

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break



Working to Achieve Equity in Infant Survival

Breakout Session

Wednesday, November 3

3-4:20 pm ET

The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER

Agenda

Housekeeping	Olivia Giordano Kean, Healthy Start TA & Support Center (TASC)
Welcome & Introduction	Olivia Giordano Kean, TASC
Working to Achieve Equity in Infant Survival	Stacy Scott, Global Infant Safe Sleep (GISS) Center
Q&A	All
Closing	Olivia Giordano Kean, TASC





This session is being recorded.



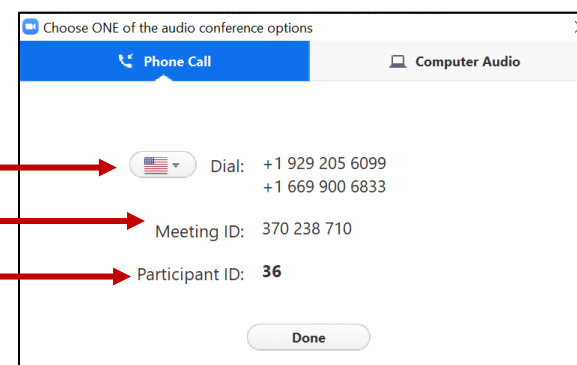
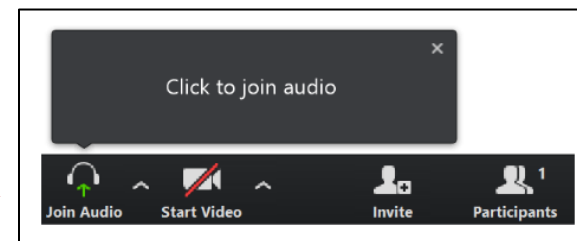
All participants are muted upon entry. We ask that you remain muted to limit background noise.



Participants are encouraged to share comments via the Chat module and ask questions via the Q&A module in Whova (on the mobile app or browser).

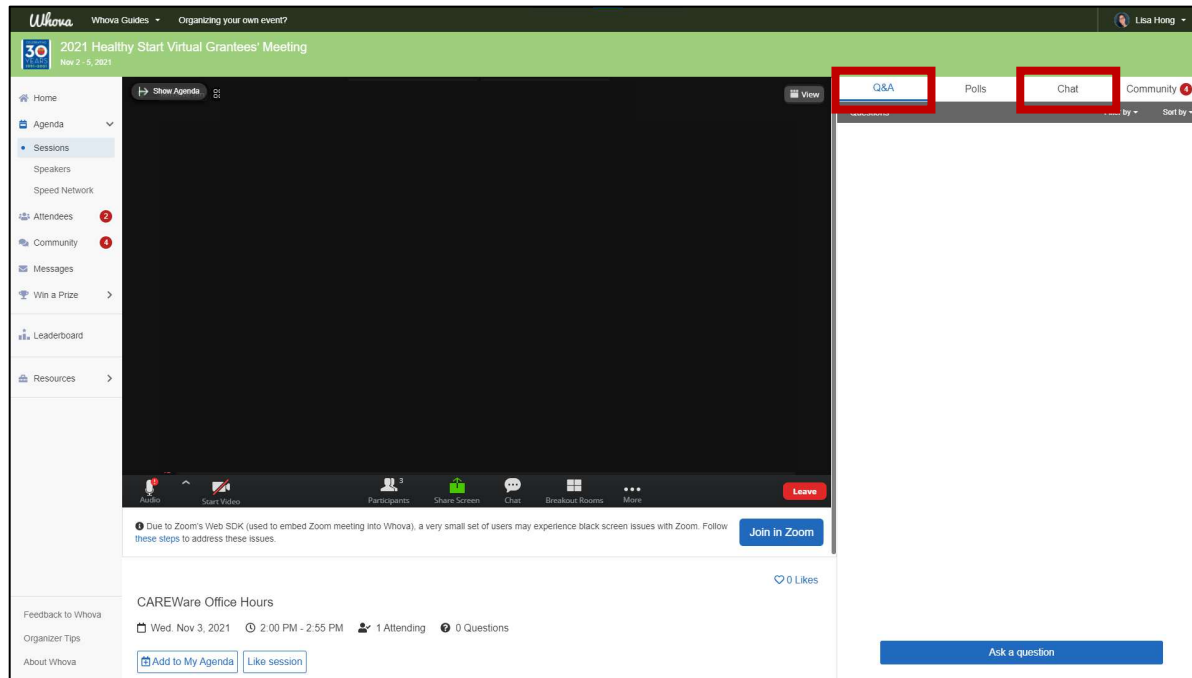
Audio

- After you join the Zoom session, an audio conference box may appear.
 - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
 - If using the phone:
 - Dial one of the given numbers next to **'Dial'**
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**

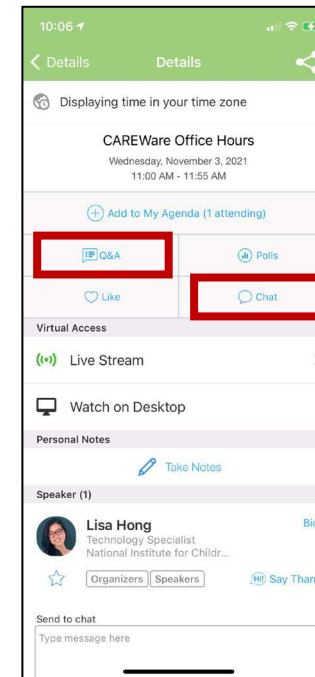


Chat and Q&A modules in Whova

Chrome Browser



Mobile Application



Like what you see?

The Healthy Start TA & Support Center is now active on social media!

1. Take a picture or a screenshot
2. Share on Instagram or Twitter!
3. Don't forget to tag @HS_TASC and @NICHQ and include hashtags #HealthyStartVGM2021 and #HealthyStartStrong

Technical Issues

If you experience any technical challenges with Whova, please email support@whova.com.

A photograph of a woman with dark hair, wearing a striped shirt, smiling warmly while holding a baby. The baby is also wearing a striped shirt and looking towards the camera. The image is split vertically: the left side has a blue overlay, and the right side is the original color. The text is overlaid on the right side.

