



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia

BLACK INFANT HEALTH TOOLKIT



**Improve Infant Health Outcomes
in Your Community**



NOVEMBER 2019

ATLANTA, GEORGIA

INTRODUCTION

The Black Infant Health Toolkit was created by Healthy Mothers, Healthy Babies Coalition of Georgia (HMHBGA), a non-profit organization dedicated to improving maternal and infant health outcomes across the state of Georgia through advocacy, education, and access to vital resources. Since 1974, HMHBGA has been the strongest statewide voice for improved access to healthcare and health outcomes for Georgia's mothers and babies. HMHBGA is the only organization in Georgia that focuses on the full spectrum of maternal and child health concerns from prematurity to maternal mortality.

Access to Vital Resources: On behalf of the Georgia Department of Public Health (DPH), HMHBGA operates the Georgia Family Healthline, Children 1st high-risk screening line, and Help Me Grow Georgia to provide callers with appropriate referrals and resources across the State. HMHBGA also operates the Prevent Child Abuse Georgia Helpline on behalf of Georgia State University.

Advocacy: In a non-partisan role, HMHBGA engages with legislators as well as medical, business and other community organizations to encourage fiscally responsible policies that promote access to care and improved health outcomes for women and children.

Education: HMHBGA provides evidence-informed prenatal education across the State through collaboration with other community organizations and clinicians. HMHBGA also works to educate and build capacity for healthcare providers and public health professionals working in maternal and infant health across Georgia.

The aim of this toolkit is to empower community leaders, members, and organizations with the information and resources necessary to promote black infant health within their communities. This toolkit includes information on (1) the state of Black infant health in Georgia, (2) priority topics, (3) ways to get involved, (4) and additional resources that you or your community members can use to access information and resources.

BLACK INFANT HEALTH IN GEORGIA

Black babies are dying in our State. Children are one of society's greatest resources, yet a significant number of Black babies will never make it to see their first birthdays. In Georgia, roughly 900-1000 babies die each year and more than half of those infants are Black. If you are concerned about the future of our children and want to make an impact on this issue in your community, this toolkit is for you. It will take a village to ensure our babies make it to their first birthdays.

This toolkit is a great place to begin your advocacy and community action to ensure the health of Black infants in Georgia.

Defining the Problem

- The risk of **preterm birth** (birth before the 37th week of pregnancy) among Black women in Georgia is 53% higher than that of all other racial categories in Georgia, and 48% higher than that of all other racial categories at the national level^{1,2}
- Black women in Georgia experience the highest percentage of **low birthweight births** (babies born weighing less than 5 lbs., 8 oz.) among all racial groups (13.9%). In comparison, Hispanic women experience the lowest percentage, at 7%.³
- In Georgia, the highest frequency of **infant mortality** (death before 12 months) is seen among African American males (13.1 per 1,000), followed by African American females (11.3 per 1,000).⁴
- In Georgia, **three infants a week die from sleep-related causes**, making sleep-related infant deaths the leading cause of preventable post-neonatal deaths.⁴ According to the Georgia Department of Public Health, African American and Native American infants are at two times greater risk of sleep-related illnesses compared to infants of other races.⁵

¹ March of Dimes Foundation (March of Dimes). (2016). Premature Birth Report Card United States. Retrieved from <https://www.marchofdimes.org/materials/premature-birth-report-card-united-states.pdf>

² March of Dimes Foundation (March of Dimes). (2018a). Premature Birth Report Card for Georgia. Retrieved June 19, 2018, from <https://www.marchofdimes.org/Peristats/tools/reportcard.aspx?reg=13>

³ National Center for Health Statistics (NCHS). (2013). Period linked birth/infant death data. Retrieved August 01, 2018, from www.marchofdimes.org/peristats.

