

Preserving Maternal and Child Health: Initiatives of Association of Maternal and Child Health Programs (AMCHP)

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Abstract

Preserving maternal and child health is public health issue that requires attention by national governments and inter-governmental developmental agencies from across the regions of the globe. In the present-day situation, that is marked by significant improvements in medical science, it is possible for health care providers to take macro and micro level initiatives that are aimed at ending "preventable deaths" among three vulnerable groups, namely, (a) women, (b) children, and (c) adolescents. This strategic intervention has the potential to significantly enhance health status and well-being of women and their children in all countries and continents of the globe. From public health point of view, this aspect gains increased significance in view of the fact that in many parts of the world, significant proportion of women, infants and children still have little or no access to required quality health services at health care centres, especially in countries (a) with inadequate socio-economic development, and (b) poor health infrastructure. Also, there is lack of health education and literacy [1]. It is due to inadequate infrastructure (more specifically poor transportation facilities in rural areas of the under developed countries) that both women and children, often, do not have access to basic and key facilities. Such facilities include (a) air and water that are free from pollution, and (b) sanitation and nutritional facilities required for obtaining desirable health outcomes, for all and at all times. It is important to remember that investments by national governments, inter-governmental organizations, and other involved stakeholders in programs that are aimed at preventing maternal mortality, and further strengthening health care and education have positive implications in preserving maternal and child health in the long-run. In fact, such investments in the health sector last a lifetime. It is because of these considerations that several initiatives have been undertaken to preserve maternal and child health: both in governmental and non-governmental sectors. This evidence-based review paper aims to present discussion on programs implemented by the Association of Maternal and Child Health Programs (AMCHP). The author has used secondary data in this work. Required data have been collected from secondary sources (quoted both in the text and under reference section). In terms of research methodology, the method of data analysis is descriptive, involving desk-based research. This paper briefly concludes that the AMCHP is striving to design and implement renewed strategies to eliminate maternal mortality.

Keywords: *Maternal and Child Health; Public Health; Maternal Mortality; Strategic Interventions; Pregnancy; New Born; Association of Maternal and Child Health Programs (AMCHP); Sustainable Development Goal (SDG); and Preventable Deaths*

Introduction

Maternal health (which is key to achieving sustainable development) refers to the health of women during (a) 'pregnancy', (b) 'childbirth', and (c) 'post-natal' period. The author of this review paper argues that each of these three stages should be a positive experience. This strategic intervention will enable health care providers to ensure that both women and their babies attain their full potential in terms of health outcomes (including overall socio-economic and demographic well-being). This aspect aligns with Sustainable Development Goal (SDG) Target 3.1: "Reducing the global maternal mortality ratio to less than 70 per 100 000 live births". It is pertinent to note that most maternal deaths are preventable. Past experiences from health care programs in many countries are indicative of the fact that the health-care solutions can prevent or manage complications resulting from pregnancy [2]. Advocating for maternal and child health at national, sub-national, regional and community levels is, thus, need of the hour (as depicted in image 1 below). Stakeholders in the public health sector are of the view that all women need access to high quality care:

- a) In pregnancy, and
- b) During, and after childbirth.



Image 1: "Advocating for Maternal and Child Health is Need of the Hour" (Source: Nemours Children's Health (December, 2021). "Community Connection". Wilmington, USA: Nemours Children's Health, Accessed on September 19, 2024 from: <https://blog.nemours.org/2021/12/advocating-for-maternal-and-child-health-why-its-essential>).

It has been found that although significant progress has been made in the last two decades, nearly 2,87, 000 women died during and following pregnancy and childbirth in the year 2020. Report of studies conducted by the World Health Organization (WHO) indicate that the most common direct causes of maternal injury and death are:

- a) Excessive blood loss,
- b) Infection,
- c) High blood pressure,
- d) Unsafe abortion, and
- e) Obstructed labour.

