

# Medical Advocacy in Early Life Course Outcomes: Can we improve outcomes through policy?

September 8, 2025  
**What's New in the NICU?**  
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 Executive Director, CHRI  
 Professor, University of Nebraska Medical Center Department of Pediatrics

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## Disclosures

- I have no financial interests to disclose.
- Advocacy pays non-financial dividends!



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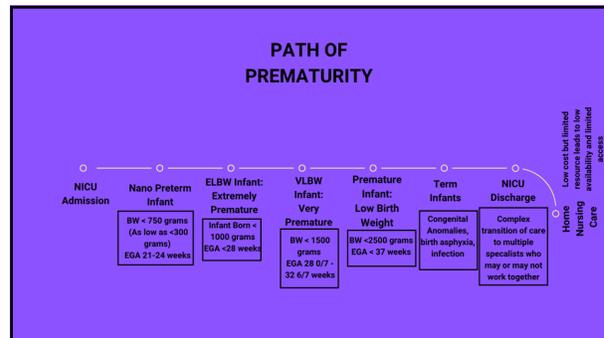
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## Objectives

1. Name three different ways an individual can interact with the legislative process to impact patient populations.
2. Identify next steps in medical advocacy for your patient population that need action this year.
3. Understand how "non-health" related policies impact early life course health for our patients.

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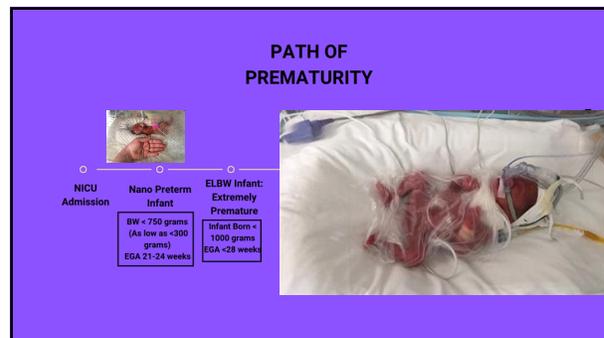
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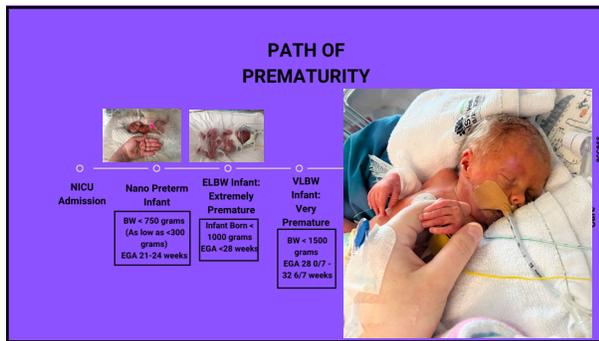
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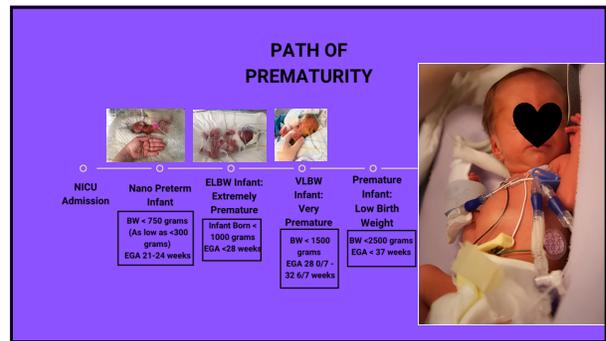
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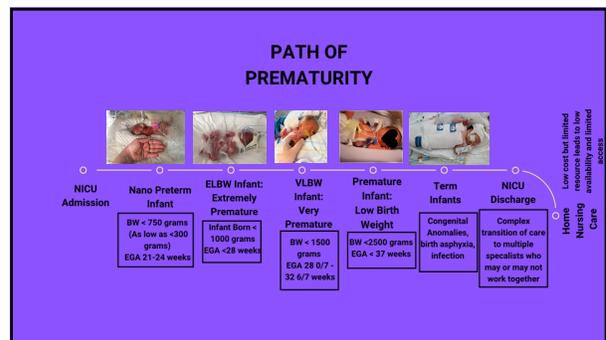
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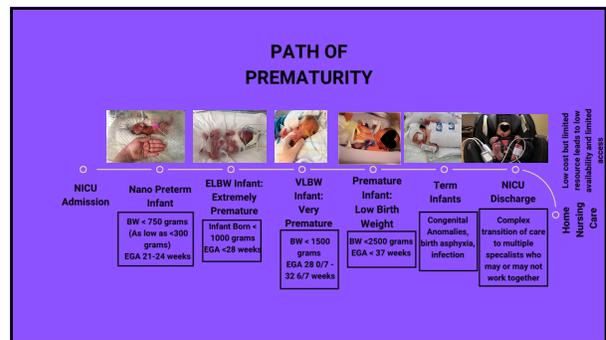
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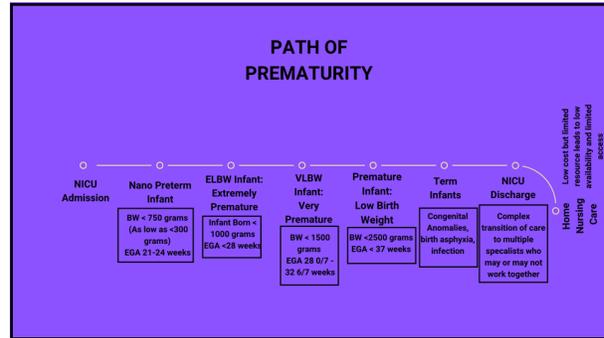


