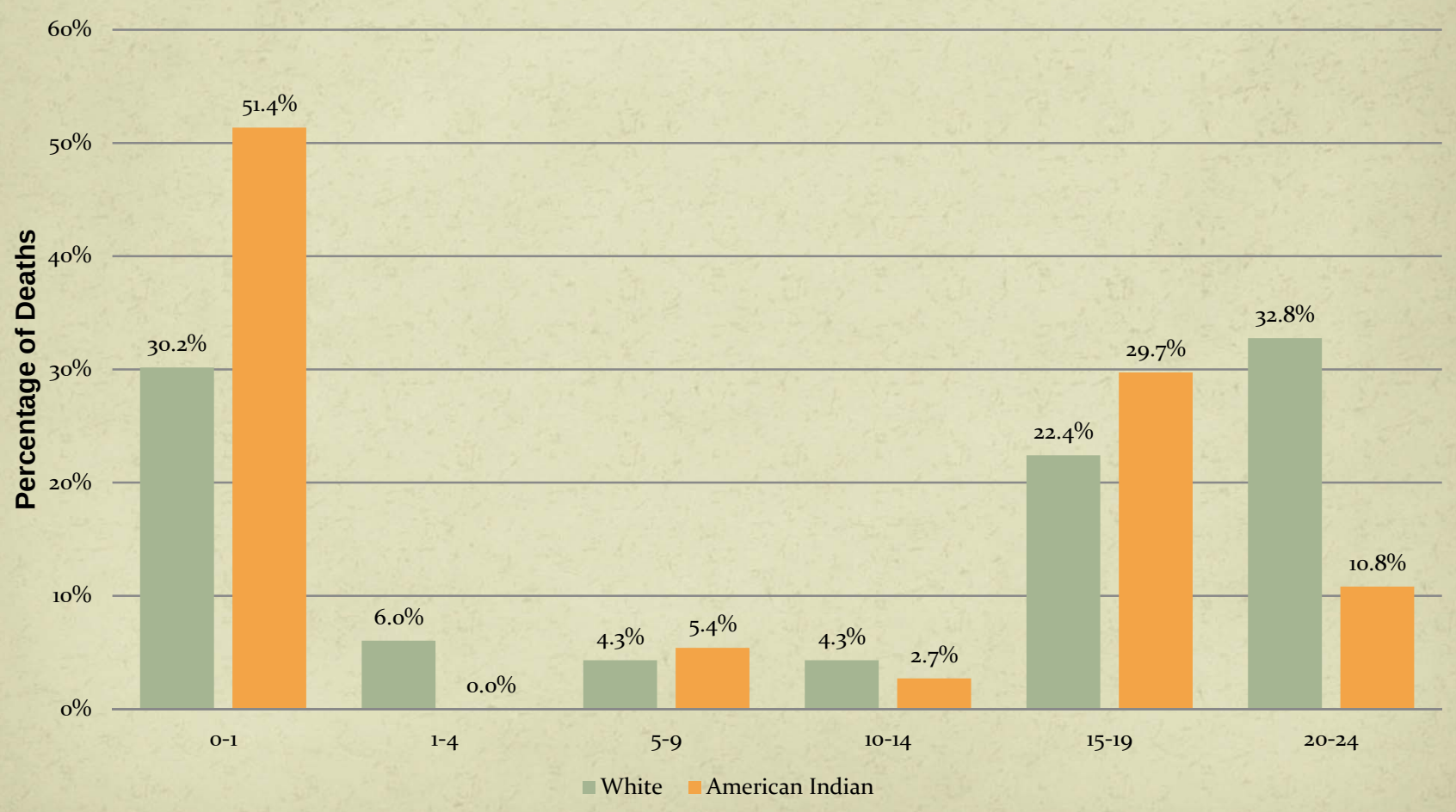
# North Dakota

Infant Initiatives

September 2011

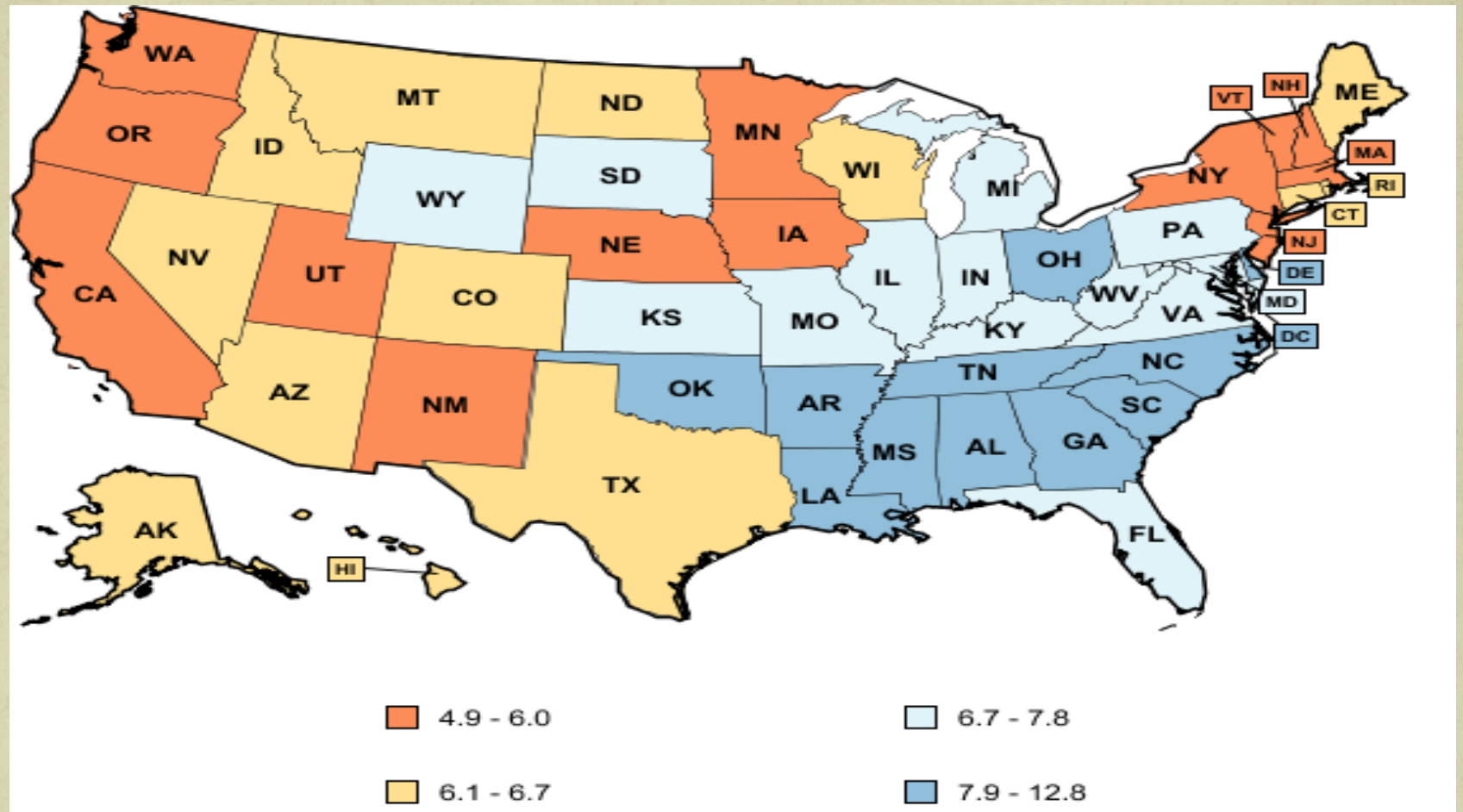
NORTH DAKOTA
DEPARTMENT *of* HEALTH

# Deaths of infants and children aged 0-24, enumerated by age subgroups and race in North Dakota, 2009




Source: North Dakota Department of Health, Division of Vital Records

# Infant Mortality Rate by State



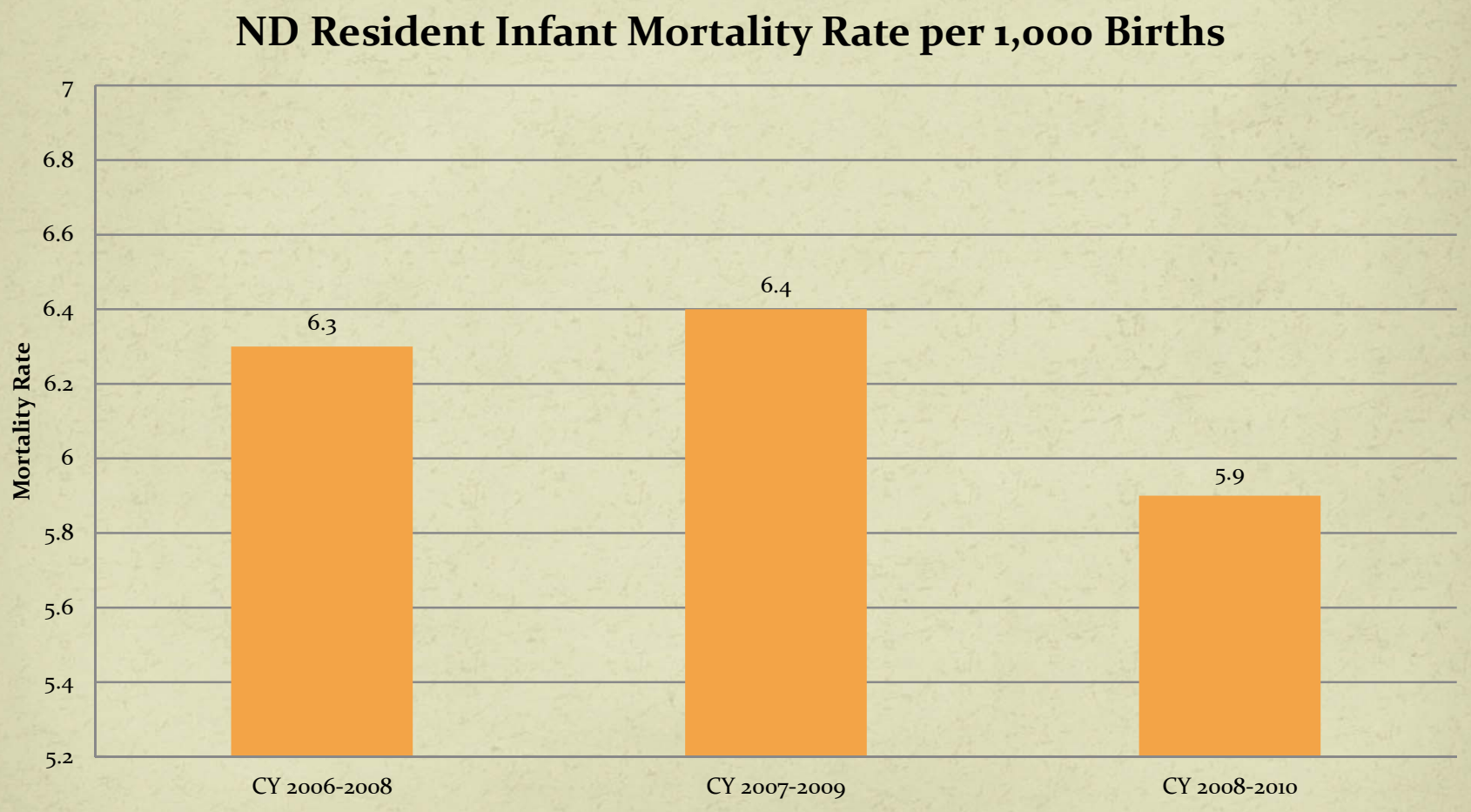

**Infant Mortality Rate (Deaths per 1,000 Live Births), Linked Files, 2005-2007**

THE HENRY J. KAISER FAMILY FOUNDATION

statehealthfacts.org

Your source for state health data

# Infant Mortality



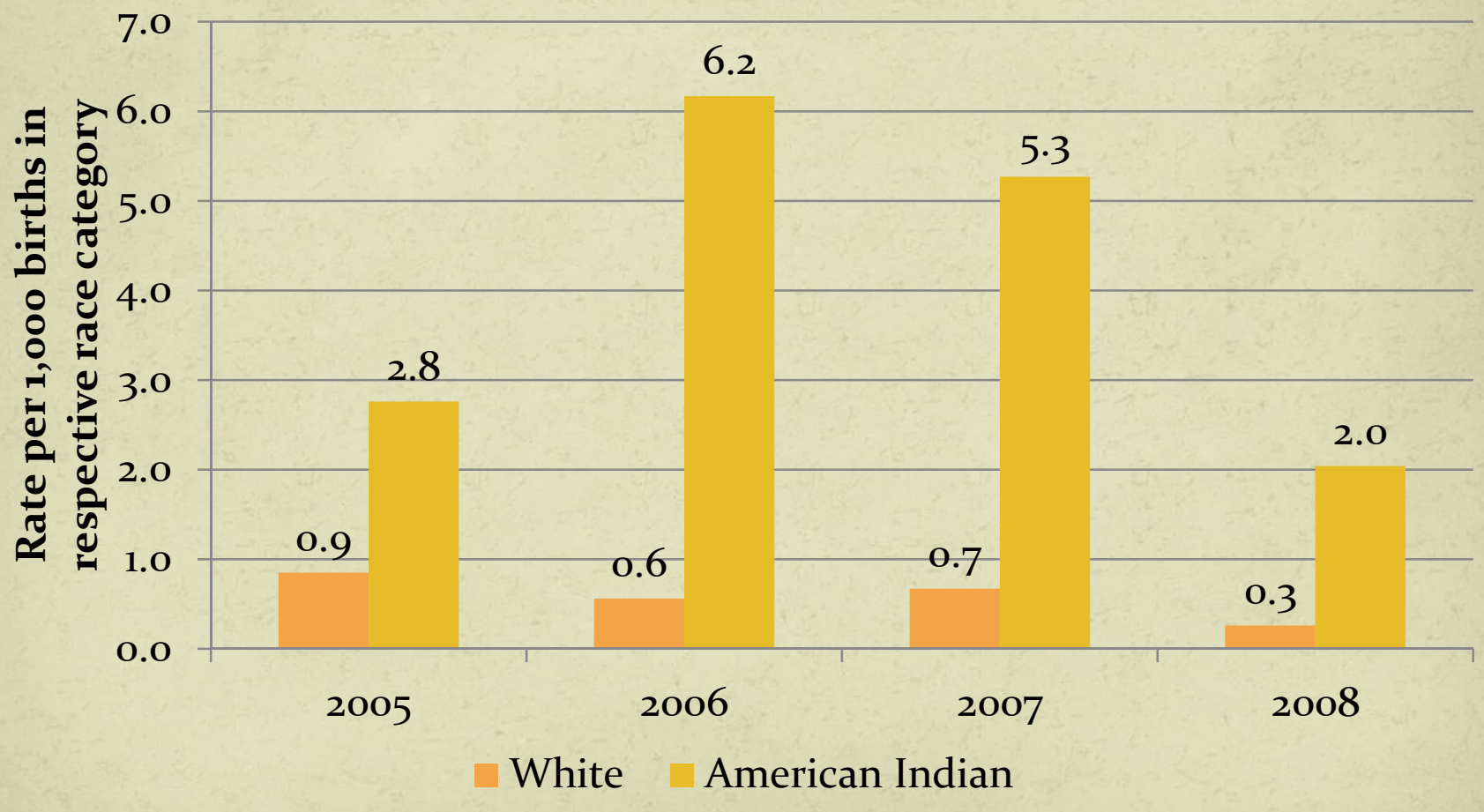

Source: North Dakota Department of Health, Division of Vital Records

