

Course Syllabus

**SCHOOL OF
PUBLIC HEALTH**



CHSC 594: MCH Inequities and Responses Part I

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| Credits: | 4 |
| Meeting Days: | Wed. |
| Meeting Time: | 1-4:45pm |
| Meeting Place: | Virtual |
| Primary Instructor: | Arden Handler, DrPH |
| Office Address: | 1603 W. Taylor, Room 655 |
| Office Phone: | 312-996-5954 |
| E-mail: | handler@uic.edu |
| Secondary Instructor: | Kenya McRae, PhD (IL Title V Director will be presenting the IL Title V experience in multiple sessions) |
| E-mail: | Kenya.mcrae1@gmail.com |
| Office Hours: | By appointment via ZOOM or Phone for both Dr. Handler and Dr. McRae |

I. Course Description

Using an ecological and life-course perspective, this course addresses women's, pregnant/postpartum person's, and fetal/infant well-being. Protective and risk factors, trends, and disparities in morbidity and mortality for non-reproductive and reproductive health, pregnancy, childbirth, and the perinatal periods are discussed, with particular emphasis on health inequities. The course employs systems theory to examine the structure of MCH systems, as well as the social, political, and economic macro environments within which MCH and other service systems in the US have emerged and currently operate. The current MCH delivery system and the myriad of services, interventions, and policies to address the needs of women/maternal/fetal/infant health and to promote health equity are examined.

II. Course Prerequisites

This course is for students concentrating in MCH or MCHEPI. Other students are able to participate in the course with the Consent of the Instructor.

III. Course Text and Other Readings

This course uses peer-reviewed literature, reports generated by MCH organizations, as well as videos from webinars and newscasts. These are posted in the class Blackboard under Readings and/or links are provided in the syllabus.

Potential Textbook: Maternal and Child Health Programs: Problems and Policy in Public Health. Editors, Russell Kirby and Sarah Verbiest. Jones and Bartlett Learning, 2020. **Note: this book may become available during the course of the class in Spring 2021. If it becomes available, chapters from this book may be added to the course readings.**

IV. Methods of Instruction

This class will include a mixture of lectures, discussion of readings, presentations by the state's Title V/MCH Block grant director, observation of Maternal and Child Health meetings occurring in Illinois and in Chicago as well as nationally, and interviews with key MCH leaders focused on women's health, pregnant/postpartum persons, and infants (*Taking it to the Streets*). The class is entirely virtual and will use ZOOM as the virtual classroom platform.

Blackboard: Course communication outside of the classroom will rely primarily on UIC's Blackboard Learning System. Students will be enrolled into the Blackboard course site each semester after registering. The Blackboard course site is where all materials for the course including readings and lectures will be posted. Students are expected to log into the course site regularly to learn about any developments related to the course as well as to upload assignments and communicate with classmates. Learn more about Blackboard at <http://uic.blackboard.com>].

V. Office Hours

Office hours with Dr. Handler are available by appointment and will take place via ZOOM or telephone.

VI. Course Objectives and CEPH Competency Met in this Course

At the end of this course, students should be able to do the following:

- 1) Describe key theoretical frameworks relevant to the non-reproductive and reproductive health of women, pregnant/postpartum persons, and fetal/infant health.
- 2) Discuss key social, cultural, biological, and environmental factors contributing to the health, wellbeing, and observed inequities among women of reproductive age, pregnant and postpartum persons, and infants across population groups and communities.
- 3) Identify leading morbidities and causes of mortality for women of reproductive age, pregnant and postpartum persons, and infants across population groups and communities.
- 4) Describe key data and surveillance systems relevant to women of reproductive age, pregnant/postpartum persons, and infants.
- 5) Describe the major interventions, programs, and systems in place in the US to address the needs of women of reproductive age, pregnant and postpartum persons, and infants.
- 6) Articulate the role of Title V and related programs and systems in reducing inequities in reproductive, prenatal, postpartum, perinatal, and infant health.
- 7) Identify the major public funding streams for contraception, abortion, well-woman care, prenatal care, postpartum care, and infant care.

CEPH Competency for the MCH Concentration that is met in this course:

- **Analyze gaps in existing MCH delivery systems for various MCH populations (e.g., pregnant women, adolescents, CSHCN) and for various MCH issues (e.g., childhood**

obesity, bullying of LGBTQ youth, well-woman care) in order to develop strategies to promote and ensure integrated service systems for MCH populations. **Case Study Gap Analysis (Parts I and II- see below).** (Note: This competency will be met in both MCH Inequities and Responses Part I and Part II).

CEPH Competency for the MCH EPI Concentration that is met in this course:

- Synthesize population data to inform the design, implementation and/or enhancement of MCH public health programs. **Case Study Gap Analysis (Parts I and II- see below).** (Note: This competency will be met in both MCH Inequities and Responses Part I and Part II).

VII. Course Outline/Weekly Schedule

This outline is subject to change/adjustment as the course proceeds during the semester.

| Session | Date | Topic | Assignment | Class Activity/ Due Date |
|---------|---------|---|--|---|
| 1 | 1/13/21 | Overview of social/structural determinants of women’s pregnant/postpartum persons’ and infants’ health; overview/intersection with MCH Systems Case-study exercise #1: <i>Introducing “Linda and her Family”</i> | Homework #1: MCH Navigator Exercise: Explore MCH Systems Spotlight | Homework #1 Due: 1/20/21 |
| 2 | 1/20/21 | Overview of Title V/MCH Block Grant Overview of Title V in Illinois: Kenya McRae, IL Title V/MCH Block Grant Director Review of Homework from Week #1 4 pm. UIC Event with Ibram X. Kendi https://involvement.uic.edu/programs-events/cultural-heritage-programs/mlk/ | Homework #2: Understanding my State’s MCH programs - Within and Beyond Title V: What is My MCH Systems IQ? | Homework #2 Due: 1/27/21 |
| 3 | 1/27/21 | Overview of Publicly Financed Health Care Coverage for Women and Infants: The Role of ACA and Medicaid in Advancing Health Equity: Kay Johnson- ZOOM LINK for this event to be provided separately. Review of Homework from Week #2 Case Study Exercise #2: Navigating the Health Insurance System with “Linda and Family” | | |
| 4 | 2/3/21 | Understanding Surveillance in MCH: Key datasets for reproductive, perinatal, and infant health- Amanda Bennett, PhD Overview of the Use of Data in Title V: PRAMS Exercise A. Bennett, PhD | Major Assignment #5: Continue working on Maternal and Infant Health Dataset Exercise in groups to prepare for | Major Assignment #5 Due: 2/10/21, noon` |

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| | | <p>Group Exercise for Discussion 2/3/21 and homework for 2/10/21: Maternal and Infant Health Dataset Exercise</p> | <p>PowerPoint presentation in class on Feb. 10, 2020.</p> | |
| 5 | 2/10/21 | <p>Student Group PowerPoint Presentations: PRAMS Analysis Plans (based on Week #4 activity and Homework)</p> <p>Overview of Women’s Health and Well-Being Overview of Women’s Health Care – Well-Woman Visit Title V Action Plan: Well-Woman Care - Kenya McRae, PhD</p> <p>4pm. UIC-SPH Swartzman Lecture: Dr. Helene Gayle (CCT), Dr. Lee Francis (Erie) and Dr. Ngozi Ezike (IDPH). ZOOM or WEBEX LINK for this event to be provided separately.</p> | | |
| 6 | 2/17/21 | <p>Overview of Issues in Access to Contraception and Abortion Overview of Reproductive Justice</p> <p>Developing Principles to Evaluate Campaigns</p> <p><i>Taking it to the Streets:</i> Interview with Kai Tao and/or Katie Thiede, I-CAN</p> | <p>Homework #3: Using a Reproductive Justice Lens to Evaluate Reproductive Health Campaigns</p> | <p>Homework #3 Due: 2/24/21</p> |
| 7 | 2/24/21 | <p>Overview of Pre and interconception Care Overview of Infertility and Early Pregnancy Loss</p> <p>Review of Homework from Week #6</p> <p>Hot Topic Discussion: Reproductive and Well-Person Health Care for the LGBTQ Community</p> | | <p>Major Assignment #4 due for Group leading Hot Topic Discussion</p> |
| 8 | 3/3/21 | <p>Overview of Pregnancy and Reproductive and Perinatal Outcomes for Offspring: Fetal Death, LBW, Preterm Birth (PTB)</p> <p>COVID and Pregnancy Outcomes</p> <p>Video Recording: Climate Change and Reproductive and Perinatal Outcomes Webinar–Skye Wheeler</p> <p>https://vimeo.com/432265941/63f2ba19e3</p> | <p>Homework #4: Developing a Fact Sheet on Climate Change and Reproductive and Perinatal Outcomes Webinar</p> | <p>Homework # 4 Due: 3/10/21</p> <p>Major Assignment #1: Part I: Systems Gap Analysis, Due, 11pm</p> |
| 9 | 3/10/21 | <p>Prenatal Care: Content, Initiation, Adequacy, and Quality</p> | | |

