



Infant Mortality in Louisiana

2019-2021 Data

Infant Mortality: All Causes

Birth to 1 Year

From 2019-2021 in Louisiana, an average of **450** infants per year died before they reached their first birthday.²



United States vs. Louisiana

The Louisiana infant mortality rate from 2019-2021 was **7.8 deaths per 1,000 live births**. The U.S. infant mortality rate during the same period was 5.5 deaths per 1,000 live births. This means that **132 fewer** babies would have died each year if Louisiana had the same infant mortality rate as the U.S.

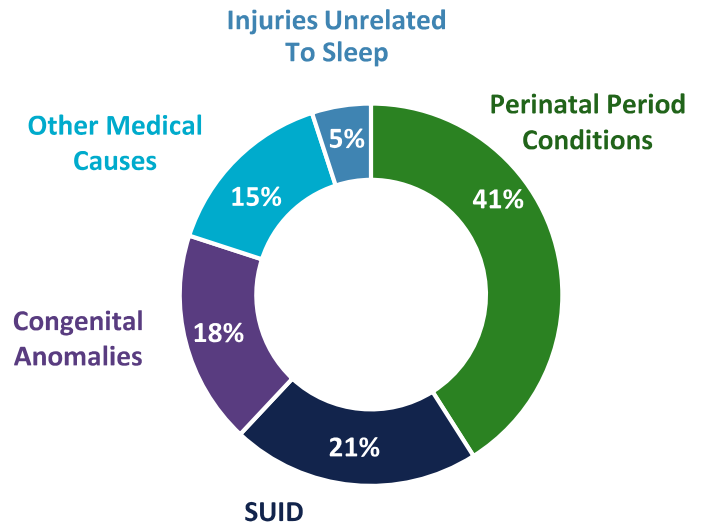
Louisiana Rate ²	U.S. Rate ³	HP2030 Goal ⁴	LA Ranking ²
7.8	5.5	5	Third highest in the U.S.

Infant Deaths by Region (2019-2021) ²	1	2	3	4	5	6	7	8	9
Average annual infant death counts	72	69	39	56	28	25	71	43	47
Infant mortality rate per 1,000 live births	6.7	8.1	8.2	7.0	7.0	6.5	11.0	10.3	6.4

Causes of Infant Death

Each year, an average of...²

- **185** infants died from conditions originating in the perinatal period
- **92** infant deaths were classified as Sudden Unexpected Infant Deaths (SUID), which primarily occur in the sleep environment
- **80** infants died from congenital anomalies
- **69** infants died from other medical causes
- **24** infants died from injuries not related to sleep environments



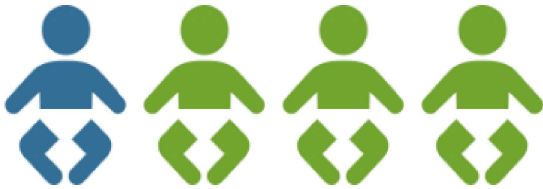
Key Points

- From 2019-2021, Louisiana had the third highest infant mortality rate in the country.
- Maternal health before conception and during pregnancy is closely linked to the leading cause of infant death: conditions originating in the perinatal period (see [Appendix pg. 52](#) for full definition). These conditions contributed to 41% of infant deaths. Within that category, low birth weight and premature birth are among the top conditions, both of which are risk factors for the second leading cause of infant death, SUID. SUID refers to any sudden and unexpected infant death, whether explained or unexplained. This includes Accidental Suffocation or Strangulation in Bed (ASSB), Sudden Infant Death Syndrome (SIDS), and ill-defined deaths.

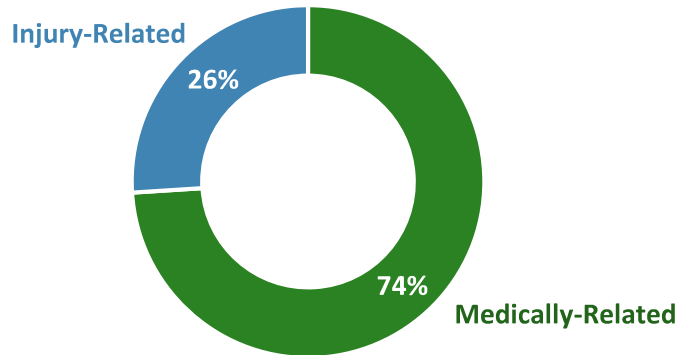
Infant Mortality: Fatal Injury

Birth to 1 Year

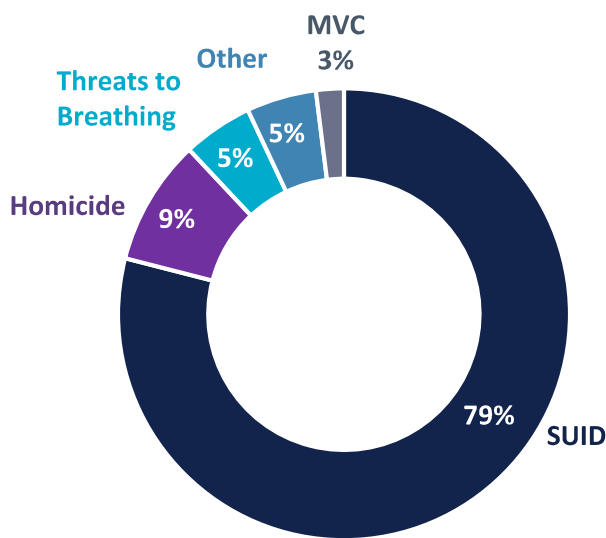
From 2019-2021, an average of **117** infants per year died from an injury before they reached their first birthday.²



