Road Map for Preventing Infant Mortality in Kansas

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Updated April 5, 2011
**OVERALL LOGIC MODEL: Preventing Infant Mortality in Kansas (Kansas Blue Ribbon Panel on Infant Mortality)**

**Vision/Mission:** Assuring healthy babies for all Kansans through collaborative action for enhanced services, community support, and policy advocacy.

<table>
<thead>
<tr>
<th>Context/Conditions:</th>
<th>Risk/ Protective Factors:</th>
<th>Recommended Intervention Components and Activities:</th>
<th>Outcomes:</th>
</tr>
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<tbody>
<tr>
<td>- Kansas ranks 40th among states in infant mortality rate</td>
<td>- Behavioral: Early (1st trimester) prenatal care</td>
<td><strong>Providing Information and Enhancing Skills:</strong> - Multi-year infant mortality public awareness campaign</td>
<td><strong>Behavioral Outcomes:</strong> - Patient/Mother/Family Behavior:</td>
</tr>
<tr>
<td>- Kansas ranks worst in Black IMR (BIMR is 2.7 times higher than WIMR)</td>
<td>- Folic acid use</td>
<td>- Promote safe sleep practices via professionals, CBOs, and statewide networks.</td>
<td>- Increased proportion of women receiving prenatal care in 1st trimester</td>
</tr>
<tr>
<td>- Highest IMR rates in high-risk places (especially in SG, WY, GE counties)</td>
<td>- Infant sleep position &amp; sleep environment education &amp; increased awareness among parents, child care providers, and health care providers</td>
<td>- Promote healthy lifestyles among women of childbearing age</td>
<td>- Increased proportion of women of childbearing age consuming folic acid</td>
</tr>
<tr>
<td><strong>Barriers:</strong></td>
<td>- Interconception care (including 1+ years between birth)</td>
<td>- Promote healthy behaviors among teens</td>
<td>- Increased proportion of mothers initiating breastfeeding for infants up to 6 months</td>
</tr>
<tr>
<td>- Lack of urgency for reducing IMR</td>
<td>- Exposure to tobacco smoke</td>
<td><strong>Enhancing Services and Support:</strong></td>
<td>- Increased proportion of infants in safe sleep position and environment</td>
</tr>
<tr>
<td>- Limited resources for assuring access to needed health services and community-based programs</td>
<td>- Alcohol, tobacco, caffeine, &amp; other drug use</td>
<td>- Implement state-wide PRAMS (Prenatal Risk Assessment of the Mother) to determine trends/disparities in birth outcomes of overall Kansas births</td>
<td>- Decreased maternal use of alcohol, tobacco, caffeine, &amp; other drug use</td>
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<tr>
<td>- Cultural and language barriers (low levels of health literacy)</td>
<td>- Appropriate prenatal weight gain</td>
<td>- Establish and maintain the FIMR projects in Wyandotte and Sedgwick Counties to help identify social and medical factors that contribute to infant death</td>
<td>- Increased maternal healthy eating, physical activity, healthy weight</td>
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<tr>
<td>- Low levels of overall Literacy</td>
<td>- Preconception education (Life Course perspective to improve maternal health)</td>
<td>- Promote breastfeeding through existing coalitions and partners.</td>
<td>- Reduced levels of teenage pregnancy (and related behaviors of unprotected sex)</td>
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<tr>
<td>- Gaps in government-to-government relationships for services</td>
<td><strong>Biological/History/Experience:</strong></td>
<td>- KDHE &amp; State Child Death Review Board (CDRB) partnership</td>
