Ohio Department of Health Priority:

Preventing Infant Mortality

More than 1,000 Ohio babies die before their first birthday every year. Ohio's infant mortality rate puts the state as the eleventh worst in the country. As part of the Ohio Perinatal Quality Collaborative, ODH celebrates the success of the 39-Week Project, which reduced the number of scheduled elective deliveries prior to 39 weeks. This was a big first step in improving the health of Ohio infants. Over the biennium, ODH will continue its support and active involvement in the work of the Ohio Collaborative to Prevent Infant Mortality (OCPIM), a statewide organization working to improve birth outcomes and survival during the first year of life. This project was initiated in 20 of Ohio's large maternity hospitals. With additional funding, it will reach all maternity hospitals.

Unsafe sleep environments place healthy infants at risk of sudden death

Suffocation is the leading cause of injury-related death for babies before their 1st birthdays

Each week, there are more than 3 Ohio infant deaths that are sleep related

Safe Sleep Campaign

ODH proposes to implement a targeted campaign to educate parents and caregivers with a uniform message regarding safe sleep practices based on the American Academy of Pediatrics' recommendations. Materials, slogans, and branding would be developed for the campaign. ODH is partnering with the Ohio Chapter of the American Academy of Pediatrics, the Ohio Children's Trust Fund, and Nationwide Children's Hospital on this project. The Ohio Children's Trust Fund has committed $50,000 to the project and the American Academy of Pediatrics has committed $10,000. This proposal would add an additional $847,855, bringing the total to nearly $1 million which would help support a robust campaign that effectively targets key audiences throughout the state.

These dollars will also help to promote awareness of the value of multivitamin and folic acid supplements. Folic acid is crucial to prevent neural tube defects (NTDs), which occur in 1 per 1,000 pregnancies. Research has indicated that folic acid reduces the risk of NTDs. All women of reproductive age are encouraged to take a daily multivitamin or folic acid supplement. In order to increase knowledge about folic acid, ODH developed an online self-study course for nurses titled "Folic Acid in the Prevention of NTDs." Course content includes information about common risk factors for NTDs and populations at risk. The course is currently available and nurses who complete the course can receive continuing education credit.

Ohio Department of Health

Preventing Infant Mortality

Progesterone Prematurity Prevention Project

Health care costs in the first year of life are ten times higher for preterm versus full term infants; a preterm baby costs $38,438 versus $3,953 for a term baby. Preconception physicals, as well as early prenatal care, can identify women who may need special care before or early in pregnancy.

Several studies have shown that supplemental progesterone in the second and third trimesters of pregnancy can reduce the incidence of preterm birth in women who have experienced a previous preterm birth and in women with a shortened cervix.

ODH seeks to prevent premature births and lower the infant mortality rate by encouraging wider use of progesterone treatment. The proposal would increase funding so that prenatal care providers can better identify, screen, treat and track outcomes for women eligible for progesterone supplementation in Ohio.

The $1,265,952 per year request will pay for a quality improvement project to achieve widespread use of progesterone for women at risk of delivering prematurely which will include having subject matter experts design protocols for screening, identifying risk criteria, and recommending treatment protocols. It will also fund experts to determine the practice changes necessary to incorporate this new treatment regimen into medical offices and clinics across the state. The health insurance community will also be encouraged to facilitate prompt and appropriate support for early entry into care, prematurity screening, and sonography.

Progesterone helps to prevent births before the 32nd week of pregnancy, when they are most likely to result in death or long-term disability of the baby.

Funding is also included for training ultrasound technicians to do cervical ultrasounds, one of the screening tools to identify women at risk (with a short cervix) for premature labor. There are currently very few technicians trained in this particular type of ultrasound.

