



**Center for Healthy Births**

*Building Blocks for Better Babies*

## **Antelope Valley Best Babies Collaborative**

### **SPA 1**

### **Meeting**

**May 4, 2005**

**Child Care Resource Center**

### **Meeting Notes**

Welcome and Introductions

LABBC Center for Healthy Births Update

First 5 LA

Brief Overview of Infant Mortality in SPA 1

- What is the Problem? : The Antelope Valley Service Planning Area (SPA 1) infant mortality rate increased from 5.0 infant deaths per 1,000 live births in 1999 to 10.6 in 2002 (compared to 5.5 in Los Angeles County overall). The increase was disproportionately high among African Americans. The 2002 infant mortality rate for SPA 1 African Americans was 32.7 per 1,000 live births, much higher than the overall SPA 1 rate and the countywide African American rate of 13.1 per 1,000 live births.
- What was done? :
  - A Fetal Infant Mortality Review (FIMR) of the 53 infant deaths in 2002 to identify possible risk factors.
  - The Los Angeles Mommy and Baby (LAMB) Project. A survey to identify factors related to low birth weight and preterm births, both of which are associated with infant death.
  - Collaboration with community stakeholders to identify risk reduction strategies.

Presentation

- Maternal risk factors identified from FIMR:
  - Babies born too early and too small were at the greatest risk
  - Mothers often entered care after the 12<sup>th</sup> week of pregnancy
  - Many of the mothers had previous fetal losses
  - Psychosocial issues were prevalent
  - Risk appropriate care was not always accessible
- Maternal risk factors identified from LAMB:
  - Lack health insurance before pregnancy
  - Have given birth to a low birth weight or preterm infant in the past
  - Have high blood pressure before or during pregnancy
  - Don't receive adequate prenatal care
  - Experience early labor pain and have their water break early



- Smoke during pregnancy
- Feel their neighborhood was unsafe
- Feel less happy during pregnancy

#### Discussion

- The group divided into four focus (2 on Maternal Health and 2 on Infant Health) groups to discuss ways of intervention. Each group was charged with coming up with three short-term interventions and one long-term intervention. A short-term intervention is considered an intervention that takes less than one year, and a long-term intervention will take more than one year. The purpose of this activity is to brainstorm and to come up with ideas to lower the rate of infant mortality in SPA 1. At a later date there will be a deeper discussion at which time strategies for addressing the all ideas chosen will be discussed.
- Each group selected a recorder to write down all the information and a reporter to report what was discussed within the group. Each group also had three large poster-board-sized pages of paper. One for short-term interventions, long-term interventions and a parking lot page. The groups were given time to brainstorm on short-term and long-term interventions. After the brainstorming each group voted on three short-term strategies and one long-term strategy that they believe needed to take place in order to lower the infant mortality rate.

#### Group Reports/Summarization

- After the brainstorming session was over, the group came back together again as one.
- Each group reported back what was discussed in their small group.
- All ideas will be compiled and the conversation selecting which interventions will move forward with will take place at an upcoming meeting.

Closing Remarks by Cynthia Harding  
Adjournment