More than 1,000 Ohio babies die before their first birthday every year; and our infant mortality rate puts Ohio as the fourth worst in the country.

Preventing infant mortality is now one of the Ohio Department of Health’s four strategic priorities. With more than $6 million allocated in the 2014-2015 state budget and growing partnerships between state, local and national experts, Ohio is ready to tackle this problem.

**Safe Sleep Campaign**

ODH will 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: Alone, on their Back, in a Crib.

Materials, slogans, and branding would be developed for the campaign. The Ohio Children's Trust Fund has committed $50,000 to the project and the American Academy of Pediatrics has committed $10,000. The 2014-2015 state budget will add an additional $847,855, bringing the total to nearly $1 million which would help support a robust campaign that effectively targets our key audiences throughout the state.

**FACT:**

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
Preventing Infant Mortality

**Progesterone Prematurity Prevention Project**

Health care costs in the first year of life average 10 times higher for preterm than full term infants. Accordingly, a preterm baby will cost $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.

Recent studies have shown that a hormone supplement of 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 short cervix. This hormone helps the uterus grow and prevents it from contracting, which could lead to miscarriage.

ODH seeks to prevent premature births and lower the infant mortality rate by encouraging wider use of progesterone treatment. The state budget dedicates $1,265,952 to educate prenatal care providers so they can better identify, screen, treat and track outcomes for women eligible for progesterone supplementation in Ohio.

Funding is also included for training ultrasound technicians to perform cervical ultrasounds. This is a critical screening tool to identify a woman with a short cervix - a condition that puts a woman at risk for preterm labor.

**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 initiative will help connect women of reproductive age, including pregnant women, to the tools, training and assistance needed to quit smoking.

In the state budget, lawmakers provided $1,002,981 each year to take advantage of the evidence-based smoking cessation tactic called the 5 A’s (Ask, Advise, Assess, Assist, and Arrange) which has already
Preventing Infant Mortality

been developed and tested by experts at the Agency on Healthcare Research and Quality. The funds will train physicians in the use of the 5 As treatment approach. The approach 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 screening can be treated early and have a better chance for a healthy life. It is estimated that SCID occurs in one in every 40,000-100,000 live births.

SCID will be added to the Ohio Department of Health’s list of newborn screening items. The new state budget allows for ODH to increase the fee to hospitals to cover the cost of testing for SCID and to support the operations of the Public Health Laboratory. The fee change increases the newborn screening fee by $8.70 per newborn screening kit to generate an additional $1.2 million in revenue per year. The fee increase ensures ODH the ability to perform the service.

Newborn Screening: Critical Congenital Heart Disease

Critical Congenital Heart Disease (CCHD) is a group of heart defects that cause severe and life-threatening symptoms and require surgery or catheter-based intervention early in life. 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 can be sent home from the hospital before their heart defect is detected.

Thanks to Senate Bill 4, ODH will be adding this to the list of newborn screening requirements. 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. ODH will track screening results and adopt rules establishing standards and procedures for the new requirement.
Preventing Infant Mortality

Expanding the 39 Week Project

Ohio’s 39 Week project started through a group called the Ohio Perinatal Quality Collaborative. ODH and the other members of the OPQC worked with health care providers in the 20 largest birth centers to reduce the number of elective births that happened before 39 weeks.

Between September 2008 and March 2013
- 31,600 babies born at 39 weeks or later
- 950 fewer NICU admissions
- $19,000,000 in cost savings

OPQC will continue to disseminate the 39-Weeks & Birth Registry Accuracy project as planned to all Ohio maternity hospitals, with the work scheduled to conclude in Spring 2014.

The Association of State and Territorial Health Officials (ASTHO) recognized OPQC’s efforts to improve maternal, infant, and child health with the 2010 ASTHO Vision Award. This award recognizes health department programs and initiatives that use innovative approaches to address public health needs or problems. OQPC’s collaborative, evidence-based and data-driven strategies are key to reducing prematurity and taking steps to address infant mortality in Ohio.

Ohio Institute for Equity in Birth Outcomes

The Ohio Department of Health will be supporting select local communities with $480,000 during the next three years so they can participate in an intensive, evidence-based initiative to improve black infant mortality rates and reduce prematurity. The state will work with CityMatCH, a national organization specializing in maternal and child health, to create the Ohio Institute for Equity in Birth Outcomes.

During the next three years, these communities will participate and receive training to support them as they select, implement, and evaluate equity-focused projects: Butler County; Canton – Stark County; Cincinnati; Columbus; Cuyahoga County – Cleveland; Mahoning County – Youngstown; Montgomery County – Dayton (using current grant from ODH, so additional funding will not be needed); Summit County; Toledo - Lucas County

ODH will use federal Maternal and Child Health Block Grant funds to provide communities with half their CityMatCH application fee ($20,000) while the other portion of the fee will be supported by the community itself.
Preventing Infant Mortality

Ohio Senate Medicaid, Health and Human Services Committee Tour

State Senator Jones, (R-Springboro), State Senator Tavares (D-Columbus) and Dr. Wymyslo, Director of the Ohio Department of Health are hitting the road and traveling across the state to visit communities most impacted by infant mortality. During this Infant Mortality Prevention Tour, the leaders hope to learn best practices, spark conversations and heighten awareness to help more Ohio babies live to see their first birthday.