

# PROTECTING OHIO'S BABIES AND MOTHERS:

Understanding Premature Delivery Rates  
And Infant Mortality In Ohio



A white paper presented by  
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# MOST EXPECTANT PARENTS HAVE ONE THING IN COMMON: **THE DESIRE TO HAVE A HEALTHY BABY.**



Unfortunately, recent trends reveal that babies are more at risk for dying – and more babies are being born prematurely – than in years past.

It's a shocking and sobering fact. And people want to know why.

**Let's take a closer look at some of the data and consider some of the reasons why this is happening.**

# UNDERSTANDING INFANT MORTALITY RATE AND PREMATURE DELIVERY RATE



## WHAT IS INFANT MORTALITY RATE?

The infant mortality rate is the number of babies who die within their first year of life, per 1,000 births.

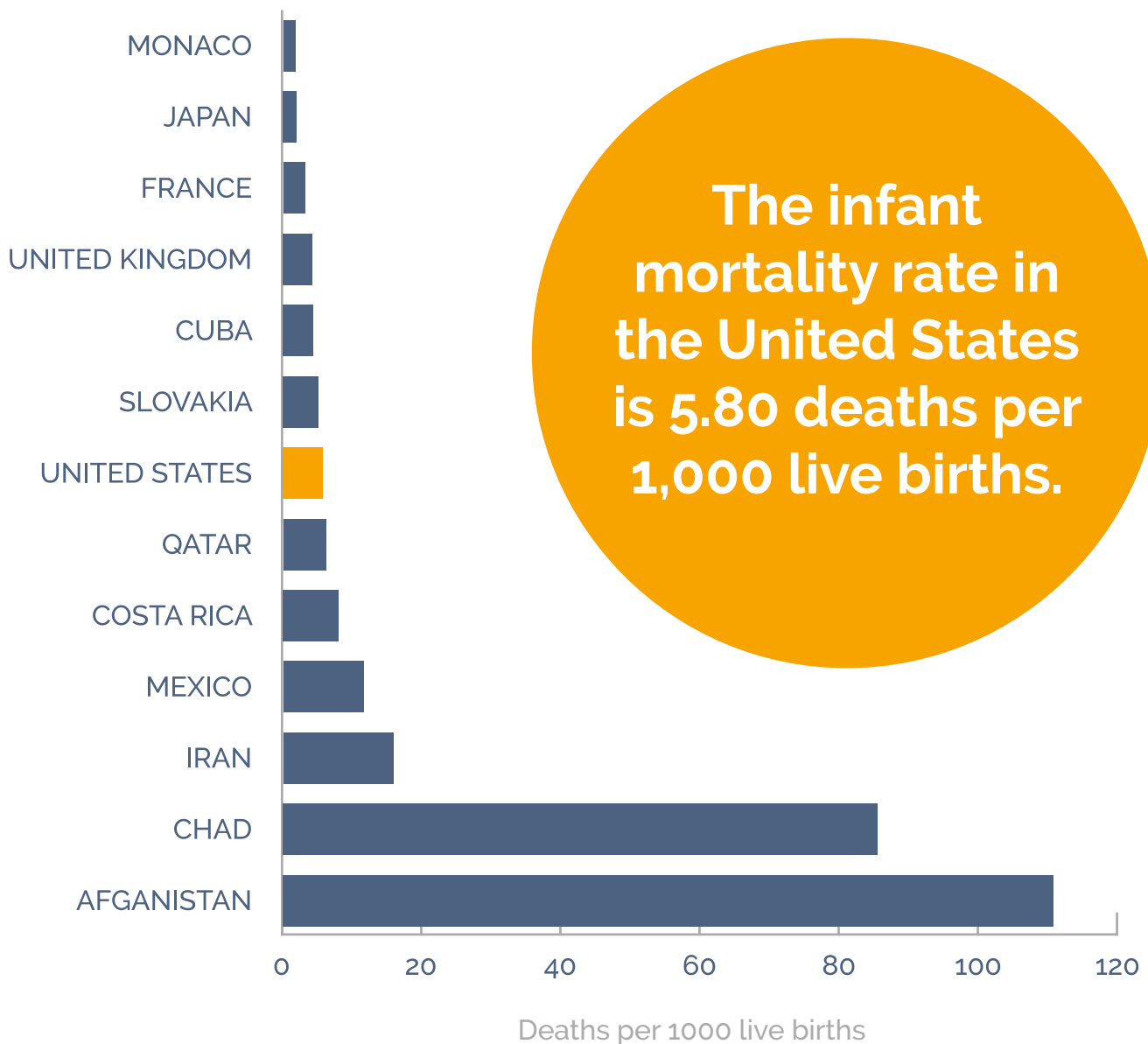


## WHAT IS PREMATURE DELIVERY RATE?

A birth that takes place more than three weeks before the baby's estimated due date is considered premature delivery.