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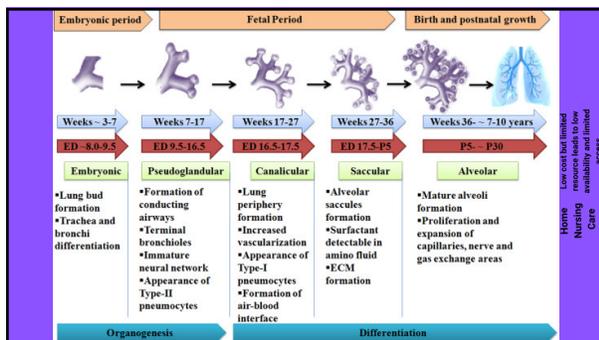
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**Cost of Prematurity \$\$\$\$**

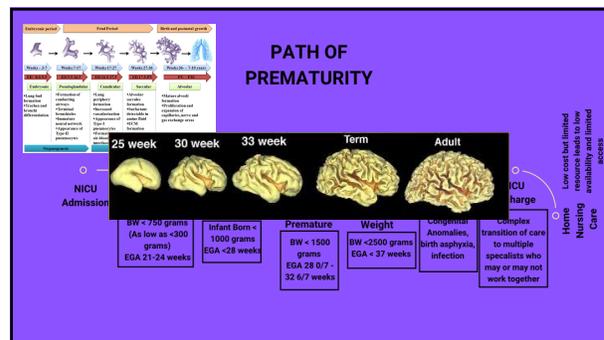
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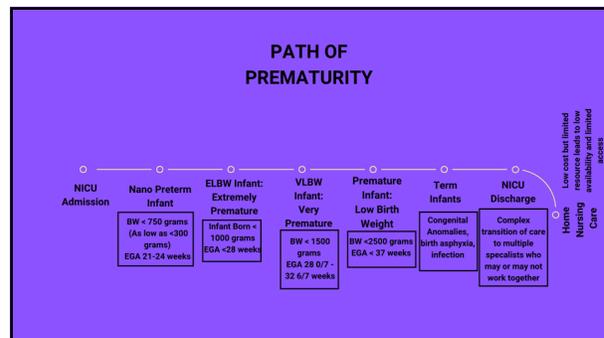
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**NICU Admission**

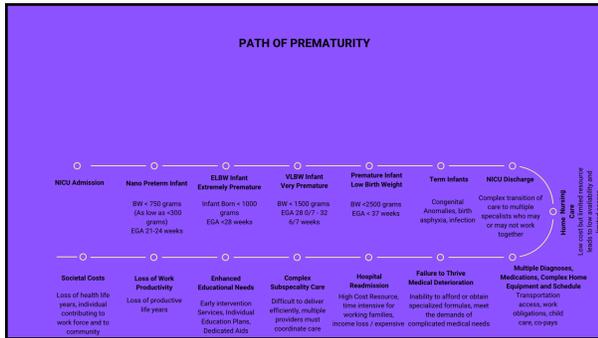
**Home Nursing Care**: Low cost but limited resource leads to low availability and limited access.

**NICU Discharge**: Complex transition of care to multiple specialists who may or may not work together.

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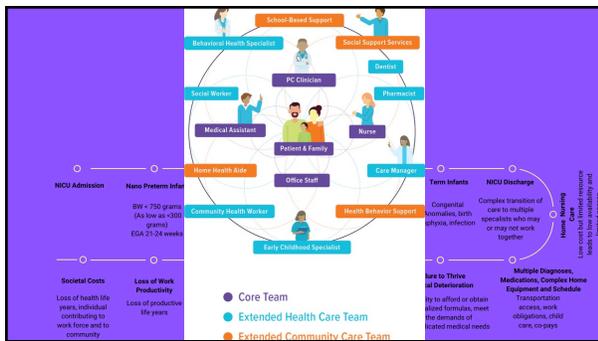
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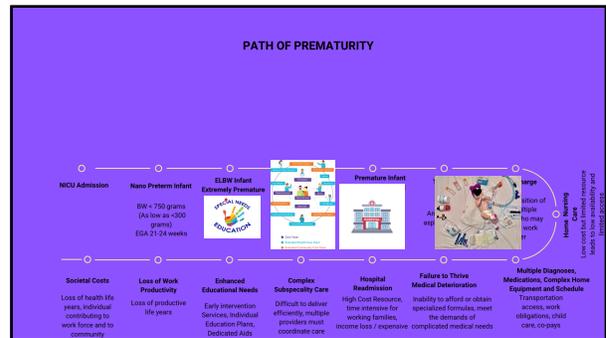
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Table 1 -  
National aggregate and per birth incremental cost of preterm births by category of cost, 2016.

Category of Cost	Total (\$)	Per Preterm Birth (\$)
Medical Care for Affected Child	17,126,625,946	44,116
Maternal Delivery Costs	1950,230,570	5024
Early Intervention Services (EI)	702,014,493	1808
Special Education Services	622,589,060	1604
Assistive Devices	10,820,563	28
Lost Labor Market Productivity	4750,215,975	12,236
Total	25,162,496,608	64,815

Walzmann NJ, Jabail A, Grosse SD. Preterm birth lifetime costs in the United States in 2016. *Am J Public Health*. 2021; 111(10):1513-1517. doi: 10.1093/ajph/2021.111.10.1513. Epub 2021 Jan 28. PMID: 33541716; PMCID: PMC7826885.

