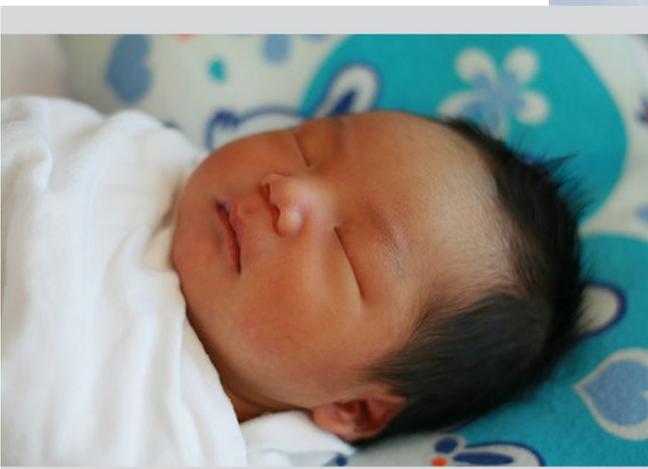


South Dakota Governor's Task Force on Infant Mortality Final Report



December 2011

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MESSAGE FROM THE FIRST LADY

It was truly an honor to chair the Governor's Task Force on Infant Mortality. One of my greatest joys in life has been being a mother and watching my children grow. As a former teacher and librarian, I have a deep commitment to the health and well-being of all South Dakota children.

Almost 80 South Dakota babies die each year before they reach their first birthday. This is simply unacceptable. The Governor made it a priority to reach out to South Dakota's best experts to develop strategies to address this problem.

Fortunately, many of the factors that contribute to infant deaths in South Dakota are preventable. Too many mothers use tobacco when pregnant, not enough mothers receive prenatal care in the first trimester, and more families need to learn about the importance of safe sleep practices. The Governor's Task Force on Infant Mortality was made up of some of the state's finest medical experts, tribal health representatives, hospitals, providers, and state agencies. My sincere thanks to the members of the Task Force for their willingness to provide their time and expertise to look at this complex issue and make recommendations for sustainable activities to improve birth outcomes and the health of South Dakota infants.

As First Lady, I am eager to lend my support to help protect our state's most precious resource – our children. But we all have a role to play, whether you are a health care provider, hospital, parent or caregiver, grandparent, tribal member, community member or organization, or government entity. As we move forward, I challenge all South Dakotans to join me in our efforts to reduce infant mortality. Together we can make a difference.

Sincerely,



Linda Dugaard



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EXECUTIVE SUMMARY

Infant mortality is considered a gold standard for measuring the health of a population. Unfortunately, since 2000, 877 South Dakota infants died before their first birthday – an average of 80 deaths each year.

While South Dakota saw dramatic improvements from the 1960s to the 1990s, over the past decade, the state's infant mortality rate has exhibited a worsening trend. For 2000-2010, South Dakota's infant mortality rate was 7.0 per 1,000 births which was higher than the national rate for the U.S. and higher than those of neighboring North Dakota, Minnesota, Iowa, Nebraska, and Montana. And while the infant mortality rate among American Indians in South Dakota has improved in recent years, it is still twice as high as the white infant mortality rate in South Dakota and the highest American Indian rate of any state in the nation at 12.4 per 1,000 births.



- South Dakota ranks 21st in the nation for its neonatal mortality rate (death of a live born infant from birth to 27 days old) of 4.3 per 1,000 live births but 40th for its postneonatal rate (death occurring 28 days to one year of age) of 3.0 per 1,000 live births.
- American Indians accounted for 18% of all births but 32% of all infant deaths.
- Low early prenatal care correlates strongly with high infant mortality rates. The national Healthy People 2020 goal is to have 78% of pregnant women receive prenatal care in the first trimester. There are five counties in South Dakota that have less than 50% of pregnant women receiving prenatal care in the first trimester; these same counties also have very high infant death rates.
- South Dakota ranks fifth highest in the U.S. for mothers smoking during pregnancy; 30% of American Indian women smoked during pregnancy vs. 17% for whites.

To address the problem, Governor Dennis Daugaard appointed a Task Force on Infant Mortality chaired by the First Lady Linda Daugaard to study infant mortality in the state and recommend strategies to improve birth outcomes and infant health in South Dakota. Task force members were a diverse group from rural and urban areas across the state representing family physicians, obstetricians, neonatologists, perinatologists, pediatricians, forensic pathologists, nurses, nurse midwives, nurse practitioners, hospitals, rural clinics, social work, the School of Medicine, Aberdeen Area Indian Health Services (IHS), Great Plains Tribal Epidemiology Center, and state agencies.

