

IMPROVING INFANT OUTCOMES

INFANT MORTALITY DATA

What is infant mortality?

Infant mortality is defined as the death of a baby that is less than one year old. The infant mortality rate (IMR) is calculated as the number of infant deaths for every 1,000 live births.

How does Oklahoma compare to the rest of the United States regarding infant mortality rates?

National data was not available for 2021; therefore, comparisons between states use 2018-2020 infant mortality data. Based on infant mortality data, for the years 2018-2020, Oklahoma ranked 38th in the United States with an IMR of 6.7 per 1,000 live births. Oklahoma's IMR has consistently remained above the national rate since 1992. From 2018-2022, the state's IMR of 6.7 was slightly higher than the national average of 5.6 per 1,000 live births.

The Healthy People 2030 objective for reducing infant mortality is 5.0 per 1,000 live births.

Chart 1: National IMR Rankings (2018-2020)

2020 National Ranking	State	IMR
-	US Average	5.6
12	Colorado	4.8
17	Texas	5.4
23	New Mexico	5.6
34	Missouri	6.1
35	Kansas	6.1
38	Oklahoma	6.7
48	Arkansas	7.3
49	Louisiana	7.7

Source: CDC WONDER Online Database
U.S. Data not available for 2021

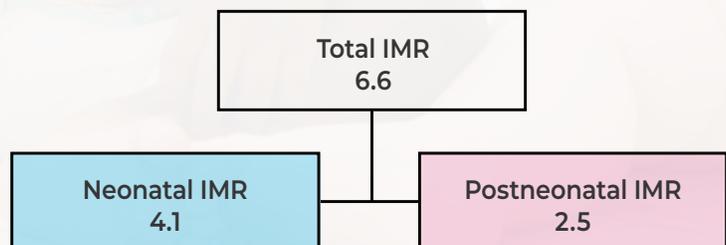


What are the infant mortality rates by age at death?

Infant deaths are typically classified as neonatal or postneonatal. Neonatal deaths are those infants who die before 28 complete days of life; postneonatal deaths are defined as deaths to infants at least 28 days but less than 365 days old.

From 2019-2021, the overall infant mortality rate for Oklahoma was 6.6 per 1,000 live births. Most infant deaths were classified as neonatal, with a rate of 4.1 per 1,000 live births.

Chart 2: Total infant, neonatal and postneonatal mortality rates for Oklahoma (2019-2021)



Source: Oklahoma Vital Statistics

IMPROVING INFANT OUTCOMES

Are there racial and ethnic disparities in IMR in Oklahoma?

Yes. The following shows IMR by race and Hispanic origin from 2019-2021.

Chart 3: Oklahoma IMR by Race/Hispanic Origin (2019-2021)

Race/Hispanic Origin	IMR
Statewide	6.6
Non-Hispanic White	5.4
Non-Hispanic African American	13.1
Hispanic	6.9
Non-Hispanic American Indian/ Alaskan Native	7.1
Non-Hispanic Asian/Pacific Islander	5.4

Source: Oklahoma Vital Statistics

What causes infant mortality?

The top three rankable causes of infant death in Oklahoma include:

1. Congenital malformations (medical condition present at birth)
2. Disorders related to short gestation (less than 37 weeks of completed pregnancy) and low birth weight (less than five pounds, eight ounces)
3. Sudden infant death syndrome (SIDS)

From 2019-2021, the leading cause of infant death for Whites, American Indian/Alaskan Natives, Hispanics and Asian/Pacific Islanders was “congenital malformations,” while the leading cause of infant death for African Americans was “disorders related to short gestation and low birth weight.”

Source: Oklahoma Vital Statistics

What can I do to prevent infant mortality in Oklahoma?

- Being healthy before and between pregnancies greatly improves the chances of having a healthy baby.
- Having a full-term pregnancy (about 40 weeks) contributes to good birth outcomes.
- Breastfeeding offers a baby the best nutrition for every stage of growth.
- Getting tested and treated, if needed, for sexually transmitted diseases promotes a healthy pregnancy and birth.
- Placing baby on his or her back to sleep decreases the chances of Sudden Infant Death Syndrome (SIDS).
- Avoiding use of tobacco products, including e-cigarettes and vapor products, during pregnancy. Nicotine is a health danger for pregnant women and can damage a developing baby’s brain and lungs.
- Avoiding exposure to secondhand smoke contributes to strong and healthy babies.
- Preventing injuries among infants will keep them safe and secure.
- Recognizing the signs and getting help for postpartum depression and anxiety can improve the health of the mother and her baby.

NURSING YOUR NEWBORN

STRONG & HEALTHY BEGINS WITH BREASTFEEDING

Breastfeeding is Going Well

When:*

- Your baby nurses 8 -12 times in a 24-hour period (newborns feed often-even hourly for the first few nights)
- Your baby has at least three wet diapers a day during the first few days and at least six wet diapers a day by the end of the first week
- Your baby has three or more yellow, loose bowel movements a day by the first week
- You can see your baby sucking and hear swallowing while nursing
- Your full breasts are softer after the baby nurses
- Your baby seems content for a while after nursing

Breastfeeding Helps Your Baby:

- Provides the best food for your baby for the first six months of life**
- Protects against illnesses such as ear and lung infections
- Creates a special bond between you and your baby
- Supports your baby's brain growth
- Lowers risk of allergies and asthma
- Lowers risk of sudden infant death syndrome (SIDS)
- Lowers risks of obesity and diabetes

**These guidelines are for healthy term babies. For those with special needs or specific questions, please contact your healthcare provider or call the Oklahoma Breastfeeding Hotline at 1-877-271-MILK (6455) or text OK2BF to 61222.*



Some parents find it helpful to keep track of when their baby eats, has a wet diaper, and has a bowel movement.