Indirect causes of maternal mortality (defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy") include (a) anaemia, (b) malaria, and (c) heart-related diseases. It is important to note that most of the maternal deaths are preventable with timely strategic management interventions. Skilled health care providers working in a supportive environment can make marked

contributions. Ending preventable maternal deaths should, thus, be the priority global health agenda. Further, it is of utmost importance to expand the scope of the initiatives that are underway for the purpose of reducing maternal injury and disability. This intervention is key in promoting programs aimed at improving health and well-being of women and their babies. Furthermore, it is pertinent to remember that every pregnancy and birth are unique in nature. In view of this consideration, it is important for health care providers to adequately address inequalities that are likely to influence pregnancy outcomes. Notably, inequalities exist in matters pertaining to sexual and reproductive health and rights (SRHR). In this context, the author of this research work makes a specific point that addressing inequalities by the involved stakeholders is critical for the purpose of ensuring that women (including new-born baby) have access to respectful and high-quality health care services that meet required standards [3].

It is in view of the discussion on significance of preserving maternal and child health, as presented above, that several initiatives are underway in countries and regions of the globe. All stakeholders need to act and increase commitment and investment, with approaches tailored to local socio-economic and demographic context and challenges [4]. Several inter-governmental agencies and all involved stakeholders are working closely with governments, partners and communities in order to (a) “combat common infectious childhood diseases”, and (b) “end preventable maternal, new-born and child deaths” [5]. Significant contributions have been made by the Association of Maternal and Child Health Programs (AMCHP) in preserving maternal and child health. The author presents below description on objectives and research methodology used in this research work.

Objectives and Methodology

The prime objective of this evidence-based review paper aims to present discussion on programs implemented by the Association of Maternal and Child Health Programs (AMCHP). In addition, the author also outlines six policy areas of the AMCHP, namely, (1) Federal Policy Agenda, (2) Title V Maternal and Child Health Block Grant Program, (3) Appropriations, (4) Maternal Health Bill Tracker, (5) Policy and Partnerships Town Hall Series, and (6) Policy Digest. Relevant aspects of the program management strategies within the institutional framework of the AMCHP have been looked into.

In this research work, secondary data have been used by the author. Data used are largely qualitative in nature. The methodology of data analysis is ‘descriptive’. It involves “desk-based research” approach. Needed data have been collected from secondary sources, such as: books, book chapters, journal articles, and publications of inter-governmental agencies [such as the World Health Organization (WHO), and the United Nations International Children’s Emergency Fund (UNICEF)]. The author has analysed the collected data in a manner that aligns with laid down objectives. Systematic and scoping review of literature of relevant literature was undertaken by the author for the purpose of collecting needed data in this paper. A scoping review is conducted in order to examine the extent, range and nature of research activities in a particular area. Data sources are quoted, both in the text, as well as under reference section.

Apart of analysis of data (collected from various sources), this research work also benefitted from the experiences resulting from interaction of the author with academicians, experts, researchers, and other stakeholders involved in maternal and child health programs: both in India and other countries [including Sweden, USA, UK, Philippines Tanzania, Australia, Tajikistan, Austria, Hungary, Turkey, France, Greece, Vietnam, Egypt, South Africa, and Canada (where the author travelled in the past in connection with international academic and research workshops, seminars, and conferences)]. In this section of the work, the author makes two specific points:

- (a) Plagiarism, to some extent, may be detected in this research (which is based on secondary data), as changing the style of presenting the key scientific facts results in loss of intended meaning. Plagiarism may be found in portion of this paper that outlines programs, activities, and mission of the AMCHP. The author is fully aware of plagiarism ethics in research work.
- (b) The author has not presented description on review of literature (as expected in research papers). This happened because of the fact that this work attempts to study the contribution of the AMCHP in preserving maternal and child health as a case study. The author did not find any published work on similar subject area. The present paper is exploratory in nature.

Involvement of association of maternal and child health programs (AMCHP) in preserving maternal and child health programs

In this section of the paper, the author presents description of initiatives of the AMCHP in preserving maternal and child health (including brief discussion on mission of the AMCHP). Discussion follows below.

Objectives and mission of AMCHP

The AMCHP (with headquarter in Washington, DC, USA) was founded in the year 1950. Its mission is to advance the health of women, children, youth, families, and communities by: (a) “strengthening governmental public health”, and (b) “deepening community partnerships through a health equity lens” [6]. The AMCHP has served as a national resource, partner, and advocate for state public health leaders and others working to improve maternal and child health public health systems. Members of the AMCHP’s include:

- a) Leaders from the highest levels of state government (such as directors of maternal and child health and children with special health care needs programs),
- b) Family leaders,
- c) Community-based organizations,
- d) Academic institutions, and
- e) Others who partner with and support state maternal and child health programs [6].