# INFANT MORTALITY RATES AROUND THE WORLD (2017 EST.)

According to Central Intelligence Agency data<sup>1</sup>, the United States ranks 170 out of 225 countries. Monaco recorded the lowest infant mortality rate, while Afghanistan was the lowest-rated country with an infant mortality rate of 110.60 deaths per 1,000 live births.



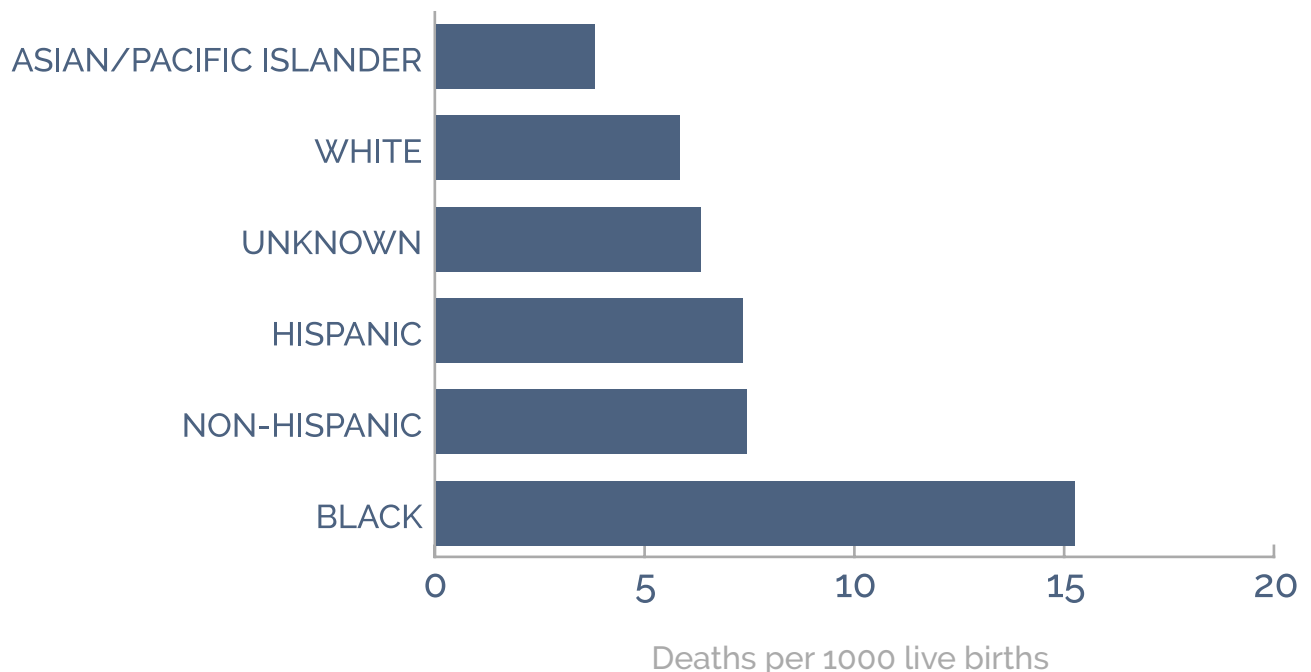
# WHY IS INFANT MORTALITY RATE IMPORTANT?

Infant mortality rate gives us a broader picture of maternal and infant health in the United States. Infant mortality rate is often used as an indicator of the overall health of a population.

## Infant Mortality Rate By State: Where Does Ohio Rank?

When compared with other states, Ohio consistently ranks toward the bottom when it comes to both infant mortality and premature delivery rates. In Ohio, the leading cause of infant mortality is prematurity-related conditions<sup>2</sup>.

