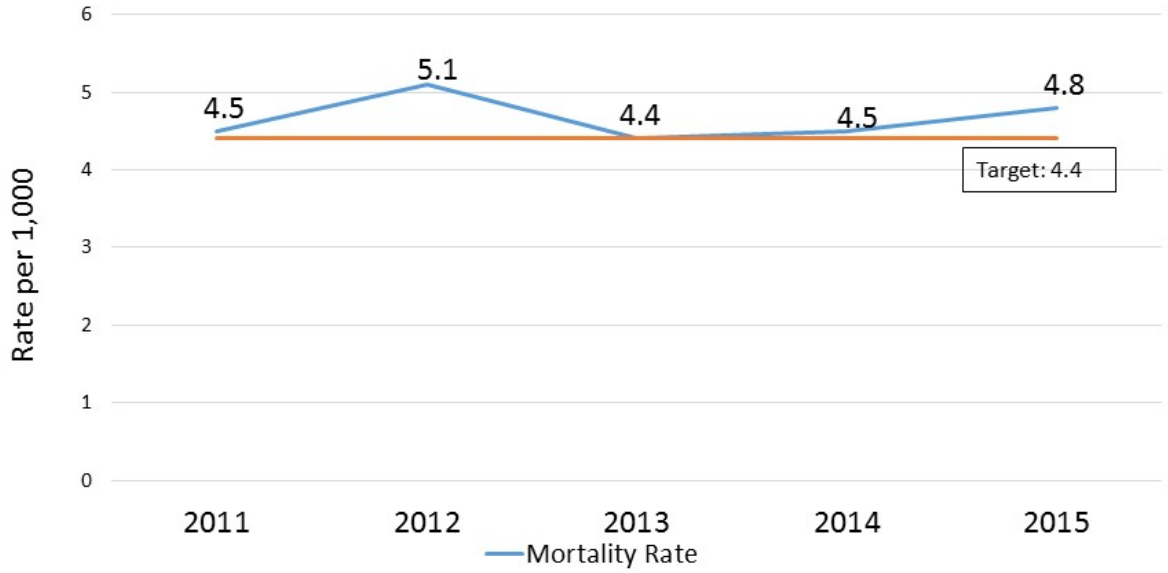
RESULTS WASHINGTON

1.1: Decrease the infant mortality rate for children under 1 year old from 5.1 per 1,000 births in 2012 to 4.4 per 1,000 births by 2016

Reported by: Department of Health Dec. 19, 2016

Measure 1.1: Decrease the infant mortality rate for children under 1 year old to 4.4. per 1,000 births by 2016

