THE POWER OF COLLECTIVE IMPACT

Maternal and Infant Health in Hamilton County 2022
Table of Contents

The Power of Collective Impact 4
Moving Toward a Healthier Future 6
A Matter of Racial Disparity 8
Mama Certified - Working Together to Transform Systems 10
Understanding More about Safe Sleep 12
Putting Mom at the Center of the Work 14
Thank You to the Funders 16
Supporting Data 18
THE POWER OF COLLECTIVE IMPACT

Our commitment to reducing infant mortality remains stronger than ever and we continue to make great strides to ensure every baby in Hamilton County lives to celebrate their first birthday. Through the power of collective impact, our community has put ideas and programs into motion to pave the way for systems-level change for maternal and infant health equity.

As I reflect upon my first year as Executive Director of Cradle Cincinnati, I’m extremely proud of the hard work and efforts of our community. While we still have a long way to go to reach our goals, we are encouraged by our outcomes and the larger data trends. Together we are transforming systems, supporting families and amplifying Black women’s voices.

Dr. Meredith Shockley-Smith
Executive Director, Cradle Cincinnati

bi3
Thank you, bi3, for your generous support.
Moving Toward a Healthier Future

Infant mortality is a complicated, layered, challenging problem to solve. We are dealing with real families and there is no one-size-fits-all solution.

After two years in a row of historic lows, Hamilton County’s 2022 infant mortality rate is closer to pre-pandemic rates.*

While any increase in infant mortality is disappointing, our community is still moving in the right direction. Infant deaths have steadily decreased in Hamilton County over the past ten years thanks to our entire community coming together.

This is especially true for Black preterm birth-related deaths,** which have been nearly halved after years of coordinated, community-wide efforts involving hundreds of partners. We now need to bring this same focus back to sleep-related infant deaths, which continue to be a major driver for infant deaths in Hamilton County.

We are immensely proud of the work of our community and are excited to see future plans make a positive impact on maternal and infant health.

There is still work to do. The loss of even one baby is too many.

Together, we are making a healthier Cincinnati for moms and babies.

---

*2013-2019
**10.1/1,000 in 2013 vs 6.0/1,000 in 2022

---

Infant Mortality Rate, Hamilton County, 2012-2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Infant Deaths per 1,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2016</td>
<td>8.9</td>
</tr>
<tr>
<td>2017-2021</td>
<td>8.1</td>
</tr>
<tr>
<td>2022</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Source: Hamilton County Fetal and Infant Mortality Review (FIMR)

---

Leading Causes of Infant Death in Hamilton County, 2018-2022

- **Preterm Birth-Related Deaths**: Babies born before the start of a mother’s third trimester are considered extremely preterm. Stress during pregnancy, implicit bias, unexpected pregnancy and smoking all contribute to preterm birth.
- **Birth Defects-Related Deaths**: In our community, the rate of infant deaths caused by birth defects closely follows the national average. Heart defects are the number one cause of birth defect-related infant deaths in Hamilton County.
- **Sleep-Related Deaths**: Babies who sleep alone, on their back in a crib are in the safest sleep environment. In our community, sleeping with another person on an adult bed or couch is the leading cause of sleep-related infant deaths.
- **Other Deaths**: Includes homicides, infections, accidents and other causes.
A Matter of Racial Disparity

Black infant mortality in Hamilton County and the United States continues to be far greater than other racial and ethnic groups. Our community needs to continue to focus its efforts on improving Black outcomes.

Black babies were nearly 3x more likely to die than White babies in 2022.

Black infant mortality in Hamilton County and the United States continues to be far greater than other racial and ethnic groups. Our community needs to continue to focus its efforts on improving Black outcomes.

Black women deserve better. We recognize that racism has been embedded in our systems and affects the health and birth outcomes of Black women.

We also recognize that the same false infant mortality myths are consistently believed and repeated when trying to explain the higher infant mortality rates in the Black community.

To be clear, the higher rates that Black families experience are NOT the parents’ fault; NOT due to genetics, and NOT due to social class.

Black moms, you are not alone. We hold space for you to feel supported during pregnancy and beyond so that both you and your baby can thrive.

In order to change this story, we need to shift not only racial disparities in birth outcomes, but also the conditions that drive inequities in maternal and infant health. And we need to center Black women, listen to them and co-create solutions to make real systems change.
Mama Certified
Equity Centered Maternal Care

Working Together to Transform Systems
Mama Certified is a national pilot and collaborative project in response to a call from Black mothers in Hamilton County for a solution that would provide them with the information they need to make informed decisions about where they seek maternal care. Mama’s Certified purpose is to provide Black parents-to-be with a way to assess and understand the maternal equity-related efforts of local hospital networks. It encourages and recognizes the increased efforts taken by local hospitals toward maternal and infant health equity.

