

## NEW STRATEGIES TO ADDRESS INFANT MORTALITY IN OHIO (2018)

Building upon a comprehensive range of initiatives that addressed infant mortality from 2011-2017, Ohio is implementing new initiatives in 2018 to focus resources where the needs are greatest and implement system changes that will help save babies' lives.



### PREMATURITY

- Progesterone is a hormone medication that has the potential to reduce the incidence of preterm birth. The Ohio Department of Health (ODH) and the Ohio Department of Medicaid are working with the Ohio Perinatal Quality Collaborative which is composed of perinatal clinicians, hospitals, and government entities working together to improve birth outcomes through wider identification of women eligible for progesterone treatment.
- ODH continues to invest in expanding access to the CenteringPregnancy® model of care. CenteringPregnancy® is group prenatal care approach proven to reduce preterm. A group of pregnant women meet for 10 sessions during pregnancy for a combination of health assessment, interactive learning, and community building.

### BIRTH DEFECTS

- ODH is conducting a comprehensive analysis of birth defects surveillance data to help inform interventions to prevent birth defects that cause infant mortality.
- ODH is analyzing newborn screening data for critical congenital heart defects in order to develop educational messaging for pregnant women about how to potentially prevent such defects.
- ODH staff from several program areas involved in the collection of newborn screening data are working together to design a new integrated newborn screening system that will enable them to share birth defect demographic and screening data and follow up information.

### EXTERNAL INJURY (SLEEP-RELATED INFANT DEATHS DUE TO UNSAFE SLEEP ENVIRONMENTS)

- ODH is relaunching two public awareness campaigns in late 2018 addressing the relationship between second-hand smoke and Sudden Infant Death Syndrome (SIDS). Campaign messaging will promote the ABCs of infant safe sleep (place babies **A**lone, on their **B**ack, in a **C**rib), smoking cessation for pregnant mothers and smoke-free environments for babies as second-hand smoke contributes to increased risk of respiratory complications in infants. The campaigns will run in counties with the highest incidence of sleep-related deaths and women who smoke during pregnancy. ODH also will provide grant funding to local health departments in these counties that have a "Cribs for Kids®" program and/or a Moms Quit for Two smoking cessation program.
- ODH is conducting infant safe sleep "train-the-trainer" sessions throughout 2018 targeting African-American populations in nine metropolitan areas that accounted for 90 percent of Ohio's black infant deaths in 2017.
- ODH is providing financial and technical support for the CenteringParenting® group approach to caring for a new mother and infant during the first year after birth. CenteringParenting® is proven to increase the use of safe sleep practices, extend the practice of breastfeeding, and increase infant immunization rates. The program also screens infants for neonatal abstinence syndrome (symptoms associated with the abrupt withdrawal of opioids and other drugs when infants are born to mothers who were taking them during pregnancy) and developmental delays. It also screens new mothers for postpartum depression and intimate partner violence.

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### FOCUS RESOURCES WHERE THE NEED IS GREATEST

- The Ohio Departments of Health, Administrative Services, Medicaid, Job and Family Services, and Mental Health and Addiction Services are working together on a data analytics project to use data from their agencies and other sources to develop, expand and enhance predictive models to determine characteristics of those at risk for infant mortality. This information and data can be used to design and implement targeted interventions for women at risk for poor birth outcomes, to help more Ohio babies reach their first birthdays and to address disparities in birth outcomes.
- ODH is using additional federal funding received for home visiting services in 2018 to increase Ohio's capacity to serve parents at risk for infant mortality within high-risk communities. Ohio's home visiting program, called Help Me Grow, is administered by ODH and services are provided through a statewide network of local agencies. Help Me Grow serves pregnant women who are at risk for poor birth outcomes, and parents with young children who are at risk for poor developmental outcomes. Social workers, nurses, or other early childhood professionals meet regularly with at-risk pregnant women and their families in the familiar surroundings of their home, to provide the support, education and resources needed to raise children who are physically, socially and emotionally healthy and ready to learn.
- Nine Ohio counties and metropolitan areas accounted for close to two-thirds of all infant deaths, and 90 percent of black infant deaths, in Ohio in 2017. ODH has previously partnered with these communities to create local "Ohio Equity Institute" teams to pursue proven strategies and promising practices to reduce infant mortality and address racial disparities in birth outcomes supported by state and federal funding. ODH is partnering with these local teams to facilitate community forums aimed at addressing and reducing risks for infant mortality. This includes improving access to positive youth development activities for adolescent girls, a long-term strategy to reduce infant mortality by encouraging them to take steps to improve their health and well-being which will help increase the chances of a healthy pregnancy and infant if they have a baby when they are older.

### System Changes

- Local Ohio Equity Institute teams began redesigning their work in October 2018 to address the most significant drivers of infant mortality within populations most at-risk for poor birth outcomes, particularly African-American women. Their efforts emphasize connecting at-risk pregnant women to proven clinical and social service resources, and facilitating the development, adoption or improvement of policies and practices that impact the social determinants of health and other underlying causes of poor birth outcomes and racial disparities, including management of chronic diseases, prenatal care, and smoking during pregnancy.
- The 2018-19 state budget includes \$14 million to support interventions proven to help reduce infant mortality. Part of the funding is being used to support three community intensive pilot projects that take a population health approach to reducing infant mortality and disparities in maternal and infant health. The projects address behavioral and medical risk factors for infant mortality, such as maternal smoking during pregnancy, uncontrolled chronic diseases during pregnancy, and placing babies in unsafe sleep environments. The funding also is being used to expand the use of the CenteringPregnancy® model of care to include a pilot program for pregnant women who use drugs.
- The ODH Maternal and Child Health Program grant has been restructured to include population health strategies to address women's health before pregnancy and in between pregnancies. Population health strategies can address biomedical, behavioral and social risks to women's health that increase the risk of infant mortality.
- ODH has worked in collaboration with the State Medical Board of Ohio, Ohio Board of Nursing, Ohio Colleges of Medicine Government Resource Center and educators to develop recommended contraceptive guidelines and core competencies for students in medical, nursing, physician assistant, medical residency and fellowship programs. These guidelines and core competencies involve providing education and patient counseling regarding contraceptives, including long-acting reversible contraceptives.