Welcome & Introduction

Olivia Giordano Kean

Healthy Start TA & Support Center

#HealthyStartVGM2021
#HealthyStartStrong
@HS_TASC @NICHQ

*Working to Achieve Equity in Infant Survival
Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER

The logo for Healthy Start, featuring the word "HEALTHY" in a light blue font above the word "start" in a green font. To the right of the text is a stylized graphic of a plant with four leaves in shades of orange and red.

Welcome to the VGM!

We hope you have been
enjoying today's sessions
so far!

#HealthyStartVGM2021

#HealthyStartStrong

@HS_TASC @NICHQ

*Working to Achieve Equity in Infant Survival
Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

In this breakout, you will:

- Gain insight on the historical impact of infant death on enslaved families
- Explore the root causes of Black Infant Mortality
- Develop understanding of the prevalence of the risk of sudden infant death syndrome (SIDS) on diverse populations
- Learn define sudden infant death syndrome (SIDS) and sudden unexpected infant deaths (SUID)
- Learn to list at least six ways to reduce the risk of SIDS in a caregiver setting and at home

Our Speaker

Stacy Scott, PhD, MPA

Executive Project Director
Global Infant Safe Sleep (GISS)
Center

#HealthyStartVGM2021

#HealthyStartStrong

@HS_TASC @NICHQ

Working to Achieve Equity in Infant Survival

Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021

Questions during the session?

Use the Q&A module in the Whova platform and make sure to identify the speaker to whom you are directing your question(s).

Questions will be answered during the session if time permits. Otherwise, questions will be addressed post-session.

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER



**The More Things Change:
The More They Stay the Same**
*Working to Achieve
Equity in Infant Survival*

Dr. Stacy D. Scott, Founder
Global Infant Safe Sleep Center

The Intersectionality of Infant Mortality

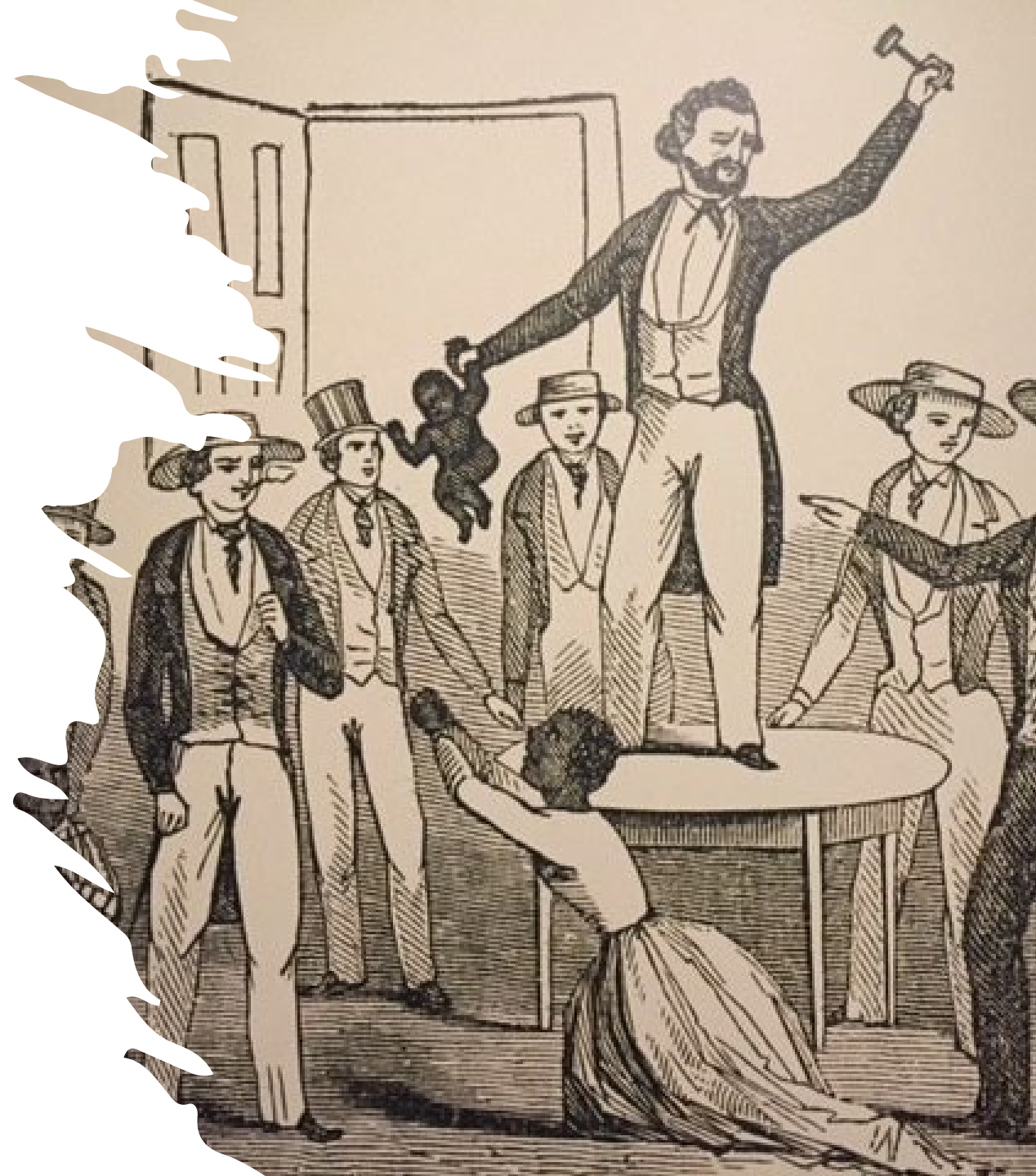
“Infant mortality is about race, poverty, and geography, and the ways that the lives of **some women and children in the U.S. are made to matter more—and less—than others.** It is also about the multitude of ways that in the United States, **we foster life and flourishing for some people while denying others the opportunity to survive, much less to thrive.**”

BY Monica J. Casper -The Feminist Wire
PUBLISHED September 4, 2014

https://truthout.org/articles/the-color-of-infant-mortality/?utm_source=sharebuttons&utm_medium=mashshare&utm_campaign=mashshare

Our Past

Sketch of a slave auction. (Smithsonian's National Museum of African American History and Culture)



America's History

- When the United States banned the transatlantic slave trade in 1807–1808, cutting off the sources of African captives, slaveholders began to bank their future increasingly on the fertility of enslaved women.
- ***Partus Sequitur Ventrum*** became the lynch pin to American Slavery. It specifically targeted African and to a lesser degree Native women by stipulating that the status of slavery can only be inherited from the mother. Partus would play a vital role in the formation of slavery becoming a racial caste in the United States.

