



Surviving the First Year: An Overview of Infant Mortality Data, Trends, and Intervention Opportunities

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Learner's Objectives

Describe infant mortality in Tarrant County including causes, trends, and racial/ethnic disparities

Discuss the importance of preconception and interconception care to improve birth outcomes

Identify public health, policy, clinical and community-based strategies to reduce adverse birth outcomes

fpst.com

What is a fetal death?

- A spontaneous intrauterine death any time during pregnancy *with no signs of life at birth*, regardless of gestational age or birthweight
- Different *reporting* standards for different states
 - 20+ weeks gestation and/or 350 grams birthweight
 - 24+ weeks gestation
 - All periods of gestation

Sources: World Health Organization and the Centers for Disease Control and Prevention

What is an infant death?

- The death of a baby before his or her first birthday
- Documented as an infant death if there are *ANY signs of life at birth*, regardless of gestational age, regardless of birthweight

Source: World Health Organization

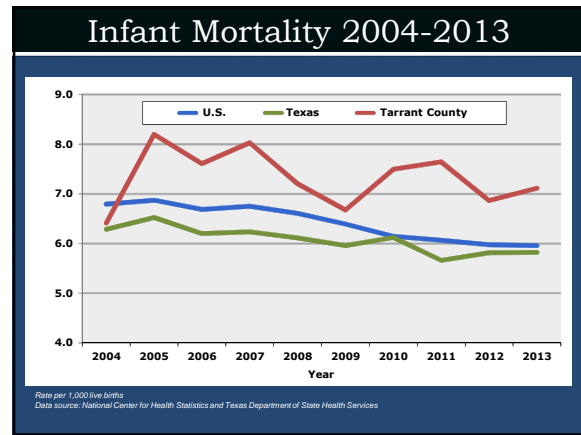
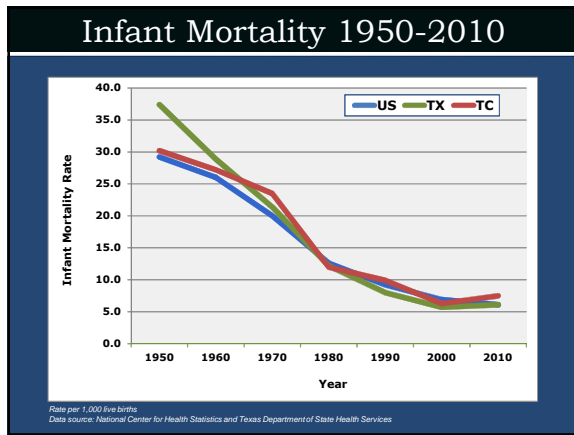
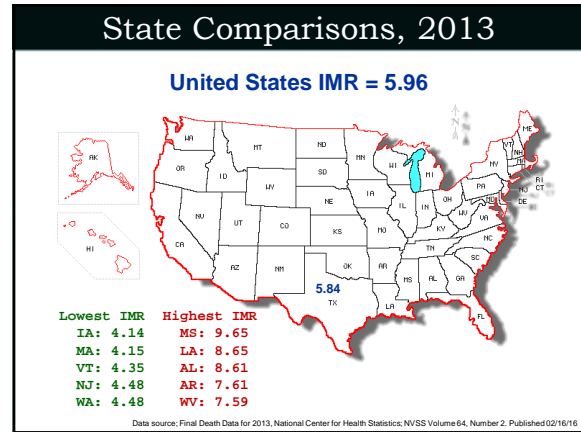
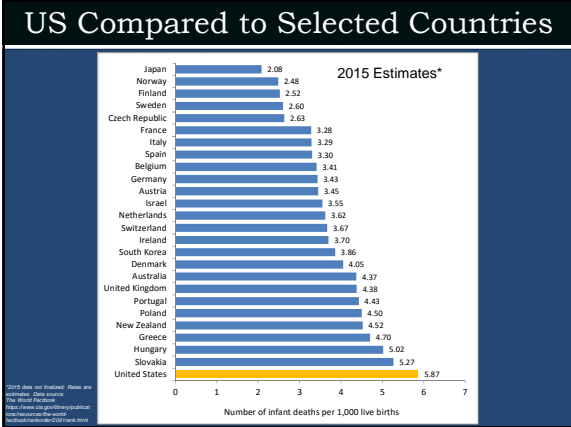
Sources of Fetal-Infant Mortality Stats

- Vital Statistics
- Perinatal Periods of Risk (PPOR)
- Child Fatality Review (CFR)
- Fetal-Infant Mortality Review (FIMR)



WHAT VITAL STATISTICS TELL US...

