



Missouri Maternal-Infant Health:
State and Regional Actions
Impacting Care Delivery and Health Outcomes

“If the baby dies, the mother cannot be well.
If the mother dies, the baby cannot be well.”

— *Dr. Albert Tuyishime**

“We have done an incredible job as a collaborative identifying the root causes of maternal death. Working side by side with PAMR, the MO AIM and the MC LAN has been able to effectively implement change that has made an impact on care delivery.”

*Karen L Florio D.O. MPH FACOG,
Maternal-Fetal Medicine Specialist
Director, Heart Conditions in Pregnancy Program
Associate Professor, University of Missouri-Kansas City*

Acknowledgement: The progress reflected in this report would not be possible without the collaborative partnerships, programmatic alignment and passionate engagement from stakeholders throughout Missouri who are firmly committed to moving the health outcomes of mothers and infants from one of the worst in the nation to one of the best. A wide net was cast to contacts across the state in order to ensure broad inclusion of maternal-infant health improvement efforts. The report, while not all inclusive of every effort, includes a consolidation of briefs submitted by a broad cross-section of organizations and affiliated programs invested in women’s and infant’s health in Missouri. We look forward to additional submissions in future reports. A full list of contributors to this report is located in Appendix A: Organizational Contact List.

Co-Editors:

Reggi Rideout,

Vice President of Strategy, and the Simply Strategy team,
on behalf of The Uplift Connection

Sue Kendig, J.D., WHNP-BC, FAANP,

Women’s Health Integration Specialist,
SSM Health Maternal Services

Alison Williams, MBA-HCM, RN, BSN, CPHQ, LSSGB

Vice President of Clinical Quality,
Missouri Hospital Association

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*Cover: In June 2018, the Health Resources and Services Administration held the first global maternal mortality summit, with the goal of learning best practices and innovative strategies from countries with low or substantially improved maternal mortality and morbidity. The quote from Rwanda’s delegate illustrates the interconnectedness of maternal and infant health, and signals the far-reaching sequelae of maternal death.

Key Message

Maternal and infant health outcomes are inextricably linked. For decades, much attention focused on resources and interventions to support newborn health, while the mother sometimes faced catastrophic outcomes. Approximately 700 women in the U.S. die annually due to pregnancy-related causes, and another 50,000 experience a life-threatening condition — often with long-term sequelae — during labor and delivery.¹ Gaps in understanding the mother's prenatal and postpartum course include a lack of interoperable electronic health records, incomplete data sources and a lack of access to care for many once Medicaid coverage ends at 60 days postpartum. Through maternal mortality record reviews, it is understood that women are most likely to die from a pregnancy-related or associated event between 42 and 365 days postpartum — a time when many women have no provider access and rely on the emergency department for treatment.¹ Efforts to stem the tide of severe maternal morbidity (SMM) and maternal mortality (MM) have driven advances in perinatal care, yet increasing maternal mortality and morbidity trends continue.

To reverse these rates, it is essential to support women's health status before, during and between pregnancies. Chronic conditions, such as heart disease, diabetes, substance use and mental health concerns, are linked to poor maternal and infant outcomes nationwide.² Factors such as birth spacing, weight gain and health status between pregnancies have implications for maternal and infant health in subsequent pregnancies.³ Yet, preconception, interconception and postpartum care are underutilized, impacting access to effective contraception and management of chronic disease, mental health conditions and substance use, all of which impact subsequent pregnancy outcomes and the woman's long-term health. Likewise, access to appropriate, evidence-based prenatal, and labor and delivery care also is essential to improving pregnancy outcomes.

The quality and access to maternal care is uneven, particularly among rural and lower-income populations, and persons of color.⁴ In fact, Black women are four times as likely to die as white women, and they experience more than two times the risk of SMM as white women in Missouri.⁵ Experts cite causal factors, such as social determinants of health, the negative health effects of "weathering," institutional racism and the political determinants of health, that Black women experience.⁵

In 2021, the Missouri Department of Health and Senior Services released its Pregnancy-Associated Mortality Review 2018 Annual Report, which identified mental health conditions as the leading cause of pregnancy-related deaths, surpassing 2017's leading cause of death — cardiomyopathy. Substance use disorders contributed to 54% of pregnancy-related and 43% of pregnancy-associated but not related deaths. Eighty-two percent of pregnancy-related deaths were determined to be preventable through a wide variety of stakeholder actions. Importantly, the rate of death among Medicaid beneficiaries was four times greater than the rate among mothers with private insurance, while Black women are dying at a rate four times greater than white women in Missouri.⁶

¹ Missouri Pregnancy-Associated Mortality Review 2018 Annual Report. (2021). Missouri Department of Health and Senior Services. <https://health.mo.gov/data/pamr/pdf/annual-report.pdf>

² Barfield, W. D. & Warner, L. (2012). Preventing chronic disease in women of reproductive age: opportunities for health promotion and preventive services. *Preventing Chronic Disease*, 9(E34). doi: [10.5888/pcd9.110281](https://doi.org/10.5888/pcd9.110281)

³ Dude, A. M., Shahawy, S. & Grobman, W. A. (2018). Delivery-to delivery weight gain and risk of hypertensive disorders in a subsequent pregnancy. *Obstetrics & Gynecology*, 132(4), 868-873. doi: [10.1097/AOG.0000000000002874](https://doi.org/10.1097/AOG.0000000000002874)

⁴ Kozhimannil, K. B., Hardeman, R. R. & Henning-Smith, C. (2017). Maternity care access, quality and outcomes: A systems-level perspective on research, clinical and policy needs. *Seminars in Perinatology*, 41(6), 367-374. doi: [10.1053/j.semperi.2017.07.005](https://doi.org/10.1053/j.semperi.2017.07.005)

⁵ National Birth Equity Collaborative. Birth Equity Index & Assessment Tool. Retrieved from <https://birthequity.org/what-we-do/research-2/>

⁶ Missouri Department of Health and Senior Services. (2020, June). *Missouri Pregnancy Associated Mortality Review 2017 Annual Report*. Retrieved from <https://health.mo.gov/data/pamr/pdf/annual-report-2020.pdf>

“The death of a woman during pregnancy, childbirth or within the first year postpartum is a tragic occurrence that has immediate and lasting influence on her family and communities. These deaths also act as an early warning system for a society’s health, reflecting upon a variety of health determinants ranging from individualized factors to more systemic issues. Missouri is largely a rural state, and many counties have limited access to obstetrics care, with several hospital and birthing unit closures in rural areas over the past 10 years. When women do not have access to obstetric care, a cascade of risks follows, including limited attendance at doctor’s appointments and more premature births. Additionally, when women go into labor, they are more likely to seek care at emergency rooms with no obstetric care or to deliver outside a hospital altogether.”

