1994 Annual Report

the Maryland Commission

on Infant Mortality Prevention
dedicated in memory of
Carlyle Crenshaw, Jr., M.D.

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The Maryland Commission on Infant Mortality Prevention was created by the Maryland General Assembly in 1991 to analyze the State's infant mortality rate and develop a comprehensive prevention plan. The Commission includes members of the Legislature, the Special Secretary for Children, Youth and Families, the Secretary of Human Resources, the Chief of Maternal Health and Family Planning, representatives from State government, the business community, and experts in the field of infant and maternal health. Briefly, State law charges the Commission to:

- Support a perinatal system of maternal and infant health according to regions by developing a strategic infant mortality prevention plan, monitoring existing prevention programs, designing model community-based programs, recommending legislative initiatives, and advising local governments and health providers on the condition of infant mortality in their region.

- Establish and implement perinatal surveillance and data system that will allow ongoing matching of birth and death certificates and the study of infant mortality.

- Build relationships with private health care providers, legislators, grassroots organizations, businesses, and other concerned groups in order to assure them that all pregnant women and teenagers receive necessary prenatal care.

- Launch a statewide multimedia campaign to educate the public about the problem of low birthweight babies, the importance of prenatal care, and other factors which lead to infant mortality.

- Recommend that community incentive grants for infant mortality prevention be awarded to innovative community programs that have demonstrated a high level of commitment to prevention.

The Commission established the Perinatal Data Surveillance, Access to Care, Public Awareness and Community Education and the Infant Mortality Review committees to analyze individual factors contributing to infant mortality. In its third year, the Maryland Commission on Infant Mortality Prevention began to address key issues identified from its two-year assessment of Maryland's infant mortality problem as part of its comprehensive prevention effort.

Infant mortality occurs when a child dies within the first year of life. It is an issue of dramatic human and economic proportions that is most attributable to low birthweight.

While there has been a steady decline in the national infant mortality rate, the United States still ranks above many other industrialized nations in the number of babies that die each year before they reach their first birthday. In Maryland, we lose two infants nearly every day to causes that are often preventable.

But we are working to change this. Maryland is expanding family planning services, and Medicaid eligibility for pregnant women, and now ranks among the nation's leaders in the percentage of women seeking prenatal care early in their first trimester.

The Maryland Commission on Infant Mortality Prevention is a partner in this effort—dedicated to promoting education and awareness, and other preventive strategies to help save our babies.
Although Maryland has been among the leaders in maternal and child health interventions, such as expansion of family planning services, better than average prenatal care utilization, WIC expansion, and innovative substance abuse treatment programs for pregnant women, our infant mortality and low birthweight rates do not reflect the availability of these excellent services. Problems such as lack of coordination of care, limited availability of risk-appropriate medical care and strained neonatal and maternal transport systems have had a significant impact on Maryland's infant mortality rate.

In order to reduce infant mortality in Maryland, a significant reduction in low birthweight needs to occur, coupled with the availability of risk assessment tool and risk-appropriate care statewide in a more coordinated system of health care. Regionalized perinatal care is seen as an effective strategy in promoting a more coordinated system of health care based on assessing a patient's risk for a poor birth outcome and making referrals to providers and perinatal facilities capable or providing that level of care.

Regionalized perinatal care is defined as a coordinated cooperative system of maternal and perinatal health care within a geographical area, based on a mutual agreement between hospitals and physicians and based upon population needs, the complexity of maternal and perinatal health care each hospital is capable of accomplishing the following objectives: (1) quality care to all pregnant women and newborns, (2) maximal utilization of highly trained perinatal personnel and intensive facilities, and (3) assurances of reasonable cost effectiveness. (Committee on Perinatal Health, *Improving Birth Outcomes*, 1976).

