## **Appendix M – Improve Infant Health**

Infant death is a measure of the health and well-being of children and the overall health of a community. It reflects the status of maternal health, the accessibility and quality of primary health care, and the availability of supportive services in the community. Infants with low birth weight or preterm delivery have a higher risk of death. The use of alcohol, tobacco, and illegal substances during pregnancy is a major risk factor for low birth weight, infant mortality, and other poor outcomes. Infant mortality rates vary substantially among racial and ethnic groups; the rate continues to be higher for African American infants than for white infants.

During the past 10 years, Mississippi’s infant mortality rate has fluctuated, with a decline below 9.0 per 1,000 for the first time in 2012. Mississippi has had a consistently higher infant mortality rate than the United States for the past decade.

Breast milk contains antibodies that can help protect infants from a variety of illnesses. Among breastfed babies, conditions such as ear infections, obesity, asthma, and diarrhea are less common. Mothers who have breastfed have a lower risk of developing breast and ovarian cancer, type 2 diabetes, and postpartum depression. The American Academy of Pediatrics (AAP) recommends that infants are breastfed for at least 12 months. If 90 percent of mothers breastfed exclusively for six months, over 900 deaths among infants could be prevented yearly.

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|  APPENDIX M : Mississippi State Community Scorecard – 2016 PRIORITY AREA #2: Improve Infant Health |
| GOAL | S TRATEGICO BJECTIVE | M EASURE | BASELINE | T ARGET | C RITICAL A CTIO NSINTERVENTION STRATEGIES | ORGANIZATION/ LEAD PERSON | S TATUSR/Y/G |
| 2.0 Improve the care of infants in Mississippi | 2.0Increase the number of mothers who are breastfeeding  | * Percentage of infants who were ever breastfed

Data Source: CDC Breastfeeding Report Card 2013 | 2013: 50.5%  | 2018 Births:60.5% | 1. Increase public awareness of Baby Friendly, and what that means by January 2018
2. Provide incentives to hospitals as they make efforts towards Baby Friendly by September 2016
 | 1. Blue Cross/Blue Shield, Dr. Sara Broom, Sara Hedley
2. Lydia West, MSPHI
 | 1. Green
2. Yellow
 |
|  APPENDIX M : Mississippi State Community Scorecard – 2016 PRIORITY AREA #2: Improve Infant Health |
| GOAL | S TRATEGICO BJECTIVE | M EASURE | BASELINE | T ARGET | C RITICAL A CTIO NSINTERVENTION STRATEGIES | ORGANIZATION/LEAD PERSON | S TATUSR/Y/G |
|  |  | * Percentage of infants breastfed at 6 months

Data Source: CDC Breastfeeding Report Card 2013 | 2013:19.7% | 2018 Births:29.7%  | 1. Determine WIC breast feeding number per county by February 2016
2. Identify applicable evidence-based tools and trainings for use in Mississippi by September 2016
3. Determine necessary community partners by September 2016
4. Determine who will provide education by September 2016
5. Determine cost and find necessary funding by September 2016
6. Increase community awareness on benefits of breast feeding by August 2016
7. Follow-up with breastfeeding awareness month in August by August 2016
 | 1. WIC, Jameshyia Thompson
2. Office of Preventive Health, Tiffany Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson
3. Office of Preventive Health, Tiffany Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson
4. Office of Preventive Health, Tiffany Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson
5. Office of Preventive Health, Tiffany Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson
6. Office of Preventive Health, Tiffany Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson
7. Office of Preventive Health, Tiffany Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson
 | 1. Green
2. Green
3. Green
4. Green
5. Green
6. Green
7. Green
 |

**Status will be reviewed using a stoplight approach as follows:**



**COORDINATING CO-CHAIRS:**

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