## Infant Health Statistics, Michigan, 2018

Prepared by Yan Tian (TianY@michigan.gov), Maternal and Child Health (MCH) Epidemiology Section, Michigan Department of Health and Human Services (MDHHS)

Data source: Michigan resident live birth files and infant mortality files (1/22/2020),

Division of Vital Records and Health Statistics, MDHHS

February 2020



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This presentation provides updated 2018 infant health statistics for the State of Michigan.

This presentation was prepared by Yan Tian, Maternal and Child Health Epidemiology Section, Michigan Department of Health and Human Services (MDHHS).

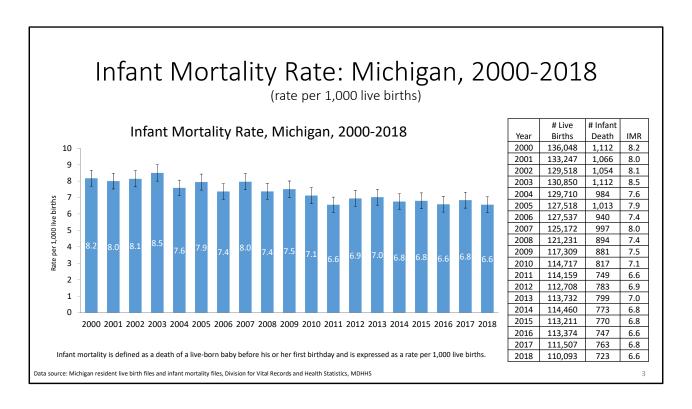
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Revised: February 2020

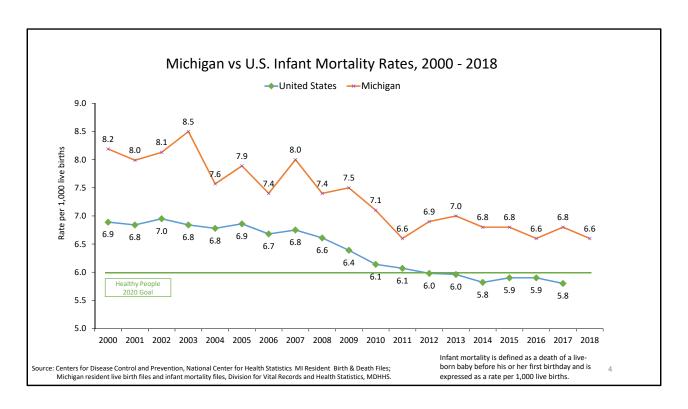
## Infant Mortality Rate (IMR), Michigan, 2018

2

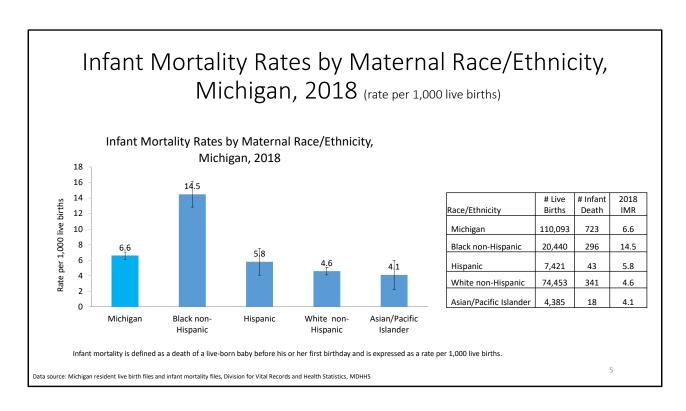
The next several slides contain updated infant mortality rates for the State of Michigan.



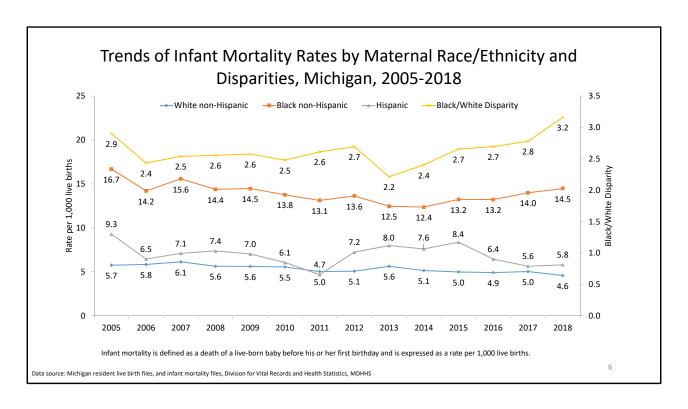
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates within Michigan from 2000 through 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was 6.6 infant deaths per 1,000 live births. Infant mortality within Michigan has been on a slow decline over the past decade.



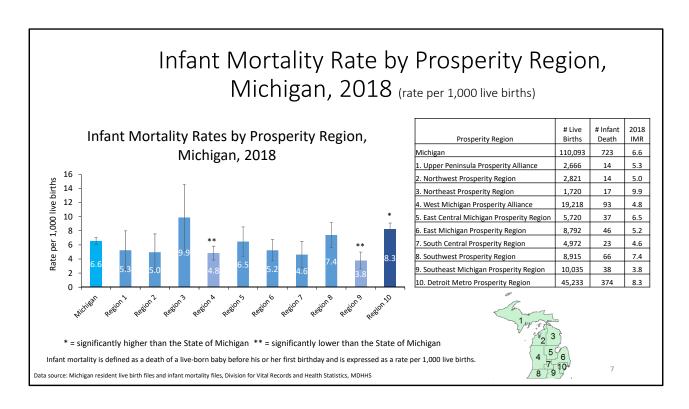
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates within the United States and Michigan from 2000 through 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2017, the infant mortality rate in the United States was 5.8 infant deaths per 1,000 live births and the rate in Michigan was 6.8 per 1,000 live births. Infant mortality rates within the United States and Michigan have been on a slow decline over the past decade and the United States rate is currently below the Healthy People 2020 goal.



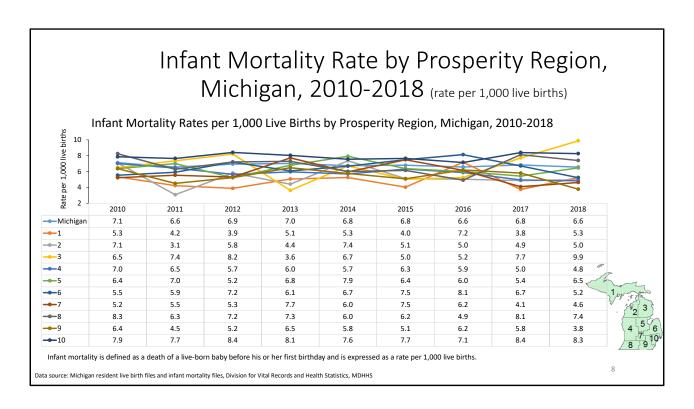
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal race/ethnicity within Michigan for 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, there was a threefold difference in infant mortality rates by maternal race/ethnicity, from a high of 14.5 per 1,000 live births for Black non-Hispanic women to a low of 4.1 per 1,000 live births for Asian/Pacific Islander women. Black non-Hispanic women have a significantly higher infant mortality rate when compared to other racial/ethnic groups.



