LEADING CAUSES OF INFANT MORTALITY
DC 2015-16 AND US 2015

Percent distribution of the 10 leading causes of infant death, District of Columbia 2015-2016 and US 2015

- Maternal complications: 16.5% (DC), 6.5% (US)
- Prematurity: 12.5% (DC), 17.4% (US)
- Congenital Anomalies: 12.5% (DC), 20.6% (US)
- Placenta, cord, membranes: 9.2% (DC), 3.9% (US)
- SIDS: 4.6% (DC), 6.7% (US)
- Circulatory diseases: 4.0% (DC), 5.5% (US)
- Accidents: 34.9% (DC), 31.4% (US)
- Bacterial sepsis: 3.9% (DC), 2.0% (US)
- Neonatal hemorrhage: 3.9% (DC), 17.4% (US)
- Respiratory distress: 9.2% (DC), 6.7% (US)
- Other: 20.6% (DC), 20.6% (US)

*Data suppressed for less than 4 infant deaths.
NOTE: Labels for percentages less than 2% are not presented in the figure due to the size of the text.
THE DISTRICT STRATEGY TO IMPROVE PERINATAL HEALTH OUTCOMES

- **EVERY TEENAGE GIRL AND WOMAN**: In DC is in control of her reproductive health.
- **EVERY PREGNANT WOMAN**: Receives patient-centered, high-quality prenatal care beginning in the 1st trimester.
- **EVERY NEWBORN**: Receives high-quality neonatal care in the hospital and outpatient setting.
- **EVERY PARENT**: Has the life skills and resources needed to nurture and provide for their family.
- **EVERY INFANT, MOM, AND DAD**: Has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning.
- **EVERY HEALTHCARE PROVIDER**: Has the tools and resources they need to provide quality care and manage complex social needs of women and infants.
- **EVERY HEALTHCARE FACILITY**: Providing maternal and infant care has the tools and resources to practice evidence-based healthcare and to document QI/QA activities.
HIGH QUALITY HEALTH CARE – PREGNANT WOMEN

- Preterm Birth Reduction Pilot
- Healthy Start Enhanced Case Management
- Care Transformation to Improve Quality & Cultural Competency of Care
- Assessing Patients’ Experience of Care
HIGH QUALITY HEALTH CARE – NEWBORNS AND INFANTS

❖ Newborn Screening & Surveillance Programs

❖ Safe Sleep Program

❖ Lactation Supports

❖ Better Access for Babies to Integrated Equitable Services Bill
PROMOTING STRONG FAMILIES AND HEALTHY ENVIRONMENTS
THE DISTRICT STRATEGY TO IMPROVE PERINATAL HEALTH OUTCOMES

EVERY TEENAGE GIRL AND WOMAN in DC is in control of her reproductive health.

EVERY PREGNANT WOMAN receives patient-centered, high-quality prenatal care beginning in the 1st trimester.

EVERY HEALTHCARE PROVIDER has the tools and resources they need to provide quality care and manage complex social needs of women and infants.

EVERY NEWBORN receives high-quality neonatal care in the hospital and outpatient setting.

EVERY PARENT has the life skills and resources needed to nurture and provide for their family.

EVERY INFANT, MOM, AND DAD has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning.

EVERY HEALTHCARE FACILITY providing maternal and infant care has the tools and resources to practice evidence-based health care and to document QI/QA activities.
NEXT STEPS