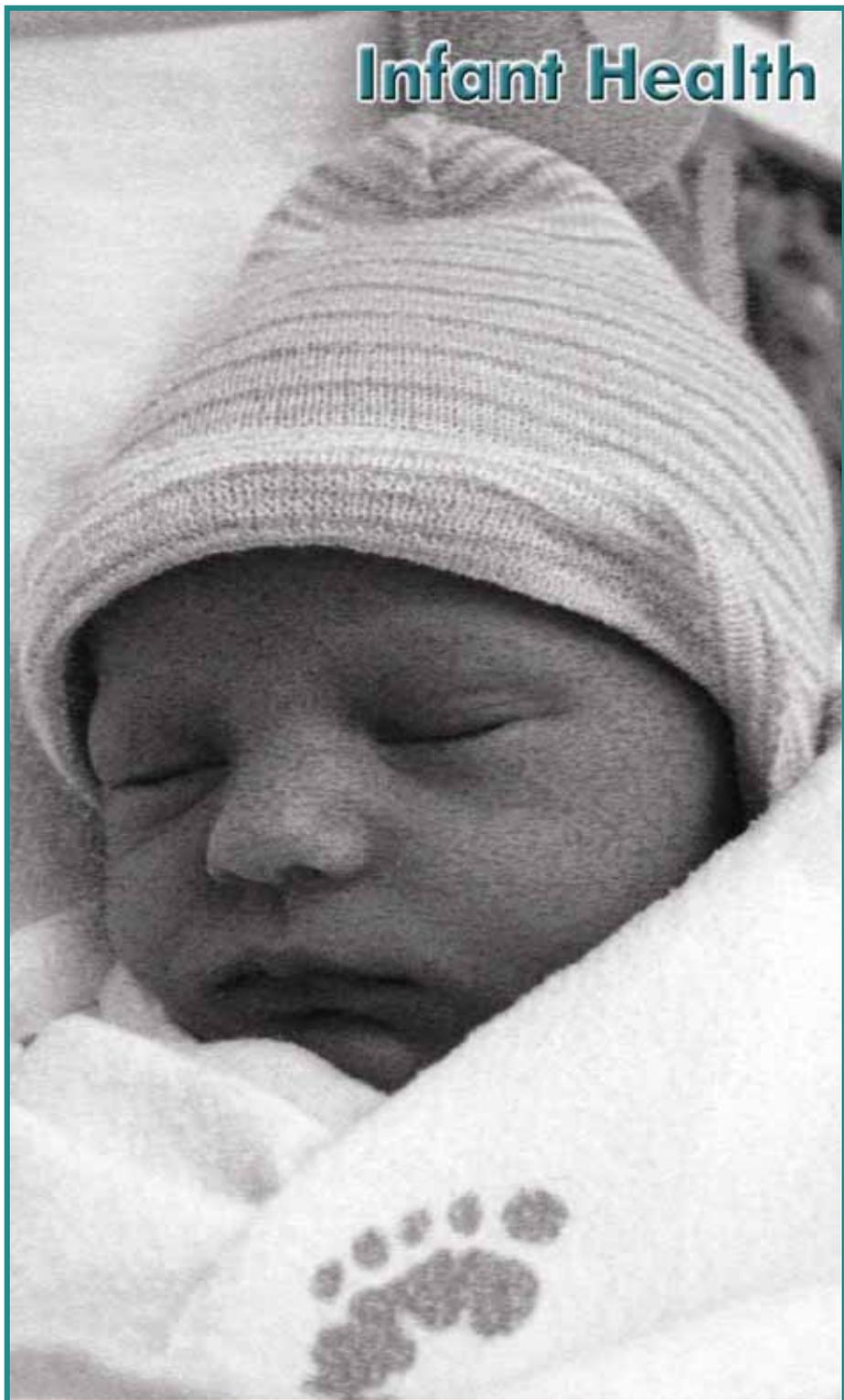


Infant Health



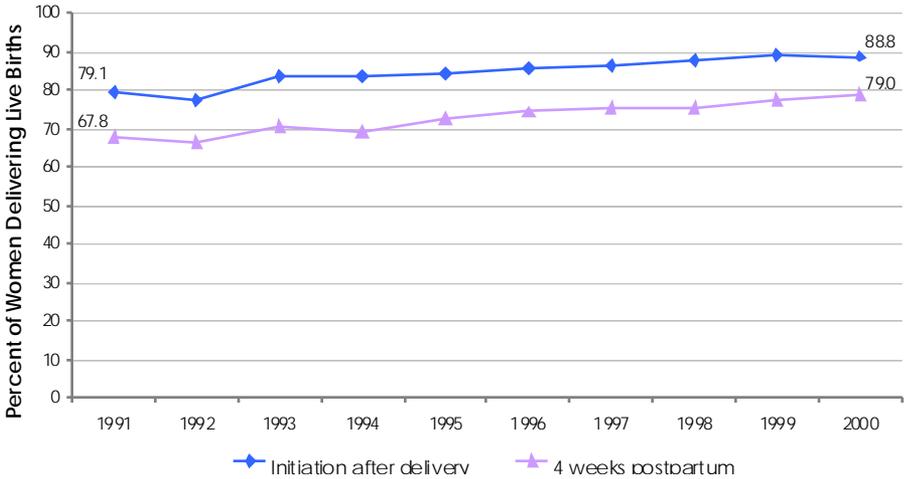
Breastfeeding

Alaska has one of the highest breastfeeding rates in the nation. According to the Mothers Survey done by the Ross Products Division of Abbott Laboratories, Oregon (88.6%), Alaska (88.5%), and Washington (87.9%) lead the nation in their in-hospital breastfeeding rates for the year 2000. Nationwide, the in-hospital breastfeeding rate is 68.4%. The Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) is a statewide population-based sample of mothers of newborns that also collects breastfeeding data. PRAMS data confirm the rates shown by the Ross Survey.

