



**Indiana
Department
of
Health**

REALIZE AND REVITALIZE: EMBRACING MATERNAL AND CHILD HEALTH

EDEN BEZY, MPH
ASSISTANT COMMISSIONER
WOMEN, CHILDREN & FAMILIES

6/25/2025

OUR MISSION:

**To promote, protect, and improve
the health and safety of all Hoosiers.**

OUR VISION:

**Every Hoosier reaches optimal health
regardless of where they live, learn,
work, or play.**



Agenda

- Share **quantitative** data related to infants, children, adolescents, women, and mothers
- Share **qualitative** data gathered from families across Indiana
- Identify **priorities** for prevention and intervention
- Highlight **resources** and **strategies** from IDOH and our partners



Infant mortality and birth outcomes



Indiana
Department
of
Health

Infant mortality quick facts

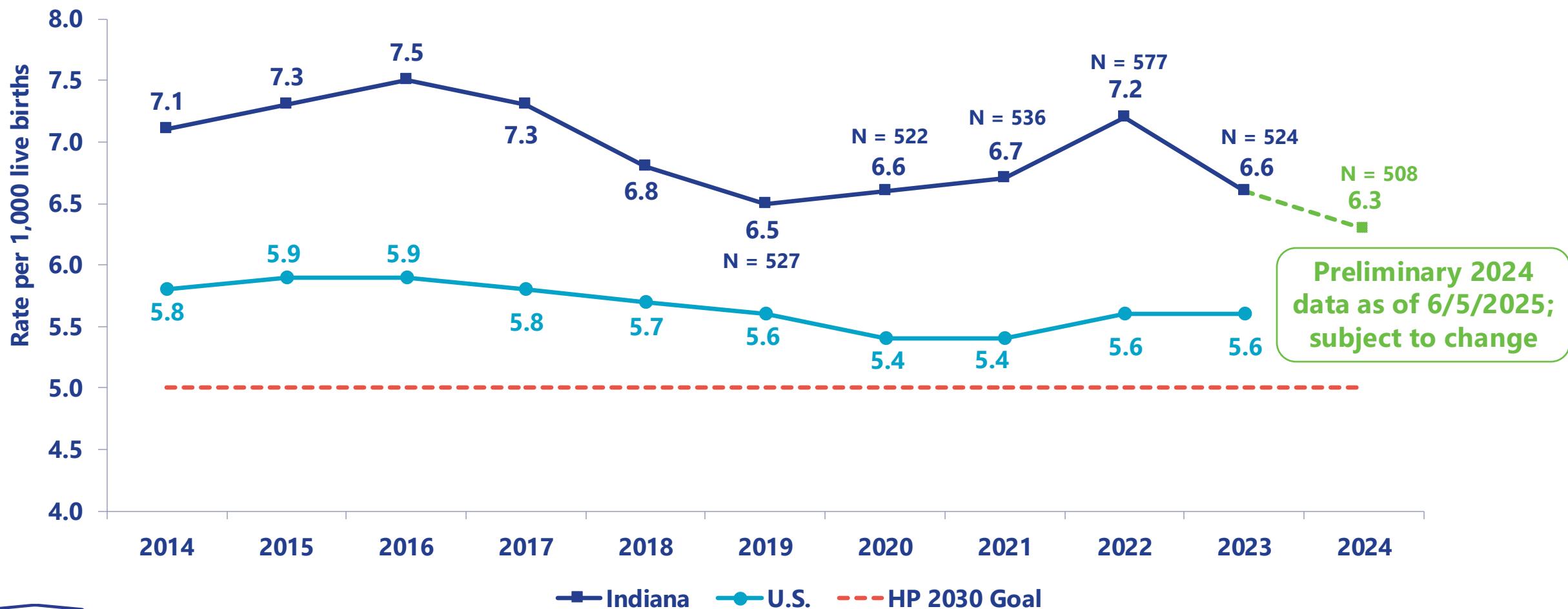
- Infant Mortality is defined as the death of a baby before his/her first birthday.
- **Infant Mortality Rate** is an estimate of the number of infant deaths for every 1,000 live births.
- Infant Mortality is the **#1 indicator** of health status in the world.

Data details

- 2023 infant mortality by the numbers
 - Based on death records from 2023
 - These deaths encompass births that could have taken place in 2022 or 2023.
 - These deaths encompass pregnancies that could have taken place from 2021-2023.
- Infant mortality is calculated by taking the number of infant deaths divided by the number of live births for a given calendar year.
- Both birth and infant death records are reported to the Indiana Department of Health Vital Records Division.
- These data are based on residency rather than location of occurrence.

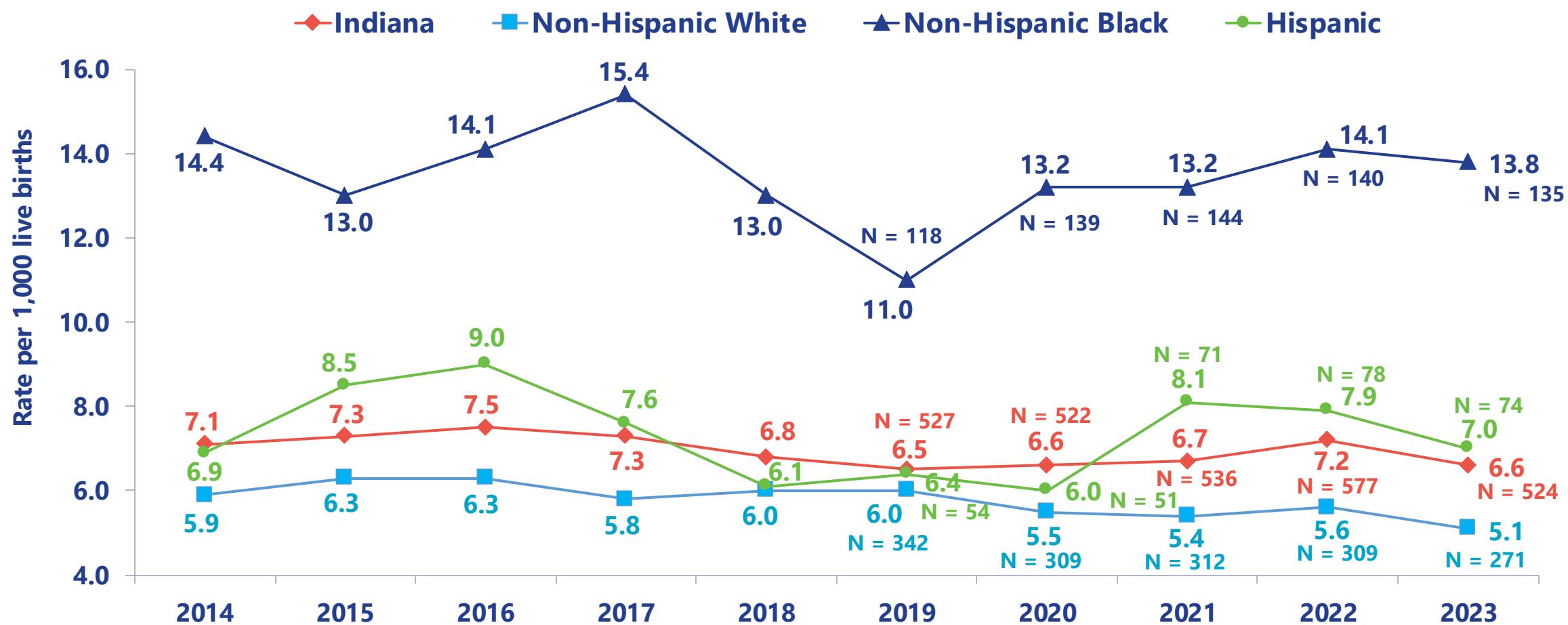
Infant mortality rates (IMRs)

2014-Preliminary 2024



Indiana IMRs by race and ethnicity

2014-2023



County-level Indiana infant mortality rates 2019-2023, stable rates

10 highest stable infant mortality rates

Noble, 10.1

Grant, 9.7

LaPorte, 9.2

St. Joseph, 8.7

Adams, 8.6

Cass, 8.3

Marion, 8.2

Madison, 8.2

Bartholomew, 7.7

Kosciusko, 7.7

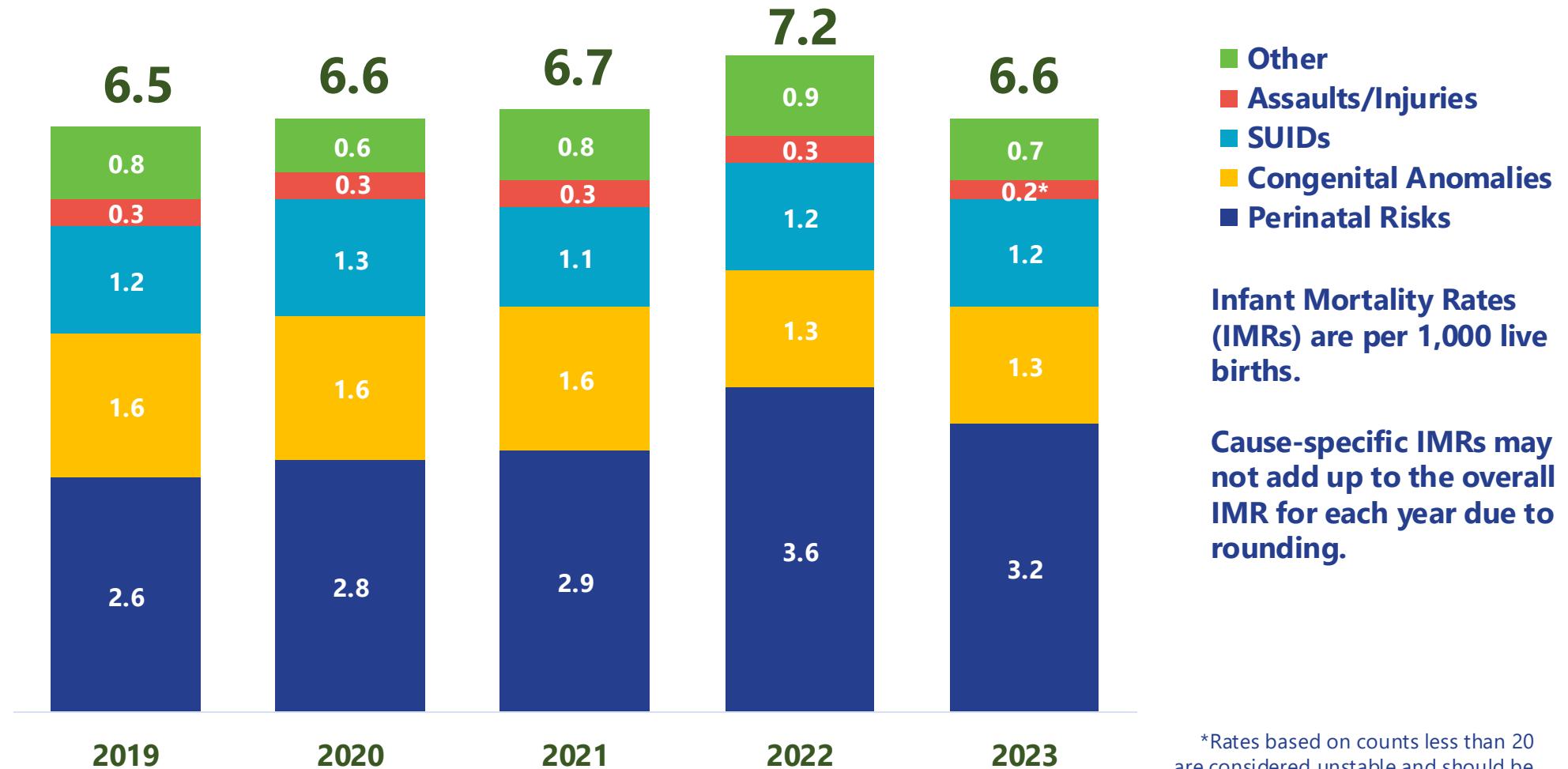
Stable rates achieving Healthy People 2030 Goal (IMR<5.0)

Porter, 3.0

Hamilton, 4.5

Hendricks, 4.6

Causes of Indiana infant mortality



Factors contributing to infant mortality

Indiana 2023

- **Obesity**
 - Indiana ranks 7th highest in the U.S. for percentage of adults who have obesity (37.8% of adults)
 - 35.4% of Indiana births in 2023 were to pregnant women who have obesity (additional 26.6% overweight)
 - Pregnant women who have obesity have an increased risk of preterm birth (13.3% of Indiana births to those who have obesity were preterm compared to 9.4% of births to those in the normal BMI range)
- **Smoking**
 - 5.3% of births exposed to smoking during pregnancy
 - 9.7% of births to women on Medicaid were exposed to smoking during pregnancy while 2.2% of births to women not on Medicaid were exposed to smoking
- **Limited prenatal care**
 - 26.6% of births were to women not receiving prenatal care during the 1st trimester (a statistically significant decrease compared to 2022)
- **Unsafe sleep practices**
 - 18.3% of infant deaths in 2023 can be attributed to SUIDs

Birth Outcomes



Metric Selection

Preterm

A developing baby goes through important growth throughout pregnancy—including in the final months and weeks. For example, the brain, lungs, and liver need the final weeks of pregnancy to fully develop. Unless there is a medical need, delivery should not be scheduled before 39 weeks of pregnancy. Premature babies often have serious health problems, especially when they're born very early. These problems often vary, but the earlier a baby is born, the higher the risk of health challenges.

Year

2022

IDOH Preparedness District

(All)

County Name

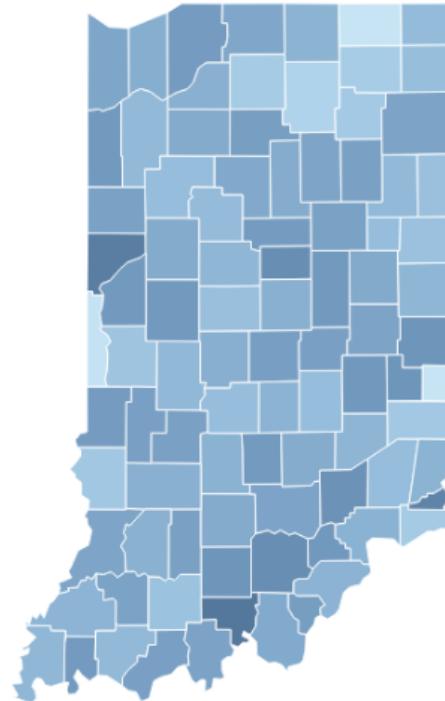
(All)

See Race and Ethnicity Data Documentation for information on how Race and Ethnicity are analyzed in Indiana.