# North Dakota Child Fatality Review Panel

(N.D.C.C. 50-25.1)

- During the three year period 2007-2009, the Panel found 17 cases of infant death involved unsafe sleep environments.
- The Panel Recommends:
  - More education on risk factors for SIDS for parents, child care providers, small hospitals and other entities. NICU babies' parents should be given "safe sleep" information from the hospital.

# Infant Deaths in North Dakota Due to Sudden Infant Death Syndrome (SIDS): Rate per 1,000 Live Births by Race, 2005 to 2008




Source: North Dakota Department of Health, Division of Vital Records

# North Dakota SIDS Program

- North Dakota enacted legislation in 1977 that prompted the development of the North Dakota SIDS Management Program (N.D. C.C. 23-01-05)

# North Dakota SIDS Program

- The SIDS Management Program provides:
  - A system of reporting suspected SIDS cases to the North Dakota Department of Health
  - Support and counseling to families of SIDS victims
  - Distribution of SIDS information to health-care providers and the public

# Cribs for Kids Program

- Cribs for Kids® was developed in Pittsburgh, Pennsylvania, to address the issue of babies dying when placed in unsafe sleeping environments.
- Cribs for Kids® has more than 350 partners throughout the United States.
- **CALL TOLL-FREE: 1-888-721-CRIB** for information on the national organization, local chapters, or to start a Cribs for Kids® program in your area/state.