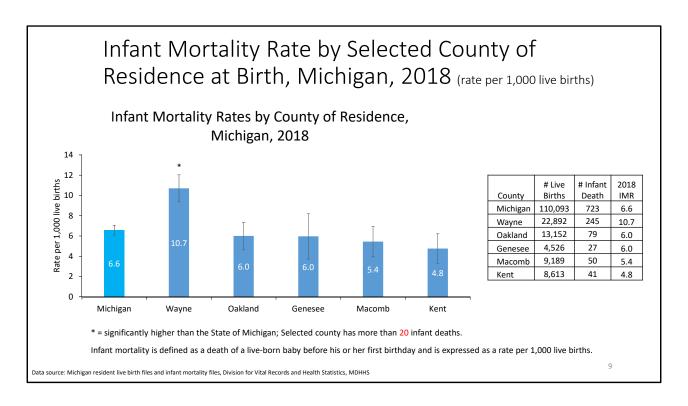
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal race/ethnicity within Michigan from 2005 to 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. Infant mortality rates within Michigan among White non-Hispanic and Black non-Hispanic women have been on a slow decline over the past decade. The Black/White non-Hispanic ratio went down from 2005 to 2013 and then increased from 2013 to 2018.



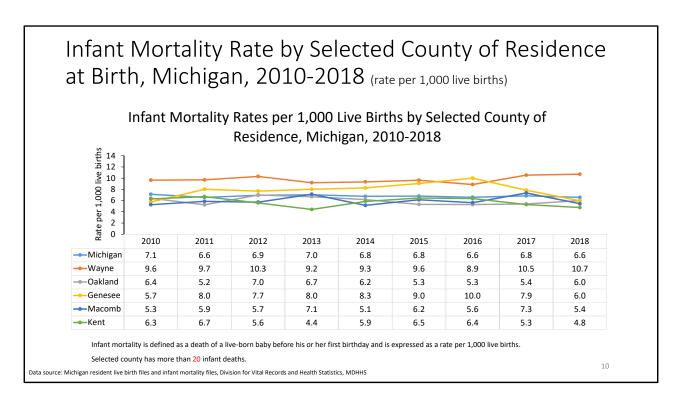
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by prosperity region within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate was the highest (9.9 per 1,000 live births) in the Northeast prosperity region and was the lowest (3.8 per 1,000 live births) in the Southeast Michigan prosperity region. The infant mortality rate was significantly higher in region 10 (8.3 per 1,000 live births) and was significantly lower in regions 4 (4.8 per 1,000 live births) and 9 (3.8 per 1,000 live births), compared to the rate within the State of Michigan (6.6 per 1,000 live births).



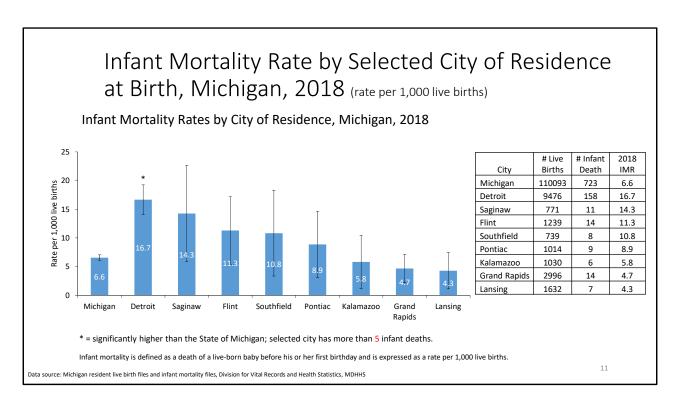
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by prosperity region within Michigan, 2010-2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. The infant mortality rates within most prosperity regions have been on a slow decline since 2010, except within regions 3, 5, and 10 which have increased some fluctuation between 2010 and 2018. In most years, the infant mortality rates were higher in region 10 and lower in region 1, compared to the rates within the State of Michigan and other prosperity regions.



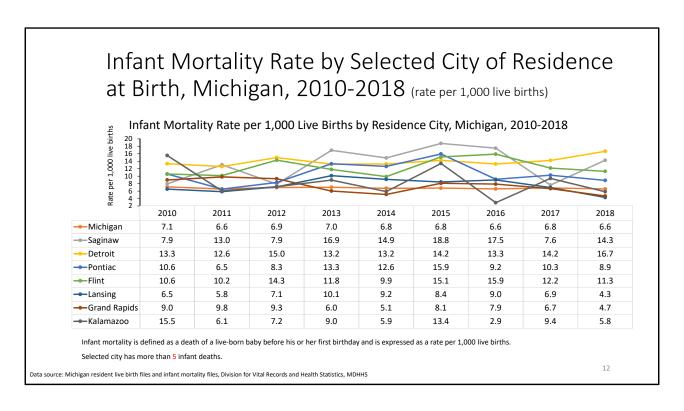
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by county of residence at birth within Michigan in 2018. Infant mortality is defined as a death of a liveborn baby before his or her first birthday and is expressed as a rate per 1,000 live births. All selected counties had more than 20 infant deaths in 2018. In 2018, the infant mortality rate was 10.7 per 1,000 live births in Wayne County, 6.0 per 1,000 live births in Oakland County, 6.0 per 1,000 live births in Genesee County, 5.4 per 1,000 live births in Macomb County, and 4.8 per 1,000 live births in Kent County. The infant mortality rate was significantly higher in Wayne County compared to the rate within the State of Michigan.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by county of residence at birth within Michigan, 2010-2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. All selected counties had more than 20 infant deaths, 2010-2018. The infant mortality rates within Wayne County were significantly higher than the State of Michigan rates for each year between 2010 and 2018. From 2010 to 2018, the infant mortality rates within Wayne County, Genesee County, and Macomb County have shown a slow increasing trend, however, the infant mortality rates have declined within Oakland County and Kent County over the same time period.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by city of residence at birth within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. All selected cities had more than 5 infant deaths in 2018. In 2018, the infant mortality rate was 16.7 per 1,000 live births in the City of Detroit, 14.3 per 1,000 live births in the City of Saginaw, 11.3 per 1,000 live births in the City of Flint, and 4.7 per 1,000 live births in the City of Grand Rapids. The infant mortality rate within the City of Detroit was significantly higher than the rate within the State of Michigan.

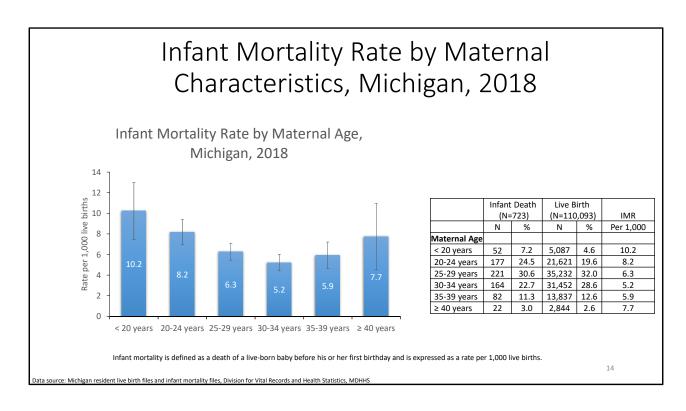


Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by city of residence at birth within Michigan, 2010-2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. All selected cities had more than 5 infant deaths, 2010-2018. The infant mortality rates within the City of Detroit were significantly higher than the State of Michigan rates for each year between 2010 and 2018. From 2010 to 2018, the infant mortality rates within the cities of Saginaw, Detroit, and Flint have shown a slow increasing trend, however, the infant mortality rates within the cities of Pontiac, Lansing, Grand Rapids, and Kalamazoo have declined over the same time period.