The members of the AMCHP (a) directly serve families nationwide; and (b) strive to improve the health of all women, infants, children, and adolescents, including those with special health care needs. This is done by (1) administering critical public health education and screening services; and (2) coordinating preventive, primary, and specialty care. The AMCHP supports its members and the broader public health community by:

- a) Disseminating best practices;
- b) Advocating on their behalf in Washington;
- c) Providing technical assistance;
- d) Convening leaders to share experiences and ideas; and
- e) Advising states about involving partners to reach our common goal of “healthy children, healthy families, and healthy communities” [6].

Current initiatives

The AMCHP has established partnership and networking mechanism with community-rooted organizations, Title V programs, governmental and private funders, and non-governmental organizations (NGOs) in order to support its members in designing and implementing maternal and infant health initiatives that address racial equity. It does this by undertaking projects that encourage its members to think critically about how racism impacts perinatal, birth, and infant health outcomes [7]. The AMCHP administers compassionate and equity-centered learning collaborative spaces that feature thought leaders in the area of:

- a) Perinatal health,
- b) Maternal health,
- c) Birth equity, and
- d) Reproductive justice [7].

The AMCHP encourages its members to address racism as the root cause of health inequities. It undertakes collaborative programs with community-rooted organizations in order to enable its members to connect to their expertise for mutually beneficial relationships. It is through Maternal and Infant Health initiatives that the AMCHP finds creative ways to celebrate the successes of its members, while finding new ways to support their growth in dedication to racial equity [7].

The AMCHP has undertaken various initiatives under two phases. Description is presented below.

Phase-1: Healthy Beginnings with Title V: Preterm Birth Priming and Planning: Under phase-1, the AMCHP, in partnership with birth equity thought leaders, developed resources and held consultations on measures for improving maternal and infant health outcomes. Through four webinars and issue briefs, the AMCHP identified ways to achieve “mom-baby dyad wellness”. The strategy included:

- a) Understanding the root causes of racial disparities in pre-term birth across the country;
- b) Supporting emancipatory community engagement in data inquiry, analysis, and translation; and
- c) Forming equitable partnerships with community-based organizations (as the foundation for efforts that advance health equity in birth outcomes).

Notably, the final webinar and issue brief conclude by highlighting recommendations of actions that Title V programs can take to partner with Black-women led community-based organizations leading in achieving holistic community wellbeing. Through this collaborative initiative, the AMCHP also convened a national meeting of (a) public health, health care, and community thought leaders; and (b) institutional partners. The purpose of this consultation was to discuss the significance of pre-term birth prevention. It is pertinent to note that the participants of the meeting presented recommendations for embedding anti-racism into Title V policies and structures as an essential process to achieve a collective vision. The vision is: “every parent and baby have the optimal conditions, support, and agency to arrive at full-term, ready to thrive every time” [7].

Phase-2: Healthy beginnings with title V: Advancing anti-racism in preterm birth prevention: Under phase-2, the AMCHP [with resource support from the Pritzker Children’s Initiative (PCI), and the W. K. Kellogg Foundation] is providing capacity-building assistance and support to state maternal and child health (MCH) and local birth justice organizations in order to:

- a) Build transformational partnerships;
- b) Dismantle policies and programs that perpetuate racism through inequities in funding; and
- c) Support the investment in, and sustainability of community solutions.

The AMCHP envisages to convene six teams comprised of state MCH agencies and community-based organizations and other involved stakeholders in an 18-month Learning and Practice cohort. The cohort is mandated to identify and address racism in policy, data, and funding structures at the state level that sustains inequities in peri-natal health, including pre-term birth [7].

Title V programs

The Maternal and Child Health Block Grant is also known as the Title V. This initiative (i.e. the Title V) is aimed at improving family health and well-being of people, including women and new-borns. Further, this intervention enables the Department of Public Health (DPH) in matters pertaining to developing, implementing, and evaluating policies and programs for:

- a) Pregnant women,
- b) Parents,

- c) Caregivers,
- d) Infants,
- e) Children,
- f) Youth, and
- g) Those with special health needs [8].

Furthermore, the Title V initiative serves as a funder, convener, and collaborator with the objective of promoting services and programs that are (a) family-driven, (b) equitable, (c) evidence-based, and (d) data-informed. The vision and strategy of the Title V is governed by DPH's commitment to eliminate institutional and structural racism in maternal and child health programs [8].

