Helping every child get a healthy start and effectively combatting infant mortality takes strong efforts from many different corners, which is why the Governor’s Office of Health Transformation, the Ohio Departments of Health (ODH), Medicaid, Mental Health and Addiction Services, and other partners at the state and local levels have aggressively pursued a comprehensive range of initiatives to save babies’ lives.

Prematurity

**2013:** The 2014-15 state budget includes funding to expand women’s access to providers with tools and training to help them quit smoking. Smoking is one of the most common preventable risk factors for infant mortality, increasing the risk of miscarriage, premature birth, low birth weight and stillbirth.

**2013:** ODH and the Ohio Department of Medicaid begin working with the Ohio Perinatal Quality Collaborative on its Progesterone Quality Improvement Project. The project’s goal is to improve birth outcomes by encouraging wider use of progesterone treatment, a hormone medication that has the potential to reduce the incidence of preterm birth and reduce the number of infants born before 32 weeks when infant mortality rates are highest.

**2013:** ODH and the Ohio Department of Medicaid in partnership with the Ohio Perinatal Quality Collaborative launch an initiative to ensure that all pregnant women at risk of delivering a baby prematurely between 24 and 34 weeks gestation receive antenatal corticosteroids, an evidence-based therapy shown to reduce mortality and morbidity among pre-term infants.

**2013:** ODH, the Ohio Department of Medicaid and the Ohio Perinatal Quality Collaborative launch an initiative to increase early feeding of mother’s milk to newborns since its protective properties are linked to a reduced risk of some infections and illnesses in newborns.

**2014:** ODH launches a public awareness campaign focused on pregnant women and second-hand smoke exposure.

**2014:** The Ohio Perinatal Quality Collaborative’s Progesterone Quality Improvement Project begins recruiting 23 outpatient clinics to participate in the progesterone project, 21 of them located in high-risk communities. ODH and the Ohio Department of Medicaid, in collaboration with The Ohio State University Government Resource Center, continue funding and support for the initiative.

**2015:** ODH engages the Clinical Skills Education and Assessment Center at The Ohio State University Wexner Medical Center to provide obstetric emergency simulation training for labor and delivery and postpartum unit staff in maternity hospitals and freestanding birthing centers across Ohio. The training focuses on clinical simulations of three medical conditions that can contribute to infant mortality — postpartum hemorrhage, cardiomyopathy, and preeclampsia.
2016: ODH uses new state funding to expand tools, training and technical assistance for treating tobacco use; training for the Moms Quit for Two program; and to expand the Certified Tobacco Treatment Specialists program. Smoking during pregnancy is one of the most common preventable risk factors in infant mortality.

2016: ODH funds initiatives to educate healthcare providers and other professionals who interact with women of reproductive age and men on the use of planning tools to promote safe birth spacing and reproductive health planning. Birth intervals of at least 18 months reduce the risk of preterm birth, low birth weight, placental abruption and other poor birth outcomes.

2017: ODH promotes the use of recommended diabetes screenings and prenatal care for pregnant women for early identification and treatment of diabetes and high blood pressure. Diabetes and high blood pressure during pregnancy increases the risk of preterm birth and/or low birth weight.

2017: Smoking is one of the most common preventable risk factors for infant mortality as it increases the risk of preterm birth and low birth weight. Recommended clinical practice guidelines from the U.S. Public Health Service about how to encourage people to quit smoking are expanded into publicly funded maternal and child health programs.

2017: ODH promotes a nationally recognized, evidence-based smoking cessation model to reduce smoking among women during pregnancy. The Moms Quit for Two program utilizes the Baby & Me – Tobacco Free™ model and is offered across Ohio by many local health departments and community organizations. The program aims to reduce the rates of preterm birth and low birth weight, improve birth outcomes and increase mothers’ smoking quit rates during the first 12 months after birth as second-hand smoke contributes to increased risk of respiratory complications in infants.

2017: Birth intervals of at least 18 months allow a woman’s body to recover between pregnancies and reduce the risk of preterm birth and low birth weight. ODH works on increasing access to long-acting reversible contraceptives for women who want to use them to avoid or delay pregnancy.

2018: Progesterone is a hormone medication that has the potential to reduce the incidence of preterm birth. ODH and the Ohio Department of Medicaid work with the Ohio Perinatal Quality Collaborative, composed of perinatal clinicians, hospitals, and government entities, to improve birth outcomes through wider identification of women eligible for progesterone treatment.

