



Are Ohio's youngest children healthy?

Providing a strong foundation for young children in Ohio means they are healthy. The foundation for a healthy life starts early, before a baby is born. Without increased focus and investment, some young children and their mothers will face life-long health challenges to their physical and mental health and well-being.



Birth Outcomes

What does the data tell us?

Nearly 1 in 140 Ohio babies do not live to see their first birthday. For Black infants, that number is about 1 in 76.

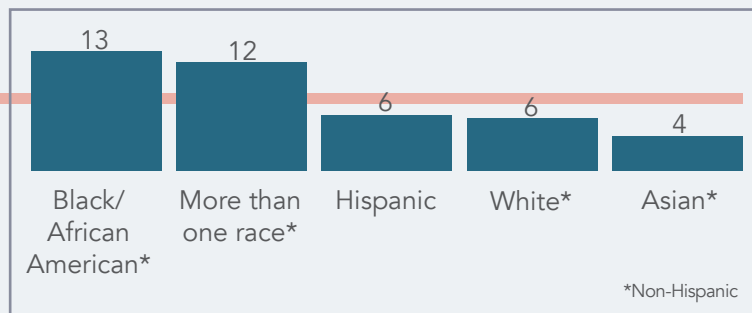
Infant mortality and preterm birth

11% of Ohio infants are born preterm, and for every 1,000 live births, approximately seven infants do not live to experience their first birthdays. Black Ohioans are disproportionately affected by infant mortality.

Number of infant deaths, under age 1, per 1,000 live births • by race

Ohio overall
7

Percent of infants born preterm



Note: Asian infant mortality rate is a small sample size, interpret with caution

Source: Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER) (2022)

Racism can directly affect maternal and infant health and is a primary driver of infant mortality.

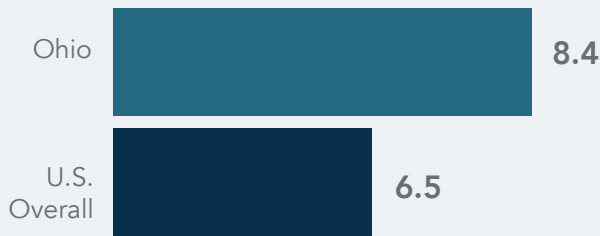
For example, repeated exposure to racial discrimination can contribute to maternal toxic stress, which is linked to preterm births, low birthweight, and infant mortality.¹ Racial disparities in infant mortality persist despite maternal income or education level.²



Overall, 13% of babies were born preterm; this increases to 23% for children with a disability.³



Number of neonatal abstinence syndrome cases among newborn hospitalizations, per 1,000 newborn hospitalizations. (2021).



Neonatal abstinence syndrome is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy. Symptoms vary and are impacted by factors such as length of parental substance use and type of substance.

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP) Fast Stats. (2021).



While most babies were born healthy, 16% experienced health complications at birth, with rates climbing to 18% of families living below 200% FPL, 20% for children living below 100% FPL, and 39% among families with children who have disabilities.⁴



Ohio's performance

Birth Outcomes

	Baseline	Most Recent	Trend
Low birth weight. Percent of live births where the infant weighed less than 2,500 grams (5.5 pounds)	8.5% (2020)	8.7% (2022)	No Change
	Black, non-Hispanic Infants		14.6%
	Asian, non-Hispanic Infants		10.4%
	Hispanic Infants		7.9%
	White, non-Hispanic Infants		7.3%
Infant mortality. Number of infant deaths, under age 1, per 1,000 live births	6.9 (2019)	7.1 (2022)	No Change
	Black, non-Hispanic Infants		13.1
	More than one race. Non-Hispanic Infants		11.9
	Hispanic Infants		6.1
	Asian, non-Hispanic		3.8
	White, non-Hispanic		5.7
Preterm birth. Percent of infants born preterm, before 37 completed weeks of gestation	10.3% (2020)	10.8% (2022)	No Change
Neonatal abstinence syndrome. Number of neonatal abstinence syndrome cases among newborn hospitalizations, per 1,000 newborn hospitalizations births	9.3 (2019)	8.4 (2021)	No Change

Fetal development and birth outcomes are inextricably linked to a mother's physical and mental health.