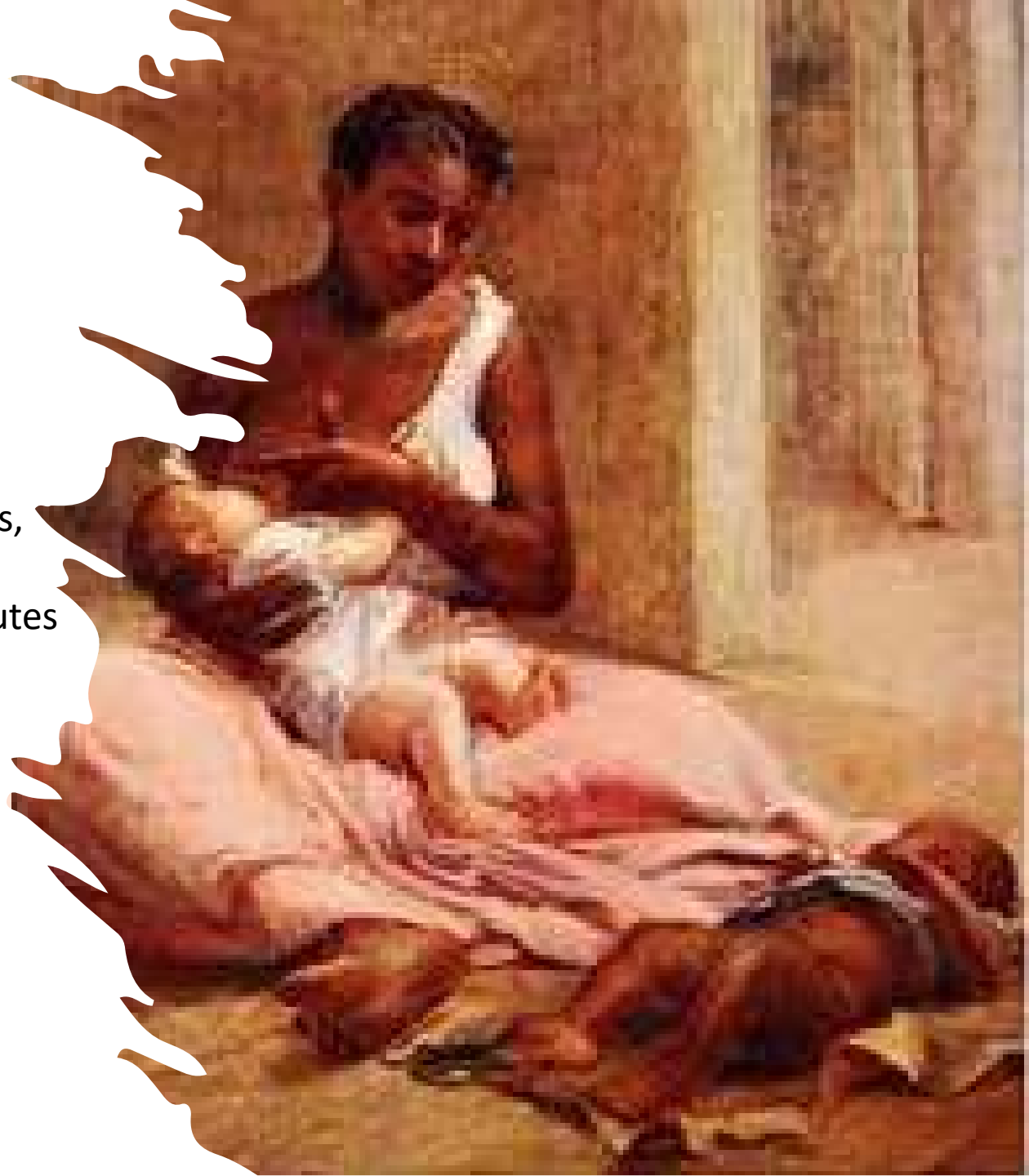
Deirdre Cooper Owens, Sharla M. Fett

Am J Public Health. 2019 Oct; 109(10): 1342–1345. Published online 2019 Oct. doi: 10.2105/AJPH.2019.305243

PMCID: PMC6727302

America's History

- Once an enslaved mother had a child, she was quickly assigned to a white mistress and forced to breastfeed her white baby instead of her own
- While they breastfed white babies at the expense of theirs, slave mothers tried to keep their children alive by feeding them with concoctions they believed will be good substitutes for milk.
- They also gave cow milk and dirty water which were not suitable for babies' health. This resulted in high deaths of babies of the enslaved through out the slave trade.



Historical Demographers

- Infant mortality in plantation settings was high, however. In the South, an estimated 50% of enslaved infants were stillborn or died within the first year of life.
- In 1860 the slave states accounted for 94 percent of the nation's 2,129 reported deaths by suffocation. Most of these victims "were probably the children of slaves," the published mortality census speculated.

Johnson, M. P. (1981). Smothered Slave Infants: Were Slave Mothers at Fault? *The Journal of Southern History*, 47(4), 493–520. <https://doi.org/10.2307/2207400>

Abortion and Infanticide

Searching the Silence: Finding Black Women's Resistance to Slavery in Antebellum U.S. History

- *Abortion and infanticide did occur in the antebellum slave south and it can, therefore, be validly claimed as female resistance to slavery due to the agency that was required from black slave women to commit these acts, and the rebellious nature at the heart of them.*
- *Female slaves' reproductive decisions, namely abortion and infanticide, were just one space where these women contributed to resistance against the system that oppressed them.*

The Impact of Black Grief

- Tabby Abbey's testimony is compelling. Born in Virginia in 1833, Tabby Abbey was sold at the age of sixteen and taken to Mississippi, near Tunica.