2018: ODH continues to invest in expanding access to the CenteringPregnancy© model of care. CenteringPregnancy© is group prenatal care approach proven to reduce preterm birth. A group of pregnant women meet for 10 sessions during pregnancy for a combination of health assessment, interactive learning, and community building.
Birth Defects

2013: ODH develops online training modules for health professionals about the importance of folic acid to prevent neural tube defects, which occur in 1 per 1,000 pregnancies.

2013: ODH launches an initiative to work with healthcare providers to increase postpartum screening rates for women with a history of gestational diabetes. Women who enter pregnancy with uncontrolled diabetes are at greater risk for fetal death or having a child with a birth defect.

2014: In accordance with a new state law, ODH issues rules for required reporting by maternity hospitals and freestanding birthing centers of newborn screening results for Critical Congenital Heart Disease. Heart defects are the most common birth defects reported in Ohio, and are the largest contributor of birth defects that cause infant mortality.

2015: ODH rolls out a new electronic birth defects information system used by hospitals to report to ODH information about children from birth to age 5 with birth defects. The system is linked with ODH’s vital statistics birth records and sends referrals for parents of children with birth defects to early intervention programs in their area.

2017: ODH works with hospitals to ensure that birth defects are reported to the agency as part of Ohio’s efforts to gather birth defects surveillance data.

2017: ODH nurses conduct case reviews of medical records at birthing centers and children’s hospitals in order to gather data on birth defects.

2018: ODH conducts a comprehensive analysis of birth defects surveillance data to help inform interventions to prevent birth defects that cause infant mortality.

2018: ODH analyzes newborn screening data for critical congenital heart defects in order to develop educational messaging for pregnant women about how to potentially prevent such defects.

2018: ODH staff from several program areas involved in the collection of newborn screening data work together to design a new integrated newborn screening system that enables them to share birth defect demographic and screening data and follow up information.
Safe Sleep Practices

2011: To improve consistent scene investigations throughout Ohio, ODH begins conducting trainings for coroners, medical examiners and law enforcement jurisdictions to expand implementation of the Centers for Disease Control and Prevention’s Sudden Unexpected Infant Death investigation protocol. In cases of sudden, unexpected infant deaths, accurate determination of the cause of death requires a review of the child’s health history, a complete autopsy, and a thorough scene investigation.

2013: The 2014-15 state budget includes funding for a targeted campaign to educate parents, caregivers and healthcare providers about the ABCs of safe sleep practices for infants (Alone, on their Back, in a Crib). Suffocation is the leading cause of injury-related death for babies before their first birthday. Babies who sleep on couches, in their parents’ bed, or on their stomach are more likely to die from an unexpected sudden cause.

2014: ODH launches a statewide public awareness campaign to help reduce the number of Ohio babies who die in unsafe sleep environments by promoting infant safe sleep practices.

2014: ODH sponsors the Ohio Sudden Infant Death Network’s “Safe Sleep Community Forums” across the state to increase awareness and education about preventing infant mortality.

2014: ODH and the Ohio Hospital Association launches the “Safe Sleep is Good4Baby” statewide initiative to model safe sleep practices in the hospital and educate parents and families about safe sleep practices at home.

2014: A new state law establishes the Safe Sleep Education Program administered by ODH. The law requires maternity hospitals and freestanding birthing centers to implement infant safe sleep screening protocol to assess whether an infant will have a safe crib or other suitable place to sleep after discharge. ODH provides free Cribs for Kids® “survival kits” to families who meet financial eligibility guidelines.

2015: The 2016-17 state budget continues funding to support raising public awareness about infant safe sleep practices.

2016: ODH relaunches a $500,000 public awareness campaign with increased reach in nine high-risk metropolitan areas to promote infant safe sleep practices to prevent sleep-related deaths.

2016: Infant safe sleep screening data from maternity hospital and freestanding birthing centers indicates that these facilities provided 699 cribs to families in need and referred another 422 families to other sources to obtain a crib. Ohio law requires maternity hospital and freestanding birthing centers to conduct a safe sleep screening before a newborn is discharged from the facility to assess whether there is a safe sleep environment at home for the infant.
2016: ODH expands its infant safe sleep website which provides safe sleep information for parents, caregivers and others. The website includes information about how eligible families can obtain a free crib as a safe sleep environment for their infant.

