SISTERS UNITED

INFANT MORTALITY TRAINING CONFERENCE

February 2, 2013

ARKANSAS DEPARTMENT OF HEALTH

Office of Minority Health & Health Disparities

Family Health

To show respect for our speakers and participants, PLEASE place your cell phone on *silent* or *vibrate*.

Should you need to answer a call, please go outside to hold your phone conversation.

The planning committee & faculty attest that NO relevant financial, professional or personal conflict of interest exists, nor was sponsorship of commercial support obtained, in the preparation or presentation of this educational activity.

WELCOME

INTRODUCTIONS

JOY CARRINGTON

First and Last Name
Sorority Affiliation
Chapter and Location
1 word that best describes you (must start with the first initial of first name Joy = Jubilant)

PRE-SURVEY BREAK

MODULE 1

INFANT MORTALITY

National Overview and Call for Action

Stacy Scott

Arkansas SIDS Outreach Project

Reducing the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths

Eunice Kennedy Shriver NICHD
National Institute of Child Health & Human Development

Safe Sleep Research ……
Then and Now

Late 80s

- Theory developed that a brainstem defect plays a role in Sudden Infant Death Syndrome (SIDS).

- Studies in other countries show increased SIDS risk for babies sleeping on the stomach.

Safe Sleep Research ……
Then and Now

Early to Late 90s

- International campaigns begin to promote back and side sleeping to reduce SIDS; SIDS rates drop between 50% and 70%.
- Studies in United States show increased SIDS risk for babies sleeping on the stomach.
- 1992: American Academy of Pediatrics (AAP) recommends back and side sleeping.
- 1994: U.S. Back to Sleep campaign launches.

Safe Sleep Research ……
Then and Now

Early to Late 90s continues

- 1996: AAP recommends back sleeping only.
- Recommendations support back sleeping, firm sleep surface, in light sleep clothing, with no soft bedding.
- Research uncovers brainstem abnormality possibly effects on: temperature control, upper-airway control, respiration, heart rate, blood pressure.

Safe Sleep Research …… Then and Now

2000s to present

- U.S. SIDS rates have dropped by more than 50%.
- 2005: AAP updates recommendations to include using pacifier and no bed sharing.
- 20011: AAP updates recommendations to include other sleep-related infant deaths.
- Research into causes of SIDS is still ongoing.

Back to Sleep Campaign

- Launch of Back to Sleep (BTS) Campaign in 1994
- BTS Campaign Co-Sponsors
  - American Academy of Pediatrics (AAP)
  - Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau
  - First Candle/SIDS Alliance
  - Association of SIDS and Infant Mortality Programs (ASIP)

Back to Sleep….now…Safe to Sleep

- Safe To Sleep campaign name promotes ways to reduce SIDS *and other sleep-related infant deaths* by promoting a safe sleep environment.

Safe to Sleep Campaign Collaborators

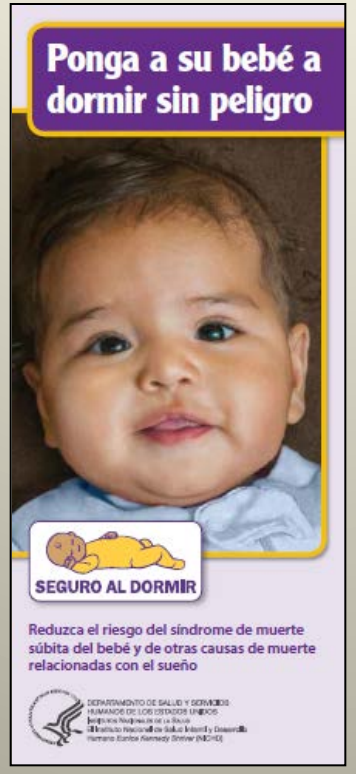
- HRSA/Maternal and Child Health Bureau
- Centers for Disease Control and Prevention (CDC), Division of Reproductive Health*
- American Academy of Pediatricians (AAP)
- American College of Obstetricians and Gynecologists (ACOG)*
- First Candle
- Association of SIDS Professionals

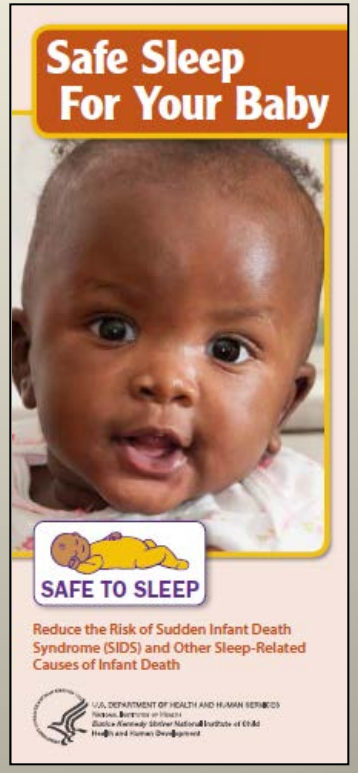
* New campaign collaborators

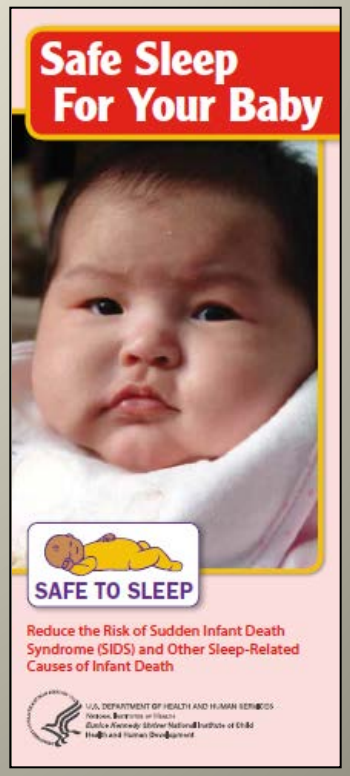
Campaign Outreach

- General
- African American
- American Indian/Alaska Native
- Health Professionals (Nurses & Pharmacists)
- Statewide efforts (Mississippi, Arkansas)

Safe to Sleep Campaign Materials







Safe to Sleep Campaign Materials (cont'd)

Getting Results

- Since Back to Sleep campaign launched in 1994, overall U.S. SIDS rate declined by 50% across all racial/ethnic groups.
- Rate of back sleeping among infants has increased by 40%.
- Data show risk factors for SIDS and infant mortality go beyond back sleeping.
- Risk factors include features in the sleep environment.

AAP Expands Recommendations

October 2011:

- Expansion of safe infant sleep recommendations to include other sleep-related deaths in addition to SIDS.

2011 AAP Recommendations

- Always place baby on back for every sleep time
- Use a firm sleep surface covered with fitted sheet
- Room sharing without bed sharing
- Keep soft objects and loose bedding out of baby's sleep area
- **Pregnant women should receive regular prenatal care*

* *Denotes new recommendation*

2011 AAP Recommendations (cont'd)

- Avoid smoking exposure during pregnancy and after birth
- **Avoid alcohol and illicit drug use during pregnancy and after birth*
- **Breastfeed baby*
- Consider giving a pacifier at nap time and bed time
- Avoid overheating

* *Denotes new recommendation*

2011 AAP Recommendations (cont'd)

- *Infants should get well-baby check-ups and vaccines*
- Avoid commercial devices marketed to reduce SIDS
- Do not use home breathing and heart monitors to reduce SIDS
- Give supervised tummy time

* *Denotes new recommendation*

Resources

Contact the *Safe to Sleep* campaign at:

1-800-505-CRIB (2742)

or

http://www.nichd.nih.gov/SIDS

African American Infant Mortality in Arkansas

Dr. Whit Hall

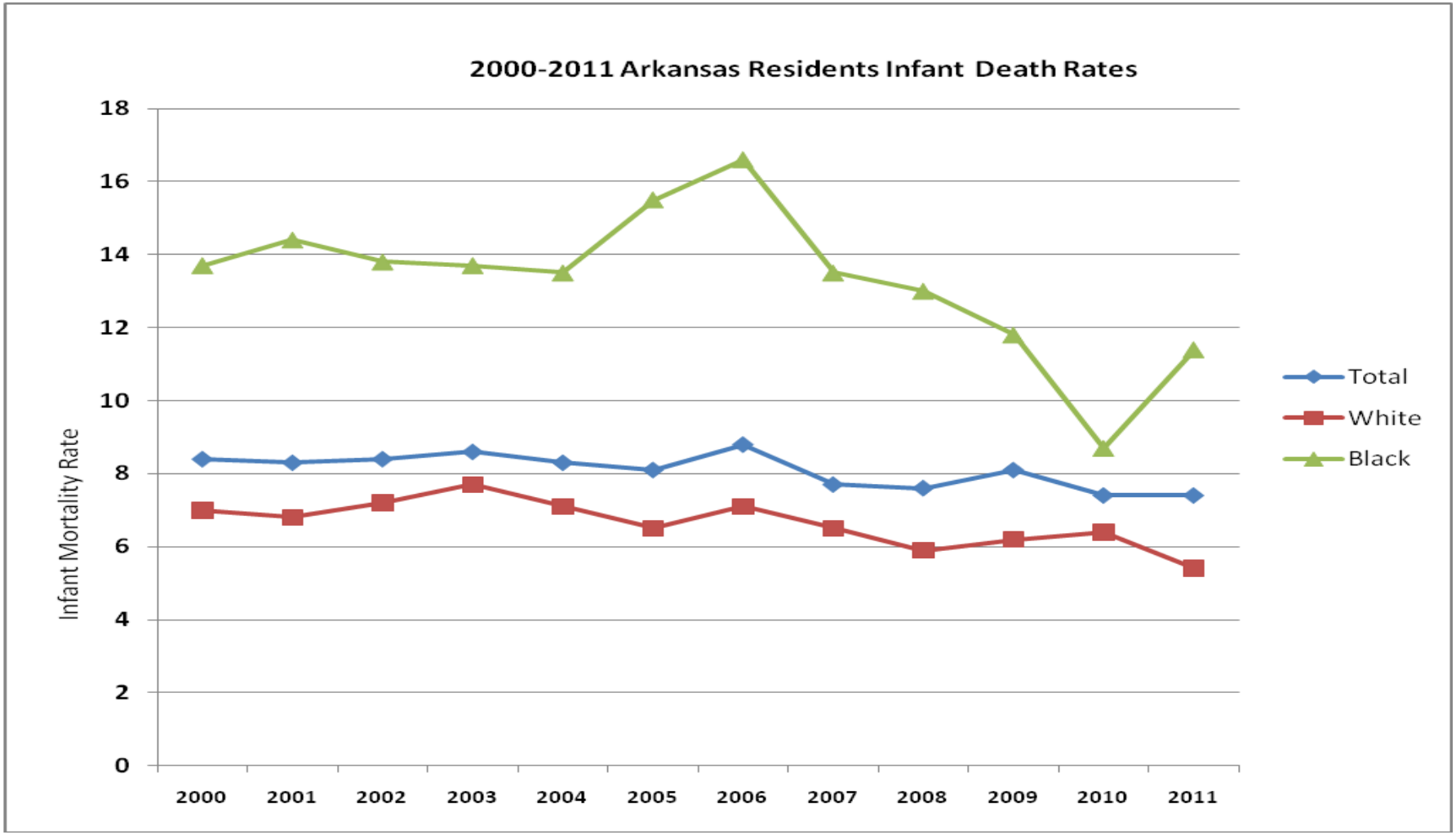
The State of African American Infant Mortality Disparity in Arkansas

(And What You and Your Sorority Can Do About It)

Only You

Can Prevent More African American Babies From Dying

Infant Mortality Rate by Maternal Race, Arkansas Resident Births



Source: Vital Statistics Data, Health Statistics Branch, Arkansas Department of Health

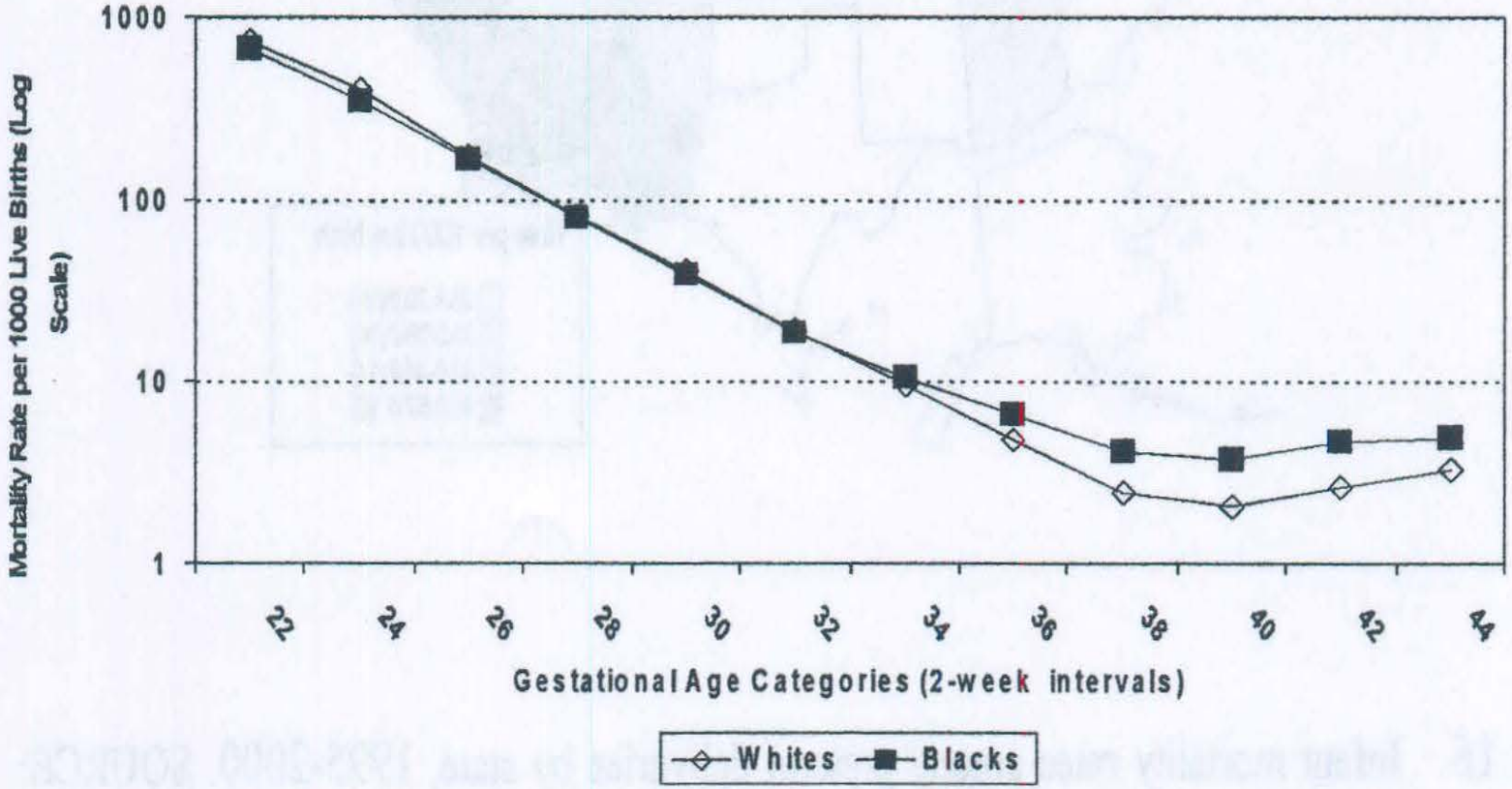


FIGURE 18 Gestational Age-Specific Infant Mortality Rates Among Blacks and Whites 1995-2000 U.S. Resident Births. SOURCE: National Vital Statistics, Natality Data, 1995-2000. unpublished data obtained from the National Center for Health Statistics.

Racial Disparity

- Black 2 pound (28 weeks) premature babies have the same (poor) IMR as other races
- The problem is that A/A have 3X s the rate of 28 week babies as other races
- Preterm deliveries account for the vast majority of racial disparity

Infant Mortality

- Prematurity is the leading cause of A/A death in the 1st year of life
- Birth Defects are the 2nd leading cause of death in the 1st year of life

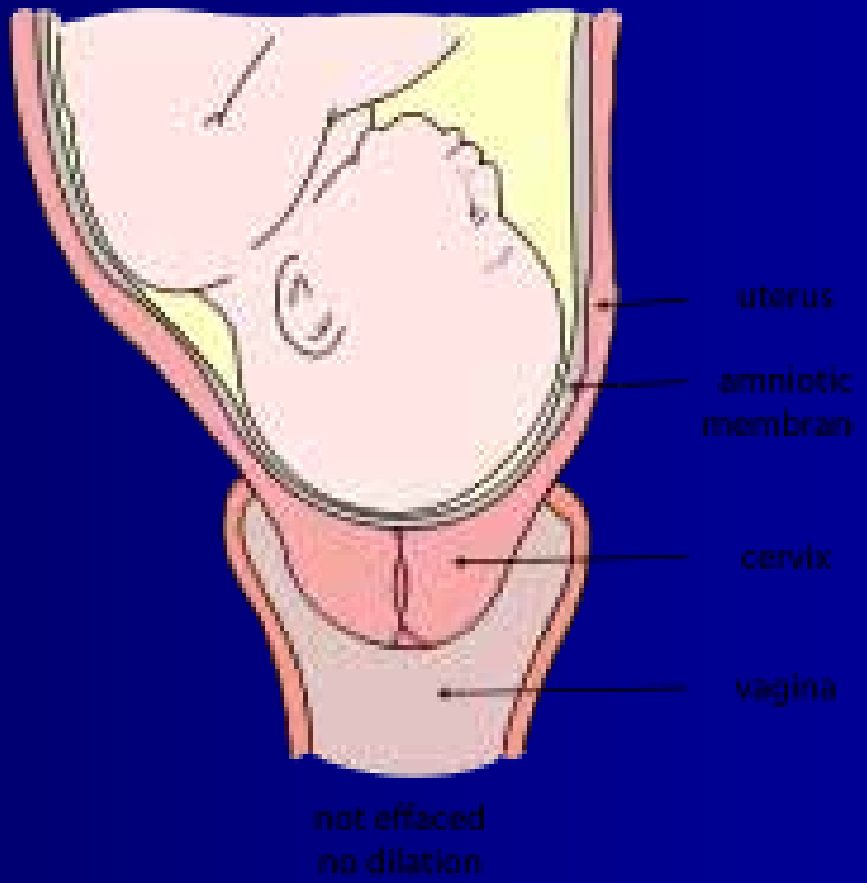
- Leading cause of IMR for A/A
- The 2% of deliveries at < 32 weeks (3 pounds) account for **over 50%** of infant mortality
- Significant reductions in IMR will require reducing preterm deliveries

If you ,a friend, or family member had a baby more than 3 weeks early….

- Be sure and remind your doctor with your next pregnancy and ask about progesterone to decrease the chances of it happening again

*Women with a previous premature baby need Progesterone.

Cervical Thickness



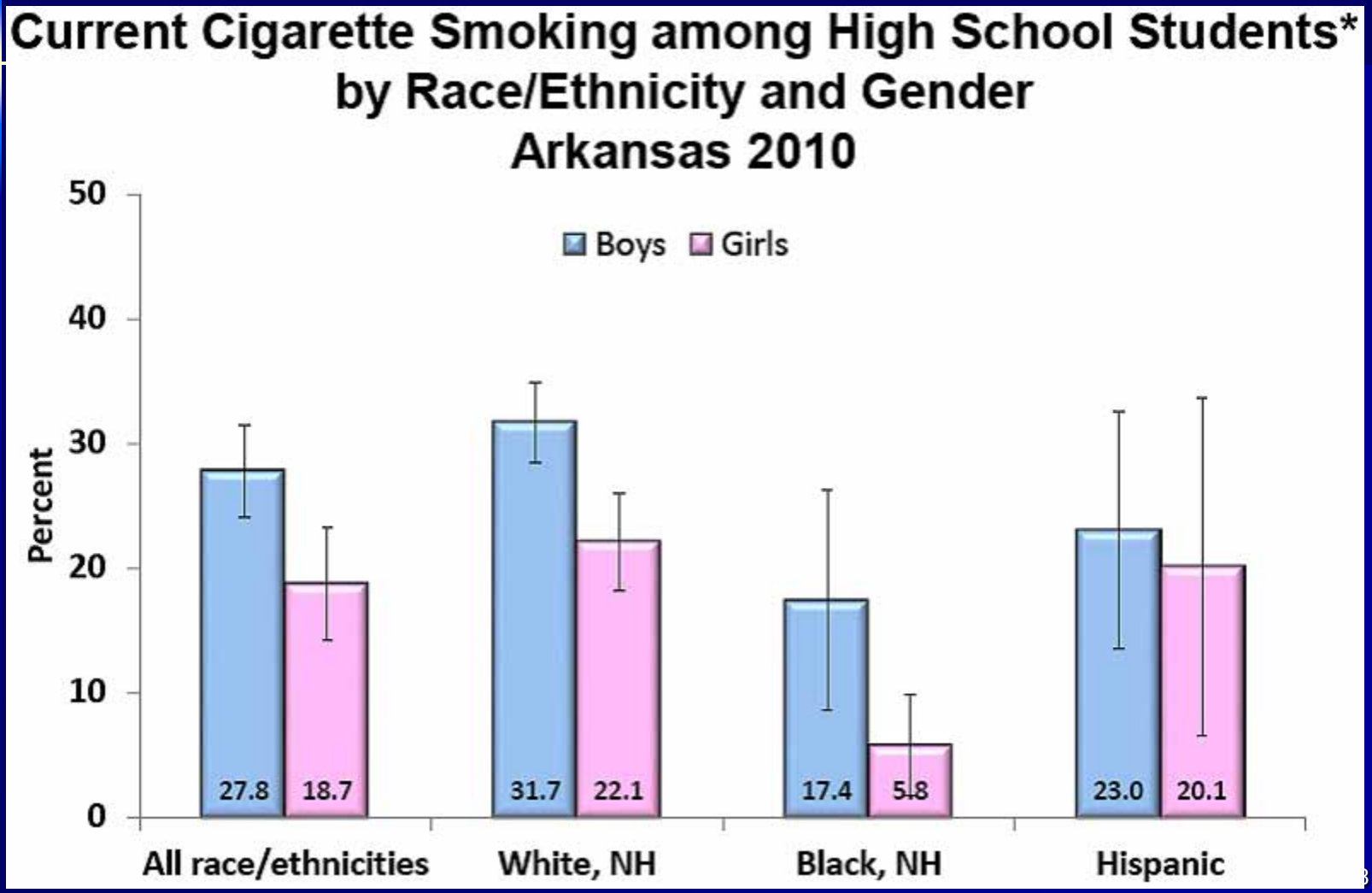
African American Moms Should Be Praised For Their Low Smoking Rates

- AR pregnant smoking average---24%
- Black AR Moms----------12%

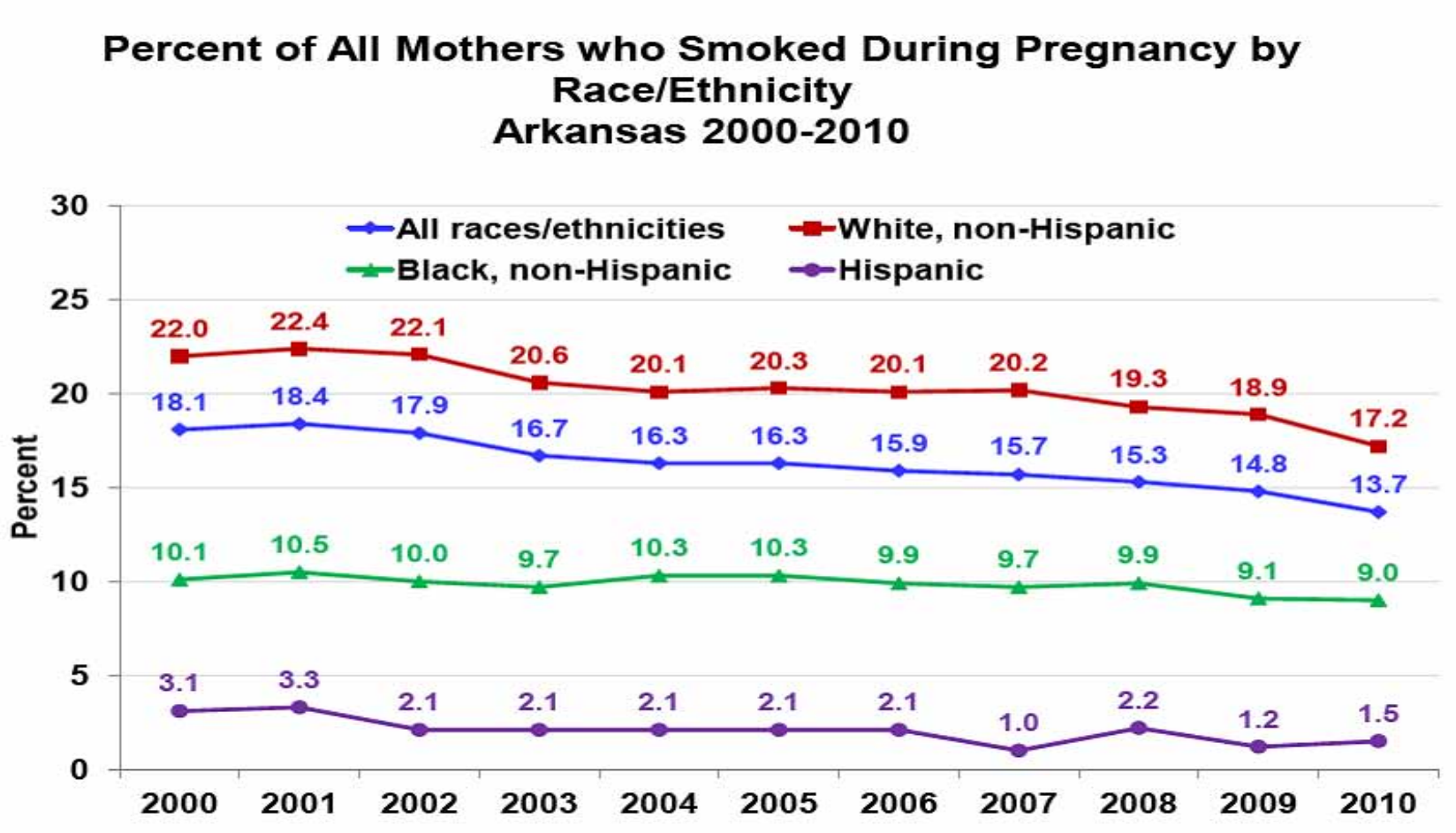
But

* Tobacco kills not only moms but their babies as well. Get help to quit (AR Quit Line)

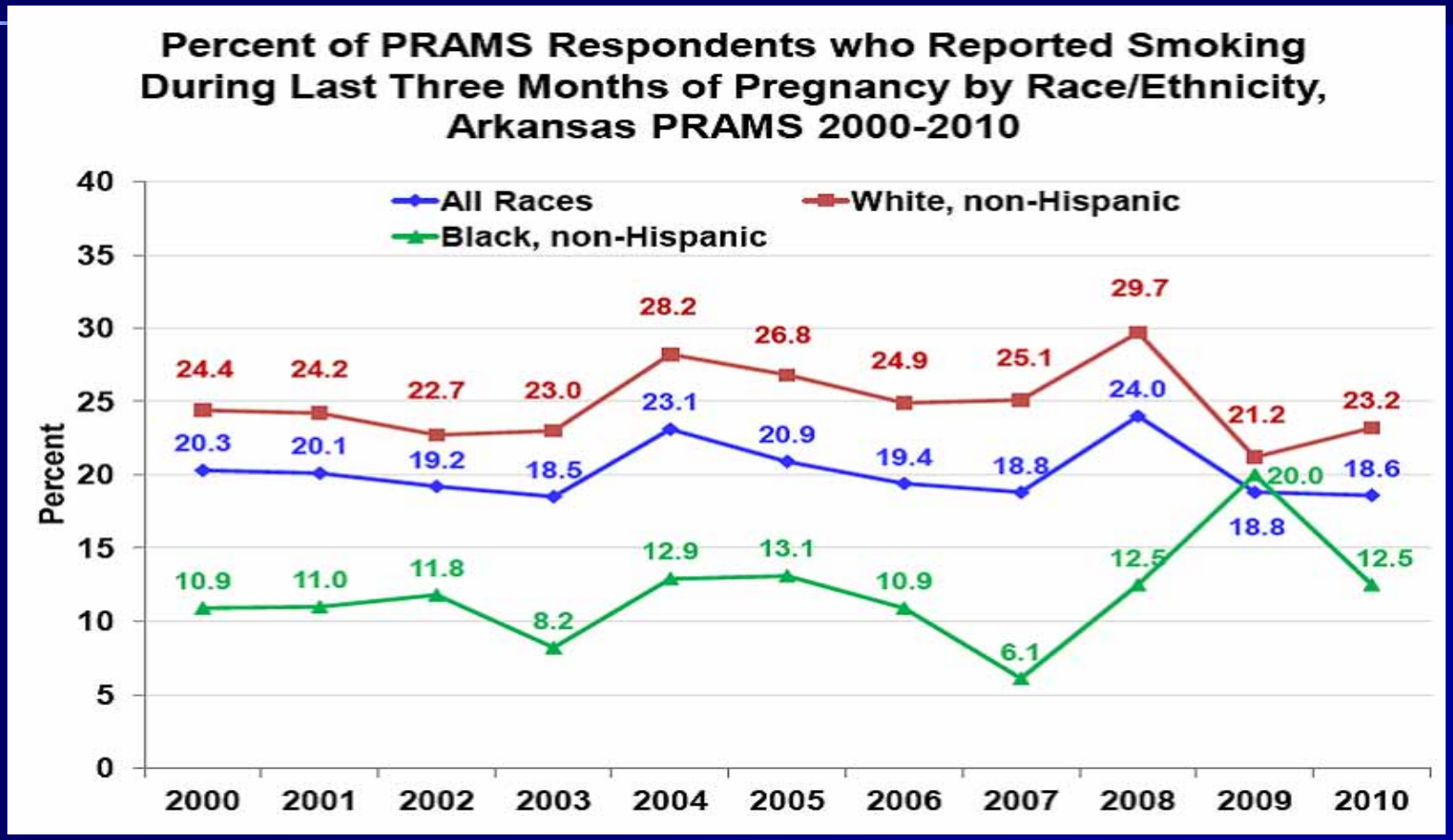
Tobacco Use


Current Cigarette Smoking among High School Students*
by Race/Ethnicity and Gender
Arkansas 2010
Boys
Girls
Percent
50
40
30
20
10
0
27.8
18.7
31.7
22.1
17.4
5.8
23.0
20.1
All race/ethnicities
White, NH
Black, NH
Hispanic

Tobacco Use


Percent of All Mothers who Smoked During Pregnancy by Race/Ethnicity
Arkansas 2000-2010
All races/ethnicities
White, non-Hispanic
Black, non-Hispanic
Hispanic
Percent
30
25
20
15
10
5
0
22.0 22.4 22.1 20.6 20.1 20.3 20.1 20.2 19.3 18.9 17.2
18.1 18.4 17.9 16.7 16.3 16.3 15.9 15.7 15.3 14.8 13.7
10.1 10.5 10.0 9.7 10.3 10.3 9.9 9.7 9.9 9.1 9.0
3.1 3.3 2.1 2.1 2.1 2.1 2.1 1.0 2.2 1.2 1.5
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

Tobacco Use

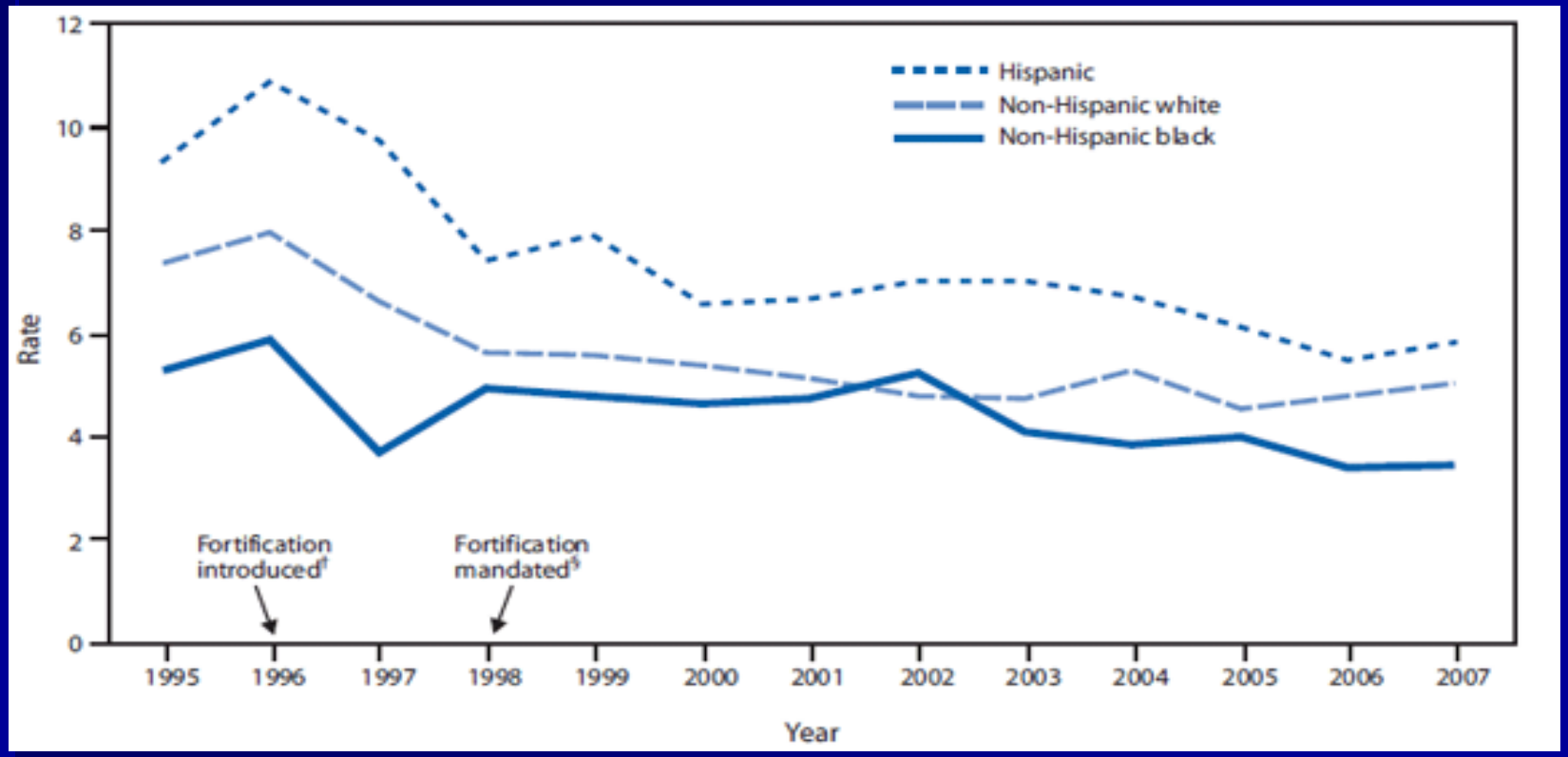

Percent of PRAMS Respondents who Reported Smoking During Last Three Months of Pregnancy by Race/Ethnicity, Arkansas PRAMS 2000-2010
All Races
White, non-Hispanic
Black, non-Hispanic
Percent
40
35
30
25
20
15
10
5
0
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
24.4
24.2
22.7
23.0
28.2
26.8
24.9
25.1
29.7
21.2
23.2
20.3
20.1
19.2
18.5
23.1
20.9
19.4
18.8
24.0
18.8
18.6
10.9
11.0
11.8
8.2
12.9
13.1
10.9
6.1
12.5
20.0
12.5

Other Risk Factors

- Babies born to Hispanic mothers are at an increased risk for spina bifida.
- Maternal obesity is significantly associated with spina bifida (doubles the risk).
- Fortification makes folic acid accessible to all women of childbearing age without requiring behavior change.