**Annual US Aggregate Cost of Prematurity: \$25.2 Billion**

Notes: All reported costs are "incremental," that is above and beyond the average costs of term births.

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## Global Burden of Prematurity

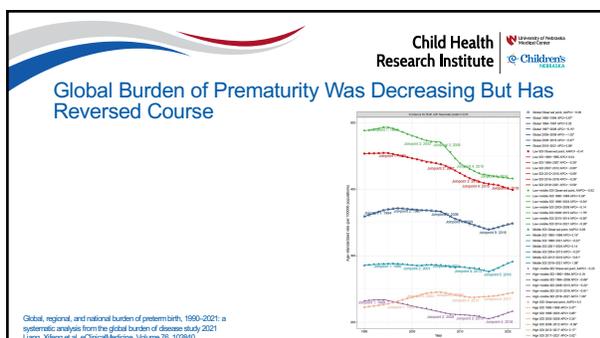
13.4 million babies were born preterm in 2020

Preterm birth complications are the leading cause of death among children under 5 years of age, responsible for approximately 900 000 deaths in 2019

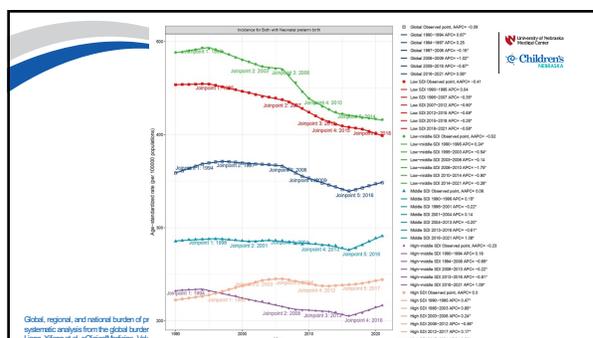
Three-quarters of these deaths could be prevented with current, cost-effective interventions