Ohio Department of Health

More than 26% of Ohio women ages 18-44 are current smokers

Prenatal Smoking Cessation

Smoking cigarettes during pregnancy has been identified as one of the most significant factors contributing to poor pregnancy outcomes including miscarriage, premature delivery, stillbirth, and low birth weight. Women who quit before or during pregnancy can reduce or eliminate these risks. This proposal will help connect women of reproductive age, including pregnant women, to the tools, training and assistance needed to quit smoking.

The requested $1,002,981 each year takes advantage of the evidence-based smoking cessation tactic, “Ask, Advise, Assess, Assist, and Arrange” which has already been developed and tested by experts at the Agency on Healthcare Research and Quality. The funds will help train physicians in the use of the 5 As treatment approach. The approach also has the support of the American College of Obstetricians and Gynecologists. However, it has not yet been put to use by many practitioners in Ohio because of lack of coordinated, statewide support.

Newborn Screening: Severe Combined Immune Deficiency

In 2010, the US Secretary of Health & Human Services added Severe Combined Immune Deficiency (SCID) to the Recommended Uniform Screening Panel for all state newborn screening programs. Babies with untreated SCID, better known as “Bubble Boy Disease,” develop life-threatening infections due to bacteria, viruses and fungi. Newborns identified with SCID through newborn screening can be treated early and thus can have a better chance for a healthy life. It is estimated that SCID occurs in one in every 40,000-100,000 live births.

ODH is proposing to increase the newborn screening fee to cover the cost of testing for SCID and to support the operations of the Public Health Laboratory. The fee change would increase the newborn screening fee by $8.70 per newborn screening kit to generate an additional $1.2 million in revenue per year. Sixty-three percent (or $756,000) of the increase would support costs associated with adding SCID to the newborn screening panel, while the rest ($444,000) will be used to maintain the current level of services provided by the Public Health Laboratory.

Newborn Screening: Critical Congenital Heart Disease

Critical Congenital Heart Disease (CCHD) is a group of heart defects that cause severe and life-threatening symptoms, require surgery or catheter-based intervention early in life and may lead to a child's life-long disability. CCHDs account for 5% of all infant deaths in Ohio and 25% of infant deaths due to congenital malformations. Some babies born with a heart defect appear healthy at first and may be sent home from the hospital before their heart defect is detected.

Ohio currently mandates testing of all newborns for 35 disorders. If newborn screening for CCHD is implemented in Ohio, ODH will develop a statewide tracking system with the data that is reported from hospitals and birthing centers. In addition, families across Ohio will be able to plan treatment for their babies while the newborn is still well, instead of requiring emergency intervention when the baby becomes critically ill.

CCHDs can be detected using pulse oximetry screening, a test that determines the amount of oxygen in the blood and the pulse rate. This is a non-invasive bedside screening test with immediate results. The follow-up care of newborns with a "positive" screen will be managed by the hospital or birthing center before discharge.

Ohio Department of Health

INFANT MORTALITY: Babies that die before 1 year of age.

Infant mortality rate is an indicator of the overall health of a society.

1,000 Ohio babies die before their 1st birthday each year.

11th in The Worst UNITED STATES

61% of infant deaths are attributed to 5 causes:

1. born too small and too early
2. maternal complications of pregnancy
3. Sudden Infant Death Syndrome
4. born with a birth defect
5. injuries such as suffocation

15% of all infant deaths in Ohio sleep related.

Safest sleep for a baby: Alone, on their Back, in a Crib

A hormone supplement of progesterone can reduce the incidence of preterm birth by as much as 20% in at-risk mothers

Cigarette Smoking

during pregnancy has been identified as one of the most significant factors contributing to poor pregnancy outcomes such as MISCARRIAGE, PREMATURE DELIVERY, STILL BIRTH & LOW BIRTH WEIGHT

Using evidence-based interventions early in pregnancy can increase smoking cessation success by 30%-70%

We are proposing 4 areas of focus to reduce infant mortality:

Safe Sleep Campaign, Progesterone Program, Prenatal Smoking Cessation Support & Newborn Screening

Ohio Department of Health