

Appendix



Objective Status: Family Planning

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

- FP-1 Increase the proportion of pregnancies that are intended
- FP-2 Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method
- FP-3.1 Increase the proportion of publicly funded family planning clinics that offer the full range of FDA-approved methods of contraception onsite
- FP-3.2 Increase the proportion of publicly funded family planning clinics that offer emergency contraception onsite
- FP-5 Reduce the proportion of pregnancies conceived within 18 months of a previous birth
- FP-6 Increase the proportion of females at risk of unintended pregnancy or their partners who used contraception at most recent sexual intercourse
- FP-7.1 Increase the proportion of sexually experienced females aged 15 to 44 years who received reproductive health services in the past 12 months
- FP-7.2 Increase the proportion of sexually experienced males aged 15 to 44 years who received reproductive health services
- FP-8.1 Reduce pregnancies among adolescent females aged 15 to 17 years
- FP-8.2 Reduce pregnancies among adolescent females aged 18 to 19 years
- FP-9.1 Increase the proportion of female adolescents aged 15 to 17 years who have never had sexual intercourse
- FP-9.2 Increase the proportion of male adolescents aged 15 to 17 years who have never had sexual intercourse

Objective Status: Family Planning Continued

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

- FP-9.3 Increase the proportion of female adolescents aged 15 years and under who had never had sexual intercourse
- FP-9.4 Increase the proportion of male adolescents aged 15 years and under who had never had sexual intercourse
- FP-10.1 Increase the proportion of sexually active females aged 15 to 19 years who use a condom at first intercourse
- FP-10.2 Increase the proportion of sexually active males aged 15 to 19 years who use a condom at first intercourse
- FP-10.3 Increase the proportion of sexually active females aged 15 to 19 years who use a condom at last intercourse
- FP-10.4 Increase the proportion of sexually active males aged 15 to 19 years who use a condom at last intercourse
- FP-11.1 Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse
- FP-11.2 Increase the proportion of sexually active males aged 15 to 19 years who use a condom and whose partner used hormonal or intrauterine contraception at first intercourse
- FP-11.3 Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse

Objective Status: Family Planning Continued

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

- FP-11.4 Increase the proportion of sexually active males aged 15 to 19 years who use a condom and whose partner used hormonal or intrauterine contraception at last intercourse
- FP-12.1 Increase the proportion of female adolescents who received formal instruction on abstinence before they were 18 years old
- FP-12.2 Increase the proportion of male adolescents who received formal instruction on abstinence before they were 18 years old
- FP-12.3 Increase the proportion of female adolescents who received formal instruction on birth control methods before they were 18 years old
- FP-12.4 Increase the proportion of male adolescents who received formal instruction on birth control methods before they were 18 years old
- FP-12.5 Increase the proportion of female adolescents who received formal instruction on HIV/AIDS prevention before they were 18 years old
- FP-12.6 Increase the proportion of male adolescents who received formal instruction on HIV/AIDS prevention before they were 18 years old
- FP-12.7 Increase the proportion of female adolescents who received formal instruction on sexually transmitted diseases before they were 18 years old
- FP-12.8 Increase the proportion of male adolescents who received formal instruction on sexually transmitted diseases before they were 18 years old

Objective Status: Family Planning Continued

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

- FP-13.1 Increase the proportion of female adolescents who talked to a parent or guardian about abstinence before they were 18 years old
- FP-13.2 Increase the proportion of male adolescents who talked to a parent or guardian about abstinence before they were 18 years old
- FP-13.3 Increase the proportion of female adolescents who talked to a parent or guardian about birth control methods before they were 18 years old
- FP-13.4 Increase the proportion of male adolescents who talked to a parent or guardian about birth control methods before they were 18 years old
- FP-13.5 Increase the proportion of female adolescents who talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old
- FP-13.6 Increase the proportion of male adolescents who talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old
- FP-13.7 Increase the proportion of female adolescents who talked to a parent or guardian about sexually transmitted diseases before they were 18 years old
- FP-13.8 Increase the proportion of male adolescents who talked to a parent or guardian about sexually transmitted diseases before they were 18 years old
- FP-14.1 Increase the number of States that set the income eligibility level for Medicaid-covered family planning services at or above 133% of the poverty threshold
- FP-14.2 Increase the number of States that set the income eligibility level for Medicaid-covered family planning services at or above 185% of the poverty threshold