**Across countries, the rate of preterm birth ranges from 4–16% of babies born in 2020**

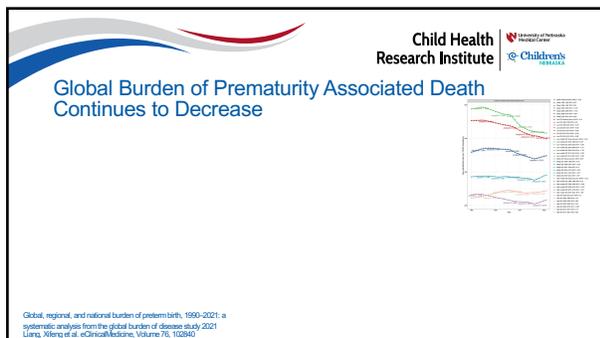
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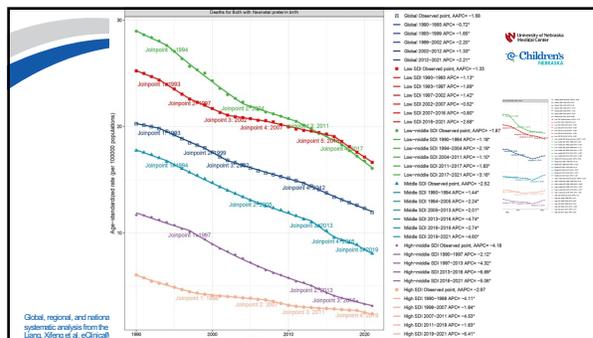
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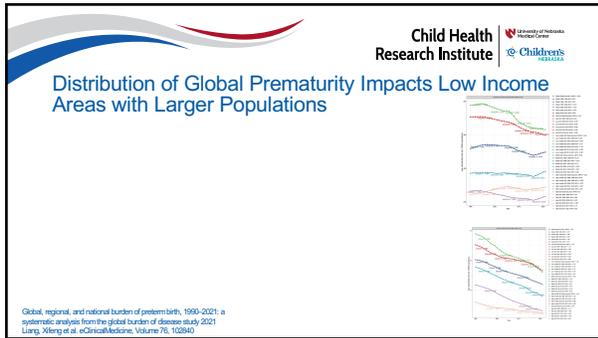
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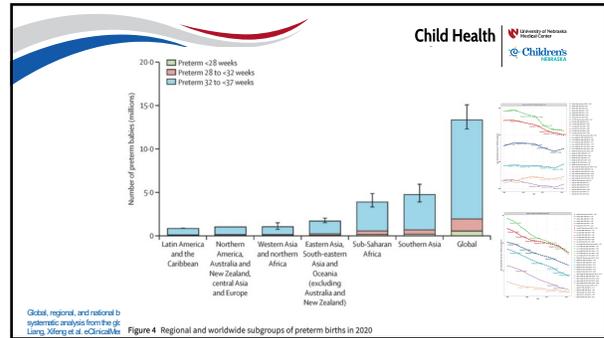
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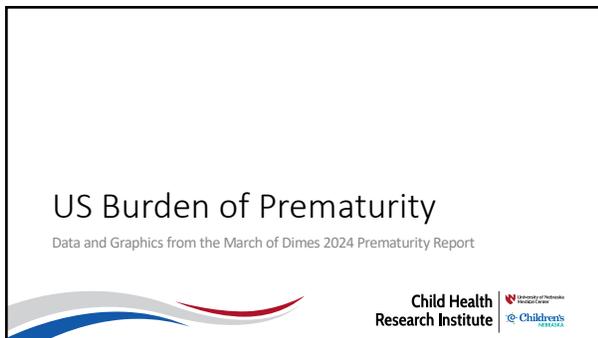
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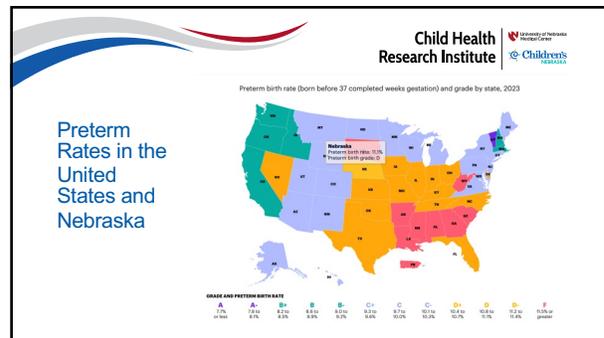
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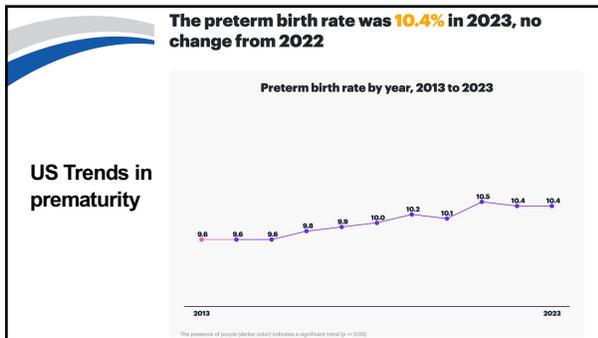
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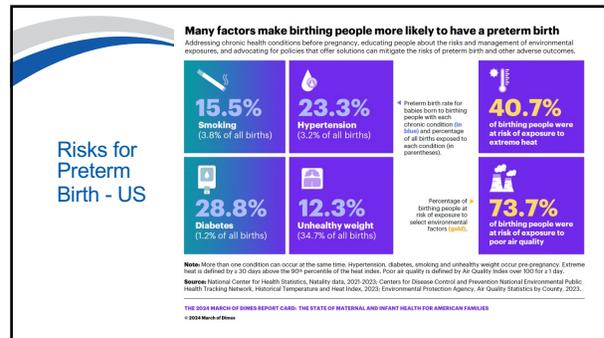
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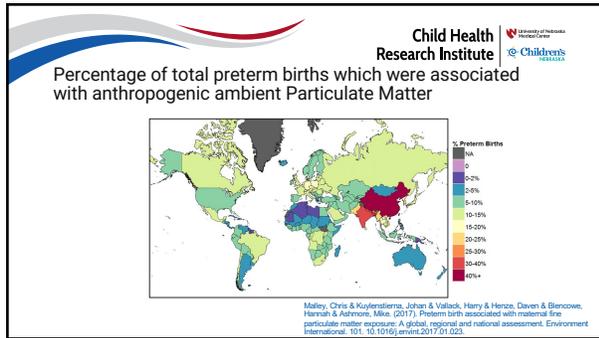
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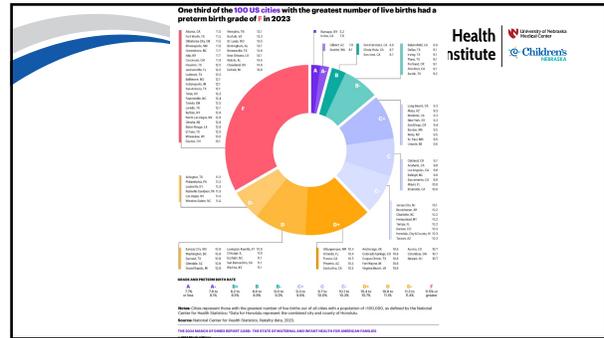
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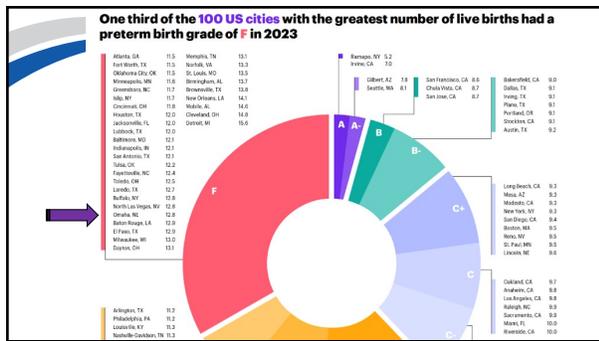
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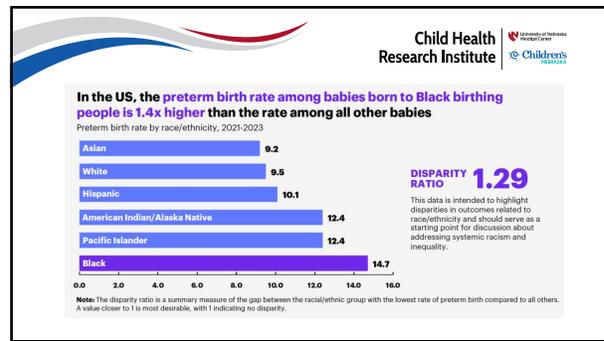
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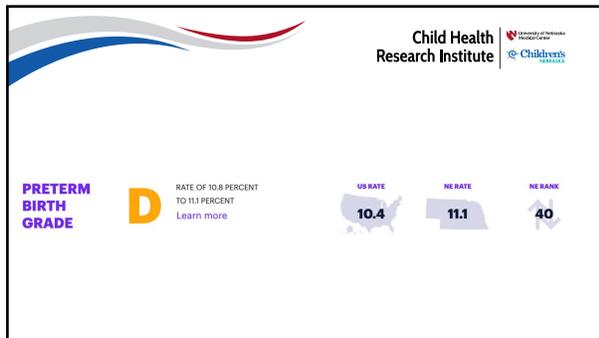
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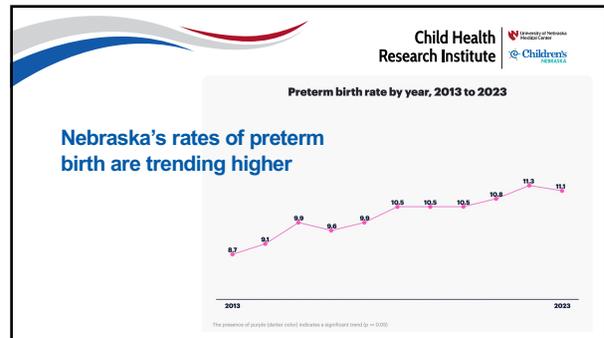
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### Why are rates of preterm delivery different across different states and countries?