Throughout the Task Force's discussions, four overarching themes were identified that need to be incorporated into any recommendation or strategy in order to improve birth outcomes and health of infants in South Dakota. These themes include:

- Work in partnership
- Recognize cultural diversity
- Use evidence-based interventions
- Reduce health disparities

The Governor's Task Force on Infant Mortality developed six recommendations and accompanying strategies to reduce the state's infant mortality rate. Because South Dakota has a disproportionate number of its infants dying in the postneonatal period, many of the recommendations and strategies of the Task Force focus on providing a safe, healthy environment for the baby once home from the hospital.

- Recommendation 1 – Improve access to early, comprehensive prenatal care
- Recommendation 2 – Promote awareness and implementation of safe sleep practices
- Recommendation 3 – Develop community-based systems of support for families
- Recommendation 4 – Conduct statewide education campaigns to reduce infant mortality
- Recommendation 5 – Develop resources for health professionals specific to infant mortality prevention
- Recommendation 6 – Improve data collection and analysis

Infant mortality is a complex issue. The recommendations and accompanying strategies of the Task Force presented in this report are intended to be a starting point for action by state government, health care providers, hospitals, tribes, parents, communities, and others to reduce infant mortality and improve infant health in South Dakota.

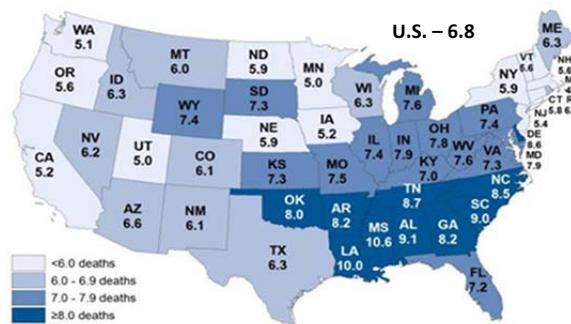
INFANT MORTALITY IN SOUTH DAKOTA

Births, Infant Deaths, Infant Mortality Rates and Early Prenatal Care, South Dakota, 2000-2010				
County	Births	Infant Deaths	Infant Mortality Rate	% Early Prenatal Care
Aurora	337	2	5.9	77%
Beadle	2,389	15	6.3	61%
Bennett	719	7	9.7	45%
Bon Homme	671	3	4.5	79%
Brookings	3,846	20	5.2	76%
Brown	5,171	30	5.8	77%
Brule	738	3	4.1	66%
Buffalo	587	8	13.6	49%
Butte	1,425	11	7.7	76%
Campbell	139	0	0	76%
Charles Mix	1,722	22	12.8	62%
Clark	473	2	4.2	57%
Clay	1,721	6	3.5	78%
Codington	4,150	20	4.8	79%
Corson	948	12	12.7	50%
Custer	794	5	6.3	68%
Davison	2,986	16	5.4	77%
Day	723	5	6.9	71%
Deuel	571	3	5.3	85%
Dewey	1,607	14	8.7	53%
Douglas	355	1	2.8	71%
Edmunds	471	2	4.2	71%
Fall River	672	6	8.9	55%
Faulk	270	1	3.7	54%
Grant	866	6	6.9	72%
Gregory	460	4	8.7	66%
Haakon	226	0	0	68%
Hamlin	1,069	8	7.5	70%
Hand	364	4	11.0	73%
Hanson	578	2	3.5	70%
Harding	142	0	0	81%
Hughes	2,385	16	6.7	72%
Hutchinson	884	3	3.4	63%
Hyde	163	0	0	79%
Jackson	710	11	15.5	50%
Jerauld	267	0	0	68%
Jones	131	1	7.6	76%
Kingsbury	617	5	8.1	74%
Lake	1,359	5	3.7	73%
Lawrence	2,785	18	6.5	79%
Lincoln	6,953	36	5.2	78%
Lyman	744	8	10.8	55%
Marshall	506	5	9.9	63%
McCook	844	6	7.1	70%
McPherson	237	1	4.2	66%
Meade	3,968	38	9.6	77%
Mellette	416	7	16.8	43%
Miner	299	0	0	71%
Minnehaha	28,437	175	6.2	68%
Moody	941	11	11.7	63%
Pennington	16,630	125	7.5	72%
Perkins	330	2	6.1	65%
Potter	269	1	3.7	75%
Roberts	1,740	17	9.8	53%
Sanborn	287	2	7.0	79%
Shannon	4,045	58	14.3	52%
Spink	873	5	5.7	68%
Stanley	426	3	7.0	72%
Sully	218	2	9.2	75%
Todd	2,920	34	11.6	39%
Tripp	784	4	5.1	64%
Turner	994	5	5.0	72%
Union	1,919	5	2.6	83%
Walworth	723	4	5.5	66%
Yankton	2,826	18	6.4	84%
Ziebach	491	8	16.3	49%
Total	125,311	877	7.0	70%