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| | | <p>Ancillary Supports During Pregnancy and New Models of Care</p> <p>Title V Action Plan: Pregnant Persons - Kenya McRae, PhD, IL Title V Director</p> <p>Review of Homework from Week #8</p> <p><i>Taking it to the Streets: Interview with Lisa Masinter, Jena Wallander, and Kirbi Range and Sheila Sanders, Chicago Collaborative for Maternal Health</i></p> | | |
| 10 | 3/17/21 | <p>Intimate Partner Violence, Substance Use, and Mental Health During Pregnancy.</p> <p>Guest Speaker: Intimate Partner Violence during Pregnancy: Alisa Velonis, PhD</p> <p>Title V Action Plan: Substance Use and Mental Health: Kenya McRae, PhD, IL Title V Director</p> <p>Hot Topic: <i>Pregnancy, and Prenatal and Infant Care during the time of COVID</i></p> | | Major Assignment #4 due for Group leading Hot Topic Discussion |
| 11 | Spring Break | | | |
| 12 | 3/31/21 | <p>Overview of the Labor and Delivery Experience in the US; Regionalized Perinatal Care and Maternal Levels of Care; Technology/Interventions, Midwives, and Birthing Centers</p> <p>Video: Birth by the Numbers: Myth and Reality: Eugene DeClercq https://www.youtube.com/watch?v=M_SKMMs2qfM</p> <p>Title V Action Plan: Perinatal Care- Kenya McRae, PhD, IL Title V Director</p> <p>Hot Topic: <i>Justice Involved Pregnant and Parenting Persons</i></p> | | Major Assignment #4 due for Group leading Hot Topic Discussion |
| 13 | 4/7/21 | <p>Maternal Morbidity and Mortality Systems Failure: The Case of Shalon Irving</p> <p>Title V Action Plan: Maternal Mortality and Morbidity - Kenya McRae, PhD, IL Title V Director</p> | | |

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| | | <p><i>Taking it to the Streets:</i> Interview with Jessica Davenport Williams, Black Girls Break Bread</p> | | |
| 14 | 4/14/21 | <p>Postpartum Period: Issues and Care for Women and Infants</p> <p>Title V Action Plan: Postpartum Care - Kenya McRae, PhD, IL Title V Director</p> <p><i>Living While Black: Health Segment from ABC7:</i> https://abc7chicago.com/feature/society/our-america-living-while-black/6684868/</p> <p><i>Taking it to the Streets:</i> Interview with Jen Vidis, Family Connects Chicago, and Joann Peso, WIC</p> | | |
| 15 | 4/21/21 | <p>Overview of Infant Morbidity and Mortality</p> <p>Title V Action Plan: Kenya McRae, PhD, IL Title V Director</p> <p><i>Taking it to the Streets:</i> NICU interview: De-Ann Pillers MD (UIC-NICU)</p> | | Major Assignment #2, Due 11pm |
| 16 | 4/28/21 | <p>Components of a Family Friendly System: Supporting Diverse Families</p> <p>Case Study Exercise #3: Designing a Family Engaged and Family Friendly Maternal and Child Health System- "Linda and her Family"</p> <p>Video: State of Babies 2020. Listen to Myra Jones-Taylor, Zero to Three's chief policy officer,</p> <p>Hot Topic: Refugee Families and Access to Reproductive and Perinatal Care and Inequities in Outcomes</p> | | Major Assignment #4 due for Group leading Hot Topic Discussion |
| | 4/30/21 | | | <p>Major Assignment #1: Part II: Systems Gap Analysis, Due 11pm</p> <p>Major Assignment #3: Due 11 pm</p> |

VIII. Assessments

Major Assignment #1: Case Study - Systems Gap Analysis

Students will focus on a population that is the focus of this course – women of reproductive age, pregnant persons, postpartum persons, or infants, and select a **health issue, either defined in terms of a health status outcome** (e.g., women’s health status when not pregnant, unintended pregnancy, teen pregnancy, maternal morbidity and mortality, infant mortality and morbidity, LGBTQ health, family health, etc.), or **defined in terms of access to care/services/systems** (e.g., family planning/preconception health/well-woman care, prenatal care/ high risk maternity care, postpartum care, regionalized perinatal care, “prenatal to 3”), in a Region V state (**excluding IL**) or a large Midwestern city (**excluding IL cities**).

Students will develop a systems gap analysis on a **selected issue/problem in a Midwestern city or state** excluding IL (e.g., infant mortality in Cleveland, OH; access to prenatal care for LGBTQ persons in Minneapolis, MN; access to reproductive health services in IN; Prenatal to 3 System in MI; Maternal Morbidity and Mortality in WI, etc.). Students will be expected to access a variety of resources (via the web) to produce the gap analysis. **Basic background documents for each state are posted on the class Blackboard site under State Resources.**

Part I: *Understanding the Issue/Problem* - Due: **March 3, 2021, 11pm**

- The *Understanding the Issue/Problem* overview should be approximately **5–7 double spaced pages in length** and should include appropriate headings, data tables, graphics, and references (See Rubric).

Part II: *Gap Analysis* – Due: **April 30, 2021, 11 pm**

- The *Systems Gap Analysis* should be approximately **5-7 double spaced pages in length** and should include appropriate headings, data tables, graphics, and references. (See Rubric).

Additional Assignments

Major Assignment #2: Reflections with a Systems and Equity Lens on 8 hours of Participation in Meetings of Maternal/Pregnant Persons/Infants Organizations – Students will respond to a set of reflection questions after attending 8 hours of meetings. **Post your Organizational Reflection in the Assignments Section of Blackboard by April 21, 2021 at 11 pm.**

Calendar Link to Sign up for Meetings: <https://drive.google.com/file/d/1tEeb17Uq1-wy1VgMsdyAFLXsh0HodL3q/view?usp=sharing>

This link can also be found on the Discussion Board under the **Meeting Sign-Up Link**

Major Assignment #3: *Taking it to the Streets*: Develop Interview Questions (group), Conduct Interview (group), and prepare **Reflection (individual)** based on the Interviews.

- **Developing Interview Questions and Conducting the Interview: No GRADE**
- **Individual Reflection on the Interviews- Individual Grade**

Please post your Individual Reflection for Assignment #3 in the Assignments Section of Blackboard by April 30, 2021 at 11 pm.

Major Assignment #4: Leading Hot Topic Discussion: In CHSC 594 Spring 2021, there are four hot topic discussions: Group Exercise

- **February 24, 2021:** Reproductive and Well-Person Care for the LGBTQ Community
- **March 17, 2021:** Pregnancy, and Prenatal and Infant Care during the Time of COVID
- **March 31, 2021:** Justice Involved Pregnant and Parenting Persons
- **April 28, 2021:** Refugee Families and Access to Reproductive and Perinatal Care: Implications for Inequities in Health Status Outcomes

Major Assignment #5: PRAMS MCH Surveillance Exercise - Develop a research question related to women's and infants' health and describe how an analysis in PRAMS can be used to address this question. Develop PowerPoint presentation that delineates the research questions, the major independent and dependent variables, potential covariates, and a simple analysis plan with two mock Tables- **Group Exercise**

Post your final PowerPoint presentation in the Discussion Section of BB (one per group) and in the Assignments Section of BB (each person should post the group's presentation here.) Due Date: 2/10/21 pm, noon.

Major Assignment # 6: Submission of Individual Homework:

- 1) **MCH Navigator Assignment:** Listen to archived Systems Webinar and answer questions. **Post your response in the Discussion Board of BB: Forum for Homework Tab #1 by noon on Jan. 20: MCH System Reflection.**
- 2) **MCH IQ Exercise:** Complete the MCH IQ exercise on a state in Region V (not Illinois). **Post your response in the Discussion Board of BB by noon on Jan. 27: Forum for Homework Tab #2: What is my MCH System's IQ?**
- 3) **Reproductive Justice Exercise: Critique a Reproductive/Perinatal Health Campaign with an RJ Lens. Post your PowerPoint presentation (one person per group) in the Discussion Board of BB by noon on Feb. 24: Forum for Homework #3: Critique of Campaigns using a Reproductive Justice Lens**
- 4) **Listen to the Climate Change Webinar and Contribute to a Climate/Heat and Pregnancy Outcomes Fact Sheet.**
 - **Go to the Google Doc (link below) and add a Fact based on the webinar to the google doc. Make sure your fact is different from the Facts that precede it. The Google Doc is posted under the Discussion Forum Homework #4 Tab.**
 - **Google Doc Link: <https://docs.google.com/document/d/1LUuCxh4E-TpMVcb5Fhe6Lbo-LlZrhFS4ctbQI0WL2lc/edit?usp=sharing>**

Homework due: March 10, 2021, noon.

IX. Grading

Additional information about the grading criteria for each component will be distributed with the assignment. Grades are provided on a ten-point scale (0-10). For Assignments that require rubrics (Case-Study Parts I and II), please refer to the Assignment rubrics for grading details on Blackboard. The weight of each course assignment is as follows:

Attendance & Participation: 10%- Individual

Major Assignment #1: Case Study- Systems Gap Analysis Part I: 20% - Individual

Major Assignment #1: Case Study -Systems Gap Analysis Part II: 20% - Individual

Major Assignment #2: Reflections on Attendance at Maternal and Infant Organization Meetings: 10%- Individual

Major Assignment #3: Questions for Interviews for *Taking it to the Streets*: 0% - Group

Major Assignment #3: Reflections on Interview Responses for *Taking it to the Streets*: 10%- Individual

Major Assignment #4: Leading Hot Topic Discussions: 10%- Group

Major Assignment #5: PRAMS Exercise: 10% - Group

Major Assignment # 6: Homework: 10% based on Completion ONLY

As noted above, there are **three Group exercises/assignments**. You will be assigned to a Group at the **beginning of the semester**.

