

CARING FOR 2

Helping through every step of pregnancy...and beyond!

COLUMBUS, OHIO • PROJECT SUMMARY 2012



WHO WE ARE

Caring for 2 (CF2) is a federally funded Healthy Start Project to improve birth outcomes for African American women, and help build a coordinated local health system for maternal and infant health.

Caring for 2 uses an interdisciplinary team model of public health nurses, social workers and care coordinators to provide in-home family centered services.

WHAT WE DO

- Provide health education to pregnant women at high risk for poor birth outcomes in their homes.
- Assist to reduce risks associated with maternal depression, tobacco use, drug/alcohol use, late prenatal care, and unsafe sleep environments.
- Empower residents to be an active part of the health care system.
- Improve access to health care and health insurance.

WHO WE SERVE

African American women who are pregnant or parenting young children living in Columbus neighborhoods with the highest rate of poor birth outcomes. We served 231 women in 2012, totaling 871 women and 485 babies since 2005. Over 10% of CF2 participants are employed.



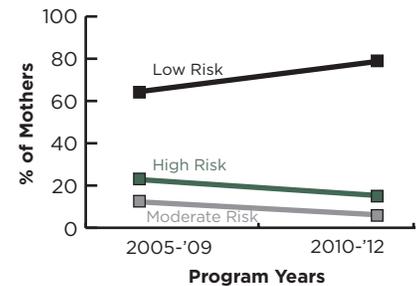
PROGRAM HIGHLIGHTS

Maternal Depression

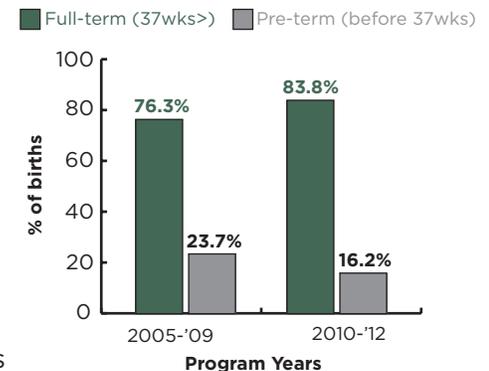
Caring for 2 (CF2) conducts screening for women prenatally and postnatally using the Antepartum Questionnaire (APQ), Life Stress Events Survey and Edinburgh Postnatal Depression Scale (EPDS).

There has been a decrease among mothers who rate high for postnatal depression, from 23.2% (2005-2009) to 12.7% (2010-2012). With intervention, more mothers are screening low for depression.

EDINBURGH POSTNATAL DEPRESSION RESULTS



GESTATIONAL AGE



Premature Birth

Premature births among Caring for 2 mothers have decreased since last grant period to 16.2% (2010-2012) from 23.7% (2005-2009).

Perceptions Of Quality

Three out of four participants are very satisfied with the program (grade of A) and that expands to nine out of ten participants who graded the program as either an A or B.

QUESTION	GRADE			
	A	B	C	D/F
Listening and understanding your needs	78.4%	13.5%	8.1%	0.0%
Accessibility of your staff	78.9%	13.2%	5.3%	2.6%
Overall perception of the program	78.4%	13.5%	5.4%	2.7%

WHAT YOU SHOULD KNOW...

OHIO FACTS ON INFANT MORTALITY

- 1,068 Ohio infants died in 2010.
- Ohio's infant mortality rate of 7.7 deaths per 1,000 live births has not substantially changed in over a decade.
- Ohio's infant mortality rate exceeds both the national rate of 6.75 and the Healthy People 2010 national public health goal of 4.5.
- Disparities between whites and African Americans are unacceptable: the 2009 rate for whites is 6.4 and the rate for African Americans is 14.2.
- The Medicaid program pays for 40% of Ohio's births and bears a heavy cost burden of poor birth outcomes.

Source: Ohio Collaborative to Prevent Infant Mortality

CARING FOR 2 MEETING CRITICAL NEEDS



COSTS OF PREMATURITY

- Prematurity, also called preterm birth, is the **#1 killer of newborns** and a leading cause of death in the first year.
- Prematurity is a major risk factor for illness and disability.
- Prematurity costs Ohio **\$1 billion a year**.
- Direct health care costs to employers for premature babies during the **first year of life average \$46,004**, compared to \$3,859 for babies born healthy and full term.

Source: Ohio Collaborative to Prevent Infant Mortality

WHY ARE BABIES DYING

Most infant deaths occur when babies are:

- Born too small and too early (preterm births are those before 37 weeks gestation).
- Born with a serious birth defect.
- Victims of Sudden Infant Death Syndrome (SIDS).
- Affected by maternal complications of pregnancy.
- Victims of injuries (e.g., suffocation).

These top five leading causes of infant mortality together accounted for 61 percent of all infant deaths in Ohio from 2006 to 2009.

Some risk factors, such as smoking, may lead to more than one of the conditions in the list above. It is estimated that 23-34 percent of SIDS, and 5-7 percent of preterm-related deaths are attributable to prenatal smoking in the US.

There are also many non-medical contributors to the death of babies:

- Poverty
- Under-education education
- Under-resourced neighborhoods
- Poor nutrition
- Racism

Source: Ohio Dept of Health, Maternal and Child Health, Women and Infants Health 2012; Infant Mortality Report