Every year approximately 11,500 South Dakota infants are born and 80 infants die, which is an infant mortality rate (IMR) of 7.0 infant deaths per 1,000 live births. Since 1960 infant mortality in South Dakota has decreased from nearly 500 infant deaths per year (28.1 IMR) to a low of 57 deaths (5.5 IMR) in 2000. For the past 10 years however, the number of infant deaths has not decreased.

Figure 1. Infant Mortality, United States 2004-2006

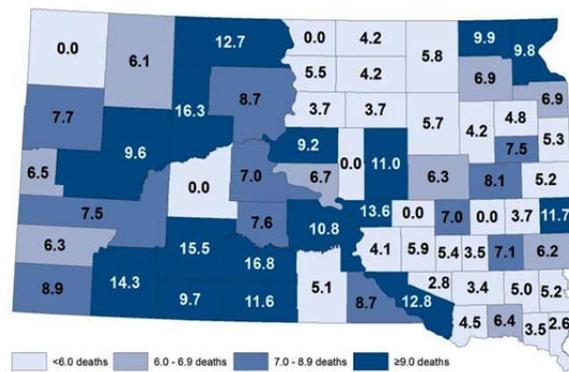
Infant deaths per 1000 live births
(NCHS, Health United States 2010, p 127, Table 18)



The national infant mortality rate is 6.8 deaths per 1,000 live births. State infant mortality rates range from a low of 4.9 in Massachusetts to a high of 10.6 in Mississippi (see Figure 1, above). South Dakota ranks 29th with an infant mortality rate of 7.3 for the most recently state comparable national data (2004-2006).