Racial/Ethnic Disparities

CDC MMWR. 2009 Jan 9;57(53):1409-13.
National Birth Defects Prevention Network,* 1995--2007

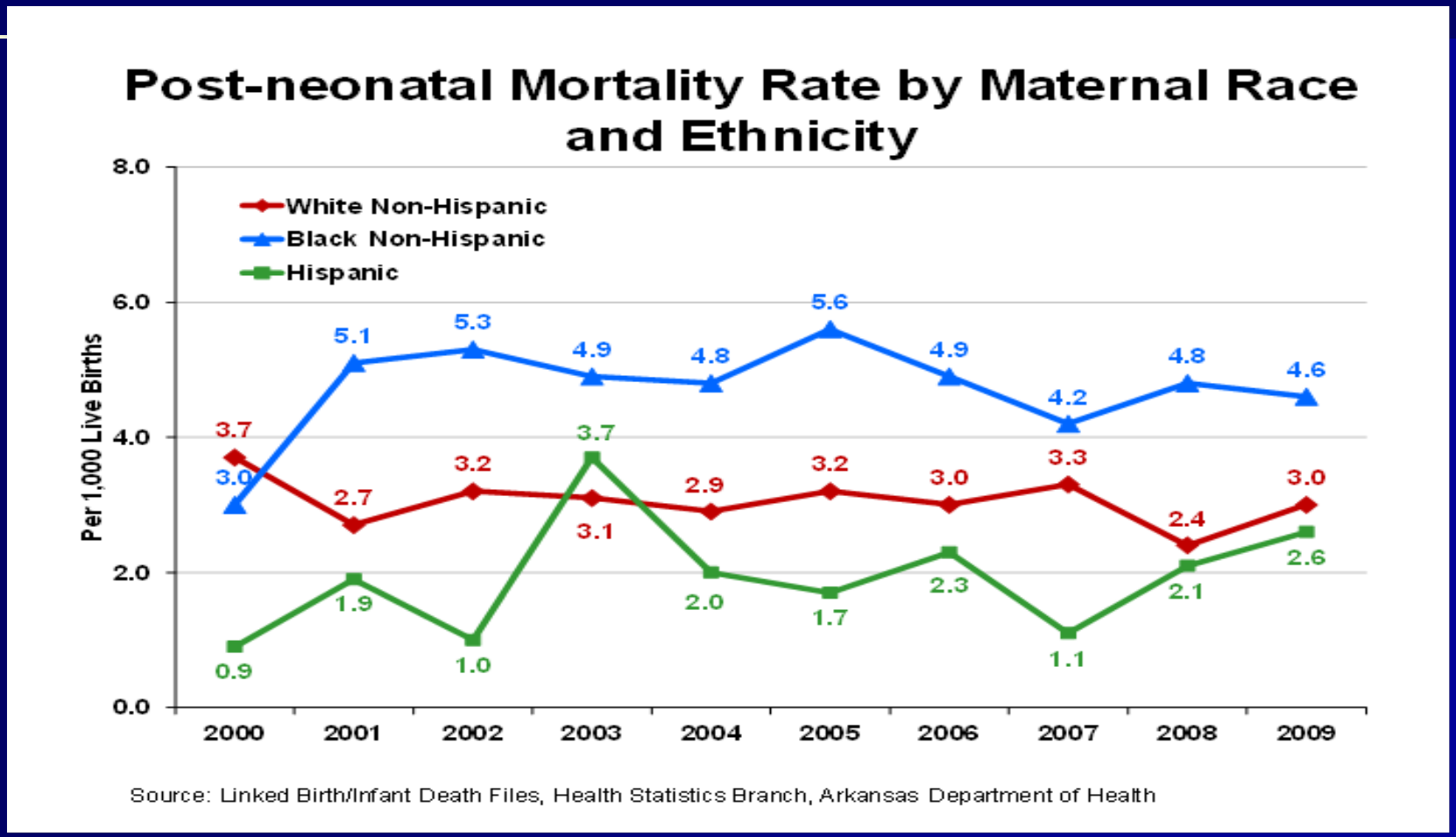


Cost

- Produces an annual savings of about $300 million, or $100 for each $1 invested in fortification

Grosse SD, Am J Prev Med 2008;35:572--7

Post Neonatal Mortality



Back to Sleep

Post-neonatal Deaths
Top Five Causes, Arkansas 2009

• Sudden infant death syndrome	64
• Congenital malformations	14
• Unintentional injuries	6
• Diseases of the circulatory system	4
• Chronic respiratory disease	3
• Septicemia	3
• Assault (Homicide)	3

Source: 2007 Death Certificates, Health Statistics Branch, Center for Public Health Practice, Arkansas Department of Health

GIS Mapping of High Impact Areas

Rupa Sharma

GIS Application in Public Health

Rupa Sharma, MSPH
Epidemiologist
ADH Office of Minority Health &
Health Disparities

Outline

- What is GIS?
- What does GIS do?
- GIS in Public Health
- Infant Mortality Rate for Selected Countries
- World Infant Mortality Rate
- World Neonatal Mortality Rate
- U.S Infant Mortality Rate
- AR Infant Mortality Rate by County
- AR Low Birth-weight Births by County
- AR Infant Mortality Rate, County, City, Zip Code

What is GIS?

- Geographic Information System (GIS) refers to both software and hardware
- GIS allows you to visualize, question, analyze, interpret, and understand data to reveal relationships, patterns, and trends with reference to geography
- GIS helps you answer questions and solve problems by looking at your data in a way that is quickly understood and easily shared.

Environmental Systems Research Institute (ESRI)
http://www.esri.com/what-is-gis/overview#overview_panel

What Does GIS do?

- Finds places, looks for features and patterns
- Quantifies to find places that meet your criteria and take action
- Density map lets you measure the no. of features using uniform area unit
- Monitors what is happening inside a specific area by mapping, take action
- Maps changes in an area to anticipate future conditions, decide on a course of action

Environmental Systems Research Institute (ESRI)
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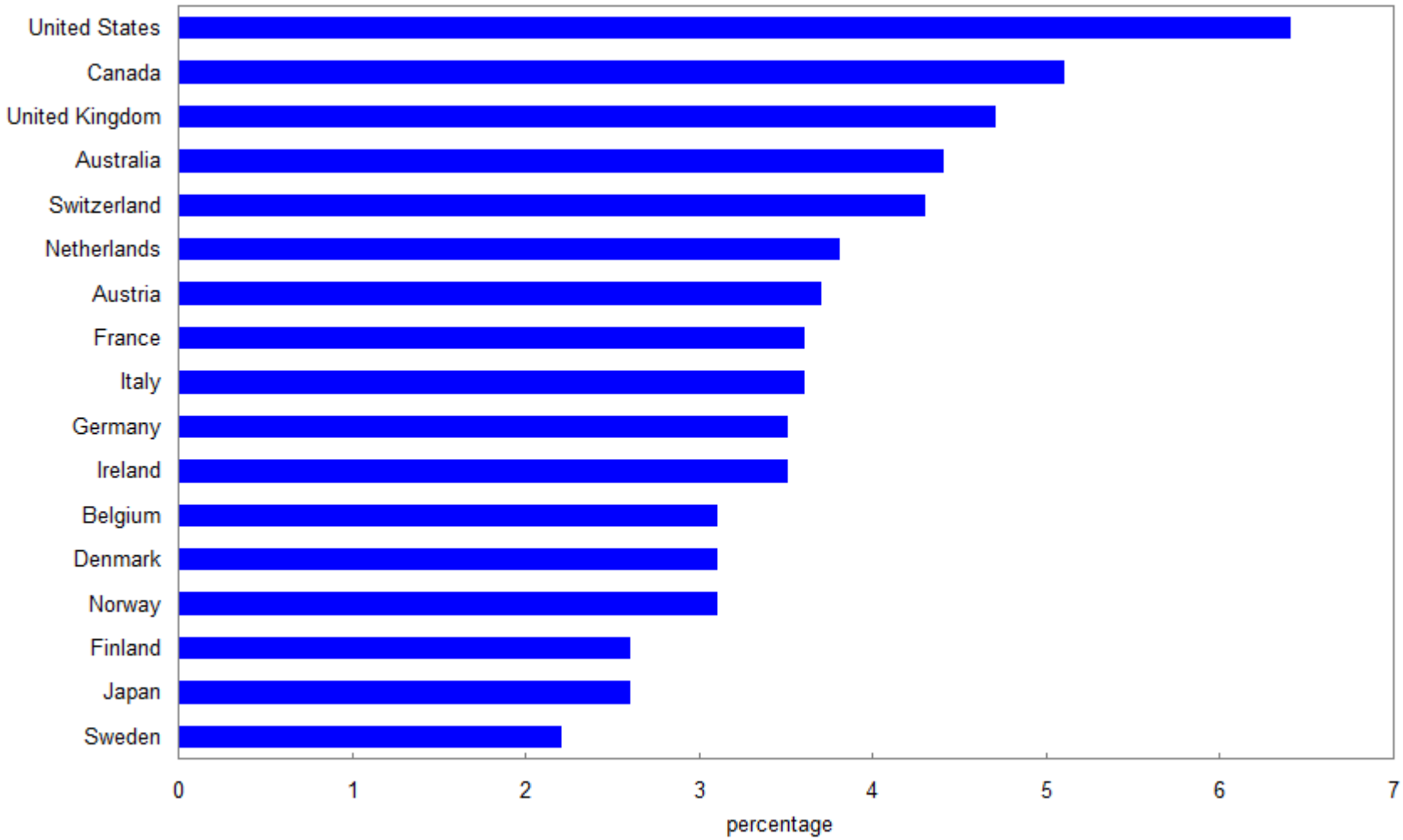
GIS in Public Health

- Collect, store, analyze data/information
- Public Health surveillance
- Disease investigation
- Identify health care shortage area
- Health services/resource allocation
- Plan/target intervention
- Monitor diseases/interventions over time
- Identify and prioritize high impact areas
- Make informed decision

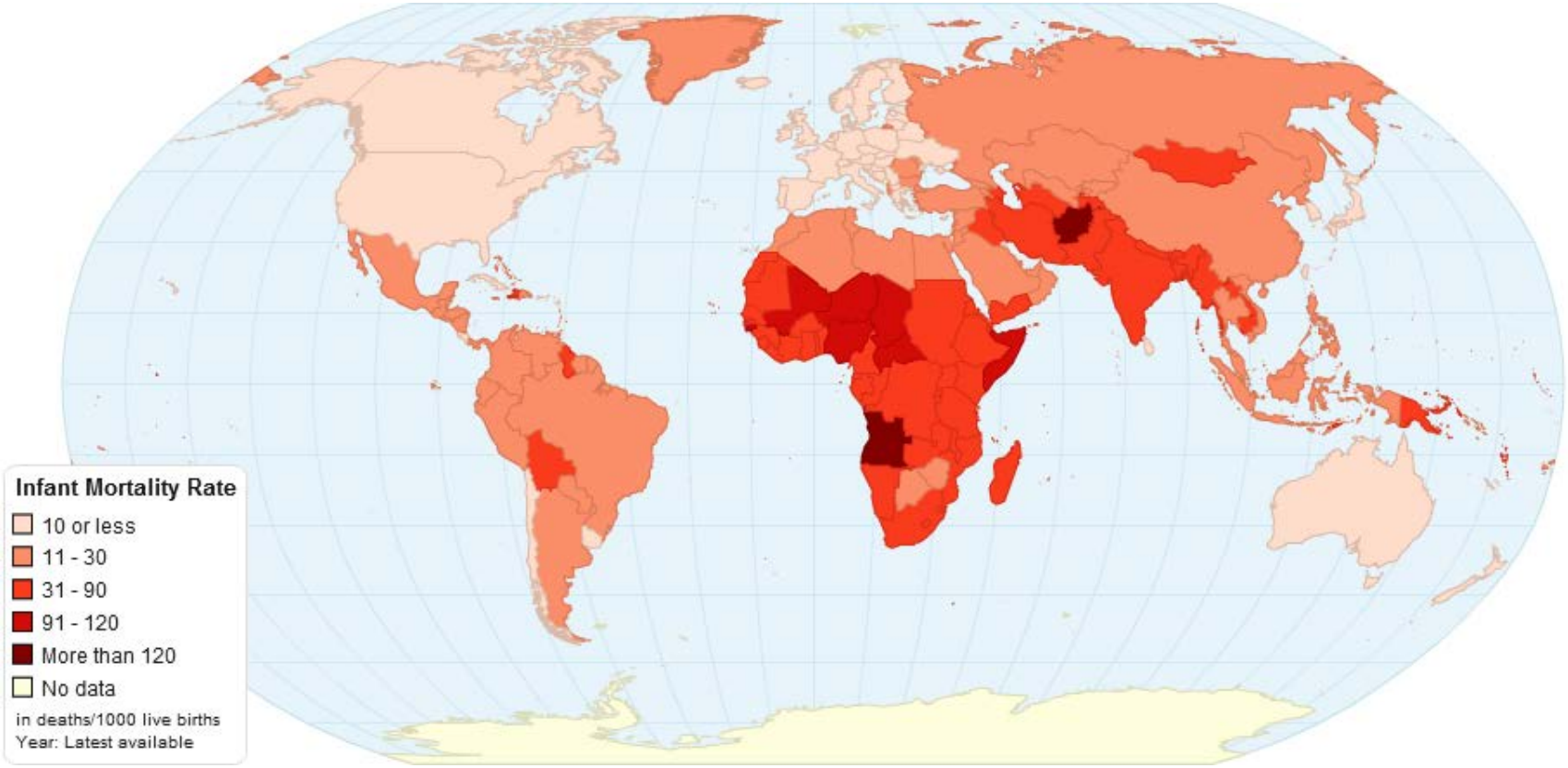
Center for Disease Control and Prevention (CDC)
http://www.cdc.gov/gis/

Infant Mortality Rate, Selected Countries



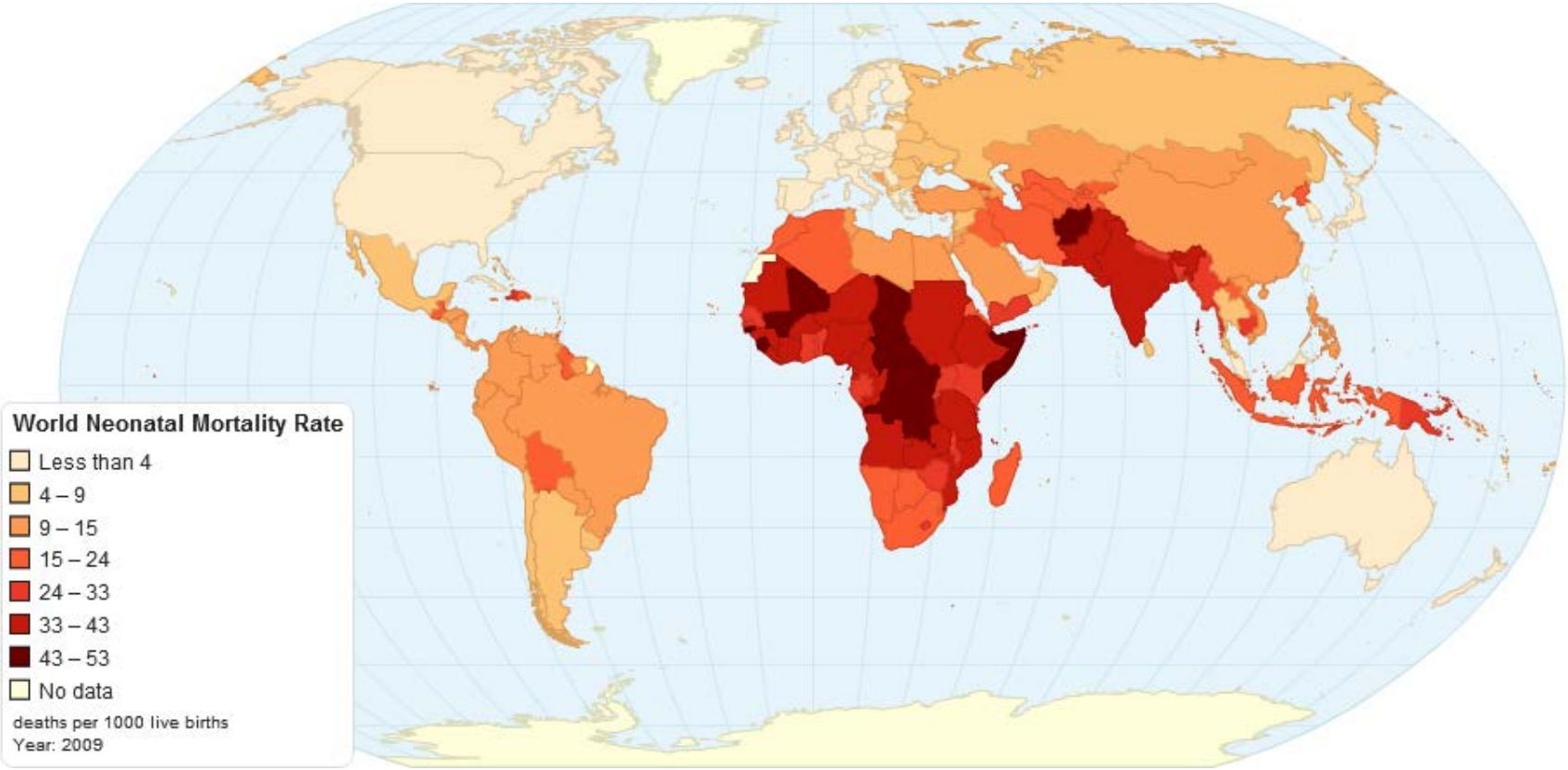
Sources: Population Reference Bureau. 2010. *2010 World Population Data Sheet*, Washington, DC and Statistics Canada, Health Statistics Division, Vital Statistics.

World Infant Mortality Rate



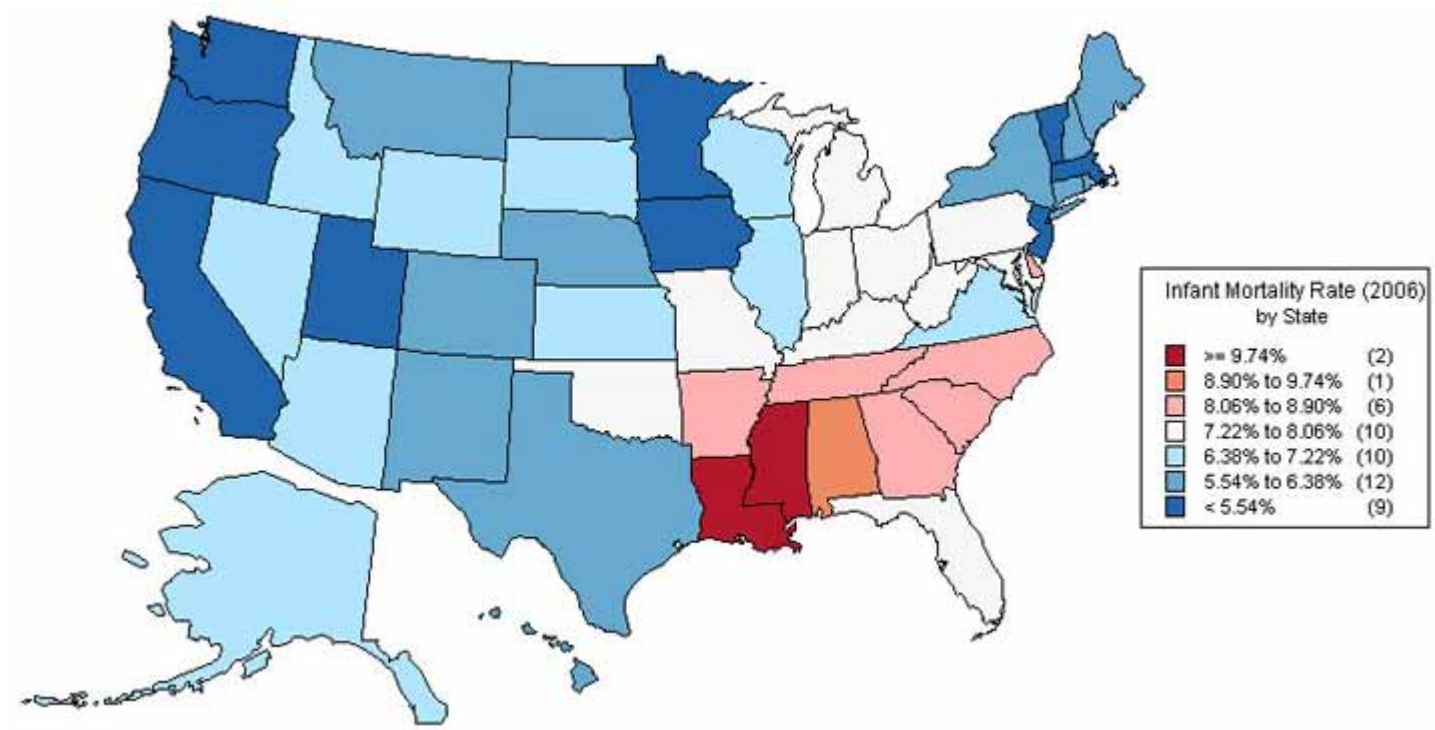
World Health Organization: http://www.who.int/en/

World Neonatal Mortality Rate



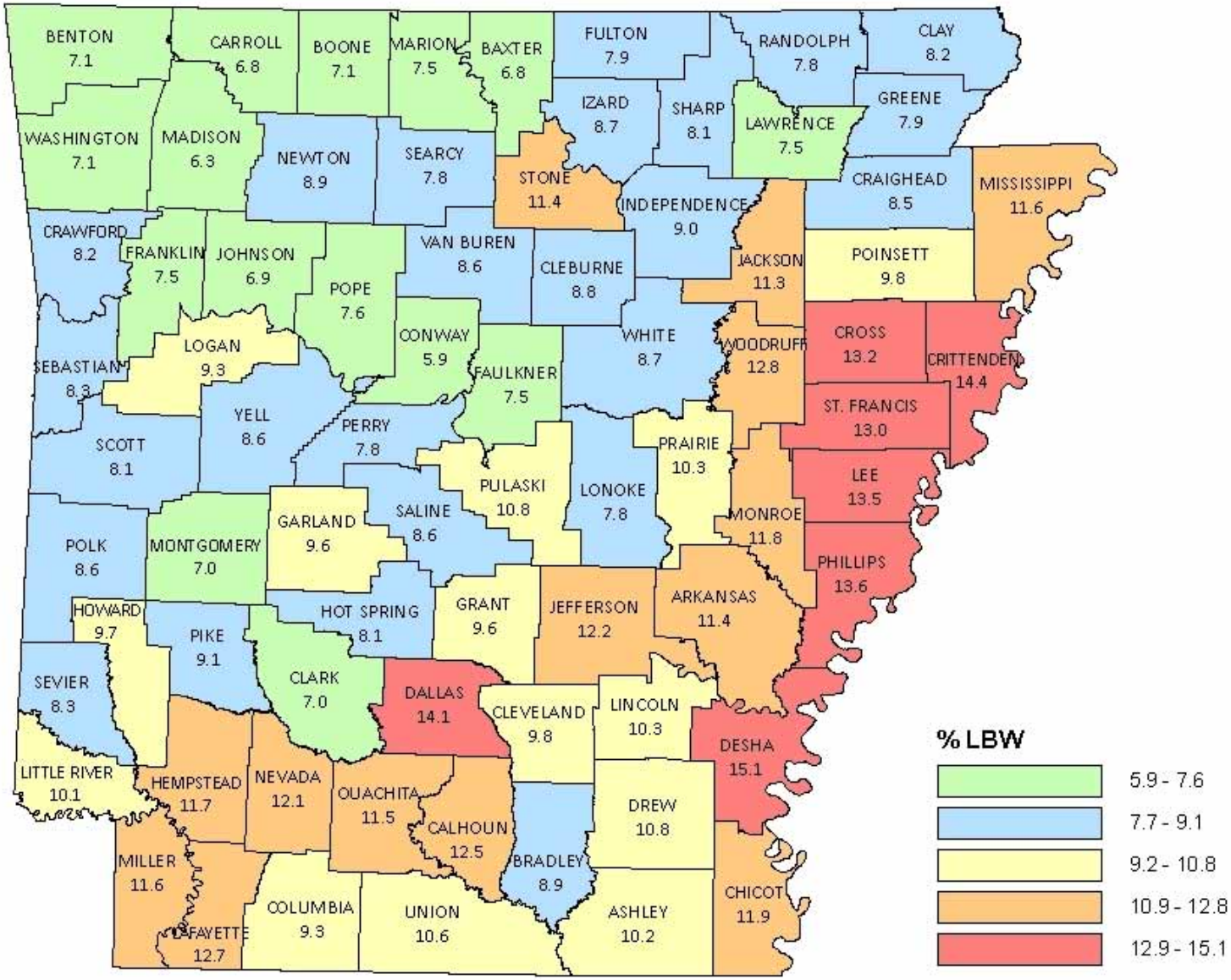
World Health Organization: http://www.who.int/en/

U.S Infant Mortality Rate



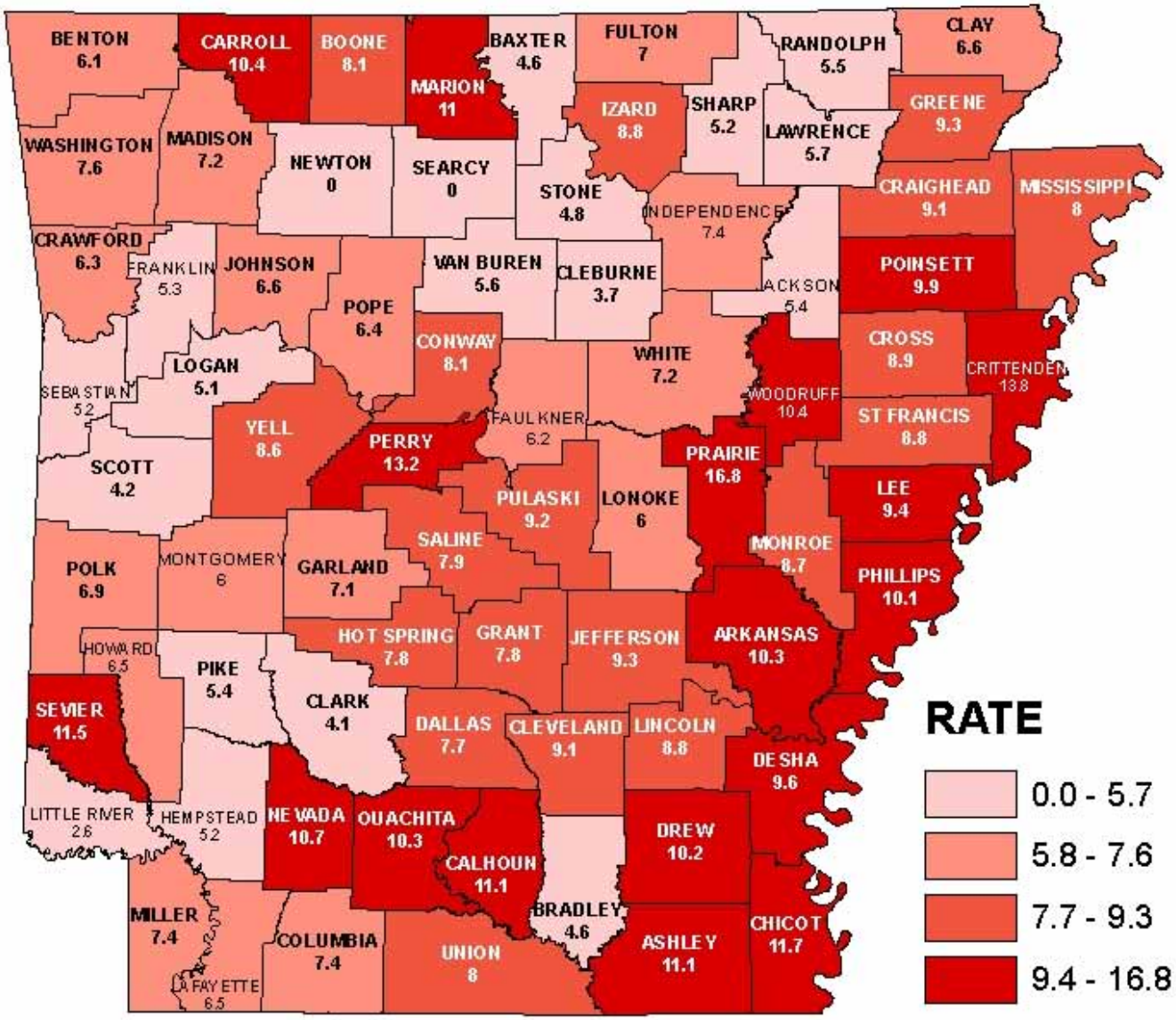
Center for Disease Control and Prevention (CDC)
http://www.cdc.gov/gis/

Low Birthweight Births by County, Arkansas



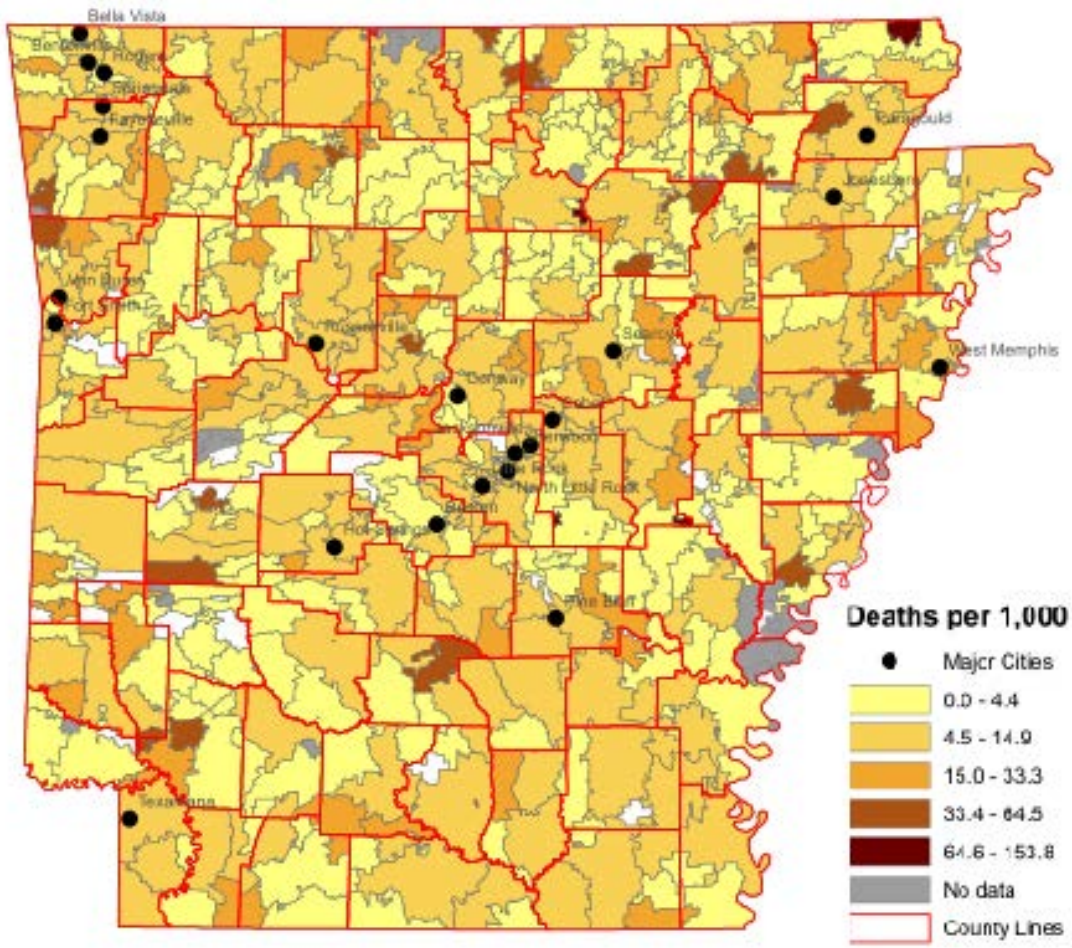
Source: Arkansas Department of Health, Center for Public Health Practice, Health Statistics Branch

