

Infant Mortality in Georgia

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Commissioner Public Health

Mission of Public Health

- PREVENT disease, injury and disability
- PROMOTE health and well being
- PREPARE for and Respond to disasters

Department of Public Health

- Part of superagency since Jimmy Carter was Governor
- Study commissioned in 2009 to recommend structure
- House Bill 214
- Department of Public Health as of July 1, 2011
- ReadyGeorgia app:
<http://ready.ga.gov/mobileapp>.

How can Public Health help?

- Research \$\$\$
- Data
- Direct impact

Grants

- Georgia Ob-Gyn Society received a grant of \$768,353 to (among other deliverables) study the perinatal hospital system in Georgia
- Directed a CDC State-Based Perinatal Quality Collaborative grant to a demonstration project in Savannah. \$350,000 per year for three years

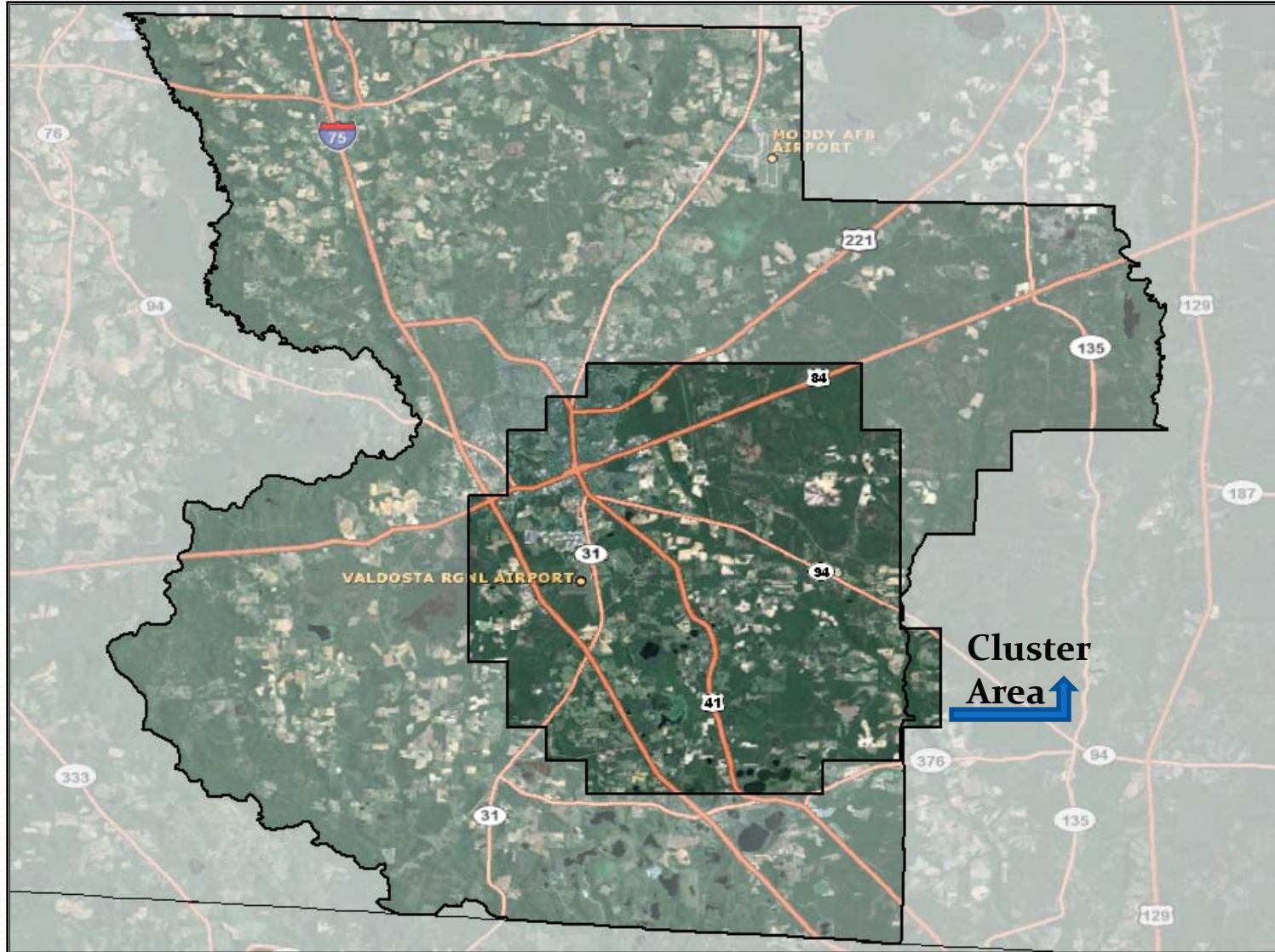
Infant Mortality 2002-2006

- During that time 5743 Georgian babies died before their first birthday
- Georgia's Infant Mortality Rate remained 15-20% higher than national average
- Based on location of mother's residency at delivery, all live births were grouped by one-mile squares
- Six significantly increased clusters of higher mortality rates were identified across the state
- The leading causes of death were identified by cluster

