

Infant mortality, defined as the death of an infant less than one year of age, is one of the most important indicators of the health of Oklahoma citizens. It is associated with a number of factors such as maternal health, access to and quality of medical care, socioeconomic conditions, and public health practices. Currently, in Oklahoma, approximately 400 babies die each year before their first birthday. The goal of the *Preparing for a Lifetime, It's Everyone's Responsibility* statewide initiative is to improve maternal and infant health outcomes. Seven priority areas have been identified for focus:



Preconception/Interconception Health – Being healthy before and between pregnancies greatly improves the chances of having a healthy baby. Only 12% of Oklahoma women received advice or counseling on health issues to prepare for becoming pregnant.¹ Health conditions and risk factors such as family health history, pre-existing medical conditions, body weight, nutrition, physical activity, tobacco, and alcohol use can impact the mother's and baby's health.

Tobacco – Tobacco use during pregnancy remains one of the single most important preventable causes of poor birth outcomes. In Oklahoma, almost one in five mothers (18.5%) smoked while they were pregnant.² The link between tobacco use and adverse birth outcomes is well documented. Secondhand smoke can be harmful to the fetus and worsen respiratory illnesses for infants and children.

Preterm Birth – Premature babies may not be finished growing or developing, and may need special care after they are born. A premature baby is born before the 37th completed week of pregnancy. A baby born at 37 or 38 weeks is called early term; full-term includes pregnancies at 39 and 40 weeks. Almost 13% of babies born in Oklahoma in 2012 were delivered before 37 weeks gestation.³

Breastfeeding – Breastfeeding has benefits for both mother and baby. Breastfeeding provides the best nutrition for baby, protects against illnesses such as ear and respiratory infections, decreases allergies, supports brain development, and lowers risks of obesity and diabetes. Benefits for mother include helping lose pregnancy weight faster and lowering risk of breast and ovarian cancer. Less than half (45.6%) of the mothers in Oklahoma were breastfeeding at eight weeks postpartum.⁴

Postpartum Depression (PPD) – Postpartum depression is more than the “baby blues”. It is a type of major depression that affects about one in eight new mothers in Oklahoma.⁵ PPD can negatively impact a new mother's health, her ability to care for and nurture her baby, as well as the entire family environment.

Infant Safe Sleep – Sudden Infant Death Syndrome (SIDS) is a leading cause of death for Oklahoma babies. To reduce sleep-related deaths, including SIDS, infants should be placed on their backs, alone on a firm sleep surface, away from soft bedding, and have no exposure to tobacco smoke. In Oklahoma, only 68% of infants were most often placed on their backs to sleep and one in five infants shared a sleep surface with someone every time they slept or napped.⁶

Infant Injury Prevention – Suffocation, motor vehicle crashes, drowning, and fires/burns are leading causes of unintentional injury death among babies less than one year old. Shaken Baby Syndrome (SBS) is the leading cause of death in abusive head trauma (AHT) cases among infants.⁷ Shaking a baby can cause blindness, permanent brain damage, or death. Crying is the number one trigger for shaking a baby. Never, never shake a baby.

To learn more about ways to reduce infant mortality, visit <http://iio.health.ok.gov>

References:

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