About one in four infant deaths were injury-related.²



Causes of Fatal Injury



Each year, an average of...²

- **92** infant deaths were classified as Sudden Unexpected Infant Deaths (SUID)
- **11** infants died from homicide
- **6** infants died from threats to breathing
- **5** infants died from another type of unintentional injury, including drowning, falls, fire, and other unintentional causes
- **2** infants died from motor vehicle crashes (MVC)

Key Points

- A significant majority of injury-related infant deaths were classified as SUIDs and were related to the sleep environment.
- In Louisiana, most SUID deaths occur when the infant is 1 to 3 months old. The most common SUID risk factors present among these deaths are: infants sleeping in something other than a crib or bassinet (83%); infants sleeping with other people (85%); and infants sleeping with loose bedding or toys (70%). Other evidence-based risk factors for SUID include: stomach- or side-sleeping position; preterm birth or low birth weight, cigarette smoke in the home; and alcohol, drug, or tobacco use during pregnancy (see pg. 13 for more details).⁵
- 67% of homicides in infants are due to Abusive Head Trauma (AHT) and blunt force injuries.

Neonatal Mortality

Birth to 27 days

From 2019-2021 in Louisiana, an average of **259** infants per year died during the neonatal period.²



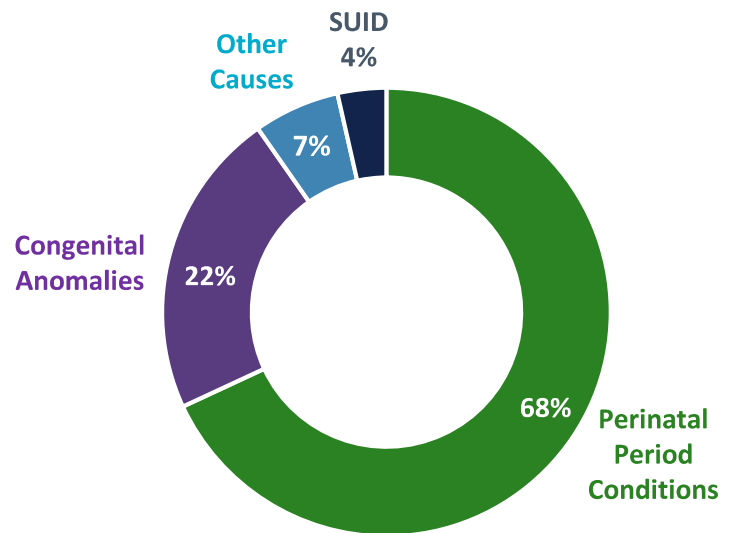
In Louisiana, the **neonatal period** (between birth and 27 days after birth) is the **period with the most infant deaths** (deaths that occur between birth and 1). The Louisiana neonatal mortality rate from 2019 to 2021 was **4.5 deaths per 1,000 live births**.

Louisiana Rate ²	U.S. Rate ³	LA Ranking ³
4.5	3.6	Seventh highest in the U.S.

Causes of Death During the Neonatal Period

Each year, an average of...²

- **175** infants died from conditions originating in the perinatal period
- **57** infants died from congenital anomalies
- **16** infants died from another cause, including injury and other medical causes
- **9** neonatal deaths were classified as Sudden Unexpected Infant Deaths (SUID)



Key Points

- Conditions originating in the perinatal period often stem from poor maternal health prior to conception. Low birth weight and preterm birth account for many of the deaths in this category, but other conditions include, but are not limited to: infections; conditions limiting the baby's ability to receive adequate oxygen; complications related to pregnancy, labor, and delivery; and hemorrhage and hematological disorders of the newborn.
- More than 40% of the deaths due to conditions originating in the perinatal period are due to extreme prematurity.
- High stress, inadequate healthcare throughout the life span and during pregnancy, and unmanaged chronic disease (e.g., high blood pressure, diabetes, etc.) negatively affect maternal health, which leads to higher rates of adverse birth outcomes.⁶

Postneonatal Mortality

28 to 365 days

From 2019-2021 in Louisiana, an average of **191** infants per year died during the post-neonatal period.²



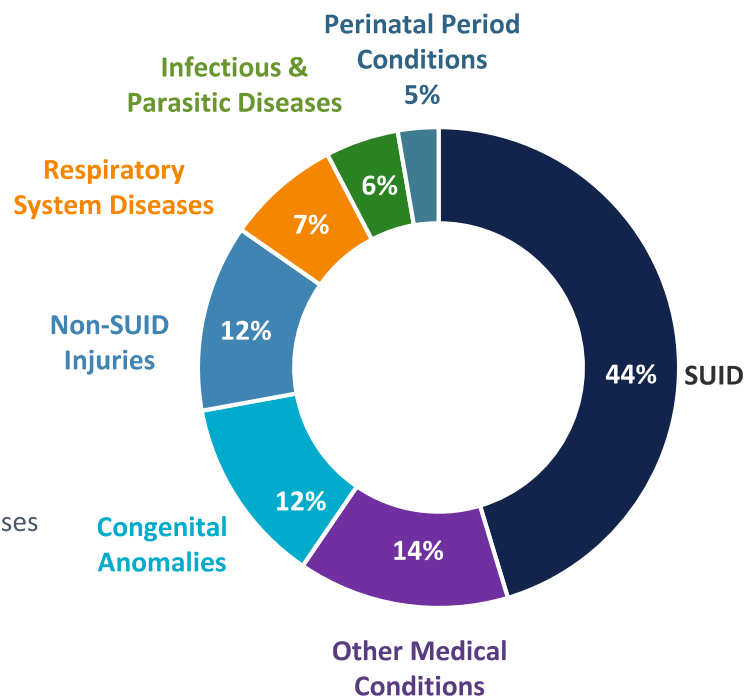
From 2019 to 2021 in Louisiana, fewer deaths occurred during the post-neonatal period than the neonatal period. However, the **causes of death common to this period are more preventable**. For example, 44% of deaths during the post-neonatal period are classified as Sudden Unexpected Infant Deaths (SUIDs). Many of these deaths could be prevented through safe sleep practices.

