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A collaborative project of
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HUMAN SERVICES
and
MICHIGAN'S CHILDREN

Right Start in Michigan 2009: Maternal and Infant Well-Being in County Groups

Executive Summary

The *Right Start in Michigan*, a review of maternal and infant well-being, is based on eight indicators of maternal and infant well-being. Kids Count in Michigan annually updates these measures for the state, its 83 counties, and the 69 communities with population over 25,000. These measures are all related to the life prospects for a newborn. Discussion of the findings and Right Start data are available on the [League Web site](#). The Data can also be viewed in an interactive format at the national [Kids Count Data Center](#).

Michigan improved on six of the eight measures of maternal and infant well-being between 1990-92 and 2005-07.

Improving trends:

Smoking during pregnancy: declined 34 percent –
from 21.3 to 14.1 percent

Births to teens: declined 26.2 percent –
from 13.2 to 9.8 percent

Repeat births to teens: declined 28.7 percent –
from 26.1 to 18.6 percent

Births to women with less than 12 years education: declined 15 percent –
from 19.8 to 16.8 percent

Women who received late or no prenatal care: declined 15.1 percent –
from 3.8 to 3.3 percent

Preterm births: declined 9.2 percent –
from 10.9 to 9.9 percent

Worsening trends:

Nonmarital births: up 9.7 percent (*base year 1993-95*) –
from 34.8 to 38.1 percent

Low-birthweight babies: up 9.8 percent –
from 7.6 to 8.4 percent

Roughly two of five Michigan women giving birth in 2007 qualified for Medicaid. Uninsured pregnant women with household income below 185 percent of the federal poverty level are eligible for Medicaid.

Among Michigan's three county groups defined by population size, substantial variation occurred only in the percentage of mothers smoking during pregnancy.

- The average rate for the 28 urban counties with populations of 65,000+ was 13 percent of total births that were to a mother who smoked during pregnancy compared to 22 percent among the mid-sized counties, and 27 percent among the rural counties with less than 20,000 population.

- Urban counties had higher rates of low-birthweight babies and preterm births.
- Almost all minority births were concentrated in the urban counties. One of three births in the urban county group was to a minority mother.

Trends on measures between 1990-92 and 2005-07 differed among the county groups with mid-sized and rural counties experiencing more deterioration in maternal and infant well-being than the urban counties.

- The urban counties with 86 percent of the state births reflected state trends while the other two county groups saw worsening rates of preterm births, and the mid-sized counties also saw no decline in the percent of women receiving late or no prenatal care.
- Mid-sized and rural county averages reflected the most substantial increases in nonmarital births. Nonmarital births were up from 31.5 to 39.4 percent in rural counties, and from 29.2 to 37.3 percent in mid-sized counties.
- The largest number (19,200) of nonmarital births was to women in the early 20s—they represented roughly two of every three births to this age group.
- Teenage mothers had the largest percentage (92%) of nonmarital births.

Policy Implications

- Continued improvements in these measures are threatened when programs targeted to high-risk mothers and communities are substantially cut or terminated.
- Reductions in payments to Medicaid providers will decrease access to care for a considerable number of pregnant women in the state—over half the births in rural counties are covered by Medicaid.
- More efforts are needed to promote women's health and health care access before and after pregnancy.