INFANT MORTALITY IN KALAMAZOO: EVIDENCE-BASED INTERVENTIONS AND BEST PRACTICE

February 21, 2013

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Objectives

• Understanding of evidence-based interventions to reduce infant mortality
• Awareness of best practice in Harlem, NY
• Knowledge of State of Michigan Infant Mortality Reduction Plan
Evidence-Based Interventions

http://www.thecommunityguide.org/index.html
Evidence-Based Interventions: Pre-Conception

- Prevention of unplanned pregnancy
- Reduction in Sexually-Transmitted Infections
- Preventing excessive alcohol consumption
- Folate supplementation
- Reducing pre-pregnancy risks for mental and physical illness

Evidence-Based Interventions: Pregnancy and 1st Year of Life

- Early prenatal care
- Adequate prenatal care
- Group visits for prenatal care
- Nurse home visits
- Safe sleep programs

Group v. Individual Prenatal Care: Percent Preterm Delivery

Nurse Home Visit Program

Infant Mortality in High-Risk Pregnancy

Best Practices: NYC

- Community-based perinatal partnerships
- Newborn home visiting program
- Perinatal depression initiatives
- Adolescent reproductive health programs
- Nurse Family Partnership
- Safe Sleep
- Breastfeeding initiative
- Community outreach & case management

Infant Mortality Rate:
Central Harlem, NY

State of Michigan
Infant Mortality Reduction Plan

- Regional Perinatal System
- Reduce elective deliveries prior to 39 weeks gestation
- Adopt progesterone protocol
- Safer infant sleep practices
- Home-visiting programs
- Reduce unintended pregnancies
- Address social determinants of health into all strategies

Rates of very preterm birth in U.S. metropolitan statistical areas (MSAs) by race, 2002-2004

Summary

• A number of evidence-based, community interventions can reduce infant mortality
• NYC and Harlem are a model for reducing ethnic disparities in infant mortality
• Michigan has a state-wide plan to reduce infant mortality
• Community matters—especially for Black infant mortality