2016: ODH strengthens the screening and referral process for Ohio’s free Cribs for Kids® program to give priority to eligible families in high-risk communities. The Cribs for Kids® program promotes the use of cribs as a safe sleep practice for infants to prevent sleep-related deaths.

2016: ODH develops a safe sleep screening tool for Ohio’s local Home Visiting programs and mandates its use in all state-supported home visiting and community health worker programs.

2017: ODH relaunches its infant safe sleep public awareness campaign with increased reach in nine Ohio metropolitan areas that accounted for close to two-thirds of all infant deaths, and 90 percent of black infant deaths, in Ohio in 2017.

2017: ODH funds local partners to develop and support safe sleep policy and system changes to reduce sleep-related deaths. Partners included fire stations, police departments, childcare centers, homeless shelters, church nurseries, recreation centers, social services agencies and community organizations. These partners are trained in safe sleep strategies and receive support in developing safe sleep-related policy and system changes recommendations.

2017: ODH funds a network of partners/subgrantees to implement Cribs for Kids® programs that provide portable cribs to families that cannot afford to purchase one as a safe sleep environment for their infant. During the 2017 grant year, 44 subgrantees expand the reach of their Cribs for Kids® programs into 63 Ohio counties.

2017: ODH transitions hospital reporting of infant safe sleep screening information to ODH via the state’s electronic vital records system to improve the quality and timeliness of the data. Ohio law requires hospital maternity units and freestanding birthing centers to conduct a safe sleep screening before a newborn is discharged from the facility to assess whether there is a safe sleep environment at home for the infant. The law requires these facilities to report safe sleep screening information to ODH, and the information is used to help inform safe sleep initiatives.

2018: ODH relaunches two public awareness campaigns addressing the relationship between second-hand smoke and Sudden Infant Death Syndrome (SIDS). The campaigns run in counties with the highest incidence of sleep-related deaths and women who smoke during pregnancy. ODH also provides 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.

2018: ODH conducts infant safe sleep “train-the-trainer” sessions targeting African-American populations in nine metropolitan areas that accounted for 90 percent of Ohio’s black infant deaths in 2017.

2018: ODH provides 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 infant safe sleep practices, which the care model promotes.
Focusing Resources Where the Needs are Greatest

2011: Governor Kasich addresses infant mortality in Ohio in his first State of the State Address and makes reducing low birth weight babies a priority.

2011: Ohio Infant Mortality Reduction Initiative programs begin providing community-based outreach and care coordination services in targeted communities with high-risk, low income African-American pregnant women and their infants.

2012: ODH and the Ohio Collaborative to Prevent Infant Mortality host the first biannual statewide Infant Mortality Summit with more than 900 attendees who are encouraged to initiate local conversations about how to reduce infant mortality.

2012: ODH publicly releases Ohio infant mortality data for the first time, with the goal of raising awareness about the issue.

2012: The Ohio Department of Medicaid adopts a Medicaid Family Planning State Plan Amendment to expand eligibility for family planning services for women and men up to 200 percent of the federal poverty level. About half of all pregnancies in Ohio are unintended.

2013: The Ohio Department of Medicaid negotiates new contracts with Medicaid managed care plans to include enhanced maternal care and inter-conception care requirements for women at highest risk for poor birth outcomes.

2013: Ohio’s six children’s hospitals work together supported by a state grant to study babies born addicted to narcotics, known as Neonatal Abstinence Syndrome, and identify best treatment strategies.

2013: The Maternal Opiate Medical Support (MOMS) Project launches as a public-private collaboration to identify and implement promising treatment practices for opiate-dependent pregnant mothers eligible for or enrolled in Medicaid during and after pregnancy. The goal is to prevent Neonatal Abstinence Syndrome which contributes to infant mortality in Ohio.

2013: ODH partners with CityMatCH, a national organization that supports urban maternal and child health initiatives at the local level, to launch the Ohio Institute for Equity in Birth Outcomes, commonly known as the Ohio Equity Institute. The partnership includes nine high-risk metropolitan areas to improve overall birth outcomes and reduce disparities in infant mortality. These metropolitan areas, which account for most of Ohio’s infant deaths, are Butler County, Canton-Stark County, Cincinnati-Hamilton County, Columbus, Cleveland-Cuyahoga County, Youngstown-Mahoning County, Dayton-Montgomery County, Summit County, and Toledo-Lucas County.

