



Healthy Volusia Report

Newborn and Infant Health

It is frequently said, a society’s health can be seen in the health of its children. The Centers for Disease Control and Prevention (CDC) view infant mortality as an indicator of the overall health of a society as well as a key source of information on maternal and infant health. Over 23,000 babies died before their first birthday in the United States in 2015. Volusia County’s (6.6) and Florida’s (6.1) infant mortality rates in 2016 were above the national target of 6.0 infant deaths per 1,000 live births.

Babies learn to focus their vision, reach out, explore, and learn about the things that are around them in their first year of life. Cognitive, or brain development refers to



the learning process of memory, language, thinking, and reasoning. Making sounds, listening, understanding, and knowing the names of people and things are all a part of language development. Babies are also developing bonds of love and trust with their parents and others during this stage as part of social and emotional development, according to CDC.

CDC states that quality preconception (before pregnancy), prenatal (during pregnancy), and interconception (between pregnancies) care increases a mother’s chance of delivering a healthy baby. Adequate prenatal care is essential as important fetal growth and development occur throughout the pregnancy. The U.S. baseline rate of beginning prenatal care in the first trimester was 71 percent in 2007. Seventy-eight percent (78%) of pregnant women in Volusia County and Florida started prenatal care in the first trimester in 2016. The Volusia County and Florida rates match the Healthy People 2020 (HP2020) target rate (78%) for pregnant women who should receive prenatal care beginning in their first trimester.

The U.S. Department of Agriculture contends there is no better food than breast milk for a baby’s first year of life. Breastfeeding is one of the most highly effective preventive measures a mother can take to protect the health of her infant. Volusia County’s rate of ever breastfed infants in 2016 was 78 percent, which was lower than Florida’s rate (86%) and the HP2020 target (82%).

Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly, especially in infants and young children. CDC states one of the best ways parents can protect infants from potentially harmful diseases is to have their child vaccinated. It is important for parents to follow the childhood immunization schedules set by CDC. Volusia County had 82 percent of two year old children fully immunized in 2016.

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Report Card

Objectives	Volusia 2016 ³	Florida 2016 ³	U.S. 2015	Healthy People 2020 Target ¹
Reduce the rate of fetal deaths at 20 or more weeks of gestation	8.5	6.0	6.0 ⁴ (2014)	5.6
Reduce the rate of all infant deaths (less than 1 year of life)	6.6	6.1	5.9 ²	6.0
Reduce the rate of neonatal deaths (within the first 28 days of life)	3.8	4.1	3.9 ²	4.1
Reduce the rate of post neonatal deaths (between 28 days and 1 year of life)	2.8	2.0	2.0 ²	2.0
Reduce the rate of infant deaths related to birth defects (all birth defects)	1.4	1.2	1.2 ²	1.3
Reduce the rate of infant deaths from sudden infant death syndrome (SIDS)	1.4	0.3	0.39 ¹	0.50
Reduce the rate of infant deaths from sudden unexpected infant deaths (SUID), includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed	1.8	0.9	0.92 ¹	0.84
Reduce low birth weight	8.7%	8.7%	8.1% ²	7.8%
Reduce very low birth weight	1.4%	1.5%	1.4% ²	1.4%
Reduce total preterm births	10.0%	10.1%	9.6% ²	9.4%
Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester	78.3%	78.3%	70.8% ¹ (2007)	77.9%
Increase the proportion of infants who are ever breastfed	78.3%	86.0%	82.5% ⁴ (2014)	81.9%
Increase the percent of children aged 19-35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV	93.8%*	66.6% (2015)	72.2%	80.0%

*Percent of children immunized at 24 months of age at the Department of Health in Volusia County, link follows http://www.floridahealth.gov/programs-and-services/immunization/resources/surveys/_documents/chd-assessment-2017.pdf

Note: The references for the report card data are listed on the next page. Data collection years are displayed at the top of each column unless otherwise indicated. The year in parenthesis is the year of that specific indicator value. All data are the most recently available.

Healthy People (HP) provides science-based, 10-year national objectives for improving the health of all Americans. HP has established targets and monitored progress over time, for three decades, to encourage collaborations across communities and sectors, empower individuals to make informed decisions about their health, and measure the impact of prevention activities.¹

Report Card Summary

The HP2020 objectives presented in the report card address indicators that affect the health, wellness, and quality of life of newborns and infants. The well-being of pregnant women, newborns, infants, and children is important to our society as it reflects the health of the next generation and can help predict future public health challenges for families, communities, and the health care system, according to HP2020.

In Volusia County, for every 1,000 babies born in 2016, seven infants died during their first year of life. Most of these deaths occurred due to birth defects, SIDS, SUID, maternal complications during pregnancy, preterm births, and disorders related to low birth weight. Volusia County's infant mortality rate (6.6) was higher than the HP2020 target (6.0) and Florida's rate (6.1). The rate of infant deaths related to birth defects in Volusia County (1.4) was slightly higher than the HP2020 target (1.3). The mortality rate in Volusia County from SUID (1.8) was more than twice the HP2020 target of 0.84 deaths per 1,000 live births.



Volusia County's rate of fetal deaths at 20 or more weeks of gestation in 2016 was 8.5 deaths per 1,000 live births which was higher than the rates for Florida (6.0) and the HP2020 target (5.6).

