

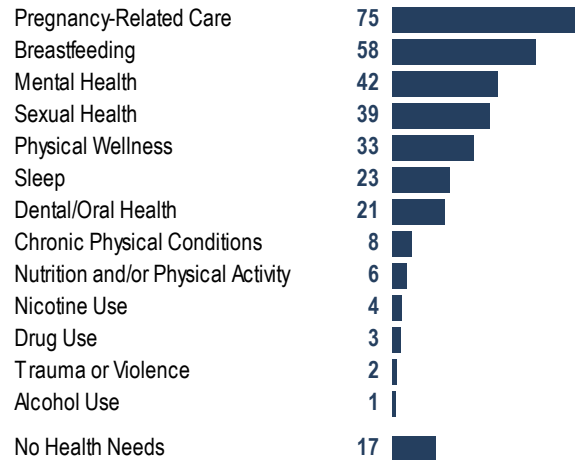
Perinatal/Infant

Definition: Babies immediately before birth through the first year of life (<365 days). In the Statewide Survey, data are from (1) women who are currently pregnant and (2) caregivers of a child less than a year old who responded to questions about their needs and/or the needs for their children 0-5 years old.

Pregnant Women

Needs from Statewide Survey

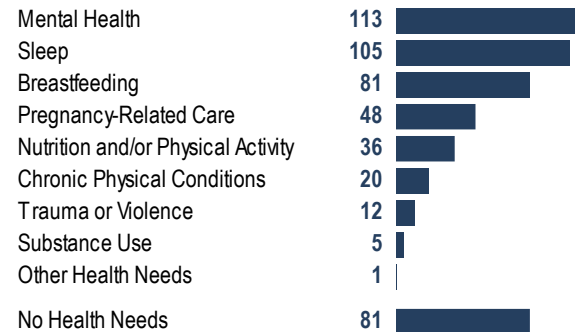
Out of 141 responses, women who are pregnant shared the following needs for themselves:



Baby's Caregiver

Needs from Statewide Survey

Out of 298 responses, parents/caregivers shared the following needs for themselves:



Baby/Young Child

Needs from Statewide Survey

Out of 299 responses, parents/caregivers shared that the following were needs for their child:



*Nutrition includes breast milk and other forms of nutrition

Needs from Secondary Data



25% of Indiana women have had a depressive disorder (including depression, major depression, dysthymia, or minor depression) (BRFSS, 2018).



32% of pregnant women in Indiana did not receive prenatal care in their first trimester (MCH analysis of Vital Records, 2018).



82% of Indiana's infants were breastfed at hospital discharge (MCH analysis of Vital Records, 2018).



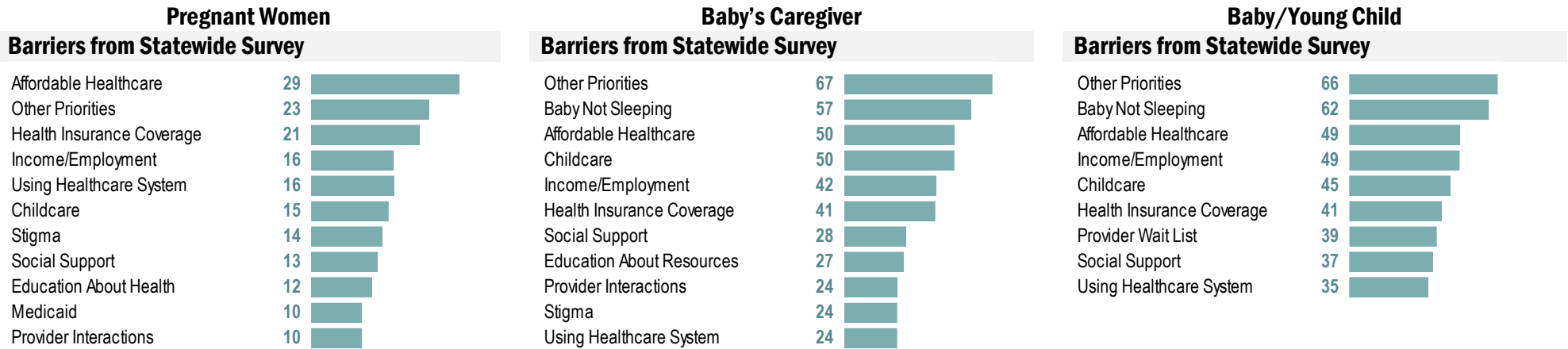
27% of Indiana children 9-35 months received a developmental screening using a parent-completed screening tool in the past year, compared to 34% of children nationally (NSCH, 2017-2018).



60% of women receive optimal sleep each night (7-9 hours). White women (62%) have a higher percent of optimal sleep than Black women (51%) (BRFSS, 2018).

Perinatal/Infant *(continued)*

Definition: Babies immediately before birth through the first year of life (<365 days). In the Statewide Survey, data are from (1) women who are currently pregnant and (2) caregivers of a child less than a year old who responded to questions about their needs and/or the needs for their children 0-5 years old.



**Overall Barriers and Resources counts include responses for all needs other than Pregnancy-Related Care and Breastfeeding, which received separate questions.

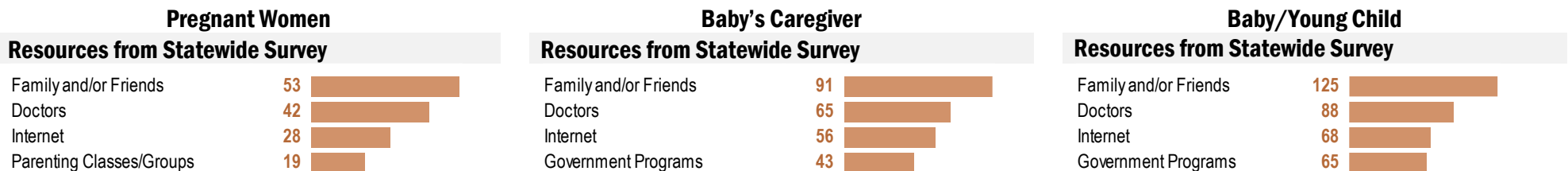
Barriers from Focus Groups

Prominent barriers for perinatal/infant health included accessing healthcare resources during and after pregnancy. These barriers included not having local providers, challenges accessing local providers (e.g., not accepting new patients, appointment hours not convenient), and challenges accessing resources for their baby or for themselves post-partum.

"Women here still face only one option for their care if they want to give birth at the hospital, which is care from an obstetrician. A city of our size should have really well supported full scope nurse midwifery options in the clinical setting."

"We're going to have these women, making minimum wage, who have to take an entire afternoon to get to their OB or beholden to the public transportation system.... We've got systems upon systems working against our most vulnerable mothers."

"Any type of message that I send to my doctor, I feel like it's always brushed off. They're always changing my appointment times, which doesn't work for me."



Resources from Focus Groups

Resources shared during focus groups included healthy pregnancy resources (e.g., prenatal vitamins) and resources available for their babies (e.g., free car seats).

"I couldn't get [my car seat] right and I was on the phone with them and they walked me through it, told me what [a properly secured car seat] should be like."

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Acute Physical Conditions

Definition: Non-chronic physical health needs (e.g., ear infection, constipation, flu).

Statewide Survey: Acute Physical Conditions Barriers

Less than 10 respondents identified Acute Physical Conditions as a need for their baby/young child. Due to the small number of responses, specific barrier information is not included.

[No additional data are available at present for Acute Physical Conditions for babies.]

Focus Group Quotes

“My son was getting over the flu.” – Acute Physical Conditions

Birth/Genetic Conditions

Definition: Genetic conditions or birth defects, including Down syndrome, heart defects, spina bifida.

Statewide Survey: Birth/Genetic Conditions Barriers



Focus Group Quotes

“[The hospital’s doctors, nurses, and staff have] been really good, especially with him having down syndrome. They tell me about these wait rooms they have and different insurance you can get. They even reminded me over and over and over again before I left [the hospital]. Then I saw the pediatrician and because there’s so long of a waiting list for it, they were telling me about that and that it’s really hard to get.” – **Birth/Genetic Conditions**

“[Providers] just kept blowing me off and then my daughter came out with her bone missing in her leg. I found out later on that they could go in my stomach with a needle and do steroid shots for the baby and she would’ve had a chance at growing that bone.” – **Birth/Genetic Conditions & Barrier: Provider Interactions**

“It seems like there are a lot of practices and there are a lot of good doctors, but it’s really hard. I don’t think there’s enough. We need more doctors actually. It seems if you can’t get your kid in to get seen cause they don’t have enough... And the good ones are so overwhelmed and have so much clientele that they’re not taking any new patients.” – **Barrier: Provider Wait List**

Note: These are the top barriers for respondents that included Birth/Genetic Conditions as a need/challenge. Barriers are not exclusive to Birth/Genetic Conditions.

Quick Facts

3% of Indiana children ages 3-17 were diagnosed with an Autism spectrum disorder (NSCH, 2017-2018).

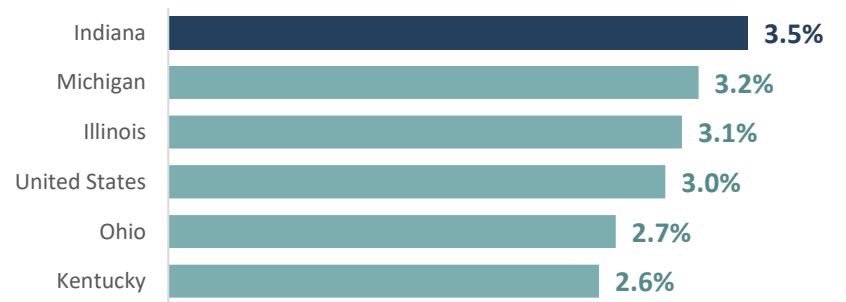
92% of babies born in Indiana in 2019 were screened for a birth defect. This is relatively similar to screening rates in previous years (94% in 2018, 95% in 2017 and 2016, and 92% in 2015) (ISDH GNBS, 2015-2019).

80 of every 10,000 male babies in Indiana in 2018 were born with hypospadias. This rate has increased since 2014 (41) (ISDH GNBS, 2014-2018).

61 of every 10,000 babies in Indiana in 2018 were born with atrial septal defect. This rate has decreased since 2016 (129) (ISDH GNBS, 2016-2018).

50 of every 10,000 babies in Indiana were born with ventricular septal defect (ISDH GNBS, 2018).

The prevalence of Autism in **Indiana** is the *highest* compared to other **Midwestern states** and the **US**.
(Percentage of children 3-17 who have ever been diagnosed with an Autism spectrum disorder)



Data Source: NSCH from IYI KIDS COUNT® Data Book, 2020

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

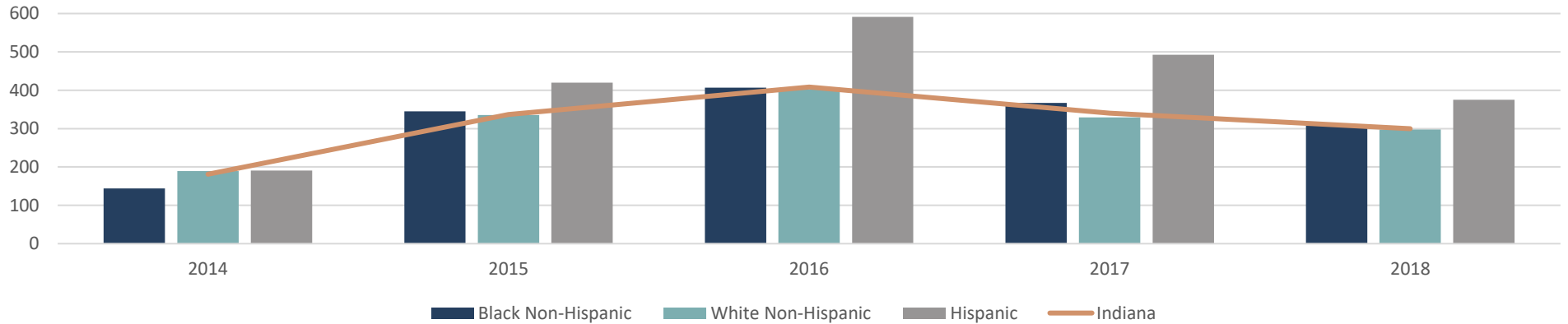
Birth/Genetic Conditions *(continued)*

Definition: Genetic conditions or birth defects, including Down syndrome, heart defects, spina bifida.

Quick Facts *(continued)*

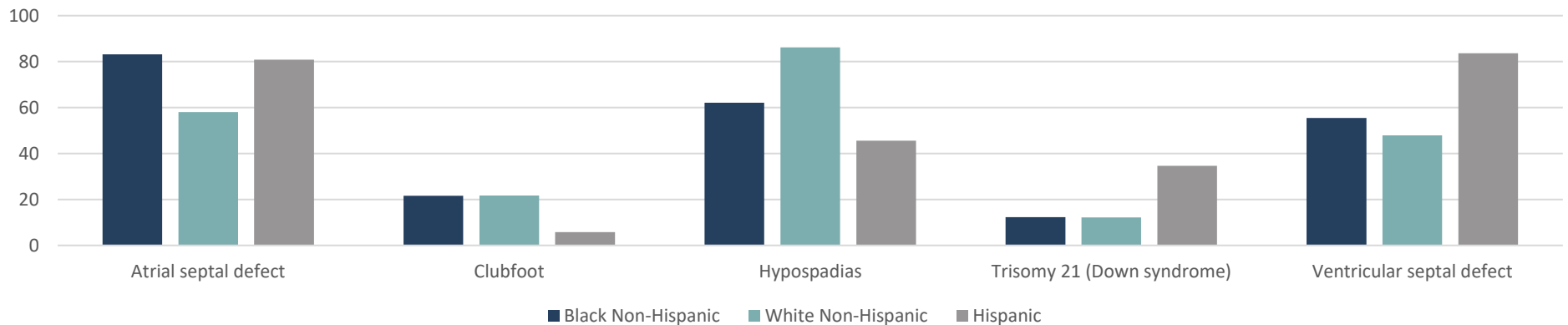
The rate of infants born with a birth defect in **Indiana** has *decreased* since 2016.

Hispanic babies have *higher* rates of birth defects than **White Non-Hispanic babies** and **Black Non-Hispanic babies** (rate per 10,000 live births).



Data Source: ISDH Genomics and Newborn Screening, 2014-2018

The rate of babies born with one of the five most common birth defects in Indiana in 2018 are shown below (rate per 10,000 live births).



Data Source: ISDH Genomics and Newborn Screening, 2018

*Rate for Hypospadias is per 10,000 live male births.

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Breastfeeding

Definition: Breastfeeding needs, including education and support for new mothers.

Statewide Survey: Breastfeeding Barriers – Pregnant Women



Statewide Survey: Breastfeeding Barriers – Baby’s Caregiver



Note: These are the top barriers for respondents that identified Breastfeeding as a need/challenge. These barriers are specific to Breastfeeding.

Focus Group Quotes

“I spilled my baby’s breast milk. I was trying to figure out this whole breastfeeding thing I was stressed because she wasn’t latching.” – **Breastfeeding**

“It wasn’t going well when I first started. I [now] know my kid had a tongue-tie but... I think that’s my biggest struggle as a mom is that I didn’t know and went too long of a time without recognizing it.” – **Breastfeeding**

“There’s just not enough education about where to get services. That’s what happened with my baby’s tongue-tie was that the doctor was not educated about it and she was an old school. Yeah. He was 21 months old before we got his tongue-tie fixed because we didn’t know he had it.” – **Barrier: Provider Breastfeeding Knowledge**

Quick Facts

98% of Indiana mothers said, “I breastfed my baby,” while they were in the hospital when their baby was born (PRAMS, 2017*).

82% of Indiana’s infants were breastfed at hospital discharge (MCH analysis of Vital Records, 2018).

58% of Indiana mothers said, “I thought I was not producing enough milk, or my milk dried up,” as a reason why they stopped breastfeeding (PRAMS, 2017*).

*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

Breastfeeding *(continued)*

Statewide Survey

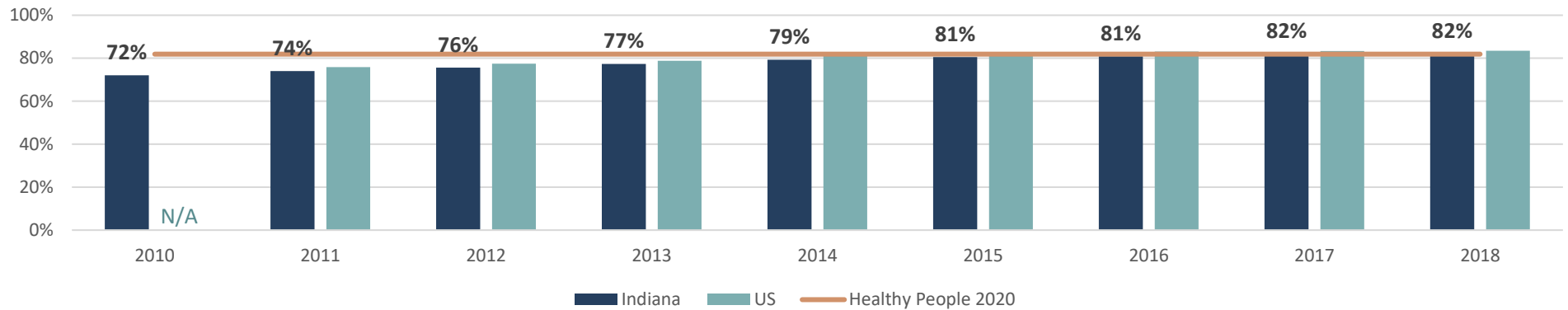
Pregnant Women **#2** & Caregiver **#3**

Definition: Breastfeeding needs, including education and support for new mothers.

Quick Facts *(continued)*

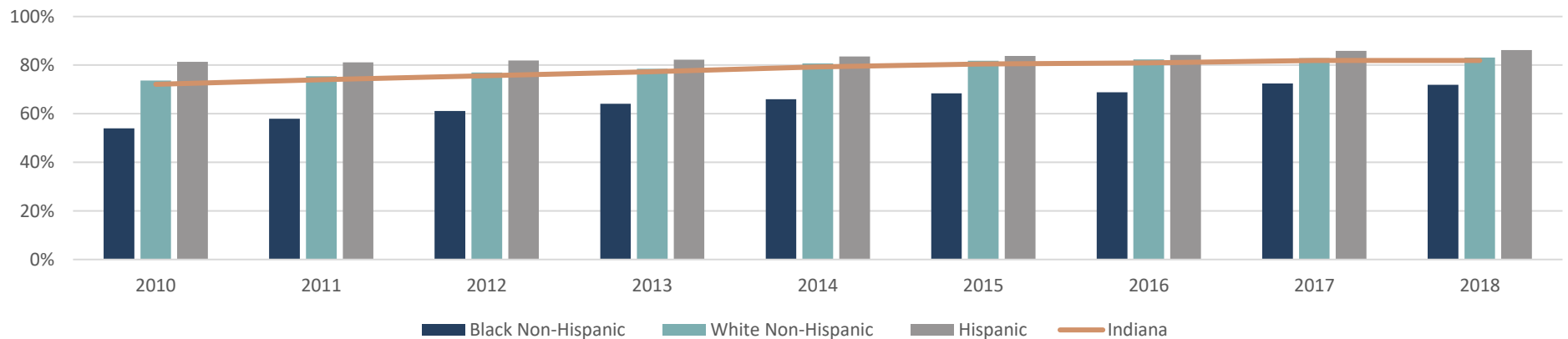
The percentage of infants breastfed at hospital discharge for **Indiana** has increased since 2010.

