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The *Right Start in Michigan Data 2007* with data for 70 communities and 83 counties can be viewed online pre-release at: <http://www.milhs.org/information/default.asp?NavPageID=108>

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Despite Declines in Births to Mothers at Risk, Low-Birthweight Rates Rose in Michigan

All children deserve a healthy start no matter where they live in the state, but babies born in Michigan's poorest communities are significantly less likely to have that experience. Infants born to women in these communities had a 36 percent higher risk of being born weighing less than five and one-half pounds, according to the *Right Start in Michigan 2007*, an annual Kids Count review released by the Michigan League for Human Services. These infants face elevated risk of developmental delay, chronic disease, and even death.

Overall, however, most conditions for Michigan mothers and infants improved, and those improvements were greatest in the 70 largest communities in Michigan, those with populations over 25,000. The Michigan report was released in conjunction with the national Right Start report.

"With the infant mortality rate for the state showing no substantial improvement in over a decade, Michigan policy makers need to be looking at strategies to prevent babies from being born too soon or too small, which places them at high risk," said Jane Zehnder-Merrell, senior research associate at the Michigan League for Human Services and Kids Count in Michigan project director.

In the poorest Michigan communities where Medicaid covered over 40 percent of births, seven of the eight measures showed improvement over the ten years while in the most affluent communities (Medicaid covered less than 20 percent) only five measures improved. The report assessed the level of economic

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security in the 70 largest Michigan communities by the percentage of births paid for by Medicaid. (Medicaid covers the cost of births to uninsured mothers with income below 185% of the poverty level— \$29,000 for a couple with one child.)

“Proposed cutbacks in Medicaid payments could impede access to prenatal care for low-income mothers, increasing their risk for unhealthy births.” said Zehnder-Merrell. “Current estimates suggest direct health care costs for these fragile infants in their first year of life are 15 times higher than for a healthy full-term delivery.”

Economic vulnerability is not limited to the state’s urban areas. The percentage of births covered by Medicaid was about the same outside as within the 70 largest communities: almost half the state’s babies were born in its 70 largest communities, and slightly over half of the state’s Medicaid births occurred in them. However, they had 80 percent of the total births to minority mothers.

Overall the rates on the eight risk factors for Michigan’s largest communities were at least a few percentage points higher than the rest of the state on all but one: smoking during pregnancy. Only 14 percent of mothers of newborns had smoked during pregnancy compared to 20 percent out-state.

“Monitoring progress on these risk factors that are linked to infant mortality and health problems in early childhood helps state and local policy makers evaluate their efforts to ensure more children get a healthy start,” said Michele Corey, Community Advocacy Director at Michigan’s Children.

The 70 communities experienced improvement on all but one of the eight indicators between 1995 and 2005: low-birthweight babies. The most substantial gains were made on teen births and smoking during pregnancy, which dropped by roughly one-quarter and one-third, respectively.

Michigan rankings on most of the Right Start measures in 2004 mirrored national averages, according to the latest national online Right Start report recently released by the national KIDS COUNT initiative at the Annie E. Casey Foundation. The state had a significantly smaller percentage of mothers of Michigan newborns who had not completed 12 years of education—17 percent compared to 22 percent nationwide while the percentage of babies born to mothers who had smoked during pregnancy was significantly larger—14 percent

versus the multi-state average of 10 percent. (Some indicators reflected only those states that had not adopted the 2003 revisions to U.S. Standard Certificate of Live Birth in 2004.)

Michigan earned its worst rankings (30th) among the 50 states for its percentages of low-birthweight babies and births to teens who were already mothers, and received its best ranking (20th) among 41 states for its relatively small percentage (3%) of births to women who had received late or no prenatal care.

The national report also reviewed maternal and infant well-being in the 50 largest cities in the nation, including Detroit. In 2004, Detroit had the largest percentages of low-birthweight babies (13.6%) and births to unmarried women (71.2%) among these cities. Its best ranking (30th) was for its percentage of women who reported smoking during their pregnancy—12.9 percent.

Annual data for all eight indicators have been updated through 2005 for the state, its 83 counties and 70 largest communities on the web at www.milhs.org and at www.kidscount.org in the CLIKS (Community Level Information on Kids) on-line data. The national online *Right Start* report is also available at www.kidscount.org.

Kids Count in Michigan, a collaborative project of the Michigan League for Human Services and Michigan's Children, regularly collects and publishes information about child well-being as a basis for public policy development and community action. The project is part of a broad national effort supported by the Annie E. Casey Foundation to improve conditions for children and their families. Funding for the state project is also provided by the Detroit-based Skillman Foundation, the Blue Cross Blue Shield of Michigan Foundation, and local United Ways.

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