While the regional infant mortality declined in 2019 in Northeast Florida, it continues to be a major health issue affecting families—particularly black families. The overall rate decreased from 7.9 to 7.3 deaths per 1000 live births. The regional rate also remains significantly higher than the state (6 deaths) and nation (5.6 deaths).

There were 136 babies who died before their first birthday during the year, the equivalent of eight classes of kindergarteners. Black babies are dying at nearly three times the rate of white babies. The infant death rate for white babies was 4.9 deaths per 1000 live births, compared to 13.5 deaths for black babies. Despite gains in infant mortality over the past few decades, the racial disparities are persistent. Racial equity in birth outcomes is a key focus of the Coalition.

Other birth outcomes from 2019 include 132 fetal deaths/stillbirths (7 fetal deaths per 1000 live births). Almost 13 percent of births were premature. Baker, Clay, Duval and St. Johns each had at least one maternal death, for a total of nine maternal deaths in Northeast Florida. All four counties had rates exceeding the state maternal death rate (28.6).

The 2019 Causes of Infant Death Northeast Florida are as follows:
- Other perinatal conditions: 12.3%
- Prematurity: 21.3%
- Other Causes: 16.8%
- Sudden Unexpected Infant Deaths: 16.9%
- Congenital Anomalies: 13.2%
- Injuries: 2.9%
- Infections: 4.4%
- Other

Pre-pregnancy health of a mother
- Chronic health conditions (obesity, chronic hypertension, diabetes, asthma) were present in 43% of cases reviewed.
- Almost half of those had more than one of the four key chronic conditions.

Lack of prenatal care
- 36% of cases had late entry into or no prenatal care.
- Reasons include awaiting Medicaid eligibility, lack of available convenient appointments, fear/distrust of the system, bias in the provider office.

Utilization of home visitation services
- Only 18% of cases participated in ongoing home visitation.
- Of those referred, almost half declined services after the initial intake/assessment.
- More than half of the women worked, went to school, were caregivers to other children, etc.
- Difficulty making/keeping appointments, uncertainty regarding allowing someone into their home, other demands on time, etc., may affect a women’s decision to participate in home visitation.
Addressing chronic health conditions and access to care:

- Partner with Medicaid Managed Care Plans to emphasize preconception health management beginning when the patient is a teen. Those identified as being at risk for chronic conditions during their preconception period should be followed by community outreach specialist.
- Invest in medical provider offices/hubs/clinics and hospitals that offer a Medical One Stop Shop. The One-Stop Shop model will foster ease of accessing crucial support services, such as Home Visitation, WIC, housing, Medicaid assistance, etc., co-located in a primary care setting.

Addressing late entry into or no prenatal care:

- Implement a community outreach strategy to educate women about the importance of prenatal care. Increase first trimester pregnancy identification through early pregnancy testing focusing on high risk populations through targeted street level outreach and housing complexes. Concurrently, develop an initiative to provide recognition to Obstetric offices who exceed expectations in prenatal screening and patient satisfaction. Benchmarks for expectations should eventually align with AHCA’s plan to base payment with quality.
- To address fear/distrust in the healthcare system or bias experienced by patients, it is recommended that Implicit Bias/Cultural Humility education be offered to medical provider offices and other community as social programs, with an emphasis on front line staff. This education would be a requirement to achieve the recognition addressed above.

Addressing participation in home visiting services:

- Coordinate with Healthy Start funders and subcontractors to conduct a pilot of face to face services to be conducted via video conferencing, with the expectation of at least one in home visit at quarterly. Data will be gathered to determine whether the model is feasible with regards to number of families participating, duration of enrollment and outcomes.