- ◆ According to the Alaska PRAMS Project, Alaska has shown significant increases over the past decade in both the initiation of breastfeeding and nursing through the first month.
- ◆ Nearly 90% of Alaskan mothers who delivered a live-born infant in 2000 reported initiating breastfeeding and 79.0% were still nursing when their babies were one month old.
- ◆ The breastfeeding initiation rates for all racial groups in Alaska except blacks exceed the Healthy People 2010 objective of 75%. Race-specific breastfeeding initiation rates for 1996-2000 were 89.9% for whites, 88.8% for Asian/Pacific Islanders, 82.6% for Alaska Natives, and 70.1% for blacks.

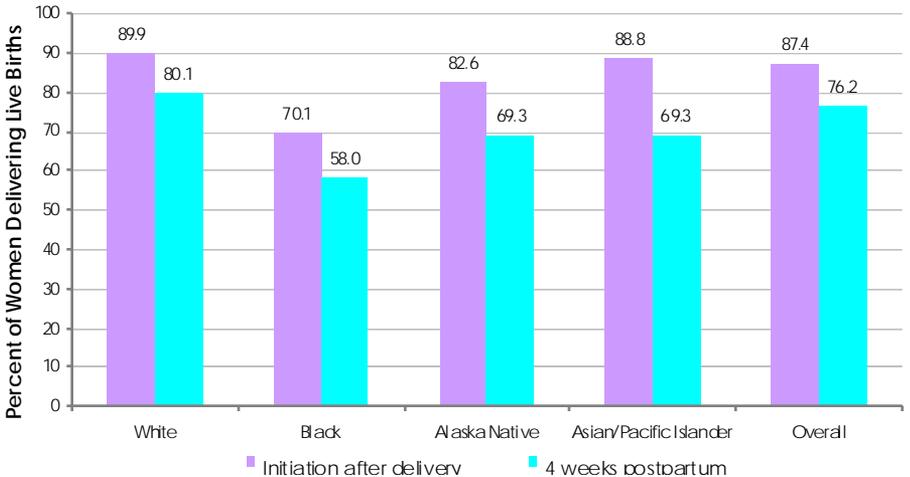
Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