Louisiana Rate ²	U.S. Rate ³	LA Ranking
3.3	1.9	Third Highest in the U.S.

Causes of Death During the Post-Neonatal Period

Each year, an average of...²

- **83** infant deaths were classified as SUIDs
- **26** infants died from other medical conditions
- **23** infants died from a congenital anomaly
- **23** infants died from injury unrelated to SUID
- **12** infants died from respiratory diseases
- **14** infants died from infectious and parasitic diseases
- **9** infants died from conditions related to the perinatal period



Key Points

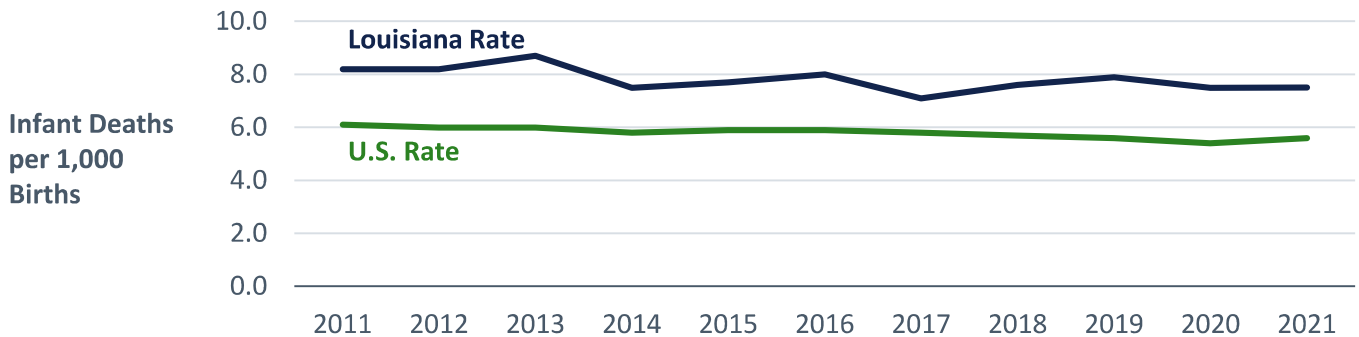
- More than half (56%) of deaths during the post-neonatal period were injury-related (this includes SUIDs).
- Almost half (44%) of infant deaths during this period were classified as SUIDs.
- SUID is considered largely preventable by reducing risk factors and increasing protective factors. Some of these risk factors, including low birth weight or preterm infants and maternal smoking, trace back to maternal health. Other risk factors are behavioral, such as caregivers placing infants to sleep on unsafe surfaces with soft bedding and toys, or environmental, such as cigarette smoke in the home.⁷ Protective factors include consistently following safe sleep practices (see pg. 13 for details), breastfeeding, regular prenatal care and well-baby check-ups, and keeping infants up to date on immunizations.⁷

Trends in Infant Mortality

Birth to 1 Year

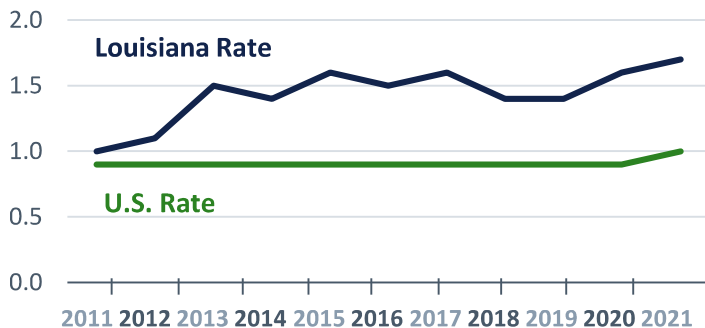
Overall Infant Mortality Over Time³

Louisiana’s infant mortality rate stayed relatively consistent from 2011 to 2021, remaining around **8 infant deaths per 1,000 births**. The Louisiana rate also remained consistently higher than the U.S. rate.



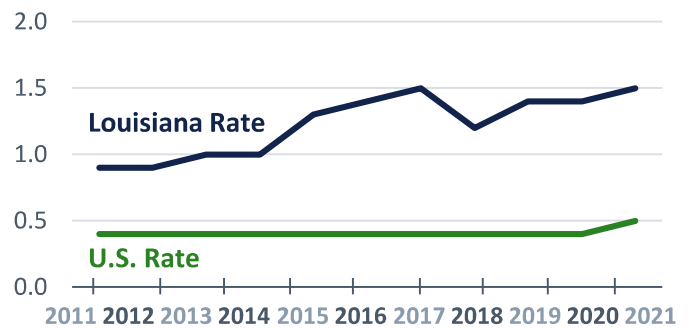
Infant Mortality Due to SUID³

While Louisiana’s infant mortality rate due to **Sudden Unexpected Infant Death (SUID)** (measured as deaths per 1,000 births) fluctuated between 2011 and 2021, the average SUID mortality rate remained around **1.6 deaths per 1,000 births**. The infant mortality rate due to SUID in Louisiana also remained consistently above the rate for the United States.



