

Governor's Task Force on Infant Mortality



PRESENTATION TO HOUSE HEALTH AND HUMAN
SERVICES COMMITTEE
TUESDAY, JANUARY 24, 2012

Governor's Task Force on Infant Mortality



PURPOSE:

To study infant mortality and recommend strategies to improve birth outcomes and infant health in South Dakota



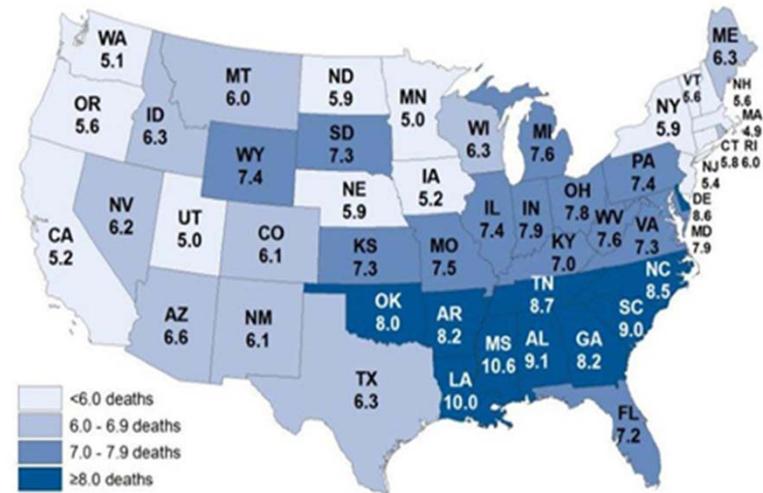
Governor's Task Force on Infant Mortality

- Appointed in May 2011 by Governor Daugaard and chaired by First Lady Linda Daugaard
- Diverse group from rural and urban areas of the state
- Representatives from family physicians, OB/GYNs, pediatricians, neonatologists, perinatologists, forensic pathologists, nurses, certified nurse midwives, certified nurse practitioners, hospitals, rural clinics, social workers, School of Medicine, Aberdeen Area IHS, Great Plains Tribal Epidemiology Center, and state agencies
- Met three times throughout summer and fall of 2011 in Sioux Falls, Rapid City, and Pierre
- Opportunity at each meeting for public testimony and input
- Three subcommittees were formed to specifically look at prenatal care, alcohol/tobacco use, and SIDS

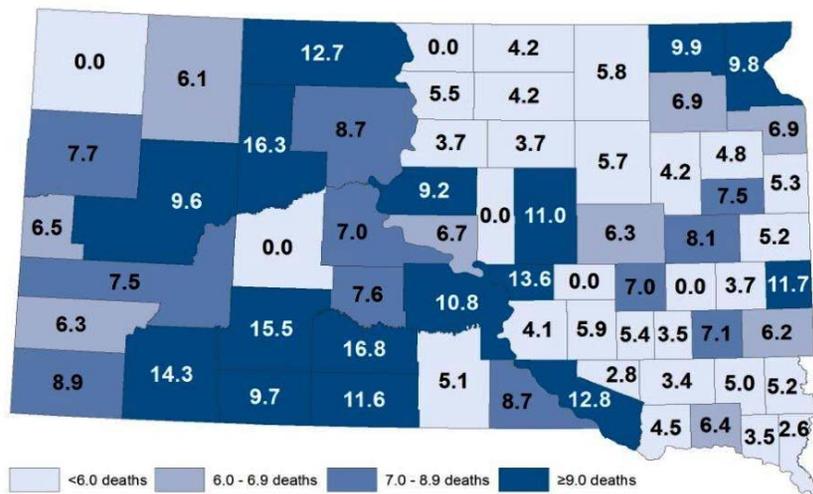
Infant Mortality in South Dakota

- Since 2000, 877 South Dakota infants died before their first birthday – an average of 80 deaths per year
- Over the past 50 years the South Dakota infant mortality rate has decreased dramatically, until the 2000s when it started to slowly increase
- For 2000-2010, South Dakota's infant mortality rate was 7.0 per 1,000 live births – higher than the neighboring states of North Dakota, Minnesota, Iowa, Nebraska, and Montana
- South Dakota has the 29th highest infant mortality rate in the U.S., being slightly above the national rate (6.8)

