



Feature Column

Towards A Healthier Arkansas

A Message from the Arkansas Department of Health

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Reducing infant Mortality in Arkansas

For families, every infant death is one too many. When a parent loses a child an emotional gap occurs which will never be filled. For communities, the death of an infant represents the loss of a lifetime of productivity.

This year more than 40,000 babies will be born in Arkansas, but too many of their mothers will have poor nutrition and limited access to good pre-natal care and counseling. Also, many women won't have good information about the risks that face a pregnant mother.

In 2006 the number of Arkansas babies who lost their lives before one year of age was 359, or about one each day. Health leaders often follow a measure called the "infant mortality rate." This is the annual number of deaths under one year of age per 1000 births. Arkansas's infant mortality rate has dropped over the last few decades, but we still rank poorly compared to other states. The National Center for Health Statistics, using data from 2005, ranked the state as 40th, only 10 states having worse rates. Since then the state's rate actually increased in 2006. We hope this will be a one-year temporary finding but it may signal a new trend. As we observe National Infant Mortality month in September, the Arkansas Department of Health will focus on programs and projects that can make a difference.

The most powerful causes of infant death occur when babies are born too small (under 5 1/2 pounds) or too soon (before 37 weeks of pregnancy). The percentage of births with low weights and short pregnancy durations is *not* getting better, a concern to the ADH. Unfortunately, not all Arkansans share equally in the burden of infant death. Over the five-year period 2001-2005, African American babies perished at about twice the rate of whites. These findings should alert Arkansas health care leaders that further surveillance and new efforts are required to control and reduce infant mortality. I believe we can do better.

As with many changes we would like to see in public health, the solutions for the problems that cause low birth weight and pre-term births are not simple ones. They take a lot of planning and cooperation. Often, the best planning partners are leaders who understand their own communities, and who can better "tailor" special projects according to differing needs. While there is no "one" answer to lowering infant mortality

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even so, communities can put in place a multi-faceted set of activities that, together, may have positive impact. These efforts should include activities like making sure that adequate access for low income women to family planning, prenatal, and immunization clinics exist; conducting outreach and recruitment to those clinic services; enhancing clinic services with care coordination; providing preventive health counseling to young women before the first pregnancy and between births; and conducting effective public awareness campaigns about healthy decision-making and healthy behaviors. Many helpful key messages like “eat right and get plenty of physical exercise,” “take folic acid pills every day,” “avoid alcohol, smoking and drugs,” “don’t get pregnant until your life circumstances are supportive,” “if you have a newborn baby, be sure to lay it to sleep on its back every time,” and many, many more. These messages need broad public awareness, and then need to be given again to each individual when they arrive at a point in life where that message is particularly timely. Health “literacy” or health counseling for young women could do much to address low birth weight and infant mortality. Finally, individual reviews of infant death and related health records can make us aware of how to improve systems of care.

The Arkansas Department of Health is looking at ways to help communities do these things, and is committed to protecting and improving the health of all Arkansans. We believe that a better way of life is possible in our state.