Indiana is still *below* the **National Average** but has met the **Healthy People 2020 Goal of 81.9%** in 2017 and 2018 (Indiana was at 81.9% in both years).



Data Source: MCH analysis of Vital Records and CDC National Center for Health Statistics, 2010-2018

The percentage of infants breastfed at hospital discharge for **Indiana** is the *lowest* for **Black Non-Hispanic babies** and *highest* for **Hispanic babies**.



Data Source: MCH analysis of Vital Records, 2010-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Breastfeeding *(continued)*

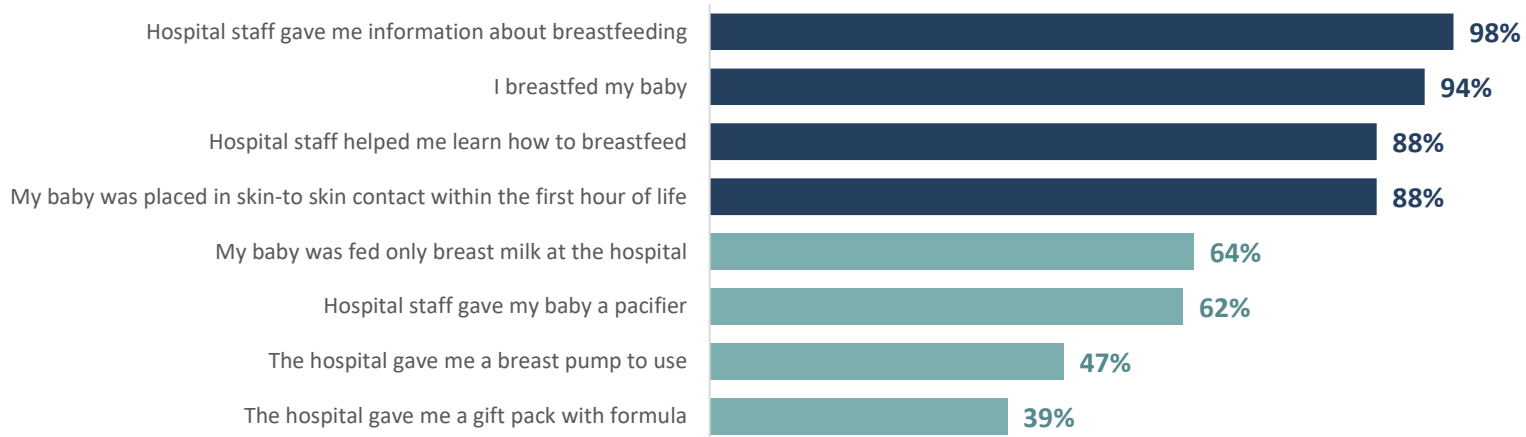
Statewide Survey

Pregnant Women **#2** & Caregiver **#3**

Definition: Breastfeeding needs, including education and support for new mothers.

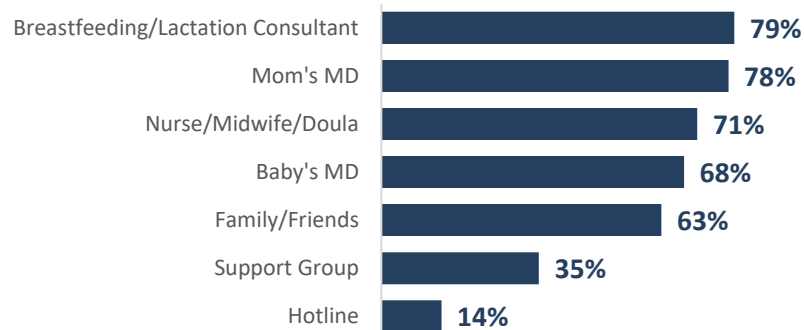
Quick Facts *(continued)*

Women's hospital experiences when their baby was born:



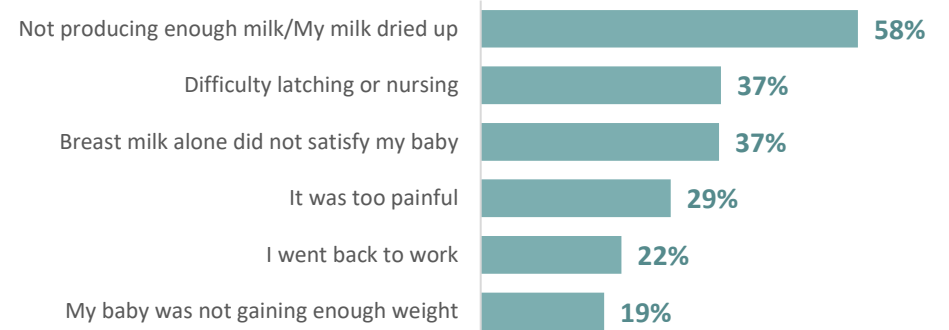
Data Source: Pregnancy Risk Assessment Monitoring System, 2017*

Before or after their baby was born, mothers reported **receiving information about breastfeeding** from the following sources:



Data Source: Pregnancy Risk Assessment Monitoring System, 2017*

Women's reasons for **why they stopped breastfeeding**:



Data Source: Pregnancy Risk Assessment Monitoring System, 2017*

*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

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Chronic Physical Conditions

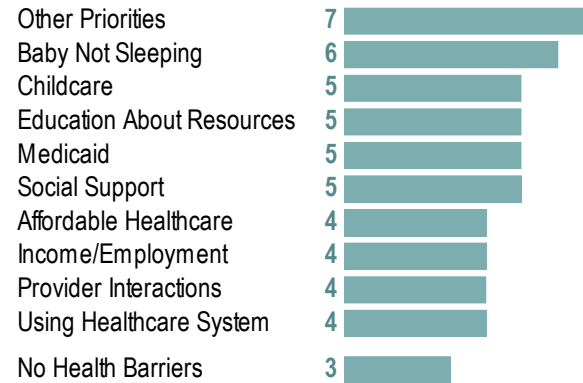
Pregnant Women **#8**, Caregiver **#6**, & Baby **#12**

Definition: Longer-term physical conditions, such as chronic pain, diabetes, cancer, allergies, asthma, chronic ear infections, or sleep apnea.

Statewide Survey: Chronic Physical Barriers – Pregnant Women

Less than 10 respondents identified Chronic Physical Conditions as a need. Due to the small number of responses, specific barrier information is not included.

Statewide Survey: Chronic Physical Barriers – Baby’s Caregiver



Statewide Survey: Chronic Physical Barriers – Baby/Young Child

Less than 10 respondents identified Chronic Physical Conditions as a need for their baby/young child. Due to the small number of responses, specific barrier information is not included.

Note: These are the top barriers for respondents that included Chronic Physical Conditions as a need/challenge. Barriers are not exclusive to Chronic Physical Conditions.

Focus Group Quotes

“You don’t know how many ear infections [my children] have been diagnosed with.” – **Chronic Physical Conditions**

“Some of [my health issues come] because I have Celiac’s and I’m trying very hard to do the gluten free thing.” – **Chronic Physical Conditions**

“You’re doing so much, you don’t get to fix healthy foods because it’s whatever’s fastest to get done, so you can get whatever you need done.” – **Barrier: Other Priorities**

“It’s hard to sign up for childcare where you can actually get both or multiple kids into the same facility. So, for example, one facility may accept your 2 or 3-year-old but not your infant. You’re paying almost \$2,000 a month for two kids. It’s hard. You have to go with someone who’s not licensed and not in a facility.” – **Barrier: Childcare**

Quick Facts

- 18%** of women in Indiana have been told by a health professional that they had asthma. This percent is higher for women 18-44 years old (19%), compared to women 45 years or older (16%) (BRFSS, 2018).
- 2%** of women of childbearing age (18-44 years old) reported having been diagnosed with cancer, compared to 14% for women 45 years or older. In 2018, 36% of female cancer survivors survived skin cancer, followed by breast cancer (26%) and cervical cancer (14%). This pattern was also true for 2016 and 2017 (ISDH analysis of BRFSS, 2016-2018).
- 34%** of Indiana women are obese. A higher percent of Black women (47%) are obese, compared to White (33%) and Hispanic (38%) women. A lower percent of women 18-49 years old (33%) are obese, compared to women 50 years or older (36%) (ISDH analysis of BRFSS, 2018).

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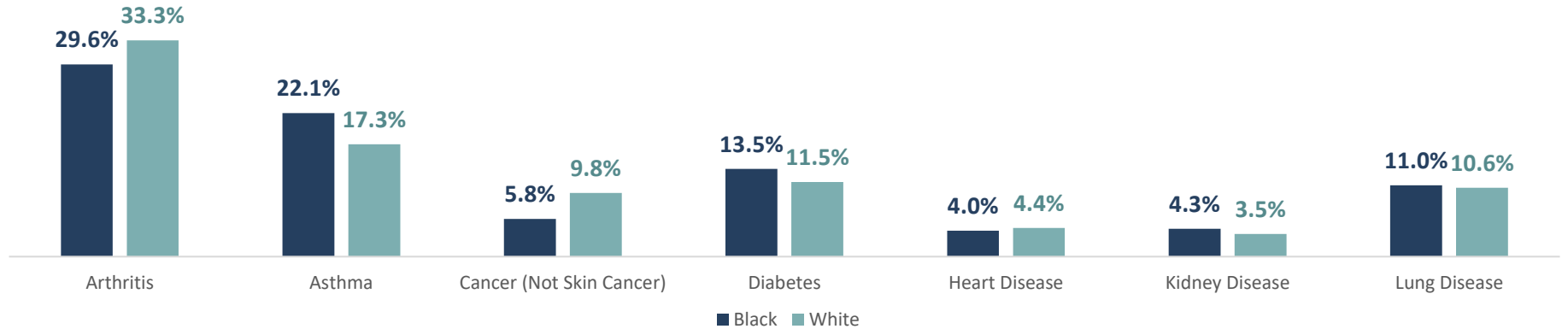
Chronic Physical Conditions *(continued)*

Pregnant Women **#8**, Caregiver **#6**, & Baby **#12**

Definition: Longer-term physical conditions, such as chronic pain, diabetes, cancer, allergies, asthma, chronic ear infections, or sleep apnea.

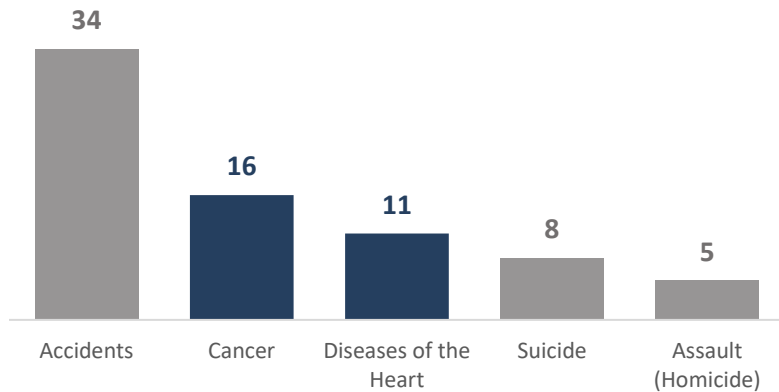
Quick Facts *(continued)*

The percentage of women in Indiana who have ever been told that they have a chronic disease for **Black** and **White** women.



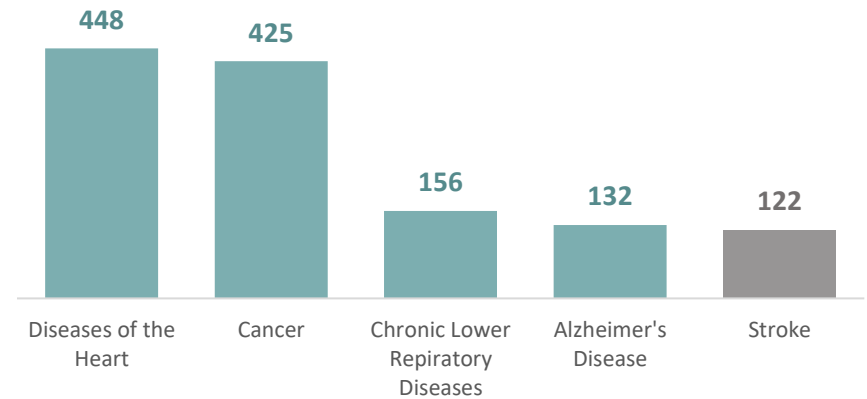
Data Source: Behavior Risk Factor Surveillance System, 2018

The leading causes of death for Indiana women **18-45 years old** include **cancer** (all forms of cancer) and **diseases of the heart**. (Death rate per 100,000 women.)



Data Source: ISDH Epidemiology Resource Center, 2015-2018

The leading causes of death for Indiana women **45+ years old** are **diseases of the heart**, **cancer** (all forms of cancer), **chronic lower respiratory diseases**, and **Alzheimer's Disease**. (Death rate per 100,000 women.)



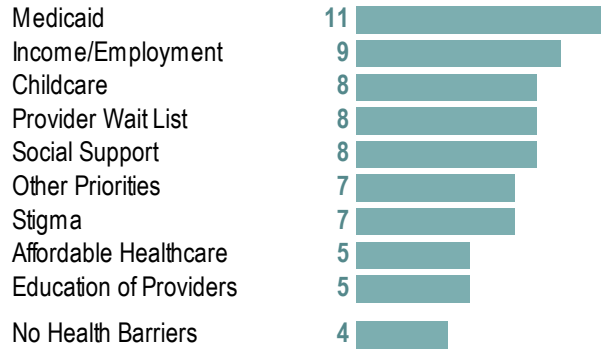
Data Source: ISDH Epidemiology Resource Center, 2015-2018

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Cognitive Development

Definition: Delays in development for children 0-5 (following directions, scribbling, learning numbers).

Statewide Survey: Cognitive Development Barriers



Focus Group Quotes

“One of the barriers is access to a qualified physician for a Medicaid patient... I want to make sure that my child gets appropriate care, but I don’t have access to those doctors, so I have to basically take what I get. If I don’t like those doctors, then I’m out of options.” – **Barrier: Medicaid**

“Financially, minimum wage is so low that you can’t even live off of it.” – **Barrier: Income/Employment**

“It’s hard to sign up for childcare where you can actually get both or multiple kids into the same facility. So, for example, one facility may accept your 2 or 3-year-old but not your infant. You’re paying almost \$2,000 a month for two kids. It’s hard. You have to go with someone who’s not licensed and not in a facility.” – **Barrier: Childcare**

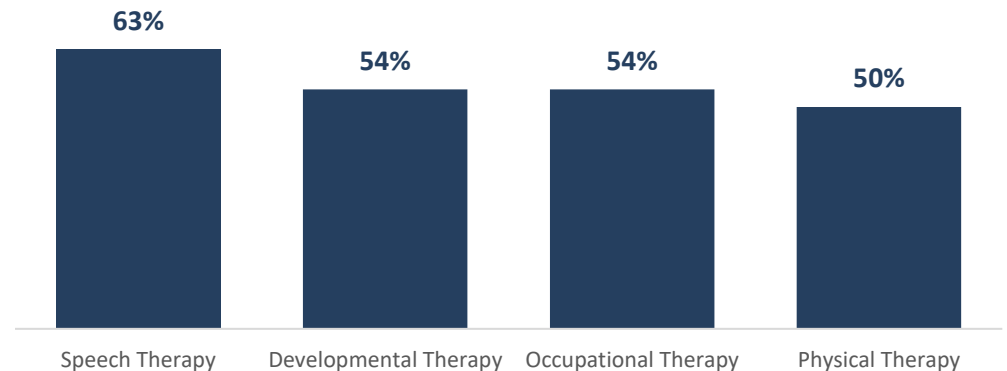
Note: These are the top barriers for respondents that included Cognitive Development as a need/challenge. Barriers are not exclusive to Cognitive Development.

Quick Facts

36% of Indiana parents of children 0-5 years old have been asked by their child’s doctor if they have concerns about their child’s learning, development, or behavior (NSCH from IYI KIDS COUNT® Data Book, 2020).

27% of Indiana children 9-35 months received a developmental screening using a parent-completed screening tool in the past year, compared to 34% of children nationally (NSCH, 2017-2018).

The percentage of children 0-3 years old enrolled in First Steps who received **services**.



Data Source: Indiana Family and Social Services Administration (2019) from IYI KIDS COUNT® Data Book, 2020

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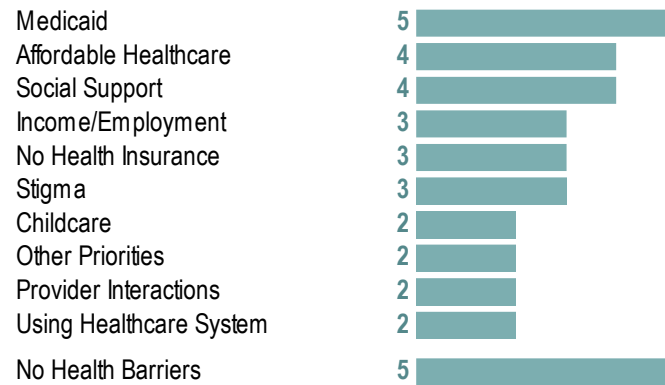
Dental/Oral Health

Statewide Survey

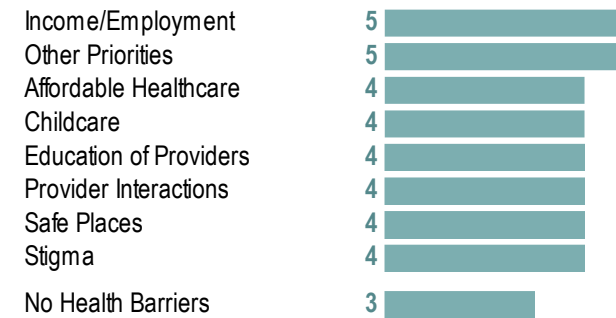
Pregnant Women **#7** & Baby **#9**

Definition: Oral health needs, including regular check-ups and dental surgery.

Statewide Survey: Dental/Oral Health Barriers – Pregnant Women



Statewide Survey: Dental/Oral Health Barriers – Baby/Young Child



Note: These are the top barriers for respondents that included Dental/Oral Health as a need/challenge. Barriers are not exclusive to Dental/Oral Health.

