



**DRAFT:**  
**Perinatal/Infant Health**  
**FY24 Plan**

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**Maternal and Child Health**



**TEXAS**  
Health and Human  
Services

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Texas Department of  
State Health Services

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## 1. Introduction

Maternal and Child Health (MCH) will continue to monitor state trends, gather stakeholder feedback, and implement program best practices. In fiscal year (FY) 24, Texas will focus on: nutrition improvement across the life course, maternal and infant health outcomes through enhanced health and safety efforts and implement health equity strategies across all maternal and child health populations.

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

In FY24, MCH will re-engage Inter-Agency Infant Feeding Workgroup (IA-IFW) state agency stakeholders to address known breastfeeding barriers and promote supportive breastfeeding environments. The workgroup will increase program system coordination and collaboration support. The IA-IFW will share monthly communications and programmatic updates with stakeholders including state breastfeeding coalitions. The group will designate one member to attend at least 90% of the Texas Breastfeeding Coalition meetings and lead six workgroup meetings to produce the IA-IFW strategic plan.

MCH will continue to lead a state-wide Infant Health and Safety Campaign to promote employers, hospitals, and public health partners awareness about breastfeeding support and safe infant sleep evidence-based strategies. The campaign will use interview feedback and focus groups to improve hospital stakeholder engagement and infant feeding practices. Through the campaign, MCH will engage public health partners from all Texas Public Health Regions (PHRs) in 2 educational opportunities. These educational opportunities will promote infant feeding care coordination and increase services and program access.

MCH coordinates several assessment and evaluation activities to promote data-informed program planning and resource allocation while providing ongoing current initiatives feedback.

In FY24, MCH will:

- Redesign the Texas Infant Feeding Practices Survey from a direct-service survey to a population-based survey gathering state-wide breastfeeding data through random sampling;
- Assess the public's knowledge, attitudes, and awareness about infant feeding and worksite lactation support factors to develop recommendations for the Texas Mother-Friendly Worksite Program (TMFWP) using the Texas Behavioral Risk Factor Surveillance System survey;

- Increase health care systems' lactation support monitoring and requesting the Texas Hospital Association add lactation support items to their annual state-wide survey to establish baseline data;
- Develop a report that speaks to MCH's capacity to support hospital quality improvement (QI) of maternity care breastfeeding practices using Maternity Practices in Infant Nutrition and Care (mPINC) mPINC survey scores; and
- Increase Texas health care facility participation in the bi-annual Centers of Disease Control and Prevention (CDC) mPINC survey by engaging at least 4 stakeholders to develop a survey outreach and engagement strategy to increase survey responses rates from 60% to 75%.

MCH fosters coordination and collaboration by funding 9 Healthy Texas Mothers and Babies (HTMB) Community Coalitions. The coalitions expand community knowledge of breastfeeding resources and support, increase breastfeeding resources and support continuity of care, and implement strategies to reduce infant health disparity outcomes. In FY24, MCH will offer monthly virtual technical assistance (TA) to the nine coalitions. Meetings will focus on program sustainability planning, public health communications, and improving infant and maternal health and reducing disparate outcomes education. MCH will lead 4 virtual learning events attended by at least 90% of the HTMB coalitions. At least once per quarter, MCH will also share Texas Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) breastfeeding education resources through newsletter updates. In FY24, MCH will increase the number of Texas providers who completed online breastfeeding education through the Texas Health Steps Online Provider Education online platform by 10%.

MCH will also provide agency partners with infant feeding and worksite lactation support subject matter expertise quarterly by sharing:

- Obesity Prevention Program breastfeeding, early childhood education, and worksite lactation support learning collaborative development;
- Promoting the Texas WIC program to support breastfeeding education and health care provider best practices; and
- Breastfeeding best practices, promotion, and resources with PHR staff.

MCH will continue to administer the Texas Mother-Friendly Worksite Program (TMFWP) by developing program outreach and education materials, strengthening stakeholder collaboration, and offering technical assistance to establish worksite lactation support programs. FY24 activities will consist of:

- Developing TMFW best practice onboarding for worksites, health care facilities, childcare centers, and communities;

- Local TMFWP stakeholder training on program outreach and promotion; and
- Creating a new TMFWP webpage with program materials and tools to aid in worksite lactation support practices.

MCH will identify at least two communities with low breastfeeding rates and partner with local champions to support outreach efforts and identify implementation barriers.

Employer qualitative research will inform MCH about specific employment sectors to create communication strategies focused on low-wage earners. MCH will also use this information to develop outreach and engagement plans for employment industries in at least 2 low-wage job sectors. MCH funds the Lactation Support Center Services – Strategic Expansion Program (LSCS-SEP) to provide services beyond WIC-allowable or funded services in 5 LSCs statewide. In addition to services, LSCs conduct outreach, training, and education for increasing clinical lactation and breastfeeding competencies. In FY24, MCH will provide TA and other resources to support LSC sustainability, public health communications, evidence-based breastfeeding support practices, and improving infant and maternal health and reducing disparate outcomes education. MCH will offer monthly virtual technical assistance meetings, share clinical lactation information and lead virtual LSC group learning events.

In FY24, MCH will fund the City of Dallas to administer the after-hours Texas Lactation Support Hotline (TLS Hotline) and provide International Board-Certified Lactation Consultants (IBCLC) telephone support to callers 24-hours per day, 7-days per week. Texas WIC funds the hotline's daytime hours. MCH will monitor use and reach of the after-hours TLS Hotline, improve data collection to support ongoing needs assessments, and explore solutions to increase hotline services reach. To improve coordination of care for the FY25 grant cycle, MCH plans to increase after-hours lactation hotline reach by 10%.