The Commission is committed to promoting and supporting regionalized perinatal care in Maryland. Evaluative research has shown that regionalized perinatal care systems in other states have resulted in fewer low weight births and fewer disabilities resulting among low birthweight infants. Regionalized Perinatal care has also been successful in reducing birthweight-specific mortality and improving birth outcomes overall. Maryland is one of only nine states in the nation that does not have a regionalized perinatal care system. Specifics of the Commission's regionalized perinatal care efforts follow.

**Regionalized Perinatal Care Efforts**

**Regionalized Perinatal Care Pilot on Maryland's Mid-Eastern Shore**

There have been pioneering efforts to establish a regionalized perinatal system of care in Maryland through a pilot project on the Mid-Eastern Shore. In 1991, a group of obstetrician-gynecologists invited several maternal-fetal specialists from the University of Maryland to conduct high risk consultations on a monthly basis at the Chesapeake Obstetrics' high risk clinic in Easton and convene continuing education conferences for public and private health care providers representing various medical disciplines.

Public and private health care providers have come together and agreed to work more closely with...
The Commission has spent the first two years of its existence examining and studying the State's infant mortality problem in preparation for developing its strategic statewide infant mortality prevention plan. A strategic five-year plan will be presented this year outlining statewide prevention strategies aimed at reducing infant mortality and improving maternal and child health in order to improve birth outcomes. Once finalized, the plan will be available to legislators, State and local government agencies, businesses, advocacy groups, and the general public.

The Commission strongly recommends that a primary focus of Maryland's prevention efforts be on closing the gap between the number of Caucasian and African-American infant deaths and reducing birthweight-specific mortality. African-American infants are than twice as likely to die than Caucasian infants. Birthweight-specific mortality has a significant impact on the State's overall infant mortality rate. Specific goals of the plan include:

- Improving the health of women, before and between their pregnancies, and reduce the incidence of unintended pregnancies.
- Reducing the incidence of low birthweight and very low birthweight births.
- Reducing birthweight-specific mortality to allow infants optimal opportunity for survival.
- Reducing cause-specific mortality.
- Closing the gap between infant mortality rates among African-American and White babies.
- Monitoring all aspects of the health infants and their mothers in Maryland.
- Increasing awareness of the problem of infant mortality among public and policymakers.
- Developing policy alternatives for major national and regional infant mortality issues.

one another in order to improve the quality of maternal and child health care in an unprecedented manner. In addition, patient care guidelines for common complications and referral guidelines are being developed and public and private providers on the Mid-Shore are being encouraged to use the care and referral guidelines in their practices.

Early indications from the Mid-Shore project have been very promising. There has only been one infant death which was attributed to an congenital anomaly. Maternal-fetal specialists have received reimbursement for their medical services of patients on the Eastern Shore. The University of Maryland, School of Nursing has convened continuing education seminars for nurses on the Eastern Shore on topics suggested by local nurses. This project has been successful in demonstrating how public and private providers can work together for the good of their patients rather than in competition with each other.

To expand upon the early successes of the project, the Maryland Commission on Infant Mortality Prevention and the Maryland Department of Health and Mental Hygiene have obtained state and federal funds respectively in order to build upon the original work of the project. There is great interest in increasing consultations and continuing education from a monthly to weekly basis in order to serve more patients and facilitate more continuing education opportunities through the use of teleconference technology.
Community Incentive Grant to Support Perinatal Care Project

During the 1994 legislative session, the Commission received $50,000 in State funding to be used as a community incentive grant on the Mid-Eastern Shore. The primary goal of the grant was to fund a project aimed at strengthening and enhancing the existing regionalized perinatal pilot on the Mid-Eastern Shore. The Commission organized a workgroup to develop specific objectives for the community incentive grant and a notice of availability of funds appeared in the Maryland Register. Grant applications were sent to public and private health care providers, local hospitals and maternal and child health advocacy organizations in a tri-county area (Talbot, Caroline and Queen Anne’s) of the Mid-Eastern Shore.

