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The Healthy Mothers, Healthy Babies Coalition: Four Years of Progress

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Synopsis.....

The Healthy Mothers, Healthy Babies Coalition is a cooperative venture of 80 national voluntary, health professional, and governmental organizations committed to improving maternal and infant health through education. In the 4 years since its creation, the Coalition has grown in scope and size, established an Executive Secretariat, and

begun activities directed at breastfeeding, substance use, injury prevention, genetics, oral health, adolescent pregnancy, and motivation of low-income women. National Coalition educational materials on these subjects are produced by representatives of the national organization members contributing time and their organization's resources. In addition, member organizations sponsor the publication of a quarterly newsletter and other coalition-building materials including an exhibit, slide-tape show, television production kit, and a community organization guide.

Combined with State and community enthusiasm for the Healthy Mothers, Healthy Babies concept, technical assistance from national members has led to the formation of coalitions in many States—more than 40 States have designated contacts with the national coalition. The State coalitions have undertaken a variety of campaigns; the achievements in 12 States are outlined. Of high priority during the next year will be support of these developing State coalitions through co-sponsorship of regional conferences.

The national Coalition will also continue to recognize innovative programs through annual national achievement awards. The Healthy Mothers, Healthy Babies Coalition is dedicated to continued development and promotion of educational programs for pregnant women, those planning a pregnancy, and their caregivers until 1990, in support of the health Objectives for the nation.

IN DECEMBER 1980 THE PARTICIPANTS in the Surgeon General's Workshop on Maternal and Infant Health concluded that "there is a need to form strong coalitions of leaders and interest groups in the public and private sectors who support the cause of healthy mothers and infants and are willing to work toward advancing that objective" (1). Following the workshop, six of the participating organizations—the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Nurses' Association, the National Parent-Teacher Association, the March of Dimes, and the Public Health Service—agreed to work together to meet the challenge extended by the workshop participants. At a September 1981 conference, 30 additional organizations joined the founding committee of six to form the National Healthy Mothers, Healthy Babies Coalition. The Secretary of Health and Human Services and the Surgeon General pledged Public Health Service support for a national coalition committed to maternal and infant health, and conference participants further narrowed the Coalition's goals to

- Promote public awareness and education in preventive health habits for all pregnant women and their families;
- Develop networks for sharing information among groups concerned about improving the health of mothers and babies;
- Distribute public education materials on topics related to improving maternal and child health; and
- Assist the development of State Healthy Mothers, Healthy Babies Coalitions.

A 1982 article in *Public Health Reports* (2) outlined plans for the Healthy Mothers, Healthy Babies national education program. This report updates Coalition progress since that time.

With approximately 80 national Coalition members (see list) and affiliates in more than 40 States, the Coalition has grown in both scope and size during the last 4 years. National Coalition activities are directed towards

- supplying information that encourages healthy habits for pregnant women and women planning pregnancy;
- motivating pregnant women to protect their health through regular prenatal care and good nutrition;

- increasing women's understanding of specific health risks and the importance of taking responsibility for healthy childbearing; and
- increasing understanding among men of the supportive role they play in pregnancy and infant care.

The national Coalition avoids advocating any particular position or issue. Limiting the scope of activities to awareness and education has permitted the participation of organizations representing a wide range of constituencies and divergent opinions. The sole requirements for national membership are a nonprofit status, a national network of affiliates, and an interest in maternal and infant health.

Organizational Structure

Coalition management is the responsibility of the policy subcommittee, chaired by a representative of ASPO/LAMAZE, whose volunteer members include representatives of the member organizations and chairpersons of other Coalition subcommittees. The Healthy Mothers, Healthy Babies Executive Secretariat, with its Executive Director, oversees day-to-day administration of Coalition activities. The Executive Secretariat was established in 1985 under a 3-year SPRANS (Special Project of Regional and National Significance) Health Resources and Services Administration grant.

