



DRAFT:
**Women's and Maternal
Health FY24 Plan**

Maternal and Child Health



TEXAS
Health and Human
Services

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1. Introduction

Maternal and Child Health (MCH) continues to monitor emerging women's and maternal health issues, integrate best practices, and incorporate community feedback into programming. In fiscal year (FY)24, Texas will continue to focus on decreasing smoking during pregnancy, reducing maternal morbidity disparities, and improving women's health status.

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2.NPM 14.1: Percent of Women Who Smoke During Pregnancy

In FY24, MCH will assess the current state of maternal tobacco use through various methods to identify needs, gaps, and opportunities to strengthen prenatal smoking prevention and control strategies including:

- Studying maternal smoking rates, trends, and disparities;
- Examining tobacco-related experiences and behaviors during and after pregnancy using the Pregnancy Risk Assessment Monitoring System (PRAMS);
- Studying smoking and tobacco use knowledge, attitudes, and awareness among women of childbearing age using Texas' Behavioral Risk Factor Surveillance System;
- Assessing maternal tobacco use as part of the Texas Maternal Mortality and Morbidity Review Committee's (MMMRC) case review process;
- Monitoring progress toward relevant Healthy People 2030 objectives including increasing cigarette smoking and vaping abstinence among pregnant women and increasing successful quit attempts in pregnant women who smoke; and
- Studying recommended strategies and best practices for focused, effective outreach methods to engage pregnant women in tobacco cessation.

MCH will incorporate tobacco screening, the Ask, Advise, Refer (AAR) and Ask, Advise, Assess, Assist, and Arrange (5 A's) tobacco intervention models into the High-Risk Maternal Care Coordination Services Pilot Program (HRMCCSPP) in Smith County and the TexasAIM Obstetric Care for Women with Opioid and other Substance Use Disorders (OB-OSUD) Innovation and Improvement Learning Collaborative (IILC)

As part of the HRMCCSPP, Northeast Texas Public Health District (NETHealth) Delivering Resources and Empowering Mothers (DREAM), CHWs (Community Health Workers) will screen up to 60 clients using a CHW screening tool that includes questions about current tobacco and nicotine use. CHWs will develop client-centered action plans with each client and provide health education, referrals, and support to clients to quit tobacco

use. By the end of FY24, MCH will screen at least 60 DREAM clients for tobacco and nicotine use by August 2024.

By the end of FY24, 10 OB-OSUD IILC TexasAIM Wave 1 hospitals will integrate pregnant and postpartum women provider education related to substance use disorder (SUD), harm reduction strategies, and infant care with in-utero substance exposure. MCH will integrate pregnant and postpartum women provider education related to substance use disorder (SUD), harm reduction strategies, and infant care with in-utero substance exposure at 10 Wave 1 TexasAIM hospitals.

In FY24, MCH will continue to distribute tobacco prevention and control resources including best practice messaging among women of childbearing age, pregnant and postpartum women, healthcare providers, and other MCH populations. Campaign resources include how tobacco, e-cigarettes, and other products containing nicotine are not safe to use during pregnancy. Messaging will promote tobacco prevention best practices, resources, the Texas Tobacco Quitline referrals, and promote quitting smoking as one of the most important ways to protect both the mother and child's health.

By the end of FY24, MCH will expand Hear Her Texas campaign website content and provider's materials to include resource information for pregnant and postpartum women, support networks, public health partners, and healthcare providers promoting tobacco cessation resources and the Texas Tobacco Quitline.

MCH will continue to promote state tobacco cessation resources and Quitline support comprehensive recommendations to reduce sudden infant death syndrome (SIDS) and other sleep-related infant death risks as part of the statewide Safe Infant Sleep (SIS) campaign.

MCH will share the Texas Health Steps Online Provider Education (THSteps) Safe Infant Sleep module with healthcare providers and public health partners across the state. The module highlights available state tobacco cessation resources to promote importance of smoke free environments for dissemination among pregnant and postpartum women, fathers, and other infant caregivers as part of building awareness for reduction of SIDS and other sleep-related infant death.

By the end of FY24, MCH will expand SIS website content for public health partners, parents and other infant caregivers resource information. The SIS website will also contain healthcare providers promoting tobacco cessation resources, Quitline, and the TX Health Steps online module.