*Ashlie Otto, R.N., BSN,
Public Health Consultant Nurse,
Section for Women’s Health, DHSS*

While this picture is sobering, there also is cause for optimism. Nationwide, efforts targeting burgeoning SMM and MM rates are taking hold. In 2014, the Alliance for Innovation on Maternal Health launched. Funded by HRSA, this national, data-driven maternal safety and quality improvement initiative works through state teams to engage hospitals, health systems, obstetric care providers and community service organizations to improve maternal health outcomes. In 2019, Missouri became the 26th state to be accepted into the AIM collaborative and already has successfully implemented statewide efforts to address some of the most significant drivers of SMM and MM.

Throughout Missouri, state and local government agencies, professional associations, health systems, health care providers, community-based organizations, community members, and Missouri-based funders are coming together to address maternal and infant morbidity and mortality. The state has attracted federal grants to support innovative programs in high-need areas and partnerships with state agencies to understand and address the causes of maternal and infant deaths. New efforts are underway through partnerships and collaborations with national groups focused specifically on reducing SMM and MM in Black women.

While Missouri has not yet reached the goal of decreasing morbidity and mortality for women and infants, one key success has been the growing collaboration and alignment of a wide body of stakeholders passionate about this work. The synergy and momentum achieved through stakeholders coming to the table to learn, collaborate and act has resulted in a greater understanding of not only the needs, but also the abundance of actions already advancing. Through collaborative efforts, Missouri communities have united to elevate maternal and infant health.

This report tells their incredible story of action.

Addressing Social Determinants of Health

[Healthy Blue Missouri, Anthem, Inc.](#)

Nourishing Healthy Starts, Member Focus Groups and YWCA Head Start Pregnant Mom Project Grant

The multifaceted programs from Healthy Blue Missouri feature projects from both Operation Food Search (Nourishing Healthy Starts) and the YWCA (Head Start Pregnant Mom Project Grant), as well as research within Anthem's Medicaid population in Missouri. The Nourishing Healthy Starts project provides weekly meal kit deliveries, cooking and nutrition education, and community support for pregnant women experiencing difficulties obtaining sufficient nutritious food. The Medicaid member focus groups are part of a qualitative project to better understand the role of social determinants of health in these members' lives. Finally, the Prenatal Service Center component of the Head Start/Early Head Start program provides prenatal and follow-up support, as well as community resources to address SDOH and remove barriers for pregnant women in need. These projects are aimed at reducing barriers and addressing SDOH needs of low-income women in the St. Louis area and beyond. For more information, contact [Sharon Deans](#), [Rachel Ussery](#) or [Meredith Childs](#).

[UnitedHealthcare Community Plan of Missouri](#)

From Farm to Table

UnitedHealthcare of Missouri partnered with Fork Farms to provide local, fresh produce to pregnant women in the St. Louis metropolitan area through [Operation Food Search's Fresh Rx program](#). The objective is to improve maternal and infant outcomes by providing healthy, nutritious food throughout pregnancy. The program's intended outcomes include growing healthy produce through vertical farming units, partnering with the OFS maternity outreach program and partnering with the Helping Hand Me Downs food bank to distribute produce. With the delivery and installation of all three vertical farming units completed in December 2020, future activities will include identification and enrollment of pregnant women through the partner organizations. For more information, contact [Colleen Giebe](#).

[Missouri Foundation for Health](#) and [Missouri Hospital Association](#)

The COVID-19 Cuff Project

MHA partnered with the Missouri Foundation for Health to access funding awarded as part of MFH's COVID-19 Emergency Fund to purchase 2,998 home blood pressure monitoring kits and distribute them to vulnerable maternal patients throughout Missouri during the height of the COVID-19 pandemic. The Preeclampsia Foundation provided toolkits, which included patient and family education, resources, and either a wrist or arm blood pressure Cuff Kit™. Missouri providers requested kits to have on hand for distribution to patients and were required to provide the women with telemonitoring/telehealth services for enhanced and more frequent BP monitoring. Many barriers exist for women to attend prenatal and postpartum appointments. The COVID-19 pandemic certainly exacerbated those barriers, especially for vulnerable maternal patients. The ability to empower and engage patients in their care and provide in-home telemonitoring will improve the overall management of perinatal hypertension and mitigate subsequent perinatal cardiovascular conditions. A participant survey was completed and many organizations reported the patients benefitted from the ready access to the Cuff Kits™. Patients were empowered, used the kits for home monitoring, and were able to identify when to return to the birthing unit or their provider for ongoing management of high BP — a leading cause of pregnancy-related mortality in Missouri and the U.S. For more information, contact [Alison Williams](#).

“Our providers are thrilled that we are able to send kits home with undelivered patients. It empowers patients to be part of their health care team and helps build the provider/patient relationship. In addition, the kits help identify maternal hypertension issues more quickly. At least three patients in the past month have returned to triage because their pressures were elevated at home!” — Cuff Project Participant

Substance Use Disorders

SSM Health

[*Women and Infant Substance Help \(WISH\) Center*](#)

The WISH Center provides comprehensive, high-risk maternity care for women who are dependent on opioids and other drugs. It was the first clinic of its kind in Missouri and remains the largest in the state. Located on the campus of SSM Health St. Mary's Hospital in St. Louis, the WISH Center's multidisciplinary team includes maternal-fetal medicine specialists, specially trained nurse practitioners, nurses, social workers, nurse coordinators and a dedicated obstetric pharmacist. Clinicians are medication-assisted treatment-waivered and provide this therapy as part of care when appropriate.

Patients entering WISH during pregnancy are followed for approximately two years postpartum, but due to limited care options and services for this population during the COVID-19 pandemic, SSM Health lifted the two-year limit. At the end of 2020, the WISH Center began providing Hepatitis C treatment for diagnosed postpartum patients. The Hepatitis C program will continue to expand in 2021. In April 2021, in partnership with Saint Louis University, a psychiatrist with expertise in perinatal and women's mental health joined SSM Health's Women's Health Services at St. Mary's Hospital, adding essential mental health services to the WISH Center. For more information, contact [Jackie Seabaugh](#).