***Talk to your healthcare provider about the need for extra Vitamin D, iron or fluoride. The American Academy of Pediatrics (AAP) advises that:*

**All babies should receive 400 IU of Vitamin D each day starting at birth.*

**Full-term healthy babies receive enough iron from their mothers in the third phase of pregnancy to last for the first four months of life. Then the AAP advises giving fully breastfed infants 1 mg/ kg/ day of liquid iron drops until solid foods with iron are started at about six months of age.*

**After six months of age, your baby may need fluoride. To check the fluoride level in your area's water, view My Water's Fluoride https://hccd.cdc.gov/DOH_MWF/Default/Default.aspx*

Adapted from "Nursing Your Newborn-Breastfed Babies are Healthier Babies" American Academy of Pediatrics New York Chapter 2 Nutrition Committee and "What Do You Know About Breastfeeding?" (Free online education for parents - Eng. & Span.) OK Breastfeeding Resource Center <https://obrc.ouhsc.edu/>

NURSING YOUR NEWBORN

Tips for Doing Well with Breastfeeding:

- Practice skin-to-skin care to help control baby's heart rate, breathing, temperature, and blood sugar, and increase your milk supply.
- Breastfeed your baby within the first one to two hours after birth. Breastfeeding early and often allows your milk supply to increase and meet your baby's growing needs.
- Give only breast milk (no water or formula) unless directed by your health care provider for a medical reason.
- Try to avoid pacifiers until your baby is skilled at latching onto your breast (~ 2-4 weeks).
- Always place your baby on his/her back to sleep, in a safe area made for babies, with no other bedding or soft items. If you fall asleep while feeding your baby in bed, return him/her to the safe sleep area as soon as you wake up.
- When moms and babies "room in", babies stay warm, cry less, and feed better; moms get more rest and learn baby's feeding cues.
- Breastfeeding can take some work and practice to get you and your baby used to each other, so give it some time and do not be afraid to ask for help.

Breastfeeding Helps You:

- Always ready, on hand, and the right temperature.
- Helps you lose your pregnancy weight faster.
- Causes your uterus to return to its normal size sooner.
- Saves money with fewer trips to doctor with a sick baby.

- Lowers your risk of breast, ovarian and uterine cancer, Type 2 diabetes, heart disease, high blood pressure, and postpartum depression.
- May lower your risk of heart disease.

Where to Go for Help:

- Your baby should be seen by a health care provider (with breastfeeding training) two to five days after discharge and again at two to three weeks of age.
- Your baby's health care provider, your lactation consultant or breastfeeding peer counselor can provide help and support during your breastfeeding journey.
- Moms, dads, families, health care providers, or anyone with breastfeeding questions can call the toll-free Oklahoma Breastfeeding Hotline at 1-877-271-MILK (6455) or text OK2BF to 61222.
- For help and support, please call your local WIC Clinic or 1-888-655-2942.
- The Oklahoma Mothers' Milk Bank helps preterm and fragile babies receive safe, donor human milk. For information, contact 405-297-LOVE (5683) or visit www.okmilkbank.org.
- For more info, visit the Oklahoma State Department of Health Breastfeeding Information and Support Website: <http://bis.health.ok.gov>



PREGNANCY AND INFECTIONS

Vaginal infections have been linked with pregnancy in the tubes (ectopic pregnancy), preterm labor, babies born too early, and Pelvic Inflammatory Disease (an infection in the uterus and tubes) that can lead to problems getting pregnant in the future. Babies born early have a much higher chance of dying within the first year of life. Since over 50 percent of pregnancies in Oklahoma are not planned, it is important for you to take steps to avoid getting an infection or, if you have an infection, to get treated as soon as possible.

If you are planning a pregnancy or are pregnant and have ever had more than one sex partner or have a partner that has had or currently has more than one sex partner, please ask your health care provider to test you early in your pregnancy. Most likely your insurance will pay for testing.

If you change partners during your pregnancy or suspect your partner has other partner(s), please ask your health care provider to test again during the pregnancy. The testing is simple and often the infection is curable before delivery. This will increase the chances for a healthy pregnancy and a healthy baby.

Bacterial Vaginosis (BV): A vaginal infection that is common in sexually active women but is not sexually transmitted. This infection is associated with preterm labor, premature birth and uterine infection if not treated. With this infection you may notice an increase in vaginal discharge and a fishy odor. More than half of all women with this infection do not have any symptoms.



The following infections are sexually transmitted and both you and your partner need to be treated:

Chlamydia: Chlamydia is the most common sexually transmitted infection. Both you and your partner could have this infection and not know it. You might have an increased discharge, pain with sex or bleeding after sex. Untreated Chlamydia infections in pregnant women can cause serious eye and lung infections in babies after they are born.

Gonorrhea: Gonorrhea is the second most commonly reported sexually transmitted infection. This infection can cause the same symptoms as Chlamydia or cause no symptoms at all. A pregnant woman can transmit the infection to her baby during delivery causing blindness, joint infection or a life threatening blood infection.

PREGNANCY AND INFECTIONS

Herpes: Genital Herpes is a sexually transmitted infection that usually causes blisters in the genital area and flu-like symptoms. The blisters or “outbreaks” can come back at any time after the first infection. A pregnant woman with blisters during the last few weeks of pregnancy, can pass the infection to her baby. Herpes infections can cause death in newborns.

Human Immunodeficiency Virus (HIV): HIV is the virus that causes AIDS. This virus may be passed from one person to another through infected blood, semen, vaginal secretions, or breast milk. HIV can be sexually transmitted or can be transmitted from mother to baby during pregnancy. It is very important that you know your HIV status. Every pregnant woman should receive HIV testing early in her pregnancy and again before delivery. A pregnant woman with HIV can reduce the risk of transmitting HIV to her baby to as low as two percent with proper care and treatment from a physician. However, without treatment the risk of transmission from you to your baby is 25 percent. As a pregnant mom making healthy decisions for you and your unborn baby, knowing your HIV status is vital.

Human Papillomavirus (HPV): HPV infection is a sexually transmitted infection causing genital warts and cervical cancer. This infection is caused by a group of viruses with more than 100 different strains or types. A baby exposed to one of these viruses during delivery can develop warts in the throat or voice box.

Syphilis: Syphilis is a sexually transmitted infection, but many people infected with syphilis do not have any symptoms for years.

This bacterium can cross the placenta and infect a baby before it is born. An infected baby may be born dead or may be born without signs of infection but develop serious problems within a few weeks (learning problems, seizures, or death).

Hepatitis B: Hepatitis B is a virus that attacks the liver. All women should be tested for this virus when they have their prenatal lab work done. Most women who have Hepatitis B do not even know they are sick. There are many ways you can get Hepatitis B. You may have gotten it from your mother when you were a baby. It can be transmitted sexually or through blood or blood products. It can also be transmitted if you use intravenous drugs or “shoot up.”

