



Fact Sheet: Infant Mortality in Michigan

Being with the Michigan Dashboard

The MiDashboard tracks a number of key measures and is an accountability strategy initiated by the governor. The infant mortality rate is one of the measures used to reflect overall health in the state. The rate is determined by deaths under 1 year of age per 1,000 live births. This measure is a key indicator of infant and child well-being and is associated with maternal health, quality of and access to health care, and socioeconomic conditions. More importantly, the infant mortality rate is an overall indicator of the quality of life in Michigan because it represents the well-being of life for the state's youngest and most vulnerable members—infants.

According to the MiDashboard, the 2009 infant mortality rate in Michigan was 7.7 deaths per 1,000 births. This rate is worse than the national average, 6.7, last recorded in 2007 and has remained higher than the national average over the last 20 years.

Reducing Risk

More than two of every five infant deaths in Michigan occur within the first 24 hours. Policies that work to improve the health of women and mothers before pregnancy would be most effective in reducing these deaths. Preterm and low-birthweight babies and inadequate access to prenatal care all put babies at a higher risk of dying before their first birthday. Preterm babies are born before their due date and low-birthweight babies weigh less than five and one-half pounds.



- Michigan's percentage of low-birthweight babies increased by 7 percent between 2000 and 2008.
- Women living in poverty are far more likely to have preterm and low-birthweight babies.
- Research has connected factors including smoking, low maternal pre-pregnancy weight, single motherhood, socioeconomic status and race to low-birthweight.
- A mother who was a low-birthweight baby herself is four times more likely to have a low-birthweight baby.
- In 2008, almost a third of women in Michigan who gave birth had less than adequate prenatal care, measured by the month care began and the number of prenatal visits.
- More than four of every five Michigan teenagers under the age 18 who gave birth over the decade did not intend nor wish to have a child, increasing the risk of an unhealthy environment for an infant.

Racial Disparities

Low-birthweight is considered to be the most important factor explaining the racial disparities in the infant mortality rate. Across socioeconomic status and age, African American mothers have double the low-birthweight rates of white mothers—14 percent compared with 7 percent in 2009. In 2009, the preterm birth rate was

14 percent for African American infants, compared with 9 percent for white infants. The infant mortality rate among African American infants is almost triple that of white infants, 15.4 per 1,000 live births compared with 5.5 deaths per 1,000 for white babies.

Budget Cuts & Targeted Programs

Between fiscal years 2002 and 2010, total appropriations for family, maternal, and child health were cut by half and General Fund appropriations for family, maternal, and child health reduced by more than 83 percent. Programs including home visiting, family preservation, and infant mortality reduction programs that targeted high-risk communities and

were proven to reduce infant mortality rates, were affected.

Policy Recommendations to Reduce Infant Mortality

- Implement a lifespan approach to maternal and child health by improving women's health well before conception.
- Address and target reducing infant mortality rates in communities of color.
- Ensure timely prenatal care for all women.
- Expand access to treatment for chronic diseases, oral health, mental health, and smoking cessation for pregnant women, all of which are associated with poor birth outcomes.