Perinatal Behavioral Health Service at Washington University

[*The Clinic for Acceptance, Recovery and Empowerment \(CARE\)*](#)

The CARE program, established in 2018, provides comprehensive, compassionate mental health support and services for perinatal patients in the St. Louis bistate region who are facing the challenges of an opioid use disorder. Taking a holistic and personalized plan for care, the treatment approach aims to remove barriers to treatment and offers a combination of medication and psychiatric care, lifestyle support, peer counseling and therapy, and community resources, regardless of ability to pay. The program accomplishes this through the support of partners, such as the United Way, The Women's Health Center, the Behavioral Health Network and others, and by providing co-located, accessible and convenient care for patients and their infants. The program recently launched a peer support model. The CARE program has served nearly 200 patients in recovery from OUD to date — 72% of patients either have successfully completed the program or still are in progress, and 65% of babies born to CARE patients were discharged into the birth parent's custody. For more information, contact [Tara Tinnin](#).

Your Community Cares

[*Rural Health Coalition and Mobile Unit*](#)

The Rural Health Coalition and Mobile Unit serves the residents of Crawford and Dent counties in need of OUD prevention, treatment or recovery services. Two additional at-risk populations with limited resources, and uninsured or underinsured status, include the maternal health population and those who survive an overdose that have been engaged by first responders and/or emergency room staff. The overall goal is to reduce the morbidity and mortality associated with substance use disorder and opioid overdoses in this high-risk rural community by increasing high-quality, evidence-based prevention, treatment and recovery support services.

In the first year, the focus was on prevention as the mobile unit was being built. More than 350 people were provided prevention education and training, including the following.

- Narcan Training and Distribution
- Adult Mental Health 1st Aid Training
- Preventing Additional Trauma to Children Impacted by SUD Training
- Not My Child Screening
- Trauma-Informed Care @ Local Schools
- Hidden in Plain View
- Opioids and the Workforce Conference
- Rural Missouri Maternal Health & Infant Mortality Summit

In the second year, efforts focused on treatment through deploying the mobile unit to communities. In five months, 71 unique patients have been served on the mobile unit in their local communities. Comprehensive medical services include integrated behavioral health services with the medication-first model, peer support services and counseling services. The staff find a strong purpose in helping people within their rural communities get access to high-quality, compassionate care through strong staff-patient collaboration. Next steps for the program include continuing to expand services on the mobile unit to include dental, adding additional locations in rural counties, and further developing a program specific to serving mothers with SUD. For more information, contact [Felisha Richards](#).

Missouri Hospital Association

[*Missouri Neonatal Abstinence Syndrome Collaborative*](#)

The Missouri NAS Collaborative was launched to address the growing impact of OUD throughout Missouri, offer alternative solutions for the management of infants exposed to opioids in-utero, and improve the systems of care and support for women with SUD. Throughout the next two years, participating organizations will focus on changing the model of care for substance-exposed newborns, including supporting the mother-infant dyad and the mother as “medicine;” incorporating the functional assessment model Eat, Sleep, Console into practice; establishing Safe Plans of Care for the mother and infant; and accessing training on stigma and bias reduction. Teams will utilize an evidence-based [implementation guide](#) as the framework for their work.

Missouri NAS Collaborative participants will receive technical support from MHA staff, as well as bimonthly collaborative education opportunities through the Missouri Telehealth Network’s Show-Me ECHO — Mothers, Infants and NAS. Teams will have shared learning opportunities, participate in the use of transparent data-sharing to drive improvement, as well as share their implementation stories with organizations throughout the state. MHA partners with the Missouri chapters of Association of Women’s Health, Obstetric and Neonatal Nurses and American College of Obstetricians and Gynecologists; the March of Dimes; the Maternal Child Learning and Action Network; the Missouri Department of Social Services; and the Missouri Department of Health and Senior Services to coordinate this model of care change. For more information, contact [Alison Williams](#).

Statewide Collaboratives – Improving Maternal/Infant Outcomes

Missouri Department of Health and Senior Services

[Missouri Title V Maternal Child Health Services Block Grant](#)

The Missouri Title V Maternal Child Health Services Block Grant (“Title V”) serves Missouri families, women of childbearing age, pregnant women, mothers, infants and children through the creation and support of partnerships. This program seeks to accomplish the following: increase access to quality health care, including comprehensive prenatal services and comprehensive childcare services; support health promotion efforts to reduce infant mortality and the incidence of preventable diseases, and increase the number of appropriately immunized children; provide pregnant women who are eligible for Medicaid with access to free hotlines and service application assistance; and create family-centered, community-based systems of coordinated care for children with special health care needs. The capacity of Missouri’s Title V program encompasses more than 100 private and community partners who provide programs and initiatives, and partner to meet the needs of the MCH population.

Missouri’s fiscal year 2021-2025 state priorities may be found in the [MCH State Action Plan](#). The following two overarching principles will apply across all priorities, performance measures and strategies.

- ensure access to care, including adequate insurance coverage, for MCH populations
- promote partnerships with individuals, families and family-led organizations to ensure family engagement in decision-making, program planning, service delivery and quality improvement activities

Next steps include the reactivation of the DHSS MCH Steering Committee and establishment of a statewide MCH Advisory Council. For more information, contact [Martha Smith](#).

Missouri Department of Health and Senior Services

[Missouri’s Pregnancy-Associated Mortality Review](#)

The [Pregnancy-Associated Mortality Review](#) Board is legislatively mandated to optimize data collection and reporting of medical and nonmedical circumstances of women’s deaths that occur during pregnancy through one-year postpartum. The PAMR Board’s goal is to increase awareness of the issues surrounding maternal deaths and to promote change among individuals, communities and health care systems to reduce maternal mortality in Missouri. Missouri stakeholders who have a special interest in maternal health volunteer time and expertise as board members. The results of the reviews serve as a guide for strategic action planning for several statewide initiatives. The Maternal and Child Learning and Action Network is charged with deploying actions across the state to address key findings through partnerships, initiative alignment and new programming. PAMR also assists the Missouri Alliance on Innovation in Maternal Health and DHSS’ Title V MCH program by providing data to drive evidence-based practices.

In June 2020, Missouri’s PAMR Board released the first ever [report on maternal mortality](#) in Missouri, reviewing 2017 case outcomes. In June 2021, an updated report on 2018 maternal mortality cases will be released. For more information, contact [Ashlie Otto](#).