If you have the virus, your baby will need to be given the Hepatitis B vaccine at birth and another shot, called HBIG that helps the baby's immune system. If your baby receives these shots there is less than a 15 percent chance your baby will become infected.

Trichomoniasis (Trich): Trich is a common sexually transmitted infection. With this infection, you may have an increased yellow-green vaginal discharge with itching and a foul odor. Pregnant women with Trich may have babies who are born early or weigh less than five pounds.

For more information on HIV, call the Perinatal HIV Hotline/National Perinatal HIV Consultation and Referral Service at 1-888-448-8765 or the National HIV Testing Resources at the Centers for Disease Control and Prevention (CDC-Info, 24 hours/day) at 1-800-232-4636 or visit <http://www.hivtest.org>.

YOUR BABY'S SAFETY

Preparing for Your Baby's Safety

Items to Prepare 2-3 Months before Expected Delivery – Places Where Baby will Spend the Most Time

Crib

- Firm mattress that fits close to crib sides
- Crib slats/bars not farther apart than 2 3/8 inches
- No pillows, toys, blankets, or bumper pads
- Use tight-fitting sheet designed for the mattress
- No drop-side rails (manufactured after June 2011)
- No decorative cutouts in headboard or footboard

Bassinet/Cradle

- Firm, thin mattress with no space between it and the sides
- Sides high enough so baby cannot fall out
- Stable and cannot be knocked over
- Cradle that cannot swing high enough to overturn

Dressing or Changing Baby

- (table, crib or floor)
- Uncluttered, firm surface
- Stable, not slippery

Bathing Baby

- (in baby tub, tub placed in big tub or regular bathtub)
- Non-slippery surface
- Do not use baby bath seat because it can tip over easily
- Make sure everyone knows to never leave the baby alone

Infant Car Seat

- Choose a seat that meets or exceeds Federal Motor Vehicle Safety Standard 213 (see label)
- Know history of a used seat – cannot have been in a crash, and check expiration date

- Learn how to install the seat and use the harness before your child's first ride
- Install in back seat of vehicle, rear facing, at a 45-degree angle
- Use directions in car seat manual or visit a child car seat inspection station to have a trained person help you learn how to install the seat securely.

Safety – Environment

- Mother, or anyone around her, should not use alcohol, drugs, or tobacco products (including e-cigarettes and vapor products)
- Rest and eat a healthy diet
- Keep floors and stairs clear/good condition

Birth to Two Months

Write down all the new physical, language and social advances baby has made. If your baby was born early or has a disability, carry out the doctor's orders and advice on how to care for your child.

Crib

- Place baby to sleep on back (Reduces danger of sudden infant death syndrome (SIDS))
- Keep crib or bassinet side up so baby is protected
- Do not put soft objects, toys, crib bumpers, or bedding anywhere in baby's sleep area.

Baby's Bath

- Non-slippery surface
- Shallow water, test temperature on wrist
- Hold baby's head up with arm around back of neck
- If you feel tired or ill, give baby a sponge bath
- Never leave baby alone or with siblings, not even for a second

Dressing or Changing Baby

- (table, crib or floor)
- Do not leave baby alone on an elevated surface
- Keep powder, lotion, or other uncovered materials, caps, small objects, strings and jewelry etc. out of baby's reach

Car Safety

- Use directions for installing car seat securely or have installed by trained person
- Use rear-facing infant car seat and place in back seat of vehicle
- NEVER LEAVE BABY IN CAR ALONE, not even for a minute!
- Baby must always be in properly buckled car seat, which should be at 45 degree angle
- Keep objects in car secured so as not to injure baby during sudden stops

Carriage/Stroller

- Baby securely placed and strapped
- At this age, stroller back should be reclined at about 45° (Keeps chin off of chest and airway from being blocked)
- Keep face clear of blankets

Crying

- Crying is normal and can increase around six weeks to two months of age
- Try taking baby for a walk or drive, swaddling, singing if the crying is intense

- If you feel upset or frustrated it's OK to put baby in a safe place and take a break
- Some babies cry a lot, and some do not

Back or Front Carry Pack

- Correct size and material for age of baby
- Keep baby's head supported
- Check that baby does not slide inside and have trouble breathing
- Make sure pack is tied securely to person carrying baby
- Baby securely placed and strapped

Safety – Environment

- Do not smoke or take drugs or alcohol
- Do not use tobacco products (including e-cigarettes and vapor products)
- Do not drink or handle hot liquids while holding baby
- Maintain a functioning smoke alarm
- Keep home temperature about 70°
- Learn infant CPR
- Upload Poison Control number into phone: 1-800-222-1222

YOUR BABY'S SAFETY

Preparing for a Lifetime,
It's Everyone's Responsibility
<http://iio.health.ok.gov>

Two to Six Months

Baby begins moving more, pushing, pulling, rolling over, getting caught in things nearby, or falling off high places. Baby also is putting hands and things in mouth. Begin child-proofing your home.

Preventing Baby From Falling

- Lower crib mattress to keep baby from falling out over sides
- Keep crib free of stuffed animals and toys
- Support baby when sitting up to prevent head or neck injury
- Always keep one hand on baby when the baby is on high surfaces (changing tables, beds, sofas)
- When using carrier in shopping carts, hold baby in with belt and secure carrier to cart
- Children must be seated and watched carefully if allowed to hold baby
- If you use a swing, it must be stable; baby must be belted in so as not to fall

Vehicle Safety

- Continue using rear-facing safety seat properly secured in back seat of car
- While baby is in vehicle, do not prop a bottle and keep small objects, cords and plastic bags out of reach

Keeping Baby Safe Around Water

- Always supervise babies around water
- Test bath water on your wrist to make sure it is not too hot for baby
- Do not leave alone or with siblings in tub or bathing area, even when baby is able to sit
- Remember, babies can drown in less than an inch of water in a few seconds
- Keep pails, cups and other containers with liquid away from baby

Keeping Environment Safe for Baby

- Check smoke alarm every month
- Make a plan for family to escape home in case of smoke or fire
- If baby is burned with hot solid or liquid, apply cool water and call doctor
- If baby falls or head is bumped, watch for unconsciousness, vomiting, unusual behavior. If so, call doctor or take to emergency room.
- Remember never to shake a baby because the brain can be injured
- Baby proof home with outlet plugs, door locks
- Call Poison Control (1-800-222-1222) or bring baby to emergency room if baby swallows medicines or chemicals or anything dangerous

Six to Twelve Months

Baby grows and develops rapidly. New personality and physical changes can be seen each day. Baby can sit, crawl and stand and will fall often. Home must be made safe.