Figure 2. Infant Mortality, South Dakota 2000-2010

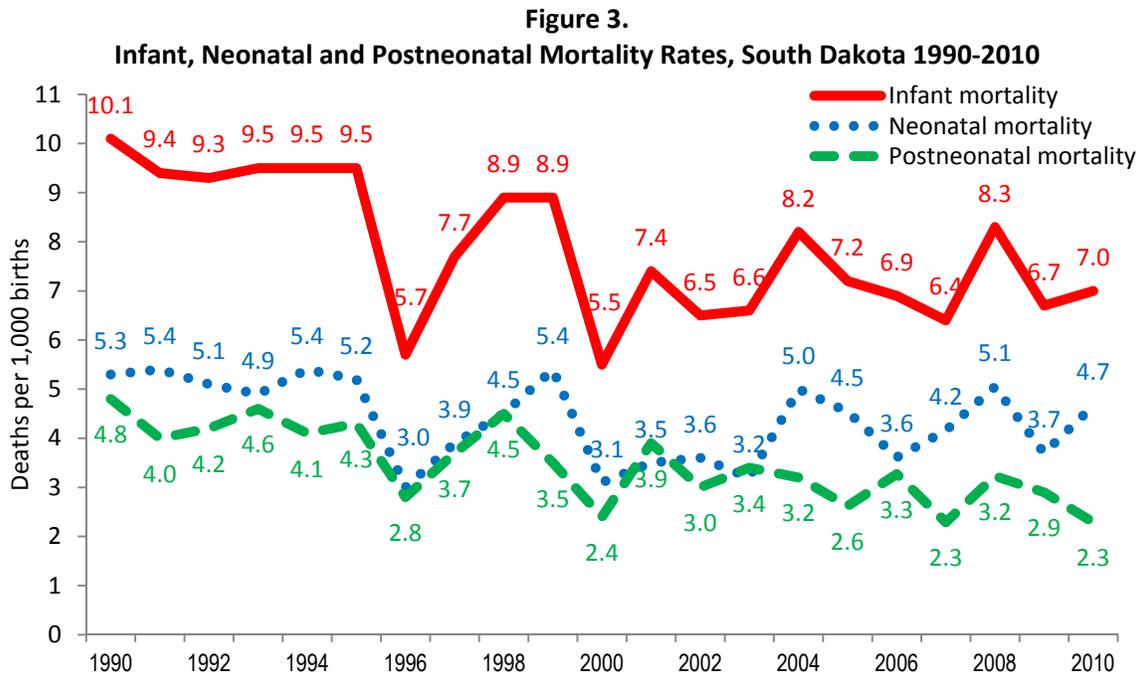
Infant deaths per 1000 live births



Within South Dakota county variation of infant mortality rates for the past decade has ranged from 0 to 16.8 deaths per 1,000 live births (see Figure 2, above).

South Dakota infants have a high postneonatal death rate. Thirty-nine percent of infant deaths occur within 24 hours of birth and are included in the 57% who died during their first 27 days (neonatal period). Forty-three percent of infants died during the post-neonatal period (28-365 days).

The national Healthy People 2020 goals target a neonatal mortality rate of 4.1 deaths per 1,000 live births and a postneonatal mortality rate of 2.0, which is approximately half the neonatal mortality rate. Although South Dakota achieved the neonatal mortality rate goal during six years since 2000, the postneonatal rate has been disproportionately high having never achieved the goal (see Figure 3).

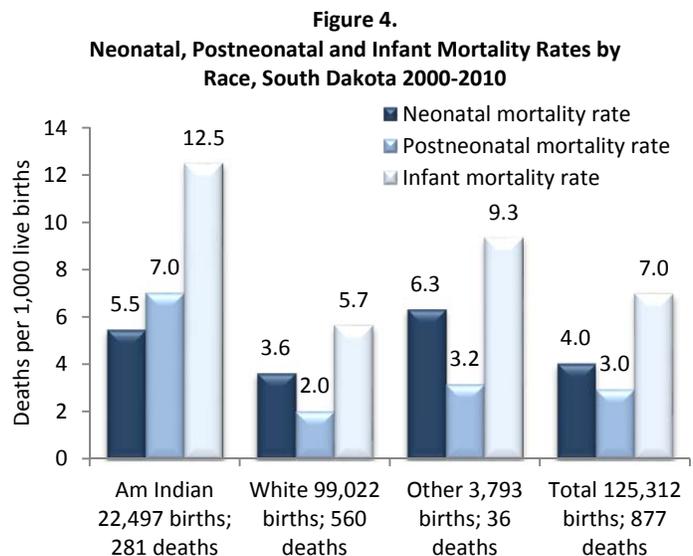


Infant Death Disparity

Since 2000, 18% of births in South Dakota have been American Indian babies, but 32% of infant deaths have been among American Indian infants. South Dakota American Indian infants die at approximately twice the rate of white infants and triple the rate of white infants during the postneonatal period (see Figure 4).

Risk Factors Associated with Infant Mortality

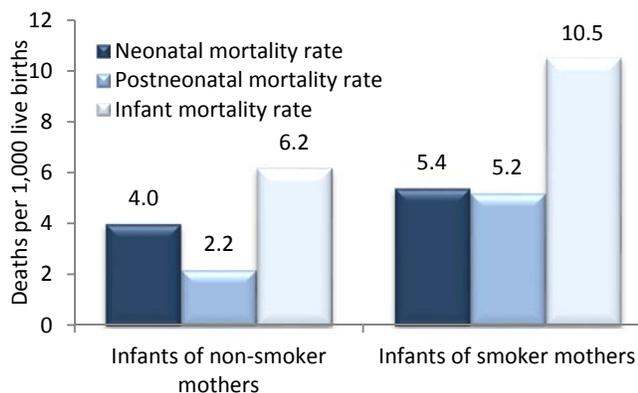
- ❖ **Low Birth Weight** – Low birth weight and extreme immaturity are predisposing factors for infant death. In South Dakota, 6.7% of infant birth-weights were less than 2.5 kg and 0.5% births were at 27 or fewer weeks gestation during the years 2000-2010.



❖ Early Prenatal Care – Early and regular prenatal care has a strong association with infant survival. Over the past five years 68.5% of South Dakota mothers received early prenatal care (first trimester of pregnancy). The infant mortality rate for mothers who started prenatal care during the first trimester was 5.8, but 7.8 for those starting care during the second trimester, 9.0 for those starting during the third trimester and 46.4 for those with no prenatal care. Most experts define regular prenatal care as about once each month for weeks 4-28, twice a month for weeks 28-36, and weekly for weeks 36 to birth.

