The high rate of infant mortality in the United States, along with related health inequities, demand renewed attention from the nation’s public health leadership. ASTHO President Dr. David Lakey (TX) has chosen to focus on improving birth outcomes as his President’s Challenge, building on the challenge issued by his predecessor, Commissioner John Auerbach (MA), on health equity. ASTHO’s Healthy Babies Project will support state health officials (SHOs) and their staffs with improving health outcomes for infants.

Dr. Lakey has been working with his colleagues in HHS Regions IV and VI (states in the south and south east region) to develop a regional quality-improvement project focused on decreasing infant mortality, with an initial emphasis on prematurity. The Presidential Challenge will ask all SHOs to implement strategies based on successful national, regional, and state efforts, tailoring best and promising practices for maximum impact throughout the country. ASTHO is collaborating with the Maternal and Child Health Bureau of HRSA, the Association of Maternal and Child Health Programs, the March of Dimes, the CDC, and other partners to develop a national strategy to reduce infant mortality and prematurity across the United States.

Healthy Babies Project Goals and Objectives

**Goal:** Improve birth outcomes by reducing infant mortality and prematurity in the United States.

Specifically, the goal is to reduce prematurity by 8% by 2014.

**Overall Objectives:**

1. Focus on improving birth outcomes as SHOs and state leadership teams work with state partners on health and community system changes.
2. Create a unified message that builds on the best practices from around the nation and the efforts from Regions IV and VI, which can be adopted by states, U.S. territories, and the District of Columbia.
3. Develop clear measurements to evaluate targeted outreach, progress, and return on investment.
It is important to include all partners that influence policy and health care access in this discussion. Reducing premature births not only improves the quality of life for babies and their families, it results in significant cost savings at many different levels in the health care infrastructure. Although prematurity is a complex health issue, there are many systemic and policy changes that can decrease the rates of prematurity in every state.

One public policy that is already showing cost savings, improved health outcomes, and fewer Neonatal Intensive Care Unit (NICU) visits is excluding Medicaid reimbursement for non-medically necessary labor inductions or cesarean sections prior to 39 weeks gestation. Kentucky and Texas have recently enacted this policy and are experiencing a drastic improvement in birth outcomes. They are saving thousands of dollars in Medicaid payments because more babies being born at term, requiring fewer expensive NICU stays. This is a policy that can be implemented through a hospital, state legislature, and through private insurance.

Many other interventions have proven to be effective as well, such as smoking cessation and access to 17-P (an injection that prevents premature labor for women who previously had a premature baby). In addition, health insurance programs are working with many state health agencies to coordinate payment incentives and access issues—one example of many opportunities for health insurance companies to coordinate and partner with the public sector to develop and/or incorporate clear policies that will improve health outcomes and decrease costs. From education to practice to policy, there are many opportunities for collaboration and actions that will help achieve the goal of an 8% reduction in premature births.