

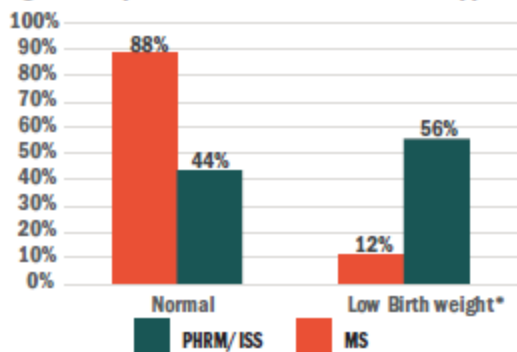
Raising the Bar for Infant Well-being:

An Overview of Mississippi's
Perinatal High-Risk Management/Infant Services System Program



The Mississippi State Department of Health first piloted the Perinatal High Risk Management/Infant Services System program in 1988 in order to address the high rates of negative birth outcomes plaguing the state.^[1] While Mississippi has historically reported high rates of negative birth outcomes, including pre-term births, low birth weight, and infant mortality, compared to other states,^[2,3] the prevalence of these issues in the United States as a whole has been a widely recognized on-going public health concern.^[3,4] In response to the high rates of negative birth outcomes nationwide, state agencies and other organizations began implementing programming to address known causes of these outcomes in the 1980s and 1990s.^[7-10] Thus, Mississippi's Perinatal High Risk Management/Infant Services System (PHRM/ISS) program was established.

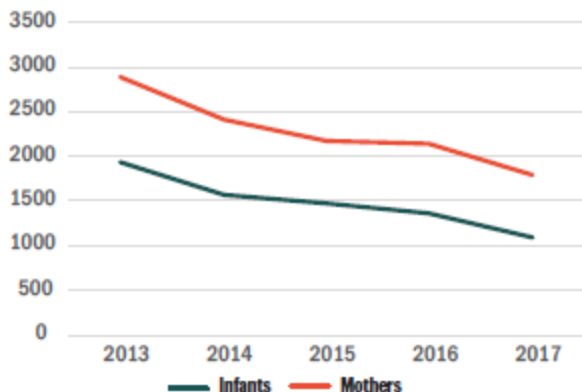
Birth Weight of PHRM/ISS Infant Participants Entering Program Compared to All Live Births in Mississippi: 2017



*Low birth weight (<2,500 grams); Rate for PHRM/ISS is for infants screened onto program in 2017

Source: Mississippi State Department of Health

Number of PHRM/ISS Beneficiaries: 2013-2017



Source: Mississippi State Department of Health

What is PHRM/ISS?¹¹

Mississippi's PHRM/ISS is a family-centered case management program for Medicaid eligible families; it was created to reduce the infant morbidity and mortality rates in the state by addressing known contributing factors to such outcomes including: low birth weight, pre-term births, infant suffocations, and infant roll-over deaths.

PHRM/ISS aims

1. to ensure healthy pregnancy outcomes for high-risk mothers and infants
2. to promote a healthy first year of life for the infant through addressing individual maternal/infant and family needs.

PHRM/ISS provides integrated health services and multidisciplinary interventions such as health education and home visiting for eligible mothers and infants in order to promote maternal self-sufficiency. The voluntary program strives to provide timely access to medical, nutritional, and psychosocial services for participants.

Pregnant women presenting eligible risk factors may be screened onto the maternal PHRM portion of the program, which provides services up to 60 days postpartum. Infants presenting with separate eligible risk factors may be screened onto the ISS portion of the program at any point following birth. Services for infants are provided until the infant's first birthday.