Objective Status: Family Planning Continued



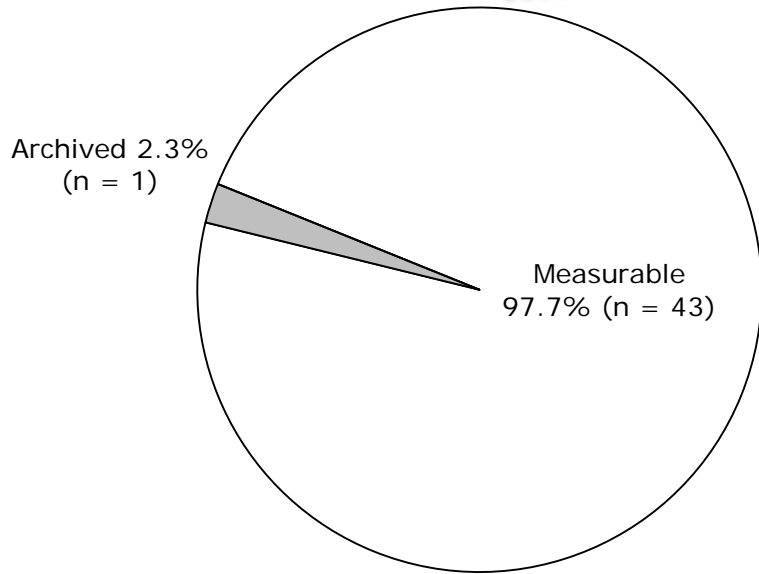
● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

- FP-15 Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies
- FP-16.1 Increase the percentage of adult females aged 20 to 44 years who are at risk of unintended pregnancy that adopt or continue use of the most effective or moderately effective methods of contraception
- FP-16.2 Increase the percentage of adolescent females aged 15 to 19 years who are at risk of unintended pregnancy that adopt or continue use of the most effective or moderately effective methods of contraception

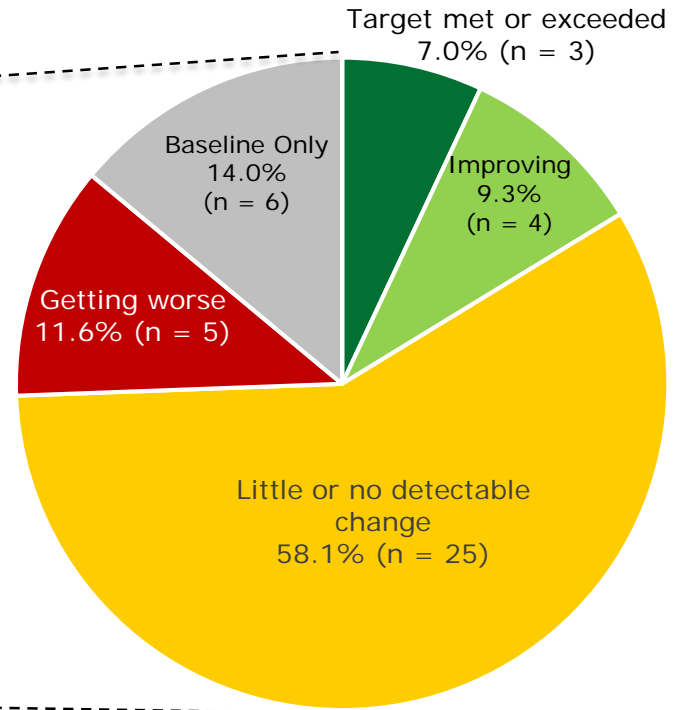
Current HP2020 Objective Status: Family Planning



Total objectives: 44



Measurable objectives: 43



Objective Status: Maternal, Infant, and Child Health

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

Morbidity and Mortality

- MICH-1.1 Reduce the rate of fetal deaths at 20 or more weeks of gestation
- MICH-1.2 Reduce the rate of fetal and infant deaths during perinatal period (28 weeks of gestation to less than 7 days after birth)
- MICH-1.3 Reduce the rate of all infant deaths (within 1 year)
- MICH-1.4 Reduce the rate of neonatal deaths (within the first 28 days of life)
- MICH-1.5 Reduce the rate of postneonatal deaths (between 28 days and 1 year)
- MICH-1.6 Reduce the rate of infant deaths related to birth defects (all birth defects)
- MICH-1.7 Reduce the rate of infant deaths related to birth defects (congenital heart defects)
- MICH-1.8 Reduce the rate of infant deaths from sudden infant death syndrome (SIDS)
- MICH-1.9 Reduce the rate of infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed)
- MICH-2 Reduce the 1-year mortality rate for infants with Down syndrome
- MICH-3.1 Reduce the rate of deaths among children aged 1 to 4 years
- MICH-3.2 Reduce the rate of deaths among children aged 5 to 9 years
- MICH-4.1 Reduce the rate of deaths among adolescents aged 10 to 14 years
- MICH-4.2 Reduce the rate of deaths among adolescents aged 15 to 19 years
- MICH-4.3 Reduce the rate of deaths among young adults aged 20 to 24 years
- MICH-5 Reduce the rate of maternal mortality

