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

OUTCOME MEASURE 1.1: DECREASE THE INFANT MORTALITY RATE FOR CHILDREN UNDER 1 YEAR OLD TO 4.4 PER 1,000 BIRTHS BY 2016

John Wiesman  
Secretary of Health

Kathy Lofty  
Washington State Health Officer

Kathryn Bateman  
WSHA Senior Director, Integrated Care
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


<table>
<thead>
<tr>
<th>Rank</th>
<th>Leading Cause of Death</th>
<th>Total Deaths</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Congenital Malformations</td>
<td>490</td>
<td>24%</td>
</tr>
<tr>
<td>2</td>
<td>Sudden Unexpected Infant Death</td>
<td>334</td>
<td>16%</td>
</tr>
<tr>
<td>3</td>
<td>Short Gestation &amp; Low Birth Weight</td>
<td>244</td>
<td>12%</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Complications of Pregnancy</td>
<td>161</td>
<td>8%</td>
</tr>
<tr>
<td>5</td>
<td>Complications of Cord, Placenta, Membranes</td>
<td>114</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>All Other Causes of Death</td>
<td>701</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>2,044</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
How Are we Doing?

Infant Mortality Rates per 1,000 live births
by Neonatal Period, 2000-2015

How we are doing?

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

<table>
<thead>
<tr>
<th>Maternal Age</th>
<th>Total Infant Mortality Rate</th>
<th>Neonatal Mortality Rate (&lt;28 days)</th>
<th>Post-neonatal Mortality Rate (28-364 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>7.4</td>
<td>4.2</td>
<td>3.2</td>
</tr>
<tr>
<td>20-24</td>
<td>5.4</td>
<td>3.0</td>
<td>2.3</td>
</tr>
<tr>
<td>25-29</td>
<td>4.4</td>
<td>3.0</td>
<td>1.4</td>
</tr>
<tr>
<td>30-34</td>
<td>3.9</td>
<td>2.8</td>
<td>1.1</td>
</tr>
<tr>
<td>35-39</td>
<td>4.3</td>
<td>3.3</td>
<td>1.1</td>
</tr>
<tr>
<td>40+</td>
<td>6.2</td>
<td>4.8</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>4.7</td>
<td>3.1</td>
<td>1.6</td>
</tr>
</tbody>
</table>
How we are doing

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

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

Infant Mortality Rate (per 1,000 live births)

- Post-Neonatal
- Neonatal


<table>
<thead>
<tr>
<th>Rank</th>
<th>NH Black</th>
<th>NH American Indian / Alaska Native</th>
<th>NH Asian</th>
<th>Hispanic/Latino</th>
<th>NH Native Hawaiian / Pacific Islander</th>
<th>NH White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Short Gestation/ Low Birthweight</td>
<td>Sudden Unexpected Infant Death</td>
<td>Congenital Malformations</td>
<td>Congenital Malformations</td>
<td>*</td>
<td>Congenital Malformations</td>
</tr>
<tr>
<td>2</td>
<td>Congenital Malformations</td>
<td>*</td>
<td>Short Gestation/ Low Birthweight</td>
<td>Short Gestation/ Low Birthweight</td>
<td>*</td>
<td>Sudden Unexpected Infant Death</td>
</tr>
<tr>
<td>3</td>
<td>Sudden Unexpected Infant Death</td>
<td>*</td>
<td>Maternal Comp. of Pregnancy</td>
<td>Sudden Unexpected Infant Death</td>
<td>*</td>
<td>Short Gestation/ Low Birthweight</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Comp. of Pregnancy</td>
<td>*</td>
<td>Complication of Placenta, Cord, Membranes</td>
<td>Maternal Comp. of Pregnancy</td>
<td>*</td>
<td>Maternal Comp. of Pregnancy</td>
</tr>
<tr>
<td>5</td>
<td>Complication of Placenta, Cord, Membranes</td>
<td>*</td>
<td>*</td>
<td>Complications of Placenta, Cord, Membranes</td>
<td>*</td>
<td>Complications of Placenta, Cord, Membranes</td>
</tr>
</tbody>
</table>

Total Deaths†

- NH Black: 168
- NH American Indian / Alaska Native: 55
- NH Asian: 136
- Hispanic/Latino: 347
- NH Native Hawaiian / Pacific Islander: 40
- NH White: 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

