

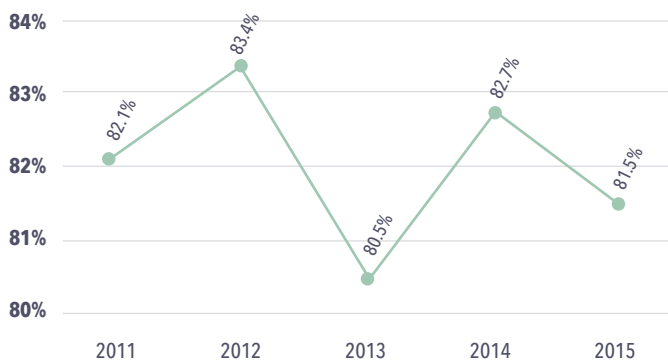
BREASTFEEDING

Breast milk is critically important for infants' growth and development, especially in the development of their immune system and ability to fight off infection and viruses.



There was some fluctuation noticed in the percentage of women who had ever breastfed, and a slight decrease has been noticed from 2011 to 2015. Overall, **the rate of women ever breastfeeding has increased over the years.**

WOMEN WHO BREASTFED THEIR CHILD AT ANY POINT¹



WOMEN WHO EXCLUSIVELY BREASTFED THEIR CHILD THROUGH THEIR FIRST 6 MONTHS¹



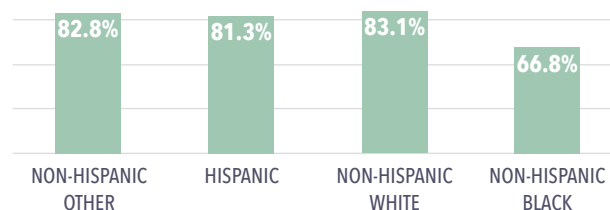
Women who exclusively breastfed their child for the first six months of their lives has also steadily increased over the years.

HEALTH DISPARITY

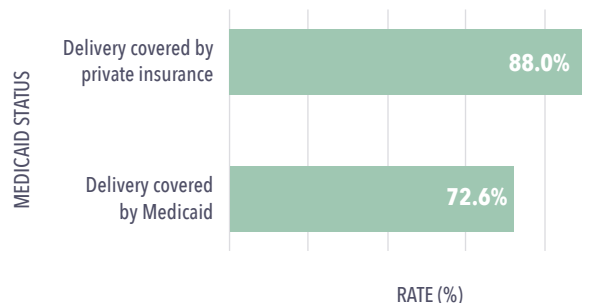
Compared to women of other race/ethnic groups, non-Hispanic black mothers reported breastfeeding upon discharge at the lowest rate.²

Women who were on Medicaid reported that they breastfed less often (72.6%) than women with private insurance (88%).

WOMEN WHO BREASTFED IN THE HOSPITAL BY RACE/ETHNICITY¹




WOMEN WHO BREASTFED IN THE HOSPITAL BY MEDICAID STATUS¹

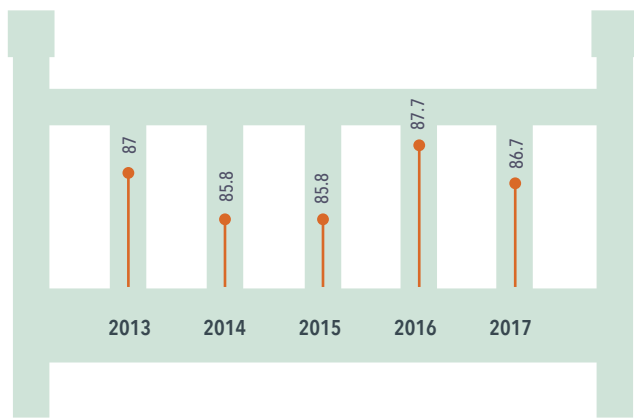


SAFE SLEEP

Babies who sleep on their backs are less likely to die of Sudden Infant Death Syndrome (SIDS) compared to babies who sleep on their sides or stomachs.

 The percentage of infants placed to sleep on their backs has been fluctuating from 2013 to 2017 and staying in range of 85% to 87%.

PERCENTAGE OF INFANTS PLACED TO SLEEP ON THEIR BACKS

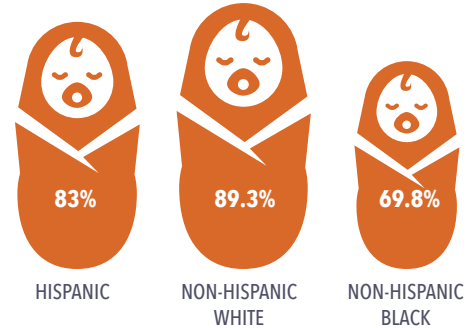


HEALTH DISPARITY

Non-Hispanic black mothers reported placing their infants to sleep on their backs at the lowest rate (compared to Hispanics and non-Hispanic whites). Mothers 25 years old or younger reported placing their infants to sleep on their backs at the lowest rate.¹

INFANTS PLACED TO SLEEP ON THEIR BACKS²


by race/ethnicity*



VLBW FACILITIES

FACILITIES FOR INFANTS WITH VERY LOW BIRTH WEIGHTS

Very Low Birth Weight (VLBW) infants (<1,500 grams or 3.25 pounds), though uncommon, **have a very high death rate**. Deaths related to VLBW can be prevented if deliveries occur in facilities with an NICU (i.e. Level III or Level IV).

 The rate of VLBW infants born in a facility with an NICU (i.e. Level III or Level IV) decreased initially from 85.1% in 2013 to 77% in 2015. There was then an increase to 83.9% in 2016 and to 85.3% in 2017.

This increase was likely due to an established perinatal regionalized system of care in Iowa.

THE RATE OF VLBW INFANTS BORN IN A FACILITY WITH AN NICU (I.E. LEVEL III OR LEVEL IV)³



EMERGENT ISSUE

SAFE SLEEP ENVIRONMENT

43

The total number of sleep-related deaths in Iowa in 2016*
(age 0-11 months)

28

deaths related to unsafe sleep habits
(*baby not in crib, bassinet, side sleep or baby box*)

35

deaths related to unsafe bedding toys

22

deaths related to co-sleeping

Source: *National and State Trends in Sudden Unexpected Infant Death: 1990-2015. Pediatrics, Volume 141/Issue 3, March 2018*

*Because of low sample size, these should be interpreted with caution.

¹ National Immunization Survey (NIS) ² Pregnancy Risk Assessment Monitoring System (PRAMS) ³ Iowa Bureau of Family Health