Focus Group Quotes

“I went to the dentist for the first time in my life this year when I got Medicaid. No cavities or anything. I’m lucky.” – **Dental/Oral Health**

“I was trying to get my daughter into a dentist office that’s for kids here in town. Because she had Medicaid as her primary insurance, they wouldn’t accept her.” – **Dental/Oral Health with Barrier: Medicaid**

“At the time I had no money, no resources.” – **Barrier: Income/Employment**

Quick Facts

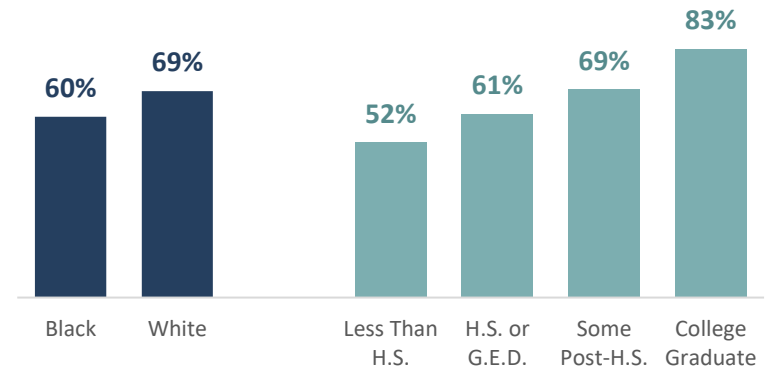
11% of Indiana women had *not* been to the dentist within the past 5 years before the BRFFS 2018 survey (BRFFS, 2018).

56% of women in Indiana had a preventative dental visit during their pregnancy. This is lowest for Hispanic mothers (40%) (PRAMS, 2017*).

*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

Quick Facts

The percentage of Indiana women who had been to the dentist within the 12 months before the BRFFS 2018 survey. Percent values are **higher** for **White** women and women with a **College Degree**.



Data Source: Behavior Risk Factor Surveillance System, 2018

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Language Development

Definition: Delays in language development, such as speaking clearly or telling stories.

Statewide Survey: Language Development Barriers



Focus Group Quotes

"I'm doing what I can with [my son]. But I'm mom; he communicates with me without words. It's where he's getting frustrated with other people cause they're not understanding his nods, or weird cues." – Language Development

"If someone cannot do these [speech] therapies, or have somebody come to them, or whatever the situation is, you can at least leave [me] with some sort of resource. 'Hey, look up online, maybe if you work on some of these vocal tones with them, or you know, muscle exercises,' at least give [me] something... I feel like I'm failing him, but I can't help it." – Language Development

"That doctor's office wouldn't even see me anymore because I couldn't pay what I owed them, and the insurance wouldn't cover it." – Barrier: Income/Employment

"I can't afford the copays and deductibles." – Barrier: Affordable Healthcare

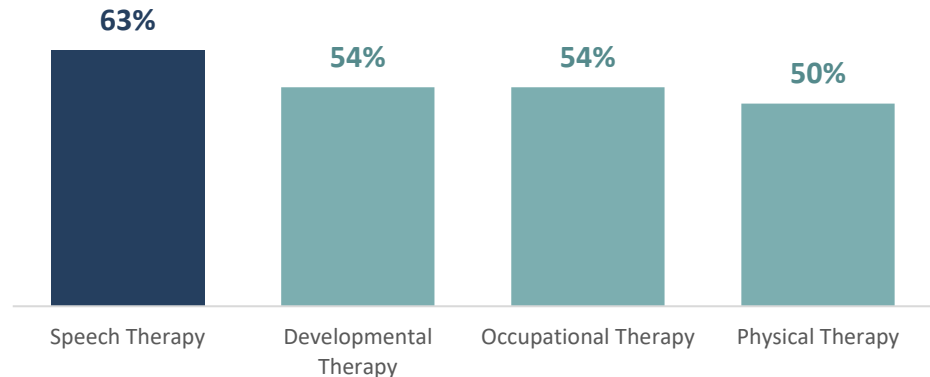
Note: These are the top barriers for respondents that included Language Development as a need/challenge. Barriers are not exclusive to Language Development.

Quick Facts

36% of Indiana parents of children 0-5 years old have been asked by their child's doctor if they have concerns about their child's learning, development, or behavior (NSCH from IYI KIDS COUNT® Data Book, 2020).

27% of Indiana children 9-35 months received a developmental screening using a parent-completed screening tool in the past year, compared to 34% of children nationally (NSCH, 2017-2018).

The majority of children 0-3 years old served by First Steps received **Speech Therapy**.



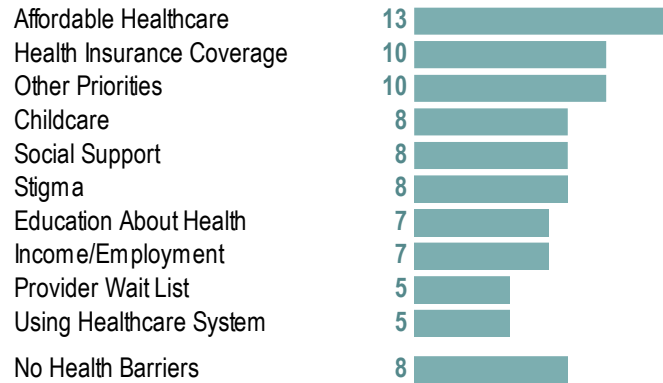
Data Source: Indiana Family and Social Services Administration (2019) from IYI KIDS COUNT® Data Book, 2020

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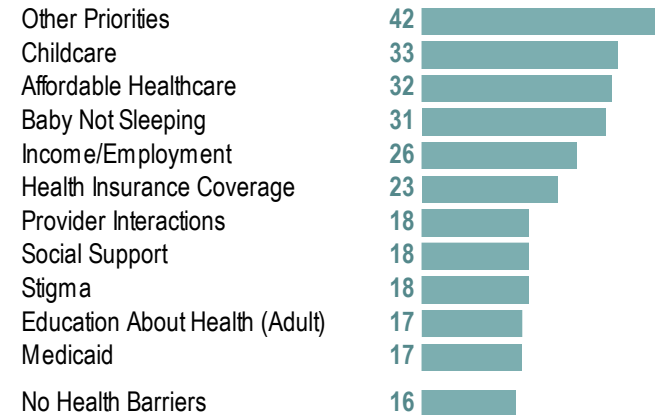
Mental Health

Definition: Mental health needs, including depression, anxiety, or other conditions.

Statewide Survey: Mental Health Barriers – Pregnant Women



Statewide Survey: Mental Health Barriers – Baby's Caregiver



Note: These are the top barriers for respondents that included Mental Health as a need/challenge. Barriers are not exclusive to Mental Health.

Focus Group Quotes

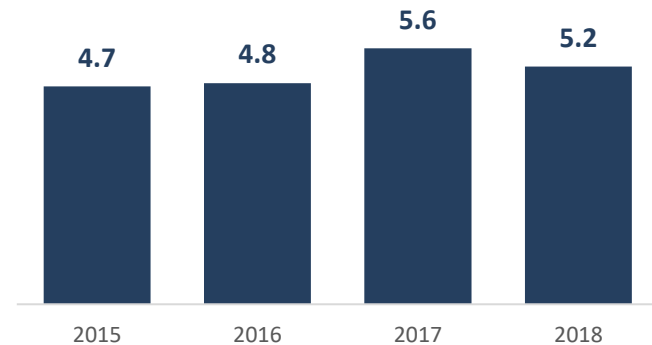
- "In my past I suffered from depression." – **Mental Health**
- "I didn't know [until] I was 8 months post-partum with him that I had severe post-partum depression. I remember thinking, 'no one cries all the time?'" – **Mental Health**
- "I feel there should be more help to buy medicine." – **Barrier: Affordable Healthcare**
- "One of the barriers is access to a qualified physician for a Medicaid patient... I want to make sure that my child gets appropriate care, but I don't have access to those doctors, so I have to basically take what I get. If I don't like those doctors, then I'm out of options." – **Barrier: Health Insurance Coverage**

Quick Facts

- 25%** of Indiana women have had a depressive disorder. This is higher for women 18-44 years old (29%) than for women 45 years or older (21%) (BRFSS, 2018).
- 34%** of Indiana women said that their mental health was not good for 3 or more days in the 30 days before the BRFSS 2018 survey (BRFSS, 2018).

Quick Facts

The average number of days in the 30 days before the BRFSS 2018 survey during which women said their **mental health was not good** (including stress, depression, emotional problems).



Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2015-2018

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Mental Health *(continued)*

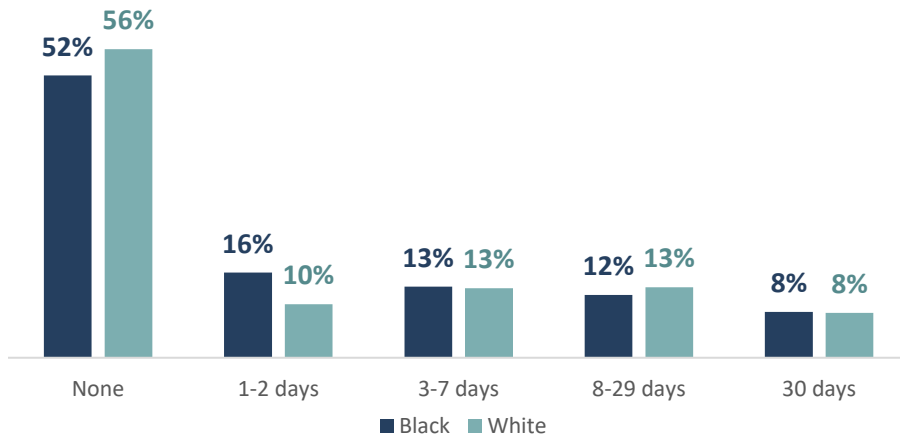
Pregnant Women #3 & Baby's Caregiver #1

Definition: Mental health needs, including depression, anxiety, or other conditions.

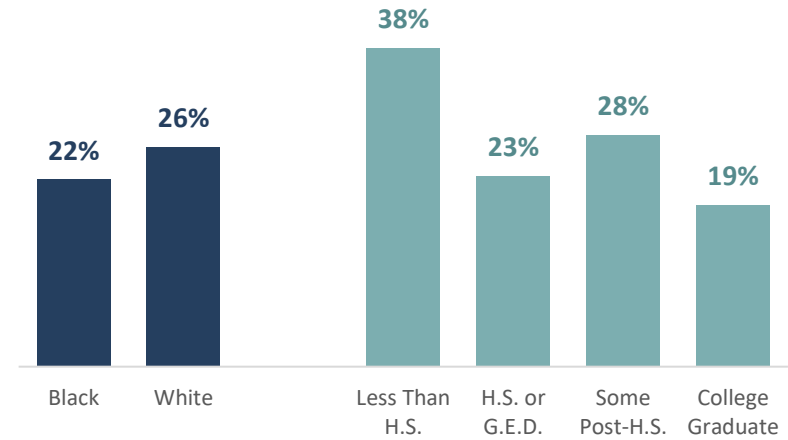
Quick Facts *(continued)*

The frequency of days in the 30 days before the BRFSS 2018 survey during which women said their mental health was not good for **Black** and **White** women.

The percentage of women who have had a depressive disorder is higher for **White** women and women with **Less than a High School Degree**.

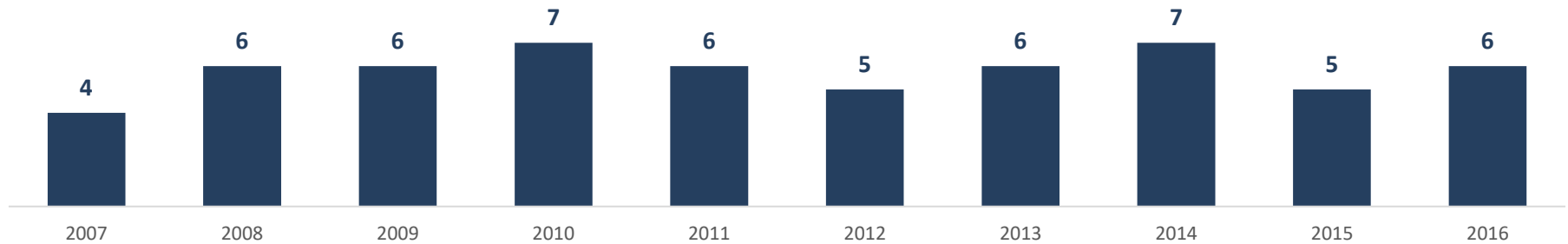


Data Source: Behavior Risk Factor Surveillance System, 2018



Data Source: Behavior Risk Factor Surveillance System, 2018

Suicide rates for Marion County women per 100,000.



Data Source: Marion Co. Death Certificates DR3503, 2007-2016

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Nutrition and/or Physical Activity

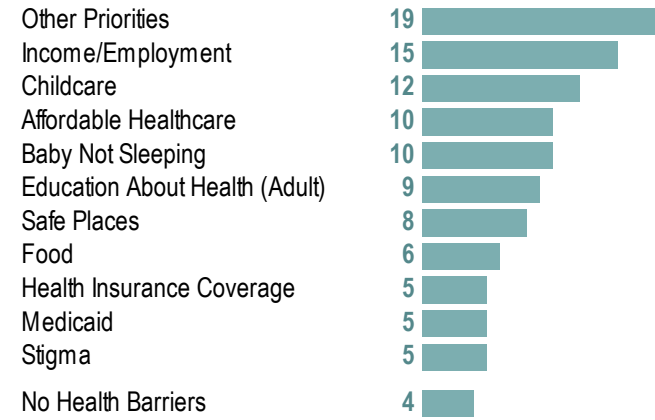
Pregnant Women **#9**, Caregiver **#5**, & Baby **#1**

Definition: Physical needs related to health, including a lack of proper nutrition and lack of physical activity.

Statewide Survey: Nutrition/Physical Activity Barriers – Pregnant Women

Less than 10 respondents identified Nutrition and/or Physical Activity as a need. Due to the small number of responses, specific barrier information is not included.

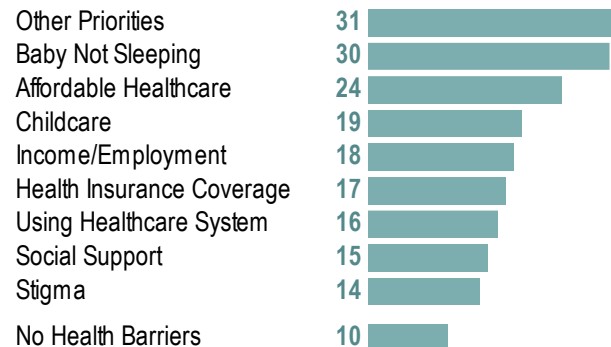
Statewide Survey: Nutrition/Physical Activity Barriers – Baby’s Caregiver



Note: These are the top barriers for respondents that included Nutrition and/or Physical Activity as a need/challenge. Barriers are not exclusive to Nutrition and/or Physical Activity.

Statewide Survey: Breakout of Baby/Young Child Nutrition Barriers

Statewide Survey: All Nutrition Barriers



Statewide Survey: Nutrition (Breast Milk) Barriers



Statewide Survey: Nutrition (Other) Barriers



Note: These are the top barriers for respondents that included the Nutrition-related response as a need/challenge (i.e., Nutrition (Breast Milk), Nutrition (Other), Nutrition (CYSHCN)). Barriers are not exclusive.

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

Nutrition and/or Physical Activity *(continued)*

Pregnant Women **#9**, Caregiver **#5**, & Baby **#1**

Definition: Physical needs related to health, including a lack of proper nutrition and lack of physical activity.

Focus Group Quotes

“Trying to just be healthy. Because you’re doing so much, you don’t get to fix healthy foods because it’s whatever’s fastest to get done, so you can get whatever you need done.”
– **Nutrition**

“Those public markets [that are no longer available] took SNAP. So, you could get fresh fruits and vegetables. My son liked to run around in the little trailer and pick it out. I think kids like stuff when they can pick it out. Bananas or oranges or whatever. He would go shopping.” – **Nutrition**

“I would love to exercise but I haven’t had time.” – **Physical Exercise with Barrier: Other Priorities**

“It’s hard to sign up for childcare where you can actually get both or multiple kids into the same facility.” – **Barrier: Childcare**

“Some of [the WIC food they gave me while I was pregnant was] different than what we ever would’ve bought before, like whole grain pasta and brown rice and whole wheat tortillas and stuff. [It would have been helpful to have] ideas on what we could prepare with it. It took me a long time to figure out stuff the kids would eat. They’d turn their nose up right away at the whole wheat stuff.” – **Barrier: Education About Health**

Quick Facts

37% of Indiana mothers said, “Breast milk alone did not satisfy my baby,” as a reason why they stopped breastfeeding (PRAMS, 2017*).

19% of Indiana mothers said, “I thought my baby was not gaining enough weight,” as a reason why they stopped breastfeeding (PRAMS, 2017*).

34% of Indiana women are obese, and another 29% of women are overweight (ISDH analysis of BRFSS, 2018).

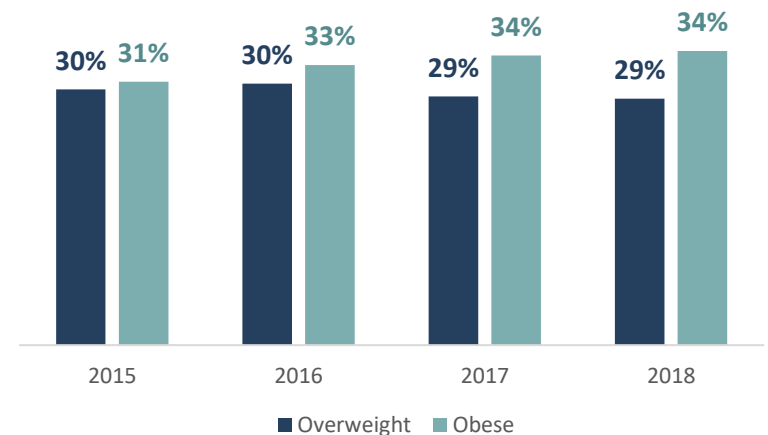
47% of Black Indiana women are obese, which is a higher percent than White women (33%) and Hispanic women (38%) (ISDH analysis of BRFSS, 2018).

30% of Black Indiana women are overweight, which is a slightly higher percent than White women (29%) and Hispanic women (28%) (ISDH analysis of BRFSS, 2018).

70% of Indiana women engaged in physical activity or exercise in the last 30 days. A higher percent of women with a college degree (84%) engaged in physical exercise, compared to women with some college (76%), a high school diploma (60%), and less than a high school diploma (51%) (ISDH analysis of BRFSS, 2018).

*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

The percentage of women who are **overweight** has decreased slightly, while the percentage of women who are **obese** has increased slightly since 2015. (Overweight and obese categories are mutually exclusive)

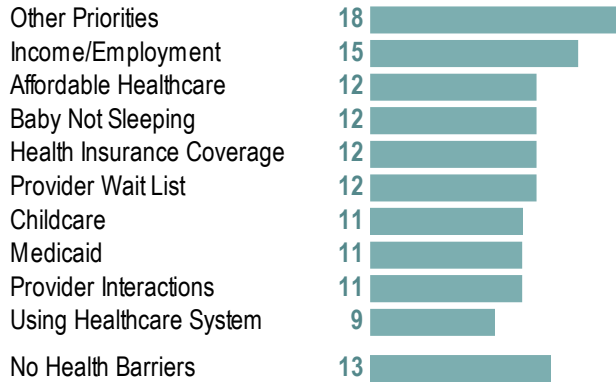


Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2015-2018

Physical Development

Definition: Delays in physical development or activity, such as tummy time, crawling, walking, jumping, or catching a ball.