<td>- Increase the interval between gestations</td>
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<tr>
<td><strong>Resources:</strong></td>
<td>- Maternal birth weight (“Life Course Perspective”)</td>
<td>- State Perinatal Periods of Risk (PPOR) (every 5 years)</td>
<td>- Increase proportion of infants adequately immunized</td>
</tr>
<tr>
<td>- Existing collaborative partnership for preventing IM, including among:</td>
<td>- Elective delivery before 39 weeks</td>
<td>- Identify and implement best practice models</td>
<td><strong>Provider/Health Care System Behavior:</strong></td>
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<tr>
<td>- State health department (including Center for Health Disparities)</td>
<td>- Previous LBW or preterm delivery</td>
<td>- Improve care coordination of high-risk pregnant women</td>
<td>- Increased number of health care &amp; child care providers who deliver culturally competent education about safe sleep as well as integrate cultural assets for healthy pregnancies</td>
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<td>- Health organizations (e.g., neonatal care)</td>
<td>- Previous fetal demise/infant death-Prior 1st trimester induced abortion</td>
<td>- Support perinatal collaborative and surveillance systems</td>
<td>- Collaboration via MOU of other process for tribes in KS</td>
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<td>- March of Dimes</td>
<td>- History of infertility</td>
<td>- Create neonatal-perinatal quality improvement collaborative</td>
<td>- Elimination of elective deliveries prior to 39 weeks</td>
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<tr>
<td>- SIDS/Safe Sleep Coalition</td>
<td>- Nulliparity &amp; high parity</td>
<td>- Support community-based programs including home visitation for high-risk families</td>
<td><strong>Population-level Health/ Equity Outcomes:</strong></td>
</tr>
<tr>
<td>- Professional associations (e.g., Kansas Academy of Pediatrics)</td>
<td>- Placental, cervical, &amp; uterine abnormalities &amp; infections</td>
<td>- Promote smoking cessation programs for families and caregivers</td>
<td>- Reduced incidence of infant mortality</td>
</tr>
<tr>
<td>- Academic and research partners</td>
<td>- Gestational bleeding</td>
<td>- Promote WIC Program for all eligible women</td>
<td>- Reduced incidence of low birth weight</td>
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<tr>
<td>- Promising Community Initiatives (e.g., MCH Coalition of KC; Healthy Babies/SG Co.)</td>
<td>- Intrauterine Growth Restriction (IUGR)</td>
<td>- Seek opportunities to work with IHS and tribal health clinics in KS.</td>
<td>- Reduced disparities in rates of infant mortality among different groups (especially African Americans; currently, 3:1 ratio)</td>
</tr>
<tr>
<td>- Sovereign nations &amp; urban Indian populations in KS</td>
<td>- Multiple gestations</td>
<td><strong>Changing Consequences:</strong></td>
<td>- Reduced premature birth rate (&lt; 37 weeks)</td>
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<td></td>
<td>- Birth spacing</td>
<td>- Ensure early, comprehensive prenatal care for all women</td>
<td>- Reduced intentional and unintentional injuries during first year of life</td>
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<td></td>
<td>- Low pre-pregnancy weight &amp; short stature</td>
<td>- Create a more efficient and expedited process for access to Medicaid services</td>
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Sub-Logic Model: Strengthening State Systems Preventing Infant Mortality in Kansas