Grading Policy

If a student has accommodations as documented by the UIC Disability Resource Center (see below) related to the time needed to complete an assignment, please let Dr. Handler know about this accommodation within the first two weeks of class.

Late Work

Late work will not be accepted. If a deadline cannot be met, **please contact Dr. Handler before the due date/time to agree on an alternate submission arrangement**. Assignment due dates will not be changed because of exams or assignments in other courses or because of conflicting vacation travel plans. Late assignments w/o prior arrangement will receive a 1-point reduction for every day that they are late. After seven days, late submissions receive no points. Students must inform the instructor on the first week of class if they cannot attend a presentation due to extenuating circumstances, such as medical procedures or professional travel.

Incomplete Grades

Incomplete (IN) may be given only if, for reasons beyond the students' control, required work has not been completed by the end of the term. An IN must be converted to a letter grade (A-F) by the end of the students' next registered term subsequent to that in which it was received or, if the student is not in registered, by the end of the twelve consecutive months subsequent to that in which the IN was received. Refer to the Student Handbook for additional information about incomplete grades.

X. Evaluation

Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete the CourseEvals in the middle and at the end of the semester. Students will have 15 minutes of class time to complete course evaluations. CourseEvals are anonymous and instructors will not receive their CourseEvals results until after final grades have been submitted.

XI. Honor Code and Academic Integrity

SPH students are expected to uphold the SPH Honor Code and act with truth and integrity in their academic work. To better promote an understanding of those obligations, all students entering an SPH degree program are required to complete the School's Academic Integrity Tutorial found at: <https://publichealth.uic.edu/current-students/academic-integrity-tutorial/>.

Information regarding the Honor Code and SPH policy can be found in the Academic Policies and Procedures handbooks.

Academic dishonesty is an offense against the University and course instructors are obligated to report an incident to the Associate Dean for Academic Affairs. Academic dishonesty includes, but is not limited to, cheating or assisting someone else in academic dishonesty, plagiarism, unauthorized possession of class materials (e.g., tests), and unauthorized changing of one's grade. Students found guilty of engaging in an act of academic dishonesty may receive a failing grade for the assignment or course. Such students may also be prohibited from holding an assistantship or leadership position within the School, and/or be barred from competing for School scholarships and other awards. The

range of possible disciplinary actions flowing from an act of academic misconduct are found in the UIC Student Disciplinary Policy at: <http://dos.uic.edu/conductforstudents.shtml>

Additional resources: <http://owl.english.purdue.edu/owl/resource/589/01/>. Students are also encouraged to consult their instructor on rules for proper citation.

XII. Mutual Respect and Inclusivity

Public health deals with controversial issues from multiple perspectives. Consideration of these issues may cause disagreements among us, or may evoke strong personal feelings, depending on our individual experience, histories, identities and worldviews. In an increasingly diverse society, we, as public health professionals, value inclusivity and difference, and the opportunity to learn together. Therefore, in all of our interactions and communications, it is important that we strive to have mutual respect and appreciation for one another, and for any course guests and members of the community with whom we come into contact.

If you anticipate that you may have difficulty with a topic, please discuss this with an instructor as soon as possible, so that your needs can be accommodated. If you are concerned with class content, communications or interactions, you are encouraged to bring this up in class or discuss this privately with one of the instructors.

XIII. Disability Statement

It is University policy to facilitate a barrier free environment so that students can fully access classes and other University activities. The Disability Resource Center provides assistance and support for students and assists with the provision of reasonable accommodations to students who have a documented disability. In order to receive accommodations, students must register with the UIC Disability Resource Center (<https://drc.uic.edu/>) and provide the course instructor with the Letter of Accommodation developed by the Disability Resource Center at the beginning of the term or as soon as feasible. Instructors will collaborate with you and the Resource Center to implement a plan that will facilitate learning.

XIV. Sex Discrimination, Sexual Harassment, and Sexual Misconduct Statement

UIC is committed to providing an educational and work environment that is free from all forms of sex discrimination, sexual violence, and sexual and gender-based harassment. UIC prohibits and will not tolerate Sexual Misconduct of or by students, employees, patients, or visitors. UIC will take prompt and fair action to eliminate such conduct, prevent its recurrence, and remedy its effects through interim protective measures and accommodations, equitable investigations, and disciplinary processes: <https://oae.uic.edu/policies/sexual-misconduct-policy/>.

XV. The SPH Peer Support Team

The Peer Support Team, comprised of MPH students advanced in writing and quantitative methods, is dedicated to helping their fellow students succeed academically. During the fall and spring terms, the team offers individual and group sessions to help students understand public health concepts and skills, and to assist with class assignments in a relaxed and supportive environment. Peer Support Specialists work with one another and in consultation with course instructors, TAs and Office of Diversity and Inclusion staff to ensure that students at SPH have the support they need to succeed in their coursework. Services are free of charge and available to all undergraduate and masters-level Public Health students, regardless of skill level or comfort with the material. You may schedule an appointment by clicking the scheduling tab below any of the specialists found here: <http://publichealth.uic.edu/diversity-and-inclusion/peer-support-team>

XVI. Librarian Office Hours and Support

The UIC SPH has a dedicated librarian to assist students with their library research, including searching PubMed and other databases, navigating RefWorks citation manager, and literature review search

methods. Librarian office hours are held weekly at the SPH during the fall and spring semesters. Students may also meet with the librarian at the Library of the Health Sciences, or seek help via phone, email, and online meetings. Please contact Prof. Rosie Hanneke (rhanneke@uic.edu) to schedule an appointment.

XVII. UIC Counseling Center

As a student, you may experience a range of issues that can cause barriers to learning or otherwise be problematic or distressing. The UIC Counseling Center provides services to help students deal with a range of issues including coping with the transition to graduate school, anxiety and depression and identity and relationship issues. Counselors can help students increase resilience and develop effective coping and problem-solving skills. More information can be found at: <http://counseling.uic.edu/>.

XVIII. UIC Academic Calendar

<https://catalog.uic.edu/ucat/academic-calendar/>

Details of CHSC 594 2021 Class Schedule

January 13, 2021. Class #1: *Social and Structural Determinants of MCH and MCH Systems*

- Overview of Class Syllabus
- Overview of the social and structural determinants of women's pregnant/postpartum persons' and infants' health and overview/intersection with MCH Systems: Racism, Classism, and Intersectionality
- What is Systems Thinking? Systems Lens? Relationship between Systems and Systems Change
- Case-study Exercise #1: *Introducing "Linda and her Family"*
- Homework: **MCH Navigator Exercise: Explore MCH Systems Spotlight:** <https://www.mchnavigator.org/trainings/systems-integration.php>

Systems Thinking for Maternal and Child Health: Application in Practice. This webinar demonstrates how to apply systems thinking to maternal and child health and analyzes the advantages of using this method to solve current and future challenges in public health. *Date:* 11/8/2011. *Source:* Alabama Public Health Training Network. *Presenter(s):* Donna Petersen MHS, ScD. *Type:* Conference Archive. *Level:* Introductory. *Length:* 90 minutes. <https://www.alabamapublichealth.gov/ALPHTN/ondemand/2011/11-08.html>

January 20, 2021. Class #2: *Title V MCH Block Grant*

- Overview of Title V/MCH Block Grant
- Overview of Title V in Illinois: Kenya McRae, IL Title V/MCH Block Grant Director
- Review of Homework from Week 1: **MCH Navigator Exercise**
- Presentation by Dr. Ibram Kendi: <https://involvement.uic.edu/programs-events/cultural-heritage-programs/mlk/>
- Homework: MCH System Exercise: **Understanding my State's MCH programs - Within and Beyond Title V: What is My MCH Systems IQ?**

January 27, 2021. Class #3: *Financing of Reproductive/Maternal/Infant Care*

- Overview of Publicly Financed Health Care Coverage for Women and Infants: The Role of ACA and Medicaid in Advancing Health Equity – **Kay Johnson (Separate ZOOM Link).**
- Review of Homework from Week #2: **Understanding my State's MCH programs - Within and Beyond Title V: What is My MCH Systems IQ?**
- Case Study Exercise #2: **Navigating the Insurance System with "Linda and Family"**

February 3, 2021. Class #4:

- **Understanding Surveillance in Maternal and Child Health:** Key datasets for women's reproductive, perinatal, and infant health - **Amanda Bennett, PhD**
- **Overview of the Use of Data in Title V:** Performance Measurement, Data Book, Maternal Mortality Report, Infant Mortality Report - **Amanda Bennett, PhD**
- **Group Exercise for Discussion 2/3/21: Maternal and Infant Health Dataset Exercise:** Working with PRAMS to answer a research question.