# North Dakota Cribs for Kids Program

- Cribs for Kids® is a safe-sleep education and distribution program for low-income families to help reduce the risk of injury and death of infants due to unsafe sleep environments. The program addresses specific situations dealing with socioeconomic issues such as crib affordability and cultural practices such as bed sharing and secondhand smoke.

# North Dakota Cribs for Kids Program

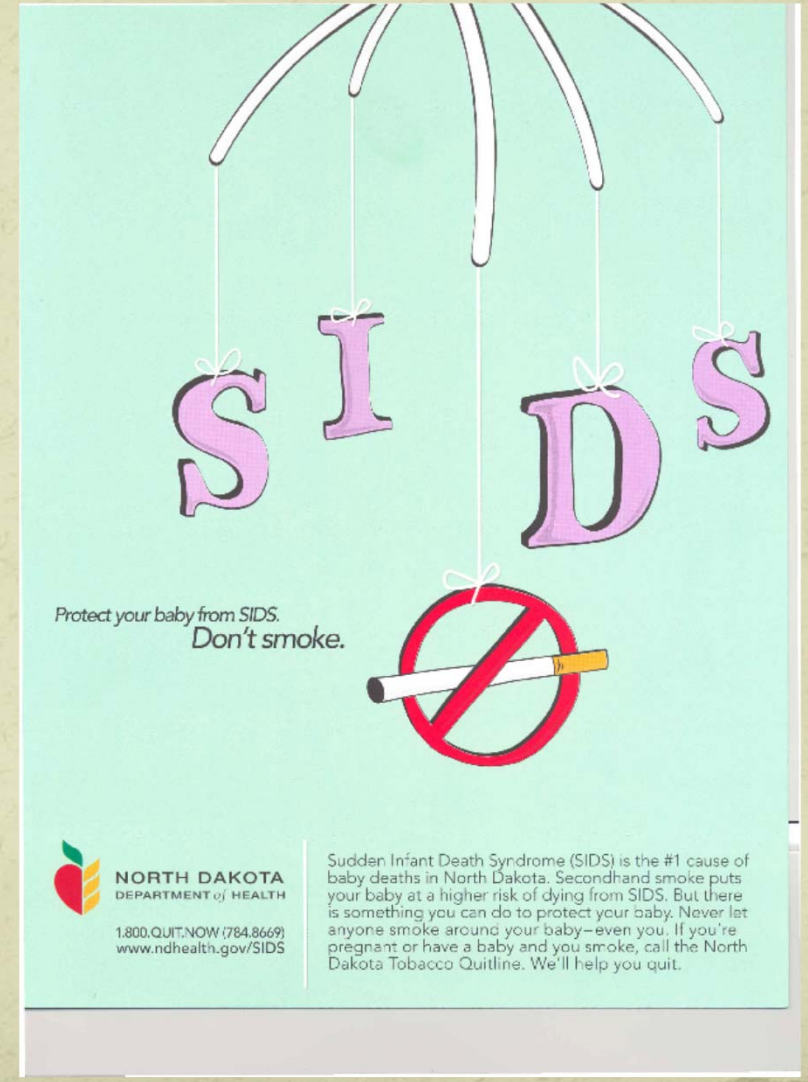
- Pilot sites started in the Optimal Pregnancy Outcome Programs
- Expanded to Home Visiting Programs (Healthy Families, Nurse Family Partnership, FACE)
- Expanded to American Indian Reservation Programs
- 14 current partner sites

