Maternal and Child Health (MCH) continues to monitor emerging perinatal and infant health issues, integrate best practices, and incorporate community feedback into programming. Based on our fiscal year (FY) 20 Needs Assessment, Texas intends to focus on breastfeeding and safe sleep education and awareness and reducing infant health disparities in FY23.

**NPM 4: A) Percent of infants who are ever breastfed; and B) Percent of infants breastfed exclusively through 6 months.**

Breastfeeding reduces:
- Common childhood infections;
- Rare but serious child health conditions such as necrotizing enterocolitis, childhood leukemia, and sudden infant death syndrome (SIDS); and
- Chronic health conditions including childhood asthma, obesity, celiac disease, and diabetes.

Additionally, breastfeeding increases optimal maternal health chances and protects against health conditions including type 2 diabetes, cardiovascular disease, hypertension, breast and ovarian cancers, rheumatoid arthritis, and postpartum depression.

State and national research demonstrates substantial barriers mothers face in meeting their personal infant feeding goals, as well as persistent disparities. Data also illuminate barriers to meeting public health breastfeeding objectives. The Texas Department of State Health Services (DSHS) Infant Feeding Position Statement supports the informed decision-making principle where infant feeding choices are made in an environment that provides access to and supports consideration of accurate information about feeding options risks and benefits while promoting and supporting a woman’s ability to carry out her choices.

Texas has created a strong foundation to promote breastfeeding because of its positive impact on maternal, infant, and child health outcomes throughout the life course. MCH chose to continue strategies to build upon effective efforts to improve policy, systems, and environmental contexts in breastfeeding health care, worksite, and community settings.

MCH offers a continuum of initiatives, technical assistance, and in-person and online continuing education opportunities to support communities, birthing facilities, neonatal intensive care units (NICUs), health care professionals, employers, and child care centers to implement recommended breastfeeding support practices. MCH works to develop community lactation
support capacity by strengthening state and local support and continuity of care systems for lactating mothers and their babies to promote improved infant feeding outcomes. MCH also coordinates several assessment and evaluation activities to promote data-informed program planning and resource allocation while providing ongoing feedback on current initiatives.

MCH regularly studies available:
- Centers for Disease Control and Prevention (CDC) data including county-level breastfeeding initiation data from the birth certificate;
- The National Immunization Survey feeding outcome data;
- The most recent Maternity Practices in Infant Nutrition and Care survey findings; and
- The percentage of Baby-Friendly Hospital births, which provide recommended care for lactating mothers and their newborns.

In FY23, MCH will:
- Assess opportunities to redesign the state’s Texas Infant Feeding Practices Survey. Since 2007, MCH has partnered with the Texas Health and Human Services Commission’s (HHSC) Women, Infants, and Children (WIC) program to administer a biennial statewide survey among participating WIC mothers. MCH administered the survey using a paper survey tool during in-office WIC visits. However, partly because of COVID-19, WIC now delivers most services virtually. In collaboration with partners, MCH will explore alternate methods for monitoring Texas mothers’ knowledge, attitudes, experiences, and outcomes related to infant feeding and care.
- Hold employer and hospital listening sessions to learn about needs, barriers, and opportunities for improving organizational policies, practices, and environments that affect infant feeding outcomes.

MCH may also access data to evaluate:
- Mothers’ health care experiences related to breastfeeding using the Pregnancy Risk Assessment Monitoring System (PRAMS);
- Hospital International Board-Certified Lactation Consultant staffing using the Texas Hospital Association Survey;
- The association between hospital practices and infant feeding outcomes at 2 days and 2 weeks of age using newborn demographic and feeding data, hospital designation information, and other available hospital practices data;
- The public’s knowledge, attitudes, and awareness about infant feeding factors using Texas’ Behavioral Risk Factor Surveillance System; and
- Program data including service utilization from Texas Lactation Support Center Services, the Peer Dad program, and Texas Lactation Support Hotline After Hours Services.
In FY23, MCH will identify communication, coordination, and partner opportunities for working toward shared goals with cross-sector stakeholders to address known breastfeeding barriers and promote a breastfeeding support culture.

MCH regularly seeks opportunities to communicate and coordinate with Texas organizational stakeholders (e.g., professional organizations, local WIC agencies, fitness and wellness councils, coalitions, municipalities, nonprofits, public health and foundational grantees, etc.) to maximize state and local coordination and breastfeeding support improvements impacts.