Missouri Department of Health and Senior Services

Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Grant

Missouri's PAMR program was awarded a five-year grant through the Centers for Disease Control and Prevention's Enhancing Reviews and ERASE MM program. This funding will directly support agencies and organizations that coordinate and manage Maternal Mortality Review Committees to identify, review and characterize maternal deaths in Missouri and identify prevention opportunities. A second component of the funding is to engage birthing hospitals and relevant stakeholders to implement the AIM bundles. MHA is responsible for supporting AIM bundle implementation and initiated the Severe Hypertension in Pregnancy bundle in 2019 to address the priority issue of maternal deaths related to perinatal cardiovascular issues. The second bundle, Obstetric Care for Women with Substance Use Disorder, will launch in 2021. The ERASE MM grant will continue to share data and maternal mortality prevention opportunities with stakeholders. For more information, contact [Ashlie Otto](#) at DHSS or [Alison Williams](#) at MHA.

Missouri Department of Health and Senior Services

Missouri Women's Health Council

The Missouri Women's Health Council is an advisory board comprised of thought leaders, including health care providers, researchers, health care administrators and social workers, as well as multiple CEOs and executive directors of critical social services foundations serving women throughout Missouri, with expertise in women's health and the broad range of factors that affect women's health outcomes. Council members are appointed by the director of DHSS and reflect the geographic diversity of Missouri.

Since the council first convened in October 2017, members have attended expert briefings on critical issues such as the opioid crisis, Missouri's high maternal mortality rate, women's incarceration and violence against women. In 2019, the council informed policy that extends Medicaid coverage for women in treatment for SUD for up to one year after birth, and in 2020, they informed DHSS on the effects of COVID-19, specifically for low-income pregnant women, women of color, women in corrections, and women working in and residents of long-term care facilities. The council continues to inform DHSS on the potential effects of Medicaid expansion for women and girls, and is active in conversations with the Missouri DSS regarding the rollout of Medicaid expansion. For more information, contact [Sarah Ehrhardt Reid](#).

Missouri Department of Social Services, MO HealthNet Division

Maternal Fetal Infant Health Workgroup

The Maternal Fetal Infant Health Workgroup is a statewide initiative that serves the Missouri Medicaid-eligible population with a mission of improving the lives of pregnant women and their infants through collaboration and innovation. The workgroup envisions stopping the increase of maternal deaths in Missouri through quality, collaboration, respect and integrity. Four subcommittees — SDOH, provider engagement, NAS and SUD — work to complete a project within one calendar year. Projects vary by year and are chosen by the group of stakeholders that volunteer to work together toward a common goal. The workgroup engages multiple partners, including state agencies, food banks, hospital systems, universities, clinics, medical associations, insurance providers and collaborations focused on maternal-infant health. A variety of stakeholders and partners have come together to produce innovative strategies to address pressing needs within Missouri, with each stakeholder bringing a unique perspective to the work. The workgroup is focused on four projects this year: 1) SDOH focus: addressing housing needs of pregnant women, 2) Provider engagement: unraveling the mysteries of Medicaid for pregnant women, 3) NAS: collaborating with the Children's Division to develop plans of safe care in the prenatal period, and 4) SUD: resource mapping for maternal mental health services and a maternity-centric trauma-informed providers toolkit. For more information, contact [Teresa Wortmann](#).

“Every maternal mortality in Missouri is a devastating event that touches many lives. Our work with the Pregnancy-Associated Mortality Review Committee has provided valuable insight into the causes of and potential opportunities to prevent maternal mortality. Broad multidisciplinary efforts such as those described in this report are essential to our mission to further reduce maternal and infant mortality in Missouri.”

*Daniel Jackson, MD, MS, FACOG,
Chair, Missouri Pregnancy-Associated Mortality Review Committee*

Missouri Hospital Association

[Missouri Maternal-Child Learning and Action Network](#)

The Maternal-Child Learning and Action Network launched in 2018 to convene a statewide group of stakeholders committed to improving the care, delivery and health of maternal-child populations. Before the MC LAN, Missouri lacked a coordinated effort to promote learning, peer networking and strategic action planning that encompassed the broad range of entities serving women and children. Networking power drives the MC LAN, as they collectively collaborate to innovate, share resources and align scopes of work. During the past three years, the MC LAN has grown to a representative body of more than 60 direct care providers of all levels, professional associations, government agencies and national representatives. Key outputs include broad engagement in the Missouri AIM collaboratives and the Missouri NAS Collaborative, as well as alignment with Missouri's Safe Sleep Coalition efforts. Finally, the MC LAN is responsible for developing strategic action plans to address key findings of the Missouri PAMR. As next steps, the MC LAN is focused on supporting the next AIM bundle on maternal SUD, as well as supporting the development and dissemination of several statewide research studies being conducted by members. Partnering to develop and implement a statewide perinatal SUD resource map is another example of networking for innovative solutions to known system-level gaps and opportunities to improve care access and delivery. A significant goal of the MC LAN in the next 18 months is to engage with community service providers, grassroots organizations, and patients and families to ensure a broader voice in this work. For more information, contact [Alison Williams](#).

Missouri Hospital Association & Missouri Department of Health and Senior Services

[Alliance for Innovation on Maternal Health](#)

The American College of Obstetricians and Gynecologists' Alliance for Innovation on Maternal Health is a national data-driven maternal safety and quality improvement initiative based on interdisciplinary, consensus-based practices to improve maternal safety and outcomes. The program provides implementation and data support for the adoption of evidence-based patient safety bundles. In 2019, MHA partnered with DHSS to join the AIM through a cooperative agreement with the U.S. Department of Health and Human Services' Health Resources and Services Administration Maternal and Child Health Bureau. Missouri AIM chose to address implementation of the severe hypertension in pregnancy patient safety bundle first because perinatal cardiovascular events are a leading cause of pregnancy-related deaths in the state. MHA leads the AIM work in partnership with the Missouri chapters of AWHONN and ACOG, the March of Dimes, the MC LAN, and DHSS. So far, Missouri AIM has engaged with 30+ providers in the initial AIM bundle and is spreading this work to clinics and emergency department settings where nonobstetric providers need evidence-based practice guidance to safely serve this population. Launching Missouri AIM has resulted in opportunities to both engage with stakeholders from across the state, and impact maternal morbidity and mortality. The next AIM bundle on addressing maternal SUD will launch in August 2021. For more information, contact [Ashlie Otto](#) at DHSS or [Alison Williams](#) at MHA.