Funding supports the Executive Director, a part-time secretary, and a small discretionary budget. Additional logistic support (for example, printing and distribution) is contributed by the Public Health Service, and a quarterly newsletter is produced and disseminated by the American College of Obstetricians and Gynecologists. However, most Coalition activities are supported by contributions from members and from the private sector that are solicited for specific projects.

The Executive Secretariat coordinates the work of the Coalition subcommittees and promotes exposure of the Healthy Mothers, Healthy Babies Coalition and its ideals on national and State levels. Basic Coalition-building materials, including "A Community Connection: A Guide to Community Planning and Organizing," (3) the "Directory of Educational Materials" (4) (materials available from member organizations), "Outreach" (a 9-minute slide-tape presentation on Coalition-building), a Healthy Mothers, Healthy Babies exhibit, and "Making Choices" (a production kit

National Coalition Members
(Steering Committee members in Italics)

<i>Accident Prevention Rehabilitation Institute</i>	Association for the Care of Children's Health	<i>National Center for Education in Maternal and Child Health</i>
<i>Alliance for Perinatal Research and Services, Inc.</i>	<i>Association of State and Territorial Health Officials</i>	<i>National Center for the Prevention of Sudden Infant Death Syndrome</i>
<i>American Academy of Family Physicians</i>	<i>Auxiliary to the National Medical Association, Inc.</i>	National Child Nutrition Project
<i>American Academy of Pediatrics</i>	<i>Centers for Disease Control</i>	<i>National Coalition of Hispanic Mental Health and Human Services Organizations</i>
American Academy of Pediatric Dentistry	Child Welfare League of America	<i>National Committee for Adoption</i>
<i>American Association for Automotive Medicine</i>	<i>Children's Defense Fund</i>	<i>National Council of Catholic Women</i>
<i>American Association of Dental Schools</i>	<i>Coalition on Sexuality and Disability</i>	<i>National Council on Alcoholism</i>
American Association of School Administrators	Future Homemakers of America	<i>National Dental Association</i>
<i>American Association of University Affiliated Programs</i>	Head Start	<i>National Highway Traffic Safety Administration, USDOT</i>
American College of Nurse-Midwives	Health Care Financing Administration, DHHS, EPSDT	<i>National Medical Association</i>
<i>American College of Obstetricians and Gynecologists</i>	Health Education Associates, Inc.	<i>National Parent-Teachers Association</i>
<i>American Council for Drug Education</i>	<i>International Childbirth Education Association, Inc.</i>	<i>National Perinatal Association</i>
American Dental Association	<i>La Leche League, International</i>	<i>National Society of Genetic Counselors, Inc.</i>
American Dental Hygienists Association	<i>March of Dimes Birth Defects Foundation</i>	National Urban League, Inc.
<i>American Dietetic Association</i>	Military Family Resource Center	<i>National Women's Health Network</i>
<i>American Home Economics Association</i>	<i>National Association of Community Health Centers, Inc.</i>	<i>Nurses Association of the American College of Obstetricians and Gynecologists</i>
<i>American Hospital Association</i>	National Association of Counties	<i>Planned Parenthood Federation of America</i>
<i>American Indian Health Care Association</i>	National Association of Parents and Professionals for Safe Alternatives in Childbirth	<i>The Salvation Army</i>
<i>American Lung Association</i>	National Association of Pediatric Nurse Associates and Practitioners	<i>Society for Adolescent Medicine</i>
American Medical Association	National Association of Perinatal Social Workers	<i>Society for Nutrition Education</i>
<i>American Nurses' Association</i>	<i>National Association of Social Workers</i>	<i>Triplet Connection</i>
<i>American Public Health Association</i>	National Association of State Boards of Education	<i>U.S. Department of Agriculture</i>
<i>American Red Cross</i>	<i>National Catholic Education Association</i>	<i>U.S. Public Health Service, DHHS</i>
<i>American Society of Dentistry for Children</i>	<i>National Center for Clinical Infant Programs</i>	The Urban Institute
<i>ASPO/Lamaze, Inc.</i>		<i>YMCA of the U.S.A.</i>
Association for Children with Learning Disabilities		YWCA National Board

for a 30-minute television show on prenatal care) are produced and disseminated through this office, often with support of members (for example, the March of Dimes). The materials are available from the Executive Secretariat, 600 Maryland Ave. SW, Suite 300, Washington, DC 20024.