❖ Tobacco Use – The infants of mothers who smoke during pregnancy die at a higher rate than infants of mothers who do not smoke. South Dakota has one of the highest rates of mothers smoking during pregnancy. Over the past five years 18.5% of mothers smoked while pregnant. The infant mortality rate for infants of mothers who smoke was 10.5 deaths per 1,000 live births, whereas the rate for infants of non-smoker mothers was 6.2 (see Figure 5).

Figure 5.
Smoking Associated with Neonatal, Postneonatal and Infant Mortality Rates, South Dakota 2006-2010



Causes of Infant Death in South Dakota

The following table shows the major causes of the 424 infant deaths in South Dakota during the past five years.

Major Causes of Infant Death, 2006-2010	All Infant Deaths	Neonatal Deaths	Postneonatal Deaths
Extreme immaturity (≤ 27 weeks gestation)	37 (8.7%)	36 (14.1%)	1 (0.6%)
Other prematurity (28-36 weeks gestation)	12 (2.8%)	12 (4.7%)	0 (0%)
Congenital malformations, deformations & chromosomal abnormalities	115 (27.1%)	91 (35.5%)	24 (14.3%)
Sudden Infant Death Syndrome (SIDS)	52 (12.3%)	2 (0.8%)	50 (29.8%)
Accidents	31 (7.3%)	3 (1.2%)	28 (16.7%)
All other causes of infant death	177 (41.8%)	112 (43.8%)	65 (38.7%)
TOTAL	424	256	168

Infant Mortality Definitions

- Infant Mortality Rate – The number of deaths divided by the total number of live births multiplied by 1,000 (expressed as the ratio of infant death per 1,000 live births)
- Infant Death – Death of a live born infant less than one year (365 days) of age
- Neonatal Death – Death of a live born infant from birth to 27 days old
- Postneonatal Death – Death of an infant occurring 28 days to one year of age

Births and Infant Deaths, South Dakota 2000-2010

	<u>Year</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Median</u>
Births		10,346	10,475	10,698	11,022	11,339	11,466	11,914	12,253	12,074	11,930	11,795	11,466
Infant deaths		57	78	70	73	93	82	82	79	100	80	83	80
Neonatal deaths		32	37	38	35	57	52	43	51	61	45	56	45
Postneonatal deaths		25	41	32	38	36	30	39	28	39	35	27	35
Infant mortality rate		5.5	7.4	6.5	6.6	8.2	7.2	6.9	6.4	8.3	6.7	7.0	6.9
Neonatal mortality rate		3.1	3.5	3.6	3.2	5.0	4.5	3.6	4.2	5.1	3.8	4.7	3.7
Postneonatal mortality rate		2.4	3.9	3.0	3.4	3.2	2.6	3.3	2.3	3.2	2.9	2.3	3.0
Gender													
Male infant deaths		32	52	40	47	50	47	52	45	60	44	46	47
Female infant deaths		25	26	30	26	43	35	30	34	40	36	37	34
Race													
White infant deaths		36	52	41	43	62	55	50	51	60	56	54	52
American Indian infant deaths		19	25	26	27	28	25	26	23	36	20	26	26
Other race infant deaths		2	1	3	3	3	2	6	5	4	4	3	3
White infant mortality rate		4.3	6.1	4.7	5.0	6.9	6.1	5.3	5.3	6.4	6.0	5.8	5.8
Am Indian infant mortality rate		11.3	14.1	14.4	12.9	13.3	11.6	12.0	10.1	16.2	9.3	12.5	12.5
White neonatal mortality rate		2.9	3.2	2.8	2.5	4.9	4.6	3.2	3.9	4.2	3.6	4.0	3.6
Am Indian neonatal mortality rate		4.2	5.1	6.6	5.3	5.7	4.2	4.6	4.8	7.7	3.7	8.2	5.1
White postneonatal mortality rate		1.4	3.0	2.0	2.4	2.0	1.6	2.1	1.5	2.1	2.4	1.8	2.0
Am Indian postneonatal mortality rate		7.1	9.0	7.8	7.7	7.6	7.4	7.4	5.3	8.6	5.6	4.3	7.4
Attributes and risk factors of all mothers or all births													
Early prenatal care (1 st trimester)		-	-	-	-	-	-	68.4%	69.7%	67.8%	65.8%	71.0%	68.4%
Low birth weight (<2.5 kg)		6.2%	6.4%	7.2%	6.7%	6.9%	6.6%	7.0%	7.0%	6.5%	5.9%	6.9%	6.7%
Extreme immaturity (≤27 wks gestation)		0.45%	0.48%	0.44%	0.54%	0.57%	0.59%	0.44%	0.47%	0.55%	0.53%	0.65%	0.53%
Mothers who smoke during pregnancy		-	-	-	-	-	-	19.2%	19.4%	18.5%	18.5%	17.1%	18.5%
Births to teen mothers (≤19 years)		11.4%	11.1%	10.7%	9.3%	10.0%	9.6%	9.5%	9.8%	9.4%	9.2%	8.3%	9.6%
Births to unmarried mothers		33.5%	33.5%	35.0%	34.3%	35.0%	36.2%	37.1%	38.4%	38.4%	38.3%	37.5%	36.2%
Major cases of infant death													
Extreme immaturity (≤27 weeks)		5	6	7	5	2	9	4	4	10	11	8	6
Sudden Infant Death Syndrome (SIDS)		9	15	13	14	8	7	12	8	12	13	7	12
Congenital malformations & chromosomal abnormalities		10	21	17	26	32	21	28	24	24	18	21	21
Accidents		3	8	2	3	5	4	7	4	7	6	7	5