The Commission awarded its first community incentive grant to the Memorial Hospital of Easton, Md., Inc. whose project goals are to disseminate a perinatal health survey as a basis for designing a perinatal health education program for the community and local health care providers; encourage lactation among high risk mothers; develop a community maternal health resource guide; and establish a regional board with multidisciplinary and community participation. This project will involve collaboration between the hospital and local health departments and community groups.

Perinatal Care Standards

Under the current system, the State’s neonatal and maternal transport system has absolutely no guidance in terms of deciding which hospital to transport women and infants in need of advanced emergency care. As a result, there are serious concerns that some institutions may be providing high risk medical care without the proper staffing and medical equipment needed to deliver the best quality of advanced care especially since obstetrics is often closely linked with the survival of the institution.

With the absence of perinatal care standards, a number of hospitals are also reluctant to transfer high risk infants and mothers. In some cases, hospitals providing high risk care receive higher reimbursement rates. There has also been a proliferation of neonatal intensive care units (NICUs) in hospitals throughout Maryland during the eighties, despite serious concerns that some of these institutions may not be able to meet the staffing and care guidelines necessary for maintaining a quality neonatal intensive care unit.

A recent study conducted by the Maryland Perinatal Association revealed that 11 out the 39 hospitals with nurseries actually meet the American Academy of Pediatrics’ voluntary care guidelines for nurseries. The Maryland Department of Health and Mental Hygiene is proposing legislation establish the Maryland Perinatal Program to coordinate a statewide regionalized perinatal system and require perinatal institutions to meet care guidelines as basic (level I), specialty (level II) and advanced specialty (level III) based on the level of manpower, training, equipment, quality assurance mechanisms, and continuing education.

The Maryland Perinatal Program would also create regional networks throughout the State where hospitals, community health providers and the community-at-large would work collectively to improve maternal and infant health care and to promote the well-being of women and children through regional cooperation.
Proposed Maryland Perinatal Program—

The Maryland Department of Health and Mental Hygiene is proposing legislation to establish the Maryland Perinatal Program. Responsibilities of the program would include coordinating a statewide regionalized perinatal system and assuring that all perinatal institutions meet care guidelines based on levels of manpower, training, equipment, quality assurance mechanisms, and continuing education.

Regional networks would be established to encourage hospital staff, community health providers and the community-at-large to work collectively to improve maternal and infant health care and promote the well-being of women and children through non-clinical activities, such as professional education, fetal and infant mortality reviews, protocol development for consultation, referral and transport and community-based quality improvement activities.

Grant funds would be available for each region to support regional activities. An executive director will be responsible for coordinating other activities of the Maryland Perinatal Program including developing a statewide perinatal data surveillance system to monitor birth outcomes and provide on-site reviews of perinatal centers as part of the perinatal standard accreditation process.

Federal Grant to Support Perinatal Care Project

The Maryland Department of Health and Mental Hygiene, Office of Maternal Health and Family Planning received a four-year grant from the Maternal and Child Health Improvement Program to support perinatal health efforts on the Eastern Shore. To improve perinatal health on the Mid-Eastern Shore, a smoking cessation program for pregnant women, continuous quality management principles for perinatal health, and strategies for reducing socioeconomic barriers to women’s access to prenatal care will be introduced.

To encourage community involvement in perinatal health issues, ongoing needs assessment will be conducted, community-wide health promotion activities are planned, and a local coalition of Healthy Mothers, Healthy Babies, a maternal and child health advocacy group, will be formed to sustain health promotion activities on the Eastern Shore.

Collaborative Perinatal Health Efforts on the Eastern Shore

The Commission, the Office of Maternal Health and Family Planning, and the Memorial Hospital of Easton, MD, Inc., have agreed to combine grant resources and work collaboratively on establishing a regionalized perinatal system of care and improving the quality of care for mothers and infants on the Eastern Shore.