- **Homework: Work on Maternal and Infant Health Dataset Exercise in groups to prepare for presentation in class on Feb. 10, 2020.**

Feb. 10, 2021. Class # 5: Women of Reproductive Age: Overview of Health and Wellbeing

- **Overview of Women’s Health and Well-Being:** morbidity and mortality, sexuality, nutrition, physical activity, substance use, violence, oral health; women’s health as a human right; US compared to other nations
- **Overview of Women’s Health Care - Well-Woman Visit**
- **Title V Action Plan: Well-Woman Care - Kenya McRae, PhD, IL Title V Director**
 - *Implement well-woman care mini grants to assist local entities in assessing their community needs and barriers; and, develop and implement a plan to increase well-woman visits among women ages 18-44 years based on the completed assessment*
- **Review of Homework from Week #4: Maternal and Infant Health Dataset Exercise: Working with PRAMS- Group Presentations**

Feb. 17, 2021. Class #6: Reproductive Justice: Choice and Pregnancy Intention, Contraception, and Abortion

- **Overview of Issues in Access to Contraception and Abortion;** Delivery of Reproductive Health Services in US including role of Title X and Medicaid; Reproductive Health versus Reproductive Rights versus Reproductive Justice; **Intersection of Reproductive Justice with Social/Racial/Economic Justice**
- **Building and Using a *Reproductive Justice Lens* to Develop Reproductive and Sexual Health Services and Health Promotion and Education Campaigns: Developing Principles to Evaluate Campaigns**
- ***Taking it to the Streets:*** Interview with Kai Tao and/or Katie Thiede, Illinois Contraceptive Access Now (I-CAN)
- **Homework: Using a Reproductive Justice Lens to Evaluate Reproductive Health Campaigns**

February 24, 2021. Class #7: Women’s Health Status in Relationship to Pregnancy:

Preconception/Interconception Health, and Infertility/Early Pregnancy Loss

- “Herstory” of preconception care and its relationship to reproductive/perinatal health; relationship between preconception/interconception/well-woman care
- Overview of Infertility and Early Pregnancy Loss
- **Review of Homework from Week #6: Using a Reproductive Justice Lens to Evaluate Reproductive Health Campaigns**

Hot Topic Discussion: Reproductive and Well-Person Health Care for the LGBTQ Community

March 3, 2021. Class #8: Pregnancy and Reproductive and Perinatal Outcomes for Offspring: Fetal Death, LBW, Preterm Birth (PTB)

- Physiological, Psychological, and Social Changes of Pregnancy

- Adverse Pregnancy Outcomes: Fetal Death, PTB and LBW
- **Climate Change and Reproductive and Perinatal Outcomes –Skye Wheeler**
 - <https://vimeo.com/432265941/63f2ba19e3>
 - Link to Maternal Health, Climate Change, and Birth Outcomes Webinar

March 10, 2021. Class #9: Health and Care/Interventions during Pregnancy

- **Prenatal Care:** Content, Initiation, Adequacy, and Quality
- **Ancillary Supports During Pregnancy and New Models of Care:** Centering Pregnancy/WIC/MIECHV/Healthy Start/Maternity Care Home/Care Coordination/Doulas
- **Title V Action Plan: Pregnant Persons - Kenya McRae, PhD, IL Title V Director**
 - *Provide support to pregnant women at risk for poor birth outcomes through an array of case management and home visiting programs through the Illinois Department of Human Services (DHS) Maternal, Infant and Early Childhood Home Visiting (MIECHV) program; and, ensure these DHS programs align with Title V priorities.*

Taking it to the Streets: Interview with Lisa Masinter and Jena Wallander (Alliance), and Kirbi Range and Sheila Sanders (EverThrive IL), Chicago Collaborative for Maternal Health/Merck for Mothers Project

March 17, 2021. Class #10: A More In-Depth Focus on Women’s Health: Gender Based Violence, Substance Use, and Depression/Mental Health

- **Guest Speaker: *Intimate Partner Violence during Pregnancy* -- Alisa Velonis, PhD**
- **Title V Action Plan: Substance Use and Mental Health - Kenya McRae, PhD, IL Title V Director**
 - *Convene and partner with key stakeholders to identify gaps in mental health and substance abuse services for women that include difficulties encountered in balancing multiple roles, self-care and parenting after childbirth; and, leverage expertise to develop recommendations for system level improvements for Title V consideration and implementation.*
 - *Partner with the University of Illinois at Chicago (UIC) Center for Research on Women and Gender to implement a program at two clinic sites to expand the capacity of Illinois health care providers to screen, assess, refer and treat pregnant and postpartum women for depression and related behavioral health disorders.*

Hot Topic Discussion: *Pregnancy, and Prenatal and Infant Care during the time of COVID*

March 24, 2021. Spring Break.

March 31, 2021. Class #11: Childbirth Experiences and Interventions during Labor and Delivery

- Overview of the Labor and Delivery Experience in the US
- Regionalized Perinatal Care and Maternal Levels of Care
- Technology/Interventions, Midwives, and Birthing Centers

Video:

Birth by the Numbers: C-sections- Myth and Reality: Eugene DeClercq, PhD
https://www.youtube.com/watch?v=M_SKMMs2qfM

- **Title V Action Plan: Perinatal Care - Kenya McRae, PhD, IL Title V Director**
 - *Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement projects initiatives in birthing hospitals*
 - *Maintain a strong system of regionalized perinatal care by supporting perinatal network administrators and outreach/education coordinators and identifying opportunities for improving the state system.*
 - *Implement surveillance systems to assess the impact of COVID-19 on pregnant women and neonates, including use of CDC's COVID-19 pregnancy module and development of system to track universal testing of pregnant women admitted for labor and delivery.*
 - *Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement projects initiatives in birthing hospitals.*
- **Hot Topic Discussion: Justice Involved Pregnant and Parenting Persons**

April 7, 2021. Class #12: Maternal Health and Well-being: Maternal Morbidity and Mortality

- **Overview of Maternal Morbidity and Mortality:** Incidence/Prevalence/Measurement; High-risk Maternity Care; AIM Bundles; I PROMOTE-IL
- **Systems Failure: The Case of Shalon Irving**

Title V Action Plan: Maternal Mortality and Morbidity - Kenya McRae, PhD, IL Title V Director

- *Convene and facilitate state Maternal Mortality Review Committees (MMRC and MMRC-V) to review pregnancy-associated deaths and develop recommendations to improve quality of maternal care as well as reduce disparities and address social determinants of health.*
- *Partner with the statewide Severe Maternal Morbidity (SMM) Review sub-committee to develop recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' Regionalized Perinatal System.*
- *Participate in and collaborate with the Illinois Maternal Health Task Force established through the I- PROMOTE-IL program (HRSA Maternal Health Innovation Grant) to develop a statewide IL Maternal Health Strategic Plan to translate and build on findings and implement recommendations from the Illinois MMRC, MMRC-V and SMM.*
- *Support and collaborate with the state-mandated Illinois Task Force on Infant and Maternal Mortality among African Americans to assess the impact of overt and covert racism on pregnancy related outcomes, identify best practices and effective interventions, address social determinants of health, and develop an annual report with recommendations to improve outcomes for African American women and infants.*
- *Facilitate the collaborative effort between the Illinois Maternal Health Task Force and the Illinois Task Force on Infant and Maternal Mortality among African Americans to align their strategies and activities towards improving maternal health in Illinois.*

***Taking it to the Streets:* Interview with Jessica Davenport Williams, Black Girls Break Bread: The Experience of Pregnant Persons during COVID- 19 Pandemic and Beyond/The OB Desert on the Southside of Chicago**

April 14, 2021. Class #13: Postpartum Health Care and Interventions

- **Overview of Postpartum Period:** Postpartum Care, Postpartum Depression, Postpartum Morbidity, Postpartum Contraception, Postpartum Interventions; Critical Link to Well-Woman care

- **Title V Action Plan: Postpartum Care - Kenya McRae, PhD, IL Title V Director**
 - *Support the Chicago Department of Public Health (CDPH) in implementation of Family Connects Chicago to ensure nurse home visits for all babies and parents immediately following birth and linkage to a network of community supports to assist with longer term, family identified needs.*
 - *Participate in state inter-agency committee efforts to improve Medicaid coverage and care coordination for pregnant and postpartum women by ensuring the extension of coverage from 60 days to 12 months postpartum, allowing managed care reinstatement within 90 days, and waiving hospital presumptive eligibility.*

Video: Living While Black ABC7News Maternal Health Segment:

<https://abc7chicago.com/feature/society/our-america-living-while-black/6684868/>

Taking it to the Streets: Interview with Jen Vidis about Family Connects Chicago, and Joann Peso about the WIC Program

April 21, 2021. Class # 14: Infant Health and Well-being

- **Overview of Infant Morbidity and Mortality: Breastfeeding, safe sleep, 0-3, immunizations, well-child care, infant mental health and development**
- **Title V Action Plan: Kenya McRae, PhD, IL Title V Director**
- Support the Fetal and Infant Mortality Review (FIMR) program to identify factors that contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes and develops recommendations to improve quality care as well as address social determinants of health.
- Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement projects initiatives in birthing hospitals. *(Same as strategy 2-1)*
- Collaborate with partners to support statewide efforts to improve breastfeeding outcomes and reduce disparities.