Infant Mortality Rate by County, Arkansas



Map Source: Arkansas Department of Health, Center for Public Health Practice, Health Statistics Branch

Arkansas Infant Mortality Rate by County, City, Zip Code, 2009



Source: Arkansas Department of Health, Center for Public Health Practice, Health Statistics Branch

GIS in Public Health

- Collect, store, analyze data/information
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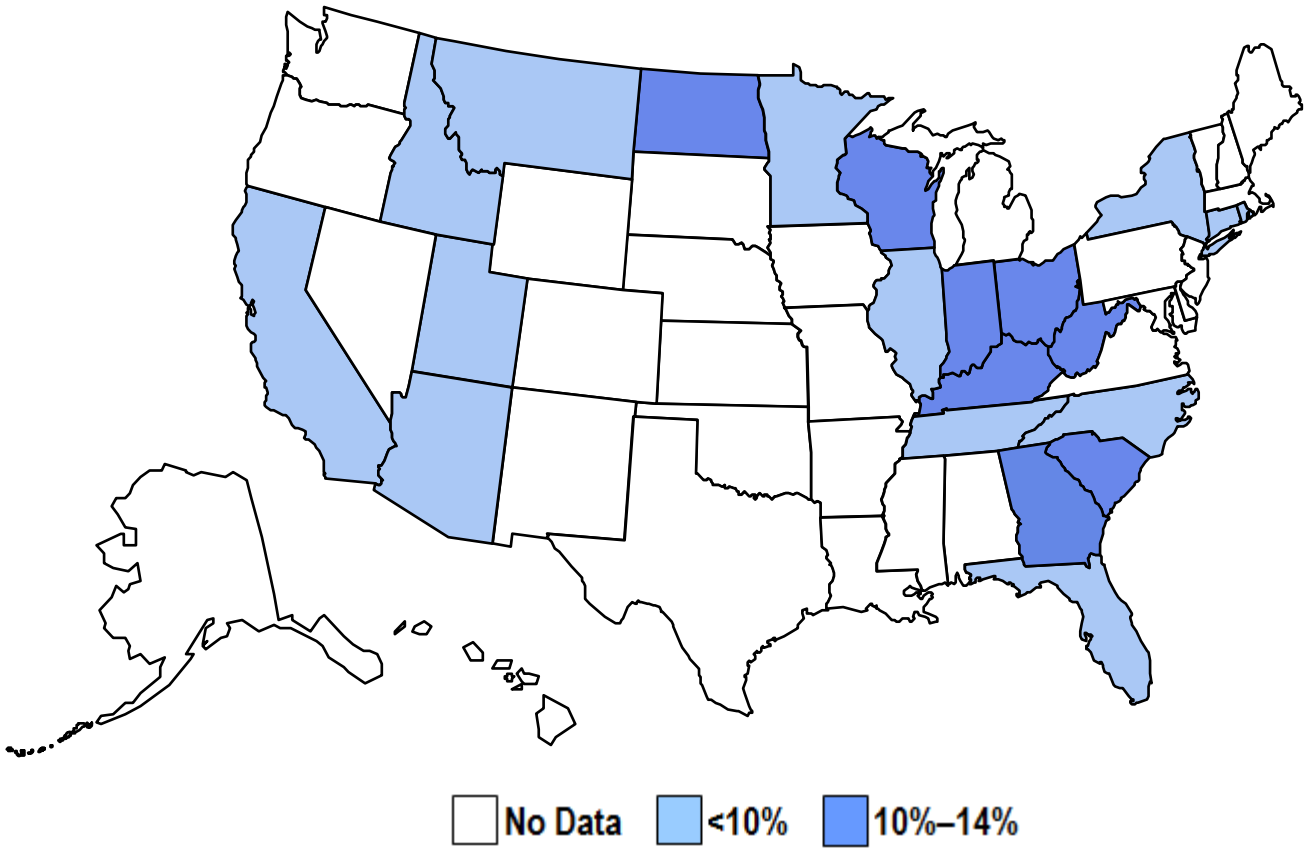
Center for Disease Control and Prevention (CDC)
http://www.cdc.gov/gis/

Obesity Trends* Among U.S. Adults
BRFSS, 1985

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Center for Disease Control and Prevention (CDC)

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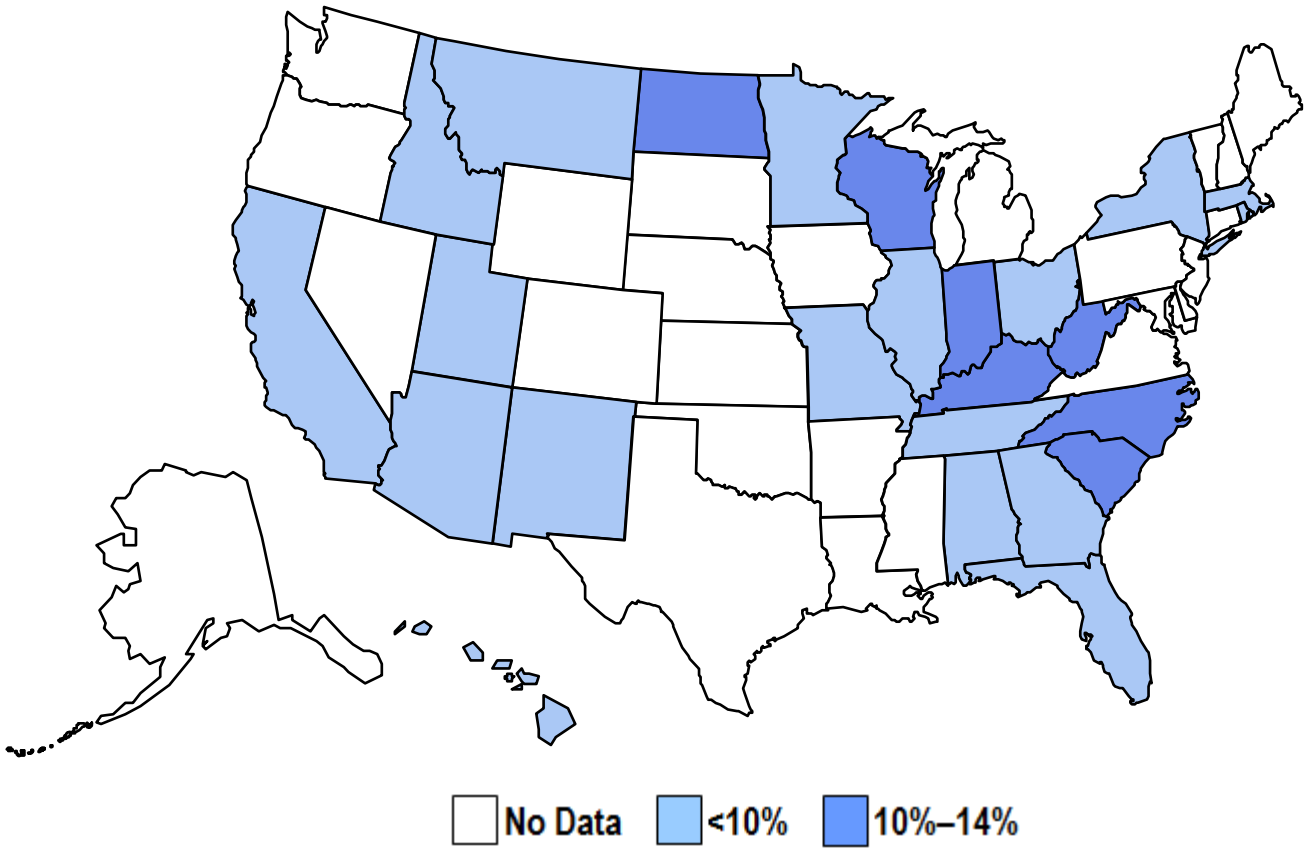

Center for Disease Control and Prevention (CDC)

Obesity Trends* Among U.S. Adults
BRFSS, 1987

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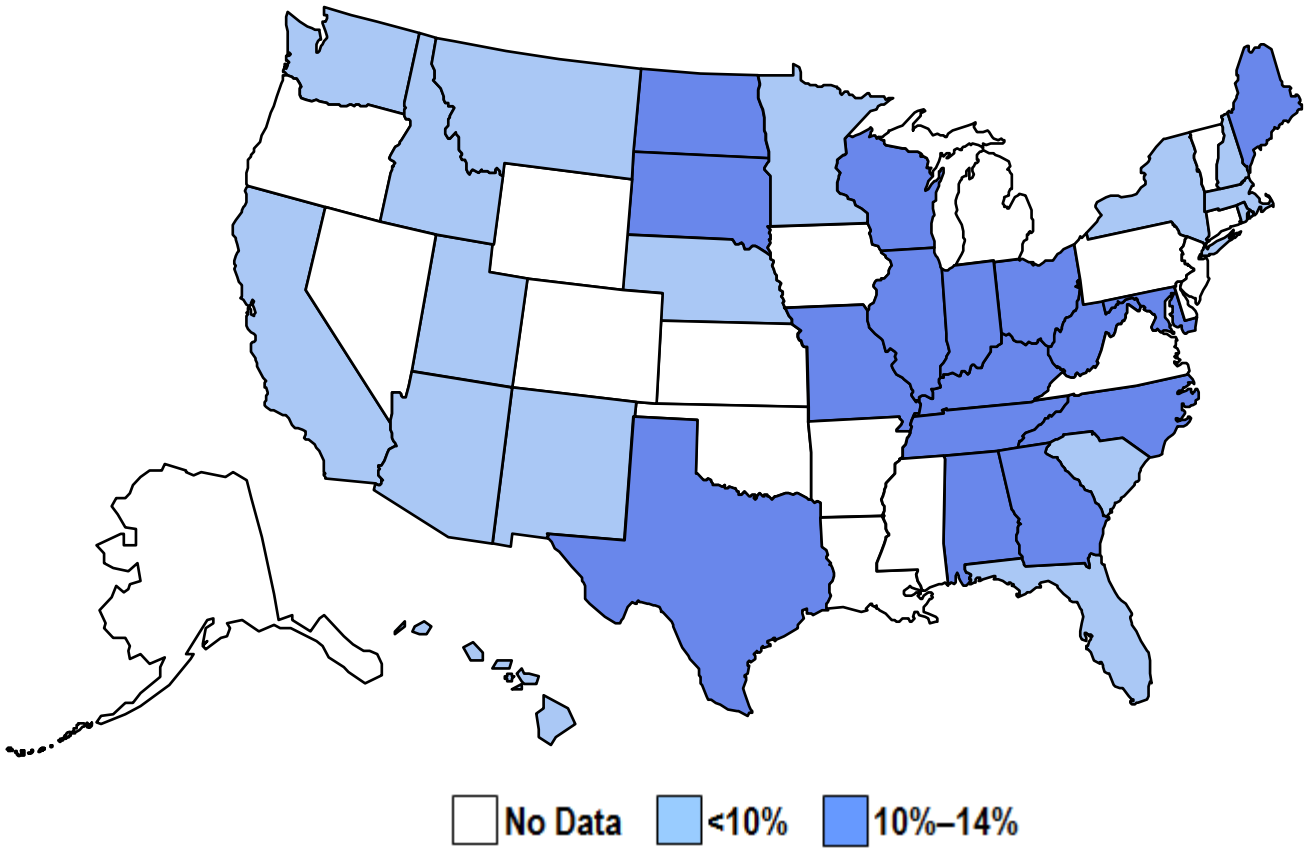

Center for Disease Control and Prevention (CDC)

Obesity Trends* Among U.S. Adults
BRFSS, 1988

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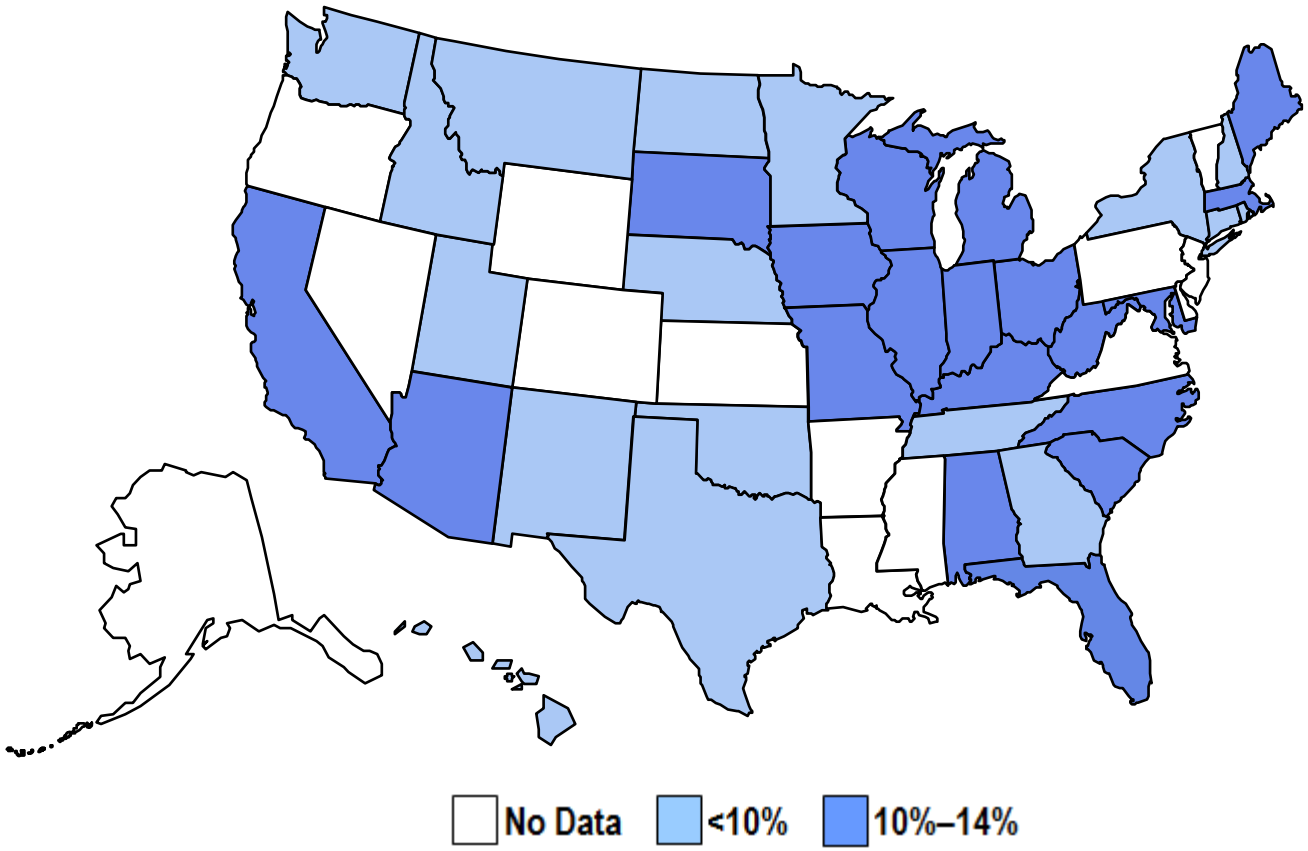

Center for Disease Control and Prevention (CDC)

Obesity Trends* Among U.S. Adults
BRFSS, 1989

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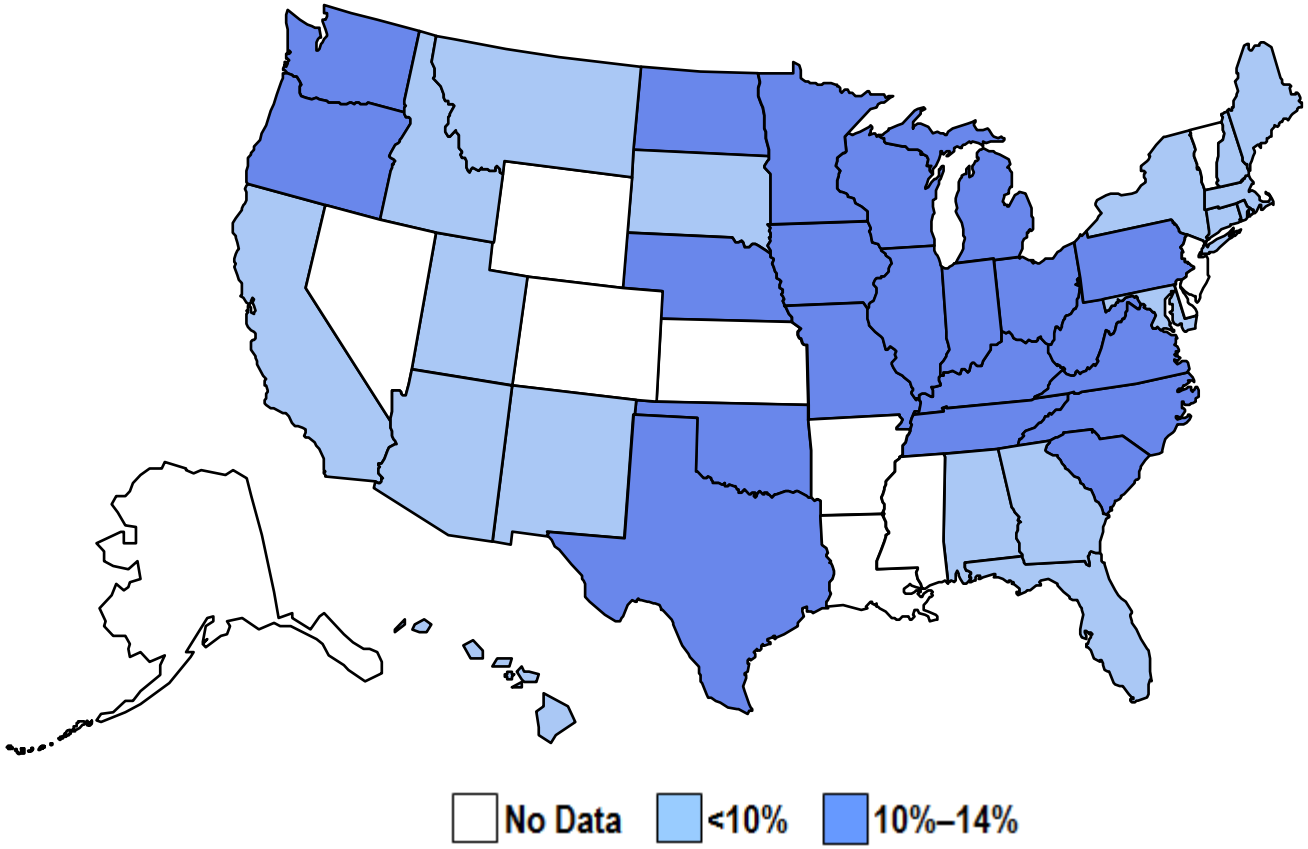

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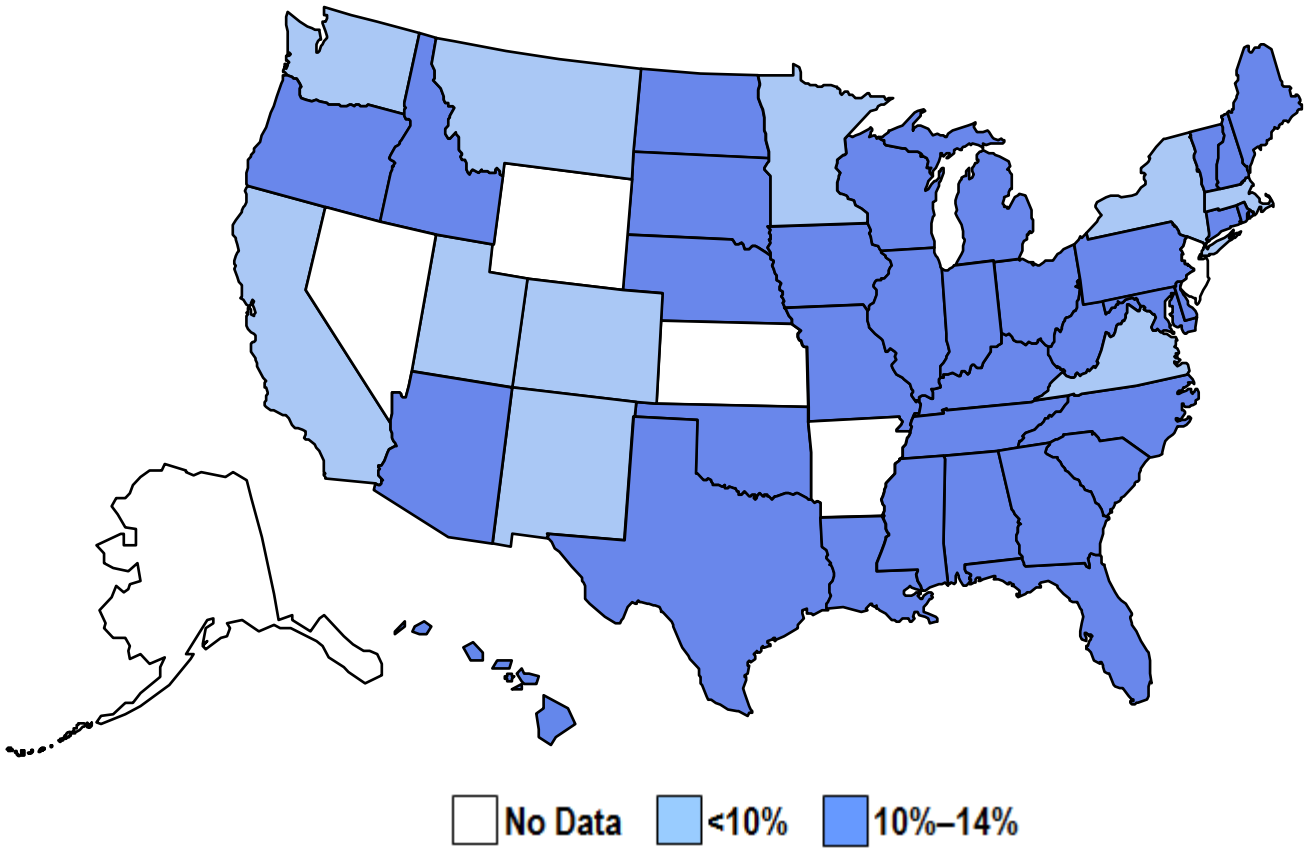

Center for Disease Control and Prevention (CDC)

Obesity Trends* Among U.S. Adults
BRFSS, 1991

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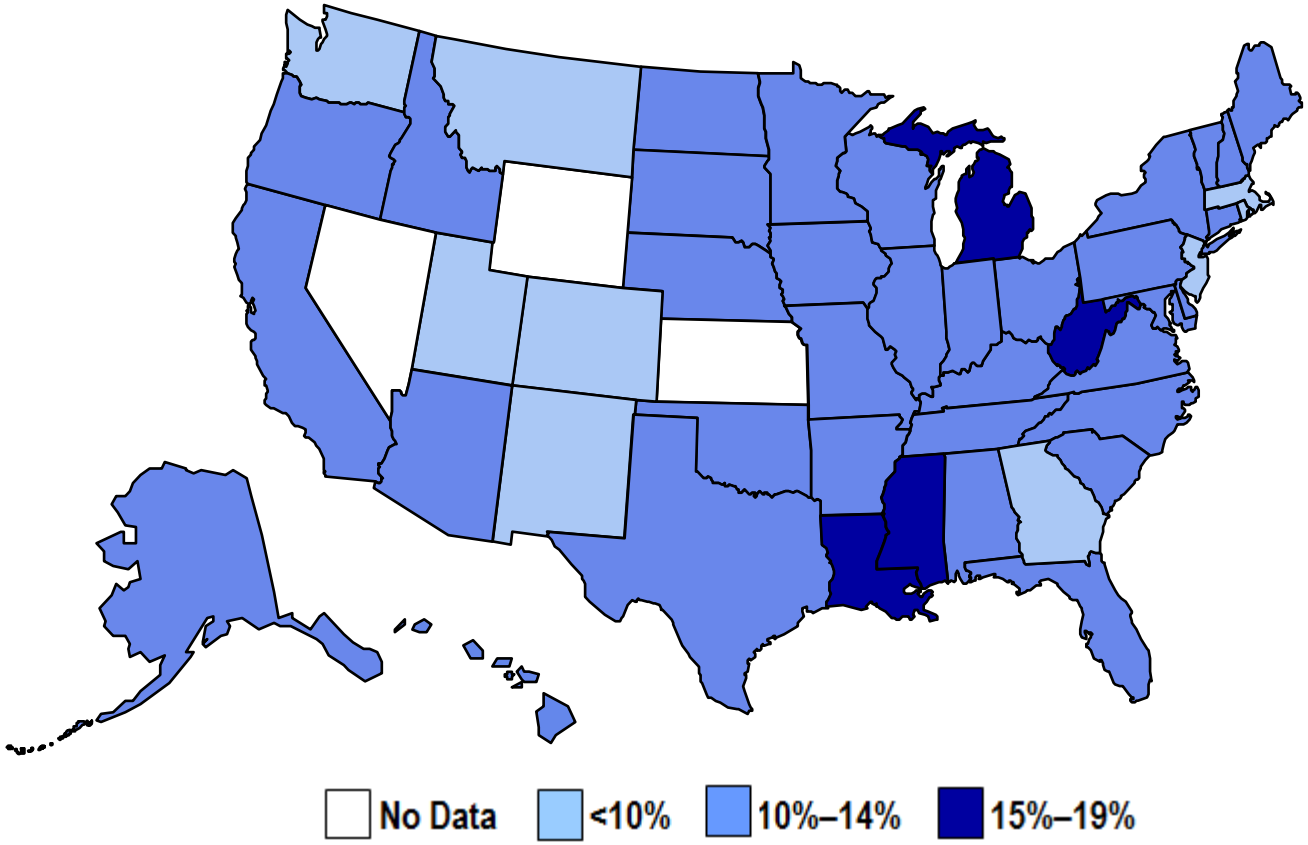

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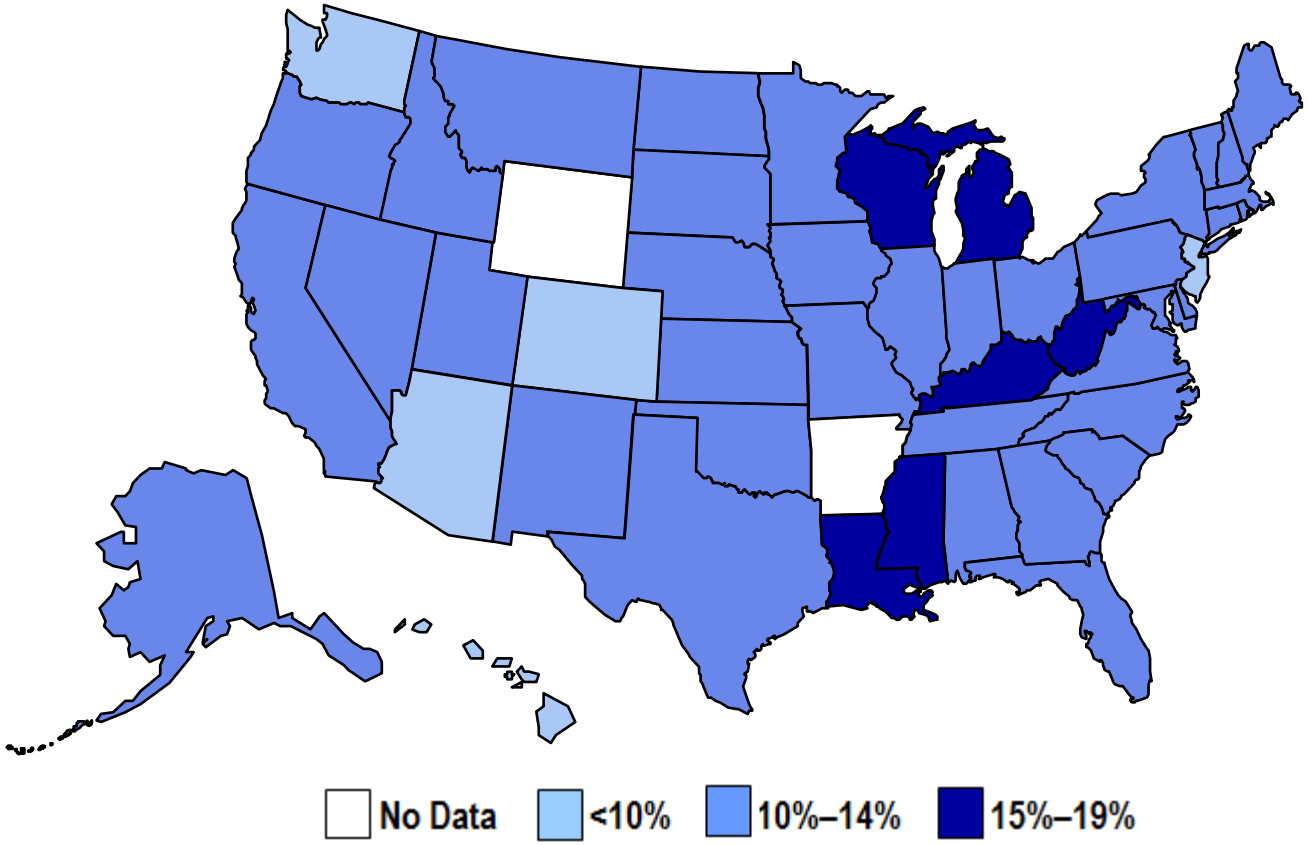

Center for Disease Control and Prevention (CDC)

Obesity Trends* Among U.S. Adults
BRFSS, 1993

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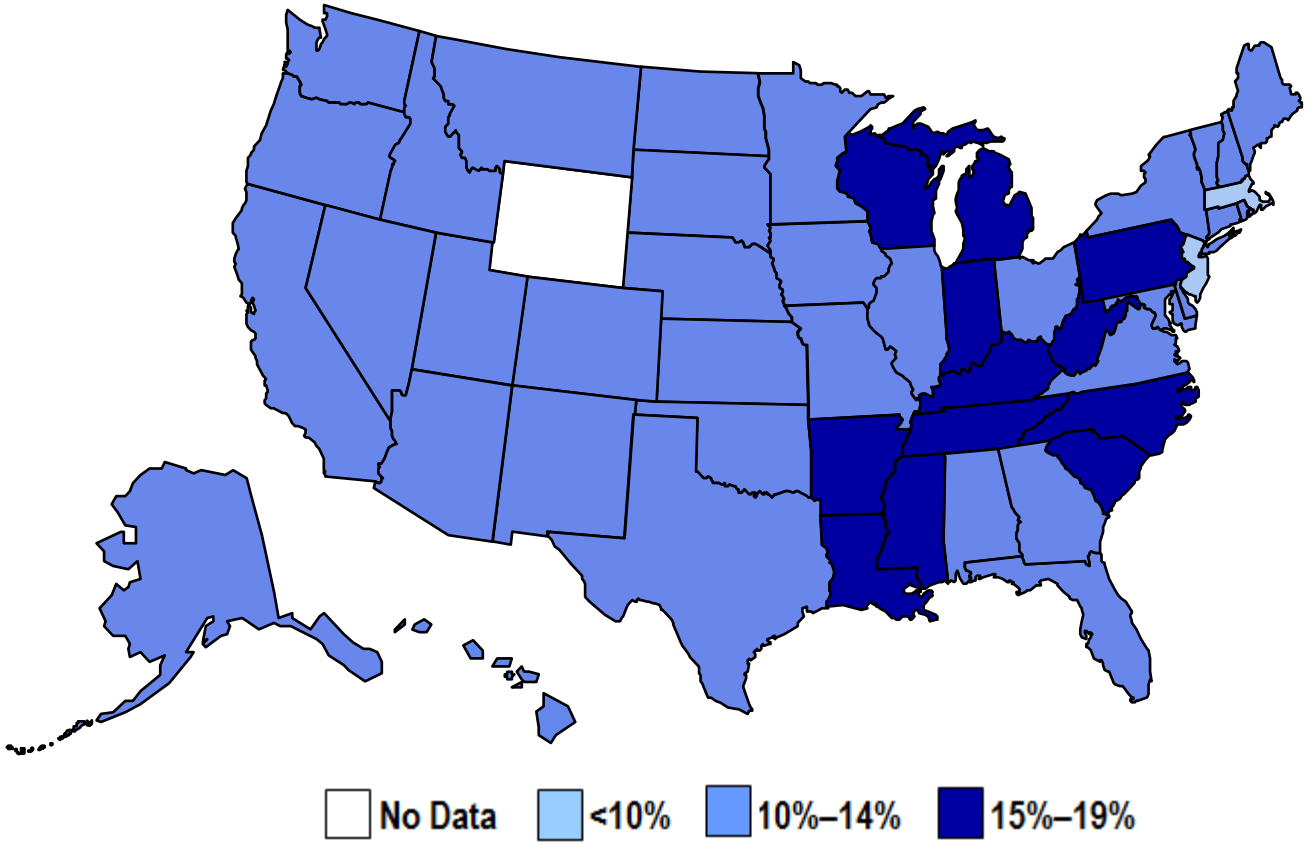