2014: ODH and the Ohio Collaborative to Prevent Infant Mortality hosts the second biannual statewide Infant Mortality Summit with more than 1,700 attendees. Governor Kasich announces new initiatives to focus support and resources for the most at-risk mothers and their babies.
2014: Governor Kasich signs House Bill 394 into law creating a Commission on Infant Mortality to study the current inventory of state programs and funding streams available to address infant mortality.

2014: ODH partners with the Black Mothers Breastfeeding Association to host regional breastfeeding workshops on “Cultural Competence in Breastfeeding Support for African-Americans” for community health workers, staff in Women, Infant and Children programs, and other public health workers.

2014: Ohio Equity Institute teams begin reviewing local data with their communities and use it to select evidence-based interventions to address highest-risk populations in targeted areas.

2014: Ohio Equity Institute teams are trained to conduct Fetal Infant Mortality Reviews, a multi-disciplinary, multi-agency, community-based process that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to address them.

2015: ODH and the Ohio Hospital Association launch “Ohio First Steps for Healthy Babies” to encourage hospitals to promote and support breastfeeding by new mothers. ODH trains healthcare staff in Ohio’s birthing centers in an evidence-based practice that supports breastfeeding.

2015: The federal Agency for Healthcare Research and Quality develops a Pathways Community HUB Model as a community care coordination approach focused on reducing modifiable risk factors for high-risk individuals and populations. The Ohio Commission on Minority Health provides funding to expand the HUB model in Ohio, using certified community health workers to identify women at risk and connect them to healthcare and other social services using a prescribed pregnancy pathway.

2015: ODH partners with The Paul J. Aicher Foundation and its Everyday Democracy Program to support Ohio Equity Institute teams. Everyday Democracy assists the teams by enhancing community engagement to raise awareness about the connections between social determinants of health and infant mortality; increase public knowledge and awareness around populations most impacted by high infant mortality; and engage the community in conversations about this issue.

2015: Ohio Equity Institute teams launch evidence-based interventions to address high-risk populations for poor birth outcomes. Interventions include the CenteringPregnancy® model of care, safe sleep initiatives, use of progesterone to reduce pre-term births, and smoking cessation initiatives.

2015: ODH launches an infant mortality public awareness campaign in nine high-risk metropolitan areas.

2015: The Ohio Collaborative to Prevent Infant Mortality releases a 2015-2020 infant mortality reduction plan, addressing issues such as preventing premature births; preventing birth defects; reducing maternal smoking before, during and after pregnancy; improving health equity; addressing social determinants of health and eliminating racism; promoting optimal women’s health before, during and after pregnancy; promoting infant health; and promoting fatherhood involvement in maternal and child health.
2015: The Ohio Collaborative to Prevent Infant Mortality submits a set of policy recommendations for consideration by the Ohio Commission on Infant Mortality.

2016: The state surges millions of new dollars into local communities to support initiatives to improve birth outcomes and reduce racial and ethnic disparities in infant mortality. This includes $26.8 million through the Ohio Medicaid program to support 46 community-driven projects in nine Ohio metropolitan areas that accounted for 59 percent of all infant deaths, and 86 percent of African-American infant deaths, in Ohio in 2016.

2016: ODH helps Ohio Equity Institute teams build capacity for infant mortality data analysis by funding an epidemiologist in each of nine high-risk metropolitan areas. This data analysis support helps communities in planning, implementing and evaluating infant mortality activities at the local level.

2016: ODH in collaboration with state and local partners conducts a State Health Assessment that identifies maternal and child health issues like infant mortality as a priority, and begins development of a new State Health Improvement Plan that addresses maternal and child health, including infant mortality.

2016: ODH partners with the Ohio Department of Medicaid and the Government Resource Center at The Ohio State University to design and implement an updated Ohio survey of new mothers. Survey data will be used to help identify infant mortality risk factors in nine high-risk metropolitan areas and statewide.

2016: Since its inception in July 2015, 70 percent of Ohio’s maternity hospitals have been recognized by the “Ohio First Steps for Healthy Babies” recognition program co-sponsored by ODH and the Ohio Hospital Association to encourage hospitals to promote and support breastfeeding by new mothers. According to ODH vital statistics data, more newborns are breastfed before hospital discharge in 2016 (73.5 percent) than in 2015.

