

THE EVIDENCE BASE: PREDICTORS OF INFANT HEALTH

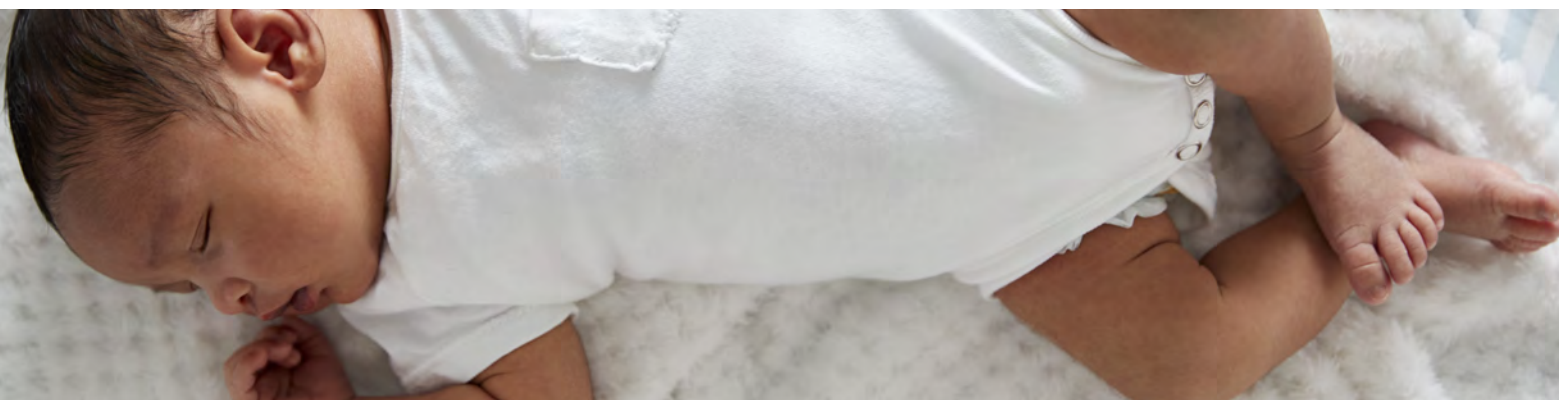
Prenatal care is key to preventing pregnancy complications and identifying intimate partner violence.^{1,2,3} “Inadequate” prenatal care is associated with an increased risk of preterm delivery compared with women receiving “adequate” care.⁴ “Adequate” care significantly reduces risk for premature birth, low birth weight, and small-for-gestational-age status in drug-exposed infants.⁵ Late entry to prenatal care has been associated with increased risk for neonatal death, infant death, and cumulative death within the first year of life.⁶

Maternal stress, anxiety, and depression during pregnancy has been linked to adverse birth and developmental outcomes, including: preterm delivery and low birth weight;^{7,8,9} difficult and reactive infant behavior;^{10,11} poorer physical outcomes such as the development of Celiac Disease and asthma.^{12,13}

Postpartum depression is associated with less infant weight gain, increased infant physical health concerns, and increased infant night awakenings. Postpartum depression has also been linked to a lack of appropriate mother-child engagement, poorer developmental outcomes, and insecure attachment in the infant.^{14,15} In addition, low maternal responsiveness and sensitivity is significantly associated with the development of insecure attachment in infants.^{16,17,18}

Breastfeeding confers significant benefits to premature babies including host protection and improved developmental outcomes compared to premature babies given formula.¹⁹ Breastfeeding is strongly linked with a reduction in sudden infant death syndrome (SIDS) with one meta-analysis concluding that a history of breastfeeding is associated with a 36 percent reduction in the risk of SIDS compared to infants without a history of breastfeeding.^{20,21} Finally, breastfeeding is associated with a reduction in risk for a variety of physical conditions, including diarrhea in infants, acute otitis media,²² gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, asthma (young children), obesity, type 1 and 2 diabetes, and childhood leukemia.²³

Safe sleep practices decrease the likelihood of SIDS, the risk of infant breathing problems, overheating, and issues with the infant cardiovascular system.²⁴ Prone or side sleep positions (as opposed to supine) are linked with these negative outcomes. Additional independent risk factors that contribute the risk of SIDS include: sleeping on a soft surface, maternal smoking during pregnancy, overheating, late or no prenatal care, young maternal age, preterm birth and/or low birth weight, and male gender.²⁵



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