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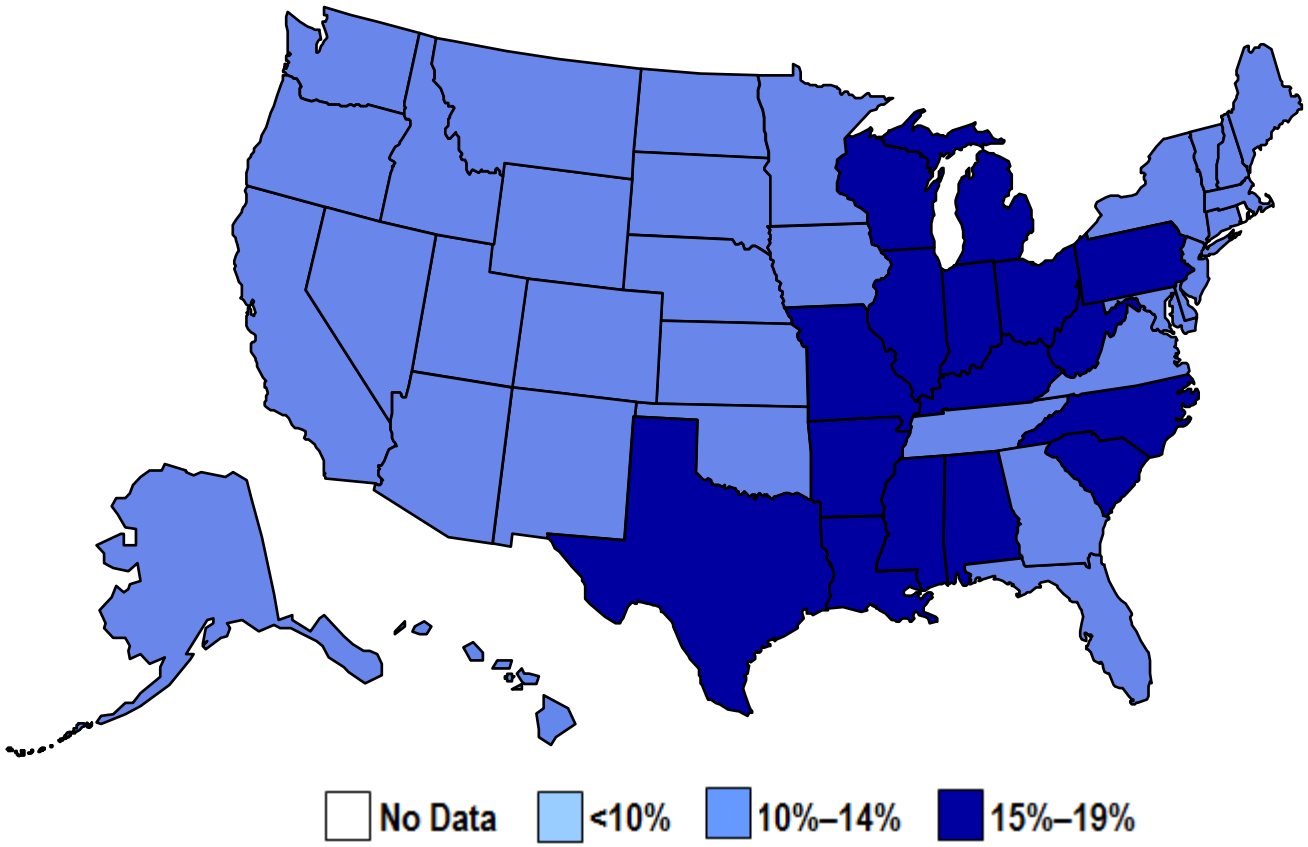

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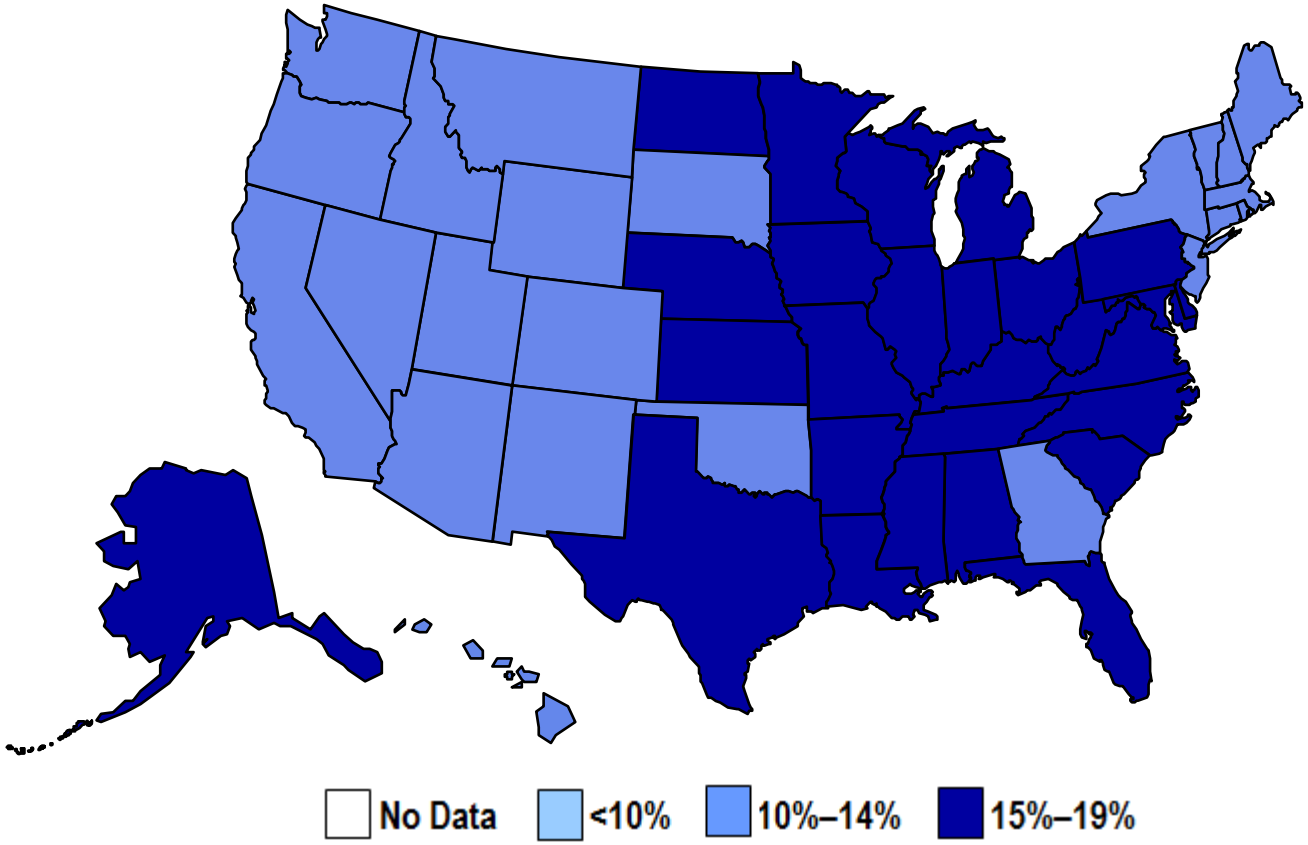

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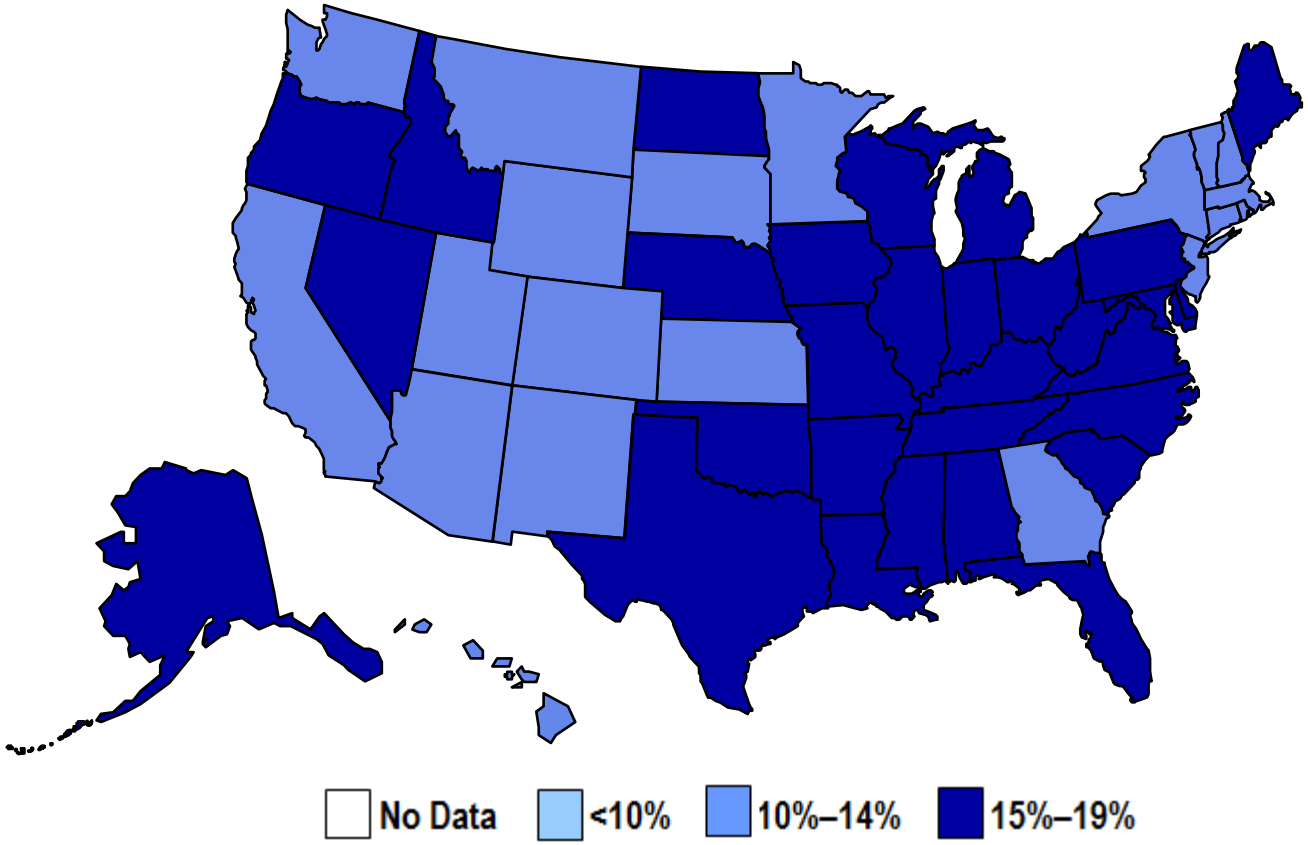

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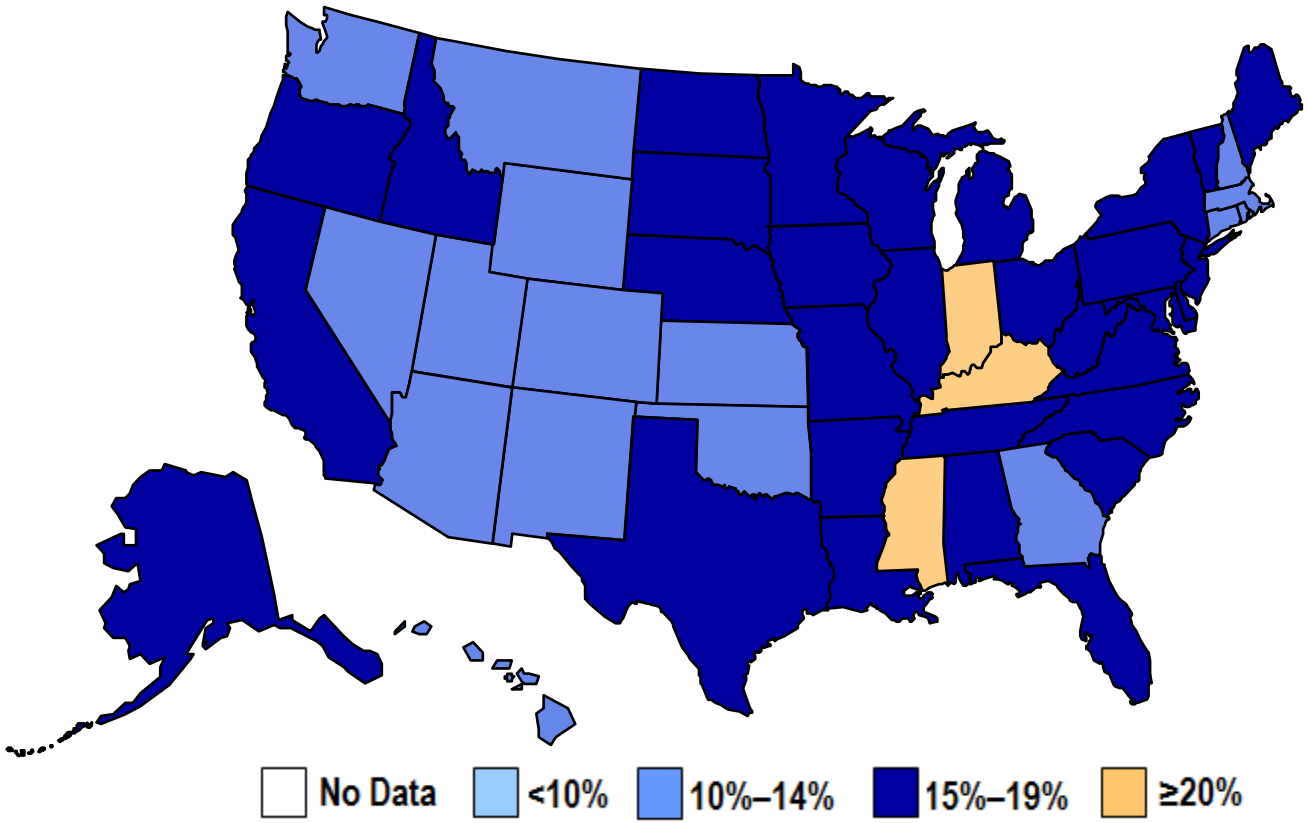

Center for Disease Control and Prevention (CDC)

Obesity Trends* Among U.S. Adults
BRFSS, 1998

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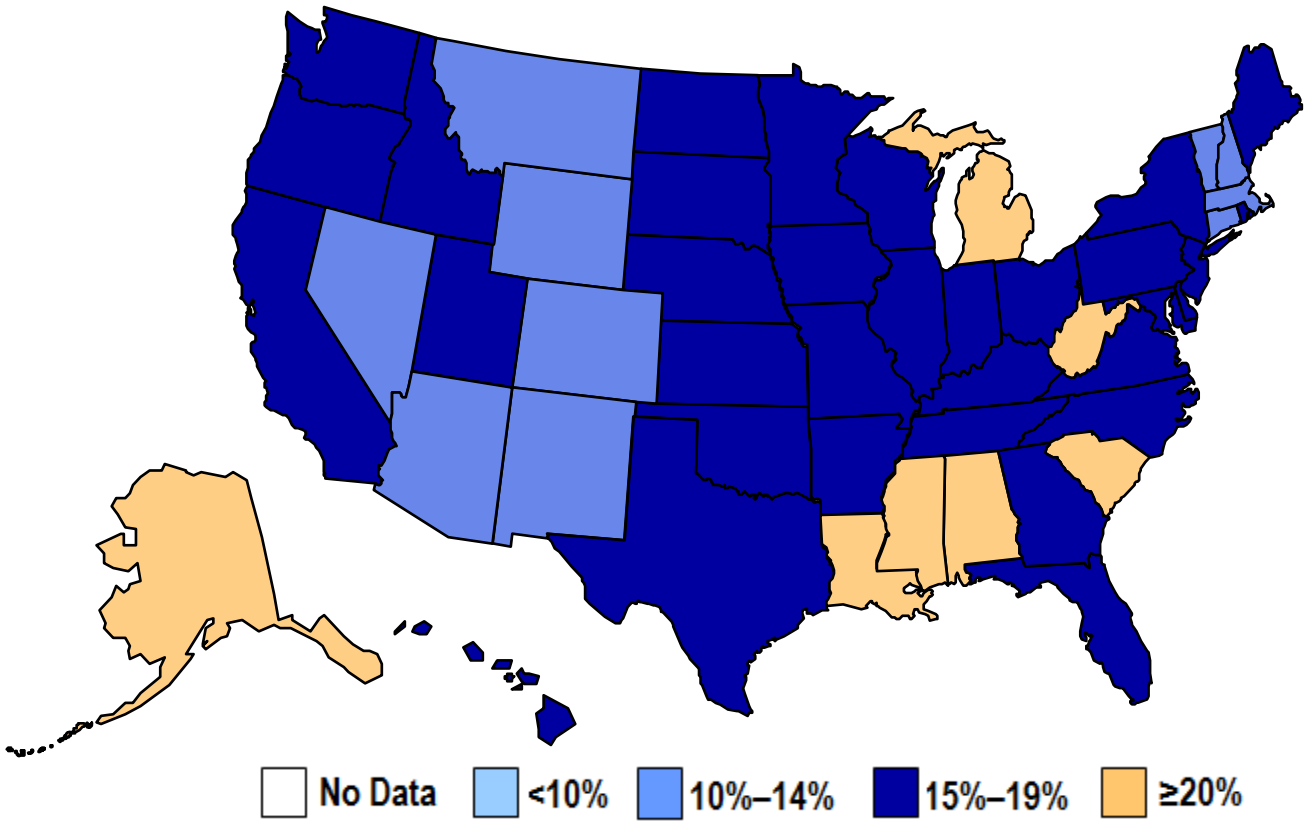

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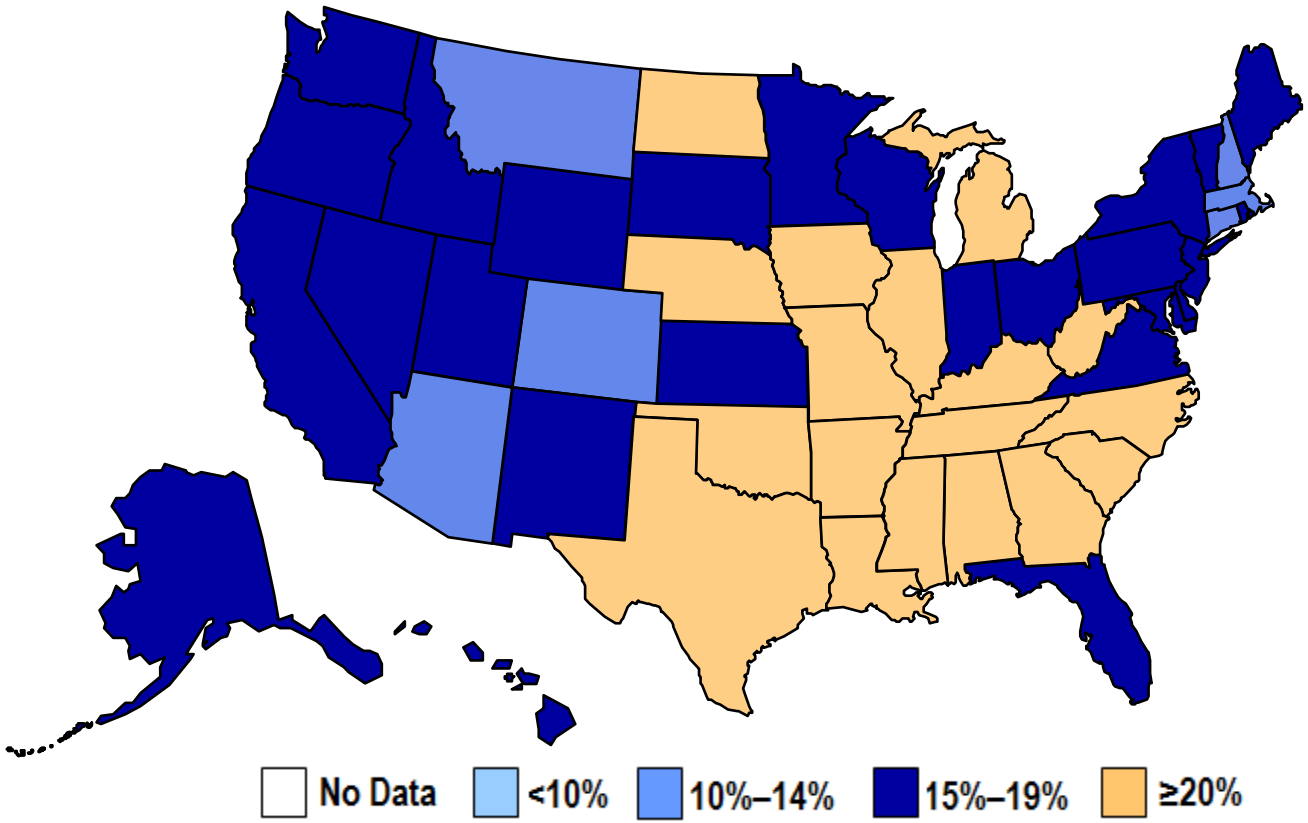

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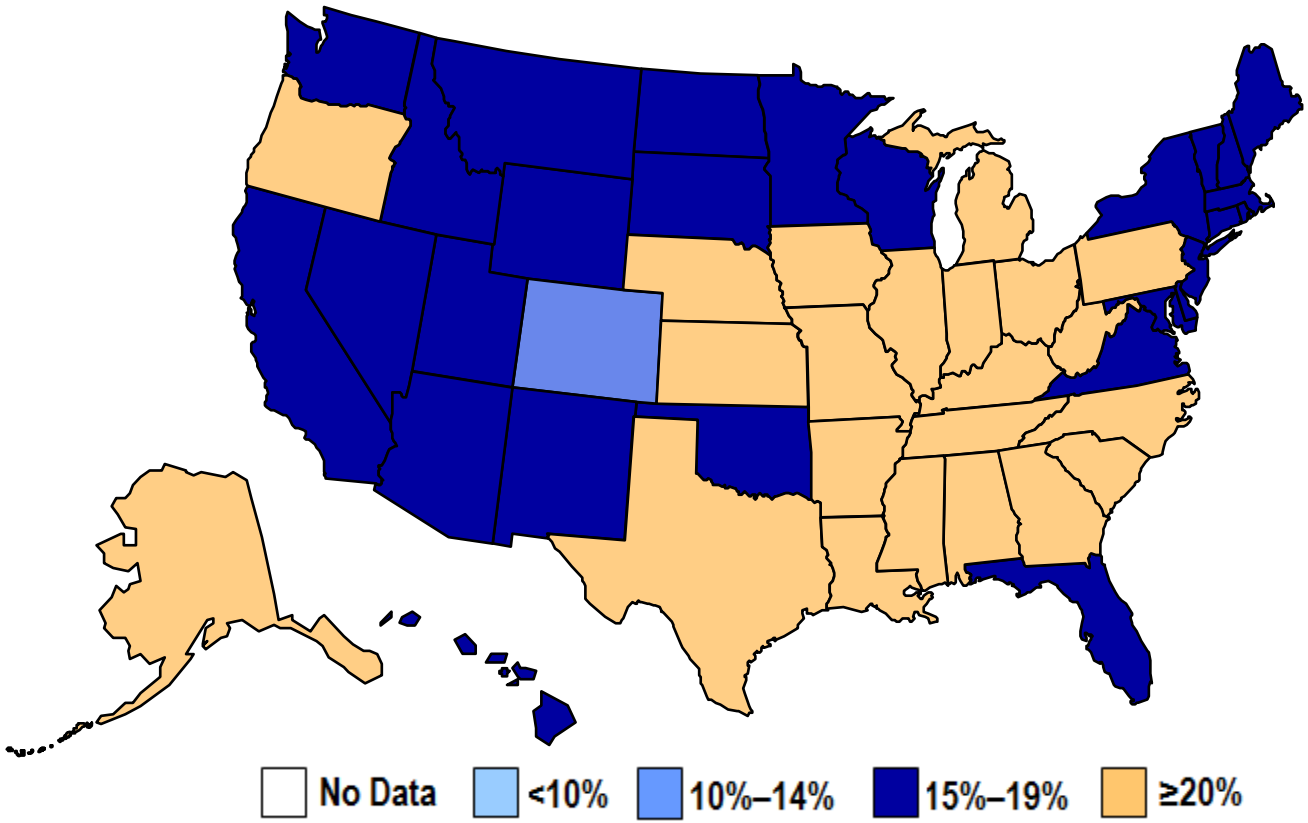

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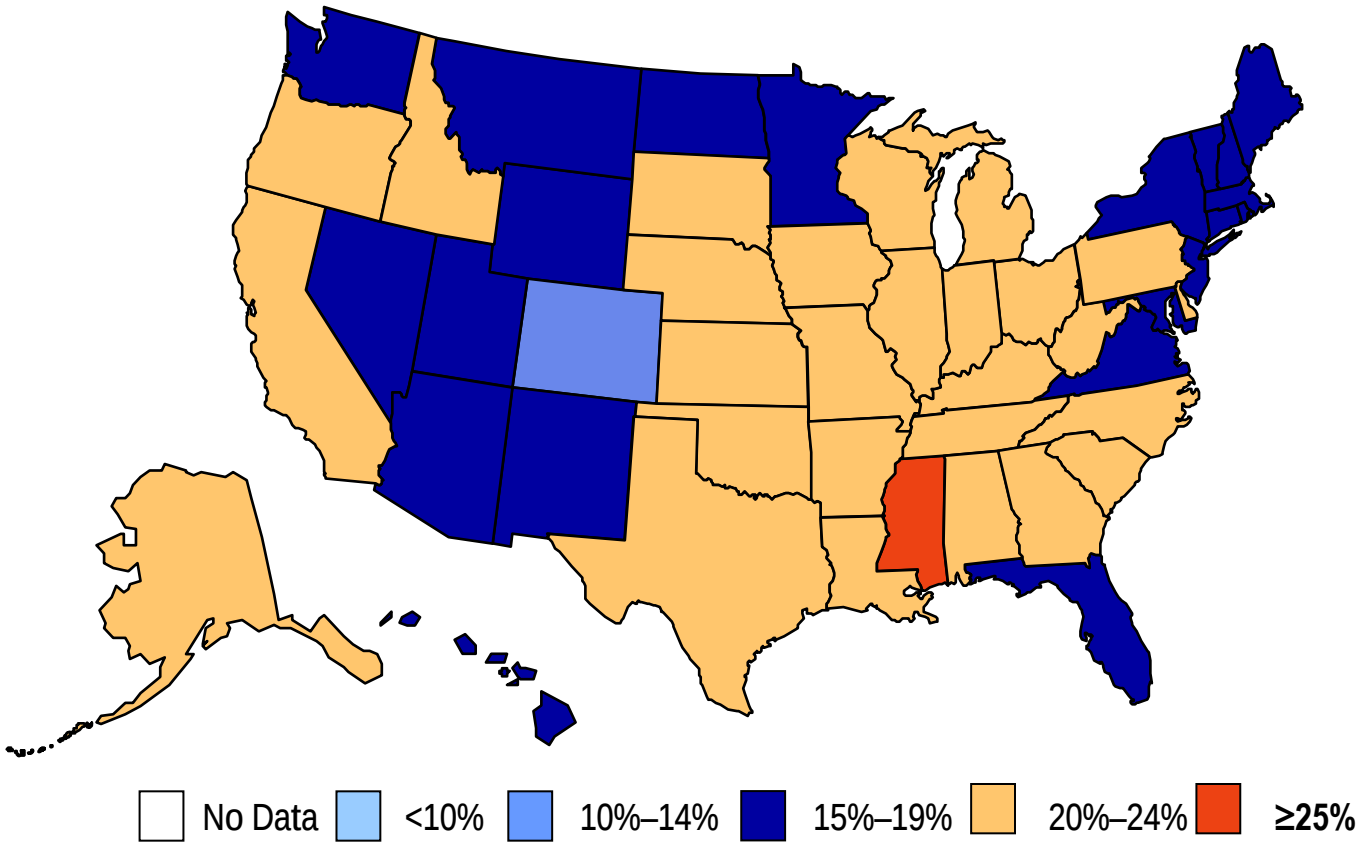
Obesity Trends* Among U.S. Adults
BRFSS, 2001

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

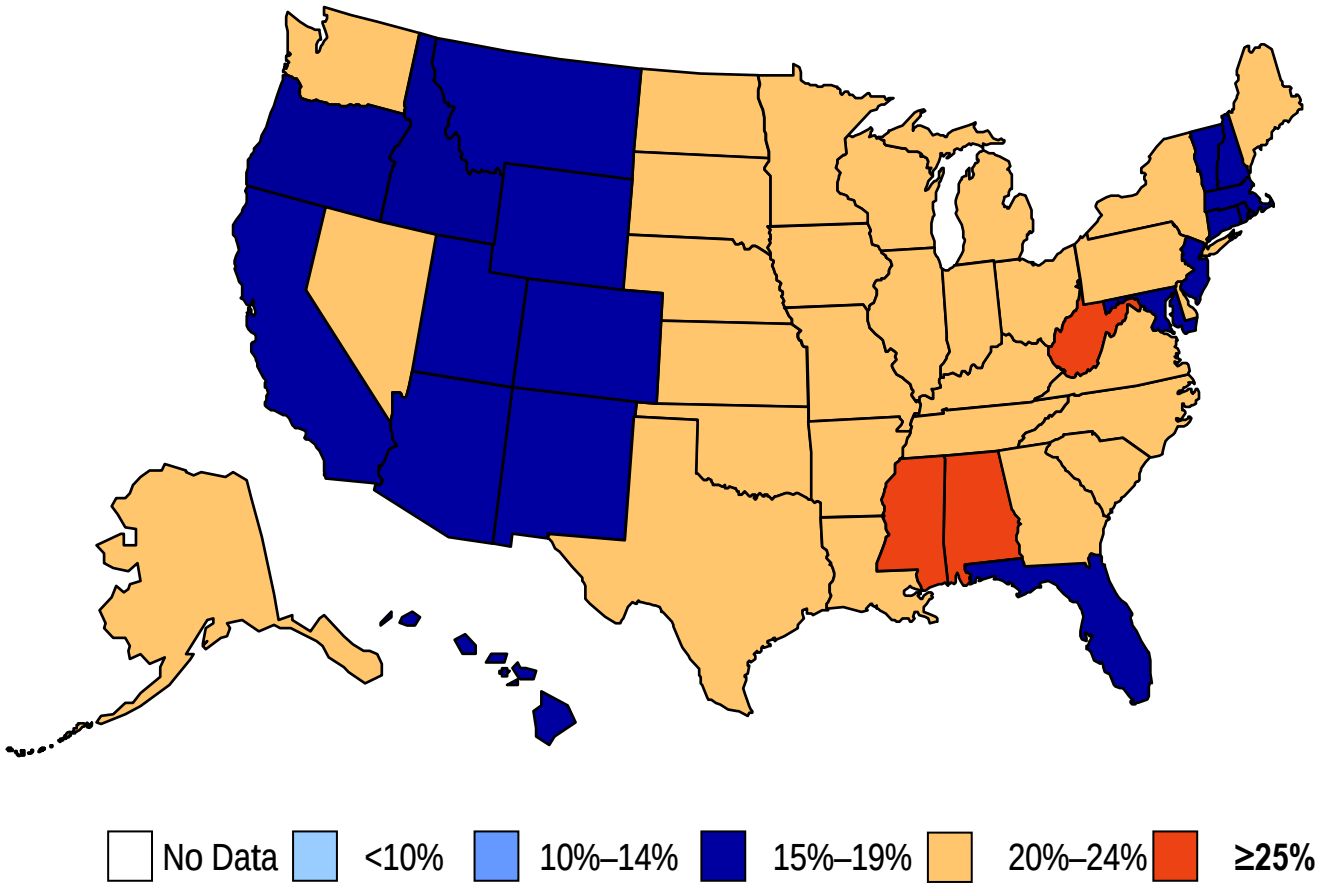


Center for Disease Control and Prevention (CDC)

Obesity Trends* Among U.S. Adults

BRFSS, 2002

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Center for Disease Control and Prevention (CDC)