Infant Mortality Due to Injury³

The infant mortality rates due to injury (measured as deaths per 1,000 births) includes deaths due to SUID. Other causes include other threats to breathing, homicide, motor vehicle crashes, and other types of unintentional injury (including drowning, falls, and fire). From 2011 to 2021, Louisiana’s overall infant mortality rate due to injury was **1.4 deaths per 1,000 births**.



Key Points

- Overall infant and SUID mortality rates have remained relatively steady since 2010.
- Infant mortality due to injury has remained consistent in the United States as a whole but **has steadily increased** in Louisiana over the past 10 years.
- Louisiana consistently has higher infant mortality rates than the United States as a whole.
- SUID prevention is multifaceted. A major component is safe sleep prevention efforts, which have been in place in Louisiana for many years. The state has experienced insignificant fluctuations in rates from year to year, without a consistent decrease in the SUID rate. For more information on SUID, see pages 13 and 16.

Racial Disparities in Infant Mortality

Racial disparities in mortality exist throughout Louisiana and the United States, and are complex.

If a health outcome occurs more often or less often for a given group than the general population (e.g., rates of drowning among Black children versus all children), the difference between those groups is called a disparity.²³ Infant and child mortality is influenced by a range of intergenerational social, economic, clinical, and environmental determinants. Racial disparities across important *non-clinical* factors such as: income, opportunities for stable employment, affordable housing, access to preventive healthcare⁸, and access to family planning services²⁴ can exacerbate differences in infant and child mortality by race.^{9, 10}



In Louisiana, **Black[†] infants** are **more than TWICE as likely** to die as white[†] infants.

Black[†] infants are at higher risk for Sudden Unexpected Infant Death (SUID), the leading cause of injury-related infant death. Some families may find it especially difficult to follow safe sleep recommendations due to a number of social and economic reasons that could lead caregivers to believe bed-sharing is the safest option. This includes non-traditional work schedules, exhaustion, inability to afford a crib or Pack ‘n Play, cultural misconceptions about safe sleep practices, or home safety concerns.^{25, 26}

Addressing structural and socioeconomic inequities, such as the ones listed above, at a community and institutional level will help reduce health disparities, as well as overall infant and child fatalities. Further, efforts to reduce inequities must address structural racism, which is a key driver of disparities in income, education, neighborhood safety, and access to quality care.

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“Minority health, as affected by **institutional racism***, can only improve when efforts from the entire complex of human and public services are purposefully applied to accomplish that specific goal.”²⁰

American Public Health Association

[†]Black indicates non-Hispanic Black, and white indicates non-Hispanic white.

Racial Disparities in Infant Mortality

Birth to 1 Year

Black[†] infants are at an increased risk of dying, as compared to their white[†] peers.²



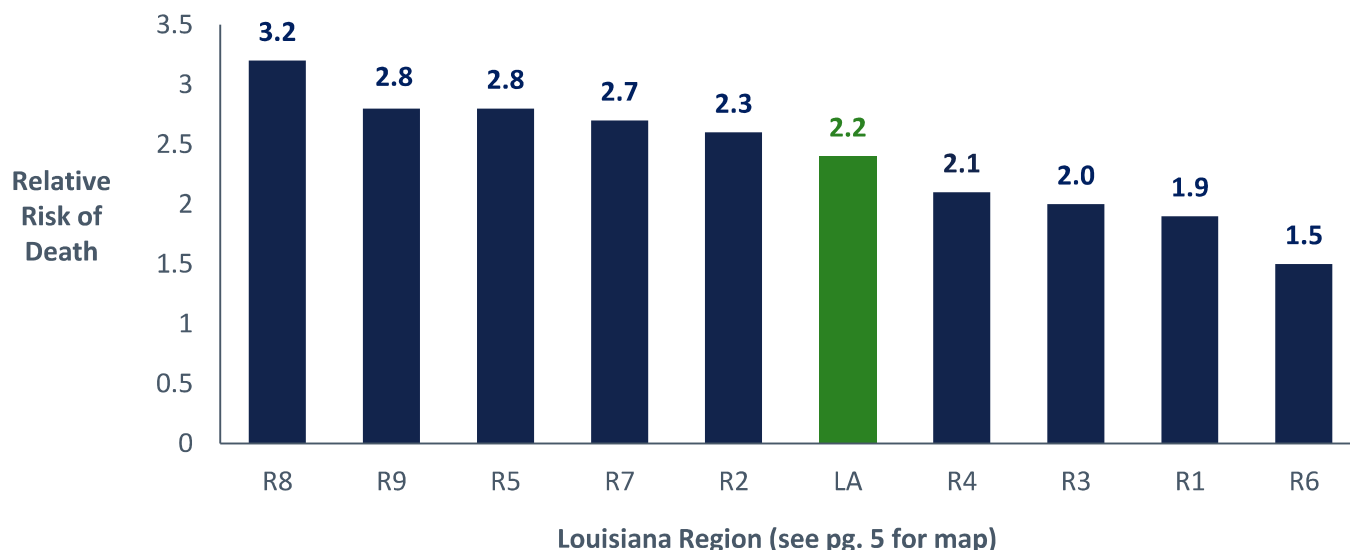
In Louisiana from 2019 to 2021, Black[†] infants were **2.4** times as likely to die as white[†] infants.

Infant Mortality Rate, 2019-2021	
Black [†]	White [†]
11.9 deaths per 1,000 live births	5 deaths per 1,000 live births

† Black indicates non-Hispanic Black, and white indicates non-Hispanic white.