# North Dakota Cribs for Kids Program

- Funding started with a grants from Ronald McDonald House Charities of North Dakota.
- Continued funding is being provided by the:
  - Title V/Maternal and Child Health Grant
  - Early Childhood Comprehensive Systems Program Grant
- Three Affiliated Tribes Minne Tohe Clinic has become their own partner site (they are also a Title V/MCH grantee).

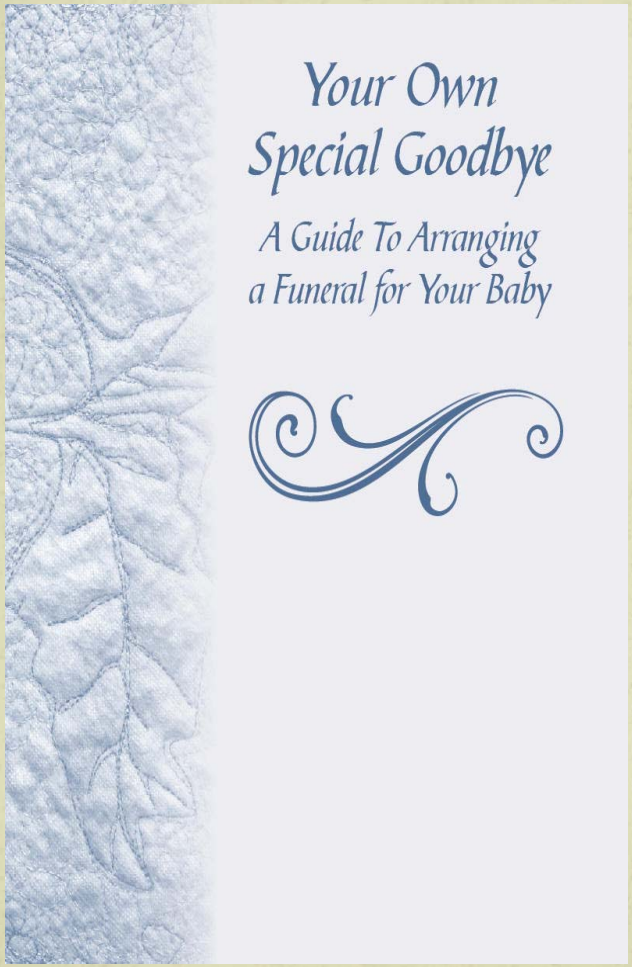
# SIDS and Secondhand Smoke Campaign

- Television Ad
- Radio AD
- Posters



Co-sleeping is cute and cuddly,
but not safe.

# Grief and Bereavement Information




- Many other publications and resources are provided on the North Dakota SIDS website at: http://www.ndhealth.gov/sids/

# Optimal Pregnancy Outcome Program

The Optimal Pregnancy Outcome Program is a primary prevention program designed to empower pregnant women to make informed healthy lifestyle choices for healthy babies

## Clinic Sites

**Bismarck-Burleigh Public Health**
*500 East Front Avenue*
*Bismarck, ND 58504*
*701.355.1540*

**Valley Health & WIC**
*1551 28th Avenue South*
*Grand Forks, ND 58201*
*701.775.4251*

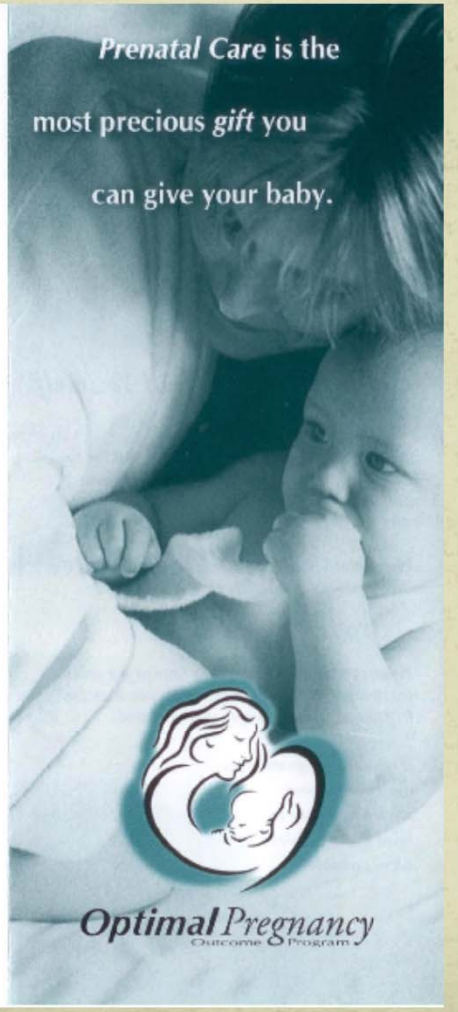
**Central Valley Health Unit**
*122 2nd Street NW*
*Jamestown, ND 58401*
*701.252.8130*