Missouri Hospital Association & Missouri Department of Health and Senior Services

Alliance for Innovation on Maternal Health Severe Hypertension in Pregnancy Collaborative

The purpose of this collaborative is to improve the care of women in Missouri who are at risk of or diagnosed with severe preeclampsia, eclampsia, preeclampsia superimposed or preexisting hypertension in various care settings, including birthing centers, provider offices and emergency departments. The critical measures are to ensure maternal patients receive anti-hypertensive medication within one hour of confirmed severe-range blood pressure and assurance of a postpartum follow-up appointment within seven to 14 days after delivery — care critical to decreasing perinatal cardiovascular events. Through the implementation of evidence-based practice standards and specific patient safety bundle elements — developed through the [AIM](#) — teams implemented interventions during the course of one year, working to improve the standardization of care, follow-up of postpartum visits with providers and timely treatment of medication administration. Targeted outcomes include the following.

- Timely treatment rate improved: 11.32%, from a baseline rate of 58.10% to 69.42%
- Average percent of SHP bundle elements completed: 91%
- Average percent of team-based performance improvement measures submitted: 93%
- Average percent of structure measures completed: 90%

In January 2021, the collaborative transitioned to the sustainability phase of the project. Participating organizations have bimonthly coaching calls and continue to report data on timely treatment of severe hypertension. For more information, contact [Alison Williams](#).

Missouri Hospital Association & Missouri Telehealth Network

Show-Me ECHO Collaboration

The Show-Me ECHO program, through the University of Missouri School of Medicine, Missouri Telehealth Network, has a strong history of providing a platform to expedite clinical knowledge-sharing on a wide variety of health care topics across the care continuum and throughout Missouri. The program's motto — move knowledge, not patients — serves to increase the capacity of providers in rural areas and to reduce patient burden to access specialized health care services and information.

In 2020, MHA and Show-Me ECHO collaborated to provide two new ECHOs — [Missouri Moms and Babies](#), which focuses on maternal patients, relevant care providers and stakeholders, as well as [Mothers, Infants & NAS](#), which focuses on addressing care for the mother-infant dyad affected by SUD, relevant care providers and stakeholders. Both ECHOs, held bimonthly, provide a rich opportunity for participants from throughout the state to convene for didactic learning, case study review of deidentified patient cases and topic discussion. ECHO participants learn and share information about evidence-based practices, innovation, collaboration and community networks. An expert HUB team forms the base of the ECHO, with participants serving as the “spokes” in the model, carrying information back to their local regions and bedside practice. Both ECHOs provide knowledge-building support for MHA's AIM-based and NAS collaboratives, aligning forces to reach as many stakeholders as possible. In the near future, MHA and Show-Me ECHO will partner again to support participants implementing elements of the AIM maternal SUD safety bundle. The NAS ECHO will continue efforts to change the model of care for the mother-infant dyad affected by SUD. For more information, contact [Karen Edison](#) at Show-Me ECHO or [Alison Williams](#) at MHA.

Home State Health

OB Service Project

The Home State Health OB Service Project is a statewide initiative serving Medicaid populations in Missouri by coordinating and enhancing the plan's relationships with OB providers, including OB clinical groups, academic medical centers, hospital medical groups and Federally Qualified Health Centers. HSH put together a clinical team that traveled to provider offices, providing individual metrics for each provider within the group with the following goals.

- assist providers in removing barriers to increase appointment attendance
- increase the number of deliveries with a completed pregnancy risk assessment
- increase the number of maternal-fetal medicine visits when clinically indicated
- increase provider referrals to care management
- achieve healthier pregnancy and birth outcomes

Examples of individualized metrics include the percentage of members who delivered with a risk assessment on file, cesarean section rates, neonatal intensive care unit admission rates and the percentage of members engaging with the managed care management teams. Initial successes include the following.

- The number of moms who had a pregnancy risk assessment increased.
- The number of providers referring members to HSH care management increased.
- Providers began educating their patients about the benefits of care management at the HSH member's appointments.
- The number of members refusing care management services decreased.

HSH will continue to grow provider relationships developed through this project and is considering expanding into new provider specialties and populations to improve patient care delivery and outcomes. For more information, contact [Mona Desmond](#).

Missouri Foundation for Health

The Uplift Connection

Partners recognize that Missouri has nationally renowned experts, innovative ideas and strong organizations all aimed at improving health outcomes for our most vulnerable populations. Working together, we can make even greater strides.

Born from the Infant Mortality Reduction Initiative through MFH, The Uplift Connection is designed to be the bridge among statewide efforts – making it easier to find partners, share ideas and coordinate across projects. A curated, frequently updated platform of community events, regional news and funded projects — as well as a growing list of partner organizations – is all in one place.

Along with partners at MHA and DHSS, The Uplift Connection co-hosts the annual Maternal and Infant Health Convening. If you are hosting an event, are interested in funding opportunities, or are part of an organization serving women and infants in Missouri, we encourage you to submit your information and join The Uplift Connection.

Women's Health & Reproductive Justice

Missouri Family Health Council, Inc.

The Right Time

The Right Time is improving information about, and access to, quality contraceptive services. The initiative is helping Missourians obtain contraceptive services by reducing costs, and improving access and knowledge. It is focused on increasing equity and ensuring all people have access to quality family planning regardless of their insurance status or ZIP code. *The Right Time* is led by Missouri Family Health Council, Inc. and is an initiative of the Missouri Foundation for Health.

Throughout Missouri, there are 12 *The Right Time* health centers in 32 locations forming a network offering the full range of birth control methods. In the first 18 months of this six-year initiative, the following outcomes occurred.

- nearly 17,000 patients were provided with counseling, education and a contraceptive method (if they chose one)
- as cost and other barriers are removed, people that chose a method are moving from a less effective method to a more effective method
- forty-three trainings were held with 598 individuals on topics such as patient-centered contraceptive counseling and long-acting reversible contraception insertion and removal
- more health centers have immediate access to all contraceptive methods available

A third cohort of partners will join the initiative in the fall/winter of 2021. For more information, contact [Michelle Trupiano](#).