Factors such as maternal nutrition, stress levels, and pre-existing medical conditions can directly influence fetal development, potentially leading to complications such as low birth weight, preterm delivery, and developmental delays.⁵ Ensuring maternal health before, during, and after pregnancy is essential for promoting healthy births that lay a strong foundation for early childhood development.



Maternal Health

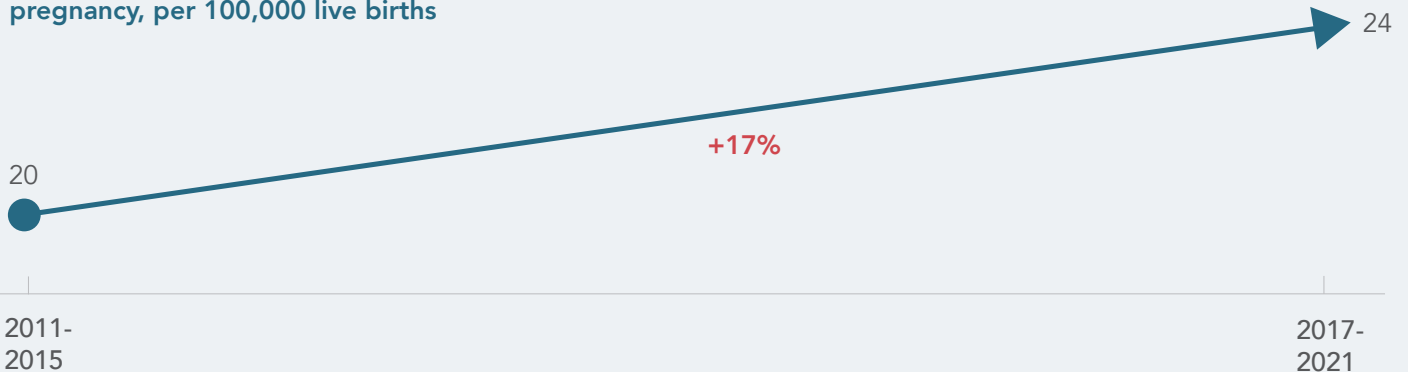
What does the data tell us?

Both maternal mortality and severe maternal morbidity are on the rise in Ohio and across the nation, and Black mothers are disproportionately affected.

Maternal mortality

Maternal mortality increased by 17% in the period between 2011 and 2021. Research suggests that more than 80% of pregnancy-related deaths are preventable.²

Number of deaths related to or aggravated by pregnancy, per 100,000 live births



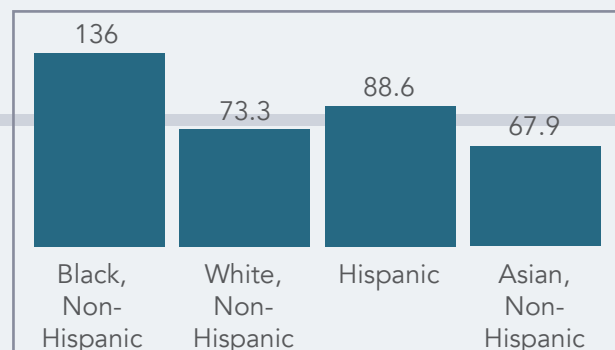
Source: Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER), as compiled by America's Health Rankings (2011-2015, 2017-2021)



Severe maternal morbidity

Number of significant life-threatening maternal complications during delivery, per 10,000 delivery hospitalizations.

Ohio overall
84.9



Source: Health Resources and Services Administration, as compiled by America's Health Rankings. (2020).