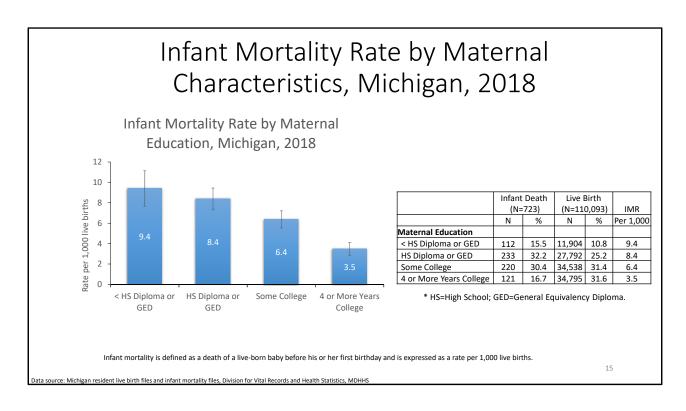
## Infant Mortality Rate (IMR) by Maternal and Infant Characteristics, Michigan, 2018

13

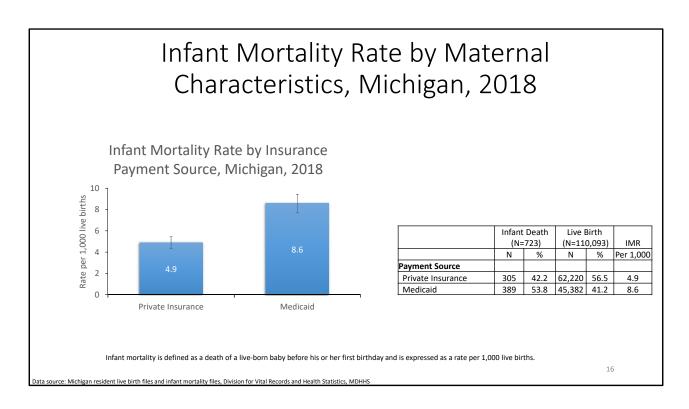
The next several slides contain updated infant mortality rates by maternal and infant characteristics for the State of Michigan, 2018.



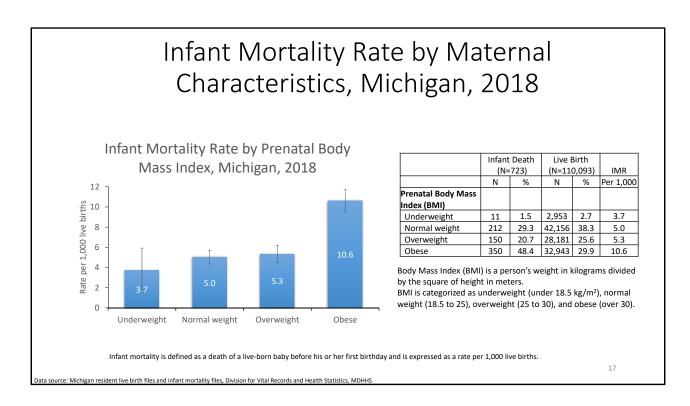
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal age within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was higher among women aged less than 20 years (10.2 per 1,000 live births) when compared to rates among other age groups.



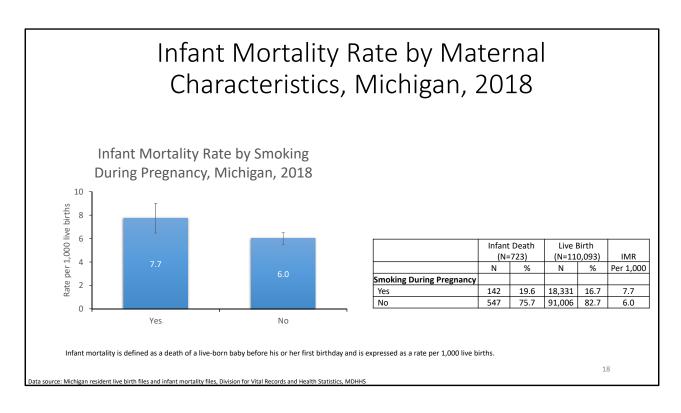
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal education within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was higher among women who did not finish high school (9.4 per 1,000 live births) when compared to rates among other education groups.



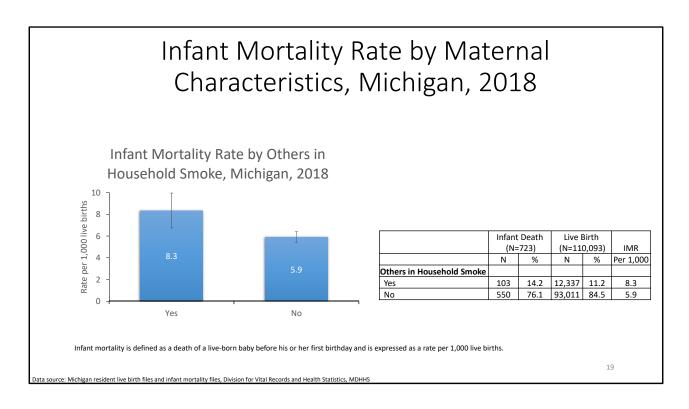
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by insurance payment source within Michigan in 2018. Infant mortality is defined as a death of a liveborn baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was significantly higher among women intending to use Medicaid as the payment source at delivery (8.6 per 1,000 live births) than those using private insurance.



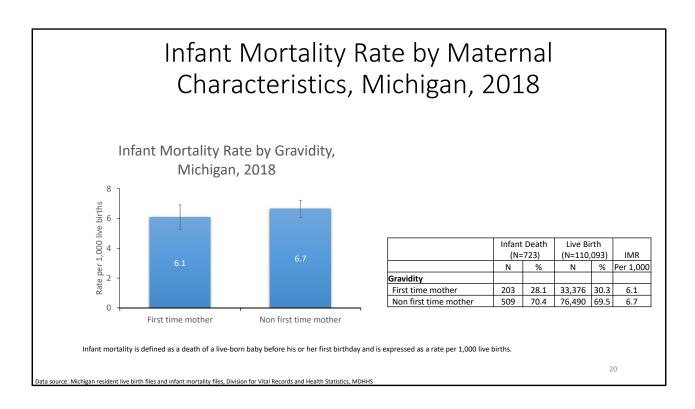
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by prenatal body mass index within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was significantly higher among obese women (10.6 per 1,000 live births) than those in other weight status groups.



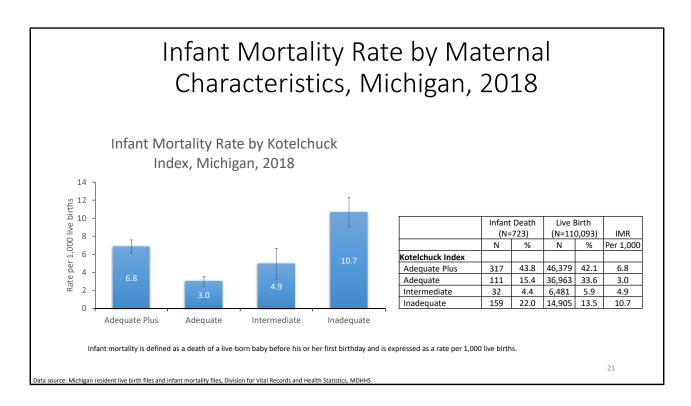
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by smoking status during pregnancy within Michigan in 2018. Infant mortality is defined as a death of a liveborn baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was significantly higher among women who smoked during pregnancy (7.7 per 1,000 live births) than that among women who did not smoke during pregnancy.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by household smoking status within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was significantly higher among women living in a house where others smoked (8.3 per 1,000 live births) than that among women living in a house in which nobody smoked.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by gravidity within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, babies in Michigan whose mothers were not first-time mothers had a higher risk of infant mortality (6.7 per 1,000 live births) than babies from non first-time mothers.



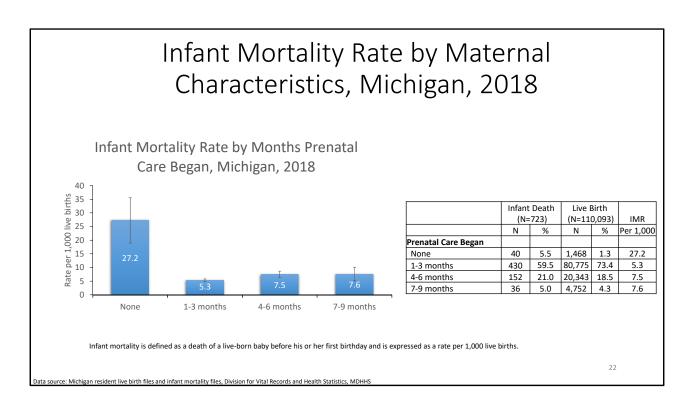
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the graphs of infant mortality rates by Kotelchuck Index within Michigan in 2018. Infant mortality is defined as a death of a liveborn baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was higher among pregnant women with adequate plus Kotelchuck index (6.8 per 1,000 live births) and inadequate Kotelchuck index (10.7 per 1,000 live births) when compared to other Kotelchuck index status groups.

