



THE POWER OF COLLECTIVE

# IMPACT



Maternal and Infant Health in Hamilton County 2022



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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

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**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.**

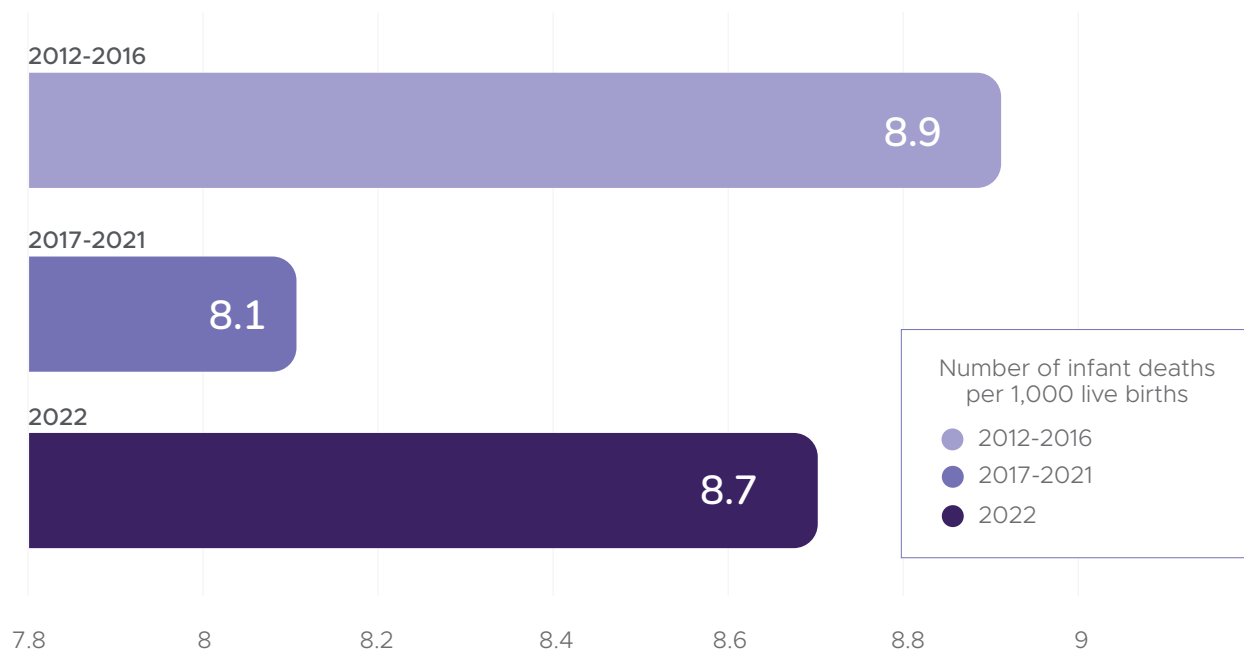
There is still work to do. The loss of even one baby is too many.

