

Unifying Efforts: A Collaborative Approach Approach to Reducing Reducing Infant

Mortality Disparities

Postpartum Pittsburgh Spring Conference

April 19th 2024



Onome Oghifobi

Assistant Professor of Pediatrics

Division of Newborn Medicine

University of Pittsburgh School of Medicine



- **Disclosures**

No conflicts of interest to disclose



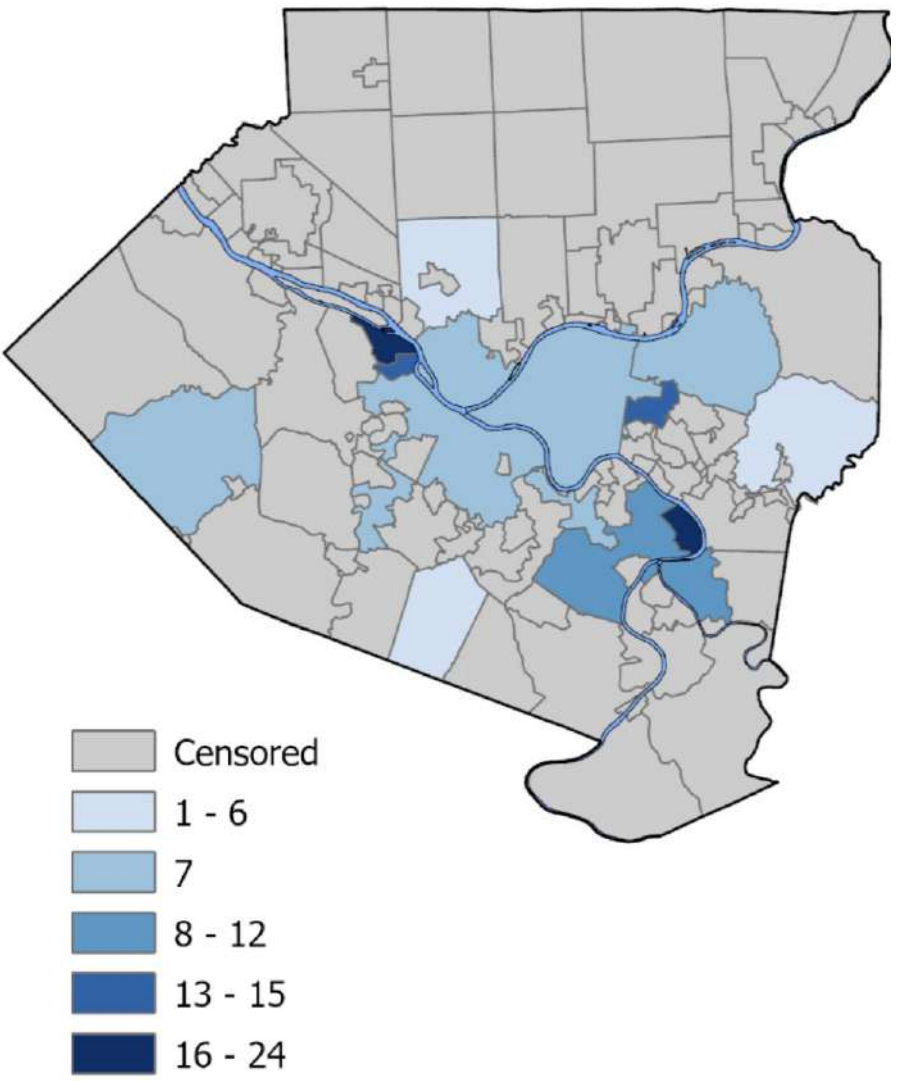
• Learning Objectives

By the completion of this session, participants should be able to:

1. Understand the local data around Infant Mortality and it's contributing causes
2. Understand the importance of collaborations between community organizations, healthcare institutions and governmental entities
3. Identify some measures that can help to tackle health disparity in infant mortality outcomes



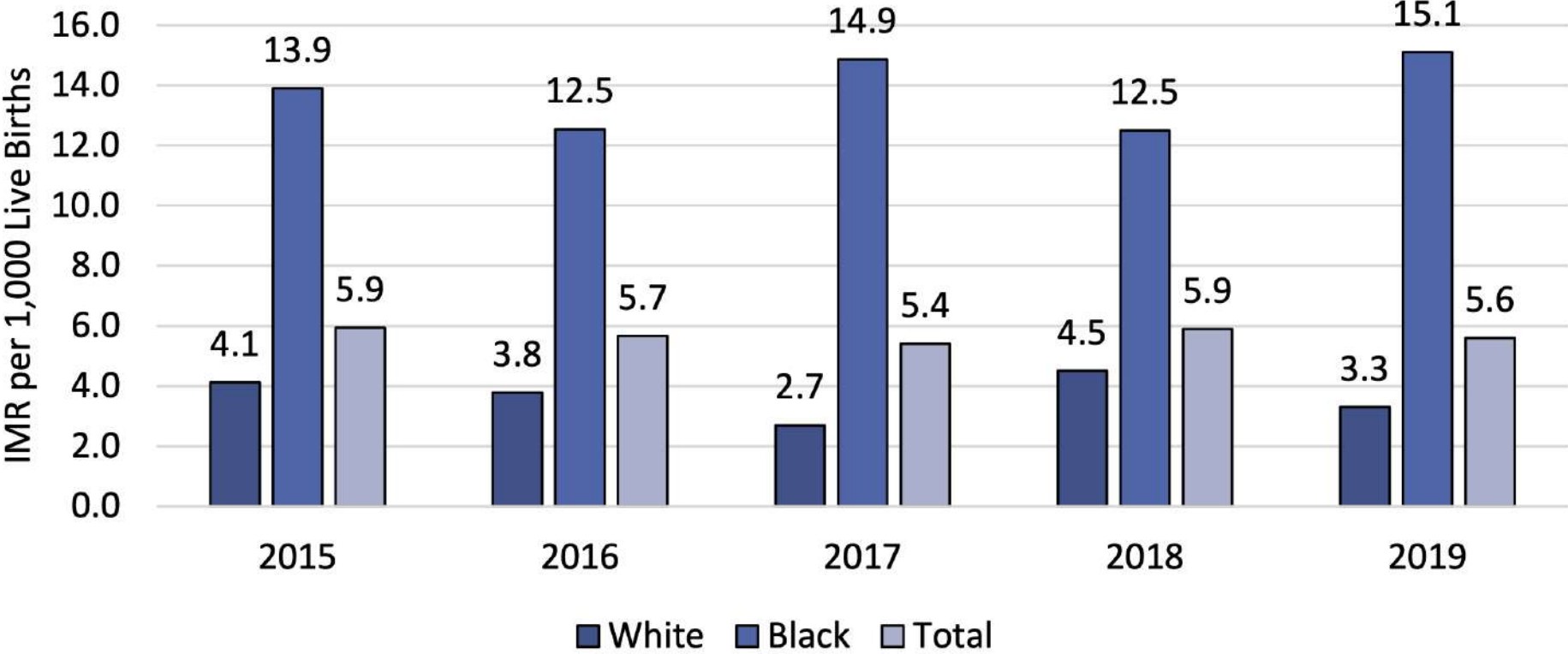
• Understanding the Local Landscape



- 1 Shocking Statistics**
The data surrounding infant mortality in Allegheny County is nothing short of alarming. **In certain neighborhoods, the rate of infant deaths is staggeringly high**, with some areas experiencing rates comparable to those in developing countries. This stark reality serves as a call to action, demanding immediate and concerted efforts to address this crisis.
- 2 Underlying Causes**
While the causes of infant mortality are multifaceted, several key factors have been identified. **Premature births, low birth weight, congenital abnormalities, and Sudden Infant Death Syndrome (SIDS)** are among the leading contributors to these tragic losses. However, it is crucial to recognize the insidious role played by socioeconomic determinants of health, including poverty, lack of access to quality healthcare, and environmental factors.
- 3 Disparities and Inequities**
The burden of infant mortality is not distributed equally across our communities. Racial and ethnic disparities persist, with infants born to Black and Hispanic mothers facing significantly higher risks. **These disparities are rooted in systemic inequities and highlight the urgent need for targeted interventions and a commitment to equity in healthcare.**



