

Perinatal Infant Health Annual Plan

North Dakota Maternal and Child Health Priority Goal: Support services, programs, and activities that encourage safe sleep (October 1, 2026-September 30, 2027).

Safe sleep remains a significant challenge for families with infants. It is critical to ensure caregivers understand and follow safe sleep recommendations to reduce the risk of infant fatalities. According to the most recent CDC data, approximately 3,700 infants in the United States died from Sudden Unexpected Infant Death (SUID) in 2022. These deaths include cases classified as sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed, and other unexplained causes. While SUID rates declined substantially during the 1990s, they have remained relatively unchanged since 2000.

In North Dakota, the SUID rate for 2018–2022 was 86.6 per 100,000 live births, which is lower than the national rate of 94.8 per 100,000. From 2019 to 2024, the Child Fatality Review Panel identified 65 infant deaths as SUID, including accidental sleep-related asphyxia due to overlay or wedging. Over 50% of these sleep-related infant deaths involved infants sharing a sleep surface with another person, and more than 30% of caregivers lacked access to a safe sleeping environment.

The American Academy of Pediatrics (AAP) recommends several evidence-based strategies to reduce the risk of SUID. These include placing infants on their backs to sleep, using a firm and non-inclined sleep surface, room sharing without bedsharing, avoiding soft bedding, and supporting breastfeeding. Breastfeeding has been shown to lower SUID risk by strengthening the infant's immune system, decreasing respiratory infections, promoting safer arousal patterns during sleep, and encouraging adherence to safe sleep practices. To maximize these protective benefits, the AAP recommends exclusive breastfeeding for at least the first six months.

Within Title V, the National Performance Measure for the Perinatal/Infant Health Domain is Safe Sleep, and key National Outcome Measures include Infant Mortality, Post-Neonatal Mortality, and SUID.

According to CDC data, North Dakota's infant mortality rate increased to an estimated 5.1–5.3 deaths per 1,000 live births in 2023 (provisional), up from a finalized rate of 4.4

in 2022. Nationally, the infant mortality rate rose to 5.9 per 1,000 in 2023 (provisional), compared to 5.6 in 2022. North Dakota's SUID rate was 92.2 per 100,000 in 2020, matching the U.S. rate for that year. National SUID rates remained relatively stable through 2022, though state-level variation is expected due to low case counts.

It is important to recognize that, according to the CDC and NCHS, certain groups of infants in North Dakota face disproportionately higher rates of overall mortality and SUID. These include infants with very low birth weight (less than 1,500 grams), those born before 34 weeks gestation, and infants born to mothers with lower socioeconomic status. Significant racial disparities also persist. American Indian infants in North Dakota experience two to three times higher rates of infant mortality, post-neonatal mortality, and SUID compared to infants in other racial groups.

To address these concerns, an Evidence-Based or Informed Strategy Measure (ESM) was developed to expand safe sleep education statewide. The goal is to increase the number of clients receiving safe sleep counseling through partnerships with organizations and communities.

According to 2022 PRAMS data, 88.8% of North Dakota mothers place their infants on their backs to sleep, compared to 83% nationally. For using a separate, approved sleep surface, 60.8% of North Dakota infants meet recommendations, compared to 59% nationally. In maintaining a sleep environment free of soft bedding, 57.3% of North Dakota infants meet guidelines compared to 60% nationally. Additionally, room-sharing without bedsharing is reported by 72.2% of North Dakota mothers, notably below the national average of 82%.

North Dakota aims to reduce the SUID rate from 86.6 to 77.9 per 100,000 live births by September 30, 2030, a 10% reduction, by strengthening promotion of safe sleep and breastfeeding. NDDHHS will provide funding to each of the 28 Local Public Health Units (LPHUs) to aid in this work effort. An RFP, including work plan, budget templates, and narrative components, will be distributed with contracts beginning October 1, 2027.

