Maternal and Infant Health Monthly Surveillance Report

Hamilton County
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HAMILTON COUNTY
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Introduction

The series of Maternal and Infant Health Monthly Surveillance Reports is part of a county-wide initiative to improve maternal and infant health and reduce infant mortality. In order to make effective actions that improve the health and safety of infants in the community, it is essential to identify, describe and monitor the problem and the populations at risk. This report characterizes the current status of infant mortality and select risk factors in Hamilton County.

Monthly surveillance
- Number of infant deaths by month
- Current monthly infant mortality rate
- Current monthly neonatal mortality rate
- Current monthly preterm birth rate

What is Surveillance?

Public health surveillance is the ongoing, systematic collection, analysis, interpretation and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health.\(^1\) The Maternal and Infant Health Surveillance System is designed to better understand infant mortality in our community, monitor infant deaths that occur and evaluate whether collective actions to prevent infant death are effective. The “surveillance chart” is a very useful tool because it is set up to be interpreted quickly. Please read the General Guidelines for Using Surveillance Charts in the Appendix.

Number of Infant Deaths

There were 8 infant deaths in August.

One way to monitor infant mortality is to count the number of infant deaths that have occurred. Figure 1 shows the count of infant deaths in Hamilton County by month over the past two years. In August 2009 there were 8 infant deaths. This was lower than the median (10) and the sixth of seven recent months when the number of infant deaths was lower than the median.

Another way to monitor infant mortality is to look at the number of infant deaths with the number of births that occur. An increase in the number of infant deaths may not be surprising if there is also an increase in the overall number of babies born. To evaluate infant deaths with regard to the number of births, we use the Infant Mortality Rate (IMR), or the number of infants less than one year who died per 1,000 live births. The Neonatal Mortality Rate (NIMR) is a specific IMR for neonates, or infants less than 28 days who died per 1,000 live births.

The IMR in August (8.6 deaths per 1,000 live births) was lower than average (10.9). August was the sixth of seven recent months when the IMR was below average. The NIMR in August (5.4) was also lower than average (7.6) and the sixth of eight recent months when the NIMR was below average. Using this type of surveillance chart, eight or more consecutive points below average is considered statistically significant (see Appendix). In light of this, the number of recent months below average is very encouraging.
**Figure 2. Infant Mortality Rate Surveillance Chart, Hamilton County 2007-2009***

- **Monthly IMR**
- **Average Rate (10.9)**
- **Control Limits**
- **Goal (6.7)**

Infant deaths per 1,000 live births

NOTE: The median is from September 2007 – August 2009 data.
NOTE: Yellow points are derived from preliminary data and are likely to change.
*Data for 2008 and 2009 are preliminary
Data Source: Ohio Department of Health

**Figure 3. Neonatal Mortality Rate Surveillance Chart, Hamilton County 2007-2009***

- **Monthly NIMR**
- **Average Rate (7.6)**
- **Control Limits**

Neonatal deaths per 1,000 live births

NOTE: The median is from September 2007 – August 2009 data.
NOTE: Yellow points are derived from preliminary data and are likely to change.
*Data for 2008 and 2009 are preliminary
Data Source: Ohio Department of Health
The percentage of births born preterm in August (10.6%) was lower than average (12.9%).

The preterm birth rate is the percentage of infants born before 37 weeks gestation. The overall significant decline in the preterm birth rate over 2008 was first noted in the February surveillance report. This decline continued through the first half of 2009. In August the percentage (10.6%) was lower than average (12.9%). It was also just below or outside the lower control limit (10.7%), indicating continued decline in the preterm birth rate.

Figure 4. Preterm Birth Rate Surveillance Chart. Hamilton County 2007-2009*

NOTE: The median is from September 2007 – August 2009 data.
NOTE: Yellow points are derived from preliminary data and are likely to change.
*Data for 2008 and 2009 are preliminary
Data Source: Ohio Department of Health
Appendix

General Guidelines for Using Surveillance Charts

The Hamilton County Infant Mortality Surveillance System, part of the Office of Maternal and Infant Health and Infant Mortality Reduction, uses surveillance charts to monitor infant mortality rates and preterm birth rates. These charts provide a method for monitoring the status of infant health over time and provide timely feedback on the effectiveness of local efforts to reduce infant deaths and preterm births.

Several tools are included in the surveillance charts that help facilitate interpretation: (1) a baseline - the center line [solid] which is the average number of deaths or births per month over the preceding two years, (2) a goal line which shows the goal that has been established by the community and (3) upper and lower control limits [dashed] that allow users to detect unusual events. Annotations indicate when certain interventions began or special changes occurred.

Here are some types of unexpected events that could be detected within surveillance charts:

* A single point outside of the control limit
* A run of eight or more consecutive points below or above the center line
* Six consecutive decreasing or increasing points
* Two out of three consecutive points near a control limit

This report was prepared for the Office of Maternal and Infant Health and Infant Mortality Reduction, now known as the Women and Infant Vitality Network.

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