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

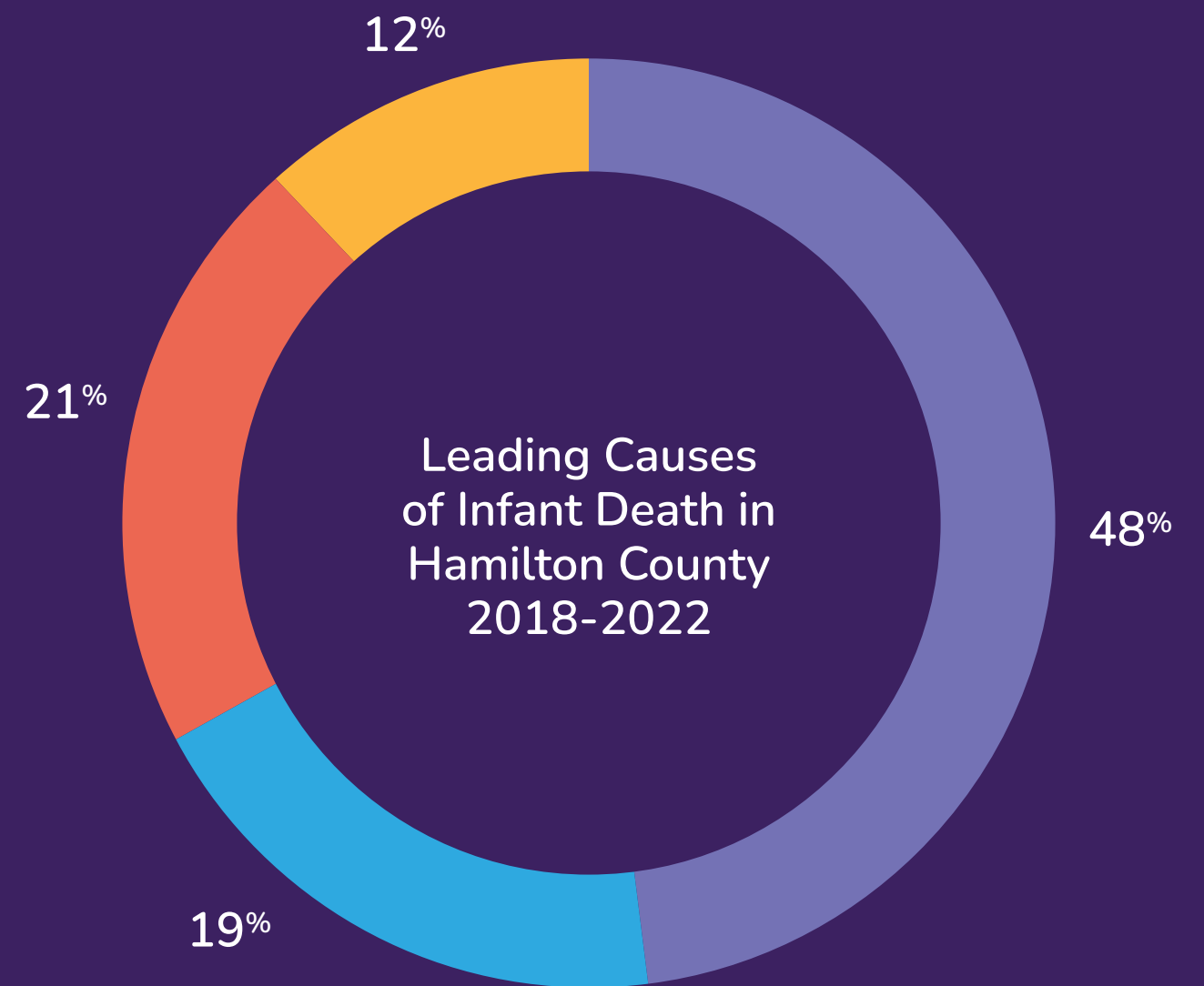
\*2013-2019

\*\**(10.1/1,000 in 2013 vs 6.0/1,000 in 2022).*

Infant Mortality Rate, Hamilton County, 2012-2022



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



- Preterm Birth-related deaths
- Birth Defect-related deaths
- Sleep-related deaths
- Other deaths

### 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

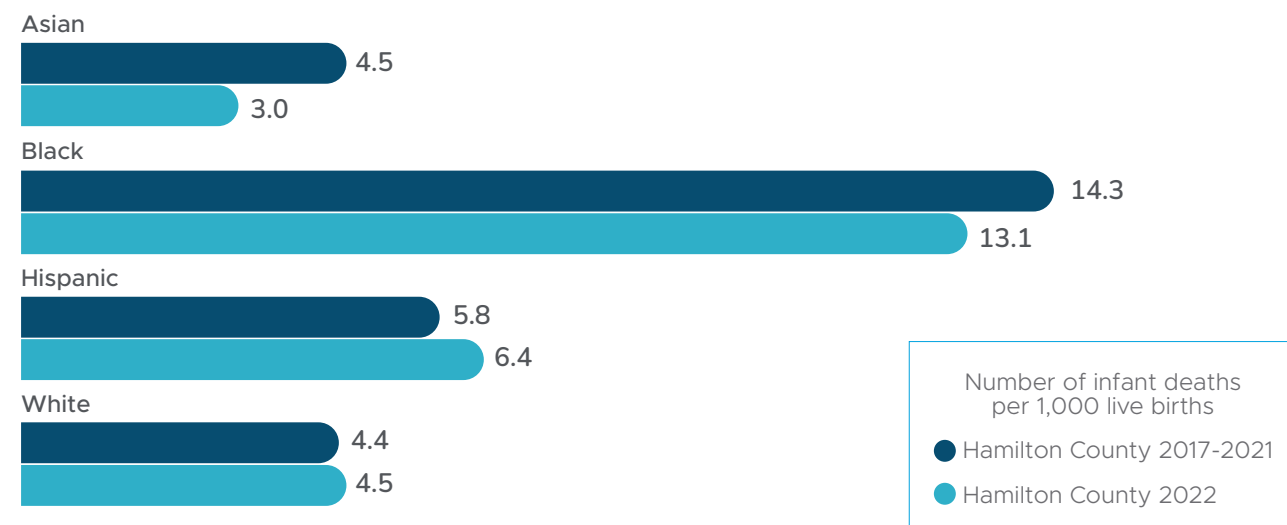
Includes homicides, infections, accidents and other causes.