Objective Status: Maternal, Infant, and Child Health Continued

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

Morbidity and Mortality Continued

- MICH-6 Reduce maternal illness and complications due to pregnancy (complications during hospitalized labor and delivery)
- MICH-7.1 Reduce cesarean births among low-risk women with no prior cesarean births
- MICH-7.2 Reduce cesarean births among low-risk women giving birth with a prior cesarean birth
- MICH-8.1 Reduce low birth weight (LBW)
- MICH-8.2 Reduce very low birth weight (VLBW)
- MICH-9.1 Reduce total preterm births
- MICH-9.2 Reduce late preterm or live births at 34 to 36 weeks of gestation
- MICH-9.3 Reduce live births at 32 to 33 weeks of gestation
- MICH-9.4 Reduce very preterm or live births at less than 32 weeks of gestation

Pregnancy Health and Behaviors

- MICH-10.1 Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester
- MICH-10.2 Increase the proportion of pregnant women who receive early and adequate prenatal care
- MICH-11.1 Increase abstinence from alcohol among pregnant women
- MICH-11.2 Increase abstinence from binge drinking among pregnant women
- MICH-11.3 Increase abstinence from cigarette smoking among pregnant women
- MICH-11.4 Increase abstinence from illicit drugs among pregnant women

Objective Status: Maternal, Infant, and Child Health

Healthy People
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● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

Pregnancy Health and Behaviors Continued

- MICH-13 Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies

Preconception Health and Behaviors

- MICH-14 Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid daily from fortified foods or dietary supplements
- MICH-15 Reduce the proportion of women of childbearing potential who have lower (below the 25th percentile) red blood cell folate concentrations
- MICH-16.1 Increase the proportion of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy
- MICH-16.2 Increase the proportion of women delivering a live birth who took multivitamins/folic acid prior to pregnancy
- MICH-16.3 Increase the proportion of women delivering a live birth who did not smoke prior to pregnancy
- MICH-16.4 Increase the proportion of women delivering a live birth who did not drink alcohol prior to pregnancy
- MICH-16.5 Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy
- MICH-16.6 Increase the proportion of women delivering a live birth who used a most effective or moderately effective contraception method postpartum
- MICH-17.1 Reduce the proportion of women aged 18 to 44 years who have impaired fecundity

Objective Status: Maternal, Infant, and Child Health

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

Preconception Health and Behaviors Continued

○ MICH-17.2 Reduce the proportion of men aged 18 to 44 years who have impaired fecundity

Postpartum Health and Behavior

● MICH-18 Reduce postpartum relapse of smoking among women who quit smoking during pregnancy

○ MICH-19 Increase the proportion of women giving birth who attend a postpartum care visit with a health worker

● MICH-34 Decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms

Infant Care

● MICH-20 Increase the proportion of infants who are put to sleep on their backs

● MICH-21.1 Increase the proportion of infants who are ever breastfed

● MICH-21.2 Increase the proportion of infants who are breastfed at 6 months

● MICH-21.3 Increase the proportion of infants who are breastfed at 1 year

● MICH-21.4 Increase the proportion of infants who are breastfed exclusively through 3 months

● MICH-21.5 Increase the proportion of infants who are breastfed exclusively through 6 months

● MICH-22 Increase the proportion of employers that have worksite lactation support programs

● MICH-23 Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life

● MICH-24 Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies

Objective Status: Maternal, Infant, and Child Health

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

Disability and Other Impairments

- MICH-25 Reduce the occurrence of fetal alcohol syndrome (FAS)
- MICH-26 Reduce the proportion of children diagnosed with a disorder through newborn blood spot screening who experience developmental delay requiring special education services
- MICH-27.1 Reduce the proportion of children aged 8 years with cerebral palsy born low birth weight (less than 2,500 grams)
- MICH-27.2 Reduce the proportion of children aged 8 years with cerebral palsy born very low birth weight (less than 1,500 grams)
- MICH-28.1 Reduce the occurrence of spina bifida
- MICH-28.2 Reduce the occurrence of anencephaly
- MICH-29.1 Increase the proportion of children (aged 10-35 months) who have been screened for Autism Spectrum Disorder (ASD) and other developmental delays
- MICH-29.2 Increase the proportion of children with ASD having a first evaluation by 36 months of age
- MICH-29.3 Increase the proportion of children with ASD enrolled in special services by 48 months of age
- MICH-29.4 Increase the proportion of children with a developmental delay with a first evaluation by 36 months of age
- MICH-29.5 Increase the proportion of children with a developmental delay enrolled in special services by 48 months of age