Fetal death refers to the spontaneous death of a fetus at any time during pregnancy. Almost four (3.8) out of 1,000 babies born in Volusia County during 2016 died during their first 28 days of life. This neonatal death rate was lower than the HP2020 target (4.1). The HP2020 target for post neonatal deaths, which occur between 28 days and one year of life, is two deaths per 1,000 live births which Volusia County (2.8) has not met.



The Florida Department of Health (FDOH) states birthweight is one of the strongest predictors of an infant's health and survival.³ Low birthweight babies weigh less than 2,500 grams or 5.5 pounds. Very low birthweight babies weigh less than 1,500 grams or 3.3 pounds. Volusia County has reached the HP2020 target of 1.4 percent of live births with very low birth weight, but is at 8.7 percent low birth weight compared to the HP2020 target of 7.8 percent.



Preterm birth, as defined by CDC, is when a baby is born before 37 weeks of pregnancy. Babies born too early have higher rates of death and disability. HP2020 set the goal of reducing preterm births to 9.4 percent of live births and Volusia County's rate (10%) was slightly higher than the HP2020 goal.

Pediatrics recommends that infants be exclusively breastfed for the first six months with continued breastfeeding alongside introduction of complementary foods for at least one year. The HP2020 target is to increase the proportion of infants who are ever breastfed to 81.9 percent and Volusia County needs to increase their rate by 3.6 percent to meet this goal.



Sources:

¹Centers for Disease Control and Prevention, Healthy People 2020, https://www.cdc.gov/nchs/healthy_people/hp2020.htm

²Centers for Disease Control and Prevention, National Center for Health Statistics, <https://www.cdc.gov/nchs/index.htm>

³FLHealth Community Health Assessment Resource Tool Set (Florida Department of Health, Bureau of Vital Statistics) <http://www.flhealthcharts.com/charts/default.aspx>

⁴Centers for Disease Control and Prevention, National Immunization Survey (NIS) https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

A Look at Sudden Infant Death Syndrome (SIDS) and Safe Sleep for Babies with my Heart, Head, and Hands

by Maria Long, M.Ed., LifeSong Community Liaison,
The Healthy Start Coalition of Flagler and Volusia

With My Heart

As a mother of two adult children and the grandmother of two grandsons (the youngest one being 16 weeks old), I can't fathom the pain and loss that parents, grandparents, family members, and friends who have lost a child must feel. That loss perhaps is even more deeply felt when the child is an infant and dies from SIDS. SIDS is the unexplained and sudden death, usually during sleep, of a seemingly healthy baby less than a year old that cannot be explained after a thorough investigation, including a complete autopsy, examination of the death scene and a review of the clinical history. SIDS is sometimes also known as crib death because the infants often die in their cribs.¹ SIDS is not only unexplained but also unpredictable because there is no rhyme or reason as to why, when, where and how it will happen. The very nature of this kind of loss leaves everyone wondering what happened, why it happened, how it happened, and questioning themselves and others as to whether there was something they could or should have done differently. Unanswered questions that remain even in the midst of our technological and medical advances can and often compound the grief, anxiety, depression and guilt for those impacted by the death of a child.

With My Head

Research shows that SIDS is the leading cause of death among babies one month to one year of age. Most deaths happen when babies are between one month and four months of age.² SIDS research has identified a number of causes that may put babies at extra risk. These factors vary from child to child and include: physical factors, sleep environment, infant risk factors (sex, age, race, family history, secondhand smoke, being premature), and maternal risk factors. After a close examination of all of these potential causes, safe sleep environments are always identified as key preventative measures.³

Examining the Volusia County data associated with infant mortality, SIDS and sleep related deaths puts all of this into perspective. In Volusia County from 2012 to 2016, infant mortality increased 74 percent to 6.6 infant deaths per 1,000 live births in 2016. Further analysis of the rates reveals that the number of non-sleep related deaths increased by 66.7 percent from 2012 to 2016.

Sleep and Non-Sleep Related Infant Deaths, Volusia County, 2012-2016

Type of Death	2012		2013		2014		2015		2016	
	Count	Percent								
Sudden Infant Death Syndrome	2	11.1%	1	4.8%	3	14.3%	8	19.5%	7	21.2%
Unintentional Suffocation or Strangulation in Bed	1	5.6%	0	0.0%	2	9.5%	1	2.4%	1	3.0%
Non Sleep Related	15	83.3%	20	95.2%	16	76.2%	32	78.0%	25	75.8%
Total	18	100%	21	100%	21	100%	41	100%	33	100%
Infant Mortality Rate per 1,000 Live Births	3.8		4.5		4.4		8.3		6.6	

Source: Florida Department of Health, Vital Statistics, Death Files, 2012-2016

A Look at Sudden Infant Death Syndrome (SIDS)... (continued from page 4)