# 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.

Infant Mortality Rate by Race and Ethnicity, Hamilton County, 2017-2022



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

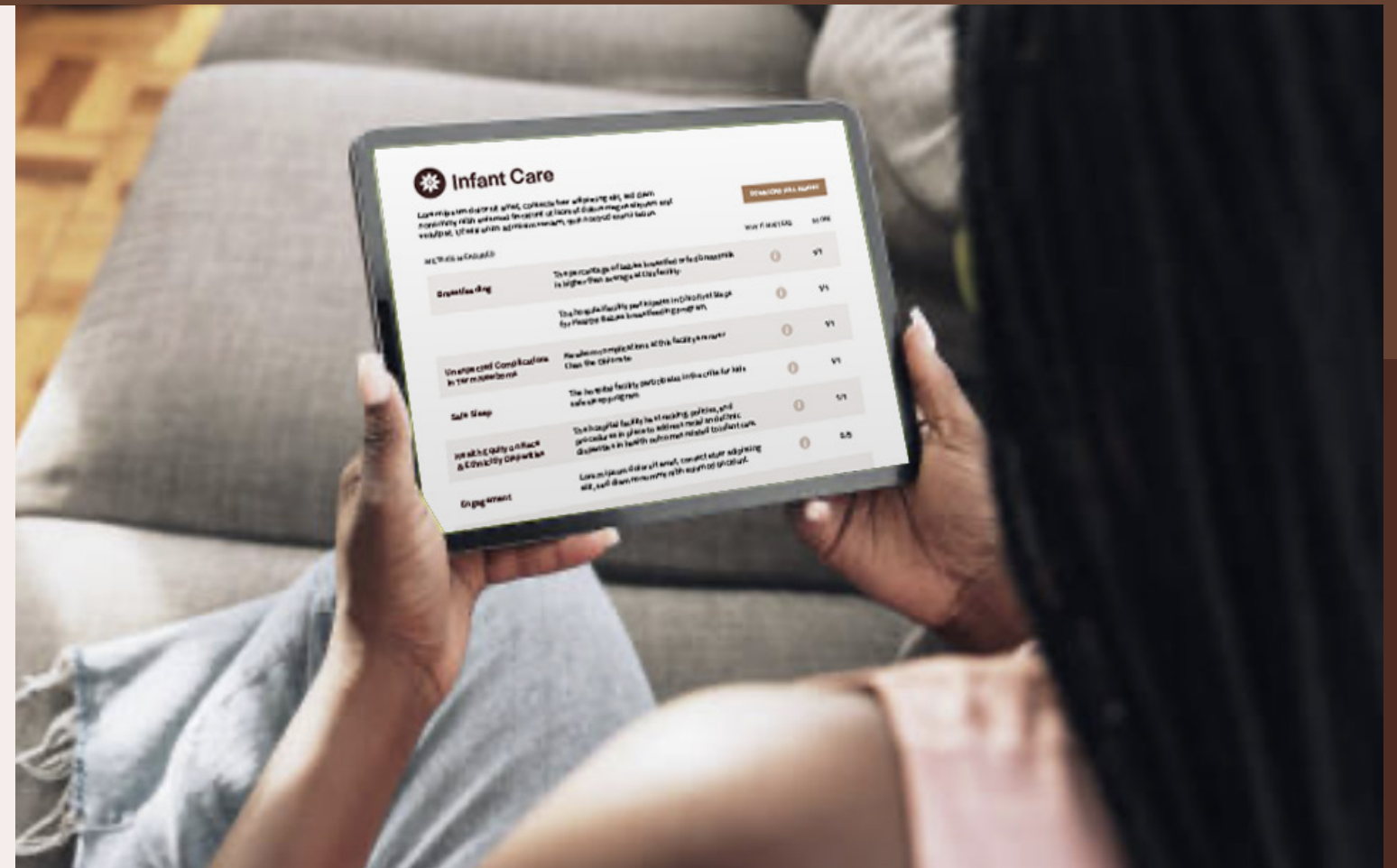
Hospitals are also awarded a badge for each focus area where they receive the minimum number of points.

