



VIRGINIA

“We must have a climate that promotes adequate healthcare resources and provides the necessary safety net for those who can’t access healthcare on their own.”

—President Pro Tem John H. Chichester, October 20, 2003

Maternal and infant health progress has been slow but continuous for the Commonwealth of Virginia. The state’s infant mortality rates gradually have been decreasing until most recent years. The 2001 infant mortality rate was 7.4, compared to 6.8 for the previous year. Although teenage birth rates have been declining, induced terminations, birth rates to unmarried women, the percent of low birth weight infants, and percent of women beginning prenatal care in the first trimester have begun to rise. A low teenage birth rate may be linked to the rise of the induced terminations rate. More babies are being born, 99,235 total live births in 2002 versus 91,871 in 1995, and more are becoming victims of infirmity. Births to unmarried women and to women enrolled in Medicaid accounted for the overall increase of low birth weight infants. In 2002, there were 30,223 non-marital births, compared to 26,961 in 1995.⁶⁰

Several efforts have been made by the Department of Health in promoting education on prenatal care, parenting issues, and children’s health within the communities, including schools, healthcare facilities, daycare centers, private businesses, and the media. Local health departments continue to offer prenatal care in most areas. Twenty-nine out of 35 health districts provide some prenatal care at 105 locations. The Richmond City district contracts its care with the Medical College of Virginia, a university-based hospital. Health departments also provide varying degrees of services based on community need and availability of resources. Some follow patients for the entire pregnancy, while others conduct initial exams and assessments and then link patients to private physicians. An additional 11 districts work collaboratively with local private providers by using per diem services or sharing staff. In 30 communities, the health departments are the only provider of prenatal care. In 2002, health departments served approximately 14,000 prenatal patients, and three out of 10 were teenage mothers.⁶¹ Additional maternal and child health programs and initiatives available through the VDH, Office of Family Health Services include the following:

State Facts 2001*

Infant Mortality Rate	7.4
Preterm Birth Rate	11.7
Low Birth Weight Infants	7.9
Prenatal Care in First Trimester	85.1
Pregnancy/Maternal Smoking	9.0
Teenage Birth Rate (age 15-19)	39.4
Birth Rate to Unmarried Women (age 15-44)	30.3

*All rates per 1,000 live births in specified group except prenatal care, pregnancy smoking, and low birth weight, which are in percent.

Pediatric Screening and Genetics Services: a statewide system works to reduce unnecessary morbidity from potential or existing genetic conditions by assuring access to the appropriate education, testing, counseling, and treatment to residents of the Commonwealth. The Program includes the following components: Virginia Newborn Screening Services; Metabolic Treatment Services/Phenylketonuria (PKU) Management; Virginia Congenital Anomalies Reporting and Education System (VaCARES); Regional Genetic Centers; and Virginia Genetics Advisory Committee.

BabyCare Program: provides pregnant women who are Medicaid recipients with the support and services they need through intensive case management and coordination of care. The program aims to improve birth outcomes by ensuring pregnant women and infants receive all the services they need. BabyCare is provided in more than 30 of the local health district offices and a small number of private community organizations.

Resource Mothers Program: uses lay community mentors to provide intensive home visiting services to young pregnant women and mothers through the infant’s first birthday. Currently, there are 26 programs across the state, located in health departments and private nonprofit agencies serving more than 84 counties. The goals of the program are to decrease infant mortality and morbidity; decrease the rate of low birth weight infants born each year; delay and/or prevent repeat pregnancy; keep teen mothers in school; and involve the infant’s father in the parenting process.



Regional Perinatal Councils: improves perinatal health by providing resource and referral information and education on preconception, pregnancy, childbirth and infancy. Services include bereavement support, infant mortality reviews, and supporting the coordination and linkage of perinatal health services in each region.

Family Planning Program: provides comprehensive family planning services to low-income citizens to help reduce the occurrences of unintended pregnancies.

Virginia Healthy Start Initiative and Richmond City Healthy Start: two federal grant programs that work to improve the health of pregnant women and infants in communities with high infant mortality. Through involvement of community leaders, healthcare providers and consumers, both programs foster change in the healthcare systems and health behaviors that prevent infant mortality. The cities where the maternal and infant populations are at risk or vulnerable to adverse health outcomes are Norfolk, Petersburg, Portsmouth, Richmond City, and Westmoreland.

Loving Steps: a Healthy Start public education campaign informing pregnant women, their families, healthcare professionals, community leaders, churches, educators, and others about what they can do to prevent infant mortality and to give their babies a healthy start.