MCH will encourage state tobacco cessation education and resources dissemination and promote collaboration with regional tobacco cessation coalitions (where available) with the Healthy Texas Mothers and Babies (HTMB) Community Coalition and Peer Dad programs. In FY24, MCH will share tobacco cessation resource information in two quarters via virtual meetings with HTMB coalition and Peer Dad programs.

In FY24, PHRs (Public Health Regions) will develop, promote, and distribute materials, communications, and programmatic activities that reduce tobacco exposure among women, children and families that support education, prenatal and postpartum tobacco use screening, intervention, and Quitline referrals for counseling and treatment. Additional PHR activities include:

- Conducting maternal and family education related to smoking cessation using University of North Carolina's "You Quit, Two Quit" materials with a goal of decreasing the number of pregnant women who report smoking in the home;
- Working with Nurse Family Partnership (NFP) to provide guidance and educational materials for expecting/new moms smoking cessation in Smith and Henderson County;
- Prompting the Texas Tobacco Quitline to hospitals, clinics, providers, and businesses using the Ask, Advise, Refer method;
- Implementing the "Mommy, are you ready?" curriculum which includes information on infant danger of second and third hand smoke with the goal of decreasing the percentage of mothers who smoke after taking the class;
- Supplying HUD housing authorities with smoke free policy guidance and information packets required by state law; and
- Implementing the Say What! (Students, Adults and Youth Working Hard Against Tobacco!) program at businesses, community partner organizations and SHACs (School Health Advisory Council) in collaboration with regional partners.

In FY24, MCH will meet regularly with the Texas Department of State Health Services (DSHS), Tobacco Prevention and Control Unit to coordinate efforts and identify shared goals and opportunities for cross-program collaboration. By the end of FY24, MCH will attend 4 meetings with the Tobacco Prevention Control Unit.

3. SPM 4: Maternal Morbidity Disparities: Ratio of Black to White Severe Maternal Morbidity Rate

The TexasAIM Program is MCH's state partnership with the Alliance for Innovation on Maternal Health (AIM). In FY24, MCH will continue implementing the TexasAIM Severe Hypertension in Pregnancy (HTN) Learning Collaborative (LC). MCH will integrate health care principles into bundle framework implementation by fostering a culture of safety and improvement for care of pregnant and postpartum women with HTN.

MCH will monitor participating hospital team's progress towards:

- Implementing an equitable healthcare culture with reporting, response, and learning systems;
- Incorporating community level drivers into multidisciplinary case review;
- Incorporate patient's and or/support network perspectives after major complications with the clinical team in regular formal debriefs; and
- Disaggregating data by race, ethnicity, payor (if available) and other key demographics.

In FY24, MCH will implement the TexasAIM OB-OSUD IILC with 10 hospital Improvement teams and address health care disparities in culture of safety and improvement by:

- Tracking outcome and process measures: stratify, report, and analyze data by race, ethnicity, payor (if available) and other key demographics;
- Including health care disparity sessions and culture of safety and improvement during learning session 2 and 3 (2-day meetings in January 2024 and June 2024);
- Integrating patient voices and lived experiences into OB-OSUD IILC events by collaborating with Mother Partner Faculty; and
- Supporting 10 hospitals to develop trauma informed protocols, systems that address healthcare bias, and understand and support safe cultural norms around pregnancy, delivery, and infant care.

For both TexasAIM HTN and TexasAIM OB-OSUD, MCH will disaggregate data by race, ethnicity, payor (if available) and other key demographics guided by the respectful and responsive health services to each individuals' cultural health beliefs, practices, and communication needs.

MCH funds the Texas Collaboration for Healthy Mothers and Babies (TCHMB) the state's perinatal quality collaborative. TCHMB's mission is to advance health care quality, and patient safety for all Texas mothers and babies through the collaboration of health and community stakeholders. In FY24, MCH will continue to coordinate with the TCHMB Obstetrics Committee to implement their Postpartum Preeclampsia in the Emergency Department project. This project, currently working with over 40 Texas hospitals, focuses on developing Emergency Department care team strategies to improve identification and appropriate care escalation for postpartum/post-discharge women with preeclampsia.