The Executive Secretariat also coordinates the annual competition for the Healthy Mothers,

Healthy Babies national achievement awards given to State and community groups on Child Health Day in recognition of outstanding or innovative efforts in coalition-building, single awareness-raising events, and ongoing educational campaigns. The National Steering Committee, with representatives of approximately 50 organizations, approves new directions and reviews activities underway

through seven program-directed subcommittees: substance use during pregnancy, motivating low-income women, oral health, breastfeeding, genetics, adolescent pregnancy, and injury prevention.

Most of the educational activities of the Coalition are conducted through these subcommittees. Each subcommittee was started when a small group of the full national membership isolated a topic of outstanding concern to their organizations. The subcommittee structure permits these organizations to develop programs by sharing the resources and expertise available from groups with a common interest, advocating that the educational issue be given priority status by the entire Coalition, and tapping the diverse Coalition membership for project dissemination. Especially because all members are nonprofit (or government-based), and many have faced increasing needs and concerns for maternal and infant health, these subcommittees have expanded the capability of member organizations to begin new programs, or strengthen existing ones, through pooled resources. As with all national Coalition activities, subcommittee membership is voluntary. Subcommittee projects have no base of funding; projects are developed through the personal time commitments of their members and the contributed services and funding from participating organizations.

Subcommittee Projects

For example, the American Academy of Pediatrics was the lead agency for the breastfeeding subcommittee's packet of materials for health professionals. The packet includes reprints of scientific articles on lactation and breastfeeding, bibliographies of selected technical references and resource materials, sample materials for client education, a how-to guide to aid individuals, agencies, and communities to promote breastfeeding, and a list of key organizational contacts by State. In some States, materials in the packet have been made more widely available to health professionals working within the State. Materials were contributed by Federal and State agencies and professional organizations; more than 2,000 of these educational packets have been distributed nationwide.

More recent subcommittee activities address the recommendations of the Surgeon General's 1984 Workshop on Breastfeeding and Human Lactation (5), including participation in a national opinion poll to determine public perceptions about breastfeeding, and providing assistance to State

coalitions (such as Arizona, California, Maryland, and Montana) that have a focus on the promotion of breastfeeding. The subcommittee is chaired by a representative of the Division of Maternal and Child Health, Public Health Service.

The substance use subcommittee is developing a similar materials kit for health care providers on smoking, alcohol, and drug use (including over-the-counter and prescription drugs) during pregnancy. It will include overviews of the scientific knowledge on each topic, policy statements by major health organizations on substance use during pregnancy, samples of useful materials to give to patients, order forms for obtaining additional materials, counseling suggestions, and contact information for referrals to specialized organizations addressing substance use concerns. Materials were contributed by some of the approximately 60 organizations represented on the subcommittee. Currently, a search is underway for funding to support this project; anticipated release date for the kit is spring 1986. The subcommittee is chaired by a representative of the National Center for Education in Maternal and Child Health.

The low-income subcommittee completed a national survey of health care providers serving low-income women in the summer of 1985. The survey form, designed to identify strategies and techniques used by these providers, was distributed by member organizations to WIC offices, public clinics, and others identified by the members. More than 1,500 responses have been reviewed by subcommittee members for publication as a compendium of ideas for programs to motivate these women to seek care and stay in the health care system. The volume will be published by the Public Health Service (which also provides the subcommittee chairman) in summer 1986. An assessment of these providers' needs for appropriate educational materials is being prepared to be shared with Coalition members; the subcommittee will urge these organizations to consider producing and distributing materials targeted to these needs. Responders to the survey also submitted materials that they produced especially for their high-risk patients. These materials will be reviewed by the subcommittee for possible replication.

