Perinatal/Infant Health - Application Year

Priority Needs
• Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.
National Performance Measures
• NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months • NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

In application year 2023, the infant and perinatal priority for the Bureau of Women's and Children's Health (BWCH) is to promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy. In meeting this priority, we will continue to remain focused on reducing infant mortality and morbidity, and reducing disparities in infant and maternal morbidity and mortality. BWCH will continue to support NPM 4 and NPM 5 and utilize Title V Needs Assessment data to inform strategies and At the conclusion of this narrative Family Engagement projects will be shared.

Arizona's Title V Program works to address **NPM 6: Developmental Screening** through BWCH's home visiting programs.

Arizona's **early childhood home visiting programs** provide support for new families to promote positive parenting and child development. In 2023, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Health Start and the High Risk Perinatal Program (HRPP) home visiting programs will continue to implement strategies that support services for mothers, infants, and families, including educating families about infant toddler development, mental health, the critical importance of bonding, injuries in the home, safe sleep, immunizations, and the effects of Adverse Childhood Experiences (ACEs). In addition, continued professional development for home visitors and home visiting supervisors will be a priority. More information on MIECHV and Health Start home visitation planned activities are included in the ***Children's Health*** and ***Women's Health 2023 Action Plans***.

The High Risk Perinatal Program (HRPP), funded through Title V and state appropriated funds, will continue to contract with medical transport companies to provide air and ground transport for high risk pregnant women and neonates in need of inter-facility transport to a higher level of care. Transport providers obtain authorization and administrative specialty program direction from a board-certified maternal fetal medicine specialist or neonatologist contracted with the ADHS. HRPP provides financial assistance for emergency maternal and neonatal transports and requires contracted transport companies to write off the remaining balances after the established family liability has been met.

The HRPP contracts with all Level II, IIIA, IIIB, and IV hospitals certified by the Arizona Perinatal Trust (APT) to provide the appropriate level of neonatal care. In 2023, as the APT begins recertifying hospitals based on new standards of care, the HRPP will begin contracting with newly established Level II, IIIA, IIIB, and IV perinatal care centers to ensure program services are being offered to all eligible infants in Arizona. The HRPP also will continue to contract with neonatology groups to provide risk-appropriate medical care to enrolled infants during hospitalization. The HRPP provides financial assistance for the families of enrolled infants with third party private insurance to prevent catastrophic costs incurred during the infant's hospital stay. All contracted hospitals and neonatology groups have agreed to "write off" the remaining balances for families after an established family liability has been met.

The HRPP will coordinate with the Arizona Department of Child Safety (DCS) to determine how the program can support and partner with 'SENSE' (Substance Exposed Newborn Safe Environment). The primary goal of SENSE is to ensure substance exposed infants and their families are provided with a coordinated and comprehensive array of services once discharged from the hospital. The HRPP will continue to allow infants with a diagnosis of neonatal abstinence syndrome (NAS) to be automatically eligible regardless of the number of days in the newborn intensive care unit (NICU). The HRPP will continue to collaborate and contract with Hushabye Nursery, a free-standing, non-profit organization whose mission is to 'embrace substance exposed babies and their caregivers with compassionate, evidence-based care that changes the course of their entire lives'. In 2023, the HRPP will also explore the opportunity for collaboration and establish a contract with Jacob's Hope, a care center for newborns suffering from NAS with registered nurses that provide 24-hour medical care.

The HRPP contracts with eight Community Health Nursing (CHN) agencies which cover the entire state and employ over 40 CHNs, who will provide support to families as they transition out of the Special Care Nursery or NICU to home. CHNs will continue to conduct developmental (e.g.., Ages & Stages Questionnaire [ASQ]), physical and environmental assessments; the Edinburgh Postnatal Depression Scale (EPDS) screening; inter-conception education and support; and provide referrals to community services. The HRPP will continue to work with the ADHS Newborn Screening Program (NBS) to ensure infants who require a second screening are identified in a timely manner and administered a second screening. The HRPP will continue to collaborate with MIECHV Strong Families Arizona Network to provide professional development for CHNs.

HRPP plans to continue to offer virtual visits as an alternative to in-person visits (once the program does go back into homes). The virtual visits will be used as needed in between in-home visits. In certain situations, virtual visits act as a transition to the in-person home visit, allowing the nurse to establish a rapport with the family as some families seem comfortable initially doing virtual visits.

