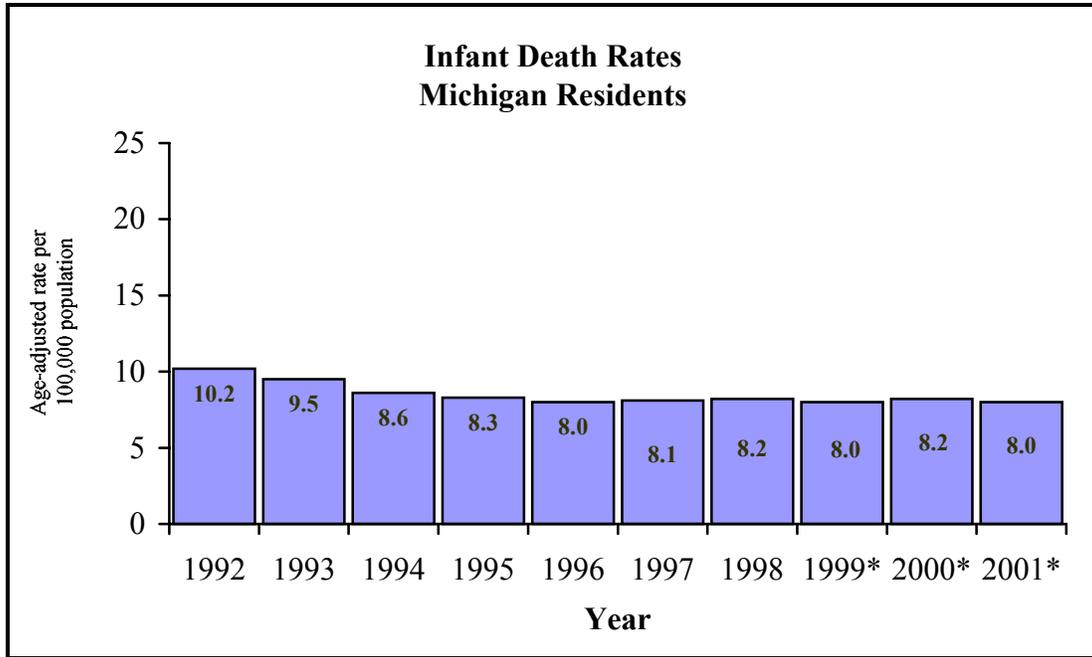


Focused Indicators

Morbidity and Mortality

Infant Mortality



* Death data based on ICD-10 coding. See *Technical Notes* for detailed explanation on ICD coding changes.
Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

Infant mortality measures the number of deaths to children under the age of one. Infants with low birthweight or pre-term delivery have a higher risk of infant death. Socioeconomic status, lifestyle behaviors, prenatal care, and medical care are factors that impact infant mortality.

In 2001, there were 1,066 infant deaths in Michigan, resulting in a death rate of 8.0 per 1,000 live births. During the past 10 years, the state's infant mortality rate declined almost 22 percent. However, this decline has leveled off since 1996 for the overall rate of infant mortality.

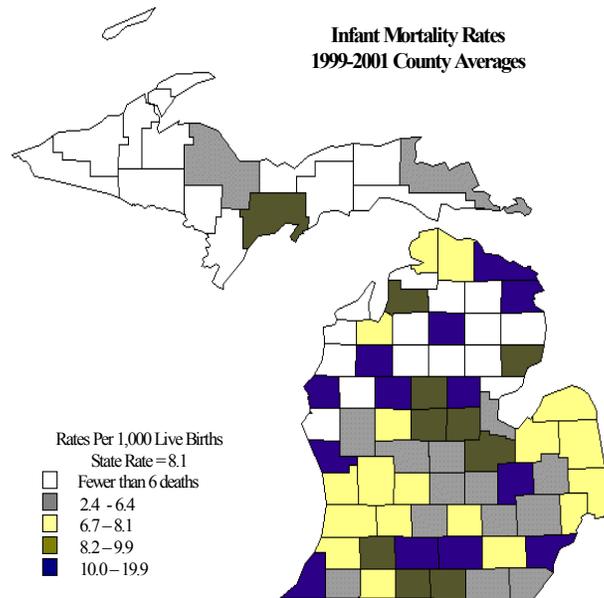
How does Michigan compare with the U.S.?

