

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)

17,120
140

Total Infant Births in Stark County from Q1 2012 - Q3 2019 Total Infant Deaths in Stark County from Q1 2012 - Q3 2019

ODM Infant Mortality Rate

In Stark County from Q4 2017-Q3 2018, the ODM Infant Mortality Rate was 5.6 per 1,000 births.

County	Rate
Stark	5.6
Butler	9.5
Mahoning	9.8

Statewide: 7.9% OEI: 8.8

Q4 2017 - Q3 2018

In Stark County, the ODM Infant Mortality Rate was 5.6, which is a **decrease of 45.8%** from Q4 2016-Q3 2017.

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

Preterm Births

In Stark County, the Preterm Birth Rate was 11.5%, which is a **decrease of 4.6%** from Q4 2017-Q3 2018.

County	Rate
Stark	11.5%
Butler	14.3%
Mahoning	14.7%

Statewide: 14.4% OEI: 15.2%

Q4 2018 - Q3 2019

Very Preterm Births

In Stark County, the Very Preterm Birth Rate was 2.2%, which is a **decrease of 22.2%** from Q4 2017-Q3 2018.

County	Rate
Stark	2.2%
Butler	2.4%
Mahoning	2.7%

Statewide: 2.9% OEI: 3.2%

Q4 2018 - Q3 2019

Maternal Health (Higher Rates are Better)

Prenatal Care

In Stark County, 74.6% of deliveries received a prenatal care visit.

County	Rate
Stark	74.6%
Butler	69.9%
Mahoning	78.8%

Statewide: 72.4% OEI: 72.9%

Q4 2018 - Q3 2019

Postpartum Visits

In Stark County, 62.6% of deliveries received a postpartum visit.

County	Rate
Stark	62.6%
Butler	58.4%
Mahoning	61.5%

Statewide: 62.7% OEI: 63.8%

Q4 2018 - Q3 2019

Progesterone Usage

In Stark County, 50.0% of high risk women received progesterone.

County	Rate
Stark	50.0%
Butler	33.8%
Mahoning	28.8%

Statewide: 36.1% OEI: 37.0%

Q4 2018 - Q3 2019

Contraceptive Care

In Stark County the Long-Acting Reversible Contraceptives usage rate is 30.0%.

County	Rate
Stark	30.0%
Butler	27.0%
Mahoning	29.0%

Statewide: 29.4% OEI: 28.7%

Q4 2018 - Q3 2019

Adolescent Wellcare Visits

In Stark County, the Rate of Adolescent Wellcare Visits is 45.4%.

County	Rate
Stark	45.4%
Butler	44.7%
Mahoning	44.0%

Statewide: 45.1% OEI: 47.9%

Q4 2018 - Q3 2019