Statewide Survey: Physical Development Barriers



Focus Group Quotes

"I haven't had the time." – **Barrier: Other Priorities**

"I'm like, 'I can't pay my bills. How am I supposed to have extra money to drive over a half hour to the closest [provider]?"" – **Barrier: Income/Employment**

"At the pediatric office, if you ask for extra information when you go there, you get charged \$35. Double that, depending on how many questions you have. You go in for whatever and I ask a few questions, 5 [years old] is different from an infant. And then you get the paperwork and you're like well this wasn't after hours so why did I get a bill? And she said, 'oh, well we had to bill that because of extra.' So, my questions become extra. So, I have a five-year-old. I have other children, but that was because I had questions on him. Then I'm 'extra.' I'm going to be several thousand by the time he grows up." – **Barrier: Affordable Healthcare**

"It seems like there are a lot of practices and there are a lot of good doctors, but it's really hard. I don't think there's enough. We need more doctors actually. It seems if you can't get your kid in to get seen cause they don't have enough... And the good ones are so overwhelmed and have so much clientele that they're not taking any new patients." – **Barrier: Provider Waiting List**

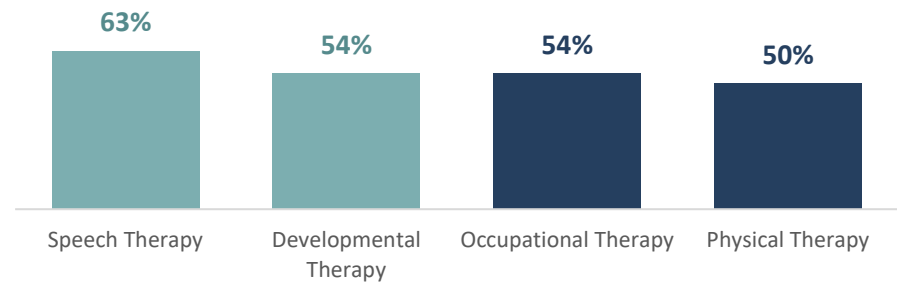
Note: These are the top barriers for respondents that included Physical Development as a need/challenge. Barriers are not exclusive to Physical Development.

Quick Facts

36% of Indiana parents of children 0-5 years old have been asked by their child's doctor if they have concerns about their child's learning, development, or behavior (NSCH from IYI KIDS COUNT® Data Book, 2020).

27% of Indiana children 9-35 months received a developmental screening using a parent-completed screening tool in the past year, compared to 34% of children nationally (NSCH, 2017-2018).

The majority of children 0-3 years old served by First Steps received **Occupational Therapy** and/or **Physical Therapy**.



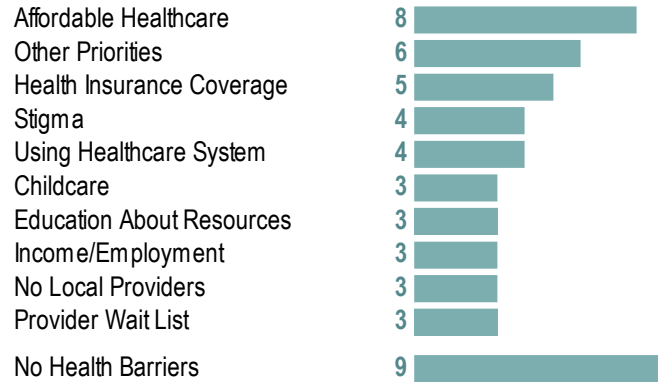
Data Source: Indiana Family and Social Services Administration (2019) from IYI KIDS COUNT® Data Book, 2020

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Physical Wellness

Definition: Physical needs related to wellness, including well-visits or annual check-ups.

Statewide Survey: Physical Wellness Barriers



Focus Group Quotes

“I have never been able to get into a provider in a timely manner to establish care. That’s happening again. I changed insurances because I changed employers a couple months ago and I lost my primary care physician because it was a clinic exclusive to my previous employer. It’s taken me three months to get established with a primary care provider.” – **Physical Wellness**

“I can’t afford the copays and deductibles.” – **Barrier: Affordable Healthcare**

“Sometimes, because of my son, I try to do things pretty fast and I forget about myself [and] the last thing I think of in the day is myself.” – **Barrier: Other Priorities**

“It is very frustrating when you have doctors that are local or a specialist that might be local and then to hear, ‘Oh, well we don’t take your insurance.’” – **Barrier: Health Insurance Coverage**

Note: These are the top barriers for respondents that included Physical Wellness as a need/challenge. Barriers are not exclusive to Physical Wellness.

Quick Facts

29% of Indiana women said that there were 3 or more days in the 30 days before the BRFSS 2018 survey during which their physical health was not good. This was higher for Black women (34%) than for White women (29%) (BRFSS, 2018).

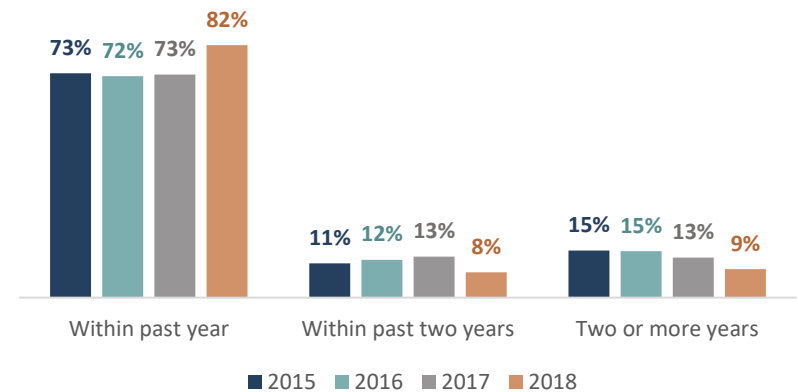
82% of Indiana women have visited a doctor for a routine check-up within the past year before the BRFSS 2018 survey. This percent is higher for women 45 and older (88%) compared to women 18-44 years old (75%). This is also higher for Black women (90%) compared to White women (82%) (ISDH analysis of BRFSS, 2018).

67% of Indiana women have ever had a mammogram. This is higher for White women (69%) than for Black women (66%) (ISDH analysis of BRFSS, 2018).

91% of Indiana women have ever had a pap test. This is higher for White women (92%) than for Black women (88%) (ISDH analysis of BRFSS, 2018).

47% of Indiana women have ever had a HPV test. This is higher for Black women (49%) than for White women (47%). This has also increased from 2016 (38%) (ISDH analysis of BRFSS, 2018).

The majority of women have had a routine check-up within the past year. This percent has increased from **73% in 2015** to **82% in 2018**.



Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2015-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

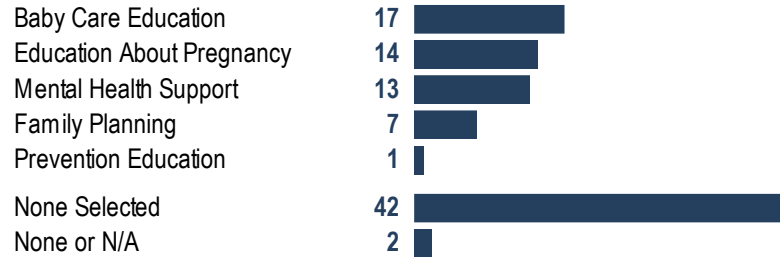
Pregnancy-Related Care

Pregnant Women **#1** & Caregiver **#4**

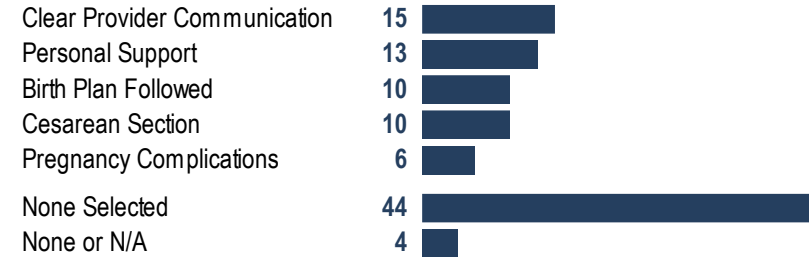
Definition: Care before, during, or after pregnancy.

Statewide Survey: Pregnant Women (women who are currently pregnant)
In what areas did you not receive enough care around your pregnancy?

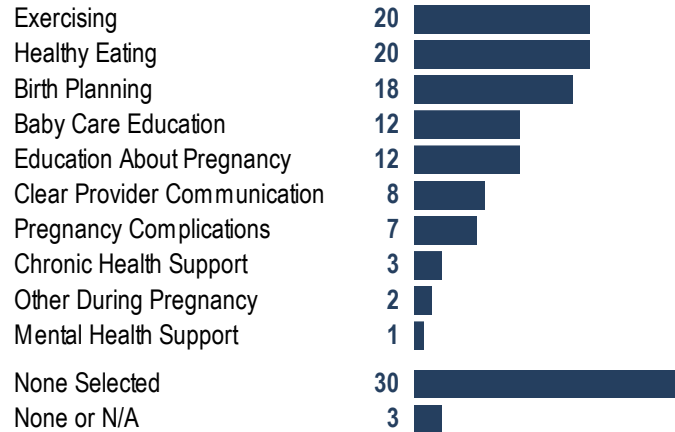
Before Pregnancy



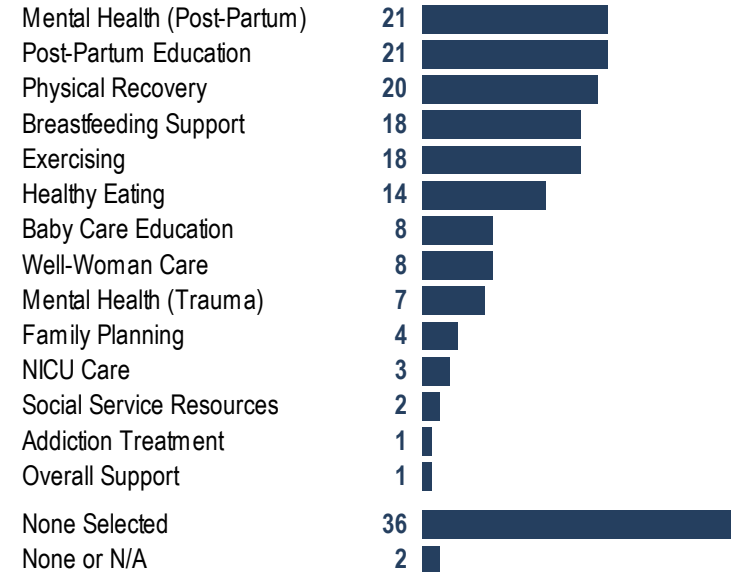
During Labor & Delivery



During Pregnancy



After Pregnancy



**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

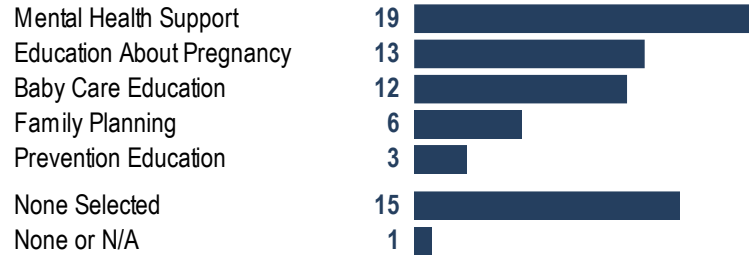
Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

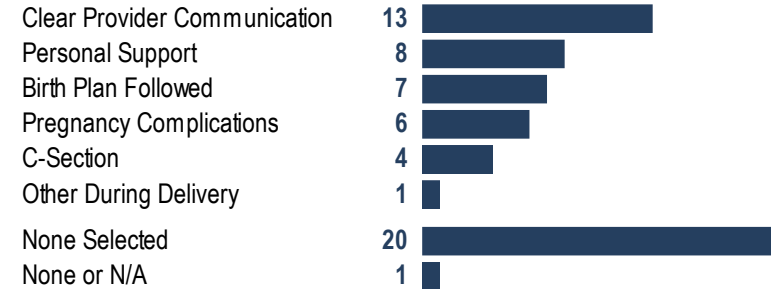
Statewide Survey: Baby's Female Caregiver

In what areas did you not receive enough care around your pregnancy?

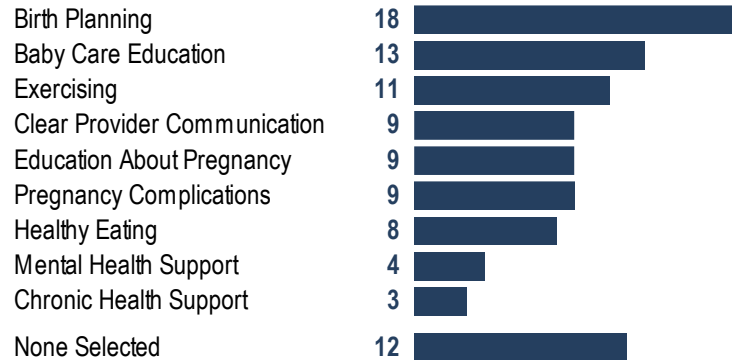
Before Pregnancy



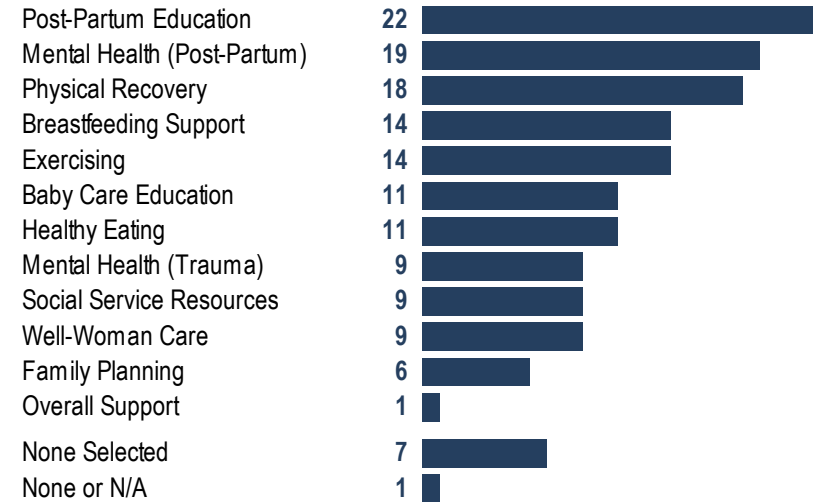
During Labor & Delivery



During Pregnancy



After Pregnancy



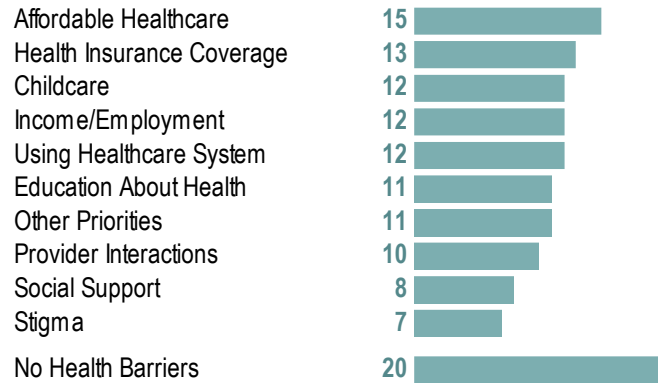
**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

Statewide Survey:

Pregnancy-Related Care Barriers – Pregnant Women



Statewide Survey:

Pregnancy-Related Care Barriers – Baby’s Caregiver



Note: These are the top barriers for respondents that identified Pregnancy-Related Care as a need/challenge. These barriers are specific to Pregnancy-Related Care.

Focus Group Quotes

“All these moms here, if they live here, they have to go to other hospitals to deliver. We don’t have in [our city] anywhere they can deliver.” – **Pregnancy Care**

“I didn’t know [until] I was 8 months post-partum with him that I had severe post-partum depression. I remember thinking, ‘no one cries all the time?’” – **Pregnancy Care**

“We do have a growing number of physical therapists who can address pelvic floor issues post-partum.” – **Pregnancy Care**

“I feel there should be more help to buy medicine. If you don’t have insurance, you literally have to pay the whole price.” – **Barrier: Affordable Healthcare**

“I was very honest with my survey that I had terrible service. It was bad. It was not good. I think that’s what made me want to be a birth doula honest. It wasn’t the c-section. It was my care before and after that I feel like was more traumatic for me. It was way more traumatic when I look back on it, that’s what makes me upset. That’s what makes me want to cry is how I was treated.” – **Barrier: Provider Interactions**

*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

Quick Facts

32%

of pregnant women in Indiana did *not* receive prenatal care in their first trimester (MCH analysis of Vital Records, 2018). When linking infant birth and death records, two out of every five babies who died did not receive early prenatal care (ISDH Linked Data, 2013-2017).

10%

of pregnant women in Indiana felt emotionally upset as a result of how they were treated based on their race (during the 12 months before their baby was born) (PRAMS, 2017*).

41

per 100,000 live births in Indiana result in maternal mortality, which is higher than the US maternal mortality rate (21) (IYI KIDS COUNT® Data Book, 2020).

6.8

per 1,000 live births in Indiana result in infant mortality, which is much higher for Black Non-Hispanic babies (13.0) (MCH analysis of Vital Records, 2018). When linking infant birth and death records, 70% of babies who died were preterm (<37 weeks) or had a low birthweight (<2500 g), 51% were born to a mother on Medicaid, and 22% were born to a mother who smoked during pregnancy (ISDH Linked Data, 2013-2017).

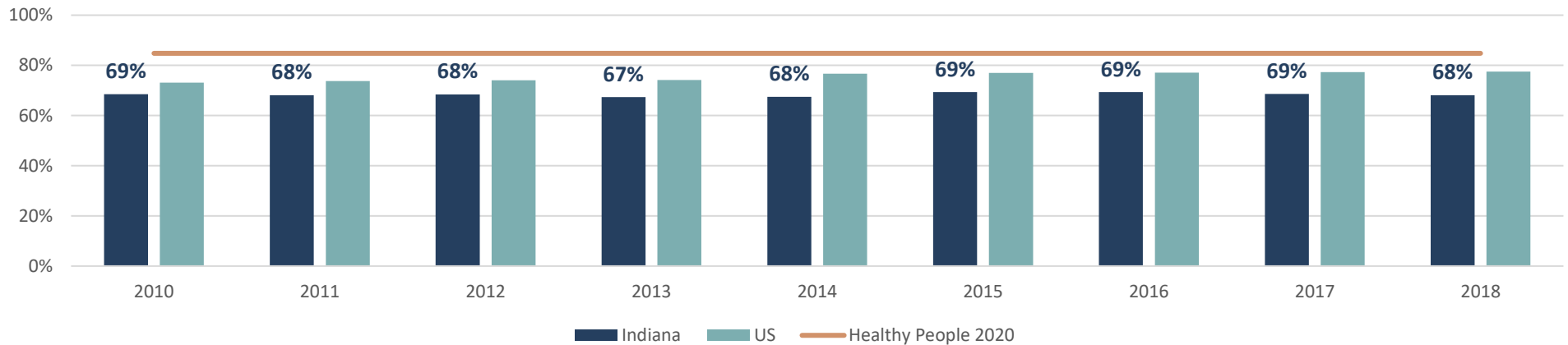
Pregnancy-Related Care *(continued)*

Pregnant Women **#1** & Caregiver **#4**

Definition: Care before, during, or after pregnancy.

