus, circulatory and respiratory anomalies, cleft lip and cleft palate, pyloric stenosis, clubfoot, and skull and facial bone anomalies. Female infants had higher rates of microcephalus and congenital hip dislocation.[44] In 2001, 8.9 percent of all live births were of low birth weight, with higher rates noted within the state's Eastern District. The low birth weight rate in Missouri showed slight fluctuations from 1992-2001.[45]

Another major factor contributing to infant mortality in Missouri is prenatal tobacco, alcohol, and drug exposure. Between 1993 and 1997, the prevalence of alcohol and cocaine usage decreased 46 percent. The prevalence of tobacco usage showed no significant change (21.9 in 1993 to 21.0 percent in 1997), while the prevalence of marijuana, methamphetamines, and phencyclidine showed slight increases.[46] Missouri has one of the highest pregnant smoking rates in the South (18.3 percent in 2003). Health-related costs due to smoking during pregnancy run approximately $15.8 million annually for more than 13,800 births in Missouri each year.

Having no prenatal care is one of the major indicators of whether a woman is using one or more (controlled) substances. In 1997, of those women not receiving prenatal care, one in 16 used alcohol; two in five smoked cigarettes; one in seven used marijuana; and one in five used cocaine during pregnancy. According to sections 191.725-745, RSMo, Missouri physicians are required to counsel pregnant patients on the effects of cigarettes, alcohol, and other controlled substances; obtain signatures from patients indicating that they have received counseling; maintain signatures in patients' medical files; identify individuals with high-risk pregnancies for substance abuse; inform pregnant women using controlled substances about available intervention services; offer referrals for service coordination by the Department of Health and Senior Services to any pregnant patients at risk or using alcohol or controlled substances; identify infants showing signs and symptoms of prenatal drug exposure; and comply with the child abuse/neglect law (section 210.115, RSMo). Any physician or healthcare provider complying in good faith with these provisions shall have immunity from any civil liability.

State Facts 2001*

Infant Mortality Rate	7.4
Preterm Birth Rate	12.7
Low Birth Weight Infants	7.6
Prenatal Care in First Trimester	87.7
Pregnancy/Maternal Smoking	18.3
Teenage Birth Rate (age 15-19)	46.1
Birth Rate to Unmarried Women (age 15-44)	34.8

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

Much progress has been made by the Department of Health and Senior Services (DHSS) to improve the health of women and children in Missouri despite these alarming trends. The breastfeeding initiation rate has been steadily increasing from 9.6 percent in 1993, to 25.3 percent in 2001. The proportion of women reported who begin prenatal care in the first trimester has consistently increased from 65.3 percent in 1994, to 87.7 percent in 2001. The proportion of women enrolled in the WIC program during their first trimester also have increased. Although the prevalence rate for self-reported smoking before pregnancy has increased, the rate for smoking during pregnancy decreased from 28.1 percent in 1994, to 18.3 percent in 2001. Common occurrences for smoking before pregnancy were among women ages 16-19 years, women with less than a high school education, and unmarried women.[47]

In order to meet the national and state health objectives for maternal and child nutrition in low-income populations, prevention of teenage pregnancy, smoking cessation during pregnancy, decreased incidence of low birth weight, and decreased incidence of infant mortality, the DHSS has supported more efforts to strengthen the delivery of support services. Also, intervention strategies that target the reduction of risk factors among high-risk populations have been developed and implemented.

Family Care Safety Registry: established by law to protect children, elderly, and the physically or mentally disabled in the state and to promote family and community safety by providing background information on potential caregivers. This service is intended to provide information to help families and employers make informed decisions when hiring employees to work with children, elderly, or the physically or mentally disabled.

Baby Your Baby: a Web site (*http://www.health.state.mo.us/babyyourbaby/*) that promotes prenatal and well child care and provides useful information on all pregnancy and child care related topics.

Office on Women's Health: administratively established in 1999 by the DHSS. The next year, women members of the General Assembly sponsored legislation mandating the Office, and Governor Mel Carnahan signed that into law in July 2000. Duties of the Office include making recommendations to the director on ways to improve health and well-being of women of all ages; assessing women's health status; promoting integration and coordination of existing programs and services for women and families; and supporting the development of community leadership for women's health.

Special Health Care Needs Program: provides services for children and adults with disabilities, chronic illness, and birth defects. "HOPE," the Basset Hound, represents the hope that the program brings to families and children with special medical needs. The program is supported by state and federal funding.

Community Health Assistance Resource Team (CHART): developed in 1994 as a framework for community health improvement, provides technical assistance and workshops for communities striving to build skills in areas such as identifying local resources and needs; determining local risk factors; identifying intervention models; developing community-based strategic plans; and sustaining initiatives, leading to improved health outcomes.

Caring Communities Initiatives: a statewide effort created to increase the accountability of state agencies and communities for improving the lives of children and families. It works to change the way that decisions are made about what services are provided, how they are financed, and where they are delivered. The Family and Community Trust (FACT) Board of Directors, composed of the directors of eight state agencies and nine private sector members, directs this reform effort and serves as the bridge between state agencies and communities (the Family Investment Trust's name was changed to *The Family and Community Trust* on April 2, 2001 by Missouri Governor Bob Holden). There currently are 21 Caring Communities Partnerships across the local communities. Their overarching goals are to address the poor performance of children in school, the problems that disrupt and separate families, as well as barriers to children growing up healthy and safe.

Based on the directive in the Governor's Executive Order 01-07, issued April 2001, each Caring Community uses a standardized format to report to the governor, the General Assembly, and the public annually. The annual reports provide a succinct picture of a community's progress toward results, their success in generating additional resources, and their ability to identify and overcome barriers to effective service delivery.

Primary Care Resource Initiative for Missouri (PRIMO): provides help to people and communities to assure access to healthcare services to all Missourians. The focus on PRIMO is on building community-based systems of care across the state to work with their communities to make sure that health needs are met among the vulnerable populations such as pregnant women, children, and the elderly.

Child and Adult Care Food Program: assures that nutritious meals and snacks are served to children enrolled in child care programs by providing reim-

bursement for meals that meet minimum nutritional standards. The program requires that well-balanced meals be served and good eating habits taught. It also provides training and technical assistance on nutrition, food-service operations, program management, nutrition education and record keeping.

Missouri Commodity Supplemental Food Program: works to improve the health of participants by supplementing their diets with the U.S. Department of Agriculture (USDA) commodity foods. The program is funded by the USDA. The population served by this program is similar to that served by WIC, but it also serves older persons (age 60 and above), and provides food packages rather than the checks that WIC participants receive. Eligible women, infants and children cannot participate in both WIC and the Commodity Supplemental Food Program at the same time.