2016: ODH revamps Ohio’s Home Visiting program, including the use of vital statistics data to fund programs in communities at higher risk for poor birth outcomes. ODH also leverages state and federal funding to expand the use of evidenced-based home visiting approaches in Ohio’s most at-risk communities. Deploying evidenced-based home visiting models, the agency serves nearly 10,500 families in 2016.

2017: ODH provides financial and technical support to local Ohio Equity Institute teams and their evidence-based interventions to address populations at risk for poor birth outcomes in nine metropolitan areas that accounted for close to two-thirds of all infant deaths and 90 percent of black infant deaths in Ohio in 2017.

2017: Leaders in the governor’s office and multiple state agencies meet with local leaders in several Ohio faith communities with a high incidence of infant mortality to discuss the important role that faith leaders can play in addressing infant mortality, particularly racial disparities in birth
outcomes. Faith leaders receive information about the status of infant mortality in their community, recommended communications for use with members of their congregation and community, and a resource guide highlighting local resources available to help address the needs of pregnant moms and infants.

2018: The Ohio Departments of Health, Administrative Services, Medicaid, Job and Family Services, and Mental Health and Addiction Services work 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 eliminate disparities in birth outcomes.

2018: ODH uses 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 administered by ODH 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.

2018: ODH partners with local Ohio Equity Institute 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 increase the chances of a healthy pregnancy and infant if they have a baby when they are older.

System Changes

2011: The Governor’s Office of Health Transformation works with Ohio Departments of Medicaid, Health, Mental Health and Addiction Services, and other human services agencies to initiate a comprehensive package of reforms to improve overall health system performance for pregnant women and infants.

2013: The 2012-13 state budget provides temporary Medicaid coverage enabling pregnant women to receive medical care while their Medicaid application is processed, accelerating quicker access to care for better birth outcomes.

2013: The Ohio Department of Medicaid promotes better birth outcomes and encourages appropriate postpartum visits as well as family planning services by holding managed care plans accountable for minimum performance standards on related measures.

2013: Ohio Medicaid managed care plans and hospital neonatal intensive care units (NICUs) forge partnerships focused on transitioning infants from NICUs to the home setting, including opportunities for the managed care plans to bridge gaps in care during the transition.
2014: The Pregnancy Associated Mortality Review program becomes one of six programs nationally selected to participate in the Every Mother Initiative, which enables Ohio to strengthen its maternal mortality surveillance system.

2014: Medicaid benefits are extended in Ohio, providing coverage for more women of reproductive age and increasing their access to healthcare services, including prenatal care.

2014: Ohio's birth certificate begins tracking important indicators of evidence-based care including provision of progesterone therapy and exclusive breastmilk feeding during the hospital stay of mother and baby.

2015: ODH and its partners conduct a series of training sessions for hospital staff across Ohio on use of the Integrated Perinatal Health Information System which automates the reporting and collection of pregnancy and newborn data.

2015: ODH and the Ohio Association of Community Health Centers establish pilot CenteringPregnancy© programs in four communities that are at high-risk for poor infant health outcomes in Columbus, Dayton, Zanesville and Toledo. CenteringPregnancy© is an evidence-based health care delivery model that integrates maternal health care assessment, education, and support.

2016: ODH in collaboration with state and local partners conducts a State Health Assessment that identifies maternal and child health issues like infant mortality as a priority. They begin development of a new State Health Improvement Plan that addresses maternal and child health, including infant mortality as a statewide priority to be addressed collaboratively at the state and local levels.

2016: The CenteringPregnancy© evidence-based model of care expands to eight sites throughout Ohio.

2016: The state begins using data analytics in new ways to better understand how to identify women at risk for poor birth outcomes, and how to use data to inform initiatives addressing infant mortality and disparities.

2016: ODH and the Ohio Department of Medicaid develop common measures/outcomes and enhanced data sharing to address infant mortality.

2017: ODH releases a new State Health Improvement Plan that addresses maternal and child health, including infant mortality as a statewide priority issue to be addressed collaboratively at the state and local levels.

2017: Governor John R. Kasich signs into law Senate Bill 332, enacting recommendations of the Ohio Infant Mortality Commission, several of which involve system changes to help address infant mortality.

2018: 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.
2018: 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.

2018: The ODH Maternal and Child Health Program grant is 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.

2018: ODH works 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.