The oral health subcommittee, chaired by the American Dental Association, held its first formal meeting in September 1985. The subcommittee established baby bottle tooth decay (BBTD) as its first priority. The group has reviewed the state of knowledge of the problem (variously known as nursing caries, nursing bottle mouth, nursing bot-

tle syndrome, and baby bottle mouth), developed a statement of the problem, and set objectives. Subcommittee objectives include surveying the scientific literature and other professional sources on BBTB to identify existing data on prevalence, treatment, and prevention; increasing awareness of BBTB among national and State coalition members; collecting and assessing educational materials related to BBTB; and developing a prevention strategy.

The genetics subcommittee met for the first time at the national Healthy Mothers, Healthy Babies conference in September 1985. The subcommittee's initial task is to identify genetics-related services and materials now used by individual State and areawide agencies. These include materials for genetics education and counseling, descriptions of statewide and areawide genetic services projects, and programs providing genetic counseling to underserved populations at risk. The subcommittee is co-chaired by representatives of the National Center for Education in Maternal and Child Health and the Massachusetts Department of Health.

The adolescent pregnancy subcommittee was established in November 1985. Its first focus is on strengthening the linkage between sites offering nutritional supplementation and counseling (WIC) and those providing prenatal and other health services. Other priorities will be identified following a survey of the national Coalition members regarding their current and planned activities in this area and their perceptions of need. The subcommittee is co-chaired by representatives of the Southern Governors' Association and the National Committee for Adoption.

The Coalition's newest subcommittee is being established to address injury prevention. Organized by the National Highway Traffic Safety Administration, the group will initially focus on automobile occupant protection, including the use of seat belts during pregnancy and proper installation and use of child safety restraints. Other safety issues, including the need to child-proof homes and infant care centers, will be addressed.

State and Local Outreach

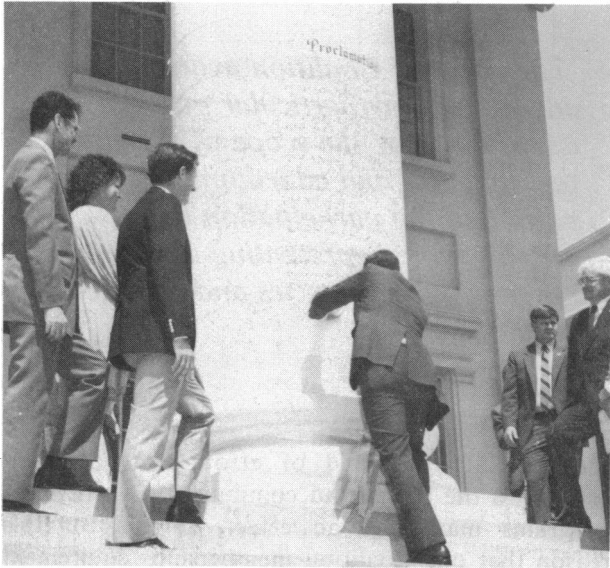
Although the contributions of more than 150 persons, representing their member organizations, working on these varied subcommittee projects are vital to the mission of the Coalition (and they are an important element in maintaining the enthusiasm and commitment of the Coalition member-

'The national Coalition avoids advocating any particular position or issue. Limiting the scope of activities to awareness and education has permitted the participation of organizations representing a wide range of constituencies and divergent opinions.'

ship), a different kind of effort is required to reach into the States and communities where these programs may have an effect. It was for this reason that one Coalition membership requirement is a nationwide structure. Regrettably, this requirement has sometimes prevented formal participation by otherwise well-qualified organizations. However, this requirement created a national network of health professionals, educators, government employees, and volunteers loosely affiliated with the National Coalition almost from its creation. National members have been encouraged to share the quarterly Healthy Mothers, Healthy Babies newsletter and other Coalition materials through articles in their own newsletters, direct mail distribution, meeting exhibits, and presentations to their membership.

