WORK PLANS

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. The 2016 Infant Mortality Report indicated that Mississippi’s overall infant mortality rate was 9.2 deaths per 1,000 live infant births – an increase from 8.2 deaths per 1,000 live infant births in the 2015 Infant Mortality Report. 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 exclusively for about the first six month, followed by the introduction of solid food and other beverages for at least 12 months of age1. If 90 percent of mothers breastfed exclusively for six months, over 900 deaths among infants could be prevented yearly2.

APPENDIX M: Mississippi State Community Scorecard – 2016
PRIORITY AREA #2: Improve Infant Health

Goal 2.0 Improve the care of infants in Mississippi

**Strategic Objective 2.0** Increase the number of mother who are breastfeeding

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **Current/Date** | **Target** | **Critical Actions/Intervention Strategies** | **StatusR/Y/G** |
| Percentage of infants who were ever breastfedData Source: CDC Breastfeeding Report Card 2013 and 2016 | 2013:50.5% | 201652.0% | 2018 Births:60.5% | a. Increase public awareness of Baby Friendly, and what that means by January 2018 b. Provide incentives to hospitals as they make efforts towards Baby Friendly by September 2016 | a. Greenb. Yellow |
| Organization/ Lead Person: a. Blue Cross/Blue Shield, Sarah Broom b. Lydia West, MSPHI |

APPENDIX M: Mississippi State Community Scorecard – 2016
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Goal 2.0 Improve the care of infants in Mississippi

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **Current/Date** | **Target** | **Critical Actions/Intervention Strategies** | **StatusR/Y/G** |
| Percentage of infants breastfed at 6 monthsData Source: CDC Breastfeeding Report Card 2013 and 2016 | 2013:19.7% | 2016:23.9% | 2018 Births:29.7% | c. Determine WIC breast feeding number per county by February 2016d. Identify applicable evidence-based tools and trainings for use in Mississippi by September 2016e. Determine necessary community partners by September 2016f. Determine who will provide education by September 2016g. Determine cost and find necessary funding by September 2016h. Increase community awareness on benefits of breast feeding by August 2016i. Follow-up with breastfeeding awareness month in August by August 2016 | c. Greend. Greene. Greenf. Greeng. Greenh. Greeni. Green |
| Organization/ Lead Person: c. WIC, Jameshyia Thompson; d. Office of Preventive Health, Tiffani Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson; e. Office of Preventive Health, Tiffani Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson; f. Office of Preventive Health, Tiffani Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson; g. Office of Preventive Health, Tiffani Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson; h. Office of Preventive Health, Tiffani Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson; i. Office of Preventive Health, Tiffani Grant; MSPHI, Lydia West; WIC, Jameshyia Thompson |

Status will be reviewed using a stoplight approach as follows:

|  |  |  |
| --- | --- | --- |
| Red: Not On Target | Yellow: Falling Behind | Green: On Target |

 **COORDINATING CO-CHAIRS:** Monica Stinson, MSDH; Lydia West, Mississippi Public Health Institute

**PARTNERS AND STAKEHOLDERS:**

***Non-MSDH*:**; Wengora Thompson, March of Dimes; Lydia West, MSPHI; Sarah Broom, BCBSMS; , Sandi Snell, Right! From the Start; Cheryl Lloyd, UMMC; Kim Robinson, Children’s Defense Fund’ Beneta Burt, Roadmap to Health Equity;

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1<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-reaffirms-breastfeeding-guidelines.aspx>

2<https://www.ncbi.nlm.nih.gov/pubmed/20368314>