

## Insights

# Efforts to Reduce Infant Mortality Focus on Underserved Populations

Infant mortality is a national crisis in the United States. The national infant mortality rate is [6.1 deaths](#) out of every 1,000 live births, but that figure varies for different populations and areas. For instance, the national rate for the non-Hispanic black population is [11.3 per 1,000 live births](#), ranging from a low of 8.3 in Oregon to a high of 14.2 in Kansas. Underserved populations—those with life circumstances that make them susceptible to falling through the cracks in the healthcare system—often have inadequate support and services, creating greater risks for infant mortality.

Throughout the U.S., organizations, state agencies, government teams and other stakeholders are studying infant mortality and analyzing the disparities between communities. It's clear that contextual factors that influence infant mortality differ between groups, making it all the more important to tailor solutions appropriately and better address [health inequities](#).

Part of the NICHQ and Maternal and Child Health Bureau-led Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([Infant Mortality CoIIN](#)) involves state teams determining where there are opportunities to improve systems so they can better reach underserved women and infants. In our special Underserved Population Series, we've highlighted IM CoIIN teams that have made strides in reaching underserved populations across different strategic focus areas for addressing infant mortality. These inspiring stories show that change is possible, and that there are ways to reach every mother and every child. Although the healthcare system is far from perfect, new strategies can be implemented to extended it to people who can't access the help they need.

- [Safe Sleep](#): To reduce sleep-rated infant deaths, teams are educating underserved families about safe sleep practices. In Washington D.C., there are efforts to reach homeless women, incarcerated women and Spanish speakers to ensure that they understand what type of environment their children should sleep in. Meanwhile, the California IM CoIIN team is working with other organizations to bring safe sleep to the state's African American population.
- [Smoking Cessation](#): The IM CoIIN teams in Alaska and Florida have introduced the Society for Public Health Education's Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) program to women in rural areas and in low-income households, respectively. An evidence-based method meant to be integrated into routine prenatal care,

the SCRIPT program includes components such as counseling and an easy-to-follow booklet called A Pregnant Woman's Guide to Quit Smoking.

- [Pre- and Early-Term Birth](#): Because pre-term birth is the [leading cause](#) of infant mortality and early-term infants are at risk for health issues such as low blood sugar, teams in Iowa and Mississippi are targeting two strategies with vast potential to improve birth outcomes in Medicaid populations—a group in which one in every eight babies is born premature.
- [Pre- and Interconception Care](#): The New York State IM CoIIN team is working to increase access to contraceptives during the postpartum period for women who are eligible for Medicaid. Community health workers are also supporting this effort by educating women about the benefits of birth spacing and the health risks associated with having babies less than 18 months apart.

“The gaps within the healthcare system have led to some women and children being left behind in certain ways, whether it’s an inability to access the appropriate provider for a medical issue or the lack of education for certain best practices,” says NICHQ’s Pat Heinrich RN, MSN, CLE, executive project director for IM CoIIN. “Everyone deserves equitable treatment. In IM CoIIN, the goal is to help every mom and every baby; it’s an opportunity to make key improvements to our systems that will help lower infant mortality in the U.S.”

These efforts are only a small sample of the work being done in IM CoIIN and around the country as a whole. The maternal and child health community is aware of the disparities in services and outcomes between populations, and many stakeholders are working to bring quality care to everyone, which is the only way that the infant mortality rate will drop.

**07/26/2017**