⁴ Georgia Department of Public Health (DPH). (2016, March 8). SIDS Data and Risk Factors. Retrieved August 1, 2018, from <https://dph.georgia.gov/sids-data-and-risk-factors>

⁵ Georgia Department of Public Health (DPH). Georgia Safe to Sleep. Available at https://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/SafetoSleep-PowerPointPresentation-9mkwt.pdf

- In 2014, 49% of pregnancy-related deaths in Georgia occurred among Black, non-Hispanic women, 28% among white, non-Hispanic women, and 12% Hispanic women.⁶
- There is a racial disparity in breastfeeding rates between Black and White mothers, with 81.1% of Black mothers in Georgia breastfeeding, and 86.7% of White mothers.⁷
- In 2017, around 11% of African American mothers in Georgia had fewer than five prenatal visits during their pregnancy.⁴

Leading Causes for Infant Death

This section will help you answer what the three leading causes of infant death are and what risk factors are involved for each.

- **Sudden Unexpected Infant Death Syndrome**
- **Birth Defects**
- **Conditions Due to Baby Being Born Too Soon (Preterm)**

Babies Born Too Soon

Babies born at 20-37 weeks are at risk for poor health in the long run. Some of the risk factors for this include:⁸

- Short cervix
- Previous premature birth
- Short interval between pregnancies
- History of certain types of surgery on the uterus or cervix
- Pregnancy complications such as multiple pregnancy and vaginal bleeding
- Low pre-pregnancy weight
- Smoking during pregnancy
- Using drugs and alcohol during pregnancy

Additional Social Risk Factors (these can impact health as well):

- Racial residential segregation
- Unemployment
- Median household income
- Racial inequality in employment
- Gender inequality in earnings

Birth Defects

⁶Georgia Department of Public Health (DPH). (2019, March). Maternal Mortality Report: 2014. Retrieved from https://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/Georgia%20Maternal%20Mortality%20Report%202014.pdf

⁷ Georgia Department of Public Health (DPH). (2017). Pregnancy Risk Assessment and Monitoring System (PRAMS), Georgia, 2017. Available at <https://dph.georgia.gov/PRAMS>.

⁸National Birth Equity Collaborative. (2017). Health Equity to Address Black Infant Mortality. Retrieved from <http://www.healthystartepic.org/wp-content/uploads/2017/08/NBECNYCRegionalHealthyStart17.pdf>

Birth defects can cause problems in overall health, how the body develops or how the body works. Most common birth defects includes heart issues and gene defects. Some of the risk factors for this include: ⁸

- Genetic or inherited causes (runs in the family)
- Environmental causes (air pollution)
- Drug or alcohol use
- Combination of genes and environmental exposures
- Other diseases mom may already have when pregnant

Other Issues

- Not having health insurance
- Getting diseases transmitted by sex or body fluids
- Not getting enough healthy foods

Sudden Infant Deaths (SIDS/SUIDS)

SIDS is the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted. SUID includes un-defined causes of death, and accidental choking and being strangled in bed. Some of the risk factors for this include: ⁸

- Not enough prenatal care
- Unborn baby not growing at normal rate in the womb
- Not waiting enough time between pregnancies
- Using drugs or alcohol
- Infections of the lungs, head and chest
- Genetic factors (issues that run in the family)
- Sleep environment (blanket or bumpers that can suffocate baby or adult rolling over on baby during sleep)

Other Issues

- Lower education level
- Having less income
- Single parent households

It is often said that the health of a community is best measured by the well-being of its children. With this measure, when looking at Black babies, we have more work to do. Despite the challenges and barriers outlined in this toolkit, we have an opportunity to make a change in the lives of Black mothers, babies and families. We know that the path to well-being for Black families begins with strong community systems that support them.

BLACK INFANT HEALTH PRIORITY TOPICS

Now that you know the problem, let's dig into priority areas to combat the issue. Each topic listed below provides information on how the intervention is helpful to prevent prematurity, low-birth weight, or infant mortality. As you review the topics, think of which one (or more) you would like to mobilize around to promote community awareness and improve the birth outcomes for Black babies.