- Understanding the Local Landscape



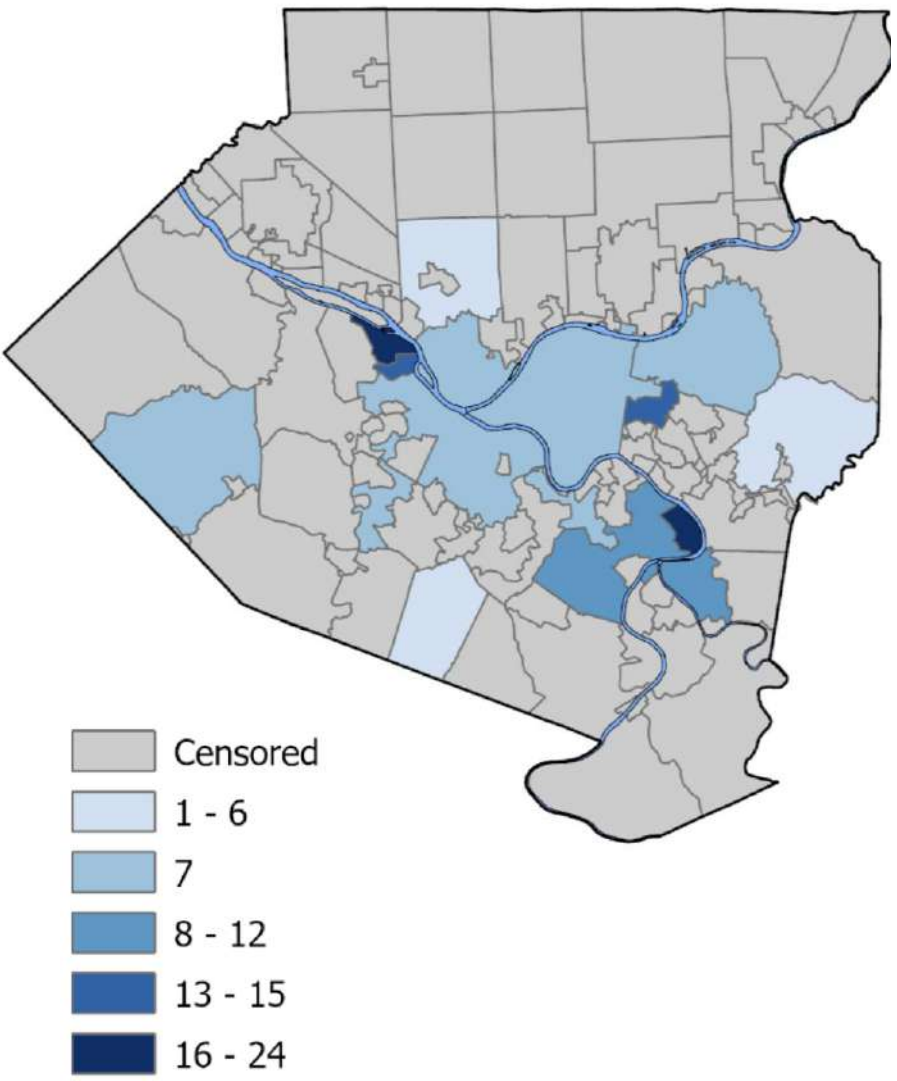
• Understanding the Local Landscape

Allegheny County Municipality	IMR
Stowe Township	24.1
Duquesne	16.1
McKees Rocks	15.3
Wilkinsburg	14.9
West Mifflin	12.1
McKeesport	10.3
Penn Hills	7.3
North Fayette Township	7.3
City of Pittsburgh	7.2
Scott Township	6.6
Monroeville	6.1
Ross Township	4.0
Bethel Park	4.0

Municipality	2013-2017 IMR	2015-2019 IMR	Percent Change (%)
McKees Rocks	21.5	15.3	-28.8
McKeesport	12.9	10.3	-20.2
City of Pittsburgh	6.7	7.2	+7.5
Stowe Township	20.5	24.1	+17.6
Scott Township	5.4	6.6	+22.2
Monroeville	4.7	6.1	+29.8
Wilkinsburg	11.2	14.9	+33.0
Penn Hills Township	4.4	7.3	+65.9



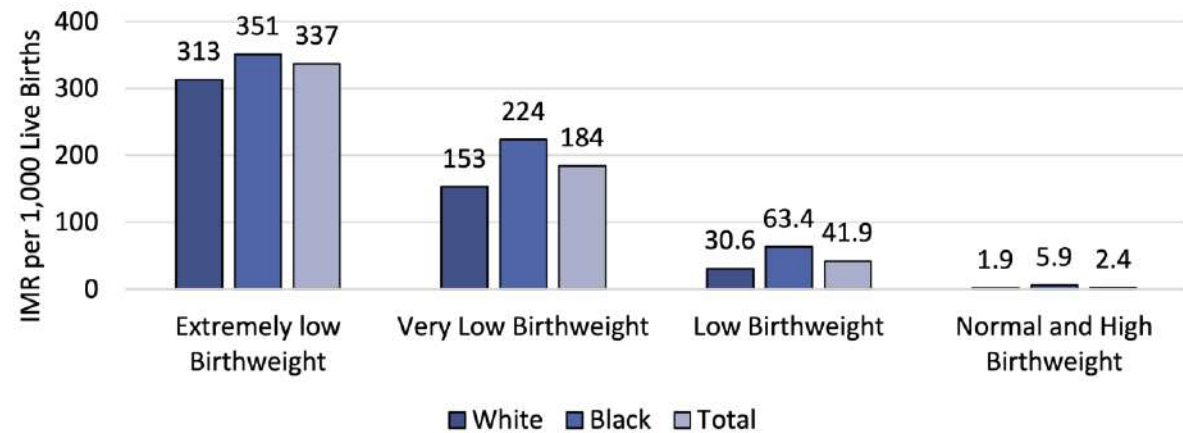
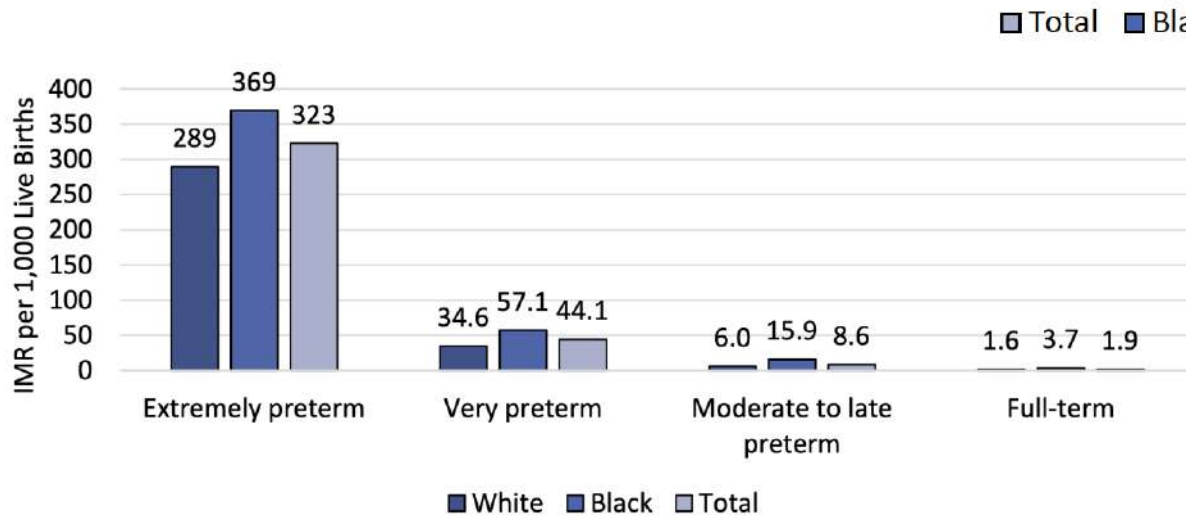
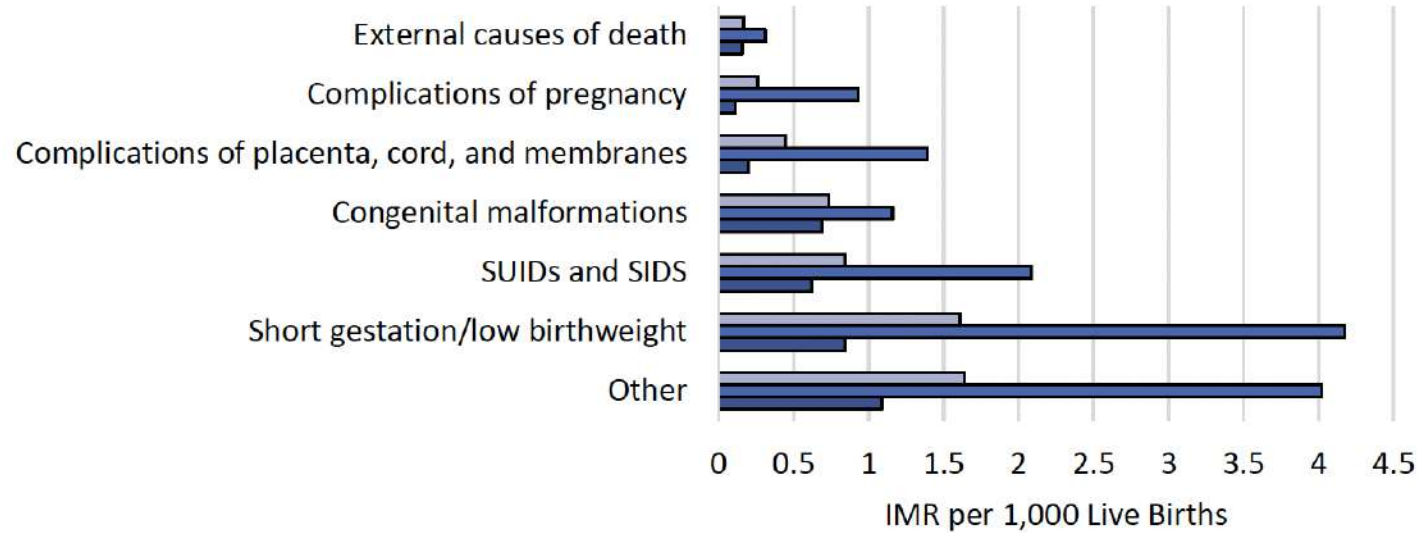
• Understanding the Local Landscape