MCH will continue to fund the HTMB Peer Dad program administered through the Northeast Texas Public Health District (NET Health). The NET Health Peer Dad program engages fathers and other support persons on breastfeeding, maternal and infant health and safety, inter-conception health, and social service referral education and counseling. In FY24, the program will review 100% of required contract reports to provide stakeholder guidance and

increase the number of Smith County fathers receiving program services by 30%. Measurement will be tracked by counseling, educational classes, enrollment in the texting platform, and member engagement and participation in the Fatherhood Council.

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### **3.NPM 5: 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**

In FY24, MCH will maintain the infant health webpages, conduct safe infant sleep (SIS) social media campaigns, and distribute SIS resources and information through web-based state Granicus (email delivery).

MCH will launch expanded state SIS website content to support communications and community training best practices. SIS website resource analytics and document downloads will be tracked to measure reach and engagement. Social media post engagements, comments, and impressions will inform program direction recommendations.

Throughout FY24, MCH will improve SIS stakeholder practices through education, promoting materials, and presentations. MCH will serve as state agency partner agency SIS subject matter experts to support aligned program materials, education, and website content. SIS stakeholders will also be surveyed to coordinate efforts and assess needs. MCH will develop recommendations to reduce infant mortality rates and disparities associated with sudden infant death syndrome (SIDS) and sleep-related infant deaths. MCH will engage programs that support Child Fatality Review Teams (CFRT) to strengthen data system needs and opportunities for supporting community-level strategies and promoting SIS implementation to reduce infant mortality related to SIDS and sleep-related infant deaths. In FY24, MCH will meet with the Injury Prevention Unit to develop an assessment and outreach plan to engage PHRs and local CFRT's in SIS community awareness activities.

MCH will also engage Tobacco Prevention programs to assess community-level needs and support toward efforts to promote tobacco cessation as a SIDS and other sleep-related infant death risk reduction strategy for pregnant and postpartum women. Biannual meetings will take place with state Tobacco Prevention programs to review and discuss program cessation resources whose primary audience is pregnant and post-partum women. In FY24, MCH will pilot train-the-trainer educational sessions to assess state-wide delivery acceptability and inform implementation planning. A SIS

community training implementation plan will be developed from Association of Maternal & Child Health Programs (AMCHP) Innovation Hub application checklist criteria.

MCH plans to share SIS program updates and promote campaign materials to attendees at 3 state conferences and engage at least 50% of the regional trauma advisory committees to promote new SIS materials. FY23 SIS qualitative assessment findings will be used to inform and support HTMB community-level safe infant sleep efforts.

In FY24, MCH will share safe infant sleep and SIDS reduction resource information at least once per quarter with HTMB community contractors. SIS information will also be featured in at least two virtual group learning events with the goal of 90% HTMB community contractors in attendance. MCH will continue to support PHRs through TA and subject matter expertise to increase SIS practices in their respective communities. Once a quarter, MCH will provide SIS education and resource distribution to at least 90% of PHRs. MCH will also lead a public awareness campaign during safe sleep awareness month and share social media content and resource material. In addition, PHRs will receive support through timely reviews and feedback of 100% of SIS resources, education, and training materials.

In FY24, MCH will promote safe sleep social media messaging to at least four Texas regions with disparate rates of SIDS and other sleep-related infant deaths. The goal is to provide the SIS online social media toolkit to at least four priority populations by September 2024.

## **4. SPM 3: Infant Mortality Disparities: Ratio of Black to White infant mortality rate**

MCH will support the infant health stakeholder state-wide needs assessment focusing on infant health priorities including hospital breastfeeding practices, worksite lactation support, community breastfeeding support, safe infant sleep practices, and other priorities to reduce infant mortality rates.

MCH will support preconception health education activities in communities with high Black infant mortality rates through the HTMB-funded Community Coalitions and Peer Dad programs. These programs use state and local-level data assessments and engagement to develop strategic action plans addressing local-level drivers of infant mortality. In FY24, MCH will fund three community-level events that provide preconception and perinatal health information through partnerships with Historically Black Colleges and Universities.

MCH will fund and provide TA to HTMB community contractors in regions with higher rates of infant mortality. The goal is to increase support and local-level promotion of state campaigns and community events that address maternal and infant health.

In FY24, MCH will provide support for at least three local public awareness campaigns or community events related to maternal and infant health and safety topics.

MCH will support contractors to identify at least two healthcare facilities and engage these facilities in breastfeeding best practices. The goal is to have at least 40% of HTMB funded community contractors engage at least one healthcare provider or health system in the Texas Ten Step program application, a bundle of evidence-based practices that improve breastfeeding outcomes.

MCH will continue to implement infant health and safety campaign messages around breastfeeding best practices, worksite lactation support, and safe infant sleep in geo-targeted areas with high Black infant mortality rates and high infant mortality disparities.

In FY24, MCH will distribute SIS materials and community trainings to at least 4 geo-targeted communities with high Black infant mortality rates and pilot the new safe infant train-the-trainer community education in at least one community with disparate rates of Black infant mortality.

MCH will also distribute breastfeeding and SIS messaging through social media in counties with high Black infant and maternal mortality rates. Social media communications will highlight National Breastfeeding Month, SIDS Awareness Month, and Black Maternal Health Week in April 2024.

By analyzing Texas Health Steps online provider education module historical data on breastfeeding and infant safe sleep, MCH will identify communities with low rates of module completion and high rates of Black infant mortality. State program promotion and healthcare and community-based lactation support provider initiatives will also take place in these communities.

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