Safe Sleep

Infant sleep deaths are the number one preventable infant death. Education about safe sleep has the potential to reduce Georgia's high infant mortality rate. The Georgia Department of Public Health advocates for the ABC model. They recommend that babies sleep **alone**, on their **backs**, and in a **crib** or bassinet.⁹ Infants should not share a sleeping surface with another person but should be nearby to their caregiver.⁵ Additionally, infants should sleep on their backs every time they are put down, and the surface should be firm, flat, with no toys, blankets, or crib bumpers.⁵ These methods have been shown to reduce the risk of sleep-related infant death.⁵

Breastfeeding

Breastfeeding is a public health game changer. Breastmilk has short-term and long-term health benefits. It reduces the risk of conditions such as: Sudden Infant Death Syndrome (SIDS), ear infections, upper respiratory infections, asthma, diabetes, and obesity. Furthermore, women who breastfeed reduce their long-term risk of premenopausal breast cancer, ovarian cancer, type 2 diabetes, high blood pressure, and heart disease. **Breastfeeding is low cost and it improves the health of both boys and girls; healthy or sick; premature or full-term, rich or poor.** Together we can help ensure that Georgia's mothers can reach the recommended six-month mark of exclusive breastfeeding. Remember breast is best!

Access to Healthcare

In order to get adequate care Black families need access. There is a lack of available, affordable, high-quality care in our State, specifically for families with the lowest resources. Ensuring families that are eligible enroll in Pregnancy Medicaid (also known as Right From the Start Medicaid) is important to provide access to a provider during pregnancy to prevent poor birth outcomes. Most women will have

⁹ Georgia Department of Public Health (DPH). (n.d.). Georgia Safe to Sleep Campaign Materials. Retrieved August 1, 2018, from <https://dph.georgia.gov/georgia-safe-sleep-campaign-materials>

their Pregnancy Medicaid stop after 60 days postpartum, this creates a hole in coverage for mom soon after delivery. We encourage women to apply for Georgia's Planning for Healthy Babies (P4HB) program . P4HB aims to reduce low birthweight and very low birthweight babies by providing no-cost family planning services to uninsured women of childbearing age with family incomes at or below 200% of the federal poverty level (FPL). **P4HB is free for women who qualify and can help them get additional time with their doctor in the postpartum period after the roll off Pregnancy Medicaid.**

The program has shown great outcomes for Georgia's women covered by Medicaid. In addition, supporting legislation to extend postpartum Medicaid up to one year postpartum would provide access to care for thousands of women that need additional medical care after delivery and between pregnancies.

Prenatal Care

Early prenatal care is essential for the healthy development of the baby and the health of the mother during pregnancy. Prenatal checkups are essential to reducing maternal and infant mortality rates. Distance to hospitals becomes a barrier to accessing prenatal care when public transport is absent or unreliable. This barrier disproportionately affects women of color, who are less likely to have access to personal vehicles.¹⁰ Moreover, when looking at the most common reasons women report delaying or going without medical care, Black and Latina women were significantly more likely to have delays or lack of medical care due to transportation than White women.¹¹ **For uncomplicated first pregnancies, pregnant women should get a visit every 4 weeks until 28 weeks, every 2 weeks until 36 weeks, and weekly until delivery. Complicated or high-risk pregnancies may need more visits.**¹²

Vaccinations

All pregnant women need to get their flu shot and Tdap shot. The Centers for Disease Control and Prevention (CDC) recommends that women get flu and Tdap vaccines during pregnancy.¹³ The flu vaccine can be received at any time during pregnancy to protect both mother and baby against the virus. Furthermore, mothers can protect their babies by getting the flu shot during pregnancy, which is important because infants 6 months and younger cannot be vaccinated against the

¹⁰ Scheppers, E., van Dongen, E., Dekker, J., Geertzen, J., & Dekker, J. (2006). Potential barriers to the use of health services among ethnic minorities: a review. *Family Practice*, 23(3), 325–348. Retrieved from <https://doi.org/10.1093/fampra/cm1113>

¹¹ Ranji, U., Rosenzweig, C., & Salganicoff, A. (2018, March 13). Women's Coverage, Access, and Affordability: Key Findings from the 2017 Kaiser Women's Health Survey. Retrieved July 10, 2018, Retrieved from <https://www.kff.org/womens-health-policy/issue-brief/womens-coverage-access-and-affordability-key-findings-from-the-2017-kaiser-womens-health-survey/>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4767570/>