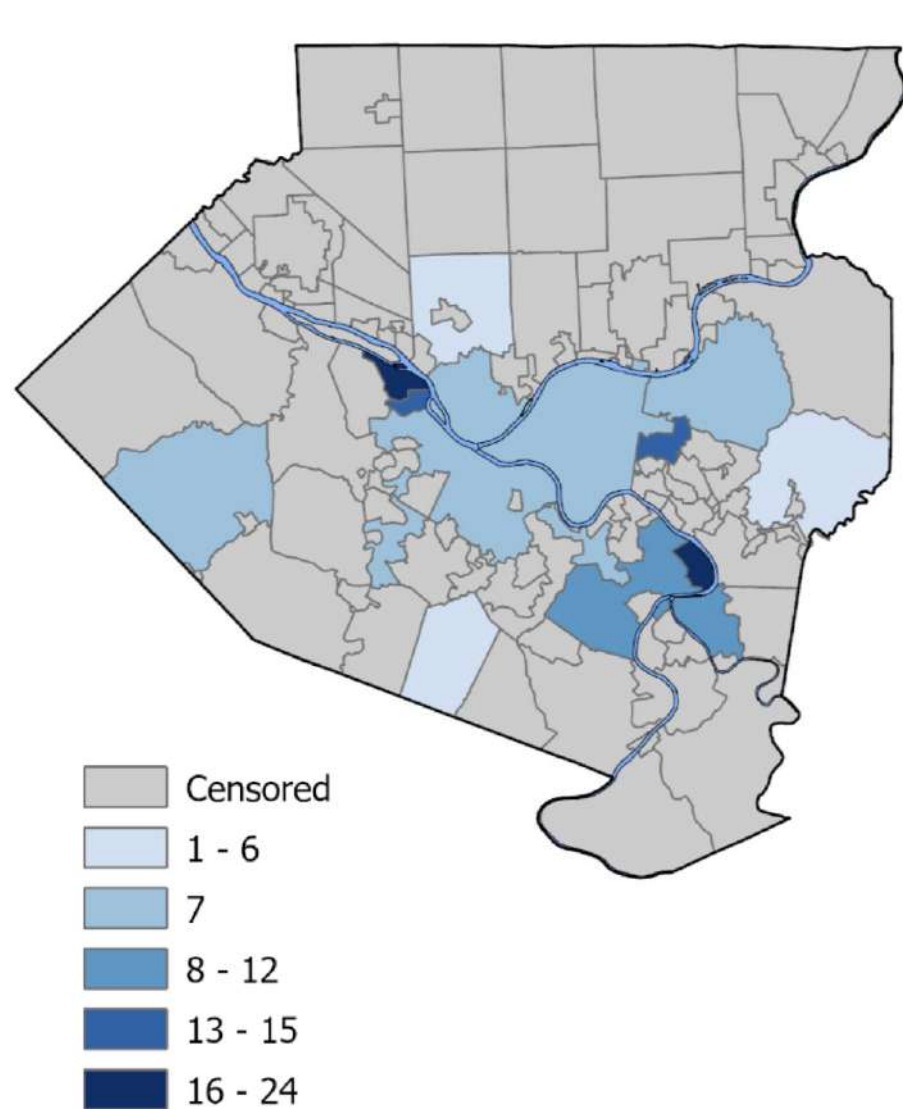
- 1** — **Shocking Statistics**
The data surrounding infant mortality in Allegheny County is nothing short of alarming. **In certain neighborhoods, the rate of infant deaths is staggeringly high**, with some areas experiencing rates comparable to those in developing countries. This stark reality serves as a call to action, demanding immediate and concerted efforts to address this crisis.
- 2** — **Underlying Causes**
While the causes of infant mortality are multifaceted, several key factors have been identified. **Premature births, low birth weight, congenital abnormalities, and Sudden Infant Death Syndrome (SIDS)** are among the leading contributors to these tragic losses. Additionally, it is crucial to recognize the insidious role played by socioeconomic determinants of health, including poverty, lack of access to quality healthcare, and environmental factors.
- 3** — **Disparities and Inequities**
The burden of infant mortality is not distributed equally across our communities. Racial and ethnic disparities persist, with infants born to Black and Hispanic mothers facing significantly higher risks. **These disparities are rooted in systemic inequities and highlight the urgent need for targeted interventions and a commitment to equity in healthcare.**



• Understanding the Local Landscape



• Understanding the Local Landscape



1

Shocking Statistics

The data surrounding infant mortality in Allegheny County is nothing short of alarming. **In certain neighborhoods, the rate of infant deaths is staggeringly high**, with some areas experiencing rates comparable to those in developing countries. This stark reality serves as a call to action, demanding immediate and concerted efforts to address this crisis.