In 1983, the Coalition's policy subcommittee contacted Governor Joseph E. Brennan of Maine, chairman of the National Governors' Association Committee on Human Resources, for help in transferring the Coalition's success at the national level to the States. His letter asking every State Governor to contribute to healthier mothers having healthier babies, beginning with the proclamation of a Healthy Mothers, Healthy Babies month, resulted in at least 15 such proclamations. These events helped focus the considerable interest of individuals and organizations in some States to become involved in the Healthy Mothers, Healthy Babies activities.

Because there existed no mechanism at the national Coalition to utilize this State-community enthusiasm, the national policy subcommittee provided technical assistance and developed materials to encourage the formation of State coalitions. Many of these, like the national Coalition, are informal confederations of interested organizations and individuals. Some have by-laws, collect dues, and support staff (generally through small grants).



Former Virginia Governor Charles Robb signed the Healthy Mothers, Healthy Babies proclamation on the steps of the capitol in Richmond

Some State coalitions are still in early planning stages, while others are well-developed and actively engaged in educational projects. More than 40 States have designated contacts with the national Coalition. Unlike the national Coalition, some State coalitions coordinate advocacy activities and support increased awareness among legislators and improved health care.

Arizona. In Arizona, for example, the coalition will take a lead role this year in bringing various legislative advocates together to coordinate information about the status of funding for perinatal care in Arizona. The Arizona Healthy Mothers, Healthy Babies Coalition began in January 1985 and is sponsored by the Arizona Department of Health Services' Office of Maternal and Child Health, which provides a salaried coordinator and a small operating budget. Nearly 50 organizations comprise the State coalition. Since January, 10 of the 15 counties have developed active networks, identified needs in their communities, and begun conducting projects to address these needs. The 10 local coalition leaders compose the statewide steering committee to plan, coordinate, and implement statewide education campaigns.

Arizona's Governor, Bruce Babbitt, signed the Healthy Mothers, Healthy Babies Proclamation declaring September 1985 as Healthy Mothers, Healthy Babies Month. Many statewide activities highlighted perinatal care issues during September.

These activities included a locally produced public service announcement featuring the Governor's wife encouraging women to get early prenatal care. A city-wide baby shower drew more than 2,500 low income women and their families to the event. A public pregnancy hotline began operation in the State's most populated city (Phoenix) and, to assist in outreach, the Healthy Mothers, Healthy Babies Coalition designed and distributed a Rolodex card with the pregnancy hotline number to all OB-GYN physicians, school nurses, and clinicians throughout the county. The Tucson Coalition designed and distributed a brochure on the need for early prenatal care to the central and southeastern portions of the State. In addition, health fairs, newspaper articles, and radio and television shows on perinatal care issues were featured all over the State.

California. In California, the Healthy Mothers, Healthy Babies Coalition was formed to carry on the work of the national Healthy Mothers, Healthy Babies Coalition by establishing statewide and local coalitions. Objectives for the first full year of operation (FY 1985-86) include developing a statewide coalition, providing technical assistance to local coalitions throughout California, and conducting a statewide media campaign. The coalition is funded primarily by the California Department of Health Services' Maternal and Child Health Branch, March of Dimes, and the American Lung Association of California. The coalition has produced a manual entitled "Involving the Private Sector in Healthy Mothers, Healthy Babies Coalitions" for use by local groups organizing a coalition and a birthday card directed to decisionmakers in the public and private sectors. The card features a Healthy Mothers, Healthy Babies message. In addition to the statewide educational campaign, other coalition activities target minority and low-income women, their friends and families, as well as State and local legislators.

Connecticut. The membership of the Connecticut Healthy Mothers, Healthy Babies Coalition was initially drawn from Connecticut affiliates of the organizations and groups participating in the national Coalition. It is now open to any individual, group, or organization with an interest in the activities of the Connecticut coalition. Staff support is provided by the Connecticut Department of Health Services' Maternal and Child Health Section and the Northern Connecticut Chapter of the

March of Dimes. A steering committee composed of representatives of participating groups meets quarterly to guide coalition activities. A newsletter which serves as a report of committee meetings is published quarterly. The coalition has no source of funds; funds are sought from among the membership or from other sources as needed for special projects. In addition to conducting a public education campaign, the Connecticut coalition intends to develop a clearinghouse mechanism to coordinate and disseminate information and to encourage the development of a statewide pregnancy-environmental hotline.