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BRFSS, 2003

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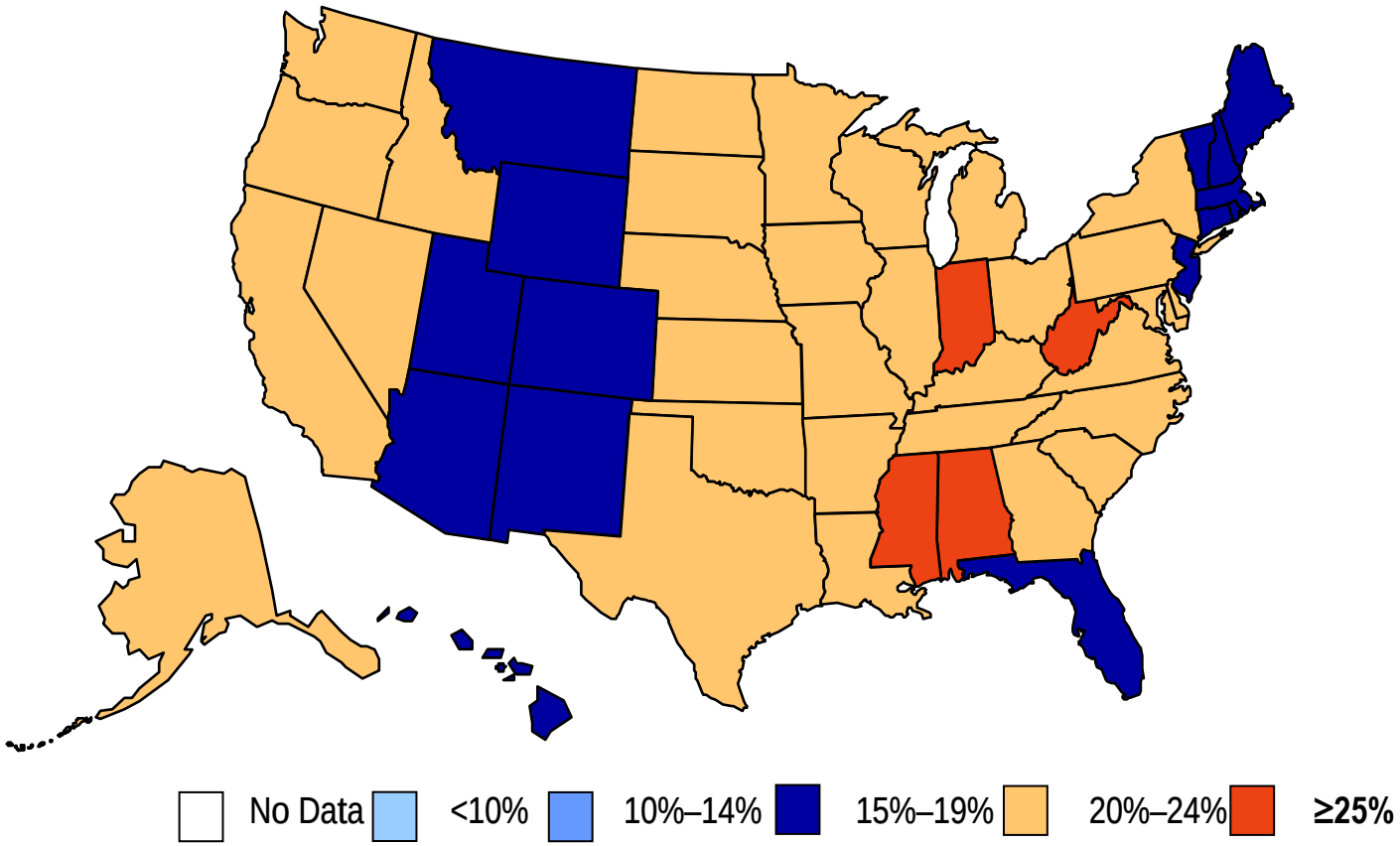

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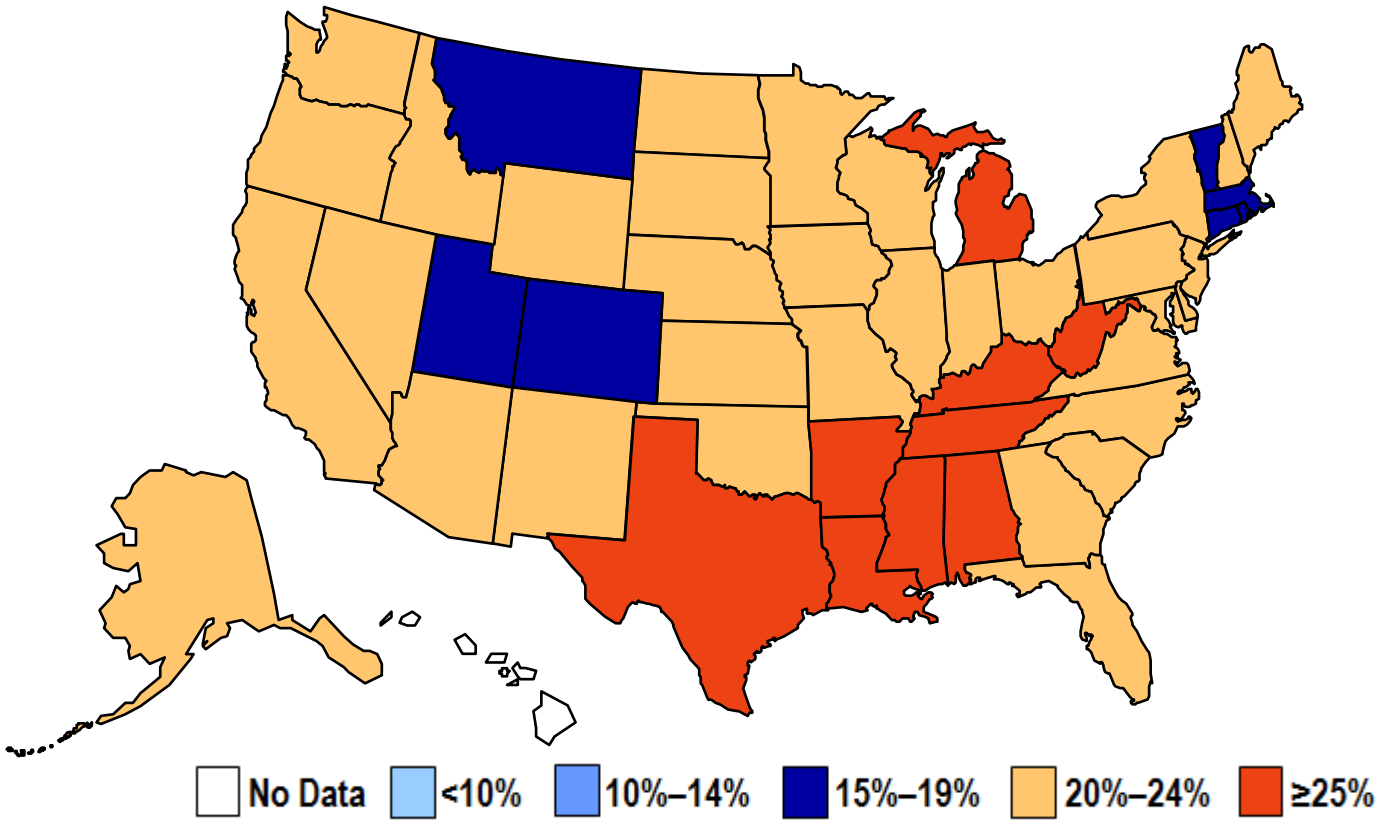

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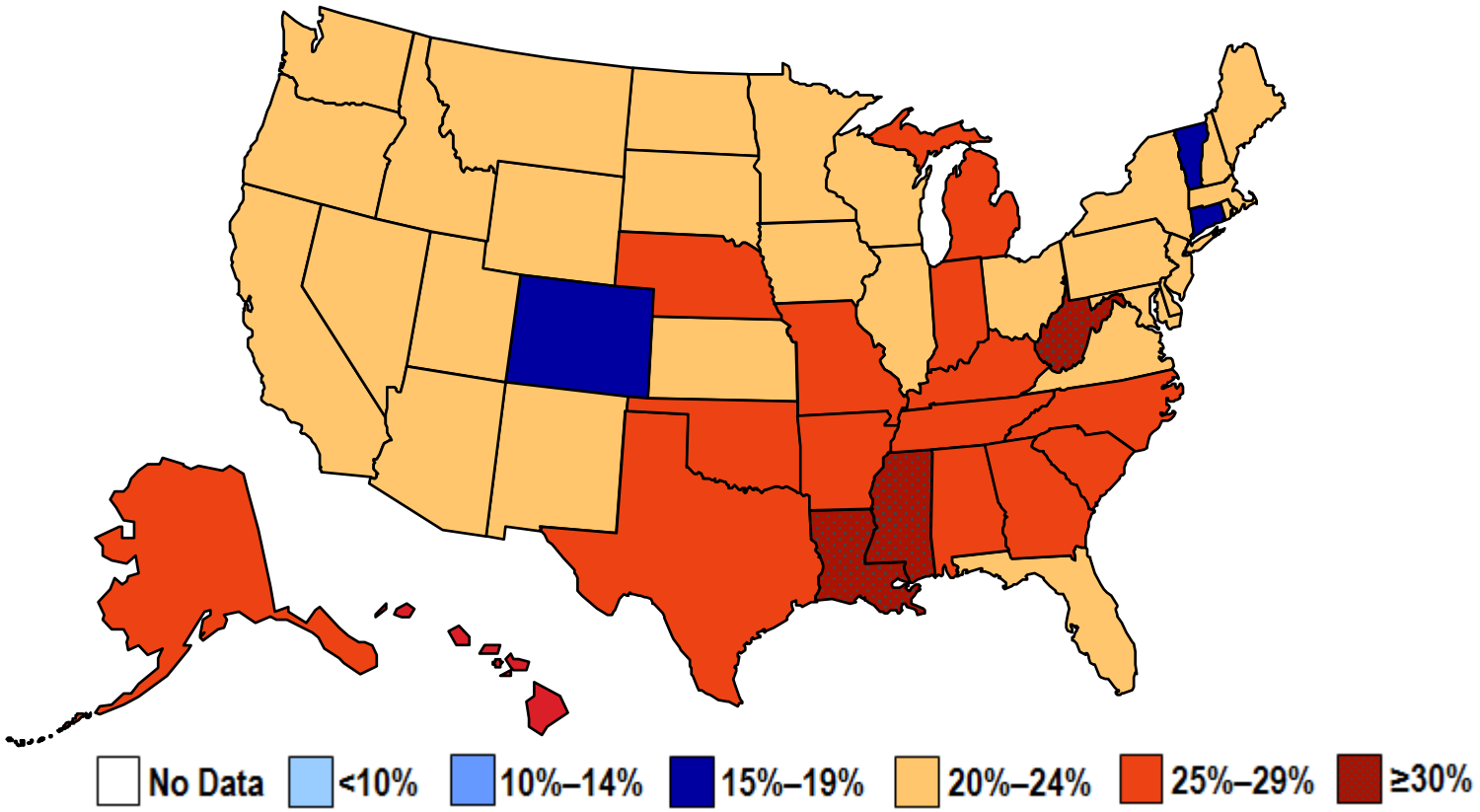

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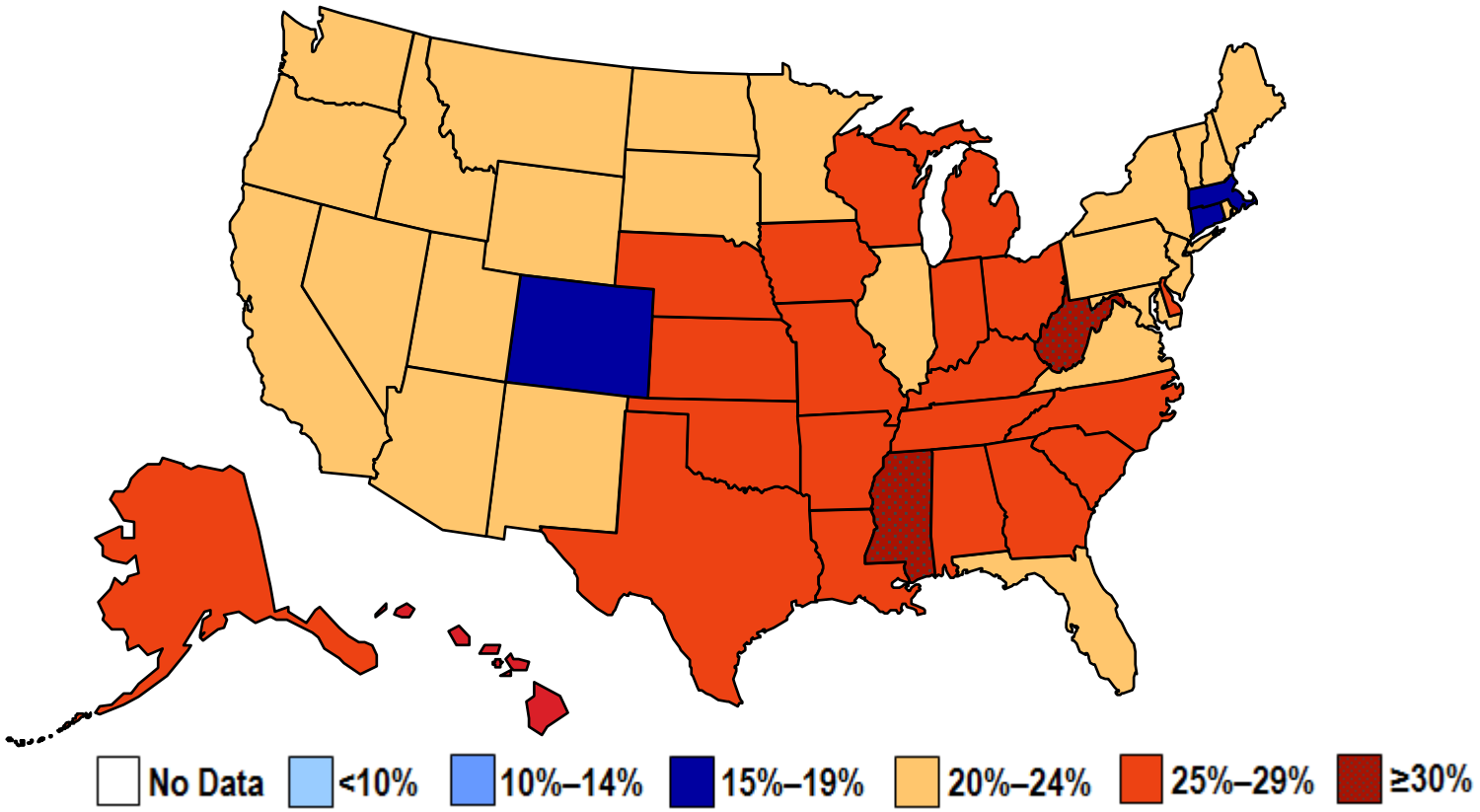

Center for Disease Control and Prevention (CDC)

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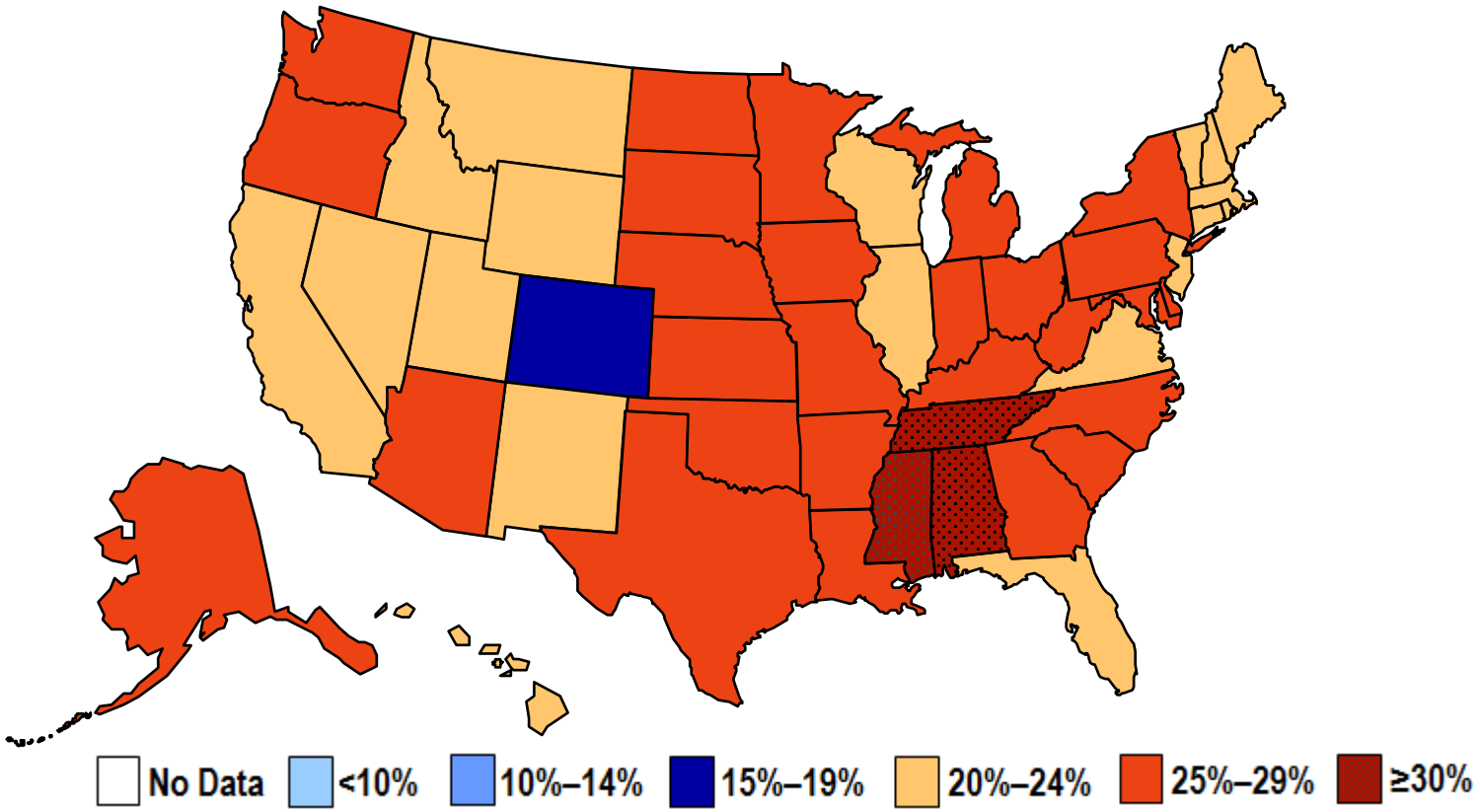

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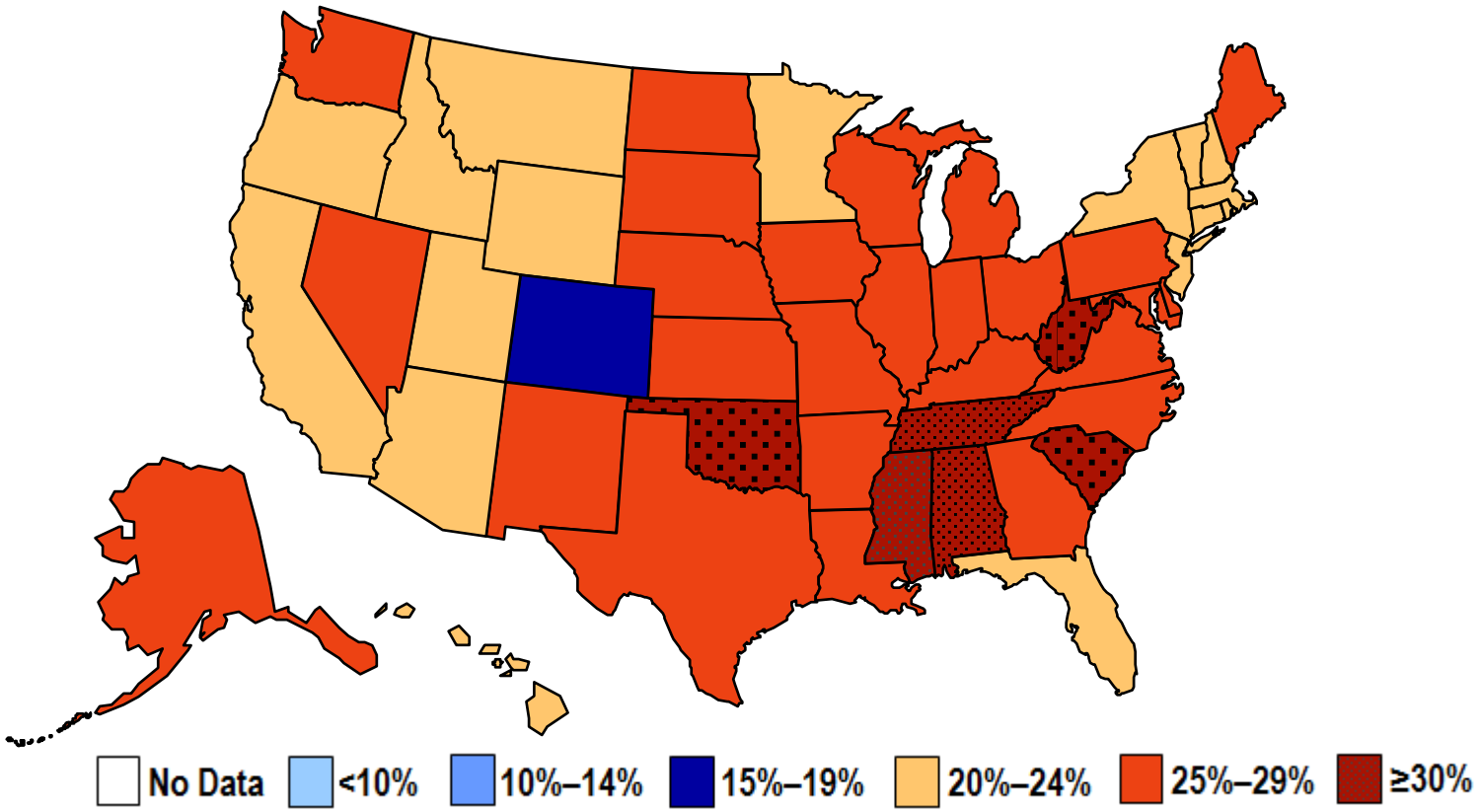

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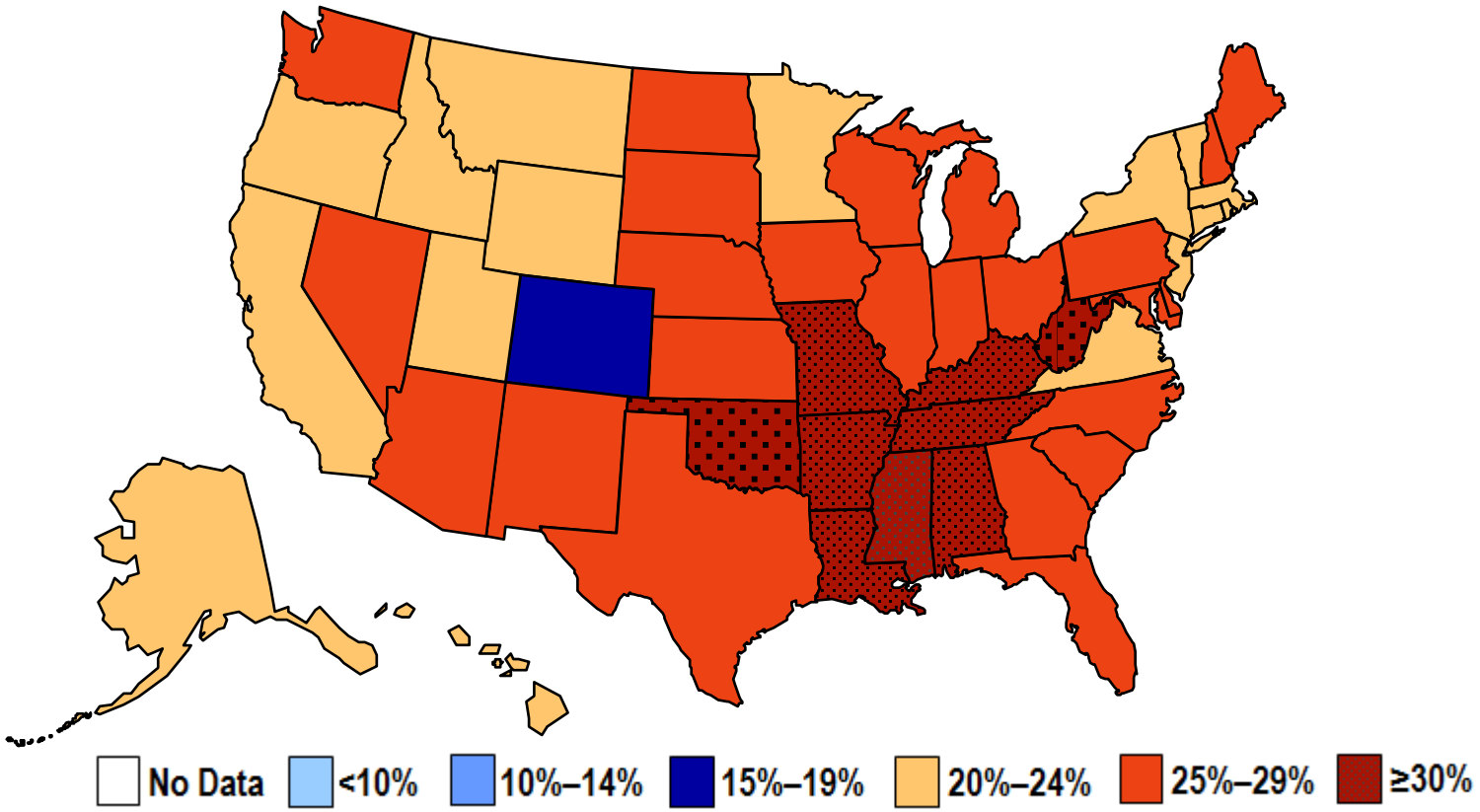

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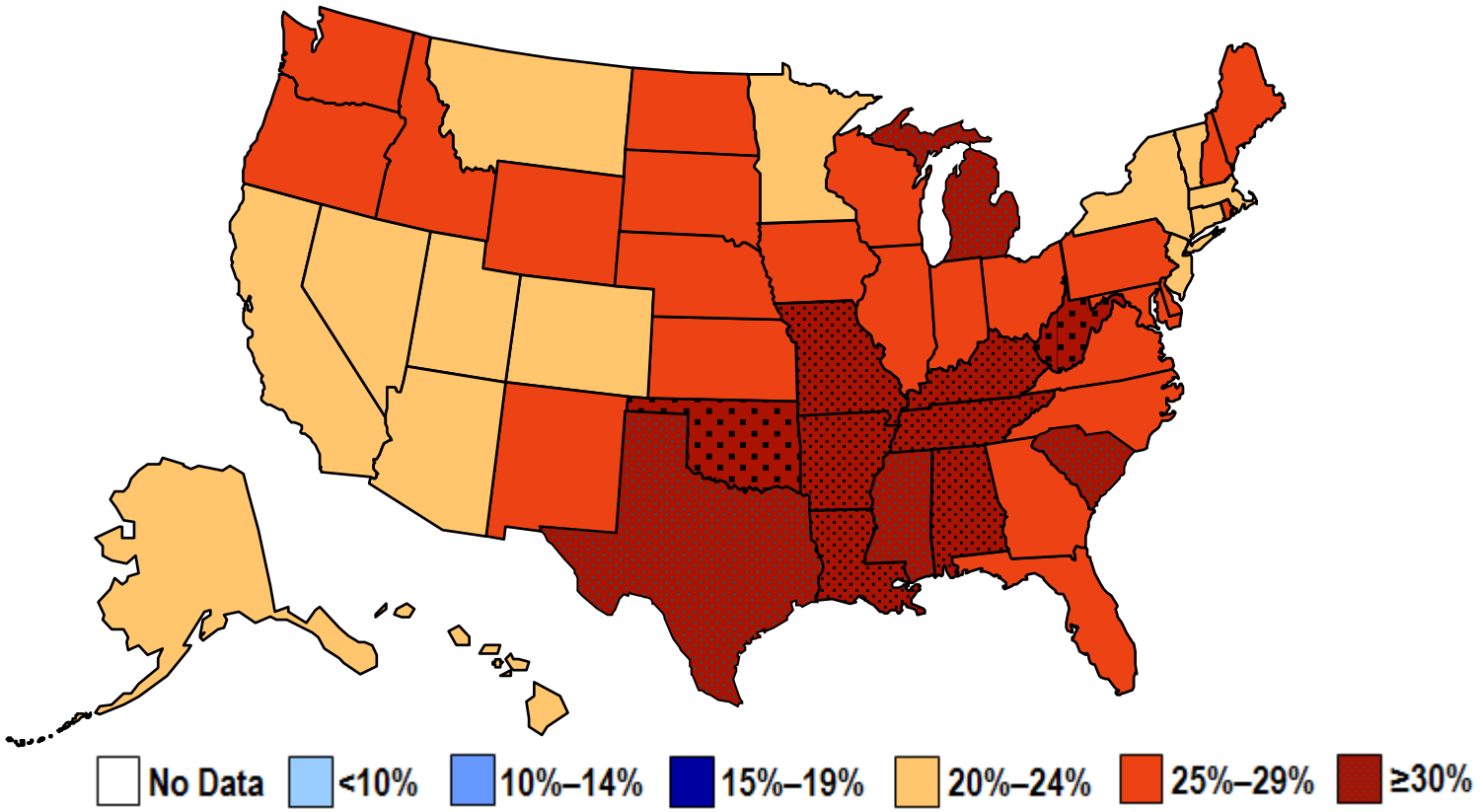

Center for Disease Control and Prevention (CDC)

Reducing Pre-Term Deliveries

Dr. David Grimes

Reducing Pre-Term Deliveries

Dr David Grimes

Medical Director
Maternal Child Health
Arkansas Department of Health

Reducing Pre-Term Deliveries

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Medical Director
Maternal Child Health
Arkansas Department of Health

Whom do you trust?

- Friends, family, and community members versus strangers?
- Your family doctor or the doctor on TV?
- Your mother or grandmother over everyone else?

25 Years Ago

- Everyone (doctors, nurses, moms and grandmas) agreed it was safest to put babies to sleep on their tummies
- Now we know that this is the most dangerous position; “Back to Sleep” lowers SIDS by 50%
- How do we regain their trust?

Get Correct Information From Someone You Know and Trust

- Read about it in the library
- Check it out on the Internet
- When conflicts arise; check with the experts
- Sisters United is someone you can trust

Only You

Can Prevent More African American Babies From Dying

Racial Disparity

- Black 2 pound (28 weeks) premature babies have the same (poor) IMR as other races
- The problem is that A/A have **3X s** the rate of 28 week babies as other races
- Preterm deliveries account for the vast majority of racial disparity

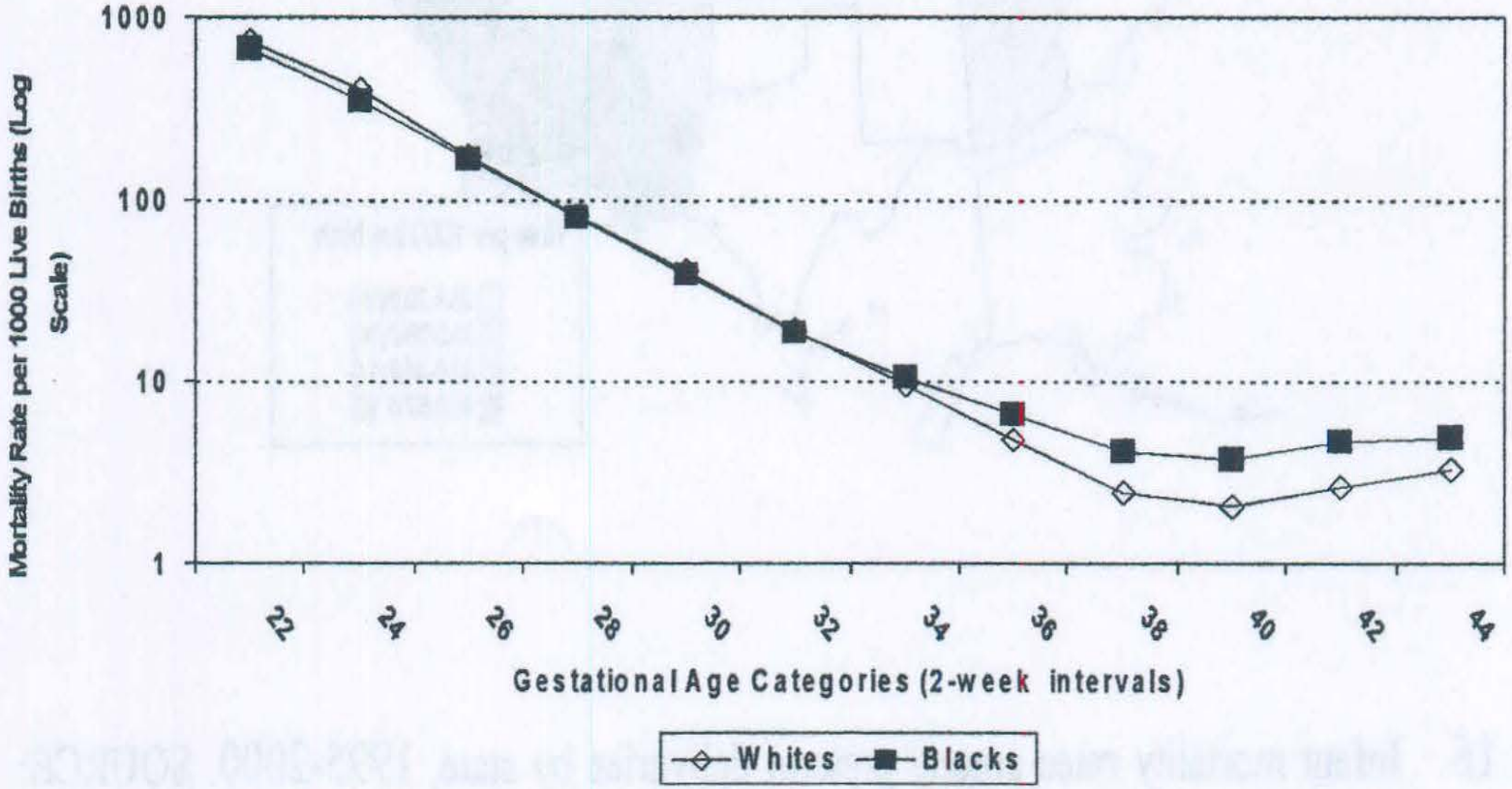


FIGURE 18 Gestational Age-Specific Infant Mortality Rates Among Blacks and Whites 1995-2000 U.S. Resident Births. SOURCE: National Vital Statistics, Natality Data, 1995-2000. unpublished data obtained from the National Center for Health Statistics.