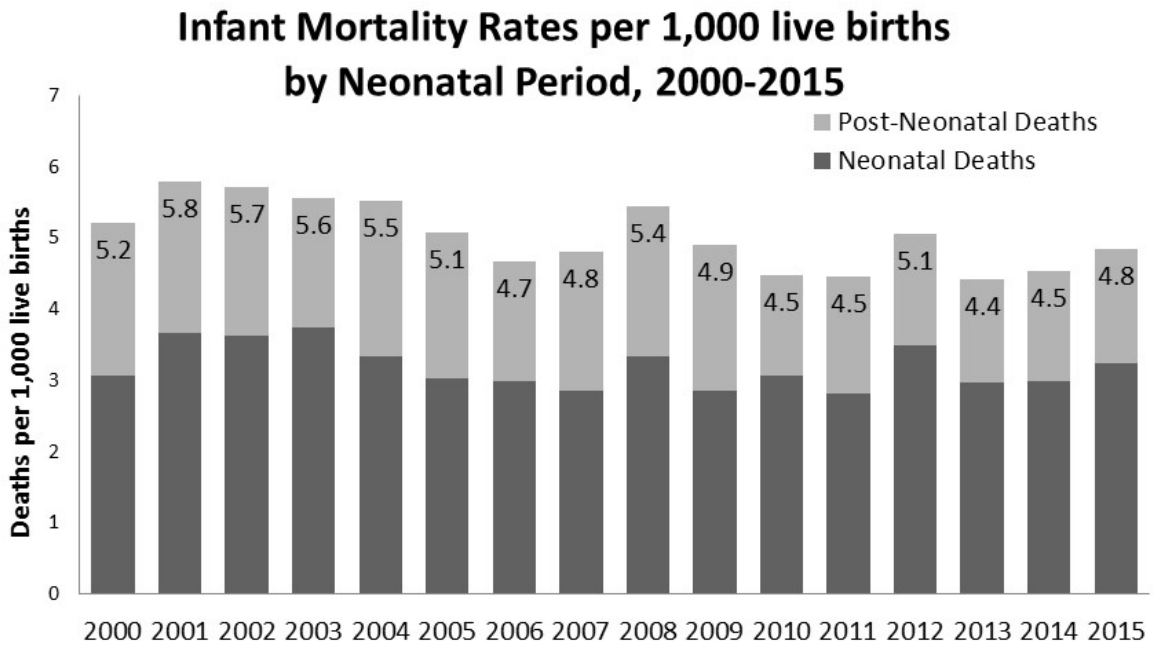


What causes infant death

Top 5 Leading Causes of Death, 2011-2015

Rank	Leading Cause of Death	Total Deaths	Total
1	Congenital Malformations	490	24%
2	Sudden Unexpected Infant Death	334	16%
3	Short Gestation & Low Birth Weight	244	12%
4	Maternal Complications of Pregnancy	161	8%
5	Complications of Cord, Placenta, Membranes	114	6%
	All Other Causes of Death	701	34%
	Total	2,044	100%

How Are we Doing?



How we are doing?

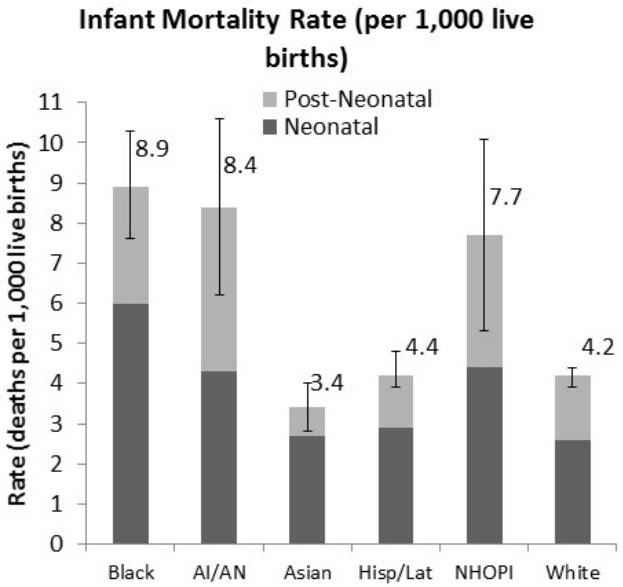
Maternal Age at the Time of Infant Death, 2011-2015

Maternal Age	Total Infant Mortality Rate	Neonatal Mortality Rate (<28 days)	Post-neonatal Mortality Rate (28-364 days)
<20	7.4	4.2	3.2
20-24	5.4	3.0	2.3
25-29	4.4	3.0	1.4
30-34	3.9	2.8	1.1
35-39	4.3	3.3	1.1
40+	6.2	4.8	1.4
Total	4.7	3.1	1.6

How we are doing

Infant Mortality Rate by Maternal Race/Ethnicity, 2011-2015

Race/Ethnicity	Deaths	Births	Infant Mortality Rate
NH American Indian/Alaska Native	55	6,554	8.4
NH Black/African American	168	18,813	8.9
NH Pacific Islander	40	5,185	7.7
Hispanic/Latino Only	347	79,086	4.4
NH White	1,127	270,138	4.2
NH Asian	136	39,746	3.4
Other/Unknown	171	18951	_
Total	2,044	438,473	4.7



Top Five Leading Causes of Infant Mortality by Maternal Race/Ethnicity, 2011-2015*†

Rank	NH Black	NH American Indian / Alaska Native	NH Asian	Hispanic/ Latino	NH Native Hawaiian / Pacific Islander	NH White
1	Short Gestation/ Low Birthweight	Sudden Unexpected Infant Death	Congenital Malformations	Congenital Malformations	*	Congenital Malformations
2	Congenital Malformations	*	Short Gestation/ Low Birthweight	Short Gestation/Low Birthweight	*	Sudden Unexpected Infant Death
3	Sudden Unexpected Infant Death	*	Maternal Comp. of Pregnancy	Sudden Unexpected Infant Death	*	Short Gestation/Low Birthweight
4	Maternal Comp. of Pregnancy	*	Complication of Placenta, Cord, Membranes	Maternal Comp. of Pregnancy	*	Maternal Comp. of Pregnancy
5	Complication of Placenta, Cord, Membranes	*	*	Complications of Placenta, Cord, Membranes	*	Complications of Placenta, Cord, Membranes
Total Deaths†	168	55	136	347	40	1127

* Cell suppressed because of small numbers; there were fewer than 10 infant mortality cases.
† Total deaths includes all causes of infant mortality categorized by race/ethnicity, 2011-2015; 171 infant deaths are not represented because they are categorized as "unknown/other"

What are we doing

Preventing

- Smoking during pregnancy
- A high pre-pregnancy BMI
- Exposure to environmental chemicals
- Previous preterm birth
- Toxic levels of stress