Objective Status: Maternal, Infant, and Child Health

Healthy People
2020

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

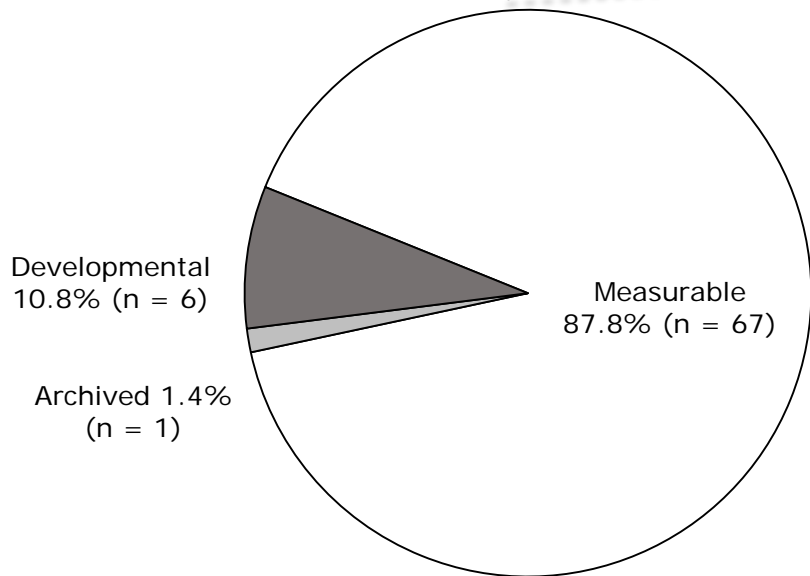
Health Services

- MICH-30.1 Increase the proportion of children who have access to a medical home
- MICH-30.2 Increase the proportion of children with special health care needs who have access to a medical home
- MICH-31.1 Increase the proportion of children aged 0 to 11 years with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems
- MICH-31.2 Increase the proportion of children aged 12 to 17 years with special health care needs who receive their care in family-centered, comprehensive, coordinated systems
- MICH-32.1 Increase the number of States and the District of Columbia that verify through linkage with vital records that all newborns are screened shortly after birth for conditions mandated by their State-sponsored screening program
- MICH-32.2 Increase the proportion of screen-positive children who receive followup testing within the recommended time period
- MICH-32.3 Increase the proportion of children with a diagnosed condition identified through newborn screening who have an annual assessment of services needed and received
- MICH-33 Increase the proportion of very low birth weight (VLBW) infants born at Level III hospitals or subspecialty perinatal centers

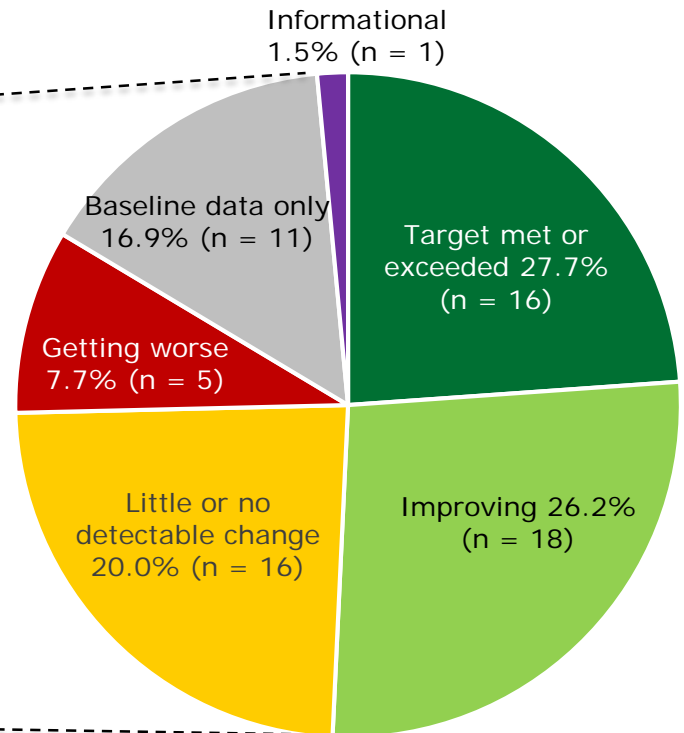
Current HP2020 Objective Status: Maternal, Infant, and Child Health



Total objectives: 74



Measurable objectives: 67



- Unintended pregnancies are associated with many negative health and economic consequences.
- Almost half of all pregnancies in the United States are unintended.
- Each year, publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies.
- Nearly \$4 in Medicaid expenditures is saved for pregnancy-related care for every \$1 spent.
- The public costs of births resulting from unintended pregnancies were \$11 billion in 2006.

Understanding Maternal, Infant and Child Health



- In response to concerns associated with unintended pregnancy, preconception health initiatives are aimed at improving the health of women before they become pregnant through a variety of evidence-based interventions.
- Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children.
- The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care.
- The cognitive and physical development of infants and children is influenced by the health, nutrition, and behaviors of their mothers during pregnancy and early childhood.

SOURCE: Healthy People 2020 Family Planning Topic Area Overview, CDC/NCHS available at:
<https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>