

INFANT OUTCOMES

Summary:

Social determinants of health, access to care, and maternal health all influence infant outcomes (i.e., low birth weight, SIDS, pre-term birth, and congenital malformations and abnormalities). It remains important to understand the data, challenges and services available in the Atlanta Perinatal Region to address infant health. The GA 2013-2016 plan addressed these areas directly through the two overarching goals: 1) Reduce infant mortality, and 2) Reduce prematurity by strengthening the system of care, targeted educational campaigns on infant mortality related issues, and external collaborations to support infant mortality initiatives. Session 1 attendees seemed to recognize that while important, infant outcomes are not the highest-lever priorities; they are the targets of strategic efforts. The highest infant mortality rates are dispersed throughout the region (Floyd, Rockdale, Banks, Dade, and Clayton); whereas the highest number of infant deaths is clustered in the Atlanta area (Fulton, DeKalb, Gwinnett, and Cobb).

Session #1 Outcomes:

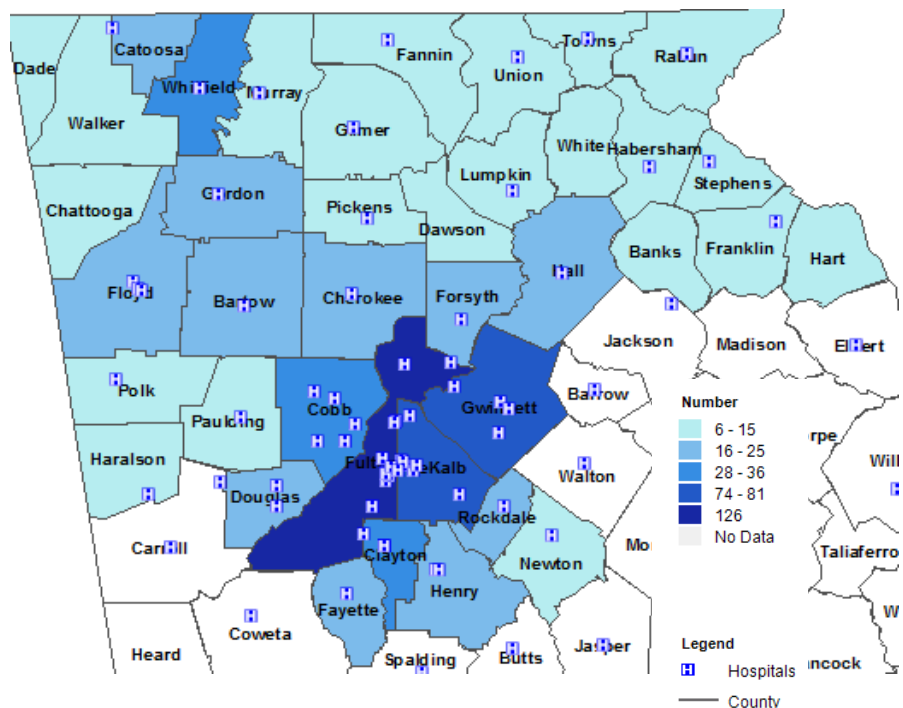
Facilitating Factor	# Groups Included	Placement in Top 10 of Individual Groups
Low Birth Weight	2	1 st and 3 rd
Sudden Infant Death Syndrome (SIDS)/Sleep Environment	2	1 st and 7 th
Pre-term birth	1	8 th
Congenital malformation and anomalies	1	10 th

HMHB Directory Map: Infant Health Services*

All counties in the region have at least one resource to ensure infant health and safety (child protection, child advocacy centers, and newborn screening).

Newborn screening was most often listed at the County Health Department.

Baby/Infant Items and supplies was most often listed as a service of GA Injury Prevention.

