Different Approach to Addressing Infant Mortality

Traditional methods for assessing infant mortality do not readily identify potential gaps in a community, and do not directly lead to action and prevention activities.

The Perinatal Periods of Risk (PPOR) approach provides newer insight into infant and fetal deaths by including fetal deaths, mapping fetal and infant mortality into four periods of risk, and comparing rates to a reference group with the “best” outcome.

The four periods of risk are Maternal Health/ Prematurity, Maternal Care, Newborn Care, and Infant Health.

From 2001-2005, there were 195 fetal and infant deaths in Hamilton County.

The overall fetal and infant mortality rate in Hamilton County from 2001-2005 is 9.9 per 1,000 births.

The periods of risk with the highest rates were:
- Maternal Health/Prematurity (62% excess deaths)
- Infant Health (36% excess deaths)

Enhancing outreach to women before or between pregnancies is the greatest opportunity to reduce Hamilton County’s fetal and infant mortality rate. Interventions recommended by CityMatCH:
- Preconception health screening tools and curricula
- Healthy behaviors (smoking cessation, drug/alcohol use cessation, nutrition, fitness, and healthy sexual behaviors)
- Specialized perinatal care.

To reduce excess Infant Health deaths, it will be important to target areas such as:
- SIDS prevention: co-sleeping and bedding
- Smoking cessation
- Increasing access to medical home
- Breast feeding promotion and counseling
- Injury prevention.

Sources:
- Tennessee Department of Health, Division of Health Statistics.
- CityMatCH. University of Nebraska Medical Center: www.citymatch.org.