Currently, HRPP is in the beginning stages of researching the implementation of the evidence-based Maternal Early Childhood Sustained Home-Visiting (MECSH) program. This program is implemented by nurses for families at risk of poor maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. MECSH draws together available evidence on the importance of the early years, children's health and development, the types of support parents need, parent-infant interaction and holistic, ecological approaches to supporting families. MECSH uses a tiered service model, which encompasses the primary health care and more specialized services that families may need.

Furthermore, BWCH will continue to convene an internal home visiting workgroup to support the goals of shared vision for home visitation within the Bureau, improve communication and coordination among Bureau home visiting programs, and identify opportunities for collaboration and alignment of strategies where applicable. The BWCH Home Visiting Workgroup will continue to monitor trends and impacts of COVID-19 to ensure alignment in strategies to support home visiting programs.

BWCH will continue to support statewide participation in the home visiting database management system for all of its home visiting programs. This initiative will continue to be a partnership between home visiting programs housed within BWCH (Health Start, MIECHV, and HRPP CHN) and the Bureau of Assessment and Evaluation. The aim of this initiative is to consolidate measures; identify rich data sources; reduce unnecessary data collection; and provide consistency to data collection tools and methods at the field level that will provide instant feedback to evaluate programmatic performance and outcomes of each of their programs.

Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Arizona Department of Health Services and the Centers for Disease Control and Prevention (CDC) that aims to find out why some babies are born healthy and others are not by asking new mothers in Arizona about their behaviors and experiences around the time of their pregnancy. Findings from AZ PRAMS guide infant health strategies. Housed within the ADHS Bureau of Assessment and Evaluation, AZ PRAMS is predominantly funded through the CDC, but receives supplemental funding through the Justice Reinvestment Fund (state), Council of State and Territorial Epidemiologists, and Title V to enhance program reach. Additional information on PRAMS can be found in the ***Women's Health 2021 Annual Report*** and ***2023 Application***.

In 2023, the **Arizona's Child Fatality Review (CFR) program** will offer additional training to law enforcement agencies, medical examiners, and other first responders. These trainings aim to increase awareness and understanding of the Arizona Child Fatality Review Program as well as the associated Arizona State Statutes; increase understanding on use of the Sudden Unexpected Infant Death (SUID) Investigation Reporting Form and basic Sudden Unexpected Infant Death Investigation (SUIDI) concepts; demonstrate how to perform a doll re-enactment for a SUIDI; and teach first responders the importance of the doll re-enactment for the SUIDI in regards to determination of cause and manner of death. These trainings are scheduled to occur every other year (offset with the pause of the 2022 training due to the COVID-19 pandemic); the next training is scheduled for Spring 2023.

Arizona Revised Statute 36-3506 requires law enforcement to utilize the Infant Death Investigation Checklist as a part of their investigations involving infants. In 2019, the CFR program adopted the Centers for Disease Control's Sudden Unexpected Infant Death Investigation Reporting Form (SUIDIRF) for all investigations surrounding Sudden Unexpected Infant Death (SUID). Additional training on the use of SUID doll reenactments is also provided to better assist agencies with understanding the manner and cause of an infant's death. Additional proposed 2023 activities for Arizona's CFR program are included in the ***Children's Health 2023 Application*** (with exception of the Safe Sleep and SUID efforts listed here).

According to the 2021 Child Fatality Review Report, there were 53 SUIDs in Arizona in 2020 and unsafe sleep environments were identified in 100% (53/53) of them. Arizona's Title V Program works to address **NPM 5: Safe Sleep** through the following strategies.

The **Safe Sleep Task Force** will continue to partner with key community stakeholder from around the state to accelerate improvements that prevent and reduce infant deaths through collaborative learning, quality improvement, and innovation. Key stakeholders include the Department of Child Safety, Safe Kids Coalitions, county health departments, March of Dimes, AzAAP, Health Start, Tribal Injury Prevention, Indian Health Services, First Things First among many others. Arizona plans to reduce unsafe sleep related deaths by improving safe sleep practices to decrease the SUID mortality rate caused by unsafe sleeping conditions by 5%. Arizona also plans to work toward the reduction of disparities between White and Non-Hispanic Black and American Indian/Alaska natives by 3%. Arizona continues to focus on three key partnerships to promote safe sleep practices: birthing hospitals, home visiting programs, and licensed and unlicensed child care. Arizona's activities to address primary drivers of safe sleep include:

