In 2015, the Minnesota Department of Health conducted a Maternal and Child Health Needs Assessment for the state of Minnesota. Under the direction of a community leadership team, this assessment identified nine priorities for improving the health of mothers, children, adolescents, pregnant women, infants, and children and youth with special health needs.

Working with stakeholders from across Minnesota, the leadership team identified specific areas of focus for each priority, along with possible measurements, strategies, practices, and action recommendations. We understand that there are some overlap among the nine priority areas; to avoid duplication, most areas of focus are only identified once, even though they could be under multiple priorities. (For example, prenatal care is important for both Preventive Health Care and Healthy Babies, but it is only listed under Healthy and Planned Pregnancy.)

These priority sheets were created to provide data and ideas for community members, policy makers, public health professionals, and others working towards improving maternal and child health in Minnesota.

**Priority: Support Healthy and Planned Pregnancies**

*Laying the ground work for healthy women and babies in Minnesota by increasing access to and use of preconception and interconception health care, early prenatal care, access to affordable contraception, and preventing adolescent pregnancy.*

**Focus areas:**

- Preconception and interconception health (health of the woman before pregnancy and between pregnancies)
- Early access to prenatal care
- Accessible and affordable contraception
- Adolescent pregnancy prevention

The Maternal Child and Health Assessment Leadership Team identified these specific action recommendations to improve the health of pregnant women, mothers, and all women in Minnesota:

1. Increase awareness, access, and use of long acting reversible contraceptives among women of reproductive age at risk of unintended pregnancy.
2. Increase access to culturally responsive, early prenatal care and reduce barriers to prenatal care access.
3. Advocate for and increase use of evidence-based comprehensive sexuality education in school based settings.

**Preconception and interconception health**

Objective: Ensure that all women have access to preconception and interconception health care services. Preconception is the time before a woman starts her first pregnancy. Interconception is the time between pregnancies.
Chart 1: Percent of mothers aged 18-44 having a live birth who reported that they had a postpartum checkup by age, race/ethnicity, and income


Measurements/outcomes regarding preconception/interconception health:

- Percentage of mothers aged 18-44 having a live birth who reported that they had a postpartum checkup.

Examples of strategies or practices to support preconception and interconception health:

- Strengthen promotion of prenatal vitamin use, folic acid preconception and nutrition for pregnant women.
- Allow reimbursement of long-acting reversible contraceptives inserted in the hospital after giving birth.
- Promote education about healthy lifestyle, body, sexual health and contraceptive use.
- Increase efforts to prevent unintentional repeat pregnancy.
- Encourage use of Reproductive Life Planning tools to engage women in actively planning to enhance their health.
- Create policies regarding prescription opioids to child-bearing aged women.
- Involve men/partners in conversations about preconception/interconception health.
- Utilization of reflective practice and motivational interviewing by providers.
- Improve data and information sharing across disciplines to better coordinate care for clients/patients.
- Support community-based organizations in enhancing health of reproductive age women in improving nutrition and weight, chronic disease prevention and control, reducing substance use, reproductive life planning, and identifying familial risk factors for birth defects before pregnancy.
- Family home visiting.
Accessible and affordable contraception

Objective: All women and men have early and adequate access to affordable contraception.

Demographics of individuals served by the Family Planning Special Projects Program (FPSP), which provides low-income, high-risk individuals pre-pregnancy family planning services.

- 67% had incomes below 100 percent of the federal poverty guidelines and 95% were below 200 percent.
- 90% of individuals receiving services were 18 or older with 71% were ages 18 to 29.
- Individuals served by Race and Ethnicity:
  - Caucasian – 62%
  - African-American – 15%
  - Asian - 4%
  - American Indian – 1%
  - Hawaiian/Pacific Islander – 1%
  - More than one race/Unknown – 17%
  - Of the above, 15% reported Hispanic Ethnicity


Minnesota facts from 2010
Population of women ages 15-44: 1,046,298
Total reported pregnancies: 78,906
Pregnancy rate: 75.4 per 1000 women (age 15-44)
In 2010, an estimated 40% of all pregnancies (38,000) in Minnesota were unintended. (Guttmacher Institute, 2010.)

Measurements/outcomes regarding accessible and affordable contraception:
- Number of individuals provided with family planning method services through Family Planning Special Projects.
- Percent of all pregnancies which were unintended.