-  **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.



Mama Certified is made possible through bi3 funding.

Learn more at [www.mamacertified.org](http://www.mamacertified.org)

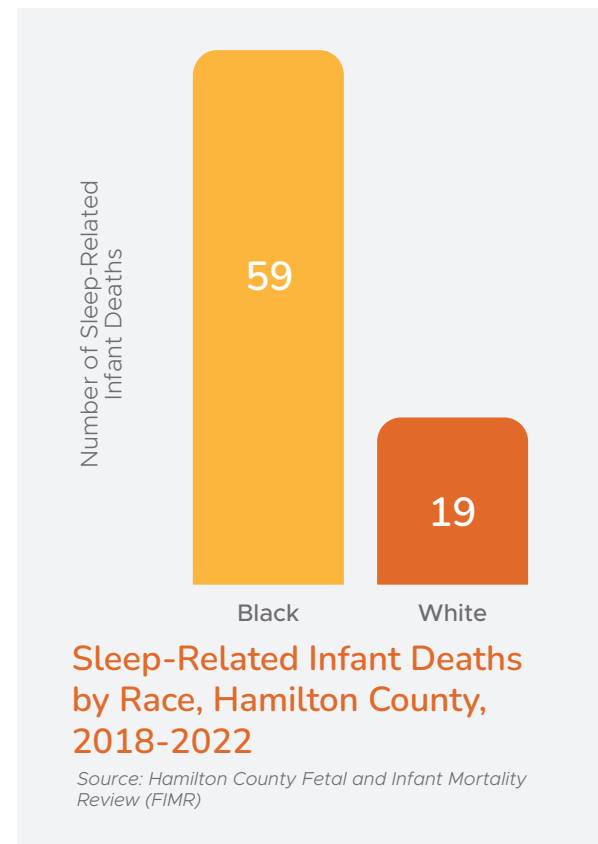
# Understanding More about Safe Sleep

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 shone 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](http://www.cradlecincinnati.org).



## 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 mom received 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.



### 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 **513-561-BABY** or get connected to a community health worker.

# Putting Mom at the Center of the Work

## 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.

## Community Health Workers

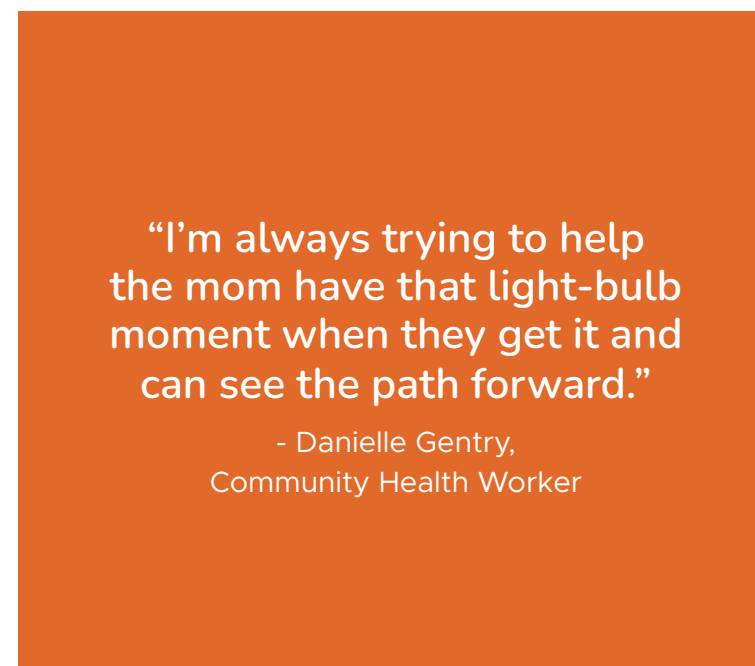
Community health workers are knowledgeable professionals serving as guides, helping pregnant mothers navigate available health and social services in a friendly, compassionate manner. They are skilled educators and advocates: on the front line providing support for breastfeeding and safe sleep habits. 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.