**Ransom County Public Health Department**
*464 Forest Street*
*Lisbon, ND 58054*
*701.683.6149*

**First District Health Unit**
*801 11th Avenue SW*
*Minot, ND 58701*
*701.852.1376*

**Richland County Health Department**
*413 3rd Avenue North*
*Wahpeton, ND 58075*
*701.642.7735*

NORTH DAKOTA
DEPARTMENT of HEALTH
Division of Family Health
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
ND Toll Free: 800.472.2286
Rev. 2/2011



# North Dakota Newborn Screening Program

## What is Newborn Screening?

Newborn Screening is a blood test for certain genetic disorders.

The North Dakota Newborn Screening Program identifies babies who may have one of these disorders and alerts the baby's health-care provider regarding the possible need for further testing and special care. With early diagnosis and treatment, complications from these disorders may be prevented.

## How is My Baby Tested?

A medical professional will take a few drops of blood from your baby's heel between 24 to 48 hours of birth, or just before your baby leaves the hospital. The blood is collected on an absorbent filter paper and sent to a lab.

**IMPORTANT** – Babies born outside of hospitals also should be tested, preferably at about 24 hours to five days after birth. Parents can arrange the screening with their health-care provider.

## What if I Don't Want My Baby Screened?

North Dakota law requires that all babies be screened, unless the parents object to testing. A refusal form must be signed if the parents object to the test and submitted to the North Dakota Department of Health.

## If a Retest is Necessary, Does That Mean That My Baby Has a Disorder?

No. It does NOT mean there is anything wrong with your baby. It means that another blood sample is needed to make sure there are no problems. There are various reasons why a lab may retest a baby and it does not automatically mean something is wrong. For a few serious conditions or abnormal lab results, the health-care provider may order additional lab tests and begin treating the baby immediately.

## My Baby Looks Healthy, Are the Tests Necessary?

Yes. Most babies with these disorders appear healthy at birth, but they may have a disorder that could cause mental retardation, illness or even death.

## What Will My Baby Be Tested For?

The North Dakota Department of Health tests for many disorders that:

- Affect how the body breaks down proteins (such as PKU).
- Cause hormone problems (such as congenital hypothyroidism).
- Affect how your body makes energy (such as MCAD).
- Affect breathing and getting nutrients from food (such as cystic fibrosis).

For a complete list of disorders, visit www.ndhealth.gov/newbornscreening.

# North Dakota's Child Passenger Safety Law

- Children younger than 7 are required to ride in a child restraint (car seat or booster seat). The restraint must be used correctly – following the manufacturer's instructions.
- A seat belt may be substituted for children younger than 7 who weigh more than 80 pounds and are more than 57 (4'9") inches tall.
- A lap belt may be used by children who weigh more than 40 pounds who ride in vehicles with lap-only seat belts or if all lap and shoulder belts are used by other occupants. (This is because booster seats require both a lap and shoulder belt for correct use.)
- Children ages 7 through 17 must be properly secured in a seat belt or child restraint (car seat or booster seat).
- The law applies to all seating positions – front seat and back.
- The driver is responsible for ensuring that all occupants younger than 18 are buckled up in the appropriate restraint.
- The penalty for violation is $25 and one point against the license of the driver.

*To help you select the right child restraint for your child, refer to best practice guidelines on back.*

NORTH DAKOTA
DEPARTMENT *of* HEALTH
Child Passenger Safety Program
800.472.2286

NDDOT
North Dakota
Department of Transportation

Revised 7-11-11

# BEST PRACTICES FOR BUCKLING UP CHILDREN

To help you provide the safest way to travel with your child, the North Dakota Department of Health offers the following best practice recommendations:

Children younger than 13 should ride in the back seat.

## REAR-FACING

Children should ride rear-facing until at least 2 years of age. Two types of car seats are available for rear-facing:
***Infant Seats*** – Most of these seats can be used until 22-35 pounds. Use them until the highest weight limit or until the child's head is within one inch of the top of the seat.
***Convertible Seats*** – These seats can be used rear-facing and forward-facing. Most can be used rear-facing up to 30-40 pounds. Use them rear-facing until the highest weight or height limit allowed by the manufacturer.

## FORWARD-FACING

When children are at least 2 years of age or have outgrown the highest rear-facing limits of their car seat, they may ride forward-facing in a car seat with a harness. Use the seat until the child reaches the harness's highest weight limit allowed by the manufacturer. Car seats with harnesses can be used up to 40-100 pounds.