The Kotelchuck Index uses two crucial elements obtained from birth certificate data: when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck Index classifies the adequacy of initiation as follows: pregnancy months 1 and 2, months 3 and 4, months 5 and 6, and months 7 to 9, with the underlying assumption that the earlier prenatal care begins the better. To classify the adequacy of received services, the number of prenatal visits is compared to the expected number of visits for the period between when care began and the delivery date. The expected number of visits is based on the American College of Obstetricians and Gynecologists prenatal care standards for uncomplicated pregnancies and is adjusted for the gestational age when care began and for the gestational age at delivery. A ratio of observed to expected visits is calculated and grouped into four categories-Inadequate (received less than 50% of expected visits), Intermediate (50%-79%),

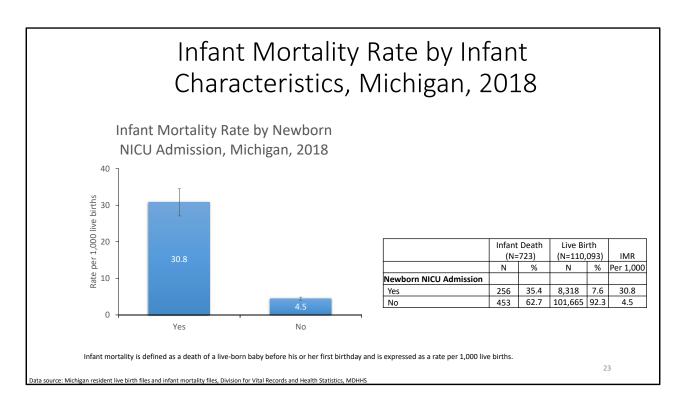
Adequate (80%-109%), and Adequate Plus (110% or more). The final Kotelchuck index measure combines these two dimensions into a single summary score. The profiles define adequate prenatal care as a score of 80% or greater on the Kotelchuck Index, or the sum of the Adequate and Adequate Plus categories.

The Kotelchuck Index does not measure the quality of prenatal care. It also depends on the accuracy of the patient or health care provider's recall of the timing of the first visit and the number of subsequent visits. The Kotelchuck Index uses recommendations for low-risk pregnancies and may not measure the adequacy of care for high-risk women. The Kotelchuck Index is preferable to other indices because it includes a category for women who receive more than the recommended amount of care (adequate plus, or intensive utilization).

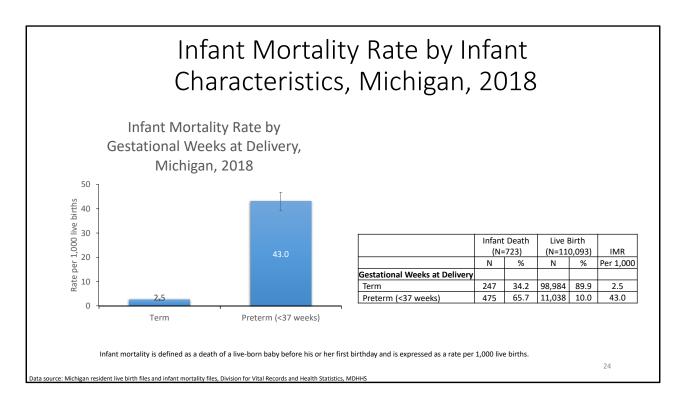
<sup>\*</sup> Kotelchuck, M. An Evaluation of the Kessner Adequacy of Prenatal Care Index and a Proposed Adequacy of Prenatal Care Utilization Index. Am J Public Health. 1994; 84:1414-1420.



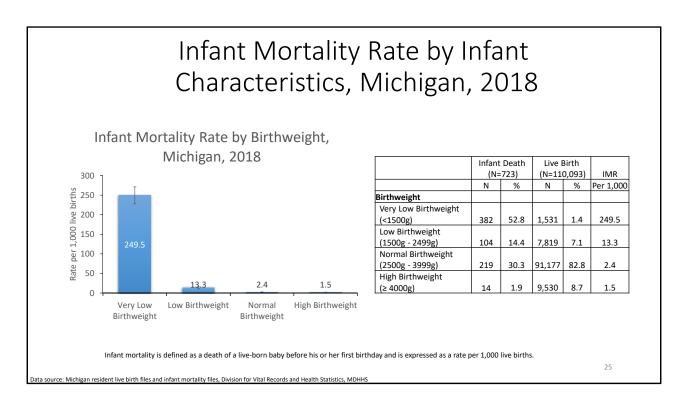
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by prenatal care within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was significantly higher among women without prenatal care (27.2 per 1,000 live births) than those women who entered prenatal care.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by newborn NICU admission status within Michigan in 2018. Infant mortality is defined as a death of a liveborn baby before his or her first birthday and is expressed as a rate per 1,000 live births. Higher risk babies are more likely to be admitted to the neonatal intensive care unit (NICU). In 2018, babies in Michigan with a newborn NICU admission had a significantly higher risk of infant mortality (30.8 per 1,000 live births) than non-NICU babies.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by preterm birth within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. Preterm birth is defined as a birth of a baby less than 37 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. In 2018, the infant mortality rate in Michigan was significantly higher among preterm birth babies (43.0 per 1,000 live births) than that among term babies.

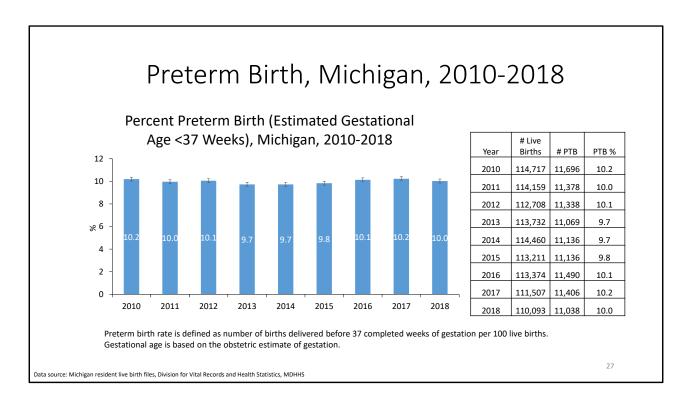


Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the infant mortality rates by low birthweight within Michigan in 2018. Infant mortality is defined as a death of a live-born baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2018, the infant mortality rate in Michigan was significantly higher among babies with very low birthweight (249.5 per 1,000 live births) and low birthweight (13.3 per 1,000 live births) than those among normal and high birthweight babies.

