Maternal & Child Health in Kansas

Brenda Bandy, IBCLC
Executive Director
Kansas Breastfeeding Coalition
Breastfeeding Rates

<table>
<thead>
<tr>
<th>% Initiation</th>
<th>% Exclusive @ 3 mos.</th>
<th>% Exclusive @ 6 mos.</th>
<th>% Any Bfing @ 12 mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>83.1</td>
<td>45.3</td>
<td>25.4</td>
</tr>
<tr>
<td>Kansas</td>
<td>86.2</td>
<td>46.3</td>
<td>22.2</td>
</tr>
</tbody>
</table>

Source: 2020 Births, National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services
Percent of live births by initiation of breastfeeding* by county of residence
Kansas, 2019 - 2021

*Missing/unknown breastfeeding status and infants that died shortly after birth were excluded.
Source: Kansas Department of Health and Environment. Bureau of Epidemiology and Public Health Informatics, Birth Data (Resident).
Breastfeeding Initiation by Mother’s Race & Ethnicity
Kansas 2019-2021

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian NH</td>
<td>93.6</td>
</tr>
<tr>
<td>White NH</td>
<td>90.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>86.8</td>
</tr>
<tr>
<td>Black NH</td>
<td>82.6</td>
</tr>
<tr>
<td>Native American, NH</td>
<td>78.3</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific...</td>
<td>73.9</td>
</tr>
</tbody>
</table>

Note: NH = non-Hispanic
Source: Birth Certificate Data (Resident), 2019-2021, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment
American women are more likely to die from pregnancy-related complications than women in other countries, including the UNITED KINGDOM, LIBYA AND KAZAKHSTAN.
In Kansas - Black Babies are **2 times** likely to die before their 1st birthday than White Babies.
In the U.S. - Black Women are 3 - 4 more times likely to die from pregnancy related causes than White Women.
80% of maternal deaths can be prevented
In her own words. . .

My first child was born by emergency C-section after 24 hours of fruitless labor. My cervix refused to dilate, my baby was getting stressed, and my blood pressure was getting very high. I was on Medicaid, and the night shift doctor was extremely rude and dismissive. She told me to go home and to come back once my cervix had dilated. Fortunately, shift change came and the far more experienced daytime doctor brought me back in to be admitted. If he hadn't done that, I would have gone home, had a stroke, and both my baby and I could have died. Even so, the stress from the long labor made my baby aspirate his meconium, and when he was delivered he stopped breathing. He had to be intubated and was taken to the NICU.
- T. from Overland Park, KS
Kira Johnson Act

Provides funding to community-based organizations that are working to improve maternal health outcomes
Social Determinants for Moms Act

Makes critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation & nutrition.
Perinatal Workforce Act

Grows & diversifies the perinatal workforce to ensure that every mom in America receives maternity care and support from people she can trust.
Data to Save Moms Act

Improves data collection processes & quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.

U.S. Representative Sharice Davids
Next Step
Please join
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A Program of the Kansas Breastfeeding Coalition