Improving Maternal-Infant Outcomes – Regional

[SSM Health St. Mary's Hospital - St. Louis](#)

Designing Mother-Infant Care During a Pandemic: Collaborative and Ethical Decision-Making

One mother-baby unit in a large, urban, academic hospital, developed policies for the care of COVID-19-positive mothers through multidisciplinary collaboration using a public health perspective. Collaborators included nursing leadership representing antepartum, labor and delivery, postpartum, and NICU, as well as members from general pediatrics, neonatology, lactation, pharmacy and IT departments. The hospital serves the greater St. Louis region, including high-risk referrals and transfers from surrounding counties in Missouri and Illinois. Of delivering mothers, 76% are insured through Medicaid and 74% are African American.

Isolated triage rooms and a dedicated perinatal COVID-19 unit were created using a self-contained labor, delivery, recovery and postpartum model. The decision was made to co-locate mothers and babies, and to continue to encourage skin-to-skin holding and breastfeeding, taking the opportunity to teach and model safe infant care. Patient education materials were developed to reinforce safe breastfeeding, infant care and self-care. Mothers were given donated cloth masks upon discharge. Follow-up phone calls to every mother began two days after discharge. The collaborative and patient-centered nature of the decision-making, from a public health perspective, and weighing the known benefits of mother-infant contact against the known risks of separation, informed the entire process and resulted in a more positive birth experience for patients during the pandemic. For more information, contact [Becky Boedecker](#).

[Bootheel Babies and Families](#)

Infant Mortality Reduction Initiative

Bootheel Babies and Families is a 10-year Infant Mortality Reduction Initiative, funded by Missouri Foundation for Health, with the mission of lowering the rolling infant mortality rate from 9.5% to 7.9% by 2022. Focused on the six rural Southeast counties that make up the Missouri Bootheel, BBF is a community-led effort that engages more than 200 community members, organizations and stakeholders. BBF already exceeded the target goal of reducing the infant mortality rate to 6.3% by the end of 2020, crediting community engagement and health equity focus for the success. An embedded “Hub Partner” in each of the six counties aids grassroots efforts by mobilizing, facilitating, coordinating and increasing engagement of multisector partners and community members. In 2019, BBF began working with the Network for Strong Communities, which provides capacity-building with a strengths-based framework to build the hub partner model and structure.

In 2020, BBF and the Hub Partners began working with Consilience Group, a health equity consulting firm, to help the initiative develop, learn and seize opportunities to do the work through a health equity lens. Now the focus is on implementation of a rural, community-led grant-making process through the BBF and Hub Partners. Chosen grantee applications will support and align with their individual focus areas and community efforts to reduce the number of babies dying in their county. For more information, contact [Tracy Morrow](#).

The Missouri Bootheel Regional Consortium, Inc.

Grantee for the Missouri Bootheel Healthy Start Program

Funded by the Health Resources and Services Administration, Maternal and Child Health Bureau, the Division of Healthy Start and Perinatal Services serves to eliminate disparities in birth outcomes in the Missouri Bootheel, specifically for families who reside in Dunklin, Mississippi, New Madrid, Pemiscot and Scott Counties. The Missouri Bootheel Health Start Program serves approximately 600 to 700 pregnant women and families annually, providing case management, outreach education and supportive services. Through these efforts, nearly 90% of program participants have healthy weight babies, report safe sleep practices and have a reproductive life plan. Another 70% report reading to their child and having father engagement. The infant mortality rate among program participants continues to decline. MBHS focuses on impacting individuals who are at the greatest risk for poor birth outcomes, and for the past 24 years, have successfully provided interventions that address social determinants and health inequities to improve birth outcomes for marginalized and underserved populations. Examples include serving as a catalyst for networking; emphasizing education, outreach and training utilizing partnerships; hosting annual conferences; using volunteers; and sharing success stories among program participants. Future work will focus on support to strengthen the role of the father through maternal platforms, continue efforts to reduce maternal and infant mortality, and address health equity and low birth weight infants. For additional information or questions, contact [Cynthia Dean](#), CEO/Director of Programs, at the Missouri Bootheel Regional Consortium, Inc.

Nurture KC

[Kansas City Healthy Start Initiative](#)

Nurture KC sought to reduce infant and maternal mortality in the Kansas City metro area utilizing a community health worker model to provide one-on-one support and a link to area resources. Nurture KC is one of 100 Healthy Start programs in the country and the only urban Healthy Start in Missouri, serving pregnant women and children from the 14 ZIP codes of Kansas City, Mo., and Kansas City, Kan., with the highest rates of infant mortality. Healthy Start serves more than 700 program participants each year, including 300 mothers, 300 children up to 18 months of age and 100 fathers. Utilizing a CHW model, education on safe sleep, car seat safety, immunizations, breastfeeding and a number of other topics designed to ensure a healthy pregnancy and baby are provided. CHW's link participants to needed services, including health care coverage, housing assistance and transportation to appointments. A partnership with Truman Medical Center helps serve identified high-risk moms. Through this program, each family is provided with a pack and play, car seat, and monthly diaper allotment. Understanding the need to serve local Hispanic mothers, the program plans to add a CHW who is Spanish-speaking. For additional information or questions, contact [Tracy Russell](#), Executive Director, at Nurture KC.

**Rural Maternity and Obstetrics Management Strategies (RMOMS)
Grant Bootheel Perinatal Network & St. Francis Medical Center**

[RMOMS Program](#)

The RMOMS program, one of only three such programs awarded in the nation, serves approximately 30,000 women of childbearing age in the Southeast Bootheel of Missouri. This area exhibits higher-than-average rates across all standard chronic disease indicators, as well as increased rates of low birthweight infants and infant mortality. The purpose of the RMOMS project is to create a sustainable network to facilitate and deliver coordinated maternal care for the service population, including increased access to prenatal, labor and delivery, and postpartum services. With a large network of partners, RMOMS has begun to implement a System of Care Coordination to identify at-risk women and connect them with the appropriate partner agencies. Next steps for the RMOMS program include increasing the number of network partners, expanding care coordination services and developing a telehealth network. For more information, contact [Barb Gleason](#) or [Morgan Nesselrodt](#).

Racial Equity and Mental Health in Maternal-Infant Outcomes

[St. Louis Integrated Health Network](#)

EleVATE Women: Elevating Voices, Addressing Depression, Trauma and Equity

EleVATE Women began in 2016 to support collaborative work between community members and health care teams to advance racial equity by: 1) implementing a community-led innovative model of prenatal care embedded with trauma-informed care, evidence-based behavioral health interventions and anti-oppressive principles across multiple sites in Missouri to reduce inequitable adverse pregnancy outcomes; 2) providing intensive trainings for health care teams and communities to support patients who are experiencing trauma, depression and psychosocial stress as a result of racism; and 3) broadening the culture of medical practice by elevating and integrating perspectives from communities and health care institutions to develop innovative, collaborative solutions and new approaches to care delivery while increasing shared accountability to promote direct practice changes.