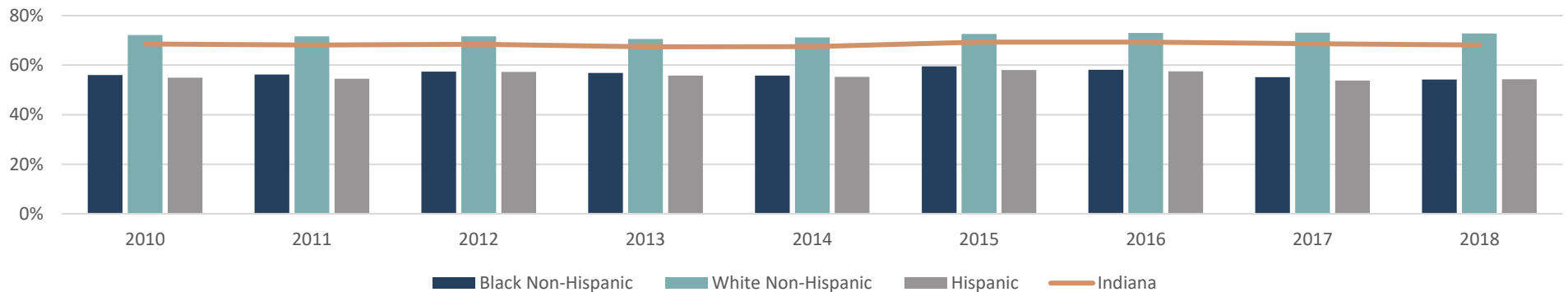
Quick Facts *(continued)* - Prenatal Care

The percentage of women who received prenatal care during their first trimester in **Indiana** has been relatively steady since 2010. However, **Indiana** is still *below* the **National Average** and *below* the **Healthy People 2020 Goal of 84.8%**.



Data Source: MCH analysis of Vital Records and CDC National Center for Health Statistics, 2010-2018

The percentage of women who received prenatal care during their first trimester in **Indiana** is the *highest* for **White Non-Hispanic mothers**.



Data Source: MCH analysis of Vital Records, 2010-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

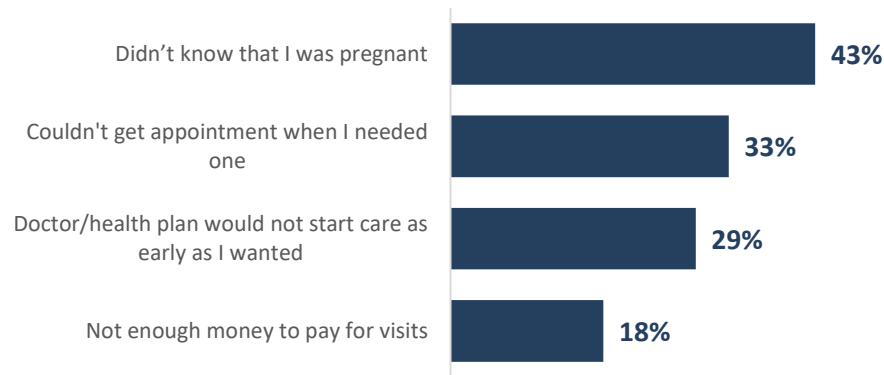
Pregnancy-Related Care *(continued)*

Pregnant Women **#1** & Caregiver **#4**

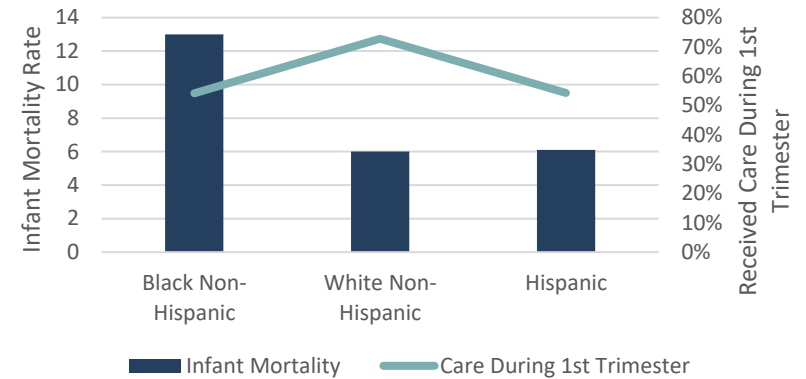
Definition: Care before, during, or after pregnancy.

Quick Facts *(continued)* - Prenatal Care

Situations that prevented women from getting prenatal care:



A larger percentage of White Non-Hispanic mothers **received care during their first trimester**, while Black Non-Hispanic mothers have the highest **infant mortality rate**.



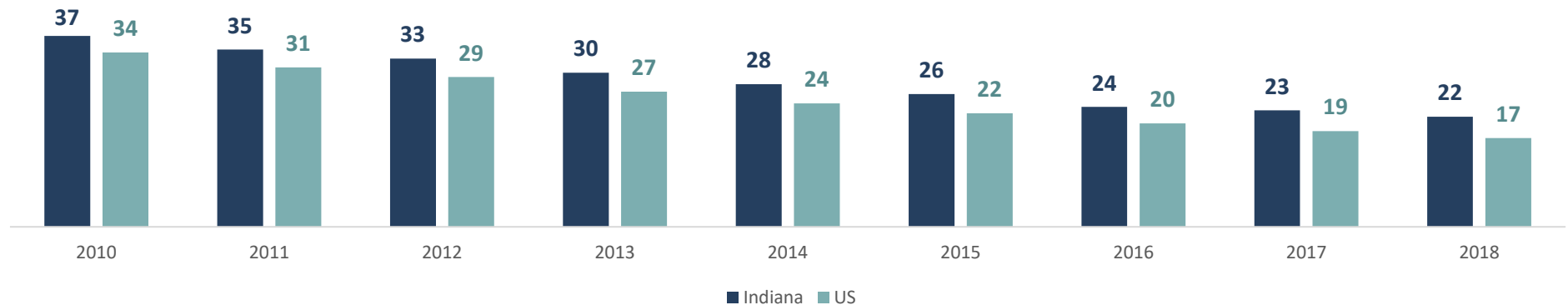
Data Source: Pregnancy Risk Assessment Monitoring System, 2017*

*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

Data Source: MCH analysis of Vital Records, 2018

Quick Facts *(continued)* - Teen Births

The birth rate for teenage mothers (15-19) is decreasing each year; however, **Indiana** remains *higher* than the **US** rate (per 1,000).



Data Source: MCH analysis of Vital Records and CDC National Center for Health Statistics, 2010-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

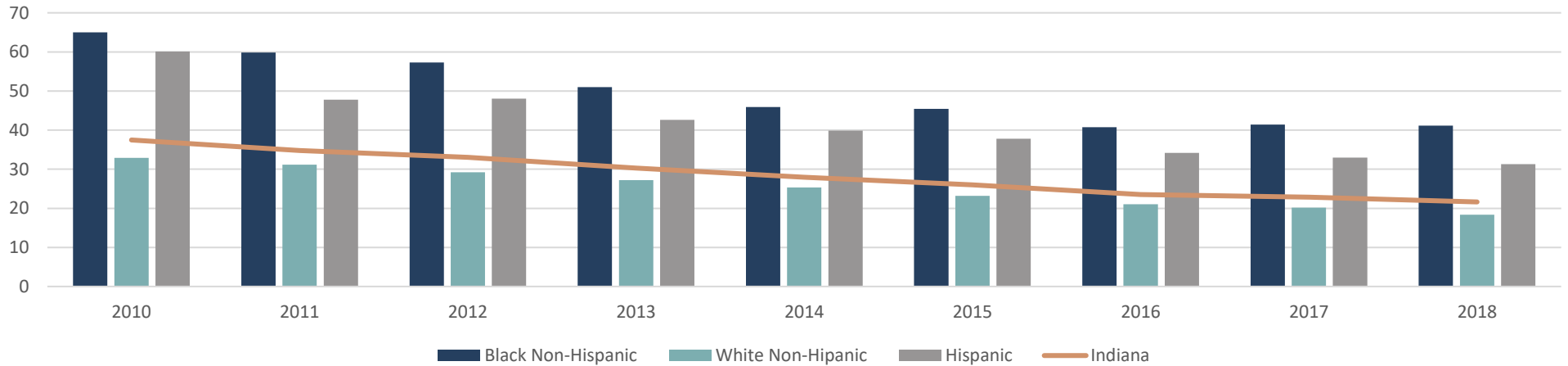
Pregnancy-Related Care *(continued)*

Pregnant Women **#1** & Caregiver **#4**

Definition: Care before, during, or after pregnancy.

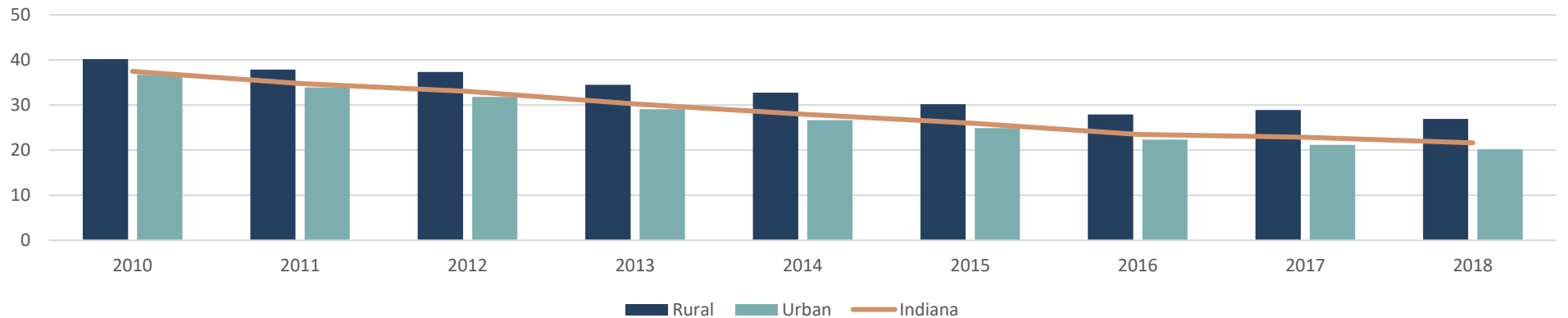
Quick Facts *(continued)* - Teen Births

The birth rate for teenage mothers (15-19) is *higher* for **Black Non-Hispanic teens** and **Hispanic teens**, compared to **White Non-Hispanic teens** (per 1,000).



Data Source: MCH analysis of Vital Records, 2010-2018

The birth rate for teenage mothers (15-19) is *higher* in **Rural** areas compared to **Urban** areas of Indiana (per 1,000).



Data Source: MCH analysis of Vital Records, 2010-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

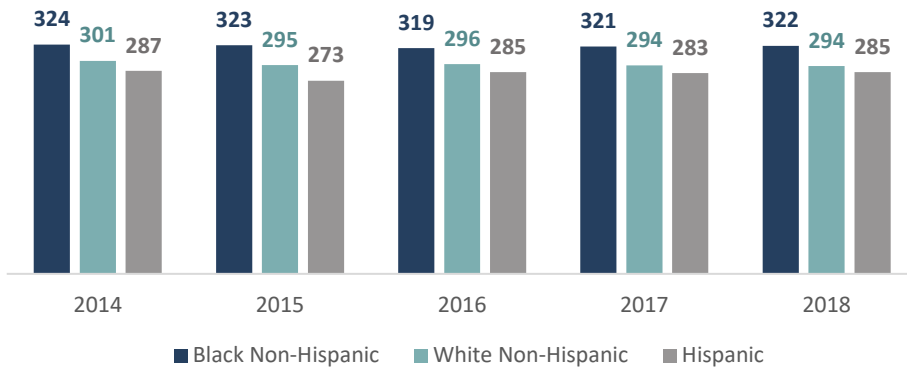
Pregnancy-Related Care *(continued)*

Pregnant Women **#1** & Caregiver **#4**

Definition: Care before, during, or after pregnancy.

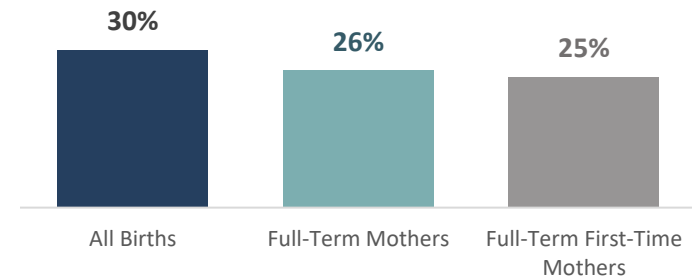
Quick Facts *(continued)* - Cesarean Births

Black Non-Hispanic mothers have the *highest* rate of cesarean births (per 1,000 women).



Data Source: MCH analysis of Vital Records, 2014-2018

For all Indiana babies born, **30% are a cesarean birth**. For vertex presentation births (i.e., the baby is in the head down position needed for a vaginal delivery), around a quarter of **full-term mothers** (≥ 37 weeks) and **full-term first-time mothers** have a cesarean birth.

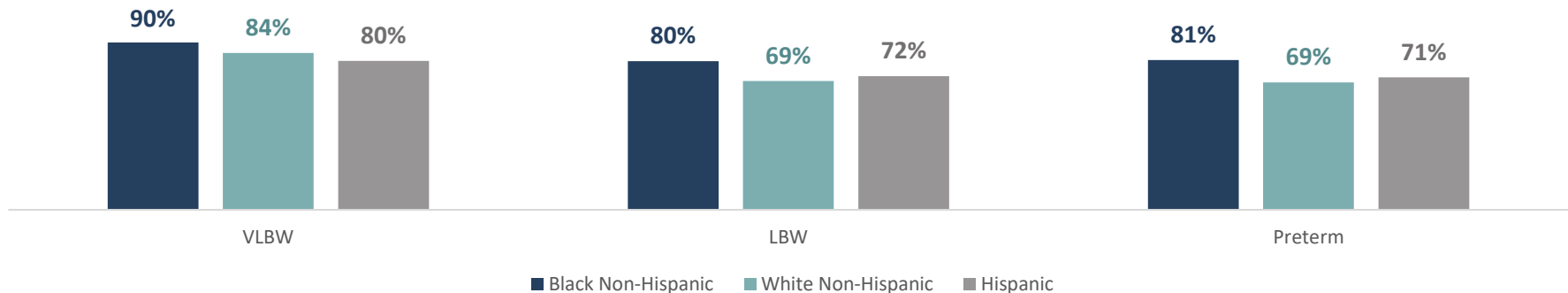


Data Source: MCH analysis of Vital Records, 2018

Data for full-term and full-term first-time mothers is specific to vertex presentation births.

Quick Facts *(continued)* - Risk-Appropriate Perinatal Care

Black Non-Hispanic mothers have the *highest* percentage of very low birthweight (VLBW), low birthweight (LBW), and preterm births in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).



Data Source: MCH analysis of Vital Records, 2018

Very low birthweight (VLBW) births are defined as < 1500 grams, low birthweight (LBW) births are defined as < 2500 grams, and preterm births are defined by a gestation < 37 weeks.

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

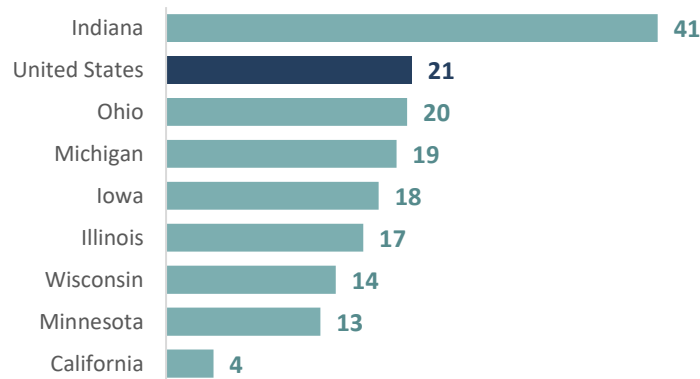
Pregnancy-Related Care *(continued)*

Pregnant Women **#1** & Caregiver **#4**

Definition: Care before, during, or after pregnancy.

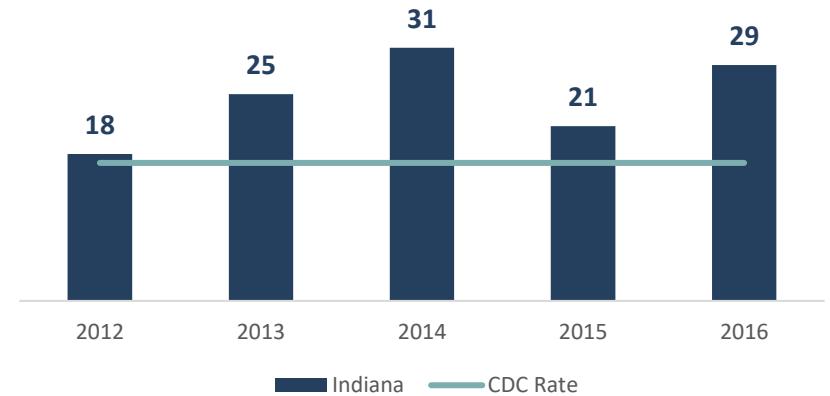
Quick Facts *(continued)* - Maternal Mortality

The maternal mortality rate in **Indiana** is the *highest* compared to all other **Midwestern states** and the **US**. (Maternal deaths/100,000 births)



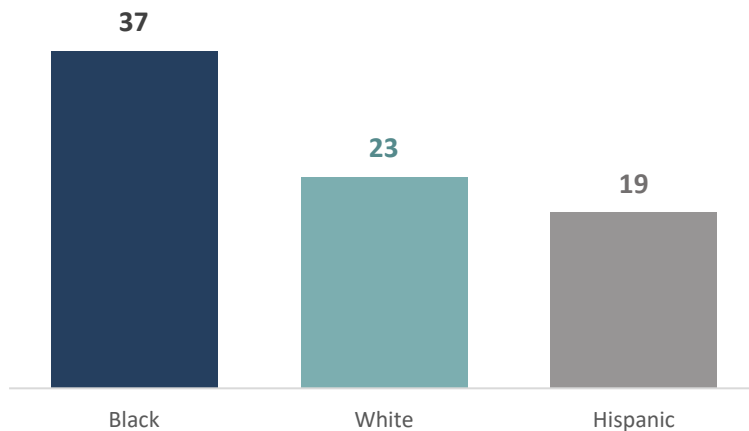
Data Source: IYI KIDS COUNT® Data Book, 2020

Indiana's pregnancy-related maternal mortality rate has consistently been *higher* than the **CDC published national rate** per 100,000 live births.



