

## Insights

# Investigating a Possible Link Between Substance Abuse and Infant Mortality

Washington state is known for having a low rate of infant mortality—fifth lowest in the U.S. But the state is still actively working on reducing infant mortality even further. In fact, leaders in the state are developing an interesting strategy that targets substance abuse.

“Some relationships are pretty obvious,” says Kathy Ann Chapman, a manager in the [Office of Healthy Communities](#) for Washington’s Department of Health, noting that a pregnant woman who abuses alcohol or smokes cigarettes can experience abnormalities in her baby’s physical development or birth defects as well as is more likely to have a pre-term delivery.

But the Washington team realized that there were other areas that hadn’t been explored. “We started thinking about all the places that substance abuse might touch infant mortality, whether through the mother’s substance abuse having a direct impact, problems with the relationship [with the child] and neglect issues, unintentional injuries or intentional injuries,” she says.

These issues are especially timely in Washington, given that the state privatized alcohol sales and became the first to legalize the recreational use of marijuana in 2012.

The idea to explore the link between substance abuse and infant mortality came from discussions at the Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([Infant Mortality CoIIN](#)) summit, held in August 2014. IM CoIIN is a multiyear national movement that is engaging federal, state and local leaders, public and private agencies, professionals and communities to employ quality improvement, innovation and collaborative learning to reduce infant mortality and improve birth outcomes.

While their work has just begun, Chapman says she hopes what they discover will lead to a better understanding of the problem and uncover any gaps in the data that need to be filled in.

To get started, the team is exploring data from traditional sources, such as birth certificates, trauma registry files, hospitalization data and poison control records. It is also conducting key informant interviews with people who work with pregnant substance abusers. “We will begin by talking with people who are working with these women and try to figure out the system’s barriers and gaps to getting treatment,” she says.

Ultimately, the team will develop a list of actions they can take to remedy the situation. Perhaps people working in the substance recovery sector could be asked to explore that there's a good support system for children living with people seeking treatment, Chapman suggested.

"We will have to see what kinds of resources and political will we can muster."