Hospital Certification
Hospitals are awarded a Mama Certified membership badge upon initial engagement and then additional badges for the points achieved in each focus area.

Focus Areas Badges
Hospitals are also awarded a badge for each focus area where they receive the minimum number of points.

Infant Care
How is the hospital tending to the needs of baby pre-and post-birth?

Maternal Care
How is the hospital tending to the needs of mom pre-and post-birth?

Staff Care
How is the hospital recruiting, training and retaining staff in ways that increase and/or sustain maternal equity?

Community Care
How is the hospital building partnerships in the community that increase and/or sustain maternal equity?

Focus Areas Levels
Hospitals can level up their focus area badges based on the percentage of points achieved per each focus area.

- Ally 50% of total points achieved
- Advocate 70% of total points achieved
- Leader 90% of total points achieved

Our Partners
The project brings together birthing hospitals in Greater Cincinnati to address maternal equity and improve outcomes for Black and Brown mothers and babies in their care.

Our Partners
The project brings together birthing hospitals in Greater Cincinnati to address maternal equity and improve outcomes for Black and Brown mothers and babies in their care.

Our Partners
The project brings together birthing hospitals in Greater Cincinnati to address maternal equity and improve outcomes for Black and Brown mothers and babies in their care.

Our Partners
The project brings together birthing hospitals in Greater Cincinnati to address maternal equity and improve outcomes for Black and Brown mothers and babies in their care.

Our Partners
The project brings together birthing hospitals in Greater Cincinnati to address maternal equity and improve outcomes for Black and Brown mothers and babies in their care.

Learn more at www.mamacertified.org

Mama Certified is made possible through bi3 funding.
Understanding More about Safe Sleep

Sleep-related infant deaths continue to be one of the leading causes of infant death locally. During the pandemic, sleep-related infant deaths rose to a ten-year high. This increase led to the Cincinnati Health Department, Hamilton County Public Health and Cradle Cincinnati coming together to better understand who the deaths were occurring to and why.

The findings below and on the next page shine light on some stark realities among sleep-related infant deaths from 2017-2021. They also uncovered powerful insights that are being used to drive change.

Sleep-related infant deaths are the most preventable infant deaths. Every person who shares and practices safe sleep standards has the potential to save a life.

Learn more about this partnership and dive deeper into the data by visiting www.cradlecincinnati.org.

Smoking During Pregnancy
Almost 2 of every 10 sleep-related infant deaths from 2017-2021 occurred to a mom who smoked anytime during pregnancy (19%).

Smoking at any time during pregnancy increases the chance of a sleep-related death. Moms-to-be can receive free tobacco cessation support through the Ohio Tobacco Quit Line by calling 1-800-QUIT-NOW.

Babies under 6 months
In 9 of 10 sleep-related infant deaths from 2017-2021, the infant does not live beyond 6 months of age (91%). More than 50% of local sleep-related infant deaths happened to babies two months of age or younger. For a free pack 'n play and other safe sleep resources, call 813-561-BABY or get connected to a community health worker.

Among Sleep-Related Infant Deaths from 2017-2021

- **7/10** Were Black Babies
  - 7 of every 10 sleep-related infant deaths were black babies

- **6/10** Caused by Co-bedding
  - 6 of every 10 sleep-related infant deaths were caused by sleeping with another person

- **4/10** Inadequate Prenatal Care
  - 4 of every 10 sleep-related infant deaths were caused by inadequate prenatal care

*Adequate prenatal care means mom entered prenatal care during her first trimester and attended at least 80% of her appointments. Factors that contribute to inadequate prenatal care may include transportation issues, childcare issues, missed hours at work, etc.*
Putting Mom at the Center of the Work

Doula Support
Doula support

Doulas center mom, providing support and advocacy so she can make her own decisions and have the best possible birthing experience. Doulas help with education and knowing what to expect during delivery, providing emotional support before, during and after the birthing process so that mom has time to heal and take care of herself and her baby. All Black pregnant women, regardless of insurance status, can receive doula support free of charge in Hamilton County thanks to support from CareSource and the Health Resources and Services Administration.

Get connected to doula and community health worker services at www.cradlecincinnati.org

Community Health Workers

Community health workers are knowledgeable professionals serving as guides, helping pregnant mothers navigate available health and social services in a friendly, compassionate manner. They are skilled educators and advocates: on the front line providing support for breastfeeding and safe sleep habits. They provide tactical support to families, assisting in finding mental health services, food, cribs, and even help with housing. Community health workers find ways to meet families where they are and meet their very real needs.