Preventing Falls

- Install sturdy gates at top and bottom of stairs
- Install operable window guards
- Keep space in front of windows free of chests, tables
- Do not allow baby to crawl onto furniture
- Never use a baby walker because it may tip over or fall down the stairs
- Keep play area clear of hard, sharp-edged objects and toys and furniture
- If baby falls, check that baby is alright before picking baby up. If baby acts differently, call the doctor or take to emergency room.

Bathroom Safety

- Keep baby away from bathroom by keeping the door closed
- Keep toilet lid down
- Keep free of pails or other water containers
- Keep water heater lower than 120°
- Bathe baby on a non-slippery surface and hold neck and head up
- Never leave baby alone in or near water, even for a second

Safety Habits to Prevent Suffocating and Choking

- Stay with baby while baby is eating
- Do not give baby food that could cause choking (peanuts, popcorn, carrots, grapes, hotdogs)
- Learn how to remove food or other items from choking baby
- Learn CPR and first aid
- Keep baby's crib away from windows, curtains and cords from blinds. Tie cords should be kept high and out of reach.
- Remove labels from stuffed toys
- Remove mobiles from crib because baby can reach parts, pull and put into mouth

Kitchen Safety

- Do not use the microwave to heat baby's milk bottles to avoid internal burns
- Place baby in a safe place nearby (low highchair) when you cook or work in kitchen
- Keep baby away from stoves, refrigerators and hot appliances
- Keep pans toward back of stove; turn handles inward
- Do not hold baby and work with the stove at the same time

- Keep waste baskets closed and out of baby's reach
- Keep small fire extinguisher in kitchen
- If child is burned, apply cool water and loose bandage and call 9-1-1

Child-Proofing Home for Safety

- Keep matches and lighters away from children
- Do not keep guns or firearms in the home, or keep guns unloaded, with a safety device and stored in a locked place
- Throw away all water, chemicals and other mixtures after use
- Check smoke alarm batteries monthly
- Keep tool chests locked so baby will not be caught or injured
- Keep baby out of garage and basement
- Apply child-proof latches to cabinets
- Ensure any tobacco products, including e-cigarettes and vapor products, and nicotine replacement pharmaceuticals are stored up and out of the reach of children.
- Never refer to tobacco products or medicine as "candy" or another appealing name



PRESCRIPTION FOR A HEALTHY FUTURE



- Take a multivitamin with 400 mcg of folic acid every day to prevent birth defects and reduce the risk of certain cancers. Foods that contain folic acid are beans, leafy green vegetables, orange juice and fortified/enriched breads and cereals.
- Eat a variety of nutritious foods every day; avoid foods high in fat and sugar; cut back on caffeine.
- Talk with your health care provider to learn your healthy weight and ways to reach it.
- See your health care provider and dentist before becoming pregnant.
- Wash your hands often. Some infections harm a growing baby.
- Find out if you have a sexually transmitted disease (STD).
- Ask your health care provider about screenings for STDs and Human Immunodeficiency Virus (HIV).
- Stop smoking and the use of other tobacco products (including e-cigarettes and vapor products). Tobacco use while pregnant puts your baby at greater risk for being born prematurely or too small.
- Stop using drugs and alcohol. Beer, liquor, wine and wine coolers can cause your baby to have lifelong problems such as Fetal Alcohol Spectrum Disorders (FASD), which may include physical, mental, behavioral and learning problems. Using or abusing legal and illegal drugs may also



result in physical, mental, behavioral and learning problems in babies.

- Talk with your family members about their health conditions or those that run in your family.
- Have a healthy relationship with your partner. Talk to your health care provider if you are in an abusive relationship.
- Manage stress. Stress can increase the risk of preterm labor and low birthweight.



PRESCRIPTION FOR A HEALTHY FUTURE

- FEMALES -

- ___ Take a multivitamin with at least 400 mcg of folic acid daily
- ___ Eat right and maintain a healthy weight
- ___ Engage in physical activity on most days of the week
- ___ Quit smoking and the use of other tobacco products (including e-cigarettes and vapor products) and avoid secondhand smoke
- ___ Explore tobacco cessation options by contacting the Oklahoma Tobacco Helpline at 1-800-QUIT NOW (1-800-784-8669) or visiting OKhelpline.com
- ___ Get help for alcohol and/or drug problems
- ___ Schedule regular health and dental check-ups
- ___ Schedule pap smear, mammogram, colon and other screenings as recommended by your doctor
- ___ Get any health problems under control
- ___ Practice abstinence or, if sexually active, use birth control
- ___ Use latex condoms to reduce the risk of sexually transmitted diseases
- ___ Limit exposure to hazardous chemicals at home and at work
- ___ Talk with your family members about their health history
- ___ Reduce stress in your life
- ___ Learn to recognize signs of an abusive or violent relationship and talk with someone you trust
- ___ Plan for a healthy pregnancy when and if you want a baby

- MALES -

- ___ Take a multivitamin with at least 400 mcg of folic acid daily
- ___ Eat right and maintain a healthy weight
- ___ Engage in physical activity on most days of the week
- ___ Quit smoking and the use of other tobacco products (including e-cigarettes and vapor products) and avoid secondhand smoke
- ___ Explore tobacco cessation options by contacting the Oklahoma Tobacco Helpline at 1-800-QUIT NOW (1-800-784-8669) or visiting OKhelpline.com
- ___ Get help for alcohol and/or drug problems
- ___ Schedule regular health and dental check-ups
- ___ Schedule testicular, prostate, colon and other screenings as recommended by your doctor
- ___ Get any health problems under control
- ___ Practice abstinence or, if sexually active, use condoms
- ___ Use latex condoms to reduce the risk of sexually transmitted diseases
- ___ Limit exposure to hazardous chemicals at home and at work
- ___ Talk with your family members about their family health history
- ___ Reduce stress in your life
- ___ Learn to recognize signs of an abusive or violent relationship and talk with someone you trust
- ___ Plan with your partner for a healthy pregnancy when and if you want a baby

MOM'S MIND MATTERS

RECOGNIZING POSTPARTUM MOOD AND ANXIETY DISORDERS

What is Postpartum Depression?

