2025 Infant/Child Committee Recommendations

Alaska Maternal Child Death Review (MCDR)

MCDR Infant/Child Committee members met in January 2026 to prioritize SUID[1] prevention recommendations based on their potential impact, regional relevance, and overall benefit to Alaskans. The committee reviewed 108 recommendations and elevated the following recommendations from reviews of SUID that occurred during 2021–2024. See more information about MCDR committees, data, and program updates in the 2025 Surveillance Update on the MCDR website.

All recommendations are the determinations of the Infant/Child Committee and do not represent the opinions of the State of Alaska Department of Health.

- Behavioral health facilities, hospitals, clinics, medical societies, community groups, service organizations and state agencies should collaborate to reduce stigma surrounding substance use disorder and increase access to treatment for parents with active and previous substance use disorders.
- Families should have a designated, appropriately chosen, sober caregiver for infants when parents and other household adults engage in substance use, including alcohol; this should be promoted and normalized by community health agencies through social media and other public health messaging approaches. The identification of a caregiver should be a collaborative conversation between the family, their health care providers, and any other agency involved with the family.
- The Division of Public Health and Tribal Health organizations should develop an education program for all individuals who interact with families of newborns, including clinicians, hospital staff, and social workers, that emphasizes discussions about safe sleep. This safe sleep education should incorporate harm reduction strategies for families that co-sleep, strategies that are culturally appropriate, and strategies that adjust safe sleep practices as babies grow.
- The State of Alaska should increase funding to improve pre- and post-natal care access across Alaska, providing comprehensive support that expands the safety net for families during and after pregnancy.
- Healthcare systems, including Tribal healthcare and social service agencies, should develop and/or expand capacity of existing resources to increase access to home-visiting services to families (e.g. evidence-based home-visiting, community doula programs, midwifery).
- Businesses and organizations that employ doulas should train and hire recovery doulas with lived experience of substance use to provide trauma-informed support to pregnant and postpartum women.

[1] Sudden Unexpected Infant Death (SUID): See CDC SUID Case Registry publication for definition.

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