Breastfeeding Trends by Year of Birth Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Breastfeeding Initiation After Delivery and at Four Weeks Postpartum by Race, Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Infant Sleep Position

In 1994, a coalition of federal, state and private agencies launched a national “Back to Sleep” awareness campaign to educate parents about ways to reduce the risk of Sudden Infant Death Syndrome (SIDS) by placing their infants on their backs to sleep. This campaign was initiated in Alaska in 1996.

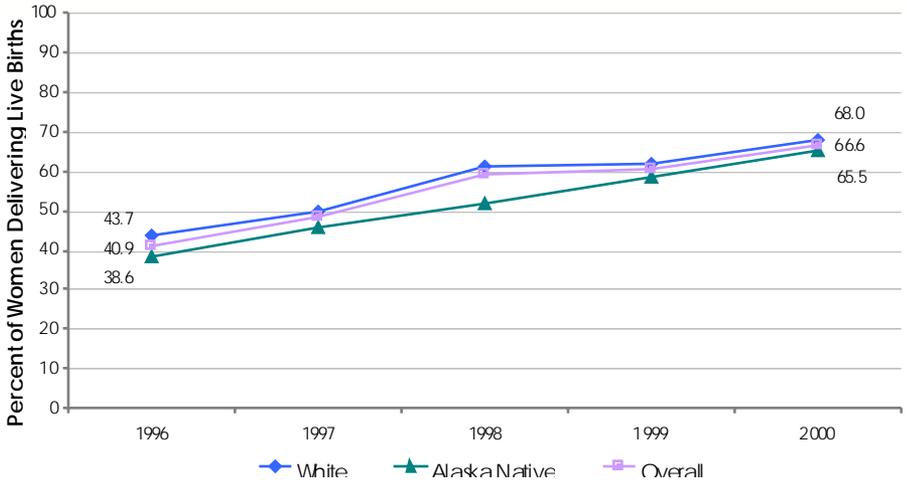
- ◆ Concurrent with the Alaska Back to Sleep campaign, rates of SIDS or asphyxia of unknown etiology declined 45% between 1992 -1996 and 1997.¹
- ◆ In Alaska during 1992 - 1997, there were 130 infant deaths where the death certificate identified SIDS as the cause of death. Among infant deaths for which sleep-related risk factor information was known, 98% involved infants that were sleeping on their stomachs, with another person, or outside of a standard infant crib.²
- ◆ Alaska Pregnancy Risk Assessment Monitoring System data for 1996 - 2000 shows that Alaskan mothers have been increasingly putting their newborns on their backs to sleep.
- ◆ Nearly 70% of mothers report that they routinely place their newborns on their backs to sleep. Only 12% put them on their stomachs. (The average age of the infant at the time the mother answered the question is 15 weeks.)
- ◆ The manner in which mothers are placing their infants down to sleep does not differ greatly by race and there have been increases among all races in putting infants to sleep on their backs.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS).

¹ Gessner, BG. Findings of the Alaska Maternal-Infant Mortality Review, 1999. Family Health Dataline. State of Alaska, Department of Health and Social Services, Section of Maternal, Child and Family Health. 2000; 6:2.