In FY23, MCH plans to strengthen hospital and community stakeholder partnerships to provide information and support for increasing standardized use of the Ten Steps to Successful Breastfeeding (Ten Steps). Ten Steps is an evidence-based patient care practice bundle verified to improve infant feeding outcomes and reduce breastfeeding disparities. Birthing hospitals that standardize their care practices using the Ten Steps to Successful Breastfeeding can seek Baby-Friendly Hospital Designation from Baby-Friendly USA.

Together, MCH and the WIC program offer a continuum of activities to encourage and support birthing facilities at all stages of readiness (from pre-contemplation through full integration of Ten Steps). The activities help birthing facilities achieve Baby-Friendly designation and increase exclusive breastmilk feeding throughout the entire hospital stay and beyond. In FY23, MCH will continue development of a second phase of the Texas Ten Step Star Achiever Initiative. Through Star Achiever Phase Two, MCH will engage stakeholders (e.g., community providers, hospitals, and other partners) in infant feeding outcome quality improvement to reduce breastfeeding disparities and promote safe infant sleep.

In accordance with Health and Safety Code, Section 165.003, since 1995 MCH has administered the Texas Mother-Friendly Worksite Program (TMFWP). From FY15 through FY22, MCH partnered with The Michael and Susan Dell Center for Healthy Living at the University of Texas at Houston School of Public Health to support program administration including coordinating employer outreach and worksite designation processes. Beginning in FY23, MCH is resuming all TMFWP administration aspects. MCH will bring TMFWP outreach activities work back inside the agency to foster opportunities for developing and strengthening stakeholder collaboration and partnerships.

In FY23, MCH will identify and collaborate with state and community
outreach partners to engage Texas employers in establishing employee worksite lactation support policies and programs. Employers that adopt written breastfeeding support policies and communicate those policies to staff may seek the DSHS Texas Mother-Friendly Worksite (TMFW) designation.

MCH and the agency Public Health Regions (PHRs) will collaborate in FY23 to provide information, education, and outreach to promote awareness about breastfeeding resources. Staff plan to disseminate best practices in worksites, health care, child care centers, and communities.

Currently, MCH is establishing a public awareness education and communication service contract to implement communication strategies with specific employment sectors including employers of low-wage earners. Through marketing and outreach, MCH will engage these TMFWP employers by providing information, technical assistance, and support to establish worksite lactation support programs.

For medically fragile and ill newborns, infants, and young children, access to breastfeeding can be the difference between healthy outcomes and long-term disability or death. MCH promotes breastmilk access, including mother’s own milk and human donor milk, among infants and children with special health care needs. Promotion occurs through various efforts with MCH-funded Lactation Support Centers (LSCs), Peer Dad programs, Healthy Texas Mothers and Babies (HTMB) Community Coalitions, the TexasAIM Initiative, and other state and community collaborations. Planned FY23 activities include:

- Promoting Texas Ten Steps practices that support mothers with establishing and maintaining lactation when separated from their infants;
- Coordinating efforts, policies, and communication across programs to facilitate timely access to appropriate pumps, education, support for mothers to establish and maintain milk supply, and access to donor human milk;
- Through the TexasAIM program, promoting breastfeeding and maternal-infant contact as part of recommended, patient-centered obstetric care for women experiencing maternal morbidities, including opioid and other substance use disorders; and
- Supporting partnerships between community sites (e.g., LSCs, local health departments, etc.) and Human Milk Banking Association of North America (HMBANA)-affiliated mother’s milk banks to establish and administer non-profit human donor milk collection depots.

MCH will continue funding Peer Dad programs in Northeast Texas and along the South Texas/Mexico border to provide community outreach, education, counseling, and community service referrals to fathers, WIC participants, and
community members. Education and peer counseling services focus on infant nutrition and care, breastfeeding support, safe infant sleep, baby behavior, maternal health and safety, and men’s and women’s interconception health promotion.