In FY24, MCH will assess HRMCCSPP's feasibility and acceptability in Smith County with the goal of reducing maternal mortality and morbidity. MCH, through its contractor NETHealth, will continue implementing the DREAM Model. The model integrates person-centered concepts and diverse value, beliefs, and behavior systems focused on social support and how to maintain healthy support networks by:

- Supporting CHWs recruited from communities they serve, to address community level drivers of health that impact high-risk pregnant and postpartum women;
- Supporting ongoing CHW training and capacity building in high-risk maternal care including reducing access to care barriers and reducing care disparities;
- Providing health education on factors that increase maternal risk;
- Screening each potential client to identify experiences which may lead to delay in seeking care or delay in following up on care when needed; and
- Providing ongoing CHW social support to improve health outcomes and help clients develop client-centered care plans to meet identified needs, coordinate care, and refer to needed services.

By the end of FY24, NETHealth will screen at least 60 pregnant and postpartum women in Smith County using a CHW assessment tool to identify women who have risk factors that can potentially contribute to poor maternal health outcomes. CHWs will assess access barriers and educational needs and refer program beneficiaries to appropriate services to receive ongoing education and support. Women who are identified as having risk

factors for high-risk pregnancies will be recruited to participate in the DREAM program. CHWs will provide clients with counseling and support to recognize risks, seek care, and self-advocate for their health. DSHS anticipates that participants who complete the DREAM program will have identification and management of maternal health issues, better participation in risk-appropriate prenatal care, better self-reported health status and—ultimately—lower incidence of poor health outcomes (e.g., severe maternal morbidity or injury) during pregnancy and in the year after.

In FY24, MCH will continue to increase public awareness about Texas maternal morbidity disparities, pregnancy-related complications, and urgent maternal warning signs. Hear Her Texas campaign strategies promote prevention, resources, and best practice messaging among women of childbearing age, pregnant and postpartum women, healthcare providers and other MCH populations. Campaign efforts include:

- Implementing an influencer campaign to expand campaign messaging reach;
- Researching key stakeholders to gain insight on effective strategies incorporate Emergency Departments in existing maternal health and safety programs including maternal morbidity prevention strategies;
- Updating the campaign website and ongoing social media and
- Implementing comprehensive stakeholder outreach and engagement plan to engage healthcare providers and other stakeholders working with pregnant and postpartum moms.

To measure reach, MCH will analyze social media post engagements, impressions, webpage views, and document downloads. Additionally, MCH will produce a research report that includes:

- Process mapping to document points of care pathways along the maternal patient journey;
- Successful labor and delivery and emergency department collaboration recommendations;
- Provider job aids and educational materials; and
- Strategies to outreach and effectively engage emergency departments in existing maternal health and safety programs.

During FY24, MCH will produce a minimum of two provider job aids and will analyze campaign material distribution and engagement of healthcare providers and stakeholders' engagement statewide.

In FY24, the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) will continue to review pregnancy-related death cases and make recommendations to decrease maternal and mortality rates with special attention to mothers most affected in the state's disparity ratios. By the end of FY24, MCH will enter Texas MMMRC decisions into the Maternal Mortality Review Information Application (MMRIA) database within two years of the date of death and within 30 days of review by the MMMRC.

The Texas Strategic Action Partnership to Reduce Violent Pregnancy-Associated Deaths (TSAP-RVPD) project will continue to develop, implement, evaluate, spread, and sustain evidence-based interventions to reduce Violent Pregnancy Death (VPD) ratios and VPD disparities. In FY24, MCH will study VPD and VPD review processes by conducting demographic and geographic disparities, rates, and trend analyses on intimate partner violence through 2019 Texas PRAMS Data. MCH will also continue using the Discrimination Assessment and Social Determinants of Health (DASH) Facilitated Discussion Tool to enhance data collection and understanding of the social and community-level drivers that impact violent pregnancy-related deaths.

The TSAP-RVPD program focuses on pregnant and postpartum Texas women disproportionately impacted by violent pregnancy-associated deaths due to homicide and suicide. TSAP-RVPD program activities leverage, enhance, and expand on DSHS' HTMB, MMMRC, and the Texas Violent Death Reporting System VPD reduction efforts. Throughout the project period, DSHS will bolster data infrastructure and processes to support reviewing, identifying, and tracking Texas VPDs and increase maternal health initiatives efficiencies to address state program gaps.