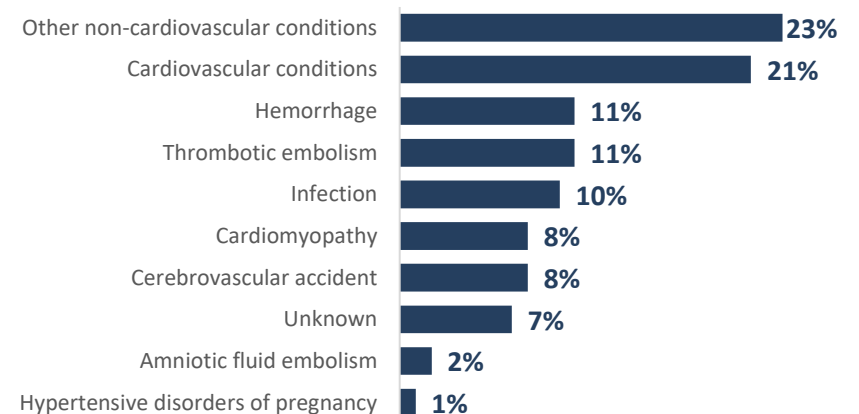
Data Source: CDC's Indiana Pregnancy Mortality Surveillance System Data, 2012-2016

Black mothers had the *highest* rate of pregnancy-related mortality (per 100,000 live births).



Data Source: CDC's Indiana Pregnancy Mortality Surveillance System Data, 2012-2016

Causes of pregnancy-related deaths for Indiana women:



Data Source: CDC's Indiana Pregnancy Mortality Surveillance System Data, 2012-2016

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Pregnancy-Related Care *(continued)*

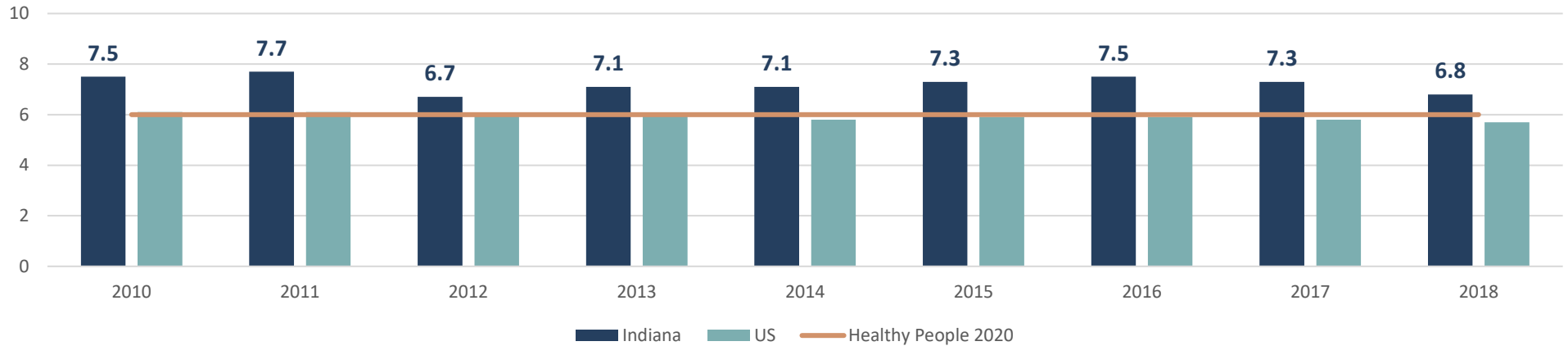
Statewide Survey

Pregnant Women **#1** & Caregiver **#4**

Definition: Care before, during, or after pregnancy.

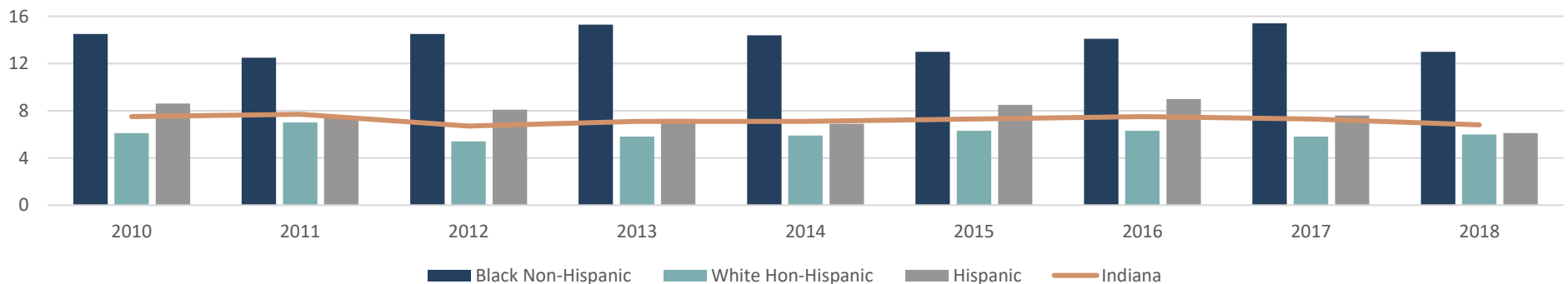
Quick Facts *(continued)* - Infant Mortality

The infant mortality rate in **Indiana** is *lower* than in previous years.
 However, **Indiana** is still *above* the **National Average** and *above* the **Healthy People 2020 Goal of 6.0** infant deaths per 1,000 live births.



Data Source: MCH analysis of Vital Records and CDC National Center for Health Statistics, 2010-2018

The infant mortality rate in **Indiana** is the *highest* for **Black Non-Hispanic mothers**.



Data Source: MCH analysis of Vital Records, 2010-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

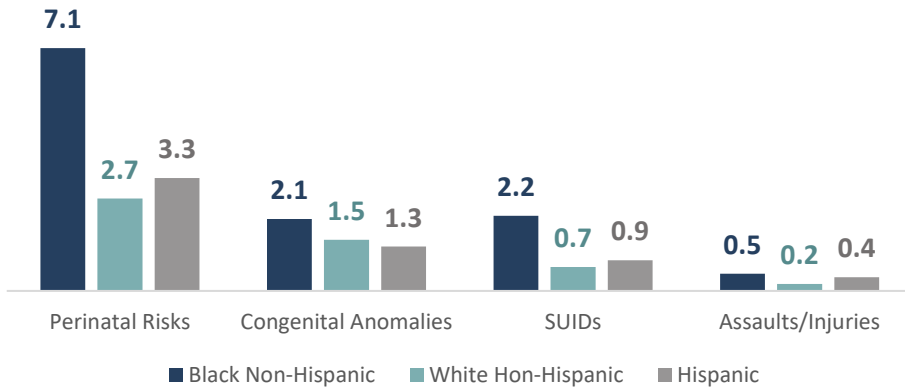
Pregnancy-Related Care *(continued)*

Pregnant Women **#1** & Caregiver **#4**

Definition: Care before, during, or after pregnancy.

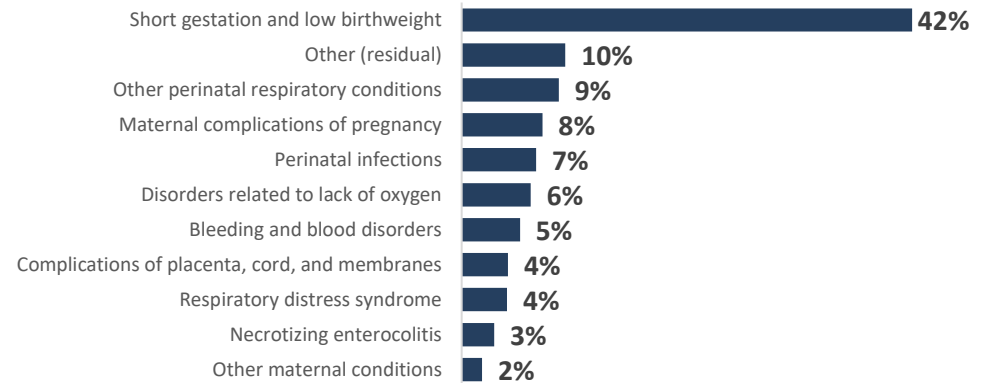
Quick Facts *(continued)* - Infant Mortality

Black Non-Hispanic mothers have the *highest* infant mortality rates, and perinatal risks are the *highest* cause of infant mortality overall (per 1,000 live births).



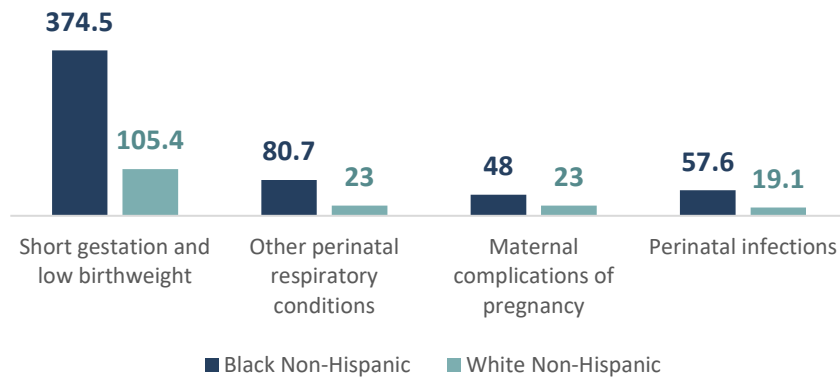
Data Source: MCH analysis of Vital Records, 2018

Perinatal risks are the greatest collective underlying cause of infant death in Indiana, and the most common prenatal risk group is *preterm and low birthweight infants*.



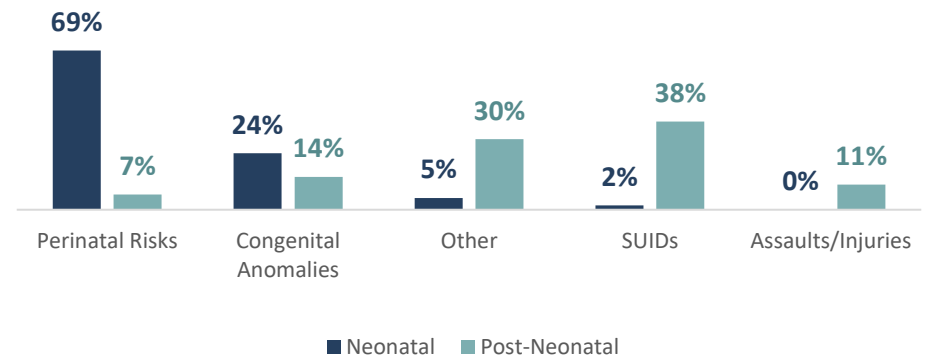
Data Source: MCH analysis of Vital Records, 2014-2018

Black Non-Hispanic infants are 3.5 times *more likely* to die of *prematurity and low birthweight* as compared to **White Non-Hispanic infants** (per 100,000 births).



Data Source: MCH analysis of Vital Records, 2014-2018

The highest cause of infant mortality for **babies 0-27 days old (neonatal)** are perinatal risks. The highest cause of infant mortality for **babies 28-364 days old (post-neonatal)** are Sudden Unexplained Infant Deaths (SUIDs).



Data Source: MCH analysis of Vital Records, 2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

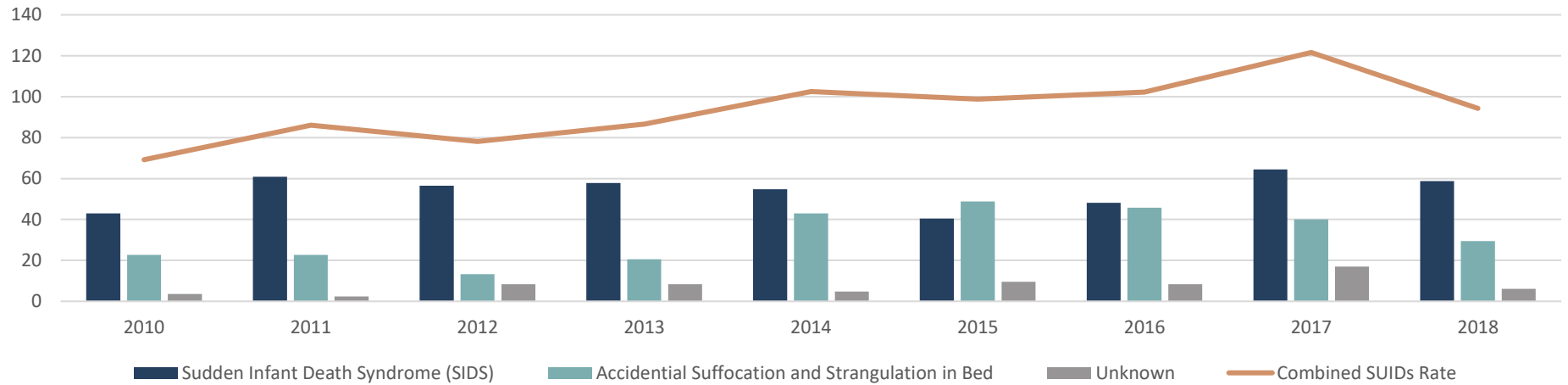
Pregnancy-Related Care *(continued)*

Pregnant Women **#1** & Caregiver **#4**

Definition: Care before, during, or after pregnancy.

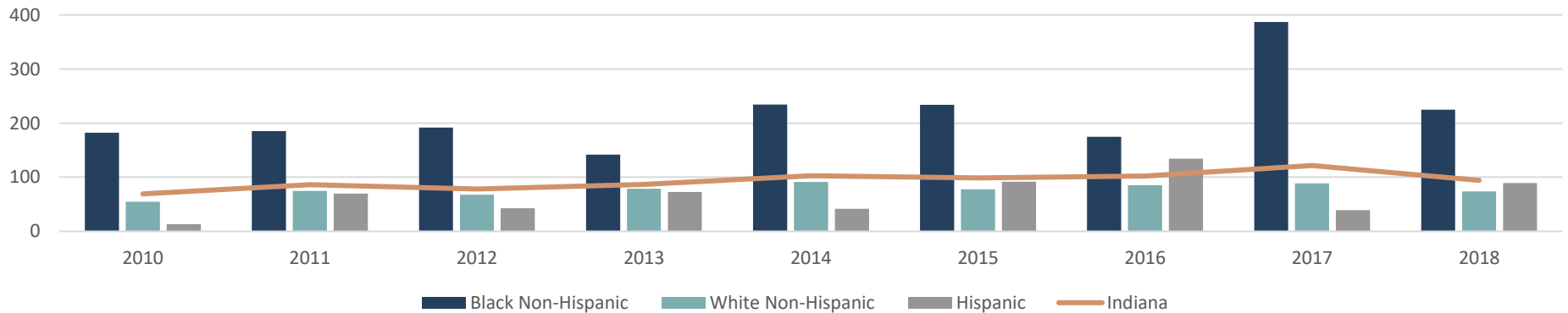
Quick Facts *(continued)* - Infant Mortality

Sudden Infant Death Syndrome (SIDS) makes up the largest portion of **Sudden Unexplained Infant Deaths (SUIDs)**, which is the *highest* cause of infant death after the first 27 days of life (rates per 100,000 live births).



Data Source: MCH analysis of Vital Records, 2010-2018

Black Non-Hispanic babies have the *highest* rate of Sudden Unexplained Infant Death (SUID) rates per 100,000 live births.



Data Source: MCH analysis of Vital Records, 2010-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Premature Birth

Definition: Needs related to babies born more than three weeks before the baby’s estimated due date (i.e., before the start of the 37th week of pregnancy).

Statewide Survey: Premature Birth Barriers

Less than 10 respondents identified Premature Birth as a need for their baby/young child. Due to the small number of responses, specific barrier information is not included.

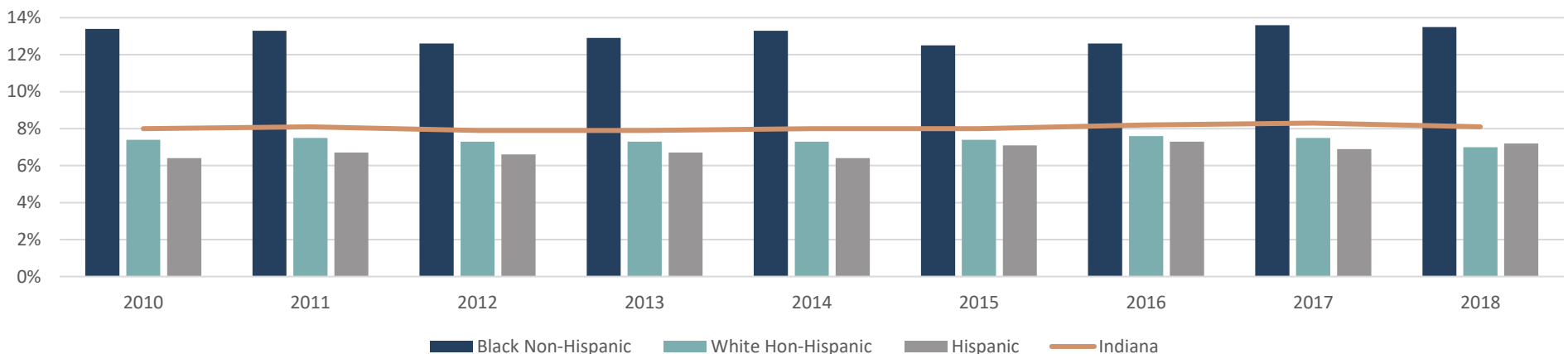
Focus Group Quotes

“It’s a little frustrating sometimes, because with having twins I didn’t qualify for a lot of programs because they didn’t do the pack and play programs and car seat programs until I was 36 weeks. I had my babies before.” – *Premature Birth*

Quick Facts

- 10%** of babies were born preterm (< 37 weeks gestation) in 2018, a statistically significant increase from the prior year. Of all live births, 14% were preterm and Black Non-Hispanic, 9% were preterm and White Non-Hispanic, and 10% were preterm and Hispanic in 2018 (MCH analysis of Vital Records, 2018). In addition, 65% of Indiana babies who died were born preterm when birth and death records were linked. This percent is highest for Black Non-Hispanic babies (73%) (ISDH Linked Data, 2013-2017).
- 8%** of babies were born with a low birthweight (< 2500 g) in 2018, and 1% were born with a very low birthweight (< 1500 g) (MCH analysis of Vital Records, 2018). When linking infant birth and death records, 63% of babies who died had a low birthweight. This percent is highest for Black Non-Hispanic babies (71%) and Hispanic babies (68%) (ISDH Linked Data, 2013-2017).
- 88%** of refugees ages 0-1 were underweight (ISDH TB/Refugee Health, 2017-2019).

The percentage of low birthweight births (<2,500 grams) in **Indiana** is *highest* for **Black Non-Hispanic babies** compared to **White Non-Hispanic babies** and **Hispanic babies**.