Vision/Mission: Assuring healthy babies for all Kansans by enhancing state-level supports for community efforts to prevent infant mortality.

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<tbody>
<tr>
<td>- Kansas ranks 40th among states in infant mortality rate</td>
<td>- Monitor IM rates related risk/protective factors for state/disparities groups to identify, diagnose and investigate problems and goals</td>
<td>- Enhance surveillance systems to assess and report IMR and disparities at state, local, and tribal levels</td>
<td>By 2012</td>
</tr>
<tr>
<td>- Kansas ranks worst in Black IMR (BIMR is 2.7 times higher than WIMR)</td>
<td>- Inform, educate and empower people about IM issues</td>
<td>- Promote community assessment tools, risk monitoring tools</td>
<td>Behavioral Outcomes:</td>
</tr>
<tr>
<td>- Highest IMR rates in high-risk places (especially in SG, WY, GE counties)</td>
<td>- Mobilize and support community partnerships to prevent IM, including among those with IM disparities</td>
<td>- Establish a website about infant mortality, its risk/protective factors, strategies &amp; resources for intervention, contacts</td>
<td>- Increased proportion of women receiving prenatal care in 1st trimester</td>
</tr>
<tr>
<td></td>
<td>- Develop policies and plans to support individual &amp; community health efforts</td>
<td>- Develop asset map of services and supports (MADIN toll-free line)</td>
<td>- Increased time interval between births</td>
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<td></td>
<td>- Enforce laws &amp; regulations that protect health and ensure safety of infants and mothers</td>
<td>- Facilitate action planning, technical support, implementation, and evaluation of comprehensive interventions using evidence-based strategies</td>
<td>- Increased assessment and screening for depression, family violence/domestic violence</td>
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<td></td>
<td>- Assure access and link people to needed prenatal services</td>
<td>- Build capacity of workforce and partnerships for preventing IM in local communities</td>
<td>- Increased proportion of women who report consuming adequate amounts of folic acid</td>
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<tr>
<td>Resources:</td>
<td>- Strengthen system (training) for collecting accurate data on risk/protective factors for those completing birth and death certificates</td>
<td>- Enhance reimbursement mechanism for preventive services</td>
<td>- Increased proportion of infants in safe sleep position and environment</td>
</tr>
<tr>
<td>- Existing collaborative partnership for preventing IM, including:</td>
<td>- Payment of infant autopsies to coroners contingent on properly conducting those autopsies on infants</td>
<td>- Address gap between existing laws and identified IM goals</td>
<td>- Decreased levels of maternal smoking</td>
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<tr>
<td>State health department (including Center for Health Disparities)</td>
<td>- Assure a competent workforce in preventing IM</td>
<td>- Expand health insurance coverage to assure needed services</td>
<td>- Decreased maternal use of alcohol, tobacco, caffeine, &amp; other drug use</td>
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<tr>
<td>Health organizations (e.g., neonatal care)</td>
<td>- Evaluate effectiveness, accessibility, and quality of personal and population-based health services</td>
<td>- Prepare local and regional staff in public health departments</td>
<td>- Increased maternal healthy eating, physical activity, healthy weight</td>
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<tr>
<td>March of Dimes</td>
<td>- Educating workforce around the risks related to infant mortality</td>
<td>- Assess KS Perinatal Quality Improvement Collaborative</td>
<td>- Reduced levels of teenage pregnancy (and related behaviors of unprotected sex)</td>
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<tr>
<td>SIDS/Safe Sleep Coalition</td>
<td></td>
<td>- Establish monitoring and evaluation systems to see progress and assure accountability</td>
<td>- Improved preterm birth outcomes</td>
</tr>
<tr>
<td>Professional associations (e.g., Kansas Academy of Pediatrics)</td>
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<td></td>
<td>- Decreased level of preterm births</td>
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<tr>
<td>Academic and research partners</td>
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<td>- Decreased C-section rate</td>
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<tr>
<td>Promising Community Initiatives (e.g., MCH Coalition of KC; Healthy Babies/SG Co.)</td>
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<tr>
<td>Sovereign nations &amp; urban Indian populations in KS</td>
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By 2015
- KS Perinatal Quality Improvement Collaborative is functioning: funding acquired, partner participation, data collected, analyzed and reported

By 2020
- Environmental Outcomes: - Reduced exposure to impoverished living conditions, occupational hazards, and chronic stress
- Population-level Health/Equity Outcomes: - Reduced incidence of preterm births - Reduced incidence of infant mortality - Reduced disparities in rates of infant mortality among different groups (especially African Americans; currently, 3:1 ratio)
### Sub-Logic Model: Increasing Safe Sleep to Reduce Infant Mortality in Kansas

#### Vision/ Mission:
Assuring healthy babies for all Kansans through collaborative action safe sleep

#### Context/Conditions:
- Kansas ranks 40th among states in infant mortality rate
- Kansas ranks worst in Black IMR (BIMR is 2.7 times higher than WIMR)
- Highest IMR rates in high-risk places (especially in SG, WY, GE counties)

#### Barriers:
- Lack of urgency for reducing IMR
- Limited understanding and support/ resources for Safe Sleep
- Transient population
- Lack of proper scene investigation or autopsy of unexpected infant deaths
- Inadequate documentation during infant death scene investigations