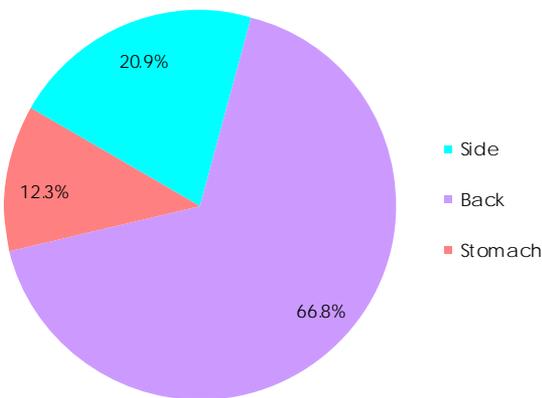
² Gessner, BG. Findings of the Alaska Maternal-Infant Mortality Review, 2000. Family Health Dataline. State of Alaska, Department of Health and Social Services, Section of Maternal, Child and Family Health. 2002; 8:1.

Prevalence of Placing Infants to Sleep on Their Backs by Race and Year, Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Distribution of How Mothers Put Their Infants Down to Sleep Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Co-Sleeping

The practice of co-sleeping (infants sleeping in the same bed with adults or older children) has been implicated as a potential risk factor for Sudden Infant Death Syndrome (SIDS). Population-based data on the prevalence of co-sleeping is lacking nationally but the Alaska Pregnancy Risk Assessment Monitoring System has collected co-sleeping data since 1991.

- ◆ The prevalence in Alaska of mothers of newborns always or almost always co-sleeping with their infants has been steadily increasing. The most recent estimate of 39.9% in 2000 is 2.5 times greater than what it was in 1991 (15.9%).
- ◆ Non-white women are more likely than whites to co-sleep with their infants. During 1996 - 2000, over one-half the population of Asian/Pacific Islanders or Alaska Native mothers always or almost always co-slept with their infant compared with 28.3% of white mothers.
- ◆ Nearly 30% of white women indicated they never co-slept with their infant, compared with 15.7% of Alaska Native, 11.0% of black, and 8.8% of Asian/Pacific Islander women.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

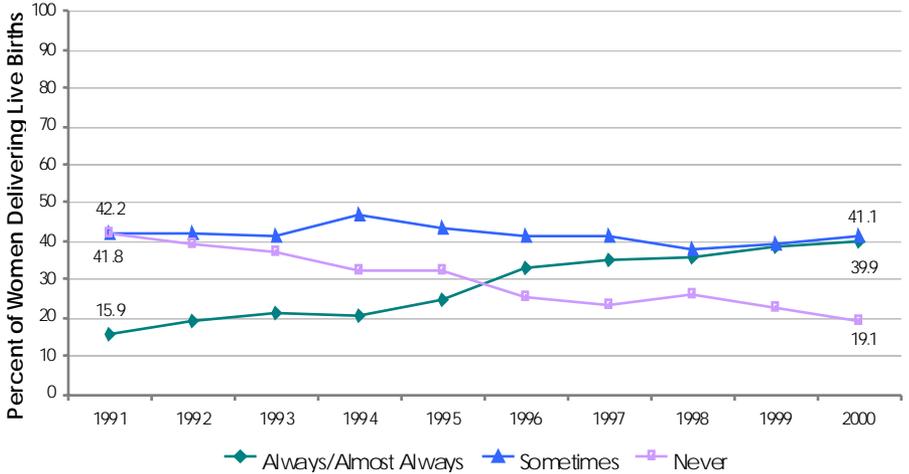
Studies in Alaska have found an association between co-sleeping and infant death only in cases where the infant was sleeping with an alcohol or drug-impaired adult.¹

Healthy infants younger than 6 months of age should be placed to sleep on their back and should sleep either in an infant crib or with a nonsmoking, unimpaired caregiver on an adult non-water mattress.

Caretakers of preterm and low birth weight infants and infants with other substantial health problems should consult their doctor for advice.