Relative Risk of Infant Death for Black[†] vs. white[†] Infants

Relative risk is the probability of an event occurring in one group and not another.



Key Points

- Infant mortality affects Black infants more than white infants.
- Region 8 (Northeast Louisiana/Monroe area), Region 9 (Northshore area), Region 5 (Lake Charles area), Region 7 (Shreveport area), and Region 2 (Baton Rouge area) have the greatest racial disparity in birth outcomes. In these regions, Black[†] infants are more than twice as likely to die as white[†] infants.
- Mortality data for Hispanic infants and children were not included in racial disparity calculations because of insufficient counts – i.e. the number of Hispanic infants or children who died in Louisiana from 2019-2021 was too small for a reliable comparison against mortality rates for white[†] and Black[†] infants.

Reducing Infant Mortality in Louisiana

Driving Factors

Recommendations for Prevention

Moving Data to Action

Driving Factors and Recommendations for Prevention

Birth to 1 Year

The top causes of infant mortality are conditions originating in the **perinatal period** and causes associated with **Sudden Unexpected Infant Death (SUID)**. Many of these deaths can be prevented. The information below, including data from the 2019 Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) survey, highlights key risk factors that contribute to infant mortality and offers prevention recommendations to prevent infant deaths.

Louisiana PRAMS is an ongoing, population-based risk factor surveillance system designed to find out more about the experiences women have before, during, and immediately following pregnancy. The survey collects quantitative and qualitative data on known risk factors for infant mortality and provides a more complete understanding of the context in which infant deaths occur. More information can be found at PartnersforFamilyHealth.org/PRAMS. Both Louisiana PRAMS data and CDR data are highlighted on the following pages to determine the prevalence of known risk factors among infant deaths, and are both used to inform program and policy decisions related to reducing infant mortality.

Conditions Originating in the Perinatal Period

Pregnant women who experience chronic stress, have inadequate healthcare, or have underlying health conditions such as hypertension, diabetes, depression, or infections are at higher risk of adverse birth outcomes. Chronic stress, sometimes due to experiences of racism and discrimination, can lead to health problems for both the mother and the baby. Inadequate healthcare prior to or during pregnancy may result from barriers people face when trying to access care such as lack of transportation, sick leave/sick time, or health insurance.^{8,9} It can also mean not having access to the full range of reproductive health services, such as a full range of contraceptive options.^{8,9}

Sudden Unexpected Infant Death (SUID)

Causes of death associated with SUID include Accidental Strangulation and Suffocation in Bed (ASSB) and Sudden Infant Death Syndrome (SIDS), though sometimes the cause is unknown. Some conditions originating in the perinatal period, such as low birth weight and preterm birth, are risk factors for SUID, as are unsafe sleep practices.

Risk Factors for SUID include:⁷

- Preterm birth
- Low birth weight
- Infant sleeping on stomach or side
- Infant sharing a sleeping surface or bed-sharing with other children, pets, or adult(s), especially if the adult is drug- or alcohol-impaired
- Infant sleeping on unsafe sleep surface such as a couch or armchair
- Soft objects, weighted swaddle clothing, or weighting objects within swaddles, loose bedding, cords, wires, etc. in or near the sleeping area
- Smoking, drinking or using drugs during pregnancy

Protective Factors for SUID include:⁷

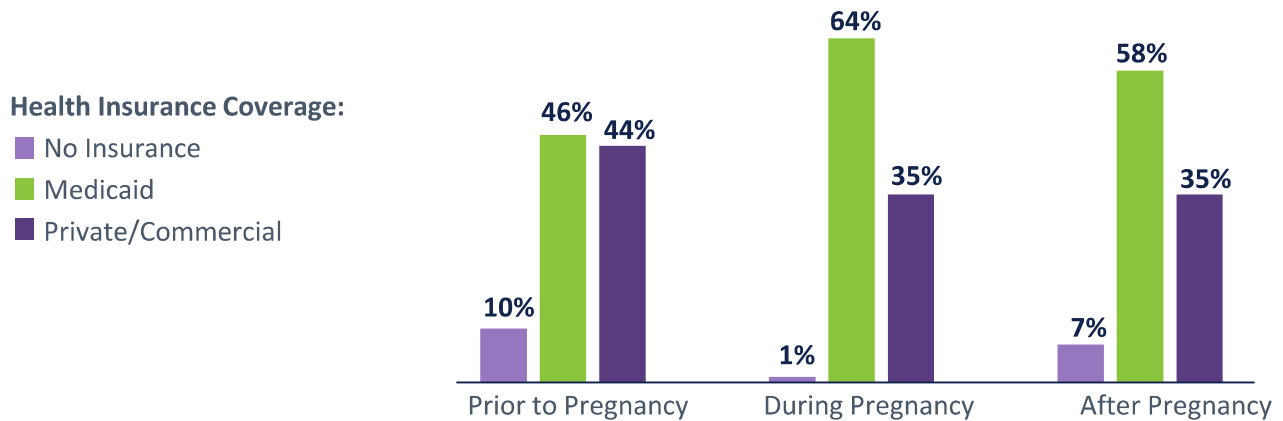
- Infant laid down to sleep on back
- Firm, flat sleeping surface, with no objects (toys, pillow, blankets, bumpers)
- Breastfeeding
- Room-sharing with a caregiver, but not in the same bed
- Smoke-free home
- Room at a comfortable temperature and infant is not overdressed
- Pacifier at nap time and bedtime
- Regular prenatal care and well-baby check ups
- Infant is up to date on immunizations



Maternal health strongly influences infant health. Helping women achieve **optimal health throughout their lives** is key to reducing infant mortality. To remain as healthy as possible, women need adequate **health insurance coverage** and consistent **access to quality healthcare**.