In 1936 interview

"I never did work 'round de white folks' house but always done field work, mostly clarin' new groun'," "I had one baby in my life, a long time ago; but I went to sleep one day when I wuz nussin' him and rolled over on him and smothered him to death. I like to went crazy for a long time atter dat."

Johnson, M. P. (1981). Smothered Slave Infants: Were Slave Mothers at Fault? *The Journal of Southern History*, 47(4), 493–520. <https://doi.org/10.2307/2207400>

Bias Data Collection

- IN THE SOUTH CAROLINA UPCOUNTRY DISTRICT OF ABBEVILLE IN 1850 a one-month-old slave girl named Harriet was reported to the census marshal Charles M. Pelot as having died in December 1849 because she was "Smothered by carelessness of [her] mother."

Johnson, M. P. (1981). Smothered Slave Infants: Were Slave Mothers at Fault? *The Journal of Southern History*, 47(4), 493–520. <https://doi.org/10.2307/2207400>

The Census Marshall

- The questions included in the Census of Slave Inhabitants were relatively few:
- Schedules asked slaves' age, sex, color, and disabilities including whether deaf, dumb, blind, insane or idiotic.
- Enumerators were allowed to record slaves' names in the 1860 census if the slave was over 100 years of age.
- Slaveholders also provided information about the number of slaves who had been manumitted or escaped in the prior year.
- In 1860, the number of houses provided to slaves on the slaveholding was also tallied.

Smothered by a Careless Mother

- 1850 in South Carolina Upcountry District of Abbeville, a one-month-old slave girl name Harriet was reported to the census marshal as having died in 1849, cause of death "Smothered by a Careless Mother"
- Alice Burrow, a six-month-old slave girl in Henrico County, VA "Smouthered by her Mother Lying on her while sleep"
- Tippah County, MS two-month-old slave girl was "Accidentally overlaid by her mother in her Sleep"
- Cobb County, Georgia, an eight-month-old slave boy was "overlaid by his mother"

Johnson, M. P. (1981). Smothered Slave Infants: Were Slave Mothers at Fault? *The Journal of Southern History*, 47(4), 493–520. <https://doi.org/10.2307/2207400>

Smothering Deaths in 1860

State	White	Slaves	White Death Rate	Slave Death Rate	Slave Death Rate/White Death Rate
Georgia	10	259	0.5	18.5	37
Mississippi	6	213	0.6	17.5	29
South Carolina	2	122	0.2	10.8	54
Virginia	5	230	0.2	16.6	83
Totals	23	824	0.3	16.0	53

Johnson, M. P. (1981). Smothered Slave Infants: Were Slave Mothers at Fault? *The Journal of Southern History*, 47(4), 493–520. <https://doi.org/10.2307/2207400>

Smothered Slave Infants: Were Slave Mothers at Fault?

Mr. Michael P. Johnson, associate professor of history at the University of California at Irvine.

The reason so many slave children were smothered was quite clear to contemporaries.

- Slave mothers were careless. As they slept with their infants, they accidentally overlaid and smothered them.
- The fault clearly lay with the mothers.

"... I wish it to be distinctly understood that nearly all the accidents occur in the negro population," "which goes clearly to prove their great carelessness & total inability to take care of themselves. "
- ***A sleepy, content slave mother carelessly rolled over her infant and smothered it.***

Cause of Death

Carelessness could be compounded by exhaustion.

"A planter in the hill country of Mississippi, reported in a southern medical journal that "not a few [slave infant are over-laid by the wearied mother, who sleeps so dead a sleep as not to be aware of the injury to her infant]"

Undisclosed Infections

"The jaundiced view of the overseers who reported the death statistics to the census takers."

Black children were victims of a conspiracy of nutrition, African environmental heritage, and North American climatic circumstances rather than planter mistreatment

"The staggering difference between slave and white infant suffocation rates . . . would appear as reflections of extreme poverty, low birth weights, and poor postnatal care"

Cause of Death

- The remarks of the census marshals suggest that infants whose deaths were attributed to smothering were in fact **found dead in bed**.
- "smothered" or "overlaid."
- "Supposed to have been smothered in bed “
- "Found dead"
- "Supposed to have been Smothered”
- "Sudden"
- ”found Dead in the morning”

Several historians argued that suffocation deaths were caused by ***Sudden Infant Death Syndrome (SIDS)***.

The mortality data provide three important kinds of evidence that most of the smothered enslaved infants were actually SIDS victims:

- The circumstances in which the dead child was discovered,
- The child's age, and the month of death.
- It is well established that SIDS victims die during sleep and are typically discovered dead in their bed, their parents having had no warning that they were seriously ill or distressed.

Black Maternal and Infant Health: Historical Legacies of Slavery

According Dr. Owens and Dr. Fett

- Distressingly, although infant death rates overall have plummeted since the 19th century, the disparity between Black and White infant deaths today is actually greater than it was under antebellum slavery.
- Historical demographers estimate that, in 1850, enslaved infants died before 1 year of age at a rate 1.6 times higher than that of White infants (340 vs 217 deaths per 1000 live births).
- In comparison, Centers for Disease Control and Prevention figures from 2016 show that today non-Hispanic Black infant mortality is 2.3 times higher than mortality among non-Hispanic White babies (11.4 deaths and 4.9 deaths, respectively).

Deirdre Cooper Owens, Sharla M. Fett

Am J Public Health. 2019 Oct; 109(10): 1342–1345. Published online 2019 Oct. doi: 10.2105/AJPH.2019.305243

PMCID: PMC6727302



Our Present

(GETTY IMAGES)

America Today

- Some research argues that to end high IMR amongst black children, the country needs to **fix the social and societal issues that plague African Americans.**
- Some scholars argue that Issues such as **institutional racism, mass incarceration, poverty,** and **health care disparities** that are present amongst the African Americans, need to be addressed by the United States Government in order for policy to be created to combat these issues.

Smith IZ, Bentley-Edwards KL, El-Amin S, Darity W (March 2018). ["Fighting at Birth: Eradicating the Black-White Infant Mortality Gap"](#) (PDF). *Duke University's Samuel DuBois Cook Center on Social Equity and Insight Center for Community Economic Development.*

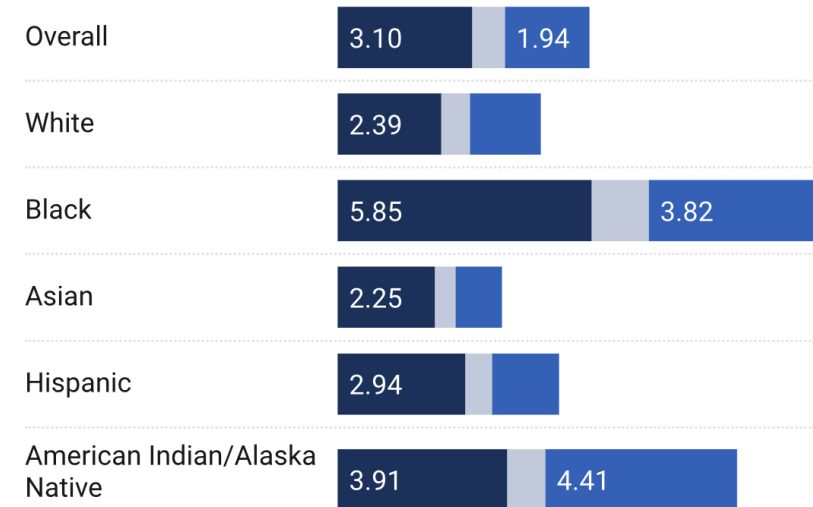
National Disparities



Infant Death Rates Vary by Race

Mortality rate by age of infant's death, 2017

■ Less than 7 days ■ 7-27 days ■ 28 days-under 1 year



The infant mortality rate measures the number of deaths per 1,000 live births

Chart: Gaby Galvin for USN&WR

• Source: [Centers for Disease Control and Prevention](#) • [Get the data](#)

• [Created with Datawrapper](#)

Sudden and Unexpected Infant Death

Definition

Sudden Unexpected Infant Death (SUID)

- **SUID:** death of an infant less than 1 year of age that occurs suddenly and unexpectedly.
 - After a full investigation, these deaths may be diagnosed as: (suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, cardiac arrhythmias, trauma (accidental or non-accidental), or SIDS).
- ***Sudden Infant Death Syndrome (SIDS)*:** sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause after:
 - A complete investigation (complete autopsy, examination of the death scene, and review of the clinical history).

In some cases, where the evidence is not clear or not enough information is available, the death could be considered undetermined or unknown cause.

Definition

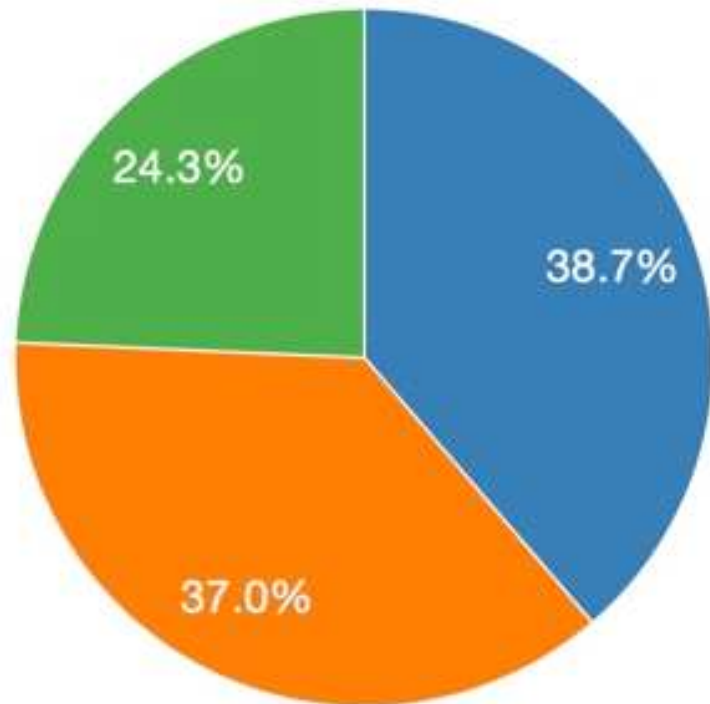
The Facts

- Each year, there are about 3,500 sudden unexpected infant deaths (SUID) in the United States. These deaths occur among infants less than 1 year old and have no immediately obvious cause.
- The three commonly reported types of SUID include the following:
 - Sudden infant death syndrome (SIDS).
 - Unknown cause.
 - Accidental suffocation and strangulation in bed.
- In 2018, there were about 1,300 deaths due to SIDS, about 1,300 deaths due to unknown causes, and about 800 deaths due to accidental suffocation and strangulation in bed.