¹³ Centers for Disease Control (CDC). (2018m, May 2). 2018 Recommended Immunizations for Adults: By Health Condition. Retrieved from <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf#page=2>

flu.¹⁴ Diphtheria, pertussis, whooping cough, and tetanus are three diseases that are prevented by the Tdap vaccine. In some cases, children have died from these diseases, making protection against them important in infancy.¹⁵ There are only 3 vaccines that CDC does not recommend for pregnant women: Shingles, measles/mumps/rubella (MMR), and Chickenpox (Varicella).¹²

Social Factors

There is a significant amount of research that highlights the impact of race, gender, income, employment, education level, and neighborhood of residence has on infant birth outcomes and mortality rates. These social determinants of health play a major role on whether or not Black babies are born too soon, too small, or not at all. The National Birth Equity Collaborative (NBEC) found data from pilot cities indicated:⁸

- Black infant mortality rates are 12% lower for every \$10,000 increase in the Black median household income.
- The Black infant mortality rate increases by 3% with every 1% increase in Black unemployment.
- The Black infant mortality rate is 3% lower for every 1% increase in the proportion of Black residents with a Bachelor's degree or higher.
- The Black infant mortality rate is 1% higher for every 1% increase in racial residential segregation.

How can we work together to dismantle structural racism that prevent the health of Black babies and families? Consider how your community efforts can increase access for Black families in any of the above-mentioned social determinants of health, or how you can support the work of organizations working on these issues.

Speak up during your visits with doctors - make sure you are getting all of the information you need to have a healthy pregnancy and baby.

Waiting Long Enough Between Pregnancies

Pregnancies that start less than 18 months after birth are associated with delayed prenatal care and adverse birth outcomes, including preterm birth, neonatal morbidity, and low birthweight. Access to services that promote appropriate birth spacing can reduce the risk for poor birth outcomes such as preterm birth and low birthweight. Women should be able to consult with a healthcare provider to select an approach to family planning and birth spacing consistent with their needs and beliefs.¹⁶

Which of these issues will you choose to champion?

¹⁴Centers for Disease Control and Prevention (CDC). (2017n, December 27). Pregnant? You Need a Flu Shot! Retrieved from https://www.cdc.gov/flu/pdf/freeresources/pregnant/flushot_pregnant_factsheet.pdf

¹⁵Centers for Disease Control (CDC). (2017o, December). 2018 Recommended Immunizations for Children from Birth Through 6 Years Old. Retrieved from <https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

¹⁶ March of Dimes. (2015, November). Birth Spacing Fact Sheet. Retrieved from <https://www.marchofdimes.org/MOD-Birth-Spacing-Factsheet-November-2015.pdf>

BE A CHANGE AGENT

Small changes can make a big difference in the promotion of Black infant health. Here are a handful of ways you can make an impact:

Community Action

- Focus on root causes of the issue, thinking about what can be done from the community level to focus on social determinants of health for Black families
- Partner with other established organizations who have active community leadership
- Assess partners readiness to address race and inequality
- Begin with your circle of influence (church, groups, neighborhood, friends, co-workers)

Safe Sleep

- Spread the word on the ABCs of safe sleep
 - Babies are safest when they sleep **a**lone, on their **b**acks, and in a **c**rib
- Connect families with programs such as Cribs for Kids to provide them with resources to reduce unsafe-sleep environments (<https://cribsforkids.org/>)
- Encourage families to take advantage of the Georgia Department of Public Health's Safe to Sleep hospital-based program, which provides families with education and travel bassinets
 - Participating hospitals found here:
<https://dph.georgia.gov/sites/dph.georgia.gov/files/InjuryPrevention/SafeInfantSleep/Participating%20Hospital%202017.2018.pdf>
- Encourage first responders (fire, police, EMTs) in your community to adopt the Direct On-Site Education (DOSE) program that uses First Responders to assess and educate families on safe sleep within the home
 - Contact HMHBGA about partnering with the Georgia Department of Public Health (DPH) and Grady EMS to train your community's first responders.