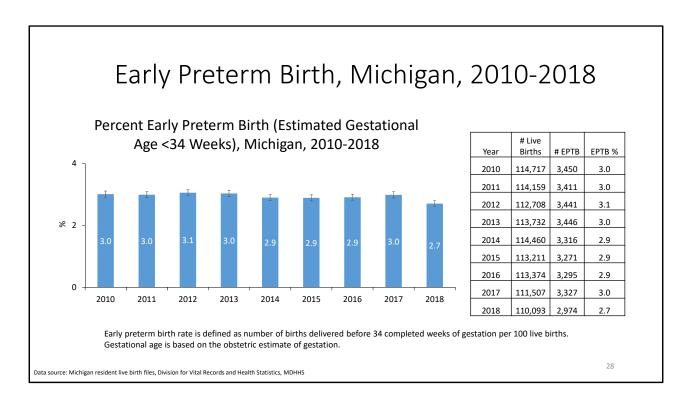
## Preterm Birth, Michigan, 2010-2018

26

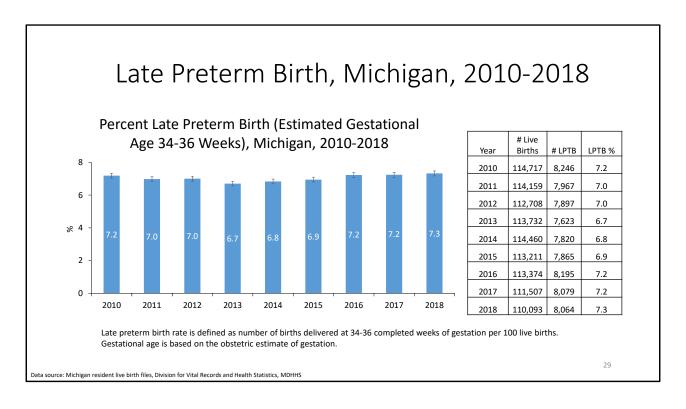
The next several slides contain updated preterm birth statistics for the State of Michigan.



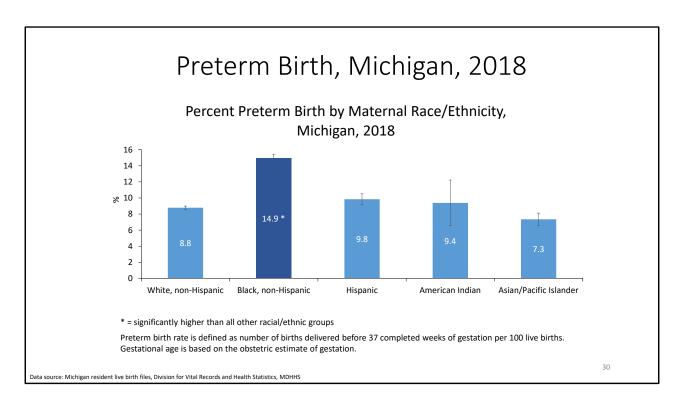
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of preterm birth within Michigan from 2010 through 2018. Preterm birth is defined as a birth of a baby less than 37 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births multiplied by 100. In 2018, the incidence of preterm birth in Michigan was 10.0%. The incidence of preterm birth within Michigan has remained relatively stable over the last nine years.



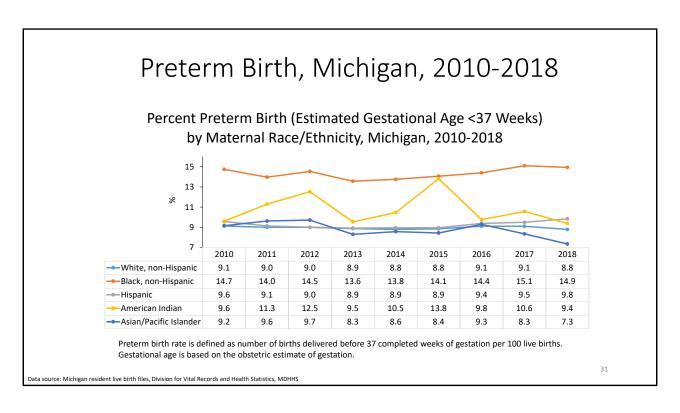
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of early preterm birth within Michigan from 2010 through 2018. Early preterm birth is defined as a birth of a baby less than 34 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of early preterm birth is calculated as the number of early preterm births divided by the number of live births multiplied by 100. In 2018, the incidence of early preterm birth in Michigan was 2.7%. The incidence of early preterm birth within Michigan was stable from 2010 through 2017 but decreased significantly in 2018.



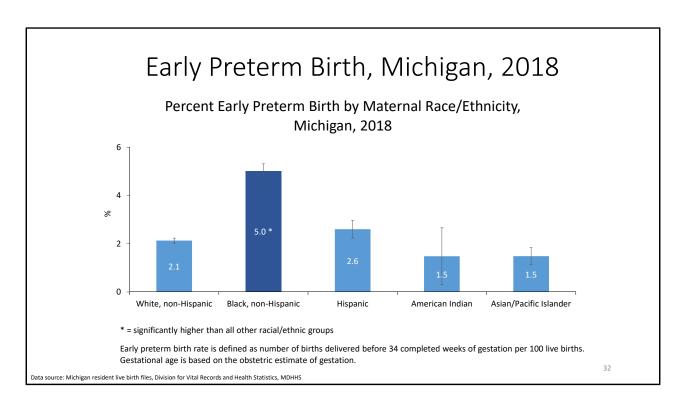
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of late preterm birth within Michigan from 2010 through 2018. Late preterm birth is defined as a birth of a baby at 34-36 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of late preterm birth is calculated as the number of late preterm births divided by the number of live births multiplied by 100. In 2018, the incidence of late preterm birth in Michigan was 7.3%. The incidence of late preterm birth within Michigan has increased slowly since 2013.



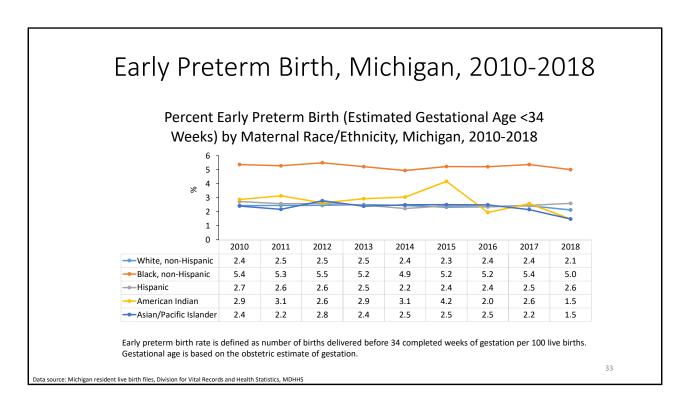
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of preterm birth by maternal race/ethnicity within Michigan in 2018. Preterm birth is defined as a birth of a baby less than 37 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births multiplied by 100. In 2018, the incidence of preterm birth in Michigan was 8.8% among White, non-Hispanic women, 14.9% among Black, non-Hispanics, 9.8% among Hispanics, 9.4% among American Indians, and 7.3% among Asian/Pacific Islander women. Black non-Hispanic women have a significantly higher risk of delivering preterm when compared to other racial/ethnic groups.