1 Persistent disparities in severe maternal morbidity in Black mothers are linked to a continuum of factors outside individual control, including factors such as one's community, neighborhood and built environment, implicit bias and communication practices of providers, and systemic factors including health care institutions, access to quality care, and social and political policies.⁶

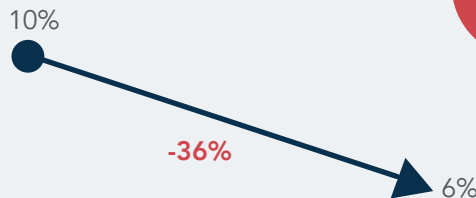
Smoking has been linked to infant mortality.⁷ The number of Ohio women who smoked cigarettes during the last three months of their pregnancy declined from 2020 to 2022.

However, that decline has been offset by a tripling of the use of e-cigarettes. Like cigarettes, e-cigarette aerosol contains nicotine and other harmful chemicals. Their use not only increases risk of infant mortality,⁸ but is also linked to many negative health outcomes, including asthma, organ damage, and cancer.⁹

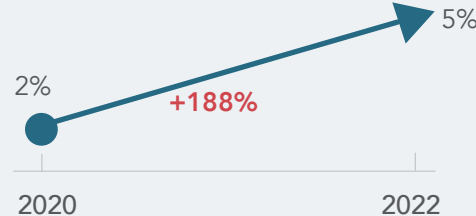


2 Prenatal Smoking of Cigarettes

Percent of women with a live birth who smoked cigarettes during the last 3 months of pregnancy



Percent of women with a live birth who used e-cigarettes during the last 3 months of pregnancy



Source: Ohio Pregnancy Assessment Survey (2020, 2022)



Secondhand exposure to e-cigarette aerosols is also linked to worsening asthma symptoms and increased asthma flare-ups in young children.¹⁰



Women overwhelmingly prioritize quality when choosing care.

63% select OB-GYN providers based on qualifications and experience. However, their ability to access quality care hinges on insurance coverage (64%) and location (56%). Insurance coverage was the most important factor when selecting a provider for women below 200% FPL (70%).¹¹



There are disparities in mental health care support for women postpartum.

91% of participants reported being asked about their emotional well-being during postpartum visits, but this number declines to 79% for Latinx and 74% for other racial and ethnic groups and 85% for Appalachian respondents.¹²



Costly perinatal care creates financial and health barriers for families. 1 in 10 families have over \$5,000 in out-of-pocket perinatal care costs.¹³



 **Ohio's performance**

Maternal Health

	Baseline	Most Recent	Trend
Maternal mortality. Number of deaths related to or aggravated by pregnancy, per 100,000 live births	20.3 (2011-2015)	23.7 (2017-2021)	Worsened
Severe maternal morbidity. Number of significant life-threatening maternal complications during delivery, per 10,000 delivery hospitalizations	77.8 (2018)	84.9 (2020)	No Change
	Black, non-Hispanic		136
	Hispanic		88.6
	White, non-Hispanic		73.3
	Asian, non-Hispanic		67.9
Postpartum depression. Percent of women, ages 18 and older, with a live birth who experienced postpartum depression	9.6% (2020)	9.8% (2022)	No Change
Prenatal Smoking, cigarettes. Percent of women with a live birth who smoked cigarettes during the last 3 months of pregnancy	9.5% (2020)	6.1% (2022)	Greatly Improved
Prenatal Smoking, e-cigarettes. Percent of women with a live birth who used e-cigarettes during the last 3 months of pregnancy	1.6% (2020)	4.6% (2020)	Greatly Worsened



Young Child Health

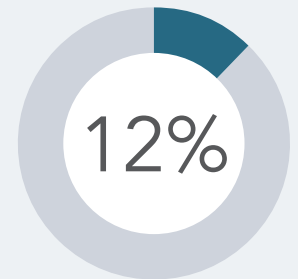
What does the data tell us?