Infant Mortality

- Prematurity is the leading cause of A/A death in the 1st year of life

- Leading cause of IMR for A/A
- The 2% of deliveries at < 32 weeks (3 pounds) account for **over 50%** of infant mortality
- Significant reductions in IMR will require reducing preterm deliveries

100 Years of Research

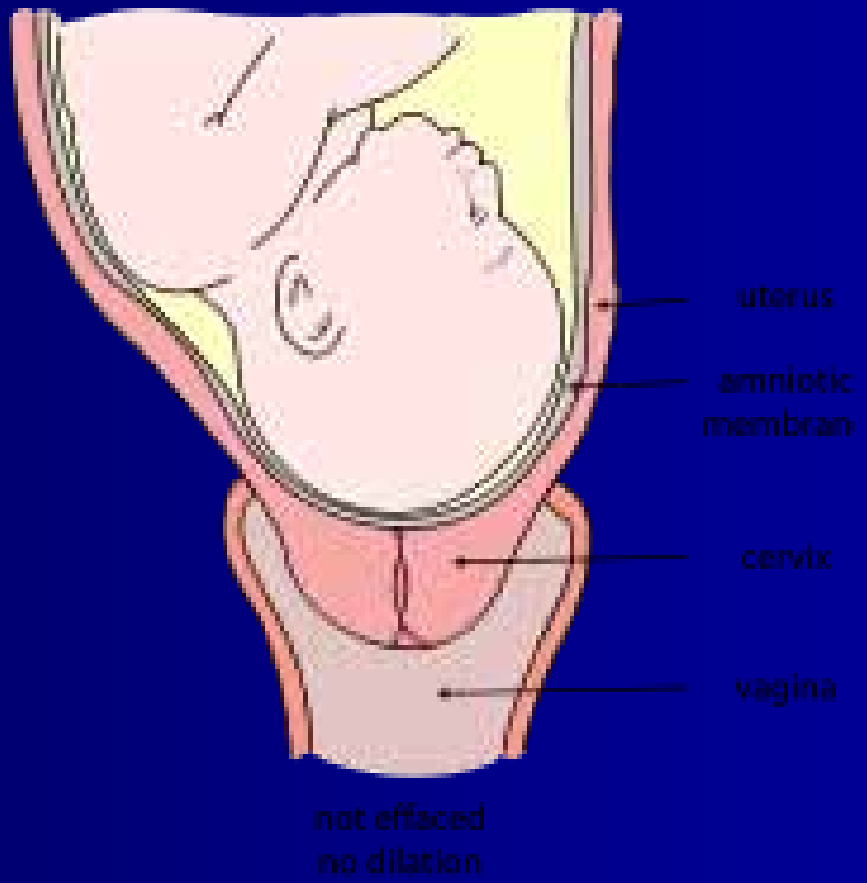
- Very few solutions
  - Progesterone
  - Flu shot during pregnancy
  - Vit B-9 (Folic Acid)
  - (Maybe ?) Cervical thickness
  - Mom and Dad both need to not smoke

If you ,a friend, or family member had a baby more than 3 weeks early….

- Be sure and remind your doctor with your next pregnancy and ask about progesterone shots during pregnancy to decrease the chances of it happening again

*Women with a previous premature baby **<u>need</u>** Progesterone.

Cervical Thickness



Cervical Thickness

- If your cervix is less than 1” thick at 20 weeks then you have a high risk of preterm delivery
- Nightly progesterone gel can decrease your chance of preterm delivery by 50%
- 2 out of 3 women that will deliver preterm can be picked up with this test (still research at this time---expensive $500/mon)

Should Pregnant Women Get the Flu Shot?

Getting Yearly Flu Shots During Pregnancy Will:

- Decrease the chance of you and your baby getting the flu by 70%
- Decrease the chance of you and your baby (until the baby is 6 months old) **dying** from the flu by 50%
- **Decrease the chance of premature delivery by 70% during flu season**

*__Everyone__ in the family needs the yearly flu shot

Pregnant women that got the flu shot in Arkansas (2010)

- Hispanic----------69%
- White----------66%
- Black----(ONLY!) 40%*

* It should be 100%; it is simple and it is free (no out of pocket cost) at your local Health Department

Black Moms Should Be Praised For Their Low Smoking Rates

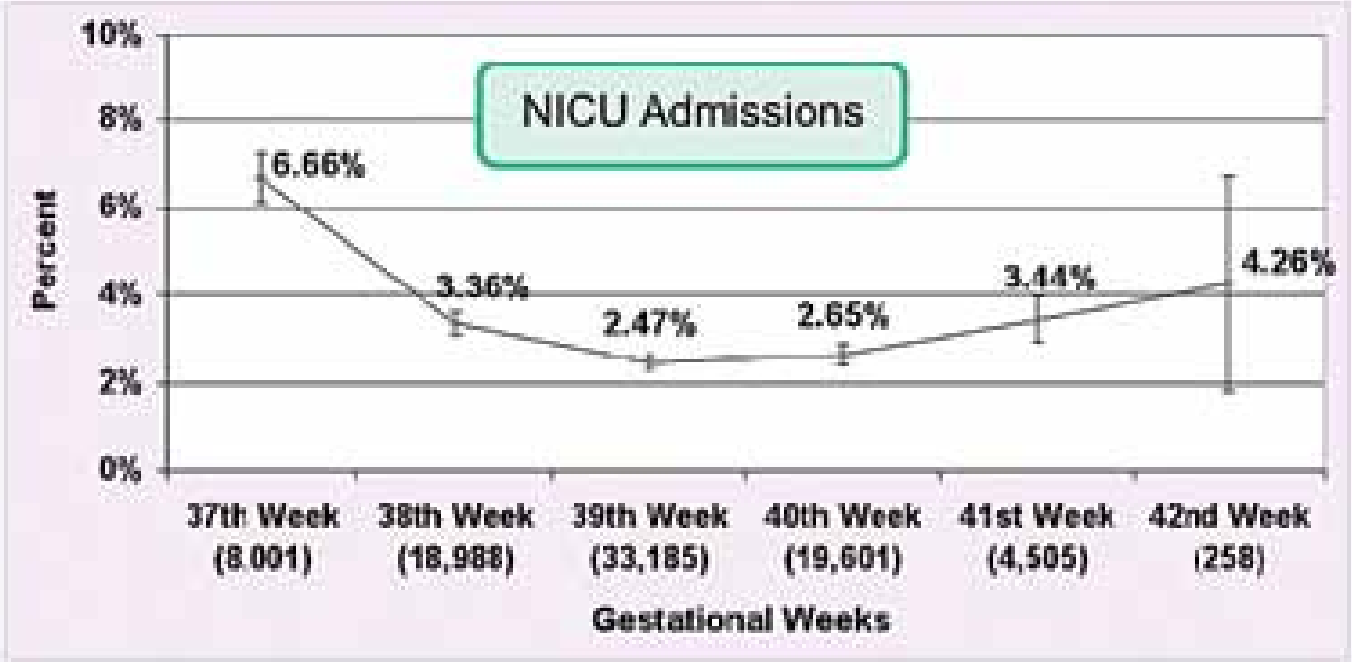
- AR pregnant smoking average---24%
- Black AR Moms----------12%

But

* Tobacco kills not only moms but their babies as well. Get help to quit (AR Quit Line)

When asked "What is the earliest point in the pregnancy that it is safe to deliver the baby?", more than half of the 650 women polled chose 34 to 36 weeks. Only 7.6% chose 39 to 40 weeks.

NICU Admissions By Weeks Gestation Deliveries Without Complications, 2000-2003



Intermountain Healthcare

Oshiro et al. Obstet Gynecol 2009;113:804-811

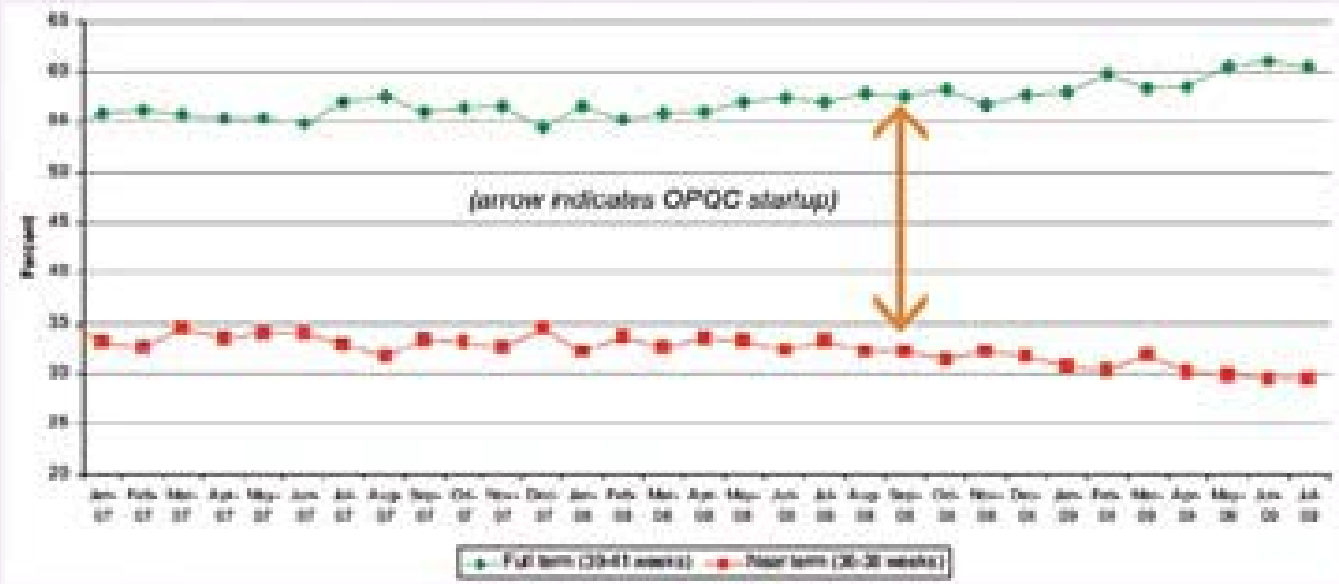
CMQCC

march of dimes

Timing of Fetal Brain Development

- Cortex volume increases by 50% between 34 and 40 weeks gestation. (Adams Chapman, 2008)
- Brain volume increases at rate of 15 mL/week between 29 and 41 weeks gestation.
- A 5-fold increase in myelinated white matter occurs between 35-41 wks gestation.
- Frontal lobes are the last to develop, therefore the most vulnerable.
  (Huttenlocher, 1984; Yakavlev, Lecours, 1967; Schade, 1961; Volpe, 2001).

Results (3): Fewer Total Births at 36-38 Weeks (and More Births at 39-41 Weeks)



2% decrease in births 36-38 weeks and
2% increase in births 39-41 weeks. Approximately 1,000 births moved to >39[3,7]

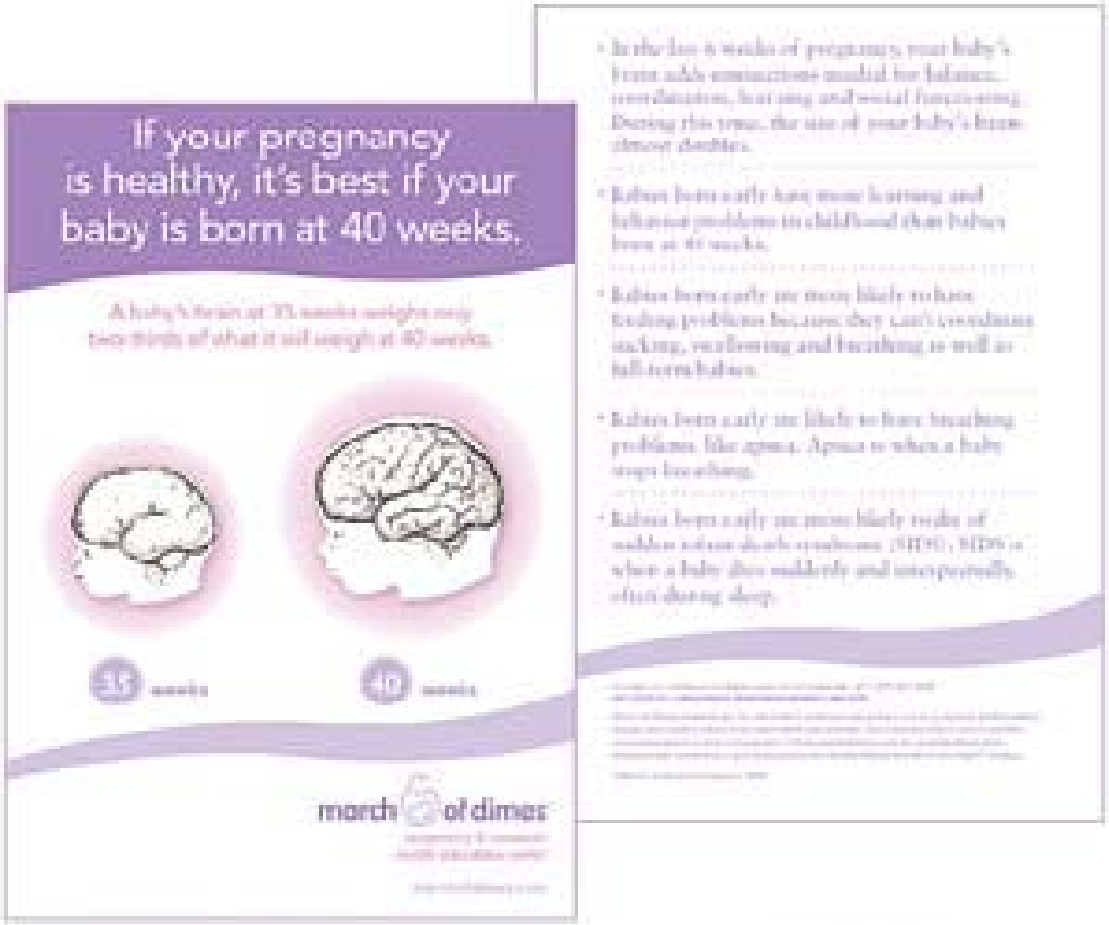
OPQC Project

Am J Obstet Gynecol 2010; 202:243.e1-243.e8

CMQCC

march of dimes

A Tool to Educate Patients



© 2007 Bonnie Hofkin Illustration

marchofdimes.com

Does Anyone Here Know How To PIF?

"Pay It Forward"

Pay It Forward

- In 2000, Catherine Ryan Hyde's novel and movie *Pay It Forward*
- Do **three** good deeds for others in repayment of a good deed that one receives
- Such good deeds should be things that the other person cannot accomplish on their own

Pay It Forward

(Raise your hand and repeat after me)

- I will pay this information forward by having my chapter participate in the SISTERS UNITED project and encourage everyone we touch to reach out to at least 6 of their friends, neighbors, family, church, and community members!

THANKS
FOR LISTENING.
SMOKEY

Questions ???

INTRO YOUTUBE

MODULE 2

BEFORE PREGNANCY INTERVENTION

Before Pregnancy Interventions

Dr David Grimes

Medical Director
Maternal Child Health
Arkansas Department of Health

Requirements To Be A:

	DRIVER	PARENT
Financial	Car--$200/mon	$250-300,000 to 18
	INS--$100/mon	$1,000/mon
Ed/Training	Drivers Ed	None
	State written exam	“On-The-Job”
Consequences of Bad Behavior (DWI, Texting)	Loss of license	???
	Fines	“Dysfunctional Family”
	Jail	Grandparents raise the kids

Pregnancy

- **40-70%** of pregnancies in the US are **unplanned!**
- Planning a pregnancy gives couples a chance to maximize their health (which improves the baby's chance of being born healthy)
  - Immunizations
  - Chronic Disease
  - Legal and Illegal toxins
  - Genetic Diseases

Immunizations

- MMR (Measles, Mumps, and Rubella)
- Varicella (Chicken pox)
  - Varicella and MMR vaccines have to be given before you get pregnant (most received them as “childhood vaccines”)
- Annual Flu shot
- Tdap
  - Keeps you from giving your baby whooping cough
- Hepatitis A and B

Chronic Disease

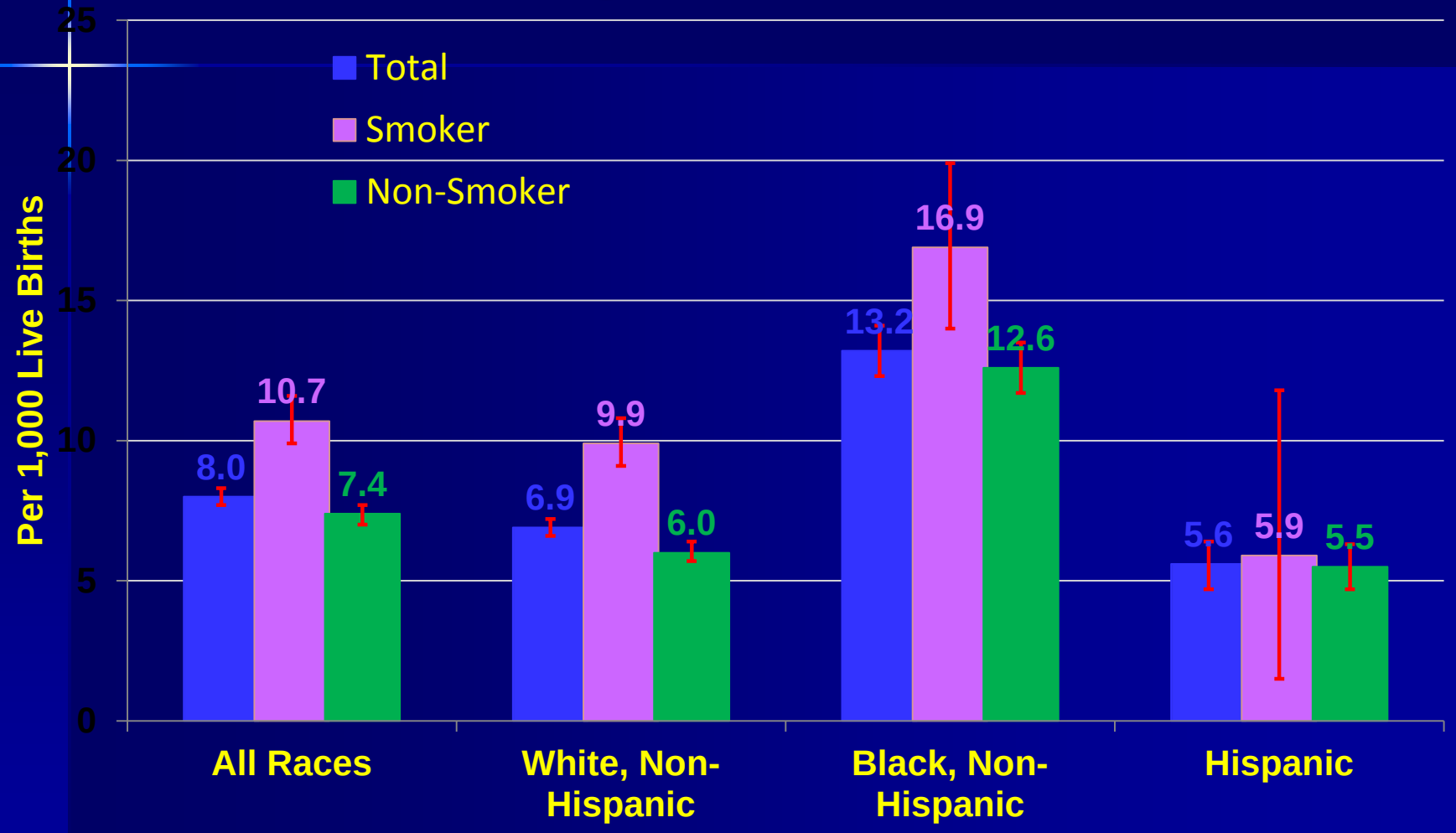
- **Diabetes**
  - If blood sugar (A1c) is normal when you get pregnant then no increase risk of birth defects compared to non-diabetic
  - Recommended test for all women considering pregnancy because up to 1/3 of diabetics do not know they have the disease

Chronic Disease

- Other chronic diseases like high blood pressure, seizure disorders, asthma, and kidney disease may require changing your medications or dosage

Legal and Illegal Toxins

Infant Mortality Rate by Race/Ethnicity and Maternal Smoking Status, Arkansas 2000-2008



Source: Linked Birth/Infant Death Data, Vital Statistics System, Health Statistics Branch, Arkansas Department of Health
Number of infant deaths in 2000-2008 (N) = 2,803

Legal and Illegal Toxins

- **Tobacco Addiction**
  - 12% of A/A (24%--W) smoke during pregnancy
  - Increases birth defects, stillborns, small babies, and SIDS
  - **Important** to stop all tobacco, illegal drugs, and alcohol before **and** during pregnancy

Genetic Diseases

- Genetic diseases (or family history of these diseases) may need a genetic consult before getting pregnant
  - PKU
  - Sickle Cell Disease (or Trait)
  - Cystic Fibrosis

Preventing Neural Tube Defects

These Tragedies Can Be Prevented

1. Prevention **ONLY** occurs with **preconceptional** Vitamin B-9
2. Supplementation would require **every** reproductive age female (15-44) to take a Vit B-9 tablet **every** day
3. FDA mandated **adequate** Vit B-9 fortification would work almost 100% and requires no one to remember a pill every day

Prenatal Vitamins (without folate)

- Have been shown, in randomized trials, to be **no different than a placebo** when given pre, during, or post pregnancy (Czeizel AE)
- Neural tubes close (or fail to close) by the 28th day post conception (2 weeks after the 1st missed menstrual period)

1998 **FDA Mandate**

- Every 100 gm. of flour in the US will have 140 mcg of folic acid added
- This was only ½ the amount recommended by scientists and doctors and only reduced NTD 25%
- Larger amounts reduce Neural Tube Defects (NTD) by 50-70%

Folic Acid Deficiency Causes:

- Birth Defects
  - Neural Tube Defects
  - Cleft Lip and Palate
  - Outflow C-V defects
- Premature labor
- Colon cancer
- Neuroblastomas

Another Glimmer of Hope

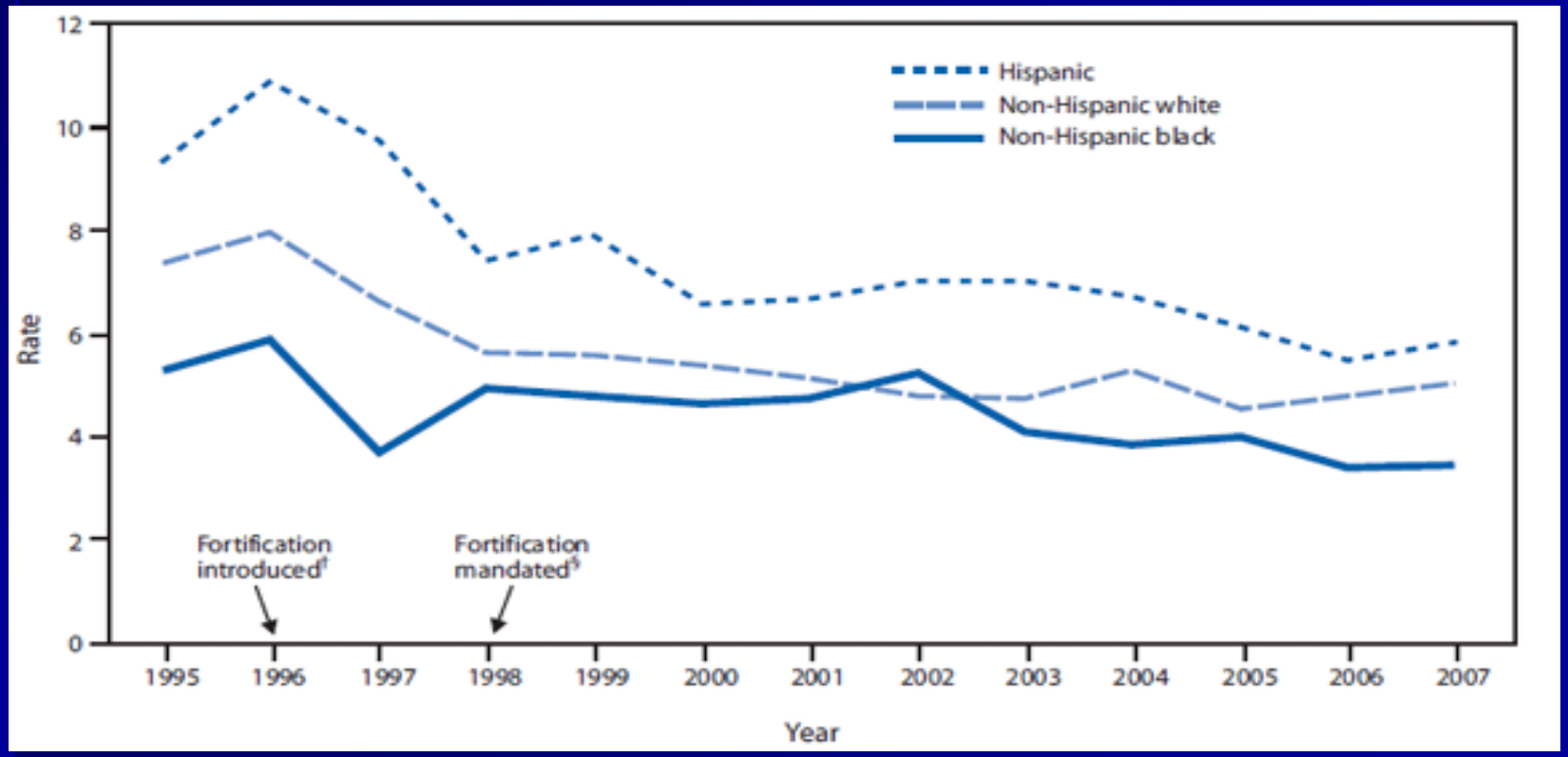
- A preliminary observational study shows a 50% decrease in preterm deliveries less than 32 weeks in all races when 400 mcg of Vitamin B-9 (folic acid) is included in diet for **at least 1 year before becoming pregnant** (FDA approved fortification is the only practical way of achieving this goal) [Bukowski R PLoS Med 6(5)]

Other Risk Factors

- Babies born to Hispanic mothers are at an increased risk for spina bifida.
- Maternal obesity is significantly associated with spina bifida (doubles the risk).
- Fortification makes folic acid accessible to all women of childbearing age without requiring behavior change.

Racial/Ethnic Disparities

CDC MMWR. 2009 Jan 9;57(53):1409-13.
National Birth Defects Prevention Network,* 1995--2007



Cost

- Produces an annual savings of about $300 million, or $100 for each $1 invested in fortification

Grosse SD, Am J Prev Med 2008;35:572--7

QUESTIONS?

FOLIC ACID YOUTUBE

LUNCH & LEARN

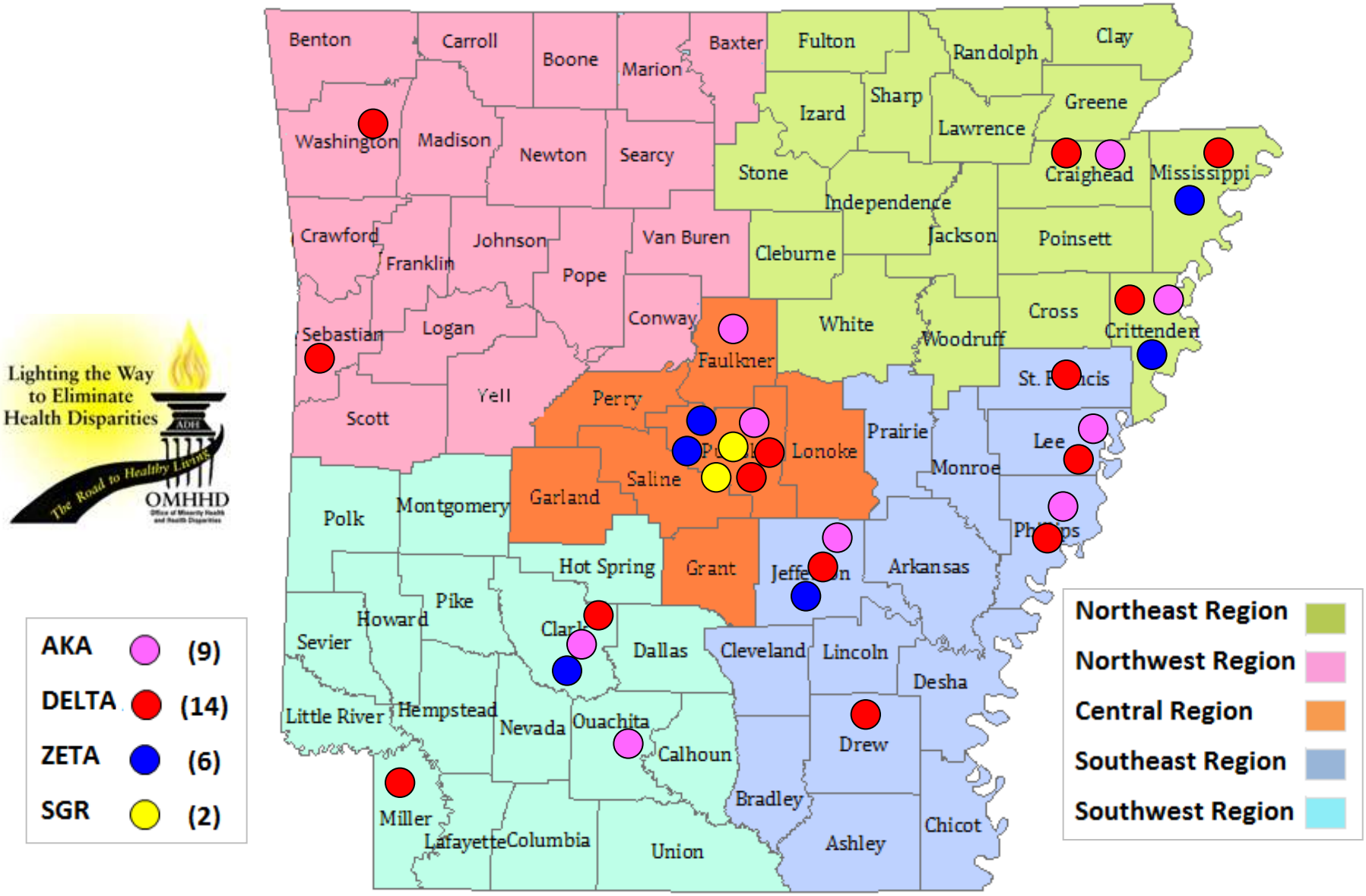
CRISIS IN THE CRIB DOCUMENTARY

CHAPTER STRATEGIES

SISTERS UNITED GOAL

- To increase awareness among the African American community about infant mortality and share prevention methods to disseminate throughout the community.