Postpartum depression (PPD) can be disabling for a new mother. PPD is a type of major depression that affects about one in 10 new mothers (1 in 7 in Oklahoma in 2018) within the first year after childbirth. Postpartum depression has the potential to negatively impact a new mother's health and her ability to care for and nurture her infant.

New mothers most commonly experience what is known as 'the baby blues.' Up to 80 percent of new mothers experience this. Baby blues are normal reactions following childbirth triggered by hormonal changes and stress that having a baby brings. Characterized by mood swings, mild sadness, irritability and some worry, the baby blues usually occur around three to five days after delivery and tend to subside as hormone levels begin to stabilize. The baby blues differs from PPD in that the symptoms tend not be severe, do not need treatment and generally do not last beyond two weeks.

A woman with PPD experiences the symptoms much more strongly and can be impaired to the point where she is unable to do the things she needs to do every day. PPD can begin at any time within the first year after giving birth and lasts longer than the blues. While PPD is a serious condition, it can be treated successfully with medication and counseling.



Symptoms of Postpartum Depression

The following symptoms of PPD may mean that a mother is experiencing something more serious than the baby blues. Multiple symptoms that do not go away or thoughts of suicide may mean the mother could need an evaluation by a physician or mental health professional.

Emotions

- Increased crying and irritability
- Hopelessness and sadness
- Uncontrollable mood swings
- Feeling overwhelmed or unable to cope
- Fear of harming the baby, her partner or herself
- Fear of being alone

Behaviors

- Not having any interest in the baby or overly concerned for it
- Poor self-care
- Loss of interest or pleasure in activities

- Decreased energy and motivation
- Withdrawal or isolation from friends and family
- Inability to think clearly or make decisions

Physical Symptoms

- Exhaustion, sluggishness and fatigue
- Sleep and appetite disturbances not related to care of the baby
- Headaches, chest pains, hyperventilation, heart palpitations

RECOGNIZING POSTPARTUM DEPRESSION

What is Postpartum/Perinatal Anxiety?

Postpartum anxiety is a spectrum of anxiety symptoms occurring during pregnancy and/or the postpartum period. It is slightly less common than postpartum depression (between 15-20% of new mothers report symptoms), but many new mothers experience symptoms of depression and anxiety.

Symptoms of Postpartum/Perinatal Anxiety

Postpartum anxiety symptoms typically set in two to three weeks after giving birth. Symptoms may start slowly and then intensify over several weeks. Though it is very common for women to feel postpartum baby blues, it is not as common for those feelings to advance to a clinical diagnosis of postpartum anxiety. Multiple symptoms that do not go away or thoughts of suicide may mean the mother could need an evaluation by a physician or mental health professional.

Emotions

- Persistent and excessive worries (especially about the baby's health/safety)
- Racing thoughts/intrusive thought
- Sense of dread/danger
- Feeling overwhelmed or unable to cope
- Feeling "on edge" consistently
- Overwhelming concern/stress about being a good parent
- Muscle tension
- Tightness in the chest

Behaviors

- Inability to relax or sleep
- Increased crying and irritability
- Avoiding people/places you normally go
- Checking things repeatedly
- Constant cleaning/reordering things

Physical Symptoms

- Anxiety/panic attacks
- Impaired concentration
- Upset stomach
- Increased heart rate

Sources:

US Department of Health and Human Services, Office on Women's Health:
<http://www.womenshealth.gov/faq/depression-pregnancy.pdf>

Oklahoma PRAMS, 2017

America's Health Rankings

For more information contact: Oklahoma Department of Mental Health and Substance Abuse Services

www.odmhsas.org

Reachout hotline 1-800-522-9054

Mental Health Association

Toll Free 1-800-969-NMHA(6642)

TTY 1-800-433-5959

www.nmha.org

Postpartum Support International (PSI)

National hotline 1-800-944-4PPD

Or Text: English: 1-503-894-9453,

Español: 1-971-420-0294

www.Postpartum.net

PSI Phone Chat sessions

- Each Wednesday for moms
 - First Monday for dads
- Chat Number: 1-800-944-8766
Participant Code 73162#



FACTS ABOUT PRETERM BIRTH

Facts about Preterm Birth

Preterm Birth:

- A birth that occurs before 37 completed weeks of pregnancy
- A full-term pregnancy lasts about 40 weeks, more than nine months

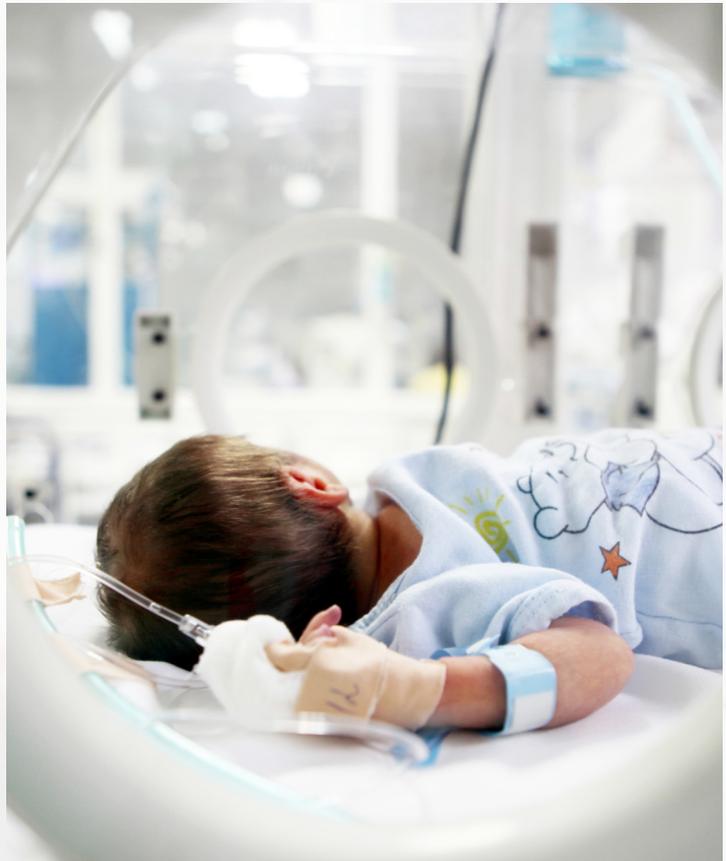
Early Term Birth:

- A birth at 37 and 38 weeks
- Babies born by scheduled induction or cesarean at 37 and 38 weeks may not be ready and are more likely to have problems after birth.