By the end of FY24, MCH will implement the TSAP-RVPD program by developing and disseminating a state strategic action plan for improving health outcomes and reducing deaths among pregnant and postpartum women due to violence in collaboration with partners and stakeholders. Three or more TSAP-RVPD program partner member organizations will also engage in implementing and evaluating evidence-informed prevention activities throughout FY24.

MCH will work with community-based initiatives such as the HTMB Community Coalition and Peer Dad programs to focus on birth outcome disparities. Goals for both programs include continued sustainability planning such as identification and development of MCH key stakeholder partnerships working to improve pregnant and postpartum Black women and their infants' health outcomes. In FY24, MCH will provide monthly TA including program sustainability and capacity building resources such as networking and key

partnership identification in HTMB Coalition and Peer Dad shared platform. MCH will fund two community-based health initiatives or events to improve pregnant and postpartum Black women health outcomes in disparate outcome communities.

MCH will continue to focus on breastfeeding support activities to reduce known breastfeeding disparities and barriers. MCH will focus on promoting the Texas Mother-Friendly Worksite Program designation in the Texas service and low-wage industry sectors that employ large numbers of low-wage earners including child care centers. By the end of FY24, MCH will provide at least two webinars promoting the Texas Mother-Friendly Worksite Program designation for employers from Texas low-wage job sectors reaching at least 20 employers.

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4. SPM5: Percent of Women of Childbearing Age (WCBA) Who Self-Rate Their Health Status as Excellent, Very Good, or Good.

MCH supports health care organizations efforts to make Texas women's health care safer by providing maternal health care quality improvement programs, technical assistance, and support. Through TexasAIM, MCH uses the Institute for Healthcare Improvement's (IHI) Breakthrough Series Model for Collaborative Learning to provide learning collaborative initiatives to support hospitals' AIM's maternal patient safety bundle implementation. Learning collaboratives provide a structured framework for using bundle change packages, peer-based learning, small tests of change, data-informed quality improvement methods, and data reporting to accelerate maternal patient safety bundles adoption and implementation. Each bundle is a collection of best practices when implemented together are expected to result in improved maternal health outcomes for a specific condition. In FY24, MCH will support Texas maternity service hospitals in implementing the two learning collaboratives: the HTN and OB-OSUD IILC initiatives.

Throughout FY24, MCH will continue to implement the TexasAIM HTN Learning Collaborative. Specific activities will include:

- Clinician engagement and partnership with clinicians who will serve as expert faculty and provide coaching and mentorship to TexasAIM hospital teams;
- Hosting five two-day, in-person meetings for HTN Learning Session 2 in September, October, and November 2023 one separate sets of meetings with each geographic cohorts throughout the state. The HTN Learning Sessions will bring TexasAIM hospital teams together to collaborate and learn from one another. These meetings will provide time for situation simulation, community resource mapping, and exploring methods to address community level drivers and case review bias;
- Coordinating and hosting monthly action period calls between HTN Learning Sessions 2 and 3 for a minimum of three months (December 2023, January 2024, and February 2024);
- Hosting five two-day, in-person meetings for HTN Learning Session 3 in March, April, and May 2024;
- Coordinating and hosting monthly action period calls after Learning Session 3 for a minimum of three months (June, July, August 2024);

- Collecting monthly process, structure, and outcome measures and qualitative feedback from hospital teams to inform programming and guide technical support;
- Supporting hospital teams through interactive web-based discussions, online-sharing platforms, coaching, and mentoring to help them learn from: state and national experts, other hospital improvement teams, and Texas community partners;
- Facilitating peer networking and resource sharing among hospital teams; and
- Engaging patient partners with the Preeclampsia Foundation and Maternal Mortality and Morbidity Advocates (MoMMA'S) Voices partnership to educate others based on lived experiences of patients and their families.

By the end of FY24, MCH will reduce maternal morbidity and mortality by 20% among pregnant and postpartum women with severe hypertension and engage a minimum of 200 hospital teams in the HTN Learning Collaborative.