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Infant Mortality by Texas County, 2013[†]

County	2013 IMR	Percent Change from 2012
Tarrant	7.11	3.49
Harris	6.77	13.40
Dallas	6.62	1.38
Bexar	6.04	-8.76
Hidalgo	5.11	-0.78
El Paso	4.64	3.80
Collin	3.96	7.90
Travis	3.82	-14.92

Texas = 5.82
 HP 2020 = 6.00

[†]Countries with 10,000 or more live births
 Rate per 1,000 live births
 Data source: Texas Department of State Health Services

Infant Mortality by Texas City, 2013[†]

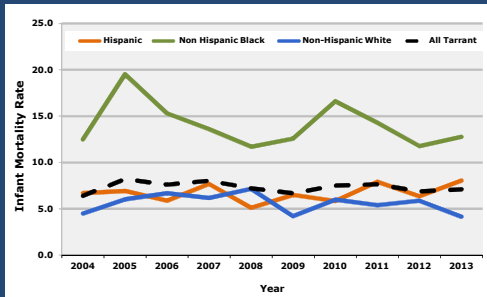
City	2013 IMR	Percent Change from 2012
Fort Worth	8.59	10.98
Dallas	7.18	1.13
Houston	6.93	12.68
San Antonio	6.54	-7.10
Arlington	4.91	-24.11
El Paso	4.58	2.69
Austin	4.20	-7.08
Laredo	3.86	-36.09

Texas = 5.82
 HP 2020 = 6.00

[†]Cities with 5,000 or more live births
 Rate per 1,000 live births
 Data source: Texas Department of State Health Services

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Infant Mortality by Race/Ethnicity, 2004-2013



Rate per 1,000 live births
Data source: Texas Department of State Health Services

Leading Causes of Infant Death, 2011-2013

Hispanic	Non-Hispanic Black	Non-Hispanic White
Congenital malformations (24.0%)	Newborn affected by maternal complications of pregnancy (15.4%)	Congenital malformations (20.8%)
Disorders related to short gestation and low birth weight (21.6%)	Congenital malformations (14.1%)	Sudden Infant Death Syndrome (SIDS) (13.8%)
Sudden Infant Death Syndrome (SIDS) (10.8%)	Disorders related to short gestation and low birth weight (13.5%)	Disorders related to short gestation and low birth weight (13.1%)
Newborn affected by maternal complications of pregnancy (9.3%)	Sudden Infant Death Syndrome (SIDS) (9.0%)	Newborn affected by maternal complications of pregnancy (8.8%)
Newborn affected by complications of placenta, cord, and membranes (4.4)	Newborn affected by complications of placenta, cord, and membranes (4.5)	Bacterial sepsis of newborn (4.4%)

% = percentage of all deaths per race/ethnicity
Data source: Texas Department of State Health Services

Linked Birth-Infant Death File

- Variables from the death certificate of each infant under 1 year of age are linked to variables from the birth certificate
- Critical to properly examining the link between infant death and birth characteristics, including maternal and paternal demographic data, birth weight, gestation, prenatal care, maternal risk factors, etc.

Prematurity and Low Birth Weight

- The majority (59%) of infant deaths in TC are among babies born **< 32 weeks gestation** (very preterm) and more than half (58%) of all infant deaths are **very low birth weight** (VLBW <1,500 grams)

- Very preterm babies have an IMR **110x higher** than full term babies and VLBW infants have an IMR **128x higher** than those of adequate birth weight.



Data source: Texas Department of State Health Services, 2011-2013

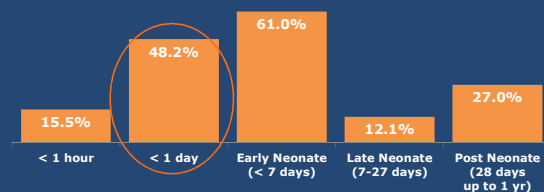
Demographic Differences

- Mothers on **Medicaid** have higher IMR than those with **private insurance**. (7.8 vs. 5.1)
- Non-Hispanic Black mothers with **college degrees** have IMR higher than Hispanics and Non-Hispanic Whites who **did not finish high school** (10.0 vs. 8.5 & 6.4).
- Mortality among babies of **unmarried** mothers is higher than among babies whose mothers are **married** (8.0 vs. 5.8).
- Mothers who are **overweight/obese** before pregnancy lose their infants at a higher rate than **healthy weight** mothers (7.8 vs. 5.6)

