

NEW STRATEGIES TO ADDRESS INFANT MORTALITY IN OHIO (2017-2018)

Building upon a comprehensive range of initiatives that addressed infant mortality from 2011-2016, Ohio is implementing new initiatives in 2017-2018 to focus resources where the needs 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 state is working with the Ohio Perinatal Quality Collaborative composed of perinatal clinicians, hospitals, and government entities working together to improve birth outcomes through wider use of progesterone treatment. Ohio Equity Institute teams will begin implementing the collaborative's evidence-based strategies in high-risk communities in late 2017 and 2018.
- 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. Access to effective family planning methods, including long acting reversible contraceptives, is important to helping women avoid or delay pregnancy. The state is working on increasing access to long acting reversible contraceptives for women who want them.
- Helping women and men think about whether/when to have children can help reduce pregnancies at greater risk for preterm birth. The Ohio Department of Health helps reproductive health services clients develop life plans — a structured format to think about life goals and circumstances, and preferences about whether/when to have children.
- 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. The state is expanding into publicly funded maternal and child health programs recommended clinical practice guidelines from the U.S. Public Health Service about how to encourage people to quit smoking. The state also 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 and Me – Tobacco Free" model and is offered across Ohio by many local health departments, Ohio Equity Institute teams and other community organizations.
- Some women develop diabetes or high blood pressure during pregnancy which increases the risk of preterm birth and/or low birth weight. The state is promoting the use of recommended diabetes screenings and prenatal care for early identification and treatment of diabetes and high blood pressure during pregnancy.
- The state provides evidence-based home visiting services through local partners to women during pregnancy. Services include providing expectant parents at risk for poor birth outcomes with information and support in the comfort of their homes.
- The state is supporting the Ohio Perinatal Quality Collaborative in a project to ensure that initiation of labor, and caesarean section of pregnant women who are not already in labor, are pursued only when obstetrically or medically indicated.

BIRTH DEFECTS

- A comprehensive birth defects surveillance data collection review has been completed, and an analysis is being conducted to help inform efforts to prevent birth defects that cause infant mortality.
- The Ohio Collaborative to Prevent Infant Mortality is promoting initiatives to help prevent birth defects and to foster early identification of children with birth defects for faster treatment to improve health outcomes.

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SAFE SLEEP PRACTICES

- 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 the Ohio Department of Health, which transitioned reporting via the state's electronic vital records system in 2017 to improve the quality and timeliness of safe sleep screening data.
- The state funds a network of local partners to implement Cribs for Kids® programs that provide Graco® Pack 'N Plays to families unable to afford a safe crib for their infant. During the 2017 grant year, 44 local partners are expanding their reach to serve 63 Ohio counties.
- The state is funding local partners to develop and support safe sleep policy and system changes to reduce sleep-related deaths. Partners include fire stations, police departments, childcare centers, homeless shelters, church nurseries, recreation centers, social services agencies and community organizations. These partners are being trained in safe sleep strategies and receiving support in developing safe sleep-related policy and system changes.
- The state relaunched a \$500,000 public awareness campaign with increased reach in nine metropolitan areas that account for most of Ohio's infant deaths to promote the ABCs of infant safe sleep practices. Babies who sleep on couches, in bed with others, or on their stomachs are more likely to die from an unexpected sudden cause. The campaign will be relaunched in 2018 incorporating lessons learned from the 2017 campaign.
- The state will conduct infant safe sleep "train-the-trainer" education in 2018 targeting African-American populations in nine metropolitan areas that accounted for 86 percent of Ohio's black infant deaths in 2016.
- The Safe Sleep Subcommittee of the Ohio Injury Prevention Partnership is working on a strategic plan which includes a focus on reducing infant mortality in Ohio. The plan includes the development and distribution of a toolkit for obstetricians and gynecologists, certified nurse midwives and lactation consultants to address infant safe sleep practices with their patients.

FOCUS RESOURCES WHERE THE NEEDS ARE GREATEST

- The state is receiving additional federal Home Visiting funding in 2018 to increase Ohio's capacity to serve parents at risk for infant mortality within high-risk communities. Ohio's Home Visiting program provides expectant and new parents at risk for poor birth outcomes with information and support in the comfort of their homes.

SYSTEM CHANGES

- The Ohio Department of Health in collaboration with other state and local partners released a new State Health Improvement Plan in early 2017 that addresses maternal and child health, including infant mortality as a statewide priority issue to be addressed collaboratively at the state and local levels.
- The evidence-based CenteringPregnancy© group prenatal care model continues to expand in Ohio, including the addition of new sites specifically dedicated to caring for opiate-addicted expectant women. The state also is promoting the CenteringParenting© care model which brings moms and their same-age infants together with their healthcare providers.
- Governor John R. Kasich signed into law Senate Bill 332 in January 2017, enacting recommendations of the Ohio Infant Mortality Commission. The new law's requirements include giving funding priority to infant vitality initiatives to areas most affected by infant mortality.