Florida. The Florida Healthy Mothers, Healthy Babies Coalition combines public, private, and voluntary resources to focus public attention on the prevention of infant death and disability; advocate sound State policy decisions concerning provision of publicly funded services for pregnant women and their families; disseminate education and information materials aimed at motivating high-risk target populations to protect their health; reduce the incidence of low birth weight newborns; improve access to prenatal care for low-income, rural, nonwhite, and adolescent women; share information concerning needs, resources, and action strategies; promote coordination and cooperation among public, private, and voluntary organizations; and represent Florida in the national network of coalitions.

The coalition is jointly sponsored by the March of Dimes, the University of Florida Department of Obstetrics and Gynecology, and the Florida Department of Health and Rehabilitative Services. The coalition provides a county-by-county data book to aid planning and, for legislators, issue papers on maternity services, low birth weight, and on 1985-87 funding for maternal and child health programs.

Maryland. The Maryland Healthy Mothers, Healthy Babies Coalition, recently incorporated, is an alliance of public health, voluntary, and medical organizations, formed in early 1984. Currently embodying more than 30 organizations, the Maryland Coalition kick-off campaign took place in January 1985 with support from both the Governor of Maryland and the Mayor of Baltimore City. A program to prevent preterm labor and delivery through education and training of health professionals and the distribution of patient education materials was developed and successfully conducted at 36 Maryland hospitals and several



One of the three "don'ts" for pregnant women (don't drink alcohol, smoke cigarettes, or take drugs) from "Making Choices," a half-hour television production kit

local health departments. The coalition also co-sponsored a workshop on infant mortality and coalition-building with the Public Health Service's Region III office.

The Maryland State Department of Health and Mental Hygiene's Preventive Medicine Administration has committed a small amount of funds for the next 3 years to support coalition activities; other funds have come from private contributors; grant funding is being sought.

Montana. Healthy Mothers, Healthy Babies, the Montana Coalition, was established November 19, 1984. During the first year, two statewide education and business meetings were held; the steering committee meets in Helena on the second Monday of every month. The coalition is incorporated as a nonprofit corporation and funds projects with dues, donations, and support from the March of Dimes and the American College of Obstetricians and Gynecologists. A quarterly newsletter maintains contact with all members. Current activities include a study of the health care needs of women in Montana, establishing a risk hotline for pregnant women, and a proclaimed Healthy Mothers, Healthy Babies Week, May 11-17, 1986. It currently operates without paid staff. A task force has been formed to initiate a pregnancy hotline for the State of Montana, tying into an existing risk line located at the Utah Department of Health in Salt Lake City. Funding for the first year will be

provided by the two Montana Chapters of the March of Dimes, the Montana Perinatal Association, and the Montana Perinatal Program.

Plans for the second year are to expand the risk line into a more general pregnancy information line. Future plans include assisting a statewide effort to reduce preterm labor, encouraging the Montana Perinatal Association to collaborate with the coalition, and establishing local coalitions.

Nevada. While initiated by the Western Regional Office of the March of Dimes, the Nevada Coalition is staffed by the Greater Nevada Health Systems Agency (GNHSA), the officially designated area-wide health planning agency. The coalition is chaired by the Director of Family Medicine and Rural Health of the Medical School at the University of Nevada, a GNHSA board member. The coalition has published a brochure and is developing a series of radio and television public service announcements on the needs of pregnant women. These announcements are being developed by a team of local public relations professionals who are contributing their time and talent without cost to the coalition.

The coalition has given priority attention to medical malpractice insurance problems since these problems have contributed to a 20 percent loss of services by gynecologists and obstetricians in the rural areas of Nevada over the past year. Legislative strategies are being developed to cope with this issue. The coalition is working cooperatively with the Nevada State Health Department and will be publishing a statistical document that compares low birth weight and related maternal and infant health statistics in Nevada with similar data for the nation and the Mountain States. A crisis telephone call facility is being arranged in cooperation with a local telephone service currently focusing on other human relations problems.

