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New Initiative Seeks Innovative Strategies for Addressing the Leading Cause of Infant Death—Prematurity

*Effort Will Explore the Benefit of Community Building Among Pregnant Women
as a Means to Reducing Racial Disparities in Birth Outcomes*

COLUMBUS – To more directly combat prematurity, the leading contributor to infant death in Ohio, the Ohio Department of Health (ODH) has issued a [request for proposals](#) (RFP) for experts to work with the agency to develop and test new, Ohio-specific innovations. Specifically, the effort will explore the benefit of building relationships and support networks among the most at-risk pregnant women in order to address health disparities that can be factors in prematurity.

“While we have seen some progress in reducing infant mortality in Ohio, we still have a lot of work to do – particularly in the areas of preterm births and racial disparities,” said ODH Director Lance Himes. “Providing women the support and community of a group prenatal care model is an innovative approach that we believe can reduce prematurity, including racial disparities in prematurity, and we hope to be able to quickly share any ideas that show promise.”

Prematurity-related conditions such as preterm birth before 37 weeks of pregnancy have been completed account for approximately 30 percent of infant deaths in Ohio and nationally each year. Prematurity has a significant impact on black infant mortality in Ohio – accounting for 78 percent of black infant deaths in 2017 compared to 64 percent of white infant deaths.

Prenatal care has traditionally consisted of a pregnant woman’s one-on-one visits with a clinical provider throughout her pregnancy. The “group prenatal care” approach that ODH will explore is an alternative model in which several women with similar due dates come together in a structured prenatal care program. The program is facilitated by a clinician and includes health screening and physical assessment, interactive learning, and social support. Evidence suggests that patients who have or develop strong personal support networks in this manner have better prenatal knowledge, feel more ready for labor and delivery, are more satisfied with care, and initiate breastfeeding more often, according to the American College of Obstetricians and Gynecologists.

The effort will also support participants during the 12 months after delivery—a critical time for mothers to manage the stress and anxiety of caring for a newborn that can impact maternal and infant health. Because the Ohio-specific model will address both medical and social needs of the mother, it is expected that this approach will help reduce prematurity, including racial disparities.

The vendor who is awarded the group prenatal care project through the RFP process will be responsible for developing the curriculum for an Ohio-specific group prenatal care model based on length of care beginning during the first trimester of pregnancy and continuing through delivery and 12 months afterward. The curriculum must address prenatal and postpartum medical care as well as topics addressing how to reduce stress, increase social and community support, and address social determinants of health like health behaviors, mental health, healthcare access and housing.

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The Ohio-specific group prenatal care model will be implemented in several clinical sites that serve the most at-risk women who agree to participate in the project. At the end of the project, a final report will provide analyses of birth outcomes and racial disparities, maternal outcomes including stress, appropriate weight gain and engagement in postpartum care, satisfaction with prenatal care including cultural sensitivity and social support, and engagement in prenatal care.

This project builds on work Ohio already is doing to address contributing factors to prematurity. This work includes promoting use of a hormone medication, progesterone, in at-risk women to help reduce the likelihood of preterm birth. They also include promoting smoking cessation as smoking increases the risk of preterm birth and low birth weight. Efforts also include identifying and treating women at risk of developing diabetes and high blood pressure during pregnancy, which increases the risk of having a preterm birth or low birth weight baby. They also include promoting a birth interview of at least 18 months between pregnancies to allow a woman's body to recover and increase the likelihood of a healthy next pregnancy.

During the past eight years, Ohio has implemented a [comprehensive range of initiatives](#) to address infant mortality including prematurity, investing more than \$137 million at the state and local levels to help more babies reach their first birthdays. Addressing disparities in birth outcomes was the focus on the 2018 Ohio Infant Mortality Summit held in Cincinnati on Dec. 11-12, bringing together more than 800 stakeholders from across the state committed to addressing infant mortality.

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