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.

2016 Initiatives Included:

• Surging millions of new dollars into local communities to support initiatives to improve birth outcomes and reduce racial and ethnic disparities in infant mortality. This included $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.

• Supporting Ohio Equity Institute teams in the nine targeted high-risk metropolitan areas and their evidence-based interventions to address populations at risk for poor birth outcomes.

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

• Relaunching a $500,000 public awareness campaign with increased reach in the nine targeted high-risk metropolitan areas to promote the ABCs of infant safe sleep practices – place infants Alone, on their Back, in a Crib. Suffocation is the leading cause of injury-related death for babies before their first birthdays. 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 included TV, radio, digital and mobile advertising, billboards, bus advertising and social media. The campaign resulted in 91 million content views and more than 69,000 clicks or engagements with digital content.

• Conducting a State Health Assessment that identified maternal and child health issues like infant mortality as a priority, and beginning development of a new State Health Improvement Plan that prioritizes maternal and child health, including infant mortality.
• Using 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.

• Funding 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.

• Partnering with 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.

• Revamping 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 leveraged 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 served nearly 10,500 families in 2016.
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.

2015: 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.

PROMISING PRACTICE

Local health departments and community organizations across the state offer the “Baby & Me – Tobacco Free” evidence-based smoking cessation program for pregnant women. Women in the program in 2016 were three times less likely to have a low birth weight baby weighing less than 5.5 pounds compared to Ohio women enrolled in Medicaid who smoked during pregnancy during the same timeframe.
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.
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.

PROMISING PRACTICE

In November 2014, Columbus Public Health trained Columbus Division of Fire staff on how to identify infant unsafe sleep environments, provide safe sleep education to families, and connect eligible families with a free Graco® Pack N’ Play. 2015 follow-up data indicated that 88 percent of Columbus Division of Fire staff agreed it was a worthwhile initiative, and 76 percent learned something new during training that can benefit them as EMS providers. More than 100 EMS officers and firefighters have received the training, and 29 EMS officers have completed Columbus Public Health’s safe sleep class, with plans for all EMS officers to complete the class. Columbus Division of Fire EMS officers and firefighters have educated 347 families on the importance of infant safe sleep practices since July 2016.
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.
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.

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**PROMISING PRACTICE**

The Hamilton County/Cincinnati Ohio Equity Institute team connects new and expectant parents, caretakers (e.g., daycare/child care staff) and extended family to community peer advocates and needed resources in targeted zip codes at highest risk for poor birth outcomes. Community peer advocates are conducting safe sleep trainings and addressing other risk factors that contribute to infant mortality. Safe sleep messaging is being aligned within businesses, church nurseries, childcare centers and other settings.
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.

PROMISING PRACTICE

CenteringPregnancy© is an evidence-based group prenatal care model that has expanded to eight sites throughout Ohio. The percentage of preterm births (< 37 weeks gestation) among women who received prenatal care from a CenteringPregnancy© program in 2016 was 8.3 percent compared to 10.4 percent among all live births in Ohio. The percentage of low birth weight (<2,500 g) babies was 10.3 percent compared with 8.7 percent for Ohio overall. Patient satisfaction among women in Ohio's CenteringPregnancy© programs in 2016 was 97.6 percent.