

## POLICY POSITION

### SOUTHERN LEGISLATIVE SUMMIT ON HEALTHY INFANTS AND FAMILIES

#### Background

In 1979, then United States Surgeon General Julius Richmond set the following goals which were reaffirmed in 1984 by Surgeon General Koop:

By 1990, the national infant mortality rate should be reduced to no more than nine deaths per 1000 live births, with no county and no racial or ethnic subgroup having an infant mortality rate in excess of twelve deaths per 1000 live births.

By 1990, low birthweight babies (those weighing less than 5 1/2 pounds at birth) should constitute no more than five percent of all live births, and in no county or racial or ethnic subgroup of the population should be more than nine percent of all live births below birthweight.

Neither the United States nor the South will attain these goals by the end of 1990. This situation becomes even more intolerable when one considers that the United States ranks 17th in the world with an infant mortality rate worse than many other industrialized countries and several third world nations.

While 1988 statistics are still provisional, it should be noted that in 1987, the South was still experiencing an infant mortality rate of 12 deaths per 1000 live births and eight percent of all births in the South were at a life threatening low birthweight. Forty-one babies died every day in our region before celebrating their first birthday -- over 15,000 infants in 1987.

The impact of our ongoing failure to provide all infants with a healthy start in life cannot be minimized. Babies born below 5 1/2 pounds are forty times more likely to die in the first month of life than normal weight babies. During their extended stays in neonatal intensive care units, the cost of medical care ranges from \$20,000 to \$100,00. These infants have more birth abnormalities than normal weight babies and they often suffer from developmental delays or neurological problems that greatly impede their ability to succeed in school or in their adult lives. Many low birth-weight infants undergo prolonged and repetitive hospitalizations for chronic conditions. Far too frequently, these babies are born to adolescent mothers who failed to seek prenatal care and did not provide adequate nourishment to the growing fetus.

The reasons for the persistent problems of infant mortality, infant disability and associated family problems in the United States and in the South are complex and interrelated. Socioeconomic, medical and personal/family lifestyle factors, including poverty, adolescent pregnancy, lack of adequate prenatal care, poor nutrition, and substance abuse impact pregnancy outcomes. The problems of infant mortality and infant morbidity challenge all of us to find solutions and to take action.

It was in recognition of the devastatingly high incidence of infant mortality in the South that led the Southern Legislative Conference and the Southern Governors' Association to establish, in 1984, the Southern Regional Task Force (now Project) on Infant Mortality. This Project has utilized a variety of approaches to keep policymakers in the South aware of the incidence of infant mortality in the region and to alert Southern leaders to strategies that can help the South address this tragedy. There have been successes. In fact, since the inception of the Project, there has been a decrease in the infant mortality rate across the region. While we can take pride in these successes, the problem persists and the challenge to policymakers remains.

In September, 1990, the United States Surgeon General will announce the new health goals for the year 2000. In response to these new goals, the Southern Regional Project on Infant Mortality will host the Southern Legislative Summit on Healthy Infants and Families, October 4 - 7, 1990, in Richmond, Virginia. The Summit will provide a necessary forum for state legislators, governors' staff, health and human service providers and advocates to examine the issue and chart a coordinated, regional plan for attaining these goals.

#### Recommendation

The Executive Committee of the Southern Legislative Conference, comprising House and Senate leaders from each of the 15 member states, is keenly aware of the devastation of infant mortality and infant morbidity and expresses its support for the Southern Legislative Summit on Healthy Infants and Families and formally acknowledges the leadership of Florida's Speaker of the House of Representatives, Tom Gustafson, in coordinating this activity.

The Southern Legislative Summit on Healthy Infants and Families will provide legislative leaders in the South with the needed forum for effective infant mortality and infant morbidity prevention initiatives. Furthermore, the Summit will serve as a catalyst for a renewed commitment to addressing this devastating problem.

The Executive Committee unanimously endorses this Legislative Summit and urges the House and Senate leadership across the south to appoint legislators to represent their States at the Southern Legislative Summit on Healthy Infants and Families and for these appointees to form the core of a cadre of legislators committed to fighting the problems of infant mortality and infant morbidity in the South.

Adopted by the Southern Legislative Conference  
July 25, 1990.