Educating and Reinforcing

- Planned births
- Taking folic acid prior to pregnancy
- Breastfeeding after birth

http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Action Plan

Strategies	Task	Expected Outcome	Task Lead	Status	Due Date
Collaborate with the American Indian Health Commission (AIHC) on implementing and updating the AIHC - Healthy Communities Maternal Infant Health Strategic Plan to reduce preterm birth in American Indian/Alaska Native populations. Preterm birth is a leading cause of infant mortality.	Hold 10 capacity building or technical assistance sessions with Tribes and Urban Indian Health Organizations (UIHOs) during the 2017 calendar year to identify gaps/needs for implementing the AIHC-Healthy Communities Maternal Infant Health (MIH) Strategic Plan.	Collectively, DOH and AIHC will have a better understanding of the gaps present for effectively implementing this plan.	Office of Healthy Communities, Washington State Department of Health	On Track	12/31/2017
Collaborate with the Health Ministers program in Tacoma/Pierce county on the Black Infant Health Project to improve birth outcomes for Black infants.	Maintain a network of at least 20 sites with Health Ministers trained in outreach and education to perinatal African-American women and their infants in Tacoma/Pierce County during the 2017 calendar year.	We will expand the reach of the Health Ministers program in Tacoma/Pierce County.	Office of Healthy Communities, Washington State Department of Health	On Track	12/31/2017
Maintain the Family Health Hotline through WithinReach.	Respond to 16,000 statewide phone inquiries to the Family Health Hotline (FHHL) in the 2017 calendar year and track the top five referrals for each quarter.	Have a better understanding of the needs of callers by tracking the referrals provided.	Office of Healthy Communities, Washington State Department of Health	Ongoing	
Collaborate with Washington State Hospital Association on implementing the Safe Deliveries Road Map.	Pilot implementation of the quality improvement bundles with providers - these are best practices for preconcpetion, prenatal, labor and delivery, post partum and neonatal period. Department of Health will assist with dissemination.	Hospitals and healthcare providers across the state will implement best practices that will improve maternal health and birth outcomes.	Washington State Hospital Association	on track	12/31/2017
Focus WIC outreach on American Indian/Alaska Native and Black populations.	Conduct and evaluate two outreach mailings per year to WIC eligible populations of pregnant women and children under the age of 5 years old.	Prenatal WIC participation is associated with lower infant mortality rates through its effect on the prevention of low birth weight, increased breastfeeding rates and overall positive impact on maternal and child health.	Office of Nutrition Services, Washington State Department of Health	on track	12/31/2019

What are we Doing?

Role of Health Care

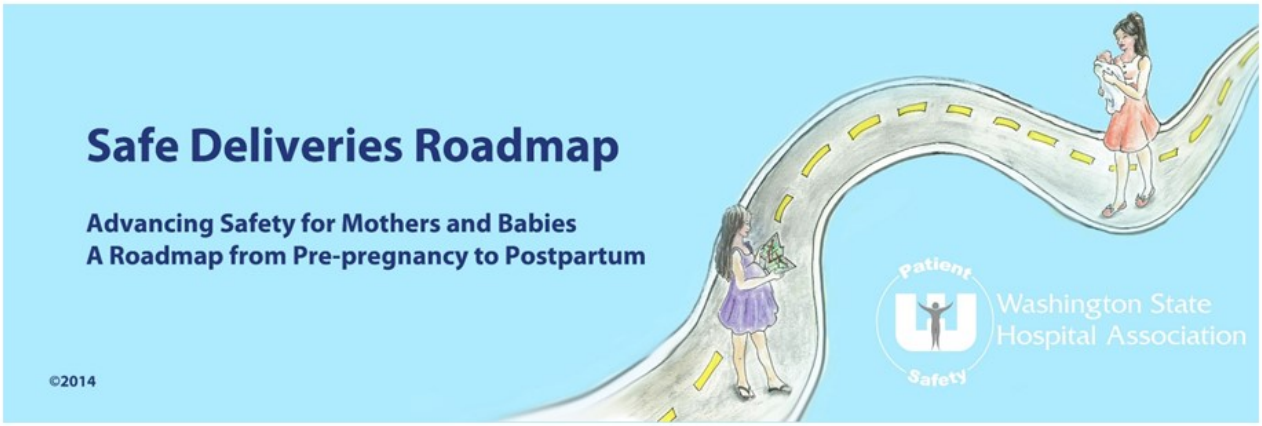
- Access to safe and effective birth control
- Best Practice prenatal, labor and delivery, and neonatal care
- Identification of risks and appropriate referrals
  smoking, substance use, maternal depression, domestic violence
- Support Breastfeeding after birth
- Provide Social Support from providers and home visiting programs
- Work to assure that every woman delivers at a hospital with the level of labor/delivery/infant services to fit their needs

