Understanding the Maternal & Infant Health Crisis

The Ohio Landscape

Over the past decade, Ohio has made significant strides in addressing its alarmingly high infant mortality rate (IMR), but the journey has been marked by persistent challenges and disparities. The Groundwork Ohio report released in September 2024, "Infant Mortality in Ohio: A 10-Year Look at the Impact of Policy Changes and Opportunities for the Future," explores this critical issue, highlighting trends, policy responses, and areas where intensified efforts are needed to achieve health equity for all Ohioans.

In 2012, Ohio's IMR was 7.6 deaths per 1,000 live births, ranking the state 45th in the nation—a call to action for policymakers and advocates alike. While there has been notable improvement in the overall rate by 2022, the gap between Black and white infant mortality has grown even wider. Black infants in Ohio continue to die at more than twice the rate of their white counterparts, a devastating disparity that underscores systemic inequities in healthcare access and outcomes.

The report sheds light on critical contributors to infant mortality, including high rates of low birth weight and prematurity among babies born to Medicaid eligible families. As of 2022, Ohio's rate of low-birth-weight infants remained at 11.4%, placing it among the bottom ten states nationally. Premature birth rates have also worsened since 2019, prompting the March of Dimes to give Ohio a concerning "D+" on its 2024 report card.[1] These indicators emphasize the need for focused, long-term solutions to address the root causes of these poor outcomes.

In response to this crisis, Ohio enacted several legislative and community-based interventions aimed at improving maternal and infant health. One pivotal moment came with the establishment of the Ohio Commission on Infant Mortality and the passage of Senate Bill 332. This landmark legislation introduced measures to enhance transparency, accountability, and equity in healthcare delivery for vulnerable mothers and infants. Additionally, grassroots and state-led initiatives have been critical in engaging local communities to address systemic barriers and improve access to care.

Despite these efforts, the persistence of racial disparities highlights the urgent need for more targeted interventions. The report identifies the importance of data-driven leadership at both state and local levels to guide effective policy and programmatic responses. Consistent leadership and sustained commitment are essential to advancing solutions that address the interconnected factors of poverty, healthcare inequity, and structural racism that contribute to Ohio's infant mortality crisis.

While Ohio has made strides in addressing infant mortality over the past decade, the persistence of racial disparities and high rates of low birth weight and prematurity indicate that more targeted, effective interventions are needed. The report calls for renewed commitment and accountability from all stakeholders to improve outcomes for Ohio's mothers and infants.

	PRETERM BIRTH	INFANT MORTALITY	MATERNAL MORTALITY
MEASURE	10.7%	7.1 deaths per 1K births	27.1 deaths per 100K births
RANK	32nd of 52	43rd of 52	22nd of 40
DIRECTION FROM PRIOR YEAR	Improved	Worsened	Worsened

Source: Ohio Department of Health & Ohio Department of Children & Youth (2025). A Report on Pregnancy-Related Deaths in Ohio, 2020.

Dayton's Journey: Unique Challenges

Yet, the barriers moms and babies face in Dayton often reflect a deeper legacy of inequities tied to economic, social, and healthcare disparities. To understand the solutions needed, we must consider the specific needs and experiences of Dayton families, whose voices underscore both their resilience and the urgency of the challenges they encounter.

Dayton, Ohio, has a deep and complex history that reflects broader national trends in health inequities, particularly in infant and maternal health. These inequities are rooted in systemic racism, economic disparities, and uneven access to quality healthcare—factors that have disproportionately impacted Black women and children for generations.

In the mid-20th century, Dayton experienced significant economic and social shifts. As the city's manufacturing sector thrived, opportunities for upward mobility remained unevenly distributed, with Black communities often relegated to low-paying jobs and segregated neighborhoods. Redlining practices and discriminatory housing policies concentrated poverty and limited access to healthcare resources in predominantly Black areas.

The closure of maternity wards and hospitals in these underserved neighborhoods during urban renewal efforts further exacerbated health disparities. For decades, Black women in Dayton have faced higher barriers to prenatal care, increasing the risk of adverse outcomes for both mothers and infants. These barriers are compounded by implicit bias within the healthcare system, leading to delays in care and lower-quality treatment.

Today, these historical injustices are evident in stark health disparities. Montgomery County, where Dayton is located, consistently reports some of the highest rates of infant mortality in Ohio, with Black infants dying at nearly twice the rate of their white counterparts. Similarly, Black mothers in Dayton face significantly higher rates of maternal morbidity and mortality.

Social determinants of health, such as access to nutritious food, stable housing, and safe environments remain unevenly distributed. Racism, both structural and interpersonal, continues to erode trust in the healthcare system. Efforts to address these disparities must confront not only the present-day inequities but also their historical origins.