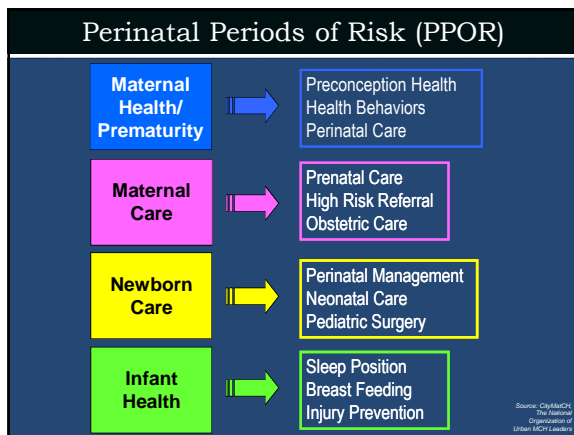
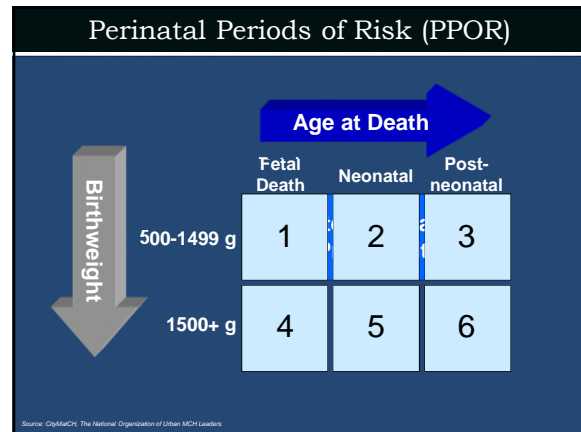
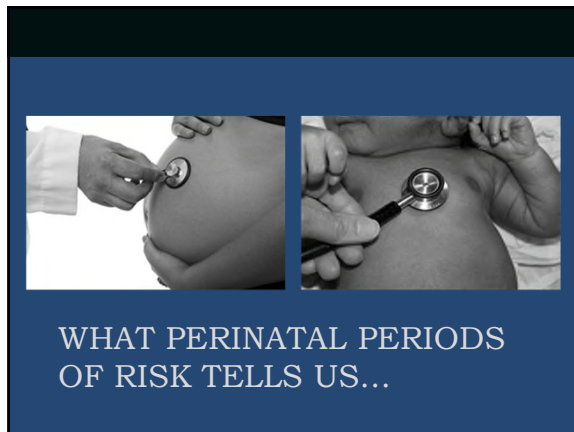
Data source: Texas Department of State Health Services, 2011-2013

Age at Death, 2011-2013

- The majority (61%) of infant deaths in Tarrant County occur before the child is one week old

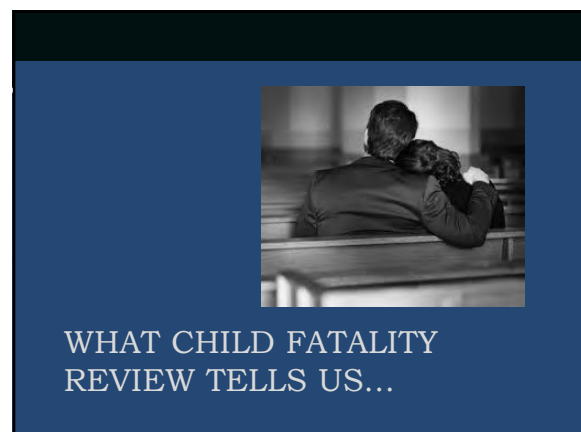


Data source: Texas Department of State Health Services, 2011-2013



- ### PPOR Tells Us
- Potentially 40% of fetal and infant deaths in Tarrant County are preventable
 - Overall, 44% of excess deaths in Tarrant County occurred in the *Maternal Health/Prematurity* risk period
 - Non-Hispanic Blacks had the highest excess fetal-infant death rate
 - Intervention area with the greatest potential impact overall is *Maternal Health/Prematurity among Non-Hispanic Black women*
- Source: PPOR: Fetal-Infant Mortality in Tarrant County, 2007-2009 (May 2013)

- ### PPOR Tells Us
- Modifiable Risk Factors
 - Overall, Tarrant County mothers of VLBW infants were more likely to:
 - Smoke
 - Not attend an adequate number of PNC visits
 - Be obese
 - Hispanic & NH-Black mothers were more likely to:
 - Not attend an adequate number of PNC visits
 - Be teen mothers
 - Be overweight and obese
 - NH-White mothers were more likely to smoke
- Source: PPOR: Fetal-Infant Mortality in Tarrant County, 2007-2009 (May 2013)



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Child Fatality Review Tells Us

- The Tarrant County CFR Team only reviews child deaths reported to the Medical Examiner's office (unnatural or suspicious cause of death)
- The majority of reviewed infant cases (those aged <12 months) included documentation of an unsafe sleep environment
- Unsafe sleep accounts for approximately 5% of all infant deaths in TC and is an immediately preventable cause of death

Source: Tarrant County Child Fatality Review Team



WHAT FETAL INFANT MORTALITY REVIEW TELLS US...

Fetal Infant Mortality Review (FIMR)

- **FIMR Data**
 - FIMR is a community-based and action-oriented process to improve service systems and resources for women, infants, and families
 - State legislation required
 - Systematic sampling of *all fetal and infant* death certificates - differs from Tarrant County Child Fatality Review which only reviews infant deaths referred to the Medical Examiners Office (primarily from suspicious or unnatural causes)
 - Chart abstractions done on all selected cases

Fetal and Infant Data

- **FIMR Data**
 - Chart abstraction of
 - Pregnancy Course / Prenatal Care Records
 - Maternal Labor, Delivery, & Postpartum Records
 - Newborn Assessment Record
 - Newborn Intensive Care Unit Record
 - Ambulatory Infant Care Record
 - Pediatric Emergency Department and/or Hospitalization Record
 - Fetal/Infant Death Certificate and Autopsy Record
 - Family interview conducted at home
 - FIMR cases examined by a diverse assembly of professionals who volunteer to serve on the Case Review Team (CRT)

FIMR Tells Us

- **55%** of mothers had documentation of a significant medical problem *predating* this pregnancy – Of those mothers:
 - Sexually Transmitted Diseases (27%)
 - Hypertension (15%)
 - Asthma (14%)
 - Iron Deficiency Anemia (12%)
 - Depression (9%)

Data source: Fetal Infant Mortality Review, Tarrant County. Study findings and recommendations from the Tarrant County FIMR Case Review Team, 2008-2012. Tarrant County Public Health, June 2015.