Get connected to doula and community health worker services at [www.cradlecincinnati.org](http://www.cradlecincinnati.org)



“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.”

- Jocquelene 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  
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March of Dimes  
Mercy Health

Molina Healthcare  
Mount Adams Business Guild Inc.  
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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

**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](http://cradlecincinnati.org).

## INFANT HEALTH

|   | Hamilton County 2017-2021 | Hamilton County 2022 | Hamilton County, Asian 2022 | Hamilton County, Black 2022 | Hamilton County, Hispanic 2022 | Hamilton County, White 2022 |
|---|---------------------------|----------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|
| <b>Breastfeeding Rates</b><br>(upon hospital discharge)   | 75.0                      | 77.7                 | 85.5                        | 70.8                        | 77.1                           | 81.5                        |
| <b>Multiple Births (twins, triplets, etc.)</b><br>(among women who had live births)                           | 3.9                       | 3.5                  | 1.1                         | 4.3                         | 2.1                            | 3.6                         |
| <b>Birth Defect/Congenital Anomaly Rates</b>  | 0.9                       | 0.7                  | 0.0                         | 0.7                         | 0.5                            | 0.8                         |
| <b>Birth Defect/Congenital Anomaly Deaths</b><br>(deaths per 1,000 live births)                               | 1.6 (2017-2021)           | 1.6                  | --                          | 1.6                         | 1.6                            | --                          |
| <b>Unsafe Sleep Deaths</b><br>(deaths per 1,000 live births)  | 1.6 (2017-2021)           | 1.7                  | --                          | 3.6                         | --                             | 0.6                         |
| <b>Reported consistently placing infant on his or her back for sleep</b><br>(among women who had live births) | 89.0 (2020)               | 87.9 (2021)          | --                          | 76.9 (2021)                 | 91.0 (2021)                    | 92.8 (2021)                 |
| <b>Reported always placing a baby in crib for sleep</b><br>(among women who had live births)                  | 93.0 (2020)               | 94.2 (2021)          | --                          | 91.5 (2021)                 | 98.4 (2021)                    | 94.9 (2021)                 |
| <b>Reported receiving paid leave from employer after baby was born</b><br>(among women who had live births)   | 42.4 (2020)               | 46.4 (2021)          | --                          | 29.6 (2021)                 | --                             | 53.7 (2021)                 |

## WOMEN'S HEALTH

|   |             |             |      |             |             |             |
|---|-------------|-------------|------|-------------|-------------|-------------|
| <b>Pre-Pregnancy Body Mass Index</b><br>(among women who had live births)               |             |             |      |             |             |             |
| Underweight (BMI < 18.5)  | 3.1         | 2.6         | 5.4  | 3.1         | 1.8         | 2.4         |
| Obese (BMI ≥ 30)  | 27.6        | 29.6        | 12.7 | 40.2        | 25.4        | 24.9        |
| <b>Sexually Transmitted Infection</b><br>(among women who had live births)              |             |             |      |             |             |             |
| Syphilis  | 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         | 3.2  | 9.1         | 6.4         | 1.5         |
| <b>Unintentional Pregnancy</b><br>(among women who had live births)                     | 23.6 (2020) | 47.7 (2021) | --   | 27.9 (2021) | 40.7 (2021) | 35.9 (2021) |
| <b>Inadequately Spaced Pregnancy</b><br>(among non-first time moms who had live births) |             |             |      |             |             |             |
| <6 month Interpregnancy Interval  | 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        |
| <b>Postpartum Depression</b><br>(among women who had live births)                       | 6.4 (2020)  | 7.8 (2021)  | --   | 9.1 (2021)  | 9.5 (2021)  | 7.2 (2021)  |

See Data Dictionary at [cradlecincinnati.org](http://cradlecincinnati.org) for confidence intervals for these proportions