In FY23, MCH will fund the LSC Services – Strategic Expansion Program (LSCS-SEP). This program supports LSCs to expand beyond providing WIC-allowable or funded services. Expanded services include:
- Providing lactation counseling, education, and referral services to mothers and families not currently enrolled in WIC;
- Providing support services such as: transportation services, extended hours, mobile clinics, home visiting and language services to increase access to family centered, culturally relevant, timely lactation care;
- Conducting outreach, training, and education programs for increasing clinical lactation and breastfeeding competencies among hospital direct care staff, clinicians, and other health professionals who care for women and children; and
- Engaging and mobilizing community partners in developing coordinated systems of lactation care.

MCH will fund the Texas Lactation Support Hotline After Hours Services to provide phone-based information, referrals, and skilled lactation counseling and support to Texas mothers and families.

In FY23, MCH will develop and disseminate public-facing communications, materials, outreach strategies, and program activities to promote evidence-based breastfeeding support practices. MCH plans to reach and engage employers, health care professionals, public health partners, and communities in breastfeeding support promotion activities.

MCH will facilitate clinical lactation and breastfeeding support education and skill building opportunities. Planned activities in FY23 include disseminating breastfeeding courses hosted on the Texas Health Steps Online Provider Education (THSteps) platform and providing various virtual and live educational activities. For example, the LSCs regularly host LSCS-SEP training and education activities to increase breastfeeding support and lactation management knowledge and skills among health care professionals who care for lactating mothers and their babies.

**NPM5: A) Percent of infants placed to sleep on their backs**
**B) Percent of infants placed to sleep on a separate approved sleep surface**
**C) Percent of infants placed to sleep without soft objects or loose bedding.**
Infant mortality is a leading indicator of population health and infant mortality prevention remains a key priority for DSHS. Monitoring activities show persistent infant mortality disparities including sleep-related death.

DSHS regularly studies infant mortality to identify rates, trends, populations, locations, and periods of risk with the greatest burden of potentially preventable (excess) fetal-infant mortality. The Perinatal Periods of Risk (PPOR) analytic approach helps to identify interventions likely to have the greatest prevention impact. PPOR analyses indicate infant sleep safety, improved breastfeeding support, and tobacco prevention and control efforts have great potential for reducing infant mortality rates and disparities.

In 2016, the American Academy of Pediatrics (AAP) issued their updated policy statement, SIDS and Other Sleep-Related Infant Deaths: Recommendations for a Safe Infant Sleeping Environment. Nationally, several public health efforts were launched to identify effective strategies to comprehensively approach the AAP’s risk reduction recommendations, including the Association of State and Territorial Health Officials (ASTHO) Safe Sleep Roundtable, the Safe Sleep Learning Network of the Collaborative Innovation and Improvement Network (CoIIN), and the National Action Partnership to Promote Safe Sleep (NAPPSS) project. These initiatives and the AAP Policy Statement account for the cultural, familial, and community level drivers of infant care behaviors, including sleep-related behaviors, and acknowledge the importance of caregiver experience and ultimate role as decision-makers for infant care.

Consistent with the AAP Policy Statement recommendations, MCH is committed to applying a comprehensive public health approach to sleep safety and risk reduction for sleep-related deaths. The approach addresses risks in a family centered, public health-oriented, and evidence-based manner.

MCH will assess needs, gaps, and opportunities to strengthen systems for support of recommended sleep safety and SIDS risk reduction practices. Planned work includes:
- Monitoring drivers and disparities in preventable feto-infant mortality using PPOR analyses;
- Monitoring trends in caregivers’ infant sleep practices and behaviors using PRAMS and other data sources;
- Assessing program processes and impact;
- Using qualitative assessment to better understand needs, barriers, and bright spots related to infant sleep safety recommendations implementation; and
- Studying best practices to identify methods for potentiating behavior change among populations most at-risk for sleep-related infant deaths.
In FY 23, MCH will share assessment findings with stakeholders to inform community-based safe infant sleep efforts. MCH is planning to work with public health partners, through the HTMB Community Coalitions, to share information, education, and outreach strategies to engage community stakeholders in conversations about safe infant sleep in areas of the state with higher-than-expected rates of sleep-related deaths.

In FY23, MCH plans to update and disseminate Safe Sleep for Babies: A Community Training train-the-trainer course and continue to facilitate training and educational opportunities for health and social service providers, health care professionals, and other stakeholders on effectively promoting and supporting caregivers with implementing infant sleep safety recommendations topics.