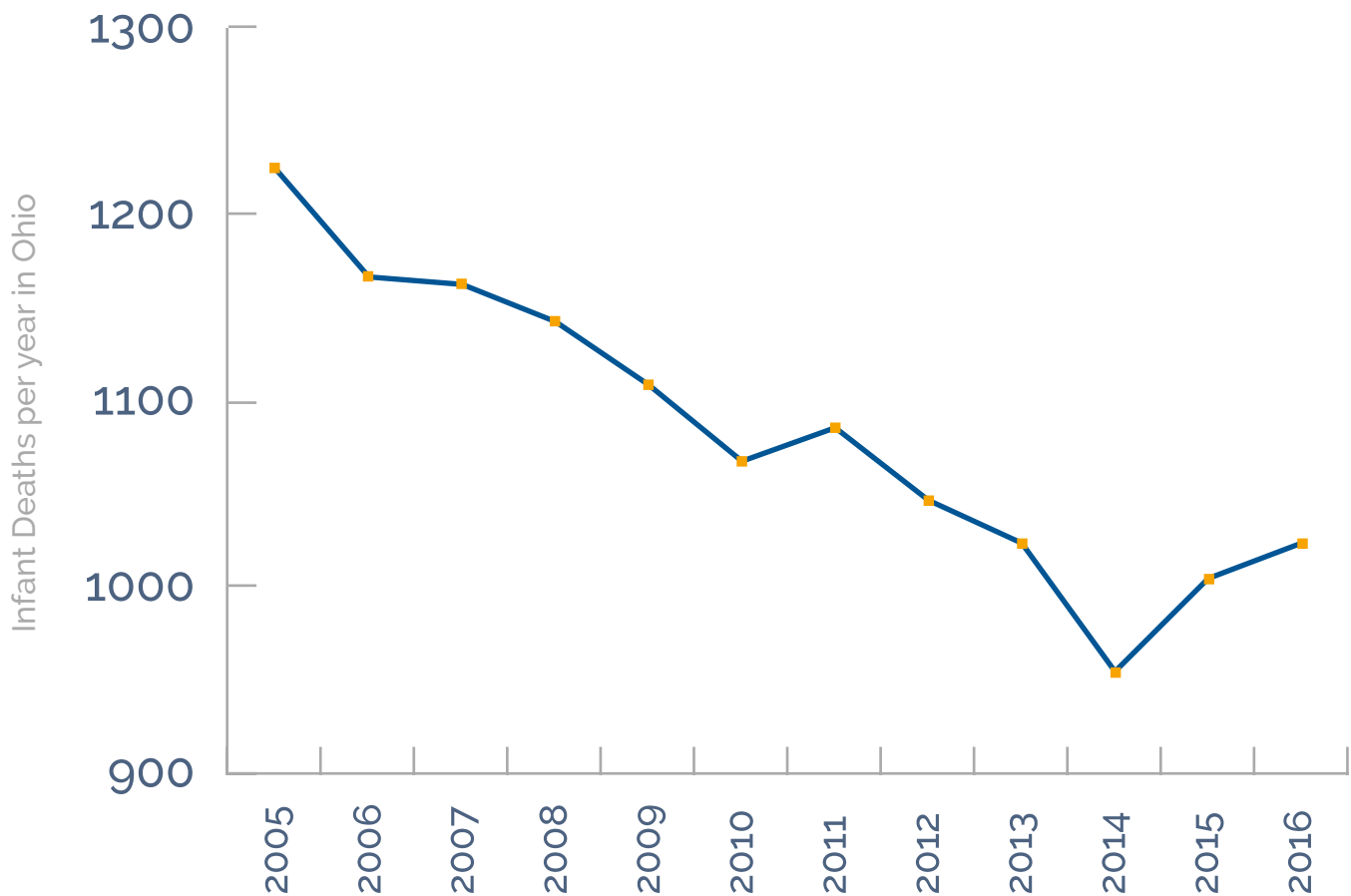
In 2016, Ohio ranked 40 for infant mortality rate<sup>7</sup>, with 7.4 deaths per 1,000 live births. The data is further broken down by race:



# INFANT DEATHS IN OHIO BY YEAR

As you can see, African-American babies are significantly more likely to die during their first year of life than babies of any other race. Between 2013 and 2015, the infant mortality rate for babies born to non-Hispanic black women in Ohio was the second highest in the nation, behind Wisconsin<sup>3</sup>.