## BOOSTERS

When children have outgrown the harness in their forward-facing car seat, they may be moved to a booster. The child should be at least 40 pounds and at least 4 years of age. Keep the child in the booster until about 4'9" tall or the seat belt fits correctly over the child's body. Most boosters can be used up to 80-120 pounds.

## SEAT BELT

Children should use a seat belt when it fits over the body correctly. For a seat belt to fit properly, the lap belt must lie snugly across the upper thighs and be snug across the shoulder and chest. It should not lie on the stomach or across the neck.

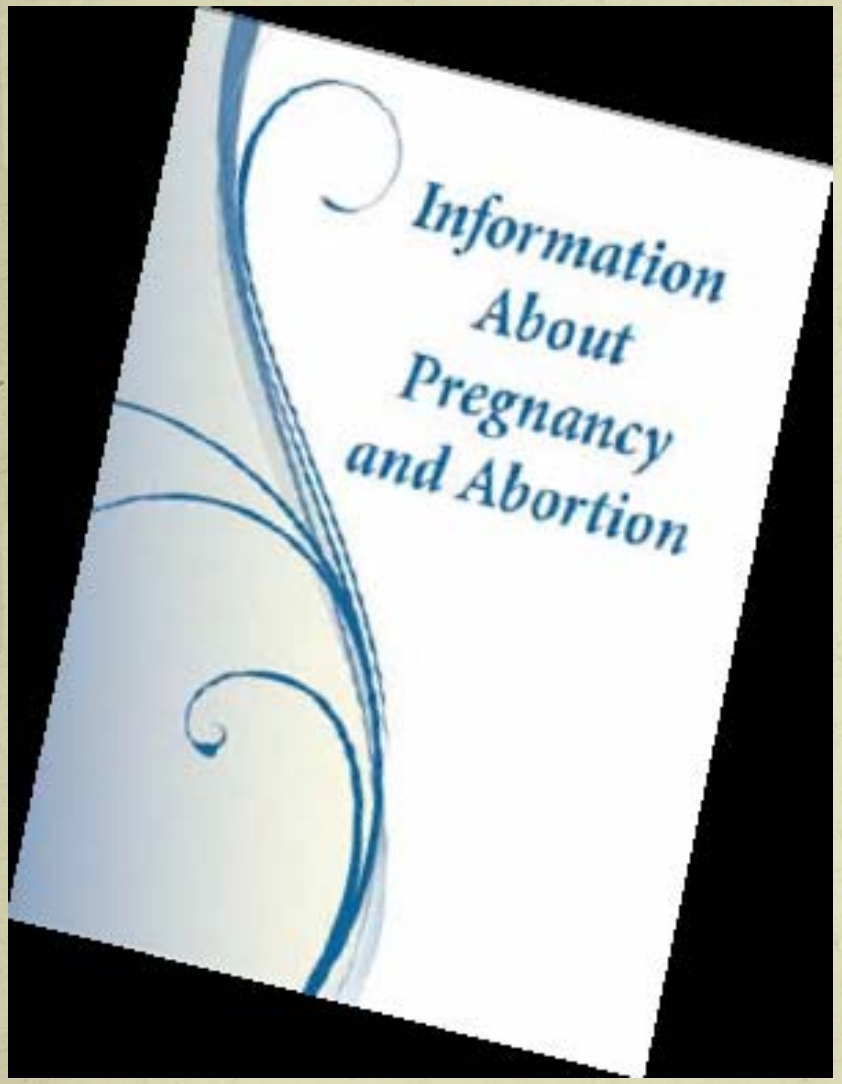
## FOR YOUR CHILD'S SAFETY:

**Select** a car seat based on your child's age, size, development and maturity. Weight and height information will be on labels attached to the car seat and in the instruction manual.
**Register** your car seat, check for recalls and monitor the expiration date of the seat.
**Secure** your child in the seat snugly, following the car seat instructions.
**Install** the seat tightly in your vehicle using the seat belt OR lower anchors and tether (LATCH) system. Follow the car seat instructions and vehicle owner's manual.

**Need help with your car seat? Visit a car seat checkup or child passenger safety technician for assistance.**
**Call the North Dakota Department of Health at 800.472.2286 (press 1) or go to www.ndhealth.gov/injury/ for a list of car seat checkups.**

# North Dakota Breastfeeding Support

- In 2009, the North Dakota Legislature passed legislation to protect a woman's right to breastfeed her child in any location, public or private, where the woman and child are otherwise authorized to be. This legislation will also establish an "infant-friendly" designation for workplaces that adopt breastfeeding support policies.




# Tobacco Use and Secondhand Smoke

Smoking and exposure to secondhand smoke are harmful. Secondhand smoke is a mixture of gases and particles that come from the burning end of a cigarette, cigar or pipe, as well as the smoke breathed out by smokers. Secondhand smoke contains more than 4,000 chemicals – like tar, formaldehyde, carbon monoxide and cyanide. More than 50 of these chemicals can cause cancer. Chemicals in tobacco smoke reduce the blood supply and oxygen to the womb that is necessary for normal growth and development. They also can interfere with the body's ability to absorb nutrients that a woman and developing child need.