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates

Knowledge

Breakdown of Sudden Unexpected Infant Deaths by Cause, 2018

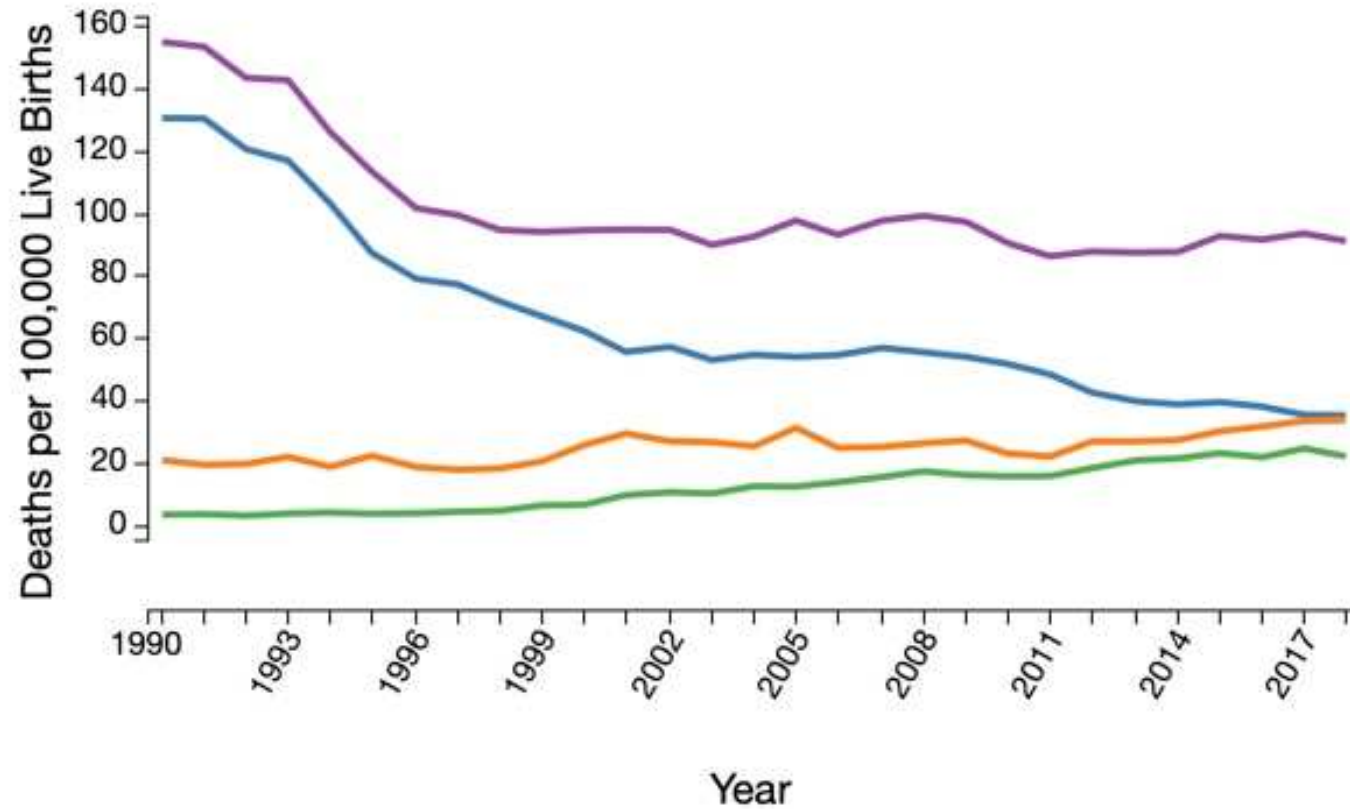


■ Sudden infant death syndrome ■ Unknown
■ Accidental suffocation and strangulation in bed



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates

Trends in Sudden Unexpected Infant Death by Cause, 1990–2018



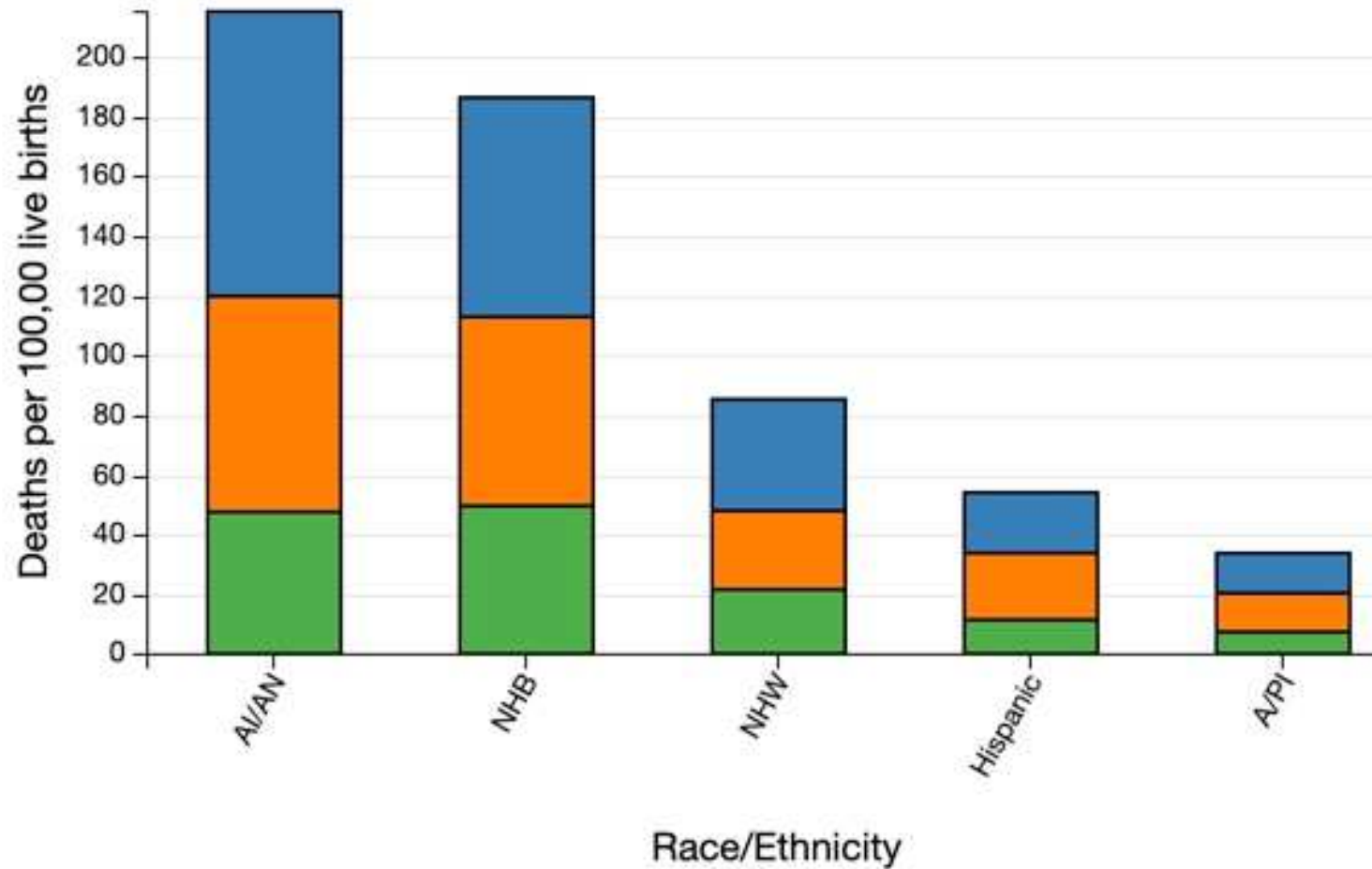
■ Sudden infant death syndrome ■ Unknown Cause
■ Accidental suffocation and strangulation in bed ■ Combined SUID rate