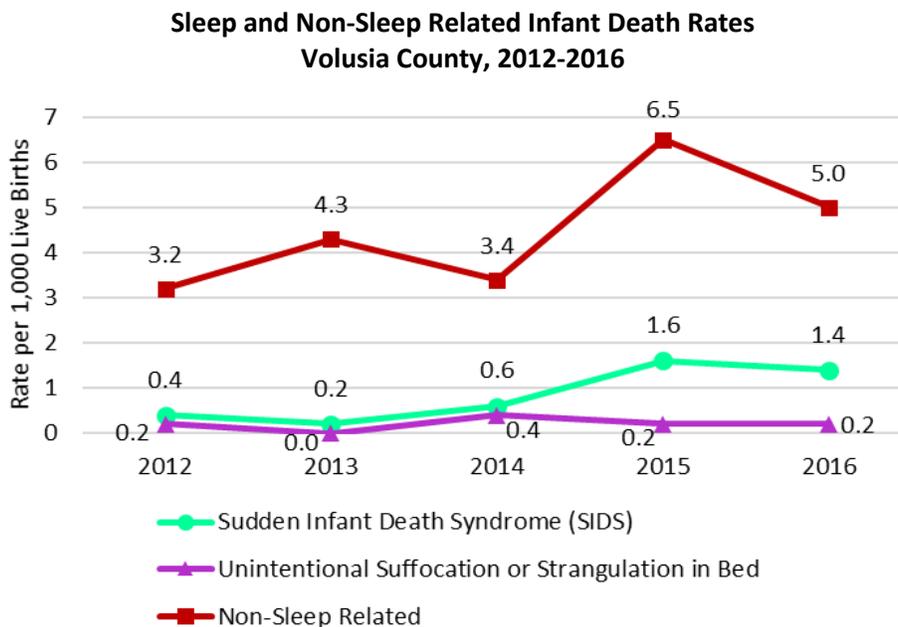
The data in the table below, *Five Leading Causes of Infant Death by Year, Volusia County, 2012-2016*, shows that overall SIDS ranked first in the causes of infant deaths in the five-year period.

Five Leading Causes of Infant Death by Year, Volusia County, 2012-2016

Cause of Death	Infant Death Counts and Rates per 1,000 Live Births											
	2012		2013		2014		2015		2016		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Sudden Infant Death Syndrome	2	0.4	1	0.2	3	0.6	8	1.6	7	1.4	159	1.2
Congenital Malformations, Deformations, and Chromosomal Abnormalities	4	0.8	5	1.1	4	0.8	7	1.4	7	1.4	111	0.8
Other Non-ranked Causes of Death	5	1.1	3	0.6	2	0.4	5	1	4	0.8	91	0.7
Disorders Related to Short Gestation and Low Birth Weight	2	0.4	2	0.4	5	1	4	0.8	2	0.4	49	0.4
Unintentional Injuries	1	0.2	0	0	3	0.6	1	0.2	1	0.2	46	0.3
Newborn Affected by Maternal Complications of Pregnancy	0	0	0	0	0	0	5	1	2	0.4	40	0.3

Source: <http://www.flhealthcharts.com/FLQUERY/InfantMortality/InfantMortalityRateRpt.aspx>

Data extracted from the *Sleep and Non-Sleep Related Infant Death Rates, Volusia County, 2012-2016* graph below indicate that the rate of deaths from SIDS rose by 250 percent from 2012 to 2016, while the rate of unintentional suffocation or strangulation in bed death rates remained at .2 deaths per 1,000 live births during the same period. The rate of non-sleep related death rates increased by 56.3 percent from 2012 to 2016. Most research indicates that the low rates in sleep related deaths compared to non-sleep related deaths are due primarily to the implementation of the Back to Sleep Campaign initiated in 1994.



Source: <http://www.flhealthcharts.com/FLQUERY/InfantMortality/InfantMortalityRateRpt.aspx>

A Look at Sudden Infant Death Syndrome (SIDS)... (continued from page 5)

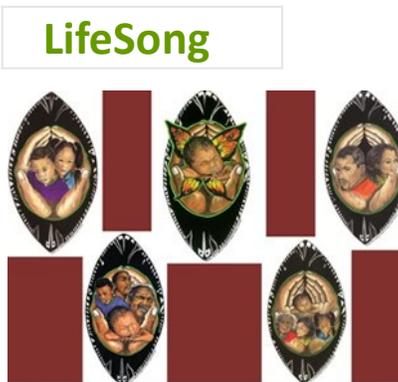
With My Hands

So what can be done as a community to combat SIDS and support and/or provide Safe Sleep for Our Babies?

1. Engage in awareness, education and engagement activities with your community around SIDS and the importance of Safe Sleep for Babies
2. Look for opportunities to identify and provide Safe Sleep for Babies trainings for caregivers (anyone who is responsible for putting babies to sleep)
3. Help ensure that every baby has his/her own safe sleep environment
4. Provide culturally and linguistically appropriate grief support when families have experienced the loss of their baby
5. Provide support (physical, concrete, emotional, mental and spiritual) to families with babies as one means to help ensure they are able to provide their families with basic needs (food, housing, clothing, employment)

At the end of the day, the death of even one baby to SIDS or unsafe sleep practices is one death too many. Reaching the time when NO baby dies from SIDS or unsafe sleep practices mandates collaboration, building new relationships and strengthening existing partnerships.

For more information or free Safe Sleep for Babies training, contact Maria Long, LifeSong Community Liaison, The Healthy Start Coalition of Flagler and Volusia at (386) 295-1947 or maria.long09@gmail.com.



