For infants in the first year of life, good health starts with a healthy full-term pregnancy, delivery in a hospital that supports breastfeeding, and a healthy and safe home environment.

CDC works to give infants this foundation by:

- Promoting strategies to reduce preterm birth—delivery before 37 weeks of pregnancy—which can cause lifelong health problems.
- Supporting breastfeeding, one of the most effective preventive measures a mother can take to protect the health of her infant.
- Promoting safe sleep recommendations from the American Academy of Pediatrics and monitoring deaths from sudden infant death syndrome (SIDS) and other causes that may occur when the infant sleeps in an unsafe environment.
- Educating families about the dangers of secondhand smoke exposure and helping mothers and other family members quit smoking.

In the United States:

- 1 IN 10 INFANTS is born prematurely
- 3,700 INFANTS died of sleep-related causes in 2015
- ONLY 25% OF INFANTS are still being breastfed as recommended at 6 months

The earlier an infant is born, the more likely they are to need intensive care and a long hospital stay, with higher medical costs. Premature infants are also more likely to have lifelong health problems, like cerebral palsy, developmental delays, chronic lung disease, and vision and feeding problems.

About 1 in 10 infants is born prematurely in the United States. The rate of preterm birth among African American women is about 50% higher than that of white women, and infant death rates related to preterm birth are about twice as high for black infants than for white infants.
Preventing and Controlling Chronic Conditions

Some chronic conditions—including obesity, diabetes, and high blood pressure—increase the risk of preterm birth, and the rates of these conditions in US women of reproductive age are increasing. CDC's National Center for Chronic Disease Prevention and Health Promotion works to prevent and control these conditions through its nutrition, physical activity, and obesity programs; its diabetes program; and its heart disease and stroke program. A key part of this work is the effort to reduce health disparities, which are differences in health across different geographic, racial, ethnic, and socioeconomic groups.

Helping Women Who Smoke Quit

About 5% to 8% of preterm births in the United States, and 5% to 7% of preterm-related deaths, are due to smoking during pregnancy. Additionally, 1 in 5 babies born to mothers who smoke during pregnancy has low birth weight. CDC's partners and grantees focus on using proven interventions to reduce smoking among women of reproductive age. Examples include increases in tobacco prices, comprehensive smokefree laws, mass media campaigns, and free help with quitting.

CDC's Tips From Former Smokers® campaign, the first federally funded tobacco education campaign, focuses on motivating US adults who smoke to try to quit. Tips® features real people—not actors—who are living with serious health conditions caused by smoking and secondhand smoke exposure. It connects people who smoke with free resources to help them quit, including resources for pregnant women or those planning to have a baby. One ad features a woman named Amanda, whose baby was born 2 months prematurely after Amanda smoked during her pregnancy.

Improving Medical Care

Some women—for example, those who have had a previous preterm delivery—are at higher risk of preterm delivery and can benefit from medical intervention. CDC works with health care systems to improve medical care for pregnant women and infants through perinatal quality collaboratives (PQCs) in states.

Promoting Single Embryo Transfer in Assisted Reproductive Technology

Assisted reproductive technology (ART) helps many couples overcome problems with infertility. However, women who conceive through ART are at higher risk of preterm birth and delivering low birth weight infants, mainly because they have a greater chance of becoming pregnant with two or more infants at a time. For eligible patients, the practice of single embryo transfer reduces this risk.
Preventing Teen and Unintended Pregnancy

Preterm births are more common for teens and for women whose births are spaced too close together. To help women prevent pregnancy until they are ready, CDC:

- Publishes clinical guidelines on contraceptive use and family planning services.
- Provides partners with strong evidence supporting interventions that improve access to the full range of contraception, including long-acting reversible contraception, such as implants and intrauterine devices (IUDs).

Supporting Breastfeeding

Breastfeeding is the best method for early infant feeding and the healthiest option for most mothers and infants. Infants who are breastfed have reduced risks of ear and respiratory infections, asthma, SIDS, and obesity. In the United States, 84% of infants start out being breastfed, but only 25% get solely breast milk until they are 6 months old, as recommended by the American Academy of Pediatrics.

Hospital practices in the first hours and days after birth make the difference in whether and how long infants are breastfed. CDC works with partners to help hospitals nationwide improve maternity care practices that support breastfeeding.

About every 2 years, CDC invites all hospitals across the country to fill out the Maternity Practices in Infant Nutrition and Care (mPINC) survey. The questions focus on specific parts of hospital maternity care that affect how babies are fed. CDC provides feedback to hospitals so they can improve care in these areas. These efforts help mothers who want to breastfeed get the support they need while in the hospital and once they return home.

CDC also promotes breastfeeding support for mothers and infants in worksites, child care settings, and communities.

Making Home Environments Safer

Two of the most important ways that parents can make their homes healthy and safe for their infant are to make sure no one smokes in the home and that the infant has a safe sleep environment. To keep the infant safe while sleeping (at night or during naps), parents and caregivers should:

- Place infants on their back at all sleep times, including naps and nighttime.
- Not allow infants to share their bed.
• Use a firm surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.

• Have no soft objects, such as pillows or loose bedding, in the sleep area.

Monitoring Sleep-Related Infant Deaths

Sleep-related infant deaths include SIDS, accidental suffocation and strangulation in bed, and deaths from other unknown causes. About 3,700 infants died from sleep-related causes in the United States in 2015. Most deaths occurred while the infant was sleeping in an unsafe environment.

Different practices in investigating and reporting sleep-related infant deaths can affect the ability to reliably monitor trends and risk factors at the state and national level. In addition, because parents or caregivers do not usually see these deaths as they happen, investigators may not be able to get a clear description of the circumstances surrounding the death, which is necessary for determining the cause.

CDC supports sleep-related infant surveillance programs in 18 areas of the country. This tracking effort, covering 30% of all cases, leads to a better understanding of the events surrounding sleep-related infant deaths. These activities are designed to improve the quality of information collected at infant death investigations. Participants in CDC’s Sudden Unexpected Infant Death Case Registry use data about trends and circumstances to carry out strategies to reduce future deaths.

Preventing Secondhand Smoke Exposure

Exposure to secondhand smoke increases the risk of SIDS and can also cause infants to have impaired lung function and more lung and ear infections. The main place where young children are exposed to secondhand smoke is at home, but they can also be exposed in the car and in public areas.

CDC’s National Tobacco Control Program supports comprehensive tobacco control programs in all 50 states, the District of Columbia, 8 US territories and jurisdictions, and 12 tribal organizations.

The goals of these programs are to:

• Prevent adolescents and young adults from starting to use tobacco.
• Promote quitting.
• Eliminate exposure to secondhand smoke.
• Identify and eliminate tobacco-related health disparities.