2022 Preterm Rate

Display By: County



Preterm Rate

Year: 2022, District: All, County: All

10.9 %

This is Equal to the Statewide Rate of 10.9%
This is Higher than the 2022 Nationwide Rate of 10.4%

Display By: Race & Ethnicity

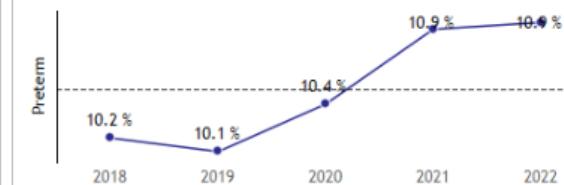
Preterm Rate by Race & Ethnicity

Year: 2022, District: All, County: All



Preterm Rate by Year

District: All, County: All



Metric Selection

Birth Rate

Preterm

Low Birth Weight

Not Breastfeeding

No Early Prenatal Care

Mothers on Medicaid

Teen Birth Rate

Birth Rate

Year

2022

IDOH Preparedness District

(All)

County Name

(All)

(All)

Adams

Allen

Bartholomew

Benton

Blackford

Boone

Brown

Carroll

Cass

Clark



Statewide Infant Mortality Rate
6.7
per 1,000 live births

Highest & Lowest Ranked Counties

Porter	#1
Dubois	#2
White	#3
Hancock	#4
Shelby	#5
Noble	#77
Clay	#78
Pulaski	#79

Definition

Infant Mortality Rate: Infant mortality rate is calculated per 1,000 live births and is based on county of residence regardless of location of occurrence.

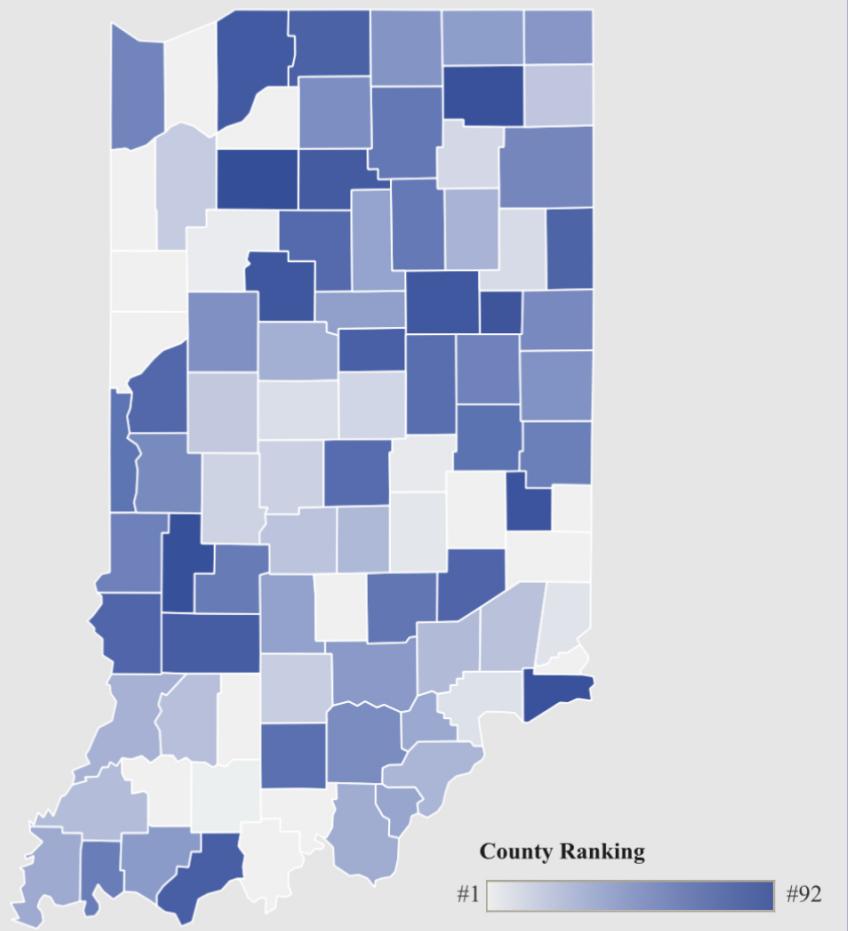
Year(s) of data used: 2019-2023



Select Topic

Infant Mortality Rate

Indiana Infant Mortality Rate (2019-2023)



County Rankings

County	County Rate	Rank..
Porter	2.96	#1
Dubois	3.10	#2
White	3.59	#3
Hancock	3.70	#4
Shelby	3.77	#5
Dearborn	3.79	#6
Jefferson	4.01	#7
Boone	4.04	#8
Wells	4.23	#9
Whitley	4.30	#10
Hamilton	4.48	#11
Putnam	4.52	#12
Hendricks	4.58	#13
Lawrence	4.66	#14
Jasper	4.87	#15
Montgomery	4.98	#16
Dekalb	5.08	#17
Morgan	5.20	#18
Ripley	5.21	#19
Daviess	5.29	#20
Gibson	5.44	#21
Jennings	5.46	#22
Johnson	5.46	#23
Clark	5.49	#24
Huntington	5.55	#25
Knox	5.56	#26
Clinton	5.59	#27
Harrison	5.88	#28
Posey	5.90	#29
Scott	5.92	#30
Floyd	5.95	#31
Miami	5.99	#32
Monroe	6.02	#33
Howard	6.08	#34
Lagrange	6.19	#35
Warrick	6.28	#36
Jackson	6.38	#37
Steuben	6.44	#38
Elkhart	6.46	#39

County	County Rate	Rank..
Randolph	6.52	#40
Tippecanoe	6.63	#41
Marshall	6.69	#42
Washington	6.74	#43
Parke	6.75	#44
Jay	6.76	#45
Allen	6.99	#46
Lake	7.34	#47
Delaware	7.44	#48
Vigo	7.45	#49
Wayne	7.52	#50
Vanderburgh	7.52	#51
Owen	7.58	#52
Wabash	7.59	#53
Kosciusko	7.69	#54
Bartholomew	7.69	#55
Vermillion	7.74	#56
Henry	7.95	#57
Orange	8.03	#58
Madison	8.15	#59
Marion	8.23	#60
Cass	8.27	#61
Fountain	8.41	#62
Sullivan	8.45	#63
Decatur	8.48	#64
Adams	8.63	#65
St. Joseph	8.65	#66
Tipton	8.76	#67
Spencer	8.77	#68
Greene	8.93	#69
Fulton	9.00	#70
LaPorte	9.23	#71
Grant	9.70	#72
Carroll	9.84	#73
Blackford	9.96	#74
Fayette	10.0	#75
Switzerland	10.1	#76
Noble	10.1	#77
Clay	10.2	#78
Pulaski	11.2	#79



Linked Data

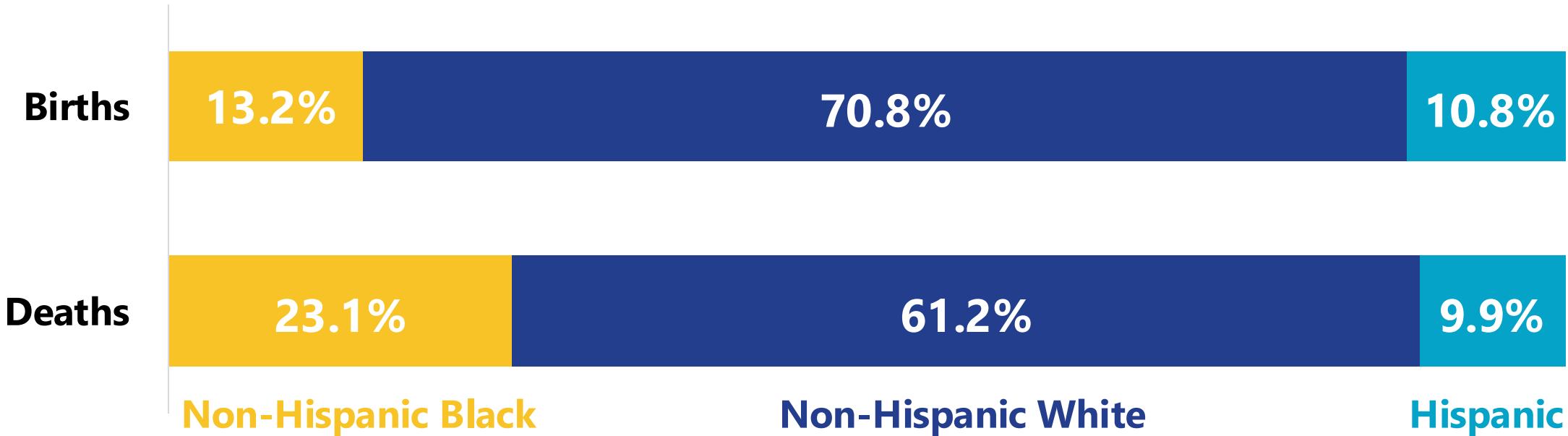


Indiana
Department
of
Health

Data description

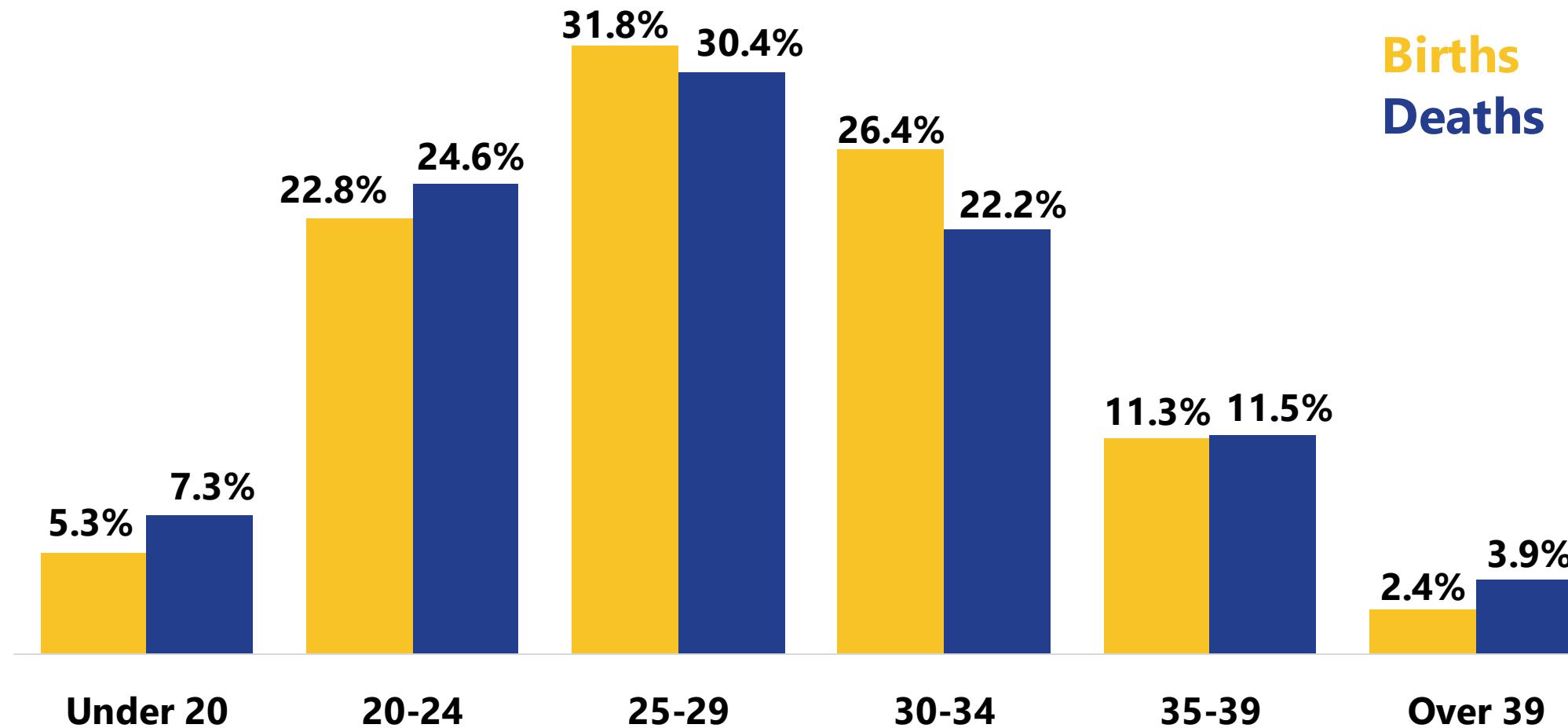
- These are based on Indiana births that were linked to Indiana infant death records.
- 2018-2022 describes the infant birth year.
- The infant death year spans 2018-2023.
- Looking at the data this way gives us the ability to analyze the relationships between risk factors and infant mortality rather than the two pieces independently.
- The data points in this presentation should not be compared to other materials and statistics based on only birth or death records.

Indiana linked births and infant deaths by race and ethnicity



- Non-Hispanic Black infants experience death at a **2** times higher rate than the Non-Hispanic White infant population.
- Hispanic infants experience death at a **1.1** times higher rate than the Non-Hispanic White infant population.

