

## Guest Editor

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Since the time I came to Delaware in 1994 as Junior Faculty in the Department of Pediatrics, at the then Medical Center of Delaware, poor Maternal-Child Health Outcomes have been a recurrent state theme. Periodically I have felt like Sisyphus, experiencing many highs and lows while working on these issues with many caring and skilled stakeholders. High infant mortality and preterm birth rates, large number of unintended pregnancies and other adverse public health statistics have all made local headlines and been the subject of many scholarly articles in recent decades. Delaware's maternal child health outcomes are worse than expected given the ready access to high level health care and the population demographics including income and education. I am often asked why Delaware? What makes our state so unique and why are some of our outcomes worse than expected? Although the answers to these questions are not known with certainty, this issue of the Delaware Journal of Public Health provides important insights into the health of woman and children in Delaware. In this issue we explore in detail some of the most important public health topics facing Delaware and dig deep into the epidemiology and root causes of these adverse outcomes.

Many of the causes of poor maternal child health have deep roots in the social determinants of health. This issue of the Delaware Journal of Public Health highlights the problem of infant mortality and premature birth, both metrics improving over time, but remaining stubbornly high in Delaware. Despite years of effort Delaware still has unacceptable racial disparities in both of these important bellwether health metrics. The articles in this addition of the journal point to both the hope for medical advances, as well as the need to spread a wider net into the community to stem these problems. While there are many stakeholder in Delaware intent on improving health through community level interventions, there remains a need to produce a greater collective impact of efforts between hospitals, community leaders, public health and our elected officials if we are going to see continued reduction in preterm births and improvement in our infant mortality rates.

While much attention has been paid to preterm birth and infant mortality in Delaware there are many other important public health issues affecting the woman and children of our State. Like many other states in the country, the opioid epidemic has left a big imprint on Delaware. The number of mothers and babies needing care for substance exposure continues to increase. While medical care for woman and babies exposed to opioids continues to improve and be refined their remains great concern over the cost and long term impacts on infant development, safety and family stability. Important advances in treating mothers and babies exposed to opioids have been implemented in Delaware but there is an urgent need to stem the increasing population of patients seeking treatment.

Despite the many challenges in improving health in Delaware, there are areas of tremendous recent success. In 2014 the CDC ranked Delaware second for breast feeding support indicators. Thanks to the support of former Governor Jack Markell, and many others, Delaware has gone from the infamous leader in unintended pregnancies to national trailblazer in providing long

acting reversible contraceptives (LARCS). The understanding of inherited diseases such as cystic fibrosis continues to improve. Through early detection, and the better understanding of the relationship between genotype and disease outcomes the care and outcomes for infants born with this condition continue to get better.

The subject matter that is presented in this issue of the Delaware Journal of Public Health outlines the successes and challenges in improving maternal child health in Delaware. As we look into the future, there will surely be new health issues to tackle and hopefully many older problems that are put to bed. The size of Delaware and the collaborative nature of the relationship between many stakeholders in the State provide a unique incubator to improve health. Certainly improving health starts with a strong understanding of epidemiology and a continued focus on research and knowledge. It is only with this foundation that we will continue to see an improvement in the health of the community and subsequent progress in better outcomes for woman and children.

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