**PRETERM BIRTH RATES BY COUNTIES AND CITY**

County	Grade	Preterm Birth Rate	Change in rate from last year
Butler	C	10.2%	Improved
Dodge	D	10.8%	Improved
Douglas	F	12.6%	Improved
Hall	F	12.5%	Worsened
Lancaster	C+	9.6%	Improved
Serp	D-	11.4%	Improved

Click on the underlined counties to view more data in Peristats.

City	Grade	Preterm Birth Rate	Change in rate from last year
Omaha, NE	F	12.8%	Better

Source: National Center for Health Statistics, 2022 natality data.

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### PRETERM BIRTH RATES BY COUNTIES AND CITY

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### Preterm birth rate

Rate per 100 births by maternal race/ethnicity, 2021-2023

**DISPARITY RATIO 1.25**

Note: The disparity ratio is a summary measure of the gap between the population group with the lowest rate of preterm birth compared to all others. A value close to 1 is least disparity, with increasing disparity the elevation for the preterm birth disparity ratio.

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### What can drive health outcomes?

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Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

<https://www.hf.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

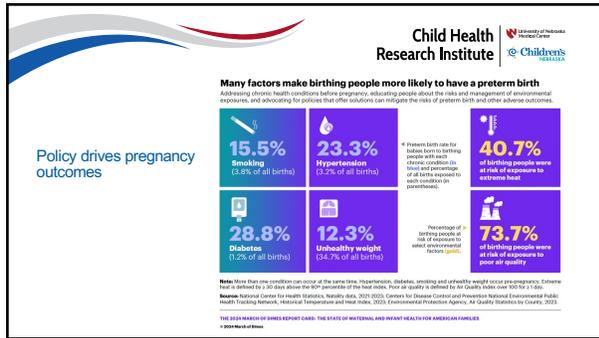
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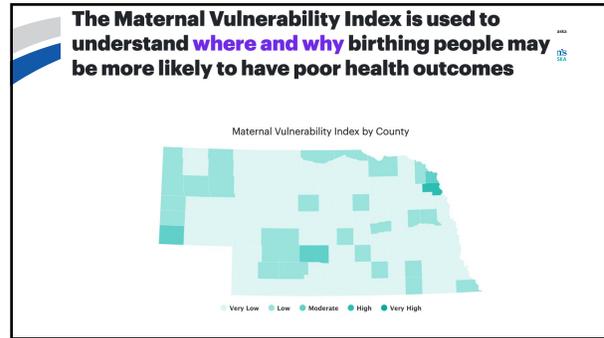
Where does policy impact these items?  
Which items doesn't policy impact?  
Are health outcomes driven by the individual???

Figure 1 | County Health Rankings & Roadmaps | Source: Reprinted with permission from County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/our-approach> (accessed July 18, 2017).