Taking it to the Streets: NICU interview: De-Ann Pillers MD (UIC-NICU)

April 28, 2021. Class # 15: Components of a Family Friendly System: Supporting Diverse Families

- Pregnancy/Parenting and Ability Issues
- Issues faced by LGBTQ families
- Role of Fathers/Men in Maternal and Child Health Care Systems
- **Case Study Exercise #3: Designing a Family Engaged and Culturally Humble MCH System with “Linda and Family”** How do we ensure that the various systems with which Linda and her family interact respect and attend to cultural differences? How do we move beyond cultural competency to inform claims to **economic/ racial/social justice and health equity?**
- **Video: State of Babies 2020.** [Listen](#) to Myra Jones-Taylor, Zero to Three’s chief policy officer, describe this resource comparing national and state data on the well-being of infants and toddlers prior to the pandemic.

- **Hot Topic Discussion:** *Refugee Families -- Access to Reproductive and Perinatal Care: Implications for Inequities in Health Status Outcomes*

CHSC 594 Readings

Class #1: 1/13/21. Overview of Social/Structural Determinants of Women's/Pregnant/Postpartum's Persons and Infants Health

- 1) Braveman P. What is health equity: and how does a life-course approach take us further toward it? *Maternal and Child Health Journal*. 2014 Feb;18(2):366-72. doi: 10.1007/s10995-013-1226-9. PMID: 23397099.
- 2) Halfon, N., Larson, K., Lu, M. *et al.* Lifecourse Health Development: Past, Present and Future. *Maternal Child Health Journal* **18**. 344–365 (2014). <https://doi.org/10.1007/s10995-013-1346-2>.
- 3) Kim, D. Introduction to Systems Thinking. Pegasus Communities, 1999.
- 4) Prather, C. Fuller, T., Jeffries, W., Marshall, K. Howell, AV, Belyue-Umole, A. and King, W. Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity. *Health Equity*. 2018; 2.1. DOI: 10.1089/heq.2017.0045.
- 5) Bowleg, L. The Problem with the Phrase *Women and Minorities*: Intersectionality – an Important Theoretical Framework for Public Health. *Am J Public Health*. 2012; 102:1267-1273. Doi 2105/AJPH.2012.300750
- 6) Price, K. What is Reproductive Justice? How Women of Color Activists are Redefining the Pro-Choice Paradigm, *Meridians*. 2010; 10(2): 42-65.

Additional Resources:

- Association for Women's Rights in Development. Intersectionality: A Tool for Gender and Economic Justice. Women's Rights and Economic Change. *Association for Women's Rights in Development*. No. 9, August 2004

Class #2: 1/20/21. Overview of Title V/MCH Block Grant

- 1) Brosco, J.P. Navigating the future through the past. (2012). The enduring historical legacy of federal children's health programs in the United States. *American Journal of Public Health*. 102(10), 1848-1857.
- 2) Hutchins, V. L. (1994). Maternal and Child Health Bureau: Roots. *Pediatrics*, 94(5), 695-699.
- 3) Kogan, M., Dykton, C., Hirai, A., Strickland, B., Bethell, C., Naqvi, I., Cano, C., Downing-Futrell, S., & Lu, M. A new performance measurement system for maternal and child health in the United States. *Maternal and Child Health Journal*. 2015; 19:945-957.
- 4) Kandasamy, V., Hirai, A., Kogan, M., Lawler, M., and Volpe, E. Title V Maternal and Child Health Services Block Grant Priority Needs and Linked Performance Measures: Current Patterns and Trends (2000-2015). *Maternal and Child Health Journal*. 2018; 22: 1725-1737.
- 5) Lu, M. The Future of Maternal and Child Health. *Maternal and Child Health Journal*. 2019; 23: 1-7.
- 6) Petersen, D. The Foundation of the Future of MCH. *Maternal and Child Health Journal*. 2019; 23:8-9.

Class #3: 1/27/21. Overview of Publicly Financed Health Care Coverage for Women and Infants

- 1) Clark, Maggie. Medicaid and CHIP Coverage for Pregnant Women: Federal Requirements, State Options. Georgetown University Health Policy Institute. November 2020.
- 2) Daw, J. R., Kolenic, G. E., Dalton, V. K., Zivin, K., Winkelman, T., Kozhimannil, K. B., & Admon, L. K. (2020). Racial and Ethnic Disparities in Perinatal Insurance Coverage. *Obstetrics and Gynecology*. 2020; 135(4): 917–924. <https://doi.org/10.1097/AOG.0000000000003728>.
- 3) Johnson, K., Rosenbaum, S., and Handley, M. The Next Steps to Advance Maternal and Child Health in Medicaid: Filling Gaps In Postpartum Coverage And Newborn Enrollment. *Health Affairs Blog*. January 9, 2020 [10.1377/hblog20191230.967912](https://doi.org/10.1377/hblog20191230.967912).
- 4) Johnston, E., McMorro, S. Thomas, T., and Kenney, G. ACA Medicaid Expansion and Insurance Coverage among New Mothers Living in Poverty. *Pediatrics*. 2020: e20193178; DOI: <https://doi.org/10.1542/peds.2019-3178>
- 5) Johnston EM, McMorro S. The Relationship Between Insurance Coverage and Use of Prescription Contraception by Race and Ethnicity: Lessons from the Affordable Care Act. *Women's Health Issues*. 2020 Mar-Apr;30(2):73-82. doi: 10.1016/j.whi.2019.11.005.
- 6) Lee, L., Chien, A., Stewart, A., Truschel, L., Hoffmann, J., Portillo, E., Pace, L., Clapp, M., Galbraith, A. Women's Coverage, Utilization, Affordability, And Health after The ACA: A Review of the Literature. doi: 10.1377/hlthaff.2019.01361 *Health Affairs* 2020; 39 (3): 387–394.

Prior to class, please look at the EXCEL Spreadsheet by Johnson posted on the class Blackboard site with the Readings: Maternal Health Bills Update

Additional Resources:

- https://www.urban.org/sites/default/files/publication/103127/maternity-care-financing-challenges-and-opportunities-highlighted-by-the-covid-19-pandemic_2.pdf

Class #4: 2/3/21. Understanding Surveillance in MCH

- 1) Ajewole, V. B., Ngujede, A. E., Oduguwa, E., Dongarwar, D., Kaur, M., Knight, C., Jackson, M., Nguyen, U., Roshan, T., Simpson, J., Vouffo, I., Olaleye, O. A., & Salihu, H. M. (2020). A Surveillance System for the Maternal and Child Health (MCH) Population During the COVID-19 Pandemic. *International Journal of MCH and AIDS*, 9(3), 350–353. <https://doi.org/10.21106/ijma.411>.
- 2) Ghandoor, R. The Pregnancy Risk Assessment Monitoring System (PRAMS): Current Strengths and Opportunities for Growth. *AJPH*. 2018; 108; 1303-1304.
- 3) Shulman, H., D'Angelo, D., Harrison, L., Smith, R., and Warner, L. The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology. *AJPH*. 2018; 108; 1305-1313. Doi:10:2105/AJPH.2018.304563.
- 4) Witt, Whitney. The Future of Maternal and Child Health Data in the US (Editorial). *AJPH*. 2018; 108: 1277-1279.

Infographic: <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/pregnancy-surveillance.html>

Class #5: 2/10/21. Women of Reproductive Age: Overview of Health and Wellbeing

- 1) Connor, J., Madhavan, S., Mokashi, M., Amanuel, H., Johnson, N., Pace, L. and Bartz, D. Health risks and outcomes that disproportionately affect women during the COVID-19 pandemic: A review. *Social Science and Medicine*. 2020; 266: 113364. doi: [10.1016/j.socscimed.2020.113364](https://doi.org/10.1016/j.socscimed.2020.113364)

- 2) DuMonthier, A., Childers, C., & Milli, J. The Status of Black Women in the United States June 2017. Institute for Women's Policy Research. Executive Summary.
- 3) Conry, J.A., & Brown, H. (2015). Well-Woman Task Force: Components of the well-woman visit. *Obstetrics & Gynecology*, 126(4), 697-701. doi: 10.1097/AOG.0000000000001055.
- 4) Gunja, M.Z., Tikkanen, R., Seervai, . & Collins, S.R. What is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries? Survey Brief. December 2018. The Commonwealth Fund. commonwealthfund.org
- 5) Norsigian, J. Our Bodies Ourselves and the Women's Health Movement in the United States: Some Reflections *Am J Public Health*. 2019, 109: 844-846. Doi: 10.2105/AJPH.2019.305059
- 6) Pascale, A., Beal, M.W., & Fitzgerald, T. (2016). Rethinking the well woman visit: A scoping review to identify eight priority areas for well woman care in the era of the Affordable Care Act. *Women's Health Issues*, 26(2), 135-146. doi: 10.1016/j.whi.2015.11.003.
- 7) Handler, A., Henderson, V., Johnson, R., Turino, C., Gordon, M., ... Pecha, D. (2018). The Well-Woman Project: Listening to Women's Voices. *Health Equity*, 2(1), 395-403. doi: [10.1089/heq.2018.0031](https://doi.org/10.1089/heq.2018.0031)

Additional Resources:

- **CityMatCH Well-Woman Toolkit:** <https://www.citymatchlearning.org/well-woman/index.php>.
- Women's Preventive Services Initiative:** <https://www.womenspreventivehealth.org/>