- Adding safe sleep modeling to annual skills training as part of the Strong Families AZ Learning Festival;
- Distribute Safe Sleep Crib Cards, which hospital staff can share with families to teach them about Safe Sleep environments and practices, to birthing hospitals;
- Standardizing safe sleep messages for all home visiting programs;
- Standardizing education and training for home visitors on current AAP guidelines;
- Developing standardized safe sleep messages with input from community partners;
- Support local county health department Safe Sleep initiatives through the Healthy Arizona Families Intergovernmental Agreement (MCH HAF IGA);
- Engaging grandparents and caregivers on the recommended AAP guidelines;
- Providing training for nursing and medical schools to help hospitals establish policies; and
- Coordinating efforts to train doulas serving tribal communities through the Maternal Health Innovation Program.

Through this collaborative partnership, there was a consensus that it be recommended that all birthing hospitals participating in the distribution of the crib cards develop a safe sleep policy to further educate staff and ensure the same standard of care across hospitals. The goal is that 75% of all birthing hospitals participate in the distribution of and education of patients using the crib cards. In 2023, the Safe Sleep Task Force will continue to support birthing facilities in developing

and implementing safe sleep policies for their patients. In addition, ADHS's Child Fatality Review program will continue to partner with the Maricopa Medical Examiner's Office to provide training and continued education on the use of Sudden Unexpected Infant Death doll reenactments to law enforcement and providers all around the state. Lastly, current local AzAAP providers also developed a Cognitive Behavior Therapy (CBT) on Safe Sleep for pediatricians to improve their professional practice that will help providers earn credit for Maintenance of Care (MOC) part 4.

Besides the crib cards education and distribution, Title V funding will also continue to be used to purchase cribs (Pack 'n Plays) that are provided to families without a safe sleep environment at home in conjunction with safe sleep education for the family. The ADHS Injury Prevention Program Manager will continue to provide technical assistance on the distribution of Pack 'n Plays to our local partners, including county partners and tribal communities, as funding allows. ADHS Injury Prevention will be developing an online request form to help with the statewide pack 'n play distribution and needs of each of our partners' communities. The intent is to improve the ordering and tracking process for this very important community resource. Additionally, this will allow the program manager to manage communication and support a coordinated internal process.

In 2019 ADHS formed a partnership with Prevent Child Abuse of Arizona to help with distribution, implementation and dissemination of the All Babies Cry program. At this time, it is being distributed through birthing hospitals the All Babies Cry program is a new, evidence-based media program designed to help prevent child abuse during the first year of life - when the highest proportion of incidents occur. Incorporating the protective factors of the Strengthening Families framework and other outcomes-based research. All Babies Cry empowers new mothers and fathers with practical demonstrations of infant soothing and clear strategies for managing normal stress in parenting. Currently, participating hospitals are Mount Graham, Yavapai Regional Birthing Center, Banner Gateway and Banner Desert. There is interest in adding Carondelet St. Joseph's, Tucson Medical Center, Kingman Regional Center as well as all of the Banners in Arizona in 2023.

In application year 2023, Arizona will support efforts to address **Neonatal Abstinence Syndrome (NAS) and newborns exposed prenatally by tobacco, alcohol, and other drugs that are harmful to the newborn.** Arizona will attend meetings and collaborate with stakeholders to discuss ideas and next steps around care coordination processes for newborns exposed prenatally and their mothers and families. Arizona will continue to monitor the progress of achieving the goals and priority action steps that were developed in the 2018 Arizona National Governors Association NAS Action Plan, which was sunsetted in conjunction with other key state agencies' and stakeholders' strategic plans and implementation efforts. Arizona will continue to distribute the NAS provider and patient/client informational flyers through the county health departments to reach local medical providers and the communities. Arizona will continue to work with the Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs to increase awareness of Substance Exposed Newborn (SEN) best practices at the hospital setting and to support universal screening of prenatal and postpartum mothers and newborns.

Arizona will continue to monitor the incidence of NAS and other substance exposure and will improve the NAS and substance exposures surveillance system in an effort to enhance the reporting system to ensure all cases are captured in the data collection.

