

## **Michigan Infant Mortality Reduction Plan Backgrounder**

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Too many Michigan infants are dying. Michigan's infant mortality rate has not changed significantly in the past 10 years and remains higher than the U.S. rate. Of the 114,717 infants born in 2010, 817 did not make it to their first birthday. This is equivalent to 20 school bus crashes per year killing 40 occupants each. Further, infant mortality is higher among African-American infants. If the African American infant mortality rate were applied to all babies born in Michigan during 2010, 1,629 infants would die, or the equivalent of 39 school bus crashes.

The leading cause of infant death is being born too soon. One in eight babies is born too soon. State and national data indicate that accidental infant suffocation/strangulation deaths caused by unsafe sleep environments continue to be a leading cause of infant death, especially for African-American and Native American infants. The infant mortality rate is significantly higher among younger women than among women ages 20-39. There has been no significant change in the past 10 years. Except for the youngest mothers (less than 15 years of age), the high incidence of infant mortality among women younger than 20 is attributed to lower socio-economic status, little or no prenatal care, and lack of social support.

Recognizing that infant mortality is a public health problem, Governor Rick Snyder has made reducing infant mortality a priority in the state of Michigan. Priority strategies for reducing infant mortality were identified with input from academic input, an infant mortality steering committee, and an October 2011 Infant Mortality Summit. The following priority strategies were identified:

- 1) Implement a Regional Perinatal System
- 2) Promote adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation
- 3) Promote adoption of a progesterone protocol for high-risk women
- 4) Promote safer infant sleeping practices to prevent suffocation
- 5) Expand home-visiting programs to support vulnerable women and infants
- 6) Improve the health status of women and girls
- 7) Reduce unintended pregnancies – expand teen pregnancy prevention
- 8) Weave the social determinants of health in all targeted strategies to promote the reduction of racial and ethnic disparities in infant mortality

These strategies were selected because of the nature of their impact on the infant mortality problem. Considerable evidence exists about the factors that influence infant mortality. The above strategies reflect evidence-based practices that will reduce and prevent infant deaths. Michigan mothers and fathers deserve an environment that allows them to have children when they desire, that are born at the right time, in the right place, and who become healthy, productive adults.