RECOMMENDATIONS AND STRATEGIES

During his 2011 State of the State address, Governor Dennis Daugaard committed to addressing the problem of infant mortality in South Dakota. In May 2011, the Governor appointed a 27-member Task Force on Infant Mortality chaired by the First Lady Linda Daugaard to study infant mortality and recommend strategies to improve birth outcomes and infant health in South Dakota. Task force members were a diverse group from rural and urban areas across the state representing family physicians, obstetricians, neonatologists, perinatologists, pediatricians, forensic pathologists, nurses, nurse midwives, nurse practitioners, hospitals, rural clinics, social work, the School of Medicine, Aberdeen Area Indian Health Services (IHS), Great Plains Tribal Epidemiology Center, and state agencies.

The Task Force met throughout the summer and fall of 2011 with meetings held across the state – Sioux Falls, Rapid City, and Pierre – to allow for task force members to receive input from the public. Three subcommittees were established to specifically look at the issues of prenatal care, alcohol and tobacco use, and Sudden Infant Death (SIDS)/Sudden Unexplained Infant Death (SUID). The subcommittees were charged with identifying best practices in South Dakota and nationally that could be adapted or replicated statewide, identifying potential data gaps, and looking at clinical recommendations for consideration by the full Task Force.

South Dakota Infant Mortality Task Force Goals

- Reduce infant mortality rate to 6.0 per 1,000 live births by 2015
- Reduce neonatal mortality rate to 4.1 per 1,000 live births by 2015
- Reduce postneonatal mortality rate to 2.0 per 1,000 live births by 2015
- Increase the percent of women who receive first trimester prenatal care to 77.8% by 2015
- Reduce the percent of women who smoke during pregnancy to 15% by 2015

Throughout the Task Force's discussions, four overarching themes were identified that need to be incorporated into any recommendation or strategy in order to improve birth outcomes and health of infants in South Dakota. These themes include:



- ❖ Work in partnership
- ❖ Recognize cultural diversity
- ❖ Use evidence-based interventions
- ❖ Reduce health disparities

The Governor's Task Force on Infant Mortality developed six recommendations and accompanying strategies to reduce the state's infant mortality rate. Because South Dakota has a disproportionate number of its infants dying in the postneonatal period, many of the recommendations and strategies of the Task Force focus on providing a safe, healthy environment for the baby once home from the hospital.

Infant mortality is a complex issue. The recommendations and accompanying strategies of the Task Force presented in this report are intended to be a starting point for action by state government, health care providers, hospitals, tribes, parents, communities, and others to reduce infant mortality and improve infant health in South Dakota.

RECOMMENDATION 1

Improve access to early, comprehensive prenatal care

Early and regular prenatal care is an important part of improving pregnancy and health outcomes for the mother and baby. Regular prenatal care helps the health care provider monitor the pregnancy and identify and manage any potential health problems (i.e., gestational diabetes, preeclampsia) before they become serious.