Ohio made steady progress in the prevention of infant deaths over the past decade, but alarming data shows the number has been on the rise again in recent years. The number of infant deaths in Ohio<sup>4,5,6</sup>, compared with other years, were:



# STATES AND COUNTRIES WITH SIMILAR INFANT DEATH RATES

## HOW DOES OHIO'S INFANT DEATH RATE COMPARE TO OTHER STATES AND COUNTRIES AROUND THE WORLD?

Ohio's infant death rate of 7.4 is higher than Russia's (6.8) and Chile's (6.6). Ohio has the same infant death rate as Macedonia and Lebanon.

Compared to other states, Ohio's infant mortality rate is the same as Oklahoma and Tennessee<sup>7</sup>.

# INFANT MORTALITY RATE **RISK FACTORS**

Ohio has one of the highest infant mortality rates in the United States, and the rate continues to rise. Risk factors for premature delivery include:



## **OBESITY**

Obesity is defined as having a body mass index (BMI) of 30 or greater. According to the CDC<sup>9</sup>, 36.5 percent of adults in the United States are obese. According to the State of Obesity, an annual report sponsored by the Trust for America's Health and the Robert Wood Johnson Foundation, Ohio's obesity rate in 2016 was 31.5 percent<sup>10</sup>, and Ohio is rated the 19th most obese state in the U.S. Obesity is a risk factor for many ailments, such as Type 2 diabetes, hypertension, heart disease, stroke and certain types of cancer – all of which can present serious health risks for both mother and baby.



## **DIABETES**

According to the CDC<sup>11</sup>, more than 100 million Americans have diabetes or prediabetes. According to the State of Obesity<sup>12</sup>, 11.1 percent of adults in Ohio have diabetes, and the state is tied with Nevada at 19th highest in the U.S. Increased blood glucose levels during pregnancy can lead to organ damage and birth defects. The condition can also increase the chances of premature delivery, having a large baby, respiratory problems for the baby and miscarriage.