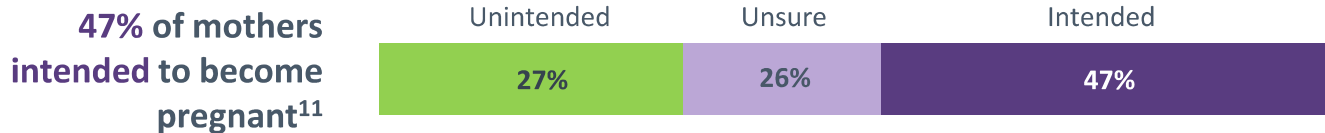
Maternal Health Insurance Coverage (2021)¹¹

Since Louisiana expanded Medicaid in 2016, the percentage of Louisiana mothers who had health insurance before pregnancy has increased by 14%. However, **10%** of Louisiana women are still uninsured prior to getting pregnant.



Pregnancy Intention (2021)

Unplanned pregnancies limit women’s opportunities to improve their health prior to becoming pregnant. Improving access to family planning services can reduce the rate of unplanned pregnancies and support women’s ability to control when they get pregnant, which may be associated with fewer adverse birth outcomes.



Maternal Health Indicators Prior to Pregnancy (2021)

Prior to their most recent pregnancy...¹¹

- **58%** of mothers were overweight or obese*
- **16%** of mothers reported they had depression
- **3%** of mothers reported they had diabetes
- **7%** of mothers reported they had high blood pressure or hypertension

**Weight criteria based on national Body Mass Index (BMI) categories and calculated from self-reported height and weight on PRAMS Survey*

Recommendation

- Improve maternal health by increasing access to family planning services and quality primary care before and between pregnancies. Services focused on care coordination and personalized support, such as home visiting programs, help women navigate insurance coverage options to ensure adequate and consistent coverage.

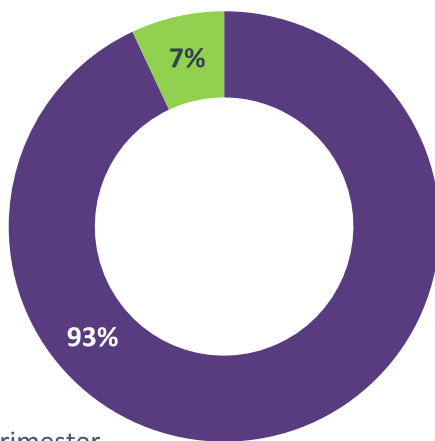
Prenatal Care

In 2021, **7%** of Louisiana mothers didn't receive prenatal care during the **first trimester**. **Early prenatal care is a key part of adequate care** and can help reduce infant mortality by allowing for timely assessment of risk factors, health education, and treatment of chronic and pregnancy-associated conditions.¹¹

Adequacy of Prenatal Care in Louisiana (2021)

Adequate prenatal care is defined as having received 80% or more of the recommended prenatal visits for gestational age based on standards set by the American College of Obstetricians and Gynecologists.^{11, 35}

Less than one in 10 (7%) Louisiana Mothers Did Not Receive Prenatal Care in First Trimester¹¹



- First Trimester
- After First Trimester

About one in four (24%) Louisiana Women Received Less than Adequate Prenatal Care²

Inadequate <50% of recommended visits	14%
Intermediate 50-79% of recommended visits	9%
Adequate 80 – 109% of recommended visits	42%
Adequate Plus 110% or more of recommended visits	35%

Data Notes:

- Less than adequate prenatal care includes “Inadequate” & “Intermediate” responses.
- The “Adequate Plus” group tends to represent women with high risk pregnancies.

Reasons for Not Receiving Early Prenatal Care (2021)

On June 1, 2016, Louisiana residents with incomes up to 138% of the federal poverty level became eligible to enroll in the state's expanded Medicaid program. Since expansion, mothers begin prenatal care earlier in pregnancy¹¹. However, despite earlier initiation times, increased Medicaid coverage is not associated with a significant effect on the total adequacy scores of prenatal care during pregnancy.¹¹ The most common reasons women reported for not receiving first trimester prenatal care included:¹¹

- I didn't know I was pregnant
- I couldn't get an appointment when I wanted
- I didn't want anyone else to know I was pregnant
- I didn't have a Medicaid or LaMoms card

Recommendations

- Increased referrals to voluntary home visiting programs that support early and adequate prenatal care by helping pregnant women get health insurance that meets their needs, find prenatal care providers, and keep up with appointments.
- Continued legislative support for Medicaid expansion in Louisiana is critical to reduce financial barriers to accessing prenatal care.

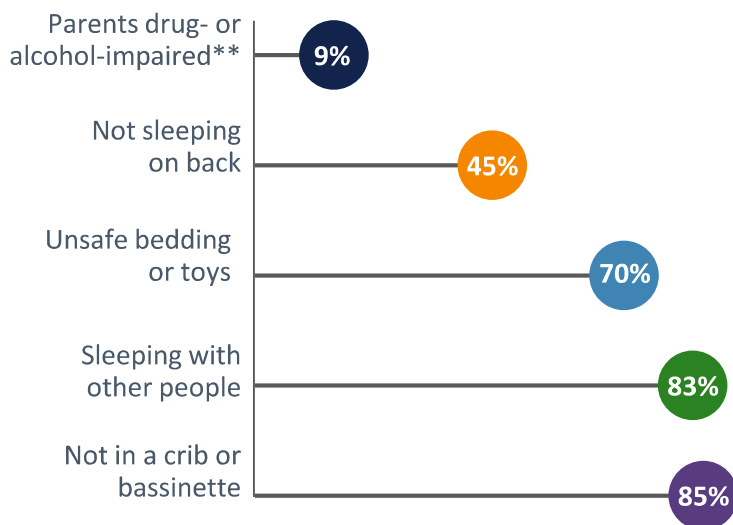
Sudden Unexpected Infant Death

70% of sleep-related deaths in Louisiana occurred by 4 months of age (2019-2021).⁵