Strategies:

- Pilot alternative models of delivery of prenatal care in rural South Dakota
- Replicate and expand best practice systems of prenatal care for pregnant women with chronic health conditions to ensure appropriate management of conditions to optimize birth outcomes
- Screen all pregnant women for tobacco, alcohol and drug use, mental health and domestic violence throughout pregnancy and provide support and referral to appropriate services
- Improve access to perinatology and neonatology services via regionalized systems of care
- Identify transportation assistance options for pregnant women to attend prenatal care visits
- Promote preconception and interconception education and care to women of childbearing age



RECOMMENDATION 2

Promote awareness and implementation of safe sleep practices



Safe sleep environments can lower the risk for sleep-related infant deaths, including SIDS/SUID. There are many preventive steps parents can take to ensure a safe sleep environment for their baby including placing the baby on their back to sleep, eliminating bed sharing, using a firm sleep surface with only a fitted sheet, removing soft objects and loose bedding from the crib (i.e., pillows, stuffed animals, bumper pads, quilts, etc.), prohibiting smoking around the baby, and avoiding overheating of the baby. Parents should also make sure everyone caring for their baby knows and follows these steps.

Strategies:

- Develop a crib distribution program for families in need of a safe sleep environment for their infant
- Develop a comprehensive, culturally diverse safe sleep education program to reduce the risk of injury and death of infants due to unsafe sleep practices
- Partner with health profession associations, healthcare providers, community organizations, worksites, senior centers, and child care to distribute safe sleep information throughout communities

RECOMMENDATION 3

Develop community-based systems of support for mothers and families

Community-based systems of care help remove barriers and connect pregnant women and families to the resources they need during pregnancy and after delivery. These resources make it more likely their baby will be born healthy and cared for in a positive, safe home environment.

Strategies:

- Expand nurse home visiting programs to meet the needs of women, infants, and their families who are at high risk of poor birth outcome
- Seek partners and resources to expand incentive programs for pregnant and parenting women and families
- Encourage parents to seek ongoing primary and preventive care for their baby (i.e., immunizations, well baby check-ups, etc.)
- Identify transportation assistance options for mothers and families to attend well baby care visits
- Provide resources and education to parents and caregivers regarding infant crying and appropriate responses
- Facilitate access to appropriate services for tobacco use, alcohol/substance abuse, mental health, and domestic violence
- Provide breastfeeding support and education to new mothers and promote adoption of policies for breastfeeding in worksites



RECOMMENDATION 4

Conduct statewide education campaigns to reduce infant mortality



Public education campaigns help to create awareness, change attitudes, and motivate individuals and communities to engage in healthy behavior with the overall intent of reducing infant mortality. Successful campaigns target specific audiences taking into account the unique preferences and needs of each target population.

Strategies:

- Develop a statewide campaign to increase awareness of safe sleep recommendations for parents, grandparents, caregivers, and childcare providers
- Provide education for school-age children in out-of-school time and community-based organizations regarding alcohol/substance abuse, tobacco use, and healthy lifestyles
- Develop public education messages regarding pregnancy awareness and the importance of early and regular prenatal care
- Support ongoing messages and training regarding child safety seats, traumatic head injury/shaken baby syndrome, and other injury prevention efforts

- Develop public messaging to increase awareness of the effects of tobacco, alcohol, and drugs on pregnancy outcomes and infant mortality
- Utilize social media (i.e., texting, Facebook, Twitter, internet, etc.) to provide information regarding healthy behaviors before, during and after pregnancy

RECOMMENDATION 5

Develop resources for health professionals specific to infant mortality prevention

Health care professionals can have a significant influence on patients and their behaviors. Recent studies show that even brief advice from a patient’s provider resulted in patient action or change. It is also important for health care providers to understand how social, cultural, and environmental factors impact pregnant women and families seeking pregnancy and infant care and have the necessary resources to respond to identified needs.



Strategies:

- Conduct series of Grand Rounds focused on neonatal, obstetric, and infant care (i.e., safe sleep practices, immunizations, etc.)
- Develop series of updates related to preconception, prenatal, and infant care (i.e., safe sleep practice, immunizations, etc.), for professional journals, newsletters, listservs, websites, etc.
- Develop resources for healthcare providers to screen and refer patients for tobacco, alcohol/drug use/addiction, mental health, and domestic violence
- Model safe sleep practices in hospitals

RECOMMENDATION 6

Improve data collection and analysis

Data is needed to identify and target the underlying causes of infant mortality in South Dakota and the populations most at risk as well as to monitor progress and evaluate programs and interventions. While vital records data can provide detailed information about an infant birth or death, additional data sources must be identified and enhanced to look at other medical, social, and environmental factors that can lead to infant mortality.

