

The Right Start in Michigan and its Counties -- 2011

Michigan Mothers and Their Babies: Overview and Trends 2000-2009

EXECUTIVE SUMMARY

As Michigan seeks to revitalize its economy, the well-being of the next generation must be strengthened. This review of the current status of mothers and babies in Michigan and its counties, as measured by nine key indicators, reveals the areas to improve maternal and child health. The key measures include the percentages of births to teens, to teens already parents, to unmarried women, to women without a high school diploma or GED, to those receiving late or no prenatal care, to those who smoked during pregnancy, as well as the percentages of low-birthweight babies, preterm births, and deliveries covered by Medicaid.

MICHIGAN AND THE NATION: Michigan mirrors the national averages on most aspects of maternal and infant well-being.

- The state was **BETTER** than the national average with significantly lower percentages of new mothers
 - without a high school diploma or a GED (17%) and
 - those who had received late or no prenatal care (5%).
- Its **WORST** rankings among the 50 states were for unhealthy births, which elevate their risk of chronic disease, developmental delay, and even death.
 - babies born too soon (31st)—less than 37 weeks in utero or
 - babies born too small (36th)—less than 5.5 lbs.
- Its **BEST** ranking—19th of the 50 states—was its relatively small share (18%) of teen births to a teen who was already a parent.

MICHIGAN TRENDS: Over the decade between 2000 and 2009 Michigan improved on three of the five indicators where a trend could be calculated.

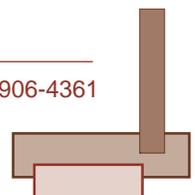
- The biggest improvement was the 13 percent decline in teen mothers who were having another baby - dropping from 21 percent to 18 percent of teen births
- Teen births and preterm births also dropped over the decade.
- The most dramatic worsening was the 20% increase in births to unmarried women.
- The percentage of low-birthweight babies weighing less than 5.5 pounds rose slightly.

In 2009 more Michigan babies were born to mothers in economically insecure circumstances than in 2000. Roughly half of Michigan infants were born to low-income mothers eligible for Medicaid, and births to unmarried mothers represented roughly 40 percent of all births in 2009. Women unmarried at the birth of their child are likely to remain single parents with the heightened risk of poverty.



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The large differences in maternal and infant well-being among Michigan counties generally reflect the economic conditions—mothers and their babies fare better in the more affluent counties. The largest discrepancy on the key indicators among the counties was in the percentage of newborns whose mothers had no high school education or GED: it was eight times higher in Oscoda County than in Livingston County.

Babies born to women in Michigan's two largest communities of color—African American and Hispanic—continued to suffer from higher risk for most adverse circumstances than their white counterparts. Research has shown birth disparities affect early development, school readiness, academic achievement and lifelong potential.

POLICY IMPLICATIONS: The findings from this review point to a need for the following:

- **More robust family support services** in an era of such acute economic stress. Critical interventions such as home visiting services and other family supports will be necessary to improve the life chances of children born in adverse circumstances.
- **Improvement in women's access to health care:** Michigan's worst rankings on these key measures are for the two critical outcomes for infants: being born too small or too soon. Both these conditions elevate the risk of developmental delay, chronic disease and even death during infancy. Infant health is inextricably entwined with that of the mother so policies and programs that improve the health of women before they become pregnant and between pregnancies could increase the likelihood of a healthy birth.
- **Expanded access to family planning:** Given the financial pressure on families, access to family planning is essential to address the large percentages of unintended pregnancies among teens and women in their early 20s. Young women in these age groups need to have the opportunity to complete their education and post-secondary training or education before becoming parents.
- **More access to maternal/infant health services for the Medicaid eligible:** Counties with the largest percentages of uninsured low-income women were also among those with the worst overall rankings on maternal and infant well-being. The risk to these women and infants is now further compounded by the lack of available obstetric services at the hospitals in many of these same counties. The erosion in Medicaid rates for providers is affecting access to health care.
- **A focus on improving maternal and infant health in communities of color:** Maternal and infant indicators in communities of color continued to reflect persistently higher levels of risk. These inequities impede Michigan's economic recovery as these children face risks to their optimum social and cognitive development, academic achievement and eventually employment possibilities.