Acknowledging Dayton's history is a crucial step in dismantling these inequities. Community-driven solutions, such as culturally competent care models and the expansion of programs like home visiting services, are vital. Collaborative efforts between healthcare providers, policymakers, and organizations such as CareSource have begun to show promise in addressing the root causes of these disparities. However, sustained investment and accountability are essential to creating a future where all mothers and infants in Dayton can thrive.

By addressing the legacies of discrimination and centering the voices of those most affected, Dayton has the opportunity to transform its approach to maternal and infant health, weaving equity into the fabric of its healthcare system.
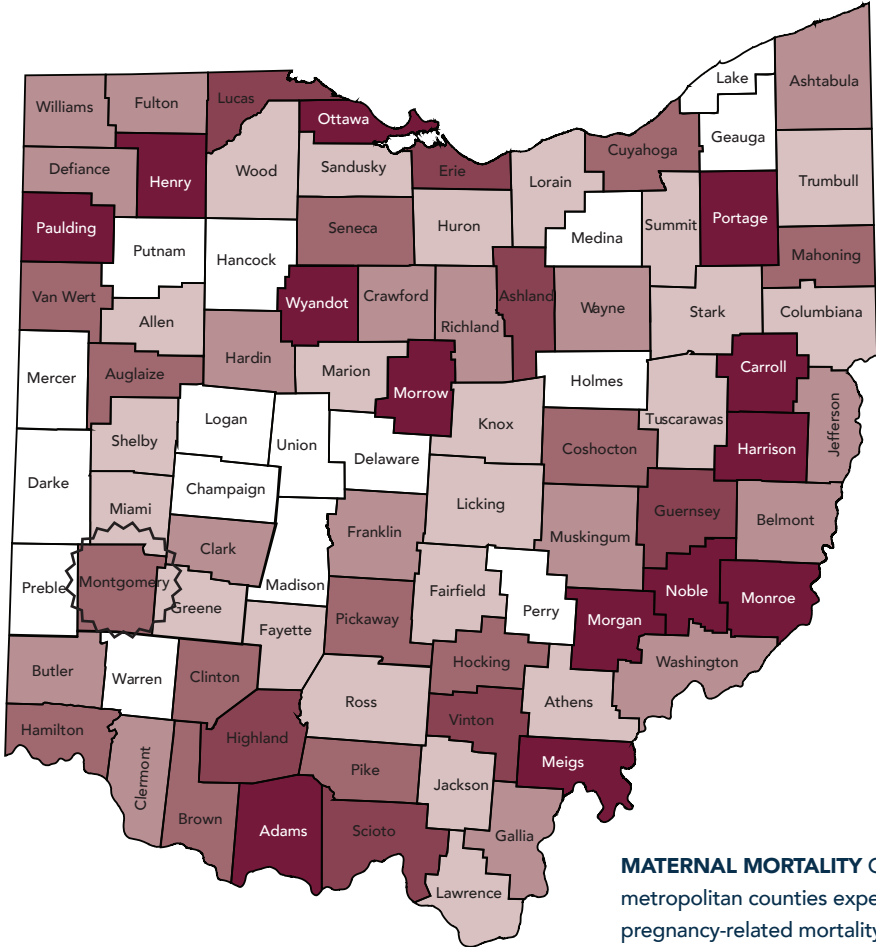
Montgomery County by the Numbers

## OHIO FIVE-YEAR INFANT MORTALITY RATE BY COUNTY (2018 – 2002)

Infant Mortality Rate per 1,000 Live Births

- 3.1 – 5.2
- 5.3 – 6.5
- 6.6 – 7.6
- 7.7 – 8.6
- 8.7 – 16.1
- Data Suppressed*
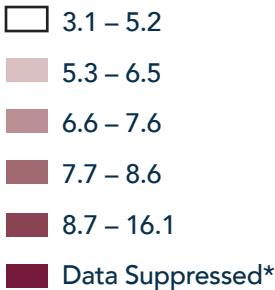
*Source: 2022 Infant Mortality Annual Report, Ohio Department of Children and Youth*

INFANT MORTALITY In 2023, Public Health - Dayton & Montgomery County (PHDMC) reports that the county's infant mortality rate in 2023 was approximately 9.8, higher than the state rate of 7.1. That reflects the number of infant deaths per 1,000 live births.
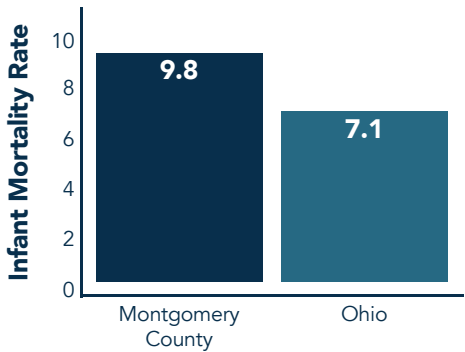

