

### 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.

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### About The Data

- Date range for data is Q1 2012 - Q4 2019.
- Data are limited to Medicaid as the Payer.
- The ODM Infant Mortality Rate includes data through Q4 2018, all other measures include data through Q4 2019.

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### 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)

## 11,776

Total Infant Births  
in Mahoning County from  
Q1 2012 - Q4 2019

## 108

Total Infant Deaths  
in Mahoning County from  
Q1 2012 - Q4 2019

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### ODM Infant Mortality Rate

In Mahoning County from Q1 2018-Q4 2018, the ODM Infant Mortality Rate was 9.3 per 1,000 births.

Mahoning	9.3
Butler	8.9
Stark	5.5

Statewide: 7.6 | OEI: 8.3

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In Mahoning County, the ODM Infant Mortality Rate was 9.3, which is an **increase of 27.3%** from Q1 2017-Q4 2017.

Year	County Average	African American	Caucasian
2012	6.5	9.0	4.5
2013	11.5	17.5	7.0
2014	9.0	15.0	4.0
2015	11.5	13.0	10.0
2016	8.0	10.0	5.0
2017	8.0	16.0	1.0
2018	9.3	14.0	4.5

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### Preterm Births

In Mahoning County, the Preterm Birth Rate was 15.2%, which is a **decrease of 3.3%** from Q1 2018-Q4 2018.

Mahoning	15.2%
Butler	14.5%
Stark	11.1%

Statewide: 14.3% | OEI: 15.3%

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### Very Preterm Births

In Mahoning County, the Very Preterm Birth Rate was 2.8%, which is an **increase of 0.3%** from Q1 2018-Q4 2018.

Mahoning	2.8%
Butler	2.6%
Stark	2.1%

Statewide: 3.0% | OEI: 3.3%

### Maternal Health (Higher Rates are Better)

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### Prenatal Care

In Mahoning County, 78.8% of deliveries received a prenatal care visit.

Mahoning	78.8%
Butler	68.8%
Stark	75.1%

Statewide: 72.4% | OEI: 73.1%

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### Postpartum Visits

In Mahoning County, 60.8% of deliveries received a postpartum visit.

Mahoning	60.8%
Butler	54.1%
Stark	62.7%

Statewide: 61.4% | OEI: 62.3%

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### Progesterone Usage

In Mahoning County, 29.7% of high risk women received progesterone.

Mahoning	29.7%
Butler	31.5%
Stark	47.4%

Statewide: 35.5% | OEI: 36.2%

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### Contraceptive Care

In Mahoning County the Long-Acting Reversible Contraceptives usage rate is 29.0%.

Mahoning	29.0%
Butler	27.0%
Stark	30.1%

Statewide: 29.4% | OEI: 28.7%

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### Adolescent Wellcare Visits

In Mahoning County, the Rate of Adolescent Wellcare Visits is 44.9%.

Mahoning	44.9%
Butler	46.6%
Stark	47.7%

Statewide: 46.0% | OEI: 48.8%