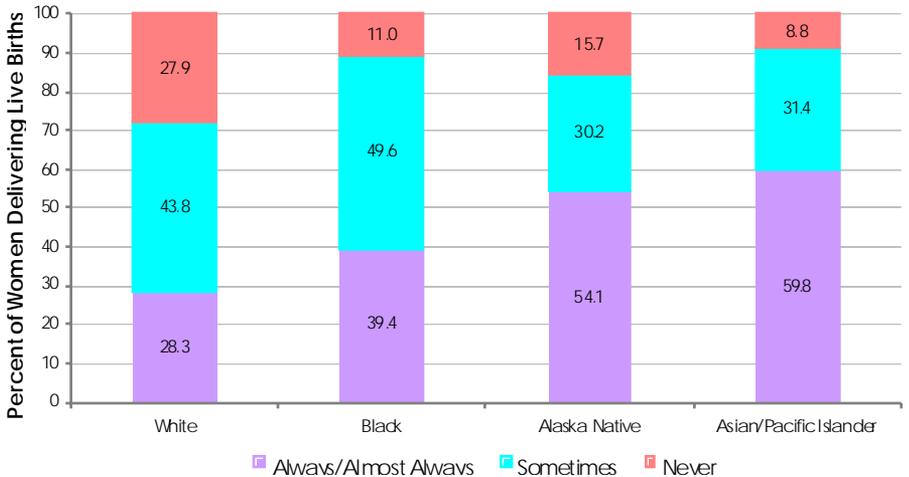
¹Gessner, BG. Findings of the Alaska Maternal-Infant Mortality Review, 2000. Family Health Datafile, State of Alaska, Department of Health and Social Services, Section of Maternal, Child and Family Health. 2002; 8:1.1.

Mother-Infant Co-Sleeping Trends by Year of Birth Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Mother-Infant Co-Sleeping Habits by Maternal Race Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

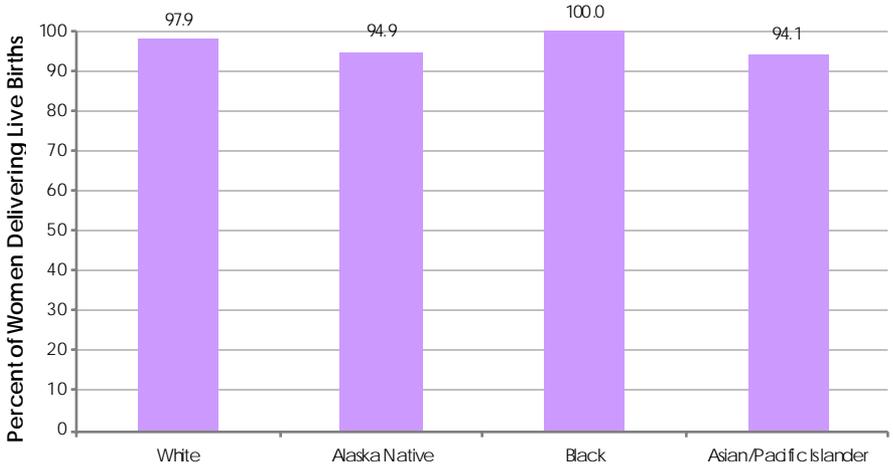
Shaken Baby Awareness

Shaking an infant can cause a variety of health problems such as brain damage, blindness, hearing loss, learning problems, seizure disorders, cerebral palsy, paralysis, or even death. In Alaska during 1998, a public service campaign sponsored by the Section of Maternal, Child and Family Health was initiated that advocated the message “Never Shake a Baby.”

- ◆ According to the Alaska Maternal-Infant Mortality Review, during the period 1994 - 2000 in Alaska there were five documented fatalities associated with shaken baby syndrome. The average age of the victim was 6 months old. The average age of the perpetrator (three were men, two were women) was 25 years old.
- ◆ Among Alaskan women who delivered a live-born infant during the year 2000, 97% had heard or read about what can happen if a baby is shaken. Knowledge about the dangers of shaking an infant was associated with higher maternal education. A higher percentage of black and white mothers of newborns (100% and 97.9%, respectively) reported shaken baby syndrome awareness than Alaska Native and Asian/Pacific Islander mothers (94.9% and 94.1%, respectively).