Lead exposure in young children continues to be a concern. Young children can be exposed to lead through contact with contaminated paint, toys, soil, or water.

Lead paint is estimated to be present in as many as two-thirds of Ohio's homes built before 1978. Poorly maintained or older homes pose an increased risk of exposure to lead and other toxins that can be incredibly harmful to health.

Blood lead test

Percent of Medicaid enrollees, ages 0-5, who received a blood lead level test



Source: Ohio Department of Medicaid, Advanced Data Analytics Tool by IBM Consulting (2022)



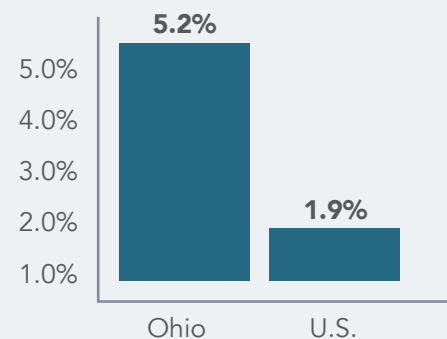
3 In 2021, the CDC updated its guidance for blood lead reference value, reducing the safe amount of detectable lead in children to 3.5 µg/dL. This reduced threshold for safe levels of lead puts more young children at risk of lead toxicity.

Ohio has nearly double the national rate of children with elevated blood lead levels.¹⁴

Lead exposure disproportionately impacts communities of color and those living in poverty.

Ohio Rates of Elevated Blood Lead Levels

According to a study published in JAMA Pediatrics



Source: JAMA Pediatrics. (2021).



There is no safe blood lead level.

Even small amounts of lead exposure in early childhood can harm the brain, delaying growth and development, and may cause learning, behavior, speech, and other health problems.¹⁵




Too many children are missing preventive health care visits.

Nearly 1 in 5 parents reported missing a well-child check-up in the past year, with the most common reasons due to inability to get time off work (43%) and cost of care (41%).¹⁶



Ohio's performance

Young Child Health

	Baseline	Most Recent	Trend
Elevated blood lead levels. Percent of children, ages 0-5, who received a blood lead test and had elevated blood lead levels	1.9% (2021)	1.9% (2022)	No Change
Blood lead test. Percent of Medicaid enrollees, ages 0-5, who received a blood lead level test.	12.5% (2020)	12.4% (2022)	No Change
 Oral health problems. Percent of children ages 1-5, who had oral health problems.	N/A	8.5% (2021-2022)	N/A
Asthma. Percent of children, ages 0-5, who currently have asthma.	N/A	3.7% (2021-2022)	N/A
		Black, non-Hispanic	9.2%
		White, non-Hispanic	4.0%
Mental health care need. Percent of children, ages 3-5, who needed treatment or counseling from a mental health professional during the past 12 months.	N/A	4.6% (2021-2022)	N/A
Potentially disabling conditions. Percent of children, ages 3-5, who had a current or lifelong health condition.			
		Anxiety Problems	2.2%
		Depression	0.3%
		Behavioral or conduct problems	4.8%
		Developmental delay	5.7%
		Speech or other language disorder	9.1%
		Learning disability	2.9%
		Autism or Autism Spectrum Disorder	2.8%
		ADD or ADHD	2.8%



Many Parents Report Challenging Behaviors in Children. 37% of respondents reported that their child had external signs (fussiness/defiance) of emotional distress in the past month, while 26% reported internal signs (fearfulness/anxiety) over the same period. Fewer higher-income respondents expressed concern with signs of emotional distress in their child.¹⁷



4 Black individuals have the highest rates of asthma of any U.S. racial or ethnic group overall and are more likely to experience serious complications. Some factors contributing to high disparity rates for Black families include greater exposure to environmental pollution, less access to quality primary care physicians, and greater likelihood of indoor triggers from living in older, lower-income housing with more indoor exposure to irritants.¹⁸



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