FIMR Tells Us


- **Did you get prenatal care as early as you wanted?**
 - 72% Yes, 28% No
- **If no, why?**
 - Did not have enough money or insurance to pay for visits (56%)
 - Delay in getting CHIP / Medicaid (33%)
 - I could not get an appointment earlier in my pregnancy (28%)

Data source: Fetal Infant Mortality Review, Tarrant County. Study findings and recommendations from the Tarrant County FIMR Case Review Team, 2008-2012. Tarrant County Public Health, June 2015.

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FIMR Tells Us

- Among interviewed mothers who were late to prenatal care:
 - 48% reported they got prenatal care *as early as they wanted*



Late to Care

Data source: Fetal Infant Mortality Review, Tarrant County 2008-2012.

FIMR Recommendations

- Intervention focus areas identified by the FIMR Case Review Team
 - The prevention of, proper screening for, and proper treatment of *STDs*
 - Promote and increase *preconception / interconception care* to women within the context of the life course perspective with a focus on *obesity* and *chronic disease* abatement prior to planning a pregnancy

Source: Fetal Infant Mortality Review, Tarrant County. Study findings and recommendations from the Tarrant County FIMR Case Review Team, 2008-2012. Tarrant County Public Health, June 2015.

FIMR Recommendations

- Intervention focus areas identified by the FIMR Case Review Team
 - *Kicks Counts* campaign promoting fetal movement monitoring by mothers throughout their pregnancy as well as instructing them on when and how to take action if needed
 - Promote access to and importance of health care through a *medical home*

Source: Fetal Infant Mortality Review, Tarrant County. Study findings and recommendations from the Tarrant County FIMR Case Review Team, 2008-2012. Tarrant County Public Health, June 2015.

FIMR Recommendations

- Intervention focus areas identified by the FIMR Case Review Team
 - Hold a workshop for *hospital chaplains* which provides guidance, tools, and training that focus on their role in counseling families who have lost an infant
 - Promote *safe sleep* in the community including infant sleeping position and risks of co-sleeping

Source: Fetal Infant Mortality Review, Tarrant County. Study findings and recommendations from the Tarrant County FIMR Case Review Team, 2008-2012. Tarrant County Public Health, June 2015.

FIMR Recommendations

- Intervention focus areas identified by the FIMR Case Review Team
 - Promote *reproductive life plans*, how they can prevent unplanned pregnancies, and help women and men improve their health and socioeconomic circumstances so they are better prepared when and if they decide to have children
 - Promote the *PRIDE initiative* in the community which provides STD/HIV prevention education to teenagers and young adults aged 13-24 years

Source: Fetal Infant Mortality Review, Tarrant County. Study findings and recommendations from the Tarrant County FIMR Case Review Team, 2008-2012. Tarrant County Public Health, June 2015.

FIMR Recommendations

- Intervention focus areas identified by the FIMR Case Review Team
 - Promote the Texas Healthy Baby public awareness campaign *Someday Starts Now*
 - Educate the community about the statewide *Medicaid Managed Care Advisory Committee* which serves as the central source for stakeholder input on the implementation and operation of Medicaid managed care

Source: Fetal Infant Mortality Review, Tarrant County. Study findings and recommendations from the Tarrant County FIMR Case Review Team, 2008-2012. Tarrant County Public Health, June 2015.

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Birth Weight
 100-1499g
 1500+g

Age at Death
 Fetal Neonatal Postneonatal

Maternal Health/Prematurity
 Maternal Care Newborn Care Infant Health

Preconception & Interconception Health

Traditional Approach

Preconception Prenatal Care Labor and Birth Postpartum Interconception

Prenatal care is too late-nine months is not enough time

Women's health before, during and between pregnancies is important to children's health

Most women spend most of their life not-pregnant

19 kids counting **THE DUGGAR FAMILY** *Called a 'Living Bible' by USA Today*

Home Family Info Store Photos and Media Michelle's Blog Duggar News Family Resources FAQ Duggar Girls Contact