New Hampshire. In New Hampshire, a statewide public education campaign around the issue of the fetal alcohol syndrome will be undertaken during 1985-86. The New Hampshire Department of Health and Human Services (Bureau of Maternal and Child Health, Bureau for Special Medical Services, and the Office of Alcohol and Drug Abuse Prevention) and the Healthy Mothers, Healthy Babies Coalition will join in a cooperative effort with CVS Pharmacy to print and distribute an educational pamphlet on the fetal alcohol syndrome. Other goals include printing and distribution of a poster, professional education, and

observing "Fetal Alcohol Syndrome Week" in early 1986 to coincide with a similar national effort. Coalition funding is provided by the New Hampshire March of Dimes, New Hampshire Department of Health and Human Services, and CVS Pharmacy.

New Jersey. The New Jersey Healthy Mothers, Healthy Babies campaign has been established as part of the Governor's initiative to reduce infant mortality. This effort has primarily focused on the establishment of local Healthy Mothers, Healthy Babies Coalitions in the 10 cities at highest risk for poor pregnancy outcome in New Jersey. Two coordinators hired through the State department of health, as well as local coordinators hired through local health departments, have organized the coalitions. The purpose of the local coalition concept is to encourage communities to identify problems in maternal and child health and, subsequently, to seek solutions at the community level. Health service contracts have been awarded by the State to each city to expand prenatal, infant care, and family planning services and outreach activities.

South Carolina. South Carolina's Healthy Mothers, Healthy Babies campaign is designed to (a) increase public understanding of the health risks to pregnancy, (b) motivate South Carolina women of reproductive age to adopt behaviors to protect their health and the health of their infants and children, and (c) increase public educational efforts promoting healthy mothers and healthy babies in the State.

More than 300 agencies and organizations were contacted, and 100 of these have documented their support of the coalition's mission statement. The coalition steering committee, co-chaired by representatives of Clemson University Cooperative Extension Service and the South Carolina Department of Health and Environmental Control, is composed of representatives of the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, March of Dimes, American Academy of Family Physicians, and the Governor's Office. The coalition has no funding base. As each member-agency or group plans a project, it provides or finds funding. The South Carolina Perinatal Association financially supported the initial campaign kick-off. Staff time is provided by the agencies of the co-chairmen. The steering committee is now working with individual member groups to design their Healthy Mothers, Healthy Babies program. Local networks are being

formed in each of the 46 counties, and many of these have already conducted a variety of programs.

Mississippi. In some States, campaigns or coalitions dedicated to improving maternal and infant health existed, or were developed independently of, the national Coalition. Some of these have become affiliates of the Coalition, representing their States at the national level. For example, the Mississippi Coalition for Mothers and Babies is a volunteer advocacy group dedicated to improving the quality of life at birth in Mississippi. Founded in 1977, the coalition is made up of 1,500 members and more than 65 endorsing organizations interested in maternal and child health. Members include consumers as well as providers of health care in the public, private, and academic sectors of perinatal medicine.

The coalition helped to secure the passage of a medical assistance program to expand the State Medicaid Program to include married, low-income pregnant women and children of the married poor. The program went into effect on July 1, 1985, and it has the potential of extending health care services to as many as 3,700 pregnant women and 18,000 children. As a way to show appreciation to the legislators for their support of this program, the coalition sponsored a "Motherhood and Apple Pie" reception serving apple pie and coffee. Mother's Day cards were also mailed to the legislators this year, thanking them for their support.

In getting the word out to the public about the new program, television and radio public service announcements were produced, a news release was sent to all newspapers in the State, and a WANTED: HEALTHY CHILDREN poster promoting the program was placed in hospitals, physician's offices, health departments, and day care centers statewide. The coalition is also working in cooperation with the Governor's Service Line in advertising the toll-free number and requesting people to call with questions concerning the program. More than 3,000 people have called seeking assistance. The coalition provides a perinatal consultant who returns calls and follows up the more difficult cases.