1 in 9 babies (11.7% of live births) was born preterm in Montgomery

PRETERM BIRTH Preterm birth is defined as a live birth before 37 completed weeks gestation. In 2023, 1 in 9 babies (11.7% of live births) was born preterm in Montgomery, earning the county an F on the most recent March of Dimes report card, reporting a worsening trend.[2] The rate of preterm birth in Montgomery is highest for Black infants (13.8%), followed by Hispanics (10.1%), Whites (9.9%) and Asian/Pacific Islanders (7.8%).[3] Chronic disease increases the likelihood of preterm birth. The percent of Montgomery County women of reproductive age with one or more chronic condition is in the highest quartile of the state.

Rate of Preterm Birth in Montgomery County
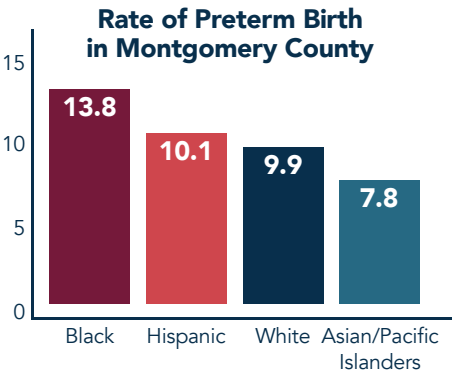
MATERNAL MORTALITY Ohio's eleven metropolitan counties experienced a pregnancy-related mortality ratio of 27.7 pregnancy-related deaths per 100,000 live births between 2017-2020.[4] Between 2008-2016, Montgomery county had the highest ratio of pregnancy-related deaths in the state at 19.7 deaths per 100,000 live births* compared to the state at 14.7.[5]
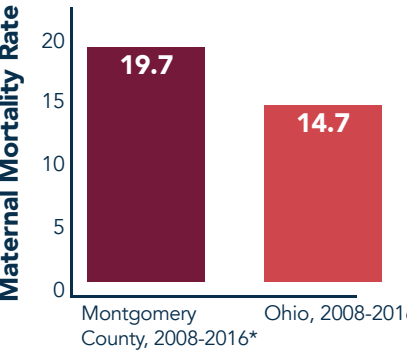
Ratios based on fewer than 20 deaths should be interpreted with caution.

Voices of Mothers: Bridging the Gap for Healthier Futures

After engaging with thousands of women across the state and conducting nearly 100 interviews in Dayton and Montgomery County, we recognize that all mothers share the same aspirations for their children: they want healthy babies with bright futures. Yet, significant disparities persist, highlighting the urgent need for equitable solutions.

"For me, it's like the small moments that bring me the most joy."

"My three-year old, she just amazes me every day. It's every day she's learning new phrases and new words and…it's just great to see. I love every moment of it."

"Just being able to see my son hit his milestones on time and not having to worry about that, knowing that he's on track. And being able to get support from his doctor knowing that, okay, like maybe his speech isn't [the same as other kids], but I don't have to compare him to other kids"

"One of my biggest joys that I've experienced is watching the three of my children interact together."

"I just love watching them grow. And just their personalities. It's truly just a blessing being a mom. "

"Having the support of family, my doula, midwife, and, last but not least, my husband, who helped me along the way to make sure that I was comfortable throughout the whole time. And that, yeah, I *can* carry the baby to term."

"Seeing the milestones, and then also building that interaction, that social and emotional connection with your child. And just learning what their personality or their character…like what it's turning into. Seeing like parts of you, and also parts of the father, and then your child just being their own entity…and just being in their own identity."

"The greatest joy to me may be the first day I picked him up… I can't really describe it, except when I looked at him. And he looked [at me]. We locked eyes, and …I knew he was forever. I knew I would fight and do whatever I had to for this kid. And I would give him my best every day, all day. And I've never felt a bond or instant connection like that… still brings me to tears… because when you wanted motherhood for so long and it didn't happen the way you thought it would happen…and to look at this child and know he was everything that I'd ever prayed for was just amazing."

"The first time they say mommy. That brought me joy."

"So, and then I think in my pregnancy, a joy that I've experienced is like connecting with women who are mothers or have mothered."

"[When I was pregnant}, we enjoyed my son kicking a lot. Sometimes we thought that he was responding to what we were saying."

"I was really excited when I found out that I was pregnant with my first…I was kind of getting to the point where I didn't think it was going to happen. So, it was really exciting for me to find out."

"The love that I get from my kids… I know it's unconditional. Just them walking up [and saying], 'mom, I love you' just randomly, that puts a lot of joy into my heart…the love that I get from my kids is just…it's…I can't even find the words to put it into you know…but I love them little kids and I know they love me."

"My first baby was stillborn. So, my joy was just hearing my baby cry when they were born."