Strategies will be focused on the larger universe of the opioid epidemic and addressing women and substance use and overdose risk. In application year 2023, ADHS will continue to implement the CDC Overdose Data To Action (OD2A) and SAMHSA's State Opioid Response (SOR) grants that focus on the prevention of opioid drug misuse, abuse, and overdose fatalities. As part of these grants, ADHS works in collaboration with various state agencies, county health departments, local substance abuse coalitions, and other key partners on the implementation of the state's opioid action plan.

ADHS will continue to provide technical assistance to ten (10) county health departments on the implementation of local overdose fatality review (OFR) teams; analyze and disseminate overdose data; increase the capacity of county health departments to deploy and distribute Naloxone; provide support and training on linkages to care; and enhance public access and application of data from multiple sources. This includes providing assistance with increasing public awareness related to prescription drug and illicit substance misuse and abuse; encouraging the adoption of safe opioid prescribing practices by healthcare providers; and distributing and encouraging the use of the Arizona Opioid Prescribing Guidelines, the Guidelines

for Identifying Substance Exposed Newborns, and the online continuing medical education course on safe opioid prescribing practices.

In 2023, BWCH will continue efforts to combine the **People of Color, Infant Mortality workgroup** with the Maternal Mortality Task Force with the intent of aligning maternal and infant mortality and morbidity strategies in Arizona. The goal of the group would be to convene a combined group of stakeholders with a vested interest in addressing the underlying factors associated with health disparities in infant mortality rates among American Indians, Hispanic/Latinos and African Americans in Arizona. BWCH, through the former Office of Assessment and Evaluation (now Bureau of Assessment and Evaluation), completed the Perinatal Periods of Risk (PPOR) analysis to inform the workgroup strategies. Based on the analysis, the workgroup has identified areas in which to implement prevention efforts to address the highest risk factors for high-risk populations including: inadequate weight gain, no prenatal care, multiple gestation, and previous preterm birth. Additionally, focused intervention efforts will be aimed at addressing unsafe sleep environments as excess deaths in the infant health period were attributed to an unsafe sleep environment. Therefore, BWCH will continue to partner with the Maternal Mortality Task Force to focus efforts and build out a plan that aligns with the Maternal Mortality Action Plan; exploring the opportunity to develop a Maternal and Infant Mortality Action Plan. Planned activities for 2023 include: coordinating efforts with the Maternal Mortality Task Force, strategic planning, and continuing to fund a Maternal and Infant Mortality Summit. In order to move this work forward toward the goal of aligning maternal and infant mortality strategies in AZ, BWCH applied for HRSA Catalyst for Infant Health Equity (AzCIHE) Program funding in 2022 and plans to implement the **Arizona Catalyst for Infant Health Equity Program** in 2023, if awarded this funding would provide the financial support to further develop the infrastructure for fetal-infant mortality work and enhance collaboration and alignment between maternal and infant health strategies in Arizona. The purpose of the AzCIHE will be to improve infant health and reduce morbidity through targeted policy and systems-change strategies aimed at improving social determinants of health of at-risk Black/African American, Native American and Hispanic women of child-bearing-age and infants. The AzCIHE will serve as a foundation for policy and systems change on a statewide level through the development of a comprehensive infrastructure that will position Arizona to be a Fetal-Infant Mortality Review (FIMR) state and to become a national leader in infant health. The activities within the AzCIHE will focus primarily on: Economic Stability and Health Care Access and Quality, with some activities around Neighborhood and Built Environment and Social and Community Context. Its activities will have a statewide impact along with a more specific focus on South Phoenix Healthy Start's project area, which comprises 30 zip codes in South Phoenix.

The statewide infrastructure created through the AzCIHE will include the implementation of the existing **Fetal-Infant Mortality Action Plan (FIMA)**; the formation of an **Infant Health Task Force (IHTF)**; and the development of a **Fetal-Infant Mortality Review (FIMR)** team. It will also directly target change in areas with some of the highest fetal-infant mortality disparities in Arizona by forming a South Phoenix Alliance for Infant Health Coalition (SPHS AIM) and starting a Social Determinants of Health Institute (SDOHI) for healthcare providers. If awarded, this funding opportunity will provide the crucial financial backing needed to establish the infrastructure to enact the Fetal-Infant Mortality Action Plan and the Fetal Infant Mortality Review Program in Arizona. The goals of the FIMA are based on the top areas of fetal-infant mortality needs: 1) Reduce prematurity/preterm births; 2) Prevent birth defects; 3) Strengthen systems of care for mothers and infants; 4) Diversity and strengthen the workforce; 5) Improve surveillance of fetal-infant morbidities and deaths; and 6) Promote optimal fetal-infant health. The goals of the FIMA will be accomplished through activities implemented by the Infant Health Task Force that will be formed as part of this program. The Infant Health Task Force will be composed of members of the current Maternal Health Task Force, which will include representatives from ADHS and SPHS AIM, along with members from the South Phoenix Alliance for Maternal Health Coalition. Additionally, ADHS will recruit family advisors and key infant-perinatal health partners, with emphasis in recruiting members that represent the specific population to be served (Black/African American, Native American and Hispanic current or future parents from at-risk communities), to join the IHTF. Additionally, under the AzCIHE, SPHS will develop a Health Equity Institute for providers in response to a direct need from participants for more provider education around the specific social determinants of health affecting fetal-infant health and birth outcomes.