Infant Mortality, United States, 2004-2006

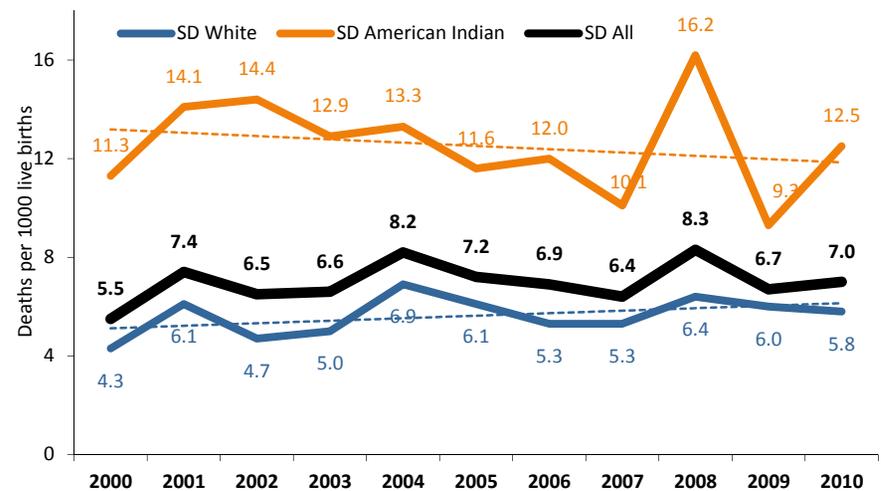


Infant Mortality*, South Dakota, 2000-2010



*Infant mortality rate: infant deaths per 1,000 live births

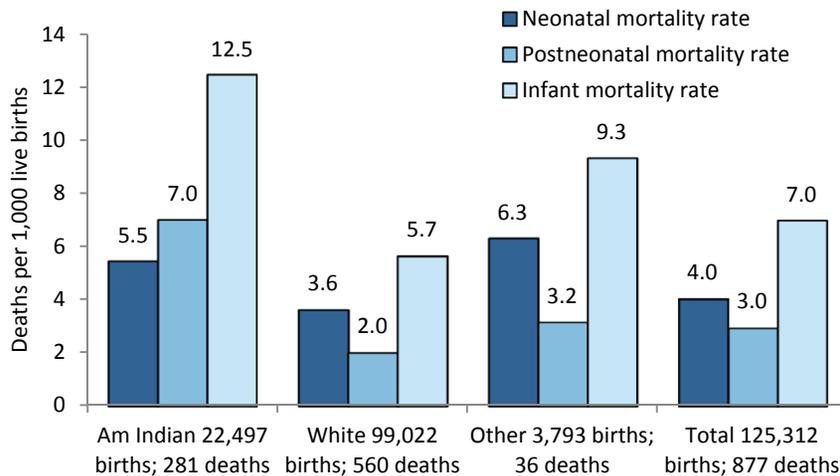
Infant Mortality by Race, South Dakota, 2000-2010