Sudden Unexpected Infant Death (SUID) in Louisiana

In 2021, more than one in three babies (34%) in Louisiana were exposed to **three or more risk factors for sleep-related death**.¹¹ The American Academy of Pediatrics (AAP) cites bed-sharing as a risk factor for sleep-related infant deaths. In fact, **34%** of Louisiana mothers said they **sometimes, often, or always bed-share** with their baby.¹¹ The AAP recommends infants sleeping in the same room as a caregiver, but on a separate surface designed for infants.⁷

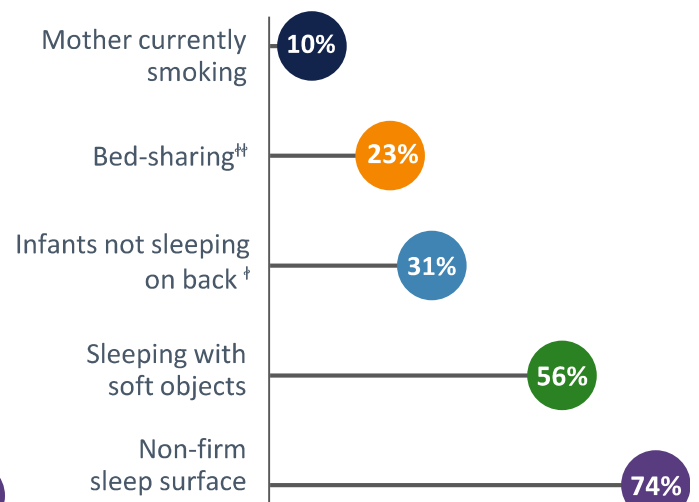
Risk Factors* Present in Louisiana SUIDs (2019-2021 CDR Data)⁵



*Multiple risk factors may be present

**Drug-or alcohol impairment may be underreported

Infant Sleep Environment Risk Factors (2021 Louisiana PRAMS Data)¹¹



† Mothers reported how infants were most often laid to sleep in the past two weeks.

†† Calculated by mothers' reports of infants sometimes, often or always bed-sharing.

Recommendations for Prevention

- Obstetricians, pediatricians, and other direct service providers are encouraged to discuss safe sleep with their patients or clients and their families. Discussions should be culturally appropriate, respectful, and nonjudgmental. Language interpreters should be used as needed.⁷
- Providers can model safe sleep environments in clinical, childcare, and community settings. This includes setting up safe sleep displays in clinic waiting rooms, workplaces, churches, daycare facilities, and more.
- The Bureau of Family Health manages Give Your Baby Space, a statewide campaign that teaches caregivers the safest ways for babies to sleep. Healthcare, public health, and community partners are encouraged to explore the website and share it with families, [GiveYourBabySpace.org](https://www.giveyourbabyspace.org).
- Agencies responsible for the training and licensure of childcare providers (both center-based and in-home) are encouraged to provide training on safe sleep practices and monitor compliance.
- Media and manufacturers should follow safe sleep guidelines in their messaging, advertising, production, and sales to promote safe sleep practices as the social norm.⁷

Moving Data to Action

Improving Birth Outcomes

The Bureau of Family Health (BFH) reviews data on the leading causes of infant and child death, selects priorities for the year, discusses recommendations from local review panels, and identifies opportunities for prevention during quarterly meetings for the State Child Death Review (CDR) Panel. BFH and various partner organizations use state and local CDR recommendations to plan activities, programs, and interventions or to support policies that prevent deaths and improve health for Louisiana families.

Listed below are BFH and partner initiatives and resources based on CDR findings, national research, and evidence-based best practices for prevention.



Improving Birth Outcomes by Supporting Families

- **LOUISIANA MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (LA MIECHV)** provides family support and coaching through two evidence-based home visiting models: Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). These services pair families with registered nurses or parent educators who work side-by-side with clients to help them have healthier pregnancies, care for their newborns, navigate services, and reach their personal goals, including financial and educational achievements. The program's evidence-based models have been shown to reduce health complications associated with pregnancy and birth, as well as emergency room visits among participating families.³⁴ Anyone can refer a family to the MIECHV program to receive these services if they meet the eligibility requirements. To make a referral, go to PartnersForFamilyHealth.org/miechv.
 - Because mental and emotional wellbeing is also a critical part of maternal health and healthy child development, the MIECHV program includes a mental health component. Infant and Early Childhood Mental Health Clinical specialists work with home visitors to increase their capacity to support families who experience mental health and parenting challenges. The specialists engage in educational activities and individualized case discussion with home visitors, observe and assess families, coordinate with community providers, and provide evidence-based treatment for some clients, when appropriate.
- **PARTNERS FOR HEALTHY BABIES (PHB)** is a statewide resource consisting of a website (1800251baby.org) and a toll-free bilingual helpline, 1-800-251-BABY (2229). The online content and helpline connect expecting and new parents to health, financial and social services or resources.
- **BFH'S REPRODUCTIVE HEALTH PROGRAM** provides affordable comprehensive reproductive health services to men and women across the state. The following services contribute to improved birth outcomes:
 - Screening and treatment for Sexually Transmitted Infections (STIs)
 - Screening and referrals for chronic health conditions
 - Family planning counseling and a full range of contraceptive options to empower women and families to plan pregnancies and achieve healthy birth spacing.



