

MCH 2020: Women & Maternal Health

State Priority

Women (ages 15-44 years) have access to and receive coordinated, comprehensive services before, during and after pregnancy

Performance Measures

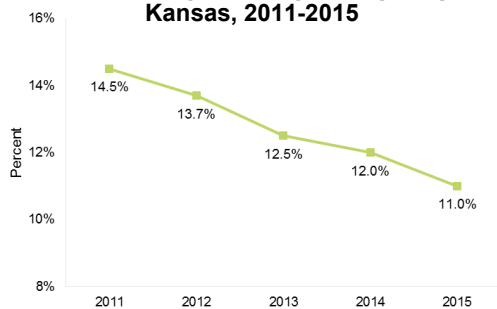
- Percent of women with a past year preventive medical visit
- Percent of women served by a Title V program that received education on the importance of a preventive medical visit in the past year
- Percent of preterm births (<37 weeks gestation)
- Percent of women who smoke during pregnancy

Data Highlights

- In 2014, 63.7% of Kansas women (18-44 years) had a preventive medical visit.¹
- In 2015, the Kansas preterm birth rate (8.8%) was higher than the March of Dimes goal of 8.1% by 2020.²
- Kansas mothers who smoked anytime during pregnancy were almost two times more likely to have a baby die than mothers who did not smoke. In 2015, 11.0% (4,294 out of 39,050) of mothers reported smoking during pregnancy.²
- Opportunity for Improvement: Disparities persist in women/maternal health based on racial, ethnic, socioeconomic and geographic factors.

Spotlight on Improvement

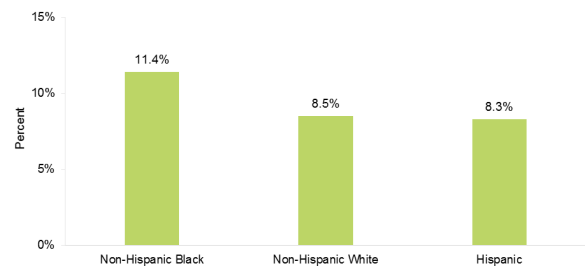
Women Reporting Smoking During Pregnancy
Kansas, 2011-2015



Source: KDHE Bureau of Epidemiology and Public Health Informatics

Example of Health Disparity

Preterm Birth (<37 Weeks Gestation) by Race/Ethnicity
Kansas, 2015



Source: KDHE Bureau of Epidemiology and Public Health Informatics

Next Steps

- Increase the number of women receiving a preventive medical visit (well woman visit) annually.
- Implement a standard prenatal/postnatal risk screening protocol, including screening for trauma, depression, and prior spontaneous preterm birth. Promote the appropriate use of progesterone therapy among pregnant women.
- Increase the number of established perinatal community collaboratives. The Kansas Perinatal Community Collaborative Model utilizes the March of Dimes Becoming a Mom[®] prenatal education curriculum. This public/private partnership brings together prenatal education and clinical care.
- Increase the proportion of smoking women referred to evidence-based cessation services and increase abstinence from cigarette smoking among pregnant women.
- Increase the number of women/families receiving home visiting services through improved coordination and referral.



This fact sheet, created by the Kansas Department of Health & Environment Bureaus of Epidemiology and Public Health Informatics and Family Health, highlights the priorities and measures identified as part of the Title V MCH Services Block Grant Program five year needs assessment (MCH 2020). The Title V Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families.