2

Underlying Causes

While the causes of infant mortality are multifaceted, several key factors have been identified. Premature births, low birth weight, congenital abnormalities, and Sudden Infant Death Syndrome (SIDS) are among the leading contributors to these tragic losses. Additionally, it is **crucial to recognize the insidious role played by socioeconomic determinants of health**, including poverty, lack of access to quality healthcare, and environmental factors.

3

Disparities and Inequities

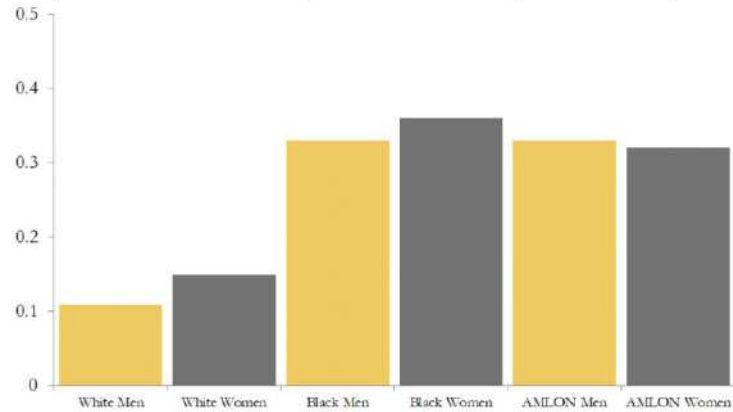
The burden of infant mortality is not distributed equally across our communities. Racial and ethnic disparities persist, with infants born to Black and Hispanic mothers facing significantly higher risks. **These disparities are rooted in systemic inequities and highlight the urgent need for targeted interventions and a commitment to equity in healthcare**.



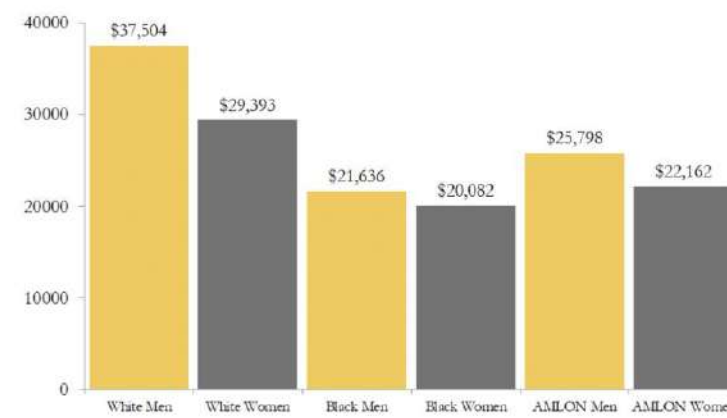


• Understanding the Local Landscape

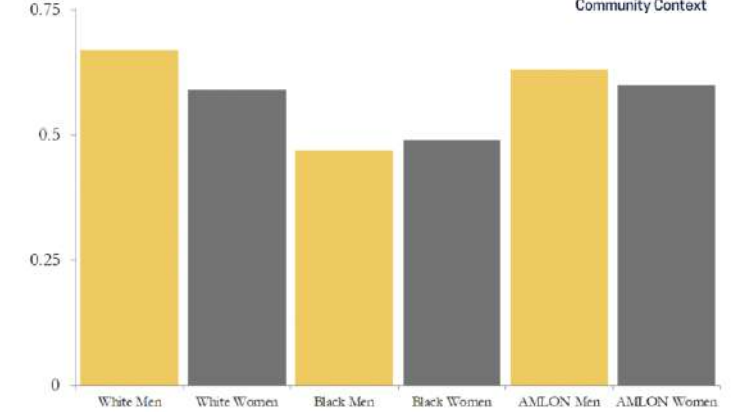
Proportion of the Population Living in Poverty



