**No. 6 Infant Mortality**

Team Reflection

***Attention*** *–Content covers sensitive topics pertaining to the loss of a child. Discussions might cause expected or unexpected emotional responses. Feel free to dismiss yourself from in-person participation if at any time if you feel uncomfortable or feel the need to give yourself space.*

The health and flourishing of children, especially infants, is one significant marker of the health of a society. The number of infant deaths per 1,000 live births has steadily decreased in the U.S. over the past many decades. While overall trends move in a favorable direction, the sobering reality is that compared to other countries, the U.S. ranks at the bottom [6.1]. A 2018 study on overall child health and safety, ranked the U.S. 25th out of 29 developed countries [6.2].

Shamefully, these grim and heart-wrenching realities are worse for racially and ethnically diverse populations. Black and Native Hawaiian or Other Pacific Islander women and families experience infant mortality at more than double the rate of white women and families, followed closely by American Indian/Alaska Natives. [6.3] Understanding the painful realities behind the data means understanding that they are layered with complexity and multiple variables. Among them include socioeconomic disparities and lack of opportunities embedded in systemic inequalities.

Many hospitals and systems have made bold commitments to reduce infant mortality. Ascension Wisconsin, for example opened an OB-ED in Milwaukee, a city that has among the worst outcomes for black infants in the United States. Providence Little Company of Mary Medical Center Torrance joined with a community organization in South Los Angeles to develop and implement cultural interventions to better serve Black birthing women and their families. [6.4]

These leading improvements in our communities, however, cannot erase the anguish of parents who have lost a child. Our healing ministries are founded upon a heritage of shared pain and sorrow with another. Simply being with others in grief, honoring the pain and bearing one another's burdens are a part of racial healing and health equity. Jesus' own mother, Mary, stood at the cross as her son died, and the scriptures tell us she was not alone. Other women and men stood in solidarity with Mary, bearing the immense burden of his death with her in friendship, dedication and love [6.6].

**Consider**

* Am I aware of the programs my hospital or health system is enacting to address the national tragedy of infant mortality?
* Where can I go to find out more, and to be a support in spreading awareness and leading practices?
* What might it look like today for us to imitate the women and men who remained close to Mary at the foot of the cross?

One of the most frequented places in Rome is Michelangelo's *Pietà*, which depicts Mary sorrowfully holding her crucified son. The word *Pietà* means 'compassion,' or 'to suffer with another.'

**Let us pray together,**

*O Lord of Life and Death,*

*My soul is weighed down with sorrow and bears a lifelong wound.*

*Send to me Your angel of consolation for the pain is heavy and deep.*

*Support me, O God, and wrap me in Your gentle love.*

AMEN.

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Adapted from *Prayer for the Domestic Church*, by Edward Hays, 1979.

[6.1] <https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf>

[6.2] <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0767>

[6.3] <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

[6.4] <https://www.chausa.org/publications/catholic-health-world/archives/issues/february-1-2021/obstetrics-ed-is-ascension-wisconsin%27s-latest-effort-to-address-maternal-crises>; and <https://www.healthcarefinancenews.com/news/providence-little-company-mary-medical-center-torrance-joins-initiative-improve-infant-and>

[6.6] The Gospel of John tells of the beloved disciple at the foot of the cross along with Jesus' mother, Mary and others. John 19:25-27.