Breastfeeding

- Ensure your facility has a safe, comfortable, private place for mothers to breastfeed or pump. This space should include comfortable chairs, a sink for cleanup, a refrigerator for storing breast milk, and a lock for security and privacy. This space could also include educational material to share information and advice on a range of topics related to infant health.
- Ensure policies and practices are supportive of breastfeeding in institutions where women live and work, such as hospitals and worksites.
- Change the social norm in your community. The beliefs and practices of a mother's core social group or community play a critical role in whether or not she will initiate and continue breastfeeding. Make sure the community is supportive and even promoting breastfeeding.
- See ZipMilk and Moms Pump Here in the Resources section!

Access to Healthcare

- Support families in utilizing the Gateway, the Department of Community Health's online Medicaid application portal to determine if they are eligible to enroll in Medicaid.
 - <https://georgia.gov/popular-topic/medicaid>
 - <https://gateway.ga.gov/access/>
- Support legislation to increase healthcare access (see advocacy section for additional information)

Prenatal Care

- Offer free rides or childcare to enable women to attend doctor's appointments throughout her pregnancy and after birth.
- Transportation is available for women using Pregnancy Medicaid - they must schedule this with the Medicaid office.

Vaccinations

- Get vaccinated and encourage others to do the same.
 - For information on what vaccines to get, where to get vaccinated, and how to pay for your vaccinations, check out the CDC website: <https://www.cdc.gov/vaccines/adults/index.html>
 - Check out the American College of Obstetricians and Gynecologists toolkits for educating pregnant women about vaccinations: <https://www.acog.org/About-ACOG/ACOG-Departments/Immunization/Resources/Maternal-Immunization-Tools>

Advocacy

- Call your local, state, and national representatives to ensure maternal and infant health issues are at the forefront of their agendas. Policy changes can improve infrastructure to better support Black birthing families. Determine your priority area or root issue you would like to tackle and how policy change could make a difference.
 - Check out HMHBGA's 2020 Legislative and Policy Agenda here: <http://hmhbga.org/advocacy/>
 - For weekly updates during the legislative session, following HMHBGA's e-newsletter *Keeping Current @ the Capitol* at: hmhbga.org/newsletter-sign-up/
 - Check out the March of Dimes Advocacy Toolkit for tips on how to be an advocate: <https://www.marchofdimes.org/materials/Advocacy-Toolkit-Q3-2019-v2.pdf>

Other

- Host a diaper drive or a community baby shower to collect helpful baby items such as onesies, wipes, or bibs.
- Community investments such as expanding the pool and presence of Black doulas to serve families. Doulas provide emotional support during pregnancy, delivery, and even postpartum. Research shows that doulas increase birth outcomes significantly. Doulas should be considered by concerned community members as a tool to combat the black infant health crisis.
- Open your space for a peer support group for pregnant or postpartum women.

→ Host a “Tailgate Party,” a take on a baby shower for new and expectant fathers that uses games to teach attendees about safe sleep practices, how to support breastfeeding mothers, the importance of vaccines, and more. This event allows fathers to build a network of support and share questions, concerns, and advice with one another.¹⁷

¹⁷Originally created by the Arkansas Department of Health's Office of Minority Health and Health Disparities, in partnership with Brothers United, an alliance of African American fraternities. For more information, see: <https://www.nichq.org/insight/african-american-fraternity-alliance-changing-infant-health-outcomes>

RESOURCES

You are not alone in your support of Black infant and maternal health. Check out these resources for information and services available for pregnant women and families both online and in-person in the metro Atlanta area.

Black Mamas Matter

- Black Mamas Matter Alliance (BMMA) is a Black women-led cross-sectoral alliance. Black Mamas Matter Alliance center Black mamas to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice. BMMA provides technical assistance and training, convenes leaders in conversation, cultivates a network of black women leaders, and builds power using innovative strategies.
- BMMA offers a toolkit with information and resources on Black maternal health. It identifies steps that policymakers can take to address maternal health issues and has been used to educate doulas, maternity care providers, and other stakeholders.
- Visit the BMMA website at: <https://blackmamasmatter.org/>