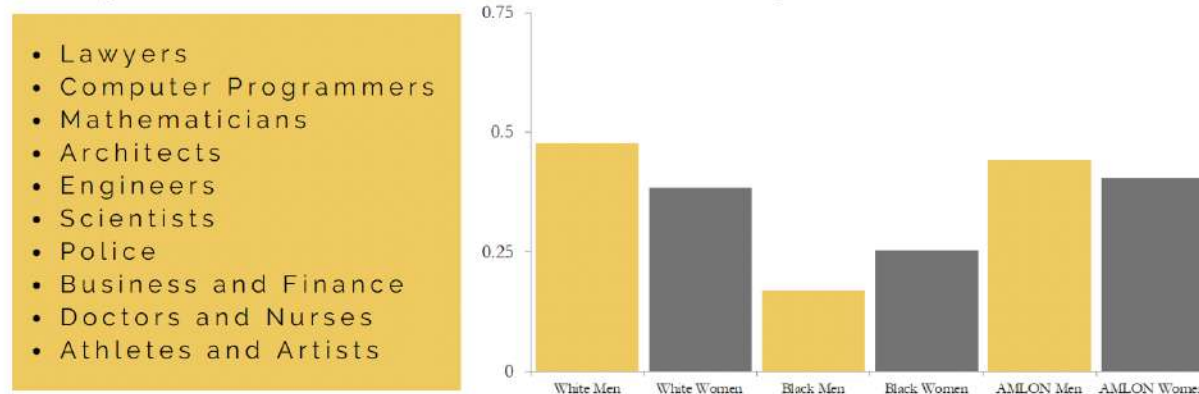
Median Annual Income for All Workers



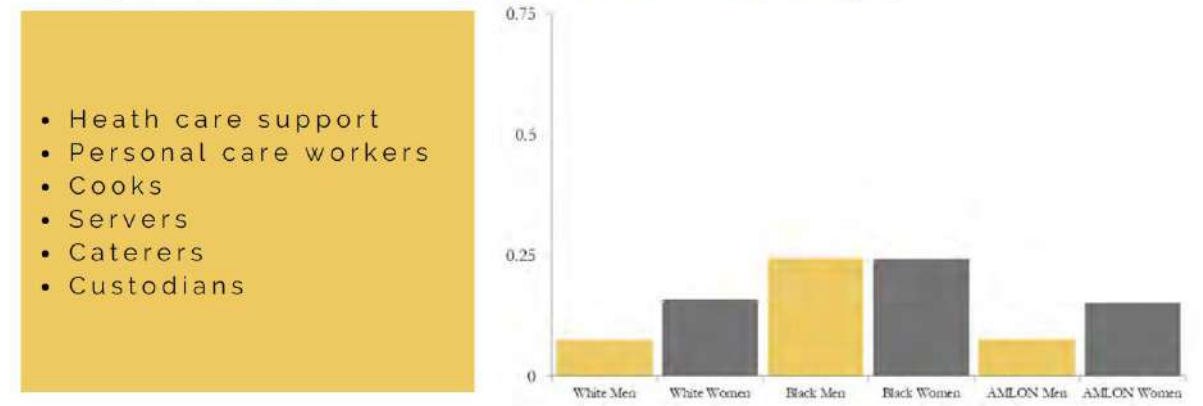
Proportion of the Population



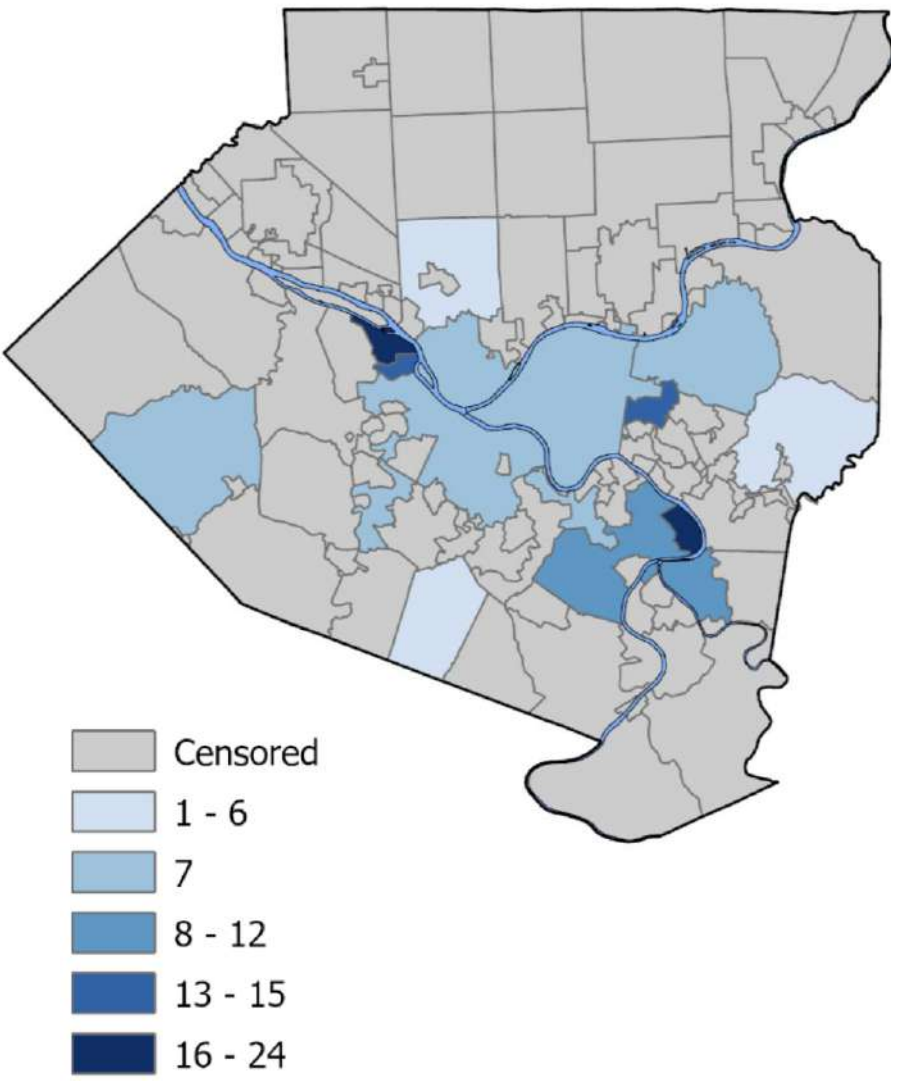
Occupations with Median Income above \$50,000



Occupations with Median Income less than \$30,000



• Understanding the Local Landscape



- 1
- 2
- 3

Shocking Statistics
The data surrounding infant mortality in Allegheny County is nothing short of alarming. **In certain neighborhoods, the rate of infant deaths is staggeringly high**, with some areas experiencing rates comparable to those in developing countries. This stark reality serves as a call to action, demanding immediate and concerted efforts to address this crisis.

Underlying Causes
While the causes of infant mortality are multifaceted, several key factors have been identified. **Premature births, low birth weight, congenital abnormalities, and Sudden Infant Death Syndrome (SIDS)** are among the leading contributors to these tragic losses. However, it is crucial to recognize the insidious role played by socioeconomic determinants of health, including poverty, lack of access to quality healthcare, and environmental factors.

Disparities and Inequities
The burden of infant mortality is not distributed equally across our communities. Racial and ethnic disparities persist, with infants born to Black, American Indian and Alaska native mothers facing significantly higher risks. **These disparities are rooted in systemic inequities and highlight the urgent need for targeted interventions and a commitment to equity in healthcare.**



• Next Steps and Call to Action

1 **Redefine Success**

Equity in birth outcomes must be the goal.

3 **Coordinate Efforts**

Bring together partners across sectors to compound impact.

2 **Engage Community**

Work directly with impacted neighborhoods on solutions.

4 **Fund Programs**

Invest in community health workers, doula support, safe sleep initiatives.



• Next Steps and Call to Action

1 Redefine Success

Equity in birth outcomes must be the goal.

3 Coordinate Efforts

Bring together partners across sectors to compound impact.

2



Reality | Few get more than they need. Some get just what they need. Many get less than they need.

4



Equity | Everyone gets the support they need.



Equality | Everyone gets the same support, this works better for some than for others.



Justice | The structural and systemic cause of inequality is addressed. Everyone can come as they are.

• Next Steps and Call to Action

1 Redefine Success

Equity in birth outcomes must be the goal.

3 Coordinate Efforts

Bring together partners across sectors to compound impact.

2 Engage Community

Work directly with impacted neighborhoods on solutions.

4 Fund Programs

Invest in community health workers, doula support, safe sleep initiatives.



• Addressing the Root Causes: A Holistic Approach Approach

Housing and Environment

Safe, affordable, and stable housing is a fundamental need for expectant mothers and their families. Initiatives aimed at providing quality housing and improving neighborhood conditions can have a profound impact on maternal and infant health outcomes.

Access to Healthcare

Ensuring equitable access to healthcare services is crucial for reducing infant mortality disparities. This may involve addressing transportation barriers, providing culturally competent care, and improving insurance coverage for prenatal and postnatal services.

Economic Empowerment

Poverty and financial insecurity can create immense stress and adversely impact infant health. Initiatives focused on job training, financial literacy, and access to affordable childcare can empower families and alleviate economic burdens, enabling them to prioritize their well-being.



• Addressing Racial Disparities



Cultural Humility

Embracing cultural humility and providing culturally competent care is essential for addressing racial disparities in infant mortality. Healthcare professionals must acknowledge and respect the diverse backgrounds and beliefs of the communities they serve.



Equity in Resource Allocation

Ensuring equitable allocation of resources is critical. This may involve targeted investments in underserved communities, addressing systemic barriers, and promoting diversity in healthcare leadership and decision-making.



Community Engagement

Active engagement with communities of color is crucial for understanding their unique needs and developing culturally appropriate solutions. Building trust and fostering open dialogue are essential steps in this process.



• Cultural Competence in Healthcare

Communication

Providers must learn to communicate across language and cultural barriers.

Implicit Bias

All staff should receive training to recognize and reduce unconscious biases.

Representation

More racial/ethnic diversity is needed among nurses, doctors, administrators.

Community Voice

Solutions should be driven by the perspectives and needs of local families.



• Collaborative Approaches: Harnessing the Power of Partnerships

Health Institutions

Healthcare providers and institutions play a pivotal role in addressing infant mortality. By implementing evidence-based practices, such as comprehensive prenatal care, promoting safe sleep habits, and providing appropriate follow-up care, they can make a significant impact on infant outcomes.

Community Organizations

Community-based organizations are essential partners in this effort. Their deep roots within local neighborhoods allow them to build trust, provide culturally competent support, and address the unique needs of their communities. By fostering strong relationships with these organizations, we can better understand and respond to the specific challenges faced by different populations.

Government and Policymakers

Sustained progress requires a commitment from policymakers and government entities. By prioritizing maternal and infant health initiatives, allocating resources, and implementing supportive policies, they can create an environment that promotes equitable access to care and addresses the underlying social determinants of health.



• The Role of Collaborative Research

Data Collection

Comprehensive and accurate data collection is essential for identifying trends, disparities, and areas of concern. This data should be disaggregated by race, ethnicity, and socioeconomic status to reveal underlying patterns.

Community-Based Participatory Research

Involving community members in the research process can provide valuable insights and help ensure that interventions are culturally appropriate and responsive to local needs.

Evidence-Based Interventions

Interventions and programs aimed at reducing infant mortality disparities should be grounded in scientific evidence and best practices. Rigorous evaluation and continuous improvement are crucial for ensuring their effectiveness.



• Fetal Infant Mortality Review Program

One shining example of collaborative partnership dedicated to addressing infant mortality disparities is the Fetal Infant Mortality Review (FIMR). This coalition brings together a diverse group of stakeholders, including healthcare professionals, community leaders, and concerned citizens, to identify contributing factors and develop targeted strategies.

