GRAAHI's Policy Brief for Infant Mortality

The Infant Mortality Problem in the United States

➢ Infant mortality is usually defined as the death of a baby before their first birthday.
➢ In 2014, the infant mortality rate in the United States was 5.9 with over 23,000 infant deaths.
➢ Infant mortality directly reflects the health of a nation, as it's associated with maternal health, quality and access to healthcare, socioeconomic conditions and public health practices.
➢ Infant mortality rates vary by race and ethnicity, as Blacks experience the worst rates in the United States.
➢ Leading causes of infant mortality include—birth defects, preterm births, low birthweight, maternal complications of pregnancy, sudden infant death syndrome (SIDS), and infant injuries.
➢ Low and very low birthweight babies that survive the first year incur medical bills around $93,800 a year.

The Infant Mortality Problem for Blacks

➢ Black infants are more than twice as likely to die compared to White infants in the US.

➢ Black infants are three times more likely to experience preterm-related causes of death than White infants in the US. (CDC)

➢ In 2013, Black infants were 3.5 times more likely than White infants to die from complications related to low birthweight in the US. (HHS)

➢ In 2013, Black infants experienced "sudden infant death syndrome" about two times greater than White infants in the US. (HHS)

Infant Mortality Rates in Kent County, Michigan

(Rate of live births per 1,000 who died before turning one year old)

Kent County, Michigan	The State of Michigan	United States
5.9 (2014)	6.9 (2015)	5.9 (2014)

Kent County's infant mortality rate is better than the rates for Michigan and the United States, but that does not tell the full story. View 2014 rates by race in Kent County, MI below.

Rate of live births per 1,000 who died before they turned one year old.

Ethnicity	
Black	10.1
White	5.4
Hispanic	5.4
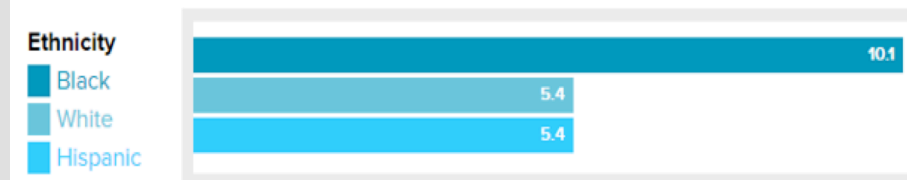
Hitting Home in Grand Rapids, Michigan

Everett James of Grand Rapids was 5 months old when he died while co sleeping with his mother, Angela. Everett was found unresponsive as his mother slept nearby. Since Everett's death, his mother has shared her experience via social media warning other parents to avoid the potentially tragic outcome.

"As much as you love to snuggle and cuddle your little one, please resist the temptation to do so in bed. No matter how difficult it may seem at the time, put them to sleep in their own crib and avoid the greatest pain that one can experience in life — the pain that we are now experiencing," she wrote on her Facebook page.

"Your child's life is too valuable."

*Visit hei.graahi.org to view more data, resources and recommendations for infant mortality and other health indicators.

POLICY AND FISCAL RECOMMENDATIONS FOR INFANT MORTALITY PREVENTION
(from Kidsdata.org and HRSA)

1) Increase public education for newborn screenings and ensure funding for those screenings, as screenings can prevent infant death, brain damage, and serious illness.

2) Enhance public education about how to reduce SIDS risk among a wide constellation of potential caregivers for infants; primary recommendations include avoiding sleeping on the stomach, overheating, overly soft and loose bedding, co-sleeping with an adult, and maternal smoking during pregnancy.

3) Sustain adequate funding for universal screening for substance use among pregnant women, and for treatment services specifically designed for pregnant women who use alcohol or illicit drugs.

4) Support public education and systems change to reduce the number of non-medically indicated induced preterm deliveries and cesareans.

5) Support expanded research, education and demonstration projects aimed at reducing the rates of preterm labor and delivery.

6) Monitor coverage and promote use of women's clinical preventive services.

7) Partner with professionals to develop clinical guidelines for well-woman visits.

8) Use Medicaid innovation, demonstrations, and flexibility to offer states new avenues for delivering effective, evidence-based interventions to women.

9) Increase efforts to ensure mental/behavioral health and social support services for women.

10) Address and alleviate poverty, which has a known impact on infant mortality, through enhanced use of income supports through TANF, EITC, and other policies.

11) Provide resources to expand the Pregnancy Risk Assessment and Monitoring System (PRAMS) to every state in order to monitor the health of women and infants.

12) Maximize the potential of public-private partnerships, particularly by engaging private sector organizations that have a distinct focus on preventing infant mortality.

13) Engage women (daughters, mothers, and grandmothers) in efforts to prevent infant mortality, improve women's health, and strengthen family health and well-being.

CITATIONS

- GRAAHI's Health Equity Index: hei.graahi.org
- CDC: https://www.cdc.gov/features/infantmortality/
- HHS: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=23
- Kidsdata.org: http://www.kidsdata.org/pages/infant%20mortality%20policy%20implications
- HRSA: https://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/Correspondence/recommendationsjan2013.pdf
- WOODTV: http://woodtv.com/2015/06/05/mom-hopes-babys-co-sleeping-death-warns-others/

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