LifeSong is a partnership initiative with the African American Faith-Based Community and the Florida Department of Health in Volusia County designed to address and help reduce health disparities that exist within the African American Community. It is a way to sing the children's song! Because art, music, story-telling and dance can transcend written words and messages, it can call for an emotional, artistic and spiritual response that can MOVE people into action. More than 15 community presentations have been performed to address important lifestyle changes that promote better health.

Various groups have their own rhythm and culture and know what works for them. With LifeSong as a foundation, we can create a MOVEMENT!

References:

¹[https://cdc.gov/sids/About SUIDandSIDS.htm](https://cdc.gov/sids/About%20SUIDandSIDS.htm)

²<http://safetosleep.nichd.nih.gov>

³<https://www.mayoclinic.org/search/search-results?q=sudden%20infant%20death>



Tobacco Use among Pregnant Women: Impact on Birth Outcomes

by Kristen Mialki, MPH, Tobacco Program Manager, DOH-Volusia

Tobacco use is the number one preventable cause of disease and death across the globe. The harmful effects of tobacco use are well known, and cause a greater concern during pregnancy. According to the Centers for Disease Control and Prevention, “smoking during pregnancy causes additional health problems, including premature birth, birth defects, and infant death.” Other risks associated with smoking before and during pregnancy are:

- Smoking makes it more difficult for women to get pregnant
- Women who smoke during pregnancy are more likely than other women to have a miscarriage
- Smoking can cause problems with the placenta—the source of the baby’s food and oxygen during pregnancy.
- Smoking during and after pregnancy is a risk factor of Sudden Infant Death Syndrome (SIDS). SIDS is an infant death for which a cause of the death cannot be found

One in every five babies born to mothers who smoke or are exposed to second hand smoke during pregnancy, has low birth weight. These babies also have weaker lungs which increases their risk of other health problems.³

Twice as many women in Volusia County (10.1%) smoked during pregnancy than in Florida (5.1%) in 2016, according to the Florida Department of Health, Bureau of Vital Statistics.² Volusia County data showed that women who smoked during pregnancy experienced higher rates of low and very low birth weight babies than women who did not smoke. Data demonstrate that 17 percent of pregnant women who continued to smoke gave birth to underweight babies while nearly all of those who quit smoking in the first trimester had normal birth weight babies.¹ These women who smoke during pregnancy are contributing to the 20-30 percent of low birth weight babies born nationally and thus contributing to negative birth outcomes.

The encouraging news is that tobacco use is not permanent and it can be stopped. Quitting smoking during pregnancy can significantly reduce the risk of negative birth outcomes.³ This is why Volusia County has taken steps to help these women quit and remain smoke free.

The Baby & Me – Tobacco Free Program was launched in Volusia County in 2016 and to date more than 30 women have enrolled in the program. In 2017, the first program graduate celebrated one year of being tobacco free. As the first county in the state to adopt this program, staff are very excited to continue this journey with these women and continue to celebrate their success. The Baby & Me – Tobacco Free Program was designed to provide assistance to women who are using or have recently stopped using tobacco. The program uses an approach that provides cessation support specific to pregnant women, offers practical incentives, targets low-income women (the largest group of smokers during pregnancy), and monitors success. The Baby & Me – Tobacco Free Program collaborates with local agencies that provide prenatal services to the program’s target audience at no cost to the participant. The national results of the program present a 60 percent quit rate for women enrolled in the program at 6-months postpartum. Similar trends are seen in the local program and generates excitement from the support of community partners.

For information on how to join The Baby & Me – Tobacco Free Program, contact Kristen Mialki, Tobacco Program Manager, DOH-Volusia at (386) 274-0601

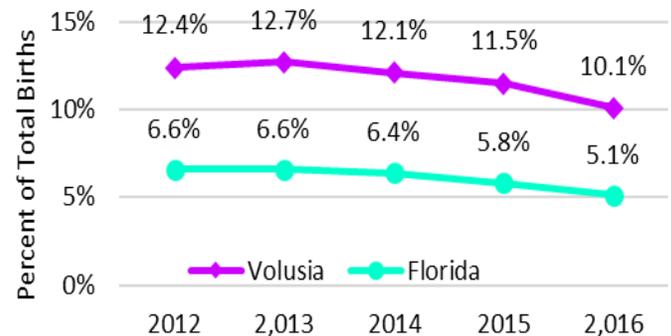
Sources:

¹Community Health Planning and Statistics. (2017, November 11). *Smoking and Pregnancy in Volusia County*. Retrieved from FDOH in Volusia County: http://volusia.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/informatics/_documents/special-edition-smoking-pregnancy-march-2017.pdf

²FDOH, Bureau of Vital Statistics. (2017, November 14). *Resident Live Births to Mothers Who Smoked During Pregnancy*. Retrieved from FICcharts: <http://www.flhealthcharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0343>

³U.S. Department of Health and Human Services. (2017, June 30). *Smoking During Pregnancy*. Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm

Percent of Live Births to Mothers Who Smoked During Pregnancy, Volusia County and Florida, 2012-2016



The Complexity of Substance Use Disorders and Maternal and Child Health: The Need for a Collective Impact Approach

by Dixie Morgese, BA, CAP, ICDC, Executive Director,
The Healthy Start Coalition of Flagler and Volusia Counties

The opioid epidemic in the United States is taking its toll on multiple sectors. Some of these include workforce development, law enforcement, health, and child welfare. The complex nature of substance use and behavioral health leaves us with more questions than answers about how to build the solutions needed to change the outcomes for our communities.