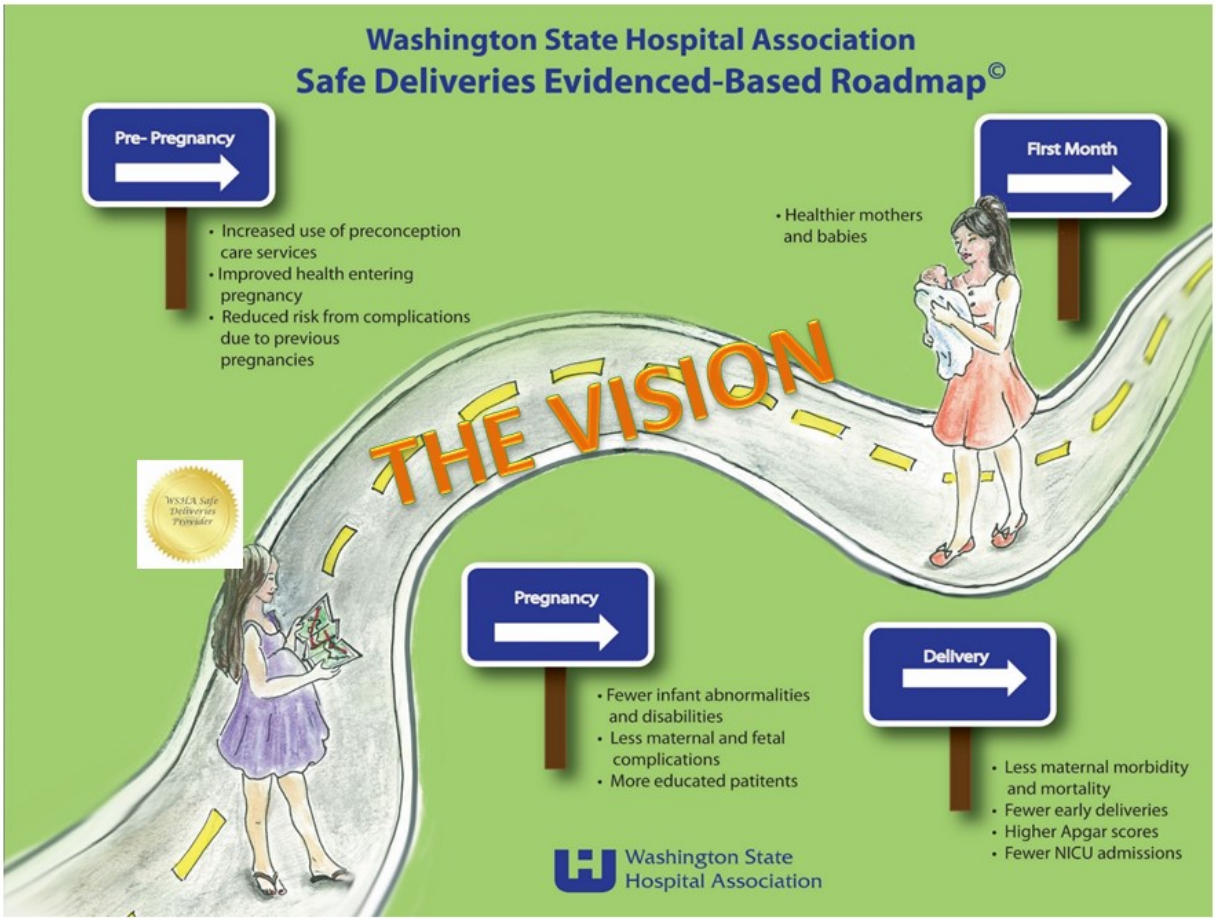
Washington State Hospital Association

Safe Deliveries Roadmap

Kathryn Bateman, MSN, RNC-OB, CENP
WSHA Senior Director, Integrated Care

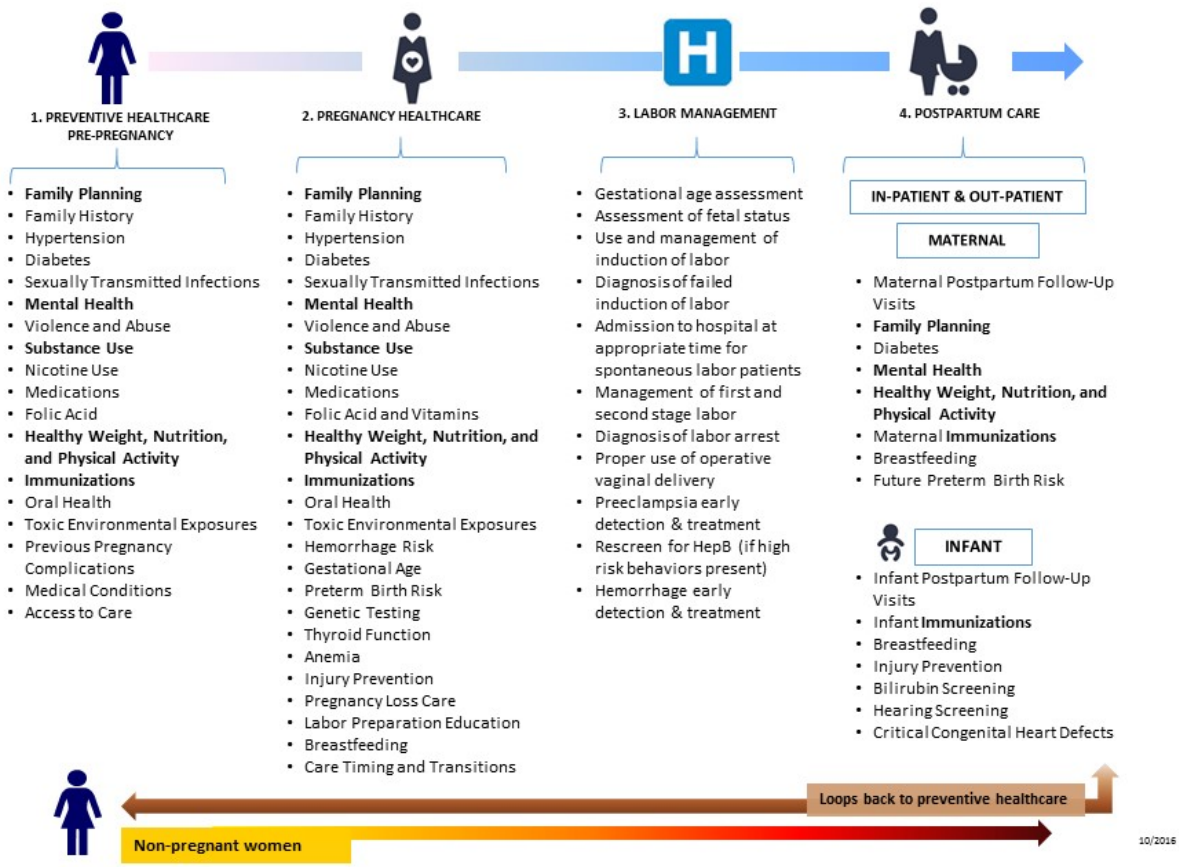
Washington State Hospital Association



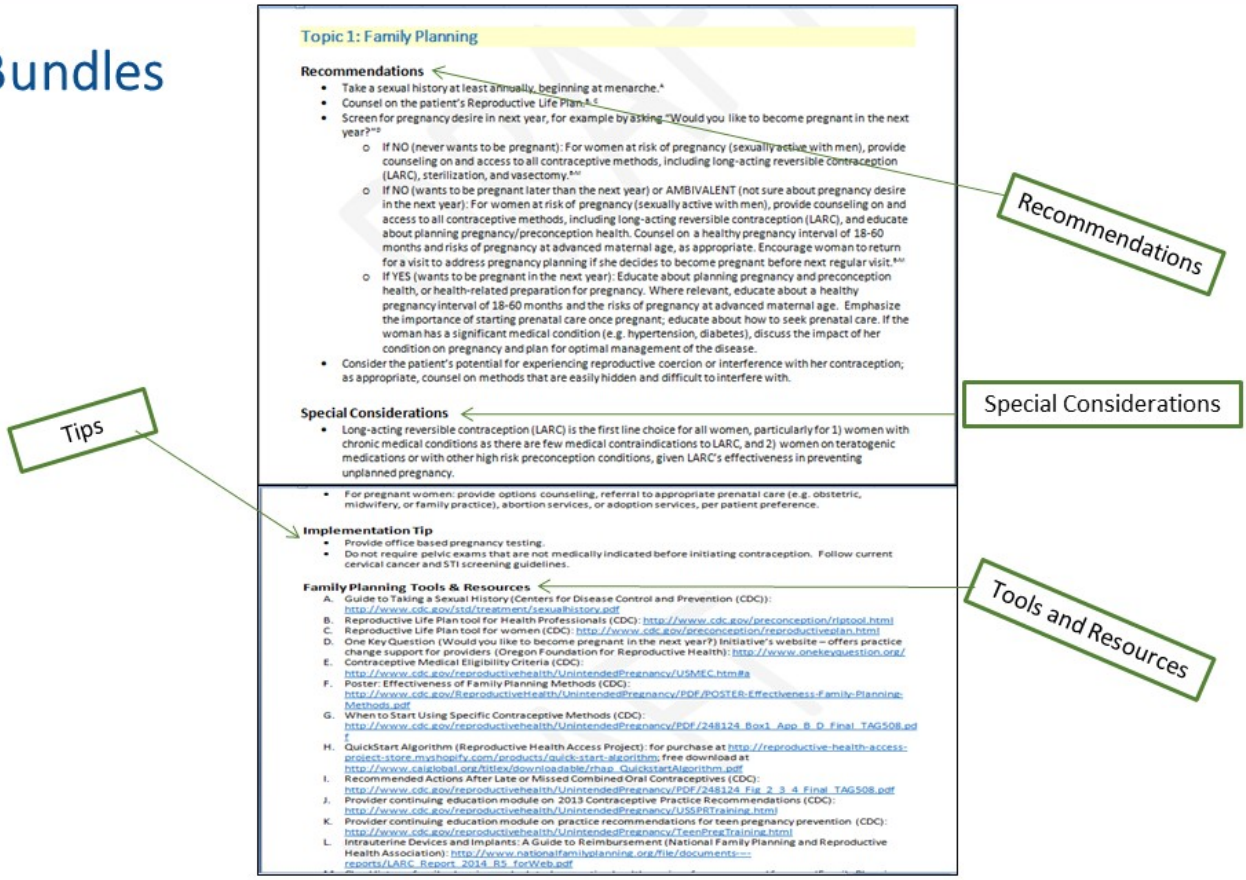


American College of Nurse Midwives – WA affiliate
American Congress of Obstetricians and Gynecologists
Advanced Registered Nurse Practitioners United of WA State