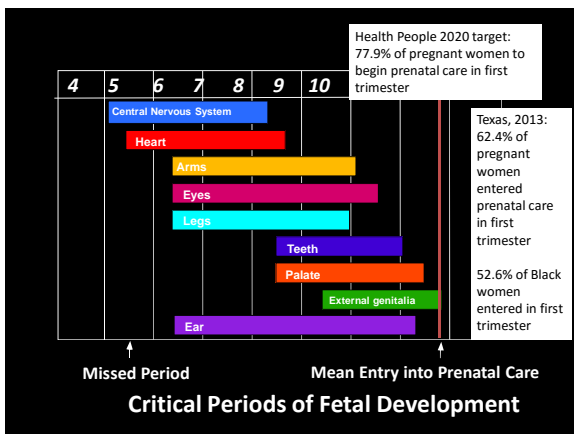
Quick Links
 Celebrating Life
 Michelle's Blog
 You Better Thinklog
 Duggar Family Favorites
 Duggar's Daughters
 Mighty Young Man
 Duggar Kids List
 Family Clauses
 Watch/Dugger Resources
 Welcome
 Duggar's Events

Introducing the Duggar Girls' New Book!
GROWING UP DUGGAR
 (Release date: March 4th, 2016)

LIFE UNITED
 A Pro-Life Coalition
 Check out all the available resources @ Lifefund.org
 View Website

LIFE-SEMINA
 Try to date
 Recently Commented
 Health Star 11/14/15
 36 days ago
 CH11gventures gpt
 1 month ago
 Priscilla 10/23/15 doco
 2 from now

MICHELLE'S LATEST BLOG POSTS



The NEW ENGLAND JOURNAL of MEDICINE

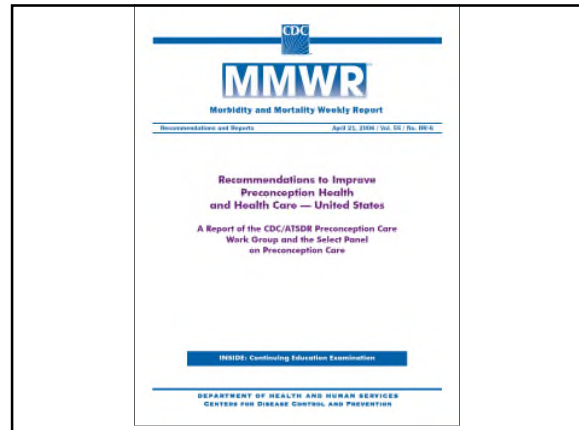
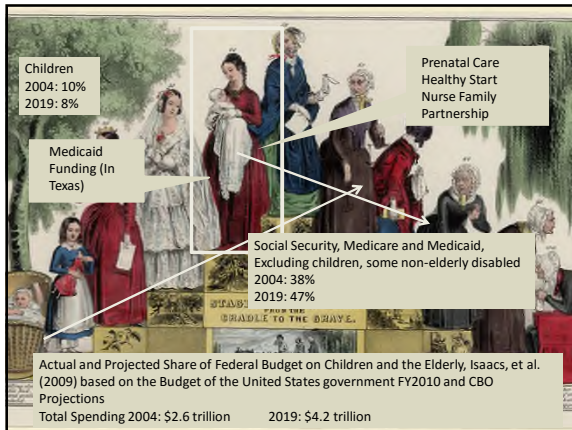
Prevention of Recurrent Preterm Delivery by 17 Alpha-Hydroxyprogesterone Caproate

VitalSigns

Nature Made Folic Acid 400mcg

Unmanaged diabetes, hypertension, diabetes, teratogenic drugs, etc.

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Four Goals

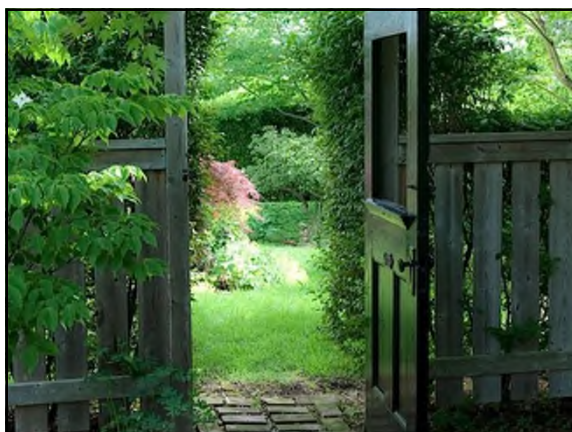
- To assure that all U.S. women of childbearing age receive **preconception care services** – screening, health promotion, and interventions – that will enable them to enter pregnancy in optimal health
- To reduce risks indicated by a prior adverse pregnancy outcome through **interventions in the inter-conception (inter-pregnancy) period** that can prevent or minimize health problems for a mother and her future children.
- To **improve** the knowledge, attitudes, and behaviors of men and women related to **preconception health**.
- To **reduce** the **disparities** in **adverse pregnancies outcomes**.

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CDC Recommendations to Improve Preconception Health

1. Individual responsibility across the life span.
2. Consumer awareness.
3. Preventive Visits
4. Intervention for identified risks.
5. Interconception care.
6. Pre-pregnancy check ups.
7. Health coverage for low-income women.
8. Public health programs and strategies.
9. Research.
10. Monitoring improvements.

