

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 - Q2 2019.
- Data are limited to Medicaid as the Payer.
- The ODM Infant Mortality Rate includes data through Q2 2018, all other measures include data through Q2 2019.

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)

1,997
18

Total Infant Births in Brown County from Q1 2012 - Q2 2019

Total Infant Deaths in Brown County from Q1 2012 - Q2 2019

ODM Infant Mortality Rate

In Brown County from Q3 2017-Q2 2018, the ODM Infant Mortality Rate was 8.9 per 1,000 births.

Statewide	8.4
Brown	8.9
Adams	5.9
OEI	9.4

Q3 2017 - Q2 2018

In Brown County, the ODM Infant Mortality Rate was 8.9, which is a **decrease of 17.3%** from Q3 2016-Q2 2017.

Legend: County Average (dashed blue), African American (purple), Caucasian (orange)

Preterm Births

In Brown County, the Preterm Birth Rate was 13.8%, which is an **increase of 2.0%** from Q3 2017-Q2 2018.

Statewide	14.2%
Brown	13.8%
Adams	11.3%
OEI	15.1%

Q3 2018 - Q2 2019

Very Preterm Births

In Brown County, the Very Preterm Birth Rate was 2.5%, which is a **decrease of 8.7%** from Q3 2017-Q2 2018.

Statewide	2.9%
Brown	2.5%
Adams	4.4%
OEI	3.2%

Q3 2018 - Q2 2019

Maternal Health (Higher Rates are Better)

Prenatal Care

In Brown County, 76.2% of deliveries received a prenatal care visit.

Statewide	73.6%
Brown	76.2%
Adams	76.4%
OEI	73.4%

Q3 2018 - Q2 2019

Postpartum Visits

In Brown County, 68.4% of deliveries received a postpartum visit.

Statewide	60.2%
Brown	68.4%
Adams	63.4%
OEI	61.3%

Q3 2018 - Q2 2019

Progesterone Usage

In Brown County, 24.1% of high risk women received progesterone.

Statewide	35.6%
Brown	24.1%
Adams	28.6%
OEI	36.1%

Q3 2018 - Q2 2019

Contraceptive Care

In Brown County the Long-Acting Reversible Contraceptives usage rate is 35.7%.

Statewide	29.5%
Brown	35.7%
Adams	32.6%
OEI	28.8%

Q3 2018 - Q2 2019

Adolescent Wellcare Visits

In Brown County, the Rate of Adolescent Wellcare Visits is 54.0%.

Statewide	45.0%
Brown	54.0%
Adams	43.9%
OEI	47.8%

Q3 2018 - Q2 2019