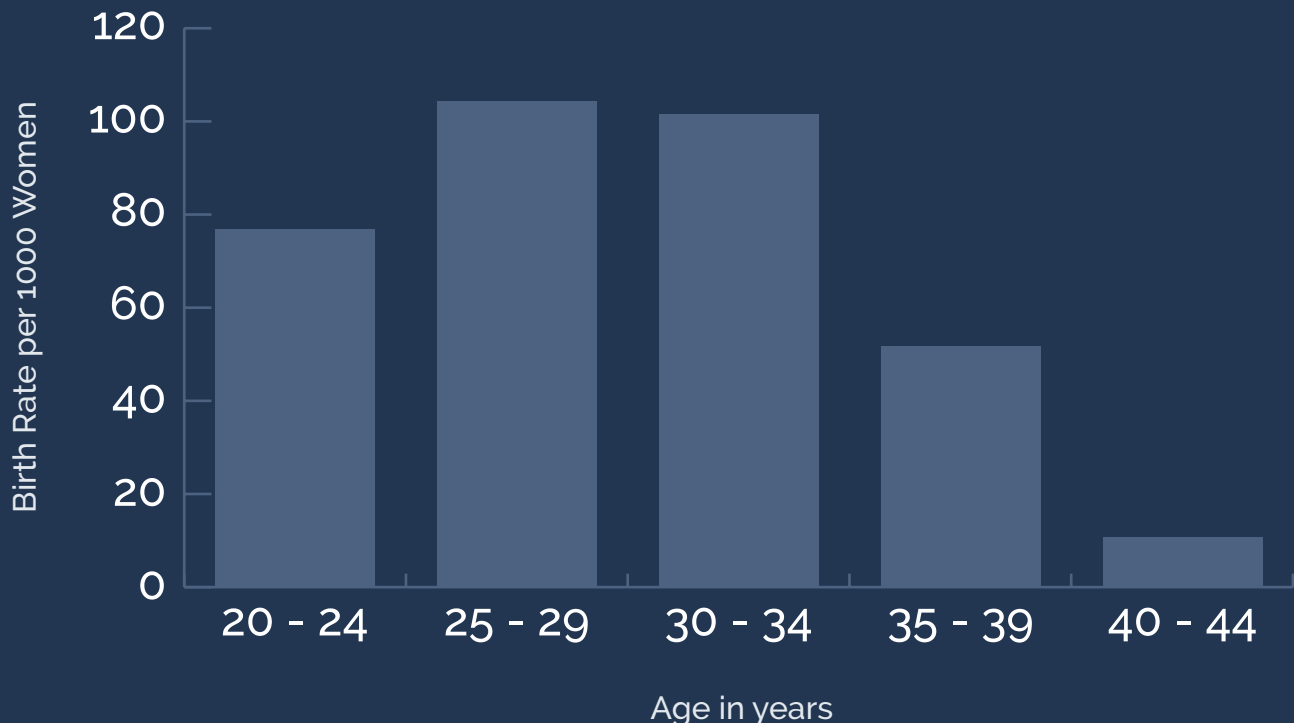


# INFANT MORTALITY RATE **RISK FACTORS**



## **ADVANCED AGE**

Many women are waiting longer to have children. The birth rate for women in their 20s has been declining over the past decade, while the birth rate for women in their 30s has been increasing. While women in their late 20s still have more babies than women in other age groups, we are seeing a gradual shift upward. Women who become pregnant later in life are generally at greater risk of complications including premature birth and miscarriage. According to the CDC<sup>13</sup>, in 2015, the birth rate for women by age group was:



# INFANT MORTALITY RATE **RISK FACTORS**



## **A FAILING HEALTH CARE SYSTEM**

The demand for health care in the U.S. is increasing. The population is aging. Obesity is on the rise. The health care industry is trying to provide the same level of service more quickly to more people.



## **THE OPIOID EPIDEMIC**

Opioid-dependent expectant mothers are at an increased risk for myriad health issues that can affect both the mother and her baby. Many do not get prenatal care, putting both mother and baby at even greater risk.



## **PREMATURE DELIVERY RATE**

Premature delivery rate is a risk factor for infant mortality. According to the U.S. Centers for Disease Control and Prevention (CDC), approximately one in 10 babies were born prematurely in the U.S. in 2016<sup>8</sup>.

# OHIO'S PREMATURE DELIVERY RATE IS RISING

The final weeks of pregnancy are important for the baby's growth and development. Babies born prematurely are more likely to have medical problems as they grow older. Some health problems associated with prematurity may necessitate lifelong medical care.

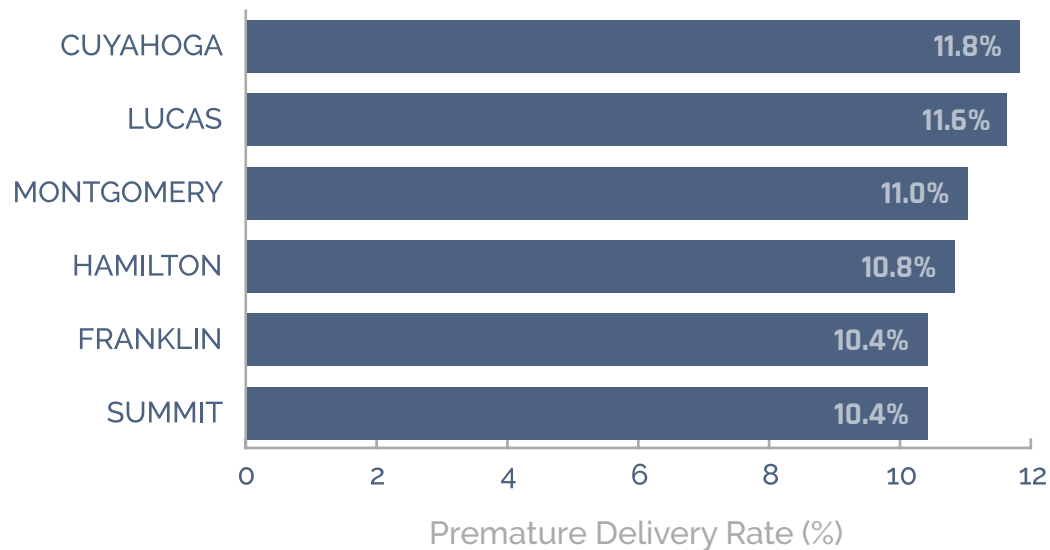
The preterm birth rate in Ohio in 2016 was 10.3 percent<sup>14</sup>. Nationwide, Ohio is ranked No. 40 for preterm births. Sadly, there are only a handful of states with a premature delivery rate higher than Ohio's.