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Affordable Care Act

10 Essential Health Benefits of New Plans

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and Newborn Care
- Mental Health and substance abuse disorder treatments, including behavioral health treatments
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Pediatric services including dental care
- Preventive and wellness services and chronic disease management


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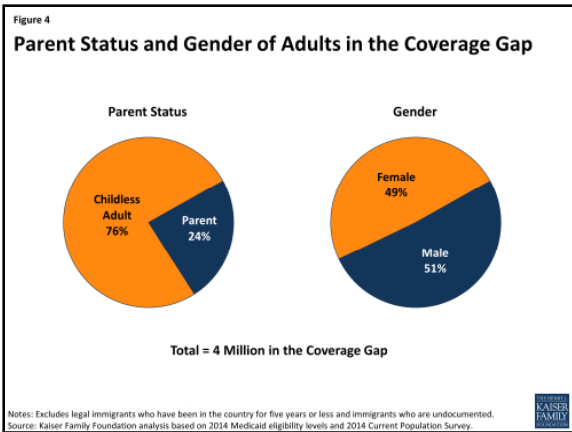
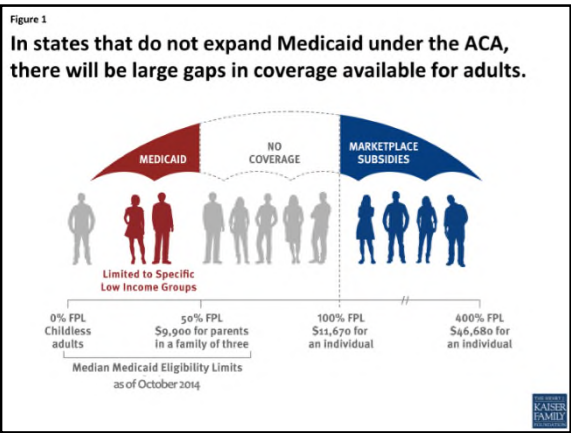
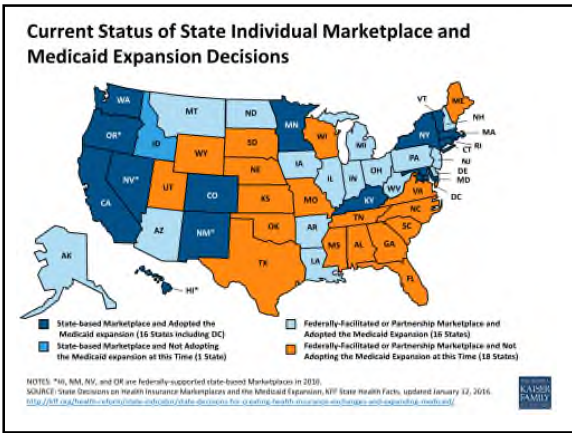
ACA: Pregnancy and Maternity Care

- Pregnancy no longer pre-existing condition
- Tobacco cessation interventions
- Alcohol misuse screening
- Gestational diabetes
- Screening for STIs
- Folic Acid Supplements
- Iron deficiency anemia
- Breastfeeding supports
- Home visitation grants
- Vaccinations

2.4 Million Women



- Income below 100% FPL
- Reside in a state not expanding Medicaid



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Traditional Approach

Poverty

Unemployment

Concentrated disadvantage

Low-literacy

Food insecurity

Adverse childhood experiences and trauma

Racism and discrimination

Life Course Approach

Takes into consideration the full spectrum of factors that impact an individual's health through all stages of life (infancy, childhood, adolescence, childbearing age, elderly age)

Points to broad family, social, economic and environmental factors as underlying causes of persistent inequalities in health

Critical or sensitive periods of risk influence health and disease patterns and outcomes later in life

Potential cumulative effects of risk on health outcomes-**you have to address children's health to affect adult health**

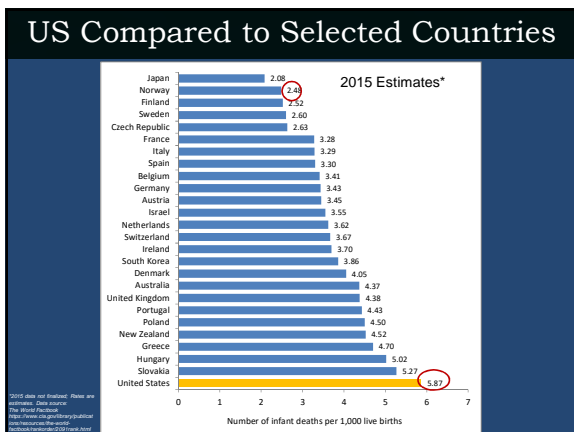
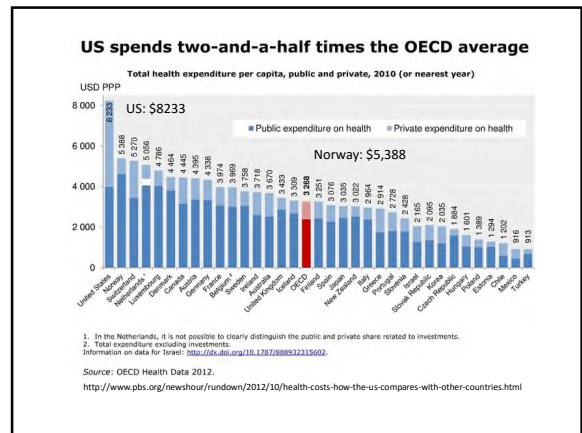
Health promotion and prevention interactions can be targeted to different stages in life

Connections exist between life stages

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The Urban Disadvantage

STATE OF THE WORLD'S CHILDREN 2015



Reproductive Life Planning

Do you plan to have any (more) children?