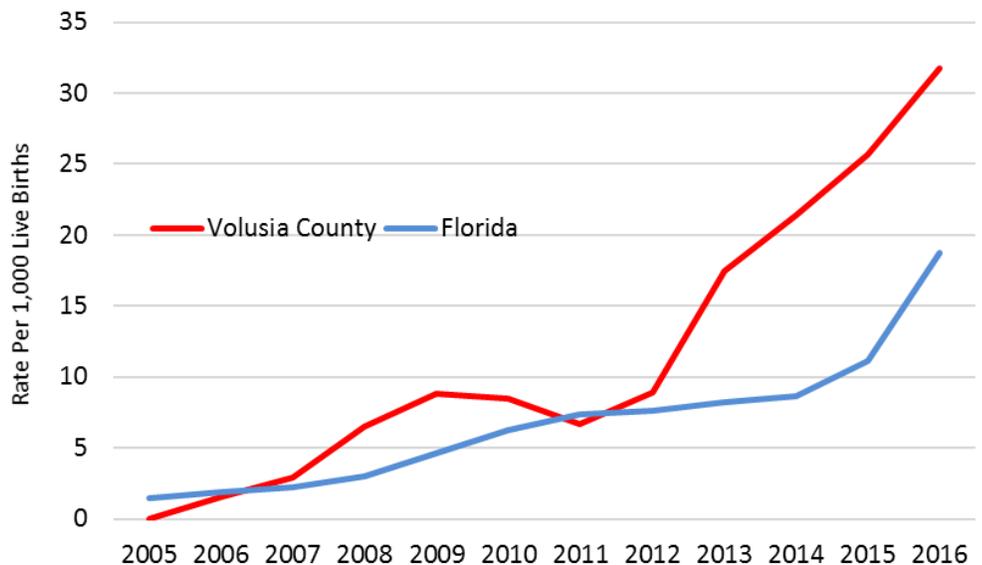
Nowhere is this as evident as in the area of maternal and child health. When pregnant women use opioids, babies are often born with symptoms related to withdrawal as they take on the task of adjusting to life outside the womb. Some of these symptoms include fever, vomiting, diarrhea, hyperreflexia and seizures, mottling and excoriation of the skin, and difficulty with self-regulation. This combination of symptoms is commonly referred to as Neonatal Abstinence Syndrome, or NAS.

In Florida, from 2005 to 2016, there were a combined total of 17,931 infants born diagnosed with NAS. The number increased from 338 in 2005 to 4,215 in 2016¹, representing more than a 10-fold increase in NAS diagnoses. In 2016, the NAS rate was 18.73 per 1,000 live births.

Volusia County has seen a higher increase with rates surpassing those of Florida. In 2016, the rate of NAS was 31.8 per 1,000 live births, representing an overall increase from 2006 of 1900%.¹ The chart below illustrates the steady increase over the last decade, where Volusia County has remained above the state rate in every year except for 2011, where law enforcement had a concerted effort toward closing “pill mill” operations, which may have been a major contributor to the one year decline. Substance use is the primary cause of child removal by the Department of Children and Families for children under the age of three. The long term implications of parental substance use during pregnancy and during early childhood are well-documented and require action from all sectors in our county.

These cases represent a total of 686 babies who were admitted to a neonatal intensive care unit immediately following birth. Over one half of those cases were recorded in 2014, 2015, and 2016, which reflects a sharp increase in recent years. The Fetal and Infant Mortality Review (FIMR) Case Review Team (CRT), which is comprised of community professionals who review cases of fetal and infant loss, determined that of the cases reviewed from 2013 to 2016, 58% had substance abuse as a contributing factor.¹

**Rate of Drug Withdrawal Syndrome in Newborn and Noxious Influences Affecting Fetus or Newborn via Placenta or Breast Milk, Narcotics
Volusia County vs. State, 2005-2016**



Parameters for calculating information provided include: live births principal diagnosis V30-V39 2: Drug withdrawal syndrome in newborn (Any Diagnosis 779.5) and Noxious influences affecting fetus or newborn via placenta or breast milk, Narcotics (Any Diagnosis 760.72). (In 2015, Q4 the data label changed to ICD 10-CM from ICD 9-CM.)

The Complexity of Substance Use Disorders... (continued from page 8)

Multiple partners in the community have joined forces to respond to the growing numbers of NAS babies and the challenges faced by pregnant and postpartum women with substance use disorders and to tackle this epidemic from a collective impact approach. The Healthy Start Coalition of Flagler and Volusia Counties and the Florida Department of Health in Volusia County work together with other members of the private and public sectors to respond more effectively. A Substance Exposed Newborn Task Force meets regularly to address the associated challenges faced by service providers and the families. The Task Force addresses the importance of early screening and identification, assessment, coordination of treatment services, and prenatal and infant health services. The focus has been to develop a coordinated intake and referral process from all points of entry that can expedite services based on known capacity. Providers have employed peers to inform their work to gain the benefit of their lived experience to better inform decision-making regarding program development and family engagement.