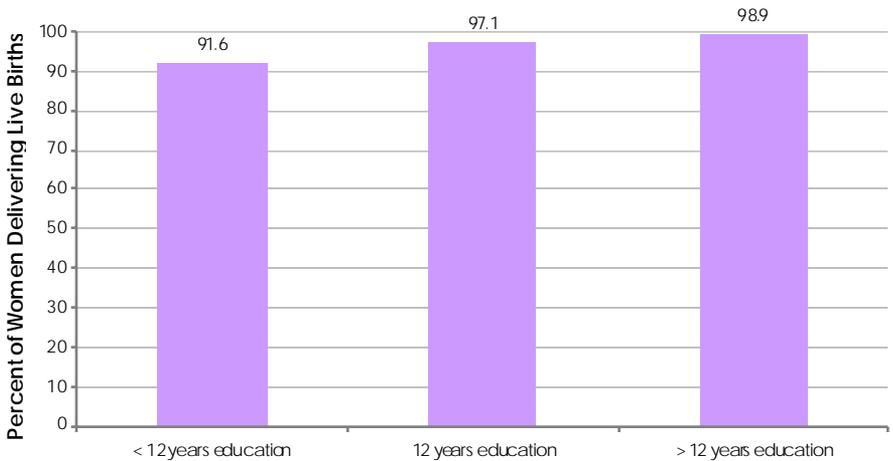
Data Sources: Alaska Maternal Infant Mortality Review; Alaska Pregnancy Risk Assessment Monitoring System.

Shaken Baby Awareness by Maternal Race Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Shaken Baby Awareness by Maternal Education Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

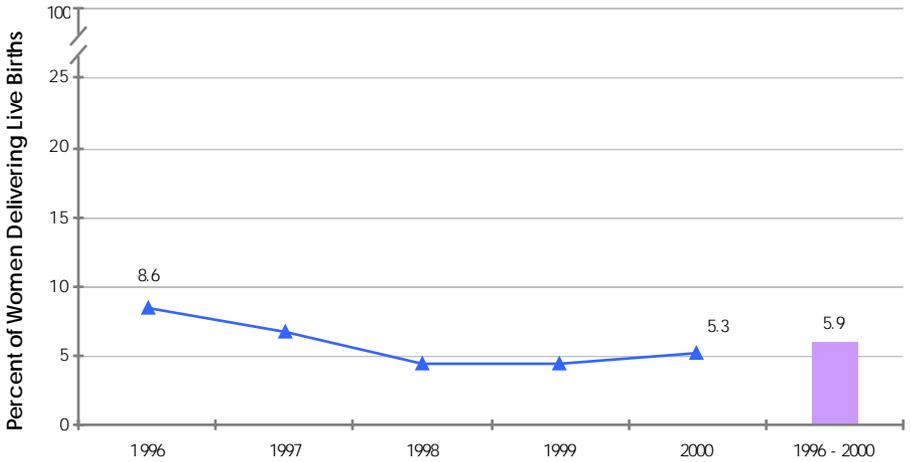
Exposure to Tobacco Smoke

Tobacco smoke is a major component of indoor air pollution. In children, exposure to second-hand smoke leads to reduced lung function, increased risk of lower respiratory tract illnesses, acute exacerbation of asthma resulting in hospitalization, increased risk for sudden infant death syndrome (SIDS) and possibly increased risk for asthma.

- ◆ Nearly 6% of women who delivered an infant during 1996 - 2000 reported that their baby is exposed to second-hand smoke during an average day. (The average age of the infant at the time the mother responded was about three months.)
- ◆ Black mothers showed the highest prevalence of any environmental tobacco smoke (ETS) exposure for their newborns at 8.2%, while Alaska Native mothers reported the lowest prevalence of infant ETS exposure at 3.6%.
- ◆ Over the last five years, there has been a decreasing trend for any infant ETS exposure both in overall prevalence (from 8.6% in 1996 to 5.3% in 2000) and in mean number of hours exposed during an average day (6.4 hours in 1996 to 4.1 hours in 2000).