Thirty One (31) African American Sorority Graduate Chapters Participating in Sisters United Campaign, Arkansas 2013



Data source: State Coordinators of African American Sorority Graduate Chapters

SISTERS UNITED Graduate Chapters

AKA CHAPTER'S		
Beta Pi Omega	Tjuana Byrd	Little Rock
Chi Eta Omega	Philis L. Nichols-Anderson	Conway
Chi Nu Omega	Laura M. Martin	Arkadelphia
Delta Omega Omega	Cynthia L. Bennett	Pine Bluff
Eta Sigma Omega	Jacqueline E.H. Young	Marianna
Kappa Nu Omega	Genee' L. Gaines	Jonesboro
Mu Chi Omega	Donna Faye Ross	Helena
Pi Chi Omega	Angela Marie Davis	West Memphis
Sigma Beta Omega	Sheryl Hamilton	Camden

DELTA CHAPTER'S		
Central Arkansas Alumnae	Claudette Barbee	Little Rock
Northwest Area Alumnae	Kimberly McGee	Fayetteville
Blytheville Alumnae	Floyd Jean Moore	Blytheville
Forrest City Alumnae	Kristen Haynes	Forrest City
Fort Smith Alumnae	Tiffinee C. Baker	Fort Smith
Helena Alumnae	Tanya Greenberry	West Helena
Hot Springs Alumnae	Amanda Snowdan	Arkadelphia
Jonesboro Alumnae	Kim McCray	State University
Little Rock Alumnae	Angela Doyne	Little Rock
Marianna Alumnae	Janis Waddy	Marianna
Pine Bluff Alumnae	Charlene Kelley	Pine Bluff
Southeast Arkansas Alumnae	Rhonda Rigell	Monticello
West Memphis Area Alumnae	Sheri Lowe	West Memphis
Texarkana Alumnae	Patricia Anthony	Texarkana

ZETA CHAPTER'S		
Alpha Mu Zeta	Beverly Cook	Little Rock
Eta Sigma Zeta	Kathy Tatum	N. Little Rock
Epsilon Zeta Zeta	Juanita Cook	Pine Bluff
Nu Omega Zeta	Sabreana Hytche	Arkadelphia
Upsilon Pi Zeta	Treva Sanders	West Memphis
Iota Beta Zeta	Marva Washington	Osceola

SIGMA GAMMA RHO CHAPTER'S		
Theta Sigma	Carroll Brown	Little Rock
Kappa Xi Sigma	Monika Miller	Conway

Lighting the Way to Eliminate Health Disparities
ADH
The Road to Healthy Lives
OMHHD

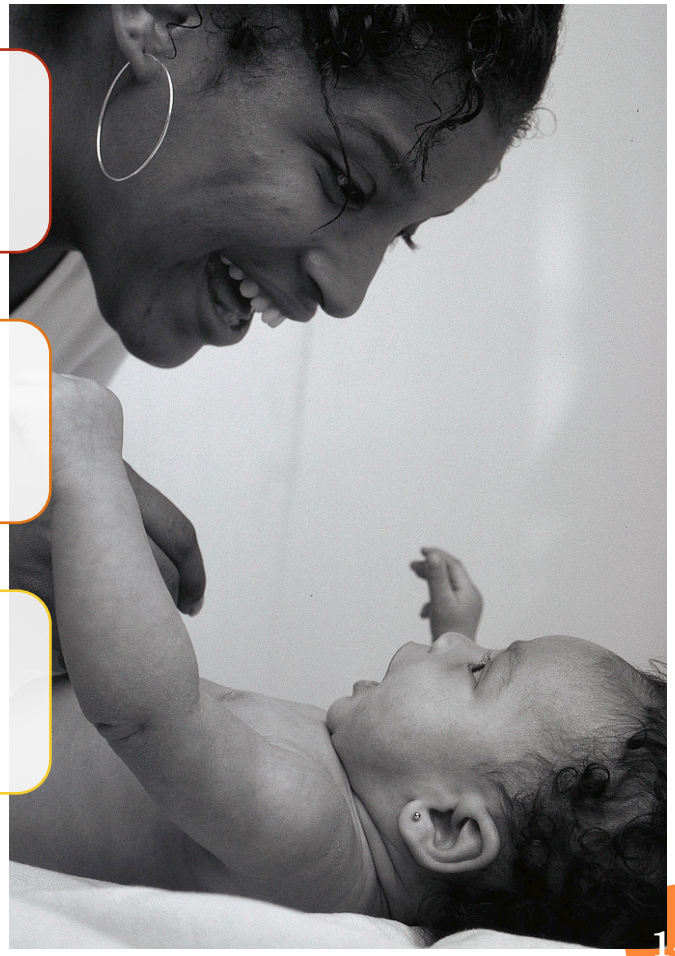
Data source: State Coordinators of African American Sorority Graduate Chapters

FOCUS AREAS

1
- Folic Acid

2
- Flu Shot

3
- Breastfeeding
- Safe Sleep



OBJECTIVES

- PROVIDE COMMUNITY SUPPORT
- CREATE UNIFIED MESSAGE
- EVALUATE RESULTS

Raise Awareness

Increase Education & Expand Outreach

Provide education to community with specific focus on: folic acid, annual flu shots, breastfeeding and safe sleep.

Conduct infant mortality "events" at chapter meetings, health fairs, local/regional events, churches, bridal showers, etc.

Train-the-Trainer Course
Youtube video links
Powerpoint presentation with script
Awareness Campaign Tool-Kit
Safety Baby Shower Training

Track Results

Utilize Pre/Post Survey Tracking Form

Pre/Post Survey Tracking Form
Safety Shower Evaluation Survey
Event Sign-In Sheets

Work Plan Example

Objective: Increase Education and Expand Outreach. To reach ___ African American women of childbearing age and provide education about the importance of folic acid, getting an annual flu shot during pregnancy, breastfeeding, and safe sleep methods.			
Key Action Steps:	**Outcome Measure**	**Time Frame**	**Responsible**
Select at least 3 members from each chapter to serve on SISTERS United Action Group (SUAG).	# of members in Action Group	December 2012	Chapter Presidents
All SUAG members attend Train-the Training Workshop at the ADH	# of members in attendance ____	February 2013	Sorority Groups
Complete pre/post survey on each focus area	# of Completed tests____	February 2013	SUAG members
Complete satisfaction survey on training	# of Completed survey _____	February 2013	SUAG members
Share Folic Acid YOUTUBE link on chapter or personal FB page	Shared link: https://www.youtube.com/watch?v=f0Nxhsx9Iok	Enter Month	List Person(s)
Post comments or feedback on SISTERS UNITED FB page	# of comments or posts	Month	List Person(s)
Attend Safety Baby Shower Training (if applicable)	# who attended training_____	Month	NA
LIST OTHER ACTIVITIES BELOW			

Work Plan Example

Objective: Conduct train-the-trainer sessions at sorority chapter meetings each month on the 4 focus areas			
Key Action Steps:	**Outcome Measure**	**Time Frame**	**Responsible**
Conduct Folic Acid PowerPoint Presentation using handouts and scripts	# of pre/post survey's submitted ____	March	List Person(s)
Conduct Breastfeeding PowerPoint Presentation using handouts and scripts	# of pre/post survey's submitted ____	April	List Person(s)
Conduct Safe Sleep PowerPoint Presentation using handouts and scripts	# of pre/post survey's submitted ____	October	List Person(s)
Conduct Flu Shot PowerPoint Presentation using handouts and scripts	# of pre/post survey's submitted ____	November	List Person(s)
Conduct Presentations at other events such as regional conferences, undergrad meetings, clusters, retreats, etc.	# of pre/post survey's submitted ____	Enter Month	List Person(s)
Attend Safety Baby Shower Training (if applicable)	# who attended training_____	Month	Sorority Groups
LIST OTHER ACTIVITIES BELOW			

Work Plan Example

Objective: Hold community events or health fairs that focus on folic acid, annual flu shots, breastfeeding, and safe sleep. Activities can include community baby showers, having a booth at bridal showers, churches etc.			
Key Action Steps:	**Outcome Measure**	**Time Frame**	**Responsible**
Conduct health fair or other community event	# of people that signed in ____	Enter Month	List Person(s)
Conduct Presentations at health hair or other community event	# of pre/post survey's submitted	Enter Month	List Person(s)
LIST OTHER ACTIVITIES BELOW			

Evaluate Results

Key Action Steps:	Outcome Measure	Time Frame	Responsible
Develop pre/post- survey tool to measure knowledge regarding infant mortality, folic acid, flu shot, breastfeeding, and safe sleep	Finalized pre/post-test	May 2012	Rupa Sharma
Develop sign-in tool to capture contacts at health fairs	Finalized form	May 2012	Rupa Sharma
Track messaging outreach on social media outlets	# of hits on FB # of hits on youtube # of print ads # of TV interviews	Monthly	Rupa Sharma
Analyze pre/post survey and prepare a report detailing findings	Final Report	November 2013	Rupa Sharma

Event Suggestions

Baby Parade. Plan a parade of families pushing their babies in strollers. Before the parade begins, have a pep rally and ask participants to help distribute promotional fliers through the park and their own neighborhoods. Try to obtain a local celebrity as a Grand Marshal. Come up with a catchy slogan for your parade such as “Infant Mortality is NOT a Stroll in the Park.”

Neighborhood Health Fair. Provide informational booths which could include prenatal care, basic baby care, free consultations with pediatricians, car seat giveaways including installation and safety checks of existing car seats (fire departments are a good source).

Rattle and Roll. Organize a community blitz and purchase inexpensive baby rattles. Decorate them with a black bow and attach cards about infant mortality prevention with your sorority contact information.

Safety Baby Showers

Beverly Miller

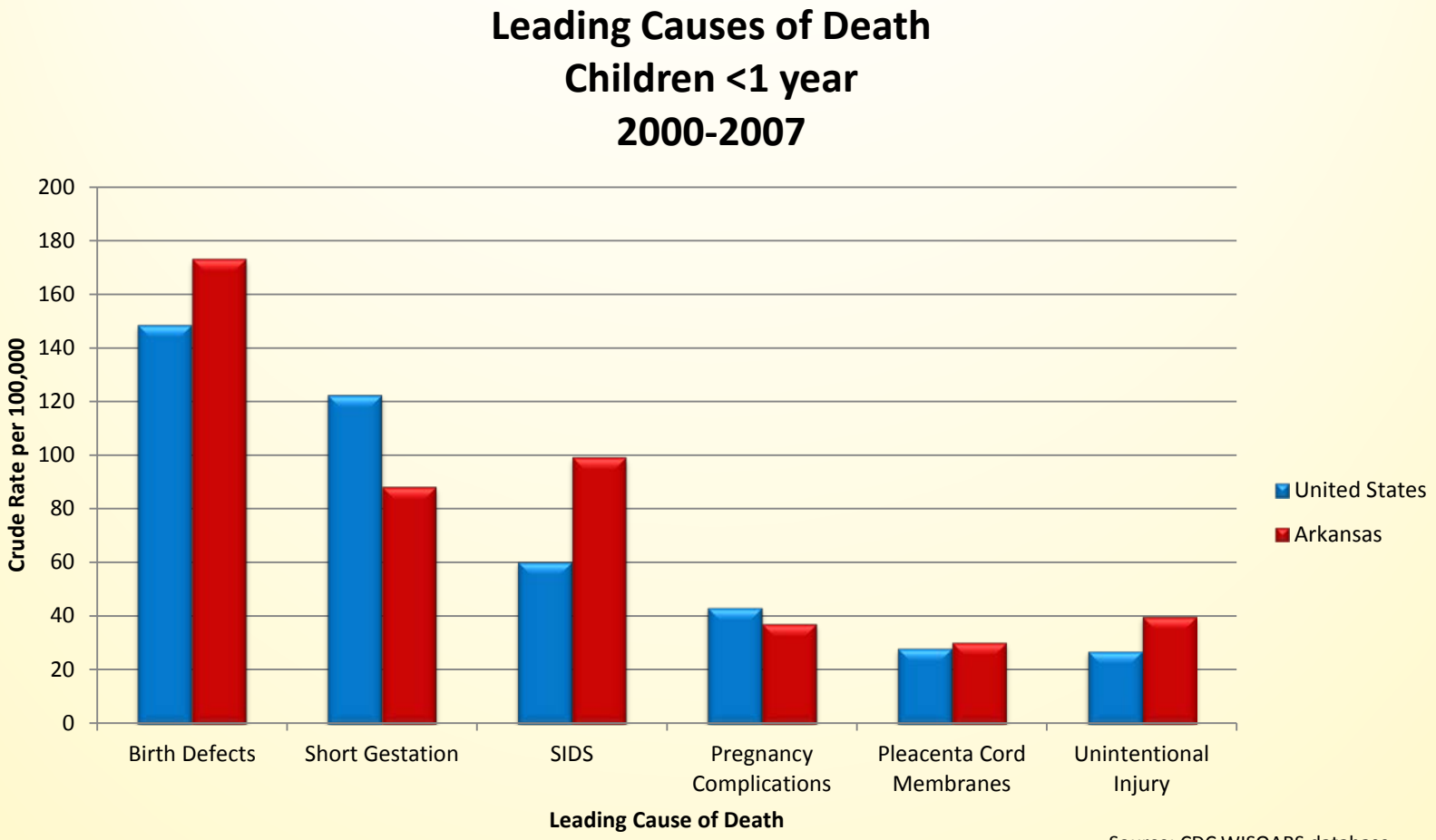
Safety Baby Showers

Injury Prevention Center

What is a Safety Baby Shower?

- Group education for expectant mothers and their support systems on home and child passenger safety
- Shower gifts – home safety items and child safety seat (convertible car seat)
- Follow up with one-on-one education and installation of child safety seat
- Fun for expectant mothers (games, prizes)

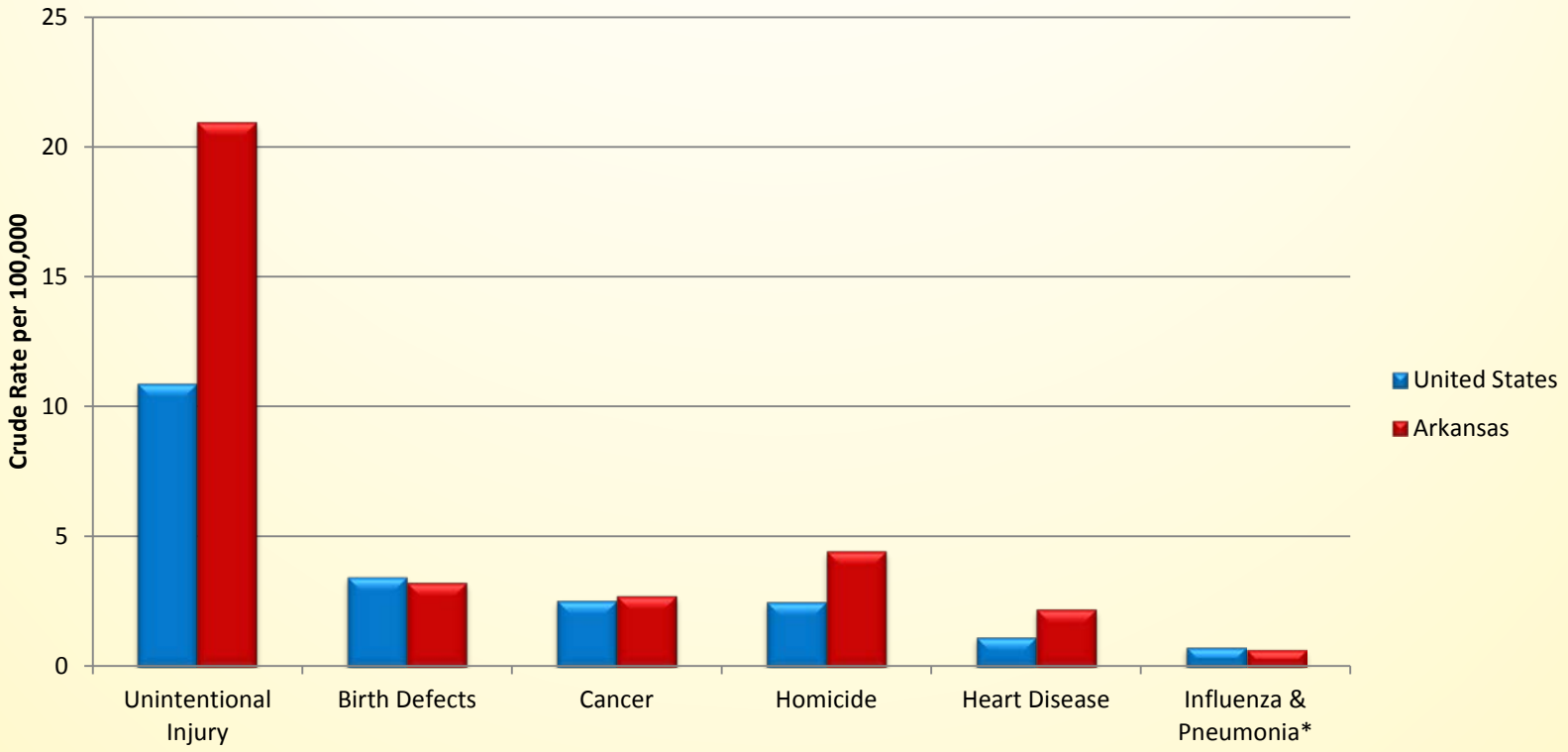
Why Offer Safety Baby Showers?



Source: CDC WISQARS database

Why Offer Safety Baby Showers?

Leading Causes of Death
Children 1-4 years
2000-2007



* Rate may be unstable as count is less then 20

Source: CDC WISQARS database

Why Offer Safety Baby Showers?

- Many injuries are preventable
- Deaths due to unintentional injuries often occur in the home and in motor vehicle crashes
- Showers address these specific injury risks

Educational Content

- Home Safety
  - fire/burn
  - poisoning
  - drowning
- Infant Safe Sleep
  - position
  - environment
- Shaken Baby Syndrome/Abusive Head Trauma
- Child Passenger Safety
  - 4 steps to safety
  - focus on rear-facing
  - 1:1 fitting and education appointment

Focus is on the common injury risks during the infant's first year of life. Prevention strategies are evidence-based.

WHAT IS A BABY SAFETY SHOWER?

- EDUCATION
- SAFETY PRODUCTS
- SHOWER GAMES
- CAKE AND PUNCH
- CAR SEAT SAFETY

FOR ALL CHILDREN IN THE FAMILY

BURN, AND SCALD SAFETY

- WATER THERMOMETER
- PLUG PROTECTORS

FIRE INJURY RISK REDUCTION

- SMOKE DETECTOR
- ESCAPE ROUTE PLAN

POISONING

- CABINET LOCKS
- POISON CONTROL MAGNET

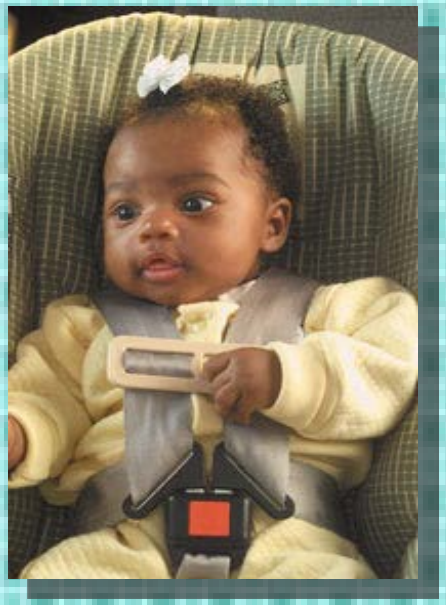
CHOKING AND SUFFOCATION

- CRIB SAFETY
- SAFE SLEEP
- PACK AND PLAY (OPTIONAL)
- SLEEP SACKS (OPTIONAL)

SHAKEN BABY SYNDROME

- CRYING EDUCATION
- PERIOD OF PURPLE CRYING VIDEO

MOTOR VEHICLE SAFETY



- 4-STEPS
- CONVERTIBLE CAR SEAT
- SEAT INSTALLATION

Safety Baby Shower

Arkansas Children's Hospital

Injury Prevention Center
It only takes a moment.
archildrens.org

Community Funding - $90 per Mom

Item	Unit Cost
Home Safety Essentials Kit	$6.50
Bath water thermometer	$4.00
Period of Purple Crying DVD and booklet	$3.50
Convertible car seat	$60.00
Smoke Detector	$11.00
Refreshments/Decorations	$5.00
Cost per Mom	$90.00 *

- Most costs are based on orders of 250
- Does not include salary support, mileage, or teaching tools

IPC Resources

- Train-the-trainer
- Presentation slides
- Participant educational materials
- Network resources, such as CPS technicians

Safety Baby Shower History in AR

- Modeled after Consumer Product Safety Commission project
- Adapted and piloted by Injury Prevention Center at Arkansas Children's Hospital
- Pilot sites: Phillips and Clark Counties
- Other counties where ACH has provided TA: Ouachita and Union
- Interest from many counties, organizations, and individuals, to replicate Showers, with or without research component

Results of Pilot Showers

- Knowledge gains among participants
- Nearly 100% shared information with someone
- 81% made a change in home environment as a result of Shower information
- 42% made decision to put baby on back to sleep as a result of Shower information
- Only 1 respondent not using appropriate sleep surface for infant

Results of Pilot Showers

- 95% feel “very sure” they can install child safety seat correctly
- 95% would definitely recommend the Shower to their friends
- More study needed to determine changes in attitudes and behaviors

CPST Training Courses

- Standardized curriculum – National Highway Traffic Safety Administration (NHTSA)
- 3-5 day class
  - lecture, hands-on practice
  - written evaluations
  - skills demonstrations
  - community seat check event
- No cost to attend, travel assistance possible
- Holly Terry – (501) 364-2478 or HMTerry@uams.edu

Questions & Discussion

Contact Information

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Arkansas Children's Hospital
Injury Prevention Center
Phone (501) 364-3414
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MODULE 3

DURING PREGNANCY INTERVENTIONS

Sisters United : Importance of an Annual Flu Shot During Pregnancy

PRESENTED BY ZENOBIA HARRIS, DNP

FEBRUARY 2, 2012

ARKANSAS DEPARTMENT OF HEALTH

Flu Facts

- Influenza or “seasonal flu” is a highly contagious respiratory viral illness caused by various types of influenza viral strains
- Rates of serious illness and death are highest among persons over age 65 years, children under age 2 years, pregnant women and persons of any age who have medical conditions that place them at increased risk for complications

Flu Facts

- Infection rates are higher among children than adults. Children are less prone to develop pulmonary complications

- Annual incidence of influenza-related deaths is approximately 36,000 deaths/year and more than 200,000 hospitalizations annually

Why are flu shots important for Pregnant women?

- Pregnant women who get influenza vaccine pass their immunity to their babies in the form of flu antibodies. This protection lasts for several months after birth.

Why are flu shots important for Pregnant women?

- Flu Vaccine studies are reporting good news for pregnant women

What are the risks in giving flu shots to Pregnant women?

- Research shows no association between flu vaccination during pregnancy and miscarriage.

Why are flu shots important for Pregnant women?

- The number of pregnant women receiving influenza vaccine has increased dramatically in the last couple of years.

Pregnant Women

- If you get sick with flu-like symptoms call your doctor right away.
- Symptoms include: fever greater than 100 degrees, body aches, coughing, sore throat, chills, headache and body aches, fatigue, respiratory congestion, and in some cases, diarrhea and vomiting

Mass Flu Vaccination Rates

- Non-Hispanic African Americans have the lowest Mass flu vaccination rate in Arkansas (6.7/100)

- The top 10% counties in Arkansas ripe for outreach to promote flu awareness in AA include Pulaski, Jefferson, Crittenden, Mississippi, St Francis, Union , Phillips

- Data Source: Dr Rupa Sharma

Sources of promotion of Flu education

- Barber shops, beauty salons, grocery stores, Sr. Centers and assisted living facilities, Day cares, schools, prenatal clinics, churches, sororities and fraternities, colleges and the Arkansas Minority Health Commission

Flu prevention

- Take everyday preventive actions

- Remember the Three C's:

  Clean - wash your hands often

  Cover - cover your cough and sneeze

  Contain - stay home if you are sick

Helpful Videos

- **The flu vaccine protects you and your baby.**
- It's safe to get anytime during pregnancy, and it keeps protecting your baby up to 6 months after birth. We've collected some of the most common questions women ask, along with answers backed by some of the latest medical research. Use this video to start a conversation with your doctor, then get the flu vaccine:

  http://protect2.org/

Sister United Flu Videos

- hhttp://www.youtube.com/watch?v=PO0nBQU0-
- 9Uttp://www.youtube.com/watch?v=MAiLaNgarb4

References

- http://www.cdc.gov/flu/
- Flu Talking Points, 2012; ADH intranet: www.healthyarkansas.gov
- http://www.youtube.com/watch?v=PO0nBQU0-9U&feature=plcp
- Protect two from the Flu; http://protect2.org/

FLU SHOT YOUTUBE

MODULE 4

AFTER PREGNANCY INTERVENTIONS

The Importance of Breastfeeding

Lucy Towbin

Sisters United Training Breastfeeding

Outline

- Facts about breastfeeding rates
- The importance of breastfeeding for mothers and babies
- The importance of a woman feeling empowered- belief that her body is able to provide milk for her baby
- How a mom can get support from her family even if they did not breastfeed
- Language choices
- Common misconceptions about breastfeeding and how to listen to and address a woman's concerns
- Importance of asking for help early on if needed
- Resources for supporting breastfeeding families

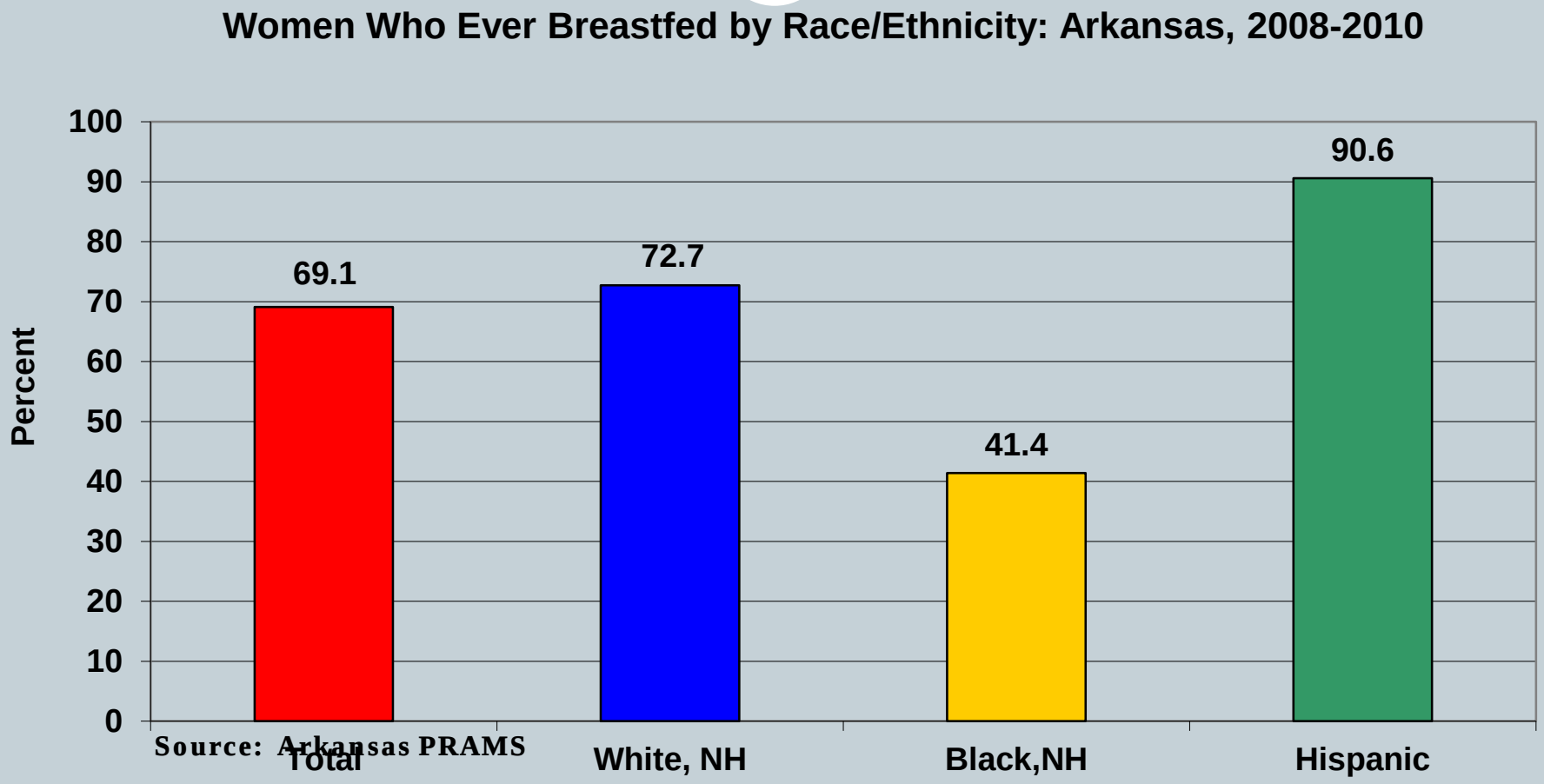
Facts About Breastfeeding Rates

CDC's MPINC survey- Arkansas hospitals got an F in breast-feeding support

In Arkansas 62.4% of women ever breastfeed, but only 23.8% are exclusively breastfeeding at 3m and 16.3% at 6 months.

Arkansas women are roughly half (13.3%) as likely to breastfeed one year as the national average (25.5%).

Breastfeeding Rates in Arkansas



Lower rates among African-American women

- “Breastfeeding rates among black sare consistently lower than rates for whites, no matter what the socioeconomic “ status. (1)
- Only a few booklets, posters or other materials show black women breastfeeding their babies(2)
- Of African-American women who do choose to breastfeed, duration is short, with many discontinuing in the first days after birth(3)

- 1) Study by CDC
- 2) African-American Breastfeeding Alliance
- 3) Breastfeeding among low income, African-American Women: Power, beliefs and Decision Making- Bentley, Dee and Jensen

Lower rates among African-American women

- Media-portray formula as the norm, fewer images of African-American women breastfeeding, women's breasts sexualized
- Community and environment-hospital practices aren't supportive, free infant formula distributed, workplace doesn't support
- Interpersonal- physician's influence on mother's decision, grandmothers and mothers probably didn't breastfeed, fathers influence

- Breastfeeding Among Low Income, African-American Women: Power, Beliefs and Decision Making- Bentley, Dee and Jensen

What if.....

- What if there was a medicine that could cut the risk of colds, ear infections, some kinds of cancer, diabetes, cardiovascular disease, obesity, SIDS deaths, sometimes fatal diseases of premature babies, irritable bowel syndrome, celiac disease, asthma and more? This medicine also has been shown to RAISE intelligence scores of people who take it.
- What if this medicine was also free?

Importance of Breastfeeding

The following diseases are more common among babies /children that are fed formula than those who were breastfed :

- Ear infections
- Skin problems
- Irritable bowel syndrome
- Celiac disease
- Respiratory tract infections
- Asthma

Importance of Breastfeeding

- Obesity
- Cardiovascular diseases
- Type 1 and Type 2 Diabetes
- Childhood leukemia and lymphoma
- SIDS deaths
- Preterm necrotizing enterocolitis
- Other preterm problems such as sepsis, growth failure, developmental disabilities, retinopathy
- Intelligence test scores are lower

Importance of Breastfeeding

The following are higher among women who did not breastfeed:

- Type 2 Diabetes
- Cardiovascular disease
- Postpartum depression
- Child abuse
- Rheumatoid arthritis
- Breast cancer
- Ovarian cancer

Language choices

- Changing our language- other health issues are worded in terms of risk factors associated with the less healthy choice
- Changes in how we talk about breastfeeding to normalize it:

Say This	Not This
Risks of formula	Advantages of breastfeeding
Importance of breastfeeding	Benefits of breastfeeding
Breastfeeding is normal, natural, what baby is designed to do	Breastfeeding is ideal, special, best
What have you heard about breastfeeding?	Do you plan to breastfeed or bottle feed?

Empowering Women

Women need the confidence that their bodies are capable of producing all that their baby needs to eat the first months of life.

Women need the confidence to ask health care providers and others for information and help, if needed.

Beliefs about problems and consequences of breastfeeding

- In a study of African-American women in Baltimore, two beliefs were most prevalent influences for women to not breastfeed:
  - -Belief or anticipation about pain involved in breastfeeding
  - -Concerns about breastfeeding in public

Why Do Women Stop?

- PRAMS data (2004) on why women in Arkansas stopped breastfeeding (top 5 reasons):

Reason for stopping	Percent
Not producing milk	43
Milk didn't satisfy baby	38
Difficulty nursing	26
Went back to work/school	23
Nipples sore	20

Why Do Women Stop?

- Only 8% of women in the PRAMS survey said that they stopped breastfeeding because it was the right time to stop. That means that 92% of women in Arkansas stopped before they wanted to.

Common Misconceptions

- My baby is crying a lot so I must not have enough milk
- Breastfeeding is going to be painful
- If I breastfeed, I will have to expose my breasts in public
- Since breasts are sexual, it is wrong to breastfeed a baby after a certain age
- I have to go back to work so there is really no point in starting to breastfeed since I will have to stop

Common Misconceptions

- I have to take some medicine so I have to stop breastfeeding
- Breastfeeding changes the shape and size of your breasts
- Breastfed babies are more dependent on their mothers
- Breastfeeding is more difficult than bottle feeding

When To Ask For Help

Many problems can be solved early on in breastfeeding and get harder the longer you wait.

Have support people not only available, but a plan for them to check on the mom regularly the first few days.

Research shows that help that is initiated by the helper rather than the mom is more likely to be effective.

Family Support

- If a woman's mother and grandmother didn't breastfeed, she doesn't have that role model
- Mothers and grandmothers can still be supportive, even if they didn't breastfeed. They may need reassurance that they could have breastfed if they had more support then. They can be very influential.

Family Support

Influence of the father of the baby in a woman's decision to breastfeed is very strong

Other Support

- If a woman's doctor talks to her about breastfeeding during prenatal visits, that can have a significant impact on her decision.
- Friends that have breastfed can be a good support system for a new mother.
- La Leche League- peer support.
- WIC Breastfeeding Peer Counselors

Professional Support

- IBCLC's- International Board Certified Lactation Consultants- employed mostly by hospitals and Department of Health
- Hospital nurses on the postpartum floor

What about you?

- Are you comfortable promoting breastfeeding?
- Is there something from your personal history with breastfeeding or not breastfeeding that may make it harder for you to do this?
- Do you have any questions or concerns we can address here that will help you do a better job?

"I breastfeed because it's normal and natural."
Leche Materna
" Yo alimento con el pecho por que es normal y natural."