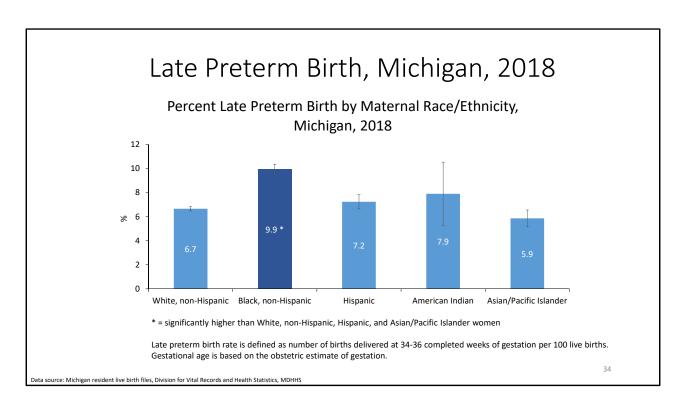
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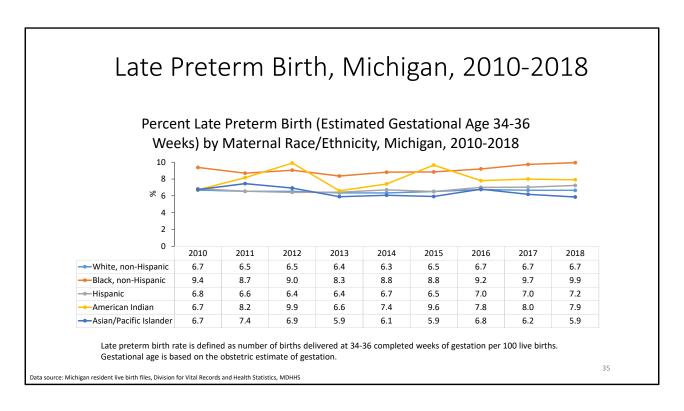
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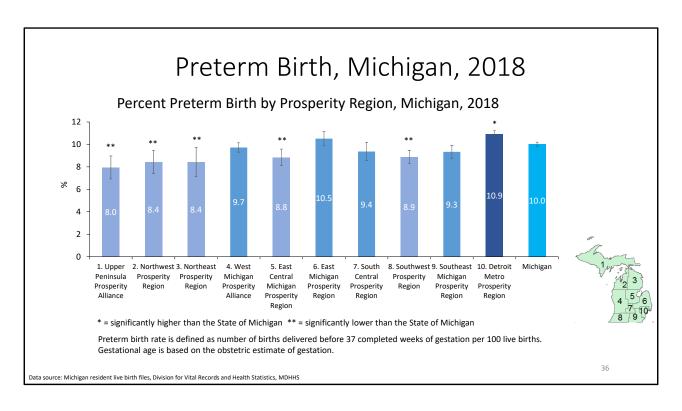
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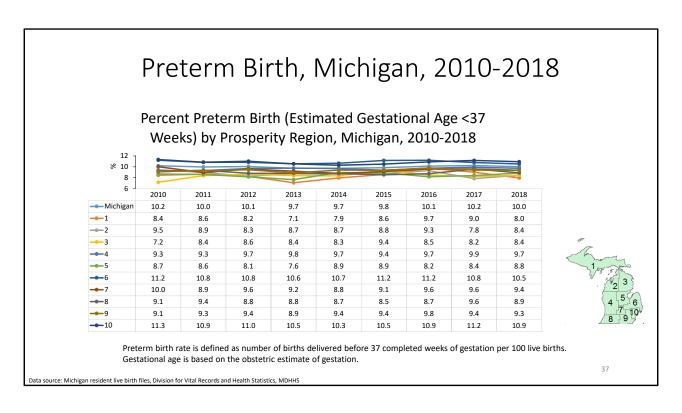
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of late preterm birth by maternal race/ethnicity within Michigan in 2018. Late preterm birth is defined as a birth of a baby at 34-36 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of late preterm birth is calculated as the number of late preterm births divided by the number of live births multiplied by 100. In 2018, the incidence of late preterm birth in Michigan was 6.7% among White, non-Hispanic women, 9.9% among Black, non-Hispanics, 7.2% among Hispanics, 7.9% among American Indians, and 5.9% among Asian/Pacific Islander women. Black non-Hispanic women have a significantly higher risk of delivering late preterm when compared to White, non-Hispanics, Hispanics, or Asian/Pacific Islander women.



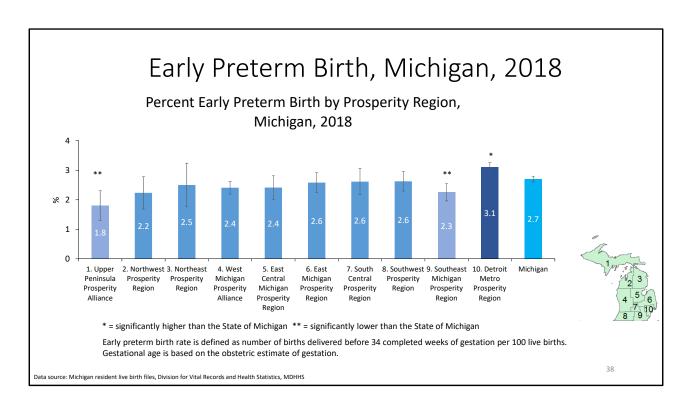
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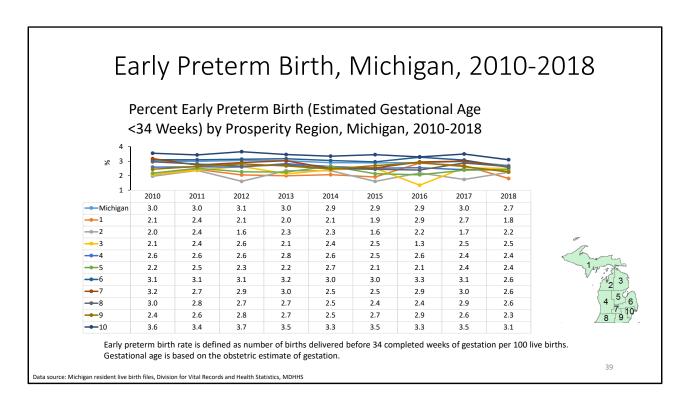
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of preterm birth by prosperity region of residence at birth within Michigan in 2018. Preterm birth is defined as a birth of a baby less than 37 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births multiplied by 100. In 2018, the incidence of preterm birth was the highest in the Detroit Metro prosperity region (10.9%) and the lowest in the Upper Peninsula prosperity alliance (8.0%). The incidence of preterm birth was significantly higher in region 10, and was significantly lower in regions 1, 2, 3, 5, and 8, when compared to the incidence within the State of Michigan.



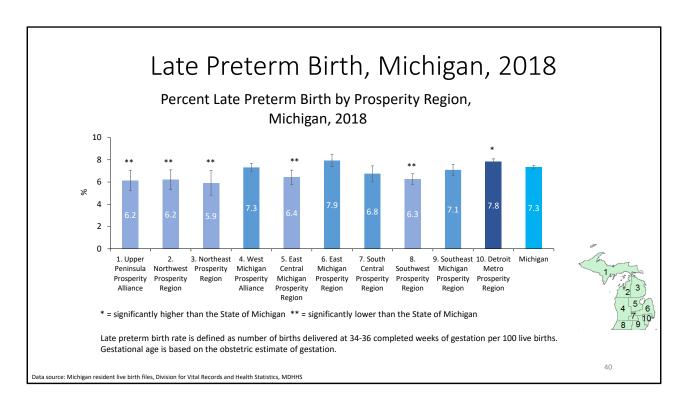
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of preterm birth by prosperity region of residence at birth within Michigan from 2010 to 2018. Preterm birth is defined as a birth of a baby less than 37 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births multiplied by 100. The incidence of preterm birth by prosperity region has remained relatively stable over the last several years. From 2010 to 2018, the incidences of preterm birth within prosperity regions 3, 4, 5, and 9 have shown a slow increasing trend, however, the incidences of preterm birth with prosperity regions 1, 2, 6, 7, 8, and 10 have shown a slow decline over the same time period.