"My son, he…did not start talking until he was almost 3. So a real big joy was…hearing him say…the animal sounds."

CareSource's Contributions to Ohio Infant & Maternal Vitality

CareSource has long been a trailblazer in Medicaid managed care in Ohio, standing as the largest plan in the state with a history of innovation and deep community ties. Since 1989, CareSource has remained steadfast in its mission to serve its members with a focus on health outcomes and reinvestment. Unlike profit-driven organizations, CareSource channels investments back into the community, a responsibility it holds as both a privilege and a duty.

Local and state communities look to CareSource to solve problems. The organization's DNA is rooted in serving those most in need, with maternal and infant health taking a priority position. CareSource invests heavily in this area, funding programs that address critical issues like low birth weight, safe sleep, and breastfeeding support. From doula pilots to mobile maternity clinics, CareSource collaborates with community partners to ensure pregnant women and new mothers have the resources they need to thrive. These efforts are backed by a robust provider network—the largest in Ohio—where value-based relationships encourage innovation and accountability for outcomes.

Collaboration is central to CareSource's approach. Partnerships with community-based organizations ensure that interventions are both impactful and locally informed. Additionally, these partnerships focus on equity and inclusion, addressing disparities in health outcomes while fostering trust within the communities they serve. In 2022 and 2023 alone, CareSource invested more than $36 million towards maternal, infant and childhood health initiatives to include SDOH across Ohio. CareSource's work extends far beyond traditional healthcare. These investments support innovative approaches by those on the frontlines of the crisis as well as scaling maternal and infant health solutions in local communities.

Beyond healthcare, CareSource tackles the broader social determinants of health (SDOH) that shape well-being. By funding initiatives like mobile health units, food-as-medicine programs, and $35 million in housing investments over the past five years, the organization supports families in navigating the challenges of everyday life. Its JobConnect program helps families move toward stability through employment, financial literacy, and community referrals, demonstrating CareSource's commitment to creating long-term, systemic change.

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While CareSource remains deeply committed to addressing Ohio's infant mortality crisis through innovative programs and strategic investments, this is a challenge no single organization can solve alone. As community-based organizations play a critical role, so too do hospitals in shaping outcomes, and their active engagement is essential to making meaningful progress. Payment structures, such as value-based reimbursements and incentives tied to quality metrics, are in some instances already in place to support collaborative solutions, yet many opportunities remain untapped. CareSource partners with hospitals and health systems to fully leverage these tools, align shared goals, and deepen a shared commitment to implementing evidence-based practices that improve outcomes.

Looking ahead, CareSource strategically positions itself as a driving force in Ohio's healthcare ecosystem. By championing equity, fostering innovations, and building trust, the organization aligns its initiatives with key populations, health priorities, and collective impact objectives. Through targeted investments in data-driven insights and human-centered solutions, CareSource is addressing immediate challenges while strategically shaping the foundations for sustainable, healthier communities.

- Parenting education and support
- Crisis housing
- Community events
- Federally Qualified Health Clinics
- Doula support and education
- Mama Certified
- Connection to community resources

- Access to healthy foods
- Access to infant materials
- Social work
- Transportation
- Postpartum support groups
- Tobacco cessation
- Healthy Beginnings at Home
- Mobile health initiatives
- Nurse navigators

- Preconception, pregnancy, postpartum and newborn interventions
- Support for moms recovering from substance use disorders
- Parenting Circles
- Mental health support
- Childbirth education
- Breastfeeding education
- Donor breast milk

"So, it's just about being all in the community and connecting again with the resources from CareSource. You know they have a lot. I don't know if people know about their rewards. [It's] not just care. But there's incentives…encouraging families…getting them more involved in their healthcare and their children."

"CareSource is more active in the community, but we need those major players, [hospitals], to do their part to provide resources to rebuild the community."

"I would say I've had CareSource 90% of my life. And I am a big fan and I agree that when you have systems like Help Me Grow and other stuff in place that kind of fills in a lot of gaps of things that people may not even know are available. And that's part of my favorite part of my job is being like, oh, you need help with this. Let me get you some resources."

"[I gave birth about 8 weeks ago] and I get care through CareSource and it's been a different experience than it was with my [first] daughter, who is two. They had a lot of different things that they implemented…they had Mom's Meals where they bring meals to your home. I've been able to get signed up with Help Me Grow, a program where I have a nurse that comes out and we discuss things. She goes and finds different resources for me that I need."

"The dollars we get from CareSource are often the only way we can support [unique initiatives for] pregnant women [whether or not they are CareSource members]."

"Finding out those resources like CareSource. I love that because I use those rewards every time he goes to the doctor. All of that helps me pay for other over-the-counter medications and things like that. So, it's wonderful. I think it's tapping into all that."