Joint activities include introducing continued quality management principles into the perinatal health care system, implementing a service coordination approach to high-risk pregnancies, and establishing a Regional Perinatal Board. A project implementation workplan will be drafted in preparation for legislative hearings.
Forum on Improving Birth Outcomes

With the goal of creating a formal discussion on regionalized perinatal care among maternal and child health providers in the State, the Commission and the Maryland Perinatal Association sponsored a forum for health care providers statewide on September 28, in Baltimore. More than one hundred maternal and child health providers representing various regions in the State participated in one of the first discussions on regionalized perinatal care in Maryland. Overall, forum participants were supportive of the concept of regionalized perinatal care and many providers expressed interest in participating in pilot projects within their region.

As part of the agenda, Kay Johnson, staff director for the Committee on Perinatal Health, highlighted recommendations from the Committee’s Towards Improving the Outcome of Pregnancy: The 90’s and Beyond (TIOP II) which describes the necessary components of a statewide regionalized perinatal care system. The Committee on Perinatal Health first published Towards Improving Birth Outcomes, which developed into a major guide for establishing regionalized perinatal care during the 70′s and 80′s. However, as competition within the health care system eroded the original foundation of the regionalized perinatal care, the Committee revised the principles to reflect the new health care realities in TIOP II.

Carlyle Crenshaw, M.D., of the University of Maryland, School of Medicine provided an update of their regionalized perinatal care project on the Mid-Eastern Shore. The project has been successful in ensuring that high-risk deliveries occur in high-risk treatment settings.

Ronald Gutberlet, M.D., of the Maryland Perinatal Association presented findings from a recent survey of Maryland nurseries which revealed that only 11 out of 39 were in compliance with the American Academy of Pediatrics’ guidelines.

Russell Moy, M.D., of the Maryland Department of Health and Mental Hygiene presented a proposal for establishing a system of regionalized perinatal care which includes creating the Maryland Perinatal program to coordinate regional efforts and requiring that hospitals meet perinatal care standards.

As a follow up to the forum, advocacy and provider workgroups will be created to continue building support for a statewide regionalized perinatal system. The advocacy workgroup has begun work with the Maryland Hospital Association to discuss DHMH’s proposed Maryland Perinatal Program legislation.

The leading cause of infant mortality is low birthweight • The risk for low birthweight can be reduced with early and continuous prenatal care • African-American infants are dying at a rate of two to one over White infants • Talbot and Prince George’s Counties, and Baltimore City have the highest rates of infant mortality in Maryland •
Public Awareness and Community Health Education

To have a significant impact on reducing infant mortality and improving the quality of maternal and child health in Maryland, the public must be aware of the issue and be encouraged to support and participate in prevention efforts. There must be a knowledgeable audience willing to accept these recommendations and implement a system of change. The Baltimore Healthy Start project, a federally-funded infant mortality prevention project, will present a number of maternal and child health policy recommendations during the next period.

Proposed Statewide Mass Media Public Awareness Campaign

Infant mortality is often a hidden problem from the general public. The Maryland Commission on Infant Mortality Prevention is proposing the development of a mass media campaign to educate the general public and women of childbearing age about the problem of infant mortality prevention, the importance of seeking prenatal care early and about the dangers of using drugs, tobacco and alcohol during pregnancy. Education tools will include radio and television commercials available statewide along with accompanying posters and bus placards reinforcing messages at the community level.

The proposed public awareness campaign would be a public and private collaborative effort. The Governor's Office for Children, Youth and Families has requested funding in the Governor's 1996 budget for the development of a statewide mass media campaign highlighting the infant mortality problem, stressing the importance of prenatal care and encouraging the avoidance of alcohol, drugs, and tobacco during pregnancy.

Posters would be posted in health care clinics, DSS waiting rooms, community recreation centers, and shopping centers. Education materials would be available for community organizations, churches, and maternal/child health organizations to use with their target populations. Referral information to medical care and treatment programs would be included in the campaign.