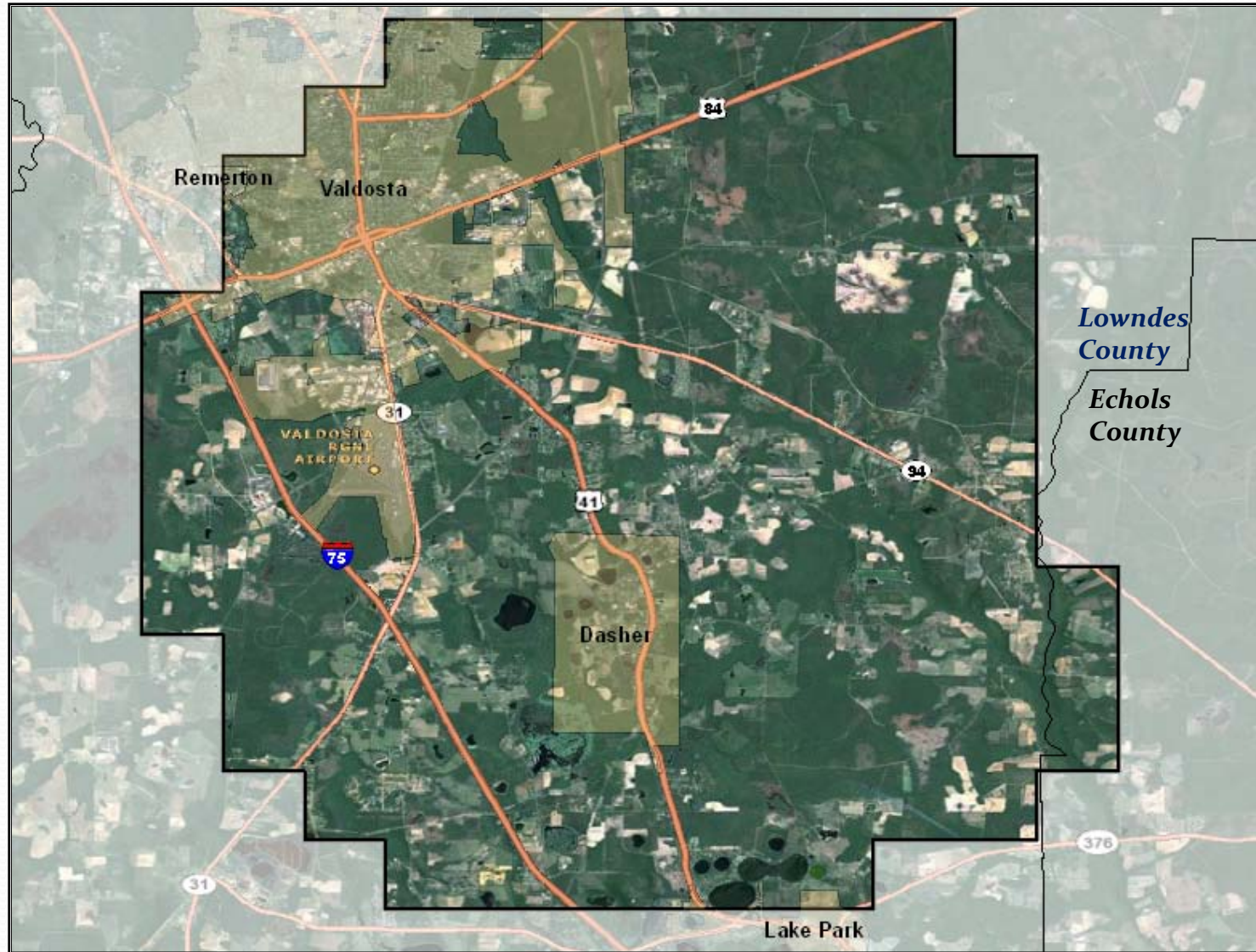
Significant Clusters

- Georgia's IMR 8.23 per 1000 live births
- Atlanta area 11.8
- Augusta area 15.1%
- Columbus area 15.8
- Macon area 14.7
- Savannah area 13.3
- Valdosta area 17.5

Infant Mortality Cluster, Lowndes County, Georgia, 2002-2006 Birth Cohort



Infant Mortality Cluster, Lowndes County, Georgia, 2002-2006 Birth Cohort



Factors that increased risk

- More likely to have a C/S 43.4% vs 27.6%
- Less than high school degree 45.5% vs 32%
- More likely black than white or other 12.5% vs 6%
- Less likely to be married 24.2% vs 37.6%
- More likely to have previous adverse pregnancy outcome 2.1% vs 0.1%
- Twice less likely to have adequate prenatal care

Causes of Death

- Short gestation and low birth weight 19.5%
- Congenital malformations 16.8%
- Sudden infant death syndrome 10.8%
- Complications of pregnancy 5.6%
- Respiratory distress of newborn 4.3%
- Accidents 3.2%
- Bacterial sepsis 2.9%
- Placenta or cord complications 2.9%
- Necrotizing enterocolitis 2.3%
- Diseases of circulatory system 2.3%

Valdosta – Lowndes County

- Short gestational age or low birth weight
28.8%
- Congenital malformations 16.4%
- Sudden infant death syndrome 9.6%

Lowndes – Low Birth Weight

- 57% were less than 28 weeks gestational age
- 42% were 28-37 weeks gestational age
- None coded as small for gestational age

SIDS and Possible PH Impact

- 9.6 % coded as SIDS
- Another 2.7 % coded as Accidental death from smothering in bed
- Both of these should respond to visiting nurse and information publicity programs

Impact the Problem

- JAMA analysis in 2006 of 67 studies that represented over eleven million pregnancies
- Infants with pregnancy intervals shorter than six months had a 40% higher risk of prematurity and a 60% higher rate of low birth weight compared to those with 18-23 month pregnancy intervals
- Direct health expenditures for a premature baby cost employers \$41,610 compared to \$2,830 for a healthy, full term baby

Medicaid Waiver

- Extends family planning and medical care for two years for those women who have a premature or low birth weight baby

Public Health and Lowndes County

- We want to work with you to significantly improve the health and survival of Georgia's children