

Mahoning County Maternal and Infant Health Dashboard

Q3 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 - Q3 2018.
- Data are limited to Medicaid as the Payer.
- The ODM Infant Mortality Rate includes data through Q2 2017, all other measures include data through Q3 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)

10,108

Total Infant Births in Mahoning County from Q1 2012 - Q3 2018

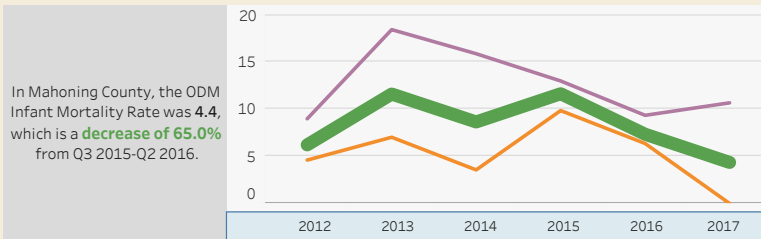
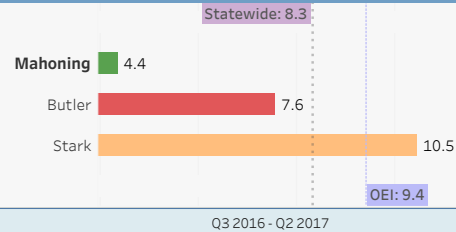
91

Total Infant Deaths in Mahoning County from Q1 2012 - Q3 2018

ODM Infant Mortality Rate

In Mahoning County from Q3 2016-Q2 2017, the ODM Infant Mortality Rate was **4.4** per 1,000 births.

Annual Target For Real Impact
From 15 to 9 Deaths

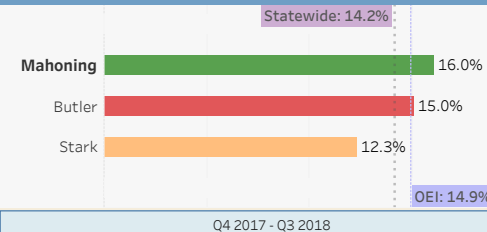


In Mahoning County, the ODM Infant Mortality Rate was **4.4**, which is a **decrease of 65.0%** from Q3 2015-Q2 2016.

Preterm Births

In Mahoning County, the Preterm Birth Rate was **16.0%**, which is an **increase of 9.3%** from Q4 2016-Q3 2017.

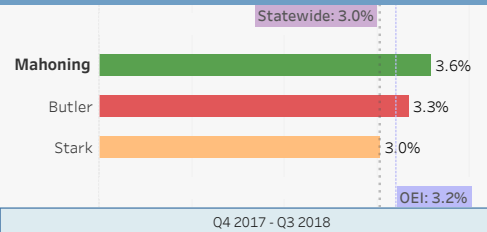
Annual Target For Real Impact
From 247 to 223 PTB Infants



Very Preterm Births

In Mahoning County, the Very Preterm Birth Rate was **3.6%**, which is an **increase of 16.1%** from Q4 2016-Q3 2017.

Annual Target For Real Impact
From 49 to 38 VPTB Infants

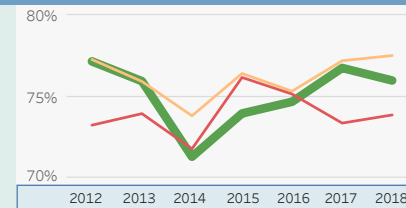
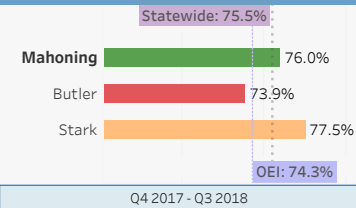


Maternal Health (Higher Rates are Better)

Prenatal Care

In Mahoning County, **76.0%** of deliveries received a prenatal care visit.

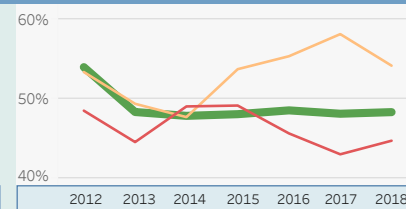
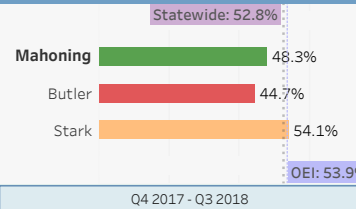
Annual Target For Real Impact
From 1,143 to 1,171 Women



Postpartum Visits

In Mahoning County, **48.3%** of deliveries received a postpartum visit.

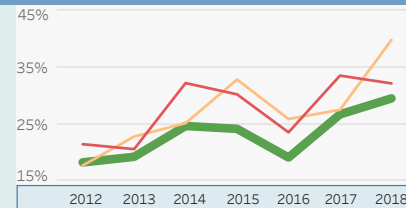
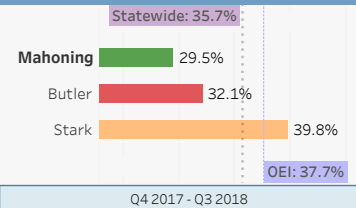
Annual Target For Real Impact
From 747 to 779 Women



Progesterone Usage

In Mahoning County, **29.5%** of high risk women received progesterone.

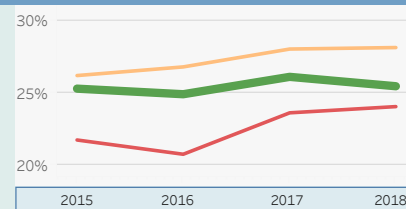
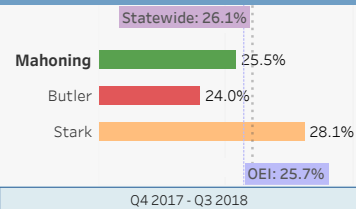
Annual Target For Real Impact
From 64 to 75 Women



Contraceptive Care

In Mahoning County the Long-Acting Reversible Contraceptives usage rate is **25.5%**.

Annual Target For Real Impact
From 4,856 to 4,955 Women



Adolescent Wellcare Visits

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

Annual Target For Real Impact
From 3,004 to 3,076 Women