The first strategy to achieve this goal will focus on strengthening LPHU partnerships. This will include providing funding and supporting collaboration with LPHUs across North Dakota to educate families and infant caregivers on evidence-based safe sleep practices. Activities include the *Safe Sleep Ambassador* training through Cribs for Kids and expanded client education on core AAP safe sleep recommendations, including placing infants to sleep on their backs, using a separate approved sleep surface, avoiding soft objects or loose bedding, and ensuring infants room-share with an adult.

The second strategy focuses on enhancing and expanding data tracking and technical assistance efforts. This will be achieved through ongoing development of the NDDHHS

Unintentional Injury Dashboard, integration of Qualtrics Safe Sleep Dashboard data, and continued support for Cribs for Kids reporting. Title V staff will collect and share site-specific data with LPHUs to inform program activities. Additionally, Title V staff will strengthen partnerships with Cribs for Kids distribution sites to promote safe sleep practices statewide. Efforts will emphasize expanding collaborations and helping organizations obtain the necessary resources to become Cribs for Kids partners.

Another strategy that will be employed expands SUID prevention in specific communities through culturally centered programming and the provision of bedside sleepers and Pack-n-Plays as funding allows. Title V staff will collect data on the locations where these items have been distributed through Qualtrics and update the information in the Cribs for Kids Dashboard.

Finally, Title V staff will utilize the National Children's Safety Network SUID cohort to share educational resources through digital storytelling and media campaigns. The Child Safety Learning Collaborative supports Title V efforts by promoting evidence-based policies, programs, and practices to reduce fatal and serious injuries among infants.

Next, because breastfeeding plays a significant role in preventing sleep-related infant deaths, Title V will continue working to educate about SUID prevention with a focus on exclusive breastfeeding rates. By September 30, 2030, North Dakota aims to increase the percentage of infants exclusively breastfed at six months from 31% to 35%, as reported in the CDC National Immunization Survey (2021).

Breastfeeding helps reduce the risk of SUID because it provides multiple protective health benefits for infants. Breastmilk contains antibodies and essential nutrients that protect infants from infections that may contribute to SUID risk. Breastfeeding also improves infant arousal response, reducing the likelihood of deep sleep episodes associated with SUID. The AAP recommends exclusive breastfeeding for at least six months to maximize protective effects.

The first strategy to achieve this goal is to expand the professional lactation supports. North Dakota will focus on enhancing postpartum lactation support and increasing the number of lactation professionals. Title V staff will also partner with the WIC program to expand and strengthen lactation supports available throughout the state.

Another strategy to reduce SUID and increase breastfeeding exclusivity at six months is the promotion and expansion of the Infant Friendly Workplace Designation. The goal is to increase the number of designated workplaces in North Dakota from 220 to 270. NDDHHS will continue to fund partner organizations to support outreach to workplaces

in their communities and will provide partial financial assistance to employers for the development of private lactation spaces.

Partnerships are essential when striving to improve infant and perinatal outcomes. Key partners include Child Care Aware of North Dakota, Safe Kids Worldwide and its North Dakota coalitions, Families Flourish, United Tribes Technical College Wellness Center, the Women, Infants, and Children (WIC) program, the North Dakota Breastfeeding Coalition, and the Association of State Public Health Nutritionists (ASPHN). Additionally, we will continue to strengthen partnerships within NDDHHS, including Child Maltreatment and Fatality, Surveillance and Data Management, Community Engagement, Early Childhood Licensing, and many more.

A comprehensive, coordinated approach is essential to improve safe sleep practices, sustain lactation support, strengthen data-driven decision-making, and enhance partnerships aimed at reducing preventable infant deaths across North Dakota. By integrating evidence-based strategies, culturally responsive outreach, and collaboration among state agencies, Local Public Health Units (LPHUs), and community partners, staff aim to create lasting improvements within the systems that support families. These collective efforts will help ensure every infant has the safest possible start and will advance broader goals to improve maternal and child health outcomes statewide. Through ongoing collaboration, accountability, and a shared commitment to ensuring health for all, North Dakota is well positioned to make meaningful progress in protecting its youngest residents and supporting the well-being of families and communities.