This presentation provides updated stillbirth statistics for the State of Michigan.

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Data source: Michigan resident live birth files and fetal death files, Division for Vital Records and Health Statistics, MDHHS

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Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the stillbirth rates within Michigan from 2010 to 2015. The National Center for Health Statistics and the Michigan Public Health Code both define a stillbirth as a death of a fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams and is expressed as a rate per 1,000 live births. In 2015, the stillbirth rate for Michigan was 4.8 per 1,000 live births.
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the stillbirth rates by maternal race/ethnicity within Michigan in 2015. The National Center for Health Statistics and the Michigan Public Health Code both define a stillbirth as a death of a fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams and is expressed as a rate per 1,000 live births. In 2015, there was a over two-fold difference in stillbirth rates by maternal race and ethnicity, from a high of 6.9 per 1,000 live births for Black non-Hispanic women to a low of 2.7 per 1,000 live births for Asian/Pacific Islander women.
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the stillbirth rates by prosperity region of residence at birth within Michigan in 2015. The National Center for Health Statistics and the Michigan Public Health Code both define a stillbirth as a death of a fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams and is expressed as a rate per 1,000 live births. In 2015, the stillbirth rate was the highest (7.1 per 1,000 live births) in the South Central prosperity region and was the lowest in the East Central Michigan prosperity region (3.5 per 1,000 live births).
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the stillbirth rates by city of residence at birth within Michigan in 2015. The National Center for Health Statistics and the Michigan Public Health Code both define a stillbirth as a death of a fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams and is expressed as a rate per 1,000 live births. In 2015, the stillbirth rate was 12.3 per 1,000 live births in Flint, 7.7 per 1,000 live births in Southfield, 7.3 per 1,000 live births in Lansing, and 5.8 per 1,000 live births in Kalamazoo.
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the stillbirth rates by county of residence at birth within Michigan in 2015. The National Center for Health Statistics and the Michigan Public Health Code both define a stillbirth as a death of a fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams and is expressed as a rate per 1,000 live births. In 2015, the stillbirth rate was 10.1 per 1,000 live births in Shiawassee County, 7.9 per 1,000 live births in Kalamazoo County, 6.3 per 1,000 live births in Genesee County, and 4.5 per 1,000 live births in Wayne County.
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Limitations of Stillbirth Reporting

• It is suspected that stillbirths are under-reported by some Michigan hospitals. However, the records that are reported by the Division of Vital Records and Health Statistics do undergo a series of data checks.

• Another limitation is the lack of information on etiology. The causes of many stillbirths are unknown. Known causes of stillbirth generally fall into one of three broad categories: problems with the baby (birth defects or genetic problems); problems with the placenta or umbilical cord (this is where the mother and baby exchange oxygen and nutrients); and certain conditions in the mother (for example, uncontrolled diabetes, high blood pressure, or obesity). However, we are unable to confirm the causes for all stillbirths.

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