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates

■ Sudden infant death syndrome ■ Unknown cause ■ Accidental suffocation and strangulation in

Reset



AI/AN = American Indian/Alaska Native; NHB = Non-Hispanic Black; NHW = Non-Hispanic White; A/PI = Asian/Pacific Islander



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates

Risk Factors

- Babies who are put to sleep on their tummies, have a risk of dying from SIDS that is 5x higher than those who sleep on their backs.
- **Babies who are usually put to sleep on their backs, but for some reason are placed on their tummies, even just once, are 7-8 times more likely to die of SIDS.**
- The SIDS risks for African American babies is twice as high as that of white babies.
- **American Indian/Alaska Native babies is 3-4 times greater than white babies.**
- Other factors, which can be compounded, are related to the baby's environment, especially when exposed to secondhand smoke, which increases the SIDS risk 2.5 times.

Risk Factors

Achieving Equity in Infant Survival

These statistics reflect an alarming lack of equity, yet they also illuminate a path of promising change.

If, collectively, we address these disparities, we can drastically reduce sleep-related infant deaths in the U.S.



Our Future



Steps To Reduce the Risk of Sudden Unexpected Infant Death



- Put the baby to sleep on his/her back in a safety-approved crib or bassinet on a firm mattress covered with a tight fitted sheet
- Do not use bumper pads, blankets or pillows
- Keep stuffed animals and other soft items away from baby's sleep environment
- Breastfeed baby
- Room share, don't bed share
- Offer a pacifier at nap and nighttime after breastfeeding is going well
- Make sure babies are immunized
- Don't smoke in your house or around baby
- Do not let baby get too hot

Room share—keep baby's sleep area in the same room where you sleep for the first 6 months or, ideally, for the first year

- Place your baby's crib, bassinet, portable crib, or play yard in your bedroom, close to your bed.
- The AAP recommends room sharing because it can decrease the risk of SIDS by as much as 50% and is much safer than bed sharing.
- In addition, room sharing will make it easier for you to feed, comfort, and watch your baby.

Author By: Rachel Y. Moon, MD, FAAP Last Updated 1/12/2017 Source American Academy of Pediatrics (Copyright © 2016) The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.
Healthychildren.org

Bed-sharing is not recommended for any babies

However, certain situations make bed-sharing even more dangerous. Therefore, you should not bed share with your baby if:

- Baby is younger than 4 months old.
- Baby born prematurely or with low birth weight.
- Parents or any other person in the bed is a smoker (even if you do not smoke in bed).
- The mother of the baby [smoked during pregnancy](#).
- Medicines or drugs taken that might make it harder for you to wake up.
- Alcohol consumption
- You are not the baby's parent.
- The surface is soft, such as a waterbed, old mattress, sofa, couch, or armchair.
- There is soft bedding like pillows or blankets on the bed.

Author By: Rachel Y. Moon, MD, FAAP Last Updated 1/12/2017 Source American Academy of Pediatrics (Copyright © 2016) The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Healthychildren.org

Bed-sharing is not recommended for any babies

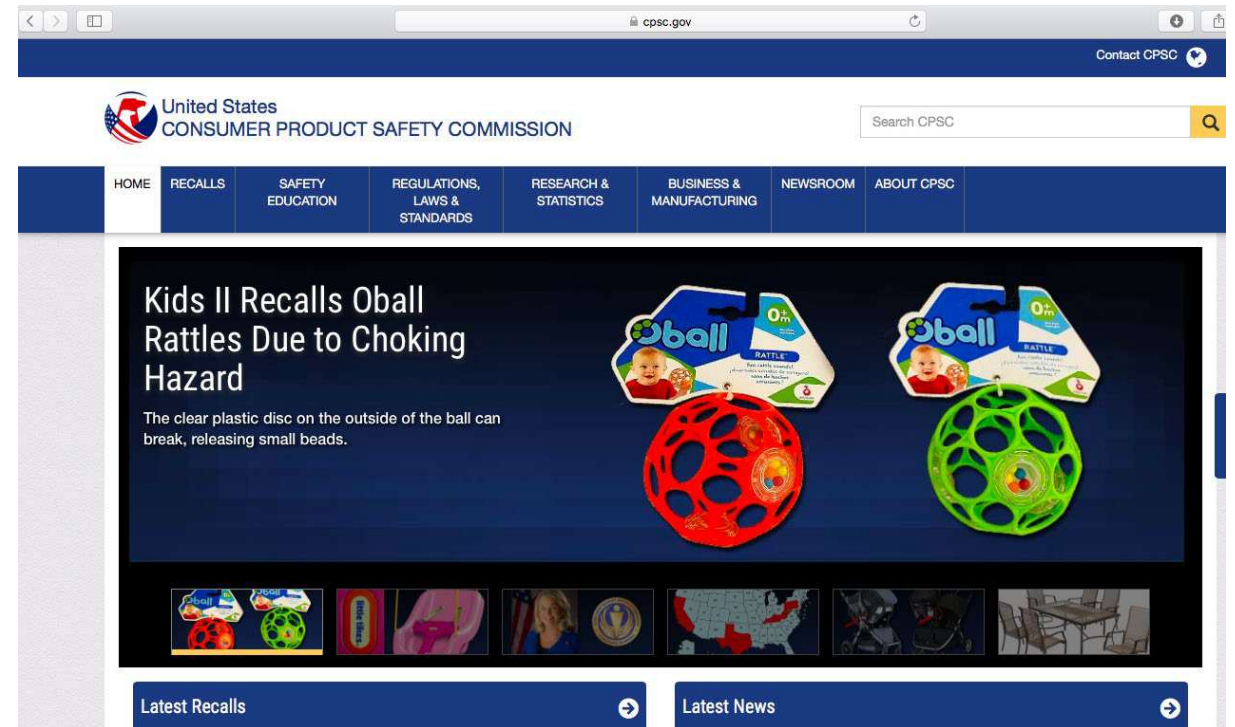
Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the baby's sleep area