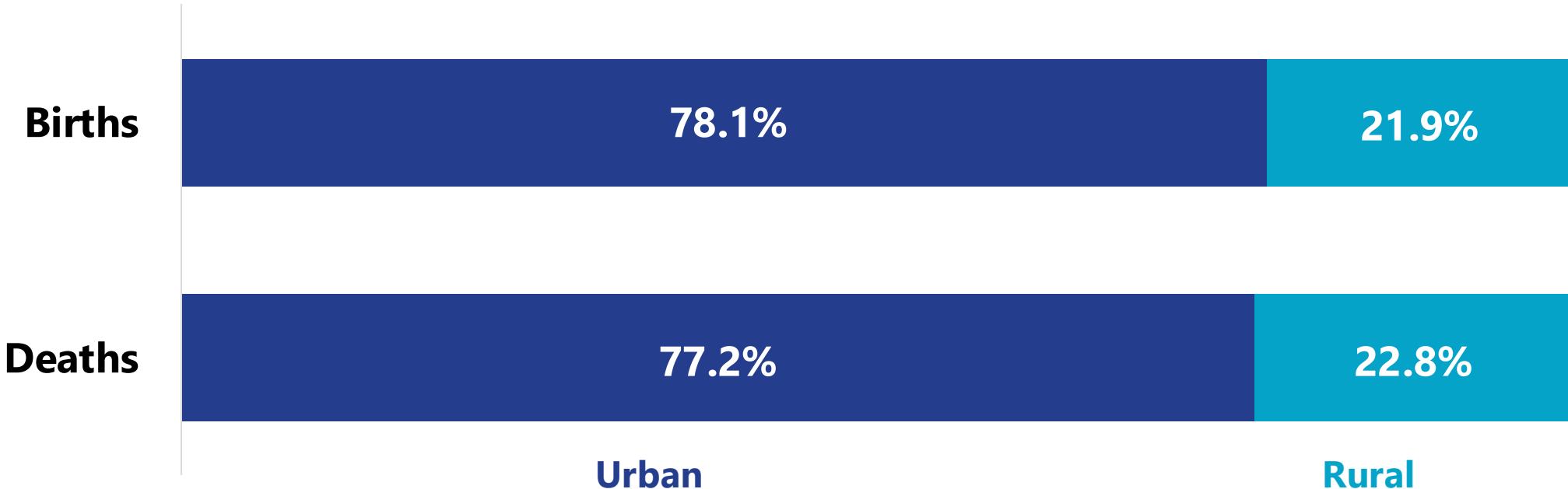
Indiana linked births and infant deaths by age of mom



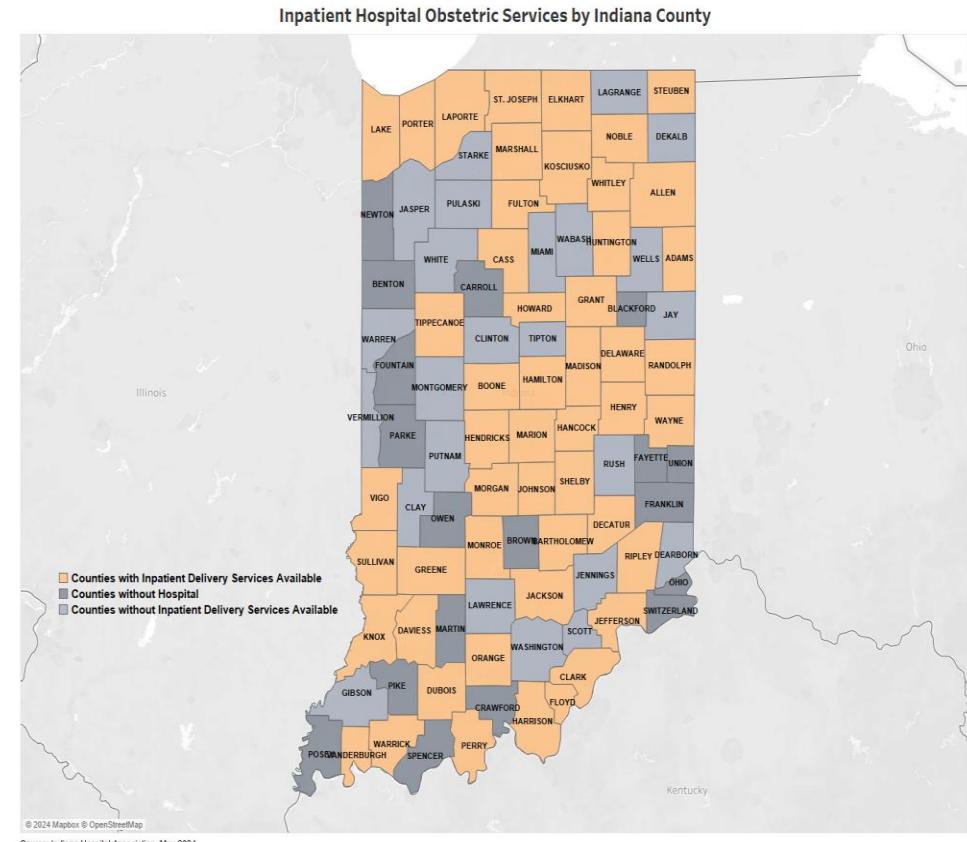
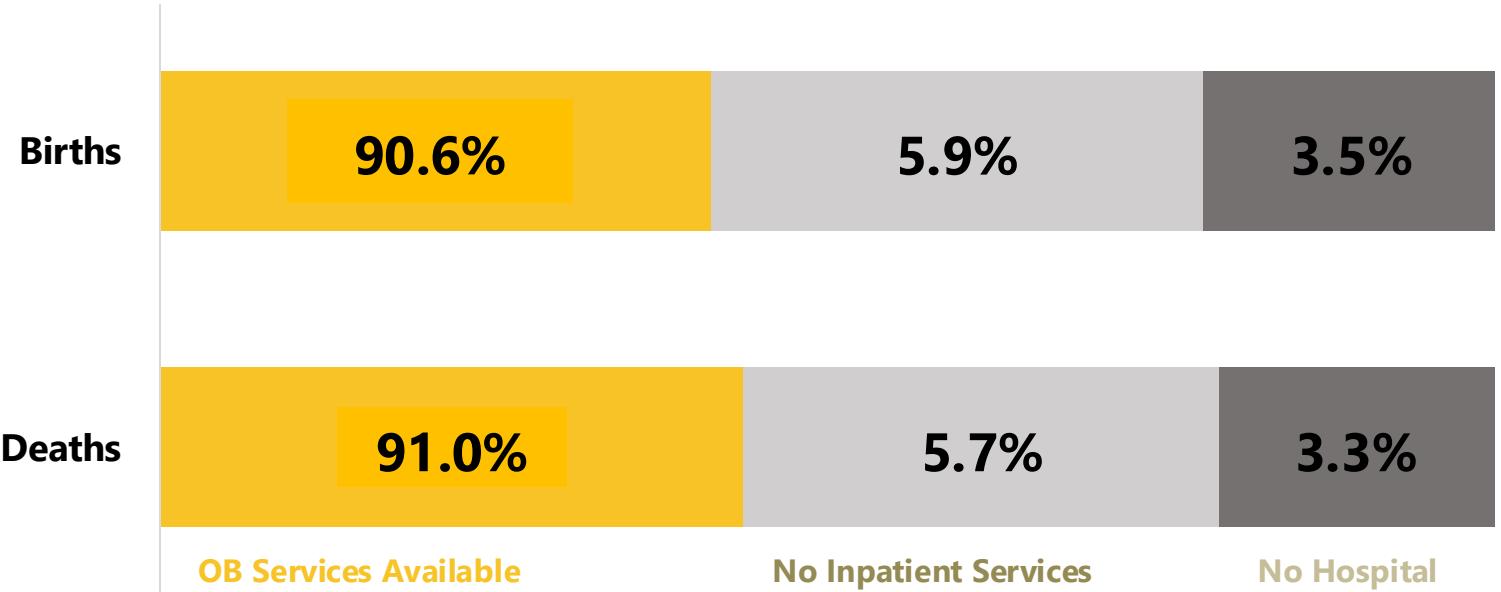
Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA

Indiana linked data by rural/urban



Indiana linked data by hospital access





Birth Outcome Indicators

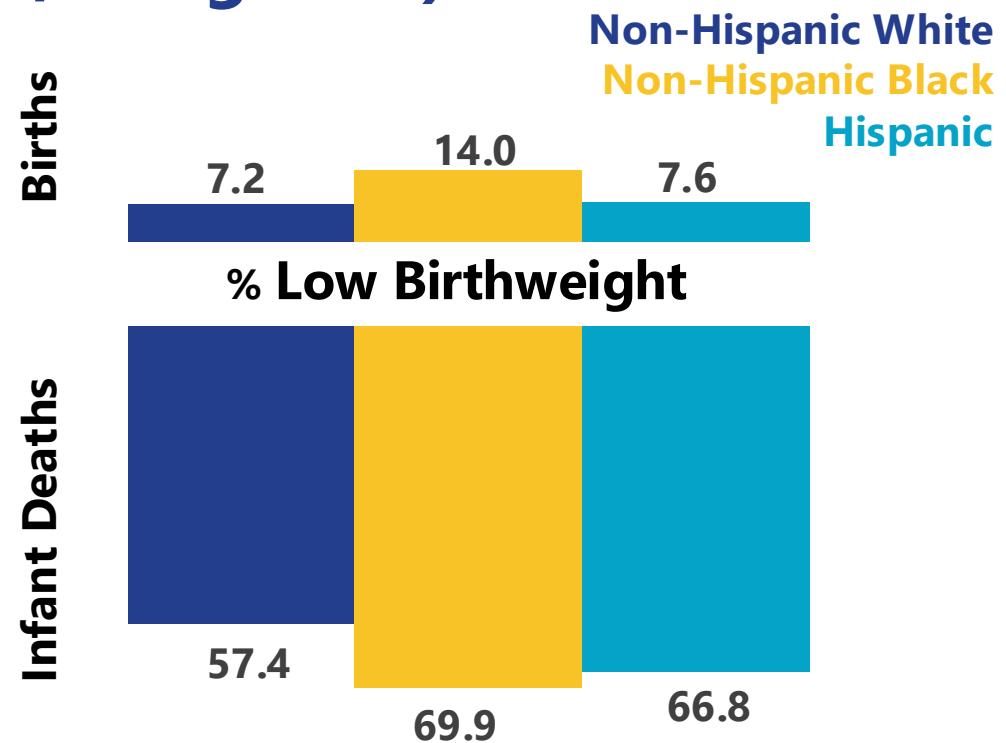


Indiana
Department
of
Health

Low Birthweight

61.4%
of infants who died had a **low birthweight** (< 2,500 grams).

Over 4%
of **low birthweight** births resulted in an infant death.



Comparisons should not be made to unlinked data sources.

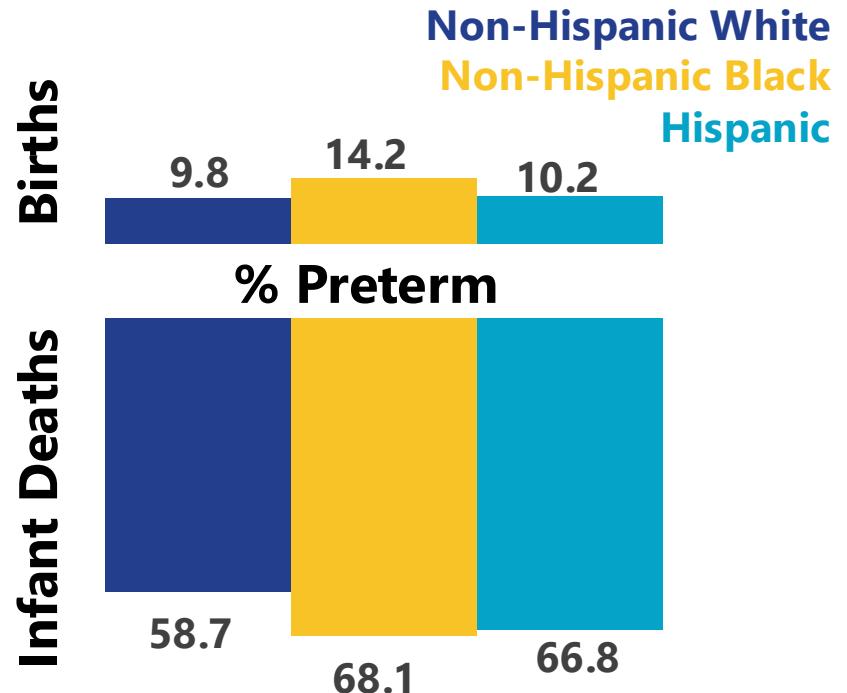
Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]

Indiana Original Source: Indiana Department of Health, Vital Records, ODA

Preterm

62%
of infants who died were born preterm (< 37 weeks gestation).

Over 3%
of preterm births resulted in an infant death.

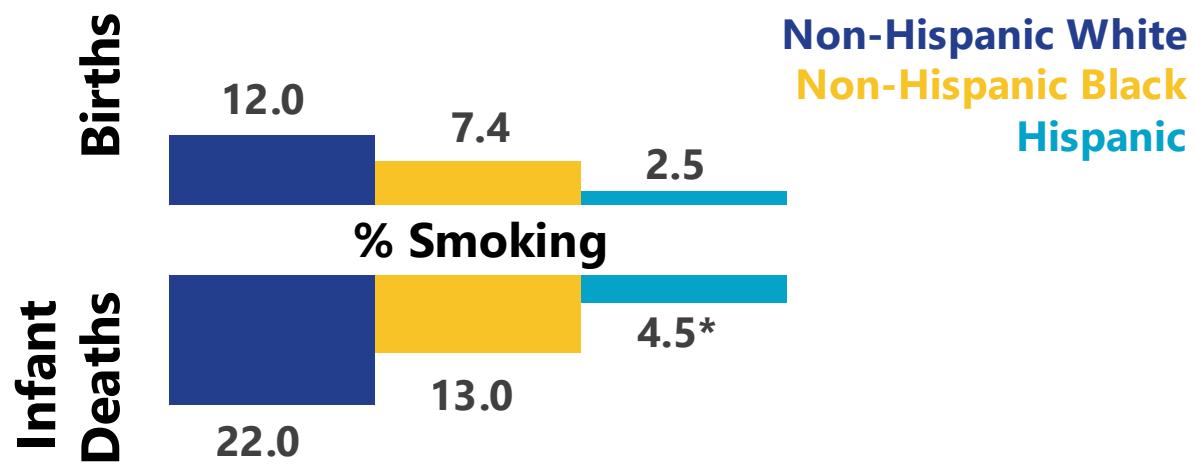
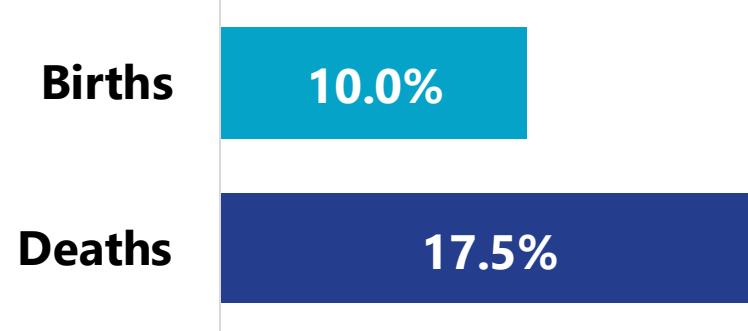


Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA

Smoking During Pregnancy

17.5%
of the infants who
died were born to a
mom who reported
smoking during
pregnancy.