Association of Women's Health, Obstetric and Neonatal Nurses
Foundation for Health Care Quality – OB COAP
Foundation for Healthy Generations
March of Dimes
Midwives Association of WA State
Northwest Organization of Nurse Executives
Planned Parenthood - Great Northwest
Planned Parenthood - Greater WA and North Idaho
Seattle University College of Nursing
University of WA School of Nursing
WA Academy of Family Physicians
WA Chapter of the American Academy of Pediatrics
WA State Department of Health
WA State Health Care Authority
WA State Medical Association
WA State Nurses Association
WA State Perinatal Collaborative
WithinReach

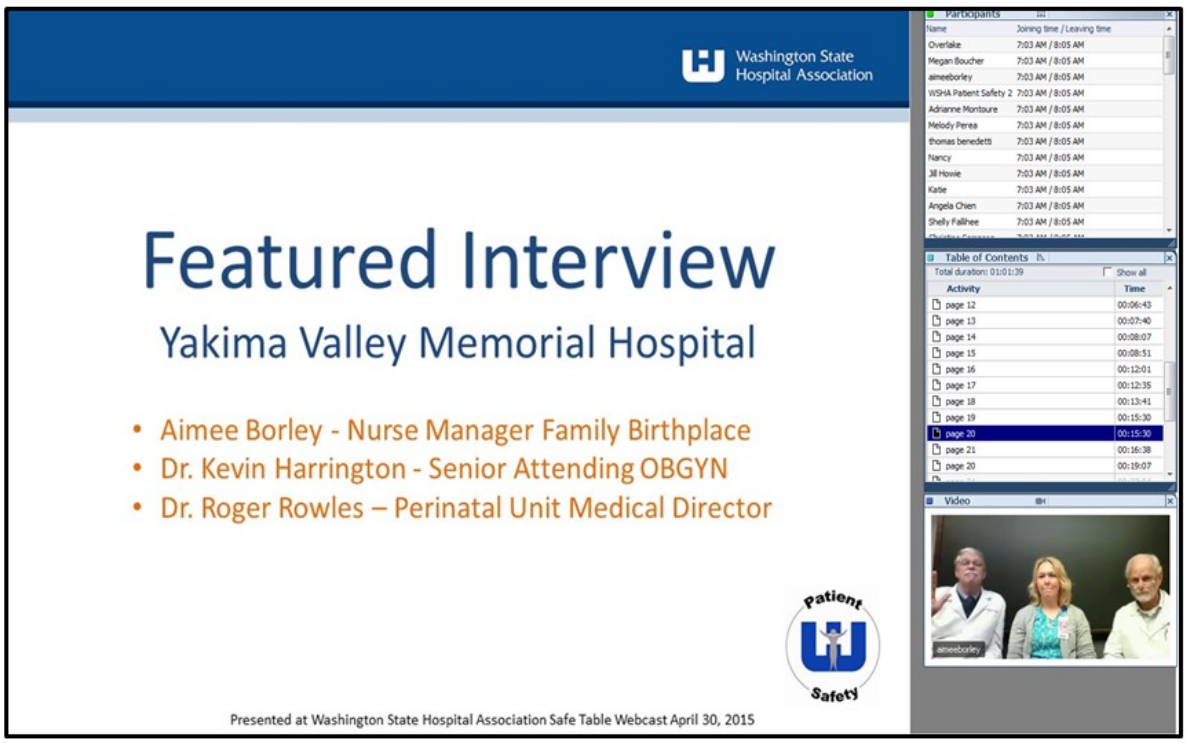
"I have such faith that we've identified the best practices because of the breath and depth of the expertise we've had participating in this process" *Advisory Group Member…*