Improving Birth Outcomes by Improving Systems

- **BFH'S REPRODUCTIVE HEALTH PROGRAM** collaborates with federally qualified health centers to integrate reproductive health services into primary care settings to increase women's access to complete healthcare before pregnancy.

Moving Data to Action

Improving Birth Outcomes, continued



Improving Birth Outcomes by Improving Systems

- **THE LOUISIANA PERINATAL QUALITY COLLABORATIVE (LAPQC)** works to improve maternal health during the perinatal period. LaPQC is a network of hospitals, perinatal care providers, public health professionals, and patient advocates who use evidence-based practices and clinical quality improvement methods to improve outcomes for women, families, and newborns. Specific quality improvement initiatives are listed below. For further information, please visit: <https://lapqc.org/>
 - **Safe Births Initiative** works to improve perinatal outcomes related to hemorrhage and hypertension, and also focuses on reducing the rate of Cesarean delivery for low-risk, first-time birthing persons in Louisiana.
 - **Improving Care for the Substance-Exposed Dyad (ICSED) Initiative** focuses on improving the identification, care, and treatment of women and neonates affected by opioids and substance use
 - **Caregiver Perinatal Depression Screening** is a 12-18 month learning collaborative working to develop quality improvement strategies that support the implementation of perinatal depression screening in pediatric settings at 1, 2, 4, and 6-month well-child visits.
 - **Reducing Maternal Morbidity Initiative (RMMI)** worked with birthing facilities to reduce hemorrhage and hypertension through the *Reducing Maternal Morbidity Initiative* (RMMI). For more information, visit the [RMMI Final Report](#).
- **LOUISIANA PROVIDER TO PROVIDER CONSULTATION LINE (PPCL) (formerly know as Louisiana Mental Health Perinatal Partnership (LAMHPP))** is a provider-to-provider consultation system for licensed healthcare clinicians serving pediatric, pregnant, and postpartum women. PPCL supports healthcare clinicians with addressing the needs of their patients who experience perinatal depression, behavioral health disorders, anxiety, substance use disorders, interpersonal violence, and related health risks and conditions. For more information, visit ldh.la.gov/ppcl.
- **Act 497 (2018 Legislative Session)** created the **Healthy Moms, Healthy Babies Advisory Council**. This council, authorized by Louisiana Revised Statute 40:2018.5 in 2018, was formed as a call to action to ensure that state initiatives addressing maternal mortality and severe maternal morbidity include an equity focus informed by community. Key findings and recommendations are summarized in the council's [final report](#) issued in March 2020. To view Act 497, visit legis.la.gov.

Moving Data to Action

Sudden Unexpected Infant Death



Sudden Unexpected Infant Death (SUID) Prevention for Families

- BFH maintains **GIVE YOUR BABY SPACE**, a statewide campaign that teaches parents and caregivers the safest ways for babies to sleep. Information and resources for families, providers, and community partners can be found at [GiveYourBabySpace.org](https://www.giveyourbabyspace.org). The website includes an interactive safe sleep quiz-style game, and videos of actual Louisiana parents and providers talking about safe sleep.
- BFH **REGIONAL MCH COORDINATORS** and community partners facilitate the following.
 - Work with hospitals, parish health units, community-based organizations, and the MIECHV program to model safe sleep environments through physical displays in clinics/offices.
 - Use teaching tools (flip books) to assist community health and social service professionals tasked with giving safe sleep presentations to caregivers and families. The flip books are designed to provide a script for presenters and visuals for the audience, and they can be used in venues without audio, video, computer, or internet access.
 - Work with local partners in central Louisiana to develop regionally-aired public service announcements which promote safe sleep using the Give Your Baby Space messaging.
 - Partner with the YMCA to offer a Spanish-language seminar on safe sleep to Latino families.
 - Mobilize the distribution of Pack 'n Plays to families in need who were temporarily displaced as a result of severe flooding and hurricanes in 2020.
 - Trained 900+ direct service providers on evidence-based methods to reduce sleep-related deaths, including how to talk to caregivers about safe sleep. Providers included MIECHV Visitors, Louisiana Department of Children and Family Services (DCFS) case workers, and childcare providers and community partners.



Sudden Unexpected Infant Death (SUID) Prevention in Systems

- BFH's **THE GIFT PROGRAM** promotes breastfeeding, a protective factor against SUID, by providing technical assistance to Louisiana birthing facilities to improve the quality of their maternity services, including their policies and practices around breastfeeding. A total of 42 facilities have received *Gift* Designation, and *The Gift* helped 17 of those facilities advance to receive the internationally-recognized Baby-Friendly designation.
- BFH established regional taskforces and a state CDR workgroup focused on Safe Sleep Promotion.
- BFH convened multiple family-serving programs and stakeholders to discuss parent and caregiver barriers to safe sleep and ways to mitigate any potential harm while breastfeeding in bed LDH. The group reviewed the "ABC's of Safe Sleep" (Alone, on the Back, in a Crib) in the context of provider-family conversations that prioritize shared decision-making and focus on realistic strategies to minimize risk, as well as resources from national groups that promote harm reduction approaches for scenarios in which an infant may fall asleep while in a parent bed.
- BFH provided child injury data and research on the connection between parent-child attachment, child safety, and paid family leave to Paid Leave + US (PL+US), a state and national initiative that seeks to establish legislation requiring employers to provide paid family leave. This information was shared with Louisiana's congressional delegation.