Class #6: 2/17/21. Reproductive Justice: Choice and Pregnancy Intention, Contraception, and Abortion

- 1) Charlton, B. Janiak, E., Gaskins, A. et al. Contraceptive use by women across different sexual orientation groups. *Contraception*. 2019; 100: 202-208.
- 2) Dawson, R. and Sonfield, A. Conservatives are using the intersection of immigration, health care and reproductive rights policy to undermine them all. *Guttmacher Policy Review*.2020: 23:19-25.
- 3) Desai, S. and Samari, G. COVID-19 and Immigrants' Access to Sexual and Reproductive Health Services in the US. *Perspectives on Sexual and Reproductive Health*. Vol. 52. June 2020. <https://doi.org/10.1363/psrh.12150>
- 4) EverThrive II. Comparison of Reproductive Health, Rights, and Justice.
- 5) Goyal, A., McLoughlin Brooks, I., and Powers, D. Differences in Abortion Rates by Race-Ethnicity after Implementation of a Restrictive Texas Law. *Contraception*. Published:April 15, 2020. <https://doi.org/10.1016/j.contraception.2020.04.008>
- 6) Jones, R., Lindberg, L., and Witwer, E. COVID-19 Abortion Bans and their Implications for Public Health. *Perspectives on Sexual and Reproductive Health*. May 15, 2020 DOI: <https://doi.org/10.1363/psrh.12139>
- 7) Klein, D. A., Berry-Bibee, E. N., Baker, K. K., Malcolm, N. M., Rollison, J. M., & Frederiksen, B. N. (2018). Providing quality family planning services to LGBTQIA individuals: a systematic review. *Contraception*. 97(5), 378-391.
- 8) Pirotte, M. Reproductive Justice or applying a social justice lens to sexual, reproductive and maternal health and rights. www.researchgate.net/publication/265726470.

Additional Resources:

- Kost, K., & Zolna, M. Challenging unintended pregnancy as an indicator of reproductive autonomy: a response. *Contraception*. 2019; 100(1), 5-9.
- Potter, J. E., Stevenson, A. J., Coleman-Minahan, K., Hopkins, K., White, K., Baum, S. E., & Grossman, D. Challenging unintended pregnancy as an indicator of reproductive

- autonomy. *Contraception*. 2019; 100(1), 1-4.
- Sudhinaraset, M., Vilda, D., Gipson, J., Bornstein, M., and Wallace, M. Women's Reproductive Rights Policies and Adverse Birth Outcomes: A State-Level Analysis to Assess the Role of Race and Nativity Status. *American Journal of Preventive Medicine*. Volume 59, ISSUE 6, P787-795, December 01, 2020. <https://doi.org/10.1016/j.amepre.2020.07.025>
 - Medication Abortion: #MailTheAbortionPill campaign
 - Envisioning a 21st Century Public Health Approach to Abortion: A Convening of Maternal and Child Health Professionals.
 - Chicago Abortion Fund

**Class #7: 2/24/21. Women's Health Status in Relationship to Pregnancy:
Preconception/Interconception Health, and Infertility/Early Pregnancy Loss**

- 1) Briceno, A., Ahrens, K., Thoma, M. and Moskosky, S, Availability of Services Related to Achieving Pregnancy in U.S. Publicly Funded Family Planning Clinics. *Women's Health Issues*. 2019; 1-8.
- 2) Horner-Johnson W, Akobirshoev I, Amutah-Onukagha NN, Slaughter-Acey JC, Mitra M. Preconception Health Risks Among U.S. Women: Disparities at the Intersection of Disability and Race or Ethnicity. *Women's Health Issues*. 2020 Nov 21:S1049-3867(20)30105-5. doi: 10.1016/j.whi.2020.10.001. Epub ahead of print. PMID: 33234388.
- 3) Limburg, A., Everett, B., Mollborn, S., and Kominarek, M. Sexual Orientation Disparities in Preconception Health. *Journal of Women's Health*. 2020; 29(6) Published Online:10 Jun 2020 <https://doi.org/10.1089/jwh.2019.8054>.
- 4) Louis GMB, Sapra KJ, et al. Lifestyle and pregnancy loss in a contemporary cohort of women recruited before conception: The LIFE Study. *Fertility and Sterility*. 2016; 106(1): 180-188.
- 5) Myerson, R., Crawford, S., and Wherry, R. Medicaid Expansion Increased Preconception Health Counseling, Folic Acid Intake, and Postpartum Contraception. *Health Affairs*. Published Nov. 2020. <https://doi.org/10.1377/hlthaff.2020.00106>.
- 6) Robbins, C., Gavin, L., Zapata, L., Carter, M. Lachance, C., Mautone-Smith, N. and Mosovsky, S. Preconception care in publicly funded US clinics that provide family planning services. *American Journal of Preventive Medicine*. 51(3): 336-343.
- 7) Rossen, L., Ahrens, K., and Branum, A. Trends in risk of pregnancy loss among US women, 1990-2011. *Paediatric and Perinatal Epidemiology*. 2018; 32: 19-29.

Additional Resources:

- Weigel, G. Ranji, U Long, M. and Salganicoff, A. Coverage and Use of Fertility Services in the U.S. Kaiser Family Foundation. Published: Sep 15, 2020. https://www.kff.org/womens-health-policy/issue-brief/coverage-and-use-of-fertility-services-in-the-u-s/?utm_campaign=KFF-2020-Womens-Health-Policy-WHP&utm_medium=email&_hsmi=95304668&_hsenc=p2ANqtz-8iFqIsL1ZN2pRecFQMVNqe8tsIQOxwD_j6Bfo3ihYBp6IYoJVL-FoWKccgSZdGgUYEGTidzwoXCnNMfIEXz65MlZW2Q&utm_content=95304668&utm_source=hs_email
- Hill et al. Defining Preconception: exploring the concept of a preconception population. *BMC Pregnancy and Childbirth*.2020; 20: 280.

Hot Topic Discussion: Reproductive and Well-Person Health Care for the LGBTQ Community

- 1) Agénor, M. (2019). A Reproductive Justice Approach to Patient-Centered, Structurally Competent Contraceptive Care Among Diverse Sexual Minority US Women. *American Journal of Public Health, 109*(12), 1626–1627. <https://doi.org/10.2105/AJPH.2019.305382>
- 2) Charlton, B. M., Janiak, E., Gaskins, A. J., DiVasta, A. D., Jones, R. K., Missmer, S. A., Chavarro, J. E., Sarda, V., Rosario, M., & Austin, S. B. (2019). Contraceptive use by women across different sexual orientation groups. *Contraception, 100*(3), 202–208. <https://doi.org/10.1016/j.contraception.2019.05.002>
- 3) Higgins, J. A., Carpenter, E., Everett, B. G., Greene, M. Z., Haider, S., & Hendrick, C. E. (2019). Sexual Minority Women and Contraceptive Use: Complex Pathways Between Sexual Orientation and Health Outcomes. *American Journal of Public Health, 109*(12), 1680–1686. <https://doi.org/10.2105/AJPH.2019.305211>
- 4) Moseson, H., Zazanis, N., Goldberg, E., Fix, L., Durden, M., Stoeffler, A., Hastings, J., Cudlitz, L., Lesser-Lee, B., Letcher, L., Reyes, A., & Obedin-Maliver, J. (2020). The Imperative for Transgender and Gender Nonbinary Inclusion. *Obstetrics and Gynecology, 135*(5), 1059–1068. <https://doi.org/10.1097/AOG.0000000000003816>
- 5) Wingo, E., Ingraham, N., & Roberts, S. C. M. (2018). Reproductive Health Care Priorities and Barriers to Effective Care for LGBTQ People Assigned Female at Birth: A Qualitative Study. *Women's Health Issues, 28*(4), 350–357. <https://doi.org/10.1016/j.whi.2018.03.002>

Additional Resources:

- Charlton, B. M., Everett, B. G., Light, A., Jones, R. K., Janiak, E., Gaskins, A. J., Chavarro, J. E., Moseson, H., Sarda, V., & Austin, S. B. (2020). Sexual Orientation Differences in Pregnancy and Abortion Across the Lifecourse. *Women's Health Issues, 30*(2), 65–72. <https://doi.org/10.1016/j.whi.2019.10.007>
- Everett, B. G., Turner, B., Hughes, T. L., Veldhuis, C. B., Paschen-Wolff, M., & Phillips, G. (2019). Sexual Orientation Disparities in Pregnancy Risk Behaviors and Pregnancy Among Sexually Active Teenage Girls: Updates from the Youth Risk Behavior Survey. *LGBT Health, 6*(7), 342–349. <https://doi.org/10.1089/lgbt.2018.0206>