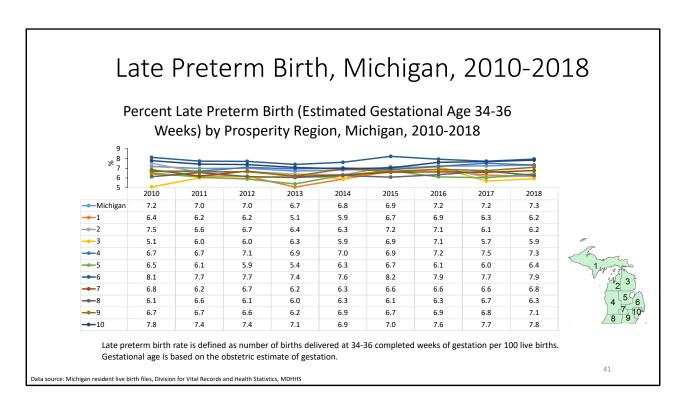
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of early preterm birth by prosperity region of residence at birth within Michigan in 2018. Early preterm birth is defined as a birth of a baby less than 34 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of early preterm birth is calculated as the number of early preterm births divided by the number of live births multiplied by 100. In 2018, the incidence of early preterm birth was the highest in the Detroit Metro prosperity region (3.1%) and the lowest in the Upper Peninsula prosperity alliance (1.8%). The incidence of early preterm birth was significantly higher in region 10, and was significantly lower in regions 1 and 9, when compared to the incidence within the State of Michigan.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of early preterm birth by prosperity region of residence at birth within Michigan from 2010 to 2018. Early preterm birth is defined as a birth of a baby less than 34 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of early preterm birth is calculated as the number of early preterm births divided by the number of live births multiplied by 100. The incidence of early preterm birth by prosperity region has remained relatively stable over the last several years. From 2010 to 2018, the incidences of early preterm birth within prosperity regions 2, 3, and 5 have shown a slow increasing trend, however, the incidences of preterm birth within prosperity regions 1, 4, 6, 7, 8, 9, and 10 have shown a slow decline over the same time period.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of late preterm birth by prosperity region of residence at birth within Michigan in 2018. Late preterm birth is defined as a birth of a baby at 34-36 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of late preterm birth is calculated as the number of late preterm births divided by the number of live births multiplied by 100. In 2018, the incidence of late preterm birth was the highest in the Detroit Metro prosperity region (7.8%) and the lowest in the Northeast prosperity region (5.9%). The incidence of late preterm birth was significantly higher in region 10, and was significantly lower in regions 1, 2, 3, 5, and 8, when compared to the incidence within the State of Michigan.

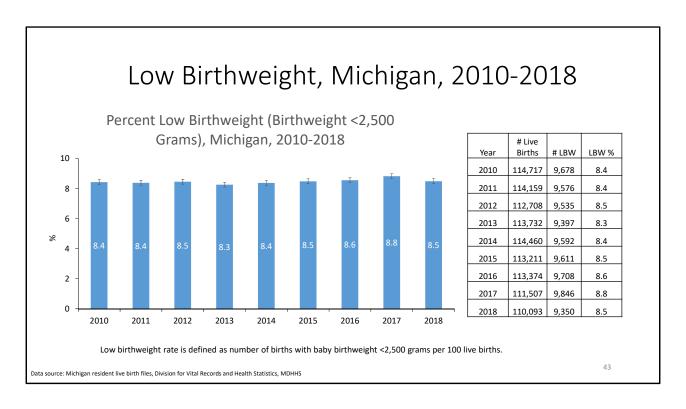


Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of late preterm birth by prosperity region of residence at birth within Michigan from 2010 to 2018. Late preterm birth is defined as a birth of a baby at 34-36 completed weeks of gestation. Gestational age is based on the obstetric estimate of gestation. The incidence of late preterm birth is calculated as the number of late preterm births divided by the number of live births multiplied by 100. The incidence of late preterm birth by prosperity region has remained relatively stable over the last several years. From 2010 to 2018, the incidences of late preterm birth within prosperity regions 3, 4, 8, and 9 have shown a slow increasing trend, however, the incidences of late preterm birth within prosperity regions 1, 2, 5, 6, 7, and 10 have shown a slow decline over the same time period.

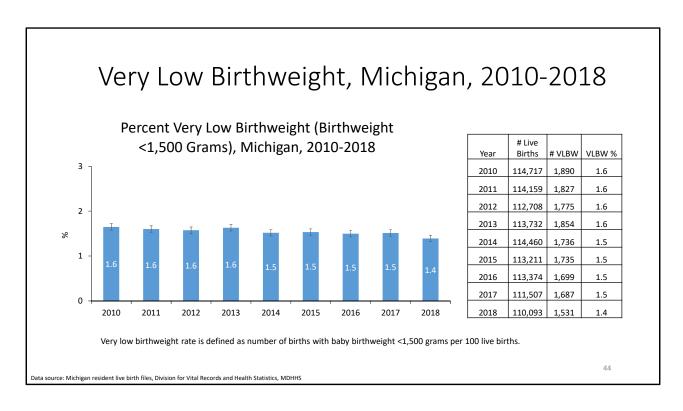
## Low Birthweight, Michigan, 2010-2018

42

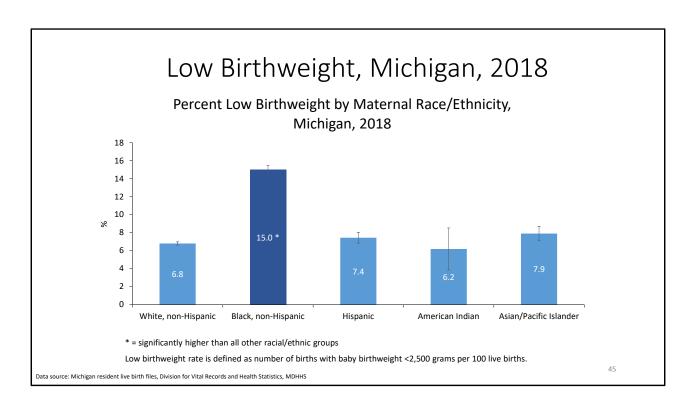
The next several slides contain updated low birthweight statistics for the State of Michigan.



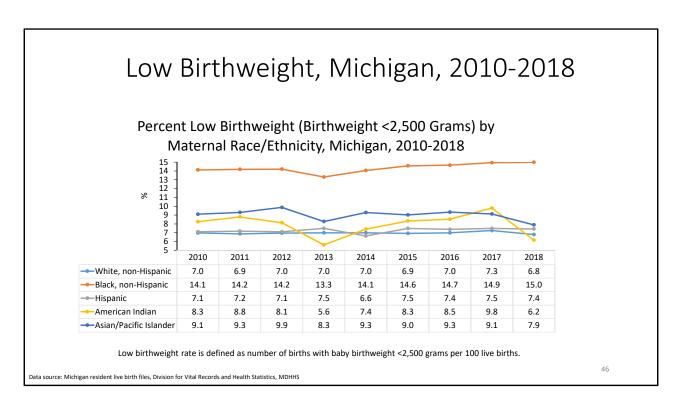
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of low birthweight within Michigan from 2010 through 2018. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of live births multiplied by 100. In 2018, the incidence of low birthweight in Michigan was 8.5%. The incidence of low birthweight within Michigan increased slowly from 2010 to 2017 but decreased significantly in 2018.



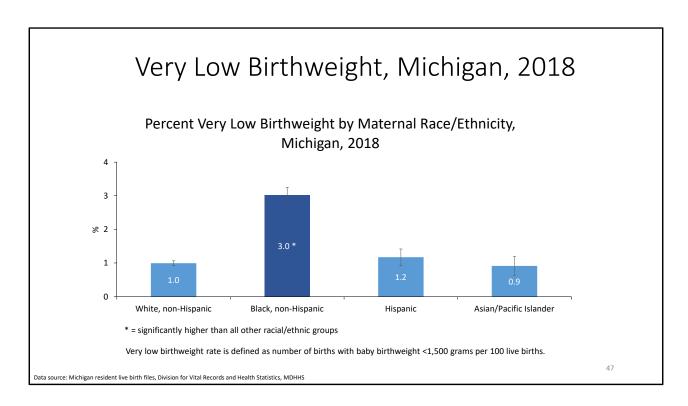
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of very low birthweight within Michigan from 2010 through 2018. Very low birthweight is defined as a birthweight of a baby less than 1,500 grams. The incidence of very low birthweight is calculated as the number of very low birthweight divided by the number of live births multiplied by 100. In 2018, the incidence of very low birthweight in Michigan was 1.4%. The incidence of very low birthweight within Michigan has been relatively stable over the last nine years.