Michigan's infant mortality rate is generally above the national average. In 2000, Michigan's infant mortality rate of 8.0 was higher than the U.S. rate of 6.9.

How are different populations affected?

Infant mortality rates are higher for babies born to teen mothers. In 2001, children born to Michigan mothers under age 20 had an infant death rate of 13.0, an increase of 8% from the previous year.

The African-American infant mortality rate is more than two and a half times that of the white infant mortality rate. In 2001, the Michigan infant mortality rate for African-Americans was 16.9 while for whites it was 6.1.



For more state and local data on infant deaths, visit the Michigan Department of Community Health Web site at www.michigan.gov/mdch.

What other information is important to know?

Leading causes of infant death are congenital anomalies, disorders relating to prematurity and low birthweight, Sudden Infant Death Syndrome (SIDS), problems related to complications during pregnancy and childbirth, respiratory distress syndrome, infections, and injuries. Two-thirds of infant deaths occur within the first 28 days of life.

Children born to mothers who smoke or use tobacco during their pregnancy have higher than average infant mortality rates.

Data demonstrates that unintended pregnancies have poorer outcomes, yielding a less healthy infant whose survival becomes more tenuous. Family Planning allows women to control their fertility to time pregnancies when they and their family are ready.

What is the Department of Community Health doing to affect this indicator?

The department is actively working to decrease risk factors associated with infant deaths. Local Maternal and Infant Support Services (MSS/ISS), through contracts with the department, offer services to Medicaid-eligible pregnant women and infants. The mother and infant receive support services from a nurse, social worker, and nutritionist. The department also informs the public and providers about measures to reduce the risk of SIDS through the Sudden Infant Death Prevention program.

The Prenatal Care Clinic program is a demonstration project designed to facilitate healthy pregnancy outcomes in a high-risk community. The project addresses unique community needs to assure access to prenatal care, medical care and WIC services. The current project is addressing transportation to care issues for pregnant women, infants, and children in Oakland County. There is also Michigan's Maternal Child Health (MCH) hotline, 26-BIRTH, is a toll free number available to obtain information about accessing health care services for the maternal child health population. This hotline provides information on the Women, Infants and Children's Supplemental Food (WIC) program and the safe delivery of unwanted newborns to protect their lives.

The Michigan Women, Infants, and Children program (WIC) provides nutrition, education, and referral services to more than 400,000 women annually. WIC is associated with increased birth weight, longer gestational age, reduced incidence of low birth weight, and lower incidence of pre-term birth (USDA report 10/91). WIC provides breastfeeding education and support, infant formulas, and nutrition education referrals to other community health services for low to moderate-income families.

The Pregnancy Risk Assessment Monitoring System (PRAMS) supplements data for planning and assessing perinatal health program planning to design interventions to reduce adverse pregnancy outcomes.

The Camp Health Aid Program is a grassroots support services program for pregnant women, infants, and children who reside in migrant camps. The peer advocates reach out to the target population to provide support, promote accessing health care services and provide basic health education.

Healthy Kids provides Medicaid benefits to low-income eligible children. Medicaid benefits assure access to health care for children. Additionally, currently the MIChild program provides health insurance to eligible children under 200% of poverty and not eligible for Healthy Kids. Health insurance improves access to health care services for infants.

The department provides training for health professionals and other service providers working with pregnant women to recognize and treat nicotine addiction. Prenatal smoking cessation training teaches providers how to assess clients' stage of readiness to quit and how to offer support and education based upon their readiness status. The program also includes educational and motivational tools that support cessation efforts.

Fetal Infant Mortality and Child Death Review Teams throughout the state systematically examine deaths to determine their contributing factors. These factors are analyzed to determine if recommendations can be made to prevent future deaths. In addition, all Michigan newborns are tested for seven potentially fatal and/or debilitating diseases. Appropriate treatment can be rendered through testing and accurate diagnosis.

Last Updated: May 2003