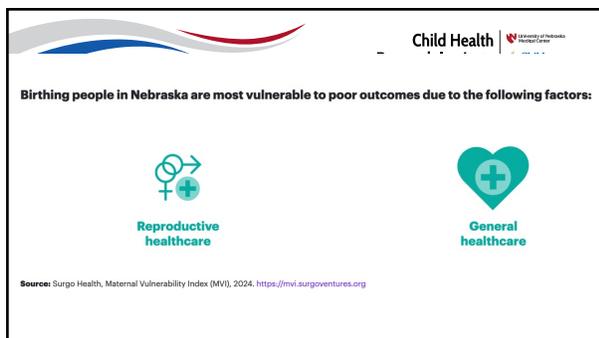
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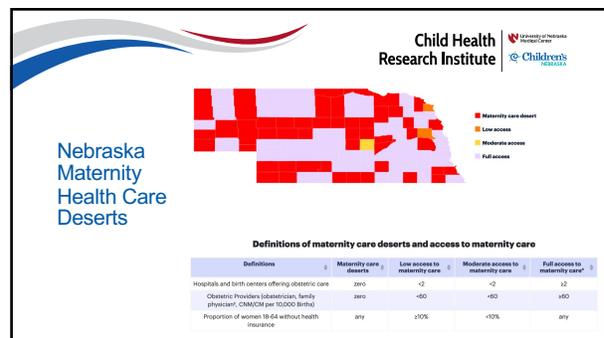
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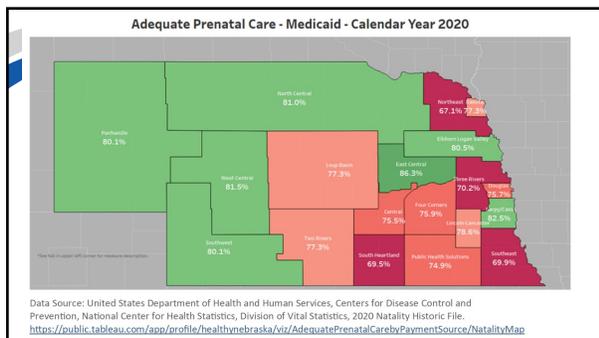
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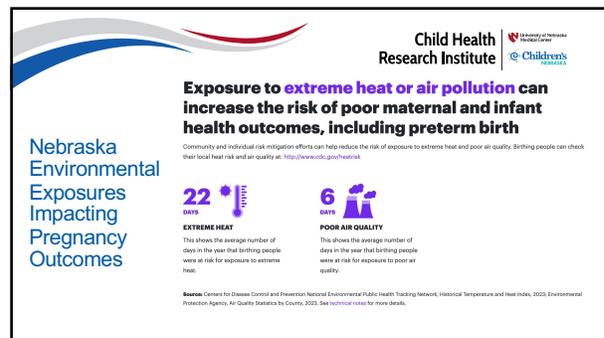
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# US and Nebraska Infant Mortality

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**INFANT MORTALITY RATE** **5.6**

Over 20,000 babies died before their first birthday; the greatest rates occurred in the South and Midwest regions

Infant mortality rate (deaths per 1,000 live births) by state, 2022

16 states meet the Healthy People 2020 target for infant mortality of 5.0 deaths per 1,000 births.

**DISPARITY RATIO** **2.11**

The infant mortality rate increased for the first time in two decades in 2022 and babies born to Black birthing people have a rate 1.9x the national rate

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The infant mortality rate increased for the first time in two decades in 2022 and babies born to Black birthing people have a rate 1.9x the national rate

**Infant mortality rate**  
Rate per 1,000 live births by maternal race/ethnicity, 2020-2022

Asian	3.5
White	4.4
Hispanic	4.4
AIAN	8.1
PI	8.7
Black	10.8

**Leading causes of infant death**  
Percentage of total deaths by underlying cause, 2020-2022

Birth defects	30.0
PTB/LBW	15.0
SIDS	7.3
Accidents	6.4

Notes: AIAN = American Indian/Alaska Native, PI = Pacific Islander; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome.  
Source: National Center for Health Statistics Period Linked Birth/Fate Death data, 2020-2022.

THE 2024 MARCH OF DIMES REPORT CARD: THE STATE OF MATERNAL AND INFANT HEALTH FOR AMERICAN FAMILIES  
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The infant mortality rate increased in the last decade; In 2022, 142 babies died before their first birthday

Nebraska Infant Mortality is Increasing

Rate per 1,000 live births

2012 2022

Note: Values above show a significant trend (p < .05)

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**INFANT MORTALITY RATE** **5.8**

US RATE 5.6 NE RATE 2.6

The infant mortality rate increased in the last decade; In 2022, 142 babies died before their first birthday

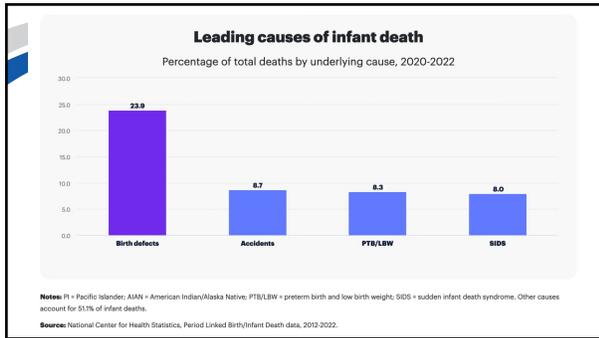
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The infant mortality rate among babies born to Black birthing people is 2.8x the state rate

**Infant mortality rate**  
Rate per 1,000 live births by maternal race/ethnicity, 2020-2022

Asian	4.7
Hispanic	5.0
White	5.0
Black	12.2
AIAN	16.4

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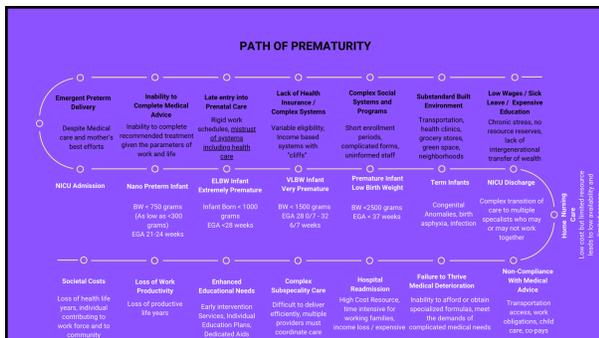