Data Source: MCH analysis of Vital Records, 2010-2018

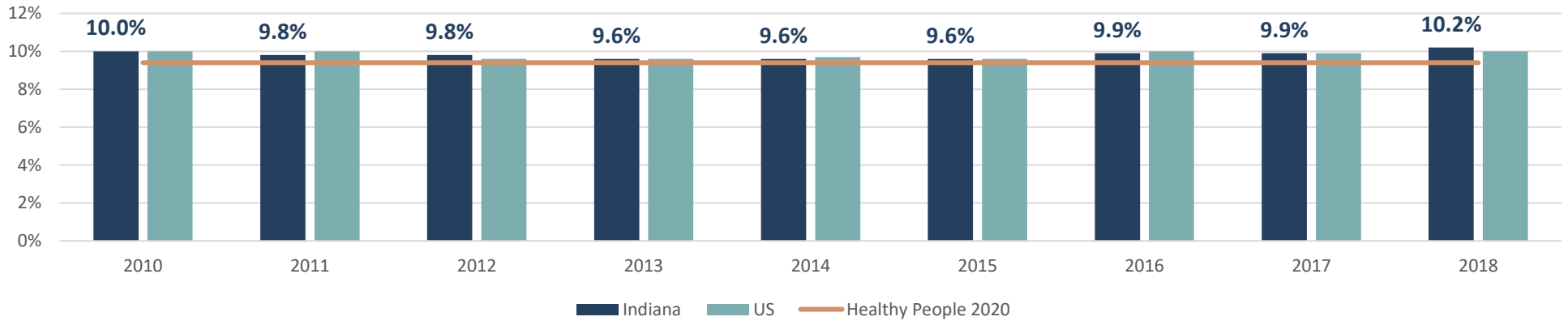
**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

Premature Birth *(continued)*

Definition: Needs related to babies born more than three weeks before the baby's estimated due date (i.e., before the start of the 37th week of pregnancy).

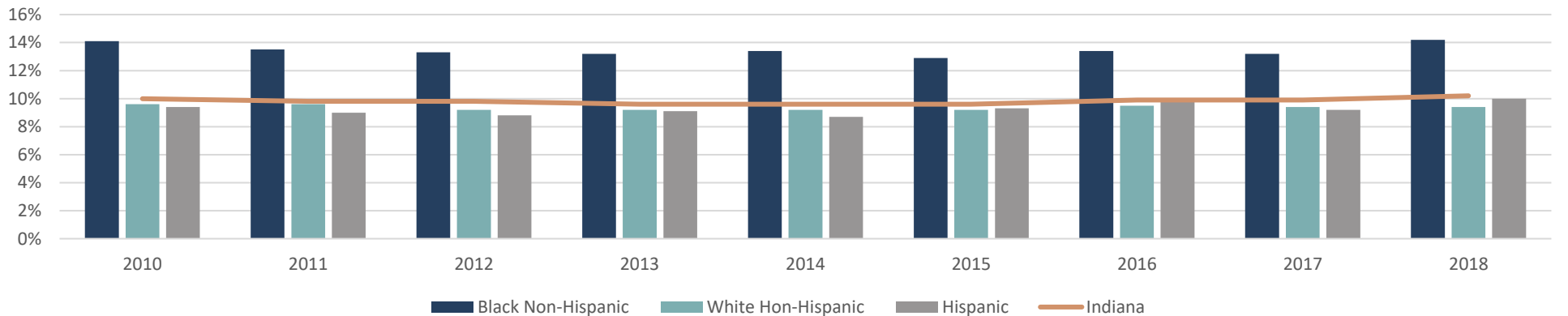
Quick Facts *(continued)*

The percentage of preterm births (<37 weeks) in **Indiana** has been relatively steady since 2010. However, **Indiana** is still *above* the **National Average** and *above* the **Healthy People 2020 Goal of 9.4%**.



Data Source: MCH analysis of Vital Records and CDC National Center for Health Statistics, 2010-2018

The percentage of preterm births in **Indiana** is the *highest* for **Black Non-Hispanic mothers**.



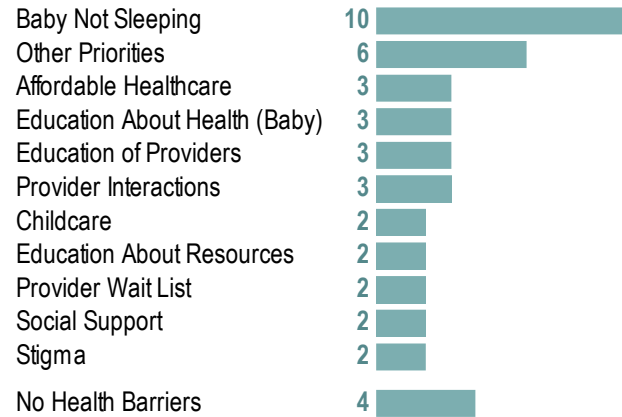
Data Source: MCH analysis of Vital Records, 2010-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

Safe Sleep

Definition: Safe sleep for infant (alone, on their back, in a crib).

Statewide Survey: Safe Sleep Barriers



Focus Group Quotes

“I did the safe sleep class.” – Safe Sleep

“There’s nobody to talk to you about safe sleep in the hospital.” – Safe Sleep

“Any sort of event where they have the tables set up with the different resources, we learned about safe sleep.” – Safe Sleep

“Actually, I was terrified of co-sleep because of [what I had learned about safe sleep]. I was absolutely terrified to co-sleep, because I had heard all these terrible things. It wasn’t until he was a year old and I got tired of getting up in the middle of the night and breastfeeding [that we started co-sleeping].” – Safe Sleep

“I feel like a lot of doctors are really judgy too. You’re afraid to say that you co-sleep or whatever. That’s not supported as safe sleep.” – Safe Sleep

Note: These are the top barriers for respondents that included Safe Sleep as a need/challenge. Barriers are not exclusive to Safe Sleep.

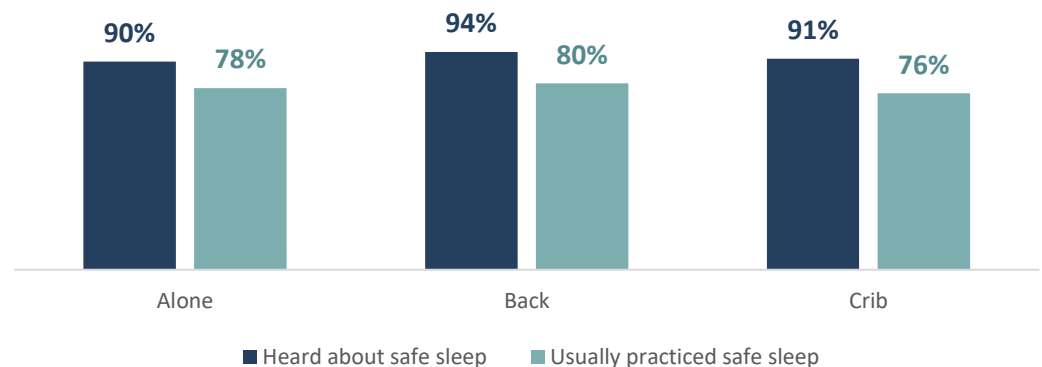
Quick Facts

78% of mothers reported that their new baby usually slept without soft objects or bedding. This safe sleep practice was higher for White Non-Hispanic mothers (81%), compared to Black Non-Hispanic mothers (64%) and Hispanic mothers (73%) (PRAMS, 2017*).

80% of mothers reported that they most often laid their baby on his or her back to sleep. This safe sleep practice was higher for White mothers (88%) and lower for Black mothers (75%) (PRAMS, 2017*).

76% of mothers reported that they usually placed their baby to sleep on a separate approved sleep surface during the past two weeks. This was slightly higher for White Non-Hispanic mothers (78%), compared to Black Non-Hispanic mothers (71%) and Hispanic mothers (76%) (PRAMS, 2017*).

Of those who participated in the PRAMS survey, most mothers reported **hearing about the ABCs of safe sleep** (Alone, Back, Crib) from a doctor, nurse, or other healthcare worker. At least 3 of every 4 mothers **reported usually engaging in safe sleep for their baby**.



Data Source: Pregnancy Risk Assessment Monitoring System, 2017*

*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

Sexual Health

Definition: Physical needs related to sexual health, including infertility and sexual organ health (e.g., miscarriages, birth control, menopause).

Statewide Survey: Sexual Health Barriers



Focus Group Quotes

“The birth control I was on for seven years made me gain so much weight.” – **Sexual Health**

“I was on birth control both times that I got pregnant. I was on the pill when I got pregnant with my first and I was on the ring when I got pregnant with my second.” – **Sexual Health**

“You know those specialty doctors charge even more.” – **Barrier: Affordable Healthcare**

“I’ve seen a lot of young women that go in for treatment, but the insurance won’t pay after the four or five days of [treatment].” – **Barrier: Health Insurance Coverage**

“Daycare can be so expensive. That’s why I’m going to be a stay at home mom. At that point, what’s the point of me working and then all my income will go into [childcare] and then [my husband’s income] will be just for bills anyway.” – **Barrier: Childcare**

Note: These are the top barriers for respondents that included Sexual Health as a need/challenge. Barriers are not exclusive to Sexual Health.

Quick Facts

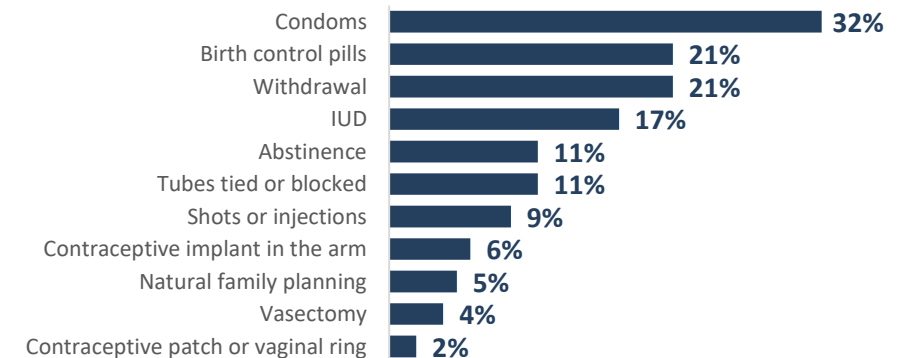
47% of Indiana women reported using hormonal methods of birth control to prevent pregnancy (ISDH analysis of BRFSS, 2017).

46% of *White* Indiana women reported using some form of contraception to prevent pregnancy, which is higher than Black women (33%) (ISDH analysis of BRFSS, 2017).

52% of *Black* Indiana women who used a form of contraception reported using a condom, which is higher than White women (20%) (ISDH analysis of BRFSS, 2017).

51% of *White* Indiana women who used a form of contraception reported using a hormonal method, which is higher than Black women (36%) (ISDH analysis of BRFSS, 2017).

Birth control methods women and their husband/partner are currently using to prevent pregnancy:



Data Source: Pregnancy Risk Assessment Monitoring System, 2017*

*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

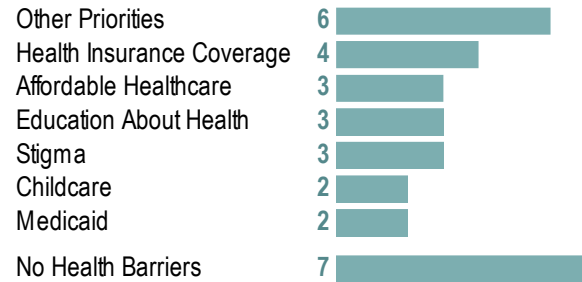
Sleep

Statewide Survey

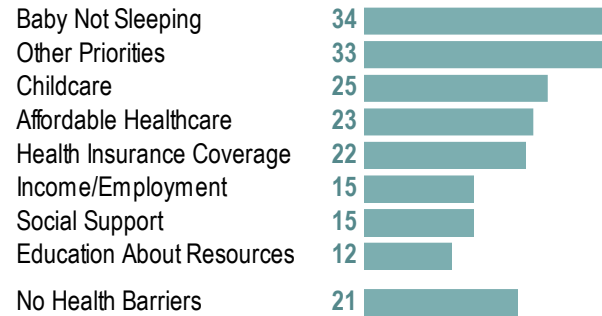
Pregnant Women **#6**, Caregiver **#2**, & Baby **#4**

Definition: Sleep needs, including regular, adequate sleep.

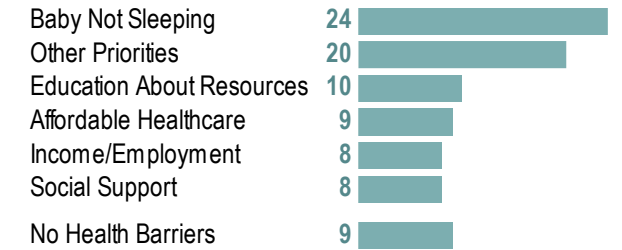
Statewide Survey: Sleep Barriers – Pregnant Women



Statewide Survey: Sleep Barriers – Baby’s Caregiver



Statewide Survey: Sleep Barriers – Baby/Young Child



Note: These are the top barriers for respondents that included Sleep as a need/challenge. Barriers are not exclusive to Sleep.

Focus Group Quotes

“I have extreme insomnia, extreme. I can’t sleep.” – **Sleep**

“Sometimes, because of my son, I try to do things pretty fast and I forget about myself [and] the last thing I think of in the day is myself.” – **Barrier: Other Priorities**

“It is very frustrating when you have doctors that are local or a specialist that might be local and then to hear, ‘Oh, well we don’t take your insurance.’” – **Barrier: Health Insurance Coverage**

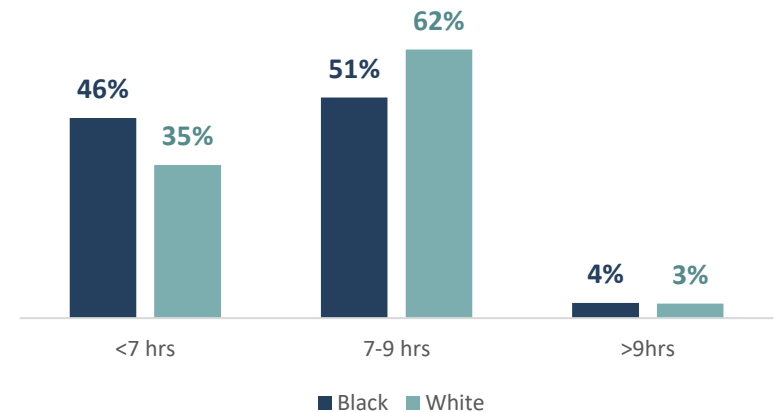
“Childcare. Finding childcare is very hard.” – **Barrier: Childcare**

Quick Facts

- 64%** of Indiana children ages four months to six years are getting the recommended, age-appropriate amount of sleep (IYI KIDS COUNT® Data Book, 2020).
- 36%** of Indiana women get 7 hours or less of sleep on average each night (BRFSS, 2018).
- 39%** of Indiana women 18-44 years old get 7 hours or less of sleep on average each night, which is higher than women who are 45 or older (32%) (BRFSS, 2018).

Quick Facts

60% of women are getting optimal sleep each night (7-9 hours). However, **White women** have a higher percentage of optimal sleep than **Black women**.



Data Source: Behavior Risk Factor Surveillance System, 2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

Social/Emotional Development

Definition: Social and emotional development, including making friends, showing emotions, or separating easily from parents.

Statewide Survey: Social/Emotional Dev. Barriers



Focus Group Quotes

"I haven't had the time." – Barrier: **Other Priorities**

"It's hard to sign up for childcare where you can actually get both or multiple kids into the same facility. So, for example, one facility may accept your 2 or 3-year-old but not your infant. You're paying almost \$2,000 a month for two kids. It's hard. You have to go with someone who's not licensed and not in a facility." – Barrier: **Childcare**

"The lack of fathers being involved. Now we have some real good fathers that even I've seen even with the birthing part, 'I was there and saw the baby come.' But then we have some moms that say that no I don't even want to mention dad, 'dad's not going to be involved.'" – Barrier: **Social Support**

"There's just not enough education about where to get services." – Barrier: **Education About Resources**

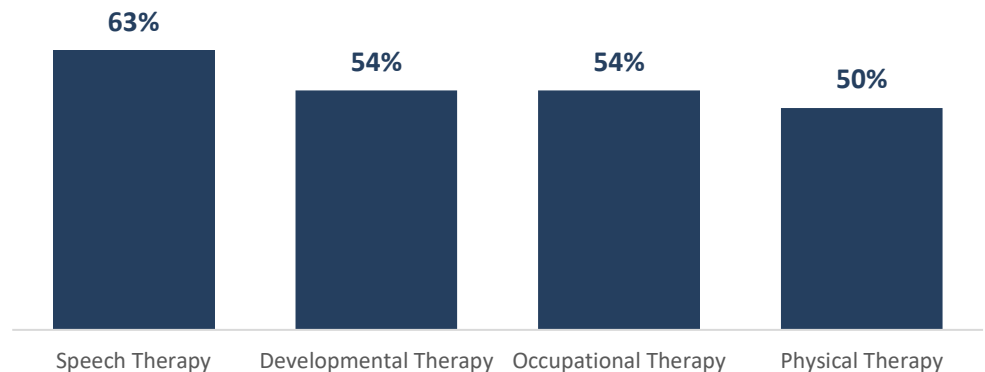
Note: These are the top barriers for respondents that included Social/Emotional Development as a need/challenge. Barriers are not exclusive to Social/Emotional Development.

Quick Facts

36% of Indiana parents of children 0-5 years old have been asked by their child's doctor if they have concerns about their child's learning, development, or behavior (NSCH from IYI KIDS COUNT® Data Book, 2020).

27% of Indiana children 9-35 months received a developmental screening using a parent-completed screening tool in the past year, compared to 34% of children nationally (NSCH, 2017-2018).

The percentage of children 0-3 years old enrolled in First Steps who received **services**.



Data Source: Indiana Family and Social Services Administration (2019) from IYI KIDS COUNT® Data Book, 2020

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Substance Use

Preg. Women (Alcohol) **#13**, Preg. Women (Drug) **#11**, Preg. Women (Nicotine) **#10**, & Caregiver **#8**

Definition: Use of alcohol, drugs, or nicotine.

Statewide Survey: Barriers

Alcohol Use (Pregnant Women)

Drug Use (Pregnant Women)

Nicotine Use (Pregnant Women)

Substance Use (Caregiver)

Less than 10 respondents identified Alcohol Use (Pregnant Women), Drug Use (Pregnant Women), Nicotine Use (Pregnant Women), and Substance Use (Caregiver) as a need. Due to the small number of responses to each one, specific barrier information is not included.

Focus Group Quotes

"I'm a week away from not smoking for a whole year." – **Nicotine Use**

"I was a smoker for 10+ years before I got pregnant." – **Nicotine Use**

"I also had dealt with substance [use and I am now] 25 years clean." – **Drug Use**

"I've seen a lot of young women that go in for [substance use] treatment." – **Drug Use**

"I'm in recovery right now. I'm a recovering drug addict and I've been clean for almost 7 months now." – **Drug Use**

"One of the biggest battles I'm fighting right now is trying to get services for [women] who are looking to battle alcoholism and addiction." – **Alcohol Use**

Quick Facts

80% of women in Indiana who drank (beer, wine, liquor) during the past 30 days had an average of 1-2 drinks each time they drank (BRFSS, 2018).

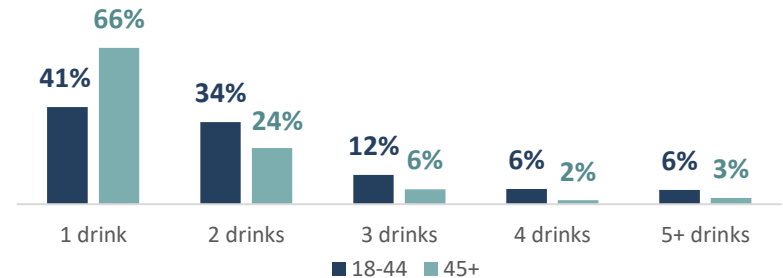
11% of women in Indiana engaged in binge drinking in 2018, compared to 11% in 2017, 12% in 2016, and 10% in 2015 (ISDH analysis of BRFSS, 2015-2018).

