

Franklin 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)

57,623

Total Infant Births
in Franklin County from
Q1 2012 - Q4 2017

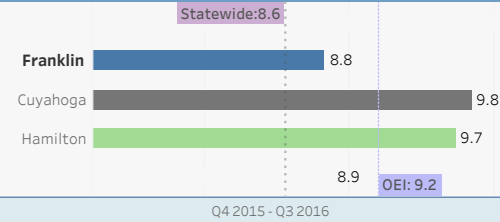
475

Total Infant Deaths
in Franklin County from
Q1 2012 - Q4 2017

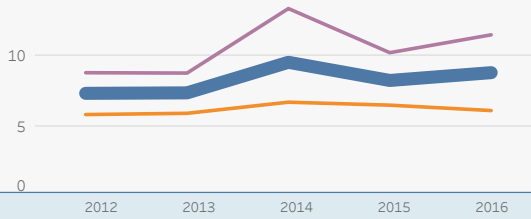
ODM Infant Mortality Rate

In Franklin County from Q4 2015-Q3 2016, the ODM Infant Mortality Rate was **8.8**.

Annual Target For Real Impact
From 79 to 64 Deaths



In Franklin County, the ODM Infant Mortality Rate was **8.8**, which is an **increase of 2.9%** from Q4 2014-Q3 2015.

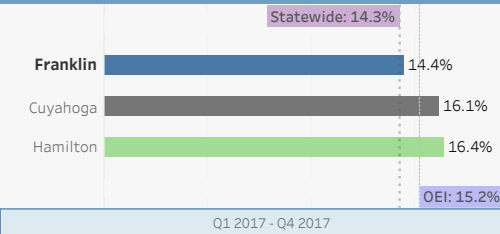


■ Franklin County Average ■ Franklin County African American ■ Franklin County Caucasian

Preterm Births

In Franklin County, the Preterm Birth Rate was **14.4%**, which is a **decrease of 7.7%** from Q1 2016-Q4 2016.

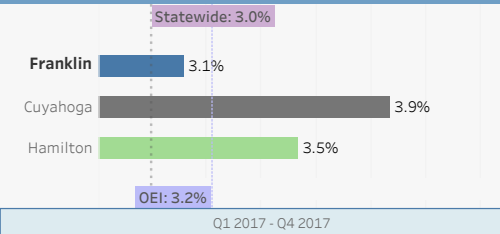
Annual Target For Real Impact
From 1,447 to 1,389 PTB Infants



Very Preterm Births

In Franklin County, the Very Preterm Birth Rate was **3.1%**, which is a **decrease of 10.3%** from Q1 2016-Q4 2016.

Annual Target For Real Impact
From 310 to 281 VPTB Infants

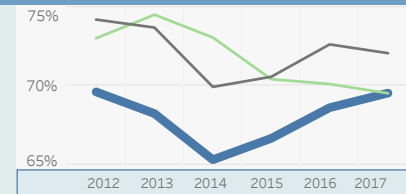
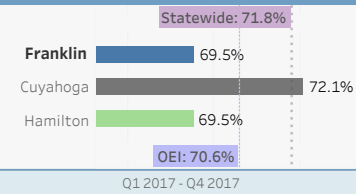


Maternal Health (Higher Rates are Better)

Prenatal Care

In Franklin County, **69.5%** of deliveries received a prenatal care visit.

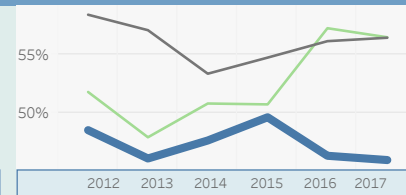
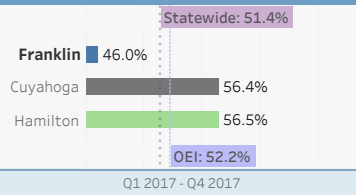
Annual Target For Real Impact
From 5,256 to 5,323 Women



Postpartum Visits

In Franklin County, **46.0%** of deliveries received a postpartum visit.

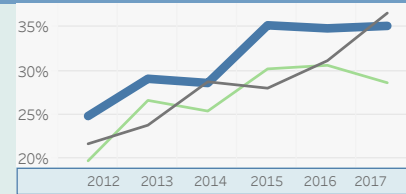
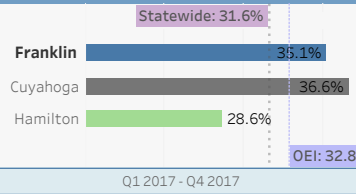
Annual Target For Real Impact
From 3,666 to 3,739 Women



Progesterone Usage

In Franklin County, **35.1%** of high risk women received progesterone.

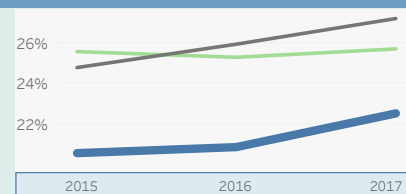
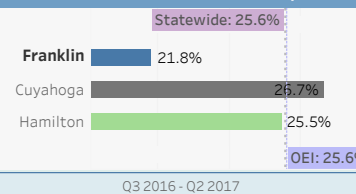
Annual Target For Real Impact
From 328 to 352 Women



Contraceptive Care

In Franklin County the Long-Acting Reversible Contraceptives usage rate is **21.8%**.

Annual Target For Real Impact
From 13,336 to 13,505 Women



Adolescent Wellcare Visits

In Franklin County, the Rate of Adolescent Wellcare Visits is **41.2%**.

Annual Target For Real Impact
From 11,257 to 11,393 Women