MCH will implement OB-OSUD IILC, Wave 1. FY24 activities include:

- Engaging and partnering with representatives from SUD treatment centers, community based social workers, the judicial system, state and local housing and transportation, the Texas Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and behavioral health experts, community organizations, in an OB-OSUD Community Partners Track. The Track will develop an effective access point for all OB-OSUD related resources across the state, and to establish a sustainable, statewide partnership among providers that care for pregnant and postpartum women with OSUD;
- Holding 10 action period calls (monthly, in between learning sessions) supporting hospital improvement teams to implement small, rapid-cycle, Plan-Do-Study-Act change tests;
- Holding two in-person Learning Sessions (January and June 2024);
- Supporting hospital teams through interactive web-based discussions, online sharing platforms, coaching, and mentoring to help them learn from: state and national experts, other hospital improvement teams, and Texas community partners;
- Developing and implementing a data collection platform and data collection resources including a data resource guide;
- Supporting hospital teams (through data collection, analysis, and visualization) to use data to inform quality improvement efforts; and

- Collecting state surveillance, structure, process, outcome measures and qualitative data to assess OB-OSUD Learning Collaborative progress and individual hospital goals.

By the end of FY24, MCH will reduce maternal morbidity and mortality by 20% among pregnant and postpartum women with opioid and other substance use disorders (OSUD) and engage 10 OB-OSUD IILC Wave 1 hospital teams.

By August 2024, MCH will offer TexasAIM Plus Hospital Teams educational opportunities (IHI Course subscription opportunity) and provide TexasAIM provider virtual continuing education webinars. The webinars consist of more than 40 prerecorded continuing education webinars on the following topics: Hypertension, Opioid and Other Substance Use, and Trauma. The webinars will describe and emphasize core concepts and principles, concrete examples, and practical guidance to support hospital team's AIM (Alliance for Innovation on Maternal Health) bundle implementation. Providers can watch these webinars at their own pace. MCH will provide access to 40 webinars. In FY24, MCH will:

- Develop content-specific agendas for ongoing Continuing Education (CE) webinars in consultation with TexasAIM Faculty (OSUD and HTN) and MCH subject matter experts;
- Develop webinar promotional fliers;
- Develop webinar content and slides, record presentations, and learning management system (LMS) content transfer;
- Work with DSHS CE Services and submit CE docpacs for continuing education webinars; and
- Market and promote TexasAIM webinars through newsletter, calls, and events.

In FY24, MCH will develop and promote women's and maternal health educational opportunities for health care professionals and other stakeholders. Activities include:

- Developing and promoting continuing education on the following topics: severe hypertension in pregnancy, women with substance use disorder care, maternal health disparities, process improvement, simulation and drills, communication and teamwork, and health care quality including fair health care principles through the TexasAIM initiative;
- Promoting women's and maternal health-related THSteps modules including preconception, prenatal, and postpartum care, and breastfeeding continuing education;

- Developing, pilot testing, and certifying a course suite preparing CHWs to specialize in maternal high-risk education, informal counseling, and care coordination; and
- Coordinating with DSHS Grand Rounds and other DSHS continuing education events to disseminate provider continuing education on women's and maternal health.

MCH will also continue to fund the TCHMB to host the annual TCHMB Summit/continuing education conference. In addition to funding, MCH coordinates the summit's continuing education application and nurse review. TCHMB plans for over 250 providers and community stakeholders to attend the in-person summit in FY24.

By the end of FY24, MCH will establish a Learning Management System (LMS) and provide access to CE webinars to over 170 TexasAIM Plus hospital teams (approximately 1,500 team members) across the state. Through a subscription course to IHI, MCH will provide training and educational opportunities to 1,000 TexasAIM improvement team members.

Throughout FY24, MCH will continue to implement HRMCCSPP to reduce timely maternal health care barriers. The NETHealth pilot site contractor will support the HRMCCSPP by:

- Training, equipping, and building three CHW's capacity to provide Smith County care coordination services;
- Reaching at least 60 pregnant and postpartum women with high-risk maternal care coordination services;
- Developing care plans and providing necessary referrals to 80% of clients based on self-identified need.