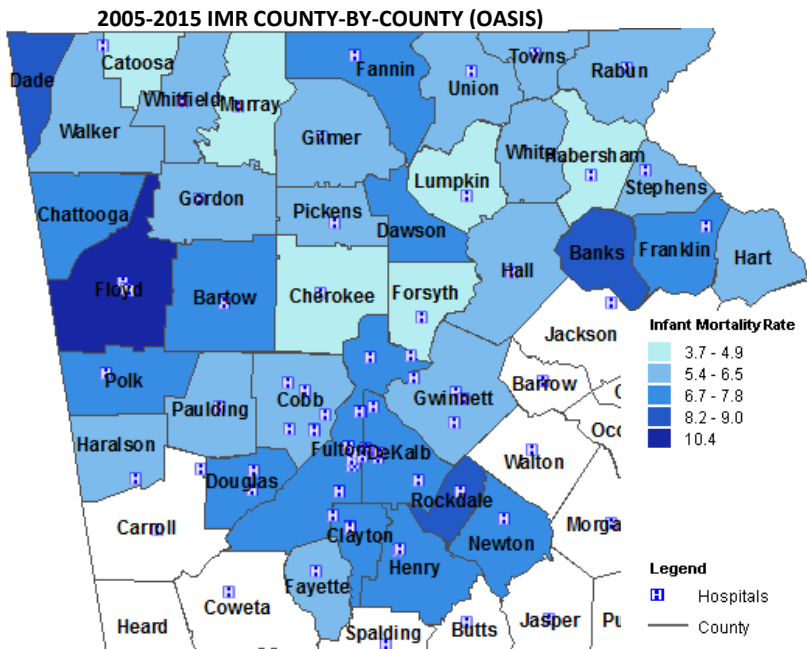


*See Types of Services Included in the HMHB Directory Maps by Priority Cluster for a list of services included in the Infant Health Map

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Infant Mortality:

The largest number of infant deaths occurs in Fulton, DeKalb, Gwinnett, and Cobb Counties.



In 2015:

- GA ranked 47th in the nation for our IMR
- IMR was much higher in GA than the U.S. (7.8 compared to 5.9 per 1,000 live births)
- 5 counties have higher IMR than GA (7.8)- Floyd, Rockdale, Banks, Dade, and Clayton
- 14 have higher IMR than the region (6.5)- Chattooga, Fannin, Bartow, DeKalb, Dawson, Fulton, Douglas, Franklin, Henry, Newton, Polk, Hart, and Walker
- 5 counties have higher IMR than the U.S. (5.9)- Haralson, Cobb, Rabun, Union, and Paulding

Since 2010:

- Rockdale showed a notable increase in IMR (from 6.1 to 9) and infant deaths (from 74 to 107)
- 30 counties have seen decreases in the IMR

See the 2000-2015 IMR COUNTY-BY-COUNTY WITH REGIONAL, STATE, AND NATIONAL COMPARISON HANDOUT for more county level detail

Low Birth Weight:

- According to HMHB's State of the State Report, between 2003 and 2014, the percentage of low birth weight births (definition) increase in the region (from 8.5% to 9.0%) and the state (from 9.0% to 9.5%), and the nation (from 7.9% to 8.0%).

Sudden Infant Death Syndrome (SIDS)/Sleep Environment:

- According to OASIS, between 2010 and 2015, the percentage of infant deaths due to SIDS decreased in the region (from 16.8% to 9.6%) and the state (from 14.7% to 10.3%). This is a trend that was replicated nationally, and attributed to the safe sleep efforts (crib donations, education, in-home assessments, etc.)

Pre-term birth:

- According to Oasis, the percentage of pre-term births (<37 weeks gestation) in 2015 was similar for the state (10.8%) when compared to the region (10.2%) and the nation (10%).
- There were 14 counties in the region showing higher percentages than the state – Bartow (13.3%), Rockdale (13.2%), Dade (13%), White (12.5%), Fannin (12.4%), Murray (11.8%), Whitfield (11.6%), Gordon (11.3%), Haralson (11.2%), Clayton (11.1%), Union (11.1%), Paulding (11%), Fulton (10.8%), and Newton (10.8%).

Congenital malformation and anomalies:

- According to the CDC the national rate of congenital malformation and anomalies has decreased nationally between 2005 to 2015 from 11.3 to 10.3 per 100,000 live births.