Partners in Prevention Program (PIP): aims to reduce non-marital childbearing by increasing public awareness of its causes and consequences and mobilizing the development of community-based strategies and solutions. PIP employs creative strategies using media campaigns, direct intervention, and public forums targeting young adults aged 20-29. For fiscal year 2004, 15 coalitions were awarded funding to engage in Partners in Prevention activities within their communities. These coalitions represent 42 counties and cities.

Tobacco Use Control Project: provides training, information, materials and other support to help Virginians choose and maintain tobacco-free lifestyles. The program's main focus is on projects designed to prevent youth tobacco use. The staff works closely with 17 volunteer coalitions, school districts, and volunteer partners. Funding is provided through a grant from the Centers for Disease Control and Prevention.

Virginia Abstinence Education Initiative: established to address adolescent sexual risk-taking behavior and its consequences by promoting sexual abstinence. This is done by supporting abstinence education programs for school-aged youth, involving major youth influencers (parents, peers, educators, health professionals, faith community, and youth services providers) as partners in encouraging and supporting abstinence decisions, and developing relevant training and resources for educators and others committed to teaching and promoting abstinence. The program targets youth from age 10 to 17.

Child Development Services Program: a specialized program for children and adolescents suspected of having disorders such as developmental delays, developmental disorders associated with sensory or physical disabilities, disorders of attention and hyperactivity, learning disabilities, emotional and behavioral concerns, and mental retardation. A professional team consisting of a pediatrician, nurse, social worker, educational consultant, and psychologist provides these services. Core services include diagnostic assessment and care planning, follow-up care coordination, and referral.

Childhood Lead Poisoning Prevention: provides screening for children under age 6 for elevated blood lead levels. The mission of the program is to eliminate lead poisoning in children by the year 2010. In 2003, over 50,000 children were screened, with 1,048 having an elevated blood lead levels. The program funds high-risk localities in Richmond and



Norfolk to perform case management and environmental follow-up.

Healthy Child Care Virginia: works to promote safe and healthy daycare sites. More than 100 public health nurses have been trained as child care health consultants to offer training and assistance to daycare providers including assessing daily health status of children; ensuring good nutrition; preventing injuries; monitoring immunization schedules; and recognizing child abuse and/or neglect.

Care Connection for Children: a statewide network of centers for children with special healthcare needs that provide medical services, care coordination, medical insurance benefits evaluation and coordination, family-to-family support, and training and consultation with community providers on issues for children with special health needs. One of the goals of the centers is to help adolescents transition from a pediatric to an adult healthcare system and to help adolescents reach their full physical, developmental, educational, and career potential.

Better Beginnings Coalitions: established to help reduce adolescent pregnancy through the cooperative efforts of community coalitions comprised of public agencies, private organizations, community groups, and individual volunteers. The program's goals are to increase community awareness of the problem of teen pregnancy, support and promote local programs that seek to reduce teen pregnancy through youth development approaches, and advocate educational and health services to prevent teen pregnancy and parenthood. The 19 Better Beginnings Coalitions provide a variety of services and programs that vary from one community to another but generally include direct services to youth and families, media campaigns and public education, and training and technical assistance to adolescent service providers, such as teachers, counselors, and community service agencies.

Teen Pregnancy Prevention Program: established in 1993, provides funds for seven legislatively designated sites throughout Virginia to offer community-based programs to reduce unplanned pregnancies for teens. Youth targeted for this program range in age from 10 to 19.

Bright Futures: begun in 1990, a vision and philosophy of healthcare based on the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community. The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities. Bright Futures materials incorporate national guidelines for child health and are consistent with American Academy of Pediatrics guidelines.

Girls Empowered to Make Success Program (GEMS): a youth development program for girls ages 9-15 who are the younger siblings or close relatives of older teens who are pregnant. The objectives of this program are to encourage these girls to delay sexual activity, stay in school, and avoid drugs, smoking, and alcohol and to become involved in the community through volunteer projects.

Virginia Breastfeeding Task Force: a forum opened to all interested citizens or organizations to develop and implement effective breastfeeding promotion strategies. Its goals are to improve infant and family health by making breastfeeding the cultural norm and to improve the rates of breastfeeding initiation and duration to meet the National Healthy People 2010 Breastfeeding Objective.

Sudden Unexpected Infant Death Referral and Notification Program: provides follow-up care and offers bereavement services to families who have experienced infant death. The Regional Perinatal Council staff work closely with the regional medical examiners to contact families of infants who have died unexpectedly. Data is collected and analyzed to assess the circumstances of those deaths.