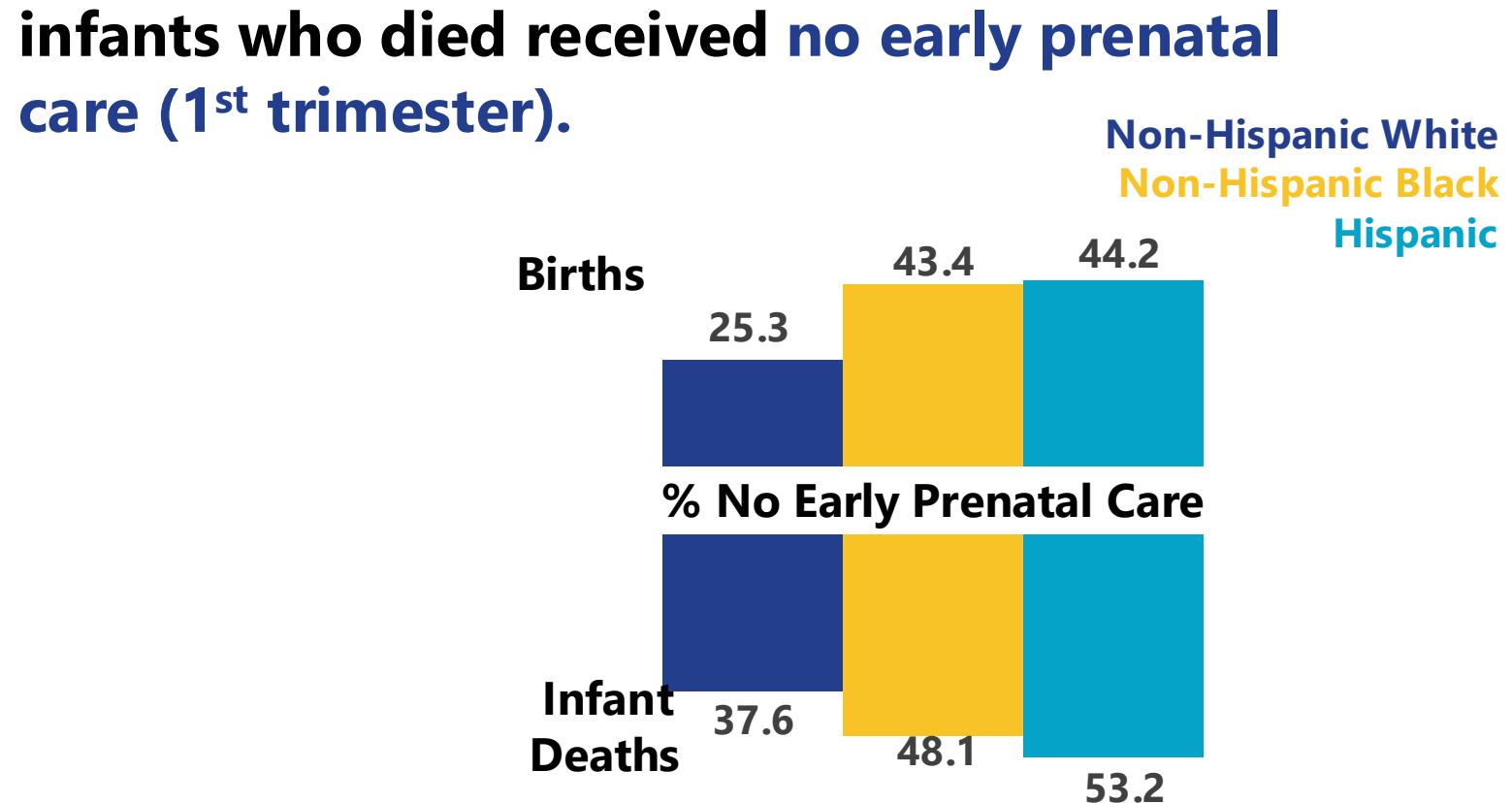
* Percentages based on counts less than 20 are unstable and should be interpreted with caution.

Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA

Early Prenatal Care

2 out of every 5 infants who died received no early prenatal care (1st trimester).

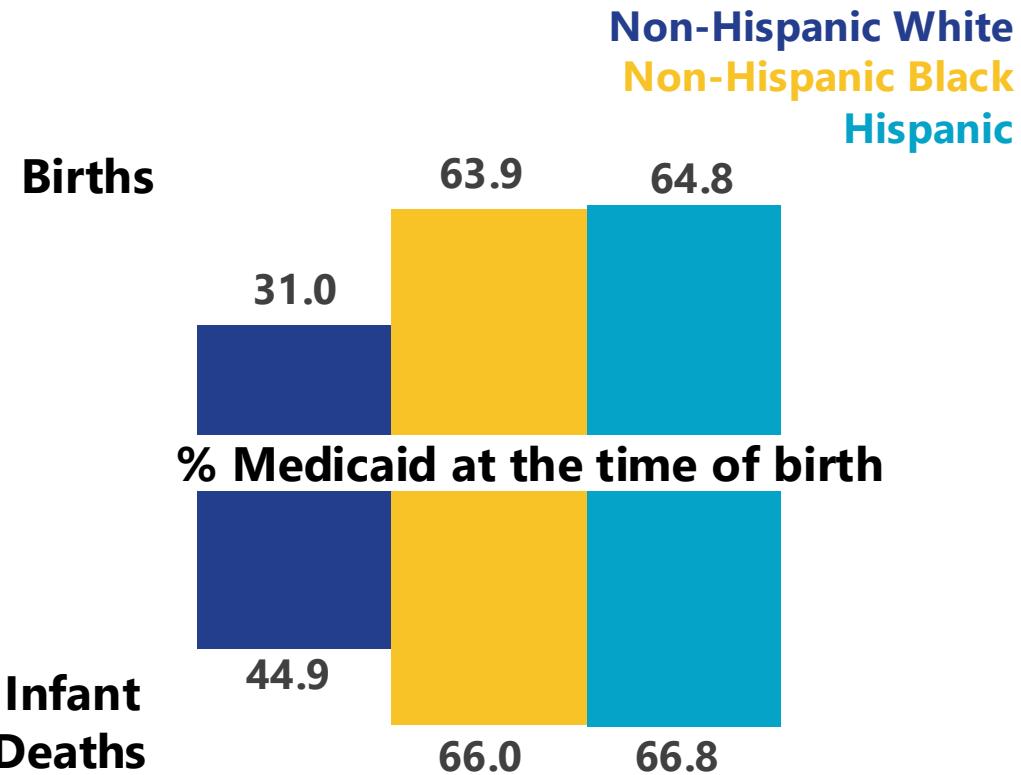


Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA

Medicaid at the Time of Birth

52.2% of infants who died were born to a mother on Medicaid at the time of birth.



Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA



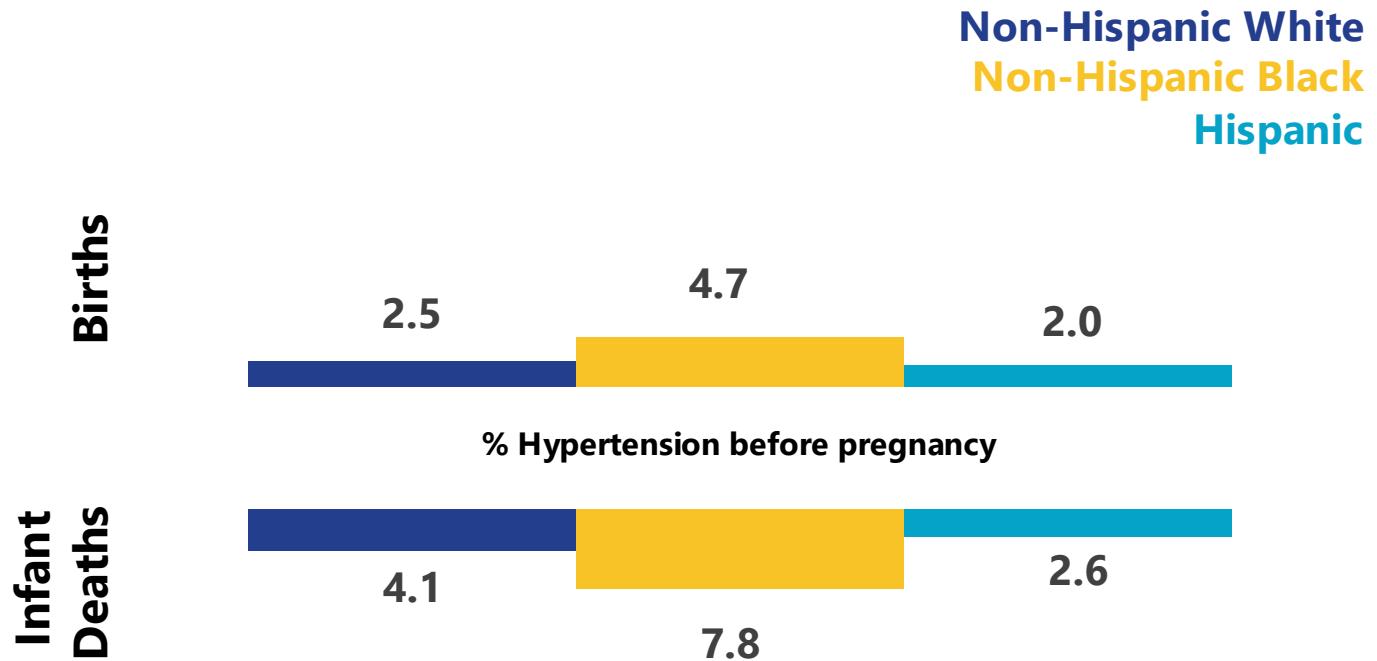
Maternal Health



Indiana
Department
of
Health

Hypertension Before Pregnancy

**4.8% of infants who died were
born to a mother who experienced
hypertension before pregnancy.**

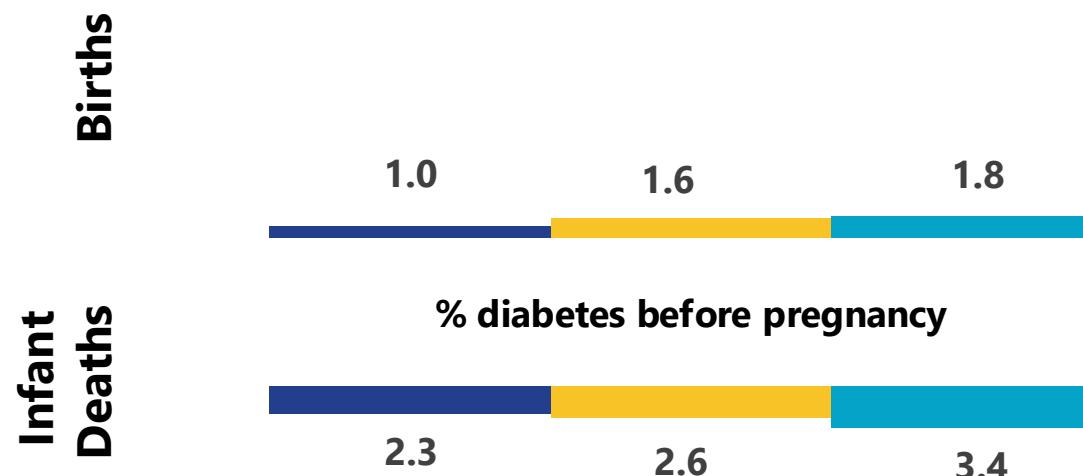
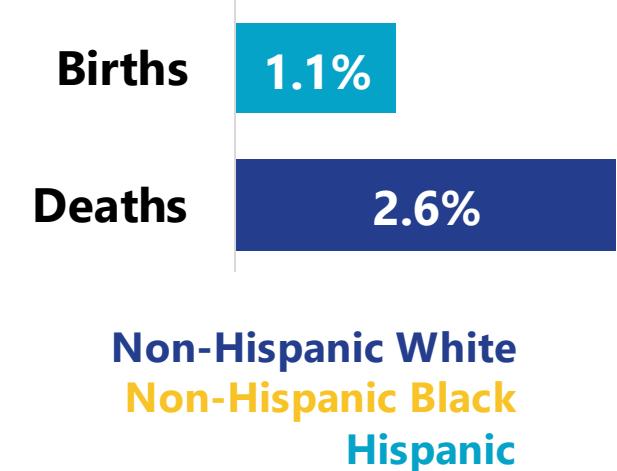


Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA

Diabetes Before Pregnancy

2.6% of infants who died were born to a mother who experienced diabetes before pregnancy.



Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA

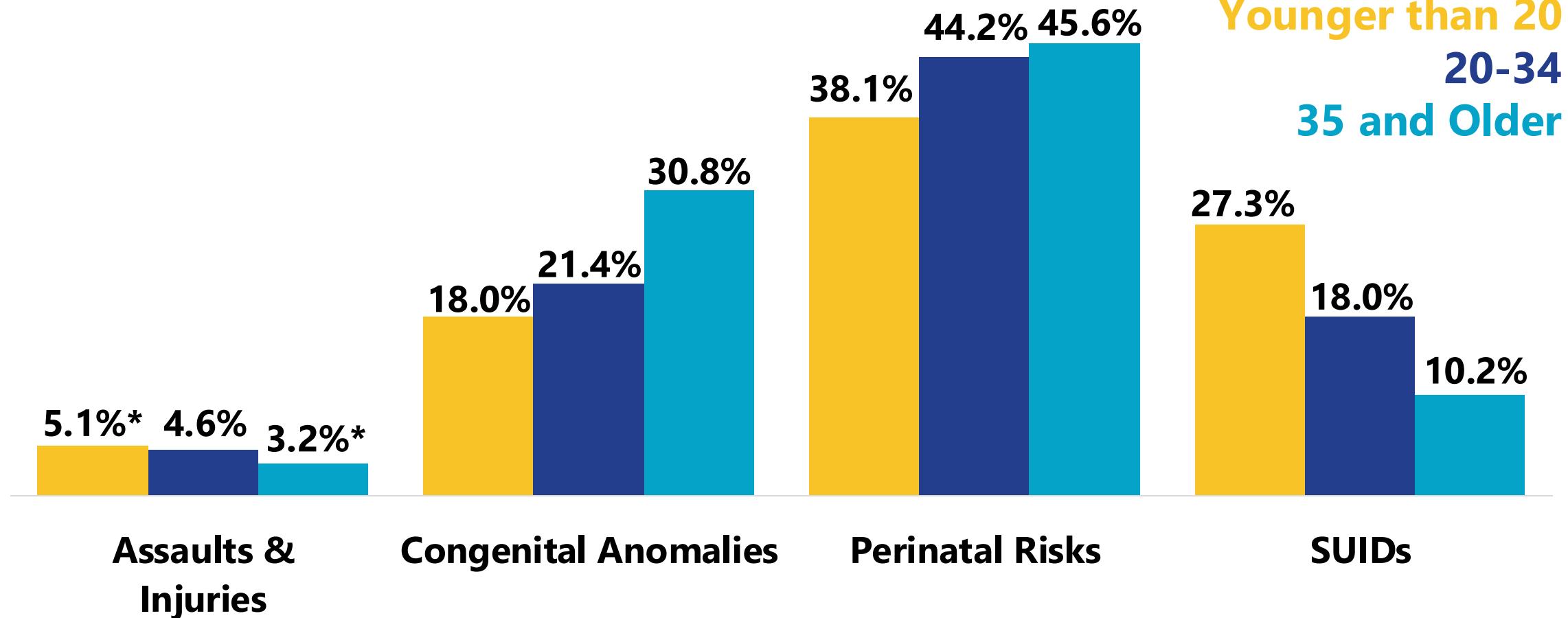


Causes of Infant Death in Indiana, 2018-2022



Indiana
Department
of
Health

Cause of death by age of mom

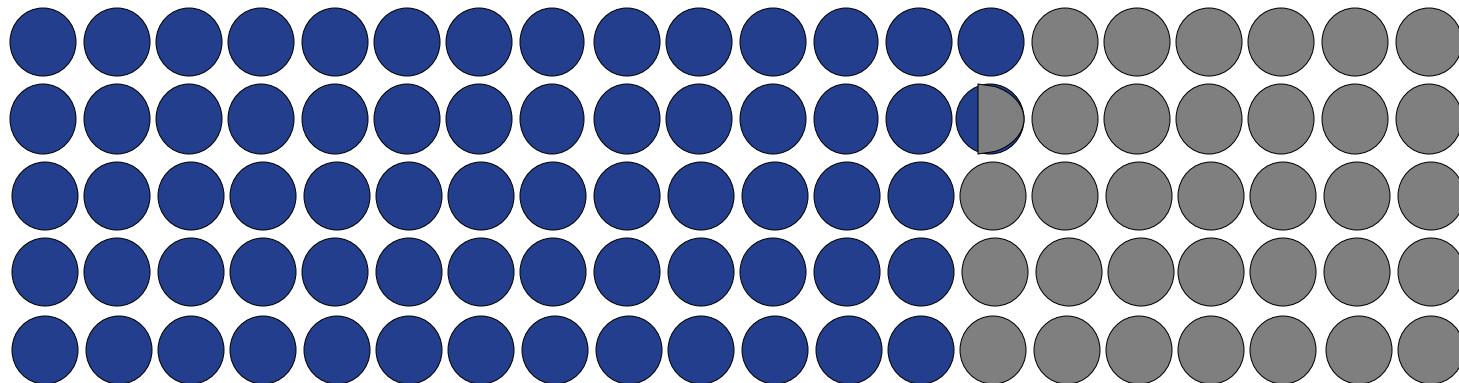


*Percentages based on low counts should be interpreted with caution

Comparisons should not be made to unlinked data sources.

