Infant Mortality Policy

- Newborns' health is primarily influenced by their families' social and economic conditions. Medical care alone does not reduce infant mortality.
- Some babies are twice as likely to die as other babies based solely on race. State policies can help keep all babies alive.
- States can promote evidence-based, low-tech interventions to address the leading causes of infant mortality.

Resources and policy tools to reduce infant mortality	What state agencies can address infant mortality
• State Health Improvement Plans (SHIP)s often include strategies to decrease infant mortality.	• Public health (including the state's division of maternal and infant health) • State office of health equity • State Children's Health Insurance Program (CHIP) program • State Medicaid agency

State Policy Options

Targeted care for those at greatest risk: States can cover enhanced prenatal care interventions for women enrolled in Medicaid or CHIP who are at risk for a preterm birth. The interventions can also assist women experiencing substance or opioid use disorder to avoid neonatal abstinence syndrome.

Safe sleep: States can promote interventions to improve infant safe sleep practices, including public education campaigns such as the "Back to Sleep" campaign, to avoid sleep-related infant deaths.

Smoking cessation: States can cover and provide smoking cessation for pregnant women. They can also increase cigarette taxes, which can lead to decreases in infant mortality rates.

Preconception/interconception care: States can reduce unintended pregnancy and promote birth spacing by increasing access, reimbursement, and use of effective methods of contraception, such as long-active reversible contraception (LARC).

Promote full-term births: States can adopt policies that impose financial penalties on providers for early elective deliveries and promote appropriate use of progesterone, a hormone given to prevent preterm labor.

Social factors: States can support evidence-based policies and community-based programs to address social determinants of health and improve equity in birth outcomes. States can use data collected through the Pregnancy Risk Assessment Monitoring System to understand and address maternal attitudes and experiences before, during, and shortly after pregnancy

Evidence and Resources for State Leaders

Policy	Resources	Notes
Enhanced care for those at high risk	Centers for Medicare & Medicaid Services (CMS) birth centers, maternity care homes, and group prenatal care	Women who receive prenatal care through Strong Start for Mothers and Newborns had lower rates of preterm birth, below normal birthweight, and Cesarean sections. Costs were more than $2,000 lower per mother-infant pair during birth and the following year. CenteringPregnancy is group prenatal care that has shown positive results in promoting delivery of infants with higher birth weight, breastfeeding, and other benefits.
Safe sleep to prevent sleep-related infant death	*Journal of the American Medical Association*, Interventions to Improve Infant Safe Sleep Practices	The public education campaign "Back to Sleep" promotes safe sleep practices.
	Social programs that work: home visiting	Nurse-Family Partnership has demonstrated reduction in mothers' births during their late teens and early twenties; and reduction in prenatal smoking among other findings.
Smoking cessation	The Centers for Disease Control and Prevention's (CDC) smoking cessation and preterm birth programs and the American Academy of Pediatrics' recommended cigarette tax resource	Smoking by pregnant women increases the risk for preterm birth, low birthweight, and sudden infant death syndrome, which are all contributors to infant mortality. When a pregnant woman stops smoking, there is less risk that the baby will be born premature. Increases in cigarette taxes and prices are associated with decreases in infant mortality rates, with stronger impact for African American infants.
Preconcep-tion/ intercom-ception care	March of Dimes' Implicit Interconception Care Toolkit	Interconception care guides can include breastfeeding as a consideration for various contraception methods and engaging patients in a respectful dialogue that considers the research, potential risks of unintended pregnancy and hormonal long-acting reversible contraceptives (LARC).
	NASHP's Medicaid Payment Reform Strategies	Case studies and 50-state map track payment strategies, performance incentives for providers, and quality improvement initiatives to improve birth outcomes and patient experience while reducing overall health care costs
	Office on Women's Health, Breastfeeding	Breastfeeding decreases infants' risks for sudden infant death syndrome and other health issues
	CMS' Early elective deliveries	Nonpayment policies can discourage early elective deliveries and promote appropriate use of progesterone, a hormone given to prevent pre-term labor.
Promoting full-term births	CMS' Informational Bulletin	Medicaid can cover effective contraception, such as LARC, which helps reduce the risk of low-weight and/or premature birth. Unintended pregnancy is associated with an increased risk of poor birth outcomes. LARC is safe and highly effective in preventing unintended pregnancies.
Critical social factors	CDC's Pregnancy Risk Assessment Monitoring System	Community-based programs can address social determinants of health and improve equity in birth outcomes. States can use data collected through PRAMS, the Pregnancy Risk Assessment Monitoring System, to understand and address maternal attitudes and experiences before, during, and shortly after pregnancy. Illinois Department of Public Health, "Infant Mortality Toolkit: Tackling the Root Causes"