

Brown Maternal and Infant Health Dashboard

Q4 2017 Quarterly Dashboard

Infant Mortality

Infant mortality – or the death of a baby before his/her first birthday – is a critical indicator of community health. While national infant mortality rates are decreasing, Ohio ranks among the worst in the nation for overall infant mortality. This quarterly dashboard provides a snapshot of the most up-to-date data on infant death and selected birth indicators. For a detailed look at trends for recent years, please refer to our Maternal and Infant Health Measures Quarterly Dashboards.

About The Data

- Date range for data is through Q1 2012 - Q4 2017.
- Data are limited to Medicaid as the Payer.
- The ODM Infant Mortality Rate includes data through Q3 2016, all other measures include data through Q4 2017.

Definitions

- **Adolescent Well-Care:** A female 12-21 years of age who had at least one comprehensive well-care visit with a primary care physician or an obstetrics gynecologist practitioner. Higher rates are better.
- **Contraceptive Care:** Women ages 15-44 at risk of unintended pregnancy who were provided a most or moderately effective FDA-approved method of contraception. Higher rates are better.
- **ODM Infant Mortality:** The Ohio Department of Medicaid (ODM) Infant Mortality Rate is the rate of Medicaid paid births in the State of Ohio where the infant died before his or her first birthday. The rates are calculated per 1,000 births. Lower rates are better.
- **Postpartum Visit:** Deliveries that had a postpartum visit on or between 21 and 56 days after delivery. Higher rates are better.
- **Prenatal Care Visit:** Deliveries that received timely prenatal care visits. Higher rates are better.
- **Preterm Birth:** A baby born less than 37 completed weeks of gestation. Lower rates are better.
- **Progesterone Usage:** Delivered a live birth where the mother was administered progesterone during a pregnancy classified as high-risk. Higher rates are better.
- **Very Preterm Birth:** A baby born less than 32 completed weeks of gestation. Lower rates are better.

Infant Health (Lower Rates are Better)

1,625

Total Infant Births
in **Brown County** from
Q1 2012 - Q4 2017

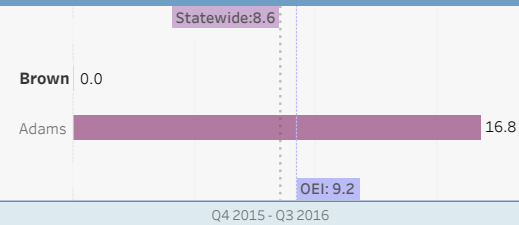
14

Total Infant Deaths
in **Brown County** from
Q1 2012 - Q4 2017

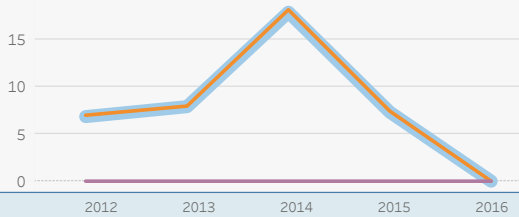
ODM Infant Mortality Rate

In Brown County from Q4 2015-Q3 2016, the ODM Infant Mortality Rate was **0.0**.

Annual Target For Real Impact
From 2 to 0 Deaths



In Brown County, the ODM Infant Mortality Rate was **0.0**, which is a **decrease of 100.0%** from Q4 2014-Q3 2015.

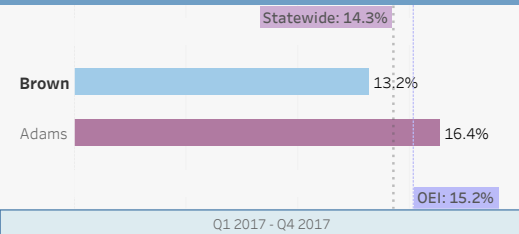


■ Brown County Average ■ Brown County African American ■ Brown County Caucasian

Preterm Births

In Brown County, the Preterm Birth Rate was **13.2%**, which is a **decrease of 7.6%** from Q1 2016-Q4 2016.

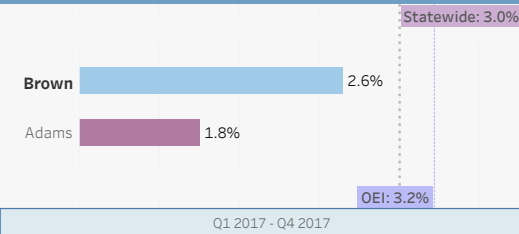
Annual Target For Real Impact
From 36 to 27 PTB Infants



Very Preterm Births

In Brown County, the Very Preterm Birth Rate was **2.6%**, which is a **decrease of 31.6%** from Q1 2016-Q4 2016.

Annual Target For Real Impact
From 8 to 3 VPTB Infants

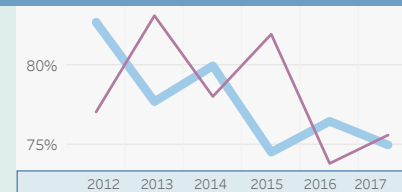
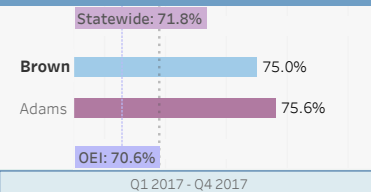


Maternal Health (Higher Rates are Better)

Prenatal Care

In Brown County, **75.0%** of deliveries received a prenatal care visit.

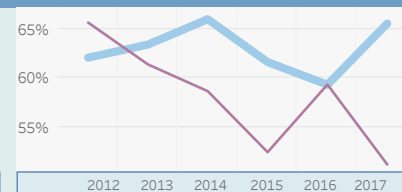
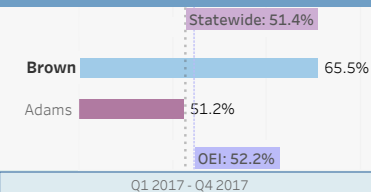
Annual Target For Real Impact
From 213 to 224 Women



Postpartum Visits

In Brown County, **65.5%** of deliveries received a postpartum visit.

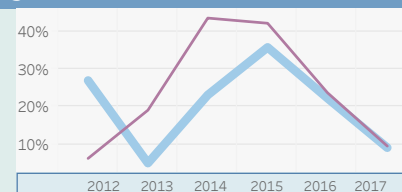
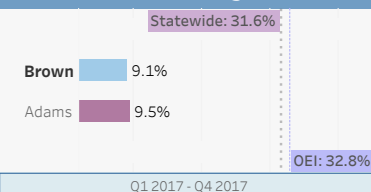
Annual Target For Real Impact
From 173 to 186 Women



Progesterone Usage

In Brown County, **9.1%** of high risk women received progesterone.

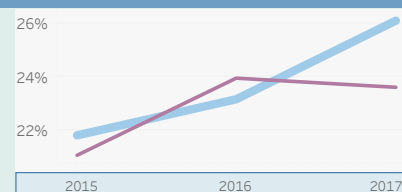
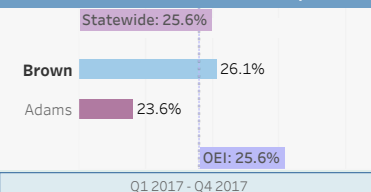
Annual Target For Real Impact
From 6 to 10 Women



Contraceptive Care

In Brown County the Long-Acting Reversible Contraceptives usage rate is **26.1%**.

Annual Target For Real Impact
From 565 to 599 Women



Adolescent Wellcare Visits

In Brown County, the Rate of Adolescent Wellcare Visits is **55.4%**.

Annual Target For Real Impact
From 536 to 564 Women