4.2x

greater risk of infant death
due to **SUIDs** when mothers
reported smoking during
pregnancy.



66.1% of all **SUIDs** were babies born to mothers
on **Medicaid at the time of birth.**

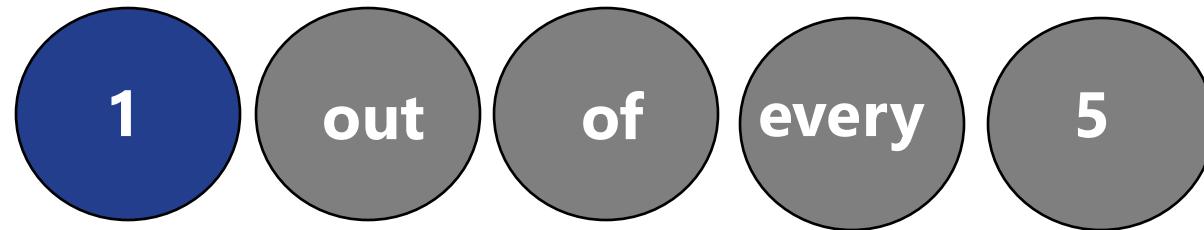
Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]

Indiana Original Source: Indiana Department of Health, Vital Records, ODA

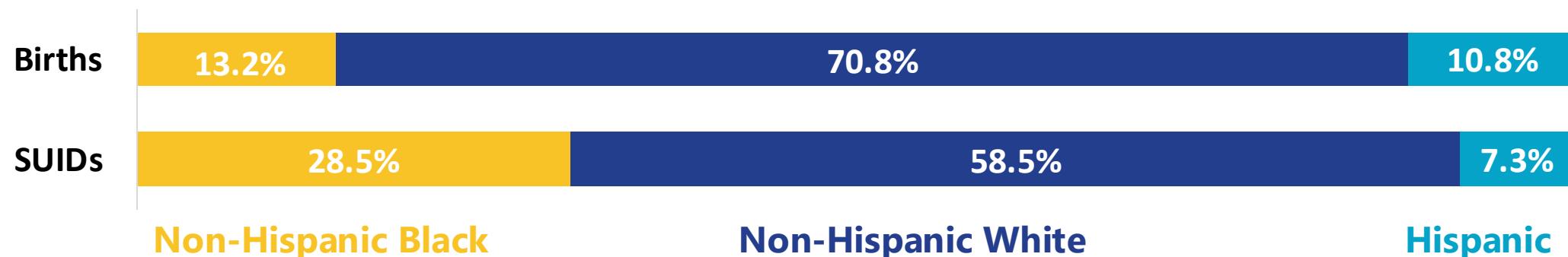
**Sudden Unexpected
Infant Deaths
(SUIDs)**

Preterm or Low Birthweight Births and SUIDs



19.6% of SUIDs were linked to a baby who was born preterm or low birthweight.

Births and SUIDs by Race and Ethnicity



Comparisons should not be made to unlinked data sources.

Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [May 2025]

Indiana Original Source: Indiana Department of Health, Vital Records, ODA

2023 summary

- 524 infants in Indiana died before their first birthday
- Perinatal risks are the primary cause of infant mortality in Indiana
- More than 18% of infant deaths can be attributed to SUIDs and unsafe sleep
- Most Indiana infant deaths were either premature or low birthweight babies
- Smoking and no early prenatal care during pregnancy are linked to higher percentages of infant death
- Trends exist between cause of infant death and the age of mom

What women are saying

- *"I think there should be more options for smaller towns. I drive 30 minutes to get to my doctor. **Transportation assistance would help.** A lot of times **women don't get prenatal care because they can't get there.**"*
- *"I am concerned about the **lack of prenatal care** for those **who live in rural communities.** For example, in my community/county, there is no hospital where mothers can give birth. An OB provider only comes two times a month to our county."*
- *"Many people in rural areas have a lack of transportation and **getting to appointments 30 minutes+ away can be extremely difficult.** I am fortunate that I have a car and enough gas money to travel to appointments."*
- *"I developed **preeclampsia** during post-partum, and I believe there should be **more awareness** for this."*



**Indiana
Department
of
Health**

Children's Health

Children's Health



94% of Indiana parents of children ages 0-5 and **91%** of parents of children ages 6-11 **reported their child in excellent or very good health.** (NSCH, 2021-2022).



31.4% of students reported eating vegetables one or more times per day in the 7 days before the survey (YRBS, 2023)



33% of Indiana children ages 6-11 are **physically active for 60 minutes every day** compared to just over one-fourth of all United States children ages 6-11 (NSCH, 2021-2022).



90.9% of students reported **eating fruit** one or more times per day in the 7 days before the survey (YRBS, 2023)



36% of Indiana children ages 6-11 **are overweight or obese** (NSCH, 2021-2022).

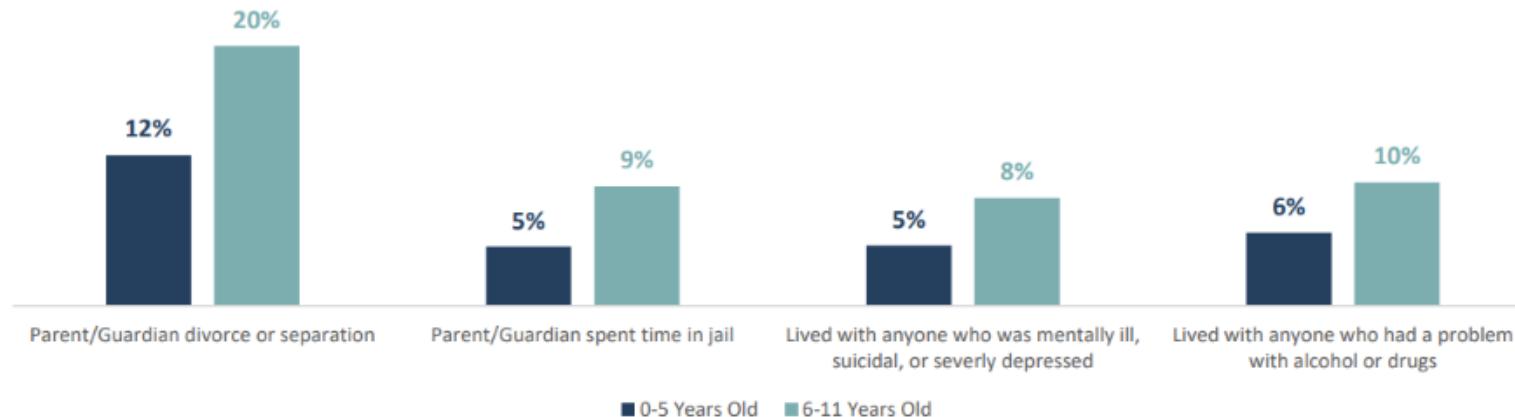


24.5% of students reported eating at least one meal or snack from a **fast-food** restaurant on three or more days in the 7 days leading up to the survey (YRBS, 2023)

ACEs

- More than one out of four Indiana children ages 0-5 have experienced at least one adverse childhood experience (ACE) and more than one in three Indiana children ages 6-11 have experienced at least one ACE.
- 44% of Indiana children ages 6-11 were bullied, picked on, or excluded by other children at least once in the past 12 months (NSCH, 2021-2022).

The percentage of Indiana children ages 0-5 and [ages 6-11](#) who have experienced the following ACEs.



Data Source: NSCH, 2021-2022

Injury-related fatalities

- Injury is the leading cause of death among children in Indiana
- From 2007 – 2022 in Indiana, 4,422 children died from injuries (ages 0 – 17 years)
- In 2022, there were 1,519 hospitalizations and 131,109 emergency department visits among children
- Every four minutes, a child is treated for an injury in an emergency room in Indiana
- ***Injury deaths are preventable!***

Top five injury-related child deaths by cause/manner, Indiana 2023

<12 months	1-4 years	5-9 years	10-14 years	15-17 years
SUID (96)	Drowning (11)	Transportation accident (9)	Suicide (18)	Homicide (35)
Suffocation (8)	Transportation Accident (10)	Homicide (4)	Homicide (9)	Transportation Accident (31)
Homicide (7)	Homicide (8)	Drowning (2)	Transportation Accident (6)	Suicide (23)
Unintentional and Undetermined Poisoning (1)	Fire (6)	Unintentional Firearm (2)	Unintentional and Undetermined Poisoning (3)	Unintentional and Undetermined Poisoning (22)
Transportation Accident (1)	Unintentional and Undetermined Poisoning (5)	Fire (2)	Drowning (2)	Unintentional and Undetermined Firearm (5)

***This table only includes the top five causes/manners of death and does not reflect the total number of child deaths that occurred in 2023.**





Adolescent Health



Indiana
Department
of
Health

Adolescent Well-Visit

72% of Indiana adolescents have a personal doctor or nurse (NSCH, 2021-2022), and **71%** of Indiana young adults have one or more personal doctors (BRFSS, 2022).

77% of Indiana adolescents and **70%** of Indiana young adults received a preventive care visit in the past 12 months (NSCH, 2021-2022 & BRFSS, 2022).

12% of Indiana young adults had a time in the past 12 months where they needed to see a doctor but could not afford it (BRFSS, 2022).

39% of Indiana adolescents did not receive needed care coordination (NSCH, 2021-2022).

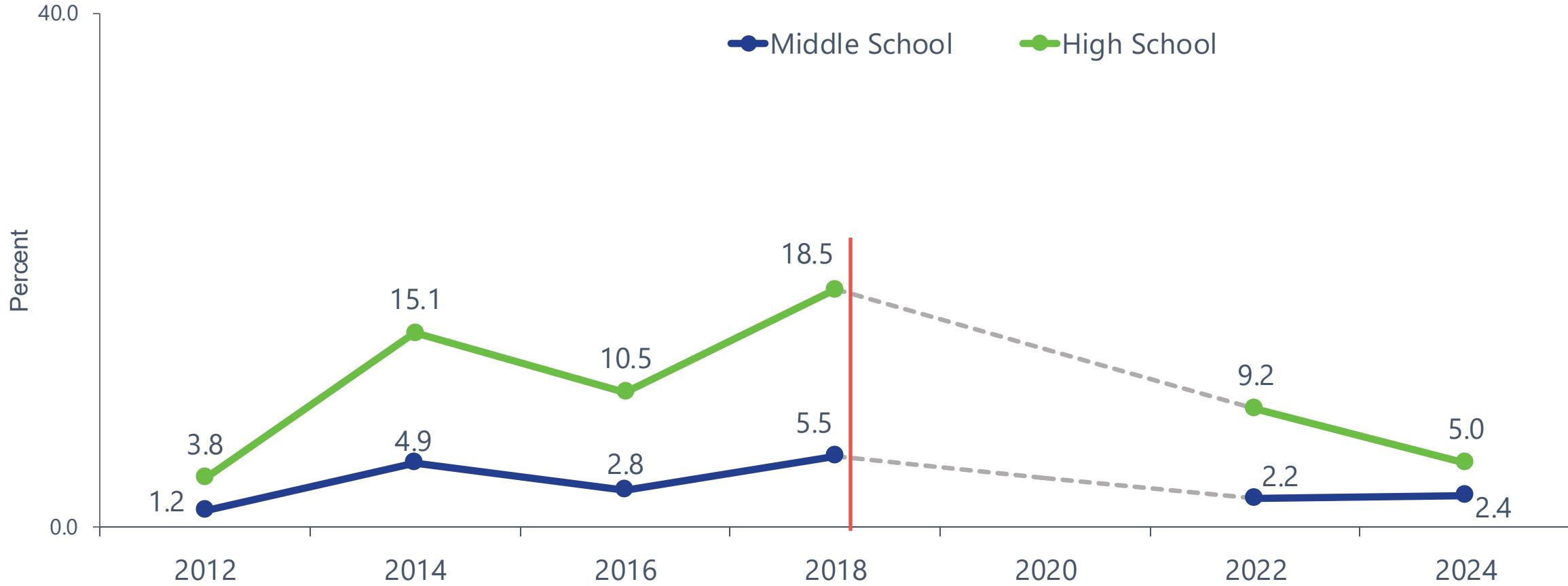
Mental Health (YRBS, 2023)

2 out of every 5

students reported poor mental health most or all of the time in the past 30 days



Trends in Current E-Cigarette Use, Middle & High School, IYTS 2012-2024



What teens are saying:

- "For me, I would say just being active. I'm in high school right now and I **think it's very easy to get opportunities to go to the gym with friends** or go to a club or sports team. And I think it's just really easy to connect with people who also want to be active. I definitely would say one of the biggest things is physical health and just being active at least like 30 minutes a day."
- I think a lot of the **concerns of people my age, mental health is definitely, 'What's next?'** Concerns about having already a crisis about life."
- "I'm in high school right now, but going through middle school, I thought that a lot more people were hit by **depression in middle school versus high school**. So, I think a bit **more resources directed towards middle schoolers** to help with their depression."
- "I think with the eating healthy; **I was never really taught what a nutritious meal is or even benefits of drinking water** for example."
- "Mental health groups, these **nonprofit organizations are generally considered taboo or something only crazy people go to, I guess**. That's the general idea for our school."



Women/Maternal Health



Indiana
Department
of
Health

Women/Maternal



84% of Indiana women visited the doctor within the last 12 months (BRFSS, 2022).

- **10%** of Indiana females reported that there was a time in the past 12 months when they needed to see a doctor but **could not afford it**.



26% of Indiana women reported running out of food and not having enough money to get more at least once in the past 12 months (BRFSS, 2022).