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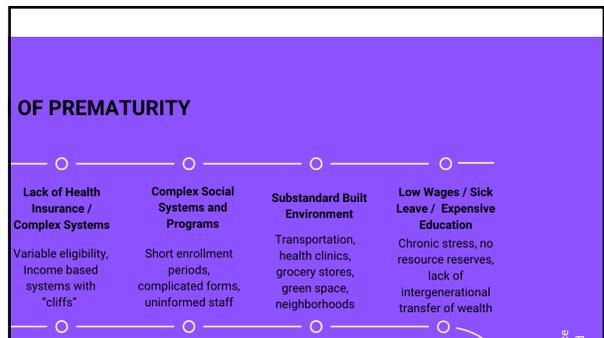
## How do we change this?

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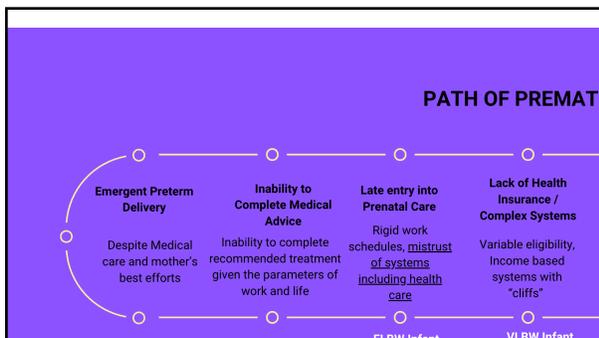
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## Advocacy to impact medical outcomes

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### Steps to Successful Advocacy

1. Identify the problem
2. Understand the population
3. Involve the population if possible
4. Understand the data
5. Evaluate what others have done to solve this problem
6. Gather a team
7. Develop a plan
8. Implement with careful strategy

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Nebraska, where a great life starts with healthy moms and healthy babies

What We Do

NPQIC seeks to improve the delivery of and access to evidence-based health care for all Nebraska mothers and newborns.

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### History of NPQIC

2005: NPQIC Founded (Statewide Inpatient Obstetrics and LFT Program Administrator)

2007: All 88 Nebraska Working Facilities Reached (Prevention of Perinatal Losses)

2008: Launched and Grews LFTs (Breast, Neonatal Injuries and Anesthesia Awareness/Intubation)

2009: Maternal Delivery Safety Program (MDS)

2010: Maternal Substance Use, Lactation Birth Equity Initiative Started (Perinatal Substance Use, Lactation Birth Equity Initiative Started)

2011: Culturally Modified Child Support (CMCS) and Maternal Child Support (MCS) (Culturally Modified Child Support (CMCS) and Maternal Child Support (MCS))

2012: All 88 Working Facilities Reached (All 88 Working Facilities Reached)

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2023: All 88 Working Facilities Reached (All 88 Working Facilities Reached)

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Respectful Care

Divide Support

Maternal Substance Use and Neonatal Withdrawal

Obstetric Hemorrhage

Postpartum Alert Initiative

Severe Hypertension in Pregnancy

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Perinatal Depression Screening

Congenital Sepsis

Preterm Birth

Breastfeeding

Prevention of In-Cesarean Delivery

Revised Hypertension/Stroke Guidelines

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### CLINICAL MEASURES

The measures below are **important indicators** for how Nebraska is supporting the health of birthing people

<p><b>25.1</b></p> <p>PER 100,000 BIRTHS</p> <p><b>MATERNAL MORTALITY</b></p> <p>This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.</p>	<p><b>23.2</b></p> <p>PERCENT</p> <p><b>LOW-RISK CESAREAN BIRTH</b></p> <p>Percent of women who had Cesarean births and were first-time moms, carrying a single baby, positioned head-first and at least 37 weeks pregnant.</p>	<p><b>22.9</b></p> <p>PERCENT</p> <p><b>INADEQUATE PRENATAL CARE</b></p> <p>Percent of women who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.</p>
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Source: National Center for Health Statistics, Mortality data, 2018-2022; National Center for Health Statistics, Natality data, 2023.

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**MEDICAID EXTENSION**  
State has extended coverage for women to one year postpartum.

**MEDICAID EXPANSION**  
State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

**MENTAL HEALTH**  
State Medicaid program requires and reimburses for postpartum mental health screening.

**DOULA REIMBURSEMENT POLICY**  
State Medicaid agency is actively reimbursing doula care.

**PAID FAMILY LEAVE**  
State has required employers to provide a paid option while out on parental leave.

**COMMITMENT TO PREVENTION**  
State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

**Legend**  
 ✓ State has the indicated funding/policy  
 ✓ State reimburses up to \$1,000  
 ✗ State does not have the indicated funding/policy

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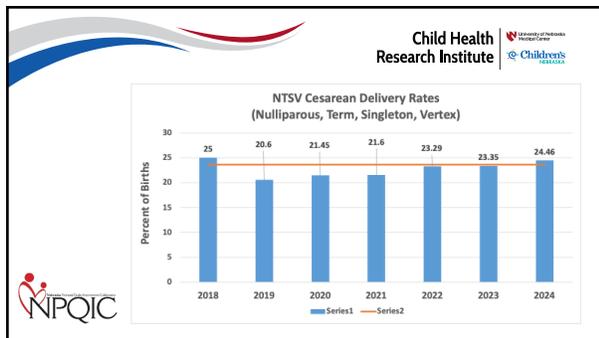
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This table is a summary of report card measures. Refer to each individual section for more info on each measure.

