

SAVE BABIES WITH US:

A HEALTHCARE PROFESSIONAL'S GUIDE ON TALKING TO EXPECTANT PARENTS ABOUT COUNT THE KICKS AND FETAL MONITORING

This CME activity aims to train healthcare professionals to talk to their patients about fetal monitoring and use best practices to track fetal monitoring. By using evidence-based and non-invasive tools, providers can help prevent stillbirths.



Access The Training Course Here:
bit.ly/CTK-CE-Training

OBJECTIVES

- Demonstrate how to implement Count the Kicks into their practice to improve birth outcomes.
- Utilize the free kick-counting tools and resources available to them.
- Describe the powerful stories of what happens when expectant parents, particularly at-risk populations, learn to track fetal movement and how they can use that knowledge to help save babies.
- Recognize and reflect on their own implicit biases and how biases and racism have shaped maternal healthcare and demonstrate ways to counter implicit biases in their own lives.

Healthy Start's Community Connect Program



We connect pregnant women and families to community resources and local home visiting programs (Healthy Families and Healthy Start) that help ensure a healthy start in life.

Community Connect
321-634-6101

Community Connect is a Healthy Start program that provides a one-stop entry point for needed services. Community Connect contacts, assesses, provides information, and makes referrals to home visiting programs and other community services. Eligibility for Community Connect begins when a pregnant woman or infant is screened and referred by their health care provider or hospital through the prenatal and infant risk screens.

Services and Resources may include:

- Childbirth education
- Newborn care instruction
- Breastfeeding education and support
- Child development education and support
- Parenting education and support
- Help to quit smoking
- Nutritional education
- School readiness
- Family planning education
- Car seat safety
- Infant safety
- Counseling services
- Home visiting programs: Healthy Families & Healthy Start



Newsletter

A publication of the Healthy Start Coalition of Brevard County | VOL 14 | 2023

The Healthy Start Coalition of Brevard County is a local, non-profit, 501(c)(3) organization that works to make sure that all moms, dads, and babies have the services they need to begin healthy lives together.

The Healthy Start program provides pregnant moms, newborns and families with children up to age 3 with education, support, and resources they need to have a healthy pregnancy and a healthy baby. The goal of Healthy Start is to reduce infant mortality, reduce the number of low birth weight babies and improve health and developmental outcomes of all Florida's babies.

Healthy Start services are available to all pregnant women and mothers of newborns and is not based on income or insurance, but is based solely on risk factors that may be present during pregnancy or at the birth of the baby.



Florida Perinatal Quality Collaborative: Maternal Opioid Recovery Effort - Four Part Video Series

The Florida Perinatal Quality Collaborative (FPQC) is a consortium of professionals dedicated to the advancement of perinatal health care. Housed in the Chiles Center at the University of South Florida College of Public Health, the FPQC works to achieve the goal of advancing the health and well-being of all Florida mothers and infants. Their mission is to always provide the best evidence-based perinatal care possible, and to further that care through data-driven education and training.

To Access The Four Part Videos Online Visit:
<https://health.usf.edu/publichealth/chiles/fpqc/morevideos>

MORE Video Series Part 1

Screening, Brief Intervention, and Referral to Treatment (SBIRT): A Universal Tool for Pregnant Women

The perspective of a practicing OB/GYN physician interacting with a woman affected by substance use. Includes recommendations for evidence-based screening tools. Focus is on increasing SBIRT for all pregnant women in order to increase the number of women who are identified and receive timely and appropriate treatment. Video length: 8 minutes

MORE Video Series Part 2

Mothers & Babies to Services: Plans of Safe Care (POSC)

A nurse's perspective, designed to help hospital teams understand the need for POSC for pregnant/postpartum women, and how to start the process for a POSC. Includes guidance for motivational interviewing. Appropriate for physicians, nurses, social work, and other members of the team interacting with women in a hospital setting. 9 minutes

MORE Video Series Part 3

Getting Real: Taking the First Steps Toward Recovery

Presented by women in recovery, designed to help women choose to enter the recovery process. Discusses fears and barriers that prevent women from entering care, and tips for how to eliminate those barriers. Addresses the importance of support from the health care team in the recovery process. Appropriate for pregnant, post-partum, and parenting women with substance use disorder. Video length: about 3 minutes

MORE Video Series Part 4

From Judgment to Healing: The Impact of Stigma

Designed to show how shifting the words we use can reduce stigma-related barriers to treatment and recovery. The language and content were developed by women in recovery. Appropriate for all audiences, especially professionals caring for pregnant and postpartum women with substance use disorders. Video length: about 2.5 minutes

Count The Kicks



Healthy Birth Day, Inc.
1820 N.W. 118th St., Suite 220, Clive, Iowa 50325
515-650-8685 | www.countthekicks.org
Count the Kicks is a program of Healthy Birth Day, Inc., a 501(c)(3) organization dedicated to the prevention of stillbirth through programming, advocacy, and research.

Count the Kicks is committed to preventing stillbirths and eliminating racial disparities by making kick counting a common practice in the third trimester of pregnancy. Their program is an effective tool to help you talk with expectant parents about fetal movement monitoring. Count the Kicks has been designated a Best Practice by the Association of Maternal Child Health Programs (AMCHP), and is endorsed by the International Childbirth Educators Association (ICEA).

Stillbirth In The U.S. Report

Women most at risk for severe maternal outcomes may also be at higher risk for stillbirth based on pre-existing or demographic characteristics and conditions related to their stillbirth. This includes: racism, parity (number of previous pregnancies), advanced maternal age, pre-existing diabetes and hypertension, gestational diabetes, preeclampsia, lack of private insurance, and less than a college education.