The elements successfully implemented as part of a collective impact approach include:

- Universal referral form and staffing sheet for multi-disciplinary case coordination
- Funding for three dedicated outreach and intervention positions subcontracted with Stewart-Marchman ACT Behavioral Health to respond to public and private providers' referrals
- Coordination with our area hospital NICU's to engage families and ensure pediatric follow up after discharge in accordance with recommendations by the American Academy of Pediatrics (AAP)
- Early and consistent access to prenatal clinical care and medication assisted treatment (MAT) as indicated by the American Congress of Obstetrics and Gynecology (ACOG)
- Coordination of housing and other needed incidentals that without them, would put women with substance use disorders at extreme risk
- Funding of peer support to engage and advocate for women in our service system
- Co-location in substance abuse treatment centers, health department, and hospital settings to provide for a more integrated approach
- Implementation of a full time therapist to address the issues specific to maternal mental health such as trauma, perinatal mood disorders, pica, and responses to intimate partner violence
- Education of caregivers in soothing techniques for infants who have been prenatally exposed
- Safe Baby training to direct service providers in relation to safe sleep, safe caregiver, safe car transport, hot car risk, and drowning prevention

For more information about neonatal abstinence syndrome in Volusia County or to become involved in the Substance Exposed Newborn Task Force, contact The Healthy Start Coalition of Flagler and Volusia Counties at (386) 252-4277.

Data sources:

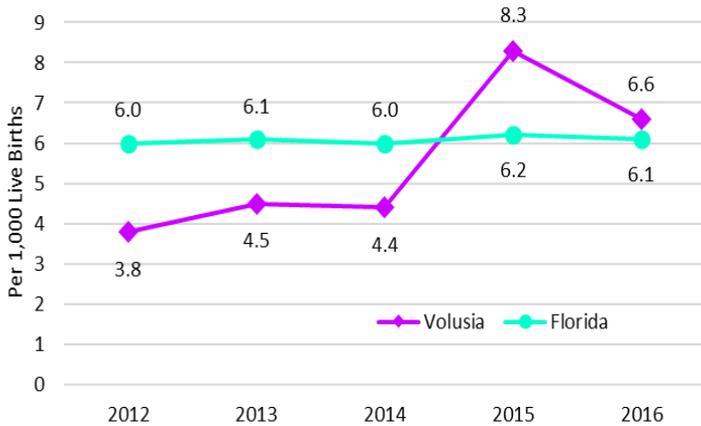
Florida Department of Health, Vital Statistics and the Agency for Healthcare Administration

References:

¹BASINET Aggregate Data from Healthy Start Coalition of Flagler and Volusia Counties, FIMR Project 2013-2016 in Project INFORM 2017

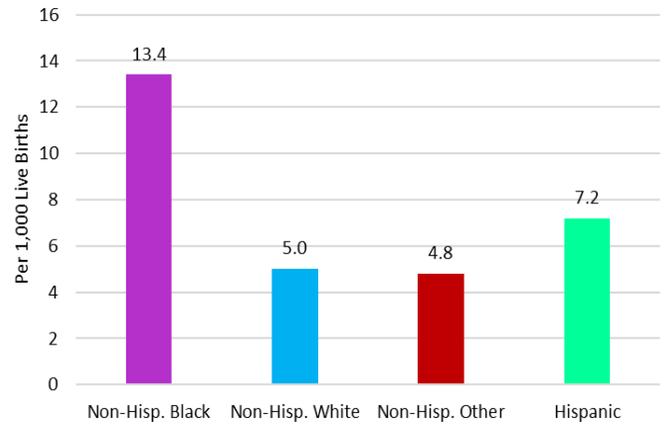
Infant Mortality and Hospitalizations, Volusia County, 2012-2016

**Infant Mortality Rates
Volusia County and Florida, 2012-2016**



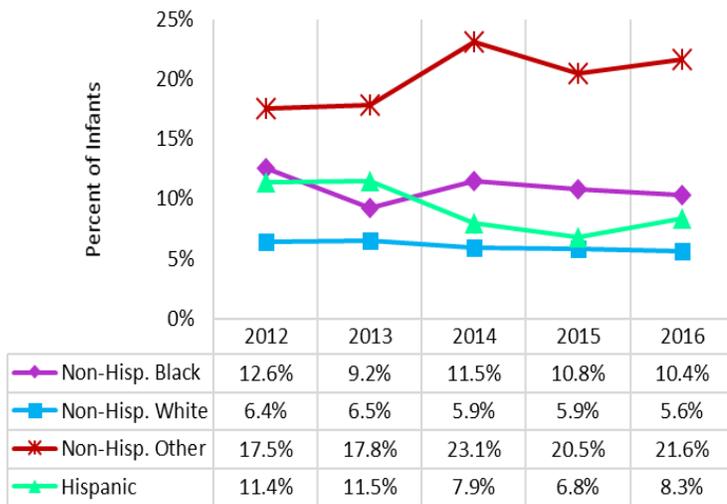
- Volusia County had the highest increase of infant deaths from 2014 to 2015 and remained higher than Florida in 2015 and 2016