“I love being a doula because I can support families through their most vulnerable times. I leave families empowered and educated and I get excited by giving them the support they deserve.”
- Jocqueiene Pressley, Doula

“I’m always trying to help the mom have that light-bulb moment when they get it and can see the path forward.”
- Danielle Gentry, Community Health Worker

We are stronger together.
Thank You to the Funders that Make Cradle Cincinnati Possible

American Heart Association
Best Point Education & Behavioral Health
bi3
Buckeye Health Plan
CareSource
Cassady Schiller & Associates Inc.
Cincinnati Children’s Hospital Medical Center
The Christ Hospital
The de Cavel Family SIDS Foundation/eat. play. give.
Crowley’s Inc.
Deskey
Elevance Health Foundation
FC Cincinnati Foundation
First Financial Bank
The Greater Cincinnati Foundation
Hamilton County
Interact for Health
Johnson & Johnson
March of Dimes
Mercy Health

Molina Healthcare
Mount Adams Business Guild Inc.
Ohio Department of Health
Ohio Department of Medicaid
Optum Health
Paramount Advantage
7 Principles Foundation
Salesforce.com
Schwab Charitable Fund
SHM
Sisters of Charity of Cincinnati
TriHealth
UC Health
United Healthcare
United Way of Greater Cincinnati
Urban League
U.S. Health Resources & Services Administration

ABOUT CRADLE CINCINNATI

Mission
Cradle Cincinnati is a network of community members and organizations working across sectors to measurably improve Hamilton County, Ohio’s infant mortality rate and to eliminate racial inequities in the health of moms and babies. We aim to do this by transforming systems, supporting families and amplifying Black women’s voices while empowering their ideas and actions.

Vision
Every child born in Hamilton County lives to see his or her first birthday.

Philosophy
No single organization can tackle the issue of infant mortality. We need partners throughout Hamilton County to come together under a common goal — helping our babies live to their first birthday — and common objectives. We embrace a model of collective impact.
## Supporting Data

### INFANT HEALTH

<table>
<thead>
<tr>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breastfeeding Rates</strong></td>
<td>75.0</td>
<td>77.7</td>
<td>65.5</td>
<td>70.8</td>
<td>77.1</td>
</tr>
<tr>
<td><strong>Multiple Births (twins, triplets, etc.)</strong></td>
<td>3.9</td>
<td>3.5</td>
<td>1.1</td>
<td>4.3</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Birth Defect/Congenital Anomaly Rates</strong></td>
<td>0.9</td>
<td>0.7</td>
<td>0.0</td>
<td>0.7</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Birth Defect/Congenital Anomaly Deaths (deaths per 1,000 live birth)</strong></td>
<td>1.6 (2017-2021)</td>
<td>1.6</td>
<td>--</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Unsafe Sleep Deaths (deaths per 1,000 live birth)</strong></td>
<td>1.6 (2017-2021)</td>
<td>1.7</td>
<td>--</td>
<td>3.6</td>
<td>--</td>
</tr>
<tr>
<td><strong>Reported consistently placing infant on his or her back for sleep (among women who had live births)</strong></td>
<td>93.9 (2017-2021)</td>
<td>97.9 (2021)</td>
<td>--</td>
<td>76.9 (2021)</td>
<td>91.0 (2021)</td>
</tr>
<tr>
<td><strong>Reported always placing a baby in crib for sleep (among women who had live births)</strong></td>
<td>93.3 (2017-2021)</td>
<td>94.2 (2021)</td>
<td>--</td>
<td>91.5 (2021)</td>
<td>96.4 (2021)</td>
</tr>
<tr>
<td><strong>Reported receiving paid leave from employer after baby was born (among women who had live births)</strong></td>
<td>42.4 (2017-2021)</td>
<td>46.4 (2021)</td>
<td>--</td>
<td>29.4 (2021)</td>
<td>--</td>
</tr>
</tbody>
</table>

### WOMEN’S HEALTH

| **Pre-Pregnancy Body Mass Index (among women who had live birth)** | 3.1 | 2.6 | 5.4 | 3.1 | 1.8 | 2.4 |
| **Gestational Diabetes (among women with previous births)** | 2.76 | 29.6 | 12.7 | 40.2 | 25.4 | 24.9 |
| **Sexually Transmitted Infection (among women who had live birth)** | 0.6 | 0.5 | 0.8 | 1.2 | 0.0 | 0.1 |
| **Gonorrhea** | 1.4 | 1.2 | 0 | 2.8 | 0.5 | 0.3 |
| **Chlamydia** | 4.5 | 4.5 | 2.2 | 9.1 | 6.4 | 1.5 |
| **Unintended Pregnancy (among women who had live birth)** | 23.6 (2017-2021) | 47.7 (2021) | -- | 27.3 (2021) | 40.7 (2021) | 35.9 (2021) |
| **Inadequately Spaced Pregnancy (among non-first time moms who had live-births)** | 6.1 | 5.1 | 4.5 | 6.8 | 4.8 | 3.9 |
| **<12 month interpregnancy interval** | 18.7 | 17.9 | 11.4 | 19 | 16.9 | 17.4 |
| **<18 month interpregnancy interval** | 33.9 | 33.3 | 23.9 | 30.3 | 28.1 | 36.7 |