New data has revealed a high incidence of smoking among pregnant women throughout Maryland. The Commission would be interested in developing specific public awareness strategies and prevention activities targeted directly toward high risk populations in jurisdictions with the highest maternal smoking rates. The availability of smoking cessation programs needs to be more aggressively publicized to the public and better screening of women who are smoking cigarettes during pregnancy in order facilitate appropriate referrals to smoking cessation programs.

Business and Industry Initiative

In 1993, the Baltimore Community Foundation awarded the Commission with a grant just under $10,000 to implement the Business & Industry Initiative, a public awareness project aimed at human resource professionals throughout Maryland who design and administer employee benefits and company policies.
The Chesapeake Human Resources Association (CHRA), a professional association for human resource officers, was a partner in this initiative which was a follow-up to the 1992 Corporate Summit for Children in which 140 business and government representatives met to discuss infant mortality and the role of the business community in prevention.

To launch the initiative, the Commission conducted an assessment survey with CHRA members to 1) determine the percentage of Maryland employers offering their employees prenatal health programs and special benefits, 2) assess the types of special prenatal health promotion policies and benefits offered, 3) ascertain what factors influenced decisions not offer prenatal health benefits, and 4) learn what programs and benefits Maryland businesses would be adding in the future. Highlights of the survey results indicate that 48.9 percent of Maryland businesses offer prenatal health programs and policies. The top four promotion programs offered are prenatal health education materials for employees, high risk pregnancy assessment, high risk pregnancy monitoring, and paid time off for prenatal appointments.

A quarterly newsletter was the main public awareness tool. Newsletter topics included illustrating the problem of infant mortality and its costs to businesses, offering technical assistance on how to establish a prenatal health program, highlighting national and local companies who have special programs, and a final overview of infant mortality prevention efforts by the private sector.

The Commission provided suggested reading lists of maternal and child health related books, ordering information for special maternal health publications, information about smoking cessation programs, and the March of Dimes' Babies and You prenatal health education program. Fact sheets on infant mortality and child health resources were developed and limited copies of From Here to Maternity: A Guide for Pregnant Couples were also made available free to the business community.

The Maryland Coalition for Healthy Mothers, Healthy Babies nominated the Business & Industry Initiative for the Innovative Single Public Awareness Project category as part of its National Achievement Award. Though this initiative was not among the finalists, the nomination is itself an honor. This initiative has been a very cost-effective education tool that has facilitated communication between the public and private sector on the issue of infant mortality prevention.
Data surveillance is an important component of infant mortality prevention efforts because it helps define the scope of the problem and offers some degree of evaluation of the current health care system. It is important that accurate and timely be available for assessment and public health planning.

There has been significant progress made in improving the accuracy and timeliness of data over the last few years. These improvements are promising; however, continued improvements must be sustained in order for Maryland’s Vital Statistics system to considered one of the best in the country in terms of providing accurate and timely data.

Infant Mortality Reporting Law (House Bill 903)

One challenge that the Commission faced in its attempt to analyze Maryland’s infant mortality problem was the lack of timely and accurate data. It was difficult to assess the state of Maryland’s infant mortality problem with data that was three years old. Contact with other states revealed that they were working with more recent data. To encourage the timely collection and release of data, Delegate Marsha Perry sponsored a bill that would require the Maryland Department of Health and Mental Hygiene (DHMH) to submit an annual report on the number of infants deaths and causes of deaths from the previous calendar year.

Members of the Perinatal Data Surveillance committee testified and sent letters of support for this legislation which was signed into law by the Governor in 1994. As a result, the Commission received preliminary 1992 and 1993 infant mortality data from DHMH. The Commission has also received matched birth and death certificate data which has provided valuable mortality data. Members of the Perinatal Data Surveillance will continue working with DHMH to develop a format and request additional data variables be included in annual reports to the Commission.

