Infant Mortality in Miami-Dade County
Panel Presentation
June 17, 2016
Maternal Health Factors & C-Sections

Nelson Adams, MD
OB/GYN
President & CEO Metro-Miami OB/GYN Association
Maternal Factors

Maternal Factor Rates in Miami-Dade County

- Births to Women Age 35+
- Births with Inter-Pregnancy Interval <18 months
- Plural Births
- Births to Women that Smoked During Pregnancy
% of Women Obese at Pregnancy in Miami-Dade County

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2006</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Women Obese at Pregnancy</td>
<td>15.9</td>
<td>17.4</td>
</tr>
<tr>
<td>Non-Hispanic Black Women Obese at Pregnancy</td>
<td>24.5</td>
<td>26.6</td>
</tr>
<tr>
<td>Non-Hispanic White Women Obese at Pregnancy</td>
<td>13.3</td>
<td>14.8</td>
</tr>
<tr>
<td>Hispanic Women Obese at Pregnancy</td>
<td>13.8</td>
<td>15.9</td>
</tr>
</tbody>
</table>
Births to Women who Received Prenatal Care in the 1st Trimester

Percent

- Non-Hispanic Black 1st Trimester PNC: 73.7 (2006), 81.5 (2013)
- Non-Hispanic White 1st Trimester PNC: 86.5 (2006), 88.7 (2013)
Births to Women who Received Inadequate Prenatal Care in the 1st Trimester in Miami-Dade County

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2006</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate PNC</td>
<td>21.2</td>
<td>20.4</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>27.7</td>
<td>29.6</td>
</tr>
<tr>
<td>Hispanic Inadequate PNC</td>
<td>19.9</td>
<td>17.6</td>
</tr>
</tbody>
</table>
Percent of Breastfeeding Initiation in Miami-Dade County

Race/Ethnicity

- Total Breastfeeding Initiation: 86.1% (2006), 87.2% (2013)
- Non-Hispanic Black Breastfeeding Initiation: 76.7% (2006), 76.1% (2013)
- Non-Hispanic White Breastfeeding Initiation: 89.2% (2006), 90.5% (2013)
- Hispanic Breastfeeding Initiation: 89.1% (2006), 90% (2013)

Florida HEALTHY babies
C-Sections

- Since 1985, the international healthcare community has considered the ideal rate for caesarean sections to be between 10-15%.
- Since then, caesarean sections have become increasingly common in both developed and developing countries.
- When caesarean section rates rise towards 10% across a population, the number of maternal and newborn deaths decreases.
- When the rate goes above 10% there is no evidence that mortality rates improve.
- WHO says medical practitioners should not undertake caesarean sections purely to meet a given target or rate, but rather focus on the needs of patients.
- Caesarean sections can cause significant complications, disability or death, particularly in settings which lack the facilities to conduct safe surgeries or treat potential complications.

Source: WHO Statement on Caesarean Section Rates, 2015
C-Sections

Cesarean Section Deliveries in Miami-Dade County

Year

Rate


25.8 25 25 25.6 26.9 28.6 30.2 31.7 33.9 37 40.3 42.9 45.3 47 48.5 49 48.8 48.5 48.6 48.7

22.5 22.1 22.1 22.5 23.2 24.2 25.5 27.1 29 31.1 33.1 34.7 36 36.9 37.6 37.8 38 38 38 37.7

Data Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics
InterConceptual Health and Planned Pregnancy: A Holistic Approach

Yogi Hernandez Suarez, MD, MPH
Humana
VP & Chief Medical Officer-Integrated Care Delivery Organization
Planned Pregnancy....
Planned Pregnancy....
Conceptual Planning as part of the Lifecycle
Potential moments of intervention

- Nutritional conditions
- Genetic conditions
- Environmental health
- Infertility/subfertility
- Female genital mutilation
- Too early, unwanted and rapid successive pregnancies
- Human immunodeficiency virus (HIV)
- Interpersonal violence
- Sexually transmitted infections
- Mental health
- Psychoactive substance use
- Tobacco use
Evidence-based interventions: Wellness Programs

- Exercise programs
- Screening programs and health fairs
- Weight management programs
- Annual examination
- Non traditional venues: pharmacy, grocery stores, beauty salons, spas, gyms, clubs...
- Technology: apps, fitness monitoring
Evidence-based interventions: Policy and Education

- Educating girls and boys about sexuality, reproductive health and contraceptive use
- Creating visible, high-level support for pregnancy prevention programs
- Enabling adolescents to obtain contraceptive services including Plan B
- Influencing cultural norms against coerced sex and empowering women to resist coerced sex
- Engaging men and boys to critically assess norms and practices regarding gender-based violence and coerced sex
- Educating women and couples about the dangers to the baby and mother of short birth intervals
Evidence-based interventions: Chronic Disease Management

- Genetic Conditions
- Diabetes
- Hypertension
- Mental Illness
- Auto Immune disorders
- Heart disease
- Anemia
- HIV
A Strategy for Community Action

Assess the strengths and weaknesses of the preconception care system in place

Create national platforms and partnerships to ensure political commitment

Leverage on existing public health programmes
- Reproductive/maternal health
- Early child development
- Adolescent health nutrition
- Immunization
- HIV
- Environment
- Violence prevention
- Mental health

Preconception care implementation strategy

Adapt the intervention package

Delivering the intervention package

Explore innovative ways and channels in delivering preconception care interventions
- Schools
- Workplaces
- Civil society groups
- Electronic health technologies

Maximizing the gains for maternal and child health

Identify target population

Strengthen human resources

Mobilize financial resources

Establish a plan for monitoring and evaluation
Preterm Birth

Manuel Fermin, MPA
Chief Executive Officer
Healthy Start Coalition of Miami-Dade
Background

- The Florida Department of Health launched the Florida’s Healthy Babies initiative statewide during 2016.

- Focus: Close the gap of disparity among Non-Hispanic Black and Non-Hispanic White infants.

- Action: Community approach to positively influence social determinants with evidence-based interventions.
Contributing Factors

- Ethnicity
- Age of the mother
- Certain lifestyles
- Environmental factors
- Late or no health care during pregnancy
- Smoking
- Drinking alcohol
- Using illegal drugs
- Domestic violence, including physical, sexual, or emotional abuse
- Lack of social support
- Stress
- Long working hours with long periods of standing
- Exposure to certain environmental pollutants
Data Trends: Premature birth

Neighborhood groups with highest percentage:

- Opa-Locka/Miami Gardens/Westview (13%)
- Downtown/East Little Havana/Liberty City/Little Haiti/Overtown (12.7%)
- Doral/Miami Springs/Sunset (10.5%)
- Brownsville/Coral Gables/Coconut Grove (10.3%)
- North Miami/North Miami Beach (9.8%)
- South Dade/Homestead (9.6%)

- National average 11.4% State Average 13.9%

Data Source: Florida Charts; PeriStats
Approaches to Reducing Preterm

- Healthy Start Program Care Coordination
- MomCare - exclusively targets Medicaid users
- Training on curricula which target reducing preterm birth risk factors:
  - Partners for a Healthy Baby for Home Visitors: Florida State University
  - Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT)
  - InterConceptional (ICC) Education Certification
  - Nutrition assessment and counseling
Targeting the Highest Risk Groups

HSCMD has 9 contracted providers and a partnership with The Jasmine Project to provide intensive services and up to 2 years of services for some of our highest risk zip codes for all of these factors:

- 33054 and 33055 Opa-Locka
- 33167 Westview area
- 33169 Golden Glades/Miami Gardens area
Questions?