Resources

- Texas WIC Breastfeeding http://www.dshs.state.tx.us/wichd/bf/african_americanbf.shtm#Promotion
- www.blacktating.com
- Book that is downloadable: http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/breastfeedingguide-africanamerican-english.pdf

Resources

- USDA WIC materials: http://www.fns.usda.gov/wic/fathers/supportingbreastfeeding.htm
- http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/breastfeedingguide-africanamerican-english.pdf

BREASTFEEDING YOUTUBE

From Back-To-Sleep to Safe Sleep

Beverly Miller

Safe Sleep for Infants

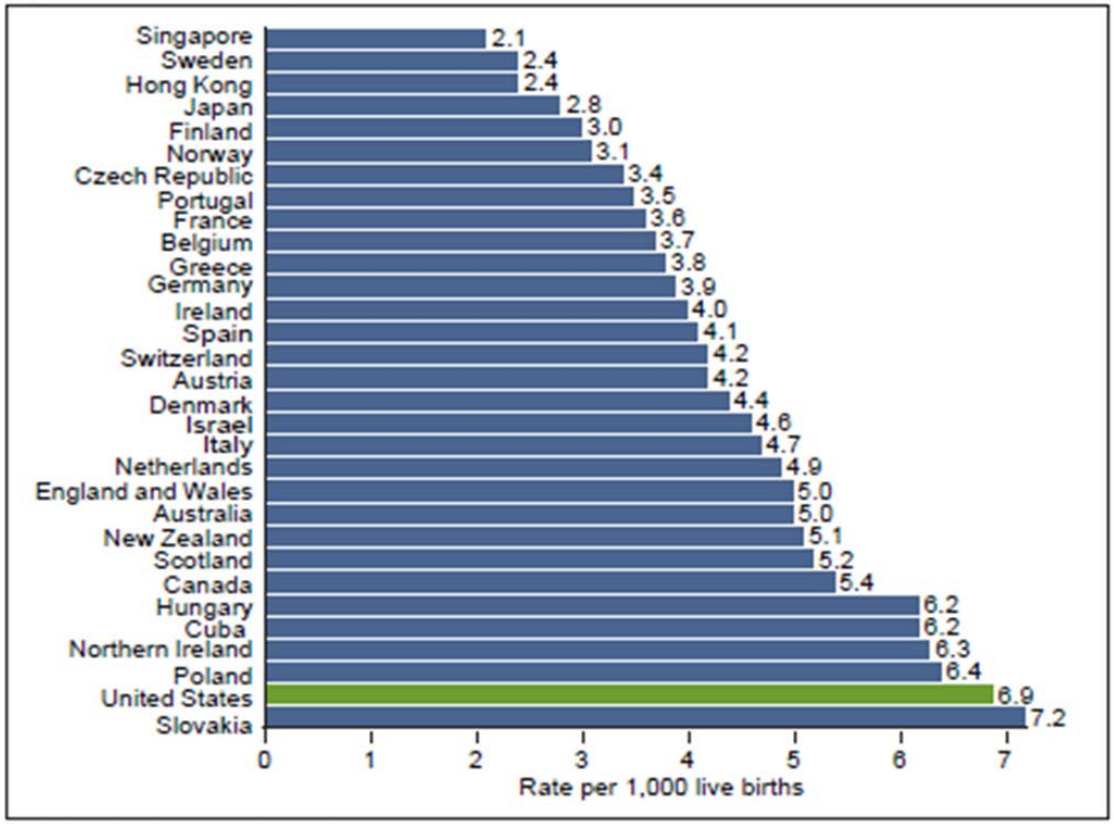
Prepared by: The Injury Prevention Center at Arkansas Children's Hospital
and
the University of Arkansas for Medical Sciences

Objectives

- Upon completion of this training, participants will be able to:
  - Discuss safe sleep recommendations by the American Academy of Pediatrics
  - Describe risk factors for sleep-related deaths in infants
  - Advise families on changes in sleep practices

Infant Mortality in the U.S.

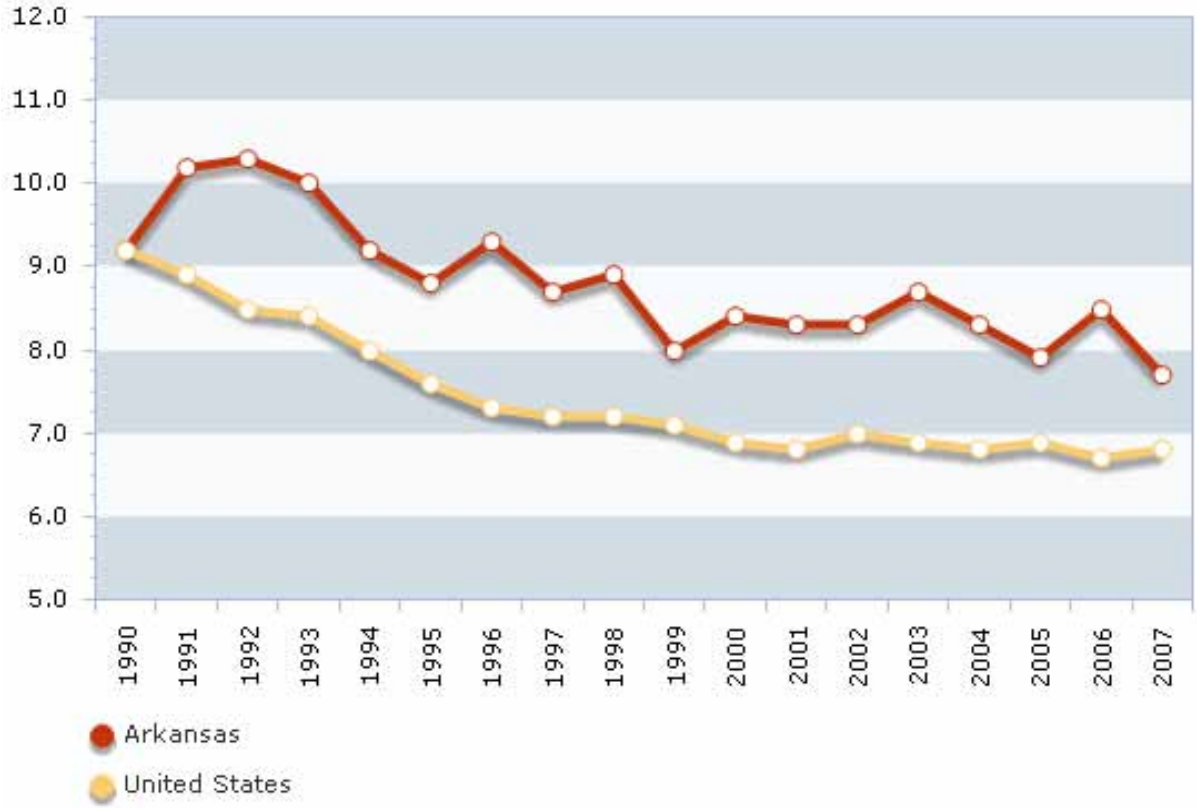
Figure 1. Infant mortality rates, selected countries, 2005



SOURCE: *Health, United States, 2008.*

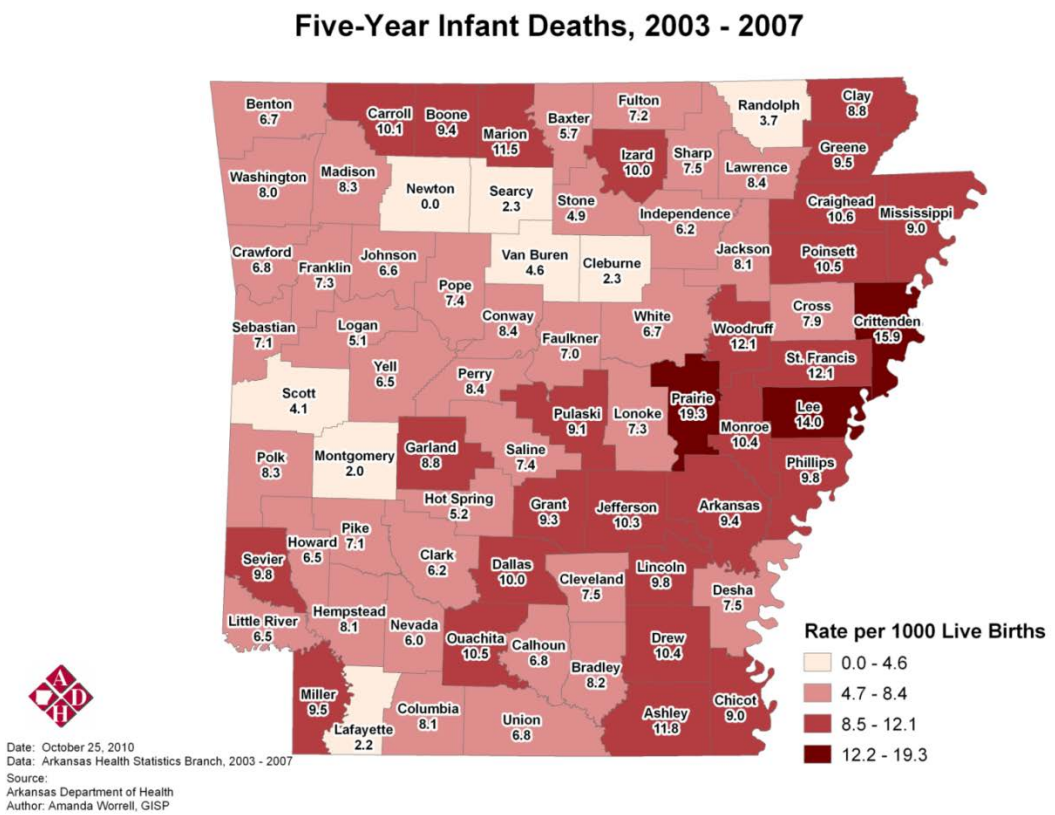
CDC, NCHS Data Brief, 2009

Infant Mortality in Arkansas 1990 – 2007 (Rate per 1,000)

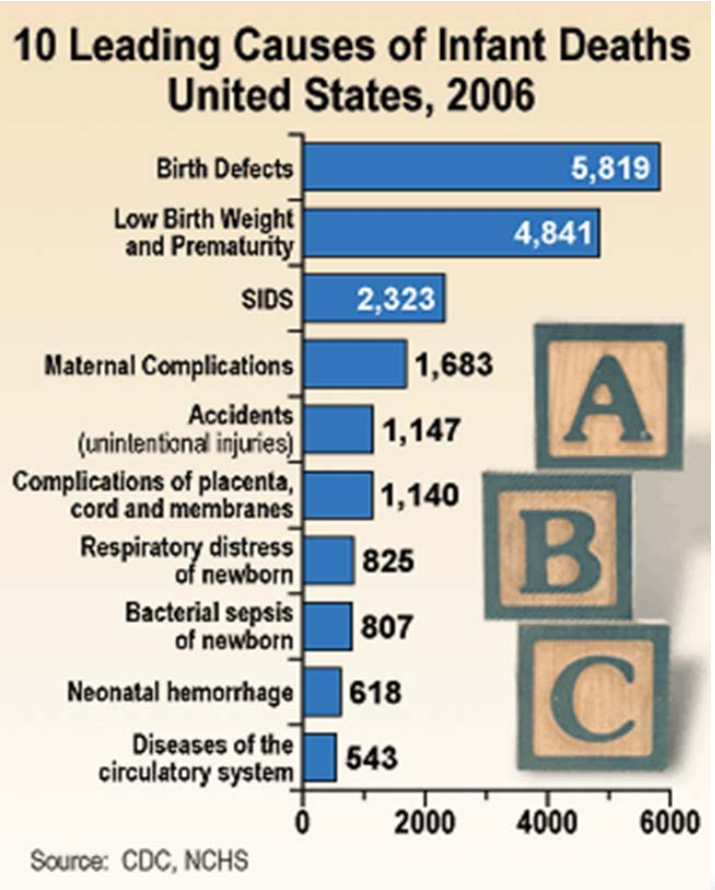


Annie E. Casey Foundation, Kids Count Data Center, 2012

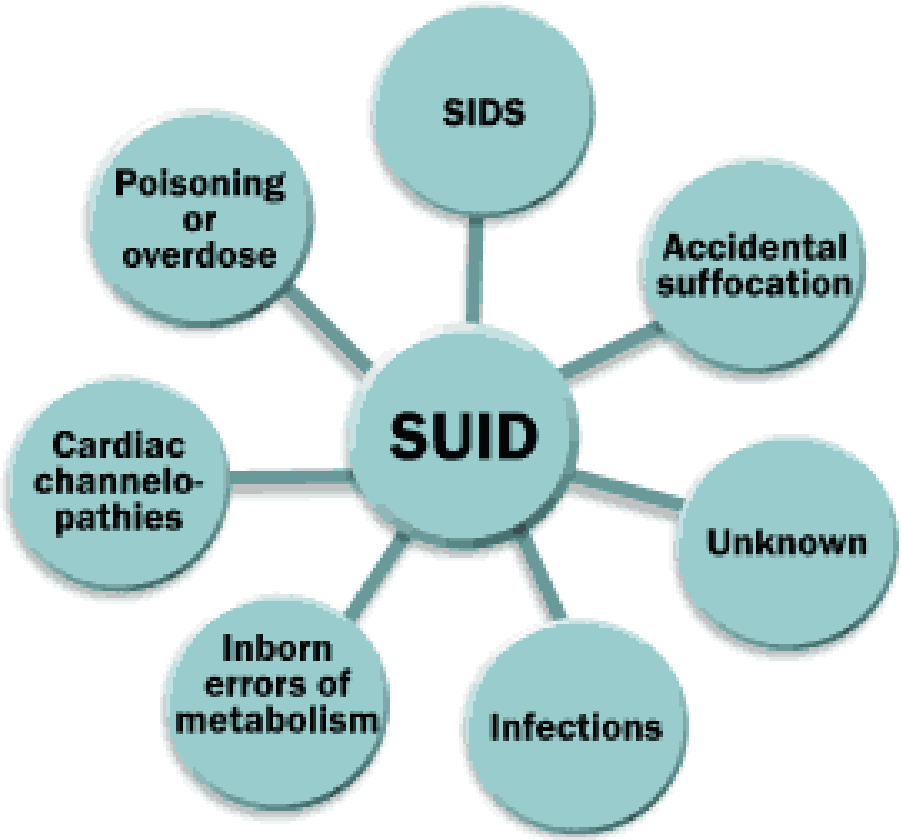
Infant Mortality in Arkansas



Leading Causes of Infant Death



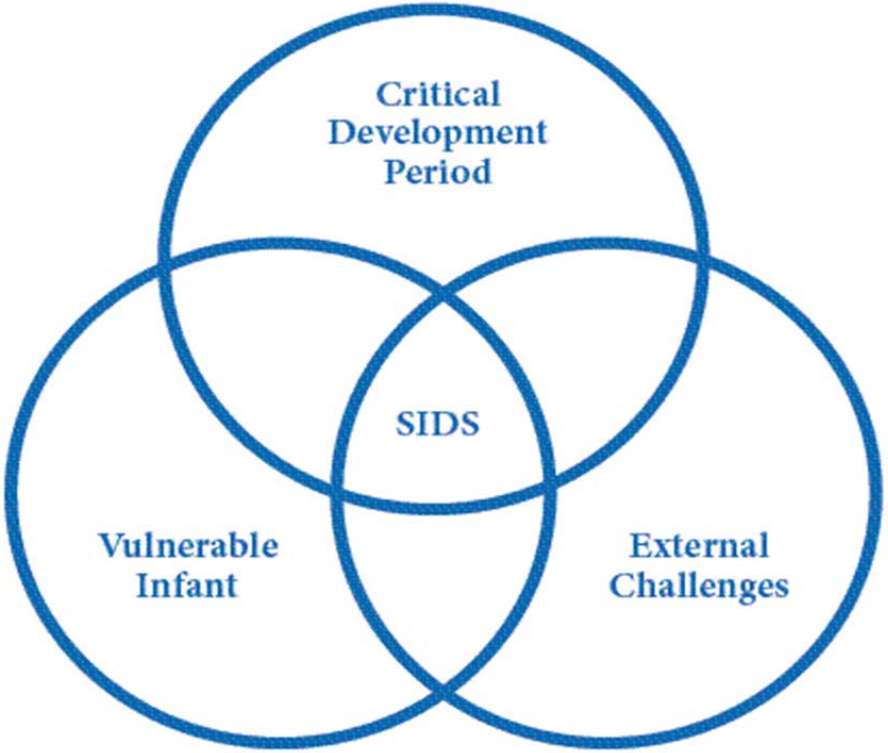
SUID and SIDS



Sudden Infant Death Syndrome is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and review of the clinical history.

Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC, 2012

SIDS Risk: The Triple-risk Model



First Candle

Safe Sleep for Babies

- AAP Policy Statement - revised October 2011
- Focus on "safe sleep" to include position AND environment
- A home visitor can help parent by:
  - providing education
  - identifying resources
  - demonstrating desired behaviors

During Pregnancy

The following behaviors can reduce the risk of a vulnerable infant:

- Get regular prenatal care
- Avoid tobacco use or smoke exposure during pregnancy
- Avoid alcohol and illicit drug use during pregnancy

Preparing for the Baby's Arrival

- Media and manufacturers should follow safe sleep guidelines in messaging and advertising
- Expand national campaign to reduce risks for all sleep-related infant death, include focus on environment (i.e. sleep surface and location)

Room Share – Don't Bed Share

- Breast feed safely
- Bond safely
- Dangers of bed sharing:
  - Suffocation
  - Strangulation
  - Entrapment
  - Falls

Selecting a Safe Crib

- New cribs meet current safety standards
- Used crib is safe if it:
  - Has not been recalled (www.cpsc.gov)
  - Has rails that are no more than 2 3/8 inches apart. If a soda can passes through the rails, the crib is an entrapment risk.
  - Has original working parts with no repairs
  - Has a firm mattress, with no space between mattress and crib bars

U.S. Consumer Product Safety Commission

A SAFER GENERATION OF CRIBS

New Federal Requirements

Crib Alternative

- Consider less expensive alternatives to full-sized cribs:
  - cradle
  - bassinette
  - play yard

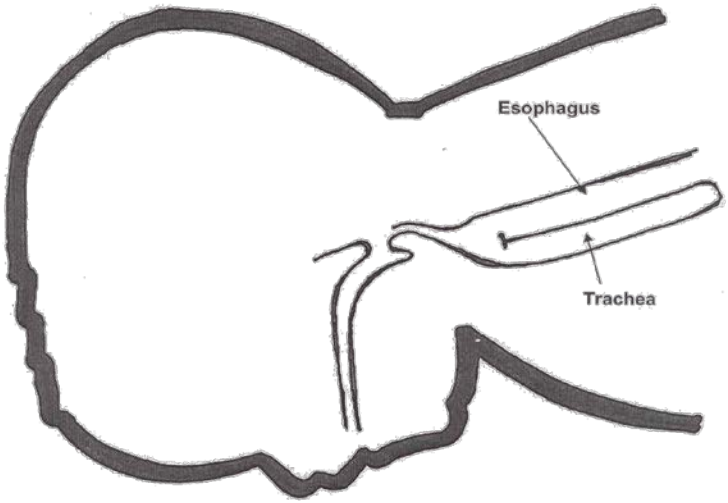
Prepare a Safe Crib

- Use a fitted sheet and wrap it around the bottom of mattress by two inches
- Do not use pillows, blankets, stuffed animals, or any other soft items
- Do not use bumper pads
- If you use mobiles, hang them out of baby's reach and remove them once baby can sit up

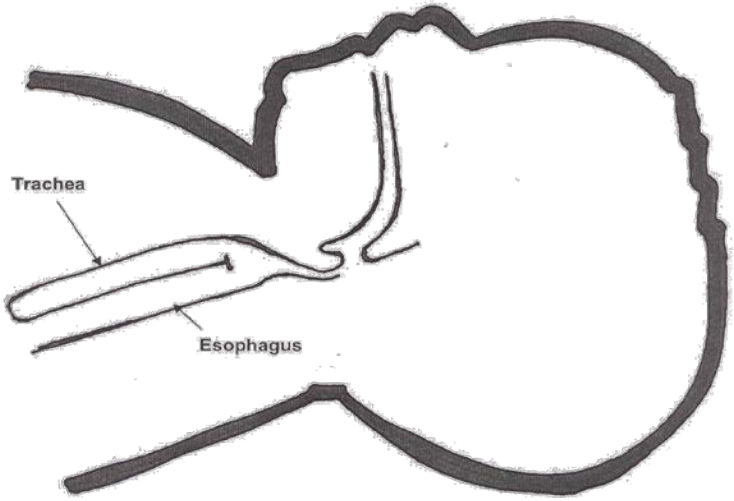
Put Babies on Their Backs to Sleep

- Babies are less likely to choke on their backs

Facing down – Choking Risk



Facing up – the Safer Way



Back to Sleep…Tummy to Play

- Babies will learn to be comfortable if they start out on their backs and stay on their backs
- Educate other caregivers – babies should sleep on their backs every time – at night and at naps
- Make safety the first priority every time a baby sleeps

Avoid Overheating

- Set the room temperature the same as you would for an adult
- Dress the baby in as little or as much clothing as you would wear to be comfortable
- Use the “feet to foot” method with blankets

What sleep risks do you see in the following pictures?

SCOUT

Conclusions

- Some babies are more vulnerable than others for SIDs.
- Recommendations for safe sleep changed in 2011 to include position and environment.
- Other causes of sleep-related deaths in infants are:
  - Suffocation
  - Strangulation
  - Entrapment
  - Falls

Resources

- http://www.archildrens.org/IPC
- http://www.cdc.gov
- http://www.cpsc.gov
- http://www.aap.org
- http://www.firstcandle.org

SAFE SLEEP YOUTUBE

POST-SURVEY & BREAK

MODULE 5

EFFECTIVE COMMUNICATION

Ed Barham

Public Information Officer

Arkansas Department of Health

Ron Blome

Freelance Journalist and TV Producer

WORKING WITH THE MEDIA

LEARNING OBJECTIVES

- Develop a simple communications plan
- Learn how to create messages for today’s channels
- Know how to get your message out in the media
- Improve your skills for media interviews

WHAT THE MEDIA WILL COVER

STATE YOUR MISSION

- Describe the problem in your area.
- Be specific wherever possible
- Decide what you can accomplish and write it down
- Set a time-table with deadlines
- Evaluate
- Next steps

THREE IDEAS, NINE SECONDS, 27 WORDS

- I’m Edwina, and I’m fighting Infant mortality in Arkansas
- We have one of the highest rates in the country
- I want to talk to young women, woman-to-woman

SIMPLE COMMUNICATION PLANS

- Mission Driven Goals, Measureable Wherever Possible

- Goal: Fight infant mortality
- Goal: Reduce infant mortality in Arkansas by 20 % by 2015
  - Specific objectives
  - Raise awareness of the problem in Little Rock
    1. Make one talk to a group—church or civic club
    2. Send out news releases and fact sheets to the media
    3. Use social media to communicate with your community

CHANNELS

- Newspaper
- Radio
- TV
- Person-to-person
- Area Hospitals
- Facebook
- Twitter
- Churches
- Local Health Unit administrator in your county

BASIC TOOLS

- News releases
- Fact sheets
- Media Alerts
- Events
- Visuals
- Person-to-person

NEWS RELEASES

- Who, What, When, Where, Why and How
- Tell your story
- Personalized
- Localized
- Most basic communication tool for the media

ICDRP_SUID_SIDSpressrelease 9-27-12 [Compatibility Mode] - Microsoft Word

For Immediate Release

For more information contact:
Arkansas Infant and Child Death Review Program
Martin Maize, Program Coordinator
501-364-3388
momaize@uams.edu

Sisters United

Rate of Sudden Infant Death Syndrome in Arkansas Extreme

Statewide Program Seeks to Educate State's Residents

LITTLE ROCK, AR. (September 27, 2012) Sisters United, The Arkansas Infant and Child Death Review Program and the Arkansas Department of Health seek to prevent Sudden Unexpected Infant Deaths and Sudden Infant Death Syndrome by educating Arkansans on safe sleep practices for infants.

"Sudden Unexpected Infant Death (SUID) is defined as the death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious ***prior*** to investigation. Sudden Infant Death Syndrome (SIDS) is defined as the sudden death of an infant less than 1 year of age that cannot be explained ***after*** a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and review of the clinical history." Approximately half of SUID cases are SIDS. African Americans are twice as much at risk for SIDS than Caucasians. (Centers for Disease Control and Prevention)

The death rate in Arkansas due to Sudden Infant Death Syndrome (SIDS) is almost three times higher than the national average. In 2009 Arkansas was tied with West Virginia as the third worst state for SIDS and sleep-related causes of infant deaths at a rate of 206 per 100,000 (CDC Wonder Data provided by Shevon).

Neonatal death is death which occurs in the first 28 days of an infant's life. Post-natal death is death which occurs from the 29th day of life until the first birthday. SIDS is the leading cause of death in the postnatal period. (CDC, 2012).

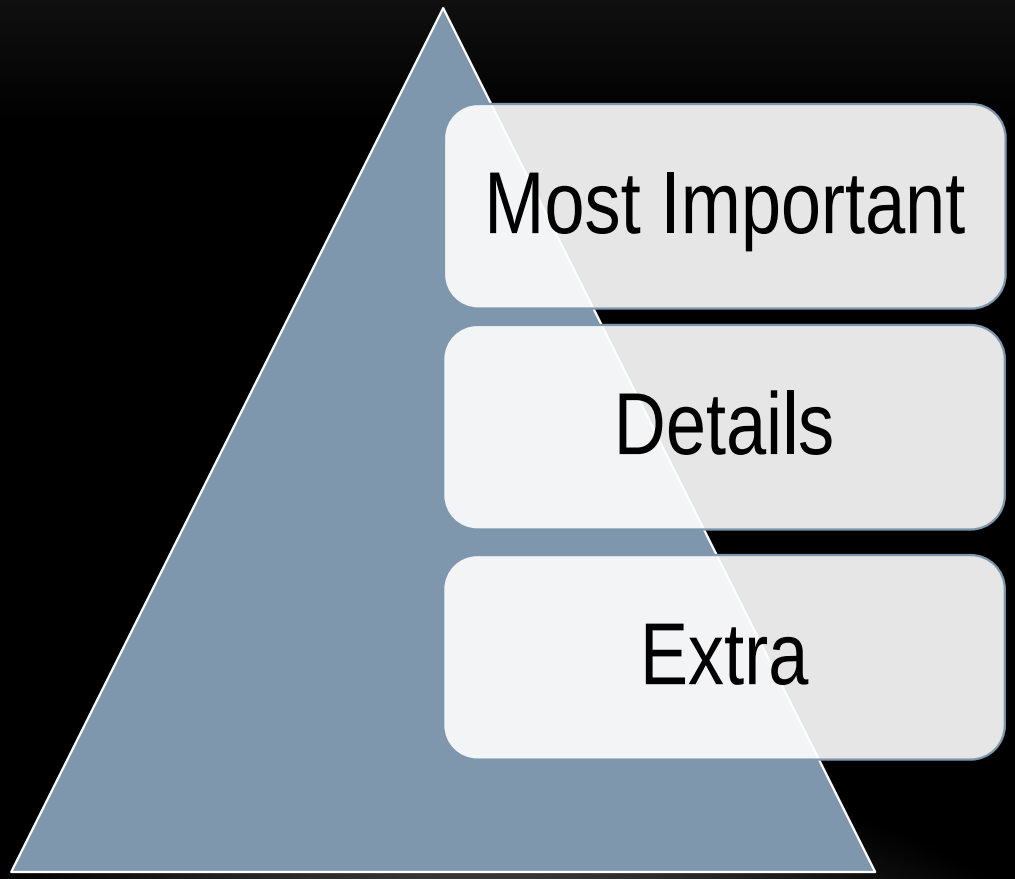
Because infant mortality has such a complex set of causes, the *Safe to Sleep* campaign encompass sleep position and environment. Based on research and recommendations from the American Academy of Pediatrics, below is a list of precautionary steps for every parent or caretaker:

- Place your baby on his/her back for sleep every time.
- Use a crib which meets current safety regulations with a firm sleep surface and tightly fitted sheet. Check with the Consumer Product Safety Commission for current regulations.
- Share your room with your infant, but not your bed or other sleep surface. In 2010 AR had 28 confirmed infant bed-sharing deaths. (Arkansas Department of Health Vital Statistics Branch).
- No soft items, loose bedding or bumper pads in crib. These items are suffocation hazards.
- Breastfeeding is recommended.
- Don't rely on baby monitors.
- Immunize infants.

Always follow the ABCs of Safe Sleep:
always **ALONE**,
always on their **BACK**,
always in a safe **CRIB**

Page: 1 of 1 | Words: 440 | 75%

THE NEWS PYRAMID



FACT SHEETS

- Simple or complex
- Provide links to more information
- Provide hard copies to leave with the media
- An educational tool that tells the story

SIDS 2000 - 2009 - Windows Live Photo Gallery

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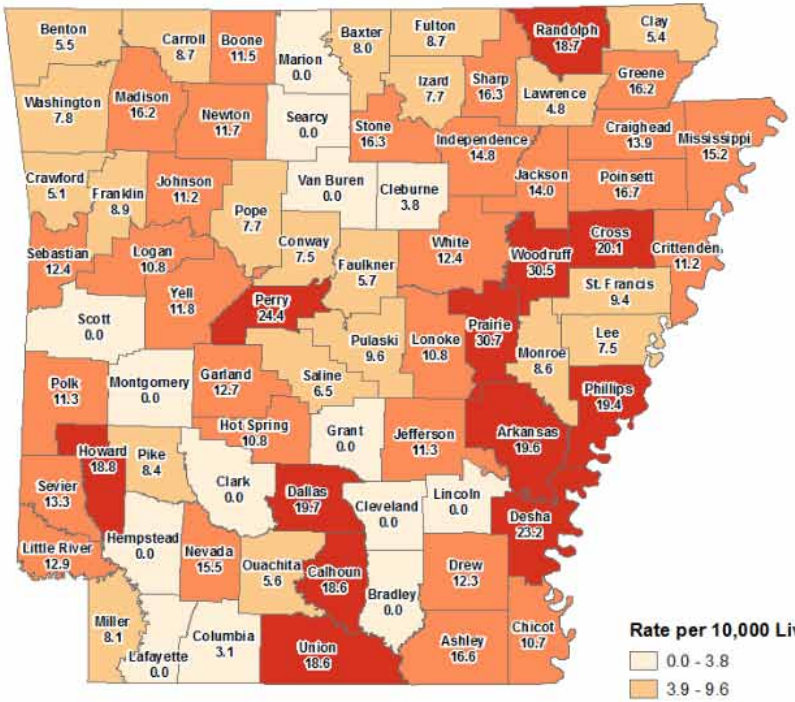
SIDS Mortality Rate (per 10,000 Live Births)
Arkansas: 2000-2009



Date: April 6, 2012
Source: Arkansas Department of Health
Health Statistics Branch
Map created by: Amanda Worrell, GISP

1 of 1

MEDIA ALERTS

Name: Edwina Barham

Complete Contact information

Title: “Local Doctor to Demonstrate Safe Sleep Practices”

What: Dr. Robert West, Sisters United, members of the guild and other interested parties

What: Plainview Baptist Church Guild

When: April 1, 2013, 10:00 p.m.

Where: Main Sanctuary, Plainview Baptist Church, 909 South Main, Little Rock, AR 72201

Why: To raise awareness of the best practices for safe infant sleep

Note: Infant mortality is a very significant problem for Arkansas—we have one of the highest rates in the country. An infant dies almost every day in Arkansas, and there are things we can teach young mothers that will help fight the problem.

Sisters United Action Group Media Alert.pdf - Adobe Reader

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Media Alert

Arkansas Department of Health

For More Information Contact:
ADH Office of Communications
Ed Barham, 501-280-4147
Follow us on Facebook and Twitter

For Immediate Release
June 21, 2012

Sisters United Action Group Organizes to Reduce Infant Mortality

WHO: Presidents of local sororities; Paul K. Halverson, DrPH, state health officer and director, Arkansas Department of Health (ADH), Lamar Davis, deputy chief of staff; David Grimes, MD, branch chief, Family Health, ADH; Michelle R. Smith, director, Office of Minority Health & Health Disparities

WHAT: Special Sisters United Action Group Meeting to help fight infant mortality in Arkansas

WHEN: Thursday, June 21, 2012, 1:00-2:00 p.m.

WHERE: ADH Auditorium, 4518 W. Markham, Little Rock, AR 72205

WHY: To introduce a new program to help reduce African American Infant Mortality. The program involves training for sorority sisters so that they can be a trusted source of good information for their friends and others living in areas where infant mortality is high.

Note: An infant under the age of one dies almost every day in Arkansas, and there is a disparity between African American babies and those that are white.

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RESOURCES

- Arkansas Press Association
- Arkansas Broadcasting Association
- Local Health Unit Administrator
- Local Chamber of Commerce

Chapter Presentations

NEXT STEPS

- Begin chapter outreach efforts
- AR SIDS Grantees complete projects
- Track Results
- Maintain contact with OMHHD

Q & A

Closing Remarks

Lamar Davis

SISTERS UNITED

INFANT MORTALITY TRAINING CONFERENCE

February 2, 2013

ARKANSAS DEPARTMENT OF HEALTH

Office of Minority Health & Health Disparities

Family Health