Health Institutions

- Allegheny Health Network
- Heritage Valley
- Midwife Center
- St. Clair Hospital
- UPMC
- University of Pittsburgh

Community Organizations

- Healthy Start Inc
- Community Members

Government and Policymakers

- Allegheny County Health Department (ACHD)
- Department of Human Services (DHS)



• What is FIMR?

Nationwide program established 3 decades ago (collaborative effort between the American College of Obstetricians and Gynecologists (ACOG) and the federal Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), US Department of Health and Human Services

In 2020, there were 162 active FIMR teams in 27 states, Washington, D.C., Puerto Rico, and the Commonwealth of the Mariana Islands (**PA has only two program**)

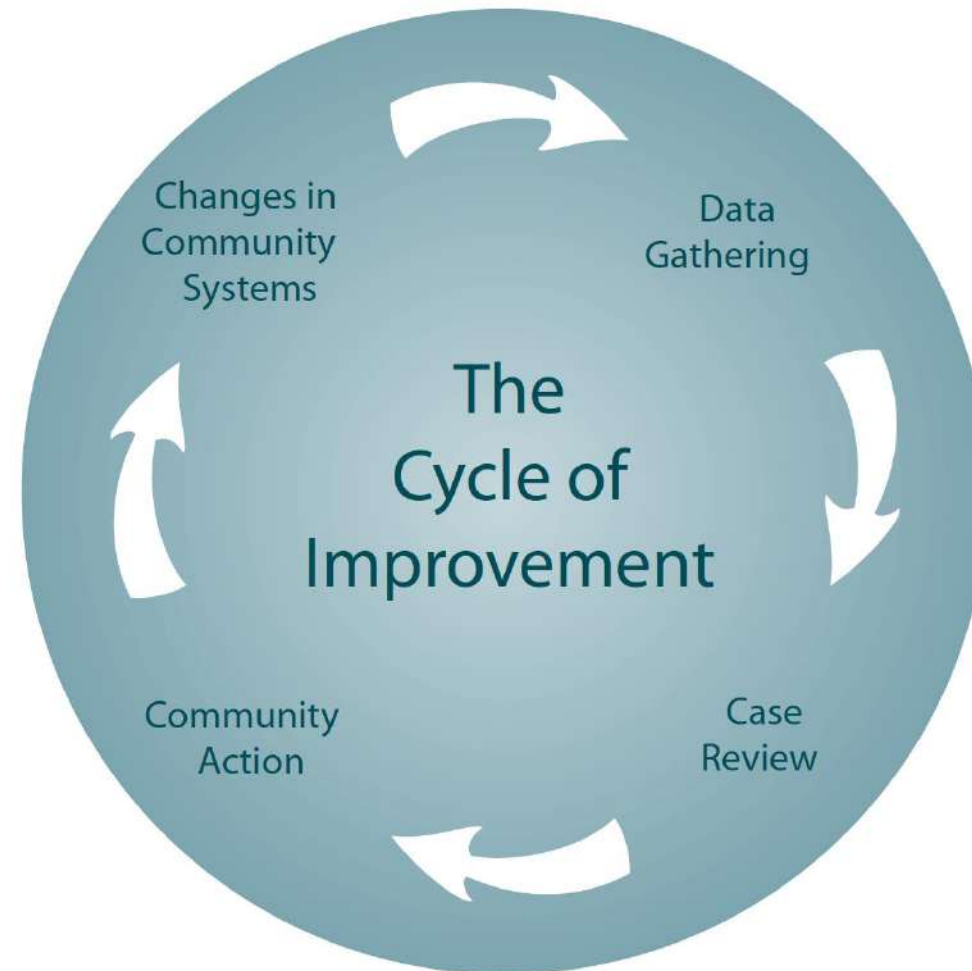
Reduce fetal, neonatal and infant death by improving the **community resources** and **service delivery** systems.

Interdisciplinary groups (**professionals and community members**) that review fetal and infant deaths to examine the **social, economic, cultural, safety and health system factors** that are associated with them.

Based on the reviewed findings, recommendations are made for interventions and policies that address these factors to **enhance the health and well-being of women, infants and families**



- **FIMR Program Framework**



• FIMR Program Structure: Two-Tiered Approach

Case Review Team

Abstracts medical data, conducts data analysis and reviews, completes maternal and family interviews and makes recommendations. Comprised mainly of health and medical professionals. However, **community representation is mandatory and is best practice.**

1

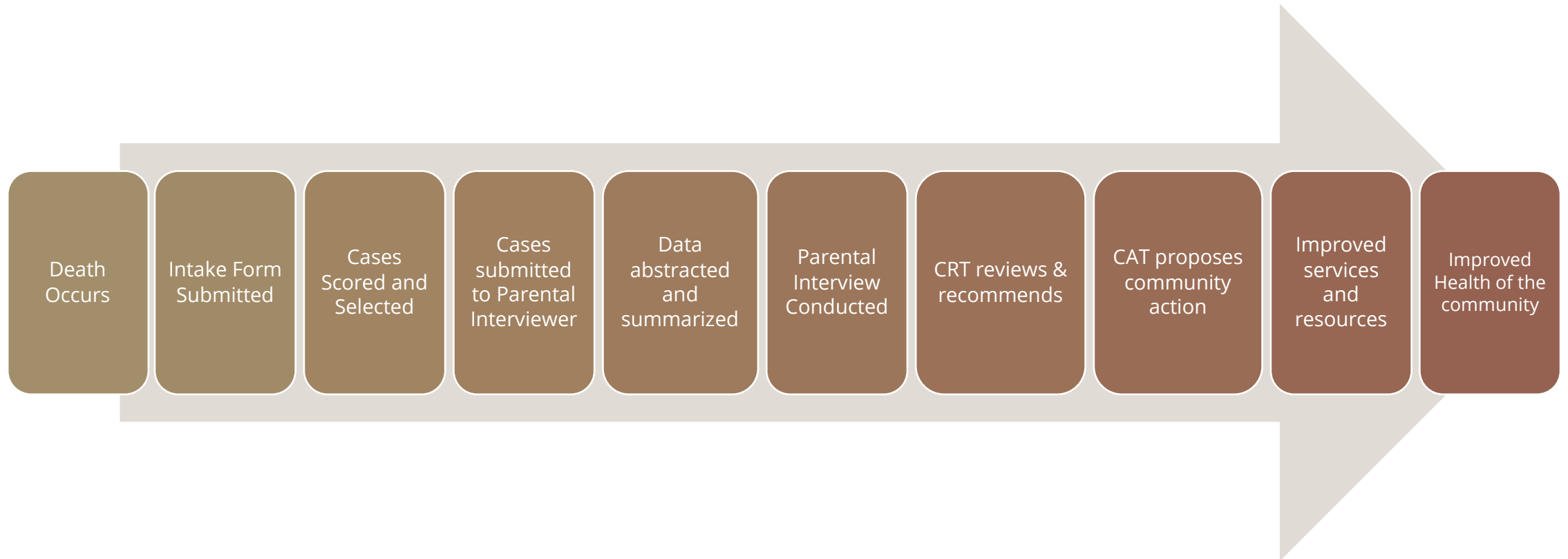
2

Community Action Team

Develops new and creative solutions based on recommendations
Enhance the credibility and visibility of issues related to women, birthing people, and infants. Comprised mainly of community leaders.