How many children do you hope to have?

How long do you plan to wait until you (next) become pregnant?

How much space do you plan to have between your future pregnancies?

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What are you doing now to achieve your goal? (avoid pregnancy until you are ready to become pregnant or getting ready for a healthy pregnancy)?


What can I do today to help you achieve your goal? (what resources, information, referrals, etc.)

HEALTH CARE REVIEW
Collecting and Applying Data on Social Determinants of Health in Health Care Settings
Date published: 02/19/16 | Page: 1462 | 10/16/16

Despite strong evidence linking patients' social circumstances to their health, little guidance exists for health care providers and institutions on addressing social needs in their settings. Current approaches to social determinants generally focus on patient-level and policy interventions. These overlook individual and clinical interventions and health care delivery opportunities to address social determinants. This article reviews social determinants interventions in the health care system and the current evidence base for these interventions. It also discusses the importance of data and care gap interventions in these fields.

JAMA Intern Med. 2015;175(11):1617-1625.
Published online: April 20, 2015.
doi:10.1093/iamn/175.11.1617

**Screen for social needs
Adjust Individual Disease risk
Address Social Determinants of Health
Co-locate Health and Social Services
Improve Referral Capacity**



A Hospital Reduces Repeat ER Visits By Providing Social Workers
Published December 11, 2014 | 3:40 PM EST
Published December 10, 2014 | 3:40 PM EST

shots HEALTH NEWS FROM NPR



A Midwestern hospital is trying a new approach to get newly discharged residents to stop using emergency rooms as their main source of medical care and develop relationships with doctors instead.

The pilot project at Aurora Sinai Medical Center, the only hospital left in a mostly gone, took care of 60 patients in a pilot program. But it's showing promise in getting patients connected with primary care doctors and a safety ER visit.

National Center for Medical Legal Partnership
ADVANCING THE WELL-BEING OF ALL

Home | The Model | The Movement | The Center | MLP News | MLP Impact | Resources for Emerging and Active Partnerships

About Us

The Center
Staff
Advisory Council
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Our community counts on us as a safety net hospital, whether or not they are disadvantaged patients, we have a very strong standing in the community. Think to things like this, innovations like this, that demonstrate to the community that we are here for you and that we are thinking about how to improve. We aren't willing to stay with the status quo. I think it improves our standing in the community.

The Need and Our Mission
1 in 6 Americans live in poverty and each has a civil legal problem — unstable housing, denial of public benefits, lack of health insurance — that negatively affects their health. Despite this healthcare connection and the fact that healthcare institutions and civil legal aid offices have long treated the same populations, there has never been a coordinated effort to address these problems until now.

Our Work
To address this mission, the National Center for Medical Legal Partnership supports the public and private civil legal aid organizations and healthcare institutions endeavoring to coordinate care by:
1. Developing common metrics that can be utilized by health and legal communities alike to measure the impact of their work.
2. Creating legal, medical, nursing, social work and public health education that trains professionals to

Health Leads
BETTER HEALTH. ONE CONNECTION AT A TIME

WHAT WE DO | LOCATIONS | GET INVOLVED | ABOUT US

Community Outreach

We offer solutions for healthcare providers.

Health Leads is fully integrated with care delivery, improving health outcomes and patient satisfaction while lowering cost of care.

READ ABOUT OUR SOLUTIONS

Accountable Health Communities Model

To sign up for updates about the Accountable Health Community Model via email list, please send your email address to AccountableHealthCommunities@cms.gov and follow updates on the CMS Innovation Center's Twitter account (@CMSInnovation16).

Model Summary
Stage: Accepting Letters of Intent, Accepting Applications
Number of Participants: N/A
Category: Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models
Authority: Section 3021 of the Affordable Care Act

Milestones & Updates
Jan 05, 2016
Announced Focusing on Medicare & Medicaid beneficiaries health related social needs

Where Health Care Innovation is Happening

This model will promote clinical-community collaboration through:
• Screening of community-dwelling beneficiaries to identify certain unmet health-related social needs;
• Referral of community-dwelling beneficiaries to increase awareness of community services;
• Provision of navigation services to assist high-risk community-dwelling beneficiaries with accessing community services; and
• Encouragement of alignment between clinical and community services to ensure that community services are available and responsive to the needs of community-dwelling beneficiaries.