The 2006 Surgeon General's Report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," reports the following facts:

- During pregnancy, many of the compounds in tobacco smoke change the way an unborn child's brain develops.
- Smoking and exposure to secondhand smoke during pregnancy can lead to low birthweight and can reduce a child's lung function.
- Children who breathe secondhand smoke after they are born are more likely to die of sudden infant death syndrome (SIDS). SIDS is the leading cause of death in children between 1 month and 1 year of age. If anyone is smoking in the home where a child lives or is cared for, the child is inhaling the toxic chemicals from the smoke and is suffering the effects, which could include a higher risk of dying from SIDS.
- Children exposed to secondhand smoke are at an increased risk for acute respiratory infections, ear problems and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children. Their breathing problems can continue as they grow older and even when they become adults.

To protect children from the effects of secondhand smoke:

- Never smoke around your baby. If you smoke, get help with quitting.
- Don't allow anyone else to smoke in your home or around your baby either, including family members and babysitters. People moving to another room to smoke or opening a window does not protect children from secondhand smoke.
- Don't take your baby to public places where people are smoking.

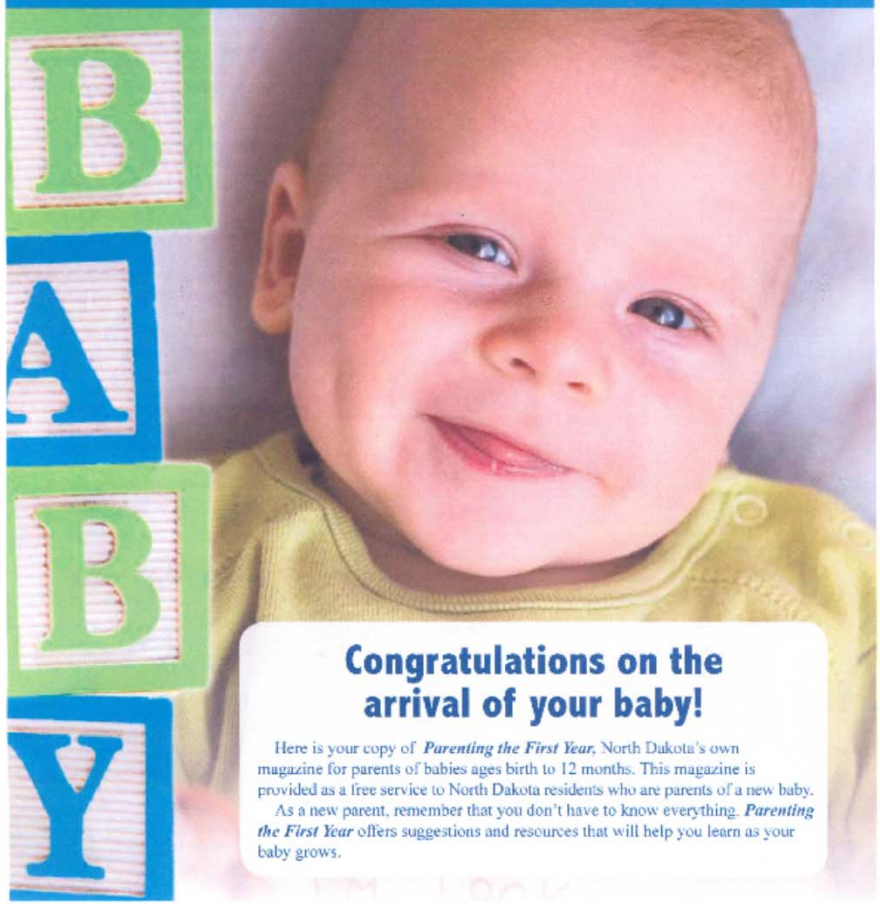
For help quitting smoking or other tobacco use, call the North Dakota Tobacco Quitline (1.800.QUIT.NOW [1.800.784.8669]) or visit the North Dakota Tobacco QuitNet at www.nd.quitnet.com.

North Dakota Tobacco QUITLINE 1·800·QUIT·NOW 1·800·784·8669

NORTH DAKOTA QUITNET® nd.quitnet.com

# PARENTING
## THE FIRST YEAR

For North Dakota parents




### Congratulations on the arrival of your baby!

Here is your copy of ***Parenting the First Year***, North Dakota's own magazine for parents of babies ages birth to 12 months. This magazine is provided as a free service to North Dakota residents who are parents of a new baby.

As a new parent, remember that you don't have to know everything. ***Parenting the First Year*** offers suggestions and resources that will help you learn as your baby grows.

Alone we can do so little;
Together we can DO so Much!
Helen Keller~
Division of Family Health
September, 2011

# Thank you for inviting me!

Any questions, please contact:

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North Dakota Department of Health
701.328.4528
kmertz@nd.gov
http://www.ndhealth.gov/familyhealth/