



Sample “Standard” Recommendations for Infant Deaths related to Prematurity/LBW

1. Ensure that all women have access to preconception care and counseling, to include:
 - a. Attention to nutrition, optimum weight, physical activity
 - b. Testing for and treatment of infections, including STI’s
 - c. Counseling on risky life styles that may lead to infection (ie unprotected sex, multiple partners)
 - d. Cessation of harmful substances (tobacco, alcohol, illegal drugs, assessment of prescription medications, OTC medications, herbal remedies, etc..
 - e. Assessment of and treatment for any chronic conditions
 - i. Hypertension
 - ii. Diabetes
 - iii. Asthma
 - f. Counseling on effective and affordable birth control options, pregnancy spacing and planning to assure optimum birth interval (!8 months)
 - g. Assessment, counseling, and referral for women who are victims of abuse or violence . . . physical, emotional, or sexual.

2. Ensure that pregnant women have access to prenatal care that is acceptable, accessible, and appropriate. Stress **early** entry (by 12 weeks) and **often**. Components of prenatal care should include:
 - a. Attention to nutrition, optimum weight, physical activity
 - b. Testing for and treatment of infections, including STI’s
 - c. Counseling on risky life styles that may lead to infection (ie unprotected sex, multiple partners)
 - d. Standard, routine assessment of all women for tobacco, alcohol, and drug use during prenatal care.
 - e. Standard drug testing during prenatal care and at delivery for women meeting criteria known to be associated with drug use.
 - i. Late or no prenatal care, multiple missed appointments
 - ii. Unexplained pre-term labor
 - iii. Pregnancy complications know to be associated with drug use (bleeding, placental abruption)
 - iv. History of prenatally drug exposed infant
 - v. Symptomology or obvious behavior suggestive of alcohol or drug use.
 - f. Appropriate referrals to gender specific drug treatment options for women who disclose and or are positive for drug use during prenatal care.
 - g. Assessment of and treatment for any chronic conditions
 - i. Hypertension
 - ii. Diabetes
 - iii. Asthma

- h. Standard, routine assessment, counseling, and referral for women who are victims of abuse or violence . . . physical, emotional, or sexual.
3. Work with provider community to increase acceptance of getting pregnant women into care in first trimester.
 4. Provide mentoring, support, outreach, and advocacy to improve the social/psychological environment for women and families at risk.
 5. Increase provider awareness of appropriate referrals and eligibility to support services such as:
 - a. Home Visiting
 - b. Public Health Nursing
 - c. Paraprofessionals/community Health Workers
 - d. Indigenous health workers
 - e. Faith-based initiatives
 6. Develop, distribute, and keep up-dated community resource directories to raise awareness of where women and families can go for help and services.
 7. Develop systems to provide for transportation and childcare to women seeking prenatal care.
 8. Coordination of care between programs and part of the health care system.
 9. Enhance community education to include unplanned/unwanted pregnancy prevention, including teen pregnancy prevention services.
 10. Educate and empower pregnant women on early detection of signs and symptoms of pre-term labor.
 11. Enroll women with previous poor birth outcome into intense, home-based services for attention to interconception care and counseling.
 12. Hold community forums, summits to raise awareness of consumers, providers, and policy makers of infant mortality issues.
 13. Engage local community/business/health care partnerships to broaden the number of stakeholders.