Georgia Crisis and Access Line

- For immediate access to routine or crisis services, call the Georgia Crisis and Access Line (GCAL) at 1-800-715-4225. GCAL is available 24 hours a day, 7 days a week and 365 days a year to help those in crisis. GCAL professionals will: provide telephonic crisis intervention services; dispatch mobile crisis teams; assist individuals in finding an open crisis or detox bed across the State; link individuals with urgent appointment services; help you to access a State Funded provider in your area in a non-emergency as well.
- For more information, visit:
<https://www.georgiacollaborative.com/providers/georgia-crisis-and-access-line-gcal/>

Georgia Department of Public Health Home Visiting Program

- The Maternal, Infant, and Early Childhood Home Visiting Program provides pregnant women and their families with the essential skills and resources to improve their family's health and provide better opportunities for their children.
- For more information, visit: <https://dph.georgia.gov/homevisiting>
- For referrals, call 855-707-8277

Georgia Department of Public Health's Pregnancy Resources

- Find information on all of DPH's programs that pregnant women and families may qualify for at: <https://dph.georgia.gov/pregnancy-resources>
- Planning for Healthy Babies (P4HB) <https://medicaid.georgia.gov/planning-healthy-babies-faqs>

Georgia Tobacco Quit Line

- 1-877-270-STOP (Spanish: 1-877-2NO-FUME)
- The Georgia Tobacco Quit Line is a FREE, confidential and effective service available to assist Georgians with quitting smoking and all forms of tobacco. The quit line provides telephone and web-based counseling services to help

Georgians quit smoking and using any other smokeless tobacco products (i.e., dip or snuff).

→ Find more information at: <https://dph.georgia.gov/ready-quit>

Healthy Mothers, Healthy Babies Coalition of Georgia Call Lines

- HMHBGA currently operates four call lines, with services in English and Spanish (and over 170 other languages through Language Line Services).
 - **The Georgia Family Healthline (1-800-300-9003):** Statewide information and referral line for families to receive appropriate referrals for providers and resources that are covered under Medicaid and PeachCare. The line also provides referrals for other community resources such as food pantries, domestic violence shelters, and pregnancy resources.
 - **Help Me Grow Georgia (1-888-457-4769):** Centralized intake line that is used to connect families to public health programs, Georgia Family Health Line, and community-based programs.
 - **Children 1st Information and Referral Line (1-855-707-8277):** Centralized intake line for the parents of high-risk infants using electronic birth certificates to enroll in the Georgia Department of Public Health's Children 1st early intervention program
 - **Prevent Child Abuse Georgia Helpline (1-800-CHILDREN/1-800-244-5373):** An information and referral line for individuals who are concerned about the healthy development of children. This line has trained professionals to assist with parenting concerns and to offer support to parents and caregivers. The purpose of this line is to provide families with the necessary resources to help prevent child abuse and neglect.
 - **The Georgia Perinatal Psychiatry Access Program (COMING SOON):** Will provide psychiatric consults to providers serving mothers with mood and anxiety disorders in Georgia.

Healthy Mothers, Healthy Babies Resource Hub

→ Georgians may access resources and providers 24/7 online by going to: <https://resourcehouse.com/hmh/b/>

March of Dimes

→ March of Dimes is a national organization dedicated to supporting maternal and infant health through education, research, and advocacy. March of Dimes educates medical professionals and the public about best practices, supports lifesaving research, provides comfort and support to families in NICUs, and advocates for moms and babies.

→ To learn more and access March of Dimes resources, visit: <https://www.marchofdimes.org/index.aspx>

Moms Pump Here

→ Moms Pump Here has over 5,000 nursing mothers rooms (lactation rooms) listed in the US and globally is the world's biggest, most popular, and trusted nursing room locator app and community website for nursing moms.