EleVATE Women piloted EleVATE group prenatal care, behavioral health and health equity trainings for health care teams between January 2018 and March 2019, which were implemented at Affinia Healthcare, Barnes-Jewish Hospital and SSM Health St. Mary's Hospital. Patients participating in EleVATE group prenatal care demonstrated a trend in lower rates of preterm birth (less than 37 weeks gestation) than those in individual standard care (0% versus 18.2%), and observed a 50% reduction in depression diagnosis across all sites. In September 2020, EleVATE Women was awarded a National Institute of Mental Health grant (Washington University School of Medicine is the lead applicant) for five years to study this model across nine sites in Missouri; rigorously assess its effectiveness; and determine feasibility, sustainability and barriers to implementing EleVATE group prenatal care in different real-world care settings. For more information, contact [Kelly McKay-Gist](#).

SSM Health St. Mary's Hospital, St. Louis

[The MOMS Line \(314\) 768-MOMS](#)

The MOMS Line provides one-to-one peer telephone support and peer-led support groups for perinatal women experiencing any form of mood or anxiety disorder. The purpose of the MOMS Line program is to provide all perinatal women essential access to inclusive wraparound peer support and connection to vetted professional, clinical and community resources. It serves all perinatal women in the St. Louis Metro area regardless of birthing place, as well as families with newborns admitted to the St. Mary's Neonatal Intensive Care Unit. The MOMS Line is committed to recruiting, training and retaining a diverse group of mom volunteers, dismantling systemic racism, and decreasing infant and maternal mortality rates.

In 2020, Peer Telephone Coaches provided support for 128 moms, with the average relationship lasting six months. MOMS Group Peer Support was provided for 502 moms, 93 families were supported in the NICU Parent Café, and 51 ZIP codes were served throughout the St. Louis metro area, including Missouri and Illinois. For more information, contact [Kim Martino-Sexton](#).



Generate Health STL

Perinatal Behavioral Health Initiative

The Perinatal Behavioral Health Initiative is comprised of four components: a perinatal resource network, advocacy, community engagement and professional development. The mission of PBHI is to promote increased accessibility to high-quality, family-centered mental health and SUD services; create standards of care; provide educational outreach and professional development; and advocate for healthy women, positive birth outcomes and nurturing parenting relationships. The initiative serves Black pregnant and parenting families within St. Louis City. PBHI implemented a universal system of screening, assessment, referral and case management across partner organizations in St. Louis.

The network connects moms with support services through a case management model to support successful treatment participation. Through 12 funded partners, from June 2019 to July 2020, 987 people were served, 1,346 total screenings were conducted and 437 individuals were referred to case management. For more information, contact [Carie Mellenthin](#).

Infant Safe Sleep Initiatives

Missouri Department of Social Services Children's Division

[Missouri Safe Sleep Coalition](#)

To combat sleep-related infant deaths, several Missouri departments and organizations have come together to form the Missouri Safe Sleep Coalition with the goal of combining knowledge and resources to ensure consistent, statewide safe sleep education. The Missouri Safe Sleep Coalition consists of members from the DSS, DHSS, Children's Trust Fund, Infant Loss Resources, Office of Child Advocates, MHA, Children's Mercy Hospital, Generate Health St. Louis, Saint Francis Healthcare System, Nurses for Newborns, SSM Health, community partnerships and others. As a result of the commitment of the coalition, Missouri developed a statewide safe sleep strategic [plan](#) involving expert input from The National Institute for Children's Health Quality, a safe sleep educational [flyer](#) to be consistently distributed to the public, and a safe sleep interactive training (Safe Sleep Training Part 1 and Part 2) to be used by many different state departments for direct service providers and the general public. With a strategic plan in place, the Missouri Safe Sleep Coalition will continue to be driven by identified statewide goals to reach outcomes that will reduce the rate of infant death due to sleep-related causes. For additional information or questions, contact [Tara Goins](#).

Generate Health STL

[FLOURISH Safe Sleep](#)

Safe sleep is one of the key priority areas of FLOURISH St. Louis, which serves Black pregnant and parenting families in St. Louis City and County. The purpose of the FLOURISH Safe Sleep work is to align, coordinate and support the St. Louis portable crib network and to promote infant safe sleep. This is done through a variety of strategies, including training more than 40 individuals as Safe Sleep Champions to promote the American Academy of Pediatric Safe Sleep guidelines, hosting an annual conference attended by nearly 225 people to promote joint learning between community leaders and service providers, and determining a standard set of safe sleep metrics to build a regional dataset related to safe sleep. FLOURISH would like to transform St. Louis into a Safe Sleep City. BJC and SSM Health are working toward Safe Sleep Certification through Cribs for Kids. Other partners are promoting infant safe sleep in a variety of ways. FLOURISH hopes to use this momentum to build a campaign for Safe Sleep St. Louis. For more information, contact [Sarah Kennedy](#).

Statewide Event Recap

2020 Statewide Maternal and Infant Health Convening

Multiple partners convened to hear from both local and national experts across a wide variety of maternal and infant health topics. Trauma-informed maternal care, Medicaid expansion, perinatal SUD treatment, doula and midwifery care, telehealth amid COVID-19, and policy initiatives to improve the lives of parents and infants were some of the focus areas of the second annual statewide convening co-presented by The Uplift Connection, MHA and DHSS. Although participants gathered virtually this year, nearly 200 attendees participated in keynote presentations, breakout sessions, interactive roundtables and poster presentations. For additional information, contact [Reggi Rideout](#), The Uplift Connection powered by Missouri Foundation for Health.

“It’s important to understand what others are doing in order to make connections and partnerships. This also helps resources spread further when we are relying on one another to do things instead of doing everything ourselves.”