- These include pillows, quilts, comforters, sheepskins, blankets, toys, bumper pads or similar products that attach to crib slats or sides.
- If a parent is worried about baby getting cold, one can use infant sleep clothing, such as a wearable blanket.
- In general, baby should be dressed with only one layer more than a parent is wearing.

Author By: Rachel Y. Moon, MD, FAAP Last Updated 1/12/2017 Source American Academy of Pediatrics (Copyright © 2016) The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Healthychildren.org

Use Caution When Buying Products

- Use caution when a product claims to reduce the risk of SIDS.
- Do not rely on home heart or breathing monitors to reduce the risk of SIDS
- There isn't enough research on bedside, in-bed sleepers and baby boxes.



Author By: Rachel Y. Moon, MD, FAAP Last Updated 1/12/2017 Source American Academy of Pediatrics (Copyright © 2016) The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Healthychildren.org

CHANGING A TRADITION CHANGING A POSITION

This campaign promotes six key messages derived from the American Academy of Pediatrics Infant Sleep Safety and SIDS Risk Reduction Guidelines, understanding there are additional recommendations that highlight “Best Practices” for parents and caregivers:





Changing a Tradition, Changing a Position



Key Messages for Grandparents/Caregivers

- Put the baby to sleep in a crib or bassinet
- Do not use crib bumpers or blankets
- Offer a pacifier
- Make sure babies are immunized
- Don't smoke in your house or around baby
- Do not overheat

Shift the Power

We need to *shift the power*, understanding that the most powerful way to promote a safe-sleep culture is through the mothers, fathers and members of underserved communities. Many of these mothers rely on the advice of family and fellow community members – those that share and understand their lived experience.

What needs to be done?

We know through evidence-based research what needs to be done; the question now is how can we do more to address disparities in sleep-related infant deaths? And how do we build on the successes that already exist?

Campaign to Conversation

Improving safe sleep practices means helping families understand the existing recommendations and why they matter. And helping them understand means having conversation built on mutual trust.



Ask Yourself?

Who am I empowering outside of my hospital or agency to have these conversations?”

How do we elevate their voices?

How do we facilitate trust?





Building Trust

These conversations can change outcomes, and having them means building trust by pausing to understand and empower those whose family's health is at stake.

When we do this, we can help stop healthy babies from dying and help spare more families from hurting.

Trust

Trust isn't something that just exists naturally, especially when working with underserved populations.

We have to understand that these conversations are fraught with underlying tension, which stems from historic trauma and implicit bias.





Trust

It won't be easy to build that foundation of trust. But building it is what will make these conversations carry weight; it's what will change perspectives and improve actions.

Building that trust will start with developing authentic relationships with the communities we seek to help.

We Must Be Sensitive

Socio-economic challenges:

- Race
- Poverty
- Homelessness
- Unemployment
- Low education
- Lack of parenting skills
- Stress
- Mental health



Practice Sensitivity

We need to practice sensitivity while engaging with existing barriers. Many of these families face significant socioeconomic challenges that influence their willingness to adopt safe sleep practices.

Being sensitive to these challenges means focusing on more than their economic status.

It means trying to **understand their unique experience**, and the specific barriers they face.





Suspending our Biases

Practicing sensitivity also means suspending our biases about what the baby-caregiver dyad looks like.

Not all babies have or are cared for by mothers. In underserved communities,

community members sometimes care for babies in lieu of an absent or unhealthy mother.

These caregivers, not to mention single fathers and same-sex male partners, may feel alienated from safe sleep messaging that does not consider their perspective.

Practicing inclusivity comes with any promise to practice sensitivity.

We Must Be Respectful

Convincing past generations, like grandparents, extended family or friends, may be difficult

Community health workers, home visitors, or doulas, trusted third parties play a critical role





We Must Work Together

We need **new solutions**, but those solutions will only be equitable, and they will only be trusted, if underrepresented people help build them.

We need to remember that it's much harder to take something apart that has already been constructed.

The Charge

- Add Black Infant Mortality to the Agenda and keep it there
- Embrace the Concept “**Community of Action**”
- Determine How We Can Work Collaboratively
- Tackle Racism and Other Forms of Oppression
- Address Structural Inequality
- Think of Health Equity, not only as a process but as an outcome (What we are doing and where we are trying to get?)



The Struggle is Real

“Black women and our children know the fabric of our lives is stitched with violence and with hatred, that there is no rest. We do not deal with it only on the picket lines, or in dark midnight alleys, or in the places where we dare to verbalize our resistance. For us, increasingly, violence weaves through the daily tissues of our living — in the supermarket, in the classroom, in the elevator, in the clinic and the schoolyard, from the plumber, the baker, the saleswoman, the bus driver, the bank teller, the waitress who does not serve us.”

Audre Lorde

Thank You

Stacy Scott

Global Infant Safe Sleep Center

sscott@gisscenter.org



Q&A

Please submit questions using the Q&A module in the Whova platform.

#HealthyStartVGM2021
#HealthyStartStrong
@HS_TASC @NICHQ

Working to Achieve Equity in Infant Survival
Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021





Thank you for joining us!

If you need any support...

Please email healthystart@nichq.org

Upcoming Session: 4:30 pm ET
**Collaborative Approaches to Addressing
Maternal and Infant Health Disparities**

*Working to Achieve Equity in Infant Survival
Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

NICHQ
National Institute for
Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER

#HealthyStartVGM2021
#HealthyStartStrong
@HS_TASC @NICHQ