#### Resources:
- Existing collaborative partnership for preventing IM, including among:
  - State health department (including Center for Health Disparities)
  - Health organizations (e.g., neonatal care)
  - March of Dimes
  - SIDS/Safe Sleep Coalition
  - Professional associations (e.g., Kansas Academy of Pediatrics)
  - Academic and research partners
  - Promising Community Initiatives (e.g., MCH Coalition of KC, Healthy Babies/SG Co.)
  - Sovereign nations & urban Indian populations in KS

#### Risk Factors:
**Behavioral:**
- Cultural norms and practices
- Co-sleeping and/or Bed-sharing
- Improper sleep surface
- Use of loose bedding and soft objects in sleep space
- Improper sleep position
- Alcohol, tobacco, cocaine, & other drug use

**Biological/History/Experience:**
- Race (African American and Native American)
- Male infant
- Living in poverty
- Being between one and six months old
- Sibling loss to SIDS
- Maternal age < 20 during first pregnancy
- Obstetric History, Medical Illnesses & Conditions
  - Premature birth
  - Low birth weight
  - Inadequate prenatal care
  - Low maternal weight gain
  - Placental Abnormalities
  - Anemia

**Psychosocial & Environment:**
- Environmental exposures
- Exposure to smoke
- Inconsistent safe sleep messages
- Highly transient populations
- Grandparent influence on young parents
- Poor access to safe sleep resources (i.e., proper cribs, wearable blankets, etc.) and education materials
- At-risk Families and communities with concentrated poverty
- Child care providers without proper safe sleep education
- Child care providers not adhering to safe sleep protocols

#### Recommended Intervention Components & Activities:
**Providing information/enhancing skills:**
- Educate parents, grandparents and caregivers of all infants on the AAP’s safe sleep recommendations
- Distribute safe sleep DVD to parents, grandparents, and caregivers of all infants
- Advocate for the use of stickers on cribs demonstrating the safe sleep position
- Train health care providers, child care providers, and home visitors to provide AAP safe sleep recommendations
- Encourage pediatricians, primary care physicians, and staff to educate parents/caregivers about safe sleep practices during all well-baby checks
- Educate child welfare workers (e.g. SRS, family preservation, and foster care) to provide AAP safe sleep recommendations
- Promote state-wide awareness of safe sleep practices through media
- Participate in statewide education campaign on infant mortality
- Create and promote infant death scene investigation training via DVD and/or webinar
- Promote use of CDC’s Sudden Unexplained Infant Death Investigation (SUIDI) form
- Emphasize the relative frequency of SIDS where positional asphyxia cannot be ruled out

**Enhancing services/support:**
- Require the Safe Sleep DVD be watched when a child care provider has a violation of safe sleep
- Encourage addition of a safe sleep consultation prompt to the Parents as Teachers data form(s)
- Develop culturally-tailored safe sleep awareness campaigns
- Support and encourage more frequent home visitation with infants

**Modifying access, opportunities, and barriers:**
- Supply a wearable blanket to newborns
- Supply a crib (portable or other) for newborns as needed
- Collaborate with lactation consultants to promote consistent safe sleep messages

**Changing Consequences:**
- Build an incentive program for child care providers who implement a safe sleep policy based on the AAP’s recommendations

**Modifying Policies:**
- Support implementation of a safe sleep policy based on the AAP’s recommendations for hospitals and health care centers
- Endorse a policy for all coroners to follow the National Association of Medical Examiners (NAME) and Forensic Autopsy Performance standards manual for all infant autopsies
- Support safe sleep training regulation for new and current childcare providers
- Add a safe sleep checklist to child care surveyor’s inspection form

#### Outcomes:
**Behavioral Outcomes:**
- Increased number of parents, caregivers, and child care providers consistently adhering to the AAP’s safe sleep recommendations
- Increased number of properly conducted infant autopsies

**Environmental Outcomes:**
- Ensure parents have full access to safe sleep tools for newborns at hospital/birth settings
- Increased public awareness of the risk factors contributing to infant deaths
- Ensure parents have full access to safe sleep tools before leaving hospital