“It is encouraging to see how many different groups are concerned with women and children’s health. We aren’t in this alone!” — Event Attendee

Appendix A: Organizational Contact List

Organization	Staff Contact Name	Email	Phone Number	Project/Initiative Topic Name	Report Section
Healthy Blue Missouri, Anthem, Inc.	Sharon Deans, PPMD, Rachel Ussery, Mgr. CM, Leslie Chiles, Dir HCUM, Meredith Childs, Mgr. SDOH	Sharon.Deans@anthem.com , Rachel.Ussery@healthybluemo.com com.Meredith.Childs@healthybluemo.com	Sharon Deans 314-202-0309 Rachel Ussery 314-236-5637 Meredith Childs 314-444-7563	1.) Operation Food Search (OFS) – Fresh Rx Pilot; 2.) Member Focus Groups; 3.) YWCA Head Start/Early Head Start-Pregnant Mom Project Grant	1: Social Determinants of Health
UnitedHealthcare Community Plan of Missouri	Colleen Giebe	colleen.giebe@uhc.com	314-592-3364	From Farm To Table	1: Social Determinants of Health
SSM Health WISH Center	Jackie Seabaugh, R.N., BSN. Lead Nurse, MFM WISH Center	Jacqueline.M.Seabaugh@ssmhealth.com	314-768-8230	WISH (Women and Infant Substance Help) Center	2: Substance Use Disorders
The Perinatal Behavioral Health Service at Washington University	Tara Tinnin	tinnint@wustl.edu	314-747-2675	The Clinic for Acceptance, Recovery, and Empowerment (CARE)	2: Substance Use Disorders
Missouri Department of Health and Senior Services	Martha Smith, Missouri Title V/MCH Director	Martha.Smith@health.mo.gov	573-751-6435	Missouri Title V MCH Services Block Grant	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Missouri Department of Health and Senior Services	Ashlie Otto, R.N., BSN	Ashlie.Otto@health.mo.gov	573-522-4107	Missouri's Pregnancy-Associated Mortality Review (PAMR)	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Missouri Department of Health and Senior Services	Ashlie Otto, R.N., BSN	Ashlie.Otto@health.mo.gov	573-522-4107	Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Missouri Women's Health Council	Sarah Ehrhard Reid, MSW Section for Women's Health Missouri Department of Health and Senior Services	sarah.ehrhardreid@health.mo.gov	NA	Missouri Women's Health Council	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Missouri Department of Social Services, MO HealthNet Division	Teresa Wortmann, R.N. MSN	Teresa.a.wortmann@dss.mo.gov	573-751-7992	Maternal Fetal Infant Health Workgroup	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Missouri Hospital Association	Alison Williams, Vice President of Clinical Quality Improvement	awilliams@mhanet.com	573-893-3700, ext. 1326	Missouri Maternal-Child Learning and Action Network	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Missouri Hospital Association/Missouri Department of Health and Senior Services	Alison Williams, Vice President of Clinical Quality Improvement	awilliams@mhanet.com	573-893-3700, ext. 1326	Alliance for Innovation on Maternal Health (AIM)	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Missouri Hospital Association/Missouri Department of Health and Senior Services	Alison Williams, Vice President of Clinical Quality Improvement	awilliams@mhanet.com	573- 893-3700, ext. 1406	Missouri AIM Severe Hypertension in Pregnancy Collaborative	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes

Organization	Staff Contact Name	Email	Phone Number	Project/Initiative Topic Name	Report Section
Missouri Hospital Association/Missouri Telehealth Network's Show-Me ECHO	Alison Williams, Vice President of Clinical Quality Improvement	awilliams@mhnet.com	573-893-3700, ext. 1326	Show-Me ECHO Collaboration	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Home State Health	Mona Desmond	Mona.H.Desmond@homestatehealth.com	636-534-4611	OB Service Project	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
The Uplift Connection	Reggi Rideout	rrideout@simplystrategy.net	314-858-8750	The Uplift Connection	3: Statewide Collaboratives - Improving Maternal/Infant Outcomes
Missouri Family Health Council	Michelle Trupiano, Executive Director	mtrupiano@mfhc.org	314-805-5429	The Right Time Initiative	4: Women's Health/Reproductive Justice
SSM Health St. Mary's Hospital – St. Louis	Becky Boedeker	Becky.boedeker@ssmhealth.com	314-384-8413	Designing Mother/Infant Care During a Pandemic: Collaborative and Ethical Decision-Making	5: Improving Infant/Maternal Outcomes - Regional
Bootheel Babies and Families	Tracy Morrow, Executive Director	tracy@bootheelbabies.org	573-475-8688	Infant Mortality Reduction Initiative in the Bootheel Region	5: Improving Infant/Maternal Outcomes - Regional
RMOMS grant Bootheel Perinatal Network & Saint Francis Medical Center	Barb Gleason R.N., BSN, MSN Project Director Morgan Nesselrodt Project Coordinator	bgleason@sfmc.net ; mnesselrodt@sfmc.net	573-275-4101; 573-521-8008	RMOMS Rural Maternity and Obstetrics Management Strategies Program	5: Improving Infant/Maternal Outcomes - Regional
The Missouri Bootheel Regional Consortium, Inc.	Cynthia Dean, CEO/Director of Programs	cdean@mbrcinc.org	573-471-9400	Missouri Bootheel Healthy Start (MBHS)	5: Improving Infant/Maternal Outcomes - Regional
Nurture KC	Tracy Russell	trussell@NurtureKC.org	816-283-6242, ext. 253	Kansas City Healthy Start Initiative	5: Improving Infant/Maternal Outcomes - Regional
St. Louis Integrated Health Network and partners	Kelly McKay-Gist	kmckay@stlouisihn.org	646-236-3361	EleVATE Women: Elevating Voices, Addressing Depression, Trauma and Equity	6: Racial Equity in Maternal/Infant Outcomes
SSM Health St. Mary's Hospital – St. Louis	Kim Martino-Sexton, Senior Community Outreach Coordinator	Kim.Martino-Sexton@ssmhealth.com	314-768-8570	The MOMS Line (314) 768-MOMS	5: Improving Infant/Maternal Outcomes - Regional
Generate Health STL - Perinatal Behavioral Health	Carie Mellenthin	cmellenthin@generatehealthstl.org	NA	Perinatal Behavioral Health Initiative	6: Racial Equity in Maternal/Infant Outcomes
Missouri Department of Social Services, Children's Division	Tara Goins	tara.goins@dss.mo.gov	NA	Mo Safe Sleep Coalition	7: Infant Safe Sleep Initiatives
Generate Health STL - FLOURISH Safe Sleep	Sarah Kennedy	skennedy@generatehealthstl.org	314-399-8741	FLOURISH Safe Sleep	7: Infant Safe Sleep Initiatives



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