**Infant Mortality Rates by Race/Ethnicity
Volusia County, 2016**



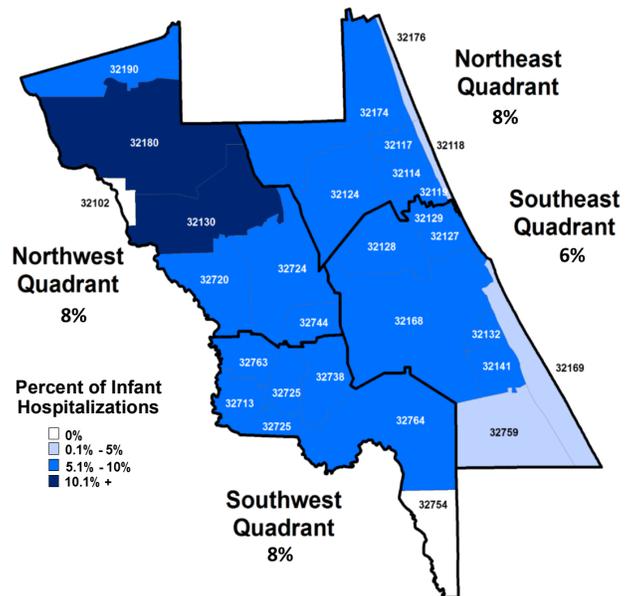
- Black babies in Volusia County died at almost twice the rate of Hispanic babies in 2016, while white and Other babies had the lowest death rates

**Percentage of Infant Hospitalization by Race
Volusia County, 2012-2016**



- Non-Hispanic white babies in Volusia County had the lowest percentage of hospitalizations when compared to babies of other racial/ethnic groups from 2012 to 2016
- Babies from Other non-Hispanic races had the highest percentage of hospitalizations during the same period

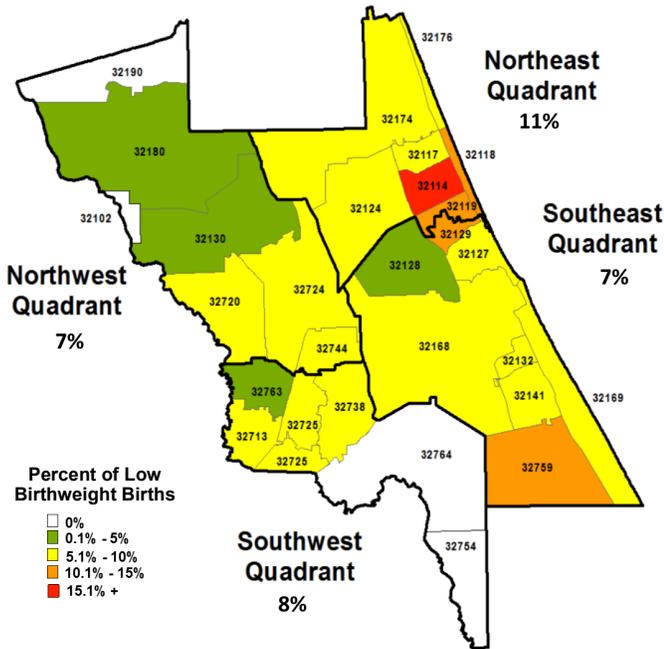
**Percentage of Infant Hospitalization by ZIP Code
Volusia County, 2016**



- The Northwest quadrant had the ZIP codes with the highest percentage of infant hospitalizations

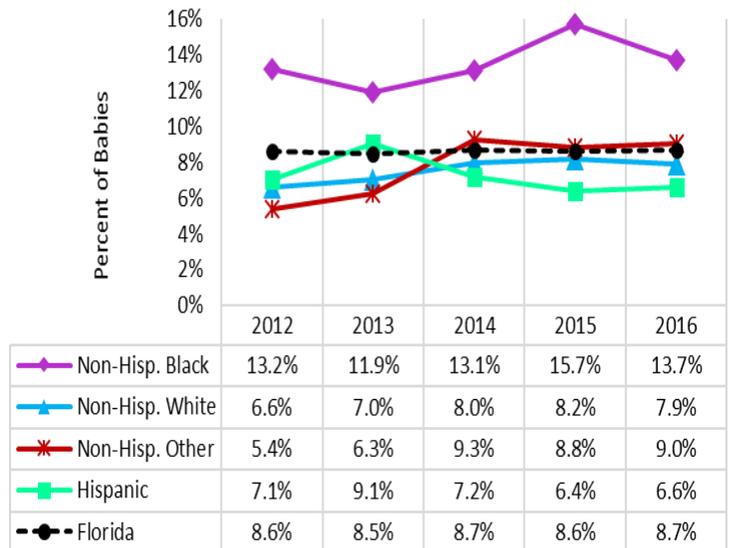
Low Birthweight and Breastfeeding, Volusia County, 2012-2016