It is worth noting that the rise in premature delivery rates is due partially to an increase in multiple births linked to women becoming pregnant later in life and the rise of fertility treatments. Mothers carrying twins (or other multiples) are approximately six times more likely to deliver prematurely than mothers carrying only one baby.

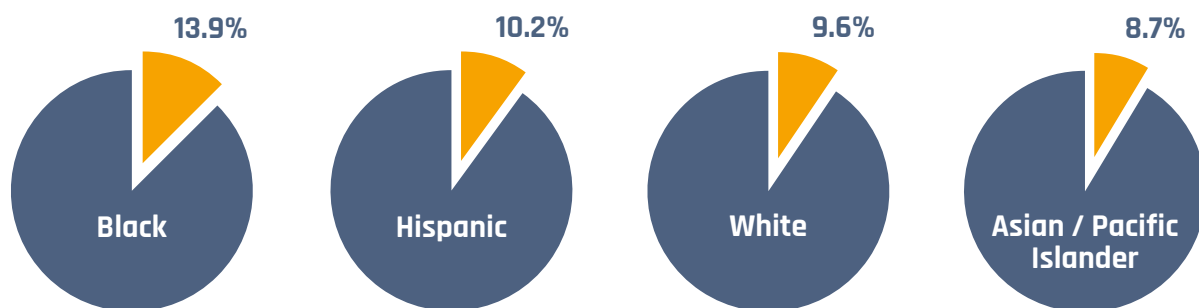
However, the prematurity rate in the United States has risen overall in recent years.



According to Ohio's March of Dimes Premature Birth Report Card, the counties with the highest prematurity rates in 2016 were:



Broken down by race, Ohio's premature delivery rates in 2016 were:



There is a lot of information to absorb here: Ohio's prematurity rate is high – among the highest in the country. Black babies are more likely to be born prematurely in Ohio than babies of other races. And urban counties – home to Cleveland, Cincinnati, Toledo, Dayton, Columbus, and Akron – are more heavily hit than rural areas.

# WHAT CAN BE DONE?

The first step in fixing the problem is acknowledging it.

Not every baby will be born healthy. Not every baby will live to be 1 year old. But the rising infant mortality and premature delivery rates are something to be concerned about. The good news is, the state is taking action.

The Ohio Health Department<sup>15</sup> has begun implementing strategies to address the rising infant mortality in the state. They include:



Working with the Ohio Perinatal Quality Collaborative to prescribe more progesterone during pregnancy, especially in high-risk neighborhoods. Progesterone has been shown to reduce the risk of preterm birth.



Working with the public to encourage birth intervals of 18 months or longer. This helps the mother recover physically between births, which can ultimately reduce the risk of prematurity and low birth weight. The department is working to improve access to contraceptives.



Implementing programs to encourage pregnant women to quit smoking. Smoking is a risk factor for infant mortality, as it increases the chances of low birth weight and preterm birth.



Recommending diabetes and high blood pressure screenings during pregnancy. Both of these health conditions are risk factors for low birth weight and preterm birth.

# OHIO PERINATAL QUALITY COLLABORATIVE

The goal of the Ohio Perinatal Quality Collaborative (OPQC)<sup>16</sup> is to reduce preterm births and improve birth outcomes in Ohio. It includes perinatal clinics, hospitals, policymakers and government entities. The OPQC works in conjunction with government agencies to improve mom and baby care.

The OPQC is involved in many initiatives, including NICU Graduates, the Progesterone Project and Smoke Free Families.

Perinatal quality collaboratives have shown to be effective at reducing infant mortality rates in other states, notably California and Illinois.