Class #8: 3/3/21. Fetal Death, Low Birthweight, and Preterm Birth

- 1) Bernis L, Kinney MV, et al. Stillbirths: Ending Preventable Deaths by 2030. *Lancet.* 2016; 387(10019): 703-716.
- 2) Blencowe, Hannah et al. National, regional, and worldwide estimates of low birthweight in 2015, with trends from 2000: a systematic analysis. *The Lancet Global Health.* 2019; 7(7): e849 - e860
- 3) Bronstein JM, Wingate MS, Brisendine AE. Why Is the U.S. Preterm Birth Rate So Much Higher Than the Rates in Canada, Great Britain, and Western Europe?. *Int J Health Serv.* 2018;48(4):622-640. doi:10.1177/0020731418786360
- 4) DeSisto CL, Hirai AH, Collins JW Jr, Rankin KM. Deconstructing a disparity: explaining excess preterm birth among U.S.- born black women. *Ann Epidemiol.* 2018 Apr;28(4):225-230. doi: 10.1016/j.annepidem.2018.01.012. Epub 2018 Feb 2. PMID: 29433978.
- 5) Jackson, F.M., Rashied-Henry, K., Braveman, P. et al. A Prematurity Collaborative Birth Equity Consensus Statement for Mothers and Babies. *Maternal and Child Health Journal.* 24, 1231–1237 (2020). <https://doi.org/10.1007/s10995-020-02960-0>.
- 6) Robinson, J.N., & Norwitz, E.R. (2020). Preterm birth: Risk factors, interventions for risk reduction, and maternal prognosis. Retrieved from <https://www.uptodate.com/contents/preterm-birth-risk-factors-interventions-for-risk-reduction-and-maternal-prognosis>

Additional Resources:

- Slaughter-Acey JC, Sealy-Jefferson S, et al. Racism in the form of micro aggressions and risk of preterm birth among black women. *Annals of Epidemiology*. 2016; 26: 7-13.
- Wallace ME, Mendola P, Chen Z, et al. Preterm Birth in the Context of Increasing Income Inequality. *MCHJ*. 2016; 20: 164-171.

Class # 9: 3/10/21. Prenatal Care: Content, Initiation, Adequacy, and Quality

- 1) Carter, E.B., Temming, L.A., Akin, J., Fowler, S., Macones, G.A., ... Tuuli, M.G. (2016). Group prenatal care compared with traditional prenatal care: A systematic review and meta-analysis. *Obstetrics and Gynecology*, 128(3), 551-561. doi: 10.1097/AOG.0000000000001560.
- 2) Carter, E.B., Tuuli, M.G., Caughey, A.B., Odibo, A.O., Macones, G.A., & Cahill, A.G. (2016). Number of prenatal visits and pregnancy outcomes in low-risk women. *Journal of Perinatology*, 36(3), 178-181. doi: 10.1038/jp.2015.183.
- 3) Dubay, L., Hill, I., Garrett, B., Blavin, F., Johnston, E., Howell, E., ... & Cross-Barnet, C. (2020). Improving Birth Outcomes and Lowering Costs for Women On Medicaid: Impacts Of ‘Strong Start For Mothers And Newborns’ An evaluation of the federal Strong Start for Mothers and Newborns program’s impact on birth outcomes and costs for Medicaid-covered women. *Health Affairs*, 39(6), 1042-1050.
- 4) Handler, A. & Johnson, K. A Call to Revisit the Prenatal Period as a Focus for Action Within the Reproductive and Perinatal Care Continuum. *Maternal and Child Health Journal* (2016) 20:2217-2227 DOI 10.1007/s10995-016-2187-6
- 5) HealthConnect One. (2019). *HealthConnect One Issue Brief: Creating policy for equitable doula access*. Retrieved from https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/2019/10/HCO_Issue_Brief-final_102419.pdf
- 6) Marchi, K.S., Rinki, C., Shah, M., Dove, M.P., Terpak, C., ... Braveman, P. (2019). Medical provider promotion of oral health and women’s receipt of dental care during pregnancy. *Maternal and Child Health Journal*, 23(7), 890-902. doi: 10.1007/s10995-018-02714-z.
- 7) Parasuraman, SR., de la Cruz, D. Evaluation of the Implementation of the Healthy Start Program: Findings from the 2016 National Healthy Start Program Survey. *Maternal and Child Health Journal*. 2019; 23:220-227.
- 8) Soney, S. and Beltran-Sanchez, H. Association of Special Supplemental Nutrition Program for Women, Infants, and Children with Preterm Birth and Infant Mortality. *JAMA Network Open*. 2019 Dec; 2(12): e1916722. doi: [10.1001/jamanetworkopen.2019.16722](https://doi.org/10.1001/jamanetworkopen.2019.16722)

Class #10: 3/17/21. Intimate Partner Violence, Substance Use, and Mental Health During Pregnancy.

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Additional Resources:

- Velonis, A. & McGown, M. (2020). “When Home Does Not Offer Shelter: Partner Violence in the Time of Pandemics.” Published 4/4/2020 <https://publichealth.uic.edu/news-stories/when-home-does-not-offer-shelter-partner-violence-in-the-time-of-pandemics/>
- National Network to End Domestic Violence. [14th Annual Domestic Violence Counts Report](#).

Hot Topic Discussion: Pregnancy Concerns and Prenatal/Infant Care during the time of COVID

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- 2) Brandt JS, Hill J, Reddy A, et al. Epidemiology of coronavirus disease 2019 in pregnancy:risk factors and associations with adverse maternal and neonatal outcomes. *Am J Obstet Gynecol*. 2020;XX:x.exex.ex
- 3) McCloskey et al. Setting the Agenda for Reproductive and Maternal Health in the Era of COVID-19: Lessons from a Cruel and Radical Teacher. *Maternal and Child Health Journal*. Forthcoming. 2021.
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Additional Resources:

- https://www.youtube.com/watch?v=7aKgh1sjAjc&feature=youtu.be%3Futm_source%3Dsilverch air&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=102820.

Interview with Ngoze Ezike, MD. Director, Illinois Department of Public Health.

- [Illinois Perinatal Quality Collaborative COVID-19 Resources](#)
- [Data on COVID-19 during Pregnancy: Birth and Infant Outcomes](#)

Week # 11: Spring Break

Class # 12: 3/31/20. Overview of Labor and Delivery Experience in the US

- 1) Declercq, E. R., Sakala, C., Corry, M. P., Applebaum, S., & Herrlich, A. Major survey findings of Listening to MothersSM III: Pregnancy and Birth. *The Journal of Perinatal Education*. 2014; 23(1): 9-16.
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- 3) Julian, Z., Robles, D., Whetstone, S., Perritt, J. B., Jackson, A. V., Hardeman, R. R., & Scott, K. A. (2020). Community-informed models of perinatal and reproductive health services provision: A justice-centered paradigm toward equity among Black birthing communities. *Seminars in Perinatology*, 44(5), 151267. <https://doi.org/10.1016/j.semperi.2020.151267>
- 4) Souter, V., Nethery, E., Kopas, M.L., Wurz, H., Sitcov, K., & Caughey, A.B. (2019). Comparison of midwifery and obstetric care in low-risk hospital births. *Obstetrics & Gynecology*, 134(5), 1056-1065. doi: 10.1097/AOG.0000000000003521
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Additional Resources:

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 - National Academies of Sciences, Engineering, and Medicine (2020). *Birth Settings in America: Improving Outcomes, Quality, Access, and Choice*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25636>.
- 7) National Partnership for Women & Families. (2018). Foster an Optimal Maternity Care Workforce Composition and Distribution. Retrieved from: <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/blueprint-chapter-5.pdf>

Hot Topic Discussion: Justice Involved Pregnant and Parenting Persons

- 1) Goshin, L.S., Byrne, M.W., & Henninger, A.M. Recidivism after release from a prison nursery program. *Public Health Nursing*. 2014; 31(2), 109-117. doi: 10.1111/phn.12072.
- 2) Hayes, C. M., Sufrin, C., & Perritt, J. B. Reproductive Justice Disrupted: Mass Incarceration as a Driver of Reproductive Oppression. *American Journal of Public Health*. 2020; 110, S21–S24. <https://doi.org/10.2105/AJPH.2019.305407>
- 3) Messing, A. J., Fabi, R. E., & Rosen, J. D. Reproductive Injustice at the US Border. *American Journal of Public Health*. 2020; 110(3), 339–344. <https://doi.org/10.2105/AJPH.2019.305466>

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- 6) Sufrin, C., Kolbi-Molinas, A., & Roth, R. Reproductive Justice, Health Disparities and Incarcerated Women in the United States. *Perspectives on Sexual & Reproductive Health*, 47(4), 2015; 213–219. <https://doi.org/10.1363/47e3115>

Additional Resources:

- The Sentencing Project. (2019). *Fact sheet: Incarcerated women and girls*. Retrieved from <https://www.sentencingproject.org/wp-content/uploads/2016/02/Incarcerated-Women-and-Girls.pdf>

Class #13: 4/7/21. Overview of Maternal Morbidity and Mortality

- 1) Crear-Perry, J., Correa-de-Araujo, R., Johnson, TL, McLemore, M., Neilson, E. Wallace, M. *Journal of Women's Health*. Online ahead of print. November 12, 2020. <http://doi.org/10.1089/jwh.2020.8882>
- 2) Howell, E., Reducing disparities in severe maternal morbidity and mortality. *Clinical Obstetrics and Gynecology*. 2018; 61(2): 387-399.
- 3) Ozimek JA, Kilpatrick SJ. Maternal Mortality in the Twenty-First Century. *Obstet Gynecol Clin North Am*. 2018;45(2):175-186.
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- 6) Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:762–765. DOI: [http://dx.doi.org/10.15585/mmwr.mm6835a3external icon](http://dx.doi.org/10.15585/mmwr.mm6835a3external%20icon).
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Additional Resources:

- Lee King PA, Henderson ZT, Borders AEB. Advances in Maternal Fetal Medicine: Perinatal Quality Collaboratives Working Together to Improve Maternal Outcomes. *Clin Perinatol*. 2020 Dec;47(4):779-797. doi: 10.1016/j.clp.2020.08.009. Epub 2020 Oct 16. PMID: 33153662.
- **HHS Announces** Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America and Surgeon General's Call to Action to Improve Maternal Health – HHS has announced [a landmark Maternal Health Initiative](#). The initiative includes a comprehensive [HHS Action Plan](#) outlining three specific targets to help the nation improve maternal mortality outcomes to reduce maternal deaths and disparities that put women at risk before, during and after pregnancy. [The U.S. Surgeon General's Call to Action to Improve Maternal Health](#) outlines critical roles everyone can play to improve maternal health.