**Population-level Health/Equity Outcomes:**
- Decreased racial disparity of infant deaths
- Child safety agencies will have an increased knowledge of safe sleep practices and risk factors associated with infant sleep-related deaths
- Decreased number of infant deaths of babies born into poverty
### Context/Conditions:
- Kansas ranks 40th among states in infant mortality rate
- Kansas ranks worst in Black IMR (BIMR is 2.7 times higher than WIMR)
- Highest IMR rates in high-risk places (especially in SG, WY, GE counties)
- Leading Causes of Infant Mortality: premature, low birth weight, birth defects, SIDS/sleep-related deaths

### Risk/Protective Factors:
#### Behavioral:
- Alcohol, tobacco, & other drug use
- Maternal Nutrition:
  - Low pre-pregnancy weight (BMI < 18.5)
  - High pre-pregnancy weight (BMI ≥ 25.0)
  - Inappropriate prenatal weight gain
  - Lack of folic acid use
- Employment: unemployed, long work hours, prolonged standing, low job satisfaction
- Exercise in pregnancy
- Early prenatal care

#### Biological/History/Experience:
- Race/Ethnicity (African American, Native American, Puerto Rican)
- Foreign born mother
- Early (1st trimester) prenatal care: lack of access to quality prenatal care
- Multiple gestations, assisted reproductive technology
- Maternal age (teens & older age/35+)
- Obstetric History:
  - Previous LBW or preterm delivery
  - Previous fetal demise/infant death
  - Prior 1st trimester induced abortion
  - Short inter-pregnancy interval (<6mo)
  - Inadequate interconception care
  - Reproductive tract abnormalities & infections
  - Nulliparity & high parity
  - Elective deliveries <39 weeks
- Medical Illnesses & Conditions:
  - Chronic Hypertension & Preeclampsia
  - Systemic Lupus Erythematosus (Lupus)
  - Restrictive lung disease & Asthma
  - Hyperthyroidism
  - Pregestational & gestational diabetes
  - Pregestational renal disease
  - Maternal birth weight ("Life Course Perspective")
  - Prior STD history
  - Previous history of genetic risk

#### Psychosocial & Environment:
- Stress:
  - Anxiety
  - Depression
  - Domestic Violence
- Racism
- Lack of Social Supports
- Unintended Pregnancy
- Environmental exposures
- Impoverished living conditions
- Single marital status
- Low SES & low educational attainment

### Recommended Intervention Components & Activities:
#### Providing Information and Enhancing Skills:
- Text for Baby messages
- PSA’s on risk of elective preterm deliveries
- Public campaign on benefits of folic acid & harm of alcohol, tobacco, cocaine, & other drug use
- Public campaign on spacing pregnancies
- Multi-year statewide infant mortality public awareness campaign
- Information on improving health literacy

#### Enhancing Services and Support:
- Implement state-wide PRAMS (Pregnancy Risk Assessment Monitoring System) to determine trends/disparities in birth outcomes of overall Kansas births
- Establish and maintain the FIMR projects in Wyandotte and Sedgwick counties to help identify social and medical factors that contribute to infant death
- Increased data collection, analysis, and dissemination of information on infant mortality related to disparities
- State Perinatal Periods of Risk (PPOR) (every 5 years)
- Identify and implement best practice models
- Support perinatal collaborative and surveillance systems
- Create neonatal-perinatal quality improvement collaborative
- Support evidence-based community programs including home visitation for high-risk families
- Promote smoking cessation programs for families and caregivers
- Train health care workers on screening and referral for DV/IPV, tobacco, alcohol, drugs, and anxiety/depression
- Improve availability of bilingual services
- Support funding for state genetics plan

#### Modifying Access, Barriers, and Opportunities:
- Expedite Medicaid application for prenatal care
- Increase Medicaid access for genetic counseling pre and postnatal
- Provide culturally tailored education and information
- Provide interconception care