40% of Indiana women said that their **mental health (including stress, depression, emotional problems) was not good** for 3 or more days in the last 30 days (BRFSS, 2022).



13% of women in Indiana were diagnosed with **diabetes** (BRFSS, 2023).



1.7% of women in Indiana ages 18-44 who reported being told by a health professional that they had angina or **coronary heart disease**, a **heart attack or myocardial infarction**, or a **stroke** (BRFSS, 2021).



11.5% women ages 18-44 who reported being told by a health professional that they have high blood pressure (BRFSS, 2021)

Women/Maternal

- "A lot of us don't have health insurance or the money for a therapist, but maybe we just want to talk to one because we can't talk to family, they're judgmental. You can't talk to friends because you don't know anybody really. So, it's like **we just want that one person that we can actually confide into without them spilling our business to everybody else.**"
- "It would be nice if there were **questions that normalized mental health counseling as routine** instead of only addressing depression and anxiety. There is a difference between mental health and mental illness."
- "Regarding depression after pregnancy, I didn't find it very beneficial to ask in front of my husband if I was depressed or sad. **I didn't answer honestly because I didn't want to disappoint my husband.**"
- "I feel like we need more **resources for post-partum depression.**"



Indiana
Department
of
Health



Maternal Mortality

Indiana pregnancy-associated five-year MMRs: 2018-2022

91.6 deaths per 100,000 live births

rate of pregnancy-associated deaths
in Indiana in 2018-2022

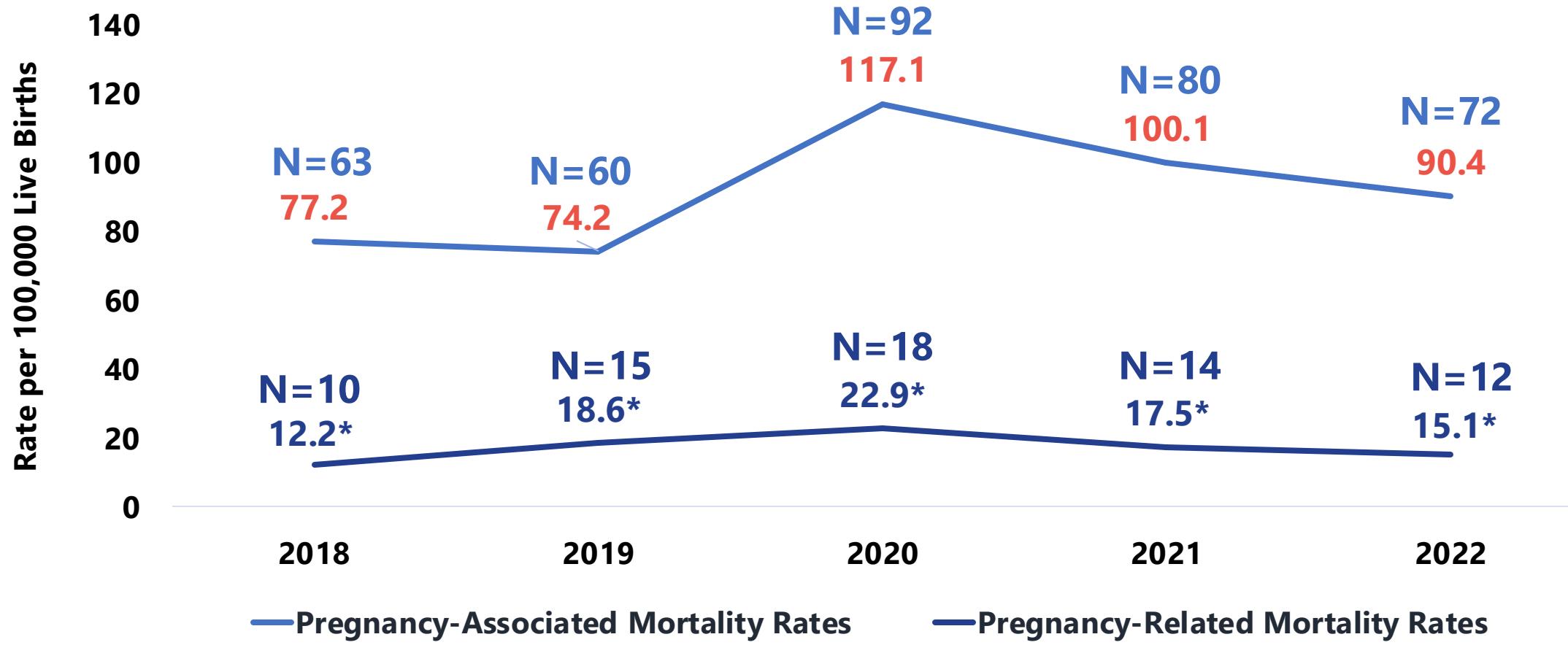
The death of a woman from any cause
during pregnancy or within one year of
the end of pregnancy

17.2 deaths per 100,000 live births

rate of pregnancy-related deaths in
Indiana in 2018-2022

The death of a woman during pregnancy or
within one year of the end of pregnancy
from a pregnancy complication, a chain of
events initiated by pregnancy, or the
aggravation of an unrelated condition by
the physiological effects of pregnancy

Indiana pregnancy-associated MMRs: 2018-2022 (N=367)



MMR=Maternal Mortality Rate

*Rates based on counts less than 20 are considered unstable and should be interpreted with caution.

Top causes/manners of Indiana pregnancy-associated maternal mortality: 2018-2022

Overdose, Accidental and Undetermined 102

Homicide (all causes) 39

Motor Vehicle Crash 37

Cardiovascular Conditions 32

Infection 29

Suicide (all causes) 26

Cancer 19

Hemorrhage 19

Neurologic/Neurovascular Conditions 9

Amniotic Fluid Embolism 7

0 20 40 60 80 100 120

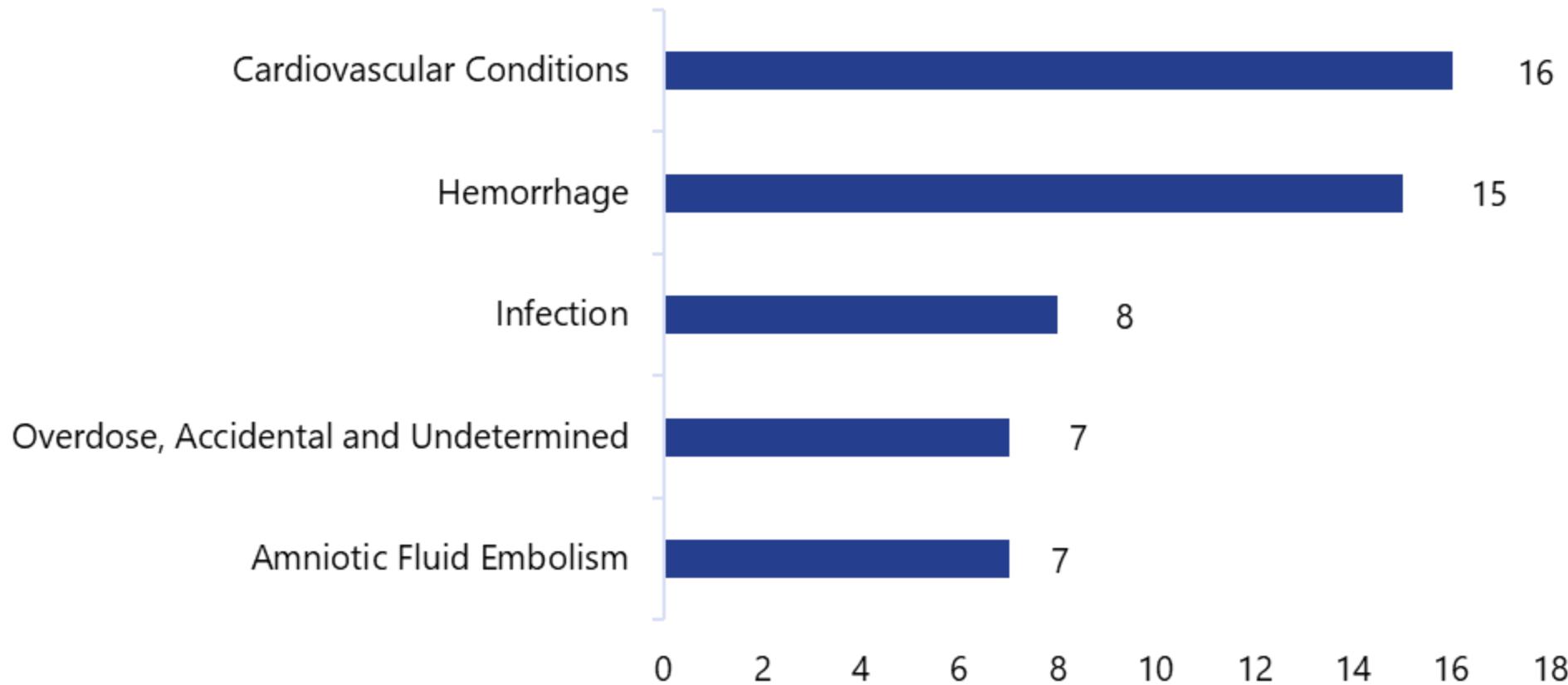
■ Pregnancy-Related

■ Pregnancy-Associated (Not Related, Unknown Relatedness)



Indiana
Department
of
Health

Top causes of Indiana pregnancy-related maternal mortality: 2018-2022





Indiana
Department
of
Health



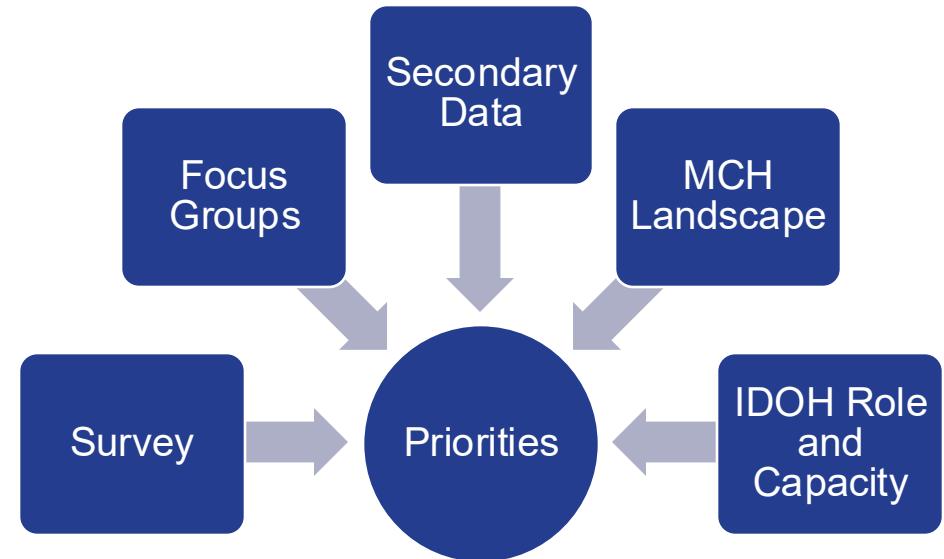
Priorities

State Priorities

Current Health Goals

Table C16: Current Health Goals *

Health Goals	%	n
Goals for All Respondents (N=8,683)		
Physical activity	49.7%	4,317
Nutrition	44.5%	3,860
Mental health	43.2%	3,750
Dental or oral health	32.0%	2,780
Sleep	29.9%	2,597
Physical conditions (e.g., diabetes, cancer)	27.7%	2,401
Preventive care	26.1%	2,264
Eye or vision health	23.5%	2,043
Behavioral health	17.1%	1,489
Alcohol, drug, or nicotine/tobacco dependence	8.4%	730
Trauma or violence (includes bullying)	4.7%	405
Sexual health	3.9%	336
Physical injury	3.6%	311
Health goal not listed above	0.7%	65
I/we do not have any areas to focus on	9.0%	784



Priorities for improving MCH outcomes

- Reduce preventable deaths and advance quality of life
- Address social drivers of health and systems that influence health status and behaviors
- Improve physical health and strengthen mental, social, and emotional well-being
- Promote protective factors and uplift Hoosier families



Indiana
Department
of
Health

Current statewide work

Perinatal Levels of Care

- In September 2019, 410 IAC 39, or Perinatal Hospital Services, went into effect
- Requires all hospitals that offer obstetric and neonatal care to be certified as Level I, Level II, Level III or Level IV, based on the services they offer
- Perinatal Centers: nine delivery hospitals who provide support and mentorship to other OB Departments across the state

Perinatal Levels of Care

- Improves care coordination by facilitating maternal and neonatal transport services to higher-level care facilities
- More than 80% of our birthing facilities increased their communication and partnerships amongst birthing facilities to share hospital policies, protocols, and practice changes
- Birthing hospitals are now actively engaging in QI projects to enhance the overall standard of care.
- Birthing facilities regularly conduct multidisciplinary simulation trainings

Indiana AIM

Indiana's AIM Team is housed in the **Indiana Department of Health's Maternal and Child Health Division**

- Joined the National AIM team in **January 2019**
- First bundles chosen to align with recommendations from the 2019 and 2020 **Maternal Mortality Review Committee (MMRC)** Annual Reports for pregnancy related deaths.

Obstetrical Hemorrhage (OB HEM)

- Launched in April 2019
 - 100% enrollment (74/74)

Severe Hypertension (HTN) in Pregnancy

- Launched in March 2021
 - 100% enrollment (74/74)

Care for Pregnant & Postpartum Women with Substance Use Disorder

- Pilot program, launched in 2022
 - 23 facilities participating

Postpartum Discharge Transition

- Pilot program, launched in 2024
 - 8 facilities participating



Fatality Review Teams

Maternal Mortality Review Committee (MMRC) reviews the death of all Indiana residents who died while pregnant or within one year of pregnancy, irrespective of cause.

- Statewide team

Fetal Infant Mortality Review (FIMR): Local teams are required to review deaths that occur during pregnancy and deaths that occur within 12 months following delivery

- In Indiana, there are 22 FIMR teams covering 69 counties
- Also includes bereavement services for women and families who experience pregnancy loss
- Community Action Teams (CATs) act as the prevention arm of the FIMR process

Fatality Review Teams

Child Fatality Review teams review sudden and unexpected deaths of infants and children under 18.

- CFR teams are local, with coverage in all 92 counties
- Includes a state team

Suicide & Overdose Fatality Review (SOFR) teams review deaths by suicide and overdose ages 18 and above

- 30 teams covering 31 counties and counting
- Provide critical information for prevention activities at the local level
- Local reviews mean local solutions

Lactation after Loss Program

The Issue

- Lactation can occur after a miscarriage, stillbirth, or infant death
- Women may not be aware their milk will come in or what their options are for lactation after a loss

"I wish I'd known that my milk would come in and that I had a choice about what to do with it."

"The only thing anyone mentioned to me, was to bind my breasts."