Percentage of Low Birthweight Births by ZIP Code in Volusia County, 2016



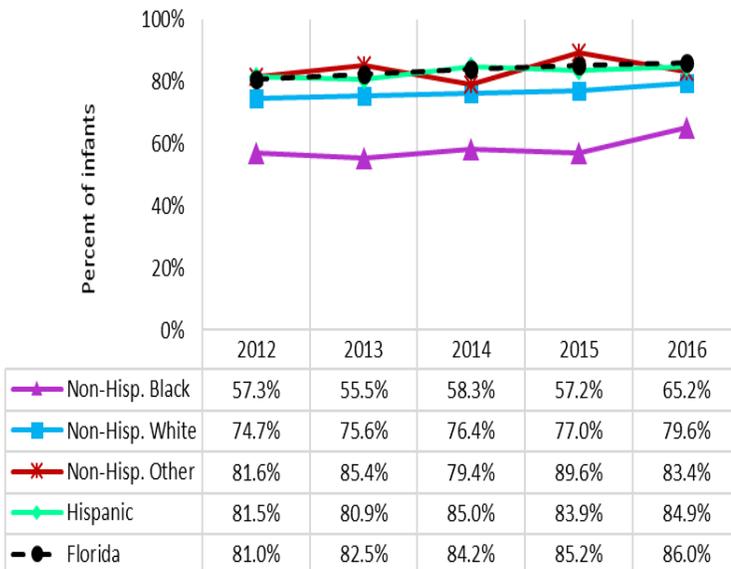
- The highest percentage of low birthweight babies were born in the eastern quadrants of Volusia County in 2016

Percentage of Low Birthweight Births by Race/Ethnicity in Volusia County, 2012-2016



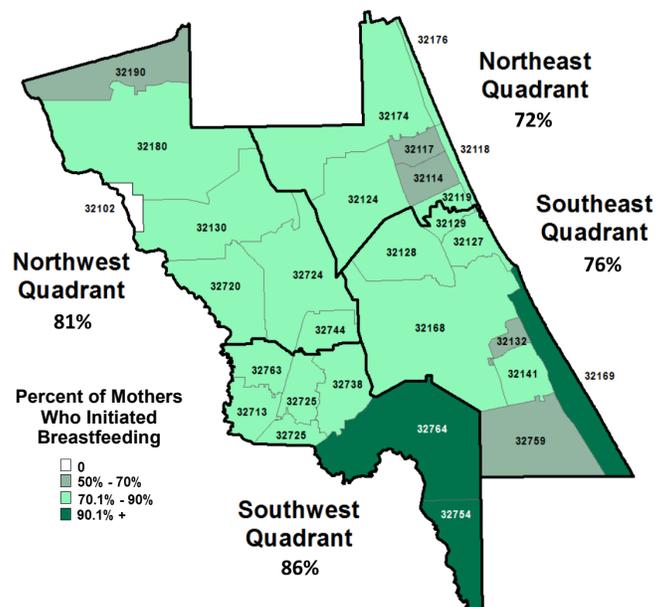
- Each year, black mothers had the highest percent (14%) of low birthweight births among all racial/ethnic groups during this period
- Hispanic mothers were the only group to show a decrease (9.6%) in the percent of low birthweight births from 2012 to 2016

Percentage of Breastfed Infants by Race Volusia County, 2012-2016



- Although non-Hispanic black mothers had the lowest breastfeeding percentages among all racial/ethnic groups, they experienced the greatest increase (13.8%) of breastfed babies from 2012 to 2016

Percentage of Mothers Who Initiated Breastfeeding by ZIP Code in Volusia County, 2016



- The Southwest quadrant in Volusia County during 2016 had the highest percentage of breastfed newborns followed by the Northwest quadrant

Newborn and Infant Health: Key Points

- Almost seven infants (6.6) died before their first birthday for every 1,000 babies born in Volusia County during 2016
- The rate of sudden unexpected infant deaths (SUID) for Volusia County (1.8) in 2016 was more than twice the national target rate of .84 deaths per 1,000 live births
- Hispanic mothers were the only racial/ethnic group to have a decrease in the number of low birthweight babies from 2012 to 2016
- Neonatal Abstinence Syndrome rates in Volusia County increased by 1900% from 2006 to 2016
- Volusia County had about twice as many women who smoked during pregnancy compared to Florida from 2012 to 2016
- While Volusia County breastfeeding rates improved by 7.3% from 2012 to 2016, the percent of ever breastfed babies (78.3%) still lagged behind the Florida rate (86.0%) and the national target (81.9%) in 2016
- Despite having had the lowest breastfeeding rates among all racial/ethnic groups from 2012 to 2016, non-Hispanic black mothers had the greatest increase (13.8%) of breastfed babies

For more information contact the Florida Department of Health in Volusia County, Office of Planning and Performance Management at (386) 274-0500, ext. 0582 or visit our website at volusiahealth.com/stats

Percent of Low Birthweight Births by Race/Ethnicity Volusia County, 2012-2016

Race/Ethnicity	Measure	2012	2013	2014	2015	2016
Black	% Low Birthweight	28.4%	24.1%	24.9%	27.8%	25.2%
	% Population	10.3%	10.5%	10.5%	10.5%	10.5%
White	% Low Birthweight	54.1%	55.0%	58.5%	56.7%	57.9%
	% Population	75.1%	74.4%	74.3%	73.8%	73.3%
Other	% Low Birthweight	2.7%	2.4%	3.6%	3.3%	4.1%
	% Population	3.4%	3.4%	3.5%	3.6%	3.7%
Hispanic	% Low Birthweight	14.5%	18.5%	12.9%	12.1%	12.8%
	% Population	11.2%	11.7%	11.7%	12.1%	12.4%

- Although black women represented 10.3 to 10.5 percent of females in Volusia County, they had 24.1% to 28.4% of low birthweight births during the five year period, 2012-2016
- Hispanic women were also over-represented each year, except 2015, in the percent of low birthweight births compared to the general population