Eliminating Racial Disparities

Eliminating racial disparities in infant mortality will require a focus on reducing low- and very low-birth weight infants through strategies aimed at improving the quality of prenatal care, pre-conception and inter-conception health and identifying underlying medical conditions.°  

Education in Safe Sleep Practices

Suffocation is the leading cause of injury-related death for babies before their first birthday. Each week, there are more than 3 Ohio infant deaths that are sleep related. The safest sleep for a baby is alone, on their back, in a crib.°

Education in Progesterone Treatment

The Ohio Department of Health encourages wider use of progesterone treatment to help prevent premature births. Several studies have shown that supplemental progesterone in the second and third trimesters can reduce the incidence of pre-term birth in some women. 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.°

Quitting Smoking

Smoking cigarettes before and 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.°

LOCAL INFANT MORTALITY REDUCTION RESOURCES

- Summit County Public Health Office of Minority Health dwill@schd.org
- SCPH Child and Family Health Services sbhaar@schd.org
- SCPH City Match - The Institute for Equity in Birth Outcomes citymch@umn.edu
- Ohio Infant Mortality Reduction Program, Ohio Dept of Health 614-466-5545
- National Partnership for Action to End Health Disparities dwill@schd.org
- Centers for Disease Control and Prevention 800-CDC-INFO

QUIT SMOKING RESOURCES

- Ohio Tobacco Quit Line 800-QUIT-NOW
- Ohio Tobacco Collaborative 614-466-2144
- Summit County Tobacco Prevention Coalition
- Nicotine Anonymous (Summit County) www.nicotine-anonymous.org
- Akron General Quit Smoking Classes (Summit County) 330-344-2462
- Summa Lung Health Program (Summit County) 330-929-LUNG

References:
1. Ohio Department of Health Turn Up the Volume on Infant Mortality Quick Facts Sheet.
2. Commonwealth Fund 2009 State Scorecard on Health System Performance; SCPH, Office of Epidemiology and Biostatistics Infant Mortality Brief, June 2013;
WHY THE CONCERN ABOUT INFANT MORTALITY?

In Ohio...
- About 3 babies die each day (about one baby every 8 hours).
- While the rest of the nation as a whole has experienced a reduction in infant mortality of about 3% a year, Ohio’s infant mortality rate has escalated.
- Ohio’s infant mortality rate is higher than most states and the U.S. rate. The U.S. rate is higher than nearly all other industrialized countries.
- The Commonwealth Fund ranked Ohio 42nd out of 50 states for its infant mortality rate.

In Summit County...
- From 2000 - 2009, 484 infants born as Summit County residents died before their first birthday.
- The 2000-2009 average infant mortality rates for Summit County were 7.2 per 1000. This was slightly lower than the 2000-2009 rates for Ohio (7.3 per 1000).
- Both the Summit County and Ohio rates were higher than the Healthy People 2010 objective of 4.5 per 1000.
- As recently as 2011, the infant mortality rate for infants born to African-American mothers was more than double the rate of infants born to white mothers in Summit County.

WHY ARE BABIES DYING?

Leading Causes of Infant Death, Summit County, 2000-2009
- Of the total number of infant deaths from 2000-2009, the vast majority (95%) were due to medical causes.
- Of the 449 deaths due to medical causes, more than half (51%) had causes of death associated with prematurity (as defined by the National Center for Health Statistics).
- Of the 35 infant deaths due to external causes, more than half (51%) were due to asphyxiation which includes unsafe sleep practices.
- From 2000-2009, 78% of infant deaths were considered neonatal deaths (less than 28 days of age).

Low birth weight (less than 2,500 grams) and prematurity (less than 37 weeks) are the leading risk factors for infant mortality.