# WHAT CAN EXPECTANT MOTHERS DO?

Ohio's rising infant mortality and premature delivery rates are concerning, but pregnant women should feel empowered to make decisions that will positively affect their health and the health of their baby. Here are some things mothers can do:



## **PARTICIPATE FULLY IN PRENATAL CARE**

Prenatal care is designed to help expectant mothers stay healthy during pregnancy. Effective prenatal care helps identify potential issues and aims to prevent health problems that can affect the mother and/or the baby. Expectant mothers should participate fully in their prenatal care by going to all medical appointments and taking the advice of their doctors.



## **STAY HEALTHY**

A healthy pregnancy is good for the mother and baby. Get plenty of physical activity and work with your doctor to establish a safe exercise routine for each stage of your pregnancy. Eat a balanced diet. Discuss any medications you are taking with your doctor and consider alternative treatments for those that could harm the baby. Avoid smoking and consuming alcohol. Discuss additional ways to stay healthy during pregnancy with your doctor.



## **ASK QUESTIONS**

Do not be afraid to ask questions. If you have a health concern, discuss it with your doctor. Nothing is off limits.

**IN CASES WHERE A DOCTOR OR OTHER MEDICAL PROVIDER  
MADE A MISTAKE - IN PRENATAL CARE OR BEFORE, DURING  
OR AFTER DELIVERY - FAMILIES MAY WANT TO CONSIDER  
TALKING TO A BIRTH INJURY ATTORNEY.**



Remember: Your doctor works for you. If you are not receiving the quality care you deserve, you can go to another doctor. Expectant mothers should demand the health care they deserve.



We need to raise awareness and continue having important conversations about infant mortality and premature delivery rates. Maternal and infant health affects us all.

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# SOURCES

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<sup>2</sup> Ohio Department Of Health, 2016 Ohio Infant Mortality Data: General Findings <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/OEI/2016-Ohio-Infant-Mortality-Report-FINAL.pdf>

<sup>3</sup> Centers For Disease Control And Prevention-National Center For Health Statistics, State Variations in Infant Mortality by Race and Hispanic Origin of Mother, 2013-2015 <https://www.cdc.gov/nchs/data/databriefs/db295.pdf> (Last updated January, 2018)

<sup>4</sup> Ohio Department of Health, Office of Vital Statistics, Neonatal, postneonatal, and infant mortality, Ohio and counties, 2007-2013 <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/Infant-Mortality/IMR-Ohio-by-race-2007-to-2011-final-statistics.pdf?la=en>

<sup>5</sup> Ohio Department of Health, 2015 Ohio Infant Mortality Data: General Findings <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/OEI/2015-Ohio-Infant-Mortality-Report-FINAL.pdf?la=en>

<sup>6</sup> Ohio Department Of Health, Total Ohio Infant Deaths Rise in 2016 While Sleep-Related Deaths Decline <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/news/2017/ODH-News-Release----2016-Ohio-Infant-Mortality-Report.pdf?la=en>

<sup>7</sup> Centers for Disease Control and Prevention, Infant Mortality Rates by State [https://www.cdc.gov/nchs/pressroom/sosmap/infant\\_mortality\\_rates/infant\\_mortality.htm](https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm) (Last updated January 11, 2018)

<sup>8</sup> Centers for Disease Control and Prevention, Preterm Birth <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm> (Last updated November 27, 2017)

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<sup>10</sup> The State of Obesity, Adult Obesity in the United States <https://stateofobesity.org/adult-obesity/>

<sup>11</sup> Centers for Disease Control and Prevention, New CDC report: More than 100 million Americans have diabetes or prediabetes <https://www.cdc.gov/media/releases/2017/p0718-diabetes-report.html> (Last updated July 18, 2017)

<sup>12</sup> The State of Obesity, Diabetes in the United States <https://stateofobesity.org/diabetes/>

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<sup>14</sup> March of Dimes, 2016 Premature Birth Report Card <https://www.marchofdimes.org/materials/premature-birth-report-card-ohio.pdf>

<sup>15</sup> Ohio Department of Health, New Strategies To Address Infant Mortality In Ohio (2017-2018) <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/OEI/New-Strategies-Addressing-Infant-Mortality-in-Ohio-2017-18-FINAL.pdf?la=en>

<sup>16</sup> Ohio Perinatal Quality Collaborative <https://www.opqc.net/>