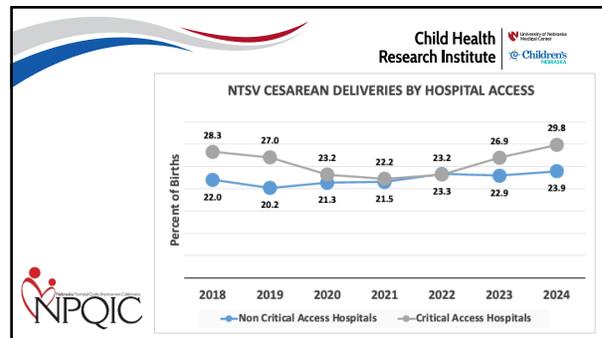
Measure	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.1%	1.25	5.8 deaths per 1K births	25.1 deaths per 100K births	22.9%	1%
Rank	40th of 52	22nd of 47	26th of 52	23rd of 40	9th of 52	7th of 52
Direction from prior year	Improved	Improved	Worsened	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 1k births	15.7 deaths per 100K births	23.6%	5%

**Note:** All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate PNC measure is based on the 2010 target. Ranks are determined for all states with available data with 1 being the best.

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**Advocacy for policy change that impacts medical care can happen at many levels**

- Hospitals / Health Systems**  
Hospitals have influence  
Doctors have influence  
Nurses have influence
- Cities - built environment, city codes, transportation**
- Counties - built environment, county codes**
- State - Legislative branch**

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**Legislative Bills NPQIC Has Partnered On**

- Perinatal Quality Improvement Collaborative - 2015
- LB 177 - A bill to change training requirements under the Quality Child Care Act for Safe Sleep - 2018
- LR 424 Interim Study on Maternal Mortality 2020
- LB 901 Appropriations Committee Funding Bill for the Nebraska Perinatal Quality Improvement Collaborative - 2020
- LR 416 Appropriations Committee Funding Bill for the Nebraska Perinatal Quality Improvement Collaborative - 2021
- LB 271 Maternal Mortality Reviews in Nebraska Study - 2021
- LB 626 Maternal Mortality Reviews in Nebraska - 2021
- LB 741 allowing Stillbirth Reviews in Nebraska - 2022
- LB 605 Extending Perinatal Depression Screening in Nebraska - 2022
- LB 929 Extending Postpartum Coverage in Nebraska - 2022
- LB 782 Appropriations Committee Funding Bill for the Nebraska Perinatal Quality Improvement Collaborative - 2022
- LR 327 Interim Study on Severe Maternal Morbidity 2022
- LB 12 - Donor Milk Bank for Nebraska 2023
- LB 13 - Paying for Donor Milk in Nebraska 2023
- LB 419 - Extending Postpartum Coverage in Nebraska - 2023
- LB 75 - Severe Maternal Morbidities Reviews - 2023
- LB 1060 - One-on-one ability for Newborn Screening - 2024
- LB 1353 - A Bill Designating Use of Opioid Settlement Funds - 2024
- LR 433 Improving Access to State Maternal Child Health Data 2024
- LB 857 Establishing a Prenatal Plus Program in Nebraska - 2024
- LB 41 Maternal Syphilis Screening - 2025
- LB 182 extend Postpartum coverage for CHIP Mothers - 2025
- LB 310 Exemption from Newborn Screening (oppose) - 2025
- LB 374 Adopt the Licensed Midwives Act (oppose) - 2025
- LB 446 Change Provisions relating to release of fetal data and statistical research - Key consultant - 2025
- LB 676 Change provisions relating to certified nurse midwives (worked with NMA and NHA to inform positions) - 2025
- LB 701 Provide reimbursement of doula services - 2025
- LB 147 Change Provisions relating to approval and regulation of adding fluoride to the water supply of certain political subdivisions (oppose) - 2025

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**How do we use our influence?    Where do we use our influence?**

- Call legislators state and national on specific bills
- Approach a senator on a specific issue to work together on a solution
- Testify at a hearing on a bill of interest during the legislative session
- Attend a professional society planned lobby day
- Raise awareness about the issue in your daily interactions and on social media
- Write an op-ed
- Attend town halls, ask questions, speak up

- Our influence can be visible in our daily lives
- We need to be knowledgeable
- We need to be articulate
- We need to listen more than we talk
- We need to be willing to compromise for the greater good
- Incremental progress is still progress
- Create a network
- Build trust in the community

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**Thank you**

- NPQIC Team
- Nebraska Families
- Nebraska Birthing Hospitals
- Nursing Staff and physicians in those hospitals
- Nebraska DHHS
- Senators Howard, Vargas, Dungan, Spivey and so many others
- CDC, HRSA, State of NE, NMA, COPIC, BCBS, UHC funding
- I Be Black Girl and the Doulas we work with
- Experts in Maternal Child Health who have informed policy
- ALIGN group
- Bob Rauner, MD

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Questions or thoughts?



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