- **HearHer Campaign:**
https://www.cdc.gov/HearHer/index.html?s_cid=DRH_Hear_Her_Search_Brand&gclid=EAIaIQobChMIprHXrZ7b7QIVrFPVCh3X5gb-EAAYASAAEgIJCvD_BwE

Class #14: 4/14/21. Overview of Needs and Care during the Postpartum Period

- 1) DeSisto CL, Rohan A, Handler A, Awadalla SS, Johnson T, Rankin K. The Effect of Continuous Versus Pregnancy-Only Medicaid Eligibility on Routine Postpartum Care in Wisconsin, 2011-2015. *Maternal and Child Health Journal*. 2020 Sep;24(9):1138-1150. doi: 10.1007/s10995-020-02924-4. PMID: 32335806.
- 2) Geissler K, Ranchoff BL, Cooper MI, Attanasio LB. Association of Insurance Status with Provision of Recommended Services During Comprehensive Postpartum Visits. *JAMA Network Open*. 2020; 3 (11):e2025095. doi: 10.1001/jamanetworkopen.2020.25095. PMID: 33170263.
- 3) Haider, S., Stoffel, C., Rankin, K., Uesugi, K., Handler, A., & Caskey, R. (2020). A novel approach to postpartum contraception provision with infant care: A randomized, controlled trial. *Women's Health Issues*, 30(2), 83-92. doi: 10.1016/j.whi.2019.12.001
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Class # 15: 4/21/21. Overview of Infant Morbidity and Mortality

- 1) Altfeld, S., Peacock, N., Rowe, H.L., Massino, J., Garland, C., ... Wishart, M. (2017). Moving beyond “abstinence-only” messaging to reduce sleep-related infant deaths. *Journal of Pediatrics*, 189, 207-212. DOI: <https://doi.org/10.1016/j.jpeds.2017.06.069>
- 2) Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*, 104(Suppl. 1), S136–S144. doi: 10.2105/AJPH.2013.301361.
- 3) Hill, H.A., Elam-Evans, L.D., Yankey, D., Singleton, J.A., & Kang, Y. (2018). Vaccination coverage among children aged 19–35 months — United States, 2017. *Morbidity and Mortality Weekly Report*, 67(40), 1123–1128. doi: [http://dx.doi.org/10.15585/mmwr.mm6740a4external icon](http://dx.doi.org/10.15585/mmwr.mm6740a4externalicon)
- 4) Howell, E.A., Hebert, P.L., & Zeitlin, J. (2019). Racial segregation and inequality of care in neonatal intensive care units is unacceptable. *JAMA Pediatrics*, 173(5), 420–421. doi:10.1001/jamapediatrics.2019.0240
- 5) Jones, K.M., Power, M.L., Queenan, J.T., & Schulkin, J. (2015). Racial and ethnic disparities in breastfeeding. *Breastfeeding Medicine*, 10(4), 186-196. doi: 10.1089/bfm.2014.0152
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- 7) Panzera, A.D., Castellanos-Brown, K., Paolicelli, C., Morgan, R., Potter, A., & Berman, D. (2017). The impact of federal policy changes and initiatives on breastfeeding initiation rates and

attitudes toward breastfeeding among WIC participants. *Journal of Nutrition Education and Behavior*, 49(7 Suppl. 2). <https://doi.org/10.1016/j.jneb.2017.04.026>

- 8) Wilson, R., Klevens, J., Williams, D. and Xu, L. Infant Homicides within the Context of Safe Haven Laws- United States, 2008-2017. *MMWR*. October 2, 2020. Vol. 69(39).

Additional Resources:

- [Implementation of Hospital Practices Supportive of Breastfeeding in the Context of COVID-19 – United States, July 15–August 20, 2020](#)
- Mai, C.T., Isenburg, J.L., Canfield, M.A., Meyer, R.E., Correa, A., ... Kirby, R.S. (2019). National population-based estimates for major birth defects, 2010-2014. *Birth Defects Research*, 111(18), 1420-1435. doi: 10.1002/bdr2.1589.

Class #16: 4/28/21. Components of a Family Friendly System: Supporting Diverse Families

- 1) Alio, A. (2017). *Rationale and strategies for engaging fathers in maternal and infant health programs: A summary of promising practices* [PDF file]. University of Rochester Medical Center, NYS Maternal & Infant Health Center of Excellence. Retrieved from https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/finger-lakes-regional-perinatal/documents/Engaging-Fathers_FINAL_Updated-06_27_2017.pdf
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<https://doi.org/10.1146/annurev-devpsych-121318-084855>
- 3) Hafford-Letchfield, T.Cocker, C., Rutter, D. et al. What do we know about transgender parenting?: Findings from a systematic review. *Health and Social Care in the Community*. 2019; 27:1111–1125.
- 4) Kortsmits, K., Garfield, C., Smith, R.A., Boulet, S., Simon, C., ... Warner, L. Paternal involvement and maternal perinatal behaviors: Pregnancy Risk Assessment Monitoring System, 2012-2015. *Public Health Reports*. 2020; 135(2), 253-261. doi: 10.1177/0033354920904066.
- 5) Moore, T., & Kotelchuck, M. Predictors of urban fathers' involvement in their child's health care. *Pediatrics*. 2004; 113(3 Pt 1), 574-580.
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Additional Resources:

- [Lebedevitch, B., and Stuebe, A. The Role of Law and Policy in Assisting Families to Reach Healthy People's Maternal, Infant, and Child Health Breastfeeding Goals in the United States. Department of Health and Human Services, Office of Disease Prevention and Health Promotion \(ODPH\). 4 May 2020. Supported by the Centers for Disease Control and Prevention.](#)
- [Prenatal-to-3 Policy Impact Center. Beyond the Pandemic: State Policy Options for Supporting Families. Research Brief. B.002.1120. Child and Family Research Partnership. November 2020.](#)

Hot Topic Discussion: Refugee Families and Access to Reproductive and Perinatal Care and

Inequities in Outcomes

- 1) Winn A, Hetherington E, Tough S. [Systematic Review of Immigrant Women's Experiences With Perinatal Care in North America.](#) *J Obstet Gynecol Neonatal Nurs.* 2017 Sep-Oct;46(5):764-775. doi: 10.1016/j.jogn.2017.05.002. Epub 2017 Jun 28.PMID: 28667831 Review.
- 2) Khan A, DeYoung SE. [Maternal health services for refugee populations: Exploration of best practices.](#) *Glob Public Health.* 2019 Mar;14(3):362-374. doi: 10.1080/17441692.2018.1516796. Epub 2018 Sep 6.PMID: 30187818
- 3) Lanys A, D'Souza R, Redditt V, Spitzer R. [The Reproductive Health Needs of Immigrant and Refugee Women in Canada: Current Challenges and Priorities.](#) *J Obstet Gynaecol Can.* 2018 May;40(5):536-537. doi: 10.1016/j.jogc.2017.12.015.PMID: 29731202 No abstract available.
- 4) Metusela C, Ussher J, Perz J, Hawkey A, Morrow M, Narchal R, Estoesta J, Monteiro M. ["In My Culture, We Don't Know Anything About That": Sexual and Reproductive Health of Migrant and Refugee Women.](#) *Int J Behav Med.* 2017 Dec;24(6):836-845. doi: 10.1007/s12529-017-9662-3.PMID: 28620774
- 5) Puthussery S. [Perinatal outcomes among migrant mothers in the United Kingdom: Is it a matter of biology, behaviour, policy, social determinants or access to health care?](#) *Best Pract Res Clin Obstet Gynaecol.* 2016 Apr;32:39-49. doi: 10.1016/j.bpobgyn.2015.09.003. Epub 2015 Oct 14.PMID: 26527304 Review.
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Useful Websites for all Classes

www.BlackMamasMatter.org

www.ReproductiveRights.org

www.nationalpartnership.org

www.agi-usa.org

<http://www.marchofdimes.com/peristats/Peristats.aspx>

www.nwlc.org

www.womenshealth.gov

<https://www.lamaze.org/Connecting-the-Dots>

<https://www.nationalpartnership.org/our-work/health/maternity/>

<https://www.cdc.gov/reproductivehealth/index.html>

<https://www.cdc.gov/nchs/index.htm>