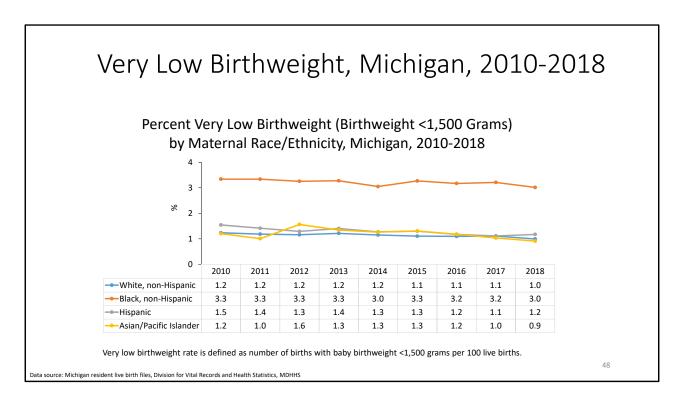
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of low birthweight by maternal race/ethnicity within Michigan in 2018. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of live births multiplied by 100. In 2018, the incidence of low birthweight in Michigan was 6.8% among White, non-Hispanic women, 15.0% among Black, non-Hispanics, 7.4% among Hispanics, 6.2% among American Indians, and 7.9% among Asian/Pacific Islander women. Black non-Hispanic women have a significantly higher risk of delivering low birthweight babies when compared to other racial/ethnic groups.



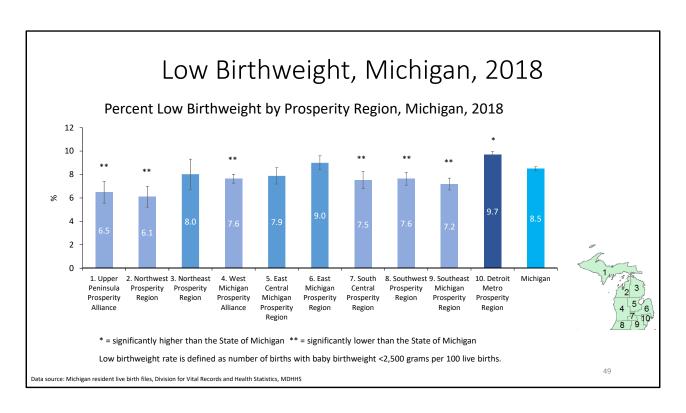
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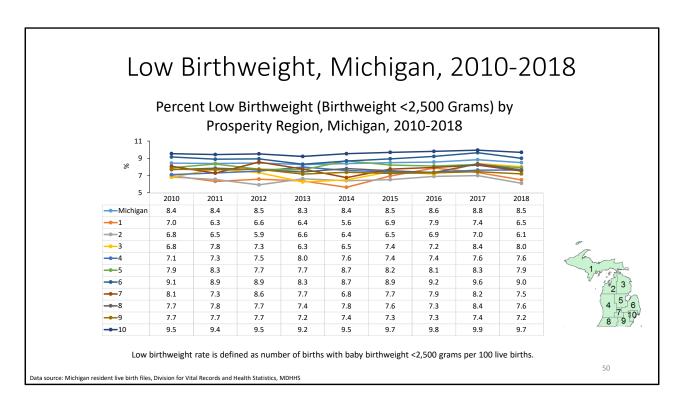
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of very low birthweight by maternal race/ethnicity within Michigan in 2018. Very low birthweight is defined as a birthweight of a baby less than 1,500 grams. The incidence of very low birthweight is calculated as the number of very low birthweight divided by the number of live births multiplied by 100. In 2018, the incidence of very low birthweight in Michigan was 1.0% among White, non-Hispanic women, 3.0% among Black, non-Hispanics, 1.2% among Hispanics, and 0.9% among Asian/Pacific Islander women. Black non-Hispanic women have a significantly higher risk of delivering very low birthweight babies when compared to other racial/ethnic groups.



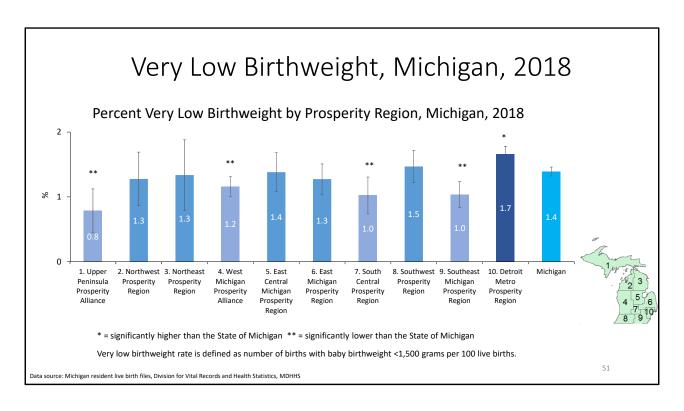
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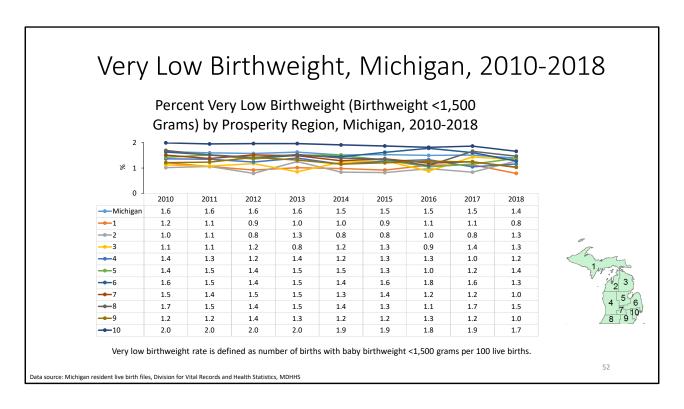
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of low birthweight by prosperity region of residence at birth within Michigan in 2018. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of live births multiplied by 100. In 2018, the incidence of low birthweight was the highest in the Detroit Metro prosperity region (9.7%) and the lowest in the Northwest prosperity region (6.1%). The incidence of low birthweight was significantly higher in region 10, and was significantly lower in regions 1, 2, 4, 7, 8 and 9, when compared to the incidence within the State of Michigan.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of low birthweight by prosperity region of residence at birth within Michigan from 2010 to 2018. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of live births multiplied by 100. The incidence of low birthweight by prosperity region has remained relatively stable over the last nine years. From 2010 to 2018, the incidences of low birthweight within prosperity regions 3, 4, 5, and 10 have shown a slow increasing trend, however, the incidences of low birthweight within prosperity regions 1, 2, 6, 7, 8, and 9 have shown a slow decline over the same time period.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of very low birthweight by prosperity region of residence at birth within Michigan in 2018. Very low birthweight is defined as a birthweight of a baby less than 1,500 grams. The incidence of very low birthweight is calculated as the number of very low birthweight divided by the number of live births multiplied by 100. In 2018, the incidence of very low birthweight was the highest in the Detroit Metro prosperity region (1.7%) and the lowest in the Upper Peninsula prosperity alliance (0.8%). The incidence of very low birthweight was significantly higher in region 10, and was significantly lower in regions 1, 4, 7, and 9, when compared to the incidence within the State of Michigan.



Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the incidence of very low birthweight by prosperity region of residence at birth within Michigan from 2010 to 2018. Very low birthweight is defined as a birthweight of a baby less than 1,500 grams. The incidence of very low birthweight is calculated as the number of very low birthweight divided by the number of live births multiplied by 100. The incidence of very low birthweight by prosperity region has remained relatively stable over the last nine years. From 2010 to 2018, the incidences of very low birthweight within prosperity regions 2 and 3 have shown a slow increasing trend, however, the incidences of very low birthweight within prosperity regions 1, 4, 5, 6, 7, 8, 9, and 10 have shown a slow decline over the same time period.