These may include:

- Breathing problems
- Feeding difficulties
- Trouble staying warm
- Low blood sugar
- Babies with these problems may need to be cared for in a special nursery and can be separated from their moms and families.

If you decide to schedule your baby's birth, unless there is a medical reason to deliver early, wait until you are at least 39 weeks.



Who is at risk for preterm birth?



Three groups of women have the highest risk for preterm birth:

- Women who have had a preterm baby before
- Women who are pregnant with twins, triplets or more
- Women with some abnormalities of the uterus or cervix

Some medical conditions may increase the risk for preterm birth:

- High blood pressure
- Infections
- Diabetes
- Short time between pregnancies
- Obesity

FACTS ABOUT PRETERM BIRTH

The way you live may increase your risk for preterm birth:

- Tobacco use (including e-cigarettes and vapor products)
- Drinking alcohol
- Using illegal drugs
- Taking some medicines
- Not seeing a doctor during pregnancy
- Domestic violence
- Lack of community and family support
- High stress
- Long working hours or long periods of standing



What medical complications are more common in premature babies, those babies born before 37 weeks?

- Babies born too soon may have more learning and behavior problems than babies born at 39 or 40 weeks.
- Premature babies are more likely to have cerebral palsy, mental retardation, and seeing and hearing problems than babies born at 39 or 40 weeks.
- The last few weeks of pregnancy are very important for brain development.
- Babies born too soon may have more learning and behavior problems than babies born at 40 weeks.

What are the costs of U.S. preterm births?

- The cost for a preterm baby is almost 11 times as high as the cost for a healthy full-term baby.
- Costs to employers when a woman gives birth to a preterm baby can be almost double that for a mother who gives birth to a healthy full-term baby.
- With a preterm baby, the family's emotional cost, hospital and health care costs can be high.

What can be done to prevent preterm births?

Some causes of preterm birth cannot be changed, but women who are healthy during pregnancy are more likely to have a healthy baby. A woman can:

- Plan pregnancies, be healthy and see a doctor before she gets pregnant
- See a doctor or nurse before 10-12 weeks and keep all appointments
- Stop tobacco use (including e-cigarettes and vapor products), drinking alcohol and taking illegal drugs; stay away when others are using tobacco products (including e-cigarettes and vapor products)
- Take vitamins
- Eat healthy - lots of fruits and vegetables. Avoid too much sugar and fat
- Keep a healthy weight before and during pregnancy
- Know the signs of preterm labor
- If you schedule your baby's birth, wait until you are at least 39 weeks unless there is a medical reason to deliver early

Information from the March of Dimes and the Institute of Medicine. Preterm Birth: Causes, Consequences, and Prevention. National Academy Press: Washington, D.C., 2006.

Every Day Makes A Difference In Your Baby's Development

To find out more about preterm birth:

For facts on prematurity, visit www.marchofdimes.com/mission/prematurity.html

SAFE SLEEP FOR YOUR BABY

PROTECT YOUR BABY FROM UNSAFE SLEEP DEATHS AND INJURIES

The American Academy of Pediatrics (AAP) guidelines for reducing the risk of Sudden Infant Death Syndrome (SIDS) recommend using a separate but close sleeping environment for babies. The AAP also notes that it is appropriate to take the baby to bed for nursing, comforting, and bonding, but after the baby is nursed the baby should be returned to a separate crib or bassinet sleeping space.

If you bring your baby to bed to nurse or comfort:

- Make sure your bed has a firm mattress, with no heavy blankets, comforters or pillows that could cover your baby's face or make the baby hot
- Make sure that your mattress fits tightly against the headboard and the sides are at least two feet away from the wall

To keep your baby safe, make sure no one in the bed:

- Is very tired or a heavy sleeper
- Is extremely overweight
- smokes or vapes
- Has been drinking
- Has taken medications (illegal, prescribed, or over-the-counter) that could make them sleepy

HOW SHOULD BABY BE PLACED FOR SLEEP?

- Always place your baby on his or her back to sleep at all times, even for naps, unless baby's doctor tells you to do something different for the baby's health
- Placing baby on the side or stomach increases the chances of SIDS
- Tell everyone caring for your baby to place baby to sleep on the back at all times, even for naps



WHERE IS THE SAFEST PLACE FOR BABY TO SLEEP?

Doctors agree that the safest place for baby to sleep is in your room in a separate sleep area.

- Keep baby's bed right next to your bed so it is easy to put baby in the crib, portable crib, or bassinet after feeding

HOW DO I MAKE BABY'S BED SAFE?

Baby's bed should have:

- Railings that are no more than 2 3/8 inches apart (a soda can will not fit through railings)
- A firm mattress that fits snugly in the frame with a fitted sheet that is tight around the mattress

SAFE SLEEP FOR YOUR BABY



Do not use:

- Bumper pads
- Quilts
- Comforters
- Duvets
- Blankets
- Stuffed animals
- Sheepskins

These items are dangerous and can result in suffocation or strangulation

Do not put your baby to sleep on or in:

- Sofas, adult beds, car seats, swing, bouncer, recliner, futons, or chairs
- These places are unsafe for your baby to sleep due to:
 - Baby can roll out of your arms and onto the floor
 - Baby can be trapped and suffocate
 - Baby can be suffocated between pillows, bed covers, or between adults in an adult bed
 - An adult, child, or pet can roll over onto the baby accidentally

How should baby be dressed for sleep?

- Do not overheat or overdress baby
- Make sure your baby's head and face remain uncovered during sleep
- Keep the room temperature comfortable for a lightly clothed adult (68° to 72°)
- Your baby should be in a one-piece sleeper with nothing over him
- If it is cold, layer the baby's clothing. For example, add a tee-shirt and socks under his or her sleeper.
- Use a sleep sack (also known as a wearable blanket with a zipper) instead of a swaddling blanket

What else can I do to keep my baby safe?