The UT Health Science Center Houston School of Public Health TA Evaluation contractor will support the HRMCCSPP by:

- Pilot testing and assessing a high-risk maternal health clinical screening tool with one clinical and community partner and make statewide adoption recommendations;
- Conducting pilot program evaluation of the model, tools, and related educational resources to assess feasibility, acceptability, and develop statewide adoption and expansion recommendations.
- Routinely collecting, analyzing, and providing DSHS and NETHealth feedback on program implementation science research findings to inform implementation and responses to pilot challenges and program needs.

By the end of FY24, MCH will provide CHW-led Maternal Health Care Coordination Services to 60 pregnant and postpartum women at a higher risk for poor pregnancy, birth, or postpartum outcomes by August 2024. MCH will work together with the DSHS Community Health Workers Program to integrate the High-Risk Maternal Courses developed in FY23 as a certified provider, community health worker, and/or CHW instructor courses.

In FY24, MCH will coordinate with the DSHS Vital Statistics Section, DSHS Center for Health Statistics, Health and Human Services Commission's, Medicaid & CHIP Services, and other partners to identify data quality improvement opportunities for pregnancy-associated death identification and case review enhancement. MCH's Centers for Disease Control and Prevention (CDC) Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant supports MMMRC case preparation capacity. MCH partners with the University of North Texas Health Science Center to manage timely MMMRC case preparation and enter case information and committee decisions into the CDC Maternal Mortality Review Information Application (MMRIA) System. Through these partnerships, MCH coordinates and supports the MMMRC to comprehensively study pregnancy-related mortality cases and Severe Maternal Morbidity (SMM) rates and trends.

The TSAP-RVPD will focus on reviewing maternal mortality best practices due to violence and convening a workgroup to review violent pregnancy deaths using best practices. The TSAP RVPD program strengthens the MMMRC's ability to review violent deaths. By the end of FY24, MCH will reduce the rate of Texas pregnancy-associated deaths due to suicide and homicide from baseline by 10% and identify greater than 95% of pregnancy-associated deaths in Texas within 12 months of the date of death by December 2027.

In FY24, PHRs will develop, promote, and distribute materials, communications, and programmatic activities including:

- Providing Naloxone training to law enforcement, school nurses and other public service entities for high-risk counties;
- Focusing on mental wellness through outdoor activities such as creating walking trail signs with QR codes linking to mental health resources that will be displayed in English and Spanish;
- Using the March of Dimes curriculum "becoming a mom" to provide healthy pregnancy education;
- Promoting the Hear Her campaign to increase postpartum depression awareness; and
- Providing provider and public women's health and safety messaging by holding meetings and social media promotions to increase

preventative benefit awareness and early trimester care related to mental health and interpersonal violence prevention.

MCH will continue to support HTMB Community Coalition and Peer Dad programs through information and resource sharing on state maternal infant health and safety programming. These community-based programs engage healthcare providers, health, and community systems and other MCH stakeholders to improve awareness and capacity building through education on breastfeeding, safe infant sleep and SIDS reduction, inter-conception health, and maternal health and safety.

By the end of FY24, MCH will share state-based breastfeeding and maternal health and safety program resources during at least two virtual meetings with HTMB Coalition and Peer Dad programs.

Along with lactation promotion and support services, the Lactation Support Center Services – Strategic Expansion Program (LSCS-SEP) provides information, education, and referrals on key maternal health topics that impact infant feeding outcomes including perinatal mood and anxiety disorders. By the end of FY24, MCH will provide lactation support centers (LSCs) with maternal mental health resources and education during at least two virtual meetings. Each LSC screens for postpartum depression using the Edinburgh Postnatal Depression Scale and provides appropriate resources and referrals for clients with high scores.

Additionally, the Houston LSC received support from the Office on Women's Health to participate in the [Self-Measured Blood Pressure Program](#) and provides education and resources to prevent hypertension and cardiovascular disease. MCH will support the Houston LSC in their education efforts to screen 100% of clients on blood measure self-measuring postpartum and preventing hypertension and cardiovascular diseases.

The Austin and Dallas LSCs will serve as donor milk depots for two Human Milk Bank Association of North America (HMBANA) milk banks. Short or long-term use of banked breast milk can help Texas women meet breastfeeding goals. MCH will support them in collecting at least 5,000 ounces of donated breastmilk for HMBANA-affiliated non-profit milk banks.