AMCHP as national resource for excellence in partnership and advocacy

The AMCHP is a national resource and partner organization that works for preserving maternal and child health. It encourages state public health leaders who support maternal and child health programs. It has devised holistic approach for the purpose of improving the health indicators among (a) women, (b) children, (c) youth, (d) families, and (e) communities. The AMCHP designs and implements successful programs by disseminating best practices. It is done by way of prioritizing (on behalf of its members in Washington, DC) focal areas for (a) providing technical and resource assistance, and (b) convening leaders to share experiences and ideas. Also, the AMCHP offers advice to other involved stakeholders to reach out with health care services to children, and families [9]. It strengthens programs that are aimed at promoting maternal and child health through strategic interventions, such as:

- a) Leadership,
- b) Collaboration,
- c) Health equity and social justice,
- d) Inclusion,
- e) Integrity,
- f) Excellence, and
- g) Stewardship [9].

Alliance for innovation on maternal health (AIM)

The AMCHP became, in the year, 2018, an Executive Team member of the Alliance for Innovation on Maternal Health (AIM) to strengthen national and state organizations working for addressing maternal morbidity and mortality. Under the AIM initiative, other collaborating partners are:

- a) American College of Nurse-Midwives (ACNM),
- b) Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN),
- c) National Perinatal Information Center,
- d) Society for Maternal-Fetal Medicine, and
- e) California Maternal Quality Care Collaborative [10].

It is pertinent to note that since 2014, the AMCHP has been a core partner of AIM initiative, which is a cooperative agreement between the American College of Obstetricians and Gynecologists (ACOG) and HRSA-MCHB for the purpose of implementing a national data-driven

maternal safety and quality improvement initiative. The AIM works through state and community-based teams to align national, state, and hospital level quality improvement efforts for the objective of improving overall maternal health outcomes. In its capacity as an Executive Team member, the AMCHP is responsible for:

- a) Evaluating the enrolment of new states into the AIM initiative, and
- b) Advising programmatic decision-making.

In the year 2018, Northwell Health's Long Island Jewish Medical Center (LIJMC), Ancient Song Doula Services (ASDS), and Public Health Solutions (PHS), in collaboration with the AMCHP, entered a test of integration of the Reducing Peripartum Racial & Ethnic Disparities bundle. Over the years, this test of integration has transformed in alignment with the efforts of the AIM program. The priority is to focus on centering respect for the birthing person and racial equity in all aspects of maternity care quality improvement [10].

Safer childbirth cities initiative (SCC)

The AMCHP is involved with the Safer Childbirth Cities Initiative (SCC). The SCC supports community-based organizations in cities in the USA with a high burden of maternal mortality and morbidity in implementation of evidence-based interventions to reverse the maternal health trends. The AMCHP was offered funding to host a Community of Practice for the purpose of (a) fostering a space of support, and (b) strengthening problem-solving strategies. It is important to note that the AMCHP provides technical assistance and capacity building in high-priority focus areas that were collectively identified with each city-based team. Efforts of the SCC envisage several focus areas, including (a) maternal mental health, and (b) health information systems [11].

Concluding Comments

Discussion presented in previous sections of this research indicate that both "maternal health" and "new-born health" are closely linked. In this context, what is of special concern is that all births should be attended by skilled health professionals. Timely intervention, management and treatment have the potential to make significant difference between life and death for the mother (including the new-borns). In order to avoid maternal deaths, it is equally important to prevent unwanted pregnancies. All women (including adolescents), thus, need access to: (1) contraception, (2) safe abortion services to the full extent, and (3) quality post-abortion care [2]. The AMCHP has made notable contribution in preserving maternal and child health. Its vision is secure a nation that is committed to the unfettered wellbeing of women, children, youth, families, and communities so that they may thrive. The AMCHP embraces these core values as part of its vision: (a) innovation and impact; (b) accountability and stewardship; (c) collaboration; (d) leadership, support, and growth; (e) diversity, inclusion, and honouring voices, and (f) compassion [6]. This paper concludes that collaboration, networking and partnership with various developmental agencies (both in governmental and non-governmental sectors) is an important aspect of success if initiatives of the AMCHP in the area of preserving maternal and child health.

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Declarations

The author declares that the present research work has not been sent elsewhere for publication.

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Conflicts of Interest

There are no conflicts of interest in this work.

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