- Room sharing is a protective factor that has been shown to decrease risk of SIDS by 50%

[Leach, C., Blair, P.S., Fleming, P.J., Smith, I.J. Platt, M. W., Berry, P. J. (1999) Epidemiology of SIDS and Explained Sudden Infant Deaths Pediatrics, 104 (4)]

- Infants should also not sleep with other babies, children, or pets
- Pacifier use after breastfeeding is established
- Breastfeeding till 12 months when possible can further reduce the risk of SIDS by 50%

[Vennemann, M. M., Bajanowski, T., Brinkmann, B., Jorch, G., Yücesan, K., Sauerland, C., Mitchell, E. A. (2009) Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome? Pediatrics, 123 (3)]

- Regular tummy time when baby is awake
- Skin-to-skin contact for newborns
- Set "smoke-free" rules around you and your baby before and after birth to keep tobacco smoke away from you and your baby's environment to prevent risks of tobacco use
- Avoid alcohol and illicit drug use during pregnancy and after birth.

Provide tummy time for play and exercise while baby is awake and being watched.



TOBACCO USE & PREGNANCY

When you are pregnant, the things you do affect your unborn child. Smoking and tobacco use (including e-cigarettes and vapor products) – or even being around other people who use tobacco – exposes your baby to harmful chemicals that can have a lifelong impact. No matter how far along you are in your pregnancy, your baby will be healthier if you quit.

By quitting tobacco, you can:

- Reduce the risk of miscarriage
- Reduce the number of colds that both you and your baby have
- Avoid having your baby go through nicotine withdrawal at birth
- Decrease your baby's risk of sudden infant death syndrome (SIDS)
- Assure your breast milk will be healthier for your baby
- Increase the chance of your baby having healthier lungs
- Increase the amount of oxygen your baby gets, helping the baby grow
- Reduce the chance that your baby will be born too early, before the lungs and other organs are fully formed
- You put yourself at risk for nicotine poisoning
- Save money to buy more things for your baby – and yourself

When you are pregnant and use tobacco:

- Your baby receives less oxygen which will slow your baby's growth
- Your baby's lungs may develop slower
- Your baby could develop asthma, allergies and other lung problems
- Your baby could suffer from attention deficit hyperactivity disorder (ADHD)



The Oklahoma Tobacco Helpline is here to help you quit. Even if you have tried before, there are new tools and medications that can help you quit tobacco for good.

When you call the Helpline you:

- Receive free one-on-one quit coaching with a highly trained quit coach
- Receive specialized help if you are a pregnant or postpartum caller



TOBACCO USE & PREGNANCY

SECONDHAND SMOKE AND CHILDREN

According to the Surgeon General:

- Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke
- Both babies whose mothers smoke while pregnant and babies who are exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to secondhand smoke
- Mothers who are exposed to secondhand smoke while pregnant are more likely to have lower birth weight babies, which makes babies weaker and increases the risk for many health problems
- Babies whose mothers use tobacco products while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than other babies, which increases the risk for many health problems
- Secondhand smoke exposure causes acute lower respiratory infections such as bronchitis and pneumonia in infants and young children
- Secondhand smoke exposure causes children who already have asthma to experience more frequent and severe attacks
- Secondhand smoke exposure causes respiratory symptoms, including cough, phlegm, wheezing, and breathlessness, among school-aged children
- Children exposed to secondhand smoke are at increased risk for ear infections and are more likely to need an operation to insert ear tubes for drainage
- Children aged three to 11 years, who are exposed to secondhand smoke, have cotinine levels (a biological marker for secondhand smoke exposure) more than twice as high as nonsmoking adults
- Children who live in homes where smoking is allowed have higher cotinine levels than children who live in homes where smoking is not allowed



The Surgeon General also concluded that there is no safe level of secondhand smoke exposure and eliminating tobacco use (including e-cigarettes and vapor products) in indoor spaces is the only way to fully protect children from exposure to secondhand smoke. A primary source of children's secondhand smoke exposure is in their homes and vehicles. Secondhand smoke permeates the entire house and lingers long after the product has been extinguished, so tobacco use in certain rooms, at certain times, or by a window or fan is not safe.

What You Can Do To Protect Kids from Secondhand Smoke

Sadly, children are powerless to protect themselves from the dangers of secondhand smoke. But we each can play an important role in protecting them from secondhand smoke exposure.

The single best step you can take to protect your family's health and your own is to quit smoking and the use of other tobacco products, including e-cigarettes and vapor products. Quitting tobacco use will also reduce the chance that your children will grow up to become a tobacco user themselves.

While quitting may be difficult, there are a number of proven cessation resources available to help, including free counseling and a range of FDA-approved medications. To receive free counseling to help you quit, please call **1-800-QUIT-NOW**.



INITIATIVE PARTNERS

- Coalition of Oklahoma Breastfeeding Advocates
- Community Health Centers, Inc./Central Oklahoma Healthy Start
- Community Service Council of Greater Tulsa
- Indian Health Services
- Infant Crisis Services, Inc.
- March of Dimes
- Oklahoma Breastfeeding Resource Center
- Oklahoma Child Death Review Board
- Oklahoma City-County Health Department
- Oklahoma Department of Human Services
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Family Network
- Oklahoma Health Care Authority
- Oklahoma Hospital Association
- Oklahoma Institute for Child Advocacy
- Oklahoma Mothers' Milk Bank
- Oklahoma State Department of Health and County Health Departments
- Oklahoma Tobacco Settlement Endowment Trust
- OU Medical Center
- Oklahoma Partnership for School Readiness
- Southern Plains Tribal Health Board
- The Oklahoma City Indian Clinic
- The Parent Child Center of Tulsa
- The State Chamber
- Tulsa Health Department/Tulsa Healthy Start
- Turning Point Coalitions
- University of Oklahoma Health Sciences Center Departments of OB/GYN and Pediatrics
- University of Oklahoma College of Continuing Education
- Variety Care



County/Partners Fill-in-the-Blank News Release

Date: _____
Contact: _____, Administrative Director
 _____ County Health Department
Phone: _____

Preparing for a Lifetime, It's Everyone's Responsibility. New Toolkit to Help Local Efforts to Reduce Infant Mortality

The _____ (County Health Department or Partner Organization) announced today that it is participating in a statewide public education effort to help reduce infant mortality in Oklahoma and improve birth outcomes in _____ County.

