Infant Mortality Task Force
Meeting Notes
April 6, 2009

Ohio Department of Health (ODH) Director Alvin D. Jackson, M.D, welcomed the group and summarized the reason for the task force: the governor asked ODH to convene this task force to analyze infant mortality and disparities in Ohio, and to recommend ways to decrease infant mortality and eliminate disparities.

Jackson introduced the co-chairs: Maternal Health/Prematurity, Dr. Arthur Ollendorff; Maternal Care, Dr. Robert Flora; Newborn Care, Dr. Leif Nelin; Infant Care, Harvey Doremus. The co-chairs were encouraged by the work completed in the March meeting, which addressed challenges of infant mortality and introduced programs that currently focus on this issue. The task force is charged with developing strategies to lower infant mortality and improve birth outcomes for Ohioans. With the dedication of the task force, this goal will be accomplished. Meeting notes and resources are available on the Infant Mortality Task Force Web site located at:
http://www.odh.ohio.gov/odhPrograms/cfhs/imtf/imtf.aspx

Prematurity and its Contributing Factors: Jay D. Iams, M.D.
Prematurity is the no. 1 cause of infant mortality. The no. 2 cause of infant morality is birth defects. Over time, health professionals have not been able to eliminate the risk factors for infant mortality. Prematurity is considered birth at 20 weeks up to 37 weeks gestation. Seventy-five percent of infant mortality occurs when the child is born before 32 weeks.

The two types of preterm births are indicated preterm birth and spontaneous preterm birth. Taking medications such as antibiotics associated with preterm sexually transmitted diseases is linked to prematurity. Conditions such as hypertensive disease of pregnancy, antepartum placental hemorrhage and diabetes are linked to preterm births. Causes of prematurity are poor placenta function, infection, inflammation, bleeding, etc. More multi-fetal births and better obstetrical dating contribute to the rise in premature births. Births from 34-36 weeks account for the rising singleton preterm births.

<u>The trends of fetal and infant mortality suggest:</u>
- Preterm birth is sometimes best for mother and/or baby.
- Fetal compromise can cause preterm birth.
- Fetal and infant outcomes are more important than rates.

<u>Increased indicated preterm birth suggests:</u>
- Increased late preterm and near term infants in NICU.
- Better communication between OB and Pediatrics is essential.
- Culture of intervention has arisen fostering an increase in inappropriate scheduled births.

<u>What has been tried?</u>
- Drugs to stop labor.
- Improved access to prenatal care.
- Enhanced prenatal care.
- Periodontal care.
- Improved nutrition.
- Social support.
- Better diagnosis of medical disorders.
- Antibiotics.

Strategies commonly employed to decrease preterm births:

- Uterine monitors.
- Social support groups.
- Group prenatal care.
- Nurse-family partnerships.
- Access to prenatal care.
- Early access to care.

What interventions work

- Smoking cessation programs.
- Prolonging inter-pregnancy interval.
- Progesterone supplements prior to preterm birth.
- More fish in diet.
- Preconception foliate supplement.
- Prevention of inappropriate scheduled birth.
- Prematurity awareness.

Although preterm birth is the No. 1 cause of infant mortality, some preterm births are necessary. Open communication is needed regarding the risks of preterm births.

How can preterm birth-related infant deaths be reduced?

- Prevention of inappropriate scheduled births.
- Optimal choices in fertility therapy.
- Regionalized care.
- Prenatal care.
- Promotion and improved selection of candidates for progesterone and cerclage.
- Improved access to care for women with risk.

Slides from Dr. Iams' presentation will be posted on the web site.
http://www.odh.ohio.gov/odhPrograms/cfhs/imtf/imtf.aspx

Unnatural Causes: When the Bough Breaks

A PBS video special questioned why infant mortality rates for African-Americans remain more than twice as high as for white Americans. Although birth outcomes are generally better for those with higher education and income, black women with college degrees are still more likely to give birth prematurely than white women who have not finished high school. A provocative explanation for this is that the chronic stress of racism becomes embedded in the body and affecting birth outcomes for African-Americans. Below are note from the discussion which followed:

General Issues:

- Be bold and courageous – speak to real issues with recommendations.
- Access to prenatal care is **not** enough.
- Equal medical care hands on (literally) for everyone.
- Consider other groups with life-long stress (e.g. migrant workers).

Advice

- Partner to get impact to bigger issues disparities.
- Keep **human race** point of view – we are in this together.
- Awareness to **try** to understand point of view of African-American women.

- Larger context not individuals – keeping families connected.

Committee Summaries

Maternal Care Risk Factors:

- Medical care coverage.
- Appropriate level delivery hospital - transport issue.
- Prenatal care.
- Multiple gestation.
- C-section.
- Domestic violence.
- Low birth weight-very low birth weight.
- Prematurity.
- Infection.
- Labor/delivery complications.
- Unintended pregnancy.
- Maternal age (less than 18, more than 35).
- Short inter-pregnancy interval.
- Social-emotional support issues.
- Mental health issues.

The maternal care committee identified additional contributing factors to infant mortality such as breastfeeding, education, chronic illnesses and substance abuse. Risk factors were placed in three categories: society, medical and race.

Newborn Health Risk Factors

- Medical Care Coverage.
- Sudden Infant Death Syndrome.
- Domestic violence.
- Unintended injury.
- Unsafe sleep environment.
- Low Birth Weight-very low birth weight.
- Congenital anomalies.
- Social-emotional support issues.
- Mental health Issues.

The newborn health committee identified additional contributing factors to infant mortality such as recession, access to care, racism with the provision of care, promotion of breastfeeding, conflicting messages from health care providers and family members and lack of communication between health professionals.

Maternal Health Risk Factors

- Chronic diseases.
- Behavioral.
- High parity.
- Medical care coverage.
- Domestic Violence.
- Prematurity.
- Short inter-pregnancy interval.
- Social-emotional support Issues.

- Mental health issues.

The maternal health committee identified eight themes that contribute to infant mortality such as education; access; outreach; broad-based approaches; race and ethnicity; socio-economic issues; prevention; and wellness- and stress-related health issues. This committee recognized that the overall health and well-being of women is important.

Infant Health Risk Factors:

- Medical Care Coverage.
- SIDS.
- Domestic Violence.
- Unintended Injury.
- Unsafe Sleep Environment.
- Low birth weight-very low birth weight.
- Congenital anomalies.
- Social-emotional support issues.
- Mental health issues.

The infant health committee identified additional contributing factors to infant mortality such as societal, health and social services, home and family issues and home environment. These factors can be packaged into policy, program and financing issues.

Announcements, Next Steps and Time Line

- Each committee will meet prior to the next large task force meeting May 8, 2009. These meetings will either take place in person or via conference call. Each committee must be prepared to discuss their recommendations for the preliminary report at the May meeting.
- Task force members and committee members will convene again in June to make final edits to the preliminary recommendations based on subcommittee input and stakeholder feedback.
- **The deadline to submit preliminary recommendations to the governor's office is June 30, 2009.**
- **The final report with recommendations to address infant mortality and disparities will be presented to the governor on Sept. 1, 2009.**
- Committee members will receive access to SharePoint via e-mail. A password and login will be provided to committee members who choose to register.
- Additional copies of the Policy Brief will be distributed at the May 8, 2009, meeting.

Save the Date

Dr. James W. Collins, Jr. will be presenting in Columbus, Ohio in November 2009 at the March of Dimes conference.

Save the Date.pdf