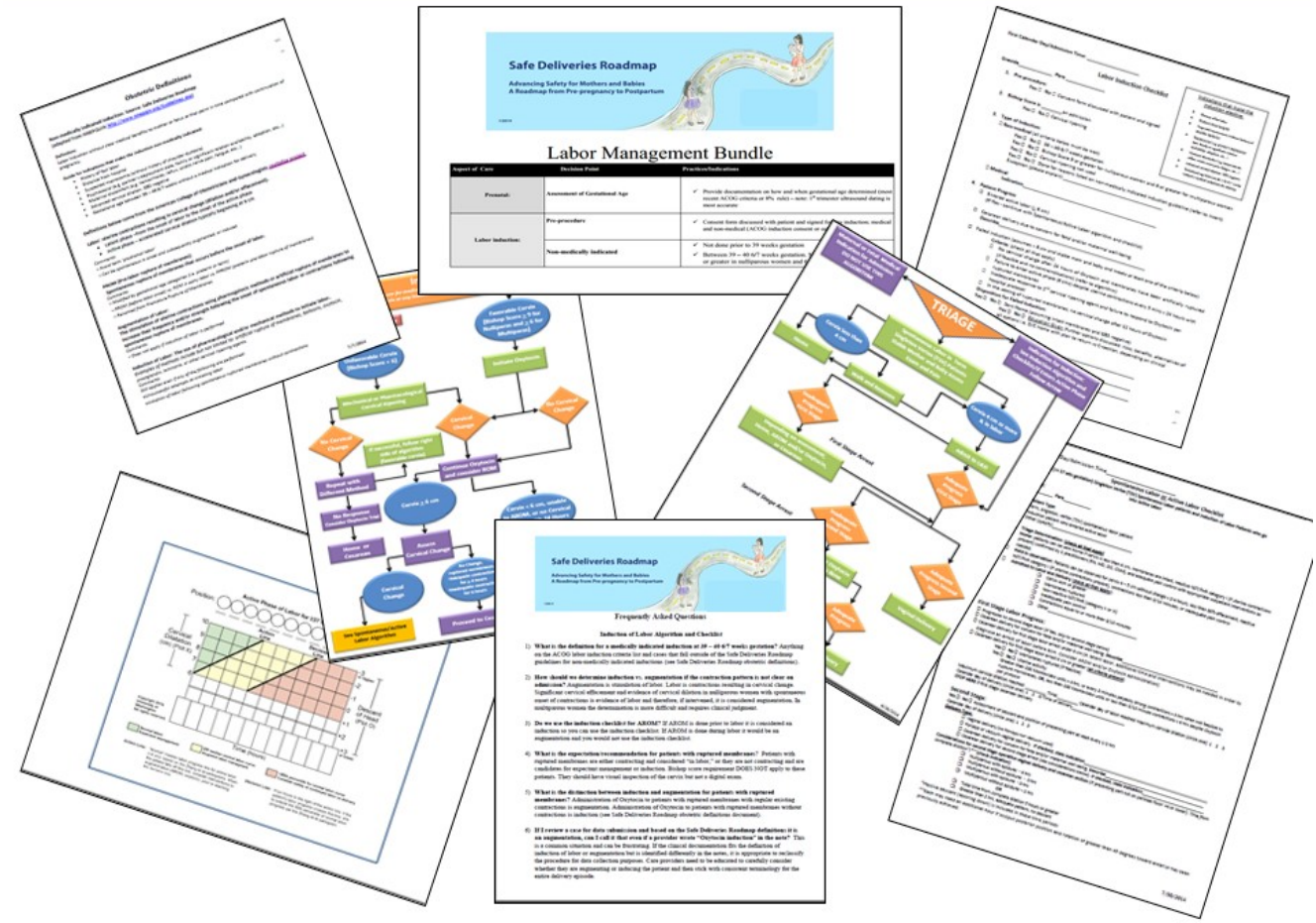


Bundles



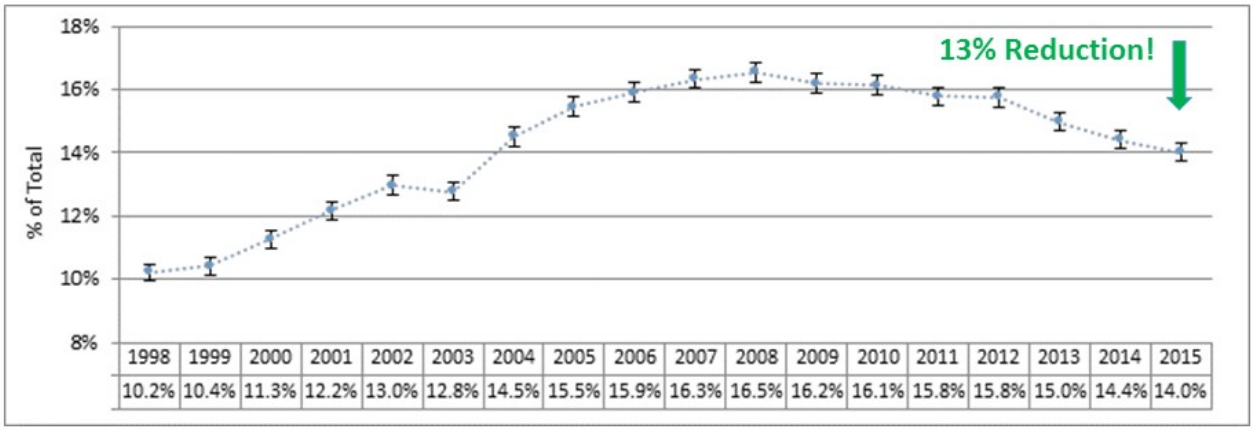
Education





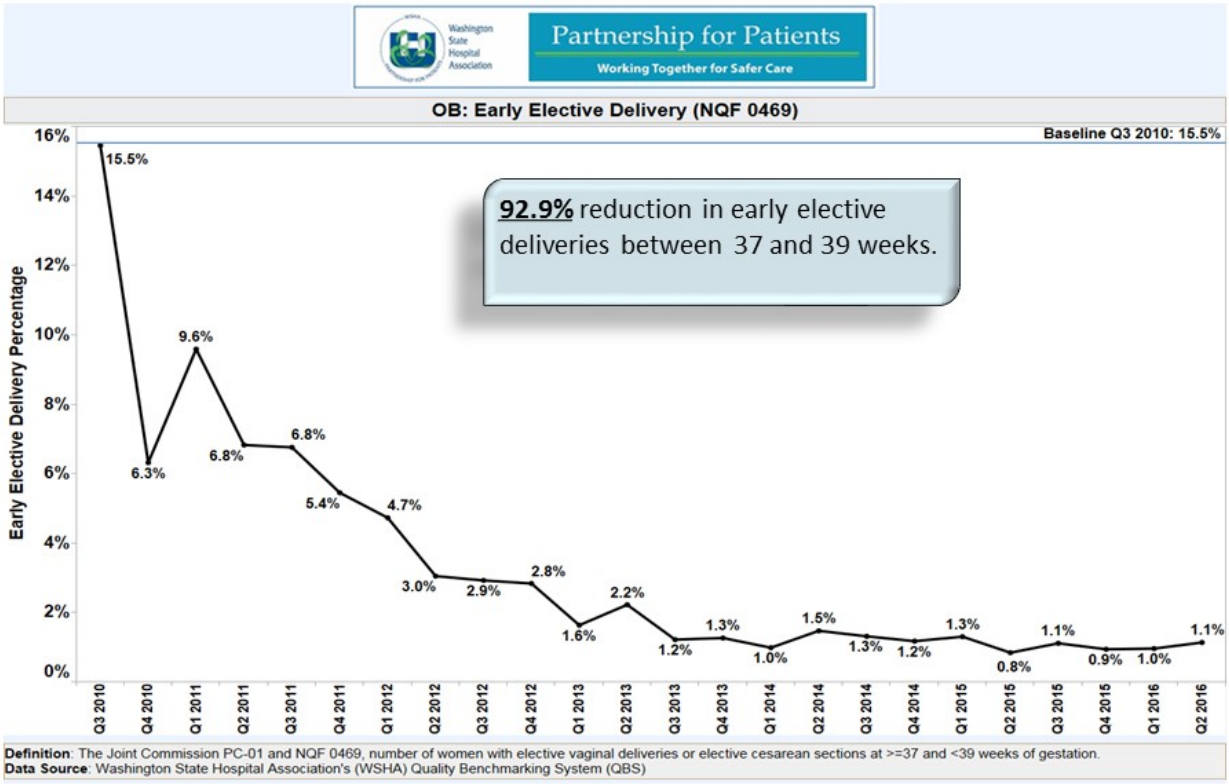
Primary C-Sections Among Term Singleton Vertex (TSV) Deliveries 1998-2015

Hospital Rate with 95% Confidence Limits



1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
10.2%	10.4%	11.3%	12.2%	13.0%	12.8%	14.5%	15.5%	15.9%	16.3%	16.5%	16.2%	16.1%	15.8%	15.8%	15.0%	14.4%	14.0%

Source: Cawthon, L. Delivery Statistics Report Washington State Non-Military Hospitals, Department of Social and Health Services Research and Data Analysis Division.



What you can do:

- Maintain Washington's Medicaid Expansion
  - Increases access to both primary and prenatal care
- Support Tobacco 21 Legislation
- Support Expansion of Black Infant and American Indian infant health programs
- Support postnatal interventions such as provider support programs and home visiting programs

END