Examples of strategies and practices to support affordable and accessible contraception:
- Counsel individuals on reproductive life planning and contraceptive options.
- Provide women and men with a range of family planning method services, including equitable insurance coverage for male and female contraception.
- Provide easier access to contraceptive options and education to adolescents.
- Increase awareness of contraception options and sexual health education among young adults (18-25 years old).
- Support community and culturally based organizations in targeting education and support for accessing contraception to communities with unique barriers to accessing services such as poverty, lack of insurance, transportation, and cultural stigma.
- Reduce or eliminate costs for long-acting reversible contraception.
- Provide separate reimbursement for long-acting reversible contraception to allow it to be provided during hospital stays (instead of within bundled costs which creates lower or non-payment).
Early access to prenatal care
(Timely access, healthy weight during pregnancy, prevention of substance abuse during pregnancy and birth defects prevention)

Objective: Increase the percentage of pregnant women who receive early and regular prenatal care.

Chart 2: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester, by race of mother, 2012-2013

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/African</td>
<td>70.8%</td>
</tr>
<tr>
<td>American Indian</td>
<td>59.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>71.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>75.8%</td>
</tr>
<tr>
<td>White</td>
<td>87.5%</td>
</tr>
</tbody>
</table>


Measurements/outcomes:
- Percent of women with a past year preventive medical visit.
- Percent of woman who say their health care provider discussed the effect of alcohol use on their pregnancy.
- Percent of women who say their health care provider talked to them about how using illegal drugs could affect their baby.

Examples of strategies or practices to support early access to prenatal care:
- Increase access to the Women, Children and Infant (WIC) program.
- Monitor opioid and other controlled substance use for pregnant women and women of childbearing age.
- Better educate providers about alcohol, drug and controlled substance addiction and treatment among pregnant women.
- Improve understanding of the cultural differences and beliefs of clients/patients among providers; and develop culturally sensitive materials and strategies for engaging different populations.
- Utilize multiple payment sources.
- Use of public television programming, outreach events and activities, website content, and collaboration with prenatal care providers to provide culturally specific education and information on preconception and prenatal health.
- Centering Pregnancy - provides prenatal care in a group setting with 8-12 expectant mothers.
- Provide pregnancy and prenatal care information in multiple languages, through public television and radio.
Adolescent pregnancy prevention

Objective: Reduce pregnancies among adolescent females.

Chart 3: Teen Birth Rates per 1,000 females 15-19 years old, by race/ethnicity of mother, 2013


Measurements/outcomes for adolescent pregnancy prevention:

- Pregnancy rate among females 15-19 years old.

Examples of Strategies and Practices:

- Provide teens with evidence-based teen pregnancy prevention programs, including youth development and curriculum-based programs that reduce teen pregnancy and associated risk factors.
- Ensuring clinical partners are providing teen friendly, culturally competent reproductive health care services that are easily accessible to all youth in the community, and establishing linkages between teen pregnancy prevention program partners and clinics that serve at risk youth from the target community.
- Raising awareness of community partners about the link between teen pregnancy and social determinants of health, and ensuring culturally and linguistically appropriate programs and reproductive health care services are available to youth.
- Educating civic leaders, parents, and other community members about evidence-based strategies to reduce teen pregnancy and improve adolescent reproductive health, including needs and available resources in the target community.
- County or system wide collaboration to implement consistent sex education curricula in schools, after school programming, and culturally specific programs for adolescents, parents, and parents and their children together.
- Focus efforts on teen mental health in addition to pregnancy.
- Encourage promotion of long acting reversible contraceptives for teens among providers.
- Family planning and sexually transmitted disease hotline.
- Encourage use of Reproductive Life Planning tools to engage teens in actively planning if and when they would like to have children.
- Use evidence based sexual health education within health care organizations.
- Support, train and provide technical assistance to community partners in offering high quality sexuality education to the most vulnerable adolescent populations.
Healthy and Planned Pregnancy was or is an identified priority, focus, or goal of all of these reports, plans, and organizations:

- Maternal and Child Health Assessment Inquiry Feedback – MDH
- 2010 Title V National Performance Measure
- 2010 Title V State Performance Measure
- 2015 Title V National Performance Measure
- CDC Healthy People 2020
- Children’s Defense Fund – MN
- Community Health Boards – MN
- Eliminating Health Disparities Initiative – MDH
- Healthy MN 2020: Statewide Health Improvement Framework
- Hospital Community Health Needs Assessments – MN
- Infant Mortality Reduction Plan – MN
- March of Dimes
- MN Statewide Health Assessment 2012
- Prenatal to Three Plan
- Rural Health Advisory Committee – MN
- Women, Infant and Children

For more information about the 2015 Maternal and Child Health Assessment, or about the Title V Block Grant, please visit the Minnesota Department of Health webpage at [http://www.health.state.mn.us/divs/cfh/na/](http://www.health.state.mn.us/divs/cfh/na/).

On the data charts above, all races are non-Hispanic ethnicity.