

Infant Health

Goal

Improve the health of infants by reducing the prevalence of risk factors associated with poor birth outcomes and poor health.

Objectives

1. By 2010, reduce low birth weight from 8.3% to 6.6%. [Relates to Healthy People 2010 objective 16-10]
2. By 2010, increase children (up to age 18 years) covered by health insurance from 85% to 100%. [Relates to Healthy People 2010 objective 1-1]
3. By 2002, develop and implement an awareness campaign to educate communities on race and ethnic maternal and infant health disparities.
4. (Developmental) By 2005, increase the proportion of schools K-12 implementing a skills-based, science-based, age-appropriate and culturally competent family life education program that includes sexual and reproductive health, substance abuse prevention, nutrition, and preventive medical care to 100%. [Relates to Healthy People 2010 objectives 7-10, 9-11]
5. By 2010, increase the proportion of women who enter prenatal care in the first trimester from 82.9% to 90%. [Relates to Healthy People 2010 objective 16-6]
6. By 2010, reduce the infant death rate per 1000 live births from 7.9 to 5.0. [Relates to Healthy People 2010 objective 16-1]
7. (Developmental) By 2010, increase the proportion of non-pregnant women ages 15-33 who consume at least 400mg of folic acid each day (food and/or supplement) to 80%. [Relates to Healthy People 2010 objective 16-16]

Notes:

The numeral assignment of each objective does not indicate priority, simply enumeration.

“Developmental” objectives are those that currently do not have state baseline data and, therefore, have no operational definitions. The purpose of developmental objectives is to identify areas of emerging importance and to drive the development of data systems to measure them.

Important roles for each sector*

Business

- Provide health insurance coverage for adequate prenatal and postpartum care, offer programs to accommodate pregnancy and infant health care, and provide employee education.

Community

- Provide culturally sensitive education to families on maternal and infant health.

Health Care

- Deliver quality prenatal and well baby care, ensuring continuity through enrollment periods; educate providers on SIDS; and modify services to meet needs of pregnant/parenting teens.

Education

- Research and develop effective family life education programs, develop school policies on family planning education, and collaborate to implement school-based wellness centers.

Government

- Assure health insurance coverage for all children, expand private-public partnerships, and fund programs and materials for community education to improve infant health.



Healthy Delaware Hero



Sister Rosa Alvarez

Sister Rosa Alvarez of La Esperanza in Georgetown, Delaware is an angel to the Hispanic immigrants in Sussex County. After doing extensive work with the homeless in Washington, DC, and winning numerous awards, Sister Rosa with other Carmelite

Sisters opened La Esperanza (The Hope) in Georgetown in 1995. She has helped deliver over 400 babies since her arrival in Georgetown and has organized a parenting course for new parents as well. She has performed outstanding service to the local community in large and small ways - transporting vanloads of immigrants to clinics to ensure their medical needs are met, arranging hospitalization, intervening with Medicaid, translating documents, filling out birth certificates, or just accompanying a concerned client to an unfamiliar government office to inquire about service benefits. Sister Rosa has worked tirelessly for her flock, always on the go. As one of her admirers pointed out recently, "the needy do not keep regular hours."

Resources (General)

- Child Death Review Commission: annual report on infant deaths
- Delaware Perinatal Board, (302) 739-6656, fax (302) 739-6627, www.diamondnet.org/Agencies/Agencies%20Online - statistics, speakers, community outreach
- Wilmington Healthy Start, (302) 773-2673, fax (302) 733-2990, www.healthystart.net/menus/frame_hscmm.htm - statistics, brochures, referrals to health and social services
- March of Dimes (Delaware State Chapter), (302) 225-1020, fax (302) 225-1030 - brochures on folic acid and breastfeeding, statistics
- Perinatal Association of Delaware, (302) 984-BABY, fax (302) 654-1606, www.healthybabies.org - education and information, referrals

The mentioning of specific programs does not connote endorsement and was not meant to be exclusionary. We apologize for any unintentional omissions; please bring these to our attention.

Closing the Gap

Although overall infant death rates have reached low levels throughout the nation, disparities still exist between whites and minorities especially in the area of low birth weight (LBW) and very low birth weight (VLBW) infants. African American populations still experience LBW and VLBW rates up to three times that of whites.

Delaware's LBW and VLBW rates, although improving, reflect a 2:1 race disparity. From 1994-1998 the black rate has consistently been double that of whites or Hispanics (Black 13.6, White 6.6, Hispanic 7.4). These rates are reflecting the same disparities when the age of the mother is an additional factor.

Delaware has developed several initiatives that function in the area of preventing LBW and VLBW Infants and positive birth outcomes. They involve both the public and private communities who are committed to working in partnerships. Continuation of these programs with an emphasis in the development of outreach targeted towards understanding cultural differences would be indicated as population shift and change.