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Task</th>
<th>Expected Outcome</th>
<th>Task Lead</th>
<th>Status</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
<td>Collectively, DOH and AIHC will have a better understanding of the gaps present for effectively implementing this plan.</td>
<td>Office of Healthy Communities, Washington State Department of Health</td>
<td>On Track</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>Collaborate with the Health Ministers program in Tacoma/Pierce county on the Black Infant Health Project to improve birth outcomes for Black infants.</td>
<td>Maintain a network of at least 20 sites with Health Ministers trained in outreach and education to promote infant health in Tacoma/Pierce County during the 2017 calendar year.</td>
<td>We will expand the reach of the Health Ministers program in Tacoma/Pierce County.</td>
<td>Office of Healthy Communities, Washington State Department of Health</td>
<td>On Track</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>Maintain the Family Health Hotline through WithInReach.</td>
<td>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.</td>
<td>Have a better understanding of the needs of callers by tracking the referrals provided.</td>
<td>Office of Healthy Communities, Washington State Department of Health</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Collaborate with Washington State Hospital Association on implementing the Safe Deliveries Road Map.</td>
<td>Pilot implementation of the quality improvement bundles with providers - these are best practices for preconception, prenatal, labor and delivery, postpartum and neonatal period. Department of Health will assist with dissemination.</td>
<td>Hospitals and healthcare providers across the state will implement best practices that will improve maternal health and birth outcomes.</td>
<td>Washington State Hospital Association</td>
<td>on track</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>Focus WIC outreach on American Indian/Alaska Native and Black populations.</td>
<td>Conduct and evaluate two outreach mailings per year to WIC eligible populations of pregnant women and children under the age of 5 years old. Panneal 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.</td>
<td>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.</td>
<td>Office of Nutrition Services, Washington State Department of Health</td>
<td>on track</td>
<td>12/31/2019</td>
</tr>
</tbody>
</table>
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

©2014
"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

Recommendations

- Take a sexual history at each prenatal visit, beginning at menarche.
- Counsel on the patient's reproductive life plan.
- Screen for pregnancy desire in next year, for example by asking, "Would you like to become pregnant in the next year?"
  - If not, provide counseling on contraceptive methods, including long-acting reversible contraception (LARC), sterilization, and abstinence.
  - If the patient desires pregnancy in the next year, provide counseling on contraceptive methods, including long-acting reversible contraception (LARC), and education about planning/preparation for pregnancy.
- Counsel on a healthy pregnancy lifestyle of 18-20 weeks' gestation, and the risks of pregnancy at advanced maternal age. For example, women who return for prenatal care and desire to remain pregnant before 18 weeks gestation should be counseled and informed of the risks of pregnancy at advanced maternal age.

Consider the patient's potential for experiencing reproductive coercion or interference with her contraception. If appropriate, counsel on methods that are easily hidden and difficult to interfere with.

Special Considerations

- Long-acting reversible contraception (LARC) is the first line choice for all women, particularly for women with chronic medical conditions, or who have medical contraindications to LARC, and women on hormone or hormonal medications or with other high-risk pregnancy conditions. Given LARC's effectiveness in promoting unintended pregnancies.

Implementation Tip

- Provide oral and written pregnancy testing.
- Encourage patients to ensure that they are not medicating themselves or other treatment regimens. Review current cervical cancer and STI screening guidelines.

Family Planning, Inside and Outside

- Guide to Taking a Sexual History (Levels of Care for Disease Control and Prevention (CDC))
- Reproductive Life Plan Tool for Instructors/Professionals (CDC)
- Reproductive Life Plan Tool for Instructors/Professionals (CDC)
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Education

Featured Interview

Yakima Valley Memorial Hospital

- Aimee Borley - Nurse Manager Family Birthplace
- Dr. Kevin Harrington - Senior Attending OBGYN
- Dr. Roger Rowles – Perinatal Unit Medical Director

Presented at Washington State Hospital Association Safe Table Webcast April 30, 2015
Primary C-Sections Among Term Singleton Vertex (TSV) Deliveries 1998-2015
Hospital Rate with 95% Confidence Limits

13% Reduction!

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