Strategies:

- Expand South Dakota’s established infant mortality review committees to include areas not currently served
- Enhance technical assistance available to health care providers when completing birth and infant death certificates
- Enhance county coroner training to include death certificate completion
- Provide training on infant death scene investigations for county coroners and law enforcement
- Enhance state and county-level data regarding pregnancy experiences, risks, barriers, outcomes, and infant care practices

CALL TO ACTION



Infant mortality is a complex issue. The recommendations and strategies of the Governor's Task Force on Infant Mortality are intended to be a starting point for action by state government, health care providers, hospitals, tribes, parents, communities, and others to reduce infant mortality and improve infant health in South Dakota. No one entity can do it alone.

The following are a few ways we can all work together to make sure more South Dakota babies celebrate their 1st birthday.

Infant Mortality Task Force Members

- Advocate for implementation of Task Force recommendations and strategies within your practice, organization, health care system, professional association, and community to reduce infant mortality and improve infant health

Parents and Families

- Make sure you use recommended safe sleep and infant soothing practices and require others caring for your baby (i.e., grandparents, day care providers, etc.) to follow the same practices
- Adopt healthy behaviors before, during, and after pregnancy (i.e., healthy eating, avoidance of tobacco/alcohol, stress management, exercise, etc.)
- Make sure your baby receives well-child care (i.e., immunizations, developmental screenings, physical assessments, etc.)
- Seek community resources for needed services to assure a healthy pregnancy and healthy baby
- Act as a mentor to other new parents to promote activities designed to prevent infant mortality

Health Care Providers

- Facilitate access to first trimester prenatal care within your practice as a standard of care
- Educate yourself and your staff about resources available in your community and the state to refer patients for mental health, smoking, substance abuse, Medicaid, WIC, food pantries, lactation support, child care, etc.
- Provide culturally-appropriate information to patients and staff on a variety of topics affecting infant mortality (i.e., safe sleep practices, immunizations, diabetes, breastfeeding, preconception/interconception health, parenting, etc.)
- Participate in local and state partnership opportunities to raise awareness about the prevention of infant mortality

Hospitals and Health Systems

- Provide culturally-appropriate information to patients and staff on a variety of topics affecting infant mortality (i.e., safe sleep practices, immunizations, diabetes, breastfeeding, parenting, etc.)
- Participate in local and state partnership opportunities to raise awareness about the prevention of infant mortality
- Facilitate access to specialty prenatal and infant care via outreach, telemedicine, or other service delivery models
- Assure staff have appropriate training and tools to educate new parents on such topics as safe sleep practices, infant swaddling, infant soothing, etc.
- Educate staff about community resources available for families (i.e., mental health, car seats, WIC, breastfeeding, food pantries, etc.)

Tribal Health

- Participate in state and local partnership opportunities to raise awareness about the prevention of infant mortality
- Provide culturally-appropriate information to patients and staff on a variety of topics affecting infant mortality (i.e., safe sleep practices, immunizations, diabetes, breastfeeding, preconception/interconception health, parenting, etc.)
- Educate staff about resources available in the community and in the state to refer patients for mental health, smoking, substance abuse, Medicaid, WIC, food pantries, lactation support, child care, etc.

Communities

- Participate in partnership opportunities to raise awareness about the prevention of infant mortality within the community
- Support efforts to remove barriers to accessing needed services by pregnant women and families

Professional Organizations

- Provide training opportunities for members on topics affecting infant mortality (i.e., safe sleep practices, immunizations, diabetes, breastfeeding, parenting, etc.)
- Participate in state and local partnership opportunities to raise awareness about the prevention of infant mortality
- Support development of standards of care that include initiation of first trimester prenatal care, breastfeeding, immunizations, safe sleep practices, assessment/referral for tobacco/alcohol/drugs, etc.

State Government

- Enhance partnerships to address the factors that impact infant mortality and the health of infants
- Assure access to services provided through WIC, childhood immunizations, car seat program, Medicaid/Children's Health Insurance Program, nurse home visiting, and other programs for eligible families
- Identify potential state and federal funding sources to assist with implementation of recommendations and strategies
- Provide training and resources to child care providers on safe sleep practices
- Coordinate data collection and analysis activities in order to identify target populations, evaluate programs and interventions, and monitor progress towards goals