See Data Dictionary at cradlecincinnati.org for confidence intervals for these proportions.

### PREGNANCY HEALTH

<table>
<thead>
<tr>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preterm Birth Rate</strong></td>
<td>10.9</td>
<td>11.1</td>
<td>6.2</td>
<td>15.2</td>
<td>10.3</td>
</tr>
<tr>
<td><strong>&lt;28 Weeks (extreme preterm birth)</strong></td>
<td>0.9</td>
<td>0.9</td>
<td>0.3</td>
<td>1.6</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>&lt;23 Weeks (perivable birth)</strong></td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Prenatal Care (among women who had live births)</strong></td>
<td>68.0</td>
<td>67.0</td>
<td>64.0</td>
<td>62.7</td>
<td>45.1</td>
</tr>
<tr>
<td><strong>Accessed Care in the 1st Trimester</strong></td>
<td>3.8</td>
<td>4.3</td>
<td>5.1</td>
<td>4.8</td>
<td>12.7</td>
</tr>
<tr>
<td><strong>No Prenatal Care</strong></td>
<td>2.5</td>
<td>2.4</td>
<td>3.2</td>
<td>3.4</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Maternal Cigarette Smoking (during 2nd or 3rd trimester)</strong></td>
<td>7.4</td>
<td>4.7</td>
<td>0.3</td>
<td>5.1</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Drug Exposure During Pregnancy (among regional women who had live births)</strong></td>
<td>9.0</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Opioïd Exposure During Pregnancy</strong></td>
<td>2.6</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Previous Preterm Birth (among women with previous births)</strong></td>
<td>7.8</td>
<td>7.6</td>
<td>3.8</td>
<td>11.7</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Chronic Stress During Pregnancy (among women who had live births)</strong></td>
<td>10.3</td>
<td>11.1</td>
<td>17.4</td>
<td>10.4</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>Gestational Diabetes</strong></td>
<td>16.5</td>
<td>19</td>
<td>7.8</td>
<td>27.6</td>
<td>9.2</td>
</tr>
<tr>
<td><strong>Sibbirth rate (per 1,000 births)</strong></td>
<td>7.3</td>
<td>7.1</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Stress (among women who had live births)</strong></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Reported having someone to talk to about problems during pregnancy</strong></td>
<td>82.7 (2017-2021)</td>
<td>82.5 (2022)</td>
<td>--</td>
<td>75.5 (2022)</td>
<td>65.0 (2022)</td>
</tr>
<tr>
<td><strong>Maternal Mortality (pregnancy-related mortality (per 1,000 births))</strong></td>
<td>0.3</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Serious Maternal Mortality (per 1,000 births)</strong></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

### COMMUNITY HEALTH

<table>
<thead>
<tr>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
<th>Hamilton County, 2017-2021</th>
<th>Hamilton County, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing</strong></td>
<td>41.7 (2017-2021)</td>
<td>40.5 (2022)</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Vacancy Rate</strong></td>
<td>8.7 (2017-2021)</td>
<td>7.0 (2022)</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Neighborhood Conditions</strong></td>
<td>4.6 (2017-2021)</td>
<td>4.3 (2022)</td>
<td>--</td>
<td>7.4 (2022)</td>
<td>7.5 (2022)</td>
</tr>
<tr>
<td><strong>Transportation (among all adults)</strong></td>
<td>10.6 (2017-2021)</td>
<td>7.0 (2022)</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Green = better compared to 2017-2021. Red = worse compared to 2017-2021. All numbers are percentages unless otherwise indicated. To read definitions of each indicator, download our data dictionary at cradlecincinnati.org.
This report was developed by the Cradle Cincinnati team in partnership with Cincinnati Health Department and Hamilton County Public Health. It was produced by the team at Deskey.

Contributors include Melissa Burroughs, Lauren Everett, Andrew Lovell, Ayanna Morgan, Anthony Nixon, Jr., Jessica Seeberger, Meredith Shockley-Smith, Stuart Taylor, Dominique Walker and Rachel Webken.