→ You can access for free at: <https://www.momspumphere.com/>

- The App is available for purchase wherever you buy your phone Apps (Apple, Android, Google)

Motherhood Beyond Bars

- Motherhood Beyond Bars is the only nonprofit organization in the state of Georgia offering health education, advocacy and support for incarcerated pregnant women and new mothers in Georgia. Motherhood Beyond Bars offers weekly prenatal education classes and community support groups for all pregnant women in state custody; weekly postpartum parenting and support groups for all women within a year of birth; monthly baby showers; and weekly pregnancy yoga.
- To learn more, visit <https://www.motherhoodbeyond.org/>

National Birth Equity Collaborative

- National Birth Equity Collaborative (NBEC) creates solutions that optimize Black maternal and infant health through training, policy advocacy, research, and community-centered collaboration.
- Learn more at <https://birthequity.org/>

Pickles and Ice Cream Georgia

- Pickles and Ice Cream Georgia (P&I), an HMHBGA initiative, provides accessible, friendly, evidence-informed, maternal and infant health information and resources. P&I aims to be a trusted, approachable voice for women in Georgia.
- P&I can be found at: <https://picklesandicecreamga.org/> (COMING SOON!)

Postpartum Support International-Georgia Chapter

- Postpartum Support International-Georgia Chapter is an organization that works to increase social support among pregnant and postpartum women by delivering encouragement, support, information, and resources and connects mothers, fathers, and families to local providers who are trained to treat perinatal mood and anxiety disorders.
- For more information, visit: <https://psiga.org/>
- The PSI Helpline is also a place where families can get connected to help around maternal mental health issues. You can speak to women who have survived these issues and get connected to care: 1-800-944-4773 OR TEXT 503-894-9453

Reaching our Sisters Everywhere (ROSE)

- Reaching Our Sisters Everywhere (ROSE) Inc. works to normalize breastfeeding by providing resources and networking opportunities for individuals and communities. ROSE works to build equity in maternal and child health through culturally competent training, education, advocacy, and support.
- ROSE offers Breastfeeding Clubs, discussions conducted by trained staff in an informal setting. Families can learn about the advantages of breastfeeding, how to overcome breastfeeding challenges, and so much more.
- ROSE hosts Community Transformer Training, a two-day training on providing peer professional breastfeeding support. During the training, individuals learn the essential skills for providing peer counseling in the area of lactation

management and the methods for making referrals to resources for interventions outside of their scope of practice.

- Contact ROSE at (404) 719-4297 or visit their website:
<http://www.breastfeedingrose.org>

Text4Baby

- Text **BABY to 511411** to get free messages on your cell phone to help you through your pregnancy and your baby's first year

United Way of Greater Atlanta's 2-1-1 Contact Center

- United Way of Greater Atlanta's 2-1-1 Contact Center is a free, confidential, 24/7 service that connects families with the community-based resources they need to thrive. United Way's 2-1-1 is available in over 140 different languages.
- To get connected: Dial 2-1-1 or text your zip code and need to 898-211; get live help by searching the database or chatting online
<http://211online.unitedwayatlanta.org/>; email your need to 2-1-1
<http://211online.unitedwayatlanta.org/Email.aspx>; or download the 2-1-1 Mobile App

The Women, Infants, and Children (WIC) Supplemental Nutrition Program

- WIC Supplemental Nutrition Program is a federally-funded health and nutrition program for: infants and children age 1 to 5 years (including foster children), pregnant women, breastfeeding mothers (up to 1 year), and postpartum women (up to 6 months).
- You can take the WIC Eligibility Assessment to see if you qualify or contact your local WIC office to make an appointment and find out which documents you will need to bring with you.
- To learn more, visit: <https://dph.georgia.gov/WIC> or call 800-228-9173
- To take a preliminary WIC eligibility assessment, visit:
<https://dph.georgia.gov/wic-eligibility-assessment>
- To find a WIC clinic or authorized store near you, visit:
<https://sendss.state.ga.us/sendss/!wicclinic.SCREEN> OR call The Georgia Family Healthline (1-800-300-9003).

ZipMilk

- Enter your zip code to find breastfeeding support near you
- Visit: <https://www.zipmilk.org/>



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia

**There's more to learn,
and we are here to help.**

**Healthy Mothers, Healthy Babies Coalition of
Georgia is here to support you and your
community. For further information, resources,
data, or one-on-one support, contact us at:
thecoalition@hmhbga.org.**

**Healthy Mothers, Healthy Babies
Coalition of Georgia**

**2300 Henderson Mill Road,
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www.hmhbga.org

Georgia Family Healthline: 800-300-9003



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<https://bit.ly/2INg1G0>