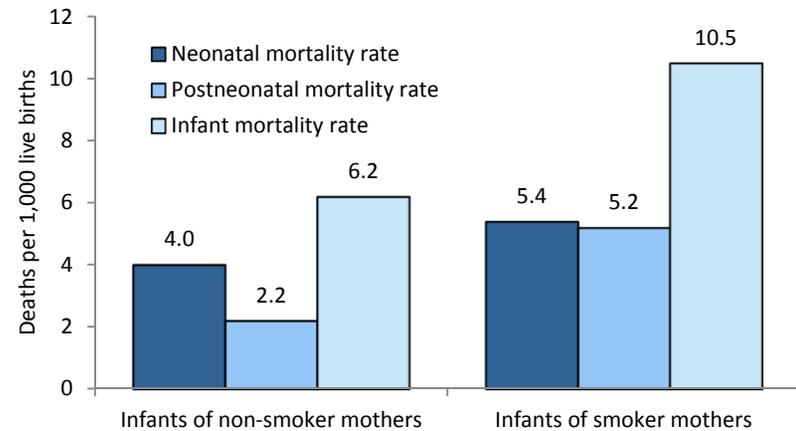
Infant Mortality in South Dakota

- American Indian IMR is twice as high as the white IMR in South Dakota and the highest American Indian rate of any state in U.S.
- South Dakota ranks 21st in the U.S. for its neonatal mortality rate (4.3 per 1,000 live births) but 40th for its postneonatal rate (3.0 per 1,000 live births)
- American Indians accounted for 18% of all births but 32% of all infant deaths
- American Indian infants die at approximately twice the rate of white infants and triple the rate of white infants during the post-neonatal period

Neonatal, Postneonatal and Infant Mortality Rates by Race, South Dakota 2000-2010



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



- Over the past 5 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 1st trimester was 5.8, but 7.8 for those starting care during the 2nd trimester, 9.0 for those starting during the 3rd trimester and 46.4 for those with no prenatal care
- South Dakota has one of the highest rates of mothers smoking during pregnancy; over the past 5 years, 18.5% of mothers smoked while pregnant
- The infant mortality rate for infants of mothers who smoke was 10.5 vs. 6.2 for infants of non-smoker mothers



SIDS (Sudden Infant Death Syndrome) **in South Dakota**

- South Dakota has high SIDS rate:
 - 14% of infant deaths in South Dakota due to SIDS, compared to 8% nationally.
- SIDS second leading cause of infant death in South Dakota.
- 45% of South Dakota SIDS victim's mothers smoked during pregnancy.
- 51% of SIDS victims were American Indian infants and 45% were White infants.



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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 78% by 2015
- Reduce the percent of women who smoke during pregnancy to 15% by 2015



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Overarching Themes

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



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Final Recommendations

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 mothers and 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



Key Opportunities

- Access to Prenatal Care
 - Reduce smoking among pregnant mothers
 - Safe sleep practices
 - Reduce disparities
- **Access to Prenatal Care**
 - Pilot *Centering* program in 2-3 rural sites in South Dakota; prenatal care visits provided as part of a group (8-12 pregnant mothers); sessions include individual assessments by the medical provider and formal group discussion on such topics as exercise, nutrition/infant feeding, birth preparation/recovery, comfort/stress reduction, baby care/safety, infant development, parenting, etc.
 - Explore options to assist with transportation to prenatal care visits for pregnant women
 - **Reduce Smoking Among Pregnant Mothers**
 - Provide tools and training to assist health care providers address tobacco use with their pregnant patients and refer to South Dakota QuitLine or SDQuitLine.com
 - Public messaging on the harmful effects of smoking while pregnant
 - **Safe Sleep Practices**
 - Establish a *Cribs for Kids* program to distribute cribs to low-income families who need a safe sleep environment for the baby; set would include a Play 'n Pack crib, sheet, Halo sleep sack, and pacifier
 - Statewide education campaign to increase awareness about safe sleep practices
 - **Reduce Disparities**
 - Expand Bright Start Nurse Home Visiting Program to 4 more communities – starting with Pine Ridge and Sisseton; evidence-based program offering nurse home visits to high-risk families during pregnancy, after delivery, and continuing until child's 2nd birthday
 - Culturally appropriate public and provider education messages with specific focus on American Indian population

Safe Sleep



Please Keep Me Safe

Back to Sleep

For naps & at night to
reduce the risk of SIDS &
accidental suffocation

*Now I lay me down to sleep,
Alone in my crib, without a peep.
On my back, in smoke-free air,
Thank you for showing me that you care.*



Helping every baby sleep safer
www.crisbsforkids.org
1.888.721.CRIB



Call to Action

- Parents and families
- Health care providers
- Hospitals and health systems
- Tribal health
- Communities
- Professional organizations
- State government
- Task Force members



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