

# Summit County Maternal and Infant Health Dashboard

Q1 2018 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 Q1 2012 - Q1 2018.
- Data are limited to Medicaid as the Payer.
- The ODM Infant Mortality Rate includes data through Q4 2016, all other measures include data through Q1 2018.

## 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)

**19,212**

Total Infant Births in Summit County from Q1 2012 - Q1 2018

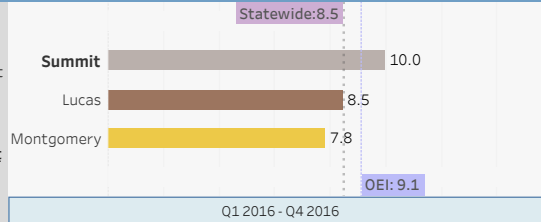
**164**

Total Infant Deaths in Summit County from Q1 2012 - Q1 2018

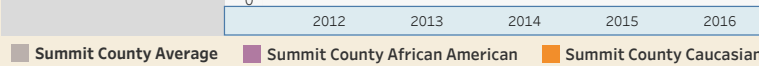
### ODM Infant Mortality Rate

In Summit County from Q1 2016-Q4 2016, the ODM Infant Mortality Rate was **10.0** per 1,000 births.

**Annual Target For Real Impact**  
From 27 to 18 Deaths



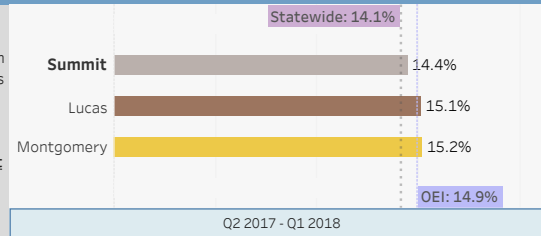
In Summit County, the ODM Infant Mortality Rate was **10.0**, which is an **increase of 9.8%** from Q1 2015-Q4 2015.



### Preterm Births

In Summit County, the Preterm Birth Rate was **14.4%**, which is a **decrease of 8.4%** from Q2 2016-Q1 2017.

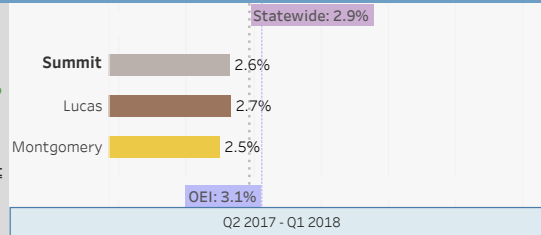
**Annual Target For Real Impact**  
From 496 to 462 PTB Infants



### Very Preterm Births

In Summit County, the Very Preterm Birth Rate was **2.6%**, which is a **decrease of 20.1%** from Q2 2016-Q1 2017.

**Annual Target For Real Impact**  
From 104 to 87 VPTB Infants

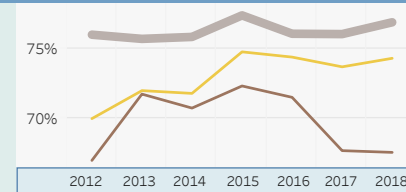
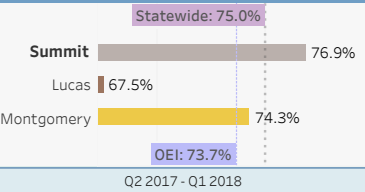


## Maternal Health (Higher Rates are Better)

### Prenatal Care

In Summit County, **76.9%** of deliveries received a prenatal care visit.

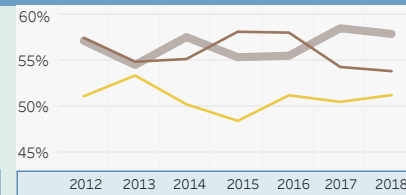
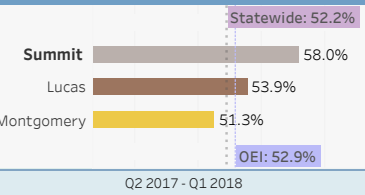
**Annual Target For Real Impact**  
From 2,120 to 2,157 Women



### Postpartum Visits

In Summit County, **58.0%** of deliveries received a postpartum visit.

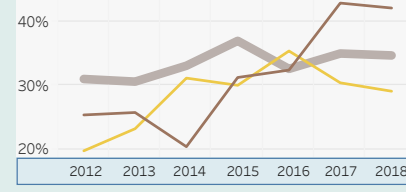
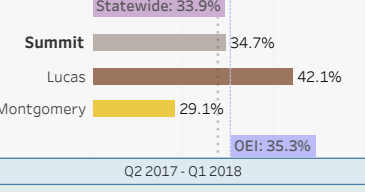
**Annual Target For Real Impact**  
From 1,574 to 1,617 Women



### Progesterone Usage

In Summit County, **34.7%** of high risk women received progesterone.

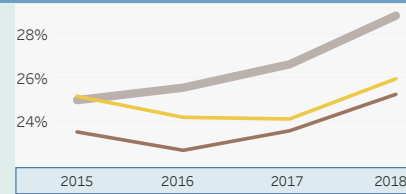
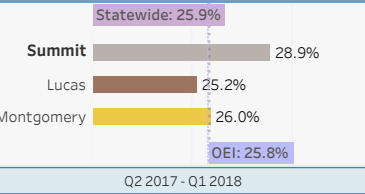
**Annual Target For Real Impact**  
From 115 to 129 Women



### Contraceptive Care

In Summit County the Long-Acting Reversible Contraceptives usage rate is **28.9%**.

**Annual Target For Real Impact**  
From 8,881 to 9,014 Women



### Adolescent Wellcare Visits

In Summit County, the Rate of Adolescent Wellcare Visits is **40.8%**.

**Annual Target For Real Impact**  
From 5,232 to 5,327 Women