• FIMR Program Process



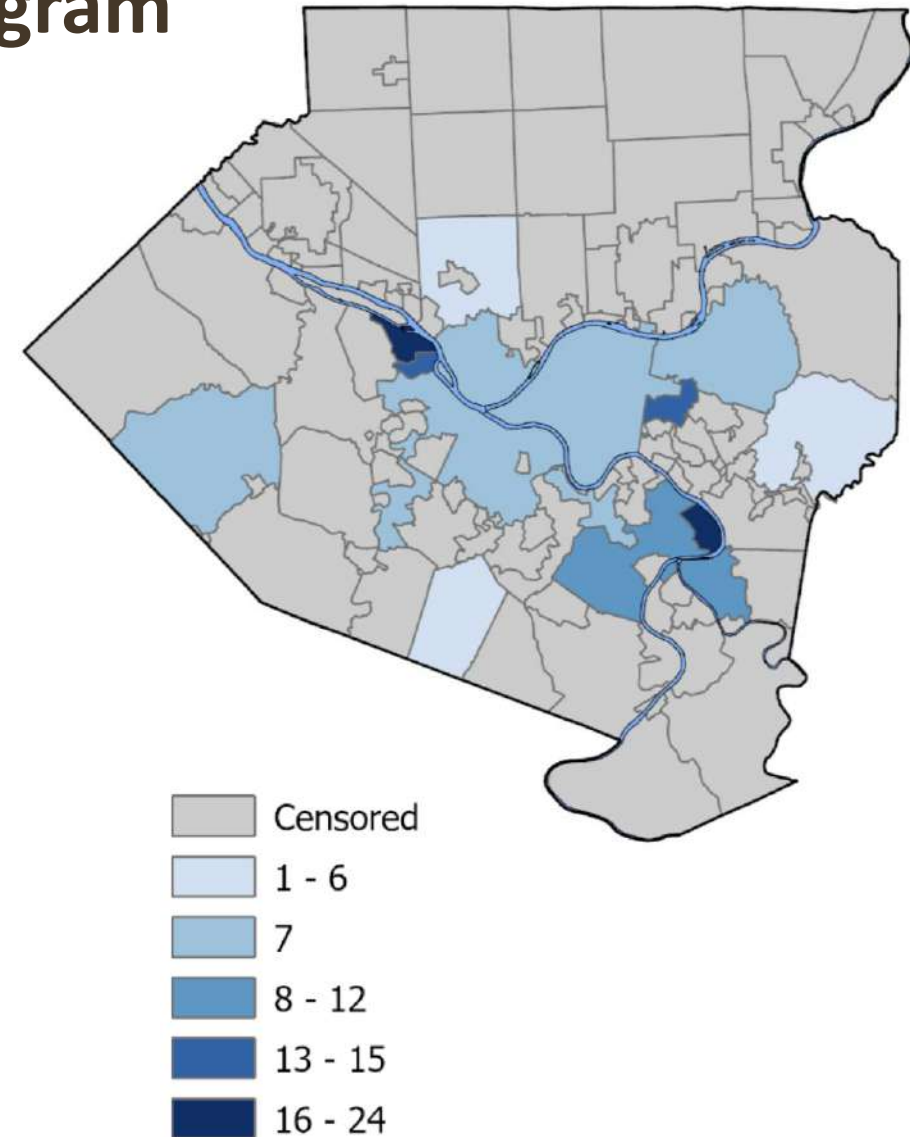
• ACHD Fetal Infant Mortality Review Program

Purpose

To **identify** and **take action** to prevent a wide range of local social, economic, public health, education, environmental, and safety factors that contribute to the tragedy of fetal and infant loss.

Objectives

- Improve pregnancy and birth outcomes in Allegheny County
- Reduce long standing disparities in pregnancy and birth outcomes
- Achieve health equity for ALL



• Progress Report: 2022 CRT Recommendations

1 Bereavement Support

Bereavement check-in should happen before standard 6-week Appointment. 1-2 week follow-up should occur.

2 Medical Record Practices

Practices Pressure should always be recorded in medical chart. Providers should conduct a Social Risk Assessment.

3 Inclusive Care

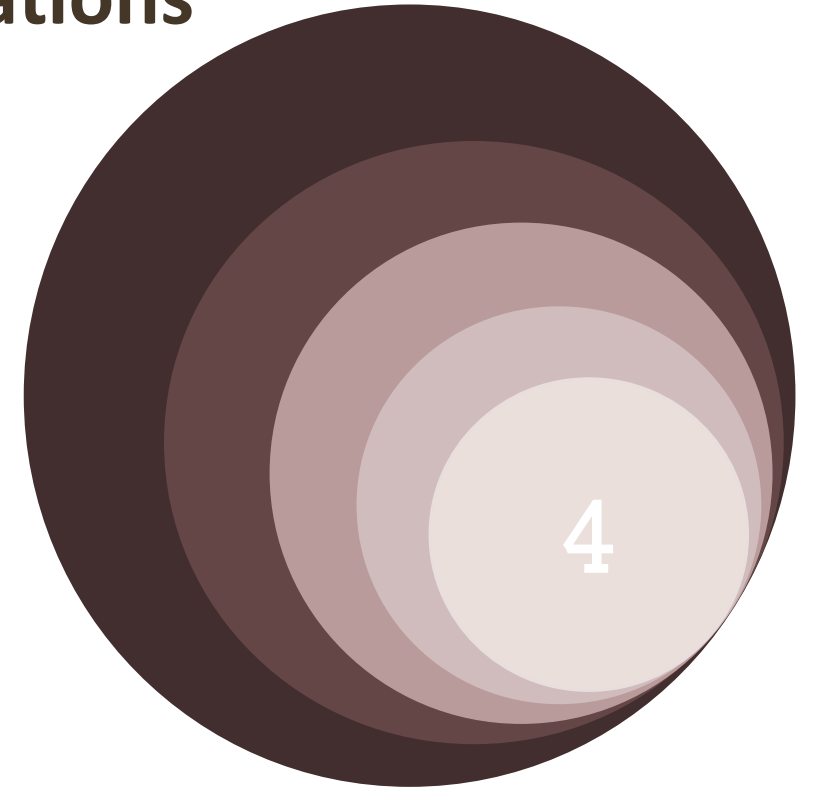
Identify spaces known for inclusive care for black, lgbtq+ families.

4 Appointment Follow-up

Providers track and monitor missed appointments and increase linkage to care opportunities.

5 Fetal Movement Education

Increase Fetal Movement education. Baby movement and perception of movement. Things can feel like movement of baby that aren't.



• Progress Report: 2022 CRT Recommendations

6 Trauma-Informed Care

Trauma Informed Care at EVERY level of care from front desk to MD.

7 Insurance Coverage

Medicaid and other insurance to provide coverage for genetic testing when fetal loss occurs. Funding program for medical bills due to fetal loss.

8 Racial Disparities

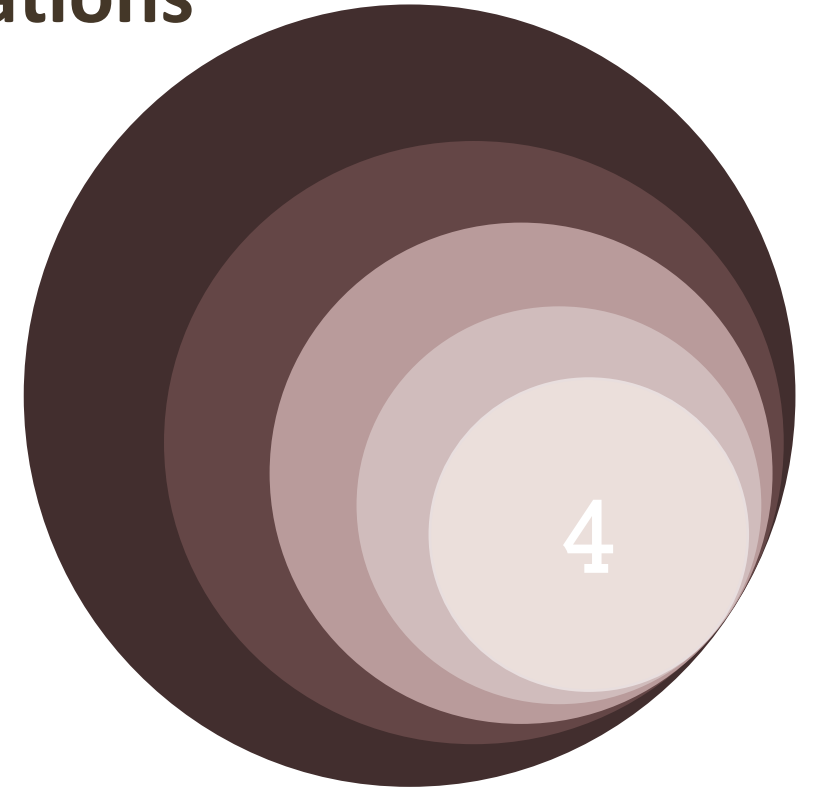
Focus on reducing long standing disparities in pregnancy outcomes among Black individuals who give birth.

