

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 2019.
- Data are limited to Medicaid as the Payer.
- The ODM Infant Mortality Rate includes data through Q3 2018, all other measures include data through Q3 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)

2,067
18

Total Infant Births in Brown County from Q1 2012 - Q3 2019

Total Infant Deaths in Brown County from Q1 2012 - Q3 2019

ODM Infant Mortality Rate

In Brown County from Q4 2017-Q3 2018, the ODM Infant Mortality Rate was 8.4 per 1,000 births.

Statewide	7.9
Brown	8.4
Adams	0.0
OEI	8.8

Q4 2017 - Q3 2018

In Brown County, the ODM Infant Mortality Rate was 8.4, which is a **decrease of 26.1%** from Q4 2016-Q3 2017.

Preterm Births

In Brown County, the Preterm Birth Rate was 12.7%, which is a **decrease of 5.9%** from Q4 2017-Q3 2018.

Statewide	14.4%
Brown	12.7%
Adams	10.5%
OEI	15.2%

Q4 2018 - Q3 2019

Very Preterm Births

In Brown County, the Very Preterm Birth Rate was 2.1%, which is a **decrease of 40.6%** from Q4 2017-Q3 2018.

Statewide	2.9%
Brown	2.1%
Adams	4.2%
OEI	3.2%

Q4 2018 - Q3 2019

Maternal Health (Higher Rates are Better)

Prenatal Care

In Brown County, 72.5% of deliveries received a prenatal care visit.

Statewide	72.4%
Brown	72.5%
Adams	74.3%
OEI	72.9%

Q4 2018 - Q3 2019

Postpartum Visits

In Brown County, 70.2% of deliveries received a postpartum visit.

Statewide	62.7%
Brown	70.2%
Adams	72.3%
OEI	63.8%

Q4 2018 - Q3 2019

Progesterone Usage

In Brown County, 29.0% of high risk women received progesterone.

Statewide	36.1%
Brown	29.0%
Adams	31.8%
OEI	37.0%

Q4 2018 - Q3 2019

Contraceptive Care

In Brown County the Long-Acting Reversible Contraceptives usage rate is 35.8%.

Statewide	29.4%
Brown	35.8%
Adams	32.6%
OEI	28.7%

Q4 2018 - Q3 2019

Adolescent Wellcare Visits

In Brown County, the Rate of Adolescent Wellcare Visits is 53.6%.

Statewide	45.1%
Brown	53.6%
Adams	44.9%
OEI	47.9%

Q4 2018 - Q3 2019