Access the US Stillbirth Report Here:

<https://countthekicks.org/content/uploads/2022/04/Stillbirth-in-the-U.S.-Report-April-2022-final.pdf>

Count the Kicks Academy for Providers

Healthy Birth Day, Inc is pleased to offer their Count the Kicks Academy for Providers is a suite of educational videos, guides, and resources to help maternal healthcare professionals implement our successful evidence-based campaign and have the kick counting conversation with expectant parents.

Access the Count The Kicks Provider Academy Here:

<https://countthekicks.org/providers/provideracademy/>

Healthcare Providers - Spread The Word

Educating expectant parents about tracking fetal movement is a simple way to help prevent preventable stillbirths and help more babies have a healthy birth day. Count the Kicks is an easy, free, and reliable way for healthcare providers and expectant parents to monitor the well-being of a baby.

Educational Materials - Count the Kicks Materials

Their printed materials make it easy for maternal healthcare providers and others who work with expectant parents to have a conversation about fetal movement monitoring. These materials are free thanks to the generous support of the Florida Department of Health and Simply Healthcare Foundation.

Access the Free Materials Here:

<https://countthekicks.org/order-materials/store/?state=FL>

Healthy Start is currently putting the Count the Kicks brochure in all Community Connect Prenatal Education Packets/Folders given to all OB Providers in Brevard. A sample Count the Kicks brochure is included with this newsletter.

All Information on Count the Kicks and Stillbirth in the newsletter was taken directly from: <https://countthekicks.org/>

WHY COUNT

Research shows tracking fetal movements is an easy and effective way to monitor a baby's well-being in the third trimester.

1 in 175

1 in every 175 of all pregnancies in the U.S. end in stillbirth, according to the CDC.

1 in 97

According to the CDC, Black pregnancies in the U.S. have a 1 in 97 chance of ending in stillbirth.

32%

In the first 10 years of the *Count the Kicks* campaign in Iowa, the state's stillbirth rate decreased nearly 32%.

Learn more about stillbirth in the U.S. and how *Count the Kicks* can help improve outcomes.

BY THE NUMBERS

Our goal is to make kick counting a common practice for every parent in the third trimester of pregnancy. Learn more about the impact of stillbirth in your state.

1,539

Florida loses 1,539 babies a year on average to stillbirth.

7.00

In Florida, the stillbirth rate is 7.00 per 1,000 live births.

492

We believe *Count the Kicks* can help save an average of 492 babies per year in Florida.

Read more about the evidence behind *Count the Kicks*.

Statistics according to 5-year averages (2017-2021) from CDC Wonder.

RACIAL DISPARITIES

Research has revealed that expectant parents of color are more likely to experience the tragedy of stillbirth.

1 in 97

According to the CDC, Black pregnancies have a 1 in 97 chance of ending in stillbirth.

5,500

Approximately 5,500 Black babies are lost to stillbirth each year in our country.

39%

Stillbirth rates for Black families in Iowa dropped a promising 39% in the first five years of *Count the Kicks*.

Evidence: <https://countthekicks.org/why-we-count/evidence/>

Racial Disparities in Stillbirth

Count the Kicks is working to reduce racial disparities affecting Black, Brown, Hawaiian or Other Pacific Islander, and Indigenous expectant parents and their pregnancies.

Every year in the U.S. an average of 21,745 babies are born still, according to the CDC. A disproportionate number of babies are born still to Native Hawaiian or Other Pacific Islander, Black, and American Indian or Alaska Native families.

According to the CDC:

- **1 in 175** of all pregnancies in the U.S. ends in stillbirth.
- Native Hawaiian or Other Pacific Islander pregnancies have a **1 in 94** chance of ending in stillbirth.
- Black pregnancies have a **1 in 97** chance of ending in stillbirth.
- American Indian or Alaska Native pregnancies have a **1 in 128** chance of ending in stillbirth.
- Hispanic pregnancies have a **1 in 205** chance of ending in stillbirth.
- White pregnancies have a **1 in 211** chance of ending in stillbirth.
- Asian pregnancies have a **1 in 254** chance of ending in stillbirth.
- Families in the U.S. are **6.5 times** more likely to lose a baby to still birth than they are to SIDS.

Research from the American College of Obstetrics and Gynecology (ACOG) shows there are several contributing factors to the racial health disparities in stillbirth.

Researchers point to the following as causes for the disparities:

- **Systemic racism**, or the way that society fosters racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, media perception, health care, and criminal justice. These patterns and practices reinforce discriminatory beliefs, values, and distribution of resources that can negatively impact health outcomes. [Source: <https://www.ama-assn.org/delivering-care/health-equity/what-structural-racism>]

- **Epigenetics** explains how early experiences, both positive and negative, can have lifelong impacts. This type of scientific research shows how environmental influences can affect the expression of genes. Life experiences can rearrange the epigenetic marks that govern gene expression; they can change whether and how genes release the information. [Source: <https://developingchild.harvard.edu/resources/what-is-epigenetics-and-how-does-it-relate-to-child-development/?fbclid=I-wAR1NDtQMU-lUurDgmH5wrhUatbaOKMqBKdzFju2GupZea0i93kQLEtucjbE>]

- Expectant parents of color are more predisposed to conditions like gestational diabetes and preeclampsia

- Access to healthcare can impact early concerns or diagnosis of conditions and treatment

- Socioeconomic barriers

- **Education is NOT a determining factor.** A college educated Black woman is still more likely to lose her baby than a high school educated white woman. [Source: <https://www.nejm.org/doi/full/10.1056/nejm199206043262303>]