9 Patient Advocacy

Provide education or support to patients to help them advocate for themselves in a medical setting.

10 Risk Factors

Asthma and COVID identified in about half of reviewed cases.



• CAT survey results: Toped Ranked Priorities



#1 Focus on Black Births

Prioritize efforts to improve outcomes for Black individuals who give birth.

#2 Trauma Informed Care

Implement trauma-informed practices at all levels of maternal care.

#3 Education & Self Advocacy

Empower patients with education and support for self-advocacy.

#4 Focus on Blood Pressure

Ensure proper monitoring and recording of blood pressure during pregnancy.

#5 Fetal Movement Education

Increase education on fetal movement and perception for expectant parents.

BLOOD PRESSURE MEASUREMENT INSTRUCTIONS

USE A VALIDATED MONITOR. ASK YOUR HEALTH CARE PROVIDER OR PHARMACIST FOR HELP.

WHILE YOUR BLOOD PRESSURE IS BEING TAKEN:

- RELAX.
- DON'T TALK.
- REST THE CUFFED ARM COMFORTABLY ON A FLAT SURFACE (LIKE A TABLE) AT HEART LEVEL.
- SIT UPRIGHT, BACK STRAIGHT AND SUPPORTED.
- KEEP LEGS UNCROSSED AND FEET FLAT ON THE FLOOR.

IN THE 30 MINUTES BEFORE YOUR BLOOD PRESSURE IS TAKEN:

- NO SMOKING.
- NO EXERCISE.
- NO CAFFEINATED BEVERAGES.
- NO ALCOHOL.

FOR 5 MINUTES BEFORE YOUR BLOOD PRESSURE IS TAKEN:

- SIT STILL IN A CHAIR.

RIGHT BEFORE:

- MAKE SURE THE CUFF IS THE RIGHT SIZE.
- WRAP IT JUST ABOVE THE BEND IN THE ELBOW.
- WRAP IT AGAINST SKIN, NOT OVER CLOTHING.

AFTER:

- IF AT HOME, WAIT ONE MINUTE AND TAKE A SECOND READING. AVERAGE THE READINGS. CONSIDER A THIRD READING.

RECOMMENDATIONS:

- KEEP A JOURNAL. BRING IT TO EVERY CHECKUP.
- HAVE YOUR HEALTH CARE PROVIDER CHECK YOUR MONITOR ANNUALLY.

American Heart Association recommended blood pressure levels

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	OR	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

BLOOD PRESSURE HIGHER THAN 180/120 mm Hg IS A CRISIS!

*Wait five minutes and take your blood pressure again. If your readings are still high, contact your health care provider immediately.

LEARN MORE AT HEART.ORG/HBP

© Copyright 2016 American Heart Association, Inc. All rights reserved. Go Red for Women is a registered trademark of AHA. The Red Dress Design is a trademark of U.S. DHRG. All other trademarks are the property of their respective owners.



• Targeted Approaches: Improving Outcomes

Risk Identification

Identifying potential risk factors for preterm birth, such as maternal medical conditions, and previous preterm births, is crucial for early intervention and prevention efforts.

NICU Support

For infants born prematurely, specialized care in the Neonatal Intensive Care Unit (NICU) is essential for addressing potential complications and promoting healthy development.

1

2

3

4

Prenatal Care

Ensuring access to high-quality prenatal care, including regular check-ups and monitoring, can help identify potential complications early and provide appropriate interventions to reduce the risk of preterm birth.

Follow-up Care

Providing comprehensive follow-up care and support for infants born prematurely is crucial for monitoring their development and addressing any ongoing health concerns or developmental delays.



• A Doula for Every Family: Wilkinsburg Study

A collaborative partnership research initiative between AHN (First Steps and Beyond), UPMC, University of Pittsburgh (Healthy Pregnancy Collaborative) and Healthy Start Inc. geared towards improving maternal birthing experience.

Pilot study in Wilkinsburg to evaluate the degree to which an equity-centered community-based doula model contributes to perceived respectful care, patient autonomy, and improved birth outcomes.

Enrolled 14 out of 15 participants, birthing persons are enrolled prenatally, followed until 8 weeks postpartum.

Doula for Every Family
RESEARCH STUDY

**Get a doula FREE of charge.
Share your experiences!**

EVERY WOMAN DESERVES A DOULA

We are looking for expecting families in Wilkinsburg to join our research on doula services and birth experience. You could earn \$100-110 for your participation.

ELIGIBILITY:

- Currently pregnant
- Residing in Wilkinsburg
- Willing to engage in regular visits with a doula



- **Postpartum Doula Support:
NICU Study**

One promising avenue for improving infant mortality outcomes is the role of postpartum doula support within the Neonatal Intensive Care Unit (NICU).

Postpartum doulas are also instrumental to maternal and infant health. Mothers with infants in the NICU often neglect their own postpartum recovery to be present for their infants. They are at high risk for inadequate milk supply, postpartum depression and anxiety, and difficulty bonding with infant.

Doulas are trained professionals who provide emotional, physical, and educational support to families during the perinatal period.

By integrating doulas into the NICU setting, we can empower parents and caregivers to be active partners in their infant's care, fostering stronger bonds and promoting better long-term health.



- **Postpartum Doula Support:
NICU Study**

Doulas can help parents navigate the complex medical environment, offering guidance on feeding, skin-to-skin contact, and other crucial care practices.

Their presence can also alleviate parental stress and anxiety, leading to improved breastfeeding rates, reduced length of hospital stays, and enhanced neurodevelopmental outcomes for infants.

By addressing the holistic needs of families, doula support in the NICU represents a valuable strategy for tackling the disparities in infant mortality.



• Postpartum Doula Support: NICU Study


A collaborative partnership research initiative between UPMC, University of Pittsburgh (Healthy Pregnancy Collaborative) and Healthy Start Inc. geared towards supporting families with infants in the NICU

Aim 1:

Investigate attitudes of Black birthing persons who have had infants admitted to the NICU regarding postpartum support needs.

Aim 2:

To provide access to a NICU doula for every parent from priority neighborhoods with the highest preterm birth rates



WAS YOUR BABY IN THE NICU?


ARE YOU INTERESTED IN SHARING YOUR EXPERIENCE?

••••••••••

About the Research Study:
You will participate in a 2-hour group discussion about your experience with your baby in the NICU to improve care.

Recruiting: Black parents or caregivers of a child who stayed in the NICU between 2020-2023.

Compensation: \$50 gift card



For more information about this study, contact Dr. Onome Oghifobibi ono6@pitt.edu or Adena Bowden (412) 735-0618



- **Moving Forward, United**



The path ahead will require sustained commitment and collective effort. But our vision of a future without infant mortality disparities is achievable.

It is within our grasp to create a more just, thriving society where every child regardless of race or zip code has an equal opportunity for a healthy start at life.



Thank you

Questions?

 oghifobibio@upmc.edu

 ono6@pitt.edu

 [linkedin.com/in/onome-oghifobibi-751913139](https://www.linkedin.com/in/onome-oghifobibi-751913139)