In an average week in Oklahoma eight babies die before reaching their first birthday. According to the Oklahoma State Department of Health (OSDH) and the National Center for Health Statistics, Oklahoma ranked 45th in the United States for infant deaths in 2018, latest data available.

With that in mind, _____ County Health Department, government and community partners kicked off the public education effort, "Preparing for a Lifetime, It's Everyone's Responsibility", to reduce infant mortality rates in Oklahoma. Organizations wishing to join the efforts to improve infant health in _____ County, may contact the County Health Department nearest them to obtain a toolkit and/or briefing on the information available. The toolkit is also available online at <http://io.health.ok.gov>.

(Insert a quote by the CHD or Partner Director here.)

Oklahoma's infant mortality rate (IMR) has consistently remained above the national rate since 1992. According to the OSDH, the state's IMR of 7.4 deaths per 1,000 live births for 2016-2018 is no better than the national average of 8.0 achieved over 10 years earlier. The 2016-2018 African American IMR of 13.7 is more than twice the rate for white IMR of 6.0. In addition, statistics show that the Native American IMR of 10.9 is higher than for whites.

The top three causes of infant death in Oklahoma include disorders related to low birth weight (less than 5 pounds, 8 ounces) and short gestation (less than 37 completed weeks of pregnancy), congenital defects (medical condition present at birth), and Sudden Infant Death Syndrome (SIDS).

The toolkit and website were designed so that family members, friends, employers and community organizations can find ways to actively provide support services and resources to organizations that assist pregnant women and their families.

The key messages include:

- Being healthy before and between pregnancies greatly improves the chances of having a healthy baby
- Having a full-term pregnancy (about 40 weeks) and breastfeeding offers a baby the best start in life
- Getting tested and treated, if needed, for sexually transmitted diseases (STDs) promotes a healthy pregnancy and birth
- Recognizing the signs and getting help for postpartum depression can improve health for both mother and baby
- Placing a baby on his or her back to sleep and avoiding exposure to secondhand smoke decreases the chances of Sudden Infant Death Syndrome
- Knowing how to prevent leading causes of injury, such as correctly installing infant car seats, will help keep baby safe and secure
- Learning about infant crying patterns and what to do if frustrated may help prevent Shaken Baby Syndrome.

Local Partners in the “Preparing for a Lifetime, It’s Everyone’s Responsibility” public education effort are: (add names here or recruit community partners.)

(Optional) Statewide partners are: Coalition of Oklahoma Breastfeeding Advocates, Community Health Centers, Inc./Central Oklahoma Healthy Start, Community Service Council of Greater Tulsa, Indian Health Services, March of Dimes, Oklahoma Breastfeeding Resource Center, Oklahoma Child Death Review Board, Oklahoma City Area Inter-Tribal Health Board, Oklahoma City-County Health Department, Oklahoma Family Network, Oklahoma Health Care Authority, Oklahoma Healthy Mothers, Healthy Babies Coalition, Oklahoma Institute for Child Advocacy, Oklahoma Mothers’ Milk Bank, Oklahoma State Department of Health, Oklahoma State Department of Human Services, Oklahoma State Department of Mental Health and Substance Abuse Services, Safe Kids Coalition, The Parent Child Center of Tulsa, The State Chamber, Tulsa Health Department/Tulsa Healthy Start, Turning Point Coalitions, University of Oklahoma Medical Center, University of Oklahoma Health Sciences Center Department of OB/GYN.

For more information about the “Preparing for a Lifetime, It’s Everyone’s Responsibility” initiative to reduce infant mortality go to <http://iio.health.ok.gov>, or call the _____ (County Health Department or Partner Organization) at _____.

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SAMPLE NEWSLETTER ARTICLE FOR: County Health Departments and Partner Organizations

Statewide Initiative Promotes Health and Safety of Oklahoma's Babies "Preparing for a Lifetime, It's Everyone's Responsibility" Toolkit Available

We all want Oklahoma's babies to be healthy and safe. However, each week in Oklahoma babies continue to die before their first birthday. Compared to other states, Oklahoma ranks 41st in infant deaths. African American babies die at nearly twice the rate of white babies and Native American babies die at a higher rate than white babies. Nevertheless, no matter the race or background, one infant death is one too many.

The top causes of infant death in Oklahoma include disorders related to low birth weight (less than 5 pounds, 8 ounces) and short gestation (less than 37 completed weeks of pregnancy), congenital defects (medical condition present at birth), and Sudden Infant Death Syndrome (SIDS).

To decrease the number of infant deaths in Oklahoma, the Oklahoma State Department of Health (OSDH), with the assistance of many partners, launched a statewide initiative called "Preparing for a Lifetime, It's Everyone's Responsibility" in 2009. Celebrating over 10 years of implementation, the state initiative continues to advance the health of Oklahomans starting at birth and beyond.

As part of the initiative, a partners' toolkit was designed to complement the new web pages found at <http://iio.health.ok.gov>. The toolkit and pages offer information, tips and resources for anyone who might become pregnant, is pregnant now, just had a baby, is caring for an infant, is a friend, family member or partner of a pregnant mom, or just wants to learn more about keeping babies safe and healthy.

Key messages offered in the Partners' toolkit and web pages include:

- Being healthy before and between pregnancies greatly improves the chances of having a healthy baby
- Having a full-term pregnancy (about 40 weeks) and breastfeeding offer a baby the best start in life
- Getting tested and treated, if needed, for sexually transmitted diseases (STDs) promotes a healthy pregnancy and birth
- Recognizing the signs and getting help for depression after pregnancy can improve health for both mother and baby
- Placing baby on the back to sleep and avoiding exposure to secondhand smoke decreases the chances of Sudden Infant Death Syndrome
- Knowing how to prevent leading causes of injury, such as correctly installing infant car seats, will help keep baby safe and secure
- Learning about infant crying patterns and what to do if frustrated may help prevent Shaken Baby Syndrome

(Add a local quote here, describe local efforts, or recruit organizations in the local community to join the efforts by calling the County Health Department and Partner Organization near them.)

It's everyone's responsibility to ensure that Oklahoma's babies are born healthy with a lifetime full of potential. Visit the OSDH website at <http://iio.health.ok.gov> to learn more or call OSDH Maternal and Child Health Service at (405) 426-426-8113 about the state initiative.