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Healthy Start: Eliminating Disparities in Perinatal Health

US Department of Health and Human Services/ Health Resources and Services Administration/ Maternal and Child Health Bureau

Federal Interagency White House Task Force to Reduce Infant Mortality (1989)
 Proposed by President George H.W. Bush (1991)
 15 sites

2014: 101 sites across the country





 **Tarrant County Infant Health Network**
helping babies survive and thrive


- 40 health, social services, education and community organizational and individual members
- 6 Officers-Chair, Co-Chair, Treasurer, Secretary, Member-at-Large, Past Chair
- 4 Sub-Committees
 - Events Planning
 - Infrastructure
 - Community Action Team-partnership with Healthy Start
 - Home Visitor Group
- Annual Infant Health Summit, 250 average participants
- Strong Partnership with Fatherhood Coalition



Infant Health Network 15 Year History Highlights


helping babies survive and thrive

- Raised awareness at local, state and national level and brought maternal and child health to the forefront in our community
- Guided clinical and practice interventions through data, i.e., Perinatal Periods of Risk, vital statistics, evidence-based speakers
- Led efforts to designate September as national Infant Mortality Awareness month
- Spearheaded efforts to introduce Fetal Infant and Mortality Review legislation that created mechanism to create programs across the state




THE TARRANT COUNTY INFANT MORTALITY NETWORK
 Guiding the way of eliminating the preventable deaths of babies in Tarrant County.


Over the past several years, our community has made significant progress in reducing infant mortality. However, we still have a long way to go. We need your help to continue this work.

The Infant Mortality Network is a coalition of individuals and organizations who are committed to reducing infant mortality in Tarrant County. We need your help to continue this work.

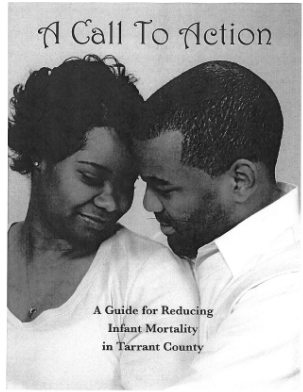
Please join the network and make a difference in the lives of babies in Tarrant County. We need your help to continue this work.

For more information, please contact us at www.tarrantcountytx.gov/infantmortality.





A Call To Action



A Guide for Reducing Infant Mortality in Tarrant County

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Moving Forward

- 1) Provide continuity of care before pregnancy and throughout life
- 2) Focus "well-person" visits on assessing and developing health building blocks.
- 3) Recognize and organize prenatal, intra-partum, well-child, and adult health visits around critical or sensitive periods of development.
- 4) Deploy public health nurses, social workers and other staff to serve as resources in non-health settings.

fpot.com

Moving Forward

- 5) Develop community-wide resources to help link women, children and families to health enhancing services, supports and activities.
- 6) Develop the tools and support for providers to be able to link women, children, and families to health-enhancing services, supports and activities.
- 7) Invest in policies and programs that make it easier for the public, health care providers, and business and civic leaders to change the way they do business as usual to better promote health.

A NEW AGENDA FOR MCH POLICY AND PROGRAMS: INTEGRATING A LIFE COURSE PERSPECTIVE
 Amy Fire, MPH, Milton Kotelchuck, PhD, MPH, Nancy Adess, MA, Chen Pies, MSW, DiPH

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Sheppard-Towner Act of 1921



- John Morris Sheppard (May 28, 1875 – April 9, 1941) was a Democratic U.S. Congressman and Senator from east Texas.
- "First legislative proposal made by the women of America since universal suffrage was granted."
- First major piece of federal legislation passed in the United States to focus on infant and maternal health
- Provided Federal matching funds for services aimed to reduce maternal and infant mortality. The funding included: midwife training; visiting nurses for pregnant women and new mothers; distribution of nutrition and hygiene information; health clinics, doctors and nurses, for pregnant women, mothers and children
- Repealed in 1929

IGNORANCE KILLS BABES BY HUNDRED

Big Death Rate Due to Lack of Knowledge

By Associated Press.
 CHICAGO, Aug. 3.—During the months of July 669 babies under 1 year old died in Chicago. Most of these deaths, the health department believes, were the result of ignorance of the parents. Probably two-thirds of the children could have been saved. Unsanitary premises and poor quality of milk, according to the seventy-five physicians who have been investigating the congested districts under the direction of the health department, have less to do with the high infant mortality than is generally supposed. "If for the greater part of sickness among babies," the department's bulletin asserts, "has been due to lack of proper care. Improper food, overfeeding, poor dressing, lack of personal cleanliness and want of fresh air are factors that produce of the illness that affect the babies in hot weather."

All progress is precarious, and the solution of one problem brings us face to face with another problem.

Martin Luther King, Jr.

Don't Feed Baby on Sausage and Beer Until 1 Year Old

By Associated Press.
 CHICAGO, June 15.
 "Mothers, you want to keep down the city's infant mortality rate. The way of feeding your babies with sausage and beer during the first year of their existence," was one of the warnings given to the mothers of the Illinois Governor of Illinois yesterday afternoon at their annual luncheon, which was directed by a symposium arranged by the child hygiene committee. According to a statement made by Dr. Caroline Hooper, whose topic was "The important child," the mortality of babies among the city infants one or two years of age was due to feeding the infants with sausage and beer, especially among the black race was this condition found true.

Thank You

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