#### Changing Consequences:
- Provide adequate insurance reimbursement for group visits & centering care

#### Modifying Policies & Systems:
- Promote universal provision of prenatal care for uninsured women
- Apply for Medicaid Family Planning Service Option for expanded post-partum coverage (or Medicaid 115 waiver in 2014)
- Secure full funding to assure Medicaid coverage for pregnant women to 250% FPL
- Increase in state tobacco tax
- Increased spending on tobacco prevention for childhood age women
- Change hospital/reimbursement policy for elective induced deliveries
- Improved linkages and coordination among public, private, and tribal entities focused on infant mortality and associated risk/protective factors

### Outcomes:
A. No elective induced labor < 39wk
B. Increased folic acid intake for child bearing age women (100%)
C. Increased access to care & utilization before, during and after pregnancy within a medical home, with optimal inter-pregnancy spacing
   a) Access and utilization of preconception care
   b) Access and utilization of care during and after the post-partum period
   c) Access to care during minimal 18 month inter-pregnancy period
   d) Access to preventive services for infant and mother
   e) Access to genetics counseling
F. Increased Social & Health Care Supports:
   a) Care coordination and family support services available for all women in high risk zip codes
   b) All prenatal women are provided with education on benefits of breastfeeding, and all post-partum women have access to breastfeeding supports
   c) All pregnant women are screened for tobacco, substance abuse, mental health, and DV and get appropriate referrals
E. Attain Healthy Pregnancy for All Kansas Women
   a) No tobacco, alcohol, drug use
   b) Appropriate physical activity
   c) Appropriate prenatal weight gain
G. All maternal child health providers are culturally competent
H. Inter-pregnancy period spacing: >18mo
I. Data available that characterizes disparities and specific state and local risk factors related to infant mortality
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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>AAP</td>
<td>American Academy of Pediatrics</td>
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<td>BIMR</td>
<td>Black Infant Mortality Rate</td>
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<td>BMI</td>
<td>Body Mass Index</td>
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<td>BRP</td>
<td>Blue Ribbon Panel</td>
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<td>CBO</td>
<td>Community Based Organizations</td>
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<td>CDC</td>
<td>Center for Disease Control and Prevention</td>
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<td>CDRB</td>
<td>Child Death Review Board</td>
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<td>DV</td>
<td>Domestic Violence</td>
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<td>FIMR</td>
<td>Fetal and Infant Mortality Review</td>
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<td>FPL</td>
<td>Federal Poverty Level</td>
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<tr>
<td>IM</td>
<td>Infant Mortality</td>
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<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
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<td>IHS</td>
<td>Indian Health Service</td>
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<td>IPV</td>
<td>Intimate Partner Violence</td>
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<td>IUGR</td>
<td>Intrauterine Growth Restriction</td>
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<tr>
<td>KDHE</td>
<td>Kansas Department of Health and Environment</td>
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<td>LBW</td>
<td>Low Birth Weight</td>
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<td>MADIN</td>
<td>Make a Difference Information Network</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<tr>
<td>MCHC</td>
<td>Maternal and Child Health Council</td>
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<tr>
<td>NAME</td>
<td>National Association of Medical Examiners</td>
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<td>Neonatal</td>
<td>Pertaining to the period of time immediately following birth</td>
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<td>Nulliparity</td>
<td>A condition or state in which a woman has never given birth to a child, or has never carried a pregnancy.</td>
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<tr>
<td>Perinatal</td>
<td>Pertaining to the period immediately before and after birth.</td>
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<td>Positional asphyxia</td>
<td>A form of asphyxia which occurs when someone's position prevents them from breathing adequately</td>
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<tr>
<td>PPOR</td>
<td>Perinatal Periods of Risk</td>
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<td>PRAMS</td>
<td>Pregnancy Risk Assessment Monitoring System</td>
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<td>PSA</td>
<td>Public Service Announcement</td>
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<tr>
<td>SES</td>
<td>Socioeconomic Status</td>
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<td>SIDS</td>
<td>Sudden Infant Death Syndrome</td>
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<td>SRS</td>
<td>Social and Rehabilitation Services</td>
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<td>SUIDI</td>
<td>Sudden Unexplained Infant Death Investigation</td>
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<td>WIMR</td>
<td>White Infant Mortality Rate</td>
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References