Electronic Birth Certificate and Field Representative Program

The Commission has been supportive of the electronic birth certificate program (EBC) as means of providing more complete and accurate birth certificates in Maryland. The accompanying Field Representative program has facilitated communication between DHMH and physicians and hospitals about the importance of filling out birth certificates completely and accurately.

All Maryland hospitals are using EBC which not only provides more accurate and complete birth certificates, but also allows a hospital to collect internal data on its own birth outcomes which will help improve the quality of care. It is hopeful that the EBC system will also enable local health departments to access on-line information about births occurring within their jurisdictions which may be a useful tool for health planning purposes. DHMH is also planning a quality control component for the EBC program to ensure continued accuracy of birth certificates.
There is also news that a pilot electronic death certificate program is in the development stage in Maryland which will allow for electronic matching of birth and death certificates. This electronic certificate matching would provide birthweight-specific infant mortality data which would help the Commission better understand which infants are at the greatest risk of dying within the first year of life and develop specific recommendations for prevention. The Commission is very supportive of the pilot electronic death certificate project and will assist DHMH in implementing this project.

The Commission remains supportive of Baltimore City Healthy Start program whose objective is to reduce infant mortality in Baltimore City, institute medical reform efforts that include involving male partners in maternal and child health issues, selection of a pediatrician prior to birth and making family planning decisions before birth and initiating a fetal and infant mortality review project through a multidisciplinary approach. The fetal and infant mortality review component has generated a great deal of interest around the State due to its multidisciplinary approach to understanding the relationship between medical, social, economic and cultural factors on infant mortality.

In conclusion, the Maryland Commission on Infant Mortality remains committed and focused on preventing infant mortality and improving health care for women and infants statewide. The health status of women and children must be a health priority because children are our future.

### Highlights

- Recommended funding for a public awareness campaign which would use radio and television commercials coupled with posters and bus placards to educate the public about infant mortality and the importance of prenatal care and avoidance of alcohol, drug, and tobacco use during pregnancy.

- Implemented the Business & Industry Initiative which included distribution of a newsletter series to more than 2000 business representatives throughout Maryland. This project was funded by a grant from the Baltimore Community Foundation in partnership with the Chesapeake Human Resources Association.

- Awarded a $50,000 Community Incentive Grant to the Memorial Hospital of Easton, Md., Inc. to strengthen and enhance the existing regionalized perinatal care pilot project on the Mid-Eastern Shore.

- Cosponsored a forum on Improving Birth Outcomes in Maryland with the Maryland Perinatal Association. More than 100 maternal and child health providers were in attendance.

- Successfully sponsored legislation requiring DHMH to submit an annual report of the number of infant deaths in order to facilitate more timely data on infant mortality. This bill was signed into law by the Governor.

- Continued to support DHMH’s field representative program which provides staff to educate doctors and hospital staff on their responsibilities for filling out birth certificates and submitting them to Vital Records.

- Conducted evaluation of existing committees to access their goals and determine if any needed to be discontinued. Recommendations based on survey responses from members included developing short-term goals rather than long-term, reassess the need for the Infant Mortality Review committee on an annual basis.
Recommendations

The Maryland Commission on Infant Mortality Prevention recommends that the State of Maryland:

- Encourage the Department of Health and Mental Hygiene to continue its efforts to produce accurate data in a timely manner and produce data that meets the needs of public health professionals for analysis and health planning.

- Introduce a formal system of determining an institution's capabilities to provide a basic, specialty or advanced specialty level of perinatal care in relation to manpower, equipment and medical care capabilities, based on guidelines recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

- Support a comprehensive statewide regionalized perinatal care system and continue to support the pilot regionalized perinatal care project on the Mid-Eastern Shore.

- Continue funding support for maternal and child health programs, such as WIC, which have been very effective in improving the health status of pregnant women, infants, young children and breastfeeding mothers.

- Restructure its welfare system to provide early and continuous prenatal care to pregnant women.
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Maryland Commission on Infant Mortality Prevention

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