To support **NPM 4: Breastfeeding**, BWCH, in partnership with the Bureau of Nutrition and Physical Activity (BNPA), will continue to support breastfeeding initiatives through training, technical assistance, policy and procedures, and direct support services. In addition, BNPA, through the Maternal, Infant, and Early Childhood Home Visiting (MIEHCV) grant, will provide training and support for home visitors to become International Board-Certified Lactation Consultant (IBCLC) certified or receive in-depth breastfeeding education and training.

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The **Bureau of Nutrition and Physical Activity (BNPA)** has a number of planned activities for 2023 related to the promotion of breastfeeding as funds are available. The LATCH-AZ conferences will be scheduled twice yearly as education and networking sessions. These sessions will aim to attract at least 300 WIC staff, peer counselors, Strong Families AZ home visitors, and community partners. In addition, the International Board of Certified Lactation Consultants (IBCLCs) Mentoring Program will provide at least four education sessions designed specifically for the candidates to prepare for the examination. A minimum of four 5-day-long Breastfeeding Boot Camps will be held.

In 2021, the Arizona WIC Program and external community partners identified a need for more robust community-based lactation support for breastfeeding individuals and lactation support professionals. The Arizona WIC Program does not have the human or financial resources to provide all this support on their own, but they are connected to a rich statewide network of lactation professionals. WIC leveraged this network to bring lactation professionals from other programs and arenas together with community members to build community based or circle of lactation support for moms and babies. These networks will continue to meet in 2023.

In 2022, virtual breastfeeding support groups were established throughout Arizona and will continue as a statewide service in 2023. Programs related to child care centers, health care providers, and workplace accommodation programs will continue to be supported but will not be a focus for 2023. BNPA continues to look for additional funding that would allow for sustained and increased efforts in these areas as well as increased awareness and education around breastfeeding and trauma-informed approaches.

To support families, children and parents with newborns, BWCH and BNPA will continue to coordinate efforts to maintain the **Title V toll-free MCH Helplines**. The dedicated service includes three helplines: 1. Breastfeeding; 2. Women's, Infant, and Children (WIC) Program; and 3. Children's Information Center. Information is provided in English, Spanish and Telecommunications Device for the Deaf (TDD). The Breastfeeding Helpline will continue to provide 24-hour breastfeeding support in 2023. BNPA will use information gathered from these calls to guide the development of additional training and educational materials. The website will be evaluated to provide the most updated resources that align with the American Academy of Pediatrics (AAP) and other relevant guidelines recommended by national subject matter authorities as an ongoing effort to maintain up-to-date information and user-friendly resources. Additional information about the Children's Information Helpline can be found in the ***Children's Health 2023 Application***.

Newborn Screening (NBS) is a coordinated system with partners who collaborate to ensure every newborn receives a screening as well as the appropriate follow-up services, care, and intervention. In 2023, as COVID-19 restrictions are lifted, the Office of Newborn Screening looks to continue initiatives with the Title V program, including a successful hearing screening partnership with the CYSHCN Program to provide education and training to physicians, midwives, and other health care professionals in the use of otoacoustic emission (OAE) machines for early hearing screening and detection of children with hearing conditions. NBS is also looking to return to a successful initiative from many years ago that assists midwives in obtaining critical congenital heart disease (CCHD) screening equipment to ensure that pulse oximetry screening is completed on every newborn in their care. There is an opportunity for increased collaboration with the midwife

community as a whole to ensure access to timely newborn screening (bloodspot, hearing and CCHD) is available for all infants in Arizona, even those born outside of the hospital setting.