How we are addressing the issue

- Ensure women and families know lactation may occur and are aware of their options
- Partnering with The Milk Bank to provide anticipatory guidance in the clinical setting
 - Suppression
 - Expression
 - Donation
- Provide lactation care, bereavement support, and IDOH Pump Kits to women in need of a breast pump or additional help after a loss
- Bereavement care used as innovative prevention

Lactation after Loss Program Anticipatory Guidance

Scan to Request The Milk Bank
Anticipatory Guidance Kits



Indiana
Department
of
Health

Lactation after Loss Program



Families and providers can reach out to IDOH for more support

- Pump Kits
- Bereavement Support
- Lactation Care

Email IDOHFIMR@health.in.gov with questions or for more information

WARN Training

The Division of Family Health Data and Fatality Prevention offers a free training for local partners to learn more about how to promote water safety in their communities.

- Water Awareness in Residential Neighborhoods
- This training is typically 30 minutes with time for conversation and questions at the end.
- Certificates are sent to all participants for proof of completion following all trainings.

Interested in being trained in WARN?

Email Olivia Hesler at ohesler@health.in.gov!



WARN Training



Water Awareness in Residential Neighborhoods

WARN is a "train the trainer" program designed to provide education about safety when children are in and around water. **Drowning is the leading cause of death in children ages 1 to 4 years old.** In addition to drowning, preventable injuries occur frequently when children are near water. This training describes strategies to keep children safe.

Source: Indiana Department of Health. 2018-2021 Drowning Prevention Report, 2023

Learning outcomes:

After this training, you will be able to:

- Understand the potential water hazards
- Educate the community about risk factors
- Learn prevention strategies to avoid drowning or other injuries



Data

This training includes the most recent Indiana data regarding drownings. Comprehensive surveillance provides information on risk factors and tell us who, where, and how individuals are drowning. Data-driven prevention strategies are often the most effective. Data can also be used to support requests for funding, resources, or local support for water safety programs. This training will support the important role you have in keeping families safe near and around water.

Who is this training for?

- Health departments
- Childcare providers
- First responders
- Case managers
- Home visiting programs
- Homeowner associations
- Family resource centers
- Any organization that works with families or children

How long is this training?

- This training takes 30 minutes, followed by questions and conversation
- This training is offered in-person or virtually

Schedule a training!

Email Olivia Hesler at ohesler@health.in.gov.



Make Indiana Healthy Again Executive Orders

- 25-56: Increasing Consumer Transparency Related to Food Dyes and Additives
 - IDOH will conduct a comprehensive assessment on the health impacts of artificial food dyes and additives
 - IDOH Food Protection Division leading efforts and will coordinate workgroup
- 25-57: Development of A Comprehensive Diet-Related Chronic Disease Plan
 - IDOH will lead – work already underway as a result of foundational work done by the Obesity Innovation Team
 - The IDOH Obesity Innovation team will transition to a workgroup to support development of this plan
- 25-58: Increasing Hoosier Access to Local Foods
 - ISDA will lead, with IDOH supporting, development of a comprehensive study related to Hoosiers' access to local foods
 - The DNPA will coordinate internal workgroup to support this effort
- 25-59: Promoting the Health and Wellness of Hoosier Students
 - IDOE will lead, with IDOH supporting, set of recommendations to encourage healthier, local food options in schools, and several other school health-related directives
 - The DNPA and IDOH School Health Innovation Team will lead internal workgroup

Safe sleep resources

- In 2021 the Division of Family Health Data and Fatality Prevention (DFP) developed and released their first infant safe sleep awareness push for community partners.
 - Materials featured three families that experienced a loss from unsafe sleep and shared their stories with the hopes of preventing this from happening to other families.
 - Video testimonials are available along with printed resources that DFP directly ships to local organizations to give out to families at no cost.
 - Print resources are available in English, Spanish, Burmese, and Haitian Creole.

To learn more scan the QR code or visit:

<https://www.in.gov/health/safesleep/safe-sleep/resources/>



Safe sleep activity sheets

A recommendation for safe sleep education targeting young children/siblings of infants was created through a local Child Fatality Review (CFR) team.

- Following this recommendation the DFP prevention team developed two coloring/activity sheets that contain safe sleep education that is primarily for younger children.
- These activity sheets have been used in pediatrician waiting rooms, distributed during home visiting check-ins, and many other touch points with little ones.

To access these activity sheets, scan the QR code or visit:
<https://www.in.gov/health/safesleep/safe-sleep/resources/>





Indiana Pregnancy Promise Program

Promoting Recovery from Opioid use: Maternal Infant Support and Engagement

Background

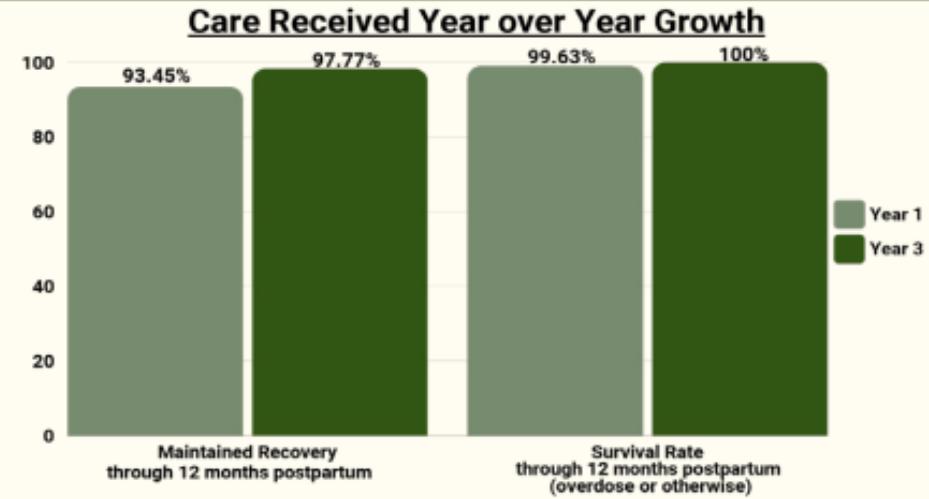
The Indiana Pregnancy Promise Program aims to **reduce and prevent the negative impacts** of opioid use disorder by providing **enhanced case management** and **care coordination services** to pregnant individuals and their infants impacted by opioid use disorder. The following annual report highlights the program's findings from **July 1, 2021 – June 30, 2024**. In 2025, the program is expanding to encompass all substance use disorders.

Case Manager Testimony



"As a Nurse Case Manager, I have the privilege of witnessing mothers **transform their lives...** Every person and their journey are etched in my heart and mind. They are my driving force, and their resilience fuels my unwavering commitment to advocating for **compassionate and equitable health care.**"

Connect Mothers to Treatment and Recovery Services



Indiana
Department
of
Health

Indiana Pregnancy Promise Program

Substance use disorder is a leading factor of maternal deaths in Indiana

There are many effective ways to treat substance use disorder in pregnancy

Treatment of substance use during pregnancy can reduce risks and harmful effects to mothers and infants

The Pregnancy Promise Program is available to pregnant women in the state of Indiana. To be eligible participants must meet the following criteria:

- Be pregnant or within 90 days of the end of pregnancy
- Identify as having current or previous substance use
- Be eligible for Medicaid health coverage

Pregnancy Promise Program Enrollment Form: FSSA Public



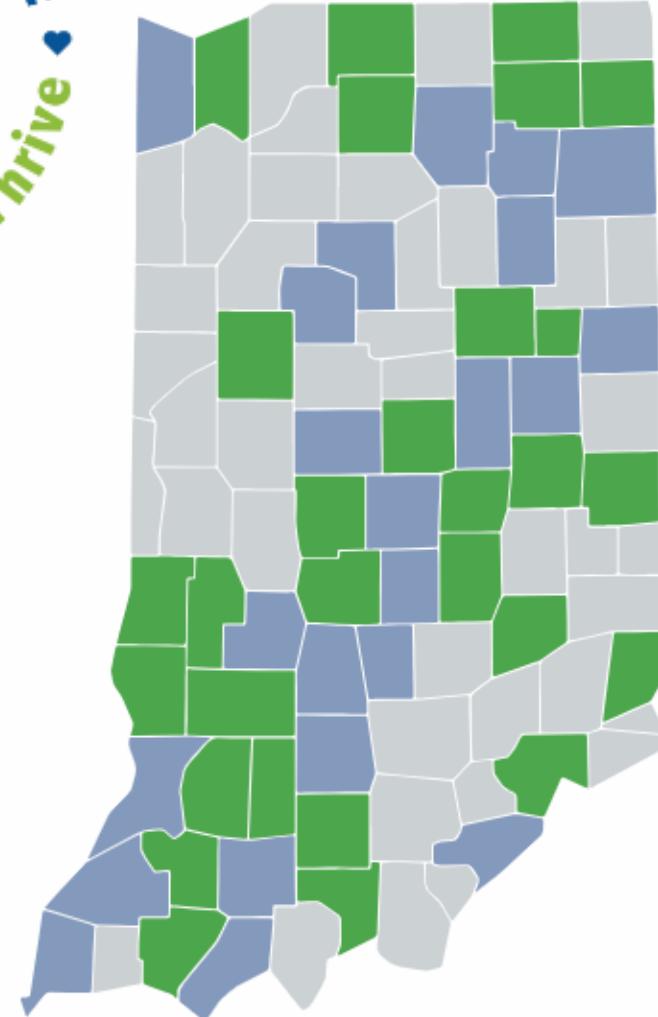
Handle with Care

The Handle with Care (HWC) program is a notification system that enables law enforcement and other first responders to notify school when a child has been at the scene of a potentially traumatic event, allowing schools and mental health partners to provide trauma-sensitive support.

By ensuring children have safe, stable, and nurturing environments for healthy development and learning, the potential effects of trauma can be mitigated.

If law enforcement or first responders encounter a child during a call, that child's name and three words, Handle with Care, are forwarded to the school/childcare agency before school the next day.

The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are "Handled with Care". If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.



Indiana WIC

- The Indiana WIC program focuses on the assessment of nutrition risk for income-limited mothers, infants, and children. This assessment guides the program's provision of nutrition education, healthy supplemental food, and breastfeeding support.
- Indiana WIC has clinics in all 92 Hoosier counties, improving food security, health outcomes, and breastfeeding support for mothers and their children up to age 5.
- Indiana WIC served an average of 148,000 individuals per month across the state of Indiana
- Indiana WIC's investment in local communities results not just in healthier families, but also stable, local jobs; investment in infrastructure; and a natural partner with the state's Health First Indiana initiative

"My kids are outgrown at this age now, but WIC was a tremendous resource for our family when my kids were eligible for it. I used it with every single one of my kids. So, obviously the food resources but also just the educational resources that they offered. They would do clinics sometimes. I think with my last kiddo, they even offered money for the kids to use at the farmer's market."

A close-up photograph of a smiling baby with dark skin and curly hair, looking directly at the camera. The baby is wearing a light blue shirt.

A state investment in local public health



Your Community Info

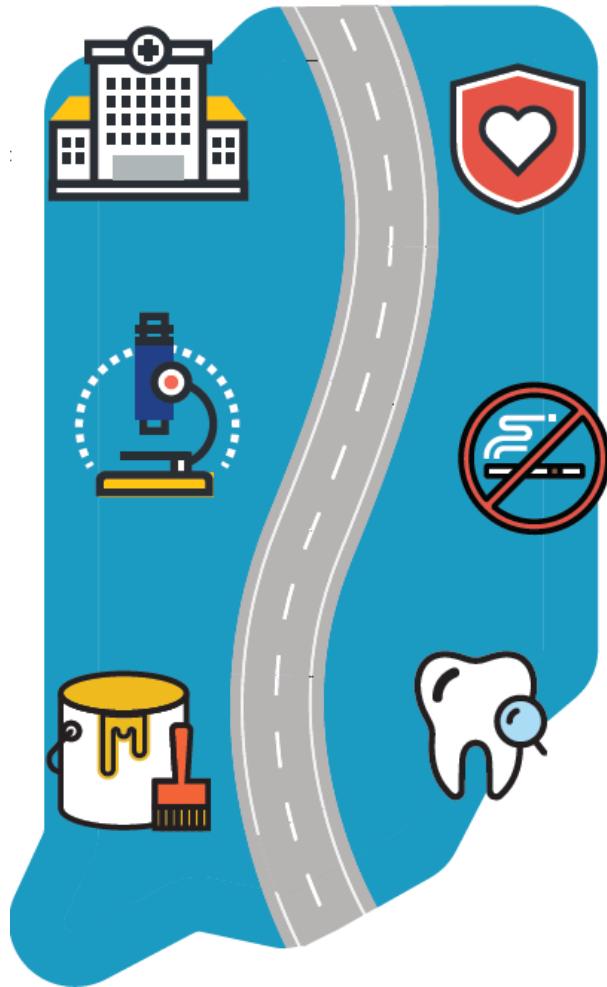
Health First Indiana



Indiana
Department
of
Health

Health First Indiana Basics

- Investment in public health is investment in a healthier future.
- FY 2024 \$75M and FY 2025 \$150M for LHDs
 - Previously \$6.9M/year for 20+ years
- At least 60% of funding has to be spent preventive health services. No more than 40% on regulatory
- Requires less than 10% spent on capital (land, buildings, and vehicles)
- Counties opt in to the funding
- Requires state and county KPIs
- Indiana is transforming the state's public health system with the funding that will strengthen the delivery of core services to ensure that the state is prepared for the future.



State KPI: Maternal and Child Health



Maternal & Infant Risk Factors

Reduce the Indiana infant mortality rate from 6.7 per 1,000 population (2019-2023) to 6.2 by 2030.