36% of Indiana women smoke cigarettes every day. White women (36%) have a higher percent of currently smoking than Black women (21%). Women 18-44 years old have a higher percent of currently smoking (43%) than women 45 years or older (27%) (BRFSS, 2018).

8% of Indiana women currently smoke an e-cigarette or other electronic vaping product (BRFSS, 2018).

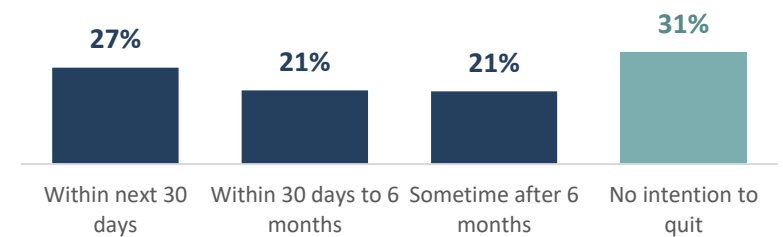
Quick Facts

Of women who drank in the 30 days before the BRFSS survey, on average most women had 1 drink (beer, wine, liquor). Women **18-44 years old** had higher rates of drinking more than one drink, when compared to women **45 years or older**.



Data Source: Behavior Risk Factor Surveillance System, 2018

Intentions to quit smoking among current women smokers is roughly divided up into quarters, with 31% of women having **no intention to quit**.



Data Source: Indiana Adult Tobacco Survey, 2019
Data in The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2019

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Substance Use

Statewide Survey

(continued)

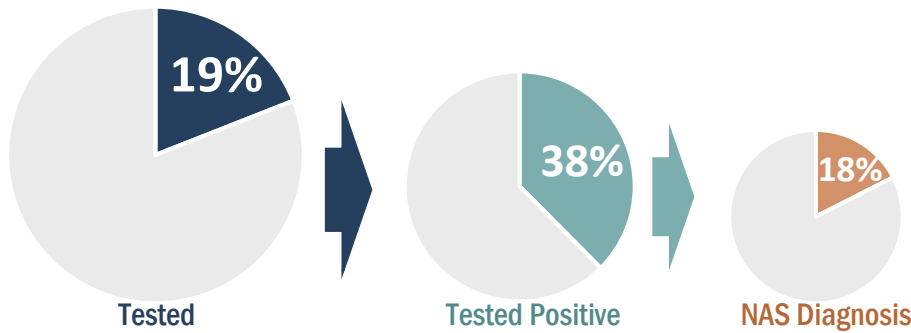
Preg. Women (Alcohol) **#13**, Preg. Women (Drug) **#11**, Preg. Women (Nicotine) **#10**, & Caregiver **#8**

Definition: Drug use, including addiction or dependency on prescriptions or other drugs.

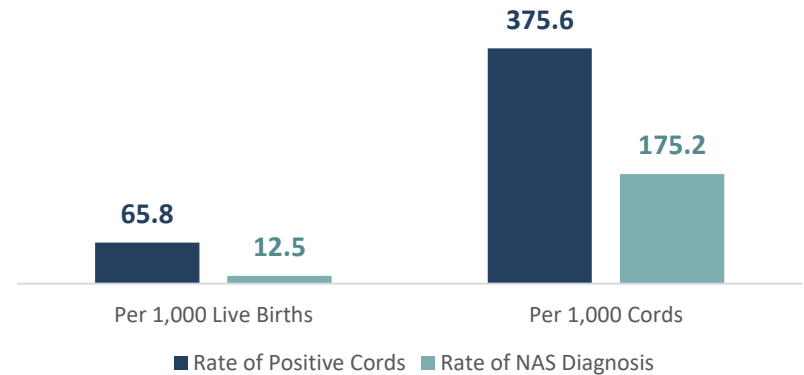
Quick Facts (continued) – Drug Use in Hospitals Participating in the Perinatal Substance Use Collaborative, Jan 2017-Dec 2019

Out of all the births in participating hospitals, 19% of the **mother-baby umbilical cords were tested**. Of those that were tested, 38% **tested positive** and 18% of the positive cords received a **Neonatal Abstinence Syndrome (NAS) diagnosis**.

The rates of **positive cords** and rates of **Neonatal Abstinence Syndrome (NAS) diagnoses** for participating hospitals.

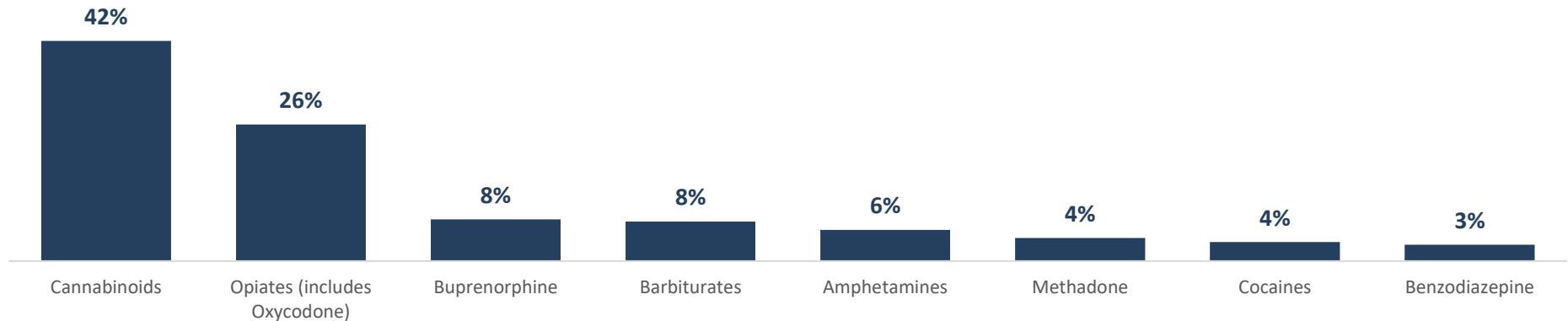


Data Source: ISDH Perinatal Substance Use Collaborative, January 2017 – December 2019



Data Source: ISDH Perinatal Substance Use Collaborative, January 2017 – December 2019

Of the positive cords tested in participating Indiana hospitals, cannabinoids and opiates were the most common **substances found**. For these cords, 83% contained one substance, 14% contained two substances, and 3% contained three or more substances.



Data Source: ISDH Perinatal Substance Use Collaborative, January 2017 – December 2019

* Fentanyl and Ethyl Glucuronide were removed due to inconsistencies in reporting.

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Substance Use

Statewide Survey

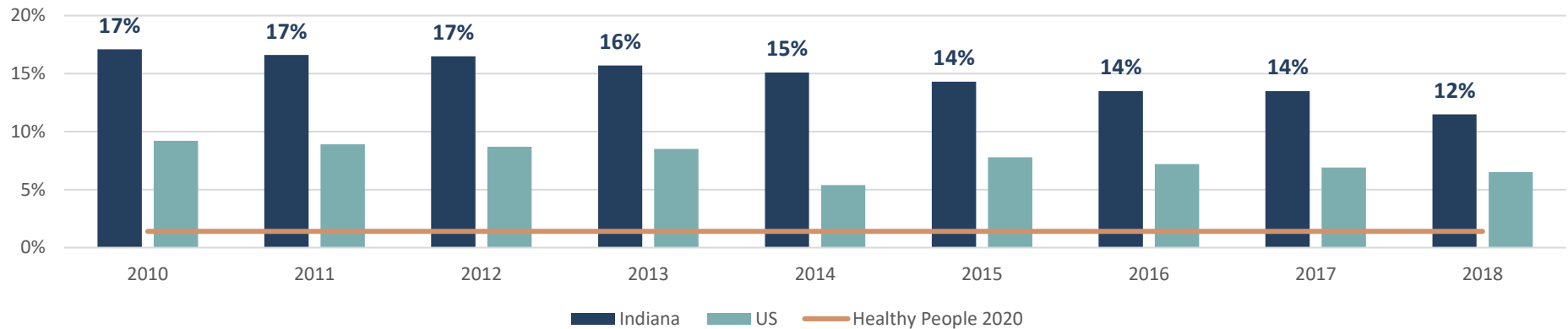
(continued)

Preg. Women (Alcohol) **#13**, Preg. Women (Drug) **#11**, Preg. Women (Nicotine) **#10**, & Caregiver **#8**

Definition: Use of alcohol, drugs, or nicotine.

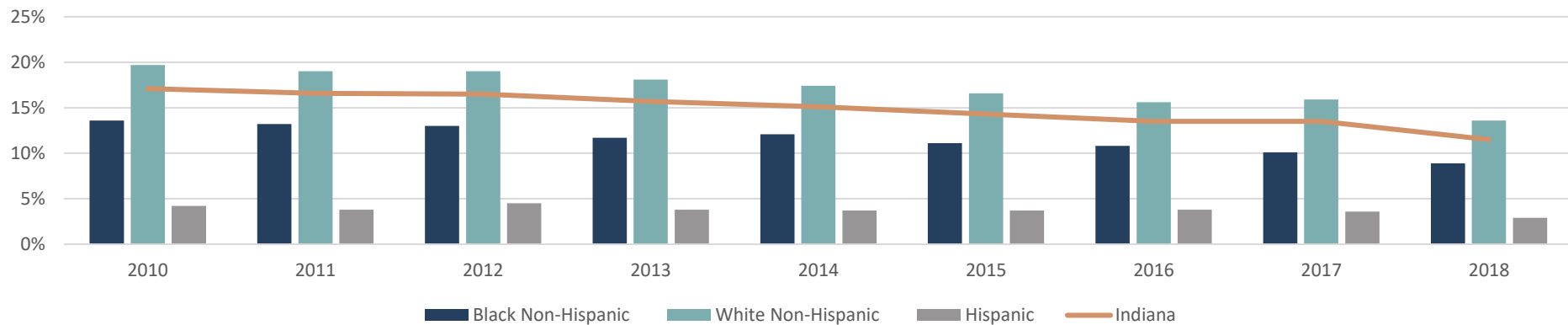
Quick Facts (continued) - Nicotine Use

The percentage of women who smoked during pregnancy in **Indiana** has *decreased* since 2010. However, **Indiana** is still above the **National Average** and well above the **Healthy People 2020 Goal of 1.4%**.



Data Source: MCH analysis of Vital Records and CDC National Center for Health Statistics, 2010-2018

The percentage of women who smoked during pregnancy in **Indiana** is the *lowest* for **Hispanic mothers**. **White Non-Hispanic mothers** have the *highest* percentage of women who smoked during pregnancy.



Data Source: MCH analysis of Vital Records, 2010-2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.

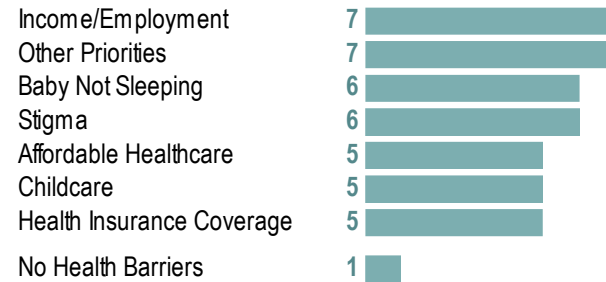
Trauma or Violence

Definition: Experiences of trauma or violence, including domestic violence, bullying, or cyberbullying.

Statewide Survey: Barriers – Pregnant Women

Less than 10 respondents identified Trauma or Violence as a need. Due to the small number of responses, specific barrier information is not included.

Statewide Survey: Trauma or Violence Barriers – Baby’s Caregiver



Focus Group Quotes

“I was in a domestic relationship and so it got really bad at one point and I changed the locks on my doors, and I told my children’s father that we can’t do it. We’re not together unless you go to seek help, or counseling or you know, we need some type of counseling.” – **Trauma or Violence**

“But for somebody who’s been through a lot of use, a lot of trauma, they don’t want to let somebody in.” – **Trauma or Violence**

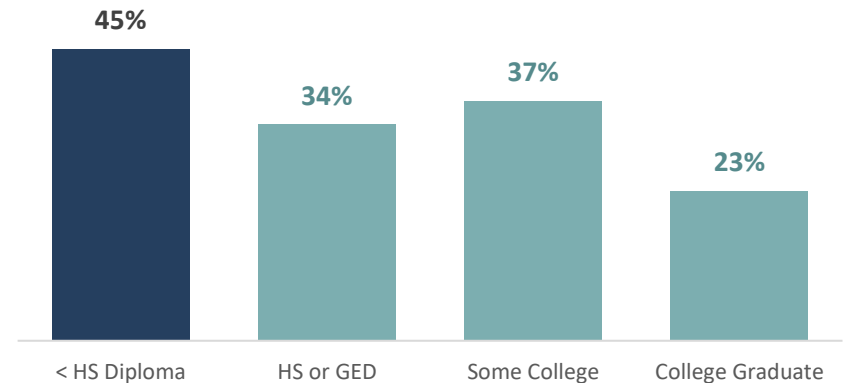
“It was my care before and after [pregnancy] that I feel like was more traumatic for me.” – **Trauma or Violence**

Note: These are the top barriers for respondents that included Trauma or Violence as a need/challenge. Barriers are not exclusive to Trauma or Violence.

Quick Facts

- 34%** of Indiana women have parents who are separated or divorced (ISDH analysis of BRFSS, 2018).
- 25%** of Indiana women, as children, lived with someone who was an alcoholic. This is higher for women with less than a high school diploma (34%) (ISDH analysis of BRFSS, 2018).
- 10%** of Indiana women were touched sexually by an adult or anyone at least 5 years older than them, more than once, when they were a child (ISDH analysis of BRFSS, 2018).
- 3%** of Indiana women said that someone physically hurt them during their most recent pregnancy (PRAMS, 2017*).
- 5%** of Indiana women said that their husband/partner tried to control their daily activities during their most recent pregnancy (PRAMS, 2017*).

A larger percentage of **women with less than a high school diploma** have parents who are separated or divorced compared to **all other educational attainment levels**.



*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s and caregivers’ feedback about their needs and the needs of their baby/young child.

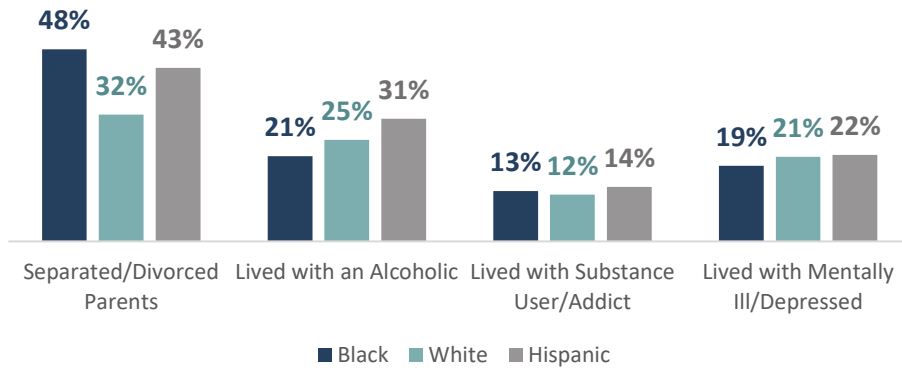
Trauma or Violence *(continued)*

Pregnant Women **#12** & Caregiver **#7**

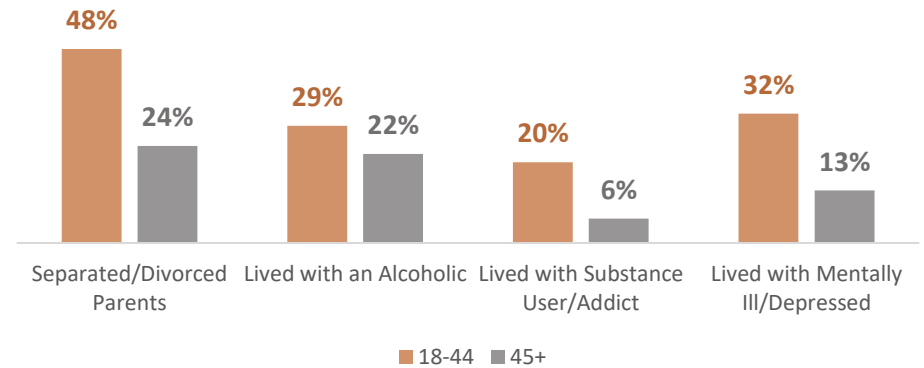
Definition: Experiences of trauma or violence, including domestic violence, bullying, or cyberbullying.

Quick Facts *(continued)*

A greater percentage of **women 18-44 years old** have experienced adverse childhood experiences, including having divorced parents or living with someone who was depressed, mentally ill, or suicidal. A higher percentage of **Black women** and **Hispanic women** have divorced parents than **White women**.

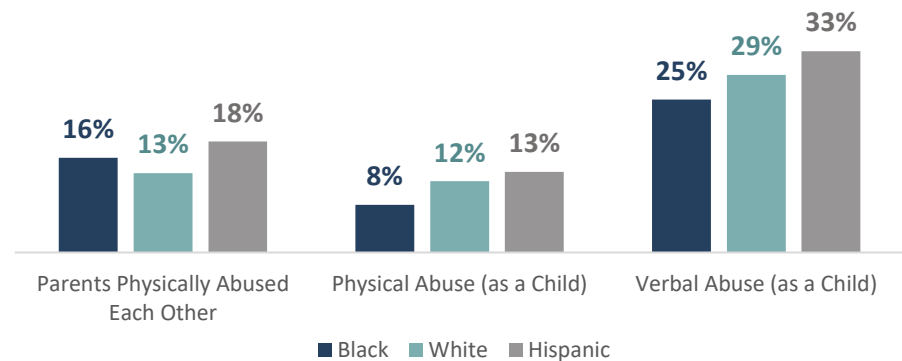


Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018

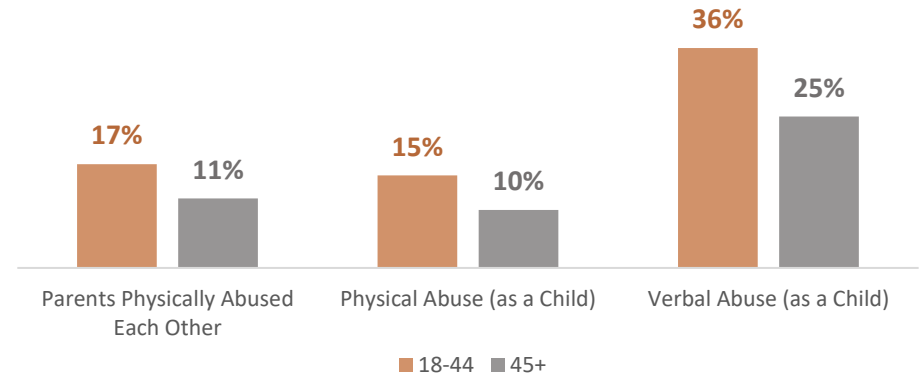


Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018

A greater percentage of **women 18-44 years old** also reported receiving or observing physically and verbally abusive behaviors *more than once* during their childhood.



Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018



Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018

**Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's and caregivers' feedback about their needs and the needs of their baby/young child.