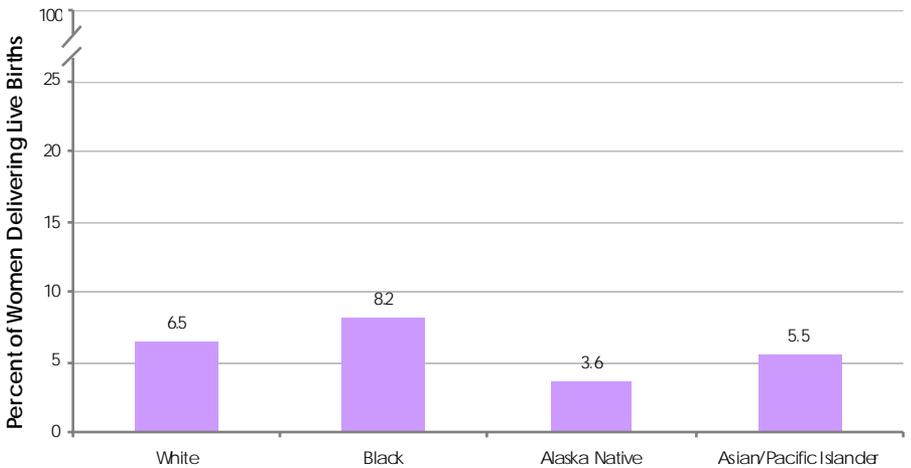
Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

Infant Exposure to Second-hand Smoke by Year Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Infant Exposure to Second-hand Smoke by Race Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Infant Health and Safety Issues

Nearly 12% of Alaskan mothers indicated their newborns were **discharged from the hospital less than 24 hours after birth** in the year 2000. Over half (55.3%) of Alaskan newborns stay one to two days in the hospital after birth.

In 2000, approximately 5% of Alaskan mothers reported that their infants were **not born in a hospital**.

About 10% of Alaska-resident women who delivered a live-born infant in 2000 reported that their newborn was put in an **intensive care** unit after birth.

Seventy-six percent of Alaskan mothers of newborns said a health care provider saw their baby in the first week after leaving the hospital. At an average age of 15 weeks, nearly all (97.1%) infants have had a **well-baby** **checkup**.

Approximately 43% of all Alaska newborns were **screened** for hearing problems in 2000 and approximately 96% were tested for congenital metabolic and endocrine disorders.

Data Sources: Alaska Pregnancy Risk Assessment Monitoring System; Alaska Newborn Screening Program.

Most (93%) Alaskan mothers who delivered in 1999 indicated their newborn came home from the hospital in an **infant car seat**. A similar proportion (92%) indicated that their baby always rides in an infant car seat.

Regular **infant car seat use** varies by maternal race with Alaska Native mothers being least likely to use one. Infant car seat use in urban Alaskan areas during 1996 - 1999 mirrors that of national estimates (range 87.2% to 99.6%). Two regions[†] of the state that showed the lowest usage of infant car seats – Yukon-Kuskokwim (34.2%) and the North/Northwest (35.9%) regions – have a limited road system.

Nearly 42% of women who were surveyed during 2000 at an average of 15 weeks postpartum reported that they were currently in school or **working outside the home**.

When asked **who usually takes care of the baby** when they go to work or school, the top three responses were “husband or partner” (35.1%), “babysitter, nanny, or other child care provider” (20.9%), and “other close relative” (19.5%).

About 3.4% indicated they were able to **care for their baby at home** or they were able to **take their baby to work** with them.

Almost all mothers (97.4%) felt their newborn was always or almost always **well cared for**.

[†] See page 18 for regional map of Alaska.
Data Source: Alaska Pregnancy Risk Assessment Monitoring System.