- Data Source: Indiana Department of Health, Division of Maternal & Child Health, and Division of Family Health Data & Fatality Prevention
- Dataset: Indiana Mortality Data (DRIVE)

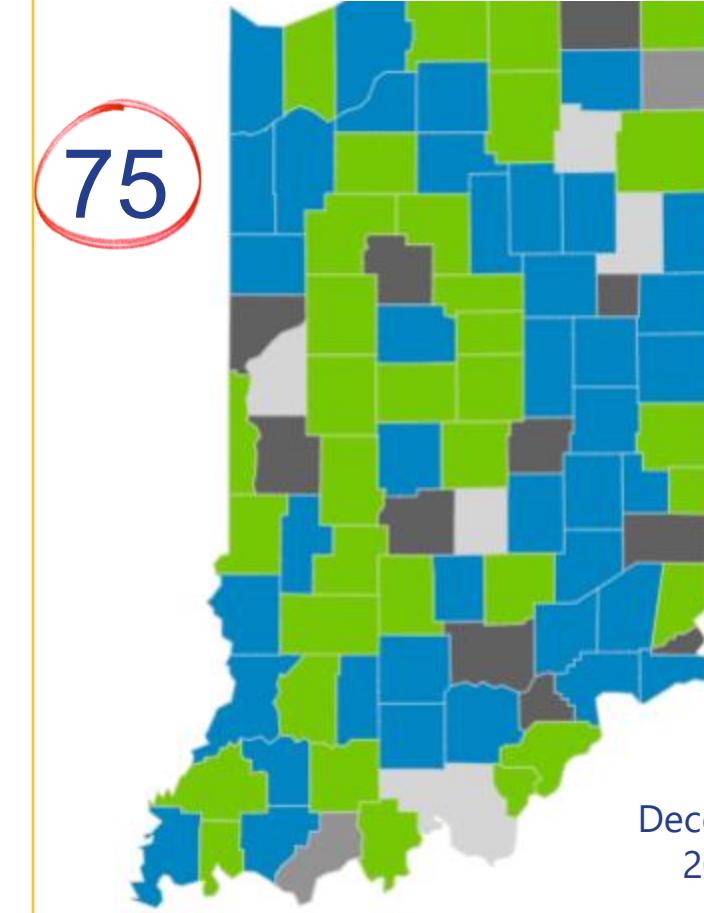
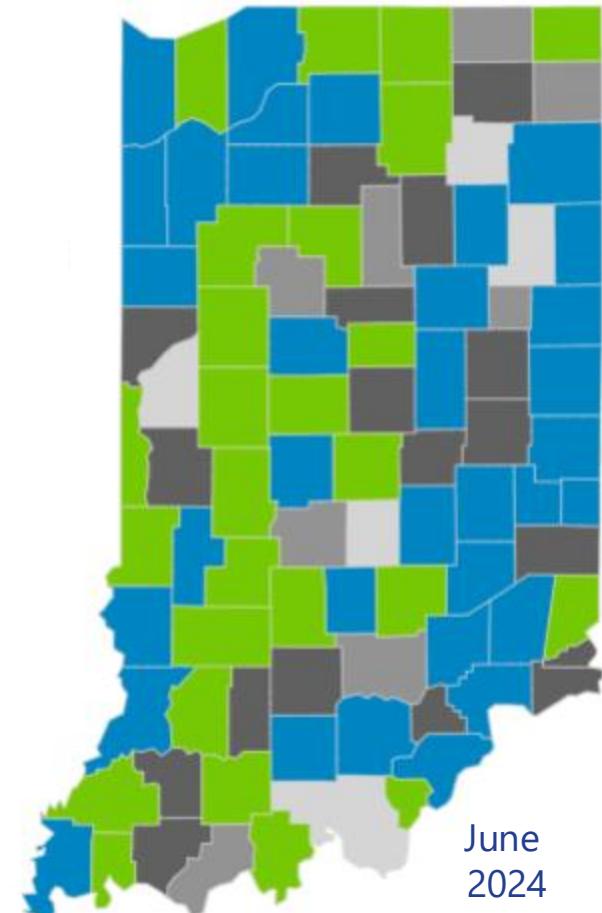
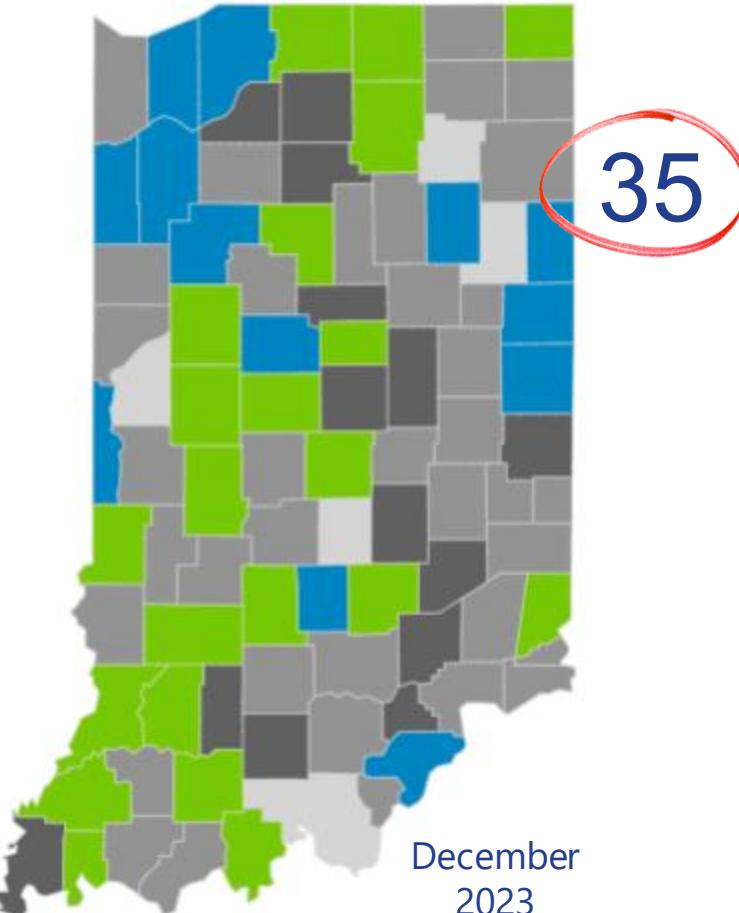
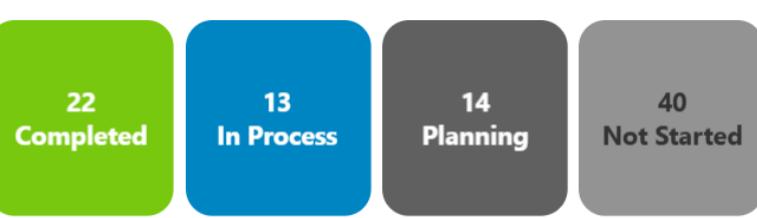


Indiana
Department
of
Health

Has your LHD implemented a comprehensive, evidence-based or promising program or activity to improve birth outcomes in your community?



Maternal and Child Health



LHDs: Maternal and Child Health

- **Kosciusko Early Start Prenatal Clinic:** The early start prenatal clinic provides mothers with their initial OB visit and then coordinates ongoing care through the local hospital OB services. Using HFI funding, the clinic also offers vouchers to ensure women have access to follow-up prenatal care.
- **Elkhart County** has a Healthy Beginnings Program that provides resource care and coordination to expectant mothers. Referrals come through WIC and local OB offices. There is a constant flow of referrals coming into the program, and strong community partnerships assist with referrals going out into the community.
- **Jefferson County** is partnering with their local delivering hospital, Kings Daughter's Medical, to provide a Maternal and Child Health navigator.



Water Safety

Drowning prevention mini-grants



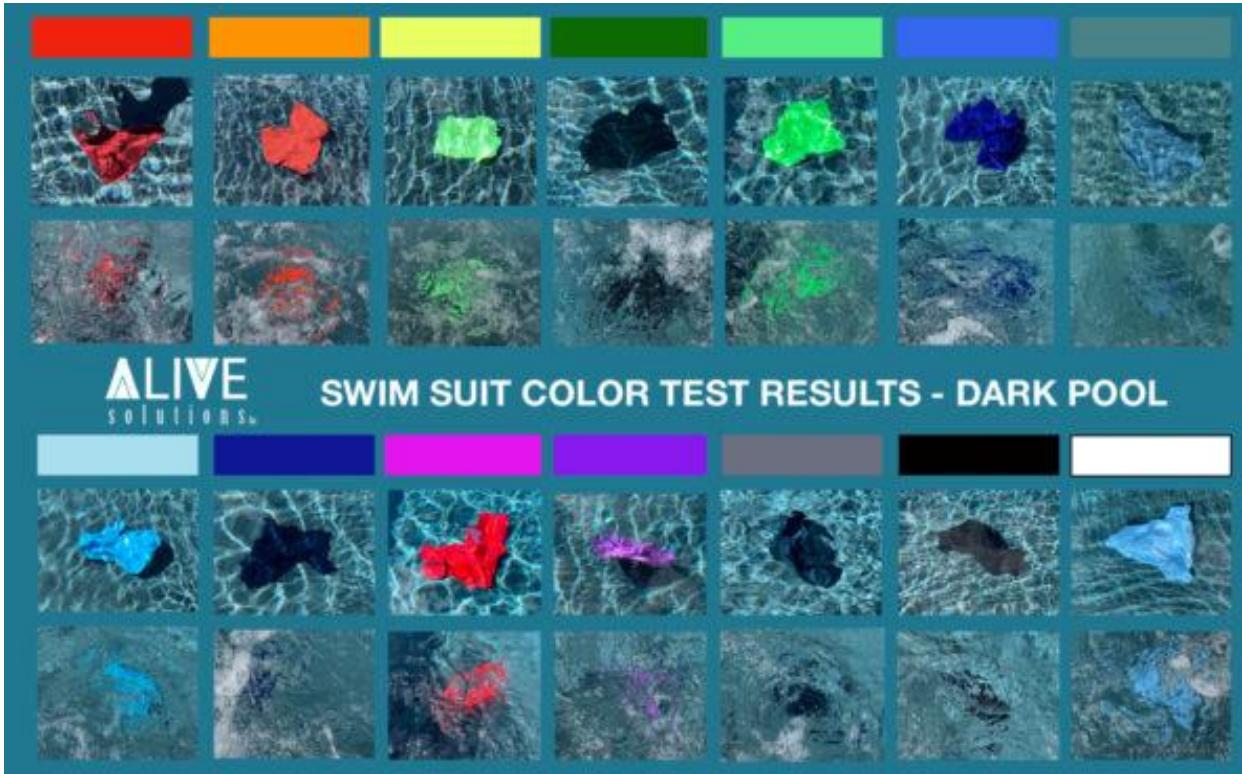
Photos from a water safety event hosted by our Indiana University grantee in April.

Facts about drowning

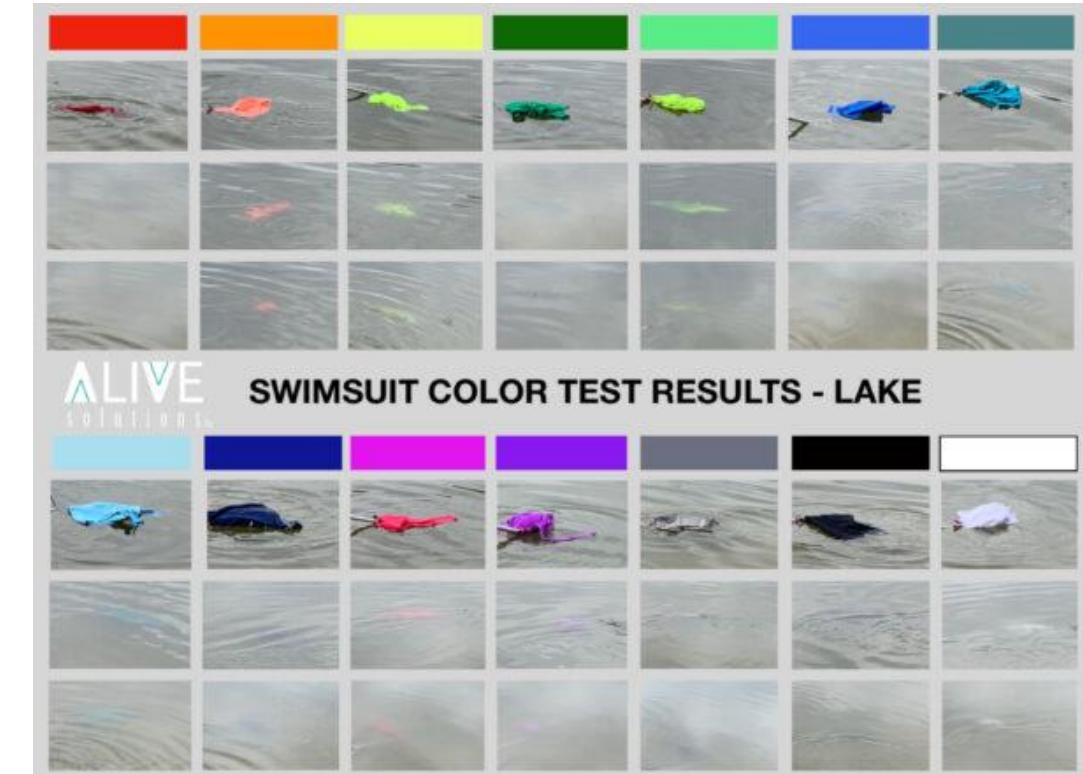
- **In 2018 through 2023, 127 children in Indiana ages 0-17 years died by drowning.**
- **Every year, drowning is the leading cause of death for Indiana children ages 1 through 4 years.**
- Nearly half of drowning deaths are among infants and toddlers
- Infants (0 to 12 months) are most likely to drown in bathtubs
- Most drowning deaths among children ages 1 through 4 years occur in residential swimming pools
- The likelihood of drowning in open water sites (such as lakes, rivers and oceans) increases with age
- Two-thirds of drowning deaths occur between May and August

What can you do?: Water Safety Messaging

Example of water safety messaging:
Swimsuit color test in a dark pool



Example of water safety messaging:
Swimsuit color test in a lake



What you can do?

Water Safety Season Toolkit for parents, communities, rental homes, teachers, lifeguards:



Phones Down Eyes Up Pledge: Designate a Water Watcher—an adult who stays focused and free from distractions



The Division of Family Health Data and Fatality Prevention offers a free training for local partners to learn more about how to promote water safety in their communities.

Interested in **Water Awareness in Residential Neighborhoods (WARN)**?
Email Olivia Hesler at ohesler@health.in.gov

WARN Training

Water Awareness in Residential Neighborhoods

WARN is a "train the trainer" program designed to provide education and training to local partners to prevent drowning, which is the leading cause of death in children ages 1 to 4 years old. In addition to drowning, preventable injuries occur frequently when children are near water. This training describes strategies to keep children safe. Source: Indiana Department of Health, 2018-2021 Drowning Prevention Report, 2023

Learning outcomes:

- Health departments
- Childcare providers
- First responders
- Case managers
- Home visiting programs
- Homeowner associations
- Family resource centers
- Any organization that works with families or children



Data

This training includes the most recent Indiana data regarding drownings. Comprehensive surveillance provides information on risk factors and tell us who, where, and how individuals are drowning. Data-driven prevention strategies are often the most effective. Data can also be used to support local partners, such as nonprofits, or local support for water safety programs. This training will support the important role you have in keeping families safe near and around water.

Schedule a training!
Email Olivia Hesler at ohesler@health.in.gov



Who is this training for?

- Health departments
- Childcare providers
- First responders
- Case managers
- Home visiting programs
- Homeowner associations
- Family resource centers
- Any organization that works with families or children

How long is this training?

This training takes 30 minutes, followed by questions and conversation.

- This training is offered in-person or virtually



Investing in what works

- Healthy women and families are more likely to have healthy babies
- Meet women and families where they are
- Ensure facilities are ready for the unexpected (and expected!)
- Invest in primary, secondary, and tertiary prevention
- **Public health is local**

Questions?

Eden Bezy, MPH
Assistant Commissioner
Women, Children, and Families
Ebezy@health.in.gov