## PREGNANCY HEALTH

|   | Hamilton County 2017-2021 | Hamilton County 2022 | Hamilton County, Asian 2022 | Hamilton County, Black 2022 | Hamilton County, Hispanic 2022 | Hamilton County, White 2022 |
|---|---------------------------|----------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|
| <b>Preterm Birth Rate</b>   |                           |                      |                             |                             |                                |                             |
| <37 Weeks (total preterm births)  | 10.9                      | 11.1                 | 6.2                         | 15.2                        | 10.5                           | 9.1                         |
| <28 Weeks (extreme preterm births)  | 0.9                       | 0.9                  | 0.3                         | 1.6                         | 0.9                            | 0.4                         |
| <23 Weeks (perivable births)  | 0.2                       | 0.2                  | 0.3                         | 0.5                         | 0.2                            | 0.1                         |
| <b>Prenatal Care</b><br>(among women who had live births)                           |                           |                      |                             |                             |                                |                             |
| Accessed Care in the 1st Trimester  | 68.0                      | 67.0                 | 64.0                        | 63.7                        | 45.1                           | 74.0                        |
| Accessed Care in the 3rd Trimester  | 3.8                       | 4.3                  | 5.1                         | 4.8                         | 12.7                           | 2.0                         |
| No Prenatal Care  | 2.5                       | 2.4                  | 2.2                         | 3.4                         | 2.5                            | 1.7                         |
| <b>Maternal Cigarette Smoking</b><br>(during 2nd or 3rd trimester)                  | 7.4                       | 4.7                  | 0.3                         | 5.1                         | 0.8                            | 5.5                         |
| <b>Drug Exposure During Pregnancy</b><br>(Among regional women who had live births) |                           |                      |                             |                             |                                |                             |
| Drug Exposure During Pregnancy  | 9.0                       | 6.3                  | --                          | --                          | --                             | --                          |
| Opioid Exposure During Pregnancy  | 2.6                       | 1.4                  | --                          | --                          | --                             | --                          |
| <b>Previous Preterm Birth</b><br>(among women with previous births)                 | 7.8                       | 7.6                  | 3.8                         | 11.7                        | 7.4                            | 5.2                         |
| <b>Chronic Illness During Pregnancy</b><br>(among women who had live births)        |                           |                      |                             |                             |                                |                             |
| Gestational Diabetes  | 10.3                      | 11.1                 | 17.4                        | 10.4                        | 12.9                           | 10.5                        |
| Hypertension  | 16.9                      | 19                   | 7.8                         | 27.6                        | 9.2                            | 16.6                        |
| <b>Stillbirth rate</b><br>(per 1,000 births)  | 7.3                       | 7.1                  | --                          | --                          | --                             | --                          |
| <b>Stress</b><br>(among women who had live births)                                  |                           |                      |                             |                             |                                |                             |
| Reported having someone to talk to about problems during pregnancy                  | 82.7 (2020)               | 82.5 (2021)          | --                          | 75.5 (2021)                 | 65.0 (2021)                    | 89.1 (2021)                 |
| <b>Maternal Mortality</b><br>Pregnancy-related mortality (per 1,000 births)         | --                        | .24 (Ohio 2018)      | --                          | --                          | --                             | --                          |
| <b>Severe Maternal Morbidity</b><br>(per 1,000 births)                              | --                        | .72 (Ohio 2019)      | --                          | --                          | --                             | --                          |

## COMMUNITY HEALTH

|  |                  |             |    |             |             |            |
|--|------------------|-------------|----|-------------|-------------|------------|
| <b>Housing</b>   |                  |             |    |             |             |            |
| Renters  | 41.7 (2017-2021) | 40.5 (2021) | -- | --          | --          | --         |
| Vacancy Rate   | 8.7 (2017-2021)  | 7.0 (2021)  | -- | --          | --          | --         |
| Reported difficulty paying rent before pregnancy<br>(among women who had live births)              | 14.8 (2020)      | 14.9 (2021) | -- | 24.3 (2021) | 16.7 (2021) | 9.5 (2021) |
| <b>Neighborhood Conditions</b>   |                  |             |    |             |             |            |
| Reported always or often feeling unsafe in their neighborhood<br>(among women who had live births) | 4.6 (2020)       | 4.3 (2021)  | -- | 7.4 (2021)  | 7.5 (2021)  | 2.5 (2021) |
| <b>Transportation (among all adults)</b>   |                  |             |    |             |             |            |
| Reported no vehicle availability in household  | 10.5 (2017-2021) | 7.0 (2021)  | -- | --          | --          | --         |



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.

**Learn more  
about our work at**

[cradlecincinnati.org](http://cradlecincinnati.org)  
[blackwomenforthewin.com](http://blackwomenforthewin.com)

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