The program will reevaluate its use of the High Risk Perinatal Program (HRPP), Community Health Nurses (CHN) to ensure that families with newly identified infants receive the support needed in navigating a new diagnosis. This partnership will continue to support efforts to identify infants who need a repeat screening due to an abnormal prior screening and ensure that those infants receive appropriate follow-up screening. Additionally, infants with newly diagnosed conditions will be referred to the CHNs for extra support for the parents/caregivers in caring for their infant with special health care needs. The Office of Newborn Screening (ONBS) will continue to provide refresher training and resources to CHNs at bi-annual HRPP trainings, as needed. In 2022, a planning team made up of the BWCH Home Visiting Workgroup (HRPP, Health Start and MIECHV funded home visitation programs) and NBS will explore opportunities to improve follow-up services and intervention strategies. The goal will be to identify gaps and strategies and map out a process for how home visitation programs can support families whose infants require a second screening or repeat screening.

Laboratory analysis remains a core function of the ONBS and the program will continue to provide data on blood spot and newborn hearing screening. ONBS and the Office of Children's Health, Children and Youth with Special Healthcare Needs (CYSHCN) Program, will continue to partner with data sharing and outreach projects related to sickle cell disease and sickle cell trait. Additionally, the ONBS will continue to partner with the CYSHCN Program on the project (referenced above) to lend out otoacoustic emissions (OAE) hearing screening equipment to midwives in the community to ensure that hearing screening is available to those newborns who are born outside of a hospital. Over the past several years, and especially since COVID-19, there has been an increase in babies born outside of a hospital in Arizona (see data in the ***2021 Infant Health Annual Report***). This has increased the need for additional screening equipment available to loan to midwives around the state, especially in more rural areas where access to loaner equipment is lacking. The NBS program will support the purchase of additional screening equipment, training, calibration and supplies needed to continue to offer this service.

In 2023, the Title V Program will continue to support staff time (a little under .5 FTE) within the **Arizona Birth Defects Monitoring Program (ABDMP)**, housed within ADHS' Business Intelligence Office. AMBDP will collect and analyze information on children with reportable birth defects diagnosed within the first year of life. ABDMP will coordinate with other Title V-funded efforts to work on birth defects prevention efforts (e.g., Preconception Health Alliance, PowerMeA2Z), and promote referrals to appropriate services (e.g., through home visiting programs) to ensure children and families affected by birth defects have access to appropriate care. ABDMP will continue to provide annual data to BNPA to guide and support the state's folic acid distribution program, PowerMeA2Z. ABDMP now also oversees surveillance of Neonatal Abstinence Syndrome (NAS), and works with Title V-funded programs on in-depth analysis of NAS, as well as prevention and intervention projects. More information about the ABDMP can be found in the ***CSHCN domain*** of this application.

BWCH will partner with **Count the Kicks** to plan a full campaign and training in Arizona. Establishing a partnership with Count the Kicks will help build awareness among women in their third trimester and decrease stillbirths in Arizona. According to Count the Kicks Arizona profile, Arizona loses, on average, 489 babies a year due to stillbirth and, on average, 158 babies could be saved every year. Participating states have shown a significant decrease in stillbirth rates after a five-year investment. More information can be found in the ***Women's Health 2023 Action Plan.***

The Office of Children's Health will continue to support Bureau wide implementation of **family and young adult engagement** by managing the contract within the Children and Youth with Special Health Care Needs (CYSHCN) Program awarded to Diverse Ability Inc and Raising Special Kids. The CYSHCN Program sits within the Office of Children's Health and has two family advisors positioned within the program that currently provide insight and feedback based on their lived experience to support the program and offer support to other programs and offices as requested. For Perinatal/Infant Health, similarly to Child Health, the goal is to connect the CYSHCN Family advisors to more opportunities that impact the population served within this priority by connecting to programs like the High Risk Perinatal Program, Safe Sleep, and Home Visiting.

Through that initial intentional review of the program, we will be able to develop a family engagement role that will be able to continue to collaborate with initiatives within the Perinatal/Infant domain.

Due to current exploratory conversations and leading the efforts in bureau wide implementation, the CYSHCN Program Family Advisor Dawn Bailey, along with Diverse Ability Inc will share information on family engagement best practices at a learning festival taking place in 2023 for the Home Visiting Program.