MCH anticipates working with a vendor in FY23 to develop strategies, messages, and communication channels to disseminate infant sleep safety information, education, and resources. MCH will promote awareness among public health partners and infant caregivers about the Eunice Kennedy Shriver National Institute of Child Health and Human Development’s (NICHD) Safe to Sleep campaign messaging and resources; and the U.S. Consumer Product Safety Commission (CPSC) to improve infant sleep safety standards and guidelines.

MCH PHR staff are planning to provide:
- Infant sleep safety caregiver education in various settings including clinics, shelters, and car seat checks;
- Outreach and infant sleep safety training with hospitals, child care providers, and other public health partners;
- Community-based assessment, education, and focused distribution of educational materials and safe sleep surfaces that conform to CPSC’s safety standards.

MCH will identify opportunities for integrating protective behaviors information to address intrinsic sudden infant death syndrome risk factors and sleep-related deaths by implementing programs and activities to:
- Promote smoking cessation and smoke free environments;
- Increase breastfeeding support and address environmental and system barriers to mothers’ achievement of their personal breastfeeding goals;
- Improve the quality of obstetric care for women with opioid and other substance use disorders; and
- Promote practices for high-quality prenatal care.

**SPM 3: A) Ratio of black to white feto-infant mortality rate; B) Ratio**
of black to white infant mortality rate.

While Texas’ infant mortality rate (IMR) was below the Healthy People (HP) 2020 target of 6.0 infant deaths per 1,000 live births, the IMR is higher than the Healthy People (HP) 2030 target of 5.0 infant deaths per 1,000 live births. The disparately high Black IMR is the leading driver in failing to achieve this target. The 2019 IMR for Black infants was 10.7 deaths per 1,000 live births. This rate was almost twice the state IMR of 5.5 deaths per 1,000 live births. IMRs for other races and ethnicities are lower than the state rate.

In 2019, White infants and infants of Other races and ethnicities met the HP 2030 IMR target at 4.6 and 3.6 deaths per 1,000 live births, respectively. The Hispanic infant IMR is just above the HP 2030 target at 5.1 deaths per 1,000 live births.

MCH seeks to reduce preventable infant death among all racial and ethnic groups while also focusing on the elimination of infant mortality disparities. A reduction in the Black to White feto-infant mortality rate will support achievement of the HP 2030 target of 5.0 or fewer deaths per 1,000 live births across racial and ethnic groups.

In FY23, MCH anticipates working with local communities to examine data (e.g., vital events data, PPOR analyses, PRAMS, Child Fatality Review Team findings, etc.) related to disparate risks for excess fetal and infant mortality rates among non-Hispanic Black infants and identify evidence-informed strategies to address identified disparity gaps. MCH uses Title V Needs Assessment findings, PPOR, and other data analyses for developing specific breastfeeding and safe sleep practices promotion strategies, encouraging early entry into prenatal care, promoting awareness and knowledge about management of chronic health conditions, supporting smoke free environments, and addressing perinatal and maternal health and wellness issues. MCH will continue working with local community coalitions and other partners to develop and disseminate locally relevant public health messaging.

HTMB Community Coalitions are a point of engagement for local providers and stakeholders to work together to address infant mortality disparities and promote culturally effective care. MCH will work with community partners to conduct community-based needs assessment activities; identify appropriate community stakeholders and leaders to involve; use assessment findings to develop strategic action plans; promote infant mortality prevention strategies; and carry out additional needs assessment work as identified.

MCH will continue working with the HTMB Community Coalitions and other
partners to strengthen community capacity to identify and address racial perinatal and infant health disparities drivers. Planned activities include skills building workshops on strengthening coalition building capacity, measurement and assessment, sustainability planning, and collective impact.

MCH plans to conduct a statewide scan to identify existing community-based perinatal and infant coalitions and assess their current priorities and capacity development needs. MCH will use findings to develop strategies to support networking, collaborative learning, and opportunities for exchanging best practices, resources, and information.

MCH will apply prevention strategies in program development including:

- Disaggregating data;
- Studying community level drivers for perinatal and infant health disparities;
- Actively engaging community members in program planning including through community listening sessions and other methods; and
- Developing specific strategies for achieving universal goals (e.g., By 2030, achieving the target rate of \( \leq 5.0 \) infant deaths per 1,000 live births across all racial and ethnic groups and reducing the black to white feto-infant mortality rate.)