Wisconsin. The Healthy Birth Program (Wisconsin's adaptation of Healthy Mothers, Healthy Babies) combines public and private efforts to improve the outcome of pregnancy and an infant's first year of life in Wisconsin. Among the public

and private agencies and organizations involved in the statewide implementation is the Wisconsin Maternal and Child Health Coalition, an affiliate of the National Healthy Mothers, Healthy Babies Coalition.

In order to improve the health of at-risk, targeted groups and to meet Wisconsin's goals for infant mortality, low birth weight, and prenatal care, a number of projects and activities have been initiated. A major project is the development of recommended standards and risk assessment tools for preconceptional, perinatal, and infant health services.

Plans for 1986

National Coalition support of State affiliates continues. Following the third biannual national conference in September 1985, which included one day dedicated to information exchange among States, planning began for a series of regional conferences to be supported in part by the national Coalition, to be organized and conducted by State coalitions, and designed to exchange ideas and share resources between adjoining States. And because of the interest State coalitions have shown in conducting mass media campaigns, the Public Health Service, in conjunction with the New York State Department of Health, has made New York's "Take Care of Your Baby" media campaign (television and radio public service announcements,



Do go for all check-ups, eat a variety of foods, consider breastfeeding—positive messages from "Making Choices," television script

posters, and other print materials in English and Spanish) available to 10 State coalitions. These States—California, Connecticut, Maryland, Florida, South Carolina, New Jersey, Tennessee, Wisconsin, Kansas, and the District of Columbia—have agreed to provide staff or volunteer support, or both, to conduct a statewide media campaign in tandem with community activities, over a period of at least 1 year, and submit a campaign report to the Public Health Service. These reports will be compiled and shared with other State coalitions.

In 1986 the national Coalition will also distribute revised editions of "The Community Connection" and the "Directory of Educational Materials." New materials will include a compendium of State coalition activities and a guide to programs of national member organizations, as well as a calendar of 1986 maternal and infant health events.

Assessing Progress

In little more than 4 years, Healthy Mothers, Healthy Babies has prospered well beyond the original expectations of the six founding organizations. In the beginning, it was unclear whether the Coalition could be stabilized without reliable and substantial financial support. In fact, the lack of financial resources may have contributed to its prosperity. The Coalition has provided a mechanism for committed individuals and organizations to share ideals and ideas for improving maternal and infant health; it has required that they share resources as well as commitment in order to increase awareness among women and their health care providers. The language of Coalition actions changed quickly from "you should" to "we must" as its members recognized that they represented those organizations most likely to stimulate change.

Enthusiasm for the Coalition's activities has continued not only because of its tangible products and progress towards its goals, but because it continues to offer a neutral setting for exchanges among organizations with similar or very disparate positions on maternal and infant health issues. New contacts made through the Coalition have resulted in collaboration among some organizations for the first time. For others, Coalition meetings, newsletters, and contacts offer an opportunity to find out what educational programs are being conducted by other organizations, or to promote their own. This opportunity to share skills, new knowledge, networks, and other re-

sources extends beyond the framework of the Coalition, with some members developing new, independent collaborative activities with two or more organizations.

Within the last year two major reports have challenged the Coalition to continue and grow. The Institute of Medicine's report "Preventing Low Birthweight" called for a national public information campaign on low birth weight. Its authors stated that "this public information program needs an organizational home and strong leadership. The committee recommends that the responsibility be assumed by the Healthy Mothers, Healthy Babies Coalition. . ." (6) The final report of the Southern Governors' Association's Task Force on Infant Mortality recommends that each southern State "establish a Healthy Mothers, Healthy Babies Coalition or other statewide group to coordinate public awareness by providing ongoing education to the general public" (7).

With such challenges, and the Coalition membership's determination to work together at least until 1990, it is not unlikely that the Healthy Mothers, Healthy Babies Coalition will meet that year to assess its contributions to the health objectives for the nation and set its goals for the year 2000.

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