



Source:  
Vital Records and  
Health Data  
Development  
Section, Michigan  
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Community  
Health

Partners in the  
Kids Count in  
Michigan project  
include:

- Michigan  
League for  
Human Services
- Michigan's  
Children



## Right Start in Michigan

### Why Do These Indicators Matter?

The “Right Start in Michigan” reviews the status and trends on eight key measures from birth certificate records. These measures provide a profile of the next generation in the state, its counties and largest communities, and among its racial/ethnic groups. The trends on these measures help decision makers assess the impact of the programs and policies to improve the well-being of mothers and their newborns.

- **Mothers Under the Age of 20**—Children born to teens often start life with multiple disadvantages. Teen mothers are more likely to be unmarried, lack a high school education, receive late or no prenatal care, have a preterm or low-birthweight baby, and live in poverty than women who delay childbearing into their 20s.
- **Repeat Births to Teen Mothers**—The disadvantages of children born to teen mothers are compounded by the second or third child. A high rate of repeat teen births signals a problem with pregnancy prevention programs or access to care.
- **Non-marital Births**—Children born to unmarried women face a greater likelihood of growing up in a mother-headed household, which has a high risk of poverty. Never-married mothers are less likely than divorced single parents to be awarded child support or receive the support awarded.
- **Mothers Without a High School Education**—Children born to parents without a high school diploma experience the highest risk of growing up in poverty. One-fifth of low-income children in Michigan lived with parents who had not completed 12 years of education compared to only 1 percent of higher income children.<sup>1</sup>
- **Late or No Prenatal Care**—Mothers who have timely prenatal care are more likely to have a healthy pregnancy and delivery. Women without pre-pregnancy health insurance or a medical home are at high risk of not starting prenatal care during the first three months. They also often suffer from other risks related to low socioeconomic status that may not be addressed simply through prenatal care
- **Mothers Smoking During Pregnancy**—Babies born to mothers who smoke are more likely to be born too small or too soon. Children who breathe second-hand smoke are more likely to experience pneumonia, bronchitis, asthma, decreased lung function, and Sudden Infant Death Syndrome (SIDS).
- **Low-birthweight Babies**—Babies born weighing less than five and one-half pounds (2,500 grams) have a higher risk of experiencing developmental delays, chronic health problems, and even death. School children who were born at a low birthweight are more likely to be in special education classes, to repeat a grade, or to fail school than children who were born at a normal birthweight.
- **Preterm Births**—Babies that are born too soon (before 37 completed weeks) often suffer health and developmental problems associated with low-birthweight. Nationally these babies represent 40 percent of the health care spending on infants, although they are roughly 12 percent of newborns.

**Note:** Low-income is defined as under 200 percent of poverty or double the poverty level income.

<sup>1</sup>National Center for Children in Poverty