Background

Birth spacing is the time between one live birth and the next. The amount of time between births can impact the health of the mother and infant\(^1\). Birth intervals less than 18 months have been shown to increase the risk of poor birth outcomes\(^2\). Nationally, non-Hispanic black women and those living in poverty were more likely to have births spaced less than 18 months\(^1\).

Why is Adequate Birth Spacing Important?

Birth intervals of at least 18 months reduce the risk of low birth weight, preterm birth, and small for gestational age, placental abruption and other poor birth outcomes and maternal morbidities\(^3\).

**Healthy People 2020 Objective:** Reduce the proportion of births occurring within 18 months of a previous birth.

Birth Spacing in Ohio

- In 2011, 14 percent of live births in Ohio to women with a previous birth had an interval of 18 months or less (Figure 1).

- Mothers less than 20 years of age had a higher percentage of short birth spacing than older mothers (Figure 1).

- The percentage of mothers with birth spacing of 18 months or less has decreased slightly in recent years, from 15.6 percent in 2006 to 14.0 percent in 2011 (Figure 2).

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**Figure 1: Birth Spacing 18 Months or Less Among Women with a Previous Birth, Ohio, 2011**

- **OVERALL**
- **AGE (YEARS)**
  - <20
  - 20-24
  - 25-29
  - 30-34
  - 35+
- **RACE/ETHNICITY**
  - White, non-Hispanic
  - Black, non-Hispanic
  - Hispanic
  - Other, non-Hispanic
- **EDUCATION (YEARS)**
  - Less than 12
  - 12
  - More than 12
- **MEDICAID STATUS**
  - Medicaid
  - Non-Medicaid

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**Figure 2: Birth Spacing 18 Months or Less, by Year, Ohio, 2006-2011**

- **Percent**

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*Source: Vital Statistics, Ohio Department of Health*
The World Health Organization states that birth intervals of 18 months or less increase the risk of preterm birth and low birth weight. Ohio data shown in Figure 3 support this finding.

In 2011, women with 18 months or fewer since their last live birth had a higher percentage of preterm birth and low birth weight infants.

Ohio data shown in Figure 3 support this finding.

Ohio is doing spacing education. This program provides mothers with postpartum education that encourages breastfeeding, birth spacing plans, and assistance to address psychosocial issues.

The Ohio Better Birth Outcomes (OBBA) has a safe spacing program in place to reduce the risk of preterm births.

Ohio Medicaid is working with managed care plans to identify women who are at risk for poor pregnancy or birth outcomes using vital statistics information. These women are then offered enhanced services such as tobacco cessation counseling, specialized care management, and centering (group) care and are encouraged to attend postpartum visits or receive postpartum content in all settings.

Establishing a Reproductive Life Plan (RLP) in the Reproductive Health and Wellness Program (RHWP) is required and is encouraged in Child and Family Health Services (CFHS) to promote birth spacing. RHWP and the Ohio Infant Mortality Reduction Initiative (OIMRI) provide contraception information utilizing contraceptive teaching kits.

Exclusive breastfeeding helps ensure adequate birth spacing. ODH developed a policy about infant feeding in 2013 to encourage clear, consistent messages about breastfeeding. Many programs within ODH, particularly Women, Infants and Children (WIC), encourage and support breastfeeding.

References: